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ANNUAL REPORT

OF THE

Medical Officer of Health

ON THE

SANITARY CONDITION OF WARRINGTON,

WITH

TABULAR RETURNS

OF THE

SICKNESS AND MORTALITY DURING THE YEAR 1913,

ALSO

THE REPORT OF THE INSPECTOR OF NUISANCES.



WARRINGTON PRINTED BY MACKIE AND CO. LTD.

County Borough of Warrington.

1913-14.

HEALTH COMMITTEE.

Mayor:

MR. COUNCILLOR PETER PEACOCK.

Chairman:

MR. ALDERMAN JAMES EVANS, J.P.

Deputy=Chairman:

MR. ALDERMAN BURTON, J.P.

MR.	ALDERMAN T	INNION, J.P.	Cour	NCILLOR	DR.	JOSEPH, J.P.
,,	Councillor	ARCHER		,,	,,	McKEE.
,,	,,	BROADHURST	MR.	Council	LLOR	SHAW.
,,	,,	HAWTHORN	"	,,		WILKINSON, J.P.
,,	,,	JENKINS.	,,	,,		WILSON.

Town Clerk:

J. LYON WHITTLE, Esq.

OFFICIALS

OF THE

Public Health Department.

Medical Officer of Health, Medical Superintendent of the Corporation Hospitals, and Medical Adviser to the Education Committee and Local Insurance Committee:

G. W. N. JOSEPH, M.D., D.P.H.

Assistant Medical Officer of Health: JOHN LUMB, M.B., B.S., B.Hy., D.P.H.

Chief Inspector of Nuisances and Inspector under the Food and Drugs Act:

• WALTER T. FLOOD.

Assistant Sanitary Inspectors:

O JOHN STEVENS.

† O JAMES MONKS.

to James Snailham.

† ° BENJAMIN KNOWLES.

Clerks: WILLIAM LAWLESS. FRED COTTERILL. S. F. REYNOLDS.

Inspectors of Midwives and Health Visitors: + MISS EDWARDS. + OMRS. ALLCOCK.

School Nurse: x MISS ADA PHILLIPS.

Superintendent of Nurses, Isolation Hospitals: x MISS SUMNER.

Holds the Certificate of the Sanitary Institute.

,, Meat Inspector's Certificates.

t,, the Certificate of the Central Midwives Board.

x ,, Nursing Certificate.

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To the Chairman and Members of the Health Committee.

GENTLEMEN,-

I beg to submit to you my first Annual Report on the sanitary condition of the Borough, namely, that for the year 1913.

VITAL STATISTICS.—The birth-rate for Warrington shows an improvement over the two previous years and is higher than that for England and Wales as a whole or than the average for the 96 great towns.

The general death-rate for the year was 17.2, a figure somewhat greater than the corresponding rate for the previous year.

The actual death-rate for the Borough is 15.9 for the same period but this has to be multiplied by a certain factor in order to arrive at the corrected death-rate as is explained on page 24.

The following table gives the general and infantile deathrates for the Borough and the 96 great towns of England and Wales during the years 1912 and 1913:—

		General Death-Rate.	Infantile Death-Rate.
Warrington	1912	15·7	92
	1913	1 7·2	131
96 Great Towns {	1912	14·6	101
	1913	14·7	117

In the table on page 30 a list of the causes of and ages at death will be found. The greatest number of deaths have been due to bronchitis or pneumonia or to tuberculosis, and the death-rates from these diseases show an increase on the preceding year. These together with a higher rate of infantile mortality chiefly made up of cases of diarrhæa and enteritis are the main reasons for a higher general death-rate.

A table on page 21 compares some of the principle vital statistics for Warrington with the average for the year in different parts of the country. Although this Borough compares somewhat unfavourably with the rest of the country, it will be observed that in many rates there is an improvement over last year.

The question of infantile mortality is referred to on page 68.

UNCERTIFIED DEATHS.

Attention must again be called to the matter of uncertified deaths in this Borough.

The proportion of such deaths to those that are certified by a medical man is extremely high, in fact, it is the highest in this country in the Great Towns.

From the table on page 21 it will be seen that in Warrington during 1913, 4.8 per cent. of the deaths were not certified compared with an average of only 8 per cent. for the 96 great towns of England and Wales.

This necessarily means that our proportion of inquests is low compared with these other towns.

In the 96 great towns an average of 9 inquests are held to 1 uncertified death whereas in this town there are more uncertified deaths than inquests.

On page 26 a list is given of the causes to which these deaths are attributed together with the ages of the persons.

We have nothing but the word of relations and others as a guide to the cause of death, so in statistical returns these deaths are grouped under "other causes" as it is obviously impossible to rely on them being correct enough for inclusion under the diseases given.

Take for instance such causes as apoplexy at age 9, heart failure at age 7 years, or such an ambiguous cause as "a fit," all of which are found in the table on page 26 for the year under consideration.

But even if these are valueless for statistical purposes there is another more important point and that is that failure to hold inquests may act as a cloak for crime. Especially is this so in the case of infants. It will be seen that among the 28 uncertified deaths of infants under 1 year of age, 21 or 75 per cent. are ascribed to "convulsions," whilst among those that are duly certified only 8 or 3 per cent. are attributed to this cause out of a total of 261.

INFECTIOUS DISEASES.

During the year under report scarlet fever has been more prevalent than during the last 3 years, but it is gratifying to note that the death-rate from this disease is lower.

Careful inquiries have been instituted in every case notified, but nothing was discovered to account for the unusual prevalence.

The incidence of this disease has been high throughout the country during the year 1913, and a table is given on page 45 showing the number of cases notified together with their rate per 1000 inhabitants for the different county boroughs of Lancashire and for the whole of England and Wales.

Undoubtedly one great cause of the amount of infectious disease seems to be the utter indifference of a certain class of mother to the dangers not only of scarlet fever and diphtheria but also of measles and whooping cough. After they have been told by the medical man in attendance that the case is infectious they take no precautions to prevent other children from coming in contact with the case even in those homes in which they have enough accommodation to enable them to do so. Most cases which do not call in a doctor are warned as to the seriousness and risk of infection by an Inspector of the Health Department. As a rule the child is kept in the kitchen and neighbours allowed to come in to look at the case often carrying babies in their arms.

The death-rates from all the infectious diseases except whooping cough are lower than last year as is seen from the figures on page 21. Although the death-rate from enteric fever is still high, the actual number of cases of the disease occurring in the town has diminished each year since 1909.

PAWNSHOPS AND DISEASE.

I should like to draw attention here to what undoubtedly is a serious cause of the propagation of infectious disease in our midst. I refer to pawnshops and other businesses which deal in secondhand and old bedding and clothing.

A very large amount of pawning of clothing goes on regularly among the poorer classes, and parents also often take advantage of the fact that a child is ill to pawn some of the garments, quite regardless as to whether the child is suffering or not from an infectious disease.

These clothes when pawned are made up into bundles and packed away on shelves in the shops. Should the pledge be redeemed by the owner and the clothing happen to be infectious the infection is more or less limited to the original household unless this bundle has infected others with which it was in contact, but it is otherwise if the pledge is not recovered within the stipulated period.

In most pawnshops one day a week is set apart for holding a sale of garments which have been pledged and not redeemed. The bundles are opened among a crowd of women who buy what articles they need and by taking these things home may disseminate infection widely throughout that neighbourhood. In numerous instances this clothing too is found to be verminous.

It is not known exactly how long infection may remain in clothing, and although this time must vary for the different diseases, it undoubtedly remains a long time under suitable conditions.

Of course as soon as the existence of a case of one of the notifiable diseases comes to our knowledge, steps are taken to disinfect as soon as possible not only the premises but any articles of bedding or clothing with which the patient has been in contact.

We have however to take into consideration the large number of cases of measles and whooping cough which diseases are not notified as well as a number of cases of scarlet fever which remain unrecognised. In the poorer homes there is often much delay in calling in medical aid after the patient first shows signs of sickness so that there is great opportunity afforded for the infection of these homes.

Recently we had the case of a man who sent his daughter to pawn some of the bedclothes off his wife who was lying seriously ill with what eventually proved to be typhoid fever. Not only did the daughter contract the disease but the pawnbroker's assistant also developed typhoid fever from which he died.

It is very hard to trace cases of infection to pawnshops as parents will not as a rule admit dealings with them and often give false names and addresses to the pawnbroker. This is also complicated by the fact that goods are often taken to the pawnshop by neighbours for one another.

The whole question is a difficult one but something further must be done by disinfecting the clothing before re-distribution if we are to prevent what is assuredly a serious source of disease.

That there is a very large class of this business carried on is seen from the fact that one shop alone on the average deals with about 1,000 bundles per week.

CINEMATOGRAPH EXHIBITIONS.

The present-day popularity of such places of amusement as Picturedromes, which offer a form of entertainment specially attractive to children and within the reach of their slenderest resources, must tend to the spread of infectious disease unless close attention is paid to the ventilation of these buildings and more care is taken by parents to keep away children who are either themselves in an infectious condition or have come from infected homes. It is by no means uncommon to find that a child who has been excluded from school on account of there being non-notifiable infectious disease, such a Measles and Whooping Cough, at home is allowed to visit a Picturedrome where he is a possible source of danger to other children who may be present.

If no ill-effects are to be produced on members of the audience every effort must be made to have the places of entertainment satisfactory from a sanitary point of view. The majority of picture halls are inadequately provided with means of ventilation, especially during performances. Windows are closed and either shuttered or curtained off, at any rate during performances in the day time, in order to prevent the entrance of light, which would interfere with the pictures on the screen. To remedy this, inlet and outlet ventilators should be provided on both sides of the hall, in order to allow a constant stream of fresh air to enter. Sunlight is an efficient germicide, and it is a pity that very little attempt is made to allow it to enter these buildings when possible at those times that performances are not taking place.

Sufficient sanitary accommodation must be provided and this should be so situated as to be separated by an intervening ventilated space from the body of the hall.

The attention of the Proprietors of Picture Halls in the Borough has been called to the above sanitary details and it is to be hoped that they will soon be remedied where necessary.

INFANT AND CHILD MORTALITY.

Details of the main points to be observed in the statistics of deaths of infants and children under five years of age are given on page 69 and following pages. Mention is there made of the work at the Mothers and Babies Welcomes in the town, which are an important adjunct of the public health service.

As regards Diarrhea, the chart on page 72s shows how this disease becomes especially prevalent during those years which have high mean summer temperatures, and it is evident that it can only be controlled during a hot summer by the strictest observance of the laws of sanitation. Greater attention should be paid to the scavenging and cleansing the poorer districts. The dirty and badly paved back-yard or common court, which is still to be found in various parts of the Borough, the uncovered ashbin, the pail closet with its stored up contents and the

middenstead with its collection of manure, are all potential dangers which become actual ones in a hot summer.

The Health Committee, recognising this, have made arrangements for a larger supply of water to be used during the summer months and for the more frequent cleansing of courts and passages in the poorer parts of the town.

The inhabitants themselves can help a great deal in this work if they will only burn all animal and vegetable refuse in their own houses and not place it in the ashbins where it becomes a favourable breeding place for flies.

THE SEWAGE QUESTION.

"However carefully closets on the conservancy system are emptied and cleansed, the conditions associated with them in urban communities are a menace to the public health and especially the health of children; and the Board would urge that wherever a sufficient sewer and water supply are available fresh water closets supplied with flushing cisterns should be substituted for existing closets on the conservancy system and provided in all new buildings. In the best administered districts conservancy closets and ashpits have given place to fresh water closets and movable ash-bins with covers."

The above is an extract from a circular issued by the Local Government Board to Local Authorities last summer with reference to the prevention of infantile mortality.

There can be no doubt that statistics throughout the country go to show the beneficial effects on the health of the community of the conversion from conservancy methods to the water carriage system of dealing with excreta.

In a report on Sanitary Conveniences in Urban Districts published in 1913 by the Board, Warrington was shown to have 15,000 pail closets and 850 w.c.'s, a proportion of 94.6% to 5.4%.

This condition of things was worse than that occurring in any other of the 95 great towns of England and Wales. These figures however need amending up-to-date and are now approximately 15,000 pail closets and 2,662 w.c.'s, a proportion of 84.9% to 15.1%.

Before conversion on anything like a large scale can take place the question of re-sewering the Borough must receive attention.

We must admit this will be an expensive matter, but sooner or later it has to be faced, and every year only adds to the initial cost that will be necessary. And it must not be forgotten that a considerable expense in connection with the collection and treatment of pail contents will be saved. Once satisfactory arrangements are provided then all new buildings can have water closets installed where needed instead of the present objectionable pail closets which will only have to be converted in the near future.

One great difficulty in the case of Warrington is that parts of the town are so low-lying that sufficient "fall" cannot be obtained for the sewage without pumping. Moreover, no scheme should be adopted that permits the pouring of crude sewage into the Mersey as at present obtains. All sewage must first be adequately treated. The best method for the treatment of sewage is a controversial subject, and which method is most suitable for this Borough to adopt will need careful consideration. But undoubtedly the time has come for the discussion of the question, and with this end in view a sub-committee of the Health Committee has been formed to confer with a sub-committee of the Paving and Sewerage Committee on the whole subject.

TUBERCULOSIS.

The systematic efforts of the Health Committee towards the prevention and cure of this disease, which were a special feature of the Health Work of the Borough in preceding years, were continued during the year under report.

As in the preceding years an attempt has been made to

secure a non-tuberculous milk supply for the Borough. Samples of milk have been systematically taken from the various sources of supply and submitted to bacteriological examination, (see page 62). By the Tuberculosis Order, 1913, made under the Diseases of Animals Act, 1894 to 1911, further powers have been obtained in this direction, Sections 2, 9, and 10 of the above order impose the following duties on the owners of cattle.

Section 2.—(1.) Every person having in his possession or

- (i) under his charge any cow which is, or appears to be, suffering from tuberculosis of the udder, indurated udder or other chronic disease of the udder; or
- (ii) any bovine animal which is, or appears to be, suffering from tuberculosis with emaciation; shall without avoidable delay give informaation of the fact to a constable of the police force for the area wherein the animal is, or to an Inspector of the Local Authority, and the constable or Inspector shall transmit the information to the Local Authority, who, if not themselves the Sanitary Authority, shall inform that Authority.
- (2.) The person in possession or having charge of the animal shall forthwith take such steps as are necessary to secure compliance with Article 9 (Precautions to be adopted with respect to Milk, &c.) and Article 10 (Detention and Isolation of Suspected Animals).

Section 9.—(1.) The milk produced by any cow which is, or appears to be, suffering from chronic disease of the udder or tuberculosis with emaciation, shall not be mixed with other milk until the cow has been examined by a Veterinary Inspector in accordance with the provisions of this Order, and until the owner or person in charge thereof has been notified that this Article has ceased to apply to the cow; and all milk affected by this Article shall forthwith be boiled or otherwise sterilised, and any utensil in which such milk is placed before being so treated shall be thoroughly cleaned with boiling water before any other milk is placed therein.

Section 10.—(1.) Every person having in his possession or under his charge any cow which is, or appears to be, suffering from chronic disease of the udder, or any bovine animal which is, or appears to be, suffering from tuberculosis with emaciation, shall keep the animals isolated as far as practicable from other bovine animals, and also keep the animal in his possession or under his charge, until the animal has been examined by a Veterinary Inspector in accordance with the provisions of this Order and the owner or person in charge thereof has been notified that this Article has ceased to apply to the animal; provided that the animal may at any time be slaughtered by the owner or person in charge.

Before the slaughter of an animal which is found to be giving tuberculous milk, the Local Authority shall agree with the owner of the animal as to the value thereof in its condition at the time of valuation.

This is a marked improvement, inasmuch as it is applicable to both Urban and Rural Districts. Previous to this order the powers to deal with cows giving tuberculous milk were only such as could be obtained under special Local Acts. Under previous powers it was only necessary for the farmer to isolate his cow from the milking herd, and there was nothing to prevent him, even after he knew it was giving tuberculous milk, from selling the cow to a farmer in another part of the country for milking purposes. The bulk of the work under the Tuberculosis Order falls on the County Councils who administer the Order in Rural Districts, and it is to be hoped that active preventive work will be encouraged, otherwise bovine tuberculosis will continue to flourish and thus perpetuate the paying of compensation.

By the Public Health (Tuberculosis) Regulations, 1912, which came into force on the 1st day of February, 1913, every case of Tuberculosis (pulmonary or non-pulmonary) in the Borough has to be notified to the Medical Officer of Health within 48 hours of the Medical Practitioner becoming aware that a person is suffering from this disease. On page 39 a table will be found showing the actual notifications of the different forms of the disease at the different age periods received during

the past year, and immediately following this is another table showing what parts of the body were affected in the non-pulmonary cases. Other figures are given showing the incidence in the different wards of the town and the occupations of those affected.

Within our knowledge the number of persons suffering from pulmonary tuberculosis living in Warrington on the 31st December, 1913, was 285—from other forms of the disease 162.

With regard to the prevention of this disease, attention must here be drawn to the question of indiscriminate spitting in the streets and public places. Consumption is spread far more from person to person through the sputum than through meat and milk, therefore the control of spitting would help more in preventing the spread of tuberculosis than any other one factor. Sputum is a form of excrement, and habitual spitting is mainly necessitated by chronic respiratory diseases, while the most common infection distributed by it is undoubtedly tuberculosis, other diseases, such as pneumonia and cerebro-spinal meningitis, can be similarly spread.

Patients known to be suffering from phthisis are now instructed to use special flasks, &c., but without a bacteriological examination no one of us is in a position to say that his expectoration is not infectious. Recent investigations made in Liverpool and Birmingham showed that 5% to 7% of the specimens of sputum found on the public streets contained tubercle bacilli in a virulent form.

The two pavilions at Sankey Sanatorium have been kept in full use during the year, and insured patients have received treatment in this Institution under an arrangement made between the Health and Insurance Committees. A scheme is well in hand for altering and enlarging the Institution at Sankey.

The scheme involves the enlargement of the Sanatorium so as to accommodate 50 patients (these patients comprising both early and advanced cases) and the erection of a Tuberculosis Dispensary on land behind Garven House, where the examination and treatment of cases who are residing at home can be carried out.

An Assistant Medical Officer of Health is to be appointed who shall reside at Sankey Sanatorium and carry out the routine work at the Sanatorium and at the Dispensary under the supervision of the Medical Officer of Health.

The Borough have to provide a Smallpox Hospital in lieu of Sankey Sanatorium, according to the requirements of the Local Government Board.

The visiting of cases of tuberculosis at their homes with a view to controlling the spread of infection, has been continued as in previous years, the greater part of the time of one inspector being occupied in this work. A resumé of the routine carried out together with the number of visits paid will be found on page

It is abundantly clear, however, that much must be done to improve the housing and social conditions of the people if this disease is to be stamped out. No multiplication of Sanatoria alone is going to rid the country of tuberculous disease. As soon as a person is discharged cured or improved from one of these establishments he is bound to contract the malady again or relapse as soon as he returns to the conditions under which it attacked him before.

The Local Sanitary Authority is each year performing much valuable work in getting rid of slum property and in improving the dwellings of the working classes. Still a great deal requires to be done, not only in this, but also in raising the morals of the people in order to enable them to take advantage of better and healthier surroundings, and when we take into consideration that over 50,000 persons died in England and Wales last year alone from Tuberculosis, it is seen that ultimate success will be worth any effort financial or otherwise that can be made to attain it.

HOUSING.

How to secure suitable houses at a low rental for the poorer classes is a difficult question at present in the Borough.

On page 22 tables are given showing the unoccupied houses, with their rentals, in July, 1911, and in July, 1913. The rapid diminution in the number of unoccupied dwellings is there seen, and at the time of writing this report the shortage in still greater.

THE PREPARATION OF ARTICLES OF FOOD.

Although the Public Health Acts afford control as regards the sanitary condition of premises in which food is regularly prepared on a large scale, there are many instances in which small shop-keepers prepare such articles as potted meat, brawn, meatpies, etc., at irregular intervals and in small quantities without being subjected to any direct supervision or control under existing legislation. The premises in which the food is prepared in this casual way are frequently quite unsuitable for the purpose and cases of illness have been traced to the consumption of food prepared under these unsatisfactory conditions. It is very desirable that the preparing of all food which is to be offered for sale to the public should be restricted to premises specially registered for the purpose.

It seems that there are three main points to be considered in any attempt to improve the hygienic conditions of the preparation, storage, etc. of articles of food.

In the first place we must have further legislative powers to enable us to deal not only with the persons who prepare or sell these articles, but also with the premises in which they are prepared or sold.

Under this heading with other things will come the question of the open stalls of butchers, fishmongers and fruiterers shops. The only excuse I have ever heard advanced for having these windows open to the dust of the streets is that the shop would be stuffy if enclosed, but this infers surely that the shop is otherwise inefficiently ventilated. It ought to be quite easy to have glass windows which would prevent the ingress of dust, at the same time having means of allowing a good supply of fresh air.

The second point I think is that the plans of all new dwelling houses should be submitted to the Health Authority of the district before they are finally approved by the Local Authority. It would then be possible to see among other things that proper provision was made in every home for the storage of food. (See page 71).

Thirdly the people must be educated to look after the food stuffs in their own dwellings, to protect it from flies, dust and vermin, and to take advantage of the accommodation for storage provided for them. In this direction a good deal can be done by public lectures, adult schools, Mothers' Welcomes and such agencies, but to my mind by far the most important is the teaching of the individuals in their own homes by efficient health visitors.

During the year under consideration an outbreak of ptomaine poisoning was traced to some brawn prepared by one of these small dealers. In this instance five persons in the borough and two families residing outside were affected.

A short account of this case will be found on page 62.

APPOINTMENTS OF HEALTH DEPARTMENT STAFF.

Dr. J. Coote Hibbert having resigned to take up the position of Medical Officer of Health and School Medical Officer at Blackburn, I was appointed to fill the vacancy. Dr. Lumb was appointed Assistant Medical Officer of Health in June, 1913. Nurse Spence resigned in August, 1913, after five years' work as School Nurse, and Nurse Phillips was appointed in her stead. Late in December Mrs. Allcock, one of the Health Visitors, resigned to take up a similar appointment at Willesden, and two Health Visitors were to be advertised for at the beginning of the following year.

To the members of the staff I tender my most sincere thanks for the willing and zealous way in which they have carried out their respective duties, and to Mr. Flood in particular I would acknowledge my indebtedness for his cordial and loyal assistance in carrying on the work of the Health Department.

I am, Gentlemen,

Your Obedient Servant,

G. W. N. JOSEPH.

SECTION I.

Vital Statistics.

SUMMARY.

Population (estimated to middle of 1913)	74,068
Population at Census, 1911	72,166
Area of Borough (acres)	3,115
Density of population (i.e. number of persons per acre)	23.77
Number of houses in occupation (middle of year)	14,769
Number of houses not in occupation do	169
Number of houses built during the year	87
Estimated average number of persons per house	5.01
Number of births (males, 1,065; females, 1139)	2,204
Birth-rate per 1,000 living	29.7
Number of deaths (614 males, 564 females)	1,178
Death-rate per 1,000 living	15.9
Death-rate per 1,000 living corrected for age and sex distribution	17.2
Excess of registered Births over Deaths	1,026
Number of Marriages	679
Marriage-rate per 1,000 living	9.1
Phthisis Death-rate per 1,000 living	1.56
Death-rate per 1,000 population from other forms of Tuberculosis	•43
Death-rate from all forms of Tuberculosis, including phthisis	1.99
Death-rate from diseases of respiratory organs other than Tuberculosis	2.6
Infantile Mortality-rate (i.e. the number of deaths of children under one year per 1,000	
births)	131

Comparison of the Birth Rate, the General, Zymotic, Infantile and other Death Rates of Warrington, with those for England and Wales for the year 1913. The figures for Warrington for the year 1912 are also given.

			4	Annual Rate		er 1,000	per 1,000 living				Annual Death Rate per 1,000 births.	nal Rate births.	An Deat per 1,00	Annual Death Rate per I,000 living	Percei	Percentage of Total Deaths.	Total 1	Deaths.
	*st	Total Deaths.	eaths.			De	Deaths from	Щ			(under		5 years.	ars end		'səsnu(.sesaC	
	Birth	Stan- Crude. dard- ized.	Stan- dard- ized.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever	Whooping Cough.	Diphtheria	Violence.	Diarrhoss Enteritis 2 year	Total un	d of I bega	ykeg 65 ye	Deaths in Institut	Certified C) tsənbu[Uncerti Свия
England and Wales	23.9	13-7	13.4	0.04	0.00	0.58	90.0	0.14	0.12	0.53	23-41	109	7.5	80.3	21.2	9.16	7.5	1.2
96 Grt. Towns (including London)	25.1	25-1 14-3 14-7 0-04 0-00	14.7	0.04		0.34	0.07	0.17	0.13	0.25	29.33	117	8.5	84-1	27.8	91.3	6.2	8.0
145 Smaller Towns	23.9	12.8	13.0	0.02	00-0	0 80	0.02	0.13	0.11	0.44	24.73	112	6.9	79.7	14.7	9-2-6	6-9	1.5
England and Wales less the 241 towns	22.0	13.1	13.1	0.04	00-0	0-50	0.05	0.12	0-11	0.58	14-39	96	2.9	76-9	14.0	91-7	9.9	1.7
London	24.5	14.5	14.2	0.03	1	0 34	0.04	0.17	60-0	0.56	27.50	105	8.0	84.0	43.6	9-68	10.3	0.1
Warrington 1913 29-7 15 9 17-2	29.7	15 9	17.2	0 12 0.00		0 32	60.0	0.32	0.12	0.63	27.2	13	9.6	92.08	22.4	90.2	4.7	4.8
Warrington, 1912 28:3 14:5 15:7 0:12 0:00	28.3	14.5	15.7	0.12	00.0	4	0.13	0.10 0.15		0.46	1111	92	9.4	1 96	23.1	92.5	4.4	3.

The POPULATION as given us by the Registrar-General, and estimated to the middle of 1913 is 74,065.

RETURN SHOWING THE NUMBER OF DWELLING-HOUSES AND LOCK-UP SHOPS OCCUPIED AND UNOCCUPIED ON JULY 15TH, 1913:—

	Occi	UPIED.	Unoc	CUPIED.
Ward.	Houses.	Lock-up.	Houses.	Lock-up.
Town Hall	 947	162	 15	13
Whitecross	 1,866	16	 13	1
Bewsey	 996	10	 20	_
Orford	 2,013	12	 17	_
St. John's	 2,046	34	 30	-
Fairfield	 2,066	27	 18	_
Howley	 1,302	66	 19	9
St. Austin's	 1,286	82	 23	2
Latchford	 2,241	34	 14	2
		_	_	_
	14,763	443	169	27

UNOCCUPIED HOUSES.

The following table goes to show the rapid diminution in the number of unoccupied houses in the Borough, especially of those at the cheaper rentals. Since July, 1913, another survey of the Borough has been made and it was then found that there were only 79 vacant houses, 21 of these untenanted ones were in the barracks and 30 of the remainder were at a rental of over 5s. per week. This leaves us with only a total of 28 unoccupied houses at a rental of 5s. or under, compared with 332 in 1911 and 116 in July, 1913.

The houses included in these lists are only those that are fit for habitation. There are a number of condemned and closed houses which have not been demolished:—

	BER OF U	NOCCUP		SES.		UNT OF RENT
Ye	ear 1911.		1913.		P	ER WEEK.
	1		1			1s. 9d.
	1		-			2s.
	12		1			2s. 6d.
	6		7			2s. 9d.
	15	***	15			3s.
	16		9			3s. 3d.
	27		18			3s. 6d.
	52		_			3s. 9d.
	23		33			4s.
	43		8			4s. 3d.
	56		11			4s. 6d.
	42		13			4s. 9d.
	38		_			5s.
	150		58			Over 5s.
Cotal	482		169			

NEW HOUSES.—The seriousness of the position is still further aggravated by a diminution in the number of houses built. This is brought out in the next table, which gives the number of new houses certified as fit for occupation during the past five years in the different wards of the town.

	Year	 1909.	1910.	1911.	1912.	1913.
Town Hall		 _	_	_	_	_
Whitecross		 15	2		_	_
Bewsey		 _	27		_	_
Orford		 82		114	21	4
St. John's		 	_	2		_
Fairfield		 99	107	33	33	25
Howley		 10	9	21	_	4
St. Austin's		 _	5	25	2	11
Latchford		 31	52	26	48	43
Total		 237	202	221	99	87

MARRIAGES.—There were 679 marriages during the year, the marriage-rate per 1,000 population being 9.1. In 1912 there were 617 marriages, giving a marriage-rate of 8.4.

BIRTHS.—There were 2,204 births (1,065 males, 1,139 females). The figures give a birth-rate of 29.7 as against 28.3 for 1912. The average for the ten years, 1903 to 1912 was 31.5 per 1,000.

The birth-rate in England and Wales for the year 1913 was 23.9 per 1,000 of the population, as against 23.8 for 1912. The average for the ten years, 1903 to 1912 was 26.3 per 1,000.

DEATHS.—1,192 deaths were registered as occurring in the Borough during 1913. Of these 267 occurred in public institutions, as follows:—

In the Infirmary	 	57	
In the Workhouse	 	182	267
In the Fever Hospital	 	28	

Included in the total 1,192, there were 52 deaths of persons who were non-residents in the Borough, 47 of whom died in local public institutions.

Eight deaths, occurring in the Workhouse, and two deaths at the Infirmary, accredited to Warrington, were those of vagrants belonging, so far as is known, to no particular locality.

Thirty-eight deaths have been reported to me as having occurred outside the district, but as belonging to Warrington. These deaths occurred in the following Institutions and Districts:—

	No. of eaths.		No. of Deaths.
Winwick Asylum	 3	Liverpool	 1
Sankey Sanatorium	 7	Sankey	 3
Manchester Infirmary	 4	Penketh	 2
Liverpool Infirmary	 1	Blackpool	 1
Liverpool City Hospital	 1	Poulton	 .1
Prestwich Asylum	 1	Lincoln	 1
Warwick Asylum	 1	Glossop	 1
Strangeways Prison	 1	St. Helens	 1
Heaton Chapel	 1	Frodsham	 1
Stockton Heath	 1	Walton Superior	 1
Latchford Without	 1	Grappenhall	 1
Runcorn	 1	Ellesmere	 1

Deducting the deaths of the 52 non-residents from, and adding the deaths of the 38 residents dying outside the Borough to the registered number 1,192, we get a figure 1,178, which represents the actual number to be credited to Warrington. The crude death-rate calculated on this figure is 15.9.

Now it is known that the death-rate is higher amongst males than amongst females and also that it is relatively low amongst young adults as compared with the very young and the aged. It would therefore be misleading as a test of the relative healthiness of various districts to compare together the rates for populations differently constituted as to age and sex distribution unless some corrections were made allowing for these differences. For instance a population consisting chiefly of young adults and with a specially large proportion of females is, on account of this age and sex distribution, under specially favourable circumstances for having a low death-rate; and, even if its death rate is lower than that of another population which contains a smaller proportion of young adults and of females, it does not therefore follow that its general health is better than that of the latter population.

In order to make allowance for differences in the age and sex distribution of the various populations, the Registrar-General has devised a means for obtaining comparable rates. Warrington is somewhat favourably constituted as regards the age and sex of its inhabitants and therefore the actual death-rate (15.9) has to be multiplied by a factor 1.0861 in order to get the corrected death-rate 17.2. This corrected rate is chiefly for use when comparing the local rate with that of other towns (it should of course be at the same time ascertained that the rates for the other towns are also corrected in a similar way). When compar-

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	27							I														I				
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101	WEEK		•	4	•	4		"			.,		.4		0			-		-						
-	4																									

- Number of Deaths registered each week during the year 1913 at all ages.

Children under one year.



ing the present local rate with that of previous years the net or crude death-rate for the Borough should be used, as the corrected rate has not been given in years previous to 1909.

AGES OF MORTALITY.

The following table shows the numbers of deaths (distinguishing males and females) at different age periods:—

	2110	Males.	Females.	Total.
0-3 months		77	70	147
3 6 ,		34	20	54
6—12 ,		40	48	88
Totals under 1 year		151	138	289
Over 1 and under 2		46	50	96
,, 2 ,, 3		18	14	32
,, 3 ,, 4		6	13	19
,, 4 ,, 5		7	- 11	-18
Totals 1 to 5 years		77	88	165
Over 5 and under 10		15	20	35
., 10 ,, 15		11	9	20
., 15 25		30	23	53
,, 25 ,, 35		55	24	79
,, 35 ,, 45		50	45	95
., 45 ., 55		64	- 45	109
., 55 ,, 65		59	60	119
., 65 ,. 75		66	60	126
,, 75 ,, 85		31	44	75
Over 85		3	10	13
Totals at ages over 5		384	340	724

DEATH-RATES FOR THE INFECTIOUS DISEASES.—The death-rates for the chief infectious diseases are given on page 21, and it will be seen that the rates for the Borough, except in the case of Measles and Diphtheria, are somewhat in excess of the average for the 96 great towns.

The DEATH-RATE for the DISEASES OF THE RESPIRATORY ORGANS other than those of tuberculous origin was 2.6 per 1,000 population. The figures for preceding years are given below:—

1901, 1902, 1903, 1904, 1905, 1966, 1907, 1908, 1909, 1910, 1911, 1912, 3·0 3·2 2·4 3·0 2·3 3·1 2·9 2·9 3·45 2·1 2·6 2·39

DEATHS FROM TUBERCULOSIS.—There were 116 deaths from Tuberculosis of the Lungs, giving a death-rate of 1.99. The deaths from other forms of Tuberculosis numbered 32, giving a death-rate of .43. A further report on this disease is given on page 35.

VENEREAL DISEASE.—Though only few deaths are ascribed to this disease, it must not be forgotten that a great many diseases ultimately resulting in death are in the first place due to Syphilis. The actual prevalence of Venereal diseases in the Borough cannot be determined. Whether or not the findings of the Royal Commission on the subject at present sitting will result in the notification of these diseases to Health Authorities remains to be seen.

DEATHS FROM CANCER.

	DEVIUO	THOM CANOI	316.		
MALI	ES.	FE	MALE	s.	
Stomach	9	Stomach			 5
Intestines	6	Intestines			 4
Liver	6	Liver			 5
Lung	2	Kidney			 1
Prostate	2	Uterus			 7 5
Æsophagus	1	Breast			
Rectum	1	Neck			 1
Tongue	2	Ovary			 2
Larynx	1	Pharynx			 1
Neck	3	Mouth			 1
Face	1	Face			 1
Pelvis	1				
Spleen	1				
	-				
	36	m . 1			33
		Total 69.			

UNCERTIFIED DEATHS.

Attention has been called in the opening letter of this report (page 6) to this question of uncertified deaths in the Borough.

Cause of Death as given by the Registi	RAR.	All ages.	Under1 year	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards
Convulsions		22	21	1				
Heart Failure		23			2	1	14	6
Marasmus		1	1					
Epileptic Fit		1		1				
Senile Decay		1						1
Premature Birth		5	5					
Pulmonary Tuberculosi			1		1.55		2000	
Heart Failure		1					1	
Congenital Debility		1	1					
Apoplexy		1			1			
Diarrhœa, Convulsions		1		1				
A Fit		1		1				
Totals		58	28	4	3	1	15	7

LIST OF CASES ON WHICH AN INQUEST HAS BEEN HELD.

ACCIDENTS by falls	7	
,, kicked by cow	1	
		2
" burns	7	
" suffocation	1	
,, scalds	6	,
,, drowning	4	
" run over by cart	2	
,, run over by cab	9	
,, run over by motor wagon	1	
,, crushed between wagon and wall .	1	
" machinery in works	5	
	-	-44
DEATHS from Heart Failure	2	1
" Broncho-Pneumonia	1	
,, Overdose of Morphia	1	
,, Chronic Lead Poisoning	1	
,, Anthrax	1	
" Shock	1	
	-	- 7
SUICIDE by cut throat	2	
,, hanging	8	
,, poisoning	1	
	-	- 6
		-
Total		57

TABLE TO SHOW THE VITAL RATES FOR THE DIFFERENT WARDS OF THE TOWN.

WARD.	Estimated Population in Middle of 1913,	Persons per House at Census 1911.	Birth Rate per 1,000 living.	Death Rate per 1,000 living.	Infantile Death Rate per 1,000 births.	Death Rate from the Seven Chief Epide'ic Diseases	Phthisis Death Rate per 1,000 living.
TOWN HALL	4,640	4.9	17.6	18.7	97	3.0	1.0
WHITECROSS	10,076	5.4	33.8	16.5	140	2.9	1.9
BEWSEY	5,378	5.4	33.8	20.0	170	3.5	2.7
ORFORD	10,266	5.1	31.4	14.8	121	1.5	1.7
ST. JOHN'S	10,434	5.1	36.8	18.5	154	3.0	1.7
FAIRFIELD	9,710	4.7	31.4	12.6	88	1.2	1.0
HOWLEY	6,770	5.2	33.8	19.3	170	1.4	2.0
ST. AUSTIN'S	6,272	4.8	21.8	11.6	80	2.0	-9
LATCHFORD	10,532	4.7	21.3	12.6	116	1.2	-5
WHOLE BOROUGH	74,065	5.05	29.7	15.7	131	2.1	1.9

STATISTICAL TABLES

OF

BIRTHS, DEATHS, AND DISEASES,

FOR THE

COUNTY BOROUGH OF WARRINGTON

(AS SUPPLIED TO THE LOCAL GOVERNMENT BOARD).

TABLE I.

FOR WHOLE DISTRICT.

	red Year.		Births.		Total I			ferable ths [Nett Deaths belonging to the District.					
	estimated feach Year.	pe .	Ne	tt.	Registered in the District.		sidents in the	9.5		one Year	At alt	Ages.		
YEAR.	Population to Middle of	Uncorrected Number.	No.	Rate.	No.	Rate.	of Non-residence in District.	of Residents registered in	No.	Rate per 1,000 Nett Births	No.	Rate.		
1	2	3	4	5	6	7	8	9	10	11	12	13		
1908 1909	72,562 73,008	2369 2258		32.6	1264 1274	17·4 17·4	38 52	13 12	318 292	134 129	1,239 1,234	17:0 16.9		
1910 1911	73,580 72 375	2225 2041	2036	33·8 28·1	1111 1157	15·09 15·9	61 57	15 41	252 299	113 146	1,065	14.33 15.7		
1912	73,158	2083	2071	28.3	1086	14.8	60	36	192	92	1,062	14.5		
1913	74,065	2214	2204	29.7	1192	16.09	52	38	289	131	1,178	17.2		

Notes.—This Table is arranged to show the gross births and deaths in the district, and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 some of the corrected rates probably will not be available. The rates should be calculated per 1000 of the estimated gross population. In a district in which large Public Institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are to be included the whole of the deaths registered during the year

as having actually occurred within the district.

In Column 12 is to be entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are to be similarly corrected by subtraction of the deaths under 1 included in the number given in Column 8 and by addition of the deaths under 1 included in

the number given in Column 9.

†The Medical Officer of Health will be able from the returns made to him by the local Registrar of Deaths as well as from the quarterly lists furnished by the Registrar-General to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths must be included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a Statement of the Number of births needing to be added to or subtracted from the total supplied by the local Registrar.

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, e.g., casuals, must not be included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in

calculating the nett death-rate of his district.

TABLE II.—Cases of Infectious Disease notified during the Year 1913.

	p	Total Castremover to Hospi	:	:	108	:	231	:	27		: :		:	.:	:	428
Vard)		Latchford.	:	:	98	9 10	5.4	:	1				:	13	11	68
in each Locality (e.g. Parish or Ward)		St. Austin's.	:	:	10	24	26	:	67		: :		:	18:	10	63
g. Pari		Howley.	:	:			10	:	00		-			30	31	88
ality (e.	rict.	Fairfield.	:	:	18	4	16	:	00				:	17:	18	. 71
ch Loc	the District,	St. John's.	1:		19	-	50	:	œ		-	,	7	53	27	06
	of t	Orlord.	1:	- 1	17	5	23	:	7		60		:	31	54	110
Cases notified		Bewsey.	:	:	10	2	6.	:	-	:	:		:	19	6	53
		Whitecross.	:	:	12	18	110	:	57	:	03		:	34	96	204
Total		.IlsH nwoT	:	:	7	7	7	:	1	:	:		:	14	9	42
		65 and ebrawqu	:	:		60	:	:	:	:	:		:	9	1	10
		.68 of 6b.	:	:	:	55	33	:	20	:	:		:	38	11	77
Cases notified,	Years.	.5b of 52	:	:	10	21	9		12	:	9		:	77	17	143
Cases 1	ges -	15 to 25.	:	:	6	10	13	:	29	:	I		:	45	22	26
Number of	ALA	.5 to 15.	:	:	61	- 1	100		10	;	:	-		31	89	827
Num		,6 of £	:	:	31	01 9	62	:	-	:	:		:	2	27	128
		Under I.	:	:	63		27	:	:	:	:		:	00	16	23
1 8		At all Ages	:	:	108	54	240	:0	200	:	1-	-		202	162	805
		Notifiable Disease.	Smallpox	Dinhtheria (including			Scarlet Fever	Typhus Fever	Dolancing Donor	Continued Fever	Puerperal Fever	Cerebro-Spinal Mening-	Polionvelitis	Pulmonary Tuberculosis 205	culosis162	Totals 805

Isolation Hospital: Warrington Borough Hospital, Aikin Street (Whitecross Ward).

Warrington Corporation Sanatorium: Sankey, near Warrington.

TABLE III.—COUNTY BOROUGH OF WARRINGTON.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1913.

	" R	NETT ESIDE	NTS"	WHET	THE S HER O THE I	CCURE	RING W	GES O	FOR	whether its "or ents"in in the t.
CAUSES OF DEATH.	All Ages.	Under I year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
All causes { Certified	1120 58		99	62 2	52 3	52 1	172 2	215 13	207	266 1
Enteric Fever Small Pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Influenza Erysipelas Phthisis (Pulmonary Tuberculosis) Tuberculous Meningitis Other Tuberculous Diseases. Cancer, Malignant Disease Rheumatic Fever Meningitis Organic Heart Disease Bronchitis Pnuemonia (all forms) Other Diseases of Respiratory organs Diarrhœa and Enteritis Appendicitis and Typhlitis Cirrhosis of Liver Alcoholism Nephritis and Bright's Disease Puerperal Fever Other Accidents and diseases of Pregnancy and Parturition Congenital Debility and Mal-	24 7 24 9 12 5 116 10 22 69 29 81 112 4 86 11 3	6 10 2 1 4 .5 .5 .7 .34 .24 	3 3 6 1 3 6 18 29	1 8 3 4 6 1 4 6 9 1	1 3 3 4 3	20 1 3 5	7 4 2 47 2 10 7 5 22 1 4 1 5 2 4	28 2 36 1 5 17 18 2 1 3 1 6	3	9 4 7 8 1 2 38 1 4 16 6 7 15 3 6 7
formation, including Pre- mature Birth	88	86				1	1			1
Suicide	48		4	7	7	3	8	16	3	33
Other Defined Diseases	301 58	28	7 3	5 2	11	5	33	75 12	137	97
Totals	_	-	101	64	55	53	174	228	214	267

TABLE IV .- COUNTY BOROUGH OF WARRINGTON.

INFANTILE MORTALITY DURING THE YEAR 1913.

Deaths from stated causes in various Ages under One Year of Age

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All Causes: Certified	38 7	8 1	12 2	17	75 10	53 10	48 6	51	34	261 28
Smallpox Chickenpox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Erysipelas Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculous Diseases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Pneumonia (all forms) Diarrhea Enteritis Gastritis Syphilis Rickets Suffocation, overlying Injury at Birth Atelectasis Congenital Malformations Premature Birth Atrophy, Debility, Marasmus Other Causes	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						6 6 10 2 1 1 5 4 5 7 8 34 24 33 16 5 3 1 14 40 32 39 289

Births in the year	Legitimate	• • •	 	::	$2,147 \\ 57$
Deaths in the year	W 141 1 W 4 1		 		

MEMORANDA AS TO CIRCUMSTANCES LIKELY TO INFLUENCE THE PUBLIC HEALTH OF WARRINGTON.

Situation.—On the northern and southern banks of River Mersey, about midway between Manchester and Liverpool: the southern municipal boundary, the Ship Canal, also constitutes the dividing line between Lancashire and Cheshire at this point. Also on the main road between the Midlands and parts of Lancashire (including coal and iron districts). It is consequently continually passed through by tramps and persons in search of employment. It is generally low lying and in a depression formed by valley of Mersey, most of town being to the north of that river. The parts of it nearest to the river, and almost the whole of the Latchford Ward on the south are on alluvial land (part of the old river bed). The site of the rest of the town, which rises towards the centre, is on a formation of the upper levels of the New Red Sandstone, covered to varying depths with a glacial deposit of boulder clay, and in two spots, one in Sankey Street and the other in Bewsey Street, there also exist gravel beds.

Streets and Buildings.—In the older and central portion, comprising chiefly Town Hall, Howley, and St. John's Wards (vide Ward Rates), are narrow streets and back courts and alleys containing insanitary dwellings, now gradually disappearing partly through street widening, partly through the work of the Health Committee. Shops and offices are largely supplanting residences in the middle of the town. Around this is an area of streets of small houses called into existence by the industrial development of last 50 years: 40 per cent. of the houses in the borough contain four rooms or less.

Suburbs can hardly be said to exist within the confines of the Borough, though in two directions, at any rate, south and east of the centre, the town acquires a more suburban character. Contiguous to these parts, but outside the borough, are two populous and growing districts, Stockton Heath, Latchford and Grappenhall to the south, in the Runcorn Rural District, and Padgate to the east, in the Warrington Rural District. Under the latter Sanitary Authority is also an increasing population just outside the western boundary at Sankey Bridges. A great number of the inhabitants of these districts have their employment within the borough, and many of the children come to school inside the town.

Communication by railway is particularly good, rendering easy access to neighbouring towns, and, indeed, to all parts of the country. Electric tramways have now been running 12 years, and there are already signs that they will lead to new suburban districts, though it remains to be seen how they will help us in the housing difficulty by reducing the overcrowding in the worst parts of the town.

Sex Distribution of Population.—At the census there were shewn to be 36,341 males, and 35,825 females, the excess of males being mainly owing to industrial conditions.

Occupations.—An almost entirely industrial community: the staple trades being the manufacture of iron in many various branches, and tanning, but a remarkable number of other businesses exist, e.g., soap-making, velvet-cutting, glass-making, and file-cutting; there is only one cotton mill. The result of this variety of trades is an almost continuous prosperity; places where there is only one main means of livelihood are much more liable to periods of distress.

Disposal of Refuse and Drainage.—According to the latest return there are now

(1) Water Close	ts in Dwelling-houses Schools		1,227 547
	Factories and Works	hop	827
	Offices, Shops, &c.		272
	Picture Palaces		10
	Theatres		23
	Public Institutions		209
	Railway Stations		23
	Public Conveniences	•••	24
	Total		2,662
(2) Pail Closets			15,000 approximately.

I am indebted to the courtesy of Mr. Andrew M. Ker, the Borough Surveyor, for the following account of the drainage of Warrington:

"In the year 1849 the then Robert Rawlinson (who afterwards received the title of Sir R. Rawlinson, C.B., and became Chief Engineering Inspector of the Local Government Board) was engaged by the Corporation of Warrington to report upon a scheme of drainage for the town.

"This report was adopted, and with certain modifications was carried out. It dealt with a town area of 1,744 acres and a then suburban area of 171 acres; the present acreage of Warrington is 3,115. The major portion is built upon, and has, according to the last census, a population of 72,166, and the whole of the population is provided with sewerage arrangements. There are very few water closets in the town, the excreta being dealt with on a dry conservancy system known as the pail system, but the sewers receive a large volume of water from the large manufacturing industries of the town. The main outfall sewers are of egg-shaped brick sewers varying from 4ft. by 3ft. and 3ft. 6in. by 2ft. 6in. to 3ft. by 2ft; the secondary sewers are of circular stoneware pipes varying in size from 30in. to 9in. The whole is on the gravitating system excepting the Latchford, Padgate and Orford districts of the town, from which the sewage gravitates to Shone's Pneumatic Ejectors, and is lifted by them to the main outfall sewers. This has enabled the sewers in the three districts to be laid with gradients ensuring good velocities in the flow of the sewage. All the sewers gravitate to and empty into the tidal portion of the River Mersey and into Sankey Brook, its tribu-The latter is already highly polluted with organic and chemical matter when it reaches the Borough Boundary, and it cannot be said that the contribution of Warrington to the contamination of this stream is other than trifling, compared with the vast volume of sewage poured into it before it gets to the town.—Note by Medical Officer.] There are seven outfalls into the River discharging in various parts of the town. The sewers are provided with storm overflows discharging also into the tidal portion of the River. Particular attention is paid to the flushing of the sewers to prevent any deposit that might occur in certain low-lying districts of the town."

Household Refuse is collected weekly from the bins with which each house is provided, and is dealt with in the destructors at the Central Depôt at Howley and at the Longford Depôt.

The Scavenging of the Streets, Passages and Common Courts and Yards is in some instances hindered by want of proper paving; there is, however, fair improvement to be recorded in the paving of Streets and Passages. Street refuse is still tipped on waste ground,

Water Supply-

- (1) For domestic purposes from deep wells in the red sandstone at Winwick and Delph.
- (2) For trade purposes, from a reservoir at Appleton, on the south side of the town, fed by brooks bringing water from farm lands.

The Public Institutions for the reception of cases of illness are three in number.

- (1) The Warrington Infirmary, containing since the recent extension accommodation for about 100 patients, is in the main a surgical hospital, especially for accidents. It has a large out-patient department and a medical officer attends at their homes the great majority of the sick persons in the town who are not able to afford to pay a private attendant, and are not in clubs or in receipt of parish relief.
- (2) The Workhouse Hospital, containing 194 beds, is of recent construction, and designed on model lines.
- (3) The Borough Isolation Hospital, in Aikin Street, provides the requisite accommodation for 88 patients. Medical practitioners are allowed to attend their own patients. No charge has been made to patients for many years. The diseases which are treated here are Scarlet Fever, Enteric Fever, and Diphtheria. Cases are admitted into Aikin Street Hospital from the Newton Urban District and the Warrington Rural District, when circumstances permit; it is also a Hospital for the Port Sanitary Authority of Manchester, on which Warrington is represented, and in such capacity takes in patients landed from the Ship Canal within the limits of the Borough.

A Sanatorium of 22 beds at Sankey is at present being used for the treatment of Pulmonary Tuberculosis, both insured and non-insured, occurring in the Borough.

As auxiliary to the above ought to be mentioned the Warrington District Nursing Association, which has six nurses who carry on an invaluable work among the sick poor.

Schools.—With regard to the Public Elementary Schools see Report on School Hygiene.

The only provision for higher education is that afforded at the ancient Boteler Grammar School, and the Technical School.

There are also a few private schools carried on in ordinary dwelling houses.

TUBERCULOSIS.

PULMONARY TUBERCULOSIS.—Cases of this disease are visited at their homes with a view to controlling the spread of the infection, the greater part of the time of one inspector being occupied in this work. The following is the routine employed, unless special instructions are received from the doctor in charge of the case:—

On receipt of a primary notification the home of the patient is visited and inquiries are made as to

the occupation of patient;
history since first symptom of the disease;
sleeping accommodation of the patient;
previous cases in family or house;
number of occupants;
their ages, occupations, and if attending school or
not.

The house is inspected as to cleanliness, and sanitary defects are dealt with as soon as possible.

Instruction.—The patient is advised to have a bedroom for his own use. If this is impracticable owing to the number of occupants in the house, he is urged at least to have a bed to himself.

(In several cases where the family have been in poor circumstances beds have been provided by the Guild of Help. The Health Authority have made arrangements for storing this bedding when not in use for the Guild.)

The infectiousness of the sputum is explained to the patient and those in charge of the patient, and they are advised to be careful with it. Sputum cups, flasks, and disinfectant are supplied free from the Health Department. If a patient objects to using a cup he is instructed to use rags or paper for the reception of the sputum, and afterwards to destroy it by burning it in the fire.

The advantages of sunlight and fresh air are explained, and the patient advised to sleep with the bedroom windows open top and bottom.

The use of damp dusters to avoid raising dust is also advised.

The patients are assisted in making application for Sanatorium benefit under the Insurance Act, and when in poor circumstances advised to apply for assistance from charitable organizations and the poor-law.

Where the patient is poor and the home conditions bad, or if he is living in a common lodging-house, he is persuaded to go to the Union Hospital.

CONTACTS WITH PULMONARY TUBERCULOSIS.— Whilst making inquiries and re-visiting cases the other people living in the house are noted, and if any of them have coughs or are in delicate health they are advised to consult their doctor, or to attend the Health Office for examination.

Several cases which have taken this advice have been notified as suffering from the disease.

This work will be considerably facilitated when the new Tuberculosis Dispensary is opened.

A register of school children who have been in contact with cases of pulmonary tuberculosis has been introduced, and these children are inspected regularly by the School Medical Officer, any suspicious case then being referred for a further examination.

The number of persons living in direct contact with cases of pulmonary tuberculosis are given in table on page 41.

COMMON LODGING-HOUSE CASES.—A large number of the Poor Law cases which are notified inhabit common Lodging-houses. These cases are usually removed to the Union Hospital, but as soon as they make a little improvement they obtain their discharge and return to those houses where they must be a source of danger to their fellow lodgers, until they are unable to work and have again to be removed to the hospital.

The keepers of common Lodging-houses will not take in a person who they know is suffering from consumption, because of the annoyance of having the necessary disinfection carried out, with the result that these cases travel from one Lodging-house to another.

Often they attend the Health Office to try if arrangements can be made with some of the keepers to take them in. If they are ill and unfit for work they are invariably persuaded to return to the hospital.

Re-visits.—If the homes are clean and the patients have a bedroom for their own use, a visit is paid once every three months.

If the home conditions are unsatisfactory, more frequent visits are paid.

The object of these visits is to enquire if the instructions previously given are carried out, to report the patient's progress, and to enquire about the health of the persons living in the same house.

Disinfection and Cleansing.—When a death occurs, the clothing and bedding used by the patient are removed and disinfected in the steam disinfector, whilst the house is sprayed with formalin. The walls of the rooms occupied by the patient are stripped of all paper and cleansed. If the walls and ceiling of the remaining part of the house are soiled, notice is served for the whole house to be stripped and cleasned.

Disinfection of the house and bedding also takes place when a patient is admitted to the Union Hospital or to the Sanatorium, or moves to another address.

FACILITIES FOR EXAMINATION OF SPUTUM, etc.—
The Corporation have provided their own Bacteriological Laboratory and from this outfits are supplied without any charge whatever to the Medical Practitioners in the town to enable them to submit specimens of sputum in doubtful cases. These specimens can be sent to the laboratory and examined free in order to facilitate the diagnosis of pulmonary tuberculosis.

200 such specimens were examined during the year, and as there were only 205 primary notifications of this disease, it is gratifying to see that more use is now made of the facilities afforded.

OTHER TUBERCULAR DISEASES.—Enquiries are made simularly to those for pulmonary tuberculosis. The patients are advised to have a bed for their own use. That the wounds (if any) should be kept covered, and if there is any discharge from the wounds, to destroy the dressings by burning. In the majority of cases where there is discharge the wounds are dressed daily either at the Infirmary or by the District Nurses.

During 1913 the following notifications of cases of tuberculosis were received:—

PULMONARY TUBERCULOSIS.

Primary Notifications.— Form A by Private Practition Form A by Poor Law Doctors Form A by Hospitals and San	š	55
Form B School Medical Office		
Total		205
Duplicate Notifications		89

NON-PULMONARY TUBERCULOSIS.

Primary Notifications.—Form A by Private Practitione Form A by Poor Law Doctors Form A by Hospitals Form B School Medical Officer	 16 48
Total	 162
Duplicate Notifications	 26

These were divided up as follows:-

PULMONARY TUBERCULOSIS.

	Males.	Females.	Total.
Insured) (79	17	96
Non-Insured Adults.	28	42	70
School Children	10	21	31
Children under school age	5	3	8

NON-PULMONARY TUBERCULOSIS.

Insured Non-Insured Adults. {	35 16
School Children Children under school age	 68 43
Total	 162

The incidence of the Disease in the different wards of the town is shown on page 40. This incidence has been worked out per 1,000 of the population in the particular ward, and comparison is made with the year 1912.

From this it is evident that Howley Ward has the greatest incidence. Mention must, however, be made of the fact that there are in this ward more Common Lodging Houses (14) than in any other ward in the town. The actual number of cases notified from these lodging houses during the year 1913 was 9.

The ages of the persons affected and the form of disease is shown as follows:—

		At all ages.	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 upwards.
Pulmonary Tuber	culosis			3					
Males		 128	8	4	10	22	52	28	4
Females		 82		1	21	23	25	10	2
Other Form	ns.								
Males		 79	10	12	29	12	11	5	
Females		 83	6	15	89	10	6	6	1
Tot	al	 867							

In the case non-pulmonary forms of the disease notified the parts of the body attacked are shown below :—

Affected Parts.			ADULTS.			CHIL			
Ane	eseu i	tarto,		Insured.	Non- Insured	Total.	School Age.	Under School Age.	Total.
Glands	***			10	5	15	42	7	49
Pleura	***			2 7	-	2	-	_	
Skin				7	5	12	1		1
General		***		-		-	1	1	2
Abscesses				5	1	6	_	1	1
Intestine		***		_	1	1	2	12	14
Peritoner	ım			1	-	1	3	6	9
Brain			***	1	-	1	-	5	5
Kidney		***		-	1	1	-	-	-
Knee		***		2	1	3 .	1	1	2 8 9
Hip Join	t	***		3	1	4	6	2	8
Spine				-	_		6	3	9
Tibia		***		1		1	-	1	1
Femur				-	-		1	_	1
Tarsus				2	-	2	-	-	-
Thumb				1		1	-	_	-
Ankle				-	1	1	1	-	1
Arm				-	-	-	1	-	1
Finger		***		-		-	1	2	3
Ribs and	Meta	carpus		-		_	2	-	2
Carpus				-		-	-	1	1
Daclyliti	5			-	-	-	-	1	1
	To	tal		35	16	51	68	43	111

TABLE SHOWING NUMBER OF CASES OF PULMONARY TUBERCULOSIS NOTIFIED IN THE VARIOUS WARDS OF THE BOROUGH DURING THE YEARS 1912 AND 1913.

				Y	YEAR, 1912.	2			*	YEAR, 1913-	62	-
WARDS.	Male Population Census	Female Population Census	MA	MALES.	FEMALES	LES.	Total Rate	MA	MALES.	FEMALES	ALES.	Total
	The later	1911.	No. of Cases.	Rateper 1,000.	No. of Cases.	Rate per 1,000.	Male and Female.	No. of Cases.	Rate per 1,000.	No. of Cases.	Rate per 1,000.	both Male and Female.
TOWN HALL	2,326	2,330	==	4.72	4	171	3.22	00	3.43	9	2.57	3.00
WHITECROSS	5,124	4,879	15	2.29	11	2.52	2.59	20	3-90	14	2.86	3.39
BEWSEY	2,739	2,511	6	8-58	10	86-8	3-61	10	3.65	6	8.58	8.42
ORFORD	5,025	4,720	10	1-99	14	2.96	2.46	18	3.57	18	2.73	8.18
ST. JOHN'S	5,880	5,283	118	2.48	15	2.83	2.64	23	4.31	9	1:13	2.70
FAIRFIELD	4,259	4,709	14	8-28	œ	1.79	2.45	6	2.11	00	1.69	1.89
HOWLEY	3,436	3,246	15	4.36	6	2.77	8-28	20	5.83	10	80.8	4.48
ST. AUSTIN'S	8,110	8,128	12	3.85	20	96-0	2.40	6	2.89	6	2.88	2.88
LATCHFORD	4,992	5,024	10	2.00	6	1-76	1.89	9	1.20	Ľ-	1.39	1-29
TOTALS	36,341	35,825	109	2.72	88	2.31	2.66	128	3.38	85	2-28	2.83

In the following Table will be found the number of cases of pulmonary tuberculosis which were living in the Borough on the 31st December, 1913, and also the year of notification of the same. In addition the number of known contacts with these cases is given. The approximate number of insured persons in Warrington at this time was 27,250.

	Total contacts.				NH P		719				532	1,251
CONTACTS.	Adults.						439				317	756
LNOO	Under School age.						70				65	135
	School chil. dren.						> 210				150	360
	Total living.		60	00	4	8	14	17	34	75	127	285
	Total chil- dren.		:	:	1	Ç1	1	1	00	15	25	48
EN.	Under School age.	Males Females Males Females	:	:	:	:	2	:	:	:	:	:
CHILDREN.	Or	Males	:	:	:	:	:	:	:	1	-	53
CI	School age.	Females	:	:	:	:	1	1	:	111	15	288
	Scho	Males	:	:	1	01	:	:	60	60	6	18
	Total Adults.		90	00	00	9	13	16	31	09	102	237
	Non-insured.	Females	:	1	:	60	20	5	6	16	25	64
ró.	Non-i	Males	:	:	1	1	:	01	4	14	15	37
ADULTS.	Insured.	Males Females Males Females	1	1	:	:	1	03	00	4	118	25
	Ins	Males	01	1	67	63	7	t-	15	56	49	1111
	Year notified.		1905	1906	1907	1908	1909	1910	11611	1912	1913	Torals 1111

DEATHS FROM TUBERCULOSIS DURING 1913.

Pulmonary.	
Number of notified cases of pulmonary tuberculosis which have died during the year	128
Number of notified cases of pulmonary tuberculosis which were certified on the death return as having	
died from other causes	20
tuberculosis	116
Number of the above cases which were not notified	8
Non-Pulmonary.	
Number of notified cases of non-pulmonary tuber- culosis which have died since these regulations	20
came in force on February 1st	22
Number of non-pulmonary cases which have died and were not notified	3
Number of deaths from non-pulmonary tuberculosis previous to the regulations coming into operation	4
Total deaths	29

Notified Cases of Pulmonary Tuberculosis which have attended at the Health Office for examination during the year 1913:—

Insured cases	Males.	Females.	Totals.	No. of Examinations 82
Non-insured cases School children		10 21	16 34	17 90
Totals	 76	38	114	189

Number of School Children suffering from Tuberculosis who have attended the Health Office and been examined by the Assistant Medical Officer of Health during the year 1913:—

			Number of Cases.	Number of Examinations.
Pulmonary	Tuber	culosis	 4	15
Ditto (doub			 7	36
Glands			 11	46
Knee joints			 2	2
Femur			 1	2
Spine			 1	3
Ribs			 1	1
Skin			 1	2
Foot			 1	2
Hip joint			 1	2
			30	111

SUMMARY.

Cases attended Health Offices. No. of Examinations.	
The following is a summary of the work carried out by Tuberculosis Inspector:—	y the
PULMONARY TUBERCULOSIS.	
Number of visits paid to the homes of patients after receipt of primary notifications, for the purpose of making the necessary enquiries and giving instructions, &c	205
Number of re-visits paid to the homes of patients for the purpose of ascertaining if instructions previously given are carried out; the condition of the homes, and progress of patient, &c	995
Number of visits for the purpose of arranging for patient's admission to the Sanatorium	89
Number of visits to arrange for disinfection and clean- ing of the homes after death, removals to institutions, or when patients have changed their	101
Number of visits to ascertain if the walls of the rooms occupied by patients have been stripped and cleaned in accordance with the notice served	191
Number of visits paid to the homes of insured persons who make application for Sanatorium benefit, for the purpose of assisting in making application and arranging for their examination by the	
Medical Officer of Health	96
Total visits to Pulmonary cases	1708
Non-Pulmonary Tuberculosis.	
Number of visits paid to the homes of patients after receipt of primary notifications	162
Number of re-visits paid for the purpose of ascertaining the patients progress and home conditions	312

Total visits to Non-Pulmonary cases

... 474

SECTION II.

INFECTIOUS DISEASES.

During 1913 Measles was prevalent the whole year, Whooping Cough specially during the early portion, and Scarlet Fever during the latter portion of the year.

Excepting the excessive prevalence of Scarlet Fever during the year under consideration, the number of notifications of the notifiable diseases, other than pulmonary tuberculosis, show a decrease on the previous year.

The following are the numbers of cases notified and deaths recorded from the various notifiable infectious diseases:—

		D	ISEASE			Cases notified in 1913.	Deaths registered in 1913.
Smallpox					 		_
Scarlet Fey	rer				 1	240	7
Diphtheria	and M	fembra	anous (Croup	 	108	9
Enteric or	Typho	id Fev	er		 	28	9
Puerperal 1	Fever				 	7	9 2
Cholera					 		_
Erysipelas					 	54	5
Plague					 	-	_
Phthisis					 	205	116
Other form	is of T	ubercu	losis		 	162	32
Cerebro-Sp	inal M				 	1	1
Poliomyelit	is				 	_	
						805	181

Measures of disinfection have been carried out not only in all cases of notifiable diseases, but also in several instances of Measles. The premises, bedding, &c., are also disinfected after deaths from Phthisis and Puerperal Fever. A comparison is here given of the number of notifications of the various notifiable diseases in England and Wales as a whole and in the different County Boroughs of Lancashire.

Rates per 1,000 of the population for 1913, in England and Wales and in the County Boroughs NOTIFICATION OF INFECTIOUS DISEASE AND ATTACK in the County of Lancaster.

			Sma	Smallpox.	Scarlet Fever.	Fever.	Diphtheria	neria.	Enteric Fever.	eric er.	Puerperal Fever.	eral	Erysipelas.	elas.
		Estimated Portion in the n	Cases.	Rate.	Cases.	Hate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Hate.
England and Wales	:	1	06	00-0	130626	3.57	50850	1.39	8117	0.23	1989	0.05	93114	0.63
Barrow-in-Furness		64589	1	1	232	8.28	175	2.71	00	0.02	+	90 0	69	1.07
Blackburn	:	133560	1	1	898	2.01	08	0.00	31	0.23	00	90-0	16	89-0
Blackpool	:	59831	1	1	104	1.74	45	0.75	16	0.27	9	0.10	24	0.40
Bolton	:	182524	1	1	508	1.15	124	89.0	99	0.31	4	0.05	7.1	0.39
Bootle		71153	1	1	151	2.12	89	0.92	12	0.17	8	0.04	37	0.52
Burnley	:	108012	1	1	206	1.91	178	1.65	20	0.19	9	90.0	175	1.62
Bury	:	59106	1	1	299	2.06	89	1.15	00	0.14	9	0.10	28	0.47
Liverpool	:	752021	00	00.0	2228	2.96	1030	1.37	122	91.0	52	0.07	767	1.02
Manchester		723531	-	00.0	3901	5.39	785	1.01	327	0.45	134	0.19	487	09-0
Oldham	:	148839	00	0.02	886	6 30	93	0.62	14	60-0	11	0.07	121	0.81
Preston	:	117631	1	1	777	6.61	280	2.38	47	0.40	-	90 0	108	0-95
Kochdale	:	92529	1	1	576	6 23	62	29.0	14	0.15	1-	80-0	89	0.73
St. Helens	:	98159	1	1	736	7.50	161	1.64	56	0.26	20	0.02	76	0-77
Salford	:	232734	4	0.05	1235	5.31	335	1.44	112	0.48	17	0 07	208	0.87
Southport	:	70444	1	1	68	1.26	40	19.0	4	90-0	01	0.03	35	0.50
Warrington	:	73215	1	1	240	3.28	108	1.48	58	0.40	7	0.10	54	0.74
Wigan	:	90045	1	1	73	0.81	34	0.38	97	1.08	9	0.07	57	0.63
	-													

SMALLPOX.—There have been no cases of this disease in the Borough since 1906. When the vaccination returns for the past 10 years are examined, however, there is cause for alarm in the ever-increasing non-vaccinated population which is growing up amongst us.

Warrington being situated on the main road between Manchester and Liverpool and on the main road north is a centre through which tramps are continually passing. We have to use special precautions with this class of the community who are the chief inhabitants of the common lodging-houses in the Borough, as they are always likely to introduce infectious disease, including Smallpox. A large number of visits as shown on p. 78 are paid by the Inspectors. Under the bye-laws the Common Lodging-house Keepers are compelled to notify every suspicious case of illness occurring on their premises, and this has been willingly carried out by them.

VACCINATION RETURNS FOR THE COUNTY BOROUGH OF WARRINGTON.

	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Di-Al-											
Births	2395	2268	2280	2260	2373	2336	2258	2226	2041	2111	2166
Successfully vaccinated	2092	2007	2040	2003	2117	2015	1890	1754	1470	1313	1287
Insusceptible of vaccination	26	10	15	13	5	9	3	3	10	3	_
Died unvaccinated	241	221	212	214	201	196	165	177	192	115	156
Exemptions	8	11	3	13	38	99	169	210	253	251	347
Removed:Address unknown	27	19	5	7	12	17	13	50	73	35	50
Had Small-pox	1	_	_	_	_	_	_	-		_	_
Children born in other dis- tricts butvaccinated here	66	47	41	40	8	17	-	-	16	9	11

Total number of Exemptions for the year 1913-847.

In the month of August, 1907, an amendment of the Vaccination Act, 1898, was passed allowing a Statutory declaration as to conscientious objection to be substituted for the certificate of justices. The immediate results of this altered legislation are to be seen by referring to the increased number of exemptions during the last 6 years. The future effects will doubtless be a severe epidemic of Small-pox.

SCARLET FEVER.—240 cases of Scarlet Fever have been notified during the year, 7 of which terminated fatally.

The mortality from the disease ('09 in 1913 compared with '13 in 1912) has been slight and so mild have some of the attacks been that the rash has been overlooked and the first indication that the child was suffering from Scarlet Fever has been the peeling of the child's skin. Such cases as these are in great measure the cause of the continuation of the disease, for, however strict may be the isolation of pronounced cases, it will avail little in stamping out the disease so long as undetected mild cases are mixing with the general public, and in some instances attending school. An effort has been made to meet the difficulty by examining all children who have been absent from school on account of sore throat before allowing their return, and by this means several cases have been detected.

SCARLET FEVER.

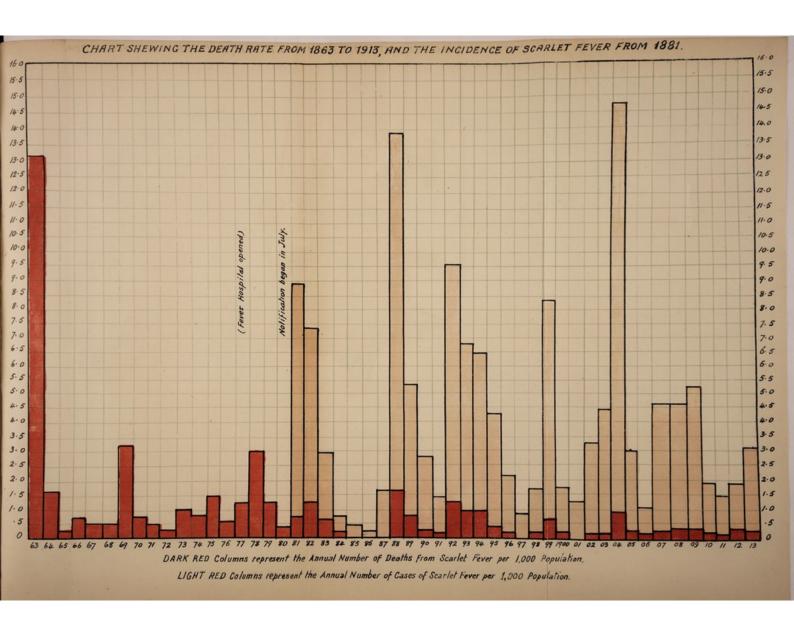
N 1913.	1912. 1913.	4 240	7 01	6-9 2-9	1.9 3.2	-13 -09	96 18
AND		144	1			-02	
TIFIC 1912	1911.	Ξ	4	3.6	1.5	?	77
CE NO S 1911,	1906-10.	243	11	4-1	60.00	0-14	73
S YEAR	1901-5.	364	15	3.5	5.4	Ġ	84
AVERAGES FOR FIVE-YEAR PERIODS SINCE NOTIFICATION ISOLATION BEGAN, AND RATES FOR YEARS 1911, 1912 AND 1	1891-95. 1896-1900, 1901-5. 1906-10.	179	11:4	8.9	5-9	çı	7.9
E-YEAR AND RA	1891-95.	306	36	11-3	5.6	9.	78
JR FIVI	1881-85. 1886-90.	126	25-2	9-2	4.7	10	81
GES FO	1881-85.	168	20.6	15.6	4.0	.5	70
AVERAGES FOR FIVE-YEAR PERIODS SINCE NOTIFICATION AND ISOLATION BEGAN, AND RATES FOR YEARS 1911, 1912 AND 1913.		Cases	Deaths	Case Mortality %	Cases per 1,000 living	Deaths per 1,000 living	Percentage Isolated

48

SCARLET FEVER IN WARRINGTON DURING 52 YEARS.

Year.	Popula- tion.	Cases of Scarlet Fever.	Deaths from Scarlet Fever.	Case Mortality per cent.	Cases per 1000 living.	Deaths per 1000 living.	Percentage Isolated in Hospital
1862	26,726	_	_			-	_
1863	27.345	-	383	-		13.1	_
1864	27,964	-	45			1.6	_
1865	28,583	_	3	-		-1	
1866	29,202	1	15	-	_	.5	
1867	29,821	0.0	11	-	-	-3	_
1868	30,440	-	12	_		.3	
1869	31,059	-	109	-		3.1	-
1870	31,678		20			-6	_
1871	32,297		12			-3	_
1872	33,227	_	9	-		.2	
1873	34,157		34			-9	-
1874	35,087		25			-7	
1875	36,017		53		_	1.4	
1876	36,947		16			.4	
1877	37,877	_	45			1.1	_
1878	38,807		104			2.8	
1879	39,737		40		-	1.1	
1880	40,667	65	12	8.4	1.3	-3	_
1881	41.632	362	22	6.0	8.7	-6	88
1882	42,600	306	50	16.3	7.2	1.2	66
1883	43,814	127	27	20.8	2.9	.5	72
1884	44,482	27	4	14.8	.7	.1	77
1885	45,408	20	-	120	-4		50
1886	46,343	10			.2		80
1887	47,264	74	1	1.3	1.6	.02	79
1888	47,464	660	77	11.8	13.9	1.6	79
1889	49,000	256	32	12.5	5.2	-7	84
1890	51,000	131	16	12.2	2.6	-3	83
1891	52,986	70	9	12.8	1.3	-2	71
1892	53,809	510	66	12	9.5	1.2	76
1893	54,661	364	43	12	6.7		
1894	55.504	354	45	12.7	6.4	-8	79
1895	56,366	235	17	7.2	4.5	.8	82
1896	57,219	114	10	6.9	2.0	.3	85
1897		47	3	6.2	- 8	1	92
1898	60,877 61,465	107		8.4	1.7	.04	80
1899		513	11	5.7		1	80
	62,761	115	29	6.9	8.2	5	64
1900	63,560		8		1.8	1	80
1901 1902	64,465	80	1 9	1.3	1.2	.001	88
1902	65,842	211		4.3	3.2	.1	91
	67,153	289	8	1.4	4.3	.1	95
1904	68,490	1,042	52	5.0	15.5	.7	87
1905	69,153	201	9	4.0	2.9	1	77
1906	70,364	64	2	3.1	0.9	.02	78
1907	71,849	311	12	3.7	4.3	.16	77 -
1908	72,562	321	16	4.9	4.4	.22	72
1909	73,008	381	21	5.5	5.2	*28	56
1910	73,580	140	5	3.5	1.9	-06	82
1911	72,375	111	4	3.6	1.5	.05	77
1912	73,158	144	10	6.9	1.9	.13	81
1913	74,065	240	7	2.9	3 2	09	96

DIPHTHERIA.—There were 108 cases of this disease notified during the year, 9 of which terminated fatally. There has been a gradual increase in the prevalence of this disease in most large towns during recent years.





As in connection with Scarlet Fever, so with Diphtheria, there are many instances of the disease which are looked upon as cases of simple sore throat and which escape detection. These undetected cases mix with the general public and even attend school, and thus the spread of the disease can easily be accounted for. The routine examination of children absent from school on account of "sore throat" before allowing their return has led to the discovery of several of these unsuspected cases.

Bacteriology now enables us to say in practically all instances whether or not any case of sore throat is one of Diphtheria, and whether or not any case of Diphtheria has ceased to be infectious. The only way, therefore, by which we can hope to control this disease is by the more extended and systematic use of the bacteriological laboratory both in connection with cases of "sore throat" and also as regards cases of Diphtheria before they are pronounced to be free from infection and allowed to mix with the public.

Infection continues to remain in the throats of certain diphtheria convalescents for prolonged periods, and it is impossible to detect such dangers to the public without a bacteriological examination of all diphtheria convalescents being undertaken.

These precautions are taken before patients who have suffered from the disease are sent out from the Isolation Hospital, but they are equally essential in all instances, whether the patient is treated in hospital or at home.

Persons who come into close contact with diphtheria patients may also have the infection of Diphtheria in their throats without showing any signs of illness. These "contacts" may carry the infection to others and swabbings should therefore be systematically taken from their throats and submitted to bacteriological examination, in order that the infection-carriers may be detected.

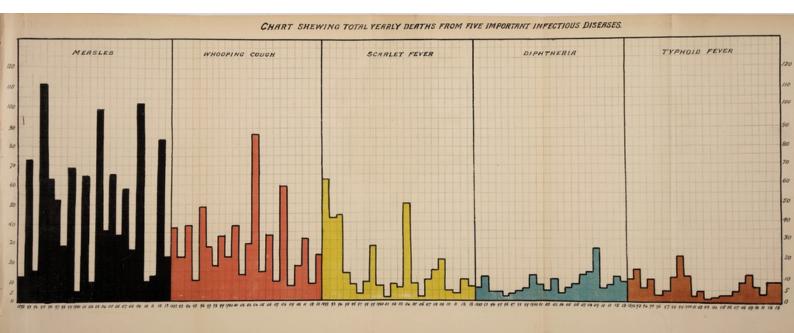
The following table illustrates the prevalence of Diphtheria during the past fifteen years.

		1899.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
0.00	of cases of Diphtheria	22	23	25	24	34	34	27	28	78	123	146	108	88	110	108
100	th-rate for Diphtheria per 0000 of population	·12	-20	·12	.09	·01	.05	.12	·12	·19	.22	•35	-09	·12	.15	·12
-	of cases admitted to	1	2	9	9	20	4	8	8	43	78	89	78	69	99	103

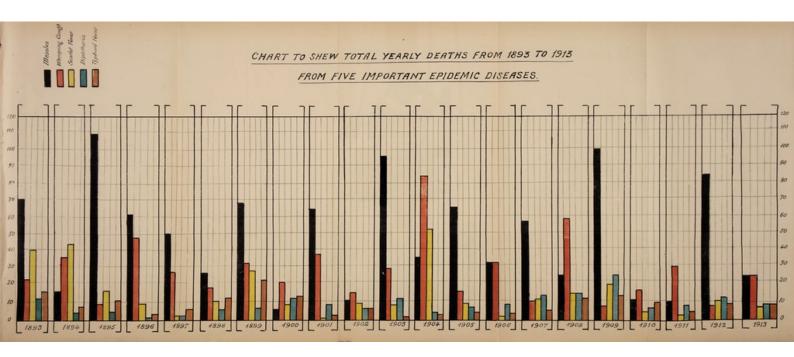
On bacteriological examination in the Health Department Laboratory the number of cases definitely proved to have Diphtheria Bacilli present in their throats was as follows:—

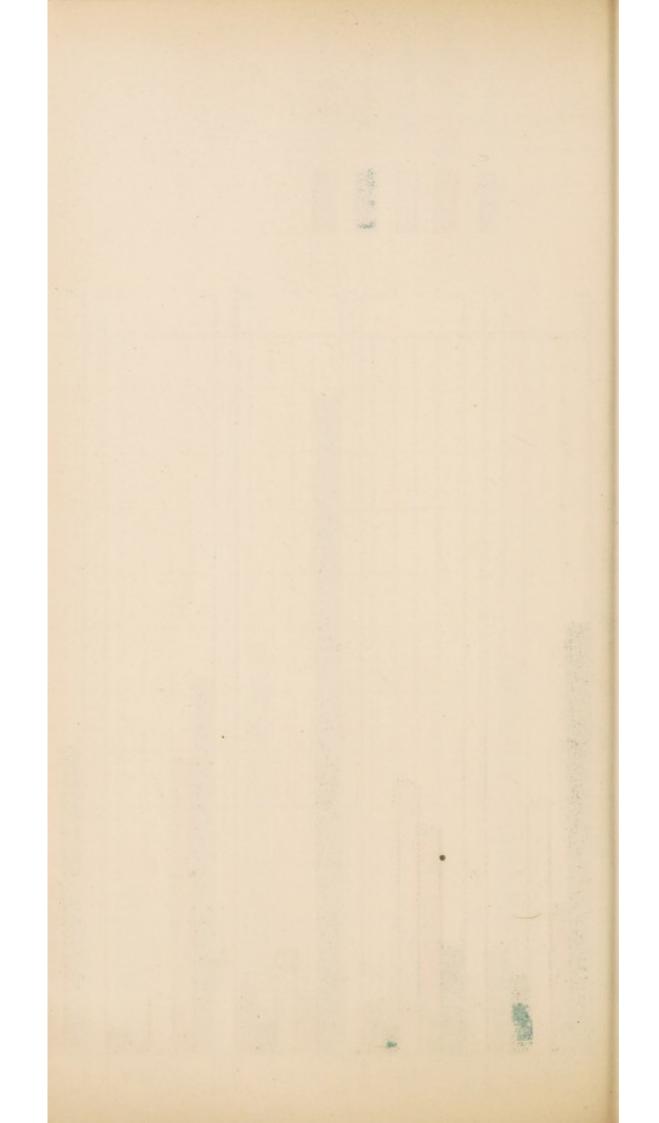
Bacillus present	 	59
Bacillus absent	 	42
No swab submitted	 	5
Died. No swab submitted	 	- 2
		108

			er.																							
	OPING			1	1	1	4	:	:	1	3	8	:	:	5	11		1	- 2	:		:	:	:	33	614
	WHO		Under 5 years.	28	37	6	44	58	19	88	50	46	15	30	81	20	33	10	58	00	18	35	00	24	581	9
	SLES.		5 years and over.	1	:	4	1	:	_	1	:	8	1	00	တ	2	4	9	::	6	П	C1	3	4	49	1043
	MEAS		Under 5 years.	7.1	17	07	162	52	27	89	55	65	10	94	33	64	53	55	56	98	10	11	81	50	994	10
HERIA	ID (I	UP.	5 years and over.	3	1	::	:	C 3	2	22	1	::	1	1	c7	4	5	4	3	8	5	22	7	1	90	4
DIPHT	AN	CRO	Under 5 years.	10	7	5	C1	1	4	9	12	8	5	10	24	00	4	10	13	18	67	_	<u>-</u>	6	164	214
	LET ER.		5 years and over,	6	10	4	တ	П	7	8	တ	::	တ	5	15	9	-	ಣ	00	10	::	:	4	8	103	25
	SCAR		Under 5 years.	34	35	13	-	67	4	21	5	-	9	00	37	00	1	6	8	11	5	4	9	4	219	822
					:	:			:	:	:	:	:	***			:		:	:		:	:	:	r.s	:
		A.B.		:	:	:	:	***	:	:	:	:	:	:	:	:	:	:	::	. :	::	:	***	:	21 уев	ll ages
		YE.		1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1908	1904	1905	1906	1907	1908	1909	1910	1911	1912	1918	Totals for	Totals: all ages
	DIPHTHERIA	T AND MEASLES. W	MEMBRANOUS MEASLES. CROUP.	SCARLET AND AND ARBRANOUS CROUP. Under 5 5 years years, and over, years, and over, years.	SCARLET	SCARLET	SCARLET	SCARLET	SCARLET	SCARLET	SCARLET	SCARLET AND MEASLES. WHOO	SCARLET AND MEASLES. WHOOF	SCARLET AND NEASLES. WHOO	SCARLET	SCARLET	SCARLET	SCARLET	SCARLET AND AND FEVER. AND Teacher	SCARLET AND AND AND AND COUP. C	SCARLET	SCARLET	SCARLET AND MEASLES. WHOO FEAR.	SCARLET AND AND AND AND AND CROUP.	SCARLET AND NIEASLES. WHOO	SCARLET









rate.

10

Whooping Cough. 760 152 .109 245 442 826 455 353 227 1.25 .83 531 231 Death Cases 1.14 Rate. 660-810. 1.008 1.518 .584 996. 807 1.39 1.906 854 455 991. 1.101 35 17 Measles. Death 1 Cases .085 -049 910. 077 .106 .014 .028 .144 .027 -041 -068 60. 9 .031 Rate. .051 Puerperal Fever. .07 AND DEATHS FROM INFECTIOUS DISEASES Death (RATES CALCULATED PER 1,000 POPULATION). 10 00 03 10 9 20 6 12 10 91 15 1-18 2 Cases 122 .208 .085 980 .229 .385 -219 -062 -029 -043 .058 .083 2005 1.5 .12 Rate. 160 .151 90 Enteric Fever. Death 149 86 # 4 62 333 35 22 20 43 32 15 41 Cases 42 22 83 古 .170 .147 -449 -759 00. -294 109 -017 .137 91. .13 151 -05 22 28 90 -05 051 Rate. Scarlet Fever. Death 1066 285 144 107 289 201 140 211 Ξ 64 321 381 Cases Diphtheria& Membranous 910. -15 980-.128 .058 -034 -163 .109 -124 55 .10 .051 160 .124 Rate. 35 8 12 Death Croup. 00 00 0 146 16 22 23 38 123 108 110 100 25 24 34 34 27 28 88 Cases .017 910 0115 -015 .045 -014 028 033 .131 60 Rate. -027 .054 020 Erysipelas. 900 9 Death 7 # 35 26 34 20 23 9 79 Cases 61 68 21 53 49 54 69 61 -017 0115 059 .058 Rate. Smallpox. Death 86 47 Cases 1901... 1895... 1903... 1912... 1896... 1897... 1907... 1910... YEAR. 1898. 1902. 1899. 1900. 1904. 1905. 19061 1908. 1909.

ANNUAL REPORT ON THE CORPORATION HOSPITALS.

AIKIN STREET ISOLATION HOSPITAL.

The diseases at present treated at this Isolation Hospital are Scarlet Fever, Diphtheria and Enteric Fever. No charge whatever has been made for many years to patients residing within the Borough. When circumstances permit cases from the Newton Urban and Warrington Rural Districts are admitted and treated for a sum of £2 10s. per week.

Medical Practitioners are permitted to attend their own patients on notification to the Medical Superintendent.

Patients suffering from each of the three diseases treated in the Hospital were as a rule present, thus necessitating all the wards being kept in use and fully staffed with Nurses. For this reason, in an Infectious Disease Hospital, the cost of administration cannot necessarily be reduced proportionately to the reduction in the number of cases treated.

It will be noticed that Scarlet Fever accounted for a large proportion of the cases.

Sixteen of these Diphtheria cases had the seat of the disease in the wind-pipe, necessitating recourse to the operation of tracheotomy in 10 instances, of which 5 recovered.

It is interesting to note that only 57 of the 103 patients sent in as suffering from Diphtheria were proved bacteriologically to be definite cases of Diphtheria.

Two cases of Pulmonary Tuberculosis were treated in the Hut in the Hospital grounds.

As in other institutions where children are being continually admitted, there is always the chance of a child admitted for one disease being at the time of admission in the incubation stage of another disease.

Thus one child admitted with Diphtheria developed Whooping Cough shortly after admission, and another developed Chicken-Pox. Two Patients suffering from scarlet fever developed measles.

Prompt isolation of these cases in separate wards prevented the spread of infection.

Two patients admitted as Diphtheria proved to be suffering from Scarlet Fever, whilst three cases admitted as Scarlet Fever were found to have German Measles.

Two patients admitted as Enteric Fever were proved to be suffering from other diseases, one from Tubercular Peritonitis and the other from acute Pneumonia.

Six patients admitted as Scarlet Fever did not desquamate and two of these had had burns.

These additional diseases necessitate the reserving of separate small wards for the isolation of cases of mixed infection, and further accommodation in this respect would be of great service, especially in epidemic times.

During the year the Medical Officer of Health has carried out the treatment of the patients at the Hospital, except in a few instances when the parents have desired the family doctor to attend their children.

AIKIN STREET ISOLATION HOSPITAL.

					Recog Accomn	nized nodation.
WARDS.	Scarlet Fever			25	beds.	12 cots.
				12		8 ,,
	Enteric Fever			12	,,	8 ,, 4 ,,
	For special cases			5	,,	4 ,,
	Old Administra	tive	Bloc	k	will	
Additional	accommodate					16 beds.
	The Hut will acco	mmoda	ate .			3 ,,

The following table is a summary of the number of patients and of the diseases for which they were under treatment during 1913:—

	From the Borough		From Varringto Rural District		From Newton Urban District.		Total.
Remaining in hospital at the end of 1912			1				27
Admitted during 1913:							
As Scarlet Fever	231		4		1		236
" Enteric Fever …	27		1				28
"Diphtheria …	103		3		_		106
" Phthisis	2		-		_		2
Under treatment during	389		9		1		399
Deaths during 1913:							
Scarlet Fever	7		-		_		7
Enteric Fever	8				_		8
Diphtheria	8		2				10
Phthisis	1		_		_		1
Other causes	4				_		4
Totals	28		2		_		30
	From the Borough,		From Varringto Rural District.		From Newton Urban District.		Total.
In hospital at end of 1913:							
Enteric Fever	4		-		_		4
Scarlet Fever	48		_		_		48
Diphtheria Phthisis	4	•••	_		-		4
Phthisis		•••		•••		•••	
	56	•••	- '		-		56

SANKEY SANATORIUM.

The Hospital consists of the following :-

Administrative Block, consisting of Dining-room, Kitchen, and Six Bedrooms.

Large Pavilion of Two Wards, each containing Seven Beds.

SMALL PAVILION of Two Wards, each containing Four Beds.

DISCHARGE BLOCK.—Laundry and Steam Disinfector.

The Resident Staff is composed of a Charge Nurse, Two Assistant Nurses, Two Ward Maids, One Cook General, and a Lodgekeeper.

The Medical Officer of Health visits the Hospital and treats the cases.

The Sanatorium was originally built for the Isolation of cases of Smallpox, but as there have been no cases of this disease within the Borough since the year 1905, and as the buildings are especially well adapted for the Isolation and Treatment of cases of Pulmonary Tuberculosis, the Health Committee decided in the year 1910 to open the Sanatorium for the reception of these latter cases during the continued absence of Smallpox.

Cases are admitted in any stage of the disease—early, intermediate or advanced.

Early cases are treated in Wards separate from the more advanced cases, and every effort is made in these cases to check the disease and effect a cure. Suitable cases are given graduated exercise and are encouraged to do gardening work in the grounds. Treatment with Tuberculin is also given in some cases.

In the case of patients in the intermediate stage of the disease there is little chance of a complete cure, but a stay in the Sanatorium almost invariably improves their condition to a considerable extent and enables them on discharge to return to work for varying periods. The training received during their stay in the Sanatorium also renders them not only more able to fight against the disease and prolong their existence, but also to take such precautions on their discharge that they are not a danger to others.

The advanced cases are of course chiefly admitted with a view to their isolation and the prevention of the spread of the disease to others; at the same time these patients are enabled to spend the remaining months under far better conditions as regards their own comfort than would obtain at their homes.

As a large majority of the patients were in an advanced stage of the disease on admission, the possibility of many cures being obtained has of course been proportionately remote. The improvement in the condition of these hopeless cases and the prolonging of their lives has however been very marked.

During 1913 a total of 76 cases have received treatment at the Sanatorium.

This number was made up of males and females insured and uninsured, adults and children, as follows:—

Non-insur	ed adult	S .A	 Males.	Females.
School ch Insured	ildren 		 3 40	7 8
	Т	otal	 49	27

A list of these cases is found on page 56A and a summary of the condition of the 54 cases who left the Sanatorium during the year, and of the 22 cases still in residence there at the end of the year is here shown:

SUMMARY OF THE 54 CASES WHICH HAVE LEFT THE SANATORIUM.

	Early	Cases. Females.	Advar	need Cases.
			Males.	Females.
Apparent arrest of disease		2	1	-
Great Improvement	2		-	2
Much improved	6	2	1	6
Left Sanatorium, disease				
advancing		_	4	1
Left Sanatorium, disease				
in statu quo		1	4	3
Developed mental symp-				
toms, transferred to				
Union Hospital		-	1	
Died in Sanatorium		-	6	. 2

Cases of Pulmonary Tuberculosis which have received Treatment in Sankey Sanatorium during the Year 1913.

		_	_			durin	ig the Yea	r 1913.			
Initials.	No. on Register.	Sex.	Age	Occupation.	Date of Admission.	State on Admission.	Date of Discharge	State on Discharge.	Increase in weight.	Invation of Treatment.	Remarks.
T. F.	32	M	_	Wireworks Labourer	Slot January, 1912	Advanced both lungs	27th June, 1913	In state que; discharged own request	-	73 weeks I day	Afterwards admitted to Alkin Street Hospital Hut. Died 24/9/13
M. T.	63	M	833 I	Forge Labourer Domestic Servant	20th April, 1912	Advanced both lengt	Still in Sanatorium	In state goo		88 weeks 5 days	
D. F.	64	8	9	School	Ist October, 1912 5th October, 1912	Fairly advanced both lungs Fairly advanced one lung	15th March, 1903	Improved	-	23 weeks 3 days	
J. C.	66	м	39	Forge Labourer	Sed January, 1903	Slight-one long	30th January, 1913, re- admitted 22nd Octo- ber, 1913, to 29th	Moch improved, laft at parents request improved	+ 8lbs.	15 weeks 9 weeks 2 days	Previous treatment in Sanatorium, 30 weeks 6 days.
F.H.	67	м	16	General Labourer	11th October, 1912 _	Slight one long	Nevember, 1933	Great improvement	-	22 weeks 5 days	Tuberculia T.E. 00005 initial to '91, worked
E. F.	63	34.	24	Galvaniser	28th October, 1912	Advanced both lungs	19th January, 1913, re- admitted 7th June,	Left on own accord, general	+ 3jlbs.	20 weeks 6 days	regular since. Lazyngitis.
V. E.	70	м	31	Wireworks Labourer	29th October, 1912	Slight one long	1913, to 1st October, 1913 5th January, 1913, re- admitted 29th July,	condition good, disease advancing Apparent acrest of disease, left without leave	+ 8‡0ha.	17 weeks 8 days	Worked continuously since.
E.L.	700	Y	23	Cotton Weaver	38th October, 1912		1915, to 19th Sep- tember, 1915				Died at home 3:5:13.
T. O. D.	72	34		Iron Works Labourer	3rd January, 1913	Advanced both lungs	22nd February, 1913 21st March, 1913	No improvement	***	16 weeks 5 days 11 weeks	Market Control of the
G.E.S.	73	м		and Army Army Bandsman	16th December, 1912	Advanced one long		Disease steadily advanced		23 weeks 5 days	Previous treatment in Sanatorium 6 weeks 6 days. Died in Union Hospital 14 10/13
P. D.	74	м	21	Insurance Agent, 1 year and Army	14th December, 1912	Slight both lungs	Diesi 28th March, 1913			14 weeks 5 days	
A. M.	764	M	21	Soup Works Labourer	14th December, 1912	Fairly advanced one long	18th May, 2913	Apparent arrest of discuss, great imprevement	+ 53bs.	21 weeks 4 days	Tuberculin. Has worked continuously since discharge.
B.E.E.	75	F	18	Wire Workey	23rd December, 1912	Fairly advanced both lungs -	13th March, 1913	Disease in state que, general condition good	+ 50hs.	11 weeks 5 days	
J. S. G. B.	76	M		Labourer	28th December, 1912.	Advanced both lungs	Died 4th June, 1913		-	22 weeks 4 days	200
8. J.	28	N	45	Enameller and Wire Weaver Wire Weaver	20th Docember, 1912 16th January, 1913	Advanced both lungs	Still in Sanatorium	Disease slowly extending	+ Ills.	52 weeks	Tubercular engyenia.
H. J.	79	1	16	Velves Cutter	22nd January, 1913	Advanced both lungs Advanced both lungs	Died 23rd March, 1918 10th June, 1903	Much improved	+ 60a.	9 weeks 3 days 19 weeks 5 days	Previous treatment in Sanatorium, 12 weeks.
G. M.	80	×	31	Wire Worker	25th January, 1913	Slight one lung	3el July, 1903	Good improvement	+ 4De	22 weeks 5 days	Worked continuously since discharge.
J. H.	81	M	21	Engine Attendant	3rd Februsey, 1913	Slight one long	29th April, 2913	Apparent arrest of disease	+ 40hs	12 weeks I day	
E.G.	10	Y	37	Household	27th February, 1913	Advanced both lungs	21st August, 1903, re- admitted 2nd Decem-	Improved		20 weeks	
242							ber, 1913, Still in Nanatorium				
J. B.	63	P			8th March, 1913	Advanced both large	8th June, 1963	Improved, left against advice	+ 58hs.	13 weeks	20.00
M. F.	85	F	36	Carriage Painter	17th March, 1913	Fairly advanced both lungs	10th June, 1915	Much improved	+ 90hs.	12 weeks I day.	Worked since.
3.0	86	м		Wire Worker and Army	20th March, 1913	Advanced both lungs Advanced both lungs	Died 27th April, 1913 Died 12th May, 1913		-	5 weeks 4 days. 6 weeks 5 days.	
W. H. O.	87	м		Insurance Agent and	20th March, 1912		18th June, 1913	Apparent arrest of disease	+ 120s.	12 weeks.	Worked continuously since.
E.T.	10	Y	23	Machinist Cotton Weaver	27th March, 1918 _	Advanced both lungs	9th October, 1918	Great improvement in granual	+ 5lbs.	26 weeks.	
W. J.	80	36	30	fron Works Labourer	29th March, 1913	Advanced both lungs	15th August, 1913	condition. Disease rapidly advancing	— 18Ba.	20 weeks.	Tubercular laryngitis. Died at bonne, 21/8/13.
G. B.	10	M	100	Iron Works Labourer	9th April, 1913	Slight one lung	2nd July, 1913	Apparent accest of disease	+ Gilbs.	12 weeks.	Worked continuously since.
G. D. A. M.	92	y	18	Domestic Servant	90th April, 1913	Slight one long	12th July, 1913	Much improved; left own accord.	+ 18b.	10 weeks 3 days.	
A.T.	93	y	11	School	9th May, 1913	Advanced both jungs Early case, one lung	6th November, 1913	In state que	+ 61lbs.	27 weeks.	
	100	12			100000000000000000000000000000000000000	and and out and	6th September, 1913. Re-admitted 20th December, 1913. Still				
T.T.	94	M	18	Iron Moulder	17th May, 1913	Slight one long	in Sanatorium. 18th July, 1913	Left own second; much	+ 40a	10 weeks 2 days.	Worked continuously since.
A. Q.	95	м	16	Wice Worker	17th May, 1913	Advanced both lungs	19th May, 1913	improved. In state que; lett own accord		2 days.	
W. C. C.	96	М		Commercial Traveller		Advanced both lengs	Diet Blet May, 1913		-	I week I day.	
W. L.	99	34		Wire Works Labourer	4th June, 1913	Slight one long	18th October, 1913	Disease apparently accessed	+ 61hs.	19 weeks 3 days.	Worked continuously since.
J. P.	100	M y	10	Bousehold	10th Jone, 1913	Advanced both lungs Advanced both lungs	Died 30th August, 1913. 25th Nevember, 1913	Much impressed	+ 118a.	22 weeks 2 days. 25 weeks 4 days.	
N.W.	101	P	12	School	16th June, 1913 _	Early case	6th September, 1913	Much improved	+ 80a.	11 weeks 4 days.	Previous treatment in Sanatorium, 11 weeks.
J. M.	102	M	35	Eincksmith's Striker	19th June, 1918	Slight one long	28th July, 1913	Very much improved; left	+ 14llm.		Worked continuously since.
J. H.	103	M	35	Ond Henrer	. 8sh July, 1913	Advanced one lung	21st October, 1913	own accord. Disease advancing; left with- out leave.	+ The.	15 weeks.	
G. B.	104			Forge Labourer	8th July, 1913	Slight one lung	Still in Sanatorium	Improving	+ 230ha.	25 weeks 1 day.	
W. C.	105	M		Wire Works Furnsce- man Seedsman	8th July, 1913 8th July, 1913	Fairly advanced both longs	Still in Sanatorium	Improving	+ 100. + 30s.	25 weeks,	
M. A.	197	1			8th July, 1913	Early case	20th July, 1913 6th September, 1913	Much improved	+ 111lbs.	8 weeks 3 days.	
A. D.	104			School	16th July, 1913	Fairly advanced	1st Nevember, 1913	Improved; left at parents'	+ 80a.	19 weeks 4 days.	
M. W.	100	1	35	Hausehold	16th July, 1913	Advanced both lungs	22nd July, 1903	In state que; lett ewn accord	+ 116.	7 days.	Previous toutment in Sanatorium, 15 weeks 6 days,
E. D.	110	7		Cutton Weaver	. 20th July, 1913	Very slight one lung	18th October, 1913	Apparent ours	+ 17ths.		Worked continuously sinor. Previous treatment in Sanatorium, 10 weeks.
L. H.	111			Galvanizer	20th July, 1913	Advanced one long	Still in Sanatorious	In state que	+ Sibs.	22 weeks 4 days.	
W. J. B.	113	34		Iron Grinder Wire Works Labourer	Let August, 1913	Slight one lung	25th October, 1913 25th October, 1913	Apparent cure	+ 50a. + 180a.	12 weeks I day.	Worked continuously since.
E. O. S.				Curier	22nd August, 2013	Slight oor long	17th December, 1968		+ 250hs.	16 weeks.	
A. M.	116	y		Houshold and Laur-	25th August, 1915	Advanced both lungs	Still in Sanstorium			18 weeks 2 days.	Previous treatment, 29 weeks 1 day.
J. F.	117			dry Worker Wire Works Labourer	9th September, 1913.	Fairly advanced over lung	9th November, 1913	In state que ; lett own accord	+ 20%	Il weeks 5 days.	
L. A.	118	Y	43		. 9th September, 1913	Advanced once	Still in Sanatorium			16 weeks I day.	
M. IL	119		15		9th September, 1953	Slight case	27th September, 1913	In statu quo; left without leave	+ 100bs.	2 weeks 3 days.	
M. C.	120	7	11	Galvanizer	13th September, 1913 22nd September, 1913	Slight our	6th November, 1913 96th September, 1913	In state que; left without	-	T works 4 days. 4 days.	
J. N.	122				22nd September, 1913 29th September, 1913	Slight one long Fairly advanced both longs	Still in Sanatorium	permission Improving	+ 220a.	13 weeks 2 days.	
F. B.	123	y		Cotton Weaver	30th Neptember, 1913	Advanced both lungs	23rd Documber, 1911	In statu que; general condi-	+ diba.	12 weeks.	
A. E.	124	34		School	. Red October, 1913	Fairly advanced use long	Still in Sansterium	tion good; left own sorred Improved	+ 510m.	12 weeks 5 days.	
A. W.	195	7		Household Duties .	16th October, 1913	Slight core	Still in Sensterium	Apparent cure	+ 24[De.	11 week 1 day.	
м. о.	126			Cotton Weaver .	21st October, 1911	Advanced both longs	Died 23rd October, 1913		***	S days,	Red to Dake Product Million
B. W.	1177	34	24	Forge Labourre .	21st October, 1913	Advanced both lungs	18th November, 1913	Deseloped mental symptoms: transferred to Union In- ference		S weeks S days.	Died in Units Hospital 15;11/12
A. 31.	129	3	12	Sebool	20th October, 1963	Slight care	Still in Nanatorium	Mach improved	+ 10(Dis.	9 weeks 4 days.	
3, 0.	130			Publier	28th October, 1913	Advanced both lungs	1st Documber, 1913		+ 570s. + 510s	4 weeks 6 days.	
J. M.	331			Forge Labourer -	28th October, 1913	Advanced one long	Still in Sanatorium	Impreving	+ 10)Ba.	8 weeks 7 days.	
J. C.	133			Wice Worker	Brd November, 1913 18th November, 1913	Slight one long Fairly advanced one long	Still in Sanatorium	In state que	+ pqDm.	6 weeks 1 day.	
F. O. D	1000	3		House Painter	11th November, 1913.	Advanced both lungs	Still in Sanatorium	Disease advancing		7 weeks 1 day.	
W. L.	135	N		Wies Worker	1st December, 1933	Advanced one lung	Still in Sanatorium	Improving	+ 130%	4 weeks 2 days.	
B. C.	156	N		Tazi Driver	2nd Docember, 1913	Advanced our long	Still in Sanatorium	Improving	+ 16(lbs	4 weeks 1 day.	
с. н.	139	7	24	Household Duties	8th December, 1912	Advanced one hing	Still in Sanatorium	Much improved	+ 121lbs.	3 works 2 days.	
E. 0.	129			School	8th December, 1913 _	Slight over	Still in Sanadorism	Disease apparently accessed	+ 710hs. + 100hs.	3 weeks 2 days.	
B. B.	140	34	39	Beavery Labourer	. 13th Documber, 1913	Fairly advanced one lung	Still in Sanatorium	Improving	T IN M.	2 weeks 4 days.	
J. T.	42	м	26	Chemical Works Labourer	9th July, 1913	Slight case	21st August, 1915	Apparent cure	200	6 weeks.	Treated in Hut at Alkin Street Hospital.

seeming Cases of Pulmonary Tuber

		- Contract Contract		
			-	
	Chit James Links			

SUMMARY OF THE PROGRESS OF THE 22 CASES STILL RECEIVING TREATMENT IN THE SANATORIUM.

	Earl	y Cases	Adva	nced Cases.
	Males.	Females.	Males.	Females.
Disease apparently arrested	-	2	_	_
Improving	2	2	7	2
Disease slowly advancing	-		2	1
Disease in statu quo	1		2	1

The cases after discharge from the Institution are kept under observation by the Inspector, and are asked from time to time to visit the Health Office for examination by the Medical Officer.

CONDITION ON DEC. 31st, 1913, OF THE 45 CASES WHICH RECEIVED TREATMENT AND WERE DISCHARGED FROM THE SANATORIUM DURING THE YEAR.

Regularly at work since leaving the Sanatorium Fit for work but unable to find employment Regularly at work until two weeks ago Doing light household work Only left the Sanatorium two weeks ago	Males. 14 1 2 — 1	Females. 2 1 5 1
Been in Liverpool Sanatorium since (not at work) Been ill since leaving Sanatorium and unable	1	_
to work	3	2
School children which are well	1	6
Five advanced cases have died	4	1
	27	18

It will be thus seen the results of treatment have been very satisfactory, especially as the majority of the cases have been well advanced in the disease on their admission. The chief difficulty, however, has been found in maintaining the improved condition of the patient after discharge from the Sanatorium.

At the time of writing this report a scheme for thoroughly dealing with the question of Tuberculosis in the Borough is under consideration. An enlarged Sanatorium at Sankey should in every way meet the needs of the Borough, and the experience obtained by treating cases there during the last two years shows that the site and surroundings of the Sanatorium are quite favourable for this purpose.

WORK IN THE BACTERIOLOGICAL LABORATORY OF THE WARRINGTON HEALTH DEPARTMENT.

The following table shews the number of specimens examined at the Public Health Department Laboratory during the years 1910-11-12-13, and it will be observed how the work increases each year:—

each year:—	ne wor	k incr	eases
Year 1910	1911	1912	1913
Diphtheria.			
For diagnosis of cases in Hospital 152	170	191	156
For diagnosis of cases under treat- ment of private practitioners 106	145	66	94
ment of private practitioners 106 For diagnosis of suspected cases	140	00	94
under Health Department 60	38	52	69
Before discharge of a case from Hospital 132	113	211	210
Examination of contacts 143			131
Enteric Fever.			
For diagnosis of cases in Hospital 29	38	3	13
For diagnosis of cases under treat-	96	99	10
ment of private practitioners 17	36	23	19
Tuberculosis.			
For diagnosis of cases in Hospital 9		,	3
For diagnosis of cases before admittance to Sanatorium	24	7	
For diagnosis of cases in Sana-			
torium For diagnosis of cases under treat-	1	9	
ment of private practitioners 29	61	70	200
For diagnosis by A.S.M.O			5
Ringworm.			
For diagnosis of cases under super-			
vision of School Medical Officer 75 For diagnosis of cases under treat-	54	58	36
ment of private practitioners			
For diagnosis of cases of Cerebro Spinal			
Meningitis 1	12		
For diagnosis of cases of Anthrax 6	2		2
For diagnosis of Other Cases 5	1		
769	794	881	938

Submitted to Professor Delépine, Public Health Laboratory, Manchester, for Bacteriological Examination during the year 1913. SAMPLES OF WATER (DOMESTIC SUPPLY FOR THE BOROUGH)

			Quant	Quantitative Analysis: Aerobic Micro-organisms nutrient gelatine at	lysis: ro-orga t gelati	Aerobic Micro-organisms growing in 3 days nutrient gelatine at 20°C. to 21°C.	growing in 3 d 20°C. to 21°C.	days C.	Qualitative Analysis.
Date.		Where taken.	Non- Bg	Non-liquifying Bacteria.	Li.	Liquifying Bacteria.	Othe	Other Micro- organisms.	Bacteria associated
			No. of Colonies in I gramme.	No. of kinds of Bacteria clearly recognisable	No. of Colonies in I gramme	No. of kinds of Bacteria clearly recognisable	No. of Colonies in I gramme.	No. of kinds of Bacteria elearly recognisable	with Sewage and Fæcal Pollution.
Jan. 27	:	Aikin Street Hospital	4	67	8	1	1	1	Bacillus Coli Com-
									munis not found in
Feb. 28	:	9, Hill Street	œ	. 1	4	01	1	1	Toocc.
April 4	:	Bank House	œ	1	1	1	1	1	ditto
	:	46, Marsh House Lane	_	1	1	1	1	1	ditto.
	:	Sankey Sanatorium	-	-	1	1	1	1	ditto.
	:	Warrington Infirmary	C 1	1	1	1	1	1	ditto.
00	:	14, Clifton Street	00 8			-1	55	1	ditto.
Ang. 96	:	5 Delocze Vand	26	21 -			1	1	ditto.
	: :	Police Station	13		- 1	1		-	ditto.
Oct. 10	:	y Engine She							ditto.
		(Folly Lane)	C 3	-	1	1	00	1	ditto.
Nov. 14	:		9	c1	1	1	1	1	ditto.
Dec. 17	:	65, Liverpool Road	48	80	00	00	1	1	ditto.

Samples of Water (the general domestic supply of the Borough) submitted to the Public Analyst for chemical analysis during the year 1913.

Date	е.	Where taken	Free Ammonia	Albuminoid Ammonia.	Oxygen ab- sorbed 4 hours.	Nitrogen as Nitrates.	Chlorine.	Solids Total.	Solids Fixed.
Jan. Feby. April May May June July Aug. Sep. Oct.	$\begin{array}{c} 24 \\ 28 \\ 4 \\ 1 \\ 23 \\ 27 \\ 31 \\ 26 \\ 26 \\ 10 \\ \end{array}$	Aikin Street Hospital 9, Hill Street Bank House 42, Marsh House Lane Sankey Sanatorium Warrington Infirmary 14, Clifton Street 5, Delooze's Yard Police Station London and North- Western Engine Shed,	·0015 ·001 ·001 ·0005 ·0014 ·0007	0025 ·0055 ·006 ·004 ·0015 ·0018 ·0036 ·004 ·004	·007 nil ·0027 nil nil ·004 ·004 ·010 ·004	·60 ·63 ·70 ·62 ·60 ·64 ·62 ·55 ·55	2·4 2·3 2·2 2·2 2·3 2·2 2·3 2·2 2·3 2·4 2·2	30·0 33·0 36·0 34·0 34·0 38·0 30·0 30·0	18·0 23·0 28·0 26·0 22·0 20·0 18·0 18·0
Nov. Dec.	14 17	Folly Lane 27, Cartwright Street 65, Liverpool Road	·0005 ·001 ·003	·0016 ·002 ·002	·010 ·005 ·010	1·0 ·65 ·70	7·0 2 4 2 4	32·0 36·0 28·0	24·0 26·0 22·0

SECTION III.

GENERAL SANITARY ADMINISTRATION.

MEAT INSPECTION.—There are 16 private slaughterhouses in the Borough; 12 of these are licensed annually, and 4, which were in existence before 1875, are registered.

964 visits have been paid to the slaughter-houses, and, as far as possible, these visits were made during the time slaughtering was being carried on.

During the year 13 carcases were found to be affected with tuberculosis. In several instances the state of the carcase was reported by the butcher to the Health Department; in a certain number of instances the Inspector was present during the slaughtering and detected the diseased condition. Our action in dealing with the carcases affected with tuberculosis is guided by the recommendations made by the Royal Commission.

In addition to the 13 tuberculous carcases, there were three other carcases condemned, the animals having been diseased or injured to such an extent as to render the meat unfit for human food.

During 1913 two persons were dealt with by the Health Committee for offences committed in connection with unsound food.

The following table summarises the amount of unsound food which was either seized or surrendered during the year, and which was destroyed:—

			Qua	antit	у.	
BEEF	:.	 	cwts.	qrs,	lbs.	
MUTTON		 	0	3	0	
PORK		 	1	1	0	
FISH		 	28	2	7	
FRUIT		 	9	3	8	
RABBITS		 	33	head	s.	
TINNED M		 	180) tin	s.	
TINNED F	RUIT	 	51	tins		
POULTRY		 	29	head	1.	

SUSPECTED FOOD POISONING.

Information was given to this Department by a General Practitioner in the town of a suspicious case of illness possibly due to food poisoning. Careful enquiries were instituted and it was elicited that members of five families, two of which were resident outside the Borough, had been taken ill after partaking of some brawn which had been prepared by a small dealer in the neighbourhood. The supply was seized and destroyed, whilst the premises in which the food was prepared were condemned. Fortunately all the cases recovered. It is highly desirable that early information should be sent to this department in every case of suspected food poisoning, it would then enable us to deal at once with the source of origin and so limit the outbreak.

BACTERIOLOGICAL EXAMINATION OF MILK SUPPLIED TO THE BOROUGH.

75 samples of milk taken within the Borough were submitted to Professor Delépine, Public Health Laboratory, Manchester, for bacteriological examination during the year 1913.

58 samples were certified Tubercle Bacilli not found (inoculation test).

17 samples were certified Tubercle Bacilli found (inoculation test).

The 17 samples in which Tubercle Bacilli were found were supplied from 16 farms outside the Borough and one within the Borough.

On visiting these 17 farms with a veterinary inspector a cow on each of 10 farms, and two cows on another farm were found with apparently tuberculous udders and the finding of tubercle bacilli in samples of milk taken from these cows pointed to their being the source of infection. The affected cows were at once removed from the milking herd and kept isolated until slaughtered or otherwise disposed of.

In four cases the source of infection was not found after an examination had been made of all the cattle upon the farms, but it must be pointed out that during the period in which the sample was being examined in each of the cases one or more cows had been sold off. Further samples taken from the bulk of the milk supplied from each farm were after examination certified "Tubercle Bacilli not found."

In another case a cow had been sent to the knacker's yard immediately after the first sample was taken. The herd upon the premises when examined were found in normal condition.

In the last case, although being unable at the time, after careful examination of the cows at the farm, to find the animal giving milk containing Tubercle Bacilli, within a short period a cow at this farm met with an accident and had to be dressed. Upon examination being made of the carcase it was found to be affected with tuberculosis. The body was well nourished and the udder was soft, free from lumps or tubercular deposit in any degree.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

1. -INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

	Number of			
Premises.	Inspec- tions.	Written Notices.	Prosecu-	
Factories (including Factory Laundries)	168	6		
Workshops (including Workshop Laundries)	920	11		
Workplaces (other than Outworkers' premises included in Part 3 of this Report)	1028	9	,	
Total	2116	26		

2.—DEFECTS FOUND.

	Num	ber of De	efects.	Number
Particulars.	Found.	Reme- died.	Referred to H.M. Inspect'r	Prosecu-
NUISANCES UNDER THE PUBLIC HEALTH ACTS: *				
Want of cleanliness	8	8		
Want of ventilation	2	2		
Overcrowding				
Want of drainage of floors	2	*2		
Other nuisances	18	18		***
Canitana accom (insufficient	5	5		
Sanitary accom- modation Insultable or defective	8	5	***	***
not separate for sexes	1	1		***
OFFENCES UNDER THE FACTORY AND WORK- SHOP ACT: Illegal occupation of underground bake-				
house (S. 101)				
Breach of special sanitary requirements	***	***		***
for bakehouses (SS. 97 to 100)	227			
Other offences				
(Excluding offences relating to outwork				
which are included in Part 3 of this				
Report)				
Total	44	41		****

^{*} Including those specified in Sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

3.—HOMEWORK.

Outworkers Lists (Section 107):-	Wearing Apparel.	File Making.
Lists received from Employers twice in the year Lists Outworkers	14 30	
Lists received from Employers once in the year Lists Outworkers		2 16
Outwork in Infected Premises (Sections 109, 110) Instances Orders made (Sec. 110)		:::

4.—REGISTERED WORKSHOPS.

of the ye	ar:-
be be	Bakehouses 65
s, such a bake may l	Boot and Shoe Repairers 34
ops, such top ba may rated her	Clog Makers and Repairers 9
op op	Dressmakers 29
6 8 8 B	Milliners 24
workshops, a workshop houses, m enumerated	Tailors 16
2229	All Others 51

5.—OTHER MATTERS.

Class.	Number.	
Matters notified to H.M. Inspector of Factories:		
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	4	
Action taken in matters referred by H M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) Notified by H. M. Inspector Reports (of action taken) sent to H. M. Inspector	11	
Other		
Underground Bakehouses (S. 101):—		
Certificates granted during the year		
In use at the end of the year	han will	

HOUSING OF THE WORKING CLASSES ACTS, 1890—1903, and HOUSING AND TOWN PLANNING ACT, 1909.

Under the above mentioned Acts the following houses have been dealt with, or reported on during the year 1913:—

55, Old Road, alterations to be made.

9, School Street, ,, and improvements made.

1, 2, 3, 4, Welch's Yard, demolished by owner.

5, 6, 7, 8, ,, closing order made.

1, Back Church Place, alterations and improvements made.

2, ,, ,,

Statement as to action taken during the year 1913 in regard to houses reported upon in previous years:—

3,

2 to 7, Old Gardens, demolished by owners.

5 and 6, Silver Square,

1, 3 and 5, Pilkingtons Yard, converted into a workshop.

13, Gandys Walk, demolished by owner.

1, Gandys Yard,

1 to 11, Gandys Walk, alterations and improvements made.

2 to 7, Gandys Yard,

3, 5 and 7, Back Crosley Street,

49, Old Road,

9 to 22, Back Crosley Street,

,

SECTION IV.

THE SUPERVISION OF THE MIDWIVES PRACTISING IN THE BOROUGH.

The duties of the Inspector of Midwives are as follows:-

- (1) Paying periodical visits to each midwife's home to ascertain that strict cleanliness is observed, and to examine the midwife's bag and registers.
- (2) Investigating in certain instances the midwife's method of practice while conducting a case of labour.
- (3) Holding classes for the instruction of midwives and giving additional instruction, especially to the untrained midwives, as occasion arises.
- (4) Keeping a record of all notices sent in by midwives in accordance with the rules of the Central Midwives Board.
- (5) Investigating all cases of still-birth occurring in the midwife's practice.
- (6) Investigating cases of Puerperal Fever.
- (7) Making special inquiries in connection with any suspected neglect of duty on the part of a midwife.

During the year it was found necessary to report one Midwife to the Central Midwives Board for a breach of the rules in neglecting to send for medical aid when necessary. After hearing all the evidence the Central Midwives Board ordered the removal of her name from the Midwives Roll.

In addition on five occasions midwives were sent for and reprimanded for minor breaches of the rules, which were not quite serious enough to have the attention of the Board drawn to them.

There were, during 1913, 29 Certified Midwives registered as practising in the Borough, 5 of these also having midwifery practices outside the Borough. Of these 29 certified midwives, 13 only have received special training in their work, and of the 16 untrained 3 are unable to read or write.

During the year these certified midwives attended (according to their registers) 1,666 confinements in the Borough, and delivered 1,594 living children.

By deducting these 1,594 living births from 2,212, the total number registered as born in Warrington during the year, we obtain a figure 618 which represents the number of living children delivered by doctors, and those born in the workhouse.

The Midwives Act, 1902, forbade any uncertified woman attending a case of labour after April 1st, 1910, unless under the direction of a Medical Practitioner, and has thus given Local Authorities more complete control over midwifery practice.

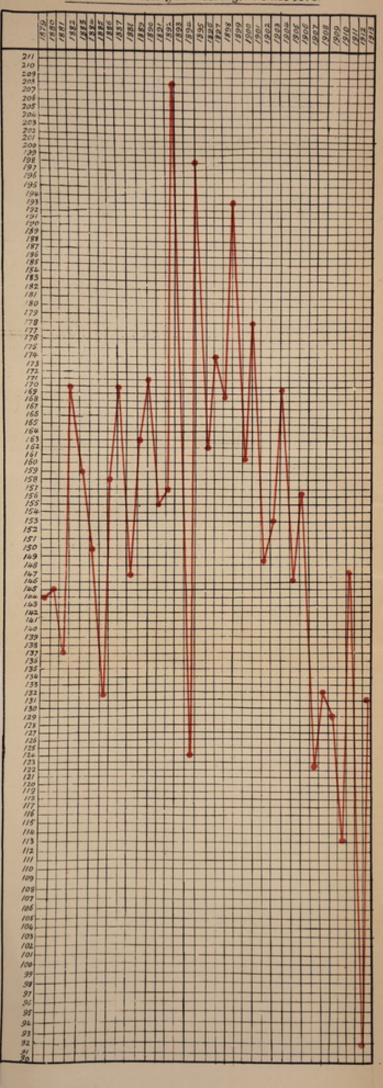
SUMMARY OF WORK UNDER MIDWIVES ACT.

	1	913.
Enquiries concerning still births	-	85
,, ,, cases of puerperal fever	-	7
Number of visits to midwives and homes -		105
Enquiries concerning cases attended by uncertified	ed	
women who were acting as midwives -	-	10
Visits to homes during lying-in-period in order	er	
to investigate midwives' work		30
,, ,, of expectant mothers -		
Number of notices received from midwives of sen-	d-	
ing for medical help		364
" of notifications by midwives of deaths		
children before the attendance of		
doctor	-	9
,, of classes held for the instruction of mi-	d-	
wives	-	3
114100		0

INFANTILE MORTALITY AND CHILD WELFARE WORK.

The adoption of the Notification of Births Act in the Borough in the early part of the year 1910 has enabled the Health Department to obtain early information of all births, and nearly all homes where there are new-born babies are now visited within 10 days of the birth, except in cases in which a doctor is in attendance. These visits, 1765 in number, were during 1913 paid by the Health Visitors, who were then able to give advice to the mother concerning the future feeding and general care of the child and at the same time ascertain whether the mother was receiving suitable food and attention.

The total number of births registered in the town during 1913, and belonging to Warrington, was 2,204. Under the Act 248 births were notified by Doctors, 1,875 by Midwives, and 6 by relatives, a total of 2,129, or 96.6 of the total number of births.



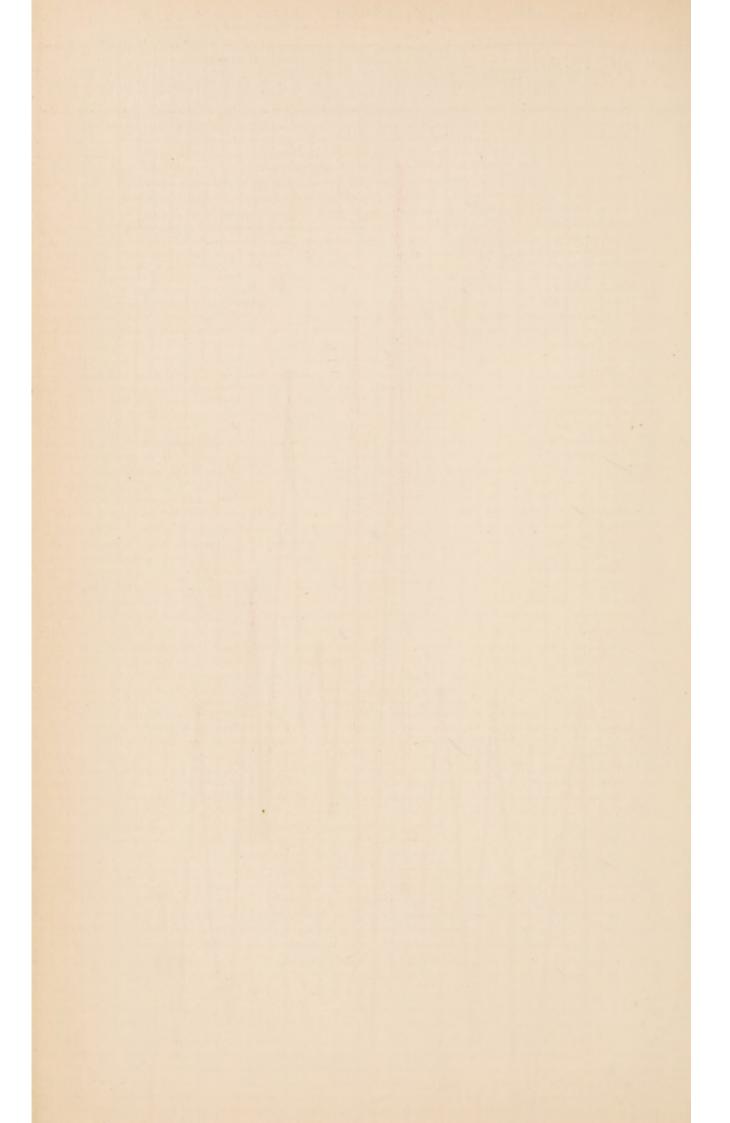
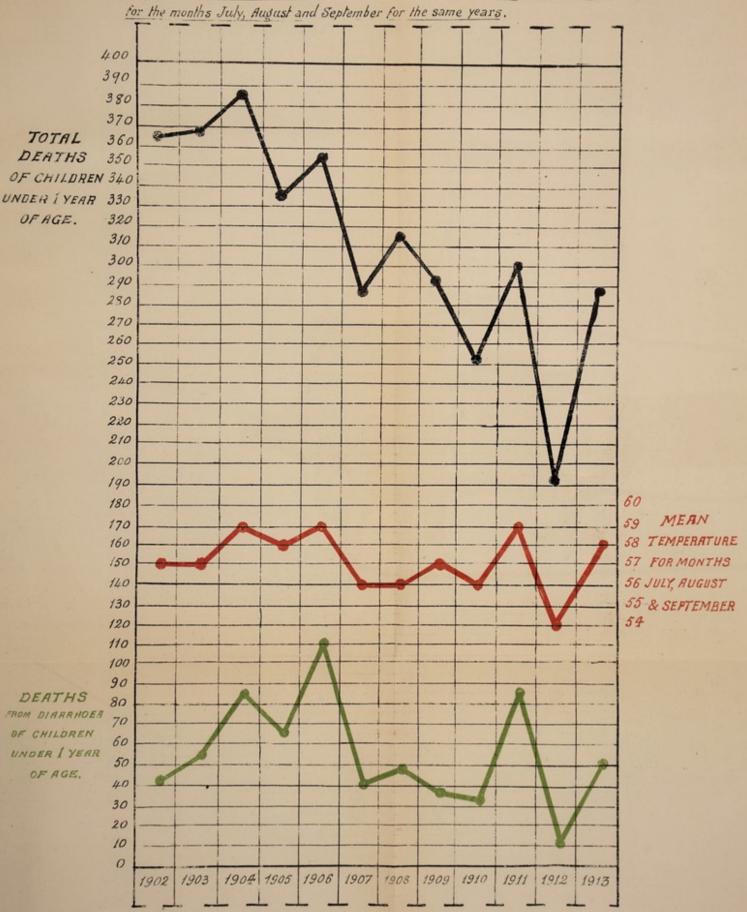
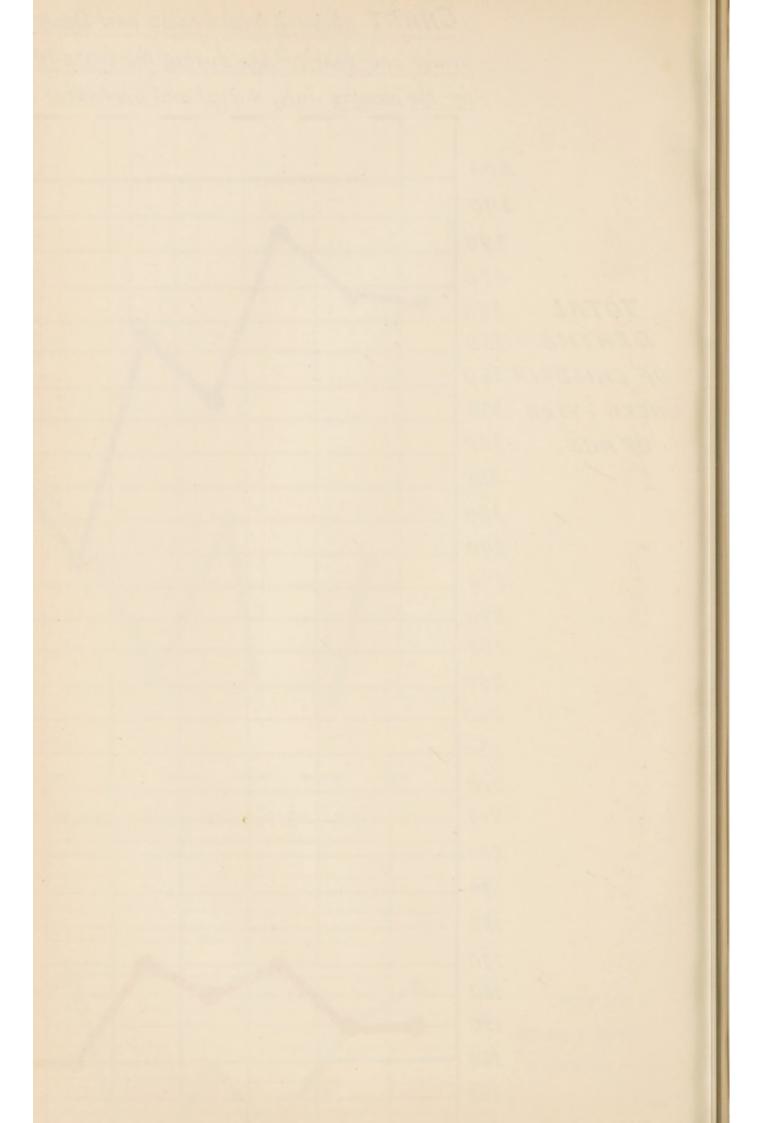


CHART shewing total Deaths and Deaths from Diarrhoea among Children under one year of age during the years 1902 to 1913, also the mean temperature for the months July August and September for the same years.





The Health Visitors have kept the children under observation during the first twelve months of their lives. As a rule, unless more frequents visits are deemed necessary, the subsequent visits have been paid at the end of the third, sixth, ninth, and twelfth month. It has thus been attempted to instruct the mother as to the ordinary care and feeding of the infant until it is twelve months of age.

In this connection 3,821 visits were paid by the Health Visitors.

236 enquiries have also been made as regards the deaths of children under twelve months of age.

During the latter part of the year another Mothers' and Babies' Welcome was opened in Bewsey Ward making a total o two in the Borough. These institutions are carried on by certain Voluntary Lady Helpers, under the auspices of the Health Committee and the Guild of Help, and are doing very useful work.

Each Welcome is open one afternoon a week and all mothers who have babies under twelve months of age and expectant mothers are invited to attend. The babies are weighed and short lectures given by one of the Health Visitors.

A great many mothers however will not bring their children, sometimes on account of their own clothes and sometimes on account of predjudice to the institution. Much of the work of the Health Visitors, therefore, is done in the homes of those who are too poor or too ignorant to attend or appreciate the advantages to be gained by regular attendance at the Welcomes.

It is hoped to arrange for a system of Medical Inspection or Infant Consultations in connection with these Welcomes, and to be of real value the age period will have to be increased to include all children under school age.

Medical Inspection of school children constantly reveals sufferers from certain defects or ailments which might not have occurred if attention had been called to the child's condition in earlier life.

This aspect of the question has been approached by the Health Committee, who have appointed a third Health Visitor to deal especially with children between the ages of 1 and 5 or until they come under the supervision of the School Medical Service.

Statistics show that a great deal of the loss of life occurs during the age period one to two years, and figures are given for the past six years in the cases of Warrington. The actual causes of these deaths are chiefly measles, whooping cough, diarrhœa and respiratory diseases, which diseases are largely preventible.

DEATHS OF CHILDREN UNDER ONE YEAR AND OVER ONE YEAR BUT UNDER FIVE YEARS OF AGE, OCCURRING DURING THE YEARS 1908 to 1913.

Year.	Under 1.	1 to 2.	2 to 3	3 to 4.	4 to 5.
1908	 318	107	50	23	25
1909	 292	140	66	30	20
1910	 252	72	23	14	8
1911	 299	106	28	24	14
1912	 192	92	58	19	14
1913	 289	101	29	22	13

In the 2nd Report on Infant and Child Mortality drawn up by the Medical Officer of the Local Government Board in 1913 Warrington is shown to be the 11th highest in death-rate for 1—5 years, as compared with the 100 large towns of the country during the period 1907-10. The majority of the towns that are worse, however, are Lancashire industrial towns, and, in fact, Lancashire holds the unenviable reputation of having the highest infant and child mortality of any county in the country.

The total number of deaths in children under 1 year of age in 1913 was 289, compared with 192 the previous year, so that the infantile mortality or number of deaths per 1,000 infants born during the year was 131 compared with 92 in 1913. (See Table IV, page 31).

The death-rate among illegitimate children was much higher than among legitimate as is usually the case, the rates being respectively 210.5 and 129 per 1,000 births.

The birth-rate 29.7 during 1913 was higher than for the past two years.

A high infantile death-rate invariably follows a high birthrate and this may account partly for the rise in the figure for the year under discussion.

There were not so many deaths from measles, although there was a slight increase in those from Whooping Cough.

At the same time it is noteworthy that the deaths (58) due to bronchitis and pneumonia are more than double those (25) in the preceding 12 months. Coupling this with the fact that the mortality from measles was so low it is quite possible that some

of these deaths represent complications of cases of measles in which the parents neglected to obtain medical advice until very late in the course of the disease.

The death-rate from Tuberculosis shows an upward tendency in ages below 12 months as it does in the other age periods.

Premature birth as a cause of mortality in infants is high in Warrington (40), although there is some diminution in the number compared with last year (47). There can be no doubt that the taking of drugs by women in the early months of pregnancy is the main factor in producing this condition. Venereal disease, especially syphilis, as a cause of premature birth, does not from the evidence that can be obtained appear to be particularly prevalent in this Borough.

The number of deaths from infantile diarrhea was 49 whereas in 1912 only 11 were due to this cause. This higher mortality is in part attributable to the unfavourable climatic conditions of a long hot and dry summer. Although a high rate it compares favourably with the average rate in the 96 great towns.

It is very necessary that proper provision should be made in every home for the storage of food, and no plans of new dwelling-houses should be approved until this point has been settled.

In investigations last year into the deaths of children under one year of age from epidemic diarrhea it was found that in 77 % of the cases there was no accommodation whatever in the houses for storing food, which was simply left exposed to dust flies and vermin.

In the case of the 23 % which had cupboards of some sort these were nearly always quite inadequate or unsuitable. The accommodation consisted mostly of a dark hole under the staircase without any means of ventilation, and instead of being the cleanest part of the house was in nearly every instance the filthiest.

The chart (page 69B) shows very clearly how in recent years a rise or fall in the Infantile Mortality Rate has accompanied a rise or fall in the average temperature for the 3 months July, August and September. In the warmer summers Diarrhea has followed the higher temperature, and was responsible in the year 1911 for raising the Infantile Mortality Rate to a figure which was more characteristic of earlier times (see chart). It may be undoubtedly accepted that a high summer temperature can only affect the Infantile and other death rates through certain defects

in sanitation and the heavy infant death toll levied in the years, which as far as the weather is concerned are the brightest, will only cease when these defects are remedied. Greater cleanliness both within and in the immediate surroundings of the dwellings, and the extermination from inhabited districts of all collections of filth and refuse, whether small or large, is a prime essential.

SUMMARY OF WORK PERFORMED BY THE HEALTH VISITORS.

Infant first visits	_	-	-	-	-	1,765
Infant revisits -	-	-	-	-	-	3,821
Infant death enquiri	ies	-	-	-	-	236
House inspections	-		-	2	-	230
Visits to Welcome	-	-	-	-	-	48
Other visits -	-		-	-	-	163
Health Talks -	-	-	-	-	-	47
Visits to Children ov	er	12 mont	hs	-	-	146
Nuisances reported	-	-	-		-	41

COUNTY BOROUGH OF WARRINGTON.

THE

Sanitary Inspector's Report

FOR THE

YEAR ENDING 31st DECEMBER, 1913.

To the Chairman and Members of the Health Committee.

GENTLEMEN.

I have pleasure in submitting to you my Thirteenth Annual Report of the Sanitary Work and other duties carried out during the year 1913.

The number of nuisances dealt with under the Public Health Acts is not quite as large as in the previous year, chiefly owing to the regular removal of manure from certain stables, etc., by men employed by your Committee, and also that considerable property has in recent years been dealt with under the Housing Acts. The visiting of homes where cases of notifiable and non-notifiable infectious disease have occurred has more than occupied the time of one Inspector. A table on page 75 gives the number of visits paid and the cause of the visit.

On page 77 a statement is given as to the number of smoke observations taken. I would point out that the chimneys on which 30 minute observations have been taken were those which the Inspectors have noted when visiting on their district, or such chimneys as have been mentioned in complaints made to the Health Department.

The Milk and Cream Regulations issued by the Local Government Board and the Tuberculosis Order of 1913 issued by the Board of Agriculture are very important steps towards providing a pure milk supply. The former states that no person shall add, or order or permit any other person to add, any preservative substance to milk intended for sale for human consumption. It also places restrictions on the addition of thickening or preservative substances to cream, and makes it an offence to offer preserved cream for sale unless labelled in the manner prescribed by the Regulations.

The Tuberculosis Order deals with cattle suffering from diseases of the udder and grants power to Local Authorities to pay compensation to the owners of animals slaughtered.

Owing to the scarcity of small dwelling-houses a number of furnished apartments have been commenced to be occupied during the latter portion of the year, and there is every appearance of this unsatisfactory mode of living extending unless more small house accommodation is provided. Although unsatisfactory for several reasons I am compelled to admit it is an improvement on the insanitary small houses which have been closed and which at one time formed the abode of persons of the class now residing in furnished apartments.

No orders have been made under the Shops Act, 1912, but considerable time is occupied in seeing that the Shop Assistants obtain their half-holiday from the stated time, 1.30. Preventing the sale of restricted articles on one half-day in each week in mixed shops is also very difficult.

SUMMARY OF NUISANCES DEALT WITH DURING THE YEAR.

Overcrow	ded hous	ses		 	 8
Insufficien	ntly ven	tilated	rooms	 	 16
Dirty dwe	ellings .			 	 14
Defective	floors .			 	 28
,,	walls an	d ceili	ngs	 	 33
Dirty	,,	,, ,	,	 	 15
Defective	roofs .				 78
,,	spouting	g		 	 210

Defective slopstones and pipes 51

Blocked drains	450
Choked gulleys	21
Defective drains	27
Defective pavement in yards and passages	104
Damp basements	32
,, walls of dwellings	56
Pools of stagnant water	9
Defective pail closets and ashplaces	342
" water-closets	7
Insufficient closet accommodation	9
Animals kept so as to be a nuisance	27
Accumulation of manure	30
,, ,, refuse	16
Dirty walls of passages and yards	201
Dangerous yard and closet walls	16
Defective Middensteads	4
Miscellaneous	128
Total	1932
Complaints received from Inhabitants	42
Preliminary Notices sent calling attention to	12
nuisances	387
Legal Notices served to abate nuisances	350
INFECTIOUS DISEASES.	
he following is a statement of the visits paid during	the year:
Visits to premises where cases of Scarlet Fever,	10=
Diphtheria, or Enteric Fever occurred Revisits to premises where cases of Scarlet	405
Fever, Diphtheria, or Enteric Fever had	
occurred to ascertain as to contacts, &c	197
Revisits to premises where cases of Scarlet	
Fever or Diphtheria have been treated at home	23
Visits to homes of children reported by Educa-	20
tion Department as being absent from School	
owing to either Measles, Whooping Cough,	9960
Chickenpox or Mumps	2360
either Measles, Whooping Cough, Chickenpox	

Visits to homes when children are absent from school with a Sore Throat or suspicious Rash	618
Visits to premises re cleansing and disinfection after cases of infectious disease	16
Total	6335

Information obtained as to cases of infectious disease is submitted to the Medical Officer of Health, and the matters contained therein dealt with according to his instructions.

Attention was also paid to the disinfection of the premises, bedding, and clothing, especially after cases of notifiable infectious disease, and also to the cleansing and stripping of the walls where necessary.

2,046 Notices have been sent to the Headmasters or Mistresses of the various Day and Sunday Schools in the Borough, intimating to them any case of infectious disease occurring amongst the scholars attending at their school, and also stating the period during which both the sufferer and any child who has been in contact must be excluded from school.

DISINFECTION.	DI	SI	NF	EC	TI	ON.
---------------	----	----	----	----	----	-----

Month.	Houses.		Articles
1913—January	 45		493
February	 32		274
March	 42		347
April	 47		420
May	 41		493
June	 30		254
July .	 40	***	389
August	 45		358
September	 71		537
October	 70		477
November	 70		471
December	 67		424
	600		5,137

In addition to the visits in connection with infectious disease there were 2,182 visits paid to homes of persons notified as suffering from tuberculosis. The details of this work are given on page 43.

100 Notices were served for the stripping and cleansing of premises where certain cases of tuberculosis had been resident.

SMOKE OBSERVATIONS DURING THE YEAR 1913.

197 observations have been taken of 66 chimneys, and 8 offences have been reported in connection with 6 chimneys.

In each case the offence was reported to your Committee, and afterwards dealt with as follows:—

- No. 1.—Offence committed August 15th. Legal Notice served. 3 observations since. No offence committed.
- No. 2.—Offence committed October 3rd. Legal Notice served. Alterations made in connection with both furnace and chimney. One observation since. No offence committed.
- No. 3.—Offence committed March 12th. Firemen warned by order of Committee. 5 observations since. No offence committed.—Second offence committed September 17th. Legal Notice served.—
 Third offence committed October 22nd. Manager attended before Health Committee and was warned. 6 observations since. No offence committed.
- No. 4.—Offence committed October 20th. Upon notice of this offence being given, the Manager informed the Inspectors that they had recently decided to have a new boiler plant, fitted with mechanical stokers. At the end of the year the works were closed down, and alteration in progress.
- No. 5.—Offence committed June 18th. Legal Notice served.

 5 observations since. No offence committed.
- No. 6.—Offence committed July 17th. Legal Notice served.

 4 observations since. No offence committed.

BAKEHOUSES.

239 Visits have been paid to the 59 Bakehouses which are in use within the Borough. The sanitary control of the Bakehouses is carried on under the Public Health Acts and the Factory and Workshops Acts.

COWSHEDS AND MILKSHOPS.

There are 88 Milkshops and 12 Registered Cowsheds within the Borough. 413 inspections have been made of the Milkshops, and 82 inspections of the Cowsheds and Cattle kept therein.

. COMMON LODGING-HOUSES.

There are 36 Common Lodging-houses within the Borough registered to accommodate 741 persons: 1,264 visits have been paid to them, and a strict watch kept over travellers lodging therein with a view to preventing the spread of infectious diseases, to see that there was no overcrowding and that the requirements of the byelaws were carried out. 19 cases of tuberculosis have been reported at registered Common Lodging-houses during the year.

HOUSES LET IN LODGINGS.

There are 25 houses within the Borough registered as above; 45 visits have been paid to them. The number of houses registered under the above heading have gradually diminished during the last ten years, but recently owing to scarcity of cheap dwelling-houses the furnished apartment has been resorted to in the centre portion of the town.

CANAL BOATS.

101 Boats which were found berthed on the River Mersey within the Borough of Warrington were inspected during the year.

The following infringements of the Canal Boats Acts and Local Government Board Regulations were found, and dealt with.

- 1 Boat. Certificate did not disclose the present owner's name and address.
 - 3 Boats. Cabins required repainting.
 - 2 ,, Defective portion of deck over aft cabins.
 - 1 Boat ,, water cask.

There was no overcrowding in any of the cabins, nor cases of infectious disease notified from canal boats.

Warrington is not a Registration Authority under the Canal Boats Act.

THE SALE OF FOOD AND DRUGS ACTS, 1875-1907.

During the year 213 samples were submitted to the Public Analyst to be analysed. The following statement gives the number of genuine and adulterated samples, and the proceedings taken against the owners of adulterated articles.

Owners of addition	1000 101 01	oros.	
	Exam- ined.	Adulter- ated.	Extent of Adulteration and action taken.
Milk	. 77	2	No. 277. 3.3% water added. Farmer cautioned. No. 341. Cream reduced 9% below standard. Farmer cautioned.
Condensed Milk	. 3	100	
Butter	11	1	No. 390. Margarine. Fined £5 and costs.
Margarine	. 2	_	
Cheese		1	No. 264a. 37% deficient in fat. Informal sample.
Lard	. 11	3	No. 293a. 55% Chicory. No. 315. 46% Chicory. No. 429. 18% Chicory. All informal samples.
C			
Sugar		_	
Pepper		-	
Beer		=	
Jam			
Brawn	. 1	_	
Sausages	1	1	No. 385. 37 grains boric acid per lb. Shopkeeper warned. Ceased to buy from manufacturer.
Corned Beef	. 1	_	
Pearl Barley	100	_	
Lentils		_	
Sultanas	-		
Total	. 213	8	= 3.75 per cent.
	1		

The samples of Milk were also examined for the presence of preservative.

Upon the receipt of the Analyst's Certificate stating that a formal sample was adulterated, the case was reported to

the Health Committee and the offender afterwards dealt with in accordance with their instructions.

All samples of Milk certified by the Public Analyst to be below the Board of Agriculture standard are traced back to the cows supplying, and in this way very valuable information has been obtained.

The Milk and Cream Regulations, which became operative on the first day of October, 1912, make it an offence to add any preservative substance to milk intended for sale for human consumption; and also imposes restriction on the use of preservatives in cream. All receptacles containing preserved cream must now be labelled in accordance with these Regulations.

Two persons were summoned before the Health Committee and reprimanded for offences against the Margarine Act.

Ice-cream.

There were 63 premises within the Borough where Ice-cream was manufactured during part of the year. Under the Warrington Corporation Act 1911 very useful powers were obtained, dealing with the inspection of the premises where ice-cream is manufactured or sold, and the materials or commodities or articles of food upon the premises.

Byelaws.

The model Byelaws issued by the Local Government Board and dealing with nuisances arising from Snow, Filth, Dust, Ashes and Rubbish, and the Prevention of the Keeping of Animals on any premises so as to be injurious to Health were adopted by the Council of this Borough in December, 1910. Special attention has been given to the portion of the byelaws dealing with the keeping of animals. In the past manure and stable refuse has been deposited on most unsuitable sites and there has been no fixed time for its removal. The byelaws now compel the owners of animals to provide a suitable receptacle, constructed in such a manner as to prevent any soakage therefrom into the ground or into the wall of any adjoining building. The time for removal of manure from the premises is also fixed viz.:—once at least in every week during the months of April, May, June, July, August, September and October and once at least in every fortnight during the months of January, February, March, November and December.

The Shops Act, 1912.

This Act came into operation on the first day of May, 1912. It enjoins that every Shop Assistant shall on at least one week day in each week not be employed about the business of a shop after half past one o'clock in the afternoon.

It also fixes definite intervals for meals and the providing of seats behind the counter for female shop assistants.

The term Shop Assistant includes persons engaged in the business of a barber or hairdresser, the sale of refreshments or intoxicating liquors, and retail sales by auction.

The Act also implies that certain shops shall be closed for the serving of customers not later than one o'clock in the afternoon on one week day in every week.

The enforcing of this section of the Act is very difficult, for while in the centre of the town you have shops catering for one definite trade, the shops in the outskirts carry on usually four or five different trades certain of which are exempted from this section of the Act, and while customers are permitted to enter the shops to purchase an exempted article, it is a great temptation to the Shop-keeper to supply one of the unexempted articles when asked for it. The shop-keepers within the Borough have been informed of the requirements of the Act and as to the various notices necessary to be fixed up in the shop, both as regards their assistants and the closing of the shop.

CONTAGIOUS DISEASES (ANIMALS) ACTS AND ORDERS OF THE BOARD OF AGRICULTURE.

Swine Fever (Regulation of Movement) Order, 1908.

It is still necessary to obtain a movement licence from the Health Department to bring store swine into the Borough from districts outside Lancashire, but considerable benefit is derived by both butchers and farmers under the arrangement that fat swine for slaughter can be removed into the Borough on the licence of the Inspector for the district in which the pigs had been kept.

There were no cases of Swine Fever, Foot and Mouth Disease, Parasitic Mange, Gander, Farcy, or Anthrax in cattle dealt with in this Borough during the year 1913.

REFERENCES TO OTHER DEPARTMENTS.

Referred	to	Borough Surveyor		 114
,,	,,	Water Engineer		 51
**	**	Cleansing Superintenden	t	 96

The references to the Borough Surveyor comprise blocked drains and defective pavement in streets and back passages.

The references to the Water Engineer are mainly defective fittings resulting in waste of water.

Those made to the Cleansing Superintendent are for want of ashtubs and pails, defective ashtubs or leaking pails, or the nonremoval of house refuse.

SUMMARY.

			7.0
Workshops within the Boroug	gh		163
Bakehouses ", ",			65
Slaughter-houses " "			16
Unregistered premises who meats, etc. is prepared	and sold in	potted small	
quantities within the Boro	ugh		133
Milkshops ", ",			88
Cowsheds ", ",			12
Ice-cream makers' premises	within the B	orough	63
Common Lodging-houses	,,	,,	36
Houses Let in Lodgings	,,	,,	25
Tripe Boilers	,,	,,	3
Knacker's Yard	,,	,,	1
Gut Scrapers	,,	,,	1

In conclusion my thanks are due to the District Inspectors and Clerks for their valuable help in carrying out the ever increasing work of the Department. Their ready response to perform any duty devolving upon them is both gratifying and worthy of mention.

WALTER T. FLOOD,

Chief Inspector of Nuisances.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Rural District of Warrington

FOR 1913.

To the Chairman and Members of the Warrington Rural District Council.

GENTLEMEN,

T

I have pleasure in again presenting to you my Annual Report for the year ended December, 31st, 1913, and giving you an account of the Population, Vital Statistics, and the Sanitary Condition of your District.

POPULATION, 14,615. AREA, 19,927 ACRES.

The population is estimated on the same basis as in past years and the increase amounts to 326, viz.:-

ase amounts to	320,					
Excess of Birth						139
Thirty-four new	houses at 51	persons per	r house	***		187
Estimated popu	lation for the	year 1912	***			14289
E	stimated popu	lation for th	e year	1913	***	14615
he Registrars l						
BIRTHS-Males	134	Females	1.	11	Total	275
Deaths- ,,		, ,,		54	,,	134
	TRANSF	ERABLE	DEA	THS.		
ghteen deaths o	ccurred outs	side the dis	strict b	at belo	ngingt	hereto, vi
	Males					

"Winwick ... "Rixton ...

Sixteen deaths occurred in the district but not belonging to it, having fixed residences outside, viz.:-

Sankey ... Males 12 ... Females 2 Total 14 Winwick ... ", -... Rixton 2 2 14

The deaths in Sankey Sanatorium were—Males 7, Females 2.

Deaths returned by Registrars ... Transferable from outside 152 Deaths of persons not belonging to the district Net deaths belonging to the district 136

The Eighteen transferable deaths occurred in the following places outside the district but belonging to it, and from the following Sub-registration districts of Sankey, Winwick and Rixton :-

Warrington	Union	Infirmary	from			Male	es I	Female	Total	4
,,	,.	",	.,	Winwick		,,	-	,,	,,	2
		,,	,,	Rixton		,,	I	,,	,,	2
Rainhill Asy	dum In	firmary fro	0111	Sankey		,,	-	,,	,,	I
"	11	"		Winwick	I	,,	-	,,	11	I
Infectious										
		om		Winwick -		,,	2	"	,,	2
Liverpool R	oyal II	inrmary ir	0111	Sankey			-	,,	,,	I
	70.11.		19	Rixton		,,	-	"	,,	
Accidents &	Suade	n Deatns	,,	Sankey		,,	-	"	"	
"		,,	,,	Winwick:	2	1)	_	,,	,,,	2
				50			_			-
				13	,		5			18

The Births and Deaths were distributed in the following Sub-registration Districts of

				BIRTHS				DEATHS				
			Male	s	Femal	es	Total	Males	F	ema	es	Total
Sankey			70		73		143	49		36		85
Winwick			36		39		75	21		9		30
Rixton			27		28		55	10		9		19
To	otal		100		140			80				124
10	reti	***	133		140		273	00		54		134

Two Births occurred outside the district but belonging to it making the Births 275.

The Birth Rate is lower than last year, and equals 18.8.

The Death Rate is the lowest we have had for the last seven years, and equals 9.3 per thousand of the estimated population.

The 152 deaths including the 18 persons who died outside the district but belonging to it were caused by the following diseases, viz:—

			Sankey	Winwick	Rixton
Measles			10	_	
Diphtheria		•••	1 2	3	
Whooping Cough	***	***	13		
Phthisis Other Tubercular			-3	1	_
Cancer			3	1 4 1 5 3 4 2	1
Meningitis			4	i	_
Heart Disease			11	5	4
Bronchitis			5	3	4 4
Pneumonia			8	4	4
Diarrhœa, Enteritis			5		
Cirrhosis of Liver			2	1	1
Congenital Debility	& Pre	ema-			
ture Birth			3	2	3
Violent Deaths	***		7	2	3
Puerperal Fever				-	3 -
Suicide			1	I	-
Other Defined Disea	ses		17	8	5
Total			93	37	22

The Birth and Death Rates for the three Sub-registration districts for the last seven years will be as follows:—

	1907	1908	1909	1910	1911	1912	1913
	Birth Death	Birth Do					
					24'09 12'4		
					16.9 6.09		
	210 70	135 0 04	171 102	10 5 75	16.4 12.07	10 0 10 0	175
Total	24'3 10'8	22'06 10'06	22'5 11'8	21.1 10'9	17.6 10.7	19'7 11'4	18.8

The ages of mortality were :-

*							
Under	ı yea	ar o	fag		***	25	
Betwee	en I a	and	2 3	rears			13
,,	2	,,	5	**		***	10
,,	5	,,	15	13	***	***	8
,,	15	,,	25	,,		***	9
,,	25	,,	45	**		***	20
,,	45	,,	65	,,		***	40
,,,	65	,,	up	wards			27
			To	tal			152

The Infant deaths under one year of age amount to 25, which is lower than last year, and will equal a rate of 91.5 to one thousand net births.

ZYMOTIC DISEASES.

Twenty-four deaths were caused by the following diseases:-

	Cases.	Sankey.	Winwick.	Rixton.
Measles	10	10	_	_
Diphtheria	4	I	3	
Whooping Cough	2	2	_	_
Diarrhœa & Enteritis	7	5	2	_
Puerperal Fever	1	1	_	1000
				-
Tr. a. I			-	-

Total 24 19 5 0
The death rate from these preventable diseases will equal 1.6 per thousand of the estimated population. This is slightly higher than last year, and caused by the epidemic of Measles at Burtonwood.

The table below will give a Zymotic death rate for the last ten years :-

Sankey 3'9 Winwick 2'1	905 1906 2.6 '4 2.1 1.4 1.5 '3		3	'4		'4	1913 1.5 7
2.8	2.2 .8	1'2 1.	2 '6	.5	1.3	1.1	1.6
The death rate	e from Phthis	sis 13	cases wil	l equal			*8
,,	" Bronc	hitis 9	,,	"			.6
,,,	" Pneun	ionia 16	>>	,,			1.00
**	" Diarrh " Enteri	œa & } 7	**	,,			.4
,,	" Cance	r 8	31	,,			.54
,,	,, Diphtl	neria 4	,,	"			.2
,,	,, Measle	es 10	,,	,,			.6

NOTIFICATION OF INFECTIOUS DISEASES.

During the year 80 cases of Infectious Diseases have been notified under the Compulsory Notification Act and sent from the following districts, viz:—

			Sankey	7.	Winwick.	Rixton.
Diphtheria	 22 0	ases	 12		5	 5
Scarlet Fever	 23	,,	 19		2	 2
Erysipelas	 9	,,,	 7			 2
Enteric Fever	 1	,,	 -		-	 I
Puerperal Fever	 1	15	 -		-	 1
Pulmonary Tuberculosis	 24	,,	 13		5	 6
					-	
	80		51		12	17

Nine of these cases were sent into Hospital, viz.: Five from Sankey, two from Winwick, and two from Rixton.

COUNTY ASYLUM, WINWICK.

This Asylum is treated as a separate District, neither sickness or deaths included in the general report.

POPULATION 2,628.

					Males	Females	Total
The	number	of	Patients		 953	1,224	2,177
,,	,,	,,	Resident	Staff	 157	294	451

One hundred and seventy-two deaths occurred in the Asylum during the year from the following diseases, viz:-

Ages	Under ı year.	5-15	15-25	25-45	45-65	65 and over	Total
Brain				3	5	4	12
Diabetes					1		1
Gangrene of Lungs	,				1		I
Pleurisy				1			I
Phthisis			2	16	6		24
Cancer		AND NO.		3	4	2	9
Heart Disease			1	17	10	1	29
Bronchitis		1	1	3	7	2	14
Pneumonia		1		1	5	3	10
Diarrhœa and Enteritis		1		4			1
Nephritis & Brights Dis'e			1	5	7		13
General Paralysis			2	19	9		30
Epilepsy		1	5	4	4	11.14	14
Inquests					1		1
Other Diseases					9	3	12
						1	
		4	12	72	69	15	172

The following diseases have been notified under the Compulsory Notification Act, viz.:—Scarlet Fever, one case; Erysipelas, one case.

SMALL-POX.

There have not been any case of Small-pox during the year. Vaccination has not been so successfully carried out as in former years owing to the greater number of exemptions being granted. I have advised your Authority to make some arrangement for the reception into some Hospital should any case arrise as your District is especially situated as to catching infection first, from the number of unvaccinated children and secondly, from the district being in direct line between Liverpool and Manchester where tramps are constantly passing between these ports.

SCARLET FEVER.

Twenty-three cases were notified during the year, none proved fatal, the last fatal case occurred three years ago Nineteen of these cases occurred in Sankey, two in Winwick and two in Rixton Registration Districts. Four cases were sent into Hospital. September and November were the only months free from this disease.

DIPTHERIA.

Twenty-two cases of this disease were notified, viz:-twelve from Sankey five from Winwick and five from Rixton. Four were sent into Hospital and four proved fatal.

MEASLES.

This disease not being compulsorily notifiable I am unable to give you the exact number of cases but in May and June it broke out in epidemic form in Burtonwood and I advised the Managers of the Council School and St. Pauls' Roman Catholic School, in both departments to close for fourteen days. In Burtonwood alone, one hundred cases occurred and proved fatal in ten cases.

ENTERIC FEVER.

One case was notified from Rixton and was sent into Hospital. The premises were carefully examined but nothing of an unsanitary nature was found to account for the disease.

WHOOPING COUGH.

Two deaths occurred from this disease which is the same as last year, although we have not had it in epidemic form.

ERYSIPELAS.

Nine cases were notified, seven cases from Sankey and two from Rixton none of which proved fatal. This is an increase on last year.

DIARRHŒA & ENTERITIS.

These diseases caused seven deaths against ten last year which is lower than many previous years and speaks well for the sanitary conditions of the district.

PUERPERAL FEVER

Was responsible for one death which occurred in Sankey. This case was attended by a midwife who was suspended for a month from attending any other case.

BRONCHITIS & PNEUMONIA.

These diseases caused twenty-five deaths, viz: Bronchitis nine and Pneumonia 16, this is about the average of former years.

PULMONARY AND OTHER TUBERCULOUS DISEASES.

Thirteen deaths were caused by Phthisis or Pulmonary Tuberculosis and one from other Tuberculous Disease. This is less than last year, but about the average of previous years. The death rate from this disease will equal 8 per thousand of the estimated population.

CANCER, MALIGNANT DISEASE,

Was fatal in eight cases, against nineteen last year, and gives a rate of '54 per thousand. Three cases were in Sankey, four in Winwick, and one in Rixton.

SCHOOL CLOSURE.

An epidemic of Measles occurred at Burtonwood, and I advised the Managers to close St. Paul's Roman Catholic School from April 28th to May 19th.

Number of children on Register, 200; number of cases of Measles, 70. As the disease continued to spread, I ordered the Managers of the Council School to close in both departments.

MIXED SCHOOL.

Number on Register ... 102

,, of cases of Measles 14

INFANT SCHOOL.

Number on Register... 140

,, of cases ... 16

This school was closed from May 26th to June 9th.

Chicken-pox and Measles again broke out at St. Paul's Roman Catholic School, Burtonwood, when I again advised the Managers to close the Infant Department for fourteen days, to commence on December the 8th.

INFANT DEPARTMENT.

Number on Register ... 74

" of cases Chicken-pox 30

UPPER STANDARD.

Number on Register ... 123

" of cases Measles 3

WATER SUPPLY.

The Warrington Corporation supplies the greater portion of the district. The water is pure, plentiful, and wholesome.

HOSPITAL ACCOMMODATION.

The Warrington Infectious Diseases Hospital receives and treats our cases whenever possible.

ROUTINE WORK.

I have regularly and systematically gone over and inspected the whole district, and any insanitary conditions have been reported at your monthly meetings, which I have regularly attended.

The Milk Shops, Dairies, Cowsheds, Bakehouses, Common Lodging Houses, Factories and Workshops have been frequently visited and found on the whole satisfactory.

FACTORY AND WORKSHOPS ACT, 1901.

The thirty-five Factories, sixty-two Workshops and four Workplaces in the district have had one hundred and one visits during the year, and all found satisfactory and not found necessary to issue any notices.

TOWN PLANNING—HOUSING OF THE WORKING CLASSES ACT, 1909.

During the year 222 houses have been inspected under Section 17 of the above Act.

Number of closing orders made 4
,, repaired after closing orders made ... 2
,, of houses in which defects were found ... 176

The general defects found were want of free circulation of air, damp and defective walls for want of damp-courses and pointing, defective roofs, window frames and floors.

PHYSICAL CHARACTERS OF THE DISTRICT.

The district is situated on the North side of the River Mersey, and extends from the boundary of Widnes to that from Cadishead, a distance of twelve miles. It is mostly low lying and flat, with very little natural drainage, consequently it is cold and wet. The subsoil on the West side and Centre portion being clay, while on the East side there is moss land.

There are plenty of workmen's houses throughout the district, those in the country being old but habitable, whilst others in the villages are mostly new. The occupation of the inhabitants being mostly agricultural; but in the west there are coal miners. Milk supply is abundant and wholesome. There are 62 purveyors of milk on the register. The Dairies, Milkshops and Cowsheds are frequently visited and found on the whole satisfactory, clean and sanitary as regards space, ventilation and drainage, but the grooming of the cows is sadly neglected. I enclose you sickness and mortality returns, also your Inspector's Report.

I am, Gentlemen,

Your Obedient Servant,

RICHARD SEPHTON.

Medical Officer of Health.

Springfield,

Culcheth, Nr. Warrington. March 24th, 1914.

SUMMARY OF MEDICAL OFFICER'S REPORT FOR 1913.

RURAL DISTRICT OF WARRINGTON.

Medical Officer of Health; RICHARD SEPTON, Salary, £170.

Inspector of Nuisances; Frank W. Kerfoot, Salary, £170.

What is the character of the Hospital Accommodation? For Small-pox, none For other Infectious Diseases: Warrington Fever Hospital.

Is it joint or otherwise? Otherwise. Payments made for each patient sent no retaining fee paid.

No. of Beds available for your District? For Small-pox, none. For other Infectious Diseases, as many as vacant.

No of cases removed to Hospital from your District? Small-pox, none. Enteric Fever, 1. Diphtheria, 4. Scarlet Fever, 4. Total, 9.

Deaths in Hospital of Patients from your District? Two from Diphteria.

How is disinfection carried out? Houses, Sharran's Formalide Fumigators.

No. of houses disinfected? 46. Apparatus used for Clothing, Bedding, &c (steam or otherwise)? Steam. Where is apparatus situated? Warrington Fever Hospital. If apparatus at a Hospital is available, is it used for the disinfection of clothing, bedding, &c., of patients not removed to the Hospital? In some cases. If not, please state how disinfection of clothing, &c, in these cases is carried out: Fumigated in bedrooms.

Are any Diseases not specifically mentioned in the Infectious Diseases Notification Act notifiable (for instance Measles, Whooping Cough, Diarrhea, Chicken Pox, Ophthalmia Neonatorum, &c.? No.

Any Schools closed? Yes, two. If so, for what disease? Measles and Chicken Pox.

Diseases specially prevalent? Scarlet Fever, Diphtheria, Measles. Period? All throughout the year. Measles, fourth quarter.

No. of Special Reports made under Art. XIX. (15 and 16) Sanitary Officers Order, 1910? None.

Bacteriological Examinations. No. and nature of specimens examined? No.

Arrangements (if any) made under the Diphtheria Anti-toxin Order, 1910?
Anti-toxin supplied.

"The Housing of the Working Classes Acts, 1890 to 1900."

Has your Authority determined the procedure to be adopted for the inspection of your District as required by Article 1 of the Regulations? Yes.

Has your Authority prepared, as required by Article 1 (3), a list of dwelling houses, the early inspection of which is desirable? Yes.

Has your Authority designated an officer to undertake the special inspection of houses and to keep the records stipulated by Article 2. If so, what officer? Inspector. Have the necessary books, forms, &c., for keeping the required records been obtained? Yes.

Action taken in 1913:-

No. of Dwelling-houses inspected under Sec. 17 of the Act of 1909? 222.

- .. Dwelling-houses considered unfit for human habitation? 4.
- " Representations to Authority with a view to making Closing Orders? 4.
- " Closing Orders made? 4.
- " Dwelling-houses in which defects were remedied without making Closing Orders? 126.
- " Dwelling-houses put into a fit state of habitation after making Closing Orders? 2.
- ,, Dwelling-houses demolished? Nil.

General character of defects to exist? Want of ventilation and dampness.

Is there a deficiency of housing accommodation? No. Source of Water Supply.

What is its condition? Very good. Possibilities of contamination? None. Is it subject to your inspection? Yes.

Is Scavenging and Removal of House Refuse carried out satisfactorily?

How performed (by Sanitary Authority, Contract, or Occupiers of Houses?

By Contract in Penketh and Sankey and by occupiers of houses in other Townships.

How is the refuse disposed of? Carted away and used on Agricultural land.

Has a Destructor been provided? No.

Sewage Disposal Works, Method of Treatment? Precipitation in tanks at Burtonwood.

What is the character of the Drainage System? Socket-pipes. Good.

Drain Testing, Flushing, &c.? Carried out by Inspector.

Action taken with regard to the Pollution of Streams? None.

Canal Boats: Number Inspected? 27. Number of Infringements of Acts? 11
What is the condition of the Bakehouses? Good.

" Slaughter Houses? Satisfactory. Has a public Abattoir been provided? No.

" Lodging Houses? Fair. Are they Registered? Yes.

What is the Sanitary conditions of the Schools? Good.

Daries, Cowsheds, and Milkshops—Are they periodically inspected? Yes. What is their condition? Fairly good. Have Regulations been made under the Order of the L.G.B.? Yes. Are they enforced? Yes.

Amount of air space in cubic feet required for each cow? No regulation in force as to amount of air space.

No. of Cowkeepers? No. on Register? 62.

No. of Dairymen or Purveyors of Milk (other than Cowkeepers)? No. on Register? 62.

Action taken (if any) as to tuberculous milk? No action taken as to tuberculous milk.

Total amount of Food seized as unfit for Human Consumption? None.

Department of Inspector of Nuisances. No. of Statutory Notices served?

50. Informal? 60. Nuisances remedied? 235. No. of Legal Proceedings taken and result? None.

No. of Privy Middens? 703 Pail Closets? 1675. Fresh Water Closets? 395. Waste Water Closets? 13. No. of Privy Middens converted during 1913? To W.C.'s 3. To Pails, &c., 13. No. of Pail Closets converted to W.C.'s 3.

Does Council contribute towards the cost of conversion of either privies or pail closets or both? If so how much? No.

Smoke. No of Observations? 8. No. of Legal Proceedings taken? None. What is the time limit allowed for the emission of black smoke per hour? To minutes.

Has the Authority adopted-

The Infectious Disease (Prevention) Act, 1890? Yes.

The Public Health Acts Amendment Act 1890? No.

The Public Health Acts Amendment Act, 1907? Sections 15, 16, 17, 23 and 33.

The Notification of Births Act, 1907? No.

Has a Health Visitor been appointed? No.

Notable Sanitary improvements during 1813 An improved Sanitary Condition of the whole district in regard to houses, back yards and passages.

Chief Sanitary requirements of District. Better sewerage and water supply in some parts of the district.

Signed,

RICHARD SEPHTON,

March 24th, 1914.

Medical Officer of Health.

			-	

VITAL, STATISTICS OF WHOLE DISTRICT DURING 1913 AND PREVIOUS YEARS.

TABLE I.-Warrington Rural District.

ach Na
Births. Number, Rate. 4 5 283 22206 296 2225 283 2171 248 1776 282 1977 275 1878
Numb 288 29 29 24 28

Area of District in acres (exclusive of area covered by water)

Total population at all ages 14615 | 22 | Number of inhabited houses 1730 | 22 | Average number of persons per house 53 | 22 |

-		4 01 b	Total c			4		4		I							0
1913.	CASES REMOVED HOSPITAL	-	Rixton														
year 18	O. OF CASES REMOVI TO HOSPITAL FROM EACH LOCALITY.	ck b	iwniW														
the y	No.	- A	Sanke														
	TIFIED JTV.	ro 1	Rixton			20	64	74	-	-					64	4	91
during	LOCAL	ck n	iwniW			52		11							-	4	27
fled	TOTAL CASES NOTIFIED IN EACH LOCALITY.	- 4	Sanke			12	1-	61					-		6	4	52
notified			65 and over				-			1							-
			45 to 65				ra .						-		-	**	9
Disease	H.		25 to 45			-	14	14							4	6	2
	E DISTRIC	Years.	15 to 25				4	-							9	4	13
Infectious	D IN WHOL	At Ages—Years.	5 to 15			12		1.2				1	9000		-	а	27
of Ir	CASES NOTIFIED IN WHOLE DISTRICT.		1 to 5			6		00		-						3	21
Cases	CAS		Under														
II.			At all Ages.			22	6	23		-			1		12	12	88
TABLE I		Notifiable Disease.		Small-pox	Cholera	Diphtheria (including Membranous croup)	Erysipelas	Scarlet fever	Typhus fever	Enteric fever	Relapsing fever	Continued fever	Puerperal fever	Poliomyelitis	Pulmonary Tuberculosis	Other forms of Tuberculosis	Totals
TABLE		NOTIFIABLE DISEASE.		:		-	;	:	:						Pulmonary Tuberculosi		Other forms of Tubercuit

IN BOROUGH OF WARRINGTON AND SANKEY-CORPORATION HOSPITAL.

Table III. Causes of, and Ages at, Death during Year 1913.

		DE	ATHS IN	DEATHS IN WHOLE DISTRICT AT SUBJOINED AGES.	DISTRICT	AT SUBJ	OINED A	GES.		
CAUSES OF DEATH.	Ages.	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up- wards.	Total Deaths in Public Institution
All causes (Uncertified	146	23	5.	0 1	00	6	20	37	92	
Enteric Fever				-				-		
Small-pox	2	-	9							
Scarlet Fever				,						
Whooping-cough	61	-	-							
Diphtheria & Croup	4			4	61					
Erysipelas										
Phthisis (Pulmonary Tuberculosis)	13		-			65	9	60		Ξ
Tuberculous Meningitis										
Other tuberculous di- seases	-					-				
			See Inter		To the last		BRIGHT		THE REAL PROPERTY.	-

-	_	-	_				_				-	-	-	-			
		I	N	SANI	KEY	SA	NA	TOF	RIUM	ſ.							==
	9	4	1		-								**		11		27
-	00		S				÷		1				-	1	10		04
	61	-	+					-		-			9				20
	65												ı	-			6
			60										-		64		00
23			-												C1		10
	-	-			N								-				13
C4		62	61		4							00			4		25
55	20	6	91		7		+		1	-		œ	12	2	29		152
Meningitis	Organic Heart Disease	Bronchitis	Pneumonia (all forms)	Other diseases of Respiratory organs	Diarrhea and Enteritis	Appendicitis & Typhlitis	Cirrhosis of Liver	Alcoholism	Nephritis and Bright's Disease	Puerperal Fever	Other accidents and di- seases of Pregnancy and Parturition	Congenital Debility and Malformation, including Premature birth	Violent Deaths, exclud- ing Suicide	Suicides	Other Defined Diseases	Diseases ill-defined or unknown	All causes

Table IV.—Infant Mortality during the year 1913.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 Weeks and under 3 Months.	3 Months and under 6 Months.	6 Months and under 9 Months.	9 Months and under 12 Months.	Total Deaths under 1 year.
Causes. Certified	7	I	2	1	11	1	1			
Small-pox						1				
Chickenpox						+				
Measles						. 3			1	- 1
Scarlet Fever										
Whooping Cough			-						1	1
Diphtheria : Croup									-	
Erysipelas										
Tuberculous Meningitis										
Abdominal Tuberculosis (b										
Other Tuberculous Diseases										
Meningitis (not Tuberculous							1		1	2
Convulsions						1				
Laryngitis										
Bronchitis			1		ı		1		1	3
Pneumonia (all forms)	1				I			1		2
Diarrhœa			1		1		1	1	1	4
Enteritis			-							
Gastritis										
Syphilis						1				
Rickets										
Suffocation, overlying										
Injury at Birth										
Atelectasis					1					1
Congenital Malformations(c										1
Premature Birth		1			6	1			1	7
Atrophy, Debility and	1		1 5 5			1		-		
Marasmus				1	1					1
Other Causes	-			1			1			1
TOTAL	7	1	2	1	11	3	4	2	5	25
Nett Births in the year	itimate gitima	1 2	75 N	ett De	aths in th	e year o	f !	gitimate		25

1-INSPECTION.

INCLUDING INSP	ECTIONS MADE BY SANITA	RY INSPECTO		TORS	OF NUI	SANCES.
Pr	emises.		Numbe	r of		
	emises.	Inspections	Written Noti	ces.	Prose	cutions.
Factories (including	Factory Laundries)	35	The same of the sa			
	g Workshop Laundries)	62	None.		No	one.
	han outworkers' premises Part 3 of this Report)	4				
	Total	101	None.		N	one.
	2-DEFEC	CTS FO	UND.			
		No	umber of Defe	cts.		Number
Pau	ticulars.	Found,	Remedied	Н	red to M. ector.	Prosecu- tions.
Want of Cleanline	ss odation not separate for	1	1			
	Total	1	1			None.
	3-НОМ	E WO	RK.			
Nature of Work.	Lists received from Employers.		in unwhole- ses. Sec. 108			infected :. 109, 110
Wearing apparel : Making						
File making	William C			- 12		
Total	None	N	one.		Non	e.
	4-REGISTER	ED WC	RKSHO	PS.		
Workshops Bakehouse	: ::					30
	Workshops on the R	egister at the	e end of the y	rear		31
	OTHER		ERS.			
	to H.M. Inspector of F fix Abstract of the Work		ctory Act (s 1	33) .		

To the Chairman and Members of the Warrington Rural District Council.

GENTLEMEN,

I have again the pleasure of presenting to you my Annual Report of Nuisances and other matters dealt with during the year 1913.

The number of inspections made were 1,439, which include Dwellinghouses, Farms, Cowsheds, Slaughter-houses, Factories, Workshops, and Knackers' Yards, etc.

The number of statutory notices served were 50, informal notices 60.

Thirteen cases have not yet received attention by the owners.

Old drains taken up, cleaned and relaid 14. New drains laid 5. Slopstone pipes defective 11. Untrapped gullies to drains 24. Channels defective 4. Yards defective 22. Spouting defective 21. Lavatory and soil pipes defective 5 Yard drains defective 3. Houses dirty 2. Houses overcrowded 1. Foul ditches cleaned out 1. Foul ditches piped and filled up 1. Swine kept so as to be a nuisance 3. Privies and ashpits defective 21, Pail closets defective 5. Privies and ashpits full and overflowing 61. Pails and ashtubs defective 113. Urinals defective 2. Privies converted to pail system 13. Pail closets converted to water closets 3. New pail closets erected 4. Accumulation of ashes and refuse 20. Houses disinfected 46. Samples of water analysed 1. New houses erected 34. Lodging-houses inspected 2. Licenses granted under Petroleum Acts 9. Approximate number of privy middens 703. Water closets 395. Pail closets 1,675. Waste water closets 13. Flush closets 12.

DAIRIES. COWSHEDS AND MILKSHOPS ORDER.

There are 62 persons registered as Purveyors of Milk in the Council's District. The Cow Sheds on the whole are kept fairly clean, but there is still room for improvement with regard to the grooming of the cows. One cowshed has been ventilated, new windows provided and floors repaired.

FACTORY AND WORKSHOPS ACT, 1901.

The Factories and Workshops have been inspected and were found in a satisfactory condition. It was not found necessary to issue any notices for limewashing, etc.

HOUSING TOWN PLANNING ACT, 1909.

During the past year 222 houses have been inspected under Section 17 of the Housing Town Planning Act, 1909. Number of closing orders made 4. Number of houses which after the making of closing orders were repaired and made habitable, 2. Number of houses in which defects were found 175.

The general character of the defects found was the want of free circulation of air, damp and defective walls for the want of damp courses and pointing, defective roofs, window frames and floors, etc.

CANAL BOATS ACTS.

As required by Sectiou 3 of the Canal Boats Act 1884. I submit my Annual Report for the year 1913. I have visited the Canal Boats on my rounds through the district and have inspected 27 boats, being two more than the previous year. The boats plying on the Sankey Canal are chiefly engaged in the manure trade and a few carrying sugar to Earlestown, the coal trade having entirely gone. I found them registered for 86 persons and the number found totalled Males 42, Females 3. There are a few minor cases of infringements, but it was not found necessary to take legal proceedings. Certificates of registration not produced 3. Certificates not identifying owner 1. Boats not properly marked and numbered 4. Cabins not known when painted 14. All these were in good condition with the exception of one which required painting. Cabins dilapidated 1. No double bulkheads for carrying offensive cargoes 1. No infectious cases were reported.

FRANK W. KERFOOT,

INSPECTOR.