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CITY OF YORK.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH,

For the Year 1910,

(Including the Report of the Chief Sanitary Inspector),

BY

EDMUND M. SMITH, M.D., C.M. EDIN., D.P.H. CAMB.,

MEDICAL OFFICER OF HEALTH AND
SCHOOL MEDICAL OFFICER.

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CITY AND COUNTY BOROUGH OF YORK.

THE HEALTH COMMITTEE.

November, 1909, to November, 1910.

THE RIGHT HON. THE LORD MAYOR (ALDERMAN JAMES BIRCH).

ALDERMAN BORDER, *Chairman.*

ALDERMAN CARTER, *Vice-chairman.*

Councillor	Fowler-Jones	Councillor	F. Birch	Councillor	Bailey
,,	Robinson	,,	Hopkins	,,	O. Rowntree
,,	Hibbett	,,	Inglis	,,	Fenwick
,,	Fox	,,	Hogge	,,	Long
,,	W. Birch	,,	Brown		

THE FEVER HOSPITAL SUB-COMMITTEE.

THE LORD MAYOR.

Councillor	Hibbett	Councillor	Long	Councillor	O. Rowntree
,,	Fowler-Jones	,,	W. Birch	,,	Fenwick
,,	Robinson	,,	Inglis	,,	Hopkins
,,	Bailey				

PUBLIC BATHS SUB-COMMITTEE.

THE LORD MAYOR.

Councillor	Fowler-Jones	Councillor	W. Birch	Councillor	Hogge
,,	Robinson	,,	F. Birch	,,	Rowntree
,,	Brown	,,	Inglis	,,	Bailey
,,	Hopkins				

MIDWIVES ACT SUB-COMMITTEE.

Councillor	Long	Councillor	Robinson	Councillor	Hogge

HOUSING SUB-COMMITTEE.

Councillor	Robinson	Councillor	Hogge	Councillor	Hopkins
,,	Rowntree	,,	Fowler-Jones	,,	Fox

The Chairman and Vice-chairman of the Health Committe are *ex-officio* Members of all its Sub-committees.

STAFF OF THE HEALTH DEPARTMENT

DURING THE YEAR 1910.

Medical Officer of Health and School Medical Officer—

EDMUND M. SMITH, M.D., C.M., Edin., D.P.H. Camb.

Chief Inspector of Nuisances—

*A. E. DRUMMOND, A.R. San. Inst. and Certificated Meat Inspector.

Deputy Chief and Special Drainage Inspector—

*E. RIDSDALE, Certif. Royal San. Inst.

Assistant Inspectors of Nuisances—

R. Hagyard,
*A. Longstaff,
E. Richardson
} Certif. Royal San. Institute.

Senior Clerk— H. Barrett.

Junior Clerk— F. Powell.

* Also holds the Meat Inspector's Certificate of the Royal Sanitary Institute.

Health Visitors & School Nurses

Nurse Boston (Nursing Certificates).
„ Simpson (C.M.B., Nursing and Royal San. Inst. Certificates).
„ Humphries (C.M.B., and Nursing Certificates).

Matron of Fever Hospital—MISS KNIGHT.

Public Analyst—JOHN EVANS, F.I.C., Sheffield.

Meat and Cattle Inspector—W. FAWDINGTON, M.R.C.V.S.

Canal Boats Inspector—J. B. MUMMERY.

Town Clerk—HENRY CRAVEN.

City Surveyor—F. W. SPURR.

City Treasurer—J. W. DAVISON.

Assistant School Medical Officer—

E. S. Galbraith, L.R.C.P. & S., D.P.H.

HEALTH OFFICE, GUILDHALL,
YORK, *March, 1911.*

TO THE RIGHT HON. THE LORD MAYOR, THE ALDERMEN, AND COUNCILLORS OF THE CITY OF YORK.

My Lord Mayor and Gentlemen,

I have the honour to present my Annual Report on the Health of the City and its Sanitary Conditions, and on the work of the Health Department, during the year 1910. This constitutes my thirteenth Annual Report.

Once more I am able to announce a satisfactory death-rate for the year (viz.—11·9), although it is slightly higher than that of 1909, which was the lowest on record (viz.—11·4); but the infantile mortality for 1910 was absolutely the lowest on record, viz.—94 per 1,000 births.

On the other hand, the birth-rate has fallen from an average of 32·6 during the decade 1881—1890, to 27·6 in the decade 1900—1909, and 22·5 in the year 1910, which is the lowest birth-rate on record for the City of York.

Graphic charts concerning the mortality statistics will be found in the report.

The average death-rate for the City of York for the ten years, 1891—1900, was 17·0 per 1,000 living; for the ten years, 1901—10, 14·3. This remarkable decline has involved the saving of over 2,000 lives. If the money value of each average life be based only upon the standard of a labourer, say £100, this fall in the death-rate means, therefore, a nett gain to the wealth of the community of over £200,000. Since the year 1900 the most startling item in the decline of our death-rate is the fall in the infantile mortality rate, from 211 per 1,000 births in 1900 to 94 in 1910.

The experience of York is consistent with that of the country as a whole. Whereas the death-rate for England and Wales seventy years ago was nearly 23 per 1,000, it is now 13·4, involving a saving of nearly 250,000 lives per annum.

"The annual rate of mortality in the 77 largest English towns during the 52 weeks of last year was unprecedently low, and did not exceed 14·3 per 1,000. In the four preceding years, 1906—09, the death-rate in the 76 towns declined successively from 15·9 to 15·4, 14·9, and 14·7 respectively. That the death-rate in the 77 towns has shown a steady and persistent decline in recent years affords conclusive evidence of improved and successful urban sanitary administration. One of the most satisfactory and hopeful features of the recent steady decline

During the year 1910 the principal achievements of our Health Department were in advancement of the Prevention of Consumption and other forms of human Tuberculosis, the details of which forward movement, so far as anything has now been accomplished, will be found in the section of this report relating to Tuberculosis. It will also be observed that there has been a considerable increase in the amount of work done under the Housing Acts.

As time passes on the sphere of a Public Health Department expands year by year. During recent years there has been an enormous improvement in the sanitary environment of the people. Not only is that work of improvement continuing, but increasing attention is now being paid to the salvation of the individual, and to the building up of a healthy and efficient race. This is specially exemplified in the medical inspection and supervision of the elementary school children, the beneficial power of which bids fair to be incalculable.

If the issue of this and the last two or three Annual Reports seems to have been unduly delayed, it is because the first six months of the year are in so many ways the busiest part of the year for a Public Health Department. It is the time when the newly-elected annual Health Committee is most active, and there is consequently a greater amount of work to arrange and attend to. Again, it is convenient that new schemes and new methods of administration should come into being with the beginning of the new year. It is also very awkward that new Acts of Parliament and Government Regulations so often come into force—with but little preliminary notice—at the beginning of the calendar year. The consequent organisation and compilation of circulars, forms, leaflets, advertisements, &c., in connection therewith, are all left to each local authority to work out for themselves, so that the burden of work for the Medical Officer of Health and his staff during the last two months of the old year and the first five or six months of the new year is an extremely heavy one. As an instance of this, I may point out how the

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in our urban death-rates is the continued decrease of infant mortality. In 1906 the deaths of infants under one year of age in these largest English towns was equal to 145 per 1,000 registered births; in the three following years this proportion of infant mortality declined to 127, 129, and 118 respectively; and during the 52 weeks of 1910 further fell to 115 per 1,000. This decline in the rate of mortality in our largest towns has, however, been accompanied by a steady decline in the birth-rate, which was equal to 27·8 per 1,000 in 1906, but fell successively to 27·0, 26·9, and 25·7 in the three following years, 1907—08—09. The births registered in the 77 towns during the 52 weeks of 1910 were only equal to 25·0 per 1,000, showing a decline of 3 per 1,000 from the rate that prevailed in 1906."—*From the "Lancet," January, 1911.*

Housing and Town Planning Act, which was passed on the 3rd December, 1909, came into operation, with all its vital alterations, at once, and, as a consequence, many of our proceedings in connection with insanitary dwellings had to be re-commenced *de novo*. I venture to think that it would be very much more convenient if new Acts of Parliament and Regulations were to come into force at the middle of the year, say, on the 1st of July.

I regret to have to record that, at the end of the last municipal year, Alderman Border felt compelled to resign the chairmanship of the Health Committee, owing to ill-health. To this important charge he had been unanimously elected every year for eleven years, and his resignation was profoundly deplored by the members of the Corporation, by the Officials, and by all those citizens who take interest in the work of the Corporation. It is impossible to over-value the services rendered by Alderman Border, as it is very largely owing to his keen interest in the work, and to his tact and wisdom, that such great progress has been made in the sanitation of the City during recent years. As chief of the Health Department, I had, of course, to consult him frequently; I invariably found him most courteous and helpful, and always willing—a most important point in a good chairman—to share responsibility in taking action in important emergencies.

This seems to be a suitable opportunity for briefly enumerating the principal achievements of the York Health Department during the past twelve years, in addition to all the routine work and that involved by the steady expansion of the Department:—

1. The abolition of foul and infected privy-middens in favour of water-closets. (Whereas there were 10,000 houses with privy-middens, and about 4,000 houses with water-closets in the City in the year 1900, these proportions are now reversed);

2. The consequent great reduction of Typhoid Fever and Summer Diarrhœa;

3. The establishment of voluntary notification of Consumption, with its consequent plodding, preventive work;

4. The suppression of threatened epidemics of Small-pox and Diphtheria;

5. The adoption of the Notification of Births Act, and of health visitors and other media for the reduction of infantile mortality, with already apparently beneficial results;

6. Housing improvement work in Hungate and other parts of the City;

7. Medical supervision of the children in the elementary schools;

8. The increased supervision of cowsheds and milkshops, with considerable sanitary improvement of cowsheds;

9. Considerable extension of work in the direction of maintaining the supply of pure and unadulterated milk, and of wholesome meat and other foods;

10. The supervision of fried fish shops and of ice-cream dealers;

11. Increased supply of water to the dwellings of the poor;

12. The prevention of pollution of such streams as the Foss;

13. The improvement of the Isolation Hospital Buildings and administration, the purchase of land for extension, and the provision of a special Hospital for Small-pox;

14. The registration of houses let-in-lodgings;

15. The extension of the work under the Factory and Workshop Acts;

16. The organisation of the administration of the Midwives' Act of 1902;

17. The establishment of a bacteriological laboratory;

18. The compilation and distribution of a fairly complete set of educational leaflets with regard to infectious diseases, the prevention of Consumption, and the rearing of infants, &c.

My most cordial thanks are due to the Chairman, Vice-chairman, and Members of the Health Committee for their support, to my colleagues in office and in my Profession, to teachers

of schools, and to the chief Sanitary Inspector and the other members of my staff, for their earnest co-operation in the work of my department.

I am, my Lord Mayor and Gentlemen,

Yours obediently,

EDMUND M. SMITH,

Medical Officer of Health.

"In his recently published Annual Report for 1908-9, Dr. Newsholme, the principal Medical Officer of the Local Government Board, analyses the provisional statistics which are contained in the Registrar-general's annual summary, and which relate to 29 metropolitan boroughs, 76 large towns, and 142 smaller towns. Although these statistics relate to only 247 out of 1789 in so far as districts are concerned, they have reference in the matter of population to more than 21,000,000 of the total 35,000,000 which England and Wales were estimated to comprise in 1908. Over 16,000,000 of the total 21,000,000 spend their lives under the conditions which obtain in the 76 great towns, inclusive of the metropolis, which have each a population of over 50,000, while the remainder live in 142 smaller towns with populations ranging from 20,000 to 50,000. The general death-rate during 1908 of the country as a whole was 14·7 per 1,000, while the death-rate (corrected for age and sex distribution) per 1,000 of population in each instance of the 76 great towns, with London, was 15·8; of the 142 smaller towns 14·7; and among the 14,000,000 people living in the smaller urban and in the rural districts it was 13·8. Having given these figures Dr. Newsholme draws attention to the disparities in the death-rates amongst the 21,000,000 comprised in the metropolis and in the 217 provincial towns already referred to. Of these, 2 per cent. (about 398,000) had a death-rate —per 1,000 in each case—under 10; 16·8 per cent. of 10·0 to 12·5; 33·5 per cent. of 12·5 to 15·0; 29·4 per cent. of 15·0 to 17; 18·3 per cent. of 17·5 to 20·0; and 0·3 of over 20. It is then pointed out that had the towns referred to had a death-rate of 13·8 per 1,000, which was the average death-rate of the 14,000,000 people living under the conditions existing in the remainder of England and Wales, the total number of deaths in the country for 1908 would have been 33,831 fewer than was actually the case. Dr. Newsholme regards this saving of life as attainable, and he draws attention to the fact that the death-rate in towns of very various sizes. and having together a population of over 4,000,000 was under 12·5 per 1,000.

With reference to infantile mortality rates, and dealing with the same populations as before, he shows that 6·2 per cent. had an infantile mortality per 1,000 births of 90; 9 per cent. of 90 to 100; 12·7 per cent. of 100 to 110; 8·8 per cent. of 110 to 120; 11·6 per cent. of 120 to 130; 15·5 per cent. of 130 to 140; 20·3 per cent. of 140 to 150; and 15·9 per cent. of over 150,"—*From "The Lancet,"* 1910.

CITY AND COUNTY BOROUGH OF YORK.

STATISTICAL SUMMARY FOR 1910.

Area in acres, 3,730.

Number of inhabited houses, census 1901, 16,550.

Population of County Borough, census 1901, 77,914.

Do. at middle of 1910, 88,159. (Registrar-General's estimate).

Proportion of persons per acre, 21·7
Do. do. per house, 4·707 } census 1901.

Birth-rate, 22·5 per 1,000 living, (lowest on record).

Nett general death-rate, 11·9 per 1,000 living.

Infantile mortality, 94 per 1,000 births, (lowest on record).

Mortality of children under the age of five, 30·7 per 1,000 living under that age.

Total Zymotic mortality, ...	0·72	per 1,000 living	at all ages.
Diarrhœa death-rate, ...	0·45	,,	,,
Death-rate of Bronchitis and Pneumonia	2·04	,,	,,
Phthisis death-rate	0·78	,,	,,
Total Tuberculosis death-rate	1·10	,,	,,
Cancer death-rate	0·99	,,	,,
Epidemic Influenza death-rate	0·21	,,	,,

ANNUAL REPORT, 1910.

POPULATION.

The Registrar-General's estimate of the *Population of the City at the end of June*, 1910 (based upon the rate of increase during the previous decade, 1891—1901) was 88,159, as compared with 87,004 for 1909, an increase of 1,155.

The natural increase of population, *i.e.*, the excess of births over deaths was 936, as compared with 1,073 in 1909.

One method of checking the Registrar-General's estimate of population is by basing an estimate upon the approximate total number of inhabited houses. Another consists in the simple calculation of the natural increase of the population (*i.e.*, by excess of births over deaths).

In the spring of the year 1910, during a period of three months, a local census was taken, per a temporary clerk, on the following lines (for further details see special report on local census) :—

The main objects which were kept in mind in making this census were :—

First—By obtaining the actual number of occupied and unoccupied houses in each street and court in the City, to check the recent annual estimates of the population of the whole City and its Sub-districts.

Second—To divide the City into smaller Sub-districts which I have called "Areas," and the boundaries of which I have made so as to correspond to the Wards and to the Sanitary Sub-districts (the title which I have given to the old Registration Sub-districts). Of these areas there are 7 in Micklegate Ward, 5 in Castlegate Ward, 4 in Walmgate Ward, 2 in Monk Ward, 2 in Guildhall Ward, and 5 in Bootham Ward—25 in all. (See Table D).

We did not attempt to ascertain the exact population of the whole City, as that would have been impossible in the limited time at our disposal, except by the issue of a census form to each house, but we have ascertained as nearly as possible the actual population of some of the districts of the City, and we have ascertained the exact number of occupied and unoccupied houses in the whole City.

The results which I give in Table D have been made by very careful calculations based upon the number (to two decimal places) of persons per house in each Sanitary Sub-district, as revealed at the last Census, 1901—this, of course, is on the presumption, the only one possible, that the number of persons per house remains the same as at the last Census (although that rate may prove to be actually lower at the next Census.—See footnote).

It is interesting to note that in no less than 12 of my "Areas" above-described the totals actually ascertained by inquiry correspond remarkably closely to my calculations based upon the census-rate of occupants per house.

Results of the local census:—The estimated population of the whole City in the spring of 1910 was 84,506, which is lower than the Registrar-General's estimate for the middle of the year of 88,159, by 3,653. The two estimates are not quite comparable, however, owing to three months difference in the time of the year. The lower estimate raises our recent annual death-rates by about 0·4 per 1,000, which does not alter the fact that such recent death-rates were the lowest on record.

Total occupied houses 17,871; estimated population per rate per house, 84,506. There were 543 vacant houses, which were classified according to rentals, sub-districts, and areas.

For the year 1910 and future years, I propose to give the annual death-rates for the "Areas" above-referred to and specified in the following tables, and for combinations of such areas as are of similar composition in character of population. Such death-rates can only be given annually and are of relative value only. If given for short periods they would be too accidental in character, and, therefore, fallacious.

The totals of vacant houses as ascertained during recent previous years were as follows:—

Census,	April,	1901	404	March	31st,	1908	711
March	31st,	1905	564	,,	,,	1909	611
,,	,,	1906	796	,,	,,	1910	543
,,	,,	1907	855				

Average number of persons per house (whole City):—

At Census of	1861	4·90
,,	1871	4·79
,,	1881	4·88
,,	1891	4·82
,,	1901	4·71

TABLE SHOWING TOTAL BIRTHS AND DEATHS AND THE NATURAL INCREASE OF POPULATION,

(Excess of Births over Deaths), since 1900.

Year.	Total Births.	Total (nett) Deaths.	Excess of Births over Deaths.
1900	2256	1568	688
1901	2361	1294	1067
1902	2339	1215	1124
1903	2337	1304	1033
1904	2288	1316	972
1905	2298	1170	1128
1906	2216	1143	1073
1907	2181	1276	905
1908	2192	1108	1084
1909	2067	994	1073
1910	1983	1047	936

The natural increase of population in Sanitary Sub-districts of the City in 1910 was as follows:—

Bootham District	184
Micklegate District	345
Walmgate District	407

The low figure for Bootham District is due to the low birth-rate of that district; the higher birth-rate of Walmgate District compensates for its higher death-rate.

Total number of new houses completed in the City of York since 1900:—

Year.	Total, Whole City.	West Side of City.	East side of City.	
		Micklegate Sanitary Sub-district.	Bootham Sanitary Sub-district.	Wamlgate Sanitary Sub-district.
1901	440	222	133	85
1902	351	132	106	113
1903	328	134	80	114
1904	240	142	47	51
1905	147	65	47	35
1906	129	50	40	39
1907	105	51	9	45
1908	84	61	10	13
1909	108	85	9	14
	1932	942	481	509
1910	91	57	14	20

TABLE A.

ESTIMATES OF THE POPULATION OF THE CITY AND OF THE SANITARY SUB-DISTRICTS, 1910.

The following calculations are of some value :—

	Bootham District.	Micklegate District.	Walmgate District.	Whole City.
Population, census 1901	21,193	25,741	30,980	77,914
Do. do. 1891	16,583	22,072	29,186	67,841
Estimated number of inhabited houses at June 30th, 1910 (local census)	4,746	6,554	6,571	17,871
(a) Estimated population, June 30, 1910 calculated at inter-censal rate of increase (Registrar-general's method)	25,806	29,503	32,850	88,159
(b) *Population, June 30th, 1910, calculated at local census	22,565	29,746	32,195	84,506
(c) Population, June 30th, 1910, estimated according to natural increase (excess of births over deaths) ...	23,138	29,228	35,245	87,611
(d) Average of above three estimates	23,836	29,492	33,430	86,758

The birth-rates and death-rates for 1910 given in this report, regarding the said Sub-districts and the whole City, are calculated upon the official estimates in line (a).

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* After allowing for the uninhabited houses, new houses built, and houses demolished since the census, 1901.

The Sanitary Sub-districts correspond to the old Registration Sub-districts.

The Bootham district comprises Bootham Ward and greater part of Guildhall Ward.

The Micklegate district comprises Micklegate and Castlegate Wards.

The Walmgate district comprises Walmgate, Monk, and part of Guildhall Wards, and is the largest and most congested of the three.

The birth-rate in Bootham district has fallen from 27 in 1900 to 17·3 in 1910, there for the estimates for Bootham in lines (b) and (c) are probably nearer the truth than that in line (a), whereas, as in Walmgate district the birth-rate practically remains steady, it is probable that the estimate for that district in line (c) is more truthful than that in (a) or (b), and that the population per house has also increased in that district.

TABLE B. CITY OF YORK, 1891—1910.

YEAR.	A. Population as estimated by Registrar-General's method (i.e. according to rate of increase during decade 1881—1891.	B. Population as estimated according to excess of births over deaths year by year (natural increase).	C. Population as estimated according to annual rate of increase between 1891 and 1901, as revealed by census of 1901.	E. Revised birth-rate, based upon the figures in column C.	G. Revised death-rate, based upon the figures in column C.
1891 (census) (before extension)	67,004	67,004	*67,841	30·0	23·8
1892	67,807	67,691	68,848	31·9	20·9
1893 (Extended City)	69,388	69,388	69,388	29·0	19·9
1894	70,053	70,175	70,395	30·8	17·4
1895	70,723	71,071	71,402	31·0	19·2
1896	71,400	71,951	72,500	30·4	17·8
1897	72,083	72,863	73,604	30·8	18·4
1898	72,774	73,747	74,708	30·0	18·5
1899	73,474	74,762	75,812	30·3	16·6
1900	74,177	75,547	76,916	29·3	20·3
1901 (census)	77,914	76,461	78,044	30·2	16·5
1902	—	79,201	79,114	29·5	15·3
1903	—	80,441	80,186	29·1	16·2
1904	—	81,402	81,268	28·2	16 2
1905	—	82,383	82,362	27·9	14·2
1906	—	83,567	83,467	26·5	13·7
1907	—	84,542	84,730	25·7	15·0
1908	—	85,493	85,861	25·5	12·9
1909	—	86,536	87,004	23·7	11·4
1910	—	87,611	88,159	22·5	11·9

Average birth-rate during ten years 1900-1909 inclusive = 27·6. Average death-rate during ten years 1900-1909 inclusive = 15·2.

The difference between the figures stated in columns B and C from 1893 to 1901 may be said to indicate the amount of immigration then going on. * Population of City as afterwards extended in 1893.

THE BIRTH-RATE.

The total number of births notified to me by the Sub-Registrars during the 52 weeks ending Saturday, Debember 31st, 1910, was 1,983.

The total number of births registered in 1909 was 2,067.

The birth-rate in 1910 was 22·5 per 1,000 living (the lowest on record).

The average birth-rate for the 77 great towns for the same period was 25·0, and for England and Wales 24·8, which was 2·7 lower than the average for the previous ten years.

The average birth-rate for York for the ten years 1900—09 was 27·6. The birth-rate in York is declining as rapidly as in the remainder of the Kingdom. These birth-rates do not include the increasing number of still-births, which ought also to be registered.*

The births in 1910 were registered as follows:—

	Whole City.	SANITARY SUB-DISTRICTS.		
		Bootham district.	Micklegate district.	Walmgate district.
First quarter of year ...	533	122	179	232
Second ,, ,, ...	522	127	180	215
Third ,, ,, ...	490	113	180	197
Fourth ,, ,, ...	438	84	149	205
	1,983	446	688	849

Males ...	998	Registered as legitimate ...	1,880
Females ...	985	Registered as illegitimate ...	103
	1,983		1,983

The following are the birth-rates for the three Sanitary sub-districts calculated upon the estimated populations of those districts for 1910:—

Whole City	Bootham district ... ... 17·3
	Micklegate do. ... ... 23·3
22·5	Walmgate do. ... ... 25·9

*The legitimate births per 1,000 married women (aged 15—45 years) in England and Wales have declined from 292 in 1870—72 to 209 in 1909.

The average birth-rate for England and Wales for 1901–05 was 28, and for 1906—10 26 per 1,000 persons living at all ages. (See also Table K).

Illegitimate Births.

The total number of births registered as illegitimate in 1910 (viz., 103), was equal to 5·2 per cent. of total births.

Of the total of 103 illegitimate births, 24 of the mothers resided in Bootham district, 27 in Micklegate, and 52 in Walmgate district. Of the Bootham district total, 19 births occurred in the Union Workhouse, 1 having no other address, and 2 having come in from rural districts. A total of 21 births occurred in the Workhouse, 19 of which were illegitimate.

CITY OF YORK.

Year.	Total births (legitimate and illegitimate).	Total illegitimate births.	Illegitimate births per cent. of total births.	
			York.	England and Wales.
1891—1900	...	...	...	4·2
1901	2361	106	4·5	3·9
1902	2339	124	5.3	3·9
1903	2337	81	3·4	3·9
1904	2288	99	4·3	4·0
1905	2298	116	5·0	4·0
1906	2216	118	5·3	4·0
1907	2181	115	5·2	3·9
1908	2192	98	4·5	4·0
1909	2067	106	5·1	4·1
1910	1983	103	5·2	...
Average	...	...	4·8	4·0

The Marriage Rate.

I am indebted to the Superintendent Registrar for the following data regarding the number of marriages solemnised in the City:—

Year.	Total number of marriages in York.	Marriage-rate per 1,000 of population in York.		Marriage-rate in England and Wales.			
				Per 1,000 of total population at all ages.		Per 1,000 of marriageable persons.	
1896—1900	...	...		16·1		49·7	
1900	588	15·2		16·0		48·9	
1901	617	15·8		15·9		48·6	
1902	608	15·3		15·9		48·4	
1903	626	15·6	15·7	15·6	15·6	47·8	47·6
1904	587	14·4		15·2		46·5	
1905	719	17·4		15·2		46·6	
1906	668	16·0		15·6		47·7	
1907	676	15·9		15·8		48·3	
1908	654	15·2		14·9		45·6	
1909	606	13·9		14·6		44·5	
1910	613	13·9		...		...	

Infantile Vaccination.

I am indebted to the Vaccination Officer for the following information. (The figures for 1910 are not yet available).

The total number of children successfully vaccinated in 1909 was 1536 (total births 2067); vaccination was postponed in 12 cases; 11 children were declared insusceptible; there were 292 certificates of "conscientious objection"; 155 died unvaccinated; 76 have left the City, or remain unvaccinated.

During the year ending September 30th, 1910, 24 persons were re-vaccinated by the Public Vaccinator.

The Vaccination Act of 1907 provides that :—

"No parent or other person shall be liable to any penalty under Section 29 or Section 31 of the Vaccination Act of 1867, if within four months from the birth of the child he makes a statutory declaration that he conscientiously believes that vaccination would be prejudicial to the health of the child, and within seven days thereafter delivers or sends by post the declaration to the Vaccination Officer of the district." By the previous Act of 1898, the *magistrates* had to be satisfied as to the "conscientious objection." Now, by the Act of 1907, it will be observed that the parent is no longer required *to appear before the magistrates* for that purpose.

YORK UNION. (Per kindness of Vaccination Officer).

Year.	Successfully vaccinated.	Percentage of total births.	Vaccination postponed or certified as insusceptible of vaccination.	Died or removed from York unvaccinated.	Certificates of "conscientious objection" obtained.	Re-vaccinated by Public Vaccinator.
1901	1,994	81·6	20	315	35	No records
1902	2,005	86·2	20	200	41	No records
1903	2,043	83·8	27	290	28	340
1904	1,943	83 5	27	275	33	2600
1905	1,983	86·2	19	260	37	139
1906	1,885	84·3	38	273	41 (1·8%)	43
1907	1,774	81·6	16	286	99 (4·5%)	26
1908	1,673	77·5	22	208	256 (11·8%)	34
1909	1,536	74·3	23	231	292 (14·1%)	24

The above table shows that the 1907 Act is resulting in a large increase in the percentage of unvaccinated children in York as in the rest of the country. Since 1906 there is an increase of 12 per cent. of such persons, who are a danger to the rest of the

community in a Small-pox epidemic. We are now laying the foundation of another Small-pox epidemic throughout the country; in fact, signs are not wanting that this may come soon, with severe lessons for the Government and the community generally.

VACCINATION IN ENGLAND AND WALES.

"Conscientious objection" exemption certificates in 1898 totalled	203,413
But fell in 1907 to	57,675
Total (after "objection" was made easier) in 1908...	162,799
Total in 1909	190,689
First half-year of 1910, out of 456,533 births	110,851

THE DEATH-RATE.

The gross total number of deaths registered within the City of York during the 52 weeks ending December 31st, 1910, was 1,058, giving a death-rate of 12·0 per 1,000 living.

If the deaths of 42 persons not belonging to the City ("Non-residents") be deducted, and those of 31 citizens ("Residents") who died outside the City be added (as required by the Local Government Board), *the nett total number of deaths was* 1,047, *giving a nett "recorded *" death-rate of* 11·9 *per* 1,000 *living (or a "corrected *" death-rate of* 12·25*).*

The average death-rate for the 77 great towns in 1910 was 14·3; for England and Wales, 13·4.

The average death-rate in York for the preceding ten years, 1900—1909, was 15·2.

The gross totals and death-rates, and the nett totals and death-rates, in previous years, are set forth in the annexed L.G.B. Table 1 (columns 7 and 8, 12 and 13).

If the estimated population of the local census in 1910 (see Table A) be adopted as the basis of calculation, then the City birth-rate for 1910 was 23·5, and the death-rate was 12·4.

* For explanations of these terms— "recorded" and "corrected," see notes to Table D.

The deaths in 1910 were registered during the four quarters of the year as follows :—

	WHOLE CITY.	SANITARY SUB-DISTRICTS.		
		Bootham District.	Micklegate District.	Walmgate District.
First quarter...	315	79	120	116
Second „	226	62	75	89
Third „	227	56	71	100
Fourth „	279	65	77	137
Totals ...	1,047	262	343	442

The deaths of males numbered 543, of females 504.

The distribution of the deaths of York citizens, according to Sanitary Sub-districts and age periods, was as follows :—

AGE-PERIODS.	SANITARY SUB-DISTRICTS.			WHOLE CITY. Totals.
	Bootham.	Micklegate.	Walmgate.	
0— 1	30	61	95	186
1— 5	19	29	54	102
5—15	7	15	17	39
15—25	10	15	17	42
25—65	93	122	142	357
65 and over	103	101	117	321
Totals ...	262	343	442	1047

See also the L.G.B. Tables II and IV for further details.

Of the deaths in Walmgate district, 13 were of persons connected with the regiments stationed in the Barracks in that district.

Of the deaths in Bootham district, 34 occurred in the York Union Workhouse and had no other residence. The death-rate of that district, if those deaths be deducted, was 9·1 per 1,000 in the district (minus the population of the Workhouse).

Only one death, in Walmgate district, (0·1 per cent.), was registered as uncertified (*i.e.*, uncertified by medical attendant or by coroner), as compared with a percentage as high as 4 or 5 in other great towns.

The following are the general death-rates in each of the Sanitary Sub-districts of the City during the year 1910, calculated upon the estimated populations of those districts for the year.

Whole City 11·9	Bootham district	...	10·2
	Micklegate „	...	11·6
	Walmgate „	...	13·5

Comparing the totals of 1910 with those of 1909, it will be observed in Table IV that there was a *decrease* in 1910 in the deaths from the following causes :—

	Total deaths in 1909.	Total deaths in 1910.	Decrease in 1910.
Phthisis	90	69	21
Apoplexy	71	45	26
Heart disease	115	93	22
Premature birth & other developmental causes	125	111	14

There was an increase in the deaths due to the following causes :—

	Total deaths in 1909.	Total deaths in 1910.	Increase in 1910.
Epidemic influenza	6	19	13
Diarrhœa	17	40	23
Pneumonia	66	80	14

The great need for the amendment of the *Acts relating to registration of births and deaths and to burials* still exists.

Deaths of York Residents (total 188) occurring in the Public Institutions within the City during the year 1910 :—

	Total deaths.	Previous residence or home address.			
		Sanitary Sub-districts.			Union Workhouse.
		Bootham.	Micklegate.	Walmgate.	No other address known.
York Union Workhouse ..	120	12	20	55	33
Bootham Park (formerly called York Lunatic Hospital)	1	1	...	...	...
York County Hospital (General Infirmary)	67	20	25	22	...
The Retreat (Asylum) ...	0	...	...	...	...

In the statistical tables, the above deaths are allocated to the Sanitary Sub-districts in which the deceased resided.

Deaths of "Non-residents," *i.e.*, persons coming into the district and dying in Public Institutions, &c. :—

At the Union Workhouse	8
At Bootham Park (Asylum)	5
At the Retreat (Asylum)	9
At the County Hospital	18
At other Hospitals and Asylums	1
	41
By sudden death of a visitor from another district, in the street	1
	42

THE LOCAL GOVERNMENT BOARD'S TABLES.

In the accompanying tables deaths occurring in the public institutions are allotted to the Sanitary Sub-districts, or other localities, according to the addresses of the deceased.

It will be observed that deaths of "non-residents" are excluded from certain calculations, and deaths of "residents" are included, according to the instructions of the Local Government Board. The Board defines "non-residents" as persons brought into the district on account of illness and dying there ; and "residents" as persons who have been taken out of the district on account of illness and have died elsewhere.

Deaths of "Residents," *i.e.*, persons going out of the district on account of sickness or infirmity, and who died in public institutions, &c., elsewhere :—

Where died.	Total	From :—		
		Bootham District.	Micklegate District.	Walmgate District.
In York Corporation Fever Hospital ..	1	...	...	1
In York City Asylum, Water Fulford .. (from York Workhouse—no other residence known, 6)	20	9	4	7
In Leeds Infirmary	4	...	2	2
At Sheffield	1	...	...	1
River Ouse, Fulford	2	...	...	2
At Edinburgh	1	...	...	1
At Liverpool...	1	...	...	1
At Grimsby	1	...	...	1
Total	31	9	6	16

TABLE C.

COMPARATIVE MORTALITY DURING LAST DECENNIUM.

The following Table shows the Principal Causes of Death in the City for the past ten years :—

CAUSE OF DEATH.	NUMBER OF DEATHS.									
	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Summer Diarrhœa... ...	102	19	45	136	71	79	36	42	17	40
Other Principal Zymotic Diseases	51	80	111	97	40	66	60	56	28	24
Epidemic Influenza ...	11	15	11	7	21	10	35	21	6	19
Tuberculosis (including Phthisis)	147	150	133	149	136	128	146	104	115	97
Infantile Developmental causes (Premature birth and Debility) under five years of age ...	166	127	167	169	153	123	133	112	98	75
Bronchitis and Pneumonia	151	187	204	163	161	143	207	160	151	180
Cancer	60	71	68	64	63	73	77	77	73	87
Organic Diseases of Heart	124	112	110	114	100	104	119	103	115	93
Senile Decay	78	97	92	100	95	102	88	107	82	91
Cerebral Hœmorrhage (Apoplexy)	77	76	62	67	65	50	70	53	71	45
Diseases of Brain & Nervous System	51	33	36	32	34	38	55	46	36	46
Bright's Disease	38	31	21	32	29	34	31	33	38	38
Violence (Accidents, Suicide and Manslaughter) ...	44	35	34	36	45	35	42	31	30	35

CITY OF YORK.—LOCAL GOVERNMENT BOARD'S TABLE I.

Vital Statistics of Whole District during 1910 and previous years.

Year.	Population estimated to middle of each year.	Births.		Total deaths registered in the district.				Total deaths in public institutions in the district.	Deaths of "non-residents" registered in public institutions in the district.	Deaths of "residents" registered in public institutions beyond the district	Nett deaths at all ages belonging to the district.	
				Under one year of age		At all ages.						
		Number.	Rate.*	Number.	Rate per 1,000 births registered.	Number.	Rate.*				Number.	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1900	76,916	2,256	29·3	477	211·4	1613	20·9	185	55	10	1568	20 3
1901	78,044	2,361	30·2	355	150 3	1331	17·0	219	45	8	1294	16·5
1902	79,114	2,339	29·5	265	113·2	1257	15·8	206	58	16	1215	15·3
1903	80,186	2,337	29·1	359	153·6	1339	16·7	210	53	18	1304	16·2
1904	81,268	2,288	28·2	388	170·0	1345	16·5	237	59	30	1316	16·2
1905	82,362	2,298	27·9	299	130·0	1212	14·7	220	56	14	1170	14·2
1906	83,467	2,216	26 5	275	124·0	1164	13·9	219	55	34	1143	13·7
1907	84,730	2,181	25·7	271	124·0	1296	15 3	250	56	36	1276	15 0
1908	85,861	2,192	25·5	227	104·0	1134	13·2	223	52	26	1108	12 9
1909	87,004	2,067	23·7	206	100 0	1023	11·7	198	54	25	994	11·4
Averages for years 1900-1909	81,895	2,253	27·6	312	138 0	1271	15·6	216	54	22	1239	15 2
1910	**88,159**	**1,983**	**22·5**	**186**	**94**	**1058**	**12 0**	**188**	**42**	**31**	**1047**	**11·9**

*Rates in columns 4 and 8 should be calculated per 1,000 of the estimated gross population. In districts in which large public institutions seriously affect the statistics, the rates in column 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

NOTE.—The deaths included in column 7 of this table are the whole of those registered during the year as having actually occurred within the district. The deaths included in column 12 are the number in column 7, corrected by the subtraction of the number in column 10 and the addition of the number in column 11.

By the term "non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "residents" is meant persons who have been taken out of the district on account of sickness or, infirmity, and have died in public institutions elsewhere. **(For further details see text of this report).**

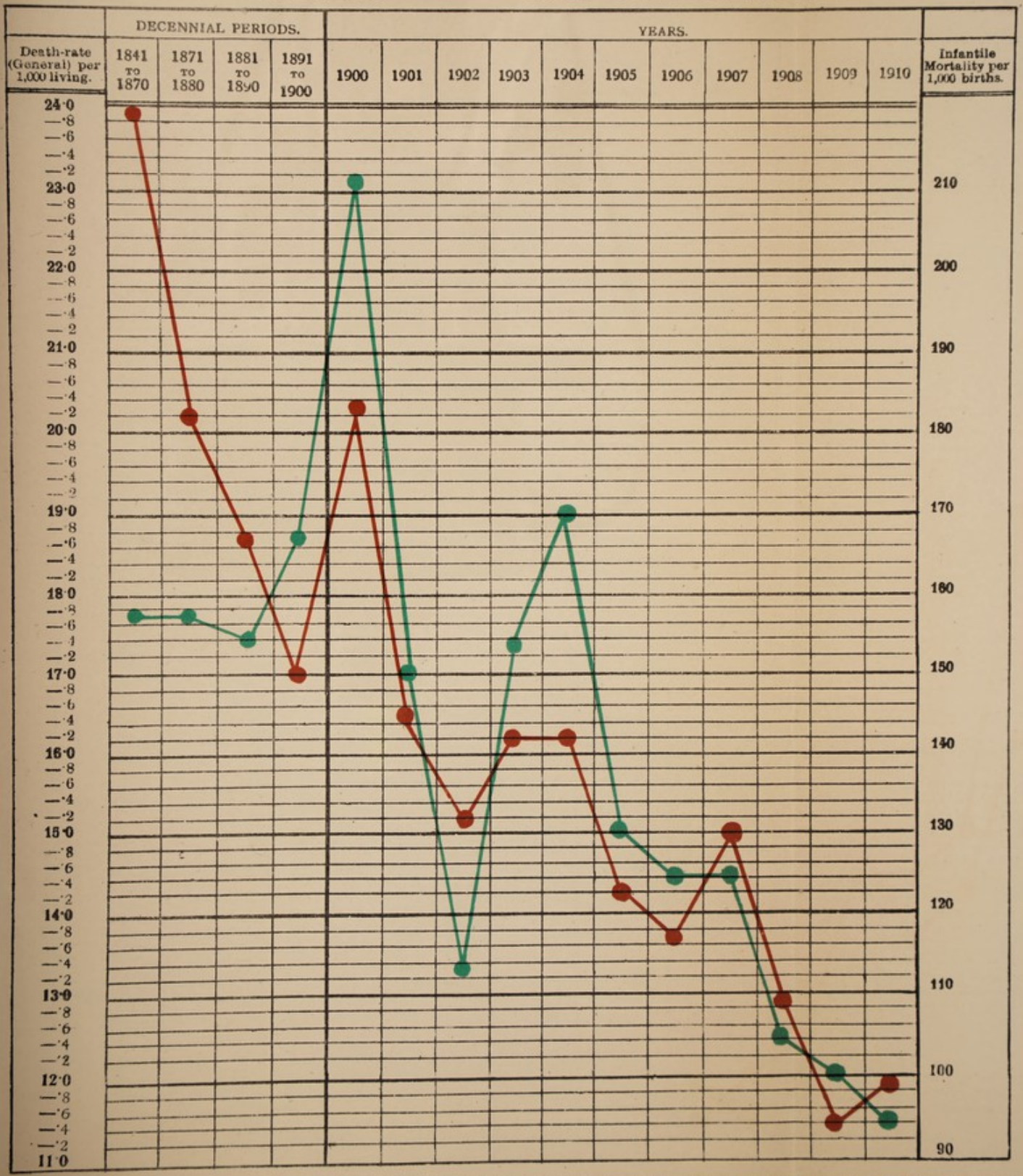
Area of district in acres (exclusive of area covered by water)	3,730.	Total population at all ages	77,914	At census of 1901.
		Number of inhabited houses	16,550	
		Average number of persons per house	4·71	

CITY OF YORK.

CHART A.

CHART SHOWING THE DECLINE OF THE DEATH-RATE AND INFANTILE MORTALITY RATE SINCE 1841.

Red line = General Death-rate. Green line = Infantile Mortality per 1,000 Births.



The high Death-rate in 1900 was due to a Typhoid Epidemic. The high points in the Infantile Mortality-rate correspond to the high points in the Diarrhœa Death-rate.

CHART B.

CITY OF YORK.

Area and Statistics of Sanitary Sub-Districts.

1910.

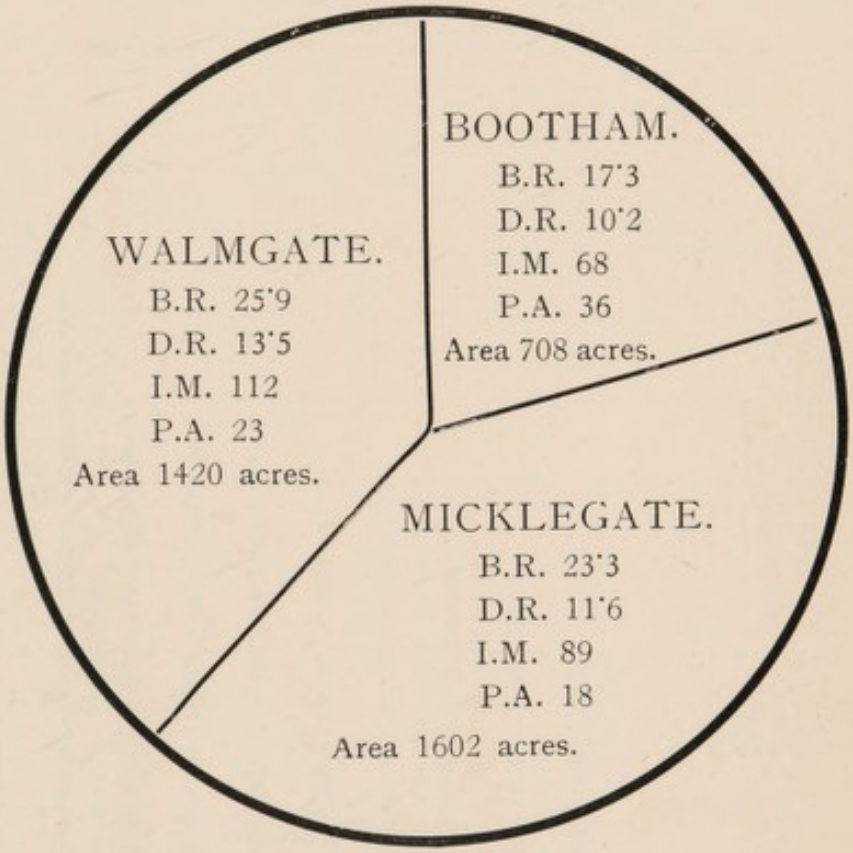


DIAGRAM SHOWING:—

B.R. = Birth rate
D.R. = Death-rate
} Per 1,000 of Estimated Population.

I.M. = Infantile Mortality = Deaths under one year per 1,000 births.

P.A. = Estimated Population Per Acre in 1910.

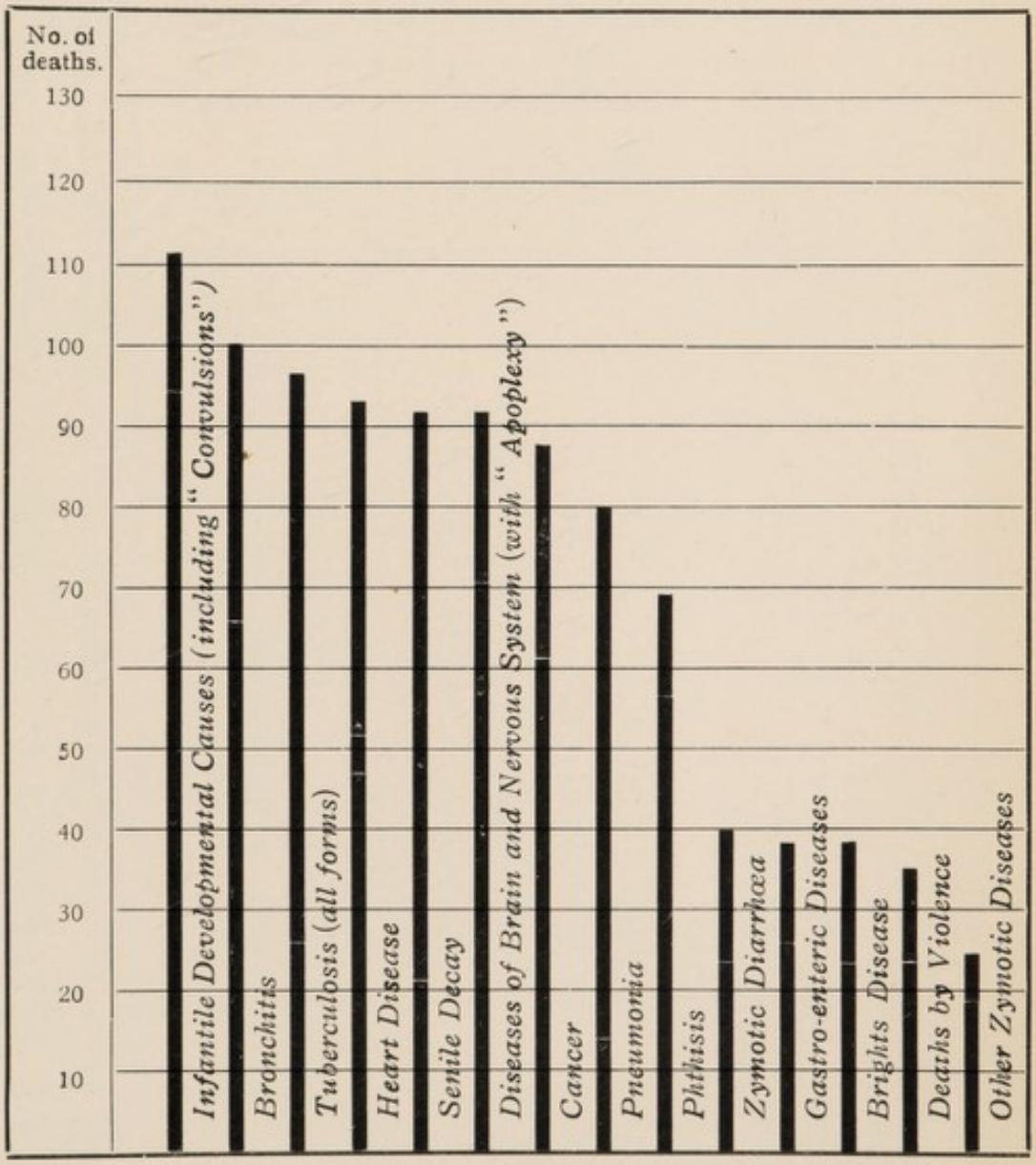
WHOLE CITY

- Birth-rate 22·5.
- Death-rate 11·9.
- Infantile Mortality Rate 94.
- Estimated Population Per Acre 23·6.

CHART C.

CITY OF YORK.

Comparative view of 14 of the principal causes of death during the year 1910.



CITY OF YORK.—LOCAL GOVERNMENT BOARD'S TABLE II.

Vital Statistics of Sanitary Sub-districts in 1910 and previous years. (Revised 1908).

Names of localities.	1. Whole City.				2. Bootham Sanitary Sub-district.				3. Micklegate Sanitary Sub-district.				4. Walmgate Sanitary Sub-district.			
Year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.	Population estimated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year.
	a.	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*	*a.*	*b.*	*c.*	*d.*
1900	76,916	2,256	1,568	477	20,838	568	361	96	25,450	753	476	143	30,827	935	731	238
1901	78,044	2,361	1,294	355	21,308	583	358	91	25,830	769	372	96	31,025	1,009	564	168
1902	79,114	2,339	1,215	265	21,750	572	299	58	26,180	790	398	82	31,223	977	518	125
1903	80,186	2,337	1,304	359	22,230	543	303	74	26,568	771	382	101	31,388	1,023	619	184
1904	81,268	2,288	1,316	388	22,700	526	290	82	27,000	818	428	118	31,570	944	598	188
1905	82,362	2,298	1,170	299	23,206	467	263	49	27,356	786	405	96	31,800	1,045	502	154
1906	83,467	2,216	1,143	275	23,700	440	272	57	27,760	761	381	83	32,000	1,015	490	135
1907	84,730	2,181	1,276	271	24,230	432	300	54	28,200	753	399	92	32,300	996	577	125
1908	85,861	2,192	1,108	227	24,720	467	245	37	28,610	744	366	83	32,531	981	497	107
1909	87,004	2,067	994	206	25,220	435	239	39	29,024	702	340	66	32,760	930	415	101
Averages of years 1900-1909.	81,895	2,253	1,239	312	22,990	503	293	64	27,198	765	395	96	31,742	985	551	152
1910	**88,159**	**1,983**	**1,047**	**186**	**25,806**	**446**	**262**	**30**	**29,503**	**688**	**343**	**61**	**32,850**	**849**	**442**	**95**

NOTE.—Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns *c* of this Table, and those of non-residents registered in public institutions in the district excluded. See note on Table I as to meaning of terms "resident" and "non-resident."

Deaths of "residents," occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

CITY OF YORK. TABLE IV.

(CORRESPONDING TO LOCAL GOVERNMENT BOARD'S TABLE IV.)

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR, 1910.

(Shorter Schedule B of Incorporated Society of Medical Officers of Health, extended).

No.	Causes of Death.		Deaths in whole City, at subjoined ages, of residents, whether occurring within or without the City.						
			All ages.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 65 years.	65 & upwards.
1	Small-pox		Nil	...	...	...	...	...	...
2	Measles		6	1	5	...	...	...	...
3	Scarlet Fever		1	...	...	1	...	...	...
4	Diphtheria and Membranous Croup ..		2	...	2	...	...	...	...
5	Whooping Cough		11	5	6	...	...	...	...
6	Enteric Fever		4	...	...	1	2	1	...
7	Zymotic Diarrhœa (Epidemic or Zymotic Enteritis)		40	30	7	...	...	1	2
8	Enteritis		10	6	3	...	...	1	...
9	Epidemic Influenza		19	...	...	1	1	10	7
10	Erysipelas...		1	...	...	...	...	1	...
11	Puerperal Fever		Nil	...	...	...	...	...	...
12	Other Septic Diseases		12	1	1	1	2	6	1
13	Tuberculosis of Meninges ...		16	...	7	4	2	3	...
14	Tuberculosis of Lungs	97	69	...	1	8	12	46	2
15	Other forms of Tuberculosis ...		12	1	4	1	3	3	...
16	Cancer		87	...	...	...	1	53	33
17	Premature Birth		24	24	...	...	...	...	...
18	Developmental Diseases ...	76	52	45	6	1	...	...	...
19	Infantile Convulsions		35	30	5	...	...	...	...
20	Croup (False, Laryngismus)		Nil	...	...	...	...	...	...
21	Old Age		91	...	...	...	...	1	90
22	Meningitis		19	6	10	1	...	2	...
23	Inflammation and Softening of Brain...		8	...	...	...	...	3	5
24	Apoplexy (Cerebral Hœmorrhage) ...		45	...	...	...	...	21	24
25	Insanity		8	...	...	...	...	7	1
26	Spinal Cord, Diseases of		11	...	2	...	...	7	2
27	Organic Diseases of Heart & Syncope		93	...	...	3	1	50	39
28	Acute Bronchitis and Laryngitis	100	47	12	9	...	...	10	16
29	Chronic Bronchitis		53	...	...	...	...	11	42
30	Lobar (Croupous) and Lobular (Broncho)-Pneumonia		80	14	31	5	3	19	8
31	Diseases of Stomach		14	2	...	...	...	8	4
32	Obstruction of Intestines		9	1	...	1	1	1	5
33	Appendicitis		5	...	...	2	...	3	...
34	Peritonitis, general		5	...	...	...	2	3	...
35	Nephritis and Bright's Disease ...		38	...	...	...	1	21	16
36	Tumours and other affections of Female Genital Organs		1	...	...	...	...	1	...
37	Cirrhosis of Liver		11	...	...	...	...	6	5
38	Alcoholism		3	...	...	...	...	3	...
39	Accidents and Diseases of Parturition		3	...	...	...	1	2	...
40	Rheumatic Fever		3	...	...	1	...	1	1
41	Congenital Syphilis		5	4	...	...	...	1	...
42	Diabetes Mellitus		13	...	...	...	3	7	3
43	Deaths by Accident or Negligence ...		27	3	2	6	4	10	2
44	Deaths by Suicide		6	...	...	...	...	5	1
45	Deaths from Ill-defined Causes ..		2	...	...	...	...	2	...
46	Manslaughter		2	...	...	...	1	1	...
47	All other Causes...		44	1	1	2	2	26	12
	ALL CAUSES		1047	186	102	39	42	357	321

CITY OF YORK. TABLE IV—continued.

No	Causes of Death.		Causes of Death distributed according to Sanitary Sub-districts (Residents):— Whole City.	Bootham.	Micklegate.	Walmgate.	Total Deaths of Citizens in the Public Institution in the City
1	Small-pox		Nil	...	...	...	...
2	Measles		6	1	1	4	...
3	Scarlet Fever		1	...	1	...	...
4	Diphtheria and Membranous Croup ...		2	...	1	1	...
5	Whooping Cough		11	1	...	10	...
6	Enteric Fever		4	1	2	1	...
7	Zymotic Diarrhœa (Epidemic or Zymotic Enteritis		40	11	14	15	4
8	Enteritis		10	...	3	7	...
9	Epidemic Influenza		19	5	6	8	4
10	Erysipelas		1	...	...	1	...
11	Puerperal Fever		Nil	...	...	...	...
12	Other Septic Diseases		12	3	2	7	6
13	Tuberculosis of Meninges ...	97	16	4	4	8	1
14	Tuberculosis of Lungs		69	24	19	26	14
15	Other forms of Tuberculosis ...		12	...	9	3	2
16	Cancer		87	27	31	29	17
17	Premature Birth	76	24	4	14	6	1
18	Developmental Diseases... ...		52	6	22	24	6
19	Infantile Convulsions		35	5	7	23	...
20	Croup (False, Laryngismus)		Nil	...	...	...	...
21	Old Age		91	25	31	35	31
22	Mengingitis		19	4	5	9	4
23	Inflammation and Softening of Brain ...		8	3	3	2	...
24	Apoplexy (Cerebral Hœmorrhage) ...		45	16	12	17	9
25	Insanity		8	2	3	3	4
26	Spinal Cord, Diseases of		11	1	5	5	...
27	Organic Diseases of Heart & Syncope		93	31	36	26	21
28	Acute Bronchitis and Laryngitis	100	47	13	13	21	...
29	Chronic Bronchitis		53	16	12	25	8
30	Lobar (Croupous) & Lobular (Broncho)-Pneumonia		80	15	14	51	10
31	Diseases of Stomach		14	2	7	5	1
32	Obstruction of Intestines		9	3	4	2	4
33	Appendicitis		5	1	2	2	4
34	Peritonitis, general		5	2	3	...	1
35	Nephritis and Bright's Disease... ...		38	14	14	10	11
36	Tumours and other affections of Female Genital Organs		1	...	...	1	1
37	Cirrhosis of Liver...		11	...	2	9	2
38	Alcoholism...		3	...	3	...	...
39	Accidents and Diseases of Parturition...		3	1	1	1	...
40	Rheumatic Fever...		3	...	2	1	...
41	Congenital Syphilis		5	1	1	3	2
42	Diabetes Mellitus...		13	2	4	7	2
43	Deaths by Accident or Negilence ...		27	7	8	12	6
44	Deaths by Suicide		6	...	4	2	2
45	Deaths from Ill-defined Causes ...		2	...	1	1	...
46	Manslaughter		2	...	1	1	1
47	All other Causes		44	11	15	18	9
	ALL CAUSES		1047	262	343	442	188

DEATH-RATES ACCORDING TO SUB-DISTRICTS.

During recent years, repeated requests have been made by members of the Council that the death-rates should be quoted for areas or districts smaller and more distinct in character than the Sanitary Sub-districts (the former Registration Sub-districts). As I have said before, I was dubious as to reliable results, but I have endeavoured to respond to the request in the following Tables, in which the total deaths for the year 1910 are allocated to the Sub-districts compiled at the local census in 1910, and which I termed "areas." The general death-rate and chief age periods of deaths are also stated for each area (and the chief causes of death where noteworthy). The total deaths and death-rates are also stated for each Ward of the City. It will probably be possible to amplify these tables in next year's report.

It should here be pointed out that the death-rates for these areas—surprising as some of them will be observed to appear—must not be accepted, for a single year at any rate, as absolutely indicative of the healthiness or unhealthiness of some at least of these areas, for the following amongst other reasons, which I believe to be correct, viz. :—

(a) The populations upon which these death-rates have been calculated are only estimated, and that by means of factors obtained at the last National Census (1901); those factors may now not be correct; they may prove at the Census in 1911 to have increased or diminished.

(b) Those estimated populations could not take into consideration the differences, which very probably exist, in the age constitution of the inhabitants of the different areas. For instance, there may be many more aged, perhaps dying, persons in "The Mount" area than in "Leeman Road" area; on the other hand, there may be many more persons between 5 and 55 ("the safest period of life") in the "Marygate" area than in "The Mount" area, and so forth. (The attached Table D4 rather indicates that this factor does exist).

We have no present knowledge of the age-constitution of the areas; for that we shall have to wait until we obtain the full results of the National Census, 1911.

A study of Table D4 shows that the deaths under 5 years

of age in areas A, B, F, J, N, O, T, W and Z constitute from one-third to one-half of the total deaths at all ages. The deaths at 65 years of age and over in areas B, D, H, K, R, S, U and W constitute one-third of the total deaths, whereas those in areas C, E, Q and Y in the same age period actually constitute over or nearly one-half of the total deaths. The deaths at ages 25 to 65 constitute roughly one-third or one-fourth of the total deaths.

(c) "Deductions from a small number of individual facts are never so trustworthy as when the basis on which an inference is founded is wider, and accidental causes of variation are thus to a large extent eliminated."

TABLE D1.

BOOTHAM SANITARY SUB-DISTRICT.

(Including Institutions).

Ward.	Area.	Total occupied houses.	Population estimated per rate per house.	Total deaths.	Total death-rate.
Botham	U. Marygate Estate	285	1,642	9	5·5
	V. Clarence Street	738	3,306	37	11·2
	W. Haxby Road (including Workhouse residents)*	1,203	6,012	80	13·3
	X. Burton Lane	821	3,678	39	10·6
	Y. Clifton	694	3,190	23	7·2
	Totals in Botham Ward ...	3,741	17,828	188	10·6
Guildhall	S. Central (larger portion of Guildhall Ward) ...	1,005	4,737	71	14·9
	Totals for Botham Sub-district	4,746	22,565	259	11·5
	NOTE—				
	Haxby Road (excluding Workhouse residents)* ...		5384	46	8·6
	Botham Ward (excluding Workhouse residents)* ...		...	154	8·9
	Botham Sanitary Sub-district (excluding Workhouse residents)*		...	222	10·2

* That is: deaths of "residents" who had no other home than the Workhouse.

TABLE D2.—MICKLEGATE SANITARY SUB-DISTRICT.

Ward.	Area.	Total occupied houses.	Population estimated per rate per house.	Total deaths.	Total death-rate.
Micklegate	A. Leeman Road	762	3,406	42	12·3
	B. Poppleton Road	318	1,421	9	6·3
	C. Acomb Road	284	1,269	10	8·6
	D. Holgate Road	565	2,611	29	11·1
	E. The Mount	238	1,154	17	14·8
	F. South Bank	863	3,857	26	6·7
	K. Nunnery Lane (with Blossom Street) ...	837	3,821	50	13·1
	Totals for Micklegate Ward ...	3,867	17,539	183	10·4
Castlegate	G. Butcher Terrace, Nunthorpe	97	434	5	11·5
	H. Scarcroft	824	3,683	33	8·9
	J. Clementhorpe	772	3,450	34	9·8
	L. Skeldergate (with North St.)	804	3,731	75	20·1
	M. Tower St. (including Castle)	190	909	14	15·4
	Totals for Castlegate Ward ...	2,687	12,207	161	13·2
	Totals for Sanitary Sub-district ...	6,554	29,746	344	11·6

TABLE D3.—WALMGATE SANITARY SUB-DISTRICT.

Ward.	Area.	Total occupied houses.	Population estimated per rate per house.	Total deaths.	Total death-rate.
Walmgate	N. George St. (with Walmgate)	1,113	5,109	113	22·1
	O. Fulford Road (with Heslington Road and including the Barracks)	1,404	8,455	86	10·5
	P. Hull Rd. (with Lawrence St.)	1,135	5,076	61	12·0
	Totals for Walmgate Ward ...	3,652	18,640	260	13·9
Monk	Q. Heworth	515	2,320	28	12·0
	R. Groves	1,398	6,769	87	12·9
	Z. Layerthorpe	582	2,584	44	17·0
	Totals for Monk Ward	2,495	11,673	159	13·5
Guildhall	T. Hungate	424	1,882	25	13·3
	Totals for Sanitary Sub-district	6,571	31,195	444	13·7
	Totals for Guildhall Ward (areas S and T)	1,429	6,619	96	14·1

YORK, 1910. TABLE D4.
TOTAL DEATHS DISTRIBUTED IN AREAS AND IN AGE-PERIODS CHIEFLY AFFECTED.

Area.	Under 1.	1—5.	25—65.	65 and upwards.	All ages.
A. Leeman Road	12	3	14	5	42
B. Poppleton Road ...	4	1	...	3	9
C. Acomb Road	...	...	2	6	10
D. Holgate Road	3	3	10	10	29
E. Mount	...	1	7	9	17
F. South Bank	8	5	8	3	26
G. Nunthorpe ...	...	...	4	1	5
H. Scarcroft	3	1	13	13	33
J. Clementhorpe	10	5	10	8	34
K. Nunnery Lane	4	4	22	16	50
L. Skeldergate	14	5	28	23	75
M. Tower Street	1	2	6	4	14
N. George Street	30	17	36	22	113
O. Fulford Road	21	7	33	21	86
P. Hull Road	14	5	19	17	61
Q. Heworth	2	5	5	13	28
R. Groves	17	9	21	33	87
S. Central	12	4	23	31	71
T. Hungate	4	4	10	3	25
U. Marygate	...	...	5	4	9
V. Clarence Street... ...	1	2	19	15	37
W. Haxby Road	10	5	14	10	46
X. Burton Lane	6	6	13	9	39
Y. Clifton	...	...	8	13	23
Z. Layerthorpe	8	7	17	8	44
Workhouse (no other address)	2	1	10	21	34
Totals	186	102	357	321	1047

TABLE D5.—SPECIAL INCIDENCE OF FATAL DISEASE IN THE AREAS.

Cause.	A	D	F	J	K	L	M	N	O	R	S	V	W	X	Y	Z
Whooping-cough	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...
Developmental causes	10	...	6	...	...	9	...	18	15	9	4	...	5	...	...	...
Diarrhœa	...	...	...	7	...	5	...	7	...	...	8	...	...	...	...	4
Phthisis	...	5	...	...	5	8	...	12	4	...	6	4	7	5	...	4
Cancer	...	...	...	6	7	...	3	...	7	8	9	4	...	...	5	...
Meningitis ...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...
Bronchitis and Pneumonia	...	5	...	...	6	9	...	23	17	20	12	6	6	7	6	10

1910.—TABLE D6.—QUARTERLY DEATH-RATES IN THE SANITARY SUB-DISTRICTS

from all causes and at all ages, per 1,000 of the estimated population in each district.

Sanitary Sub-districts.	Estimated population.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Whole Year.
Bootham... ...	25,806	12·1	9·6	8·7	10·1	10·2
Micklegate ...	29,503	16·3	10·3	9·6	10·4	11·6
Walmgate ...	32,850	14·2	10·7	12·2	16·7	13·5
Whole City ...	88,159	14·3	10·2	10·2	12·6	11·9

It is somewhat difficult to group these areas with fairness, but I think that the following groupings are fair and interesting. The average death-rates are stated for each group:—

New cottages, (chiefly 4-roomed):—		Older Cottages (chiefly 4-roomed):—	
Area.	Death-rate.	Area.	Death-rate.
Leeman Road	12·3	Holgate Road	11·1
South Bank	6·7	Nunnery Lane	13·1
Hull Road	12·0	Clementhorpe	9·8
Marygate	5·5	Groves	12·9
Average ...	9·8	Average ...	12·0
New houses, (5 or more rooms):—		**Villas or semi-villas :—**	
Acomb Road	8·6		
Scarcroft	8·9	Mount	14·8
Nunthorpe	11·5	Heworth	12·0
Haxby Road	8·6	Clifton	7·2
Burton Lane	10·6	Average ...	10·2
Average ...	9·2		
Older mixed types of houses:—		**Areas of crowded dwellings and of courts and tenements:—**	
Tower Street	15·4	Skeldergate	20·1
Fulford Road	10·5	George Street	22·1
Central	14·9	Hungate	13·3
Clarence Street	11·2	Layerthorpe	17·0
Average ...	11·9	Average ...	19·3

Again—we take the areas in low-lying situations: The average death-rate of Clementhorpe and Marygate was 8·4, of Skeldergate, Hungate, and Layerthorpe, 17·6.

The average death-rate of nine areas in fairly high or open situations, viz., Poppleton Road, Acomb Road, Mount, South Bank, Nunthorpe, Scarcroft, Hull Road, Heworth, and Clifton, was 9·1.

The average death-rate of six areas in situations more or less shut-in, viz., Holgate Road, Clementhorpe, Groves, Central, Marygate, and Clarence Street, was 11·9.

A study of the following Tables will prove of considerable interest:—

TABLE E.

CITY OF YORK DEATH-RATES PER 1,000 LIVING IN YEAR 1910,

as compared with those for England and Wales.

	Average for England and Wales.	Average of the 77 great towns, including York.	Average of the 136 smaller towns.	Rural England and Wales.	YORK.
Birth-rate	24·8	25·0	23·7	25·0	22·5
General death-rate ("corrected") ...	13·4	14·3	12·9	12·8	12·2
Infantile mortality (per 1,000 births) ...	106	115	104	96	94
Total epidemic diseases death-rate ...	0·99	1·23	0·88	0·74	0·72
Measles death-rate	0·23	0·31	0·16	0·15	0·06
Scarlet fever death-rate	0·06	0·08	0·06	0·05	0·01
Diphtheria death-rate	0·12	0·12	0·11	0·12	0·02
Whooping cough death-rate	0·24	0·29	0·24	0·17	0·12
Typhoid fever death-rate	0·05	0·05	0·05	0·05	0·04
Diarrhœa death-rate	0·29	0·38	0·26	0·20	0·45
Small-pox death-rate	0·00	0·00	0·00	0·00	0·00

Year 1910.	Standard death-rate.	Crude death-rate.	Corrected death-rate.
England and Wales ...	18·9	13·4	13·4
77 Great Towns	17·13	13·4	14·3
City of York	17·67	11·9	12·2

To compare the crude death-rate with that of other towns it is necessary to make allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "standard" death-rate of each town the "factor for correction" and multiplying the crude death-rate by this factor—the resulting figure is "the corrected death-rate."

The "standard" death-rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales during the ten years 1891—1900, the rates at all ages in England and Wales during that period having been 18·19 per 1,000.

The "factor for correction" is obtained by dividing the "standard" death-rate in England and Wales by the "standard" death-rate in each town.

TABLE F.—Annual Death-rate per 1,000 living in decennial periods.

Decennial,	City of York.		England & Wales.
	Recorded or crude death-rate.	Death-rate corrected by exclusion of Non-residents, &c.	
1841—50	24·0	Not so corrected at that time.	22·4
1851—60	24·0		22·2
1861—70	24·0		22·5
1871—80	21·6	20·2	21·4
1881—90	20·2	18·7	19·1
1891—1900	19·1	17·0	18·2
1901—05	16.1	15·7	16·0
1906—10	13·2	13·0	14·6

N.B.—The figures down to 1900 are from the Registrar-General's Decennial Reports. The figures for 1901—1910 are from our own records. The Registrar-General states that "the death-rate for England and Wales in 1909 was 65 per cent. only of that recorded in the later 'forties.'"

CITY OF YORK. TABLE G.

Average rate of Mortality at age-periods, per 1,000 living at each age-period, during decennial and quinquennial periods.

Age-periods.	Years.				
	1871—1880.	1881—1890.	1891—1900.	1901—1905.	1906—1910.
0— 5	59·5	55·4	58·2	52·9	37·3
5—15	4·9	4·2	3·3	3·2	2·4
15—25	5·6	5·7	4·6	3·3	2·5
25—65	19·6	18·6	17·5	10·6	9·5
65 and over.	122·1	119·0	118·8	88·1	86·0
At all ages.	20·2	18·7	17·0	15·7	13·0

CITY OF YORK. TABLE H.

Total Deaths at age-periods expressed as percentages of Total Deaths at all ages.

Year.	Age-periods.						Total deaths at all ages.
	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 65 years.	65 years and upwards	
1901	27·4	8·9	3·1	5·2	29·9	25·4	1294
1902	21·8	11·3	3·8	4·2	31·7	27·0	1215
1903	27·5	14·8	5·3	2·4	28·3	21·4	1304
1904	29·5	10·8	4·6	4·6	27·6	22·8	1316
1905	25·5	8·0	3·4	5·3	30·8	26·8	1170
1906	24·0	11·1	3·3	5·3	30·1	26·1	1143
1907	21·2	10·6	3·4	3·2	33·8	27·5	1276
1908	20·5	10·7	4·8	4·1	30·1	29·6	1108
1909	20·7	7·2	3·5	4·1	34·8	29·7	994
1910	17·8	9·8	3·7	4·0	34·1	30·6	1047
Average	23·6	10·3	3·9	4·3	31·1	26·7	1186
Percentage	declining					increasing	

TABLE J. QUARTERLY DEATH-RATES FOR TEN YEARS, 1901—1910.

General Death-rate per 1,000 Living.

Quarter of Year	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
First	15·7	19·7	14·6	16·2	16·4	15·4	18·9	16·0	14·4	14·3
Second	16·2	15·0	13·5	14·6	13·8	12·1	12·0	11·1	10·7	10·2
Third	18·6	12·7	14·1	19·3	13·3	13·6	10·6	11·7	9·2	10·2
Fourth	14·7	14·7	22·9	14·9	13·5	13·7	18·8	12·9	11·5	12·6
Whole Year	16·5	15·3	16·2	16·2	14·2	13·7	15·0	12·9	11·4	11·9

Zymotic or Epidemic Death-rate per 1,000 Living.

First	0·46	2·18	0·40	0·88	0·83	1·45	0·62	1·54	0·64	0·14
Second	0·56	1·11	0·35	1·10	0·58	1·01	0·28	0·47	0·50	0·36
Third	5·6	0·96	2·40	7·36	3·52	3·55	0·56	1·22	0·60	1·09
Fourth	1·1	1·13	4·65	2·16	0·49	0·96	3·0	1·40	0·33	1·32
Whole Year	1·96	1·25	1·94	2·87	1·34	1·73	1·13	1·14	0·52	0·72

Death-rate due to Bronchitis and Pneumonia, per 1,000 Living.

Quarter of Year	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
First	2.2	3·6	1·8	2·9	3·0	2·5	3·4	2·70	3·22	2·68
Second	2·0	2·1	1·8	2·3	1·8	1·4	2·0	1·30	1·24	1·32
Third	0·7	1·1	0·9	0·7	0·58	0·38	0·9	0·84	0·55	1·63
Fourth	2·8	2·5	5·6	2·1	2·4	2·5	3·4	2·70	1·93	2·50
Whole Year	1·9	2·3	2·5	2·0	1·95	1·71	2·44	1·86	1·73	2·04

Infantile Mortality (ages 0—1 years), per 1,000 Births.

First	99	136	116	129	102	119	112	102	135	84
Second	123	116	109	103	114	97	100	73	63	65
Third	256	119	177	311	194	161	79	120	106	104
Fourth	105	93	213	123	104	92	201	124	94	128
Whole Year	150	113	153	170	130	124	124	104	100	94

TABLE K.

ANNUAL BIRTH- AND DEATH-RATES IN THE SANITARY SUB-DISTRICTS OF BOOTHAM (B), MICKLEGATE (M), AND WALMGATE (W).

Year.	Birth-rate per 1,000 living in each district.				Per 1,000 of estimated population in each district at all ages.								Infantile Mortality per 1,000 births (0—1 year).			
					General death-rate,				Death-rate of children under the age of five years.							
	B.	M.	W.	Whole City.	B.	M.	W.	Whole City.	B.	M.	W.	Whole City.	B.	M.	W.	Whole City.
1901	27·4	29·8	32·5	30·2	16·8	14·4	18·2	16·5	5·6	4·8	7·2	6·0	156	124	166	150
1902	26·3	30·2	31·3	29·5	14·1	15·4	16·7	15·3	3·9	5·0	6·1	5·0	101	103	127	113
1903	24·4	29·0	32·5	29·1	13·6	14·3	19·0	16·2	4·5	5·6	9·7	6·8	136	131	179	153
1904	23·1	30·3	29·8	28·2	12·8	15·8	18·9	16·2	4·7	6·5	8·4	6·5	156	144	199	170
1905	20·1	28·7	32·8	27·9	11·3	14·8	15·8	14·2	2·7	5·4	6·2	4·7	105	122	147	130
1906	18·5	27·4	31·5	26·5	11·4	13·7	15·2	13·7	3·4	4·3	6·2	4·8	129	109	133	124
1907	17·8	26·7	30·8	25·7	12·4	14·1	18·0	15·0	3·5	4·2	6·3	4·8	125	122	125	124
1908	18·9	26·0	30·1	25·5	9·9	12·8	15·2	12·9	2·1	4·2	5·3	4·0	80	112	109	104
1909	17·2	24·2	28·4	23·7	9·5	12·0	12·6	11·4	2·2	2·9	4·2	3·2	90	94	109	100
1910	17·3	23·3	25·9	22·5	10·2	11·6	13·5	11·9	1·9	3·0	4·5	2·1	68	89	112	94
Average for the 10 years	21·1	27·6	30·6	26·9	12·2	13·9	16·3	14·3	3·4	4·6	6·4	4·8	115	115	140	126

INFANTILE MORTALITY.

DEATHS UNDER THE AGE OF TWELVE MONTHS.

The nett total number of deaths in 1910 was 186, or 94 per 1,000 births, (or 17·7 per cent. of the nett total number of deaths at all ages), as compared with 115 per 1,000, the average for the 77 great towns, and 106 for England and Wales. This was the lowest infantile mortality rate for the City on record.

The deaths in 1910 occurred as follows :—

	Sanitary Sub-districts.			
	Bootham.	Micklegate.	Walmgate.	Total.
First quarter of year ...	7	21	17	45
Second ,, ,, ...	7	6	21	34
Third ,, ,, ...	4	21	26	51
Fourth ,, ,, ...	12	13	31	56
	30	61	95	186

The rates per 1,000 births in the Sanitary Sub-districts were as follows :—

Sub-districts.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Whole Year.
Bootham ...	57	55	36	143	68
Micklegate ...	117	33	118	87	89
Walmgate ...	73	98	132	151	112
Whole City ...	84	65	104	128	94

TABLE L.—INFANTILE MORTALITY RATE.

Year.	YORK.				ENGLAND AND WALES.
	No. of deaths.	* Proportion per 1,000 births.	Percentage of total deaths at all ages.	* Proportion per 1,000 births, after deducting the deaths due to premature births.	Proportion per 1,000 births.
1900	477	211·4	30·4	191	154
1901	355	150 3	27·4	133	151
1902	265	113·2	21·8	99	133
1903	359	153·6	27·5	132	132
1904	388	170·0	29·3	149	146
1905	299	130·0	25·5	105	128
1906	275	124·0	24·0	100	133
1907	271	124·0	21·2	98	118
1908	227	104·0	20·5	84	121
1909	206	100·0	20·7	78	109
Average for ten years—1900—1909	312	138·0	24·8	117	132
1910	**186**	**94**	**17·7**	**81**	**106**

* * The difference between the figures in these two columns may be said to represent the pre-natal influences, which, in the present conditions of social life—of the labouring classes in particular—are not nearly so much under control as is possible with post-natal iufluences.

ANNUAL AVERAGE INFANTILE MORTALITY PER 1,000 BIRTHS

during decennial and quinquennial periods.

	York.	England and Wales.	77 Great Towns.
Ten years, 1861—70 ...	157	154	...
,, ,, 1871—80 ..	157	149	...
,, ,, 1881—90 ...	154	142	...
,, ,, 1891—1900 ...	167	153	...
Five ,, 1901—05 ...	143	138	147
,, ,, 1906—10 ...	109	117	126

N B.—The figures down to 1900 are from the Registrar-General's Decennial Reports. The figures for 1901—1910 are from our own records. See also Table K.

Although our Infantile Mortality has declined during recent years in a most gratifying manner, yet it is still higher than it should be, and preventive efforts must be maintained, even in the difficult path of the prevention of pre-natal causes.

The mortality is only an index of the total amount of disease. For every death there are many cases of illness, of prolonged debility, and of permanent damage.

The following Tables numbered V, (Local Government Board's) set forth in detail the deaths of infants under the age of twelve months in York in 1910, classified according to the principal causes of death, and the ages at death, in weeks and months, and according to the Sanitary Sub-districts. It will be observed that the chief causes of Infantile Mortality during the year were as follows:—

*Developmental Causes	45	69
Premature Birth	24	
Diarrhœal Diseases		36
Convulsions		30
Pneumonia	14	26
Bronchitis and Laryngitis	12	
Meningitis (non-tuberculous)		6
Whooping Cough		5
Congenital Syphilis		4

These causes are graphically displayed in Chart D.

The age-distribution of the Infantile Mortality in York in 1910 may be stated thus:—

Year 1910. Age-period.	Total Deaths.	Percentage of total Infant Deaths.	
In first week of life	36	19·3	92 deaths, or 49·5 per cent.; chief cause, immaturity. Chief causes, Diarrhœa and Atrophy. Total deaths 135, or 72·5 per cent.
In first month of life... ...	51	27·4	
In second and third months ...	41	22·0	
In fourth, fifth and sixth months	43	23·1	
In seventh to twelfth months	51	27·4	Chief causes, Diarrhœa and Pneumonia

*In Table IV of this Report, this group of diseases comprises the deaths registered as due to "Injury at Birth," "Debility at Birth," "Atelectasis," (incomplete development of lungs), other Congenital Defects (malformed heart, harelip, cleft palate, malformed spine, hydrocephalus, &c.), "Want of breast-milk," Atrophy, Debility, "Marasmus," Dentition (teething), and Rickets.

Total deaths of infants in the Sanitary Sub-districts due to the following causes :—

1910.	Botham	Micklegate.	Walmgate.	Whole City.	
				Total deaths.	Percentage of total infant deaths.
Premature birth & other developmental causes	10	34	25	69	37·1
Bronchitis and Pneumonia ...	5	3	18	26	14·0
Diarrhœal diseases	9	14	13	36	19·3

It is satisfactory to record that there were no " uncertified " deaths in York in this age-period during 1910, although, on the other hand, 16 infant deaths were submitted to Coroner's inquest.

A comparison of the chief facts of Table V of each year since that Table was first introduced in 1905 is here set forth. It is perhaps too soon to make deductions therefrom, but, in the meantime, the decline last year in the proportions of deaths under one week, under one month, and under three months, and in the total deaths due to " premature birth and other developmental causes " (as shown in Table M (b)), is encouraging.

" Perhaps the most convincing testimony ever supplied of the value of organised and State effort to improve the public health is furnished by the marvellous decline in the child death-rate in England and Wales.

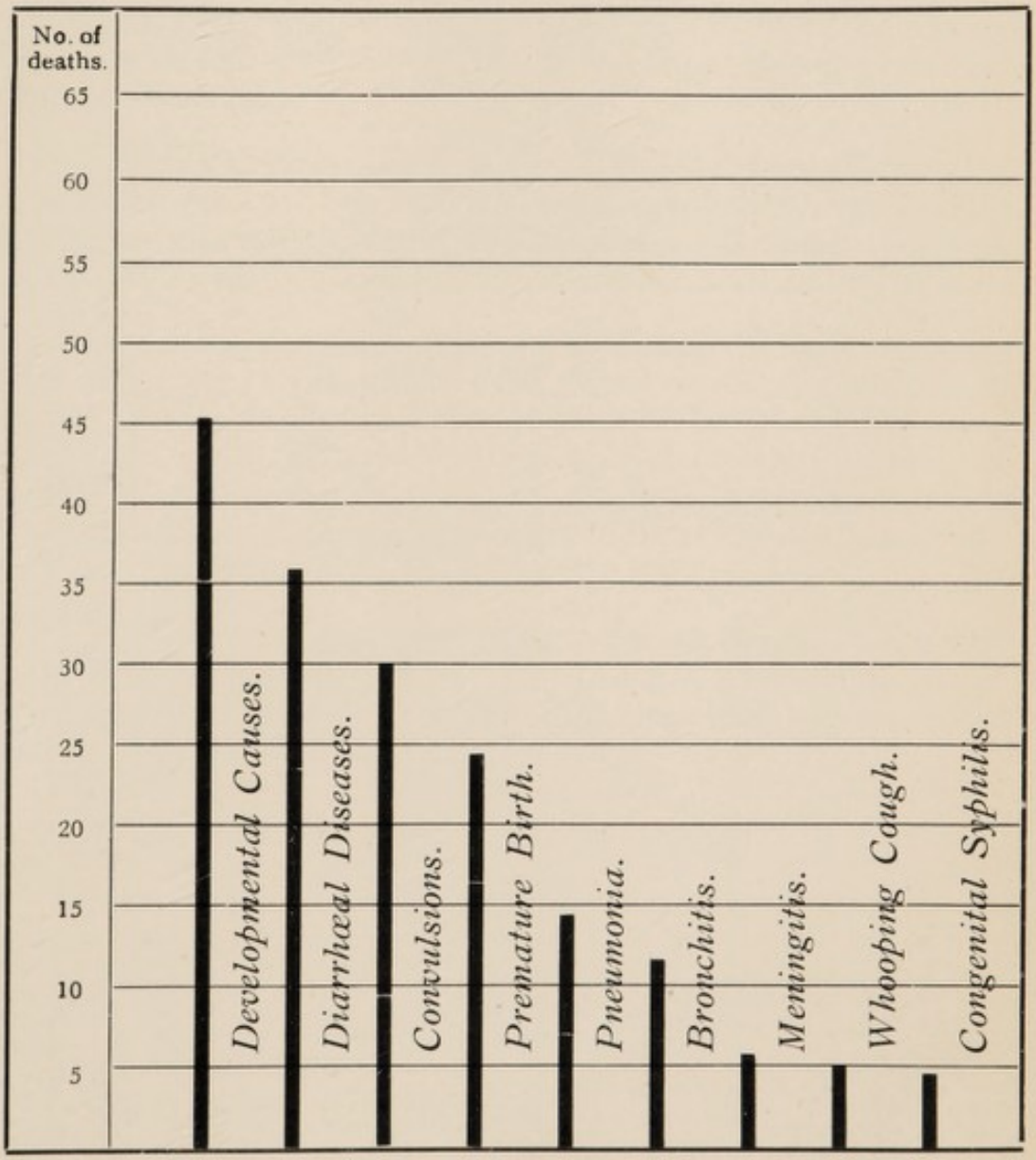
The infant death-rate has not yet touched 100 per 1,000 births, but in 1910 it dropped to the unprecedented level of 106, the lowest previous death-rates having been 109 in 1909 and 118 in 1907. How matters have improved may be gathered from the statement that so recently as 1901 the infant death-rate was actually 151 per 1,000 births.

The importance of these figures may be gathered from the fact that had the infant death-rate in 1910 been as high as it was in 1904, about 134,000 more deaths of infants would, during 1910, have occurred in England and Wales, and about 17,000 more deaths of infants in London than was actually the case.

CHART D.

CITY OF YORK.

Comparative view of 9 of the principal causes of Infantile Mortality (below one year of age) during the year 1910.



Thus 151,000 lives were saved in one year alone.

In bringing about this splendid result, a number of factors have doubtless co-operated. Cool summers always mean a low infant mortality, and these have been experienced in the last two or three years. But similarly cool summers have occurred in past years without any equal fall in infant mortality. We must, indeed, look further afield for a complete explanation of this most hopeful feature in our national statistics.

During the last four years there has been a concentration of attention and of effort on the subject of infant mortality which is quite unexampled. This dates from the Conferences on Infant Mortality.

It is during these years that the Notification of Births Act has been adopted in the districts most needing its work; and following on prompt notifications of births have come judicious visits by health visitors, and increased attention to infant hygiene.

There are many reasons for congratulation. Infant mortality implies an excessive prevalence of the conditions producing high mortality at higher ages, a low standard of health in the total population, and the danger of national physical deterioration. It is, herefore, re-assuring to find that the evil of excessive infant mortality is not a necessary consequence of town life; and can in fact be almost entirely avoided.

The full effect of the work—a great work for the race and for the Empire—being done by the Local Government Board and by sanitary authorities in this direction will become more evident in the course of the next few years."*

---

* From an excellent article in a London newspaper.

TABLE M *(a)*. CITY OF YORK.

Year.	Total deaths under one year of age.	Total deaths at ages:—					Total deaths due to:—			
		Under one week.	Under one month.	Under three months.	Under six months.	From seven to twelve months.	Premature birth and other developmental causes.	Diarrhœal diseases.	Bronchitis and Pneumonia.	Common infectious diseases.
1905	299	69	97	151	206	93	139	72	27	7
1906	275	58	90	141	194	81	118	65	29	14
1907	271	70	105	161	200	71	126	40	34	13
1908	227	61	87	129	167	60	103	48	30	11
1909	206	53	85	127	155	51	97	24	39	5
1910	186	36	51	92	135	51	69	36	26	6

(b) PERCENTAGES OF TOTAL INFANTILE DEATHS.

Year.	At ages:—					Due to following causes:—			
	Under one week.	Under one month.	Under three months.	Under six months.	From seven to twelve months.	Premature birth and other developmental causes.	Diarrhœal diseases.	Bronchitis and Pneumonia.	Common infectious diseases.
1905	23·0	32·0	50	70	30	46·5	24·0	9·0	2·4
1906	21·0	32·0	51	70	30	43·0	23·6	10·0	5·0
1907	25·6	38·7	59	74	26	46·5	14·8	12·5	4·9
1908	26·8	38·0	57	74	26	45·4	21·0	13·2	4·9
1909	25·7	41·2	62	70	24	47·0	11·6	19·0	2·4
1910	19·3	27·4	49·5	72·5	27·4	37·1	19·3	14·0	3·2

(c)

TOTAL DEATHS UNDER ONE YEAR OF AGE occurring in the Sanitary Sub-districts.				PERCENTAGES OF THE TOTAL INFANT DEATHS OF THE CITY occurring in Sanitary Sub-districts.			
Year.	Bootham.	Micklegate.	Walmgate.	Whole City.	Year.	Bootham.	Micklegate.	Walmgate.
1905	49	96	154	299	1905	16	32	51
1906	57	83	135	275	1906	20	30	49
1907	54	92	125	271	1907	20	34	46
1908	37	83	107	227	1908	16	36	47
1909	39	66	101	206	1909	19	32	49
1910	30	61	95	186	1910	16	33	51

LOCAL GOVERNMENT BOARD'S TABLE V.

CITY AND COUNTY BOROUGH OF YORK.

INFANTILE MORTALITY DURING THE YEAR 1910.

Deaths from stated causes in weeks and months under one year of age in Whole City.

CAUSE OF DEATH.	Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 Month.	1—2 Months.	2—3 Months.	3—4 Months.	4—5 Months.	5—6 Months.	6—7 Months.	7—8 Months.	8—9 Months.	9—10 Months.	10—11 Months.	11—12 Months.	Total Deaths under one year.
i.—Common Infectious Diseases.																	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	1	1	1	1	...	...	1	...	...	...	...	5
ii.—Diarrhœal Diseases.																	
Diarrhœa, all forms ...	...	...	...	...	...	2	2	3	5	3	3	3	2	1	3	3	30
Enteritis, Muco-enteritis, Gastro-enteritis ...	...	...	...	...	...	1	3	1	...	...	...	...	1	...	...	...	6
Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2
iii.—Wasting Diseases.																	
Premature Birth	18	2	1	1	22	...	1	1	...	...	...	...	...	...	...	...	24
Congenital defects ...	3	2	...	...	5	...	...	...	...	...	...	...	...	...	...	...	5
Injury at Birth	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Negligence at Birth ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Want of Breast-milk, (Starvation)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus	10	1	...	3	14	2	5	3	4	3	...	...	...	...	...	1	32
iv.—Tuberculous Diseases.																	
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis: Tabes Mesenterica ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Other Tuberculous diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
v.—Other Causes.																	
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dentitition	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	1	5
Syphilis	...	1	...	...	1	1	...	...	...	2	...	...	...	...	...	...	4
Rickets	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2
Meningitis *(not tuberculous)*	...	...	...	..	...	...	...	...	...	...	...	...	2	3	1	...	6
Convulsions	3	...	...	1	4	9	6	2	2	1	1	...	1	1	1	2	30
Bronchitis	...	1	...	...	1	...	1	1	5	...	...	1	...	1	...	2	12
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	1	3	1	...	2	1	2	...	3	...	1	14
Suffocation, overlying ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Other causes	...	...	2	...	2	...	...	...	...	...	2	...	...	...	...	...	4
	36	7	3	5	51	17	24	13	18	12	8	8	7	11	6	11	186

Population ... Estimated to middle of 1910 ... 88,159.

Births in the year { Legitimate ... 1,880 / Illegitimate ... 103 } Deaths in the year of { Legitimate infants ... 162 / Illegitimate infants ... 24 }

Deaths from all causes at all ages ... 1,047.

LOCAL GOVERNMENT BOARD'S TABLE V—*(continued).*

CITY AND COUNTY BOROUGH OF YORK.

INFANTILE MORTALITY DURING THE YEAR, 1910.

Deaths from stated causes under one year of age in Sanitary Sub-districts.

CAUSE OF DEATH.	Bootham.				Micklegate.				Walmgate.				Whole City.
	0-3 months	3-6 months	6-12 months	Total under one year	0-3 months	3-6 months	6-12 months	Total under one year	0-3 months	3-6 months	6-12 months	Total under one year	Total deaths under one year.
i.—Common Infectious Diseases.													
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	1	1	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough... ...	...	...	...	...	...	...	...	...	2	2	1	5	5
ii.—Diarrhœal Diseases.													
Diarrhœa, all forms ...	2	2	5	9	2	5	4	11	...	4	6	10	30
Enteritis, Muco-enteritis, Gastro-enteritis ...	...	...	...	...	3	...	...	3	1	1	1	3	6
Gastritis, Gastro-intestinal Catarrh	...	...	...	...	...	1	...	1	1	...	...	1	2
iii.—Wasting Diseases.													
Premature Birth	3	1	...	4	14	...	...	14	6	...	...	6	24
Congenital defects... ...	...	...	...	...	2	...	...	2	3	...	...	3	5
Injury at Birth	1	...	...	1	...	...	...	...	...	...	...	...	1
Negligence at Birth ...	1	...		1	...	...	...	...	...	...	...	...	1
Want of Breast-milk, (Starvation)	...	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus	2	2	...	4	11	2	1	14	7	7	...	14	32
iv.—Tuberculous Diseases.													
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Peritonitis : Tabes Mesenterica ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	1	...	...	1	1
v.—Other Causes.													
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
Dentition	...	...	1	1	...	...	3	3	...	...	1	1	5
Syphilis	...	...	...	...	...	1	...	1	2	1	...	3	4
Rickets	...	...	...	...	...	...	1	1	...	...	1	1	2
Meningitis (*not tuberculous*)	...	...	2	2	...	...	1	1	...	...	3	3	6
Convulsions	2	1	...	3	6	...	...	6	11	5	5	21	30
Bronchitis	...	1	3	4	...	...	...	...	2	5	1	8	12
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	1	...	...	1	1	...	2	3	2	3	5	10	14
Suffocation, overlying ...	...	...	...	...	...	1	...	1	...	...	...	...	1
Other causes	...	...	...	...	...	...	...	...	2	1	1	4	4
	12	7	11	30	39	10	12	61	40	29	26	95	186

Underlying or predisposing causes of Infantile Mortality.

1 Deficient nutrition and care of mother during pregnancy.
2 Early marriages, improvident marriages, unhealthy marriages.
3 Inherited constitutional conditions.
4 Damaging effects of drugs, etc., used by some in the endeavour to produce abortion.
5 Illegitimacy of birth.
6 Carelessness and ignorance as to the rearing of infants on the part of parents and untrained nurses.
7 Bottle-feeding—often with unsuitable or polluted foods.
8 Excessive feeding and drugging.
9 Positive neglect of children and of their ailments, and exposure to cold.
10 Poverty, starvation, or semi-starvation.
11 Alcoholism in one or both parents.
12 Insanitary housing conditions.
13 Overcrowding, per house and per acre.
14 Want of cleanliness in house, person, clothing and habits.
15 Employment of mothers outside home.

CITY OF YORK.

DEATHS OF ILLEGITIMATE CHILDREN.

Year.	Total illegitimate births.	Total deaths of illegitimates under the age of twelve months.	Mortality of illegitimate children per 1,000 illegitimate births.	Mortality of legitimate children per 1,000 legitimate births.
1905	116	44	380	117
1906	118	32	271	116
1907	115	32	278	115
1908	98	27	275	95
1909	106	21	198	94
1910	103	24	233	86

1910— Sub-districts.	Total number of deaths of illegitimates.	Mortality per 1,000 of illegitimate births in that district.	Mortality per cent. of illegitimate births in that District.
Bootham	*5	208	20·8
Micklegate	7	259	25·9
Walmgate	12	231	23·1

(* inclusive of two residing at the Workhouse).

These deaths in 1910 occurred at the following ages:—

Under one week	2	Three to six months... ...	6
One to four weeks	1	Six to twelve months ...	5
One to three months... ...	10		

And were certified as due to the following causes :—

Premature Birth	2	Congenital Syphilis	1
Atrophy, Debility & Marasmus	10	Gastritis	1
Diarrhœa	1	Negligence	1
Bronchitis	1	" Convulsions," (no other cause named)	4
Whooping Cough	2		
Tuberculosis	1		

National Measures to reduce Infantile Mortality :—

We still await legislation on the following vital subjects :—

(a) The earlier *registration* of births, (within say seven days), which would in my opinion obviate the necessity for notification in addition to registration, and would be less confusing and troublesome to the public. The shorter period for registration would also largely prevent the leakages due to the present long period of forty-two days, in which period the parent or parents often remove from the place of birth.

(b) The medical certification and registration of all still-births.

(c) The extension of the existing legislation regarding the milk supply so as to cover dirty milk and *all* diseases of cows likely to affect their milk, and so as to prohibit the use of chemical preservatives in milk sold for human consumption.

(d) "That all preparations offered or sold as food for infants should be certified by a Government anaylist as non-injurious, and that each packet should contain its analysis."

The postponement of Mr. John Burns' Pure Milk Bill during the parliamentary session 1909 was extremely disappointing. It is devoutly to be desired that such a Bill will be enacted soon, and that it will be made eminently simple and practicable in its powers and possibilities.

Special Measures adopted in York :—

(1) **Still-births.**—In continuance of the arrangement made with the Registrar of the York Cemetery in 1907, I have received from him weekly returns of the particulars concerning each still-born sent to the cemetery for burial. We are greatly indebted to him for the regularity and completeness of his returns.

Particulars of 105 such burials (of children at all stages of pregnancy) were received from him during the year 1910, and when considered necessary some further enquiries were made concerning them.

CITY OF YORK.

STILLBIRTHS NOTIFIED BY REGISTRAR OF YORK CEMETERY.

Year.	Certified for Burial by			Totals.
	Doctors.	Registered Midwives.	Unregistered Midwives.	
1907 (part year)	35	18	6	59
1908	77	39 (2 certified by Coroner's Inquests)	3	121
1909	73	32	2	107
1910	72	33	0	105

(2) **The Notification of Births Act of 1907,** with the consent of the Local Government Board, was adopted by the York Corporation, and came into operation in the City on the 12th February, 1908. Stamped postcards for the purpose of notification are supplied to all the medical practitioners and registered midwives.

Operation of the Act in the City of York during the year 1910:—

Total births registered with the Sub-Registrars 1983

Ditto	notified to the Medical Officer of Health within 36 hours, as required by the Act ..	1645	89·6 per cent. of total births registered.
Ditto	notified after 36 hours after birth (without reminder) ...	131	
		1776	

Ditto *not* notified at all ... ... 207 (percentage 10·4).

Total births notified by general medical practitioners ...	...	319
Ditto by registered ("certified") midwives	...	1168
Ditto by unregistered midwives or nurses	...	60
Ditto by parents or occupiers of houses	...	229
		1776
Ditto (of the above 1776) as still-births (after 28th week of pregnancy) ...	...	81

The percentage of notifications received under the Act during 1910 was 3·5 less than in 1909.

No prosecutions under the Act have taken place since the Act came into force in the City. We are very reluctant, but such action will evidently have to be taken.

The purpose of the Act is to enable the Health Department to give useful advice and help, where necessary, to the mothers of the poorer classes, but the law makes no distinction between one class and another, and it is therefore obligatory upon ***all*** classes to observe this Act of Parliament.

(3) When the work of the Medical Inspection of School Children under the Act of 1907 came to be organised, it was resolved to appoint three combined Health Visitors and School Nurses, one to each of the three Sanitary Sub-districts of the City. Salaries: £75 per annum, plus £5 for outdoor nursing uniform, the cost being equally divided between the Health and Education Committees.

The following are the duties of the Health Visitors :—

(a) To advise mothers about the rearing and feeding of their infants.

(b) To advise mothers *re* cleanliness and other points in domestic hygiene.

(c) To enquire and advise *re* the occurrence of diarrhœa amongst young children.

(d) To help in the supervision of the certified midwives.

(e) To enquire into cases of still-birth, as notified by the midwives.

(f) To investigate cases of phthisis amongst women and children.

(g) And to investigate deaths of children under the age of two years, when desirable.

As it is essential that the Health Visitors should give sufficient time to their visits in order to establish friendly relationships with the people they visit, and to have helpful conversation with them, it is impossible to summarise this work fully by means of statistics, but, so far as statistics go, the following will be of interest :—

Summary of work performed by Health Visitors and School Nurses during the year 1910:—

Houses Visited:—	Sanitary Sub-districts:— Bootham	Micklegate	Walmgate	Total.
First visits *re* Births	486	531	486	1503
Re-visits to Infants	1510	1513	1349	4372
Re Still-births (to verify and advise) ...	10	14	13	37
Re Midwives (investigation and advice) ...	33	50	31	114
Re Phthisis cases (advice and help) ...	19	18	19	56
Re-visits to Phthisis Cases	172	24	57	253
Re Diarrhœa cases and Infantile deaths (as to causation, etc.)	14	11	12	37
Re Non-notifiable Diseases notified by Teachers (Measles, etc.)	566	925	508	1999
Re Infectious Diseases notified to M.O.H.	44	91	25	160
Re School Children (Defects of Vision, etc., etc.)	221	344	600	1165
Re Other Matters	1	45	11	57
Re-visits *re* Infectious cases	192	69	169	430
Filthy Heads supervised at home or school	114	203	408	725
Housing Defects, etc., referred to Medical Officer of Health and Chief Sanitary Inspector	65 days.	51 days.	54 days.	170 days.
At Schools, assisting Medical Inspector ...	27½	32½	28½	88½
Clinic work	18	21	18	57

The Health Visitors are strictly instructed not to visit *re* births where a Doctor or a good Midwife is in attendance, and they are not to press their visits upon reluctant people. If their advice is not desired, there is no need for anything but a polite refusal.

The nurses have found that at most of the homes their visits were expected, and almost invariably they have been received with kindness on the part of the mothers, who were anxious to receive advice and help in the rearing of their infants. They report that the mothers have also been most willing to carry out any advice tending to the improved cleanliness of the home or of the children.

Many hundreds of our leaflets on "The Care and Feeding of Infants" have been distributed to mothers. Sometimes they ask for fresh copies because they find them so helpful.

Facts regarding the feeding of the infants visited, as observed at different periods after birth (July 1st 1909 to July 1st 1910):—

It is our rule not to make any notes in infant visiting, in the homes, of such a character as to give the people the idea that we are spies or detectives. The notes made in the homes are only such as may be necessary in order to secure help for the mother, but the following facts regarding the feeding and cleanliness of the infants visited have been compiled from notes made out of the home and are of considerable interest. It is not until after six or eight weeks that the evils of weaning and artificial feeding occur in York to any appreciable extent.

TABLE N.

Total births given to visit, 1,397	About the end of 3rd month.	About the the end 6th month.
Total children being breast-fed entirely	983	715
„ breast-fed plus bottle (cow's milk and water)...	91	50
„ breast-fed plus tinned whole milk ...	3	4
„ breast-fed plus tinned separated milk	...	...
„ breast-fed plus spoon-food (starchy foods)	49	128
„ bottle-fed (cow's milk and water) entirely	152	132
„ bottle-fed (tinned whole milk) ...	3	2
„ bottle-fed (tinned separated milk) ...	...	...
„ bottle-fed (starchy foods)	30	32
Percentage entirely breast-fed	75	67
Percentage bottle-fed (with various foods)	25	33

Total babies in clean condition at first visit ...	...	1232
„ dirty „ „ ...	...	95
Total houses in clean condition at first visit ...	...	1177
„ dirty „ „ ...	...	150
Total babies ailing at time of first visit ...	...	116
Visits declined	...	10
Total deaths occurring amongst infants visited...	...	62
Not visited (for various reasons)...	...	57
Removed or left City during the six months ...	...	118

The following were the causes of death amongst the infants visited :—

Premature Birth, Developmental Causes, Convulsions, Diarrhœa, Enteritis, Acute Bronchitis, Broncho-Pneumonia, Whooping Cough and Congenital Syphilis.

Enquiries were made in connection with 25 deaths of infants under the age of twelve months certified as due to Diarrhœa—of these only 3 had been entirely breast-fed, 11 were fed on cow's milk and water, and 11 with various starchy foods; 6 were fed by long-tube bottles, 14 by more hygienic bottles, and 5 by spoon. Two of the babies were illegitimate, three had been neglected, in six cases the mothers went out to work, and in twelve cases the child was said to have been more or less weakly or ailing since birth. Five of the homes were dirty, 7 were overcrowded, 7 were back-to-back, 5 had foul privy middens, 3 had defective water-closets, 3 defective yard pavements, and in 11 there was no other pantry than an unventilated cupboard.

The mortality from Diarrhœa at all ages is also referred to in the Section of this Report specially referring to that disease.

Defects of middens, water-closets, drains, yards, etc., were remedied, and improvements in food storage were obtained as far as possible, under notice of the Inspector of Nuisances. Notices to abate overcrowding and to cleanse and limewash dirty houses were enforced.

The methods of storage and sale of milk were also improved in several milk-shops.

DEATHS OF CHILDREN UNDER THE AGE OF FIVE YEARS.

The nett total number of deaths of children under the age of five years (0—5) was 288, or 27·5 per cent. of the nett total of deaths at all ages, or 3·3 per 1000 living at all ages in the whole City.

Year.	Total deaths under five years.	Death-rate per 1,000 living at that age-period.			
		York.		England and Wales.	
1901	470	53·7		54·1	
1902	403	45·6		49·1	
1903	553	62·2	52·9	47·3	49·4
1904	531	59·3		51·6	
1905	393	43·5		44·7	
1906	402	44·2		45·3	
1907	407	44·4		40·9	
1908	346	37·5	37·3	40·6	40·9
1909	277	29·8		36·8	
1910	288	30·7		...	

The following average death-rates for decennial periods for England and Wales (of children under five years of age) are quoted from the Registrar-General's Reports:—

1841—1850	...	66·0	1871—1880	...	63·4
1851—1860	...	67·6	1881—1890	...	56·8
1861—1870	...	68·6	1891—1900	...	57·7

They occurred during the year as follows:—

First quarter	...	69, or 21·9	per cent. of total deaths at all ages in that quarter.
Second „	...	56, or 24·8	
Third „	...	81, or 26·9	
Fourth „	...	82, or 29·2	

The deaths under the age of five years in 1910 were distributed as follows:—

Sanitary Sub-district.	Totals.	Percentage of total deaths at all ages in that district.	Death-rate per 1,000 living at all ages in that district.
Bootham	49	19	1·9
Micklegate	90	26	3·0
Walmgate	149	34	4·5
	288		

Of the deaths under the age of five years, it will be observed that over 50 per cent. occurred in Walmgate Sanitary Sub-district.

These figures go to show that, although Walmgate District contributes the largest proportion of the birth-rate, there is very great need for the education of the large number of poor people in that district in the rearing and care of their children.

The general mortality in 1910 in three age-groups, in the three Sanitary Sub-districts, was as follows:—

Sanitary Sub-districts.	Age 0—1	Age 1—5	At all ages over 5.	Totals.
Bootham district	30	19	213	262
Micklegate „	61	29	253	343
Walmgate „	95	54	293	442
Totals ...	186	102	759	1047

The chief causes of death amongst the 102 children between one and five years of age were as follows:—

Measles	5
Whooping Cough	6
Developmental Diseases...	6
Tuberculosis (Tubercular Meningitis, Tabes Mesenterica, etc.)	12
Bronchitis and Pneumonia	40
Meningitis (only cause named)	10
Infantile Convulsions	5

During the latter part of the year 2 deaths were recorded as due to Infantile Paralysis (Acute Anterior Poliomyelitis) a mysterious and very serious disease now believed to be due to a micro-organism. As the disease is not notifiable, I did not hear of the several cases which are said to have occurred in the City until some time after their occurrence.

Inquests on deaths of young children:—

During the year 19 inquests were held on the deaths of children under the age of five years, 4 children belonging to Bootham District, 6 to Micklegate District, and 9 to Walmgate District. The causes of death were registered as follows:—

Under one year of age.		At ages one to five years.	
Convulsions	10	Meningitis	1
Developmental Diseases ...	3	Acute Bronchitis	1
Accidents and Negligence ...	3	Drowning	1
	16		3

Deaths at advanced ages:—

Age-periods.	Sanitary Sub-districts.			Total.
	Bootham.	Micklegate.	Walmgate.	
At ages 65 to 75 years	58	52	56	166
,, 75 to 85 years	31	39	51	121
,, 85 years and over	14	10	10	34
Totals	103	101	117	321

321 = 30·6 per cent. of total deaths at all ages.

Chief causes of death:—Influenza, Cancer, Cerebral Hœmorrhage and Softening, Heart Disease, Bronchitis and Senile Decay.

THE EPIDEMIC, INFECTIOUS, OR ZYMOTIC DISEASES.

The seven principal Epidemic or Zymotic Diseases in this country are:—Small-pox, Measles, Scarlatina, Whooping Cough, Diphtheria, Typhoid Fever, and Summer Diarrhœa.

The total number of deaths from these seven principal Epidemic or Zymotic Diseases in the year 1910 was 64, equivalent to a death-rate of 0·72 per 1,000 living at all ages, as compared with 0·52 for 1909.

The "Zymotic" death-rate, however, demands analysis, and the following Table gives the death-rates for each of these principal diseases:—

EPIDEMIC OR ZYMOTIC DEATH-RATES PER 1,000 LIVING, *for 1900—09 and 1910.*

	YORK, 1910.		Average death-rate in York, 1900—09.	Average death-rate in 77 Great Towns, 1910.
	Total deaths.	Death-rate.		
Small-pox	0	0·00	0·01	0·00
Measles	6	0·06	0·27	0·31
Scarlet Fever ...	1	0·01	0·11	0·08
Diphtheria	2	0·02	0·10	0·12
Whooping Cough ...	11	0·12	0·25	0 29
Typhoid Fever ...	4	0·04	0·15	0·05
Diarrhœa	40	0·45	0·87	0·38
Total Zymotic Diseases	64	0·72	1·77	1·23
Infantile Mortality (per 1,000 births) ...	...	94	138	115

From this table it will be seen that in 1910 the York death-rates for Epidemic Diseases were well below the City's averages for the preceding ten years, and, with the exception of Diarrhœa, they were all much less than those for the 77 Great Towns.

The following are the figures for recent years:—

Year.	Seven principal Zymotic Diseases.		Zymotic Diarrhœa only.
	No. of deaths.	Rate per 1,000 living.	Death-rate per 1,000 living.
1900	297	3·86	2·05
1901	153	1·96	1·30
1902	99	1·25	0·24
1903	156	1·94	0·56
1904	233	2·87	1·67
1905	111	1·34	0·86
1906	145	1·73	0·94
1907	96	1·13	0·42
1908	98	1·14	0·49
1909	45	0·52	0·19
Average death-rates, 1900—1909	...	1·77	0·87
1910	**64**	**0·72**	**0·45**

The distribution of the deaths due to the Epidemic or Zymotic diseases in 1910, in districts and in age-periods, will be found in the large Table IV. and is referred to in the section of the Report dealing with each of the diseases.

TABLE P.

The anomaly of certain Infectious Diseases not being notifiable is well demonstrated by the following table:—

YORK Year.	Notifiable Diseases.		Non-notifiable Diseases.	
	Total deaths due to Small-pox, Scarlatina, Diphtheria & Typhoid Fever combined.	Total deaths due to Erysipelas and Puerperal Fever.	Total deaths due to Measles and Whooping Cough.	Total deaths due to Zymotic Diarrhœa.
1900	52	11	87	158
1901	25	7	26	102
1902	26	6	54	19
1903	32	7	79	45
1904	60	2	37	136
1905	23	6	17	71
1906	34	7	32	79
1907	21	7	39	36
1908	19	7	37	42
1909	10	3	18	17
Totals	302	63	426	705
Averages for 1900–09	30·2	6·3	42·6	70·5
1910	**7**	**1**	**17**	**40**

During the year we have had under consideration the addition of Zymotic Diarrhœa and Ophthalmia Neonotorum to the list of compulsory notifiable diseases, but the matter was postponed for further consideration.

EPIDEMIC, SUMMER OR ZYMOTIC DIARRHŒA.

Epidemic, Summer, or Zymotic Diarrhœa is a specific, infective, and very fatal disease and now receives the more accurate title of *Epidemic or Zymotic Enteritis.* It is due to *micro-organisms* which are usually most active in the heat of the third quarter of the year (July 1st to September 30th), and their activity is associated with certain conditions, viz., a high air temperature, a low rainfall, a high temperature of the superficial soil, and the prevalence of flies. The numerous organisms in polluted soil and in dust and refuse are then easily detached, and carried by air currents or by flies into milk and other moist food, where they multiply and produce the toxins or poisons which cause the specific Enteritis. It is, therefore, a filth disease, and its prevalence is reduced by all measures tending to secure pure water, pure milk, pure food, a pure soil, and the prompt destruction of filth and flies. It is decidedly pre-disposed to by improper feeding, and a dirty sour feeding-bottle forms a fatally favourable nidus for the organisms of the disease to thrive in. The evidence as to the evil influence of the common house-fly as the carrier of filth and germ-life to milk and other food is becoming overwhelming.

There were 40 deaths due to this disease in 1910, equivalent to a death-rate of 0·45 per 1,000 living at all ages. Of these 40 deaths 30 were of children under one year of age (as compared with 14 last year), which is equivalent to 15·1 per 1,000 births. The average death-rate for the years 1900—09 was for this disease 0·87.*

Twenty-two deaths occurred in the third or Summer quarter of the year, and 16 in the fourth quarter. Eleven deaths occurred in Bootham, 14 in Micklegate, and 15 in Walmgate Sanitary Sub-district.

For total deaths and death-rates in previous years, see tables on previous page.

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* In calculating the *Death-rate from Diarrhœa*, deaths certified under the following names are included :—

Diarrhœa, Choleraic Diarrhœa (Cholera Nostras), Epidemic or Summer Diarrhœa, Dysentery or Dysenteric Diarrhœa, Cholera Infantum, Epidemic or Zymotic Enteritis.

Deaths due to "Diarrhœa," secondary to well-defined diseases such as "Tuberculosis," "Cancer," &c., are not included in the Diarrhœa death-rate or under the heading of "Diarrhœa" at all.

The heading "Enteritis" in Table IV comprises Non-tubercular or Non-Malignant Ulceration of the Intestines, Enteritis, Muco, or Gastro-Enteritis.

Diarrhoea Death-rates per 1,000 living at all ages in 1910:—

	3rd Quarter.	4th Quarter.	Whole Year.
City of York	1·00	0·73	0·45
77 Great Towns	0·88	0·41	0·38
England and Wales ...	0·61	0·33	0·29

For interesting information as to the relationship of improper infant feeding to the occurrence of this Disease, see latter portion of section of this report on Infantile Mortality.

During the year 1910 the maximum temperature of the air attained in York was 79° Fahrenheit, on June 19th.

The temperature of the earth at 4-feet depth reached 56° Fahrenheit on July 18th, and was then maintained until September 20th. It then fell to 55 during September, and continued at 54 until October 21st, after which it declined steadily. The maximum attained was 58 from August 17th—25th.

Year 1910.	Temperature of the air.		Maximum 4-ft. earth temperature attained.	Total rainfall in inches.	Total deaths due to Zymotic Diarrhœa.
	Mean Temperature.	Maximum Temperature.			
May	52·5	75	50	2·36	0
June	58·8	79	55·2	2·07	1
July	58·0	74	56·8	2·73	0
August	60·2	75	58	2·82	17
September ...	54·5	71	57·5	0·23	5
October ...	52·1	70	55·2	2·14	11

For further Meteorological data, see tables at end of this report.

Special advice on the Prevention of Summer Diarrhœa was given in leaflets and by advertisements in the public press, and by our Inspectors and Health Visitors, and disinfectants were given to poor patients.

AVERAGE DEATH-RATES PER 1,000 LIVING FROM ZYMOTIC DIARRHŒA

during the following decennial and quinquennial periods.

Years.	City of York.	77 Great Towns (including York).*	England and Wales.
1871—1880	1·23	...	0·94
1881—1890	1·08	...	0·68
1891—1900	1·14	...	0·71
1901—1905	0·93	0·87	0·65
1906—1910	0·50	9·46	0·44

The remarkable decline in the mortality from Zymotic Diarrhœa indicates that with improved sanitary conditions the disease does not prevail, whatever be the weather conditions,—in other words, the prevalence of the disease depends, not upon the weather alone, but upon insanitary conditions aggravated by high temperatures and upon the extensive prevalence of flies as media of contagion.

* The Registrar-General's decennnial reports do not appear to contain any statistics relating to Diarrhœa death-rates in the Great Towns prior to 1901.

MEASLES AND WHOOPING COUGH.

DEATHS AND DEATH-RATES DURING PAST TEN YEARS.

Year.	Measles.			Whooping Cough.		
	Total Deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.	Total deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.
1900	40	0·52	52	47	0·61	61
1901	10	0·12	12	16	0·20	20
1902	39	0·49	49	15	0·20	20
1903	43	0·53	53	36	0·45	45
1904	14	0·17	17	23	0·28	28
1905	11	0·13	13	6	0·07	7
1906	15	0·18	18	17	0·20	20
1907	21	0·24	24	18	0·21	21
1908	27	0·31	31	10	0·11	11
1909	4	0·04	4	14	0·16	16
Averages 1900—09	22	0·27	27	20	0·25	25
1910	**6**	**0·06**	**6**	**11**	**0·12**	**12**

The deaths *registered* as due to Measles in 1910 occurred chiefly in the second quarter, in Walmgate District, and at the ages of one to five years.

Whooping Cough:—

The deaths in 1910 occurred as follows:—

District.			Ages.			Quarter of the Year.		
Bootham	...	1	0— 1	...	5	First	...	0
Micklegate	...	0	1— 5	...	6	Second	...	2
Walmgate	...	10	5—15	...	0	Third	...	2
						Fourth	...	7
Whole City	...	11	All ages ...		11			

All the cases of Measles died of secondary Broncho-pneumonia; 5 of the cases of Whooping Cough died of the same complication and 3 of Acute Bronchitis. One death, certified as due to Broncho-pneumonia only, had recently had an attack of Measles.

The epidemic of Measles which commenced in the autumn of 1909 continued to rage through the infant schools during the early part of the year 1910, and the undermentioned schools and classes were closed in order to minimise the extent of the outbreak. The disease appeared to be of a mild type.

In its wake, in the autumn, followed Whooping Cough, and Fishergate, St. George's, and other schools in Bootham and Walmgate Sub-districts were attacked.

Educational leaflets about both diseases were widely distributed, and numerous calls were made upon, and letters of advice sent to, Head Teachers of the schools affected.

Schools closed for Measles.

St. Margaret's Infants (Class 3), from Feb. 14th to 21st.

Park Grove Council Infants (Class 6), from March 21st to April 4th.

Bilton Street ("Babies"), from March 21st to April 4th.

Shipton Street Council Infants (whole Department), from March 21st to April 4th.

St. Thomas's Infants (whole Department), from April 13th to May 4th.

Poppleton Road Council Infants (whole Department), from April 13th to May 4th.

St. Paul's Foundry Infants (whole Department), from April 13th to May 4th.

Heworth Infants (whole Department), from April 22nd to May 16th.

Schools not closed.

Bedern Infants. 21 cases occurred in all classes.

Haxby Road. 42 cases in all classes.

St. Lawrence's. Cases occurred before and after the Christmas holidays of 1909 in all the departments.

St. Denys' Infants. At least 26 cases occurred, in all classes, but the Committee declined to close the school.

St. Wilfred's, St. Clement's, Clifton and St. Paul's (Holgate) were only slightly affected apparently, although there is reason to believe that there was some laxity in notifying us of cases.

A warning circular was issued to Teachers and School Attendance Officers, calling attention to the probability of an epidemic of Measles travelling through all the schools during the winter, describing the symptoms and the necessity of excluding all children with apparent catarrh, and giving other suggestions as to mutual help between the Teachers and Medical Officers.

All the infants of an affected household were excluded from school during the illness of the sick ones because of their susceptibility, but those children of the household attending the upper departments who had had Measles recently or in previous years, were, under Regulation 8, permitted to attend school as usual, unless the Medical Attendant had advised the parents to the contrary. This course, which follows the example of some other towns, and which is based upon present knowledge of the media of infection of this disease, has the advantage of preserving the school attendance and educational opportunities of the older children and it proved to be a safe and successful proceeding.

TABLE Q.

THE NOTIFIABLE INFECTIOUS DISEASES.

INFECTIOUS DISEASES (NOTIFICATION) ACTS, 1889 AND 1899.

CASES NOTIFIED TO THE SANITARY AUTHORITY IN EACH YEAR, 1900—1910.

DISEASE.	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Small-pox	....	1	3	27	15	1	....	....	....	....	....
Scarlet Fever	325	262	279	287	636	219	217	360	184	127	169
Diphtheria and Membranous Croup	21	40	32	38	63	104	104	93	86	79	66
Typhoid Fever ...	244	121	56	52	100	70	79	39	50	47	14
Puerperal Fever	10	3	2	3	4	3	5	11	13	3	1
Erysipelas	42	44	64	36	48	68	34	57	28	32	26

LOCAL GOVERNMENT BOARD'S TABLE III.

CITY OF YORK.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1910.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH SANITARY SUB-DISTRICT			NO. OF CASES REMOVED TO HOSPITALS FROM EACH SANITARY SUB-DISTRICT.			
	At all Ages	At Ages—Years.												
		Under 1	1 to 5	5 to 15.	15 to 25	25 to 65	65 and upward	Bootham.	Micklegate.	Walmgate	Bootham.	Micklegate.	Walmgate.	TOTALS
Small-pox	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	66	...	13	41	7	5	...	13	39	14	4	23	9	36
Erysipelas	26	1	1	1	3	15	5	8	3	15	...	...	...	...
Scarlet Fever ...	169	...	39	108	13	8	1	55	68	46	37	39	24	100
Typhus Fever ...	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever (Typhoid) ...	14	...	1	4	3	5	1	1	5	8	...	...	2	2
											...	1	2	*3
Relapsing Fever ...	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	1	...	...	...	...	1	...	...	...	1	...	...	...	...
Plague	0	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Consumption of Lungs) —														
Voluntary Notification	58	...	...	12	15	31	...	16	12	30	3	2	5	10
Poor Law Notification	‡17	...	1	1	1	13	1	4	5	8	2	1	4	7 †
Totals ...	351	1	55	167	42	78	8	97	132	122	46	66	46	158

‡ These figures represent fresh cases only.
* These cases were received into York County Hospital (General Infirmary).
† These cases were received into the Workhouse. The Workhouse is in Bootham District.
The York Corporation Isolation Hospital, and the Small-pox Hospital (The Bungalow) are both situate in Flaxton Rural District.

SCARLATINA (SCARLET FEVER).

During the year 1910, 169 cases were notified, 100 (59 per cent.) of which were received into the Fever Hospital (see Table III).

The was only one death, giving a death-rate of 0·0113 per 1,000 (1·13 per 100,000) living, as compared with 0·08 for the 77 Great Towns.

CITY OF YORK.—SCARLET FEVER.

Year.	Total cases Notified	Persons attacked per 1,000 of population	Total deaths	Death-rate per 1,000 living.	Death-rate per 100,000 living.	Mortality per cent. of cases.	Total cases removed to Fever Hospital	Percentage of total cases removed to Hospital
1900	325	4·2	8	0·104	10·4	2·46	167	51·3
1901	262	3·3	7	0·089	8·9	2·67	128	48·8
1902	279	3·5	6	0·075	7·5	2·1	137	49·1
1903	287	3·5	13	0·162	16·2	4·5	172	59·5
1904	636	7·8	31	0·380	38·0	4·9	296	46·5
1905	219	2·6	8	0·097	9·7	3·6	103	47·0
1906	217	2·6	7	0·080	8·0	3·2	122	56·0
1907	360	4·3	2	0·023	2·3	0·56	180	50·0
1908	184	2·1	4	0·046	4·6	2·2	120	66·0
1909	127	1·4	1	0·0115	1·1	0·8	84	66·1
Averages 10 years, 1900—09	290	3·5	8·7	0·107	10·7	2·7	151	54·0
1910	169	1·9	1	0·0113	1·13	0·6	100	59·1

The occurrence of the notified cases was distributed through the year as follows :—

District.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Totals.
Bootham	24	3	20	8	55
Micklegate	16	13	19	20	68
Walmgate	16	13	9	8	46
Whole City	56	29	48	36	169

The districts of the City chiefly affected by Scarlet Fever were Bishopthorpe and Scarcroft Roads; Haxby Road and Huntington Road (chiefly about Christmas time); Leeman Road (also in December); Groves (in February and March).

The only City Schools affected to any extent were Park Grove Infants, Priory Street Infants, Scarcroft and Haxby Road Upper Schools. but these are all very large schools, and the outbreaks were not extensive. Four cases occurred in the Union Workhouse.

There were 24 cases amongst persons over school age, and 30 cases amongst children under eight years of age not attending any school. There were at least 2 imported cases.

The disease was principally of mild type.

No particular milk-supply was affected.

The following *special measures of prevention* were carried out during the year, in addition to Hospital isolation :—

(1) Copies of the leaflets on the character and prevention of Scarlet Fever and on isolation and disinfection were issued to every affected household.

(2) Numerous school "suspects" were investigated, and kept under observation by the School Nurses or Inspectors until clear of suspicion. Six such cases of sore-throat proved to be Scarlatina.

(3) Intimations *re* infected books were sent to the Libraries. The books were disinfected or destroyed.

(4) Advice notes were sent to Head-teachers of schools and Superintendents of Sunday Schools and Bands of Hope.

(5) Thorough disinfection of affected houses and persons was strictly enforced.

(6) Convalescents were excluded from school attendance for at least another month after leaving Hospital or sick room, so as to secure their freedom from infection and their full restoration to health, and they were visited by our School

Nurses during that month, in order to see that they were keeping well enough to return to school. Some of them were, for special reasons, re-examined and advised by me personally—our endeavour being to secure return to school free from discharges from ears and nose, clear of enlarged tonsils and of adenoids, etc.,—in short, in as perfect health as possible.

(7) The parents were given a printed note of advice as to treatment of the child during convalescence.

Hospital Isolation of Scarlet Fever:—

Thirty-seven cases were received into the City Fever Hospital from Bootham Sanitary Sub-district, 39 from Micklegate District, and 24 from Walmgate District; total 100.

The total number of probable "return" cases from the same households in the City was three, being three per cent. of total cases received into Hospital. One case relapsed after return home—an unique experience here.

The 86 primary cases removed to Hospital were followed by 3 secondary cases in the same homes, all of whom were removed to Hospital. These secondary cases are equivalent to 3·4 per cent. of total primary cases removed.

The 46 primary cases retained at home in the City gave rise to 23 secondary cases in the same homes, or 50 per cent. of the total primary cases retained at home; three of these cases were received into Hospital.

SCARLET FEVER.

Year.	Return Cases.	Secondary Cases.	
	Percentage of cases treated in Hospital.	Cases secondary to primary cases removed to Hospital, per cent.	Cases secondary to cases retained at home, per cent.
1904	4·0	14·6	34·3
1905	5·0	10·0	27·5
1906	4·1	8·3	42·0
1907	1·7	6·6	36·5
1908	5·0	8·0	20·0
1909	2·4	20·0	10·8
1910	3·0	3·4	50·0

DIPHTHERIA AND MEMBRANOUS CROUP.

During the year 1910, 66 cases were notified, and there were 2 deaths, giving a death-rate of 0·022 per 1,000 living, and a case-mortality of 3·0 per cent., which, it will be observed, was extremely low.

CITY OF YORK.—DIPHTHERIA.

Year.	Total cases notified.	Persons attacked per 1,000 of population.	Total Deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.	Mortality per cent. of cases.	Total cases removed to Fever Hospital.	Percentage of total cases removed to Hospital.
1900	19	0·24	6	0·078	7·8	31·6	...	...
1901	40	0·51	3	0·038	3·8	7·5	1	2·5
1902	32	0·40	7	0·090	9·0	22·0	3	10·0
1903	38	0·47	9	0·112	11·2	23·7	4	10·5
1904	63	0·77	14	0·172	17·2	22·2	2	3·1
1905	104	1·26	7	0·084	8·4	6·7	15	14·4
1906	104	1·24	13	0·155	15·5	12·5	29	28·0
1907	93	1·10	11	0·130	13·0	11·8	35	37·6
1908	86	1·00	8	0·093	9·3	9·3	23	26·7
1909	79	0·90	6	0·070	7·0	7·6	33	41·8
Averages, ten years 1900-1909	65·8	0·79	8·4	0·102	10·2	15·5	16·0	19·4
1910	**66**	**0·75**	**2**	**0·022**	**2·27**	**3·0**	**36**	**54·5**

The average death-rate for the 77 Great Towns in 1910 was 0·12.

The cases notified in 1910 were distributed as follows:—

Quarters of the Year.		Sanitary Sub-districts.		Ages.	
1st Quarter ...	35 cases	Bootham ...	13 cases	0—1	0
2nd ,, ...	6 ,,	Micklegate ...	39 ,,	1—5	13
3rd ,, ...	11 ,,	Walmgate ...	14 ,,	5—15	41
4th ,, ...	14 ,,			15—25	7
				25—65	5
				65 and over ...	0

Thirty-six of the cases were received into the City Fever Hospital. The remaining 30 cases were treated at their homes.

One home case proved doubtful as to being true Diphtheria, and one case received into the City Fever Hospital proved to have Typhoid Fever. Three cases received into the Fever Hospital proved to be doubtful cases.

The cases retained at home gave rise to 8 secondary cases, whereas those removed to Hospital gave rise to 6.

The 52 primary cases notified at all ages were distributed amongst the following streets or areas :—

	Houses.		Houses.
Poppleton Road District ...	15	Fishergate and Cemetery Road district	1
Bootham and Gillygate district	2	Bishophill district	2
Haxby Road district	2	Bishopthorpe Road and Scarcroft Road district ...	1
Huntington Road district ...	2	Leeman Road district ...	7
Groves and Monkgate district	3	Holgate Road district	1
Layerthorpe district	1	Hull Road district	1
Heworth district	1	Fulford Road district	2
Central district	4		
Clifton and Burton Lane district	4		
South Bank Estate district ...	3		

School Cases.

The Infant Schools affected numbered five, only one school having more than two cases in the year, viz., Poppleton Road.

In the early part of the year Diphtheria caused much anxiety in the Poppleton Road district, and in Poppleton Road School especially. By dint of active observation, and with the keen co-operation of the Head Teachers of the Schools—for which we were extremely grateful—and of the School Nurses, and free use of swabs, the outbreak was duly suppressed. Twelve primary cases occurred in the Upper School and four in the Infants School.

The 23 primary cases at ages 8 to 14 years were distributed amongst 9 schools ; twelve cases occurred at Poppleton Road and 3 at Bright Street, the remainder being spread over 7 schools.

Adult Cases.

One of them was a secondary case, and at 4 of the houses affected by adult cases there were sanitary defects ; 4 patients were general servants, 2 mechanics, 1 clerk, 3 cocoa workers and 1 labourer.

DISTRIBUTION OF THE CASES AMONGST CHILDREN AND ADULTS.

		Primary cases.	Secondary cases
Under 8 years of age	Attending City Public Infant Schools	13	4
	Attending Private School ...	1	0
	Not attending School ...	7	5
		21	9
At ages 8—14	Attending City Public Elementary Schools (Upper Depts.)	21	3
Over 14 years of age		10	1
	Full totals ...	52	13

At the 52 separate houses in which cases of Diphtheria occurred during the year :—

There were foul midden-privies at 13 houses.
Defects of drainage at ... ... 13 „
Foul and defective sinks at ... 18 „
Defective yard pavements at ... 8 „
No proper ashbins at ... ... 6 „
Defective W.C.'s at ... ... 3 „

Although the occurrence of Diphtheria is by no means entirely dependent upon insanitary conditions of dwellings, yet such conditions undoubtedly predispose persons, especially children, to the disease, and therefore demand investigation and amendment.

The Milk Supply of the cases was distributed amongst 34 milk dealers.

The following measures of prevention were carried out during the year :—

(1) Hospital isolation, where possible, or desirable.

(2) Thorough disinfection of infected houses.

(3) Sanitary defects at affected houses were duly abolished.

(4) Numerous "swabs" from suspicious throats were examined for the bacillus of Diphtheria, and in nearly all positive cases two or more negative swabs were obtained before the patient returned to school or work.

(5) Cases of "sore-throat" were excluded from school attendance and investigated. Twelve such cases discovered by the School Nurses proved to be Diphtheria upon bacteriological examination.

(6) Seeing that the bacillus lingers in the throat in some cases for several weeks after the symptoms of the disease have disappeared, children who had suffered from the disease were excluded from school for four to eight weeks after apparent cure, in order to ensure the safety of their return to school, and their complete restoration to health.

(7) A leaflet of advice was sent to every house affected by Diphtheria or "sore-throat."

(8) Antitoxin was administered, as in previous years, to every true or suspected case admitted to the Fever Hospital. It is much to be regretted that some of the medical practitioners do not administer this vital and harmless remedy more promptly and sufficiently, even when the case is not fully diagnosed.

Free supply of Antitoxin for poor cases:—

A most important event of the year was the order of the Local Government Board, issued in August, which led to the issue of a long circular to the medical practitioners of the City, of which the following abstract will doubtless prove valuable to my readers. The circular was compiled by me, and its issue was authorised by the Health Committee.

"DIPHTHERIA AND DIPHTHERIA ANTITOXIN.

For some time past the more presistent occurrence and the more pronounced type of Diphtheria in our City have given cause for much anxiety. The free administration of Antitoxin has been encouraged, and an increasing number of bacteriological examinations of swabs, from throat and nose of suspects, convalescents, and contacts, have been carried out in my Laboratory.

ANTITOXIN:—*A recent Order of the Local Government Board has sanctioned the free supply of Antitoxin by Local Sanitary Authorities*, "in order to facilitate its prompt use by medical practitioners in the treatment or prevention of Diphtheria amongst the poorer inhabitants of their districts."

I am requested by the York Sanitary Authority to inform you that the *following arrangements have been made in this City under the above Order :—*

(1) Phials of Antitoxin, by first-class producers (of 1,000, 2,000, and 4,000 units), may be obtained by medical practitioners, for poor cases, free of charge, *as required*, during the day, night, or week-end, from the following druggists:—(names given).

(2) Upon the following conditions:—

(a) That the patient is residing within the City Boundary; (b) that the patient is not well-enough-off to be reasonably expected to pay the medical attendant or druggist for Antitoxin; (c) that the name and address of the patient be forwarded to my office soon afterwards, per letter, postcard, or telephone, directly, or per the purveyor, even if the case should ultimately prove not to be one of Diphtheria; (d) that it should be administered promptly, before removal to hospital, if the latter measure should be called for.

(3) The loan of a suitable inoculation syringe may also be obtained from the above-named druggists. The syringe should be returned as soon as possible, cleaned, and sterilised by boiling for a few minutes.

As to the administration of Antitoxin, please permit me to call attention to a few facts, the consensus of universal experience of recent years:—

(1) The value and safety of Diphtheria Antitoxin has been so amply proved that its administration is now recognised as being absolutely indicated in all cases of Diphtheria, Membranous Croup (Laryngeal Diphtheria), "diphtheritic throat," or suspected Diphtheria.

(2) *Exact clinical or bacteriological diagnosis should not be waited for;* Antitoxin should be injected *at once* in every suspicious case, even in a doubtful case. It does no harm whatever, in fact its effect is often beneficial in those cases which are not proved to be definite Diphtheria. "Usually the case which is suspicious enough to examine bacteriologically is also suspicious enough to treat with serum."

(3) But it is absolutely essential to its successful administration that *in all cases*, it should be administered *with the utmost promptitude and in ample dosage.* "Its prompt administration, before the patient is removed to hospital, may, especially if delay in removal is inevitable (as it is in busy times), go far towards preventing the attack of Diphtheria from being fatal or from being followed by such sequelæ as paralysis." The later the dose the greater the risk of paralysis, which usually comes on in the third week.

If Antitoxin has, in the experience of some, proved disappointing, the fault most probably consisted in late administration (*i.e.*, after the third day), or insufficient dosage. It must be remembered that it is not a drug; it constitutes anticipation of the antidotes (which will be formed in the system in the course of a few days) to the toxins, which are rapidly produced by the bacillus and diffused in the bloodstream from the very onset of the disease. In faucial cases, early injection stops the spread of false membrane, and saves nasal and laryngeal attack, both of which are so notoriously dangerous.

"By combination with the toxins, Antitoxin produces an inert substance. A toxin saturated with Antitoxin is not able to combine with the cells of the body, and, therefore, can cause no destructive action in those cells. The toxin is the destructive agent, and the whole object of the Antitoxin is to neutralize that toxin. The amount of toxin in the general circulation may be enormous, and if sufficient Antitoxin is not given to neutralize the whole of the toxin, then the uncombined toxin goes on with its destructive work; if, on the other hand, the Antitoxin is in excess, no harm results."

"If a lethal dose of Diphtheria toxin should already have been absorbed, Antitoxin, of course, can do no good; death will still result. But if a lethal dose has not yet been absorbed, Antitoxin may effect a cure by preventing all further toxic effects, while the natural curative powers, with what further aid we can confer, will restore the injury already effected."

"If more diphtheritic paralysis be met with to-day than formerly, it is because, thanks to Antitoxin, more severe cases survive long enough to manifest it."

I am requested to state that "the free provision of Diphtheria Antitoxin must not be regarded as a substitute for removal to hospital of a patient suffering from Diphtheria, nor as implying that the patient to whom the Antitoxin has been administered may properly be retained for treatment at home, unless means are available for his efficient isolation to the satisfaction of the Medical Officer of Health," as Antitoxin does not essentially alter the infectiousness of a case.

(4) *The dosage* varies, not according to age, but according to the day of illness, the extent of the disease, and the extent of the toxæmia.

All responsibility with regard to the amount of dosage, rests, of course, with the medical attendant in each case, but the following doses are about the average now administered:—

Purely tonsillar, moderate, or doubtful cases, 2,000 to 4,000 units.

Severe Nasal, Laryngeal, or advanced cases, 4,000 to 8,000 units.

Prophylactic, for persons exposed to infection, etc., 1,000 units.

These doses should be given irrespective of age (as Diphtheria is very fatal to children), and should be repeated two or more times if necessary until marked improvement of the patient has occurred. "1,000 or 2,000 units per day from the first day are more valuable than 4,000 on the fourth day."

(5) The protection given by a prophylactic dose lasts only about three weeks. If after that period the "contact" develops Diphtheria, it is, however, not safe to inject Antitoxin, as the patient may have become hypersensitive to it, and alarming results may then follow its administration.

(6) In cases of persistent rhinorrhœa or otorrhœa, in Scarlet Fever, or after an attack of Diphtheria, the Diphtheria bacillus is frequently found in the discharge in abundance. Many of such cases rapidly clear up after administration of moderate doses of Diphteria Antitoxin.

(7) Protracted Rhinorrhœa or Otorrhœa, in cases of Diptheria or Scarlet Fever, are frequently due to adenoids or enlarged tonsils. The removal of these hastens recovery markedly.

SWABS:—During the last three years no case has been discharged from the Fever Hospital until at least two consecutive negative swabs, from throat or nose, or both, have been obtained, and a very large number of swabs from suspected sore-throats, in homes and Elementary Schools, and from home convalescents, have also been examined. But, so far, we have not been able to undertake this kind of work quite as systematically as our experience has shown to be desirable, and as now we propose to do, with certain reservations, viz.:—

(a) If you subscribe to any of the *clinical research laboratories*, we hope you will send your work to them in those cases where your patient can afford their fee for examination of the swabs.

(b) Our work must be limited, as far as possible, to those who cannot afford to pay such fees (and to whom no fee, therefore, should be charged), and to the work in connection with our Fever Hospital and Elementary Schools.

(c) When clinical diagnosis is practically certain, there is no need to examine a swab as a rule.

Early notification is eminently desirable.

It must be remembered that too much reliance must not be placed upon diagnosis by swab, as, even when clinical evidences are very suspicious or even severe, the one swab taken may prove negative, owing to accident or to previous use of antiseptics, but, on the other hand, a positive swab, even in an atypical case, should be regarded as proof positive. Even in a simple tonsillitis, only *harbouring* Kleb's bacilli, the probability of true Diphtheria supervening is considerable, and, therefore, such a case should be kept under observation.

The consensus of experience goes to show that, in order to control the prevalence of Diphtheria, it is essential to test swabs from the throat (and also from the nose if there has been any nasal discharge, or if the throat affection has been severe), not earlier than the third or fourth week after the onset of the disease, and *to obtain at least two consecutive negative swabs* (three in severe cases) *before liberating the patient from home or hospital isolation.* This is especially important in school children, amongst whom Diphtheria often spreads by personal contagion, per missed or incompletely cured cases, in very troublesome degree. By such negative examination is meant the absence of the Klebs-Lœffler Bacillus of Diphtheria, as ascertained chiefly by Neisser's differential stain; the presence of pseudo-Diphtheria (Hofmann's) bacilli can be ignored in most convalescent cases, but their presence in abundance in convalescent cases of indefinite sore-throat is thought by some to be suspicious of the prior presence of the Klebs bacillus.

Recent experience in this City and elsewhere has also demonstrated the following important points:—

(1) That, not infrequently, cases of mild Diphtheria are overlooked, even by medical men, as "only sore-throat," and, therefore, for some years past, we have issued the enclosed leaflet freely to homes and schools, and through the medium of our school nurses we are now able to keep a sharp watch for such cases amongst the elementary school children. Positive or very suspicious cases are always referred to their medical attendants. If the sore-throat is at

all doubtful, we test by swab. Sometimes Diphtheritic paralysis is the first suspicious symptom we hear of.

Defective sanitary conditions may predispose by lowering resistance, but Diphtheria is only acquired directly or indirectly from another case of that disease, or from a "carrier" of the bacillus.

(2) The notified cases help us to track the overlooked cases. It is not infrequently desirable to examine swabs of home and school "contacts," whereby we may discover, it may be the original infecting case, or overlooked mild cases (so-called catarrhal Diphtheria), or those dangerous cases known as "contact carriers," *i.e.*, apparently normal "contacts" harbouring virulent Klebs' bacilli in throat or nose.

Such cases have each to be treated until free of the bacilli—by home or hospital isolation, use of local antiseptics, fresh air, &c. (sometimes the administration of Antitoxin is indicated). So, also, should be treated such few convalescents as harbour the Kleb's bacillus for weeks or months after apparent cure.

"Not more than 0·2 per cent. of normal persons harbour virulent Diphtheria bacilli, but as many as 36 per cent. of intimate contacts have been proved to harbour virulent, potentially infective, bacilli, even for many weeks. Such cases may not only infect other persons, but may themselves develop clinical Diphtheria per breach of mucous membrane."

(3) Prophylactic administration of Antitoxin is of little use for prevention unless accompanied by bacteriological examination of the contact, as the Antitoxin does not kill the bacilli which may happen to be harboured by the contact, unrecognised, and which may make that contact a carrier of infection to others.

(4) "As follicular or suppurative Tonsillitis is rare in young children, 'sore-throats' or 'patched' throats, especially with normal or sub-acute temperature, are suspicious of Diphtheria. Many of the worst cases of Diphtheria have no pyrexia and little or no pain—the more pure the Diphtheria, the less swelling and the less pain. It is only the cases of Tonsillitis, or of mixed infection, which are markedly painful and pyrexial."

(5) Impetigo of the lips and chin, plus nasal symptoms, is very suspicious of Diphtheria; swabs taken from under the scabs sometimes yield pure culture of Kleb's bacillus.

(6) The glandular swellings in the neck, so common in Diphtheria, especially in its severer forms, are sometimes treated by the parents as "only Mumps." Such cases require careful investigation; so also do some cases of otorrhæa or rhinorrhæa following throat symptoms.

(7) *No suspicious "contact," or case of sore-throat, or convalescent, should be permitted to return to school until after two consecutive negative swabs.*

N.B.—We always give the medical attendant, if one be in attendance, the option of taking swabs in the above-named convalescent and other cases himself, and we always have a stock of sterilised swabs at the Health Office in readiness to be sent or called for. But we are prepared to take the swabs ourselves, upon receipt of telephone or other message, in cases where the medical attendant is too busy or does not care for the trouble."

ENTERIC (TYPHOID) FEVER.

During the year 1910, 14 cases were notified as Enteric or Typhoid Fever. Of these, one afterwards proved to be Pneumonia. One case which was admitted to the Fever Hospital as a case of Diphtheria, proved to be a fatal case of Typhoid and is included in this nett total of 14.

Of the remaining cases 4 died—3 at their own homes, and 1 at the Fever Hospital—equal to a death-rate of 0·045 per 1,000 living, or 28·6 per cent. of the nett total of cases.

The average death-rate for the ten years, 1900—1909, in York, was 0·15 per 1,000 living, and the average for the 77 Great Towns in 1910 was 0·05.

CITY OF YORK.—ENTERIC (TYPHOID) FEVER.

Year.	Total Cases.	Persons attacked per 1,000 of population.	Total Deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.	Mortality per cent. of cases.	Total cases removed to County or Fever Hospital.	Percentage of total cases removed to Hospitals.
1900	244	3·2	38	0·49	49	15·5	74	30·3
1901	121	1·5	15	0·19	19	12·4	53	43·8
1902	56 nett	0·7	12	0·15	15	21·4	20	33·3
1903	47 ,,	0·65	5	0·06	6	10·6	14	27·0
1904	89 ,,	1·23	14	0·17	17	15·7	58	58·0
1905	63 ,,	0·76	8	0·09	9	12·7	40	50·0
1906	75 ,,	0·89	14	0·16	16	18·6	41	54·6
1907	30 ,,	0·35	8	0·09	9	23·5	19	48·7
1908	50 ,,	0·58	7	0·08	8	14·0	27	54·0
1909	38 ,,	0·43	3	0·03	3	8·0	29	61·7
Averages, ten years, 1900—1909	81	1·03	12·4	0·151	15·1	15·2	37	46·1
1910	**14 nett.**	**0·16**	**4**	**0·04**	**4**	**28·6**	**5**	**35·7**

During the first half of the year (January 1st to June 30th) 6 positive cases occurred; during the second half of the year (July 1st to December 31st), 8 cases occurred.

In the recent sanitary history of York nothing has been more remarkable than the enormous reduction in the prevalence

of this fell disease. Whereas, ten years ago, this was perhaps the most grave part of our Report, it has now taken a very secondary position.

The. general experience all over the country, as in York, is that, as the foul privy-middens or pail-closets are abolished, so Typhoid Fever and Diarrhœa disappear.

There was only one known Secondary case, but in one family there had been several mysterious cases of Diarrhœa.

At least two cases probably contracted the disease outside the City, having been resident or visiting elsewhere prior to the incubation period of the disease, and two other cases were most certainly imported cases.

Full investigation was made, as usual, in order to discover the possible origin of each case. The consumption of shell-fish, ice-creams and water-cress was inquired into but only in two cases was there any history of consumption of ice-creams. Ice-cream makers and dealers were kept under supervision (see Report of the Inspector of Nuisances at end of this Report). The sale of ice-cream in public streets is an abomination, and should be abolished by Act of Parliament.

The milk-supply of the Typhoid cases was distributed amongst 12 Milk-dealers.

The following notes set forth the chief facts about the houses affected by the cases :—

BOOTHAM SANITARY SUB-DISTRICT.

Street.	Sanitary convenience	Chief Sanitary defects.	Works of improvement carried out.	Remarks about Patients.
Rose Street ...	W.W.C.	nil	nil	Imported case. Died.

MICKLEGATE SANITARY SUB-DISTRICT.

Stamford Street ...	Privy	Foul privy, defective drainage	Under consideration	Died
Carlton Street ...	W.W.C.	Defective floors	Floors repaired	
Garfield Terrace ...	Privy	Foul privy and foul sink	W.C. provided, new sink and re-drainage	? Imported case, died
Moss Street ...	W.C.	Foul W.C. & drainage defects	New W.C. and re-drainage	

WALMGATE SANITARY SUB-DISTRICT.

Fitzroy Terrace ..	W.C.	Defective kitchen floors	Floors re-laid	Ate soiled fruit
Fitzroy Terrace ..	W.C.	No defects at home. At her workplace cellar floor unpaved and some drainage defects	Cellar floor cemented and drainage improved	First notified as a Diphtheria. Died of Typhoid
Albert Street (two cases at one house	Privy	Foul privy & sink, defective floors and yard pavement	W.C. provided, new sink; new floors; damp walls remedied; yard pavement repaired	Ate ice-creams and water-cress
Wellington Street	Privy	Foul privy and defective drainage	Under consideration	
Lansdowne Villas	Privy & pan W.C	Foul privy, foul pan W.C., defective sink and drainage	New W.C. & sink, privy abolished, re-drainage	Imported case from Gascoigne Wood outbreak
Harcourt Street, Heworth ..	W.C.	nil	nil	
Newbiggin Street ..	W.C.	Defective drainage and sink	Drains to be re-laid	

Special Preventive Measures re Typhoid Fever:—

1.—Two cases were removed to the Corporation Fever Hospital and 3 were received into the County Hospital (General Infirmary). Relatives are now systematically admitted to see the patients in the Fever Hospital.

2.—The special pails for the collection and removal of the excreta of Typhoid cases, purchased in August, 1900, served six

cases, and largely prevented, therefore, the specific pollution of six privies or house drains. The pails were sent out containing deodorant fluid; and the excretal contents were emptied direct into a main sewer.

3.—Foul and infected midden-privies were abolished, and all defects of drainage, yard pavements, sewer ventilators, street gullies, &c., were promptly remedied.

SMALLPOX.

No cases of Smallpox occurred in the City during the year, but there were small outbreaks in Lancashire, the Midlands, and other parts of the country, including 7 in the County of London, 40 at the various ports, 59 in the provinces (Sheffield 7 cases), and great epidemics occured in Russia (many thousands of cases; St. Petersburg 2,000), Italy, Spain, Lisbon (1,000 cases), Paris (over 200 cases), Egypt (2,700 cases), United States (24,000), Bombay (1,150 cases). Other European, Asiatic and African nations suffered, also South America and Canada.

Two "Contacts" on a steamship from the Argentine arrived in York, via the Port of London, and were kept under observation for a fortnight.

PLAGUE AND RATS.

No cases of Asiatic Cholera were reported in this country in 1910, but in the autumn an alarming outbreak of Plague occurred in Suffolk. Only a few cases occurred amongst human beings, but they were of the very fatal pneumonic type; numerous dead rats and hares were also found in the district and were proved bacteriologically to have died of plague. As rats and rat fleas are now well-known to be carriers of the bacillus-contagion, an active crusade against rats was commenced in that district, resulting in the weekly destruction of many thousands of rats and their attendant fleas, and in November, 1910, the Local Government Board issued a Circular and General Memorandum to all the Local Sanitary Authorities of the country with reference to the very difficult work of the destruction of rats, and the need for vigilance in regard to the occurrence of Plague. Accordingly I compiled and issued to the owners of all probable

rat resorts in the City the following leaflet, authorised by the Health Committee and reproduced here (slightly abridged) by way of record.

The marked infectiousness of the disease amongst rats and their secretive mode of life makes the matter one of considerable anxiety. "Considerable speculation has arisen as to the length of time during which this rat plague has been in existence in East Suffolk, and as to whether anything approaching a similar state of affairs exists elsewhere unrecognised." The outbreak appears to have subsided, and although it is not impossible that the malady may still exist amongst rats in some localities in a chronic form, there is no evidence that this is so.

"Our knowledge of rat plague in this country is not a very extensive one, and it is confined largely to the apparently limited outbreaks which have occurred from time to time at certain of our ports, such as London, Cardiff, Glasgow and elsewhere." In India, where the plague has committed such terrible ravages, the the medium of contagion is the black rat, which is mostly a house rat, and about which the natives are very indifferent—hence the continuance of the disease.

The rat of this country is the brown rat, which is not a domestic rat, but mainly an occupant of sewers and stables, etc. Hence, probably, our relative immunity to human plague in this country, even in the presence of an extensive prevalence of rat plague. Our greatest efforts, therefore, should be directed to preventing our rats becoming domestic. It is possible that next autumn more organised destruction of rats and renewed observation will be advisable. As plague in India is a disease limited almost entirely to the dirty poor, it also behoves us to continue, with firmness and determination, our campaign against dirty and dilapidated houses. Our line of action in this country is to destroy, not only rats, but—more practicable—their breeding places, just as malaria and yellow fever are being stamped out by the destruction of the breeding places of their insect-carriers. The danger signal for human beings is the occurrence of a considerable mortality amongst rats of unknown origin.

CITY OF YORK.

WAR ON RATS.

Carriers of Dirt and Disease.

The epidemics of Plague in India and other countries, and the recent outbreak in Suffolk, point out that it is desirable to carry on an active war upon rats.

Rats are very liable to plague, and can convey the disease to human beings and to other animals through their fleas, which can carry the germs of Plague and inoculate them by their bite.

Rats swarm with fleas. When a rat dies, the fleas leave its cold body and seek to infest some other living animal.

Rats do help to destroy filth, but that of itself makes them filthy animals and, on the other hand, no filth should be allowed to remain about for them. Filth is much more rapidly and safely destroyed by burial, or by fire, than by rats.

Moreover, rats cause an immense amount of damage and loss on farms, in food stores, shops, factories, &c. They also do much damage and indirectly produce disease by boring communications from sewers into dwellings, by gnawing through gas and water pipes, and by attacking food with their filthy feet and teeth.

Therefore do all you can to destroy rats and fleas, and to prevent rats entering houses and workshops.

It may be impossible to exterminate rats entirely, as they breed so rapidly, but the utmost should be done and persevered in in that direction.

How that can be done?

By carrying out all the following rules:—

(1) Don't keep waste food, garbage, or rubbish of any kind, about, upon which rats may feed.

(2) Don't keep empty boxes, or heaps of refuse, etc., in which rats may hide.

(3) If rats molest any house, shop, or other building, the drains are probably defective and permit sewer rats and sewer gases to escape. The drains should, therefore, be reported at once to the Inspector of Nuisances at the Guildhall for his investigation.

(4) All rat runs and nests should be broken up, or stopped up with broken glass and tar.

(5) The reputation of cats for preventing the invasion of houses by rats and mice is still unrivalled, but a cat which shows signs of illness should be killed, and its body burned or deeply buried.

(6) Dust harbours *fleas;* therefore houses should be kept clean, and fleas should be rigorously destroyed by insect powders and other means.

In order to destroy rats a combination of the following methods should be used*:—

(1) Spring or cage traps, dogs, and ferrets are very useful. Frequent rat hunts are advisable in some very infested districts.

(2) Chemical poisons, such as phosphorous or strychnine, are effective, but are very dangerous to other animals, and the rats so poisoned may die under floors, etc., and cause offensive nuisance. Probably the safest and cheapest chemical poison is Barium Carbonate mixed with meal; it makes the rats thirsty and they seek water in the open before dying.

(3) Probably the very best "poison" of all is the recently-discovered bacterial *VIRUS*, which can be obtained at any of the principal chemists and druggists in the following different forms:—

(a) The Liverpool Rat Virus.

(b) The Danysz Rat Virus.

(c) Ratin.

Each of the above is practically the same Virus; 100 acres of land can be cleared of rats by the Virus at a cost of £1 to £2.

The advantages of this "poison" above all others are as follows:—

(1) The Virus produces in rats and mice an infectious disease, which is fatal to them in from a week to a fortnight, but which is *harmless to human beings and to all other animals.*

(2) This disease then spreads amongst the remaining rats and mice of the area treated.

(3) The disease causes the animals affected to leave their runs in search of air and water; therefore, they usually die in the open, not in holes or under floors, etc.

(4) Rats and mice readily eat the bait. It is essential to success that a big dose be laid in the rat runs, at the very first, a dose corresponding to the size of the area and the extent to which it is infested with rats or mice. The makers advise as to the amount required, either in the "directions for use," or upon written application.

If the first dose does not appear to have been complete in its results, a second or more doses should be laid down, although it must be remembered that, as the disease caused by the Virus spreads, the vermin continue to die for weeks after the first dose.

The York Health Department would be very much interested to hear of the results of the use of this Virus in the City and neighbourhood, and at the present time it is *very important* that the Health Department should also be informed *if any excessive number of dead rats should be found where no Virus or other poison has been used.*

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*Rats are so intelligent and suspicious that they will evade the bait if they find their fellows dying in any number from eating it, and they will even leave the district for a time. Therefore, different baits and other methods must be used in different places, and at different times, in order to compass their destruction.

The bodies of dead rats should either be burned or deeply buried out of the reach of other animals.

Further useful information can also be supplied, upon application at this Office, to any responsible persons who propose to organise campaigns for the destruction of rats.

Issued by order of the Health Committee of the York Corporation.

PUERPERAL FEVER.

Under this general term or heading are included the following diseases: Puerperal Pyæmia, Puerperal Septicæmia, Puerperal Sapræmia, Puerperal Pelvic Peritonitis, Puerperal Peri- or Endo-Metritis.

During the year 1910 only one case was notified.

The midwife concerned had her clothing disinfected and was ordered not to attend any other cases for a few days.

The figures regarding this disease for recent years are as follows:—

Year.	Cases notified.	Deaths.	Year.	Cases notified.	Deaths.
1900	10	7	1905	3	3
1901	3	4	1906	5	4
1902	2	1	1907	11	3
1903	3	2	1908	13	4
1904	4	0	1909	3	1
			1910	1	0

The prevention of this disease is likely to be more completely attained through the Midwives Act of 1902, now in operation (see section on Midwives Act).

ERYSIPELAS.

The figures regarding this septic and contagious disease for recent years are as follows:—

Years.			Cases notified.	Total deaths.	Mortality per cent. of cases.
Five years ...	1901—05	...	260	18	7
Four years ...	1906—09	...	151	12	8
	1910	...	26	1	3·8

Simple measures of disinfection were carried out in each case, and in some of the cases dirty houses were ordered to be cleansed and limewashed.

OTHER SEPTIC DISEASES.

Under this heading are included :—Phagadœna, Pyæmia, Septicæmia, Infective Endocarditis, other allied diseases, (Cancrum Oris, Noma, Stomatitis, Phlegmon, Carbuncle, Cellulitis, Gangrene).

In 1910 there were 12 deaths, (3 in Bootham, 2 in Micklegate, and 7 in Walmgate District).

HUMAN TUBERCULOSIS.

The more vigorous campaign against Tuberculosis, promoted during the past few years, progresses slowly, (with occasional checks by Influenza, as in 1907, which often promotes or concludes Tubercular disease) but with, on the whole, encouraging results. (See Table R further on).

Deaths due to Tuberculosis of Lungs.

(Phthisis Pulmonalis, or " Consumption " of the Lungs).

In 1910 there were 69 deaths due to Phthisis, equal to a death-rate of 0·78 per 1,000 living (78 per 100,000); or 6·6 per cent. of total deaths from all diseases.

They occurred during the year as follows :—

1st Quarter ...	21	3rd Quarter ...	9
2nd Quarter ...	17	4th Quarter ...	22

Twenty-four deaths occurred in Bootham Sanitary Sub-district (including 2 in the Workhouse) ; 19 occurred in Micklegate District ; and 26 in Walmgate District.

The District death-rates from Phthisis per 1,000 living were as follows :—

Bootham District	0·93	(93 per 100,000).
Micklegate „	0·64	(64 per 100,000).
Walmgate „	0·79	(79 per 100,000).

The distribution of the cases in streets, courts, etc. is stated further on in this section of the report.

City of York—Phthisis,—1900—1910:—

Year.	Number of Deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.	Percentage of total number of deaths from all Diseases.
1900	110	1·48	148	7·0
1901	109	1·39	139	8·4
1902	100	1·26	126	8·2
1903	98	1·22	122	7·5
1904	109	1·34	134	8·2
1905	93	1·12	112	7·9
1906	90	1·08	108	7·9
1907	114	1·34	134	8·9
1908	75	0·87	87	6·8
1909	90	1·03	103	9·0
Averages of ten years 1900—09	99	1·21	121	8·0
1910	**69**	**0·78**	**78**	**6·6**

York—Deaths due to other forms of Tuberculosis:—

*Tubercular Meningitis, Tubercular Enteritis, Tabes Mesenterica, "Acute Miliary," "General Tuberculosis," Tuberculosis of Joints, Skin and other Organs.

Year.	Number of Deaths.	Per 1,000 living.	Per 100,000 living.	Tubercular Meningitis only; Number of Deaths.
1900	46	0·62	62	20
1901	38	0·48	48	11
1902	50	0·63	63	29
1903	35	0·43	43	17
1904	40	0·49	49	15
1905	43	0·52	52	21
1906	38	0·45	45	17
1907	32	0·37	37	19
1908	29	0·34	34	14
1909	25	0·29	29	18
Averages of ten years 1900—09	38	0·46	46	18·1
1910	**28**	**0·32**	**32**	**16**

*Tubercular Meningitis is tubercular disease of the membranes of the brain.
Tubercular Enteritis is tubercular disease of the intestine.
Tabes Mesenterica is tubercular disease of the mesenteric glands in the abdominal cavity.
The other terms relate to form and the distribution of tubercular disease.

Deaths due to all forms of Tuberculosis in 1910:—

	Bootham district.	Micklegate district.	Walmgate district.	Whole City. Totals.
Phthisis	24	19	26	69
Tubercular Meningitis ...	4	4	8	16
Other forms of Tuberculosis...	0	9	3	12
Totals ...	28	32	37	97
Total Tuberculosis death-rate per 1,000 living in each district	1·08	1·08	1·12	1·10

The total of 97 deaths was equivalent to a death-rate of 1·10 per 1,000 living (110 per 100,000), and constituted 9·3 per cent. of total deaths from all diseases.

Deaths in previous years:—

Year.	Phthisis.	Other Tubercular Diseases.	Totals.	All forms of Tuberculosis.	
				Death-rate per 1,000 living.	Death-rate per 100,000 living.
1900	110	46	156	2·10	210
1901	109	38	147	1·88	188
1902	100	50	150	1·88	188
1903	98	35	133	1·65	165
1904	109	40	149	1·83	183
1905	93	43	136	1·65	165
1906	90	38	128	1·53	153
1907	114	32	146	1·72	172
1908	75	29	104	1·21	121
1909	90	25	115	1·32	132
Average of ten years 1900—09	99	38	136	1·68	168
1910	**69**	**28**	**97**	**1·10**	**110**

TABLE R.

Showing the steady decline in Tubercular mortality since 1871.

Average death-rates per 1,000 living during the following decennial and quinquennial periods :—

Year.	Tuberculosis of Lungs. (Phthisis).		Other forms of Tubercular Disease.		All forms of Tuberculosis.	
	City of York.	England and Wales.	City of York.	England and Wales.	City of York.	England and Wales.
1871—1880 ...	2·13	2·13	0·62	0·63	2·75	2·76
1881—1890 ...	1·98	1·73	0·76	0·69	2·74	2·42
1891—1900 ...	1·56	1·39	0·65	0·61	2·21	2·01
1901—1905 ...	1·27	1·27	0·51	0·53	1·78	1·80
1906—1909 ...	1·08	1·16	0·36	0·49	1·45	1·65
1909	1·03	1·08	0·29	0·44	1·32	1·52

In Table S it will be observed that 58 per cent. of our City cases of phthisis since 1902 have occurred amongst males, and 42 per cent. amongst females; the Registrar-General in his Annual Report for England and Wales for 1909, states that whereas in 1870 the mortality rate for England and Wales was as high in females as in males, the decrease in phthisis mortality since 1870 has been less amongst males than females—due most probably to the evils connected with male industries—by as much as 29 per cent. in 1906—1909.

The Registrar-General also states that :—

1. "Tuberculosis is still responsible for 10·5 per cent. of the total mortality from all causes, and phthisis for 7·5 per cent.

2. Phthisis accounted for 71 per cent. of the total Tuberculosis mortality.

3. The death-rate for phthisis for 1909 was the lowest on record; the greatest fall being under the age of five years.

4. Since 1870 the mortality from Tubercular Meningitis has dropped from 215 to 99 per 100,000 children under 5 years and since 1884 the mortality from Tabes Mesenterica, and Tubercular Peritonitis has dropped from 200 to 79 per 100,000 children, but these three diseases are still much more destructive to children in town than in country."

The following Table recently compiled from the Registrar-General's last Decennial Report—illustrates the fact that phthisis is a disease which manifests itself mostly in adult life, whilst the other Tubercular diseases (chief amongst which are Tubercular Meningitis and "Tabes Mesenterica") are more common in child life.

CITY OF YORK. 1891—1900.

Age at death; aged between:—	Total deaths in ten years due to:—		Total.
	Phthisis.	Other Tubercular Diseases.	
0—5 years	29	226	255
5—10 „	24	78	102
10—15 „	50	34	84
15—20 „	127	32	159
20—25 „	174	24	198
25—35 „	310	21	331
35—45 „	292	29	321
45—55 „	187	8	195
55—65 „	103	7	110
65—75 „	42	3	45
75 years and over	7	1	8
Grand Total			1808

which was equal to 11 per cent. of total deaths due to all causes, which numbered 16,485.

Notification of Cases of Phthisis during the year 1910.

With the beginning of the year 1902 we commenced the system of Voluntary Notification of Phthisis, and we also commenced to investigate cases notified per the death-returns, where inquiry was not resented, which rarely happens.

Since then, the Regulations of the Local Government Board as to Tuberculosis were issued, December, 1908, and constituted the first step of the Government in the direction of national *compulsory* notification of Consumption (Pulmonary Tuberculosis). They provided that from January 1st, 1909, all such cases occurring in the practice of the district Poor-law Medical Officers, or such as are inmates of poor-law institutions, shall be notified to the Medical Officer of Health of the district in which the patient's residence is situate. Removals of the

patient to other districts or poor-law institutions are to be similarly notified, so that the Local Authorities concerned may maintain helpful supervision of such a case so long as the patient is ill.

The following notifications under these Regulations were received during the year 1910:—

Medical notifications of cases in Union Workhouse (Form A) ...	19
Notifications from district Poor-Law Medical Officers (Form B)...	11
Notifications from Masters of Union Workhouses *re* departure of cases from the Workhouse (Form C) ... ... (including 9 from York, 1 from Withington, and 1 from Bradford).	11
Notifications from Relieving Officers of removal from one residence to another (Form D).	2

The following table sets forth the totals of cases notified and investigated under the Voluntary System and under the above-mentioned Poor-law Regulations:—

Year.	Private cases voluntarily notified by Medical Practitioners during life.	New Poor-law cases compulsorily notified under Regulations of 1908.	Cases notified only per death returns.	Total cases.	Total cases investigated, advised, and assisted.
1902	66	...	51	117	115
1903	35	...	71	106	90
1904	77	...	66	143	132
1905	47	...	61	108	93
1906	50	...	63	113	98
1907	51	...	75	126	111
1908	40	...	54	94	83
1909	43	40	57	140	117
1910	**61**	**17**	**40**	**118**	**102**
Totals	470	57	538	1065	941

Of the total of 118 cases which thus came to the knowledge of the Medical Officer of Health during the year 1910, 102 were more or less fully investigated: 16 were not investigated owing to the absence of informants, etc.; of the 16 not investigated, 7 either died or resided in the Union Workhouse, and either had no settled home, or had given up keeping house.

Altogether 11 cases died in the Workhouse, in 7 of which partial information was obtained.

Of the 78 cases notified, 18 died within the same year, and 9 have died in the early months of 1911.

Specimens of Sputum were examined for the presence of Tubercle Bacilli by the Medical Officer of Health in 33 cases, 8 with positive and 25 with negative results; and 14 positive examinations were intimated by the notifying practitioners.

List of streets in the City in which more than one case or death from Phthisis has occurred during the year 1910:—

	No. of cases or deaths.		No. of cases or deaths.
Albert Street ...	... 3	Long Close Lane	... 3
Bishophill ...	... 2	North Street ...	... 4
Clarence Street...	... 3	Nunnery Lane ...	... 2
Clementhorpe ...	... 2	Newboro' Street	... 2
Fulford Road ...	... 4	Princess Street...	... 2
Goodramgate ...	... 2	Rose Street ...	... 2
Heslington Road	... 2	Rougier Street ...	... 2
Hope Street ...	... 2	Shipton Street ...	... 2
Hambleton Terrace	... 2	Skeldergate ...	... 2
James Street ...	... 3	Surtees Street ...	... 2
Kitchener Street	... 2	Whitby Terrace	... 2
Layerthorpe ...	... 5	Walmgate ...	... 2

The data, obtained upon making investigations of the cases may be summarised as follows:—

Fourteen cases at least were probably influenced by the factor of heredity; in 20 other cases, other members of the household (sisters, brothers, sons or daughters) had previously died of Phthisis; in one case the wife had previously died of Phthisis; in another, 3 children; in another, mother, 4 sisters and a brother; in another, 2 sisters and 2 brothers.

In at least 7 cases other persons had died of Phthisis in the same house as present victim; in 8 cases other members of the household (wife or children) were suffering from tubercular disease.

Forty-one cases were sleeping in a separate bedroom; 15 cases were sleeping in a separate bed in the same room as others; in 31 cases husband and wife (one being the invalid) were sleeping with each other; in 4 cases children were sleeping with the consumptive parent; 8 cases were sleeping with healthy brother

or sister; 7 consumptive children were sleeping with healthy parents; and 4 cases slept alone in the kitchen.

In 17 houses there was decided overcrowding, most of which was forthwith dealt with by legal notice.

There were 8 cases in which the patient had resided in three different houses during the course of the disease (in one instance four houses); about 25 houses had thus become infected.

The duration of illness varied, as stated, from two months to nine years. Several cases had been ill 4, 5, 6 and 7 years.

Condition of the Inspected Houses.

Five were decidedly dirty, several only moderately clean.

In four cases the bedding was dirty; cleansing orders were served *re* all such houses and bedding.

Twenty-six houses were ill-ventilated, nineteen of which were practically back-to-back houses; several houses had bedroom windows fixed so as not to be capable of being opened top and bottom. (See also Table T).

At nineteen houses there were foul midden-privies, 2 had defective water-closets, 7 defective sinks, 6 defective kitchen-floors, 5 defective yard pavements. At 4 there were no proper ash or dust-bins.

At 5 houses, pet animals were kept so as to be a nuisance.

These sanitary defects have all been corrected and proper ash-bins ordered where absent; fixed window sashes were ordered to be made capable of being opened.

On the whole, the general hygienic conditions amongst consumptives in York appear to be slowly improving.

Direct Measures of Prevention.

1. Our leaflets on "The causes and prevention of Consumption" have been sent to every affected house.

2. A special note of advice as to cleaning, disinfecting, &c. has been sent to the householders in respect of each death or removal.

3. Verbal advice has also been given by the Medical Officer of Health, Inspectors, or Health Visitors, during their visits,

according to need. Our Health Visitors now pay periodical friendly re-visits of advice and encouragement.

4. Seventy-four infected houses, with bedding and other unwashable goods, were disinfected—54 after death, 13 after removal, and 7 during the illness—by our men (by steam or by formalin spray or fumes), the householder doing the cleansing work; disinfection was refused in 7 cases and the householders did it themselves in 14 cases.

5. In a large number of cases the infected houses or rooms have been cleansed upon our instructions—wall-papers stripped, ceilings and walls lime-washed, &c., and in some poor cases help has been given per gifts of lime-wash, &c.

6. In the case of dirty houses, cleansing has been procured by compulsory order (Notice to cleanse and lime-wash), and overcrowding has been remedied as far as poverty would permit.

7. About six cases of Phthisis in an early stage are admitted every year to the County Hospital; about 20 cases per annum are admitted which already have extensive disease, and in which the chances of recovery are very doubtful. About 10 early cases and about 20 advanced cases are admitted to the Union Workhouse per annum; the early cases rarely stay long enough to improve; the advanced cases receive such attention and comfort as they are unlikely to receive at home, and their isolation in the Workhouse does valuable work in preventing a great deal of home infection. A large number of cases of Tuberculosis in different stages are also treated in the out-patients' departments of the County Hospital and the Dispensary, and at their homes by the latter Institution.

We have not interfered with the employment of any person; in that respect the patient and his co-residents have necessarily been left to the advice of the Medical Attendant.

TABLE S.

VOLUNTARY NOTIFICATION OF PHTHISIS, 1902—1910.

CLASSIFICATION OF CASES NOTIFIED, AND OF DEATHS, SINCE NOTIFICATION COMMENCED IN JANUARY, 1902.

Year.	Total cases notified, and deaths.	Males.	Females	Age-periods affected.								Sanitary Sub-district.		
				Under 5 years.	5-15	15 25	25-35	35-45	45-55	55-65	65 and over.	Bootham.	Micklegate	Walmgate
1902	117	73	44	3	9	23	36	23	9	10	4	17	39	61
1903	106	59	47	5	10	18	30	22	10	8	3	22	29	55
1904	143	75	68	2	14	33	31	32	23	7	1	23	38	82
1905	108	62	46	6	4	20	31	28	10	8	1	22	37	49
1906	113	63	50	1	8	31	26	20	19	6	2	34	27	52
1907	126	72	54	3	8	25	25	30	23	10	2	22	39	65
1908	94	56	38	3	12	16	22	15	16	9	1	19	21	54
1909	140	92	48	4	10	33	39	24	21	7	2	40	40	60
1910	118	58	60	2	18	23	25	22	16	9	3	39	29	50
Totals ...	1065	610	455	29	95	222	265	216	147	74	19	238	299	528
Percentage of total cases—(1065)		57	43	2·7	8·7	20·9	24·9	20·3	13·8	6 9	1·8	22·3	28·1	49·6

Total at ages 25—65 = 702
Percentage = 65·9.

TABLE T.

VOLUNTARY NOTIFICATION OF PHTHISIS, 1902—1910.

DATA *re* CASES INVESTIGATED.

Year.	Total cases investigated.	Total cases in which parents or grandparents had died of Phthisis.	Total cases in which other members of household had died of Phthisis.	Total cases in which other persons had died of Phthisis *in same house*, so far as known.	Total cases in which other members of household were also believed to be suffering from tubercular disease.	Total cases occupying a separate bedroom.	Total cases sleeping in same bed as other persons.	Total cases sleeping in separate bed in same bedroom as other persons.	Total cases in which there was decided overcrowding.	Total cases in which patient had resided in two or more houses during phthisical illness.	Total houses more or less dirty.	Total houses damp.	Total houses ill-ventilated.	Total houses ill-lighted.	Total houses with gross sanitary defects.	Houses declared unfit for habitation	Total houses (with contents) disinfected by Corporation.
1902	115	15	32	7	2	63	32	20	19	20	17	28	23	36	33	4	45
1903	90	21	23	6	8	38	35	20	18	27	19	6	20	26	29	0	45
1904	132	15	37	9	7	44	69	19	25	19	38	8	48	19	40	5	57
1905	93	17	22	3	2	34	46	8	12	34	18	4	19	2	40	3	62
1906	98	11	20	9	5	37	42	16	11	34	19	5	20	9	42	3	44
1907	111	20	27	9	4	46	51	9	6	27	17	5	9	23	14	1	80
1908	83	14	19	10	6	35	38	10	10	20	15	7	26	7	14	1	36
1909	117	4	28	9	10	37	55	15	7	24	8	5	19	8	37	0	71
1910	102	14	20	7	8	41	46	15	17	24	5	9	26	6	35	4	74
Totals	941	131	228	69	52	375	414	132	125	229	156	77	210	136	284	21	514
Percentage of Total Cases investigated.		13·9	24·2	7·3	5·5	39·8	43·9	14·0	13·3	24·3	16·6	8·2	22·3	14·4	30·2	2·3	54·6

List of closed-in Streets & Courts in the City containing houses in which two or more Cases or Deaths from Phthisis have occurred since Voluntary Notification commenced in January, 1902.

Albert Street.
Alne Terrace, Heslington Rd. (4 cases)
Apollo Street, „
Bedern, Ebor Buildings (6 cases).
Bilton Street.
Caroline Street.
Cherry Street.
Clement Street.
De Grey Street (3 cases).
Dennis St., (12 cases in whole street).
Garden Street, Groves (8 cases in whole street).
Groves Lane, Powell's Place.
Hungate.
„ Garden Place.
„ Haver Lane.
Hungate, Lower Wesley Place, (4 cases).
„ Wesley Place.
Hope Street (18 cases).
King St., Booth's Yard (3 cases).
Long Close Lane, Wood's Yard, (3 cases).
Layerthorpe (8 cases).
March Street, Groves.
North St., (16 cases in whole street).
Price St., Lorriman's Buildings, (3 cases).
Rougier Street.
Spen Lane (3 cases).
Tanner Street (3 cases).
Trinity Lane.

VOLUNTARY NOTIFICATION of PHTHISIS, 1902—1910 (inclusive).

Occupations of Cases investigated.

School Children	79	Mechanics, various ...	24
Children under school age ...	26	Blacksmiths	12
Housewives	227	Other Metal Workers ...	6
Female Domestic Servants ...	42	Plumbers and Whitesmiths ...	10
Charwomen	3	Flour Millers	8
Laundresses	12	Grocers	4
Shop Girls	4	Poultry and Fish Dealers ...	5
Male Domestic Servants ...	8	Butchers	5
Masons	17	Railway Guards	2
Engine Drivers	8	Workers in Refrigerator Rooms	2
Coal Dealers	3	Musicians	2
Chimney Sweeps	2	Soldiers	31
Clerks	38	Porters and Messengers ...	14
Painters and Paperhangers ...	24	Cab Drivers	10
Dressmakers	21	Hawkers	9
Printers	12	Boatmen and Bargemen ...	5
Glass-blowers	10	Coachmen and Grooms ...	7
Tailors	10	Gardeners	3
Leather Workers	9	Policemen	2
Publicans and Barmaids ...	7	Commercial Travellers ...	4
Shopkeepers, Sundry ...	6	Farmers and Milkmen ...	2
Teachers	4	Nurses	3
Hairdressers	5	Asylum Attendants ...	2
Brush and Comb Makers ...	4	Tramps	16
Maltsters	2	Outdoor Labourers ...	121
Journalist	1	Female Field Hands ...	2
Confectionery Workers ...	47	Signalmen	1
Joiners	24.	Not in occupations ...	45

The Anti-Tuberculosis Campaign:—

The forward movement urged in my two last Annual Reports has now commenced and is making progress.

In February, 1909, the Local Government Board published a Memorandum on "Administrative Measures against Tuberculosis" and later on I reported on a Scheme of Measures for the Further Advancement of the direct preventive work, which had been steadily developing since the issue, in 1899, of my leaflet on "The Prevention of Consumption" and more particularly since the initiation of Voluntary Notification in January, 1902. My report was issued in April, 1910, and a special Sub-Committee of the Health Committee—"The Prevention of Consumption Sub-Committee"—was appointed to consider and carry out the details. That Sub-Committee met on several occasions, inspected inexpensive measures of treatment being carried out at Rotherham and Sheffield, and evolved a very considerable advancement of our campaign, of which the following is a concise statement. I also visited the Royal Victoria Consumption Dispensary and Hospital in Edinburgh, and the Tuberculosis Exhibition being held in that city at the time (June, 1910), and the Leeds Sanatorium at Gateforth; and, along with Mr. Richard Thompson and Dr. Evelyn, I attended the meeting held at Northallerton, summoned by the Lord Lieutenant of the North Riding, for the consideration of a North Riding Memorial to the late King Edward VII. We hoped that that Memorial might take the form of an inexpensive Sanatorium for the treatment of early cases of phthisis, as such an institution would have been peculiarly appropriate to the memory of the King who so actively furthered the work of amelioration in his Kingdom, and who uttered the eloquent challenge, "If preventable, why not prevented?" Our idea was, that as, for a suitable site for a Sanatorium for City cases, we should most likely have to go into the North Riding, the most expeditious and economical plan would be for the City to unite in some way in a North Riding Sanatorium Scheme, as an institution covering so extensive an area and comprising, therefore, a large number of beds, would be sufficiently large to justify the employment of the whole time services of an expert resident Medical Superintendent—a very important consideration in the now advancing methods of treatment—whereas, such an institution, if for City cases only, would obviously be only a small one, and, away on the hills miles away from the

City, might also be miles away from the nearest medical practitioner. I regret to say that the North Riding Memorial has not assumed the form we citizens desired. Whether the County Nursing Scheme decided upon may in time expand so as to satisfy our hope remains to be seen. In the meantime, there is the idea—Will the City eventually promote a Sanatorium Scheme and ask the North Riding to unite therein?

Since we established Voluntary Notification in 1902, a total of 366 cases have been notified to me, and disinfection and other measures have followed in connection with 441 deaths. Not all the cases of phthisis by any means are notified under a system of Voluntary Notification, for obvious reasons. Compulsory Notification is the ideal, but the Government do not yet consider that the time is ripe for such a national measure, although all recent Congresses have been favourable. They have, however, granted that measure to Sheffield, Bolton, and Burnley, and recently to Ireland, for a limited term of years, during which it is understood that the Government will study the working of the compulsory system in those districts. Meanwhile, no other district can adopt Compulsory Notification without consent of Parliament. Our Health Committee is unanimously in favour of Compulsory Notification of phthisis, and considering the good we can do, and the good we have actually achieved—in education, in personal help, in reduction of overcrowding, in improvement of lighting and ventilation and other insanitary housing conditions, and in disinfection work (disinfection now being rarely refused)—it seems deplorable that we cannot do the greater good which would assuredly follow Compulsory Notification.

Summary of the further Measures adopted by the Health Committee during the year 1910 for the Prevention and Treatment of Consumption amongst the Citizens.

1. As there had been signs that the Voluntary Notification System was declining, and as there were many new medical practitioners in the City, it was decided to re-notify the profession that the system had been established in the City and had already done good work, soliciting more hearty co-operation, and intimating that provision for, at least, *temporary* isolation and treatment was being undertaken. This intimation, dated January 1st, 1911, was sent to each medical practitioner practising in the City, with copies of the Local Government Board Memorandum, my Special Report, our new leaflets, and forms for notification.

2. In this connection the extended co-operation of the County Hospital and Dispensary was solicited—in notification of home cases, and in interchange of useful information. Notification by these Institutions has recently been made compulsory by the Public Health (Tuberculosis in Hospitals) Regulations of March 1911. That constitutes another national Government step in the direction of compulsory notification. The help of the Charity Organisation Society for the households of consumptive, non-pauper breadwinners, during the absence of the latter for treatment, was also solicited and promised. There is difficulty, however, in inducing some poor cases to avail themselves even of that help as early as necessary.

3. Copies of the said Memorandum and of my Report and leaflets were also forwarded to each member of the Corporation.

4. Copies of the Local Government Board Memorandum were issued to all the Head Teachers of Elementary and Secondary Schools.

5. My leaflet of 1899 was carefully revised, and split up into three separate leaflets, viz.:—

a.—"The Prevention of Consumption."

b.—"Special Advice to Consumptive Persons."

c.—"Advice as to disinfection after recovery, removal, or decease."

The two first leaflets are attractively printed on tinted paper, and the leaflets are issued according to the requirements of each case. They specially emphasise the vital importance of early medical attention if possible cure is to be effected.

6. Over 2,000 copies of leaflet A. were, with the co-operation (largely secured I am glad to say) of the employers, distributed amongst the workpeople engaged in the following trades in the City, viz.:—Dressmakers, Milliners, Tailors, Laundries, Bakers, Boot and Shoe Repairers, Hairdressers, Printers, Tinsmiths, &c., &c., as well as to Milk Purveyors, Hotel Keepers, Co-operative Stores, &c.

7. Large wall-cards:—"Do not spit on the floor or walls. This disgusting habit may cause others to take Consumption. Spit only into the fire or into a spittoon, or down a gully or sink."—were posted up in most of the workshops of the above trades, also in the Co-operative Stores, Corporation Depôts,

Railway Wagon and Carriage Works, War Offices, and Public Library and Reading Rooms. Similar cards of ours had been posted up in some of the workshops during previous years.

8. With the approval of the local Licensed Victuallers Association, and through the following Circular Letter to the Innkeepers, the following card was posted up in the bars, smoke-rooms and taprooms of 176 hotels and taverns in the City. (Copy of Circular Letter):—"PREVENTION OF CONSUMPTION. The Health Committee of the York Corporation, being anxious to do everything possible to suppress the terrible disease of Consumption, would be much helped if you would display the attached card in your bar and smokeroom. In cases where such spitting goes on, there is always the danger that someone may spread Consumption through their expectoration, hence it is very desirable to prohibit spitting, except into proper vessels, on the part of *all* persons alike. (Copy of Card):—"In the interests of CLEANLINESS and HEALTH, customers are requested NOT TO SPIT ON THE FLOOR, as this habit may cause others to take CONSUMPTION. Please spit only into the spittoon."

9. I was authorised to supply cheap pocket spit flasks, gratis, to indigent cases. About one dozen of the rubber-stoppered pattern, made by Messrs. Beatson of Rotherham, at a cost of fivepence each, have thus been given out.

10. For the educational treatment of early or midway cases of phthisis for short periods of four or more weeks, it has been resolved to erect on the Fever Hospital extension site, an open-air Ward to contain about eight beds, and to comprise necessary nurses' room, lavatories, &c. This ward will be built chiefly of wood, at the top of sloping ground, and will have a pleasant outlook facing S.S.E. and S.S.W. It will be used alternately for each sex, or in conjunction with the typhoid ward of the Fever Hospital, when that is empty, when it will be possible to provide for both sexes at one time. It is expected to be erected during the early summer of 1911.

11. In the meantime, in November and December, a batch of males consumptives, (4 men and 1 boy), and subsequently a batch of 2 women and 3 girls, have been received into the empty typhoid ward of the Fever Hospital. They got rest, good nourishing food, and a drilling in their special hygiene. They were all benefitted and were very grateful for the rest and help obtained. Eight left hospital after their four to eight weeks stay, very

greatly better; five were already advanced cases and could not be expected to improve very materially in their condition in such a short period, but they were helped and cheered, and left us better and encouraged. Two cases, I regret to say, have since succumbed to the enemy. Whilst the cases were in hospital their homes were cleansed and disinfected.

12. The Town Clerk has been authorised to ascertain if the Home Office would be prepared to sanction a bye-law penalising spitting *on the public causeways*, in addition to the other public places mentioned in the model bye-law already adopted in several other districts.

A proposal to institute a Tuberculosis Dispensary, on the lines of those in Edinburgh and Paddington, is still under consideration, and a proposal to establish an open-air school, for the temporary education of tubercular and other delicate children attending the Elementary Schools, has already received some consideration by the Education Committee.

There is also a great need for the establishment of some more complete organisation for substantial aid, financial and otherwise, being given to families rendered indigent by the tubercular illness amongst the breadwinners of the household who are so often those who are victims of the disease. There is hope that such organisation will come about before long, either by the reform of the Poor Law, the Government Insurance Bill, or private enterprise.

In connection with the extermination of human tuberculosis nothing is of more vital importance than the improvement of the housing conditions of the poorer classes. As a result of the splendid work carried out in recent years in Liverpool, in the demolition of insanitary areas, and the re-housing of the displaced people in new sanitary dwellings, it is recorded that in the 2,200 Corporation dwellings (re-housing over 8,000 of the poorest of the poor), the phthisis mortality rate, taken as a whole, is considerably below that of the surrounding districts.

It may be useful to mention that the nearest Sanatoria to York are:—Gateforth Hall, near Selby; Hull and East Riding, Withernsea, near Hull; Bradford Poor Law, Skipton; Wensleydale, Aysgarth; Westmoreland, near Grange; Stanhope and Wolsingham, County Durham; Barrasford, Northumberland.

The Tuberculosis Exhibition held in the City from November 7th to 12th, 1910 was a most notable event of the year, and one, the educative and propagandist influence of which, it would be impossible to exaggerate. It created intense interest amongst all classes of the community, and was a very great success in every way. The attendance for the week, totalled as fully as possible, seeing that admission was free, amounted to over 27,000 persons. It is impossible to enumerate all the office-bearers and workers, or to over-praise their untiring energy and enthusiasm. Every endeavour was made to interest not only the City but the surrounding districts, and accordingly the Exhibition was held under the auspices of a large and influential Committee, comprising representatives of the Health Committee (Alderman Border and Alderman Carter), the Education Committee (Councillors Fowler-Jones, Davies and Hopkins), the Guardians, the neighbouring Urban and Rural District Councils, the York Health and Housing Reform Association, the York Branch of the National Association for the Prevention of Consumption, the Co-operative Society, the Charity Organisation Society, the Elementary and Secondary School Teachers, the Railway Institute, &c. The details were worked out by an Executive Committee, which had three Sub-Committees (Exhibits, Lectures, and Advertising). The cost was borne by a special local fund and amounted to about £220. The chief office bearers were as follows:—President: His Grace The Lord Archbishop of York; Chairman of Executive Committee: Edwin Gray, Esq., J.P.; Honorary Treasurer: W. F. H. Thomson, Esq.; Honorary Secretaries: Mrs. P. L. Newman, Dr. W.A. Evelyn, Dr. E. M. Smith; Organising Secretary: Mr. B. Lasker.

Various meetings were held to secure the co-operation of the School Teachers, Co-operative Society, and others. No trouble or expense was spared in advertising, before and during the event, even in the surrounding villages and village railway stations.

The Exhibition occupied nearly the whole of the Exhibition Buildings, and comprised four sections, viz.:—

The National Tuberculosis Exhibition which had visited the Metropolitan Boroughs (first at Whitechapel) and Provincial Boroughs in Great Britain;

An extremely interesting section from the Irish Tuberculosis Exhibition, kindly lent through the influence of Her Excellency the Countess of Aberdeen;

A Mother's or Children's section relating to the realm of domestic and personal hygiene, and the rearing of young children;

A Local Section, comprising Charts, Diagrams, and Models, contributed by the York Public Health Department; also photographs of Sanatoria, lent by other Municipalities in the north of England; up-to-date milk apparatus, lent by the Wensleydale Pure Milk Supply Co.; splints for treatment of deformities, and pocket spittoons, lent by local firms; a full-sized revolving shelter, lent by Mr. Bernard Bushell, of York; hospital furniture and Finsen apparatus lent by Messrs. Reynolds and Branson, of Leeds; A model shewing the preponderance of tuberculosis amongst the chief causes of death, by our Inspector Longstaff, a model of Garden City streets, by our Inspector Hagyard, and a collection of specimens of tuberculous meat, "pickled" in formalin, got together by Inspector Drummond, all created great interest.

Demonstrations of, and lecturettes on, the contents of the Exhibition were given all afternoon and evening, to crowds eager to learn and understand, by hardworking, voluntary, educated helpers.

The Elementary school children over the age of 11 or 12 were admitted in charge of their teachers in the mornings in batches of 250; they first received a short lantern lecturette, and then such contents of the Exhibition as they could understand were explained to them, and simple lessons in hygiene emphasised.

Similar lecturettes were given before the Exhibition at the Secondary and Charity Schools, and demonstrations of the exhibits were given to each school by special arrangement.

The Exhibition was expanded so as to refer not only to Tuberculosis, but also to domestic and personal hygiene in general. It was also made the pivot of a special educational campaign, and the following first-class lectures were given in the lecture amphi-theatre (the orchestra) before large and eager audiences of over 600:—

"Consumption and how to fight it," by Dr. Harold Kerr, Assistant Medical Officer of Health, Newcastle-on-Tyne, Chairman: Rev. Canon Watson; "The home treatment of Consumption," by Dr. Arthur Lyster, of Baddow Sanatorium, Chelmsford, Chairman: B. S. Rowntree, Esq., J.P.; "Tuberculosis in Cattle: its dangers and its eradication," by James A. Dixon, Esq., M.R.C.V.S., Veterinary Inspector for the City of Leeds, and Examiner in Meat Inspection to the Royal Sanitary Institute, Chairman: The Right Hon. the Lord Mayor (Alderman Thos. Carter); "Tuberculosis in Childhood and Open-air Schools," by Dr. Lewis Williams, Chief School Medical Officer for the City of Bradford, Chairman: W. T. Phipps, Esq., M.A., Vice-president of the York Branch of the National Union of Teachers; Special Lecture for Women—"Woman's Share in the Crusade against Consumption," by Dr. Jane H. Walker, of London, Mrs. Philip L. Newman in the chair; "Sanatoria and Sanatorium Treatment," by Dr. Jane H. Walker, of London Chairman: Edwin Gray, Esq., J.P.; Special Conference of Public Bodies and Philan-

thropic Organisations of York and District, on "Public Measures for the Eradication of Consumption, addressed by Dr. R. W. Philip, F.R.C.P., F.R.S.E., (Physician to the Royal Victoria Consumption Hospital, and to the Royal Infirmary, Edinburgh), and by Dr. H. de Carle Woodcock (Physician to Gateforth and Armley Consumption Hospitals, Leeds), Chairman: Sir John Grant Lawson, Bart.; Special Conference for Working Men and Women on "How the Working Man can fight Consumption," addressed by C. H. Garland, Esq., Chairman of the National Workers' Sanatoria Association, Chairman: Ben Kilvington, Esq., Past Grand Master of the Independent Order of Oddfellows, Manchester Unity Friendly Society; "The Administrative Prevention of Consumption," by Dr. Edmund Smith, Medical Officer of Health for the City of York, Chairman: T. Pridgin Teale, Esq., F.R.S., of Leeds, President of the North Eastern Centre of the Sanitary Inspectors' Association. (That body held its quarterly meeting on that day, and was present at this lecture; "The Healthy House," by E. R. Hardie, Esq., of Newcastle-on-Tyne), Chairman: David Raine, Esq., York Co-operative Society.

It has been gratifying to observe that the Exhibition appears to have stimulated movements for the prevention and treatment of Consumption amongst local firms in the City, and in the surrounding districts. Messrs. Rowntree & Co. have since issued a special article in their monthly magazine and they are organising measures of treatment for consumptive employees, including the loan of portable shelters in which tubercular workpeople can sleep in their yards or gardens practically in the open air. The following are extracts from the aforesaid article:—

"There are exceptionally few consumptives in the Cocoa Works, but still every year a few cases appear, and though a great deal is being done to prevent consumption by sending people who are run down for long holidays, &c., the members of the Social Conference (which consists of the Directors and the heads of the various departments at the Works) have been considering whether something more could not be done, whether, indeed, it might not be possible to *wipe it out at the Cocoa Works altogether*. . . . Accordingly, the Social Conference came to the conclusion that it would very greatly help them if they could be informed of the presence of any case of consumption in the home of any employee, even though that employee had not got the disease himself or herself. Such information they would regard as strictly confidential, and accordingly there need be no fear that supplying it would lead to loss of work by the person or persons ill. On the other hand, they think that they are able to show some reasons why it would be of advantage to such a family to give this information.

"Firstly, special care would be taken in the case of members of the family employed at the Works, that their work was, as far as possible, suitable for them, because the chances of their contracting the disease would be much less if they were in vigorous health than if they were at all run down. In some cases, perhaps, it might be found that lighter work might be given them, or work in a cooler room, or more in the open air, or perhaps sitting instead of standing work, or sometimes a holiday might be arranged for if it seemed wise;

"Secondly, as the spread of the disease is fostered by living in too small

a house, the Social Conference would be prepared, in certain cases, to seek to obtain a money grant to enable the family to live in a larger house, or a house in a healthier neighbourhood."

There will probably be much more to record concerning this beneficent work in next year's Annual Report.

DEATHS DUE TO BRONCHITIS, LARYNGITIS AND PNEUMONIA.

From Bronchitis, Laryngitis, and Pneumonia, in 1910, there were 180 deaths registered, or 2·04 per 1,000 living, or 17·2 per cent of total deaths from all diseases.

The following are the figures for recent years:—

TABLE U.

Year.	Total Deaths—due to:—							Bronchitis & Pneumonia.		
	Acute Bronchitis.	Chronic Bronchitis.	Total Bronchitis.	Lobar Pneumonia.	Broncho-Pneumonia.	Total Pneumonia.	Laryngitis.	Total Deaths.	Death-rate per 1,000 living.	Percentage of total deaths (all causes).
1900	...	...	139	...	...	103	...	242	3·2	15·4
1901	...	...	89	...	...	62	...	151	1·9	11·6
1902	...	...	110	...	...	77	...	187	2·3	15·3
1903	...	...	100	...	...	104	...	204	2·5	15·6
1904	...	...	96	...	...	67	...	163	2·0	12·3
1905	...	...	86	...	...	75	...	161	1·95	13·7
1906	...	...	76	...	...	67	...	143	1·71	12·5
1907	57	40	97	40	63	103	7	207	2·44	16·2
1908	48	39	87	25	45	70	3	160	1·86	14·4
1909	45	40	85	22	44	66	1	152	1·74	15·3
1910	46	53	99	24	56	80	1	180	2·04	17·2

The average death-rate for Bronchitis and Pneumonia for 1900—09 was 2·2.

The deaths from Pneumonia and Bronchitis in 1910 occurred as follows:—

First Quarter	...	59	Third Quarter	...	36
Second Quarter	...	29	Fourth Quarter	...	55

Their distribution in districts and in age-periods is shown in Table IV. It is important to note that Bronchitis and Pneumonia, like Phthisis, are associated with damp, ill-ventilated,

or sunless houses, also with dust and dirt, and poor nutrition. Here again, therefore, the need for sanitary streets and dwellings becomes a matter of life-saving importance. Cases and deaths from Acute Bronchitis and Lobular Pneumonia occur principally at ages under 5 years; Lobar Pneumonia in middle life, and Chronic Bronchitis at ages over 65.

DISEASES OF THE HEART.

The total number of deaths due to Diseases of the Heart was 93 (8·9 per cent. of total deaths from all causes), which is equivalent to a death-rate of 1·1 per 1,000 living. For the number of deaths in previous years see Table C, and for the distribution of the deaths in 1910 see Table IV.

The certification of the exact class of Heart Disease is so often stated in vague terms that classification is rendered very difficult. The certification in 1910 gives the following totals:—

Diseases of Aortic Valves ...	2	Endocarditis	1
Diseases of Mitral Valves ...	11	Angina Pectoris	2
Dilatation	2	Indefinitely certified as "Valvular Disease"	1
Fatty Degeneration	7	Senile	1
Indefinitely certified as "Heart Disease" or "Cardiac Disease"	66	**Total Deaths** ...	**93**

Sixty-eight of these deaths occurred between the ages of 45 and 75.

CANCER.

Under the title "Cancer" are comprised:—Deaths from Cancer, Carcinoma, "Malignant Disease," Scirrhus, Epithelioma, Sarcoma, Villous Tumour and Papilloma of Bladder, and Rodent Ulcer—different terms for, or different structural manifestations of the disease.

During the year 1910 there were 87 deaths from Cancer in the City (8·0 per cent. of total deaths from all causes) or 0·99 per 1,000 living. The figures for previous years are as follows:—

Year.	Total deaths.	Death-rate per 1,000 living.	Death-rate per 100,000 living.
1900	70	0·91	91
1901	60	0·76	76
1902	71	0·89	89
1903	68	0·84	84
1904	64	0·78	78
1905	63	0·76	76
1906	73	0·87	87
1907	77	0·90	90
1908	77	0·90	90
1909	73	0·84	84
Averages, 10 yrs. 1900—1909.	69	0·84	84
1910	87	0·99	99

Twenty-seven occurred in Bootham Sanitary Sub-district (including the Workhouse) ; 31 in Micklegate Sub-district ; 29 in Walmgate Sub-district.

The deaths in 1907—1910 occurred in the following age-periods :—

Age-periods.	1907.	1908.	1909	1910.
5—15 years ...	0	0	1	0
15—25 „	1	2	1	1
25—35 „	2	3	1	4
35—45 „	11	10	6	8
45—55 „	20	17	18	17
55—65 „	15	19	21	24
65—75 „	21	13	20	19
75 and over ..	7	13	5	14
Totals	77	77	73	87

The following table differentiates the deaths, according to the certified primary seat of the disease, as accurately as possible considering that the certification is sometimes vague or incomplete :—

Carcinoma.	
Face and Neck	4
Female Breasts	10
Pancreas	6
Liver	9
Stomach and Pylorus	6
Intestine (colon, cœcum, &c.)	12
Ovary and Uterus	8
Rectum	11
Lungs	1
Prostate Gland	4
Bladder	3
Gullet	4
Peritoneum	2
Cerebral Tumour	2
	82

Sarcoma.	
Pelvis	1
Ribs	1
	2

Epithelioma.	
Gullet	1
Scalp	1
Tongue	1
	3

Apart from the increase apparently due to improved diagnosis and certification, Cancer does appear to be very decidedly on the increase, as witness the following death-rates per 1,000 living for England and Wales :—

	1909	1904—08	1861
Males ...	0·82	0·77	0·22
Females ...	1·07	1·02	0·50
Both sexes ...	0·95	0·90	0·37

The Registrar-General's Report for 1909 states that :—

(1) "Cancer stands out as the one cause of death accounting for a really important and significant increase of mortality, as the increases due to Pneumonia and Kidney Disease are readily explicable by changes in the practice of certification."

(2) Since 1890 the increase has been almost uniformly greater amongst males than amongst females, except in 1909, when there was a greater excess of female mortality than since 1851 ;

(3) Cancer is more destructive in urban than in rural districts ;

(4) The average age of female victims of Cancer has risen from 55 to 60 since 1851 ;

(5) "Amongst males Cancer of the Stomach, and next to it, Cancer of the Liver, cause most deaths at each age-period after 35. Cancer of the Rectum takes third place except at the latest age-period, when Cancer of the face causes rather more deaths. Amongst women the Uterus is the principal seat of fatal Cancer up to 65, the stomach from 65 to 75, and the breast after 75. The breast comes second up to 65, but only fourth from 65 to 75. Apart from the reproductive system the stomach and liver come first, as in men. Cancer of the Uterus is

not increasing, but Cancer of the Breast has increased by 28 per cent. during the last 13 years. Amongst males, Cancer of the Stomach is not only the most important but the most rapidly growing form of the disease. The returns of Cancer of the Stomach are rapidly increasing in both sexes. whereas those from Cancer of the Liver show little increase in recent years.

"In both sexes the greatest relative increase, and in the female sex the greatest absolute increase, has been that from Cancer of the Intestines, the mortality attributed to which amongst women has practically doubled during the last 13 years. Doubtless this is very largely due to improved diagnosis. In the case of Rectal Cancer, on the other hand, the increase has been greater amongst men."

"Cancer of the Gullet was returned almost as frequently in the one sex as in the other in 1858, but now it would seem to be over three times as frequent in males as in females."

The following notes *re* the mortality in England and Wales, from the Registrar-General's Report for 1909, are also of much interest.

"The mortality from Diphtheria in 1909 was the lowest on record.

"The mortality ascribed to Alcoholism and Cirrhosis of the Liver, which had been increasing for many years, and especially in the years 1896-1900, reached its highest point in the last year of that quinquennium. Since that year there has been a steady decline in the mortality ascribed to these causes."

DIABETES MELLITUS appears to be somewhat on the increase, especially amongst women ; 70 per cent. of the mortality occurred at ages above 45 years.

DISEASES OF THE HEART. The mortality has declined, especially amongst males.

APPENDICITIS. The recorded death-rate has increased from 38 per million in 1901 to 64 in 1909 (74 in males and 54 in females).

DISEASES OF THE LIVER are on the decrease.

INQUESTS.

During the year 1910, 84 Inquests (8 per cent. of total deaths) were held on deaths of York citizens, as compared with 67 Inquests (nearly 7 per cent. of total deaths) in 1909. They are classified as follows :—

Deaths from Natural Causes.

	Sanitary Sub-districts.			
	Bootham.	Micklegate.	Walmgate.	Totals.
Apoplexy	...	...	1	1
Cancer...	1	1	...	2
Meningitis	...	1	1	2
Septic Diseases	...	2	1	3
Infantile Atrophy	...	...	3	3
Infantile "Convulsions" ...	2	3	5	10
Senile Decay	1	3	1	5
Heart Disease	5	4	3	12
Bronchitis and Pneumonia ..	1	3	3	7
Alcoholism	...	2	...	2
Disease of Stomach	...	2	...	2
Totals	10	21	18	49

Deaths by Accident and Suicide.

There were 27 deaths due to Accident, 6 to Suicide, and 2 to Manslaughter, which may be scheduled as follows :—

Accidents.	Sanitary Sub-districts.			
	Bootham.	Micklegate.	Walmgate.	Totals.
Drowning	3	3	3	9
Falls	2	1	2	5
Burns	1	1	2	4
Blows	...	2	1	3
Run over	...	...	4	4
Overlaid	...	1	...	1
Negligence at Birth	1	...	...	1
Totals	7	8	12	27
Manslaughter	0	1	1	2
Suicides.				
Cut Throat	...	2	..	2
Hanging	...	2	1	3
Drowning	...	...	1	1
Totals	...	4	2	6

THE CITY ISOLATION HOSPITALS.

The following cases of Infectious Diseases were admitted into the Hospitals during the year 1910 (for further details of City cases, see Table III, and the sections of the Report relating to each disease) :—

	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Phthisis.	Totals.
From the City	100	36	2	10	148
„ Flaxton Rural District	17	3	0	0	20
„ Escrick „ „	2	3	0	0	5
Totals	119	42	2	10	173

Of the City cases, 9 paid the full weekly charge of ten shillings for maintenance in Hospital, and 15 were attended by their own medical attendants; 29 cases partially paid for maintenance; 98 were for various reasons received as free cases; 9 were actual paupers; and 3 cases paid for private wards.

Two of the rural cases of Scarlet Fever and 4 of the City Diphtheria case received proved to be doubtful cases.

There were 3 "return" cases of Scarlet Fever from the City, (= 3·0 per cent. of total City cases treated in Hospital), and one case relapsed after return home. There was no return case of Diphtheria.

DEATHS:—There were no deaths from Scarlet Fever in the Hospital.

There was one death in Hospital due to Typhoid Fever, a City case. This case was admitted as Diphtheria but proved to be Typhoid.

Of the 42 Diphtheria cases treated, one was fatal (2·4 per cent.), a rural case; that was a very low percentage for Diphtheria.

As indicating the varied character of the nursing work, it may be mentioned that the following *complications* occurred amongst the cases:—

Amongst Scarlet Fever cases :—

"Inflammation" and discharge from ears (Otorrhœa) ...	14
Rhinorrhœa	3
"Inflammation of Kidneys" (Nephritis)	2
Typhoid Fever	1
Rheumatism	3
Skin Diseases	4
Diphtheria	4
Chicken-pox	7
Abscess and "Boils" ...	7

Amongst Diphtheria Cases :—

Paralysis	1
Albuminuria (marked) ...	1
Ringworm	2

One Typhoid case also suffered from Phthisis.

The cases of Ringworm, Chicken-pox and Typhoid, were imported into the Hospital by the patients.

The cost of board for patients and staff in Hospital varied from 4/3 to 6/5 per week per head, during the year.

The Staff consisted of :—Matron, two Charge Nurses, one Assistant Nurse, and three Probationer Nurses; five Maids (cook, housemaid, wardmaid, and two laundresses), and Porter.

Probationer Nurses are engaged for Fever training, for an inclusive term of two years' service—salary £15 to £18 a year. All the female members of the staff are provided with indoor uniform, in addition to salary. No outdoor uniform is provided or required. To the Probationers I gave the usual course of demonstrations on Elementary Physiology and Fever Nursing on one evening in each week.

The administration of the Hospitals is under my supervision. I have much pleasure in testifying to the devotion with which Dr. Angove attended the poorer cases and with which the Matron (Miss Knight), and her staff performed their work. During the year numerous messages of gratitude and of appreciation of the beneficent work of the Hospital were received from patients and their friends.

Repairs, &c.

At the Yearsley Bridge Hospital a new Dispensary was constructed and equipped, and a shelter to serve the recreation lawns.

A considerable portion of the drainage was reconstructed and improved, and important repairs to concrete pathways, boiler-flues, and water-closets were executed.

Additional accommodation is much required for Diphtheria cases and doubtful or complicated cases requiring separate isolation, and some extension of the house-block, laundry, etc., will also have to be arranged for at an early date.

At the Bungalow, a scheme of drainage of the clay subsoil and surface waters was carried out, and the house-block was connected with the Fever Hospital and City Exchange by telephone.

PUBLIC BATHS.

The Public Baths are under the control of the Health Committee and the City Surveyor. St. George's Baths, were taken over to be managed by the Corporation in 1901. Scholars of the Elementary Schools are admitted free for learning swimming.

YEAR ENDED MARCH 31st, 1911.

Total persons who paid for use of—	At St. George's Baths.	At New Yearsley Baths.
First-class swimming baths ...	17,114	admission free
Second-class „ „ ...	3,283	
First-class slipper baths... ...	1,968	2,014
Second-class „ „ ...	4,933	...

These totals do not include coupon, monthly and season ticket holders. An extra half-day was arranged for ladies using the baths.

The old Yearsley open-air Swimming Bath was continuously kept under observation in view of various pollutions of the River Foss, but there was little to complain of.

The City of York New Yearsley Swimming Bath, presented to the Corporation by Messrs. Rowntree & Co. in 1909, is very well managed, and gives great satisfaction to its numerous users.

GEOLOGY AND CLIMATE OF THE CITY.

The surface soil of York is very diversified in character. It is described as consisting of boulder clay, with strips of warp, river sand and gravels along the river, whilst here and there (*e.g.*, Bishopthorpe and Heslington) occur ridges of glacial gravel, or shallow basins or pockets of dark peaty soil, the remains probably of shallow meres and swamps which have dried up or have been artificially drained.

The City is situate in the centre of the Great Plain of York, and its level varies from 25 to 53 feet above ordnance datum.

The climate is rather enervating during Autumn; during Spring it is sometimes bleak, owing to the prevalence of east or north-east winds. A defect in the climate is the want of interchange of air between hill and dale, there being no hills of appreciable height nearer than twelve miles away.

But, on the whole, York is now a very healthy city, as witness its health statistics during recent years. Its mortality from rheumatic fever, pneumonia and phthisis, compares very favourably with most towns, especially those on a clay soil, and its former notoriety for typhoid fever, has now disappeared. It has a pure water-supply, and is immediately surrounded by open country with good, level roads, making walking, cycling and driving easy. The City also possesses its large strays and other "town lungs," and there is excellent boating on the broad and safe river Ouse. There are few towns with such hygienic advantages.

Comparative Mortality Figure.—After making approximate correction for differences of age and sex constitution, the same number of lives that in the year 1910 gave 1,000 deaths for England and Wales as a whole, gave 1,067 in the 77 Great Towns, but only 907 in the City of York.

In this list of comparative mortality figures, York stands nineteenth in the order of merit of the 77 Great Towns, as compared with eighth in 1909, twelfth in 1908, and thirty-third in 1907.

THE WATER SUPPLY OF THE CITY.

I have pleasure in being able to state that the water supply of the City still maintains its remarkable purity. The supply is extended to several of the surrounding villages.

It is in the hands of a private Company—the York Waterworks Company. The water is drawn from the River Ouse at a point about a mile above the centre of the City. The Ouse is a free flowing river of great volume, with a water-shed area above York of about 1,200 square miles (including its tributaries—the Swale, Ure, and Nidd). The sources of the river are in the mountainous and moorland districts of North-West Yorkshire. The water is free from lead-solvent properties. The water supply is practically unlimited, and the distribution to consumers is uninterrupted. The municipalisation of the supply has recently been under discussion.

Great care is taken in the purification of the water at the Waterworks; the process consisting of (1) screening, (2) settlement in subsiding reservoirs, (3) rough filtration through Jewell filters containing 4 feet depth of quartz sand, (4) and then it is passed through the "slow" or "English" sand filter beds containing 4½ feet depth of fine river sand.

By this process the river-water bacteria are reduced in number by 99 per cent. The number of colonies in the filtered water averages less than 15 colonies per cubic centimetre; water containing not more than 100 colonies per cubic centimetre is considered by expert water analysts as "very pure water."

The Water Company possesses two fully equipped laboratories, and employs the whole-time services of a qualified analyst, who tests the water, chemically and bacteriologically, daily.

It is almost unnecessary, however, to say that it behoves both the Corporation and the Water Company to maintain a close watch upon all sources of pollution above the Company's intake.

Water is supplied free of charge to the Corporation for flushing drains, watering streets and other public purposes.

There are a few surface and deep wells still existent in the City. They are usually closed by the owners when found to be polluted.

POLLUTION OF STREAMS.

During recent years considerable trouble has been caused by serious pollutions of the River Foss, Tang Hall Beck, and Holgate Beck.

(1) The River Foss receives the following pollutions from the Flaxton Rural District, viz.:—

(a) Untreated sewage direct from several houses in Huntington village.

(b) Untreated sewage from Barton's Cottages and—via the South Beck—from Wray's Cottages, Huntington Road, also from Mille Crux House, and from houses just beyond Yearsley Bridge.

(c) The effluent from the sewage plant of New Earswick village also passes into the River Foss.

(2) The Tang Hall Beck, which flows into the River Ouse at the Blue Bridge, New Walk, is grossly polluted by:—

(a) Sewage from the new Whitby Avenue Estate, Stockton Lane, in the Flaxton Rural District.

On this estate there is a pseudo sewage plant, but it is of a most ineffective character.

(b) Sewage from the mansion of "Burnholme."

Several representations have been made to the Flaxton Rural District Council about the pollutions of this Beck, but so far without any result.

The pollution of the beck has given rise to public complaints of nuisance during recent summers at Tang Hall Lane Bridge.

(3) The Holgate Beck is polluted chiefly by the overflow from the water-logged sewage farm at Acomb, and from their imperfect septic tank.

A representation was made to the Acomb Council, resulting in some improvement of the conditions and a promise that the nuisance should be altogether prevented.

MILK AND MEAT AND GENERAL FOOD SUPPLY.

During the last few years increasing attention has been given to securing the purity of our milk supply, and rapid improvement is being achieved, although there is still much left to be desired. A close watch upon our meat and general food supply is also being maintained. Our Chief Sanitary Inspector and his Assistants are particularly zealous in this matter.

Particular attention has also been paid to the examination of milk and cream for chemical preservatives, and the following warning circular thereon which I compiled was issued in June, 1910, to all the milk and cream vendors supplying the City:—

"Dear Sir or Madam,

PRESERVATIVES IN MILK AND CREAM—A WARNING.

I have been desired by the Health Committee of the Corporation to address a communication to York purveyors with reference to the use of preservatives in milk and cream.

MILK—The Departmental Committee on "Preservatives in Foods," appointed by the Local Government Board (1901), recommended that the use of any preservative whatever in milk be constituted *an offence under the Sale of Food and Drugs Acts*, and the views of the Local Government Board and of this Corporation are in agreement with that recommendation.

The Corporation are advised that these preservatives, as well as all other antiseptic substances, have an injurious influence on the digestive processes, and that the feeding of infants and invalids with milk containing them may be attended with dangerous consequences.

The Corporation hold that no preservatives should be added to milk, it having been proved that preservatives are unnecessary, even in hot weather. If the milk be collected in a clean manner, and stored in clean vessels, and then strained and cooled before it is delivered to the customer, it will keep sweet for a period long enough, even in the hottest weather, to allow of its consumption.

CREAM.—The attention of the Corporation has recently been called by the City Analyst to the fact that in some samples of cream, obtained by the officers of the Corporation in pursuance of their duties under the Sale of Food and Drugs Acts, an excess of boric acid or other chemical preservative was found therein.

Although the cream trade can be and is carried out without the use of any chemical preservatives, yet it appears to be commercially impracticable to carry on a limited cream trade (in jugs, jars, bottles, &c.) without the use of some preservative. The Departmental Committee above referred to recommend, however, in their report :—

(a) That the only preservatives which should be permitted in Cream should be Boric Acid, Borax, or mixtures of Boric Acid and Borax.

(b) That those preservatives should not be added in amounts exceeding 0·25 per cent. expressed as Boric Acid (*i.e.*, 17½ grains of Boric Acid per lb., or 175 grains per gallon, of cream).

(c) A recent report of the Local Government Board has extended this permissible percentage to a maximum of 0·40 (*i.e.*, 28 grains of Boric Acid per lb., or 280 grains per gallon, of cream) *from May to October inclusive, only*, provided that in both winter and summer all cream in which such preservative is permitted should contain at least 40 per cent. of milk fat.

(d) The amount of such preservative to be declared to the purchaser, whether wholesale or retail, openly, adequately, and intelligibly, by label, upon each jar, jug, or bottle; preserved cream to be thus differentiated from non-preserved cream.

(e) The presence in the cream of sugar, saccharin, or other substance added to conceal commencing sourness, should also be declared to the purchaser in the manner above-described.

(f) The presence of gelatine, starch paste, sucrate of lime, or other "thickeners" in cream, the Departmental Committee recommend should be considered as raising a presumption that the cream is *not genuine*.

I have to inform you that the above recommendations of the Government will form the future basis for legal action on the part of the York Corporation.

The Corporation trust that the Milk and Cream Purveyors supplying the City, having had their attention drawn to this matter, will take the necessary steps to ensure that the above recommendations are carefully followed.

PERCENTAGE OF FAT IN MILK.

The Corporation would also call attention to the fact that many of the samples of milk obtained for analysis are certified by the Public Analyst as of "fair quality" only, and a large proportion to contain as little as 3 per cent. of milk-fat, which is the minimum allowance recommended by the Board of Agriculture.

The Public Analyst considers that the poor quality of some of the samples of milk is to be presumed to be due either to the skimming of fat, or to the addition of skimmed milk to the whole milk, or to feeding of the cattle with poor quality foods,or to the excessive prolongation of the milking period.

I hereby give you notice that in future the practice of notifying a milk-dealer that the sample of milk obtained has proved to be genuine will only be continued by the York Corporation in those cases where the Public Analyst has certified that the sample contains a percentage of fat well above the minimum. As a rule, the percentage of milk-fat should not be below 3·5 all the year round. The Inspector under the Food and Drugs Acts will receive instructions to take further samples in those cases certified as of low percentage.

Should your supplies of milk or cream be obtained from outside the City, the Corporation suggest that for your own protection you should communicate the contents of this circular to the vendors.

Further copies may be obtained upon application to the Health Office.

Yours faithfully,

H. CRAVEN,

Town Clerk."

Since the beginning of 1910, over 82 per cent. of the samples of milk obtained have proved to contain less than 3·5 per cent. of milk-fat.

During the year the Tuberculosis question has been much discussed, but the fact remains that the chief source of tuberculosis in cattle is the insufficiently cleansed, insufficiently ventilated and insufficiently lighted cow-shed.

As some doubt was being thrown upon the principles upon which we were seizing tubercular carcases, or parts of carcases, enquiries were made regarding the methods employed at 50 other towns. Our enquiries were based upon the recommendations of the Royal Commission of 1898. Although the replies were difficult to classify, a summary was prepared and printed and issued to the members of the Health Committee, and to the Medical Officers of Health, &c. of other towns who had supplied the information. This summary created considerable interest in the Journals and amongst Meat Inspectors. The following is an abridged reproduction of it:—

Summary of replies received from 50 Towns re Seizure of Tuberculous Carcases :—

Nineteen towns prefer to "judge each case on its merits," or on "general principles."

(1) Thirty-one towns practically follow the recommendations of the Royal Commission of 1898 in their entirety, *i.e.*, they carry out the affirmative policy in regard to all the following queries.

Edinburgh and Newcastle are more severe than the Royal Commission's recommendations.

The following towns follow the said Commission's recommendations partially, as stated in the following replies,viz. :—

(2) Do you condemn the entire carcase and all the organs :—

(a) "When there is miliary tuberculosis of both lungs ?"

"Yes."—13 towns, including York.

"Not if the cattle are prime and the carcase itself does not show signs of disease."—3 towns.

"Not necessarily."—1 town.

(b) "When tuberculous lesions are present on the pleura and peritoneum ?"

"Yes."—4 towns.

"Not if the carcase is in the early stages of the disease."—11 towns, including York.

"Not necessarily."—1 town.

(c) "When tuberculous lesions are present in the muscular system, or in the lymphatic glands embedded in or between the muscles ?"

"Yes."—7 towns.

"Not if the carcase is not generally affected."—7 towns, including York.

"Not necessarily."—1 town.

(d) "When tuberculous lesions exist in any part of an emaciated carcase ?"

"Yes."—48 towns.

"Not necessarily."—2 towns.

(3) Do you always follow the recommendation of the Royal Commission in condemning the whole of the carcase where you have "tubercular deposit in any degree in the carcase of a pig?"

"Yes."—26 towns.

"No."—11 towns.

"No.—If only the glands of the head are affected, the head and neck are destroyed, and the rest of the carcase is passed."—11 towns, including York.

"No, we act upon the same lines as for cattle."—2 towns.

The increasing disposition of the butchers to request our inspection of doubtful meat, as the outcome of their system of insurance of animals, is exceedingly satisfactory, and operates very considerably in favour of a wholesome meat supply.

The inspection of meat is carried out by a Veterinary Surgeon, who is Meat Inspector and Veterinary Inspector, along with the Chief Inspector of Nuisances, who possesses the qualifying certificate of the Royal Sanitary Institute in Meat Inspection; two of his assistant Inspectors also possess the said certificate in Meat Inspection. There are 72 private slaughter-houses, over which constant supervision is maintained, and to which frequent surprise visits are paid at the times of slaughtering, in addition to the numerous occasions on which the opinion of the Inspectors is requested by the butchers as to the condition of freshly slaughtered carcases. The results of such inspections, and the action taken thereupon, both in regard to milk, meat, and other foods, will be found fully stated in the reports of the Inspector of Nuisances and the Public Analyst, forming part of this volume.

The number of private slaughter-houses is rapidly diminishing; in 1900 there were 92, and at the present time there are only 72.

From time to time the dairy cows in the City are examined by the Veterinary Inspector of the Corporation, and samples of milk from tubercular suspects are sent, when required, to the pathological department of the Leeds Medical School, for inoculation test, and subsequent action is taken, when found necessary and as far as possible, under the model Milk (Tuberculosis) Clauses contained in the York Corporation Act of 1902, and under the Dairies, Cowsheds, and Milkshops Order and Regulations. The abovenamed Act and Regulations possess two or three very

weak points, for instance (a) the isolation section of the Regulations only applies to the diseases mentioned in the Contagious Diseases of Animals Acts (chiefly Cattle Plague, Pleuro-Pneumonia and Foot and Mouth Disease); (b) the isolation clauses of the above-named local Act only apply to tuberculosis of the udder, and not to pulmonary or generalised disease; (c) there is no power to compel the detention of a diseased animal upon a particular farm, and it is obviously very difficult to trace the animal after it is sold and sent elsewhere; (d) we ought to have power to order the *destruction* of an animal so obviously affected that cure is very improbable; we should have power to order such animal to be removed to a knacker's yard, where it should be destroyed under the supervision of an inspector of the Health Department. Only too often, in the case of a tuberculous cow, the owner persists in retaining the animal in isolation, in hopes of cure, and, in our experience, it is very difficult to persuade him that cure is improbable or impossible, and that destruction of the affected animal is the only safe course to pursue in his own and in the public interests. During last year only one obviously tuberculous dairy cow was met with, which was isolated at our request; it was afterwards disposed of outside the City and thus lose sight of, for want of powers of detention or destruction.

In May the Council passed the following resolution :—

"That the principle of establishing a Public Abattoir be referred to the Health Committee for consideration and report."

A Sub-committee was appointed and has met, and will shortly inspect public abattoirs in various parts of the country, before reporting upon the advisability or otherwise of a scheme for York.

On 9th December, 1909, the Health Committee passed the following resolution, which was confirmed by the City Council on January 3rd, 1910 :—

"That, in the opinion of this Committee, the time has arrived when Parliamentary Powers should be conferred on some authority to prohibit the taking of mussels for human consumption from beds known to be contaminated with sewage to such an extent as to be likely to cause the death of the person consuming them; and that a copy of this resolution be sent to the Presidents of the Board of Agriculture and Fisheries and the Local Government Board.

THE DISPOSAL OF EXCREMENT AND REFUSE.

The scavenging and sewerage of the City are under the control of the City Surveyor, and to him I am indebted for some of the following facts:—

The methods in vogue in the City consist of :—

(1) About 4,400 midden-privies (a steadily diminishing number) the contents of which are removed systematically once a month by and at the cost of the Corporation. The manure is sold to farmers, part being forwarded from the City by rail.

(2) About 11,800 wash-down water-closets and 2,000 waste water-closets. The provision of the latter is now discouraged, however, as in so many cases they prove to be nuisances, for want of cleansing, or through blockage from the deposit of improper substances; indeed several such have had to be substituted by wash-down closets during the last four years.

(3) Very few pail or tub closets remain.

(4) About 13,000 ashtubs and galvanised iron receptacles (or ashbins) in use at houses where there are water-closets and no midden-privies. The contents are collected by the scavengers twice a week and destroyed in a Manlove and Alliot's Refuse Destructor of six cells, which consumes about 50 tons of refuse per working day and produces about 17 tons of clinker per day. The heat generated works the day-load at the Electric Light and Power Station of the Corporation.

During the 30 years ended December 31st, 1902, 2,454 midden-privies had been substituted by water-closets voluntarily or by order of the Sanitary Authority, under either Section 91 or 36 of the Public Health Act. Since the end of 1902, 2,014 midden-privies have been substituted by water-closets in similar manner, making a total of 4,468.

Measures are taken, under Section 36 of the Public Health Act, to secure the provision of proper iron ashbins (with covers), in lieu of wooden boxes, old tins, and other leaky and lidless receptacles. Ashbins, insufficient in character and capacity, are still frequently to be found, and I fear that that is partly due to the rule that our scavengers are not allowed (owing to the extra cost of labour) to carry the loaded ashbins along narrow back

roads and out of basement " areas " to the ash-carts. As it cannot be expected that women, servants, and others should carry large bins, the result is that inadequate bins are often in vogue, (plus several supplementary uncovered " tins " and dirty old boxes), notwithstanding the fact that the Scavenging Department is prepared to carry and empty large ashbins which are situated at a distance from the ashcart, or in awkward places, upon the payment of a fixed charge per annum. There is also the obvious alternative that, instead of using one large ashbin, occupiers could use two or three bins of a size capable of being easily carried by their servants the few yards necessary to reach the place patrolled by the carts. Further action will have to be taken in this matter.

The provision of one of the several types of *fixed* ashbins now on the market—capable of being emptied only by the refuse collectors, and not capable of being kicked over and rummaged by tramps and dogs, or of being stolen by the occupier when removing—is a matter calling for serious consideration, in my opinion, in the near future.

Laboratory Work.

During the year the following work was done in the Medical Officer of Health's Laboratory, with assistance.

Samples of Sewage and effluents analysed	4
Samples of Beck Waters analysed	4
Samples of Tap and Well Waters analysed	4
Specimens of Sputum examined for Tubercle Bacilli (8 with positive, 25 with negative results)	33
318 Throat and Nose Swabs were examined for Diphtheria Bacilli :—	
163 were for diagnostic purposes (positive 34, negative 129) :	
155 were from Convalescents, with a view to their safe discharge from hospital or home isolation (positive 25, negative 130) ;	
1 Specimen of Blood was submitted to Widal's test.	
Other Specimens examined	6

A large proportion of the swabs were from children attending the Elementary Schools, and were therefore examined by the Assistant School Medical Officer ; I am indebted to him for his able assistance in this work.

HOUSING OF THE WORKING CLASSES

On the 3rd December, 1909, the now famous Housing and Town Planning Act of 1909 came into force, and a special meeting of the Health Committee was held to consider Part 1 of the Act, and the Town Clerk's report thereon. The most useful provisions may be said to be the following:—

(a) The power given to the Local Sanitary Authority to make Closing Orders upon unhealthy dwellings, without application to magistrates, thus saving much time, trouble, friction and odium.

(b) The power given to the Local Sanitary Authority to order the demolition of an unimproved dwellinghouse, where a Closing Order has been in operation for three months.

(c) The more definite power of entry.

(d) The prohibition of building back-to-back houses.

Subsequently, on September 2nd, 1910, the Local Government Board Regulations under Section 17 (1)—"Housing (Inspection of District) Regulations, 1910"—appeared, of which the following is a summary:—

(a) The Local Authority *shall* as part of their procedure make provision for a thorough inspection to be carried out from time to time according to the varying needs or circumstances of the dwelling-houses or localities in the district of the Local Authority.

(b) The Medical Officer of Health or Housing Inspector must maintain lists of houses requiring inspection, such inspections to deal with lighting, ventilation, dampness, cleanliness, drainage, closet accommodation, water-supply, conditions of yards and outbuildings, refuse disposal, etc.

(c) Full records of such inspections, and of the details of subsequent action, must be systematically maintained, and the records must be periodically acted upon as required.

(d) The Medical Officer of Health, in his Annual Report, must state fully and in tabular form the work done under Section 17 of the Act.

A copy of the Local Government Board Memorandum and a copy of the Regulations, were forwarded to each member of the

Health Committee, and the results of their deliberations thereon were as follows :—

1. The Council relegated the working of Part 1 of the Act to the Health Committee.

2. The Hungate Sub-Committee was constituted a permanent Housing Sub-Committee of the Health Committee, to consider and report upon any insanitary property in the City requiring attention. This Sub-Committee has since met two or three times a month (on a total of not less than eight occasions) and has done considerable work in that direction, although its work was hindered at first by the necessity of re-commencing *de novo* some of the housing improvement procedures—then going on under Part 2 of the 1890-1903 Acts—in accordance with the provisions of the new Act. It was regrettable that no provision was made in the new Act in order to save this unnecessary duplicated labour.

3. One of the Assistant Inspectors of Nuisances was specially appointed as Housing Inspector—to carry out the immense amount of detailed inspection, "following up," and clerical work, and in other ways to assist the Medical Officer of Health and Chief Inspector of Nuisances in the work involved by the Act and Regulations.

4. It was resolved to maintain the records required by the Regulations on the *card* system, and such arrangements have accordingly been made and will be elaborated as time passes on, so as to build up a house to house inspection record.

HUNGATE AREA.—In June, 1908, my special " Report upon the sanitary conditions of the Hungate District " was printed and issued to the Members of the Corporation, and its suggested scheme of steady, continuous improvement, under Part II of the Housing of the Working Classes Act of 1890, was adopted. A Special Sub-committee of the Health Committee was appointed to carry out the scheme ; it has visited the district on numerous occasions ; further proceedings concerning some of the unhealthy blocks of houses are now in progress, and the following table states what has been achieved during the year 1910.

WALMGATE AREA :—On December 8th, 1909, the following representation, signed by twelve ratepayers, was received by the Town Clerk :—

"In the Report of the Medical Officer of Health presented to the Health Committee in May, 1905, he enumerates the districts in the City which call for a house-to-house inspection, if a housing enquiry were made. Since its publication, an enquiry has been made into the first of the specified districts—Hungate, and we desire to express our appreciation of the valuable Report made on that District, and of the fact that the Health Committee is preceeding to deal with the recommendations made by the Medical Officer of Health. We consider that the time has come to institute a similar investigation into the housing conditions in the Walmgate District, which, in his Report of 1905, the Medical Officer of Health placed second among those which required attention. We have enquired in considerable detail into the conditions of parts of this area. The results of our examination, coupled with our knowledge of the condition obtaining in the rest of the Walmgate area, convince us that a complete investigation is needed, with a view to the preparation of a plan for improvement. A large number of the houses and tenements are back-to-back, and the resulting lack of ventilation is aggravated in too many cases by the fact that they are situated in narrow, sunless courts. Many defects were noticed which could doubtless be removed by the ordinary machinery of the Health Department, but, in our opinion, this would not suffice to ensure generally satisfactory conditions. A particular enquiry would probably show that several of the most overcrowded streets and passages must be opened up, to create the sufficient ventilation which a mere repair or alteration of existing property would not effect.

We recognise how much labour is involved in making a complete sanitary survey of this large district, but we believe the existing conditions are such that this consideration should not deter the Council from undertaking the investigation, for which we hereby formally ask, in accordance with the provisions of the Housing Act."

As a matter of fact, considerable work of housing improvement in the Walmgate District was already in hand, as stated below, but the above representation was nevertheless carefully considered by the Health Committee, and a deputation of the signatories was interviewed by the full Committee. The opinion was held by the Committee that it would have been well to have achieved more in the Hungate District before proceeding to investigate Walmgate, but a house-to-house inspection of the latter district will be commenced during the year 1911. How far it will prove possible to deal with this district under the Housing Act of 1909, considering that its Section 15 operates against Section 17, remains to be seen.

TABULATED STATEMENT OF ACTION TAKEN DURING THE YEAR 1910, UNDER SECTION 17 OF THE HOUSING ACT OF 1909.

(As required by the "Housing (Inspection of District) Regulations, 1910").

District.	Total dwellings inspected.	Total considered unfit for human habitation.	Total representations made with a view to closure.	Total closing orders made.	Total dwellings improved without closing orders.	Total dwellings improved after closing orders.	Total dwellings unaltered.	Total Dwellings upon which demolition orders were made.
Hungate district ...	65	65	51	40	18	*4	43	16
Walmgate „ ...	60	60	60	16	44	16	nil	nil
Miscellaneous ...	17	17	17	17	...	1	16	16
Totals for whole City... ...	142	142	128	73	62	21	59	32

* Now being improved.

It is rather difficult to understand what is quite meant in the Regulations by the term: "The number of dwelling-houses the defects in which were remedied without the making of closing orders" in connection with Section 17 of the Act. In the aforesaid Memorandum which accompanied the Act, one is given to understand that such houses should be dealt with by *Section 15*, and most of the 62 houses referred to in the column above were dealt with under Section 15, although my representations with regard to these dwellings were such that, had not the notice under Section 15 been carried out, I should have recommended that Closing Orders be made.

FULL STATEMENT OF ACTION TAKEN ON THE SPECIAL REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE HUNGATE AREA *(Since it was issued in 1908).*

Situation of Houses.	Number of Houses.	Chief Defects.	Chief works of improvement carried out.
Nos. 1 to 8, 10 and 11 Stonebow Lane	10	Insufficiently lighted and ventilated; defective drainage and floors	Improved by removal of buildings, and repairs.
Oglesby's Court ...	3	Damp, dilapidated, insufficiently lighted and ventilated ...	Improved per notice (under 1890 Housing Act).
Church Buildings ...	7	Damp, dark, dilapidated ...	Closing order served under 1903 Act. Closed and demolished voluntarily by owner. Re-placed by new straw warehouse.
Black Horse Passage...	1	Very damp; defective floors; defective yard; foul midden ...	Closed voluntarily by owner (per Section 15 of 1909 Act).
No. 4 Hungate... ...	1		Demolished as a dangerous building on order of the City Surveyor.
Nos. 10 and 12 Hungate	2	Back walls hold up an old graveyard; very damp, etc. ...	Closed by order, per Section 17 of 1909 Act.
Nos. 14, 16 and 18 Hungate, and Bradley's Buildings	16	Very dilapidated; insufficiently ventilated, &c....	Closed by order, per Section 17 of 1909 Act; demolition order made Section 18.
Nos. 2 and 4 Haver Lane	4	Very dark and ill-ventilated ...	Improved per notice under Section 15 of 1909 Act.
Nos. 18 to 26 Haver Lane	4	Insufficiently lighted and ventilated	Closed by order, per Section 17 of 1909 Act; now being improved.

FULL STATEMENT OF ACTION TAKEN ON THE SPECIAL REPORT OF THE MEDICAL OFFICER OF HEALTH ON THE HUNGATE AREA.

Continued.

Situation of Houses.	Number of Houses.	Chief Defects.	Chief works of improvement carried out.
Wide Yard, Nos. 1 and 3 Palmer Lane, Nos. 36, 38 & 40 Hungate	14	Houses damp: yard very defective; drainage defective ...	Improved per notices under Public Health Act.
Nos. 33 to 41 Hungate	6	Dark, damp, dilapidated ...	Notice served to make fit under Section 15 of 1909 Act—Nothing done—Closing Order made under Section 17 of same Act.
Foster's Yard	6	Dark, damp, or ill-ventilated, defective yard; foul middens ...	Closing Order made per Section 17 of 1909 Act.
Nos. 1, 2, 3, 4 & 5 Black Horse Passage ...	5	Insufficiently ventilated; very dark, damp	Closing Order made per Section 17 of 1909 Act.
No. 1 Church Lane ...	1	Insufficiently ventilated; very dark, damp	Closing Order made per Section 17 of 1909 Act.
Total ...	80		

STATEMENT OF OTHER ACTION TAKEN OR COMPLETED UNDER THE HOUSING ACTS OF 1890—1909, DURING THE CALENDAR YEAR 1910.

(a) Unhealthy Houses in Walmgate District.

Situation.	Number of dwellings.	Chief Defects.	Chief works of improvement carried out under notices or orders.
Nos. 7 to 13 Richard Street	7	Walls damp and defective; floors defective	Damp-proof courses inserted and walls repaired, floors repaired or relaid (per notice served under 1890 Act in 1909)
Dresser's Yard, Richard Street	2	Very small back-to-back houses enclosed in a small yard; light and ventilation deficient; walls damp, thin and defective, floors defective	Damp-proof courses inserted, walls repaired and coated with cement, floors relaid, yard concreted (per Section 15 of 1909 Act)
Lumley's Yard, Richard Street	2	ditto	Damp-proof courses inserted, walls repaired and coated with cement, floors relaid, yard concreted and drainage relaid (per Section 15 of 1909 Act)
Dresser's Court, Richard Street	5	Walls damp and defective, floors drainage and yard surface defective, back-to-back houses ...	Damp-proof courses inserted, walls repaired and coated with cement, floors relaid, yard concreted and drainage relaid (per Section 15 of 1909 Act)

STATEMENT OF OTHER ACTION TAKEN OR COMPLETED UNDER THE HOUSING ACTS OF 1891—1909, DURING THE CALENDAR YEAR 1910.

Unhealthy Houses in Walmgate District.—continued.

Situation of Houses.	Number of dweliings.	Chief Defects.	Chief works of improvement carried out under notice or order.
Britannia Yard ...	13	Walls damp, floors defective, some dilapidations, back-to-back houses	Damp-proof courses inserted floors relaid, repairs (per Section 15 of 1909 Act)
25 Albert Street ...	1	Walls damp, defective roofs, &c.	Damp-proof courses inserted, roofs, &c., repaired (per Section 15 of 1909 Act)
Willow Street, and Little Willow Street	16	Very dilapidated and filthy, walls damp, floors defective ...	Closing Orders made (per Section 17 of 1909 Act). Damp-proof courses inserted, floors relaid, thoroughly repaired throughout (after Demolition Order had been threatened)
St. Margaret's Terrace	22	Very dilapidated	Houses and closets thoroughly repaired (per Section 15 of 1909 Act)
Nos. 18 to 34 Dennis Street	9	Dilapidations, defective floors, foul trough water-closets ...	Action deferred, pending completion of new street
Total ...	77		

(b) Miscellaneous Unhealthy Houses.

Situation.	Number of dwellings.	Chief Defects.	Chief works of improvement carried out under notice or order.
Cariss's Buildings, Barker Lane ...	13	Closed by Orders in 1906 and 1910	Demolished by Order per Section 18 of 1909 Act).
No. 4 Shambles ...	1	Closing and Demolition Orders made per 1909 Act	Demolition Order suspended. House improved for warehouse purposes
Nos. 20 and 22 Lawrence Street ...	2	Dark, damp, floors and walls defective, foul midden & cobble paved yard. (Notice to make fit served in 1909)	Lighting greatly improved, damp proof courses inserted in walls, floors relaid, yard concreted, water-closets provided, thorough repairs
Lawrence Court ...	7	Walls very damp, floors, roofs & windows defective, foul middens	Damp-proof courses inserted, floors relaid, thorough repairs, middens abolished, new water-closets and re-drainage, (Notice to make fit served in 1909)
Water Lane, Clifford Street	3	Lighting and ventilation very deficient; water-closets, drainage, and floors very defective	Closed voluntarily by owners (under Section 15 of 1909 Act)
Thompson's Yard, Holgate Road ...	3	Very foul & dilapidated—closed for some time past	Closing and Demolition Orders made under 1909 Act
Total ...	29		

In all the above houses the damp-proof courses inserted consisted of blue bricks or slates laid in cement, and inserted completely through the wall. Windows were also made to open at both top and bottom.

Two filthy houses (one in Garden Street, and one in Bean Street) were cleansed and whitewashed upon the certificate of the Medical Officer of Health, under Section 46 of The Public Health Act.

The following housing improvements took place apart from the Housing or Public Health Acts:—

Situation.	Number of dwellings.	Chief Defects.	Chief works of improvements carried out under notice or order.
Groves Yard, Holgate Road	2	Very small, dark, damp, ill-ventilated, situated in small yard. (Action deferred in 1901) ...	Demolished voluntarily by owner (a member of the Corporation) to the great improvement of the yard
Railway Court, Railway Street ...	11	Insufficiently lighted and ventilated back-to-back houses in closed-in Court	Purchased and demolished by Co-operative Society for extension of their premises
Almshouses in Rougier Street	8	Very dilapidated	Demolished per Tramway Scheme
Total ...	21		

With respect to the houses in Lumley's Yard, Dresser's Yard, and Dresser's Court, Richard Street, (in the above-named Walmgate list) and the houses in Haver Lane (in the above Hungate list), I reported to the Committee as follows:—

"The houses in Lumley's Yard and Dresser's Yard were condemned to be closed by the Corporation, October 4th, 1909, but further action was deferred pending the issue of the new Housing and Town Planning Act. They are so situated that they do not get sufficient light and ventilation, and they impede the ventilation of the dwelling-houses in front belonging to the same owner. They also obstruct the light and ventilation of the dwelling-houses behind in Albert Street, and they require an extra water-closet, the insertion of a damp-proof course into the walls, the thorough repair of the kitchen floors, and the protection by cement, or otherwise, of the thin back and gable walls from wet weather. The houses in Dresser's Court require similar improvements, but they also obstruct the light and ventilation of the houses behind (Nos. 13 to 17 Albert Street). The houses in Dresser's Court ought to be treated at least as obstructive buildings. Another important point is the density of the population of the district, namely, at the rate of 400 persons per acre, which is very excessive.

As to the Haver Lane houses, the main point is the extreme narrowness of the street (14 feet), the density of the houses and also of persons per acre (namely, 162), and the insufficient light and ventilation to the front and back of the houses. The average death-rate for the past ten years in this block was 32 per 1,000 living."

I very much regret that my recommendation to close and demolish these houses was not adopted, as the Richard Street houses, though improved, still perpetuate a very congested arrangement of streets and yards, and the widening of Haver Lane, by subsequent purchase of the sites of the demolished houses, would have effected a much-required air-channel through that district.

The following work, carried out by the Surveyor's Department, is all in favour of the increased healthiness and comfort of the housing of the working classes:—the substitution of tar macadam or creosoted wood for cobbled road surfaces; the paving of unpaved back roads.

From the Annual Report of the Building Inspectors we learn that during the year 1910 the following small *New Houses* were

built in the City :—

Probable rentals.	East side of river.	West side of river.	Totals.	
£13 or under ...	8 ...	36 ...	44	Total 88.
£14 to £18 ...	16 ...	15 ...	31	
£18 to £25 ...	7 ...	6 ...	13	

No new privy-middens or waste water-closets were erected during the year.

Plans for the building of new houses pass through the hands of the City Surveyor and the Streets and Buildings Committee, who approve or reject them according to the Bye-laws in force. Occasionally such plans are referred to the Medical Officer of Health for his opinion as to site, position, &c., of proposed new buildings.

In my opinion, it is regrettable that our Bye-laws contain no provision for preventing the erection of new obstructive walls or buildings. It is a serious anomaly that the Corporation can only step in to deal with obstructive buildings after they have been erected. It would appear that private owners, who alone have power to prevent the obstruction of the lighting of their property, only too often either neglect their opportunity, or allow their resistance to be overcome, to the grievous detriment of the tenants of the obstructed buildings. Several such instances could be detailed in the Hungate area, and even in comparatively new parts of the City. On the other hand, it is equally regrettable that our Bye-laws are not sufficiently elastic to allow adaptations of older dwelling-houses to be accepted as being passable in the direction of putting the dwelling-houses into habitable condition.

On 7th March, the City Council passed the following resolutions :—"That a Special Committee be now appointed to consider the provisions of "*The Development and Road Improvement Funds Act, 1909*," and report to this Council thereon as early as possible how best the provisions of the Act can be taken advantage of." "That this Special Committee do consist of three members from each of the following Committees, viz. :— Streets and Buildings, Health, Ouse and Foss Navigations, Estates, &c., and Finance."

A recent writer* has suggested that the time has come for abolishing "*compounding*," at all events in connection with general district rates, as it tends to restrict the size of cottages,

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tends to perpetuate slum property, and operates unfairly to other classes of ratepayers and traders. "Gillingham abolished compounding some time ago, and the Corporation's income is now £1,500 per annum more than it would have been if the system had still been in force." "When Woolwich made a change in its practice, the Council increased its income by over £2,000 in the first six months." "Wandsworth formerly allowed 20 per cent. commission for the collection of its rate, and by knocking off 5 per cent. increased the borough's income by £4,000 (in the first half-year, I believe), while the collection of the rate was greatly expedited."

A Special Report to the Local Government Board on Back-to-back houses, by one of its Inspectors, Dr. Darra Mair, was issued in the latter part of the year. Its conclusions were ably summarised by the *Municipal Journal as follows :—*

Back-to-back Houses; their effect upon the Mortality Rates.

1. The comparison which has been made between through houses and back-to-back houses has been carried out so as to bring under review good types only of back-to-back houses, situated in healthy areas.

2. The through houses and back-to-back houses thus compared were situated in thirteen industrial towns in the West Riding of Yorkshire.

3. Every care was taken to select strictly comparable through and back-to-back houses, occupied by the same class of people, with similar occupations and wages. Nevertheless, the rent of the through houses was, on the average, appreciably higher than that of the back-to-back houses—the average rent of the former being 5s. 6d., and of the latter 4s. 6d. per week.

4. The vital statistics which have been obtained regarding these areas cover a period of ten years (1898—1907); and, on the basis of a special detailed census of each area, corrections have been made, throughout, for differences in the age and sex constitutions of the populations concerned.

5. The corrected average annual death-rate from all causes was greater in the back-to-back houses than in the through houses, to the extent of 15 per cent.

6. The excess of mortality in back-to-back houses built in

continuous rows was greater still, amounting on the average to a little more than 20 per cent.

7. The corrected average annual death-rates from all causes in through houses and in back-to-back houses possessed of means of side-ventilation (blocks of four) were about equal.

8. The outstanding causes of death which produced the excess of mortality in back-to-back houses were:—

(a) Pneumonia, bronchitis and other pulmonary diseases (exclusive of phthisis) and

(b) Diseases of defective development and of malnutrition in young children.

The corrected excess of mortality from each of these two groups of diseases, in back-to-back houses, approached 40 per cent.

9. There was also some excess of mortality (10 per cent). in back-to-back houses from infectious diseases, and a small excess (5 per cent.) from diarrhœa.

10. Mortality from phthisis showed an excess, amounting to 12 per cent., in back-to-back houses built in rows, but not in back-to-back houses built so as to admit of side ventilation (blocks of four).

11. Although the average rate of mortality from all causes was about the same in through houses and in back-to-back houses built in blocks of four, there was a large excess of mortality in the latter from pulmonary diseases (exclusive of phthisis), as was the case in back-to-back houses in rows, and also a large excess of mortality from the diseases (except premature birth) of defective development and malnutrition in children.

12. Approximately, the ages at which the excess of mortality in back-to-back houses occurred were the early ages of life from infancy up to 15 years, and the late ages of life from 65 years and upwards. At both of these periods of life, the predominating cause of the excess was mortality from pulmonary diseases, and at the early ages, as well, from diseases of defective development and malnutrition.

13. At the age periods intervening between these two extremes, the relative excess of mortality in back-to-back houses was comparatively small.

MEDICAL INSPECTION & SUPERVISION OF THE CHILDREN IN THE PUBLIC ELEMENTARY SCHOOLS.

(*For complete report, see Annual Report of Education Committee for 1910*).

The Medical Officer of Health is superintendent of the work, and is the "School Medical Officer" recognised by the Board of Education. He supervises and directs the work, formulates any necessary reports and schemes, and attends the meetings of the Education Committee and its Sub-Committees when the work is under discussion.

A whole-time Assistant School Medical Officer carries out the detailed work of inspection and of the clinic, and assists his chief in preparing reports, leaflets, etc.

Three District Health Visitors and School Nurses, whose services and salaries are equalised between the Health and Education Committees, help the School Medical Officers at school and clinic, and in the homes, as required.

The cost of the work is borne by the Education Committee, all the clerical work and the clinic being carried out in their new medical offices.

During the year 1910, 2,206 children (chiefly beginners or leavers), were inspected and the details recorded according to schedule.

The work of organisation progresses slowly, and involves a great amount of detailed work for your School Medical Officers, *e.g.* the drawing up of circulars, leaflets and reports, and the consideration of many minor difficulties, etc. The work carried out by your Medical Officer of Health included a special inspection of the elementary school buildings, and attendance at about 100 Committee meetings.

The inspections were mostly carried out at the schools. It is impracticable and unnecessary to try to condense our full report within the limits of this one, but the following brief statement of some of the results of the inspections may be appropriately given here, as they are matters of public health importance :—

It was noted that :—

74 per cent. of the children had in previous years suffered from Measles.
34 „ „ „ „ „ Whooping-cough
24 „ „ „ „ „ Chicken-pox
7·6 „ „ „ „ „ Mumps
6·3 „ „ „ „ „ Scarlet Fever
3·7 „ „ „ „ „ Diphtheria

(As the work progresses it rather indicates that the children at the ages over one year and prior to school-life (the 'ex-babies,' as they have been termed) need skilled supervision ; they are often deplorably neglected, either in favour of the babies and the school-going children, or because they are falsely presumed to "grow out" of their defects).

Principal Conditions observed at the time of Inspection :—

	Percentage of total children inspected.	
	In 1909.	In 1910.
General bodily cleanliness—clean	98·2	97·2
„ „ dirty	1·8	2·8
Verminous heads—boys and girls	24·8	17·6
„ girls—affected with "nits" ...	51·0	29·5
„ infants „ „	38·7	34·6
Ragged, insufficient, or very dirty clothing	2·1	1·3
Defective footgear	5·4	2·8
Ill-nourished	8·7	5·8
Markedly defective vision	12·2	14·4
Other diseases of eye	3·7	1·8
Anæmia and nervous debility	1·5	0·63
Mouth-breathers (Adenoids, enlarged tonsils, &c.) ...	12·3	11·8
Enlarged glands	3·3	1·4
Defective hearing	2·4	2·4
Mentally dull or deficient	4·3	1·6
Defective speech	1·5	0·95
Miscellaneous defects (heart disease, lung diseases, &c.)	10·0	9·4
Deformities	1·3	3 5
Tubercular disease	8 cases	3 cases

Many of these defects are due to the ill-conditions found in the homes of the children, malnutrition depending on the quality, quantity, and the manner of cooking of the food. Deformities are mainly the result of rickets in childhood. This shows the importance of infant feeding. Breast-fed children rarely suffer from rickets ; on the other hand, children brought up artificially frequently do so.

As to average height and weight—the key to nutrition and physique—of the children inspected in the Upper Departments the heights and weights of the children were somewhat below the British standard of 1883. The greatest deviation from the standard was seen in the girls between 13 and 14, who were 8·5 lbs. below standard weight; the boys were 5·4 lbs. and the infants varied from 2 to 3 lbs. below standard.

We have found in your schools very many children of good physical condition, comparing favourably with the Great Britain Standard of Weight, but these were so diluted by those of poor nutrition that the York average for all age-periods is considerably below the British Standard; in at least two schools (Model and Priory Street) the average weight for boys in their fourteenth year is above the British Standard, but then these schools may be regarded as exceptional, containing as they do a larger proportion of children whose parents are in easier circumstances than those of the ordinary elementary school child.

The condition of the teeth in the majority of the children inspected was far from satisfactory.

90 per cent. of the boys examined and 88 per cent. of the girls had carious or decaying teeth.

72·25 per cent. boys and 71·7 per cent. girls had from one to four decaying teeth.

14 per cent. boys and 13·1 per cent. girls had five and more decaying teeth.

Of the 789 children between 13 and 14 years of age who were inspected 9·25 per cent. of the boys and 11·8 per cent. of the girls had apparently sound or perfect sets of teeth. These low percentages are greatly to be deplored. All children at this age should be expected to possess sound and perfect sets of teeth, unless there be some inherited or constitutional taint. Amongst the causes which contribute to this unsatisfactory condition are (*a*) the absence of personal cleanliness (use of tooth brush); (*b*) parental negligence; (*c*) improper feeding during infancy and childhood. Carious teeth should be extracted or stopped according to circumstances, and on no account be allowed to pollute the mouth and general system. Carious teeth are responsible to a large extent for the anæmia, malnutrition, and low physique of the elementary school child. There is plenty of good work to be done amongst the children by the dentist, and if ***extraction*** alone

of the carious teeth were practised, the physical nutrition and well-being of the children would be greatly benefitted; but we find the greatest difficulty in getting parents to realise the dangers attached to carious teeth. Each decaying tooth may be regarded as a poison factory, emitting into the mouth day after day an amount of noxious material which is quickly absorbed into the general system, giving rise to more or less general debility, anæmia, and low resisting power to the onslaughts of disease.

In every case of disease or defect the parents or guardians were advised personally or by letter to obtain qualified medical treatment. Every effort has been, and is being, made to stimulate and encourage parents to be true to their responsibilities in regard to obtaining proper medical advice and treatment, and to devote more attention to the general health and hygiene of their children. Care Committees, to stimulate and help parents to obtain proper treatment, have been formed in connection with several of the schools; it is desirable that all the other schools should follow suit.

During the year additional Educational leaflets were compiled and freely distributed to teachers, parents. and householders. Our series now cover the following subjects:—Personal cleanliness and Habits; Clothing and footwear; Food and sleep; The care of the eyesight; The care of the ears; Defective teeth; Adenoids and enlarged tonsils; Ringworm; Vermin; Neglect of health.

Great credit is due to the Teachers, Managers, and School Attendance Officers for their co-operation in this great, beneficent work; also to the School Nurses for a vast amount of hard work—requiring intelligence, tact and patience—which resulted in, amongst other benefits, no less than 66·6 per cent. of the total defective children receiving proper medical treatment through the ordinary channels and at the cost of the parents.

There is a considerable decline in those defective conditions amongst the children for which parental want of care was mainly responsible. There is no doubt that as time goes on parents will realise their responsibilities, and conditions which now freely prevail amongst the children will eventually disappear. Defective vision, defective teeth, "running ears," &c., many of which obvious defects have in the past been severely left alone, must now receive their due from parents and guardians.

School Buildings.

During the year we completed a survey of the hygienic conditions of the School buildings of our 24 Elementary Schools, and the Medical Inspection Annual Reports for 1909 and 1910 contain detailed notes and recommendations regarding the improved lighting of some of the schools and classrooms in relation to defective vision, cleansing and disinfection, the arrangements of cloakrooms and lavatories, &c.

It is impossible to report all the points of criticism in this Report, but the principal ones may be summarised as follows :—

The provided (Council) Schools, being of recent construction are more up-to-date, both in structure and sanitation, but the the following defects were noted :—The lighting of some of the classrooms at Fishergate, Park Grove and Shipton Street; inadequate warming of some of the classrooms at Fishergate, Shipton Street, Poppleton Road; no private lavatories for teachers at Fishergate and Scarcroft: defective cloakrooms at Fishergate. *In the older, non-provided Schools (1910)*: the defective lighting of some of the classrooms in all of the schools; general insufficiency of closet accommodation; general insufficiency of lavatory basins; general inadequacy of cloakrooms (being either too small or wrongly placed, as in passages, staircases, entrances and cupboards—all unwarmed and some grossly unventilated); absence of private lavatories and cloakrooms for teachers; inadequate playgrounds at Priory Street, Manor, Bright Street, St. Paul's (Holgate), St. Clement's; inadequate warming of classrooms at Bright Street and St. George's; school much hemmed-in by other buildings at Bedern, Priory Street, Manor, Bright Street, St. Paul's (Holgate), St. George's, St. Clement's, Micklegate Bar, St. Margaret's, St. Thomas's; marked overcrowding at St. Clement's. Unsatisfactory colouring of walls or ceilings was noted at Park Grove, Poppleton Road, St. Clement's, St. Paul's (Holgate), St. Denys'.

Only one of the schools (Bilton St.) is provided with modern water-closets, with individual flushing arrangement for the use of the scholars. All the other schools have the trough system, with a flush tank acting once or twice in the 24 hours, more or less as the caretakers think fit. This is a very bad system, because it allows excremental deposits to remain and stagnate for hours, polluting the neighbouring atmosphere. The substitution of the modern W.C., with individual flushing apparatus, would remedy these evils, and, at the same time, educate the children to a

system which is practically universal, and which they will meet with and use at home and elsewhere throughout life.

On the whole, the drainage arrangements in the schools are satisfactory and well looked after. When defective they are usually improved upon our recommendations with promptitude. Single, or at least, dual desks would go a good way to lessen contagion and the frequency of verminous and other filth conditions, and would also ensure correct posture to the children using them.

Most of the cloak-rooms in the Schools are unsatisfactory, being either too small, dark, or ill-ventilated. In some schools the narrow corridors or staircases form the only cloak-rooms. Very few have any provision for drying wet clothing, and in nearly all (even at Poppleton Road), the pegs are so near together, or insufficient in number, that the hats and clothing of different children overlap, and infection and vermin thus spread easily. There is great room for future improvement in cloak-rooms, especially in the provision of cross ventilation, properly arranged, numbered pegs, and proper heating arrangements.

If personal cleanliness be the desideratum generally proclaimed, then the number of lavatory basins provided in all our elementary schools is totally insufficient. It is impossible for 300 or 400 children to wash, even their hands only, in two or three washbasins within the few minutes at their disposal. Some improvement in the supply of water and of towels was effected during the year.

The frequent use of schools and class-rooms for other purposes than the tuition of the elementary school children is much to be deprecated. Our opinion is that besides the dust, disorganisation of fabric, and organic exhalations, there may be introduced the virulent germs of disease. It is a notorious fact that children who are excluded from elementary day schools on account of infectious and contagious diseases may attend Sunday-school; these scholars are not subject to Medical Inspection, and do not come under the influence of the Regulations in force in the schools *re* Contagious and Communicable Diseases. From this fact alone we think there is a possible source of danger to the day scholar, and that such possible source should be eliminated.

Of course, it is impossible to carry out all the improvements required in the school buildings immediately, but a steady policy

of carrying out so much year by year is being urged, and a considerable amount of such work is in process of achievement.

The re-arrangement of accommodation in the schools, on the basis of 10 square feet of floor space for each older child, and 9 square feet for each infant, is progressing, and must, ultimately, by reducing the present overcrowding, redound to the benefit of the health of the children.

During the year, the W.C's., cloakroom, and lighting at the English Martyr's Infants' School were much improved.

The Control of Infectious Diseases in the Schools:—

The cases of Scarlet Fever and Diphtheria have been dealt with by the Medical Officer of Health according to the Public Health Acts, in the usual manner. In the other cases (Measles, Whooping-cough, &c.), the School Nurses have called at most of the homes affected, and, where necessary, have advised the parents or guardians to obtain proper medical attendance and to maintain isolation. Outbreaks of the above diseases in the schools have already been referred to in the sections of this Report relating to those diseases. Copies of leaflets of advice as to isolation and prevention, as issued by the Health Committee for some years past, have been distributed at houses affected by these diseases.

Three hundred and twelve specimens of mucus (swabs) from the throat or nose of snspected or convalescent cases of Diphtheria or "Sore Throat" have been examined by your Medical Officers before re-admission of the affected children to School.

Cases which have not been under the supervision of qualified medical practitioners have been examined and certified before re-admission to school. The Head Teachers and School Attendance Officers have been informed and advised as to the character of the illness of absentees or suspects, and the date when fit to return to school.

One hundred and fourteen cases of Ringworm amongst the poor have been treated at our Ringworm Clinic, sanctioned by the Board of Education. Parents of all cases of verminous scalp or body have been compelled to effect the complete cure thereof, and it is very satisfactory to be able to record a great improvement in the general cleanliness of the children since our last Annual Report. Homes requiring special cleansing or disinfection have been dealt with by the Sanitary Department.

Cleansing of School Children under the Children Act of 1908 (Section 122).

Number of Cleansing Notices served on parents by the Education Department (with printed directions)		190
Number of children referred to the Medical Officer of Health ...		190
These were dwelling in 128 houses—		
of which were—very filthy ...	35	
„ „ filthy ...	46	128
„ „ moderately clean	47	
Number of children cleansed at home by parents		144
Number of children cleansed at Disinfecting Station (the clothing being steam disinfected at the same time)		46
Number of houses where bedding was removed for steam disinfection by Sanitary Department		79

Prosecutions were undertaken in the more negligent cases, but we are sorry to record that this last resort of all has not met with success. The lack of power to compel the other, probably verminous, members of the household to be cleansed (adults included) largely defeats the purpose of this section of the Act, as the cleansed child returns to sleep with such persons. The Medical Officer of Health caused the homes of the verminous children to be cleansed and disinfected, and the call of the disinfecting ambulance, &c., in dealing with such cases has had more beneficial effect than the mere operation of the Act would otherwise have had.

TABLE W.

Cases of Disease Notified to the Medical Officers by Head Teachers of Schools (under "The Regulations regarding Contagious Diseases") during the year 1910.

Disease or Condition.	Absentees notified by Head Teachers.		Suspects sent home from School by Head Teachers.		Totals.
	Upper Dept.	Infants' Dept.	Upper Dept.	Infants' Dept.	
Scarlet Fever	11	10	1	...	22
Diptheria	12	5	...	...	17
Sore Throat	91	15	6	7	119
Mumps	15	45	4	6	70
Measles	136	567	17	17	737
Whooping Cough	35	231	2	41	309
Typhoid Fever	...	...	...	...	...
Chickenpox	44	180	10	10	244
Influenza or Cold	19	80	...	4	103
Pneumonia	1	1	...	...	2
Ophthalmia or Sore Eyes ...	21	19	6	15	61
Blepharitis (Inflammation of Eye-lids)	1	2	1	...	4
Ringworm	71	60	29	17	177
"Sore head"					
"Dirty head"	69	49	31	25	174
Impetigo					
Eczema					
Head Lice	16	...	12	...	28
Body Lice	3	1	12	...	16
Scabies (Itch)	9	1	3	2	15
Enlarged Glands	4	8	...	1	13
Scabs	16	...	1	1	18
Phthisis	...	...	...	...	...
Various	167	103	38	17	325
Not stated	108	128	2	...	238
Totals	849	1505	175	163	2692

ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901.

During the year 1910, 513 workshops were on the register, and the names of 97 out-workers (or home-workers) were received.

On the whole the workshops, retail bakehouses, etc., were found to be in a satisfactory condition. No legal proceedings had to be instituted.

One underground bakehouse was found to be in existence at No. 59 Walmgate, and as it was sanitarily unfit for such a purpose notice was given to discontinue using it. The occupier did so and provided a new bakehouse at the ground-floor level at the rear of the premises.

This bakehouse had only been in existence for about eight weeks previous to its being found in use.

The following is a summary of the work carried out during the year 1910 under the Act:—

Total number of Workshops on the Register, 513, including:

Retail Bakehouses	60
Laundries	8
"Workplaces"	25
Number of "Domestic Factories"	0
Number of lists of Outworkers received, representing 29 Employers and 97 Outworkers, 90 of whom are engaged in making wearing apparel, and two in furniture and upholstery work	58
Notices of Occupation of Workshops received from H.M. Inspector of Factories	15

WORKSHOPS AND DOMESTIC WORKSHOPS:—

Number inspected	322
Number of inspections made...	391
Notices served under Public Health Acts *re* Sanitary defects	25
Number of notices to cleanse and limewash ...	26
Number of notices to abate over-crowding ...	1
Number of notices to provide means of ventilation (Sec. 7)	3
Number of notices *re* wet floors (Sec. 8) ...	0
Summary proceedings taken	0

RETAIL BAKEHOUSES (60 in number):—

Number inspected	58
Number of inspections	91
Notices served as to water-closets	4
Notices served as to water-cisterns	0
Notices to remove drain openings	1
Notices served to limewash	9
Number of Bakehouses dealt with as sanitarily unfit (underground bakehouses)	1
Summary proceedings taken	0
Number where sanitary arrangements improved ...	5

WORKPLACES (Restaurant Kitchens, Stables, &c.):—

Number inspected	11
Notices or other action taken	0

SANITARY CONVENIENCES IN WORKSHOPS:—

Closets were insufficient or unsuitable or defective at...	1*
There were "no closets separate for the sexes" at ...	0

*(This was dealt with under Section 22 of the Public Health Acts Amendment Act, 1890, which was adopted by York Corporation, April 4th, 1892).

HOMEWORK (Section 107 to 115):—

Number of inspections	155
Number of outworkers' premises inspected ...	151
Number found unwholesome and occupiers ordered to cleanse	4
Work stopped because of the prevalence of infectious disease, vide Section 110...	0
Names of outworkers, with places of employment, forwarded to the Clerks of Councils in whose districts their places of employment were situated ...	3
Number of employers failing to send in lists ...	0

Two premises were reported to the York Sanitary Authority by H.M Inspector of Factories during 1910, one being a factory which had unsuitable sanitary conveniences, and one being a workshop in a dirty condition and requiring lime-washing and cleansing.

Seven infringements of the Act were reported by me to H.M. Inspector of Factories, under Section 133.

Full details of the Workshops and of our Inspections were placed upon record, in accordance with the Act.

WORKSHOPS ON THE REGISTER AT THE END OF 1910.

Bakehouses, retail	60
Blacksmiths	4
Bottling	3
Boot and Shoe Making and Repairing	52
Brickmaking	5
Brushmaking	1
Bookbinding	2
Basket Making	2
Boat Builder and Repairer ...	1
Clog Maker	1
Chemists	2
Cabinet Makers	11
Coal-yard	1
Cardboard Box-making ...	1
Curriers	2
Coach Builders	7
Cork Cutters	1
Carver and Gilder	1
Cycle Making and Repairing	8
Corset Making	2
Dressmaking	66
Dry Salters	2
Engraver	1
Fellmonger	1
Furrier...	1
Jam Making	1
Joiners...	28
Laundries	8
Mantle Making	3
Milliners	37
Mattress Making	1
Malting	1
Masons	1
Mackintosh Making	1
Needlework	5
Paperbag Making	1
Painters...	2
Plumbing	17
Picture Framing	1
Piano Repairer...	1
Polishing	2
Printing...	1
Photography	0
Restaurants	15
Rope Making	3
Saddlers...	13
Stable Yards	7
Sculptor...	1
Shoeing Smiths	6
Shirt Making	2
Stocking Knitters	4
Sugar Boiling	2
Strap Maker	1
Ticket Writers...	2
Tailoring	59
Taxidermist	1
Tinsmiths	12
Umbrella Making	1
Upholsterers	2
Whitesmiths	7
Watch Makers...	11
Wire Worker	1
Wheelwrights	7
Workplaces	2
Wood Carver	1
Total	513

ADMINISTRATION OF THE MIDWIVES ACT (1902), DURING THE YEAR 1910.

On April 1st, 1905, the last date for enrolment of all midwives then practising, the "certified" midwives residing in the City of York numbered 68, (27 of whom were certificated after training and 41 were untrained).

During the year 3 midwives have left the City, and 4 have been added to the local Roll.

There are now 19 certified midwives not practising as such, of whom 5 possess the Central Midwives Board's new certificate (by training and by examination); 9 are working as general, medical, surgical, or monthly nurses, in Institutions or otherwise; 6 are wholly engaged in housekeeping; and 2 are working as Health Visitors to the York Corporation.

There is now, therefore, a total of 55 certified midwives on the Roll, residing in or working in the City.

The present composition of the local Roll is as follows:—

	Hospital trained.	Untrained.	Total.
Certified at April 1st, 1905	27	41	68
Certified practising midwives—			
Of above, still in York	4	21	25
Have settled in City since above date	3	1	4
York women who have qualified since above date	5	...	5
Admitted to Roll under the extension of time to September 30th, 1910 ...	...	2	2
Total practising as midwives	12	24	36
Certified women not practising as midwives—			
On Roll before April, 1905, still in York	7	7	14
York women who have qualified since 1905	5	...	5
Totals, December 31st, 1910	24	31	55

Status.	Practising Midwives.	Non-practising Midwives.	Totals.
Married and keeping house for their husbands	25	9	34
Widows	8	2	10
Spinsters	3	8	11
Totals	36	19	55
Cannot write	4	...	4
Over 60 years of age	9	1	10
Over 70 years of age	2	...	2
Engaged in general or monthly nursing only	...	9	9

Since April, 1905, 12 certified midwives have left York (all Hospital-trained) and 6 have retired from the Roll—5 at the compulsory request of the Central Midwives Board, and one voluntarily.

Thirty-one certified midwives gave notice of intention to practise as midwives during the year 1910, and two very respectable untrained midwives were enrolled by the Board under the extension of time allowed for enrolment by the special rule of the Privy Council.

Administration during the year 1910 :—

Fifty-five stillbirths were notified by certified midwives to me (per Rule No. 20) ; three midwives were warned *re* omission to notify.

Twenty-four notifications of certified midwives having had to send for medical help were received (per Rule No. 20) ; eleven were warned for not observing this Rule.

Four cases were notified by certified midwives, in which death had occurred before the services of a doctor could be obtained ; all these were of children from one to six days old, death being due to congenital debility or defect.

No cases of Puerperal Fever were notified by midwives (per Rule No. 18), although one case notified by a doctor involved a registered midwife, who was duly disinfected, and suspended from practice for a week.

During the year the apparatus and case books of each of the 36 certified midwives, who were practising as midwives in the City, were inspected under my supervision, on two or more occasions, with the result that three midwives had to be warned about incompleteness of their case-registers; seven *re* bag or apparatus; two *re* evading inspection, and one *re* wearing unwashable dresses at her work.

Our health visitors have assisted at this work of inspection and have tried to improve the untrained midwives in various ways, *e.g.*, teaching them how to use the clinical thermometer, &c.

The importance of inspection of midwives is evident from the fact that over 1,170 births were attended by the registered City midwives during the year 1910.

The leaflet of the Central Midwives Board on Inflammation of the Eyes in newborn children (Ophthalmia Neonatorum) was issued to all the midwives (certified and uncertified) and to all the known maternity nurses in the City, and its lessons have, been emphasized by various local lecturettes.

During the year 1910, at least six cases of this disease occurring in the practice of midwives, were brought to my notice by the Ophthalmic Surgeon of the County Hospital and others. Careful enquiries were made into the history and conditions of each case. Notwithstanding the issue of the abovementioned leaflet, and notwithstanding our lectures and personal advice to midwives, there is still a tendency for them to regard these cases as trifling, and not to send for medical help with the promptness necessary and prescribed by the Rules. Of course, midwives are sometimes undoubtedly in a difficulty, where the relatives of the child decline or procrastinate in sending for the medical help the midwife has advised. In one of the above cases, however, the midwife was so definitely to blame that she was reported to the Central Midwives Board by the Health Committee, acting as the Local Supervising Authority. She was severely censured by the Board, and, if it had not been for her previous good character, her name would probably have been struck off the Roll. In the other cases referred to above, there was not sufficient evidence against the midwives concerned. They were, however, warned —one case being sufficiently serious to justify her being arraigned before the Midwives Sub-Committee.

The Midwives Act of 1902 enacted that "From and after the first day of April, 1910, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified medical practitioners, or to anyone rendering assistance in a case of emergency." Circulars calling attention to this enactment were issued to all the known uncertified midwives practising or residing in the City, in September, 1905. The warnings were repeated by circular in January, 1910, also by advertisements in the local press, and through our Health Visitors. In November, it proved to be desirable to call the special attention of medical practitioners to this enactment, and to its possible evasion by uncertified women; the circular pointed out that practitioners would do us good service in reporting delinquents. It also pointed out that some of the uncertified Midwives are under the impression that they can make an arrangement with a qualified medical practitioner to attend *only* if summoned by them in an emergency. The Secretary of the Central Midwives Board informed me that such an arrangement would still make an uncertified (unregistered) midwife guilty of a breach of the Act, and he believed that the General Medical Council would regard the medical practitioner in such a case as being guilty of "covering."

Since April 1st, 1910, there have been no prosecutions, but four women have been warned, and one of them could have been prosecuted, had we been able to find a necessary witness. She has subsequently been fined (in 1911) for not notifying the birth of an illegitimate child under the Notification of Births Act.

During the summer, the Matron of the new Maternity Home in Ogleforth (Miss Mackenzie Brown) broke down in health, and had to leave the City, very much to the general regret, as her organisation of the institution appears to have been most capable. She was succeeded by Miss Jane Carnegie Wishart.

Miss Brown, before she left the City, was instrumental in instituting the York Association of Midwives—a union of the certified midwives of the City and district, constituted partly as a trades union, chiefly for educational purposes.

MISCELLANEOUS NOTES.

Mr. Councillor Inglis and the Medical Officer of Health attended, as delegates of the York Corporation, the very successful and pleasant Congress of the Royal Sanitary Institute held at Brighton in September. The delegates afterwards issued a Special Report upon the proceedings of the Congress to the Corporation.

A special Sub-committee graded the office clerks and their salaries, but postponed the grading of the assistant inspectors to a future date.

The appointment of an additional assistant Sanitary Inspector was necessitated by Mr. Hagyard's promotion to the position of Housing Inspector.

The inadequacy of the offices of my Department becoming urgent, a special Sub-committee has been appointed to consider the provision of extended accommodation; temporary provision at least is very urgent.

EDMUND M. SMITH,

Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF INSPECTOR OF NUISANCES FOR THE YEAR 1910.

To the Chairman and Members of the Health Committee.

Gentlemen,

I have the honour to submit for your information a statement of Sanitary work carried out under my supervision for the abatement of Nuisances, etc., during the year 1910. This constitutes my eighth Annual Report.

In the period named 7,254 houses and other premises have been inspected, 1,436 of which were found to require sanitary improvement.

2,390 notices have been served on owners and occupiers to execute various sanitary works to remedy the defects found on the said premises.

It will be seen from the tabular statement :—

That during the year 245 privies have been converted into water-closets and the ashpits in connection therewith abolished.

That a considerable amount of work has been carried out by owners of property *without notice* from this Department.

That a larger number of cases of overcrowding have been investigated and dealt with during the year, the majority being at houses where the assistant Medical School Inspector had notified that children from these houses had been found at school in a very verminous condition. No less a number than 128 houses were inspected, 54 cases of overcrowding were found, and notices were served upon the occupiers to abate the same.

Great difficulty has been experienced with respect to the abatement of overcrowding, owing to the occupiers being out of work, and not in a position to meet the increased expenditure necessary to their removal to larger houses.

Thirty-three houses were reported to the Health Committee as being without sufficient and suitable sanitary accommodation, and sixteen additional water-closets were provided for the proper accommodation of the inmates.

Common Lodging-Houses :—

The powers for the re-registration of these houses, under Section 80 of the York Corporation Act, 1902, enable the Sanitary Authority to effect improvements before certifying the houses as fit *to be used* as Common Lodging-houses, and the provisions of the Act have been enforced. This Section requires that applications for the renewal must be received before the 31st of December each year.

There are 16 keepers of the 21 Common Lodging-houses in the City. The houses registered contain 107 rooms for sleeping purposes, and afford accommodation for 397 lodgers nightly.

Twenty-one applications were received from the keepers for the re-registering of the houses in their occupation, and two applications were received for the registration of two houses—one was for the accommodation of women only, and the other for male lodgers only. The latter application was refused, as the premises were structurally unfit. The premises for the women lodgers consisted of a fairly large dwelling-house, and structural alterations were made so as to adapt it for use as a Common Lodging-house. The alterations consisted of improved means of ventilation, and the provision of an additional water-closet, lavatory, and bathroom. The said premises were registered to accommodate 17 female lodgers, and as they are the only premises registered entirely for female lodgers, they supply a much-needed want in this City. Visits were periodically made to the Lodging Houses during the night-time, and only on one occasion was it discovered that a keeper was accommodating one lodger more than the number registered for. The keeper was written to and cautioned by the Town Clerk, at the request of the Health Committee.

Three hundred and six inspections have been made.

It was found that many mattresses, bed ticks, sheets, and counterpanes required renewing and repairing, and we took the opportunity when the applications for renewal of the registration were being considered, to request that the necessary renewals and repairs be carried out, and at least 66 new mattresses, 10 new bed ticks, 21 blankets, 11 counterpanes, and a large quantity of new bed coverings were provided.

Large cards, calling attention to the possibility of spreading Consumption amongst the lodgers by spitting on the floors, were provided and fixed in the day rooms at each of the houses.

Houses Let in Lodgings:—

There are 37 houses on the Register and 10 landlords, and the houses are let in tenements to 64 separate families.

Applications were received from 4 landlords for the registration of 14 houses. The applications (with one exception) were granted, provided that certain structural alterations were carried out, such as re-drainage, sufficient water-closet accommodation, ventilation, the insertion of damp-proof courses in the ground floor walls, repairing of floors, &c.

One hundred and eight visits of inspection have been made, and the premises and bedding were invariably found in a clean and satisfactory condition.

The rooms and passages have been regularly limewashed in accordance with the Bye-laws.

The whole of the rooms are let furnished to married couples at rents of 4/- to 5/- per week.

Experience shows that after registration, these houses, and the yards and conveniences in connection therewith, are kept in a more sanitary condition than when previously occupied by tenants who directly rent them from the owner, as by limiting the number of persons in the rooms, overcrowding is thus prevented.

Slaughter-houses:—

There are 72 Private Slaughter-houses in the City. 1,195 visits of inspection have been made, and 300 notices to limewash were complied with.

During the year the roof and ceiling of one have been repaired, and the floors at two Slaughter-houses have been thoroughly repaired.

Considering the situation and construction of most of them, they have, on the whole, been kept in a fairly satisfactory condition. Occasionally we have had to complain of the non-removal of garbage from the premises.

Notices were served upon the occupiers of two slaughter-houses for contravention of the bye-laws; one for keeping a pony in the lair, which had direct communication with the slaughter-house, and one for keeping store pigs in the lair attached to the slaughter-house. Both the occupiers discontinued the practices, and no further action was necessary.

One application was made by Frederick Thompson, Nunnery Lane, to re-occupy as a slaughter-house premises situate in the Yorkshire Hussar Inn Yard, North Street, and a licence was again granted for one year.

Three notifications were received of change of occupier.

Three have been discontinued to be used or occupied as such since January 1st, 1910.

There are 47 registered slaughter-houses and 25 licensed slaughter-houses in the City.

There are 112 butchers using the 72 slaughter-houses, *i.e.*, 42 butchers other than the registered occupiers are using them.

Thirty-nine are used by the registered occupiers only. Two slaughter-houses are at present temporarily unoccupied.

By far the larger proportion of visits have been made at the time of slaughtering by the Meat Inspector (who is a qualified Veterinary Surgeon) and by myself or my Assistant Inspectors, two of whom hold the Meat Inspector's Certificate of the Royal Sanitary Institute.

Knackers' Yards:—

An application was received on behalf of Mrs. Annie Bridge, of Little Hallfield Road, for the renewal of the licence of the Knacker's Yard adjoining her house. The Committee granted the application for the licence for one year, a fee of 10/- to be paid per annum.

I had occasion to report that a person was using a yard in Barbican Road as a knacker's yard, without being licensed, and on the matter being reported to the Health Committee, they instructed the Town Clerk to write to the occupier of the premises cautioning him against carrying on the trade of a knacker.

Also, that on other unlicensed premises I found a person dressing carcases of sheep and lambs, and as the occupier had previously been summoned and convicted of having putrid flesh on his premises, summary proceedings were again taken against him and he was convicted and fined 20/- and costs.

Offensive Trades:—

Number on Register 18:—

Tripe Boilers	4	Leather Dressers	3
Gut Scrapers	2	Knacker's Yard	1
Fat Melters	4		—
Fellmongers	3		18
Tanner	1		—

Seventy-nine inspections have been made in connection with the above premises, and we have found them in a satisfactory condition.

Thirty-six notices to limewash were served upon the occupiers.

During the year 1909 an application was received for permission to establish the trade of a Gut-scraper in the centre of the City, but it was refused by the City Council, and in the early part of last year a similar application from the same firm was received for consent to use premises in Hull Road for gut-scraping. A sub-committee of the Health Committee, consisting of the Chairman, Mr. Councillor W. Birch, the Medical Officer of Health, and myself, was then appointed to visit Heath Town, near Wolverhampton, where it was said that similar works had been already established by the same firm. At a subsequent meeting of the Health Committee the sub-committee presented their Report, and a deputation from a large Institution near the proposed works attended and interviewed the Health Committee with reference to the above application, and other objections were received from adjacent residents. After considering the matter it was decided to recommend the City Council not to give consent to the application to establish the business on the above premises.

Later in the year it was found that the business of cleaning guts—*i.e.* removing the fat from them—was being carried on in premises in the centre of the City by the same firm. The guts, after having had the fat removed, were packed in barrels and dispatched to the firms headquarters at Deptford for the final process of scraping. No complaints, however, have been received as to any nuisance being created, and we have had no cause to deal with the premises as a nuisance.

Having received complaints of the offensive smells which were said to arise on premises in Hull Road, belonging to the Yorkshire Bone Products Company, inspection was made and it was found that two pans used for boiling glue were not provided with proper means for carrying off the effluvia during the process of boiling, and that the premises were not in a clean condition. Notice was accordingly served upon the proprietor to provide proper covers to the boiling pans, with extraction tubes made to connect with the hot air flue of the engine boiler. This work was carried out, and the nuisance from these boiling pans was

thereby abated, and the premises were frequently inspected and were found to be kept in a more cleanly condition. Permission was given by the City Council in 1909 to establish the business of Bone Decreasing and Artificial Manure Manufacturing on the above premises, but during last year the business changed hands, and it was found upon inspection that the business had been considerably extended, and sufficient care was not being exercised in carrying on the works as formerly.

One Leather Dresser and one Tallow Melter discontinued business during the year, and both firms have removed to new and more commodious premises just outside the City boundary.

An application was made to establish the trade of a Fat-extractor in conjunction with a fish-frying business. The application was granted conditionally upon the applicant undertaking that the fat extracted by him should be used solely for the purpose of frying fish in connection with the business carried on on the premises.

Fried Fish Shops.

During the year 51 visits have been made to the fried fish shops in the City, and they were found in a clean and satisfactory condition.

There are 42 of these premises registered in the City.

During the last two or three years, on many premises the old-fashioned apparatus used for frying purposes has been replaced by up-to-date apparatus which has resulted in carrying off the effluvia from the process of frying, and so prevented any nuisance.

Special enquiries were made as to whether the fish and potatoes were wrapped in clean white paper instead of in printed paper, such as old newspapers, and it was almost invariably found that the former practice was in vogue. In those cases where newspapers were solely used, instructions were given that in future clean white paper must be used to wrap up the fish and potatoes, and I have reason to believe that the shop-keepers are carrying out our instructions.

Cowsheds.

There are 80 Cowsheds in the City and 52 Cowkeepers.

Three hundred and twenty-four visits of inspection have been made;

One hundred and sixty notices to limewash have been complied with.

Three Cowsheds, and the yards and drainage, &c. adjoining thereto, have been improved.

There are kept in the 80 Cowsheds about 430 cows. On many occasions the attention of the milkers has been called to their dirty hands when milking, and a general improvement has taken place as a result. Also improvements have been made in the cleanliness of the animals and sheds.

Many of the visits of inspection have been made along with Mr. William Fawdington, our Veterinary Inspector, who examined the cows kept therein, and endeavour has been made to improve the cowsheds and the cleanliness of the milk supply. No summary proceedings were taken under either public or local Acts, but it was found necessary to serve notice upon one cow-keeper to remove a cow, which was in an emaciated condition and suffering from generalised tuberculosis, from his cowshed, and to completely isolate it from the remaining healthy cows, as is required by Regulation 17 (Sub-regulation 6) of the Regulations relating to Dairies, Cowsheds and Milkshops, in force in this City.

At the end of the year there were 278 persons on the register as purveyors of milk in the City of York. Fifty-two of these were cow-keepers as well as purveyors of milk residing in the City, and 153 were purveyors of milk also residing in the City; 33 purveyors of milk registered themselves during the year; 73 purveyors supplying the City have their premises outside the boundary.

Seven cowsheds have been discontinued as such, and two premises have changed occupiers.

In one instance a cow-keeper was using three old sheds in contravention of the Dairies, Cowsheds and Milkshops Order of 1885, and on notice being served as to improvements being carried out regarding ventilation, lighting and drainage, the occupier discontinued using the sheds for the keeping of cows.

Milkshops.

During the year we continued to systematically inspect these premises, and in 5 of them the sanitary arrangements were improved, and at 18 we required the occupiers to provide proper covered enamelled receptacles for storing milk. At one milkshop

two floors were cemented in lieu of the very defective brick pavements.

In two cases the conditions were such that notice was served to discontinue selling milk.

225 visits of inspection were made, and the attention of 21 purveyors was called to the provisions of the Dairies, Cowsheds and Milkshops Order, and they forthwith registered themselves as purveyors of milk.

Ice-Cream Dealers:—

There are 33 premises registered in which Ice-cream is manufactured or stored. During the year 10 premises were registered and it was found that 8 persons had discontinued selling Ice-cream.

Notices were served on the occupiers of two premises to forthwith discontinue making or storing Ice-cream, as the premises were unsuitable for that purpose.

Thirty-seven visits of inspection were made.

On the whole the premises were found in a satisfactory condition.

Smoke Nuisance:—

Whilst this is not such a very serious matter in this City, no doubt considerable improvements are yet needed in the manner in which the furnaces are stoked, as we have on many occasions proved—by taking observations of the smoke emitted from the chimneys—that sufficient attention is not paid by the stokers to firing the furnaces at frequent regular intervals and thus preventing the emission of dense clouds of black smoke.

Seventeen observations of 10 chimneys were taken, and in 5 of them black smoke was emitted in such quantities as to be a nuisance; two of the occupiers of the premises were cautioned, and two were served with notice to abate the nuisance. It was not necessary to take summary proceedings.

In two or three cases where black smoke was emitted, visits were made to the works immediately after the observations, and the stokers were cautioned as to the mode of firing, with the result that no further nuisance was observed.

The following were the chimneys of which observations were taken :—

Name and Address of Firm—

Messrs. Henry Leetham & Sons, Ltd., Hungate Flour Mills.
Messrs. C. D. Mills, Ltd., Skeldergate.
The Yorkshire Laundries, Ltd., Peasholme Green.
Messrs. Duce & Sons, Navigation Road.
North Eastern Railway Co's. Laundry, Heworth Green.
York Corporation Electricity Works, Foss Islands Road.
York Corporation Depôt (Destructor Chimney).
Messrs. T. F. Wood & Co., Ltd., Saw Mills, Piccadilly.
York Glass Co., Ltd., Fishergate.
Captain Grace's Pleasure Steamer " River King."

General Notices in default.

Owing to the failure of the the owners to comply with the notices served upon them to effect sanitary improvements, the undermentioned works were carried out by the Corporation under the provisions of the Public Health Act, 1875, and the costs recovered from the owners :—

	Years 1908.	1909.	1910.
Number of houses provided with a sufficient drain	3	2	0
Number of houses provided with a sufficient water-closet	2	1	0
Number of houses provided with ashbins	2	1	0
Number of houses provided with a sufficient supply of water	0	0	0

It will be noticed that during the year it was not necessary for the Corporation to execute any sanitary works, as in all cases the owners complied with the notices served upon them.

The attention of the City Surveyor has been called to the following defects :—

The condition of back roads	4
Nuisances arising from sewers	11
Choked street gullies	10
Offensive smells from sewer ventilators	8
Miscellaneous	21
Total ...	54

Ten houses were reported to the City Surveyor with regard to the question of water-supply.

Sanitary Work carried out during the Year 1910.

Number of inspections made	7,254
Number of re-inspections made	5,821
Number of premises which required sanitary improvement	1,436
Number of notices served	2,390
Number of letters sent	512
Number of complaints received	289

Description of Work carried out.

	Under Notice.	Without Notice.
PRIVIES :—		
Converted into water-closets	209	36
Box-privy converted into a water-closet ...	0	1
Repaired	0	0
Limewashed	25	6
Additional provided	0	0
ASHPITS :—		
Abolished	216	32
Floors laid with cement concrete	210	28
Portable receptacles provided	349	34
Re-constructed	0	0
Repaired	12	0
DRAINS :—		
New drains constructed	389	59
Re-constructed	296	84
Disconnected from sewer	211	40
Ventilated	210	40
Waste pipes of sinks disconnected	5	0
Drains under house abolished	85	12
Stoneware syphon traps fixed	324	47
Waste pipes of sinks trapped or renewed ...	237	42
Bath and lavatory waste pipes ventilated ...	6	0
Cleansed or repaired	164	15
Urinals improved	3	1
Additional gullies fixed in yards	124	18
Cesspits abolished	8	2
Inspection chambers built	141	31
Drain openings removed from inside buildings ...	4	1
WATER-CLOSETS :—		
Provided with a sufficient supply of water ...	221	42
Limewashed or cleansed	146	7
Additional provided	16	3
"Wash-down" water-closets provided in lieu of "Old Pan" apparatus	3	0
"Wash-down" water-closets provided in lieu of "Waste-water" closets	0	5
Repaired	76	13
Re-constructed	5	14

WATER CLOSETS.—*Continued.*	Under Notice.	Without Notice.
Soil pipes repaired or renewed	16	8
New flush pipes fixed	221	44
Light and ventilation provided or improved ...	4	7
Abolished (trough closets)	7	0
New cisterns fixed	219	43

HOUSES:—

Cleansed and limewashed	187	0
Unfit for habitation: closed	10	0
Unfit for habitation: improved	24	0
Provided with damp-proof courses	53	1
Roofs, &c., repaired	98	9
Water spouts fixed or repaired	175	13
Down spouts disconnected from drain... ...	228	17
Overcrowding abated	54	1
New sinks fixed	155	15
Accumulations of refuse removed	46	0
Nuisance abated, arising from the keeping of swine and other animals	51	0
Pavements of yards repaired...	81	11
Yards repaved with asphalt	11	0
Yards re-paved with Cement Concrete ...	81	16
Without sufficient sanitary accommodation ...	33	0
Supplied with a sufficient supply of water ...	0	0
Means of ventilation improved	129	2
New floors laid or repaired	225	9
Miscellaneous works not classified above ...	153	2

In connection with the work of the re-construction of drains in the City, 1,265 smoke-tests have been made.

COWSHEDS (80):—

	Under Notice.
Visits of inspection made—324	
Limewashed	160
Closed or discontinued as such since January 1st, 1910 ...	0
Improved—drains inside abolished, light and ventilation ...	3
Overcrowding abated	0
New sheds constructed	0

SLAUGHTER HOUSES (72):—

Visits of inspection made—1,195	
Limewashed, cleansed	300
Repaired	1
Floors repaired or laid with cement concrete	2
Walls rendered with cement...	0
Light and ventilation improved	0
Drains inside abolished	2
Receptacles provided	6
Closed or discontinued as such since January 1st, 1910 ...	3
Number of notifications as to change of occupier ...	3

COMMON LODGING HOUSES (21):—

	Under Notice.
Visits of inspection made—306	
Limewashed	42
Improvements:—bedding renewed, &c.	10
Closed or discontinued	0

HOUSES LET IN LODGINGS (37):—

Visits of inspection made—108	
Number limewashed	74
Improvements:—bedding renewed, &c.	0

INFECTIOUS DISEASES:—

Patients removed to Hospital in Ambulance ...	169
Rooms disinfected	472
Articles disinfected by steam disinfector ...	6,672
Library books disinfected	76
Number of houses inspected, and reports made to the Medical Officer of Health, where cases of infectious disease have occurred (including Phthisis)	395
Notifications of infectious disease sent to Head Teachers of Schools	381
Notifications sent to the Secretary of the Education Committee	276

OFFENSIVE TRADES:—

Visits of inspection—79	
Number of notices to limewash	36
Improvements:—provision of receptacles, &c.	1

Smoke Observations:—

Number of Chimneys of which observations were taken	10
Number of observations	17
Number of observations in which black smoke was emitted in such quantity as to be a nuisance	5
Number of occupiers cautioned	2
Number of notices served to abate nuisance ...	2

Sale of Food and Drugs Acts:—

During the year, 133 samples of Food and Drugs have been procured and submitted to the Public Analyst, who certified 127 samples genuine, and 6 samples adulterated (*i.e.*, 4·5 per cent. of adulteration).

Nature of Sample	Adulterated.	Genuine.	Informal.	Formal.	Totals.
Condensed Milk	...	2	2	...	2
Tea	...	1	1	...	1
Bismuth Lozenges	...	1	1	...	1
Butter	1	25	22	4	26
Wheat-meal Flour	...	1	1	...	1
White Flour...	...	1	1	...	1
Cheese	...	1	1	...	1
Strawberry Jam	...	1	1	...	1
Raspberry Jam	...	1	1	...	1
Black Currant Jam... ...	...	1	1	...	1
New Milk	5	63	4	64	68
Cream	...	5	5	...	5
Lard	...	6	6	...	6
Baking Powder	...	1	1	...	1
Margarine	...	1	1	...	1
Pepper	...	2	2	...	2
Arrowroot	...	2	2	...	2
Compound Liquorice Powder	...	1	...	1	1
Ground Ginger	...	1	1	...	1
Sugar, granulated	...	1	1	...	1
Sugar, castor	...	1	1	...	1
Golden Syrup	...	1	1	...	1
Ground Oatmeal	...	1	1	...	1
Olive Oil	...	1	1	...	1
Spirit of Sal Volatile ...	...	1	1	...	1
Camphorated Oil	...	1	...	1	1
Milk of Sulphur	...	1	1	...	1
Coffee	...	1	1	...	1
Coffee Mixture	...	1	1	...	1
Totals	6	127	63	70	133

All the samples obtained for analysis (excepting new milk) were procured by an agent.

The samples adulterated were as follows :—

No.	Nature of Sample.	Remarks.
1	New Milk. Result of analysis showed that the sample was 16·66% deficient in fat.	Informal sample sent from a public institution.
9	New Milk, 6·6% deficient in fat.	The Vendor was cautioned by the Town Clerk against a repetition of the offence, by order of the Health Committee
74	New Milk, 6·6% deficient in fat.	ditto.
94	New Milk, 8·3% deficient in fat.	The inspector was instructed to take further samples; subsequent samples proved to be genuine.
104	New Milk, 20% deficient in fat.	The Vendor was summoned, and the magistrates dismissed the case on payment of costs by the defendant.
20	Butter. Sample consisted of Margarine.	Informal sample. Legal sample subsequently procured and was certified as "genuine butter"

One informal sample of cream was certified by the analyst to contain a boron preservative, but as no label was on the jar stating the percentage, as recommended by the Departmental Committee on Food Preservatives (1901), the Town Clerk was instructed to write cautioning the Vendor against a repetition of the offence.

Also an informal sample of jam was certified to contain salycylic acid added as a preservative in the proportion of 0·63 grains per pound of jam ; the Town Clerk was instructed to write to the Vendor and ask for his observations thereon, and a satisfactory reply was received, promising discontinuance of the preservative. (See also Public Analyst's Report which follows).

Unwholesome Dripping :—

My attention having been called to the unwholesome condition of some dripping, I visited the shop where it was purchased and found a small quantity of dripping—part of a larger quantity

which had been purchased wholesale from a tripe boiler—in a rancid condition. I therefore seized it, and obtained a magistrates' order for its destruction. The shopkeeper was cautioned by the Town Clerk, by order of the Health Committee, to be more careful in his action in the future.

PERCENTAGE OF ADULTERATION IN ALL THE SAMPLES

obtained in previous years.

Years	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Total No. of samples ..	130	126	137	137	127	117	131	85	138	133
No. adulterated	5	7	2	2	5	5	2	1	9	6
Percentage adulterated ...	3'8	5'5	1'45	1'45	3'95	4'27	1'52	0 85	6 5	4'5

SAMPLES OF MILK PROCURED BY THE INSPECTOR OF NUISANCES FOR ANALYSIS UNDER THE FOOD AND DRUGS ACTS.

Year.	Total Samples obtained.	Total Samples Genuine.	Total Samples Adulterated.	Total Persons Warned.	Total Persons Prosecuted.
1901	50	50	...	...	...
1902	48	47	1	1	...
1903	67	65	2	...	1
1904	73	73	...	...	...
1905	61	57	4	2	1
1906	60	58	2	1	1
1907	69	68	1	...	...
1908	41	41	...	...	...
1909	69	62	7	4	2
1910	68	63	5	2	1
Totals for 10 years.	606	584	22	10	6

Butter and Margarine Act, 1907:—

In connection with the above named Act, which came into operation on the 1st January, 1908, there is one Butter-making Factory on the Register, but during the year the premises were discontinued as such.

Inspection of Meat.

During the year, 1,195 visits of inspection have been made to the Slaughter-houses in the City, and by far the larger proportion of the visits were made at the time of slaughtering, by the Meat Inspector (who is a Veterinary Surgeon) and by myself. It will be seen by the following table that the larger number of carcases, &c. dealt with were notified to the inspectors by the owners. This is due to a system of insurance which obtains amongst the members of the York & District Butchers' Association, whose rules require that the Certificate of the Meat Inspector and the Inspector of Nuisances must be obtained before compensation is paid. With only about six exceptions all the butchers in the City are members. The fact that this system has been in operation in this City for over two years is of great help to the Health Department in their inspection of butchers' meat, as immediately the owner finds any evidence of disease whatever in the carcase he at once notifies me of it, and, if any part of it is not approved, he surrenders it for destruction, along with a signed statement.

During 1909 the Secretary of the York & District Butchers' Association wrote to the Health Committee with respect to dealing with the fat from carcases of animals affected with generalised tuberculosis, and which carcases had been surrendered to the Inspector. After fully considering the matter, the Committee resolved that the suggestions of the Association should be given a trial for twelve months, viz., that the fat be stripped from the carcases so surrendered, and removed, under the supervision of an inspector, to the premises of a Tallow Chandler, where it would be deposited in a tank containing sulphuric acid, and would not be used for the food of man. I am glad to say that the arrangement worked satisfactorily, and the Committee last year agreed to its continuance on condition that the Association conveyed the inspector to the Tallow Chandler's premises (situate three miles outside the City boundary) to see the fat deposited in the acid.

RESULTS OF INSPECTION OF MEAT DURING 1910.

Carcases, &c.	Disease.	Inspector's attention called by owners.	Inspector called owner's attention.	Surrendered by owner.	Seized by Inspector.	Result of Action.
29 whole carcases with all organs, viz:—16 heifers, 10 cows, 3 bullocks	Tuber-culosis	Yes—in each case	...	Yes—in each case	...	Removed by Corporation, and destroyed at Corporation Destructor.
2 fore-quarters of cows, and all organs	ditto	Yes—in both cases	...	Yes—in both cases	...	ditto
3 beast lungs, 3 stomachs, 4 livers and 2 kidneys ...	ditto	Yes—in all cases	..	Yes—in all cases	...	ditto
2 beast lungs	ditto	...	Yes—in both cases	Yes—in both cases	...	ditto
1 pig and all organs	Dropsical	Yes	...	Yes	...	ditto
1 pig and all organs	Ricketty	Yes	...	Yes	...	ditto
2 pigs and all organs	Emaciated	Yes—in both cases	...	Yes—in both cases	...	ditto
2 pigs and all organs	Tuber-culosis	Yes—in both cases	...	Yes—in both cases	...	ditto
Carcase of a sheep	Accident-ally bruised	Yes	...	Yes	...	ditto

Carcases, &c.	Disease.	Inspector's attention called by owners.	Inspector called owner's attention.	Surrendered by owner.	Seized by Inspector.	Result of Action.
Carcase of a bull	Overdriven (unwholesome)	Yes	...	Yes	...	Removed by Corporation, and destroyed at Corporation Destructor.
Carcase of a calf deposited at Cattle Market	Tuberculosis	...	Yes	Yes	...	Owner strictly cautioned by Town Clerk, by order of the Health Committee.
Two bags of Mussells (18 st.)	In putrid condition	Yes	...	Yes	...	Removed to Corporation Destructor and destroyed.
Carcase of heifer, and all organs	Injured in transit by rail	...	...	...	Yes	Justice's Order obtained and carcase destroyed at the Corporation Destructor. Owner cautioned by Town Clerk, by order of the Health Committee.
2 halves of a carcase of a heifer (found deposited in two different shops) ...	Tuberculosis	...	...	...	Yes	Removed to the Corporation Destructor and destroyed. Both owners convicted, and each fined £7 and costs.

The total weight of butchers meat surrendered and seized during the year amounted to 1806¾ stones, as compared with 424½ stones in the previous year.

Year.	Voluntary SURRENDERS of diseased carcases by Butchers to Chief Sanitary Inspector.		SEIZURES (with subsequent destruction) of diseased carcases by Chief Sanitary Inspector.	
	Tuberculosis.	All diseases (including Tuberculosis).	Tuberculosis.	All diseases (including Tuberculosis.)
1901	...	...	1	2
1902	...	...	1	1
1903	...	...	...	1
1904	2	3	1	2
1905	1	1	2	7
1906	3	6	2	24
1907	3	3	...	8
1908	6	9	...	1
1909	7	10	1	1
1910	32	40	2	2
Total for 10 years.	54	72	10	49

Filthy Bedding, &c.

Under the provision of Section 56 of the York Corporation Act, 1902, I reported to the Health Committee that the bedding in a certain house was in such a filthy and unwholesome condition as to endanger the health of the persons using it. The Committee gave me authority to remove and destroy it, and to provide new bedding at their cost.

At 79 houses where verminous children lived, the bedding was found in such a filthy and verminous condition as to necessitate its removal to the Disinfecting Station for steam disinfection, and in each case the walls, ceilings, and floors of the bedrooms were thoroughly sprayed with formalin, and the rooms fumigated with sulphur.

I have much pleasure in recording that no change in my staff occurred during the year, as when any member leaves great inconvenience is caused, and the smooth working of it is interfered with.

Also, that during the year Assistant Inspector Alfred Longstaff was successful in obtaining the Certificate of the Royal Sanitary Institute, qualifying him to act as an Inspector of Meat and other Foods.

I desire again to express my thanks to each member of the staff for their hearty co-operation in carrying out the duties of the Department.

I am, Gentlemen,

Yours obediently,

A. E. DRUMMOND,

Chief Inspector of Nuisances.

REPORT OF THE PUBLIC ANALYST RELATING TO THE FOOD AND DRUGS SAMPLES PREVIOUSLY MENTIONED IN THE REPORT OF THE CHIEF INSPECTOR OF NUISANCES.

To the Lord Mayor and Citizens of York.

Gentlemen,

I have the honour to present to you the following report of the work done by me in my capacity of Public Analyst for the City of York, during the year ending December 31st, 1910.

The general character of the work executed, and the number of samples submitted to and analysed by me during the year will be seen on reference to the following tabular statement :—

Article.	Number examined.	Number adulterated.	Adulteration per cent.
New Milk	68	5	7·3
Butter	26	1	3·8
Margarine	1	...	...
Cheese	1	...	...
Cream	5	...	...
Lard	6	...	...
Pepper	2	...	...
Arrowroot	2	...	...
Baking Powder	1	...	...
Tea	1	...	...
Coffee	1	...	...
Coffee Mixture	1	...	...
Sugar	2	...	...
Jam	3	...	...
Condensed Milk	2	...	...
Flour	2	...	...
Ground Ginger	1	...	...
Ground Oatmeal	1	...	...
Golden Syrup	1	...	...
Compound Liquorice Powder ...	1	...	...
Camphorated Oil	1	...	...
Milk of Sulphur	1	...	...
Olive Oil	1	...	...
Bismuth Lozenges	1	...	...
Spirit of Sal Volatile ...	1	...	...
Totals ...	133	6	

The figures show a percentage of 4·5 of adulterated samples as compared with 6·5 for the previous year.

The total number of samples analysed in 1910 was 133, as compared with 138 examined during the previous year, showing a decrease of five samples.

The following table shows the number of samples submitted for analysis per thousand of the population of 1901 census in York, for the years 1908—1910, as compared with London, the provinces, and two towns of about the same population as York.

Year.	Population.	Rate of samples analysed per 1,000 of the population.
York ... 1908 ...	77,914	1·5
„ ... 1909 ...	„	1·8
„ ... 1910 ...	„	1·7
London ... 1909 ...	...	5·3
Provinces 1909 ...	...	2·6
Devonport 1909 ...	70,437	2·6
Wigan ... 1909 ...	82,428	2·6

The average composition of the samples of genuine milk for the year is given in the following table :—

Month.	Milk-fat—per cent.	Non-fatty solids—per cent.
February	3·52	9·06
April	3·17	8·96
May	3·25	9·04
July	3·17	8·94
September	3·26	8·94
November	3·48	9·31
December	3·25	8·94
Average for the year 1910	3·30	9·02
„ „ 1909	3·43	8·89

The following table shows the analytical data and the extent of the adulteration in the five adulterated samples :—

No. of Sample.	Analytical data.		Result.
	Milk-fat—per cent.	Non-fatty solids, per cent.	
1	2·50	8·86	16·66 per cent. deficiency in fat.
9	2·80	9·08	6·6 " " "
74	2·81	8·76	6·6 " " "
94	2·75	9·24	8·3 " " "
104	2·40	8·88	20·0 " " "

All the samples of new milk were free from preservatives.

Butter.

Of the 26 samples of Butter, 25 were genuine; the remaining sample consisted of Margarine.

Cream.

The 5 samples of Cream contained 53·7, 52·0, 54·3, 38·0, and 45·0 per cent. of milk-fat respectively. One sample was entirely free from preservatives, the remaining 4 samples contained Boric Acid added as a preservative, but in no case was the amount materially in excess of the limit of 0·25 per cent. defined by the Departmental Committee on Food preservatives.

Jam.

The 3 samples of Jam were prepared from genuine fruit and were free from metallic contamination such as Arsenic, Copper, &c., and 2 of the samples were free from chemical preservatives, whilst the third sample contained a small quantity of Salicylic Acid in a proportion not exceeding one grain per pound.

Flour.

Two samples of Flour were examined during the year, one of whole meal flour and one of white flour. Both samples were genuine.

My attention has been drawn to the sale of a substance, the addition of which to flour, in the proportion of about one per cent., it is claimed, increases the strength and improves the bread made from the flour. I have had the opportunity of making an examination of such a substance, and find it to consist essentially of acid phosphate of lime. The addition of one

per cent of such substance to flour would, in my opinion, constitute an offence under the Sale of Food and Drugs Acts.

Drugs.

The following drugs were submitted for analysis:—Compound Liquorice Powder, Camphorated Oil, Olive Oil, Milk of Sulphur, Spirit of Sal Volatile, and Bismuth Lozenges. All were in accordance with the requirements of the British Pharmacopœia.

I wish to call your attention to the fact that no samples of Spirits were submitted for analysis during the years 1909 and 1910.

None of the other samples called for any comment.

I am, Gentlemen,

Your obedient Servant,

JOHN EVANS,

City Analyst.

CANAL BOATS ACTS, 1877-1884.

The following work was carried out under the above Acts by Mr. James B. Mummery (who was appointed Inspector in May, 1910, in succession to Mr. Thomas Leetham):—

During the year 127 boats were inspected, upon which were found 251 men, 23 women, and 14 children. The cabins were mainly in good condition. There was no case of illness on any of the boats.

Four boats were not properly numbered, six boats had no certificates, and three boats had certificates that did not identify owners. These infringements were remedied after notice was given to the owners.

The total number of boats on the register at the end of 1910 was 244. Out of these, 111 have been broken up, or are not traceable, which leaves 113.

Four new boats were registered, five boats which had changed ownership were re-registered, and one boat re-registered to the same owners, who had lost the papers.

METEOROLOGICAL OBSERVATIONS FOR 1910.

METEOROLOGICAL STATION, YORK.—THE MUSEUM.

Longtitude 1° 5′ W., Latitude 53° 57′ N. Height above Mean Sea Level 56 ft. Gravity Correction + ·024 in.

1910.	Barometer. Mean Pressure at 32° Fahrenheit.		Air Temperature.										Humidity.			Earth Temperature.	
						Means of		Minimum and Maximum combined.	Absolute Maximum and Minimum.				Percentage.				
	At M.S. Level	At Station Level.	9 a.m.	9 p.m.	Mean.	Max.	Min.		Max.	Day.	Min.	Day.	9 a.m.	9 p.m.	Mean.	At 1 ft.	At 4 ft.
	ins.	ins.	o	o	o	o	o	o	o		o		%	%	%	o	o
Jan.	29·742	29·685	36·4	37·1	36·8	42·8	32·8	37·8	55	2 & 9	12	27th	93	94	94	38·5	41·9
Feb.	29·530	29·473	39·5	39·6	39·6	46·1	35·6	40·9	54	17th	30	9th	89	90	90	37·7	40·0
Mar.	30·141	30·083	42·6	42·5	42·6	51·3	36·9	44·1	59	20th	28	29th	85	83	84	40·9	41·2
April	29·795	29·737	45·0	44·3	44·7	52·8	36·7	44·8	62	21st	26	1st	78	82	80	44·6	44·0
May	29·889	29·831	52·5	49·6	51·1	60·8	44·2	52·5	75	23rd	34	3rd	81	86	84	50·7	47·2
June	29·889	29·831	60·5	56·0	58·3	67·3	50·3	58·8	79	19th	44	17th	74	82	78	57·7	53·1
July	29·857	29·799	57·9	57·7	56·8	65·4	50·6	58·0	74	13th	44	3 & 4	80	84	82	58·6	55·7
Aug.	29·830	29·772	59·7	57·7	58·7	67·9	52·4	60·2	75	14th	45	23rd	83	86	85	60·0	57·5
Sept.	30·235	30·177	54·6	52·7	53·7	61·7	47·2	54·5	71	28th	38	21st	82	86	84	56·5	56·3
Oct.	30·037	29·979	51·7	51·1	51·4	58·0	46·2	52·1	70	1st	40	20, 21, 31	83	88	86	53·1	54·2
Nov.	29·598	29·541	36·1	36·6	36·4	43·6	31·8	37·7	53	1st	23	23rd	88	91	90	42·8	48·3
Dec.	29·638	29·581	43·1	42·3	42·7	47·4	38·8	43·1	56	24th	27	28th	91	91	91	41·7	44·3
Year	29·848	29·791	48·3	47·1	47·7	55·4	42·0	48·7	79	June 19th	12	Jan. 27th	84	87	86	48·6	48·6

Barometer at 32° and Mean Sea Level.

1910.	Highest Barometer.		Lowest Barometer.	
January ...	30·541	6th, 9 p.m.	28·669	28th, 9 p.m.
February...	30·297	9th, 9 p.m.	28·701	20th, 9 p.m.
March ...	30·648	31st, 9 a.m.	29·500	9th, 9 p.m.
April ...	30·559	1st, 9 a.m.	28·953	13th, 9 p.m.
May ...	30·386	25th, 9 a.m.	29·317	6th, 9 p.m.
June ...	30·391	15th, 9 p.m.	29·408	30th, 9 a.m.
July ...	30·207	13th, 9 a.m.	29·328	25th, 9 a.m.
August ...	30·196	31st, 9 p.m.	29·408	26th, 9 a.m.
September	30·569	17th, 9 a.m.	29·830	29th, 9 a.m.
October ...	30·619	14th, 9 a.m.	29·023	31st, 9 p.m.
November	30·131	22nd, 9 p.m.	28·578	7th, 9 a.m.
December	30·398	30th, 9 p.m.	28·831	16th, 9 p.m.
Year.	30·648	March 31st, 9 a.m.	28·578	Nov. 7th, 9 a.m.

Sunshine Values.

Month.	Total Hours.	Percentages.	
	1910.	1910.	1909.
January	47	19	9
February ...	58	22	16
March	123	34	15
April	93	22	42
May	159	32	43
June	166	33	22
July	139	28	22
August	136	30	38
September ...	111	30	22
October	93	29	23
November ...	80	32	25
December ...	24	11	11
Year.	1229	28	26

Heights above Ground :—Barometer, 3 feet ; Thermometers, 4 feet ; Rain-gauge, 1 foot.

1910.	Amount of Cloud.			Rainfall.			Weather, No of Days of									Wind, No. of Observations of								
	9 a.m.	9 p.m.	Mean.	Total.	Max.	Day.	Rain.	Snow.	Hail.	Thunder-storm.	Clear Sky.	Overcast.	Fog.	Gale.	Strong (wind 4-7).	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm.
				ins.	ins.																			
Jan.	5·9	6·7	6·3	2·21	·55	27th	18	7	0	0	3	11	3	0	5	9	1	2	0	16	12	16	6	0
Feb.	6·8	4·6	5·7	2·07	·32	1st	20	2	0	0	5	9	1	1	8	3	0	0	2	22	14	12	3	0
March	6 5	4·6	5·6	0·48	·11	8th	11	1	0	0	5	9	1	0	0	8	1	5	7	11	7	12	10	1
April	7·6	6·1	6·9	2·66	·73	14th	20	0	2	2	3	10	0	0	2	12	7	4	2	8	6	16	5	0
May	6·5	4·8	5·7	2·36	·66	21st	20	1	2	2	4	8	1	0	3	16	4	9	2	7	3	15	6	0
June	6·8	6·9	6·9	2 07	·63	30th	10	0	1	4	2	12	0	0	0	7	10	8	3	5	5	19	3	0
July	8·2	7·5	7·9	2·73	·92	5th	14	0	0	1	0	13	2	0	0	15	7	0	2	15	7	9	7	0
Aug.	7·0	6·6	6·8	2·82	·52	14th	23	0	0	2	1	10	0	0	5	8	1	4	3	23	5	14	3	1
Sep.	7·0	5·3	6·2	0·23	·07	10th	7	0	0	0	4	12	0	0	1	25	2	2	5	5	2	9	9	1
Oct.	6·0	7·6	6·8	2·14	·40	2nd	11	0	0	1	3	12	3	0	2	10	8	12	0	7	5	14	6	0
Nov.	4·9	4·9	4·9	2·43	·73	10th	16	3	0	0	7	5	3	0	3	10	0	2	2	15	1	19	9	2
Dec.	7·5	7·0	7·3	2·44	·44	3rd	21	2	0	0	3	16	1	0	1	1	2	4	2	29	5	14	5	0
Year	6·7	6·1	6·4	24·64	·92	July 5	191	16	5	12	40	127	15	1	30	124	43	52	30	163	72	169	72	5

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The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31st DECEMBER, 1916,

BY

EDMUND M. SMITH, M.D. (Edin.), D.P.H. (Camb.),

School Medical Officer and Medical Officer of Health.

CITY OF YORK EDUCATION COMMITTEE.

NAMES OF MEMBERS.
1915-1916.

The Right Hon. the Lord Mayor (Alderman W. A. Forster-Todd), The Mansion House, York.

Chairman :—
Councillor K. E. T. Wilkinson.

Vice-Chairman :—
Rev. W. Johnson, B.A.

Special Schools and Medical Sub-Committee.

Chairman :—
Dr. D. Sanderson Long.

Alderman S. W. Meyer.
,, James Brown Inglis.
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Councillor Richard Petty.
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Mr. W. H. Hodgson.
Mr. D. S. Crichton.
Mrs. K. E. T. Wilkinson

STAFF ENGAGED IN MEDICAL INSPECTION AND SCHOOL CLINIC.

SCHOOL MEDICAL OFFICER :—
Edmund M. Smith, M.D., D.P.H., M.O.H.

ASSISTANT SCHOOL MEDICAL OFFICER :—
E. Scott Galbraith, L.R.C.P. & S. (Edin.) ; L.R.F.P. & S. (Glas.), D.P.H.

TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER since the outbreak of the War :—
Norah Kemp, M.B., C.M.

OPHTHALMIC ASSISTANT SCHOOL MEDICAL OFFICER :—
Peter Macdonald, M.D.

DENTAL ASSISTANT SCHOOL MEDICAL OFFICER :—
T. E. Constant, M.R.C.S. (Eng.), L.D.S., L.R.C.P. (Lond.).

SCHOOL NURSES :—
Miss Annie E. Simpson, C.M.B., Certif., H.V. & S.N., Certif. Royal San. Inst.
Miss Margaret Grant, C.M.B., Certif., H.V. & S.N., Certif. Royal San. Inst.

CLERK :— Miss J. Masterman.

ASSISTANT CLERK :— Miss D. Bousfield.

The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1916.

To the Chairman and Members of the York Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit this the Ninth Annual Report on the Medical Inspection of the Scholars in the York Elementary Schools.

In accordance with the general request it is but a brief record of the work carried out. That work has been much handicapped and curtailed by the medical and other exigencies of the times ; however, it has been kept going to the utmost extent possible, attention having had to be concentrated largely upon the Clinic work, which has increased enormously during the War, and upon ailing or defective children referred from, or discovered in, the schools.

The Report contains all the statistical information about the work of the year 1916 upon record, and as required by the Board of Education.

During the year we have been fortunate in that Dr. Norah Kemp has been able to continue to act as temporary part-time Assistant School Medical Officer, in the continued absence at the war of Dr. Galbraith, and has been able to give from two to three hours per day to the routine medical inspections at the schools (so much of that work as was possible), the special examinations and other work of the School Clinic, supervision of treatment thereat, and the detailed supervision of the children in the special schools ; and I am much indebted to her for the zealous interest and hard work which she has contributed during the year.

From April 1st, 1915, the Board of Education required the inspection of an intermediate age-period of children, *i.e.*, those between eight and nine years of age, but as yet it has been impossible to carry out any of this additional work, important as it is.

The principal event of the year has been the opening of the new Knavesmire Council School (on April 10th, 1916), the design and facilities of which form a distinct advance upon the previously existing schools.

On behalf of Dr. Kemp and myself I beg to thank you for your support in our work throughout the past year.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

EDMUND M. SMITH,

School Medical Officer and
Medical Officer of Health.

May, 1917.

THE ELEMENTARY SCHOOLS NOW COMPRISE :—

Eleven provided and eighteen non-provided schools, 29 in all, including the two special schools.

The numbers of children on the school registers during the year 1916 were as follows :—

Total No. of children on the Registers on 31st January, 1916				14,275
Upper Department,	Boys	4,767		
,, ,,	Girls	4,632		
Infants' ,,	Boys	2,516*		
,, ,,	Girls	2,360*		
Average attendance for the year ended 31st December, 1916 (87%)				12,564

* In these figures are included 781 children under 5 years of age (415 boys and 366 girls).

There are in the city 18 Private Schools, in addition to the Blue Coat Boys' and Grey Coat Girls' School, with 695 pupils on the registers. Medical Inspection of both pupils and buildings would no doubt be valuable in those schools also.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

The Medical Staff continue to work in co-operation with the Education Office, the Head Teachers of Schools, the Health Department, the Tuberculosis Dispensary, and the Medical Charities.

The School Attendance Officers are closely associated with the work. Overlapping of their work and that of the school nurses has been avoided by the weekly lists sent to them from the School Clinic. The cases involved in such lists who were thus referred to the attendance officers, through the Secretary of the Education Committee, during 1916 numbered 8,065.

These figures cover almost all the cases which are truants in respect of the Clinic, and many of these have to be referred under this heading several times. The school nurse visits the home before the case is referred to the above officers.

In the clerical work of the Office of the School Medical Department, situated at No. 24, St. Saviourgate, a more and more complete series of forms and cards is in vogue in the inter-communications between the School Medical Service and the schools, parents, managers, attendance officers, etc.

THE WORK AND METHODS OF MEDICAL INSPECTION OF THE SCHOOL CHILDREN.

During the year it was found impossible to keep pace with the former requirements of the Board of Education as to the medical inspection of "entrants" and "leavers" ("code-groups"), owing to the enormous increase in the Clinic work (due largely to the war-depletions of medical staff, at the medical charities and in private practice), epidemic sickness in the city, and sickness among the staff. Also, the first two months of each year have now to be devoted to the medical inspection of the children attending Holgate Bridge School. This is in accordance with the requirements of the Mental Deficiency Act. Another six weeks have been devoted to the Secondary School; this School was inspected for the first time in 1915.

Frequent visits have also to be paid to the Open-Air School.

All school children who are contacts of a case of tuberculosis occurring in the family are examined in school, whether they come under the age-period for examination or not. This also takes up extra time, but it is time well spent as it is a matter of extreme importance. So in the latter part of the year it was decided to concentrate attention on the children of all ages found to be ailing or physically defective, and thus carry out the maximum amount of ameliorative work. These cases, like those of the children in the Special Schools, who are examined periodically, cost much more time per head than the average child examined in the course of the inspections of the whole of the children comprised in a code group. This course was approved by the Board of Education.

The numbers of scholars inspected and scheduled during 1916 were as follows (see also Tables 1, in Appendix A, and Table A, Appendix B) :—

	Boys.	Girls.	Total.	
Code Groups "Entrants," *i.e.*, children in their 6th and 7th years	71	64	135	356
Code Groups "Leavers," *i.e.*, children in their 13th and 14th years	110	111	221	
Children at "Special" School (boys only) ..	46	—	46	
,, at "Open-air" School	13	15	28	
Special cases of ailing children selected by Medical Staff and Head Teachers in the Elementary Schools	58	82	140	
Totals ..	298	272	570	

Percentage of parents present at medical inspection .. 21·5

In addition the Assistant School Medical Officer examined 19 children under the Mental Deficiency Act, some of which examinations cost about an hour's time.

The Schedule of the Board of Education.

Chest Girth.—This is only noted in special cases ;

Vaccination Marks.—Their number is recorded if observed ; no further action whatever is taken.

84·6 per cent. of the children scheduled in 1916 bore well-defined vaccination marks, as compared with 90 per cent. in 1910.

Number of Visits paid to the Schools and Departments.—

Visits to schools paid by the Assistant School Medical Officer :—

For the purpose of medical inspection of scholars ..	57
Special visits in connection with threatened outbreaks of infectious disease, suspicious cases amongst the children, sanitation and equipment of schools, etc.	Carried out by the S.M.O. and School Nurses as required.

Tabular statement of work done by the School Nurses :—

At Homes :—	Nurse Simpson. Visits.	Nurse Grant. Visits.	Total.
Infectious and other Diseases notified by Head Teachers	1,992	2,031	4,023
"Following-up" Defects	386	653	1,039
Upon notifications of Ailing Children by Parents and Attendance Officers	101	252	353
Special Clinic cases	280	738	1,018
Infectious Cases Convalescent	141	99	240
Physically Defective Children not in attendance at school	20	61	81
Special visits to Homes of Mentally Defective Children	50	—	50
At Schools :—			
Re Infectious and Contagious cases or Ailing Children, or *re* Verminous Children	169	205	374
Open-air School	35	—	35
Re other matters	90	77	167
	3,264	4,116	7,380
Assisting School Medical Officer at Inspection ..	34½ days	5½ days	40
Clinic.			
Inspection and Treatment	352 hrs.	486½ hrs.	838½ hrs.
Dental	43½ ,,	93 ,,	136½ ,,
Cleansing Children (Sect. 122) Number of children	2	—	2
Number of Swabs taken from throats of children on account of suspected Diphtheria	—	36	36

During the year Inspection was in all cases carried out on the school premises.

From an administrative point of view it proved very inconvenient that some of the schools had to be given up for occupation as Military billets during the winter, with the consequence that some schools had to share the same premises at different parts of the day, and some had to be divided in two or more separate buildings.

THE PHYSICAL CONDITION OF THE YORK ELEMENTARY SCHOOL CHILDREN.

The Revelations of Medical Inspection in ***1916*** *:—*

The following are the principal percentages of defective conditions (in the Code groups only) covered by the Board of Education's abbreviated Table 2 (see Appendix A) :—

Cases of some degree of malnutrition	19
,, ,, defective vision	23
,, ,, deformity	5
,, uncleanliness of head	14
,, dental disease	86
,, adenoids and enlarged tonsils	7·3
,, definite or suspected tuberculosis	2·2

In view of the smaller totals inspected and the condensation of the detailed results, it is not possible to make fair comparisons with the percentages of previous years, but some of the above percentages are obviously too high to be satisfactory, and it is disappointing that those concerning uncleanliness and malnutrition come out so badly.

In this connection it must be remarked that among the many evil bye-products of the War have been the importations of Scabies (itch) and other contagious diseases, and a general slackening of effort on the part of many mothers in the care and feeding of their children.

Most marked before the War had been the great improvement in the prevalence of Ringworm, but even this ubiquitous foe has revived and demands unceasing efforts to keep it in check (see Table B, in the Appendix B, in which for comparison, the results of similar investigations during previous years are also inserted).

Printed leaflets as well as much verbal advice regarding the prevention and cure of several of these conditions are freely given to parents.

Seven cases of suspected Heart Disease were referred by Head Teachers to the School Medical Officer during 1916 for advice as to curriculum and physical exercises and games.

Twenty-three cases of Squint were successfully rectified.

Otorrhea.—During the year 121 children suffering from Otorrhea of one or both ears were treated or supervised at the Clinic, and the number of those who were still under treatment at the end of the year amounted to 75.

The long-proposed commencement of special classes for children afflicted with (*a*) stammering and other forms of defective speech and (*b*) partial blindness, has again been deferred, much to the regret of the School Medical Service.

Tuberculosis.—Cases of Tuberculosis amongst city children between 5 and 15 years of age, which were notified to the Medical Officer of Health during the year 1916, under the "Public Health (Tuberculosis) Regulations, 1912," of the Local Government Board. (See also Appendix A., Table 2) :—

	Males.	Females.	Total.	
Tuberculosis of Lungs (Phthisis)* ..	8	11		19
,, of Neck Glands	7	8	15	
,, of Meninges (Meningitis) ..	—	2	2	
,, of Abdominal Glands ..	1	—	1	
,, of Spine	2	—	2	
,, of Skin	4	—	4	
,, of Hip Joint	2	3	5	
,, of Other Joints	1	1	2	
,, of Peritoneum	1	3	4	
Totals	26	28	35	35
				54

* Two of these cases had also developed other forms of tuberculosis.

Of these total notifications, 5 of the lung cases and 9 of "Other Tubercular" cases were sent in by the Tuberculosis Officer, and 4 and 9 respectively, by the Assistant School Medical Officer.

One case of Phthisis and 20 cases of Non-Pulmonary Tuberculosis were also notified amongst children under five years of age.

Total children excluded from school attendance during whole or part of year, 44.

Total deaths of children at ages 5—15 in York in 1916 :—

	Total.
Pulmonary Tuberculosis	4
Non-Pulmonary ,, ...	7

The following provision exists for the treatment of tubercular cases occurring amongst city school children :—

(*a*) All cases are referred to the York Tuberculosis Dispensary as a clearing house, for diagnosis in doubtful cases, for supervision, and for tuberculin or other treatment when required.

(*b*) The temporary Open-Air School at No. 11, Castlegate.

	Boys.	Girls.	Totals.
Admitted to the Class in 1916	18	17	35
Discharged	7	15	22
On books December 31st, 1916..	14	9	23

The after-care of these children is entrusted to the Tuberculosis Crusade Committee.

(*c*) The open-air ward and shelters for tubercular patients at the City Isolation Hospital, Yearsley Bridge.

Nine cases of children of school age were so referred by the Tuberculosis Officer during 1916.

(*d*) Cases requiring surgical treatment are sent into the York County Hospital, at the cost of the Corporation Health Committee.

Ten cases of children of school age were so referred by the Tuberculosis Officer during 1916.

THE OCCURRENCE OF INFECTIOUS OR CONTAGIOUS DISEASES AMONGST THE SCHOOL CHILDREN

and the action taken as to detection and prevention thereof.

During the year 1916 the most prevalent infectious diseases have been Measles, Whooping Cough, Chickenpox, and "Ophthalmia." Diphtheria was very much less prevalent than in preceding years.

The following tabular statement gives the numbers of school children notified to the Medical Officer of Health (Scarlet Fever and Diphtheria), and to the Assistant School Medical Officer (Measles, Whooping Cough and Chickenpox), for each of the past five years :—

	Scarlet Fever.	Diphtheria.	Measles.	Whooping Cough.	Chickenpox.	Mumps
1912 ..	215	56	1,158	69	347	105
1913 ..	84	54	119	278	369	124
1914 ..	181	97	664	247	109	755
1915 ..	120	48	505	220	169	61
1916 ..	149	21	288	182	166	31

Scarlet Fever.—During 1916, the prevalence was not marked, 118 school cases occurring in the first six months, and 31 in the second six months of the year ; 8 "missed" cases of Scarlet Fever were discovered by the School Nurses. No particular school or department was affected, except Scarcroft Road School (19 cases).

The cases were distributed as follows :—

		Primary cases.	Secondary cases.
7 years of age and under 7	Attending City Public Infants' Schools	35	6
	Not attending School	28	14
		63	20
At ages 7—14	Attending City Public Elementary Schools (Upper Depts.) ..	84	24

Diphtheria.—Twenty-six of the cases among children occurred during the first half of the year, and only three during the second half, and they were distributed as follows :—

		Primary cases.	Secondary cases.
7 years of age and under 7	Attending City Public Infants' Schools	6	—
	Not attending School	7	1
		13	1
At ages 7—14	Attending City Public Elementary Schools (Upper Depts.) ..	14	1

Measles.—The epidemic of Measles of the Autumn of 1915 continued during the first half of 1916 ; 75·7 per cent. of the cases of Measles occurred in the first quarter of the year ; 53·8 per cent. in the Infant Schools.

A great deal of time and special attention was devoted to the progress of the epidemic, and various means adopted in the endeavour to control it.

Below is a list of schools and classes which were closed for various periods in order chiefly to control the spread of measles and whooping cough. These were closed for minimum periods, and, as far as possible, in accordance with the suggestions of the Principal Medical Officers of the Local Government Board and Board of Education, as contained in their blue book memorandum on the subject issued in 1909. The epidemic was so extensive that, notwithstanding a good deal of opinion contrary to the closure of schools for this purpose, it seemed absolutely desirable to stop all public facilities whereby children

might infect each other ; and one cannot doubt but that some degree of prevention was thereby accomplished. Moreover, in some cases, there was hardly any class in the school but what was so much affected that it was hardly worth while carrying on the school. Again, be it said, that from the financial aspect it is most sincerely to be hoped that the Board of Education will see their way at an early date to revive " the epidemic grant."

LIST OF SCHOOL CLOSURES DURING 1916.

Name of School.	Date Closed.	Until.	On account of :—
Haxby Road (Babies' Class) ..	Jan. 21st	Feb. 21st	Whooping Cough.
Layerthorpe—			
Class II., Infants' Dept. ..	Jan. 21st	Feb. 21st	Whooping Cough and Measles.
All Children under 5 years	Feb. 1st	Feb. 28th	Measles and Whooping Cough
Shipton Street—			
Whole School except Stan. I. and II. Mixed Dept. ..	Jan. 27th	Feb. 24th	Do. do.
St. Clement's—			
All Children under 5 years	Jan. 21st	Feb. 21st	Measles, Whooping Cough and Chickenpox.
Whole Infants' Dept. ..	Feb. 18th	Feb. 28th	Measles.
Scarcroft Road—			
All Children under 5 years	Jan. 21st	Feb. 21st	Do.
Class VI., Infants' Dept. ..	Feb. 1st	Feb. 16th	Do.
Heworth, Infants' Dept. ..	Feb. 14th	Feb. 28th	Do.
St. Lawrence, Infants' Dept. ..	Feb. 18th	Feb. 28th	Do.
Poppleton Road—			
Class III., Infants' Dept. ..	Feb. 1st	Feb. 28th	Whooping Cough.
All Infants under 5 years	Jan. 21st	Feb. 21st	Measles, Whooping Cough and Chickenpox.
Park Grove—			
Class III., Infants' Dept., and all Children under 5 years	Feb. 14th	Feb. 28th	Measles.
Stan. I., Mixed Dept. ..	Feb. 15th	Feb. 28th	Do.
Class 2B, Infants'	Apr. 17th	May 1st	Do.

It was resolved early in December that all children under five years of age should be excluded from the Elementary Schools until the end of the epidemic.

As the epidemic seemed to be declining just before Xmas, these children, however, were re-admitted after Xmas and kept under close supervision, with the exception of some schools that were threatened with attack.

As it seemed as desirable to exclude children from Sunday schools as from day schools, use was made, for the first time, of Section 88 of the York Corporation Act, 1914, and the following circular was issued to the Superintendents of the Sunday schools of the City :—

16th December, 1915.

To the Superintendents of Sunday Schools
in the City of York.

I am requested by the Health Committee of the York Corporation to inform you that they have just had under their serious consideration the present extensive epidemic of measles prevailing in the city among young children, which has already produced serious mortality. They have therefore decided to act upon the Section 88 of the York Corporation Act, 1914 (a copy of which Section is set forth below), and hereby require you from this date to exclude from attendance at your Sunday School, or any department thereof (Band-of-Hope meetings, Xmas and other entertainments, etc.), all the young children under the age of eight years, until further notice, *i.e.*, until the epidemic is over.

I may mention that from the 1st January, 1916, the Local Government Board has made cases of Measles or German Measles compulsorily notifiable by parents, guardians, and doctors. You will presently see public advertisements calling attention to this important Order, which is intended to advance the prevention and treatment of measles.

EDMUND M· SMITH,
Medical Officer of Health.

88.—(1) If the Corporation or a Committee of the Council acting on the advice of the Medical Officer with the view of preventing the spread of infectious disease in the city require the closing of any Sunday School or any department thereof or the exclusion of certain children for a specified time such requirement shall be at once complied with.

(2) Any person responsible for the conduct or management of any Sunday School wilfully failing to comply with any such requirement shall for every such failure be liable to a penalty not exceeding One Pound.

On January 1st, 1916, the new Regulations of the Local Government Board came into force, which made all cases of Measles and German Measles compulsorily notifiable from that date. These Regulations were made known by posters and handbills, which were widely distributed, and through the press. The Regulations necessitated the employment of an extra nurse, and a former School Nurse (Nurse Humphries) was employed by the Health Committee for three or four months, temporarily. Warnings to parents, and to the teachers of day and Sunday schools, regarding the prevention, isolation and care of Whooping Cough, were also issued.

Next to day schools and Sunday schools, cinema theatres are perhaps the most common meeting place of children in any numbers. The proprietors of the five local cinema theatres were asked to exclude from the performances all young children

during the epidemic, and four of them consented to exhibit a warning lantern slide to the effect that persons from houses where measles, etc., were prevalent must not enter the theatre.

I believe that the exclusion of children under eight years of age from all the Sunday schools from the middle of December, and the careful exclusion of children or selected classes from the day schools according to need considerably prevented the spread of the disease; undoubtedly it delayed its progress, and, therefore, gave us a very much better chance of controlling the epidemic.

I set aside one of our Health Visitors entirely for the work of visitation of cases from the beginning of the year, and the maximum possible time of both School Nurses, apart from their attendance at the School Clinic; they did a great deal of very useful work in the prevention of the disease and its mortality.

Although the number of cases notified under the new compulsory Regulations since the beginning of the year (viz., 292), was very large, I believe it to be probable that if notification had been in force then, the numbers in October and November, 1915, would have been very much greater, as a larger number of schools were affected.

So far, I think the system of notification made compulsory by the Local Government Board, on January 1st, 1916, effected what I have said for years past would be the probable result, viz.:—that the fact of the disease being notifiable makes the general public more fully realize the seriousness of the disease, the necessity for care in isolation and treatment, and the desirability of having proper medical attendance. Notification also gives us special opportunites of educating the public about the disease and its dangers at a time when they are necessarily interested in the subject by reason of the attack upon their own homes.

As districts became clear of the disease, I was able, using the discretionary power conferred upon me by the Health Committee, to withdraw the Orders excluding the younger children from Sunday schools. Some of the Closing Orders upon the Junior Sunday schools supplying those likely to be attacked were prolonged for some weeks.

During the period from 1st January to 9th February, 1916, 292 cases of Measles and 3 cases of German Measles were notified, as follows:—

By whom notified.	MEASLES.		GERMAN MEASLES.	
	Primary cases in household.	Secondary cases in household.	Primary.	Secondary.
Doctors only	144	16	3	—
Householders only	59	18	—	—
Householder & Head Teacher	9	1	—	—
Doctor and Householder ..	13	7	—	—
Doctor and Head Teacher ..	12	1	—	—
Head Teacher only	7	5	—	—
Totals	244	48	3	Nil.
	292		3	

It is satisfactory to note that of the total notifications, 196 were received from Medical practitioners (viz. :—over 66 per cent.), which shews that medical attendance was being called in, as is so desirable in many cases ; 107 notifications (over 36 per cent.) were received from householders.

The following table tabulates the ages of cases of Measles notified from 1st January to 9th February, 1916.

	Under one year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 8	8 to 15	15 and over.
Measles	16	31	26	42	48	71	47	11
German Measles ..	—	—	—	—	—	1	2	—
Total ..	16	31	26	42	48	72	49	11
	73			90				

Total Measles :—292.
Total German Measles :—3.

Whooping Cough.—The number of cases of this disease notified by the Head Teachers during the year was 182 ; 86·0 per cent. occurred in the first half of the year ; 87·3 of the notifications were from the Infants' Departments. The Bootham Ward Schools were those chiefly affected.

There were large numbers of indefinite cases of "Influenza," "Sore Throat," and "Ophthalmia," which were investigated by the School Nurses. Most of the latter cases were treated at the School Clinic and 156 were tested by swab; 59 yielded the Koch-weeks Bacillus and 97 yielded other organisms.

SCABIES AND PEDICULOSIS :—

The Chief Inspector of Nuisances, Mr. Drummond, has kindly furnished the following data in connection with these cases :—

Number of houses inspected 115, of which were :—	
Dirty	35
Moderately clean	80
Number of houses where bedding was removed for steam disinfection	109
Number of houses where bedding was not removed owing to bedding being clean	6

CLEANSING NOTICES UNDER SECTION 122 OF THE CHILDREN ACT, 1908.—The following is an account of the work done in this connection :—

Number of cleansing notices served on parents by the Education Department (Body lice)	38
Number of children referred to the Medical Officer of Health by the Assistant School Medical Officer since January 1st, 1916	38
Number of children cleansed at home	38
Number of schools affected	15

New leaflets as to the prevention and treatment of Scabies and Contagious Ophthalmia were compiled and issued in July, 1916.

One of the worries of the War has been the greatly increased prevalence of Scabies, no doubt due to repeated importations of the disease by new recruits, and by soldiers home on leave; by personal contact, and by occupying infected beds, and so forth, the disease spreads more or less through all the members of a household. It is a parasitic disease of the skin, easily cured if attended to at once, but requiring some perseverance if allowed to become chronic. In this perseverance many persons fail, and hence the continuance of this very contagious disease, and the effect upon school attendance. Last September it was resolved to call the attention of the military authorities to the matter through the National Association of Education

Committees, that more careful scrutiny should be exercised and periods of quarantine insisted upon before soldiers' leave is given. However, this movement does not seem to have had any outcome.

THE "FOLLOWING-UP" AND MEDICAL TREATMENT OF THE PHYSICAL DEFECTS IN THE SCHOOL CHILDREN.

"Following-up."—Whatever *defects* are *discovered upon* medical inspection an advice note is sent to the parents, and verbal efforts of persuasion by the Assistant School Medical Officer, School Nurses, Managers, Care Committees, and others follow. Every case is given ample opportunity to consult its own chosen medical adviser.

Failing the above-mentioned efforts of persuasion there are the levers of exclusion from school in suitable cases, the pressure of the Medical or School Attendance Sub-Committees of the Education Committee, and, in the last resort, proceedings in the Police Court under the Cruelty or Neglect Section (Section 12) of the Children Act of 1908.

(See Table 4, Appendix A, as to results of treatment and following-up.)

During the year 208 children were reported to the Secretary of the Education Committee for irregularity of attendance at the Clinic; in 103 cases strong warnings were sent to the parents; in 15 cases parents were interviewed by a Sub-Committee, and six children were referred to the magistrates. The parents of two children (sisters) were fined 5s. 0d.

Medical Treatment.—The facilities at the disposal of ailing or defective school children may now be stated as follows:—

(1) The General School Clinic;
(2) The Ophthalmic School Clinic;
(3) The Dental School Clinic;
(4) Intractable ringworm of the scalp is X-rayed by the specialist at the County Hospital;
(5) The Tuberculosis Dispensary; and the Open-Air Class;
(6) The Open-Air Wards at the Isolation Hospital;
(7) The York Dispensary, Duncombe Place, is available for the treatment of suitable cases;
(8) The York County Hospital is available for those cases, both medical and surgical, which require "hospital treatment," provided the patient presents the necessary "hospital note."

THE SCHOOL CLINIC.

The School Clinic has had an extremely busy year, as witness the following tables. Besides a General Inspection Clinic for the supervision of children who are unfit to be in attendance at school, and a Treatment Clinic for children suffering from the so-called "minor" ailments (such as external eye diseases, impetigo, "eczema," discharging ears, etc.), there are the Dental and Ophthalmic Departments.

Sessions of Clinics and Attendances in ***1916.***

	General Inspection.	Miscellaneous Treatment.	Ophthalmic.	Dental.	Totals for:—	
					1916.	1915.
Number of Clinic Sessions held	86	353	37	376	852	587
Average attendance per Session	100·7	47·6	14·7	10·1	34·9	25·7
Number of children who attended the Clinic ...	1,887	1,021	246	1,435	4,589	3,455
Number of attendances at the Clinic	8,662	16,823	544	3,781	29,810	15,131

The number of children who attended the "General Inspection," and "Miscellaneous Treatment" Clinics during the year, the number of attendances made, and the number of children still in attendance on the 31*st December,* 1916:—

	January to Midsummer.	Midsummer to December 31st.	Totals.	
	1916	1916	*1916	1915
Number of children who attended	1,424	1,484	2,908	1,709
Number of attendances	10,280	15,205	25,485	10,909
Number of children still attending	304	337	337	204

The following tabular statement classifies the children according to the various diseases and defects from which they were suffering:—

	January —July.	August— December	Children who were still attending the Clinic on 31st December, 1916, with the undermentioned defects.	Totals.	
	1916.	1916.		* 1916.	1915.
Scalp Ringworm	117	98	37	215	173
Body Ringworm	41	29	6	70	82
Pediculosis (Lice and Nits) ..	101	141	7	242	90
Impetigo ("Scab-head") ..	284	219	30	503	365
Eczema	40	38	6	78	96
Contagious Ophthalmia ..	272	559	67	831	214
Blepharitis ("Sore Eyelids")	19	21	9	40	41
Scabies (Itch)	90	122	76	212	36
Abscess	18	4	1	22	16
Otorrhœa (Discharging Ears)	95	86	75	181	127
Debility	16	7	1	23	30
Defective Vision and Squint	16	6	..	22	64
Various	497	357	42	854	727
Total defects	1,606	1,687	357	3,293	2,061

* In these totals some cases are duplicated from the first half-year to the second.

In most of the above cases parents were as usual given reasonable opportunity to obtain treatment from their own medical attendant or other sources, failing which they were requested and persuaded to send their children to the School Clinic.

We have already referred to the revived prevalence of ringworm. Every possible measure for reducing the length of absence of children from school owing to this disease has been tried at one time or another, and all these have proved that there is nothing for it but absenting the affected child from school and carrying on treatment until completely cured. The latter can only be ascertained by the aid of the microscope. It is impossible to exaggerate the difficulties of the Clinic in this respect, owing to the indifference and lack of perseverence on the part of parents as to treatment for what they regard only too often as a mere contemptible trifle.

In the autumn the unruly crowds of children attending the School Clinic led to the trial of an experiment which is referred to in a subsequent paragraph on School Attendance.

Scalp Ringworm (Tinea Tonsurans).

101 new cases of ringworm of the scalp were discovered amongst the children attending the elementary schools, and the total number of cases dealt with during the year was 151, as follows :—

Amongst children notified by Head Teachers on Forms A and C	62	
Amongst children medically inspected	—	101
Discovered by School Nurses	29	
Amongst children brought to the clinic by parents, etc.	10	
Carried over from 1915 (50 children who were still under treatment)		50
Total		151

107 of the above children were re-admitted to school during 1916 as cured, as follows :—

After X-ray treatment at Hospital	17*
,, private treatment	33
,, treatment at School Clinic	47
,, treatment from other sources	10
Total re-admitted to school as cured ..	107
Left York, etc.	7

The remaining 37 children were still in receipt of treatment at the close of 1916, 20 of whom were re-admitted to school early in 1917.

The ages of the above 151 children were as follows :—

Age-periods.	No. of Children.
Under 5 years of age	10
5– 7 ,, ,, ...	51
7–11 ,, ,, ...	71
11–14 ,, ,, ...	19
Total ..	151

* Arrangements were made whereby the X-ray Surgeon should keep in closer touch with the School Clinic.

The Dental Clinic.

Dentist :—Mr. T. E. Constant, M.R.C.S., L.D.S., who devotes about 15—20 hours per week to the work.

The children of five to eight years of age form the special care of the Clinic, according to the policy of the Board of Education, of saving the teeth at the critical period of the commencement of eruption of the permanent or second teeth,

by the methods of conservative (or preservative) dentistry. Such children with defective teeth discovered in the school inspections are persuaded to come to the School Clinic if they do not go to their own dentists, which but few do.

It has not proved easy, however, to get these little ones to come to the Clinic; their parents plead that treatment is unnecessary and that "milk teeth" don't require attention, or that they are unable to bring them or send them. Nevertheless much good work has been accomplished and the progress in the matter of "fillings" has been very satisfactory.

Dental Work done at the School Clinic during the year 1916.

The number of Clinics held during the year was 376.

The total number of children invited to attend the Dental Clinic was 2,274 (1,235 boys and 1,039 girls.) The following is an account of the number of those who attended the Clinic :—

Children of 5 to 8 years of age	383	
"Followed-up" cases of previous years ..	854	1,435
Urgent cases	198	

Number of children who were fully treated ..	346
Number of children partially treated	747
Number of children inspected only	276
Number of children who refused treatment ..	66
Total ..	1,435

Dental work done during the year :—

Inspections	951
Fillings	2,649
Dressings	981
Regulations	70
Extractions	1,080

Every available hour of the School week is now occupied by sessions of the Dental Clinic, totalling about 20 hours per week.

The Ophthalmic Clinic.

The Ophthalmic Assistant School Medical Officer attends to such cases as have not been dealt with by private practitioners within one month after reference of the case to the attention of the parents, and to such cases as cannot be dealt with by the Assistant School Medical Officer.

The Education Committee renewed the contract for twelve months with Messrs. Charles Ledsham & Co., Stonegate, York, for the supply of spectacles as prescribed by the Ophthalmic Medical Officer for the elementary school children. The Committee pays the contractor for the spectacles on a fixed scale of charges ranging from 2/– to 3/3 per pair for ordinary glasses, and 4/– and 5/6 for extreme cases.

Cases of squint and other cases which need operation are referred to the York County Hospital.

All cases of myopia are automatically re-examined at intervals.

Work performed by the Ophthalmic Assistant School Medical Officer (Peter Macdonald, M.D.) during the year 1916 :—

Total number of Ophthalmic Clinics held	37
Total number of new cases seen during the year	233
Total number of attendances of children	544
Number (average) of children who attended each Clinic ..	14·7

ROUTINE CASES—

	Boys.	Girls.	Total	
5—7 years of age	9	12	21	89
12—14 years of age	39	29	68	

NON-ROUTINE CASES—

	Boys.	Girls.	Total.	
5—7 years of age	21	17	38	144
8—14 years of age	56	50	106	
Total ..				233

"Routine" cases are those discovered in school during medical inspection.

"Non-routine" cases are those who have otherwise been discovered, referred by Head Teachers, or School Managers, or by the County Hospital.

Total children :—

For whom spectacles were prescribed	155
Who were prescribed for otherwise than by spectacles ..	54
Whose present spectacles were found to be correct ..	16
Still under treatment 31st Dec., 1916	8
Total ..	233

Number of cases of Squint examined during 1916			36
Ditto	in which glasses were prescribed ..	23	
Ditto	in which operation was advised ..	8	
Ditto	in which glasses were not considered necessary	5	

Exact Defects of Vision :—

Hypermetropia (long sight)	57	
Hypermetropic Astigmatism	62	
Mixed Astigmatism	22	
Myopia (short sight)	18	
Myopic Astigmatism	41	
	—	200

In combination with these, were 36 *cases of Strabismus (Squint) :—*

Convergent Strabismus	35	
Alternating ,, ...	1	
Divergent ,, ...	–	
	—	
	36	

Other Defects of Visual Apparatus :—

Iritis	1	
Leucomata of Cornea	3	
Cataract	2	
Spasm (eye strain)	12	
	—	18
No defect needing Spectacles		15

During the year prescriptions for spectacles have been issued to the contracting optician as follows :—

Sphericals	46
Cylindricals	19
Sphero-Cylindricals	40
Combinations of these	50
Total ..	155

	£	s.	d.
The total cost of the above glasses was	23	1	2
The total amount recovered from parents was	20	5	5
Amount still owing on 31st December, 1916 ...	2	15	9

Percentage of costs recovered = 87·9.
In 74 cases the spectacles were paid for in full ;
In 41 cases the spectacles were paid for in full by instalments ;
In 30 cases the spectacles were being paid for by instalments ;
In 2 cases the amount was remitted by the Education Committee ;
In 8 cases no attempt at payment had been made up to the 31st December.

Some enquiries were made with a view to establishing a special class or classes for partially blind children, as the new Head Master of the Yorkshire School for the Blind objected to receiving such cases into his school, but it has not yet been possible to effect any satisfactory settlement of the question.

It was decided by the Education Committee to carry out the medical treatment of children attending City Elementary Schools from districts outside the city boundary and of the Board of Guardians' boarded-out children, and a few such cases have attended the Clinic during the year.

Grants received or due from the Board of Education :—

(*a*) In respect of Medical Inspection or inspection and treatment :—

	£	s.	d.
For year ending March 31st, 1913	185	18	9
,, ,, ,, 1914	516	12	6
,, ,, ,, 1915	543	10	3
,, ,, ,, 1916	588	1	7

(*b*) In respect of Temporary Special School for Mentally Defective Children :—

	£	s.	d.
For year ending March 31st, 1913	237	8	0
,, ,, ,, 1914	224	9	0
,, ,, ,, 1915	222	17	0
,, ,, ,, 1916	126	0	0

(*c*) In respect of Temporary Open-Air School for Physically Defective Children :—

	£	s.	d.
For year ending March 31st, 1915	65	16	10
,, ,, ,, ,, 1916	180	0	0

THE CARE OF INFANTS UNDER SCHOOL AGE; SCHOOLS FOR MOTHERS, &c.

This work is being carried on by the York Infants' Welfare Association and the Corporation Health Visitors, working in co-operation. This Association receives grant from the Board of Education as a School for Mothers and from the Corporation, and its rooms form the " Maternity Centre " within the scheme of the L.G.B. The rooms are at No. 22, St. Saviourgate and at No. 74, Stamford Street, Leeman Road. Staff :—Honorary Medical Officers ; Superintendent, Miss Follows ; Assistant Nurse, Miss M. Swanson. Practical instruction is given in the care of young children, in domestic and personal hygiene, home nursing, the making of clothing, etc. The institution serves as a dispensary for the granting of detailed advice to expectant and nursing mothers, and for the young children. The mothers are visited at their homes. There are sewing meetings, a thrift club, and other detailed means of help.

Education Grant received :—1913–1914, £66 16s. 7d. 1914–15, £96 0s. 6d. 1916, £116.

Children between 1 and 5 years of age supervised	511
Total attendances at Clinics	4,045
Total Visits paid	2,898

Mothers now often bring up two or three children to the Clinics and these are inspected, and in visiting babies enquiries are also made about the health of the older little ones, whose welfare is being increasingly kept in mind.

By the Circular of the Board of Education (No. 879) grants are now received towards the cost of working the Crêche conducted for young children by the Sisterhood of St. Vincent de Paul, in Fishergate, which has satisfactory accommodation for 15—20 babies and young children.

THE SPECIAL SCHOOLS.

Review of action taken as regards Blind, Deaf, and Mentally and Physically Defective Children, under the Special Acts of 1893 and 1899—(Elementary Education (Blind and Deaf Children) Act, 1893), (Elementary Education (Defective and Epileptic Children) Act, 1899).

There are at present :—

Ten children at Special Schools for the Deaf and Dumb—seven being at the Doncaster School, and three at Boston Spa.

Seven children at Special Schools for the Blind—six of whom are at the York Blind School, and one at Liverpool.

Three epileptics inmates of residential schools—one at Much Hadham, one at Starnthwaite, and one in the Chalfont Colony.

Forty-nine educable mentally defective boys attend the temporary Special School at Holgate Bridge, York, one is at Hopwell Hall Home, Derby, and one at Pontville: also a girl at the Allerton Priory R.C. Special School for Mentally Defective Girls. At present no local special provision for the education of educable mentally defective girls, under the above-mentioned Act, exists; neither is there any special provision for physically defective children other than tubercular or pre-tubercular children, for whose benefit we have a temporary open-air school at No. 11, Castlegate. We have a number of crippled, delicate and ill-nourished children for whom a larger open-air school would be a great boon.

The Temporary Special School for Mentally Defective Boys at Holgate Bridge, York.

Total Boys on register, September 30th, 1915 ..	47	
Number of boys admitted October 1st, 1915, to September 30th, 1916	20	
Number of boys who were removed from the school register October 1st, 1915, to September 30th, 1916	18	
Total boys on register September 30th, 1916.. ..	49	
Reasons for leaving :—		
Transferred to ordinary elementary schools (at age 12)		1
Left school for employment (at ages 14—15) ..		12
Left York (at age 15)		1
Arrived at age-limit (16)		3
Transferred to Open-Air School		1
Total		18

Amongst the boys are 10 affected with stammering or other forms of defective speech ; 4 with defective hearing ; 3 with adenoids. In 4 cases the clothing was very defective.

The children have been thoroughly examined as to their mental and physical condition by the A.S.M.O. during the year. In addition, numerous visits have been paid by the School Medical Officer and the Assistant S.M.O. to see how the school was being conducted.

Number of boys admitted since the commencement of the school to September 30th, 1916	110	
,, re-admitted	5	
Boys left school in 1912–13 (October to September) ..	16	56
,, ,, ,, 1913–14 ,, ,, ..	14	
,, ,, ,, 1914–15 ,, ,, ..	8	
,, ,, ,, 1915–16 ,, ,, ..	18	

The staff consists of :—A Head Mistress, with two assistant female teachers (one certif., one uncertif.) ; Male Manual Instructor (part-time) in woodwork and gardening ; two women are engaged in connection with the dinners and subsequent kitchen work ; bath-attendant (three half-days per week). School-Nurse Simpson visits the homes of the boys, when they are sick or there are other reasons, as required.

The Head Mistress attended the Summer School for teachers of mentally defective children, held in London, in July, at the cost of the Committee.

Manual occupations constitute a large portion of the curriculum and comprise over 36 different varieties.

Some excellent joinering and other manual work has been accomplished, also some advanced woodwork (8 pupils), and kitchen-gardening (11 pupils). We should like to add cobbler's work, but it is still impracticable.

Mid-day dinner is provided at the school, of which about an average of 18 per week availed themselves during the year, an average of 95 pennies per week being paid towards the cost ; the remainder (16) have their meals free of cost. On the occasions of our recent visits to the school we have found the children clean and being supplied with excellent nourishing meals. About 32 of the boys receive a warm slipper bath at the school every week, under the supervision of a matronly bath attendant.

This school is hardly getting fair play during the War ; every truly defective boy ought to be retained according to the special laws until he is 16, but it has been very difficult to insist upon that in face of the extra demand for boy labour and in the absence of more advanced trade-training.

Idiots, imbeciles, and certain border-line cases are notified to the recently constituted Local Control Authority. There is a small number of cases of educable mentally defective children (not being idiots or imbeciles) for whom a *residential* school is necessary. The most pressing need at present is for accommodation (residential) for Epileptic children.

Your School Medical Officer attended a discussion on the administration of the Mental Deficiency Act at a Conference of the Royal Sanitary Institute held in London in the Summer, and submitted a report on the discussion to the Committee.

The boys leaving the Special School between 14 and 16 years of age are notified to the Special Committee appointed under the Mental Deficiency Act.

The Reformatory at Cattal is now utilised as a County Institution for those affected by the Mental Deficiency Act, but no cases under 16 years of age are admitted.

The Temporary Open-Air School (Castlegate Temporary Council School for Tuberculous Children).

The Open-Air Class, which has been held in the garden of No. 11, Castlegate, behind the Tuberculosis Dispensary, since August 18th, 1913, is approved by the Board of Education as a special school for 20 physically defective children, and it continues to maintain its recognised usefulness. The school has been established for definitely tubercular cases for the most part, but anæmic, weakly, and other possibly pre-tubercular children are admitted according to accommodation. Great care is taken to exclude any child in an infectious condition.

The curriculum comprises all the ordinary school work, simple and practical lessons in dental and general hygiene, gardening, organised games, raffia, needlework, modelling, and other handiwork, with periods of reclining rest and Swedish exercises.

As the maintenance of nutrition is as important as the open-air life, the children receive three meals per day, per the Provision of Meals Sub-Committee of the Education Committee.

The school-work is conducted by one lady teacher.

The certifying of children into the school and the general supervision of the class is carried out by the School Medical Officers, assisted by the School Nurse and Tuberculosis Nurse. Special supervision and treatment as to *tubercular* conditions is carried out by the Tuberculosis Officer. A certain number of the scholars are under tuberculin treatment.

Dr. Norah Kemp inspected the children six times during the year, and scheduled the results. In November, 1916, the school was inspected by Dr. Bywaters of the Board of Education.

There were 53 children on the roll for varying periods during 1916 (26 boys and 27 girls). Most of those discharged during the year now attend ordinary schools.

Totals of children who have passed through the school during 1916 :—

	Boys.	Girls.	Total.
Admitted	18	17	35
Discharged	7	15	22
On Roll 31st December, 1916 ..	14	9	23

Average length of stay in the school per pupil, 211 days.

The tubercular cases were as follows :—Neck glands, 14 ; lungs, 14 ; tracheo-bronch. glands, 5 ; skin, 3 ; hip joint, 7 ; tibia, 1 ; spine, 2 ; abdomen, 1 ; other joints, 1. The remaining five cases were weakly children, contacts of tubercular cases.

	Stones.	lbs.	ozs.
Average weight on admission to the School ..	3	12	0
,, ,, ,, discharge from the School	4	0	1

The *average increase* in the boys was 5 lbs. 4 ozs., and in the girls was 2 lbs. 12 ozs.

Medical Inspection of Pupils attending the Municipal Secondary School for Girls.

The desirability of such inspection was suggested in Circular No. 779 of the Board of Education, dated June, 1911, particularly with regard to the fitness of the pupils for participating in gymnastic exercises and in such vigorous games as tennis and hockey.

The first inspection of the pupils in this school took place in the Autumn of 1915.

The medical history, general health and physique of each pupil and their fitness for vigorous physical exercises is noted. The examination and filling up of the form is carried out by the pupil's own medical adviser, or by the Assistant S.M.O., as preferred by the parents. No compulsion is involved, but the response of parents has been most gratifying. (There were only six refusals.)

The results of the 1916 inspection may be summarised as follows :—In all, forms were returned for 203 pupils, 101 examined for the first time, 102 for the second time, and were filled in in 77 cases by private medical practitioners (of whom one was a lady practitioner), and in 126 cases by the Temporary lady Assistant School Medical Officer.

Particulars regarding 101 *girls examined for the first time :—*

Medical History,—The main facts were that 50 had at some time suffered from measles, 12 from scarlet fever, and 32 from whooping cough ; 2 from tuberculosis ; 2 rheumatism ; 2 from diseases of nervous system ; 2 pneumonia ; 1 rickets.

Family History.—In two instances history of tubercular disease was obtained.

Normal Children.—55 of the girls appeared to be absolutely normal in health and physique apart from defects of teeth.

Deformities.—Six of the girls had some deformity of slight degree, of chest, spine, legs, or mouth.

Vision.—In 75 cases no defect of vision was recorded. In 6 cases there was defective vision (mostly myopia or astigmatism), for which suitable spectacles were being worn ; in 19 cases of defective vision no spectacles were being worn, and in 1 case those worn were unsuitable or doubtful as to their suitability. (Total cases of defective vision, 26.)

Hearing and Speech.—Only two cases, defects not important.

Adenoids.—Fifteen girls had more or less enlarged tonsils, in one case accompanied by adenoids. (In all 14·8 per cent. of the total children were thus affected.) In six girls enlarged tonsils or adenoids had been already removed.

Teeth.—25 of the girls appeared to have entirely sound sets of teeth. Amongst the remainder (76) decaying teeth varied in number from one to eleven per head. In 56 pupils the carious teeth were under four per head ; in 20 there were from four to eleven per head. Some sets of teeth had been recently treated and some others were under the dentist at the time of inspection—4 in all.

Miscellaneous Defects.—There were four cases of anæmia, two of enlarged cervical glands, and one of goitre.

Gymnastic Exercises and Games.—Limitation of physical exercises was recommended in 4 instances, for anæmia and pulmonary catarrh. Limitation of games was recommended in two of the cases.

Particulars regarding 102 *girls examined for the second time :—*

In 68 cases the girls had been weighed and measured. 54 girls had decaying teeth, varying in number from one to eight. (24 had evidently received some dental treatment since the first inspection.)

Seven girls were noted as having defective vision, two of whom were wearing suitable spectacles, three were not provided with glasses, and in two cases the glasses worn were unsuitable.

One girl had had the tonsils excised, two had enlarged tonsils, one had anæmia and naso-pharyngeal catarrh, one had otorrhoea, two had enlargement of the thyroid gland, and one had a tendency to lateral curvature.

Judicious supervision in games and physical exercises was recommended in two instances.

Total new and re-examined cases who were weighed and measured :—

Age-Period.	Total Girls.	Average Height. inches.	Average Weight. lbs.
11—12	15	56·76	77·0
12—13	33	57·9	78·52
13—14	38	59·7	90·6
14—15	28	61·1	93·8
15—16	26	61·95	102·6

Provision of Meals for Necessitous Children :—Your School Medical Officer, when possible, attends the meetings of the Sub-Committee dealing with this matter. The School Medical Officers from time to time meet with needy, ill-nourished children for whom these meals should be provided, and children whose condition as to nutrition is in any doubt are occasionally referred to them.

It has been impossible for the Medical Staff to keep closely in touch with this work and with the matter of Physical Exercises as one would have desired. But dinners were provided, mostly in the Central Mission Hall, and in accordance with the wishes of the Board of Education.

There is nothing further to record, except that the numbers of children requiring meals greatly declined in 1916, the average weekly number fed during the year having fallen from 319 in 1914 to 105 in 1916, and as low as 37 in August.

By resolution of the Education Committee in September, most of the parents of the children attending the Open-Air School, whose weekly earnings are above the scale fixed for necessitous children by the Meals Sub-Committee, are now asked to repay half the cost of the meals supplied to their children as part of the special treatment at the school, at the discretion of the Special Schools Sub-Committee. Only one case was found to be necessitous in the autumn. The whole cost of the three meals per day is 8d., or 3/4 per week. It was ascertained

that 50 per cent. of the parents were willing to pay half the total cost. It must be borne in mind that " the education of the scholars in this school is only of secondary importance, the chief aim being to improve the physical condition of the pupils. This is fully recognised by the Board of Education, which pays a grant of £9 per head, against £2 per head for scholars in an ordinary elementary school. Part of the £9 grant—£3 at least—is in aid of the expenditure incurred on the medical treatment and general care, including meals, of the children, and the Board has power to withdraw any part of the grant if they are not satisfied that the school is properly managed."

Food Economy.—Hundreds of the Board of Education's booklets have been sold to householders by the Health Visitors and School Nurses, and hundreds of other shorter leaflets have been distributed free.

" During the months of April and May 12 lectures on War-time Cookery were given by four of the Cookery Instructresses, at the Poppleton Road Centre, Haxby Road Centre, Walmgate Centre, and Clifton Wesleyan Lecture Hall, which were much appreciated by the outside public, who were invited to attend."

Physical Exercises.—The School Medical Office continues to be of service as a bureau of reference regarding children for whom certain physical exercises might be unwise or dangerous. During the year seven children suffering from heart disease were specially excluded from drill, and instructions were sent to the Head Teachers accordingly. We view with satisfaction the movements for the organisation of outdoor games, the Boy Scout movement, the work of the Schools' Athletic Association, the increased facilities for learning swimming for both boys and girls, and the use of playing fields; physical training is thus brought into pleasant practical use and made more interesting to the children.

Juvenile Employment Bureau.

Arrangements exist whereby the Bureau is able to benefit by the records of Medical Inspection, made during their school life, of children about to enter into the world of employment.

We view with anxiety the increased employment of school children—with its attendant evils of overwork, exhaustion, muscular strain, and insufficiency of rest and sleep, during the vital years of growth—which the War has involved, inevitable though that may be, and trust that this matter will be thoroughly righted upon the return of more normal civil life.

The Hygienic Arrangements and Equipment of the School Buildings.

The School Medical Officer has attended most of the meetings of the Sites Sub-Committee, as adviser in the hygienic designing of schools in relation to the health and physique of the children.

The New Knavesmire Council School was opened on the 10th April, 1916, with a commencing total of 593 scholars. The accommodation of the school is fixed at :—

Boys, 250 ; Girls, 300 ; Infants, 250 ; Total 800.

The design of this school is in many respects quite novel, and on the whole the result is exceedingly pleasing. One only wishes now that the site had been rather more raised, and less in a depression, and that the school had been better placed with regard to the sun. Its main facades are almost direct North and South instead of being respectively S.E. and N.W., but that, I believe, was not the fault of the local designer. Almost the whole of the school is on one floor level. The school premises comprise a domestic subjects centre. The cloakrooms are a great improvement on their predecessors in most of the other schools, the fittings being of galvanized metal, and they are warmed by hot water pipes. Unfortunately, it has been impossible, owing to the War, to complete the asphalting of the playground ; the furnishing of the school has also had to be carried out in a temporary manner, miscellaneous desks being borrowed from other schools, and the assortment of sizes is not satisfactory. The chief novelties of the school are (*a*) the spray baths and foot-bath, which have been opened not fully completed ; here twenty-six children at a time can have a shower bath with warm water and soap. (*b*) In the classrooms on the south side of the school the outer walls consist of practically nothing but folding windows, which can be thrown open and folded back so as to make the rooms open-air classrooms. These rooms are very much appreciated. It has been found that the N.E. corner of the school, now it is built, is so situated that, if other buildings were erected near at hand, the lighting of those classrooms would be seriously affected ; however, the Committee have effected the option of purchasing the adjacent land after the War, and we most sincerely hope that this will be carried out, as otherwise this beautiful new school may be spoilt. Adjacent playing fields are required in any case.

Steps have been taken to secure a site for a new school on the Tang Hall Building Estate. A new school to supply the districts of Layerthorpe and Heworth will be very welcome.

The Inspector of Elementary Schools made a proposal that some of the numerous *long old desks* might be converted into fairly satisfactory dual desks, and your School Medical Officer spent some time in investigating the possibilities of the suggestion Estimates were obtained for carrying out an experiment, but it was found that the alteration of the old desks in the manner proposed would cost more than buying absolutely new dual desks.

MISCELLANEOUS.

Pupil Teachers examined :—

Five pupil teachers were medically examined during the year by the Assistant School Medical Officer as to their physical fitness for their future career. They all passed the test.

Industrial School Children :—

Ten boys and girls about to be sent to truant schools or industrial schools were also medically examined by the Assistant School Medical Officer, and all passed the test.

Microscopical Work :—

During the year, 40 swabs, taken from the throat or nose of suspected, convalescent or contact school cases of diphtheria were bacteriologically examined.

Ringworm Hairs : 338 microscopical examinations were made of hairs taken from the heads of children suspected to be suffering from ringworm of the scalp, or recovering therefrom.

Teaching of Infant Management in the Elementary Schools :—

On five occasions one of the Health Visitors has attended at the central Domestic Centre, and has given a demonstration to the senior girls on the washing and proper dressing and care of infants, on a live and healthy baby, loaned for the occasion by a mother, who was in each case present and quite proud to be so.

School Attendance Difficulties : —

In May the somewhat serious reduction in school attendance, namely, 4 per cent., as compared with the previous year, led the Secretary to the Education Committee to make an exhaustive enquiry into the causes, some of which were directly or indirectly attributable to the War, *e.g.*, the prevalence of measles, scabies, ringworm, contagious ophthalmia, pediculosis, etc. The School Medical Service willingly joined in trying to effect some improvement in methods, and, as a consequence of the discussions on the subject :—

(*a*) The appeal (already referred to) was made to the military authorities about scabies.

(*b*) In every case of exclusion from school by the School Clinic for a probably long period a card is now supplied to the children for production to the Attendance Officer when visiting, so as to assist him in his work of maintaining school attendance.

(*c*) The Attendance Officers are to give increased attention to long absences caused by negligent parents, and to truants from the School Clinic ; (undoubtedly there is an increasing need for an additional School Nurse, as the work is developing, and the influence of the School Clinic increasing).

(*d*) In cases of scabies and pediculosis, more thorough enquiries to be made for other affected persons in the same household, and steps taken to get them cured as well as the school children, under the special powers obtained by the Corporation in 1914.

(*e*) Efforts were made to obtain still more co-operation from the teachers in the schools, and the help of the Head Teachers' Association in this respect was volunteered.

(*f*) A thorough investigation is to be made into causes of low percentage each month at all schools in which the attendance is more than 2 per cent. below the average for the City.

(*g*) Teachers to be again warned as to the danger of re-admitting infected children to school before notice to that effect from the School Clinic.

(*h*) Parents negligent of contagious conditions in their children to be more drastically dealt with by the School Attendance Committee, and by the magistrates.

(*i*) To cope with the mixed crowds of children in the Clinic waiting-room a very successful experiment was carried out in the autumn, and is being continued. The services of a lady ex-teacher, with special faculty for talking to and interesting children, were obtained. She attends on the busy Clinic mornings, and tells the waiting children stories and gives them lecturettes until their turn comes to go into the doctor's consultation room.

After the War the School Medical Service looks forward to the institution, *inter alia*, of :—

(1) Special classes for children with defective speech.

(2) Special classes for extremely myopic and partially blind children.

(3) The establishment of the new special school for mentally defective children (including residential accommodation), at Fulford Field House.

(4) The establishment of the new special school on the same site for physically defective children of all kinds.

(5) More extensive teaching of physiology and hygiene, including that respecting sex, in our evening continuation schools.

(6) The re-organisation of our infant schools so as to exclude the children under five years of age, with possibly the substitution of small nursery-schools for those children who require to be cared for during the daytime.

There was some considerable discussion in Committee on this vexed question during the year, and its further consideration was only deferred until after the War. Such nursery schools, each accommodating a maximum of say 30 scholars, could probably be readily provided in large existing houses, and should have gardens attached, and they would possess the following advantages :—the children would receive still more individual attention, and there would be less of the dangers of aggregation, *i.e.*, outbreaks of infectious and contagious disease could be much more easily suppressed or controlled therein.

(7) The regulation of the admission of children to cinema theatres, especially keeping in mind the late hours, the smoky, ill-ventilated atmosphere of these places, the eye-strain, and the strain upon small, delicate, impressionable brains watching moving pictures for an hour at a time.

(*Signed*) EDMUND M. SMITH, M.D., D.P.H.,

May, 1917. *School Medical Officer.*

APPENDIX A. CITY OF YORK.

THE BOARD OF EDUCATION TABLES.

TABLE 1.—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1916, TO 31ST DECEMBER, 1916.

A.—"CODE" GROUPS.

AGE :—	ENTRANTS.						LEAVERS.					GRAND TOTAL.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	—	—	41	30	—	71	50	60	—	—	110	181
Girls	—	—	30	34	—	64	45	66	—	—	111	175
Totals	—	—	71	64	—	135	95	126	—	—	221	356

B. GROUPS OTHER THAN "CODE."

	Intermediate Group.	Special Cases.	Re-examinations. i.e., Number of children re-examined.
Boys	—	117	10
Girls	—	97	11
Totals	—	214	21

Abbreviated Form of Table 2.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.

DEFECT OR DISEASE.		CODE GROUPS.		SPECIALS.	
		Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
	Malnutrition	—	69	—	41
	Uncleanliness—Head	50	—	21	2
	Body	—	24	1	10
Skin	Ringworm—Head	—	—	—	—
	Body	—	—	—	—
	Scabies	1	—	—	—
	Impetigo	2	1	5	—
	Other Disease	4	2	2	—
Eye	Defective Vision and Squint	76	8	41	2
	External Eye Disease	4	3	5	—
Ear	Defective Hearing	9	—	14	—
	Ear Disease	8	—	6	—
Teeth	Dental Disease	307	—	124	—
Nose and Throat	Enlarged Tonsils	21	1	9	1
	Adenoids	2	—	13	—
	Enlarged Tonsils and Adenoids	2	—	—	—
	Defective Speech	—	10	—	12
Heart and Circulation	Heart Disease—Organic	6	3	4	1
	Functional	—	—	—	—
	Anæmia	3	4	7	—
Lungs	Pulmonary Tuberculosis—Definite	2	—	1	—
	Suspected	4	—	—	—
	Chronic Bronchitis	—	—	—	—
	Other Disease	3	20	8	5
Nervous System	Epilepsy	1	—	3	—
	Chorea	—	—	—	—
	Other Disease	—	2	—	5
	Non-Pulmonary Tuberculosis—Glands	1	—	2	—
	Bones and Joints	—	—	—	—
	Other Forms	1	—	1	—
	Rickets	—	7	—	4
	Deformities	—	17	—	14
	Other Defects or Diseases	8	22	3	10

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
BLIND.		Attending Public Elementary Schools (partially blind—6/60 or less)	20	27	47
		Attending Certified Schools for the Blind	5	2	7
		Not at School	—	—	—
DEAF AND DUMB.		Attending Public Elementary Schools (partially deaf—5 ft. or less)	24	20	44
		Attending Certified Schools for the Deaf	7	3	10
		Not at School	—	—	—
MENTALLY DEFICIENT.	**Feeble-Minded.**	Attending Public Elementary Schools	—	7	7
		Attending Certified Schools for Mentally Defective Children	49	1	50
		Notified to the Local Control Authority during the year ..	†—	—	—
		Not at School	2	—	2
	Imbeciles.	At School	—	—	—
		Notified to Local Control Authority during the year ..	—	—	—
		Not at School	1	2	3
	Idiots.	Notified to Local Control Authority during the year ..	—	—	—
EPILEPTICS.		Attending Public Elementary Schools	9	7	16
		Attending Certified Schools for Epileptics	2	1	3
		Not at School	2	—	2
PHYSICALLY DEFECTIVE.	**Pulmonary Tuberculosis.**	Attending Public Elementary Schools	4	3	7
		Attending Certified Schools for Physically Defective Children (passed through in 1916)	8	11	19
		Not at School	4	8	12
	Other forms of Tuberculosis.	Attending Public Elementary Schools	10	16	26
		Attending Certified Schools for Physically Defective Children (passed through in 1916)	14	11	25
		Not at School	14	7	21
	Cripples other than Tubercular.	Attending Public Elementary Schools	25	34	59
		Attending Certified Schools for Physically Defective Children	—	—	—
		Not at School	4	3	7
DULL OR BACKWARD.*		Retarded 2 Years	194	223	417
		Retarded 3 Years	65	86	151

* Judged according to age and standard.

† One boy recommended to Local Control Authority as a suitable case to be placed under guardianship on leaving the special school at 16 years of age.

TABLE 4.—TREATMENT OF DEFECTS OF CHILDREN DURING 1916.

	No. of defects found for which treatment was considered necessary			No. of defects for which no report is available.	1915 and 1916 cases :—	1915 and 1916 cases :—			1915 and 1916 cases :—	
						Results of treatment.				
	Untreated from previous year, 1915.	New cases (1916).	Total.	1915–1916	No. of defects treated.	Remedied.	Improved.	Unchanged.	No. of defects not treated.	Percentage of defects treated.
Clothing	—	20	20	—	—	—	—	—	—	—
Footgear	—	35	35	—	—	—	—	—	—	—
Cleanliness of Head	—	71	71	—	71	71	—	—	—	100·0
Cleanliness of Body	—	1	1	—	1	1	—	—	—	100·0
Nutrition	—	—	—	—	—	—	—	—	—	—
Nose and Throat	106	47	153	31	24	17	7	—	98†	15·6
External Eye Disease	11	9	20	11	9	9	—	—	—	45·0
Ear Disease	2	14	16	2	13	3	10	—	1	81·2
Teeth	959	431	1,390	446	585	261	324	—	359	42·0
Heart and Circulation	13	20	33	15	13	6	7	—	5	39·3
Lungs	98	18	116	97	18	16	2	—	1	15·5
Nervous System	7	4	11	10	—	—	—	—	1	—
Skin	16	14	30	20	10	9	1	—	—	33·3
Rickets	—	—	—	—	—	—	—	—	—	—
Deformities	—	—	—	—	—	—	—	—	—	—
Tuberculosis (non-pulmonary) ...	—	5	5	—	5	—	5	—	—	100·0
Speech	—	22	22	—	—	—	—	—	—	—
Mental Condition §	—	141	141	—	—	—	—	—	—	—
Vision and Squint...	56	117	173	31	114	23	86	5	28*	65·8
Hearing	14	23	37	6	18	9	9	—	13	48·6
Miscellaneous	2	11	13	—	9	9	—	—	4	69·2
Total	1,284	1,003	2,287	669‡	890	434	451	5	510	—

* A number of these will be treated during 1917. † Some of these cases were slight ; many could not get operative treatment because of war conditions. ‡ Many of these were "leavers" and had left school when "followed-up." § All dull and backward except two mentally defective girls.

APPENDIX B.

TABLE A. 1916.

Showing the Total Number of Children Medically Inspected at the various age periods at certain of the Schools during the year 1916, together with the number and percentage of parents and guardians present during the Inspection.

(1)	(2)	(3)				(4)				(5)	
School.	Total Children Inspected.	Code Groups. Age-Periods and Sex. (B=boys. G=girls).				Special Cases at other Age-Periods.				Number and Percentage of Parents present.	
		5—7		12—14		Upper.		Infants.			
		B.	G.	B.	G.	B.	G.	B.	G.	No.	Percentages
Scarcroft Road	125	5	8	43	23	17	19	6	4	37	29·6
St. Clement's	305	59	52	65	84	6	29	5	5	79	25·9
Bilton Street..	54	—	—	2	4	23	25	—	—	5	9·2
Layerthorpe ..	12	7	4	—	—	—	—	1	—	2	16·6
Holgate Bridge	46	—	—	—	—	46	—	—	—	—	—
Open-Air ..	28	—	—	—	—	12	13	1	2	—	—
Totals ..	570	71	64	110	111	104	86	13	11	123	21·5
		135		221		190		24			

Total Boys, 298. Total Girls, 272.

570.

TABLE B.—1916.—Investigation throughout the York Elementary Schools with a view to the detection of Scalp Ringworm, Nits, &c., amongst the scholars.

TOTALS AND PERCENTAGES.	BOYS (Upper).			BOYS (Infants).			GIRLS (Upper).			GIRLS (Infants).		
	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.
Totals 1916 ...	4,482	13	34	1,947	3	44	4,661	10	770	1,799	3	251
Percentages ...	—	0·29	0·75	—	0·15	2·25	—	0·21	16·5	—	0·16	13·9
Totals 1915 ...	4,156	—	43	1,677	2	31	4,856	—	679	1,634	3	219
Percentages ...	—	—	1·0	—	0·1	1·8	—	—	13·9	—	0·1	13·4
Percentages for 1909 (First whole year of medical inspection)	3,659 —	— 3·0	— 7·8	1,672 —	— 5·3	— 11·2	3,726 —	— 2·2	— 52·0	1,596 —	— 3·0	— 56·0

Both sexes—all ages.	1916.		Percentages in previous years:—						
	Total Cases.	Percentage.	1915.	1914.	1913.	1912.	1911.	1910.	1909.
Ringworm	29	0·22	0·04	0·03	0·1	0·09	0·1	0·3	3·0
Verminous conditions (Nits and Lice)	1099	8·52	7·8	8·1	5·8	5·1	9·6	15·4	31·0
Total No. of children examined ...	12,889		12,323	12,148	12,755	11,526	10,065	11,591	10,653

Table C.—1916.—Cases of Disease notified to the Office by Head Teachers under "The Regulations regarding Contagious Diseases" (per Forms A and C) during the year.

Disease or Condition.	Absentees notified by Head Teachers.				Suspects sent Home from School by Head Teachers in 1916.		Total Absentees and Suspects.	
	Upper Dept.		Infants' Dept.		Upper Dept.	Infants' Dept.		
	1916	1915	1916	1915	1916	1916	1916	1915
Scarlet Fever	27	31	10	15	3	0	40	56
Diphtheria	2	12	3	5	—	0	5	19
Sore Throat	111	96	30	46	30	10	181	189
Mumps	18	23	30	23	10	5	63	63
Measles	79	55	225	449	17	11	332	559
Whooping Cough	26	27	179	178	5	15	225	228
Chickenpox	30	26	146	123	7	6	189	173
Influenza or Cold	154	159	183	240	2	28	367	474
Pneumonia	—	—	—	5	—	—	—	5
Ophthalmia or Sore Eyes	144	47	113	35	38	30	325	109
Blepharitis (sore eye-lids)	1	4	2	2	4	—	7	8
Ringworm	36	36	36	35	19	9	100	106
"Sore head" / "Dirty head" / Impetigo / "Eczema"	108	81	107	88	56	36	307	248
Head Lice	20	4	3	3	13	3	39	13
Body Lice	2	2	—	3	5	1	8	5
Scabies (Itch)	36	1	10	5	19	1	66	7
Enlarged Glands	19	19	21	6	3	3	46	30
Tubercular Conditions	4	8	4	11	—	—	8	20
Various	383	363	272	332	73	29	757	792
Totals	1,200	994	1,374	1,604	304	187	3,065	3,104

1916:—2 cases of Scarlet Fever, 1 Diphtheria, 7 Sore Throat, 32 Mumps, 44 Measles, 43 Whooping Cough, 23 Chickenpox, 37 Cold, 11 Scabies, 17 Enlarged Glands, 8 Ophthalmia, 1 Blepharitis, 5 Ringworm, 14 Impetigo, and 5 Tubercular Suspects turned out to be some disease or condition different from that suspected or notified by the Head Teachers, but most were worthy of investigation.