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CITY OF WINCHESTER.

Annual Report

ON THE

Health of the City

DURING 1935,

BY

W. A. BRUCE YOUNG, M.D., D.P.H.

Medical Officer of Health, &c.

WINCHESTER :

PRINTED BY JOHN T. DOSWELL, ST. PETER STREET.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the Health of the City for the year 1935.

It is, as usual, divided into three parts, Public Health, Maternity and Child Welfare, and School Medical Work, each of which is administered by the appropriate Committee.

Section D. of Part I. comprises in great part the report of the Sanitary Inspector.

It is once more my pleasant duty to thank the three Committees for their generous support and my staff for their willing collaboration and service.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

W. A. BRUCE YOUNG,

Medical Officer of Health.

May, 1936.



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PUBLIC HEALTH.

HEALTH COMMITTEE, 1934-35.

THE MAYOR: COUNCILLOR HODDER.

Chairman: Councillor Edmonds.

Alderman Hayward	Councillor Hinxman
Alderman Hamblin	Councillor Hodgson
Councillor Ross	Councillor Perkins
Councillor Firmstone	

A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

1.—Area (in Acres)	...	...	...	3888
2.—Population.				
Census, 1931	...	...	...	22969
Estimated (R.G., mid. 1935)	...	...	...	24660
3.—Number of Inhabited Houses.				
End of 1935 (according to Rate Books)	...	...	...	6140
4.—Rateable Value (March, 1935)	...	...	...	£243956
Sum represented by a penny rate	...	...	...	£968

UNEMPLOYMENT.

First week in January each year.

	1931	1932	1933	1934	1935	1936
Men ...	539	753	867	745	531	541
Women	66	62	47	63	84	94
	605	815	914	808	615	635

B. EXTRACTS FROM THE VITAL STATISTICS OF THE YEAR.

1.—Births.

		Total	M.	F.
(a) Live Births—Legitimate	...	281	153	128
	Illegitimate	...	14	8
(b) Still-Births—Legitimate	...	8	6	2
	Illegitimate	...	<i>nil</i>	

(c)	Live Birth-rate (per 1000 of the estimated resident population)	...	11'9
(d)	Still Birth-rate per 1000 live and still births (Winchester cases)	...	26 26.4

2.—Deaths.

	Total	M.	F.
	328	163	165
(a)	Death-rate (per 1000 estimated resident population)	...	13'30
	Deaths	Rate per 1000 total (live and still births)	
(b)	Deaths from puerperal causes—		
	Childbirth	...	nil
	Puerperal sepsis (childbed fever)	...	nil
	Other puerperal causes	...	nil
(c)	Death-rate of Infants under one year of age—		
	i. All Infants (per 1000 live births)	...	37'2
	ii. Legitimate Infants (per 1000 legitimate live births)	...	35'5
	iii. Illegitimate Infants (per 1000 illegitimate live births)	...	71'4
(d)	Deaths from—		
	Measles (all ages)	...	nil
	Whooping Cough	...	nil
	Diarrhœa (under 2 years of age)	...	nil
	Percentage of deaths in public institutions	...	37'5

3.—Birth and Death Rates, per 1000 Total Population.

		Birth-rate		Death-rate
		Live Births	Still-Births	
(a)	England and Wales	14'7	0'62	11'7
	121 County Boroughs and Great Towns including London	14'8	0'68	11'8
	140 Smaller Towns, population 25—50000	14'8	0'64	11'2
	London	13'3	0'52	11'4
	Winchester	11'9	0'32	13'3

(b) Death-rate (3-year periods)—

1912-14 ...	10'7	1924-26 ...	11'7
1915-17 ...	14'1	1927-29 ...	12'7
1918-20 ...	12'3	1930-32 ...	12'1
1921-23 ...	12'2	1933-35 ...	12'6

(c) Percentage of deaths in public institutions—

1928 ...	40'4	1932 ...	30'0
1929 ...	42'0	1933 ...	35'0
1930 ...	34'8	1934 ...	29'0
1931 ...	39'0	1935 ...	37'5

(d) Percentage of total deaths of persons over 65 years of age—

1928 ...	59'6	1932 ...	59'6
1929 ...	52'7	1933 ...	60'0
1930 ...	55'8	1934 ...	60'1
1931 ...	59'4	1935 ...	62'5

(e) Local Birth-rate per 1000 population—

1912-14 ...	17'1	1924-26 ...	16'0
1915-17 ...	16'3	1927-29 ...	14'8
1918-20 ...	16'6	1930-32 ...	13'5
1921-23 ...	18'8	1933-35 ...	12'3

Causes of Death.

DISEASE				1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935		
1	Typhoid and Paratyphoid Fevers			...	...	...	...	1	...	...	...	...	...	...		
2	Measles			...	...	3	...	...	7	...	...	...	...	...		
3	Scarlet Fever			...	...	...	...	...	...	...	...	1	1	...		
4	Whooping Cough			...	...	1	1	...	...	2	...	2	...	...		
5	Diphtheria			...	...	1	1	...	1	5	...	1	...	1		
6	Influenza			...	...	3	4	6	2	13	1	9	3	12	2	4
7	Encephalitis Lethargica			...	...	...	...	1	...	...	1	...	...	1	...	
8	Cerebro-Spinal Fever			...	...	...	3	...	...	...	...	...	...	...	...	
9	Tuberculosis of Respiratory System			5	10	15	9	12	13	19	10	14	10	15	15	
10	Other Tuberculous Diseases			...	1	3	5	2	7	1	2	2	1	4	3	
11	Syphilis			...	Unclassified						1	1	...	...	1	
12	G. P. I. ; Tabes Dorsalis			...	Unclassified						1	...	...	...	...	
13	Cancer, Malignant Disease			...	34	32	42	38	41	33	44	41	47	41	31	
14	Diabetes			...	3	4	4	6	1	2	2	5	9	3	5	
15	Cerebral Hæmorrhage, etc.			...	27	18	17	19	29	16	17	15	18	10	19	
16	Heart Disease			...	46	63	62	53	74	70	49	83	82	83	84	
17	Aneurism			...	Unclassified						...	...	1	...	...	
18	Other Circulatory Diseases			...	Unclassified						8	16	20	14	15	
19	Bronchitis			...	18	17	13	12	16	11	10	9	16	7	7	
20	Pneumonia			...	7	17	13	12	16	15	19	23	12	16	13	
21	Other Respiratory Diseases			...	5	3	10	4	10	6	9	6	8	2	3	
22	Peptic Ulcer			...	1	3	2	2	5	3	1	3	3	3	1	
23	Diarrhoea, etc., under 2 years			...	...	3	1	...	1	...	...	1	1	...	...	
24	Appendicitis			...	3	...	3	2	3	2	4	4	3	2	1	
25	Cirrhosis of Liver			...	2	1	...	1	1	1	1	...	1	1	4	
26	Other Diseases of Liver, etc.			...	Unclassified						...	1	1	...	2	
27	Other Digestive Diseases			...	Unclassified						6	7	8	...	15	
28	Acute and Chronic Nephritis			...	7	7	10	4	11	9	4	2	4	10	9	
29	Puerperal Sepsis			...	...	...	...	...	4	...	...	1	1	...	...	
30	Other Puerperal Causes			...	1	1	2	1	1	...	...	1	1	...	...	
31	Congenital Debility, Premature Birth, Malformation, etc.			...	20	13	16	12	19	14	6	14	11	7	7	
32	Senility			...	Unclassified						34	26	28	30	37	
33	Suicide			...	2	4	...	3	5	1	4	3	3	4	3	
34	Other Violence			...	7	12	5	5	6	9	11	9	9	8	12	
35	Other Defined Diseases			...	68	66	82	68	69	62	18	22	20	18	33	
36	Causes Ill-defined or Unknown			...	...	...	...	...	...	...	1	...	...	...	2	
Totals				260	283	316	255	347	281	282	310	337	276	328		

Causes of and Ages at Death during the year 1935.

Nett Deaths at the specified ages of Residents whether occurring within or without the district														
	All Ages	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over	
All causes—Certified	326	11	...	1	1	...	3	2	1	14	14	76	203	
" " —Uncertified	2	...	...	...	...	...	...	...	...	...	...	...	2	
1 Typhoid and Paratyphoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	
2 Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	
3 Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	
4 Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	
5 Diphtheria	1	...	...	...	...	...	...	1	...	...	...	...	...	
6 Influenza	4	...	...	...	...	...	...	...	2	...	...	...	2	
7 Encephalitis Lethargica	1	...	...	...	...	...	...	...	1	...	...	...	...	
8 Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	
9 Tuberculosis of the Respiratory System	15	...	...	...	...	...	...	...	...	...	...	...	...	
10 Other Tuberculous Diseases	3	...	1	1	...	...	...	...	4	5	...	...	...	
11 Syphilis	1	...	...	...	...	...	...	...	...	...	...	1	...	
12 General Paralysis of the Insane, Tabes Dorsalis	...	...	...	...	...	...	...	...	...	...	...	...	...	
13 Cancer, Malignant Disease	31	...	...	...	...	1	...	...	...	...	...	11	19	
14 Diabetes	5	...	...	...	...	...	...	...	...	...	...	3	2	
15 Cerebral Haemorrhage, etc.	19	...	...	...	...	...	...	...	...	...	...	8	11	
16 Heart Disease	84	...	...	...	...	...	...	...	1	4	12	67	...	
17 Aneurism	...	...	...	...	...	...	...	...	...	...	...	...	...	
18 Other Circulatory Diseases	15	...	...	...	...	...	...	...	...	...	...	1	14	
19 Bronchitis	7	...	...	...	...	...	1	...	...	...	...	...	6	
20 Pneumonia (all forms)	13	1	...	...	...	...	...	...	...	...	...	4	8	
21 Other Respiratory Diseases	3	...	...	...	...	...	...	...	...	...	...	...	3	
22 Peptic Ulcer	1	...	...	...	...	...	...	...	...	...	...	1	...	
23 Diarrhoea, etc. (under 2 years)	...	...	...	...	...	...	...	...	...	...	...	...	...	
24 Appendicitis	1	...	...	...	...	...	...	...	...	...	...	...	1	
25 Cirrhosis of Liver	4	...	...	...	...	...	...	...	...	...	...	...	...	
26 Other Diseases of Liver, etc.	2	...	...	...	...	...	...	...	...	...	...	3	1	
27 Other Digestive Diseases	15	2	...	...	...	...	...	...	...	1	1	5	6	
28 Acute and Chronic Nephritis	9	...	...	...	...	...	...	...	...	...	...	3	6	
29 Puerperal Sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	
30 Other Puerperal Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	
31 Congenital Debility, Premature Birth, Malformation, etc.	7	7	...	...	...	...	...	...	...	...	...	...	...	
32 Senility	37	...	...	...	...	...	...	...	...	...	...	1	36	
33 Suicide	3	...	...	...	...	...	...	...	...	1	1	1	...	
34 Other Violence	12	1	...	...	...	...	...	...	...	3	1	3	4	
35 Other Defined Diseases	33	...	...	...	...	2	...	1	1	2	11	16	...	
36 Causes Ill-defined or Unknown	2	...	...	...	...	...	...	...	...	...	...	1	1	
	328	11	...	1	1	3	2	1	14	14	76	205		

SPECIAL CAUSES OF DEATH.

Year	Population	Total Deaths	Cancer		Heart Disease		Pneumonia		Tuberculosis		Senility	
			Percentage of deaths	Rate per 1000 living	Percentage of deaths	Rate per 1000 living	Percentage of deaths	Rate per 1000 living	Percentage of deaths	Rate per 1000 living	Percentage of deaths	Rate per 1000 living
1924	23980	304	13.8	1.75	16.1	2.0	...	...	7.9	1.00	...	...
1925	23900	260	13.3	1.42	17.9	1.9	...	...	2.3	0.02	...	...
1926	24050	283	11.3	1.74	22.2	2.6	...	...	4.6	0.54	...	...
1927	23980	316	13.2	1.74	19.6	2.5	...	...	6.3	0.83	...	...
1928	24110	255	14.9	1.56	21.1	2.1	...	...	4.3	0.45	...	...
1929	23970	347	11.8	1.71	21.3	3.0	...	...	5.4	0.79	...	...
1930	23970	281	11.8	1.71	24.9	2.9	...	...	4.9	0.58	...	...
1931	22950	282	15.6	1.91	17.3	2.1	6.73	0.82	7.4	0.91	12.0	1.4
1932	24700	304	13.4	1.66	22.3	3.3	10.1	0.93	3.9	0.48	11.5	1.0
1933	24910	337	13.9	1.88	24.3	3.29	3.85	0.52	4.4	0.6	8.3	1.1
1934	24750	276	14.8	1.65	30	3.35	5.79	0.64	5.0	0.56	10.8	1.2
1935	24660	328	9.4	1.26	25.6	3.40	2.11 3.96	0.28 0.52	5.5	0.73	11.2	1.5

CANCER.

The facilities for obtaining treatment by radium in suitable cases are sufficient, so that any delay is avoided. There is a National Radium Centre in Southampton and also a private local supply.

Cancer.—Incidence, Age at Death, etc.

	Digestive Organs		Genital Organs		Breast		Urinary Organs		Lung, &c.		Skin		Bone		Other parts		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 - 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 - 30 "	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
30 - 40 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 - 45 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 - 50 "	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2
50 - 55 "	4	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	4	1
55 - 60 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
60 - 65 "	2	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	3	2
65 - 70 "	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	2	1
70 - 80 "	5	1	...	1	...	...	1	...	...	...	3	...	...	...	...	...	9	2
80 and over	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	3
	12	3	...	7	...	1	2	...	1	...	3	...	1	...	1	...	20	11

4.—Blindness.

No action has been called for under Section 61 of the Public Health Act, 1925.

5.—Tuberculosis.

(a) No action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 Public Health Act, 1925, has been necessary.

(b) Notifications.

All cases				Winchester cases only		
Sex	Pulmonary	Non-pulmonary	Total	Pulmonary	Non-pulmonary	Total
Male	14	7	21	10	3	13
Female	9	3	12	9	1	10
Both sexes	23	10	33	19	4	23

(c) Deaths and Death-rates (Residents) 1935.

			Pulmonary	Non-Pulmonary	Both types
Deaths	...	...	15	3	18
Death-rate per 1000 population, 1935	...	...	0'61	0'12	0'73

Previous death-rates, both types—

1914-18	...	0'98	1929-33	...	0'69
1919-23	...	0'74	1934	...	0'56
1924-28	...	0'69	1935	...	0'73

(d) New cases and mortality—Residents only, 1935.

Age	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
under 1 year	...	...	...	...	...	...	...	...
1 to 5 years	...	...	2	1	...	...	1	1
5 to 15 years	...	...	1	...	...	...	...	...
15 to 25 years	1	1	...	...	...	1	...	...
25 to 35 years	2	6	...	...	...	2	...	...
35 to 45 years	4	...	...	...	5	1	...	...
45 to 55 years	3	1	...	...	4	...	1	...
55 to 65 years	...	1	...	...	...	...	...	...
65 and upwards	...	...	...	...	...	2	...	...
Totals	10	9	3	1	9	6	2	1

(e) Notifications received from—

Private Practitioners	...	...	...	13
Medical Officers of Institutions	...	...	...	7
Not notified during life	...	...	...	3

Cases of Tuberculosis on the Register on December 31st each year 1930-1935 (inclusive).

Year	MALES			FEMALES			BOTH SEXES		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
1930	44	14	58	16	9	25	60	23	83
1931	42	14	56	11	10	21	53	24	77
1932	42	15	57	18	12	30	60	27	87
1933	34	9	43	22	8	30	56	17	73
1934	30	10	40	21	8	29	51	18	69
1935	30	11	41	17	9	26	47	20	67

VITAL STATISTICS OF THE DISTRICT, 1923-1935

Year	DEATHS										NETT DEATHS BELONGING TO THE DISTRICT			
	BIRTHS					TRANSFERABLE DEATHS					Under 1 year of age		All ages	
	Population estimated to the middle of each year (R.G.)		Un-corrected number	Nett Number	Rate	Total deaths registered in the district		Of non-residents registered in the district	Of residents not registered in the district	Rate per 1000 net births	Number	Rate	Number	Rate
	For birth rate	For death rate				Number	Rate							
1	2	3	4	5	6	7	8	9	10	11	12	13		
1924	24630	23980	507	401	16.2	390	16.2	108	22	74	29	304	12.6	
1925	24550	23900	533	396	16.1	397	16.1	147	10	75	30	260	10.8	
1926	24680	24050	520	387	15.6	386	16.0	120	17	51	20	283	11.7	
1927	24700	23980	544	367	14.8	412	17.1	125	29	60	22	316	13.1	
1928	24780	24110	608	378	15.2	375	15.5	136	16	45	17	255	10.5	
1929	24700	23970	513	353	14.3	457	19.0	138	28	73	26	347	14.4	
1930	24700	23970	448	331	13.4	382	16.3	129	22	65	21	281	11.7	
1931	23590	22950	434	332	14.0	485	21.1	222	19	28	9	282	12.2	
1932	24700		440	326	13.2	460	18.6	186	36	56	18	310	12.5	
1933	24910		442	315	12.6	505	20.2	209	41	48	15	337	13.5	
1934	24750		453	332	13.4	476	19.2	223	23	28	9	276	11.1	
1935	24660		436	303	12.2	504	20.4	203	27	36	11	328	13.3	

C. GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1935.

1.—Public Health Officers of the Authority.

(Medical Officer of Health :

Medical Officer for Maternity and Child Welfare :

School Medical Officer :

Medical Superintendent Isolation Hospital :

Police Surgeon :

W. A. Bruce Young, M.D., D.P.H., etc.

Medical Officer of Ante-Natal Clinic :

C. J. Penny, O.B.E., M.A., M.D.

School Dental Officer :

B. T. Wyatt, L.D.S.

Public Analyst :

S. Emsley, B.Sc., F.I.C.

Veterinary Surgeon :

J. F. D. Tutt, F.R.C.V.S.

Sanitary Inspectors :

Chief—P. Rees, M.S.I.A., C.R.S.I.

Assistant—C. Webb, M.S.I.A., C.R.S.I.

Health Visitors, School Nurses, and Infant Life Protection Visitors :

B. Edwards. E. Slater. M. Jackson (part time).

Dental Nurse :

N. Winkworth.

Corporation Midwives :

M. E. Williams. M. Jackson (part-time).

Matron Isolation Hospital :

A. E. Stacey.

Clerks :

G. Simmins. M. Shepherd.

2.—Laboratory Facilities.

Available at County Council Laboratory as before.

3.—Ambulance Facilities.

Ambulances owned by the following are available—

1. Royal Hants County Hospital, for hospital and public use.
2. St. John's Ambulance Association (Winchester Division), for public use.
3. City Council, for Fever Hospital work.

Suitable arrangements have been made whereby co-operation between the above may avoid delay or restriction in the use of ambulances in the area of the City and neighbourhood.

4.—Nursing in the Home.

- (a) GENERAL. In addition to the two nurses employed by the Winchester and District Society for Visiting Nurses there are private nurses practising in the area.
- (b) MATERNITY NURSING. The Corporation Midwives act also as Maternity Nurses, working with medical practitioners.
- (c) INFECTIOUS DISEASES. The nursing of children under school age who are suffering from non-notifiable infectious diseases is undertaken by the Health Visitors when required.

5.—Clinics and Treatment Centres. Unchanged.

6.—Hospitals.

(a) PUBLIC.

1. Public Assistance Institution	152 beds
2. County Council Maternity Home	4 beds
3. Victoria Isolation Hospital	33 beds

(b) VOLUNTARY.

Royal Hants County Hospital	156 beds
(including 8 for abnormal maternity cases.)	

The City Council accepts responsibility for the Institutional Treatment of all necessitous maternity cases; normal cases are admitted to the County Council Maternity Home or to a private maternity home, abnormal cases are sent to the Royal Hants County Hospital.

Infectious diseases are sent to the Victoria (City) Isolation Hospital. In order to comply with the higher standard of floor-space approved by the Ministry the number of beds has been reduced from 45 to 33.

7.—Adoptive Acts in Force.

Infectious Diseases (Prevention) Act, 1890
Public Health (Amendments) Acts, 1890-1907
Baths and Wash-houses Act, 1846-1882
Libraries Act
Public Health Act, 1925

8.—Bye-laws in Force.

Houses let in lodgings
Tents, vans and sheds
Common lodging houses
New streets and buildings
Drainage of existing buildings
Earth closets and cesspools
Pleasure grounds
Street trading and employment of children
Cleansing of footpaths
Open bathing-places
Slaughterhouses
Prevention of nuisances
Omnibuses and hackney carriages
Cemeteries
Keeping of animals
Deposit of litter (1930)
Nuisances by dogs (1934)

9.—Regulations.

Dairies, cowsheds, and milkshops

D. SANITARY CIRCUMSTANCES OF THE AREA.

1.—Water.

No noteworthy change or development has taken place during the year. The supply is sufficient and the quality excellent.

CHEMICAL ANALYSIS.

PHYSICAL PROPERTIES AND CHEMICAL ANALYSIS.

Smell when heated	...	natural
Suspended matter	...	None
Turbidity	...	clear and bright

				Parts per 100,000 (x7=grains per gall.)
Free and Saline Ammonia	...	...	0'0015	
Albuminoid Ammonia	...	...	0'001	
Oxygen absorbed in 4 hours at 27°C	...	...	0'01	
Nitrogen present as Nitrites	...	...	<i>nil</i>	
Total solids dried at 100°C	...	...	37'6	
Dissolved solids dried at 100°C	...	...	37'6	
Suspended solids dried	...	...	<i>nil</i>	
Chlorine (xl.648 = common salt)	...	...	1'9	
Poisonous Metals	...	...	<i>nil</i>	
Iron	...	...	<i>nil</i>	English
Total Hardness	...	...	24'9	17'4
Alkalinity to Methyl Orange	...	...	21'8	
Temporary Hardness	...	...	19'6	13'7
Alkalinity to Phenolphthalein (free Alkali)	...	...	<i>nil</i>	
P.H. value	...	...	7'8	
Phenol	...	...	<i>nil</i>	

BACTERIOLOGICAL EXAMINATION OF WATER.

(a) Number of organisms per c.c. capable of growing upon—

	Mar.	June	Sept.	Dec.
i. Agar at 37 c. in 2 days	3	4	1	24
ii. Gelatine at 22 c. in 2 days	29	9	4	35
iii. Lactose B.S. Agar in 2 days	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>

(b) Smallest quantity of water giving acid and gas in—

i. Bile salt glucose broth—

Mar.	None in 70 c.c.	Dec.	None in 70 c.c.
June	None in 70 c.c.		

ii. Bile salt lactose broth—

Mar.	None in 70 c.c.	Sept.	None in 100 c.c.
June	None in 70 c.c.	Dec.	None in 70 c.c.

(c) Smallest quantity of water containing Bac. Coli. Communis.

Mar.	None in 70 c.c.	Sept.	None in 100 c.c.
June	None in 70 c.c.	Dec.	None in 70 c.c.

These analyses indicate a satisfactory water for all domestic purposes including drinking, but it is somewhat hard.

2.—**Drainage and Sewerage.**

No noteworthy change during the year.

3.—**Rivers and Streams.**

A general supervision is exercised. No complaints have been received. Verbal warnings have been given in a few cases about oily pollution from one or two garages and have proved sufficient to effect an improvement.

4.—**Closet Accommodation and Public Cleansing.**

No noteworthy change.

5.—**Sanitary Inspection.**

Complaints received	...	...	...	140
Nuisance found to exist	...	...	...	124
No nuisance	...	...	...	16
Abated	...	...	...	121
Routine inspections	...	...	...	7168
Number of premises where nuisances were found	...	...	...	268
Re-visits to work in progress and property under notice	...	...	...	1651

PARTICULARS OF NUISANCES AND DEFECTS DEALT WITH.

Nature of Nuisance				Number
Premises requiring repair	...	...	...	183
Premises requiring cleansing	...	...	...	161
Drains found choked	...	...	...	31
Drains found otherwise defective	...	...	...	16
Defective W.C's and fittings	...	...	...	53
Defective yard surfaces	...	...	...	68
Defective eave and down spouts	...	...	...	39
Defective sinks	...	...	...	22
Offensive accumulations	...	...	...	51
Absence of proper refuse receptacle	...	...	...	28
Total nuisances and defects discovered	...	...	...	652

NUISANCES AND DEFECTS—ACTION TAKEN.

Number of nuisances and defects	...	...	652
Abated after verbal notice	...	...	122
Preliminary notices served	...	...	126
Statutory notices served	...	...	6
Statutory notices complied with	...	...	3
Notices outstanding at end of 1935	...	...	14

Most preliminary and statutory notices served dealt with more than one nuisance.

Public Health (Smoke Abatement) Act, 1926.

One complaint was received of a nuisance from smoke from a factory chimney, but despite observations over a long period at no time was smoke emitted for such a period as to constitute a nuisance.

Premises and Occupations which can be controlled by Bye-Laws or Regulations.

- (1) Cowsheds, Dairies, and Milkshops
- (2) Slaughterhouses
- (3) Common Lodging Houses
- (4) Tents, Vans, and Shed Dwellings
- (5) Houses Let in Lodgings

1.—Cowsheds.

There are nine cowsheds within the City area housing approximately 220 cows.

Regular inspections are made of all cowsheds and alterations on a large scale to one cowshed were carried out, whilst similar scale improvements to two others are projected.

Of the nine cowkeepers three retail their milk, the remainder sell it to other local dairies.

Dairies, Milkshops.

There are ten dairies which sell milk and dairy produce only and 27 shops which sell milk, either loose or bottled, in addition to general produce. All such premises were regularly visited and were found to be satisfactory.

2.—Slaughterhouses.

There are ten licensed slaughterhouses in the City which are used by 14 butchers. The original number of nine has been increased to ten by the adaptation of the old brewery in Hyde Street for slaughtering by the General Poultry Industries Ltd.

The whole of the meat slaughtered in the City is inspected. This entails daily attendances at each of the slaughterhouses at hours when slaughtering is in progress.

The visits in this connection total approximately 3000.

3.—Common Lodging Houses.

Weekly inspections of the three Common Lodging Houses are carried out, and on three occasions the attention of the keepers of two of them had to be called to breaches of the Bye-Laws.

4.—Tents, Vans, and Shed Dwellings.

There are three sites in the City where the ground is occasionally used for housing Tents, Caravans, or similar structures. Two are provided with a water-supply and means for refuse disposal, but the third site, between the Stockbridge Road and Dean Lane is lacking in these facilities. The tenant farmer of the ground has given up possession and his successor informs us that he does not propose to continue letting the ground to campers.

5.—Houses Let in Lodgings.

There are possibly half a dozen houses in the City which by reason of the terms of tenancy would come within the classification of houses let in lodgings. It has been found that effective control over them can be exercised by action under the Public Health or Housing Acts.

Offensive Trades.

There are no offensive trades carried on within the City.

Disinfection.

Disinfection of rooms and bedding after non-notifiable diseases is undertaken by the Council when requested, and the amount accruing from this work amounted to £11 : 19 : 1.

Testing of Drains.

The testing of drains at the request of owners or occupiers is carried out and the fees received amounted to £36 : 6 : 0.

FOOD AND DRUGS ADULTERATION ACT, 1928.

Fifty samples were submitted for analysis by the Public Analyst comprising—

Milk	... 24	Glycerine, Lemon and Ipec. Mixture	1
Cream	... 5	Compound Syrup of Figs	... 1
Condensed Milk	5	Compound Extract of Cascara	... 1
Beef Sausage	... 4	Glycerine	... 1
Pork	... 3	Castor Oil	... 1
Liver Pills	... 1	Friars Balsam	... 1
Daisy Powder	... 1	Aspirin	... 1

One sample of Beef Sausage was found to contain 172 parts per million of Sulphur Dioxide which had not been declared. The vendor was cautioned. The remaining samples were certified genuine.

Additional to the above samples the following were sent to the Hants County Council Laboratory—

22 samples of Pasteurized Milk for bacterial count.

6 samples of Fresh Milk for chemical examination.

The 22 samples of Pasteurized Milk were satisfactory on bacterial count but two of them were unsatisfactory when tested for efficient pasteurization by the Phosphatase test.

The six samples of Fresh Milk were certified genuine.

MILK AND CREAM REGULATIONS, 1912-1917.

Milk and Cream not sold as preserved Cream.

(a)		(b)	
Number of samples examined for the presence of a preservative		Number in which preservatives were reported to be present and percentage of preservative	
Milk	... 24		<i>nil</i>
Cream	... 5		<i>nil</i>
Thickening substances	<i>nil</i>		<i>nil</i>
Other observations	... <i>nil</i>		<i>nil</i>

The Milk (Special Designations) Order, 1923.

i. Dealers licences issued during 1935 in respect of—

Certified milk	...	...	3
Grade A (T.T.) milk	...	...	1
Grade A	...	...	1

ii. Licences issued in connection with pasteurized milk—

Pasteurising plants	...	...	2
Retailers	...	...	3

It has not been necessary to take any action for contravention of the Order.

Milk and Dairies Order, 1926.

Farms—Number of dairy farms	...	9
Approximate number of cows	...	220
Number of inspections during the year	...	32

Food Premises.

Regular inspections of all food premises are carried out but no occasion arose for the service of a notice.

Food Condemned.

Beef	Carcasses and all organs	...	8
	Heads	...	5
	Livers	...	6
	Lungs	...	5
Portions of carcasses—			
	4 fore quarters	...	
	2 hind quarters	...	1220 lbs.
Calves	Carcasses	...	7
	Livers	...	3
Pigs	Carcasses	...	17
	Heads	...	70
	Livers	...	24
Mutton	Carcasses	...	5
Fish	Smoked Fillets	...	7
Chicken	...	...	3
Tinned Cherries	...	...	82 tins
Rabbits	...	...	46
Hams	...	...	5

PUBLIC ELEMENTARY SCHOOLS.

Twenty-nine inspections of the sanitary arrangements of the Elementary Schools have been carried out. The defects found were remedied.

The supply of disinfectant for use in the schools has been continued and the arrangement has been found to work satisfactorily.

FACTORY AND WORKSHOP ACT.

At the end of the year there were 272 Factories and Workshops on the register.

Inspections of Factories	...	...	77
„ „ Workshops	...	...	150
„ „ Workplaces	...	...	<i>nil</i>
Notices served—			
Factories (unsuitable or defective sanitary accommodation)	...	...	8
Workshops (want of cleanliness)	...	...	4

RAG FLOCK ACTS, 1911-1928.

Rag flock is not manufactured in the district, users of rag flock buying from makers under a guarantee of conformity with the Act.

MERCHANDISE MARKS ACT.

Inspections are regularly carried out and the several labelling orders are on the whole faithfully observed by traders.

SHOPS ACTS.

A preliminary inspection has been made of all the shops in the City with the view of ascertaining the extent to which they fall short of the requirements of the Shops Act in relation to Lighting, Ventilation, Temperature, Washing Facilities and Sanitary Accommodation.

The greater number of the shops were found to be properly provided and to comply with the requirements of the Act. Steps are being taken to secure, so far as circumstances permit, compliance with the requirements in those shops which were found lacking.

INSPECTION OF DWELLING HOUSES DURING THE YEAR.

1.—(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	296
(b)	Number of inspections made for that purpose	...	781
2.—(a)	Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	47
(b)	Number of inspections made for that purpose	...	143
3.—	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	6
	Undertaken by owner	...	3
	Scheme undertaken by owner	...	2
	Demolished	...	1
		—	6
4.—	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	182

REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	...	174
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ACTION UNDER STATUTORY POWERS DURING THE YEAR.

A.	Proceedings under sections 17, 18, and 23 of the Housing Act, 1930—				
1.—	Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	3
2.—	Number of dwelling houses which were rendered fit after service of formal notices—				
(a)	by owners	...	...	...	3
(b)	by Local Authority in default of owners	...	...	...	nil

B. Proceedings under Public Health Acts—				
1.—Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	...	3
2.—Number of dwelling houses in which defects were remedied after service of formal notices—				
(a) by owners	...	...	...	<i>nil</i>
(b) by Local Authority in default of owners	...	...	...	3
C. Proceedings under sections 19 and 21 of the Housing Act, 1930—				
1.—Number of dwelling houses in respect of which Demolition Orders were made	...	...	...	1
2.—Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	...	1
D. Proceedings under section 20 of the Housing Act, 1930—				
1.—Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	<i>nil</i>
E. Proceedings under section 3 of the Housing Act, 1925—				
1.—Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	<i>nil</i>
2.—Number of dwelling houses which were rendered fit after service of formal notices—				
(a) by owners	...	...	...	<i>nil</i>
(b) by Local Authority in default of owners	...	...	...	<i>nil</i>
3.—Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	...	...	<i>nil</i>
F. Proceedings under sections 11, 14, and 15 of the Housing Act, 1925—				
1.—Number of dwelling houses in respect of which Closing Orders were made	...	...	...	<i>nil</i>
2.—Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	...	...	...	<i>nil</i>

3.—Number of dwelling houses in respect of which Demolition Orders were made	...	...	...	<i>nil</i>
4.—Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	...	<i>nil</i>

GENERAL.

We have not been able to deal with any large number of insanitary houses during the last year or eighteen months.

The reason for this is that in the majority of cases the two main causes of unfitness of houses in the City are dilapidation and serious dampness. Usually these are found together. The great reduction in the rainfall during the last two years has resulted in an apparent reduction in the amount of dampness which can be observed in houses of a low standard. It was felt that it would not be fair to make any attempt to assess the amount of dampness in these circumstances but the damp autumn and the abnormal rainfall at the end of the year will make it possible for us to form a just idea of the real amount of dampness prevailing. Accordingly, the number of inspections has recently been increased and reports are being made dealing with those houses which are considered to be below a reasonable standard of fitness.

DISINFESTATION.

Twelve houses were treated with Hydrogen Cyanide during the year.

HOUSING ACT, 1935.

Although the Corporation has always had regard to the circumstances of applicants for houses, since the passing of the 1935 Act preference is now given to persons living in unhealthy conditions, in overcrowded houses, or with large families.

E. PREVALENCE AND CONTROL OF INFECTIOUS DISEASES.

The epidemic of scarlet fever which commenced in September, 1934 continued through the winter and early part of 1935. During the summer and autumn however the number of cases of notifiable and non-notifiable diseases fell rapidly until at the end of the year there were only one or two cases in the fever hospital.

It has been felt for some years that the Autumn Fair which takes place in October each year is responsible for a temporary increase in the number of cases of infectious disease notably scarlet fever and diphtheria. Hitherto I have been disposed to consider this in the nature of a surmise, but investigation goes to show that we can usually expect a slight rise in the number of infectious diseases reported during the three or four weeks following the holding of this annual event.

It is, of course, easy to exaggerate the importance of this and I have no wish to do so, but it is I think to be recognised that this is the inevitable complement of the annual autumn fair.

NOTIFIABLE INFECTIOUS DISEASES, 1935.

DISEASE	ALL CASES NOTIFIED												
	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Scarlet Fever	36	37	65	35	65	25	20	37	26	53	55	151	96
Diphtheria	52	16	10	9	3	5	26	32	6	14	7	3	9
Enteric Fevers	4	1	9	5	4	3	4	3	2	5	2	1	1
Puerperal Fever	8	11	8	4	.	.	7	4	7	2	5	1	1
„ Pyrexia	(Non-Notifiable)			3	2	1	13	3	4	8	9	7	10
Pneumonia	8	26	18	19	60	31	17	8	47	43	44	19	17
Erysipelas	1	1	.	4	2	1	12	1	8	3	3	10	6
Acute Poliomyelitis and Polioencephalitis	2	.	.	.	1	2	.	.	.	.	.	1	.
Cerebro-spinal Fever	.	.	.	.	3	.	.	.	.	.	2	.	.
Encephalitis Lethargica	2	1	.	.	1	.	.	.	.	1	.	1	.
Ophthalmia Neonatorum	4	12	17	7	2	8	10	6	5	2	5	6	2
Continued Fever	.	.	.	.	.	.	.	.	.	1	.	.	.
Dysentery	.	.	.	.	.	.	.	.	1	.	.	.	.

CASES NOTIFIED IN 1935.

	All Cases	Winchester Cases only		
		Total	Treated in Hospital	Deaths
Scarlet Fever	..	96	75	.
Diphtheria	..	9	9	1
Enteric Fevers	..	1	1	.
Puerperal Fever	..	1	1	.
„ Pyrexia	..	10	7	.
Pneumonia	..	17	1	1
Erysipelas	..	6	2	.
Ophthalmia Neonatorum	..	2	1	.

AGE DISTRIBUTION.

		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 years and over	Totals
Scarlet Fever ..	..	1	1	.	4	8	43	14	3	16	4	2	.	96
Enteric Fevers..	..	.	.	.	.	.	.	.	.	.	.	1	.	1
Diphtheria ..	..	.	.	1	.	1	5	1	.	1	.	.	.	9
Puerperal Fever	..	.	.	.	.	.	.	.	.	1	.	.	.	1
„ Pyrexia	..	.	.	.	.	.	.	.	2	6	2	.	.	10
Pneumonia ..	..	2	.	.	2	.	5	.	.	1	2	4	1	17
Erysipelas ..	..	.	.	.	.	.	.	.	.	.	3	3	.	6
Encephalitis Lethargica	..	.	.	.	.	.	.	.	.	.	.	.	.	.
Ophthalmia Neonatorum	..	2	.	.	.	.	.	.	.	.	.	.	.	2

Ophthalmia Neonatorum.

Cases notified	...	...	2
Cases treated—			
At home	...	...	1
In hospital	...	...	1
Vision unimpaired	...	...	2

NON-NOTIFIABLE INFECTIOUS DISEASES.

Cases reported during the year.

	Total	Under 5 years	5-14 years	Other cases
Chicken Pox	149	33	115	1
Mumps	4	...	1	3
Measles	3	...	3	...
Rubella	1	...	1	...
Whooping Cough	107	55	52	...

VICTORIA ISOLATION HOSPITAL, 1935.

(a) ADMISSIONS—

		From Winchester	From other districts	Total
Scarlet Fever	...	75	61	136
Diphtheria	...	10	5	15
Whooping Cough	...	2	...	2
Mumps	...	1	...	1
		—	—	—
		88	66	154

(b) DEATHS. Diphtheria	...	...	...	1
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(c) MAINTENANCE OF PATIENTS, 1927 - 1934 (FINANCIAL YEARS).

	1928 to 1929	1929 to 1930	1930 to 1931	1931 to 1932	1932 to 1933	1933 to 1934	1934 to 1935	Average 8 yrs.
1. Number of patients treated	43	96	95	49	74	167	265	107
2. Number of patient-days	1826	2465	2516	1434	2090	4697	8785	3241
3. Average stay (in days)	42.4	26	26.5	29.2	28.2	28.1	33.1	30.9
4. Average number of patients per day	5	6.7	6.9	3.9	5.7	12.8	24	8.8
5. Gross cost per patient	£48/17/1	36/16/11	26/13/4	14/17/8	24/11/7	42/14/0	14/18/1	30/11/2
6. Gross cost per patient per day	23/-	18/10	27/9	29/-	19/-	10/7	9/-	19/10

METEOROLOGICAL RECORD, 1935.

Months	Barometer Mean Pressure at Station Level 128 feet above M.S.L.	Temperature			Hygrometer			Rainfall		Sunshine Number of Hours	Wind (Days)								
		Highest	Lowest	Average	Mean of obs. at 9 a.m.	Dry bulb	Wet bulb	Degree of Hum. Sat = 100	No. of Days when Rain fell		Total Amount (Inches)	N.	NE.	E.	SE.	S.	SW.	W.	NW.
January	30.12	53	28	45.0	35.0	41.0	40.8	100	5	.66	56.0	1	6	.	2	2	4	.	16
February	29.25	56	26	47.7	37.6	43.3	42.7	100	14	4.04	70.70	2	1	.	5	3	10	.	7
March	30.04	65	26	51.3	36.6	44.0	43.2	92	8	1.06	128.50	1	7	.	5	1	9	.	8
April	29.72	62	31	54.4	40.3	47.8	46.6	93	18	4.02	113.10	.	6	.	4	.	15	.	5
May	30.03	76	29	60.9	43.0	51.8	49.8	93	9	1.12	192.95	2	18	.	3	.	2	.	6
June	29.88	84	42	66.9	52.9	60.9	57.6	82	19	4.38	203.80	.	3	1	11	1	14	.	.
July	30.12	88	45	75.5	55.6	64.5	62.3	88	3	2.82	295.25	1	13	.	5	1	9	.	2
August	29.96	83	45	72.1	51.5	60.9	59.0	88	5	2.44	202.25	1	5	.	4	4	5	3	9
September	28.83	70	35	65.6	50.0	57.8	56.6	93	19	4.13	154.30	.	4	.	7	.	15	.	4
October	29.78	64	26	57.0	41.8	52.9	49.4	80	13	4.13	81.65	.	2	.	4	.	19	.	6
November	26.85	60	24	49.4	38.2	45.1	44.7	92	23	7.36	48.15	.	5	.	10	.	12	.	3
December	29.52	52	19	44.0	35.3	39.2	38.6	92	13	4.60	37.15	1	11	.	5	3	8	.	3
Year	29.50	88	19	57.4	43.1	50.7	49.2	86	149	41.06	1583.80	9	81	1	65	15	122	3	69

MATERNITY AND CHILD WELFARE.

MATERNITY AND CHILD WELFARE COMMITTEE, 1934 - 35.

THE MAYOR : COUNCILLOR HODDER

Chairman : Councillor Gurney-Dixon

Alderman Johnson	Councillor Newton
Councillor Firmstone	Councillor Sankey
Councillor Hamblin	Mrs. Edmonds
Miss M. Gale	

1. The programme projected for the year has been completed without notable incident but there are one or two developments which call for attention.

2. Dental Treatment.

Consideration has been given to the subject of providing dental treatment for expectant and nursing mothers and for children of pre-school age.

In view of a coincident extension of the school dental work in the latter part of the year and the uncertainty as to the amount of time which the new work would require from the School Dentist, it was decided to postpone a decision until experience of the increased school work has been obtained. It might then be possible to decide what amount of time, if any, could be given by him to the additional work proposed for mothers and children. It is hoped that before long we shall have this information; it will enable us to decide whether to include the new work in the School Dentist's future duties.

3. Maternal Mortality and Morbidity.

The great and perhaps undue prominence given to maternity and maternal mortality has been productive of both wise and unwise pronouncements. One of the best recommendations brought forward is that a whole-time municipal midwifery service shall be established in every area not already provided with it, with adequate salaries and pension advantages for the midwives employed.

The point of special interest to us is a suggestion that each midwife should be restricted to attendance on 80 cases per year. Hitherto the scheme of work for our municipal midwives has provided for a maximum of 100 cases. We have found no drawbacks or difficulty in dealing with this number.

Fortunately, as our figures show, maternal mortality and perhaps also maternal morbidity are in Winchester not such pressing problems as in some places.

It is undeniable however, that a good deal of ill-health and physical disability might still be avoided if women could be persuaded to have post-natal supervision.

Many, perhaps most, of the diseases peculiar to women are connected with child-birth, and a considerable proportion of these might be avoided if, at a stated interval after confinement, women would consult their medical adviser in order to ascertain whether any harmful result had ensued, so that, if necessary, early treatment might be given which would considerably mitigate the trouble, if not completely cure it. In this way much can be done towards securing a complete restoration to health for the mother, and, at the same time, a good beginning for the infant.

Work of this kind lags, and until women more readily recognise the importance of ante-natal and post-natal medical supervision and care, it is not to be expected that much reduction in the present figures relating to maternal mortality and morbidity will be obtained.

4. Birth Control.

Further observations have been made during 1935 regarding the size of families in Winchester and its relation to the subject of so-called birth control.

SIZE OF FAMILIES VISITED—

	1935	1934		1935	1934
1 child	200	176	7 children	7	6
2 children	125	75	8 children	9	8
3 children	66	42	9 children	5	3
4 children	47	25	10 children	0	1
5 children	21	15	11 children	0	1
6 children	14	13	12 children	1	2

Number of children in these families (including the newly-born)					
1935	...	1202	1934	...	884
Average number of children per family—					
1935	...	2'4	1934	...	2'4

I think it must be obvious that the question inevitably will present itself regarding such a contentious subject and uncertain practice, is birth-control really necessary in Winchester?

5. **Anæsthetics and Analgesics in Midwifery.**

Closely linked with the subject of maternity is that of the administration of anæsthetics and of analgesic drugs for the purpose of reducing or abolishing pain during labour.

It is obvious that the prevention of avoidable pain is a clear and well recognised responsibility and wish of every lying-in woman's attendant, whether doctor or midwife, in so far as the attainment of this desirable result is compatible with the well-being of mother and child.

It is recognised, however, that in existing conditions there are many serious obstacles to be overcome before this aim can be achieved for all women. This applies with special force to the large section of the women of the country who are now attended at home by their own midwives. Many persons and organisations interested in the subject have claimed that the solution of the problem is to be found in an extension to midwives of certain increased powers which, working as they do under the rules of the Central Midwives Board, they do not at present possess.

In the Interim Report issued by the Departmental Committee on Maternal Mortality and Morbidity so far back as 1930 it was stated that—

“It is hoped that further research will bring to light a method of relieving pain, suitable for use by midwives and free from the disadvantages now in some cases inseparable from the use of general anæsthesia.”

Since then, special investigations into the subject have been made at the request of the National Birthday Trust Fund by the British College of Obstetricians and Gynæcologists which is a licensing authority which issues diplomas to members of the medical profession for efficiency in maternity work and diseases peculiar to women.

The Central Midwives Board also states that it proposes to review the position of midwives in this matter when investigations at present being carried out are completed.

The Birthday Trust Fund investigations have resulted in a pronouncement to the effect that—

“Chloroform by any method should not be used by midwives acting alone, either in the form of capsules or the liquid drug given in any form of inhalant.”

The Central Midwives Board also states that as the rules stand at the present the administration by midwives of an anæsthetic by any method other than under the direction and supervision of a duly qualified medical practitioner is regarded as treatment outside their province.

Everyone as well as the above bodies regrets this decision, which, however, I feel sure will be modified before long. I confidently anticipate that we shall very soon be able to say that a great step in advance has been made by the adoption of newer and safer methods of securing at least a mitigation of pain which will be based on the recommendation of those who are in the best position to make a sound and reliable statement.

A consideration of the subject in the light of the pronouncements so far made goes to show that the administration of chloroform in accordance with precise directions as to its use will probably emerge as the method of choice.

6. Still-Births.

Inquiries are made into the causes of still-births as far as possible, with the object of ascertaining whether any of them might have been prevented.

The causes of death were—

Incomplete development of vital organs of child	2 cases
Malposition of baby	1 case
Internal strangulation	1 case
Obstructed labour	1 case
Causes not ascertained	2 cases

I think one is justified in stating that at least four, and perhaps five, of these still-births were inevitable from the nature of the case.

In five of the seven cases the birth was the first confinement, and in four, ante-natal supervision had been given by a doctor.

7. **Infant Deaths.**

These number 11. It is not easy to make any special pronouncement of value regarding their possible prevention. As is usually the case the greater proportion of them, viz.—seven out of a total of eleven took place during the first four weeks of life.

8. **Ante-Natal Clinic.**

I much regret to have to report a serious diminution in the number of cases attending the Ante-Natal Clinic during the year.

Inquiries go to show, however, that the position revealed is perhaps not so bad as it would appear at first glance.

The percentage of notified births represented by the number of expectant mothers who attended the Clinic is only 13·6%. It has however, been ascertained that at least 61 other expectant mothers received ante-natal supervision from their own doctors who are liable to be called in for medical attendance during labour if required. Total number known to have had medical supervision 34%

Even when allowances are made for the small amount of publicity which is almost inseparable from attendance at a public ante-natal clinic, and which is disliked by a certain proportion of expectant mothers, the remaining cases not accounted for is much too great.

Further efforts will be made during 1936 to ensure a return to the former level of attendance.

9. **Immunization against Diphtheria.**

Although the subject normally comes within the sphere of the Health Committee the immunization of young children might be referred to in this section since the scheme applies to children who are under school-age.

In the summer of last year the Council approved the adoption of proposals for the immunization of children between the ages of 9 months and 5 years, *i.e.* children who are too young to attend school and are still under the supervision of the Health Visitors.

The scheme is to apply to children of persons who are ordinarily entitled to receive National Health Insurance Medical

Benefit, unemployed persons, and uninsured persons whose income is that laid down by the National Health Insurance Regulations for medical benefit.

It is to be worked in its entirety by the general practitioners of Winchester, nearly all of whom have undertaken to participate in it. Suitable records are kept and forwarded to the Health Department and payment at an agreed rate is paid for all cases completed in accordance with the terms of the agreement.

It is not to be expected that at this early date any opinion can be offered regarding the future prospects of the scheme based upon the number hitherto dealt with. The response up to the present can be considered to be encouraging.

I propose to report to the Health Committee on the subject after the scheme has been in operation for 18 months or 2 years, by which time it may be possible to express an opinion as to the necessity or otherwise of any variation in its operation.

1.—BIRTHS.

Notification of Births.

(a) Residents			
Live Births	...	288	
Still births	...	7	
		—	295
Non-residents			
Live births	...	128	
Still births	...	13	
		—	141
(b) Notified by Midwives ...			
		374	
Doctors, Parents, &c. ...			
		62	
		—	436

Institutional Births.

		Residents	Non-residents
Royal Hants County Hospital	...	24	70
Riverside Maternity Home	...	22	21
1 North Walls	...	9	—
1 St. Paul's Hill	...	8	43
Other Institutions	...	—	—
45·2% of all births			

Registration of Births (RESIDENTS).

Number registered—Legitimate	295
Illegitimate	8
	— 303
Birth-rate per 1000 population	... 12'2

Still-Births.

Residents	...	7, or 24 per 1000 births
Non-residents	...	13, or 91 per 1000 births
Rate for all cases		46 per 1000 births

Year	Total notified births	Still births	Rate per 1000
1916-18	1237	38	30·7
1919-21	1794	69	38·4
1922-24	1727	50	28·9
1925-27	1658	52	31·3
1928-30	1667	97	58·7
1931-33	1370	74	55·4
1934	485	20	41·2
1935	436	20	45·8

Of the twenty still-births notified, thirteen were of children born to women living in the County Area who were admitted into the Royal Hampshire County Hospital for abnormalities of pregnancy or labour.

In the case of the other seven who belonged to the City, inquiries into the possible cause of the still-births gave the information set out in paragraph 6, page 41.

2.—Infantile Mortality.**(a) Rate per 1000 live births—**

All children	...	...	37
Legitimate children	...	...	39
Illegitimate children	...	...	<i>nil</i>

(b) Comparative Infantile Mortality Rates—

England and Wales	...	...	57
121 County Boroughs and Great Towns, including London	...	...	62
140 Smaller Towns	...	...	55
Winchester	...	...	37

(c) Causes of Death—

	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total under 12 months
1. Prematurity, &c., Congenital deformity	4	...	2	1	7	...	...	...	...	7
2. Infantile Atrophy	...	...	...	...	...	1	...	...	...	1
3. Broncho-pneumonia	...	...	...	...	...	1	...	...	...	1
4. Violence	...	...	...	...	...	...	...	1	...	1
5. Parotid abscess	...	...	...	...	...	1	...	...	...	1
	4	...	2	1	7	3	...	1	...	11

3.—Health Visiting.

(a) Number of officers employed for health visiting at the end of the year—

i. By the Council	...	...	3
ii. By Voluntary Associations	...	...	<i>nil</i>

(b) The three officers devote half of their time to health visiting, including attendance at the Child Welfare Centre.

(c) Home visiting by health visitors—

i. To expectant mothers—

First visits	...	...	25
Total visits	...	...	60

ii. To children under 1 year of age—

First visits	...	...	283
Total visits	...	...	2112

iii. To children between the ages of 1 and 5 years—

Total visits	...	...	3673
--------------	-----	-----	------

(d) Infectious diseases of mothers, and of children under 5 years of age.

			Cases Notified	Cases Visited	Cases for whom home nursing was provided by the Council	Cases removed to Hospital
Measles	...	...	2	2	...	...
Rubella	...	...	...	...	...	...
Whooping Cough	...	...	55	33	3	...
Chicken Pox	...	...	38	10	1	...
Diarrhœa	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	2	2	...	...
Puerperal Pyrexia	...	...	10	2	2	8
Puerperal Fever	...	...	1	1	...	1

(e) Other home visiting—

Still births	...	...	notified 10	visited 5
Infant deaths	...	...	notified 11	visited 7
Provision of milk	...	...	...	16 visits
Other visits, including Infant Life Protection Work				237

4.—Infant Welfare Centres.

(a) Number provided and maintained by the Council	...	1
By Voluntary Associations	...	...

(b) Attendances—

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Infants under 1 year	2303	2113	2638	2286	2091	2188	2607	2245	2249	2127
Children (1-5)	...	1790	1689	1810	1885	1974	2699	2835	1707	2370

(c) Total number of children who attended at the Centre for the first time during the year and who on the date of their first attendance were :—

i. Under 1 year of age	...	...	139
ii. Between 1 and 5 years of age	...	...	37

(d) Total number of children who attended during the year and who at the end of the year were :—

i. Under 1 year of age	...	...	98
ii. Between 1 and 5 years of age	...	...	296

(e) Percentage of live births represented by (c) i.	48'2
---	------

5.—Maternity Homes and Hospitals.

(a) i. Number of beds available in the Royal Hants County Hospital for the treatment of abnormal maternity cases (exclusive of labour and isolation beds)				12
ii. Number of women admitted to these beds from Winchester during 1935 ...				24
iii. Cost				£331 : 12 : 8
(b) Number of women admitted to other maternity homes or institutions for normal confinement :—				
(i.) Riverside Maternity Home				2
(ii.) No. 1 St. Paul's Hill				12
(iii.) Total cost				£51 : 6 : 0
(c) Total cost of institutional treatment of maternity cases				£382 : 18 : 8

The following table shows the number of confinements for which treatment in the Maternity Ward of the County Hospital was necessary because of abnormalities :—

Year	Births notified	Admissions	Percentage
1928	406	22	5·4
1929	357	16	4·5
1930	333	24	7·3
1931	326	20	6·1
1932	336	20	6·0
1933	311	18	6·1
1934	342	24	7·0
1935	295	24	8·1

6.—Homes and Hospitals for Sick and Ailing Children under 5 years of age.

Apart from the P. A. Institution the only provision consists of the Children's Ward in the Royal Hants County Hospital, which fulfils all local requirements.

No children were sent by the Council during the year.

7.—Convalescent Homes.

For expectant or nursing mothers and children under 5 *nil*

8.—Homes for Mothers and Babies.

Provided by the Council	...	...	...	<i>nil</i>
Provided by Voluntary Institutions with which arrangement for the reception of mothers and babies have been made	...	...	...	<i>nil</i>
Number of beds	...	...	...	<i>nil</i>
There are no day nurseries in the area.				

9.—Home Nursing.

Number of nurses employed at the end of the year for the nursing of expectant mothers, and of children under 5, maternity nursing or the nursing of puerperal fever:—

i. by the Council	...	...	...	4
ii. by Voluntary Associations	...	...	...	2
Total number of cases attended by these nurses				15

10.—Midwives and Midwifery Services.

- (a) Number of Midwives practising in the area at the end of the year Institutions 13, others 5
- | | | |
|--|-----|------------|
| Number employed by the Council | ... | 2 |
| Number directly subsidised by the Council | ... | <i>nil</i> |
| Number employed by Voluntary Associations | | 13 |
| Number of cases in which the Council paid or contributed to the fee of a Midwife | ... | 9 |
- (b) Maternal deaths *nil*
- (c) Ante-Natal Clinics.
- Number of clinics provided and maintained

(a) by the Council	...	1
(b) by Voluntary Associations	...	<i>nil</i>
 - Total attendances by expectant mothers at the Clinic during the year ... 98
 - Total number of expectant mothers who attended at the Clinic during the year 40
 - Percentage of notified births represented by the number in (3) ... 13.5
 - Average attendance per session ... 4
 - Post-Natal — Number of women who attended for examination ... 4

7. Abnormalities found :—

	Total	Referred for treatment	
		By Private Doctor	In Maternity Ward
Toxæmia ...	1	...	1
Disparity ; contracted pelvis	3	...	3
Ante-partum hæmorrhage ...	1	...	1
Heart disease	1	...	1

(d) Corporation Midwives.

- i. One working whole time ; one giving half her time to Midwifery and half to Health Visiting work.

ii. Cases booked :—

Delivered by midwives	...	99
Delivered by doctors	...	27
		126

Sent to hospital :—

During pregnancy	...	...	12
Labour	...	...	1
Puerperium	...	...	2
Miscarriages	...	...	2
			143

iii. Visits, &c. :—

To own confinement cases	...	1443
As maternity nurse	...	294
Ante-natal	...	406
Post-natal	...	149
Others	...	63
		2355

Consultations :

First visits	...	115
Total visits	...	460

11.—Provision of Milk for Mothers and Babies.

Number of families receiving milk	...	...	131
Cost	...	...	£183 : 7 : 2½

12.—Infant Life Protection.

Number of persons on the Register who were receiving children for reward at the end of the year...	20
--	----

Number of children on the Register :—

At the end of the year	...	...	24
Who died	...	...	<i>nil</i>

Number of Infant Life Protection Visitors at the end of the year who were

Health Visitors	...	...	3
Other	...	...	<i>nil</i>

No arrangements are made for orthopædic treatment.

No legal proceedings, special sanctions, or orders were necessary during the year.

MEDICAL INSPECTION
OF
SCHOOL CHILDREN.

EDUCATION COMMITTEE, 1934-35.

THE MAYOR: COUNCILLOR HODDER.

Chairman: Councillor Pinsent.

Alderman Furley	Canon J. H. King
„ Johnson	Rev. J. H. B. Mace
„ Symes	„ R. H. Sharpe
Councillor Ross	„ P. R. Wickham
„ Firmstone	„ R. J. Hall
„ Sankey	Dr. P. T. Freeman
„ Gurney-Dixon	Mr. A. A. H. Hawthorne
„ Perkins	Mr. H. H. Pells
„ Griffiths	Mrs. Munt
„ Cuffe	Miss K. Cook
„ Christopher	Miss R. E. Douglas

1.—School Clinic.

The number of children attending for the treatment of such conditions as have been classified usually as Minor Ailments has continued to diminish.

The diseased conditions originally dealt with in the earlier years of school-clinic work comprised almost entirely those which can be classified as minor surgical conditions, and the various diseases of the skin.

The proportion of cases of this kind coming to us is now steadily diminishing, whilst essentially medical conditions have proportionately increased so that at the present time it would be almost true to say that the numbers of each kind are approximately equal.

The conditions referred to as medical consist largely of various illnesses such as coughs, colds, sore throats, minor degrees of bronchitis, and digestive disturbances of all kinds.

It is not in our province to undertake the treatment of serious ailments of this kind, but a good deal can be done to mitigate their severity or prevent complications arising. Moreover, many of them are highly infectious, and the prompt exclusion of the sufferers from school renders spread to others less likely than if they were sent to school without proper medical supervision.

Having regard also to the fact that these minor complaints are probably the cause of most of the absenteeism in schools, attendance and treatment at the school-clinic help to diminish the amount of absence from school quite apart from the prevention of more serious diseases or the infection of other children.

2.—Infectious Diseases.

The prevalence of infectious diseases among school children, more particularly of Scarlet Fever, which reached its height about the end of the year, gradually subsided during the first six months of 1935; since then it has been, if anything, below normal.

As is usually the case the high incidence of measles recorded in 1934 was followed by its complete absence during 1935.

The prevalence of measles in Winchester does not seem to reveal a similar periodicity as recorded in London and the larger County Boroughs. Whereas, in these places a visitation every two years is fairly constant, there is usually with us, at least, a three years interval between epidemics. It thus happens that the proportion of children in our schools who are susceptible to it is high when measles does visit us. It is not surprising, therefore, that we usually get a rapid spread of infection and an almost equally rapid decline.

3.—Nutrition.

For many years past the School Care Committee has carried through, with the approval and financial assistance of the City Council, a scheme for providing milk for school-children, and dinners during the first three months in each year.

In this work teachers, nurses and the school medical officer have always closely co-operated.

The procedure was that children who appeared to be in need of extra nourishment were selected by the teachers and school nurses and referred for inspection by the School Medical Officer who revised the lists of names in accordance with the apparent necessity. The home-conditions of the children who were finally recommended for assistance were inquired into by the members of the Care Committee attached to each school, and extra-nourishment, usually milk, was supplied free to those who could be looked upon as necessitous. These were reviewed from time to time by the Care Committee and the School Medical Officer, and names added to or removed from the lists as found necessary.

Apart from these, other cases have been reported from the school clinic, or following surveys of children in school made at the time of routine medical inspections by the School Medical Officer.

In 1934-35 a departure from this procedure was made, following the inception of the scheme drawn up in connection with the operations of the Milk Marketing Board. The original procedure has, been reverted to latterly and has been found to work very satisfactorily.

The method of the classification of conditions of impaired nutrition now called for by the Board of Education has been in operation in Winchester for the past 17 years, so that we have at our disposal exactly comparable annual returns for that period. Moreover, the records hitherto made have been based upon an estimation of the general well-being of the children rather than according to a height-weight-age ratio. The former method of observation deals more especially with the general appearance and carriage of the child, the colour of the skin and mucous membranes, the muscle-tone, and the mental and physical response to every-day conditions in school and elsewhere.

It is agreed that findings of clinical observations of this kind may vary somewhat from time to time, and that impressions may be fallacious. When however these observations are spread over a considerable period and are always made by the same person, as in our case, a reasonably accurate estimate can be made.

The records of the last ten years, 1925-34, give the following average annual figures :—

Excellent	...	35	3·6 %
Normal	...	834	86·3 %
Sub-normal	...	96	9·9 %
Bad	...	1	—

The corresponding figures for 1935 are :—

Excellent	...	43	4·8 %
Normal	...	737	82·1 %
Sub-normal	...	115	12·9 %
Bad	...	3	—

These figures tend to bear out the observations recorded in the Annual Report last year and indicate a definite, though perhaps not a serious, deterioration in the condition of our children.

Unemployment appears as though it is to constitute a permanent feature in social life and in the absence of further ameliorative measures we may anticipate that at least this tendency towards physical deterioration will continue. The advisability of establishing a school canteen for necessitous children of markedly sub-normal nutrition might well form the subject of serious consideration.

Feeding is of course only one of the ways in which the problem of malnutrition can be dealt with, but it is, at least, a practical method, if only a partial one, of meeting the needs of an appreciable proportion of those children whose condition of under-nourishment is due to under-feeding and the unwise choice of food stuffs.

The inevitable conclusion appears to be that the subject of the adequate nutrition of certain sections of the school population must receive more consideration than has hitherto been given to it. After all, the basis of a good education is physical and not mental.

Favourable school conditions, and measures taken therein to improve the physical condition of children, together with a higher level of nurture in the homes can alone solve this problem.

When as much as 25% and even more of the family income is to be devoted to the payment of rent it seems hopeless to expect full advantage to accrue from the education given to children living in such circumstances.

Other means which will obviously be of great assistance in this connection readily occur to one, such as the provision of nursery schools and classes, an improvement in the amount and type of physical education, and the establishment of schools for mothers and for the older of the school-girls in which instruction can be given in proper household management and all branches of domestic economy.

4.—School Dentistry.

During the year the scope of the dental scheme was enlarged. It now embraces children of 12 and 13. Hitherto these have not been treated; consequently, it is not surprising to find that in many of them their permanent teeth are in no condition for conservative treatment. This accounts for the fact that a larger number of permanent teeth have been extracted during the year than previously. This has been accompanied by an increase of fillings of permanent teeth.

In the other age-groups the number of temporary teeth extracted continues to steadily decline:—

1933	...	1429	1934	...	1290
		1935	...		1200

The conditions of a satisfactory school dental scheme have been set out from time to time in the Annual Report of the Chief Medical Officer of the Board of Education. It cannot be claimed that we completely fulfil the requirements.

In the absence of sufficient accommodation for waiting, recovery, and rinsing purposes it has not yet been possible for us to employ general anæsthetics. This provision is urgently needed.

Before the whole ground can be considered to be adequately covered the prime consideration is that every child shall be examined on entry to school and re-examined and, if necessary, re-treated annually. The deficiencies in accommodation remain to be met and facilities for the administration of general anæsthetics are very badly needed.

The extension of the scope of the scheme to the older children in the latter part of the year, had not by the end of the year, provided us with sufficient experience to enable it to be decided whether and to

what extent school dental work might be supplemented by dental work for pre-school children and expectant and nursing mothers. This subject is referred to in the section dealing with Maternity and Child Welfare.

5.—Orthopædic Treatment.

The provision hitherto made for physically defective children has taken the form of a weekly clinic staffed and administered by the Care Committee. The actual work has been done by a properly qualified instructor who has kindly given her services. The numbers attending have gradually diminished and now are very small.

Owing to the recent absence abroad of the lady in charge, the work has lapsed to a considerable extent and it seems to be doubtful whether it will be possible for us to continue in view of this and of the small number of children now requiring treatment.

In the ordinary course most of the crippled children in the area are treated at the Royal Hampshire County Hospital. From time to time however, a few odd cases are found in which prolonged residential treatment is necessary. The only way in which these few cases can be dealt with is by securing their admission to the Lord Mayor Treloar's Homes at Alton or a similar institution.

I think it would be possible to make an arrangement whereby our children can be admitted to that Institution for the special treatment which they require, and I suggest that efforts shall be made during the coming year to secure this.

SECTION A.

Results of Routine Medical Inspections—Prescribed Age Groups, 1935.

		Boys		Girls		Both sexes	
		Number	Per cent.	Number	Per cent.	Number	Per cent.
Clothing—							
Satisfactory	.	425	98	462	99	887	99
Unsatisfactory	.	6	2	4	1	10	1
Dirty	.	5	1	1	.	1	.
Verminous	.	.	.	.	.	.	.
Footwear—							
Satisfactory	.	431	100	464	99	895	99
Unsatisfactory	.	.	.	3	1	3	1
Cleanliness—							
Head	Clean	424	98	456	98	880	98
	Dirty	4	1	.	.	4	.
	Nits	3	1	11	2	14	2
	Vermin	.	.	.	.	.	.
Body	Clean	419	97	461	99	882	98
	Dirty	7	2	6	1	13	1
	Fleas	5	1	.	.	5	1
	Lice	.	.	.	.	.	.
Nutrition—							
Excellent	.	14	3	29	6	43	4
Normal	.	351	82	386	82	737	82
Sub-normal	.	63	14	52	11	115	13
Bad	.	3	1	.	.	3	1
Teeth—							
No decayed teeth	.	214	50	232	50	446	50
Less than 4 decayed teeth	.	136	31	137	29	273	30
More than 4 decayed teeth	.	81	19	98	21	179	20
Nose and Throat—							
Enlarged tonsils	.	25	6	34	7	59	7
Adenoids	.	.	.	9	1	9	1
Adenoids and enlarged tonsils	.	.	.	.	.	.	.
Enlarged neck glands	.	25	6	24	2	49	5
External eye diseases	.	4	1	1	.	5	1
Eyesight—							
Good	.	260	89	271	90	531	89
Medium	.	14	5	12	4	26	4
Bad	.	18	6	19	6	37	7
Diseases of the ear	.	.	.	5	1	5	.
Defective speech	.	5	1	.	.	5	.
Mental condition—							
Retarded 2 years	.	.	.	1	.	1	.
„ 3 years	.	2	.	.	.	2	.
Mentally deficient	.	2	.	1	.	3	.
Deformities—							
Rickets	.	.	.	.	.	.	.
Spinal curvature	.	.	.	.	.	.	.
Other types	.	5	1	1	.	6	.
Tuberculosis—							
pulmonary, definite	.	.	.	.	.	.	.
„ suspected	.	.	.	.	.	.	.
non-pulmonary	.	.	.	.	.	.	.
Organic heart disease	.	1	.	1	.	2	.
Anæmia	.	1	.	6	1	7	1
Bronchitis	.	.	.	1	.	1	.
Nervous disease	.	.	.	.	.	.	.
Diseases of the skin	.	3	1	2	.	5	.
Other defects and diseases	.	4	1	7	1	11	1

SECTION B.

Infectious Disease among Elementary School Children.**1.—Notifiable Diseases.**

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Scarlet Fever ...	22	23	14	8	18	12	26	28	65	48
Diphtheria ...	5	1	2	9	22	2	3	4	...	6
Enteric Fever ...	1	1	...	2	...	...	...	1	...	...
Infantile Paralysis ...	...	1	...	...	...	...	...	...	1	...
Cerebro-spinal Fever ...	...	1	...	...	...	...	...	...	...	...
Erysipelas ...	...	1	...	...	...	...	1	...	...	...
Pneumonia ...	2	10	6	3	2	6	9	6	2	4
Tuberculosis—										
Pulmonary ...	...	2	...	...	2	...	...	1	1	...
Non-pulmonary	2	6	4	2	2	3	2	1	3	1

2.—Non-Notifiable Diseases.

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Chicken Pox ...	93	50	148	78	90	67	43	28	135	115
Whooping Cough	173	23	5	32	42	98	30	167	5	52
Measles ...	35	167	10	1	492	...	1	26	251	...
Mumps ...	17	5	22	4	3	357	28	13	1	1
Rubella (German										
Measles) ...	127	220	...	9	...	6	...	102	162	1

SECTION C.

Return of Medical Inspections.

TABLE 1.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups—

Entrants ...	...	...	...	307
Second age group	...	...	...	301
Third age group	...	...	...	290
Total	...	...	...	898
Number of other routine inspections	...	...	...	<i>nil</i>

B.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	1805
Number of re-inspections	...	...	...	2831
Total	...	...	...	4636

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanness and dental diseases).

Prescribed groups—

Entrants	...	...	...	...	29
Second age group	...	...	...	...	39
Third age group	...	...	...	...	31
					—
Total (prescribed groups)		...	...	...	99
Other routine inspections	...	...	...	...	<i>nil</i>
					—
Total		...	...	...	99

Statement of the number of children notified during the year ended 31st December, 1935, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified	...	...	...	2
	Diagnosis		Boys	Girls
1.	i. Children incapable of receiving benefit or further benefit from instruction in a Special School—			
	(a) Idiots	...	...	
	(b) Imbeciles	1	...	
	(c) Others	...	...	
	ii. Children unable to be instructed in a Special School without detriment to the interest of other children—			
	(a) Moral defectives	...	...	
	(b) Others	...	...	
2.	Feeble-minded children notified on leaving a Special School on or attaining the age of 16	1	...	
3.	Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases	...	...	
4.	Children who in addition to being mentally defective were blind or deaf	...	...	
		—	—	
	Total	2	...	

Table II.—A. Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

DEFECT OR DISEASE	ROUTINE INSPECTIONS No. of Defects		SPECIAL INSPECTIONS No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
SKIN—Ringworm: Scalp	.	.	.	.
Body	.	.	1	.
Scabies	.	.	5	.
Impetigo	.	.	32	.
Other Diseases (Non-Tuberculous)	9	.	87	.
Total	.	.	125	.
EYE—Blepharitis	4	1	27	.
Conjunctivitis	.	.	18	.
Keratitis	.	.	.	.
Corneal Opacities	.	.	.	.
Other Conditions (excluding Defective Vision and Squint)	.	.	.	.
Total	4	1	45	.
Defective Vision (excluding Squint)	29	12	4	1
Squint	2	1	.	.
EAR—Defective Hearing	2	.	.	.
Otitis Media	.	1	16	.
Other Ear Diseases	.	.	12	.
NOSE AND THROAT—Chronic Tonsillitis only	3	.	.	.
Adenoids only	3	4	3	4
Chronic Tonsillitis and Adenoids	6	.	8	.
Other Conditions	.	.	88	.
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	.	.	7	.
DEFECTIVE SPEECH	1	1	.	2
HEART AND CIRCULATION—Heart Disease: Organic	1	3	.	2
Functional	2	.	.	.
Anemia	2	1	6	2
LUNGS—Bronchitis	.	.	28	1
Other Non-Tuberculous Diseases	2	.	2	.
TUBERCULOSIS—Pulmonary: Definite	.	.	.	.
Suspected	.	.	.	.
Non-Pulmonary: Glands	.	.	.	.
Bones and Joints	.	.	.	1
Skin	.	.	.	.
Other Forms	.	.	.	.
Total	.	.	.	1
NERVOUS SYSTEM—Epilepsy	.	1	2	.
Chorea	.	.	5	.
Other Conditions	5	2	20	2
DEFORMITIES—Rickets	.	.	.	.
Spinal Curvature	.	.	.	.
Other Forms	6	.	1	.
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	15	4	556	954

B. Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age-Groups	Number of Children inspected	Excellent		Normal		Slightly Sub-normal		Bad	
		No.	per cent.	No.	per cent.	No.	per cent.	No.	per cent.
Entrants	337	11	3.6	259	84.4	36	11.7	1	0.3
Second Age-group	301	19	6.3	236	78.4	43	14.3	3	0.1
Third Age-group	290	13	4.5	242	83.5	34	11.7	1	0.3
Other Routine Inspections	.	.	.	.	.	.	.	.	.
Total	898	43	4.8	737	82.1	113	12.6	5	0.5

Table III.—Return of all Exceptional Children in the Area.

Children Suffering from Multiple Defects.

Number of children suffering from any combination of specified defects	..	none
--	----	------

Blind Children.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.	..	..	..	..	..	..	none
--	----	----	----	----	----	----	------

Partially Sighted Blind Children.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

At Certified Schools for the Blind	..	..	.
At Certified Schools for the Partially Sighted	..	..	.
At Public Elementary Schools	..	..	2
At other Institutions	..	..	.
At no School or Institution	..	..	.

Deaf Children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school. *none*

Partially Deaf Children.

MENTALLY DEFECTIVE CHILDREN.

Feeble-minded Children.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

				Total
At Certified Schools for Mentally Defective Children ..	3			
At Public Elementary Schools	7			
At other Institutions	.			
At no School or Institution	2	—	12	

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

Children who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

					Total
At Certified Special Schools	..	..	..	.	
At Public Elementary Schools	..	..	..	.	
At other Institutions	..	..	..	.	
At no School or Institution	..	..	..	3	— 3

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective Children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A. TUBERCULOUS CHILDREN.

Cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary or elsewhere.

I.—Children suffering from Pulmonary Tuberculosis.

					Total
At Certified Special Schools	..	..	..	.	
At Public Elementary Schools	..	..	..	.	
At other Institutions	..	..	..	.	
At no School or Institution	..	..	..	1	1

II.—Children suffering from Non-pulmonary Tuberculosis.

					Total
At Certified Special Schools	..	..	..	2	
At Public Elementary Schools	..	..	..	2	
At other Institutions	..	..	..	.	
At no School or Institution	..	..	..	.	4

B. DELICATE CHILDREN.

					Total
At Certified Special Schools	..	..	..	.	
At Public Elementary Schools	..	..	..	3	
At other Institutions	..	..	..	.	
At no School or Institution	..	..	..	.	3

C. CRIPPLED CHILDREN.

Children who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercise or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

					Total
At Certified Special Schools	..	..	..	1	
At Public Elementary Schools	..	..	..	7	
At other Institutions	..	..	..	2	
At no School or Institution	..	..	..	1	11

D. CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

					Total
At Certified Special Schools	..	..	..	.	
At Public Elementary Schools	..	..	..	4	
At other Institutions	..	..	..	.	
At no School or Institution	..	..	..	3	7

**Table IV.—Return of Defects treated during the year ended
31st December, 1935.**

TREATMENT TABLE.

**GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group VI.)**

Disease or Defect	Number of defects treated, or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin—Ringworm, scalp—			
(i.) X-Ray treatment	...	...	...
(ii.) Other	...	...	...
Ringworm, body	1	...	1
Scabies	5	...	5
Impetigo	32	2	34
Other Skin Disease	87	6	93
Minor Eye Defects (external and other but excluding cases falling in Group II.)			
	48	7	55
Minor Ear Defects	28	1	29
Miscellaneous (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	661	21	682
	862	37	899

**GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group I.)**

Disease or Defect	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	63	15	78
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	...	...	...
Total	63	15	78

Number of children for whom spectacles were prescribed—

i. Under the Authority's Scheme	...	...	56
ii. Otherwise	...	...	15

Number of children for whom spectacles were obtained—

i. Under the Authority's Scheme	...	...	56
ii. Otherwise	...	...	13

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received operative treatment—

Under the Authority's Scheme, in Clinic or Hospital... 11

By Private Practitioner or Hospital apart from the
Authority's Scheme ... 13

Total ... 24

Received other forms of treatment ... 94

Total number treated ... 118

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Number of children treated—

	Under the Authority's Scheme	Otherwise	Total number treated
Residential treatment with education ...	...	...	...
Residential treatment without education ...	...	...	...
Non-residential treatment at an orthopædic clinic ...	5	3	8

GROUP V.—DENTAL DEFECTS.

1.—Number of children who were inspected by the Dentist—

Routine Age Groups												Total
4 yrs.	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.		
30	200	213	222	184	212	277	253	228	157	2		1978
Specials	...	...	...	...	...	...	...	...	...	...		9
Total						...	...	...	...	...		1987
Found to require treatment						...	...	...	...	...		1583
Actually treated						...	...	...	...	...		796

2. Half-days devoted to—Inspection 17 Treatment 171 188
3. Attendances made by children for treatment ... 1746
4. Fillings—Permanent teeth 469 Temporary teeth 7 476
5. Extractions—Permanent teeth 291 Temporary teeth 1200 1491
6. Administrations of general anæsthetics for extractions ... nil
7. Other operations—Permanent teeth ... 274

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by				
the School Nurses	...	...	...	6·7
Total number of examinations of children in the schools by				
School Nurses	...	...	...	5959
Number of individual children found unclean	...	...	...	260
Number of children cleansed under arrangements made by the				
Local Education Authority	...	...	...	<i>nil</i>
Number of cases in which legal proceedings were taken—				
Under the Education Act, 1921	...	...	...	<i>nil</i>
Under School Attendance Bye-laws	...	...	...	<i>nil</i>

SECTION D.**SCHOOL NURSING, &c.****1.—Visits to Schools.**

i.	Routine medical inspections	...	...	...	69
ii.	Routine dental inspections	...	...	...	18
iii.	Cleanliness inspections—				
	(a) Special terminal inspections—				
	Visits to schools	...	...	...	40
	Children inspected	...	...	...	4948
	(b) Ordinary routine inspections—				
	Visits to schools	...	...	...	41
	Children inspected	...	...	...	1011
iv.	In connection with infectious diseases—				
	Visits to schools	...	...	...	31
	Children inspected	...	...	...	1755
v.	Other visits to schools	...	...	...	8

2.—Visits to Homes.

i.	Defects	...	...	...	135
ii.	Infectious diseases—				
	Measles	...	...	...	1
	Whooping Cough	...	...	...	57
	Chicken Pox	...	...	...	119

	Mumps	...	...	...	...	3
	Sore Throat, &c.	...	...	...	...	85
iii.	Uncleanliness	...	...	...	...	48
iv.	Absentees	...	...	...	...	155
v.	Dental	...	...	...	...	1780

SECTION E.

SCHOOL CLINIC, &c.

1.—Treated at the Minor Ailment Clinic—

Surgical conditions	...	...	...	455
Medical conditions	...	...	...	407

2.—Total attendances made by children—

Minor Ailment Clinic	...	...	...	5269
Inspection Clinic	...	...	...	526
Eye (Refraction Clinic)	...	...	...	345
Dental Clinic	...	...	...	1805

3.—Medical Certificates—

For school attendance purposes	...	...	...	1600
Employment certificates	...	...	...	72



