AUCKLAND RURAL DISTRICT COUNCIL.

Report of Medical Officer of Health.

1925.

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Report of Medical Officer of Health for the year 1925.

Mr. Chairman and Gentlemen,

I beg to submit the Annual Report for the year 1925. This report according to instructions of the Ministry of Health is required to be of the nature of a survey report illustrative of progress made during the preceding five years in the improvement of the public health. In the following pages I have attempted this survey and have also taken occasional opportunities to anticipate possible developments in preventive medicine especially in so far as infectious diseases are concerned.

Natural and social conditions of the area.

The district has an area of 57,334 acres.

The population on the Census returns of 1921 was 61,344.

The estimated population in the middle of the year 1925 is 62,450.

The district is situated in the central and south-west portion of Durham County, and extends on either side of the river Wear. It is adjacent on the north to Crook, Willington and Spennymoor Urban Districts, on the south to Barnard Castle and Darlington Rural Districts and Shildon Urban District; on the east to Sedgefield Rural District, and on the west to Weardale and Barnard Castle Rural Districts. Auckland Urban District is situated near the centre of the rural area. The surface of the district is very undulating, and the altitude varies from 171 to 1,133 feet. The district is unevenly populated, there being a variation between unpopulated stretches of moorland and colliery townships with a population of 4·7 persons per acre.

Almost the entire district is underlaid by coal measures, the coal workings varying in depth from surface outcrops to deep mines.

According to the last Census (1921) returns there were 12,925 dwellings, including shops and institutions, in the district, the total dwellings occupied by families being 12,689, housing 12,857 families. Of these dwellings 5,588 had not more than three rooms, 6,315 houses had four or five rooms, 838 six to eight rooms, and 184 nine rooms or more.

The distribution of families or separate occupiers of the above-mentioned houses was as follows :—137 families were in occupation of one room per family, 3,067 families had each two rooms, 2,534 families had three rooms each, 4,946 families had four rooms, 1,187 families had five rooms, 658 families had six or seven rooms, 231 families had eight or nine rooms, and 97 families had ten or more rooms. The total number of rooms in occupied dwellings was 46,885 giving an average of ·77 rooms per person, which figure is identical with that of the administrative County as a whole.

The rateable value (1st October, 1925) is £251,791 the assessable value being £226,792, and the sum represented by a penny rate is £944 19s. 4d.

The chief occupation of the district is coal mining. At last Census almost three-fifths of the entire occupied male population were registered as miners. The depression in the coal industry from which the district has suffered for the past several years cannot be said to have changed for the better during the past year, and unemployment is still rife.

Vital Statistics.—During the year there were registered 1,433 births, comprising 745 males and 688 females. Of these 37 males and 32 females were illegitimate. The birth rate per thousand of the estimated population is 22·94, as compared with 23·24 for 1924, and with an average rate of 27·05 for the five years prior to that under review. In 1920 the birth rate was 33·2.

The number of deaths recorded during the year was 669. Of these 339 were males, and 330 females. There were 72 inwardly transferable deaths, and 10 outwardly transferable. After correction for transferable deaths the annual death rate is 11·7 per thousand, as compared with 12·1 for 1924, and as compared with an average rate for the years 1920—24 of 12·9. It is gratifying to note that there has been a steady and uninterrupted reduction in the district's death rate since the year 1918.

(See Table No. 1, Appendix, for vital statistics of whole district during 1925 and preceding years; Table No. III for causes of death at different age periods; Table No. IV for infant mortality.

The following table shows the charges levied for poor relief and the number of persons who received medical relief other than hospital relief during 1925 and the preceding years :—

Year.	Rate in £ for Poor Relief.	Number of persons receiving medical relief other than hospital treatment.
1925	3/9	16
1924	7/-	24
1923	7/5	213
1922	4/10	241
1921	2/9	319

Full advantage continues to be taken of the district's Poor Law Institution and also of the general hospital attached thereto, of which hospital mention is subsequently made in this report under the heading of Health Services.

During the year 1925 the district had the misfortune to share in a serious epidemic of measles. This disease was epidemic both in spring and during the latter months of the year. The epidemic occurred true to the triennial periodicity and was responsible for an unduly large percentage of the registered deaths.

In June and July an outbreak of smallpox occurred in a confined portion of the district.

During the latter part of the year eleven cases of enteric fever occurred in various parts of the district.

Each of these matters is dealt with in detail under the heading of the specified disease in that part of this report which deals with Infectious Diseases.

Provision of Health Services in the Area.

Hospitals.—There are two hospitals for infectious diseases in the district towards the maintenance of which the district, as having representation on the local Joint Hospital Board, contributes. The Urban Districts of Crook, Shildon, Willington and Tow Law are also

represented on the Joint Hospital Board, and share the privileges of the hospital accommodation. No. 1 Hospital is situated at Tindale Crescent in the parish of St. Andrew's Auckland, and has accommodation for 107 patients. No. 2 Hospital, with 78 beds and 20 cots, is situated in the Township of Helmington Row. Both these hospitals receive a limited number of patients suffering from tuberculosis, No. 1 Hospital reserving 12 beds and No. 2 Hospital 14 beds for that purpose.

The above-mentioned Hospital Board maintains also an Isolation Hospital for smallpox. This hospital is well situated in a secluded part of the parish of Old Park, and has accommodation for about 40 patients.

There is no tuberculosis hospital or sanatorium in the district. The Durham County Sanatorium at Holywood Hall, Wolsingham, is situated about ten miles from the centre of this rural district, and receives the district's patients of both sexes.

Within the boundaries of the district, situated in Auckland Urban District is a Maternity Hospital of seventeen beds. This hospital is maintained by Durham County Council. Since its establishment it has been of great service to the locality in which your rural district is included.

Situated also in Bishop Auckland is the District Poor Law Hospital. This hospital has accommodation for 120 patients, is well equipped to deal with medical and surgical cases and is provided with an operating theatre. It is maintained by local rates.

The Lady Eden Cottage Hospital of twelve beds is situated in Bishop Auckland and is prepared to deal with a limited number of emergency cases from the district. This district council does not subscribe to the maintenance of this hospital.

Unmarried mothers and their infants are provided for in St. Monica's Home, Bishop Auckland, an institution towards which the council does not subscribe.

The only institutions providing for homeless children of the district are the Poor Law children's homes situated in Bishop Auckland. These homes accommodate 30 male and 30 female children. The homes are pleasantly situated in open ground and the juvenile inmates are well cared for and happy.

Ambulance Facilities.—Your district is well provided with these. A motor ambulance is attached to either fever hospital for removal of patients suffering from infectious disease. A horse ambulance is provided for removal of smallpox cases to the isolation hospital, but during the smallpox outbreak which occurred last summer it was found that the horse ambulance was inadequate, and it was accordingly supplemented by an improvised motor ambulance constructed by fixing a detachable wooden body to the chassis of one of the Council's motor lorries.

Several of the colleries in the district have provided up-to-date motor ambulances to deal with accidents and other emergency cases.

CLINICS AND TREATMENT CENTRES.

The following clinics and treatment centres are available for dealing with patients from this district:—

Nature of Clinic or Centre.	Name and situation.	Nature of accommodation.	By whom provided.
Maternity and Child Welfare Centre.	Cockton Hill, Bp. Auckland	Provides for consulations and treatment once weekly.	Durham County Council.
School Clinic—general, ophthalmic and dental.	do.	Provides for consulations and treatment twice weekly.	do.
Tuberculosis Dispensary.	do.	Provides for consulations twice weekly.	do.
Venereal Disease Centres.	Nil.	Nil.	Nil.
Day Nurseries.	Nil.	Nil.	Nil.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

On the 19th June, 1925, H. G. Donald, M.B., Ch.B., D.P.H., assumed duty as your Medical Officer of Health, succeeding Dr. T. C. Penfold, who resigned in favour of a similar appointment in Chester-le-Street Rural District.

Sanitary Inspectors—No. 1 Sub-District—Jonas Liddle, C.R.S.I.
No. 2 Sub-District—Jos. D. Dowson, C.R.S.I.
Office Clerk—Thomas Gibbon.

The Council employs Mr. Sewell Elliott as superintendent of scavenging, and to deal with the disinfection of houses in which infectious diseases occur.

Each of the above-mentioned staff is in full time employment of the District Council.

PROFESSIONAL NURSING IN THE HOME.

(a) General—The Rural District does not provide any home nursing service. District nurses are employed by voluntary bodies throughout the area. County Health Visitors are doing much to alleviate the lack of nursing facilities in the homes of the working classes.

(b) For Infectious Diseases—No home nursing is provided. Almost all cases of Enteric Fever, Diptheria and Scarlet Fever are removed to hospital. The nursing of Measles cases is a matter which adds considerably to the difficulties mentioned in a subsequent part of this report, in the section dealing with infectious diseases. Among the working classes of the district little or no professional nursing of Measles patients take place. Personally I am of the opinion that while much could be done to alleviate the suffering of individual patients by proper nursing, any attempt to prevent the spread of, or mortality from, Measles by means of a system of home nursing in this district could not be made a success.

Midwives—There are thirteen practising midwives in the district. The Durham County Council is local supervising authority.

Chemical Work—The Public Analyst, Darlington, undertakes the chemical work connected with the public health services of your area.

During the year under review there was no occasion to submit any sample for chemical analysis.

ADOPTIVE ACTS, BYE-LAWS AND LOCAL REGULATIONS IN FORCE IN THE DISTRICT WITH THE DATE OF THEIR ADOPTION.

The following are applicable to the whole district :—

Provision of section 39, of the Act of 1875 (public necessaries).

Date of order—28th August, 1895.

Provision of the Towns' Improvement Clauses Act of 1847, with respect to the naming of streets, and numbering of houses.

Date of order—11th September, 1897.

Provision of section 26, of the Act of 1875 (building over sewers, etc.)

Date of order—18th April, 1905.

Provision of section 28, of the Town Police Clauses Act, 1847.

Date of order—10th February, 1898.

All the provisions of the Infectious Diseases Prevention Act, 1890.

Date of order—28th February, 1896.

Provision of Part III of the Public Health Acts (Amendment) Act, 1890.

Date of order—18th February, 1896.

Urban powers with reference to making bye-laws for removal of house refuse, the expenses incurred to be considered special expenses.

Date of order—1891.

The following provisions of the Public Health Acts (Amendment) Act, 1907 :—

Sections 15—18 (inclusive), 20—25 (inclusive), 27—33 (inclusive) comprised in Part II.

Sections 34—50 (inclusive) comprised in Part III.

Sections 52—65 (inclusive) and 68 comprised in Part IV.

Sections 69—70 (inclusive) comprising Part V.

There are certain conditions and adaptions as regards sections 27 30, 35, 38, 59 and 75.

Date of others—18th August, 1907.

BYE-LAWS AND REGULATIONS IN FORCE IN THE DISTRICT.

*New Streets and Buildings	... ...	1903.
Slaughter Houses	.. ...	1903.
Prevention of Nuisances	.. ...	1903.
Common Lodging-Houses	... ..	1903.
Dairies, Cowsheds and Milkshops	...	1909.

*Amended with regard to width of back streets and height of rooms, 1910.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply :—The district's water supply is mainly from two reservoirs belonging to the Durham County Water Board. These reservoirs are both situated outside the district's boundaries on the moors lying to the north-west, and are known as Waskerley and Tunstall Reservoirs. The former is situated on a heather moor 1,178 feet above sea level. It has a capacity of 450,000,000 gallons, and, owing to the peaty nature of its environs, this reservoir's supply has a plumbo-solvent action which is obviated by the addition of lime one hundredweight to the million gallons. Tunstall reservoir is 720 feet above sea level and has a capacity of 520,000,000 gallons. The quality of the water from these reservoirs is excellent and the supply adequate.

A few sparsely populated localities in the area including the parishes of South Bedburn, Hamsterley, a small part of Windlestone, Bolam and a few scattered dwellings are dependent on springs and wells for their water supply. During the year 1925 the supply to these districts was satisfactory. Hamsterley's water supply is unsatisfactory. In 1922 an investigation was conducted into the condition of springs and wells supplying Hamsterley. Several of the wells were dry and the supply as a whole inadequate. Your Council with the sanction of the Ministry of Health commenced negotiations in 1922 to provide a new water supply to Hamsterley, but the scheme was abandoned and the supply is, as it was then, liable to be seriously affected in a dry season.

The water works of Auckland Urban district supply 150 houses in the township of Auckland St. Andrew.

The water works of Barnard Castle Rural district supply part of the parish of Lynesack and Softley. 232 houses are supplied from this source. Two storage tanks in connection with this supply and situated within your Rural district were examined in November last, and were found to be satisfactory.

During the year a complaint was received from a parish council in respect of intermittency of the water supply to Riseburn, and your committee approved my report which was as follows:—"25th August, 1925. On the 12th ultimo along with sanitary inspector Dowson, I investigated the conditions of the water supply at Eden Pit and Riseburn, the investigation being undertaken as a result of complaint of inadequacy received from the parish council concerned.

It was found that the pressure was poor, the quality very good. Many of the inhabitants complain that water cannot always be had on tap; but at the time of inspection—3 p.m.—there was nothing of an unsatisfactory nature to note. The supply pipe from Middridge is old, and most probably much corroded, but the low pressure and occasional absence of water at some of the houses, cannot in my opinion be regarded as a nuisance, and much of the inconvenience to householders could be obviated by the exercise of forethought and thrift, by, for example, the drawing of water into storage receptacles at such times as the public demand on the supply is not great—early morning, afernoon, and evening."

A complaint was also received from a householder in the parish of Lynesack & Softley who complained of the presence of suspended matter in the domestic water. On investigation it was found that the presence of suspended matter was a temporary one, due to an overtax on the water supply in connection with road repairs in the district.

During the year there was no cause to suspect injurious contamination of any of the above-mentioned water supplies.

Rivers and Streams:—Very considerable progress has been made during recent years as regards the prevention of pollution of streams. The discharge of crude sewage into local streams has been abolished by the establishment of sewage disposal works (see below) throughout the district. Recent work in this connection includes the following:—

Repairs to Byers Green sewage disposal works (1925) which were seriously damaged by colliery subsidence.

Construction of new sewage disposal works in North Bedburn for Fir Tree village; and addition of an area of land for irrigation purposes at Escomb sewage disposal works.

Some of the local streams are still badly polluted by trade effluents. The prevention of this latter source of pollution is a very difficult one in view of recent industrial conditions.

Many of the local collieries are very old and have not been equipped with modern apparatus, so that pollution of streams by effluents from collieries and allied works will remain inevitable so long as industrial depression obviates the installation of up-to-date plant to to prevent such pollution. Cattle and horses drink with apparent impunity from local streams containing a considerable amount of such effluent.

Drainage and Sewerage :—With the exception of scattered dwellings, the following civil parishes are sewered :—Auckland St. Andrew's, Byers Green, Coundon, Coundon Grange, St. Helen's Auckland, West Auckland, North Bedburn, Eldon, Evenwood & Barony, Escomb, Hamsterley, Hunwick & Helmington, Helmington Row, Middlestone, Merrington, Newfield, Windlestone, Witton-le-Wear and part of Lynesack and Softley.

Parishes not sewered are South Bedburn, Binchester, Bolam, part of Lynesack & Softley, Middridge Grange and Whitworth Without.

During the year part of the parish of Lynesack & Softley was sewered for the first time.

There are in the district 20 sewage disposal works situated as follows :

Dean Bank works—serving part of Auckland St. Andrews, part of Coundon, Coundon Grange, Eldon, and parts of Pollards Lands. Condition satisfactory.

Leasingthorne works—serving part of Coundon, part of Middlestone, and Merrington. Condition satisfactory.

Gaunless Valley—serving part of Auckland St. Andrew's, Auckland St. Helen's, West Auckland and Evenwood. Condition satisfactory.

Middlestone Moor—serving parts of Middlestone and Westerton. Small works. Not altogether structurally satisfactory.

Witton Park—serving parts of West Auckland, Evenwood, Escomb, Pollards Lands and Witton-le-Wear. Condition satisfactory.

North Bedburn—serving Fir Tree village. New works.

Byers Green—serving Byers Green. Works have been repaired recently and are now satisfactory.

Coundon—serving Coundon. Condition satisfactory.

Escomb—serving Escomb village. These works are situated at a level which is too low to permit of rapid disposal of the effluent. The effluent is drained through a deep gravel soil and is well cleansed.

Evenwood—There are 2 disposal works serving Evenwood village. One of them is unsatisfactory and requires to be demolished or reconstructed.

Hamsterley—serving Hamsterley village. Condition satisfactory.

Helmington Row——these works are to be abandoned in favour of an installation at Sunnybrow, which will deal with this area.

Hunwick—serving Hunwick village. Condition satisfactory.

Middridge—a small scheme. Satisfactory.

Westerton—small works, the remodelling of which is anticipated.

Windlestone—condition satisfactory.

Witton-le-Wear—serving Witton-le-Wear village. Condition satisfactory.

Auckland and Crook Joint Scheme serves part of Helmington Row and part of North Bedburn. Condition satisfactory.

Closet Accommodation :—The following table shows the number of closets of each kind remaining in the district at the end of the years 1919, 1924, and 1925 respectively :—

Type of closet.		Year 1919.	Year 1924.	Year 1925.
Water closets	...	689	1,058	1,216
Ash closets	...	9,129	10,489	10,503
Privies	...	1,350	963	937
Pail closets	...	3	5	3

My predecessor has repeatedly called attention in recent annual reports to the desirability of a more rapid conversion to water-carriage from the more primitive types of sanitary conveniences. In no part of the administrative district has a scheme of conversion on a general scale been undertaken. Since March 1914 on a resolution of the district council, no new dwelling-house has been allowed to be built without a water closet where such was possible by presence of a sewerage system. This fact, together with the facts that your sanitary officers have continued to present individual cases to be dealt with under section 36 of the Public Health Act 1875, and have endeavoured wherever possible to persuade property owners to convert from privies to water closets, account for the progress made of recent years in extending the water-carriage system. The following conversions have been effected during recent years :—

		To water closets from ash closets.	To water closets from privies.	To ash closets from privies.
1919	...	1	3	25
1920	...	9	37	—
1921	...	21	77	37
1922	...	—	23	30
1923	...	—	37	32
1924	...	—	40	40
1925	...	4	35	33

Scavenging :—Scavenging is undertaken by the district council in all parts of the district with the following exceptions:—South Bedburn, Bolam, Hamsterley, Lynesack & Softley, Middridge Grange, and Windlestone. In these parishes which are all agricultural, the householders make their own arrangements for refuse disposal. The scavenging and refuse disposal throughout the entire area is strictly supervised by your sanitary inspectors, and during the past year has been performed in a satisfactory manner.

Sanitary inspection of the area :—The system is to inspect all the premises with the exception of isolated houses once a month, with a view to ascertaining that the scavenging is being executed according to contract, and that drains are satisfactory. On these inspections note is taken of any structural defects in house or other premises which has resulted in a nuisance, also of any dirty house or dirty habits of inmates.

The following is a summary of the sanitary inspection done by the sanitary officers during the year.

Summary of Nuisances dwelt with in No. 1 Sub-District (Mr. Jonas Liddle) during the year.

PUBLIC HEALTH ACTS.		Number of Informal written Notices by Inspector.	Number of Formal Notices by order of Authority.	Number of Nuisances abated after Notice.
Dwelling-houses and Schools.	Foul Conditions ...	6	4	9
	Structural Defects	221	77	230
	Overcrowding ...	...	..	...
Lodging houses		..	...	...
Dairies and Milkshops ...		...	...	...
Cowsheds		...	...	...
Bakehouses		...	...	...
Slaughter-houses		..	...	...
Ashpits and Privies ...		...	...	...
Deposits of Refuse and Manure ...		..	34	34
Water-closets		10	3	3
Defective Yard Paving ...		1	1	1
House Drainage	Defective Traps ...	..	...	...
	No Disconnection from Sewers ...	...	...	...
	Other Faults ...	29	25	32
Water Supply		...	..	...
Pigsties		...	...	...
Animals improperly kept ..		...	...	..
Offensive Trades		...	...	...
Smoke Nuisances		...	...	...
Other Nuisances		...	1	1
Totals		267	144	309

WATER, FOOD AND DRUGS.	Number.	Remarks.
Samples of Water taken for Analysis	...	
Samples of Water condemned as unfit for use	...	
Seizures of Unwholesome Food ...	...	
Convictions for exposing or selling Unwholesome Food ...	...	
Samples of Food and Drugs taken for Analysis	...	
Samples of Food found Adulterated	...	
PRECAUTIONS AGAINST INFECTIOUS DISEASE.		
Lots of Infectious Bedding stoved or destroyed	107	
Houses disinfected after Infectious Disease	107	
Schools do. do. ...	2	
Prosecutions for exposure of infected persons or things ...	...	
Convictions for do. do. ...	...	
GENERAL.		
Number of New Houses erected during the year	68	
Number of such Houses occupied during the year	60	
Ashpit-privies converted into Ash-closets	1	
do. do. Water-closets	18	
Additional Water-closets ...	10	
Ash-closets do. do. ...	2	
Total number of Water-closets in District	693	
Do. Ash-closets do. ...	5192	
Do. Ashpit-privies do. ...	553	
Do. Pail-closets do. ..	1	

Summary of Nuisances dealt with in No. 2 Sub-District (Mr. Joseph Dixon Dowson) during the year 1925.

PUBLIC HEALTH ACTS.		Number of Informal written Notices by Inspector.	Number of Formal Notices by order of Authority.	Number of Nuisances abated after Notice.
Dwelling-houses and Schools.	Foul Conditions ...	5	1	6
	Stuctural Defects	296	86	317
	Overcrowding ...	...	...	...
Lodging houses		...	...	...
Dairies and Milkshops ...		...	...	...
Cowsheds		3	...	3
Bakehouses		...	...	...
Slaughter-houses		...	...	...
Ashpits and Privies... ...		27	4	20
Deposits of Refuse and Manure ...		...	43	43
Water-closets		6	...	1
Defective Yard Paving ...		25	14	34
House Drainage	Defective Traps ...	...	...	...
	No Disconnection from Sewers ...	...	...	...
	Other Faults ...	65	4	68
Water Supply		1	...	...
Pigsties		...	...	...
Animals Improperly Kept ...		...	..	...
Offensive Trades		...	...	...
Smoke Nuisances		...	...	...
Other Nuisances		15	1	14
Totals		443	153	506

WATER, FOOD AND DRUGS.	Number.	Remarks.
Samples of Water taken for Analysis	...	
Samples of Water condemned as unfit for use	...	
Seizures of Unwholesome Food ..	...	
Convictions for exposing or selling Unwholesome Food ...	...	
Samples of Food and Drugs taken for Analysis	...	
Samples of Food found Adulterated	...	
PRECAUTIONS AGAINST INFECTIOUS DISEASE.		
Lots of Infectious Bedding stoved or destroyed	40	
Houses disinfected after Infectious Disease	40	
Schools do. do. ...	13	
Prosecutions for exposure of infected persons or things ...	...	
Convictions for do. do. ...	...	
GENERAL.		
Number of New Houses erected during the year	54	
Number of such Houses occupied during the year	54	
Ashpit-privies converted into Ash-closets	32	
Additional Ash-closets ...	1	
Do do. Water-closets	17	
Additional Water-closets ...	3	
Ash-closets do. do. ...	2	
Total number of Water-closets in District	523	
Do. Ash-closets do. ...	5311	
Do. Ashpit-privies do. ...	384	
Do. Pail Closets do. ...	2	

Smoke abatement:—No action has been taken by the Authority during the year with a view to abating smoke nuisances.

Premises and Occupations which can be controlled by Bye-Laws and Regulations:—There are no offensive trades in the district. There are two common lodging-houses in the district both situated in Helmington Row parish; these are visited frequently by your sanitary inspector and medical officer, and have been kept satisfactorily. No houses let in lodgings nor underground sleeping rooms exist in the district.

Schools:—All schools in the rural district have a satisfactory water supply except three country schools at Morley, Hamsterley, and Bolam. With the exception of these three schools and other four small schools all elementary schools in the district are provided with a water-carriage system.

Your medical officer of health did not on any occasion during the year order the closure of a school on account of epidemic disease.

During the year nine schools in the district were closed by order of the County Education department on account of measles.

The following disinfections of schools were undertaken by your sanitary authority during the year:—

10 on account of measles.
5 on account of smallpox.

These disinfections were done on the request of or with the approval of the County Education committee.

HOUSING.

General housing conditions in the area:—The general housing conditions vary greatly in different parts of the area. In many localities they are far from good. Serious industrial depression has been responsible for most of the unsatisfactory conditions. In several colliery districts rows of artisans' cottages have been provided by the colliery companies. Many of these cottages are very old and were built with a disregard for hygiene and sanitation which would not be tolerated in new buildings to-day. Structural alterations and repairs have been effected in these old dwellings from time to time in order to keep them habitable, the patching up of old tiny cottages having proved more attractive than the construction of modern houses to companies, many of which have experienced very considerable depression of recent years. Several pits in the district are idle, and

several others are working spasmodically or part time. It is generally assumed that some of the pits closed recently will never be worked again, and that several others will be worked out soon on account of the exhaustion of the mineral wealth. It is not to be expected that housing schemes will be undertaken in those areas where the main industry is apparently waning. Considerable depopulation in some localities may be anticipated as a result of this industrial depression, and this will in the future relieve some of the present overcrowding.

Fitness of houses :—Apart from the question of size, and the existence of back to back houses, the general standard of fitness is satisfactory. Repairs to houses effected under statutory powers are for the most part minor repairs such as repairs to remedy roofs, rain gutters, floors and ceilings. Your sanitary inspectors endeavour to get such minor repairs effected as soon after their discovery as possible —on the principle that a stitch in time saves time. A summary of the work done on structurally defective houses is given below. There are in the district 411 back to back houses. The eradication of these, much desirable though it be, is a difficult matter on account of the fact that many of the back to back houses exist in the districts where general shortage exists and where also industrial depression is most severe as for example in West Auckland, and Hunwick and Helmington parishes where 175 back to back houses exist. Industrial depression however, cannot be held entirely responsible for the housing conditions in Helmington Row township which contains 109 back to back houses in a total of 1106. In this township at the end of the year there were 87 unfit houses and 109 houses not in all respects reasonably fit. Only 2 houses were built in this township during the year. The house shortage in Helmington Row township, which in turn is responsible for the large number of back to back houses is the worst feature in the district's housing conditions, and in my opinion one that calls for early attention.

Action as regards repairs and structural alterations to houses was invariably taken under the Public Health Acts. Only in the case of houses in respect of which a closing order was made was action taken under the Housing Acts.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year :—

(a) Total (including numbers given separately under) (b) 110.

(b) With State assistance under the Housing Acts :

(1) By local authority 74.

(2) By other bodies or persons 25.

1. Unfit dwelling-houses.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 710.

(2) Number of dwelling-houses which were inspected and recorded under the Housing (inspection of district) Regulations, 1910, or the Housing Consolidated Regulations 1925—519.

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation —2.

(4) Number of dwelling-houses (excluded of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation—517.

2. Remedy of defects without service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers—449.

3. Action under Statutory Powers.

A.—Proceedings under section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices where served requiring repairs—Nil.

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners—Nil.

(b) By Local Authority in default of owners—Nil.

(c) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close—Nil.

B.—Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied (including informal notices)—680.

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners—177. After service of informal notice —483.

(b) By Local Authority in default of owners—Nil.

C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders—2.

(2) Number of dwelling-houses in respect of which Closing Orders were made—2.

(3) Number of dwelling-houses in respect of which Closing Orders were determined, the houses having been rendered fit —Nil.

(4) Number of dwelling-houses in respect of which Demolition Orders were made—1.

(5) Number of dwelling-houses demolished in pursuance of Demolition Orders—1.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply :—There are in the district 228 wholesale and retail purveyors of milk. Many of these are retailers in a very small way, their business as milk purveyors being secondary to other occupation. Owing to the fact that a large number of these small retailers use dairies and cowsheds which are not of a high sanitary standard it was deemed advisable that all retailers however small should be registered, whereby a better control of the small, less satisfactory cowsheds is ensured. Your officials have, during the past year, made a systematic inspection of the district's cowsheds with a view to the elimination of gross sanitary defects such as defective ventilation and lighting, inadequate draining and general uncleanliness. During the year structural alterations were effected in 19 cowsheds. In one case only was it deemed necessary to advise revocation of registration of a purveyor in respect of his unsatisfactory premises. This revocation was duly approved by the Council in November, 1925.

During the year 39 purveyors of milk were registered for the first time. Five of these were registered subject to conditions specified by your Council requiring structural alterations or repairs to premises which are to be effected within a specified time.

It is gratifying to note that during the past few years a considerable number of excellent cowsheds and dairies have been erected in the district, and that an increasing number of purveyors are now acknowledging the advantages of means towards cleanliness in the milk trade.

There is one purveyor in the district who has been licensed to sell designated milk under the Milk (Special Designations) Order, 1923.

Meat :—There are in the district 58 butchers and 48 slaughter-houses. The latter are visited periodically by your officers, on the day of slaughtering as far as possible. Some of the slaughter-houses are badly situated and require careful supervision to prevent recurrent nuisances. There is no public slaughter-houses in the district.

The following are the number of private slaughter-houses in use in the area at the dates mentioned :—

		In 1920.	In Jan., 1925.	In Dec., 1925.
Registered	...	30	33	32
Licensed	...	14	16	16
Total in use	...	44	49	48

Other Foods :—There are in the district 58 butcher's shops, 69 fried fish shops, and five bakehouses. These have been frequently inspected by your officers and during the past year have been considered satisfactory.

INFECTIOUS DISEASES.

Table No. 2 of the Appendix shows the number of cases of various infectious diseases notified as occurring in the rural district of recent years and also the attack rate per 1000 of estimated population and the equivalent attack rates for England and Wales as a whole, and for the aggregate of the rural districts of the North of England.

Scarlet Fever :—In the year 1924 the scarlet fever incidence in the North of England and Midlands was high, and in Durham County exceedingly high owing to big epidemics in certain parts of the County. This rural district happily did not share in the misfortune that befell certain of the neighbouring administrative districts where a scarlet fever incidence of over 8 per 1000 population was recorded in the year 1924. During that year 190 cases of scarlet fever were notified in this district, giving an incidence rate of 2·98 per 1000 population. This year the incidence has been greatly reduced, 92 cases having been notified, a rate of 1·47 per 1000. The last big scarlet fever epidemic in this area occurred in 1919 when an incidence rate of 8·26 per 1000 population was recorded.

The mortality from scarlet fever has this year been 3 cases. During the past five years only 4 deaths in the district have been assigned to scarlet fever. It is the opinion of some authorities that scarlet fever has lost some of its virulence of recent years. I am very reluctant to build a tower of hope on this observation, for I believe

that with scarlet fever as with other zymotics, notably smallpox, an apparent diminution of virulance is no justification for an assumption that the alteration is to be a permancy, and I shall continue to advocate a strict vigil and a fuller adoption of tho preventive and clinical methods with which enterprise and medical research have endowed the community.

It may be opportune to mention here that among the recent contributions to medical science is the Dick test for scarlet fever. This test implies the subcutaneous injection of a small quantity of diluted toxin which causes no discomfort to the person tested. The positive reaction which occurs in early stages of scarlet fever or in persons who are susceptible to the disease shews in the form of a red flushing of the skin a few hours after the injection. While this test has not come into general use, it is very probable that it will play an important part in public health in the near future in combating scarlet fever epidemics. Scarlet fever antitoxin is another recent production of medical research which bids to play an important part in the treatment of scarlet fever cases. Whatever revolution the future may hold, however, with regard to the treatment and prevention of scarlet fever I shall continue meantime to advocate early hospital isolation of cases when possible.

Diptheria—is another zymotic disease of which this district has had more than its proportionate share during recent years, although there has not been an excessively high incidence for many years. Here again one is glad to note that there has been a decline in incidence this year. 53 cases have been notified giving an incidence rate of ·85 per 1000 population (see Appendix Table 2). 47 cases were treated in the 2 fever hospitals of the district during the year.

The mortality attributable to diptheria for the year was 2 cases. The general use of antitoxin has greatly reduced the mortality from this disease.

By means of the Schick test, a test of susceptibility to diptheria similar to the Dick test for scarlet fever, definite successes have been recorded in New York, Edinburgh, etc., etc., in the prevention or spread of this disease. By giving a series of small injections to those who have tested susceptible, an immunity to the disease can be conferred. The test and immunisation, though not generally practised, bids to play an important part in reducing the future incidence of this, one of the most serious of our infectious diseases.

Smallpox :—In June and July a small outbreak of smallpox occurred in part of the rural district. Although neighbouring districts in the County have had smallpox in greater or less incidence ever since, it is a pleasure to record that no case has been notified in this administrative area between the 11th July and the end of the year.

SPECIAL REPORT, SEPTEMBER, 1925.

SMALLPOX OUTBREAK IN AUCKLAND RURAL DISTRICT, JUNE—JULY, 1925.

The outbreak comprised 17 cases of smallpox, 14 in Toft Hill, 2 in Etherley, and 1 in Ramshaw.

The first notification of the outbreak was on the 15th June and the last on the 11th July, 1925.

I am satisfied that the disease was introduced into this area from Middlesbrough on the first week of April, 1925, and that several cases occurred before the disease was recognised as smallpox six weeks later. The assumption of actual smallpox in several missed cases is based on histories of illness given by patients after recovery, and has been greatly strengthened by the unsuccessful results of vaccination and revaccination in these persons.

In each of the 17 cases, direct or indirect relationship to the introduction from Middlesbrough was definitely established.

A notable clinical feature of the outbreak was that the most severe cases occurred at the end of it, and this could not be accounted for by mere difference in individual susceptibility. Persons infected by contact with a very mild smallpox in an unvaccinated patient developed in several instances a relatively severe type of the disease. Apparently the virulence was enhanced by transmission where the acquired immunity factor could be eliminated. This fact may be significant in anticipating the influence of smallpox on the future of the public health, and, I think should be accepted by the public as a warning.

Preventive and combative measures :—These included the tracing and supervision of direct contacts. 82 contacts were discovered, on all of whom a modified quarantine, and where necessary vaccination and revaccination were urged. In no instance was strict quarantine by barracading of dwellings enforced. Contacts were allowed to proceed with their work and were requested not to utilise public conveyances or places of public meetings such as churches, inns, fairs, to receive no visitors in their home and to visit no other house. All known contacts were kept under strict observation for a period of twenty days from their last contact with a smallpox case. Thorough disinfection of all premises where smallpox occurred was performed immediately after removal of the patients to hospital, all surfaces being sprayed with a strong disinfection solution prior to sulphur fumigation. Infected bedding and clothing were removed with patients to be disinfected by steam at the isolation hospital. The following additional measures were adopted by the Sanitary Authority :—

1. Chicken pox was made compulsorily notifiable for a period of six months.

2. A portable shelter on wheels was provided for the sheltering of contacts during the disinfection of infected dwellings.

3. An improvised motor ambulance was provided by erecting a detachable wooden shelter on the frame of one of the Authority's motor lories.

Both the above-mentioned structures were so constructed as to provide for their being thoroughly disinfected after use.

4. Use was made of the local press and of printed circulars to solicit public sympathy in combating the outbreak.

Vaccination :—As I mentioned in my special report to the Council (1st July, 1925) the attitude of several of the contacts to vaccination and revaccination was discouraging.

The outbreak affected an area served by three public vaccinators who among them between the 15th June and 25th July performed 693 primary vaccinations and 560 revaccinations, to this total of 1256 may be added say 250 vaccinations performed by practitioners other than public vaccinators. These figures indicate that roughly about 25% of the populace in the affected area availed themselves of the protection of vaccination. A comparison of the primary vaccination and revaccination figures shows that in the district there had previously been a prevalence of objection to vaccination. From a public health aspect these figures can be regarded only as very unsatisfactory, and

one is constrained to express the opinion that the time is ripe for a tightening of the administration of public vaccination. In this connection it seems but reasonable to expect that magistrates, before they grant an exemption certificate to a so called conscientious objector, should first be satisfied that the objector knows what vaccination means.

Apart from the question of vaccination the attitude of the public towards the outbreak was not always helpful. Judging from the very low attendance at the schools in the affected area there seems to have been very unnecessary panic. The bad attendance at these schools continued despite the facts that the schools were thoroughly disinfected after a scholar was affected and that I openly expressed myself as opposed on medical grounds to school closure.

Fortunately the area affected by the outbreak was not a congested one, but one of the more rural type. Had it been otherwise I have little doubt that a similar public attitude towards the outbreak would have made for a less fortunate issue than has been obtained.

From a general consideration of the foregoing facts I feel justified in regarding the recent outbreak as a public warning.

H. G. DONALD.

In justice to one section of the area affected by the smallpox outbreak it is but fair to mention that in Ramshaw village 100% of discovered contacts submitted to vaccination,—a most gratifying feature which was probably responsible for the limitation of the outbreak to 1 case from that village.

Enteric Fever:—The following table shows the incidence of enteric fever in Auckland rural district and the enteric fever mortality during the past six years.

		No. of Cases.	Rate per 1000 estimated population.	Total Deaths.
1920	...	7	·12	4
1921	...	11	·18	2
1922	...	14	·23	2
1923	...	16	·25	2
1924	...	13	·2	5
1925	...	11	·18	2

The incidence of this disease in your administrative area has been for the past several years conspicuously high.

During the year 11 cases were notified giving an incidence rate of ·18 per 1000 of the estimated population. During the preceding five years there was an average of over 12 cases per annum, an incidence rate of ·2 cases per 1000 of the estimated population. This rate is identical with the rate of incidence for the year 1924, and on comparing it with other enteric incidence rates recorded for that year one finds that it is double the incidence rate recorded for the aggregate of Durham County rural districts, two and a half times as great as that of the County, and twice as great as that of England and Wales.

My predecessor in his annual reports of recent years has repeatedly noted this high incidence of enteric fever and has indicated that in his opinion the prevalence of the old conservancy system of refuse disposal is largely to blame. I fully concur with that opinion. While vigilance and prophylactic serumtheraphy effect much in the prevention of spread of the disease, the existence of privy middens and ash-closets will remain a most formidable obstacle in the way of eradication of typhoid fever so long at least as the Typhoid "carrier" cannot be "cured" or be treated as to be rendered innocuous to his fellows.

Various theories have been propounded in the past as to the chief factors in the spread of enteric fever, and water, milk, soil have each been instanced as the chief factors. There is no doubt that water polluted by excrement of typhoid patients or carriers was an important factor in the past. There is nothing to suggest that the infection has been water-borne in any local outbreak of recent years. The carrier question, however is as acute as ever, and I am strongly of opinion that food infected by typhoid carriers is to-day the commonest source of infection. Investigations of the cases which occurred in this area during 1925 have strengthened this opinion.

The 11 cases which occurred in the areas during the year were distributed as follows:—6 cases at Woodland, with a common source of infection outside the area. The patient who introduced the infection to that district was treated in hospital and the month after her discharge all members of the same household were affected. It was then found that the original patient was a carrier of paratyhoid B. 4 cases occurred at Coundon, 3 of which cases occurred synchronously in one street; here too a common source of infection in a female carrier, the sister of the first patient, was suspected, but bacteriological examination failed to confirm the suspicion. 1 case occurred at High Grange, where investigation failed to reveal the source of infection. 2 of the cases ended fatally.

For the preceding five years the district's average typhoid mortality has been three per annum.

It is worthy of note that all cases of typhoid fever notified in the district during the year were found to occur in families where the conservancy system of refuse disposal was in use. In view of the above observations on the typhoid "carriers," it will be obvious that such a conservancy system greatly increases the chance of spasmodic outbreaks of typhoid fever. On this account I respectfully urge your attention as a committee to an extension of the water carriage system wherever possible. I commend also for your consideration a bacteriological examination of the stools of each typhoid patient before his discharge from hospital, the result of which examination should be sent to your M.O.H. While it is true that such an examination might fail to reveal a "typhoid carrier" owing to the intermittency of the "carriage," I feel sure that the establishment of such a routine as above indicated would prove advantageous.

Measles and Whooping Cough—have been very prevalent in the district during the year and the former disease was alarmingly epidemic during the spring. Neither disease is notifiable, and accordingly no incidence statistics are available. Measles and whooping cough were the causes of 24 and 8 deaths respectively. All these deaths were of children under five years. The mortality and morbidity from these two diseases are matters of the gravest importance in public health, and matters on which unfortunately past administrative efforts have not proved effectual.

Measles was made compulsorarily notifiable in England and Wales in 1915. So apparently futile, however, was this notification in its effect on prevention of spread and lowering of mortality of the disease, that the Ministry discontinued it after 1919. The prolonged incubation period, the great tendency to serious complications, the high mortality among infant victims, the failure of compulsory notification and of hospital isolation to prevent the spread are factors which combine to form the present barrier against public health administration as far as this disease is concerned.

Here again one feels justified in basing a hope for the future on serum-therapy. A short lived immunity to the disease can be conferred by the injection of serum taken from patients convalescent of the disease. Since the mortality from measles occurs almost exclusively in children under five years, it will be readily appreciated that the innoculation of infants in a household exposed to infection would prove valuable in reducing the incidence and the mortality. This prophylactic measure has not yet been widely practiced and it would appear that, if we are to derive benefit from it in the future, at least

three preliminary requirements are involved—(a) a compulsory notification of at least first cases in a household, (b) an available service for the administration of the prophylactic serum, (c) an enlightenment of the public in matters pertaining to preventive medicine.

In a previous part of this report I have referred to the matter of home nursing of measles patients. From my remarks there I do not wish to imply that I regard home nursing schemes as useless. There is no doubt that much of the mortality from measles is due to lack of efficient nursing. While a scheme of home nursing may be and often is practicable and beneficial in the case of Borough and larger Urban Authorities, economic considerations and the wide distribution of the cases are serious obstacles to the practicability of such a scheme for a rural district such as this.

Special services in connection with infectious disease :—

Arrangements have been made for the examination of pathological and bacteriological specimens at the bacteriological department of the College of Medicine, Newcastle-on-Tyne. Frequent use has been made of these facilities during the past year mainly for examination of throat swabs for diphtheria and of fæces samples from suspected typhoid carriers.

Diphtheria swab outfits, fæces containers and blood phials are issued on request to practitioners in the district, as also are supplies of anti-diphtheritic serum, and anti-typhoid vaccine. Typhoid innoculation with mixed typhoid and paratyphoid vaccine is performed by your medical officer in all enteric contacts who will submit to the treatment. Disinfection of houses from which a case of infectious disease is notified is performed as soon as possible after removal of the case to hospital, generally within twenty-four hours of removal of the patient. Where the patient has not been removed to an isolation hospital the infected house is disinfected when the patient has recovered.

Table V of the Appendix shows the incidence of various notifiable diseases during 1925, the number of cases admitted to hospital and the total deaths from each disease.

Tuberculosis :—Table VI of the Appendix shows the numbers of new cases of tuberculosis notified during 1925 and the tuberculosis mortality for the year.

During the year no occasion was discovered for action under the Public Health (Prevention of Tuberculosis) Regulations 1925 in respect of tuberculosis employees in the milk trade, as during the year none of the tuberculosis patients notified was so employed. No action under Section 62 of the Public Health Act 1925 was taken by the Council in respect of compulsory removal to hospital of tuberculosis patients.

MATERNITY AND CHILD WELFARE.

As already stated the County Council is supervising authority under the Midwives Acts. The County Council also conducts the scheme of maternity and child welfare as applicable to this district.

During recent years the number of certified midwives practicing in the district has been increased. The maternity and child welfare centre at Bishop Auckland is well patronised as also is the County maternity home. It is understood that the County Authority propose to institute two additional maternity and child welfare centres in this rural district, and it is to be expected that this extension of the County scheme will have the effect of further reducing the district's infant mortality. Table IV of the Appendix shows the causes of death at various age periods of children under one year.

3 cases of puerperal fever and 2 deaths therefrom were notified during the year. There were 6 notifications of ophthalmia neonatorum all of which were treated at home without resulting blindness, and without fatality.

I have the honour to be,

Gentlemen,

Your obedient servant,

H. G. DONALD.

Appendix.

TABLE 1.

Vital Statistics of Whole District during 1925 and previous years.

Year.	Population estimated to middle of each year.	Births.			Total deaths registered in the District.		Transferable Deaths		Net deaths belonging to the District			
		Un-correc'd Number	Net.						Under 1 yr. of age.		At all ages.	
			Number	Rate.	Number	Rate	of Non-residents registered in the district	of residents not registered in the district	Number	Rate per 1000 net births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1921	60,158	1,857	1,857	29·7	851	13·6			215	115	851	13·6
1922	61,362	1,626	1,626	25·9	750	11·9	16	62	168	103	796	12·6
1923	62,880	1,451	1,451	23·2	719	11·5	18	67	132	90	768	12·3
1924	62,700	1,457	1,457	23·24	709	11·3	26	78	134	91·9	761	12·1
1925	62,450	1,433	1,433	22·94	669	10·7	10	72	122	85·1	731	11·7

TABLE II.

Showing the number of cases of infectious diseases notified and attack rate per 1000 of population.

YEAR.	SMALL POX		SCARLET FEVER		DIPTHERIA		ENTERIC FEVER		PUERPERAL FEVER		ERYSIPELAS	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
AUCKLAND RURAL DISTRICT.												
1925	17	·27	92	1·47	53	·85	11	·18	3	·05	19	·3
1924	1	·02	190	2·98	69	1·08	13	·2	1	·02	22	·35
ENGLAND AND WALES.												
1924				2.16		1·07		·11		·06		
NORTH OF ENGLAND RURAL DISTRICTS.												
1924				2·56		·6		·12		·03		·32

TABLE III.

Causes of, and Ages at Death during 1925.

	CAUSES OF DEATH.	All Ages	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 years and upwards
1	Enteric Fever	2	...	...	...	...	1	...	1	...	...
2	Small-pox	...	...	...	...	..	...	...	...	...	...
3	Measles	24	3	17	4	...	..	...	...	...	...
4	Scarlet Fever	3	...	..	2	...	1	..	..	...	...
5	Whooping Cough ...	8	1	5	2	...	...	...	...	...	...
6	Diptheria	2	...	..	1	1	..	..	...	..	...
7	Influenza	21	...	...	2	5	3	2	3	3	3
8	Encephalitis Lethargica ..	3	...	1	...	1	...	...	1	...	...
9	Meningococcal Meningitis ...	1	...	..	1	...	...	...	...	...	..
10	Tuberculosis of Respiratory System ...	28	...	...	...	2	9	11	6	...	..
11	Other Tuberculous Diseases ...	13	...	2	2	4	...	3	2	...	...
12	Cancer, malignant disease ..	52	...	...	...	...	1	6	17	21	7
13	Rheumatic Fever ...	8	...	...	...	2	1	..	1	3	1
14	Diabetes	8	...	...	..	...	1	2	5	...	...
15	Cerebral Hæmorrhage, etc. ...	44	...	...	...	...	..	...	16	20	8
16	Heart Disease	63	...	...	...	4	4	5	21	19	10
17	Arterio-sclerosis ...	17	..	..	..	..	...	..	3	7	7
18	Bronchitis	65	21	5	2	1	3	3	9	12	9
19	Pneumonia (all forms) ...	47	13	13	4	3	..	1	5	7	1
20	Other Respiratory Diseases ...	3	...	...	1	...	...	1	...	1	...
21	Ulcer of Stomach or Duodenum ..	10	...	...	...	...	...	2	6	1	1
22	Diarrhœa, etc.	19	11	1	...	3	...	3	...	...	1
23	Appendicitis and Typhlitis ...	...	...	..	...	...	..	..	...	...	...
24	Cirrhosis of Liver ...	7	1	...	...	...	...	1	1	3	1
25	Acute and Chronic Nephritis	8	...	...	..	2	...	2	3	1	...
26	Puerperal Sepsis ...	2	...	...	..	...	...	2	...	...	...
27	Other Accidents and Diseases of Pregnancy and Parturition	6	...	...	...	...	...	5	1	...	...
28	Congenital Debility and Malformation, Premature Birth	75	70	3	1	1	...	...	...	..	...
29	Suicide	7	...	..	...	...	1	2	2	1	1
30	Other Deaths from Violence	11	...	...	2	1	4	1	3	...	...
31	Other defined diseases ...	88	2	1	...	1	2	7	7	25	43
32	Causes ill-defined or unknown	13	...	1	1	...	1	2	5	3	...
	ALL CAUSES	659	122	49	25	31	32	61	118	128	93

TABLE IV.—INFANT MORTALITY.

Showing causes of death at different age periods of children under one year. 1925.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 wks.	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total deaths under one Year
Small-Pox ...	...	...	...	...	..	...	...	..	...	...
Chicken-Pox ..	.	..	..	..	...	...	..	...	...	..
Measles ...	...	..	..	..	...	...	...	2	1	3
Scarlet Fever ...	...	..	..	...	...	..	...	...	..	..
Whooping Cough	...	...	..	...	...	...	...	1	...	1
Diptheria and Croup	...	...	...	...	...	...	...	...	..	...
Erysipelas ...	...	...	...	..	...	...	...	...	..	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	..	...
Abdominal Tuberculosis	...	...	...	...	...	..	..	..	...	...
Other Tuberculous Diseases	...	..	...	...	...	...	...	...	..	..
Meningitis (not Tuberculous)	...	...	...	...	..	...	...	...	...	...
Convulsions	2	..	...	..	2	...	2	...	...	4
Laryngitis ...	...	...	...	...	...	...	.	...	...	...
Bronchitis ...	1	1	..	2	4	5	2	4	6	21
Pneumonia (All Forms)	...	...	...	...	...	2	1	4	6	12
Diarrhœa ...	..	..	...	...	...	...	...	...	...	..
Enteritis ...	1	..	...	...	1	3	6	...	...	10
Gastritis ..	..	..	..	1	1	...	..	..	...	1
Syphilis ..	..	...	...	...	...	...	...	...	...	...
Rickets ...	..	...	...	...	...	...	...	...	1	1
Suffocation, overlying	...	...	...	...	...	...	..	...	...	...
Injury at Birth	..	...	...	..	...	..	...	...	...	..
Atelectasis ...	5	...	...	...	5	...	...	...	...	5
Congenital Malformations	...	..	1	..	1	...	...	...	...	1
Premature Birth	17	2	5	1	25	3	...	...	..	28
Atrophy, Debility and Marasmus	16	1	..	3	20	2	...	4	...	26
Other Causes ..	2	...	1	...	3	1	1	...	3	8
Grand Totals ..	44	4	7	7	62	16	12	15	17	122

TABLE V NOTIFIABLE DISEASES

Showing the incidence of Notifiable Diseases during the year 1925, the cases treated in hospital, and the total deaths from such diseases.

Disease	Total Cases Notified	Cases admitted to Hospital	Total Deaths
Small-pox	17	17	...
Scarlet Fever	92	82	3
Diptheria	53	47	2
Enteric Fever (including Paratyphoid) ...	11	10	2
Puerperal Fever	3	1	2
Pneumonia	4	...	47
Encephalitis Lethargica	7	4	3
Ophthalmia Neonatorum	6	..	...
Erysipelas	19	...	...

TABLE VI TUBERCULOSIS

Showing the number of New Cases and of Deaths from Tuberculosis occurring during the area during 1925.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0	...	...	...	...	...	...	...	...
1	...	...	...	2	...	...	1	3
5	2	1	5	3	...	..	1	...
10	3	1	5	2	...	2	2	1
15	6	3	2	1	3	2	1	...
20	3	2	...	...	1	3	...	...
25	5	8	...	1	3	3	1	...
35	1	2	2	1	2	3	...	1
45	4	2	1	2	2	1	2	...
55	3	...	...	...	2	1	...	...
65 and upwards	...	...	...	...	...	...	...	...
Totals ...	27	19	15	12	13	15	8	5