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ANNUAL REPORTS

ON THE

HEALTH

OF THE

COUNTY BOROUGH OF DARLINGTON,

FOR THE YEAR 1930.

DARLINGTON:

ECHO PRINTING WORKS, FREEMAN'S PLACE,

—
1931:

County Borough of Darlington.



Annual Reports

UPON THE

HEALTH OF DARLINGTON,

For the Year, 1930.

G. A. DAWSON, M.D., D.P.H.,

Medical Officer of Health,

Medical Superintendent of the Borough Isolation Hospitals,

School Medical Officer,

Medical Certifier under M.D. Acts.

1931.

HEALTH COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor T. E. HUDSON.
Alderman A. J. BEST.	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor M. GALLAGHER.	Councillor J. TODD.
Councillor PEARSON HARRISON.	Councillor A. TREES.
	Councillor J. WATERS.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor J. W. RICHARDSON.
Alderman A. J. BEST.	Councillor A. TREES.
Councillor H. P. BELL, J.P.	Councillor J. WATERS.
Councillor PEARSON HARRISON.	Mrs. L. L. LEACH.
Councillor T. E. HUDSON.	Mrs. M. A. FLEETHAM.
Councillor B. JACKSON.	Mrs. M. SUTHERING.
	Miss L. TRINHAM.

MATERNITY (Special Cases) SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Alderman A. J. BEST.
	Councillor H. P. BELL, J.P.

HOSPITAL VISITING ROTA SUB-COMMITTEES.

November, December, January, May, June, July.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor T. E. HUDSON.
Alderman A. J. BEST.	Councillor J. TODD.
Councillor M. GALLAGHER.	Councillor J. WATERS.

February, March, April, August, September, October.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor PEARSON HARRISON.	Councillor A. TREES.

HOUSING ACT SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor A. TREES.
	Councillor J. WATERS.

TUBERCULOSIS SUB-COMMITTEE.

Alderman Dr. D. L. FISHER, D.S.O., J.P. (<i>Chairman</i>).	Councillor T. E. HUDSON.
Alderman A. J. BEST.	Councillor J. WATERS.

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COUNTY BOROUGH OF DARLINGTON.

HEALTH OFFICE,

FEETHAMS,

DARLINGTON.

*To the Chairman and Members of the
Health Committee.*

GENTLEMEN,

I have the honour to submit my Annual Report for the year ending 31st December, 1930.

The year has been associated with grave economic national conditions of poor trade and unemployment, hitting particularly severely the heavy industries of the North East. Darlington has at the moment almost 4,000 unemployed persons on its register. On April 1st the Local Government Act took effect in abolishing the Poor Law Guardians and transferring their work to the Council; while in October, the County Borough was extended to include an additional area of 1,849 acres, with a population of about 2,500, mainly in Haughton-le-Skerne and Drinkfield, and important additional powers were obtained.

Compared with our neighbours, the birth-rate and death-rate have maintained their lower figures, as in past years, but it is regrettable that the maternal mortality is the worst on record, seeing that these deaths can be in a great measure prevented by adequate ante-natal care and simple early treatment of abnormalities. The outbreak of a very severe form of measles in the first half of the year accounted for over 1,270 notifications and 27 deaths, mainly in children under five years of age. The death roll would have been much heavier but for notification and home nursing arrangements.

Privy conversions have now been carried out in more than half of the task, leaving about 3,000 still to complete. The housing programme under the 1930 Act is receiving very sympathetic attention with a genuine desire to relieve the gross overcrowding in our worst property, and ensure a healthier Darlington in future. As anticipated in my last Report the new swimming bath is in course of erection, while the public slaughter house will shortly be in operation.

I wish to take this opportunity to express my sincere gratitude to the officials in other departments, and to my colleagues of the Health Staff, who have worked so loyally during the year to produce this Report.

I have the honour to be,

Your obedient Servant,

GEORGE A. DAWSON.

May, 1931.

SECTION I.

STAFF.

GEORGE A. DAWSON, M.D., D.P.H., Medical Officer of Health,
&c.

ANDREW McFARLANE, M.D., M.R.C.P., D.P.H. (from
January, 1930), Deputy Medical Officer of Health, Venereal
Diseases Medical Officer, Assistant School Medical Officer.

ISOBEL C. BROWN, M.B., D.P.H., Assistant School Medical
Officer.

JOHN CURRIE, D.S.O., M.R.C.S., L.R.C.P., District Medical
Officer, Medical Officer Municipal Hospital; Public
Vaccinator.

CONSTANCE C. ROBERTSON, M.B., B.S. (part-time), Maternity
and Child Welfare Officer, Inspector of Midwives.

THOS. L. WORMALD, M.D., D.P.H. (part-time), Deputy
Medical Officer, Municipal Hospital; Obstetrician, General
Hospital.

A. T. PATERSON, M.D., F.R.C.S. (Ed.), D.P.H. (part-time),
School Oculist.

J. L. LIDDELL, L.D.S., School and Maternity and Child Welfare
Dental Officer.

C. G. HILL, M.R.C.V.S (part-time), Veterinary Surgeon, Milk
and Dairies Orders.

C. J. H. STOCK, B.Sc., F.I.C. (part-time), Public Analyst.

SANITARY INSPECTORS:—

A. E. WADE, C.R.San.I., Senior Sanitary Inspector,
Certificated Meat Inspector; Inspector, Food and Drugs
Acts, Common Lodging Houses, Shops Acts, Rag Flock
Milk and Dairies, Fertilisers and Feeding Stuffs, Farm
Produce and Marks Acts, Rat Officer.

G. LATIMER, C.R.San.I., M.I.

G. H. WATMOUGH, C.R.San.I., M.I.

F. WARD, C.R.San.I.

G. PENN, C.R.San.I.

HEALTH VISITORS:—

Miss K. BISHOP, C.M.B., C.R.San.I. (H.V., S.I., S.N.)

Miss L. G. R. CRAWFORD, C.M.B., S.R.N. (terminated duties 31st August).

Miss J. L. BAILEY, C.M.B., S.R.N. (Fever and General), C.R.San.I. (new H.V.).

Miss A. M. McILWAINE, C.M.B., S.R.N. (commenced duties 15th October, 1930).

Miss E. H. FLEETHAM, C.M.B., S.R.N., C.R.San.I. (new H.V.), Student.

Clerical and Office Staff.—E. C. STAINSBY, Miss F. E. GIBBON, Miss E. STEPHENSON, I. BURNLEY.

Vaccination Officer, Registrar of Births, &c.—J. TOMLIN.

Veneral Diseases Orderly.—T. LITTON.

Disinfector (part-time).—R. JOHNSON.

Rat Catcher (part-time).—R. BURNSIDE.

M. and C.W. Home Helps.—Miss A. BROCKHILL, also Rota of Part-time Temporary Home Helps.

Matron, Infectious Diseases and Smallpox Hospitals.—Miss FLORA KINNEAR, S.R.N. (General and Fever).

Superintendent Nurse, Municipal Hospital.—Miss A. MORAN, S.R.N., C.M.B.

Mental Welfare Supervisor, &c.—Miss HOLMES, B.Litt.

Infant Protection Visitor.—Miss V. I. SMILES (part-time).

SECTION II.

GENERAL FEATURES AND STATISTICS.

The County Borough of Darlington is situated on low-lying land in the valley of the Skerne, a tributary of the Tees. The subsoil consists of beds of glacial clay with veins of sand and magnesian limestone. The height above sea level ranges from 120 to 240 feet so that its situation is somewhat like that of the centre of a saucer on account of the hills on all sides. By reason of this protected position, the climate is mild and somewhat relaxing, conducing to a profusion of vegetation, some of it tropical in nature, to be found in the public parks of which there is ample provision to the extent of 200 acres.

While it is the natural centre of the neighbouring agricultural districts of Durham and the North Riding with an excellent market once a week its inhabitants are principally occupied in trades connected with railway and engineering work of world-wide repute, with old established wool spinning and more recently the chemical industry at Billingham and Cockerton.

Area of the Borough.—4,614 acres; after 1st October, 6,463 acres.

Population. —1921 Census	...	...	...	65,842
Estimated, mid-year 1930	...	...	...	72,380
„ at 1st October, 1930 (after extension)				74,150

Census Statistics, 1921—

Average Rooms per Dwelling	...	...	4.41
Families per Dwelling	...	...	1.06
Persons per Family	...	...	4.39
Rooms per Person	...	...	0.94
Number of Private Families	...	...	14,483
Structurally separate Dwellings occupied	...	...	13,634
Population living more than 2 persons to one Room	...	...	10,912
Number of Families sharing a separate Dwelling	...	...	849

This latter figure represents 5.8 per cent. of the total families and compares with 10 per cent. for England and Wales as a whole.

Number of Inhabited Houses.—On the 1st April, 1931, the Rate Books showed Assessments as follows:—

Self-contained Dwelling-houses	...	...	16,985	
Dwelling-houses and Shops combined	...	...	716	
Tenements	...	...	489	
				18,190
Lock-up Shops	...	...	...	496
Hotels, Public Houses and Clubs	...	...	...	88
Schools, Institutes and Halls	...	...	...	68
Offices	...	...	...	201
Warehouses, Stables, Garages and Workshops	...	...	...	674
Parcels of Agricultural Land and Allotments	...	...	...	167
Miscellaneous	...	...	...	337
Total	...	...	...	20,221

General Rate—

Darlington (old area)	...	...	...	10/8 in the £
Haughton	...	...	...	12/- „
Blackwell	...	...	...	11/1 „
Whessoe	...	...	...	11/8 „

Rateable Value.—£450,503.

Sum Represented by a Penny Rate—

General Rate.—£1,780.

VITAL STATISTICS FOR THE YEAR 1930.

		Registered.	Inward Transfers.	Outward Transfers.	Net Figures. Totals.	
Births.						
Leg. and Illeg.						
M.	...	658	12	49	621	} 1,217
F.	...	612	14	30	596	
Illeg.						
M.	...	34	6	9	31	} 65
F.	...	31	5	2	34	
Stillbirths.						
Leg. and Illeg.						
M.	...	25	—	5	20	} 46
F.	...	28	—	2	26	
Illeg.						
M.	...	—	—	—	—	} 2
F.	...	2	—	—	2	

Deaths.

	M.	...	454	24	54	424	} 833
	F.	...	429	11	31	409	
			Total.	M.	F.		
Live Births	{	Legitimate	...	1,152	590	562	} Birth Rate, 16·8
		Illegitimate	...	65	31	34	
			Total.	M.	F.		
Still-Births	...	46	20	26	Rate per 1,000 total births, 37·8.		
Deaths	...	833	424	409	Death Rate, 11·5.		
Percentage of total deaths occurring in Public Institutions, 33%.							
Number of women dying in, or in consequence of, child-birth:—							
	From sepsis	...	...	...	...	3	
	From other causes	...	...	...	...	14	
Death rate of Infants under one year of age per 1,000 live births:—							
	Legitimate	...	...	...	...	73	
	Illegitimate	...	...	...	...	123	
	Total	...	...	...	...	76	
Deaths from	Measles (all ages)	...	...	...	...	27	
„	Whooping Cough (all ages)	...	...	...	...	0	
„	Diarrhoea (under 2 years of age)	...	...	...	...	2	

Compared with other towns in the North East of England, Darlington figures for birth-rate and death-rate have been consistently low. There is no disease worthy of particular comment as causing sickness or ^{or} validity.

Comparative Table of Vital Statistics, 1920-1930.

		Birth-Rate.		Death-Rate.		Infant Mortality.	
Year.	Estimated Population.	Darlington.	England & Wales.	Darlington.	England & Wales.	Darlington.	England & Wales.
1920	66,610	25·8	25·4	12·4	12·4	92	80
1921	66,400	23·9	22·4	12·3	12·1	98	83
1922	66,710	22·6	20·6	14·1	12·9	98	77
1923	67,390	21·5	19·7	11·9	11·6	67	69
1924	68,690	20·2	18·8	12·7	12·2	94	75
1925	69,130	18·6	18·3	12·7	12·2	106	75
1926	70,700	17·9	17·8	11·9	11·6	91	70
1927	71,430	16·1	16·7	11·6	12·3	67	69
1928	71,560	15·9	16·7	10·4	11·7	59	65
1929	71,790	16·8	16·3	13·1	13·4	81	74
1930	72,380	16·8	16·3	11·5	11·4	76	60

DISEASES OF THE HEART AND BLOOD VESSELS.

This group of diseases holds first place in the list. Including the deaths attributed to cerebral hæmorrhage, which is so closely allied, we have to record the formidable total of 218, about one-fourth of the mortality from all causes. It must be understood, however, that a man is as old as his arteries, and that this classification is a label designating the worn-out units no longer fit to stand the strain of life.

CANCER.

The study of Cancer has led to the establishment in several parts of the country of Cancer Research Committees. Leeds, Manchester, County Durham, Newcastle and neighbouring towns have these Committees already in operation disseminating knowledge of the early signs of the dread disease and exhorting early consultation.

The mortality in Darlington is 1·08 per 1,000 population, comparing favourably with England and Wales. At the end of the Report a table is appended showing the organs and the age groups most affected. The variation during the past ten years is shown in the following table:—

		Deaths in Darlington.	Death Rate per 1,000 population.	England & Wales Death Rate.
1921	...	60	0·90	1·21
1922	...	67	1·00	1·22
1923	...	65	0·96	1·26
1924	...	60	0·87	1·29
1925	...	72	1·04	1·34
1926	...	81	1·05	1·36
1927	...	96	1·34	1·38
1928	...	77	1·07	1·43
1929	...	83	1·16	1·40
1930	...	78	1·08	...Not yet known

CORONER'S INQUESTS.

Thirty-three Inquests were held in the Borough and 11 outside the Borough in connection with deaths assignable to Darlington, a proportion of 5·3 per cent. of the total deaths. There were also 11 inquests held in Darlington in the case of transferable deaths.

UNCERTIFIED DEATHS.

During 1930 there were 34 deaths, the causes of which were not certified by medical practitioners or the coroner, equivalent to 4·1 per cent. of the total deaths. Four of these were of children under one year of age.

ACCIDENTS AND VIOLENT DEATHS.

Thirty-six deaths, 9 due to suicide, 13 to street accidents and 14 others, show no serious increase over last year.

DEATHS IN INSTITUTIONS.

	Darlington. Residents.	Others.	Total.
Feetham Poor Law Institution (Municipal Hospital)	81	11	92
General Hospital	102	52	154
Borough Isolation Hospitals	11	3	14
Nursing Homes	13	10	23
Total in Darlington Institutions	207	76	283
Deaths in other Institutions, (Mental Hospitals, etc.) ...			25
Grand Total		...	308
Percentage of total Deaths	...	...	33%

SECTION III.

SOCIAL CONDITIONS.

Poor Law Relief, Unemployment and National Health Insurance.—Much useful information regarding social and economic conditions having a bearing on the health of the town is furnished in data kindly supplied by the Public Assistance Officer, the Manager of the Employment Exchange, and the Clerk to the National Health Insurance Committee.

Poor Law Relief.—The number of persons in receipt of relief on 1st January for each of the past ten years was as follows:—

	Institutions.			Outdoor Relief.		
	Poor Law.	Asylums.	Total.	Widows, Sick and Disabled etc.	Unemployed.	Total.
1922	273	94	367	396	192	588
1923	299	104	403	570	1,538	2,108
1924	316	119	435	709	1,793	2,502
1925	305	124	429	706	668	1,374
1926	318	128	446	752	966	1,718
1927	327	131	458	679	1,205	1,884
1928	322	132	454	487	1,175	1,662
1929	293	140	433	522	876	1,398
1930	277	133	410	521	731	1,252
1931	256	—	256	493	125	618

The number of inmates in Mental Hospitals chargeable to Darlington was 122. These cases are no longer deemed to be under the Poor Law.

Unemployment.—The number of unemployed persons on the Live Register of the Exchange at the end of the year was:—Men, 3,358 ; women, 406, compared with men, 2,658 ; women, 244, at the end of 1929. The average number of unemployed has been 2,948, compared with 2,344 for 1929.

SECTION IV.

GENERAL PROVISION OF HEALTH SERVICES.**Professional Nursing in the Home.**

- (a) The Queen's Nurses' Association employ 11 Nurses, and receive a grant from the Council for home nursing of all cases approved by the M.O.H.
- (b) Midwives 29.—Private midwives are not subsidised.
- | | | | | | |
|--|-----|-----|-----|-----|----|
| Private practice | ... | ... | ... | ... | 15 |
| Darlington Queen's Nurses' Association | | | | | 6 |
| Darlington General Hospital | ... | ... | ... | | 2 |
| Municipal Hospital | ... | ... | ... | | 6 |

Darlington Queen's Nurses' Association.—Home nursing provided by the Queen's Nurses' Association, who are supported by voluntary subscriptions and by contributions from the Durham County Council and County Borough Council and Friendly Societies. By agreement with the Borough Council they undertake the home nursing of expectant mothers, maternity cases, cases of Puerperal infection, Measles, Whooping Cough, Epidemic Diarrhoea and Ophthalmia Neonatorum, at a retaining fee of £11 plus 1s. 4d. a visit, with a minimum total of £30 per annum.

In September, 1920, the Council agreed in connection with their joint scheme with the Durham County Council for the treatment of Tuberculosis, to pay the sum of tenpence per visit for tuberculous cases with open wounds nursed at home at the request of the Tuberculosis Medical Officer.

Midwifery cases are undertaken, but only at the expense of the Local Authority in so far as complications lead to additional attendances.

LIST OF MIDWIVES PRACTISING IN THE COUNTY BOROUGH OF DARLINGTON.

on ll.	Date of Enrolment.	Name.	Address.
30	25 February, 1928	Clift, Hannah ...	... Municipal Hospital.
34	24 May, 1930 ...	Danby, Eva ...	Queen's Nurses' Association, Woodland Road.
17	10 October, 1925...	Dent, Helen ...	Queen's Nurses' Association, Woodland Road.
36	25 February, 1928	Dunn, Annette ...	Queen's Nurses' Association, Woodland Road.
28	22 February, 1916	Gait, Sarah Ann ...	12, Thornton Street.
55	27 April, 1905 ...	Geall, Florence Annie Adelaide	The Green, Cockerton.
53	12 December, 1925	Goodfellow, Violet Jane	32, Leyburn Road.
21	25 February, 1928	Gillin, Lillie ...	Municipal Hospital.
44	11 October, 1921...	Hancock, Ellen ...	29, Stanley Terrace.
35	11 August, 1917 ...	Hoskins, Sarah ...	12, Hammer Street.
22	13 December, 1922	Jenkin, Jane ...	40, Willow Road.
22	10 June, 1922 ...	Johnson, Bertha ...	Municipal Hospital.
48	24 May, 1930 ...	Judge, Mary ...	General Hospital.
55	11th June, 1923 ...	Kirby, Ethel Mary ...	116, Neasham Road.
30	November, 1928 ...	Lafferty, Greta ...	Queen's Nurses' Association, Woodland Road.
39	27 April, 1905 ...	Lunn, Tamar ...	21, Aldam Street.
01	—	Marshall, Elizabeth ...	1, Bates' Avenue.
48	15 August, 1925 ...	Moran, Annie ...	Municipal Hospital.
46	11 October, 1924...	O'Donnell, Ann ...	Queen's Nurses' Association, Woodland Road.
35	11 October, 1924...	Redhead, Isabel ...	295, North Road.
31	10 December, 1924	Rowell, Eva Trevor ...	Sister-in-Charge, Maternity Ward, General Hospital.
31	14 June, 1924 ...	Slater, Ellen ...	13, Hopetown Lane.
17	12 May, 1920 ...	Scott, Mary ...	74, Park Lane.
49	9 February, 1925...	Smith, Annie ...	87, Gurney Street.
02	23 March, 1905 ...	Trinham, Louisa ...	Superintendent, Queen's Nurses' Association, Woodland Road.
1	13 June, 1925 ...	Walker, Amy ...	Municipal Hospital.
7	24 November, 1927	Walker, Jeannie ...	Municipal Hospital.
6	19 February, 1925	Watson, Ellen ...	22, Four Riggs.

National Health Insurance.—The total number of insured persons in the Borough was 27,569, of whom 26,479 are already on Doctor's lists. The number of prescriptions issued was 84,628, and the total cost of drugs and appliances, £3,321 3s. 7d.

This is administered by a Local Committee, on which the Local Authority has two representatives.

Poor Law Medical Out-relief.—Dr. J. Currie, D.S.O., is full-time District M.O., as well as Public Vaccinator and Institution Medical Officer for the town. There is no part-time practitioner service, except the Deputy M.O., Dr. Wormald. No change has taken place since the transfer on the 1st April, 1930.

SECTION V.

LABORATORY FACILITIES.

Examination and analysis of clinical material are carried out mainly at the Armstrong College Laboratories, Newcastle-upon-Tyne; Venereal disease bacteriology at our own clinic; and chemical analysis of water, milk and food stuffs by Mr. Cyril J. H. Stock, B.Sc., F.I.C., Borough Analyst, Darlington.

Armstrong College.

			Specimens.	Positive.	Negative.
Tuberculosis	...	...	250	67	183
Diphtheria	...	...	198	43	155
Enteric Fever	...	...	13	4	9
Wassermann Tests	...	...	365	—	—
Fixation Tests	...	...	34	—	—

Venereal Diseases Clinic.—See special Report in Appendix.

ANNUAL REPORT OF BOROUGH ANALYST is included under the inspection of food.

SECTION VI.

LEGISLATION INTRODUCED DURING 1930.

Many new Enactments and Regulations were issued during the year affecting the Health Department, and it has proved quite a task keeping the practical work up to date with the legislation.

Local Government Act, 1929.

Darlington Corporation Act, 1930.

Mental Treatment Act, 1930.

Housing Act, 1930.

Vaccination Order, 1930.

Public Assistance Order, 1930.

Ministry of Health.—Memorandum (Transfer of Infant protection work under Local Government Act 1929), 1929.

Public Health (Tuberculosis) Regulations, 1930.

Ministry of Health.—Memorandum (Psittacosis), 1930.

Adoptive Acts, etc.—The following Acts have been adopted in the Borough:—

Baths and Wash-houses Acts of 1846 and 1847.

Infectious Disease (Notification) Act, 1889.

Infectious Disease (Prevention) Act, 1890.

Public Health Acts Amendment Act, 1890.

Public Health Acts Amendment Act, 1907 (except Sections 48, 82, 83, 92 and 94).

Public Health Act, 1925, Sections 13-23 ; 25-30 ; 32 ; 33 ; 35-39 ; 41-55 ; all inclusive.

Darlington (Water Supply) Order, 1928.

The most important local Acts dealing with Public Health matters, are the Darlington Extension and Improvement Act, 1872 and the Darlington Corporation Act, 1930.

Section 92 of the Darlington Extension and Improvement Act, 1872, requires that all private slaughter-houses in the Borough should be licensed.

On May 30th, 1911, an Order was obtained from the Local Government Board, under Section 50 of the Public Health Acts Amendment Act, 1907, declaring the trades of fat melter or fat extractor, fish fryer, gut scraper, rag and bone dealer, and candle maker within the Borough to be offensive trades.

Under the City of Leeds, etc. (Measles and German Measles) Regulations, 1920, Measles and German Measles are notifiable in Darlington.

Chickenpox was made notifiable in the Borough on 23rd December, 1923.

Under the Borough of Darlington (Whooping Cough) Regulations, 1926, first cases of Whooping Cough occurring in children under five years of age, are notifiable in Darlington.

Darlington Corporation Act, 1930, came into force 1st October, 1930, and provided powers dealing with the following: extension of boundaries ; registration of nursing homes in added area ; fouling of water ; prohibition of river pollution by offensive matter or bathing ; provision of public slaughter-house ; removal from markets of emaciated or diseased animals, unsound meat ; dilapidated and neglected* buildings ; food storage accommodation ; drains, sanitary conveniences ; parents notifying infectious disease ; closure of Sunday Schools and exclusion of children from entertainments on account of infectious disease ; furnishing of names of laundrymen in cases of infectious disease ; registration of ice-cream manufacturing premises ; filthy premises ; dustbins ; infected stables or other places ; and prohibition of vans, tents, etc., for human habitation except with approval of Medical Officer of Health.

SECTION VII.

HOSPITALS.

Hospital.	Situation.	Purpose.	Beds.	Nurses.	Management.
Municipal	... Yarm Road	General and Children	172	17	P.A. Committee
Borough Fever	Hundens Lane	Infectious Diseases	105	16	H. Committee
Smallpox	... Do.	Smallpox	24		
General	... Greenbank Rd.	General and Children	108	16	Voluntary
Maternity Ward, Gen. Hospital	Do.	Maternity	12	3	H. Committee

The Medical Staff at the Municipal Hospital consists of Dr. J. Currie, Resident Medical Officer, and Dr. Wormald, part-time Deputy Medical Officer. Provision is made on a fee basis for the services of a consulting surgeon when necessary.

At the Fever and Smallpox Hospitals there is no Resident but the Medical Officer of Health acts as Superintendent, and carries out the medical work with the assistance of the Deputy and a Consulting Surgeon when necessary.

The General Hospital is mainly surgical, having a staff of eight Honorary Surgeons, one Physician and two House Surgeons. The new Memorial Hospital, in course of erection, on a 17 acre site, will have accommodation for 140 medical and surgical beds and 50 children, with room for extension. It also serves a surrounding area of Durham and Yorkshire with a population equal to that of Darlington, the proportionate user being approximately 65% Darlington, 25% Durham, 10% North Riding.

The increasing demands made on the accommodation are revealed by the figures for the past ten years:—

	In patients.			Out patients. Attendances	
1921	...	...	1,066	...	40,421
1922	...	...	1,346	...	43,027
1923	...	...	1,519	...	46,134
1924	...	...	1,563	...	45,638
1925	...	...	1,600	...	46,428
1926	...	...	1,746	...	48,679
1927	...	...	2,155	...	51,575
1928	...	...	2,290	...	59,262
1929	...	...	2,324	...	58,906
1930	...	...	2,450	...	52,129

The Municipal Hospital.—The Poor Law Institution on 1st April became the Municipal Hospital, the supervision passing to the Public Assistance Committee—the full Council in Committee.

During these nine months no change has been made in the Administration, the Hospital Wards being virtually part and parcel of the Poor Law system under the new name of Public Assistance.

Dr. J. Currie and his staff are doing excellent work in spite of structural difficulties. The 172 beds are rather over-crowded and could with advantage be scattered over some of the more modern Wards in the House section. The nursing is very heavy, owing to the chronic illnesses and the infirmities of old age. About 40 cases may be considered to be acute illnesses capable of complete recovery inside 6 weeks.

The total admissions since 1st April were 425; men, 184; women, 145; children, 96.

BEDS AVAILABLE.

			Men.	Women.	Total.
General, Medical and Surgical	}	Municipal Hospital ...	16	14	30
		General (Voluntary) Hospital...	50	34	84
Children	...	Municipal Hospital ...	—	—	24
		General (Voluntary) Hospital...	—	—	24
Maternity	...	Ward at General Hospital ...	—	12	12
		Municipal Hospital ...	—	10	10
Venereal Disease	...	General (Voluntary) Hospital...	1	1	2
Tuberculosis	...	Municipal Hospital ...	9	9	18
		Durham County Council ...	15	15	30
Chronic Sick	...	Municipal Hospital ...	30	20	50
Mental	...	Durham County Council, Sedgfield Mental Hospital ...	—	—	122
		Municipal Hospital ...	2	2	4
Mental Deficiency	...	Prudhoe Hall Colony ...	15	15	30
		Municipal Hospital ...	4	4	8
Orthopædic, Eye, Ear, Nose and Throat, &c....		General (Voluntary) Hospital...	Included in above.		
Puerperal Fever, &c.	...	Fever Hospital ...	—	2	2

No special departments exist at the Municipal Hospital, but use is made of the accommodation at the General Hospital, where there are X-Ray, Ultra Violet, Dental, Ophthalmic, and Massage facilities.

Pathological work is done mainly at the Armstrong College Laboratory and by private arrangement.

Both the Municipal and the General Hospitals are taxed for accommodation, though some change is expected by the completion of the Memorial Hospital this year. It is hoped that a spirit of co-operation in the provision and use of accommodation will result from the present deliberations to the improvement of the Hospital services for the sick.

THE INFECTIOUS DISEASES HOSPITALS.

No change has taken place since last year, the wooden pavilion in Wing 4 still remaining a source of danger in case of fire, as well as an unsatisfactory building from the point of view of sanitary accommodation.

The staff, Matron, 4 Sisters, 4 Staff Nurses and 8 Probationers have maintained their high standard of work to the general satisfaction. All types of disease of an infectious nature are admitted, and these provide excellent opportunities for training as the Institution is recognised under the General Nursing Council. The equipment now includes a small Operating Theatre, Lecture Room and Artificial Sunlight Apparatus.

The year's work is shown in an appended table.

SECTION VIII.

MATERNITY AND NURSING HOMES.

The registration of two of the seven Nursing Homes previously recognised lapsed during the year owing to the proprietors leaving the town. Those at present registered and recently inspected include:—

	General Beds.	Maternity Beds.
Coniscliffe Nursing Home, Miss Mary Potter	12	3
Cleveland Nursing Home, Miss B. Miller	4	2
Argyll Nursing Home, Miss Yates ...	5	2
Miss J. Jenkins, 40, Willow Road ...	0	2
Mrs. S. A. Gait, 12, Thornton Street...	0	1

Exemption from registration has been granted in the case of the Voluntary Hospital.

SECTION IX.

AMBULANCE FACILITIES.

(a) **Infectious Cases.**—Morris Commercial Special Motor Fever Ambulance with separate compartment for infected bedding, fitted with two stretchers and sitting accommodation for two patients.

(b) **Non-Infectious and Accident Cases.**—Three Motor Ambulances manned by the Fire Brigade staff, available for Borough and calls within 15 miles.

SECTION X.

MATERNITY AND CHILD WELFARE.

The Clinical side of the work has been continued as in previous years by Dr. Constance Robertson in a most capable manner. Though a part-time general practitioner in the service, her skill and enthusiasm are given wholeheartedly as Medical Officer at the Clinics and as Inspector of Midwives with excellent results as our figures show in reduction of infantile mortality, and in increased appreciation of the mothers as revealed by attendances.

Midwives' Acts, 1902-1918.—The 21 District Midwives are inspected periodically by Dr. Constance Robertson, who made 234 visits; of these 191 were routine visits, 5 were on account of cases of Ophthalmia Neonatorum, 30 for the death of the child, 5 for death of mother, and 3 for Pemphigus. There were no deaths of mothers in any Midwife's practice where a Doctor had not been in attendance.

During the year Midwives attended 990 births alone, and 224 under the superintendence of medical practitioners. Medical assistance was summoned on 213 occasions, including 48 cases where the Maternity Ward Sisters at the General Hospital and the Municipal Hospital called in a Staff Doctor. The Local Supervising Authority is responsible for the payment of fees to doctors called in by Midwives, and with the continuance of

trade depression and unemployment the number of such accounts received remains high. All or part of the fee is recoverable according to the financial circumstances of the patient. Medical practitioners were paid £158, of which a sum of £64 was recovered from patients. No Midwives are employed or subsidised by the Local Authority outside the Hospitals.

Milk Assistance Scheme.—Milk is granted free on the Clinical Medical Officer's recommendations to infants and to expectant and nursing mothers in necessitous cases falling within a certain income scale. During 1930—1,119 pounds of dried milk were sold at cost price, 345 were given free, and 43,173 pints of fresh milk were given free at a total cost to the Health Committee of £397. The income in all cases is verified by reference to employers and others.

Dried and Fresh Milk Supplied through Maternity Centres during the last ten years:—

Year.	Dried Milk sold to Mothers. lbs.	Dried Milk given free to Mothers. lbs.	Fresh Milk given free to Mothers. pints.	Net Cost of Fresh & Dried Milk Supplied
1921	7,264	2,200	5,432	£316
1922	4,286	1,844	27,110	£399
1923	4,332	896	23,129	£282
1924	4,831	959	15,195	£170
1925	3,486	736	20,615	£248
1926	4,719	1,537	40,009	£529
1927	2,248	611	36,284	£417
1928	1,134	367	33,950	£347
1929	1,415	329	33,100	£323
1930	1,119	345	43,173	£397

Ante-Natal Clinics.—The very gratifying progress recorded in 1929 has been more than maintained during the year under review, 396 attendances being recorded compared with 366 in 1929. The importance of this work is so great that every effort is being made to increase the attendances.

More than one-half of our infantile mortality occurred during the first four weeks of life, owing in great part to antecedent preventable conditions in the mothers. All women in their first pregnancy, all who have had previous miscarriages or difficult labours, and expectant mothers suffering from any abnormality during pregnancy are advised to seek skilled medical advice with a view to appropriate treatment being obtained before an emergency has arisen.

Ante-Natal examination and keeping of records is now part of a Midwife's routine practice. 357 visits were paid by Queen's Nurses to 242 expectant mothers, and 72 extra post-natal visits to 72 cases in the ordinary course of their duties.

Dental Treatment for mothers and children attending the Centres was continued at the School Clinic on Saturday mornings. Mr. J. L. Liddell, L.D.S., Dental Officer, reports the following:—

There has been a slight increase in the amount of work done during the past year, 8 more cases being treated, and 10 more attendances made.

One hundred and twenty-nine mothers and children were recommended for treatment. Of these 83, or 64·3%, attended.

One mother is known to have attended a private practitioner. In 2 cases treatment was refused.

No. of mothers attending	...	...	...	71
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No. of children under 5 years of age	...	...	...	12
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Total	...	83
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Attendances	...	...	...	117
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Extractions of permanent teeth	...	...	283
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Extractions of temporary teeth	...	...	17
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Total	...	300
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Sockets treated after extraction	...	...	8
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Fillings	...	...	3
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Maternity and Child Welfare Centres.—Five centres are in operation:—

Address.	Day.	Time.	Average Attendance of Mothers with Babies.
Hopetown Hall, Whessoe Lane	Monday	2-30 p.m.	43
Albert Road Schoolhouse	Tuesday	10-0 a.m. ; 2-30 p.m.	109
East Road Wesleyan Sunday School ...	Wednesday	2-30 p.m.	69
Paradise Sunday School	Thursday	10-30 a.m. ; 2-30 p.m.	103
Cockerton Wesleyan Sunday School	Friday	2-30 p.m.	23

The Ante-Natal Clinics are held in Albert Road Schoolhouse on the second and the last Thursdays of each month from 1-30 p.m. Average attendance, 16.5.

The Centres have been open 245 times ; 16,867 attendances have been made by mothers with babies, the average attendance being 69.

Two hundred and seventeen attendances were made at our Maternity and Child Welfare Centres by 52 mothers who reside just outside the Borough. In the cases of these mothers the extra nourishment is supplied by the Durham County Council.

Average attendances of Mothers with Babies at Maternity Centres during the last ten years show a steady increase:—

Year.	Albert Road.	East Road.	Paradise.	Hopetown.	Cockerton.
1921	... 69.0	... 35.3	... 58.3	... 25.1	... —
1922	... 73.8	... 30.0	... 53.4	... 35.5	... —
1923	... 78.9	... 25.1	... 49.1	... 33.0	... —
1924	... 66.8	... 34.3	... 53.1	... 31.9	... 18.5
1925	... 64.9	... 30.2	... 59.4	... 26.9	... 25.0
1926	... 82.7	... 41.1	... 85.5	... 42.3	... 27.8
1927	... 85.6	... 38.8	... 82.7	... 28.1	... 22.0
1928	... 84.6	... 50.0	... 81.7	... 39.4	... 25.6
1929	... 95.3	... 58.8	... 86.6	... 32.2	... 27.8
1930	... 109.9	... 69.1	... 103.4	... 43.2	... 23.8

Total attendances of Expectant Mothers at the Maternity Centres and Ante-Natal Clinic during the last ten years:—

Year.	At Maternity Centres.	At Ante-Natal Clinic.
1921	... 91	... 58
1922	... 233	... 73
1923	... 187	... 72
1924	... 190	... 61
1925	... 171	... 117
1926	... 194	... 244
1927	... 208	... 245
1928	... 149	... 356
1929	... 211	... 366
1930	... 240	... 396

Home Help.—One whole-time home help and a rota of part-time home helps carried out this work while the mother was incapacitated. Charges are made according to financial conditions. Eighty-six applications were made for their services and attendance was provided in 67 cases, for 1,151 days.

The daily charges for the services of the Maternity Home helps are as follows:—

Where the income of a family—

Exceeds 15/- per head per week the charge to be 3/- per day.

Exceeds 12/- and not 15/- per head per week the charge to be 2/3 per day.

Exceeds 9/- and not 12/- per head per week the charge to be 1/6 per day.

Where the income is less than—

9/- per head per week the charge to be 9d. per day.

Cases of extreme poverty are considered by the Special Subcommittee.

In all the above cases the income is understood to be the average weekly income of the family, after deducting rent and rates, for the four weeks previous to the application.

Maternity Bags.—These bags, containing all the linen and other necessities to assist in an aseptic confinement, were applied for and lent in 12 cases. In 9 cases the bags were returned in good condition, but in one case the usual deposit of 2/6 was not refunded. Two bags were lent without a deposit being demanded.

Baby Day Celebrations.—As in previous years, through the kindness of Mrs. Baynes, these Celebrations, organised by the Voluntary Committee, were held in Polam Hall grounds, on 29th and 31st July. The weather was fine, and over 400 mothers with their children attended, and were entertained to tea.

Talks were given by the Mayoress, Mrs. H. P. Bell, Alderman H. Leach, Alderman Dr. D. L. Fisher and the Medical Officer of Health. Thrift garment competitions and an exhibition of handicraft proved very entertaining and instructive. The prizes were distributed by Mrs. Lloyd Pease.

Thanks are due to Mrs. Leach and her Committee for the organisation of the social side of our welfare work, not only at these Baby Days, but throughout the year in our Centres.

Mothercraft.—In co-operation with the Schools, senior girls are now admitted to our Centres in batches in order to be introduced to the practical side of sound mothercraft. It is yet too soon to report fully, but appreciation and keenness shown by the girls are a guarantee of success already.

Maternal Mortality.—On the receipt of notice of a maternal death, either through the local registrar or other means, an investigation with report is completed on the lines suggested by the Special Committee set up at the suggestion of the Ministry of Health, and the British Medical Association. These detailed particulars in the seventeen cases of maternal deaths were prepared by the Medical Officer of Health after interview with the relatives, and the Doctor and/or Midwife in charge of the case and then forwarded to the Ministry as directed. The investigations lead one to conclude that in the past and in many districts these deaths may quite easily have been misclassified.

In 4 of them abortions were the determining agents leading to the train of symptoms which ended fatally. It is difficult to be always certain in our knowledge as to why these occurred but that lies in the province of the Coroner.

Eclampsia or poisoning due to inefficiency of the kidneys throwing out the waste products accounted for one death. Antepartal examination and reasonable care would have prevented this death.

Puerperal Septicæmia or Fever following full-time confinements, always tragic but only sometimes culpable, accounted for 2 deaths, and inquiry showed that both these patients were of very delicate constitution, and had received every reasonable care.

Three deaths were due to one of those unfortunate accidents which cannot be foreseen or even prevented—Embolism, or clot.

Hæmorrhage caused three deaths, and general conditions which would have ended fatally, irrespective of pregnancy, existed in the remaining four cases.

Deaths under one month.—Though the death-rates of children under one year have fallen during the last 50 years from 160 to 76 per 1,000 births, no appreciable reduction has taken place in the case of babies under four weeks. Of the 9 deaths under one year, 52 occurred in infants under 4 weeks *i.e.*, 55%.

Maternity Ward, General Hospital.—This department, containing 12 beds, 2 of which are for isolation purposes, for the provision and maintenance of which the Borough Council are financially responsible, was opened in 1921. The patients are

expected to contribute according to their means towards maintenance and treatment. The number of admissions is increasing gradually, though there is still much unwillingness on the part of expectant mothers to enter a hospital for their confinement.

Cases admitted, 250.—234 Scheme ; 16 Private.

Average duration of stay, 10·4 days.

Delivered by Midwives, 209 cases.—196 Scheme ; 13 Private.

Doctors, 41 cases.—38 Scheme ; 3 Private.

Medical assistance sought, 57 cases.—54 Scheme ; 3 Private.

Puerperal Fever cases, 1.—1 Scheme.

Puerperal Pyrexia, 6 cases.—6 Scheme.

Pemphigus, no cases.

Infants not Breast-fed, 6 cases.—6 Scheme.

Ophthalmia Neonatorum, 1 case.—1 Scheme, sight unimpaired.

Maternal Deaths, 5 cases.—5 Scheme, all emergencies.

Causes—

Concealed accidental Hæmorrhage.

Heart Disease.

Hyperemesis Gravidarum.

Chronic Nephritis and Septicæmia.

Eclampsia.

Infant Deaths, 33—

(a) Stillborn, 18 cases.—18 Scheme.

(b) Within 10 days, 15 cases.—2 Scheme ; 13 Private.

Causes—

Congenital Malformations	...	8
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Injuries and Maceration	...	9
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Placenta Prævia	...	4
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Prematurity and Debility	...	6
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Toxæmia	...	4
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Others	...	2
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—
33

Maternity Ward, Municipal Hospital.

Ten beds, average duration of stay, 14 days.

Total cases, 13.—Delivered by Midwives, 10 ; Doctors, 3.

Infant Death, 1.—Prematurity.

Maternal Deaths, 0. Complications, 0.

There are no **Day Nurseries** in Darlington. A description of the work done at the Nursery School and the School Clinic will be found in the Report of the School Medical Officer.

WORK OF THE HEALTH VISITORS.

During the year the Health Visitors paid the following visits :-

First visits to Infants under one year	...	1,124
Re-visits to Infants under one year	...	1,303
Children one to five years	...	2,177
Cases of Measles, one to five years	...	879
" " over five years	...	742
" Chickenpox	...	345
" Whooping Cough	...	51
" Ophthalmia Neonatorum	...	23
" Infant Deaths	...	69
" Still-births	...	37
" Diarrhoea	...	—
" Puerperal Fever	...	—
" Puerperal Pyrexia	...	—
" Pneumonia	...	1
Expectant Mothers, first visits	...	168
" " re-visits	...	113
Maternal Deaths	...	2
Cases of Mental Deficiency	...	8
Miscellaneous Visits	...	656

Unnotified Births.—Births unnotified within thirty-six hours of birth numbered 40 (3%), compared with 70 in 1929. Early notification has always been essential in putting our Health Visitors in timely touch often to prevent a premature weaning or other improper action on the part of an ignorant or careless mother.

Breast Feeding.—Of the mothers attending the Centres, 86% breast-fed their babies over three months, 28% did not continue beyond the third month, and 14% did not breast feed after the first fortnight.

Midwives calls to Doctors.

Summary of the causes for sending for Medical help.

	1922	1923	1924	1925	1926	1927	1928	1929	1930
Mother:—									
Perineum	8	16	19	20	18	32	15	33	27
Engorged, Tedious or									
Difficult Labour	23	30	31	24	18	24	32	35	32
Abnormal Presentations	—	—	—	—	7	10	7	5	9
Constrictions	—	—	—	—	4	3	1	—	—
Hæmorrhages	2	1	8	4	4	10	17	10	11
Drop of Temperature	6	2	4	11	7	4	7	5	4
Retained Placenta	5	8	4	8	8	1	5	4	5
Albuminuria... ..	—	—	1	—	1	6	2	3	5
Leucitis	—	—	—	—	1	1	2	—	—
Retention	—	—	3	5	8	5	14	3	10
Narrowed Pelvis	—	—	—	—	2	2	—	—	—
Emphysema	—	1	—	—	3	—	—	—	1
Protrusion of Cord	—	—	—	—	2	—	1	1	—
Miscellaneous	2	1	9	5	11	10	12	8	17
Total ...	46	59	79	77	94	108	115	107	121
Child:—									
Swelling of Eyes	10	5	5	6	8	13	8	8	6
Weakness, Feebleness, etc.	4	2	3	6	2	1	5	4	5
Immaturity	13	13	3	5	5	10	4	2	7
Constrictions	3	2	4	4	1	1	2	8	7
Convulsions and Fits	2	2	3	5	—	4	2	3	7
Asphyxia	—	—	—	1	—	2	1	—	1
Miscellaneous	1	—	4	1	12	5	8	6	11
Total ...	33	24	22	28	28	36	30	31	44

The following Table shows how the charges for the above cases had been dealt with at the conclusion of each year since 1922:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930
Amount received	43	39	45	47	43	40	43	40	52
Amount received	36	44	56	58	79	104	102	98	113
Fee paid or charged	30	35	46	28	47	79	58	62	58
Fee charged	6	8	6	16	24	21	37	32	44
Fee remitted and part									
charged	—	1	4	14	8	4	7	4	11
Amount paid to Doctors ...	£57	£69	£58	£73	£121	£143	£160	£145	£158
Amount recovered from									
Patients	£31	£48	£47	£38	£76	£105	£78	£82	£64
Cost to Council	£26	£21	£11	£35	£45	£38	£82	£63	£94

*These figures relate to financial years ending 31st March, the other figures in the table being for calendar year.

INFANT PROTECTION WORK.

This work, transferred from the Guardians, is carried on by Miss V. I. Smiles. At the end of the year there were twenty children on the register. During the year ten new names were added, one reached seven years of age, four were returned to parents, and four were legally adopted. One hundred and twenty-three visits to homes of foster-parents were made, and all the conditions were satisfactory. Fourteen advertisements were investigated, and nine applications for foster-parents were considered. The children are all in good class homes, are well cared for, and escaped the severe outbreak of measles early in the year.

Institutional provision for unmarried mothers, illegitimate children and the homeless is found at the Municipal Hospital and Institution, where there are well equipped nursery and cottage homes.

SECTION XI.

CLINICS AND TREATMENT CENTRES.

SUMMARY.

Medical Officer of Health, Health Office, Feetham Darlington.

Maternity and Child Welfare Centres.—Mothers and children under 5:—

Hopetown Hall, Whessoe Lane	Monday ... 2-30 p.m.
Albert Road Schoolhouse	Tuesday ... 10 a.m. and 2-30 p.m.
East Road Wesleyan Sunday School ...	Wednesday ... 2-30 p.m.
Paradise Sunday School, Coniscliffe Road	Thursday ... 10-30 a.m. and 2-30 p.m.
Cockerton Wesleyan Sunday School	Friday ... 2-30 p.m.
Expectant Mothers' Clinic, Albert Road Schoolhouse	Second and last Thursday each month at 1-30 p.m.
Dental Clinic for Mothers and Children	By arrangement at the above Centres.

A Lady Doctor and Health Visitor in attendance.

Municipal Maternity Ward, Darlington General Hospital.—12 beds.

Home Nursing.—Darlington Queen's Nurses' Association, Woodland Road, and Certified Midwives.

Venereal Diseases.—Skin Department, Darlington General Hospital:—

Women and Children	... Monday, Tuesday,	
	Friday	... At 2-30 p.m.
Men	... Tuesday, Friday	At 5-30 p.m.

Tuberculosis Dispensary.—Health Office, Feethams, Darlington:—

Women and Children	... Friday	... At 9-30 a.m.
Men	... Monday	... At 9-30 a.m.

Tuberculosis Care Committee—Hon. Secretary, Dr. G. A. Dawson, Health Office, Feethams.

School Medical Services.—Inspection in Schools and at School Clinic, 156, Northgate, where Doctor and Nurse are in attendance. Minor ailments, Eye, Dental and Sunlight Clinic.

Special Schools for children under 5 years of age, the delicate, the backward and the maimed.

Infectious Diseases Hospitals.—Hundens Lane. 120 beds.

Mental Deficiency.—Occupational Training Centres: Supervisor, Miss L. I. Holmes, B.Litt., Education Offices.

Public Assistance.—Out-patient Clinic and Vaccination Centres, Public Assistance Offices, East Street, at 10 a.m. daily.

Municipal Hospital, 90, Yarm Road.—100 beds for all types of disease.

SECTION XII.

MENTAL DEFICIENCY.

This work, which is administered and carried out by the Medical Officer of Health and the Deputy Medical Officer of Health, who are the certifying officers under the Mental Deficiency Acts, comes under the Committee for Promoting the Welfare of Afflicted Persons.

Institutional provision is available at the Municipal Hospital for a limited number of low grade cases, but more ample accommodation has been guaranteed by the purchase of a part-share in Prudhoe Hall Colony, where we have about 30 beds for educable cases. Extensions are being carried out to provide for low grades.

The Local Mental Welfare Association, with Miss Holmes as Organising Secretary, is doing excellent work in ascertainment and supervision, in co-operation with the Medical Officer of Health, who is also Certifying Officer and School Medical Officer. There are three occupation centres for both sexes, and much help has been forthcoming from Toc H and voluntary workers. Weekly visits by Miss Holmes to the Police Court ensure that no defective person is unfairly punished.

Statutory cases are kept under constant supervision, while all suspects are under voluntary supervision of the Association.

The total number of mentally defective persons ascertained is 304: 96 statutory, 129 voluntary, and 79 education cases representing 4·3 per 1,000 population, a fairly complete figure in the light of the Wood Report and national figures.

Number of cases "subject to be dealt with":—

	M.	F.	Total
Under "Order"—			
1. (a) (1) In Institutions (excluding cases on licence)	16	14	30
(2) On licence from Institutions...	—	2	2
(b) (1) Under Guardianship (excluding licence)	1	2	3
(2) On licence from Guardianship	—	—	—
2. In "Places of Safety"	—	—	—

3. Under Statutory supervision...	...	11	12	23
Of whom (a) Attending Occupation Centres	...	2	15	17
(b) Awaiting Institution	...	—	—	—
4. Action not yet taken under above—				
(a) Notified by Education Authorities (Sect. a (2))	...	4	3	7
(b) Mentally Defectives in receipt of Poor Law Relief—				
(1) Indoor	...	5	13	18
(2) Outdoor	...	8	3	11
(c) Otherwise ascertained—				
In Asylum	...	—	2	2
5. Cases who may become "Subject to be dealt with"—				
1. In Institutions or under Guardianship—				
(a) Under Local Authorities permissive powers	...	—	—	—
(b) Maintained by parents or others	...	—	—	—
2. Reported to Local Authority, but no action taken except voluntary supervision		67	62	129
Of whom attending Occupation Centres	...	9	8	17
6. Education Cases—				
Barnard School	...	39	32	71
Residential Schools	...	2	0	2
Elementary Schools	...	3	3	6

One female was granted licence from Institution, and one male returned from licence to guardianship. Of the 6 cases, 2 male and 4 female, notified by the Local Education Authority under Section 2 (2), 2 males and 1 female were sent to Institutions by order; 1 female was placed under guardianship, and two females under statutory supervision. One mentally defective girl gave birth illegitimately to a child during the year.

SECTION XIII.

VENEREAL DISEASES.

No change has taken place in the Scheme since last year. The Clinic at the General Hospital is staffed by Dr. McFarlane, Deputy Medical Officer of Health and Venereal Diseases Officer, a full-time Orderly and a part-time Nurse from the Hospital Staff. The wooden building is unsatisfactory, but it is hoped that new quarters will be shortly available, as greater demands will in future be made on this specialist service. Very few general practitioners can afford the time or have sufficient experience to treat these cases adequately, and in addition our ascertainment of infected families by our maternity and school services is now much more complete. The Clinic also serves Durham and North Riding patients. Two beds are provided in the Hospital for intern treatment.

Laboratory work is done at the Clinic and the Armstrong College.

ANNUAL RETURN FROM PATHOLOGICAL LABORATORIES.

Pathological examinations made in the University of Durham College of Medicine, Public Health Laboratory, Newcastle-upon-Tyne, during the year ending on the 31st December, 1930, relating to persons residing in the County Borough of Darlington.

Nature of Test	Number of Tests
For detection of spirochetes ...	For Treatment Centre... — For Practitioners ... —
For detection of gonococci ...	For Treatment Centre... 2 For Practitioners ... 3
For Wassermann reaction ...	For Treatment Centre... 209 For Practitioners ... 67
Gonococcal Complement Fixation Tests ...	...For Treatment Centre... 22
C.S. Fluid for the Wassermann Reaction ...	...For Practitioners ... 1
Total	304

REPORT ON VENEREAL DISEASES CLINIC, 1930.

DR. A. McFARLANE.

During the year 1930 the number of new cases from the Borough attending the Clinic was 211, and of these 116 were found to be suffering from Venereal Disease. In the following table is shown the sex distribution and nature of the disease of these 116 patients:—

	Gonorrhœa.		Syphilis.						Soft Chancre.
			Primary.		Secondary.		Late.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.
Adults ...	57	16	4	0	0	10	3	7	1
Children	1	1	—	—	—	—	7	9	—

It is pleasing to note that the diminution in the incidence of Venereal Disease observed last year has continued throughout the present year. Gonorrhœa would appear to be on the decline at present. The number of new cases of Syphilis is slightly less than last year. A rather disquieting feature, however, is the increase in the number of cases of Syphilis among females, particularly Secondary Syphilis.

It will be observed from the above table that 16 out of the 40 new cases of Syphilis were children suffering from Congenital Syphilis:—4 under 5 years, 11 between 5 and 14 years, and 1 over 14 years. This is the largest number of Congenital Syphilis that has attended the Clinic for the first time in any year. The increase in the number has been largely due to the closer co-operation between the various departments in the Public Health Service.

The proportion of infected persons who apply for Treatment is considerably less amongst females than amongst males, and this is particularly true with regard to Gonorrhœa. The number of women suffering from Gonorrhœa who are brought under Treatment is much less than could be desired. Many are probably unaware that they are affected, but it is also true that many others, although aware of their disease, do not regard it as a serious one.

The number of attendances of patients was extremely satisfactory—80 per new case. I have no doubt that this could be improved upon if more suitable premises for the Clinic were available. The present facilities leave much to be desired.

The percentage of defaulters amounted to 25% of the total number of patients attending. Although this compares favourably with other Venereal Diseases Clinics, it is a very unsatisfactory state of affairs. The time is long past when defaulters should be treated compulsorily.

Out of the 95 cases found on examination to be free from Venereal Infection—63 were referred for diagnosis by General Practitioners and Consultants in the General Hospital, 24 who had been exposed to infection came for advice, and 8 had skin diseases non-specific in character.

Thirty-two doses of arsenical compounds were supplied to practitioners, 23 in the Borough and 9 in the North Riding.

No action was taken under the Venereal Disease Act in public prosecutions, but "follow-up" arrangements have had a very salutary effect in tracing sources of infection and enforcing treatment.

There is a local branch of the British Social Hygiene Council of which the Medical Officer of Health is Honorary Secretary. A course of lectures, illustrated by films, was given by the Medical Officer of Health and Mr. Sanders, of the Central Council, in November, at the L.N.E.R. works and one of our largest Schools which over 1,000 people attended.

The Clinic is open for women and children Monday, Tuesday, Friday, 2-30 p.m., and for men, Tuesday and Friday, 5-30 p.m., also by special appointment for treatment and irrigation.

Number of Darlington County Borough Out-patients attending Clinic for first time.

	Syphilis.		Gonorrhœa.		Soft Chancre.		Other Cases.		Total.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1920	65	42	55	14	2	—	8	5	130	61	191
1921	47	27	24	5	—	—	9	—	80	32	112
1922	36	22	17	12	3	1	13	12	69	47	116
1923	16	22	36	19	—	5	18	12	70	58	128
1924	25	13	49	36	3	1	24	40	101	90	191
1925	32	26	54	30	3	2	24	26	113	84	197
1926	31	27	70	25	1	1	52	29	154	82	236
1927	24	30	78	39	1	—	26	15	129	84	213
1928	33	33	118	57	4	—	44	48	199	138	337
1929	27	20	67	31	5	—	32	42	131	93	224
1930	14	26	58	17	1	—	50	45	123	88	211

SECTION XIV.

TUBERCULOSIS.

The Scheme has not been altered since last year, Durham County Council Staff carrying out the Clinical Dispensary and Sanatorium work. The Dispensary is held on Mondays and Fridays at the Health Office. The Medical Officer of Health is also Honorary Secretary of the Tuberculosis Care Committee, so that close co-ordination is maintained in all the services.

Advanced cases in overcrowded homes are removed to the Municipal Hospital, but it is hoped that special accommodation will shortly be added at our Infectious Diseases Hospital, as there is much unwillingness on the part of patients to enter the Poor Law Institution. The housing of our tuberculous families is also another matter for improvement. Further reference is made to this under Housing Programme later in the Report.

A welcome reduction in non-pulmonary tuberculosis deaths is in my opinion attributable to the much improved milk supply and protection by pasteurisation.

There were 77 deaths from Tuberculosis during 1930, a similar figure to last year's:—

	Males.	Females.	Total.
Tuberculosis of the Respiratory System	35	32	67
Other Tuberculous Diseases ...	2	8	10

New Cases and Mortality during 1930.

Age-Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	1	—	2	—	1	1	—	—
1—	—	—	4	3	—	—	—	1
5—	5	4	7	12	1	—	1	1
10—	6	4	3	5	1	5	—	—
15—	7	8	4	4	2	5	—	2
20—	8	4	2	6	2	5	—	2
25—	14	10	2	3	5	6	1	1
35—	10	6	2	1	8	5	—	—
45—	8	1	1	1	6	4	—	—
55—	7	3	2	1	6	1	—	1
65 and upwards ...	—	—	—	—	3	—	—	—
Totals ...	66	40	29	36	35	32	2	8

Of the above 77 deaths, 6 were cases which came to the knowledge of the Medical Officer of Health otherwise than by notification under the Regulations.

PUBLIC HEALTH (Prevention of Tuberculosis) REGULATIONS, 1925, and PUBLIC HEALTH ACT, 1925 (Section 62).

No compulsory action has been taken, as informal pressure was in all cases sufficient to attain our ends.

Summary of the Year's Work.

Total Darlington patients in Institutions, 70. Of these 33 had been in more than one year.

Number of days' treatment in 1930	...	11,679
Patients attending Dispensary	...	492
Total attendances	...	2,500

Health Visitors.—First visits, 143 ; re-visits, 1,998.

Visits and Dressings by Queen's Nurses.—1,174 to 43 patients.

During the year 15 X-Ray examinations, and 539 Ultra-Violet Ray Therapy Treatments were carried out for 31 patients at the General Hospital.

Sanatoria and Hospitals used:—	Patients.
Tindale Crescent	3
Darlington General Hospital	3
Whickham Hospital	1
Hollywood Hall Sanatorium	26
Helmington Row Sanatorium	6
Seaham Hall Sanatorium	7
Earl's House Sanatorium	8
Blencathra Sanatorium	6
Stannington Sanatorium	6
Sunderland Sanatorium	4
Total	70

NOTIFICATIONS OF TUBERCULOSIS (Pulmonary and Non-Pulmonary) and DEATHS.

<i>Year.</i>	<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
	<i>Notified.</i>	<i>Deaths.</i>	<i>Notified.</i>	<i>Deaths.</i>
1920	151	61	55	22
1921	124	66	32	17
1922	111	71	47	20
1923	135	69	80	15
1924	119	62	65	21
1925	134	58	56	24
1926	111	59	76	16
1927	119	68	59	19
1928	101	58	63	27
1929	102	63	54	14
1930	106	67	65	10

Number of cases of Tuberculosis remaining on the Registers of Notifications.

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
180	144	324	126	139	265	589

VOLUNTARY CARE COMMITTEE.

The social work carried out by this Committee increases in importance year by year, in furthering the welfare of afflicted families by providing advice, better housing, and additional clothing, nourishment or financial help.

Since 1919, 508 cases have been dealt with, and during the present year 40 new applications were entertained.

It is regrettable that so much of this help of a material form in eggs, milk, butter, meat, is rendered of less effect by the poor housing in which the families are financially obliged to live, or to which the patients must return when convalescent from sanatoria. I have always held the opinion that the direct

tuberculosis schemes have not attained the success that was anticipated, but that our maternity and child welfare and school medical services, with their better teaching of health ideals early, and open-air schools for the delicate, are much sounder financial propositions.

The removal of our early tuberculous cases to employment in a colony, as has been so successfully done at Papworth and Preston Hall, where treatment is combined with suitable work, is the ideal but too expensive scheme. The next best is the re-housing and supervision of the infected families, if necessary by subsidy from the rates in order to try to stop the passing of infection from parent to child, the most infectious cases in the last stages being removed to the Isolation Hospital. It is estimated that a 16-bed pavilion would be a very useful addition to our present Fever Hospital accommodation for this purpose.

Number of cases of Tuberculosis remaining on the Register of Notifications

Year	1910-11		1911-12	
	Total	Male	Total	Male
1910-11	180	141	180	141
1911-12	180	141	180	141

VOLUNTARY CARE COMMITTEE

The Board was formed on the 1st January 1911, and has since that date been working for the purpose of securing the best possible results in the treatment of tuberculous cases, and in the improvement of the general health of the community.

Since 1911, 505 cases have been dealt with and during the present year 10 new applications were entertained.

It is regrettable that so much of this kind of a material is now being lost, and it is to be hoped that the Board will be able to secure in the future a more efficient system of dealing with the cases, and that the Board will be able to secure a more efficient system of dealing with the cases, and that the Board will be able to secure a more efficient system of dealing with the cases.

SECTION XV.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES.

Medical examinations of members of the staff and of applicants for posts in the following Corporation Departments made during the year by the Medical Officer of Health show a marked increase, due to the general expansion of municipal activities:—

Tramways and Transport Department	...	86
Education Department		9
Gas Works Department		6
Borough Fever Hospitals		5
Borough Surveyor's Department		5
Parks and Cemeteries Departments	...	4
Borough Accountant's Department	...	3
Public Library		3
Town Clerk's Department		2
Fire Brigade Department		1
Total	...	124

SECTION XVI.

HEALTH SERVICES AND LOCAL GOVERNMENT ACT.

Beyond the transfer of the supervision of boarded-out children and vaccination to the Health Committee, no appreciable change has yet been introduced dealing with the old Poor Law functions.

The Medical and Surgical Wards of the Poor Law Institution, now called the Municipal Hospital, are not in every respect suitable for their purpose, as there is not only inadequacy of accommodation, lack of classification and segregation, but also structural and administration difficulty of separation of the Hospital from the workhouse section. Comparison of the workhouse atmosphere with that of a modern general hospital is a very depressing subject, and has its bearing on the patient's chances of recovery.

As required by the Act, certain deliberations have taken place with the representatives of the medical profession and the General Hospital Committee regarding the new Memorial Hospital now almost completed, and the question of co-operation and future policy. Everyone is agreed that duplication and unnecessary overlapping should be avoided, as it is evident that one large efficient General Hospital for the treatment of all medical and surgical acute sick, irrespective of class, staffed by the best available team of qualified persons is better than two with invidious contrasts. According to the spirit of the new outlook the only test of admission to hospital should be, firstly medical in that the patient is in need of immediate institutional treatment, and, secondly, that recovery of the cost of services rendered should be based on a simple agreed local scale arranged according to family income.

Since 1921 the Maternity Ward with twelve beds, and the Venereal Diseases Clinic, have been accommodated at the General Hospital in return for certain financial support from the Local Authority. School collections have also been taken, entitling the School Medical Service to authorise admissions of certain cases, particularly for operations for tonsils and adenoids. It is now suggested that consideration should be given to the practicability of bringing together all the essentially municipal services, including administration, maternity and child welfare, venereal disease work, tuberculosis, mental deficiency, school medical work, sanitation, food inspection and laboratory investigation. This scheme would certainly lead to greater efficiency, team work and consequent economy, and if accommodated at the present General Hospital, would be central and most accessible from every part of the town.

SECTION XVII.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The year has been notably free from serious infectious disease with the exception of measles, which was prevalent during the first six months, accounting for 1,274 notifications.

(about 2,000 cases) and 27 deaths. The type was particularly virulent and resembled the 1923 outbreak in severity, when there were 1,526 notifications and 51 deaths. The lower death roll can be attributed to the home nursing arrangements by a Nurse from the Municipal Hospital and the Staff of the Queen's Nurses' Association. As is usual in this disease most of the deaths occurred in children under five years of age. Complicated cases were admitted to the Fever Hospital.

Close co-ordination exists with the School Medical Service in the matter of infectious disease. Copies of notifications are forwarded to the Clinic for entry on records, and "follow up" of contacts in school attendance. Provision has been made in the Darlington Corporation Act, 1930, for the notification of all infectious conditions, including skin diseases and influenza, by parents to head teachers of both Day Schools and Sunday Schools.

Smallpox was absent, but as a precaution **Chickenpox** was investigated in 343 cases by a member of the Health Staff. As mentioned last year vaccination is not being very conscientiously sought by parents for their children, only 25% of which are vaccinated. No vaccinations were carried out by the Medical Officer of Health, but 255 by the Public Vaccinator.

Scarlet Fever.—Of the 135 notified cases, 131 were admitted to Hospital, with one death. The type is more severe than in previous years, but the use of serum has considerably reduced complications and duration of stay. The principal complications were: Otitis media, 24; Adenitis, 38; Rheumatism, 6; Nephritis, 6; Endocarditis, 8.

Duration of stay in Hospital averaged 6 weeks, "clean" cases being discharged as early as the 20th day.

Diphtheria.—An increase of notifications from 138 last year to 158 has been fortunately counterbalanced by a reduction in deaths from 8 to 5, and evidently we have passed the most virulent stage of the periodic seven-yearly wave. One death took place at home, before the diagnosis was made. Only 4 cases were nursed at home. Eight cases of laryngeal obstruction were nursed, with five deaths occurring, mainly, owing to late treatment when tracheotomy was of little avail due to low position of membrane in trachea and lung tissue. Cases are discharged on their clinical recovery, swabs not been necessarily taken.

Serum is provided for the general practitioners free of cost, and during the year about 100,000 units were supplied, while the doctor was observing the case or awaiting result of bacteriological examination.

No general application of the Schick and Dick Tests have been made in the town, but the staff at the Hospital has been protected with excellent results. There was no case of infectious disease during the year in either maids or nurses, for the first time on record. I must add that artificial sunlight treatment has been given to the night staff as a routine throughout the year.

Most of the convalescent patients are given a course of Ultra-Violet Ray treatment, starting with 2 minutes' mercury vapour lamp (Jesionek model) exposure, and increasing to 30 minutes in six doses during the winter. In the summer, beds are removed out of doors as often as weather permits.

Enteric Fever.—Three cases were notified and removed to the Hospital, diagnosis Paratyphoid B, type very mild. Infection in one case was traced to the mother, a carrier who had suffered five years ago, the other two were probably infected outside the town.

Puerperal Fever and Pyrexia.—Three cases of fever and sixteen of pyrexia were notified, with three deaths from fever resulting. Inquiry was held in each case and appropriate steps were taken to safeguard other patients, particularly in midwifery practices. Several abortions unfortunately did not come to the notice of this department until the death certificate was written.

There was no relation to Scarlet Fever infection, but in several cases septic throats and common colds in the family or Institution were noted.

One case of Puerperal Pyrexia was received into the Borough Isolation Hospital for a total of 29 in-patient days, one case of Puerperal Pyrexia in the Municipal Hospital, 3 of Fever and 9 of Pyrexia at the General Hospital, and 2 in Nursing Homes.

Under their agreement with the Health Committee the Queen's Nurses' Association paid 2 visits to one case of Puerperal Fever, and 28 visits to 1 case of Puerperal Pyrexia nursed at home.

Ophthalmia Neonatorum.—As shewn in the following Table 7 cases were notified. Two cots are reserved at the General Hospital for the treatment of these cases at £3 3s. 0d. per week.

chargeable to the Corporation while in use, but they were not used. One case was admitted to the Fever Hospital.

CASES.			Vision Unim- paired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital				
7	6	1	6	1	0	0

The Queen's Nurses paid 143 visits for home treatment of 3 cases.

Pemphigus Neonatorum.—The Queen's Nurses paid twelve visits to one case during the year. Fortunately this serious condition is very rare in Darlington.

Diarrhoea under 2 years of age.—This disease, attributable usually to dirty feeding bottles or infected milk, particularly during hot weather, accounted for only 2 deaths, representing a death-rate of about one-quarter that for England and Wales. It is a tribute to the commonsense of Darlington mothers that this figure is so low. No doubt, the fact that over one-third of our milk supply is pasteurised also has some influence.

No cases of Acute Anterior-Poliomyelitis, Cerebro-Spinal Fever, Acute Polio-Encephalitis, Malaria, Dysentery, Rabies or Anthrax were notified.

Encephalitis Lethargica.—This distressing disease was responsible for only one notification, a chronic case who died.

Pneumonia.—Owing to the shortage of General Hospital beds cases are admitted to the Fever Hospital. Of 138 notifications 16 were received into our Fever Hospital. Two died, while 54 of the 122 at home died.

Whooping Cough was responsible for 44 cases and no deaths, comparing favourably with last year, when we had 146 cases and 11 deaths. Notification of first cases in households within two months in children under 5 years is obligatory, and this has had a stimulating effect on parents.

Psittacosis.—One case of Parrot Disease was sent as a case of Typhoid into the Fever Hospital from one of the residential schools in the town. The infection was traced to the home of the child where other cases were ill, as the result of contact with a bird recently imported from the Amazon with others which spread infection throughout the country during the first quarter of the year. Though fairly severely ill, the patient convalesced satisfactorily and there were no further cases in the school, a strict supervision being kept over the 40 contacts for a fortnight.

Observation Cases.—Sixteen cases were admitted for observation and were diagnosed as medical conditions not classifiable under the above heads. No case is refused if there is the least suspicion of any infectious complaint, particularly if the patient is under bad home conditions.

Revised diagnoses were made in 3 cases of Scarlet Fever, 7 cases of Diphtheria, 3 cases of Typhoid, and 4 of Pneumonia in the Borough.

Summary of the work at the Infectious Diseases Hospital.

		Borough Cases.	Extra Borough Cases.	Total.	Days.
1st Quarter	...	89	29	118	5,676
2nd ,,	...	82	33	115	3,898
3rd ,,	...	59	34	93	4,565
4th ,,	...	103	33	136	4,946
Total	...	333	129	462	19,085

Operations performed—

Appendicectomy	...	...	...	...	2
Tracheotomy...	...	...	...	...	5
Intubation	...	...	...	...	1
Incision of Glands	...	...	...	...	5
Opening of Knee Joint	...	...	...	...	2

Sunlight Treatment.—98 Patients, 663 exposures.

Staff Illness.—No infectious disease was contracted by any member of the Staff, but Appendicitis, Jaundice and Tonsillitis accounted for 74 days' illness in 3 members.

Lectures to Nurses.—Being recognised as a Training School the obligation rests with us of training approximately four Probationer Nurses each year for the examinations qualifying for State Registration. The Medical Officer of Health and the Sister Tutor gave in all 50 lectures and demonstrations in Anatomy, Physiology, Hygiene and Nursing.

The following Authorities have agreements for the use of our Isolation Hospitals:—

- Darlington Rural District Council.
- Durham County Council in respect of inmates of Dinsdale Park School.
- Richmond Rural District Council.
- Richmond Barracks and Catterick Camp.
- Richmond Borough Corporation.
- Croft Rural District Council.
- Aysgarth Rural District Council.
- Leyburn Rural District Council.
- Royal Air Force in respect of Catterick Camp.

Prevention and Treatment of Blindness.—The Darlington Society for the Blind acting under the Committee for the Welfare of Afflicted Persons supervises the welfare of 131 blind persons in the Borough. The services of a Consultant Eye Specialist are available when necessary. Steps are now being taken to see that only blind persons within the meaning of the Act as certified by an Ophthalmic Surgeon will receive help from the authority under the Welfare Scheme.

One case had suitable glasses prescribed for his very defective vision under Section 66 of the Public Health Act, 1925.

Cleansing and Disinfection of Verminous Premises, etc.—It is very seldom occasion arises in Darlington now to enforce this, as the Sanitary Inspectors find that moral suasion invariably succeeds on their visit. The professional rat catcher has been called into service, particularly on the Corporation's tipping grounds, with good results.

Disinfection of infected clothing and bedding is carried out in a steam disinfector at the Fever Hospital.

SECTION XVIII.

SANITARY CIRCUMSTANCES OF THE AREA.

Particulars of Sanitary administration are also given in the Report of the Senior Sanitary Inspector.

Water Supply.—The water supply of the Borough is obtained from the River Tees. The intake is situated near the western boundary of the Borough and the water is pumped in two stages: (a) from the River into large subsiding tanks (b) from the subsiding tanks through the filters to the Reservoirs and town.

Pumping plant of ample capacity has been installed and alternative sources of power are available, viz., steam, suction gas and electricity, to provide for all reasonable requirements.

The mechanical filtration plant installed in 1924-7 has now been in operation since June, 1927. This plant, which has superseded entirely the old system of slow sand filters, is working satisfactorily. The initial difficulties met with on the starting up of the plant have been overcome.

The peaty discolouration which is present in the River Tees water, especially in the Autumn and after heavy rains, is removed by the addition of Alumina Ferrie, the quantity added varying from 1 grain to 6 grains per gallon.

Lime water is also added after filtration in order to correct any tendency towards plumbo-solvency.

Improved filtration and removal of colour has been obtained by the introduction of double coagulation, using .15 grain per gallon of sodium aluminate in conjunction with alumina ferrie. Experience of the process during the past twelve months shows a saving of at least 75% of wash water in the filters in addition to the advantages of a more satisfactory water.

Chlorine is injected under pressure into the filtered water main as it leaves the Waterworks. The amount added varies from $\frac{1}{3}$ to $\frac{1}{2}$ part per million, according to bacteriological findings. Three million gallons per day are used by the works and 17,000 houses in the Borough.

Analyses of the river, filtered and chlorinated water are made weekly by the Borough Analyst, whose reports during the past year have been consistently satisfactory.

Average analyses during the year:—

River Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	600 per c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 0.1 c.c.

Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	120 per c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 0.1 c.c.

Chlorinated Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	3 per 2 c.c.
Presumptive B. Coli Test after 72 hours.	Negative in 100 c.c.

A typical analysis of tap water taken in the centre of the town in September is given below:—

					Parts per 100,000.
Chlorine as Chlorides	...	...	...	...	1.0000
Nitrogen as Nitrates	...	...	...	...	.0298
Ammonia	...	...	...	...	.0012
Albuminoid Ammonia	...	...	...	...	.0090
Oxygen Absorption	...	...	...	...	.1336
Injurious Metals	...	...	...	...	None
Total solid matter dried at 100°C....	...	...	...	...	10.0000

Temporary Hardness	...	.60 Degrees.
Permanent Hardness	...	7.80 „

Colour of sample on Hazen Scale	...	13
Appearance of sample in 2 foot tube	...	Not quite bright.
Odour when heated to 50 Degrees C.	...	None.

Small deposit from $\frac{1}{2}$ gallon consisting of earthy matter, vegetable debris, one or two threads of fungus, a few micro-organisms and some cotton fibres.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	3 in 2 c.c.
Presumptive B. Coli Test after 72 hours.	Positive in 50 c.c.

ANALYST'S OBSERVATIONS :—

The results of the chemical analysis of this sample indicate that it is of normal composition.

The matters noted under the microscopical examination are such as are inseparable from water which is stored in open reservoirs subsequent to filtration, and are, in my opinion, without hygienic significance. This conclusion is confirmed by the results of the bacteriological examination.

The sample is of good and wholesome quality for all domestic purposes.

Rivers and Streams.—The River Skerne, which flows through the town and was once regarded as an open sewer, is now provided with well built banks along most of its course. At times during very wet seasons, storm water may overflow into low lying waste land, in the vicinity of Valley Street, at present used as a tip, and by its retention there, with decomposing vegetable matter, there is risk of a serious nuisance. Attention to the weir on the river and the draining of the low lying land would improve the present eye sore immensely, for profitable development.

There was no necessity to take any action to check the pollution of rivers or streams in the area.

Smoke Abatement.—As so much of the nuisance from this cause arises from domestic fires, one of the first steps towards a cleaner town is the production of cheap gas and electricity for the home. This has been the policy in Darlington for many years. At present a determined effort is being made to urge those people who must use open fires to burn smokeless fuel, either the locally produced coke or the proprietary fuels, *e.g.*, Coalite, Ricoal or Kincole, now on the market. Many of the large Works in the town have installed modern furnaces which consume their own smoke, to the distinct advantage of the amenities and health of the neighbourhood, as well as achieving economy in the industry. All our Municipal Institutions are practically smokeless.

Premises which can be controlled by Bye Laws or Regulations.

In spite of the totally inadequate inspectorial staff an attempt has been made during the year to ascertain the conditions under which certain people are living in the Borough in tents, vans, sheds, houses let in lodgings, and insanitary dwellings. Great difficulty has been experienced in dealing with the cases, as there is no available satisfactory accommodation at a rental within

the capacity of these unfortunate folk. Particulars are given in the Sanitary Inspector's Report appended.

Schools.—The sanitary condition and water supply of schools are discussed in the appropriate report included herewith.

Drainage, Sewerage and Closet Accommodation.—The town is sewered on the partially combined system, and storm overflows are provided discharging at convenient points, chiefly in the neighbourhood of the River Skerne. The sewage is conveyed to the Sewage Farm situated on the west bank of the Skerne, about a mile to the south of the town. Treatment of the sewage is carried out by broad irrigation. An experimental activated sludge plant is installed.

Of the 6,400 privy ashpits in the town three years ago, only 3,000 now remain to be converted. It is hoped this will take place during the next two years, as the work is progressing according to programme. New sewers are being built to accommodate the recently added areas of Haughton.

Scavenging.—The scavenging of the town has been very satisfactorily carried out. The refuse is disposed of principally by depositing on tips which are covered with soil or clean ashes. A small proportion of privy refuse is conveyed to farms for use on the land. The conversion of the privy ashpits will wipe away this problem to a great extent. In the work of conversions, special tipping bins are being installed so that collection of refuse will be more rapid and efficient. Fast motor transport is replacing the horse vehicles and practically all the collection can now be done at night.

Cemeteries.—Three large Cemeteries with recent extensions provide adequate room for disposal by earth burial for many years to come.

Crematorium.—Public opinion is now awaking to this sanitary method of disposal of our dead. The Darlington Crematorium situated in the West Cemetery was used during the year for 50 cremations. The Medical Officer of Health holds the appointment of Honorary Medical Referee for the authorizing of each cremation by the Darlington Cremation Society, a private body which has developed through the vision of a few progressive local residents. The majority of the cremated are brought, however, from outside the town. If it were realised that cremation is no more expensive than earth burial, the figure being £3 3s. 0d., I am sure its use would be more widely practised by the present enlightened population.

SECTION XIX.

HOUSING.

From the Census Statistics it is estimated that 5·8 per cent of our families are sharing a house compared with 10·0 per cent for the neighbouring County Boroughs in Durham. In our poorest quarters several families are badly overcrowded, particularly owing to back-to-back property and sub-letting. It is not unusual to find tenants of a house of 5/- per week rent charging 10/- per week for a single room "furnished" with a table and a chair. Cases have been reported monthly to the Health Committee for their consideration and action.

The following figures show the progress made in house building since 1918:—

		Private Enterprise.		By Corporation.		Total.
		Without Subsidy.	With Subsidy.			
1918	...	2	—	...	...	2
1919	...	6	—	...	...	6
1920	...	17	—	...	...	17
1921	...	9	—	...	86	95
1922	...	187	—	...	152	339
1923	...	264	1	...	35	300
1924	...	103	208	...	18	329
1925	...	96	399	...	15	510
1926	...	81	256	...	50	387
1927	...	56	334	...	—	390
1928	...	58	274	...	—	332
1929	...	63	420	...	—	483
1930	...	264	—	...	—	264
Total		1206	1892	356		3454

Adding 10 huts in the Borough and 62 Council Houses in the recently added areas we have a total of 3,526 since 1918.

HOUSING STATISTICS.

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b))	...	...	...	...	...	2911
(1) By the Local Authority	...	...	...	...	...	277
(2) By other Local Authorities	...	...	...	...	...	0
(3) By private enterprise	...	...	...	...	...	264

- | | |
|--|----|
| (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... | 00 |
|--|----|

B.—Proceedings under Public Health Acts:—

- | | |
|--|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied... .. | 2455 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices:— | |
| (a) By owners | 1344 |
| (b) By Local Authority in default of owners | 00 |

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 | 00 |
| (2) Number of dwelling-houses in respect of which Closing Orders were made ... | 00 |
| (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit | 00 |
| (4) Number of dwelling-houses in respect of which Demolition Orders were made | 00 |
| (5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... | 00 |

D.—Proceedings under Section 68 of the Darlington Extension and Improvement Act, 1872:—

- | | |
|---|----|
| (1) Number of representations made with a view to the making of Closing Orders | 30 |
| (2) Number of dwelling-houses in respect of which Closing Orders were made ... | 30 |
| (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit | 00 |

4.—Number of houses owned by the Local Authority, distinguishing those built in the last two years and held under (1) Part III. of the Housing Act, 1925 ;	
(2) Part II. of the Housing Act, 1925	0
(3) Number of Houses built under Housing Act, 1919	351
Number of Houses built under Housing Act, 1924	50

HOUSING CONDITIONS.

Following a report of the Medical Officer of Health in which the worst property in the town was described and detailed, particularly referring to back-to-wall, back-to-back and tenement houses, it was decided by the Council to present the statement of a quinquennial programme under the Housing Act, 1930, in this form:—

HOUSING ACT, 1930.—SECTION 25 (2).

Form of Quinquennial Statement.

The Council of the County Borough of Darlington have considered the housing conditions of their area, and the needs of the area with respect to the provision of further housing accommodation for the working classes.

The Council have caused a survey to be made of their area, and an inspection to be made of the houses discovered in that survey to be not in all respects fit for human habitation and not to attain such a standard that the residents therein can be said to be well housed.

The Council is of opinion that precipitant action is to be deprecated, and is not in a position at the moment to make definite proposals as to the action which will ultimately be necessary.

The survey has disclosed 33 houses which are unfit and cannot by the expenditure of any reasonable sum of money be rendered fit, and the Council accordingly propose to take steps to secure the demolition of these houses forthwith. The present inhabitants of these houses consist of 46 families, totalling 142 people, and to provide accommodation equivalent to that which is to be demolished will require the erection of 50 houses of varying types. These houses the Council propose to erect.

The Council also propose to carry out an intensive inspection of their area, and to secure the demolition of any bad conditions by means of appropriate notices under the Housing and Public Health Acts. They also propose to frame Byelaws under Section 6 of the Housing Act, 1925, with respect to houses divided into separate tenements, and submit them to the Ministry of Health for confirmation. When these measures have become effective such further action will then be taken as appears to be necessary.

The Council have also considered the question of the provision of new houses for the working classes. During the past few years an abnormal number of such houses has been built because of the encouragement provided under the Housing Act of 1923.

The Council have discussed with the local Master Builders Association the question of whether the members of that Association are prepared to build houses to let under the provision of the Act of 1924. They find that there is considerable reluctance on the part of the Builders to commit themselves to schemes under this Act. The Council is not without hope, however, that the Builders will take advantage of the subsidy offered under that Act, and discussions are still proceeding.

In these circumstances, and in view of the fact that this area is in a depressed state, the Council feels it impossible to forecast with any accuracy the number of houses which will be built.

The Council is proposing during the next year or eighteen months to provide about 28 new houses in consequence of the requirements of the House of Commons in connection with the improvement work authorised in the Darlington Corporation Act, 1930.

So far as the summary and estimate can be given in the form suggested by the Minister in Circular 1153, dated 31st October, the following particulars are given:—

Population.—71,560.

Number of inhabited houses (according to rate books) at 1st April, 1930.—17,227.

A. Estimated production of houses by the local authority during the next five years—78, and such other houses as may be found necessary.

3. Estimated production of new houses of working class type by private enterprise during the next five years:—
 - (i.) With subsidy under the Act of 1924.—No figure can be given because it depends upon trade conditions and the result of further negotiations.
 - (ii.) Under arrangements made under Section 29.—Nil as at present ascertained.
 - (iii.) Otherwise.—500.
4. Number of new houses to be erected by the Council immediately in order to provide accommodation in replacing unfit houses to be demolished.—50.
5. Estimated number of new houses to be provided by the local authority within two years to replace houses to be demolished under the powers of the Darlington Corporation Act, 1930.—28.
6. Estimated number of houses to be demolished by the Council during the next two years:—
 - (i.) As individual unfit houses.—33.
 - (ii.) In respect of a scheme outside the Housing Acts.—27.

BACK-TO-BACK HOUSES AND HEALTH.

Comparative Mortality Figures.

This Report has been based on the Census returns of 1921, amplified by material from my past Annual Reports, and the inspections by the Sanitary Staff.

The population has increased from 65,842 to 71,790, and 3,000 houses have been built, since 1921, but this has not altered to any extent the conditions in back-to-back property. The general work of the Sanitary Inspectors reveals that increasing numbers of houses are becoming sub-let and sub-divided, so that the conditions of the poorer working classes are on the whole unimproved. Further, no appreciable change has taken place in the number or the mode of habitation of our back-to-back houses during the past ten years, as the shortage of alternative accommodation has been an insurmountable obstacle in taking progressive measures to relieve the overcrowding.

In my Annual Reports for 1928 and 1929, the need for houses at a rental of 5/- to 7/- per week was emphasised, and I ventured to suggest that the immediate provision of 200 houses

of this class would temporarily relieve the position, to the ultimate improvement and economy in general well-being.

The accompanying table scarcely needs elucidation, as it shows in clear figures the comparisons in Mortality in the different Wards, with their types of property classified numerically.

Pierremont Ward, though equally like Central Ward the most crowded in population per acre (47), has no back-to-back property, has one room per person, boasts the lowest death-rate (4.6%) during the past five years, and therefore provides a simple basis for comparison with the other seven Wards, all of which are "infected" in varying degrees by old insanitary property and the usual unpleasant associated features.

BACK-TO-BACK PROPERTY IN WARDS.

Central Ward	... Brunswick Street, Bowes Street, Coburn Street, East Street, Freeman's Place, John Street, Mount Street, Oxford Street, Valley Street North, Yards off Tubwell Row and Parkgate.
Cockerton Ward	... Farrer Street and Hopetown Area.
Eastbourne Ward	... Adelaide Street, Albert Street, Union Place and Bank Top Area.
Harrowgate Hill Ward	Boyne Street, Chilton's Buildings, Eldon Street, Hammer Street, Lansdowne Street, Lock Street.
North Road Ward	... Allan Street, Grey Street, Howard Street, Havelock Street, Jane Street, Killinghall Street, Vulcan Street, William Street.
South Ward	... Bridge Street, Chancery Lane, Chapel Street, Church Street, Model Place, Park Place, Park Street.
West Ward	... Archer Street, Bakehouse Square, Cranford's Yard, King Street, Queen Street, Regent Street, Temperance Place, Union Street, and Yards off Bondgate, Hill Row and Skinnergate.

The worst types of this property, Classes A. and B., described on pages 74, 75 and 76 of my Annual Report for 1900, comprise 424 houses, 587 tenements, 1,548 rooms, 717 families and 2,732 occupants. This means .56 room per person, or, in round figures, two persons living, sleeping, washing, cooking, eating, and entertaining their friends in one room. Not one

there indecency, overcrowding, and too intimate mixing of the sexes, but prominent among the sanitary defects, the following are noted in almost every case:—

1. Absence of damp-proof courses in the basement walls, therefore much ground moisture rising.
2. No through ventilation.
3. Inadequate lighting to ensure safety or cleanliness.
4. Steep dark staircases.
5. No food stores.
6. Inadequate closet accommodation and washing facilities.

The table of figures has been prepared to give statistical confirmation of the already well-known harmful effects of such an environment on the Public Health. It shows each Ward's population classified, individually, in houses, in rooms, and rooms per person. For the sickness and mortality statistics I have selected certain diseases where the diagnosis is confirmed by two or more doctors, and where social conditions are closely investigated in each case—Scarlet Fever, Diphtheria, Measles, Pulmonary and Non-Pulmonary Tuberculosis and Pneumonia.

Back-to-back property in each of the seven Wards is associated, not only with its own mortality figure, but with a very marked increase in the selected diseases death-rate in the non-back-to-back houses, so that not only is it harmful per se, but the danger seems to overflow and infect the "contact" good property.

On the whole the incidence and death-rate of the selected diseases in back-to-back areas are double the figures in non-back-to-back, and this fact is further borne out by the consistency of increase in the total death-rate figures of the last column.

If all the Wards had been as satisfactory as Pierremont Ward there would have been a saving in deaths of about 20 per 1,000 population during the five years—a total of over 1,000 lives for the seven Wards—which, at the average value of £240 per head, represents £240,000 on an actuarial basis.

TUBERCULOSIS AND HOUSING.

On the question of tuberculosis I have collected the details of the last 500 cases notified, and find that 95 lived in back-to-back houses, an incidence of 1 in 40 of that population, while 405 arose in other than back-to-back property, an incidence of only 1 in 160—a relationship of 4 to 1.

At least fifteen tuberculous families are living in one-room tenements, all overcrowded. In ten instances there are two cases in a family, in 2, 3 cases, and in 1, 4 cases, all in back-to-back houses. Overcrowding of these infected families, as reported monthly to the Tuberculosis Care Committee, carries on the vicious circle, and is responsible for the continuous chain of expensive Institutional cases for Sanatorium treatment. A case returning to such conditions from an Institution goes down more rapidly than if he had never been away, infects the rest and is carried to the grave leaving a legacy of debt to the municipal charge.

Recognizing the serious economic situation generally in the town and anticipating early application of the Byelaws for the control of overcrowding and sub-letting, I therefore suggest for the earnest consideration of the Council that the first step should be the building of 200 houses of low rental to accommodate the largest families removed from our worst areas. It is not necessary to declare whether you wish to act under the 1924 or the 1930 Housing Act until the houses are about to be let. The urgent need is houses, as it has been found during the past five years to be an impossible task to enforce abatement of the nuisance of overcrowding while there was a shortage of available houses for evicted tenants.

On the subject of tuberculosis and housing, it would not only be good public health practice but a definite economy to subsidise infected families in new open-air houses, as has been done in a few instances through our Tuberculosis Care Committee. The cost is only a few shillings per family per week, yet if it prevents only one case being sent to Sanatorium at over £3 per week, the economy and public welfare are evident results.

BACK-TO-BACK HOUSES AND HEALTH—COMPARATIVE MORTALITY FIGURES.

Ward.	Area. Acres.	Population.			Houses.	Rooms.			Popula- tion per Acre.	Rooms per Person.			Selected Diseases. Death-rate per 1,000. 5 years. 1926-1930.	Total Death-Rate per 1,000. 5 years—1926-1930.
		Total.	Back- to- Back.	Non- Back- to-Bk.		Total.	Back- to- Back.	Non- Back- to-Bk.		Total.	Back- to- Back.	Non- Back- to-Bk.	Back- to- Back.	Non- Back- to-Bk.
Pierremont ...	146	6885	Nil	6885	1646	6884	Nil	6884	47	1.00	—	1.00	—	46
Central ...	182	8703	889	7814	1740	7472	554	6918	48	.84	.62	.89	27	61
Cockerton ...	1012	7162	191	6971	1556	6291	110	6181	7	.88	.58	.88	26	70
North Road ...	388	8354	603	7751	1631	6421	337	6084	22	.77	.56	.80	28	66
Harrowgate Hill	679	8357	543	7814	1677	6518	221	6297	12	.78	.40	.80	13	60
Eastbourne ...	674	8544	127	8417	1728	6850	70	6780	13	.84	.58	.80	25	66
West ...	1129	8695	1012	7683	1806	10264	620	9644	8	1.20	.62	1.25	15	64
South ...	404	9142	689	8453	1850	9380	411	8969	23	1.02	.60	1.06	33	58

Selected diseases include:—Scarlet Fever, Diphtheria, Measles, Pulmonary and Non-Pulmonary Tuberculosis and Pneumonia.

SECTION XX.

INSPECTION AND SUPERVISION OF FOOD.

Chemical examination of water supplies, milk samples, food and drugs are carried out by agreement with Mr. Cyril J. H. Stock, appointed as part-time Analyst, who has kindly written the following report:—

1. During the year ended the 31st December, 1930, 11 samples of Food have been submitted for analysis and Report under the provisions of the Food and Drugs (Adulteration) Act, 1928, for the County Borough of Darlington, as compared with 214 samples received during the 12 months ended the 31st December, 1929.

2. I have certified 139 samples to be of genuine quality and 24 samples to be adulterated or below standard, while 1 sample was returned as being of doubtful quality. In addition 11 samples of Milk, taken in course of delivery as reference samples, and 7 samples of Milk taken on appeal to the court have also been reported upon.

3. Excluding the sample of doubtful quality, and reference and appeal samples, the percentage of adulteration for the year was 14·72, as compared with 12·30 for the previous 12 months.

4. During the ordinary course of inspection 106 samples of Milk were taken, which is less by 21 than the number submitted during 1929.

Of these, 22 were found to be adulterated or below standard giving a figure of 20·75 for the percentage of adulteration of Milk for the period which is the subject of this Report.

In this figure are included all samples either adulterated or below standard, but reference and appeal samples are not included.

The figure for the year ended the 31st December, 1929, was 18·90.

Of the 22 samples reported against, 3 were deficient in Non-fatty Solids and 19 were deficient in Fat, and of the reference samples, 3 were deficient in Fat, and 1 appeal sample was deficient in Non-fatty Solids.

The average composition of the genuine samples shows that the general quality of the milk vended in the town was satisfactory:—

Non-fatty Solids	...	...	...	8.93%
Fat	...	...	...	3.64%

For the year 1929 the figures were:—

Non-fatty Solids	...	...	...	8.77%
Fat	...	...	...	3.60%

5. Commodities other than milk which were sampled comprised the following:—

Almonds, Ground.	Flour.
Baking Powder.	Lard.
Bread and Butter.	Margarine.
Bun Flour.	Meal.
Butter.	Non-Alcoholic Wine.
Cheese.	Jam.
Cocoa.	Pepper.
Coffee.	Tea.
Custard Powder.	Sweets.
Fish Cakes.	Sausages.

With the exception of 2 samples of Bread and Butter and 1 sample of Non-Alcoholic Wine, all samples of the above articles were found to be of genuine quality and in wholesome condition.

The 2 samples of Bread and Butter to which exception was taken, were both from the same source, and the offence was the substitution of a mixture of Margarine and Butter for genuine Butter; samples of bread and butter were taken from 10 cafes and restaurants in the town, but in only one case was there any need for complaint.

In the case of the Non-Alcoholic Wine, which was described as "Black Currant," the sample was returned as being of doubtful quality.

On the whole the result of the year's work is to show that the quality of the Food sampled under the Food and Drugs (Adulteration) Act, 1928, is satisfactory, but that the handling of the Milk supply is in some cases responsible for consumers receiving Milk which is deficient in Fat.

(Signed) CYRIL J. H. STOCK.

SECTION XXI.

PUBLIC HEALTH EDUCATION.

General propaganda is called into play in practically every side of the routine health work. The visit by a School Nurse, Health Visitor or Sanitary Inspector is as much educational as the work of the School Teacher, though the lessons are not always sought on the part of those to be taught. Our aim has always been in the direction of driving home a lesson in a simple entertaining practical way of everyday life, and for that reason the more spectacular methods of Health Week have been temporarily suspended. Health Sunday, Baby Days, Parents' Conference and informal talks have been held throughout the course of the year; posters, leaflets and Press articles have been circulated and the Magazine, "Better Health," has been published by the Medical Officer of Health and distributed, 1,000 copies monthly free through the Schools and Clinics.

Programme of year's work:—

- (a) Lectures by M.O.H. and Staff of Department, 24.
- (b) Health Sunday, October 5th. Special Services Churches and Sunday Schools.
- (c) National Health Week, October 5th to 10th, Day Schools.
- (d) Dinner Hour Meeting, L.N.E.R. Works, December 3rd, 250 men present—
Film, "Venereal Disease and its effects"
Lecturer, Mr. R. D. Sanders. Chairman, Ald. A. J. Best.
- (e) Parents' Conferences, North Road Schools, December 3rd and 4th, 700 present. Films shown "Parental Responsibility." Chairmen, Ald. C. Leach, Ald. Dr. D. L. Fisher.
- (f) Scholars' Meeting, 300 present.
Film shown, "The Ways of Life."

These Conferences were organised by Miss Hall, the Health Teacher, North Road Schools, for the parents of her scholars.

SECTION XXII.—STATISTICAL TABLES.

BIRTH-RATE, DEATH-RATE and ANALYSIS of MORTALITY during the Year 1930.

Registrar-General's Provisional figures for 53 weeks ending 3rd January, 1931.

	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.				
	RATE per 1,000 TOTAL POPULATION.		All Causes.	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under One Year.	Certified by Registered Medical Practitioner.	Inquest Cases.	Certified by Coroner after P.M. No Inquest.	Uncertified Causes of Death.
	Live Births.	Still Births.															
England and Wales	16.3	0.69	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	0.55	6.0	60	90.4	6.9	1.7	1.0
107 County Boroughs and Great Towns, including London ...	16.6	0.71	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	0.50	8.3	64	90.6	6.6	2.3	0.5
159 Smaller Towns (1921 Adjusted Populations 20,000—50,000) ...	16.2	0.69	10.5	0.00	0.00	0.08	0.01	0.05	0.07	0.13	0.43	4.4	55	91.8	5.9	1.2	1.1
London	15.7	0.56	11.4	0.01	0.00	0.23	0.02	0.03	0.10	0.08	0.55	9.9	59	88.3	7.4	4.3	0.0
Durham County	20.7	—	11.2	0.01	0.00	0.09	0.02	0.09	0.07	0.13	0.47*	5.7	74	—	9.7	—	2.1
DARLINGTON	16.8	0.64	11.5	0.00	0.00	0.37	0.01	0.00	0.07	0.14	0.50	1.6	78	90.6	5.3	—	4.1

* Excluding Suicide.

REGISTRAR GENERAL'S COMPARATIVE MORTALITY FIGURES N.E. TOWNS, 1930.

TOWNS.	Estimated Population mid. 1929.	Live Births.	Stillbirths.	Deaths (excluding Stillbirths).	Deaths of Infants under 1 yr. of age.	Deaths from								Rate per 1,000 Living.		Death-rate per 1,000 Living.						Death-rate per 1,000 Live Births	
						Enteric Fever.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea & Enteritis under 2 yrs.	TOTAL.			Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	TOTAL.	Diarrhoea & Enteritis under 2 yrs.	Infants under 1 year.
														Live Births.	Deaths (Civilians).								
Middlesbrough C.B.	133,100	3,304	147	1,747	270	—	43	2	39	8	32	33	157	24.8	12.9	0.32	0.01	0.29	0.06	0.24	0.92	9.8	80
Stockton-on-Tees ...	67,090	1,560	68	817	107	—	12	—	4	—	10	8	34	23.3	12.0	0.18	—	0.06	—	0.15	0.39	5.0	67
West Hartlepool C.B.	69,370	1,528	60	817	84	4	6	1	7	8	6	8	40	22.0	11.6	0.09	0.01	0.10	0.11	0.09	0.40	5.2	54
Sunderland C.B. ...	184,000	4,242	185	2,500	340	5	13	—	17	13	35	38	121	23.1	13.4	0.07	—	0.09	0.07	0.19	0.42	8.8	79
South Shields C.B.	119,600	2,396	102	1,516	222	1	3	1	3	12	27	28	75	20.0	12.5	0.02	0.01	0.02	0.10	0.22	0.37	11.5	91
Gateshead C.B. ...	122,600	2,627	110	1,527	235	—	20	4	10	4	12	23	73	21.4	12.3	0.16	0.03	0.08	0.03	0.10	0.40	8.6	88
Newcastle-upon-Tyne C.B.	283,400	5,223	261	3,476	377	5	17	4	28	4	39	44	141	18.4	12.1	0.06	0.01	0.10	0.01	0.14	0.32	8.3	71
Tynemouth C.B. ...	65,380	1,217	52	781	79	1	—	1	11	11	5	14	43	18.5	11.7	—	0.01	0.16	0.16	0.07	0.40	11.3	64
Carlisle C.B. ...	56,160	1,010	38	730	68	—	1	1	3	1	6	4	16	17.9	12.8	0.02	0.02	0.05	0.02	0.11	0.22	3.9	66
DARLINGTON C.B.	*74,150	1,217	51	813	97	—	26	1	—	5	9	2	43	16.8	11.1	0.35	0.01	—	0.07	0.12	0.55	1.6	78

* On 1st October, 1930.

CAUSES OF DEATH.		Sex	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Deaths of Residents and Non-Residents in Darlington Institutions.	Deaths of Residents in other Institutions.
All causes ...	...	M. F.	424 409	55 37	10 10	7 11	14 16	14 22	47 57	105 92	106 77	66 87		
Uncertified	...	M. F.	17 17	2 2	...	...	1	...	...	3 5	6 5	6 3		
1. Enteric Fever	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...
2. Small-pox	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...
3. Measles	...	M. F.	15 12	4 1	6 5	4 4	1 2	...	...	...	...	...	3	...
4. Scarlet Fever	...	M. F.	...	...	...	...	1	...	...	...	...	...	1	...
5. Whooping Cough	...	M. F.	1	...	...	...	...	...	...	...	...	...	1	...
6. Diphtheria	...	M. F.	...	...	...	...	1	...	...	...	...	...	...	...
7. Influenza	...	M. F.	2 5	...	...	2	...	1	...	2	2	...	4	1
8. Encephalitis Lethargica	...	M. F.	1 1	...	...	...	...	...	1	...	...	...	1	...
9. Meningococcal Meningitis	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...
10. Tuberculosis of Respiratory System	...	M. F.	34 29	1 ...	...	...	1 4	4 10	13 10	12 5	3	...	6	1
11. Other Tuberculous Diseases	...	M. F.	3 11	...	...	1	1 2	...	2 2	...	...	...	2	1
12. Cancer, Malignant Disease	...	M. F.	38 40	1 ...	...	...	...	1	2 4	18 17	12 11	5 6	18	1
13. Rheumatic Fever	...	M. F.	1 2	...	...	...	1	...	...	...	...	...	1	...
14. Diabetes	...	M. F.	5 6	...	...	...	...	...	1	...	1	2	...	...
15. Cerebral Haemorrhage, etc.	...	M. F.	24 28	...	...	...	...	...	1	4 5	13 13	6 9	6	2
16. Heart Disease	...	M. F.	63 67	...	...	...	...	2	1 5	23 20	25 15	12 26	4	1

CAUSES OF DEATH, 1930—Continued.

CAUSES OF DEATH.	Sex	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	Deaths of Residents & Non-Residents in Darlington Institutions.	Deaths of Residents in other Institutions.
17. Arterio-sclerosis ...	M.	27	...	...	...	...	...	...	5	13	9	10	...
18. Bronchitis ...	F.	9	...	...	...	...	...	...	1	3	5	1	...
19. Pneumonia (all forms) ...	M.	10	...	...	...	...	...	...	2	3	2	1	...
20. Other Respiratory Diseases...	F.	19	...	...	...	...	...	...	3	2	10	...	...
21. Ulcer of Stomach or Duodenum ...	M.	42	7	4	...	1	1	9	7	11	2	16	1
22. Diarrhea, etc. ...	F.	22	5	1	3	...	...	2	6	4	1	4	2
23. Appendicitis and Typhlitis ...	M.	4	1	...	...	...	...	...	2	...	1	4	...
24. Cirrhosis of Liver ...	F.	2	...	...	...	...	...	...	...	1	1	...	...
25. Acute and Chronic Nephritis...	M.	6	...	...	...	...	...	1	5	...	...	...	...
26. Puerperal Sepsis ...	F.	4	...	...	...	...	...	2	2	...	...	12	...
27. Other Accidents and Diseases of Pregnancy & Parturition	M.	3	2	...	...	1	...	...	...	...	...	...	...
28. Congenital Debility and Malformation, Premature Birth	F.	...	...	...	...	...	...	...	...	...	...	...	...
29. Suicide ...	M.	5	...	...	...	...	...	...	...	...	...	...	...
30. Other Deaths from Violence...	F.	...	...	...	...	...	...	...	...	...	...	...	...
31. Other defined diseases ...	M.	18	...	...	...	...	3	4	2	2	1	13	4
	F.	8	...	2	1	...	...	1	3	1	...	6	1
	M.	78	12	...	1	5	1	7	9	17	26	39	1
	F.	...	4	...	...	4	3	9	12	21	25	41	2

INFANT MORTALITY.

1930. NET DEATHS FROM STATED CAUSES AT VARIOUS
AGES UNDER ONE YEAR OF AGE.

CAUSES OF DEATH.				Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 weeks.	4 Weeks—3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All causes	{ Certified	...	...	36	9	3	1	49	10	13	5	11	88
	{ Uncertified	...	...	2	1	...	...	3	...	1	...	...	4
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	5	5
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	1	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	1	...	1
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	3	1	1	...	5	...	...	...	...	5
Laryngitis	...	...	...	...	...	...	...	...	1	...	...	...	1
Bronchitis	...	...	...	...	...	...	...	...	1	2	1	1	5
Pneumonia (all forms)	...	...	...	...	...	...	...	...	1	6	1	3	11
Diarrhœa	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	...	...	...	1	1	...	...	2
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastro-enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	1	...	1	...	2
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	...	...	...	5	2	1	1	9	...	...	...	1	10
Premature Birth	...	...	...	22	3	...	...	25	...	1	...	...	26
Atrophy, Debility and Marasmus	...	...	...	7	2	1	...	10	3	1	...	1	15
Other causes	...	...	...	1	2	...	...	3	2	3	...	...	8
Totals	...	...	...	38	10	3	1	52	10	14	5	11	92

Net Births in the year.—Legitimate, 1,152 ; illegitimate, 65.

Net Deaths in the year.—Legitimate Infants, 84 : males, 50 ; females, 34.

Illegitimate Infants, 8 : males, 5 ; females, 3.

CANCER DEATHS—PARTS OF BODY AFFECTED.

PARTS AFFECTED.	Under 35		35-45		45-55		55-65		65-75		75 & over		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Peritoneum, Intestines and Rectum	2	...	1	...	1	...	2	4	5	3	...	...	11	...
Stomach and Liver...	...	...	...	...	3	...	2	3	4	4	3	2	12	...
Reproductive Organs	...	...	...	2	...	1	...	...	...	2	...	...	...	...
Breast ...	...	...	...	...	...	2	...	...	...	2	...	2	...	...
Other Glands	...	...	...	...	1	...	...	...	1	...	...	...	2	...
Mouth and Throat ...	...	...	...	...	...	1	3	...	1	...	1	...	5	...
Bones ...	...	...	1	...	...	...	...	1	...	...	1	1	1	...
Other Parts ...	...	...	1	...	2	1	2	4	3	1	...	1	2	7
Totals	2	2	1	4	6	6	11	11	12	11	6	7	38	4

INFECTIOUS DISEASES IN WARDS.—1930.

DISEASE.	Harrowgate Hill.	North Road	Eastbourne.	Cockerton.	Pierremont.	Central.	West.	South.	Total
Smallpox ...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	30	23	13	19	12	12	9	14	132
Diphtheria ...	24	19	22	13	27	20	11	21	157
Enteric Fever ...	...	...	...	1	1	...	1	...	3
Pulmonary Tuberculosis ...	13	11	21	16	4	15	5	12	97
Other forms of Tuberculosis...	6	7	10	12	6	5	9	4	59
Puerperal Fever ...	...	...	...	...	2	...	1	...	3
Puerperal Pyrexia ...	2	4	3	1	...	1	3	2	16
Erysipelas ...	2	1	2	3	6	8	3	4	29
Ophthalmia Neonatorum ...	3	1	1	1	...	1	...	...	7
Acute Anterior Poliomyelitis...	...	...	...	...	...	...	...	...	...
Acute Encephalitis Lethargica	...	...	1	...	...	...	...	...	1
Acute Pneumonia ...	19	23	25	20	11	10	13	17	138
Malaria ...	...	...	...	...	...	...	...	...	...
Chicken-pox ...	14	44	52	75	42	46	54	52	379
Measles and German Measles...	133	184	182	170	113	160	162	170	1274
Whooping Cough ...	15	5	2	2	3	7	4	6	44
Total ...	261	322	334	333	227	285	275	302	2339

Figures following + in added areas since 1st October.

DISEASE.	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—	Total Cases Notified.	Total Deaths.	Cases Admitted to Isolation Hospital.	Deaths in Isolation Hospital.
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles and German Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Anterior Poliomy- elitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Numbers in brackets signify deaths.

INFECTIOUS DISEASES.

The following table shows the number of cases of **Infectious Disease** notified each month during 1930.

	Smallpox.	Scarlet Fever.	Diphtheria and Membranous Croup.	Enteric Fever.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Puerperal Fever.	Puerperal Pyrexia.	Erysipelas.	Ophthalmia. Neonatorum.	Measles and German Measles.	Acute Anterior Poliomyelitis.	Acute Encephalitis Lethargica.	Acute Pneumonia.	Malaria.	Chicken-pox.	Whooping Cough.	Totals.
January	...	20	14	...	8	3	...	1	2	1	15	...	...	11	...	39	1	115
February	...	17	9	...	7	10	...	2	5	...	58	...	...	27	...	22	7	164
March	...	8	9	1	6	7	...	...	4	...	288	...	...	18	...	34	5	380
April	...	13	8	...	8	5	...	2	4	...	604	...	...	17	...	29	7	697
May	...	13	17	...	13	6	...	3	2	1	225	...	...	14	...	37	6	337
June	...	5	14	...	8	7	1	4	3	...	54	...	...	7	...	48	4	155
July	...	7	14	...	11	6	1	...	1	...	6	...	1	7	...	15	3	72
August	...	1	13	1	6	1	...	...	1	2	6	...	...	3	...	6	2	42
September	...	9	8	1	7	5	...	2	...	...	5	...	...	5	...	13	1	56
October	...	19	21	...	17	8	1	1	5	...	8	...	...	10	...	15	1	106
November	...	11	14	...	6	3	...	1	2	1	2	...	...	6	...	57	2	105
December	...	12	17	...	9	4	...	...	2	2	3	...	...	13	...	67	5	134
Totals for 1930...	...	135	158	3	106	65	3	16	31	7	1274	...	1	138	...	382	44	2363
Totals for 1929...	...	158	138	6	102	54	1	15	27	12	1109	...	1	195	...	279	146	2243

**Incidence of NOTIFIABLE DISEASES, DEATHS and ADMISSIONS TO ISOLATION HOSPITAL
during the past eight years.**

DISEASE.	1923.		1924.		1925.		1926.		1927.		1928.		1929.		1930.	
	Notifiables.	Deaths.	Admitted to Hospital.	Notifiables.	Deaths.	Admitted to Hospital.	Notifiables.	Deaths.	Admitted to Hospital.	Notifiables.	Deaths.	Admitted to Hospital.	Notifiables.	Deaths.	Admitted to Hospital.	Notifiables.
Smallpox ...	...	...	...	...	...	...	17	...	17	120	85	1	85	...	...	...
Scarlet Fever ...	106	2	100	143	2	137	150	123	117	186	326	1	316	...	153	135
Diphtheria ...	47	3	44	40	3	37	38	32	32	40	157	11	152	138	8	158
Enteric (including Paratyphoid)	2	...	...	1	...	1	4	18	1	25	4	1	3	6	2	6
Puerperal Fever ...	3	1	...	3	1	...	...	5	2	2	4	3	2	1	1	...
† Puerperal Pyrexia	...	...	...	...	...	...	...	6	...	4	6	...	2	15	2	4
Pneumonia (all forms) ...	116	94	1	184	66	8	217	145	70	225	140	52	15	195	109	24
Malaria ...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
Dysentery ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	2	2	...	8	1	5	7	5	...	7	1	...	...	1	2	1
Erysipelas ...	28	1	...	32	1	...	42	28	1	22	26	3	1	27	1	5
Measles and German Measles	1,526	51	...	367	2	2	1,202	60	...	2,068	161	2	1	1,109	4	2
• Chickenpox ...	11	...	...	272	...	1	309	402	1	439	651	...	...	279	...	...
Ophthalmia Neonatorum	6	...	...	10	...	1	4	7	...	10	15	...	...	12	...	...
Cerebro-Spinal Fever ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Anterior Poliomyelitis	...	...	...	1	...	...	...	1	...	3	...	...	...	...	...	...
† Whooping Cough	...	...	...	...	...	...	...	...	...	73	38	1	...	146	11	...

* Notifiable since 23rd December, 1923.

† Notifiable since 1st October, 1926.

‡ Cases of Whooping Cough in Children under 5 years of age became notifiable on 1st February, 1927.

TUBERCULOSIS SCHEME.

OF THE DARLINGTON COUNTY BOROUGH COUNCIL.
Return showing the work of the Dispensary during the year 1930.

DIAGNOSIS.	Pulmonary.				Non-Pulmonary.				TOTAL.		
	Adults		Children		Adults		Children		Adults		Child
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
A.—New Cases examined during the year (excluding contacts):—											
(a) Definitely tuberculous	26	18	1	4	6	5	9	8	32	23	10
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	2	1	—
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	10	15	14
B.—Contacts examined during the year:—											
(a) Definitely tuberculous	4	1	—	2	—	—	1	3	4	1	1
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	6	21	38
C.—Cases written off the Dispensary Register as											
(a) Cured	—	—	—	—	1	—	—	—	1	—	—
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	—	—	—	—	—	—	—	—	17	39	52
(d) Number of Persons on Dispensary Register on December 31st:—											
(a) Diagnosis completed ...	114	82	26	21	43	45	53	48	157	127	79
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	1	—
1. Number of persons on Dispensary Register on January 1st, 1930...	377										
2. Number of patients transferred from other areas and of "lost sight of" cases returned	29										
3. Number of patients transferred to other areas and cases "lost sight of"	15										
4. Died during the year	43										
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	—										
6. Number of attendances at the Dispensary (including Contacts) ...	2193										
7. Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision	—										
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for											
(a) "Light" treatment	539										
(b) Other special forms of treatment	—										
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary											
10. Number of consultations with medical practitioners:—											
(a) At Homes of Applicants ...											
(b) Otherwise											
11. Number of other visits by Tuberculosis Officers to Homes ...											
12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes									31		
13. Number of											
(a) Specimens of sputum, &c., examined									1		
(b) X-ray examinations made, in connection with Dispensary work											
14. Number of Insured Persons on Dispensary Register on the 31st December									2		
15. Number of Insured Persons under Domiciliary Treatment on the 31st December											
16. Number of reports received during the year in respect of Insured Persons:—											
(a) Form G.P. 17											
(b) Form G.P. 36											

The number of New Cases included under Head A, whose names were removed from Dispensary Register in a previous year as "Cured," i.e., Cured Cases Returned. Nil.

RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS
DURING THE YEAR 1930.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ...	—	10	3	2	1	16
Adult Females ...	—	4	1	1	—	6
Children under 15	—	6	—	5	2	13
Total ...	—	20	4	8	3	35

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL
TREATMENT DURING THE YEAR 1930.

			In Institutions on Jan. 1st.	Admitted during the Year.	Discharged during the Year.	Died in the Institutions.	In Institutions on Dec. 31st.
Number of Patients ...	Adults	M.	10	23	13	2	18
		F.	6	12	10	—	8
	Children	M.	7	2	2	—	7
		F.	9	1	6	1	3
Number of Observations ...	Adults	M.	—	2	2	—	—
		F.	—	—	—	—	—
	Children	M.	—	2	2	—	—
		F.	—	—	—	—	—
Total ...	...	...	32	42	35	3	36

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1930.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															
		Under 3 months.			3—6 months.			6—12 months.			More than 12 months.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.				
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ...	...	...	-	-	-	-	-	1	-	-	1	-	-	-	
		Improved ...	...	...	-	-	-	-	-	-	-	-	-	-	-	2	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
	Class T.B. plus Group 1.	Quiescent ...	...	...	-	-	-	1	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
	Class T.B. plus Group 2.	Quiescent ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	-	-	3	3	-	3	1	-	-	1	-	
		No material improvement			1	-	-	1	1	-	1	-	-	-	1	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	1	-	-	
	Class T.B. plus Group 3.	Quiescent ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	-	-	-	-	-	-	-	-	-	-	1	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	1	-	1	
	NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested ...	...	...	1	1	-	-	-	-	-	-	-	-	-	1
			Improved ...	...	...	-	-	-	1	-	-	-	-	-	-	1	1
			No material improvement			-	-	-	-	-	-	1	-	-	-	-	-
			Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal.		Quiescent or Arrested ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
Other Organs.		Quiescent or Arrested ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
Peripheral Glands.		Quiescent or Arrested ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	
		Improved ...	...	...	-	1	-	-	-	-	-	-	-	-	-	1	
		No material improvement			-	-	-	-	-	-	-	-	-	-	-	-	
		Died in Institution ...	...	...	-	-	-	-	-	-	-	-	-	-	-	-	

Three Observation Cases proved Tuberculous and 1 Non-tuberculous.

HOUSING RETURNS FOR THE COUNTY OF CUMBERLAND

For year ended 31st December, 1965

(N.B.—Corresponding figures for 1964 are shown in brackets)

	Alston R.D.C.	Barder R.D.C.	Cocker- mouth R.D.C.	Ennerdale R.D.C.	Millom R.D.C.	Penrith R.D.C.	Wigton R.D.C.	White- haven Boro.	Work- ington Boro.	Cocker- moun- th U.D.C.	Keswick U.D.C.	Maryport U.D.C.	Penrith U.D.C.	Total for County
Population — 1951 (Census) — 1961	2,327 2,105 (819)	29,845 29,644 (8,899)	20,455 20,966 (6,965)	29,676 30,859 (9,887)	13,428 15,094 (4,552)	11,723 11,638 (3,712)	23,746 21,866 (7,247)	24,620 27,566 (12,636)	28,891 29,552 (9,006)	5,235 5,827 (2,041)	4,868 4,765 (1,685)	12,234 12,393 (4,025)	10,492 10,927 (3,601)	217,540 223,202 (75,075)
1 Total number of occupied dwelling houses in the district	1	—	6	143	1	12	13	28	6	12	—	54	26	302
2 Total number of occupied dwelling houses subject to Demolition Orders, Closing Orders or Undertakings:	(1)	(—)	(10)	(51)	(1)	(13)	(31)	(50)	(4)	(36)	(3)	(70)	(20)	(290)
3 Estimated number of houses (exclusive of above) which are unfit for habitation and cannot be made fit at a reasonable cost:	13	326	154	376	264	80	273	100	N.A.	127	3	85	65	1,866
4 Estimated number of sub-standard houses (exclusive of above) which could be repaired and made fit:	(13)	(190)	(191)	(496)	(270)	(86)	(226)	(80)	(60)	(154)	(3)	(119)	(62)	(1,950)
5 Number of houses found to be overcrowded:	50	520	N.A.	N.A.	198	430	1,158	N.A.	N.A.	20	90	59	50	2,575
	(54)	(560)	(N.A.)	(N.A.)	(210)	(450)	(1,176)	(N.A.)	(1,000)	(20)	(90)	(75)	(51)	(3,686)
	6	22	1	—	7	16	2	—	10	—	—	—	7	71
	(6)	(19)	(—)	(—)	(7)	(24)	(9)	(—)	(20)	(—)	(—)	(—)	(6)	(91)
B WAITING LISTS														
Total number of valid applicants on Council's waiting list exclusive of those living in houses under A 2 and 3 above:	12	220	460	498	161	61*	456	677	720	141	101	269	143	3,919
	(25)	(224)	(450)	(422)	(217)	(59)	(472)	(790)	(750)	(106)	(230)	(247)	(205)	(4,197)
C NEW DWELLINGS COMPLETED DURING THE YEAR														
1 By or for the Council—	—	20	—	—	14	6	16	—	16	15	—	35	—	122
For aged persons	(—)	(4)	(7)	(33)	(28)	(8)	(20)	(—)	(24)	(—)	(—)	(10)	(—)	(134)
For aged persons grouped with welfare facilities	12	—	—	—	—	—	—	—	—	21	—	—	21	54
For agricultural workers	(—)	(20)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(20)
General purpose dwellings	(—)	11	9	15	—	—	93	74	86	36	24	86	—	434
	(—)	(51)	(20)	(280)	(—)	(—)	(41)	(131)	(96)	(12)	(—)	(35)	(3)	(669)
2 Private building	2	83	42	70	42	22	40	84	56	24	17	23	56	561
	(—)	(108)	(63)	(73)	(16)	(34)	(49)	(97)	(140)	(48)	(13)	(39)	(59)	(739)
Total of 1 and 2	14	114	51	85	56	28	149	158	158	96	41	144	77	1,171
	(—)	(183)	(90)	(386)	(44)	(42)	(110)	(228)	(260)	(60)	(13)	(84)	(62)	(1,562)
D														
1 Number of houses for which application was made by private persons for Grants. (Improvement and Standard Grants)	10	79	64	85	59	49	69	26	66	2	12	35	30	586
	(11)	(88)	(83)	(82)	(58)	(45)	(53)	(25)	(87)	(6)	(10)	(40)	(24)	(612)
2 Number of houses for which grants were approved:	10	78	63	51	50	45	63	25	60	2	12	34	28	521
	(11)	(93)	(83)	(85)	(53)	(44)	(51)	(24)	(79)	(6)	(10)	(40)	(20)	(599)
3 Number of houses where improvements were carried out and grants paid:	11	75	64	65	37	41	50	22	51	5	8	18	13	461
	(5)	(75)	(73)	(73)	(57)	(46)	(61)	(29)	(77)	(4)	(12)	(41)	(20)	(573)
4 Number of houses purchased or taken over by the Council with a view to improvement or conversion:	—	1	—	—	—	—	—	—	—	—	—	1	—	2
	(—)	(2)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(31)	(—)	(33)
5 Number of houses improved by the Council—	—	1	34	—	—	—	—	—	—	—	—	—	—	35
(i) with grant	(—)	(—)	(—)	(76)	(4)	(—)	(—)	(—)	(1)	(—)	(6)	(—)	(—)	(87)
(ii) without grant	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(—)
E HOUSING PROGRAMME FOR ENSUING YEAR—														
1 Dwellings to be built by or for the Council—	—	8	19	57	28	22	27	16	—	6	—	34	—	217
For aged persons	(—)	(20)	(15)	(12)	(32)	(24)	(14)	(—)	(16)	(15)	(20)	(40)	(—)	(208)
For aged persons grouped with welfare facilities	(—)	—	—	22	—	—	10	—	24	—	—	20	—	76
For agricultural workers	(12)	(—)	(—)	(22)	(—)	(—)	(—)	(—)	(1)	(21)	(—)	(20)	(—)	(76)
General purpose dwellings	(—)	33	24	226	—	6	56	120	285	48	38	50	24	956
	(—)	(11)	(25)	(76)	(10)	(20)	(103)	(105)	(88)	(36)	(22)	(75)	(28)	(599)
2 Private building	4	N.A.	55	60	25	24	50	80	50	41	45	45	20	504
	(2)	(N.A.)	(80)	(60)	(20)	(20)	(55)	(110)	(100)	(50)	(20)	(80)	(60)	(657)
Total of 1 and 2	50	41	98	365	53	52	143	216	359	104	79	149	44	1,753
	(14)	(31)	(120)	(170)	(62)	(64)	(172)	(215)	(204)	(122)	(62)	(215)	(88)	(1,540)

(*) Old People only.

(*) Including one Warden's Flat in connection with grouped dwelling scheme

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a) PUBLISHED

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(b) NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926.					1927.					1928.					1929.					1930.				
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.					
Discharged as cured.	Adults	M.	—	—	1	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
	Children	M.	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
		F.	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Disease arrested.	Adults	M.	—	—	—	1	1	—	—	1	—	1	—	—	—	—	3	—	—	—	—	3	1	—	—	1	2	—	—	1	—	1
		F.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	
	Children	M.	—	2	—	2	4	—	—	—	1	1	—	1	—	2	1	—	—	1	2	2	—	—	—	2	1	—	—	—	1	
		F.	2	—	—	1	3	2	—	—	1	3	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	
Disease not arrested.	Adults	M.	2	—	1	—	3	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	2	2	1	—	2	2	5	
		F.	3	—	3	1	7	—	—	—	—	—	1	—	—	—	1	2	—	—	—	2	2	1	—	3	6	2	—	5	7	
	Children	M.	5	1	2	5	13	2	—	1	3	6	1	—	—	2	3	—	—	1	3	4	6	2	—	6	14	2	3	1	5	11
		F.	7	—	4	6	17	1	2	—	—	3	1	—	1	4	6	2	2	—	1	5	1	—	1	2	4	2	3	5	1	11
Transferred to Pulmonary			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Condition not ascertained during the year.			6	—	2	4	12	2	1	1	—	4	1	1	—	2	4	1	—	—	4	5	—	—	—	2	2	—	—	—	—	—
Lost sight of or otherwise removed from Dispensary Register.			3	—	2	19	24	—	—	—	4	4	5	—	—	6	11	—	1	—	2	3	1	—	—	—	1	1	—	—	2	3
Dead.	Adults	M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	
	Children	M.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	
		F.	—	—	1	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	
TOTALS			31	3	16	41	91	8	3	4	9	24	10	2	1	16	29	9	3	1	11	24	15	4	2	18	39	10	6	9	16	41

COUNTY BOROUGH COUNCIL OF DARLINGTON.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS THE 31ST DECEMBER, 1930, IN POOR LAW INSTITUTIONS BELONGING TO THE COUNCIL

Name of Institution.	For PULMONARY Cases.		For NON-PULMONARY Cases.		Total.
	Adults.	Children under 15.	Adults.	Children under 15.	
Darlington Poor Law Institution.	18	4	Included in previous columns.		22

Return showing the extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council.

		In Institutions on Jan. 1st.	Admitted during the Year.	Discharged during the Year.	Died in the Institution.	In Institutions on Dec. 31st.
Number of Patients suffering from pulmonary tuberculosis admitted for treatment	Adults—					
	Males ...	2	10	3	6	3
	Females...	3	12	4	3	8
	Children ...	2	5	2	2	3
	Total ...	7	27	9	11	14
Number of Patients suffering from non-pulmonary tuberculosis admitted for treatment	Adults—					
	Males ...	—	—	—	—	—
	Females...	1	1	—	1	1
	Children ...	2	3	2	—	3
	Total ...	3	4	2	1	4
	Grand Total	10	31	11	12	18

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications during the period from the 29th December, 1929, to the 27th December, 1930.

Notifications on Form A.													Notifications on Form B.				Number of Notifica- tions on Form C.			
Number of Primary Notifications of new cases of Tuberculosis.													Total Notifica- tions on Form B.				Poor Law Institu- tions.	Sanatoria		
Total Notifica- tions on Form A.													Number of Primary Noti- fications of new cases of Tuberculosis.							
													Under 5	5 to 10	10 to 15	Total (0—15)				
0 1 5 10 15 20 25 35 45 55 65 and up- to 1 5 10 15 20 25 35 45 55 65 wards ages)													—	3	—	3				
Pulmonary, Males ...	1	—	2	6	7	8	10	8	5	7	—	54	57	—	3	—	3	5	12	20
„ Females ...	—	—	2	4	7	3	8	5	—	3	—	32	32	—	2	—	2	4	12	12
Non-pulmonary, Males	2	4	5	3	3	1	2	2	1	2	—	25	25	—	2	—	2	6	1	6
„ „ Females	—	2	5	1	1	6	1	1	1	1	—	19	19	1	6	1	8	10	5	1

SUPPLEMENTAL RETURN.

NEW cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 29th December, 1929, to the 27th December, 1930, OTHERWISE than by formal notification under the Public Health (Tuberculosis) Regulations, 1912, or by notification in pursuance of Section 5 (b) of the Local Government (Emergency Provisions) Act, 1916.

Age Periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Cases.
Pulmonary, Males ...	-	-	-	-	1	4	2	3	-	-	-	10
Females ...	-	-	-	-	-	2	1	1	-	-	-	5
Non-pulmonary, Males	-	-	-	-	1	-	-	-	-	-	-	2
Females	-	-	1	3	3	2	-	-	-	-	-	9

The source or sources from which information as to the above-mentioned cases was obtained is stated below:—

	No. of Cases.	
	Pulmonary.	Non-pulmonary.
Death Returns { from Local Registrars ...	2	4
{ transferable Deaths from Registrar General ...	-	-
Posthumous Notifications ...	-	-
"Transfers" from other areas (other than transferable Deaths) ...	4	1
"Transfers" from added areas on 1st October, 1930 ...	9	6
Forms C and D (in respect of Cases not previously known to the M.O.H.) ...	-	-
Other Sources. ...	-	-

VENEREAL DISEASES.

RETURN relating to all persons who were treated at the Treatment Centre during the year ended 31st December, 1930.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
I. Number of cases which— (a) at the beginning of the year under report were under treatment or observation for ... (b) had been marked off <i>in a previous year</i> as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report <i>suffering from the same infection</i> ...	53	48	—	—	92	43	4	6	149	97
	5	2	—	—	4	3	—	3	9	8
	58	50	—	—	96	46	4	9	158	105
	TOTAL—Items 1 (a) and 1 (b) ...									
2 (a) Number of cases dealt with at the Treatment Centre during the year for the first time with infections of ... { 1. less than one year's standing. { 2. more than one year's standing.	10	20	3	—	83	24	69	65	165	109
	12	18	—	—	7	1	—	—	19	19
	80	88	3	—	186	71	73	74	342	233
	TOTAL—Items 1 (a), 1 (b) and 2 (a) ...									

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
2 (b) Number of cases included in Item 2 (a) known to have received <i>previous treatment at other Centres</i> for the same infection	2	1	—	—	7	—	—	—	9	1
3. Number of cases which ceased to attend— (a) before completing the first course of treatment for	7	14	—	—	30	18	—	—	37	32
(b) After one or more courses but before completion of treatment for	12	10	—	—	—	—	—	—	12	10
(c) after completion of treatment, but before final tests as to cure of... ..	2	—	—	—	15	1	—	—	17	1
4. Number of cases transferred to other Treatment Centres after treatment for	5	6	—	—	9	7	—	—	14	13
5. Number of cases discharged after completion of treatment and observation for	6	8	3	—	56	18	—	—	65	26
6. Number of cases which, at the end of the year under report, were under treatment or observation for	48	50	—	—	76	27	1	4	125	81
TOTAL—Items 3, 4, 5 and 6	80	88	3	—	186	71	1	4	270	163
7. Out-patient attendances— (a) For individual attention by the Medical Officer	1586	1263	18	—	3173	1422	133	167	4910	2852
(b) For intermediate treatment, <i>e.g.</i> , irrigation, dressings, etc.	5	—	2	—	7022	254	20	1	7049	255
TOTAL ATTENDANCES	1591	1263	20	—	10195	1676	153	168	11959	3107
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from	—	59	—	—	17	56	—	—	17	115

VENEREAL DISEASES.—Continued.

	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
9. Examinations of Pathological material:—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	14	680	—	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory	—	—	(Comp. Fix. Tests) 34	331

VENEREAL DISEASES.—*continued.*

STATEMENT showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

	Darlington.	County Durham.	North Riding.	TOTAL.
—Number of cases from each area dealt with during the year <i>for the first time</i> and found to be suffering from:—				
Syphilis	40	10	10	60
Soft Chancre	1	1	1	3
Gonorrhœa	75	26	14	115
Conditions other than venereal	95	33	6	134
TOTAL	211	70	31	312
—Total number of attendances of all patients residing in each area	10765	3260	1041	15066
—Aggregate number of "In-patient days" of all patients residing in each area ...	82	22	28	132
—Number of doses of arsenobenzene compounds given in the:—				
1. Out-patient Clinic	486	217	168	871
2. In-patient Dept.	6	—	4	10
to patients residing in each area				

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1930, TAKEN DAILY AT
THE SOUTH PARK, DARLINGTON.

Month.	Barometer Reading (Inches).		Temperature Registered (Degrees Fahr.)		Total Rainfall (in inches).	Greatest Rainfall in any 24 hours. Depth (in inches).	Date of Greatest Fall.	Number of days on which rain fell .01 inches or more.
	Highest.	Lowest.	Highest.	Lowest.				
January ...	30.1	28.7	58	20	2.97	0.68	26	25
February ...	30.6	29.2	48	21	1.27	0.25	4	14
March ...	30.3	29.1	59	16	2.70	0.89	15	19
April ...	30.3	29.3	68	30	2.61	0.95	19	23
May ...	30.3	29.3	72	22	1.51	0.37	7	16
June ...	30.2	29.5	80	40	1.44	0.60	17	12
July ...	30.2	29.1	78	40	4.93	1.18	20	19
August ...	30.3	29.1	89	37	4.73	1.57	29	24
September ...	30.4	28.7	72	34	3.02	0.56	26	20
October ...	30.4	28.4	72	27	1.59	0.45	3	15
November ...	30.5	28.6	65	16	2.53	0.58	18	14
December ...	30.4	28.8	55	15	2.03	0.45	26	16
Totals ...	...	...	...	...	31.33	...	...	217
Averages ...	...	...	...	...	2.61	...	...	18.1

T. I. MORRISON, Superintendent of Parks

SANITARY INSPECTOR'S REPORT, 1930.

To Dr. G. A. Dawson, M.D., D.P.H.,

Medical Officer of Health,

County Borough of Darlington.

DEAR SIR,

I herewith submit for your consideration my Annual Report for the year 1930. As formerly, a very considerable amount of time has been expended in Food Inspection. The results, appended later, amply justify this activity. In October of last year, owing to the Borough extension, 17 Cowsheds, 2 Slaughterhouses, and 2 premises of Offensive Trades were added to the number of these premises. The effective administration of the Milk and Dairies Order, 1926, with respect to these 17 Cowsheds and Dairies was found to be a great strain upon so small a staff. However, the Order is working well, with a total absence of friction, and I am sure the quantity of reasonably clean milk now supplied in the Borough from our Cowsheds and Dairies, including these latter 17 extra ones, is greatly increased. There are about 3,800 gallons of milk per day consumed in the Borough—of this, about 1,000 gallons per day are Pasteurised, and the various Bacteriological examinations prove this supply to be of excellent quality. The quantity of milk produced in the Borough and therefore under our direct control is 750 gallons per day. The Inspectors have paid regular and frequent visits to all the Cowsheds and Dairies and have endeavoured to educate the producers in hygienic methods. Whilst this was much resented at first, it is welcomed now.

General Sanitary Work.—During the past year 2,830 Inspections and 5,268 Re-Inspections of houses were made under the Public Health Acts and the Housing and Town Planning Acts. 1,111 Informal Notices were served upon the owners of property in respect of 2,824 nuisances existing thereon, and in very many cases the nuisances were abated without further action being necessary. The remaining cases where the notices were not complied with, were included in the monthly reports submitted to you. Upon your instructions 245 Statutory Notices for the abatement of 879 nuisances were served during the year. The total number of nuisances abated in compliance with notices served during the year was 2,772.

In one case it was necessary to take proceedings against an owner to compel the abatement of a nuisance caused by the defective spouting causing dampness in the house wall. The Magistrates ordered the nuisance to be abated within 14 days and fined Defendant.

Closing Orders.—During the year Closing Orders were made and executed under the powers contained in Section 68 of the Darlington Extension and Improvement Act, 1872, in respect of 3 houses. In one case proceedings were taken against the defaulting occupier, who refused to go, but finally did so after suffering a fine of £5.

The following is a summary of the various headings under which such notices were served:—

	Number of Nuisances dealt with by Informal Notices.	Number of Nuisances dealt with by Formal Notices by Order of the Council.	Number of Nuisances abated after Notice.
Selling-houses—			
Foul Conditions	73	4	72
Structural Defects	1,758	688	1,721
Lighter-houses	7	—	7
Warehouses	14	—	14
Pits and Privies	195	39	203
Deposits of Refuse and Manure ...	47	3	48
Water Closets—			
Drains stopped and Defective Fittings	99	27	118
Defective Yard Paving	87	28	77
House Drainage—			
Yard, Scullery, and Cellar Drains, and Down-pipes stopped up and Defective Drains and Traps	392	60	363
Water Supply to Houses & Defective Fittings	1	—	1
Water Supply to Water Closets ...	20	4	22
Animals and Poultry Improperly kept	11	—	11
Defective Sinks or Slopstones ...	24	12	18
Slopstones	3	2	5
Pantries	27	7	24
Sculleries	3	—	3
Boles—			
No Receptacle for Manure and Defective Paving & Drainage	10	4	14
Travelling Vans, Contravention of By-laws	3	—	3
Wash-houses	15	—	13
Smoke Nuisances	6	—	6
Wash Yards	23	1	23
Offensive Trades	6	—	6
Totals for 1930	2,824	879	2,772

SMOKE ABATEMENT.

During the year 17 visits were paid to premises where the output of smoke was considered excessive. In one case oil fuel was adopted in place of coal, in three others special apparatus was installed which resulted in the output of smoke being reasonable having regard to the nature of the trades concerned.

It is unfortunate (from a Public Health point of view) that the trades producing the greatest amount of smoke in the Borough are exempt from the operation of the Acts dealing with smoke. It is pleasing, however, to know that these firms are endeavouring to minimise the smoke nuisance by the use of new plant, etc.

Living Vans, Tents, and Sheds.—Notices were served in cases in respect of contraventions of the Bye-Laws relating to the above, and were duly complied with.

The two principal sites, as in past years, are adjoining Archer Street and Valley Street North. Both sites have been regularly inspected. The Valley Street North Colony has not always been satisfactory owing to the excessive number of Vans occupying the site, but it is hoped that the new powers under the Darlington Corporation Act, 1930, whereby we control the vans and the site, will assist us.

The Housing (Inspection of District) Regulations, 1910. During the year 279 houses were inspected in accordance with the above Regulations. In 177 cases notices were served for the remedying of sanitary defects, and in 120 cases such notices were complied with.

Increase of Rent and Mortgage Interest (Restrictions) Act, 1920.—During the year no applications were received for Certificates under Section 2 (2) of the above Act.

Sanitary Conveniences.—During the year 1,480 W.C.'s were substituted for a like number of privy-ashpits, and 36 water closets substituted for 36 privy pans. These substitutions were carried out under the conversion schemes.

One hundred and eighteen privy-ashpits and five privy-pans have been removed and no water closets substituted where the premises were already provided with a water closet. In 123 cases tipping bins were provided for the deposit of household refuse.

The following is a list of the various forms of sanitary conveniences in use in the Borough:—

Water-closets	...	...	...	...	15,186
Combined Privy-ashpits	...	...	...	...	3,412
Privy-pans	...	...	...	...	108
Old Privy-middens	...	...	...	...	11
Total					18,717

Infectious Diseases.—During the year 135 cases of Scarlet Fever, 158 cases of Diphtheria, 3 cases of Typhoid or Enteric Fever, 31 cases of Erysipelas and 1 case of Encephalitis Lethargica were notified. Detailed enquiries were made in each case and the necessary precautions taken against the spread of infection.

The following are particulars of the fumigation of houses and other buildings, and the disinfection of bedding, clothing, etc., during the year:—

	Fumigations.				Lots of Bedding and Clothing Disinfected.
	Hospitals.	Houses	Schools and other Buildings.	Rooms.	
Infectious Disease other than Tuberculosis, Cancer, etc.	9	291	1	296	301
Tuberculosis	—	31	2	51	26
Cancer	—	6	—	7	8
Measles, etc.	2	11	—	34	6
Totals	11	339	3	388	341

Factories, Workshops and Workplaces.—The number of Workshops, including Bakehouses on the Register at the 31st December, 1930, was 423, and the number of Factories 201, total, 624.

Bakers and Confectioners	...	...	...	97
Dressmaking, Millinery, &c.	...	...	...	45
Boot Repairing	...	...	...	53
Joiners, Cabinetmakers, &c.	...	...	...	65
Tailors	...	...	...	37

FACTORIES, WORKSHOP, WORKPLACES —*Continued.*

Plumbers	...	...	...	...	...	19
Blacksmiths	...	...	...	...	...	11
Painters	...	...	...	...	...	23
Upholsterers	...	...	...	...	...	13
Other Workshops	...	...	...	...	...	261
						624

During the year 864 Inspections have been made.

Defects.					Found.	Remedied.
Want of Ventilation	...	...	...	...	1	1
Want of Cleanliness	...	...	...	...	34	34
Other Nuisances	...	...	...	...	23	22
Sanitary Accommodation—						
Unsuitable or Defective	...	...	...	...	10	10
Want of Cleanliness	...	...	...	...	14	14
Insufficient	...	...	...	...	3	3
Total					85	84

Four notices of defects to be dealt with under Public Health Acts were received from the Factory Inspector, and in each case the premises were inspected, notices served where necessary, and the defects remedied.

Outworkers.—Six lists containing the names of 7 Outworkers, were received, and 10 inspections of the premises of such Outworkers were made.

Food and Drugs.—During the year 177 samples were taken for analysis:—

Article Taken.	No. of Samples.		Genuine.	Adulterated.
	Formal.	Informal.		
Milk	111	8	94	25
Butter	—	8	8	—
Margarine	—	4	4	—
Fruit Wine	—	3	2	1
Chocolates	—	1	1	—
Bread and Butter ...	1	10	9	2
Lard	—	4	4	—
Cheese	—	4	4	—
Coffee	—	3	3	—
Cocoa	—	2	2	—
Tea	—	1	1	—
Flour	—	1	1	—
Pepper	—	2	2	—
Baking Powder	—	2	2	—
Custard Powder	—	2	2	—
Fish Cakes	—	2	2	—
Sausage	—	4	4	—
Bread Meal	—	1	1	—
Bun Flour	—	1	1	—
Ham	—	1	1	—
Ground Almonds ...	—	1	1	—
	112	65	149	28

Of the 119 samples of Milk, 29 were from Purveyors of Milk carrying on business in the Borough, and 90 from Purveyors of Milk carrying on business, but not residing in the Borough—103 were morning samples, 10 afternoon samples, and 6 a mixture of morning and afternoon Milk.

Court proceedings were taken in the cases of six deficient samples, and in all the defendants were fined and/or ordered to pay costs. In the case of "Bread and Butter" it was found that approximately 50% Margarine had been used instead of pure Butter—fine £10 and £3 13s. 6d. costs. The other five were Milk offences. In the remaining 22 no legal action was taken, as further samples did not warrant it.

Some samples taken reached as high a standard as 9.01% N.F.S., 4.95% Fat and 8.55% N.F.S. and 6.95% Fat, while the lowest included samples of 9.07% N.F.S., 2.50% Fat, 8.90% N.F.S., 2.25% Fat.

MILK (Special Designations) ORDER, 1923.

The Special Designations under which Milk may be sold in pursuance of this Order are:—"Certified," "Grade A (Tuberculin Tested)," "Grade A" and "Pasteurized."

During the year 2 Licenses for the sale of Pasteurized Milk, one License for Grade "A" Milk, and one License for Grade "A" (Tuberculin Tested) Milk were granted. One License for Pasteurised Milk and one License for Grade "A" Milk were discontinued, so that there remain one License for Pasteurised and one License for Grade "A" (Tuberculin Tested) Milk in operation.

Of 13 samples of Pasteurized and 2 samples of Grade "A" Milk taken for Bacteriological Examination, 12 of Pasteurized and 2 of Grade "A" Milk were of genuine quality. One sample of Pasteurized Milk did not comply with the requirements of the above Order, and a further sample was taken and found satisfactory.

Details of Bacteriological Examinations of above samples.

Date of taking Sample.	No. of Sample.	Identification.	No. of organisms per c.c. 48 Hours' Incubation.	Presence or absence of Coliform Bacilli in each of 3 tubes.	Designation
15-1-30 ...	1	B	1,600, Age of Sample, 7½ to 22 hours	Positive in 2 tubes in 1/1,000th c.c....	Pasteurized
" ...	2	A	1,800 7½ "	" " 1/100th c.c. ...	"
10-3-30 ...	3	A	1,200, 24 "	Negative in 3 tubes in 1/10th c.c. ...	"
" ...	4	B	24,000, 17 "	Positive in 3 tubes in 1/100th c.c. ...	"
2-4-30 ...	5	B	4,000, 6 to 20 "	" 2 " 1/100th c.c. ...	"
" ...	6	A	3,800, 6 to 20 "	" 3 " 1/10th c.c. ...	"
7-5-30 ...	7	B	4,100, " "	" " " 1/100th c.c. ...	"
" ...	8	A	1,000, " "	" " " 1/10th c.c. ...	"
19-5-30 ...	9	C	1,165, 9½ "	" " " 1/10th c.c. ...	Grade A
23-6-30 ...	10	C	850, 4½ "	" " " 1/10th c.c. ...	"
" ...	11	B	28,900, not known	" " " 1/1,000th c.c....	Pasteurized
" ...	12	A	750, " "	" 1 " 1/10th c.c. ...	"
29-7-30 ...	13	B	172,900 " "	" 3 " 1/1,000th c.c....	"
" ...	14	A	1,570 " "	" " " 1/10th c.c. ...	"
5-8-30 ...	15	B	30,000 " "	" " " 1/1,000th c.c....	"

It will be seen that the products of the Firms designated A and C were of excellent quality, whilst that of Firm B was at times not so satisfactory. The Firms B and C discontinued in September, 1930. It is notable that *Bacillus Coli* organisms are more abundant in Pasteurized Milk than in Grade "A" Milk.

MILK AND DAIRIES ORDER, 1926.

	Producers.	Retailers.	Cowsheds.
On Register 1st January, 1930...	21	156	21
Discontinued during the year ...	2	26	0
Added during the year ...	18	36	16
Total at end of year ...	37	166	37

Seventy-nine samples, 56 from outside the town, were taken in the course of delivery and examined on the spot for visible dirt by means of a simple portable instrument. This ocular demonstration is very impressive and successful, as shown by re-inspections. Letters of advice were sent to the producer and the Sanitary Inspector involved in serious cases.

The routine inspection of herds were carried out by Mr. C. G. Hill, M.R.C.V.S., in company with myself, twice during the year. Of 52 herd inspections involving 603 cows, only one was unsatisfactory, and re-inspection revealed much improvement.

As a result of the frequent inspection of cowsheds by the Inspectors a cow was noticed to be suffering from udder trouble. A Veterinary Surgeon was called in, and as a result of his advice, the cow was slaughtered, when it was found that the udder contained a large quantity of Pus. No further action was taken as the condition was obscure and complicated.

Eleven informal notices were served for various defects, and in all but one, were complied with at the end of the year.

A breach was committed by a person carrying sheep in a vehicle used for the conveyance of milk. A warning letter was considered sufficient.

Milk and Dairies (Consolidation) Act, 1915.—Twelve samples of Milk were taken for Bacteriological Examination for Tubercle Bacilli during the year. Two were found to be affected, and these samples being from Producers outside the Borough, information was given to the Durham County Authority, who caused a veterinary examination of the cows (from which the samples originated) to be made.

General Analysis of Samples taken.

Total No. of Organisms per c.c.			Presence of Coliform Bacilli.		
1.	32,800	...	Positive in 2 of 3 tubes in 1/1,000 c.c.		
2.	14,180	...	"	"	1/100 c.c.
3.	3,456	...	"	1 of 3 tubes in 1/1,000 c.c.	
4.	24,153	...	"	3 tubes in 1/1,000 c.c.	
5.	2,126	...	"	"	1/1,000 c.c.
6.	44,750	...	"	"	1/1,000 c.c.

These samples were from cowsheds outside the Borough, suspected to be in an unsatisfactory condition, and were used as evidence in our attempt to improve matters. Letters were written in each case to the Producers and Sanitary Inspector of the Area.

Artificial Cream Act, 1929.—The only persons in the Borough manufacturing or selling Artificial Cream are exempt from the provisions of Section 2 (1) of the above Act requiring registration.

Public Health (Preservatives in Food) Regulations, 1927.—The whole of the 119 samples of Milk were examined for Preservatives but in no case were any Preservatives found.

Inspection of Meat and other Foods.—The total number of beef and veal animals inspected at the time of slaughter or immediately afterwards was 6371, which is about 90 per cent. of the total beef and veal animals slaughtered in the Borough.

There were 156 cases of emergency slaughter, involving 62 cows, 2 bulls, 7 bullocks, 26 heifers, 11 calves, 17 sheep, 3 lambs and 28 pigs, notified for inspection, and as a result of these inspections the carcasses and all organs of 15 cows, 2 bullocks, 2 heifers, 3 calves, 12 sheep, 3 lambs and 12 pigs, and portions only of the carcasses of 30 cows, 2 bulls, 2 bullocks, 13 heifers, 1 sheep and 3 calves were condemned and destroyed.

Of the above cases 54 animals were killed and dressed outside the Borough and 102 in Slaughter-houses in the Borough.

The total weight of food condemned and destroyed during the year was 19 tons, 15 cwts., 2 stone, 10 lbs., of which 7 tons were on account of tuberculosis.

The whole of the food condemned was voluntarily surrendered by the owners and destroyed.

The following is a brief Summary of all Food condemned during the year:—

Details of Whole Carcasses Condemned and Destroyed.

					Tons.	Cwts.	Sts.	Lbs.
21 Cows	...	Generalised Tuberculosis	...	...	5	5	1	—
1 Bullock	...	„	„	...	—	5	2	—
5 Heifers	...	„	„	...	—	17	—	—
3 Calves	...	„	„	...	—	3	6	—
8 Pigs	...	„	„	...	—	9	4	—
6 Cows	...	Septicæmia	...	...	1	6	—	—
1 Bullock	...	„	...	...	—	3	6	—
1 Pig	...	„	...	...	—	1	2	—
1 Sheep	...	„	...	...	—	—	5	10
1 Cow	...	Septic Pericarditis	...	...	—	4	2	—
1 Bullock	...	„	„	...	—	4	4	—
1 Pig	...	„	„	...	—	—	2	—
1 Cow	...	Jaundice	...	...	—	6	4	—
1 Pig	...	„	...	...	—	—	6	—
1 Cow	...	Uræmia	...	...	—	3	2	—
1 Cow	...	Septic Mastitis	...	...	—	6	7	—
1 Cow	...	Moribund Conditions	...	...	—	3	1	—
10 Pigs	...	„	„	(including natural deaths)	—	7	2	7
4 Sheep	...	„	„	„	—	2	3	—
1 Lamb	...	„	„	...	—	—	2	—
1 Cow	...	Decomposition	...	...	—	4	2	—
4 Pigs	...	„	...	...	—	2	—	—
1 Sheep	...	„	...	...	—	—	5	7
1 Lamb	...	„	...	...	—	—	3	—
1 Heifer	...	Quarter Ill	...	...	—	4	2	—
1 Bullock	...	„	„	...	—	4	2	—
1 Calf	...	„	„	...	—	1	2	—
2 Calves	...	Osteo-myelitis	...	...	—	1	1	—
2 Calves	...	Immaturity	...	...	—	—	4	—
3 Sheep	...	Asphyxia	...	...	—	2	2	—
1 Sheep	...	Septic Pneumonia	...	...	—	—	5	—
1 Lamb	...	Caseous Lymphadenitis	...	...	—	—	—	10
5 Sheep	...	Oedema and Emaciation	...	...	—	2	2	8
5 Sheep	...	Injury	...	...	—	3	4	—
2 Pigs	...	Swine Erysipelas	...	...	—	1	4	—
2 Pigs	...	Perforative Peritonitis	...	...	—	2	—	—
1 Pig	...	Congestion and delayed exen- teration	...	...	—	—	6	—
Total					12	3	4	—

Summary.

					Tons.	Cwts.	Stones.	Lbs.
104	Carcasses and all Organs...	...	...	...	12	3	4	—
185	Lungs	...	...	...	1	5	4	6
156	Livers	...	...	...	1	1	7	6
19	Portions of Carcasses	...	...	...	—	7	7	8
	Plucks	...	...	...	—	—	5	—
	Briskets	...	...	...	—	—	3	11
	Heads	...	...	...	—	6	7	9
	Hearts	...	...	...	—	—	—	10
	Kidneys	...	...	...	—	—	2	6
	Mesenteries	...	...	...	—	1	3	5
	Udders	...	...	...	—	2	6	9
	Stomachs and Intestines	...	...	...	—	4	—	2
	Poultry, etc.	...	...	...	—	1	2	2
	Fish	...	...	...	—	—	3	7
	Fruit and Vegetables	...	...	...	3	17	1	8
	Canned Food	...	...	...	—	—	6	5
					—	—	—	—
Total					19	15	2	10

Caseous Lymphadenitis.—During the year 1,426 lambs and 578 sheep of foreign origin were examined in the Cold Stores of the Borough prior to being offered for sale, upon the advice of the Port of London Sanitary Authority. No cases of the disease were found.

Slaughter-Houses.—The number of licensed private slaughter-houses in use at 31st December, 1930, was 40, the use of one slaughter-house having been discontinued and 2 added with the extension of the Borough Boundary. During the year 7,197 inspections were made.

The erection of the Municipal Slaughter-house in Park Lane is nearing completion, and it is hoped that the duties of meat inspection will be facilitated in a large measure when this badly needed aid to this phase of work is functioning.

PUBLIC HEALTH (Meat) REGULATIONS, 1924.

There have been breaches of these Regulations by 3 Butchers during the year, and warnings were given by letter in each case.

Offensive Trades.—During the year applications for Licences were made by 6 Fish Fryers, 2 Rag and Bone Dealers, 1 Tripe

Boiler and 1 Gut Scraper. Licences were granted to 2 Fish Friers, 1 Rag and Bone Dealer and the Tripe Boiler. All the other applications were refused.

The number of premises now used for offensive trades and duly licensed is 42, as follows:—

- 1 Gut Scraper.
- 33 Fish Fryers.
- 1 Fellmonger.
- 1 Fat Rendering and Tripe Boiling.
- 3 Fat Rendering.
- 2 Rag and Bone Dealers.
- 1 Tripe Boiler.

There are also 29 Fried Fish Shops in the Borough not on the Register, having been established prior to the date of the Order under which they were Scheduled as Offensive Trades.

The whole of the premises are under supervision, and are kept in a fairly satisfactory condition. Six Informal Notices were served and all complied with.

Shops Acts, 1912-13, and Shops (Early Closing) Act, 1920-1928.

—There are still 2 Compulsory Orders in operation affecting respectively shops in which is carried on the Sale of Meat, and shops in which is carried on the Sale of Fruit, Vegetables and Flowers, and 3 Orders under the Shop Hours Act, 1904, affecting Chemists and Druggists, Hairdressers and Barbers, and Boot and Shoe Dealers.

During the year there have been several contraventions of the above Acts and Orders. Warnings were given to the offenders.

Proceedings were taken against 2 Shopkeepers for contraventions of the Closing Order relating to the Sale of Fruit, Vegetables and Flowers. Defendants were fined 10/- each.

Proceedings were taken against 2 Shopkeepers for contraventions of the Shops (Hours of Closing) Act, 1928. Defendants were fined £1 and 10/6 costs in each case.

Rag Flock Acts, 1911-28.—There is one Manufactory for Rag Flock within the Borough which has been regularly inspected. No official samples have been taken, as the Manufacturer has submitted samples himself to the Borough Analyst, and communicated to me the results, which have been highly satisfactory.

Fertilisers and Feeding Stuffs Act, 1926.—During the year all the premises whereon Fertilisers and Feeding Stuffs are dealt with have been inspected. The marking of goods has been properly carried out. No samples have been taken.

Merchandise Marks Act, 1887-1926.—The Orders under the 1926 Act relating to Imported Goods have received attention, and much time has been expended upon explanatory advice to Shopkeepers. It has not been necessary to take proceedings in any case.

Rats and Mice (Destruction) Act, 1919.

The total number of rats actually killed by the Rat Catcher during the year was 1,374, but these figures do not include the rats that were poisoned.

The following are the principal places at which the rats have been destroyed:—

Neasham Road Tip	...	...	...	76
Snipe Tip	...	...	...	997
North Road Tip	...	...	...	192
Grange Road Tip	...	...	...	85
Sundry Premises	...	...	...	24
				1,374

Seven Informal Notices were served and complied with.

Common Lodging-Houses.—There are 4 Common Lodging-houses on the Register, with accommodation for 384 lodgers.

The whole of the lodging-houses are regularly and frequently inspected, and the same are kept in a satisfactory condition.

I trust this report will be entirely satisfactory to you, and in conclusion I wish to tender my sincere thanks to yourself for the help you have always so willingly given and to the whole of the staff of this Department, who have at all times given their best services willingly and conscientiously.

I am,

Yours respectfully,

ALBERT EDW. WADE,

Senior Sanitary Inspector.

County Borough of Darlington



ANNUAL REPORT

OF THE

School Medical Officer,

A. DAWSON, M.D., F.R.C.P.

FOR THE

Year ending 31st December 1930.

Printed by

Wm. Gifford, Wharfedale Press, Leeds.

1931

Fertilizers and Feeding Stuffs Act, 1926. - In view of the fact that all the imported fertilizers and feeding stuffs are now being sold in bulk, it has been decided to suspend the operation of the Act. No samples have been taken.

Merchandise Marks Act, 1927-1928. - The Order under the 1927 Act relating to Imported Goods have received attention and much time has been expended upon explanation of the provisions of the Act to the public. It has not been necessary to take proceedings under the Act.

Rats and Mice (Destruction) Act, 1912.

The total number of rats actually killed by the Rat Catchers during the year was 1,374, but these figures do not include the rats that were poisoned.

The following are the principal places at which the rats have been destroyed:

Newham Road Tip	78
St. Paul's Tip	187
North Road Tip	102
Canter Road Tip	33
St. Paul's Tip	41
	1,374

Seven hundred and twenty rats were also poisoned.

General Lodging Houses. - There are 4 General Lodging Houses in the Borough, with accommodation for 1,000 persons.

The whole of the lodging houses are regularly and thoroughly inspected and found to be in a satisfactory condition.

I trust this report will be entirely satisfactory to you, and I am, Sir, very respectfully,
Yours faithfully,
ALBERT EDW. WILKINSON,
Sanitary Engineer, Ipswich.

County Borough of Darlington.



ANNUAL REPORT

OF THE

School Medical Officer,

G. A. DAWSON, M.D., D.P.H.,

FOR THE

Year ending 31st December, 1930.

DARLINGTON :

ECHO PRINTING WORKS, FREEMAN'S PLACE.

1931.

COUNTY BOROUGH OF DARLINGTON.

*To the Chairman and Members of the
Education Committee.*

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report of the work of the School Medical Service for the year ending 31st December, 1930.

The full programme of routine and special inspections and re-inspections has been carried out in the Elementary, Secondary and Special Schools, with the usual zealous co-operation of parents and teachers. The Nursery Classes established in three Infants' Departments in the most crowded areas, after the plan of the Dent Nursery School, have in this, their first year, achieved already excellent results in building up and maintaining fitness of the pre-school child at trifling cost.

Provision of milk at the mid-morning interval at cost price has met with a ready demand, and will show excellent results in improved physique and mentality of those who receive it. Many unfortunately state they cannot afford the penny per day. Recent installation of Ultra-Violet Ray Mercury Vapour Apparatus at the School Clinic will also hasten the convalescence of debilitated children, as has been so well demonstrated in our Fever Hospital during the past three years.

I wish to thank the Committee and Officials for their wholehearted support, and to record my appreciation of the excellent team work of my colleagues in the School Medical Branch in producing this Report.

I have the honour to be,

Your obedient Servant,

GEORGE A. DAWSON

March, 1931.

MEMBERS OF THE EDUCATION COMMITTEE.

His WORSHIP THE MAYOR, COUNCILLOR J. D. HINKS, J.P.
 ALDERMAN C. H. LEACH, Barrister-at-Law, M.B.E. (*Chairman*).

MR. D. A. J. BEST.	COUN. T. HALL.
MR. D. THOS. CROOKS, J.P.	COUN. S. HARDWICK, J.P.
COUN. J. BANKS.	COUN. WM. HESLOP, J.P.
COUN. H. P. BELL, J.P.	COUN. B. JACKSON.
COUN. G. R. CAMPBELL.	COUN. R. LUCK.
COUN. W. G. CHANDLER,	COUN. H. MAW, J.P.
M.B.E., J.P.	COUN. J. WATERS.
COUN. M. GALLAGHER.	

MRS. PRIOR,	} Additional Members.
MISS S. WALKER,	

STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer—

G. A. DAWSON, M.D., M.B., B.Ch., B.A.O., D.P.H.

Assistant School Medical Officers—

ISOBEL C. BROWN, M.B., Ch.B., D.P.H.

ANDREW McFARLANE, M.D., M.R.C.P., D.P.H.
 (part time).

Ophthalmic Surgeon—

A. T. PATERSON, M.D., F.R.C.S.Ed., D.P.H. (part time).

School Dental Officer—

J. L. LIDDELL, L.D.S.

Nurses—

AGNES GARDNER (Senior Nurse).

CATHERINE GARDNER.

GLADYS M. WHITTAKER.

Clerks—

DORIS M. BURRELL (Senior Clerk).

ELIZABETH DENT (resigned 31st August).

MAY CHARLTON (resigned 31st March).

NORAH B. GLENDENNING (commenced duties 1st April,
 transferred to Education Office, 19th July).

LINDA FORSTER,

LILIAS PHILLIPS,

CICELY BEWICK,

} Commenced duties 2nd Sept.

INTRODUCTION.

HYGIENE IN OUR SCHOOLS.

We cannot create a healthy nation unless health is the foundation of all our education, bodily, mentally, and spiritually. Health is the most common, universal and essential subject of every-day life in the whole world, and should have first place in the minds of us all.

Mankind is divided into two classes, teachers and learners, consciously or unconsciously. Teachers by their experience and training prepare the simple truths in word and deed for their assimilation in palatable form by the others who go to make up a community. The parent by fate has the responsibility of the first teaching of the child, whether the result be good or evil. The school teacher, however, is appointed through his special capabilities to mould the child on right lines, to develop the right and repress the wrong, to inculcate early habits of living, and produce at fourteen years of age an educated unit of the State.

Darlington parents have always held a high place as people of sound common sense and balanced opinion, as one would expect in such a progressive town, and they exercise their responsibility in a creditable manner. This is one's first and lasting impression as a visitor to the town. The educational system in its completeness has earned for the municipality the title "Athens of the North." Much has been done in the past and therefore much is expected in standards and results.

The Elementary Schools are now practically all of modern open design with ample accommodation; new or enlarged Special Schools are in operation for the physically defective, for the mentally retarded, for the children under five years. Special classes for children of pre-school age have been extended during the course of the year in the infants' departments, now somewhat depleted by the falling birth rate (from over 25 in 1920 to 19 in 1925, and 16 in 1927). This latter scheme, accommodating over 100 toddlers, is forging the link between the Maternity and Child Welfare and the School Medical Service, and is ensuring that at five years of age the child is ready to benefit from the education provided, without any of the physical handicaps.

requiring treatment experienced in the past in over 30% of entrants. The children are brought early under the supervision of the School Medical Staff and the minor ailments Clinic at a time when the commencing defects can be remedied at trifling trouble and cost compared with later. Further, the better influences at work in the nurture of the child have a definitely stimulating effect on the parents who have in several instances learnt the first lessons in parentcraft for which the child was in dire need.

The teachers have worked splendidly in incorporating hygiene into the every-day routine of theory and practice. The general cleanliness of scholars and school furniture is improving year by year. Children are ashamed to be found dirty, and even at the school for the mentally backward, the bath installed is used at the request of the scholars rather than by instruction from the teacher. *Esprit de corps* is now a notable feature in our elementary Schools in matters of health. The children have a lively interest in their sports, in their physical advancement from one inspection to the next, in the morning milk schemes, and even in the education of their parents in suitable dietary, clothing and remedy of physical defects. The monthly magazine, "Better Health," published by the Medical Officer of Health and circulated, 1000 monthly through the Schools, Clinics and Centres, plays a very large part in linking up theory and practice and stimulating constructive criticism on these every-day subjects.

NUMBER OF SCHOOLS AND SCHOLARS.

The following table shows how the school population distributed throughout the Secondary, Elementary and Special Schools as on the 31st December, 1930:—

Grammar School (Boys)	416
High School (Girls)	364
Central Secondary School (Boys and Girls) ...	296
Junior Technical School (Boys)	143
13 Council Elementary Schools, comprising 25 Departments (Boys and Girls)	7,128
9 Non-provided Elementary Schools, comprising 12 Departments (Boys and Girls)	2,991
Barnard School for Sub-normal Children (Boys and Girls)	71
Open Air School (Boys and Girls)	119
Total ...	11,528

The **Number of Children** in the Elementary Schools at mid-year, 1930, was divided up as follows:—

Boys' Departments	3,448	} Total—10,451
Girls' Departments	3,540	
Infants' (Mixed) Departments	3,469	

MEDICAL INSPECTION.

The number of routine inspections in the Elementary and Special Schools was 4,100; of these 3,004 were Code Groups, 165 were Odd Ages, 319 were Kendrew Street Central School, 180 Barnard School and 432 Open Air School. In addition to these, 3,405 children were examined for special reasons and 9,820 were re-examined. At the Secondary Schools 3 routine inspections of entrants, intermediates and leavers were held, and 1,148 pupils were examined. The Nursery School was visited weekly.

In addition to the routine inspections, 291 children were medically examined as candidates for Scholarships in the Secondary Schools. Routine inspections at the Elementary Schools were in general made only twice during the year so as to avoid the loss of time which often occurs when there is only a small number of children to be examined at a school.

Of the 3,004 children submitted to routine inspection in the Elementary Schools (see Table II.), 644 were found to be suffering from defects (other than uncleanness, defective clothing and footgear, and dental diseases) which required treatment; 1,338 had defects which necessitated their being kept under observation. Details of these defects are set out in the Tables at the end of this report.

The percentage of children found at routine inspection to require treatment is 21·4, being an increase over past years by reason of the raising of the standard of fitness.

Weight of School Children.—The following table compares the weight of the school children examined in 1929 and 1930, with corresponding weights before the war, and also with average weights of Elementary School children in England and Wales, as given in "The Health and Physique of School Children," published by the Ratan Tata Foundation in 1913.

Heights and Weights.

	Age 5.				Age 8.				Age 12.			
	Boys		Girls		Boys		Girls		Boys		Girls	
	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.
England and Wales, 1913 ...	...	38·5	...	37·6	...	52·2	...	49·8	...	73·0	...	73·9
Nottingham, 1910 ...	...	38·2	...	37·1	...	...	...	...	...	...	...	...
1914 ...	...	39·3	...	38·0	...	...	...	...	...	71·0	...	70·7
1929 ...	42·3	41·2	42·0	39·8	47·9	53·7	47·7	51·6	56·0	77·0	56·8	78·8
1930 ...	42·4	41·7	41·9	40·1	48·3	53·7	48·0	51·9	56·4	78·2	56·8	77·5

The general increase over pre-war figures is well marked.

Uncleanliness.—Routine medical inspection does not, for obvious reasons, afford a reliable measure of the prevalence of uncleanly conditions. The routine surprise surveys by the Nurse are a better guide to the actual state of affairs.

The School Nurses paid 223 visits to 24 schools, and made 516 home visits in connection with the cleanliness of the children. For this purpose 16,584 examinations of children were made, and in 510 cases (3 per cent.) nits were found in the hair; verminous bodies were found in 6 cases. All these infected children were inspected at intervals of two or three weeks, and at the end of the terms nits were found in only 199 cases, all of which showed improvement.

With the provision of soap and clean towels now made in each school, we look for a general improvement in the condition of children. More prominence might be given to the training in personal hygiene in the educational system, the children taught to make proper use of the equipment provided, and every opportunity taken of inculcating into them habits of cleanliness.

Skin Disease.—As usual the greater proportion of these diseases was impetigo or scab. Ringworm of the scalp and body is disappearing as a cause of loss of school attendance, mainly owing to the greater cleanliness observed. Scabies or itch is seldom met in routine inspections, the cases being invariably in notorious families living in surroundings in which it would be difficult to escape this filth disease.

Tonsils and Adenoids.—Of the children examined during routine inspections 670 (22·3 per cent.) were found to have adenoids or unhealthy tonsils, or both. Operation was advised in 15 cases (5 per cent.), but in the less severe cases palliative measures were recommended and explained to the parents.

With regard to the surgical treatment of tonsils and adenoids it has always been our policy not to press for treatment to the point of prosecution. The conditions involved with regard to the whole question are rather complex and it is found that in the end education and persuasion are more likely to have effect than more drastic measures. This year we have definite evidence to show that our theory has proved itself—to use a threatening spirit only destroys the trust of the parents and persuasion has brought success in the great majority of cases. A waiting list of over 100 cases for operation existed at the end of the year.

Defective Speech.—Stammering is the usual defect and accounted for 27 cases, all of which have been referred for special training in elocution and voice production.

Tuberculosis.—Eleven cases of definite pulmonary tuberculosis were found in the course of medical inspection. From this figure it will be noted that pulmonary tuberculosis is still appreciably present amongst children. Of non-pulmonary forms cervical glands were involved in 5 cases, and bones, joints, the skin and other organs in 6 cases. In so far as it is possible a register is kept of all children of infected families so that special observation may be exercised. In addition to these many of the cases returned under Bronchitis are being kept under careful observation. Children contacts from infected families are given the preference in the open air and nursery schools. These measures, in my opinion, are doing more to check this scourge than are direct tuberculosis schemes.

Vision.—The comparative increase in percentage of the 7-8 and 12-14 year old children found to have defective vision needing treatment, is shown in the following table:—

	7-8 Years.			12-14 Years.		
	No. examined.	No. referred for treatment.	Per-centage.	No. examined.	No. referred for treatment.	Per-centage.
Boys ...	567	18	3·2	289	34	11·7
Girls ...	645	28	4·3	358	37	10·3

Ear Disease and Deafness.—Thirty-two (1·0 per cent.) children were found to be suffering from ear disease or deafness, and were referred for treatment. Infectious diseases (especially influenza and measles) and adenoids are the exciting causes in nearly all cases, though this complication is now much less frequent than formerly, owing to early expert treatment.

School Nurses, following up work and other duties.—The following up of defective children by the School Nurses is one of the most valuable and necessary branches of our work. To this end 1,655 home visits were paid during the year. Other duties falling upon the nurses are as follows:—

- (1) **In Schools.**—Attendance with Medical Officers at routine medical inspections. Systematic examination of all children with regard to conditions of uncleanness. Examination and follow up of any special cases brought forward to them by the teachers.
- (2) **At the School Clinic.**—Attendance with the Medical Officer in the Treatment Clinic. Treatment of minor ailments under the supervision of the Medical Officers. Preparation of records.
- (3) **Home visiting.**—Following up of children in whom defects have been found by the School Medical Officers at routine and special inspections. Following up of children concerning cleanliness, defective clothing and footgear. Visiting of children who are overdue in attendance at the School Clinic.

The old work of the Attendance Officers can be carried out by nurses with greater general harmony in investigating the causes and reasons for absence which have usually some medical basis.

Medical Examination of Teachers and Caretakers.—Thirty-four teachers and three caretakers were medically examined during the year by the staff at the clinic, and nine teachers at the Health Office.

Employment of School Children, etc.—Eighteen children were examined and certified fit for employment, and sixteen for maintenance grants and institutions.

MEDICAL TREATMENT.

The treatment of minor defects is carried out by the Assistant Medical Officers and the Nursing Staff at the School Clinic, 156, Northgate. These premises, though commodious, have been taxed to their utmost, and during the past year arrangements had to be made for the provision of an additional waiting room where the overflow is dealt with, thus avoiding undue crowding of the General Waiting Room and Treatment Clinic.

This year a Jesionek Model Artificial Sunlight Lamp has been installed in the School Clinic. This has been a long felt want, and there is no doubt that with its use much more can be done to help to improve the physical conditions of debilitated children.

The accommodation provided is as follows:—

Ground Floor.

Waiting room for 50 children and parents.
Treatment Clinic and store room.
Examination Room.
Medical Officer's Room.

Upper Floor.

Artificial Sunlight Treatment Room.
Dental Department.
Eye Department.
Clerical and Records Room.

The number of separate attendances was 18,311, of which 15,542 were for treatment and 2,769 for advice.

Minor Ailments.—A Minor Ailment, for practical purposes, may be described as a defect usually considered trifling, easily relieved, yet in treatment, neglected by the general public. It does not require in-patient treatment nor a high degree of surgical skill, though in some cases the condition is one full of risk to future fitness.

Impetigo or infectious scab again provided the majority of our cases, accounting for 839. There were 112 new cases of ringworm, compared with 106 in the previous year, and 11 cases still under treatment from 1929. Seven cases were treated at home. Of the 116 cases treated at the Clinic, 55 were of the scalp and 61 of the body; 97 were cured and re-admitted to school during the year, leaving 19 still under treatment.

Twenty-five cases of scabies were treated, and precautionary instructions given on disinfestation.

The children who received treatment on account of ear diseases numbered 256; the great majority of these cases were suffering from ear discharge. Such cases invariably arise from diseased conditions in the throat, and advice or appropriate treatment of the exciting cause is also given.

Tonsils and Adenoids.—The principal defect of the nose and throat in school children is that of enlarged tonsils and adenoids, caused by a combination of factors, which include heredity, faulty breathing, defective clothing or housing conditions, predisposing to catarrh and infection. During 1930 operations were performed on 234 cases of adenoid growth and enlarged tonsils in children of school age at the General Hospital; of these 104 were sent from the School Clinic, and the remainder from other sources in the town.

In the case of minor defects not requiring operation, and for those who have undergone the operation, advice in nasal hygiene and in remedial breathing exercises is given.

Eye Defects.—Spectacles are provided at contract prices, or free in necessitous cases. On the whole the objections of parents whose attention has been drawn to the fact of the necessity for the provision of spectacles and the ultimate benefit, are not as numerous as in previous years. The old objection that the wearing of glasses would deter the appointment of a scholar in after life is dying out as the result of education of Employers and others.

832 children were examined by the Oculist during the year. The defects found were as follows:—

Squint	...	...	...	...	...	117
Myopia	...	...	...	...	...	140
Myopic Astigmatism	...	...	...	...	...	86
Mixed Astigmatism	...	...	...	...	...	24
Hypermetropia	...	...	...	...	...	123
Hypermetropic Astigmatism	...	...	...	...	...	91
Other Defects	...	...	...	...	...	146
Emmetropia	...	...	...	...	...	57
Total						784
Re-examinations						236

Glasses were prescribed for 598 children.

Special Report from Dr. A. T. Paterson, F.R.C.S.Ed., School Oculist:—

The work in connection with the Eye Clinic has progressed satisfactorily during the past year, and I think a great deal of benefit has resulted to those children suffering from minor eye diseases and errors of refraction. It is pleasing to me to observe

how relentlessly children for whom spectacles have been prescribed and not obtained, are followed up. It is a pity when the apathy of some parents is allowed to neutralise the advantages of the service of a specialist and to penalise the child who requires help in the way of proper spectacles.

It is customary every year for School Oculists, in writing their Annual Reports, to discuss some particular feature of their special work, but the range of subjects is rather limited and the discussion on most of them somewhat thread-bare through repetition. I wish, this year, to say a word on the question of Myopia, "Educational Myopia" as I prefer to call it. I have read many School Medical Officer's Annual Reports where this subject has been touched upon, some in a sensational way making striking headlines for the Public Press, others disclosing lack of almost rudimentary knowledge of the condition, while some others show definitely limited powers of observation. After twenty years' work dealing with defective vision among school children it may not be presumptuous on my part to offer my views on the vexed question of Myopia. In my opinion there are two types only of Myopia, the first and commonest type is what I am pleased to call "Educational Myopia," the second a pathological type, where definite signs can be seen in the fundi by a competent Oculist which tell him that progressive deterioration is likely to take place in these myopic eyes. The first type is attended with no danger to the eyes, but may require frequent changes of lenses during the adolescent or school period of life. The second may later in life be attended with serious injury to the vision arising from pathological changes, such as hæmorrhage, choroiditis and detachment of the retina, but even this last type is not so deadly as it is painted. Speaking as an Ophthalmic Surgeon on the Staff of one of the largest Eye Hospitals in the populous North of England I say without hesitation that Progressive Myopia seldom results in detachment of the retina and rarely in such a degree of blindness as to merit a Blind Pension, which pension to my knowledge is granted with astonishing liberality.

What is the cause of this "Educational Myopia?" Why should it so frequently show itself in boys or girls shortly after they enter a Secondary School? Various theories have been advanced and the experts have differed. It must not be lost sight of that the Secondary School child who develops Myopia, is developing rapidly physically as well as mentally, he or she is approaching puberty and nature is making large demands on the physical resources, and side by side with this the Secondary School is making large demands on the mental resources of the

child. Ever increasing homework is demanded of the boy or girl, new subjects requiring more acute vision, such as Algebra, Greek, German and Science are added to the curriculum and instruction through listening to teachers has given way to self-teaching by unnecessary reading and unravelling of printed matter. With physical growth there is a lengthening of bone and of muscle. With physical exercise there is an increased development of muscle, and is it not probable that the internal recti muscles of the constantly converged eyes become excessively developed and shortened as the same muscles do in eyes which have constant convergent squint? This may result in the external recti pressing like a flat band on the lateral aspect of the converged eyes and cause them to elongate in their antero posterior axis and thus become Myopic. This theory is not a new one I know, but it appears to me the most likely explanation of what I have called "Educational Myopia." I am well aware, of course, that there is such a thing as an hereditary pre-disposition to Myopia, but "Educational Myopia" is, in my opinion, a separate entity, and should not cause alarm.

SCHOOL DENTAL OFFICER'S REPORT.

Mr. J. L. Liddell has kindly prepared the following comment:—

Once again I am able to show an increase of work during the year. Although 205 fewer children were examined than in the previous year, there was an increase of 303 in those treated.

60·2% of children requiring treatment were actually treated at the Clinic. 315 cases were noted where the work was done privately.

A visit was paid to the Nursery School. The mouths of the children were, on the whole, very good. 65 children were seen, of whom 21 were in need of treatment. 13 of these attended the Clinic and received that treatment.

784 permanent teeth were extracted. Of these 302 should have been saved if advice, given in previous years, had been taken; 252 were cases where the children had not been examined until over 8 years of age; 10 were extracted for regulation purposes; 4 were supernumary teeth; and 7 were broken beyond repair by accident.

30 root cases were treated. 27 were brought to a successful conclusion. One child did not attend for completion of treatment, and two teeth were extracted as they did not react to treatment.

In addition to Group IV., Table IV. of appendix, work was done for children in Secondary and Special Schools as follows:—

No. of children examined	...	...	...	723
„ „ requiring treatment	...	...	...	351
„ „ treated	...	...	...	160
Grand total:—				
No. of children examined	...	...	...	7,934
„ „ requiring treatment	...	...	...	4,577
„ „ treated	...	...	...	2,758

I should like to thank the Medical Officers, Teachers, Nurses and Clinic Staff for their help and co-operation in my work.

PROVISION OF MEALS.

Following upon the Report of last year regarding the question of the provision of free meals for necessitous cases, it was decided by the Education Committee to institute a scheme whereby each child in attendance at an Elementary School should be provided with one-third of a pint of milk each day during school hours at cost price of one penny.

The milk pasteurised is sent to the schools in specially sealed bottles, to be drunk through straws.

The question arising from the point of view of nutrition is whether the worst nourished type of child will benefit by this scheme. It is possible that the payment of even one penny per day may be too much in certain cases, particularly where there is a large family of low income all in attendance at school. This, of course, can only be seen after the scheme has been in operation for some time, when records will have been prepared showing the number of malnourished children needing extra nourishment which they cannot provide, but which might with advantage be provided by the Committee on medical grounds.

The basis of the scheme is a good one, and one which cannot fail to provide good results, and already a good response has been obtained from parents who have expressed a wish for their children to take advantage of it when it is actually in operation. Over half of the children in some schools are having it supplied.

In certain other districts this scheme has been in operation for some time and good results have been obtained.

CO-OPERATION AND CO-ORDINATION.

The appointments of Medical Officer of Health and School Medical Officer are vested in one person so that co-operation and co-ordination of all the preventive health services are simplified.

The transfer of records from the Maternity and Child Welfare Section through the School Medical side of the work up to the Employment Exchange is in process of development. The Dentist and Assistant School Medical Officers also take part in the other services, Maternity and Child Welfare and Venereal Diseases Clinic.

The Training College and School Clinic.—In order that future school teachers may have a more intimate knowledge of the school medical work, arrangements for a number of pupils of the Training College to attend the Clinic three days per week have been continued for the past year. The principal and staff of the College very much appreciate this opportunity for the pupils to acquire a first hand practical knowledge of school hygiene, of common diseases in their early form, and of simple points in the diagnosis and treatment of defects. The enthusiastic co-operation of the teaching profession with the school medical service is essential for the continued success of the welfare of the child, and all we can do in order to secure this is, in my opinion, an excellent service.

Co-operation of Parents.—Parents are invited to attend at routine inspections and at the School Clinic. Their presence is welcomed as it gives the Medical Officer the opportunity of giving personal help and advice, and helps to break down prejudice which in some areas still exists. Suggestions can thus be made, both for the remedy of existing defects in the child, and also for the prevention of future ill-health by attention to what appear very trifling common-place weaknesses. During 1930, at the medical inspection of infants, parents were present in 74 per cent. of the cases, but with older children this percentage was 45 per cent.

INFECTIOUS DISEASE.

No occasion arose for school or class closure during 1930.

The year has been one of comparative freedom from serious infectious disease. The incidence of mild infections cannot be prevented altogether in our communal life, and in fact it may not be advisable to try to stop a mild type of an infection as it increases the general immunity to more serious types later on, though in Darlington we always take full measures in notification, propaganda, and isolation.

Chicken-pox, which is notifiable by reason of the prevalence of Smallpox in the country, accounted for 248 cases notified. In every instance a follow-up was made, exclusion and supervision of contacts carried out. This figure is the usual annual level.

Scarlet Fever.—Seventy-three cases were notified amongst children of school age compared with ninety-three last year. These were all treated in the Fever Hospital with only one death, the success being mainly due to the use of antitoxic serum, so efficacious in early severe attacks, in abating toxæmia and preventing complications, once so fatal.

Diphtheria.—This most treacherous insidious disease of school children accounted for 93 cases and 2 deaths, compared with 90 cases and 5 deaths last year. The throat of a sick child should always be examined, and had all of these fatal cases had early examination and serum treatment, I have no hesitation in saying the lives could have been saved.

Measles and German Measles.—This scourge of infant departments was prevalent during the second quarter, accounting for 81 cases, but only 3 deaths. Mothers now realise that measles is the most death-dealing disease of childhood, and take earlier precautions than they used to.

Mumps and Whooping Cough.—Not compulsorily notifiable. 59 cases of Mumps and 14 of Whooping Cough came to the knowledge of teachers.

DEATHS OF SCHOOL CHILDREN.

There were thirty deaths of children of Elementary School age, 14 boys, 16 girls.

The causes are classified as follows:—

	<i>Boys.</i>	<i>Girls.</i>
Measles	1	2
Scarlet Fever	0	1
Diphtheria	1	0
Influenza	0	1
Pulmonary Tuberculosis	1	4
Other Tuberculosis	1	2
Malignant Disease	0	1
Rheumatic Fever	1	0
Heart Disease	0	1
Pneumonia	1	0
Violence	2	0
Others	6	4
Total ...	14	16

THE SANITARY CONDITION OF THE SCHOOLS.

During the year a most ideal Elementary School for Senior Girls was opened at North Road, replacing two unsatisfactory old buildings. The classrooms, twelve in number, are entirely open to a central quadrangle (adequately heated for the most winter weather), and serve as excellent object lessons in one of the most crowded areas of the town. A kitchen and laboratory, well fitted out for domestic and elementary practical work, go a distinct step forward in school equipment. The quadrangle is used for net ball, while a central hall and gymnasium provide accommodation for organised physical games and exercises.

It is hoped within the next two years to see the last of the three remaining old-fashioned schools, whose replacement has been authorised by the Education Committee. The health of the children in these old premises is always being undermined by overcrowding, lack of ventilation and inadequate lighting, which it is very noticeable in our new open-air elementary schools, that infectious diseases generally, and catarrhal conditions in particular are of low incidence.

In spite of bad buildings, many of the Head Teachers have struggled and succeeded in instituting daily cleanliness surveys of the children, their clothing, and the school premises. Soap, towels and sanitary paper are now available in all the schools. That old familiar schoolroom stuffiness has been considerably reduced by ventilation and thorough flushing at every opportunity by open window and door. Open-air schools experience no draughts.

RHEUMATISM.

r. Brown reports:—

It is now recognised that Juvenile Rheumatism is a much more prevalent and more serious disease than was formerly recognised, and its existence accounts for the crippling of an alarmingly large number of children of school age.

Although little can be done by the School Medical Officer during an acute attack, the supervision and care of children showing a "rheumatic diathesis," or convalescent from these attacks, fall within the field of the School Medical Service. Full recognition is given to the serious nature of the disease, and efforts are being made—following upon the advice of the Chief School Medical Officer for the Board of Education—to establish Rheumatism Clinics for the purpose of early recognition of the disease and for advice and guidance to parents and children regarding the precautions necessary in such cases if permanent damage to the health is to be avoided.

In Darlington we are dealing systematically with all cases of children found to be suffering from rheumatism in any form. A special register is kept at the School Clinic, and parents are notified to bring children for examination at regular intervals throughout the year. In this way an early diagnosis can be made of any complication arising and the parent advised as to treatment. If the parent is unable to be present at the Clinic, the examination is followed up by a visit of the School Nurse to the child's home, when any further advice necessary is given to the parent. Reports on these cases are also made to the Head teachers so that special care may be given to them, and a certain amount of leniency allowed, particularly with regard to homework.

Children found at the Routine School Medical Inspections are either referred to their own Doctor, or to the School Clinic as the case may be. All the cases are, of course, re-examined on each of the Medical Officer's visits to the school, with the Head teacher in attendance when possible.

The following are the findings for the year, and from these figures some idea of the incidence, type, and severity of the disease may be obtained.

Of the 4,100 children examined at routine inspection in the Elementary Schools 3.3% were found to be suffering from some form of rheumatic infection manifested in symptoms of varying degrees, from the subacute muscular type to the severe cases of chorea and heart disease.

Of the number examined 63% were boys and 37% were girls, and of these 38% were found to be suffering from definite organic heart disease, 28% from chorea, and the remaining 34% from arthritis and muscular pains. In only 2.2% were nodules actually found on clinical examination. It is interesting to note that although the disease was found to be more prevalent amongst girls than amongst boys, chorea was more evident in the boys than in the girls; symptoms being found present in 33% of the boys and only in 20% of the girls, the more serious cases being also amongst the boys. This is not what is found in private practice, but it may be accounted for by the fact that the severity of the symptoms amongst the girls are of such a degree as to render them incapable of attendance at a clinic, and that they are excluded from school by their own private practitioner for a prolonged period following the attack.

Of the cases of chronic invalidity where the child is excluded for at least a period of three months, rheumatic infection accounted for the absence of 43% of the total numbers.

Clinically, the "rheumatic child" presents a fairly definite type. These children appear listless at school and at home are pale and complain of headaches, vague abdominal pains, loss of appetite and nervousness, with or without increased excitability. Attendance at school is irregular, and the statement is given that the child has been brought for examination as he or she has been "falling off" or "growing too quickly." On inquiry a history of growing pains is given, tonsil affection are very common, and frequently it is found that the tonsils have already been removed owing to the child having suffered from frequent attacks of tonsillitis. A recent attack of scarlet fever is no uncommon finding, and only in 5% of the cases was definite history of rheumatic fever given by the parents. It is only on examinations of these cases that the heart involvement is discovered.

Chorea is the most difficult type we have to deal with. Rest, nourishment, fresh air are essentials in the treatment, the prognosis, as in heart disease, depending entirely on environmental conditions. If more institutional treatment were readily available much more could be accomplished, but under the present economic conditions it appears almost impossible for the parents of some of these children to offer all that is necessary to hasten their recovery. Some of our cases have been sent to the Open Air School, and good results have been observed, but in others the strain even of a modified school curriculum has proved too much and the child had to be withdrawn.

Warm dry clothing and footgear is most essential for these children, and it is gratifying to note that efforts are being made in the schools to improve the cloakroom accommodation, and more facilities are being offered for the drying of the children's wet outdoor clothing.

RICKETS.

Of the 3,678 routine inspections only seven cases of rickets were severe enough to warrant reference for treatment. Fifty cases, however, of old rickety deformity were kept under observation. These are usually referred to our Open Air School, where the generous anti-rachitic diet and hygienic life in about six months produce surprising results in every instance. Including Special Schools we have a total of 33 boys and 30 girls suffering from rickets in some form.

The Nursery Classes are serving a very useful purpose in bringing rickets under treatment at the earliest opportunity before deformities have become established.

MALNUTRITION.

This year 36 children were found to be suffering from malnutrition requiring treatment. The Medical Officers have been struck by the large number of children who were found on examination to be of subnormal nutrition, due to either improper feeding or to poor environmental conditions. They hope, with the introduction of the Milk Scheme into the schools and the installation of Artificial Sunlight at the Clinic, to be able to bring about

an improvement in the physique of this type of child during the next year, though the subject of maternal inefficiency is always a factor militating against lasting results, even when the defect is remedied.

NUTRITION AMONG SCHOOL CHILDREN.

Malnutrition is not just a matter of under-height and weight but of most complex symptoms of lack of balance of intake and output. It may be produced by lack of food, improper food or physical disease, and show itself in loss of growth, of proportionate weight or general outward characteristics of health. To get over the personal factor, particularly on the mathematical side, Dr. McFarlane has carried out, on my suggestion, a very exhaustive inquiry into past records of Darlington children preparing a standard for different types in separate age groups.

He reports as follows:—

In this article I have attempted to make a survey of the nutrition of children of certain age groups who have been examined at medical inspection during the year 1930. To estimate the nutrition of a child is an exceedingly difficult problem, as there is no absolute standard nor single criterion to guide the Medical Officer. Each Medical Officer is to a large extent guided by his own personal experience.

In estimating the nutrition I have taken into consideration two factors (1) the relation of height and weight according to age and sex, (2) the observations on the nutrition of the child made by the Medical Officer at medical inspection. With regard to the former it is necessary to determine first the height and weight of healthy children before considering the nutrition of the children as a whole. I have therefore constructed a height and weight table of Darlington children of certain age groups who were found healthy and of good nutrition at medical inspection. In the construction of this table I have been guided by height and weight tables in use in this country and in America. The age groups considered were the 5 and 6 years, 7 and 8 years and 12 and 13 years. In each group the height was taken to the nearest inch, and the weight to the nearest pound, and for each inch in height the mean weight was found. For example in the 5 and 6 years group the mean weight of healthy children of 36 inches in height was 37 pounds, and of 45 inches, 46 pounds (see Table).

Normal Children (2800) wearing Clothing and Footwear.

5 and 6 Years. 7 and 8 Years. 12 and 13 Years.

	Boys.		Girls.		Boys.		Girls.		Boys.		Girls.	
	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.	ins.	lbs.
Short	39	37	38	34	45	47	45	46	54	72	54	71
Medium... ..	42	41	42	40	48	53	48	52	58	85	58	86
Tall	45	46	45	46	52	64	51	59	62	103	63	106

Allow average for

Clothing and Footgear $2\frac{1}{2}$ lbs. $3\frac{1}{2}$ lbs. $4\frac{1}{2}$ lbs.

It will be seen from the above table that there is a wide variation in height and weight among healthy children round about the same age. The weight of a child depends upon its height, and the only true way of estimating nutrition is to take into consideration the weight and height in relation to age and sex.

A table of heights and weights of healthy children having been formed a survey of the children in the different age groups was then made. In the 5 and 6, and 7 and 8 age groups, children were considered of normal nutrition who were not more than 10% underweight, and in the 12 and 13 age groups not more than 20%. These figures roughly correspond with the mean deviation in weight for each inch in height among children in the above table. The nutrition of children of 5 and 6, and 7 and 8 years was assessed as "subnormal" who were from 7-15% underweight, and if more than 15% underweight as suffering from malnutrition. In the 12 and 13 group children were "subnormal" between 10-20%, more than 20% as suffering from malnutrition. An "overweight" child was one whose weight exceeded the mean by more than 15% (5 and 6, 7 and 8 years), and 20% (12 and 13 years).

Group.	Normal.	"Subnormal."	Malnutrition.	Overweight.
5 and 6 ...	1010 (90.7%)	81 (7.3%)	8 (.72%)	14 (1.2%)
7 and 8 ...	985 (85.1%)	143 (12.4%)	11 (.95%)	19 (1.6%)
12 and 13 ...	885 (77.0%)	221 (19.2%)	23 (2.0%)	20 (1.8%)
Totals ...	2880 (84.2%)	445 (13.0%)	42 (1.2%)	53 (1.6%)

Grand Total=3420.

From a study of above table it will be noticed that 13% of the children examined at routine medical inspection were suffering from "subnormal" nutrition, 1.2% from malnutrition, and 1.6% were overweight. If each age group is taken separately, it will be observed that the best nutrition occurs amongst the entrants, while the 12 and 13 group shows almost three times the number of subnormal and malnutrition cases. This is a very striking difference and is corroborated by the observations of the Medical Officer on nutrition at medical inspection.

What is the relation of sex to the question of poor nutrition? In the three age groups the largest number of subnormal and malnutrition cases occurred amongst the girls, roughly 60% girls to 40% boys.

As a certain proportion of the 12 and 13 year old children attended the Secondary Schools a comparison of the nutrition in the Elementary and Secondary Schools was made. Out of 453 attending Secondary Schools 1.3% suffered from malnutrition and 19% were of subnormal nutrition. Of 692 Elementary children 2.5% suffered from malnutrition and 19.7% were subnormal. The standard of nutrition was lower, therefore, amongst the Elementary children. It is only fair, however, to state that "Scholarship" children were transferred to Secondary Schools by the age of 12 years, and it is well known that the standard of nutrition is lower amongst mentally retarded children.

So far nothing has been said of the overweight child. This type of child frequently escapes notice, but it should be remembered that quite a large proportion are unhealthy, requiring medical observation and frequently treatment.

What are the factors predisposing to the lowering of nutrition in the child? In order to discover a cause the defects occurring among the subnormal and malnutrition cases were studied. It was found that 65% of those 5 and 6 year old children were suffering from defects detrimental to health. Tonsils and adenoids with their sequelæ bronchial catarrh and enlargement of cervical glands accounted for almost three-fourths; rickets, defective teeth and thread worms, etc., for the remainder. In the 7 and 8 years group 58% had defects similar to those found in the first group only tonsils and adenoids formed a smaller proportion. In the 12 and 13 year group only 36% had defects similar to those in the other groups with the addition of anæmia, chorea, rheumatism and nervous instability. It will thus be seen that as the age advanced the number of defects

amongst those children diminished—as it ought to as the result of medical inspection—but the number of lowered nutrition cases increased. In the young child there was no doubt that the infective cause, namely, tonsils, adenoids, defective teeth, thread worms, played an important part in lowering the nutrition, but in the older child it was of less importance. Among the poorly nourished were found the “border line” children, who were not suffering from any definite disease, but were frequently “off colour” with indefinite symptoms. There were two important factors influencing this type, namely, hygiene and environment. Under hygiene is included diet, fresh air and rest. Diet lacking in vitamins and unbalanced with excess of fat was of first importance as a causal factor. The need of sufficient rest and plenty of fresh air was equally important, and on the medical record card “more rest required” was frequently noted in this type of child. If a child has insufficient sleep a state of fatigue is rapidly produced with an unstable nervous system, which in time reacts on the other systems in the body, producing a “debilitated child.” Environment requires little explanation. When the housing conditions are bad with overcrowding and poor ventilation it is impossible for a child to remain in perfect health. It has been found that a “border line” child when an infective cause does not exist, rapidly improves on a simple diet with plenty of fresh air and sufficient rest.

With the 12 and 13 year old child another important point has to be remembered. At this age certain vital changes associated with approaching adolescence are beginning to take place, and with the systems of the body, particularly the nervous system less stable, a state of lowered nutrition is more readily produced by any of the factors above mentioned.

Without minimising the importance of malnutrition, I should like to make a special plea for the “subnormal child,” and more particularly in the adolescent period. This subnormal type, although apparently healthy, is a potential source of many diseases, particularly Tuberculosis, and requires careful observation by the Medical Officer. With the introduction of milk into schools it will be interesting to observe its effect on this type.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The work of advising and placing juveniles was transferred to the Ministry of Labour on 1st April, 1930.

The temporary premises of the Juvenile Department are at Oxford House, 39, Oxford Street, until the new Exchange, which is in course of construction in Corporation Road, is completed.

601 Elementary and Higher School boys and girls have been placed in employment since the transfer took place.

Information concerning Civil Service, Air Force, Army and Navy, and other examinations for boys is available, also details of suitable careers for Higher School girls (Nursing, Civil Service, etc.).

Lists of domestic service vacancies in other parts of the country are kept.

The advice of the School Medical Officer is available for the Ministry of Labour, Juvenile Officer, and at the final examination of a school child an effort is made to call the attention of the parents to any physical condition which should influence them in the choice of an occupation for the child.

The chief employment for boys in this area is in the Building, Distributive and Engineering Trades. Many boys seeking apprenticeships are compelled to find interim employment as errand boys and labourers on leaving school.

Girls are employed in Domestic Service, Wool Spinning, Shops, Offices, and in the Tailoring and Dressmaking Trades.

Byelaws governing the employment of children and young persons are in force, and the streets are patrolled by the School Attendance Officers.

REPORT ON PHYSICAL TRAINING.

Mr. R. Robson, Organiser of Physical Training, retired from the service of the Authority on Superannuation on 23rd January, 1930, after 23 years' service. The appointment of future organiser(s) is under consideration.

Physical training in the schools of the Borough continues to be carried out as in previous years, according to the instructions contained in the Board of Education Syllabus and special pamphlets issued.

Physical training apparatus has been installed in the hall of the new North Road Senior Girls' Department, which was opened on 25th August, 1930. The instruction is given by Miss M. R. Thwaites, who holds the Diploma of the Southport Physical Training College, and Miss W. Storer.

Organised games continue to be a regular feature of school work in all Senior and several Junior Departments. The playing fields available, apart from separate playing fields for the Grammar School and Girls' High School, are: Haughton Road, Hollyhurst Road, playing field adjoining Alderman Leach Council School, Public Parks. Additional facilities are being provided as follows:—

Playing field in Salters Lane, with pavilion, for the Central Secondary School.

Playing field adjoining the Salters Lane School, with pavilion, for the North Road Senior Girls' School.

A plot of land at Hundens containing about 10.7 acres has been allocated by the Council for playing fields for Elementary School children. The lease of the Haughton Road playing field will expire shortly.

A plot of land containing 3,086 sq. yds. behind Freeman's Place is being prepared as a playground for children under 11 years of age.

The old pavilion on the Grammar School playing field is being transferred to the playing field adjoining the Alderman Leach School.

Co-operation continues with the Schools' Athletic Association, who arrange leagues and competitions in football, cricket, net ball, athletic sports and swimming.

Swimming instruction was continued during the summer season, the same teaching staff being employed as in the last few years, viz., two men and two women part-time instructors, assisted by the teachers who accompany the classes. The scholars attend in groups of 60 once a week, and certificates are awarded to those who swim one or five lengths of the Baths ($33\frac{1}{2}$ or $166\frac{2}{3}$ yds.). The arrangements enable 600 boys and 550 girls to be dealt with each week. Tests for quarter-mile and half-mile certificates are carried out, for boys, by the Darlington Amateur Swimming Club, and for girls by the Darlington Ladies' Swimming Club. The following is a summary of certificates issued:—

Boys, one length ...	142	Boys, five lengths ...	47
Girls, „ ...	107	Girls, „ ...	34
	249		81

Swimming Club Certificates:—

Boys, half-mile ...	18	Boys, quarter-mile ...	34
Girls, „ ...	8	Girls, „ ...	23

SPECIAL SCHOOLS.

The Darlington Education Committee cannot be said to lag behind in the provision of Special Schools for the defective children. In the building of these schools they have shown themselves to be strong advocates for the provision of open-air education.

In this section I include the George Dent Nursery School, helped by a grant from the Education Committee, which offers accommodation for over 90 children between the ages of 2 and 5 years, the Barnard Street School offering provision for 80 children of sub-normal mentality, and the Salter's Lane School, which provides accommodation for 120 boys and girls who are considered physically unfit to take advantage of the education offered them in the ordinary Elementary School.

All these schools are ideally situated, the Nursery School in Woodland Road, a central residential area, the Barnard School, centrally situated in open grounds, and the Salter's Lane School, in one of the highest and healthiest parts of the town.

They are all built on open air lines, and furnishing and equipment are up to date and in perfect order. By attendance at these schools the "special" children are able to experience to the full the therapeutic effects of sunlight and open air, and are offered exceptional advantages in order that they may, by a healthy and specially planned school life, be fit to take their places as economic units rather than charges to the community later.

BARNARD SCHOOL FOR SUB-NORMAL CHILDREN.

This school, situated in the centre of the town, is easily accessible, a very important factor where the sub-normal child is concerned.

The building itself is a verandah type of school built on entirely open air lines, and the children are taught practically in the open air all the year round. One has only to make a survey of the children in attendance to see the beneficial effect this type of education has on them. The grounds of the school are beautifully laid out, the cultivation of flowers being an important branch of work in the training of the boys by the Head Teacher and the Caretaker.

This provision is made for the development of that practical side of the curriculum which is of so much importance to the future of the child in attendance—domestic science and practical shoemaking being two of the most important subjects.

With the improvement of the standard of the accommodation available and with the provision made in the Occupation Centre, it has been possible to raise the standard of child referred to the school, and it cannot be too strongly emphasised that admission is reserved strictly to children who, in the opinion of the School Medical Officer, are capable of deriving benefit from instruction in the school. Imbeciles or idiots are not admitted, and every child taken into the school should have a fair prospect of obtaining some measure of economic success in later life.

The high standard of work under the guidance of the Head Mistress has been maintained throughout the year. The whole atmosphere of the school is bright, the children are happy and interested, both in their work and in the general well-being of the school, and parents have expressed themselves as being grateful for all the benefits offered to these children.

The establishment of an Old Boys' and an Old Girls' Club, mainly through the local Mental Welfare Association and Toc H, with Miss Holmes as Secretary Organiser, has done much to ensure the after-care of these children on attaining the school-leaving age of 16 years;

OPEN AIR SCHOOL.

During 1930, 196 children were in attendance at the Open Air School, of which 62 were discharged.

Roughly, the types of children attending the school are—

- (a) The "debilitated child" of poor nutrition, anæmic, nervous and suffering from frequent attacks of bronchial catarrh.
- (b) The Non-Infectious Tuberculous child who has suffered from some Tuberculous lesion which has become quiescent.
- (c) The "Contact child" who comes from a "Tuberculous Family" or home.

The period of stay at school varies with the type of case, and also with the response to the new surroundings. It may be said that it is exceptional for a child not to show improvement. The weight usually increases, the child becomes brighter and more alert, and the whole physical condition improves. The gain in weight is more rapid than amongst children attending Elementary Schools, and is most marked during the first 3-6 months in school. One boy of 13 years gained 16 lbs. in 8 months. The condition of the blood—by the estimation of the Hæmoglobin content—also shows gradual improvement.

Children of the last two types above mentioned derive inestimable benefit. Their lives should necessarily be spent as far as possible in the open air, in order to combat the Tuberculous Infection.

The marked improvement in the health of the children can be attributed to the change of surroundings and habits. A simple diet of good calorific value, rich in vitamins, is given at mid-day, followed by an hour's rest. The "schoolroom" is in the open. Besides, the children are given daily open air exercises and spray-baths. It is hoped that during the stay at school, the principles of hygiene will have been so firmly implanted on the child's mind that the great benefit which he or she has derived may be of lasting effect.

THE GEORGE DENT NURSERY SCHOOL.

The George Dent Nursery School is visited weekly during the year and each child subjected to at least one full routine examination. In addition to these routine examinations an additional general survey was made periodically and, as in the ordinary Elementary Schools, children suffering from any particular defect or defects were brought forward for special examination.

The main objective of the Nursery School is the health of the child, and much time and care is extended to these children with the aim of remedying physical defects, many of them inherent and caused through unhealthy environmental conditions.

We have in the George Dent Nursery School one of the finest schools in the country. Situated in Woodland Road, a central residential part of the town, the building is surrounded by beautiful grounds, and during the greater part of the day the children are encouraged to play out-of-doors, and in summer time even meals are taken in the garden.

This year has seen the completion of structural improvements to the existing building. The ground floor rooms have been converted into open air rooms by the addition of a glass pavilion built along the South side of the house. This pavilion is provided with sliding doors which can be opened to allow of one side being entirely open to the air. Special heating arrangements have been installed so that conditions may not be of too rigorous a nature for the very young debilitated children. The new arrangement is ideal, as it allows of the children having even their mid-day rest—an essential and important feature of the school routine—under open air conditions despite the inclemency of the weather. One has only to see the children to realise that the delicate child, as well as the healthy child, thrives on an open-air regime.

There is now accommodation for 90 children between the ages of 2 and 5 years. All children are admitted to the school for one or both of two reasons:—

- (1) Poor home conditions, overcrowding, tuberculosis, &c.
- (2) Malnutrition with or without some definite physical defect.

An examination of these children six months after admission shows how they have benefited both physically and mentally from a period of life under conditions where provision has been made for regular exercise and play in the open air, for suitable and well-balanced meals, and for regular periods of rest and sleep in the recumbent position.

From the medical point of view, one of the most important features of the work of the Nursery School is the early discovery, diagnosis, and subsequent treatment of minor defects. Many defects are treated very successfully by the School Staff, and for others of a more serious nature the facilities open to children of school age are available.

It is interesting to note from a survey made of the heights and weights of over 90 Nursery School children of 5 years, leaving age, that the average weight was over .5lb. above the average weight of the Elementary School entrants of the same height. This I consider speaks very well for the standard of nutrition reached by the Nursery School child. When one realises that practically all Nursery School children start with the disadvantage of poor environmental conditions and physical weakness, it is

most encouraging to find that by the time the child appears as an entrant to an ordinary school at the average age of 5 years, it has passed the standard of the average healthy child.

Some idea of the routine followed out in the school may be of interest.

As most of the children in attendance are drawn from the Eastbourne area of the town and interlying districts the School Authorities have arranged a central meeting place within easy reach of all parents, and there the children are met daily by members of the School Staff and conveyed free of charge by special trolley 'bus to the gate of the school.

On arrival at school each child is given lunch—wholemeal, bread and butter, with milk, and in addition, during the winter, Cod Liver Oil Emulsion. Twelve o'clock is dinner-time—served indoors in winter and out of doors in summer, followed by two hours' rest and sleep.

The varied menu is shewn in the following:—

Monday.—Stew, meat, greens, carrots, turnips, lentils, potatoes, onions. Milk pudding. Fruit.

Tuesday.—Mince, potatoes, greens, haricot beans. Suet pudding. Fruit.

Wednesday.—Minced liver, greens, potatoes, onions. Milk pudding. Fruit.

Thursday.—Fish, potatoes. Suet pudding. Fruit.

Friday.—Stew, meat, greens, carrots, turnips, onions, lentils, potatoes. Milk pudding. Fruit.

Hard-baked crusts are eaten before each meal. Egg savoury and tomato savoury are introduced into the menus in the summer.

At 3-45 p.m. in winter and at 4-30 p.m. in summer they are conveyed back again under supervision to a point where they are met by their parents.

When one realises the wide field there is offered for preventive medical activity amongst children in attendance at a Nursery School, it is a matter for highest congratulation that the George Dent Nursery School Committee have gone forward so steadily in the work of completing the extension of the School. Darlington Training College with its capable enthusiastic Principal, Miss Walker, plays a very large part in the success of this voluntary effort by assisting Mrs. Potts, the Head Teacher, in administration and social work.

It is hoped in future to arrange that medical records may be brought to the same state of efficiency in tabulation as obtains in the Elementary Schools, so that defects may be compared and contrasted, and followed up.

Defects found at Routine Medical Inspection of children attending Nursery Classes.

Routine Medical Inspection.

Re-examinations.

Defect or Disease.	Requiring treatment.	Requiring to be kept under observation.	Requiring treatment.	Requiring to be kept under observation.
Squint	4	—	4	—
Blepharitis	3	—	3	—
Conjunctivitis	5	—	5	—
Enlarged tonsils	7	2	5	2
„ adenoids	2	2	6	4
„ cervical glands	2	3	—	4
Teeth	2	3	2	3
Lungs	6	4	2	7
Rickets	4	—	4	—
Otorrhœa	2	—	2	—
Skin	2	1	—	—
Impetigo	3	—	—	—
Other	5	—	3	3

Number of children inspected 77

„ „ with defect 57

Blind, Deaf, Defective and Epileptic Children.—The arrangements for dealing with these children remain as in previous years. 16 children were examined for Forms 302 and 306 during the year, and the total number of mentally defective children on the books was 79; 7 were notified to the Local Authority under the Mental Deficiency Act.

These figures are summarised in Table III. of the Appendix.

Three children from Darlington attend Stockton School for the Deaf daily.

RESIDENTIAL INSTITUTIONS.

The following Residential Institutions have at present Darlington children as shown in the numbers:—

Allerton Priory R.C. Special School (M.D.) ...	1
Prudhoe Hall Colony School (M.D.) ...	1
St. John's Institution for the Deaf and Dumb, Boston Spa ...	1
Northern Counties Institution for the Deaf and Dumb ...	1
Cleveland and South Durham Institute for the Blind ...	1
Blenheim Walk Home for the Blind, Leeds ...	1
Royal Normal College and Academy of Music for the Blind, London ...	1
Starnthwaite Home for Epileptic Boys ...	2
Soss Moss Special School for the Epileptic, Manchester ...	1

SECONDARY SCHOOLS.

GRAMMAR SCHOOL.

At Routine Medical Inspection 405 pupils were examined out of 416 attending school.

The physical condition of the pupils was on the whole well above the average, more particularly among the older boys. Special attention was paid to postural defects and minor deformities, particularly Flat Foot, which are most common during the period of adolescence. Quite a large number of healthy boys were found suffering from those defects. Special instructions on treatment were given, and through the co-operation of the Physical Instructor remedial exercises were carried out.

Defective Vision was one of the commonest defects found, which is readily accounted for by the increased strain of study in secondary education. It was found difficult to impress many of the boys of the importance of "wearing glasses."

CENTRAL SECONDARY SCHOOL.

This school has rapidly taken its place as an additional Secondary School, accommodating boys and girls to the number of almost 300. The standard of medical examination is similar to that in the Grammar School and High School in that annual individual inspections take place from the age of 12 onwards, so that adolescent strain is early detected.

HIGH SCHOOL.

The High School for girls was visited three times during the year when Routine Inspections of the pupils in attendance were carried out by Dr. Isobel Brown.

As in former years the physical condition of the pupils was found to be excellent, and it is gratifying to note that, despite the increasing strain and pressure of homework and of preparation for examinations, a progressive improvement in the physical condition and general health of the pupils among the higher forms was observed. This satisfactory condition is attributed almost entirely to the high standard of personal hygiene which continues to be maintained in the school and to the efficiency with which the organised games are carried out.

In regard to re-inspection of pupils found to be suffering from one or more defects, it is found that a great deal has been done, and the work shows even more satisfactory results than in the Elementary Schools, as the pupils being older, are more interested and are able to appreciate the need for physical fitness and the relationship of any defect to their future careers.

A large proportion of cases of defects were found to be those of vision—which is, of course, accounted for by the fact that increased strain of secondary education brings such defects into greater prominence.

The whole attitude of this school to Medical Inspection is sound. Both staff and pupils are helpful and interested, and it is most encouraging to the visiting Medical Officer to find here pupils who come of their own free will for consultation and advice in matters of health.

Parents continue to attend the Medical Inspection in increased numbers, and show themselves interested and anxious to have any defect remedied without delay.

Defects found and referred for treatment, or to be kept under observation:—

Defect or Disease.	Routine Inspection.				Re-examinations.			
	Treat- ment.		Observa- tion.		Treat- ment.		Observa- tion.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Uncleanliness (Head) ...	—	—	—	—	—	—	—	—
Eye—								
Blepharitis ...	4	2	2	—	—	—	—	—
Corneal Ulcer ...	—	—	—	—	—	—	—	—
Defective Vision ...	45	58	49	49	28	15	24	49
Squint ...	—	3	4	3	—	1	—	1
Ear—								
Defective Hearing ...	1	2	1	3	—	2	—	3
Nose and Throat—								
Enlarged Tonsils ...	13	22	79	22	3	18	68	16
Adenoids ...	—	4	—	4	—	2	—	2
Enlarged Cervical Glands (non-Tuberculous) ...	20	5	37	23	14	4	32	—
Heart Disease—								
Organic ...	2	—	10	—	—	—	7	—
Functional ...	—	—	1	5	—	—	—	1
Anæmia ...	3	14	2	15	—	4	—	10
Lungs ...	—	—	9	15	—	—	6	7
Other Non-Tuberculous Diseases ...	—	—	—	—	—	—	—	—
Tuberculosis—								
Pulmonary—Definite...	—	—	—	—	—	—	—	—
Suspect	—	—	—	2	—	—	—	2
Non-Pulmonary—								
Spine ...	—	—	—	—	—	—	—	—
Other forms ...	—	—	—	—	—	—	—	—
Deformities—								
Rickets ...	—	—	2	—	—	—	1	—
Dental Caries ...	12	24	—	11	6	19	—	6
Skin—								
Scabies ...	—	—	—	—	—	—	—	—
Other Defects or Diseases	45	88	63	86	62	44	70	66

No. of Re-examinations carried out to ascertain progress, 299.
No defect found in 485 scholars.

RETURN OF MEDICAL INSPECTIONS—1930.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants ...	...	...	...	...	...	1,145
Intermediates ...	...	...	...	...	...	1,212
Leavers ...	...	...	...	...	...	647
Total						3,004

Number of other Routine Inspections ... 674

B.—OTHER INSPECTIONS.

Number of Special Inspections ...	...	...	...	...	3,405
Number of Re-Inspections ...	...	...	...	...	1,242
Total					13,647

TABLE II.—A. Return of Defects found by Medical Inspection
in the Year ended 31st December, 1930.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		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.
(1).	(2).	(3).	(4).	(5).
Malnutrition	32	70	4	4
Uncleanliness (See Table IV., Group V.)	138	—	16	3
SKIN—				
Ringworm :				
Scalp	9	—	51	—
Body	2	—	61	—
Scabies	3	—	22	—
Impetigo	55	—	780	—
Other Diseases :				
(Non-Tuberculous) ...	34	11	206	18
EYE—				
Blepharitis	25	4	48	—
Conjunctivitis	11	—	218	—
Keratitis	—	—	—	—
Corneal Opacities	7	—	1	—
Defective Vision (excluding Squint)	143	91	81	43
Squint	45	1	21	2
Other Conditions	10	4	83	11
EAR—				
Defective Hearing	5	18	13	7
Otitis Media	34	1	108	4
Other Ear Diseases	3	1	40	2
NOSE AND THROAT—				
Enlarged Tonsils only ...	104	393	67	52
Adenoids only	27	57	18	18
Enlarged Tonsils & Adenoids	48	105	22	24
Other Conditions	6	49	58	29
Enlarged Cervical Glands (Non-Tuberculous) ...	17	190	24	38
Defective Speech	—	16	1	10
Teeth—Dental Diseases ...	508	2	60	—
(See Table IV., Group IV.)				
HEART & CIRCULATION—				
Heart Disease :				
Organic	—	43	1	18
Functional	—	17	—	1
Anæmia	45	29	2	24
LUNGS—				
Bronchitis	23	614	2	65
Other Non-Tuberculous Diseases	—	6	1	1

TABLE II.—*continued.*

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.
(1).	(2).	(3).	(4).	(5).
TUBERCULOSIS—				
Pulmonary :				
Definite	3	—	—	8
Suspected	—	—	—	1
Non-Pulmonary :				
Glands	4	1	1	7
Spine	1	—	—	2
Hip	—	—	2	—
Other Bones and Joints ...	1	—	—	2
Skin	2	1	1	2
Other Forms	1	—	—	2
NERVOUS SYSTEM—				
Epilepsy	—	3	—	—
Chorea... ..	2	1	2	21
Other Conditions	2	11	7	10
DEFORMITIES—				
Rickets	7	50	—	7
Spinal Curvature	—	2	—	—
Other Forms	5	43	2	4
Other Defects and Diseases ...	108	162	566	334

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1).	(2).	(3).	(4).
CODE GROUPS:—			
Entrants	1,145	238	20·7
Intermediates	1,212	254	20·9
Leavers	647	152	23·5
Total (Code Groups)	3,004	644	21·4
Other Routine Inspections ...	674	96	14·2

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

	—	Boys.	Girls.	Total.
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	1	2	3
	Attending Certified Schools or Classes for the Blind	...	...	...
	Attending Public Elementary Schools	...	...	...
	At other Institutions ...	...	...	...
	At no School or Institution ...	...	...	...
	(ii.) Suitable for training in a School or Class for the partially blind.	...	...	...
	Attending Certified Schools or Classes for the Blind	...	...	...
	Attending Public Elementary Schools	...	...	...
	At other Institutions ...	...	...	...
	At no School or Institution ...	...	...	...
	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	...	2	2
	Attending Certified Schools or Classes for the Deaf	...	...	...
	Attending Public Elementary Schools	...	...	...
	At other Institutions ...	...	...	...
	At no School or Institution ...	...	...	...
	(ii.) Suitable for training in a School or Class for the partially deaf.	2	1	3
	Attending Certified Schools or Classes for the Deaf	...	...	...
	Attending Public Elementary Schools	...	...	...
	At other Institutions ...	...	...	...
	At no School or Institution ...	...	...	...
	Feebleminded (cases not notifiable to the Local Control Authority).	39	32	71
	Attending Certified Schools for Mentally Defective Children	...	...	...
	Attending Public Elementary Schools	3	3	6
	At other Institutions ...	2	...	2
	At no School or Institution ...	...	...	...
	Feebleminded ...	3	4	7
	Imbeciles ...	...	...	...
	Idiots ...	...	...	...
	Notified to the Local Control Authority during the year.	...	...	...
	Attending Certified Schools for Epileptics...	...	...	...
	In Institutions other than Certified Special Schools	...	...	...
	Attending Public Elementary Schools	...	...	...
	Suffering from severe epilepsy.	2	1	3
	Attending Certified Special Schools for Epileptics...	...	...	...
	In Institutions other than Certified Special Schools	...	...	...
	Attending Public Elementary Schools	...	...	...

Epileptics (continued).	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution ...	Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	3	3
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
	Non-infectious but active pulmonary & glandular tuberculosis.	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	1	2	3
		At Public Elementary Schools ...	3	1	4
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anemia, etc.).	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	56	60	116
		At Public Elementary Schools ...	39	39	78
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	3	8
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	2	1	3
		At Public Elementary Schools ...	4	4	8
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	3	3
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and in- cluding those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	37	34	71
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	1	2

TABLE IV.—Returns of Defects Treated during the Year ended 31st December, 1931

... **TREATMENT TABLE.**

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

DISEASE OR DEFECT.	Number of Defects treated or under treatment during the year.		
	Under Authority's Scheme.	Otherwise.	Total.
(1).	(2).	(3).	(4).
SKIN—			
Ringworm—Scalp	55	5	60
Ringworm—Body	61	2	63
Scabies	25	—	25
Impetigo	829	6	835
Other Skin Disease	115	5	120
MINOR EYE DEFECTS	358	4	362
(External and other, but excluding cases falling in Group II.).			
MINOR EAR DEFECTS	247	9	256
MISCELLANEOUS			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	617	26	643
Total	2,307	57	2,364

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

DISEASE OR DEFECT.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by private practitioner or at hospital, apart from Authority's Scheme.	Otherwise.	Total.
(1).	(2).	(3).	(4).	(5).
Errors of Refraction (including Squint)	725	1	16	742
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	59	—	—	59
Total	784	1	16	801

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme, 598.

(b) Otherwise, 16.

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme, 523.

(b) Otherwise, 16.

TABLE IV.—continued.

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

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1).	(2).	(3).	(4).	(5.)
104	130	234	116	350

GROUP IV.—DENTAL DEFECTS.

Number of children who were:—

Inspected by the Dentist:

Aged:

Routine Age Groups	5 ...	23	Total, 6178
	6 ...	859	
	7 ...	1034	
	8 ...	1073	
	9 ...	1113	
	10 ...	121	
	11 ...	693	
	12 ...	584	
	13 ...	669	
	14 ...	9	
Specials	...	...	1033
Grand Total	...	...	7211

Found to require treatment	...	...	4226
Actually treated	...	...	2598
Re-treated during the year as the result of periodical examination	...	...	1076

(2) Half-days devoted to:—

Inspection, 60 ; Treatment, 354.

Total, 414.

(3) Attendances made by children for treatment, 3269.

(4) Fillings:—

Permanent Teeth, 697 ; Temporary Teeth, —

Total, 697.

(5) Extractions:—

Permanent Teeth, 784 ; Temporary Teeth, 4199.

Total, 4983.

(6) Administrations of general anæsthetics for extractions, —.

(7) Other operations:—

Permanent Teeth, 425 ; Temporary Teeth, 111.

Total, 536.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses, 8.

(ii.) Total number of examinations of children in the Schools by School Nurses, 16,584.

(iii.) Number of individual children found unclean, 516.

(iv.) Number of children cleansed under arrangements made by the Local Education Authority, 397.

(v.) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921, —.

(b) Under School Attendance Bye-Laws, —.

TABLE V.—Dental Examinations.

SCHOOL.	No. of Children examined.			No. requiring treatment.			No. of parents consenting to treatment.	Percentage
	Boys.	Girls.	Total.	Boys.	Girls.	Total.		
Albert Road ...	158	178	336	66	84	150	90	60.0
Alderman Leach ...	84	114	198	43	61	104	56	53.8
Arthur Pease ...	19	76	95	13	37	50	12	24.0
Beaumont Street ...	179	243	422	83	114	197	79	40.7
Bondgate ...	158	117	275	95	74	169	66	39.0
Borough Road ...	103	84	187	72	61	133	76	57.1
Cockerton ...	103	115	218	58	62	120	65	54.2
Corporation Road	178	472	650	113	215	328	149	45.4
Dodmire ...	250	289	539	147	177	324	126	38.4
Gurney Pease ...	54	60	114	33	35	68	30	44.1
Harrowgate Hill ...	283	341	624	160	177	337	168	49.7
Holy Family ...	58	40	98	47	30	77	21	27.7
Holy Trinity ...	62	72	134	41	40	81	32	39.1
North Road ...	124	145	269	67	99	166	91	54.1
Reid Street ...	396	169	565	202	93	295	146	49.7
Rise Carr ...	181	155	336	114	94	208	100	48.0
St. Augustine's ...	194	192	386	99	111	210	100	47.0
St. Cuthbert's ...	66	63	129	33	40	73	27	37.0
St. John's ...	206	205	411	107	101	208	85	40.7
St. William's ...	96	96	192	65	61	126	46	36.3
Central Secondary	46	50	96	33	39	72	30	41.0
Grammar ...	106	—	106	52	—	52	24	46.7
High ...	—	77	77	—	41	41	28	68.3
Junior Technical ...	132	—	132	44	—	44	8	18.3
Kendrew St. Central	111	—	111	59	—	59	22	37.0
Open-Air ...	39	40	79	28	22	50	27	54.0
Barnard ...	32	25	57	11	9	20	12	60.0
Nursery ...	30	35	65	7	6	13	9	69.0
Total ...	3448	3453	6901	1892	1883	3775	1725	45.0