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Contributors

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ANNUAL REPORT

ON THE

HEALTH

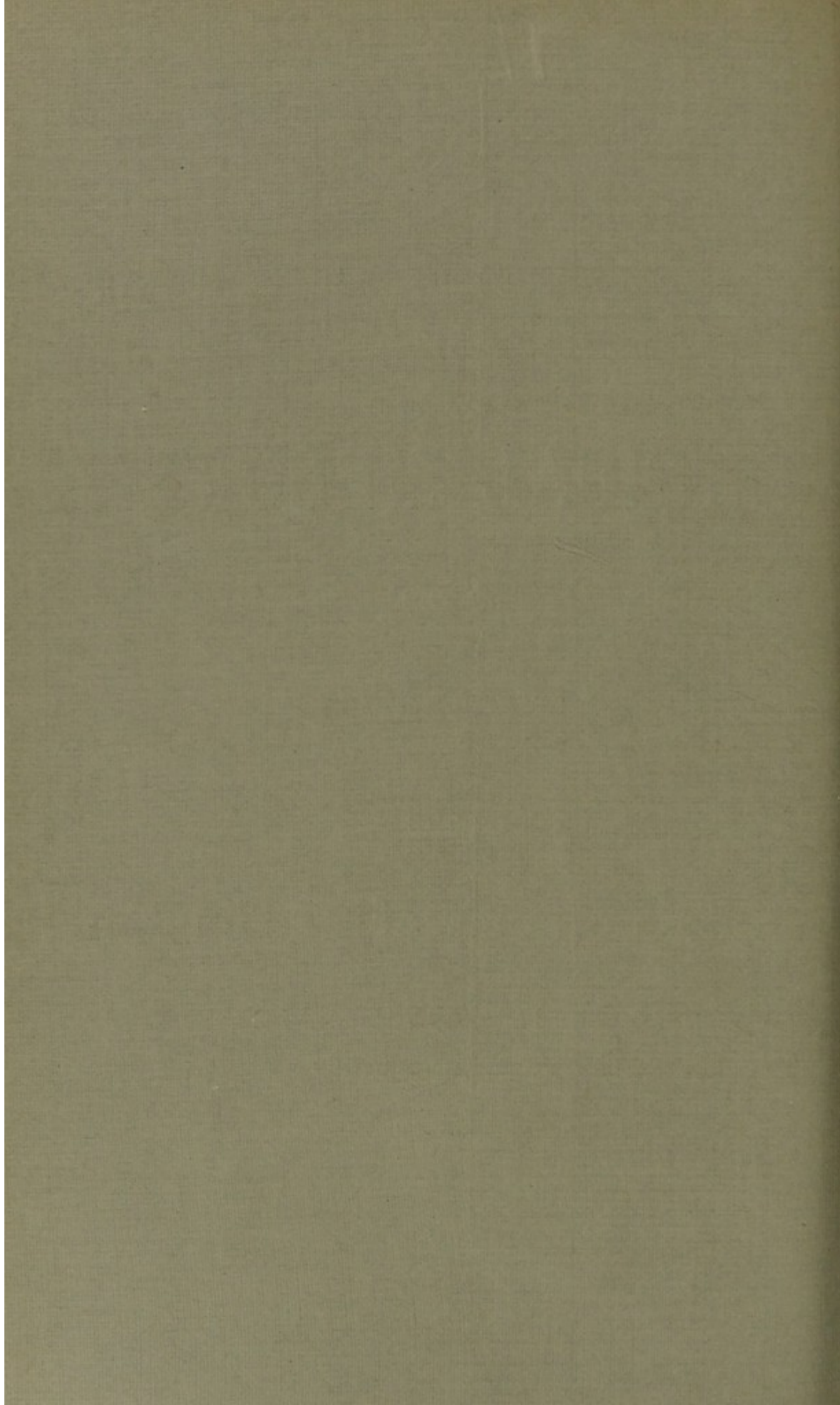
OF THE

County Borough of Darlington,

FOR THE YEAR 1934.

DARLINGTON,
THE SKERNE PRINTING Co., (1927) LTD., GARDEN STREET.

1935.



County Borough of Darlington.



ANNUAL REPORTS

UPON THE

HEALTH OF DARLINGTON,

For the Year 1934.

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

Medical Officer of Health,

Medical Superintendent of the Borough Hospitals,

School Medical Officer,

Medical Certifier under M.D. Acts,

Medical Examiner for Corporation Employees.

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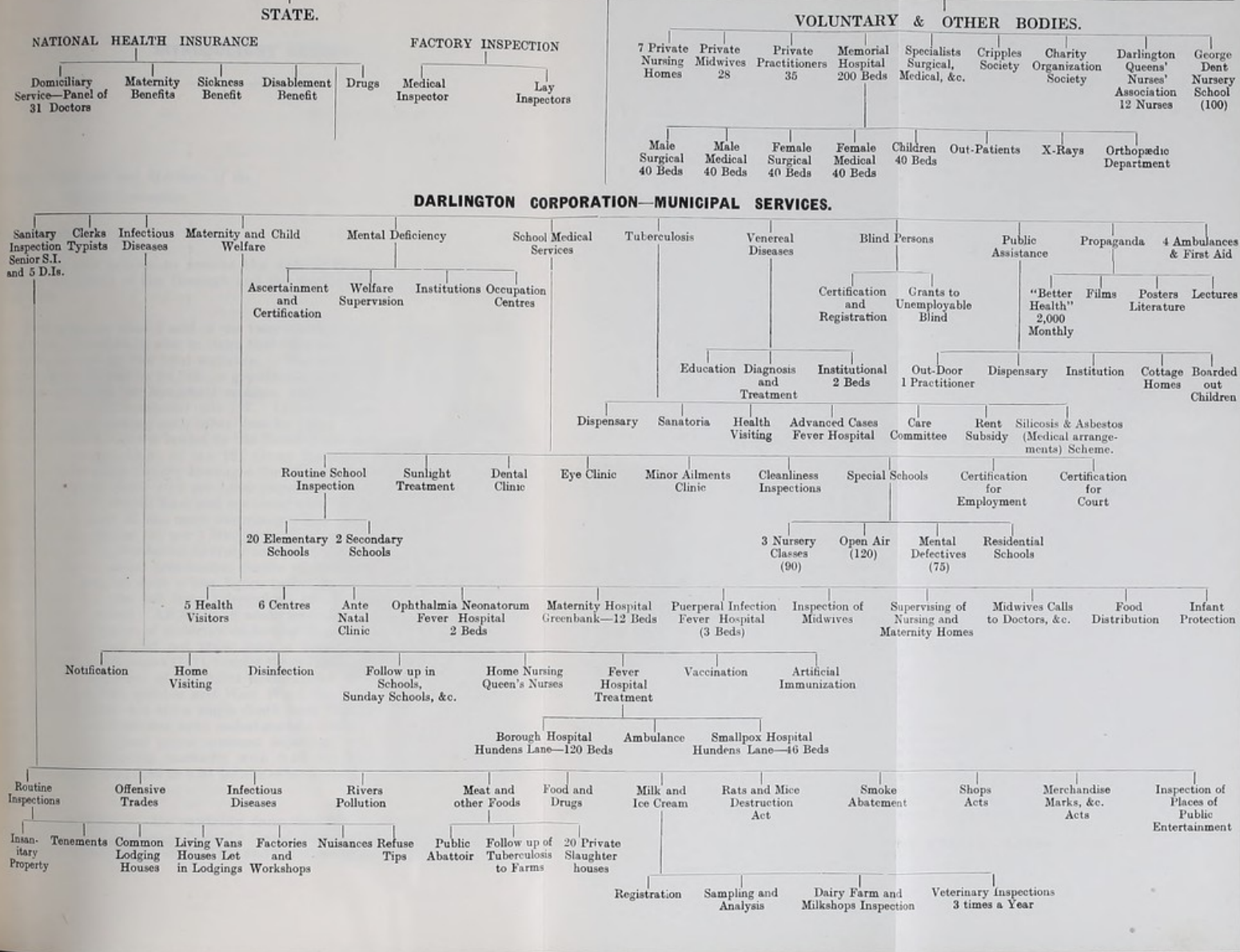
Medical Examiner for Corporation Employees.

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MEDICAL AND HEALTH SERVICES IN DARLINGTON COUNTY BOROUGH.



INTRODUCTORY LETTER.

HEALTH OFFICE,
GREENBANK,
DARLINGTON.

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

GENTLEMEN,

I have the honour to present the Annual Report on the health and sanitary condition of the Borough and the work of my department for the year 1934.

Following on what I said of the very healthy state of the town in 1933, I am very pleased to be able to claim that 1934 has been even decidedly more so, as borne out by the vital statistics. The estimated population has increased from 73,340 to 74,550—a growth accounted for by immigration of families attracted for industrial reasons, rather than by excess of births over deaths, which numbered only 287. In fact the birth rate and death rate are closely approaching each other year by year. The birth rate—14.6 per 1,000 population—is the lowest in the North East and is appreciably lower than the average—14.9—of the 121 Great Towns of England and Wales. In the neighbouring County Boroughs the 1934 figures vary from 16.4 up to 20.1. The death rate—10.8 per 1,000 population—is also by a wide margin the lowest in the North East and contrasts with the figure 11.8 for England and Wales, a fact all the more surprising when one realizes the large proportion of population (17 per 1,000) over 75 years of age. The majority of our deaths can be attributed to truly natural causes of senility and worn out organs. The so called preventable deaths of childhood and early adult life have never been at such a low figure before in the history of the town. Illustrating this, the toll from tuberculosis of all forms—.79 per 1,000—is the lowest on record. All forms of acute infectious disease were prevalent, as the peaks of waves of incidence co-incided during the year in their phases, but the death roll did not show such a corresponding rise fortunately. Measles (908), Chickenpox (517), Scarlet Fever (440) and Whooping Cough (76) provided the majority of the 2,261 notifications, North Road Ward producing the greatest number and West Ward the least. For the third year in succession there was not a single death from Diphtheria—a very enviable record—and one that has been unfortunately broken this year. The total death rate from these acute common infections was only 0.25 per 1,000 population, contrasting markedly with 0.44 for England and Wales and figures varying from 0.49 to 1.34 for the other County Boroughs in the North East.

It is, however, in the mortality from the “filth” diseases, particularly Diarrhoea, that the change from the “good old days” is best revealed. This disease, once the scourge of child life and the slums has practically been wiped

out by the general high standard of cleanliness and citizenship, by education in healthy living, by the constant safeguarding of our milk and food supplies in the Public Health Service. Darlington's diarrhoeal death rate 1.8 per 1,000 births, is in sharp contrast with that for England and Wales, 5.4, and that for the county boroughs in the area (3.9—11.7). Other evidence of advance is the fact that we seldom find a verminous child in school now.

Hand in hand with this improvement, it is only to be expected that the saving of our child life should show remarkable strides. The infantile mortality—deaths during the first year of life—was 60 per 1,000 births, a very low figure considering the prevalence of Measles and Whooping Cough throughout the year, and the corresponding rates for England and Wales and the other County Boroughs. As I have so often said before, the low birth rate is evidently here to stay, and it therefore behoves us, that every care must be taken of mothers and children under our administration to ensure future economy and national efficiency. More than half of these infantile deaths occur during the first month of life pointing to weaknesses in the mothers primarily rather than the children. The deaths of mothers in child birth show a welcome if small reduction from 6 to 5, following our black years. I cannot assert too strongly that our figures during these last four black years have been swollen by the painstaking intensity of our investigations and the honest whole hearted co-operation of practitioners in the inquiries into every death in any way associated with pregnancy, labour or the puerperal period. The overhaul and the extension of our Maternity and Child Welfare Scheme at Greenbank, and the provision of a fully trained subsidized midwifery service for the poor have already produced excellent results.

The co-ordination of the health services, has been the greatest of the many tasks of administration during the year. As Medical Officer, who has suffered the inconvenience of the inadequate and worn out "Health" Office at Feethams, and been aggravated by the growing bus traffic, I think the best bit of Corporation rehousing was the transfer to Greenbank, where in the very geographical centre of the town and with 75% of the population within the radius of a mile, complete co-ordination of administration, sanitary inspections clinics, dispensaries, in-patient maternity services has been readily achieved. At the New Year the administration of the Tuberculosis Scheme was taken over from Durham County Council and now it is part and parcel of the Health Centre—the simple description to cover any stigma that may attach to Tuberculosis, Venereal Disease, Blind or Mentally Afflicted Persons and all others associated usually with Public Medical Services.

The Venereal Diseases Treatment Centre, opened in 1922, has been transferred from the original old wooden hut to a much more suitable wing of the permanent building.

In spite of the difficulties of extensive structural alterations and changes of staff, the Maternity Hospital has been smoothly taken under direct Corporation control from the Voluntary Hospital Committee who have carried out the work since 1921 under a special financial arrangement approved by the Ministry of Health. The first floor of the building is naturally well suited to the purpose of both maternity and convalescent home work and

will serve the needs of the town for many years. Economy and efficiency have been achieved by transferring most of the laundry equipment to the Public Assistance Institution, where such work is now centralized.

When renovations are complete it is proposed to accommodate the School Medical Services, with the minor ailment, dental, ophthalmic and sunlight clinics and the ante natal and maternity and child welfare main centre on the ground floor.

Extensions and improvements in the accommodation at the Infectious Diseases Hospital and Public Assistance Institution are under way. By the purchase of the intervening land these two are now contiguous and will become more and more associated under the single administration. The Old Poor Law Medical Services are now intimately bound up in the general Public Health Scheme for tuberculosis, infectious disease, schools and maternity and child welfare, the domiciliary work being continued by Dr. Wormald. The policy of the British Medical Association regarding free choice of doctor on National Health Insurance lines did not find favour with the Council.

Sanatorium accommodation has always been deficient in the North East, and at the suggestion of the Ministry of Health, a joint scheme has been proposed for the six County Boroughs—Sunderland, Middlesbrough, Gateshead, South Shields, West Hartlepool, Darlington—on the lines of Prudhoe Colony for Mental Defectives. The institution is to consist of 300 beds, of which Darlington's share will be 16, mainly for early adult cases, and will be situated at Grey Towers, Nunthorpe, on a site generously presented to Middlesbrough by Alderman Poole. A building of this size can be staffed and equipped much more satisfactorily for this very important modern specialist technique. With the added interest now taken in Care Committee work and rehousing, tuberculosis is rapidly being overcome, as evidenced by the record low mortality figures this year.

Close on the heels of the conversion of over 7,000 privy ashpits to the water carriage system just completed, there has come the drive in the abolition of insanitary property. During the year practically every occupied dwelling in yards and courts has been scheduled for demolition or closing. The new Corporation Hundens Housing Estate, is now almost completed—154 houses at special subsidized rentals; varying from 5s. 5d. to 6s. 8d. for two and three bed-roomed houses, occupied by families who have moved from sordid overcrowded tenements. It speaks for itself that I am not aware of a single family who has failed to rise to the opportunity in making themselves worthy of their new environment.

Difficulties have been experienced in pressing Improvement Areas to a satisfactory conclusion, but a Clearance and Compulsory Purchase Order is in course of preparation, to be sought for the Park Street—Bridge Street area comprising 93 houses, 132 separate families and 521 persons.

Private enterprize, supported by the Building Societies and Corporation guarantees, continues to supply the more expensive type of house for owner occupiers. Last year the average of the past three years has been maintained

800 houses being erected. The popularity of the new detached house with garden and the migration to the suburbs bring with them educational and transport problems, but particularly the question of the letting of good substantial old terrace houses of which there are dozens vacant.

The medical staff of the department has not changed during the year, but there have been several changes among the clerks and sanitary inspectors. Miss Stephenson, who had nineteen years service in the office resigned on marriage, and left a place very difficult to fill by reason of her intimate knowledge and ready adaptability.

The death of the Chairman, Alderman Dr. D. L. Fisher, D.S.O., J.P., was, however, the greatest loss of the year. You already know of his self-sacrificing service as a busy general practitioner for over 33 years in the town, his gallantry and devotion to duty in the War and his enthusiasm and influence in the Council in all matters of suffering humanity and progress. It was not to be that he should see the consummation of his efforts in the direction of the co-ordination and modernization of the town's services at Greenbank which he had so much at heart.

I wish to express to you, the Council, chief officials, the voluntary organizations, my thanks for the support and sympathetic consideration given to proposals and for the interest shown in the department. The happy devotion to duty of all members of the staff is worthy of special comment, particularly in such a difficult year of transfer and reorganization.

I am, your obedient servant,

GEORGE A. DAWSON.

MEMBERS OF HEALTH COMMITTEE.

His Worship The Mayor (Councillor J. WATERS, J.P.)

Alderman A. J. BEST, J.P. (<i>Chairman</i>)	Councillor T. E. HUDSON.
Alderman T. E. B. BATES, O.B.E., J.P.	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor M. GALLAGHER.	Councillor J. H. TAYLOR.
Councillor PEARSON HARRISON.	Councillor A. TREES.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

His Worship The Mayor (Councillor J. WATERS, J.P.)

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

HOSPITAL VISITING ROTA SUB-COMMITTEES.

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

Alderman A. J. BEST, J.P. (<i>Chairman</i>)	Councillor B. JACKSON.
Councillor H. P. BELL, J.P.	Councillor J. W. RICHARDSON.
Councillor PEARSON HARRISON.	Councillor A. TREES.

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

His Worship The Mayor (Councillor J. WATERS, J.P.)

Alderman A. J. BEST, J.P. (<i>Chairman</i>)	Councillor T. E. HUDSON.
Alderman T. E. B. BATES, O.B.E., J.P.	Councillor J. H. TAYLOR.
Councillor M. GALLAGHER.	

MEDICAL AND NURSING SERVICES SPECIAL COMMITTEE.

His Worship The Mayor (Councillor J. WATERS, J.P.)

Alderman T. E. B. BATES, O.B.E., J.P. (<i>Chairman</i>)	Alderman C. H. LEACH, M.B.E., M.A.
Alderman A. J. BEST, J.P.	Councillor W. G. CHANDLER, M.B.E., J.P.

TUBERCULOSIS SUB-COMMITTEE.

His Worship The Mayor (Councillor J. WATERS, J.P.)

Alderman A. J. BEST, J.P. (*Chairman*) Councillor T. E. HUDSON.

Alderman T. E. B. BATES, O.B.E., J.P.

COMMITTEE FOR PROMOTING THE WELFARE OF AFFLICTED PERSONS.

His Worship The Mayor (Councillor J. WATERS, J.P.)

Alderman C. H. LEACH, M.B.E., M.A. Councillor W. T. GRIFFITHS.
(*Chairman*) Councillor J. H. TAYLOR,

Alderman T. E. B. BATES, O.B.E., J.P. M.C., F.R.C.V.S.

Councillor H. P. BELL, J.P. Councillor A. J. WILSON.

Councillor W. G. CHANDLER, Mrs. J. D. HINKS.

M.B.E., J.P. Mrs. R. JOHNSON.

Councillor T. E. DOUGILL. Mrs. H. MAW.

HOUSING AND TOWN PLANNING COMMITTEE.

Councillor W. HESLOP, J.P. Councillor J. W. RICHARDSON.
(*Chairman*). Councillor G. RITCHIE, J.P.

Councillor J. BLUMER. Councillor T. RODGERS, J.P.

Councillor J. CLAYTON, F.R.I.B.A. Councillor R. F. SCOTT.

Councillor B. DODD. Councillor W. G. TODD.

Councillor A. HILDRETH. Councillor A. TREES.

STAFF.

GEORGE A. DAWSON, M.D., D.P.H., F.R.San.I., Medical Officer of Health, School Medical Officer, Chief Tuberculosis Medical Officer, Medical Certifier under Mental Deficiency Acts, &c.

WILLIAM HARTSTON, M.D., M.R.C.P., D.P.H., Deputy Medical Officer of Health, Venereal Diseases Medical Officer, Assistant School Medical Officer. (Commenced 15th January, 1934).

ELIZABETH S. WALKER, M.B., Ch.B., D.P.H., Assistant Medical Officer for Maternity and Child Welfare, Inspector of Midwives, Public Vaccinator. (Commenced 3rd January, 1934).

JAMES HOWE WEIR, M.D., D.P.H., Assistant Medical Officer for Tuberculosis and Public Assistance. (Commenced 12th February, 1934).

THOS. L. WORMALD, M.D., D.P.H. (part-time), Deputy Medical Officer, Municipal Institution, Temporary District Officer.

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.

SENIOR SANITARY INSPECTOR :—A. E. WADE ^{1 2}.

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.

DISTRICT SANITARY INSPECTORS :—G. LATIMER, ^{1 2} (Resigned 28th July, 1934); A. W. R. TURNBULL ^{2 3 4}; G. V. PENN, ^{2 3}; W. L. MONKS, ^{2 3 4} (Resigned 24th March, 1934); E. WITHEFORD, ^{2 3} (commenced 8th August, 1934); S. S. H. GARRARD, ^{2 3 4} (commenced 1st November, 1934); A. STOCKILL, ³ (commenced 1st May, 1934).

SENIOR HEALTH VISITOR :—MISS K. W. BISHOP ^{1 5 7 8}.

DISTRICT HEALTH VISITORS :—MISS A. M. MCILWAINE ^{8 9c}; MISS E. H. FLEETHAM ^{6 8 9c}; MISS H. PATTON ^{6 8} (retired 5th October, 1934); MISS D. DONKIN ^{6 8 9c}; MISS E. ROBINSON, ^{6 8 9c} (commenced 15th October, 1934).

¹ Certificate of Royal Sanitary Institute for Sanitary Inspectors.

² Certificate of Royal Sanitary Institute for Meat and Food Inspectors.

³ Certificate of Royal Sanitary Institute and Sanitary Inspector's Joint Board.

⁴ Associate of the Royal Sanitary Institute.

⁵ Certificate of Royal Sanitary Institute for Health Visitors and School Nurses.

⁶ New Health Visitor's Certificate of the Royal Sanitary Institute for Health Visitors and School Nurses.

⁷ Certificate of Royal Sanitary Institute for Maternity and Child Welfare.

⁸ Certified Midwife.

⁹ State Registered Nurse :—(a) Sick Children ; (b) Fever ; (c) General.

Clerical and Office Staff—E. C. STAINSBY (Chief Clerk), Miss F. E. GIBBON, Miss E. STEPHENSON (resigned 15th December, 1934), I. BURNLEY, Miss D. HUTTON, E. CANHAM, Miss L. PHILLIPS (commenced 20th December, 1934), E. CHERRY (commenced 10th September, 1934).

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

Venereal Diseases Orderly—J. T. H. 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.

Home Visitor for the Blind—C. F. COOKE.

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

Superintendent Nurse, Municipal Hospital—Miss A. MORAN, S.R.N. (General), Certified Midwife.

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

Infant Protection Visitor	}	Miss V. I. SMILES (part-time).
Female Relieving Officer		

COST OF SERVICES.

	1933	1934
	d.	d.
General Sanitary Expenses	2·700	2·048
Purchase of Greenbank	3·508	3·508
Venereal Diseases	·704	·582
Maternity and Child Welfare....	2·494	3·060
Tuberculosis	3·462	3·468
Infectious Diseases Hospitals....	3·494	3·302
Baths	1·984	1·634
Housing....	1·096	1·290
Elementary Education	30·116	29·280
Higher Education	11·284	10·340
Library and Museums....	3·810	3·662
Parks and Recreation Grounds	5·990	6·536
Cemeteries	2·946	2·100
Sewage Disposal	8·488	7·800
Roads, Maintenance	15·064	14·210
„ Improvements	8·660	7·278
„ Cleansing	4·280	4·272
„ Lighting	2·998	2·892
Cleansing Ashpits	5·446	4·628
Town Hall, Markets, etc.	1·170	1·142
Fire Brigade	2·088	1·982
Welfare of Afflicted Persons	3·316	3·216
Public Assistance	21·794	24·888
Police	7·262	7·008
Administration of Justice	·788	·724
Salaries and Administration	3·310	2·962
Representation of People's Act	·300	·276
Assessment Committee	·280	·270
Miscellaneous	Cr. 11·696	Cr. 10·608
	147·586	143·750
Less Exchequer Grants, &c.	41·586	39·750
Rate Levied	106·000	104·000
One Penny represents £1,892.	8/10	8/8

SECTION A.

SUMMARY OF STATISTICS.

Height above sea level, 100-240 feet.

Area of Borough in acres, 6,463.

Resident Population (1931 Census), 72,093. Families 18,309.

„ „ (R. G's. estimate 1934), 74,550.

Density of Population per acre, 11.

Inhabited houses (at 31 March, 1935)—

Dwelling Houses	20,124
Dwelling Houses and Shops	798
Hotels and Public Houses	68
	20,990

	1921 Census	1931 Census
Average size of dwelling	4.41	4.41
Average size of family	4.39	3.82
Families per dwelling	1.06	1.05
Persons per room	0.94	0.91
More than 2 per room density	17.2%....	9.7% population.
Rateable value, £498,474.		
Sum represented by Penny Rate, £1,892.		at 1 April, 1935.

	1934	1933
Registered Unemployed (December)	5,355	5,906
Poor Law Relief Cases (December)	1,809	1,596
Birth Rate per 1,000 population	14.6	13.8
Death Rate per 1,000 population	10.8	12.0
Natural Increase	287	128
Infant Mortality Rate per 1,000 births	60	67
Still Birth Rate per 1,000 births	49.0	49.6
Deaths from Measles	8	8
„ „ Whooping Cough	2	8
„ „ Diarrhoea (under 2 years)	2	4
„ „ Scarlet Fever	5	0
„ „ Diphtheria	0	0
„ „ Typhoid	0	1
„ „ Influenza	3	46
„ „ Pulmonary Tuberculosis	47	64
„ „ Non-Pulmonary Tuberculosis	12	7
„ „ Cancer	93	101
„ „ Circulatory Diseases	282	255
Deaths under 4 weeks....	41	40
Deaths 65 years and over	348	365
Maternal Deaths	5	6

Summary of 1931 Census Returns.

	Pop. per acre	Persons per Room	Families of 3 or more in one room	Size of Family	% Pop. more than 2 per room	Resident over 75 years per 1,000
Gateshead	39.1	1.23	2,000	3.96	28.60	13
Sunderland	29.5	1.22	2,800	3.80	26.34	14
South Shields	35.6	1.18	1,320	3.91	29.31	13
West Hartlepool	25.3	1.00	456	3.99	16.74	13
Darlington	11.1	0.91	178	3.82	9.76	17

SOCIAL CONDITIONS OF THE AREA.

The town is pleasantly situated, close to the River Tees, ranging from 100 to 240 feet above sea-level. Protected on all sides by high ground the climate is mild, conducing to a profusion of vegetation, which is demonstrated to advantage in the open spaces and parks of which there is ample provision in all parts to the extent of 240 acres. While it is the natural hub of the railways and a marketing centre of a rich agricultural area, of South Durham and North Riding, its inhabitants are principally occupied in highly skilled trades connected with railway engineering, bridge building, heavy forge castings, wool spinning, and more recently the Imperial Chemical Industries at Billingham and Chemical Insulating Company at Cockerton. Trade depression has unfortunately led to the inevitable period of unemployment and at the end of the year, 5,355 persons compared with 5,906 in 1933 were unemployed (figures kindly given me by Mr. Hommert, Manager Employment Exchange): men 4,673, boys 162, women 313, girls 207.

Poor Law Relief.—I am indebted to Mr. A. J. Shaw, Public Assistance Officer for the following figures:—

The number of persons in receipt of relief on the 1st January, 1935, was 234 in Institutions, 858 widows, sick and disabled persons, and 717 unemployed, total, 1,809, compared with 1,596 last year, and 2,937 in 1924.

Influence on Health.—The town prides itself in its reputation for cleanliness, wide well-paved streets, and highly skilled artizan population. The health statistics have characteristics usually associated with residential southern towns rather than the industrial north. No particular occupation is exercising its influence in lowering the public health. There is no statistical evidence that unemployment has exercised any significant influence on the health or physique of children or adults, though continued depression must have a bad moral effect ultimately.

The Rotary Club introduced a very commendable assisted scheme of Allotment cultivation for the unemployed, fifty of whom have availed themselves of the opportunity. The Mayor has continued a scheme to send debilitated wives of unemployed men away for a week's holiday to Scarborough. 252 mothers from the Maternity and Child Welfare Centres, wives of the unemployed, benefited under this scheme in 1934.

Live Births :—	Total	M.	F.	
Legitimate	 1,040	532	508	} B.R. per 1,000 population
Illegitimate	 49	27	22	
Still Births	 56	23	33	Rate per 1,000 total births,
				49.0.
Deaths	 802	420	382	D.R. per 1,000 population
				10.8.

Deaths from puerperal causes; from sepsis, 3; other causes, 2. Rate per 1,000 total births; sepsis, 2.6; other causes, 1.7.

Death rate of Infants under one year :—

All Infants per 1,000 live births	 59.0
Legitimate Infants per 1,000 legitimate live births	 58.7
Illegitimate Infants per 1,000 illegitimate live births	 81.6

CORONER'S INQUESTS.

There were 36 inquests on Darlington residents, 9 of which were held outside Darlington. Eighteen inquests were held in Darlington on deaths transferable to other areas. Post mortems were held in 39 cases including 6 outward transfers. Eleven deaths were suicidal, 8 men and 3 women choosing this method of deliberately leaving this life. Street accidents and other violence accounted for 21 deaths compared with 28 last year.

UNCERTIFIED DEATHS.

Deaths not certified by a medical practitioner but in which the Coroner was satisfied that there was no further investigation required numbered 36 the same as last year. Four of these were among children under one year of age. Unfortunately, the indefinite nature of the terms used to describe the cause of death leads to much difficulty in classification and one would often welcome a detailed post mortem inquiry with a Coroner's certificate to ensure greater accuracy in determination of cause.

DEATHS IN INSTITUTIONS.

	Residents.	Others.	Total.
Municipal Hospital	 63	2	65
The Memorial Hospital	 124	86	210
Greenbank Maternity Hospital	5	2	7
Borough Hospital	 24	5	29
Nursing Homes	 8	9	17
Totals	 224	104	328
In other Institutions	 29	—	29
Proportion in Institutions (253) to total deaths of Darlington residents (802)	....	....	31.5%

Comparative Table of Vital Statistics, 1920-1934.

		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
1931	72,750	15.3	15.8	12.5	12.3	73	66
1932	72,820	15.6	15.3	11.2	12.0	67	65
1933	73,340	13.8	14.4	12.0	12.3	67	64
1934	74,550	14.8	14.6	10.8	11.8	60	59

LEGISLATION DURING 1934.

Darlington Corporation Act, 1934.

Shops Act, 1934.

Milk Act, 1934.

The Public Health (Shellfish) Regulations, 1934.

The Silicosis and Asbestosis (Medical Arrangements) Amendment Scheme, 1934.

Circulars and Memoranda.

Ministry of Health Circular 1410—Standardization and Simplification of requirements of Local Authorities.

Ministry of Health Circular 1408—Birth Control.

Do. Circular 1395—Bed Bugs.

Do. Circulars 1370 and 1406—Nutrition.

Do. Circular 1433—Maternal Mortality.

Do. Circular 1430—Certification of Blindness.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

All the Municipal Medical Services are co-ordinated under the Medical Officer of Health, and now that the centralization has been achieved in Greenbank, efficiency and economy will go hand in hand as the full scheme evolves with its interweaving of staff and organization into a complete unit.

LABORATORY FACILITIES.

The arrangements remain as before. Chemical analysis is performed by Mr. C. J. H. Stock, F.I.C., and bacteriological examinations in our own Health Department and at Armstrong College, Newcastle-upon-Tyne. The work at Armstrong College included the examination of 156 specimens for Tuberculosis, 53 for Diphtheria, 23 for the Enteric Group, 298 for Wassermann Tests, 12 for other Tests of Syphilis, and 21 for Gonorrhœa. In our own Department in Darlington there were examined 1,375 specimens microscopically in connection with the Venereal Diseases Clinic. The analysis of clinical material is carried out at the Clinics and Hospitals as far as possible. X-Ray examinations are made by Dr. Crichton Fothergill at his own residence in Trinity Road.

AMBULANCE FACILITIES.

For infectious cases 2 Ambulances, a Morris Commercial and a Rolls-Royce, are available for calls in the town and for the eleven Local Authorities with whom we have arrangements for the use of our Fever Hospital.

For the non-infectious, accident and maternity cases, 3 motor ambulances, a Morris, an Austin, and a Ford, are kept at the Fire Brigade Station, being available for all calls within fifteen miles.

NURSING IN THE HOME.

The Darlington Queen's Nurses' Association provides the greater part of the home nursing services for maternity, medical, surgical, and infectious cases, by arrangement with the Health Committee, at a retaining fee of £10 plus 1s. 4d. per visit, with a minimum of £30 per annum. It will be appreciated how this often neglected side of medical work can be carried out with advantage and so relieve institutional accommodation for the very serious cases.

The extent of the work will be realised from the following figures :—

Visits to expectant mothers 532, puerperal infection 32, ophthalmia neonatorum 128, post natal cases 83, measles and pneumonia 26, measles and complications 55, acute primary and influenzal pneumonia 675, sick children under 5 years of age 936—a total of 2,467 visits, carried out by a complement of 12 nurses,

PUBLIC ASSISTANCE MEDICAL SERVICE.

During the year under review Dr. Weir has undertaken the care of the Out-patient Dispensary and the Feetham Infirmary, while the domiciliary cases have been visited by the Deputy Public Assistance Medical Officer (Dr. T. L. Wormald) and his partner (Dr. R. L. Stubbs).

Attendances at the Dispensary and Domiciliary visits have shown a steady tendency to increase, but contrary to expectations these increases have *not* been due to demands for treatment from insured persons who have ceased to be eligible for medical benefit. Such cases have been comparatively few in number. The increase has been caused by an unexplained additional incidence of sickness and invalidity among the "regular" Public Assistance cases.

During the year new arrangements for heating the dispensary, surgery and waiting room have been made. A new system of card index record keeping and filing has been introduced.

The Infirmary accommodation has been under review and meetings have taken place between the committee and representatives of the Ministry of Health. A proposed scheme for the alteration of ward blocks is at present under consideration.

With these arrangements the medical services have progressed smoothly and satisfactorily and it appears now that a scheme acceptable to all interested parties has been formulated.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES.

	1933	1934
Tramways and Transport Department	22	56
Borough Surveyor's Department	4	10
Education Department	6	11
Borough Accountant's Department	9	6
Gas Department	16	6
Electricity Department	9	11
Borough Fever Hospital....	2	2
Public Assistance Department	3	4
Health Department	4	8
Public Library	4	—
Fire Station	1	1
Town Clerk's Department	4	2
Markets' Department	1	—
	—	—
Total	85	117
	—	—

MENTAL DEFICIENCY AND BLIND PERSONS.

The Committee for Promoting the Welfare of Afflicted Persons supervises certified mental defectives and blind persons under the Acts.

MENTAL DEFICIENCY.

The following Institutions are in use :—

Prudhoe Hall Colony	....	....	38
Municipal Institution, Darlington	....	....	2
Rampton State Institution	....	....	3
Royal Albert Institution, Lancaster	....	....	2
Monckton Hall, Jarrow	....	....	1
Pield Heath House	....	....	1

A Local Voluntary Committee of the Mental Welfare Association (Secretary, Miss L. I. Holmes, B.Litt.) undertakes the supervision and organization of the Occupation Centres for low grade and such suitable cases, at the Kendrew Street School, and the Municipal Hospital.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1st JANUARY, 1935 :—

(A.) "Subject to be dealt with" by the Local Authority.

(B.) Who may become "subject to be dealt with" by the Local Authority.

A.—NUMBER OF MENTAL DEFECTIVES ASCERTAINED TO BE "SUBJECT TO BE DEALT WITH" :—

1. Under "Order" :—			M.	F.	T.
(a) (1) In Institutions (excl. cases on Licence)	... ..	{ Under 16 years of age	3	2	5
	... ..	{ Aged 16 years and over	18	17	35
(2) On Licence from Institutions	... ..	{ Under 16 years of age	—	—	—
	... ..	{ Aged 16 years and over	1	1	2
(b) (1) Under Guardianship (excl. cases on Licence)	... ..	{ Under 16 years of age	—	—	—
	... ..	{ Aged 16 years and over	1	—	1
(2) On Licence from Guardianship	... ..	{ Under 16 years of age	—	—	—
	... ..	{ Aged 16 years and over	—	—	—
2. In "places of safety"	... ..	{ Under 16 years of age	—	—	—
	... ..	{ Aged 16 years and over	—	—	—
3. Under Statutory Supervision	... ..		21	25	46
Of whom :—					
Awaiting removal to an Institution	... ..		5	—	5
4. Action not yet taken under any one of the above headings :—					
(a) Notified by Local Education Authorities (Sec. 2 (2) )	... ..		—	—	—
(b) Mental Defectives in receipt of Poor Relief :—					
(1) Institutional—					
(a) In Public Assistance Institutions not approved under Sec. 37	... ..		—	—	—
(b) In Institutions certified under the M.D. Acts (including those approved under Sec. 37)	... ..	{ (1) Cases "placed" under Sec. 3	18	8	26
	... ..	{ (2) Other cases...	—	—	—
(2) Domiciliary	... ..		7	1	8
(c) Otherwise "ascertained"	... ..		—	—	—

B.—NUMBER OF MENTAL DEFECTIVES NOT AT PRESENT "SUBJECT TO BE DEALT WITH" :—
BUT FOR WHOM THE LOCAL AUTHORITY MAY SUBSEQUENTLY BECOME LIABLE.

1. In Institutions or under Guardianship—dealt with under Sec. 3 :—	M.	F.	T.
(a) In regard to whom the Local Authority contributes under its permissive powers	—	—	—
(b) Maintained wholly by parents, relatives or others	—	—	—
2. Reported to the Local Authority from any reliable source, and recognised by them as Mentally Defective but as to whom no action under the Mental Deficiency Acts has been taken	—	—	—
(a) Children between the ages of 14 and 16 years, of whom, number, if any, under voluntary supervision	—	—	—
(b) All other cases of whom, number, if any, under voluntary supervision	84	82	166

Number of above cases on the Registers of Occupation and Industrial Centres :—

Under Statutory Supervision Including Municipal Hospital Centre	5	22	27
Under Voluntary Supervision	5	6	11
On Licence from Institutions	—	1	1
Under Guardianship	—	—	—
On Licence from Guardianship	—	—	—
TOTAL ...	10	29	39

During the Year 1934.

1. (a) Number of instances in which Licence was granted during 1934 :—	M.	F.	T.
(1) From Institutions	—	—	—
(2) From Guardianship	—	—	—
(b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1934 :—			
(1) To Institutions	—	—	—
(2) To Guardianship	—	—	—

2. Cases notified by Local Education Authorities (Section 2 (2)) during the year 1934 :—

Method of disposal—	M.	F.	T.
Sent to Institutions (by Order)	1	1	2
Placed under Guardianship (by Order)	—	—	—
Placed under Statutory Supervision	3	3	6
Placed in "Places of Safety"	—	—	—
Died or Removed from Area	—	—	—
Action not yet taken { (a) In receipt of Poor Relief	—	—	—
{ (b) Others	—	—	—
TOTAL ...	4	4	8

3. Of the total number of mental defectives known to the Local Authority :—

(a) Number who have given birth to children during 1934—		
(1) After marriage, 3.		
(2) While unmarried, —.		
(b) Number who have married during 1934	Male.	Female.
	1	—

BLIND PERSONS.

The supervision of blind persons is entirely under the Local Authority. Every case is certified by an Ophthalmic Surgeon and then registered and supervised under the Committee for Promoting the Welfare of Afflicted Persons. The home visitor, Mr. C. F. Cooke, is himself a blind person.

Registered and classified by age as at the 31st March, 1935 :—

0-5 yrs.	5-16	16-21	21-30	30-40	40-50	50-60	60-70	70	Total.
0	2	2	4	5	10	19	26	32	100

Age at which blindness occurred :—

0-1 yr.	1-5	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70
14	1	3	6	5	5	13	15	21	17

At the age of 16 and upwards three are employed in workshops, three as home workers and eight in other ways, one is undergoing training, while 83 are unemployable. Ten are physically defective, and one deaf.

Grants are made to the unemployable blind, and to the partially employed according to their individual means, varying from 1s. 6d. to £1 per week, subject to quarterly review.

NATIONAL HEALTH INSURANCE.

The total number of insured persons in Darlington on 31 Doctors' lists is 28,168, the prescriptions issued 86,392, and the total cost of the drugs £2,973 11s. 8d.

The average cost per insured person was 25.6d., the corresponding figure for 1933 being 28.0d. A very large number of exits were received at the end of 1934, causing a decrease in the number of insured persons in the year. At a recent meeting of the North of England Joint Insurance (Prescriptions) Committee, it was noticed in considering the question of cost that whilst Darlington was not the lowest in frequency and average cost per prescription, it was easily lowest in average total cost per insured person. It was, however, agreed after considering investigations made into prescribing for Darlington that there was no indication of under-prescribing. The average cost per insured person for 1934 for the area controlled by the North of England Joint Insurance (Prescriptions) Committee was 36.3d. The highest average cost occurred at Kingston-upon-Hull, being 45.6d.

HOSPITALS. MUNICIPAL INSTITUTION.

Classification of Wards	Num- ber of Wards.	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied	Pro- vided	Occu- pied
*1. Medical ...	6	46	31	34	31	...	1	80	63
*2. Surgical ...									
*3. Chronic Sick ...									
4. Children ...	3	...	...	...	...	20	6	20	6
5. Venereal ...	...	...	...	...	...	...	...	...	...
6. Tuberculosis ...	2	9	4	9	2	4	...	22	6
7. Isolation ...	3	8	1	4	...	...	...	12	1
8. Maternity ...	1	...	...	9	...	...	...	9	...
9. Mental ...	2	5	...	4	...	...	...	9	...
*(a) Lunacy Act, 1890 (Long Stay)	...	...	1	...	5	...	...	...	6
(b) Mental Treatment Act, 1930	...	...	...	...	...	...	...	...	...
*10. Mental Defectives ...	...	...	2	...	3	...	...	...	5
11. Other ...	...	...	...	...	...	...	...	...	...
Total ...	17	68	39	60	41	24	7	152	87

*In General Medical and Surgical Ward.

Statistics relating to the Year ended 31st December, 1934.

In-Patients.

1. Total number of admissions (including infants born in Hospital) ...	413
2. Number of women confined in Hospital ...	11
3. Number of live births ...	10
4. Number of Still-Births ...	1
5. Number of deaths among the newly born (i.e., under four weeks of age) ...	2
6. Total number of deaths among children under one year (including those given under 5) ...	4
7. Number of Maternal deaths among women admitted to Hospital for confinement	—
8. Total number of deaths ...	64
9. Total number of discharges (including infants born in Hospital) ...	369
10. Duration of stay of Patients included in 8 and 9 above— Number of cases whose total stay was for the following periods :—	
(a) Under four weeks ...	319
(b) Four weeks and under thirteen weeks ...	84
(c) Thirteen weeks or more ...	30
11. Number of Beds occupied :—	
(a) Average during the year ...	85
(b) Highest (on 3rd January, 1934) ...	111
(c) Lowest (on 20th November, 1934) ...	73
12. Number of surgical operations under general anæsthetic (excluding dental operations) ...	—
13. Number of abdominal sections ...	—

**Classification of In-Patients who were discharged from or who died in the
Municipal Institution during the Year ended 31st December, 1934.**

DISEASE GROUPS					Children (under 16 years of age).		Men and Women.	
					Dis- charged	Died	Dis- charged	Died
Acute Infectious Disease	....	....	....	....	4	—	1	—
Influenza	....	....	....	....	—	—	13	—
Tuberculosis—								
Pulmonary	....	....	....	....	—	1	8	5
Non-Pulmonary	....	....	....	....	—	—	—	—
Malignant Disease	....	....	....	....	—	—	3	11
Rheumatism—								
(1) Acute Rheumatism (Rheumatic Fever) together with sub-acute Rheumatism and Chorea	....	....	....	....	4	—	10	—
(2) Non-articular manifestations of so- called "Rheumatism" (Muscular Rheumatism, Fibrositis, Lumbago and Sciatica)	....	....	....	....	—	—	1	—
(3) Chronic Arthritis	....	....	....	....	—	—	1	1
Venereal Disease	....	....	....	....	1	—	3	—
Puerperal Pyrexia	....	....	....	....	—	—	1	—
Puerperal Fever	{ (a) Women confined in the Hospital				—	—	—	—
	{ (b) Other Cases				—	—	—	—
Other Diseases and Accidents connected with Pregnancy and Child-Birth	....	....	....	....	—	1	4	—
Mental Diseases	{ (a) Senile Dementia				—	—	2	1
	{ (b) Other				1	—	43	—
Senile Decay	....	....	....	....	—	—	6	10
Accidental Injury and Violence	....	....	....	....	3	—	20	2

In respect of Cases not included above.

Disease of the Nervous System and Sense										
		Organs	....	....	....	8	—	12	1	
„	„	Respiratory System	....	....	....	21	5	25	3	
„	„	Circulatory	„	....	....	2	—	23	18	
„	„	Digestive	„	....	....	4	—	11	1	
„	„	Genito-Urinary	„	....	....	—	—	4	2	
„	„	Skin	....	....	....	30	—	20	—	
Other Diseases			....	....	....	16	2	43	—	
Mothers and Infants discharged from Maternity Wards and not included in above figures						Mothers	—	—	11	—
						Infants	10	—	—	—
Totals							104	9	265	55

SUMMARY OF INSTITUTIONAL ACCOMMODATION.

		Men	Women	Children	Total
General, Medical and Surgical	Municipal P. A. Institution	16	14	20	50
	Memorial Hospital	80	80	40	200
Maternity	Greenbank Hospital	—	12	—	12
	Municipal P.A. Institution	—	9	—	9
Venereal Diseases	Memorial Hospital	1	1	—	2
Tuberculosis	Municipal P.A. Institution	9	9	4	22
	Durham County Council	15	15	5	35
	Stannington Sanatorium	—	—	10	10
	Borough Isolation Hospital	—	9	—	9
Chronic Sick	Municipal P.A. Institution	30	20	—	50
Mental	Durham County Council, Sedge-				
	field Mental Hospital	70	70	—	140
	Municipal P.A. Institution	5	4	—	9
Mental Deficiency	Prudhoe Hall Colony	20	18	—	38
	Municipal P.A. Institution	12	12	—	24
Isolation	Municipal P.A. Institution	8	4	—	12
	Borough Hospital :—				
	General Infections	—	—	—	106
	Smallpox	—	—	—	46
Orthopaedic, Eye, Ear, Nose and Throat, &c.	Memorial Hospital. Included in above.				
Puerperal Fever, &c.	Borough Isolation Hospital	—	2	—	2

MIDWIFERY AND MATERNITY SERVICES.

The institutional maternity accommodation consists of the Municipal Maternity Ward at Greenbank, 12 beds, and that at the Municipal Institution 9 beds. The following is a summary of the work :—

	Greenbank Maternity Hospital	Municipal Institution
Beds	12	9
Cases admitted	195	14
Average duration of stay	12 days	14 days
Cases delivered by—		
(a) Midwives	154	11
(b) Doctors	26	0
Medical assistance sought	30	4
Cases of Puerperal Fever	2	0
Cases of Puerperal Pyrexia	10	0
Pemphigus	0	0
Infants not breast fed	7	0
Ophthalmia Neonatorum	1	1
Maternal Deaths	2	0
Foetal Deaths—		
Still-born	24	1
Within 10 days	5	2

UNMARRIED WOMEN, ILLEGITIMATE AND HOMELESS CHILDREN.

The institutions receiving pregnant unmarried women for delivery are the Municipal Hospital and the Maternity Hospital, Greenbank. Fallen girls are received for a time at St. Agnes' Home, Duke Street, a Diocesan Rescue Home (6 beds), but they are later sent to Hospital for confinement. Illegitimate and homeless children are received at the Public Assistance Institution Nursery.

CLINICS AND TREATMENT CENTRES.

SUMMARY.

Medical Officer of Health, Health Office, Darlington. (Tel. 2290.)

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

Hopetown Hall, Whessoe Lane	Monday	....	2-0 p.m.
Albert Road Schoolhouse	Tuesday	....	10 a.m. and 2-0 p.m.
East Road Methodist Sunday School	Wednesday	....	2-0 p.m.
Paradise Sunday School, Conis- cliffe Road	Thursday	....	10-30 a.m. and 2-0 p.m.
Cockerton Methodist Sunday School	Friday	....	2-0 p.m.
Haughton-le-Skerne Church Hall	Friday	....	2-0 p.m.
Expectant Mothers' Clinic, Albert Road Schoolhouse	{ Wednesday Thursday }		10-0 a.m. to 12-0 noon
Dental Clinic for Mothers and Children under 5	By arrangement through Centres, Saturday, 10 a.m.		

A Lady Doctor and Health Visitor are in attendance.

Maternity Home Help Service.—Applications to be made to the Health Visitors, Health Department.

Municipal Maternity Hospital, Health Department, Greenbank, Darlington.—12 beds. (Tel. 2290).

Ante-Natal Clinic, Wednesday, 2-3 p.m. Thursday, 10-30 a.m.—12 noon

Public Vaccinator.—Dr. Eliz. S. Walker, Health Department, Greenbank, Darlington.

Voluntary Ante-Natal Clinic, Darlington Queen's Nurses' Association, Woodland Road, by arrangement, when booking a Queen's Nurse. (Tel. 2595.)

District Nursing and Midwifery.—Darlington Queen's Nurses' Association, Woodland Road. Tel. 2595.

Venereal Diseases.—Health Department, Greenbank. (Tel. 2290).

Women and Children Monday, Tuesday, Friday 2—4 p.m.

Men Tuesday, Friday 5-30—7 p.m.
Tuesday 10 a.m.—12 noon.

Tuberculosis Dispensary.—Health Department, Greenbank. (Tel 2290).

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

Men and Boys Wednesday At 9-30 a.m.

Tuberculosis Care Committee.—Hon. Secretary, Dr. G. A. Dawson, Health Department, Greenbank. Meetings held monthly on the third Tuesday. (Tel. 2290).

School Medical Services.—Inspection in Schools and at School Clinic, 156 Northgate, where Doctor and Nurse are in attendance daily. Minor Ailments, Eye, Dental and Sunlight Clinic. (Tel. 2295).

Special Schools.—George Dent Nursery School 100 places ; Barnard Special School (M.D.) 80 places ; Open-Air School 134 places.

Infectious Diseases Hospitals.—Hundens Lane. 152 beds. (Tel. 2425).

Mental Deficiency.—Occupational Training Centres : Supervisor, Miss L. I. Holmes, B.Litt., Education Office. (Tel. 2295).

Public Assistance.—Out-patient Clinic, Public Assistance Offices, East Street, at 10 a.m. daily. (Tel. 2252).

Municipal Hospital, 108 Yarm Road.—152 beds for all types of disease. (Tel. 2421).

Infant Life Protection.—Miss V. I. Smiles, Infant Protection Visitor, Public Assistance Offices, East Street. (Tel. 2624).

MATERNITY AND CHILD WELFARE.

The clinical side of the work was carried out by Dr. Elizabeth S. Walker, who commenced duties as a whole-time Officer at the beginning of the year.

Centres.—There were held 295 sessions and 18,231 visits were made by mothers averaging 62 per session. There was a slight decrease in the attendances at these clinics, accounted for by two factors ; firstly, there was a severe epidemic of measles at the beginning of the year and secondly the services of one of the Health Visitors was almost entirely devoted to the work of the Tuberculosis Clinic and was, therefore, not available for the Child Welfare Centres. Accordingly, very much less routine visiting was carried out and those mothers who required a little persuasion to ensure their attendance were unable to receive it and actually only came when something was radically wrong and the infant had to be referred to its own medical attendant.

Dr. Walker reports that there is great need for a Home where sick toddlers could be sent for 2 or 3 weeks, or more. Without this facility children of under 5 years of age suffering from general debility are allowed to drift until they become of school age, and thus valuable time is lost which can only slowly be recovered afterwards.

In addition 202 attendances were made at our Maternity and Child Welfare Centres by 39 mothers who reside just outside the Borough. In the case of these mothers, extra nourishment is supplied by the Durham County Council.

Ante-Natal Clinics.—Although the number of ante-natal sessions was increased to two weekly the number of patients decreased. This decrease was purely relative as the number of births during the year was also less.

The actual attendances, however, increased—1,003 compared with 948 in 1933—which showed that the mothers were eager to take advantage of the facilities these clinics offer.

There is still, unfortunately, a number of women, who while anxious to receive free milk fail to take advantage of the medical advice given.

In addition to the above, expectant mothers made 790 attendances at the Ante-Natal clinic at the Greenbank Hospital and 351 attendances at the Ante-Natal Clinic held by the Darlington Queen's Nurses' Association.

Five hundred and thirty-two visits were paid by Queen's Nurses to 200 expectant mothers and 83 extra post-natal visits in the ordinary course of their duties.

The total number of mothers who received ante-natal care from the Municipal Clinic (292), the Greenbank Maternity Hospital (196), and the Queen's Nurses (117) was 605—53% of the total children born.

Midwives' Acts, 1902—1918.—Twenty-nine Midwives notified their intention to practice. Nine of these were Queen's Nurses, 5 were employed at the Municipal Institution, and 3 at the Greenbank Maternity Hospital.

During the year Midwives attended 891 births alone, and 229 under the superintendence of medical practitioners. Medical assistance was summoned on 197 occasions, including 34 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 £194, of which a sum of £118 was recovered from patients.

Midwives were guaranteed and paid their fees in 20 necessitous cases without National Health Insurance benefits, and in 9 cases recovery was effected by instalments.

LIST OF MIDWIVES PRACTISING IN THE COUNTY BOROUGH OF DARLINGTON.

No. on Roll.	Date of Enrolment.	Name.	Address.
38129	16 June, 1913 ...	Bush, Beatrice ...	18 The Byway, Yarm Road.
82840	27 February, 1932 ...	Barnes, Florence ...	Queen's Nurses' Association, Woodland Road
72015	24 November, 1931...	Cockcroft, Florence R.	Municipal Institution.
10677	26 July, 1933 ...	Crawhall, Annie Isabella	Memorial Hospital
88167	November, 1933	Davies, Winnie Girling	Queen's Nurses' Association, Woodland Road
74455	2 December, 1928 ...	Elliott, Dorothy ...	Queen's Nurses' Association, Woodland Road
43728	22 February, 1916 ...	Gait, Sarah Ann ...	12 Thornton Street.
67753	12 December, 1925 ...	Goodfellow, Violet Jane	26 Post House Wynd.
55344	11 October, 1921 ...	Hancock, Ellen ...	29 Stanley Terrace.
80909	23 May, 1931 ...	Hendy, Olive Jane ...	60 Park Lane.
46105	11 August, 1917 ...	Hoskins, Sarah ...	120 Lansdowne Street.
58912	13 December, 1922	Jenkin, Jane ...	40 Willow Road.
57442	10 June, 1922 ...	Johnson, Bertha ...	Municipal Institution.
71612	13 August, 1927 ...	Kemp, Kate Isabella...	Greenbank Hospital
60455	11 June, 1923 ...	Kirby, Ethel Mary ...	14 Rydal Road
74639	24 November, 1928	Lafferty, Greta ...	Queen's Nurses' Association, Woodland Road
70619	14 February, 1927 ...	Mawson, Elizabeth ...	Municipal Institution.
66938	15 August, 1925 ...	Moran, Anne ...	Municipal Institution.
45456	15 April, 1917 ...	Moran, Mary Agnes	Municipal Institution.
87013	27 May, 1933 ...	Pattison, Evelyn ...	Queen's Nurses' Association, Woodland Road
90395	10 August, 1934 ...	Ratcliffe, Ellen ...	Queen's Nurses Association, Woodland Road
64585	11 October, 1924 ...	Redhead, Isabel ...	393 North Road.
80497	23 February, 1931 ...	Senior, Mabel ...	96 Coniscliffe Road.
87098	27 May, 1933 ...	Slater, Isabella ...	Memorial Hospital
65529	9 February, 1925 ...	Smith, Annie ...	87 Gurney Street.
64120	9 August, 1924 ...	Smith, Eliz. W. ...	Queen's Nurses' Association, Woodland Road
87848	4 October, 1933 ...	Smithies, Gladys Mary	Queen's Nurses' Association, Woodland Road
82800	18 January, 1932 ...	Turnbull, Mary Elsie	Municipal Institution.
65116	19 February, 1925 ...	Watson, Ellen ...	32 Greenbank Road

Midwives calls to Doctors.

Summary of the causes for sending for Medical help.

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Mother :—											
Torn Perineum ...	19	20	18	32	15	33	27	31	38	30	33
Prolonged, Tedious or Difficult Labour ...	31	24	18	24	32	35	32	42	31	32	30
Faulty Presentations ...	—	—	7	10	7	5	9	13	15	10	6
Impactions ...	—	—	4	3	1	—	—	—	1	—	—
Hæmorrhages ...	8	4	4	10	17	10	11	8	14	10	9
Rise of Temperature ...	4	11	7	4	7	5	4	10	6	5	7
Adherent Placenta ...	4	8	8	1	5	4	5	—	1	4	2
Albuminuria ...	1	—	1	6	2	3	5	6	10	9	6
Phlebitis ...	—	—	1	1	2	—	—	—	—	—	—
Abortion ...	3	5	8	5	14	3	10	11	4	5	9
Contracted Pelvis ...	—	—	2	2	—	—	—	—	1	—	1
Eclampsia ...	—	—	3	—	—	—	1	2	1	—	1
Prolapse of Cord ...	—	—	2	—	1	1	—	—	—	—	1
Miscellaneous ...	9	5	11	10	12	8	17	14	16	18	19
Total ...	79	77	94	108	115	107	121	137	138	123	124
Child :—											
Discharging Eyes ...	5	6	8	13	8	8	6	5	4	1	5
Debility, Feebleness, etc. ...	3	6	2	1	5	4	5	5	9	9	5
Prematurity ...	3	5	5	10	4	2	7	9	1	9	6
Malformations ...	4	4	1	1	2	8	7	4	6	2	1
Convulsions and Fits ...	3	5	—	4	2	3	7	2	3	4	1
Suffocation ...	—	1	—	2	1	—	1	1	—	1	—
Miscellaneous } ...	4	1	12	5	8	6	11	2	7	5	10
Still-Births } ...	—	—	—	—	—	—	—	17	10	18	11
Total ...	22	28	28	36	30	31	44	45	40	49	39

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

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
No Account received ...	45	47	43	40	43	40	52	42	38	34	39
Account received ...	56	58	79	104	102	98	113	140	140	138	124
Full Fee paid or charged ...	46	28	47	79	58	62	58	80	88	91	96
No Fee charged ...	6	16	24	21	37	32	44	40	29	34	21
Part Fee remitted and part charged ...	4	14	8	4	7	4	11	20	23	13	7
Amount paid to Doctors ...	£58	£73	£121	£143	£160	£145	£158	£208	£175	£198	£194
Amount recovered from Patients ...	£47	£38	£76	£105	£78	£82	£64	£85	£110	£81	£118
Cost to Council ...	£11	£35	£45	£38	£82	£63	£94	£123	£65	£117	£76

Milk Assistance Scheme.—Milk is granted free on the Clinic Medical Officer's recommendations to infants and to expectant and nursing mothers in necessitous cases falling within an income scale adopted by your Committee.

During 1934, 711 pounds of dried milk were sold at cost price, 1,437 were given free, and 55,323 pints of fresh milk were given free at a total cost to the Health Committee of £601. The income in all cases is verified by reference to employers and others.

Dried and Fresh Milk Supplied through Maternity Centres :—

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
1931	713	773	66,343	£639
1932	508	798	100,734	£952
1933	670	522	64,200	£600
1934	711	1,437	55,323	£601

The Voluntary Committee also provided special nourishment to needy cases in illness.

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

Year	Albert Road	East Road	Paradise	Hopetown	Cockerton	Haughton
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	23.3	—
1931	110.4	76.6	108.1	53.1	35.4	18.5
1932	121.1	73.2	123.8	65.9	43.6	24.4
1933	98.5	66.8	117.6	40.7	35.2	18.7
1934	102.2	62.3	111.5	40.0	32.5	22.0

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

1921—149 ; **1922**—306 ; **1923**—259 ; **1924**—251 ; **1925**—288 ; **1926**—438 ; **1927**—453 ; **1928**—505 ; **1929**—577 ; **1930**—636 ; **1931**—727 ; **1932**—1,084 ; **1933**—952 ; **1934**—1,003.

In addition to these, 790 attendances were made at the General Hospital Clinic, and 351 at the Queen's Nurses' Ante-Natal Clinic.

Deaths under one month.—Though the death-rates of children under one year have fallen during the last 50 years from 160 to 60 per 1,000 births, no appreciable reduction has taken place in the case of babies under four weeks. Of the 65 deaths under one year, 41 (63%) occurred in infants under 4 weeks, mainly owing to prematurity and congenital weakness.

Dental Surgeon's Report—Clinic for Mothers and Children under five years.—Mr. J. L. Liddell, who is also School Dental Surgeon reports :—

No. of mothers attending Clinic	....	115
No. of children attending Clinic	....	47
	Total	162
Attendances	....	222
Extractions, permanent teeth	....	442
„ temporary teeth	....	72
	Total	514
Septic sockets treated	....	2

The numbers dealt with during the year are very similar to those of the previous year.

223 cases were referred for treatment from the centres. Of these 162 attended the Clinic for that treatment, being a percentage of 72.6.

The majority of those who do not accept treatment are ante-natal cases. Although it is being gradually overcome, the old superstition still persists to a very large extent, that a dental operation performed on an expectant mother will result in some malformation in the mouth of the child.

Financial conditions also prevent a number of the mothers from getting the necessary work done, especially in cases requiring wholesale extractions “I shall have to wait until I can afford artificial ones” is frequently given as a reason for not having a mouthful of septic teeth removed. I hope, as the economic condition of the country improves, we shall gradually see an increase of acceptances.

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. Attendance was provided in 81 cases, for 1,230 days.

The daily charges for the services of the Maternity Home Helps were 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 were considered by the Committee.

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

New Scales of Income for all purposes were adopted in 1935, as a result of a joint meeting of the Education, Public Assistance and Health Committees, as it was found necessary to ensure uniformity in the matter of granting assistance.

Maternity Bags.—These bags containing all the linen and other necessities to assist in an aseptic confinement, were applied for and lent in 4 cases. In each case the bag was returned in good condition and the usual deposit of 2s. 6d. asked for in all of these cases, was refunded.

Mothercraft.—In co-operation with the Schools, senior girls are admitted to our Centres in order to be introduced to the practical side of sound mothercraft. Appreciation and keenness shown by the girls are a guarantee of success, and theoretical work is now a feature in the final year's curriculum at school.

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

MATERNAL MORTALITY.

Dr. Walker reports as follows :—

Seven deaths associated with child birth occurred during the past year. Of these, three were due to Puerperal Sepsis. Two of these had had ante-natal care previous to parturition, but in both, surgical treatment was necessary after labour. In the third Sepsis followed suspected criminal abortion.

Three died from toxæmia of pregnancy, only 1 case having had ante-natal care. In 1 case, death occurred following abortion complicating ulcerative colitis.

Post-natal cases were seen at the ante-natal clinics along with ante-natal cases. This is not yet a popular idea to the majority of the district midwives, but when their full co-operation is eventually obtained, it is to be hoped that the great incidence of chronic ill-health among working-class women of the child-bearing age, will begin to decrease.

Puerperal Fever.—Six cases were notified, and admitted to the Fever Hospital, and 2 proved fatal.

Puerperal Pyrexia.—Fifteen cases were notified and four were removed to the Fever Hospital. All recovered.

DEATHS ASSOCIATED WITH CHILD-BIRTH IN 1934.

Date of Death	Initials	Age	Borough or Rural	Confinement	Cause of Death	Ante-Natal Care given	Where Died
9/3/34	N.W.	25	Rural	4th	I (a) Secondary Anæmia (b) Streptococcal Puerperal Fever	Midwife	Fever Hospital
1/3/34	M.T.W.	30	Borough	2nd	I (a) Pulmonary Congestion (b) Toxic Myocarditis (c) Hyperemesis Gravidarum No. P.M.	Own Doctor	Memorial Hospital
1/5/34	E.A.D.	26	Borough	2nd	I (a) Acute Yellow Atrophy of Liver (c) Toxæmia of Pregnancy	Own Doctor and Midwife	Memorial Hospital
29/4/34	E.G.	17	Borough	1st	I (a) Eclampsia	None	Maternity Ward Green-bank
30/6/34	M.S.	26	Borough	2nd	I (a) Toxæmia (b) Puerperal Sepsis	Own Doctor and Midwife	Fever Hospital
5/8/34	N.P.	26	Borough	1st	I (a) Puerperal Fever	Own Doctor and Midwife	Fever Hospital
13/7/34	E.C.	27	Rural	1st	Fulminating Septicæmia due to Septic Endometritis due to abortion. P.M.	None	Memorial Hospital
3/9/34	R.M.	21	Borough	2nd	I (a) Ulcerative Colitis II Abortion	None	Memorial Hospital
24/12/34	C.A.	37	Borough	2nd	Peritonitis following infection caused by a self-induced abortion	None	Memorial Hospital
27/12/34	F.R.	24	Borough	3rd	I (a) Acute Primary Pneumonia	Green-bank	Maternity Ward Green-bank

WORK OF THE HEALTH VISITORS.

First visits to Infants under one year	....	....	1,025
Re-visits to Infants under one year	....	....	2,848
Children one to five years	....	....	4,755
Measles, one to five years	....	....	603
" over five years	....	....	435
Chickenpox	....	....	437
Whooping Cough	....	....	86
Ophthalmia Neonatorum	....	....	9
Poliomyelitis	....	....	7
Infant Deaths	....	....	37
Still-births	....	....	43
Diarrhœa	....	....	—
Puerperal Fever	....	....	5
Puerperal Pyrexia	....	....	8
Pneumonia	....	....	37
Expectant Mothers, first visits	....	....	302
" " re-visits	....	....	169
Pulmonary Tuberculosis, first visits	....	....	67
" " re-visits....	....	....	654
Other forms of Tuberculosis, first visits	....	....	12
" " re-visits	....	....	406
Maternal Deaths	....	....	5
Miscellaneous Visits	....	....	674

Notified Births.	Live Births		Still-Births		Total	
	M.	F.	M.	F.	M.	F.
Legitimate	529	524	25	27	554	551
Illegitimate	15	16	2	2	17	18
Total	544	540	27	29	571	569
Transfers out (legitimate and illegitimate)	17	17	1	—	18	17
Net Darlington Births	527	523	26	29	553	552
Notified—	{ Gross		....	....	....	1,066
By Midwives	{ Nett		....	....	....	1,031
By Doctors and others	{ Gross		....	....	....	74
	{ Nett		....	....	....	74

WORK OF VOLUNTARY COMMITTEE.

The Voluntary Committee under the Presidency of Mrs. Lloyd Pease and the able Honorary Secretaryship of Mrs. C. H. Leach, J.P., continued their help at the Child Welfare Centres and Ante-Natal Clinics, and also in promoting social functions. The Annual New Year's Party was given on 17th and 18th of January, 1935, at Paradise Schoolroom, when upwards of 300 mothers attended. A Sketch Party entertained the visitors and games and dancing were indulged in.

The Maternity and Child Welfare Medical Officer, Dr. Elizabeth Walker gave an address at one of the Committee's meetings on her work at the Centres.

BABY DAY CELEBRATIONS.

The Annual Celebrations organized by the Voluntary Maternity and Child Welfare Committee and financed by the Health Committee to the extent of £25, were held at Polam Hall on 31st July and 1st August, 1934, by the kind permission of Miss Pim, under ideal conditions. Almost 400 mothers and their children were welcomed by the Mayor and Mayoress, and the Chairman of the Health Committee.

Health talks were given by the Medical Officer of Health and his Staff to small batches of the mothers in the grounds. A play "Health and Cleanliness" arranged by the Health Visitors was much appreciated.

Useful garments, given by members of the Voluntary Committee and friends, found ready sale. The proceeds provide a fund for special grants to needy mothers. Stalls included an exhibition of Special Foods, entries for the competitions, and propaganda.

The social side of the work was carried off with its usual success in a well set out tea, with music and entertainment, provided by the Voluntary Committee. The prizes for the various entries were distributed at the close of the meetings by Mrs. Lloyd Pease, the secretarial duties being entirely in the hands of Mrs. C. H. Leach, J.P.

INFANT LIFE PROTECTION.

The number of foster-parents on the Register at the beginning of the year as reported by Miss V. I. Smiles, Infant Protection Visitor, was 21, caring for 21 children. No proceedings were taken or orders obtained during the year under the various Sections.

During the year one child was adopted by Dr. Barnardo's Homes, 8 were returned to their respective parents, and 8 new names were added to the Register, leaving 20 on the Register at the end of the year.

One hundred and thirteen visits were made and all proved most satisfactory. Twenty-two newspaper advertisements were investigated, the necessary forms of registration being supplied in each case. Ninety-three interviews were granted relating to suitable homes, adoption, etc.

The children are all well cared for, and in remarkably good health, although several of the foster-parents are receiving only very reduced payments.

The Infant Protection Visitor keeps in close touch with the local Inspector of the National Society for the Prevention of Cruelty to Children, and also with the representative of Dr. Barnardo's Homes, and with their assistance several cases, where trouble was likely to occur, were suitably dealt with.

ORTHOPAEDIC TREATMENT.

Ascertainment of orthopaedic defects is kept up to date through the municipal clinics and the Cripples' Aid Committee of the Charity Organization Society. Dr. Isobel Brown, A.S.M.O. is a member of this Committee. Cases requiring treatment are referred to the Local Memorial Hospital where a well equipped clinic is held each Wednesday under Mr. H. C. Pearson, F.R.C.S. with a staff of masseuses.

Occasionally patients are sent to residential institutions such as Sir R. Jones's Hospitals in Liverpool and Oswestry, or to the Orthopaedic Hospital at Kirbymoorside. For further information refer to School Report at the end.

MATERNITY AND NURSING HOMES.

The total number of Registered Homes is seven, which are periodically inspected by the Medical Officer of Health and his staff. Exemption was continued in the case of the Darlington General Hospital (now the Greenbank Maternity Hospital), and the New Memorial Hospital as they were charitable institutions.

	General Beds	Maternity Beds
1. Coniscliffe Nursing Home, Miss M. Potter	15	3
2. Cleveland Nursing Home, Miss B. Miller	3	3
3. Argyle Nursing Home, Mrs. Yates	7	1
4. Miss J. Jenkin's Home, 40 Willow Road	0	2
5. Mrs. S. A. Gait's Home, 12 Thornton Street	0	1
6. Mrs. Piercy's Home, 23 Bloomfield Road	4	0
7. St. Brelade's Nursing Home, 7 Harewood Hill	12	0

MATERNAL MORTALITY.

With reference to Circular 1433 issued by the Ministry of Health on the 10th October, 1934, I made the following report on the subject of Maternal Mortality on 1st December, 1934:—

My Annual Reports have given all the particulars, but the following table shows at a glance the total number of births and the deaths from Puerperal Fever (*i.e.* Sepsis following miscarriage or confinement), and other conditions (*i.e.* haemorrhage, non-septic poisoning, eclampsia, abnormalities, etc.), in Darlington from 1920 to 1934:—

Year	Births	Puerperal Fever following Miscarriage or Confinement	Other Conditions haemorrhage, non-septic poisoning, etc.	Total
1920	1,723	3	4	7
1921	1,587	5	5	10
1922	1,505	1	4	5
1923	1,446	1	3	4
1924	1,389	1	10	11
1925	1,288	7	2	9
1926	1,269	3	3	6
1927	1,148	0	0	0
Circular letter sent to Doctors and special inquiries instituted.				
1928	1,130	3	4	7
1929	1,205	4	4	8
1930	1,282	7	9	16
1931	1,116	4	7	11
1932	1,133	3	3	6
1933	1,009	3	3	6
1934	1,044	3	3	6
Up to and including 1st December, 1934.				

The introduction of the Public Health (Notification of Puerperal Pyrexia and Puerperal Fever) Regulation in 1927, led to earlier information being forwarded to the Local Authorities by medical practitioners in abnormalities of temperature following abortions or confinements.

It is singular that during the year 1927 there were no deaths attributed to pregnancy or puerperal causes, a condition which, frankly, was too good to be true. Realising that few medical practitioners, previous to this, considered deaths from ante-natal conditions and abortions as coming within the terms of our investigations, I sent a circular pointing out the necessity for notification under the Regulations, and also for the disclosure of the fact if pregnancy or parturition were in any way associated with the death of any of their patients.

Following the apparently wonderful record of 1927, it was not a very great surprise to me to find the true state of affairs in their relationship to pregnancy and midwifery as disclosed by investigations and reported in 1930 to the Council, as follows :—

2nd August, 1930.

Since the introduction of the special medical inquiry into every maternal death, the seriousness of the situation with regard to our motherhood can be considered more definitely. I would point out, however, that the information which I have received is strictly confidential, and names of persons involved cannot on any account be divulged.

In 1928 and 1929, 15 deaths took place in Darlington as the result, or in the course, of pregnancy. Six of these were stated to be due to abortion, 5 to non-septic poisoning, 2 to Puerperal sepsis, and 2 to conditions antecedent to the pregnancy likely to cause death.

Since 1st January, 1930, there have been already 13 deaths, 4 due to abortion, 3 to puerperal sepsis, 2 to deformities of mother, and 4 to other causes.

It will be noted that abortion, of which there are three types, takes first place :—

1. Spontaneous abortion, which occurs more frequently as a result of lowered vitality or disease in the mother, and the incidence of which is being considerably reduced by ante-natal care.
2. Therapeutic abortion, which is induced by medical practitioners with the object of saving a life or of preventing injury to the health of the mother.
3. Criminal abortion, which is a felony, and is induced illegally to terminate pregnancy for other than purely medical reasons.

It has been stated by Sir Bernard Spilsbury that he performs a post-mortem once in every ten days upon a woman on whom illegal operation had been attempted or carried out.

I cannot state to what extent criminal abortions have their incidence in Darlington, but from evidence I am convinced that a complete investigation should be carried out by the Coroner in every case brought to his notice. The fact that there were at least 4 deaths in 1929, and deaths already in 1930 attributed to abortion, indicates this necessity.

The whole system of traffic in abortifacients, if not criminal, is at least a gigantic fraud. The medical profession can do but little, as they must not reveal the confidences of the patient. In the meantime, it is vitally urgent that efforts should be made to create a better moral outlook on the whole subject, and that the public should realise the dangers of abortion and the effect it may have upon the health and even the life of the mother.

I may mention that the Maternity and Child Welfare group of the Society of Medical Officers of Health has undertaken to inquire into the prevalence of abortion and its effect upon maternal well-being chiefly from these reports being prepared by Medical Officers of Health.

Further Report made in 1931 on the Services in General.

The Council has made reasonable general provision for maternity and child welfare services. The scheme is well organized and the quality of work good.

As regard maternity provision :—

Ante-Natal Care.—There are two clinics provided by the Council, one at a Maternity and Child Welfare Centre, and one at the General Hospital. Attendances are increasing. The average per session at the former clinic is 15 and the total attendances during 1929 numbered 366 as against 117 in 1925. Beds at the General Hospital are available under the Council's arrangement for abnormal ante-natal cases, as required. Dental provision is made for expectant mothers who are slowly learning to appreciate it. Sixty-one mothers received treatment in 1929—an increase of 50% over 1928.

Maternity Beds.—There is a ten-bed block and two isolation beds, opened in 1921, provided by the Town Council at the General Hospital. The standard of medical and nursing work is good. Full advantage was not taken of this provision for several years, but the number of maternity patients admitted in 1929 was 166, as compared to 109 in 1928. As to puerperal fever arrangements, there is a complete scheme, including provision of beds at the Isolation Hospital, consultant services, arrangements for home nursing, and facilities for bacteriological examination.

Consultant Services for ante-natal and obstetric cases are provided at the Clinics and General Hospital.

The supply of Midwives is adequate. In 1929, 23 notified their intention to practise. Of these, six were Queen's Nurses, four were employed in institutions, and 13 were practising privately. Four were "bona fide" midwives. During 1929 they attended, either as midwives or as maternity nurses, 93.7% of the total births in the borough; 74.9% were attended by them as midwives, and 18.8% as maternity nurses.

Other Services.—A service of Home Helps is provided. Fifty-eight cases were attended during 1929, covering 1,007 days. Sterilized outfits are provided at cost price and large maternity bags are provided on loan. Milk is provided free or at cost price for expectant and nursing mothers under the Council's scheme.

Enquiries into maternal deaths are made by the Medical Officer of Health, and 36 reports have been forwarded to the Maternal Mortality Committee.

The Public Health Department pays special attention to health propaganda and Health Weeks and "Baby Days" have been arranged by the Council in co-operation with Voluntary Associations. These activities include addresses, lectures, films, lantern slides, maternity and child welfare exhibition, mothercraft and fathercraft competitions, etc. Useful leaflets, including one entitled "Hints for Mothers", are distributed by the Health Visitors. Arrangements have recently been made to give health instruction to the older schoolgirls in the schools.

Extensions proposed in reply to the Minister's Circular 1167.—The Council propose to appoint an additional Health Visitor, to increase the amount of medical supervision at one of the Ante-natal Clinics, and to add fresh equipment at the other. They also have under consideration the establishment of an additional Maternity and Child Welfare Centre. The Medical Officer of Health in his last report observes that there is "necessity for increased ante-natal facilities and particularly investigation of the social and medical questions involved in the subject of abortions".

The position today is that the Council has reasonably extended the Maternity and Child Welfare Services, Ante-Natal and Infant Clinics, Dental Clinics, hospital accommodation for ante-natal, natal, post-natal and septic cases. An additional Health Visitor for Maternity and Child Welfare purposes was appointed in 1931, and another one divided equally between Tuberculosis and Maternity and Child Welfare in 1934. The part-time general practitioner, who had carried out duties as Maternity and Child Welfare Medical Officer and Inspector of Midwives since 1917 most capably, in so far as she could as a busy general practitioner, was replaced by a whole-time Medical Officer on the 1st January, 1934. Medical assistance and payment to Midwives has been provided by the Authority in necessitous cases during 1934.

In 1930, the 16 deaths included 9 from abortions and early pregnancy, and, similarly, in 1931, of the 11 fatalities, abortion or miscarriage was responsible for 5. Steps were taken to inform the Coroner of the anxious concern of the Health Committee regarding the incidence of abortion and indefinitely certified deaths as revealed by the Medical Officer's investigations. Police and Court intervention and successful prosecutions resulted, and the reductions in the death-rate since that time can, in a very large measure, be attributed to this action in co-operation with the Coroner, though abortions still play a part, probably not yet sufficiently brought to light.

Of the 6 deaths recorded in 1934 (11 months), 4 have occurred within the first five months of pregnancy, only 2 resulting from a full term confinement with little or no ante-natal care evidently desired or sought in any but one case. Three were first pregnancies, and three were seconds, indicating the greater risks of these events. In only two was poverty a feature. All died in hospital, showing that there was no lack of institutional accommodation.

Referring back to the table, page 39, the average, as taken by the Registrar General and the Chief Medical Officer during the past five or ten years, necessarily includes these two very black years 1930 and 1931, when Darlington honestly faced the situation in its endeavour to find the true state of affairs. Since that time, through the co-operation of the general practitioners in these investigations, our figures have included every death known to be in any way associated with recent pregnancy or childbirth. As I have previously stated it is singular that with a comparatively low deathrate among the general population, a high standard of health conscience and citizenship among the mothers, and a reasonably efficient service backed by a progressive Authority, our maternal mortality rate should appear to be high in contrast with that of certain other County Boroughs. I am driven to conclude that many deaths have, in the past, escaped recognition officially of their true association with pregnancy and childbirth.

Throughout the country the outstanding fact is well-known that, statistically, the maternal mortality rate is rising year by year in spite of publicity regarding the better ante-natal supervision, better obstetric facilities at delivery, specialist treatment in hospital, and the importance of intelligent co-operation of the patient in what should be an essentially physiological function. There is no doubt that since the intensification of our investigation our eyes have been opened more and more to the difficulty in reducing the figures if we honestly and frankly face the situation. In the past no Doctor or Midwife willingly entered the diagnosis of illness or death as directly due to pregnancy, abortion, or puerperium if another likely cause could be stated.

In Darlington, with its low birth-rate of 13.8 per 1,000, the preponderance of confinements today are first pregnancies with the consequently increased risks always associated with this event, as shown in table for 1934. In spite of alleged and admitted malnutrition and overcrowding, the poorest people living in our worst areas seem to pass more safely through the ordeal of maternity than their richer sisters in the more salubrious quarters of the town.

The investigations carried out have revealed varieties of factors contributing in every case. I am, however, of the opinion that the solution is not to be found alone in the provision of adequate services such as we now have in Darlington in our new co-ordination scheme at Greenbank, with its ante-natal, natal, post-natal beds, consultant services, clinics, home help scheme, provision of midwifery for necessitous mothers, and Doctors' fees in response to Midwives' calls, but rather in an added appreciation by newly emancipated youth, particularly women, of the true biological status and harmonious psycho-physiological equilibrium in life.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.**WATER SUPPLY.**

I am indebted to the Water Engineer, Mr. E. Minors, B.Sc., A.M.I.C.E., for the following note :—

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, gas and electricity, to provide for all reasonable requirements and emergencies.

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 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 Ferric, 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 Ferric. Experience of the process during the past twelve months shows a saving of at least 75% of wash water when compared with the results obtained by the use of Alumina Ferric alone 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. The residual Chlorine in the water as it leaves the waterworks is checked by the ortho tolidine method and is not allowed to exceed 0.2 parts per million. Three million gallons per day are used by the works and 20,000 odd houses in the Borough, *i.e.*, 40 gallons approx. per head of population.

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 1934 :—

River Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	727 per c.c., varying from 24 to 8,800 per c.c.
Presumptive B. Coli Test after 72 hours.	Present in from 0.01 c.c. up to 1.0 c.c.

Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours.	21 per c.c. varying from 1 to 325 per c.c.
Presumptive B. Coli Test after 72 hours.	Present in from 1 c.c. up to 100 c.c.

Chlorinated Filtered Water.

Number of colonies on Nutrient Gelatin at 18°-20° C. after 72 hours	Averages for one year Less than 1 per c.c.
Presumptive B. Coli Test after 72 hours	Absent in 100 c.c. 84.7%. Present in 100 c.c. 9.6%. Present in 50 c.c. 5.7%

A typical analysis of tap water taken in the centre of the town :—

						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, no doubt due to contamination of the open reservoir at Harrowgate Hill from which the water is not refiltered.

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.

It is evident from the analysis of the tap water that pollution is occurring in the Open Reservoir, and the Council have resolved therefore, that a concrete cover should be placed over it.

DRAINAGE AND SEWERAGE.

Important extensions of our sewerage system are looming ahead mainly owing to the conversion of the 7,000 privy ashpits during the past six years and the fact that some of our sewers are old and not quite suited to the modern demands of water carriage. An experimental activated sludge process is in operation at the Sewage Farm, but trade effluents raise a certain amount of difficulty at times.

The two pipe separate system of draining most of the surface water directly into the River Skerne prevents serious flooding and back washing in times of flood.

DISPOSAL OF THE DEAD.

Three large Cemeteries all recently extended provide adequate places for disposal by earth burial for many years to come. They are all well placed from a sanitary point of view and do not lead to any interference with the amenities of the neighbourhood. Public opinion is however growing on the subject of cremation as the most sanitary method of disposal of our dead. The Darlington Cremation Society has for a number of years, as a private body, equipped a modern Crematorium in the grounds of the West Cemetery, recently modernized by installation of a gas furnace.

SECTION D.

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

Scarlet Fever.—There was a distinct increase in incidence and virulence of Scarlet Fever throughout the year, as already threatened at the close of 1933. A visitation of Measles increased the tendency to ear complications and mixed infections of the nose and throat in the wards. Approximately 90% of the cases were admitted to the Infectious Diseases Hospital, mild uncomplicated cases not being removed where the home conditions were reasonably satisfactory and where there was a minimum of risk to the community. Moreover, the usual stay in Hospital was considerably reduced by the administration of serum in severe cases, and by the early discharge of the milder types. The wooden pavilion has outlived its usefulness and steps are already being taken to replace it with modern isolation cubicles and better equipped permanent buildings.

In spite of the epidemic proportions of the outbreak of Scarlet Fever, the reduction of the average stay in hospital to approximately four weeks enabled us to devote the accommodation saved to the nursing of Puerperal Fever, Puerperal Pyrexia, Pneumonia, Complicated Measles and advanced Pulmonary Tuberculosis.

Diphtheria.—For the third year in succession, there has not been a single death from Diphtheria, although we had 54 cases in the town, many of them most virulent. No swabs are taken. Medical practitioners are urged to judge the case clinically, rather than wait for the result of bacteriological investigation, to give serum in all suspects or to remove the case at once to Hospital, so that prompt treatment is ensured. I am satisfied that this early specialist treatment is responsible for the excellent results we have had in what threatened to be in many instances most septic and complicated cases. Of the 37 additional cases admitted from the surrounding areas, one died. This case was almost moribund on admission through postponement of active anti-diphtheritic measures. Novarsenobillon or other arsenical derivatives are administered with serum in the severest forms and have given very encouraging results.

Typhoid and Paratyphoid Fevers.—Four cases of Paratyphoid Fever were notified and admitted to the Hospital. The type was very mild and there were no deaths. There was no evidence of infection having been contracted from food supplies in the town and they were all isolated instances.

Erysipelas.—There were only five cases of such severity as to warrant admission to the Hospital out of 37 notifications.

Measles and German Measles.—The epidemic from 1933 continued throughout the first quarter of the year and in that period we had 748 notifications and 7 deaths. There was only one further death during the year. The public now realize the seriousness of this disease and treat it with the respect it deserves.

Whooping Cough.—This was prevalent throughout the year and was responsible for 2 deaths and 76 notifications. Measles and Whooping Cough kill more children than Scarlet Fever, Diphtheria and Typhoid.

Puerperal Fever.—Six cases were notified and all were admitted to the Infectious Diseases Hospital. There were 3 deaths. No relationship was noted between cases of Puerperal Fever and Scarlet Fever.

Puerperal Pyrexia.—Fifteen cases showing temperature within the meaning of the definition were brought to the notice of the department. It was necessary to remove only four to the Hospital. There were no deaths.

Pneumonia.—The notifications numbered only 76, the lowest for years, and the total deaths 38, the lowest on record. Eleven cases were removed to the Infectious Diseases Hospital from very poor overcrowded homes lacking the necessary facilities for treatment.

Ophthalmia Neonatorum.—Nine cases were notified, and in all the recovery was complete without any impairment of vision.

Cerebro-Spinal Fever.—One case was reported and made a complete recovery. Owing to the experience we have of these cases from Catterick Camp, the staff is very competent, and has been highly complimented by the Military Authorities on the results.

Malaria, Dysentery and Smallpox.—No cases were reported.

Vaccination.—The Maternity and Child Welfare Officer acts as Public Vaccinator, as she is in such close contact with the newly born children. The number of vaccinations has been gradually falling for the past 8 years, since the last Smallpox epidemic, as may be judged from the fact that whereas there were 75% of our infants vaccinated 20 years ago, today the figure is only 15%. Out of 1,120 births there were 172 successful vaccinations.

Artificial Immunization.—Only the Staff in the Infectious Diseases Hospital and the children of willing parents in the Nursery School have been immunized by the Schick method against Diphtheria. While the type of the latter disease prevalent in the town remains low, the stimulus of public opinion will be lacking, but every opportunity is taken to give the subject publicity in pen and voice.

Summary of Work at Infectious Diseases Hospital.

Diseases				From	Borough	Other	Districts	Total	
				Cases	Deaths	Cases	Deaths	Cases	Deaths
Smallpox	....	....	....	—	—	—	—	—	—
Scarlet Fever	....	....	....	380	†5	118	1	498	6
Diphtheria	....	....	....	54	—	37	1	91	1
Typhoid and Para-Typhoid Fever	....	....	....	4	—	4	—	8	—
Erysipelas	....	....	....	5	1	4	—	9	1
Ophthalmia Neonatorum	....	....	....	—	—	—	—	—	—
Puerperal Fever	....	....	....	6	2	*6	1	12	3
Puerperal Pyrexia	....	....	....	3	—	*3	—	6	—
Pneumonia	....	....	....	11	3	—	—	11	3
Chickenpox	....	....	....	—	—	—	—	—	—
Measles and German Measles	....	....	....	11	4	2	—	13	4
Encephalitis Lethargica	....	....	....	—	1	—	—	—	1
Whooping Cough	....	....	....	—	—	—	—	—	—
Cerebro Spinal Meningitis	....	....	....	—	—	4	1	4	1
Other Conditions	....	....	....	7	2	—	—	7	2
Pulmonary Tuberculosis	....	....	....	32	4	—	—	32	4
Other Forms of Tuberculosis	....	....	....	4	1	—	—	4	1
Totals	....	....	....	517	23	178	4	695	27

* 5 babies were admitted with their mothers.

† 2 of these deaths were certified as due to other causes than Scarlet Fever.
In addition to the above 1 baby born in hospital died from Prematurity.

Complications.—

- (a) *Scarlet Fever*.—Adenitis 62, Otorrhoea 39, Rhinorrhoea 30, Rheumatism 25, Cardiac 7, Pneumonia 1, Albuminuria 9, Abscess 1.
- (b) *Diphtheria*.—Albuminuria 6, Paralysis 10, Otorrhoea 1, Rhinorrhoea 2
- (c) *Puerperal Fever*.—Phlebitis 1, Rheumatism 1, Abscess 1, Embolism 1, Pleurisy 1.
- (d) *Typhoid Fever*.—Haemorrhage 1.

Operations Performed.—Incisions of Glands 4, Mastoidectomy 4, Abscesses 3, Lumbar Punctures 13.

Artificial Sunlight Treatment.—60 patients, 220 exposures.

Staff Illness.—

- (a) *Nurses*.—Influenza 2, Tonsillitis 2, Scarlet Fever 2, Sprained Ankle 2
- (b) *Domestic*.—Influenza 5, Tonsillitis 3.

CANCER.

A table is appended showing the sites, the sex distribution and age incidence of Cancer. Facilities for treatment in the area have been enhanced by the establishment of the North of England Council of the British Empire Cancer Campaign. A Radium Institute has been set up at the Royal Victoria Hospital, Newcastle-upon-Tyne and a special research unit under Dr. F. Dickens to inquire into the bio-chemical changes in the pre-cancerous states. Of the 93 cases, the majority (58) were of the bowel and mainly in men. The mortality was 1.25 per thousand compared with 1.5 for the Country as a whole.

PREVENTION OF BLINDNESS.

Blind persons come within the purview of the Committee for Promoting the Welfare of Afflicted Persons and are all certified by an Ophthalmologist. The prevention of blindness is a matter for the Health Committee and treatment and glasses are provided where necessary in necessitous cases. In practice, most of this work is done by the Voluntary Institutions in the town.

VENEREAL DISEASES.

Report of the Venereal Diseases Officer on the work of the Darlington Clinic during 1934.

Throughout the year free examination and treatment of patients suspected to be suffering from Venereal Diseases continued to be carried out under increasing difficulties in the "temporary" wooden hut adjoining the old Greenbank Hospital. Transfer to the more permanent and adequate premises in the main building at Greenbank will be decidedly advantageous both to patients and staff.

In spite of the great difficulties under which work was carried on, we are able to record that more work was done during 1934 than in any previous year.

The chart below shows comparable figures for the past ten years, of some of the work done at the Clinic. The great increase in the number of new cases of Gonorrhoea and Syphilis attending for treatment does not necessarily imply an increase in the incidence of these diseases but is more probably an indication of the increased efficiency of the Clinic and its popularity both among patients and Medical Practitioners. As such, the increase in attendances is highly gratifying and foreshadows a diminution in years to come of the terrible sequelae which are inevitable in untreated Gonorrhoea and Syphilis. Close co-operation between the Venereal Diseases Officer and the Medical Officers of the General Hospital, the School Clinic, the Maternity and Child Welfare Clinics and the Municipal Institution has reacted greatly to the benefit of those patients found to be venereally infected by ensuring early diagnosis and treatment.

The Clinic was staffed by Dr. W. Hartston, Deputy Medical Officer of Health and Venereal Diseases Officer; Mr. T. Litton, Orderly, and a Part-time Nurse provided by the Memorial Hospital. Three Consultation Clinics per week were held for men and three for women and children.

Laboratory tests were carried out at the Clinic and at the Public Health Laboratory at Newcastle.

Intermediate treatment for men was carried out by the Venereal Diseases Orderly almost throughout the day and for women by the Venereal Diseases Nurse at hours convenient to the patients. It has not yet been found possible to institute an evening Consultation Clinic for women, though this is highly necessary if we are to attract to treatment those women whose employment makes it impossible for them to attend during the early afternoon.

Treatment of patients living outside the County Borough boundary was carried out at the Clinic under Agreements with Durham County Council and with North Riding of Yorkshire County Council by our staff.

In-patient treatment was provided when necessary at the Memorial Hospital.

**COMPARATIVE STATISTICS OF WORK DONE AT DARLINGTON VENEREAL DISEASES
CLINIC IN THE PAST TEN YEARS.**

YEAR.	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925
Medical Consultations	6,876	7,571	8,322	7,857	7,762	8,671	8,059	5,434	2,778	2,697
New Patients—Syphilis	80	37	64	62	60	69	66	89	88	75
New Patients—Soft Sore	—	1	1	2	3	5	4	1	2	5
New Patients—Gonorrhoea	166	111	122	131	115	150	175	168	127	116
New Patients—Non-Venereal	134	139	116	128	134	115	92	62	103	57
TOTAL NEW PATIENTS	380	288	303	323	312	339	337	320	320	253
No. of Intravenous Injections given	1,734	939	1,073	1,059	881	555	413	399	564	540
Blood Tests Taken	316	456	452	443	365	240	263	218	203	153
Spinal Fluids Taken	12	4	1	—	—	—	—	—	—	—
Slides examined in Clinic	1,375	708	700	620	694	477	307	239	201	218

Details of Work at Darlington Treatment Centre.

New Cases	Darlington	Co. Durham	N.R. Yorks.	West-moreland	Total
Syphilis	59	11	9	1	80
Soft Chancre	—	—	—	—	—
Gonorrhoea	113	22	31	—	166
Conditions other than Venereal	113	13	8	—	134
Total	285	46	48	1	380
Total number of attendances	8,625	1,603	1,239	1	11,468
In-Patient Days	8	14	49	—	71
Total Doses of Arsenobenzene					
Compounds given by injection	1,142	354	145	—	1,641

TUBERCULOSIS.

The services are now entirely under the Corporation Scheme in Greenbank.

There is still unfortunately much reluctance on the part of patients to face the facts. Late consultation with a doctor and late notification to me delay the all important early treatment. For instance, of the 60 deaths, 19 were notified within a week of death and 14 within three months. From the information I have, most of these cases had been obviously losing weight for a year or more. One welcomes the fact that the deaths from non-pulmonary tuberculosis are the lowest on record. This can be attributed to the pasteurization of milk supplies and periodic inspection of dairy cows, as well as medical inspections. The notifications of new cases are also the lowest recorded, so that it would appear we are well on top of the disease.

Advanced cases in overcrowded homes are removed to the Municipal Hospital, but special accommodation has been opened 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, another matter for improvement, has been helped by a subsidy scheme between the Care Committee and Housing Committee in the allocation of Council houses.

I am pleased to be able to note the reduction in deaths from 70 to 60.

Deaths from Tuberculosis :—	Males.	Females.	Total.
Tuberculosis of the Respiratory System	27	23	50
Other Tuberculous Diseases	7	3	10

New Cases and Mortality during 1934.

Age-Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	....	....	1	....	....	....	2	....
1—	....	....	1	2	....	....	....	....
5—	4	1	4	1	....	1	1	1
10—	2	2	4	2	....	....	2	1
15—	4	5	1	1	6	2	1	....
20—	11	9	1	2	5	5	....	....
25—	8	14	1	2	7	5	....	....
35—	7	2	1	1	2	3	1	....
45—	6	4	....	3	4	4	....	1
55—	2	....	1	....	2	3	....	....
65 and upwards	2	1	....	....	1	....	....	....
Totals	46	38	15	14	27	23	7	3

Of the above 60 deaths, 11 were cases which came to the knowledge of the Medical Officer of Health otherwise than by notification under the Regulations, usually instances of death bed diagnoses.

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

No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, relating to persons employed in the milk trade, as no instance arose. There were no compulsory removals to hospital as all cases willingly accepted the chance of institutional care.

SUMMARY OF THE YEAR'S WORK.

Institutional.—Total Patients in Institutions, 123 ; Days' treatment 13,809.

Dispensary.—

Cases on Register on 1st January, 1934, definitely tuberculous	....	440
New Cases—Added to Register, definitely tuberculous	....	59
„ Found to be non-tuberculous	....	74
„ Diagnosis not completed	....	1
Contacts—Added to Register as definitely tuberculous	....	23
„ Found to be non-tuberculous	....	58
Cases taken off Register as cured, died, lost sight of, etc.	....	70
Cases remaining on Register at 31st December, 1934, as definitely tuberculous	....	452
Total attendances by patients and contacts	....	1,386

Tuberculosis—Summary of the Year's Work (*continued*)—

X-Ray examinations, 75.

Ultra-Violet Ray Therapy treatment, 16 patients.

Railway Warrants issued, 33.

Domiciliary.—

Queen's Nurses—Visits and Dressing 268 to 16 patients.

Health Visitors—First Visits 79, Re-visits 1,060. Total visits 1,139.

SANATORIA AND HOSPITALS USED.

	Patients.		Total.	Days' Treatment.
	M.	F.		
Tindale Crescent	—	1	1	90
Darlington Memorial Hospital	11	6	17	1,763
Hollywood Hall Sanatorium	27	—	27	3,354
Helmington Row Sanatorium	1	—	1	124
Seaham Hall Sanatorium	—	9	9	1,592
Earl's House Sanatorium	5	—	5	211
Barrasford Sanatorium	1	—	1	118
Stannington Sanatorium	4	11	15	2,824
Fever Hospital	2	37	39	2,638
Municipal Institution	8	—	8	1,095
Total	59	64	123	13,809

Six Shelters were in use by Darlington patients on the 1st of January, 1935.

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

Year.	Pulmonary.		Non-Pulmonary.	
	Notified.	Deaths.	Notified.	Deaths.
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
1931	105	75	50	16
1932	119	71	46	8
1933	96	62	36	8
1934	84	50	29	10

Number of Cases of Tuberculosis remaining on the Register of Notifications.

PULMONARY.			NON-PULMONARY.			Total Cases.
Males.	Females.	Total.	Males.	Females.	Total.	
228	183	411	150	168	318	729

REMOVALS FROM REGISTER OF NOTIFICATIONS.

	Pulmonary			Non-Pulmonary			Total Cases
	M.	F.	Total	M.	F.	Total	
Withdrawn	1	3	4	—	—	—	4
Recovery	7	4	11	9	9	18	29
Deaths	27	23	50	7	3	10	60
Left District	3	9	12	2	1	3	15

SILICOSIS & ASBESTOSIS (Medical Arrangements) SCHEME, 1931.

At the end of the year, on the request of the Home Office, an arrangement was entered into with the Silicosis and Asbestosis Medical Board whereby the services of our Tuberculosis Medical Officer became available at specified fees for the compulsory initial medical examinations of employees engaged in certain Industries and Processes covered by this Scheme. No examinations were carried out in 1934.

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, additional clothing, nourishment or financial help.

Since 1919, 665 cases have been dealt with, and during the past year 24 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, and open-air schools for the delicate, are much sounder financial propositions.

The removal of our early tuberculous cases to a colony, as has been so successfully done at Papworth and Preston Hall, where treatment is combined with suitable work, is the ideal but initially 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 should be removed to the Infectious Diseases Hospital. It is estimated that a 16-bed pavilion would be the necessary addition to our present Fever Hospital accommodation for this purpose.

SECTION E.

HEALTH EDUCATION.

PROPAGANDA.

This ever-growing side of the Public Health Department is interwoven in all the daily routine. It often means the difficult task of teaching people who are very unwilling to improve their conditions. The visit of the Health Visitor, the Sanitary Inspector and the School Nurse is as much educational as the work of the School Teacher in the School, but the pupils are more difficult. The good name of the town is largely due to the work of these people in producing such a high standard of citizenship. Lectures have been given by members of the Staff to representative organisations in the town, the Women's Guilds, the Men's Guilds, Toc H., League of Women Helpers, the Rotary Club, Church Meetings, College of Nursing, Midwives' Institute, Friendly Societies Council and Trades Council. Posters, Leaflets, Press articles and the monthly "Better Health" Magazine have been circulated with a view to rousing the health conscience of the citizens. Two thousand copies of this interesting Journal are distributed monthly in Schools and Clinics and are earnestly sought for by parents and children.

The Baby Day Celebrations have already been mentioned.

SECTION F.

HOUSING.

Under Sections 19 and 20 official representations have been made by the Medical Officer of Health and confirmed by the Borough Surveyor in respect of 174 individual houses, mainly in yards and courts. Demolition Orders have been served in 17 cases and undertakings have been already given in 84 instances that the houses shall not be used for human habitation. An additional meeting of the Health Committee has been held each month in order to interview owners and other persons interested.

Improvement Areas.—Boyne Street Improvement area has been put in hand, ten houses having been built and occupied by the ten largest families. Demolitions and reconditionings are at present being carried out to improve the lot of the remaining tenants.

Clearance Areas.—The programme was reconsidered last year in the light of the difficulty of dealing with Improvement Areas as such, and it was resolved by the Council following a report of mine that the Park Street, Bridge Street, Skerne Row, Chapel Street area should be scheduled for Clearance and Compulsory Purchase by the Corporation. The following is my evidence prepared for the Inquiry to be held, July 9th, 1935.

There are 92 houses with 337 rooms and 132 families and one small common lodging house registered for 15 men. The population on 22nd March, 1935, the date nearest to that of the resolution of the Health Committee, was 521 of which 60 were children under five years.

Four of the dwellings, consisting of 25 rooms are owner-occupied. The remainder are let to 128 families for approximately £27 per week.

In addition to the business and other premises marked grey for compulsory purchase area purposes, the following businesses are intimately associated with the dwellings scheduled as unfit.

- 2 Fish Frying Establishments.
- 2 Retail Butcher's Shops.
- 1 Boot Repairing Shop.
- 1 Secondhand Furniture Shop.
- 5 General Dealer's Stores.

Comparative Vital Statistics from 1931 Census Returns and Survey.

	Proposed Clearance Area	Central Ward	Darlington
Acreage	2	200	6,469
Total Houses	93	2,029	17,502
Houses per acre	46.5	10	2.8
Rooms	337	8,289	79,000
Average rooms per house	3.7	4.1	4.5
Families	132	2,246	18,309
Surplus Families	39	217	807
% Surplus Families	29	9	4
Total population	521	9,514	72,086
Persons per acre	260.5	47.6	11.1
Persons per room	1.6	1.1	0.91
Population under 5 years	60	756	4,553
% Population under 5 years	11.5	8.0	6.3
Death Rate 1931-34	13.3	12.5	10.7
Birth Rate 1931-34	23.0	22.5	14.9
Infantile Mortality	112	100	65
Death Rate from all diseases of lungs including Pulmonary Tuberculosis	2.3	2.1	1.6
Infectious Diseases Notifications, 1933	19	293	1,958
Infectious Diseases, % of Population	3.7	3	2.7

The area is the most low lying in the town, being only 90 feet above the Datum Line, was planned and built over 100 years ago, and is the blackest portion of our blackest Ward—Central Ward—in the town, as the vital statistics bear out.

The front streets are narrow, varying from 19 feet 10 inches to 30 feet, compared with our Byelaw Standard of 40 feet, and by reason of this and the bad design and density the dwellings are deprived of adequate fresh air, sunlight and natural light.

There are no back streets or other means of secondary access. Scavenging and other objectionable household duties must be performed through the front entrances and in many cases even through the living room.

Over half of the tenements share common yards with outside water taps and water closets. For the 521 persons and 132 families there are only 73 water closets (5 are trough closets) and 74 water taps, 40 of which are in the yards. The publicity given to what are essentially very private functions, is unseemly and leads to indecency and lowering of moral standards and general decorum. Bedroom accommodation is deficient. There is perforce too intimate mixing of sexes. Subletting and single room tenementing have aggravated very considerably the decay, disrepair and sanitary defects of buildings which have already outlived their day even as single self-contained dwellings. There is only one bath in the area and that is in an owner occupied house. There are only 25 sinks.

From my personal inspections from time to time and from the reports of my Sanitary Inspectors, I have found that the dwellings fall very far short not only of the standards set up under the modern building byelaws, but also of the general standard of working class property in the town by reason of the following shortcomings summarised :—

1. Narrowness of the front streets.
2. Absence of back streets.
3. Damp walls and absence of damp-proof courses.
4. Ground floors below street level.
5. Inadequate and defective paving of passages, yards and ground floors.
6. Inadequate water supply.
7. Inadequate drains, inspection chambers, and disconnecting traps.
8. Inadequate sanitary conveniences.
9. Inadequate natural lighting and ventilation.
10. Inadequate washing accommodation.
11. Inadequate foodstorage and cooking facilities.
12. High density.
13. Very bad design.
14. Low ceilings.
15. General decay and disrepair.
16. Bug infestation.

The following table shows the contrast of the figures for the area, for Central Ward and for the town as a whole :—

Ward	Acres	Person per acre	Surplus Families	Persons per room
Proposed Area	2	260.5	39	1.6
Central	200	47.6	217	1.16
Cockerton	1,030	7.1	30	0.87
Eastbourne	771	11.1	36	0.95
Harrowgate Hill	465	15.4	90	1.07
North East	1,728	3.9	65	1.01
Northgate	125	59.8	76	0.92
North Road	203	35.7	96	1.14
Pierremont	149	37.8	31	0.79
South	685	8.9	76	0.70
West	1,113	5.7	90	0.61
Total	6,469	11.1	807	0.91

Summary of the Conditions of the Area.

Church Street.—Thirty feet wide. No back Streets. No adequate food-stores, water supply, washing accommodation. Scavenging has to be done through the houses. The rooms are dark, ill ventilated and badly designed and damp from absence of damp-proof course. Sproat's Yard entered by a narrow passage between 12 and 14 Church Street contains 3 houses, decayed, ill ventilated, dark, damp and small. No amenities for food storage or washing. Nos. 10, 12 and 14 Church Street use the same yard via the street. No. 24 Church Street is a 9 roomed tenement let to 4 families and without amenities detailed above.

Chapel Street.—Thirty feet wide. No back streets. Houses decayed and damp due to absence of damp-proof courses and floors below ground level. Nos. 8 to 18 have small yards approached through the houses only. No inside water supply or sinks, inadequate food storage, and washing accommodation.

Skerne Row.—Nos. 1 to 7 facing the river have an open front but lack inside water supplies, sinks, adequate food stores and washing accommodation. In Nos. 4, 5 and 5a, let to three families, the floors are below ground level, ceilings are low and rooms are dark.

Bridge Street.—Under 20 feet wide. Nos. 15 to 20 consist of 4 pairs of back-to-back houses of very poor type, being dark, congested, ill ventilated, decayed and obstructed by dilapidated buildings at the back. Walls are damp due to rising moisture and absence of damp-proof course. There are no inside water supplies, sinks, adequate food stores or washing accommodation. Nos. 9 and 14 are generally decayed without adequate washing accommodation, inside water supply, sinks and food stores. No. 22 Bridge Street and 91 and 92 Park Street open into a common yard with a single water supply in the yard and no back street.

Park Street.—Thirty feet wide. There is no back street so that all scavenging has to be done through the houses. Water supply is from taps in the yards, the premises are damp through the perishing of bricks and absence of damp-proof courses. Water closet and washing accommodation is deficient and washing has almost invariably to be performed in the living room or in the yard if the weather is fine. The only food store accommodation is invariably a dark unventilated cupboard in the kitchen near the fire or under the stairs. Nos. 88, 89, 90 Park Street and 1 to 6 Bridge Street, constitute three sides of a square opening into a common yard. A row of water closets constitutes the fourth side of the square. The block is very congested and in disrepair. No washing facilities, sinks, or cold or hot water supply, or sufficient food stores exist inside the houses. There is inadequate privacy and all scavenging must take place through the living room of the houses. Nos. 93 to 96 are decayed and lack adequate food stores, sinks and washing accommodation.

This area has always been notorious by reason of its high sickness and death rates, and its infectious disease. Consistently for the past four years it has been the blackest spot of the black Central Ward, with an average birth rate of 23, a death rate of 13.3, infantile mortality rate 112, and death rate from pulmonary diseases including tuberculosis 2.3 per thousand—all of them the highest in the Central Ward and contrasting markedly with those of the town as a whole (see Table on Page 57). During the past three years at least 12 of the houses have harboured infectious tuberculosis.

The incidence of rickets and infantile diseases, measles and whooping cough and general debility is so heavy that this area provides very largely the patients for our Nursery School for children under five years of age. These defects are the outcome of the harmful housing conditions, insanitation and overcrowding in the area.

Conclusion.—I am of the opinion that the dwelling-houses in the above area are, by reason of disrepair and sanitary defects, unfit for human habitation and are by reason of their bad arrangement, the narrowness and bad arrangement of the streets, dangerous to the health of the inhabitants, and that the other buildings are for a like reason dangerous, and that the most satisfactory method of dealing with the conditions in the area is the demolition of all the buildings.

SECTION G

SANITARY INSPECTOR'S REPORT, 1934.

General Sanitary Work.—1,956 Inspections and 2,530 Re-inspections of houses were made under the Public Health and Housing Acts. 615 Informal Notices were served upon the owners of property in respect of 1,238 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 instructions of the Council 115 Statutory Notices

for the abatement of 374 nuisances were served during the year. The total number of nuisances abated in compliance with notices served during the year was 1,477.

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

	Number of Nuisances or Defects dealt with by Informal Notices	Number of Nuisances or Defects dealt with by Formal Notices by Order of the Council	Number of Nuisances or Defects abated or remedied after service of notices
Dwelling-houses:—			
Foul Conditions	37	2	38
Structural Defects	769	285	955
Absence of Foodstores	13	6	15
Absence of Sinks	5	—	5
Absence of Washing Accommodation	5	4	9
Overcrowding	2	1	3
Defective Yard Paving	31	13	37
Water Closet:—			
Drains stopped and Defective Fittings	57	13	70
Water Supplies to Water Closets	3	1	4
House Drainage:—			
Yard, Cellar Drains, Down-pipes stopped, Defective Drains and Traps	58 135	5 29	60 150
Filthy Yards	8	—	8
Animals and Poultry Improperly kept	8	—	8
Cowsheds	6	—	6
Offensive Trades	6	—	6
Ashpits, Privies and Ashbins	70	15	78
Deposits of Refuse and Manure	15	—	15
Rats (Premises infested)	7	—	7
Bakehouses	1	—	1
Slaughterhouses	2	—	2
Totals for 1934	1,238	374	1,477

Analysis of Inspections, 1934.

Under Public Health and Housing Acts	4,876
Van Dwellings	45
Common Lodging Houses	102
Overcrowded Houses	13
Interviews with Owners and Builders	1,117
Yards and Courts	108
Back-to-back Houses	489
Total Inspections of Housing Conditions	6,750

Slaughterhouses	....	....	....	....	....	....	....	4,953
Emergency Slaughter	....	....	....	....	....	....	....	66
Bakehouses	....	....	....	....	....	....	....	100
Cowsheds	....	....	....	....	....	....	....	178
Milk Retailers	....	....	....	....	....	....	....	286
Ice Cream Premises	....	....	....	....	....	....	....	79
Fried Fish Shops and Offensive Trades	....	....	....	....	....	....	....	105
Cold Stores	....	....	....	....	....	....	....	2
Fruit Warehouses	....	....	....	....	....	....	....	2
Markets	....	....	....	....	....	....	....	135
Milk Tested for Dirt	....	....	....	....	....	....	....	39
Food premises other than Bakehouses	....	....	....	....	....	....	....	36
Total Inspections with reference to Food								5,981
Places of Public Entertainment	....	....	....	....	....	....	....	3
Visits after Infectious Disease	....	....	....	....	....	....	....	720
Factories, Workshops, etc.	....	....	....	....	....	....	....	419
Drain Testing	....	....	....	....	....	....	....	27
Rat Inspections	....	....	....	....	....	....	....	95
Piggeries	....	....	....	....	....	....	....	8
Smoke Abatement	....	....	....	....	....	....	....	19
Investigation of Complaints	....	....	....	....	....	....	....	43
Shops' Acts	....	....	....	....	....	....	....	165
Merchandise Marks Acts	....	....	....	....	....	....	....	17
Sundry Inspections	....	....	....	....	....	....	....	348
Total of other Inspections								1,864
Total Inspections made during the year								14,595

SMOKE ABATEMENT.

Nineteen smoke observations have been made in connection with 3 premises, whilst many special visits have been paid to other premises and advice given to those concerned.

Section 334 of the Public Health Act, 1875, exempts the following processes from the provisions of the Act relating to Smoke Abatement:—The smelting of ores and minerals, calcining, puddling and rolling of iron and other metals, and the conversion of pig-iron into wrought-iron. The Public Health (Smoke Abatement) Act, 1926, Section 1, Subsection E extends the aforementioned list of exemptions to: “Re-heating, annealing, hardening, “forging, and the converting and carburising of iron and other metals.”

It is unfortunate that the greatest offender, the domestic chimney, is, with the majority of the smoke producing industries exempt under existing legislation. The law, however, recognises that with existing manufacturing methods it is nearly impossible to carry on these industries and comply with the standard of “not more than 2 minutes of black smoke in the aggregate within any continuous period of 30 minutes”. This standard is the one suggested where the Local Authority make byelaws under the Public Health (Smoke Abatement) Act, 1926.

The increasing use of gas and electricity in dwellinghouses is a step in the right direction and should do much to minimise smoke pollution of the atmosphere in the future.

Analysis of Observations.

PREMISES	No. of Observations	Minutes Black Smoke	Minutes Moderate Smoke	Length of time of Observation
Municipal Hospital	6	2½, 0, 1, ½, 3½, 7½	1¾, 6, 21½, 12, 15, 22½	30 mins.
Pease's Mill, Priestgate	7	10, 2, ½, 2½, 1, 1, 1	9, 7½, 9, 8¼, 4½, 4¼, 7¼	30 „
Blackett's Brickworks, Haughton Road	6	3, 2, 9, 2, 0, 0	4½, 12, 9, 3, 3, 4	30 „

HOUSING ACT, 1925—BYELAWS.

Houses Let in Lodgings.—These byelaws apply to flats, tenements or parts of houses used for occupation by the working classes and occupied by members of more than one family.

Many large houses originally constructed for occupation by one family only, are now let to several families. Unfortunately the byelaws do not require an owner or occupier to notify or register such premises, therefore they often exist undetected. When discovered, the owners are asked to provide the amenities, required by the byelaws, but in many cases they refuse and immediately give notice to quit. These actions coupled with the scarcity of small houses whose rentals are within the scope of the persons living in these flats, or houses let in lodgings, cause the successful application of the byelaws to be postponed and in some cases impossible.

Sixty-one inspections of houses let-in-lodgings or occupied by persons who were members of more than one family were made during the year.

DARLINGTON CORPORATION ACT, 1930—SECTION 166—LIVING VANS, TENTS AND SHEDS.

There are now five sites in use: Valley Street North, Lodge Street, Archer Street, Chesnut Street, Back Melland Street (one van only).

All the sites are under constant observation by the District Inspectors and myself. Two contraventions of the Act occurred and were remedied by informal action.

Sanitary Condition of Theatres and Places of Entertainment.—By the Home Office Order 25th August, 1920, the Secretary of State requires Sanitary Authorities to give special attention to premises holding a licence for Music and Dancing, special regard to be given to lavatory accommodation dressing rooms, ventilation and means of escape in case of fire.

Under this Order 30 premises were inspected during the year : 11 Picture Halls, 5 Billiard Saloons, 12 Dance Halls, 1 Cafe and 1 Hotel.

At these premises, lavatory accommodation, dressing rooms and auditoria have been maintained in a satisfactory condition.

At one Picture house, ventilation has been satisfactorily improved. At two other picture halls complete new systems of ventilation were installed also increased heating capacity was provided at 3 picture halls. All the picture halls in the Borough may now be considered satisfactory.

Offensive Trades.—Applications for licences were made by 2 Fish Friers, and refused.

The number of premises now used for offensive trades and duly licensed is 41, as follows :—

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

There are also 29 Fried Fish Shops in the Borough not on the Licensed Register, having been established prior to the date of the Order under which they are 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 complied with.

Factories, Workshops and Workplaces.—The number of Workshops, including Bakehouses, on the Register at the 31st December, 1933, was 433, and the number of Factories 206, total 639, of which 875 inspections have been made.

Bakers and Confectioners	....	....	....	....	106
Dressmaking, Millinery, &c.	....	....	....	....	42
Boot Repairing	....	....	....	....	56
Joiners, Cabinetmakers, &c.	....	....	....	....	59
Tailors	....	....	....	....	31
Plumbers	....	....	....	....	17
Blacksmiths	....	....	....	....	12
Painters	....	....	....	....	17
Upholsterers	....	....	....	....	10
Other Workshops	....	....	....	....	289
Total					639

Defects.	Found	Remedied during 1934
Want of Cleanliness	12	12
Other Nuisances	5	5
Sanitary Accommodation—		
Unsuitable or Defective	4	4
Insufficient	5	3
Not separate for Sexes	2	2
Offences under Factory & Workshops Acts :—		
Illegal occupation of underground Bakehouse (Section 101)	1	1
Total	29	27

Nine 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 in all cases were remedied.

Outworkers.—Three lists containing the names of 3 Outworkers, were received, and 3 inspections of the premises of such Outworkers were made.

Rag Flock Acts, 1911-28.—There are no Manufacturers of Rag Flock in the Borough. No samples have been taken during the year.

HOUSING.

The following figures show the progress made in house building since 1917 :—

	By Private Enterprise		By Corporation		
	Without Subsidy	With Subsidy	Without Subsidy	With Subsidy	Total
1917	6	—	—	—	6
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*
1931	266	2	—	—	268
1932	311	—	6	8	325
1933	720	—	29	132	881
1934	1,013	—	—	40	1,053

* The boundary of the Borough was extended in 1930 and nine additional houses in 1923 and 26 in 1924, which were erected by the Corporation, and 27 houses which were erected by private enterprise in 1930 were built on land which is now part of the County Borough.

1. Inspection of Dwelling-houses during the year :—	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,453
(b) Number of inspections made for the purpose	3,983
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	738
(b) Number of inspections made for the purpose	779
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	54
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	561
2. Remedy of defects during the year without service of formal notices :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	414
3. Action under Statutory Powers during the year :—	
A.—Proceedings under Section 17 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	74
(2) Number of dwelling-houses which were rendered fit after service of Formal notices :—	
(a) By Owners	65
(b) By Local Authority in default of Owners	3
B.—Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	115
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	95
(b) By Local Authority in default of Owners	0
C.—Proceedings under Section 19 of the Housing Act, 1930 :	
(1) Number of dwelling-houses in respect of which demolition Orders were made	9
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2
(3) Number of Undertakings accepted to close dwelling-houses	39

D.—Proceedings under Section 20 of the Housing Act, 1930 :

- | | |
|--|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 6 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit. | — |

Overcrowding.—In spite of the very satisfactory number of new houses erected during the past year, the shortage of houses suitable for small families and those whose income is meagre remains the same. A very real and difficult problem exists in regard to individual persons whose only income is the old age pension, and those who become unemployed for long periods. There is a tendency for these persons to seek single rooms in larger houses. I am of opinion that there is a definite need for small houses, built in terraces, so as to economise in land and general charges and so make a smaller rent possible.

Rents of houses in the Borough suitable for occupation by persons of the working classes are far too high and out of all proportion to their Rateable Value. This prevents persons from moving into houses suitable to their needs and thereby being a direct cause of overcrowding.

Verminous Houses.—Fifty-eight dwelling-houses have been dealt with under Section 46 of the Public Health Act, 1925, by spraying and fumigation to rid premises of bugs and fleas.

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

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs.—During the year 239 samples were taken for analysis :

Article Taken	No. of Samples		Genuine	Adulterated or below Standard
	Formal	Informal		
Milk—				
Morning	125	—	105	20
Afternoon	25	—	24	1
Pasteurised	7	—	7	—
Sterilised....	1	—	1	—
Skimmed	1	—	1	—
Beef Sausage	—	8	8	—
Pork „	—	4	4	—
Polony „	—	1	1	—
Pork Roll	—	1	1	—
Meat Risssoles....	—	1	1	—
Salmon and Shrimp Paste	—	1	1	—
Lobster Paste	—	2	2	—
Chicken and Ham Paste	—	1	1	—
Turkey and Tongue Paste	—	1	1	—
Crab Paste	—	1	1	—
Tinned Lobster	—	1	1	—
Potted Shrimps	—	1	1	—
Salmon Roll	—	1	1	—
Tinned Peaches	—	1	1	—
Herrings and Onion	—	1	1	—
Zenda Coffee	—	1	1	—
English Honey	—	2	2	—
Olive Oil	—	1	1	—
Black Currant Jam	—	2	2	—
Strawberry „	—	1	1	—
Raspberry „	—	1	1	—
Butter	—	6	6	—
Lard	—	4	4	—
Coffee & Chicory	—	3	3	—
Coffee	—	3	3	—
Flour	—	3	3	—
Whole Meal Flour	—	2	2	—
Tea	—	5	5	—
Baking Powder	—	5	5	—
Margarine	—	1	1	—
Ground Almonds	—	5	5	—
Ground Ginger	—	4	4	—
White Pepper	—	5	5	—
Total	159	80	218	21

Of the 159 samples of Milk taken, 125 were morning milk, 25 were afternoon milk, 7 were Pasteurised milk, one a sample of Skimmed milk and one a sample of Sterilized milk. Three samples were taken in course of delivery from Producer to Retailer and 6 were "Appeal to Cow" samples.

No samples were taken by the County Inspector on my behalf although all 6 samples were obtained in the County. These were taken with the express wishes of the Producers concerned, for the sake of expediency and to save expense.

Twenty-one samples of milk fell below the standard set by the Sale of Milk Regulations, 1901-1912. With one exception (Sample No. 55) subsequent investigations indicated the deficiencies to be due to natural causes or laxity in methods, *ie.*, failing to mix the yield of either the whole herd or that of a sufficient number of cows.

Proceedings were taken against the Vendor of Sample No. 55 Milk (who was un-registered) and the defendant was fined £1 10s. 0d. plus £1 10s. 0d. costs. No Appeal to Cow sample fell below the standard; one, however, was just up to standard in milk fat, 3.00%.

DETAILS OF MILK BELOW STANDARD.

No. of Sample.	Date taken.	A.M. or P.M.	N.F.S.	Fat.	Deficiency.	Remarks—any action taken.
3	23/1/34	A.M.	8.42%	3.50%	1% added water ...	Freezing Point, Horvet—554°C. Genuine.
5	23/1/34	A.M.	8.68%	2.70%	10% abstraction of fat ...	Investigation shewed natural causes. Freezing Point, Horvet—555°C.
18	23/1/34	A.M.	8.37%	3.10%	1.53% added water ...	Freezing Point, Horvet—554°C. Genuine
27	24/1/34	A.M.	8.54%	2.90%	3.34% deficient in Fat ...	Warning given.
42	27/3/34	P.M.	8.28%	4.70%	2.60% added water ...	Freezing Point, Horvet—549°C. Genuine
{ 47	27/3/34	A.M.	8.84%	2.90%	3.34% deficient in Fat. ...	Taken from Retail Purveyor.
51	28/3/34	A.M.	8.85%	2.80%	6.67% deficient in Fat ...	Taken from Producer of No. 47 in course of delivery.
54	29/3/34	A.M.	8.86%	3.00%	Just up to standard } Over standard ... }	Appeal to Cow Samples taken from producer of samples Nos. 47 and 51.
53	29/3/34	A.M.	8.94%	3.40%		
55	17/4/34	A.M.	9.07%	1.85%	38.4% deficient in Fat ...	Proceedings taken. Fined £1 10s. 0d. and £1 10s. 0d. Costs
78	1/5/34	A.M.	8.40%	3.20%	1% added water ...	Freezing Point, Horvet—556°C. Genuine
85	1/5/34	A.M.	8.14%	3.70%	4.30% added water ...	Freezing Point, Horvet—538°C. Genuine
86	1/5/34	A.M.	8.44%	3.50%	0.7% added water ...	Freezing Point, Horvet—556°C. Genuine

Details of MILK Below Standard—continued.

No. of Sample.	Date taken.	A.M. or P.M.	N.F.S.	Fat.	Deficiency.	Remarks—any action taken.
{ 102 128 129 127 }	12/6/34	A.M.	9.11%	2.62%	12.7% deficient in Fat	Taken from Retail Purveyor Appeal to Cow Samples taken from Producer of Sample No. 102. Deficiency in Sample No. 102 due to carelessness in distribution. Severe warning given.
	14/6/34	A.M.	9.15%	3.75%	Above standard	
	14/6/34	A.M.	9.06%	3.20%	Above standard	
	13/6/34	P.M.	8.90%	4.55%	Above standard	
104	12/6/34	A.M.	8.82%	2.80%	6.67% deficient in Fat	Taken from two Retailers who obtain supplies from same source. Warnings given to Producer and Retailers.
114	12/6/34	A.M.	9.11%	2.85%	5.00% deficient in Fat	
105	12/6/34	A.M.	9.17%	2.80%	6.67% deficient in Fat	Taken from two Retailers who obtain supplies from the same source. Warnings given to Producer and Retailers.
113	12/6/34	A.M.	9.08%	2.80%	6.67% deficient in Fat	
119	13/6/34	A.M.	8.63%	2.75%	8.34% deficient in Fat	Source of supply could not be traced with certainty. Warning given.
121	13/6/34	A.M.	9.00%	2.80%	6.67% deficient in Fat	Investigated—cause due to natural causes. Warning given.
124	13/6/34	A.M.	9.24%	2.80%	6.67% deficient in Fat	Investigated—cause due to natural causes. Warning given.
125	13/6/34	A.M.	8.98%	2.55%	15.00% deficient in Fat	Sample No. 125 taken from Retail-Producer. Sample No. 130 "appeal to Cow Sample". Producer appeared before the Committee and satisfied the latter that the deficiency was due to extraordinary natural causes. Severe warning given.
130	14/6/34	A.M.	8.58%	4.50%	Above standard	
138	16/10/34	A.M.	8.27%	3.30%	2.70% added water	Freezing Point, Horvet—549°C. Genuine.

It will be seen from the above table that in 7 cases where added water was suspected, the freezing point test shewed that these samples were genuine.

MILK (Special Designations) ORDER, 1923.

Five Licences were granted under the Order; two "Certified", one "Grade A" (Tuberculin Tested); one "Grade A" and one "Pasteurised". One of the licences for "Certified" milk was not operated for the whole of the year.

In order to comply with the standard set by the Order "Certified" milk should not contain more than 30,000 organisms per c.c. and Coliform Bacilli should be absent in .10 c.c.; "Grade A (Tuberculin Tested)" and "Grade A" milk should not contain more than 200,000 organisms per c.c. and Coliform Bacilli should be absent in .01 c.c., and "Pasteurised" milk should not contain more than 100,000 organisms per c.c. There is no standard in this last grade for Coliform Bacilli. The above standards are subject to 48 hours incubation at 37 degrees Centigrade.

Twenty-two samples were taken and submitted for Bacteriological Examination of these three samples of "Certified" Milk, four samples of "Grade A (Tuberculin Tested)" milk and three samples of "Grade A" milk fell below the standards set out in the Order. Letters of warning were written to the producers concerned.

All the samples of "Pasteurised" milk complied with the standard.

One licence for "Certified" milk was not taken up owing to the demand for such milk being too small. This is regrettable, the cause being two-fold; (1) small extra charge; (2) the majority of the public still think that "Grade A" is the highest and best standard for milk.

The remaining "Certified" licence was granted in July, 1934.

DETAILS OF ABOVE SAMPLES.

No. of Sample.	Designation.	Date taken.	Age.	Age since Pasteurisation.	No. of Organisms per c.c. 48 hours incubation.	Presence or Absence of Coliform Bacilli.
1	Grade A (T.T.)	13/2/34	4 - 5 hrs.	—	2,000	Negative in 3 tubes in .10 c.c.
2	Pasteurised	12/2/34	31—44 hrs.	25 hrs.	1,700	Negative in 3 tubes in .10 c.c.
3	Grade A (T.T.)		—	—	7,900	Positive in 2 of 3 tubes in .01 c.c.
4	Pasteurised		—	—	950	Positive in 2 of 3 tubes in .10 c.c.
5	Grade A (T.T.)	11/6/34	3½—4 hrs.	—	300	Positive in 3 tubes in .10 c.c.
6	Pasteurised	11/6/34	24—36 hrs.	25 hrs.	3,800	Positive in 3 tubes in .10 c.c.
7	Grade A.	11/6/34	3 hrs.	—	100	Positive in 3 tubes in .10 c.c.
8	Certified	17/7/34	4½ hrs.	—	40	Negative in 2 of 3 tubes in .10 c.c.
9	Pasteurised	17/7/34	4½—5½ hrs.	—	180	Negative in 2 of 3 tubes in .10 c.c.
10	Grade A (T.T.)	17/7/34	3½—4½ hrs.	—	7,350	Positive in 3 tubes in .10 c.c.
11	Grade A.	17/7/34	5 hrs.	—	300	Negative in 2 of 3 tubes in .10 c.c.
12	Certified	16/10/34	4½ hrs.	—	130	Positive in 2 of 3 tubes in .10 c.c.
13	Grade A (T.T.)	16/10/34	4½ hrs.	—	3,450	Positive in 3 tubes in .01 c.c.
14	Grade A.	16/10/34	5 hrs.	—	1,140	Positive in 2 of 3 tubes in .01 c.c.
15	Pasteurised	16/10/34	over 24 hrs.	—	7,100	Positive in 3 tubes in .10 c.c.
16	Grade A.	6/11/34	4 hrs.	—	240	Positive in 3 tubes in .01 c.c.
17	Grade A (T.T.)	6/11/34	4½ hrs.	—	555	Positive in 3 tubes in .01 c.c.
18	Pasteurised	6/11/34	29—33 hrs.	25 hrs.	2,100	Positive in 3 tubes in .10 c.c.
19	Certified	6/11/34	4½ hrs.	—	500	Positive in 3 tubes in .01 c.c.
20	Certified	19/12/34	5—6 hrs.	—	8,500	Positive in 3 tubes in .01 c.c.
21	Grade A (T.T.)	19/12/34	4—5 hrs.	—	7,100	Positive in 2 of 3 tubes in .001 c.c.
22	Grade A.	19/12/34	3½—4½ hrs.	—	790	Positive in 3 tubes in .10 c.c.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.**MILK AND DAIRIES ORDER, 1926.**

	Producers.	Retailers.	Cowsheds.
On Register 1st January, 1934	34	156	32
Discontinued during the year	3	16	1
Added during the year	1	7	1
Total at end of year	32	147	32

One un-registered person was found to be selling milk from un-registered premises. Proceedings were taken and the defendant was fined 10s. 0d. including costs.

One application from a producer residing outside the Borough was refused after the applicant had appeared before the Health Committee to shew cause why the Corporation should not refuse the registration. The Health Committee considered the report of their Senior Sanitary Inspector and were satisfied that the public health was likely to be endangered by allowing milk to be sold from the source concerned. The Inspector for the Darlington Rural District Council (in which applicant's cowshed is situated) rendered valuable assistance in this case.

Cowsheds.—Three routine inspections of the herds were carried out by Mr. C. G. Hill, M.R.C.V.S. The first inspection was made during the months of February and March, the second inspection during August, and the third inspection during November and December.

	No. of Cowsheds visited	No. of Cows examined	Cows added since last inspection	Percentage New Cows
First Inspection	32	401	80	20%
Second Inspection	32	368	63	17.12%
Third Inspection	31	354	67	18.93%

During these inspections one cow was found to be suffering from an incipient mastitis and was removed from the herd. Five cows were found to be affected with Mastitis in one quarter only. Microscopical Examinations of the milk were made, but no Tubercle Bacilli were found and the Veterinary Surgeon accordingly instructed the owners to isolate these animals and on no account use the milk for human consumption.

The general condition of the herds was excellent in every respect, and the herds shewed improvement and in general reflected credit upon the management concerned.

In addition to the above, 178 visits were made to cowsheds, and 286 inspections were made of Milk Retailers' premises by the Sanitary Inspectors. 39 samples of milk were tested by means of the Minit Dirt Tester and, where not satisfactory, the fact was immediately brought to the notice of the person responsible and a verbal warning given at the time of occurrence. This has had a very good effect upon cowkeepers and milk purveyors.

Six Informal notices were served for various defects and complied with.

In the case of Milk sold as Certified and Grade A(T.T.) very stringent regulations are in force, amongst which are the following in particular :—

1. The milk shall not at any stage be treated by heat.
2. The producer shall cause every animal of the herd to be submitted to a Clinical Examination and to a prescribed Tuberculin Test at intervals of six months and shall produce to the Licensing Authority the Veterinary Surgeon's Certificate of the prescribed Tuberculin Test within 7 days after the respective dates of those certificates. He shall not permit any animal to be injected with Tuberculin except on the occasions of the prescribed Tuberculin Tests.
3. Certified and Grade A(T.T.) Milk must be delivered by the producer to the dealer in sealed unventilated cans or receptacles on which is marked the day of production with the words Morning or Evening as the case may require.
4. Other Regulations are in force as to bottling by the dealer.

Bacteriological Examination.—44 Samples of ungraded milk were submitted for Bacteriological examination. In 23 cases, a positive reaction for the presence of Coliform Bacilli occurred in a dilution of less than .01 c.c. In 17 and 6 cases respectively, a positive reaction for presence of Coliform Bacilli was evident in .001 c.c. and .0001 c.c.

In each of these cases, letters of warning were written to the persons concerned, and where the dairy was situated outside the Borough, the Local Authority for that district was advised and better supervision requested.

It must be remembered however, that Grade A milk is allowed to contain 100,000 organisms per 1 c.c. and a positive reaction for Coliform Bacilli in .10 c.c. after 48 hours incubation at 37° C. When the public (if ever) fully realise the importance of a clean milk supply, then milk, other than graded milk will not be marketable. Compare the figures in the table for graded milk. These should be the standard demanded by the public and consequently by Statute Law.

It will be seen, however, that many samples of ungraded milk shew a very low and satisfactory total count and it is pleasing to realise that milk generally is being produced and dealt with under better conditions. It is to be hoped that legislation will soon be made prohibiting the sale of what is termed "loose milk".

DETAILS OF SAMPLES OF MILK EXAMINED BACTERIOLOGICALLY.

No. of sample. Classification.	Age of sample.	Month sample taken	Area of production	Total No of Organisms per c.c.	Presence or Absence of Coliform Bacilli after 48 hours incubation.
1 Ordinary	4½ hrs.	Feb.	D'ton R.D.C.	31,000	Positive in 3 tubes in .01 c.c.
2 "	4 hrs.	"	"	14,000	Positive in 2 of 3 tubes in .001 c.c.
3 "	4 hrs.	"	Sedgefield "	5,000	Positive in 3 tubes in .001 c.c.
4 "	4 hrs.	"	D'ton R.D.C.	35,000	Positive in 3 tubes in .01 c.c.
5 "	4½ hrs.	"	"	23,000	Positive in 3 tubes in .001 c.c.
6 "	4½ hrs.	"	"	5,000	Positive in 3 tubes in .01 c.c.
7 "	4 hrs.	"	"	28,000	Positive in 3 tubes in .01 c.c.
8 "	4½ hrs.	"	"	125,000	Positive in 3 tubes in .001 c.c.
9 "	4 hrs.	"	D'ton C.B.	3,000	Positive in 3 tubes in .01 c.c.
10 "	4 hrs.	"	"	5,000	Positive in 3 tubes in .01 c.c.
11 "	4 hrs.	"	"	22,000	Positive in 2 of 3 tubes in .0001 cc
12 "	4 hrs.	"	"	8,000	Positive in 2 of 3 tubes in .0001 cc
13 "	4 hrs.	May	D'ton R.D.C.	41,000	Positive in 3 tubes in .01 c.c.
14 "	3 hrs.	"	"	43,000	Positive in 3 tubes in .01 c.c.
15 "	4 hrs.	"	N.R. Yorks.	13,000	Negative in 2 of 3 tubes in .01 c.c.
16 "	4 hrs.	"	D'ton C.B.	17,000	Positive in 3 tubes in .01 c.c.
17 "	4 hrs.	"	D'ton R.D.C.	24,000	Positive in 3 tubes in .01 c.c.
18 "	4 hrs.	"	"	2,500	Positive in 2 of 3 tubes in .01 c.c.
19 "	4 hrs.	July	D'ton C.B.	148,500	Positive in 3 tubes in .0001 c.c.
20 "	4½ hrs.	"	D'ton R.D.C.	980,000	Positive in 2 of 3 tubes in .0001 cc
21 "	5½ hrs.	"	Ferryhill	6,000	Positive in 3 tubes in .01 c.c.
22 "	4½ hrs.	"	D'ton R.D.C.	30,000	Positive in 3 tubes in .001 c.c.
23 "	5½ hrs.	"	"	6,000	Positive in 2 of 3 tubes in .001 c.c.
24 "	5½ hrs.	"	N.R. Yorks.	16,500	Positive in 2 of 3 tubes in .0001 cc
25 "	4½ hrs.	Oct.	D'ton R.D.C.	24,000	Positive in 3 tubes in .01 c.c.
26 "	3½ hrs.	"	N.R. Yorks.	133,000	Positive in 3 tubes in .01 c.c.
27 "	4½ hrs.	"	D'ton R.D.C.	4,000	Positive in 3 tubes in .01 c.c.
28 "	4½ hrs.	"	D'ton C.B.	6,500	Positive in 3 tubes in .01 c.c.
29 "	5 hrs.	"	D'ton R.D.C.	36,000	Positive in 3 tubes in .001 c.c.
30 "	5¼ hrs.	"	N.R. Yorks.	10,000	Positive in 3 tubes in .01 c.c.
31 "	4 hrs.	"	"	6,000	Positive in 3 tubes in .01 c.c.
32 "	4 hrs.	Nov.	D'ton R.D.C.	9,000	Positive in 2 of 3 tubes in .001 c.c.
33 "	4½ hrs.	"	"	2,000	Positive in 2 of 3 tubes in .001 c.c.
34 "	4½ hrs.	"	N.R. Yorks.	11,000	Positive in 2 of 3 tubes in .001 c.c.
35 "	4¼ hrs.	"	D'ton R.D.C.	5,500	Positive in 2 of 3 tubes in .001 c.c.
36 "	4½ hrs.	"	"	14,500	Positive in 3 tubes in .001 c.c.
37 "	3½ hrs.	"	"	4,000	Positive in 3 tubes in .01 c.c.
38 "	3½ hrs.	Dec.	D'ton C.B.	1,900	Positive in 3 tubes in .01 c.c.
39 "	4 hrs.	"	D'ton R.D.C.	7,300	Positive in 3 tubes in .001 c.c.
40 "	16½ hrs.	"	"	25,500	Positive in 3 tubes in .001 c.c.
41 "	4¼ hrs.	"	D'ton C.B.	3,650	Positive in 2 of 3 tubes in .001 c.c.
42 "	4 hrs.	"	D'ton R.D.C.	24,500	Positive in 3 tubes in .001 c.c.
43 "	4½ hrs.	"	N.R. Yorks.	57,500	Positive in 3 tubes in .0001 c.c.
44 "	4 hrs.	"	Unknown	124,000	Positive in 2 of 3 tubes in .001 c.c.

Tuberculosis Order, 1925.—Under this Order, 6 and 8 notifications were sent to the North Riding of Yorkshire County Council, and Durham County Council respectively, and 1 to the Municipal Borough of Stockton-on-Tees, in reference to 10 cows, 3 calves, 1 bull, and 4 pigs; these animals were found on slaughter in the borough slaughterhouses to be affected with Tuberculosis. In many other cases, the origin of the animals could not be traced, owing to inability to identify through change of ownership from market to market in the manner of trade by cattle dealers.

Well Water.—Samples of water from 2 wells, situate on the extreme outskirts of the Borough were taken and submitted for Chemical and Bacteriological Examination. In each case, the Analyst reported that the samples revealed evidence of contamination and that it would be unsafe to use the water for consumption until boiled. In each case, the wells were cleansed and precautions taken to prevent ingress of surface water.

In one case, after a lapse of 3 months, a further sample was taken which proved upon analysis to have become more contaminated. Although the town supply was not within several hundred yards, the owners eventually provided a supply of town water. In the remaining case, further samples indicated that the supply was safe for potable use.

Drainage and Sewerage.—The sewage of the town is conveyed by gravitation to the Sewage Farm in Skerne Valley about a mile to the south of the town. Storm overflows are provided at convenient points in the lower parts of the town in the neighbourhood of the River Skerne. Storm relief sewers have been installed to relieve flooding in Leyburn Road. A similar storm water relief sewer has been commenced to relieve the Rydal Road district. No flooding has taken place in the Clifton Road area during the year.

Sanitary Conveniences.—Three water closets were substituted for a like number of privy ashpits. These substitutions were carried out under the conversion schemes.

Two privy-ashpits have been removed and no water closets substituted where the premises have been demolished.

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

Water Closets	....	....	22,031
Privy-ashpits	....	....	27
Privy-pans	....	....	6
Old Privy Middens	....	....	10
Total			22,074

Scavenging and Tips.—The scavenging of the town is undertaken and carried out by the Borough Surveyor's Department.

Snipe Tip was the only one used for the deposit of privy contents, but this ceased after the conversion scheme was completed.

Household refuse is dealt with by controlled tipping at Neasham Road, the Old Brickyard at Harrowgate Hill, Elton Road and Hundens Lane.

Artificial Cream Act, 1929.—The only persons in the Borough manufacturing or selling Artificial Cream come within the specified exceptions enumerated in Section 2 (1) of the Act regarding registration of premises.

Public Health (Preservatives in Food) Regulations, 1927.—159 samples of Milk, 80 samples of Provisions were examined for the presence of prohibited preservatives, injurious substances, or excess of any allowed preservatives. No samples were found to contravene the Regulations.

Inspection of Meat and Other Foods.—The total number of animals inspected at the time of slaughter or immediately afterwards was 41,368 which is about 99% of the bovines and pigs and 95% of sheep slaughtered in the Borough.

This number is made up of 2,359 bovines, 412 calves, 8,438 sheep and 3,058 pigs which were killed at the Abattoir, and 3,569 bovines, 1,214 calves, 14,989 sheep and 7,329 pigs which were killed in the private slaughterhouses.

There were 77 cases of emergency slaughter, of which 20 were killed at the Abattoir, 25 outside the Borough, and the remaining 32 in the private slaughterhouses. This number involved 10 cows, 8 bullocks, 6 heifers, 1 bull, 8 calves, 27 sheep and 17 pigs, and as a result of inspection, the carcasses and all organs of 5 cows, 4 bullocks, 1 pig, 2 heifers, 4 calves, 4 sheep, and portions only of the carcasses of organs of 3 bullocks, 3 heifers and 13 sheep, 11 pigs, 1 bull, 3 cows, 3 calves, were condemned and destroyed.

The total weight of food condemned and destroyed during the year was 16 tons, 9 cwt. 6 stons 7½ lbs. of which 11 tons 6 cwt. 4 stons 6½ lbs. were on account of tuberculosis.

The whole of the food condemned was voluntarily surrendered 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.
18 Cows	Generalized Tuberculosis	....	....	....	4	13	2	—
5 Bullocks	„	„	....	....	1	8	—	—
3 Heifers	„	„	....	....	—	13	4	—
2 Bulls	„	„	....	....	—	9	3	—
5 Calves	„	„	....	....	—	6	2	—
1 Pig	„	„	....	....	—	2	4	—
1 Cow	Adenoma and Emaciation	....	....	....	—	4	3	—
1 Cow	Febrility	....	....	....	—	4	5	—
3 Pigs	„	....	....	....	—	1	7	—
1 Sheep	„	....	....	....	—	—	5	—
1 Cow	Septic Pericarditis and Oedema	....	....	....	—	5	—	—
1 Cow	Septic Pericarditis	....	....	....	—	4	3	—
1 Cow	Septicaemia and Pyaemia	....	....	....	—	5	5	—
1 Pig	Septicaemia	....	....	....	—	—	5	—
1 Sheep	Septic Pneumonia and Emaciation	....	....	....	—	—	4	—
1 Sheep	Toxaemia	....	....	....	—	1	2	—
9 Sheep	Emaciation	....	....	....	—	2	3	4
1 Sheep	Emaciation and Injury	....	....	....	—	—	2	7
1 Bullock	Natural Death	....	....	....	—	5	—	—
1 Calf	„	„	....	....	—	—	2	7
3 Sheep	„	„	....	....	—	1	4	—
1 Bullock	Gastro-enteritis	....	....	....	—	6	2	—
1 Pig	„	„	....	....	—	1	2	—
6 Sheep	Oedema	....	....	....	—	2	—	6
1 Cow	John's Disease and Emaciation	....	....	....	—	4	2	—
4 Calves	Immaturity	....	....	....	—	1	6	—
1 Calf	Osteomyelitis	....	....	....	—	—	5	—
1 Cow	Chronic Nephritis and Emaciation	....	....	....	—	3	6	—
1 Pig	Jaundice	....	....	....	—	—	5	—
1 Sheep	Lymphatic Leucocythaemia	....	....	....	—	—	5	—
1 Sheep	Decomposition	....	....	....	—	—	6	—
2 Pigs	Swine Fever	....	....	....	—	1	7	—
Total					10	15	0	10

Summary of all Food Condemned.

						Tons	Cwts.	Stones	Lbs.
81	Carcases	....	....	....	....	10	15	—	10
269	Lungs	....	....	....	....	1	12	7	—
258	Livers	....	....	....	....	1	5	4	11
73	Head and Tongues	....	....	....	....	—	12	—	8
3	Tongues	....	....	....	....	—	—	1	—
7	Heads	....	....	....	....	—	1	2	5
17	Plucks	....	....	....	....	—	1	1	3
15	Udders....	....	....	....	....	—	1	7	2
8	Hearts	....	....	....	....	—	—	2	10
20½	Pairs Kidneys	....	....	....	....	—	—	5	11½
37	Stomachs and Intestines	....	....	....	....	—	9	7	2
79	Mesenteries	....	....	....	....	—	18	5	5
19	Briskets	....	....	....	....	—	1	6	12
62	Portions and Trimmings	....	....	....	....	—	7	5	5
1	Rabbit....	....	....	....	....	—	—	—	3
6	Tins Prawns	....	....	....	....	—	—	3	—
	Jellied Veal	....	....	....	....	—	—	—	6
	Gammon of Bacon	....	....	....	....	—	—	—	12
Total						16	9	6	7½

Slaughterhouses.—There are 20 privately owned licensed slaughterhouses within the Borough in addition to the Municipal Abattoir. One slaughterhouse outside the Borough is used by 5 butchers having business premises within the Borough. This slaughterhouse is regularly inspected by our Inspectors under arrangements with the Darlington Rural District Council.

Forty-six butchers within the Borough and 2 butchers outside the Borough during 1934 used the Abattoir regularly; 3 butchers outside the Borough and 7 allotment holders killed there occasionally. Three informal notices were served and complied with.

4,953 inspections were made in connection with the private slaughterhouses and the abattoir.

Public Health (Meat) Regulations, 1924.—There have been 2 breaches of these Regulations during 1934 and warnings were given by letter in each case.

A grave danger to the public health oftentimes occurs through removal of carcasses which are the subjects of casualty or emergency slaughter from areas outside the Borough into the Borough, without such carcasses being examined or inspected by competent persons prior to removal.

In one case, at the request of the farmer (residing several miles outside the Borough) I accompanied him to his farm to inspect the dressed carcass of an animal stated by him to have been killed to forestall natural death. This was necessary as the farmer stated he intended sending the carcass into the Borough for inspection here. I found the animal had suffered from Anthrax and evidence obtained later, proved the fact that the animal had died and was subsequently skilfully dressed. If this carcass had been removed to the Borough, unlimited infection may have occurred involving much illness and expense.

Slaughter of Animals Act, 1933.—This Act came into operation on the 1st January, 1934.

During the year 56 persons applied for a licence, all were investigated and recommended.

There were two contraventions by slaughtermen in private slaughter-houses, "Killing animals otherwise than by means of a mechanically operated instrument". Proceedings were taken and both defendants were fined £1 and £1 1s. 0d. costs.

Darlington Corporation Act, 1930, Section 160, Ice Cream.—At the end of the year 66 Manufacturers of Ice Cream were registered in relation to premises 28 persons were registered as Vendors only. The 66 Manufacturers were also registered as Vendors making a total of 94.

Seventy-nine visits were paid to these premises during 1934.

A contravention occurred through an unregistered person selling Ice Cream within the Borough. Proceedings were taken, the defendant pleaded guilty and the case was dismissed upon the payment of 4s. 0d costs.

Shops Acts, 1912-13, and Shops (Hours of Closing) Act, 1928.—There are 3 Compulsory Orders in operation affecting respectively shops in which is carried on the Sale of Meat, shops in which is carried on the Sale of Fruit, Vegetable or Flowers, and shops in which is carried on Men's Tailoring, Clothing and Outfitting, and 3 Orders under the Shops Hours Act, 1904, affecting Chemists and Druggists, Hairdressers and Barbers, and Boot and Shoe Dealers.

Proceedings were taken against three Shopkeepers for contraventions of the Shops (Hours of Closing) Act, 1928, and one shopkeeper for a contravention of the Darlington (Shops Act) Extension (No. 2) Order and each case was dismissed upon payment of 4s. 0d. costs. On the whole the above Orders have been fairly well observed.

Poisons and Pharmacy Act, 1908.—Under this Act a sample of pills alleged to have been a portion of a quantity of similar pills sold in the Market Place was submitted to the Borough Analyst for Analysis, who reported (inter alia) that the pills contained no injurious or noxious ingredients. During the year one licence was renewed and one new licence was granted permitting the respective licensees to sell weed-killers and insecticides.

Merchandise Marks Act, 1926.—The Orders under this Act now in force and applying to Imported Goods are as follows :—

1. Fresh Apples.
2. Raw Tomatoes.
3. Eggs in shell (*i.e.*, hen and duck eggs).
4. Dried Eggs.
5. Currants, sultanas, and raisins.
6. Oat products (*i.e.*, oatmeal, rolled oats, oat flour and groats).
7. Honey.
8. Frozen or chilled salmon and sea trout.
9. Imported Butter.
10. Dead Poultry.
11. Bacon and Ham.

Leaflets setting out details were distributed to each tradesman selling the above articles, and copies have been given to the Secretaries of the Chamber of Trade and The Grocers' Association.

The shopkeepers are making a fair attempt to comply with these Orders and only evidence of forgetfulness rather than design is present in the few omissions noted.

Rats and Mice (Destruction) Act, 1919.

The total number of rats killed by the Rat Catcher during the year was 1,454 but these figures do not include the rats that were poisoned.

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

Harrowgate Hill Tip	....	....	....	443
Neasham Road Tip	....	....	....	205
Snipe Tip	....	....	....	633
North Road Tip	....	....	....	43
Sundry Premises	....	....	....	130
				1,454

Seven Informal Notices were served and complied with.

Fertilisers and Feeding Stuffs Act, 1926.—All the premises whereon Fertilisers and Feeding Stuffs are dealt with have received attention.

Acting as Inspector under Section 12 of the Act, 3 samples were taken and submitted to the Agricultural Analyst. The reports shewed that the said samples complied with the requirements of the Act.

Under Section 3 of the Act, 1 sample of Feeding Stuffs was taken and submitted for analysis. The report stated that the sample complied with the requirements of the Act.

The substances sampled were :—

1. Grower's Meal	....	....	Section 12
2. Layer's Meal	....	....	„ 12
3. Pig Meal (Mineralised)	....	....	„ 12
4. Weatings	....	....	„ 3

Infectious Diseases.—The following are particulars of the fumigation of houses and other buildings, and the disinfection of bedding, clothing, etc.

	Fumigations				Lots of Bedding and Clothing Disinfected
	Hos- pitals	Houses	Schools and other Buildings	Rooms	
Infectious Disease other than Tuberculosis, Cancer, etc.	6	423	8	470	453
Tuberculosis	—	54	—	66	43
Cancer	—	15	—	12	10
Measles, etc.	—	—	—	—	—
Totals	6	492	8	548	506

Common Lodging-Houses.—There are 3 Common Lodging-houses on the Register with accommodation for 360 lodgers.

The lodging-houses are regularly and frequently inspected, and 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 the Medical Officer of Health for the help he has 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.

SECTION H.

APPENDIX.

STATISTICAL TABLES. TABLE 1.

BIRTH-RATES, DEATH-RATES and ANALYSIS of MORTALITY during the Year 1934.

Registrar-General's figures.

	RATE per 1000		ANNUAL DEATH-RATE PER 1,000 POPULATION.													DEATH RATE PER 1,000 LIVE BIRTHS		PERCENTAGE OF TOTAL DEATHS			
	TOTAL		All Causes	Typhoid & Paratyphoid 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 Practitioners	Inquest Cases	Certified by Coroner after P.M.	No Inquest	Uncertified Causes of Death			
	Live Births	Still Births																			
England and Wales	14.8	0.62	11.8	0.00	0.00	0.09	0.02	0.05	0.10	0.14	0.56	5.4	5.9	90.4	6.5	2.1	1.0				
121 County Boroughs & Great Towns including London	14.9	0.60	11.9	0.00	0.00	0.12	0.02	0.06	0.12	0.19	0.55	7.1	6.3	90.8	5.9	2.8	0.5				
135 Smaller Towns (Estimated Resident Populations 25,000—50,000 at Census 1931)	14.8	0.66	11.2	0.00	—	0.07	0.03	0.04	0.11	0.14	0.56 ^a	4.4	5.5	91.9	5.6	1.5	1.0				
London	13.4	0.44	12.2	0.00	0.00	0.20	0.02	0.07	0.11	0.13	0.61	12.8	6.7	87.9	6.2	5.9	0.0				
Durham County †	17.8	0.81	11.9	0.01	—	0.14	0.09	0.07	0.17	0.14	0.47 ^a	6.4	7.8	—	—	—	—	—			
DARLINGTON †	14.6	0.75	10.8	—	—	0.11	0.07	0.03	—	0.04	0.43	1.8	6.0	90.4	4.5	0.6	4.5				

*Excluding Suicide, † Local Figures.

MATERNAL MORTALITY—England and Wales {	per 1,000 Live Births per 1,000 Total Births	Puерperal Sepsis.		Others	Total
		per 1,000 Live Births	per 1,000 Total Births		
Darlington {	per 1,000 Live Births per 1,000 Total Births	2.75	2.62	1.83	4.59
		2.03	1.95	2.57	4.60

TABLE II.
Annual Summary of Registrar General for 1934.

TOWNS.	Estimated Resident Population Mid. 1934.	Live-Births.	Still-Births.	Deaths (excluding Still-Births).	Deaths of Infants under 1 year of age.	Rate per 1,000 Living.		Death-rate per 1,000 living.					Death-rate per 1,000 Live Births.	
						Live Births.	Deaths (excluding Still-Births).	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea and Enteritis (under 2 years).	Infants under 1 year.
121 Great Towns	20,815,634	308,715	12,562	247,408	19,509	14.9	11.9	0.12	0.02	0.06	0.12	0.12	7.1	63
Middlesbrough C.B.	139,550	2,749	142	1,846	216	19.7	13.2	0.72	0.04	0.01	0.43	0.14	5.8	79
Stockton-on-Tees M.B.	67,220	1,293	56	817	81	19.2	12.2	0.24	0.09	—	0.03	0.13	3.9	63
West Hartlepool C.B.	71,550	1,357	52	873	92	19.0	12.2	0.08	0.04	0.01	0.13	0.11	5.2	68
Sunderland C.B. ...	186,650	3,749	156	2,338	306	20.1	12.5	0.16	0.10	0.06	0.06	0.16	11.7	82
South Shields C.B.	112,750	2,013	87	1,488	170	17.9	13.2	0.13	0.03	0.09	0.07	0.31	8.5	84
Gateshead C.B. ...	123,000	2,266	103	1,645	197	18.4	13.4	0.24	0.14	0.11	0.04	0.19	7.5	87
Newcastle-on-Tyne C.B.	287,050	4,695	180	3,679	396	16.4	12.8	0.28	0.08	0.06	0.08	0.13	11.3	84
Tynemouth C.B.	65,950	1,189	49	845	86	18.0	12.8	0.24	0.06	0.03	0.09	0.20	5.0	72
DARLINGTON C.B.	74,550	1,089	56	802	65	14.6	10.8	0.11	0.07	0.03	—	0.04	1.8	60

TABLE III.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN DARLINGTON, 1934,
(Figures supplied by the Registrar General).

CAUSES OF DEATH		Sex	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	Deaths in Darlington Institutions and Non-Residents	Darlington Deaths in other Institutions
All causes	...	M. F.	420 382	32 33	12 5	6 4	10 12	21 21	17 21	23 16	49 40	80 52	102 93	68 85	...	...
Uncertified	...	M. F.	20 15	3 1	...	1	...	...	...	1 1	3 3	3 1	6 5	4 3	...	...
1. Typhoid and Paratyphoid Fevers	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Measles	...	M. F.	6 2	1 ...	1 1	1 ...	1 2	...	...	...	...	...	...	...	4 2	...
3. Scarlet Fever	...	M. F.	2 3	...	...	...	3	...	...	...	...	...	...	...	2 1	...
4. Whooping Cough	...	M. F.	1 1	1 ...	...	...	...	...	...	...	...	...	...	...	1 ...	...
5. Diphtheria	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	1 1	...
6. Influenza	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Encephalitis Lethargica	...	M. F.	3 1	...	...	...	1	...	...	1	1	...	1	...	...	...
8. Cerebro-Spinal Fever	...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	2 2	...
9. Tuberculosis of Respiratory System	...	M. F.	26 21	...	...	...	...	9 7	6 5	2 2	6 4	2 3	1	...	6 7	6
10. Other Tuberculous Diseases	...	M. F.	8 4	2 ...	...	...	3 2	1 ...	...	2 1	...	...	...	...	6 2	...
11. Syphilis	...	M. F.	1 1	...	...	...	...	...	...	...	1 1	...	...	...	1 ...	1
12. General Paralysis of the Insane, Tabes Dorsalis	...	M. F.	...	...	...	...	...	...	1	...	...	...	...	...	...	1
13. Cancer, Malignant Disease	...	M. F.	47 46	...	...	...	...	...	1 1	4 3	3 8	14 10	22 17	3 5	22 15	1 2
14. Diabetes	...	M. F.	4 5	...	...	...	...	...	...	...	...	...	...	...	2 4	...
15. Cerebral Haemorrhage, etc.	...	M. F.	31 31	...	...	...	...	...	...	...	2 3	8 3	12 15	9 8	4 5	3 ...
16. Heart Disease	...	M. F.	95 83	...	...	...	1	...	...	4 1	9 8	21 13	31 26	29 30	14 9	1 2

TABLE IV.
INFANT MORTALITY.

1934. 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	...	...	24	6	6	3	39	2	8	8	4	61
	Uncertified	...	...	...	2	...	...	2	2	...	...	...	4
Chickenpox				...	...	...	...	...	...	...	...	...	...
Measles				...	...	...	...	...	...	1	...	...	1
Scarlet Fever				...	...	...	...	...	...	...	...	...	...
Whooping Cough				...	...	...	...	...	...	...	...	1	1
Diphtheria and Croup				...	...	...	...	...	...	...	...	...	...
Erysipelas				...	...	...	...	...	...	...	...	...	...
Influenza				...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis				...	...	...	...	...	...	...	1	...	1
Abdominal Tuberculosis				...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases				...	...	...	...	...	...	...	1	1	2
Meningitis (<i>not Tuberculous</i>)				...	...	...	...	...	...	...	...	...	...
Convulsions				...	2	...	...	2	...	1	...	...	3
Laryngitis				...	...	...	...	...	...	...	...	...	...
Bronchitis				...	...	1	...	1	...	...	1	...	2
Pneumonia (all forms)				...	...	1	1	2	...	1	5	1	9
Diarrhoea				...	...	...	...	...	...	...	...	...	...
Enteritis				...	...	...	...	...	...	1	...	...	1
Gastritis				...	...	...	...	...	...	...	...	...	...
Gastro-enteritis				...	...	...	...	...	...	...	...	...	...
Syphilis				...	...	...	...	...	...	...	...	...	...
Rickets				...	...	...	...	...	...	...	...	...	...
Suffocation, overlying				...	...	...	...	...	...	...	...	...	...
Injury at birth				...	2	1	...	3	...	...	...	...	3
Atelectasis				...	3	...	...	3	...	...	...	...	3
Congenital Malformations				...	1	2	...	3	2	1	...	...	6
Premature Birth				...	13	5	2	20	2	...	...	...	22
Atrophy, Debility and Marasmus				...	2	...	1	5	...	1	...	...	6
Other causes				...	1	...	1	2	...	2	...	1	5
Totals				...	24	8	6	3	41	4	8	4	65

Net Live Births in the year—Legitimate, 1040 ; illegitimate, 49.

Net Deaths in the year—Legitimate Infants, 61 : males, 31 ; females, 30.

Illegitimate Infants, 4 : males, 1 ; females, 3.

TABLE V.
NOTIFIABLE DISEASES DURING 1934. (Deaths in Brackets).

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	1	6	13	27	25	200 (3)	85 (1)	34	34	12	3	...	440	4	380	3
Diphtheria	...	...	1	4	1	25	9	4	6	2	2	...	45	...	54	...
Typhoid and Paratyphoid Fever	...	...	...	...	...	...	...	2	1	1	...	...	4	...	4	...
Puerperal Fever	...	...	...	...	...	...	...	...	6 (3)	...	...	...	6	3	6	2
Puerperal Pyrexia	...	...	...	...	...	...	...	2	13	...	...	...	15	...	4	...
Pneumonia	8 (9)	9 (8)	1	2	8	7	3	7	13 (3)	5 (4)	10 (7)	3 (7)	76	38	11	3
Ophthalmia Neonatorum	9	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...
Erysipelas... ..	...	...	...	...	...	2	2	2	4	6 (1)	12	9	37	1	5	1
Encephalitis Lethargica	...	...	...	...	...	...	...	(1)	...	1 (1)	(2)	...	1	4	...	1
Measles and German Measles	40 (1)	57 (4)	104 (1)	121 (1)	128	408 (1)	29	9	10	1	...	1	908	8	11	4
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-pox	19	20	28	48	43	304	43	8	3	1	...	...	517	...	...	...
Acute Anterior Poliomy- elitis	...	1	1	...	1	1	...	...	...	...	...	...	4	...	...	...
Whooping Cough	6 (1)	8 (1)	17	17	22	6	...	...	...	...	...	...	76	2	...	...
Cerebro Spinal Fever ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...

INFECTIOUS DISEASES

TABLE VI.

The following table shows the number of cases of **Infectious Disease** notified each month during 1934

	Cerebro Spinal Fever	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	...	...	38	4	1	7	3	...	1	5	...	601	...	...	14	...	20	...	694
February	...	...	36	6	...	7	...	1	2	1	1	113	...	1	9	...	22	3	202
March	...	...	43	4	...	4	4	...	...	2	1	34	...	...	14	...	27	1	134
April	...	...	29	3	...	4	2	...	1	6	1	10	...	...	11	...	18	2	87
May	...	...	34	3	...	7	2	...	1	3	1	10	...	...	4	...	22	1	88
June	...	...	29	4	...	6	2	1	...	3	1	17	...	...	3	...	52	7	126
July	...	...	16	1	1	10	2	...	3	1	3	8	4	...	1	...	60	4	114
August	...	...	31	1	...	5	2	2	1	...	...	4	...	...	2	...	31	3	82
September	...	...	48	11	1	9	1	...	...	4	...	11	...	...	4	...	11	7	107
October	...	...	35	9	1	11	...	1	...	8	...	18	...	...	7	...	66	9	165
November	...	...	41	6	...	3	2	1	2	4	1	44	...	...	5	...	89	12	210
December	...	...	60	2	...	11	9	...	4	...	...	38	...	...	2	...	99	27	252
Totals for 1934	1	...	440	54	4	84	29	6	15	37	9	908	4	1	76	...	517	76	2261
Totals for 1933	3	...	221	39	5	96	36	10	13	41	2	917	...	2	105	...	347	121	1958

TABLE VII.

1934 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
Mouth and Throat ...	...	...	...	...	...	...	1	...	4	1	...	...	5	1
Gastro Intestinal ...	1	1	3	1	4	1	10	7	14	13	1	2	33	25
Genito Urinary...	...	...	...	1	...	2	...	3	1	2	1	1	2	9
Breast ...	...	...	...	1	...	3	...	...	1	1	...	...	1	5
Bones ...	...	1	...	...	...	...	1	...	...	...	...	...	1	1
Glands ...	1	...	...	...	...	...	1	2	2	...	...	1	4	3
Thorax ...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
Skin ...	...	...	...	...	...	...	...	...	...	1	...	1	...	2
Brain ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	2	2	3	3	4	6	14	12	22	18	2	5	47	46

TABLE VIII.

INFECTIOUS DISEASES IN WARDS, 1934.

Disease	Harrowgate Hill	North Road	Cockerton	Northgate	Pierremont	Central	North-East	Eastbourne	West	South	Total
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	56	57	57	40	32	33	45	48	22	50	440
Diphtheria ...	1	8	3	3	5	4	13	15	1	1	54
Enteric Fever ...	—	—	2	—	1	—	—	—	1	—	4
Pulmonary Tuberculosis ...	10	19	7	3	7	13	14	5	1	5	84
Other forms of Tuberculosis ...	3	5	—	3	1	3	6	5	—	3	29
Puerperal Fever ...	—	1	1	1	—	1	1	—	—	1	6
Puerperal Pyrexia ...	—	2	2	1	8	—	1	1	—	—	15
Erysipelas ...	5	6	4	1	—	7	4	7	—	3	37
Ophthalmia Neonatorum ...	1	1	—	—	2	1	—	2	1	1	9
Acute Anterior Poliomyelitis ...	—	—	—	1	—	2	—	—	1	—	4
Acute Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	1	—	1
Acute Pneumonia ...	7	13	4	6	3	16	7	13	2	5	76
Malaria ...	—	—	—	—	—	—	—	—	—	—	—
Chicken-pox ...	21	78	60	41	22	64	69	94	23	45	517
Measles and German Measles ...	172	121	70	94	55	99	98	94	55	50	908
Whooping Cough ...	17	19	5	5	4	7	6	10	1	2	76
Cerebro Spinal Fever ...	—	—	—	—	1	—	—	—	—	—	1
Total ...	293	330	215	199	141	250	264	294	109	166	2261

TABLE IX.

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

DISEASE	1927			1928			1929			1930			1931			1932			1933			1934		
	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.	Notificatons.	Deaths.	Admitted to Hospital.
Smallpox	120	...	120	85	1	85	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	186	...	178	326	1	316	158	...	153	135	1	131	219	1	203	115	...	101	221	...	187	440	4	380
Diphtheria	40	5	38	157	11	152	138	8	134	158	5	154	65	3	65	46	...	43	39	...	38	54	...	54
Typhoid and Paratyphoid Fevers	25	1	20	4	1	3	6	2	6	3	...	3	4	...	3	1	...	1	5	1	4	4	...	4
Puerperal Fever	2	1	...	4	3	2	1	1	...	3	3	...	11	4	6	9	4	5	10	3	6	6	3	6
Puerperal Pyrexia	4	1	2	6	...	2	15	2	4	16	...	1	14	...	...	6	...	1	13	...	1	15	...	4
Pneumonia (all forms)	225	73	49	140	52	15	195	109	24	138	56	10	172	70	16	80	46	11	105	56	22	76	38	11
Malaria	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	7	1	5	1	...	...	1	2	1	1	1	...	2	2	...	...	...	...	2	1	1	1	4	...
Erysipelas	22	1	1	26	3	1	27	1	5	31	...	1	52	...	7	20	...	1	41	3	16	37	1	5
Measles and German Measles	2,068	17	5	161	2	1	1,109	4	2	1,274	25	8	484	4	11	325	5	5	917	8	10	908	8	11
Chickepox	439	...	...	651	...	...	279	...	...	382	...	...	517	...	...	492	...	...	347	...	...	517	...	...
Ophthalmia Neonatorum	10	...	...	15	...	...	12	...	...	7	...	...	8	...	...	5	...	1	2	...	...	9	...	...
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	4	1	4	3	1	3	1	...	...
Acute Anterior Poliomyelitis	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...
*Whooping Cough	73	7	...	38	1	...	146	11	...	44	...	...	158	8	3	181	2	...	121	8	1	76	2	...

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

TABLE X.

TUBERCULOSIS.

RETURN SHOWING THE WORK OF THE DISPENSARY, 1934.

DIAGNOSIS.														GRAND TOTAL.
Pulmonary.				Non-Pulmonary.				TOTAL.						
								Adults.		Children.				
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts):														
(a) Definitely tuberculous	18	20	2	...	4	5	7	3	22	25	9	3	59	134
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	—	—	—	1	74
(c) Non-tuberculous	—	—	—	—	—	—	—	—	20	25	10	19	74	134
B.—Contacts examined during the year:—														
(a) Definitely tuberculous	10	6	1	1	1	2	1	1	11	8	2	2	23	8
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	—	58
(c) Non-tuberculous	—	—	—	—	—	—	—	—	4	17	18	19	58	8
C.—Cases written off the Dispensary Register as:—														
(a) Recovered	8	3	2	—	7	5	4	4	15	8	6	4	33	166
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	—	—	—	—	—	—	1	24	28	38	133	166
D.—Number of Cases on Dispensary Register on December 31, 1934														
(a) Definitely tuberculous	128	96	24	16	31	43	59	54	159	139	83	70	451	452
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	—	—	—	1	452
1. Number of cases on Dispensary Register on January 1st, 1934														
...	440	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years												
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"														
...	16	4. Cases written off during the year as Dead (all causes)												
5. Number of attendances at the Dispensary (including Contacts)														
...	1,386	6. Number of insured Persons under Domiciliary Treatment on the 31st December, 1934												
7. Number of consultations with medical practitioners:—														
(a) Personal	41	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)												
(b) Other...	174	...												
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes...														
...	1,139	10. Number of:—												
(a) Specimens of sputum, etc., examined														
(b) X-Ray examinations made in connection with Dispensary work														
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above														
...	—	12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1934												

• 64, remaining undiagnosed on 31st December, 1934.

* i.e., remaining undiagnosed on 31st December, 1934.

TABLE XI.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1934, 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 ...	30.6	29.5	52	25	1.51	0.45	13	18
February ...	30.9	29.6	55	27	0.40	0.32	27	5
March ...	30.3	28.4	55	29	1.60	0.40	12	18
April ...	30.2	28.8	63	29	3.04	0.47	11 & 19	18
May ...	30.4	29.2	75	30	1.32	0.47	6	12
June ...	30.4	29.3	79	40	1.66	0.46	21	11
July ...	30.4	29.5	89	45	1.40	0.61	13	12
August ...	30.3	29.2	70	40	2.41	0.44	6	19
September ...	30.4	29.3	78	38	1.53	0.43	29	16
October ...	30.3	28.6	69	31	2.47	0.43	30	23
November...	30.5	29.1	51	25	1.65	0.76	9	16
December ...	30.8	28.5	52	30	4.28	0.52	4	29
Totals ...	...	...	...	...	23.27	...	...	197
Averages...	...	...	...	...	1.94	...	...	16.4

The average rainfall for the past 5 years is 26.30 inches.

8th January, 1935.

T. J. MORRISON, Superintendent of Parks.



County Borough of Darlington.

ANNUAL REPORT

OF THE

School Medical Officer,

G. A. DAWSON, M.D., D.P.H., F.R.San.I.,

FOR THE

Year ending 31st December, 1934.

DARLINGTON:

THE SKERNE PRINTING CO. (1927) LTD., GARDEN STREET.

COUNTY BOROUGH OF DARLINGTON.

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

LADIES AND GENTLEMEN,

I have the honour to present my Ninth Annual Report on the work of the School Medical Service.

The full programme, according to schedule, has been completed and through the co-ordination with the other health services, efficiency has been materially advanced. The improvement in the physical condition and health of the children, noted last year, has been maintained, and with the gradual, if slow, passing of the industrial depression, one looks forward with confidence to very substantial further progress in nutrition. Meals at the Special Schools and pasteurised milk free or at specially reduced terms of $\frac{1}{2}$ d. per one-third pint bottle in Elementary Schools under the Milk Marketing Board scheme have grown in popularity with the scholars, over 60% of whom have taken advantage of the facilities of distribution.

Through lectures and propaganda of "Better Health" (24,000 copies annually distributed through the schools and clinics) sound education has been inculcated in healthy living, personal hygiene and simple economic cookery.

I desire to record my appreciation to you, to Mr. Whalley, to the teachers of the Secondary, Elementary and Special Schools, to the Medical, Nursing, and Clerical Staff for the team work which has achieved such excellent results.

Your obedient servant,

GEORGE A. DAWSON.

6th April, 1935.

MEMBERS OF THE EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR, COUNCILLOR J. WATERS.

ALDERMAN C. H. LEACH, Barrister-at-Law, M.B.E., M.A. (*Chairman*).

ALD. A. J. BEST, J.P.

COUN. W. HESLOP, J.P.

ALD. THOS. CROOKS, J.P.

COUN. J. CLAYTON.

COUN. J. BANKS.

COUN. W. G. CHANDLER M.B.E., J.P.

COUN. H. P. BELL, J.P.

COUN. S. HARDWICK, J.P.

COUN. R. F. SCOTT,

COUN. T. RODGERS, J.P.

COUN. M. GALLAGHER.

COUN. R. LUCK.

COUN. J. D. HINKS, J.P.

COUN. A. J. WILSON.

MRS. PRIOR,

MISS S. WALKER,

STAFF OF SCHOOL MEDICAL SERVICE.

School Medical Officer—

G. A. DAWSON, M.D., D.P.H., F.R.San.I.

Assistant School Medical Officers—

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

WILLIAM HARTSTON, M.D., M.R.C.P., D.P.H., (Appointed 15/1/34.)

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).

LILIAS PHILLIPS. (Transferred to Health Office 20/12/34).

CICELY BEWICK. („ „ Girls' High School 10/9/34).

DORIS ASHTON.

CONSTANCE HIPKISS (Commenced duties 10/9/34.)

AUDREY SMITH („ „ 19/12/34.)

ELEMENTARY SCHOOLS, 1934.

NO. OF CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTION.

	ENTRANTS		INTER-MEDIATES		LEAVERS		TOTAL		OTHER ROUTINE INSPECTIONS		No. on the Books Dec. 1934
	No. ex- amined	Parents present	No. ex- amined	Parents present	No. ex- amined	Parents present	No. ex- amined	Parents present	No. ex- amined	Parents present	
Albert Road ...	—	—	—	—	139	26	139	26	1	—	385
Beaumont Street ...	43	37	37	19	218	90	298	146	3	3	744
Bondgate ...	26	22	39	22	—	—	65	44	41	19	390
Borough Road ...	59	45	71	36	—	—	130	81	51	17	444
Corporation Road ...	43	39	67	42	—	—	110	81	101	64	905
Dodmire ...	143	132	131	99	—	—	274	231	88	48	1,000
Gurney Pease ...	22	20	45	36	—	—	67	56	—	—	280
Harrowgate Hill ...	88	69	98	69	—	—	186	138	63	38	662
Gladstone St. ...	—	—	—	—	119	26	119	26	—	—	426
Reid Street... ..	75	63	72	57	121	54	268	174	2	1	643
Rise Carr ...	62	47	71	54	—	—	133	101	10	8	478
North Road ...	34	28	61	48	137	20	232	96	113	81	881
Alderman Leach ...	51	40	44	33	—	—	95	73	38	28	358
Cockerton ...	23	18	20	9	56	17	99	44	21	8	304
Holy Trinity ...	7	5	15	9	15	7	37	21	19	12	261
Arthur Pease ...	31	27	38	35	—	—	69	62	19	12	194
St. Augustine's ...	60	41	51	29	122	27	233	97	5	3	780
Holy Family ...	15	15	18	11	—	—	33	26	16	11	135
St. John's ...	57	48	67	48	72	36	196	132	32	22	648
St. William's ...	14	12	48	30	—	—	62	42	32	9	350
Haughton ...	32	29	28	24	28	11	88	64	19	11	268
	885	737	1,021	710	1,027	314	2,933	1,761	674	395	10,536

Average Attendance throughout the Year:—

January	February	March	April	May	June	July
* 87.7%	90.4%	89.4%	91.7%	91.9%	92.8%	91.4%
	September	October	November	December		
	91.8%	91.5%	89.8%	89.5%		

* Measles.

MEDICAL INSPECTION.

Routine medical inspections were carried out as in former years in all the Elementary Schools. The total examined of the 5, 8 and 12 year-old groups was 2,933, while other routine inspections of odd-age groups and missed cases from last year numbered 674. Cases with special defects to which the attention of the doctors was called totalled 5,249, while 6,032 re-inspections were made to ascertain progress. Figures for the Secondary, Special, and Nursery children are not included in the above, but are reported later.

Table II. of the Appendix sets out in detail every defect, either arising or persisting in the children. It will be understood that a child may show several defects, so Table II.B. is drawn up to show the number of individual children requiring treatment. The percentage requiring treatment was 17.4%, though the personal factor of the doctor and the growing higher standards of physical efficiency render comparisons with previous years liable to mis-conclusions. Defects which would have been passed over as trivial twenty years ago are now included and followed up.

Malnutrition.—Out of 3,607 routine inspections, 10 children, and at special inspections, 19, children were suffering from malnutrition. In necessitous cases, pasteurized milk is provided free twice a day, and in other cases at the cost price of $\frac{1}{2}$ d. per one-third pint bottle as described in last year's report. To show the popularity of the new Milk Marketing Board scheme, I would point out that the figure for milk sold at cost price, rose from 2,003 bottles to 6,724 at the end of the year. 379 children received it free.

Uncleanliness.—Nurses paid 274 surprise visits to 22 schools, and 656 home visits, making 19,957 inspections, revealing nits in 619 cases. At the end of the year there were 218 cases with nits. It might appear a matter of regret that uncleanliness is still a feature requiring much attention on the part of doctors and nurses, but as with the other defects, the general standard has been very much raised, and it is now noticeable that the condition is confined to a few families. To enable us to deal with all such cases the Education Committee passed a resolution recommending that proceedings in court be taken in all cases where children, who having been once duly warned, have been found verminous on a subsequent examination.

Skin Diseases.—Ringworm (scalp 23, body 31) and Impetigo (434 cases) still continue to head the list and account for prolonged and frequent absences from school. The loss of school attendance for these two diseases exceeded 1,245 days. The incidence is fairly constant throughout the year. Scabies or "itch" was found in 57 cases, not an unusual proportion.

Ear Diseases.—Middle ear disease—purulent discharge is the common defect found, and it accounted for 18 routine and 119 special cases. Defective hearing of severe degree is now rare, due to the earlier and more efficient treatment of diseases of the nose and throat. Whereas in 1924 we had 17 deaf children requiring special education, to-day we have only 3.

Tonsils and Adenoids.—Approximately 2.5% of children at routine inspection were found to require operation, and 15.4% observation, to ascertain progress of defect. Better co-ordinated arrangements have been made during the year in hastening treatment and obtaining parental consent before reference to Hospital. Operative treatment was performed in 87 cases, under our scheme. The 262 cases who received other forms of treatment include instances where parental consent would not be given to operation.

Diseases of the Lungs.—Approximately one child in eight is found to suffer from some degree of bronchitis, but only .3% required treatment. The others are kept under skilled observation and re-examination so that the onset of tuberculosis can be readily detected. Nine cases of definite and 3 cases of suspected Pulmonary Tuberculosis were reported.

Non-Pulmonary Tuberculosis.—A detailed inquiry was made during the year so that we might have a complete register of past and present cases. Twenty-five cases (glands, spine, bone, skin and other forms) were reported among our elementary school children, and 19 were in attendance at the open-air school.

Follow-up Work.—As a sequence to the medical, dental and cleanliness inspections, special home visits were paid in 2,451 instances.

Medical Examinations of Staff.—Examination and certification of 20 teachers, caretakers and others were completed, either on appointment or return to duty after illness.

Employment of School Children, &c.—Seventy-two children were certified fit for employment while of school age, and 17 for institutions, maintenance grants and such purposes.

INFECTIOUS DISEASES AND DEATHS.

<i>Disease.</i>	<i>No. of Cases.</i>	<i>Contacts.</i>	<i>Deaths.</i>
Scarlet Fever	285	358	2
Diphtheria	18	60	—
Enteric Fever	—	3	—
Erysipelas	4	—	—
Measles	367	571	—
German Measles	33	26	—
Pneumonia	10	—	3
Chicken Pox	306	299	—
Cerebro-Spinal Fever	1	—	—
Whooping Cough	13	47	—
Pulmonary Tuberculosis	9	—	—
Other Forms Tuberculosis	25	—	5
Other Diseases (not necessarily infectious)	2	—	12
Total	1,073	1,364	22

MEDICAL TREATMENT.

SCHOOL DENTAL SURGEON'S REPORT.

Mr. J. L. Liddell, L.D.S.

The grand totals shown below will be seen to be very similar to those of the previous year, but it will be noticed that there is a reduction in the number of special cases which are mostly toothache cases, and a better response from routine inspection.

4,576 M.I.2a cards were sent to parents. These are the cards for parents to fill up stating whether they wish necessary treatment carried out privately or at the Clinic. 503 were not returned, and of the remainder 2,335 asked for treatment at the Clinic. All but 65 of these received that treatment.

Inspection and treatment of Secondary and Special school children:—

Inspected	....	....	466
Requiring treatment	....	....	232
Treated	....	....	112

making the totals:—

Inspected	....	....	9,077
Requiring treatment	....	....	5,206
Treated	....	....	2,900

I was particularly impressed, at my visit of inspection, with the condition of the teeth of the children at the Nursery School. I am sure that the regular toothbrush drill which is taught, and the meal of good food which is given to the children daily, go a long way to combat the onset of caries.

The mouths of the older Nursery children are in a much healthier state than those of entrants into the elementary schools, who have not had the advantages of attending the Nursery School. It is to be hoped that the habit of cleanliness learned there, will not be forgotten in later life.

EXCEPTIONAL CHILDREN.

Table III. in the Appendix has been amended and sets out all children in the area suffering from Blindness, Deafness, Mental Deficiency, Epilepsy, Tuberculosis or other incapacitation.

Certification is completed before any child is sent to the Open-air or Special M.D. School, the total number at the former being, 74 boys and 58 girls, and at the latter 46 boys and 34 girls. Three boys and three girls were notified under the Mental Deficiency (Notification of Children) Regulations, 1928, to the Welfare of Afflicted Persons' Committee.

Institutional Education.

Axwell Park Industrial School	2
Prudhoe Hall Colony (M.D.) School	1
St. Joseph's Boys' Home, Manchester	2
Royal Victoria School for Blind, Newcastle	1
Stockton School (Day) for the Deaf	3
Catholic School for the Blind, Liverpool	1
Blackbrook House, St. Helen's, Lancs.	1
Castle Howard Farm School, Welburn, Nr. York	1

CHILDREN WITH ORTHOPÆDIC DEFECTS.

Of the 63 children suffering from crippling deformities of an orthopaedic character, 28 are due to infantile paralysis producing loss of function in either upper or lower limbs, 20 are congenital defects, *e.g.* club foot, while 15 are the results of injury at, or following birth.

All have had surgical or other treatment and advice at some time, showing that the parents have taken an early opportunity of seeking advice and thus giving the child every chance of recovery. Many show excellent results in restoration of function even though the appearance may still be somewhat abnormal. In some cases, however, the results have not been so good due to the fact that parents have not realised the extreme importance of pursuing the treatment to the limits of its success and have failed to appreciate that practically all of these cases require continuous supervision from an orthopaedic specialist.

We are very much indebted to the Crippled Children's Aid Association—a branch of the Charity Organisation Society—for their help in many cases during the past year and we take this opportunity of expressing our thanks to them for the excellent work they are doing to help the Crippled Children in this town.

RHEUMATISM.

This year there have been 187 children on the Register suffering from Rheumatism varying in type from the mild sub-acute muscular form to the severe cases of Chorea or St. Vitus' Dance and Carditis. For the more severe of these, special provision is made in that they are either excluded for lengthy periods, are certified for attendance at the Special School for Physically Defective Children, or allowed to attend the ordinary elementary schools for half-days.

Mention has frequently been made of the difficulties arising in the treatment of cases of Chorea. These require rest, nourishment and fresh air—preferably a change of air altogether, and if more institutional treatment were readily available, the majority of such cases attending the Clinic would have been recommended for it. Under the present economic conditions it appears almost impossible for the parents of some of these unfortunate children to offer all that is necessary to hasten their recovery. Cases attending the School Clinic are given a prolonged course of Ultra Violet Ray treatment and good results are being obtained from this treatment.

IMPETIGO.

The assistant school Medical Officers carried out an investigation into the incidence of Impetigo in all the schools during the past two years, and drew up comparative tables showing the proportion of cases and days of exclusion owing to the defect. Schools in clean, open "good class" areas suffered least, while certain schools showed persistently high figures. For instance, Borough Road Infants' and Junior Mixed, Albert Road Senior Boys' and Rise Carr Schools were black listed in both years. While appreciating and dealing with the housing difficulties in these areas in another committee, as a result of these investigations, it has been advised that the hands (especially the nails), and the faces of children should be kept as clean as possible, that routine inspections should be made by the teacher at the commencement of each session and after each playtime, and that the surfaces of the desks should be scrubbed or washed at least once a week. A further report will be made at the end of the year, when it is hoped that these measures will have achieved an improvement.

TONSILS AND ADENOIDS.

Out of 3,607 routine examinations, 46 cases of "tonsils", 10 of "adenoids" and 34 of both conditions were referred for treatment, and 530 cases for observation. Operative treatment was performed in 87 cases. Details are given in the appended tables; 142 cases are awaiting operation.

Operations are performed at the Memorial Hospital by arrangement in return for a block grant from the Education Committee. Arising out of press and local comments, I made the following report on the subject in February :—

Definition.—The term "Enlarged Tonsils and Adenoids" as customarily used by doctors, signifies not merely enlargement but rather Chronic Tonsillitis and/or Adenoid Overgrowth, associated with one or more other well-recognised defects—persistent nasal obstruction, catarrh, sinusitis, recurrent quinsy, deafness, middle ear disease, mastoid inflammation, cervical adenitis, defective vision, maldevelopment of face and chest, mental dullness, and even rheumatism, endocarditis, and nephritis.

At our routine inspections one child in six shows varying degrees of these defects requiring observation, but only *one in thirty* is referred for operative treatment.

The Staff.—Our School Medical Officers are not surgeons, but highly trained, competent physician specialists, thoroughly experienced in the observation and diagnosis of children's defects and their influence on education, and are only *too ready to deprecate any inordinate or ill-regulated scheme of routine or wholesale operating*. They have never advised operation unless satisfied that the physical and educational welfare of the child would be promoted. It is not unknown for practitioners to refer their cases, and for parents often after the advice of the medical attendant has been sought, to re-submit again and again the defective child, to the School Medical Staff for a final opinion and the arrangement for operation.

Procedure.—Operations are advised by my Staff only after every medical measure—gargling, syringing and general tonics, etc.—has been tried and after repeated examinations by often more than one Officer of the Staff over a prolonged period duly recorded. Further, I am not aware of *one single child who has been sent* for surgical treatment from the Clinic without *firstly obtaining* the consent of the parents.

Card M.I.1. referring the parent to the family doctor is given in practically every case. Over 200 such cards were issued last year. Our procedure and system of records have been favourably commented upon by the Board's Medical Inspectors, and to make comparisons with any other towns is invidious, because one cannot standardize or assess methods of "follow-up" when dealing with various separate institutions as exist throughout the country. Here in Darlington I can, however, say that we do know through our cordial relationships, our interchange of opinions and records with the Hospitals, the doctors, the Clinics, and the schools, what is happening to practically every child in the course of the year and hence the completeness of our returns.

During the past few years your attention has been drawn to the difficulty of long waiting lists at the Hospital, and how in 1931 and 1932 better arrangements had been made by us to hasten treatment and to see to it that parents did not unduly postpone the necessary decision to have the operation performed. Arrears were largely cleared up so that in 1933 the number of operations for defects of the nose and throat numbered only 169 (1·6% of school children). Taking the average for the last six years, including Nursery Classes, Special and Secondary Schools, the figure is 239 out of 11,000 children (2·2%), while the figures for the other Boroughs and County Boroughs in England vary up to 8·5% (London 3·5%).

In the statistics just prepared for 1933, I find that in 3,797 Code Group children 123 (3·1%) were referred for this treatment (medical and surgical) while 631 were referred for observation over a prolonged period. I also note with pleasure that whereas we had seven deaf children attending Special Schools in 1927, there are only four receiving such expensive specialized training, a fact for which I claim our scheme has been largely responsible. It is also significant that there has not been a death for over two years from Diphtheria, a disease mainly attacking unhealthy throats, a unique record in the country. Knowing the miraculous results from the operation in suitable cases, it borders on the criminal to withhold advice or operation, or to place any obstacle in the way, legislation for which is provided in the Education Act of 1921.

From my own personal knowledge of the defects and infections of Darlington school children, and as far as comparative figures can be accepted, I can *assure you that no unnecessary operations* have ever been recommended in Darlington, and the results due to specialist treatment, as urged by Sir George Newman, have been above reproach.

A few years ago the operation was rightly regarded with more trepidation than is now the case. Refusals were more common, waiting lists accumulated, and defects became aggravated. To-day, however, diagnosis

and treatment are on sounder lines and go hand in hand here as advised by Sir George Newman, Chief Medical Officer. Cases are referred not just for operation but, when necessary, for the advantage of the Consultant Specialist's opinion, who is also in charge of the operative work. Local Authorities undertaking responsibility for the advice of these operations, for the sake of both parents and themselves, must make the utmost endeavour to minimize the risk of untoward happenings. This condition cannot be fulfilled if the children are not treated by a Surgeon with the highest degree of professional skill available.

Dr. Isobel C. Brown contributes the following.—

I have been perfectly satisfied with the results of operative treatment and I think that I am right in saying that parents are of the same opinion, many of them attending later with other members of the family with a request for examination so that they may be operated on if considered necessary, as they were so pleased with the beneficial effects seen in the other children. It is no infrequent occurrence for parents to say that they have seen a marked improvement in the child following almost immediately after the operation and before the child has actually completed convalescence.

The fact that over 100 children were brought forward during the past year by teachers for special examination regarding the question of treatment for tonsils and adenoids speaks for itself. The teachers have seen the benefit of treatment in other children and are anxious that these particular cases should have the same treatment if the Medical Officer considers that the physical disabilities are due to the presence of diseased tonsils and adenoids.

With regard to the statement that cases should be notified first to the family doctor, during the past six months alone the Medical Officers have given out 148 M.I.I. cards urging consultation with the family doctor.

It is needless to add also that in every case of operation for tonsils and adenoids, at least two personal interviews were given to the parent by the Medical Officers, the first when the child's condition was explained to the parent and the second later, when the child was being examined a few days previous to admission to the hospital. Following upon this interview the written consent of the parent was obtained. No undue pressure has ever been brought to bear in these cases—moral persuasion only being used, and the final decision left entirely in the hands of the parents.

ARTIFICIAL SUNLIGHT TREATMENT.

Ultra Violet Ray treatment is given at the School Clinic. During the year 105 cases completed a course of treatment. This figure does not include Nursery School children, 11 of whom received treatment and of cases referred from the Maternity and Child Welfare centres, of whom 60 children received treatment.

Most of the cases treated were classified under the headings of Debility, Bronchial Catarrh, Poor Nutrition and Rheumatism. The most marked feature as a result of the treatment was the general tonic effects seen, without exception in all children—manifested in a gain in weight, increased vitality and improvement in appetite. This was particularly marked in children treated for Malnutrition due to poor environmental conditions, *e.g.* overcrowding, lack of sunshine, fresh air and insufficient rest.

During the year children attended for prolonged periods with great regularity, some children returning for a second course of treatment. Some of the parents have accompanied the children with unfailing regularity and have given the voluntary information that they consider the time well spent, as the benefits observed in the child's general condition are so marked. The children are also keenly interested in their treatments and look forward to the time spent in the Ultra-Violet Light Room.

REPORT OF OPHTHALMOLOGIST.

Mr. A. T. Paterson, M.D., F.R.C.S.Ed., D.P.H.

The work in connection with the eye clinic has progressed smoothly during the past year.

There would appear to have been a decrease in the minor eye diseases which arise from malnutrition.

Squint is one of the eye defects which is still very prevalent and this is not only the cause of considerable loss of sight in the affected eye but also of great disfigurement to the child and distress to the parents.

Within recent years a new method of treating squint has come to the fore. The treatment is known as orthoptic or fusion training and very satisfactory results are being obtained. The aim of the treatment is to do away with the squint without any operative measures, which latter in themselves are by no means always satisfactory and are occasionally attended with disaster to the operated eye.

The orthoptic treatment is carried out by means of a very complicated piece of apparatus called a Synoptoscope. A specially trained assistant is required and each child is subjected to half an hour's training two or more times a week, so that in one single day it is probable that not more than twelve children could be treated using one instrument. Sooner or later the school clinics will no doubt adopt this method of treating squint, and it is for your Committee to decide whether they are prepared to lay out the necessary money for the purchase of the apparatus required and to employ a specially trained lady to carry out the work.

The work requires great patience on the part of the Operator and the training necessary goes on for many months.

It might be advisable for a census to be taken of all the children in the Authority's schools who suffer from squint and then some idea might be got as to how many hours per week would be required to give a course of treatment to each squinting child.

I have long been an advocate for the provision of free spectacles to all children suffering from defective vision, and my argument has always been that if their books, slates and pens are supplied there is no sound reason why every child requiring spectacles should not be provided with these on the basis of the present contract prices. The amount of money required per annum in this Authority would in my opinion not amount to £50 in any one year.

Treatment of minor eye troubles continues to be satisfactorily carried out by the nurses at the clinic.

CO-OPERATION.

Parents.—As shown in the table at the beginning of the Report, one or other parent was present in 83% of entrant examinations and in 50% of older children. The presence of the parent enables the doctor to appreciate more quickly the environment of the home, and to indicate in detail the line of treatment and how best it may be obtained.

Teachers.—All the head teachers have taken a very lively interest in the medical state of their scholars, and have assisted the Medical Officers and Nurses in arranging inspections, in bringing forward special cases, in following up defects with the parents, and in organising the morning milk scheme which has been largely dependent on their sympathetic and energetic support. The responsibility lies with them of ascertaining the numbers, distributing the bottles, collecting the empties and recovering the cash. In the matter of infectious disease the credit for such freedom as we enjoyed in the schools goes in a great measure to the teachers for their watchfulness over early cases and the contacts. Notifications are received daily at the Health Office of all absentees suspected of suffering from infectious diseases.

Darlington Training College for Lady Teachers.—For the past nine years parties of the student teachers have attended the School Clinic three days a week, and the Special Schools at suitable times, in order to get a more intimate and practical knowledge of the School Medical Services, of common ailments and their treatment. Lectures at the Training College were given by the School Medical Officer on Hygiene and the co-ordination of services.

School Attendance Officers.—1.—*Medical Inspections.*—858 medical certificates in connection with the absence of children from school have been received in the Attendance Department from private practitioners during the year. These certificates were forwarded to the Clinic for entry on the medical record cards, cases of prolonged absence owing to continued illness being notified to the Assistant School Medical Officer. Such cases were visited by the school nurses whose reports were forwarded to the attendance officers.

Weekly returns of scholars transferred from one school to another and of new admissions and leavers are supplied to the Clinic.

During the year 66 children were referred to the Assistant School Medical Officer for medical examination under the Employment of Children Byelaws and 6 under Section 22 (Entertainments and Performances) of the Children and Young Persons Act, 1933.

2. *Following-up.*—The Attendance Department was supplied daily with a return of children receiving treatment at the School Clinic. Special attention was given to secure the attendance at school of those children certified fit to do so.

3. *Migrants.*—Medical record cards were forwarded or received weekly.

Voluntary Bodies.—The Memorial Hospital, the Cripples' Society, and the National Society for the Prevention of Cruelty to Children have given valuable help during the year in a number of cases.

Medical Practitioners.—The General Practitioner is a very necessary link in the School Medical Scheme, and cordial relations have always been a feature of our work in Darlington. The parent is referred in the first place to the medical attendant in all serious defects.

The School Medical Officer is also Medical Officer of Health, so that transfer of records from the Maternity and Child Welfare Service to the School Medical Service and then on to the other branches is facilitated. Further, the Dental Surgeon and Assistant School Medical Officers take part in Nursery Schools, Maternity and Child Welfare and Venereal Disease Clinics, the General Hospital and the Fever Hospital.

REPORT ON PHYSICAL TRAINING.

There has been considerable development in Physical Training in the schools of the Education Authority during the year. The Board of Education issued a new Syllabus in 1933 with the object of securing further improvement in the system of physical education in the schools and so enhancing its value in relation to the health of the people as a whole.

The conception of physical education has broadened and has gradually assumed a meaning different from that implied by the old term "school drill". It is now recognised that an efficient system of education should encourage the concurrent development of a healthy physique, alert intelligence and sound character. It is more and more realised that healthy physical growth is essential to intellectual growth.

The new syllabus is a definite advance upon its predecessors. Under the new system much more scope remains for the initiative and intelligence of the individual scholar, and calls for a higher standard of gymnastic performances on the part of the children. Emphasis is laid upon the importance of good posture both in rest and in action and on the cultivation of agility and suppleness through active movement; the main effect of the new scheme is the elimination of stiffness and rigidity from formal gymnastics.

With the object of providing the necessary assistance and guidance for teachers, the Education Authority arranged for a course of instruction in the new syllabus during June and July under the tuition of Miss E. Alexander, Organiser of Physical Education in the County of Northumberland. The classes were held at the North Road Senior Girls' School, and as the weather was very favourable, most of these were held in the open air. The women teachers attended in large numbers and were most enthusiastic; 102 teachers attended the Infant School Course, and 160 the Junior and Senior Courses. It is hoped to arrange a similar course for men teachers at an early date.

After this course the Authority provided physical training equipment at a cost of about £100.

Teachers have responded to the new movement with enthusiasm and the time tables of the schools now include the daily period of exercise which will encourage the formation of habits of recreation which will be of value in the future. It is obvious that already the children are happier, more alert and eager as the result of this change in the method of physical education.

The provision of gymnastic apparatus in the Senior Schools has been extended. In addition to that already in use at North Road Girls', Gladstone Street and Albert Road Boys' Schools, Reid Street Senior Girls' School has been similarly equipped. In the Gladstone Street Senior Boys' School a domestic room and classroom have been converted into a well-equipped gymnastic room with hot water, shower-baths, changing room and lockers.

Organised games continue to be a regular feature of school work in all Senior and many Junior Departments. The playing fields available, apart from separate fields for the Grammar School, Girls' High School, North Road Senior Girls' Council School and Salters Lane Open Air School are (1) Hollyhurst Road; (2) playing field adjoining Alderman Leach Council School; (3) Hundens playing field, and (4) the public parks.

Co-operation is maintained with the Schools' Athletic Association, who arrange school leagues and competitions in football, cricket, netball, athletic sports and swimming.

Swimming instruction was continued at the Public Baths during the summer season, the same teaching staff being employed as formerly, viz., two men and two women part-time instructors, assisted by the teachers who accompany the classes. The part-time instructors were employed for periods of six hours per week each from May to September, except when the schools were closed for holidays.

The scholars attend in groups of about 60 once a week, and certificates are awarded to those who can swim one length and three lengths. The arrangements enable 720 boys and 720 girls to be dealt with each week.

The average weekly attendance was :—

Boys	....	....	....	643
Girls	....	....	....	578

The total number of attendances made during the season were :—

Boys	....	....	....	10,341
Girls	....	....	....	9,336

During the season 374 boys and 253 girls qualified for one length certificates, 218 boys and 137 girls for three length certificates.

SANITARY CONDITIONS OF SCHOOLS.

A general improvement continues to be shown with regard to the sanitary conditions found in the schools. Soap, towels and sanitary paper are now provided in all, but it is important that routine inspections of towels, handbasins and lavatories should be made by the Head Teacher to ensure continuously to the children the lessons of practical cleanliness which is the bedrock of Preventive Medicine in schools.

As referred to elsewhere in this report, the reduction of impetigo or "scab" can only be brought about by stricter attention to personal hygiene and routine examination of children's hands. The surface of desks should be scrubbed at least once per week in every school, in order to reduce spreading of infection.

SPECIAL SCHOOLS.

OPEN-AIR SCHOOL.

The Open-Air School continued throughout the year to give service to those children who while not so physically defective as to be altogether unable to attend school, are yet too weakly to provide the mental and physical energy necessarily expended during attendance at an ordinary Elementary School.

The 'delicate child'—a timid, sometimes under-nourished youngster with poor muscular tone and a lethargic pallid appearance but in whom physical signs of disease are not evident, is the type particularly suitable for admission to the Open-Air School. It can confidently be said that attendance at this school for a year or more definitely prevents the menace of real physical deterioration in such a child who is on the borderline between good and ill health.

The combination of a comparatively open-air existence during the major part of the child's waking hours, with the provision of a regular well-balanced, nutritious and generous mid-day meal; the freedom from mental worry; the absence of rigid discipline and the physical stimulus of warm spray baths followed by a good rub-down are the factors to which must be credited the steady benefit which is almost invariably derived by the children in regular attendance. At this school the delicate child is among his physical equals. He is no longer expected to keep pace in work and in games with more vigorous and energetic schoolfellows. His health has an opportunity amid optimum conditions to improve steadily unhampered by the worry and striving of scholastic pressure for which he is unfitted.

During 1934, 200 children (116 boys, 84 girls) were in attendance; of this number 47 were discharged as recovered and fit to return to an ordinary elementary school. 21 left the school for other reasons (12 on reaching school-leaving age and 7 on removal out of the town). Of the 132 children in attendance at the end of the year 102 were classified as "delicate", the remainder being cripples, children with heart disease and healed tuberculosis.

THE BARNARD STREET SCHOOL (Mental Deficiency).

The Barnard Street School for backward children continues to do good work, and 80 were in attendance at the end of the year.

10 new children were admitted and two boys and three girls left. One boy obtained work and the other was admitted to Hospital for surgical treatment. Two of the girls obtained work as domestic servants, and the third is helping at home.

The establishment of an Old Boys' and Old Girls' Club, mainly through the Local Mental Welfare Association and Toc H, has done much to ensure the after-care of these children leaving at 16 years.

No definite change has been made in the curriculum during the year and special attention has been given, as formerly, to tuition in those subjects mainly manual which, it is calculated, will be most useful to this type of child when he leaves school and enters into competition with normal children.

THE GEORGE DENT NURSERY SCHOOL.

The George Dent Nursery School was visited weekly during the year and each child was subjected to at least one full routine examination. An additional general survey was made periodically and, as in the ordinary elementary schools, children suffering from any particular defect were brought forward for special examination.

It is now recognised that the main objective of the Nursery School is the health of the child and much time and care is extended on these children with the aim of remedying physical defects, many of them nutritional, and caused through unhealthy environmental conditions.

The school provides accommodation for 100 children. During the past year an average of 88% of the children were in regular attendance. There is a long waiting list.

57 children were admitted to the school during the year, all coming from poor homes and the majority suffering from one or more physical defects.

From the medical point of view, one of the most important features of the work of the Nursery School is the early discovery and treatment of defects liable to become seriously aggravated. Many are treated very successfully on the spot by the School Staff and for others of a more serious nature the facilities open to children of school age are available, 39 and 19 being referred for treatment to the School and Dental Clinics respectively.

NURSERY CLASSES.

Nursery Classes continue to be successfully run at Rise Carr Infants' School and Gurney Pease Infants' School under the Local Authority, and St. William's Roman Catholic (non-provided) Infants' School. Each of these has 30 on the rolls with an average attendance at the end of the year of 25. The admissions are mainly of the three and four year olds, and in practically every instance the child is suffering from one or more defects on admission as well as coming from poor home surroundings.

In the Rise Carr School 29 children are in attendance and every care is given to the health and well-being of each child. This year, as formerly, a successful Mothers' Club has been run by the Head Mistress and Staff of the Infants' Department. Meetings are held once monthly and the mothers undertake to make clothing for the children in attendance at the School. These meetings are well attended and the parents are keenly interested in their work. Miss Kirkwood, the Head Teacher, reports how the nursery school children have more than held their own in Infant Department educational attainments with the other children admitted directly at five years of age and not suffering from such defects.

At the Gurney Pease School 28 were on the Register at the end of the year, with an average attendance of 25, a high proportion compared with the usual infants' school. Thanks to the generous individual efforts of the staff, mid-morning cocoa was given to every child.

At St. William's School the Sister-in-Charge has made the most of the open surroundings, and a very cheery atmosphere has been produced amongst the 30 little ones.

The success of these three Nursery Classes prompts me to press forward once more the case of an Open-Air Nursery School in this area as soon as possible. Such excellent results have been obtained even under the present conditions which can only be described as make-shifts, that it is evident that there is great scope and opportunity for a very much wider scheme.

SECONDARY SCHOOLS UNDER THE LOCAL AUTHORITY.

	<i>On Register.</i>	<i>Inspected.</i>	<i>Parents Present.</i>
Grammar School for Boys	595	580	158
High School for Girls	492	521	255
Junior Technical School	21	24	3
St. Mary's Grammar School (free place holders)	49	14	5
Immaculate Conception School (free place holders)	31	5	13
	1,188	1,144	434

Classified Defects are shown in Appendix Table II. A.

For the past ten years, as in the Elementary Schools, routine Medical Inspections have taken place every term, so that children are examined as soon after their entrance as possible. Every pupil over 12 years is inspected annually and oftener if suffering from defects. All contacts of tuberculosis are examined twice a year. Parents are invited to be present, and attended in 38% of instances.

Usually references for treatment are made in the first place to the Medical Attendant, but the same facilities are available as to Elementary School children at the School Clinic for those who cannot afford private treatment. Specialist attention for defective vision, dental defects and diseased tonsils and adenoids is arranged, usually during the vacation or after School hours. As many as 88 attended the School Clinic for prescription of glasses, 20 cases attended for minor ailments, and 43 for dental treatment. Re-inspections of 480 defects were made to ascertain progress. No arrangements are made to recover cost except in the Dental Department, where the usual charge of 6d. for one visit, and 1/- for complete treatment is made,

GRAMMAR SCHOOL FOR BOYS.

The general health of the boys of this school as elicited at the routine medical inspections leaves little to be desired.

The cleanliness, the clothing and the physique of the boys, are very satisfactory. The commonest lesions met with are Acne and Defective Vision. Both conditions may be attributed to the many hours of intensive study, frequently in artificial light and in the confinement of the home, which these youths are subjected to in order to prepare them for school and University examinations.

The interest taken by parents in the health of the boys as evident from the large number of parents present at the medical inspections, gives great satisfaction to the "School Doctor" and is of the greatest assistance to him in assessing accurately the state of health of the boys.

HIGH SCHOOL FOR GIRLS.

The usual quarterly visits were paid to the School by the Assistant School Medical Officer when routine examination was made of all entrants and pupils of 12 years of age and over—521 full examinations, 112 Special and 168 Re-examinations.

The physical condition of the pupils was excellent, the percentage who were classified under "excellent nutrition" being as high as 64. The most common defects were in vision, nose and throat conditions and teeth.

I have to thank the Head Mistress once again for her valuable assistance and co-operation in all the work connected with School Medical Inspection.

Table I.—Return of Medical Inspections, 1934.**A.**—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	....	....	....	....	885
Intermediates					1,021
Leavers					1,027
Total					2,933

Number of other Routine Inspections				674
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B.—OTHER INSPECTIONS.

Number of Special Inspections				5,249
Number of Re-Inspections				6,032
Total	....	....	....	11,281

C.—SPECIAL SCHOOLS.

OPEN AIR SCHOOL.

Number of Routine Inspections	....	....	....	188
Number of Re-Inspections and Specials	....	....	....	867
Total	....	....	....	1,055

BARNARD SCHOOL. (M.D.)

Number of Routine Inspections	....	....	....	68
Number of Re-Inspections and Specials	....	....	....	192
Total	....	....	....	260

NURSERY SCHOOL AND CLASSES.

Number of Routine Inspections	....	....	....	182
Number of Re-Inspections and Specials	....	....	....	263
Total	....	....	....	445

TABLE II.—A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

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			
	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.
Malnutrition... ..	10	23	4	1	—	—	—	—	19	—	2	—	—	—	—	—
Poor Nutrition	149	—	1	3	57	92	1	11	127	—	—	4	66	—	2	2
SKIN—																
Ringworm :																
Scalp	3	—	—	—	—	—	—	—	20	—	—	2	—	—	—	—
Body	—	—	1	—	—	—	—	—	31	1	—	—	—	—	—	—
Scabies	6	—	—	—	—	—	—	—	51	—	1	—	—	—	—	—
Impetigo	7	1	2	5	—	—	—	—	427	32	2	3	—	—	—	—
Other Diseases																
(Non-Tuberculous) ...	10	1	20	1	8	1	5	—	124	8	3	3	5	—	—	—
EYE—																
Blepharitis	7	6	5	4	—	—	1	—	38	1	1	—	1	—	—	—
Conjunctivitis	4	—	2	1	—	—	—	—	97	4	—	3	—	—	—	—
Keratitis	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—
Defective Vision (excluding																
Squint)	159	2	50	—	105	2	28	—	94	—	10	—	38	—	16	—
Squint	32	2	1	2	15	9	2	3	14	—	—	1	11	—	1	—
Other Conditions	3	1	2	—	2	—	2	—	61	8	1	—	6	—	1	—
EAR—																
Defective Hearing	13	—	4	—	11	1	3	1	20	—	—	—	8	—	—	—
Otitis Media	10	2	4	1	7	—	1	—	118	9	2	—	1	—	—	—
Other Ear Diseases	1	—	—	—	3	—	1	—	101	8	—	1	2	—	—	—
NOSE AND THROAT—																
Enlarged Tonsils only ...	46	—	3	2	458	8	81	22	142	3	1	2	565	13	45	2
Adenoids only	10	—	—	1	14	1	3	—	25	—	1	—	19	—	—	—
Enlarged Tonsils & Adenoids	34	—	—	—	58	—	3	3	88	—	1	—	57	—	2	1
Other Conditions	—	—	1	—	27	—	6	2	4	—	—	—	78	1	1	2
Enlarged Cervical Glands																
(Non-Tuberculous) ...	1	—	—	1	22	3	1	8	13	—	1	2	26	—	2	—
Defective Speech	2	—	—	—	19	23	1	8	1	—	—	—	32	—	4	1
HEART & CIRCULATION—																
Heart Disease :																
Organic	—	—	—	—	30	4	18	1	10	—	1	—	35	1	4	—
Functional	—	—	—	—	2	1	1	—	—	—	—	—	2	—	3	—
Anæmia	44	—	7	—	28	2	33	5	48	—	6	—	17	—	5	—
LUNGS—																
Bronchitis	12	—	—	1	348	46	12	68	63	1	—	4	183	3	3	6
Other Non-Tuberculous																
Diseases	2	—	—	—	4	2	—	—	14	—	—	1	11	—	2	—

Ele.—Elementary. Spe.—Special. Sec.—Secondary. Nur.—Nursery.

TABLE II.—A. *continued.*

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			
	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.	Ele.	Spe.	Sec.	Nur.
TUBERCULOSIS—																
Pulmonary :																
Definite	—	—	—	—	1	—	—	—	6	—	—	—	2	—	—	—
Suspected	—	—	—	—	1	1	—	—	1	—	—	—	1	—	—	—
Non-Pulmonary :																
Glands	1	7	—	—	—	—	—	—	7	1	—	—	2	—	—	—
Bones & Joints	—	—	—	—	—	5	—	—	3	2	—	—	1	—	—	—
Skin	2	3	—	—	1	1	—	—	1	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—	3	—	—	—	4	—	—	—
NERVOUS SYSTEM—																
Epilepsy	1	—	—	—	—	4	—	—	4	—	—	—	6	—	—	—
Chorea	3	—	—	—	2	—	—	—	12	3	—	—	9	—	1	—
Other Conditions	3	—	—	—	12	9	4	3	9	1	—	—	11	—	—	1
DEFORMITIES—																
Rickets	6	—	—	4	28	3	—	34	4	—	—	—	27	—	—	9
Spinal Curvature	—	—	—	—	1	6	1	—	1	—	—	—	1	—	1	—
Other Forms	9	—	5	—	13	10	14	1	16	—	2	1	21	—	5	—
Other Defects & Diseases	63	2	13	5	135	144	30	16	959	72	16	13	360	14	15	5
TOTAL	655	50	125	32	1412	380	252	186	2779	154	51	40	1608	32	113	29

Ele.—Elementary. Spe.—Special. Sec.—Secondary. Nur.—Nursery.

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	885	172	19·4
Intermediates	1,021	161	15·7
Leavers	1,027	179	17·4
Total (Code Groups)	2,933	512	17·4
Other Routine Inspections	674	106	15·7
TOTAL	3,607	618	17·1

TABLE III.—Return of all Exceptional Children in the Area.—1934,**Children suffering from Multiple Defects :—**

Mentally defective epileptics at M.D. School	...	...	3
„ „ „ cripples at M.D. school	...	...	2
		Total	5

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY BLIND CHILDREN.

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

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	1	—	—	3

MENTALLY DEFECTIVE CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
80	—	—	—	80

TABLE III.—continued.**MENTALLY DEFECTIVE CHILDREN.****Notified to the Local Control Authority during the Year.**

Feeble-minded.	Unable to Benefit from Attendance in a Special School	Imbeciles.	Idiots.	Total.
2	2	2	—	6

"Special Circumstances" Case approved by Board ...	...	—
Mental Deficiency with Blindness or Deafness...	...	—

EPILEPTIC CHILDREN.

Children suffering from severe Epilepsy.

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

PHYSICALLY DEFECTIVE CHILDREN.**A. Tuberculous Children.****I. Children suffering from Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	1	3	5

II. Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
18	5	8	1	32

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
102	4	1	7	114

TABLE III.—continued.**PHYSICALLY DEFECTIVE CHILDREN.****C. Crippled Children.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	56	1	—	63

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	3	—	2	10

TABLE IV.—Returns of Defects Treated during the Year ended 31st Dec., 1934.**TREATMENT TABLE.**

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

DISEASE OR DEFECT (1)	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm—Scalp	21	2	23
Ringworm—Body	29	2	31
Scabies	52	5	57
Impetigo	433	1	434
Other Skin Disease	129	5	134
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	207	8	215
MINOR EAR DEFECTS	222	8	230
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	888	5	893
Total	1,981	36	2,017

TABLE IV.—*continued.*

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	Otherwise	Total
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint)	561	8	569
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	31	—	31
Total	592	8	600

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme, 393. (b) Otherwise, 22.

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme, 374. (b) Otherwise, 22.

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

NUMBER OF DEFECTS													
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total				Received other forms of Treatment	Total number Treated
(1)				(2)				(3)					
(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	(i.)	(ii.)	(iii.)	(iv.)	262	349
47	9	30	1	—	—	—	—	47	9	30	1		

(i.) Tonsils only. (ii.) Adenoids only. (iii.) Tonsils and Adenoids. (iv.) Other defects of Nose and Throat.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

No. of Children treated.	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	
	—	—	—	—	7	12	

TABLE IV.—*continued.*

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were—				(2) Half-days devoted to :—			
(a) Inspected by the Dentist :				Inspection, 64 ; Treatment, 380.			
Aged :				Total, 444.			
Routine Age Groups	5	....	806	Total 7981			
	6	....	999				
	7	....	1024				
	8	....	952				
	9	....	1082				
	10	....	57				
	11	....	934				
	12	....	991				
	13	....	1091				
	14	....	45				
Specials			....	630	(3) Attendances made by children for treatment, 3,651.		
Grand Total			....	8611	(4) Fillings :—		
				Permanent Teeth, 959 ; Temporary Teeth, —.			
				Total, 959.			
(b) Found to require treatment				(5) Extractions :—			
....				Permanent Teeth, 790 ; Temporary Teeth, 3024.			
(c) Actually treated				Total, 3814.			
....				(6) Administrations of general anæsthetics for extractions,—.			
				(7) Other operations :—			
				Permanent Teeth, 332 ; Temporary Teeth, 374.			
				Total, 706.			

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses, 12.
- (ii.) Total number of examinations of children in the Schools by School Nurses, 19,959.
- (iii.) Number of individual children found unclean, 619.
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority, —.
- (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 children treated	Percentage
	Boys	Girls	Total	Boys	Girls	Total		
Albert Road ...	403	—	403	150	—	150	77	51·3
Alderman Leach ...	120	113	233	70	63	133	60	45·1
Arthur Pease ...	35	110	145	22	67	89	20	22·4
Beaumont Street ...	359	357	716	153	149	302	171	56·6
Bondgate ...	158	93	251	92	59	151	79	52·3
Borough Road ...	132	155	287	80	94	174	82	47·7
Cockerton ...	114	128	242	66	75	141	63	44·6
Corporation Road ...	305	273	578	158	156	314	168	50·3
Dodmire ...	328	362	690	223	227	450	218	48·4
Gladstone Street ...	429	—	429	189	—	189	114	60·3
Gurney Pease ...	76	84	160	48	61	109	60	55·0
Harrowgate Hill ...	227	191	418	136	114	250	124	49·6
Haughton... ..	128	121	249	86	79	165	84	50·9
Holy Family ...	50	53	103	40	40	80	34	42·5
Holy Trinity ...	76	99	175	37	46	83	20	24·0
North Road ...	136	493	629	89	236	325	184	56·6
Reid Street ...	132	459	591	65	210	275	145	52·7
Rise Carr ...	169	177	346	115	129	244	125	51·2
St. Augustine's ...	327	327	654	163	146	309	129	41·7
St. John's ...	230	261	491	138	140	278	134	48·2
St. William's ...	89	102	191	72	61	133	67	50·3
Grammar ...	93	—	93	55	—	55	13	23·6
High ...	—	94	94	—	52	52	30	57·6
Salter's Lane ...	66	53	119	38	30	68	35	51·4
Barnard ...	32	41	73	6	20	26	15	57·6
Nursery ...	50	37	87	14	17	31	19	61·2
Total ...	4264	4183	8447	2305	2271	4576	2270	49·6

