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Borough of Harrogate.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1925

BY

JAMES MAIR, M.B., D.P.H.
Medical Officer of Health.

S. B. LUPTON, Printer, Harrogate.

Borough of Harrogate.

ANNUAL REPORT

OF THE

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JAMES MAIR, M.B.,D.P.H.
Medical Officer of Health.

THE HEALTH COMMITTEE.

THE MAYOR (COUNCILLOR SIR A. E. BAIN, K.B.E.)

Chairman: ALDERMAN R. ANNAKIN.

Vice-Chairman: COUNCILLOR KERR PRINGLE.

ALD. ANNAKIN	COUN. BREFORTH	COUN. NEWSOME
,, SHEPHERD	,, BROADBANK	,, MACKAY
,, LOMAS-WALKER	,, CHARLES	,, POHLMANN
,, STOTT	,, FOSTER	,, TOPHAM
COUN. BARBER	,, LEEMING	,, WEBSTER
,, BOLLAND	,, KERR PRINGLE	,, WOOD

Health Sub-Committee:

THE MAYOR (COUNCILLOR SIR A. E. BAIN, K.B.E.)

ALD. ANNAKIN (Chairman)	COUN. BOLLAND	COUN. KERR PRINGLE
,, SHEPHERD	,, BROADBANK	,, WEBSTER
	,, LEEMING	,, WOOD

Maternity and Child Welfare Sub-Committee:

THE MAYOR (COUNCILLOR SIR A. E. BAIN, K.B.E.)

ALD. ANNAKIN (Chairman)	COUN. BROADBANK	COUN. TOPHAM
,, SHEPHERD	,, LEEMING	,, WEBSTER
COUN. BOLLAND	,, KERR PRINGLE	,, WOOD

Co-opted Members:

MRS. THOMPSON
MRS. SHEPHERD
MRS. IMESON

To the Mayor, Aldermen, and Councillors of the Borough of Harrogate.

GENTLEMEN,

I have the honour to present to you my Annual Report on the Health and Sanitary circumstances of the Borough of Harrogate for 1925.

The Ministry of Health requires this to be a "Survey Report," and it is therefore more comprehensive than those for the preceding four years.

I have again to express my appreciation of the assistance and co-operation rendered by my colleagues and the members of my Staff, and I have also to thank the Chairman and Members of the Health Committee for the support accorded me.

I am, Gentlemen,

Your obedient servant,

JAMES MAIR.

Harrogate,
May, 1926.

PUBLIC HEALTH STAFF, 1925.

*** Medical Officer of Health and School Medical Officer:**

JAMES MAIR, M.B., D.P.H.

*** Physician to Welfare Centres and Babies' Hospital (part-time):**

LAURA S. VRALE, M.B.

Veterinary Inspector:

A. ELLISON, M.R.C.V.S.

*** Chief Sanitary Inspector:**

WM. KEMP, F.S.I.A.

Sanitary Inspectors and Inspectors of Meat and other Foods:

H. WALLS, C.R.S.I., and Certificated Meat Inspector.
V. OVERSBY, M.R.S.I., ,, ,, ,,

*** Health Visitors and School Nurses:**

MISS A. WARDLE, C.M.B., M.R.S.I., Cert. of Ministry of Health (Sen. H. V.)
MISS M. NIBLETT, C.M.B.
† MISS M. WRATHER.
MISS B. M. WILSON, C.M.B.
‡ MISS N. GREEN, C.M.B.

*** Sister-in-Charge, Municipal Babies' Hospital:**

MISS I. CORRIN, C.M.B.

Clerical Staff:

R. W. LEEMING
H. LANCASTER.
MISS D. CHERRITT. (part time Child Welfare Work).

* Contribution is made to the Salaries of these Officers under the Public Health Acts or by Exchequer Grants.

† Resigned 31st January, 1925.

‡ Appointed 6th May, 1925.

General Statistics, 1925.

Area (acres)			3,276
Population (Census 1921)			38,885
Population 1925 (Estimated by Registrar-General) ...			34,160
Number of inhabited houses (Census 1921)			7,295
Number of families or separate occupiers (Census 1921)			7,443
Rateable Value			£418,675
Produce of Penny Rate			£1,620
Births:	Males. Legitimate, 230 / Illegitimate, 17 — 247	Females. Legitimate, 206 / Illegitimate, 16 — 222	469
Birth Rate			13.7
Number of deaths: Males...195. Females...261. Total...456			
Death Rate			13.3
Corrected Death Rate			11.4
Deaths of Infants under one year of age	Legitimate, 26 / Illegitimate, 4		30
Infant Mortality per 1,000 births	Legitimate, 59.6 / Illegitimate, 121.1		64
Death Rate from Phthisis			0.58
Death Rate from other Tuberculous Diseases			0.35
Zymotic Death Rate			0.12
Deaths from Measles (2) Rate			0.06
Deaths from Whooping Cough (1) Rate			0.03
Deaths from Diarrhoea (under 2 years) (1) Rate per 1,000 births ...			2.1
Primary Vaccinations			264
Exemption Certificates granted			233
Mean Annual Temperature			47.0
Total Rainfall (in inches)			31.69
Hours of Bright Sunshine...			1,375.5

TABLE I.—VITAL STATISTICS OF HARROGATE FOR 1925 AND PREVIOUS YEARS.

Year	Estimated Population	Nett Births		Nett Deaths			
				Under 1 year of age		At all ages	
		No.	Rate	No.	Rate per 1,000 Births	No.	Rate
1912	34,400	500	14.5	32	64.0	320	9.3
1913	34,960	582	16.3	45	77.3	423	11.9
1914	35,030	513	14.6	36	70.2	371	10.6
1915	35,030	503	14.3	47	93.4	508	14.5
1916	33,204 Death rate 36,127 Birth rate	530	14.7	42	79.2	412	12.4
1917	33,204 Death rate 36,127 Birth rate	415	11.5	26	62.6	397	11.9
1918	33,245 Death rate 37,240 Birth rate	398	10.7	37	93.0	461	13.9
1919	36,231 Death rate 37,742 Birth rate	431	11.4	22	51.0	391	10.8
1920	37,674	619	16.4	36	58.2	422	11.2
1921	34,440	482	14.0	35	72.6	387	11.2
1922	34,490	485	14.1	30	62.0	419	12.1
1923	34,280	480	14.0	30	62.5	364	10.6
1924	34,300	485	14.1	31	63.9	440	12.8
1925	34,160	469	13.7	30	64.0	456	13.3

		M.	F.	Total.	
Births	Leg.	230	206	469	Birth Rate, 13.7
	Illeg.	17	16		

Deaths, 456. Death Rate, 13.3.

Number of Women dying in or in consequence of childbirth...2.

Deaths of Infants under 1 year of age per 1,000 births:
Legitimate, 59.6. Illegitimate, 121.2. Total 64.0.

Deaths from Measles (all ages), 2
Do. Whooping Cough (all ages), 1.
Do. Diarrhoea (under 2 years), 1.

TABLE II.

CAUSES OF DEATH IN HARROGATE BOROUGH, 1924 and 1925.

	Causes of Deaths	1924 Males	1924 Females	1925 Males	1925 Females
	(Civilians only) ALL CAUSES	201	239	195	261
1	Enteric Fever	...	...	...	...
2	Small Pox	...	...	...	...
3	Measles	...	...	1	1
4	Scarlet Fever		1	...	...
5	Whooping Cough	3	7	...	1
6	Diphtheria	2	...	...	...
7	Influenza	4	28	8	13
8	Encephalitis Lethargica	...	...	1	...
9	Meningococcal Meningitis	...	...	...	...
10	Tuberculosis of Respiratory system	15	7	13	7
11	Other Tuberculous Diseases	3	5	7	5
12	Cancer, Malignant Disease	21	31	12	37
13	Rheumatic Fever	...	4	...	1
14	Diabetes	...	2	3	1
15	Cerebral Haemorrhage, etc.	12	14	13	14
16	Heart Disease	39	36	29	48
17	Arterio-Sclerosis	19	15	12	20
18	Bronchitis	13	11	7	12
19	Pneumonia (all forms)	15	18	12	14
20	Other Respiratory Diseases	5	4	4	8
21	Ulcer of Stomach or duodenum	2	5	2	5
22	Diarrhœa, &c. (under 2 years)	...	...	...	1
23	Appendicitis and Typhlitis	...	...	...	1
24	Cirrhosis of Liver	...		4	2
25	Acute and Chronic Nephritis	5	7	8	6
26	Puerperal Sepsis	...	1	...	1
27	Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	1
28	Congenital Debility and Malformation, Premature Birth	9	6	10	7
29	Suicide	1	2	2	1
30	Other Deaths from Violence	3	10	7	6
31	Other Defined Diseases	29	52	40	48
32	Causes Ill-defined or Unknown	1	...	...	...
	SPECIAL CAUSES (included above)				
	Poliomyelitis	...	...	...	...
	Poliœncephalitis	...	...	...	1

* TABLE III.

INFANT MORTALITY during the year 1925.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 wks and under 3 mnths	3 and under 6 months	6 and under 9 months	9 and under 12 months	Total Deaths under 1 yr.
Small Pox	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	1	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	1	...	...	1
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	1	...	...	...	1
Laryngitis	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	1	...	1	...	2
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	...
Diarrhœa	...	...	...	...	...	...	1	...	...	1
Enteritis	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	1	...	...	...	1
Rickets	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...
Injury at birth	...	...	...	...	1	...	...	...	...	1
Atelectasis	...	...	...	...	1	...	...	...	...	1
Congenital Malformations	...	...	...	1	2	...	1	...	...	3
Premature Birth	...	...	...	...	7	...	1	...	...	8
Atrophy, Debility, and Marasmus	..	1	1	...	...	2	2	1	...	...	5
Other Causes	...	...	..	...	3	...	...	1	1	5
Totals	...	...	...	11	2	2	1	16	5	6	2	1	30

Nett Births in the Year (Registrar General's Figures.)

Legitimate	436	469
Illegitimate	33	

Nett Deaths in the Year.

Legitimate Infants ...	26	30
Illegitimate Infants ...	4	

TABLE IV.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY during the year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.)

	Birth-rate per 1,000 Total Population	Annual Death-rate per 1,000 Population									Rate per 1,000 Births		Percentage of Total Deaths		
		All Causes	Enteric Fever.	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhœa and Enteritis (under Two years)	Total Deaths under One year	Causes of Death certified by Registered Medical Practitioners	Inquest Cases	Uncertified Causes of Death
England and Wales...	18·3	12·2	0·01	0·00	0·13	0·03	0·15	0·07	0·32	0·47	8·4	75	92·1	6·9	1·0
105 County Boroughs and Great Towns, including London	18·8	12·2	0·01	0·00	0·17	0·03	0·18	0·09	0·30	0·43	10·8	79	92·1	7·3	0·6
157 Smaller Towns (1921) Adjusted Populations 20,000 -50,000	18·3	11·2	0·01	0·00	0·15	0·02	0·14	0·06	0·31	0·38	7·6	74	93·0	5·9	1·1
London	18·0	11·7	0·01	0·00	0·08	0·02	0·19	0·11	0·23	0·46	10·6	67	91·1	8·9	0·0

TABLE V. BOROUGH OF HARROGATE

DISEASE	Total Cases Notified	NUMBER OF CASES NOTIFIED. AT AGES—YEARS.									
		Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-35 yrs.	35- yr
Diphtheria (including Membranous Croup)	19	1	...	1	1	...	4	6	1	4	
Scarlet Fever ...	60	...	3	...	2	7	23	11	6	6	
Enteric Fever Including Para-Typhoid	4	...	...	...	...	...	...	1	...	1	
Puerperal Fever	1	...	...	...	...	...	...	...	...	1	..
Encephalitis Lethargica ...	2	...	1	...	...	...	...	...	...	...	...
Pneumonia	78	3	5	1	2	3	7	4	5	8	
Erysipelas	13	...	...	...	...	...	...	...	...	3	
Tuberculosis											
(a) Pulmonary											
Males	19	...	...	...	...	...	1	...	3	6	
Females	16	...	...	...	...	...	2	...	1	7	
TOTALS	35	...	...	...	...	...	3	...	4	13	
(b) Non-Pulmonary											
Males	7	...	2	...	1	...	2	...	...	...	
Females	3	...	...	...	...	...	1	1	...	1	.
TOTALS	10	...	2	...	1	...	3	1	...	1	

* These figures are compiled from the Local Return

NOTIFIABLE DISEASES DURING 1925.

65 and Over	No. of Cases Admitted to Hospt	Total No. of Deaths *	NUMBER OF DEATHS. AT AGES—YEARS. Under 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-35 yrs.	35-45 yrs.	45-65 yrs.	65 and Over
...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
...	49	...	...	...	...	...	...	...	...	...	...	...	...	...
...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
12	...	26	...	1	...	...	...	1	...	...	...	2	11	11
2		1	...	...	...	...	...	...	...	...	...	...	...	1
...	...	12	...	..	...	...	...	...	...	...	4	1	7	...
...	...	7	...	...	...	...	...	...	...	...	2	2	2	1
...	...	19	...	...	...	...	...	...	...	...	6	3	9	1
...	...	7	...	3	1	1	...	1	...	...	1	...	...	...
...	...	5	...	...	...	...	...	2	...	...	...	...	2	1
...	...	12	...	3	1	1	...	3	...	...	1	...	2	1

fer slightly from the Registrar General's figures.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

1. Physical Features and General Character of the Borough.

The Town of Harrogate is situated in the West Riding of Yorkshire, about 18 miles north of Leeds. It lies on a tableland which forms the western boundary of the plain of York, and is almost midway between the Irish and North Seas. The altitude of the Borough varies from about 300 to 600 feet, the highest point being Harlow Hill which is 600 feet above ordnance datum.

Geologically, Harrogate is situate upon the shales and grits of the carboniferous series. A remarkable feature of the geological formation is the number and variety of the mineral springs.

2. Social Conditions.

Harrogate is almost entirely a residential Town. It is a well-known health resort famous for the number and variety of its mineral waters, and a large number of invalids resort to it each year. It is also becoming a favourite residential centre for business men from the neighbouring industrial areas. There are no factories or works of any importance, and the only occupations are those incidental to a health resort and residential centre. It need hardly be added that none of these are injurious to the public health.

3. Amount of Poor Law Relief and Utilisation of Hospital Services.

AMOUNT OF POOR LAW RELIEF IN HARROGATE DURING RECENT YEARS.

1921	1922	1923	1924	1925
£2,528	£2,804	£3,021	£3,717	£3,979

EXTENT TO WHICH HOSPITAL RELIEF IS UTILISED.

HARROGATE INFIRMARY.

Year	Total No. of In-Patients	Total No. of Out-Patients
1921	875	1,527
1922	810	1,593
1923	833	2,605
1924	1,026	4,095
1925	934	4,533

4. Vital Statistics.

(a) **Population.** The Registrar General estimates the population at the middle of 1925 at 34,160. This is 280 below the estimated population in 1921, and is 140 below his estimate for 1924. According to the Registrar-General therefore the population of Harrogate has been steadily decreasing since the census, but I think it must be obvious to anyone with local knowledge that this is not so, and that either the estimate for the census year (1921), or the present estimate is wrong. If the population is underestimated, as I believe it to be, then the rates which are based on the population figures are overstated. The Registrar-General's estimate however is the official one, and is therefore used as the basis of the various mortality rates.

(b) **Births.** The number of births registered during the year was 498, but the "corrected" number supplied by the Registrar-General is 469, of which 247 were males, and 222 were females. The birthrate is therefore 13.7 per 1,000, which is slightly below the rate for the preceding year (14.1). There were 33 illegitimate births—17 males and 16 females. This represents 7% of the total births, and gives an illegitimate birth-rate of 0.97 per 1,000. It is perhaps worth while noting that the proportion of illegitimate births recorded is, with the exception of 1921, when the corresponding figures were 5.8 and 0.81, the lowest recorded in the last ten years.

(c) **Deaths.** The number of deaths registered in Harrogate during the year were 471, but after deducting the deaths of non-residents registered in the district, and adding the deaths of residents registered elsewhere, the corrected figure is 456, comprising 195 males and 261 females, and the corresponding rate is 13.3 per 1,000. This is 0.5 per 1,000 higher than the rate for 1924, and 1.1 above the rate for England and Wales. I believe this increase to be more apparent than real, and to be due partly to the underestimation of the population, and partly to the presence in our population of an unduly large proportion of persons at the age at which death is more likely to occur. That this latter factor has considerable influence is shown by the fact that when the death rate is corrected for age and sex distribution, it is reduced to 11.4, which is 0.8 below that of England and Wales.

(d) **Zymotic Deathrate.** Under this term are grouped the deaths from the principal zymotic diseases, viz.:—smallpox, scarlet fever, diphtheria, enteric fever, measles, whooping cough, and diarrhoea. This rate is largely influenced by the prevalence or otherwise of measles and whooping cough, which are the two diseases responsible for the largest number of the deaths grouped under this heading, and is therefore liable to wide fluctuations. The rate for 1925 was 0.12, which was considerably below the average rate for the five years 1921-25 (0.24).

INFANT MORTALITY.

During the year 30 infants—18 males and 12 females—died before completing their first year of life. This gives an infant mortality of 64 per 1,000 births, which is practically the same as for several years past. The rate for England and Wales was 75, the Great Towns 79, Smaller Towns 74, and for London 67. Harrogate therefore occupies a favourable position compared with the rest of the country.

INFANT MORTALITY.

Year	Births	Deaths	Mortality per 1,000 births	Deaths under 4 weeks of age	Mortality (Under 4 weeks of age) per 1,000 births
1906	659	86	130.5	27	41.0
1907	631	44	69.7	14	22.2
1908	555	63	113.5	23	41.4
1909	640	55	85.9	23	35.9
1910	629	57	90 6	27	42.9
1911	606	61	100.7	20	33.0
1912	500	32	64 0	16	32.0
1913	582	45	77.3	20	34.3
1914	513	36	70.2	19	37.0
1915	503	47	93.4	23	45.7
1916	530	42	79.2	23	43.4
1917	415	26	62.6	9	21.7
1918	398	37	93.0	17	42.7
1919	431	22	51.0	8	18.6
1920	619	36	58.2	19	30.6
1921	482	35	72.6	20	41.5
1922	485	30	62.0	18	37.1
1923	480	30	62.5	14	29.2
1924	485	33*	68.0	20	41.2
1925	469	30	64.0	16	34.1

* This figure is from the local returns and differs slightly from the Registrar General's figure

Period	Total Infant Mortality	Mortality under 1 month of age
1906-10	98 0	36.7
1911-15	81.1	36.4
1916-20	68.8	31.4
1921-25	65 8	36.6

Set out above are figures showing the total infant mortality and the mortality under four weeks of age per 1,000 births, over a series of years and in periods of five years. These show that the total infant mortality has fallen considerably. It fell from 98 in the first five years, 1906-10, to 65.8 in 1921-25, a reduction of about 30 per cent. This represents a great saving in infant life and is no doubt very satisfactory. But if the figures showing

the mortality under one month of age are considered, one's feeling of satisfaction is diminished. Here there has been no improvement; the rate for 1921-25 is practically the same as that for 1906-10. It is evident from these figures that the saving which has been effected in infant life has been wholly among the older infants, and as the rate has been practically stationary for several years, it would seem that we have reached, or at any rate are rapidly reaching, the limit of reduction in this group. If therefore any further improvement is to be effected, it can only be by bringing about a lowering of the mortality in the younger ages, but as has been pointed out in former reports, measures which are only brought into effect after birth takes place, are practically useless. Many of these children are premature; others suffer from various congenital defects which may be remedied by suitable treatment before birth, but for which nothing can be done after birth: indeed in a considerable proportion of cases the baby has died before information of the birth has been received, and long before a visit can possibly be paid. It is obvious therefore that any measures which are to be effectual, must be directed towards the mother before birth occurs. She should be seen as early as possible, and advised, and if necessary treated. Advice can be given by Health Visitors, but treatment can only be given under medical supervision at an ante-natal or similar centre. Attempts have been made to carry on work on these lines in Harrogate, but it must be admitted that so far they have not been very successful. This matter is however receiving careful consideration, and I hope soon to put forward suggestions for its improvement.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

1. Hospitals provided or subsidized by the Local Authority or by the County Council.

(a) TUBERCULOSIS:—There is no hospital in the area for the treatment of tuberculous persons, who are however sent by the County Council to sanatoria in different parts of the country.

(b) MATERNITY:—There is at the moment no institution for the reception of ordinary maternity cases, but arrangements are in force whereby complicated cases are admitted to the Harrogate Infirmary, or should there be no room in that institution to a Nursing Home. Up to the present it has not been necessary to make use of this arrangement; those cases which have been treated at the Infirmary having been admitted on ordinary recommends.

(c) CHILDREN:—The local authority maintain a hospital of eight cots for the treatment of infants under five years of age suffering from disorders of digestion and nutrition, and in addition a number of children are admitted to the Harrogate Infirmary.

(d) FEVER:—The Isolation Hospital situated at Thistle Hill, Knaresborough, is maintained by the Harrogate and Knaresborough Joint Isolation Hospital Committee. It serves the districts of Harrogate Borough, Knaresborough Urban and Rural Districts, and Wetherby Rural District. It can accomodate 72 patients, and diphtheria, scarlet fever, and enteric fever can be treated concurrently.

(e) SMALLPOX:—The Smallpox Hospital situated on the Corporation Farm, Skipton Road, is maintained by the Joint Committee, and serves the same districts. There is accommodation for 16 patients and it is kept in a constant state of readiness.

2. Voluntary Hospitals.

(a) The Harrogate Infirmary, situated in the centre of the town is maintained entirely by voluntary effort. It contains some 60 beds, and draws patients from a large surrounding area. For many years this hospital has been much too small, but funds have now been obtained, and the erection of a new and larger hospital is about to be commenced.

(b) The Royal Bath Hospital, also maintained by voluntary effort, contains about 100 beds. It is intended mainly for patients suffering from rheumatic and skin diseases, and receives patients from all parts of the country.

3. Institutional Provision for Unmarried Mothers and Illegitimate Infants.

(a) St. Agnes' Home, Regent Parade, receives illegitimate infants only and accommodates 12. A charge of 10/- per week payable by the parent is made for each infant, but apart from this the home is maintained by voluntary subscription with the aid of a grant from the Ministry of Health.

(b) St. Monica's Home, Bower Road, is entirely maintained by voluntary effort. It is primarily a rescue home, but a certain number of unmarried mothers are admitted both before and after confinement.

4. Ambulance Facilities.

(a) For infectious cases. A motor ambulance for the removal of infectious cases to the Isolation Hospital is provided and maintained by the Joint Committee.

(b) For non-infectious and accident cases. A motor ambulance for the removal of these is maintained by the Corporation. A charge is made for the use of this ambulance, but in special circumstance this charge is remitted or reduced.

5. Clinics and Treatment Centres.

These are shown in tabular form on opposite page.

6. Public Health Officers of the Local Authority.

These are shown at the beginning of the report.

7. Professional Nursing in the Home.

(a) General. Harrogate is well provided with Nursing Homes, which, however, only cater for the compartively well-to-do. Nursing for the poorer section of the community is almost entirely provided by the Harrogate and District Nursing Association, which is maintained by voluntary subscriptions and receives no financial aid from the County Council or Local Authority. There are now five nurses on the staff of the Association, who pay from 800 to 900 visits per month to cases of sickness.

CLINICS AND TREATMENT CENTRES.

Name.	Situation.	Accommodation.	By whom provided.	When open.	Average Attendance.
Harrogate Child Welfare Centre	2 Dragon Parade, Harrogate	Waiting, Weighing and Consulting Room	Harrogate Corporation	Mondays 2-30 p.m.	30
do.	do.	do.	do.	Thursdays 2-30 p.m.	80
Starbeck Child Welfare Centre	Starbeck Council School	Waiting and Consulting Room	do.	Tuesdays 2-30 p.m.	20
School Clinic	2 Dragon Parade	Waiting and Consulting Room	do.	Tuesdays 2-30 p.m.	20-30
do.	5 Haywra Crescent (for X Ray treatment)	X Ray Room	do.	When necessary	—
Tuberculosis Dispensary	Station Bridge	Waiting and Consulting Room	West Riding County Council	Mondays and Thursdays 1-30 p.m.	—
Venereal Clinic	None provided				

(b) For Infectious Diseases. There are no special arrangements for nursing such cases. The District Nurses visit the homes and assist as much as possible without actually nursing the case. The Health visitors also assist and advise so far as they can.

8. Midwives.

No midwives are employed or subsidised by the Local Authority.

At the end the of year there were thirteen midwives practising in the area. Of these ten were trained, of whom five were on the staff of the District Nursing Association.

9. Chemical and Bacteriological Work.

(a) Chemical examinations are carried out by the County Analyst. The results of these examinations are shown on page 35.

(b) Bacteriological examinations. With the exception of the examination of "certified" milks, which is conducted at the National College for Reseach in Dairying, all bacteriological examinations are done at the West Riding County Laboratory at Wakefield.

Dr. Kaye, County Medical Officer, informs me that the number of specimens sent from Harrogate during 1925 was:—

Diphtheria	60
Sputum (tuberculosis)	20
Enteric Fever	3
Milk	2
Water	3
Miscellaneous	6
Total ...	94

10. Legislation in Force in the Borough.

(a) **Local Acts and Orders.**

Harrogate Waterworks Act, 1846.

Harrogate Provisional Order, 1867 (Sewage Outfall Works).

Harrogate Waterworks Act, 1869.

Harrogate Provisional Order, 1869 (Purchase of lands for Sewage Irrigation).

Harrogate Provisional Order, 1877 (Lands for Sewage Farm).

Gas and Water Orders Confirmation Act, 1880.

Harrogate Corporation Act, 1893.

Harrogate Waterworks Act, 1897.

Harrogate Corporation (Waterworks Transfer) Act, 1897.

Harrogate Extenson Order, 1900.

Harrogate Water Act, 1901.

Harrogate Corporation Act, 1901.

Harrogate Water Act, 1903.

Harrogate Corporation Water Act, 1911.

(b) **General Adoptive Acts.**

The Infectious Diseases (Notification) Act, 1889.

The Infectious Diseases (Prevention) Act, 1890.

The Public Health Acts (Amendment Act), 1890. Secs. 13-52.

The Notification of Births Act, 1907.

(c) **Byelaws Relating to Public Health.**

Byelaws are in operation in respect to Nuisances, Common Lodging Houses, Slaughterhouses, New Streets and Buildings, and Water.

(iii.) SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply.

For the following description of the water supply I am indebted to Mr. A. S. West, F.S.I.A., M.Inst C.E., Water Engineer and Manager.

In 1897 the Harrogate Corporation obtained an Act to purchase from a private company the water undertaking, and in the same year acquired power to construct Scargill Reservoir. There are now four reservoirs in Haverah Park, some five miles in a westerly direction from the town, with a capacity of 370 million gallons, and a gathering area of some 2,770 acres, consist-

ing almost entirely of moorland with a little arable land. A considerable part of this gathering area has already been purchased by the Corporation, and it is intended to acquire the whole of the area so as to render the water obtained from this source free from any possibility of contamination.

In 1901 powers were obtained to construct the Roundhill Reservior, situate about twenty miles in a northerly direction from Harrogate. The capacity of this reservoir is about 525,000,000 gallons, and consists of a masonary dam thrown across the valley, with a total depth of water of 109 feet to the overflow weir. The gathering area consists almost wholly of moorlands, and with one exception, nearly a total absence of peat deposit. When the water in this reservoir is brought into use, it will be carried through three miles of tunnel, and seventeen miles of aqueduct, delivering into the filtration works at Irongate Bridge or Harlow Hill as the case may be.

The filtration works are situated at Irongate Bridge and Harlow Hill, and consist of 11 sand-beds, having a total area of about 1½ acres, and six patent Candy oxidizing filters, having a working capacity of 30,000 gallons per hour. The water from the filtration works passes into 4 service reservoirs, having a capacity of 27,000,000 gallons—which are cleaned out annually—and thence direct to the consumer.

There are about 38 miles of trunk mains, with a 100 miles of service and subsidiary mains, which are washed out monthly. There are no storage cisterns, as the supply is constant and taken direct from the mains.

The policy of replacing Bell Hydrants with Valve Hydrants is being actively pursued, and this work will soon be completed.

The water is regularly submitted to chemical and bacteriological examination, and as will be seen from the analyst's reports—two of which are reproduced—the quality is beyond reproach.

ANALYST'S REPORTS.

	Grains per gallon	
	Harlow Hill	Irongate Bridge
Chlorides equal to Sodium Chloride ...	1.38	1.38
Chlorine	0.83	0.83
Nitrates and Nitrites	None	None
Carbonates equal to Calcium Carbonate...	1.54	1.40
Sulphates equal to Calcium Sulphate ...	3.92	4.00
Volatile and Organic Matter	0.44	0.64
Containing Ammonia	0.001	0.001
Oxygen absorbed in four hours at 80° F.	0.08	0.07
Hardness before boiling	3.3°	3.4°
Hardness after boiling	3.0°	3.2°
Sediment	Very minute	Very minute
Lead or Poisonous Metals...	None	None
Number of Colonies per 1 c.c.	30†	39†

† None of which are of a pathogenic character.

The chemical and bacteriological examinations show this to be a water of excellent quality for drinking and domestic use.

2. Rivers and Streams.

These come within the control of the West Riding Rivers Board, and so far as I am aware, none of the streams in the neighbourhood are polluted to any extent.

3. Drainage and Sewerage.

(a) The drains of houses are tested by smoke on the application of the owner or occupier; on complaint of any nuisance therefrom; and after the occurence of certain cases of infectious disease. During 1925 the drains of 41 houses were tested, and 26 were found to be defective. In 8 instances the house was entirely redrained; in others the drains have been or are in process of being thoroughly repaired. There are still 5 cesspits in use which receive the drainage of a few farms, and some houses which cannot be connected to a sewer.

(b) **Sewerage and Sewage.**

The greater portion of the district is drained on the partially separate system. Speaking generally the surface water from the front streets, gardens, and front portion of the houses, is drained into separate surface water drains, and the rear portion of houses, back yards and back streets, are drained into the sewers.

There are two systems of sewers; one drains the southern portion of the area, and which varies in level from 600 to 210 feet above ordnance datum, and evolves itself into two main sewers connecting on the Wetherby Road, and thence to the Southern Disposal Works by a 33 inch brick sewer, with a minimum gradient of 1 in 933. The other drains the northern part of the area varying in level from 520 to 205 feet, and eventually becomes a sewer of 30 inches diameter, with a maximum gradient of 1 in 1,000. A number of storm overflows are provided on each system, which are fixed at six times the estimated maximum dry weather flow.

The majority of man-holes in the town are fitted with sealed covers, and ventilation is provided by means of about 110 standard ventilating shafts 30 and 40 feet in height, but where these would be objectionable for any reason, Webbs patent ventilating lamps are erected.

There are two disposal works, one a southern, situated near the village of Spofforth, has an area of 74 acres, the other a northern, near Bachelor Gardens, with an area of 53 acres. The treatment is practically the same at both works, and is briefly as follows:

The sewage on first entering the works flows through a detritus chamber, and from there through distributing channels to continuous flow tanks, with a capacity of 200,000 gallons each. From these tanks the effluent passes through measuring and dosing chambers, to percolating filters. These filters have a diameter of 108 feet each, and a depth of filtering medium of six feet three inches. The beds are dosed intermittently at the rate of about one gallon per super yard. From the filters the effluent

passes into a set of humus tanks and thence by carriers to the irrigation area, from which it finds its way into water courses.

The works are regularly visited by the Inspectors of the West Riding Rivers Board, who find that the effluent is satisfactory.

During recent years the amount of sewage has increased to such an extent that the works are now becoming strained, and the question of increasing their capacity is at the moment under consideration.

4. Closet Accommodation.

Excrement disposal is almost entirely by water-carriage. There are approximately 14,440 water closets and 107 waste water closets in use. As occasion arises the latter are being gradually replaced.

There are still some 44 privies and earth closets in use; many of these are only used to a small extent; those in regular use are attached to houses which cannot be connected to a sewer, whenever possible these are converted into water closets.

5. Scavenging.

There are approximately 10,040 dustbins and 51 ashpits in use in the borough. The latter are gradually disappearing, the number abolished in recent years being :—

1916, 7; 1917, 1; 1918, 0; 1919, 1; 1920, 13;
1921, 1; 1922, 6; 1923, 3; 1924, 8; 1925, 10.

The removal of house refuse, etc., is carried out by direct labour under the supervision of the Cleansing Inspector. A weekly collection is made from private dwellinghouses; from hotels, boarding houses, etc., refuse is removed two or three times weekly. At present disposal is by tipping on land near the northern sewage disposal works, but a plant for treating refuse by pulverising is in course of erection, and will be in operation early next year.

6. Sanitary Inspection of the Area.

The following table prepared by the Chief Sanitary Inspector shows the work done during the year.

7. Notices Served.

During the year 719 notices for the abatement of nuisances were served. 481 of these were preliminary, of which 291 were complied with, and 238 were legal notices, 175 of which were complied with.

Total number of visits and inspections made	7,237
Total number of nuisances reported by Inspectors, 1925	921
Total number of notices left over at close of 1924 ...	59
do. do. do. 1925 ...	110
Total number of nuisances abated during 1925	870
Number of complaints received and investigated... ...	57

The following list shows the varied nature of the nuisances dealt with and remedied :—

Animals kept so as to be a nuisance	3
Additional w.c.'s provided	4
Basements subsoiled, drained on to gullies	1
Blocked drains opened out, cleaned, and put into proper working order	42
Broken sash cords of windows replaced with new ones ...	18
Defective drains repaired	27
Defective spouting of eaves of building repaired	54
Defective closet cisterns repaired or renewed	22
Defective w.c. basins renewed	9
Defective roofs repaired	30
Defective plastering	33
Defective stairs repaired	1
Defective house walls repaired	1
Defective soil pipes or vent shafts repaired	3
Defective kitchen passage and scullery floors repaired ..	44
Defective fireplaces repaired or new ones provided ...	10
Defective doors repaired	12
Dangerous ceilings made safe	2
Dampness dealt with	38
Dilapidated dust bins replaced with new ones	324
Dilapidated outbuildings repaired or taken down	1

Dilapidated w.c.'s repaired or reconstructed	5
Dirty houses cleaned out and purified	4
Defective or dirty closets, repaired, cleansed or limewashed	13
Dirty or defective waste water closets cleansed or repaired	4
Drainage or sanitary arrangements of houses dealt with ...	154
Drainage systems ventilated	1
Dirty yards cleaned up...	1
Drains provided...	1
External house walls repaired	19
House drains disconnected from sewer	5
Houses redrained	9
Inspection chambers built on house drains	4
Insanitary ashpits removed and dustbins substituted ...	10
Insanitary closets removed and sanitary ones substituted	1
Insanitary sinks removed	4
Insanitary and undrained stables	1
Manure bins provided	4
Manure pits covered over or bins provided...	2
Miscellaneous	17
Offensive accumulations removed	20
Overcrowding	5
Pedestal closets fixed in place of boxed in ones	2
Rainwater pipes disconnected and made to discharge over gullies	5
Rainwater pipes repaired	18
Soil pipes ventilated with four inch shafts	2
Sink pipes trapped	12
Sanitary sinks provided	10
Ventilated food stores provided	2
Ventilation improved by fixing additional windows or ventilators	5
Workshops provided with sanitary conveniences	2
Windows repaired or made to open	10
Waste pipes from sink, bath, or lavatory basins repaired...	44
Water supply of houses dealt with	15
Yards paved whole surface	35

Yard paving required 72
Workshops cleaned or limewashed 16
W.c.'s lighted or ventilated 3

In addition to the above, the two men engaged in testing drains and disinfecting have let off 1,456 blocked drains or gullies, 109 intercepting traps, 250 blocked w.c.'s, 99 inspecting chambers.

7 & Smoke Abatement.

As Harrogate is not an industrial town the smoke nuisance does not figure prominently. Occasional observations are taken of the few factory chimneys there are, and any emission of black smoke leads to a letter of warning, which is always followed by considerable improvement.

For the following figures showing the amount of atmospheric impurity, I am indebted to Mr. Woodmansey, M.Sc., Chemist to the Royal Baths. They show that the amount of atmospheric impurity is small.

ATMOSPHERIC IMPURITIES.

	Total Solids	Soluble (ash)	Tar and Oily Matter	Sulphate	Chloride
Harrogate	418	113	6	34	58
Southport	408	137	4	84	65
Rothamsted	631	145			
Bournville	647	177	7	68	36
Leeds, Park Square .	1067	275	9	116	85
London Meteorological Office	1091	297	22	132	64

The figures for Harrogate are monthly averages for the year ended March, 1926. The other towns for the previous year. The values are expressed in centigrams per square meter (or metric tons per 100 square kilometres). Thirty-nine of these equal 1 ton per square mile. This is the official period, and the official notation adopted by the Meteorological Office.

8. Offensive Trades.

There are in the borough two offensive trades—one tripe boiling and one gut scraping—which are carried on in connection with one of the slaughterhouses. These were visited on 104 occasions during the year, and always found in a satisfactory condition.

(iv.) HOUSING.

1. General Housing Conditions in the Area.

Harrogate is a residential town and the marjority of houses are good class dwellings. There are one or two small congested areas in the centre of the town, but none that can be classed as an unhealthy area. As houses in these congested areas become vacant, these are, as a rule, converted to business purposes, and there is every prospect that in a few years time these areas will be entirely given up to business premises. On the whole it can be said that the working classes in Harrogate are comfortably housed. During the past year 202 houses have been erected, compared with 95, 77, 156, and 49 in the previous four years. During the last five years therefore 579 houses—154 by the Corporation, and 87 of the subsidy class—have been built; a figure which compares favourably with that for the five years immediately preceding the war. During these years—1910-14—the number of houses erected was 383.

2. Overcrowding.

At the census (1921) there were in the Borough 7,699 dwellings, of which 7,295 were occupied by 7,443 families, giving an average of 1.41 rooms per person. This is considerably above the average for the County of Yorkshire, which was 1.04 rooms per person.

The number of families occupying dwellings of three or fewer rooms is set out underneath.

23 families of	31 persons	occupied	1 room	...0.3%	of total families
121 „	292 „	„	2 rooms	...1.6%	„ „
704 „	2,644 „	„	3 rooms	...9.5%	„ „

At the 1911 census the corresponding percentages were :— 0.5, 2.3, and 9.5. Although the proportion of families occupying houses of 3 or fewer rooms was practically the same in 1921 as in 1911, the number of persons occupying these houses was considerable larger in 1921 (2,967 as compared with 873) ; the increase being mainly in houses of 3 rooms. There can be no doubt that at the time of the census there was great shortage of houses and much overcrowding, and in spite of the fact that some 580 houses have been erected, there is still a fair amount of overcrowding, although as is to be expected, the position is much less acute than in many industrial areas. Cases of overcrowding which come to notice are brought before the Housing Committee, and when circumstances permit, these families are provided with a Corporation house ; but it often happens unfortunately that one has to admit that the circumstances are such that little or nothing can be done to relieve the condition.

3. Fitness of Houses.

(i.) **General Standard of Housing, Etc.:**—As has already been indicated, the general standard of housing is satisfactory and on the whole the working classes are comfortably housed.

The number of back to back houses without through ventilation is small, and these are gradually disappearing.

As a rule the defects found are of a comparatively minor character, such for instance as—localised dampness, due to defective spouting, defective floors, walls, etc. While occasionally there is delay due to financial stringency, or sometimes to the apathy of the owner, the defects are on the whole remedied within a reasonable time.

(ii) **General Action taken as regards Unfit Houses :—** Action is taken under Section 91 of the Public Health Act, and Section 28 of the Housing Act. Details are set out in the table prepared by the Chief Sanitary Inspector, and in the following table.

(iii.) **Water Supply:**—The whole of the houses in the Borough obtain their water from the Corporation, with the exception of some 20 houses, which are situated in an outlying part of the Borough, and obtain their supply from two wells. The water from these wells is examined at intervals, and has always been found to be pure and wholesome. During the year it was found that a well supplying a farmhouse was contaminated, and in consequence the use of water from this well was discontinued, and Corporation water laid on to the house.

(iv.) Housing Statistics for the Year 1925.

These are set out in detail underneath.

Number of new houses erected during the year:

(a)	Total (including numbers given separately under (b)	202
(b)	With State assistance under the Housing Acts	
	(i.) By the Local Authority	34
	(ii.) By other bodies or persons	33

(i.)—Unfit Dwelling Houses.

Inspection.

(1)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	131
(2)	Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	61
(3)	Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4)	Number of dwelling houses (exclusive of those referred to under preceding sub-head) found not to be in all respects reasonably fit for human habitation	70

(ii.)—Remedy of Defects without service of formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	52

(iii.)—**Action under Statutory powers.**

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

(1) Number of dwelling houses in respect of which notices were served requiring repairs ... 60

(2) Number of dwelling houses which were rendered fit after service of formal notices ...

(a) By owners ... 30
(b) By Local Authority in default of owners —

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

B.—Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... 30

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

(a) By owners ... 25
(b) By Local Authority in default of owners —

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

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

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

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

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

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

(v.) INSPECTION AND SUPERVISION OF FOOD.

(i.) **Milk Supply.**

At the end of the year the register of retail purveyors contained 82 names, of whom 52 resided within the Borough, and 30 in other districts. There were also 47 wholesale dealers

or producers on the register; 26 having their premises within the Borough and 21 outside. During the year two applications for registration as retail purveyors were refused on account of the unsatisfactory nature of the premises they proposed to occupy.

(a) COWSHEDS: There are in the Borough 23 cowsheds occupied by 19 cowkeepers. A number of the sheds are old buildings and in some respects not very satisfactory, but as it is almost impossible at present to get extensive structural alter-alterations carried out, attention is concentrated upon improving the standard of cleanliness. Although conditions are still far from ideal there has been considerable improvement in this respect, and our efforts to effect still greater improvements will not be relaxed.

Cowsheds are visited four times a year by the Veterinary Inspector to ascertain whether any cows are suffering from tuberculosis of the udder. During the year he found one cow so affected. This animal was at once isolated, and was eventually slaughtered.

(b) GRADED MILKS. During the year the Council granted 4 "dealers" licenses for the sale of certified milk and 1 "dealers" license for the sale of pasturised milk. Samples of the certified milk were regularly taken in accordance with instructions issued by the Ministry of Health, and except on one or two occasions, were found to be well within the standard laid down. No pasteurised milk was sold in the town during the year.

(ii.) **Meat.**

There are four privately owned registered slaughterhouses in the area. Two of these are closely surrounded by dwelling-houses but are well kept, and no occasion for complaint has arisen during the year. One is a somewhat unsatisfactory building, but it is only used to a small extent, and is kept in a cleanly condition. Two of the Sanitary Inspectors are also qualified meat inspectors, and while it is obviously impossible for them to inspect every animal slaughtered in the Borough,

they do inspect a very considerable proportion. During the year 683 visits were paid to the slaughterhouses, and in addition 2,042 visits were paid to other premises where food is prepared. On no occasion was there any serious cause for complaint, and any defect noticed was at once remedied.

The amount of unsound food destroyed during the year was:

Pork	4,044 lbs.
Beef	2,104 „
Offals	3,351 „
Veal	70 „
Lamb	48 „
Tinned meats ...	19 „
Fish	6 „
Total ...	9,642 lbs.

In practically every instance the unsound food was discovered at the time of slaughter or on inspection at the request of the owner, and in no case was it considered necessary to prosecute.

The Public Health (Meat) Regulations, 1924, which came into operation on the 1st of April, 1925, give additional control over the meat trade, and have been administered without any difficulty.

The articles relating to the protection of meat from contamination are interpreted to mean that meat must not be exposed in open windows, and it is satisfactory to know that no difficulty has arisen in obtaining this. Carcases are no longer hung outside shops, and the windows of all butchers shops are now kept closed.

(iii.) **Bakehouses.**

At the end of the year there were 48 bakehouses in occupation. 7 of these are underground bakehouses, and were certified by the Corporation in 1904.

These premises are regularly visited, and as a rule are found in a satisfactory condition.

(iv.) **Sale of Food and Drugs Acts.**

During the year 103 samples of food were submitted to the County Analyst for analysis. In only 3 instances—all samples of milk—was any adulteration detected. This is a considerable improvement upon the previous year, when 7 samples were found to be adulterated.

The number and nature of the samples is set out underneath.

Nature of Sample	Adulterated	Genuine	Informal	Formal	Total
Milk	3	85	...	88	88
Butter	...	7	7	...	7
Lard	...	4	4	...	4
Custard Powder ...	...	1	1	.	1
Baking Powder ...	...	1	1	...	1
Olive Oil	...	1	1	..	1
Ammoniated Tincture of Quinine ...	...	1	1	...	1
Totals ...	3	100	15	88	103

The following table gives details of the adulterated samples and of the action taken in each case :—

No. of Sample	Nature of Sample	Analyst's Report	Action taken
33	New Milk	Sample deprived of 8.7% natural fat.	Vendor written to by Town Clerk asking for explanation.
56	New Milk	Sample contained 3.7% added water.	Vendor written to by Town Clerk asking for explanation.
61	New Milk	Sample deprived of 22.3% natural fat.	Vendor written to by Town Clerk asking for explanation.

(vi.) PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

(a) Smallpox.

Another year has passed without the occurrence of a case of smallpox in the Borough. A considerable amount of anxiety was however caused on several occasions by the presence of contacts from other areas. The case which perhaps gave rise to most anxiety was that of two maid servants, who after a stay of only a few days in Harrogate, returned to their homes, and who within two or three days of their arrival at home, were found to be suffering from smallpox. All Harrogate contacts were kept under close observation, and as none of them developed the disease, it is probable that the girls were not infectious when they left Harrogate.

No vaccinations have been performed by the Medical Officer of Health.

The Joint Smallpox Hospital is kept in a constant state of readiness and patients can be admitted at a few hours notice.

(b) **Scarlet Fever.**

Year	Population	Notification	Attack Rate per 1000	Deaths	Death Rate	Case Mortality per cent.	Removed to Hospital	Percentage Removed
1916	33,204	37	1.11	2	0.06	5.4	28	75.9
1917	33,204	62	1.82	0	0.00	0.0	56	90.3
1918	33,245	35	1.09	0	0.00	0.0	29	77.1
1919	36,231	81	2.19	1	0.03	1.2	71	87.7
1920	37,674	66	1.75	2	0.03	3.0	55	83.3
1921	34,440	45	1.31	0	0.00	0.0	32	71.1
1922	34,490	30	0.87	0	0.00	0.0	22	73.3
*1923	34,280	31	0.90	0	0.00	0.0	25	80.6
1924	34,300	102	2.97	1	0.03	1.0	96	94.1
1925	34,160	60	1.75	0	0.00	0.0	49	81.7

* One Harrogate resident died from Scarlet Fever in 1923, but as the infection was contracted and death look place in another area the case is not included in these figures.

Scarlet fever was less prevalent than in the previous year—60 cases having been notified compared with 102. The disease was of a mild type, and there were no deaths; the deathrate being therefore 0.00; the rate for England and Wales was 0.03. There were ten secondary cases of which one was a "return" case.

So far as I am aware no use has been made locally of the Dick test.

The table above sets out the incidence and mortality of scarlet fever during the last ten years, and it will be seen that there is little to call for comment. While the incidence during the last five years has been about the average, the mortality has been distinctly lower. There seems to be little doubt that scarlet fever is altering its type, and is now much milder than it was 20-30 years ago. This change in type is welcome in-as-much as it reduces the mortality, but it has the disadvantage of rendering the disease much more difficult to control. In not a few instances it happens that the illness is so slight that medical advice is not sought, and it is only the commencement of "peeling," or the occurrence of secondary cases, which directs attention to the true nature of the illness; indeed it not infrequently happens even

when a docter is in attendance that the case is so mild and atypical that an accurate diagnosis is a matter of great difficulty. In these circumstances it is not astonishing that occasional outbreaks occur.

(c) **Diphtheria.**

Year	Population	Notifications	Attack Rate per 1,000	Deaths	Death Rate	Case Mortality per cent.	Removed to Hospital	Percentage Removed
1916	33,204	27	0.81	1	0.03	3.7	18	66.6
1917	33,204	51	1.53	7	0.21	13.7	41	80.4
1918	33,245	32	0.96	4	0.12	12.5	27	84.4
1919	36,231	115	3.11	5	0.14	4.3	96	83.5
1920	37,674	54	1.43	3	0.08	5.6	40	74.0
1921	34,440	67	1.95	5	0.15	7.5	53	79.1
1922	34,490	25	0.72	0	0.00	0.0	21	84 0
1923	34,280	16	0.47	1	0.03	6.3	16	100.0
1924	34,300	42	1.22	2	0.06	4.8	35	83.3
1925	34,160	19	0.56	0	0.0	0.0	15	79.0

Diphtheria was also less prevalent than in the previous year, only 19 cases having been notified as compared with 42. The disease appears to have been of a comparatively mild type and there were no deaths, so that the mortality rate was 0.00 as compared with a rate of 0.07 for England and Wales. The Schick test is not used locally to any extent, and although diphtheria anti-toxin is provided by the Corporation free of charge, very little advantage is taken of this provision, none was provided during the year. The reason for this probably is that practically all cases occurring in poorer households are at once removed to the Isolation Hospital where of course anti-toxin is immediately administered.

From the table given above it will be seen that diphtheria has shown a tendency to become less prevalent in recent years. The number of cases notified during the five years 1921-25 (169) is not much more than half the number notified during the preceding quinquennium (279). There has also been a considerable fall in the mortality; 7.2% of all cases notified during

1916-20 ended fatally, whereas during 1921-25 the percentage of fatal cases had fallen to 4.7, not much more than half.

(d) **Enteric Fever,**

Year	Population	Notifications	Attack Rate per 1000	Deaths	Death Rate	Case Mortality per cent.	Removed to Hospital	Percentage Removed
1916	33,204	2	0.06	1	0.03	50 0	2	100.0
1917	33,204	3	0.09	2	0.06	66.6	1	33.3
1918	33,245	5	0.15	0	0.00	0.0	1	20.0
1919	36,231	1	0.03	1	0.03	100.0	1	100.0
1920	37,674	1	0.02	0	0.00	0.0	0	0.0
*1921	34,440	3	0.09	0	0.00	0.0	1	33.3
1922	34,490	1	0.03	0	0.00	0.0	0	0.0
1923	34,280	6	0.18	0	0.00	0.0	0	0.0
1924	34,300	6	0.18	0	0.00	0.0	2	33.3
1925	34,160	4	0.12	0	0.00	0.0	1	25.0

* Cases of Para-typhoid Fever are included from 1921 onwards.

Two cases of enteric fever and two of para-typhoid fever were notified during the year. In two of the cases (1 enteric and 1 para-typhoid) the infection had undoubtedly been contracted in other districts; the remaining two appeared to have been infected in Harrogate, but the source of infection could not be discovered. There were no deaths and the deathrate was therefore 0.00 as compared with 0.01 for England and Wales.

Enteric fever appears to have been slightly more prevalent in Harrogate during recent years; 20 cases having been notfied in the 1921-25 period as against only 12 in the previous quinquennium. There is reason however to believe that this increase is more apparent than real, and is largely due to the fact that since 1921 cases of para-typhoid fever have been included under this heading.

(e) **Puerperal Fever.**

During the year one case of puerperal sepsis was notified. This case had a fatal termination, but as the patient was confined in another district to which she belonged, and only admitted to the Harrogate Infirmary for post partum treatment, the death is

not included in our returns. One other fatal case which had not been previously notified did occur in Harrogate, so that the death-rate from this cause is 2.13 per 1,000 live births. In addition one other maternal death was caused through child birth, giving a total death rate of 4.26 per 1,000 births. There appears to have been an increase in the fatality from puerperal sepsis in recent years. During the ten years 1912-21, 4 deaths were attributed to this cause, but as in each of these cases both the confinement and death occurred in other areas they cannot properly be attributed to Harrogate, so that for these ten years we had a clean record. In 1922 however there were 2 deaths; in 1923 there were none; 1 death occurred in 1924, and 1 in 1925.

Why there should be this increase I am unable to say, but I do not think it is due to any lowering of the standard of midwifery in the area.

(f) **Tuberculosis.**

Period	Death Rate from Pulmonary Tuberculosis	Death Rate from other Tuberculous Diseases	Death Rate from all forms of Tuberculosis
1901-05	0.85	0.51	1.36
1906-10	0.75	0.20	0.95
1911-15	0.57	0.20	0.77
1916-20	0.79	0.25	1.04
1921-25	0.59	0.22	0.81
1916	0.75	0.24	0.99
1917	0.84	0 24	1.08
1918	1.08	0.42	1.50
1919	0.71	0.17	0.88
1920	0.58	0.16	0.74
1921	0.64	0.26	0.90
1922	0.43	0.12	0.55
1923	0.67	0.15	0.80
1924	0.64	0.23	0.87
1925	0.58	0.35	0.93

During the year 45 new cases of tuberculosis—10 fewer than in 1924—were notified. Of these 35 were cases of pulmonary tuberculosis, and 10 were cases of tuberculosis of other parts of the body. The age and sex distribution of the notified cases is shown in Table V.

There were 32 deaths—20 from pulmonary tuberculosis and 12 from other tuberculous diseases—so that the tuberculosis death rate is 0.93, which is slightly higher than the figure for 1924 (0.87).

The methods adopted for controlling tuberculosis have been fully detailed in earlier reports, and as there has been no change in them it seems unnecessary to again describe them.

The average death rates from tuberculosis for the quinquennial periods are set out above, and it will be noted that the rate, which had been steadily falling till 1915, rose during the war period, but appears to be again on the down grade; indeed the rate for 1921-25 is very little above that for the period immediately prior to the war.

It has not been necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (which give power to prohibit tuberculous persons engaging in the milk trade) nor under the Public Health Act, 1925, Section 62, (which enables certain cases of tuberculosis to be compulsorily removed to hospital.)

(g) **Measles.**

Year	Number of Cases	Number of Deaths	Death Rate
1921	79	0	0.00
1922	125	0	0.00
1923	231	0	0.00
1924	11	0	0.00
1925	236	2	0.06

Measles is not now notifiable, so that accurate figures are not available. Set out above are the number of cases notified from the schools in each of the last five years, and these form a fairly reliable index of its prevalence. It will be noticed that while measles has been fairly prevalent throughout the greater part of the period, it appears to have been of a mild type, as only two deaths occurred, giving an annual death rate of 0.06 as compared with a rate of 0.13 for England and Wales.

(h) Whooping Cough.

Year	Number of Cases	Number of Deaths	Death Rate
1921	127	3	0.09
1922	46	0	0.00
1923	14	0	0.00
1924	129	10	0.30
1925	30	1	0.03

Similar figures are given for Whooping Cough, and it will be seen that although much less prevalent than measles it was responsible for a much larger number of deaths. This is especially noticeable in 1924, the death rate for that year being the highest on record.

(j) Ophthalmia Neonatorum.

Five cases were notified during the year, of whom 2 were admitted to hospital and 3 were treated under medical supervision at home. The cases appear to have been comparatively mild, and in only one case did any impairment of vision result.

Details of the cases notified during the last five years are given below.

Year	Number Notified	Treated		Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
		At Home	In Hospital				
1921	4	3	1	2	2	—	—
1922	10	5	5	7	1	—	2
1923	8	5	3	6	2	—	—
1924	7	6	1	7	—	—	—
1925	5	3	2	4	1	—	—

(k) **Zymotic Enteritis** or Summer Diarrhoea appears to have been almost entirely absent during the year. There was only one death, which gives a rate of 2.1 per 1,000 births. This is one of the lowest rates recorded, and compares favourably with those for other parts of the country, which are:—England and Wales 8.4; Large Towns 10.8; Smaller Towns 7.6; and London 10.6.

In recent years there has been a very marked decline in the incidence of this once prevalent and fatal disease. This decline can be attributed to several factors, of which perhaps the most important are the substitution of dried milk for cow's milk as infants' food; the general improvement in sanitation, and last but not least, the education of the mother through the medium of health visiting and Welfare Centres.

(l) **Cancer.**

DEATH RATE FROM CANCER.

1901-5	...	0.91	1921	...	1.57
1906-10	...	0.90	1922	...	2.06
1911-15	...	1.16	1923	...	1.37
1916-20	...	1.45	1924	...	1.52
1921-25	...	1.59	1925	...	1.43

49 deaths—3 fewer than in the previous year—were registered as being caused by some form of malignant disease.

This gives a death rate of 1.43, which is slightly below the quinquennial average. From the figures given above it is evident that there has been a steady rise in the death rate from this cause. Part of the increase is no doubt apparent, and is due partly to improved diagnosis and partly to the fact that more persons are now reaching the age at which they are more liable to cancer than was formerly the case. But after making full allowance for such sources of error, there can be little doubt that there has been a real and not inconsiderable increase in the mortality from cancer. One can only hope that the research work now being carried on will soon be brought to a successful issue, and so enable us to bring cancer within the domain of preventive medicine.

(vii.) MATERNITY AND CHILD WELFARE.

(A) Notification of Births.

Births notified by midwives	361
,, ,, parents and doctors ...	121
Total births notified	482
Births not notified...	18

Included in the above figures are 18 still-births, but as I learn from the Registrars of the various cemeteries that 24 still-born children were interred during the year, some still-births are evidently not notified, possibly because the child was not considered to have reached a viable age.

(B) Health Visiting.

There are four Health Visitors who are also School Nurses. As the time of the Senior Health Visitor is fully occupied by Clinics and Centres, the actual visiting is carried out by three Visitors, to each of whom is allocated an area of the Borough. As has already been stated the Health Visitors are also School Nurses, so there is no difficulty in securing the close co-operation

between the two services which is so essential. The following table shows the work done during the year.

First visits to infants	415
Subsequent visits to Infants	2,142
Visits to Children aged 1-5 years ...	3,277
Enquiries into Infant deaths	14
,, ,, Stillbirths	11
Visits to cases of Measles under 5 years	88
,, ,, Whooping Cough ,,	32
,, ,, Ophthalmia Neonatorum	21
,, ,, Diarrhoea	21
,, ,, Expectant Mothers ...	42
,, for miscellaneous reasons ...	56
,, to cases of Tuberculosis ...	356
Total visits	6,475

(C) **Welfare Centres.**

There are three Welfare Centres in the Borough. Two on Monday and Thursday afternoons meet at the School Clinic, 2 Dragon Parade, and one on Tuesday afternoon in a room at Starbeck Council Infant School. Dr. Laura Veale attends each session of the Thursday afternoon Centre, and on alternate sessions at the Starbeck Centre. The Centre on Monday afternoons is conducted by the Senior Health Visitor, and the Medical Officer of Health also attends as often as possible—as a rule about every alternate session. That the Centres are appreciated by the mothers is shown by the numbers attending (see page 19), and there can be no doubt that they have been productive of much good.

(D) **Ante-Natal Centre.**

This is held on Thursday afternoons at the same time and place as the Welfare Centre, but as has already been indicated it has not proved very successful. Young mothers not unnaturally are unwilling to attend a crowded Centre, and if better results are to be obtained an entirely separate clinic

ought to be established. At the moment there are difficulties in the way, but the matter is being carefully considered and it is hoped that it will be possible to overcome these difficulties before long.

(E) **Babies' Hospital.**

This Hospital, which contains 8 cots, is administered by the Medical Officer of Health, but the inmates are attended by Dr. Laura Veale. During the year 55 infants were under treatment, the average duration of stay being 5.4 weeks.

The reasons for admission were:

Marasmus and malnutrition ...	23
Prematurity	6
Digestive disorders	6
Tuberculous Meningitis	1
Congenital Syphilis	2
Ophthalmia Neonatorum	1
Other conditions	16
	55

During the year 8 infants died, 25 were discharged in good health, 14 improved, and in 3 there was no improvement.

(F) **Provision of Milk.**

Milk is supplied free or at a reduced cost to expectant and nursing mothers and young infants in those cases where the family income falls below a certain scale. There is not a very great demand for assisted milk as is shown by the fact that the amount expended during the year was only £47, which is about the usual amount.

(G) **Puerperal Fever, Ophthalmia Neonatorum, etc.**

These have been discussed in the section of the report dealing with Infectious Diseases.

Factory and Workshop Acts.

The work done under these Acts is shewn in the following Tables.

1.—Inspection of Factories, Workshops, and Workplaces

(Including Inspections made by Sanitary Inspector or Inspector of Nuisances).

PREMISES	Number of		
	Inspections	Written Notices	Prosecutions
Factories ... ... (including Factory Laundries).	33	1	...
Workshops ... ... (including Workshop Laundries).	317	32	...
Workplaces ... ... (other than Outworkers' premises).	...	...	...
Total	350	33	...

2.—Defects found in Factories, Workshops, and Workplaces.

PARTICULARS.	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :				
Want of cleanliness	30	30	...	...
Other nuisances	4	4	...	...
Sanitary accommodation — insufficient	...	...	...	...
Sanitary accommodation — unsuitable or defective	...	...	...	...
Sanitary accommodation — not separate for sexes	1	1	...	...
Offences under the Factory and Workshop Act :				
Breach of special sanitary requirements for bakehouses	...	...	...	...
Total	35	35	...	...

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