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Contributors

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COUNTY COUNCIL OF NORTHUMBERLAND.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH,
WM. F. J. WHITLEY, M.D., D.P.H., F.R.S. (Edin.),


for the Year 1934.

NEWCASTLE-UPON-TYNE:

R. WARD & SONS, LTD., PRINTERS AND PUBLISHERS, 23 TO 39, HIGH BRIDGE.

1935.

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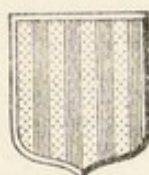
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NORTHUMBERLAND COUNTY COUNCIL.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31ST DECEMBER, 1934.

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL
OF NORTHUMBERLAND.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I beg to present my annual report for the year 1934. The report has been drawn up on the lines indicated by the Minister of Health in his Circular No. 1417 relating to the contents and arrangement of the annual reports of medical officers of health for the year 1934.

Vital and Mortality Statistics.—The vital and mortality statistics of the various county districts have been calculated and are included in the report. The variations in the principal county rates during recent years are indicated in the following table. The corresponding rates for England and Wales are given for comparison :—

	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Birth rate (per 1,000 living)										
Administrative county	20·8	20·02	17·90	18·37	16·79	17·13	16·66	15·94	15·42	15·48
England and Wales ...	18·3	17·8	16·6	16·7	16·3	16·3	15·8	15·3	14·4	14·8
Death rate (per 1,000 living)										
Administrative county	11·6	11·37	11·53	11·39	12·22	11·02	12·24	11·33	11·93	11·78
England and Wales ...	12·2	11·6	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8
Mortality rate (per 1,000 births)										
Administrative county	82	77	77	67	81	62	77	67	71	69
England and Wales ...	75	70	70	65	74	60	66	65	64	59
Infant death rate (per 1,000 living)										
Administrative county	0·67	0·53	0·27	0·28	0·65	0·23	0·41	0·25	0·31	0·43
England and Wales ...	0·54	0·44	0·38	0·40	0·47	0·37	0·32	0·33	0·29	0·34
Rate from Respiratory Tuberculosis (per 1,000 living)										
Administrative county	0·78	0·73	0·81	0·68	0·74	0·78	0·75	0·68	0·65	0·60
England and Wales ...	0·83	0·77	0·79	0·76	0·79	0·74	0·74	0·69	0·69	0·63

The rates generally show a slight improvement on those for the previous year, with the exception of the death rate from zymotic diseases.

The birth rate shows a slight increase over that for 1933, but with the exception of that year, is lower than any previously recorded.

The general death rate, though lower than that recorded for the previous year is still somewhat higher than the rate for 1932.

The infant mortality rate shows a slight decrease compared with that for the previous year, whilst the death rate from respiratory tuberculosis reached a new low figure.

Annual Reports of District Medical Officers.

The following table shows the dates upon which the various reports were received :—

1935.

<i>March.</i>	13th, River Blyth Port Sanitary Authority.
<i>April.</i>	15th, Seaton Delaval U.D. ; 18th, River Tyne Port Sanitary Authority.
<i>May.</i>	20th, Rothbury U.D. ; 31st, Alnwick R.D.
<i>June.</i>	3rd, Newburn U.D. ; 8th, Morpeth Borough and Castle Ward R.D. ; 13th, Hexham R.D. ; 20th, Newbiggin-by-the-Sea U.D. and Norham & Islandshires R.D. ; 27th, Whitley & Monkseaton U.D. ; 29th, Bedlingtonshire U.D.
<i>July.</i>	1st, Longbenton U.D. and Weetslade U.D. ; 2nd, Hexham U.D. ; 9th, Belford R.D. and Bellingham R.D. ; 12th, Gosforth U.D. ; 15th, Ashington U.D. ; 16th, Glendale R.D. ; 18th, Wallsend Borough ; 23rd Earsdon U.D. ; 25th, Alnwick U.D. and Haltwhistle R.D. ; 29th Morpeth R.D. and Rothbury R.D.
<i>August.</i>	6th, Seghill U.D. ; 22nd, Berwick Borough ; 24th Cramlington U.D.
<i>Sept.</i>	25th, Prudhoe U.D.
<i>October.</i>	10th, Blyth Borough.

The report for the Amble U.D. had not been received up to the time of going to press, October 21st, 1935.

Administration.

The official, technical and administrative staff under the direction of the County Medical Officer consists of:—

Senior Assistant County Medical Officer and Tuberculosis Officer ...	Wm. L. M. Gabriel, M.B., CH.B., B.HY., D.P.H.
Assistant County Medical Officer and School Oculist	James Stonehouse, B.A., M.B., B.S.
Assistant County Medical Officer and Infant Welfare Centre M.O. ...	O'Connell O'Sullivan, M.C., M.B., CH.B., B.A.O.
Do. do. ...	Mary W. Dewell, M.B., B.S.
Do. do. ...	Joyce L. Bunting, M.B., CH.B.
Assistant County Medical Officer ...	*John A. Smail, M.B., CH.B.
Do. ...	*Grahame Patton, L.R.C.P. & S.I., D.P.H.
County Bacteriologist, who is also Medical Officer of Health of the Newburn Urban District	Andrew I. Messer, M.A., M.B., CH.B., D.P.H.
County Tuberculosis Officer (Clinical) The Medical Superintendent of the Council's Sanatorium at Wooley, and Tuberculosis Officer	Francis L. Moore, M.B., CH.B.
Assistant Medical Superintendent of the Council's Sanatorium at Wooley	Robert Cunningham, M.B., CH.B., D.P.H.
Orthopaedic Surgeon	Evelyn Holmes, M.B. CH.B.
School Dentist	*William Mackenzie, F.R.C.S.
Do.	Catherine M. Anderson, L.D.S.
Do.	Frederick J. Gilbertson, L.D.S.
Do.	A. J. McKillop, L.D.S.
Do.	Arnold E. Robinson, L.D.S.
Do.	*Wm. G. Mitcheson, L.D.S.
County Health Inspector	Chas. Ward, C.R.S. Inst., Cert. M. & F., M.S.I.A.
County Analysts	*Dr. J. T. Dunn, and *H. C. L. Bloxam, F.I.C.
Chief Veterinary Inspectors ...	*Clement Elphick, M.R.C.V.S. *W. A. Doughty, M.R.C.V.S.
Matron of the Council's Sanatorium at Wooley	Catherine Connor, S.R.N.
Superintendent Health Visitor ...	Hannah Weir, S.R.N., C.M.B., H.V. Cert., R.S.I., S.I., Cert. R.S.I., Maternity and Child Welfare Cert.

* Part-time.

Health Visitors, School Nurses, Tuberculosis Nurses and Dental Nurses.

Ruth Atkinson, T.N., S.C.M.
 Bertha Barker, T.N., S.C.M.
 Alice Beecroft, T.N., S.C.M., H.V. Cert.
 Louisa Emily Belsham, T.N., S.C.M., H.V. Cert.
 Nellie Hamilton Bird, S.I.C.
 Lucy Esmeé Brewis, T.N., S.C.M., H.V. Cert.

Health Visitors, School Nurses, Tuberculosis Nurses and Dental Nurses—contd.

Elsie Broadbent, T.N., S.C.M., H.V. Cert.
 Henrietta Chester, T.N., S.C.M., S.I.C.
 Patricia Cormack, T.N., S.C.M., H.V. Cert.
 Mary Wilberforce Crofton, T.N., S.C.M., H.V. Cert.
 Elsie May Dodds, T.N., S.C.M.
 Elizabeth Stafford Edminson, T.N., S.C.M., H.V. Cert.
 Martha Gibson, T.N., S.C.M.
 Beatrice Mary Goodban, T.N., S.C.M.
 Ellen Grehan, T.N., S.C.M.
 Marjorie Hall, T.N., S.C.M., H.V. Cert.
 Alice Gwendoline Isabel Harper, T.N., S.C.M., H.V. Cert.
 Gertrude Harrison, T.N., S.C.M., H.V. Cert.
 Florence Hepton, T.N., S.C.M., H.V. Cert.
 Marjorie Hinbest, T.N., S.C.M., H.V. Cert.
 Gertrude Priscilla Ironside, T.N., S.C.M., H.V. Cert.
 Frances Mary Jones, T.N., S.C.M., H.V. Cert.
 Ada Kay, T.N., S.C.M.
 May Makin, T.N., S.C.M.
 Annie McDermott, T.N., S.C.M.
 Anabella McLeod, T.N., S.C.M.
 Edith Elizabeth Rimer, T.N., S.C.M., H.V. Cert.
 Buddug Roberts, T.N.
 Lily Booth Taylor, T.N., S.C.M., H.V. Cert.
 Edna Godfrey Thomson, T.N., S.C.M., H.V. Cert.
 Frances Turnbull, T.N., S.C.M.
 Emma Weston, T.N., S.C.M., H.V. Cert.
 Eva Wolfenden, T.N., S.C.M., H.V. Cert.

Tuberculosis Nurse (only)—

Ida Emilie Bodin, T.N., S.C.M., H.V. Cert.

T.N.—General Trained Nurses.

S.C.M.—Certificate of Central Midwives' Board.

H.V.C.—Health Visitor Certificate of the Royal Sanitary Institute.

S.I.C.—Sanitary Inspector's Certificate of the Royal Sanitary Institute.

Orthopaedic Sisters... Hilda Arthur, C.S.S.M.G.
 Alice M. Rogers, C.S.S.M.G.

Home Teachers under the ... Florence Mary Blair, Home Teachers' Cert.
 Blind Persons Act Mary Davison Taws, do.
 Dorothy L. Shannon do.

There was also during 1934 a clerical staff at the Central Office of 13 (including one laboratory assistant at the County Laboratory at Newburn).

In addition to the staff specified above, there were employed at Wooley Sanatorium :—

1 Clerk-Steward	3 Gardeners
1 Engineer	1 Porter
2 Enginemen	

Nursing Staff :

1 Home Sister	7 Staff Nurses
1 Night Sister	12 Probationers.
3 Ward Sisters	

Domestic Staff :

1 Cook	1 Nurses' Maid
1 Laundress	2 House Maids
3 Laundry Maids	2 Patients' Dining Hall Maids
2 Sewing Maids	5 Ward Maids
1 Staff and Store Maid	4 Kitchen Maids
1 Matron's Maid	2 Scullery Maids

ADDITIONAL OFFICERS.

MEDICAL OFFICERS OF INFANT WELFARE CENTRES AND
ANTE-NATAL CLINICS.(a) *Infant Welfare Centres.*

Centre.	Medical Officer.
Alnwick ...	*Joyce L. Bunting, M.B., CH.B.
Amble ...	*O'Connell O'Sullivan, M.C., M.B., B.CH., B.A.O.
Backworth ...	...Glen Davison, M.D., B.S.
Belford ...	...D. T. McDonald, M.B., CH.B.
Berwick ...	...P. W. MacLagan, M.D., CH.B.
Corbridge ...	...J. N. Turnbull, M.B., CH.B., F.R.C.S. Ed.
Cramlington ...	†T. G. Quinn, M.B., CH.B.
Dinnington Colliery	...Evelyn H. Bolt, M.B., B.S.
Dudley ...	...Jane H. Thompson, M.A., M.B., CH.B.
Haltwhistle ...	†Jane H. Thompson, M.A., M.B., CH.B.
Haydon Bridge	...H. N. Miller, M.B., CH.B., M.R.C.S.
Lynemouth ...	...T. Skene, B.M., CH.B., L.R.C.P.
Monkseaton West	...Jane H. Thompson, M.A., M.B., CH.B.
Morpeth ...	...Hugh Dickie, M.B., CH.B.
Newbiggin ...	...J. Angus, M.B., CH.B.
North Seaton ...	...J. Angus, M.B., CH.B.
Pegswood ...	...Hugh Dickie, M.B., CH.B.
Ponteland ...	...Evelyn H. Bolt, M.B., B.S.
Prudhoe ...	*Mary W. Dewell, M.B., B.S.
Red Row ...	...W. G. Scott, L.R.C.P., L.R.C.S., L.R.F.P.S.
Rothbury ...	...Evelyn H. Bolt, M.B., B.S.
Seaton Burn ...	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Seaton Delaval	...Jas. Anderson, M.D., C.M., B.HY.
Seghill ...	...P. Henderson, M.D., L.R.C.P., L.R.C.S.
Shiremoor ...	†Jane H. Thompson, M.A., M.B., CH.B.
Stocksfield ...	...A. G. Ogilvie, M.B., B.S., M.R.C.P.
Whitley Bay ...	†Jane H. Thompson, M.A., M.B., CH.B.
Wooler ...	...T. R. Fulton, M.B., CH.B.

* Also included under "Administration" page 7.

† Also M.O. of Ante-Natal Clinic at this Centre.

(b) *Ante-Natal Clinics.*

Clinic.	Medical Officer.
Cramlington ...	...(See under Infant Welfare Centres, above).
Dudley ...	...T. Craig, M.B., CH.B.
Haltwhistle ...	...(See under Infant Welfare Centres, above).
Lynemouth ...	... Do. do.
Newbiggin ...	... Do. do.
Prudhoe ...	{ G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S. H. A. Lockhart, M.B., B.S.
Shiremoor ...	...(See under Infant Welfare Centres, above).
Whitley Bay ...	... Do. do.

OBSTETRIC CONSULTANTS UNDER MIDWIVES AND MATERNITY AND CHILD
WELFARE ACTS.

Robert P. Ranken Lyle, M.D., B.A.O., L.R.C.P.I.
 Ernest Farquhar Murray, M.D., F.R.C.S.
 Henry Harvey Evers, M.S., F.R.C.S.
 Francis E. Stabler, M.D., F.R.C.S.
 William Hunter, M.B., B.S.

DISTRICT MEDICAL OFFICERS UNDER POOR LAW ACTS.

Guardians' Committee.	District.	County Area.	Medical Officer.
North No. 2	Alnwick ...	...Alnwick U.D.	*J. A. MacLeod, M.B., CH.B., D.P.H.
	Embleton ...	...Alnwick R.D.	...W. Hall, M.B., B.S.
	Felton... ...	...Do.	...R. A. Welsh, M.B., B.S.
	Glanton ...	...Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lesbury ...	...Do.	...A. Scott Purves, M.D.
	Shilbottle ...	...Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Warkworth ...	...Amble U.D. Alnwick R.D.	...L. V. McNabb, M.B., B.S.
North No. 1	West ...	...Belford R.D.	...J. McDonald, M.D.
	East ...	...Do.	...F. B. Macaskie, L.R.C.P., L.R.C.S., L.R.F.P.S.
West ...	...Bellingham No. 1	...Bellingham R.D.	...M. K. Dunlop, M.B., CH.B.
	Do. No. 2	...Do.	...Do.
	Do. No. 3	...Do.	...G. W. L. Kirk, M.B., CH.B.
	Do. No. 4	...Do.	...Do.
	Do. No. 5	...Do.	...Wm. Murdie, M.B., CH.B.
	Do. No. 6	...Do.	...Jos. Goodall, M.B., CH.B.
North No. 1	Berwick ...	...Berwick Borough	*W. R. Sprunt, M.B., CH.B.
	Norhamshire ...	...Norham & Islandshires R.D.	...Jas. McWhir, M.B., CH.B.
	Islandshire ...	...Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
South...	...Gosforth ...	...Gosforth U.D.	...H. L. Taylor, M.B., CH.B.
West ...	...Lemington ...	...Newburn U.D. (part of)	...H. C. Coxon, M.D.
	Newburn ...	...Do.	...G. B. Picton, M.B., B.S.
Central	...Ponteland ...	...Castle Ward R.D. (part of)	*Willmot Holmes, M.R.C.S., L.R.C.P.
	Stamfordham...	...Do.	...W. B. Allan, M.B., B.S.
	Stannington ...	...Do.	...R. H. Newman, L.R.C.P.I. & L.M., L.R.C.S.I.
North No. 1	Carham ...	...Glendale R.D.	...F. Henderson, M.D.
	Chatton ...	...Do.	*A. Dey, M.B., C.M.
	Ford ...	...Do.	...V. E. Badcock (M.C.), M.D.
	Glendale Southern ...	...Do.	...B. W. E. Trevor-Roper, M.R.C.S., L.R.C.P., M.B., CH.B.
	Lowick ...	...Do.	...John Elliott, L.R.C.P., L.R.C.S., L.R.F.P.S.
	Wooler ...	...Do.	...A. Dey, M.B., C.M.
West ...	...Haltwhistle Eastern ...	...Haltwhistle R.D.	R. D. Burn, M.B., B.S.
	Do. Western...	...Do.	...J. M. Glasse, M.B., CH.B.
	Do. Southern	...Do.	...W. S. Dalgetty, M.B., CH.B.
	Whitfield ...	...Do.	...(Vacant). Dr. S. K. Vines act when required.
	Hexham ...	...Hexham U.D. Hexham R.D.	*W. M. Stewart, M.B., CH.B.

* Also acts as Medical Officer for the Poor Law Institution.

Guardians' Committee.	District.	County Area.	Medical Officer.
contd.	Slaley ...	...Hexham R.D.	...W. M. Stewart, M.B., CH.B.
	Shotley ...	...Do.	...J. Murray, M.B., CH.B., B.A.O., R.U.I.
	Blanchland ...	...Do.	...K. M. MacDonald, M.B., CH.B.
	Humshaugh ...	...Do.	...Monica F. Bell, M.B., B.S.
	Haydon ...	...Do.	...H. D. N. Miller, M.B., CH.B., M.R.C.S., L.R.C.P., B.A.
	Allendale ...	...Do.	...S. K. Vines, L.R.C.P., L.M.R.C.P.I., L.S.A., L.M.S.S.A.
	Wylam ...	...Prudhoe U.D. Hexham R.D.	G. McCoull, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Ovingham ...	...Prudhoe U.D. Hexham R.D.	Do. Do.
	Corbridge ...	...Do.	...D. N. Jackson (M.B.E.), M.B., B.S.
	Allenheads ...	...Do.	...S. K. Vines, L.R.C.P., L.M.R.C.P.I., L.S.A., L.M.S.S.A.
	Ninebanks ...	...Do.	...Do.
Central	...Morpeth No. 1	...Morpeth Borough	*Hugh Dickie, M.B., CH.B.
	Do. No. 2	...Morpeth R.D.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 2A	...Ashington U.D. Morpeth R.D.	M. Bruce, M.B., C.M.
	Do. No. 3	...Bedlington U.D. Morpeth R.D.	W. Hudson, M.D., B.H.Y., D.P.H.
	Do. No. 4	...Morpeth R.D.	...R. A. Welsh, M.B., B.S.
	Do. No. 5	...Do.	...R. L. Dagger, M.D., M.R.C.S., L.R.C.P.
	Do. No. 6	...Ashington U.D. (Hirst Ward)	...G. R. Spence, M.B., CH.B.
	Do. No. 6A	...Newbiggin U.D. Morpeth R.D.	...H. S. Brown, M.D., L.M.S.A. Do.
	Do. No. 7	...Do.	...Dr. Dickie acts when required.
	Do. No. 8	...Do.	...Hugh Dickie, M.B., CH.B.
	Do. No. 9	...Do.	...Dr. Dickie acts when required.
North	th No. 2 Rothbury East	...Rothbury R.D. Rothbury U.D.	...A. S. Hedley, M.B., B.S. Do.
	Rothbury West	...Rothbury U.D. and R.D.	...J. A. Smail, M.B., CH.B.
	Rothley ...	...Rothbury R.D.	...A. S. Hedley, M.B., B.S.
	Harbottle ...	...Rothbury R.D.	...G. H. Bedford, L.M.S.S.A.
	Elsdon... ..	...Do.	...Do.
	Whittingham...	...Rothbury R.D.	...A. Patterson, M.B.
Central	...Blyth ...	...Blyth Borough	...T. Gallacher, L.R.C.P., L.R.C.S., L.R.F.P.S.
North	th... ..Whitley ...	...Whitley & Monk- seaton U.D.	J. G. Nicholson, M.B., CH.B., M.A.
	Seaton Delaval (Excluding the Old Parish of Hartley).	...Seaton Delaval U.D.	Geo. Hall, M.B., B.S.
	Seghill...	...Seghill U.D.	...P. Henderson, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
	Cramlington ...	...Cramlington U.D.	...T. G. Quinn, M.B., CH.B.
	Earsdon ...	...Earsdon U.D.	...R. J. E. Christie, M.B., CH.B., B.A.O.
	(Including the Old Parish of Hartley).		
	North Longbenton	...Longbenton U.D.	...S. Fullerton, M.B., CH.B., B.S.A.
	Weetslade ...	...Weetslade U.D.	...T. Craig, M.B., CH.B.
	Wallsend ...	...Wallsend Borough (Part of)	H. H. Aitchison, M.B., L.R.C.P., L.R.C.S.
	Willington Quay	...Do.	...L. Craig, L.R.C.P., L.R.C.S., L.R.F.P.S.

* Also acts as Medical Officer for the Poor Law Institution.

PUBLIC VACCINATORS.

- H. H. Aitchison, M.B. (Ed.),
L.R.C.P., L.R.C.S.
- W. Holmes, M.R.C.S., L.R.C.P.
- V. E. Badcock (M.C.), M.D. (Durh.).
- G. H. Bedford, L.M.S.S.A. (Lond.).
- M. F. Bell, M.B., B.S. (Durh.).
- H. S. Brown, M.D. (Durh.), L.M.S.S.A.
(Lond.).
- R. D. Burn, M.B., B.S.
- P. W. MacLagan (M.C.), M.D. (Ed.).
- R. J. E. Christie, M.B., CH.B.,
B.A.O. (Belf.).
- H. C. Coxon, M.D. (Durh.).
- L. Craig, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- T. Craig, M.B., CH.B. (Ed.).
- R. L. Dagger, M.D. (Durh.), M.R.C.S.
(Eng.), L.R.C.P. (Lond.).
- *A. Dey (M.B.E.), M.B., C.M. (Aberd.).
- *H. Dickie, M.B., CH.B. (Glas.).
- M. K. Dunlop, M.B., CH.B. (Glas.).
- J. Elliott, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- S. Fullerton, M.B., B.CH., B.A.O.
(Belf.).
- T. Gallacher, L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- J. M. Glasse, M.B., CH.B. (Ed.).
- J. Goodall, M.B., CH.B. (Leeds).
- G. Hall, M.B., B.S. (Durh.).
- W. Hall, M.B., B.S. (Durh.).
- A. S. Hedley, M.B., B.S. (Durh.).
- F. Henderson, (M.C.), M.B., CH.B.
- P. Henderson, M.D. (Durh.), L.R.C.P.,
L.R.C.S. (Ed.), L.R.F.P.S. (Glas.).
- *W. Holmes, M.R.C.S. (Eng.), L.R.C.P.
(Lond.).
- W. Hudson, M.D., B.H.Y., D.P.H.
- D. N. Jackson (M.B.E.), M.B., B.S.
(Durh.).
- H. R. Kendal, M.B. (Durh.).
- G. W. L. Kirk, M.B., CH.B. (Leeds).
- F. B. Macaskie, L.R.C.P., L.R.C.S.
(Ed.), L.R.F.P.S. (Glas.).
- G. McCoull, M.B., B.S. (Durh.),
L.R.C.P., L.R.C.S. (Ed.),
L.R.F.P.S. (Glas.).
- J. McDonald, M.D. (Ed.).
- K. M. MacDonald, M.B., CH.B. (Glas.).
- *J. A. McLeod, M.B., CH.B. (Ed.),
D.P.H. (Ed. and Glas.).
- L. V. McNabb, M.B., B.S. (Durh.).
- J. McWhir, M.B., CH.B. (Glas.).
- H. D. N. Miller, M.B., CH.B., M.R.C.S.
(Eng.), L.R.C.P. (Lond.), B.A.
- W. Murdie, M.B., CH.B. (Ed.), M.A.
- J. Murray, M.B., CH.B., B.A.O.,
R.U.I. (Cath. Un. Dub.).
- R. H. Newman, L.R.C.P.I. & L.M.,
L.R.C.S.I.
- J. G. Nicholson, M.B., CH.B. (Ed.),
M.A.
- A. Patterson, M.B. (Durh.).
- G. B. Picton, M.B., B.S. (Durh.).
- T. G. Quinn, M.B., CH.B. (St. And.).
- A. Scott Purves, M.D. (Ed.).
- J. A. Smail, M.B., CH.B. (Ed.).
- G. R. Spence, M.B., CH.B. (Glas.).
- *W. M. Stewart, M.B., CH.B. (Glas.).
- H. L. Taylor, M.B., CH.B. (Leeds).
- W. S. Dalgetty, M.B., CH.B. (Ed.).
- B. W. E. Trevor-Roper, M.R.C.S.,
L.R.C.P. (Lond.), M.B., CH.B. (Vict.
Manch.).
- S. K. Vines, L.R.C.P. (Ed.), L.M.B.
C.P.I., L.S.A., L.M.S.S.A.
- R. A. Welsh, M.B., B.S. (Durh.).

* Also acts as Public Vaccinator for Poor Law Institution.

LIST OF VACCINATION OFFICERS.

Vaccination District.					Vaccination Officer.
Alnwick	...	...	...	...	N. A. Burke.
Embleton	...	...	...	...	A. Welsh.
Warkworth	...	...	...	...	G. S. Smetham.
Belford ...	...	...	...	...	C. V. F. Cooke.
Bellingham	...	...	...	...	John R. Colling.
Berwick	...	...	...	...	John Smith.
Stamfordham	...	...	...	...	R. J. Harrison.
Ponteland	...	...	...	...	R. Reay.
Glendale	...	...	...	...	G. Carr.
Hexham	...	...	...	...	M. Atkin.
Allendale	...	...	...	...	T. A. Henderson.
Chollerton	...	...	...	...	J. Muir.
Bywell ...	...	...	...	...	W. J. Richardson.
Haltwhistle	...	...	...	...	Frank Smith.
Ashington	...	...	...	...	F. Darling.
Bedlington	...	...	...	...	R. Dickinson.
Morpeth	...	...	...	...	E. Stanley.
Rothbury	...	...	...	...	E. Heatley.
Blyth ...	...	...	...	...	John Thompson.
Cramlington	...	...	...	...	R. N. Carr.
Earsdon	...	...	...	...	R. Gibson.
Longbenton	...	...	...	...	F. Robertson.
Wallsend	...	...	...	...	J. W. Stoker.

PUBLIC HEALTH LEGISLATION.

The following are the principal Acts of administrative interest which become law in 1934 :—

The Local Government Act, 1933.—This Act consolidates, with amendments, the enactments relating to authorities for the purposes of local government in England and Wales, exclusive (except in relation to certain matters) of London.

The Rural Water Supplies Act, 1934, which empowers the Minister of Health and the Department of Health for Scotland to make contributions towards expenses to be incurred by local authorities in providing or improving supplies of water in rural localities.

Supply of Water in Bulk Act, 1934.—This Act empowers statutory water undertakers to give and take supplies of water in bulk.

The Water Supplies (Exceptional Shortage Orders) Act, 1934, is an Act to authorise the Minister of Health and the Secretary of State for Scotland to make orders, etc., re meeting deficiencies in water supplies due to exceptional shortage of rain.

The Milk Act, 1934, provides for improving the quality and increasing the demand for milk.

ORDERS, CIRCULARS, ETC.

The undermentioned are the principal Orders made, and Circulars and Memoranda issued during the year, which are of administrative interest to County Councils :—

The Milk (Special Designations) Order, 1934, relates to the special designations which may be used in relation to milk under a licence granted by the Minister of Health.

The Public Health (Shellfish) Regulations, 1934, enables a local authority on a report by their Medical Officer of Health to prohibit the sale of shellfish for human consumption if such is likely to cause danger to public health.

Memo. 180 W. indicates measures which may be taken to conserve rain water for use for domestic purposes.

Scheme for the Supply of Milk in Schools at Reduced Rates.—The Ministry of Agriculture and Fisheries formulated, during the year, a scheme governing the supply of milk in schools.

Circulars Nos. 1370 and 1406 together with a report of a conference, between representatives of the Advisory Committee on Nutrition appointed by the Minister of Health and representatives of a Committee appointed by the B.M.A., relate to suitable diets for families of varying size in relation to health and working capacity.

Circulars Nos. 1374 and 1374A concern the International Agreement for the treatment of Venereal Diseases amongst seamen.

Circulars Nos. 1378 and 1405 relate to measures to be adopted to conserve water supplies during times of drought.

Circular No. 1397 relates to bacteriological investigation in connection with Puerperal Sepsis.

Circular No. 1407 deals with the demolition of houses unfit for human habitation and the provision of necessary re-housing accommodation.

Circular No. 1408 indicates that local authorities may make Birth Control Clinics available for women suffering from forms of sickness other than gynaecological conditions.

Circular No. 1425 concerns a Memo. compiled for the purpose of summarising the provisions relating to the maintenance of dwelling houses in a fit condition.

Circular No. 1433 urges more intensive efforts on the part of local authorities with a view to securing a reduction of the Maternal Mortality rate.

Circular No. 1446 explains the provisions of the Public Health (Shellfish) Regulations, 1934.

Circular No. 1453 reviews the position with regard to Slum Clearance.

MINISTRY OF HEALTH INQUIRIES, 1934.

Ministry of Health Inquiries were held during the year, as shown below :—

January 30th, at Lynemouth. Relative to an application by the Morpeth Rural District Council for sanction to borrow the sums of £600, £9,500 and £7,000 for works of water supply to the parishes of Cresswell, Ellington and Lynemouth respectively, including the purchase of part of the water undertaking of the Ashington Coal Co., Ltd.

February 1st, at Wooler. Relative to an application by the Glendale Rural District Council for sanction to borrow the sum of £3,400 for works of sewage disposal at Wooler.

February 6th, at Heddon-on-the-Wall. Relative to an application by the Castle Ward Rural District Council for sanction to borrow the sum of £3,000 for works of water supply to the village of Heddon-on-the-Wall, including the purchase of the undertaking of Messrs. A. & J. Hedley.

April 25th, at Blyth. Relative to an application by the Municipal Borough Council of Blyth for sanction to borrow the sum of £4,700 for works of sewerage, and £888 for works of privy conversion.

May 30th, at Horncliffe. Relative to an application by the Norham & Islandshires Rural District Council for sanction to borrow the sum of £1,500 for works of water supply to the parish of Horncliffe.

July 10th, at Lowick. Relative to an application by the Glendale Rural District Council for sanction to borrow £820 for works of sewerage and sewage disposal for the contributory place of Lowick.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

WILLIAM F. J. WHITLEY.

THE ADMINISTRATIVE COUNTY.

AREA.

The area of the County is 1,279,153 acres, divided as follows:—Boroughs, 14,467 acres; urban districts, 60,209 acres; rural districts, 1,204,477 acres.

POPULATION.

The *civil* population of Northumberland (exclusive of the county boroughs of Newcastle-on-Tyne and Tynemouth) was estimated by the Registrar-General to be 412,100 in the middle of 1934. The population at the 1931 Census was 408,704.

RATEABLE VALUE.

Rateable value of administrative county, as at April 1st, 1934, £1,958,152. Produce of a 1d. rate for year ended March 31st, 1935 (estimated), £7,610.

CHANGES IN AREA.

No alteration in the area of sanitary districts or of the administrative county was made during the year under review.

BOROUGH, URBAN AND RURAL DISTRICTS, AND PORT SANITARY AUTHORITIES.

The County at the *end* of 1934 was divided for the purpose of sanitary administration into 31 districts, four of which were municipal boroughs, seventeen urban districts, and ten rural districts. There are also the Blyth and Tyne Port Sanitary Authorities. The Authorities for the Tweed and Coquet Ports are the Council of the Borough of Berwick-on-Tweed and the Amble Urban District Council respectively.

BOROUGH.

Berwick-on-Tweed, Blyth, Morpeth and Wallsend.

The civil population of the boroughs was estimated to be 96,874 in the middle of 1934.

URBAN DISTRICTS.

Alnwick, Amble, Ashington, Bedlingtonshire, Cramlington, Earsdon, Gosforth, Hexham, Longbenton, Newbiggin-by-the-Sea, Newburn, Prudhoe, Rothbury, Seaton Delaval, Seghill, Weetslade, and Whitley & Monkseaton.

The civil population of the urban districts was estimated to be 212,926 in the middle of 1934.

RURAL DISTRICTS.

Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Morpeth, Norham & Islandshires, and Rothbury.

The civil population of the rural districts was estimated to be 102,300 in the middle of 1934.

The area and population of each sanitary district in the administrative county will be found in a table opposite page 24 of this report.

BIRTHS.

Live Births.—According to the statistics supplied by the Registrar-General the net births belonging to the administrative county numbered 6,383—3,302 males and 3,081 females (5,044 of the births occurred in urban districts and 1,339 in rural districts).

Of the 6,383 births above-mentioned 296 (4·6%) were illegitimate.

The birth rate for the county was 15·48 (15·42 in 1933 and 15·94 in 1932).

The following table shows the comparative rates :—

	Birth rate.	Increase since 1933.	Decrease since 1933.	Mean rate 1924-1933.
Administrative County ...	15·48	0·06	—	18·13
Urban districts ...	16·28	0·29	—	19·06
Rural districts ...	13·09	—	0·62	15·38
England and Wales ...	14·8	0·4	—	16·61

Still-births.—The net still-births stated by the Registrar-General to have been registered as belonging to the administrative county during the year 1934 numbered 259—137 males and 122 females (210 belonged to urban districts and 49 to rural districts). Fifteen representing 5·8% of the 259 still-births, were illegitimate.

Comparative rates, per 1,000 of the population, and per 1,000 of the total births registered are given in the following table :—

	Number.	Rate per 1,000 population.	Rate per 1,000 total births registered.
Administrative County ...	259	0·62	38·9
Urban Districts ...	210	0·67	40·0
Rural Districts ...	49	0·48	35·3

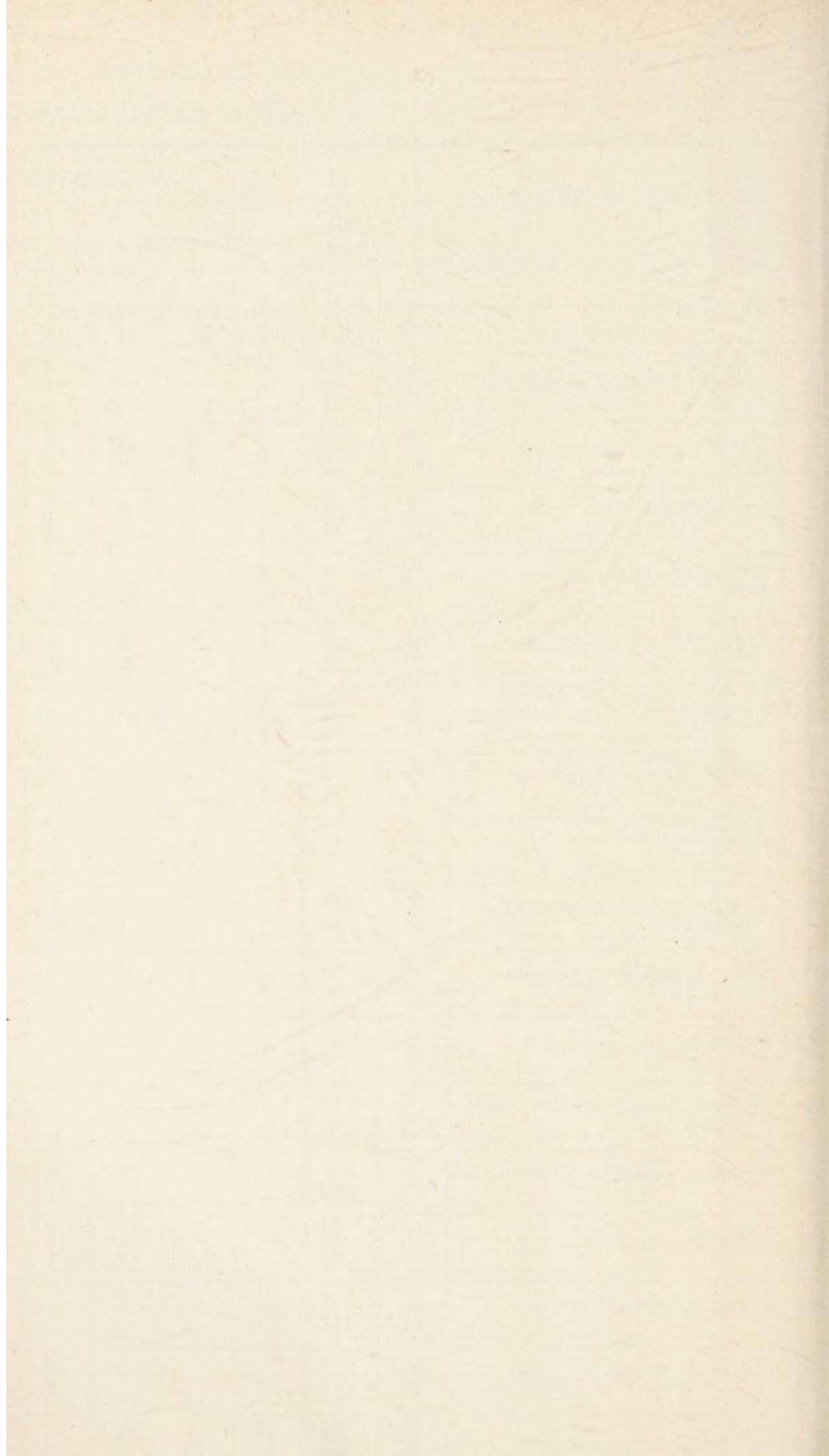
Particulars of live births and still-births as regards each sanitary district in the administrative county are shown in a table opposite page 24 of this report.

DEATHS.

Net deaths.—According to information supplied by the Registrar-General the net deaths numbered 4,856—2,549 males and 2,307 females (3,629 in urban and 1,227 in rural districts).

NORTHUMBERLAND.
CAUSES OF DEATH, AT VARIOUS AGE PERIODS, IN THE ADMINISTRATIVE COUNTY DURING 1934.

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS.														AGGREGATE OF RURAL DISTRICTS.														Total.
		All Ages.	0—1	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—					
ALL CAUSES	M.	1926	201	115	46	65	79	96	88	203	332	433	338	623	51	7	7	8	19	22	26	51	96	173	163	2,549				
	F.	1703	163	30	56	52	88	73	89	159	251	370	372	604	29	5	13	10	21	15	32	47	95	155	182	2,307				
1 Typhoid and para-typhoid fevers	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	2	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
2 Measles	M.	23	2	8	9	4	...	...	...	...	...	...	...	3	...	2	1	...	...	...	...	...	...	...	...	26
	F.	17	3	3	10	1	...	...	...	...	...	...	...	12	1	4	2	4	...	...	1	...	...	...	...	29
3 Scarlet fever	M.	8	...	3	2	3	...	...	...	...	...	...	...	4	...	1	1	...	...	2	...	...	...	...	...	12
	F.	15	1	...	9	2	2	1	...	...	...	...	...	4	...	...	2	2	...	...	...	...	...	...	...	19
4 Whooping cough... ..	M.	7	3	2	1	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	8
	F.	17	10	2	5	...	...	...	...	...	...	...	...	3	2	1	...	...	...	...	...	...	...	...	...	20
5 Diphtheria	M.	13	...	1	3	7	...	...	...	2	...	...	...	3	...	...	2	...	1	...	...	...	...	...	...	16
	F.	13	1	1	3	6	...	...	...	1	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	14
6 Influenza	M.	20	...	1	...	...	1	2	3	4	2	5	2	7	...	...	...	...	1	1	...	...	2	2	1	27
	F.	18	1	...	...	...	4	...	1	...	4	3	5	6	...	...	...	...	...	...	...	...	2	3	1	24
7 Encephalitis lethargica	M.	5	...	...	...	1	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...	1	1	1	...	5
	F.	6	...	...	...	...	...	...	3	...	...	2	1	3	...	...	...	...	...	...	...	...	...	...	...	9
8 Cerebro-spinal fever	M.	12	3	1	3	4	1	...	...	...	...	...	...	1	...	...	2	...	1	...	...	...	...	...	...	13
	F.	5	...	...	...	1	...	...	3	1	...	...	...	2	...	...	2	...	...	...	...	...	...	...	...	7
9 Tuberculosis of respiratory system	M.	106	3	...	...	3	22	31	10	15	16	5	1	23	...	...	...	1	3	6	3	6	2	2	...	129
	F.	88	1	...	1	3	27	23	19	10	3	1	...	32	...	...	...	1	10	5	7	3	3	2	1	120	
10 Other tuberculous diseases	M.	39	3	6	6	10	7	2	2	2	1	...	...	8	...	2	1	1	1	...	...	2	...	1	...	47
	F.	36	1	5	7	4	7	5	3	2	1	1	...	2	...	...	...	...	1	...	...	...	1	...	...	38
11 Syphilis	M.	5	1	...	...	...	1	...	...	1	2	...	...	1	...	...	...	...	...	...	...	1	...	...	...	6
	F.	4	1	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...	1	...	...	...	6
12 General paralysis of the insane, tabes dorsalis	M.	12	...	...	...	...	...	...	3	5	3	1	...	3	...	...	...	...	...	...	...	1	1	1	...	15
	F.	2	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	2	...	...	...	4
13 Cancer, malignant disease	M.	230	...	...	1	1	3	4	7	27	71	85	31	73	...	...	...	...	...	...	...	...	...	...	...	303
	F.	203	...	...	...	...	3	...	13	37	52	65	33	90	...	...	...	1	...	2	5	11	23	28	19	293
14 Diabetes	M.	14	...	...	...	...	1	2	...	2	2	4	6	1	6	...	...	...	...	...	...	...	1	2	3	20
	F.	33	...	...	...	1	...	...	...	...	2	13	12	3	13	...	...	...	1	...	...	1	...	5	2	46
15 Cerebral hæmorrhage, &c.	M.	116	...	...	1	...	...	2	5	14	26	40	28	26	...	...	...	...	...	...	...	2	2	12	10	142
	F.	134	...	...	...	...	1	3	17	26	43	44	46	...	...	...	...	...	...	...	1	2	11	17	15	180
16 Heart disease	M.	350	3	2	8	12	34	77	112	102	140	1	3	14	29	48	45	490			
	F.	324	...	...	...	1	6	6	11	25	69	105	101	124	...	...	...	1	...	2	3	6	13	43	52	448
17 Aneurysm	M.	6	...	...	...	...	...	...	1	2	2	1	...	4	...	...	...	...	...	...	1	...	1	2	...	10
	F.	2	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	3
18 Other circulatory diseases	M.	104	...	...	...	...	...	1	1	3	13	47	39	40	...	...	...	...	...	...	...	1	3	18	18	144
	F.	88	...	...	...	...	...	2	2	14	31	39	39	45	...	...	...	...	...	...	...	3	4	15	23	133
19 Bronchitis... ..	M.	77	8	...	...	2	1	1	4	9	8	18	26	13	2	...	1	...	...	...	...	...	1	5	4	90
	F.	62	10	2	1	...	...	1	...	2	5	13	28	9	...	...	...	...	1	...	...	...	1	5	2	71
20 Pneumonia (all forms)	M.	107	26	19	18	3	8	4	3	14	8	6	8	26	4	2	...	1	1	1	1	3	5	3	5	133				
	F.	97	21	9	11	6	6	3	2	10	9	12	8	25	3	...	1	...	...	...	3	3	2	4	8	122	
21 Other respiratory diseases	M.	19	2	...	...	1	...	...	2	...	6	3	5	7	...	...	...	...	...	...	...	2	3	...	2	26
	F.	6	...	...	1	2	...	...	...	...	1	1	...	3	...	...	...	...	...	...	...	1	...	...	2	9
22 Peptic ulcer	M.	24	...	...	...	...	...	...	2	7	7	8	...	4	...	...	...	...	...	...	1	...	...	3	...	28
	F.	10	...	...	...	...	...	1	3	5	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...	11
23 Diarrhoea, &c.	M.	24	14	1	3	...	...	...	...	...	4	1	1	5	5	...	...	...	...	...	...	...	...	...	...	29
	F.	21	12	...	...	4	...	1	...	...	...	2	1	4	3	...	...	...	...	...	...	...	...	1	...	25
24 Appendicitis	M.	10	...	...	...	3	...	1	3	1	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	10
	F.	7	...	...	...	2	...	1	...	2	1	1	...	...	...	...	...	...	...	...	...	1	2	...	...	11
25 Cirrhosis of liver... ..	M.	11	...	...	...	...	...	...	...	...	2	5	4	2	...	...	...	...	...	...	...	...	...	1	1	13
	F.	3	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	...	1	1	...	5
26 Other diseases of liver, etc.	M.	5	...	...	...	...	...	1	...	...	2	1	2	3	...	...	...	...	...	...	...	...	...	...	...	8
	F.	13	...	...	...	...	...	...	...	...	2	4	5	10	...	...	...	...	...	...	...	1	...	2	4	23
27 Other digestive diseases	M.	24	4	1	1	2	...	1	...	2	5	4	4	16	4	...	...	1	...	...	...	...	5	3	3	40
	F.	40	1	...	3	...	3	4	1	5	8	11	4	14	3	...	...	...	...	...	...	2	4	1	4	54
28 Acute and chronic nephritis	M.	61	1	...	1	...	2	3	2	10	11	18	13	24	...	...	...	2	1	1	...	1	2	8	9	85	
	F.	66	...	...	...	2	4	2	2	9	11	20	16	26	...	...	...	...	...	...	...	2	6	9	6	92
29 Puerperal sepsis	F.	15	...	...	...	...	6	8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15
30 Other puerperal causes	F.	14	...	...	...	...	4	5	5	...	...	...	...	7	...	...	...	...</								



The following table shows the comparative rates :—

	Death rate.	Increase since 1933.	Decrease since 1933.	Death rate adjusted by application of comparability factor.	Mean rate 1924-1933.
Administrative County	11.78	—	0.15	12.48	11.91
Urban districts ...	11.71	—	0.24	12.88	11.79
Rural districts ...	12.0	0.14	—	11.41	11.28
England and Wales ...	11.8	—	0.5	—	12.15

Details of the deaths and death rates in the several districts are given in the table opposite page 24 of this report.

The diseases causing the greatest mortality in the administrative county during 1934 were as follows :—

Disease.	No. of deaths.	Percentage of total deaths.
Heart Disease ...	938	19.32
Cancer... ..	596	12.27
Tuberculosis ...	334	6.87
Cerebral Hæmorrhage, etc. ...	322	6.63
Other circulatory diseases ..	277	5.70
Pneumonia (all forms) ...	255	5.25
Acute and Chronic Nephritis ...	177	3.65
Totals	2,899	59.69

The above-named seven diseases were responsible for more than half the deaths in the administrative county.

INFANT MORTALITY.

	Number of deaths.	Death rate per 1000 births	Increase since 1933.	Decrease since 1933.	Mean rate 1924-1933.
Administrative County ...	444	69	—	2	74
Urban districts	364	72	—	4	78
Rural districts	80	59	3	—	60
England and Wales ...	34,785	59	—	5	68

The subjoined tables indicate the rates among legitimate and illegitimate infants respectively :—

	Legitimate Infants.		Illegitimate Infants.	
	No. of deaths under 1 year.	Death rate per 1000 births.	No. of deaths under 1 year.	Death rate per 1000 births.
Administrative County ...	410	67	34	114
Urban districts	341	70	23	101
Rural districts	69	54	11	155

DEATHS UNDER 5 YEARS AND AT 65 YEARS AND UPWARDS.

The rates (per 1,000 population) were as follows :—

	Under 5 years.	65 years and upwards.
Administrative County	1.58	5.30
Urban districts	1.74	4.56
Rural districts	1.09	6.58

INFECTIOUS DISEASES.

Notifications of Infectious Diseases received during the year 1934 under Article 14 (2) of the Sanitary Officers Order, 1926.

Sanitary districts.	Small-pox.	Scarlet Fever.	Diphtheria.	* Enteric Fever.	Pneumonia.	Puerperal Fever.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Erysipelas.	Encephalitis Lethargica.	Acute Polio myelitis.	Acute Polio-encephalitis.	Cerebro-Spinal Fever.	Totals.
BOROUGHS—														
Berwick-on-Tweed	—	41	20	—	5	—	—	—	5	1	—	—	—	72
Blyth	—	460	20	1	100	—	6	1	21	—	—	—	2	611
Morpeth	—	25	9	—	9	—	—	—	2	—	—	—	—	45
Wallsend	—	392	34	1	142	1	8	5	40	—	—	—	5	628
URBAN DISTRICTS—														
Alnwick	—	26	8	—	—	—	—	1	2	—	—	—	—	37
Amble	—	16	6	—	—	—	—	—	3	—	—	—	—	25
Ashington	—	630	199	3	19	1	6	2	13	—	—	—	4	877
Bedlington	—	289	51	1	76	1	1	2	16	—	—	—	3	440
Cramlington	—	93	8	—	14	—	—	2	9	—	—	—	—	126
Earsdon	—	61	11	—	2	—	2	—	2	—	—	—	2	80
Gosforth	—	72	14	—	22	1	—	—	11	—	—	—	—	120
Hexham	—	56	2	1	8	—	—	1	9	—	—	1	1	79
Longbenton	—	57	8	—	31	—	2	—	11	—	—	—	1	110
Newbiggin	—	65	32	1	33	—	—	—	10	—	—	—	—	141
Newburn	—	123	23	—	32	—	2	—	11	—	—	—	—	191
Prudhoe	—	28	8	3	31	—	—	—	10	—	—	—	—	80
Rothbury	—	15	—	—	—	—	—	—	—	—	—	—	1	16
Seaton Delaval	—	132	20	—	18	1	—	—	9	—	—	—	—	180
Seghill	—	10	—	—	13	—	—	—	2	—	—	—	—	25
Weetslade	—	54	2	—	1	—	—	—	4	—	—	—	—	61
Whitley & Monkseaton	—	183	7	1	31	—	2	—	16	—	1	—	—	241
RURAL DISTRICTS—														
Alnwick	—	48	2	1	4	—	—	—	3	—	—	—	—	58
Belford	—	6	—	—	5	1	—	—	1	—	—	—	—	13
Bellingham	—	41	4	—	7	—	—	—	1	—	—	—	—	53
Castle Ward	—	84	7	1	8	—	1	—	16	—	—	—	—	117
Glendale	—	32	1	—	2	—	—	—	4	—	—	—	—	39
Haltwhistle	—	38	1	—	5	—	—	—	2	—	—	—	—	46
Hexham	—	126	10	1	20	3	—	1	7	—	—	—	1	169
Morpeth	—	108	7	6	16	—	1	2	12	—	2	—	—	154
Norham & Islandshires	—	5	—	—	2	1	—	—	—	—	—	—	—	8
Rothbury	—	17	—	—	2	—	1	—	1	—	—	—	—	21
Totals	Nil	3333	514	21	658	10	32	17	253	1	3	1	20	4863

* Includes Typhoid and Paratyphoid.

The attack rate per 1,000 population for the administrative county was 11.80, for boroughs and urban districts 13.50, and for rural districts 6.62.

The following are the attack rates, per 1,000 population, of the under-mentioned infectious diseases, in each sanitary district in the administrative county :—

Sanitary Districts.	Small-pox	Scarlet Fever.	Diphtheria.	Enteric Fever.*	Puerperal Fever.	Puerperal Pyrexia	Erysipelas.
<i>Municipal Boroughs.</i>							
Berwick ...	—	3.37	1.64	—	—	—	0.41
Blyth ...	—	13.69	0.59	0.03	—	0.17	0.62
Morpeth ...	—	3.35	1.20	—	—	—	0.26
Wallsend ...	—	8.97	0.77	0.02	0.02	0.18	0.91
<i>Urban Districts.</i>							
Alnwick ...	—	3.76	1.15	—	—	—	0.28
Amble ...	—	3.66	1.37	—	—	—	0.68
Ashington ...	—	21.20	6.69	0.10	0.03	0.20	0.43
Bedlingtonshire ...	—	10.43	1.84	0.03	0.03	0.03	0.57
Cramlington ...	—	11.38	0.97	—	—	—	1.10
Earsdon ...	—	4.65	0.84	—	—	0.15	0.15
Gosforth ...	—	3.91	0.76	—	0.05	—	0.59
Hexham ...	—	6.29	0.22	0.11	—	—	1.01
Longbenton ...	—	3.68	0.51	—	—	0.12	0.71
Newbiggin ...	—	9.24	4.55	0.14	—	—	1.42
Newburn ...	—	6.22	1.16	—	—	0.10	0.55
Prudhoe ...	—	3.12	0.89	0.33	—	—	1.11
Rothbury ...	—	11.26	—	—	—	—	—
Seaton Delaval ...	—	17.93	2.71	—	0.13	—	1.22
Seghill... ...	—	3.66	—	—	—	—	0.73
Weetslade ...	—	6.86	0.25	—	—	—	0.50
Whitley & Monkseaton	—	7.30	0.27	0.04	—	0.08	0.63
<i>Rural Districts.</i>							
Alnwick ...	—	3.92	0.16	0.08	—	—	0.24
Belford ...	—	1.33	—	—	0.22	—	0.22
Bellingham ...	—	7.88	0.77	—	—	—	0.19
Castle Ward ...	—	5.51	0.45	0.06	—	0.06	1.05
Glendale ...	—	4.15	0.12	—	—	—	0.51
Haltwhistle ...	—	4.56	0.12	—	—	—	0.24
Hexham ...	—	6.07	0.48	0.05	0.14	—	0.33
Morpeth ...	—	5.66	0.36	0.31	—	0.05	0.62
Norham & Islandshires	—	1.02	—	—	0.20	—	—
Rothbury ...	—	3.88	—	—	—	0.22	0.22

*Including Typhoid and Paratyphoid.

It will be observed that the highest attack rates were as follows :—

Scarlet Fever.—Ashington, 21.20; Seaton Delaval, 17.93, and Blyth, 13.69.

Diphtheria.—Ashington, 6.69; Newbiggin, 4.55, and Seaton Delaval, 2.71.

Enteric Fever.—Prudhoe, 0.33; Morpeth R.D., 0.31, and Newbiggin, 0.14.

Puerperal Fever.—Belford, 0.22; Norham & Islandshires, 0.20, and Hexham R. D., 0.14.

Puerperal Pyrexia.—Rothbury R.D., 0.22; Ashington, 0.20, and Wallsend, 0.18.

Erysipelas.—Newbiggin, 1.42; Seaton Delaval, 1.22, and Prudhoe, 1.11.

ZYMOTIC DISEASES.

The Zymotic diseases which are generally notifiable are Small-pox, Scarletina, Diphtheria, Fevers (Typhus, Typhoid, Paratyphoid and Continued & Relapsing). The seven principal Zymotic diseases upon which the Zymotic death rate is calculated, are the four just mentioned, and in addition, Whooping Cough, Measles and Diarrhoea & Enteritis (under two years).

One hundred and eighty-one deaths were caused by the seven principle Zymotic diseases, being an increase of 54 compared with the number registered in 1933. Of these 142 took place in the urban and 39 in the rural districts.

The Zymotic diseases which caused the greatest mortality were :—

Diseases.	Number of deaths.		
	1934.	1933.	1932.
Measles	55	22	7
Diarrhoea & Enteritis (under 2 years)	35	63	41
Scarlet Fever	31	19	6

As Diarrhoea & Enteritis, Measles and Whooping Cough are not generally notifiable, no information can be given as to the number of cases which occurred.

The comparative rates for Zymotic diseases are set out in the following table :—

Diseases.	Death Rate.	Increase since 1933.	Decrease since 1933.
Administrative County ...	0·43	0·12	—
Urban districts	0·45	0·08	—
Rural districts	0·38	0·25	—
England and Wales	0·34	0·05	—

Table showing death rates per 1,000 living, from each of the seven principal Zymotic diseases for the seven years ended December 31st, 1934.

Diseases.	1928.	1929.	1930.	1931.	1932.	1933.	1934.
Small-pox	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlatina	0·022	0·012	0·022	0·007	0·014	0·046	0·075
Diphtheria	0·031	0·041	0·036	0·036	0·022	0·015	0·073
Typhoid & Paratyphoid	0·014	0·046	0·014	0·014	0·007	0·012	0·004
Measles	0·029	0·107	0·029	0·201	0·017	0·053	0·133
Whooping Cough	0·093	0·288	0·034	0·083	0·095	0·029	0·068
Diarrhoea & Enteritis (under 2 years)	0·095	0·158	0·097	0·071	0·100	0·154	0·084

Small-pox.—No cases were notified.

Typhus, Cholera, Plague, Anthrax (in human subjects).—No cases were reported.

Cerebro-spinal Meningitis.—Twenty cases were notified; 20 deaths were reported.

Poliomyelitis.—Three cases were notified. No death was reported.

Polio-encephalitis.—One case was notified. No death was reported.

Chicken-pox was reported from 8 Sanitary districts.

Dysentery.—Fifteen cases were reported from 5 Sanitary districts.

Diarrhoea.—Two cases were reported from one district.

Measles.—Twenty-two cases were reported from four districts.

Malaria.—Two cases were reported.

Meningitis.—One case was reported.

Undulant Fever.—One case was reported.

Whooping Cough.—Three cases were reported from two districts.

SCARLET FEVER.

The notifications numbered 3,333 (2,828 from urban and 505 from rural districts). The mortality from this disease was 31 (23 deaths occurring in urban and 8 in rural districts). In 1933 19 deaths were reported, and in 1932, 6.

	Death rate per 1000 population.	Increase since 1933.	Decrease since 1933.	Attack rate per 1000 living.
Administrative County ...	0.075	0.029	—	8.08
Urban districts ...	0.074	0.029	—	9.12
Rural districts ...	0.078	0.030	—	4.93

The district in which the greatest number of cases occurred was Ashington U.D. (630).

TYPHOID & PARATYPHOID FEVERS.

Twenty-one cases (12 from urban and 9 from rural districts) were notified, resulting in 2 deaths (both occurring in urban districts). In 1933 the mortality was 5 and in 1932, 29.

	Death rate per 1000 population.	Increase since 1933.	Decrease since 1933.	Attack rate per 1000 living.
Administrative County ...	0.004	—	0.008	0.05
Urban districts ...	0.006	—	0.007	0.03
Rural districts ...	—	—	0.009	0.08

The district in which the greatest number of cases occurred was the rural district of Morpeth (6).

DIPHTHERIA AND MEMBRANOUS CROUP.

The notifications number 514 (482 from urban and 32 from rural districts). The diseases (one or both) were notified from 26 districts, i.e., from all districts except the urban districts of Rothbury and Seghill, and the rural districts of Belford, Norham & Islandshires and Rothbury.

Thirty deaths occurred (26 in urban and 4 in rural districts); 6 deaths were reported in 1933 and 9 in 1932.

		Death rate per 1000 population.	Increase since 1933.	Decrease since 1933.	Attack rate per 1000 living.
Administrative County	...	0.072	0.057	—	1.24
Urban districts	...	0.083	0.070	—	1.55
Rural districts	...	0.039	0.020	—	0.31

MEASLES.

Fifty-five deaths occurred (40 in urban and 15 in rural districts); 22 deaths were reported in 1933 and 7 in 1932.

		Death rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	...	0.133	0.080	—
Urban districts	...	0.130	0.059	—
Rural districts	...	0.146	0.146	—

WHOOPIING COUGH.

The deaths numbered 28 (24 in urban districts and 4 in rural districts); 12 deaths were reported in 1933 and 39 in 1932.

		Death rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	...	0.067	0.038	—
Urban districts	...	0.077	0.038	—
Rural districts	...	0.039	0.039	—

PUERPERAL FEVER.

This disease caused 15 deaths (all in urban districts), compared with 20 in 1933 and 22 in 1932.

		Death rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	...	0.036	—	0.013
Urban districts	...	0.048	—	0.001
Rural districts	...	—	—	0.049

The distribution of the deaths was as follows:—Blyth Borough, 2; Wallsend Borough, 4; Bedlingtonshire U.D., 1; Cramlington U.D., 1; Earsdon U.D., 1; Hexham U.D., 1; Newburn U.D., 2; Prudhoe U.D., 1; Seaton Delaval U.D., 2.

DIARRHOEA AND ENTERITIS.

At all ages.

The number of deaths at all ages was 54 (45 in urban and 9 in rural districts). In 1933 100 deaths occurred, and in 1932, 56.

	Death rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	0.131	—	0.113
Urban districts	0.145	—	0.145
Rural districts	0.087	—	0.020

Under 2 years.

The deaths from this cause, under two years of age, numbered 35 (63 in 1933 and 41 in 1932); 27 occurred in urban and 8 in rural districts.

	Death Rate per 1 000 births.	Increase since 1933.	Decrease since 1933.
Administrative County	5.48	—	4.48
Urban districts	5.35	—	6.43
Rural districts	5.97	2.41	—

RESPIRATORY DISEASES.

Respiratory diseases (exclusive of Respiratory Tuberculosis) caused 451 deaths in the administrative county during the year; 368 occurred in urban and 83 in rural districts. 442 deaths were reported in 1933 and 418 during 1932. The following table shows the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	1.09	0.01	—
Urban districts	1.18	0.01	—
Rural districts	0.81	0.01	—

INFLUENZA.

Fifty-one deaths were recorded (38 in urban and 13 in rural districts), as directly attributable to this disease during the year. The deaths during 1933 numbered 185, and during 1932, 70. The following table indicates the comparative rates :—

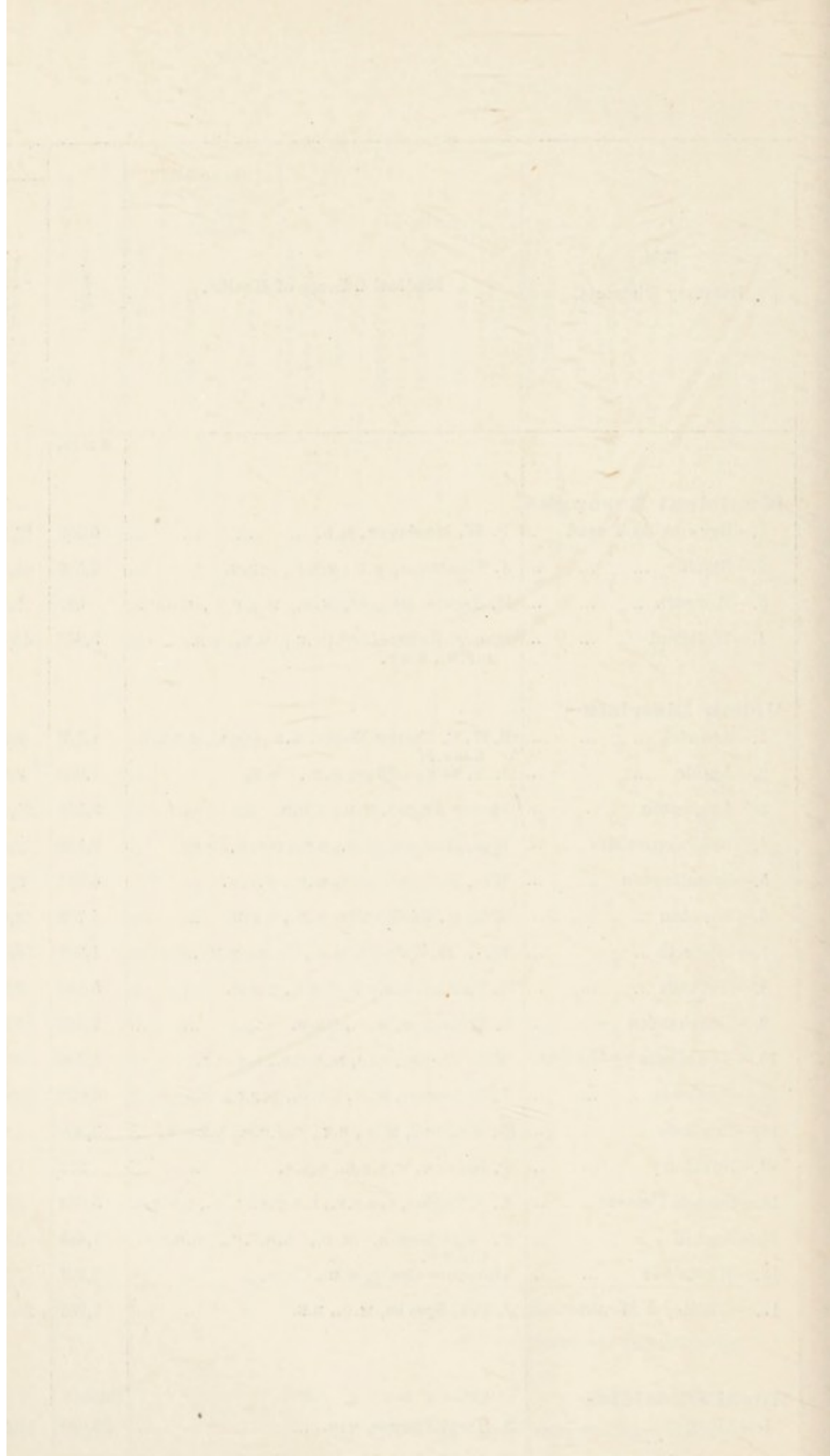
	Death Rate per 1,000 population.	Increase since 1933.	Decrease since 1933.
Administrative County	0.12	—	0.33
Urban districts	0.12	—	0.26
Rural districts	0.12	—	0.45

Vital and Mortality Statistics.

The following table shows the principal vital and mortality rates for the years 1892-1934 (inclusive).

Year.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births.	Zymotic death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1892	33.25	18.41	130.00	1.42	1.67
1893	33.22	18.50	160.00	2.35	1.67
1894	31.76	16.12	131.73	1.51	1.56
1895	32.59	18.72	156.28	2.29	1.62
1896	31.75	15.87	136.74	1.46	1.43
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.58	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60

TABLE OF VITAL AND MORTALITY STATISTICS, &c., 1934



TUBERCULOSIS.

Table 1.

Deaths and death rates.

	Respiratory Tuberculosis.				Other Tuberculous diseases.				Tuberculosis (all forms).			
	Deaths.	Death rates per 100,000 living.	Increase in rates since 1933.	Decrease in rates since 1933.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1933.	Decrease in rates since 1933.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1933.	Decrease in rates since 1933.
Administrative County	249	60	—	5	85	21	1	—	334	81	—	4
Urban districts ...	194	63	—	7	75	24	5	—	269	87	—	2
Rural districts ...	55	54	4	—	10	10	—	12	65	64	—	3
England and Wales ...	—	63	—	6	—	13	—	—	—	76	—	6

Table I. shows the number of deaths and the death rates per 100,000 living from all forms of Tuberculosis. It will be observed that in Respiratory Tuberculosis there is a decrease of 5 per 100,000 in the Administrative County as a whole. The decrease in the urban districts is 7 per 100,000, but the rural districts show an increase of 4 per 100,000 living.

In other forms of tuberculosis the rate has increased by 1 in the Administrative County and 5 in the urban districts, while in the rural districts there is a decrease of 12 per 100,000 of population.

As indicated above, the death rate from all forms of tuberculosis in the Administrative County during 1934 was 81, being a decrease of 4 per 100,000 of population from the rate of last year. Of the 334 deaths, 269 occurred in borough and urban districts (population 309,800) equivalent to a death rate of 87 per 100,000 living persons, and 65 in rural districts (population 102,300) corresponding with a death rate of 64 per 100,000 living.

Table 2.
Deaths and death rates, 1900—1934.
Administrative County of Northumberland.

Year.	Respiratory Tuberculosis.		Other Tuberculous Diseases.		Tuberculosis (all forms).		Total Deaths from all causes.	% of Deaths from Tuberculosis.
	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.	No. of Deaths.	Death rate per 100,000 living.		
*1900	537	138	244	62	781	200	6,822	11.4
*1901	495	125	280	71	775	196	7,261	10.6
*1902	498	125	240	60	738	185	6,605	11.1
*1903	485	119	323	79	808	198	6,826	11.8
*1904	490	117	317	76	807	193	7,131	11.3
1905	344	102	239	71	583	173	5,016	11.6
1906	362	104	208	60	570	164	5,026	11.3
1907	355	100	197	55	552	155	4,790	11.5
1908	344	95	220	60	564	155	5,377	10.5
1909	377	101	207	55	584	156	4,994	11.6
1910	355	93	225	60	580	153	4,917	11.7
1911	366	98	200	54	566	152	5,159	10.9
1912	328	86	193	50	521	136	4,861	10.7
1913	353	91	189	48	542	139	5,175	10.4
†1914	360	91	180	46	540	137	5,125	10.5
†1915	376	103	197	54	573	157	5,786	9.9
†1916	394	110	187	52	581	162	4,915	11.8
†1917	378	106	194	54	572	160	4,851	11.7
†1918	434	122	164	46	598	168	6,129	9.7
1919	367	97	136	36	503	133	5,335	9.4
1920	363	92	144	37	507	129	5,072	9.9
1921	347	87	151	38	498	125	4,944	10.1
1922	355	88	127	31	482	119	5,113	9.4
1923	345	85	122	30	467	115	4,599	10.1
1924	337	82	126	31	463	113	4,951	9.3
1925	324	78	123	30	447	108	4,807	9.3
1926	303	73	120	29	423	102	4,735	8.9
1927	337	81	90	22	427	103	4,812	8.9
1928	277	68	107	26	384	94	4,642	8.3
1929	301	74	108	26	409	100	5,009	8.2
1930	321	78	89	22	410	100	4,516	9.1
1931	309	75	100	25	409	100	4,993	8.2
1932	279	68	93	23	372	91	4,648	8.0
1933	268	65	81	20	349	85	4,893	7.1
1934	249	60	85	21	334	81	4,856	6.9
Mean 1924-1933.	306	74	104	25	409	100	4,801	8.5

NOTES.—*Prior to 1905 Tynemouth U.D., Beunwell and Walker were in County area.
†1914-1918 were "war" years.
‡1918 was the year of two severe epidemics of influenza.

Table 2 shows the deaths and death rates from 1900 to 1934 in the Administrative County from respiratory tuberculosis, other tuberculous diseases, and all forms, with the total number of deaths from all causes and the percentage of deaths due to tuberculous diseases. It will be noted that the death rate from all forms of tuberculosis is 81 per 100,000 living persons, while in 1900 it was 200. The percentage of deaths from tuberculosis in 1900 was 11.4 against 6.9 in 1934. The total number of deaths in 1900 was 6,822, while in 1934 it was 4,856.

During the five years 1929-1933 the mean mortality rate from all forms of tuberculous diseases in the Administrative County was 95; from respiratory tuberculosis the mean rate was 72, and from other tuberculous diseases 23 per 100,000 living. In the preceding quinquennial period (1924-1928) the mean rates were—from tuberculosis (all forms) 104; respiratory 76, and other tuberculous diseases 28 per 100,000 persons living.

The following table shows notifications and mortality at specified age periods during the year 1934 :—

Table 3.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	3	1	5	1	3	1	3	1
1—	3	7	23	18	...	1	15	12
5—	45	49	50	33	4	4	11	4
15—	75	57	24	16	25	37	8	8
25—	45	51	14	10	37	28	2	5
35—	38	34	2	6	13	26	2	3
45—	37	15	3	2	21	13	4	2
55—	22	6	1	4	18	6	1	2
65 and upwards	10	4	...	...	8	4	1	1
	278*	224*	122*	90*	129	120	47	38

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Forty-three cases (23 pulmonary and 20 non-pulmonary) were not notified prior to death. Of this number 15 died in institutions, etc., outside the administrative County. Last year 43 cases were unnotified prior to death.

ADMINISTRATION.

For convenience, the following data is given categorically in order to meet the requirements of the Ministry of Health :—

Public Health (Prevention of Tuberculosis) Regulations, 1925.—Following upon an application by the County Council, authority for enforcing these Regulations, within the area of the administrative county, was given to the County Council through the medium of the County of Buckingham (Prevention of Tuberculosis) Order, 1926. It was not found necessary to take any action under the Regulations during the year.

Public Health Act, 1925, Section 62.—No action was found to be necessary during the year.

As already indicated, the mean death rate from Respiratory Tuberculosis in the administrative County during the previous five years (1929-1933) was 72 per 100,000; this rate is greater than that recorded from all the deaths arising from the seven principal Zymotic Diseases, which showed a mean rate of 37 per 100,000 during the same period.

TABLE 4.
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 1ST JANUARY, 1934, TO THE
31ST DECEMBER, 1934, IN THE AREA OF THE COUNTY OF NORTHUMBERLAND.

Formal Notifications.													
Age-periods.	Number of Primary Notifications of new cases of Tuberculosis.										Total Notifications.		
												Total (all ages).	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65 upwards.			
Pulmonary (Males) ...	3	3	27	17	45	28	44	37	34	19	9	266	301
" (Females) ...	1	7	29	20	21	34	50	30	14	4	3	213	237
Non-pulmonary (Males) ...	4	20	23	24	8	14	14	2	3	1	—	113	126
" (Females) ...	—	13	18	14	8	7	9	5	1	4	—	79	86
												671	750

NOTIFICATION REGISTERS.

	Pulmonary.			Total.	Non-Pulmonary.			Total.	Total Cases.
	Males.	Females.	Total.		Males.	Females.	Total.		
Number of cases of Tuberculosis remaining at the 31st December, 1934, on the Registers of Notifications kept by District Medical Officers of Health in the County ...	1,695	1,539	3,234		735	650	1,385		4,619
Number of cases removed from the Registers during the year by reason <i>inter alia</i> of:—									
1. Withdrawal of notification ...	3	4	7		—	—	—		7
2. Recovery from disease ...	68	48	116		36	27	63		179
3. Death ...	126	106	232		28	22	50		282

TABLE 5.

INCIDENCE OF TUBERCULOSIS IN THE ADMINISTRATIVE COUNTY ACCORDING
TO DISTRICTS, 1934.

SANITARY DISTRICTS.	"Live" cases on Registers at com- mencement of year.			Number of Primary Notifications during year.			Deaths Registered during year.			"Live" cases on Registers at end of year.		
	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total	Respir- atory.	Other forms.	Total
<i>Municipal Boroughs.</i>												
Berwick-on-Tweed ...	69	48	117	16	5	21	11	3	14	71	51	122
Blyth ...	260	83	343	35	15	50	19	12	31	243	66	309
Morpeth ...	73	13	86	10	6	16	4	3	7	76	18	94
Wallsend ...	430	151	581	84	35	119	37	16	53	401	152	553
<i>Urban Districts.</i>												
Alnwick ...	66	13	79	22	2	24	9	4	13	83	14	97
Amble ...	16	10	26	1	...	1	4	...	4	16	10	26
Ashington ...	184	105	289	25	10	35	16	6	22	188	111	299
Bedlington ...	253	78	331	40	18	58	12	9	21	258	87	345
Cramlington ...	63	38	101	3	4	7	2	1	3	66	38	104
Earsdon ...	141	64	205	14	2	16	7	2	9	149	66	215
Gosforth ...	55	13	68	17	5	22	5	4	9	61	13	74
Hexham ...	169	28	197	8	4	12	5	1	6	132	28	160
Longbenton ...	67	18	85	13	7	20	8	2	10	73	18	91
Newbiggin-by-the-Sea ...	167	93	260	15	8	23	4	...	4	162	96	258
Newburn ...	190	126	316	31	19	50	16	7	23	205	143	348
Prudhoe ...	50	15	65	10	5	15	10	...	10	52	21	73
Rothbury ...	3	1	4	2	1	3	...	...	...	3	1	4
Seaton Delaval ...	35	7	42	8	10	18	2	1	3	36	10	46
Seghill ...	5	3	8	...	...	...	1	...	1	7	3	10
Weetslade ...	89	66	155	10	1	11	10	...	10	93	63	156
Whitley & Monkseaton ...	146	59	205	28	4	32	12	4	16	162	61	223
<i>Rural Districts.</i>												
Alnwick ...	65	31	96	14	3	17	12	...	12	69	35	104
Belford ...	7	6	13	4	2	6	...	...	...	10	9	19
Bellingham ...	28	3	31	9	1	10	4	2	6	34	4	38
Castle Ward ...	132	57	189	9	3	12	8	...	8	136	59	195
Glendale ...	20	12	32	7	1	8	5	...	5	20	14	34
Haltwhistle ...	30	4	34	...	...	...	4	2	6	30	4	34
Hexham ...	147	43	190	13	5	18	11	1	12	158	48	206
Morpeth ...	212	126	338	28	11	39	8	4	12	210	119	329
Norham & Islandshires ...	25	14	39	1	3	4	2	...	2	26	19	45
Rothbury ...	5	3	8	2	2	4	1	1	2	4	4	8
TOTALS ...	3,202	1,331	4,533	479	192	671	249	85	334	3,234	1,385	4,619

TREATMENT OF TUBERCULOSIS.

The following consolidated return shows the work of all the dispensaries during the year 1934; succeeding tables give an outline of the work of individual dispensaries. It will be observed that of 1,281 new cases (including contacts) examined, 401 were definitely tuberculous; 317 cases were written off the dispensaries' registers as recovered, and 164 died. At the end of the year 1,834 definite cases of tuberculosis were on the dispensaries' registers.

TUBERCULOSIS SCHEME
OF THE NORTHUMBERLAND COUNTY COUNCIL.

RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1934.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):													
(a) Definitely tuberculous ...	136	104	26	26	15	12	31	18	151	116	57	44	881
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	16	7	12	16	
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	134	136	101	91	
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous ...	8	10	2	9	...	...	2	2	8	10	4	11	400
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	...	2	2	1	
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	53	69	119	121	
C.—CASES written off the Dispensaries' Registers as :—													
(a) Recovered ...	68	83	41	29	6	10	39	41	74	93	80	70	1,171
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensaries' Registers as tuberculous)...	...	...	...	...	...	...	...	...	194	213	230	217	
	
D.—NUMBER OF CASES on Dispensaries' Registers on December 31st :—													
(a) Definitely tuberculous ...	561	445	225	239	50	50	144	120	611	495	369	359	1,876
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	12	6	12	12	

1. Number of cases on Dispensaries' Registers on January 1st ... 2,047
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 116
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 233
4. Cases written off during the year as Dead (all causes) ... 164
5. Number of attendances at the Dispensaries (including Contacts) ... 4,619
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 313
7. Number of consultations with medical practitioners :—
 - (a) Personal ... 224
 - (b) Other ... 2,225

8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	352
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	12,979
10. Number of :—	
(a) Specimens of sputum, etc., examined... ..	891
(b) X-ray examinations made in connection with Dispensary work	680
11. Number of "Recovered" cases restored to Dispensaries' Registers, and included in A (a) and A (b) above... ..	1
12. Number of "T.B. plus" cases on Dispensaries' Registers on December 31st	447

NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS
(EXCLUDING CENTRES USED ONLY FOR SPECIAL FORMS OF TREATMENT).

Provided by the Council... ..	5
Provided by Voluntary Bodies	Nil

Shelters for Domiciliary Treatment of Tuberculosis.—Portable sleeping shelters are provided and maintained by the County Council for the use of patients who are residing at home or in private houses, where the ordinary bedroom accommodation is unsuitable or prejudicial to the health of the inmates.

They are distributed on the recommendation of the Tuberculosis Officer; 52 are available, most of which were in regular use.

RETURN SHOWING THE WORK OF THE ASHINGTON DISPENSARY
DURING THE YEAR 1934.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous	107	29	136
(b) Diagnosis not completed	—	—	10
(c) Non-tuberculous... ..	—	—	195
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous	13	—	13
(b) Diagnosis not completed	—	—	1
(c) Non-tuberculous... ..	—	—	96
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	71	42	113
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	—	—	291
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely Tuberculous	435	126	561
(b) Diagnosis not completed	—	—	11

1. Number of cases on Dispensary Register on January 1st...	683
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	16
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	112
4. Cases written off during the year as Dead (all causes) ...	62
5. Number of attendances at the Dispensary (including contacts)...	1,354
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	--
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	108

RETURN SHOWING THE WORK OF THE BLYTH DISPENSARY
DURING THE YEAR 1934.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts):—			
(a) Definitely tuberculous ...	35	12	47
(b) Diagnosis not completed ...	—	—	11
(c) Non-tuberculous... ..	—	—	55
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	4	—	4
(b) Diagnosis not completed ...	—	—	—
(c) Non-tuberculous... ..	—	—	70
C.—CASES written off the Dispensary Register as:—			
(a) Recovered	47	8	55
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	132
D.—NUMBER OF CASES on Dispensary Register on December 31st:—			
(a) Definitely tuberculous ...	229	48	277
(b) Diagnosis not completed ...	—	—	7

1. Number of cases on Dispensary Register on January 1st...	283
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	24
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	5
4. Cases written off during the year as Dead (all causes) ...	18
5. Number of attendances at the Dispensary (including contacts)...	771
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	—
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	83

RETURN SHOWING THE WORK OF THE HEXHAM DISPENSARY
DURING THE YEAR 1934.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ...	32	9	41
(b) Diagnosis not completed ...	—	—	1
(c) Non-tuberculous... ..	—	—	56
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	2	—	2
(b) Diagnosis not completed ...	—	—	—
(c) Non-tuberculous... ..	—	—	19
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	12	2	14
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	77
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	147	32	179
(b) Diagnosis not completed ...	—	—	1

1. Number of cases on Dispensary Register on January 1st...	192
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	18
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	41
4. Cases written off during the year as Dead (all causes) ...	17
5. Number of attendances at the Dispensary (including contacts)...	391
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	—
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	45

RETURN SHOWING THE WORK OF THE NEWBURN DISPENSARY
DURING THE YEAR 1934.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ...	26	12	38
(b) Diagnosis not completed ...	—	—	—
(c) Non-tuberculous... ..	—	—	31
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ...	3	3	6
(b) Diagnosis not completed ...	—	—	2
(c) Non-tuberculous... ..	—	—	26

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	6	23	29
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	58
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ...	147	53	200
(b) Diagnosis not completed ...	—	—	2

1. Number of cases on Dispensary Register on January 1st... ..	212
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	3
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)	13
5. Number of attendances at the Dispensary (including contacts)... ..	437
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	—
7. Number of "T.B. plus" cases on Dispensary Register on December 31st	37

RETURN SHOWING THE WORK OF THE WALLSEND DISPENSARY
DURING THE YEAR 1934.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous	92	14	106
(b) Diagnosis not completed	—	—	29
(c) Non-tuberculous... ..	—	—	125
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous	7	1	8
(b) Diagnosis not completed	—	—	2
(c) Non-tuberculous... ..	—	—	151
C.—CASES written off the Dispensary Register as :—			
(a) Recovered	85	21	106
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	296
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous... ..	512	105	617
(b) Diagnosis not completed	—	—	21

1. Number of cases on Dispensary Register on January 1st...	677
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	55
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	59
4. Cases written off during the year as Dead (all causes) ...	54
5. Number of attendances at the Dispensary (including contacts)...	1,666
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above...	1
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ...	174

The tables opposite this page show in summary form the condition of all patients whose records are in the possession of the Dispensaries and, before studying these, the following notes on classification, etc., should be read :—

Patients diagnosed as suffering from *Pulmonary Tuberculosis* are placed in the following categories :—

Class T.B. minus, viz., cases in which tubercle bacilli have never been demonstrated in the sputum, pleural fluid, faeces, etc.

Class T.B. plus, viz., cases in which tubercle bacilli have at any time been found. It should be noted that a patient originally in Class T.B. minus must be transferred to Class T.B. plus at any stage in the course of treatment if and when tubercle bacilli are found ; while, on the other hand, a patient who is once placed in Class T.B. plus can never revert to Class T.B. minus.

Class T.B. plus is further subdivided into three groups as follows :—

Group 1.—Cases with slight constitutional disturbance, if any, *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :—Either present in one lobe only and in the case of an apical lesion of one upper lobe not extending below the second rib in front or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy does not exclude a case from this group.

Group 3.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function either local or general, and with little or no prospect of recovery.

All cases with grave complications (*e.g.*, diabetes, tuberculosis of intestine, etc.), whether those complications are tuberculous or not, are classified in this group.

Group 2.—All cases which cannot be placed in Groups 1 and 3. Patients suffering from Non-pulmonary Tuberculosis are classified according to the site of the lesion as follows :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal Tuberculosis (*i.e.*, tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

Patients suffering from multiple lesions are classified in one sub-group only, viz., in that applicable to the case which stands highest in the immediately preceding list.

T.1 PULMONARY TUBERCULOSIS

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the 'Dispensaries' Registers; and (b) the reasons for the removal of all cases written off the Registers. The Table is arranged according to the years in which the patients were first entered on the 'Dispensaries' Registers as definite cases of pulmonary tuberculosis, and their classification at that time.

III. NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1934 of all patients remaining on the Discharge Register; and (b) the reasons for the removal of all cases written off the Register.

The following terms are used to describe the results of treatment :—

"*Quiescent.*"—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

"*Arrested.*"—Cases in which, if pulmonary, the disease has been "quiescent" for a period of at least two years, or, if non-pulmonary, the disease is "quiescent" and there is reason to believe that it is unlikely to recur.

"*Recovered.*"—Cases in which arrest of the disease has been maintained for at least three years.

RESIDENTIAL INSTITUTIONS.

NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS
ON THE 31ST DECEMBER, 1934, IN INSTITUTIONS
BELONGING TO THE COUNCIL.

Name of Institution.	For PULMONARY cases.		For NON-PULMONARY cases.		TOTAL.
	Adults.	Children under 15.	Adults.	Children under 15.	
Wooley Sanatorium, Nr. Hexham	180	...	4	...	184
<i>Poor Law Institutions.—</i> Dene Street House, Hexham	<i>For Tuberculosis (All Forms).</i>				6
*Preston Hospital, North Shields	66	25	...	...	91

* (These beds are available for the Administrative County of Northumberland and the County Borough of Tyne-mouth.)

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND
OBSERVATION DURING THE YEAR 1934 IN INSTITUTIONS (OTHER
THAN POOR LAW INSTITUTIONS) APPROVED FOR THE
TREATMENT OF TUBERCULOSIS.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of doubtfully tuberculous cases admitted for observation	Adult M.	3	38	35	...	6
	F.	3	21	20	...	4
	Children	4	71	72	...	3
	TOTAL	10	130	127	...	13
Number of patients suffering from pulmonary tuberculosis.	Adult M.	102	136	131	10	97
	F.	68	112	104	5	71
	Children	59	86	85	1	59
	TOTAL	229	334	320	16	227
Number of patients suffering from non-pulmonary tuberculosis.	Adult M.	2	5	4	...	3
	F.	...	3	3	...	...
	Children	45	45	52	...	38
	TOTAL	47	53	59	...	41
GRAND TOTAL ...		286	517	506	16	281

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED
DURING THE YEAR 1934, IN POOR LAW INSTITUTIONS FOR
PERSONS CHARGEABLE TO THE COUNCIL.

		In Insti- tutions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis.	Adult Males ...	5	13	6	4	8
	Adult Females	8	19	18	5	4
	Children...	2	5	3	...	4
	TOTAL...	15	37	27	9	16
Number of patients suffering from non pulmonary tuberculosis.	Adult Males ...	2	3	4	...	1
	Adult Females	1	3	2	...	2
	Children...	4	2	3	1	2
	TOTAL...	7	8	9	1	5
GRAND TOTAL ...		22	45	36	10	21

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY
TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1934
FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF
TUBERCULOSIS.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	3	3	39	12	6	15	...	1	11	3	2	1	18	12	66
Non-tuberculous	2	...	1	15	6	4	...	...	...	...	1	1	17	7	6
Doubtful...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
TOTALS ...	5	4	40	27	12	19	...	1	11	3	3	2	35	20	72

RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY
TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1934 FROM
INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in Institution.															GRAND TOTALS.
			*Under 3 months.			3-6 months			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
TUBERCULOUS.	Class T.B. minus.	Quiescent ...	6	6	2	17	8	42	15	5	18	8	2	8	46	21	70	137
		Not quiescent ...	2	5	1	1	5	...	1	5	1	1	...	3	5	15	5	25
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group I.	Quiescent ...	1	1	...	...	...	...	1	1	...	...	...	...	2	2	...	4
		Not quiescent ...	...	...	...	2	...	...	...	1	...	...	1	...	2	2	...	4
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group II.	Quiescent ...	...	...	...	1	1	...	4	2	...	4	2	...	9	5	...	14
		Not quiescent ...	5	2	...	10	2	...	15	8	...	15	10	1	45	22	1	68
		Died in Institution	...	...	...	...	...	...	1	1	...	2	...	...	3	1	...	4
	Class T.B. plus Group III.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1
		Not quiescent ...	8	4	...	6	5	3	4	11	1	3	12	5	21	32	9	62
		Died in Institution	3	2	...	...	2	...	4	...	1	...	...	...	7	4	1	12
TOTALS.	PULMONARY ...	25	20	3	37	23	45	45	34	21	33	28	17	140	105	86	331	
OTHER.	Bones and Joints.	Quiescent ...	...	...	1	...	...	5	...	...	5	1	...	11	1	...	22	23
		Not quiescent ...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	3
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal.	Quiescent ...	...	...	1	...	...	7	...	...	7	...	...	1	...	...	16	16
		Not quiescent ...	...	...	...	1	2	1	...	...	...	...	...	1	1	2	2	5
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs.	Quiescent ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
		Not quiescent ...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands.	Quiescent ...	...	...	...	...	...	2	1	...	3	...	...	1	1	...	6	7
		Not quiescent ...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	2	2
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS.	NON-PULMONARY	...	...	3	1	2	16	1	1	17	2	...	15	4	3	51	58	

* but exceeding 28 days.

REPORT OF THE MEDICAL SUPERINTENDENT,
WOOLEY SANATORIUM,
FOR THE YEAR ENDED DECEMBER 31ST, 1934.

During the year 282 patients were discharged. The results of treatment were classified as follows :—

Quiescent	...	...	...	...	...	93
Improved	...	...	...	...	...	107
No material improvement	...	...	...	...	...	44
Died	...	...	...	...	...	15
Non-tuberculous	...	...	...	...	...	22
Doubtful	...	...	...	...	...	1
						<hr/> 282 <hr/>

These results are based on a very conservative estimate of the patients' response to treatment. The Ministry of Health's definition of "Quiescent" is "cases which have no symptoms of tuberculosis and no signs of tuberculous disease, except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli." Cases which in any way do not conform to this standard are shown as "improved," and unless the improvement is really substantial they are included in the "no material improvement" group.

The year was notable in the annals of the institution for the appointment of a thoracic surgeon and for the introduction of surgical methods to a place in the treatment of pulmonary tuberculosis.

The various surgical procedures which have been devised for this disease may be summed up in the term "collapse therapy," that is, intervention with a view to securing collapse of the diseased areas.

The simplest and best method of securing collapse is by the establishment of an artificial pneumothorax. This form of treatment represents the most striking advance in the history of tuberculosis since the discovery of the tubercle bacillus by Koch over fifty years ago. It is carried out by the sanatorium physician. Collapse is obtained by the insufflation of air into the pleural space and has to be maintained by refills over a period of several years—the duration varying with the nature and severity of the original condition. For cases with one lung extensively involved and cavities present this form of treatment is ideal. When it is completely successful the symptoms are rapidly brought under control, bacilli disappear from the sputum, and the general condition improves steadily. It is only, however, in a proportion of cases where this happy result is achieved. The operation may fail completely owing to the layers of the pleura being firmly adherent as the result of a tuberculous pleurisy, or the collapse may be only partial owing to adhesions being present. In many cases such adhesions gradually stretch and allow an efficient collapse to be achieved, but in others cavities remain open and the pneumothorax may be useless or even dangerous. Uncontrolled cavities are always a menace to the health of the patients as they rarely heal on conservative measures and they are a constant reservoir of infection, liable at any time to cause a spread of the disease in the other lung.

It is for such cases, where an artificial pneumothorax has failed or is only partially successful, that the various surgical procedures, some of them very ingenious, have been devised. Some of these will be considered later.

Induction of artificial pneumothorax was attempted in 101 cases during the year. An initial collapse was obtained in 65 cases, and the operation failed completely in 36 cases. Eleven were later abandoned as useless, leaving a balance of 54 cases where the collapse was efficient or, if incomplete, where it was considered worth while to persist with the refills. In 42 cases the sputum became negative or disappeared altogether. It remained positive in 21 cases. This conversion of a positive sputum to a negative one is obviously of great importance when the patient returns home.

Bi-lateral pneumothorax, i.e., simultaneous partial collapse of both lungs was tried in three cases.

Artificial pneumothorax was induced in two cases as an aid to diagnosis. One of these proved to be a cancer of the lung and the other an abscess.

1,540 refills were given during the year.

The time has now come for the provision of facilities for refills for out-patients in a more convenient centre. Wooley is inconveniently situated for out-patient attendance, and the cost of travelling from many parts of the County is considerable. The ideal would be for this work to be done at the dispensaries, but as X-ray control is essential, this would appear to be impracticable. The minimum necessary would be to establish a pneumothorax clinic with an X-ray apparatus, and to arrange sessions to accommodate the increasing numbers of such cases. It may occasionally be necessary to give refills in a patient's own home, as, for example, after child-birth, when it is imperative to maintain the collapse.

Phrenicectomy.

This operation is a minor form of "collapse therapy" with various indications. It consists essentially of causing, by an operation on the phrenic nerve in the neck, paralysis of one side of the diaphragm, the great muscle of respiration which separates the thorax from the abdomen. When paralysed, the muscle is pushed upwards by the greater intra-abdominal pressure and thus diminishes considerably the volume of the hemi-thorax. Its constant movement with each respiration is also abolished and rest to the base of the lung is secured. Ten cases were selected for this operation. The indication in three cases was tuberculosis confined to the base of one lung. The result in all three cases was very good.

It was tried in four cases to assist the collapse of cavities in an inefficient pneumothorax. In one the result was striking as the cavity gradually closed. In another, there was a remarkable diminution in the size of a very large cavity in the lower lobe. The remaining two showed no benefit from the operation.

The other three cases were done merely as a preliminary to a thoracoplasty. In one the phrenicectomy alone was of considerable benefit; in the second the condition was not appreciably changed, while the third subsequently developed extensive disease in the other lung which ruled out the possibility of further surgical intervention.

These results are, of course, estimated on the effect within a few months of the operation. They are encouraging when one considers the serious nature of the majority of the cases. It would be wrong to form any conclusions on the value of the operation on such a small series, but it is perhaps fair to say that when the indications for it are clear cut and definite, this operation is a useful weapon in the armamentarium of the tuberculosis physician. To apply it merely for the sake of doing something, is likely to bring the procedure into disrepute.

The Division of Adhesions.

In some cases, where adhesions are responsible for an unsatisfactory pneumothorax, it is possible to divide them by electro-surgical methods controlled by direct vision through the thoracoscope. This would appear to be a rational and scientific method of dealing with them. One such case of ours, where a phrenicectomy had failed to control a cavity, was dealt with by Dr. Gustav Maurer of Switzerland at a demonstration arranged in the Royal Victoria Infirmary, Newcastle-on-Tyne. Three adhesions, one of which was thick and broad, were preventing the collapse of a large thick-walled cavity in the upper lobe of the left lung. These were "enucleated" after Maurer's own method. The immediate result was not very satisfactory. The patient developed a surgical emphysema, that is, the air from the pneumothorax leaked out through the puncture in the chest wall made by the instrumentation into his tissues. The lung re-expanded and the upper lobe became adherent to the raw surfaces caused by the operation. However, by repeated refills of air at very short intervals pushed to the point of discomfort, it was possible to overcome the recently formed adhesions, and to re-establish collapse. The cavity is now no longer visible on the X-ray film, and his sputum, formerly persistently positive, has become negative. So far, this is a very striking result.

Arrangements have been made for this form of treatment to be available for suitable cases in the near future.

Thoracoplasty.

While the foregoing are relatively minor operations which are usually performed with a local anaesthetic, thoracoplasty in its various forms is in the domain of major surgery.

When all other means of collapse have failed, the removal of portions of a varying number of ribs to allow the side of the chest to fall in, is the final resource.

It is claimed that in about 40 per cent. of such cases "practical cures" with restoration of working capacity are obtained. When one considers that the operation is only used in cases where all other available methods of treatment have already failed and where the prospect of these patients is a life of chronic invalidism with probable death within five years, these results must be regarded as excellent.

X-ray.

Since the installation of the plant at Wooley there has been a steady increase in the amount of work. 1,308 films were taken during the year; 628 of sanatorium patients and 680 for the dispensaries.

In addition, a routine weekly X-ray screening of cases undergoing artificial pneumothorax treatment was carried out. This control is essential to secure the optimum degree of collapse and to determine the interval between the refills.

The cases referred from the dispensaries for a diagnostic radiogram proved once more that Pulmonary Tuberculosis, particularly the type of disease affecting young adults, is very frequently a silent disease, and that extensive disease can be shown on the X-ray film when no physical signs are present. This would appear to be very discouraging for the seeker after "early" cases, as it might seem to imply that a wholesale X-ray examination of the young adult population would be necessary to ensure early diagnosis.

The problem is not quite so difficult. The type of case which does not show signs nearly always has suggestive symptoms such as lassitude, cough or haemoptysis. There may be a family history or the sputum may be positive.

At the same time, it does indicate that the most hopeful method of securing earlier diagnosis is by the provision of further X-ray facilities in the County and by encouraging the general practitioner to make use of them.

Co-operation with the general practitioner, who sees the patients in the first instance and who is still concerned with them after their discharge from an institution, is the greatest factor in the success or failure of any tuberculosis scheme. This co-operation is not difficult to secure when the practitioner has at his disposal a service in which he has confidence and which provides efficient modern methods of diagnosis and treatment.

As already mentioned in connection with artificial pneumothorax refills, Wooley is not the most convenient centre for this work. The unproductive expenditure incurred in paying the travelling expenses of cases for X-ray to and from Wooley would offset part of the cost of an additional plant.

There is also a certain amount of delay involved in arranging for cases to be sent out to Wooley. Some time elapses before a report can be sent back and the patient seen again. If institutional treatment is recommended urgently, a bed has to be arranged. The ideal to be aimed at, is a complete diagnosis and admission to hospital within a few days. In occasional cases this may make all the difference between a good and a bad result.

Average Duration of Stay.

The average period of treatment compared with previous years was as follows :—

1931. Days.	1932. Days.	1933. Days.	1934. Days.
194·19	240·77	223·80	250·10 Male.
164·21	162·71	192·30	246·30 Female.

The average duration of stay shows a considerable increase over previous years. This increase is more apparent than real as cases which are under treatment for less than 28 days are now, by instructions of the Ministry of Health, excluded.

Waiting List.

On the male side the number of beds available was reasonably adequate, but on the female side it was more difficult to arrange early admission of cases. Accommodation for four more female patients was provided by taking over two huts from the Settlement.

Thoracic Surgery.

A report by Mr. George A. Mason on this subject is appended.

Bacteriology.

A separate report by Dr. Evelyn Holmes, Assistant Medical Superintendent, is appended.

Occupations.

The occupations of the patients discharged were as follows :—

Male.

A.A. Patrolman	...	...	1	Insurance Agent	...	...	1
Butcher	...	...	1	Lorry Driver	...	...	1
Blacksmith	...	...	3	Laboratory Assistant	...	...	1
Bricklayer	...	...	2	Labourer (general)	...	...	14
Barman	...	...	1	Labourer (farm)	...	...	8
Bus Driver	...	...	1	Mental Nurse	...	...	1
Boot Repairer	...	...	1	Metal Moulder	...	...	1
Confectioner	...	...	2	Miner	...	...	81
Carter	...	...	1	Plumber	...	...	1
Checkweighman	...	...	1	Plasterer	...	...	1
Clerk	...	...	4	Painter	...	...	5
Driller	...	...	1	Plater	...	...	1
Doctor	...	...	1	Postman	...	...	1
Errand Boy	...	...	1	Railway Loader	...	...	1
Engineer	...	...	1	Student	...	...	3
Engineer (marine)	...	...	1	Seaman	...	...	3
Electrician	...	...	1	Ship's Steward	...	...	1
Farmer	...	...	1	Ship's Officer	...	...	1
Fitter	...	...	3	Shop Assistant	...	...	4
Fireman (loco)	...	...	1	Stone Mason	...	...	1
Groom	...	...	1	Traveller	...	...	3
Gardener	...	...	4	None	...	...	1
Glass Embosser	...	...	1				
Handyman	...	...	1				
Joiner	...	...	3				
							<u>174</u>

Female.

Barmaid	...	...	1	Rope Machinist	...	...	1
Clerk	...	...	1	Rope Worker	...	...	1
Domestic	...	...	43	Shop Assistant	...	...	5
Factory Hand	...	...	2	School Teacher	...	...	2
Housewife	...	...	48	School Girl	...	...	1
Laundry Maid	...	...	6	Traveller	...	...	1
Milliner	...	...	1	Tailoress	...	...	1
Mental Nurse	...	...	2				
Nurse	...	...	1				
Nursemaid	...	...	1				
							<u>118</u>

R. CUNNINGHAM.

REPORT ON THORACIC SURGERY BY MR. GEORGE A. MASON, F.R.C.S.

Surgical work in connection with Pulmonary Tuberculosis has been in progress since June, 1934.

A number of operations upon the phrenic nerve were done with fairly satisfactory results.

The thoracoscope, cauteries and transformer necessary for the operative treatment of adhesions and the instruments for thoracoplasty are now available, and it is confidently hoped that future reports will testify to their utility.

An investigation is in progress as to the number of cases requiring operative treatment, and it appears probable that this will prove to be considerably in excess of that originally contemplated.

A variety of surgical measures is available for the treatment of Phthisis. Although it is not unlikely that in the future diseased portions of lung will commonly be eradicated, at present surgery is mainly concerned with the various forms of collapse therapy and the drainage of infected cavities within the lung itself or in the pleura.

Collapse therapy, if indicated, should be rationally practised, i.e., if artificial pneumothorax is inadequate or impossible, a pneumolysis or a thoracoplasty is required, hence it is necessary to provide surgical facilities. So far as the location of these facilities is concerned there are two alternatives. The thoracic surgeon may work at the sanatorium, or he may select the cases, in consultation with the superintendent, and have them brought to the city hospitals for operation. Which is preferable? The former is presumably preferable from the point of view of the medical staffs at the sanatoria, but convenience and economy at first sight appear to favour the latter. There is one great consideration—the patient. Which is better for him? Twenty years or more ago Continental surgeons were facing this very problem and they were taking cases into general hospitals because they were the only institutions equipped with surgical facilities. Now almost all the larger sanatoria have their own facilities. Their experience proves that it is most desirable that these cases should receive the whole of their treatment in sanatoria. Dr. Andre Maurer of Paris has provided me with some impressive data in support of this view. He has kept comparative statistics which show that although he employs presumably the same methods, his results for thoracoplasty are almost twice as good when the cases are treated entirely in the sanatoria as when they are operated upon in a city hospital and returned to the sanatoria later. The markedly better results obtained by carrying out the complete treatment in a sanatorium depend on a variety of factors. A considerable period is necessary during which the patient is closely observed by the superintendent and by the surgeon in consultation; consequently the latter is familiar with the patient and able to decide upon the nature, extent and time of the operation. The patient is used to the surroundings in which he will undergo his operation; he is not separated from the doctors in whom he has confidence. It is necessary to stay in the sanatorium for as long as eight months or a year after operation, and Dr. Andre Maurer has found that patients begin to make headway more quickly there than when they are operated upon in city hospitals.

We should benefit by the experience of pioneers and endeavour to start level with them rather than twenty years behind them.

The Council has taken a step in the right direction in arranging facilities for this work at the Hexham War Memorial Hospital, but it is hoped that before long they will feel able to provide the necessary accommodation at Wooley in the sanatorium itself. If no architectural extravagances are indulged in this can be done at very moderate expense; and despite assertions to the contrary the nurse of average intelligence can be speedily trained for this work.

LABORATORY REPORT BY DR. EVELYN M. HOLMES, ASSISTANT MEDICAL
SUPERINTENDENT, WOOLEY SANATORIUM.

During the year the following examinations have been carried out in the laboratory :—

Routine sputum examinations	... ..	1,254
Other materials, pus, urine, cerebro-spinal fluids, etc.	... ..	15
Blood counts	... ..	8

Concentration has been placed primarily upon sputum work—

- (1) to aid or establish diagnosis;
- (2) to follow the progress of a positive case.

In view of the fact that the sputum remained "negative" to microscopical examination in many cases of clinically tuberculous disease, or where the suspicion of infection was very great on clinical grounds, but this could not be substantiated by the routine laboratory procedure of microscopical examination, a concentration method was tried on 23 further cases, and in one of these a positive diagnosis was established by this method.

It was felt, however, that something further was required, and in view of past experience that a simple cultural method could be adapted for the laboratory examination of sputum, vastly superior to the routine microscopical method or concentration, this has also been tried in a number of instances. For this method, to give satisfaction, however, more time is required than is at the disposal of one who is primarily engaged in the clinical work of the sanatorium, unless a regular laboratory assistant is employed. Such assistance as has been given has been from patients only and hence fitful and unreliable. In addition, further equipment is essential. An incubator has already been provided, but a centrifuge is necessary to spin down the sediment from a treated specimen, and for bacteriological work should be electrically controlled giving approximately 3,000 revolutions a minute.

Culture bears to microscopical examination of sputum a comparable relation to that which X-ray bears to clinical examination of a chest.

In his report the Medical Superintendent has stressed the "silent" character of this disease and the importance of radiography in its detection. Equally truly may this be said of culture in relation to sputum, and it is urged that greater facilities be given for this work :—

To detect the presence of bacilli—

- (1) in sputum difficult to spread, frothy, mucoid or watery,
- (2) in sputum difficult to obtain—scanty, as in cases of pleural effusions or where cough is checked by pain;

To aid diagnosis—

- (1) in patients with minor lesions,
- (2) in those with associated bronchitis;

To exclude tuberculosis where the diagnosis of some other condition abscess of lung, carcinoma or bronchiectasis has been made on other grounds;

To denote the infectivity or otherwise of treated cases prior to discharge; and

To throw light on the condition of the underlying lung in cases of pleural effusion.

It is customary in many sanatoria to depend greatly on the rate of sedimentation of blood cells (blood sedimentation rate) as an indication of the progress of a case, but we have stressed rather the condition of the sputum and given detailed reports month by month. It has been shown in this way that the sputum loses its infective character quicker as a rule by pneumothorax than by any other treatment, and once the sputum has cleared it rarely becomes positive again.

COUNTY BACTERIOLOGICAL LABORATORY.

The following is a summary of the work done at the County Laboratory during the year 1934.

The number of specimens submitted for routine examination during the year was 9,227. The nature of the specimens and a summary of the results are shown below :—

- 1,735 Sputa for B.Tuberculosis. 378 (21·7%) positive.
- 4,818 Swabs for B.Diphtheriae. 1,111 (23·05%) positive.
- 103 Specimens of blood for agglutination reactions. 28 (27·1%) gave positive reactions as follows :—B.Typhosus, 19; B.Para Typhosus B., 6; B.Dysentaria Flexner, 3.
- 658 Swabs for Haemolytic Streptococci. 146 (22·1%) positive.
- 111 Faeces examined for organisms of the enteric group. The following organisms were isolated :—B.Typhosus, 3; B.Para Typhosus B., 2; B.Dysentaria Flexner, 3; B.Aertryke, 1; B.Dysentaria Sonne, 12; S.Eastbourne, 5; B.Morgan, 3.
- 16 Specimens of urine examined for organisms of the enteric group. B.Typhosus, 1; B.Para Typhosus B., 1, were isolated.
- 21 Specimens of urine for general bacteriological examination.
- 25 Specimens of cerebro-spinal fluid. Organisms found :—Meningococcus, 7; B.Tuberculosis, 2; B.Alkaligenes, 1; B.Pyocyaneus, 1.
- 45 Swabs for isolation of B.Diphtheriae and Virulence test. 27 positive.
- 18 Post nasal swabs for meningococci.
- 137 Miscellaneous specimens comprising :—Pleural fluids, 18; pus, 8; pus for B.Tuberculosis, 5 (2 positive); blood for malaria, 2 (1 positive); blood cultures, 11; throat swabs for organisms of Vincents Angina, 1; peritoneal swab, 1; faeces for B.Tuberculosis, 3; urines for B.Tuberculosis, 7; knee fluid, 1; bovine blood, 73 (48 positive Br.Abortus); section of udder for B.Tuberculosis, 1; mice for organisms of Salmonella group, 4; bovine sputum, 1 (positive); sputum for Streptococci, 1.
- 52 Samples of water.
- 754 Samples of milk for B.Tuberculosis.
- 734 Samples of milk for Count and B.Coli.

Table I. shows the number of pathological specimens received from the various administrative districts in the County.

TABLE I.
Pathological Specimens.

District.	Sputa for B. Tuberculosis.			Swabs for B. Diphtheriae.			Bloods for Agglutination.			Miscellaneous.	TOTAL
	+	—	Total.	+	—	Total.	+	—	Total.		
<i>Boroughs.</i>											
Berwick	11	28	39	19	54	73	1	...	1	5	118
Blyth	41	159	200	16	48	64	2	4	6	10	280
Morpeth	8	27	35	12	34	46	...	2	2	...	83
Wallsend	60	234	294	44	132	176	2	...	2	113	585
<i>Urban Districts.</i>											
Alnwick	13	34	47	21	29	50	1	3	4	3	104
Amble... ..	1	10	11	10	13	23	1	...	1	...	35
Ashington	18	119	137	574	1,150	1,724	4	11	15	161	2,037
Bedlington	31	114	145	129	531	660	3	8	11	3	819
Cramlington	2	7	9	...	3	3	...	...	...	9	21
Earsdon	12	34	46	2	3	5	...	1	1	2	54
Gosforth	16	44	60	53	290	343	2	...	2	26	431
Hexham	8	35	43	1	18	19	...	8	8	4	74
Longbenton	11	44	55	5	18	23	...	...	...	...	78
Newbiggin	2	37	39	41	124	165	1	1	2	21	227
Newburn	23	78	101	14	73	87	...	2	2	...	190
Prudhoe	2	11	13	2	18	20	3	1	4	2	39
Rothbury	2	...	2	...	1	1	...	...	...	...	3
Seaton Delaval	8	17	25	11	22	33	...	1	1	1	60
Seghill... ..	...	5	5	...	3	3	...	...	...	...	8
Weetslade	3	22	25	1	2	3	...	...	...	1	29
Whitley & Monkseaton	26	71	97	9	72	81	...	6	6	30	214
<i>Rural Districts.</i>											
Alnwick	10	28	38	2	15	17	...	2	2	...	57
Belford	4	8	12	...	3	3	...	...	...	...	15
Bellingham	4	4	8	16	66	82	...	2	2	...	92
Castle Ward	16	46	62	22	450	472	...	4	4	466	1,004
Glendale ... ..	...	9	9	...	3	3	...	1	1	1	14
Haltwhistle	6	16	22	...	1	1	...	...	...	...	23
Hexham	23	42	65	7	100	107	3	14	17	60	249
Morpeth	13	59	72	8	30	38	5	4	9	22	141
Norham & Islandshires	...	3	3	...	7	7	...	...	...	...	10
Rothbury	3	6	9	...	2	2	...	...	...	3	14
Forest Hall Hospital	...	...	...	58	309	367	...	...	...	2	369
Lemington Hospital...	...	1	1	34	82	116	...	...	...	2	119
Others	1	5	6	...	1	1	...	...	...	6	13
Vets. ... ..	...	...	...	...	...	...	...	...	...	73	73
	378	1,357	1,735	1,111	3,707	4,818	28	75	103	1,026	7,682

Milk Samples for B. Tuberculosis.

The total number examined was 754; of which 87 (11·5%) were positive, 664 negative, and 3 inconclusive. There were 651 samples of bulk milk, 44 (6·7%) being positive, 604 negative and 3 inconclusive. The remaining 103 samples were submitted by veterinary officers from individual animals suspected to be suffering from tuberculosis, 43 (41·7%) being positive and 60 negative.

The following designated milks were included among the bulk samples :—Certified, 3 (negative); Grade "A. TT," 10 (1 positive and 9 negative); Grade "A," 31 (negative); Pasteurised, 3 (negative); 2 samples of "sterilised" milk were also examined, these being negative.

Table II. shows the districts in which the bulk samples were collected together with the results.

TABLE II.

Milk Samples for B.Tuberculosis.

District.	Positive.	Negative.	Total.
Berwick ... ..	...	15	15
Blyth ... ..	...	2	2
Amble ... ..	...	9	9
Ashington	6	40	46
Bedlington	1	38	39
Earsdon ... ..	...	2	2
Gosforth ... ..	...	7	7
Hexham U.D.	1	18	19
Longbenton	2	31	33
Newbiggin ... ..	...	25	25
Newburn	5	78	84 * 1 inconclusive.
Seaton Delaval ... ..	...	5	5
Whitley and Monkseaton	16	119	136 * 1 inconclusive.
Alnwick R.D. ... ..	...	7	7
Castle Ward	1	14	15
Glendale ... ..	...	5	5
Hexham R.D.	9	129	139 * 1 inconclusive.
Haltwhistle ... ..	...	2	2
Morpeth R.D.	3	58	61
	44	604	651

Milk Samples Examined for Total Count and B.Coli.

The total number examined was 734, of which 510 were ordinary milks, 216 were designated, while the remaining 8 were described as "sterilised."

Table III. shows the districts from which the samples were received.

TABLE III.

Milk Samples for Total Count and B.Coli.

District.	Ordinary Milk.	Designated Milks.				Sterilised.	Total.
		Certified.	Grade A. T.T.	Grade A.	Pasteurised.		
Berwick	17	...	...	...	...	...	17
Blyth ... ..	...	...	...	9	...	...	9
Amble	14	...	12	1	...	...	27
Ashington	11	...	...	...	8	...	19
Bedlington	53	...	...	...	...	...	53
Earsdon ... ..	...	...	...	5	...	...	5
Gosforth	37	...	1	4	2	...	44
Hexham U.D.	23	...	...	2	...	...	25
Longbenton	32	...	1	4	1	...	38
Newbiggin	29	...	...	...	...	...	29
Newburn	105	4	13	1	11	8	142
Seaton Delaval	4	...	...	8	...	...	12
Whitley & Monkseaton	130	2	2	3	...	...	137
Alnwick R.D.	3	...	1	32	...	...	36
Belford	1	...	...	...	...	...	1
Castle Ward	3	...	...	41	...	...	44
Glendale	3	...	...	12	...	...	15
Hexham R.D.	5	...	12	17	...	...	34
Morpeth R.D.	40	...	...	7	...	...	47
TOTALS	510	6	42	146	22	8	734

The results of the examination of the samples were as follows :—

Classification.	Complied with standard.	Did not comply.		TOTAL.
		Number.	Per cent.	
Certified	6	...	...	6
Grade "A. TT."	35	7	16·6	42
Grade "A."	124	22	15·06	146
Pasteurised	20	2	9·09	22
Ordinary	306*	204*	40*	510
TOTALS	491	235	32·3	726

* With Grade "A" milk standard.

With regard to the 8 samples of "sterilised" milk, none contained B.Coli in quantities of 1·0 cc. or less. In 7 of the samples, the bacterial count was recorded as "Nil"; in the remaining sample, the count was 976,000 per cc.

Samples of Water.

52 samples were submitted for examination during the year. The results are shown in the following table :—

Sample submitted by.	Number of samples.	Classification.			
		I.	II.	III.	IV.
Berwick	2	...	2	...	...
Alnwick U.D.	2	1	1	...	...
Ashington	4	2	2	...	...
Newburn	1	...	1	...	...
Longbenton	2	2	...	...	...
Alnwick R.D.	1	1	...	...	...
Belford	1	...	1	...	...
Bellingham =	2	1	...	...	1
Castle Ward	5	3	...	2	...
Glendale	4	1	1	1	1
Haltwhistle	2	...	1	...	1
Hexham R.D.	18	3	7	8	...
Norham & Islands.	2	2	...	...	...
County Architect's Dept.	6	3	1	1	1
TOTALS	52	19	17	12	4

During the year there occurred in one of the county districts a small outbreak of "food poisoning" which presented features of more than usual interest. On October 18th two persons were taken ill with symptoms of acute gastro-enteritis, and bacteriological investigation revealed the presence of an organism of the *Salmonella* group subsequently identified as *S. eastbourne*. The detailed serological analysis of this and of two further strains isolated later was kindly carried out by Dr. W. M. Scott of the Ministry of Health Pathological Laboratory.) Further cases, from all of which the same organism was isolated, occurred on October 20th, 25th and November 9th, but only one person was affected on each occasion. (It may be added that a sixth case occurred towards the end of January, 1935.) In all, therefore, there were six persons concerned, living in five separate households, in each of which, with the exception of the first, only one person was taken ill though other persons in the same house had probably eaten some of the same food, the time elapsing between the first and final cases being some three months. A further curious fact was that all six cases occurred in the same medical practice. The striking feature of this outbreak was therefore the wide distribution of the cases in time, while the decidedly unusual type of *Salmonella* involved strongly suggested the operation of some common factor. It seems clear that this common factor was certainly not any article of food, and the detailed investigations carried out by the District M.O.H. failed to reveal any connection whatever between any of the cases. The possibility that the common source of infection was a human carrier appears to be extremely remote. The only remaining hypothesis which would account for the facts, so far as it has been possible to ascertain them, is that these scattered infections resulted from the consumption of food contaminated by infected animals, e.g., in the course of a mouse epizootic. In order to obtain evidence on this point, nine mice captured in the neighbourhood of the affected households were examined bacteriologically, four in the County Laboratory and five by Dr. Scott, but from none were *Salmonella* organisms obtained, and the hypothesis of a mouse-borne infection remains therefore not proven.

FOOD INSPECTION.

Milk and Dairies (Consolidation) Act, 1915.

The systematic examination of samples of milk from the dairy herds within the County for the purpose of detecting cows infected with tuberculosis has been continued during the year.

Samples are collected at the farms or from dealers in other districts by the District Sanitary Inspectors and forwarded to the County Council's laboratory at Newburn, where the biological test is carried out.

Where samples are found to contain tubercle bacilli, clinical examination of the herds concerned is carried out by the County Veterinary Inspectors, and any animal showing suspicious symptoms is isolated and subjected to further examination and individual test. During the year 1934 the number of samples examined under this arrangement was 587, from 497 herds, representing 7,937 cows.

Of this number, 41 samples were found to contain tubercle bacilli.

Thirty-four herds were involved, the whole of the milk from which was in consequence infected. Twenty-eight cows were subsequently found to be infected with the disease and were slaughtered under the Tuberculosis Order. In six cases the offending animal escaped detection.

A tabular statement showing the work done in this direction since the inception of the scheme in 1927 is shown opposite this page, also a summary of the results.

In considering this summary, it will be seen that the percentage of animals found to be tubercular (column 8) is consistently low. Too much reliance must not, however, be placed on this result, as it is to be remembered that a certain number of animals escape individual detection each year, and are in consequence excluded from this result.

Column 7 is of much more relative importance.

The average size of the herds in the County is just under 10 cows, so that each infected animal infects milk in the bulk to the extent of ten times its own production.

Milk (Special Designations) Order, 1923.

The number of licences in operation in the County during the year under the provisions of the above Order was as follows:—

Licences to produce "Certified" and Grade "A," T.T. milk
(issued by the Ministry of Health).

Certified.

Eshott Pedigree Stock Farms, Eshott Home Farm, Felton.
Eshott Pedigree Stock Farms, Eshott North East Houses,
Felton.

C. S. Richardson, Wheelbirks Jersey Farm, Stocksfield.
D. H. Sanderson, The Birks, Stamfordham.
J. J. Phillipson, Bishop Field, Allendale.
M. Jordan, Whorlton Hall Farm, Westerhope.

Grade "A" Tuberculin Tested (in bulk).

C. H. Sanderson, Newlands, Belford.
J. S. V. Harrison, Pia Troon, Allendale.
A. B. Howie, Eshott Brooks, Felton.
Mrs. W. Runciman, Doxford Hall Farm, Chathill.
W. Davison, Morwick Mill, Warkworth.

NORTHUMBERLAND COUNTY COUNCIL.

(MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, S.8.) (MILK AND DAIRIES ORDER, 1926. PART IV.)
ROUTINE MILK SAMPLING—1927 (Oct.) to 1934 (Dec.).

Sanitary Districts.	Latest available Figures.		1927 to 1933 (Inclusive).				1934.		TOTAL.	
	No. of Cow-keepers.	No. of Cows kept.	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence
<i>Municipal Boroughs.</i>										
1. Berwick-on-Tweed	47	182	33	1	1	15	...	...	1	1
2. Blyth	15	197	43	1	...	1	...	...	1	...
3. Morpeth	2	38	2	...	...	...	...	...	...	2
4. Wallsend	13	158	14	1	2	...	...	...	1	...
<i>Urban Districts.</i>										
5. Alnwick	16	119	34	...	...	1	...	...	...	...
6. Amble	7	142	8	...	...	9	...	...	...	...
7. Ashington	6	98	31	1	2	27	1	...	2	2
8. Bedlington	48	556	154	10	4	40	2	2	12	6
9. Crumlington	14	161	6	...	...	...	...	...	...	...
10. Earsdon	18	200	22	2	3	2	...	...	2	3
11. Gosforth	3	53	8	1	1	7	...	...	1	1
12. Hexham	28	250	38	1	1	21	1	...	2	1
13. Longbenton	19	340	44	...	...	31	2	...	2	...
14. Newbiggin-by-Sea	5	48	24	2	...	11	...	...	...	...
15. Newburn	19	438	118	8	7	74	4	4	12	11
16. Prudhoe	25	250	43	3	1	...	...	...	3	1
17. Rothbury	3	10	8	...	...	...	...	...	...	...
18. Seaton Delaval	17	230	51	8	1	5	...	...	8	1
19. Seghill	4	73	7	1	3	...	...	...	1	3
20. Weetslade	7	50	7	1	1	...	...	...	1	1
21. Whitley and Monkseaton	7	98	29	2	2	113	7	4	9	6
<i>Rural Districts.</i>										
22. Alnwick	89	500	54	1	1	6	...	...	1	1
23. Belford	23	314	49	...	...	...	...	...	...	...
24. Bellingham	31	135	31	...	...	...	...	...	...	...
25. Castle Ward	114	2,043	91	3	1	16	2	2	5	3
26. Glendale	26	202	49	1	...	5	...	...	1	...
27. Haltwhistle	53	547	52	2	1	1	...	...	2	1
28. Hexham	596	5,100	567	30	19	138	13	7	43	26
29. Morpeth	131	1,865	223	14	8	64	9	9	23	17
30. Norham and Islands	32	222	67	...	...	...	...	...	...	...
31. Rothbury	10	162	20	...	...	...	...	...	...	...
Total	1,428	14,781	1,927	94	59	587	41	28	135	87

SUMMARY OF EXAMINATIONS OF MILK SAMPLES FOR TUBERCULOSIS FROM HERDS WITHIN THE COUNTY, FROM OCT., 1927, TO DEC., 1934.

Period.	No. of Samples Collected.	No. of Cows represented.	% of Cows in County Tested.	No. of Herds represented.	% of Herds Tested.	No. of Samples found to be infected.	% of Herds giving infected Milk.	% of Cows found to be Tubercular.	No. of Cows slaughtered in consequence.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Oct., 1927, to Dec. 31st, 1928	318	2,872	23.50	227	16.3	10	4.27	0.52	15
Jan., 1929, to Dec. 31st, 1929	242	2,104	16.00	190	13.4	12	5.26	0.57	8
Jan., 1930, to Dec. 31st, 1930	277	2,073	15.80	211	15.14	18	5.68	0.62	13
Jan., 1931, to Dec. 31st, 1931	207	1,676	12.10	161	11.54	*10	3.72	0.17	3
Jan., 1932, to Dec. 31st, 1932	455	3,587	25.90	342	24.51	**15	3.21	0.16	6
Jan., 1933, to Dec. 31st, 1933	428	4,964	35.83	362	25.94	*29	7.18	0.28	14
Jan., 1934, to Dec. 31st, 1934	587	75,800	39.23	497	34.40	41	6.84	0.12	28
Total (or Average)	2,514	23,076	...	1,990	...	135	5.16	0.34	87

† Approx. * 8 herds. ** 11 herds. ‡ 26 herds. § 34 herds.

Bottled at Farm.

G. V. McNay, Morwick, Warkworth.
Rural Development Co., Ltd., Prospect Hill Farm, Corbridge.
Walwick Grange Dairy Co., Walwick Grange, Humshaugh.

Licences to produce Grade "A" Milk (issued by the County Council).

Capt. Keith, East Elrington Farm, Haydon Bridge.
W. Laidler & Son, Anick Grange, Hexham.
J. C. Cuthbertson, Stocksfield Hall, Stocksfield.
J. Blenkinsop, Hawkwell Farm, Stamfordham.
J. Blenkinsop, Heatherslaw Farm, Stamfordham.
R. Spearman & Sons, Chapel Farm, Stamfordham.
H. R. S. Gibb, Eachwick Farm, Dalton.
T. O. Shield, Heddon Banks, Heddon-on-the-Wall.
W. Robson, Low Horton, Bebside.
J. S. Bell, Avenue Head, Seaton Delaval.
F. A. Jackson, Holywell Bank Top, Seaton Delaval.
J. G. Vert, Rake House, Shiremoor.
Harry Hedley, Benton Place Farm, Longbenton.
J. B. Ralph, Ogle Castle, Ponteland.
T. W. Younger, Manor House Farm, Kenton, Newcastle.
R. D. Irwin, Kirkley Hall Farm, Ponteland.
A. J. W. Thompson, Silvermoor Farm, Alnwick.
L. Farr, Wooden Farm, Alnmouth.
A. E. Marshall, Boulmer House, Alnmouth.
J. Shell, Waterside House, Alnmouth.
Misses A. & E. Forster, Hope House Dairy, Alnwick.
C. H. Dickie, Wooperton Farm, Wooperton.
D. Cocks, Bridge End Farm, Wooler.
J. H. Patterson & Sons, Cottage Farm, Wooler.
A. Luke, South East Farm, Eshott, Felton.
W. Taylor, West Moor Farm, Felton.
A. E. Thompson, Loudside Farm, Dalton.
G. Johnson, Heighley Gate, Morpeth.
Mrs. A. W. Straker, Shaw Well Farm, Corbridge.
R. L. Jobling, Higham Dykes, Milbourn.
O. McBryde, Pegswood Moor, Morpeth.
A. L. English, Low Coldrife, Hadstone, Broomhill.
P. Forsyth, Old Barns Farm, Warkworth.
R. English, Dene House Farm, Amble.

The number of licences issued for the production of Grade "A" milk was 34, being an increase of 7 compared with the previous year.

All Grade "A" herds are clinically examined every three months by the County Council's veterinary officers and the milk from each herd is examined bacteriologically at least four times in the year. The farms are also visited periodically to ensure the observance of the conditions imposed by the Order.

One hundred and thirty-eight samples of Grade "A" milk were examined during the year, sixteen of which proved to be below standard. In each case suitable measures were adopted to ensure rectification.

Meat and Food condemned on account of diseased or unsound conditions:—

SANITARY DISTRICTS.

Municipal Boroughs.

1. Berwick-on-Tweed...	... 4 Beef carcasses, 25 Sheep carcasses, quantity of organs, about 40 lbs. of Fish, and 125 lbs. of Fruit.
2. Blyth ...	... Report not to hand.
3. Morpeth ...	... 42 stones Mutton, 37 stones Beef, 3 stones Pork and 130 lbs. Liver.
4. Wallsend ...	... 3 Heifer carcasses, 4 Pig carcasses, quantity of Liver, 10 stones Fish, 17 stones Fruit, 11 stones Provisions.

Urban Districts.

5. Alnwick ...	... Nil.
6. Ambleside ...	... Nil.
7. Ashington ...	... 167 stones Beef, 3 stones Mutton.
8. Bedlington ...	... 75 stones Beef, 20 stones Mutton, 6 stones Pork, and quantity of organs.
9. Cramlington ...	... Nil.
10. Earsdon ...	... 40 stones Beef.
11. Gosforth ...	... Nil.
12. Hexham ...	... 67 stones Beef.
13. Longbenton ...	... 3,265 lbs. Beef, &c., 55 lbs. Mutton, 351 lbs. Pork.
14. Newbiggin-by-the-Sea ...	... 50 stones Beef.
15. Newburn ...	... 145 stones Beef, 7 stones Mutton, 19 stones Pork.
16. Prudhoe ...	... Report not to hand.
17. Rothbury ...	... Nil.
18. Seaton Delaval ...	... Nil.
19. Seghill ...	... Nil.
20. Wetslade ...	... 47 stones Beef.
21. Whitley & Monkseaton ...	... A very large quantity of diseased Meat including 2 Heifers, 1 Calf, 2 Sheep, 3 Pigs, forequarters of 11 Pigs, legs of Mutton, chilled Beef, Bacon, Fowls, &c., to a total weight of 8,618 lbs.

Rural Districts.

22. Alnwick ...	... Nil.
23. Belford ...	... Nil.
24. Bellingham ...	... Nil.
25. Castle Ward ...	... Nil.
26. Glendale ...	... Nil.
27. Haltwhistle ...	... Nil.
28. Hexham ...	... 236 stones Beef, 5 stones Pork.
29. Morpeth ...	... 200 stones Beef, 10 stones Mutton, 6 stones Pork, 57 lbs. Fish.
30. Norham & Islands ...	... Nil.
31. Rothbury ...	... Nil.

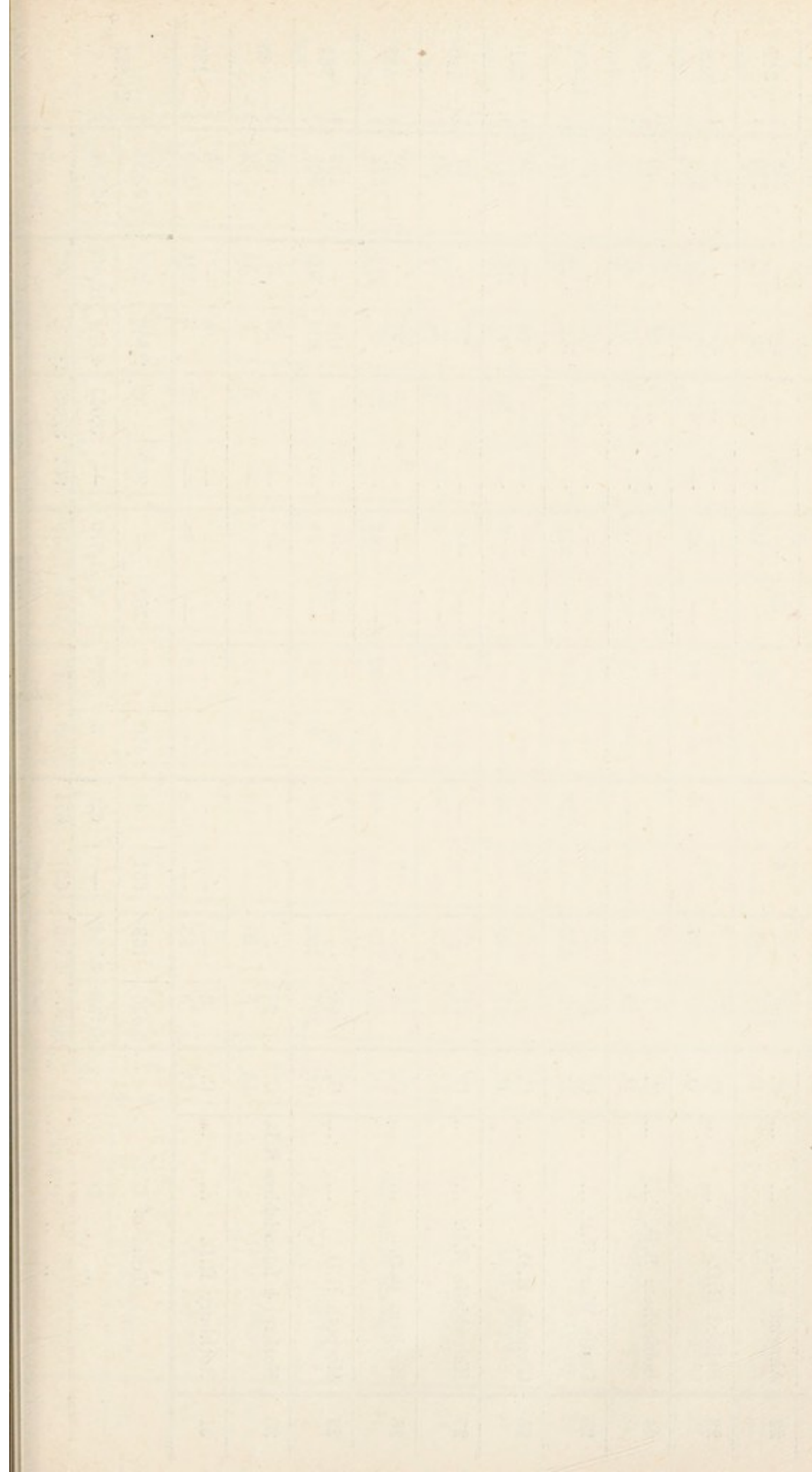
SALE OF FOOD AND DRUGS ACTS.

The County Council is the administrative authority under the above Acts throughout the administrative County, excepting in the area of the Borough of Berwick-upon-Tweed. Samples for examination by the County Analyst are taken by the Police. The results of the analyses of samples taken during 1934 and the percentages of those found to be adulterated are shown in the subjoined table.

No. of Samples taken.	Description of Article.	Result of Analysis.			Per-centage of Samples Not Genuine.	Vendor Prosecuted.	Convictions including cases dismissed on payment of costs.
		Genuine.	Not Genuine.	Doubtful.			
1	Apricots ...	1	—	—	—	—	—
1	Arrowroot ...	1	—	—	—	—	—
6	Bacon ...	6	—	—	—	—	—
14	Baking Powder ...	14	—	—	—	—	—
4	Barley ...	4	—	—	—	—	—
2	Beef Sausage ...	2	—	—	—	—	—
6	Beef Suet ...	6	—	—	—	—	—
10	Beer ...	10	—	—	—	—	—
1	Bournvita ...	1	—	—	—	—	—
45	Butter ...	45	—	—	—	—	—
1	Cake Flour ...	1	—	—	—	—	—
15	Cheese ...	15	—	—	—	—	—
1	Chicken Ham & Tongue ...	1	—	—	—	—	—
13	Cocoa ...	13	—	—	—	—	—
11	Coffee ...	11	—	—	—	—	—
1	Condensed Milk ...	1	—	—	—	—	—
2	Cooked Ham ...	2	—	—	—	—	—
1	Corned Beef ...	1	—	—	—	—	—
5	Corn Flour ...	5	—	—	—	—	—
2	Cream ...	2	—	—	—	—	—
6	Cream of Tartar ...	6	—	—	—	—	—
17	Currants ...	17	—	—	—	—	—
7	Custard Powder ...	7	—	—	—	—	—
1	Dates ...	1	—	—	—	—	—
3	Dried Apricots ...	3	—	—	—	—	—
2	Dried Milk ...	2	—	—	—	—	—
1	Dripping ...	1	—	—	—	—	—
1	Farola ...	1	—	—	—	—	—
2	Glaze Cherries... ..	2	—	—	—	—	—
1	Green Peas ...	1	—	—	—	—	—
11	Ground Almonds ...	11	—	—	—	—	—
5	Ground Ginger ...	5	—	—	—	—	—
20	Ground Rice ...	20	—	—	—	—	—
2	Ham ...	2	—	—	—	—	—
4	Icing Sugar ...	4	—	—	—	—	—
22	Jams ...	20	2	—	9.1	—	—
28	Lard ...	28	—	—	—	—	—
1	Lemonade Crystals ...	1	—	—	—	—	—
1	Lemon Curd ...	1	—	—	—	—	—
3	Lentils ...	3	—	—	—	—	—
2	Luncheon Sausage ...	2	—	—	—	—	—
35	Margarine ...	35	—	—	—	—	—
63	Milk ...	341	22	—	6.06	15	10
3	Mincemeat ...	3	—	—	—	—	—
83	Carried forward ...	659	24	—	—	15	10

No. of Samples taken.	Description of Article.	Result of Analysis.			Percentage of Samples Not Genuine.	Vendor Prosecuted.	Convictions including cases dismissed on payment of costs.
		Genuine.	Not Genuine.	Doubtful.			
683	Brought forward ...	659	24	—	—	15	10
3	Mixed Fruits ...	3	—	—	—	—	—
1	Mixed Peel ...	1	—	—	—	—	—
1	Mushroom Ketchup ...	1	—	—	—	—	—
6	Mustard ...	3	3	—	—	—	—
2	Olive Oil ...	2	—	—	—	—	—
2	Ovaltine ...	2	—	—	—	—	—
2	Peas ...	2	—	—	—	—	—
16	Pepper ...	16	—	—	—	—	—
1	Preserved Dates ...	1	—	—	—	—	—
5	Prunes ...	5	—	—	—	—	—
7	Raisins ...	7	—	—	—	—	—
4	Rice ...	4	—	—	—	—	—
1	Sauce ...	1	—	—	—	—	—
25	Sausage... ...	24	1	—	4.0	1	1
1	Scone Flour ...	1	—	—	—	—	—
1	Seidlitz Powder ...	1	—	—	—	—	—
6	Semolina ...	6	—	—	—	—	—
1	Spiced Ham ...	—	1	—	100.0	—	—
2	Split Peas ...	2	—	—	—	—	—
5	Self Raising Flour ...	5	—	—	—	—	—
16	Sugar ...	16	—	—	—	—	—
14	Sultanas ...	14	—	—	—	—	—
8	Sweets ...	8	—	—	—	—	—
1	Sweet Spirit of Nitre... ..	1	—	—	—	—	—
1	Table Jelly ...	1	—	—	—	—	—
4	Tapioca... ..	4	—	—	—	—	—
1	Tartaric Acid ...	1	—	—	—	—	—
27	Tea ...	27	—	—	—	—	—
1	Tinned Peaches ...	1	—	—	—	—	—
1	Tinned Pears ...	1	—	—	—	—	—
1	Tinned Tomatoes ...	1	—	—	—	—	—
1	Turkish Delight ...	1	—	—	—	—	—
23	Vinegar... ..	22	1	—	—	1	1
10	Whisky ...	10	—	—	—	—	—
1	Yeast ...	1	—	—	—	—	—
885	TOTALS ...	855	30	—	3.39	17	12

Public Health (Condensed Milk) Regulations, 1923 and 1927; Public Health (Dried Milk) Regulations, 1923 and 1927; Public Health (Preservatives, etc., in Food) Regulations, 1925-1927.—Although no samples were taken during the year ended 31st December, 1934, under the above Regulations, all samples taken under the Sale of Food and Drugs Acts were tested by the County Analyst for preservatives. Proceedings were taken in three cases, and three convictions resulted.



NORTHUMBERLAND COUNTY COUNCIL.

Number of houses erected in the County during the years 1920—1934 inclusive

HOUSING, 1934. TABLE A.

Reference: { "A" With State assistance,
 { "B" without State assistance,
 { "C" by Local Authority,
 { "D" by other persons.

No.	District.	Total 1920-26.		1931.		1932.		1933.		1934.		Total.	Totals.	Gross Totals.
		A.	B.	A.	B.	A.	B.	A.	B.	A.	B.			
1	Berwick M.B.	C. 240 D. 7	60	—	—	60	—	8	—	—	—	408	—	408
2	Blyth M.B.	C. 740 D. 201	131	—	85	86	—	180	—	140	—	1,231	—	1,231
3	Morpeth M.B.	C. 201 D. 2	56	—	42	—	—	24	—	—	—	255	44	299
4	Walsend M.B.	C. 889 D. 269	73	—	95	—	—	188	—	158	16	1,431	172	1,603
5	Alnwick U.D.	C. 183 D. 69	20	—	—	—	—	50	—	44	—	247	85	332
6	Amble U.D.	C. — D. —	11	—	—	—	—	—	—	—	—	—	—	—
7	Ashington U.D.	C. 394 D. 473	71	—	—	—	—	66	—	—	—	460	—	460
8	Beelling U.D.	C. 604 D. 384	26	—	100	—	50	60	—	50	—	764	—	764
9	Cramlington U.D.	C. 242 D. 11	28	—	—	—	—	—	—	40	—	282	—	282
10	Earsdon U.D.	C. 564 D. 369	24	—	20	—	30	20	—	52	—	636	—	636
11	Gosforth U.D.	C. 208 D. 265	401	—	112	—	108	—	—	—	—	320	—	320
12	Hexham U.D.	C. 176 D. 15	86	—	71	—	16	—	32	—	66	15	204	219
13	Longbenton U.D.	C. 176 D. 79	371	—	62	—	53	64	128	68	687	79	1,350	1,799
14	Newbiggin-by-the-Sea U.D.	C. 186 D. 119	7	—	—	—	—	—	—	52	—	248	—	248
15	Newburn U.D.	C. 710 D. 88	69	—	20	—	19	—	—	—	—	970	—	970
16	Prudhoe U.D.	C. 274 D. 69	17	—	—	—	—	—	—	—	—	935	—	935
17	Rothbury U.D.	C. — D. —	30	—	—	—	—	—	—	—	—	—	—	—
18	Sutton Delaval U.D.	C. — D. —	163	—	—	—	—	—	—	—	—	—	—	—
19	Seghill U.D.	C. 115 D. 65	6	—	16	—	—	—	—	—	—	—	—	—
20	Westhead U.D.	C. 183 D. 100	146	—	—	—	—	76	—	20	—	279	—	279
21	Whitley & Monkseaton U.D.	C. 407 D. 549	1,333	—	—	199	—	172	—	188	549	2,071	2,620	3,027
22	Alnwick R.D.	C. 96 D. 88	61	—	6	—	7	—	6	—	—	148	—	148
23	Belford R.D.	C. — D. —	76	97	—	7	—	—	—	—	—	88	—	88
24	Bellingham R.D.	C. 1 D. 16	18	—	—	—	—	—	—	—	—	19	—	19
25	Castle Ward R.D.	C. 84 D. 302	435	—	126	—	—	—	—	—	—	132	—	132
26	Glendale R.D.	C. — D. —	47	90	—	13	—	—	—	—	—	24	—	24
27	Haltwhistle R.D.	C. 57 D. 21	23	—	4	—	—	—	—	—	—	57	—	57
28	Hexham R.D.	C. 8 D. 98	273	—	40	—	—	—	—	—	—	20	—	20
29	Morpeth R.D.	C. 88 D. 297	350	—	14	3	22	—	—	—	—	158	—	1

Berwick-upon-Tweed.—The following table indicates particulars of samples taken, and results of analyses, etc., during the year. A total of 40 samples were submitted for examination :—

Nature of Sample.	No. of Samples taken.	Found Genuine.	Doubtful	Non-Genuine.	Prosecutions.	Convictions.
Milk	20	19	—	1	1	—
Butter	3	3	—	—	—	—
Vinegar	3	3	—	—	—	—
Margarine	2	2	—	—	—	—
Mustard	2	1	—	1	—	—
Currants	2	2	—	—	—	—
White Pepper	2	2	—	—	—	—
Baking Powder	1	1	—	—	—	—
Dates	1	1	—	—	—	—
Chocolate	1	1	—	—	—	—
Do. with Fruit and Nuts	1	1	—	—	—	—
Beans	1	1	—	—	—	—
Cocoa	1	1	—	—	—	—
TOTALS	40	38	—	2	1	—

The non-genuine mustard sample was sold as a mixed article and no proceedings were taken.

RIVER POLLUTION.

The position in regard to pollution of rivers and streams is substantially the same as at the time of the last report.

There is, however, evidence that local authorities are realising the importance of preserving the purity of our watercourses, and it may be that the near future will see the inauguration of schemes to obviate much of the pollution now existing in the River Tyne at both its lower and upper reaches, and also the Belford Burn.

It is disappointing to have to record the passage of another year without any progress being made in the purification of the River Tyne.

The difficulty of obtaining agreement with so many local authorities in a matter involving such an amount of expenditure is almost insuperable, and would appear to indicate the necessity of Government action.

HOUSING.

The number of houses erected in the administrative County during the year 1934 was 4,052, being the highest figure for any post-war year. The total number of houses erected within the County since the war is now 24,698, and building activity is still great.

Of the year's total, about 25 per cent. (1,005) were erected by local authorities, 967 of which were state-aided.

The district of Longbenton was responsible for the highest total of the year with 755 houses, of which 687 were contributed by private enterprise.

The next highest in order were : Wallsend, 488 ; Newburn, 373 ; Gosforth, 369 ; Castle Ward, 316 ; and Blyth, 282.

The lowest contributions were : Haltwhistle, 3 ; Rothbury Rural, 5 ; Norham, 5 ; and Bellingham, 7.

Of the total post-war figure (24,698) no less than 13,791 (54 per cent.) were state-aided, and 9,884 (40 per cent.) were erected by local authorities.

Full details of houses erected in all districts will be found in Table "A" (Housing) facing this page.

WATER SUPPLIES.

A detailed report on the water supplies of the County has been prepared by Messrs. David Balfour & Sons, M.M.Inst.C.E. (of Westminster and Newcastle-on-Tyne) on the instructions of the County Council.

The report is of a most comprehensive character, giving details of all known existing supplies, and will undoubtedly prove to be a valuable document for future reference.

HOSPITALS.

Isolation Hospitals.

The amount of hospital accommodation available for the isolation of infectious disease was as indicated in the subjoined table. The population of the 30 Sanitary Districts for which isolation hospital accommodation was provided was 405,066, and the beds provided numbered 527, independently of the accommodation at port hospitals, giving one bed for each 768 of population.

Newbiggin-by-the-Sea is the only district in the county without means for isolating cases of infectious disease, cases from this district being sent to the Newcastle-upon-Tyne Corporation and Morpeth R.D.C. Hospitals.

	Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
			Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectious diseases.
I. JOINT HOSPITAL DISTRICTS.					
(1) Earsdon Joint Hospital District—					
Earsdon U.D. ...	72,006	Iron buildings :— At Earsdon Grange (1) Two permanent brick buildings and †One iron building At Scaffold Hill (1)	16	...	...
Seghill U.D. ...					
Whitley & Monkseaton U.D. ...			...	72	...
Longbenton U.D. ...					
Seaton Delaval U.D. ...					
Cramlington U.D. ...					
(2) Gosforth, Newburn, and Castle Ward Joint Hos- pital District—					
Gosforth U.D. ...	53,380	Permanent building ..	...	32	...
Newburn U.D. ...					
Castle Ward R.D. ...					
(3) The urban and rural dis- tricts of Alnwick and Rothbury and the rural district of Belford—					
Alnwick U.D. ...	29,349	Iron and wood building	24	...	...
Alnwick R.D. ...					
Rothbury U.D. ...					
Rothbury R.D. ...					
Belford R.D. ...					
(4) The urban and rural dis- tricts of Rothbury—					
Rothbury U.D. ...	5,824	do.	...	8	...
Rothbury R.D. ...					
(5) Hexham rural and Prudhoe—					
Hexham R.D. ...	29,716	do.	12	10	...
Prudhoe U.D. ...					
(6) Longtown and Border—					
Alston, etc., R.D. ...	*8,320	do.	...	16	...
Brampton R.D. ...					
Longtown R.D. ...					
Haltwhistle R.D. ...					

† Now used only in cases of emergency.

* In this County.

	Popula- tion served.	Number and kind of hospitals provided.	Beds provided for		
			Small- pox.	Infectious diseases other than Small-pox	Small-pox or other Infectious diseases.
I. HOSPITALS PROVIDED BY INDIVIDUAL SANITARY AUTHORITIES.					
Berwick M.B.	12,150	{ One wooden building	8	...	...
Blyth M.B.	33,590	{ Iron & wood building	...	30	...
Morpeth M.B.	7,474	{ Permanent building ...	8	...	...
		{ Iron building ...	4	...	...
		{ Brick building ...	...	24	...
Wallsend M.B.	43,660	{ Permanent building	20	...	...
		{ do. ...	...	86	...
Alnwick U.D.	6,905	{ Permanent building ...	...	15	...
Amble U.D.	4,264	{ Iron building ...	4	...	...
Ashington U.D.	29,710	{ Iron building }	...	45	...
		{ Brick building }	...	...	...
Bedlingtonshire U.D....	27,710	{ Iron & brick building	...	20	...
Gosforth U.D....	18,390	{ Permanent building	7	...	...
Hexham U.D.	8,890	{ Two iron and wood buildings	8	16	...
Newburn U.D.	19,760	{ One iron and wood building	4	...	...
Glendale R.D.	7,702	{ Two cottages ...	...	...	8
Morpeth R.D.	19,080	{ One iron and wood hospital	24	...	...
		{ do. ...	6	...	...
Norham and Island- shires R.D.	4,903	{ Permanent building ...	...	20	...
River Blyth Port Sanit- ary Authority					

	Popula- tion served.	Number and kind of hospitals provided.
II. SANITARY AUTHORITIES HAVING MADE ARRANGE- MENTS FOR PATIENTS TO BE RECEIVED BY NEIGHBOURING SANIT- ARY AUTHORITIES.		
Blyth U.D. ...	33,590	Patients from this district are received into the hospital of the Blyth Port Sanitary Authority
Bedlingtonshire U.D.	27,710	Arrangements made with Earsdon Joint Board Hospital for admission of Smallpox patients.
Weetslade U.D. ...	7,864	Patients from this district are received into the Gosforth, Newburn and Castle Ward Joint Hospital
Alnwick R.D. ...	12,240	Patients suffering from infectious disease, other than Smallpox, admitted to Alnwick U.D. Hospital.
Bellingham R.D. ...	5,197	Patients from this district are received into the Gosforth, Newburn and Castle Ward Joint Hospital.
Castle Ward R.D. ...	15,230	Smallpox cases are received into the Gosforth U.D. Smallpox Hospital
Norham and Island- shires R.D.	4,903	Cases of infectious disease, other than Smallpox, are removed, when occasion requires, to Berwick Borough Infectious Diseases Hospital under an agreement with the Borough Council
River Tyne Port Sanit- ary Authority		All "Port" cases of infectious disease are received into the Walkergate and North and South Shields Infectious Diseases Hospitals

Under Section 63 of the Local Government Act, 1929, the County Council is required to prepare, in consultation with district councils, a scheme for the provision of hospital accommodation for infectious diseases within the County. During the year a scheme for the division of the County into districts to meet these requirements was formulated and laid before the Health Committee who still had the matter under consideration at the end of the year.

Institution Hospitals.

The following table indicates the various Institution Hospitals maintained by the County Council under the Poor Law Act, 1930, and the number of beds available in each during the year 1934.

In the case of the Preston Hospital, North Shields, the total number of the beds in the hospital is shewn, as it is not possible to give the exact number occupied by County Council patients during the year.

Name of Institution.	General, Medical, and Surgical.		Chil-dren.	Chronic Sick.		Venereal.		Tuberculosis.		Isolation.		Maternity.		Mental.		Mental Defectives.		Total.	
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Alnwick ...	—	—	3	15	17	—	—	1	—	—	—	2	1	—	—	—	—	16	23
Berwick-on-Tweed	—	—	2	23	21	—	—	—	—	—	—	—	1	—	—	—	—	23	24
Glendale ...	—	—	2	4	6	—	—	—	—	—	—	2	2	—	—	7	—	4	19
Greenholme, Haltwhistle	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dean Street House, Hexham	29	22	22	—	—	—	—	6	—	—	—	—	2	—	—	38	—	38	†38
Newgate Street, Morpeth	18	13	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	46
Ponteland	13	13	2	—	—	—	—	—	—	2	—	2	2	—	—	—	—	18	16
Rothbury...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	17
Preston Hospital, North Shields...	84	81	†95	58	28	6	4	40	26	—	—	12	—	2	2	—	—	190	248
TOTALS...	144	129	127	100	72	6	4	47	26	2	6	20	2	2	2	38	51	339	437
																			776

† Includes children. † Includes 25 beds for Tuberculosis cases. § Includes Chronic Sick.

Voluntary Hospitals.

The number of beds available in Voluntary Hospitals in the administrative county during the year 1934, was as follows :—

Alnwick Infirmary	...	...	...	27 (including 2 cots).
Ashington Hospital	...	...	...	44 (including 2 cots).
Berwick Infirmary	...	...	...	36 (including 3 cots).
Blyth Hospital	...	...	...	30 (including 3 cots).
Corbridge Hospital	...	...	...	17 (including 1 cot).
Haltwhistle Hospital	...	...	...	17 (including 2 cots).
Hexham War Memorial Hospital	...	...	...	40
Morpeth Cottage Hospital	...	...	...	13
Rothbury Cottage Hospital	...	...	...	16
Newburn Cottage Hospital	...	...	...	14
Wallsend Infirmary	...	...	...	20 (including 3 cots).
				274

There were 994 beds available during the year, in the various voluntary Hospitals in Newcastle upon Tyne, to which County patients are admitted; the following table shews the approximate number of beds in each :—

Royal Victoria Infirmary	(approximately)...	614 (plus 86 in paybed section and 35 in Innes Hopkins Memorial Home.
Fleming Memorial Hospital	...	94
Princess Mary Maternity Hospital	...	70
Northern Womens' Hospital	...	21
Eye Hospital	...	35
Throat, Nose and Ear Hospital	...	35
Chest Hospital	...	4

The percentage proportion of beds occupied throughout the year by each of the areas from which patients are admitted to the Royal Victoria Infirmary, was as follows :—

	In-patients.
Durham County	47%
Northumberland	30%
City of Newcastle	21%
Other places	2%

and the number of patients admitted from the administrative County of Northumberland during the year was 4,053. The analysis of the waiting list at the time this report was printed (October, 1935) shews the following results :—

Durham County...	1,531
Northumberland County	998
City of Newcastle	690
County Borough of Gateshead	454
County Borough of South Shields	100
County Borough of Tynemouth	27

*PUBLIC ASSISTANCE.**Remuneration of Poor Law Medical Officers.*

The scheme reported upon in my Annual Report for the year 1933 was continued in operation during the year under review and, so far, has proved to be satisfactory.

POOR LAW MEDICAL OUT-RELIEF.

The following table indicates the various Medical Out-relief districts in the County :—

Guardians Committee Area.	District.	Area in Acres.	Population—1931 Census.
North No. 1	Belford—West ...	25,877	2,112
	Do. East ...	13,920	2,502
	Berwick... ..	14,111	13,181
	Norhamshire ...	20,151	2,228
	Islandshire ...	19,186	1,808
	Carham	13,068	889
	Chatton	36,269	1,529
	Ford	23,236	1,745
	Glendale—Southern	21,994	571
	Lowick	12,879	877
	Wooler	40,484	2,443
		241,175	29,885
	<i>Plea piece common to E. & W. Lilburn, Ilderton & Roseden C.Ps.</i>	3	...
	<i>Undivided moor common to Kirknewton & Lanton, C.Ps.</i>	8	...
North No. 2		241,186	29,885
	Alnwick	4,778	6,883
	Embleton	20,200	2,375
	Felton	9,026	1,171
	Glanton	27,021	1,468
	Lesbury	10,645	2,368
	Shilbottle	15,526	1,704
	Warkworth	11,875	7,733
	Rothbury—East ...	28,601	2,102
	Do. West... ..	19,477	1,398
	Rothley	15,097	258
	Harbottle	59,553	777
	Elsdon	18,931	383
	Whittingham	26,204	850
Central		266,934	29,470
	<i>Intermixed lands common to Rothbury & Snitter, C.P.</i>	23	...
		266,957	29,470
Central	Ponteland... ..	44,545	9,558
	Stamfordham	30,254	2,788
	Stannington	10,314	1,920
	<i>Carried forward...</i>	85,113	14,266
		508,143	59,355

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	85,113	508,143	14,266	59,355
Central— <i>Contd.</i>	Morpeth — No. 1	327		7,391	
	Do. No. 2	11,745		4,806	
	Do. No. 2a	2,620		9,863	
	Do. No. 3	10,123		27,799	
	Do. No. 4	15,776		4,787	
	Do. No. 5	17,087		820	
	Do. No. 6	676		19,623	
	Do. No. 6a	8,881		12,095	
	Do. No. 7	4,573		258	
	Do. No. 8	16,127		2,307	
	Do. No. 9	9,607		521	
	Blyth ...	4,319		31,680	
			186,974		136,216
	<i>Longhorsley Common common to Bigge's, Riddells, and Freeholders' Qtrs. C.Ps. ...</i>		23		...
	<i>Horsley Moor common to Bigge's Qtr., Fenrother Freeholders and Riddell's Qtrs. C.Ps. ...</i>		192		...
			187,189		136,216
South ...	Gosforth ...	1,303		18,044	
	Whitley ...	1,983		24,210	
	Seaton Delaval ...	5,352		7,377	
	Seghill ...	1,425		2,582	
	Cramlington ...	4,583		8,238	
	Earsdon ...	4,709		13,086	
	North Longbenton	5,348		14,074	
	Weetslade ...	2,201		7,734	
	Wallsend ...	1,629	(approx.)	29,725	
	Willington Quay	1,793	do.	14,862	
			30,326		139,932
West ...	Bellingham—No. 1	19,719		1,287	
	Do. No. 2	104,787		820	
	Do. No. 3	58,369		873	
	Do. No. 4	13,228		756	
	Do. No. 5	30,518		956	
	Do. No. 6	20,024		599	
	Lemington ...	1,864		9,180	
	Newburn ...	2,808		10,362	
	Haltwhistle—				
	Eastern ...	34,103		5,823	
	Western ...	27,461		2,390	
	Southern ...	22,282		419	
	<i>Carried forward...</i>	335,163	725,658	33,465	335,503

Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	335,163	725,658	33,465	335,503
West— <i>Contd.</i>	Whitfield ...	12,481		278	
	Hexham ...	12,203		10,290	
	Slaley ...	27,001		1,409	
	Shotley ...	15,244		1,129	
	Blanchland ...	11,184		331	
	Humshaugh ...	37,597		2,802	
	Haydon... ..	22,031		2,954	
	Allendale ...	9,631		1,475	
	Wylam ...	5,495		11,165	
	Ovingham ...	10,508		2,825	
	Corbridge ...	22,211		3,936	
	Allenheads ...	4,748		743	
	Ninebanks ...	4,987		394	
			530,484		73,196
	<i>Allendale Common —stinted pasture common to Allen- dale and West Allen C.Ps. ...</i>		18,107		...
	<i>Moorland common to Townships of ancient Parish of Hexham (viz., Hexham and Hex- hamshire High, Low, Middle and West Quarters) ...</i>		4,903		...
			553,494		73,196
			1,279,152		408,699
	<i>Newcastle-on-Tyne R.D. (Moorhall and precincts) ...</i>		1		5
			1,279,153		408,704

PUBLIC VACCINATION.

A list of Public Vaccinators and of the Vaccination Officers in the County will be found at the commencement of this report.

The accompanying table is a return relating to the year ended December 31st, 1933, and includes (last two columns) information relating to the year 1934.

There are in some areas of the County defaulting parents who have not obtained exemption on conscientious grounds, etc. It is the duty of Vaccination Officers to prosecute such persons, but proceedings have not been taken in any of the cases concerned.

Registration Sub-districts.	No. of Births returned in the "Birth List" Sheets as registered from 1st January to 31st December, 1933.	Number of these Births duly entered by 31st January, 1935, in Columns I., II., IV. and V. of the "Vaccination Register," (Birth List Sheets), viz. :—					Number of these Births which on 31st January, 1935, remained unentered in the "Vaccination Register," on account (as shown by "Report Book") of			No. of these Births remaining on 31/1/35 neither duly entered in the "Vaccination Register" (Cols. 3, 4, 5, 6 and 7 of this return) nor temporarily accounted for in the "Report Book" (Cols. 8, 9 and 10 of this return).	Total No. of Certificates and copies of successful Primary Vaccination of Children under 14 received during the calendar year 1934.	No. of Statutory Declarations of Conscientious objection actually received by the Vaccination Officers irrespective of the dates of birth of the children to which they relate during the calendar year 1934.
		Col. I.		Col. II.		Col. V.	Postponement by Medical Certificate.	Removal to Districts the Vaccination Officers of which have been duly appraised.	Removal to places to unknown or which cannot be reached and cases not having been found.			
		Successfully vaccinated.	Insusceptible of vaccination.	Inusceptible of vaccination.	Had Small-pox.	No. in respect of whom Statutory Declarations of conscientious objection have been received.							Died unvaccinated.
1	2	3	4	5	6	7	8	9	10	11	12	13
Allendale...	54	16	...	...	33	1	1	...	1	2	13	18
Alnwick ...	123	39	...	...	79	3	...	...	2	...	30	78
Ashington ...	903	150	4	...	624	48	10	...	34	33	87	575
Bedlington ...	495	113	1	...	346	24	7	3	1	...	122	346
Belford ...	54	50	...	...	1	1	...	...	2	...	58	10
Bellingham ...	73	42	...	...	17	7	1	...	1	...	53	10
Berwick-on-Tweed	193	68	1	...	69	12	10	9	6	18	52	47
Norham & Islandshires	60	33	1	...	20	3	...	...	2	1	33	13
Bywell ...	191	42	...	...	135	6	4	...	2	2	20	120
Chollerton ...	53	34	1	...	14	1	...	1	2	...	34	11
Cramlington ...	223	61	...	...	145	12	1	1	3	...	92	146
Embleton ...	46	23	1	...	19	...	...	1	2	...	24	10
Haltwhistle ...	112	9	...	...	92	3	...	1	1	...	6	83
Hexham ...	209	109	1	...	75	6	2	11	4	1	110	73
Longbenton ...	297	77	...	...	197	14	2	1	3	3	94	207
Morpeth ...	171	54	...	...	72	15	6	3	8	13	38	84
Newburn ...	290	86	...	...	168	15	5	6	10	...	101	171
Stamfordham ...	32	6	...	...	12	2	...	1	...	...	96	413
Northumberland S.E. ...	540	83	1	...	399	34	7	5	4	7	132	109
Gosforth ...	232	94	7	...	107	6	5	...	5	8	48	26
Ponteland ...	76	28	...	...	43	2	1	...	2	...	73	14
Rothbury ...	56	43	...	...	9	...	...	1	1	2	339	458
Wallsend...	816	337	4	...	392	43	4	17	13	6	19	111
Warkworth ...	160	19	...	...	123	5	1	1	8	3	127	250
Whitley ...	414	120	1	...	226	25	11	1	15	15	76	4
Wooler ...	95	73	3	...	5	5	...	2	3	4	...	...
	5,968	1,809	26	...	3,422	293	78	65	135	140	1,877	3,387

VENEREAL DISEASES REGULATIONS.

The treatment centre provided for County patients under the scheme undertaken by the County Council in conjunction with neighbouring authorities, is at the Royal Victoria Infirmary, Newcastle upon Tyne. In the following table, particulars are given in relation to treatment during 1934, and (for comparison) 1933.

	1933.			1934.		
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.
1. Under treatment or obser- vation at beginning of year	268	103	371	243	92	335
2. Returned for treatment after having ceased to at- tend during any previous year	33	19	52	29	15	44
3. Dealt with for the first time	332	140	472	281	181	462
4. Number of cases dealt with for the first time known to have received treatment at other Centres	16	2	18	17	3	20
5. Discharged after completion of treatment	169	74	243	171	72	243
6. Ceased to attend before com- pletion of treatment ...	144	67	211	130	88	218
7. Number of cases which ceased to attend after com- pletion of treatment but before final tests of cure ...	7	5	12	7	14	21
8. Transferred to other Centres, etc.	30	10	40	26	6	32
9. Under treatment or observa- tion at end of year ...	299	108	407	236	111	347
10. Cases (included in Item 6) which failed to complete one course of treatment ...	17	20	37	13	18	31
11. Total number of attendances	6,734	3,037	9,771	6,373	3,500	9,873
12A. Total number of in-patients admitted for treatment during the year	11	9	20	10	7	17
12B. Aggregate number of in- patient days of treatment given	152	568	720	205	234	439
13. Number of cases of congeni- tal syphilis... ..	14	14	28	13	19	32

Irrigation stations are open, morning and evening, for gonorrhoea patients independently of the clinics.

The travelling expenses of necessitous patients to and from the clinics, are borne by the County Council.

Opportunity is afforded to medical practitioners in the area for consultations with the Medical Officer of the treatment centre, and they occasionally attend the clinics.

Bacteriological examinations under the scheme are carried out at the Durham University College of Medicine, Newcastle upon Tyne. The following statement gives the number and kind of tests undertaken at the laboratory during 1934 and indicates the extent to which medical practitioners availed themselves of the facilities provided by the County Council for such examinations.

Nature of Test.	Number of Tests.	
	For Treatment Centre.	For Practitioners.
<i>Microscopical—</i>		
For detection of Spirochetes	—	—
For detection of Gonococci	—	65
Other examinations —		
Urine for detection of Gonococci ...	—	6
<i>Serum tests—</i>		
For Wassermann reactions	931	657
Others for Syphilis	—	—
For Gonococcal infection	4	8
Cerebro-spinal fluid, etc.	1	—
For Wassermann reaction	—	40
„ General Examinations	—	2
Totals	936	778

Patients who do not Complete Treatment.

The following table indicates the percentages of patients who failed to complete treatment during the year. The figures for the year 1933 are also included for comparison :—

		1933.		1934.	
		Male.	Female.	Male.	Female.
Syphilis		29.7%	35.4%	24.6%	42.6%
Gonorrhoea		26.7%	35.6%	29.8%	48.0%

In-patients are included in the above figures, as they attend the out-patients clinic after their discharge from the ward.

The following table indicates the number of patients who attend the Out-patients Clinic during the year :—

					Male.	Female.
Syphilis					211	150
Gonorrhoea					288	79

MATERNITY AND CHILD WELFARE.

Professional Nursing in the Home.

The County Council do not undertake any nursing service in the home, this continues to be carried out by the County Nursing Association, to whom grants are made for the purpose.

The County Council make an annual grant of £510 to the General Funds of the Association, which money is apportioned to the local areas at the discretion of the Executive Committee, of which the County Medical Officer is a co-opted member. Close co-operation exists between the District Nurses and the County Council's Health Visitors and numbers of the district nurses are associated with the Maternity and Child Welfare Centres and Ante-natal Clinics, where they give valuable service. This tends to promote a more uniform and efficient system of care for mother and child.

Infectious Diseases.

Nursing of the notifiable Infectious Diseases is not undertaken by the County Nursing Association except in a few instances in the remote parts of the County where the resident system of nursing is in vogue.

Training of Midwives.

Under Circular 559 of the Ministry of Health the County Council is empowered to make grants for the provision of newly trained nurse-midwives to work in the County. A grant of £850 was made for this purpose to the County Nursing Association.

The County Council does not employ (nor does it pay any subsidy to) practising midwives. The County Nursing Association staff are all qualified midwives and organised so as to cover the whole of the County in their professional duties. This ensures that a midwife is available for every woman who requires such services. There are also a number of midwives who practice independently in the more populated parts of the County.

Midwives Acts, 1902-1926.

The County Council is the Local Supervising Authority under the Midwives Acts for the Administrative County. The number of midwives who notified their intention to practise during the year is as follows :—

Total Number of Midwives.	TRAINED. Attached to District Nursing Associations.	Working Independently.	Untrained or Bona-fide.
284	242	41	1

During the year 34 of these midwives left the County.

The inspection of the midwives employed by the County Nursing Association is carried out by the Superintendent of that Association and midwives practising independently are inspected by the Superintendent of Health Visitors. Both officers are under the supervision of, and report direct to, the County Medical Officer. 1,122 visits of inspection were made.

TABLE 1.

Table shewing numbers of Births and numbers of Deaths under one year in Urban and Rural Districts and number of Deaths of Infants under one year investigated by Health Visitors during the year ended December 31st, 1934.

[illegible]

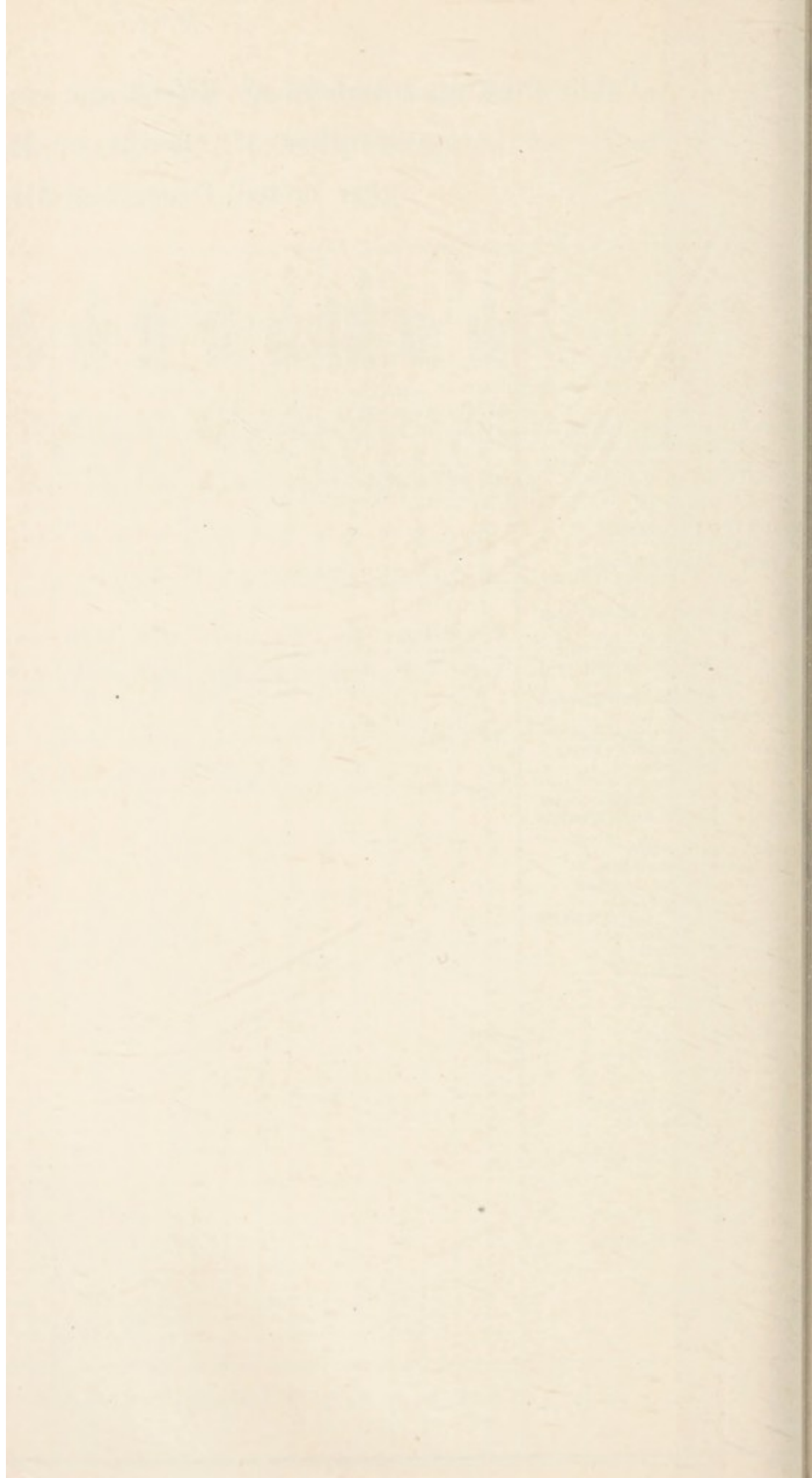


TABLE 2

Investigated Cause of Deaths of Infants under one year, and Children aged 1-5 years, with age periods at which death occurred during the year ended December 31st, 1934.

[illegible]

TABLE 3.

Investigated Cause of Deaths during the year ended December 31st, 1934, of Illegitimate Children under the age of one year, arranged in sanitary areas.

	Almirk Urban.	Morpeth Rural.	Prudhoe Urban.	Amble Urban.	Seaton Delaval Urban.	Bellingham Rural.	Hexham Rural.	Morpeth Rural.	Rothbury Rural.	Gosforth Rural.	Haslehead Rural.	TOTAL.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Number of Illegitimate Births	2	6	2	2	3	4	5	2	3	2	6	49
in these Areas ...	1	1	1	1	1	1	1	1	1	1	1	13
Number of Deaths under one year	1	1	1	1	1	1	1	1	1	1	1	13
Number of Deaths investigated...	1	1	1	1	1	1	1	1	1	1	1	13
CAUSE OF DEATH.												
Prematurity ...	1	1	...	...	1	1	...	3	1	...	1	6
Convulsions ...	1	...	...	...	...	...	...	...	1	...	1	3
Concussional Deformities— Malformation Injuries ...	1	...	...	...	...	...	1	...	...	...	...	1
Bronchitis ...	...	...	...	...	1	...	...	...	...	...	...	1
Asphyxia Neonatorum ...	...	...	...	...	...	...	...	...	...	...	...	1
Marsupium ...	...	...	...	1	...	...	...	...	...	...	...	1
Acute Indigestion... ..	...	...	...	...	...	...	...	...	...	...	...	1
Euteritis ...	...	...	...	...	...	...	...	...	...	...	1	1
Want of attention at birth	...	...	...	...	...	1	...	...	...	...	1	2
Post operative ...	...	...	...	...	...	...	...	...	...	...	...	1
TOTAL ...	1	1	1	1	1	1	1	3	1	1	2	13

Investment Survey of 1934

Investment in 1934		Investment in 1933	
Investment in 1934	Investment in 1933	Investment in 1934	Investment in 1933
1. Investment in 1934	2. Investment in 1933	3. Investment in 1934	4. Investment in 1933
5. Investment in 1934	6. Investment in 1933	7. Investment in 1934	8. Investment in 1933
9. Investment in 1934	10. Investment in 1933	11. Investment in 1934	12. Investment in 1933
13. Investment in 1934	14. Investment in 1933	15. Investment in 1934	16. Investment in 1933
17. Investment in 1934	18. Investment in 1933	19. Investment in 1934	20. Investment in 1933
21. Investment in 1934	22. Investment in 1933	23. Investment in 1934	24. Investment in 1933
25. Investment in 1934	26. Investment in 1933	27. Investment in 1934	28. Investment in 1933
29. Investment in 1934	30. Investment in 1933	31. Investment in 1934	32. Investment in 1933
33. Investment in 1934	34. Investment in 1933	35. Investment in 1934	36. Investment in 1933
37. Investment in 1934	38. Investment in 1933	39. Investment in 1934	40. Investment in 1933
41. Investment in 1934	42. Investment in 1933	43. Investment in 1934	44. Investment in 1933
45. Investment in 1934	46. Investment in 1933	47. Investment in 1934	48. Investment in 1933
49. Investment in 1934	50. Investment in 1933	51. Investment in 1934	52. Investment in 1933
53. Investment in 1934	54. Investment in 1933	55. Investment in 1934	56. Investment in 1933
57. Investment in 1934	58. Investment in 1933	59. Investment in 1934	60. Investment in 1933
61. Investment in 1934	62. Investment in 1933	63. Investment in 1934	64. Investment in 1933
65. Investment in 1934	66. Investment in 1933	67. Investment in 1934	68. Investment in 1933
69. Investment in 1934	70. Investment in 1933	71. Investment in 1934	72. Investment in 1933
73. Investment in 1934	74. Investment in 1933	75. Investment in 1934	76. Investment in 1933
77. Investment in 1934	78. Investment in 1933	79. Investment in 1934	80. Investment in 1933
81. Investment in 1934	82. Investment in 1933	83. Investment in 1934	84. Investment in 1933
85. Investment in 1934	86. Investment in 1933	87. Investment in 1934	88. Investment in 1933
89. Investment in 1934	90. Investment in 1933	91. Investment in 1934	92. Investment in 1933
93. Investment in 1934	94. Investment in 1933	95. Investment in 1934	96. Investment in 1933
97. Investment in 1934	98. Investment in 1933	99. Investment in 1934	100. Investment in 1933

Investment in 1934

Cases Taken at Home.

In 3,713 cases the midwife was engaged as a Maternity Nurse, but in 1,291 of these cases she acted as a midwife owing to the medical attendant not being present at the birth; 2,326 cases were attended by the midwives as such.

The number of births (including still-births) notified was 6,642 and the number attended by these midwives and Maternity Nurses was 6,039.

Still-births.

The number of still-births notified as having been delivered by midwives was 41. The total number registered was 259.

Medical Assistance.

A midwife is required by the rules of the Central Midwives Board to call in medical assistance for all cases of illness or obstetrical emergency which may arise in her practice, and must send a copy of such request for Medical Aid to the local Supervising Authority. In the 2,326 cases attended by midwives there were 375 notices that such attendance was necessary. When midwives call in medical assistance the County Council becomes responsible, under the Midwives Act, 1918, for the payment of the doctor's fees on a scale fixed by the Ministry of Health. As each claim for payment is received from a medical practitioner a form is despatched to the patient pointing out that such claim for fees has been made by her doctor and stating that they are recoverable under certain circumstances. It is further pointed out that should she be unable to refund the whole of the claim made by the doctor, she should give particulars of her financial circumstances on the form provided, which will enable the special sub-committee to consider an application for the remission of the whole or part of the debt. During the year the total fees paid amounted to £442 12s. 4d., of which £105 4s. 6d. was afterwards recovered from these patients.

Ante-natal Care of Mothers.

The six centres established continued their work in the Ante-natal Care of Mothers; two additional centres were opened in July, one at Lynemouth and one at Newbiggin-by-the-Sea.

The following statement indicates the work done :—

Name of Clinic.	No. of Sessions Clinic was open.	No. of Mothers attending.	No. of attendances made.	No. of Consultations
Cramlington	22	41	86	86
Dudley	12	42	61	61
Haltwhistle	25	15	44	44
Lynemouth	6	18	28	28
Newbiggin-by-Sea	6	23	78	12
Prudhoe	24	97	246	246
Shiremoor	12	51	109	109
Whitley Bay	12	27	60	53

In addition 53 mothers attended the ordinary session of the Child Welfare Centres, making 212 attendances. The Doctor attending made 50 consultations. The number of 367 expectant mothers is more than 10% of the birth population for the Administrative County. Arrangements have been made for private practitioners in rural districts to undertake routine Ante-natal and Post-natal examinations of uninsured women living in rural areas who are unable to pay for medical attendance.

Midwives booked for such cases who are desirous for any obstetrical reason, of having the opinion of the patient's family doctor, may request his examination of the mother at a fee fixed by the Committee. A sum of £400 has been allocated for this purpose.

In these areas a woman having been medically examined by her own doctor and considered to require further specialist examination may be sent by appointment to Newcastle to be seen by one of the panel of Consultants.

Consultation fees and the travelling expenses of the patient and a woman friend are paid by the County Council.

During the year 19 women availed themselves of the opportunity offered.

The following statement indicates the conditions found on examination :—

Breech presentation; encephalitis lethargica; albuminuria and head high; renal colic; baby's head high; contracted pelvis; varicose veins at vulva; threatened abortion; primipara—head above brim, labour imminent; double mitral murmur with considerable tachycardia; baby lying second vertex—head above brim and not engaging; intra uterine death of foetus; very obese and toxæmic.

Dental Treatment of Mothers.

Dental treatment continues to be provided for mothers attending the Prudhoe Ante-natal Centre; the following indicates the work done :—

Number of Patients.	Attendances made.	Extractions.	Scalings. Fillings.	Other Operations.	Impressions taken.	Fees Received.
40	232	404	24	49	49	£20 6 5

A scheme to extend this universally throughout the county is under consideration.

Convalescent Treatment of Mothers.

Since 1929 mothers found to be suffering from any illness or disability as a result of pregnancy or child birth, have been sent for two weeks holiday to carefully selected homes.

The expenditure incurred has been provided for by grants from the Lord Mayor's Coalfields Distress Fund. This money was exhausted during the year, and a sum of £250 was recommended so as to continue this exceptionally beneficial aid to mothers in very poor general health caused by child bearing.

Eleven mothers were sent for convalescence during October, November and December.

Maternal Mortality.

The following shows the Maternal Mortality rates classified under the headings of Puerperal Sepsis and other causes, and for the purposes of comparison figures are also included below for the whole of England and Wales :—

Year.	Puerperal Sepsis.		Other Puerperal Causes.		Total Deaths.	Rate per 1,000 Births.	Total Births.
	Deaths.	Rate per 1,000 Births.	Deaths.	Rate per 1,000 Births.			
1925	9	1.04	30	3.47	39	4.51	8,634
1926	5	0.60	24	2.88	29	3.48	8,345
1927	12	1.61	15	2.01	27	3.62	7,470
1928	6	0.80	18	2.40	24	3.20	7,486
1929	11	1.60	22	3.20	33	4.80	6,885
1930	17	2.41	22	3.13	39	5.55	7,025
1931	11	1.62	18	2.64	29	4.26	6,801
1932	22	3.22	24	3.51	46	6.73	6,838
1933	20	3.04	22	3.34	42	6.38	6,578
1934	15	2.25	21	3.16	36	5.42	6,642

England and Wales :—

Puerperal Sepsis	...	...	...	...	1.95
Other Puerperal Causes	...	...	...	...	2.46

4.41

The following table indicates the various districts in the County where Maternal deaths occurred :—

District.	Puerperal Sepsis.	Other Puerperal Causes.	Total.
Alnwick R.D.	...	1	1
Belford R.D.	...	1	1
Castle Ward R.D.	...	1	1
Glendale R.D.	...	1	1
Haltwhistle R.D.	...	2	2
Morpeth R.D.	...	1	1
Bedlingtonshire U.D.	1	1	2
Cramlington U.D.	1	...	1
Blyth Borough	2	4	6
Wallsend Borough	4	...	4
Earsdon U.D.	1	1	2
Newburn U.D.	2	...	2
Hexham U.D.	1	...	1
Prudhoe U.D.	1	...	1
Morpeth U.D.	...	1	1
Newbiggin-by-the-Sea U.D.	...	1	1
Gosforth U.D.	...	2	2
Ashington U.D.	...	3	3
Seaton Delaval U.D.	2	...	2
Berwick Borough	...	1	1
	15	21	36

Maternity Hospitals.

The County Council does not maintain any Maternity Hospitals, but five Hospitals have beds available for maternity cases at fees which vary according to the amenities provided :—

The War Memorial Hospital, Haltwhistle	...	2 beds.
The Willington Quay Maternity Hospital	...	12 beds.
The Wallsend and Willington Quay Maternity Hospital	... ..	8 beds.
Preston Hospital, Tynemouth	... ..	12 beds.
The Tynedale Hospital, Corbridge	... ..	11 beds.

These hospitals act independently in admitting women for child birth. Under the Council's Scheme complicated cases or cases in which the medical attendant cannot with safety deliver in the patient's home, are admitted into the Princess Mary Maternity Hospital, 195 such cases being admitted, at a cost of £418 17s. 5d. to the Council. Other cases are admitted to the Preston Hospital, Tynemouth.

Nursing Homes Registration Act, 1927.

The above Act came into force on 1st July, 1928, under which all Nursing Homes are required to be registered by the Local Supervising Authority. Eight Homes are registered. No new applications for registration or exemption were received.

Babies' Hospital.

In co-operation with the Maternity and Child Welfare Schemes, babies suffering from dietetic troubles and infantile ailments are, on the certificate of their own medical attendant, admitted to the Babies' Hospital, West Parade, Newcastle upon Tyne. During the year 22 infants received treatment in this Hospital at a cost of £86 9s. 0d. It has now been decided to make a grant of £300 per annum to this Hospital for this work.

Ophthalmia Neonatorum.

These cases are admitted for treatment either alone or with the mother to the Preston Hospital, Tynemouth. 16 such cases were notified in a total of 6,383 live births.

Of the 2,336 cases delivered by midwives, medical aid was summoned on account of discharging eyes in six cases, a diagnosis of Ophthalmia Neonatorum being made in three cases. No impairment of vision was reported, all cases recovering satisfactorily; three were nursed in Hospital, two by Health Visitors and the remaining ten by District Nurses in the home.

Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

These regulations require medical practitioners to notify to the District Medical Officer of Health any febrile condition occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100·4 degrees Fahrenheit has been sustained during a period of 24 hours, or has recurred during that period.

Under these Regulations the County Council has arranged that medical practitioners may obtain any or all of the following services for cases notified within its Maternity and Child Welfare Area :—

- (a) The services of a Consultant Obstetrician;
- (b) Bacteriological examination of patient's discharges;
- (c) Skilled nursing service in the home;
- (d) Removal of patient to Hospital;
- (e) Provision of serum.

The County Council's panel of Consultants includes Professor Rankin Lyle, M.D., Mr. Farquhar Murray, M.D., F.R.C.S., Mr. Harvey Evers, M.S., F.R.C.S., Mr. F. E. Stabler, M.D., F.R.C.S. and Mr. William Hunter, M.B., B.S.

During the year 32 cases of Puerperal Pyrexia and 10 cases of Puerperal Fever were notified. Consultant services were obtained in 13 cases; 19 women were removed to Hospital and the remainder nursed at home.

In midwives' practice, amongst the 2,326 women who were delivered by midwives, 11 had rises of temperature for which medical assistance was sought. They were all due to minor disturbances.

The outstanding requirement of the Council's Maternity and Child Welfare service is the appointment of a Maternity and Child Welfare Officer who would be able to undertake a thorough investigation of all the maternal deaths occurring within the County. At the present moment it is felt that there is a wealth of material which is requiring investigation and which cannot possibly be adequately done by the present staff.

The matter is urgent and should not longer be delayed. There is a great need for co-ordination of effort and it is impossible for the County Medical Officer himself to do this work. The expenditure incurred would be truly economical in that efforts would be directed where they are most required.

Health Visiting Service.

In the administration of the Council's Scheme under the Notification of Births Acts, the County is divided into 33 districts, in each of which is a Resident Health Visitor who carries out all duties in connection with home visiting in that area; under the Maternity and Child Welfare Services, School Medical Service and the Tuberculosis Services. In addition she carries out work in the Ante-natal Clinics, Child Welfare Centres, Ante-natal Dental Clinics, the distribution of milk to necessitous mothers, Medical Inspection of School Children, School Dental Clinics, Minor Ailments Clinics, Ophthalmic Clinics and the Tuberculosis Dispensaries. One health visitor is employed in the Wallsend area upon Tuberculosis work alone.

Under the scheme, all infants under the age of five years are visited at intervals which vary according to the age and circumstances of the child and the requirements of the home.

General advice on Hygiene, suitable clothing and the making of garments, correct diets and the cooking of food, and infant care and nurture is given, together with, where found necessary, practical demonstration in the home. Generally speaking, the arrangements for this work are at present adequate. They need, however, to be supplemented by the expert guidance of a well trained woman Maternity and Child Welfare Officer.

The following is a summary of the number of visits made by the Health Visiting Staff under the Maternity and Child Welfare Scheme :—

Live Births registered in Administrative County.	First Visits to Infants.	Re-visits to infants under the age of 1 year.	Visits to Children, age 1—5 yrs.	Ante-Natal Visits.	
				First Visits.	Re-Visits.
2,535	2,705	13,018	26,339	351	403

Training and Supply of Health Visitors.

The scheme whereby loans are advanced to selected Trained Nurses to enable them to undergo training for the Health Visitor's Certificate, has again been in abeyance, vacancies on the staff having been filled by advertisement.

Population and Number of Births Notified.

Population (1931 Census).	Registered Births.	Notified Births.	% Notified.
	Live ... 3,068 Still ... 121	Live ... 2,535 Still ... 41	
215,001	3,189	2,576	80.77

Infant Mortality.

The following shows the comparative rates of infant mortality for the County, per 1,000 births :—

Infant Mortality per 1,000 births for County area, for maternity and child welfare.	Infant Mortality per 1,000 births for whole of County including autonomous areas.	Infant Mortality per 1,000 births for England and Wales
68	69	59

Death Rate for Illegitimate Children.

Of the 169 illegitimate children born, 19 died before they reached the age of one year. The following table gives the comparison with children born in wedlock :—

No. of legitimate births in Council's area	...	...	...	...	2,899
No. of illegitimate births in Council's area	...	...	...	...	169
Total live births	...	...	...	...	3,068
No. of deaths of legitimate infants	...	189	=	65.2 deaths per 1,000 legitimate births.	
No. of deaths of illegitimate infants	...	19	=	112.4 deaths per 1,000 illegitimate births.	
Total deaths	...	208	=	68 deaths per 1,000 births.	

TABLE 4.

Infant Welfare Centres.—Report on Work for Year ended December 31st, 1934.

NAME OF CENTRE.	Number of Children transferred from 1933 Register to 1934 Register.				Number of Children who attended a Centre for the first time during the year.		Total Number of Attendances at Centre.		Number of Children who attended during the year and at end of the year.		Consultations made by Medical Officer.		Ante-natal Mothers attending the Centre.		Mothers and Infants.		Visits of Medical Officer for Consultation.		Number of Half-day Sessions each Centre was open.		Number of Deaths of Children attending the Infant Welfare Centres.		Day and usual hour of Session, and number of weeks by Medical Officer.	Name of Medical Officer attending.
	Aged under 1 year.	Aged 1-5 years.	Aged under 1 year.	Aged 1-5 years.	Under 1 year.	Years 1-5.	Under 1 year.	Between 1 and 5 years.	Mothers.	Children.	Total Number Attending.	First Visits.	Subsequent Visits.	Consultations with Medical Officer.	No. of Cases who received Milk during the year.	Number of Sessions.	For Distribution of Food.	For consultation with Doctor or Health Visitor.	For Combination of these Services.	Under 1 year.	Aged 1-5 years.			
Alnwick	50	26	108	29	1,182	679	73	70	208	233	...	...	...	...	58	22	51	51	...	3	3	Monday, 2-4 p.m.	Dr. Bunting, Asst. County M.O.H.
Amble	69	57	83	22	1,246	909	67	205	427	441	9	9	13	9	55	22	51	51	...	1	1	Monday, 2-4 p.m.	Dr. O'Sullivan, Asst. County M.O.H.	
Backworth	93	143	75	9	1,101	802	63	149	537	571	...	...	...	...	33	24	...	...	51	4	1	Wednesday, 2-4 p.m.	Dr. Glen Davison.
Berwick	34	22	88	6	1,175	341	66	64	...	404	...	4	19	...	43	21	...	...	51	...	...	Tuesday, 2-4 p.m.	Dr. MacLagan, M.O.H.
Cramlington	51	54	102	7	1,144	504	82	132	882	903	41	41	45	86	87	24	50	50	...	4	1	Wednesday, 2-4 p.m.	Dr. Quinn.	
Dudley	42	75	76	14	771	460	69	139	824	824	42	41	20	61	132	26	51	51	...	2	...	Tuesday, 2-4 p.m.	Dr. Thompson.	
Haltwhistle	28	65	41	8	569	860	28	101	10	830	15	15	11	44	102	25	51	51	...	...	...	Thursday, 2-4 p.m.	Dr. Thompson.
Lynemouth	33	27	36	1	569	166	32	64	117	121	18	18	10	28	18	8	...	...	51	...	...	Tuesday, 2-4 p.m.	Dr. Skene.
Morpeth	47	34	99	...	1,245	299	81	99	1,080	1,080	...	...	...	...	36	47	50	50	...	3	3	Monday, 2-4 p.m.	Dr. Dickie.
Newbiggin-by-the-Sea	97	150	106	31	1,787	1,003	100	125	83	319	23	21	57	12	182	28	51	51	...	4	1	Monday, 2-4 p.m.	Dr. Angus, M.O.H.	
Pegswood	24	15	41	2	640	150	29	53	497	497	...	...	...	...	13	18	...	...	50	3	...	Tuesday, 2-4 p.m.	Dr. Dickie.
Prudhoe	82	71	87	17	1,467	1,860	79	109	541	662	200	97	149	246	52	23	51	51	...	2	2	Wednesday, 2-4 p.m.	Dr. Dewell, Asst. County M.O.H.	
Red Row (Broomhill)	34	56	77	11	635	364	61	117	39	185	...	...	...	...	81	26	...	...	51	1	3	Tuesday, 2-4 p.m.	Dr. Scott.
Seaton Burn	30	55	50	4	543	290	32	109	336	334	...	...	...	...	40	26	...	...	51	2	...	Wednesday, 2-4 p.m.	Dr. Ogilvie.
Seaton Delaval	63	101	98	17	1,556	1,709	80	199	220	220	...	...	...	...	103	24	51	51	...	...	...	Thursday, 2-4 p.m.	Dr. Anderson.
Seghill	30	50	61	4	810	536	49	96	4	333	...	...	...	...	17	42	...	...	51	1	1	Monday, 2-4 p.m.	Dr. Henderson.
Shiremoor	36	54	82	7	1,201	897	66	113	487	507	51	47	62	109	80	26	51	51	...	2	1	Wednesday, 2-4 p.m.	Dr. Thompson.	
Stocksfield	23	41	34	10	434	350	27	80	379	419	...	...	...	...	18	25	...	...	51	...	...	Wednesday, 2-4 p.m.	Dr. Ogilvie.
Whitley Bay	77	88	141	15	1,953	421	110	219	894	910	27	19	41	53	68	25	51	51	...	1	...	Monday, 2-4 p.m.	Dr. Thompson.	
Belford ... ..	...	...	29	16	113	30	24	21	101	101	...	...	...	...	7	9	...	...	9	...	...	Tuesday, 2-4 p.m.	Dr. McDonald, M.O.H.
Corbridge ... ..	...	...	6	17	25	96	5	18	20	28	...	...	...	...	5	5	...	...	20	...	...	Tuesday, 1.30-4.30 p.m.	Dr. Turnbull.
Dinnington ... ..	...	...	16	3	201	140	26	55	147	147	10	10	32	2	67	8	...	...	17	2	...	Thursday, 2-4 p.m.	Dr. Bolt.
Haydon Bridge	17	22	14	4	369	375	13	45	...	102	...	...	...	...	20	8	...	...	51	1	...	Tuesday, 2-4 p.m.	Dr. Miller.
North Seaton	7	8	18	10	128	57	16	12	73	70	3	2	14	...	26	5	...	...	51	2	1	Tuesday, 10-11 a.m.	Dr. Angus, M.O.H.
Ponteland ... ..	...	...	14	16	69	53	13	18	49	49	2	2	1	3	4	4	...	...	15	...	...	Tuesday, 2-4 p.m.	Dr. Bolt.
Rothbury ... ..	...	...	26	30	177	142	21	35	59	74	...	...	...	...	...	5	...	...	16	1	...	Thursday, 2-4 p.m.	Dr. Bolt.
West Monkseaton ... ..	...	...	20	19	76	40	19	20	53	55	...	...	...	...	2	4	...	...	9	...	...	Thursday, 2-4 p.m.	Dr. Thompson.
Wooler ... ..	...	...	26	23	165	107	17	32	...	27	...	...	...	...	6	5	...	...	15	...	...	Wednesday, 2-4 p.m.	Dr. Fulton.

Child Welfare Centres.

There were 19 Infant Welfare Centres in the County at the beginning of the year, and 9 additional Centres were opened, making 28 Centres under the control of, and financed by, the County Council. These are staffed by part-time medical practitioners and in three instances by one of the Council's medical officers. These Centres are held in church halls, etc., many of which are not suitable for the purpose for which they are used.

The following is a summary of the premises :—

Church or Chapel rooms	14
Institutes, Village Halls	8
Wooden Hut	1
Offices rented from Local Authorities	2
Council House	1
Specially erected Child Welfare Centres	1
Nurses' Home	1

Supply of Milk to Expectant and Nursing Mothers and Children under the age of 3 years.

Milk is issued to mothers and children attending the Centres, dried milk only being supplied because of its convenience in handling and the fact that its concentration can be readily understood and adapted by the mothers to the needs of their children.

Milk is supplied free or at half price according to circumstances to :—

- (a) Nursing mothers ;
- (b) Expectant mothers during the last week of pregnancy ;
- (c) Children under the age of 3 years, and in exceptional cases on receipt of a medical certificate up to 5 years of age.

All applicants are required to fill in a form giving full particulars of their income, name of employers, number in family, rent paid, etc. This information is verified and milk given for a period of four weeks to those who are by their circumstances entitled to receive it either free or at half price.

Ambrosia, Glaxo, Ostermilk, Virol, Numol, etc., are supplied and also sold at a reduced price in the circumstances mentioned above to any mother attending the Centre.

The following table shows the quantities sold or distributed :—

	Sold at reduced retail price.	Sold at half reduced retail price.	Distributed free.
Dried Milk	12,724 lbs.	3,304 lbs.	37,611 lbs.
Virol and Numol	1,693 lbs.	40 lbs.	496 lbs.
Maltoline, etc.	165 lbs.	12 lbs.	22 lbs.

The following table indicates the cost to the County in supplying these goods, etc., free or at half price; also the amount spent during the year by purchasers:—

	Purchased by Parents.			Cost to County Council.		
	At reduced retail price.	At half reduced retail price.	At half reduced retail price.	Free.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.		
Dried Milk ...	923 11 9	122 12 2	86 13 2	2,345 2 3		
Virol and Numol	122 5 0	1 11 11	0 16 10	28 14 2		
Maltoline, etc. ...	12 4 1	0 7 8	0 5 9	1 5 8		
Totals ...	1,058 0 10	124 11 9	87 15 9	2,375 2 1		

Detection, Prevention and Treatment of Crippling in Infants.

Defects may be discovered by Health Visitors during home visiting or at the Child Welfare Centre or referred by Midwives, District Nurses or Medical Practitioners. Facilities are provided for consultation and treatment at the Orthopaedic Clinics in the County. When hospital treatment is indicated the child is received into the W. J. Sanderson Orthopaedic Hospital School for Crippled Children, Gosforth; out-patient treatment is given in the Clinics, or in the home, by the Orthopaedic Sisters employed by the Council.

Ten children were treated in hospital, four of whom were admitted during the year.

The number of individual cases attending the Council's Clinics during the year is shown below:—

Alnwick...	...	...	...	...	...	15
Ashington	...	...	...	...	...	50
Bedlington	...	...	...	...	...	16
Morpeth	...	...	...	...	...	9
Gosforth	...	...	...	...	...	16
Hexham	...	...	...	...	...	11
Total	...	...	...	...	...	117

Prevention of Deafness.

Facilities are now provided for the diagnosis and treatment of children of pre-school age who are suffering from defects and diseases of the Ear. The Medical Officers of the Child Welfare Centres are asked to report specifically cases of deafness in children attending their Centre, and arrangements were made with the Rye Hill Hospital for the reception of cases needing treatment. Cases for Mastoid operation and removal of Tonsils and Adenoids are also received for operation at a fee agreed to by the Council. The scale in operation for the recovery of fees, or a proportion thereof, is that employed by the Education Committee for similar operations on School Children.

Three children were operated upon for the removal of Tonsils and Adenoids under this Scheme.

Infant Life Protection.

The duties imposed on the Council under the Children and Young Persons Act, 1932, continue to be administered in the Area for Maternity and Child Welfare. The Council's Health Visitors act in their respective districts and supervise the health and welfare of these children.

The following indicates the position :—

At end of 1935.		During present year.					
No. of approved Foster Mothers.	No. of Foster Mothers.	No. of new Foster Mothers approved.	No. of Children received.	Left County.	Transferred to own Mothers or Relatives.	Reached age of nine years.	No. of Satisfactory Visits.
18	21	10	10	2	4	1	93

Birth Control.

In 1931 the Ministry of Health issued a Memorandum and Circular relating to this subject and certain limitations were laid upon Local Authorities in the provision of these Clinics.

(a) That the Clinic would be available only for women who were in need of medical advice and treatment for gynaecological conditions.

(b) That advice on contraceptive methods would be given only to married women who attended the Clinics for such medical advice, and treatment, and in whose case pregnancy would be detrimental to health.

In a Circular 1408 issued by the Minister of Health in 1934 attention is called to the final report of the Departmental Committee on Maternal Mortality and Morbidity. Local Authorities are advised that there is nothing to prevent them from rendering such Clinics available to women suffering from organic disease other than gynaecological conditions, such as tuberculosis, heart disease, diabetes, chronic nephritis, etc., or from mental illness, and that such women be afforded contraceptive advice if it is found medically that pregnancy would be detrimental to health. No special clinic has been set up and no appliance has been supplied by the Council. The scheme is still in operation whereby a woman who is considered by her Medical Practitioner to be in need of such advice is recommended to the Voluntary Birth Control Clinics established in Newcastle and Ashington, when a fee of 7/6 is paid on her behalf by the Council.

ORTHOPAEDIC TREATMENT.

Provision continued to be made during the year for the treatment of patients of all ages suffering from Orthopaedic defects, with the exception of adults showing active tubercular symptoms. Institutional treatment was provided at the W. J. Sanderson Home, Gosforth, for children (particulars relating to these cases will be found in the Maternity and Child Welfare portion of this report on page 76 and at the Shropshire Orthopaedic Hospital, Oswestry, for adults; during the year one adult received treatment at this Hospital.

The following Clinics were in operation at the end of the year :—

Alnwick—The Infirmary.
 Ashington—The School Clinic, Lintonville Terrace.
 Bedlington—Y.M.C.A. Buildings.
 Cramlington—26, Hawthorn Villas.
 Gosforth—War Memorial Hall.
 Hexham—War Memorial Hospital.
 Morpeth—Congregational Church Hall, Dacre Street.
 Rothbury—Jubilee Hall.

Those authorities which are autonomous for Maternity and Child Welfare purposes make their own arrangements for institutional treatment; the County Council Orthopaedic Clinics, however, are available for patients resident in these areas and the respective authorities pay 2/6 per attendance for each case received and treated; this charge covers massage, the application of plaster bandages and examination by the Orthopaedic Surgeon, but does not include the provision of splints or any medical treatment outside the Clinic.

BLIND PERSONS ACT, 1920.

Administration.

The Blind Persons Act in the County of Northumberland continues to be administered by the County Council. Blind persons on the Register numbered 506 on January 1st, 1934, as compared with 482 the previous January. During the year 74 new cases were registered; 60 persons died or left the County while 12 cases were de-certified; the figure thereby standing at 508 on 31st December, 1934.

All applicants for admission to the Register are examined by the County Ophthalmic Surgeon (travelling expenses and examination fee being paid by the Council); only those persons who are certified to be blind are registered.

During the year 42 persons were found to be not blind within the meaning of the Act and consequently were not registered.

Dependants of Blind Persons.

The County Council having made a Declaration under Section 2 of the Local Government Act of 1920, the relief of sighted dependants of blind persons has, since October, 1934, been undertaken by the Blind Persons Act Committee, acting on behalf of and subject to the general direction and control of the Public Assistance Committee. Application for relief in the first instance is made to the Public Assistance Officer.

Home Teachers.

During the year the following visits were paid by the three Home Teachers employed by the Council :—

	No. of Visits.
Social welfare	4,034
Supervision of home workers	398
Instruction	201
Investigation of new cases	118
	<hr/>
	4,751
	<hr/>

The Home Teachers visit the Blind regularly in their homes, supervise their welfare and render assistance in a variety of ways. Suitable cases are taught Braille or Moon type reading and handicrafts such as rug-making, basket-making and hand-knitting. They investigate every case referred to the County Medical Officer, supplying the necessary forms of application for registration, financial assistance, etc. Those persons in receipt of domiciliary assistance or dependants' allowances require to be visited more frequently, as it is necessary for the circumstances to be regularly reviewed. Since the Blind Persons Act Committee took over the relief of dependants of blind persons from the Public Assistance Committee the duties of the Home Teachers have been considerably increased.

Home and Casual Workers.

The number of approved home-workers in the County on 31st December, 1934, remained unaltered, being made up as follows:—

Piano tuners	...	...	...	...	...	...	2
Basket makers	...	...	...	...	...	...	2
Cane worker	...	...	...	...	...	...	1
Hand knitter	...	...	...	...	...	...	1
Hand and machine knitters	...	...	...	...	...	...	2
Boot and shoe repairer	...	...	...	...	...	...	1
							<hr/>
							9
							<hr/>

Under the Home Workers' Scheme men receive a 50 per cent. subsidy and women 100 per cent. subsidy up to a maximum of 8/- per week, except in the case of two machine knitters, for whom there is no maximum.

In December, 1934, there were 13 casual workers in the County, 9 being in receipt of domiciliary assistance at a fixed weekly rate and 4 receiving wages on a piece-work basis. One casual worker was admitted to the Workshops for the Adult Blind during the year while another commenced training at Benwell Grange.

Sales of Goods.

In order to dispose of the goods made by approved and casual home-workers, exhibitions and sales of work are held in various parts of the County. During the year three such sales were held and stalls were arranged at two Agricultural Shows. The public are thus given an opportunity of seeing goods which the blind are capable of producing and many repeat orders are received from patrons of past sales.

Wireless for the Blind.

Under Section 1 of the Wireless Telegraphy (Blind Persons' Facilities) Act, 1926, 64 certificates enabling blind persons to obtain free wireless licences were issued during the year.

The Department continues to distribute sets in the County on behalf of the British "Wireless for the Blind" Fund, and up to 31st December, 1934, 321 sets had been allocated.

Mr. A. E. George of Newcastle generously co-operates by overhauling and repairing gratuitously any sets which are reported to be giving unsatisfactory service; sets returned on the death or removal from the County of blind persons are also overhauled before being redistributed.

Education.

During the year 11 children were receiving elementary education at the Royal Victoria School for the Blind, an increase of three compared with 1933. 13 adults (7 men and 6 women) also received training in this Institution.

One man continued his studies at the Royal Normal College, London, for which college he was awarded a scholarship in July, 1932. Another man commenced a two years' course at the Massage School of the National Institute for the Blind, London, the Education Committee having undertaken to subscribe the sum of £130 per annum towards the cost of his training while £50 per annum is being contributed by the National Institute for the Blind.

During the school holidays the incomes of necessitous blind persons over the age of 18 years are made up to 18/- per week by the County Council.

Payment of Dental Fees.

Grants are made towards the cost of dental treatment and the provision of dentures. Two trainees at the Royal Victoria School for the Blind were assisted in this way, while a blind woman received treatment by one of the dental surgeons on the staff of the Education Committee.

Indigent and Unemployable Blind.

The County Council makes grants to indigent and unemployable blind persons over the age of 18 years, bringing the personal income from all sources up to 18/- per week.

Applications which are received by the County Medical Officer are investigated by the Home Teachers, and every precaution is taken to verify the statements made with regard to income, etc., before the cases are submitted for consideration by a special "Cases" Sub-Committee, which adjudicates and makes recommendations to the parent Committee. No residential period of qualification for these allowances is imposed.

When a person in receipt of a grant is de-certified, the circumstances are reported immediately to the local Relieving Officer (full co-operation existing between the Department and the Relieving Officers in the various districts) in order to prevent unnecessary hardship being suffered through the discontinuance of a grant.

Necessitous blind persons on the waiting lists for admission to the Workshops for the Adult Blind and the Royal Victoria School for the Blind are also granted financial assistance.

The number of persons who received domiciliary assistance during 1934 was 277, the sum expended being £5,791 8s. 4d.

With regard to Dependants' Allowances paid through the Blind Persons Act Committee, 21 families were taken over from the Public Assistance Committee in October. At the end of the year this number had increased to 29, representing 79 dependants. The total sum expended for the period October to December 31st, 1934, amounted to £166 4s. 7d.

Prevention of Blindness.

Several applicants for registration have been certified by the Ophthalmic Surgeon to be suffering from senile and other forms of cataract and diseases of the eye, where hospital treatment (surgical or otherwise) would remove them from the category of "Blind." To avoid delay in the admission of such cases to hospital, arrangements have been entered into with the Royal Victoria Infirmary and the Newcastle-upon-Tyne Eye Hospital for their treatment in the private wards at a fee of 10/- per day, this sum to include any operative treatment necessary. Out-patients receive treatment at a fee of 2/- a day. A fee of one guinea is payable at a later date to the operating surgeon for a certificate giving the result of the operation.

Five blind persons were referred for admission up to the end of December, 1934, 4 of whom actually received treatment during the year. In the first case the patient still remained blind within the meaning of the Act, although he finds his way about with greater ease; the second patient is still blind, although a needling operation might yet restore useful vision, but she is in poor health and at present not fit for this; the third patient (a boy aged 23 years) is still blind but has been provided with glasses and there is some prospect of improvement of vision; the fourth patient is no longer blind.

Registered blind persons attending hospitals for treatment of their eyes are supplied, when necessary, with free travelling vouchers for themselves and guides. Free travelling facilities are also granted to necessitous patients attending hospitals for treatment who are in danger of becoming blind if left untreated.

Spectacles have been provided in 12 cases during the year, while 2 diabetic patients have received regular supplies of insulin.

Hospital treatment is provided for children suffering from ophthalmia neonatorum.

Workshops for the Adult Blind.

During the year 7 persons from the County area were employed at the Breamish Street Workshops, Newcastle. One was admitted during the year, one transferred from Newcastle to the County, and 3 transferred from the County to Newcastle. The total number of employees in December was 4 as compared with 5 in the previous December.

Under Section 102 (1) of the Local Government Act, 1929, the County Council contributes the sum of £50 per annum to the Workshops for each blind person from the County area employed therein. In the case of those employees who remove to or leave the County during the year, the grant payable is proportionate to the period of residence in the County. On December 31st 11 persons (7 men and 4 women) were awaiting admission to the Workshops.

Social Welfare.

There are now 5 voluntary Societies established in the County, at Blyth, Bedlington, Ashington, Cramlington and Morpeth, the last named having been formed in April, 1934. These Societies cater for the social welfare of blind persons in their respective areas organising functions such as concerts and musical evenings in winter, and arranging outings in summer. For some years all the blind people in the south-eastern portion of the County have been generously entertained by Mr. and Mrs. Thompson of Hartford Hall, an outing which is very much appreciated and looked forward to.

Out of a fund known as the Blind Persons Trust Fund, which is administered by the County Medical Officer, each Society receives a sum equivalent to 4/- for each blind person in its district. The National Institute for the Blind contributes the sum of £100 annually to the Fund. Blind persons who are not resident in the above districts receive a Christmas gift of 4/- from the Fund, the money being distributed by the Home Teachers or Health Visitors.

Libraries for the Blind.

The blind in the County are served by two Libraries—the Northern Counties Library for the Blind, North Shields, and the National Library for the Blind, Manchester. During 1934, 516 volumes were borrowed by 17 readers from the former Library, while 58 readers borrowed 1,562 books from the Manchester Library. Compared with 1933, an increase of 3 readers is shown, although the number of books borrowed has decreased by 328. Grants of £68 and £23 were paid by the County Council to the National Library for the Blind and the Northern Counties Library respectively.