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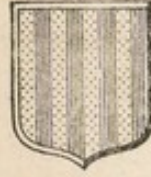
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COUNTY COUNCIL OF NORTHUMBERLAND.

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# ANNUAL REPORT

OF THE


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

for the Year 1935.

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NEWCASTLE UPON TYNE:  
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NORTHUMBERLAND COUNTY COUNCIL.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH  
FOR THE YEAR ENDED 31ST DECEMBER, 1935.

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 1935. The report has been drawn up on the lines indicated by the Minister of Health in his Circular No. 1492 relating to the contents and arrangement of the annual reports of medical officers of health for the year 1935.

*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 :—

	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Birth rate (per 1,000 living)										
Administrative county ...	20·02	17·90	18·37	16·79	17·13	16·66	15·94	15·42	15·48	15·53
England and Wales ...	17·8	16·6	16·7	16·3	16·3	15·8	15·3	14·4	14·8	14·7
Infant mortality rate (per 1,000 living)										
Administrative county	11·37	11·53	11·39	12·22	11·02	12·24	11·33	11·93	11·78	11·62
England and Wales ...	11·6	12·3	11·7	13·4	11·4	12·3	12·0	12·3	11·8	11·7
Stillbirth mortality rate (per 1,000 births)										
Administrative county	77	77	67	81	62	77	67	71	69	71
England and Wales ...	70	70	65	74	60	66	65	64	59	57
Specific death rate (per 1,000 living)										
Administrative county	0·53	0·27	0·28	0·65	0·23	0·41	0·25	0·31	0·43	0·32
England and Wales ...	0·44	0·38	0·40	0·47	0·37	0·32	0·33	0·29	0·34	0·24
Death rate from Respiratory Tuberculosis (per 1,000 living)										
Administrative county	0·73	0·81	0·68	0·74	0·78	0·75	0·68	0·65	0·60	0·53
England and Wales ...	0·77	0·79	0·76	0·79	0·74	0·74	0·69	0·69	0·63	0·66



There was again a slight improvement shewn in the various vital and mortality rates, with the exception of the infant mortality rate, which experienced a slight increase on the rate for 1934. The death rate from respiratory tuberculosis (0.53 per 1,000 population) was the lowest ever recorded for the County.

*Annual Reports of District Medical Officers.*

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

1936.	
<i>March.</i>	11th, River Blyth Port Sanitary Authority; 31st, River Tyne Port Sanitary Authority.
<i>June.</i>	3rd, Newbiggin-by-the-Sea U.D., Alnwick R.D. and Rothbury R.D.; 5th, Morpeth Borough; 9th, Castle Ward R.D.; 17th, Alnwick U.D.; 19th, Bedlingtonshire U.D.; 27th, Glendale R.D.; 29th, Hexham R.D.
<i>July.</i>	6th, Seaton Valley U.D. and Whitley & Monkseaton U.D.; 16th, Gosforth U.D.; 17th, Hexham U.D.; 20th, Longbenton U.D.; 23rd, Morpeth R.D.; 27th, Newburn U.D.; 30th, Ashington U.D.
<i>August.</i>	5th, Prudhoe U.D., Belford R.D. and Bellingham R.D.; 18th, Haltwhistle R.D.; 20th, Wallsend Borough.
<i>October.</i>	16th, Blyth Borough.

The reports for the Berwick Borough, Amble U.D. and Norham & Islandshires R.D. had not been received up to the time of going to press—October 26th, 1936.

*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.H.Y., D.P.H.
Assistant County Medical Officer and School Oculist ... ..	James Stonehouse, B.A., M.B., B.S. (Resigned 30th September, 1935.) George A. Jamieson, M.B., B.S., D.O.M.S. (Commenced October 1st, 1935.)
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 ... ..	Andrew I. Messer, M.A., M.B., CH.B., D.P.H.
County Tuberculosis Officer (Clinical)	Francis L. Moore, M.B., CH.B.
The Medical Superintendent of the Council's Sanatorium at Wooley, and Tuberculosis Officer ... ..	Robert Cunningham, M.B., CH.B., D.P.H.



Assistant Medical Superintendent of the Council's Sanatorium at Wooley ... ..	Evelyn Holmes, M.B. CH.B.
Thoracic Surgeon ... ..	*Geo. Alex. Mason, M.B., B.S., F.R.C.S.
Orthopaedic Surgeon ... ..	*William Mackenzie, F.R.C.S.E.
Ophthalmic Surgeon ... ..	*Alexander Macrae, M.B., CH.B., D.O.M.S.
School Dentist ... ..	Catherine M. Anderson, L.D.S.
Do. ... ..	Frederick J. Gilbertson, L.D.S.
Do. ... ..	Thomas A. Ireland, L.D.S. (Commenced October 1st, 1935.)
Do. ... ..	Wm. J. Irvine, L.D.S. (Com- menced October 7th, 1935.)
Do. ... ..	A. J. McKillop, L.D.S.
Do. ... ..	Arnold E. Robinson, L.D.S.
Do. ... ..	*Wm. G. Mitcheson, L.D.S.
County Health Inspectors ... ..	Chas. Ward, C.R.S. Inst., Cert. M. & F., M.S.I.A. James Atkinson, C.R.S. Inst., M.S.I.A.
Chief Clerk ... ..	E. T. I'Anson.
County Analysts ... ..	*Dr. J. T. Dunn, D.Sc., 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.  
 Nellie Hamilton Bird, S.I.C.  
 Lucy Esmee Brewis, T.N., S.C.M., H.V. Cert.  
 Elsie Broadbent, T.N., S.C.M., H.V. Cert.  
 Henrietta Chester, T.N., S.C.M., S.I.C.  
 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.  
 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.  
 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.

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

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.

*Blind Persons Act.*

*Supervisor of Blind Welfare—*

Hilda A. Rimer.

*Home Teachers—*

Mary Davison Taws.  
Dorothy L. Shannon.  
Ruth Robinson.

There was also during 1935 a clerical staff at the Central Office of 12 (including one laboratory assistant and one clerk 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.
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 Delaval	
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 6.

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

*(b) Ante-Natal Clinics.*

Clinic.	Medical Officer.
Cramlington ...	...(See under Infant Welfare Centres, above).
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. 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 & Island- shires R.D.	...Jas. McWhir, M.B., CH.B.
	Islandshire ...	... Do.	...John Elliott, L.R.C.P., L.R.C. 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. 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 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.
est—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.
entral	...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.HY., 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.
orth 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.
entral	...Blyth ...	...Blyth Borough	...T. Gallacher, L.R.C.P., L.R.C.S., L.R.F.P.S.
ath...	...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.	E. M. 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 ... (Including the Old Parish of Hartley).	...Earsdon U.D.	...R. J. E. Christie, M.B., CH.B., B.A.O.
	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).
- W. Hall, M.B., B.S. (Durh.).
- Evelyn M. 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.HY., 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.R.  
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 ... ..	R. Muter.
Cramlington ... ..	R. N. Carr.
Earsdon ... ..	R. Gibson.
Longbenton ... ..	F. Robertson.
Wallsend ... ..	J. Thomson.

## PUBLIC HEALTH LEGISLATION.

The only Act of administrative interest placed on the Statute Book during 1935 was the Housing Act, 1935, which makes provision for the abatement and prevention of overcrowding, etc.

## ORDERS, CIRCULARS, ETC.

*The Public Health (Treatment of Infectious Disease) Regulations, 1934*, provide for the hospital treatment of patients in areas away from their ordinary residence.

*The Public Health (Meat) Amendment Regulations, 1935*, correct verbal errors in the 1924 Regulations.

*The Alkali, etc., Works Order, 1935*, made under the Public Health (Smoke Abatement) Act, 1926, extends the scope of Schedule 1 of the Alkali, etc., Works Regulations Act, 1906, as amended by the Order of 1928.

*The Sanitary Officers (outside London) Regulations, 1935*, replace (with certain alterations) the Sanitary Officers Order, 1926.

*Memo. 188/Med. Food Poisoning* outlines steps which should be taken by M.Os.H. in cases of suspected food poisoning.

*Memoranda A., B. and C. Housing Act, 1935*, relate to the intention of the Act; alterations affecting other Housing Acts; the prevention and abatement of overcrowding and the re-development of overcrowded areas.

*Memo. 189 Med.* outlines the preparation which should be made by sanitary authorities to facilitate the diagnosis and treatment of Pneumonia.

*Memo. 191 Med.* relates to precautions which should be taken to prevent anaesthetic explosions in operating theatres.

*Home Office Memorandum on Air Raid Precautions* outlines the type of organisation to be set up by local authorities to provide first aid and hospital treatment for air raid casualties.

Circular No. 1418 explains the intention of the P.H. (Treatment of Infectious Disease) Regulations, 1934.

Circulars Nos. 969 and 1463 relate to facilities provided at the Burrow Hill Sanatorium of the National Association for the Prevention of Tuberculosis for the treatment and technical education of tuberculous youths.

Circular No. 1461 relates to the P.H. (Meat) Amendment Regulations, 1935.

Circular No. 1474 makes suggestions for encouraging the continued attendance at treatment centres of patients suffering from syphilis.

Circular No. 1473 relates to the necessity for a satisfactory type of apparatus being used for pasteurising milk.

Circular No. 1488 modifies the provision contained in Circular No. 358 relating to the payment of fees by local supervising authorities to medical practitioners called in by midwives.

Circulars Nos. 1493 with enclosures (Hou. 1), (Hou. 2) and (Hou. 3) and Circulars Nos. 1495, 1500, 1500A and 1500B, and 1507 explain the requirements of the Housing Act, 1935.

Circular No. 1499 refers to the Memo. on Pneumonia.

Circular No. 1503 relates to the necessity for a proper standard of cleanliness and purity in the water of swimming baths and pools.

Circular No. 1506 explains generally the requirements of the Sanitary Officers (outside London) Regulations, 1935.

Circular No. 1512 relates to Memo. 191 Med. on anaesthetic explosions in operating theatres.

Circular No. 1516 suggests means for ensuring adequate medical attention for the casual poor in casual wards.

#### MINISTRY OF HEALTH INQUIRIES, 1935.

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

July 9th, at Haltwhistle. Relative to an application by Haltwhistle Rural District Council for sanction to borrow £22,530 for works of water supply at Haltwhistle and district.

August 23rd, at Lowick. Relative to an application by Glendale Rural District Council for sanction to borrow £650 for works of sewerage and sewage disposal at Lowick.



October 17th, at North Sunderland. Relative to an application by Belford Rural District Council for sanction to borrow £2,950 for works of sewerage at North Sunderland.

November 26th, at Milfield. Relative to an application by Glendale Rural District Council for sanction to borrow £2,770 for works of water supply at Milfield.

November 27th, at Newbiggin-by-the-Sea. Relative to an application by the Newbiggin Urban District Council for sanction to borrow £7,400 for works of water supply.

November 28th, at Blyth. Relative to an application by the Borough Council of Blyth for sanction to borrow £2,550 for works of sewerage.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

WILLIAM F. J. WHITLEY.

## THE ADMINISTRATIVE COUNTY.

### AREA.

The area of the administrative County was reduced by the operation of the Northumberland Review Order, 1935 (which came into force on April 1st, 1935) by the following transfers :—

	AREA. Acres.	POPULATION, 1931 Census.
<i>Transferred to the City and County of Newcastle upon Tyne.</i>		
Kenton Parish ... ..	1,245	417
Fawdon Parish (part of) ... ..	300	969
West Brunton Parish (part of) ... ..	53	—
Newburn U.D. (part of) ... ..	276	657
Longbenton U.D. (part of) ... ..	764	1,000
	— 2,638	— 3,043
<i>Transferred to the County Borough of Tynemouth.</i>		
Earsdon U.D. (part of)... ..	330	1,063
Whitley & Monkseaton U.D. (part of)... ..	63	2
	— 393	— 1,065
<i>Less part of Borough of Tynemouth transferred to new U.D. of Seaton Valley ... ..</i>	76	25
<i>Less part of Borough of Tynemouth transferred to Whitley &amp; Monkseaton</i>	5	16
	— 81	— 41
	— 312	— 1,024
Nett loss to County ... ..	2,950	4,067



As a result of these transfers the area of the administrative County at the end of the year was 1,276,203 compared with 1,279,153 acres prior to April 1st, 1935.

In addition to the above-mentioned, various changes within the County were made by the operation of the Order, viz. :—

- Berwick Borough had part of Norham & Islandshires R.D. added.
- Blyth Borough had part of Seaton Delaval U.D. added.
- Morpeth Borough had part of Morpeth R.D. added.
- Ashington U.D. had part of Morpeth R.D. added.
- Gosforth U.D. had part of Castle Ward R.D. added.
- Hexham U.D. had part of Hexham R.D. added.
- Longbenton U.D. had the whole of the area of the Weetslade U.D. added.
- Newbiggin-by-the-Sea U.D. had part of Morpeth R.D. added.
- Newburn U.D. had part of Castle Ward R.D. added.
- Whitley & Monkseaton U.D. had part of Seaton Delaval and Earsdon U.D. added.
- The Cramlington, Seghill, part of Earsdon and Seaton Delaval U.D.'s (and part of Tynemouth C.B. as above mentioned) were merged to comprise the new Urban District of Seaton Valley.
- Hexham R.D. had part of Hexham U.D. added.
- Morpeth R.D. had part of Alnwick R.D. added.
- Norham & Islandshires R.D. had part of Berwick Borough added.
- Rothbury R.D. had the whole of Rothbury U.D. added.

At the end of the year the area of the County was divided as follows :—

Boroughs	...	...	...	...	...	18,340 acres.
Urban Districts	...	...	...	...	...	61,212 ,,
Rural Districts	...	...	...	...	...	1,196,651 ,,

#### POPULATION.

The *civil* population of Northumberland (exclusive of the county boroughs of Newcastle upon Tyne and Tynemouth) was estimated by the Registrar-General to be 406,100 at the middle of 1935. The loss of area already referred to entailed a reduction in the population; the population at the middle of 1934 being 412,100.

The population at the 1931 census, as revised through the changes in boundary above-mentioned, was 404,637.

For those districts which have been subject to a change in boundary during the year, the Registrar-General has supplied composite figures, i.e., the records of the former area for the portion of the year prior to the date of the change and those of the altered area for the remainder of the year. Also for these districts dual population figures have been supplied, one being the mid-year estimate of the population and the other a modified estimate specially designed for use with the composite records of births, deaths, etc. This modified estimate has, therefore, been used in all the calculations for the birth rates, death rates, etc.

#### RATEABLE VALUE.

Rateable value of administrative county, as at April 1st, 1935, £2,042,147. Produce of a 1d. rate for year ended March 31st, 1936 (estimated), £7,838.



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

As indicated above, considerable changes in the constitution of most of the county districts took place during the year, though no alteration was made in the area of the Borough of Wallsend, the Urban Districts of Alnwick, Amble, Bedlingtonshire and Prudhoe, or the Rural Districts of Belford, Bellingham, Glendale and Haltwhistle. As regards the remainder of the County, the principal changes were:—

1. The abolition of the Cramlington, Earsdon, Seaton Delaval and Seghill U.Ds., which are now comprised in the new Seaton Valley U.D.
2. The abolition of the Rothbury U.D., which is now included in the Rothbury R.D., and
3. The abolition of the Weetslade U.D., which is now included in the Longbenton U.D.

The County at the *end* of 1935 was, therefore, divided for the purpose of sanitary administration into 26 districts, four of which were municipal boroughs, twelve 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.

BOROUGHs.

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

The civil population of the boroughs was estimated to be 99,270 at the middle of 1935.

URBAN DISTRICTS.

Alnwick, Amble, Ashington, Bedlingtonshire, Gosforth, Hexham, Longbenton, Newbiggin-by-the-Sea, Newburn, Prudhoe, Seaton Valley, and Whitley and Monkseaton.

The civil population of the urban districts was estimated to be 210,553 at the middle of 1935.

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 96,277 at the middle of 1935.

The area and population of each sanitary district in the administrative county will be found in a table opposite page 26 of this report.

BIRTHS.

*Live Births.*—According to the statistics supplied by the Registrar-General the net births belonging to the administrative county numbered 6,337—3,283 males and 3,054 females (4,975 of the births occurred in urban districts and 1,362 in rural districts).

Of the 6,337 births above-mentioned 259 (4·0%) were illegitimate.

The birth rate for the county was 15·53 (15·48 in 1934 and 15·42 in 1933).

The following table shows the comparative rates :—

	Birth rate.	Increase since 1934.	Decrease since 1934.	Mean rate 1925-1934.
Administrative County ...	15.53	0.05	—	17.46
Urban districts ...	16.03	—	0.25	18.33
Rural districts ...	13.93	0.84	—	14.86
England and Wales ...	14.7	—	0.01	16.20

*Still-births.*—The net still-births stated by the Registrar-General to have been registered as belonging to the administrative county during the year 1935 numbered 275—138 males and 137 females (233 belonged to urban districts and 42 to rural districts). Sixteen, representing 5.8% of the 275 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 ...	275	0.67	41.6
Urban Districts ...	233	0.75	44.7
Rural Districts ...	42	0.44	29.9

Particulars of live births and still-births as regards each sanitary district in the administrative county are shown in a table opposite page 26 of this report.

#### DEATHS.

*Net deaths.*—According to information supplied by the Registrar-General the net deaths numbered 4,742—2,544 males and 2,198 females (3,576 in urban and 1,166 in rural districts).

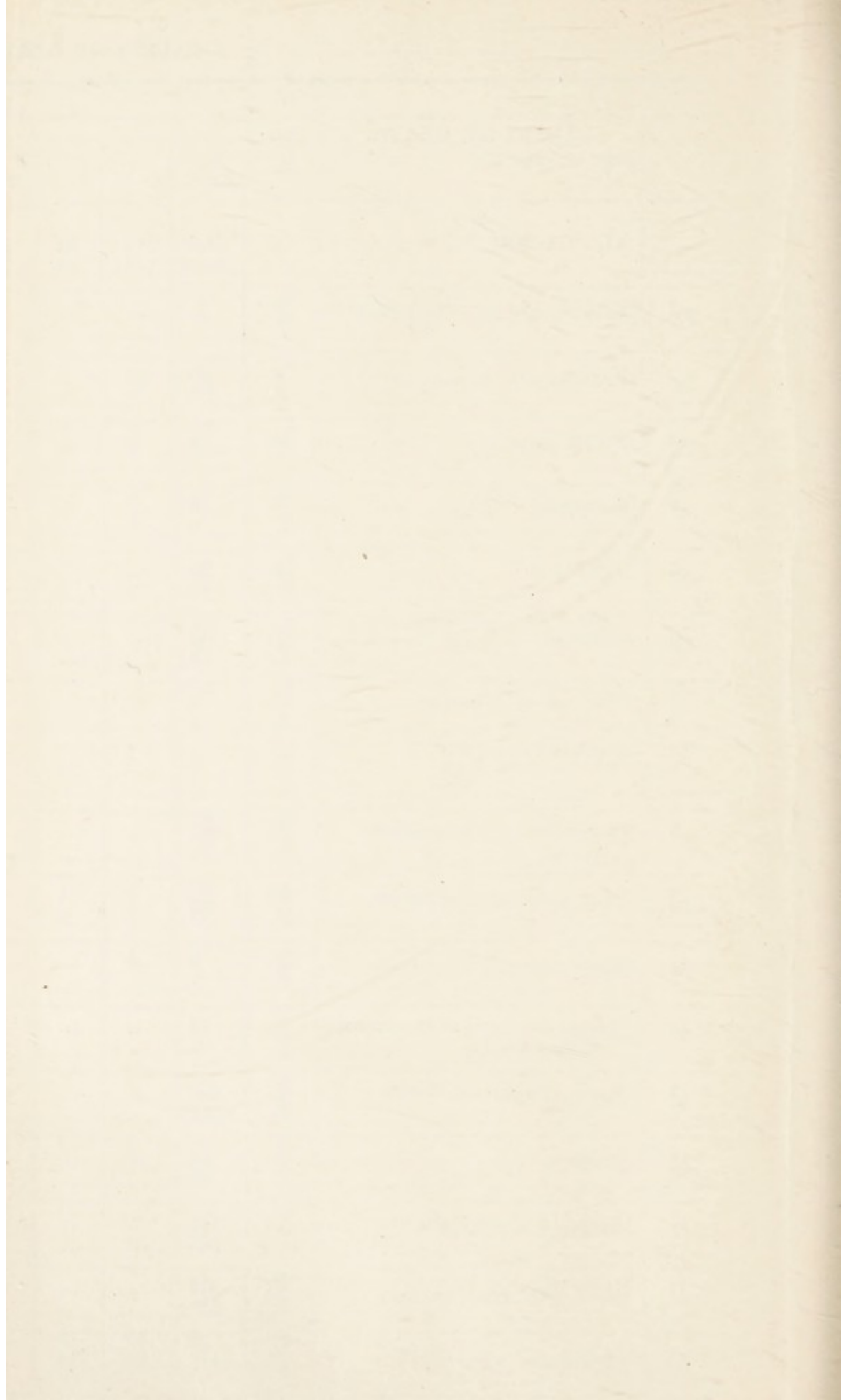
The following table shows the comparative rates :—

	Death rate.	Increase since 1934.	Decrease since 1934.	Death rate adjusted by application of comparability factor.	Mean rate 1925-1934.
Administrative County	11.62	—	0.16	12.32	11.64
Urban districts ...	11.52	—	0.19	12.67	11.73
Rural districts ...	11.93	—	0.07	11.33	11.36
England and Wales ...	11.7	—	0.1	—	12.10

Details of the deaths and death rates in the several districts are given in the table opposite page 26 of this report.









The diseases causing the greatest mortality in the administrative county during 1935 were as follows :—

Disease.	No. of deaths.	Percentage of total deaths.
Heart Disease ... ..	971	20·48
Cancer... ..	560	11·81
Other circulatory diseases ... ..	302	6·37
Cerebral Hæmorrhage etc. ... ..	296	6·24
Tuberculosis ... ..	295	6·22
Pneumonia (all forms) ... ..	225	4·74
Acute and Chronic Nephritis ... ..	184	3·88
Totals ... ..	2,833	59·74

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 1934.	Decrease since 1934.	Mean rate 1925-1934.
Administrative County ... ..	447	71	2	—	73
Urban districts ... ..	369	74	2	—	77
Rural districts ... ..	78	57	—	2	60
England and Wales ... ..	—	57	—	2	92

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 ... ..	423	69	24	92
Urban districts ... ..	351	73	18	100
Rural districts ... ..	72	56	6	76

#### 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 ... ..	1·75	5·31
Urban districts ... ..	1·59	5·05
Rural districts ... ..	1·00	6·16

## INFECTIOUS DISEASES.

Notifications of Infectious Diseases received during the year 1935 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.	Cerebro-Spinal Fever.	Acute Polio-encephalitis.	TOTALS.
<b>BOROUGHS—</b>														
Berwick ... ..	—	21	27	—	1	—	—	1	6	—	—	—	—	56
Blyth ... ..	—	125	36	1	80	2	5	2	21	1	—	2	—	275
Morpeth ... ..	—	66	24	1	9	1	—	—	9	—	—	—	—	110
Wallsend ... ..	—	226	85	9	107	2	11	1	28	—	—	—	—	469
<b>URBAN DISTRICTS—</b>														
Alnwick ... ..	—	8	14	—	—	—	—	—	—	—	—	—	—	22
Amble ... ..	—	7	4	—	—	—	—	—	—	—	—	—	—	11
Ashington ... ..	—	254	116	5	52	1	11	3	23	—	—	1	—	466
Bedlingtonshire ... ..	—	90	67	2	59	3	2	1	11	—	—	1	1	237
Cramlington ... ..	—	38	1	—	1	—	—	—	7	—	—	3	—	50
Earsdon ... ..	—	24	4	—	—	—	—	—	—	—	—	—	—	28
Gosforth ... ..	—	119	54	1	26	—	—	—	11	—	—	—	—	211
Hexham ... ..	—	56	21	1	9	—	—	—	11	1	—	—	—	99
Longbenton ... ..	—	108	26	2	20	1	1	1	15	—	—	1	—	175
Newbiggin-by-the-Sea ... ..	—	51	113	—	51	2	2	—	12	—	—	—	—	231
Newburn ... ..	—	202	28	7	22	1	3	—	11	1	—	—	—	275
Prudhoe ... ..	—	70	4	—	13	—	—	—	12	—	—	—	—	99
Rothbury ... ..	—	—	5	—	—	—	—	—	—	—	—	—	—	5
Seaton Delaval ... ..	—	19	—	1	2	—	1	—	3	—	—	—	—	26
Seaton Valley ... ..	—	146	12	—	10	1	3	—	10	—	1	1	—	184
Seghill ... ..	—	—	1	—	1	—	—	—	1	—	—	—	—	3
Weetslade ... ..	—	4	2	—	—	—	—	—	—	—	—	—	—	6
Whitley & Monkseaton ... ..	—	215	42	4	28	—	1	1	16	—	—	—	—	307
<b>RURAL DISTRICTS—</b>														
Alnwick ... ..	—	36	7	—	1	—	—	1	3	—	—	—	—	48
Belford ... ..	—	14	2	—	6	—	1	—	2	—	—	—	—	25
Bellingham ... ..	—	12	19	—	13	1	—	—	—	—	—	—	—	45
Castle Ward ... ..	—	36	13	—	4	—	—	1	7	—	—	—	—	61
Glendale ... ..	—	9	2	—	6	—	—	—	4	—	—	—	—	21
Haltwhistle ... ..	—	22	4	—	2	—	—	1	—	—	—	—	—	29
Hexham ... ..	—	72	16	1	17	1	3	2	13	—	1	—	—	126
Morpeth ... ..	—	107	81	1	12	—	1	1	7	—	—	—	—	210
Norham & Islandshires ... ..	—	4	1	—	3	—	—	—	—	—	—	—	—	8
Rethbury ... ..	—	6	11	1	6	1	—	—	4	—	—	—	—	29
Totals ... ..	NH	2167	842	37	561	17	45	16	247	3	2	9	1	3944

The attack rate per 1,000 population for the administrative county was 9·67, for boroughs and urban districts 10·78, and for rural districts 6·16.

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 ... ..	—	1·74	2·24	—	—	—	0·49
Blyth ... ..	—	3·66	1·05	0·03	0·03	0·17	0·61
Morpeth ... ..	—	7·40	2·68	0·11	0·11	—	1·00
Wallsend ... ..	—	5·17	1·94	0·20	0·04	0·25	0·64



Sanitary Districts.	Small-pox.	Scarlet Feve..	Diphtheria.	Enteric Fever.*	Puerperal Fever.	Puerperal Pyrexia	Erysipelas.
<i>Urban Districts.</i>							
Alnwick ... ..	—	1·15	2·01	—	—	—	—
Amble ... ..	—	1·60	0·91	—	—	—	—
Ashington ... ..	—	8·49	3·87	0·16	0·03	0·33	0·76
Bedlingtonshire ... ..	—	3·26	2·43	0·07	0·10	0·07	0·40
Cramlington ... ..	—	18·65	0·49	—	—	—	3·43
Earsdon ... ..	—	7·25	1·21	—	—	—	—
Gosforth ... ..	—	6·16	2·84	0·05	—	—	0·27
Hexham ... ..	—	6·19	2·32	0·11	—	—	1·21
Longbenton ... ..	—	5·37	1·29	0·09	0·09	—	0·74
Newbiggin ... ..	—	6·11	13·55	—	0·23	0·23	1·43
Newburn ... ..	—	10·45	1·44	0·36	0·05	0·15	0·57
Prudhoe ... ..	—	7·84	0·44	—	—	—	1·34
Rothbury ... ..	—	—	15·00	—	—	—	—
Seaton Delaval ... ..	—	10·33	—	0·54	—	0·54	1·63
Seaton Valley ... ..	—	6·85	0·56	—	0·04	0·14	0·46
Seghill ... ..	—	—	1·46	—	—	—	1·46
Weetslade ... ..	—	2·01	1·00	—	—	—	—
Whitley & Monkseaton	—	8·08	1·50	0·15	—	0·03	0·60
<i>Rural Districts.</i>							
Alnwick ... ..	—	2·97	0·57	—	—	—	0·24
Belford ... ..	—	3·07	0·43	—	—	0·21	0·43
Bellingham ... ..	—	2·31	3·66	—	0·38	—	—
Castle Ward ... ..	—	2·73	0·98	—	0·07	—	0·53
Glendale ... ..	—	1·16	0·25	—	0·38	—	0·52
Haltwhistle ... ..	—	2·69	0·49	—	—	—	—
Hexham ... ..	—	3·52	0·78	0·04	0·14	0·14	0·63
Morpeth ... ..	—	6·60	4·99	0·06	0·06	0·06	0·43
Norham & Islandshires	—	0·83	0·20	—	—	—	—
Rothbury ... ..	—	1·12	2·05	0·19	0·19	—	0·74

\*Including Typhoid and Paratyphoid.

In the case of the Cramlington, Earsdon, Rothbury, Seaton Delaval, Seghill, and Weetslade Urban Districts, estimated annual rates, on notifications received during the first three months of the year, and in the case of Seaton Valley Urban District, during the last nine months of the year, are shewn; as regards the remaining county districts, for which the notifications received relate to the whole of the year, it will be observed that the highest attack rates were as follows:—

*Scarlet Fever.*—Newburn U.D., 10·45; Ashington U.D., 8·49, and Whitley and Monkseaton U.D., 8·08.

*Diphtheria.*—Newbiggin-by-the-Sea U.D., 13·55; Morpeth R.D., 4·99, and Ashington U.D., 3·87.

*Enteric Fever.*—Newburn U.D., 0·36; Wallsend Borough, 0·20, and Rothbury R.D., 0·19.

*Puerperal Fever.*—Bellingham R.D. and Glendale R.D., 0·38 each, and Newbiggin-by-the-Sea U.D., 0·23.

*Puerperal Pyrexia.*—Ashington U.D., 0·33; Wallsend Borough, 0·25, and Newbiggin-by-the-Sea U.D., 0·23.

*Erysipelas.*—Newbiggin-by-the-Sea U.D., 1·43; Prudhoe U.D., 1·34, and Longbenton U.D., 1·21.

## 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 thirty-two deaths were caused by the seven principal Zymotic diseases, being a decrease of 49 compared with the number registered in 1934. Of these 114 took place in the urban and 18 in the rural districts.

The Zymotic diseases which caused the greatest mortality were:—

Diseases.	Number of deaths.		
	1935.	1934.	1933.
Diphtheria...	44	30	6
Diarrhoea & Enteritis (under 2 years)	33	35	63
Whooping Cough...	23	28	12

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 1934.	Decrease since 1934.
Administrative County	0·32	—	0·11
Urban districts	0·36	—	0·09
Rural districts	0·18	—	0·20
England and Wales	0·24	—	0·10

Table showing death rates per 1,000 living, from each of the seven principal Zymotic diseases for the seven years ended December 31st, 1935.

Diseases.	1929.	1930.	1931.	1932.	1933.	1934.	1935.
Small-pox	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlatina	0·012	0·022	0·007	0·014	0·046	0·075	0·037
Diphtheria	0·041	0·036	0·036	0·022	0·015	0·073	0·108
Typhoid & Paratyphoid	0·046	0·014	0·014	0·007	0·012	0·004	Nil.
Measles	0·107	0·029	0·201	0·017	0·053	0·133	0·042
Whooping Cough	0·288	0·034	0·083	0·095	0·029	0·068	0·056
Diarrhoea & Enteritis (under 2 years)	0·158	0·097	0·071	0·100	0·154	0·084	0·081



*Small-pox.*—No cases were notified.

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

*Cerebro-spinal Meningitis.*—Nine cases were notified; 4 deaths were reported.

*Poliomyelitis.*—Two cases were notified. No death was reported.

*Polio-encephalitis.*—One case was notified. One death was reported.

*Chicken-pox* was reported from 5 Sanitary districts.

*Dysentery.*—Nine cases were reported from 5 Sanitary districts.

*Diarrhoea.*—No case was reported.

*Measles.*—Twenty-two cases were reported from three districts.

*Malaria.*—No case was reported.

*Meningitis.*—No case was reported.

*Undulant Fever.*—No case was reported.

*Whooping Cough.*—Four cases were reported from one district.

#### SCARLET FEVER.

The notifications numbered 2,167 (1,849 from urban and 318 from rural districts). The mortality from this disease was 15 (13 deaths occurring in urban and 2 in rural districts). In 1934 31 deaths were reported, and in 1933 19.

	Death rate per 1000 population.	Increase since 1934.	Decrease since 1934.	Attack rate per 1000 living.
Administrative County ...	0·037	—	0·038	5·31
Urban districts ...	0·042	—	0·032	5·96
Rural districts ...	0·020	—	0·058	3·25

The district in which the greatest number of cases occurred was Ashington U.D. (257).

#### TYPHOID & PARATYPHOID FEVERS.

Thirty-seven cases (34 from urban and 3 from rural districts) were notified. No deaths occurred. In 1934 the mortality was 2, and in 1933, 5.

	Death rate per 1000 population.	Increase since 1934.	Decrease since 1934.	Attack rate per 1000 living.
Administrative County ...	—	—	0·004	0·09
Urban districts ...	—	—	0·006	0·11
Rural districts ...	—	—	—	0·03

The district in which the greatest number of cases occurred was Wallsend Borough (9).

#### DIPHTHERIA AND MEMBRANOUS CROUP.

The notifications numbered 842 (686 from urban and 156 from rural districts). The diseases (one or both) were notified from all districts except the urban district of Seaton Delaval.

Forty-four deaths occurred (39 in urban and 5 in rural districts); 30 deaths were reported in 1934 and 6 in 1933.

	Death rate per 1000 population.	Increase since 1934.	Decrease since 1934.	Attack rate per 1000 living.
Administrative County ...	0·108	0·036	—	2·06
Urban districts ...	0·126	0·043	—	2·21
Rural districts ...	0·051	0·012	—	1·57

#### MEASLES.

Seventeen deaths occurred (all in urban districts); 55 deaths were reported in 1934 and 22 in 1933.

	Death rate per 1,000 population.	Increase since 1934.	Decrease since 1934.
Administrative County ...	0·042	—	0·091
Urban districts ...	0·055	—	0·075
Rural districts ...	—	—	0·146

#### WHOOPING COUGH.

The deaths numbered 23 (19 in urban districts and 4 in rural districts); 28 deaths were reported in 1934 and 12 in 1933.

	Death rate per 1,000 population.	Increase since 1934.	Decrease since 1934.
Administrative County ...	0·056	—	0·011
Urban districts ...	0·061	—	0·016
Rural districts ...	0·041	0·002	—

#### PUERPERAL FEVER.

This disease caused 9 deaths (7 in urban and 2 in rural districts), compared with 15 in 1934 and 20 in 1933.

	Death rate per 1,000 total births.	Increase since 1934.	Decrease since 1934.
Administrative County ...	1·36	—	0·89
Urban districts ...	1·34	—	1·51
Rural districts ...	1·42	1·42	—

The distribution of the deaths was as follows:—Wallsend Borough, 1; Ashington U.D., 2; Bedlingtonshire U.D., 2; Newburn U.D., 2; Alnwick R.D., 1, and Bellingham R.D., 1.



## DIARRHOEA AND ENTERITIS.

*At all ages.*

The number of deaths at all ages was 46 (35 in urban and 11 in rural districts). In 1934 54 deaths occurred, and in 1933, 100.

	Death rate per 1,000 population.	Increase since 1934.	Decrease since 1934.
Administrative County ... ..	0·113	—	0·018
Urban districts ... ..	0·113	—	0·032
Rural districts ... ..	0·112	0·025	—

*Under 2 years.*

The deaths from this cause, under two years of age, numbered 33 (35 in 1934 and 63 in 1933); 26 occurred in urban and 7 in rural districts.

	Death Rate per 1,000 births.	Increase since 1934.	Decrease since 1934.
Administrative County ... ..	5·21	—	0·27
Urban districts ... ..	5·22	—	0·13
Rural districts ... ..	5·14	—	0·83

## RESPIRATORY DISEASES.

Respiratory diseases (exclusive of Respiratory Tuberculosis) caused 423 deaths in the administrative county during the year; 348 occurred in urban and 75 in rural districts. 451 deaths were reported in 1934 and 442 during 1933. The following table shows the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1934.	Decrease since 1934.
Administrative County ... ..	1·04	—	0·05
Urban districts ... ..	1·12	—	0·06
Rural districts ... ..	0·76	—	0·05

## INFLUENZA.

Seventy-five deaths were recorded (52 in urban and 23 in rural districts), as directly attributable to this disease during the year. The deaths during 1934 numbered 51, and during 1933, 185. The following table indicates the comparative rates :—

	Death Rate per 1,000 population.	Increase since 1934.	Decrease since 1934.
Administrative County ... ..	0·18	0·06	—
Urban districts ... ..	0·17	0·05	—
Rural districts ... ..	0·24	0·12	—

\* *Vital and Mortality Statistics.*

The following table shows the principal vital and mortality rates for the years 1892-1935 (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
1935	15.60	11.67	71.00	0.32	0.53









## 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 1934.	Decrease in rates since 1934.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1934.	Decrease in rates since 1934.	Deaths.	Death rates per 100,000 living.	Increase in rates since 1934.	Decrease in rates since 1934.
Administrative County	218	53	—	7	77	19	—	2	295	72	—	9
Urban districts ...	177	57	—	6	58	19	—	5	235	76	—	11
Rural districts ...	41	42	—	12	19	20	10	—	60	62	—	2
England and Wales ...		60	—	3		11	—	2		71	—	5

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 7 per 100,000 in the Administrative County as a whole. The decrease in the urban districts is 6 per 100,000, and in the rural districts 12 per 100,000 living.

In other forms of tuberculosis the rate has decreased by 2 in the Administrative County and 5 in the urban districts, while in the rural districts there is an increase of 10 per 100,000 of population.

As indicated above, the death rate from all forms of tuberculosis in the Administrative County during 1935 was 72, being a decrease of 9 per 100,000 of population from the rate of last year. Of the 295 deaths, 235 occurred in borough and urban districts (population 309,823) equivalent to a death rate of 76 per 100,000 living persons, and 60 in rural districts (population 96,277) corresponding with a death rate of 62 per 100,000 living.

Table 2.  
Deaths and death rates, 1900—1935.  
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
1935	218	53	77	19	295	72	4,742	6·2
Mean 1925-1934.	297	72	100	24	396	96	4,791	8·3

NOTES.—\*Prior to 1905 Tynemouth U.D., Benwell 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 1935 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 72 per 100,000 living persons, while in 1900 it was 200. The percentage of deaths from tuberculosis in 1900 was 11·4 against 6·2 in 1935. The total number of deaths in 1900 was 6,822, while in 1935 it was 4,742.



During the five years 1930-1934 the mean mortality rate from all forms of tuberculous diseases in the Administrative County was 91; from respiratory tuberculosis the mean rate was 69, and from other tuberculous diseases 22 per 100,000 living. In the preceding quinquennial period (1925-1929) the mean rates were—from tuberculosis (all forms) 101; respiratory 75, and other tuberculous diseases 26 per 100,000 persons living.

The following table shows notifications and mortality at specified age periods during the year 1935 :—

Table 3.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	1	4	—	—	2	1
1— ...	3	6	18	16	—	—	7	3
5— ...	36	33	49	40	5	5	7	13
15— ...	43	37	19	18	20	30	10	7
25— ...	50	47	10	8	29	26	6	3
35— ...	35	20	5	4	22	15	4	2
45— ...	19	10	6	4	24	6	2	5
55— ...	15	16	1	—	16	11	1	1
65 and upwards	7	1	3	1	7	2	3	—
	*208	*170	*112	*95	123	95	42	35

\* 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 (22 pulmonary and 21 non-pulmonary) were not notified prior to death. Of this number 16 died in institutions, etc., outside the administrative County. Last year 43 cases were also 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 (1930-1934) was 69 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 33 per 100,000 during the same period.

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

SUMMARY OF NOTIFICATIONS DURING THE PERIOD FROM THE 1ST JANUARY, 1935, TO THE 31ST DECEMBER, 1935, IN THE AREA OF THE COUNTY OF NORTHUMBERLAND.

Age-periods.	Formal Notifications.											Total Notifications.	
	Number of Primary Notifications of new cases of Tuberculosis.												
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.		Total (all ages).
Pulmonary (Males) ...	—	3	19	15	17	26	48	33	19	12	4	196	218
" (Females) ...	—	6	12	21	13	21	46	18	8	15	—	160	180
Non-pulmonary (Males) ...	1	14	25	20	13	5	9	3	5	1	1	97	109
" (Females) ...	3	16	15	23	8	10	8	3	2	—	1	89	98
												542	605

NOTIFICATION REGISTERS.

	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at the 31st December, 1935, on the Registers of Notifications kept by District Medical Officers of Health in the County ...	1,470	1,312	2,782	643	545	1,188	3,970
Number of cases removed from the Registers during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of notification ...	6	3	9	4	2	6	15
2. Recovery from disease ...	161	156	317	91	89	180	497
3. Death ...	131	88	219	21	29	50	269



TABLE 5.  
INCIDENCE OF TUBERCULOSIS IN THE ADMINISTRATIVE COUNTY ACCORDING  
TO DISTRICTS, 1935.

SANITARY DISTRICTS.	"Live" cases on Registers at commencement of year.			Number of Primary Notifications during year.			Deaths Registered during year.			"Live" cases on Registers at end of year.		
	Respiratory.	Other forms.	Total	Respiratory.	Other forms.	Total	Respiratory.	Other forms.	Total	Respiratory.	Other forms.	Total
<i>Municipal Boroughs.</i>												
Berwick-on-Tweed ...	71	51	122	13	10	23	8	4	12	73	56	129
Blyth ...	243	66	309	33	14	47	22	7	29	199	50	249
Morpeth ...	76	18	94	12	4	16	2	1	3	83	20	103
Wallsend ...	401	152	553	49	30	79	42	12	54	276	121	397
<i>Urban Districts.</i>												
Alnwick ...	83	14	97	8	4	12	4	1	5	84	18	102
Amble ...	16	10	26	2	...	2	3	2	5	18	10	28
Ashington ...	188	111	299	18	7	25	10	4	14	188	103	291
Bedlingtonshire ...	258	87	345	29	21	50	15	6	21	240	99	339
Gosforth ...	61	13	74	11	5	16	4	...	4	68	16	84
Hexham ...	132	28	160	14	6	20	5	5	10	134	30	164
Longbenton ...	73	18	91	11	9	20	12	5	17	97	33	130
Newbiggin-by-the-Sea ...	162	96	258	18	7	25	2	1	3	126	69	195
Newburn ...	205	143	348	18	14	32	18	4	22	201	130	331
Prudhoe ...	52	21	73	4	7	11	5	1	6	40	23	63
Seaton Valley ...	100	29	129	20	9	29	10	3	13	113	39	152
Whitley & Monkseaton ...	162	61	223	21	5	26	11	...	11	175	67	242
<i>Rural Districts.</i>												
Alnwick ...	69	35	104	12	4	16	5	...	5	78	40	118
Belford ...	10	9	19	2	1	3	3	1	4	9	9	18
Bellingham ...	34	4	38	3	...	3	2	1	3	35	4	39
Castle Ward ...	136	59	195	2	3	5	2	2	4	133	61	194
Glendale ...	20	14	34	5	5	10	2	3	5	23	17	40
Haltwhistle ...	30	4	34	...	...	...	6	3	9	29	4	33
Hexham ...	158	48	206	20	3	23	5	2	7	176	50	226
Morpeth ...	210	119	329	19	8	27	8	5	13	165	103	268
Norham & Islandshires ...	26	19	45	3	6	9	6	1	7	26	23	49
Rothbury ...	4	4	8	2	...	2	2	1	3	8	3	11
TOTALS ...	2,980	1,233	4,213	*356	*186	*542	*218	*77	*295	2,797	1,198	3,995

\* The following notifications and deaths were received from and registered in the undermentioned districts prior to their disestablishment :—

	Primary Notifications.		Deaths Registered.	
	Respiratory.	Other Forms.	Respiratory.	Other Forms.
Cramlington U.D. ...	1	—	1	1
Earsdon U.D. ...	6	3	3	—
Seaton Delaval U.D. ...	—	1	—	—
Weetslade U.D. ...	—	—	—	1
	7	4	4	2





## TREATMENT OF TUBERCULOSIS.

The following consolidated return shows the work of all the dispensaries during the year 1935; succeeding tables give an outline of the work of individual dispensaries. It will be observed that of 1,151 new cases (including contacts) examined, 314 were definitely tuberculous; 303 cases were written off the dispensaries' registers as recovered, and 151 died. At the end of the year 1,708 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 1935.

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.		
<b>A.—NEW CASES</b> examined during the year (excluding contacts):														
(a) Definitely tuberculous ...	92	74	22	21	14	18	34	20	106	92	56	41	} 787	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	14	6	6	6		
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	138	145	102	75		
<b>B.—CONTACTS</b> examined during the year :—														
(a) Definitely tuberculous ...	5	2	3	7	...	...	2	...	5	2	5	7	} 364	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	1	3	1	3		
(c) Non-tuberculous ...	...	...	...	...	...	...	...	...	47	83	112	95		
<b>C.—CASES</b> written off the Dispensaries' Registers as :—														
(a) Recovered ...	76	55	39	40	6	14	48	25	82	69	87	65	} 1,127	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensaries' Registers as tuberculous)...	...	...	...	...	...	...	...	...	191	241	218	174		
<b>D.—NUMBER OF CASES</b> on Dispensaries' Registers on December 31st :—														
(a) Definitely tuberculous ...	510	411	221	223	34	39	151	119	544	450	372	342	} 1,737	
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	9	7	5	8		

1. Number of cases on Dispensaries' Registers on January 1st ...	1,876
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	188
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	200
4. Cases written off during the year as Dead (all causes) ...	151
5. Number of attendances at the Dispensaries (including Contacts) ...	4,258
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	309
7. Number of consultations with medical practitioners :—	
(a) Personal ...	242
(b) Other ...	1,850

8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... ..	392
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ... ..	11,353
10. Number of :—	
(a) Specimens of sputum, etc., examined... ..	753
(b) X-ray examinations made in connection with Dispensary work ... ..	745
11. Number of "Recovered" cases restored to Dispensaries' Registers, and included in A (a) and A (b) above... ..	5
12. Number of "T.B. plus" cases on Dispensaries' Registers on December 31st ... ..	473

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

RETURN SHOWING THE WORK OF THE ASHINGTON DISPENSARY  
DURING THE YEAR 1935.

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
<b>A.—NEW CASES</b> examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ... ..	88	44	132
(b) Diagnosis not completed ... ..	—	—	4
(c) Non-tuberculous... ..	—	—	220
<b>B.—CONTACTS</b> examined during the year:			
(a) Definitely tuberculous ... ..	7	—	7
(b) Diagnosis not completed ... ..	—	—	1
(c) Non-tuberculous... ..	—	—	111
<b>C.—CASES</b> written off the Dispensary Register as :—			
(a) Recovered ... ..	89	53	142
b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	331
<b>D.—NUMBER OF CASES</b> on Dispensary Register on December 31st :—			
(a) Definitely Tuberculous ... ..	469	128	597
(b) Diagnosis not completed ... ..	—	—	5

1. Number of cases on Dispensary Register on January 1st... ..	572
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	115
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	37



4. Cases written off during the year as Dead (all causes) ... ..	50
5. Number of attendances at the Dispensary (including contacts)...	1,414
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	2
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ... ..	133

RETURN SHOWING THE WORK OF THE BLYTH DISPENSARY  
DURING THE YEAR 1935.

DIAGNOSIS.	Pulmonary.	Non- Pulmonary.	TOTAL.
<b>A.—NEW CASES</b> examined during the year (excluding contacts):—			
(a) Definitely tuberculous ... ..	29	6	35
(b) Diagnosis not completed ... ..	—	—	9
(c) Non-tuberculous... ..	—	—	56
<b>B.—CONTACTS</b> examined during the year:			
(a) Definitely tuberculous ... ..	1	—	1
(b) Diagnosis not completed ... ..	—	—	3
(c) Non-tuberculous... ..	—	—	77
<b>C.—CASES</b> written off the Dispensary Register as:—			
(a) Recovered ... ..	36	10	46
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	140
<b>D.—NUMBER OF CASES</b> on Dispensary Register on December 31st:—			
(a) Definitely tuberculous ... ..	192	41	233
(b) Diagnosis not completed ... ..	—	—	7

1. Number of cases on Dispensary Register on January 1st... ..	284
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	15
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	30
4. Cases written off during the year as Dead (all causes) ... ..	24
5. Number of attendances at the Dispensary (including contacts)...	705
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 ... ..	74

RETURN SHOWING THE WORK OF THE HEXHAM DISPENSARY  
DURING THE YEAR 1935.

DIAGNOSIS.	Pulmonary.	Non- Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ... ..	29	12	41
(b) Diagnosis not completed ... ..	—	—	4
(c) Non-tuberculous... ..	—	—	50
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ... ..	—	—	—
(b) Diagnosis not completed ... ..	—	—	—
(c) Non-tuberculous... ..	—	—	10
C.—CASES written off the Dispensary Register as :—			
(a) Recovered ... ..	11	1	12
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	—	—	71
D.—NUMBER OF CASES on Dispensary Register on December 31st :—			
(a) Definitely tuberculous ... ..	135	28	163
(b) Diagnosis not completed ... ..	—	—	4

1. Number of cases on Dispensary Register on January 1st... ..	180
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	7
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	32
4. Cases written off during the year as Dead (all causes) ... ..	10
5. Number of attendances at the Dispensary (including contacts)... ..	332
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 ... ..	58

RETURN SHOWING THE WORK OF THE NEWBURN DISPENSARY  
DURING THE YEAR 1935.

DIAGNOSIS.	Pulmonary.	Non- Pulmonary.	TOTAL.
A.—NEW CASES examined during the year (excluding contacts) :—			
(a) Definitely tuberculous ... ..	14	5	19
(b) Diagnosis not completed ... ..	—	—	5
(c) Non-tuberculous... ..	—	—	23
B.—CONTACTS examined during the year:			
(a) Definitely tuberculous ... ..	2	2	4
(b) Diagnosis not completed ... ..	—	—	—
(c) Non-tuberculous... ..	—	—	22



DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
<b>C.—CASES written off the Dispensary Register as :—</b>			
(a) Recovered ... ..	4	12	16
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	45
<b>D.—NUMBER OF CASES on Dispensary Register on December 31st :—</b>			
(a) Definitely tuberculous ...	133	53	186
(b) Diagnosis not completed ...	—	—	5

1. Number of cases on Dispensary Register on January 1st... ..	202
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	8
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	14
4. Cases written off during the year as Dead (all causes) ... ..	17
5. Number of attendances at the Dispensary (including contacts)...	355
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 1935.**

DIAGNOSIS.	Pulmonary.	Non-Pulmonary.	TOTAL.
<b>A.—NEW CASES examined during the year (excluding contacts) :—</b>			
(a) Definitely tuberculous ... ..	49	19	68
(b) Diagnosis not completed ... ..	—	—	10
(c) Non-tuberculous... ..	—	—	111
<b>B.—CONTACTS examined during the year:</b>			
(a) Definitely tuberculous ... ..	7	—	7
(b) Diagnosis not completed ... ..	—	—	4
(c) Non-tuberculous... ..	—	—	117
<b>C.—CASES written off the Dispensary Register as :—</b>			
(a) Recovered ... ..	70	17	87
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	237
<b>D.—NUMBER OF CASES on Dispensary Register on December 31st :—</b>			
(a) Definitely tuberculous ... ..	436	93	529
(b) Diagnosis not completed ... ..	—	—	8



1. Number of cases on Dispensary Register on January 1st... ..	638
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... ..	43
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... ..	87
4. Cases written off during the year as Dead (all causes) ... ..	50
5. Number of attendances at the Dispensary (including contacts)... ..	1,452
6. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above... ..	3
7. Number of "T.B. plus" cases on Dispensary Register on December 31st ... ..	171

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 subgroup only, viz., in that applicable to the case which stands highest in the immediately preceding list.









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, 1935, 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 ... ..	6	...	...	...	6

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR 1935 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.	6	48	46	...	8
	F.	4	26	24	...	6
	Children	3	57	58	*1	1
	TOTAL	13	131	128	1	15
Number of patients suffering from pulmonary tuberculosis.	Adult M.	97	127	130	10	84
	F.	71	78	85	3	61
	Children	59	57	55	4	57
	TOTAL	227	262	270	17	202
Number of patients suffering from non-pulmonary tuberculosis.	Adult M.	3	5	8	...	...
	F.	...	4	2	...	2
	Children	38	47	40	2	43
	TOTAL	41	56	50	2	45
GRAND TOTAL	...	281	449	448	20	262

\* Condition diagnosed as—Empyema, Mediastinal Abscess and Bronchiectasis—Non-Tuberculous.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED  
DURING THE YEAR 1935, 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 ...	8	18	13	5	8
	Adult Females	4	10	6	5	3
	Children...	4	5	4	3	2
	TOTAL...	16	33	23	13	13
Number of patients suffering from non-pulmonary tuberculosis.	Adult Males ...	1	5	2	1	3
	Adult Females	2	3	3	1	1
	Children...	2	3	2	...	3
	TOTAL...	5	11	7	2	7
GRAND TOTAL ...		21	44	30	15	20

RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY  
TUBERCULOUS CASES DISCHARGED DURING THE YEAR 1935  
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	1	26	18	9	10	...	...	8	1	2	2	22	12	46
Non-tuberculous	7	3	...	17	7	10	...	...	1	...	2	1	24	12	12
Doubtful...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
TOTALS ...	10	4	26	35	16	21	...	...	9	1	4	3	46	24	59



RETURN SHOWING THE IMMEDIATE RESULTS OF TREATMENT OF DEFINITELY  
TUBERCULOUS PATIENTS DISCHARGED DURING THE YEAR 1935 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.	
Class T. B. minus.	Quiescent ... ..	3	3	...	12	3	12	11	2	28	2	1	5	28	9	45	82
	Not quiescent ...	1	1	...	1	4	...	...	3	2	...	...	...	2	8	2	12
	Died in Institution	1	...	...	...	...	1	...	...	...	...	...	...	1	...	1	2
Class T. B. plus Group I.	Quiescent ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	1
	Not quiescent ...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	...	2
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T. B. plus Group II.	Quiescent ... ..	...	...	...	2	...	1	5	...	...	8	5	3	15	5	4	24
	Not quiescent ...	6	1	...	15	4	...	24	5	...	12	6	...	57	16	...	73
	Died in Institution	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	2
Class T. B. plus Group III.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
	Not quiescent ...	10	9	1	5	8	...	6	11	1	3	6	...	24	34	2	60
	Died in Institution	1	...	...	2	1	...	1	...	2	1	...	...	5	1	2	8
TOTALS.	PULMONARY ...	22	14	1	37	20	14	48	23	34	26	19	9	133	76	58	267
Bones and Joints.	Quiescent ... ..	...	...	...	...	...	1	1	...	5	...	...	10	1	...	16	17
	Not quiescent ...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1
	Died in Institution	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Abdominal.	Quiescent ... ..	...	...	...	1	...	5	2	...	8	...	...	1	3	...	14	17
	Not quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Organs.	Quiescent ... ..	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2	2
	Not quiescent ...	1	...	...	1	2	...	...	...	...	...	...	...	2	2	...	4
	Died in Institution	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Peripheral Glands.	Quiescent ... ..	...	...	...	...	...	2	...	...	6	...	...	...	...	...	8	8
	Not quiescent ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS.	NON-PULMONARY	2	...	1	3	2	8	3	...	21	...	...	12	8	2	42	52

\* but exceeding 28 days.

REPORT OF THE MEDICAL SUPERINTENDENT,  
WOOLEY SANATORIUM,  
FOR THE YEAR ENDED 31ST DECEMBER, 1935.

During the year under review 273 patients were discharged. The results of treatment were classified as follows :—

Quiescent	63
Improved	99
No material improvement	62
Died	13
Non-tuberculous	36
	273
	273

This figure again represents a reduction in the total number of patients treated as compared with the previous year, a tendency which has been noticeable for some years past.

Although sanatorium figures for various reasons do not show an accurate picture of the whole problem, there can be little doubt that this fall is substantially due to a reduction in the numbers of new cases of tuberculosis.

Towards the end of the year there were actually empty beds on both male and female sides.

This reduction in the number of new cases has had certain interesting results.

An obvious advantage in having empty beds available is that valuable time is saved by the immediate admission to the Sanatorium of cases where special treatment promptly applied will give the best chance of an ultimate complete cure.

It has also been possible to extend the duration of treatment in cases willing to stay for prolonged periods. The cure of tuberculosis takes years rather than months, and with the modern complicated methods now at our disposal good results can be obtained in many cases of extensive disease formerly regarded as hopeless.

There has also been a rise in the group showing "no material improvement" as a higher proportion of acute types of disease and advanced cases have been admitted.

This has been done not only to keep the beds filled, but also as an important preventive measure where the home conditions are unsuitable. It also gives such patients the opportunity of a complete investigation to ascertain if any special treatment is likely to be of benefit.

It will be realised that while striking successes are sometimes achieved in this group there will always be a large proportion of such cases where little or nothing can be done.

This increase in the advanced cases has not in my opinion had any damaging effect on the Sanatorium. Wooley has always been a "sanatorium-hospital" with a good proportion of such cases and the development of special measures of treatment has counter-acted any tendency in this direction.

The generally accepted modern view is that all cases should be dealt with in a fairly large well equipped institution where an adequate staff can be provided economically. The Joint Tuberculosis Council have expressed the opinion that 250 to 300 beds is the most economic size of an institution of this kind.



"Homes for the dying" tend to be shunned by the patients for whom isolation is most imperative to protect their families from infection.

#### *Treatment.*

##### *Sanocrysin.*

Fifty cases were treated with Sanocrysin.

##### *Artificial Pneumothorax.*

Artificial Pneumothorax was induced successfully in 64 cases. A good number of these cases had advanced disease of one side with some involvement of the opposite lung. The ultimate prognosis in such cases will largely depend on the progress of the disease on the better side.

In some cases, control of the disease in the grossly affected lung brings about an improvement on the other side, probably by giving the patient's natural resistance a better chance to deal with the infection.

In cases with poor resistance the disease may spread on the better side.

In three cases bi-lateral collapse was induced for this reason. Sanocrysin was employed frequently in combination with artificial pneumothorax and proved a very useful adjuvant.

The number of out-patients attending for refills is increasing. This increase will continue until the number of patients discharged with artificial pneumothorax roughly balances the number of cases where the treatment is terminated.

It is difficult to give an estimate for dispensary purposes of the ultimate maximum number who will require out-patient supervision, but I should say it will be not less than fifty and may easily be higher.

The provision of facilities for refills is now an urgent matter.

There is an undoubted advantage to the patient in continuing treatment under the medical officer who induced the artificial pneumothorax in the first instance and who is thoroughly familiar with his condition, but travelling to Wooley for refills is both expensive and inconvenient, and Wooley is inadequately staffed for the increasing amount of work.

##### *Division of Adhesions.*

An important advance in the methods of treatment available was secured by the provision of the apparatus and instruments necessary for this operation.

In artificial pneumothorax cases where the collapse is unsatisfactory due to the lung being held out by adhesions, a good result may be obtained by dividing the adhesions by electro-surgical methods.

The operations were carried out by Mr. George A. Mason, F.R.C.S.

We cannot claim priority for this innovation in the North of England as the operation had been previously tried in a few isolated instances in Newcastle. This is, however, the first serious attempt to investigate the possibilities and limitations of the operation in the North-East.

Twenty-nine operations were performed involving twenty-eight patients. In 19 cases it was possible to divide the adhesions which were interfering with the collapse and to secure an efficient artificial pneumo-thorax. A very striking feature in a number of this group was the closure of large cavities that had previously resisted control and the subsequent disappearance of tubercle bacilli from the sputum. In one such case 17 adhesions were divided with an excellent result.



In 4 cases only a partial operation was possible owing to some of the adhesions being unsuitable for division, but the collapse was materially improved and a good clinical result obtained.

The remaining cases derived no benefit from the operation for a variety of reasons.

#### *Phrenicectomy (Phrenic Evulsion).*

This operation was performed in four cases.

#### *Phrenic Crush.*

Phrenic evulsion causes a permanent paralysis of the diaphragm, and although in certain cases a considerable improvement may be brought about by the operation, it is difficult to foretell with certainty which cases will benefit. The paralysis being permanent may sometimes be a disadvantage. For this reason, crushing the phrenic nerve to bring about a temporary paralysis lasting about six months is becoming more popular. This temporary paralysis may be sufficient by itself to bring about the desired result, or if a striking improvement follows, the paralysis may be made permanent by evulsion of the nerve later. If no material improvement follows, the nerve is allowed to recover.

One case was subjected to this operation.

#### *Thoracoplasty.*

Four of these operations were performed.

#### *Theatre.*

All the operative work was carried out at the War Memorial Hospital, Hexham. It would be a great advantage if this could be done at Wooley. A good deal of time would be saved. The cost of maintenance in the hospital and the cost of transport to and from Hexham would be eliminated. It would add considerably to the interest of the Nursing Staff in their work, and patients would be spared the additional ordeal of going to a strange hospital at a time when they are sufficiently apprehensive. Operation is occasionally indicated when the patient is not fit to be moved.

#### *X-ray.*

564 films of sanatorium patients were taken during the year. Serial films at about three monthly intervals were taken in all cases undergoing special treatment.

It was not considered necessary to take repeated photographs in advanced cases where no useful information could be expected or where no special treatment was indicated.

All in-patients undergoing artificial pneumothorax treatment were screened weekly, and out-patients as they came up for their refills.

751 photographs were taken for the Tuberculosis Dispensaries. This figure again shows an increase over the previous year, and there is good reason to believe that this work will continue to increase.

The X-ray is an excellent medium for securing the co-operation of the general practitioner, on whom the responsibility rests in the first instance of referring suspects to the Tuberculosis Officer. Every means of promoting that co-operation should be encouraged as the best means of securing earlier diagnosis. In one county a reduced print of the X-ray photograph is sent to the doctor concerned.



In the Hexham area, doctors frequently ring up and ask for a patient to be X-rayed without the formality of sending the case to the Dispensary. This practice is not discouraged for the above reason.

The question of providing facilities elsewhere for this work is now urgent.

In considering what additional facilities are required the following points are in my view worthy of consideration.

An X-ray film is a "shadow picture" requiring expert interpretation. Poor films are worse than useless as they may be actually misleading. They are frequently due to patients breathing during the exposure and causing a blurring of the picture. This is liable to occur in young children, in patients who are ill and breathless, and in others through nervousness and sheer inability to hold their breath.

The latest apparatus is the "rotary anode" type, which is designed purely for chest work and which, it is claimed, will produce consistently first class results with an exposure of one-thirtieth of a second. This very short exposure minimises the effect of movement. It costs about £1,200.

It would in my view be better to provide one really good set than to multiply cheaper plants.

It is very little more trouble to take 15 to 20 photographs at one session, than to take a few at each dispensary.

The provision of an X-ray plant is closely associated with facilities for artificial pneumothorax refills as regular X-ray control is essential for the best results in such cases.

It is no great hardship to ask a new suspect to make one journey to a central clinic for an X-ray examination. It is rather different for artificial pneumothorax cases who have to attend regularly for prolonged periods. Many of these are working or are married women with homes to look after.

This difficulty could be overcome by the provision of a plant purely for screening purposes in those areas where the number of pneumothorax cases justified it. Such an apparatus need not be expensive and could probably be procured second-hand very cheaply as many hospitals are installing modern sets.

It would be even simpler to arrange to do the refills at local hospitals, most of which have a screening plant adequate for the purpose.

#### *Laboratory.*

1,200 microscopic examinations of the sputum were made. Cultures were made from the sputum in 70 cases and from pleural effusions in 10 cases.

The blood sedimentation test was carried out in a few cases for special reasons, but it was not possible to do this as a routine measure in all cases owing to the pressure of other work.

The laboratory facilities are still unsatisfactory.

#### *Average Duration of Stay.*

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

1932. Days.	1933. Days.	1934. Days.	1935. Days.
240.77	223.80	250.10	228.60 Male.
162.71	192.30	246.30	221.30 Female.

*Occupations.*

The occupations of the patients discharged were as follows :—

*Male.*

Butler ... .. 1	Labourer ... .. 8
Bus Conductor ... .. 1	Librarian ... .. 1
Butcher ... .. 2	Marine Officer ... .. 1
Barman ... .. 2	Miner ... .. 64
Baker ... .. 1	Mason ... .. 1
Blacksmith ... .. 1	Patternmaker ... .. 1
Boat-builder ... .. 1	Plater ... .. 1
Chauffeur ... .. 2	Policeman ... .. 1
Caretaker ... .. 1	Plumber ... .. 2
Clerk ... .. 7	Publican ... .. 1
Coppersmith ... .. 1	Quarryman ... .. 2
Driller ... .. 2	Roadman ... .. 1
Dental Mechanic ... .. 1	Railway Guard ... .. 1
Engineman ... .. 3	Rivetter ... .. 3
Engineer ... .. 3	Shoemaker ... .. 4
Electrician ... .. 1	Sailor ... .. 1
Fisherman ... .. 1	Shepherd ... .. 1
Ferryman ... .. 1	Shipyards Worker ... .. 1
Fruiterer ... .. 1	Station Master ... .. 1
French Polisher ... .. 1	Soldier ... .. 2
Fireman (ship) ... .. 1	School Boy ... .. 3
Fitter ... .. 1	Shop Assistant ... .. 2
Farmer ... .. 3	Tackle Maker ... .. 1
Farm Labourer ... .. 6	Traveller ... .. 4
Grocer ... .. 5	Woodman ... .. 1
Grinder ... .. 1	None ... .. 2
Gardener ... .. 2	
Hotel Manager ... .. 1	
Hairdresser ... .. 1	
Joiner ... .. 5	
	<hr/> 171 <hr/>

*Female.*

Clerk ... .. 4	Laundress ... .. 3
Charwoman ... .. 2	Nurse ... .. 2
Domestic ... .. 20	Ropemaker ... .. 1
Dressmaker ... .. 1	School Teacher ... .. 1
Factory Hand ... .. 1	Waitress ... .. 1
Glass Blower ... .. 1	
Housewife ... .. 40	
Hairdresser ... .. 1	
Home ... .. 24	
	<hr/> 102 <hr/>

## COUNTY LABORATORY.

The following is a summary of the work carried out at the County Laboratory during the year ended 31st December, 1935 :—

The number of specimens submitted for routine examination during the year was 11,407. The nature of the specimens and a summary of the results are shown below :—

1,480 Sputa for B.Tuberculosis. 250 (16·9%) positive.

6,699 Swabs for B.Diphtheriae. 1,575 (23·5%) positive.

98 Specimens of blood for agglutination reactions. 32 (32·6%) gave positive reactions as follows :—B.Typhosus, 13; B.Paratyphosus B., 10; Br. Abortus, 6; B.Dysenteriae Sonne, 1; B.Dysenteriae Flexner, 2.



- 602 Swabs for Haemolytic Streptococci. 120 (19·9%) positive.
- 174 Faeces examined for organisms of enteric group. The following organisms were isolated :—B.Typhosus, 10; B.Paratyphosus B., 38; B.Pyocyaneus, 1; S.Eastbourne, 1; S.Morbificans Bovis, 1; B.Morgan, 2; B.Dysenteriae Flexner, 2; B.Dysenteriae Sonne, 6.
- 45 Specimens of urine examined for organisms of enteric group. B.Typhosus, 2; B.Paratyphosus B., 1, were isolated.
- 22 Specimens of urine for general bacteriological examination.
- 9 Specimens of cerebro-spinal fluid. Organisms found :—B.Tuberculosis, 1.
- 31 Swabs for isolation of B.Diphtheriae and Virulence test. 22 positive.
- 6 Post nasal swabs for meningococci.
- 67 Miscellaneous specimens, comprising :—Pleural fluid, 3; pus for B.Tuberculosis, 11 (positive 3); urine for B.Tuberculosis, 5; faeces for B.Tuberculosis, 2; blood for culture, 6; cervical swabs, 6; ascitic fluid, 2; knee fluid, 1; fluid from chest, 1; cervical smear, 1; vaginal swab, 1; sputum for biological test, 1; cream, 1; bottle for bacterial content, 1; T.B. cultures for inoculation, 2; cervical glands for B.Tuberculosis, 2 (positive); bovine blood, 8 (5 positive Br. Abortus); bovine sputa, 13 (positive 10).
- 54 Samples of water.
- 1,039 Samples of milk for B.Tuberculosis.
- 1,081 Samples of milk for Count and B.Coli.

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11,407

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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 ... ..	9	31	40	23	80	103	2	1	3	3	149
Blyth ... ..	29	132	161	45	139	184	1	4	5	11	361
Morpeth ... ..	4	25	29	31	108	139	—	2	2	6	176
Wallsend ... ..	41	176	217	128	247	375	2	2	4	101	697
<i>Urban Districts.</i>											
Alnwick ... ..	7	30	37	23	61	84	—	1	1	14	136
Amble ... ..	5	7	12	3	13	16	—	—	—	1	29
Ashington ... ..	12	120	132	532	689	1221	8	13	21	166	1540
Bedlington ... ..	16	106	122	169	632	801	2	4	6	9	938
Gosforth ... ..	12	39	51	56	461	517	1	4	5	13	586
Hexham ... ..	16	45	61	28	133	161	3	5	8	16	246
Longbenton ... ..	7	47	54	12	49	61	1	—	1	1	117
Newbiggin ... ..	1	67	68	115	215	330	—	3	3	32	433
Newburn ... ..	16	69	85	22	61	83	2	1	3	5	176
Prudhoe ... ..	4	9	13	3	6	9	—	2	2	1	25
Seaton Valley ... ..	15	62	77	6	30	36	—	1	1	2	116
Whitley & Monkseaton	22	82	104	28	424	452	2	4	6	25	587
<i>Rural Districts.</i>											
Alnwick ... ..	5	25	30	11	35	46	2	—	2	6	84
Belford ... ..	1	10	11	1	9	10	1	1	2	3	26
Bellingham ... ..	2	4	6	22	148	170	—	1	1	—	177
Castle Ward ... ..	3	11	14	12	423	435	—	—	—	399	848
Glendale ... ..	4	9	13	3	3	6	—	—	—	1	20
Haltwhistle ... ..	2	4	6	1	4	5	—	—	—	5	16
Hexham ... ..	9	46	55	32	231	263	4	8	12	68	398
Morpeth ... ..	5	57	62	66	164	230	—	5	5	5	302
Norham & Islandshires	1	6	7	—	3	3	—	1	1	—	11
Rothbury ... ..	1	10	11	12	57	69	1	—	1	4	85
Forest Hall Hosp. ...	—	—	—	88	369	457	—	2	2	17	476
Lemington Hosp. ...	—	—	—	102	316	418	—	1	1	17	436
Others ... ..	1	1	2	1	14	15	—	—	—	4	21
Veterinary Officers ...	—	—	—	—	—	—	—	—	—	21	21
	250	1,230	1,480	1,575	5,124	6,699	32	66	98	956	9,233

*Milk Samples for B. Tuberculosis.*

The total number examined was 1,039, of which 87 (8·3%) were positive, 948 negative and 4 inconclusive. There were 928 samples of bulk milk, 48 (5·1%) being positive, 876 negative and 4 inconclusive. The remaining 111 samples were submitted by veterinary officers from individual animals suspected to be suffering from tuberculosis, 39 (35·1%) being positive and 72 negative.

The following designated milks were included among the bulk samples:—Certified, 6 (negative); Grade "A. TT," 22 (negative); Grade "A," 273 (positive 9, negative 262, inconclusive 2), and Pasteurised, 5 (negative).

Four 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.	Inconclusive.	Positive.	Negative.	TOTAL.
Blyth ... ..	...	...	7	7
Wallsend ... ..	1	1	2	4
Ashington... ..	...	5	66	71
Amble ... ..	...	...	5	5
Bedlington ... ..	...	3	39	42
Gosforth ... ..	...	2	2	4
Longbenton ... ..	...	3	44	47
Newbiggin ... ..	1	...	31	32
Newburn ... ..	...	6	75	81
Prudhoe ... ..	...	...	1	1
Seaton Valley ... ..	...	8	64	72
Whitley & Monkseaton... ..	1	8	214	223
Alnwick Rural ... ..	...	...	49	49
Belford ... ..	...	...	4	4
Castle Ward ... ..	...	2	50	52
Glendale ... ..	1	...	9	10
Haltwhistle ... ..	...	...	1	1
Hexham Rural ... ..	...	9	160	169
Morpeth Rural ... ..	...	1	51	52
Norham & Islandshires... ..	...	...	1	1
Rothbury Rural... ..	...	...	1	1
	4	48	876	928

*Milk Samples Examined for Total Count and B.Coli.*

The total number examined was 1,081. 542 were ordinary milks, 528 were "designated," 8 were described as sterilised, 2 were samples of dried milk, and the remaining one a sample of skimmed milk.

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

TABLE III.  
*Milk Samples for Total Count and B.Coli.*

District.	Ordinary.	Certified.	Grade "A.T.T."	Grade "A."	Pasteurised.	Sterilised.	TOTAL.
Berwick ... ..	17	...	...	...	...	...	17
Blyth ... ..	2	...	24	7	1	...	34
Wallsend ... ..	...	...	...	3	...	...	3
Ashington ... ..	3	...	...	...	...	...	3
Amble... ..	4	...	12	10	...	...	26
Bedlington ... ..	41	...	...	2	...	...	43
Gosforth ... ..	43	1	1	12	4	...	61
Hexham ... ..	1	...	...	...	...	...	1
Longbenton ... ..	42	...	...	9	3	...	54
Newbiggin ... ..	30	...	...	1	...	...	31
Newburn ... ..	91	4	10	11	9	8	133
Prudhoe ... ..	...	...	...	1	...	...	1
Seaton Valley ... ..	58	...	...	22	...	...	80
Whitley & Monkseaton	182	4	7	22	2	...	217
Alnwick R.D. ... ..	19	...	14	45	...	...	78
Belford ... ..	1	...	1	6	...	...	8
Castle Ward ... ..	...	...	...	80	...	...	80
Glendale ... ..	1	...	...	14	...	...	15
Haltwhistle ... ..	...	...	...	2	...	...	2
Hexham R.D. ... ..	4	...	12	98	...	...	114
Morpeth R.D. ... ..	1	...	...	60	...	...	61
Norham & Islandshires	2	...	...	3	...	...	5
Rothbury ... ..	...	...	...	1	...	...	1
Bishop Auckland ... ..	...	10	...	...	...	...	10
County Health Dept.	...	...	...	...	...	...	*3
	542	19	81	409	19	8	1,081

\* Dried milk 2, Skimmed milk 1.

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

Classification.	Complied with standard.	Did not comply.		TOTAL.
		Number.	Per cent.	
Certified ... ..	13	6	31.6	19
Grade "A. T.T." ... ..	57	24	29.6	81
Grade "A." ... ..	316	93	22.7	409
Pasteurised ... ..	18	1	5.3	19
Ordinary ... ..	353*	189*	34.9*	542
	757	313	29.2	1,070

\* With standard for Grade "A" milk.

With regard to the 8 samples of "sterilised" milk, none contained B.Coli in quantities of 1.0 cc. or less, and the bacterial count was recorded as nil.

#### *Samples of Water.*

54 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.
Amble ... ..	1	...	1	...
Alwick ... ..	1	...	1	...
Ashington... ..	4	1	1	2
Newbiggin ... ..	7	6	1	...
Newburn ... ..	2	2	...	...
Prudhoe ... ..	1	1	...	...
Bellingham ... ..	4	2	...	2
Castle Ward ... ..	2	...	1	1
Glendale ... ..	2	2	...	...
Hexham ... ..	7	3	3	1
Norham & Islandshires... ..	10	6	1	3
Rothbury ... ..	6	2	2	2
County Architect ... ..	4	3	1	...
County Health Department ... ..	3	1	1	1
	54	29	13	12

#### FOOD INSPECTION.

##### *Milk and Dairies (Consolidation) Act, 1915.*

The 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 retailers in other districts by District Sanitary Inspectors and forwarded to the County Council laboratory at Newburn, where the biological test is carried out.

Where a sample of milk from a herd is found to contain tubercle bacilli, a clinical examination is carried out by the County Veterinary Inspectors, and any animal found showing suspicious symptoms is isolated and a further test carried out. During the year 1935 the number of samples examined was 928 from 889 herds, and of this number 48 samples were found to contain tubercle bacilli.



NORTHUMBERLAND COUNTY COUNCIL.  
(MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, S.8.) (MILK AND DAIRIES ORDER, 1926, PART IV.)  
ROUTINE MILK SAMPLING—1927 (Oct.) to 1935 (Dec.)

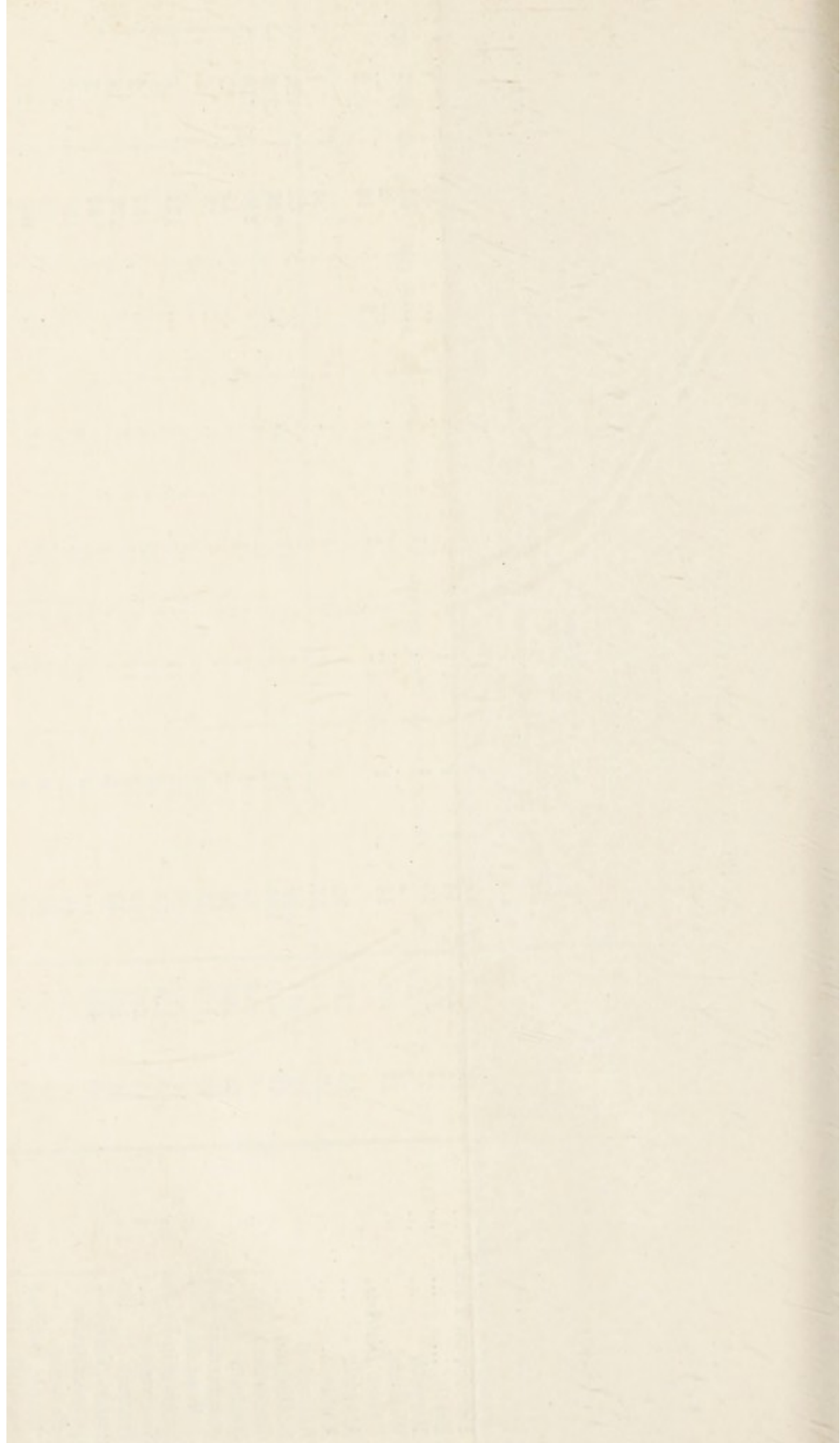
Sanitary Districts.	Latest available Figures.		1927 to 1934 (Inclusive).				1935.				TOTAL.			
	No. of Cows kept.	No. of Cows kept.	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. of Samples.	No. found to contain Tub. Bac.	No. of Cows slaughtered in consequence	No. 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
<i>Municipal Boroughs.</i>														
1. Berwick-on-Tweed	47	182	48	1	1	...	...	...	48	1	1	48	1	1
2. Blyth	15	197	44	1	...	...	...	...	51	1	...	51	1	...
3. Morpeth	8	80*	2	...	...	...	...	...	2	...	...	2	...	...
4. Wallsend	13	166	14	1	2	...	...	3	16	2	...	16	2	5
<i>Urban Districts.</i>														
5. Alnwick	16	119	35	...	...	...	...	...	36	1	...	36	1	...
6. Amble	7	142	17	...	...	...	...	...	22	...	...	22	...	...
7. Ashington	11	161	58	2	2	...	...	...	71	...	...	71	...	...
8. Bedlington	45	559	194	12	6	...	...	3	236	16	...	236	16	9
9. Gosforth	5	118	15	1	1	...	...	...	4	...	...	4	...	...
10. Hexham	28	260	59	2	1	...	...	...	19	1	...	19	1	1
11. Longbenton— Weetslade	20	422	75	2	...	...	...	...	59	2	...	59	2	1
12. Newbiggin-by-Sea	6	135	35	2	1	...	...	...	49	3	...	49	3	1
13. Newburn	17	299	192	12	11	...	...	...	32	...	...	32	...	2
14. Prudhoe	26	254	43	3	1	...	...	...	81	6	...	273	18	13
15. Seaton Valley— Cramlington	36	420	6	...	...	...	...	...	44	...	...	44	...	1
Earsdon	...	...	24	2	...	...	...	...	...	...	...	...	...	...
Seaton Delaval	...	...	56	8	1	...	...	...	...	...	...	...	...	...
Seghill	...	...	7	1	3	...	...	...	...	...	...	...	...	...
16. Whitley and Monkseaton	11	165	142	9	6	...	...	...	223	1	...	223	1	6
<i>Rural Districts.</i>														
17. Alnwick	110	1,100*	60	1	1	...	...	...	47	...	...	47	...	1
18. Belford	23	314	49	...	...	...	...	...	4	...	...	4	...	...
19. Bellingham	31	135	31	...	...	...	...	...	...	...	...	...	...	...
20. Castle Ward	110	2,520	107	5	3	...	...	...	52	4	...	52	4	3
21. Glendale	27	200	54	1	...	...	...	...	10	...	...	10	...	...
22. Haltwhistle	53	547	53	2	1	...	...	...	1	...	...	1	...	...
23. Hexham	596	5,100	705	43	26	...	...	...	169	9	...	169	9	6
24. Morpeth	115	1,240*	287	23	17	...	...	...	53	8	...	340	31	22
25. Northam and Islands.	32	222	67	...	...	...	...	...	1	...	...	68	...	...
26. Rothbury (R) } Rothbury (U) }	10	164	20	...	...	...	...	...	1	...	...	29	...	...
Total	1,413	15,221	2,514	135	87	...	...	...	928	48	...	3,442	183	120

\* approx.

SUMMARY OF EXAMINATIONS OF MILK SAMPLES FOR TUBERCULOSIS FROM HERDS WITHIN THE COUNTY, FROM OCT., 1927, TO DEC., 1935.

Period.	No. of Samples Collected.	No. of Cows represented.	(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	15
Jan., 1929, to Dec. 31st, 1929	242	2,104	16-00	190	13-4	12	5-26	0-57	8	8
Jan., 1930, to Dec. 31st, 1930	277	2,073	15-80	211	15-14	18	5-68	0-62	13	13
Jan., 1931, to Dec. 31st, 1931	207	1,676	12-10	161	11-54	10	3-72	0-17	3	3
Jan., 1932, to Dec. 31st, 1932	455	3,587	25-90	342	24-51	15	3-21	0-16	6	6
Jan., 1933, to Dec. 31st, 1933	428	4,964	35-83	362	25-94	29	7-18	0-28	14	14
Jan., 1934, to Dec. 31st, 1934	587	75,800	39-23	497	34-40	41	6-84	0-12	28	28
Jan., 1935, to Dec. 31st, 1935	928	78,890	...	889	...	46	4-04	0-37	33	33
Total (or Average)	3,442	31,966	...	2,879	...	181	5-02	0-35	120	120

† Approx. \* 8 herds. \*\* 11 herds. †† 26 herds. ††† 34 herds.





Thirty-six herds were affected, and thirty-three cows were slaughtered under the Tuberculosis Order. In four cases the animal was not detected, and in one case the cow died before result was known.

Opposite this page will be found a table setting forth the work done since the commencement of the scheme in 1927, also a summary of results.

It would be as well to note that a certain number of infected animals escape detection each year and as a consequence are excluded from the total.

The average number of cows in each registered herd is approximately 10.

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

- C. H. Sanderson, Newlands, Belford.
- J. S. V. Harrison, Pia Troon, Allendale.
- A. B. Howie, Eshott Brocks, Felton, Morpeth.
- Mrs. W. Runciman, Doxford Hall Home Farm, Chathill.
- W. Davison, Morwick Mill, Warkworth, Morpeth.
- G. Y. McNay, Morwick, Warkworth, Morpeth.
- Rural Development Co., Ltd., Prospect Hill Farm, Corbridge.
- Walwick Grange Dairy Co., Walwick Grange Farm, Humshaugh.
- J. E. Jordon, Old Moor Farm, Longhirst.
- W. Miller, Hobberlaw Farm, Alnwick.
- F. J. Hemsley, Woodside Farm, Red Row, Morpeth.
- J. E. Jordon, Red House Farm, New Hartley, Seaton Delaval.

Licences to produce Grade "A" Milk (issued by the County Council) were granted to the following persons :—

- C. H. Dickie, Wooperton Farm, Wooperton.
- J. H. Patterson and Sons, Cottage Farm, Wooler.
- D. Cocks, Bridge End Farm, Wooler.
- H. R. S. Gibb, Eachwick Farm, Dalton.
- T. W. Younger, Manor House Farm, Kenton. (Transferred to Newcastle 1/4/35.)
- R. D. Irwin, Kirkley Hall Farm, Ponteland.
- J. C. Cuthbertson, Stocksfield Hall Farm, Stocksfield.
- Capt. Keith, E. Elrington Farm, Haydon Bridge.
- W. Laidler and Sons, Anick Grange Farm, Hexham.
- J. Shell, Waterside House, Alnmouth.
- L. Farr, Wooden Farm, Alnmouth.
- A. J. W. Thompson, Silvermoor Farm, Alnwick.
- Misses A. & E. Forster, Hope House Farm, Alnwick.
- J. S. Bell, Avenue Head Farm, Seaton Delaval.
- F. A. Jackson, Holywell Bank Top, Seaton Delaval.

- W. Robson, Low Horton Farm, Bebside.  
 H. Hedley, Benton Place Farm, Longbenton. (Transferred to Newcastle 1/4/35.)  
 O. McBryde, Pegswood Moor Farm, Morpeth.  
 W. Taylor, West Moor Farm, Felton.  
 A. Luke, South East Farm, Eshott, Felton.  
 G. Johnson, Heighley Gate Farm, Morpeth.  
 A. L. English, Low Coldrife Farm, Hadstone, Broomhill.  
 J. B. Ralph, Ogle Castle, Ogle, Ponteland.  
 R. L. Jobling, Higham Dykes Farm, Milbourn.  
 A. E. Thompson, Loudside Farm, Dalton.  
 R. Spearman and Sons, Chapel Farm, Stamfordham.  
 J. Blenkinsop, Hawkwell Farm, Stamfordham.  
 J. Blenkinsop, Heatherslaw Farm, Stamfordham.  
 P. Forsyth, Old Barns Farm, Warkworth.  
 J. G. Vert, Rake House Farm, Shiremoor. (Transferred to Tyne-mouth 1/4/35.)  
 Mrs. A. & Phyllis Straker, Shaw Well Farm, Corbridge.  
 R. English, Dene House Farm, Amble.  
 J. W. Green, Settlingstones Farm, Fourstones.  
 A. E. Marshall, Boulmer House, Alnmouth.  
 R. Urwin, Blue Bell Farm, Belford.  
 J. A. Jackson, Strother Farm, Holywell.  
 \*E. C. Spence, Frankham, Fourstones.  
 \*J. A. E. Davies, Middle Brunton, Gosforth.  
 \*H. Bell, East Hartford Farm, Cramlington.  
 \*W. J. & J. Younger, Burradon Farm, Dudley.  
 \*J. N. Scott, Hawthorn Cottage, East Heddon.  
 \*J. & J. Watson, Mount Hope Farm, East Heddon.  
 \*W. Robson, West Howdens Farm, Felton.  
 \*G. H. Davison, Galagate House, Norham.  
 \*F. & J. N. Trobe, The Roguery, Whalton.  
 \*R. Armstrong, Bowsden Hall Farm, Bowsden.  
 \*J. Longlands, Bearl Farm, Newton, Stocksfield.  
 \*J. Wright, Dumpling Hall Farm, Scotswood.  
 \*E. Charlton, Chapel House Farm, Walbottle.  
 \*E. Charlton, Shaw House, Newton, Stocksfield.  
 \*S. Lee, The Laws, Whitfield.  
 \*F. E. Day, Willington Farm, Willington-on-Tyne.  
 \*W. B. Hemsley, Bockenfield, Morpeth.  
 \*W. C. Angus, Climbing Tree Farm, Morpeth.  
 \*J. W. Stephenson, Cronkley, Espershields, Shotley Bridge.  
 \*H. N. Bell, The Tilery, Cramlington.  
 \*J. & A. Riddell, Crescent Farm, Throckley.  
 \*C. Alderson, East Chevington Farm, Broomhill.  
 \*J. H. Charlton, Leager House, Dalton.  
 \*W. P. Jewett, Salmonfield, Steel, Hexhamshire.  
 \*A. Harrison, Lough House, Stannington.  
 \*A. E. Moore, Broom Hill Farm, Longhirst.  
 \*J. Forsyth, Hope House Farm, Amble.  
 \*J. N. Hine, Old Moor High Steads, Longhirst.  
 \*J. Hudspeth, North Brunton, Gosforth.  
 \*J. D. Forsyth, Gloster Hill Farm, Amble.  
 \*W. Herdman, Dissington Red House, Dalton.  
 \*T. O. Shield, Heddon Banks Farm, Heddon.  
 \*H. Alder, Woodhill, Ponteland.  
 \*Mrs. M. Brown, West Lane End, Morpeth.  
 \*A. Riddell, Wallish Walls, Shotley Bridge.  
 \*F. W. Fowkes & Sons, East Wharmley, Hexham.  
 \*J. E. Moffitt, Peepy Farm, Stocksfield.  
 \*W. E. Holmes, Birks Cottage, Heddon-on-the-Wall.  
 \*W. T. Lockey, Horsley Hill, Horsley.



- \*Mrs. Lishman, Hopside, Horsley.
- \*T. W. Bell, West Chevington, Morpeth.
- \*Andrew L. Tait, West Stobswood, Morpeth.
- \*Nicholas Douglas, Lipwood Well, Haydon Bridge.
- \*S. M. Johnson, Milbourne Grange, Ponteland.
- \*Williamson Cannon, Breckney Hill, Heddon-on-the-Wall.
- \*F. F. & J. W. S. Heslop, Breckney Hill, Heddon-on-the-Wall.
- \*R. A. Arthur, Hill Head, Westerhope.
- \*Geo. T. Dinning, East Woodfoot, Slaley.
- \*Peter Charlton, East House, Dalton.
- \*John S. Arnison, Eddy's Bridge, Shotley Bridge.
- \*John Hall, South Steads, Widdrington.
- \*Jas. Younger, Mares Close, Seghill.
- \*T. E. Oliver, Eastern Way, Darras Hall.
- \*F. J. Christopher, Unthank, Shotley Bridge.
- \*H. & R. P. Bell, Laverock Hall, Cramlington.
- \*Jos. Rowell, Ovington Hall, Ovington.
- \*Jos. Jamieson, East Nubbock, Hexham.
- \*J. J. Hall, East Benton, Benton.
- \*Exors. late Robt. Graham, Wylam Hills, Wylam
- \*Jos. Pringle, West Farm, Tritlington.
- \*Norman Woodcock, West House, Stannington.
- \*Thos. F. Shell, Denwick Lane Ends, Alnwick.
- \*Jas. K. Woodcock, Greensfield Moor, Alnwick.
- \*J. C. Swallow, Kiln Pit Hill, Shotley Bridge.
- \*G. T. Rowland, Snape Farm, Lowgate, Hexham.
- \*John Jobson, 141, Hadstone Row, South Broomhill.
- \*W. S. Nicholson, Grey Mare Hill Farm, Shotley Bridge.
- \*Robt. Green, Bagraw, Lowgate, Hexham.
- \*Frank Rowland, Mickley Grange Farm, Stocksfield.
- \*North Seaton Co-operative Farming Society, Ltd., North Seaton Dairy, Newbiggin-by-the-Sea.
- \*Geo. Jackson, Earsdon West Farm, Morpeth.
- \*A. Bertram, West Farm, Nedderton, Bedlington.
- \*S. Charlton, West Row Farm, Pauperhaugh.
- \*W. Stonehouse, Hedley North Farm, Stocksfield.
- \*Arthur Todd, Mill Farm, Ellington, Morpeth.
- \*Geo. F. Mole, Grange Moor Farm, Widdrington.
- \*J. Moorhouse, West Denton Farm, Lemington-on-Tyne.
- \*Robson Alder, East Town Farm, Milbourne, Ponteland.
- \*M. Morland, Red House Farm, Fawdon, Gosforth.
- \*Henry Alder, Heddon Birks Farm, Heddon-on-the-Wall.
- \*Exors. of R. C. Bosanquet, Rock Farm, Alnwick.
- \*John Johnson, Lowgate Farm, Hexham.

\* Accredited producers scheme.

This list (Grade "A") shows a large increase as compared with 1934, the increase being almost entirely due to the inauguration of the Milk Marketing Board's scheme, as will be seen from the indicated names on the list.

All Grade "A" herds were clinically examined quarterly, and samples of milk were examined bacteriologically at not less intervals than 3 months, and in certain cases more often.

Farms were visited periodically to ensure the observance of the conditions imposed by the Order and by the terms of the licence.

COUNTY OF NORTHUMBERLAND. MEAT AND FOOD INSPECTION, 1935. P.H.A. 1875, s. 116—119. P.H.A. 1890, s. 28.

*Meat and Food condemned as unfit for human consumption on account of diseased or unsound conditions:—*

SANITARY DISTRICTS.

*Municipal Boroughs.*

1. Berwick-on-Tweed ... 1 beef carcase, part carcasses of 6 bovines, 1 calf carcase, 32 mutton carcasses, forequarters of 1 sheep, 4 pigs and 80 lbs. badly bruised beef.
2. Blyth ... Beef 63½ stones, Pork 32¼ stones, Canned goods 2 tins pressed beef, Imported pigs' heads 27½ stones.
3. Morpeth ... Beef 52 stones, Mutton 17 stones, Pork 21 stones, Fish 95 lbs. Cheese 38 lbs.
4. Wallsend ... Three heifer carcasses, 3 pig carcasses, 2 livers, Fish 12 stones, Fruit 19 stones, Provisions 13 stones.

*Urban Districts.*

5. Alnwick ... Beef 1 carcase, Pork 1 carcase.
6. Amble ... Nil.
7. Ashington ... Beef 128 stones, Pork 9 stones.
8. Bedlington ... Beef 76 stones, Imported Beef 5 stones, Mutton 7 stones, Pork 4 stones, a quantity of organs.
9. Gosforth ... Internal organs of 3 carcasses.
10. Hexham ... Beef 48 stones.
11. Longbenton ... Beef 217½ stones, Mutton 2¼ stones, Pork 59 stones.
12. Newbiggin-by-Sea ... Nil.
13. Newburn ... Beef 141 stones, Mutton (Imported) 10 stones, Pork 31 stones, Fish 28 lbs.
14. Prudhoe ... Beef 82 stones, Pork 37 stones.
15. Seaton Valley ... Beef 49½ stones, Pork 8 stones.
16. Whitley & Monkseaton ... 1 Heifer carcase, 3 Pig carcasses, 2 hindquarters of Beef, 99½ lbs. Beef, 1 Lamb carcase, and a large and varied quantity of animal organs, forequarters of 6 Pigs, hindquarters of 1 Pig, 118 lbs. Pork, 10 Lobsters, 14 Crabs, 1 Duck. Total weight of condemned food 6,003¼ lbs.

*Rural Districts.*

17. Alnwick ... Beef 63 stones.
18. Belford ... Nil.
19. Bellingham ... Nil.
20. Castle Ward ... Nil.
21. Glendale ... Nil.
22. Haltwhistle ... Nil.
23. Hexham ... Beef 194 stones, Mutton 3 stones.
24. Morpeth ... Beef 221 stones, Mutton 9 stones, Pork (Imported) 2 stones.
25. Norham and Islands ... Nil.
26. 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 County Council's Inspectors of Weights and Measures. The results of the analyses of samples taken during 1935 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.			Percentage of Samples Not Genuine.	Vendor Prosecuted.	Convictions including cases dismissed on payment of costs.
		Genuine.	Not Genuine.	Doubtful.			
2	Arrowroot ... ..	2	—	—	—	—	—
13	Bacon ... ..	13	—	—	—	—	—
18	Baking Powder ... ..	18	—	—	—	—	—
1	Barley ... ..	1	—	—	—	—	—
4	Beef Suet ... ..	3	1	—	25	—	—
3	Beer ... ..	3	—	—	—	—	—
1	Blanc Mange Powder	1	—	—	—	—	—
1	Black Pudding ... ..	1	—	—	—	—	—
1	Boiled Ham ... ..	1	—	—	—	—	—
1	Brawn ... ..	1	—	—	—	—	—
49	Butter ... ..	49	—	—	—	—	—
2	Butter Beans ... ..	2	—	—	—	—	—
14	Cheese ... ..	13	1	—	7.14	—	—
1	Chicken & Ham Roll ...	1	—	—	—	—	—
3	Chocolate ... ..	3	—	—	—	—	—
1	Chocolate Corn Flour	1	—	—	—	—	—
2	Chocolate Roll ... ..	2	—	—	—	—	—
1	Cinnamon ... ..	1	—	—	—	—	—
12	Cocoa ... ..	12	—	—	—	—	—
2	Cocoanut ... ..	2	—	—	—	—	—
1	Cocoanut Cake Flour ...	1	—	—	—	—	—
6	Coffee ... ..	6	—	—	—	—	—
1	Cokernut (Dessicated)	1	—	—	—	—	—
1	Cooked Ham ... ..	1	—	—	—	—	—
1	Cookeen (Lard Substitute)	1	—	—	—	—	—
1	Cooking Fat ... ..	1	—	—	—	—	—
1	Corned Beef ... ..	1	—	—	—	—	—
5	Cornflour ... ..	5	—	—	—	—	—
1	Cream of Tartar ... ..	1	—	—	—	—	—
2	Curry Powder ... ..	2	—	—	—	—	—
20	Currants ... ..	20	—	—	—	—	—
9	Custard Powder ... ..	9	—	—	—	—	—
4	Dried Apricots ... ..	4	—	—	—	—	—
1	„ Milk ... ..	1	—	—	—	—	—
1	„ Prunes ... ..	1	—	—	—	—	—
1	Farina ... ..	1	—	—	—	—	—
1	Farola ... ..	1	—	—	—	—	—
1	Flour ... ..	1	—	—	—	—	—
1	Fruit Salad ... ..	1	—	—	—	—	—
1	Fruit Wine ... ..	1	—	—	—	—	—
1	Galantine, Turkey & Tongue	1	—	—	—	—	—
93	Carried forward ...	191	2	—	—	—	—

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.			
193	Brought forward ...	191	2	—	—	—	—
1	Glace Cherries ...	1	—	—	—	—	—
1	Glauber Salts ...	1	—	—	—	—	—
1	Glycerine ...	1	—	—	—	—	—
1	Gregory Powder ...	1	—	—	—	—	—
7	Ground Almonds ...	7	—	—	—	—	—
9	Ground Ginger ...	9	—	—	—	—	—
15	Ground Rice ...	15	—	—	—	—	—
2	Ham ...	2	—	—	—	—	—
2	Ice Cream ...	2	—	—	—	—	—
1	Icing Sugar ...	1	—	—	—	—	—
35	Jams & Jellies, etc. ...	34	1	—	2.85	—	—
2	Kidney Soup ...	2	—	—	—	—	—
25	Lard ...	25	—	—	—	—	—
1	Lard Substitute ...	1	—	—	—	—	—
1	Lemon Curd ...	1	—	—	—	—	—
1	Lemon Peel ...	1	—	—	—	—	—
3	Lentils ...	3	—	—	—	—	—
1	Lunch Tongue... ...	1	—	—	—	—	—
2	Luncheon Sausage ...	2	—	—	—	—	—
2	Malt Vinegar ...	2	—	—	—	—	—
21	Margarine ...	21	—	—	—	—	—
2	Meat Pies ...	2	—	—	—	—	—
374	Milk ...	343	31	—	8.26	8	5
5	Mincemeat ...	5	—	—	—	—	—
1	Mustard ...	1	—	—	—	—	—
2	Oatmeal ...	2	—	—	—	—	—
1	Peas ...	1	—	—	—	—	—
17	Pepper ...	17	—	—	—	—	—
1	Pickles ...	1	—	—	—	—	—
1	Pickled Onions ...	1	—	—	—	—	—
2	Plum Puddings ...	2	—	—	—	—	—
1	Polony ...	1	—	—	—	—	—
1	Potato Flour ...	1	—	—	—	—	—
2	Potted Meat ...	2	—	—	—	—	—
2	Prunes ...	2	—	—	—	—	—
3	Rabbit ...	3	—	—	—	—	—
3	Raisins ...	3	—	—	—	—	—
8	Rice ...	8	—	—	—	—	—
2	Salt ...	2	—	—	—	—	—
1	Salmon & Shrimp Paste ...	1	—	—	—	—	—
1	Sauce ...	1	—	—	—	—	—
15	Sausage ...	14	1	—	6.66	1	1
5	Self Raising Flour ...	5	—	—	—	—	—
6	Semolina ...	6	—	—	—	—	—
1	Snow Cake Mixture ...	1	—	—	—	—	—
1	Spiced Ham ...	1	—	—	—	—	—
1	Split Peas ...	1	—	—	—	—	—
17	Sugar ...	17	—	—	—	—	—
1	Sugared Almonds ...	1	—	—	—	—	—
9	Sultanas ...	9	—	—	—	—	—
6	Sweets ...	6	—	—	—	—	—
2	Table Jelly ...	2	—	—	—	—	—
2	Tapioca ...	2	—	—	—	—	—
823	Carried forward ...	788	35	—	—	9	6



No. of samples taken.	Description of Article.	Result of Analysis.			Per-centage of Samples Not Genuine.	Vendor Prosecuted.	Convic-tions including cases dis-missed on payment of costs.
		Genuine.	Not Genuine.	Doubtful.			
823	Brought forward ...	788	35	—	—	9	6
26	Tea ... ..	26	—	—	—	—	—
1	Tinned Pears ... ..	1	—	—	—	—	—
1	Tomato Ketchup ... ..	1	—	—	—	—	—
2	Tomato Paste ... ..	2	—	—	—	—	—
1	Tomato Soup ... ..	1	—	—	—	—	—
1	Tongue ... ..	1	—	—	—	—	—
1	Veal & Ham Roll ... ..	1	—	—	—	—	—
2	Vermicelli ... ..	2	—	—	—	—	—
22	Vinegar ... ..	21	1	—	4.54	1	1
3	Whiskey ... ..	3	—	—	—	—	—
4	Yeast ... ..	4	—	—	—	—	—
887	TOTALS ... ..	851	36	—	4.06	10	7

*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).*—Where samples of condensed milk have been taken the labels are first examined by the sampling officer, to see that they comply with the above Regulations, before the sample is forwarded to the Public Analyst for analysis under the Food and Drugs Acts.

During the year under review one sample of full cream dried milk has been taken and this sample was satisfactory.

All samples submitted to the Analysts are examined for preservatives and the action taken, where samples have illegally contained preservatives, is included in the foregoing summary.

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

Nature of Sample.	No. of Samples taken.	Found Genuine.	Doubtful	Non-Genuine.	Prose-cutions.	Con-victions.
Milk ... ..	19	17	—	2	1	—
Butter ... ..	4	4	—	—	—	—
Vinegar ... ..	3	3	—	—	—	—
Cream of Tartar...	2	2	—	—	—	—
Mustard ... ..	1	1	—	—	—	—
Lard ... ..	2	2	—	—	—	—
White Pepper ... ..	1	1	—	—	—	—
Baking Powder ... ..	2	2	—	—	—	—
Cornflour ... ..	1	1	—	—	—	—
Split Peas ... ..	1	1	—	—	—	—
Tea ... ..	3	3	—	—	—	—
Cocoa ... ..	2	2	—	—	—	—
TOTALS ... ..	41	39	—	2	1	—

All the above samples which might have contained preservatives were examined for preservatives; those reported genuine either contained none, or, if permitted to contain preservative, contained it within the prescribed limits.

## RIVER POLLUTION.

The position in respect to river pollution remains substantially the same as at the termination of the previous year.

A scheme is being considered by the Haltwhistle Rural District Council for the installation of an up-to-date sewage disposal system for the town of Haltwhistle that will supersede the existing works, which have long outgrown their efficiency and usefulness.

## HOUSING.

The total number of houses erected within the Administrative County during the year 1935 was 3,204, bringing the total for the years 1920-1935 (inclusive) to 27,902.

The year under review shows a falling off compared with 1934, but is the second highest year in regard to total production of the post-war period.

The districts in which building operations have been most active, and the number of houses erected, are as follows:—Wallsend, 462; Newburn, 352; Gosforth, 348; Longbenton, 274; Bedlington, 227; Whitley and Monkseaton, 217; Blyth, 213; Castle Ward (rural), 178; Hexham U., 163; Ashington, 130.

The Housing table, containing an analysis of the houses erected in the County since, and including, the year 1920, is appended to this report (facing this page).

This table is designed to show (a) the number of houses erected in each county district; (b) the number erected by district councils; (c) by private persons; (d) state-aided; and (e) unaided.

Amalgamation of districts has necessitated some alteration in the compilation of the table, but it has been found possible to retain a record of each amalgamated district's past activities in this direction.

## WATER SUPPLIES.

*Morpeth Rural District.*

An improvement of the water supplies to Hepscott, Barmoor, Lynemouth, Ellington and Cresswell was effected by the Morpeth Rural District Council, a new supply being obtained from the Tynemouth Corporation in each case.

*Alnwick Rural District.*

A new reservoir of 50,000 gallons capacity has been completed at Shilbottle to supply the parish of Warkworth, and a new source of supply to the village of Edlingham was brought into use.

*Castle Ward Rural District.*

A new supply for the village of Heddon-on-the-Wall was inaugurated during the year from a reservoir fed by a pump from a spring yielding 15 gallons per minute.

*Glendale Rural District.*

Improvements to the supplies to the villages of Lowick and Milfield are being undertaken, whilst the improvement effected in the supply to Bowsden is proving satisfactory. The supply to Branxton has been taken over by the local authority.

*Haltwhistle Rural District.*

A scheme is in course of preparation for the improvement in the supply to Haltwhistle and to adjacent villages.



NORTHUMBERLAND COUNTY COUNCIL.

Number of houses erected in the County during the years 1920—1935 inclusive

HOUSING, 1935. TABLE A.

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

No.	District.	Erected by	Total 1920-30.		1931.		1932.		1933.		1934.		1935.		Total.		Totals. A & B.	Grand Total. A, B, C, D.
			A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.	A.	B.		
1	Berwick M.B.	C. D.	340 7	— 60	— —	— 2	60 —	— —	8 2	— 18	— —	— 32	24 —	— 42	432 9	— 154	432 163	} 595
2	Blyth M.B.	C. D.	740 291	— 131	85 —	— 14	86 2	— 46	180 —	— 112	140 —	— 141	52 —	— 161	1,283 203	— 605	1,283 808	
3	Morpeth M.B.	C. D.	201 2	— 50	— —	42 5	— —	— 5	24 —	— 9	— —	— 14	12 —	— 23	237 2	44 100	281 108	} 389
4	Wallsend M.B.	C. D.	889 269	156 73	95 —	— 15	121 —	— 27	188 —	— 117	158 —	16 314	20 —	84 338	1,471 269	256 904	1,727 1,173	
5	Alnwick U.D.	C. D.	153 65	— 20	— —	— —	— —	— 12	50 —	— 4	44 —	— 49	80 —	— 11	327 65	— 96	327 161	} 488
6	Ambie U.D.	C. D.	— 72	— 11	— —	— —	— —	— 4	— —	68 —	— —	— 39	— —	32 —	72 —	— 154	— 226	
7	Ashington U.D.	C. D.	394 473	— 71	— —	— 4	— —	— —	66 —	— 44	— —	— 94	— —	— 130	460 473	— 343	460 816	} 1,276
8	Bedlington U.D.	C. D.	504 384	— 26	100 —	— 9	59 —	— 10	60 —	— 43	50 —	— 61	80 —	— 147	844 384	— 296	844 680	
9	Gosforth U.D.	C. D.	208 265	— 401	112 —	— 59	— —	— 108	— —	131 —	— —	— 369	— —	— 348	320 265	— 1,416	320 1,681	} 2,001
10	Hexham U.D.	C. D.	176 15	— 86	71 —	— 4	91 —	— 16	— —	— 32	— —	— 66	91 —	— 72	357 15	— 276	357 291	
11	Longbenton U.D.	C. D.	176 79	— 371	62 —	— 53	— —	— 111	64 —	— 128	68 —	— 687	70 —	46 158	440 79	46 1,508	486 1,587	} 2,705
	Weetslade U.D.	C. D.	183 100	— 146	— —	— 7	— —	— —	76 —	— 37	20 —	— 63	— —	— —	279 100	— 253	279 353	
12	Newbiggin-by-the-Sea U.D.	C. D.	196 119	— 7	— —	— —	— —	— 1	— —	— 27	52 —	— 79	32 —	— 47	280 119	— 161	280 280	} 560
13	Newburn U.D.	C. D.	710 88	— 69	20 —	— 19	— —	— 34	— —	— 85	225 —	— 148	46 —	194 112	1,001 88	194 467	1,195 555	
14	Prudhoe U.D.	C. D.	274 50	— 17	— —	— 4	— —	— 13	— —	— 31	10 —	— 26	— —	— 28	284 50	— 119	284 169	} 453
15	Seaton Valley U.D.	C. D.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	72 —	— 29	72 —	— 29	72 29	
	Cramlington U.D.	C. D.	242 11	— 28	— —	— 2	— —	— —	— —	— 5	40 —	— 8	— —	— —	282 11	— 43	282 54	
	Earsdon U.D.	C. D.	564 309	— 24	— —	— 20	— —	— 30	20 —	— 45	52 —	— 85	— —	— —	636 309	— 294	636 513	
	Seaton Delaval U.D.	C. D.	— 44	— 163	— —	— 1	— —	— 3	— —	— 8	48 —	22 40	— —	— —	48 44	22 215	70 259	
	Seghill U.D.	C. D.	115 65	— 6	16 —	— —	24 —	— —	— —	— 5	20 —	— 10	— —	— —	175 65	— 21	175 86	
16	Whitley & Monkseaton U.D.	C. D.	407 549	— 1,333	— —	199 —	— —	179 —	— —	172 —	— —	188 —	— —	217 —	407 549	— 2,288	407 2,837	} 3,244
17	Alnwick R.D.	C. D.	96 88	— 61	6 —	— 7	— —	— 10	6 —	— 19	40 —	— 14	— —	— 23	148 88	— 134	148 222	
18	Belford R.D.	C. D.	— 76	— 97	— —	— 7	— —	— 14	— —	— 61	— —	— 53	— —	— 34	— 76	— 266	— 342	} 342
19	Bellingham R.D.	C. D.	1 16	— 18	— —	— —	— —	— 3	18 —	— 3	— —	— 7	— —	— 4	19 16	— 35	19 51	
20	Castle Ward R.D.	C. D.	84 302	— 435	48 —	— 126	— —	— 119	— —	— 224	— —	— 316	— —	46 132	132 302	46 1,352	178 1,654	} 1,834
21	Glendale R.D.	C. D.	— 47	— 90	24 —	— 13	— —	— —	— —	— 6	— —	— 21	— —	6 11	24 47	6 141	30 188	
22	Haltwhistle R.D.	C. D.	57 21	— 23	— —	— 4	— —	— 1	— —	— 4	— —	— —	— —	— 4	57 21	— 39	57 60	} 117
23	Hexham R.D.	C. D.	8 98	— 273	12 —	— 40	— —	— 32	— —	— 42	— —	— 27	6 1	— 40	26 99	— 454	26 553	
24	Morpeth R.D.	C. D.	88 297	— 359	— —	— 14	70 3	— 22	— —	— 53	— —	— 64	— —	— 60	158 300	— 563	158 863	} 1,021
25	Norham & Islandshires R.D.	C. D.	24 5	— 19	— —	— 4	— —	— 3	2 —	— 3	— —	— 5	— —	— 5	26 5	— 34	26 39	
26	Rothbury R.D.	C. D.	6 5	— 95	— —	— 4	— —	— 6	— —	— 14	— —	— —	— —	— 19	6 5	— 143	6 148	} 262
	Rothbury U.D.	C. D.	— 16	— 30	— —	— 3	— —	— 11	— —	— —	— —	— —	— —	— —	— —	— —	— 108	
Total of C			6,836	158	651	42	430	—	762	—	967	38	585	376	8,859	1,986	10,845	} 27,902
" " D			4,138	4,584	—	629	5	820	2	1,579	—	3,047	1	2,242	3,645	13,412	17,057	
" " C & D			10,974	4,742	651	671	435	820	764	1,579	967	3,085	586	2,618	12,504	15,398	27,902	
" " A, B, C & D			15,716	—	1,322	—	1,265	—	2,343	—	4,052	—	3,294	—	27,902	—	27,902	





## 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 753 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.
<b>I. JOINT HOSPITAL DISTRICTS.</b>					
(1) <i>Earsdon Joint Hospital District—</i>					
Seaton Valley U.D. ...	} 76,744	Iron buildings :— At Earsdon Grange (1) Two permanent brick buildings and †One iron building At Scaffold Hill (1)	16	...	...
Cramlington ...					
Earsdon ...					
Seaton Delaval ...					
Seghill ...					
Longbenton U.D. (including Weetslade)					
Whitley & Monkseaton U.D.					
(2) <i>Gosforth, Newburn, and Castle Ward Joint Hos- pital District—</i>					
Gosforth U.D. ...	} 50,581	Permanent building ...	...	32	...
Newburn U.D. ...					
Castle Ward R.D. ...					
(3) <i>The urban and rural dis- tricts of Alnwick and Rothbury and the rural district of Belford—</i>					
Alnwick U.D. ...	} 28,400	Iron and wood building	24	...	...
Alnwick R.D. ...					
Belford R.D. ...					
Rothbury R.D. ... (including Rothbury)					
(4) <i>Hexham rural and Prudhoe—</i>					
Prudhoe U.D. ...	} 29,340	do. ...	12	10	...
Hexham R.D. ...					
(5) <i>Longtown and Border—</i>					
Alston. etc., R.D. ...	} *8,180	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.
<b>II. HOSPITALS PROVIDED BY INDIVIDUAL SANITARY AUTHORITIES.</b>					
Berwick M.B. ... ..	12,050	{ One wooden building { Iron & wood building	8	...	...
Blyth M.B. ... ..	34,190	Permanent building ...	8	...	...
Morpeth M.B. ... ..	9,370	{ Iron building ... { Brick building ...	4	...	...
Wallsend M.B. ... ..	43,660	{ Permanent building { do. ...	20	...	...
Alnwick U.D. ... ..	6,950	Permanent building ...	...	15	...
Amble U.D. ... ..	4,377	Iron building ...	4	...	...
Ashington U.D. ... ..	30,020	{ Iron building } { Brick building }	...	45	...
Bedlingtonshire U.D. ...	27,570	Iron & brick building	...	20	...
Gosforth U.D. ... ..	19,040	Permanent building ...	7	...	...
Hexham U.D. ... ..	9,050	Two iron and wood buildings	8	16	...
Newburn U.D. ... ..	19,120	One iron and wood building	4	...	...
Glendale R.D. ... ..	7,720	Two cottages ...	...	...	8
Morpeth R.D. ... ..	15,220	One iron and wood hospital	24	...	...
Norham and Island- shires R.D. ... ..	4,805	do. ...	6	...	...
Rothbury R.D. ... .. (including Rothbury)	5,692	Iron and wood building	...	8	...
River Blyth Port Sanit- ary Authority		Permanent building ...	...	20	...

	Popula- tion served.	Number and kind of hospitals provided.
<b>III. SANITARY AUTHORITIES HAVING MADE ARRANGE- MENTS FOR PATIENTS TO BE RECEIVED BY NEIGHBOURING SANIT- ARY AUTHORITIES.</b>		
Blyth U.D. ... ..	34,190	Patients from this district are received into the hospital of the Blyth Port Sanitary Authority.
Bedlingtonshire U.D.	27,570	Arrangements made with Earsdon Joint Board Hospital for admission of Smallpox patients.
Alnwick R.D. ... ..	12,090	Patients suffering from infectious disease, other than Smallpox, admitted to Alnwick U.D. Hospital.
Belford R.D. ... ..	4,555	Arrangements made with Berwick Borough Council for admission of patients to Berwick Infectious Diseases Hospital.
Bellingham R.D. ...	5,180	Patients from this district are received into the Gosforth, Newburn and Castle Ward Joint Hospital.
Castle Ward R.D. ...	12,420	Smallpox cases are received into the Gosforth U.D. Smallpox Hospital.
Norham and Island- shires R.D. ... ..	4,805	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.



Section 63 of the Local Government Act, 1929, requires that for the purpose of securing the provision of suitable means for the proper isolation and treatment of persons suffering from infectious diseases, the County Council shall, as soon as possible after the commencement of the Act, make a survey of the hospital accommodation for the treatment of infectious diseases provided throughout the County, and upon completion of the survey shall prepare, in consultation with all such districts, and submit to the Minister of Health for approval, a scheme for the provision of adequate hospital accommodation.

This has been carried into effect and has received the approval of the Minister of Health, so that it may not be out of place to add some observations upon the future of infectious diseases hospitals generally in the hope that they may be of use in the planning and execution of the scheme.

As primarily conceived, isolation hospitals were intended to cut short and control epidemics of infectious disease. It has to be acknowledged that they have not done this; indeed it is doubtful whether removal of every case is really desirable even if accommodation existed. Probably their most valuable use has been, and still is, as a refuge for those unfortunate people who, having become acutely ill, cannot be nursed in their own homes.

Scarlet Fever was the condition which was particularly treated in the fever hospitals of the past. Many now believe that Scarlet Fever as a separate entity does not exist. The condition is due to a bacterium called a "streptococcus." There are several varieties of streptococci, many of which produce all or several of the cardinal symptoms of Scarlet Fever in a variety of degrees and combinations. The condition is very complex and complicated. It is complex in that some streptococci will produce all the classical symptoms of Scarlatina as popularly known. There are others which will produce individual symptoms in varying degrees of virulence and which appear to have a selective poisonous action on the kidneys and middle ear.

In large urban areas there will always be the need of the special hospital for the treatment of infectious disease. There will always be patients developing complications which cannot be treated at home. In addition there must be large hospitals for teaching purposes, but it is doubtful if isolation hospitals built as such are absolutely necessary in rural areas, and it has been shown that if properly organised, planned and managed, a separate isolation block can be built and conducted within the curtilage of an ordinary general hospital.

Those who are concerned administratively in the planning of the hospitals which are shortly to be established would be well advised to consider the following points:—

(1) The hospital itself should be planned by an architectural hospital expert, one well versed in all the recent developments, such as the cubicle system and its modifications.

(2) The isolation hospital of the future should not be limited to the treatment of what is known as notifiable infectious diseases. The Medical Superintendent of the hospital should be given a free hand in the selection of cases for admission. It should be recognised that there are many cases of streptococcal infection which will do infinitely more harm if left to be treated at home than many cases of so-called Scarlet Fever. It is much more important to treat Measles with complications in hospital than many cases of Scarlatina. It may even be more important, from the standpoint of public health, to take into hospital cases of Impetigo.

In short, the infectious diseases hospital should be looked upon as ancillary to the work of the general hospital, and should be supplementary and complementary to it. Such a proposal is economic in that



it makes provision for the treatment of cases which are not catered for at the present time, and it would liberate beds which are used for the treatment of cases of Scarlet Fever simply because they have been notified as such. The infectious diseases hospital never ought to be empty.

(3) It is very evident that the Bacteriologist must play a very much more important part in the treatment of infectious disease than he did in the past, and that he must work in collaboration with the private practitioner.

It is coming to be recognised that the differences in the severity of cases of Scarlet Fever are probably due to a difference in the type or variety of streptococcus. It will be very essential for the doctor of the future, when attending a case of what is now regarded as Scarlet Fever to ascertain as early as possible, with the assistance of the Bacteriologist, the variety of type to which a particular organism belongs in order to decide whether the type is of a virulent strain which will require hospital treatment, or can with safety be left at home.

The following is the scheme above referred to:—

LOCAL GOVERNMENT ACT, 1929, SECTION 63.

Scheme for the provision of adequate hospital accommodation for the treatment of Infectious Diseases including Smallpox within the County of Northumberland.

*Part I.—Infectious Diseases other than Smallpox.*

1. With a view to the provision of adequate hospital accommodation for the treatment of infectious diseases other than smallpox in the administrative County of Northumberland, the County shall be divided into areas consisting of the County Districts specified in the second column of the subjoined table, and there shall be provided for each such area not less accommodation than that specified in the third column.

No of Area.	County Districts comprised in Area.	Required Minimum of Beds for Patients.
1	Berwick upon Tweed Borough ... ..	48
	Alnwick Urban District ... ..	
	Alnwick Rural District ... ..	
	Amble Urban District ... ..	
	Belford Rural District ... ..	
	Norham & Islandshires Rural District ... ..	
	Glendale Rural District ... ..	
Rothbury Rural District ... ..		
2	Morpeth Borough ... ..	84
	Ashington Urban District ... ..	
	Bedlingtonshire Urban District ... ..	
	Newbiggin-by-the-Sea Urban District ... ..	
	Morpeth Rural District ... ..	
3	Blyth Borough ... ..	130
	Wallsend Borough ... ..	
	Longbenton Urban District ... ..	
	Seaton Valley Urban District ... ..	
4	Whitley & Monkseaton Urban District ... ..	50
	Gosforth Urban District ... ..	
	Newburn Urban District ... ..	
5	Castle Ward Rural District ... ..	42
	Hexham Urban District ... ..	
	Prudhoe Urban District ... ..	
	Bellingham Rural District ... ..	
	Haltwhistle Rural District ... ..	
	Hexham Rural District ... ..	



2. The accommodation rendered necessary by the provisions of this Part of this scheme shall be provided as follows :—

In Areas Nos. 1, 2 and 5, in new hospitals by the Councils of the County Districts concerned, for which purpose they shall as soon as may be initiate action and carry through any proceedings that may be necessary on their part for forming united districts pursuant to the provisions of Sections 279 and 297 of the Public Health Act, 1875, or for combining under Section 131 of that Act. Provided that the Haltwhistle Rural District Council shall be deemed to have satisfied the requirements of this Part of this scheme so long as they secure as a constituent member of the Border Joint Hospital Board 4 beds for the use of patients from the district, and during such time as the said beds are so secured as aforesaid the said Rural District shall be excluded from Area No. 5 and the minimum number of beds to be provided for that Area shall be 38.

In Area No. 3 by the Earsdon Joint Hospital Board, who shall enter into agreements in pursuance of Section 131 of the Public Health Act, 1875, with the Councils of the Boroughs of Blyth and Wallsend for the reception of patients from those Boroughs into the hospital belonging to the Joint Board. Alternatively, the Joint Hospital Board and the Councils of the Boroughs of Blyth and Wallsend shall as soon as may be for the purpose of providing the accommodation initiate action and carry through any proceedings that may be necessary on their part for forming a single united district for the area pursuant to the provisions of Sections 279 and 297 of the said Act.

In Area No. 4 by the Councils of the County Districts concerned either by arrangement with the Gosforth, Newburn, and Castle Ward Joint Hospital Committee or otherwise to the satisfaction of the County Council.

Provided that, as regards Areas Nos. 4 and 5, the requirements of this part of the scheme shall be deemed to be satisfied if the Councils of the County Districts comprised in the two areas provide common hospital accommodation of not less than 92 beds. Such accommodation may be provided in part by arrangement with the Gosforth, Newburn, and Castle Ward Joint Hospital Committee, and, in so far as not provided by such arrangement, shall be provided in a new hospital for which purpose the said Councils shall as soon as may be initiate action and carry through any proceedings that may be necessary on their part for forming a united district in pursuance of Sections 279 and 297 of the Public Health Act, 1875, or for combining under Section 131 of that Act. The proviso previously expressed in this paragraph with regard to the Haltwhistle Rural District shall apply if accommodation is provided under the present proviso as it applies to the provision of accommodation by the Councils of the County Districts comprised in Area No. 5, and during such time as the Rural District Council secure four beds as a constituent member of the Border Joint Hospital Board the minimum number of 92 beds aforesaid in the present proviso shall be reduced to 88.

*Part II.—Smallpox.*

3. With a view to the provision of adequate hospital accommodation for the treatment of smallpox in the administrative County, the County shall be divided into areas consisting of the County Districts specified in the second column of the subjoined table, and there shall



be provided for each such area at the hospital specified in the fourth column not less accommodation than that specified in the third column.

No. of Area.	County Districts comprised in Area.	Required Minimum No. of Beds for Patients.	Situation of Hospital.
1	Berwick upon Tweed Borough ... Amble Urban District ... Alnwick Urban District ... Alnwick Rural District ... Belford Rural District ... Glendale Rural District ... Norham and Islandshires Rural District ...	12	East Cawledge Park, Alnwick.
2	Blyth Borough ... Morpeth Borough ... Wallsend Borough ... Ashington Urban District ... Bedlingtonshire Urban District ... Gosforth Urban District ... Longbenton Urban District ... Newbiggin-by-the-Sea Urban District ... Newburn Urban District ... Seaton Valley Urban District ... Whitley & Monkseaton Urban District ... Castle Ward Rural District ... Morpeth Rural District ... Rothbury Rural District ...	30	Earsdon Grange, Earsdon.
3	Hexham Urban District ... Prudhoe Urban District ... Bellingham Rural District ... Haltwhistle Rural District ... Hexham Rural District ...	12	Lightwater, Dipton Wood.

4. In Areas Nos. 1 and 3 the accommodation rendered necessary by the provisions of this Part of this scheme shall be provided by the Councils of the County Districts concerned, for which purpose they shall as soon as may be initiate action and carry through any proceedings that may be necessary on their part for forming united districts pursuant to the provisions of Section 279 and Section 297 of the Public Health Act, 1875, or for combining under Section 131 of that Act.

In Area No. 2, the accommodation rendered necessary by the provisions of this Part of this scheme shall be provided by the Earsdon Joint Hospital Board, who shall enter into agreements in pursuance of Section 131 of the Public Health Act, 1875, with the Councils of the County Districts in the area who are not constituents of the Joint Board for the reception of patients from those districts into the hospital belonging to the Joint Board, or, alternatively, for the purpose of providing the accommodation, the Joint Hospital Board and the Councils aforesaid shall as soon as may be initiate action and carry through any proceedings that may be necessary on their part for forming a single united district for the area pursuant to the provisions of Sections 279 and 297 of the said Act.

#### *Part III.—General.*

5. Where in pursuance of this scheme Local Authorities enter into agreements under Section 131 of the Public Health Act, 1875, any such agreement may provide for the payment of a capital sum to the authority maintaining the hospital by the Council from whose district patients are to be received into the hospital and shall provide for the



payment of such other sums by way of annual retaining fees and weekly payments for the maintenance and treatment of patients in the hospital as may be agreed between the parties or in default of agreement determined by a single arbitrator in accordance with and subject to the provisions of the Arbitration Acts, 1889 to 1934, or any statutory modification thereof for the time being in force.

6. If at any time a hospital provided in pursuance of this scheme is fully occupied and additional accommodation is required for a patient or patients from the area for which such hospital is provided the Medical Superintendent of any hospital belonging to a Local Authority to which this scheme applies shall be required to admit such patient or patients on application to him by the Medical Officer of Health concerned, provided that accommodation is available. In case of dispute whether accommodation is available, the matter shall be referred for decision by the County Medical Officer of Health. Such patient or patients shall be admitted on such terms as may be agreed between the Authorities concerned, or in default of agreement determined by a single arbitrator in accordance with, and subject to, the provisions of the Arbitration Acts, 1889 to 1934, or any statutory modification thereof for the time being in force.

*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 1935.

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.		Mater-nity.		Mental. Defectives.		Total.		
	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Alnwick ...	—	—	3	15	17	—	—	1	—	—	—	2	1	—	—	16	23	39
Berwick-on-Tweed	—	—	3	23	21	—	—	—	—	—	—	—	1	—	—	23	25	48
Glendale ...	4	8	—	—	—	—	—	—	—	—	—	—	2	7	4	4	17	21
Greenholme, Haltwhistle ...	—	—	—	—	—	—	—	—	—	—	—	—	—	38	—	38	—	38
Dean Street House, Hexham ...	34	25	23	—	—	—	—	5	—	—	—	—	2	3	42	57	99	
Newgate Street, Morpeth ...	6	6	—	—	—	—	—	—	—	—	—	—	1	—	6	7	13	
Ponteland ...	13	14	2	—	—	—	—	—	—	2	2	—	—	—	15	18	33	
Rothbury... Preston Hospital, North Shields...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	54	54
	84	81	†95	58	28	6	4	40	26	—	—	12	2	—	190	248	438	
TOTALS...	141	134	126	96	66	6	4	46	26	2	4	19	2	41	331	449	783	

† 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 1935, was as follows :—

Alnwick Infirmary	...	...	...	27 (including 2 cots).
Ashington Hospital	...	...	...	44 (including 2 cots).
Berwick Infirmary	...	...	...	36 (including 3 cots).
Blyth Hospital	...	...	...	36 (including 6 cots).
Corbridge Hospital	...	...	...	17
Haltwhistle Hospital	...	...	...	17 (including 2 cots).
Hexham War Memorial Hospital	...	...	...	40
Morpeth Cottage Hospital	...	...	...	13
Rothbury Cottage Hospital	...	...	...	17
Newburn Cottage Hospital	...	...	...	14
Wallsend Infirmary	...	...	...	20 (including 3 cots).
				281

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	...	85
Princess Mary Maternity Hospital	...	86
Northern Womens' Hospital	...	29
Eye Hospital	...	35
Throat, Nose and Ear Hospital	...	35

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	48%
Northumberland	31%
City of Newcastle	19%
Other places	2%

and the number of patients admitted from the Administrative County of Northumberland during the year was 4,466, the total number of admissions to the Infirmary being 14,351. The analysis of the waiting list at the time this report was printed (October, 1936) shews the following results :—

Durham County...	1,614
Northumberland County	1,051
City of Newcastle	726
County Borough of Gateshead	478
County Borough of South Shields	105
County Borough of Tynemouth	28

## PUBLIC ASSISTANCE.

*Remuneration of District Medical Officers.*

The scheme reported upon in my Annual Report for the year 1933 was continued in operation during the year under review, the basis being as follows :—

Visit to home	... ..	4 units, or 1/6 at 4½d. per unit.
Consultation at surgery	... ..	3 ,, or 1/1½
Medicine supplied	... ..	2 ,, or 9d.
Dressings supplied	... ..	2 ,, or 9d.
Certificate issued	... ..	1 ,, or 4½d.

This system of payment was only applied to the industrial areas, and included :—

Wallsend (2).  
 Blyth.  
 Bedlington.  
 Ashington.  
 Prudhoe.  
 Newburn.  
 Lemington.  
 Whitley Bay and Monkseaton.  
 Haltwhistle (2).  
 Cramlington.  
 Weetslade.

The working of the scheme in 1935 revealed the following facts :—

	Districts already paid on unit system.			Those not paid on unit system.			TOTAL.		
	£	s.	d.	£	s.	d.	£	s.	d.
A. The sums which would require to be paid if every district was paid on the unit system <i>with a minimum of the present contract rate</i> ...	1,487	10	2	1,627	14	1	3,115	4	3
The contract salaries already paid	706	15	0	1,557	0	4	2,263	15	4
Increased cost	£780	15	2	£70	13	9	£851	8	11
B. If all officers agreed to accept the present unit system the cost would be ...	—			£1,984	10	9	—		
To which must be added a sum to cover mileage allowance in the rural districts which might be estimated at, say ...	—			£1,000	0	0	—		
Total cost if all districts agreed to accept unit system...				£2,984	10	9			

After careful consideration and examination of the figures which have been collated since the scheme was brought into operation, the remuneration in the Urban Districts would appear to be reasonable.

In considering future policy with regard to these Urban Districts, there are two alternatives :—

- (1) Continue the present basis of payment.
- (2) Stabilise the salaries at a fixed rate.



It was thought desirable not to stabilise at the present juncture but to leave the matter on the "unit" basis. To stabilise at present would mean entering into new contracts, the termination of which might be a difficult matter and prove to be a disadvantage to the Council.

With regard to the Rural Districts, the figure of £1,984 10s. 9d. in *B.* above only indicates what the Medical Officers would have received if paid on the "units" basis and gives no consideration whatsoever to expenses incurred in travelling. In some of the areas, if much work were to accrue the amounts which Medical Officers would receive on contract salaries would soon be swamped by the amounts payable for travelling expenses.

It was felt that the rural districts taken as a whole were adequately dealt with, and it would therefore seem that these districts should remain as at present, but when a vacancy arises it is suggested that the following scale be adopted for the new appointment :—

1. Payment at the rate of 5/- per quarter. Quarters to end 31st March, 30th June, 30th September and 31st December.
2. Any portion of any quarter to be counted as one quarter.
3. Payment of a mileage of 4d. per mile for every mile travelled—excluding two miles from the doctor's house, each way.

## 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. &amp; W. Lilburn, Ilderton &amp; Roseden C.Ps.</i>	3	...
		<i>Undivided moor common to Kirknewton &amp; Lanton, C.Ps.</i>	8	...
		241,186	29,885	
North No. 2 ...	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	
			266,934	29,470
	<i>Intermixed lands common to Rothbury &amp; Snitter, C.P.</i>	23	...	
		266,957	29,470	
Central ... ..	Ponteland... ..	42,947	8,172	
	Stamfordham ...	30,254	2,788	
	Stannington ...	10,314	1,920	
	<i>Carried forward...</i>	83,515	508,143	12,880
			59,355	



Guardians Committee Area.	District.	Area in Acres.		Population— 1931 Census.	
	<i>Brought forward...</i>	83,515	508,143	12,880	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	
			185,376		134,830
	<i>Longhorsley Com- mon common to Bigge's, Riddells, and Freeholders' Qtrs. C.Ps. ...</i>		23		...
	<i>Horsley Moor com- mon to Bigge's Qtr., Fenrother Freeholders and Riddell's Qtrs. C.Ps. ... ..</i>		192		...
			185,591		134,830
South ... ..	Gosforth ... ..	1,303		18,044	
	Whitley ... ..	1,925		24,224	
	Seaton Delaval ...	4,102		5,842	
	Seghill ... ..	1,425		2,582	
	Cramlington ...	4,583		8,238	
	Earsdon ... ..	5,705		13,583	
	North Longbenton	4,584		13,074	
	Weetslade ... ..	2,201		7,734	
	Wallsend ... ..	1,629	(approx.)	29,725	
	Willington Quay	1,793	do.	14,862	
			29,250		137,908
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 ... ..	1,588		8,523	
	Newburn ... ..	2,808		10,362	
	Haltwhistle—				
	Eastern ... ..	34,103		5,823	
	Western ... ..	27,461		2,390	
	Southern ... ..	22,282		419	
	<i>Carried forward...</i>	334,887	722,984	32,808	332,093

Guardians Committee Area.	District.	Area in Acres.		Population—1931 Census.		
	<i>Brought forward...</i>	334,887	722,984	32,808	332,093	
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		
				530,208		72,539
		<i>Allendale Common—stinted pasture common to Allendale and West Allen C.Ps. ...</i>		18,107		...
		<i>Moorland common to Townships of ancient Parish of Hexham (viz., Hexham and Hexhamshire High, Low, Middle and West Quarters) ...</i>		4,903		...
			553,218		72,539	
			1,276,202		404,632	
	<i>Newcastle-on-Tyne R.D. (Moothall and precincts) ...</i>		1		5	
			1,276,203		404,637	

## 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, 1934, and includes (last two columns) information relating to the year 1935.

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.



1st JANUARY TO 31st DECEMBER, 1937, INCLUSIVE.

Registration Sub-districts.	No. of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1934.	Number of these Births duly entered by 31st January, 1936, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz.:-					Number of these Births which on 31st January, 1936, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			No. of these Births remaining on 31/1/36 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 Certificates of successful Primary Vaccination of Children under 14 received during the calendar year 1935.	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 1935.
		Col. I. Successfully vaccinated.	Col. II. Insuperable of vaccination.	Col. II. Had Small-pox.	Col. IV. No. in respect of whom Statutory Declarations of conscientious objection have been received.	Col. V. Died unvaccinated.	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.			
1	2	3	4	5	6	7	8	9	10	11	12	13
Allendale...	43	10	...	...	27	3	...	...	1	2	24	28
Alnwick ...	116	22	...	...	82	5	...	...	4	...	20	68
Ashington ...	846	123	6	...	597	39	...	...	4	75	107	594
Bedlington ...	479	116	...	...	339	17	5	...	...	...	133	338
Belford ...	73	...	...	...	10	1	...	...	1	...	49	8
Bellingham ...	59	58	1	...	14	1	...	...	...	4	21	18
Berwick-on-Tweed	200	63	...	...	97	7	5	...	7	13	56	83
Norham & Islandshires ...	54	31	...	...	19	2	...	1	1	...	30	16
Bywell ...	171	24	1	...	126	10	...	...	5	...	21	140
Chollerton ...	40	21	...	...	12	2	1	...	2	1	32	8
Cramlington ...	251	67	...	...	160	9	2	6	7	...	51	165
Embleton ...	52	24	...	...	26	1	...	...	1	...	12	23
Haltwhistle ...	114	7	...	...	89	9	...	...	1	7	10	84
Hexham ...	229	111	2	...	73	18	4	16	4	1	143	113
Longbenton ...	313	85	2	...	210	10	...	2	2	2	104	213
Morpeth ...	152	31	...	...	88	2	2	3	8	18	44	76
Newburn... ..	270	81	...	...	158	14	2	8	5	2	89	204
Stamfordham ...	32	13	...	...	17	...	...	...	1	1	...	...
Northumberland S.E. ...	562	98	1	...	408	39	3	1	9	3	131	451
Gosforth ...	221	92	3	...	110	5	3	2	3	3	135	98
Ponteland ...	65	27	...	...	30	6	...	...	...	2	40	31
Rothbury ...	68	52	...	...	13	1	...	1	...	...	51	5
Wallsend... ..	877	331	1	...	453	43	4	14	19	12	343	414
Warkworth ...	157	21	...	...	115	6	...	...	6	9	11	121
Whitley ...	427	105	...	...	250	31	11	4	10	16	96	203
Wooler ...	107	78	1	...	4	5	...	4	3	12	84	4
	5,978	1,731	18	...	3,527	286	46	77	105	188	1,837	3,506

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 1935, and (for comparison) 1934.

	1934.			1935.		
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.
1. Under treatment or obser- vation at beginning of year ... ..	243	92	335	236	111	347
2. Returned for treatment after having ceased to at- tend during any previous year ... ..	29	15	44	27	29	56
3. Dealt with for the first time	281	181	462	259	131	390
4. Number of cases dealt with for the first time known to have received treatment at other Centres ... ..	17	3	20	18	4	22
5. Discharged after completion of treatment ... ..	171	72	243	148	85	233
6. Ceased to attend before com- pletion of treatment ...	130	88	218	128	73	201
7. Number of cases which ceased to attend after com- pletion of treatment but before final tests of cure ...	7	14	21	5	10	15
8. Transferred to other Centres, etc. ... ..	26	6	32	23	6	29
9. Under treatment or observa- tion at end of year ...	236	111	347	236	101	337
10. Cases (included in Item 6) which failed to complete one course of treatment ...	13	18	31	7	21	28
11. Total number of attendances	6,373	3,500	9,873	6,556	3,501	10,057
12A. Total number of in-patients admitted for treatment during year ... ..	10	7	17	13	4	17
12B. Aggregate number of in- patient days of treatment given ... ..	205	234	439	190	270	460
13. Number of cases of congeni- tal syphilis... ..	13	19	32	13	14	27

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 1935 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 ... ..	1	—
For detection of Gonococci ... ..	—	64
Other examinations :—		
Urine for detection of Gonococci ...	—	3
<i>Serum tests—</i>		
For Wassermann reactions ... ..	919	685
Others for Syphilis ... ..	—	—
For Gonococcal infection ... ..	3	5
Cerebro-spinal fluid, etc. ... ..	—	27
Totals ... ..	923	784

*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 1934 are also included for comparison :—

	1934.		1935.	
	Male.	Female.	Male.	Female.
Syphilis ... ..	24.6%	42.6%	27.3%	41.4%
Gonorrhoea ... ..	29.8%	48.0%	29.5%	33.8%

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 ... ..	194	152
Gonorrhoea ... ..	271	59

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.

A grant of £510 is made 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 midwives and the County Council's Health Visitors, some of the district midwives

being associated with the Maternity and Child Welfare Centres and Ante-natal Clinics, where they give valuable service, thus promoting 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 the more remote parts of the County where the resident system of nursing is in vogue and in those cases of infection directly associated with midwifery.

#### *Training of Midwives.*

The County Council is empowered to make grants for the provision of newly-trained nurse midwives to work in the County. Under Circular 559 of the Ministry of Health £850 was granted to the County Nursing Association for this purpose. The County Council do not employ (nor does it pay any subsidy to) practising midwives.

The County Nursing Association staff are all qualified midwives and the organisation covers the whole of the County. This ensures that a midwife is available for every woman who requires such service. 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 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.
285	240	44	1

During the year 31 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 Health Visitor. Both officers are under the supervision of, and report direct to, the County Medical Officer. 1,162 visits of inspection were made.

#### *Cases Taken in the Home.*

In 3,660 cases the midwife was engaged as a maternity nurse, but in 1,426 of these cases she acted as a midwife owing to the medical attendant not being present at the birth; 2,307 cases were attended by midwives as such.

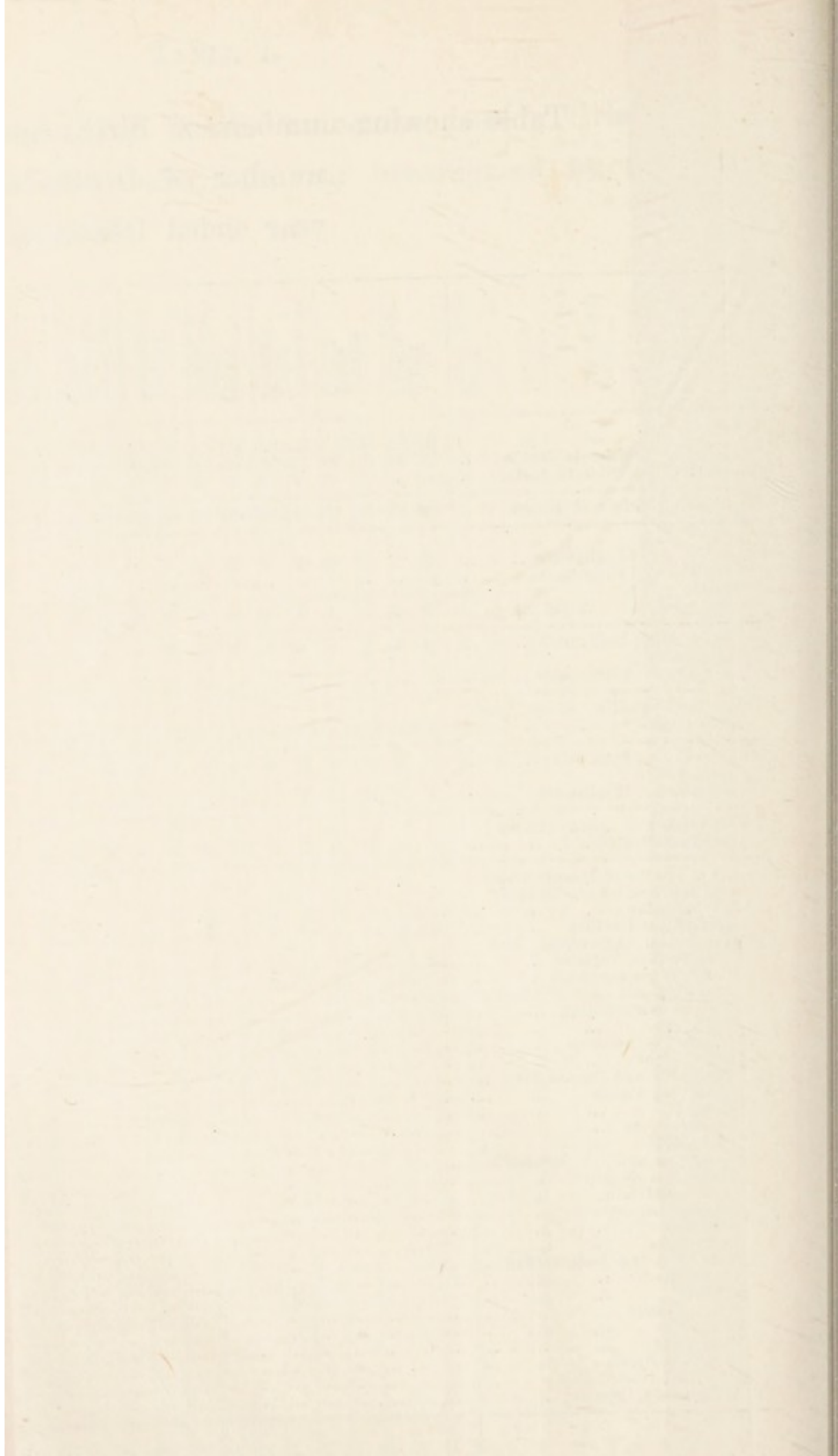
The number of births (including still-births) notified was 6,612, and 5,957 of these were attended in the homes by midwives and maternity nurses.

#### *Still-births.*

The total number of still-births registered in the County was 275; of these 35 were delivered by midwives acting as such in the homes.















*Emergency Provision for Pregnant and Lying-in Women in Areas immediately adjacent to Tyneside.*

The Princess Mary Maternity Hospital has established a scheme of Medical Aid for obstetrical emergencies known as a "Flying Squad." A Consultant Obstetrician together with a nurse and full equipment will be available to travel at any moment to any case and full operative treatment can be carried out in the home in needs of grave emergency, at any stage of pregnancy or lying-in. This service is available to that part of the County which is within reasonable distance of the Hospital.

*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. In the 2,307 cases attended by midwives there were 390 notices that such attendance was necessary.

*Claim for Fees.*

When a medical practitioner is called in by a midwife the County Council becomes responsible for the payment of his fee 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 the doctor and stating that these are recoverable under certain circumstances. It is further pointed out to the patient that should she be unable to refund the whole of the fee claimed 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 fee. During the year the total fees paid to doctors amounted to £426 9s. 6d., of which £91 2s. 0d. was afterwards recovered from patients.

*Ante-natal Care of Mothers.*

This remains a most difficult problem. The Clinics now established vary in their usefulness inasmuch as in some there is close co-operation between the mothers, their medical attendants, and the Clinic, whilst at others the co-operation is practically nil. No additional Clinics were opened and 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.	Post-natal Consultations.
Cramlington ...	15	15	20	20	—
Dudley ...	12	43	76	76	—
Haltwhistle ...	26	23	112	75	27
Lynemouth ...	6	27	52	41	11
Newbiggin-by-Sea ...	25	43	109	45	21
Prudhoe ...	25	104	355	264	89
Shiremoor ...	13	26	107	72	34
Whitley Bay ...	13	39	106	76	20

In addition 112 mothers made 246 attendances at the ordinary sessions of the child welfare centres, and the doctors attending gave 73 consultations. Thus the total number of mothers attending the Council's Clinics was 432, this being 14 per cent. of the births in the administrative County for Maternity and Child Welfare purposes. In rural

districts the midwife usually acts as maternity nurse only, the doctor being booked for the case and therefore responsible for the ante-natal examination of the mother.

Arrangements are now approved whereby uninsured women living in rural areas who engage midwives for their confinement, but who are unable to pay a doctor for the ante-natal supervision advised by the midwife, are provided for through the Maternity and Child Welfare Services. This scheme is not extended to women who are panel or club patients of the medical practitioner. It is further arranged that a woman having been medically examined by her own doctor and considered to require 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. In the event of the women being unable to travel, provision is made whereby the Consultant sees the patient in her own home. During the year 12 women were sent for consultation under this scheme, and the following statement indicates the conditions found on examination :—

General condition unsatisfactory.  
 Suggestion of cardiac failure.  
 Rheumatic history and also some history of failure of cardiac compensation.  
 Baby's head high.  
 Breech presentation and tendency to hyperemesis.  
 Suspected placenta praevia.  
 Monster, X-ray.  
 Heart disease and pregnancy.  
 Pelvic disproportion and breech presentation.

#### *Dental Treatment of Mothers.*

This treatment was provided only at the Prudhoe Ante-natal Clinic for expectant and nursing mothers and the following indicates the work done there :—

Number of Patients.	Attendances made.	Extractions.	Scalings and Fillings.	Other Operations.	Impressions taken.	Try-in Bites, Adjustments, etc.
55	258	312	24	46	63	97

There were six general anaesthetics given and the amount collected in fees was £19 4s. 6d.

A scheme for extending this service to the whole of the County was considered but not formally put into operation during the year.

#### *Convalescent Treatment of Mothers.*

The scheme for providing two weeks' rest from house duties is limited to women who are suffering from illness connected with pregnancy or childbirth and who are certified by their doctors to be in need of such treatment. This was provided at The Rest Home for Mothers, Whalton, and at carefully selected lodgings in Rothbury, Stocksfield, Haltwhistle, and Newbiggin-by-the-Sea. 77 mothers were thus provided for during the year.



*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.			
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
1935	9	1.36	14	2.11	23	3.47	6,612

## England and Wales—

Puerperal Sepsis	...	...	...	1.61
Other Puerperal Causes	...	...	...	2.32
				3.93

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

District.	Puerperal Sepsis.	Other Puerperal Causes.	Total.
Wallsend Borough ...	1	2	3
Ashington U.D. ...	2	1	3
Bedlington U.D. ...	2	4	6
Hexham U.D. ...	...	1	1
Newbiggin-by-the-Sea U.D. ...	...	1	1
Newburn U.D. ...	2	1	3
Alnwick R.D. ...	1	1	2
Belford R.D. ...	...	2	2
Bellingham R.D. ...	1	...	1
Rothbury R.D. ...	...	1	1
	9	14	23

At the present juncture there is much confusion about midwifery and maternal mortality; no progress has been made in the reduction of the latter during the past 30 years. Was it ever seriously contemplated that the passing of the Midwives Act, 1902, would ever reduce maternal mortality? A moment's reflection will show that this is most unlikely. The general practitioner of 30 years ago was an accomplished accoucheur, perfectly prepared to tackle any emergency which might

arise; he was a far more skilled man than his successor of to-day, who requires a Consultant or Obstetric Specialist for anything which is in the least abnormal. The explanation of this is simple: midwifery has been divorced from general practice and put in the hands of midwives. Will not the new Midwives Bill further emphasise this tendency? The soundest training for dealing with the abnormal is the first class experience of the normal. The doctors of the present day are not getting the experience of normal cases; how then can they be expected to be proficient when dealing with the abnormal?

In my judgment, little progress will be made in the reduction of maternal mortality until every confinement is attended by a doctor.

#### *Maternity Hospitals.*

No hospitals are maintained by the County Council. In the five under-mentioned Hospitals beds are available for maternity cases at fees which vary according to the amenities provided:—

The War Memorial Hospital, Haltwhistle;  
 The Willington Quay Maternity Hospital;  
 The Wallsend and Willington Quay Maternity Hospital;  
 Preston Hospital, North Shields;  
 The Tynedale Maternity Hospital, Corbridge.

Under the provisions of the Local Government Act, 1929, the County Council make an annual grant, through the Northumberland County Nursing Association, of £600 to the Willington Quay Maternity Hospital and of £500 to the Tynedale Maternity Hospital, Corbridge.

These Hospitals act independently in admitting women. Complicated cases, or cases which the medical attendant cannot with safety deliver in the patient's own home, are admitted to the Princess Mary Maternity Hospital; 236 such cases were admitted at a cost of £595 8s. 0d. to the Council during the year. Cases are also admitted to the Preston Hospital, North Shields.

#### *Nursing Homes Registration Act, 1927.*

Under this Act all Nursing Homes are required to be approved and registered by the Local Supervising Authority. Eight Homes are so registered, but two ceased to exist during the year and relinquished their Certificates of Registration. No new applications were received.

#### *Babies' Hospital, West Parade, Newcastle upon Tyne.*

Babies suffering from congenital defects, dietetic disturbances or infantile ailments which need medical or surgical treatment are, on the advice of their own medical attendants, admitted to the Babies' Hospital, West Parade, Newcastle upon Tyne. During the year a grant of £300 was made to the Hospital for this purpose, and 22 infants received treatment.

#### *Ophthalmia Neonatorum.*

In the whole of the Administrative County 17 cases of Ophthalmia Neonatorum were notified. As previously mentioned, midwives delivered 2,307 cases and medical aid was summoned in 11 instances for discharging eyes, a diagnosis of Ophthalmia Neonatorum being made in one instance.

In that part of the County for which the Council is the Administrative Authority for Maternity and Child Welfare, nine cases of Ophthalmia Neonatorum were notified in a total of 2,915 live births.



Treatment is provided at Preston Hospital, North Shields, and infants are admitted either alone or with the mothers. There was one such admission during the year, other infants being nursed by district nurses in the home. No impairment of vision was reported.

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

Under these Regulations Medical Practitioners are required to notify the District Medical Officer of Health of 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, or a rise of temperature above 99·4° F. on three successive days.

During the year 45 cases of Puerperal Pyrexia and 17 of Puerperal Fever were notified from the whole of the Administrative County. In that part of the County for which the County Council is responsible for Maternity and Child Welfare there were 13 notifications of Puerperal Pyrexia and 7 of Puerperal Fever.

Amongst the 2,307 women delivered by midwives in the whole of the Administrative County, 18 had rises of temperature for which medical assistance was sought. (Two of these occurred in that part of the County administered by the Council for Maternity and Child Welfare.) Of the total, 3 were notified as Puerperal Fever, the remainder being due to minor disturbances.

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 and also for cases of difficult labour occurring therein :—

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

The County Council's panel of Consultants includes Professor Ranken 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. W. Hunter, M.B., B.S.

Consultant services were obtained in 16 cases.

*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 health visiting in that area, under the Maternity and Child Welfare Service, School Medical Service and the Tuberculosis Service. In addition she carries out work in the Ante-natal Clinics, Child Welfare Centres, Immunisation Clinics, Ante-natal Dental Clinics, Dental Clinics for Toddlers, distribution of milk to necessitous mothers and children, 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 for Tuberculosis work alone.

The following is a summary of the number of visits made by the Health Visiting Staff for Maternity and Child Welfare. Other work is recorded elsewhere under its appropriate heading :—

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.
2,915	2,644	11,767	23,795	359	733

#### *Training and Supply of Health Visitors.*

Several vacancies occurred during the year, and owing to a scarcity of fully qualified women it was impossible to fill these.

The scheme whereby loans are advanced to selected Trained Nurses, who are also qualified midwives, was again brought into operation. Nine candidates were so appointed. They will attend a course of training at the College of Nursing, London, and after gaining their certificates as Health Visitors following examination by the Royal Sanitary Institute, will be available to fill the present vacancies and any occurring within the next two years.

#### *Population and Number of Births Notified.*

The districts in the County for which the County Council is responsible for the administration of Maternity and Child Welfare are as follows :—

*Boroughs.*—Berwick-upon-Tweed and Morpeth.

*Urban Districts.*—Alnwick, Amble, Cramlington, Earsdon, Newbiggin-by-the-Sea, Prudhoe, Rothbury, Seaton Delaval, Seaton Valley, Seghill, Weetslade, and Whitley & Monkseaton.

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

As mentioned in the early part of the report, the Urban Districts of Cramlington, Earsdon, Rothbury, Seaton Delaval, Seghill and Weetslade, ceased to exist as separate areas after March 31st, 1935, and Seaton Valley was formed as a new district on April 1st, 1935. The population of this portion of the County at the census of 1931 was 215,001; at mid 1935 it was estimated by the Registrar General to be 202,100.

The following shews the number of births which were registered during the year and the number of these which were notified. 88% of the births registered were also notified :—

	Registered.	Notified.
Live ... ..	2,915	2,611
Still ... ..	110	60
	———— 3,025	———— 2,671

The rates of infant mortality per 1,000 live births for the whole of the Administrative County, for the County Area for Maternity and Child Welfare purposes, and for England and Wales are shown below :—

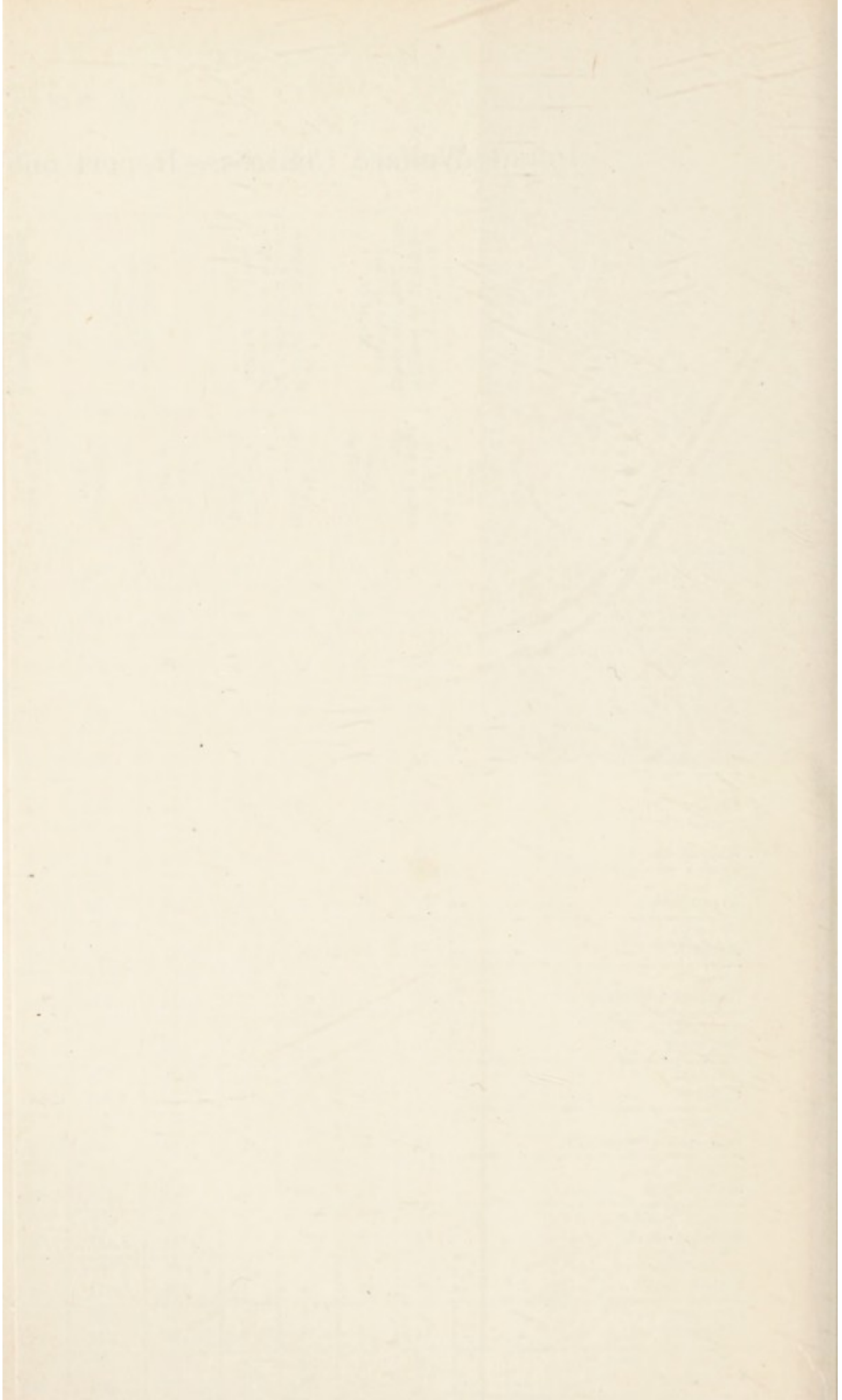
Whole County ... ..	71
Maternity and Child Welfare County ... ..	64
England and Wales ... ..	57



TABLE 4.

## Infant Welfare Centres.—Report on Work for Year ended December 31st, 1935.

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.		Mothers and Infants, who received Milk during the year.	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.		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.				Under 1 year.	Aged 1-5 years.			
Alwick	76	56	82	30	1,197	934	74	170	197	218	65	41	51	51	...	...	Dr. Bunting, Asst. County M.O.H.	
Amble	24	90	69	22	881	1,029	49	156	369	369	46	21	52	52	...	2	Dr. O'Sullivan, Asst. County M.O.H.	
Backworth	59	127	72	23	1,018	563	55	137	530	555	21	24	...	...	51	1	Dr. Glen Davison.	
Berwick	36	19	67	...	1,033	296	57	60	356	356	37	21	...	...	51	1	Dr. MacLagan, M.O.H.	
Cramlington	54	50	81	5	1,023	345	65	125	459	473	74	16	51	51	...	3	Dr. Quinn.	
Dudley	42	74	79	11	580	407	63	143	692	692	108	26	51	51	...	...	1	Dr. Thompson.
Haltwhistle	28	64	39	4	545	919	34	103	832	791	80	52	52	52	...	...	...	Dr. Thompson.
Lynemouth	27	14	47	5	596	156	41	53	65	74	14	15	...	...	51	...	...	Dr. Skene.
Morpeth	56	25	106	3	1,511	240	93	92	1,034	1,034	72	47	51	51	...	2	...	Dr. Dickie.
Newbiggin-by-the-Sea	80	51	92	25	1,916	1,040	84	164	210	501	85	25	51	51	...	2	1	Dr. Angus, M.O.H.
Pegwood	16	23	33	1	520	191	25	48	425	425	8	45	...	...	51	...	...	Dr. Dickie.
Prudhoe	79	109	89	17	1,770	1,994	83	118	517	547	51	20	52	52	...	1	...	Dr. Dewell, Asst. County M.O.H.
Red Row (Broomhill)	44	73	89	10	989	448	66	150	351	383	71	26	...	...	51	1	2	Dr. Scott.
Seaton Burn	12	26	36	5	543	188	30	49	372	372	26	25	...	...	52	...	...	Dr. Ogilvie.
Seaton Delaval	62	118	101	10	1,858	1,449	86	205	175	175	112	23	51	51	...	1	...	
Sghill	35	46	55	4	846	491	51	89	330	330	18	45	...	...	52	2	...	Dr. Henderson.
Shiremoor	57	58	53	8	1,206	514	41	136	590	581	105	25	52	52	...	2	...	Dr. Thompson.
Stocksfield	15	51	36	7	379	504	25	81	372	406	24	26	...	...	51	1	...	Dr. Ogilvie.
Whitley Bay	61	64	94	8	1,443	268	78	164	619	619	52	23	51	51	...	2	...	Dr. Thompson.
Belford	12	9	15	2	152	99	12	19	251	251	8	23	...	...	25	...	...	Dr. McDonald, M.O.H.
Corbridge	5	13	18	12	92	260	15	33	103	131	7	12	...	...	51	...	1	Dr. Turnbull.
Dinnington	18	55	55	13	709	437	41	98	459	459	61	24	...	...	51	1	1	Dr. Bolt.
Haydon Bridge	15	31	27	2	468	365	26	49	176	176	18	12	...	...	51	1	...	Dr. Miller.
North Seaton	13	10	27	14	584	306	20	44	62	86	31	12	...	...	51	1	...	Dr. Angus, M.O.H.
Ponteland	6	17	18	10	308	278	14	37	152	152	5	12	...	...	51	...	...	Dr. Bolt.
Rothbury	11	19	20	9	181	474	8	51	106	137	2	12	...	...	51	...	...	Dr. Bolt.
West Monkseaton	17	21	61	10	930	121	38	55	420	420	4	23	...	...	51	1	...	Dr. Thompson.
Wooler	17	50	26	13	326	320	21	17	146	146	5	25	...	...	51	2	...	Dr. Fulton.
MILK SALES CENTRE. Radcliffe	...	...	31	24	330	323	21	51	...	...	24	...	...	...	45	...	...	





*Death Rate for Illegitimate Children.*

Of the 148 illegitimate children born, 9 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 ... ..	2,767		
No. of illegitimate births in Council's area ... ..	148		
<b>Total live births</b> ... ..	<b>2,915</b>		
No. of deaths of legitimate infants ...	177	=	63.8 deaths per 1,000 legitimate births.
No. of deaths of illegitimate infants ...	9	=	67.5 deaths per 1,000 illegitimate births.
<b>Total deaths</b> ... ..	<b>186</b>	=	<b>64 deaths per 1,000 births.</b>

The infantile death rate of 64 per 1,000 live births in the administrative area is higher than that for England and Wales, which is 57 per 1,000 live births. Of the 186 deaths 113 died before they reached the age of four weeks, the chief causes being :—

Prematurity, responsible for ... ..	44 deaths.
Congenital defects and injuries ... ..	10 „
Congenital debility ... ..	11 „

*Child Welfare Centres.*

There were 26 Centres under the control of and financed by the County Council. These are staffed by part-time practitioners and in three instances by one of the Council's Medical Officers. These Centres are held in various buildings, many of which are very unsuitable. The following is a summary of these premises :—

Church and Chapel rooms ... ..	13
Institute, Village Halls ... ..	7
Wooden Hut ... ..	1
Offices rented from Local Authorities ... ..	2
Council House ... ..	1
Specially converted rooms attached to Hospital ... ..	1
Nurses' Home ... ..	1

In addition, two Centres (Dudley and Seaton Burn) were managed and staffed temporarily by the County Council on behalf of the Longbenton Urban District Council. This change of control was due to alteration in district boundaries.

It was decided during the year to build Welfare Centres at Prudhoe, Shiremoor and Newbiggin-by-the-Sea as the premises at present occupied are unsuitable.

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

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

The dried milk is supplied free or at half price according to circumstances to—

- (a) Nursing mothers;
- (b) Expectant mothers during the last two months 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.

Every applicant for milk is required to fill in a form giving full particulars of income, family, 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 or sold as above in the circumstances mentioned 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 ... ..	11,295 lbs.	3,834 lbs.	31,214 lbs.
Virol and Numol ... ..	2,720 lbs.	69½ lbs.	607 lbs.
Maltoline, etc. ... ..	84½ lbs.	10 lbs.	25 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 ... ..	824 11 5	148 12 10	66 9 8	1,870 10 5
Virol and Numol ... ..	203 12 10	2 11 2	1 10 8	35 15 8
Maltoline, etc. ... ..	5 15 4	0 6 8	0 5 0	1 11 2
<b>Totals</b> ... ..	<b>1,033 19 7</b>	<b>151 10 8</b>	<b>68 5 4</b>	<b>1,907 17 3</b>

#### *Detection, Prevention and Treatment of Crippling in Infants.*

Facilities are provided for consultation and treatment at the Orthopaedic Clinics established 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 staff employed by the Council.

Defects which require treatment may be sent from the Child Welfare Centre or referred by midwives, district nurses, or medical practitioners.

Nine 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 as shewn in the following table :—

Alnwick...	...	...	...	...	...	...	15
Ashington	...	...	...	...	...	...	21
Bedlington	...	...	...	...	...	...	19
Morpeth	...	...	...	...	...	...	10
Gosforth	...	...	...	...	...	...	44
Hexham	...	...	...	...	...	...	17
Total number of cases receiving treatment							126

#### *Prevention of Deafness.*

Under this scheme children of pre-school age suffering from defects and diseases of the throat and ear are referred for treatment at the Rye Hill Hospital. Cases requiring mastoid operation or the removal of tonsils and adenoids are also referred for treatment 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 in school children.

Under this scheme 34 children received treatment for the enucleation of tonsils and the removal of adenoids.

#### *Infant Life Protection.*

The duties imposed on the Council by 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 :—

1st January, 1935.

30th December, 1935.

Approved Foster Mothers.	No. of Foster Children.	No. of new Foster Mothers appointed.	No. of Children received.	Transferred to own Parents.	Reached age of nine years.	Number in County at end of year.	
						Foster Mothers.	Foster Children.
22	23	4	7	3	4	22	23

#### BIRTH CONTROL.

The arrangements with regard to birth control remained the same as were in operation during the previous year. No change is reported in the administration of Birth Control Institutions. These are established in Ashington and Newcastle and each is controlled by a Voluntary Committee. Women attending the Child Welfare Centres in whom further pregnancies would be detrimental to health are referred to their own doctor who may instruct them to seek the advice offered at these Clinics. A fee of 7/6 is paid on their behalf. Advice is not given at the Child Welfare Centres controlled by the County Council.

The estimated population for the County of Northumberland at the middle of 1934 was 412,100 and at the middle of 1935 was 406,100. This probably does not represent a very accurate picture, inasmuch as the County Council has lost some administrative territory and with it, consequently, some of the population, but the position generally causes one serious thought.



All through the country there is a very serious decrease in the birth rate. There is no doubt whatever that this decrease is due to deliberate interference and not to biological aberration. In other words, it is the result of birth control propaganda. The subject is contentious and has many aspects which ought to receive serious attention. Unfortunately, birth control does not operate in the spheres where it is most needed, and there is unfortunate limitation of the families which in the nation's best interests should be perpetuated, and there is unrestricted fertility amongst some of the most undesirable elements. It is unfortunate that the subject is not considered dispassionately. To some it is a political matter, to others a religious one, whilst to a third class it is eugenic, to a fourth economic, and to a still further fifth it is medical.

To the administrator three of the above must make an appeal, viz., the eugenic, economic and the medical aspects.

As regards the eugenic aspect, that it is eminently desirable that we should produce a virile and hardy race of men and women is most desirable, and any effort which will make for raising the standard of national physique ought to receive careful consideration.

With regard to the economic aspect, this is an important one. We are told that nowadays people marry later in life than formerly, and that consequently there are fewer children. Is there any real evidence to support this? It may be doubted. At any rate, which is most to be desired—late marriage with consequent limitation of fecundity, or early marriage with all the advantages of companionship and development of character, with birth control? The result, so far as fertility is concerned, would appear to be the same. It cannot be regarded as wise for a man and woman to bring into the world a family of unlimited size without taking thought of how the children are to be fed, educated, and started in life; it is unthinkable that a woman should be regarded merely as a child-bearing machine. There is nothing noble in such a conception, nor does it appear to me to have any religious foundation, but there is an aspect of this question which must be faced if we are to retain our place in the comity of nations, and that is, that if the birth rate of this country continues to diminish at the same rate for the next 100 years as it has done recently, then the whole population of this country will be little more than the population of Scotland.

With regard to the medical factor, this again is bound up with the eugenic standpoint, but it cannot be asserted that it is either wise or fair to expect a woman suffering from, say, tuberculosis or advanced heart or kidney disease to bear children.

#### 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 84) 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—Welfare Centre, Guide Post.
- 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 is administered by the County Council. There were 508 blind persons on the Register on January 1st, 1935, as compared with 506 in January, 1934. During the year 69 new cases were registered, 68 persons died or left the County, whilst 14 cases were de-certified, there being 495 names on the Register on December 31st, 1935. The number of cases de-certified includes those whose vision was restored by operative treatment either under the Council's scheme for the prevention of blindness or in the wards of the Royal Victoria Infirmary and the Newcastle upon Tyne Eye Hospital.

It is not generally appreciated that it is of considerable benefit for Blind Welfare work to have the resources of a Public Health Department behind it, e.g., the Assistant Medical Officers in Northumberland examine applicants for training and Workshop employment if doubt has been expressed with regard to physical fitness; blind persons who have been in contact with tuberculosis and are anxious about the state of their own health are examined by the Tuberculosis Officers; the Health Visitors assist in a variety of ways; Wassermann tests are carried out where recommended by the Ophthalmic Surgeon, and arrangements are made for treatment at the Skin Clinic when the result of the test is positive. Assistance is given by practically every Department of the County Council when required; the Poultry Expert on the staff of the Education Committee visited and gave advice to a blind man who earned his living by keeping poultry; the Education Committee provides work for blind piano-tuners in the local schools, and the Public Assistance Committee keeps the home knitters occupied in producing machine-knitted socks and stockings for the Institutions.

It is becoming increasingly evident that the work in connection with Blind Welfare should have at its head a Medical Officer. There is so much to be done which can only be decided by a professional man. There is also a large amount of work to be done on the preventive side, e.g. :—

- (a) Ante-natal work and its bearing upon the prevention of Ophthalmia Neonatorum.
- (b) The treatment of syphilis and gonorrhoea.
- (c) The treatment of infectious disease (measles and small-pox being potent causes of blindness).
- (d) The early treatment of squint and the prevention of amblyopia.
- (e) The treatment of severe myopia and its complications.
- (f) The treatment of toxic amblyopia (lead, tobacco, etc.).
- (g) Propaganda work for the prevention of accidents and industrial diseases.
- (h) The treatment of cataract and glaucoma by operative measures.
- (i) The investigation of hereditary blindness.



It would appear that sight and its aberrations are the concern of the Public Health Officer pre-natally, ante-natally, post-natally, through the period of adolescence to maturity, and from then to the advent of senility. At no period after conception does vision ever become detached from preventive medicine, and there is no more fruitful field for preventive work. If only this truth could be realised, Local Authorities would not hesitate to spend money which would bring a more than adequate return. To quote an actual instance—a mother suffering from gonorrhoea gave birth to a child which, despite all attention, ultimately became blind. The mother received treatment and the medical attendant, who was also the local Medical Officer of Health, was asked to keep her under observation; when she became pregnant again, arrangements were made for her delivery in a Maternity Hospital, where special attention was given to the child's eyes; no Ophthalmia developed and this child has perfect vision. The first child will be a charge upon the community, whilst the second is free from disfigurement and incapacity.

During the year Miss H. A. Rimer, who had previously been graded as Secretary, was transferred from the Public Health side and appointed Supervisor of Blind Welfare. The work had grown to such proportions that it became essential for one official to be made definitely responsible for it and for co-ordinating the work of the three Home Teachers.

Every applicant for registration is examined by an Ophthalmic Surgeon (in charge of beds at a recognised Eye Hospital, in accordance with the recommendation contained in Circular 1353 of the Ministry of Health). A fee of 25/- is paid for each examination and certification, Form B.D. 8 being used. It is found that many applicants are unable to travel to Newcastle by bus or train for examination; many of them are senile, whilst others are in poor health, some being bed-fast. Private cars are utilised to bring in such patients as can be thus transported; in the remaining cases the Ophthalmic Surgeon examines them in their own homes and is paid a fee varying from £3 3s. 0d. to £10 10s. 0d. according to mileage, a number of examinations being arranged for one day in order to reduce the cost.

During the year 106 persons made application for registration; 37 were found to be not blind and were refused registration. Six persons who had previously been certified to be blind by other practitioners were de-certified by the Ophthalmic Surgeon, and their names removed from the Register.

#### *Sighted Dependants of Blind Persons.*

The County Council having made a Declaration under Part I., Section 5, of the Local Government Act, 1929, sighted dependants of blind persons are, therefore, relieved through the Blind Persons Act Committee, acting on behalf of and subject to the general direction and control of the Public Assistance Committee. Applications for relief in the first instance are made to the Public Assistance Officer, but subsequent investigations are carried out by the Home Teachers.

#### *Home Teachers.*

The Home Teachers visit all blind people regularly in their homes, supervise their welfare and render assistance in a variety of ways. Suitable cases are taught Braille and 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, it being necessary to review the circumstances regularly.



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

	No. of Visits.
Social welfare ... ..	3,633
Supervision of Home Workers ... ..	337
Instruction ... ..	97
Investigation of new cases ... ..	106
	<hr/>
	4,173
	<hr/> <hr/>

The work continues to increase, and the provision of motor cars for the present Home Teachers, or the appointment of an additional Home Teacher, is under consideration at the present time.

I regret to report the death of Miss F. M. Blair, one of the Council's Home Teachers for the Blind. Miss Blair's work was much appreciated, both by the staff and the blind people in her district; her cheerful manner and her willingness at all times to render what assistance she could, made her a very popular Home Teacher. Her death was almost tragically sudden and disorganised the work very considerably. She was succeeded by Miss Ruth Robinson, late of the L.C.C. staff.

#### *Home and Casual Workers.*

On January 1st, 1935, the number of Approved Home Workers in the County was 9. During the year one Worker died and the name of another was removed from the list (it having been decided to treat him as an unemployable blind person); a third was transferred to Newcastle as a result of the revision of the County boundaries. The number on December 31st, 1935, was 6, being made up as follows :—

Piano tuners ... ..	2
Basket makers ... ..	2
Hand and machine knitters ... ..	2
	<hr/>
	6
	<hr/> <hr/>

Under the Home Workers' Scheme, men receive a fifty per cent. subsidy up to a maximum of 8/- per week, and women 100 per cent. subsidy without maximum. The Cases Sub-Committee have, however, recommended that the subsidy for men should be 100 per cent. with a maximum of 15/- per week, and that the subsidy for women should remain as at present. (This recommendation was confirmed by the County Council in February, 1936.)

In December, 1935, there were 16 Casual Workers in the County, 13 being in receipt of domiciliary assistance at a fixed rate, and 3 receiving wages on a piece-work basis. One Casual Worker, who received a wage for work done by him, commenced training at the Royal Victoria School for the Blind.

#### *Workshops for the Adult Blind.*

The new Workshops for the Adult Blind at Whickham View, Benwell, Newcastle upon Tyne, erected by the Corporation of Newcastle, and administered by a Joint Committee, were opened in October, 1935. Twenty places have been reserved for trained blind persons from the County of Northumberland, and it is hoped that all persons on the waiting list will be admitted at an early date. Five County employees were transferred from the old Workshops in Breamish Street.



An arrangement has been entered into between the County Council, the City of Newcastle and the County Borough of Gateshead, that the Authority in whose area a blind person is resident at the time of his admission to the Workshops, shall continue to be responsible for him so long as he is employed in the Workshops, whether he continues to reside in that area or becomes resident in the area of either of the other two Local Authorities.

#### *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 two such Sales were held and stalls were arranged at two Agricultural Shows, while the County Council (co-operating with the Newcastle and Gateshead Home Teaching Society, the Workshops for the Adult Blind and the National Institute for the Blind) had a Stand at the Royal Agricultural Show held in Newcastle in July.

#### *Wireless for the Blind.*

Under Section 1 of the Wireless Telegraphy (Blind Persons Facilities) Act, 1926, 45 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 December 31st, 1935, 333 sets had been allocated.

Mr. A. E. George, of Newcastle, has again given valuable assistance by overhauling gratuitously sets reported to be giving unsatisfactory service. All sets are examined by him before re-distribution.

#### *Education.*

During the year 8 children were receiving elementary education at the Royal Victoria School for the Blind; 25 adults (14 men and 11 women) also received training in this Institution.

Two male students at the Royal Normal College, London, and the Massage School of the National Institute for the Blind, London, continued their studies.

During the school holidays the incomes of necessitous trainees are made up to 18/- per week.

#### *Dental Treatment.*

An arrangement has been made with the Education Committee for the County dental surgeons to give treatment at the Dental Clinics and in the Dental Vans to blind persons, the Blind Persons Act Committee being responsible for the cost. During the year five blind persons received dental treatment in this way free of charge, artificial dentures being supplied where necessary at a very much reduced rate. This service is quickly becoming known and is very popular, but as only a limited number of cases can be dealt with by the present limited staff, it has been found necessary to request applicants to produce a medical certificate before treatment is given.

#### *Prevention of Blindness.*

The County Council has an arrangement with the Authorities of the Newcastle upon Tyne Eye Hospital and the Royal Victoria Infirmary for the admission of approved cases to the private wards for operative treatment of senile and other forms of cataract, a fee of 10/- per day being paid, which includes all medical services; out-patients receive treatment at a fee of 2/- per attendance.



During the year six cases were dealt with under this scheme. No operation was performed in the case of one man as his physical condition did not permit it. One man and one woman were certified as the result of treatment to be no longer blind and were much gratified, the blindness in both cases being of long standing. One woman is still blind within the meaning of the Act, although she has increased form-vision and widened visual field. In one case the operation was successful but sepsis supervened, and the man is still blind; the operating surgeon reported that operation on the other eye might restore useful vision, but no action was taken as the patient developed coronary thrombosis and had to be sent home by ambulance. The sixth patient was admitted on two occasions for preliminary treatment, but the actual operation for the removal of cataract was not performed during the year.

In addition to the above, a fee of £1 1s. 0d. is paid to the operating surgeons of these Hospitals for a certificate giving the result of treatment in the case of patients dealt with in the ordinary wards for diseases of the eye.

Spectacles according to the prescription of an ophthalmologist are provided free of charge to those patients who are able to benefit by their use, and travelling vouchers are supplied to necessitous patients attending Newcastle Hospitals for treatment of eye diseases if there is any risk of blindness. Insulin is also supplied to necessitous patients suffering from diabetes, and hospital treatment is available for any child suffering from ophthalmia neonatorum.

Further extensions of this Scheme are at present under consideration.

#### *Social Welfare.*

Five Voluntary Societies at Ashington, Bedlington, Blyth, Cramlington and Morpeth, cater for the social welfare of the blind in those areas, organising concerts and musical evenings in the winter, and picnics and other outings during the summer. Mr. and Mrs. Thompson of Hartford Hall again entertained the blind people from the south-eastern portion of the County at a Garden Party held in June, and this outing was appreciated very much by those able to be present. Endeavours have been made on several occasions to establish a Voluntary Society at Wallsend, where there are 74 blind persons, but these have not been successful.

A sum of £100 per annum is received from the National Institute for the Blind for purposes of social welfare, and an amount varying from 4/- to 5/- (according to the number on the Register) is allocated to each blind person. For the year 1935 the sum available was 4/6 per blind person. Where Voluntary Societies exist, a grant is made each year to the Committees according to the number of blind persons on their lists; all other blind persons receive the amount in cash as a Christmas gift.

#### *Libraries for the Blind.*

Books are supplied to blind people in the County by the National Library for the Blind, Manchester, and the Northern Counties Library for the Blind, North Shields. During 1935 54 readers borrowed 1,444 volumes from the former Library, while 17 readers borrowed 475 volumes from the latter. Compared with 1934, the number of books borrowed has decreased by 159, and the number of readers by 4.

The first part of the report was devoted to a general survey of the situation in the country. It was found that the country was in a state of general depression, and that the people were suffering from want and distress. The cause of this was attributed to the war, and the consequent destruction of property and the loss of life.

The second part of the report dealt with the question of the relief of the poor. It was suggested that the government should take steps to provide relief for the poor, and that the people should be encouraged to contribute to the relief fund. It was also suggested that the government should take steps to improve the condition of the poor, and that the people should be encouraged to help the poor.

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