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BOROUGH of RICHMOND

YORKSHIRE.



ANNUAL

_ OF _

JOHN WILLIAMS, M.D.

Medical Officer of Health.

For the year ended 31st December, 1937.





BOROUGH OF RICHMOND Yorkshire.

ANNUAL REPORT

of

John Williams, M.D., Medical Officer of Health

For the Year ended 31st December, 1937.

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BOROUGH OF RICHMOND

YORKSHIRE.

Report of Medical Officer of Health.

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

Mr. Mayor, Aldermen and Councillors,

I have the honour to present to you my Report on the health of the Borough for the year ended 31st Dec., 1937. The Report will be an ordinary Report, and will deal more especially with the year under review, as set out in the Ministry of Health Circular, 1650.

The Report shows matters for congratulation on the one hand, and on the other, matters, some of which are serious and demand your immediate attention, and others which, although not so immediate, nevertheless require remedying in the interests of the Borough. Allusion has already been made to all of these in previous reports.

With regard to the good points:-

- 1. Geographical situation.
- 2. A small number of Infectious Diseases.
- 3. A high Birth Rate.
- 4. A lower Death Rate than the previous year.
- 5. Adequate Water Supply.

With regard to the unsatisfactory features:-

1. No Public Mortuary.

- Shortage of Houses of a suitable type and rental, i.e., Working Class Houses. This is now being provided for under Demolition and Slum Clearance Scheme. (Whiteliffe 56 Houses Scheme).
- 3. No Public Abattoir. Steps should be taken definitely by the Council to seriously consider the adoption of a Public Abattoir. Complaints are continually being made, although strict observance is being given to existing private slaughter houses, which unfortunately practically adjoin residential property.

The substitution of a public establishment under Municipal control for the private slaughter houses in the Borough would facilitate inspection, protect the animals and do away with a perpetual sanitary nuisance.

The site of the Old Paper Mill could be utilized for this purpose, and here is a suitable site where a Mortuary and Public Slaughter House could be erected.

4. Since my last Report the Corporation have considered the question of the disposal of sewage. Messrs. Taylor and Wallin, Civil Engineers of Newcastle, have submitted a report on the sewage of the district, which is before the Council.

The town is developing as a residential centre and has been for the past 12 years. Apart from being a residential town it is a healthy place in which to live—the majority of the people living to a ripe old age. It is to be hoped, therefore, that your Council will seriously consider the above unsatisfactory features and rectify them in due course.

Births.

The total births during the year was 122, of which 59 were males and 63 females. The Birth Rate for the year was 22.3 per 1000, that for the previous year was

23.3 per 1000. The Birth Rate can be considered very satisfactory when compared with England and Wales.

The excess of births over deaths, that is, the natural increase, was 71, which is the same figure as last year.

The Birth Rate for England and Wales during 1937 was 14.9 per 1000.

Four of the total births registered were illegitimate, 3 males and 1 female. There were 4 Still Births registered, 3 males and 1 female. There were no illegitimate Still Births.

Deaths.

The total number of Deaths during the year from all causes was 51, of which 23 were males and 28 females.

The death rate calculated on a population of 5473 was 9.3 per 1000, that for the previous year being 10.08 per 1000. The death rate for England and Wales during 1937 from all causes was 12.4 per 1000.

Infantile Mortality.

The total number of infants dying under one year of age was 7, 6 males and 1 female. The Infantile Mortality, which is measured by the proportion of deaths under one year of age to every 1000 births registered, was 57 per 1000. There were no illegitimate deaths. The Infantile Mortality Rate for the previous year was 40 per 1000. The Infantile Mortality Rate for England and Wales was 58 per 1000 during 1937.

The Infantile Mortality Rate was slightly higher than the previous year, the main cause being premature birth. It is a problem which, although a matter of concern, will take some rectifying. Improved motherhood through the efforts of the Maternity and Child Welfare Centre and the Ante-Natal Clinic, together with an improvement in housing conditions, should help in reducing the mortality further.

Causes of Death of Children under 1 year.

Cause of Death.	Under 1 Week	1-2 Weeks	2-3 Weeks	3.4 Weeks	4 Weeks and under 3 Months	3 Months and under 6 Months	6 Months and under 9 Months	9 Months and under 12 Months	Total deaths under
Broncho-Pneumonia	1								1
Asphyxia	1								1
Premature Birth	4								4
Convulsions		1							1
Total	6	1	0	0	0	0	0	0	7

It will be seen from the preceding table that 5 of the 7 infants died when they were under one week old. The other infant died from Convulsions when it was a week old. The home conditions in the above cases were satisfactory, and all of them had a fully certified midwife at birth.

In order to keep the rate down, and if possible to further reduce it, mothercraft must continue to be taught, and home conditions improved wherever possible.

The alleviation of overcrowding is beginning to be felt owing to the increased number of new houses which have been erected. Further progress will have to be made in the erection of new houses for working class people to still further reduce overcrowding.

Natural and Social Conditions of the Area.

Area (in Acres) { Land and Inland Land	Wate	r 2520 2481
Population (Census, 1931)		4769
Registrar General's estimate of Resi Population, mid-1937	ident	5473
Number of inhabited houses (end of 1 according to Rate Books	937)	1305
Rateable Value, 1st April, 1938		£28,366
Rate in £ levied 1937-1938		10s. 8d.

Actual product of a Penny Rate, £106 13s. 6d. (calculated in accordance with the Product of Rates and Precepts Rules, 1929). Rateable Value per head of population, £5 3s. 8d., based on estimated figure of 5473.

The Borough of Richmond is situated in the North Riding of Yorkshire on the banks of the River Swale in a circular bend which the river takes.

It extends East and West to an approximate distance of 3 ½ miles. It is 5 | 6 of a mile in width throughout its most populated part, whilst its Rural portion extends to 1½ miles. It has an area of 2,481 acres and is bounded by the Rural District of Richmond on all sides.

The soil to the East and South-East is gravel; to the West it is sandy; and to the North and North-East calcareous.

The Town is for the most part built of stone. The surface is hilly, this causing many parts of it to be very steep. The altitude above the sea-level of the different parts in feet is as follows, viz:—

The Beacon, which is the highest point, 1048.

The inhabited portion of the district at the highest points, viz.:—Pilmoor Hill on the East and Hurgill Estate on the West are respectively about 625 and 700 O.D.

Quaker Lane, which runs horizontally through the district, is 453. The Market Square is 450 and the River Swale 320. It will thus be seen from these levels that Richmond is situated ideally for the disposal of sewage and collection of surface water. The town itself is entirely residential; the old Paper Mill is now closed down. The rest of the Borough is Agricultural, the chief occupation being Sheep and Cattle Breeding, pasturage, and the cultivation of meadow land. With the exception of overcrowding already referred to, the social conditions and occupations of the inhabitants are not unfavourable to the general health.

Extracts from Vital Statistics of the Year.

_		_		
		T	RTHS	
	# # Z # Z	- N-2 T	TOPPTEC	
	EV EC	-	KIRS	

	Cotal	Males	Females
-	118	56	62) Birth Rate 22.8 per
	4	3	1 1000 of the estimated resident population
		_	_
	122	59	63
	4	3	Rate per 1000 total (live and still) births 31.7
	nil	nil	nil and still) births 31.7
	_	_	_
	4	3	1
	51	23	28 Death rate 9.3 per 1000 of the estimated resident population
	•••	118 4 122 4 nil 4	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

The corrected Death Rate was 9.57. (Factor for correction 1.03).

Deaths from Puerperal Causes (Headings 29 and 30 of the Registrar General's Short List)—

	Deaths	Rates per 1000 total (Live & Still) Births
No. 29—Puerperal Sepsis	nil	nil
No. 30—Other Puerperal Causes	nil	nil
Total	nil	nil

Death Rat	e of Infants under	one ye	ar of age:-	_
All I	nfants per 1000 live	e birth	s	57.3
Legit	imate Infants per 1	000 les	gitimate	
	live births			59.3
Illegi	timate Infants per	1000	illegiti-	
	mate live births			nil
Deaths fro	om Cancer (all age	s)		8
Deaths fro	m Measles (all age	s)		nil
,, ,	, Whooping Coug	ch (all	ages)	nil
,, ,	, Diarrhœa (unde	r 2 yea	ars of age)	nil

There were no deaths from Measles, Whooping Cough (all ages) and Diarrhea (under two years of age). The above are amongst the worse diseases which befall infants, and therefore every endeavour should be made to convey, either by house visitation or circularisation of the homes, information with regard to the:—

- 1. Dangers.
- 2. Importance of efficient and thorough nursing.

Causes of Death during the Year 1937.

Tuberculosis of Respirato	ry Sys	stem	Males 3	Females 2
Cancer			2	6
Cerebral Hæmorrhage, etc				1
Other Liver Diseases .			1	
Heart Disease			7	6
Other Circulatory Disease	es		1	
Influenza				2
Bronchitis			1	1
Pneumonia (all forms)			1	4
Other Digestive Diseases			1	2
Acute and Chronic Nephri	tis			. 1
Congenital Debility, Prema	ature B	Birth	5	1
Other Violence			1	1
Other Defined Diseases				1
	Total		23	28

There were no causes of sickness or invalidity which were specially noteworthy during the year. No conditions of occupation or environment appeared to have had any prejudicial effect on the general health of the inhabitants. There was no evidence either that the unemployment, which decreased during the year, had any significant influence on the health of the above.

There was nothing unusual or excessive in the mortality during the year to require any comment, with this exception—that diseases of the Circulation and Heart account for the largest proportion, as hithertofore.

The chief causes of death are still diseases of the Heart and Blood Vessels, Respiratory Diseases and Cancer. The death rate per 1000 population from Pulmonary Tuberculosis, Pneumonia, Influenza, Bronchitis and Cancer was as follows:—

Pulmonary Tube	erculosis	 	.91
Pneumonia		 	.91
Influenza		 	.36
Bronchitis		 	.36
Cancer			1.46

The figures for the year 1936 were as follows:-

Pulmonary	Tuberculosis	 	.37
Pneumonia		 	.93
Influenza		 	nil
Bronchitis		 	.56
Cancer		 	.93

It will be seen from the above figures that the death rate from Cancer shows an increase from the previous year. The death rate from Pulmonary Tuberculosis was higher; in the case of Pneumonia and Bronchitis the rate remains about the same.

General Provisions for Health Services in the Area.

General.

There is a Cottage Hospital consisting of two wards and a private ward for accidents and general diseases; a nursing matron and sister being in charge. Extra help is obtained when occasion arises.

The number of patients nursed in the hospital during the year was 82, 47 males and 35 females. The daily average number of patients was 3.4, against 3 in the previous year, and the average number of days for each patient 15.7, against 15 in the previous year. 34 cases were admitted from Richmond, the remaining 48 being from the Rural District and outside.

Midwives.

The Richmond and District Nursing Association had two fully trained Nurses, each with the C.M.B., for the first nine months of the year. Owing to the increased area a third Nurse was found necessary and appointed in September.

The area covered by the Association comprises the Borough of Richmond and the following Villages:—Gilling with Aske, Brompton-on-Swale, Hudswell, Skeeby, Easby, St. Martins, Sleegill, Hartforth, Hipswell and Scotton.

The number of visits paid during the year ending 31st March, 1938, by the nurses were:—

Midwifery Visits			2331
General Visits			1599
Public Health V	isits		3246
		Total	7176

Number of cases attended by Midwives during the year in the Borough:—

- 1. As Midwives ... 64
- 2. As Maternity Nurses ... 42

Number of cases during the year in which medical aid was summoned by a Midwife under Section 14 (1) of the Midwifery Act, 1918:—21.

Number of women sent by the Council during the year to other Maternity Institutions:—3.

The work of the inspection of Midwives is carried out by the Maternity and Child Welfare Officer (Dr. Dow) for the County Council, they being the supervising authority. Dr. Dow also takes charge of the Ante-Natal Clinic, which meets on the first Friday afternoon in each month with the exception of August, which is the holiday month.

Ante-natal work in connection with their own cases is undertaken by the nurses, and records are kept.

There is one registered Maternity Home in the Borough:—Miss Cherry, Sledwick, 6 Neville Walk. Seventeen cases were admitted during the year; 7 of these were Midwifery cases, the other 10 being Maternity cases. 8 of the cases were from the Borough, the remaining 9 from the Rural District and outside. All of the babies were breast fed with one exception, which was artificially fed after the thirteenth day. Breast feeding is recommended whenever possible.

It is only by skilled advice being available for mothers that good results can be obtained. In the course of time, no doubt through the linking up of different Associations, every expectant mother will have the chance of a certified midwife. The responsibilities of motherhood should be taught in all schools and should form part of the curriculum, as does Domestic Science. In this way our girls would leave school more fitted for motherhood on account of the knowledge they would receive. By a combination of the various services—Public Health, Maternity and Child Welfare, Medical and Educational—only can it be possible to reduce Maternal Mortality to a minimum.

The problem of Maternal Mortality is a matter of the gravest concern, not only to Health Authorities, but also to the general public.

Ante-natal and post-natal supervision is essential, not only for the welfare of the mother, but also for the future of the child, for after all, the children of to-day are the generation hereafter.

Post-natal supervision is most important and should be encouraged. Arrangements are being made with the County Council in order that a post-natal clinic may be formed.

The question of forming a Dental Clinic for expectant mothers and children under 5 years of age is under consideration, and it is proposed to ask the County Council if the services of one of their surgeons can be obtained.

It behoves us, therefore, as a Maternity and Child Welfare Centre, to do our utmost, not only to safeguard the mother, but also to look after the interests of the child.

Clinics and Treatment Centres.

Eleven meetings of the Ante-Natal Clinic were held during the year. 88 mothers attended the Clinic and made 177 attendances, or an average attendance of 8 mothers per meeting. Expectant mothers are availing themselves more of the opportunities which are afforded them at the Clinic. The Doctors and Midwives do all in their power to advise expectant mothers to make use of the service which has been provided by the Borough.

Everything is done to help to prevent deaths during childbirth. Arrangements have been made by which cases of abnormal pregnancy, complicated cases or cases where the home conditions are not satisfactory can be admitted to the Maternity Ward in Greenbank Hospital, Darlington. Three cases were sent during the year.

A Maternity and Child Welfare Centre is provided by the Local Authority; the meetings are held once a fortnight, the children are weighed at each visit and their respective weights recorded. Twenty-four meetings were held during the year.

The establishment of a Maternity and Child Welfare Centre has met with unqualified success, as is shown by the numbers attending the Centre, which are increasing each year.

Medical Consultations and Examinations are undertaken by the Medical Officer of Health, and advice on feeding, clothing and treatment of minor defects given. Supplies of Virol, Trufood, Malt and Cod Liver Oil are obtainable for the children from the Health Visitor when required at a reduced rate.

Breast feeding is recommended whenever possible, and every effort is made by the nurses and the M.O.H. to encourage it in order to minimise so far as possible the danger of Rickets. It is the exception now-a-days to see a case of definite Rickets.

Artificially fed babies are recommended Cod Liver Oil and orange juice as a routine practice.

The total number of attendances at the Centre during the year was 1022—the largest number on any single day being 61, during the month of November, the lowest number 25, during the month of February. The average for the year being 42 per meeting. The figures for 1936 were 1327, giving an average of 49 per meeting.

Total number of attendances at the centre during the vear:—

- 1. By children under 1 year of age ... 507
- 2. By children between the ages of 1 and 5 years 515

Total number of children who attended at the centre for the first time during the year:—

- 1. Children under 1 year of age ... 57
- 2. Children between the ages of 1 and 5 years 14

Total number of children under 5 years of age who attended at the centre during the year and who, at the end of the year, were:—

- 1. Under 1 year of age ... 54
- 2. Over 1 year of age 68

Welfare clinics have no doubt prevented a great deal of disease and saved many lives amongst children.

Tea is provided at the clinic, a small charge being made to cover the cost. Thanks are due to the ladies of the committee who take their turn in attending the meetings and help in keeping the registers, and in other ways. Without some voluntary help it would not be possible, owing to increasing numbers, to carry on the centre. The Health Visitor visits babies as soon after 14 days as possible, and thereafter at regular periods during the first year. The progress of the child is followed continually to five years of age by further visits and by attendance at the Centre.

Co-ordination between Maternity and Child Welfare Department and School Medical Service.

As the children attending the centre reach the age of 5 years, their cards are passed on to the School Medical Officer, and thus there is a direct continuity of their preschool records.

School Clinics.

Eye Clinics are held in the various schools; any children requiring attention are examined and a report is given to the parents upon which to act. Those whose eyesight is defective are referred to the Ophthalmic Surgeon.

A Dental Clinic is also held in the old Roman Catholic Infant School in Victoria Road. Much good work has been done at this Clinic, the improvement noticed in the children's teeth is continuing each year. Parents are taking a greater interest in their children's teeth; this is shown in the number of applications for treatment.

An Orthopædic Clinic is also held from time to time in the above School—is well attended, and full advantage is taken of the facilities afforded. The Medical Superintendent and the Orthopædic Nurse are in attendance. Suitable cases are sent to Kirbymoorside Orthopædic Hospital.

The Schools are visited frequently by the School Nurses, who inspect the children and make a report to the County Council, and if necessary the parents are seen and advised to consult their own medical man.

Tuberculosis.

Dispensaries available for treatment of Tubercular cases at Northallerton, South Bank, Scarborough and Thornaby.

Venereal Diseases.

Clinics at Darlington Greenbank Hospital, Leeds General Infirmary, Scarborough New Hospital and Stockton and Thornaby Hospital.

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

- Tuberculosis Sanatoria—Beds provided by the County Council.
 - (a) Adults. Pulmonary Tuberculosis.
 Wensleydale Sanatorium, Aysgarth.
 18 beds.
 Mowbray Grange Sanatorium, Bedale.
 30 beds.
 - (b) Children. Pulmonary and Non-Pulmonary Tuberculosis (Glands). Morris Grange.
- 2. Maternity-None.
- 3. Children—Yorkshire Children's Orthopædic Hospital, Kirbymoorside (Bone and Joint Cases).
- 4. Fever—There is an Isolation Hospital within the Borough which is supported wholly by the Council, consisting of two separate buildings connected by a corridor. The one is stone built and slated, the other timber built with corrugated iron sheeting outside.

Owing to arrangements which exist with the Richmond Rural District Council, cases from the Rural Area can be admitted. 15 cases were admitted during the year.

21 cases of Scarlet Fever were treated during the year—6 from the Borough, the remaining 15 being from the Rural District.

With regard to the Borough cases, with one exception they were all children and isolated cases. All were mild in character, and there were no complications. No definite periodicity was noticed. The Rural cases were admitted from North Cowton 2, Scorton 2, Melsonby 2, Moulton 2, Ravensworth 2, and Gilling, Skeeby, Middleton Tyas, Sleegill and Hudswell one each.

Here again, as in the Borough, the cases were isolated ones, being notified from all parts of the district. There was one case of discharging ears.

There were no deaths from Scarlet Fever.

No cases of Diphtheria were notified during the year.

Plans for a new Isolation Hospital are under consideration, but owing to administrative changes in the Health Services these are held in abeyance for the time being.

A fully trained Nurse is in constant charge. The Medical Officer of Health is the Medical Superintendent.

5. Small Pox—In the event of an outbreak of Small Pox the Local Authority have made provision for an Isolation Hospital at the Grand Stand on the Old Racecourse. The Rural District Council give a yearly grant for the use of this Hospital.

No cases were notified during the year.

There is no public mortuary in the town, which is to be deprecated, and although the question of having one has been raised on many occasions, the matter has been shelved. The want of a Public Mortuary has been emphasised again and again, and allusion in previous reports has often been made. As it is, when occasion arises, either the one at the Victoria Hospital or the one at the Richmond House has to be used. Difficulties arise in both cases, and it is quite time the Borough had one of its own. It is to be hoped that this will be the last time I shall have to draw your attention to this matter.

Maternal Mortality.

Should any cases occur, these are investigated by the Medical Officer of Health and reported to the Ministry of Health. No deaths from child-birth occurred during the year.

Mothers each year are beginning to realise the dangers of child-birth owing to being more informed at the clinics which are at their disposal. Ante-natal and post-natal care no doubt play a very important part in reducing the maternal mortality rate.

Cases of Puerperal Fever are sent to the Isolation Hospital, Darlington. One case of Puerperal Pyrexia and one case of Puerperal Fever were notified during the year. Both of these were admitted to hospital.

Health Visiting.

Children up to five years of age are visited regularly by the Health Visitor, and anything requiring attention is at once reported.

To children under 1 year of age:—
First Visits 133. Total Visits 455.

To children between the ages of 1 and 5 years:— Total Visits 1291.

Every care is required during these first five years, and therefore I would stress the importance of regular Health Visiting and regular attendance at the centre.

Ambulance Facilities.

(a)—For Infectious Cases.

A Motor Ambulance is used for the conveyance of Infectious cases to the Isolation Hospital. The risk of further infection is minimised with quick transport, and disinfection can be carried out immediately. (b)—For Non-Infectious and Accident Cases.

A Motor Ambulance is supplied under arrangement made by the British Red Cross Society and is stationed at Richmond. A new ambulance was purchased during the year.

The Ambulance Service is adequate and satisfactory.

Public Health Officers of the Local Authority.

The Staff consists of a part time Medical Officer of Health who is also M.O. of Health to the Richmond Rural District Council. A Sanitary Inspector and Surveyor, who is a whole time officer and holds the certificate of Sanitary Inspector and is a member of the Royal Sanitary Institute. A Nurse Matron at the Isolation Hospital.

Legislation in Force.

- Public Health Acts (Amendment) Act 1890.
 Parts III. & IV. Date of Adoption, 8-2-06.
- Public Health Acts (Amendment) 1907.
 Parts II. to VI. inclusive Date of Adoption 14-8-13.
- Public Health Act, 1925.
 Parts II., III., IV. & V. Date of Adoption 11-2-26.
- 4. Infectious Diseases (Notification of) Order 1924.

Sanitary Circumstances of the Area. Water.

The Water Supply for the Borough now comes from three sources:—

- 1. Coalsgarth.
- 2. Aislabeck.
- 3. Feldom.

The Coalsgarth and Aislabeck Reservoirs form the high zone supply, and have a capacity of 150,000 gallons and 25,000 gallons respectively.

The Feldom Reservoir is the low zone supply, and has a capacity of 300,000 gallons.

The total capacity of the reservoirs is 475,000 gallons, which is approximately two and a half days' supply.

The supply is adequate under all conditions and for all purposes of existing layout schemes.

The Summer months were very droughty, which is shown by the Rainfall Table.

The following table shows the rainfall in the Borough for the past eleven years:—

1927	 	38.03ins.
1928	 	36.34ins.
1929	 	23.90ins.
1930	 	40.16ins.
1931	 	27.43ins.
1932	 	23.47ins.
1933	 	22.48ins.
1934	 	27,07ins.
1935	 	32.58ins.
1936	 	27.22ins.
1937	 	28.65ins.
-		

Rainfall during 1937.

		0	
January	2.20in.	July	1.83in.
February	4.39in.	August	1.42in.
March	2.51in.	September	1.19in.
April	3.82in.	October	2.22in.
May	1.45in.	November	2.55in.
June	1.52in.	December	3.55in.
			28 65in

It will be seen that the highest rainfall was in February, 4.39 in., which is the highest recorded for this month since 1926. The lowest was in September, 1.19in. February and April were the wettest months, August and September being the driest. The rainfall for the first six months was 15.89in., and for the last six months 12.76in.

The figures for the previous year were 27.22in.

I am indebted to Mr. Robert Hornby, Headmaster of the C. of E. School, for the above rainfall details.

The following mains were relayed during the year:-

- Victoria end of Rosemary Lane to the top of Bargate in Newbiggin relayed with a 4in. main in place of the existing 2in. main—approximately 124 yards.
- The top of Bargate, along Newbiggin and Cravengate to Victoria Road, a new 3in. main in place of existing 2in. main—approximately 360 yards.
- Small length in Hurgill Road, approximately 60 yds., relayed with 3in. main to obviate a dead end and so bring Brand's Terrace into circuit.

Drainage.

All the sewers discharge at various points of the river; the outlets are, however, some distance apart—rather over a mile from the highest to the lowest point. There is not a great amount of sewage discharged at any one point, hence there is no great nuisance, but there were a few complaints on account of the droughty weather and the low river in consequence. See note 4, page 2.

Special attention was given to the sewer outfalls during the droughty weather which was experienced during the year.

It is essential that all gullies and sewers during a droughty period should be cleaned out, flushed and disinfected. The dry periods of 1932, 1933, 1934, 1935, 1936 and 1937 have necessitated the above measures being carried out, otherwise the traps become unsealed and sewer gases allowed to escape.

Owing to the formation of the town and its surroundings there is no land which could be used satisfactorily for irrigation purposes nearer than two miles, without creating a nuisance. I am hoping, however, owing to the population increasing, some scheme will be devised whereby the crude sewage can be treated before it is turned into the river. An engineers' report is now in the hands of the Council, and it is to be hoped that very soon a sewage scheme will be in progress.

The town is dependent upon the water carriage system for the disposal of excreta; the conservative system has been done away with except in the outlying parts of the Borough which are beyond the reach of the sewers.

Scavenging.

The majority of the houses are now all provided with covered Ashbins, which are emptied once weekly, and the refuse, etc., taken to the Corporation Tip situated on Reeth Road. This is carried out by means of a covered motor lorry and a covered cart and is satisfactory. A man is in attendance at the tip to prevent indiscriminate tipping of refuse and keep the place as tidy as it is possible.

I would like to see the tip screened off on the south and east sides by trees so that little of it could be seen from the road, which is much frequented. This would also minimise the smell, which is noticeable when the wind is in certain directions.

Every effort is made to encourage householders to burn refuse, and if householders would consume as much as possible whatever can be burnt, it would certainly lighten the labour of collection. Complaints have been made with regard to the contents of the ashbins. Householders seem to be of the opinion that the ashbins are to be used as a receptacle for any kind of matter—this applies more especially to those who have gardens attached to their houses.

The ashbins should be:-

- 1. Periodically cleaned.
- 2. Should not be left in the street uncovered.
- Should be removed from the streets immediately they have been emptied.

The smell from some of the ashbins during the day is most objectionable. So much so that it is a question whether it would not be worth the consideration of the Council adopting a six months' trial of collecting the household refuse after 9 p.m. This would naturally to a great extent obviate the above nuisance and would minimise the danger of Infectious Disease.

The above suggestion was mentioned in my Reports for 1931, 1932, 1933, 1934, 1935 and 1936, but as yet has not been tried.

The Ash Rate to my mind should be dispensed with as an individual item and the rate charged in the general rate. This would obviate the dumping of refuse in gardens, etc., and thus from a sanitary point of view would be in the interests of the inhabitants. There are still some ratepayers who do not pay the above rate, but if it was put in the general rate they would be obliged to do so. A good many of these people do get their ashes taken away either by bins of their own or by dumping them in other ratepayers' bins.

The Market Place and main thoroughfares are well scavenged. The surface drains are cleaned out and the road surfaces tar dressed so as to reduce the production of dust to a minimum.

Factories and Workshops Act, 1901.

The Workshops and Workplaces have been periodically inspected and found satisfactory. The special report has been forwarded to the authorities. The following is the summary of the work carried out during the year.

Report.

 Inspection of Factories, Workshops and Workplaces, including Inspections made by the Sanitary Inspector:—

Premises	Inspections W	Number of ritten Notices	Occupiers Prosecuted
Factories	 18	5	nil
Workshops	 60	nil	nil
Workplaces	 25	nil	nil
		-	
	103	5	nil

2.—Defects found in Factories, Workshops and Workplaces. Nuisances under Public Health Acts:—

Particulars	Found		Referred to	No. of Offences n resp. of which prosecutions were instituted
Want of Cleanliness	5	5	-	
Want of Ventilation	-		-	
Overcrowding				-
Want of Drainage of Floors	_		_	
Other Nuisances		-		-
Sanitary Accommodatio	n:			
Insufficient				
Unsuitable or defective			_	
Not separate for sexes	-	_	-	_
Offences under Factorie and Workshops Acts and other Offences	s 	_		_
Total	5	5	nil	nil

The following in a list of the various Industries coming under the Act:—

Blacksmiths	2	Wine Bottling	, &c.	1
Tailoring	3	Bread & Confe	ectionery	4
Saddlery	5	Implements		1
Plumbing	3	Sausages		5
Joinery	4	Gas and Amm	onia	
Cycle Repairing	2	Su	lphate	1
Boot & Shoe Repairin	g 4	Saw Mill		1
Bottling (Beer & Win	ne) 1	Electricity		1
Motor Repairs	5	Dress		2
Printing	3	Photos		2
Paper Making	1			

Sanitary Inspection of the Area.

Schools.

The Public Elementary Schools were regularly visited during the year, and the sanitary conditions and water supply were regularly inspected and found satisfactory.

MEMORANDUM ON CLOSURE AND EXCLUSION FROM School, 1930.

There is close co-operation between the Authorities concerned with respect to infectious diseases, and every precaution is taken to prevent their spreading. The rules of the Board of Education respecting contacts and exclusions from schools are carried out. Valuable help in this direction has been given by the School Teachers, the School Nurses and the School Attendance Officer. The Head Teachers of the various schools notify cases of suspected or definite infectious disease. These notifications are useful in the cases of Measles or Whooping Cough, which are not notifiable in the Borough.

The co-operation of the School Attendance Officer is of great value, for when investigating cases of absence from School cases of illness are referred to the M.O.H. if medical attention is not being obtained.

Housing.

Twelve houses have been erected during the year, ten by private enterprise and 2 by the Corporation.

Houses built by private enterprise :-

- 2 houses Quarry Road.
- 2 houses Diana Terrace.
- 2 houses The Avenue.
- 2 houses Stanley Grove.
- 1 house Hurgill Road.
- 1 house Darlington Road.

Houses built by Corporation:-

2 houses Tower Street.

Borough of Richmond, Yorkshire. Housing Acts 1925—36.

Houses Demolished since 1936 under Demolition and Clearance Orders:—

28a, 28b and 28c Bargate.

2, 3, 4, 5, 6 and 7 Anchorage Place.

27 Millgate.

1 York Square.

12 Tower Street.

12 Temple View.

2 Oakleigh Cottages.

8, 10 and 11 Woodyard.

16 and 18 Trinity Church Square.

Overcrowded Houses.

	Situation.	Tenant	Owner	No. in House	Aecom of House	Detail of House required
1.	9 Temple View	Thos. Hird	S. Robinson, Esq., J.P.	10	23	3 bedroom house
3.	6 Temple View	S. Moore.	S. Robinson, Esq., J.P.	4	3	3 ,, ,,
33	5 Temple View	J. Alderson	S. Robinson, Esq., J.P.	53	က	3 ,, ,,
+	16 York Square	J. W. Nelson	S. Robinson, Esq., J.P.	00	4	3 ,, ,,
5.	5 Bank Yard	J. Hunter	S. Rodber	5	33	3 ,, ,,
6.	8 Reyoldson's Yard	G. Tempest	C. Jackson	9	5	8 33 33
2-	2 Temple View	J. W. Lee	S. Robinson, Esq., J.P.	69	5	3 ,, ,,
ò	33 Millgate	H. Smith	Mrs. Buchanan,	9	44	
9.	17 Waterloo	J. Ramsay	E.	4	3	3 ,, ,,
10.	19 Waterloo	A. Bothwith	Miss R. Beagarie	31	3	3 ,, ,,
11.	9 New Road	Mrs. A. Charlton	Mrs. A. Frost	က	2	3 ,, ,,
12.	18 Hurgill Road	W. C. Turner	G. R. Wade	£9	4	3 ,, ,,
13.	8 Hurgill Road	T. H. Lee	R. Hodgson	33	3	3 ,, ,,
14.	52 Bargate	W. Wood	Zetland Estates	4	က	3 ,, ,,
15.	4 Temple Square	G. Sergeant	Miss Thompson	9	52	Force Repairs by
3.0	11 Vaul Gamana	H. Perrett	S Debiness Ess I D	,	c	Demolition Order
10.	o Weterloo	W. Tota	Mrs E Honnor	# 10	o 10	o neuronni nouse
., T	9 waterloo	will, Tabe	mis. E. Hannay	601		0 11 11
18.	7a The Barr	J. Derbyshire	Mrs. Dowler	70	331	3 ,, ,,
19.	26 The Green	E. King	S. Robinson, Esq., J.P.	00	20	3 ,, ,,
20.	15 Castle Hill	J. S. Kinchin	J. C. Fryer	53	5	3 ,, ,,

Possible Overcrowded Houses.

H %; %;				House	House	ANTIBRI ES
	10 New Road	G. S. Hird	Mrs. A. King	က	က	Recommended for Demolition
33	28 The Green	W. Boness	S. Robinson, Esq., J.P.	3	3	23 23
	38 Hurgill Road	A. Parmley		44	43	
	15 York Square	A. Smith	S. Robinson, Esq., J.P.	5	20	
5.	12 York Square	Mrs. J. Farry	S. Robinson, Esq., J.P.	3	က	
	4 Ryder's Wynd	Mrs. L. Smith	Vaughan Williams	5	5	
7.	31 Millgate	A. Russell	Miss Buchanan	43	43	
8.	6 Waterloo	J. Glenton	S. Rodber	5	20	
9.	17 Hurgill Road	G. Gates	G. R. Wade	3	4	
10. 1	11 Hurgill Road	Mrs. A. O'Hern	G. R. Wade	3	က	
	4 Flints Terrace	G. Bell	J. Ringrose, Esq., J.P.	5	20	
	21 Bargate	T. McGuinness	Parmley	9	9	
13. 1	1 Anchorage Place	W. Charlton	Mrs. Gates	23	က	
14. 2	2 Cornforth Hill	Alf. Ellis	Mr. Thompson			
			c/o C. B. Lykens	5	5	
15. 8	8 The Barr	A. Gregg	Mrs. Dowler	4	ಣ	
16. 8	5 New Road	A. Mallaburn	Mrs. A. Frost	3	က	Recommended for
						Demolition (an under-
17. 3	39 Newbiggin	H. Thomas	Zetland Estates	7	7.	taking has been given)
	53 Newbiggin		Mrs. Brown	43	43	
19. 4 20. 3	4 Robinson's Yard	C. Green	D. Cullington Mr. I. Rlades	es 14	es re	

Houses Recommended to be Condemned.

				.əu	реј	in Se	eq Bu	tsb isu	ощ	M	999 Ne	8 90 9 6		T lifo	hit	Μ				
Type of House	2 bedroom house	In overcrowded list	3 bedroom house	2 ,, ,,		In overcrowded list	1 bedroom house	2 ,, ,,	In overcrowded list	2 bedroom house	Houses not accounted	for owing to Loy re-	Chapel Wynd	In overcrowded list	2 bedroom house	3 ,, ,,		3 ,, ,,	3 ,,	3 ,, ,,
Tenant	S. Tavlor	Swan	W. Barness	A. Brown	Mrs. M. Burns	F. Pierce	Mrs. A. Jefferson	Mrs. E. Thorpe	J. Hunter	T. Earle	Wm. Delaney	G. Lancaster	Wm. Leighton	G. Tempest	J. D. Bagley	C. Checksfield	J. Morgan	M. Speirs	H. W. Jones	J. Ramsay
Owner	Mrs. E. D. Brewell	S. Robinson, Esq., J.P.	S. Robinson, Esq., J.P.	Mrs. Brown	Mrs. Brown	Mrs. Brown	Mrs. Brown	S. Rodber	C. Jackson	C. Jackson	C. Jackson	C. Jackson	C. Jackson	C. Jackson	C. Jackson	C. Jackson	J. Mattison	Miss R. A. Beagarie	Miss R. A. Beagarie	Miss R. A. Beagarie
Situation	12 The Green (back)	26 The Green	28 The Green	2 Fryer's Yard	3 Fryer's Yard	4 Fryer's Yard	5 Fryer's Yard	2 Bank Yard	5 Bank Yard	2 Reynoldson's Yard	5 Reynoldson's Yard	6 Reynoldson's Yard	7 Reynoldson's Yard	8 Reynoldson's Yard	9 Reynoldson's Yard	10 Reynoldson's Yard	8 Waterloo	13 Waterloo	15 Waterloo	17 Waterloo
	1.	3	33	÷	5.	9	3	8	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.

							ni l	ted	gpo	ш	uo:	acc	9	q o	T		Sec.					2002
House	house	,,	33		33	33	33	33	,,	93	"	"		33		,,		:		virs. Serve	house	"
Type of House	3 bedroom house	,,	3,,	3 ,,	3	,,,	3 ,,	3 ,,	,,	3 ,,	3 ,,	3,	3	,,	3 ,,	3,				To force repairs. Ser Demolition Order.	2 bedroom house	3 ,,
-		-	-	-	-	-	-	-	-		-	-	_	-	-	-	-			-	-	
Tenant	Mrs. A. Hutchinson	Thos. Hutchinson	Mrs. S. A. Jeffrey	J. Bagley	R. Garbutt	W. Stephenson	T. Keily	R. H. Walker	Stan. Hird	S. H. Myers	J. Findlay	F. Hammond,	Franklin & Roach	C. Sanderson	W. Hutchinson	T. J. Rutherford	W. Thomas	C. Earle	J. McMurrough		T. McDonald	H. Stewart
Owner	Parmley	Parmley	Parmley	Parmley	Farmley	C. Hunton	Mrs. Ada Frost	Mrs. Ada Frost	Mrs. A. King	Mrs. Ada Frost	Mrs. A. King	Richmond Corporation		Richmond Corporation	Parmley		T. B. Shaw	Mrs. Murray				
Situation	35 Waterloo	37 Waterloo	37 Waterloo	39 Waterloo	41 Waterloo	23 Millgate	5 New Road	7 New Road	10 New Road	11 New Road	12 New Road	1 Toll Booth (2 houses		3 Toll Booth	4 Toll Booth	7 Toll Booth	8 Toll Booth	9 Toll Booth	10 Bargate	0	30 Bridge Street	17 Brand's Terrace
	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	35.		33.	34.	35.	36.	25	300		39.	40.

Whiteliffe 56 New Housing Scheme.

The following people will be accommodated in the new Whitcliffe 56 Housing Scheme and I am tabulating them, giving preference to the most deserving cases primarily. I would like the Committee to carry out their Housing Programme by removing the people shown in the following list:—

List of People to Re-House.

Name	Address	3 B.R.	2 B.R.
Taylor S.	12 The Green		1
Swan G.	26 The Green	. 1	
Boaness W.	28 The Green	1 1	
Stephenson W.	23 Millgate		1
Delany W.	5 Reynoldson's Yard		1 1 1
Lancaster G.	6 Reynoldson's Yard		1
Nelson J.	7 Revnoldson's Yard	1	
Tempest G.	8 Reynoldson's Yard	1	
Bagley J. D.	9 Reynoldson's Yard	1	
Checksfield C.	10 Reynoldson's Yard	1	
Earl T.	2 Reynoldson's Yard		1
Morgan J.	8 Waterloo	1	
Speirs M.	13 Waterloo		1
Ramsay J.	17 Waterloo	- 1	
Hutchinson M. A.	35 Waterloo	1	
Hutchinson Thos.	37 Waterloo	1	
Jeffries Mrs.	37 Waterloo		1
Bagley J.	39 Waterloo	1	
Garbutt R.	41 Waterloo		1
Kiely T.	5 New Road		1 1 1
Walker R. H.	7 New Road		1
Hird S.	10 New Road		1
Myers S H.	11 New Road	1	-
	The state of the s	-	1
Findlay J.	12 New Road	1	1
Hammond F. (2 families) Hutchinson W.	1 Toll Booth 4 Toll Booth	1	_
		1	
Rutherford T.	7 Toll Booth		1
Thomas A. E.	8 Toll Booth	1	-
Earl C.	9 Toll Booth	1	1
McDonald T.	30 Bridge Street	1	1
Stewart H.	17 Brand's Terrace	1	1
Thorpe W.	2 Bank Yard		1
		17	16
		11	10

31
CLEARANCE AREA.

Name	Address	3 B.R.	2 B.R.
Parkin Elizabeth	2 Chapel Wynd		1
Pates Mary Ann	10 Chapel Wynd		1
King C.	11 Chapel Wynd		1
Davis W. W.	14 Chapel Wynd		1
Yeoman G.	6 Chapel Wynd		1
Hoye Helen	9a Chapel Wynd		1
Poppleton Thos.	9b Chapel Wynd		1
Hesketh Mary A.	8 Chapel Wynd	1	
Groves Robert	7 Woodyard		1
Angus John	9 Woodyard		1
		1	9

The balance of 13 houses will be used for cases of overcrowding. (See Overcrowded List in this Report).

Chapel Wynd and Woodyard Clearance Order Rehousing.

There are still 10 tenants to be removed from the above site (see list) to the Whitcliffe Reeth Road New Housing Site (see previous list), which has now in 1938 been sanctioned by the Ministry of Health. 9 two-bedroom type and 1 three-bedroom type will be necessary to rehouse the occupants and clear the area.

It is satisfactory to note that the 56 houses will be built together, and when completed there will be a distinct improvement in the housing conditions of the working class.

Apendix.

Chapel Wynd and Woodyard Clearance Order, 1935.

A portion of the people in the original order have been rehoused in Bridge Terrace, Whitcliffe Terrace and Tower Street. Those given below will be rehoused in the New Whitcliffe 56 Housing Scheme.

Situation	Owner	Tenant			
2 Chapel Wynd	S. Robinson, Esq., J.P.	Mrs. E. Parkin			
10 Chapel Wynd	S. Robinson, Esq., J.P.	Mrs. M. A. Bates			
11 Chapel Wynd	S. Robinson, Esq., J.P.	C. King			
14 Chapel Wynd	S. Robinson, Esq., J.P.	W. W. Davis			
5 Chapel Wynd	B. Loy	Ellen Hoy			
6 Chapel Wynd	B. Loy	G. Yeoman			
9c Chapel Wynd	B. Loy	A. Loy (single)			
9d Chapel Wynd	B. Loy	T. Poppleton (single)			
8 Chapel Wynd	A. Loy	M. A. Hesketh			
7 Woodyard	S. Robinson, Esq., J.P.	R. Groves (single)			
9 Woodvard	S. Robinson, Esq., J.P.	J. Angus			

Housing Statistics for Year 1937.

	Number of new houses erected during the year:— Total	12
1.	Inspection of dwelling houses during year:— (1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 2	03
	(b) Number of inspections made for the purpose 2	03
	(2) (a) Number of dwelling houses included under sub-head (1) above which were inspected and recorded under the Hous- ing Consolidated Regulations, 1925	21
	(b) Number of inspections made for the	21
	(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	nil
	(4) Number of dwelling houses (exclusive of those referred to under the preceding subhead) found not to be in all respects reasonably fit for human habitation	nil
2.	Remedy of Defects during the year without Service of formal notices:— Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	8
13	Action under Statutory Powers during the year:— .—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
	(1) Number of dwelling houses in respect of which notices were served requiring repairs	9
	(2) Number of dwelling houses which were rendered fit after service of formal notices	
	(a) By owners (b) By Local Authority in default of	9
	(b) By Local Authority in default of owners	nil

B.—Proceedings under Public Health Acts:—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	25
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By owners	25
(b) By Local Authority in default of owners	nil
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(1) Number of dwelling houses in respect of which Demolition Orders were made	nil
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	4
D.—Proceedings under Section 12 of the Housing Act, 1936:—	
(1) Number of separate tenements or under- ground rooms in respect of which Closing Orders were made	nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil
Housing Act, 1936, Part IV.—Overcrowding:—	
(2) Number of families dwelling therein	19 20
B.—Number of new cases of overcrowding reported	02½
C.—(1) Number of cases of overcrowding relieved during the year	3
	$11\frac{1}{2}$
D.—Particulars of any cases in which dwelling houses became overcrowded after the Local Authority had taken steps for the abatement	
of overcrowding	nil

Summary of Notices served by the Borough Surveyor and Sanitary Inspector.

Defective Spouts and Roofs				3
Houses disinfected and inspect	ed af	ter		
	Infe	ectious	Diseases	6
Defective Drains and W.C's.			***	3
Defective Ashbins				15
Bugs				4
Rats				7
Accumulation of Old Tins, &c.				1
Deposits of Manure				1
Dangerous Buildings				2
		Tota	1	42

These were all informal notices and were complied with.

Eradication of Bed Bugs.

- 1. Number of
 - (a) Council Houses found to be infested ... 2
 Council Houses disinfested ... 2
 - (b) Other houses found to be infested ... 2
 Other houses disinfested ... 2
- Methods employed for freeing infested houses from bed bugs:—

Zaldecyde was used for the above.

- With regard to the belongings of tenants prior to removal to Council Houses, no action has been necessary.
- 4. Disinfestation is carried out by the Local Authority.
- Measures taken to prevent infestation and re-infestation consist of frequent inspections.

Inspection and Supervision of Fcods.

The greater part of the milk consumed in the Borough is supplied by farmers living in the Borough or just outside.

The milk is delivered twice daily by the majority of them.

There are 12 Registered Purveyors of Milk in the Borough, 4 Wholesale Traders and Purveyors and 1 Registered Dairy.

The farms and dairies have been periodically inspected. All precautions are taken to ensure so far as is practicable a safe and wholesome supply.

The health of the cows is of great importance, and it is the duty of the inspectors to examine them so that the supplies from any diseased animals can be stopped.

The need for scrupulous cleanliness in everything connected with the Milk Trade is most important. Sterilised containers should be used and these should be stored under suitable temperature conditions.

Personal cleanliness is continually being urged upon those connected with the supply, so that the milk produced will have a low bacterial count. All cows should pass the tuberculin test, i.e., be free from any signs of tuberculosis; in short, an "Attested Herd" should be aimed at. This is a herd of cows free from tuberculosis and which produces milk with a low bacterial count.

Milk (Special Designations) Order, 1936.

Three grades are now substituted for the Order of 1923:

- 1. Tuberculin Tested.
- 2. Accredited.
- 3. Pasteurised.

Licenses for 1 and 2 are issued by the County Council. Licenses for 3 are issued by the Urban or Rural District Councils, as the case may be.

These grades are certainly simpler than hithertofore even now there is a good deal of misunderstanding amongst the public.

I am of the opinion that there should be two grades of milk, tested and untested, and all milk should be sold in bottles and labelled plainly "tested" or "untested." In this manner the public would be safeguarded, for there is no doubt that untested milk is a source of danger, especially to infants and invalids, and may be a means of spreading tuberculosis and other infections.

If Tubercle Free Milk cannot be obtained there is no other measure left but Pasteurisation. This method, however, calls for special plant and supervision and can only be carried out satisfactorily in a communal establishment. The essentials of Pasteurisation are the heating of the Milk to a temperature of 150°F. for half an hour, followed by its immediate cooling below 55°F. So far as children are concerned it is advisable that either:—

- 1. Tuberculin Tested
- 2. Pasteurised

should be used if obtainable.

If the above cannot be obtained, then ungraded Milk might be used after heating in a double saucepan to a temperature just below boiling point.

Pasteurisation or the boiling of milk reduces the risk of Tuberculosis and other infections to a minimum, and will prolong the period during which milk can be kept sweet.

I would like to impress on all milk producers a most important factor which should be kept clearly in their minds, and that is—the cleaner the milk they can produce and the freer it is from any signs of disease, the longer will universal pasteurisation be delayed.

Meat.

Every facility is allowed for the inspection of Carcases at the time of slaughter. The slaughter houses have been visited regularly and have been kept in a clean condition.

Limewashing is carried out periodically, and more attention has been given to the removal of refuse. The standard of cattle used for human consumption is good. Every care is taken that no unsound meat is offered for sale. Under the Public Health (Meat) Regulations, 1924, the butchers are under an obligation to notify the Meat Inspector of any disease or suspected disease found. Tuberculous cattle when found are at once isolated and ordered to be destroyed. None were found during the year.

No meat is now displayed unprotected outside the butchers' premises.

The Shops, Stalls, Stores and Vehicles have been inspected frequently, and are for the most part satisfactory. The interior of the shops, including counters, blocks, knives, and other implements used are kept in a clean condition. Trimmings and refuse are kept in proper receptacles and regularly removed.

The Stalls in the Covered Market have been periodically inspected and are kept in a clean condition.

Other Foods.

The sanitary conditions of the premises where foods are prepared or exposed for sale have been regularly inspected and found satisfactory. The bakehouses have been frequently inspected by the Sanitary Inspector and faults remedied where found. They are lime-washed twice yearly as required by Section 99 of the Factory and Workshops Act.

No cases of food poisoning have been brought to my notice during the year.

Prevalence and Control over Infectious Diseases.

7 cases of Scarlet Fever were notified during the year, 6 being removed to the Isolation Hospital; the remaining case was treated at home, as satisfactory isolation could be effected.

The cases were mild in character and without any complications.

No cases of Diphtheria were notified during the year.

The usual sources of spreading infection are the Schools and Cinemas and places where children congregate. There is still a lack of responsibility, and exposure of children who are infected in public, in such diseases as Measles, Chicken Pox and Whooping Cough, is frequent.

In the case of Measles particularly a medical opinion is necessary, as often it is thought by the laity when the rash goes the complaint goes. This is an erroneous idea, for very often the patient is left very debilitated, and it is in this state, unless treated, that more serious complaints may be superimposed.

With regard to Measles and Whooping Cough, I am of the opinion that compulsory notification would be beneficial, at any rate for five years. The dangers would then be realised and the importance of thorough nursing more readily understood. At the present time, both of the

above diseases are looked upon far too lightly. The death rate of Measles and Whooping Cough in England and Wales during 1937 was .02 and .04 respectively per 1000 as compared with .01 per 1000 for Scarlet Fever, and yet the latter is looked upon with much greater concern.

All houses where cases of infectious disease have been notified are visited and full investigations made with a view to:—

- 1. Tracing the cause of infection.
- 2. Ascertaining if there are any contacts.

Appropriate measures are always taken to prevent the spread. The premises are inspected and notices are served for defects where found.

All infected bedding and clothing is removed from infected houses and disinfected by steam.

The houses are disinfected by formalin and S.O2. gas.

Diphtheria Antitoxin is supplied free of charge by the Local Authority to the Medical Practitioners practising in the district when required.

Bacteriological examination of throat swabs are made for the Medical Practitioners by the Clinical Research Association, London, in regard to Diphtheria.

The County Council have made arrangements for the Bacteriological examination of specimens of sputum in cases of Pulmonary Tuberculosis.

Influenza vaccines are provided by the County Council to the Medical Officer of Health for distribution to Practitioners where necessary.

Disinfection is also carried out following deaths from Cancer and Tuberculosis. To reduce infectious diseases the exciting cause must be dealt with, and of these overcrowding and defective houses are the chief.

Immunisation by alum precipitated toxoid has been used in private cases against Diphtheria, but as yet it has not been employed to any great extent.

Immunisation against Scarlet Fever has been done in a few private cases, but has not been universally adopted.

Notifiable Diseases during the Year 1937.

DISEASE			tal Cases notified	Cases Admitted to Hospital	Total Deaths	
Small Pox			nil	nil	nil	
Scarlet Fever			7	6	nil	
Diphtheria			nil	nil	nil	
Enteric Fever						
(including Pa	ratyphoi	d)	nil	nil	nil	
Puerperal Fev	er		1	1	nil	
Puerperal Pyr	exia		1	1	nil	
Pneumonia			12	nil	4	
Erysipelas			2	nil	nil	

Prevention of Blindness.

No action taken under Section 66 of the Public Health Amendment Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.

Two cases of Ophthalmia Neonatorum were notified during the year, both being from the Richmond House Institution.

Tuberculosis.

New Cases and Mortality during 1937.

				New Cases.				DEATHS.			
Age Periods.		Respiratory		Non Respiratory		Respiratory		Non Respiratory			
Ages.		Μ.	F.	М.	F.	М.	F.	M.	F.		
Under 1 year		_	_	_	_	-	_	-	-		
1 and under 5 years		_		-	-	-	-	-	-		
5 and under 15 years		_	-	1	1	-	_	-	-		
15 and under 25 years		_	_	_	_	-	1	_	-		
25 and under 35 years		2	1	_	1		_	_			
35 and under 45 years				-	_	2	_	-	_		
45 and under 55 years		_		_	_	1	_	-	_		
55 and under 65 years			_	_	_	-	1	-	_		
65 years and upwards		_	-	_	_		_	_	-		
Total		2	1	1	2	3	2	_	_		

The death rate from Pulmonary Tuberculosis was .91, and that from all cases of Tuberculosis .91.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No notification has been received of any Tubercular employees in connection with the Milk Trade, therefore no action was necessary.

Public Health Act, 1925, Section 62.

No action was taken by the Council under the above Section, where power is given for the compulsory removal to hospital of urgent cases of Pulmonary Tuberculosis if proper isolation is not possible at home. All cases reported are officially notified to the Medical Officer of Health for the County and the Medical Officer of Health weekly. A Quarterly Return is also sent to the County Medical Officer.

Under the Public Health (Tuberculosis) Regulations, 1912, all cases of Tuberculosis, whether Pulmonary or Non-Pulmonary, must be promptly notified. The question is certainly receiving more attention than hitherto, but deaths from Tuberculosis do occur where the case has not been notified. Without early notification no preventive scheme can be a great deal of use. In the case of patients returning from Sanatoria difficulties have arisen owing to the necessary isolation which is required. In such cases more suitable accommodation is recommended and offered wherever possible.

My thanks are due to the Staff who have worked loyally with me, to the Head Teachers of the various Schools, to the School Attendance Officer, the School Nurses, and the Chairman and Members of the Sanitary Committee for their co-operation and help at all times.

I am, Mr. Mayor, Aldermen and Councillors,

Your obedient servant,

JOHN WILLIAMS, M.D.



