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XXXVI

1924.

WEST RIDING OF YORKSHIRE COUNTY
COUNCIL.

THIRTY-SIXTH


ANNUAL REPORT

OF THE

County Medical Officer,

1924.

*Printed by Order of the Public Health and Housing Committee,
14th December, 1925.*



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SUMMARY OF VITAL STATISTICS.

AREA of Administrative County ... 1,641,462 acres.

POPULATION for purposes of Birth Rate ... 1,523,200

POPULATION for purposes of Death Rate ... 1,522,700

SANITARY DISTRICTS, 151, namely :—11 Boroughs.

(See Table 1., Appendix).

112 Urban Districts.

28 Rural Districts.

The Vital Statistics for the years 1923 and 1924 and for the past 10 years may be summarised as follows :—

				Average for 10 years.		
				1914-23	1923	1924.
BIRTH RATE (Administrative County)	...	21·6	20·6	20·4		
(Per 1,000 estimated population.)						

DEATH RATES :—

All Causes*	13·9	12·2	12·8
-------------	-----	-----	-----	-----	------	------	------

Zymotic	0·96	0·53	0·48
---------	-----	-----	-----	-----	------	------	------

Phthisis (Tuberculosis of Respiratory System)					0·81	0·71	0·70
---	--	--	--	--	------	------	------

Other Forms of Tuberculosis			0·35	0·28	0·25
-----------------------------	-----	-----	--	--	------	------	------

Respiratory	2·51	2·11	2·43
-------------	-----	-----	-----	-----	------	------	------

(Per 1,000 estimated civil population.)

INFANTILE MORTALITY	98	81	83
---------------------	-----	-----	-----	----	----	----

i.e., Number of deaths under one year per 1,000 births.

JAMES ROBT. KAYE,
County Medical Officer.

County Hall, Wakefield,
14th December, 1925.

PART I.

Area and Population.—A change in boundary came into operation during 1924, and this is set out in the table given below :—

CHANGES IN THE BOUNDARIES OF SANITARY DISTRICTS DURING 1924.

Date of Change.	Area affected by Change.		Portion transferred.	
	Area decreased or abolished by change.	Area increased (or created) by change.	Area in Acres.	Population 1921.
1-10-24	Rotherham R.D.— <i>Whole Parish of Maltby</i> Doncaster R.D.— <i>Part of Parish of Stainton</i>	Maltby U.D.	4100	7531
			692	67
		Total of new U.D.	4792	7598

Births.—The total number registered in the Administrative County during the year 1924 was 31,091 (15,960 males, 15,131 females), which figure is equal to a rate of 20·4 per thousand of the estimated population, as compared to a rate of 18·8 for England and Wales. The 1923 birth rate for the County area was 20·6, and for 1922, 20·9. Illegitimate births numbered 1,325 (679 males, 646 females).

Table I, folded in at the end of the Report, shows the birth rate for each Sanitary District in the County, and taking those Districts having a population of over 1,000, the highest birth rates are noted at:—

Adwick-le-Street	... 33·4	Thurnscoe	... 41·2
Bolton-upon-Dearne	... 32·5	Doncaster R.D.	... 31·3
Conisbrough	... 32·3	Hemsworth R.D.	... 30·4
Cudworth	... 31·6	Pontefract R.D.	... 33·0
Hemsworth	... 31·4	Thorne R.D.	... 32·7
Maltby	... 39·5		

Those Districts with the lowest birth rates were:—

Clayton West	... 10·7	Hunsworth	... 8·4
Greetland	... 10·9	Gildersome	... 11·0
Farsley	... 10·5	Halifax R.D.	... 11·1

In quite a large number of Districts the birth rates are exceedingly low, and figures which not many years ago would have represented an average death rate, now appear with remarkable frequency in the columns devoted to a record of the birth rates.

Deaths.—During the year 1924, the nett deaths registered as belonging to the Administrative County numbered 19,486, the sex distribution being as follows, males 9,900, females 9,586. The nett death rate for the year was 12·8 per thousand of the estimated population, being slightly in excess of the rate of 12·2 recorded for the years 1923 and 1922. The average death rate for the Urban Districts in the County was 13·1, and 12·0 for the Rural Districts. The Registrar General records a death rate of 12·2 for the year under review for England and Wales.

In the appendix to this Report (see Tables I and II) will be found particulars of the death rate for each Sanitary District, and an analysis of these figures, taken from Districts with over 1,000 population, shews that in eighteen the death rate was over 16·0 per thousand, whilst it had fallen below 10·0 per thousand in thirteen areas. It might be of interest to enumerate those Districts having the highest and lowest death rates during 1924:—

Districts with highest death rates.

Barkisland	...	19·0	Oakworth	...	18·3
Heckmondwike	...	18·9	Shelf	...	19·2
Knaresborough	...	18·1	Soyland	...	19·1
Luddendenfoot	...	18·3	Stainland	...	19·6

Districts with the lowest death rates.

Adwick-le-Street	...	8·7	Selby	...	9·9
Altorts	...	9·3	Shelley	...	8·8
Bentley-w-Arksey	...	8·7	Thurnscoe	...	9·6
Clayton West	...	8·7	Doncaster R.D.	...	9·8
Emley	...	9·7	Kiveton Park R.D.	...	9·5
Garforth	...	9·9	Wharfedale South R.D.	...	8·9
Maltby	...	9·5			

Transferable Deaths.—Under the Registrar General's system of quarterly distribution of "transferable deaths" (i.e., the allocation of deaths from the districts in which they occur to the place of usual residence) slips relating to 2,936 deaths were sent out to the local Medical Officers of Health during 1924.

Mortality at Different Ages.—The following table gives the mortality from various causes in different age-groups in the West Riding County Area during 1924, the figures having been compiled from a return furnished by the Registrar General.

CAUSES OF DEATH.	Age at Death.									All Ages
	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upwards.	
Enteric Fever	—	—	3	3	3	21	6	1	—	37
Smallpox	—	—	—	—	—	—	—	—	—	—
Measles	34	61	39	15	—	2	1	—	—	152
Scarlet Fever	—	2	15	13	4	3	—	—	—	37
Whooping Cough	83	60	45	5	—	—	—	—	—	193
Diphtheria	—	9	35	23	2	1	—	—	—	70
Influenza	46	33	29	29	30	166	292	191	162	978
Encephalitis Lethargica	1	2	4	7	13	8	11	2	—	48
Meningococcal Meningitis	2	—	1	2	2	1	1	—	—	9
Tuberculosis of Respiratory System	2	7	10	41	245	460	254	41	6	1066
Other Tuberculous Diseases	42	56	53	76	60	49	33	9	2	380
Cancer, Malignant Disease	—	1	5	6	13	165	851	566	199	1806
Rheumatic Fever	1	—	3	20	24	20	11	2	—	81
Diabetes	—	1	—	5	7	24	66	66	21	190
Cerebral Hæmorrhage, etc.	—	1	—	—	3	35	370	521	356	1286
Heart Disease	1	2	7	32	56	208	832	816	489	2443
Arterio-Sclerosis	—	—	—	—	—	5	121	230	288	644
Bronchitis	191	43	28	9	3	34	257	497	491	1553
Pneumonia (all forms)	481	283	180	68	55	200	340	171	119	1897
Other Respiratory Diseases	19	10	22	8	10	32	73	44	27	245
Ulcer of Stomach or Duodenum	—	—	—	—	7	39	62	15	4	127
Diarrhoea, etc.	209	40	17	5	4	7	14	17	17	330
Appendicitis and Typhlitis	—	—	4	23	22	20	25	10	3	107
Cirrhosis of Liver	—	—	—	—	—	6	24	10	1	41
Acute and Chronic Nephritis	3	2	6	20	17	73	225	158	57	561
Puerperal Sepsis	—	—	—	—	10	39	—	—	—	49
Other Accidents and Diseases of Pregnancy and Parturition	—	—	—	—	11	79	3	—	—	93
Congenital Debility and Malformation, Premature Birth	1029	2	5	4	3	1	—	—	—	1044
Suicide	—	—	—	1	12	43	81	19	3	159
Other Deaths from Violence	23	10	41	62	105	143	148	54	44	630
Other Defined Diseases	402	67	76	82	86	315	616	562	978	3184
Causes Ill-defined or Unknown	1	3	—	2	2	7	24	7	—	46
ALL CAUSES	2570	695	628	561	809	2206	4741	4009	3267	19486

Age-distribution of the Nett Deaths.

	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upwards.	Total (Nett Deaths).
Urban Districts (123)	1895	507	471	401	606	1684	3712	3121	2387	14784
Rural Districts (28)	675	188	157	160	203	522	1029	888	880	4702
West Riding Administrative County ...	2570	695	628	561	809	2206	4741	4009	3267	19486

West Riding Birth and Death Rates for Ten Years.

The following table shows the County birth and death-rates for the past 10 years:—

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Birth-rate	22·8	21·2	19·6	18·6	19·0	25·2	23·3	20·9	20·6	20·4
Death-rate	15·0	14·0	14·4	18·5	14·2	12·6	12·6	12·2	12·2	12·8
Infant Mortality*	112	96	99	112	100	92	97	81	81	83
Zymotic Death-rate	1·63	0·92	0·95	1·61	0·57	0·95	0·78	0·58	0·53	0·44
Small-Pox	nil	nil	0·00	nil	0·00	nil	nil	0·00	nil	nil
Scarlet Fever ..	0·06	0·04	0·00	0·02	0·02	0·02	0·02	0·03	0·03	0·00
Diphtheria & Croup	0·18	0·16	0·14	0·14	0·13	0·13	0·09	0·07	0·04	0·00
Enteric Fever ..	0·07	0·05	0·06	0·06	0·03	0·03	0·06	0·03	0·02	0·00
Measles	0·53	0·13	0·31	0·71	0·12	0·34	0·02	0·16	0·15	0·10
Whooping Cough ..	0·22	0·11	0·13	0·38	0·07	0·07	0·21	0·13	0·11	0·13
Diarrhoea, &c.† ..	18·64	14·07	10·42	12·58	10·45	13·60	16·43	7·77	8·48	8·00
Respiratory	2·88	2·25	2·77	3·39	2·84	2·27	2·20	2·07	2·11	2·43
Phthisis	0·80	0·89	0·98	1·06	0·82	0·71	0·74	0·68	0·71	0·70

* Deaths under one year per 1,000 births.

† Deaths under two years of age per 1,000 births.

Average Birth and Death Rates from 1904 to 1923.

The following table gives the average rates for quinquennial periods (compared with the rates for 1924) for the Urban and Rural Districts of the Administrative County:—

RATE.	URBAN DISTRICTS.					RURAL DISTRICTS.				
	Quinquennial Periods.				Year 1924 for com- par- ison.	Quinquennial Periods.				Year 1924 for com- par- ison.
	1904-08	1909-13	1914-18	1919-23		1904-08	1909-13	1914-18	1919-23	
Birth Rate	26·3	24·4	20·2	21·0	19·5	28·5	27·3	25·3	24·2	22·9
† Infant Mortality	139	119	108	91	86	126	111	104	89	75
Death Rates:—										
All Causes	15·3	14·2	15·2	13·0	13·1	14·7	13·3	15·0	12·1	12·0
* Zymotic Diseases ...	1·93	1·45	1·23	0·66	0·49	1·77	1·47	1·36	0·74	0·46
Smallpox	0·04	0·00	0·00	0·00	nil.	0·00	nil.	0·00	nil.	nil.
Scarlet Fever	0·13	0·07	0·04	0·03	0·03	0·13	0·05	0·04	0·03	0·02
Diphtheria and Croup	0·19	0·14	0·18	0·09	0·05	0·19	0·13	0·12	0·10	0·03
Enteric Fever	0·12	0·09	0·06	0·04	0·02	0·10	0·09	0·07	0·03	0·03
Measles	0·36	0·31	0·39	0·15	0·11	0·31	0·32	0·42	0·16	0·08
Whooping Cough	0·26	0·21	0·22	0·11	0·11	0·25	0·19	0·23	0·13	0·17
Respiratory Diseases	2·71	2·45	2·76	2·35	2·51	2·50	2·28	2·70	2·08	2·20
Respiratory Tuberculosis	1·03	0·86	0·92	0·78	0·73	0·78	0·66	0·79	0·60	0·62
Other Tuberculous Diseases	0·52	0·46	0·42	0·31	0·25	0·42	0·38	0·36	0·27	0·26

† Deaths under one year per 1,000 births.

* Up to and including the quinquennium 1909-13 includes deaths from Diarrhoea and Enteritis at all ages, but from 1914 those occurring under two years of age only.

Urban and Rural Statistics for 1924.—These are set out below for the aggregate districts, and a comparison is afforded with the figures for England and Wales:—

	Annual Rates per 1,000 of the Estimated Population.					Infant Mortality (Deaths under one year per 1,000 Births).
	Birth-rate.	Death-rate.	Zymotic* Death-rate.	Phthisis Death-rate.	Respiratory Death-rate.	
(1) Urban Districts in the West Riding	19·5	13·1	0·5	0·7	2·5	86
(2) Rural Districts in the West Riding	22·9	12·0	0·5	0·6	2·2	75
(3) West Riding Administrative County	20·4	12·8	0·5	0·7	2·4	83
(4) <i>England & Wales</i>	18·8	12·2	0·4	0·8	2·1	75

* Includes Deaths from Diarrhœa, etc., under 2 years of age only.

Zymotic Disease.—Particulars regarding the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was 0·48 per 1,000 of the estimated population.

Zymotic Disease.	No. of Cases 1924.	No. of Deaths 1924.	Ratio of Deaths.	
			(a) per 1000 persons attacked.	(b) per 1000 persons living.
(1) Small-Pox	71	—	nil	nil
(2) Scarlet Fever	3468	37	10·67	0·02
(3) Diphtheria and Membraneous Croup	1014	70	69·01	0·05
(4) Enteric Fever	279	37	132·60	0·02
(5) Measles	?	152	?	0·10
(6) Whooping Cough	?	193	?	0·13
(7) Diarrhœa, &c. under two years	?	249	?	0·16
Total of chief Zymotic Diseases	?	738	?	0·48

Isolation Hospitals.—The following table gives particulars of the removals to hospital during 1924. Columns 25 to 29 of Table III (see Appendix) show the removals for each district:—

	Total cases notified.	Cases removed to Hospital	
		Number.	Percentage.
Small-Pox	71	71	100·0
Scarlet Fever	3468	3013	86·9
Diphtheria and Membraneous Croup ...	1014	863	85·1
Enteric Fever	279	191	68·5
Total for 1924 ...	4832	4138	85·6

Cancer, Malignant Disease.—The following table shows the death-rate from this cause in the West Riding Administrative County during the past ten years, and the equivalent figures for England and Wales are given for comparison. It will be noted that the rate for 1924 shows a slight increase over previous years, and it is a question of course as to how far some part of this increase can be put down to improved diagnosis, and more accurate registration. At the same time there are other factors such as, for example, the expectation of life is improving, and more people survive to cancer age.

Year.	Administrative County.		England & Wales.
	No. of Deaths.	Death-rate per 1,000 population.	Death-rate per 1,000 population.
1914	1,459	0·94	1·07
1915	1,394	0·97	1·12
1916	1,563	1·11	1·17
1917	1,505	1·15	1·21
1918	1,502	1·11	1·22
1919	1,506	1·05	1·14
1920	1,607	1·07	1·16
1921	1,684	1·11	1·21
1922	1,729	1·15	1·23
1923	1,743	1·16	1·27
Average 1914-1923	1,569	1·08	1·18
1924	1,806	1·19	1·30

Smallpox.—Continued prevalent in the Doncaster area (Borough and surrounding Urban and Rural Districts) during the first six months of this year.

Adwick-le-Street U.D. had 21 cases in the first quarter.

Doncaster Borough had 15 „ „ second quarter.

1 case in the fourth quarter.

Doncaster Rural had 3 cases in the first half year.

All were of the mild type, treated in Hospital, and none were fatal. The preventive measures and systematic supervision being still in force in this area, were promptly carried out.

Towards the end of May the disease spread to Rotherham Rural District from Chesterfield Borough, where it had been prevalent, and 28 cases in all were notified. This small outbreak was almost entirely amongst school children, and of a very mild type. Prompt measures, constant supervision of school children at the schools, and in some districts house-to-house visitation, taken by the Medical Officer of Health with assistance from the Medical Staff of the County Council, were successful in limiting the spread.

A single isolated case occurred in Bolton-upon-Deane, the infection having been contracted at Gloucester during a visit. All contacts submitted to vaccination and no other case resulted. In Linthwaite two cases also occurred. In both these districts assistance was given by this Department.

Consultations on cases of suspected smallpox were made at Pool (Wharfedale R.D.), Skipton U.D., Pudsey B., Hemsworth U.D., Rotherham R.D., and Goole U.D.

Encephalitis Lethargica.—There have been 134 notifications during 1924, 79 from Urban Districts and 55 from Rural Districts. Of these about half occurred during April and May, and many were incidental to the area around Sheffield.

I still adhere to the policy of getting as much information as possible with regard to these cases by means of a schedule of enquiry, and in 87 cases this detailed information has been given. From these details no information can be extracted pointing to any outstanding predisposing factor, nor can a useful history of infection be traced—nearly every area in the Riding has subscribed one or two cases.

The ages have ranged from 1½ to 84 years, the following table showing the age groups:—

Age Group.	No. of Cases.
Under 5 years	5
5-10	10
10-20	23
20-30	18
30-40	14
40-50	4
50-60	7
Over 60	6
	—
	87
	—

These few figures bear out that the chief incidence of the disease is during vigorous adult life. As many as were willing were treated either in the isolation or voluntary hospitals.

Many cases of suspected Encephalitis Lethargica were visited by the Medical Staff of this Department.

A special investigation with regard to Encephalitis Lethargica among children of school age is dealt with in the Report on School Medical Inspection.

Infant Mortality.—A study of the distribution of high Infantile Mortality over a few years shows that a few places have a consistently high mortality, but others vary within very wide limits. In making comparisons only those places are taken which have more than 50 births, but this figure is not high enough to give a reliable index, because the occurrence of a few deaths more or less causes the infant mortality rate to fluctuate widely. For the purpose of statistical enquiry 100 births are barely adequate, and some of the localities show this, e.g., in one year a place may be in the "black list" with a high mortality rate, and in the next year it may occupy an honourable place among the best.

But apart from fluctuations due to the rate being calculated on a small number of births, there are some places in the West Riding which consistently occupy an unenviable position in the "black list." Based on a comparison of the rates for the last five years these districts are Birstall, Castleford, Conisbrough, Featherstone, Horbury, Mytholmroyd, Keighley Borough, Pontefract Borough, and Whitwood.

In general a close correlation obtains between the housing conditions and the infant mortality rate, those places where overcrowding occurs having a high infant mortality. Rural districts have a low infant mortality. It is clear that urban life where housing conditions are poor is unfavourable to infant survival, and we are introducing babies to this world to begin life in unsuitable surroundings. In this connection the West of Ireland is generally quoted, where, in spite of the poor houses, the infant mortality is exceptionally low. Probably our crowded, smoky, sunless urban life presents a combination of unfavourable factors which handicap the babies and actually turn the scale against some of the most weakly.

In short, progressive urbanisation implies a progressive handicap to infant life unless it is accompanied by a wise foresight in securing an absence of overcrowding, a high standard of sanitary excellence, diminution of smoke, and with these external safeguards there should go hand-in-hand an enhanced appreciation of child life and greater skill in guiding it. This last is the goal and objective of the Child Welfare Centres which are being provided to carry out this necessary branch of elementary education.

Sale of Food and Drugs Acts.

Quarterly Report of Samples taken during 1924.

District.	Inspector.	Samples taken during 1924.				
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total.
Barnsley ...	J. H. Bundy ...	72	60	63	64	259
Central ...	A. Ross ...	84	72	75	99	330
Harrogate ...	H. Gamble ...	90	53	33	75	251
Mirfield ...	E. Ward ...	91	83	74	85	333
Pontefract ...	H. F. Wilkinson	79	77	68	85	309
Rotherham	J. Wilson ...	106	60	88	117	371
Shipley ...	J. Duce ...	87	79	70	82	318
Skipton ...	A. Randerson ...	93	81	80	96	350
Sowerby ...	E. Bell ...	110	96	92	110	408
Total Samples taken by the County Inspectors ...		812	661	643	813	2929
Local Authorities ...		160	161	130	236	687
Total Samples ...		972	822	773	1049	3616

The above total of 3,616 includes 49 "cow" samples (i.e. samples taken at the farms to test for quality). This frequently entails early morning visits, and of these 49 "cow" samples 46 were taken by County Inspectors, and 3 by Sanitary Inspectors of Local Authorities. Not including the "cow" samples, 1455 samples of milk were taken by the County Inspectors and 630 by local Sanitary Inspectors, making a total of 2,085; of this total 165, or 7·8%, were adulterated.

Record of samples for Ten Years, 1915-1924.

Year.	Total samples submitted by		Total Ex- amined.	Total Adul- terated.	Per- centage Adul- terated.
	County Council.	Local Authorities.			
1915	2674	714	3388	179	5.2
1916	2543	729	3272	204	6.2
1917	2425	653	3078	319	10.3
1918	2201	581	2782	349	12.5
1919	2102	580	2682	231	8.6
1920	2928	644	3572	238	6.7
1921	3065	657	3722	237	6.4
1922	2926	658	3584	190	5.3
1923	2873	711	3584	182	5.1
1924	2880	687	3567	202	5.7

The figures in above table do not include the 49 "cow" samples.

Samples taken by Local Authorities.—The following table shows how many of the †690 samples submitted by Local Authorities were taken by each Authority. Those marked with an asterisk submit samples of milk under the scheme whereby the County Council pays for the cost of analyses of such samples, and conducts any subsequent legal proceedings :—

*Barnoldswick ... 12	*Hebden Bridge 4	*Rawmarsh ... 18
Batley B. ... 88	*Hemsworth ... 12	Ripon City ... 4
*Bolton-on-Deane 7	*Horbury ... 13	*Rothwell ... 22
*Brighouse B. ... 54	*Horsforth ... 12	Spenborough ... 6
*Castleford ... 15	*Hoyland Nether 7	*Thurstonland ... 4
*Elland ... 22	*Ilkley ... 27	*Todmorden B... 22
*Featherstone ... 22	*Keighley B. ... 33	*Wombell ... 10
*Garforth ... 11	*Methley ... 9	*Hunslet R. ... 19
*Golcar ... 11	*Mexborough ... 13	*Kiveton Park R. 21
*Goole ... 12	Mytholmroyd ... 1	*Knaresbro' R... 2
*Greetland ... 1	*Normanton ... 4	*Wortley R. ... 4
Harrogate B. ... 111	*Ossett ... 9	
*Haworth ... 20	*Pudsey B. ... 28	

† Includes 3 "cow" samples.

Dirty Milk.—A special investigation has been made into the cleanliness of the milk supply. Our inspectors visited 144 districts in various parts of the Riding, and altogether 226 samples were examined. The results proved that considerable improvement has taken place since the previous series of samples were taken in 1922, and having regard to the interest now awakening it is hoped that the improvement will continue.

The following table shows the extent to which the samples examined contained dirt :—

Parts per million of fully centrifuged fluid dirt.

1 to 4 parts.	5 to 10 parts.	11 to 20 parts.	21 to 30 parts.	31 to 40 parts.	Over 40 parts.	Total.
21	114	78	8	4	1	226

It will be observed that 12 samples contained 21 to 40 parts per million of centrifuged fluid dirt. This, however, only represents the insoluble properties found by the microscope, but the soluble constituents actually remain in the milk.

There is no legal standard as to the amount of dirt which might be allowed in milk, but it is considered that 40 parts per million is an excessive amount.

The one sample shown in the above table contained 60 parts and as this was considered to be a very dirty milk, proceedings were taken by the Legal Department, with a resultant fine of £12 against the vendor.

As milk is largely consumed by invalids and young people, one cannot too strongly emphasise the importance of protection of the milk supply from contamination at the source of production, as well as during its transport to and storage by the consumer.

It is pleasing to note that there are producers in various parts of the Riding who are interested in a pure milk supply, and licences are now being issued to produce and sell "Grade A" milk. In each case the premises of the applicant are inspected as to their suitability for the purpose, a Veterinary Inspector's certificate regarding the health of the cows is submitted, and a bacteriological examination respecting the purity of the milk is also necessary before a licence is obtainable. See pages 25-26 of this Report.

TREATMENT OF VENEREAL DISEASES.

The following is a table showing the Venereal Treatment Centres and the number of attendances, etc., during 1924.

Name of Institution.	Days and Hours of Attendance.		No. of New Patients attending Clinics during 1924.	No. of doses of Arseno-benzol compound used at Clinics.	No. of In-Patient Days.	No. of Out-Patient Attendances.
	Men.	Women and Children.				
Bradford Royal Infirmary	Monday and Saturday, 9.30 a.m.; Tuesday, 6 p.m.	Monday, 5 to 7 p.m. ... Tuesday and Friday, 10 a.m.	74	436	230	2742
Burnley Victoria Hospital	Monday, 5.30 to 6.30 p.m.	Friday, 11 to 12 noon ...	4	5	—	13
Dewsbury Infirmary	Monday, 3 to 5 p.m. ... Thursday, 7 to 9 p.m. ... Wednesday, 4 to 6 p.m.	Monday, 3 to 5 p.m. ... Thursday, 7 to 9 p.m. ... Monday, 4 to 6 p.m.	65	390	33	3011
Doncaster Royal Infirmary	Friday, 11 a.m. to 1 p.m.	Friday, 4 to 6 p.m. ...	213	1251	186	5896
Goole, Bartholomew Hospital	Friday, 8 p.m. ...	Friday, 5 p.m. ...	41	11	14	441
Leeds General Infirmary	Tuesday, 3 p.m. ... Wednesday, 6.30 p.m.	Monday, 3 p.m. ... Thursday, 6.30 p.m.	236	1946	9	5064
Barnsley Clinic, Queen's Road	Thursday, 6 to 8 p.m.	Thursday, 3 to 5 p.m. ...	118	327	—	5477
Halifax Royal Infirmary	Saturday, 3 to 5 p.m. ... Thursday, 6 to 8 p.m.	Tuesday, 3.30 to 5.30 p.m. and 6 to 8 p.m.	106	197	177	1634
Huddersfield Royal Infirmary	Tuesday, 6.30 to 8.30 p.m.	Monday, 7 to 9 p.m. ...	79	216	342	1260
Keighley Victoria Hospital	Thursday, 7 to 9 p.m. ... Tuesday and Thursday, 7.30 to 8.30 p.m.	Friday, 6 to 8 p.m. ... Tuesday and Thursday, 6 to 7 p.m.	99	321	—	2815
Oldham Royal Infirmary	Tuesday, 7.30 p.m.	Tues., Wed. and Thurs., 3 p.m.	4	14	—	84
York County Hospital	Monday, 3 to 4 p.m. ... Thursday, 6 to 7 p.m.	Wednesday, 3 to 4 p.m. ... Friday, 7 to 7.30 p.m.	8	31	6	114
Rotherham Hospital (Wellgate)	Friday, 7.30 to 8 p.m. ... Tuesday, 9.30 to 11 a.m. and 5.30 to 8 p.m.	Thursday, 11 a.m. to 12 noon and 6 to 8 p.m. ...	44	128	—	871
Wakefield Clayton Hospital	Friday, 5.30 to 8 p.m. ... Wednesday, 6 to 8 p.m.; Friday, 10 to 12 noon	Friday, 3 to 5 p.m. ...	253	1157	296	5372
		Totals ...	1344	6430	1293	34794

It would seem to serve a useful purpose this year to give a short résumé of the arrangements made and facilities provided by the County Council for the treatment of Venereal Diseases.

Agreements have been made with eleven hospitals or Local Authorities in the West Riding. Of these, six are jointly with County Borough Councils for treatment in Hospitals, and two are with County Borough Councils for treatment at clinics provided by them in other than Hospital premises. Three are with Hospital Authorities, and, of these, two centres are staffed by one of my Assistants.

Arrangements have also been made in the two Lancashire County Boroughs of Burnley and Oldham for the treatment of West Riding patients residing on the borders of the County. Apart from the above Centres, there appears to be no suitable Hospital in any of the non-County Boroughs with which arrangements could be made for further service, nor in my opinion is there any call or necessity for more facilities at present, especially as the Venereal Diseases regulations permit patients to be treated at any clinic, irrespective of residence.

In cases of necessitous circumstances where, through unemployment or otherwise, patients are unable to avail themselves of treatment at the nearest clinic, payment of cost of conveyance can be provided, and this assistance has unfortunately had to be resorted to in a number of cases in order to ensure their periodic attendance until ultimately cured. At all the clinics arrangements are also made whereby patients can be retained in bed if necessary.

The following is an analysis of the combined reports of Treatment Centres compared with previous years.

Year.	New Patients.	Doses of Arsenobenzol Compounds.	In-patient Days.	Out-patient Attendances.
1920	2043	10259	2119	24552
1921	1434	8229	1540	30606
1922	1114	6685	974	27971
1923	1251	6434	1712	30155
1924	1344	6430	1293	34794

As will be noted from the above table, the number of cases attending the Centres in the Riding for the first time during 1924 was 1,344, or an average of 18·3 for each 20,000 of the population of the County, excluding the County Boroughs.

As patients have recourse to clinics situate outside, as well as those inside the Riding, the following table is prepared to

show an analysis of all new patients treated at the clinics during the year 1924 from every locality in the County, excluding Sheffield :—

Syphilis.		Soft Chancre.		Gonorrhoea.		Gonorrhoea. and Syphilis.		Other Diseases.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
988	595	16	1	1664	239	63	25	726	299
Males 2731. Females 860.						Males 726 Females 299			
<i>Venereal Diseases, 3591.</i>						<i>Non-Venereal Diseases, 1025.</i>			

These figures show that of the new patients treated for the first time during 1924, 3591 were found to be suffering from Venereal Disease, and 1,025 from some non-Venereal Disease, but were for some reason suspicious that they were or had been suffering from Venereal Disease.

It will be seen that the proportion of males to females treated was about 3 to 1; also with males, the proportion of Syphilis to Gonorrhœa was about 1 to 2, and with females the proportion of Syphilis to Gonorrhœa was $2\frac{1}{2}$ to 1.

This proportion of females suffering from Gonorrhœa is, of course, not actual, as it is a notorious fact that women will not come to the clinics as they should for advice and treatment, and this is the most stupendous obstacle in the fight for the ultimate extermination of the infection. It is more than ever evident that many of these cases would have saved money, anxiety and trouble had they been efficiently treated in the early stages of the ailment. Unfortunately, so many victims allow some period to pass, or undergo some superficial treatment, that the disease extends, and the greater its extension the more lengthy and expensive the recovery.

There is no doubt, however, that considerable progress has been made, especially with regard to Syphilis, and this can be attributed to both propaganda and the ceaseless work of the clinics. Patients attend better for treatment, and they bring their friends for advice, in many cases, of course, to be sent to other departments. House Surgeons are now alert to the possibilities which before the advent of a clinic in the Hospital did not occur to them. "When in doubt take a blood for a Wassermann" is a sound enough maxim. Now it does not seem so hopeless to have an expectation of the day when there will be practically no Syphilis, and no mentally and physically defective children as a result of specific heredity.

Dealing with Gonorrhœa, however, is a different proposition, and will be until women can be persuaded to attend for proper treatment; some are foolish enough not to care, and others, notwithstanding that facilities are provided at any time of the day, find it difficult to afford the necessary time, but here again we have a hopeful thought owing to the realisation of the significance of Ophthalmia Neonatorum, and the training of nurses and midwives in the care of the child at birth should make it impossible to have a child blind from birth from this cause.

General Practitioners approved in accordance with the Ministry of Health requirements to receive Arsenobenzol Compounds now number 57, and 163 doses were supplied during 1924.

Educational Work and Propaganda.—The West Riding Public Health and Housing Committee have arranged yearly for lectures and film exhibitions on Venereal Diseases, and have drafted the programme and itinerary of the lecturer. A lecturer was provided by the British Social Hygiene Council (late National Council for Combating Venereal Diseases), and the number of lectures and exhibitions given since the inception of the scheme is estimated as follows:—

Number of Lectures	...	...	...	124
Number of Film Exhibitions	...	...	...	90

The approximate audience reached by the propaganda work was estimated at about 80,000. Over and above this, I and my Assistant have given popular and lantern lectures on the subject in very many of the populous districts.

HOUSING.

With another change of Government there has appeared still another Act of Parliament on the Housing question, viz.: The Housing (Financial Provisions) Act, 1924, which attempts to establish continuity in dealing with the Housing problem, by the provision of an extended period of a fifteen years' programme during which to build progressively with Government assistance $2\frac{1}{2}$ million houses by extending the subsidy period of the 1923 Act for 15 years, and providing for the erection of houses at an increased rate every two years. In the years 1925-26 there have to be erected 190,000 houses; 1928-29, 255,000; 1931-32, 360,000; and 1934-35, 450,000 houses.

The continuance of the Exchequer contribution is dependent on an adequate rate of production being maintained. If the production falls short of two-thirds of the full programme proposed (ascertained triennially) the Exchequer liability may be terminated: it may also be terminated if the cost of the houses be unreasonable.

This Act, like many other modern Acts of Parliament, legislates by reference to other Housing Acts, there being many cross references.

The Exchequer contribution is increased from the £6 per year given by the 1923 Act, to £9 per year generally, and to £12 10s. 0d. per year in agricultural parishes. The period of contribution is extended from 20 to 40 years, and the lump sum grant ceases, except in the case of houses receiving the lower subsidy under the 1923 Act.

Local Authorities may themselves give assistance in addition to the Exchequer contribution. The Minister of Health is empowered in cases where he certifies that the Local Authority have failed to take the necessary steps for promoting the construction of houses, to give grants direct to private individuals.

The Act provides for an increased contribution to County Councils, etc., of £9 per year for 40 years for houses built by them, but no grant of £12 10s. 0d. a year for houses built in rural parishes, which is given to Local Authorities and private enterprise.

Assistance under the Act can be given by the Ministry and Local Authorities to private enterprise by the way of loans to builders, owner occupiers, Public Utility Societies, and similar bodies, and guarantees to Building Societies in regard to loans advanced by them to private individuals under the powers of this Act.

The rents of subsidised houses are to be subject to special conditions and are to be on a scale for pre-war houses, plus any sum not more than £4 10s. 0d. per year.

Houses are not to be built at a greater density than 8 per acre in rural parishes, or more than 12 per acre elsewhere; and except where otherwise approved by the Ministry, on the recommendation of the Local Authority, every house must be provided with a fixed bath in a bathroom.

Subsidy houses have to comply with conditions as to size; if a two-storey house, the superficial area must not be less than 620 feet, nor more than 950 feet, and in the case of a flat or one-storey house not less than 550 feet nor more than 880 feet.

The Ministry of Health have declared against giving any contribution in respect to the conversion of an Army hut or any similar building or in respect of any house:—

(a) which is constructed by the conversion, adaptation or extension of an existing building, other than the party wall of a habitable dwelling house;

(b) which contains or is constructed for occupation with an office, shop, business premises, garage, stable or similar building; or

(c) which is built to replace loss by fire.

During the year 1924, the last of the houses were built under the 1919 scheme, which was so drastically "cut" by the Government in 1921. Action under the 1923 Act, which was passed on the 31st July, began to take place and a modest start was made under the 1924 Act, which was passed on the 7th August.

The net result in houses completed under these three Acts during 1924 was as follows:—

Act of 1919 ...	...	...	...	...	132 houses.
„ 1923 ...	...	...	...	...	3799 „
„ 1924 ...	...	...	...	...	55 „

Total 3986

In addition to the houses completed by Local Authorities under the 1923 Act, work had commenced on 918 houses, and contracts for the building of 370 had been signed. Assistance to private enterprise has been arranged for 4,490 houses, and at the end of the year 1924, 571 houses had been authorised but not commenced.

Public Utility Society Schemes, and schemes under Section 3 of the 1923 Act accounted for 886 houses completed, and 557 in course of erection.

Under the 1924 Act, Local Authorities had made signed contracts for the erection of 474 houses, of which 55 houses were completed, 265 under construction, leaving 154 to be commenced.

It may be of interest to note that the net result in the West Riding Administrative area for the provision of houses under each of the Government Assisted Housing Schemes since their inception up to 31st December, 1924, has been as follows:—

Agencies.		1919 Scheme	1923 Scheme	1924 Scheme	Totals
Borough Councils	...	1234	231	—	1465
Urban District Councils	...	5486	572	55	6113
Rural District Councils	...	4253	228	—	4481
Public Utility Societies	...	706	1187	—	1893
Private Builders	...	2225	2239	—	4464
		13904	4457	55	18416

The total number of houses erected in the West Riding during 1924, in addition to the 3,986 built under the Government Assisted Scheme, was 928, making a total of 4,914 houses, which is below the average number built before the War (5,000

per annum), but it is a welcome advance on the year 1923, when only 3,849 houses were erected.

HOUSING INSPECTIONS BY LOCAL AUTHORITIES.

Under the Housing (Inspection of District) Regulations, 1910. 17,122 inspections were made, or an increase of 2,936 on the 1923 total, but this number is far too low, and shows that local Sanitary Authorities are not dealing with the unsatisfactory housing conditions, especially with regard to houses which are not in all respects reasonably fit for habitation, and also as to unfit houses.

The following tables indicate the position of Urban and Rural Districts and the result of the inspections.

Sanitary Authorities.			Remarks.
Urban.	Rural.	Total.	
104	24	128	Total Inspections 17,122 houses (Urban 14,517, Rural 2,605) No inspections recorded or particulars available
19	4	23	
123	28	151	

The results of the inspections were :—

	Urban. Districts.	Rural. Districts.	Total.
Houses found unfit	340	22	362
Unfit houses represented to Authority for closing	66	20	86
Closing Orders made	55	16	71
Houses made fit after Closing Orders	28	2	30
Houses with defects remedied without Closing Orders	7933	1925	9858

The 16 districts where no inspections are recorded are as follows :—

Farnley Tyas Urban District.	Great Ouseburn Rural District.
Farsley Urban District	Hunslet Rural District.
Gildersome „ „	Keighley „ „
Greasbrough „ „	Settle „ „
Greetland „ „	
Horbury „ „	
Kirkheaton „ „	
Linthwaite „ „	
Rishworth „ „	
Southowram „ „	
Sowerby „ „	
Tickhill „ „	

Seven of the local Annual Reports do not give either the particulars required by the Government Sanitary Officers' Order, 1922, in regard to housing, or our Table D :—

Darfield.	Normanton.
Garforth.	Shelf.
Marsden.	Wath-upon-Deerne.
Maltby.	

In 17 Urban Districts there were 19 or less inspections made, viz.:—

Adwick-le-Street ... 3	Kirkburton ... 10
Birstall ... 10	Meltham ... 14
Bolton-upon-Deerne ... 6	Oakworth ... 17
Earby ... 6	Oxenhope ... 5
Golcar ... 9	Rothwell ... 17
Gunthwaite-and-Ing-	Scammonden ... 6
birchworth ... 1	Slaithwaite ... 18
Hipperholme ... 19	Springhead ... 6
Hoylandswaine ... 1	Thurstonland ... 16

In 3 of the Rural Districts, 16 or less inspections were made, viz.:—

Barnsley ... 14
Halifax ... 16
Todmorden ... 3

Of the 123 Urban Districts in the West Riding, 61 have carried out less than 50 inspections during the year, or under one per week, and the position is the same in respect to 12 of the Rural Districts, so that it is evident that the duties of inspection under the Housing (Inspection of District) Regulations, 1910, are not being satisfactorily carried out in these cases.

No action has been taken by any Local Authorities with regard to obstructive buildings, nor have any representations been made by Local Government electors under Section 34 (2)

of the 1890 Act, or any complaints by such electors under Section 31 of the 1890 Act, as amended by the 1923 Act. No complaint has been made by any Parish Council under Section 6 (2) of the Local Government Act, 1894, nor has any action been recorded by any of the Authorities under the Small Dwellings Acquisition Acts, 1899-1923.

The Saddleworth Urban District, who have acquired houses for division into separate tenements, record the acquisition of two houses for the division into separate tenements.

No official representations have been made in regard to unhealthy areas by any of the Authorities. The Pudsey Borough Council have given directions for a reconstruction scheme to be prepared of the Delph Hill area, under Section 39 of the 1890 Act.

Once again I have to record that the reports of the local Medical Officers confirm my own opinion as to the scarcity of houses and the consequent impossibility of dealing efficiently with this far-reaching problem.

Of the reports from the 123 Urban Districts in the Riding, 77 state that there is a shortage of houses, coupled with overcrowding; 18 others state that there is a scarcity of houses, but make no reference to overcrowding, and 6 refer to overcrowding but do not specially say that there is a shortage. Of the 28 Rural Districts, 17 refer to shortage and overcrowding, and 5 refer to there being a shortage of houses. Therefore, out of the 151 Sanitary Districts in the Riding, 117 (Urban 95, Rural 22) record the need for further houses.

Some of the officers of Rural District Councils still do not furnish me with copies of representations, complaints or information as to unfit dwelling houses, obstructive buildings, or closing orders made in their district.

The departmental work has embraced Surveys of the Urban Districts of Gildersome, Knaresborough, Methley, Mexborough, Royston and Whitwood, and the parish of South Hiendley in the Hemsworth Rural District, and re-inspections of the Urban Districts of Rothwell and Darton, and a commencement was made with the re-survey of the whole of the districts which have been reported upon since 1919.

Special assistance was given by us in regard to housing to the Urban District Councils of Drighlington, Linthwaite and Queensbury, and a Sub-Committee of the Public Health and Housing Committee met the Urban District Councils of Gildersome and Hunsworth to discuss with them the conditions arising out of our housing survey of these districts.

TOWN PLANNING.

The Baildon Urban District Council made a forward move with their Town Planning scheme during the year by submitting a preliminary statement for developing the district and the widening of nine roads; fifteen other roads are in part to be widened and in part new. There are 11 entirely new roads and one in part new. Four zones are shown for dwellings, and 874 acres for open spaces.

Leeds County Borough have in their schemes Nos. 2 and 3 included portions of the administrative area.

A Ministry of Health Inquiry was held on the 28th February, 1924, into the application of Leeds for approval to preliminary proposals for development in connection with the schemes.

In regard to No. 2 scheme the Wharfedale Rural District Council offered no objection, and the only opposition was from owners of property whose amenities would be interfered with by the scheme.

As regards No. 3 Scheme the Corporation gave the Hunslet Rural District Council an undertaking that no restrictions should be placed on the use of the land in this scheme for the extension of the Halton Sewage Works.

Wharfedale Rural District Council on the 25th January, 1924, resolved to prepare a Town Planning scheme for the whole of their area, with the exception of that portion which was included in the Leeds No. 2 scheme, and they gave the necessary notices and deposited plan No. 1.

Hunslet Rural District Council.—Oulton-with-Woodlesford scheme. The acreage included in the scheme is 1,131 acres with 143 acres in the Methley Urban District

The zoning shows that $11\frac{1}{2}$ acres are to be devoted to shops and public buildings, but with the consent of the Council, houses also may be allowed in this area. Fifteen acres are set apart for dwelling houses (12 houses to the acre); 182 acres are to be used for buildings of an industrial character, dwelling houses being excluded; 19 acres for buildings of an industrial character (excluding noxious trades) and dwelling houses. On 160 acres houses may be built not to exceed 8 to the acre, and 662 acres may be used for houses at not more than 12 to the acre.

Three open spaces amounting to a total of $32\frac{1}{2}$ acres are provided for.

Elland Urban District have made a further step forward by approving and confirming a resolution to adopt a draft scheme.

Horbury Urban District.—On this scheme an inquiry has been held.

Tadcaster Rural District.—This Council have decided to prepare a Town Planning scheme for Barwick-in-Elmet. The scheme includes the greater part of the parish of Barwick-in-Elmet and neighbourhood.

The Springhead Urban Council and the Burley-in-Wharfedale Urban Council have each decided to prepare Town Planning Schemes, which include the whole of their districts, and have given the necessary notices and deposited plans for inspection.

MILK SUPPLIES.

The question of improving the milk supply of the Riding is being taken up in earnest by the Milk Supply Sub-Committee of the Public Health and Housing Committee. The Sub-Committee decided to make a general inspection of cowsheds to ascertain the conditions under which milk is produced, and asked all Sanitary Authorities to assist them by furnishing information as to the dairies, cowsheds and milkshops in their areas. The replies were unsatisfactory, not only anent the administration of the Dairies, Cowsheds and Milkshops Orders by Local Authorities, but in the variety of Regulations in force amongst districts, and also in the hygienic condition of the cowsheds and milk stores. The replies amply justify the inspections already made and render desirable special inspections in some thirty Sanitary districts where no reply had been received to the questionnaire sent out on the instructions of the Committee. This has been done, about six representative cowsheds were dealt with in each district, and full particulars obtained of the structural conditions of the premises, lighting, ventilation, including cubic space, and the cleansing, drainage and water supply. Three hundred cowsheds were reported upon, and later various Sub-Committees spent 16 days in inspecting them, which revealed marked neglect in regard to the hygienic condition of many sheds and enforcement of statutory obligations by District Councils.

In regard to tubercular milk, the Committee caused representations to be made to the Ministry of Agriculture and Fisheries that provision should be made by Order of the Ministry to secure the slaughter of animals suffering from tuberculosis of the udder on payment of compensation.

Under the Milk (Special Designations) Order, 1923, the Milk Supply Sub-Committee considered the procedure to be adopted in connection with the granting of licences to sell "Grade A" Milk, and decided that certificates of the 27 Veterinary Inspectors appointed by the County Council for the purposes of the Diseases of Animals Act be accepted for the purpose of examining the herds of applicants for a licence, and that the bacteriological examinations made by the Agricultural Department of the University of Leeds of samples of milk submitted by applicants for licences to produce "Grade A" milk be accepted.

They also decided that licences should be granted for " Grade A " milk on the receipt of satisfactory reports from:—

- (1) A Veterinary Inspector as to the examination of the herd.
- (2) The Agricultural Department of the University of Leeds as to the bacteriological examination of the milk of the herd, and
- (3) From the County Medical Officer that the arrangements for the production, storage, and treatment of the milk comply with the conditions prescribed by the Minister of Health.

Seven applications have been made for licences to sell " Grade A " milk, and up to 31st December, 1924, two were granted, and the other applicants informed that licences would be granted on compliance with specified conditions.

Since the Milk (Special Designations) Order, 1923, came into force there have been many attractive designations given to bottled milk, which have misled the public to believe that they were purchasing statutorily designated milk. An amendment of the Order is necessary so that bottled milk cannot be sold under any other designations than those specified in the Order.

The sale of milk in properly sterilised bottles is undoubtedly a much more hygienic method of milk distribution than the sale from hand cans in the streets, exposed to dust and other filth, and is one that should be encouraged.

WATER SUPPLIES.

Inspections and reports have been made in the following districts :—

Great Ouseburn Rural District (Acomb)
 Selby Rural District (Newlands)
 Doncaster Rural District (Norton)
 Kirkburton Urban District
 Dearne Valley Water Board's supply,

and as to plumbo-solvent qualities of various supplies.

In regard to the construction of new reservoirs under private Acts of Parliament, reports have been made as to the provision of huts, with sanitary arrangements thereof, and of hospital accommodation for accidents and for infectious diseases.

GENERAL SANITARY MATTERS.

Inspections and reports have been made as to:—

Drainage and Sewerage in regard to the Borough of Pontefract, the Urban Districts of Bentley-with-Arksey, Featherstone,

Garforth, Normanton and Stanley, and the Rural Districts of Great Ouseburn (Nun Monkton), Pontefract Rural (Airedale) and Wharfedale Rural (Poo!).

Slaughterhouses in the Urban Districts of Clayton, Selby and Knaresborough.

Privy Conversions and Insanitary Closets in the Urban Districts of Birstall, Hemsworth, Luddendenfoot, Marsden, Midgley, Rawmarsh, Sowerby Bridge, Soyland and Stanley and the Rural District of Great Ouseburn (Boroughbridge).

Pit Spoil Bank Nuisances in the Borough of Pontefract and Kiveton Park Rural District (Dinnington).

Offensive Trades in the Urban Districts of Gildersome and Normanton, and the Rural Districts of Keighley (Morton Banks), and Tadcaster (Swillington).

Burning Refuse and other Refuse Tips in the Urban District of Swinton, and the Rural Districts of Hemsworth (South Elmsall) and Wakefield (Heath).

General Insanitary Conditions in the Borough of Pontefract, the Urban District of Drighlington, and the Kiveton Park Rural District (Dinnington).

Burial Ground.—Great Ouseburn Rural District (Nun Monkton).

Smallpox Hospital Site put forward by the Skipton and District Joint Hospital Committee at Delph Hill on the north-eastern boundary of the Silsden Urban District.

Sanitary Survey.—The West Riding portion of the Doncaster Union was inspected.

Ventilation of Schools.—At the request of the Education Committee investigations were made into the ventilation of the schools in the Brampton Bierlow, Mexborough, Wath-upon-Dearne, Wentworth, and Wombwell districts, which include about 20 schools, with 38 departments, and accommodation for 10,500 scholars.

Royal Commission on Local Government.—The County Sanitary Inspector accompanied the members of the Royal Commission on Local Government in their tour of inspection of the West Riding on 8th and 9th October, 1924, and gave such assistance as was required.

PART II.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

The specimens examined in the Laboratory during the year, including those from the County Boroughs of Wakefield, Dewsbury, Halifax, Barnsley and Huddersfield, numbered 21,113. The number (exclusive of Venereal specimens, which are given separately on page 31) examined for the County Borough of Wakefield was 895, for the County Borough of Dewsbury 11, and for the County Borough of Huddersfield 72.

The following table shows the number of specimens of different kinds, examined during each month of 1924.

Month.	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diph- theria.	Venereal Disease.	Miscel- laneous.	Total.
January	34	462	940	255	345	2036
February	48	444	1375	232	305	2404
March	26	436	534	246	343	1585
April	32	429	413	172	241	1287
May	108	527	409	246	402	1692
June	230	349	393	216	362	1550
July	192	370	395	226	401	1584
August	123	298	363	226	217	1227
September	153	313	472	251	404	1593
October	177	424	1023	326	470	2420
November	114	404	900	316	352	2086
December	99	351	693	249	257	1649
Total	1336	4807	7910	2961	4099	21113

Such a table helps to form some opinion of the relation of season to disease or cause and effect. Note Enteric in October—Tubercle in winter—Diphtheria in February and October and Venereal Diseases in autumn after holidays.

The next table gives the figures for 1924 in comparison with those for the previous five years:—

Year.	Serum reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diph- theria.	Venereal Disease.	Miscel- laneous.	Total.
1919	361	4581	7905	2548	2118	17513
1920	347	6363	10245	2844	2871	22675
1921	1044	4747	9830	2732	3266	21619
1922	658	3869	8938	2717	3480	19662
1923	592	4468	8087	2760	3489	19396
1924	1336	4807	7910	2961	4099	21113

During the year, 193 specimens were received which required biological examination.

Diphtheria.—During the year 7,910 swabs were examined for the diphtheria bacillus. Medical Officers of Health and practitioners submitted 7,658 specimens from suspected cases and convalescents, of which 793 were positive.

The School Medical Inspectors submitted 23 swabs from suspected cases among children attending school, and in 1 case the result was positive.

The Central Staff collected 229 swabs in connection with outbreaks of diphtheria, all of which were negative.

The diphtheria bacillus was isolated from a persistent case of nasal diphtheria and tested for virulence with positive result.

Enteric Fever.—Examination for the Widal Reaction.—During the year 1,335 specimens of blood were examined, and 152 were found to give a positive result.

Examination for the *Bacillus Typhosus*.—The number of specimens examined was 308 and consisted chiefly of samples of urine and faeces from convalescent cases and suspected carriers. Of these 6 specimens of urine and 2 of faeces were found to contain the typhoid bacillus.

Paratyphoid Fever.—During the year 1,335 specimens of blood were examined for agglutination against *Bacillus paratyphosus* A and B, and in 79 cases the result was positive.

Two hundred and fifty-five specimens (134 of faeces and 121 of urine) were examined, and in 8 specimens of faeces and 2 of urine the *Bacillus paratyphosus* B. was found.

Dysentery.—Nine specimens of faeces were examined, with negative result.

Tuberculosis.—Sputum.—The number of specimens examined for tubercle bacilli was 4,807, and in 1,004 the bacillus was found. Medical Officers of Health and practitioners submitted 2,523 specimens, the Tuberculosis Staff 2,273 (from Sanatoria 650, and from Dispensaries 1,623), and 11 specimens were received from Hospitals.

Urine.—Seventy-two specimens from suspected cases of tuberculosis of the kidney and bladder were examined, and in 6 the bacillus was found.

Other Specimens.—The remaining specimens examined for tubercle bacilli were: 30 of pus, 14 of pleural fluid, 7 of faeces, 3 of hydrocele fluid, and 1 fluid from thigh. In 7 of these the tubercle bacillus was found.

Bovine Tuberculosis.—Milk.—One hundred and fourteen specimens (101 mixed samples and 13 from individual cows) were examined. In 8 mixed samples and 4 from individual cows the bacillus was found.

Other Specimens.—Nineteen specimens were examined, namely; 12 of glands, 2 of kidney, 1 of liver, 1 of lung, 1 portion of lower jaw, 1 portion of diaphragm, and 1 portion of peritoneum. In 6 of these the bacillus was found.

Milk (Special Designations) Order, 1923.—Four samples were examined under the provisions of this order. Samples collected from two producers did not come up to the standard required for Grade A milk; in one the total bacterial content and in the other the *B. coli* content was greater than is allowed by the Order. Two subsequent samples from the same producers but obtained from dealers licensed to sell Grade A milk were found to come up to the standard.

Ringworm.—The number of specimens of hairs and scales examined for the diagnosis of ringworm was 1,808, and a positive result was obtained in 1,015. Medical Officers of Health and practitioners submitted 727, of which 349 were positive. The School Staff submitted 90, of which 61 were positive, and the Central Staff submitted 991, of which 605 were positive.

Fourteen children were sent to the laboratory for examination to determine whether treatment had been successful in completely eradicating the ringworm parasite. Eight cases were found not to be cured.

Anthrax.—Twenty-three specimens were examined for the anthrax bacillus. Of these 20 were from suspected cases of malignant pustule and in 2 the result was positive.

The particulars of the positive cases were as follows:—

No. 1.—Male, aged 50, Wool Worker, pustule on left cheek (Mirfield).

No. 2.—Male, aged 17, Horse Hair Worker, pustule on arm (Batley).

Bovine Anthrax.—Three specimens were examined, 2 specimens of cotton seed cake and 1 specimen of spleen from a beast. The specimen of spleen gave a positive result.

Cerebro-Spinal Fever.—Twenty-six specimens of cerebro-spinal fluid were examined for the presence of the meningococcus. In 2 the meningococcus was found, which confirmed the diagnosis of cerebro-spinal fever; in 1 the tubercle bacillus was found, which showed that the disease was tuberculous meningitis, and in 23 the result was negative.

Eight swabs from the throats of persons who had been in contact with a case of cerebro-spinal fever were examined, with negative result.

Water.—Thirty-four samples of water were examined, of which 14 were found to be polluted.

Ophthalmia Neonatorum.—Six specimens of pus from the eyes of infants suffering from ophthalmia suspected to be of gonorrhœal origin, were examined, with negative result.

Venereal Disease.—The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 2,961. Of these 1,028 were made on behalf of the County Boroughs of Halifax, Dewsbury, Wakefield and Barnsley.

At the request of practitioners 7 specimens were collected at the Laboratory by the Pathologist.

Nature of Test.

District.	Specimens examined for			Total.	Cost to Authority.		
	Spirochaetes	Gono-cocci.	Wasser-mann Reaction.		£	s.	d.
West Riding	21	480	1432	1933			
Halifax	5	5	242	252	86	9	0
Dewsbury	—	152	146	298	62	10	0
Wakefield	9	35	207	251	75	15	0
Barnsley	—	—	227	227	79	9	0
Totals	35	672	2254	2961	304	3	0

In addition to the above sums for Venereal Disease examinations, £152 3s. 0d. was received from the County Boroughs of Dewsbury, Huddersfield and Wakefield.

Vaccines.—Forty vaccines (19 from specimens of sputum, 14 from pus, 5 from urine and 2 from teeth) were prepared.

Silicosis Scheme.—Material from a post-mortem examination was submitted from a suspected case of silicosis. The lungs were examined microscopically, and no silicosis or tuberculosis could be found.

Post Mortems and Inquests.—The following examinations were made by Dr. Sutherland at the request of West Riding Coroners:—

- No. 1. Woman, aged 55. Suspected food poisoning. Material examined. Cause of death, "Chronic fibroid phthisis."
- No. 2. A baby boy, aged 10 months. Post-mortem examination made and material examined. Cause of death, "Pneumonia." Evidence given at the inquest.
- No. 3. Baby, female. Cause of death, "Lack of skilled attention at birth." Evidence given at the inquest.
- No. 4. Woman, aged 24. Died under anæsthetic. Post-mortem examination made and material examined. Cause of death, "Status lymphaticus." Evidence given at the inquest.

- No. 5. Boy, aged 8. Sudden death. Material examined. Cause of death, "Cerebro-spinal meningitis."
- No. 6. Baby boy, aged 16 months. Post-mortem examination made and material examined. Cause of death, "Asphyxia from whooping cough."
- No. 7. Woman, aged 46. Sudden death. Post-mortem examination made and fluid examined. Cause of death, "Septic Meningitis."
- No. 8. Woman, aged 24. Suspected criminal abortion. Post-mortem examination made. Cause of death, "Septic Peritonitis."
- No. 9. Woman, aged 43. Suspected criminal abortion. Post-mortem examination made and material examined. Cause of death, "Peritonitis following abortion."
- No. 10. Male, aged 16. Sudden death. Post-mortem examination made and material examined. Cause of death, "Syncope." Evidence given at the inquest.
- No. 11. Woman, aged 30. Suspected criminal abortion. Post-mortem examination made. Cause of death, "Pneumonia and Pleurisy with advanced disease of Aorta."
- No. 12. Male, aged 18. Suspected food poisoning. Material examined. Cause of death, "Enteritis."
- No. 13. Male, aged 32. Suspected food poisoning. Material examined. Cause of death, "Pneumonia."
- No. 14. Female, aged 28. Suspected criminal abortion. Post-mortem examination made. Cause of death, "Septicæmia following abortion." Evidence given at the inquest.
- No. 15. Female, aged 51. Sudden death. Post-mortem examination made. Cause of death, "Cerebral hæmorrhage." Evidence given at the inquest.
- No. 16. Girl, aged 11. Sudden death. Post-mortem examination made. Cause of death, "Gangrenous appendix and Septic Peritonitis." Evidence given at the inquest.
- No. 17. Male, aged 51. Died under anæsthetic. Post-mortem examination made. Cause of death, "Fatty degeneration of the heart." Evidence given at the inquest.
- No. 18. Male, aged 56. Found dead after assault. Post-mortem examination made and material examined. Cause of death, "Fracture of the skull."
- No. 19. Female, aged 30. Died under anæsthetic. Post-mortem examination made and material examined. Cause of death, "Laceration of cervix and hæmorrhage." Evidence given at the inquest.

No. 20. Male, age 38. Sudden death. Army pensioner. Post-mortem examination made and material examined. Cause of death. "Tuberculosis following bullet wound."

No. 21. Female, aged 33. Sudden death. Post-mortem made. Cause of death, "Abscess of sacro-iliac joint and pelvic cellulitis." Evidence given at the inquest.

Examinations made for the West Riding Police.—At the request of the Chief Constable, a dismembered male child which had been taken from a sewer was examined in connection with a case of concealment of birth, and Dr. Sutherland gave evidence at the local police court and at the Assizes.

Cytological Examinations.—Seventy-six blood examinations were made, including examination of blood films and estimation of number of white cells, red cells and hæmoglobin.

Tissue for Histological Examination.—Eighty-one specimens of tissue were examined histologically, chiefly to determine the presence or absence of cancer, and the results are given below:—

Source.	Number examined	Found Cancerous.	Other Conditions.
Breast	17	8	6 simple tumours
Glands	8	4	
Uterus	8	3	
Neck	5	3	
Ovary	5	1	
Cervix	4	3	
Bladder	3	1	1 tuberculosis
Pancreas	3	—	
Liver	3	—	
Lip	2	1	
Tongue	2	1	1 tuberculosis
Testicle	2	2	
Skin	2	—	1 tuberculosis
Appendix	1	—	
Intestine	1	1	tuberculosis
Abdomen	1	1	
Lung	1	—	
Thigh	1	1	
Eye	1	1	
Rectum	1	1	
Scrotum	1	1	
Jaw	1	1	
Buttock, Skull, Kidney, Eyelid, Thyroid, Urethra, Oesophagus, and Finger	8	—	

Malaria.—Ten specimens of blood were examined for malarial parasites, with negative result in each case.

Other Specimens.—The remaining specimens included the following:—Urine for bacillus coli and other organisms, 186; sputum for organisms other than tubercle bacilli, 67; urine for sugar and estimation of urea, 60; milk for bacterial content, 40; pus for organisms, 38; swabs for organisms, 36; swabs for Vincent's Bacillus and Spirochaetes, 17; faeces for organisms, 9; blood cultures for organisms, 5; faeces for occult blood, 3; samples of blood for compatibility, 3; faeces for worms, 2; vaginal discharge, 1; stomach contents, 1; and stones from the appendix.

LIST OF SANITARY DISTRICTS IN THE WEST RIDING SHOWING THE
NUMBER OF SPECIMENS RECEIVED FROM EACH DURING 1924.

<i>Urban Districts.</i>		<i>Urban Districts.</i>		<i>Urban Districts.</i>	
Adwick-le-Street	... 77	Hunsworth	... —	Swinton	... 19
Altofts	... 38	Ilkley	... 93	Thurlstone	... 16
Ardley, East and	...	Keighley B.	...127	Thurnscoe	... 44
West	... 41	Kirkburton	... 27	Thurstonland	... 14
Baildon	... 15	Kirkheaton	... 27	Tickhill	... 1
Barkisland	... 3	Knaresborough	... 30	Todmorden B.	...135
Barnoldswick	... 53	Knottingley	...57	Wath-upon-Deane	31
Batley B.	...158	Lepton	... 15	Whitley Upper	... 1
Bentley-with-Arksey	103	Linthwaite	... 24	Whitwood	... 2
Bingley	...139	Luddendenfoot	... 33	Wombwell	... 62
Birkenshaw	... 3	Marsden	... 12	Worsborough	... 9
Birstall	... 8	Meltham	... 21	Yeadon	... 6
Bolton-upon-Deane	40	Methley	... 35		
Brighouse B.	... 58	Mexborough	... 26		
Burley-in-Wharfe-		Midgley	... —	<i>Rural Districts.</i>	
dale	... 6	Mirfield	... 98	Barnsley	... 22
Calverley	... 2	Morley B.	...263	Bishophthorpe	... 2
Castleford	... 90	Mytholmroyd	... 6	Bowland	... 6
Clayton	... 16	New Mill	... 32	Doncaster	... 96
Clayton West	... 4	Normanton	...146	Goole	... 26
Conisbrough	... 15	Oakworth	... 9	Great Ouseburn	... 51
Cudworth	... 17	Ossett B.	... 98	Halifax	... 6
Darfield	... 30	Otley	... 68	Hemsworth	... 91
Darton	... 4	Oxenhope	... —	Hunslet	... 19
Denby and		Penistone	... 26	Keighley	... 10
Cumberworth	... 9	Pontefract B.	... 65	Kiveton Park	... 66
Denholme	... 8	Pudsey B.	... 15	Knaresborough	... 1
Dodworth	... 12	Queensbury	... 27	Pateley Bridge	... 8
Doncaster B.	...446	Rawdon	... 18	Penistone	... 1
Drighlington	... 8	Rawmarsh	... 23	Pontefract	... 48
Earby	... 5	Ripon C.	... 34	Ripon	... 4
Elland	... 52	Rishworth	... 2	Rotherham	...143
Emley	... 4	Rothwell	... 33	Sedbergh	... 6
Farnley Tyas	... —	Royston	... 2	Selby	... 14
Farsley	... 15	Saddleworth	... 20	Settle	... 88
Featherstone	...101	Scammonden	... 3	Skipton	... 10
Flockton	... 2	Selby	... 71	Tadcaster	... 68
Garforth	... 23	Shelf	... 6	Thorne	... 50
Gildersome	... 3	Shelley	... 16	Todmorden	... 40
Golcar	... 28	Shepley	... 13	Wakefield	... 79
Goole	... 38	Shipley	... 59	Wetherby	...910
Greasbrough	... —	Silsden	... 1	Wharfedale N.	... 11
Greetland	... 58	Skelmanthorpe	... 33	Wharfedale S.	... 12
Guiselley	... 23	Skipton	... 61	Wortley	... 56
Gunthwaite and		Slaithwaite	... 26	Dewsbury C.B.	... 11
Ingbirchworth	... —	South Crosland	... —	Huddersfield C.B.	72
Harrogate B.	...170	Southowram	... 1	Wakefield C.B.	...895
Haworth	... 28	Sowerby	... 2	Hospitals, &c.	9596
Hebden Bridge	... 71	Sowerby Bridge	...237	School Medical	
Heckmondwike	... 59	Soyland	... 3	Inspectors	113
Hemsworth	...113	Spenborough—		Central Staff	1220
Hipperholme	... 37	Cleckheaton	... 95	Veneral	
Holme	... 1	Gomersal	... 5	Specimens	2961
Holmfirth	...107	Liversedge	... 86		
Honley	... 6	Springhead	... 1	Total No. of Speci-	
Horbury	... 51	Stainland-with-Old		mens examined	
Horsforth	... 63	Lindley	... 9	bacteriologic-	
Hoyland Nether	... 38	Stanley	...36	ally	...21113
Hoylandswaine	... —	Stocksbridge	... 22		

PART III.

MATERNITY AND CHILD WELFARE.

Midwifery.

The quality of the midwifery service is slowly improving. It has been pointed out before that many of the un-trained, i.e., bona-fide midwives at the beginning of each year intimate their intention to practise rather to retain the right to do so than in the hope of having many cases, so the relative numbers of trained midwives and bona-fide midwives are not an accurate index of each class at work. The trained midwives in the County we regard as earnest and anxious to carry out their work according to the teaching they have received, but until this service is free from the untrained class it cannot be regarded as efficient.

There are even still a few midwives who cannot take the pulse and temperature satisfactorily. At the present time the question of maternal mortality is exercising the minds of all who are doing preventive work, and the possibility of patients' lives coming to depend on the acuity and alertness of a woman who cannot accurately take a patient's temperature is a source of misgiving and uneasiness. Ordinary midwifery appears to be slowly moving into the hands of midwives, and many doctors are known to be lukewarm about it, while others do not wish to lose it. The comparative freedom from nightwork resulting from this tendency and from long periods of monotonous waiting while other work is clamouring to be done are the most important factors in inducing this change in attitude. Still, it is suggested that the two branches should be complementary and not competitive. It is said the claims of other work put pressure on the medical practitioners to save time by using forceps. In lying-in hospitals the proportion of forceps cases was 4 per cent; in private practice it must be at least five times as high. The primary objective should be physiological delivery, which forceps delivery emphatically is not.

Taking the County as a whole, the increasing number of medical aid notices sent by midwives seems to point to a dichotomy of function where the midwife attends normal cases and calls in a medical man for abnormal cases.

The "handy-woman" in this competition puts the midwife at a serious disadvantage. The handy-woman charges about ten or twelve shillings for her services, nor are her hygienic requirements so strict. She is content to be paid in instalments as she is not generally dependent on her earnings in this work for a living. But the midwife's case is far different. Her professional earnings are usually her sole source of income. Thirty shillings per case is the least which she can charge to enable her to make a living unless she has a large practice, and in any case she cannot, as a rule, afford to wait long for her fees. This difference is felt to weigh against the midwife when expectant mothers are making arrangements for confinement.

Another competitor is the maternity home. A midwife living and practising near a very popular maternity home has told me that already her practice has suffered from this form of competition. The advantages of maternity homes are becoming increasingly evident, with an ensuing increase of popularity. This seems bound to grow. The shortage of houses with consequent overcrowding causes more and more women to resort to a maternity home, and when its advantages have been recognised it is likely to be used more readily than ever.

One of the greatest difficulties in organising midwifery services is that of distribution. In many districts there are enough to carry on the work and in some districts there is no midwife at all. The unserved districts are rural districts where there are not enough births to secure a midwife fees which would ensure a livelihood. If the midwifery service was, as has sometimes been suggested, linked up with Public Health work such as School nursing and health visiting, the position of a midwife would be more secure, and the calling made more attractive. Such advantages would secure better recruits and raise the standard of professional efficiency.

It is estimated that more than half the births in this Country are attended by midwives and in the West Riding the proportion of midwives' cases to doctors' cases is about 40 to 60. These round figures are approximate and require this adjustment, that where it becomes necessary for the midwife to call in a doctor for the confinement by a medical aid notice the case is registered as a doctor's case.

Ophthalmia Neonatorum.—All midwives are supplied with Collosol Argentum for use immediately the baby is born. In all cases of ophthalmia neonatorum occurring in the West Riding where the County Council administers the Notification of Births Act, the Health Visitor is sent to co-operate with the midwife. The Health Visitor is instructed to regard such a case as "urgent" in that treatment should be energetic and prompt. She is expected to give precedence to the claims of such a baby in order to obviate permanent sequels such as cloudiness or opacity of the cornea.

Severe cases of ophthalmia neonatorum need other treatment. The swelling of the eyelids and the pain inflicted by handling them in the course of treatment militate strongly against efficient treatment by any but the most expert. Inexpert handling may inflict irreparable injury to the weakened eyeball. In such cases it is not enough to provide a bottle of drops or lotion and advise the mother to use it, even with instructions how to proceed. The treatment required, if it is to be efficient, is beyond the abilities of the untrained mother. Nothing short of the medical practitioners assuming complete responsibility meets the needs of a bad case. The only alternative is to send such a baby into hospital.

Although the County Council will pay the fees for a baby's treatment in hospital in suitable cases, some difficulty has hitherto been experienced in securing permission for the mother to accompany her baby, and it is clearly inadvisable for her to be separate from her baby, especially if she is nursing it.

The cases of ophthalmia neonatorum reported in the County for the past five years have been as follows:—

1920	1921	1922	1923	1924
254	247	198	150	146

The following table shows the results of reports already received:—

Affected in both eyes	...	...	...	96
Affected in one eye ...	...	...	...	8
				<hr/> 104 <hr/>
	Clear.	Slight.	Opacity.	Blind
Right eye ...	95	4	—	1
Left eye ...	95	4	—	1
Cases reported	...	...	...	104
Died (other causes)	...	...	...	1
Left County Council's area	...	...	...	1
Outstanding	...	...	...	8
Autonomous areas—outstanding	...	...	...	13
				<hr/> 127 <hr/>

In the practice of midwives there were reported 2 cases "slight." Strict and searching investigations were made into these cases, but no blame could be attached to the midwives concerned.

Midwives Acts, 1902 and 1918.—The County Council is the local Supervising Authority under the Midwives Acts for the Administrative County.

The supervision is carried out by the County Medical Officer, his Assistants and two Inspectresses. Health Visitors make quarterly visits to the midwives and inspect their registers, books of forms and their bags. During the year, 1,132 visits of inspection were made. Four midwives were cautioned by the County Medical Officer for minor infringements of the Rules; one midwife was cautioned by the Committee, and 2 midwives were struck off the roll on the report of the Committee, while 7 midwives resigned on account of old age and infirmity, and 8 died.

The midwives who notified their intention to practise during 1924 numbered 611, classified as follows:—

Total No. of Midwives.	Trained.		Untrained or Bona-fide.
	Attached to District Nursing Associations.	Independent.	
611	229	213	169
	442		

The cases of confinement attended by midwives during the past five years were recorded as follows:—

1920	1921	1922	1923	1924
18540	17145	16098	15106	14420

Notification of sending for Medical Aid, etc.—The number received from midwives during 1924 is shown in the following table in comparison with the figures for previous years:—

	1920	1921	1922	1923	1924
Notifications of sending for medical help	2345	2592	2396	2661	2737
„ of death of child	60	41	36	44	66
„ of death of mother	4	7	3	2	10
Number of inquests reported	20	21	16	25	14
Notifications of still-births	367	348	314	320	345
„ of puerperal fever	51	39	29	37	32
„ of discharge from infant's eyes	153	198	150	137	156
„ of other infectious cases	15	8	12	14	6
„ of laying out dead body	48	28	22	19	28
„ of liability to be a source of infection	41	37	34	34	32
„ of artificial feeding	118	87	131	97	103

The following table affords some indication of the principal causes for which midwives have sought the aid of medical practitioners during 1924:—

Adherent Placenta 103	Brought forward ...2210
Placenta Praevia 12	Transverse Presentation 11
Ruptured Perineum ... 434	Funis do. ... 10
Ante-partum Hæmorrhage 67	Face do. ... 14
Post-partum Hæmorrhage 78	Hand do. ... 11
Premature Birth 49	Foot do. ... 13
Premature Labour 26	Occipito Posterior do. ... 32
Dangerous Feebleness ... 242	Phimosis 7
Discharge from Infant's	Phlegmasia Alba Dolens
Eyes 156	(White Leg) 1
Abortion or Miscarriage ... 79	Rigid Os 18
Prolonged Labour 489	Mastitis 11
Obstructed Labour 98	Congenital Malformations:
Uterine Inertia 69	Spina Bifida (Tumour of
Still-Birth 69	Back) 9
Eclampsia (Convulsions) 6	Anencephalus (Without
Contracted Pelvis 31	Brain) 1
Convulsions (baby) 22	Hydrocephalus (Disten-
Albuminuria 12	tion of Skull) 1
Pemphigus (Skin Disease) 4	Oedema 3
Pyrexia (Fever) 80	Undefined 7
Breech Presentation ... 55	Miscellaneous 378
Undefined do. 29	
	Total ... ..2737
Carried forward ...2210	

Still-Births.—The table given below shows the number of still-births per 100 live births notified under the Notification of Births Acts in those districts where these Acts are administered by the County Council:—

Year.	No. of Live Births Notified.	No. of Still-Births Notified.	No. of Still-Births per 100 Notified Live Births.
1919	15,809	662	4.2
1920	20,847	760	3.6
1921	19,766	668	3.4
1922	17,695	637	3.6
1923	18,155	677	3.7
Average for five years, 1919–1923	18,454	681	3.7
1924	18,370	618	3.4

The following table shows the duration of pregnancy and sex of the 345 still-births notified by midwives:—

Duration of Pregnancy.	Number of Still-Births.		
	Males.	Females.	Total of Both Sexes.
6—7 months	9	9	18
7—8 „	59	38	97
8—9 „	40	28	68
9 „	88	74	162
Totals	196	149	345

The 162 still born babies reaching full period are classified as follows:—

Macerated	...	...	...	...	76
Malformed	...	...	...	...	8
Breech Presentations	...	...	...	...	14
Complicated Head Presentations	...	...	...	...	4
Uncomplicated Head Presentations	...	...	...	...	41
Feet and other Presentations	...	...	...	...	6
Born before arrival of midwife	...	...	...	...	13
					<hr/> 162 <hr/>

Doctors' Fees in Emergency Cases.—The claims received amounted to £1,385 8s. 6d., made up as follows:—

	£	s.	d.	
556 cases	818	7	0	Whole fees recoverable.
222 „	327	19	6	Half „ „
146 „	239	2	0	No „ „
<hr/> 924	<hr/> 1385	<hr/> 8	<hr/> 6	
121 „	180	14	3	Written off by Committee.

Of this total, the sum of £801 12s. 6d. is recoverable, leaving the sum of £583 16s. 0d. expended by the County Council towards relief in necessitous cases.

Legal proceedings in 19 cases were ordered by the Committee, involving the sum of £32 5s. 3d.

Midwives' Fees—Necessitous Cases.—Under the County Council's Scheme for contributing to the payment of midwifery fees in necessitous cases, 205 claims were received, and the sum of £108 13s. 6d. was paid to midwives during the year.

Artificial Feeding of Infants.—Where a mother signifies her intention of feeding her baby artificially, the midwife notifies the County Medical Officer, and the following table gives the chief causes for the adoption of artificial feeding:—

Phthisis of mother	4
To return to work (illegitimate babies 90%)	10
On doctor's orders	8
Mastitis	4
Death of mother	1
Cleft palate and hare lip	1
Twins	3
Refusal of mother	5
Agalactia	11
Miscellaneous (i.e., retracted nipples; no milk or insufficiency; anæmia; and illness of mother)	56
	<hr/> 103 <hr/>

Areas inadequately supplied with Midwives.—In furtherance of the scheme for the provision of midwifery services required in sparsely populated rural districts, fourteen areas were mapped out with a view to Nursing Associations being formed. In addition to the midwifery work, district nursing will also be undertaken, and in the majority of areas the Nursing Associations will perform on behalf of the County Council the health visiting and school nursing work. It is estimated that the additional cost to the County will be about £810 per annum for a period of at least two years.

Sanitary District and Parishes.	Sanitary District and Parishes.
1. <i>Kiveton Park Rural District.</i> Anston North Anston South	5. <i>Goole Rural District.</i> Snaith Cowick
2. <i>Rotherham Rural District.</i> Thurcroft Brampton Laughton	6. <i>Selby Rural District.</i> Thorpe Willoughby Hambleton Gateforth
3. <i>Goole Rural District.</i> Pollington Hensall Heck Gowdall	Burn Brayton
4. <i>Pateley Bridge Rural District.</i> Clint-c-Hamlets Bishop Thornton Birstwith	7. <i>Selby Rural District.</i> Barlow Camblesforth Drax Long Drax Newland

Sanitary District and Parishes.	Sanitary District and Parishes.
<i>Selby Rural District.</i> 8. Carlton Hirst Courtney Temple Hirst Haddlesey 9. Wistow Cawood Little Fenton 10. <i>Denholme Urban District.</i> Denholme	11. <i>Linthwaite Urban District.</i> Linthwaite 12. <i>Shepley Urban District.</i> Shepley 13. <i>Methley Urban District.</i> Methley 14. <i>Pontefract Rural District.</i> Ferrybridge Brotherton

During the year the Addingham Nursing Association (Skipton Rural District) undertook to perform midwifery work in addition to district nursing, and their nurse also acts as the Health Visitor and School Nurse in Addingham on behalf of the County Council.

In 1924, 78 Nursing Associations were affiliated to the West Riding County Nursing Association, employing 94 nurses, of whom:—

45 were Queen's Nurses.

14 were trained by the County Nursing Association.

35 were obtained by other means.

40 of these Nurses are performing the combined duties of Sick Nursing, Midwifery, and Public Health work.

38 Nurses are performing Sick Nursing and Midwifery only.

16 Nurses are performing Sick Nursing only.

The nurses attended 2,395 midwifery and maternity cases and have paid—

33304 Midwifery and maternity visits.

6423 Pre-natal visits.

22925 Infant health visits.

7403 School visits.

These figures show an increase over 1923 of 234 midwifery cases.

A sum of £359 10s. 0d., being a grant made by the Ministry of Health in aid of the midwifery and maternity nursing services provided during the year 1923-24 by District Nursing Associations not affiliated to the County Nursing Association was distributed as under:—

Nursing Association.						Grant.		
						£	s.	d.
Aldborough, Boroughbridge and District	...	...	...	...	...	20	0	0
Bentham District	...	...	...	...	...	12	0	0
Bishop Monkton and Littlethorpe Provident	...	...	...	...	...	12	0	0
Boston Spa and Thorparch	...	...	...	...	...	10	0	0
Burton Leonard, Copgrove and Staveley	...	...	...	...	...	10	0	0
Clayton District	...	...	...	...	...	10	0	0
Crossgates and District	...	...	...	...	...	5	0	0
Darrington District	...	...	...	...	...	15	0	0
Denaby Main and Conisbrough District	...	...	...	...	...	12	0	0
Fitzwilliam and District	...	...	...	...	...	15	0	0
Heckmondwike	...	...	...	...	...	20	0	0
Hipperholme, Lightcliffe, etc.	...	...	...	...	...	13	0	0
Honley and District	...	...	...	...	...	9	0	0
Luddenden and Midgley District	...	...	...	...	...	10	0	0
Luddendenfoot	...	...	...	...	...	8	0	0
Mirfield	...	...	...	...	...	15	0	0
Mytholmroyd Urban District Nursing Inst.	...	...	...	...	...	12	0	0
Oakworth District Nurses' Association	...	...	...	...	...	10	0	0
Pannal and Beckwithshaw	...	...	...	...	...	8	0	0
Rawdon District	...	...	...	...	...	6	0	0
Ribblesdale Cottage Benefit	...	...	...	...	...	24	0	0
Ripon Victoria	...	...	...	...	...	33	0	0
Settle and District	...	...	...	...	...	15	0	0
Stanningley and Farsley	...	...	...	...	...	17	10	0
Todmorden District	...	...	...	...	...	20	0	0
Wetherby and District	...	...	...	...	...	12	0	0
Whitkirk and District	...	...	...	...	...	6	0	0
						£	359	10 0

The allocation of these grants is a very difficult matter. The first consideration, however, is the financial stability of the association. As the total sum to be distributed is limited any generous impulse to give to one association must be checked by the recollection that even the more prosperous associations cannot have their grants greatly diminished. The grant often enables a struggling association to keep going which would otherwise cease to exist. This applies generally to those associations where in consequence of covering wide and sparsely populated areas subscriptions are small. Secondly, due regard is also taken of the character of the work performed by the association and the grant is increased as far as possible to reward the association's efficiency.

Re-arrangement of Nursing Areas.—During the year the New Rossington Nursing Association gave notice terminating the arrangements whereby the Association undertakes the duties of health visiting and school nursing in New and Old Rossington on behalf of the County Council.

In consequence a whole-time nurse was appointed to serve this area.

A new Nursing Association was formed at Addingham (Skipton Rural District) and as they desired to perform the public health duties a slight re-arrangement of the whole-time areas in the Skipton Rural District was necessary.

During the year alterations in several nursing areas were approved and notices were given to the undermentioned Nursing Associations or Local Authorities terminating their arrangements under which they performed certain duties on behalf of the County Council.—

Bolton-upon-Dearne Urban District Council.

Rawmarsh and Parkgate District Nursing Association.

Stainforth District Nursing Association.

The above areas were filled by the appointment of four whole-time nurses, one at Bolton-on-Dearne, two at Rawmarsh, and one at Stainforth.

A re-arrangement of the nursing areas in the Calder Valley was found necessary to relieve the heavy work of the Sowerby Bridge and Sowerby nurses, and an additional nurse was appointed to serve the Luddendenfoot and Midgley Urban Districts and the West Ward of the Sowerby Bridge Urban District.

Maternity and Child Welfare Centres.

During 1924 much progress was made in this important branch of Child Welfare work, and at the end of the year there were 60 rate-aided and 12 Voluntary Centres open in the area administered by the County Council under the Maternity and Child Welfare and Notification of Births Acts.

I mentioned in my Annual Report for 1923 that ten additional Centres were to be established in the Riding in 1924, and of these Carcroft (Adwick-le-Street Urban District) and Halton (Hunslet Rural District), which were previously Voluntary Centres, were taken over by the County Council.

Of the remainder, Elland, Holmfirth, Otley, Catcliffe (Rotherham Rural District), Crigglestone (Wakefield Rural District) had been opened at the time of writing this report, and the Centres to be established at Birdwell (Worsborough Urban District) and Rossington (Doncaster Rural District) are now being equipped.

There is difficulty in finding a suitable building in Stainforth (Thorne Rural District), but a new Chapel is in course of erection, and it is hoped the Trustees will provide us with the necessary accommodation in their Sunday School.

In furtherance of the scheme for the provision of Centres in the Riding, the Child Welfare Committee have recommended to the County Council the establishment of a further 30 Centres to be provided during the financial years 1925-26 and 1926-27 at an estimated cost of £4,890. Of these, 15 are to be combined with School Clinics and the remaining 15 to be Infant Welfare Centres only.

The popularity of these Child Welfare Centres has been very great, as shown by the high and growing figures of attendances. It is beyond dispute that the cause of this is that mothers feel that this service is helpful and meets a distinct want. Many new districts are asking for Centres, especially when the inhabitants have seen the work of a Centre in an adjoining area. The fact that mothers who have brought their first babies come again with subsequent ones is indisputable evidence—if evidence were needed—that they have found it of advantage to have continuous medical supervision for their babies.

The growth in popularity is very variable, and where it is greatest it has become embarrassing. In fact, the attendance at certain Centres has grown so great that the administration is presented with the problem of how to deal with the numbers, which have reached the point at which a decline of efficiency is to be feared. It is interesting to examine the possible causes of success. In the first place, it is largely due to the manner in which the Medical Officer and Nurses lay themselves out to give the greatest possible amount of help. The qualities in a medical man—apart from special experience of, and interest in, babies—are unlimited patience in listening in order to separate the significant information from the irrelevant, the knack of encouraging the mothers to speak freely—the power of putting himself in the position of one who has not his training and knowledge, and so of fully realising a mother's difficulties, and finally the power of lucid and telling exposition which shall make a well defined and ineradicable impression.

The Nurse should have energy and sympathy and a good deal of tact in running a team of voluntary workers, whose enthusiasm must often be directed but never discouraged. The presence of a good band of voluntary workers carrying out allotted tasks always gives an atmosphere of good will and encouragement to a Centre quite apart from the very useful service they carry out, which releases the Nurse for purely professional work.

The question of premises is a great difficulty in almost every case where a Centre is to be opened. In the circumstances resort must be had to existing buildings which are not in continuous use and have, in fact, been devised for other purposes. Very often

they are inconvenient and a good deal of ingenuity has to be expended in adapting them to our purpose, but in spite of these handicaps an enormous amount of work is accomplished.

One cannot help looking enviously at the palatial Miners' Welfare Institutes which rise wherever a new mining community springs up, and wish that the women would assert themselves as an integral and indispensable factor in "Miners' Welfare." If they would insist that a lounge, a tea-room and a sewing-room were essential to them, those three rooms on one afternoon a week would meet the needs of the Child Welfare work completely. It is perhaps too much to hope that they would see the same need for a Maternity Home as an adjunct to the local cottage hospital.

Owing to the increased attendance of mothers and infants at the Bentley Centre, it was found necessary to transfer to more commodious premises at the Co-operative Hall.

The rooms at the Primitive Methodist Sunday School, Worsborough, were not entirely suitable as a Centre, and more suitable accommodation was obtained at the Worsborough Dale Wesleyan Chapel.

The lease of the premises at Commercial House, High Street, Skipton, terminated during the year, and as the premises were not altogether satisfactory the lease was not renewed and the Centre was transferred to rooms in the Wesleyan Methodist Sunday School.

The Regional Medical Officer (Ministry of Health) also uses the same rooms, and has the assistance of our Health Visitor one session per month.

The Centre at Slaithwaite was transferred to Linthwaite and is held in rooms at the Council Offices there. This step was taken in order that the Centre may serve a large industrial population bordering on the County Borough of Huddersfield.

Certain alterations were carried out at the Kirkburton Centre to meet the requirements of the Ministry of Health.

Alterations were also carried out at the Knottingley Centre for enlarging and heating the undressing room.

The undermentioned medical practitioners were appointed to fill vacancies occurring during the year:—

Dr. J. N. Clark, Kiveton Park.

Dr. G. C. Sharp, Queensbury.

Dr. A. T. Macdonald, Rawmarsh.

Dr. J. A. Stephens, Kirkburton.

In addition, Dr. H. Stansfield (Clayton), and Dr. Madeline A. Dowdall (Hebden Bridge), were appointed Medical Officers to the Centres named, in order that our School Medical Inspector for the area could be relieved to devote more time to school work. Dr. J. T. Spink and Dr. J. A. Young were appointed Medical Officers to the new Centres established at Otley and Halton (Hunslet Rural) respectively.

Municipal Centres and Clinics.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Present arrangements for medical supervision.
			Exp. Mos.	Children.	
1. ADWICK-LE-STREET, Wesleyan Chapel, Woodlands	Weekly	Thurs. 2—4	—	44	Whole-time M.O.H.
2. ALLERTON BYWATER (TADCASTER R.D.), Miners' Welfare Inst.	Do.	Mon. 2—4	2	25	Part-time Medical man
3. ASKERN (DONCASTER R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	—	22	Do.
4. BAILDON, Glen Aire Cafe	Do.	Wed. 2—4	—	22	Do.
5. BENTLEY, Co-operative Hall	Do.	Wed. 2—4	—	61	Whole-time M.O.H.
6. BOROUGHBRIDGE (GREAT OUSEBURN R.D.), Wesleyan Sunday School	Fortnightly	Mon. 2—4	—	15	School M.I.
7. CARCROFT (ADWICK-le-STREET U.D.), Presbyterian Sunday School	Weekly	Tues. 2—4	—	34	Whole-time M.O.H.
8. CHAPELTOWN (WORTLEY R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	4	27	Do.
9. CLAYTON, Council School	Fortnightly	Thurs. 2—4	—	22	Part-time Medical man
10. CONISBROUGH, Army Hut Balby Street Council School	Weekly	Thurs. 2—4	1	27	School M.I.
11. CUDWORTH, St. George's Hall	Do.	Wed. 2—4	—	31	Part-time Medical man
12. DALTON (Rotherham R.D.), Primitive Methodist Chapel	Do.	Wed. 2—4	1	22	Do.
13. DARTON, Wesleyan Sunday School, Staincross	Do.	Thurs. 2—4	—	25	Do.
14. DARTON, Adult School, Gawber	Do.	Tues. 2—4	2	25	Do.
15. DARFIELD, Wesleyan Sunday School	Do.	Tues. 2—4	1	15	Do.
16. DINNINGTON (KIVETON PARK R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	4	22	Do.
17. DODWORTH, Mechanics' Institute	Do.	Tues. 2—4	—	26	Do.
18. EAST ARDSLEY (ARDSLEY E. & W.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	22	Do.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Present arrangements for medical supervision.
			Exp. Mos.	Children.	
19. ECCLESFIELD (Wortley R.D.)	Weekly	Mon. 2-4	2	12	Whole-time M.O.H.
20. EDLINGTON (DONCASTER R.D.)	Do.	Tues. 2-4	—	42	Do.
21. FARSLEY, United Methodist Church	Do.	Tues. 2-4	—	26	Part-time Medical man
22. GARFORTH, St. Mary's Hall	Do.	Mon. 2-4	—	43	Do.
23. GLASSHOUGHTON (PONTE-FRACT R.D.), St. Paul's Institute	Do.	Mon. 2-4	—	39	Do.
24. HALTON (HUNSLET RURAL), Church Sunday School	Fortnightly	Wed. 2-4	—	53	Do.
25. HAWORTH, Council School	Do.	Tues. 2-4	—	23	School M.I.
26. HEBDEN BRIDGE, Old Secondary School	Weekly	Wed. 2-4	—	19	Part-time Medical woman
27. HEMSWORTH, Army Hut, West End Council School	Do.	Mon. 2-4	—	50	School M.I.
28. HORBURY, Primitive Methodist School	Do.	Mon. 2-4	—	45	Part-time Medical man
29. HORSFORTH, Mechanics' Institute.	Do.	Wed. 2-4	2	41	Do.
30. HOYLAND, Knowle Memorial Church	Do.	Tues. 2-4	—	58	Do.
31. KIRKBURTON, Council School	Do.	Tues. 2-4	—	25	Do.
32. KNARESBOROUGH, Park Square Chambers	Do.	Tues. 2-4	—	29	School M.I.
33. KNOTTINGLEY, Secondary School	Do.	Mon. 2-4	—	23	Part-time Medical man
34. LINTHWAITE, Council Offices	Do.	Wed. 2-4	—	15	School M.I.
35. MALTBY, Wesleyan Sunday School	Do.	Wed. 2-4	—	26	Part-time Medical man
36. MIRFIELD, Ings Grove	Do.	Fri. 2-4	1	43	Do.
37. NORMANTON, Park Pavilion	Do.	Tues. 2-4	4	35	School M.I.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Present arrangements for medical supervision.
			Exp. Mos.	Children.	
38. OULTON (HUNSLET R.D.), Village Institute	Weekly	Mon. 2—4	2	15	Part-time Medical man
39. OUTWOOD (STANLEY U.D.), Church Institute	Do.	Mon. 2—4	—	30	Do.
40. PENISTONE, Wesleyan Sunday School	Do.	Tues. 2—4	—	35	Do.
41. PONTEFRACT BORO', Congregational School	Do.	Mon. 2—4	—	28	Do.
42. QUEENSBURY, Council Offices	Do.	Tues. 2—4	2	13	Do.
43. RAWMARSH, Spiritual Temple, Parkgate	Do.	Tues. 2—4	—	19	Do.
44. RIPON, Drill Hall	Do.	Mon. 2—4	—	42	School M.I.
45. ROYSTON, Wesleyan Sunday School	Do.	Wed. 2—4	—	48	Part-time Medical man
46. SELBY, Museum Hall	Do.	Fri. 2—4	—	25	Whole-time M.O.H.
47. SHARLSTON (WAKEFIELD R.D.), St. Luke's Hall	Do.	Tues. 2—4	—	21	Part-time Medical man
48. SILSDEN, Ambulance Station	Fortnightly	Tues. 2—4	—	22	Part-time Medical woman
49. SKIPTON, Wesleyan Methodist Sunday School	Weekly	Wed. 2—4	—	24	School M.I.
50. SOWERBY BRIDGE, Crow Wood	Do.	Thurs. 2—4	6	43	Do.
51. STOCKSBRIDGE, Wesleyan Sunday School	Do.	Tues. 2—4	4	19	Part-time Medical man
52. SWINTON, Carnegie Free Library	Do.	Tues. 2—4	7	36	Do.
53. TADCASTER (TADCASTER R.D.), Westgate House	Fortnightly	Tues. 2—4	—	15	School M.I.
54. THORNE (THORNE R.D.), Temperance Institute	Weekly	Wed. 2—4	—	30	Part-time Medical man
55. THURNSCOE, Church Sunday School	Do.	Mon. 2—4	2	33	Do.
56. WALES (KIVETON PARK R.D.), St. John's Rooms	Do.	Wed. 2—4	—	18	Do.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Present arrangements for medical supervision.
			Exp. Mos.	Chil-dren.	
57. WATH-ON-DEARNE, Wesleyan Sunday School	Weekly	Mon. 2—4	1	71	Part-time Medical man
58. WEST ARDSLEY (ARDSLEY E. & W.), Wesleyan Sunday School, Tingley	Do.	Mon. 2—4	—	27	Do.
59. WETHERBY (WETHERBY R.D.), Primitive Methodist School	Fortnightly.	Thurs. 2—4	—	27	Do.
60. WORSBOROUGH, Wesleyan Chapel, Worsboro' Dale	Weekly	Thurs. 2—4	5	14	Do.

Voluntary Infant Welfare Centres.

Name and Address.	Sessions held weekly, fortnightly, etc.	Day and time of Meeting.	Av. Attendance per Session.		Present arrangements for medical supervision.
			Exp. Mos.	Chil-dren.	
1. BAWTRY (DONCASTER R.D.), Church Hall	Weekly	Mon. 2—4	—	19	Part-time Medical man
2. NEW ROSSINGTON (DONCASTER R.D.), Primitive Methodist Sunday School	Do.	Wed. 2—4	—	36	Do.
3. FOREDALE (SETTLE R.D.)	Monthly	Wed. 2—4	—	6	Do.
4. SETTLE (SETTLE R.D.), Ribble Terrace	Weekly	Thurs. 2—4	—	9	Do.
5. GLUSBURN (SKIPTON R.D.), Village Institute	Fortnightly	Tues. 2—4	2	21	School M.I.
6. METHLEY, Mickletown Institute	Weekly	Mon. 2—4	2	15	Part-time Medical man
7. SWILLINGTON (TADCASTER R.D.) Church School	Fortnightly	Wed. 2—4	—	26	Do.
8. STANLEY, Grove Council School	Do.	Wed. 4—6	—	24	Nil.
9. STANLEY, Lane End Council School	Monthly	Wed. 4—6	—	26	Do.
10. STANLEY, Bottomboat Council School	Do.	Thurs. 4—6	—	12	Do.
11. STANLEY, Wrenthorpe Council School	Fortnightly	Thurs. 3.30—5	—	12	Do.
12. SOWERBY BRIDGE, Co-operative Hall, West End	Weekly	Fri. 2—4	3	10	School M.I.

Treatment of Puerperal Fever.—The maternal mortality rate for the West Riding, which compares unfavourably with that of England and Wales, is given in another section. This rate is largely made up of deaths from puerperal fever and these deaths average about 30 per annum. Those who succumb are not infrequently primiparae in early womanhood, whose death is a serious economic loss, and those who recover often do so with resulting great physical impairment.

The plight of a woman of the working class who gets puerperal fever is singularly unfortunate. The midwife in attendance must cease attending or give up her other cases, which she can seldom afford to do. District Nurses, if any, have often other cases to attend to which make it undesirable that they should come in contact with "septic cases." The medical man can only give a limited time and for the most part the nursing has to be done by neighbours of varying degrees of education and efficiency and the quality of the nursing is reduced at a time when skilful nursing is most needed.

General hospitals, where so much surgery is done, are as a rule averse from admitting patients of this class. It seems clear that it is to Isolation Hospitals and Poor Law Infirmaries to which one must look for hospital treatment of these cases.

In an effort to reduce the maternal mortality rate, the County Council sanctioned a scheme for the treatment in Isolation Hospitals and Poor Law Infirmaries of women suffering from puerperal fever at an estimated cost of £200 per annum.

The scale for the recovery of fees was fixed as that operating for medical practitioners called in by midwives in cases of emergency.

In connection with this scheme, arrangements have been made with the undermentioned Hospitals for the treatment of cases of puerperal fever occurring in the West Riding on the terms set out below.

Name of Hospital.	Cost per week.		
	£	s.	d.
Goole Joint	2	2	0
Wakefield Clayton	2	16	0
plus charge for additional Nurse, if necessary.			
York County	2	16	0
Meltham Fever	1	1	0
for patients resident in the Colne and Holme Valley.			
	3	3	0
for patients resident outside the Colne and Holme Valley.			
Halifax St. Luke's	2	2	0

This does not by any means cover the whole of the Riding and at the end of the year negotiations were proceeding with the following Hospitals for the admission of cases of puerperal fever:—Ripon and Wath R.D.C. Joint Isolation Hospital, and Jessop Hospital for Women, Sheffield.

All Urban and Rural Councils, Medical Officers of Health and Medical practitioners have been advised of the provision made by the County Council for the hospital treatment of puerperal fever and it is hoped the arrangements thus made will be taken full advantage of.

Convalescent Treatment of Mothers and Infants.—The Ministry of Health in their circular M. & C.W.4, dated 9th August, 1918, state :—

“ A stay in a convalescent home is specially important for recovery after certain cases of confinement and for some conditions in young children, especially after measles and whooping cough. It is desirable, therefore, that Local Authorities should, either themselves or through a voluntary agency, arrange for beds in convalescent homes to be available as part of their schemes. As a general rule a grant will be paid to voluntary agencies providing convalescent homes only in respect of accommodation provided in connection with a local authority's scheme and approved by the Local Authority and the Ministry.”

In previous years mothers and children were sent to Convalescent Homes through voluntary contributions at Centres and during 1924 about 50 mothers and children benefited by a stay in these Homes, but even if every Centre had a voluntary scheme, only one-third of the County would be served.

Towards the end of the year, however, the County Council approved a scheme for the Convalescent treatment of mothers and infants and a sum of £400 per annum was granted under this head. Arrangements were immediately made with the Southport Convalescent Home and the St. Anne's Convalescent Home at Bridlington for the admission of West Riding patients.

The fees of the Southport Hospital are £2 5s. 0d. per case, to include board, lodgings, baths, medicine and medical attendance for a period of three weeks. Mothers only are admitted.

The fees at the St. Anne's Convalescent Home, Bridlington, are:—

	£	s.	d.
(a) Mothers without babies—three weeks' stay	3	10	0
(b) Mothers with babies, do. ...	5	5	0

Negotiations are also proceeding with the Royal Northern Sea Bathing Infirmary at Scarborough, the Convalescent Home for Children at Scarborough, and the Ilkley Convalescent Home.

Bridlington is the only Home where mothers with their babies are accepted, and as breast feeding is on the increase, it is regrettable that only one Convalescent Institution in the North of England provides for nursing mothers, with the consequence that we could not get accommodation for all the mothers recommended for treatment.

The scale for the recovery of fees and railway fares was fixed as that operating for medical practitioners called in by midwives in cases of emergency.

The majority of the Convalescent Homes close down for the winter months, but the one at Southport is open all the year round.

As stated previously, it was late in the year when the scheme was approved, and only one mother without baby was sent to a Convalescent Institution under the County scheme.

Notification of Births Acts.—During the year, 20,679 births were registered in the County Notification of Births Area, and 18,370 live births were notified.

Of the 18,370 births, 11,055 were notified by midwives, and 7,933 by doctors and parents.

There is a steady increase of births notified by midwives and an appreciable decrease in the numbers notified by doctors and parents, which is undoubtedly due to our efforts to provide an efficient midwifery and maternity nursing service throughout the County.

The Ministry of Health made an Order, which came into operation on the 1st January, 1924, appointing the County Council the Authority under the Notification of Births Acts, 1907 and 1915, in the Urban Districts of Hemsworth, Horsforth and Normanton.

At the present time there are 10 Boroughs, 12 Urban Districts, and 1 Rural District, who are the Authority under the Notification of Births and Maternity and Child Welfare Acts, namely:—The Boroughs of Batley, Brighouse, Doncaster, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-on-Dearne, Castleford, Featherstone, Goole, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spenborough, Wombwell and the Rural District of Hemsworth.

The existence of these autonomous areas hinders the uniform working of the Child Welfare Scheme in the County, which to attain its maximum efficiency, should be continuous from birth to the end of school life. Under the present system this is not possible; for example, the County Council may be the Education Authority but not the Authority administering the Notification of Births Acts and the Maternity and Child Welfare Act. The effect of this is that after the age of five years there is lack of information of the previous life history of the child, as very few Authorities co-operate. This is very important and is an excellent guide to the School Medical Inspector on the child's first medical examination at school.

In districts where the County Council are the Authority under the Child Welfare Acts, the Nurse, on a child attaining the age of one year, transfers all important particulars regarding the child's progress on to an Infant Record Card, and on the child commencing school, the card is taken by the Nurse to the first Medical Inspection and the School Medical Inspector abstracts any information, especially as to previous ailments, family history, etc., and this is then placed on the Scholar's Medical Record Card. The same Nurse has also had constant supervision of the child and knows the child's life history.

Such advances as "the prevention of crippling defects" will never be realised until one Authority has the continuous supervision of children in its hands. What is desired is (1) Continuity, and (2) Uniformity, which can only be secured by the County Council being the Authority for the whole of the work dealing with child life, where, at any rate, the County Council is the Education Authority in that area.

The Boroughs exercise their own powers under the Education and Maternity and Child Welfare Acts and have their own nursing staffs, but the County are hampered in these Boroughs in the administration of the Midwives Acts, both in the direct supervision of the practical work of the midwives and in preventing the illegal practice of handy-women, i.e., the early notification of cases of ophthalmia neonatorum, puerperal fever and other infectious diseases and the midwife's conduct and mode of practice.

The following are a few arguments in support of the County Council taking over powers under the Maternity and Child Welfare and Notification of Births Acts.

The disadvantages of the present system are :—

1. Multiplicity of premises and avoidable expense.
2. A double set of officials working in the same area and consequently—
 - (a) Overlapping of work and duties ;
 - (b) As the notifications of births do not come to C.M.O., there is a lack of proper supervision of the midwifery service in these areas.

On the other hand, if the powers under these Acts were transferred to the County Council, the following advantages would accrue :—

1. The Health Visitor would be a whole-time employee of the County Council. One Health Visitor and School Nurse would therefore perform combined duties and thus save a multiplicity of officials.
2. One standard scheme would be in force.

3. There would be uniformity in salaries and appointments could be more easily made.
4. All notifications of births would come to C.M.O. This would be an advantage to County Council in administering the Midwives Acts.
5. These islands of small autonomous areas considerably hamper the work of the County Council in that the County Nursing areas have to be formed around them and adjusted to their boundaries.

Home Visits.—Visits paid by Health Visitors during the year were as follows (for full details, see Table IV in Appendix) :—

To expectant mothers	...	...	...	9,976
To infants under 1	...	...	...	211,681
To children 1-5	...	...	...	38,600
Special visits (Ophthalmia Neonatorum, Teething, Feeding, Circumcision, etc.)				4,936
Measles cases	...	...	...	3,284

Measles.—During 1924 the Health Visitors paid 3,284 visits to Measles cases, this number being distributed over some 57 sanitary districts (see Table IV in Appendix). The districts mainly affected were Bentley, Darfield, Darton, Golcar, Holmfirth, Kirkheaton, Linthwaite, Mirfield, Rawmarsh, Slaithwaite, and Worsborough Urban Districts and the Rotherham, Wetherby and Wortley Rural Districts. As was the case last year a rather severe epidemic occurred in the Colne and Holme Valleys. Prompt measures were at once instituted to check the spread of infection to other areas, and the Health Visitors working in these areas devoted their whole time to the visitation of measles cases, advising as to nursing, isolation, etc., and distributing literature on the subject freely.

At Worsborough the epidemic was so severe that it was found necessary to employ a special nurse.

Maternity Homes.

The County Council at present consider it advisable to utilise existing accommodation belonging to other Authorities, and has arrangements with the following Authorities or Hospital Committees for the admission to their Homes of West Riding patients.

Name of Municipal Authority or Hospital Committee.	No. of Beds in Institution.	No. of patients sent by C.C. during 1924.	Fees of Home.
Wakefield Corporation	16	30	£3 3s. 0d. per week plus surgeon's fee if necessary.
Morley Corporation	11	9	Booking fee of 10/- Maintenance and treatment £3 0s. 0d. per week plus surgeon's fee if necessary.
York Corporation	11	39	£3 3s. 0d. per week, plus surgeon's fee, if necessary.
Barnsley Corporation	10	11	£3 3s. 0d. per week plus surgeon's fee, if necessary.
Holme Valley Memorial Hospital	4	36	£3 3s. 0d. per week plus surgeon's fee, if necessary.
Heckmondwike Nursing Association	5	1	£2 7s. 0d. per week plus surgeon's fee, if necessary.
Halifax Union, St. Luke's Hospital	20	—	£2 12s. 6d. per week plus surgeon's fee, if necessary.
Edenfield Private Maternity Home, Doncaster	6	—	£3 3s. 0d. per week plus surgeon's fee if necessary.
Leeds Maternity Hospital	75	—	£2 15s. 4d. per week per patient.

Negotiations are in progress with the Jessop Hospital for Women, Sheffield, for the admission of West Riding cases. Other Maternity Home schemes to be provided by other Authorities and Nursing Associations are in contemplation and the co-operation of the County Council is being sought, and if these schemes mature the County will be asked to utilise beds and thus give considerable financial assistance. With these schemes in view the Child Welfare Committee recommended that the nett annual expenditure under this head be increased to £2,150 and this was approved by the County Council.

There are still, however, several areas in the Riding where Maternity Home accommodation is lacking, namely, Rawmarsh, Selby, Harrogate, Otley and Skipton, and if provision could be made for beds in these areas, the County would be very well served.

Pudsey Corporation, who are the Authority under the Maternity and Child Welfare Acts, are contemplating the establishment of a Maternity Home and have made informal enquiries of the County Medical Officer whether in the event of a home being opened the County Council would send patients into it,

and further if the County Council would guarantee a sum of approximately £600 a year, receiving in return, the right of the exclusive use of three beds.

This scheme was under consideration by the Committee at the end of the year.

Otley, in disposing of a Nurses' Home of Rest when the Home has to some extent departed from its original purpose, is considering the rival claims of a Maternity Home or a Cottage Hospital.

The South Elmsall District Nursing Association have built a small Maternity Hospital, containing two or three beds. South Elmsall is in the Hemsworth Rural District, which is the Authority under the Maternity and Child Welfare Acts.

The County Council could not give any direct financial assistance, but could pay a fee of £3 3s. 0d. per week for patients admitted from outside the Hemsworth Rural District.

A preliminary Conference of five Authorities in the Dearne Valley, namely, Wath-upon-Deane, Wombwell, Bolton-upon-Deane, Thurnscoe and Darfield, was held in September, 1924, to consider the question of establishing a Maternity Home for the combined districts. I suggested a conference at which representatives of the Child Welfare Committee should be invited to talk the matter over, but nothing further has been heard of the proposal.

The districts of Wombwell and Bolton-upon-Deane are their own Authority under the Maternity and Child Welfare Act, and have therefore power to make their own provision.

The following is the scale of payment for patients admitted to a Maternity Home, as amended in 1925:—

Where the total family income, after deducting 5/- for each child under 14 years of age, and not working.	Amount payable by patient.
Does not exceed 30/- per week	Nil
Is between 30/- and 40/- per week	Amount of Maternity benefit received
Is between 40/- and 50/- per week	Half Fees
Exceeds 50/- per week	Whole Fees

Nursing Staff.—At the end of the year the Nursing Staff employed in connection with Maternity and Child Welfare work included:—

- 2 Inspectors of Midwives and Nurses.
- 1 Emergency Nurse.
- 91 Nurses performing combined duties of Health Visitors and School Nurses.
- 1 Health Visitor.
- 6 School Nurses.
- 64 Part-time Nurses employed by Nursing Associations, who perform on behalf of the County Council, the Health Visiting and School Nursing work. The majority of these Associations serve sparsely populated rural areas.

During the year, 20 whole-time Nurses were appointed, six of this number being additional, due mainly to the growth of the work in the South Yorkshire coalfield, and the remainder were to fill vacancies occurring at the end of 1923 and those Nurses who resigned during 1924.

Of the latter, there were nine resignations for reasons stated below:—

Obtained posts nearer home	...	...	3
Obtained better salaried posts	...	...	3
Marriage	...	...	1
Taking up rescue work	...	...	1
Left the Nursing profession	...	...	1
			—
			9
			—

Some of our best Nurses had left the service of the County to obtain more remunerative posts, and as the class of applicants to fill the vacancies lacked previous experience in Child Welfare work, the Committee felt something must be done to attract a better class of applicant and also to retain the present Nurses, and in consequence the scale of salaries for Health Visitors and School Nurses was increased as under to come into operation on the 1st April, 1925:—From £150 per annum, rising by annual increments of £10 to £180, to £160 per annum, rising by annual increments of £10 to £200, such increments to commence on the 1st April next after the completion of six months' service, and to be subject to satisfactory service.

During the year, Conferences of Health Visitors and School Nurses were held in various parts of the Riding, when discussions on the work took place. Nurses were also able to air their difficulties, and in this way much good was accomplished. These Conferences were held during the morning, and the afternoon was devoted to a Lecture by Miss J. B. N. Paterson, of Glasgow, who was for many years with Dr. Truby King, her subject being "Breast Feeding." The lecture, which was illustrated by lantern slides, proved interesting and educative, and as a result several Nurses are desirous of undertaking a "Truby King Course." All the midwives and members of local Child Welfare Committees in the County were invited to these lectures and the

attendances were very gratifying. The lectures were given at Wakefield, Doncaster, Bradford and Huddersfield, and all these Boroughs were invited to co-operate and willingly responded with the exception of Huddersfield.

Inspectors of Nurses and Midwives.—There are two Inspectors of Nurses and Midwives. The following is a summary of their work during the year:—

Visits paid to whole-time nurses	285
Visits paid to part-time nurses	80
Visits paid to midwives	512
Visits paid to Child Welfare Centres	65
Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth, abortifacients, pemphigus and deaths of children)	72
Attendances at conferences of nurses and with Nursing Associations	39
Interviews with medical practitioners and various people relative to the Maternity and Child Welfare scheme	77
Premises inspected as to their suitability for Child Welfare Centres	42
Inquests attended	2
Attendance at Penal Session of Central Midwives Board	2

In addition to the above work the Inspectors gave lantern lectures and addresses to mothers at Centres (14), met local Child Welfare Committees re their duties at Centres (13), made special visits in connection with the measles epidemic at Worsborough (2), attended official openings of Child Welfare Centres, instructed new nurses in their duties, acted as judges at pram parades and mothercraft competitions, and attended and gave addresses at garden parties and clinics.

Supply of Milk to Mothers and Infants.—The supply of milk is restricted to expectant mothers and to infants under three years of age, and only in exceptional cases are issues sanctioned for children between the ages of three and five.

Dried milk only is supplied, and during the financial year 2,346 cartons were given free and 273 cartons were sold at half-price.

These figures vary very little from those of the previous year.

Every person desiring an issue of milk at less than cost price fills in a form of application. The Health Visitor forwards the application to me and no issues are made unless the Nurse receives my certificate authorising a supply. This certificate is only valid for four weeks. Each case is investigated by the Divisional Education Inquiry Officer, and the statements as to income, number in family, etc., verified.

At the end of each quarter a schedule is prepared giving full particulars of each applicant, i.e., nett family income, total number in family, number of children under three years of age, and number of cartons issued during the three months.

A Special Sub-Committee review these applications.

Distress Fund.—In January, the County Council passed the following resolution:—"That one year's interest on the capital sum representing the balance of the West Riding Distress Fund be applied by the County Council, through their Public Health and Housing Committee, towards the alleviation of cases of distress disclosed in connection with the work of the Child Welfare and Tuberculosis Sub-Committee."

Children Act, 1908.—On the 30th September, 1919, the Ministry of Health issued a Circular to Boards of Guardians to the effect that the supervision of children under the above Act should be co-ordinated as far as practicable with the supervision of children under the Maternity and Child Welfare Act, 1918, and intimated that the Guardians should confer with the Local Authorities undertaking the Maternity and Child Welfare work in the district, with a view to the appointment, where practicable, of the same woman as Health Visitor and Infant Protection Visitor. Several Conferences took place, but the majority of the Guardians were averse to any change in their present system, and only one Union (Great Ouseburn) handed over the work to the County Council.

The Register of Infants in the Great Ouseburn Union is kept in my Department, and all the Nurses (eight in number) visit the children periodically. There are only 14 children on the register, and we do the work for a sum of £7 10s. 0d. per annum. Previously the work was carried out by the Sanitary Inspector.

The administration of the Midwives' Act, the Notification of Births Act and the Maternity and Child Welfare Act has clearly demonstrated the need for a revision of the Children Act.

PART IV.

TREATMENT OF TUBERCULOSIS.

TABLE I.

Mortality from Tuberculosis of the Respiratory System
(Pulmonary Tuberculosis).

Year.	West Riding Administrative County.						<i>England & Wales Death-rate.</i>
	Total No. of Deaths.			Death-rate per 1,000 of the population.			
	County.	Urban.	Rural.	County.	Urban.	Rural.	
1914	1149	920	229	0·74	0·80	0·57	<i>1·05</i>
1915	1156	904	252	0·80	0·84	0·68	<i>1·16</i>
1916	1253	953	300	0·89	0·91	0·83	<i>1·18</i>
1917	1278	997	281	0·98	0·98	0·98	<i>1·25</i>
1918	1430	1102	328	1·06	1·10	0·94	<i>1·34</i>
1919	1178	932	246	0·82	0·88	0·66	<i>1·00</i>
1920†	1068	832	236	0·71	0·75	0·60	<i>0·89</i>
1921	1129	897	232	0·74	0·79	0·60	<i>0·88</i>
1922	1021	803	218	0·68	0·72	0·58	<i>0·89</i>
1923	1070	845	225	0·71	0·75	0·59	<i>0·84</i>
Average for 10 years, 1914–23)	1173	918	255	0·81	0·85	0·69	<i>1·05</i>
1924	1066	824	242	0·70	0·73	0·62	<i>0·84</i>

† For 1920 and subsequent years deaths from miliary tuberculosis, which were previously included under "pulmonary" tuberculosis, are now classified under "other forms of tuberculosis." This alteration is but slight, and the rates from 1920 are comparable with those for previous years.

The death-rate from pulmonary tuberculosis in 1924 in the Administrative County was 0.70 as compared with 0.71 in 1923. For the ten years 1914 to 1923 the average death-rate from phthisis for the County was 0.81 and for England and Wales 1.05.

In non-pulmonary tuberculosis (disease of glands, bones, abdomen, etc.), the death-rate was 0.25 for 1924, as compared with 0.28 for the previous year, and as against the average of 0.35 for the ten years 1914-23.

TABLE II.

Tuberculosis Deaths, 1924.

		Age-Groups.									
		Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and up- wards	All Ages
Phthisis—											
Urban Districts	{ M.	2	2	3	10	85	202	134	19	2	459
	{ F.	—	3	5	20	109	146	64	17	1	365
Rural Districts	{ M.	—	1	0	3	18	59	34	3	1	119
	{ F.	—	1	2	8	33	53	22	2	2	123
County		2	7	10	41	245	460	254	41	6	1066
Other Tubercular Diseases—											
Urban Districts	{ M.	20	23	18	26	25	21	12	4	1	150
	{ F.	7	13	25	28	21	17	14	3	1	129
Rural Districts.	{ M.	10	12	4	7	7	5	5	1	—	51
	{ F.	5	8	6	15	7	6	2	1	—	50
County		42	56	53	76	60	49	33	9	2	380

A feature of the above table is the large proportion of deaths from pulmonary tuberculosis in age groups 25-45, where the death-rate assumes the proportion of 43 per cent. It will be noted that the urban death-rate is very considerably higher than that of rural districts.

There is still a large toll of children from non-pulmonary tuberculosis up to the age of 15, with a marked increase of urban over rural districts, as would be expected.

TABLE III.
Notifications received during 1924 under the Public Health (Tuberculosis) Regulations, 1912.

AGE PERIODS.	Primary Notifications on Form A.											Primary Notifications on Form B.				Form C. (Admissions).		
	$\frac{0}{1}$	$\frac{1}{2}$	$\frac{5}{10}$	$\frac{10}{15}$	$\frac{15}{20}$	$\frac{20}{25}$	$\frac{25}{35}$	$\frac{35}{45}$	$\frac{45}{55}$	$\frac{55}{65}$	65 and over.	TOTAL.	$\frac{0}{3}$	$\frac{5}{10}$	$\frac{10}{15}$	TOTAL.	Poor Law Institu- tions.	Sanatoria
Pulmonary (Males)	2	37	222	163	167	182	320	245	146	57	27	1568	—	5	4	9	1	711
Do. (Females)	2	38	184	198	153	197	239	139	63	27	10	1250	—	4	5	9	—	427
Non-Pulmonary (Males)	15	86	132	84	21	25	18	9	7	2	1	400	2	14	7	23	—	16
Do. (Females)	6	74	101	75	26	17	25	8	7	3	1	343	—	11	2	13	—	25

The following table shows that the increase in notifications during 1924 as compared with the previous year is mainly in respect of pulmonary cases, the total excess in all ages in this class being 845 and of non-pulmonary cases 148. When compared with the averages for the five years 1919-23 the increase is still more striking :—

	Average No. of notific- ations, 1919-23.	1923.	1924.	Increase on 5 yearly average.
Pulmonary—				
Males	933	1062	1581	} 1099
Females	812	937	1263	
Non-Pulmonary—				
Males	250	328	413	} 278
Females	243	295	358	
	2238	2622	3615	1377

The most outstanding increases have occurred in the South Yorkshire districts, including Doncaster and Rotherham. Pontefract Area also showed a marked increase for 1924. The increase shown in pulmonary tuberculosis—all ages—for the year 1924 over the average for the previous five years is over 60 per cent. This increase is most evident in the age-periods 20-30 years, and in non-pulmonary affections the age periods 5-15 years.

An analysis of the figures relating to the notifications for the pulmonary form of the disease reveals the fact that the increase recorded in 1924 is mainly contributed to by returns from the following 21 districts :—

	Pulmonary Cases.						In-crease. 1924.
	Males.		Females.		Total.		
	1923.	1924.	1923.	1924.	1923.	1924.	
Adwick-le-St. U.	4	21	5	7	9	28	19
Bolton-upon-Dearne U.	31	62	27	40	58	102	44
Conisbrough U. ...	27	50	22	24	49	74	25
Darton U. ...	11	19	6	17	17	36	19
Doncaster B. ...	32	88	23	64	55	152	97
Mexborough U. ...	41	58	43	48	84	106	22
Rawmarsh U. ...	21	72	16	55	37	127	90
Stocksbridge U. ...	9	16	6	10	15	26	11
Doncaster Rural ...	13	32	14	23	27	55	28
Hemsworth Rural	42	65	22	56	64	121	57
Kiveton Park Rural	12	29	14	23	26	52	25
Rotherham Rural ...	41	62	40	59	81	121	40
Barnoldswick U. ...	6	17	10	12	16	29	13
Castleford U. ...	15	59	11	31	26	90	64
Hoyland Nether U.	21	32	17	36	38	68	30
Ossett B. ...	6	13	11	14	17	27	10
Pontefract B. ...	11	25	13	21	24	46	22
Shipley U. ...	5	19	8	9	13	28	15
Stanley U. ...	17	31	11	20	28	51	23
Batley B. ...	33	41	25	33	58	74	16
Haworth U. ...	1	5	1	9	2	14	12
							682

The increases noted may be taken as evidence of

- (a) Earlier and more complete notification by the medical practitioners (due probably to the effects of the Ministry of Health Circular 425, dated 2nd August, 1923).
- (b) Increased vigilance on the part of the local Public Health Staff in ensuring notification on Form "A" in all cases where the receipt of Form "C" was the first intimation of the existence of a case of tuberculosis.
- (c) The new instruction issued to the District Tuberculosis Officers to the effect that notification on Form "A" must be made by them if any doubt whatever exists as to prior notification.

In addition it should be borne in mind that the new dispensary scheme adopted by the West Riding County Council in 1923 has undoubtedly resulted in more time being devoted by the Dispensary Staff to the investigation of contacts, and the eventual discovery of many fresh cases in the early stages of the disease.

Dispensary Organisation.—Within recent times scientific investigation has brought to light many new facts concerning the problems of Tuberculosis, necessitating a reconsideration of the methods of treatment and in many cases considerable alterations in our schemes for prevention.

It has been proved beyond doubt that phthisis is an infectious disease and that children are particularly susceptible to Tuberculosis. Such facts have given us a basis for future line of action and have shewn clearly that our first duty must be directed towards the construction of a scheme which will bring about a lessening of the chances to infection by instituting sufficient accommodation for our advanced cases and for particular attention to the case of children, and of minimising the risks to children by providing adequate accommodation for their treatment and supervision in Sanatoria, Open-Air Schools, etc.

With regard to our Tuberculosis Dispensary system, it has been considered necessary to again emphasize the necessity for carrying into effect the recommendation of the Special Sub-Committee appointed to enquire into our Dispensary scheme in July, 1923, and to maintain as far as possible the purpose for which these Institutions were originally established, i.e., clearing houses for tuberculous cases and contacts and as centres of information. Hitherto our Dispensaries have tended rather to fall away from the original purpose and to be conducted more on the lines of Medical Out-Patient Departments—a condition of things which is only conducive of waste and abuse and where the results are unsatisfactory and disappointing.

During the year under review new regulations were brought into force with regard to the classification of patients, each class now having a definite form of procedure. Old standing and chronic cases, which form the majority of Dispensary attendances, are now referred to their panel doctor and placed under Domiciliary Treatment and although such patients are not required to attend the Dispensary regularly they are still under medical supervision and are visited by the District Tuberculosis Officer and nurse. In this way the Dispensary staff have more time to investigate sources of infection, follow up contacts and make personal and frequent visits to the homes of the patients. The diminution in attendances in consequence of this change, although noteworthy, has not been so substantial or as encouraging as was anticipated. It has been found that in a few districts the patients are slow to convert and still tend to drift towards the Dispensary, rather than the surgery of the practitioner.

Nevertheless the effects are gradually being felt and now that the Tuberculosis Officer has more time to make careful examination of each case, contacts are less likely to be missed and greater numbers are likely to be brought to light—vide Table following.

During 1924, there were 45,976 attendances at the West Riding Dispensaries as compared with 60,540 in 1923. The following comparison with 1923 is interesting as shewing the extent of the diminution of attendances referred to above:—

	1923.	1924.
New Cases Examined:—		
Contacts	1472	1496
Other Cases	3142	5460
Attendance made by Old Cases	55926	39020

We have had frequent reminders of the unsuitability of many of our Dispensary premises. Steps have been taken to provide new premises at Sowerby Bridge, Mexborough, Hemsworth, Brighouse, Thorne and Harrogate. In view of alterations in population in some areas and the high incidence of Tuberculosis amongst children in others, a re-arrangement of Dispensary areas is under consideration including the provision of new and additional dispensaries.

With regard to treatment, as distinct from diagnosis and consultation at the Dispensaries, it has been limited only to those “whose continued treatment requires special knowledge or technical skill and to those who are unable through poverty or otherwise to obtain adequate medical attendance.”

Only proved remedies have been employed at the Dispensaries. Noteworthy tests were carried out at one Dispensary for the investigation of the prophylactic inoculation of children. It has long been acknowledged by leading authorities that children of a tuberculous stock may acquire a degree of immunity to the disease by tuberculization, i.e., by giving increasing doses of attenuated tubercle vaccine during the most susceptible period of the child's life. At this Dispensary a small number of selected cases were treated by means of a specially prepared attenuated vaccine. Thirty children of school age were selected who showed early signs of Pulmonary Tuberculosis and of whose parents one or other had definite disease of the lungs and were notified cases. A control was made of 30 other children attending this Dispensary and placed under similar conditions with regard to the stage of the disease and tuberculous parentage but who were not tuberculized. The results of the test, which covered a period of over 12 months, showed that of those children who had had prophylactic treatment 21 had vastly improved in health, vigour and weight, and were able to resume school after periods varying from six to eight months' treatment. Of the remainder eight had moderately improved but the beneficial effects were not so evident—one child failed to complete the course. It was noted that the average tuberculized child was able to resume school much sooner than the child who had not been so treated.

We were encouraged to further investigate the question of the prophylactic treatment of children in order to compare the results. For this purpose further tests are now being carried out to see how far this form of treatment may be applied to cases which are in a more advanced stage of the disease.

With regard to treatment with tuberculin the following cases have been reported:—

Of 36 cases of surgical tuberculosis occurring in the Keighley area and treated with graduated doses of T.R., 33 completed their course of treatment with a result "much improved" and were rendered non-infectious. In three cases the condition grew gradually worse.

In Rotherham Dispensary area 13 cases of glands in the neck were treated with Phillips' Ointment, 8 with a result "much improved," 4 "moderately improved," and 1 whose condition became worse. In Mexborough, of 17 cases of surgical tuberculosis and treated by the same means, the condition of 6 became much improved, 10 moderately improved and 1 worse. In the Sowerby Bridge area 65 cases of surgical tuberculosis were treated with B.E. Tuberculin, the result of treatment being 22 much improved, 37 moderately improved, in 3 cases the condition became worse and 3 cases died. Of 29 cases treated at Wadsley Bridge Dispensary with Phillips' Tuberculin Ointment 14 were much improved, 13 moderately improved, 2 became worse. There is every reason to believe that certain cases do well with tuberculin, as the above results show, but it depends largely on the stage and location of the disease and idiosyncrasy of the patient and great care is necessary in selecting cases. Certain forms of surgical tuberculosis such as glands, lupus, etc., undoubtedly do well if the treatment is judiciously applied and the effects carefully noted.

Home Visitation.—In 1924 there were 2,290 visits paid by District Tuberculosis Officers to the homes of the patients, as compared with 1,669 in 1923. Dispensary Nurses during 1923 paid 20,902 visits and Health Visitors 7,691, whilst in 1924, 28,491 visits were paid by Dispensary Nurses and 8,029 by Health Visitors.

There is still evidence of bad housing conditions in many of our industrial areas. From the following table striking instances of overcrowding are seen in the Barnsley, Doncaster, South Kirkby, Pontefract, Rotherham and Mexborough districts. Of the patients on the Dispensary register on 31st December, 1924, 15.8 per cent. were occupying a separate bed but not in a separate room, 36.6 per cent. had two in a bed, 8.9 per cent., more than two in a bed. There is little likelihood of making any real headway against Tuberculosis, no matter how excellent our Sanatoria, as long as this state of overcrowding exists.

	Patients Attending.					
	Barns- ley Disp.	South Kirkby Disp.	Don- caster Disp.	Ponte- fract Disp.	Rother- ham Disp.	Mex- boro' Disp.
	%	%	%	%	%	%
Cases occurring in houses regarded as insanitary (in one or more respects)	6.3	4.6	5.0	3.2	17.2	16.9
Cases from houses where more than one family reside	12.6	13.8	9.6	16.1	11.2	15.7
Cases from over-crowded houses	7.4	13.8	8.9	2.9	13.7	11.5
Patients sleeping in :—						
Separate room	12.3	12.7	17.8	11.1	8.7	11.9
Separate bed but not separate room	21.1	11.5	22.0	4.9	12.4	12.2
Two in a bed	26.2	24.7	31.2	57.9	24.6	20.9
More than two in a bed	14.2	18.9	5.5	3.9	12.2	10.9

Open-Air Domiciliary Shelters.—During the year 120 persons have had the loan of Shelters for use in connection with their home treatment and transfers from one place to another have been effected on 30 occasions. The demand for Shelters is subject to fluctuation, but as their usefulness for purposes of segregation, etc., is generally recognised there is usually a waiting list of applicants. In a number of cases Shelters have been occupied by the same person for a considerable period and expressions of appreciation for the benefit derived therefrom have frequently been received in the Department. Shelters are provided without cost to the occupier on the recommendation of the District Tuberculosis Officers or with their approval if application is made through any other source. Before a Shelter is supplied the Local Authority is consulted upon the sanitary, geographical and general aspect of the proposed site and preparatory to removal the Authority is requested to undertake the disinfection of the structure and its equipment. A regular and systematic inspection of the Shelters is carried out by the Dispensary Staff and the Tuberculosis Health Visitors and periodical reports submitted to the Central Office upon which instructions are given for the execution of any necessary repairs and renewals. Eight new shelters have been purchased to replace others demolished during the year.

I desire to once more place on record my appreciation of the valuable assistance rendered by Medical Officers of Health and Sanitary Inspectors throughout the Administrative County in the performance of disinfections, inspection of sites and the rendering of other relative services.

Surgical Appliances.—In connection with the treatment of tubercular disease of bones and joints surgical appliances have been provided during the year in 23 cases as follows :—

Spinal Supports	...	9	Thomas Knee Splints	2	
Crutches	...	5	Thomas Elbow Splints	1	
Thomas Hip Splints	...	4	Surgical Boots	...	2

Recommendations for these appliances are made by the District Tuberculosis Officers and on the advice of Institutional Orthopaedic Surgeons where it is found that the full cost cannot be borne by or on behalf of the patient. Whenever circumstances permit, however, a proportion of the cost is recovered by the Department in accordance with instructions of the Tuberculosis Sub-Committee. In this way a sum of £8 15s. 9d. has been received during the year. The appliances are obtained from well known firms specialising in the manufacture of these articles and patients are measured for and fitted with the appliances recommended for them under medical supervision.

Analysis of Cases of Non-Pulmonary Tuberculosis treated during 1924.

		Bones and Joints	Abdo- minal.	Other Organs.	Peri- pheral Glands.	Total.
Adult Males	...	44	19	8	30	101
Adult Females	...	25	11	12	39	87
Children—Boys	...	71	49	22	257	399
„ Girls	...	81	43	15	232	371
		221	122	57	558	958

X-Ray Examinations.—The importance of X-ray examinations in confirming diagnosis in tuberculous conditions has been emphasized during the year, when 88 examinations were made in connection with Dispensary work as follows :—

Area.	Number of X-ray examinations.	Region.	Result.
Barnsley	18	7 lung; 2 bones; 3 spine; 3 hip-joint; 1 ankle; 1 knee.	Diagnosis confirmed in 16 cases
Dewsbury	3	1 knee; 1 foot (metatarsal bones); 1 hip-joint.	Diagnosis confirmed in all cases.
Doncaster	2	1 lung; 1 spine.	Diagnosis confirmed.
Huddersfield	1	1 spine.	Diagnosis confirmed.
Keighley	2	2 lung.	Diagnosis confirmed.
Otley	12	1 spine; 1 knee. 1 elbow; 9 lung.	Diagnosis confirmed in 9 cases
Rotherham	17	11 lung; 5 spine; 1 knee; 1 wrist.	Diagnosis confirmed in 15 cases.
Sowerby Bridge	1	1 lung.	Diagnosis confirmed.
Wadsley Bridge	10	6 lung; 2 hip. 1 knee; 1 spine	Diagnosis confirmed. Associated with silicosis in six chest cases.—Positive.
Wakefield	22	17 chest; 1 spine; 1 hip; 1 bone; 2 knee.	Diagnosis confirmed in 18 cases.

Institutional Accommodation Available for West Riding Cases, December, 1924.

Institution.	No. of Beds Available.					
	For Pulmonary Cases.			For Non-Pulmonary Cases.		
	Men.	Women	Children.	Men.	Women	Children.
<i>Controlled by the County Council (Public Health Committee):—</i>						
Middleton-in-Wharfedale Sanatorium	250	—	—	—	—	—
Cardigan Sanatorium, near Wakefield	—	50	—	—	—	—
Eldwick Sanatorium, near Bingley	—	—	39	—	—	—
Mitchell Memorial Home, Rawdon	30	—	—	—	—	—
<i>Not controlled by the County Council:—</i>						
Morton Banks Sanatorium, near Keighley	—	59	—	—	—	—
Dean Head Sanatorium, Horsforth	—	55	—	—	—	—
Oakwood Hall Sanatorium, Rotherham	15	8	7	—	—	—
Wyton Hostel, Huntingdon	—	—	55	—	—	—
Bowdon Sanatorium, Altrincham	—	12	—	—	—	—
Wensleydale Sanatorium, Aysgarth	—	—	12	—	—	—
Westmorland Sanatorium, Meathop	10	—	—	—	—	—
Stanhope Sanatorium, Co. Durham	—	—	21	—	—	—
Heath End Sanatorium, Surrey	—	—	10	—	—	—
Wolsingham Sanatorium, Co. Durham	—	—	11	—	—	—
Marguerite Home, Thorparch	—	—	—	—	—	13
Leasowe Hospital, Cheshire	—	—	—	—	—	16
Alton Cripples Home, Hampshire	—	—	—	—	—	14
King Edward VII Hospital, Rivelin Valley	—	—	—	—	—	9
Shropshire Surgical Home, Gobowen	—	—	—	2	3	—
Miscellaneous Institutions	—	2	11	—	—	2
Total ...	305	186	166	2	3	54

TABLE IV.
Institutional Treatment of Tuberculosis.

(A) Average number of Beds available for patients during 1924:—

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		Sanatorium Beds.	Hospital Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ...	—	214	95	1	—	310
Adult Females ...	—	130	41	2	—	173
Children under 15 ...	—	129	4	43	8	184
		473	140	46	8	667

(B) Annual Return showing the Extent of Residential Treatment during the year 1924:—

Number of Patients	Adults M F Children under 15	In Institutions January 1st.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on December 31st.
		292	773	706	45	314
		155	428	401	30	152
		186	314	259	7	234

NOTE.—The discrepancy between the figures in respect of female and children beds is due to the fact that 28 beds at Cardigan, Dean Head, and Morton Banks Institutions, originally reserved for adult females, were occupied during the year by girls under 15.

TABLE V.

Institutional Treatment during 1924: (A) Pulmonary.

Institution.	Patients in Resi- dence on 1.1.24.	Admissions, 1924.			Total No. of Admis- sions.	Discharges, 1924.			Total No. of Dis- charges.	Patients in Resi- dence on 31.12.24
		Men.	Women	Chil- dren under 15 years.		Men.	Women	Chil- dren under 15 years.		
Middleton Sanatorium	250	600	—	—	600	606	—	—	606	244
Cardigan Sanatorium	47	—	127	3	130	—	124	3	127	50
Mitchell Memorial Home	30	83	—	—	83	83	—	—	83	30
Eldwick Sanatorium	36	—	—	85	85	—	—	86	86	35
Dean Head Sanatorium	50	—	134	13	147	—	134	8	142	55
Morton Banks Sanatorium	55	—	99	12	111	—	99	9	108	58
Oakwood Hall Sanatorium	24	56	20	8	84	53	29	4	86	22
Bowdon Sanatorium	12	—	34	—	34	—	35	—	35	11
Stanhope Sanatorium	—	9	—	13	22	—	—	1	1	21
Wensleydale Sanatorium	—	8	2	5	15	2	1	1	4	11
Wolsingham Sanatorium	—	—	—	13	13	—	—	2	2	11
Church Army Sanatorium (Heath End and Crookham)	—	—	—	10	10	—	—	—	—	10
Wyton Hostel	66	—	—	85	85	—	—	96	96	55
Other Institutions	7	11	6	19	36	3	6	13	22	21
	577	767	422	266	1455	747	428	223	1398	634

TABLE VI.

Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1924.
(a) Pulmonary Cases.

Classifi- cation on Admis- sion.	Condition at time discharge.	Duration of Treatment in the Institution.											
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.		
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.
Class T.B. + Minus.	Quiescent ...	5	6	1	26	27	14	7	4	60	—	2	—
	Improved ...	142	77	7	195	124	47	80	37	66	—	6	12
	No Material Improve- ment	42	12	2	21	—	—	7	—	—	—	2	2
	Died in Institution ...	7	2	2	1	—	—	—	—	—	2	1	—
Class T.B. + — Group I.	Quiescent ...	—	—	—	—	—	—	1	—	—	—	—	—
	Improved ...	—	—	—	2	2	—	4	1	—	—	1	—
	No Material Improve- ment	—	2	—	—	—	—	—	—	—	—	1	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. + — Group II.	Quiescent ...	1	—	—	1	—	—	1	—	—	1	—	—
	Improved ...	6	7	—	9	6	—	12	3	—	1	1	—
	No Material Improve- ment	3	1	—	1	1	—	1	1	—	2	1	—
	Died in Institution ...	1	—	—	—	—	—	—	1	—	—	1	—
Class T.B. + — Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	8	6	3	9	8	1	26	5	—	6	3	2
	No Material Improve- ment	12	15	2	11	8	2	8	7	—	2	3	—
	Died in Institution ...	21	14	2	7	7	1	4	1	—	2	1	—
Total ...		248	142	19	283	183	65	151	60	126	25	23	16
											707	408	226

N.B.—For the purposes of this table, cases discharged with less than two weeks' treatment have been eliminated.

TABLE VII.

Immediate Results of Treatment of Patients discharged from Residential Institutions during the year 1924.
(b) Non-Pulmonary Cases.

Duration of Treatment in the Institution.																
Classification on admission to the Institution.	Condition at time of discharge.	Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Total.		
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Bones and Joints.	Quiescent or Arrested	—	—	—	—	—	4	—	—	10	—	—	7	—	—	21
	Improved ...	—	—	—	—	1	—	—	1	—	—	—	2	—	1	3
	No material Improvement	—	—	1	—	1	—	—	—	1	—	—	—	—	1	2
	Died in Institution	—	1	—	—	—	—	—	1	—	—	—	2	—	2	2
Abdominal	Quiescent or Arrested	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2
	Improved ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1
	No material Improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other organs.	Quiescent or Arrested	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Improved ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	No material Improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.	Quiescent or Arrested	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
	Improved ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	No material Improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...		—	1	1	—	2	4	—	1	17	—	—	11	—	4	33

Sanatorium Treatment.—In April, 1924, a special Sub-Committee appointed to investigate the treatment given at Dispensaries and Sanatoria, and the accommodation necessary, submitted a report on Sanatoria in which the following recommendations were made :—

(1) "That a scheme should be prepared for the provision of one or more Homes (approximately 50 beds) in South Yorkshire Area for the treatment of advanced cases."

(2) "That 100 additional beds should be provided for the treatment of tuberculous children."

As no suitable Home was obtained for this purpose during 1924, arrangements were continued as in previous years for the reception and treatment of advanced cases in Sanatoria.

On December 31st, 1924, the total Sanatorium accommodation was 716 beds as compared with 648 beds at the end of 1923.

During the year there were for Sanatorium treatment in adults 1,189 admissions and 1,175 discharges. In the case of children 256 admissions and 223 discharges. For the treatment of non-pulmonary conditions in children there were 48 admissions and 43 discharges.

The immediate results of treatment for pulmonary and non-pulmonary cases are shown in Tables VI and VII.

Institutional Waiting List, 1923 and 1924.

	1923 (Average).		1924 (Average).			
	Pul-mon-ary.	Non-Pul-mon-ary.	Pulmonary.			Non-Pul-mon-ary.
			i	ii	iii	
Adult Males (Civ.)	36	—	46	37	15	} 2
Adult Males (Ex-S.)	31	—	31	36	11	
Adult Females ...	54	—	30	21	10	
Children ...	231	25	197	73	6	28
	352	25	304	167	42	30

It will be noted that the average waiting list for 1924 is increased as compared with that of 1923. Throughout the year there has been little difficulty in maintaining the numbers at our Sanatoria, as the average weekly waiting list has been high and in excess of that of the previous year. The causes of this increase are attributed to the following:—

- (a) The general effect of the new dispensary scheme adopted in 1923 tending to encourage a greater number of new cases—contacts and others—to come forward and seek advice.

- (b) A corresponding increase in the number of recommendations for institutional treatment.

There is always a considerable number of old or chronic cases attending the dispensaries who are frequently recommended for re-admission to Sanatoria.

Table VI shows that of a total of 1,341 patients treated at Sanatoria for pulmonary tuberculosis, there were 409 whose stay in the Sanatorium was less than three months. It may be noted that this more particularly applies to Class (i) or to those cases where the disease is in the earliest stage. Thus, of the 409 whose stay was under three months, 300 belonged to Class (i).

Ex-servicemen—pensioners and others—occupy a considerable proportion of our accommodation. The frequent re-examinations, necessary under the Ministry of Pensions' regulations, result in many re-admissions to Sanatoria, in some cases for the third or fourth time. Many of these patients by force of circumstances appear to spend their lives travelling from one sanatorium to another.

With regard to children referred to the Dispensaries for diagnosis and treatment, it is very often extremely difficult to make an accurate diagnosis. For this reason there are large numbers of borderline cases classified as predisposed, weakly or anaemic children who require careful supervision, extra nourishment and open-air life, and which are suitable cases for open-air school. As the accommodation available for this class is extremely limited, we have had of necessity to refer such cases to Sanatoria for treatment, and the waiting lists have been kept high in consequence. The average stay of a child in a Sanatorium is six months as compared with three months in the case of an adult, and unless our accommodation is proportionately greater the waiting lists must of necessity be large and the delay in admission considerable.

It has been found difficult to arrange with other authorities for suitable accommodation for children. Extra accommodation for Pulmonary cases was obtained during the year at the following institutions:—

Wensleydale Sanatorium, Aysgarth	...	12 beds.
Stannington Sanatorium, Northumberland		6 „
Wolsingham Sanatorium, Durham	...	11 „
Stanhope Sanatorium, Durham	...	21 „
Church Army Institutions at Crookham and Heath End	... ..	10 „
		<hr/> 60 beds. <hr/>

The necessity for having a Sanatorium for women and children was considered by a special Committee in December, 1924, when it was recommended that "a Sanatorium be erected

“ for the accommodation of 300 women and children, and that
 “ the West Riding Public Health and Housing Committee be
 “ empowered to purchase an estate for this purpose at a cost of
 “ not exceeding £20,000.”

Middleton Sanatorium.—The accommodation at Middleton up to the 31st December, 1924, provided for 250 adult males. During the year there were 600 admissions and 606 discharges, leaving in residence on the 31st December, 147 civilians and 97 ex-servicemen. The number of patients re-admitted to the Sanatorium during 1924 was 124, which was an increase of 27 as compared with 1923. These re-admissions were chiefly made up of ex-servicemen in the more advanced stages of the disease.

The system of treatment adopted at Middleton is now common to most modern Sanatoria. It consists in a completely open-air life, a regular and ordered daily routine, a diet sufficient and nourishing without being excessive, and a system of graduated rest and exercise which provides at the same time interesting occupation, all important in tuberculosis.

The social side of Sanatorium life is carefully arranged, and the necessary variety of entertainment has been well maintained in the past twelve months. A series of concerts and other entertainments were given, and the outdoor sports, bowls, etc., were enjoyed throughout the summer.

In commenting on the year's work at Middleton, the Medical Superintendent, Dr. Campbell, makes the following report:—

“ The chief feature calling for remark is the increasing number of advanced cases being admitted for treatment, the proportion among those discharged during the year being 21 per cent.; and whereas formerly when earlier cases were received there was only an occasional patient presenting the complication of a lesion in another part than the lungs, these are gradually becoming more numerous. During the summer months several patients were exposed to direct sunlight, with marked benefit to bone lesions; but with the approach of winter, retrogression occurred, pointing to the necessity for an artificial source of light. Non-pulmonary forms of tuberculosis do not yield to Sanatorium methods alone, and conservative surgical measures are necessary. It can scarcely be expected that the same good results will be obtained in the non-pulmonary forms of the disease when these are found in patients suffering from pulmonary tuberculosis, and experience bears this out.

The complications present among the cases discharged during the year were :—

2 Caries of ribs ; 1 spinal caries ; 1 synovitis of knee ; 1 tuberculous peritonitis ; 1 cervical glands ; 1 genital tuberculosis.

In three cases pathological pneumothorax occurred, and in two cases of pyopneumothorax a surgical operation—resection of ribs—was performed.

In view of claims made on its behalf, Dreyer's vaccine was tried, but the results did not warrant its continued use.

In non-pulmonary cases tuberculin is sometimes employed with benefit.

There is still a difficulty in inducing patients to remain a sufficient length of time under treatment, and consequently a number return for a second period of sanatorium residence when their condition is too advanced to permit of improvement.

X-Ray Examinations.—In addition to routine radiosopic examinations, the assistance of radiographs was sought in a number of cases in which the physical signs were doubtful or tuberculosis was suspected in other parts than the lungs; and again in cases in which it was proposed to carry out artificial pneumothorax treatment.

The following are the results of the X-ray examinations :—

1. Pulmonary cases, in which the clinical evidence was doubtful.—Negative 16. Positive 14.
2. Cases of pulmonary tuberculosis in which it was desired to check the extent of the disease as indicated by the physical signs—7.
3. Cases in which tuberculosis was suspected in other parts than the lungs—Positive 7. Negative 5 (including 1 vesical calculus).
4. More advanced cases of pulmonary tuberculosis in which improvement under treatment was not satisfactory, and in which, therefore, the question of inducing artificial pneumothorax had to be considered—25.

Artificial Pneumothorax.—In the majority of cases this special form of treatment was instituted where the ordinary means were failing, or in an endeavour to accelerate the process of repair in the diseased lung tissues; but many patients fail to appreciate the value of this measure and cut short the course by taking their own discharge. Otherwise much more satisfactory results would be secured."

MIDDLETON SANATORIUM.

Induction of Artificial Pneumothorax in Patients Discharged during 1924.

Case No.	Group (Turban- Gerhardt).	Indication for induction of Artificial Pneumothorax.	Date of first operation and period continued.	Result.	Remarks.
1	III (R3L2)	To check toxæmia	29/5/22	Much improved	Toxæmia disappeared.
2	II (R2L2)	Do.	14/3/23	Much improved	Toxæmia disappeared.
3	III (L3R1)	To assist in securing quiescence of disease	13/9/23	Much improved	Did not complete course.
4	II (R2)	To check toxæmia	17/10/23	Much improved	Did not complete course.
5	II (R2L2)	For repeated hæmoptyses	8/11/23	Disease quiescent	Did not complete course.
6	III (R3L2)	To assist in securing quiescence of disease	15/11/23	Moderately improved	Did not complete course.
7	III (R3L3)	Do.	30/1/24	Moderately improved	Discontinued owing to reactions.
8	III (R3)	To check toxæmia	31/1/24	Much improved	Did not complete course.
9	III (R3L3)	Do.	8/2/24	Disease quiescent	No special improvement.
10	II (R2L2)	For bronchiectasis	23/3/24	In statu quo	Did not complete course.
11	II (R2L2)	For severe hæmoptysis	27/3/24	Moderately improved	Did not complete course.
12	III (L3R2)	For repeated hæmoptyses	4/5/24	Moderately improved	Did not complete course.
13	III (R3L3)	To check toxæmia	13/5/24	Moderately improved	Did not complete course.

Twenty- four others remained under this form of treatment at the end of the year.

Eldwick Sanatorium.—There were during the year 94 admissions and 94 discharges at Eldwick Sanatorium.

14 cases were operated upon for tonsils and adenoids at the Bradford Infirmary. One case of mumps occurred and one case of mastoid abscess was removed to the Eye and Ear Hospital, Bradford. The dentist attended frequently during the year and did 92 extractions and 10 fillings. Two children were supplied with spectacles.

In November a report was submitted on an investigation relating to the diet of patients in the Sanatorium. The recommendations adopted included (1) That the number of calories per patient was high (2968 per patient), and above the average for other hospitals." (2) That to ensure the presence in the dietary of the necessary accessory food factors (vitamins) there should be a partial reinstatement of butter as a regular article of diet; an increased provision of green and other fresh vegetables; a more common use of eggs; a free administration of salads and a more general use of wholemeal bread."

The following notes are submitted by the Medical Superintendent with regard to the cases treated at Eldwick during the year:—

" Three cases were discharged suffering from organic heart disease with only slight evidence of tuberculosis. Cases of heart disease—mitral stenosis especially—often begin with haemoptysis and subsequently show alteration in the lung resonance. These cases only improve in the Sanatorium up to a certain point and are not altogether suitable for Sanatorium treatment."

" During the year there were six cases of chronic bronchitis which did not show any evidence of tuberculous infection. Most of these children were well nourished on admission and did very well whilst in the Sanatorium. Physical signs and cough, however, persisted throughout treatment."

" Of the 14 children treated for tonsils and adenoids, the condition in the majority was found to remain persistently unhealthy after being observed and treated for some months. A few—chiefly small children—were obviously obstructed with adenoids, and I think in some cases this may have been the main cause of trouble and the reason for poor nutrition and ill-health."

" Twenty-four children had evidence of small glands in the neck which were palpable but without any definite enlargement. One of them had indisputable signs of lung disease as well. Some had only slight signs in the lungs."

" My own opinion is that general enlargement of the cervical glands to a slight degree is common in children of poor physique without by itself indicating tuberculosis. It requires observation over a long period to settle the question in any given case."

Care Work.—The need for the establishment of Committees to deal with the care and after-care of tuberculous persons has been urged for many years. Since the first official pronouncement on the matter in 1915, when a Local Government Board Circular was issued empowering Local Authorities to establish such Committees and to contribute towards their upkeep, the Local Government Board and later the Ministry of Health, have consistently recognised the existence of Care Committees by incorporating them in any new developments in tuberculosis work where they could be usefully introduced. The Public Health (Tuberculosis) Act, 1921 (Section 2), gave to County Councils further powers to extend and develop schemes for Care Work.

New Committees: Doncaster.—The constitution of the Doncaster Committee, which had taken place in December, 1923, was further consolidated during the early part of 1924, and has now become the active centre of a wide and rapidly developing area. The western part of this area is very thickly populated and the Committee has been much exercised in meeting many demands therefrom.

Mirfield.—An interesting development occurred in the Huddersfield Dispensary Area, where a Committee already exists, in the formation of a local Committee at Mirfield. This Committee has accepted full responsibility for its own district and is very energetic in looking to the needs of the cases referred to it. This is a concrete example of the ideal to which reference has been made on several occasions, i.e., the constitution of small local Committees in Urban areas which will have the valuable advantage of definite interest in and knowledge of the conditions obtaining in their own localities.

Goole.—After some negotiations with the Urban District Council a meeting was held at Goole during September, which resulted in the formation of a Committee centered there, to operate in Goole and the surrounding district. At this meeting General Mends promised a contribution of £10 and a promise of financial help from local charitable funds was also given.

Other Projected Centres.—In addition to these new Committees overtures have been made with a view to the possible extension of this work at Brighouse, Hemsworth and Morley, and it is hoped that these will form centres of new Committees in course of time.

Present Position.—The following is a list of the Committees formed to the end of 1924:—

Tadcaster,
Selby,
Pontefract,
Castleford,
Featherstone,

Doncaster,
Goole,
Huddersfield,
Barnsley,
Mirfield.

In the summary set out below a comparison may easily be drawn to show to what extent the scheme had developed at the end of 1924 in relation to the areas served by the several dispensaries.

Dispensary Area.			Extent covered by Care Committee.
Keighley	...	...	Nil
Otley	...	...	Nil
Sowerby Bridge	...	...	Nil
Huddersfield	...	...	Wholly covered by District Representatives except Saddleworth and Springhead Urban Districts.
Dewsbury	...	...	Nil
Wakefield	...	...	Nil
Pontefract	...	...	Wholly covered by Committees, except Normanton and District.
Barnsley	...	...	Wholly covered by District Representatives.
Rotherham	...	...	Mexborough, Bolton and Thurnscoe.
Doncaster	...	...	Wholly covered by Committees.
Wadsley Bridge	...	...	Northern portion of Wortley Rural District.

A word of explanation may here be offered as to the organisation of various districts to secure the most effective service. In preparing the original scheme, it was anticipated that having regard to the very varied conditions which obtain in different parts of the Riding, to lay down hard and fast rules would considerably hamper development. It has therefore been left to local conditions to determine in what manner the various areas shall develop, an elasticity which has been productive of excellent results. Speaking in general terms, it may be taken that in Urban Areas a local Committee with its objects focussed in its own immediate neighbourhood is very suitable, whilst in rural areas good work can be done by local representatives.

Results of Work.—The following is a summary compiled from the reports submitted to District Tuberculosis Officers by the Committees for those cases where actual grants have been made:—

Underclothing, 99; Outer Clothing, 20; Overcoats, 16; Boots, etc., 67; Food, 23; Bed and Bedding, 1; Financial Help, 2; Convalescent Home Treatment, 4; Railway Fares, 1; Appliances, 1.

Whilst the foregoing is an indication of one branch of the activities of these Committees it does not by any means cover the whole sphere of their work. Treatment alone cannot effect a cure and the active co-operation of the patient is absolutely essential. No matter how elaborate and efficient the treatment provided by the County Council, its effect can be largely negatived by a patient's conduct and home environment.

In March, 1924, a Joint Report was issued to the various Care Committees, entitled "Outline of the Care and After Care Scheme for Tuberculosis." This report detailed the ways and means of setting up a Care Committee, hints in matters of finance, and indicated broadly the lines which should be followed in carrying out the work; it has been much appreciated.

Finance.—As has been mentioned in previous Reports, Care Committees are entirely voluntary bodies and raise their own funds. So far as can be ascertained, by various means they have raised and spent approximately £600 during the year. This sum, however, proved insufficient to meet all the requests for help, even with careful administration, and at times Committees have been obliged to defer the applications until more money has been raised. In addition to the sum mentioned, Committees have secured gifts of clothing and food which they have distributed. In some instances working parties have been organised, who purchase materials and make them up into sleeping garments and the like, thus obtaining at the lowest cost a better quality article than can be obtained by the usual means of purchase.

I should like to take this opportunity to express my appreciation of the valuable services rendered by those ladies and gentlemen whose efforts have made possible the effective expression of the objects of a Care Committee, and to the Joint Council of the Order of St. John and the Red Cross Society for placing at our disposal the services of their organisation.

West Riding Distress Fund.—Arising out of a resolution of the County Council allocating one year's interest on the balance of the West Riding Distress Fund, a small fund was made available with which to assist cases of distress and a portion of this fund has been administered by the Tuberculosis Sub-Committee for the benefit of persons suffering from Tuberculosis. During the year 59 cases were considered, and were dealt with, as follows:—

Not granted, 8; treatment not taken up, 6; demands met from other sources, 6; left Sanatorium before clothing provided, 3; died before clothing provided, 1; grants made, 35.

The total of the accounts amounted approximately to £70. No restrictive policy has been laid down as to the classification of patients eligible for such grants, and each case is considered by a special Committee, who decide on the merits of the case. The majority of the applications refer to the provision of clothing in order that the patient may undertake a course of treatment in Sanatorium.

Other Sources of Help.—Every endeavour is made to avoid overlapping the functions of other Bodies interested in similar work and each case is carefully examined with this object. In

this way it has been found possible to secure help for many cases, and, in some instances, of a nature which the resources at our command would not permit. During the year some 37 cases of this kind were dealt with, as follows:—

Clothing obtained, 32; financial help secured, 3; applications not granted, 2.

Much valuable help has been rendered by the United Services Fund for ex-servicemen without pensions both in the provision of clothing and assisting a man's family whilst he is undergoing treatment at Sanatorium. Boards of Guardians have also been sympathetic in their consideration of cases of tuberculosis under their care.

Workshop Huts.—My Report for 1923 contained a reference to a scheme to assist ex-trainees to carry on the businesses for which they had been trained by loaning huts to be used as workshops. During the year, several enquiries regarding these huts were received from eligible men. These included applications from men who were already following their new occupations in their own homes, i.e., furniture repairing and watch repairing. There appears to have been but little difficulty in securing land upon which to erect huts, and Local Authorities in considering plans submitted for their approval in accordance with the local bye-laws have extended every facility.

The following summary shews the manner in which the applications have been dealt with:—

Use for which hut is intended.	Whether Granted.	Result.
1. Pig and Poultry Keeping	Granted	Patient doing well physically. Business prospects satisfactory.
2. Rural Carpentry and Boot Repairing	Do.	Patient not too strong. Is able to maintain self and family with earnings and pension.
3. Upholsterer and General Furniture Repairs	Do.	Patient has many orders in prospect. Expects to do well.
4. Pig and Poultry Keeping	Not granted	Patient an undischarged bankrupt.
5. Furniture Repairs	Not proceeded with	Failing sight prevented patient from following the occupation.
6. Furniture Repairs	Do.	Patient obtained suitable employment at pit.
7. Furniture Repairs	Do.	Proposed to enter in partnership with another ex-trainee whose physical condition, however, was not maintained. Secured suitable work with sympathetic employer.
8. Watch and Clock Repairing	Do.	Wooden hut not considered sufficiently secure as a lock-up shop for this kind of work.

Every means has been taken to induce eligible trainees to come forward and make application for this benefit and had it proved effective or encouraging it was proposed to extend the Scheme to include other classes of patients.

Unfortunately it has not been taken full advantage of. There are various reasons for this, the chief of which are that the stigma of being tuberculous and the insecurity of a second class life appear to be too severe handicaps for most. Also there are the difficulties of competition in the open market. There are others, of course, who have not taken full advantage of the opportunities offered.

Although such like schemes as the provision of workshops for individual patients is acclaimed par excellence the best by many Authorities, it is hardly likely by itself to solve the problem of after-care and employment of our ex-sanatorium patients. Colonization appears to be the only feasible means of dealing with this question, and Papworth Colony has given us the lead.

It has been shewn all along that ex-patients must be under control and be subject to re-examination from time to time. It is necessary for their physical capacity to be re-assessed by the Medical Superintendent and their craftsmanship by trained instructors. In this way the tuberculous patient lives and works under much more favourable circumstances and has a fair chance of providing for himself and family.

Colonies should be established to provide cottages and workshops for selected cases and work suitable to the capability and taste of the individual.

Extra Nourishment.—This form of auxiliary treatment is of great value in providing nourishment, particularly for cases waiting admission to Sanatorium, and also for those who, owing to straitened circumstances, are unable to derive proper benefit from treatment received at the Dispensary. The average number of persons receiving the grant during the year was 366 and the approximate cost was £2,980.

Propaganda.—The activities of the Joint Committee on Propaganda (consisting of members representing the West Riding Insurance Committee, the West Riding Panel Committee and the West Riding Public Health Committee) were continued in 1924 on the same lines as in previous years. During Health Week addresses to school children in the upper standards of all elementary schools in the area were given where possible by medical practitioners who had responded to an appeal made by the West Riding Panel Committee. Where the services of a medical man were not available addresses were given by appropriate head teachers, and arrange-

ments were also made with the Higher Education Sub-Committee for similar addresses to be given in Secondary Schools in the area. Suggestions for lecture-headings dealing with the subject of "Health" and entitled "The New Health Crusader" had been prepared by the County Medical Officer, and proved of great service in the preparation of addresses by medical men and school teachers. At the conclusion of each address, suitable literature, consisting of blotters containing health hints and motto cards, was distributed to the scholars, and pictorial posters issued to every school for exhibition throughout the year.

An innovation in the shape of a poster competition was arranged for the scholars in the upper standards of all elementary schools, and the extent of the response and the quality of the entries—especially the prize-winners—was such as to justify the scheme for inclusion in future programmes.

In addition to the campaign carried on amongst the scholars, a series of lectures was arranged in various populous centres in conjunction with the Propaganda programme of the Venereal Sub-Committee. This series took the form of cinema exhibitions, at which films dealing with Tuberculosis, Pure Milk, Venereal Disease, etc., were shewn, and appropriate addresses given by a special lecturer working under the auspices of the British Social Hygiene Council. Satisfactory audiences were reported at all these lectures, which were arranged in the following centres :—

Ossett, Mirfield, Uppermill, Brighouse, Hebden Bridge, Normanton, Castleford, Fitzwilliam, Denaby, Edlington, Hemsworth, Haworth, Oakworth, Silsden, Keighley, Skipton.

TREATMENT OF TUBERCULOUS EX-SERVICEMEN.

General.—During the year under review 436 applications for treatment were received from new cases of Tuberculosis in ex-servicemen, as detailed in the Table on page 92, making at the end of 1924 a total number of 2,678 ex-servicemen of all categories under various forms of treatment, as follows:—

Category.	Form of Treatment (on 31/12/24).						Totals.	Percentage of the total number under treatment.
	San.	Hosp.	Training.	General Dispensary Supervision.	Dom.	Disp.		
1. Pension for Tuberculosis granted	62	5	14	273	702	446	1502	56.1 %
2. Pension for Tuberculosis finally refused	49	2	—	154	365	304	874	32.63%
3. Right to pension for Tuberculosis not yet decided or no application made	16	1	—	91	122	47	277	10.34%
4. Officers and Ex-service-women.	—	—	—	5	15	5	25	.93%
Totals ...	127	8	14	523	1204	802	2678	100.00%

A comparison of the above Tables with those for 1923 shews that whilst the number of new cases during the year was 436 (see page 92) the net increase was only 343 indicating that during 1924, 93 ex-servicemen died or removed from the West Riding Administrative Area. A further comparison shows that the number of new applications for 1923 was 339, as against 436 for the year being reviewed, an increase of 97. Although the total number of new cases for the year was 436, the cases in Category 1 increased by 138 only during the year. This gives some indication of the difficulties ex-servicemen who were discharged five or six years ago are having in supporting their Claims to pensions. Under the Royal Pensions Warrant these claims cannot be made after seven years from the date of discharge from the Forces, so that the increase in Category 1 will be small in comparison with the increases in Categories 2 and 3.

Number of New Applicants for Treatment in 1924 (Ex-Servicemen).

(Showing form of Treatment recommended.)

Dispensary.				Sanatorium.				Hospital.				Domiciliary.				Totals.
Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	Class I.	Class II.	Class III.	Non-Pulm.	
35	21	—	7	152	104	10	1	—	7	25	1	25	27	18	3	436

Concurrent Treatment and Training, and Vocational Training.—The joint Scheme of the Ministries of Health and Pensions, introduced in 1922, entitled “ A Scheme for the Vocational Training of Tuberculous Ex-Servicemen ” (Circular 307), was withdrawn during the year, but the Training Scheme set out in the Ministry of Health’s Circular 30/T, dated 31st March, 1921, is still in operation, the following being the courses now available:—

- (1) Horticulture ;
- (2) Fruit Gardening ;
- (3) Window Ticket and Show Card Work ;
- (4) Painting ;
- (5) Printing ;
- (6) Poultry Farming ;
- (7) Cabinet Making ;
- (8) Carpentry and Joinery ;
- (9) Leather Work ;
- (10) Boot and Shoe Repairing ;
- (11) Market Gardening ;
- (12) Pig Keeping ;
- (13) Clog Making.

During the year 33 pensioners were admitted to Courses of Combined Treatment and Training at various Training Colonies approved by the Minister of Health, and 14 remained under training at the end of the year, as shewn in the following Table:—

TABLE Shewing the Admissions to and Discharges from Courses of Combined Treatment and Training of Tuberculous Ex-Servicemen during 1924.

Colony.	No. under training on 31/12/23.	No. admitted during 1924.	No. discharged during 1924.	No. remaining under training on 31/12/24.	Training Course.
West Heath Sanatorium, Birmingham	(x) 2	—	2	—	Tinsmithing, Art Metal Work, etc.
Lenham Sanatorium, Lenham, Kent	(x) —	1	—	1	Furniture Repairs.
Papworth Hall, Cambridge	(o) —	1	—	1	House Repairs.
§ Middleton-in-Wharfedale Sanatorium, near Ilkley	(x) 1	—	1	—	Rural Carpentry.
	(x) 1	—	1	—	Carpentry and Joinery.
	(x) 1	—	1	—	Furniture Repairs.
	(x) 1	—	1	—	Rural Carpentry.
	(x) 6	—	6	—	Pig and Poultry Keeping.
Maltings Farm Sanatorium, Nayland, Suffolk	(x) —	2	1	1	Furniture Repairs.
Holywood Hall, Wolsingham	(x) 6	1	6	1	Furniture Repairs.
Burrow Hill, Frimley, Surrey	(o) 2	—	2	—	Market Gardening.
Liverpool Sanatorium, Frodsham, Cheshire	(x) —	4	3	1	Pig and Poultry Keeping.
Preston Hall, Aylesford, Kent	(x) 1	1	2	—	Rural Carpentry.
	(o) 1	1	1	—	Jewellery, etc., Repairing.
	(x) 1	11	7	5	Horticulture.
	(o) 1	9	7	3	Pig and Poultry Keeping.
	(x) 1	—	1	—	Rural Carpentry.
	(o) 1	1	2	—	Poultry Farming.
	(x) 1	—	—	—	Market Gardening, Poultry and Pig Keeping.
Totals	26	33	45	14	

§ Other Local Authorities Cases: In addition to the above West Riding County Council cases 14 cases sent by other Local Authorities remained under training at Middleton Training Section on 31/12/23. Of these 14 trainees, 11 were transferred to other Training Colonies on the 31st January, 1924, on the closing of the Middleton Training Section; 8 to Preston Hall and 3 to Maltings Farm. The other 3 trainees satisfactorily completed their courses of training before the Training Section was closed.

(o) Colonies under the Concurrent Treatment and Training Scheme.

(x) Colonies under the Vocational Training Scheme.

Training Section at Middleton-in-Wharfedale Sanatorium.—

In accordance with instructions received from the Ministry of Health, the Training Section at Middleton Sanatorium was closed on the 31st January, 1924, the trainees who had not completed their Courses of Training being transferred to similar courses at Preston Hall, Aylesford, Kent, and Maltings Farm, Nayland, Suffolk.

A summary of the results achieved whilst the Training Section was open appears on page 96.

MIDDLETON-IN-WHARFE DALE TRAINING SECTION.

Summary of Results.

Colony :	{	Opened : 19th October, 1922.	Pig and Poultry Keeping	14	} 50 places.
		Closed : 31st January, 1924.	Rural Carpentry	12	
			Furniture Repairs	24	

Training Course.	Discharged before completion of a full Course.														Totals.	
	Satisfactorily completed a full Course.			Unsuitable : (a) Physically. (b) Mentally. (c) Tempera- mentally.			Transferred to another Colony or Course.		Domestic Reasons.		Breach of Rules and Regulations.					
	W.R.C.C. Cases.	Other L.A.'s Cases.		W.R.C.C. Cases.	Other L.A.'s Cases.		W.R.C.C. Cases.	Other L.A.'s Cases.	W.R.C.C. Cases.	Other L.A.'s Cases.	W.R.C.C. Cases.	Other L.A.'s Cases.	W.R.C.C. Cases.	Other L.A.'s Cases.		
Pig and Poultry Keeping.	3	4		2	5		4	2	1	—	4	6	14	17		
Rural Carpentry.	3	8		—	3		1	6	—	—	1	1	5	18		
Furniture Repairs.	7	7		5	6		1	5	—	1	4	6	17	25		
Totals ...	13	19		7	14		6	13	1	1	9	13	36	60		

After Histories of Ex-Trainees.—131 pensioners had been discharged from Courses of Training under both the Training Schemes up to the end of 1924. Of this number, 75 only had completed six months or more training. Enquiries have been made as to the present position, prospects, etc., of these 75 patients, and the results are not encouraging.

The following gives a brief summary of the information obtained regarding the present treatment and working capacity of the 75 ex-trainees. (Patients who have completed less than 6 months training have been eliminated).

Present Treatment—

Sanatorium	...	...	...	...	...	...	3
Dispensary	...	...	...	...	...	...	2
Hospital	...	...	...	...	...	...	—
Domiciliary	...	...	...	...	...	...	45
Dispensary Supervision	...	...	...	...	...	...	13
Removals and deaths	...	...	...	...	...	...	12
							<hr/> 75 <hr/>

Working Capacity—

(1) Fit for work and employed	...	...	...	...	...	34
(2) Fit for work but unemployed	...	...	...	...	...	8
(3) Unfit for work	...	...	...	...	...	21
Removals and deaths	...	...	...	...	...	12
						<hr/> 75 <hr/>

The following is an interesting classification in three categories of the 34 men shewn above as "Fit for work and employed":—

(1) *Following the occupations in which they have been trained—*

(a) Whole-time	...	...	...	...	...	13
(b) Part-time, in conjunction with another occupation	...	...	...	...	...	10

(2) *Following the occupations followed before training—*

(a) As the only occupation	...	...	...	...	...	3
(b) As part-time occupations in conjunction with the occupations in which they were trained	...	...	...	...	...	3*

(3) *Following occupations which are neither of the above—*

(a) As the only occupation	...	...	...	...	...	8
(b) As part-time occupation combined with the occupation in which they have been trained	...	...	...	...	...	7*

*These ten cases are also, of course, shewn at (1) (b).

Ministry of Pensions' Medical Boards.—The need did not arise for the Chief Clinical Tuberculosis Officer to attend any Medical Boards during the year in the capacity of Specialist on Chest Diseases, as the Ministry of Pensions have now drawn up a Form—designated M.P.M.S.D.122—which is completed by the District Tuberculosis Officers at the various Dispensaries. 233 of these Forms have been completed during the year, and the fee of 5/- per form has been paid to the County Council.

Services as Medical Referees to the Ministry of Pensions.—The demands of the Ministry of Pensions on the time of the Officers of the Tuberculosis Service does not diminish, to any real extent, as is shown by the fact that this year 5,288 Forms of various denominations have been completed as against 5,500 in 1923, and 4,500 in 1922.

In my report for the year 1922, mention was made of the existence of certain anomalies in the payment of Treatment Allowances to tuberculous pensioners. Since then definite rules governing the payment of these Allowances to men undergoing Treatment have been formulated by the Ministry of Pensions and these rules appear to have corrected the previous troubles. At any rate, up to the time of writing this Report, no insurmountable difficulties have been encountered. The Department works in close co-operation with the various Officials of the Ministry of Pensions, to the ultimate benefit of the 1,502 pensioners for Tuberculosis in the Riding.

Finance in connection with the Treatment of War Pensioners for Tuberculosis.

Maintenance.—For the financial year 1924 to 1925 the maintenance of pensioners for Tuberculosis in residential Institutions has cost the County Council the sum of £7,883 1s. 3d. This amount is recoverable from the Ministry of Pensions to the extent of 100 per cent.

Conveyance.—In respect of the use of the Middleton Sanatorium Motor Bus, the hire of taxis, ambulances, etc., and other conveyance services, the Department had recovered the sum of £75 8s. 7d. from the Ministry of Pensions during the financial year.

Mileage Fees.—When District Tuberculosis Officers find it necessary, on account of pensioners' physical condition, to pay domiciliary visits for the purpose of completing Ministry of Pensions' Forms, the Ministry allow mileage fees on their scale. During the year the Department has claimed £48 8s. 3d. in respect of mileage undertaken.

Services as Medical Referees to the Ministry of Pensions.—The sum of £7,070 has been sanctioned by the Treasury for distribution to Councils in England in respect of these special services during 1924, and of this sum the County Council has received £459 10s. 4d. as its portion. The sum of £66 10s. 0d. in respect of the completion of Forms M.P.M.S.D.122 (mentioned previously) has, in addition, been claimed, making a total income under this head of £526 0s. 4d. for the year.

Refractories Industries (Silicosis) Scheme.—The medical examination of workers engaged in the Silicosis industry was continued during 1924 by District Tuberculosis Officers acting as "Appointed Medical Officers." Altogether, in the five areas where the scheme applies, 673 examinations were conducted, and the following table shows the processes in which the workers were engaged:—

Dispensary Area and Appointed Medical Officer.	Processes in which Workers were engaged.															
	Mining.				Quarrying.				Brick Works.				Other Processes.			
	Category I.*		Category II.†		Category I.*		Category II.†		Category I.*		Category II.†		Category I.*		Category II.†	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Wadsley Bridge Area (Dr. S. Bryson)	75	—	59	—	20	—	—	—	153	—	239	1	—	—	—	—
Luddersfield Area (Dr. J. E. Gething)	—	—	—	—	—	—	—	—	44	—	23	—	—	—	—	—
Barnsley Area (Dr. G. Tate)	7	—	—	—	9	—	—	—	—	—	—	—	—	—	—	—
Doncaster Area (Dr. A. Leitch)	—	—	—	—	—	—	—	—	8	—	—	—	—	—	—	—
Lowerby Bridge Area (Dr. G. M. B. Liddle)	19	—	—	—	—	—	—	—	16	—	—	—	—	—	—	—
Totals ...	101	—	59	—	29	—	—	—	221	—	262	1	—	—	—	—

* Workers examined once a year.

† Workers examined once every two years.

Suspension Cases.—During the year 15 workers were newly suspended from work in the Industries (Wadsley Bridge Area):—

	With Silicosis only.	Silicosis with tuberculosis.
With impairment ...	14	1

Fatal Cases.—Seven cases of death occurred during the year among those workers receiving Compensation, details of which are furnished below (Wadsley Bridge Area):—

Sex.	Age.	Nature of Works.	Occupation.	Duration of Employment.	Cases of suspension.	Cases of Fatal Disablement.	Cause of Death.
M.	47	Quarry	Quarryman	31 years	—	Form "D" Silicosis	Form "F" Silicosis
M.	40	Brickyard	Getter Kilnfirer	11 years 1 year	—	Form "E" Silicosis with Tub.	Form "G" Silicosis plus Tub.
M.	63	Mine	Getter	38 years	—	Form "D" Silicosis	Form "F" Silicosis
M.	58	Mine	Getter	38 years	—	Form "D" Silicosis	Form "F" Silicosis
M.	54	Brickyard	Breaker	16 years	Form "A" Silicosis	—	Form "F" Modified Silicosis & Pneumon

In addition to the five cases mentioned above, in which certificates were granted, there were two further deaths among the suspended cases: one, in a case of total disablement (Grinder 40 years), caused by drowning; the other, in a case of suspension (Getter 30 years), caused by cancer of the stomach following operation. In neither of these was a certificate issued.

Other particulars concerning the workers in the Wadsley Bridge Area are summarised below:—

Total No. of certificates issued	...	...	...	130
Post-mortem examinations	...	...	...	4
Intermediate certificates issued	...	...	...	115

Three cases of partial disablement were altered to total disablement.

Certificates were granted in each of the four post-mortem cases. All had been in receipt of compensation under the Act.

Twenty-four X-ray examinations were made.

Twenty workers were referred to the Medical Advisory Committee. Two of these were cases for intermediate certificates and no alteration was made. In the other 18 instances, 14 of the workmen were suspended from employment in the Refractories Industries, no action being taken in the remaining four.

On December 31st, 1924, there were, in the Silicosis Area around Sheffield:—

Eighty-seven cases of suspension receiving compensation (69 for partial disablement and 18 for total disablement).

CENTRAL STAFF.

Chief Clinical Tuberculosis Officer :

Graham S. Johnston, M.D., D.P.H., Ed.

Sanatorium Staff.

Institution.

Middleton	...	...	Thompson Campbell, M.D. S. Thompson, L.M.S.S.A. B. L. Lloyd, M.B., Ch.B. D. M. Smith, M.B., B.Ch. (Resigned May, 1924).
Cardigan	...	...	Graham S. Johnston, M.D., D.P.H., Ed. (Chief Clinical Tuberculosis Officer).
Eldwick	...	...	Margaret S. Sharpe, M.B., B.S.
Mitchell Memorial Home			H. B. Sproat, M.D.

TABLE IX.

No. of New Applicants for Treatment during 1924.

	Pulmonary Cases.					Non-Pulmonary Cases				
	Adults.		Children under 15.		Total.	Adults.		Children under 15.		Total.
	M.	F.	B.	G.		M.	F.	B.	G.	
New Cases	791	463	385	344	1983	68	28	242	199	537
Old Cases reconsidered for Treatment	761	304	196	206	1467	7	13	31	26	77
Totals ...	1552	767	581	550	3450	75	41	273	225	614

TABLE X.

Shewing kinds of Treatment granted in 1924—(a) New Cases.

Treatment Granted.	Males.				Females.			
	Class I.	Class II.	Class III.	Non-Pulmonary.	Class I.	Class II.	Class III.	Non-Pulmonary.
Dispensary ...	218	45	4	219	251	33	4	175
Sanatorium or Hospital	461	281	73	67	242	132	61	40
Referred to Medical Attendant	34	6	54	24	22	16	46	12
Totals ...	713	332	131	310	515	181	111	227

(b) Treatment granted in Cases Reconsidered.

Treatment Granted.	Males.				Females.			
	Class I.	Class II.	Class III.	Non-Pulmonary.	Class I.	Class II.	Class III.	Non-Pulmonary.
Dispensary	96	27	5	17	103	27	11	14
Sanatorium or Hospital	100	92	75	16	95	96	22	18
Referred to Medical Attendant	216	239	121	5	56	64	36	7
Totals ...	398	358	201	38	254	187	69	39

TABLE XI.
SUMMARY OF DISPENSARY WORK, 1924—(A) PULMONARY CASES.

Dispensary or Branch Dispensary.	Patients on Dispensary Register, 1/1/24.			Cases Transferred or lost sight of during 1924.			Cases written off as cured during 1924.			Diagnosis not confirmed or Non-Tuberculous.			Deaths reported in 1924.			Patients on Dispensary Register on 31/12/24.						No. of Observation Cases in which period of Observation exceeded 2 months.			Insured Persons under Domiciliary Treatment on 31/12/24.		
																Diagnosis Completed.			Diagnosis not Completed.								
	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Children under 15.	Men.	Women.	Total.
Barnsley	215	99	357	2	—	1	14	6	29	12	9	51	18	9	7	216	127	307	13	3	43	18	9	84	90	6	96
Penistone	17	13	44	—	2	—	—	1	8	6	4	6	1	1	—	10	13	21	2	1	9	2	1	6	16	4	20
South Kirkby	77	18	51	1	1	—	2	1	7	1	1	9	7	1	5	77	18	30	7	2	20	4	5	18	27	1	28
Dewsbury	68	70	132	9	4	12	1	—	—	1	2	—	4	3	3	85	73	113	2	3	20	5	8	12	20	12	32
Birstall	24	15	53	3	—	—	—	—	—	2	2	5	3	1	—	24	14	50	6	2	2	4	6	14	6	—	6
Liversedge	67	48	52	7	2	—	1	1	—	2	3	4	7	6	1	67	50	47	2	3	6	6	4	12	21	10	31
Morley	65	39	107	5	3	—	—	—	—	2	3	2	10	6	1	70	50	105	3	4	8	10	12	13	12	4	16
Pudsey	35	25	28	4	6	—	—	—	—	1	—	4	4	3	—	37	23	24	3	2	2	7	6	15	18	5	23
Doncaster	225	80	261	21	15	11	18	10	4	8	2	7	20	15	3	226	79	326	—	—	—	3	2	7	59	6	65
Goole	34	32	101	1	2	5	10	8	4	—	—	—	2	5	1	32	37	125	—	—	—	—	—	1	29	12	41
Thorne	26	16	31	4	1	1	—	—	5	—	—	—	2	2	1	28	19	34	—	—	—	—	—	—	3	—	3
Huddersfield	104	62	129	2	4	1	7	28	38	2	2	14	17	6	—	100	31	84	—	—	—	—	—	—	6	3	9
Holmfirth	13	22	56	—	—	—	2	—	6	—	—	—	5	5	1	11	24	45	—	—	—	—	—	—	3	1	4
Marsden	25	23	84	1	—	—	1	1	11	—	—	—	6	3	3	26	21	69	—	—	—	—	1	—	1	—	1
Uppermill	40	41	84	—	1	1	3	6	5	1	—	—	5	2	1	38	38	76	—	—	—	1	—	—	1	2	3
Keighley	59	26	52	—	2	1	5	4	6	—	—	—	10	5	—	72	41	60	4	3	3	1	4	3	37	17	54
Barnoldswick	28	18	12	1	—	—	3	3	3	—	—	—	1	4	1	36	22	11	2	2	1	2	2	2	21	10	31
Skipton	23	8	12	1	—	3	2	2	2	—	—	—	—	—	—	26	16	21	—	—	—	—	1	2	9	3	12
Otley	27	18	2	6	5	—	5	3	2	—	—	—	3	4	—	22	8	—	—	—	—	2	—	—	10	—	10
Guiselby	26	14	6	3	1	—	6	3	3	—	—	—	4	4	1	16	12	4	—	—	—	3	2	7	6	3	9
Harrogate	59	35	10	8	1	2	16	7	2	—	—	—	12	4	1	39	43	8	—	—	2	1	1	3	9	4	13
Shipley	39	42	4	3	5	—	3	3	—	—	—	—	14	10	2	38	44	7	—	—	—	2	2	4	8	8	16
Pontefract	437	162	188	4	2	1	3	2	12	4	5	11	27	18	8	491	201	203	2	5	5	11	7	24	42	3	45
Normanton	93	53	122	3	2	4	3	1	10	2	1	4	7	6	—	104	54	103	3	2	7	7	3	6	4	1	5
Selby	37	14	61	—	2	1	1	1	4	2	—	—	4	1	—	39	20	58	1	—	—	3	2	5	4	—	4
Tadcaster	30	8	25	1	—	1	2	—	1	—	—	1	—	1	—	31	11	23	—	1	2	1	—	1	5	1	6
Rotherham	98	48	141	8	11	3	10	8	21	6	8	—	13	12	3	94	61	188	2	3	8	2	3	8	40	5	45
Mexborough	130	66	278	6	12	17	22	14	58	—	13	—	20	1	10	208	96	292	1	—	8	3	—	3	66	2	68
Sowerby Bridge	35	23	74	3	1	1	5	4	16	6	3	—	13	10	—	24	19	72	1	—	2	1	—	1	6	2	8
Brighouse	20	10	56	1	1	—	—	6	12	—	—	—	2	10	3	15	10	49	—	—	1	—	—	1	2	—	2
Todmorden	18	19	38	3	—	—	7	8	14	—	—	—	5	1	—	11	13	28	1	—	1	—	—	1	1	—	1
Wadsley Bridge	24	10	44	5	3	—	2	1	—	3	2	—	—	—	—	24	7	47	2	2	—	2	3	—	—	—	3
Dinnington	18	9	45	3	3	—	5	3	9	—	—	—	4	3	—	27	16	37	1	—	12	2	1	12	3	—	—
Stocksbridge	19	12	12	2	1	—	1	2	1	1	—	—	1	7	1	17	8	11	6	5	3	6	2	—	—	—	2
Wakefield	126	49	213	5	6	15	—	—	—	8	1	5	23	15	5	150	64	275	3	—	4	—	—	5	94	16	110
Hemsworth	98	44	200	1	5	3	—	—	—	7	5	—	5	1	2	131	52	271	1	2	13	—	—	—	61	6	67
Totals	2499	1291	3165	127	104	84	160	137	293	77	66	151	284	166	58	2662	1435	3224	68	45	184	106	91	276	742	147	889

TABLE XII.
Summary of Dispensary Work, 1924: (B) Non-Pulmonary Cases.

Dispensary or Branch Dispensary.	Patients on Dispensary Register. 1/1/24.			Cases Transferred or lost sight of during 1924.			Cases written off as Cured during 1924.			Diagnosis not Confirmed or Non-Tuberculous.			Deaths Reported in 1924.			Patients on Dispensary Register on 31/12/24.									Observation Cases in which period of Observation exceeded 2 months.			Insured Persons under Domiciliary Treatment on 31/12/24.		
	Men.	Women	Child- ren.	Men.	Women	Child- ren.	Men.	Women	Child- ren.	Men.	Women	Child- ren.	Men.	Women	Child- ren.	Diagnosis completed.			Diagnosis not completed.			Men.	Women	Child- ren.	Men.	Women	Child- ren.	Men.	Women	Child- ren.
																Men.	Women	Child- ren.	Men.	Women	Child- ren.									
Barnsley	23	17	18	—	—	—	5	2	5	—	—	—	2	—	1	13	14	24	4	2	3	—	—	—	—	—	—	—	—	—
Penistone	5	4	6	—	—	—	—	—	1	—	—	—	—	—	—	4	4	5	—	—	—	—	—	—	—	—	—	1	—	1
South Kirkby	9	7	12	—	—	—	—	—	4	—	—	—	—	—	—	9	7	9	—	—	—	—	—	—	—	—	—	—	—	—
Dewsbury	1	3	9	—	—	—	—	—	—	—	—	—	—	—	—	1	3	9	—	—	—	—	—	—	—	—	—	—	—	—
Birstal	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—
Liversedge	3	—	15	—	—	—	—	—	—	—	—	—	—	—	—	3	1	16	—	—	—	—	—	—	—	—	—	—	—	—
Morley	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Pudsey	—	2	5	—	—	—	—	—	—	—	1	—	—	—	—	—	2	6	—	—	—	—	—	—	—	—	—	—	—	—
Doncaster	17	14	109	7	7	21	3	1	4	—	—	—	3	2	1	5	4	118	—	—	—	—	—	—	—	—	—	—	—	—
Goole	7	4	44	—	—	—	1	—	1	—	—	—	—	—	—	6	5	47	—	—	—	—	—	—	—	—	—	2	—	2
Thorne	2	1	12	1	1	—	1	—	2	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—
Huddersfield	4	6	64	—	—	—	1	3	35	—	—	—	2	1	1	5	8	46	—	—	—	—	—	—	—	—	—	—	—	—
Holmfirth	1	3	27	—	—	—	—	—	4	—	—	—	—	—	—	1	2	24	—	—	—	—	—	—	—	—	—	—	—	—
Marsden	6	1	59	—	—	—	—	—	7	—	—	—	—	—	—	6	1	57	—	—	—	—	—	—	—	—	—	—	—	—
Uppermill	8	5	60	—	—	—	—	—	4	—	—	—	1	—	2	8	8	65	—	—	—	—	—	—	—	—	—	—	—	—
Keighley	6	3	32	—	1	1	1	2	4	1	—	—	—	—	—	8	4	36	—	—	—	—	—	—	—	—	—	2	—	2
Barnoldswick	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5	—	—	—	—	—	—	—	—	—	—	—	—
Skipton	2	1	4	—	—	—	—	—	1	—	—	—	—	—	—	3	2	6	—	—	—	—	—	—	—	—	—	1	—	1
Otley	5	3	11	—	1	1	3	1	2	—	—	—	—	—	—	1	3	10	—	—	—	—	—	—	—	—	—	—	—	—
Guiseley	1	3	6	—	1	—	—	—	4	—	—	—	—	—	—	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate	10	7	24	6	1	1	1	2	8	—	—	—	—	—	—	3	4	24	—	—	—	—	—	—	—	—	—	—	—	—
Shipley	—	2	10	—	—	—	—	1	3	—	—	—	—	—	—	1	1	11	—	—	—	—	—	—	—	—	—	—	—	—
Pontefract	5	9	75	—	—	—	1	3	4	—	1	—	2	—	3	10	10	92	—	—	—	—	—	—	—	—	—	1	—	1
Normanton	3	3	17	—	—	1	1	1	2	—	—	—	1	1	5	5	2	15	—	—	—	—	—	—	—	—	—	—	—	—
Selby	—	3	3	—	1	—	—	—	1	—	—	—	—	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Tadcaster	3	—	17	—	—	—	—	—	—	—	—	—	—	—	—	4	—	20	—	—	—	—	—	—	—	—	—	—	—	—
Rotherham	1	1	33	—	—	17	—	—	11	—	—	—	—	—	2	3	3	104	—	—	—	—	—	—	—	—	1	—	—	—
Mexborough	1	1	79	—	1	4	—	—	31	—	—	—	2	—	—	1	1	112	—	—	2	—	—	—	—	—	—	—	—	—
Sowerby Bridge	4	4	19	—	—	1	1	1	7	—	—	2	2	1	—	4	6	20	—	—	—	—	—	—	—	—	—	2	—	2
Brighouse	3	1	15	—	1	—	1	1	7	—	—	—	1	—	—	2	—	17	—	—	—	—	—	—	—	—	—	—	—	—
Todmorden	7	3	13	—	—	—	5	—	7	—	—	1	1	—	—	6	4	14	—	—	—	—	—	—	—	—	1	1	1	2
Wadsley Bridge	—	2	49	—	—	6	—	—	7	—	—	7	—	—	—	—	4	51	—	—	9	—	—	—	—	—	—	—	—	—
Dinnington	—	2	25	—	1	6	—	—	3	—	—	—	—	—	—	—	1	27	—	—	—	—	—	—	—	—	10	—	—	—
Stocksbridge	—	—	8	—	—	—	—	—	1	—	—	—	—	—	—	1	—	15	—	—	11	—	—	—	—	—	9	—	—	—
Wakefield	7	3	22	—	—	—	2	1	9	—	—	—	—	—	—	5	4	22	—	—	—	—	—	—	—	—	—	—	—	—
Hemsworth	1	—	10	—	—	—	—	—	—	—	—	—	—	—	—	1	—	16	—	—	—	—	—	—	—	—	—	—	—	—
Totals	147	120	925	15	15	60	25	21	178	2	2	15	14	5	15	128	117	1062	4	2	27	—	—	—	23	9	2	—	—	11

Dispensary or Branch Dispensary.	PULMONARY CASES.																		Non-Pulmonary Cases.						TOTALS.		
	CONTACTS.									OTHER CASES.									Tuberculous.			Non-Tuberculous.			Men.	Women	Child- ren under 15.
	Tuberculous.			Suspects.			Non-Tuberculous.			Tuberculous.			Suspects.			Non-Tuberculous.			Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.			
	Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.	Men.	Women	Child- ren under 15.									
Barnsley	6	6	17	6	4	44	1	1	8	54	49	64	85	41	199	25	8	23	1	1	15	1	3	5	179	113	375
Penistone	—	1	—	—	1	3	—	—	—	2	8	—	6	6	15	4	3	—	—	—	2	—	—	1	12	19	21
South Kirkby	—	—	7	1	4	10	1	—	3	18	6	13	21	22	47	6	3	9	—	—	2	—	1	2	47	36	93
Dewsbury	1	1	3	2	8	5	2	—	—	13	14	13	11	9	23	—	1	—	—	—	—	1	—	1	30	33	45
Birstall	—	—	1	8	5	6	—	—	—	14	4	3	3	3	14	4	—	—	—	—	—	1	—	—	29	12	24
Liversedge	2	1	—	7	7	6	—	—	—	17	13	6	12	4	11	—	—	—	—	1	1	1	—	1	39	26	25
Morley	3	1	3	3	3	13	—	—	—	22	26	6	6	8	4	—	—	—	—	—	—	1	—	—	34	39	26
Pudsey	—	—	—	4	2	3	—	—	—	14	9	2	8	3	2	—	—	—	—	1	1	1	—	—	27	15	8
Doncaster	9	9	27	—	1	2	9	10	36	59	32	63	10	1	5	25	10	39	1	—	35	1	—	1	114	63	208
Goole	2	9	13	—	2	2	—	7	9	11	21	—	1	6	10	2	12	12	—	1	4	—	—	—	21	33	67
Thorne	—	—	3	—	—	1	—	1	5	8	6	7	—	—	—	—	5	—	—	—	1	—	—	—	8	7	22
Huddersfield	2	—	1	2	1	6	2	2	3	22	9	7	8	5	16	—	—	11	4	6	18	2	5	3	42	28	65
Holmfirth	—	1	—	—	—	5	—	—	—	1	5	2	—	—	10	—	—	4	1	—	2	—	—	—	6	3	22
Marsden	—	—	—	1	—	2	—	—	—	4	4	2	2	1	—	—	—	2	—	—	5	—	—	1	6	2	25
Uppermill	—	—	1	—	2	4	—	—	3	4	5	2	6	4	13	1	—	2	1	3	11	1	—	—	13	14	36
Keighley	—	3	6	3	3	7	5	5	12	32	23	12	13	28	15	19	12	4	4	9	1	2	—	—	77	87	73
Barnoldswick	—	1	2	5	1	5	1	5	5	15	12	2	18	9	3	15	8	3	3	1	3	—	—	—	57	37	23
Skipton	—	—	3	—	—	1	2	—	2	6	10	11	2	5	3	5	2	9	1	2	2	—	—	—	16	19	31
Olley	—	—	—	—	1	3	2	1	8	9	2	—	11	18	18	20	12	18	1	1	3	—	—	3	43	35	53
Guiseley	—	—	1	—	1	10	2	—	17	3	6	1	8	7	14	7	7	11	1	—	2	—	—	—	21	21	56
Harrogate	—	2	1	2	2	27	4	10	45	16	18	2	8	13	67	16	18	36	—	—	9	—	—	3	46	63	190
Shipley	—	2	3	4	4	15	4	5	54	19	18	2	27	4	30	18	9	17	1	—	4	—	—	—	73	42	125
Pontefract	4	5	7	6	11	33	11	19	49	90	66	45	25	15	41	27	10	25	8	5	24	2	2	4	173	133	228
Normanton	—	4	—	3	6	9	2	5	7	29	9	6	8	3	4	5	1	2	3	1	2	—	—	2	70	29	32
Selby	—	—	4	—	—	—	1	—	1	7	9	5	1	—	—	—	4	1	—	3	—	—	—	1	10	9	22
Tadcaster	—	2	1	2	—	4	—	1	3	4	3	2	1	1	5	1	2	1	1	—	3	—	—	1	9	9	20
Rotherham	1	6	15	4	4	3	3	—	10	34	39	67	31	27	68	6	3	24	2	2	101	—	—	—	81	81	288
Mexborough	11	5	22	5	8	5	3	1	17	116	65	85	79	29	95	17	5	21	—	2	72	—	—	—	231	115	317
Sowerby Bridge	2	—	2	—	2	1	2	2	11	15	14	20	—	1	8	8	2	14	3	4	12	—	—	—	30	25	68
Brighouse	—	1	2	—	—	6	1	4	17	6	10	8	1	—	1	6	2	16	1	1	9	—	—	—	15	18	59
Todmorden	—	1	1	—	—	1	1	1	5	6	3	5	1	1	2	6	3	13	3	1	10	—	—	2	17	10	39
Wadley Bridge	—	1	—	10	9	52	5	2	8	12	4	3	26	10	70	2	1	9	—	2	11	—	—	—	55	29	153
Dinnington	1	3	1	4	3	7	3	3	6	21	13	12	18	10	143	4	3	9	—	—	11	—	—	1	51	35	190
Stocksbridge	—	—	—	1	5	24	2	1	1	15	5	6	27	9	33	2	—	2	—	2	4	—	—	—	47	22	70
Wakefield	5	5	29	9	15	62	—	1	4	58	32	62	53	31	97	4	—	2	—	2	9	1	—	—	130	86	265
Hemsworth	3	4	29	9	6	39	—	—	7	43	17	60	48	21	82	5	1	5	—	—	6	—	—	—	108	49	228
Total	52	74	205	101	121	426	69	87	361	821	574	625	603	349	1177	268	135	360	41	43	406	12	14	32	1967	1397	3592

RECEIPT FOR THE

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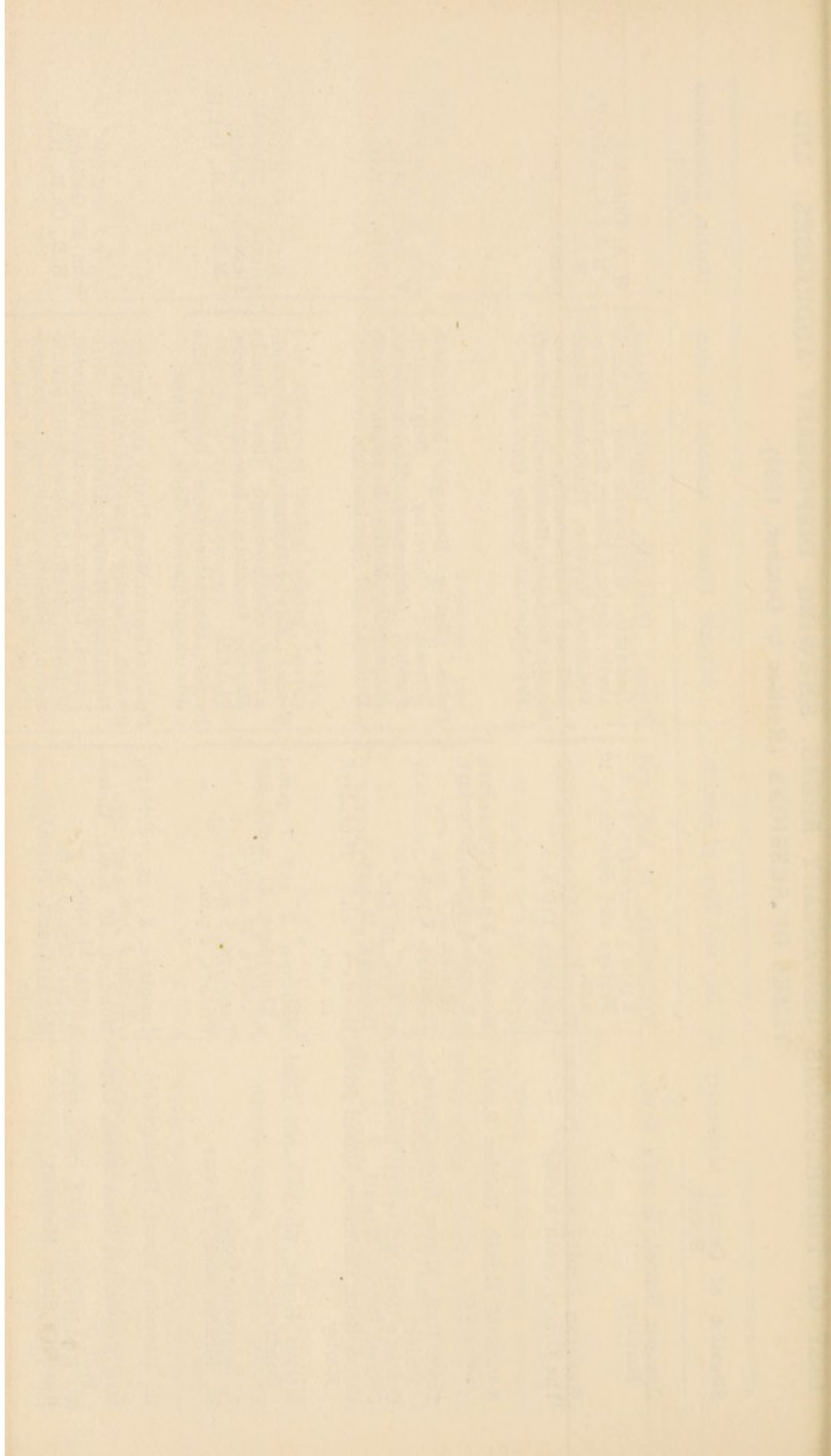
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1914

1915

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LIST OF TUBERCULOSIS DISPENSARY AREAS, SHEWING DISPENSARY ADDRESSES, AND
TIMES OF SESSIONS (Revised to October, 1925).

Situation of Central Dispensary or Branch.	Day and Time of Session.	Sanitary Districts included in area.	District Tuberculosis Officer.
Open-air School, Queen's Road, Barnsley	Wednesdays, 10 a.m. and 2 p.m.; Thursdays, 6 p.m.; Fridays and Saturdays, 10 a.m.	<i>Urban:</i> Cudworth, Darfield, Darton, Dodworth, Guntwale and Ingbrichworth, Hoyland Nether, Hoylandwaine, Penistone, Royston, Thurlstone, Wombwell and Worsborough.	H. A. Crowther, M.R.C.S., L.R.C.P., B.A.
Wesleyan Sunday School, Penistone The Green, South Kirkby	Thursdays, 10.0 a.m. Tuesdays, 10.0 a.m.	<i>Rural:</i> Barnsley, Hensworth (part of), Penistone and Wortley (part of).	
Northfield House, Halifax Road, Dewsbury	Mondays, 2 p.m.; Thursdays, 2 and 6 p.m.; Saturdays, 10 a.m.	<i>Urban:</i> Batley Borough, Birkenshaw, Birstall, Calverley, Drighlington, Farsley, Gildersome, Heckmondwike, Hunsworth, Morley Borough, Pudsey Borough, and Spenborough.	V. Ryan, M.B., Ch.B., D.P.H.
Town Hall, Manor House Street, Pudsey	Tuesdays, 2 p.m.		
Cyclist's Rest, Millbridge, Liversedge	Fridays, 10 a.m.		
Council Offices, Birstall	Tuesdays, 10 a.m.		
Union Bank Chambers, Queen Street, Morley	Mondays and Thursdays, 10 a.m.		
Merton House, Christchurch Road, Doncaster	Mondays, 2 and 7 p.m.; Thursdays, 10 a.m.; Saturdays, 10 a.m.	<i>Urban:</i> Adwick-le-Street, Bentley-with-Arksey, Conisborough (less Denaby Main), Doncaster Borough, Goole, Tickhill.	Alexander Leitch, M.B., Ch.B., D.P.H.
7, Belgrave, Goole	Tuesdays, 3 p.m.	<i>Rural:</i> Doncaster (less Denaby and Adwick-on-Deane), Goole, Thorne.	
21, Ellison Street, Thorne	Fridays, 3 p.m.		
18, Ramsden Street, Huddersfield	Tuesdays, 2 p.m.; Fridays, 2 and 7 p.m.	<i>Urban:</i> Clayton West, Denby and Cumberworth, Farnley Tyas, Golcar, Holme, Holmfirth, Honley, Kirkburton, Kirkstall, Lepton, Lindwaite, Marsdon, Mettiam, Mirfield, New Mill, Saddleworth, Shaley, Shepley, Stelmanthorpe, Slaithwaite, South Crosland, Springhead, Thurstonsland, and Whitley Upper.	John E. Gething, M.B., Ch.B., B.A.
Mrs. Kenworthy, Court Street, Upper-mill	Mondays, 10 a.m.		
88, Huddersfield Road, Holmfirth	Wednesdays, 3 p.m.		
Russell's Shop, Marsden	Mondays and Thursdays, 3 p.m.		
143, Skipton Road, Keighley	Wednesdays, 10 a.m.; Thursdays, 7 p.m.	<i>Urban:</i> Barnoldswick, Clayton, Denholme, Easingwold, Keighley Borough, Oakworth, Oxenholpe, Queensbury, Silsden, and Skipton.	E. Allan Wilson, M.D., M.R.C.S., L.R.C.P.
Friendly Societies' Hall, Sheep Street, Skipton	Tuesdays, 11 a.m. and 2 p.m.	<i>Rural:</i> Bowland, Keighley, Sedburgh, Settle and Skipton.	
2, Manchester Road, Barnoldswick	Fridays, 10 a.m.	<i>Urban:</i> Baildon, Bingley, Burley-in-Wharfedale, Guiseley, Harrogate Borough, Horsforth, Ilkley, Knarborough, Otley, Rawdon, Ripon City, Shipley and Yeadon.	Gerrard A. Crowley, M.D., D.P.H., B.A.
Whiteley Croft, off Station Road, Otley	Fridays, 10 a.m.	<i>Rural:</i> Great Ouseburn, Knarborough, Pateley Bridge, Ripon, Wetherby, and Wharfedale.	
1a, Kirkgate, Shipley	Wednesdays, 1.30 p.m.		
Kidson's Auction Room, Station Bridge, Harrogate	Mondays, 2 p.m.; Thursdays, 2 p.m.	<i>Urban:</i> Altofts, Castleford, Featherstone, Garforth, Knottingley, Methley, Nornanton, Pontefract Borough, Selby and Whitwood.	
Drill Hall, Victoria Road, Guiseley	Fridays, 2 p.m.	<i>Rural:</i> Bishopthorpe, Pontefract, Selby and Tadcaster.	Thos. W. Rutledge, M.B., Ch.B., D.P.H.
The Lindens, Linden Terrace, Tan-shelf, Pontefract	Tuesdays, 2 p.m.; Fridays, 2 and 6.30 p.m.		
The Park Pavilion, Nornanton	Tuesdays, 10.30 a.m.		
Child Welfare Centre, Westgate, Tadcaster	First and Third Thursdays each month, 10.30 a.m.		
c/o Appleton, Chemist, Finkle Street, Selby	Mondays, 10.30 a.m.		
Carson House, Moorgate Street, Rotherham	Fridays, 10 a.m. and 2 p.m.; Saturdays, 10 a.m.	<i>Urban:</i> Bolton-on-Deane, Greasborough, Maltby, Mexborough, Rawmarsh, Swinton, Thurnscoe, Wath-on-Deane, Conisborough (Denaby Main only).	Robert M. Fenn, M.B., C.M.
Exchange Buildings, Market Street, Mexborough	Mondays, 10 a.m. and 2 p.m.	<i>Rural:</i> Doncaster (Denaby and Adwick-on-Deane only), Rotherham.	
The Hut, Allan Park, Sowerby Bridge	Tuesdays, 10 a.m.; Thursdays, 2.30 p.m.; Saturdays, 10 a.m.	<i>Urban:</i> Barksland, Brighouse Borough, Elland, Greetland, Hebdon Bridge, Hipperholme, Luddendenfoot, Midgley, Mytholmroyd, Rishworth, Scammonden, Shelf, Southowram, Sowerby, Sowerby Bridge, Soyland, Stainland, Todmorden Borough.	George M. B. Liddle, M.B., Ch.B., F.R.C.S. (Ed.), D.P.H.
Masonic Hall, Todmorden	Tuesdays and Fridays, 2.30 p.m.	<i>Rural:</i> Halifax and Todmorden.	
Old Mechanics' Institute, Brighouse	Thursdays, 10 a.m.		
80, Parson Cross Road, Wadsley Bridge	Thursdays, 2 p.m.	<i>Urban:</i> Stocksbridge.	E. J. C. Groves, M.B., Ch.B.
Middleton Institute, Dinnington Council Offices, Stocksbridge	Tuesdays, 10.0 a.m. Mondays, 12 noon.	<i>Rural:</i> Kiveton Park, Wortley (part of).	
5, Almshouse Lane, Wakefield	Tuesdays, 2 p.m.; Fridays, 2 and 7 p.m.	<i>Urban:</i> Ardsley E. and W., Emley, Flockton, Hensworth, Horbury, Ossett Borough, Rothwell, and Stanley.	Henry Blyth, M.B., Ch.B., D.P.H.
The Rectory Club, Hensworth	Wednesdays, 9.30 a.m. (Ex-Servicemen). Mondays and Thursdays, 10 p.m.	<i>Rural:</i> Hensworth (part of), Hunslet and Wakefield.	



APPENDIX.

Public Health Legislation, etc., during 1924.

I.—Orders, Circulars, and Memoranda issued by the Ministry of Health.

Circular
Number.

General.

451—Contents and Arrangement of Annual Reports of Medical Officers of Health.

474—National Expenditure in regard to Public Health Services.

476
493
516

} Cancer

502—Foot-and-Mouth Disease.

508—Surplus Medical Stores.

C.L.II—Food Poisoning Inquiries. Alterations in Arrangements for Bacteriological Examination of Specimens.

507 &
Regns. }

Public Health (Foreign Meat) Regulations.

509

Memo. }
45 Med. }

Encephalitis Lethargica. Revised Memorandum.

513—Malaria among Merchant Seamen.

518—Interstitial Keratitis.

524 &
Order }

Vaccination Order, 1924.

528

528a }

Serum Tests for Syphilis.

523

Memo. }
95 Med. }

Anti-Rabic Treatment.

547 &
Regns. }

Public Health (Meat) Regulations, 1924.

552 &
Order }

The Rural District Councils (Slaughter-houses) Order, 1924.

553—Sale of Food and Drugs Acts, etc. Analyst's Reports, etc.

Treatment of Tuberculosis.

479—Contribution towards Cost of Residential Treatment by Patients.

549—Public Health (Tuberculosis) Regulations, 1912 and 1921.

Maternity and Child Welfare.

517—Maternal Mortality.

538—

Memo.
97

M.C.W. }

Paralysis following Attacks of Poliomyelitis in Children.

Housing and Town Planning.

471—Grant of Loans and Guarantees to Building Societies, for purchase or erection of houses—Powers conferred on Local Authorities by the Housing, etc., Act, 1923.

388b—Housing, etc., Act, 1923.

520—Housing (Financial Provisions) Act, 1924.

II.—Acts of Parliament.

Housing (Financial Provisions) Act, 1924.

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1900

Journal of the American Medical Association

[illegible]

* From 1st October, 1984, when District created, to end of year, 1983.

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No. 111. Notified Cases of Infectious Diseases, 1924.

[illegible]

* Significant during a portion or the whole of the year.

† 1 Scarlet Fever and Diphtheria.
‡ 2 Includes 2 Scarlet Fever, 8 Enteric Fever, 11 Dysentery, 6 Erysipelas, and 12 Respiratory Tract infections notified from the city.
§ 1 Infectious Gastritis Fever, 2 Enteric Fever, 6 Pneumonia, 6 Dysentery, 7 Erysipelas, 20 Respiratory Tract infections, and 3 Other forms of Tract infections notified from the city.
|| Includes 17 Scarlet Fever, 2 Enteric Fever, 1 Rheumatic Endocarditis, 4 Dysentery, and 10 Erysipelas notified from the Army.

In section 22-29 "a" indicates those one prevalence existing during a portion of the year.

in visitors in those districts where the County Council has been notified of Births Act, 1907, during 1924.

[illegible]

II. RURAL.

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Willing County Council	1012	660	660	650	650	647	614	425	475	535	594	603
Total for Rural Districts	1012	660	660	650	650	647	614	425	475	535	594	603
Grand Total for the Administrative County	1235	1580	1521	1350	1300	975	656	411	210	284	618	611

