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XXXVII.

1925.

WEST RIDING OF YORKSHIRE COUNTY
COUNCIL.

THIRTY-SEVENTH


ANNUAL REPORT

OF THE

County Medical Officer,

1925.

*Printed by Order of the Public Health and Housing Committee,
13th December, 1926.*



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Note—The Roman Numerals refer to the long tables in the Appendix.

FOREWORD.

The close of 1925 brought with it the compilation of an Annual Report, which it was desired by the Ministry of Health should assume the nature of a survey of the quinquennium 1921-1925, a short period, but laden with evidence of good and new work which should be regarded from a positive as well as a negative aspect—positively in terms of promotion of well-being and physical fitness, and ability to enjoy life, and negatively in terms of vital statistics—morbidity and mortality, and their reduction.

The movements of vital statistics for the quinquennium are increasingly satisfactory, as can be superficially judged from the summary on page 5, also chart folded in. These results in our mortality statistics exhibit an all-round improvement.

To a surprising degree, sickness and death are subject to human control, and it seems difficult to write truthfully of the beneficent result evidenced by vital statistics without seeming to exaggerate. Expressed financially and economically, in monetary values, the figures are simply stupendous.

As regards the progress of Maternity and Child Welfare work, the meaning of all this popular effort to teach pre-natal care, safeguard maternity and to secure health is but the practical application of the principle that to get an A1 population we must deal with humanity while it is young, as this is the best period for inculcating the principles of prevention of illness and promotion of health.

The function of the Health Department as a teaching force is daily extending, and educational propaganda is taking a noteworthy place in preventive efforts because it is realised that any advance or progress must rest on the realisation by the people of the necessity of personal and individual action.

Immediately the thought arises as to the extraordinary necessity of hygienic instruction in the post-school period, instead of in the natural teaching period of school life, when perception is sharpest and habit formation is easiest.

The hygienic architect of the future must lay his foundations in the childhood of to-day, and if we are to avoid the negatives of the past, we must concentrate more and more on the baby and ante-natal conditions.

It should now be appreciated how many of the conditions of modern civilization may contribute to lengthen life, but it should also be equally evident how other practices and conditions of so-called civilization and our ever-increasing complexity of social problems help to counterbalance the beneficent agencies of the Public Health Services.

The ignorance with regard to dietary is astounding. The revelations in the Venereal Section indicate the marvellous change in public opinion in sex hygiene, and the allied problems of blindness and insanity.

The work of the Public Health Department becomes all-embracing and in fact touches every phase of life—the individual, physically and mentally, and also collectively, the community. Accordingly, the staff has now so increased as to necessitate the building of a new and separate establishment.

The facilities for transport of the people are daily on the increase and undoubtedly beneficial so far as the distribution of the population, but to some extent, counterbalanced by the too often overcrowded and ill-ventilated vehicles used—veritable disseminators of disease.

The skyline of the Public Health Service has extended notably during the past five years, and without doubt the “far horizon” of the future will be another skyline.

It is interesting and edifying to compare ourselves with other Administrative Counties as in the following table, which gives the vital statistics for 1925:—

Administrative County.	Estimated Population (Civilian) 1925.	Birth-rate.	Death-rates per 1,000 of the population.					Death-rates per 1,000 births.	
			All causes.	Tuberculosis (All forms).	Cancer.	Resp. Diseases with Influenza.	Heart Disease.	Infant Mortality.	Maternal Mort. from childbirth.
Derbyshire ...	611,700	20·4	11·4	0·79	0·99	2·28	1·41	78	3·8
Durham ...	994,800	24·2	12·7	1·20	0·94	2·69	1·15	100	5·1
Kent ...	1,089,900	16·5	11·4	0·91	1·45	1·87	1·75	55	2·7
Lancashire ...	1,785,500	15·9	12·7	0·88	1·27	2·70	1·74	82	5·2
Nottinghamshire ...	393,400	20·1	11·6	0·76	1·23	2·51	1·31	77	3·8
Staffordshire ...	722,000	21·1	12·1	0·93	1·09	2·63	1·46	83	3·1
West Riding ...	1,534,300	20·1	12·3	0·96	1·22	2·50	1·58	81	5·1
<i>England & Wales</i>	<i>38,890,000</i>	<i>18·3</i>	<i>12·2</i>	<i>1·04</i>	<i>1·34</i>	<i>2·33</i>	<i>1·65</i>	<i>75</i>	<i>4·1</i>

Directions in which activities of the Public Health and Housing Committee of the West Riding County Council could be especially extended to bring about a speedier practical result to the recommendations in many of the reports made by the Health Department on insanitary deficiencies in areas of Local Authorities in the West Riding include the promotion of the realization by all of the necessity of a clean milk supply; extension of the Maternity and Child Welfare Scheme by the provision of Maternity Homes; the gathering in of patients suffering from Tuberculosis from the various sanatoria in the country into one central sanatorium for females and children; extension of dental

treatment and the continued provision of dwellings—still some 30,000 short in the Riding.

Table C shown in the appendix is a skeleton report issued to Medical Officers of Health each year, and produces valuable information in a concise form.

It might not be out of place to quote here some remarks by the Chairman of the Public Health and Housing Committee (County Alderman Ben Turner):—

“ The West Riding Public Health work stands second
“ to none in the Kingdom. Our Staff of Doctors, Inspectors,
“ Dentists and Nurses covers every area and every field of
“ health work.

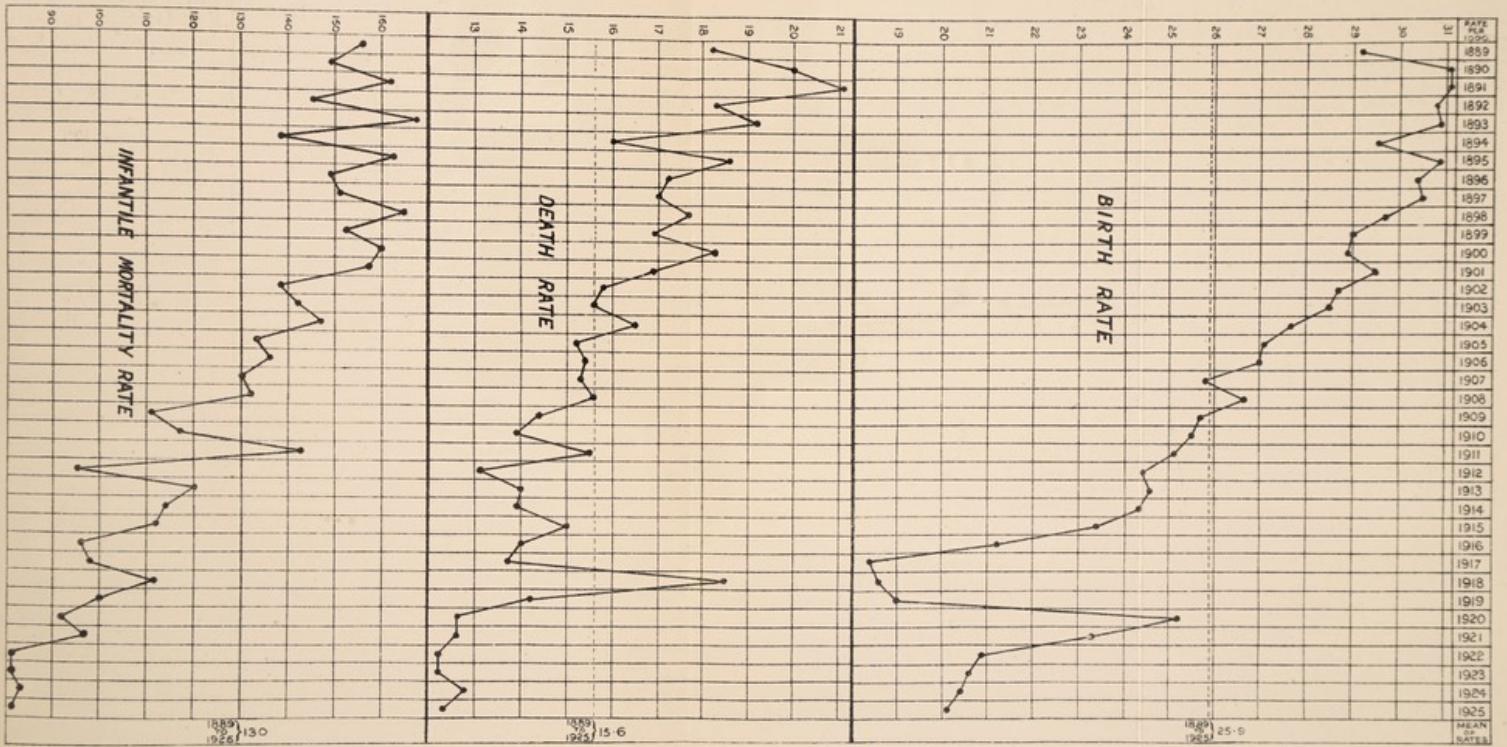
“ If we can reduce the sickness rate by two days per
“ year per person, we increase the productive power of our
“ people and also save them from pain and danger.

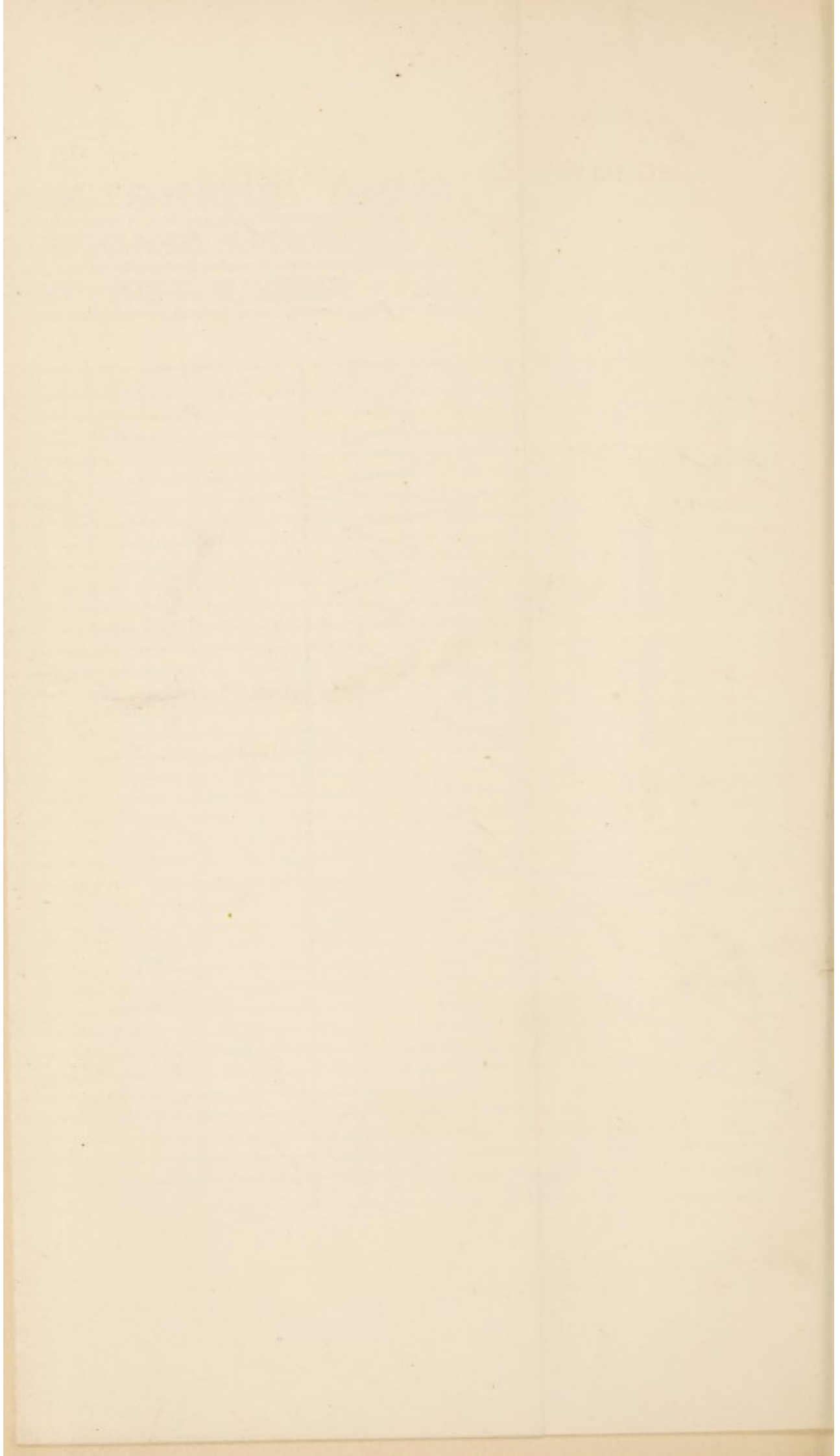
“ If we reduce, in the next 25 years, the Infantile
“ Death Rate as it has been reduced during the past 25
“ years—we shall bless many mothers and fathers and
“ homes, and be carrying out a most humane doctrine of
“ saving our children.”

JAMES ROBT. KAYE,
County Medical Officer.

County Hall, Wakefield,
December, 1926.

WEST RIDING ADMINISTRATIVE COUNTY.
BIRTH, DEATH AND INFANTILE MORTALITY
RATES FOR THE 37 YEARS 1889 - 1925.





SUMMARY OF VITAL STATISTICS.

1925.

AREA of Administrative County 1,641,462 acres.

POPULATION for purposes of Birth Rate ... 1,534,800

POPULATION for purposes of Death Rate ... 1,534,300

SANITARY DISTRICTS, 150, namely:—11 Boroughs.

(See Table 1. Appendix). 111 Urban Districts.

28 Rural Districts.

The Vital Statistics for the Administrative County for the two decennia 1905-14 and 1915-24, and for the years 1924 and 1925 may be summarised as follows:—

	Averages for 10 years.			
	1905-14.	1915-24.	1924.	1925.
BIRTH RATE (Administrative County) (Per 1,000 estimated population.)	25·6	21·2	20·4	20·1
DEATH RATES:—				
All Causes	14·3	13·8	12·8	12·3
Zymotic	1·58	0·86	0·48	0·53
Phthisis (Tuberculosis of Respiratory System)	0·86	0·80	0·70	0·70
Other Forms of Tuberculosis ...	0·45	0·34	0·25	0·26
Respiratory (Per 1,000 estimated civil population)	2·48	2·52	2·43	2·15
Cancer	0·85	1·11	1·19	1·22
Heart Disease	—	1·48	1·60	1·58
INFANTILE MORTALITY	123	95	83	81
i.e., Number of deaths under one year per 1,000 births.				

PART I.

Physical Features.—The West Riding may be described roughly as a parallelogram about twice as long as it is broad, namely, some 95 by 50 miles, and on the map appears as if set on one of its corners, so that its sides form an angle of 45° . It is bounded in various lengths by six Counties and the North and East Ridings of Yorkshire; the principal physical feature is the Pennine Range of mountains, running north-west and south-east, and which divides the West Riding into two main drainage areas.

On the western side of this range, in the northern area, are the river basins of the Lune and Ribble, and southwards, the upper reaches of the Mersey and Irwell Rivers. These drain, altogether, about 420 square miles, and discharge into the Irish Sea. In this area are the rounded and contorted mountains about Sedbergh, and the highest points in the Riding, for example: Wharfedale, 2,414 O.D., Ingleborough, 2,373 O.D., Penyghent, 2,273 O.D., which naturally provide the most picturesque localities in the Riding.

On the eastern side of this range the rivers flow generally in an easterly direction to the River Ouse. Altogether there are seven river basins on this side, the most northern being the Ure, which drains about 100 square miles, then the Nidd, 230 miles, the Wharfe, 470 miles, Aire, 480, Calder, 380, Don, 570, and the Trent about 80 square miles. All these discharge towards the eastern corner of the so-called parallelogram, where the Ouse and the Trent form the River Humber at Trent Falls in the Great Plain of York, an area devoted almost wholly to agriculture.

Geology.—A great exponent in the Riding states: "We have all the great divisions well represented, presenting in so small an area a more glorious epitome of the strata forming the earth's crust than can be found in any other locality of similar size in the world."

Coal Mining is extending eastwards, and naturally the population also, as witnessed in the new villages of Brodsworth, Woodlands, Adwick-le-Street, Maltby, Airedale, Stainforth, etc.

The industrial population is largely concentrated in the valleys of the Aire, Calder and Don, and these rivers, in the lower reaches, show the usual traces of industrial activity higher up. Take a point mid-distant from the top to the bottom of the Calder Valley, and within a radius of 15 miles, no less than 100 out of the 122 Urban Districts in the West Riding are situate.

Area and Population.—During the year 1925 only one change occurred affecting the Sanitary Districts in the Administrative County, the Urban Districts of Thurstonland and Farnley Tyas being amalgamated from the 1st April, 1925. The newly created area is called the Thurstonland and Farnley Tyas Urban District.

Table I in the Appendix gives the area and population for each Sanitary District in the County, with the totals for the Urban and Rural Districts.

Births.—During the year 1925, 30,857 births were registered as belonging to the Administrative County; of this number 15,882 were males, and 14,975 females. The birth rate for the whole County was 20·1 per 1,000 of the estimated population, as against a rate of 20·4 for the year 1924; the birth rate for the Urban Districts was 19·1 per 1,000, and for the Rural Districts 23·0 per 1,000. It should be noted that a number of the so-called rural areas in the West Riding contain large mining populations, and a reference to Table I at the end of the Report shows the birth rate in several of these districts to have been abnormally high during the past year. Illegitimate births numbered 1,242 (614 males and 628 females). The birth rate for England and Wales for the year 1925 was 18·3 per 1,000, against which the County rate of 20·1 per 1,000 bears favourable comparison. The Table on pages 10 and 11 show the birth rates for the County for the past 10 years, and for the last four quinquennial periods. An interesting study may be made of the County birth rates since the year 1889 by reference to the chart folded in at the front of this Report. Here the notable and persistent drop (exclusive of war years) in the birth rate is graphically depicted. Table I of the Appendix shows the number of births and the birth rate for each Sanitary District in the Riding during 1925. The highest rates, as previously stated, will be found in the mining areas, and for the purpose of the following Table, only those districts having a rate of over 30·0 per 1,000 have been included.

<i>Urban District.</i>		<i>Rural Districts.</i>	
Adwick-le-Street	34·5	Doncaster	33·6
Conisbrough	33·1	Hemsworth	30·7
Hemsworth	32·0	Pontefract	32·0
Maltby	36·3	Thorne	38·4
Thurnscoe	32·5		

In nineteen districts the birth rate was under 13·0 per 1,000. The districts with the lowest rates were:—

Clayton West	9·3	South Crosland	10·4
Hebden Bridge	8·7	Shelley	11·8
Ilkley	10·5	Todmorden R.	11·8

Deaths.—The number of deaths registered as belonging to the Administrative County for the year 1925 was 18,948, 9,706 of these being males and 9,242 females. The death rate for the County was 12·3 per 1,000 of the estimated population, the rate for the Urban areas being 12·6 and for the Rural Districts 11·7 per 1,000. The County death rate for the year 1924 was 12·8 per 1,000, and for the two preceding years 12·2 per 1,000, the latter being also the death rate for England and Wales for the year 1925. The rate for the County was therefore practically identical with that for the Country as a whole.

Reference is again made to Table I in the Appendix, in which are recorded for every district in the Riding the General Death Rates, and an analysis of the mortality from the principal Zymotic Diseases, Phthisis and other Tubercular Diseases, and the annual rate of Infant Mortality. The General Death Rate and the rate of Infant Mortality are also illustrated in the chart folded in at the front of this Report, which shows the rates for each complete year since the formation of the County Council.

It may be of interest to record that in 18 Urban and 2 Rural Districts, the death rate was over 15·0 per 1,000, whilst in 17 Urban Districts and 3 Rural Districts a rate of less than 10·0 per 1,000 was registered.

Transferable Deaths.—The quarterly distribution of these deaths was continued, and transfer slips received from the Registrar General to the number of 3,153 were allocated by the County Health Department to Sanitary Authorities in the County during 1925.

Mortality at Different Ages.—The following table gives the mortality from various causes in different age-groups in the West Riding County Area during 1925, 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	7	10	3	1	—	24
Smallpox	—	—	—	—	—	—	—	—	—	—
Measles	58	67	70	18	1	2	—	—	—	216
Scarlet Fever	2	2	21	12	2	—	—	1	—	40
Whooping Cough	90	60	46	10	—	1	—	—	—	207
Diphtheria	9	9	25	31	—	1	—	—	—	75
Influenza	19	6	17	16	28	95	181	99	70	531
Encephalitis Lethargica	—	1	3	3	9	11	11	2	—	40
Meningococcal Meningitis	—	—	2	2	1	—	—	—	—	5
Tuberculosis of Respiratory System	9	4	10	50	273	438	249	43	5	1081
Other Tuberculous Diseases	45	49	69	64	57	54	41	12	5	396
Cancer, Malignant Disease	—	3	5	6	10	142	918	548	239	1871
Rheumatic Fever	—	—	—	26	11	16	15	2	2	72
Diabetes	—	—	1	1	11	22	81	76	15	207
Cerebral Hæmorrhage, etc.	—	—	—	1	2	30	373	486	380	1272
Heart Disease	—	1	2	39	55	184	767	813	567	2428
Arterio-Sclerosis	—	—	—	—	—	4	138	277	278	697
Bronchitis	192	50	21	7	6	39	224	394	500	1433
Pneumonia (all forms)	404	233	129	67	57	173	309	181	96	1649
Other Respiratory Diseases	14	1	13	10	7	21	60	50	44	220
Ulcer of Stomach or Duodenum	1	—	—	2	2	43	74	18	3	143
Diarrhœa, etc.	218	36	24	16	3	12	13	17	13	352
Appendicitis and Typhlitis	—	2	10	26	25	26	23	4	2	118
Cirrhosis of Liver	—	—	—	—	—	9	37	26	7	79
Acute and Chronic Nephritis	3	6	3	5	17	69	232	136	67	538
Puerperal Sepsis	—	—	—	—	12	46	—	—	—	58
Other Accidents and Diseases of Pregnancy and Parturition	—	—	—	—	19	79	2	—	—	100
Congenital Debility and Malformation, Premature Birth	1024	2	4	5	4	1	—	—	—	1040
Suicide	—	—	—	—	6	40	85	15	6	152
Other Deaths from Violence	14	19	42	49	94	155	164	60	49	646
Other Defined Diseases	394	64	79	97	105	307	654	560	943	3203
Causes Ill-defined or Unknown	2	8	4	—	2	3	23	12	1	55
ALL CAUSES	2498	623	600	566	826	2033	4677	3833	3292	18948

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 (122)	1795	463	433	409	612	1520	3749	2948	2418	14347
Rural Districts (28)	703	160	167	157	214	513	928	885	874	4601
West Riding Administrative County ..	2498	623	600	566	826	2033	4677	3833	3292	18948

West Riding Birth and Death Rates for Ten Years.

The following table shows the County Birth and Death-rates for the past 10 years:—

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925.
Birth-rate	21·2	19·6	18·6	19·0	25·2	23·3	20·9	20·6	20·4	20·1
Death-rate	14·0	14·4	18·5	14·2	12·6	12·6	12·2	12·2	12·8	12·3
Infant Mortality*	96	99	112	100	92	97	81	81	83	81
Zymotic Death-rate	0·92	0·95	1·61	0·57	0·95	0·78	0·58	0·53	0·48	0·53
Small-Pox	nil	0·00	nil	0·00	nil	nil	0·00	nil	nil	nil
Scarlet Fever ..	0·04	0·02	0·02	0·02	0·02	0·02	0·03	0·03	0·02	0·03
Diphtheria & Croup	0·16	0·14	0·14	0·13	0·13	0·09	0·07	0·04	0·05	0·05
Enteric Fever ..	0·05	0·06	0·06	0·03	0·03	0·06	0·03	0·02	0·02	0·02
Measles	0·13	0·31	0·71	0·12	0·34	0·02	0·16	0·15	0·10	0·14
Whooping Cough ..	0·11	0·13	0·38	0·07	0·07	0·21	0·13	0·11	0·13	0·13
Diarrhoea, &c.† ..	14·07	10·42	12·58	10·45	13·60	16·43	7·77	8·48	8·01	8·23
Respiratory	2·25	2·77	3·39	2·84	2·27	2·20	2·07	2·11	2·43	2·15
Phthisis	0·89	0·98	1·06	0·82	0·71	0·74	0·68	0·71	0·70	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 1905 to 1924.

The following table gives the average rates for quinquennial periods (compared with the rates for 1925) for the Urban and Rural Districts of the Administrative County, and for the Administrative County as a whole.

	Urban Districts.				Rural Districts.				Administrative County.						
	Quinquennial Periods.			Year 1925 for comparison.	Quinquennial Periods.			Year 1925 for comparison.	Quinquennial Periods.			Year 1925 for comparison.			
	1905-09	1910-14	1915-19		1920-24	1905-09	1910-14		1915-19	1920-24	1905-09		1910-14	1915-19	1920-24
Birth Rate ...	26.0	24.0	19.1	21.3	19.1	28.0	27.3	24.1	24.4	23.0	26.4	24.8	20.4	22.1	20.1
*Infant Mortality ...	131	119	82	88	82	120	113	100	84	77	129	118	104	87	81
Death Rates:—															
All Causes ...	14.9	14.2	15.3	12.7	12.6	14.2	13.3	14.9	11.8	11.7	14.7	14.0	15.2	12.5	12.3
+Zymotic Diseases ...	1.64	1.52	1.06	0.65	0.54	1.57	1.58	1.11	0.72	0.51	1.63	1.53	1.07	0.66	0.53
Smallpox ...	0.01	0.00	0.00	0.00	nil.	0.00	nil.	0.00	nil.	nil.	0.00	0.00	0.00	0.00	nil.
Scarlet Fever ...	0.11	0.07	0.03	0.03	0.03	0.11	0.05	0.03	0.03	0.03	0.11	0.07	0.03	0.03	0.03
Diphtheria and Croup ...	0.18	0.15	0.16	0.08	0.05	0.18	0.12	0.13	0.07	0.05	0.18	0.14	0.15	0.08	0.05
Enteric Fever ...	0.11	0.08	0.05	0.04	0.02	0.09	0.08	0.06	0.03	0.01	0.11	0.08	0.05	0.03	0.02
Measles ...	0.30	0.32	0.37	0.15	0.14	0.28	0.35	0.34	0.16	0.14	0.29	0.33	0.36	0.15	0.14
Whooping Cough ...	0.23	0.23	0.18	0.12	0.14	0.21	0.20	0.18	0.15	0.12	0.23	0.22	0.18	0.13	0.13
Respiratory Diseases ...	2.66	2.39	2.88	2.29	2.20	2.45	2.27	2.76	2.02	2.01	2.61	2.36	2.85	2.22	2.15
Respiratory Tuberculosis ...	1.00	0.83	0.94	0.75	0.72	0.75	0.63	0.81	0.60	0.65	0.94	0.78	0.91	0.71	0.70
Other Tuberculous Diseases	0.50	0.44	0.41	0.29	0.27	0.41	0.35	0.36	0.26	0.23	0.48	0.42	0.40	0.28	0.26

* Deaths under one year per 1,000 births.

† Up to and including the quinquennium 1910-14 includes deaths from Diarrhoea and Enteritis at all ages, but from 1915 those occurring under two years of age only.

Urban and Rural Statistics for 1925.—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	19·1	12·6	0·54	0·72	2·20	82
(2) Rural Districts in the West Riding	23·0	11·7	0·51	0·65	2·01	77
(3) West Riding Administrative County	20·1	12·3	0·53	0·70	2·15	81
(4) <i>England & Wales</i>	18·3	12·2	0·56	0·83	2·00	75

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

Infant Mortality.—The last five years have not witnessed much change in the Infantile Mortality. A reference to the chart folded in at the front of this Report will show graphically the fluctuation since 1889, but the last five years are relevant to this Report. There was a drop from 1921–22, but since then the rate has been stationary.

	West Riding.	England and Wales.
1921	97	83
1922	81	77
1923	81	69
1924	83	75
1925	81	75

The rate is higher than that of England and Wales probably owing to the urbanisation of the County, i.e., the high proportion of urban areas to rural areas. The extent to which this has gone is paralleled by only one other County in England. The Infantile Mortality in the associated County Boroughs of the West Riding is 89 for 1925.

The comparison of Urban and Rural Districts of the West Riding Administrative County is given in the following table, which shows that there is generally a lower death rate of children under one year of age in Rural than in Urban Districts.

INFANT MORTALITY: DEATHS AND DEATH RATES (per 1,000 births).

YEAR.	DISTRICT.	Number of deaths at following ages :								Deaths per 1,000 Births.	
		Under 1 day.	1-7 days.	1-4 weeks.	4 weeks to 3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.	Under 4 weeks.	Total under 1 year.
1921	Urban Districts	275	346	432	439	415	314	267	2488	41	97
	Rural „	108	118	136	206	143	113	119	943	37	97
1922	Urban Districts	241	294	324	293	234	257	194	1837	38	81
	Rural „	99	114	109	98	95	102	77	694	37	79
1923	Urban Districts	239	288	292	312	243	232	218	1824	37	82
	Rural „	89	123	114	118	101	80	65	695	37	78
1924	Urban Districts	241	313	282	303	287	245	224	1895	38	86
	Rural „	91	118	94	111	93	105	63	675	34	75
1925	Urban Districts	261	263	279	310	258	206	218	1795	37	82
	Rural „	95	110	117	114	97	84	86	703	35	77

In the year 1925, the Urban Districts with a high Infantile Mortality are Denby-and-Cumberworth (179), Knottingley (174), Mexborough (118), Royston (118), Rawmarsh (114), Castleford (112), Yeadon (112), Stanley (109), Maltby (108), Whitwood (106), Bolton-upon-Dearne (104), Conisbrough (103), Kirkheaton (103), Darton (102), Heckmondwike (101), and Bingley (100); and the Rural Districts are Penistone (115), Todmorden (111), Halifax (110), Thorne (107), Pontefract (104), and Hemsworth (101).

The Urban Districts with a low Infantile Mortality are:—Mirfield (49), Slaithwaite (47), Linthwaite (45), Knaresborough (40), Greetland (38), Mytholmroyd (34), Tickhill (34), Hipperholme (29), Methley (29), Greasbrough (28), and Stainland (18); and the Rural Districts are Great Ouseburn (49), Pateley Bridge (47), Hunslet (40), Wharfedale North (36), Settle (35), Knaresborough (34), Keighley (32), Bowland (18), and Sedbergh (15).

The causes of Infantile Mortality given in the table on page 15 show how much more formidable are Measles and Whooping Cough than Scarlet Fever. If these two are taken in conjunction with the deaths from Bronchitis and Pneumonia, to which sequelæ they not infrequently give rise, it will be obvious that the neglect of these enemies is a risky procedure. Yet Measles at least is often lightly regarded as pointed out on page 85 of this report.

The lessening destruction of baby life by Diarrhœa is brought to notice in this table, so too is the sacrifice to "Other Tuberculous Diseases."

Mortality from Diarrhœal Diseases has undergone the greatest diminution; Pneumonia is actually more fatal than it was in 1908; grouping Bronchitis and Pneumonia (i.e., the Broncho-pneumonia of children), which are never sharply defined, the death rate has fallen slightly. Measles, running in irregular cycles of four or five years, has a reduced mortality. Even the death-rate from the group of causes, Congenital Debility, Malformation, Premature Birth, etc., has undergone diminution. This at one time would have seemed to hold out the least promise of improvement.

As has been previously pointed out, the improvement in Diarrhœal Diseases is very considerable, while a similar rate of improvement has not been attained in Respiratory Diseases. These latter are responsible for the winter maximum which is so constantly noticed in the Infantile Mortality Rate in all parts of the country.

West Riding Administrative County.
Causes of Infant Mortality in the years 1908-25.

YEAR.	Number of Deaths under One Year per 1,000 births.															
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Respiratory Tuberculosis.	Other Tuberculous Diseases.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Diarrhoea.	Congenital Debility and Malformation Premature Birth.	Other Causes.	Total. (All Causes).
1908	0.02	0.02	2.83	0.12	5.29	0.29	0.37	0.37	4.40	12.98	10.64	1.11	23.38	46.06	24.19	132.07
1909	nil.	nil.	1.86	0.03	3.44	0.18	0.23	0.38	5.49	10.28	9.28	0.88	12.52	44.58	22.35	111.50
1910	nil.	nil.	2.14	0.08	5.25	0.18	0.15	0.30	4.37	10.83	10.35	1.16	14.39	45.49	21.91	116.60
1911	0.05	nil.	4.33	0.15	5.43	0.15	0.35	0.15	4.23	11.05	11.78	0.78	37.04	44.23	23.13	142.85
1912	nil.	nil.	2.67	0.05	3.94	0.18	0.36	0.15	2.87	8.31	8.66	0.61	6.71	40.81	19.61	94.93
1913	nil.	nil.	2.59	0.11	2.35	0.16	0.19	0.19	3.42	10.30	12.94	0.40	20.12	45.41	21.42	119.60
1914	nil.	nil.	2.87	0.05	5.48	0.24	0.24	0.21	3.01	9.36	11.41	0.53	18.19	41.86	20.48	113.93
1915	0.03	nil.	4.20	0.21	4.28	0.21	0.21	0.15	2.90	10.07	12.91	0.35	14.48	41.47	20.65	112.12
1916	nil.	nil.	1.35	0.09	2.68	0.09	0.25	0.31	2.34	9.64	11.05	0.77	10.96	34.45	21.86	95.84
1917	nil.	nil.	2.70	0.04	2.67	0.18	0.25	0.36	2.45	10.17	12.24	0.71	8.11	34.72	23.73	98.33
1918	nil.	nil.	5.05	nil.	7.50	0.07	5.01	0.36	1.53	11.19	14.18	0.57	9.77	36.68	19.87	111.78
1919	nil.	nil.	0.88	nil.	1.62	0.11	2.85	0.35	1.80	12.25	12.39	0.63	8.55	39.14	19.46	100.03
1920	nil.	nil.	2.48	0.05	1.64	0.11	1.14	0.16	2.09	9.88	11.04	0.42	11.92	31.65	19.15	91.73
1921	nil.	nil.	0.17	0.03	4.55	0.03	1.10	0.31	1.76	7.82	13.40	0.37	14.22	36.94	16.52	97.20
1922	0.03	0.03	1.69	nil.	2.91	0.10	0.51	0.16	1.95	6.75	11.86	0.38	6.52	33.50	14.51	80.90
1923	nil.	nil.	1.81	0.06	2.16	0.06	0.55	0.36	1.55	6.71	11.00	0.48	7.10	33.52	15.91	81.27
1924	nil.	nil.	1.09	nil.	2.67	nil.	1.48	0.06	1.35	6.14	15.47	0.61	6.72	33.10	13.96	82.65
1925	nil.	nil.	1.88	0.06	2.92	0.29	0.62	0.29	1.46	6.22	13.09	0.45	7.06	33.17	13.41	80.92

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

NO. 100

BY

ROBERT M. HARRIS

AND

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CHICAGO, ILLINOIS

1950

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Zymotic Disease.—Particulars regarding the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was 0·53 per 1,000 of the estimated population.

Zymotic Disease.	No. of Cases 1925.	No. of Deaths 1925.	Ratio of Deaths.	
			(a) per 1000 persons attacked.	(b) per 1000 persons living.
(1) Small-Pox	163	—	nil	nil
(2) Scarlet Fever	3878	40	10·31	0·03
(3) Diphtheria and Membraneous Croup	981	75	76·42	0·05
(4) Enteric Fever	150	24	160·00	0·02
(5) Measles	?	216	?	0·14
(6) Whooping Cough	?	207	?	0·13
(7) Diarrhœa, &c. under two years	?	254	?	0·17
Total of chief Zymotic Diseases	?	816	?	0·53

Isolation Hospitals.—The following table gives particulars of the removals to hospital during 1925. 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	163	160	98·2
Scarlet Fever	3878	3345	86·3
Diphtheria and Mem- braneous Croup	981	809	82·5
Enteric Fever	150	127	84·7
Total for 1925 ...	5172	4441	85·9

Smallpox.

Year.	Cases.	Deaths.
1921	97	Nil
1922	233	1
1923	278	Nil
1924	71	Nil
1925	163	Nil

The year 1921 was the beginning of a recrudescence of Smallpox in the West Riding, 97 cases being notified in that year—none in 1920—and it increased each year until 1924, when only 71 cases were notified. In that year it was confined almost to two districts, the areas in and surrounding Doncaster and Rotherham. A few other isolated cases did occur but they were successfully dealt with, and no spread supervened. In 1925, Smallpox still continued prevalent in the Doncaster area, 35 cases being notified during the first six months at Adwick-le-Street, 5 in Doncaster Borough, and 2 in Doncaster Rural. Nine cases occurred in Stocksbridge during February and March, traced definitely to Sheffield, where it was prevalent at that time; 1 case occurred in Baildon, and 1 in Hemsworth Rural. In the second half of the year nothing was notified until the end of October, when 2 cases occurred in Brighouse, later 2 in Hipperholme and 1 in Halifax Rural, all having a common origin again from Sheffield. Prompt measures of isolation, vaccination of contacts, etc., were successful in these instances in obviating any serious outbreak, but the epidemic which occurred in Rawmarsh, extending into the surrounding sanitary areas and ultimately reaching considerable proportions, has been the most serious for many years. Commencing at the end of October, there were 102 cases notified before the end of the year, which necessitated increase of accommodation, extension of the Notification Act to Chickenpox, assistance to the Sanitary Inspector, and the help of County Council Nurses and Health Visitors. Some cases were accommodated at Sheffield, and a temporary structure to provide 20 beds was erected in the Smallpox Hospital grounds, but this was insufficient, and as all the surrounding Hospitals had refused to give more assistance, fearing for themselves, the Isolation Hospital was evacuated of its one Scarlet Fever patient and taken over as a Smallpox Hospital. Further accommodation was erected later to cope with the outbreak. I, personally, made several visits to the area, and conferred with the Medical Officer of Health and members of the Health Committee, and Dr. Frew spent all his available time for two or three weeks in assisting the Medical Officer of Health. Dr. Lawrence also spent a day there, when, with assistance of two nurses from my staff and the Sanitary Inspector, all the schools were combed and a few cases found, as well as much information received of the conditions at home.

Later, a house-to-house visitation was organised, in which two of my assistants and eight nurses took part, nurses taken temporarily from health visiting in other areas, and the whole district was visited.

There was no doubt from our observations when making this investigation that scores of cases had been missed before any one was notified. Many were seen in the convalescent stage who had not visited nor called in a doctor, and whole families had

been treated as Chicken-pox. To this may be added the fact that the inhabitants of this district are notoriously unvaccinated, and there is a great objection to re-vaccination. There have been no fatal cases, but one young girl developed paralysis of her lower limbs and two men narrowly escaped blindness of one eye.

The disease throughout has been characterised by its mildness, there having been only one fatal case during the whole of the five years. This, to some extent, has caused the disease to be regarded with less caution which may have serious consequences should it revert at any time to the malignant type experienced in years gone by.

Dr. A. B. Dunne, Medical Officer of Health of Adwick-le-Street, in his annual report, has made a trenchant summing up of the prevalent view of Smallpox. He says: "The public, whatever one may say, refuse to take seriously a disease, whatever may have been its sinister reputation in the past and its present capacity for mischief in other parts of the world, which has neither been responsible for a single death locally nor for an impairment of feature or face. Until it re-asserts its old powers of death and disfigurement, Smallpox has lost its power to alarm the public."

Infectious Disease Notifications.—The following table gives the number of cases notified, and rates per 1,000 population in the Administrative County during the years 1921–1925:—

Diseases.	Number of Cases Notified.					Cases Notified per 1,000 population.				
	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
Small-pox	97	233	278	71	163	0·06	0·16	0·18	0·05	0·11
Scarlet Fever	3059	3491	3580	3468	3878	2·02	2·33	2·38	2·28	2·53
Diphtheria, including Mem. Croup	2098	1435	1148	1014	981	1·38	0·96	0·76	0·67	0·64
Enteric Fever	680	257	169	279	150	0·45	0·17	0·11	0·18	0·10
Puerperal Fever	69	46	63	70	89	0·05	0·03	0·04	0·05	0·06
Cerebro-Spinal Fever	12	5	9	7	7	0·01	0·00	0·01	0·00	0·00
Acute Poliomyelitis	6	15	7	12	13	0·00	0·01	0·00	0·01	0·01
Acute Polio Encephalitis	1	2	—	1	1	0·00	0·00	—	0·00	0·00
Encephalitis Lethargica	37	15	23	134	47	0·02	0·01	0·02	0·09	0·03
Ophthalmia Neonatorum	247	186	146	146	158	*7·00	*5·95	*4·71	*4·70	*5·12
Erysipelas	552	582	598	600	767	0·36	0·39	0·40	0·39	0·50
Respiratory Tuberculosis	2107	2193	2173	2837	2710	1·39	1·46	1·44	1·86	1·77
Other Forms of Tuberculosis	560	591	695	850	954	0·37	0·39	0·46	0·56	0·62

* Cases notified per 1,000 Registered Births.

Smallpox.—Of the 97 cases of Smallpox in 1921, 88 occurred in the contiguous districts of Golcar, Holmfirth, Linthwaite, Marsden, Saddleworth, Seamonden and Slaithwaite. In 1922 there was a continuance, 71 cases occurring at the beginning of the year in the neighbouring districts of Golcar, Linthwaite and Slaithwaite, and 58 in the nearby district of Saddleworth.

An outbreak commencing in 1921 in the Doncaster district assumed considerable dimensions in 1922 with 68 cases in Doncaster Borough and Bentley-with-Arksey Urban District. Also 18 cases around Woolley, in the Barnsley Rural District, owed their incidence to this Doncaster outbreak. In 1923 the disease invaded the whole of the districts surrounding Doncaster Borough, and 271 of the 278 cases in that year were in the Borough of Doncaster, the Urban Districts of Adwick-le-Street and Bentley-with-Arksey, and the Rural District of Doncaster. The disease continued prevalent in 1924, with 40 cases in Adwick-le-Street Urban District, Doncaster Borough, and Doncaster Rural District. In this year it spread into the neighbouring Rural District of Rotherham, where 28 cases occurred. The disease then appeared in the Urban District of Rawmarsh in 1925, 102 cases occurring in that District, 35 in Adwick-le-Street Urban District, and 15 in Doncaster Borough.

The incidence of Smallpox in 1925 is discussed in detail on page 16 of this Report.

Enteric Fever.—Of the 680 cases of Enteric Fever in 1921, 391 occurred in the Urban Districts of Bolton-upon-Dearne and Darfield, and the Rural District of Hemsworth. The cases occurred in two outbreaks, the first outbreak commencing in the last half of July, and the second and more severe about the second week in October, and were attributable to specific contamination of the water supply.

An outbreak of 21 cases of Enteric Fever occurred in 1921 in Featherstone, chiefly in houses in the Loscoe district near to a refuse tip on which faeces were deposited; 9 of the cases were children who had played on this tip, and the outbreak was chiefly propagated by these children. The occurrence of the cases at intervals showed that they were not due to contamination of some article of food or drink. An exhaustive investigation was made by this Department, and the refuse tip was considered the probable source of infection. This view was shared by the Medical Officer of Health for Featherstone, Dr. Steven, who stated in his special report on the outbreak:—"I have no doubt in my own mind that this tip is the cause. . ."

Of the 257 cases of Enteric Fever in 1922, 61 were in Bolton-upon-Dearne, and were a continuance of the 1921 outbreak.

Encephalitis Lethargica (Sleepy Sickness).—This is a disease of low infectivity with a heavy mortality or very often serious sequelæ, and the chief incidence of the disease is during vigorous adult life. A feature is that the cases are scattered all

over the Administrative County, though in 1924 a somewhat larger number than usual was incidental to the districts lying around Sheffield. Still in this year 46 of the Urban Districts and 16 of the Rural Districts of the Administrative County had cases.

In 1924 a special investigation was made into the incidence of Encephalitis Lethargica amongst children of school age, and this was dealt with in the Report on School Medical Inspection for that year.

Tuberculosis.—The increase in the notifications of Tuberculosis is evidently due to earlier and more complete notification on the part of the medical practitioners, increased vigilance on the part of the local Public Health Staff, and the instructions 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. One is justified in recording that 25–35 per cent. of the cases notified ultimately prove negative.

Sale of Food and Drugs Acts.

Quarterly Report of Samples taken during 1925.

District.	Inspector.	Samples taken during 1925.				
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total.
Barnsley ...	J. H. Bundy ...	70	72	60	70	272
Central ...	A. Ross ...	84	90	75	85	334
Harrogate ...	H. Gamble ...	64	41	43	92	240
Mirfield ...	E. Ward ...	108	94	78	91	371
Pontefract ...	H. F. Wilkinson	70	65	99	110	344
Rotherham	J. Wilson ...	97	49	103	144	393
Shipley ...	J. Duce ...	66	75	57	83	281
Skipton ...	A. Randerson ...	86	79	86	84	335
Sowerby ...	E. Bell ...	103	77	105	91	376
Total Samples taken by the County Inspectors ...		748	642	706	850	2946
Local Authorities ...		131	160	167	208	666
Total Samples ...		879	802	873	1058	3612

The above total of 3,612 includes 33 "cow" samples (i.e., samples taken at the farms to test for quality). This frequently entails early morning visits, and of these 33 "cow" samples 31 were taken by County Inspectors, and 2 by Sanitary Inspectors of Local Authorities. Not including the "cow" samples, 1,427 samples of milk were taken by the County Inspectors and 619 by local Sanitary Inspectors, making a total of 2,046; of this total 132, or 6.5%, were adulterated.

Record of Samples for 5 years 1916-1920, and for 5 years
1921-1925.

Year.	Total samples submitted by		Total Examined.	Total Adulterated.	Percentage Adulterated.
	County Council.	Local Authorities.			
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
Average for 5 years 1916-20	2440	637	3077	268	8.8
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
1925	2915	664	*3579	192	5.4
Average for 5 years 1921-25	2932	675	3607	201	5.6

* This figure does not include the 33 "cow" samples.

Samples taken by Local Authorities.—The following table shows how many of the 1666 samples submitted by Local Authorities were taken by each Authority, and, with the exception of those marked with an asterisk, each submits samples of milk under the scheme whereby the County Council pays for the cost of the analyses of such samples, and conducts any subsequent legal proceedings:—

Barnoldswick	24	Haworth	20	Rothwell	16
*Batley B.	91	Hebden Bridge	4	Thurnscoe	9
Birkenshaw	1	Hemsworth	11	Thurstonland	1
Bolton-on-Dearne	8	Horbury	6	Todmorden B.	27
Brighouse B.	44	Horsforth	9	Whitwood	15
Castleford	10	Hoyland Nether	9	Wombwell	15
*Darfield	1	Ilkley	44	Worsborough	5
Elland	23	Keighley B.	30	Hunslet R.	3
Featherstone	37	Methley	3	Kiveton Park R.	22
Garforth	9	Mexborough	7	Knarborough R.	4
Golcar	8	Oakworth	4		
Goole	6	Pudsey B.	6		
Greetland	4	Rawmarsh	2	Total	666
*Harrogate B.	119	*Ripon City	9		

† Includes 2 "cow" samples.

Particulars of Milk Samples Examined during the past five years.

Year.	Genuine.	Adulterated.	Total.	Percentage adulterated.
1921	1192	122	1314	9.3
1922	1357	115	1472	7.8
1923	1861	154	2015	7.6
1924	1920	165	2085	7.9
1925	1914	132	2046	6.5

Inspectors are instructed to direct most of their attention to the sampling of milk, and a perusal of the above figures shows a gradual decrease in the percentage of adulteration in the West Riding; the actual adulteration of milk, and the samples of milk below standard in the whole country in 1925 was, according to the Annual Report of the Ministry of Health, 8.3%

Public Health (Preservatives in Food) Regulations, 1925.—

The Ministry of Health on the 4th August, 1925, issued Regulations which follow broadly the recommendations of the Departmental Committee on Preservatives, and will come into operation on the 1st January, 1927, so far as regards certain foods; the Regulations are, however, framed so as to allow time for adjustment of methods and processes, and the clearance of stocks, before they come fully into operation. These Regulations prohibit the sale or manufacture for sale of any article of food which contains any added preservative or specified colouring matters, except of the nature and proportion laid down in the schedules to the regulations.

Out of the 3,612 samples examined during the year, the following articles of food were found to contain preservatives in varying quantities:—

Butter	Margarine	Raspberry Vinegar
Cake	Milk	Sauce
Cream	Mincemeat	Sausage
Lemon Cake	Poloney	Shrimps
Lemon Cheese	Potted Meat	
Lobster Paste	Preserved Cream	

Cautions were issued to the vendors, except where the preservative was considered to be abnormal, when proceedings were instituted by the legal department.

Contamination of Apples by Arsenic.—Owing to the presence of arsenic being reported in imported apples, investigations were made, and in 10 samples arsenic was detected. The arsenic was found on the surface of the apple and sometimes on the stalk and calyx.

Public Health (Milk and Cream) Regulations.—The following table gives the number of samples of milk and cream examined during 1925 for preservatives, and the results:—

1. Milk and Cream not sold as preserved cream:—

	(a) No. of samples examined for the presence of a preservative.		(b) No. in which preservative was reported to be present.	
	Taken by Local Sanitary Inspectors and Authorities.	County Council Inspectors.	Taken by Local Sanitary Inspectors and Authorities.	County Council Inspectors.
Milk	619	1427	—	1
Cream	—	7	—	1

2. Cream sold as preserved Cream:—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the labels as to preservatives were correct—

(1) Correct statements made	11
(2) Incorrect statements made	0
(3) Percentage of preservative found in each sample .21; .21; .25; .28; .3; .31; .31; .32; .35; .36; .4.	

(b) Determination of Milk Fat in Cream sold as preserved cream—

Above 35% Fat	11
Below 35% Fat	0

In one instance (apart from analysis) the requirements as to labelling or declaration of preserved cream had not been observed, and the vendor's attention was directed to this contravention of the regulations.

Public Health (Condensed Milk) Regulations, 1923.—Twenty samples of condensed milk were examined during 1925 to ascertain if the provisions of the above Regulations were being complied with, and each sample proved to be genuine.

TREATMENT OF VENEREAL DISEASES.

The following is a table showing the Venereal Treatment Centres and the number of attendances, etc., during 1925.

Name of Institution.	Days and Hours of Attendance.		No. of New Patients attending Clinics during 1925.	No. of doses of Arsenobenzol compounds 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. ...	100	600	264	2589
Burnley Victoria Hospital ...	Monday, 5.30 to 6.30 p.m. ...	Tuesday and Friday, 10 a.m. ...	4	—	—	20
Dewsbury Infirmary ...	Monday, 3 to 5 p.m. ...	Monday, 11 to 12 noon ...	49	297	—	2936
Doncaster Royal Infirmary ...	Thursday, 7 to 9 p.m. ...	Monday, 3 to 5 p.m. ...	250	1000	404	8959
Goole, Bartholomew Hospital...	Wednesday, 4 to 6 p.m. ...	Thursday, 7 to 9 p.m. ...	41	32	8	277
Leeds General Infirmary ...	Friday, 11 a.m. to 1 p.m. ...	Monday, 4 to 6 p.m. ...	240	2384	—	7223
	Friday, 8 p.m. ...	Friday, 5 p.m. ...				
	Monday to Friday (inclusive), 10 a.m. to noon, and 2 to 7 p.m.	Monday, 1.30 to 3.0 p.m. ...				
Barnsley Clinic, Queen's Road	Saturday, 10 a.m. to noon ...	Thursday, 5.30 to 7 p.m. ...				
Halifax Royal Infirmary ...	Thursday, 6 to 8 p.m. ...	Thursday, 3 to 5 p.m. ...	122	166	—	6324
Huddersfield Royal Infirmary...	Saturday, 3 to 5 p.m. ...	Tuesday, 3.30 to 5.30 p.m. and 6 to 8 p.m.	95	246	351	1468
Keighley Victoria Hospital ...	Thursday, 6 to 8 p.m. ...	Monday, 7 to 9 p.m. ...	110	305	46	1662
Oldham Royal Infirmary ...	Tuesday, 6.30 to 8.30 p.m. ...	Friday, 6 to 8 p.m. ...	87	457	4	2488
York County Hospital ...	Thursday, 7 to 9 p.m. ...	Tuesday and Thursday, 6 to 7 p.m.	7	5	—	89
	Tuesday and Thursday, 7.30 to 8.30 p.m.	Tuesday, 7.30 p.m. ...	21	133	53	473
Rotherham Hospital (Wellgate)	Monday, 3 to 4 p.m. ...	Tues., Wed. and Thurs., 3 p.m. ...	77	169	25	3194
Wakefield Clayton Hospital ...	Thursday, 6 to 7 p.m. ...	Wednesday, 3 to 4 p.m. ...	234	1316	361	6263
	Friday, 7.30 to 8 p.m. ...	Friday, 7 to 7.30 p.m. ...				
	Tuesday, 9.30 a.m. and 6 p.m. ...	Thursday, 11 a.m. to 12 noon and 6 to 8 p.m. ...				
	Wednesday, 6 p.m. ...	Friday, 3 to 5 p.m. ...				
	Wednesday, 6 to 8 p.m.; Friday, 10 to 12 noon	Totals ...	1437	7110	1516	43965

In accordance with the Public Health (Venereal Diseases) Regulations, 1916, a scheme was submitted that year for the diagnosis and treatment of Venereal Diseases in the West Riding as follows:—

The Establishment of Treatment Centres (2 kinds).

1. Those where definite agreements could be made for all services, e.g., General Hospitals in the various County Boroughs, particularly Leeds and Sheffield, where there are Schools of Medicine, also Bradford, Huddersfield and Halifax.

2. Other smaller centres where the accommodation would be provided by the Hospital Authorities, but advice and treatment would be given by a specialist duly recognised by these Hospitals and paid by the County Council, e.g., Wakefield, Harrogate, Keighley, Doncaster, Barnsley and Goole.

Arrangements were made at an early date (1917) with General Hospitals in Leeds, Sheffield, Bradford and Halifax, and Treatment Centres also established by arrangement with Hospital Authorities at Dewsbury, Doncaster and Goole.

Early in 1920 a centre was opened at Keighley Victoria Hospital, and later in the year at Huddersfield Infirmary. Also an "ad hoc" clinic was started at Barnsley by the Corporation, and by agreement the County Council co-operated. York County Hospital also inaugurated a centre and the County Council made an agreement for the treatment of their patients.

At the same time a centre at the Rotherham Infirmary was established. Further, an amicable arrangement was made at Oldham and Burnley whereby West Riding patients on the border could be given facilities for treatment.

Unfortunately opposition was advanced to the formation of a centre at Wakefield, and it was not until April, 1923, that it was possible to open a clinic at the Clayton Hospital. This, being in the middle of a large industrial and populous area, at once justified the necessity, and is taken advantage of more each year, at the same time relieving Leeds of some of its congestion. Similarly at Harrogate a hitch took place in arrangements almost completed, and there the difficulties towards complete treatment have not yet been overcome.

With the formation of these centres it is believed that all the areas of the West Riding have been served with reasonable facilities for advice and treatment. Undoubtedly a few areas are found in sparsely populated rural districts where easy access to a clinic cannot be made available, but there, the Medical Practitioners have been informed that the services of the County Venereal Diseases Officer are available for consultation, also assistance in payment of railway fares in necessitous cases, or the patient removed to hospital and treated as an in-patient. A centre at Harrogate would without doubt be an additional benefit, and would save much time to patients who travel to more distant centres, and it is hoped that one may yet be inaugurated there.

A certain amount of work is being done at the Out-patient Department of the Infirmary, Arsenobenzol compounds being supplied free of cost by the County Council.

Beds for in-patient treatment have been provided in connection with all centres, and, by arrangement with the Leeds Authority, any West Riding female patient may be accommodated and treated at the Hope Hospital.

From time to time since the formation of the centres, internal arrangements have been modified, e.g., hours of sessions have been changed to suit popular circumstances and other sessions have been added when required, and this policy has been followed throughout to give the requisite service to the greatest number.

At all the clinics in the Riding facilities are given for the intermediate treatment of Gonorrhœa under a nurse or male attendant. In many of the centres this is available for the greater part of the day; at others, at times most suitable to the community, but for females arrangements can always be made with the nurse.

The medical profession has at all times and in all areas co-operated freely and enthusiastically in the scheme, and in the early days of the centres many practitioners took the opportunity of being present at the clinics to watch the technique of modern treatment; some kept this up and ultimately were approved according to the Ministry's Regulations, whilst others were content to leave the treatment to the clinics, at the same time realising that the diagnosis and treatment of Venereal Diseases were not so simple and might better be considered a special branch of medicine.

Very little was done at first regarding propaganda except by supplying medical practitioners with pamphlets for free distribution to their patients, and by circulars sent out to health visitors, nurses and midwives, also to chemists and druggists, soliciting their active co-operation. But on the formation of the branch of the National Council for Combating Venereal Diseases a campaign was commenced, which has been carried out and elaborated each year since, of lectures, film exhibitions, and talks at factories, workshops and clubs. The County Medical Officer and his assistants have taken every opportunity during their lectures in the districts of acquainting the audiences of the facilities provided and the nearest centre for such. A lecturer from the National Council for Combating Venereal Diseases, now the British Social Hygiene Council, has been employed by the County each year for a month, and a suitable itinerary has been given him, by which we are now assured that everyone, except those in the most remote outlying districts, has been made aware of the evils arising from Venereal Diseases and of the nearest centre for advice and treatment.

In August, 1917, all medical practitioners in the West Riding were circularised describing the Venereal Diseases Scheme and its scope, and soliciting co-operation. They were informed of the facilities provided, free of cost, for the whole population, of the arrangements for the pathological examination of specimens at the County Bacteriological Laboratory, early approved for this work, and of the gratuitous provision of outfits for the collection of material. This circular was repeated when the scheme was better organised, and the medical profession were informed that consultations might be arranged with the Venereal Diseases Officer or the Bacteriologist, or both, at the County Hall and patients seen.

The formation of any new centre has been duly notified to all practitioners within a reasonable radius, and any modifications of hours or sessions have been intimated to them. Admission cards for patients are sent from the clinics to practitioners in the surrounding areas, on which are given the days and times of attendance for men, women and children, further supplies being issued on request. General practitioners approved in accordance with the Ministry of Health requirements to receive Arsenobenzol compounds now number 59, and 100 doses were supplied in 1925, a decreasing quantity as shown by the following table:—

Year.	Approved Practitioners.	Doses of Arsenobenzol Compounds.
1919	23	83
1920	30	103
1921	46	226
1922	49	284
1923	52	207
1924	57	163
1925	59	100

Practitioners state that few patients now ask to be treated at home, and are much more willing to be sent to the clinic than formerly. They are also of the opinion that patients persevere with treatment better at a clinic than privately, and therefore most of them are now advised to go to a centre.

There are no available returns regarding the number of cases treated, but only as to the number of doses supplied, as the form of application for the drug does not insist on any such information. We have, therefore, no statistics of schemes of treatment practised by the medical men approved. Medical practitioners have availed themselves of facilities for pathological examination to the fullest extent in most cases. Specimens of blood are taken for Wassermann reaction by many as a routine practice, although there are a few who take no interest in the matter whatever, except to send the patient to a clinic for a diagnostic test, which, perhaps, is the better way.

There has been no action taken in the West Riding Administrative Area under the Venereal Diseases Act, 1917.

As the table on page 24 shews, the clinics under agreement available for the use of patients from the West Riding number 14, but as, according to the Venereal Diseases Regulations, patients are welcomed at any clinic, the returns show that West Riding patients have been in attendance at clinics at many places quite distantly removed, e.g., South Shields, Hull, Portsmouth, St. Helens, Manchester, St. Peter's (London), etc.

The table shews an increase of about 100 new patients, and nearly 10,000 additional attendances. The variation is slight and transitory at most of the clinics except Doncaster and Rotherham. At the former place an extra session was added and a new irrigation room built to cope with the work, and both have obviously been justified. At Rotherham, the treatment centre was first held at the Infirmary, but the clinics were at hours unsuitable for West Riding patients, viz., 8-10 p.m.—the result being that the attendance was exceedingly small and a vast amount of infective disease was left untreated. At the beginning of this year, however, an "ad hoc" clinic was started at the Tuberculosis Dispensary, an expert Venereal Diseases Officer being appointed to look after the work, many sessions arranged in agreement with the West Riding Authority to deal with the whole surrounding district, and the result can be judged by the table,—an increase from 202 attendances in 1924 to 3,194 in 1925. This does not necessarily mean an increase in the prevalence of Venereal Disease in this area, but rather the more effective provision of remedial measures.

The following is an analysis of the combined returns of Treatment Centres for the year 1925 compared with previous five 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
1925	1437	7110	1516	43965

As will be noted from the above table, the number of cases attending the centres for the first time during 1925 is 1,437, or an average of practically 9.4 per 10,000 of the population of the administrative area of the West Riding.

The following table shows an analysis of all new patients treated at clinics during 1925 from every locality in the County, excluding Sheffield.

Syphilis.		Soft Chancre.		Gonorrhoea.		Other Diseases.	
M.	F.	M.	F.	M.	F.	M.	F.
958	636	16	—	1679	289	914	318

<i>Veneral Diseases.</i>			<i>Non-Veneral Diseases.</i>		
Males ...	...	2653	Males ...	...	914
Females ...	...	925	Females ...	...	318
1925 ...	...	3578	1232	Total	4810
1924 ...	...	3591	1025	„	4616

These figures give the number of new patients treated for the first time during 1925. Of the 4,810 total, 3,578 were found to be suffering from Venereal Diseases and 1,232 from some non-Venereal Disease, but were for some reason suspicious of its existence. Also in the non-Venereal number are included those patients who have had successful treatment for Syphilis and attend the clinics from time to time for a blood test.

The proportion of males to females treated remains almost stationary as at 3 to 1. The proportion of Syphilis to Gonorrhoea was approximately 1 to 2 for males, and 2 to 1 for females, still shewing that a great number of women must be receiving no treatment; although one does not suggest that as many women suffer as men, many more are affected than those who seek treatment either at the clinics or privately.

Educational work and propaganda.

During the year 1925 we had the services of a lecturer from the British Social Hygiene Council, who carried out our programme of lectures, talks and film exhibitions. The districts allocated to him were very scattered but comprised chiefly the industrial areas. The clinics have benefited by these visits. The County Medical Officer and his Assistants continued their lectures during the winter and the subject of Venereal Diseases occupied a prominent part in our Public Health propaganda. Addresses to Social Organisations numbered four for males and two for females. Fourteen mass meetings were organised, at twelve of which the addresses were illustrated by film or lantern. Three Instructional Courses were given to nurses and health visitors.

HOUSING.

I have again to record further legislation in regard to Housing by the passing of the Housing Act, 1925, which consolidates the enactments relating to the Housing of the working classes in England and Wales. It repeals or amends no less than 18 Acts of Parliament, passed since 1880, and reduces for those who have to work the Acts a vast number of cross references.

In reviewing the Housing work in the West Riding Administrative Area, for the last five years, one must take into consideration the many changes which have taken place during that period, both in legislation and in administrative work of the Ministry of Health.

Up to 1921 the provision of houses under the "Addison" Act of 1919 had become so costly that the Ministry of Health decided by the "Mond cut" of 1921 to limit the number which would be financed after a certain date to 176,000 houses. As a consequence schemes were cut down or abandoned entirely and many Local Authorities became disheartened in the work.

The Act of 1923 terminated the financial limit of a 1d. rate as the amount Local Authorities should bear of the cost of providing houses, and substituted fresh offers of assistance. The result was a revival of interest, by Local Authorities, Public Utility Societies and private enterprise and the building of houses again increased.

In 1924 a change of Government took place, resulting in a change in the form of financial assistance with an alternative offer to that of the 1923 Act for houses to be built for occupation and not for sale. Then followed the consolidating Act of 1925 above referred to.

In order to appreciate the housing position to-day, it may be necessary to point out as in previous Annual Reports that before the war there were built in the West Riding Administrative Area an average of 5,000 houses per annum, which was even then insufficient to meet the growth of population. In 1919 it was estimated that 40,000 houses were needed during the three years ending 31st December, 1922, to provide for the increase of population, re-house people who were living in unfit houses, abate overcrowding and re-house those people living in unhealthy areas; add to these the average number of houses (5,000) required per annum to overcome the shortage and meet pre-war rate of building, 55,000 houses were required by the end of 1925. The following table shows the total number of houses erected from 1920 to 1925 inclusive, by assisted and non-assisted schemes:—

1920.	1921.	1922.	1923.	1924.	1925.	Total
1401	5174	6469	3849	4914	9661	31,468

Deducting the total of 31,468 new houses from the 55,000 required the shortage at the end of 1925 was 23,532 houses.

The provision of new houses under the various Government Assisted Schemes has been as follows up to the end of 1925:—

Agencies.	1919 Scheme	1923 Scheme	1924 Scheme	Totals
Borough Councils ...	1234	461	263	1958
Urban District Councils ...	5486	1,183	1010	7679
Rural District Councils ...	4253	802	295	5350
Public Utility Societies ...	706	2,958	—	3664
Private Builders ...	2225	6,268	1	8494
	13904	11672	1569	27145

During the last five years new houses have been erected as follows:—

Year.	1921.	1922.	1923.	1924.	1925.	Totals.
By Local Authorities and private enterprise under Assisted Schemes	4783	6010	2765	3986	8729	26273
Private enterprise unassisted	391	459	1084	928	932	3794
Totals	5174	6469	3849	4914	9661	30067

which shows that the pre-war average of 5,000 houses per annum was exceeded slightly in 1921 and to a greater extent in 1922, but fell considerably in 1923 owing to the Government restric-

tions, and began to rise again in 1924 owing to increased activity under the Chamberlain scheme of 1923. In 1925 the full effect of the 1923 scheme is shown, together with the houses built under the 1924 scheme; here the excess over the pre-war building reaches its highest extent, but does not greatly reduce the shortage of houses that exists in the County.

Housing Inspections by Local Authorities.—Under the Housing (Inspection of District) Regulations, 1910. Previous to the war the inspections made in the Administrative County by the Officers of the District Councils increased from 17,118 houses in 1910 to 26,327 in 1914, then the war for a time stopped almost entirely the necessary remedial work on defective property. In 1918 inspections re-awakened and 10,874 were made in that year; in 1919 18,418; and in 1920 as many as 27,355. The following table gives the records for the last five years, from which it will be seen that there was a great drop in 1921, and that the minimum was reached in 1923 and has risen slightly since.

Year.	1921.	1922.	1923.	1924.	1925.	Totals.
1. Total Authorities, viz.:	151	150	150	151	150	—
Urban	123	122	122	123	122	—
Rural	28	28	28	28	28	—
2. Authorities who recorded no Inspection	37	35	28	23	15	—
Urban	35	33	22	19	13	—
Rural	2	2	6	4	2	—
3. Total Inspections Made	15862	15814	14186	17122	18061	81045
Urban	12283	12966	11895	14517	14776	66437
Rural	3579	2848	2291	2605	3285	14608
4. Average No. of Inspections...	105.0	105.4	94.5	113.3	120.4	—
Urban	99.8	106.2	97.5	118.0	121.0	—
Rural	127.8	101.7	81.8	93.0	117.3	—
5. Total Unfit Houses found ...	572	298	304	362	347	1883
Total Unfit Houses Represented	349	144	141	119	199	952
Total Closing Orders made...	160	127	99	71	159	616
Total Unfit Houses Remedied without Closing Orders	33	46	66	19	46	210
Total Unfit Houses Remedied after Service of Closing Orders	24	28	51	30	16	149

It will also be noticed from the table that the number of Authorities in which no inspections were made has been reduced

each year until in 1925 there were only 15 districts in which apparently no inspections were made. These include the Urban Districts of—

Bolton-upon-Dearne,	Scammonden,
Conisbrough,	Southowram,
Farsley,	Sowerby,
Garforth,	Tickhill,
Gunthwaite-with-Ingbirchworth,	Wath-upon-Dearne,
Kirkburton,	Yeadon,
Rishworth,	

and the Rural Districts of Todmorden and Wharfedale.

During the year 1925 there were twenty-five districts where less than 20 inspections were made; of these 23 were Urban and two Rural Districts, viz.:—

		No. of Inspections.			No. of Inspections.
Urban Districts.			Urban Districts.		
Birstall	...	16	Midgley	...	6
Clayton West	...	3	Mirfield	...	13
Denby and Cumberworth	...	5	Oakworth	...	1
Gildersome	...	7	Oxenhope	...	13
Golear	...	13	Shelf	...	6
Greasbrough	...	2	Shelley	...	3
Greetland	...	19	Shepley	...	5
Honley	...	10	Shelmanthorpe	...	6
Horbury	...	6	Slaithwaite	...	12
Hoylandswaine	...	7	Springhead	...	6
Linthwaite	...	12	Rural Districts.		
Marsden	...	15	Barnsley	...	10
Mexborough	...	10	Halifax	...	11

Taking the five years 1921-1925 inclusive, the following Urban Districts had made no inspections under these Regulations, viz.: Rishworth, Southowram, Sowerby and Tickhill. It will be seen from the totals column in the table on page 32 that 1,883 *unfit* houses were recorded during the five years under consideration, 952 of which were represented to the Authorities for action, 616 Closing Orders made; 210 unfit houses were remedied without Closing Orders, and 149 after service of Closing Orders.

As regards houses *not reasonably fit* dealt with during the 5 years 1921-1925 inclusive, there were 14,044 houses remedied, and 300 were closed by owners in lieu of repairing, and of houses *with minor defects* dealt with under the Public Health Acts, 28,889 were remedied.

The work accomplished during 1925 under the last two headings embraces houses not reasonably fit, 2,894 and 20 closed by owners in lieu of repair, and 6,577 houses had minor repairs made under the Public Health Acts.

Obstructive Buildings.—Very little action is taken by Medical Officers of Health in regard to this type of building. During the last five years only three districts report any action and in two of these no results followed the representations.

Inhabitant householders have not deemed it desirable either to make representations to any of the Local Authorities in respect of such houses.

No Representation by local government electors or Parish Councils in regard to unfit houses has been made.

The acquirement of houses for division into separate tenements has not been taken advantage of during the last five years except in four districts, and only 6 houses were so acquired.

Unhealthy areas.—Official representations have been made with regard to two areas at Sowerby Bridge in 1923, and the Ministry of Health held an Inquiry into the same in November of that year; the combined area was .846 acre, with a population of 175.

The Corporation of Keighley made a representation in regard to the Westgate area of $4\frac{1}{2}$ acres on which there were 143 houses and a population of 561; the Ministry of Health Inquiry was held in the same year.

The Otley Urban District Council dealt with an area of .3 acre affecting 41 houses, and the Rotherham Rural District dealt with a representation in regard to property in Swallownest in the parish of Aston-cum-Aughton.

Small Dwellings Acquisition Acts, 1899-1923.—Action has only been taken in two districts, viz.: The Urban Districts of Hemsworth and Selby.

Our own Departmental work during 1921-25 has included Housing Surveys of the following Urban Districts: Birstall, Burley-in-Wharfedale, Farnley Tyas, Gildersome, Knaresborough, Luddendenfoot, Marsden, Methley, Mexborough, Otley, Royston, Southowram, Sowerby Bridge, Whitwood, Worsborough, Yeadon, and the South Hiendley parish of the Hemsworth Rural District.

In addition, re-surveys of all the districts inspected in regard to Housing were made; these included 44 Urban areas and part of 7 Rural districts, and particulars were also obtained as to the provision of new houses in such areas.

Conferences were held by Sub-Committees of the Public Health and Housing Committee with 18 Urban Districts and 3 Rural Districts in regard to housing conditions in their areas and members of the staff also held Conferences with three other Authorities.

I have again to report that some of the Rural District Councils are not furnishing me with copies of representations, complaints, or information as to unfit dwelling-houses, obstructive buildings, Closing Orders, etc., which they are required to give under the Housing Acts.

TOWN PLANNING.

Town planning during the last five years has not occupied very prominently the attention of Sanitary Authorities within the Administrative Area of the West Riding.

In 1921, the first Town Planning Order obtained in the West Riding was given to the Otley Urban District Council. Since 1922, amongst others, the following Urban Districts have considered schemes:—

Doncaster, Clayton, Elland, Horbury, Baildon, Bingley, Springhead, Birkenshaw;

and Rural Districts:—

Hunslet, Wharfedale, Tadcaster; also the County Boroughs of Bradford and Leeds presented schemes which involved some part or other of the West Riding.

GENERAL SANITARY MATTERS.

During the period under observation, 156 miscellaneous matters have been reported to the Committee. They ranged from choked drains, filthy houses, etc., to nuisances from burning spoil banks at Collieries and effluvium nuisances from offensive trades.

Loans for Provision of Burial Grounds, etc.—Inspection of lands, etc., for Burial Grounds at Rossington, Stainforth, Sicklinghall, Rawcliffe, Nun Monkton and Copmanthorpe have been made and duly reported upon, also of lands for Recreation Grounds at Glusburn and Brampton Bierlow, and for an Open-air School at Wombwell.

The Ventilation of Schools has received attention, especially in the Brampton Bierlow, Mexborough, Wath-upon-Deerne, Wentworth, and Wombwell districts, which included 20 schools with 38 departments and accommodation for 10,500 scholars.

Sanitary Surveys.—During the years 1921-25, Surveys have been made and reports issued on the sanitary districts in the Poor Law Union of Hemsworth, which embraced one Urban District and one Rural District of 23 parishes; Rotherham Union (4 Urban Districts and 19 Rural Parishes) and Doncaster Union (7 Urban Districts and 37 Rural Parishes).

Information has also been obtained for the Dewsbury and Halifax Unions, but the reports have not yet been issued.

Water Supplies.—This question has received considerable attention during the past five years. Information has been obtained regarding the supplies in every Sanitary District in the Riding, as to their adequacy for present and future needs. The result shows that, for the Riding as a whole, there has been fairly good provision made, but there were isolated parts where the supply was not adequate for the future.

The main feature, however, showed that there was a need for better supplies in the southern and south-eastern parts of the Riding, and a Conference was held of Authorities interested.

Special enquiries have been made into water supplies in the Urban Districts of Burley-in-Wharfedale, Oxenhope, Meltham, Saddleworth, Swinton and Thurnscoe, and the Rural Districts of Bowland (Parish of Rimmington), Doncaster (Edlington, Norton, Fenwick), Great Ouseburn (Poppleton, Acomb, Hunsingore), Halifax (Clifton), Knaresborough (Scotton, Burton), Pateley Bridge (Dacre, Menwith-w-Darley and Bewerley), Penistone (Coates and Oxspring), Ripon (Bishop Monkton), Selby (Wistow, Newlands), Wakefield (Walton), Wetherby (Thorner), Thorne (Thorne).

In connection with new Waterworks, Reservoirs, etc., in course of construction in the West Riding, under local Acts of Parliament, it has been my duty to see that proper Hutments and Hospitals were provided for the workmen. These included the Barnsley and Batley schemes, and those of the Fylde Waterworks Board.

Meat Inspection and Supervision of Slaughter-houses.—The supervision of the meat supply of the Riding has undoubtedly received increased attention. Year by year, the qualifications of the inspectors have improved, so that now the conditions under which the production of meat for human consumption is carried on have reached a high standard.

Stricter control during the war years revealed the fact that a reduction of the number of slaughter-houses produced better supervision of the meat supply, and a vast improvement in the quality of the local meat offered for sale, and, on the other hand, a corresponding increase in the amount of unsound meat discovered, condemned and destroyed.

There are at the present time in the Administrative County 1,014 private slaughter-houses, and in 11 districts public slaughter-houses are provided. It is most difficult for the local officers with their meagre staff, and large and varied administrative duties, to visit the scattered premises whilst slaughtering is in progress, and therefore one would like to see combinations of Sanitary Authorities for the provision of suitable abattoirs.

The Rural District Councils (Slaughter-houses) Order, 1924, and the Public Health (Meat) Regulations, 1924, gave Local Authorities increased powers and facilities, Rural Districts being given the same powers as Urban Districts as regards Registration, Licensing, and the making of By-laws for the regulation of the trade.

In April, 1925, Dr. J. Spencer Low, of the Ministry of Health, conferred with the Medical Officers and Sanitary Inspectors of the Riding, and discussed the Public Health (Meat) Regulations.

The advent of these two legislative actions has had a great influence on the number of visits to slaughter-houses. In 1921, 15,565 inspections were made in Urban Districts, and 3,700 in the Rural Districts, making a total of 19,265. The corresponding figures for the year 1925 were: Urban Districts 28,710, Rural Districts 7,694, or a total of 36,404, which should have a beneficial influence on the quality of the meat produced.

Sanitary Conveniences.—It is encouraging to be able to report the gradual abolition of that insanitary combination known as the privy midden, which has played so great a part in the dissemination of disease in the past: (1) from the foul condition of the receptacle itself; (2) from the fouling of the yard surfaces and back streets on which the refuse was thrown in process of removal; and (3) by providing in the proximity to houses an effective breeding ground for flies.

During the five years 1921–1925, 22,560 privies have been converted to water-closets, and 5,990 additional closets provided for old properties. There is still room for considerable improvement in those districts which have suitable water supplies and sewers. At the end of 1925 there were 42,562 privy receptacles in the Urban Districts and 36,006 in the Rural Districts. The various types of closets in existence at the end of 1925 were as follows:—

Water-closets	...	...	...	203,834
Waste Water Closets	...	...	...	17,127
Pail or Tub Closets	...	...	...	19,396
Privy Midden Closets	...	...	...	78,568

Scavenging.—Little alteration in scavenging is recorded in recent years. All the Urban Districts had undertaken public scavenging, with only four exceptions, viz.: Saddleworth, with a population of 12,410; Barkisland (1,582), Rishworth (861), and Scammonden (405).

The following table shows the method of scavenging in the Urban Districts:—

- 90 Districts, the Council undertake the work.
- 8 Districts, the Council and Contractors.
- 7 Districts, by Contractors.
- 5 Districts, the Council with hired team labour.
- 3 Districts, the Council with portions by Owners and Occupiers.
- 3 Districts, by Contractor, with portions by Owners and Occupiers.
- 2 Districts, the Council, Contractors, with portions by Owners and Occupiers.

Of the 28 Rural Districts, 25 have undertaken public scavenging of portions of their areas, the 3 which have not done so being Pateley Bridge, Penistone, and Ripon. In the Rural Districts the following is a summary of the various methods adopted:—

- 3 Districts, the Council undertake the work.
- 2 Districts, by Contractors.
- 2 Districts, the Council and Contractor.
- 12 Districts, by Council, Contractor, and Owners and Occupiers.
- 2 Districts, by Council, Owners and Occupiers
- 4 Districts, by Council, Contractors, Owners and Occupiers.

Refuse Tips.—Generally, are better supervised. More attention is paid to tidiness and covering the offensive matter, and the destruction of paper and burial of tin cans, etc. In this way a properly chosen site, well cared for, can in the end produce some useful land, and without the usual harmful accompaniments of rodents or flies.

MILK SUPPLIES.

During the last five years, action in regard to the Milk Supply of the Riding has materially increased owing to the passing of new legislation, and administrative action by the Ministry of Health.

In 1922 the Milk and Dairies (Amendment) Act postponed the Milk and Dairies (Consolidation) Act, 1915, until the 1st September, 1925, and made further provisions in regard to the grading of milk.

In 1923 the Ministry of Health issued the Milk (Special Designations) Order, which gave County Councils power to grant licences to producers of "Grade A" milk, and to Local Authorities power to grant licences to persons to sell milk as "Pasteurised," and as "Certified," "Grade A tuberculin tested," or "Grade A" otherwise than from the establishment at which the milk is produced. It also settled the form of procedure for granting the licences and fixed standards for the various grades of milk.

In 1924 the passing of the various Acts and Orders before mentioned created a great amount of interest in milk production by Local Authorities and milk producers, but no further legislation was enacted during the year.

In 1925 the Milk and Dairies (Consolidation) Act, 1915, came into force and concurrently with it the Tuberculosis Order of 1925. This Act gave the Ministry of Health power to make new Orders and a Draft Order was drawn up and submitted to all parties interested in the production and control of milk supplies, and the new Milk and Dairies Order came into operation on the 1st October, 1926.

For the last 30 years my Department has kept the production of milk under review in the Sanitary Surveys of the Riding, pointing out and emphasising the desirability of improving the sanitary conditions in regard to structure and methods of production. In combination with other authorities investigations were made into the causes and sources of contamination and a series of " suggestions " issued in 1901 to Local Sanitary Authorities, farmers, dairymen, retail milk sellers and householders as to how to deal with the matter from their respective points of view.

In 1922, I issued a special report on the general conditions of cowsheds in the Administrative County, which showed there were at least 6,500 registered cowkeepers with accommodation for 51,283 cows; that the inspection of farm premises was very inadequate, there being 61 per cent. of the Sanitary Districts in the Riding where less than two inspections had been made per annum; these districts house 79 per cent. of the cattle in the West Riding. It was pointed out that my department had inspected 847 cowsheds during the last two years, the results of which confirmed our past experience and shewed that an urgent need existed for:—

- (a) Considerable improvement in the sanitary construction of cowsheds. Many of the buildings in use to-day were never intended for cowsheds and cannot, without reconstruction, be made fit for such. Others can, with a reasonable expenditure, be brought into line with the requirements of the Dairies, Cowsheds and Milkshops Orders.
- (b) Better inspection of cowsheds to secure greater cleanliness; also of the cows for the detection of unhealthy animals, especially animals suffering from general tuberculosis or tuberculosis of the udder.

A copy of this report was circulated to all the Sanitary Authorities in the Riding and a Milk Supply Sub-Committee was appointed by the West Riding Public Health Committee to deal with all matters relating to the production and distribution of milk. This Committee decided to make a general inspection of the cowsheds in the Riding to ascertain at first hand the condi-

tions under which milk was produced. They called upon all Local Sanitary Authorities to assist by furnishing information as to the dairies, cowsheds and milkshops in their areas, and the replies amply justified the inspections already made. Members of the Sub-Committee spent 16 days in inspecting cowsheds in 30 districts, the inspections revealing marked neglect in regard to hygienic conditions and enforcement of statutory obligations by District Councils.

The Committee decided to make further inspections in the principal milk producing areas in the Riding in 1926, and 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. In regard to this particular point, it may be stated that the Milk and Dairies (Consolidation) Act, 1915, came into force on the 1st September, 1925, but we had no representations during that year by any authorities under Section 4, as to tuberculosis being caused by milk, but our Agricultural Department received, during 1925, under the Tuberculosis Order, 459 notifications of tubercular animals, 413 animals were slaughtered, of which 411 were found tubercular, and two were free from tuberculosis.

Milk (Special Designations) Order, 1923.—Under this Order, the Milk Supply Sub-Committee considered the procedure to be adopted in connection with the granting of licences to sell "Grade A" milk.

Since the Order came into operation, 32 applications for licences were received up to 31st December, 1925, of which 21 were granted, subject to the Sub-Committee's requirements being carried out. Nine applicants did not proceed with their applications, and two were not granted licences owing to the premises being unfit for the purpose of producing "Grade A" milk.

Of the 21 applicants who were approved, 10 complied with the requirements and were granted licences; the other cases were in progress at the end of the year.

Our experience of the methods of these licensed producers shews what has been repeatedly pointed out by leading workers for the production of "Grade A" milk, namely, "that success in the production of clean milk depends upon three things: (1) The employment of workers who possess not only intelligence and enthusiasm, but also that kind of vision which is not dependent upon the eye alone for its conception of dirt; (2) a sufficient supply of the proper apparatus and reasonable conditions of work; and (3) an adequate financial return for the extra and more intelligent labour involved."

None of our applicants had any previous experience in the production of "Grade A" milk and had to move cautiously to improve their methods of working. Personal supervision is necessary to maintain the required standard.

Many producers have yet to learn and form a habit for methodical work in regard to the keeping of their herd and milk record books, and, in a routine way, see that no animal in milk is introduced to the herd before it has been passed as satisfactory by the Veterinary Surgeon, and properly braided; milking vessels churns, coolers and bottles thoroughly cleansed, first by cool and then by warm water, and afterwards sterilised in the steam chest. The placing of discs into the bottles by hand should be discontinued and discing machines employed in their stead, and the sealing of bottles by rubber bands should cease, and one of the methods approved by the Committee substituted. The grooming of the cows, removal of long hairs from the udders, and the cleansing of the cowshed must be maintained if the quality of the milk is to be kept up to the required standard of cleanliness.

We, on our part, before granting a licence, endeavour to see that the hygienic standard of the premises is reasonable and as high but no higher than is required for the production of ordinary milk, in regard to lighting, ventilation, drainage, water supply and condition of floors and walls. There are, however, such a large number of cowsheds in use for the production of milk that were never intended for that purpose, and are so lacking in those conditions which are necessary for the healthy conditions of the cows and for the production of clean milk that structural alterations must necessarily be undertaken.

Sampling of "Grade A" Milk.—Up to the 31st of December, 1925, 32 samples of milk produced by licensees were taken, of which 19 were satisfactory and 13 did not come up to the Government's standard. In all the unsatisfactory cases the producers were communicated with and asked to investigate their methods of production and eliminate those conditions conducive to the production of *Bacillus Coli*, which was the main source of trouble.

PART II.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

The specimens examined in the Laboratory during the year 1925, including those from the County Boroughs of Wakefield, Dewsbury, Halifax, Barnsley and Huddersfield, numbered 21,960. The number (exclusive of Venereal specimens, which are given separately on page 45) examined for the County Borough of Wakefield was 949, for the County Borough of Dewsbury 70, and for the County Borough of Huddersfield 64.

The following table shows the number of specimens of different kinds, examined during each month of 1925.

Month.	Serum Reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diphtheria.	Venereal Disease.	Miscellaneous.	Total.
January	96	487	784	295	349	2011
February	78	471	659	255	317	1780
March	171	499	983	313	297	2263
April	177	449	664	234	345	1869
May	138	515	489	273	352	1767
June	168	471	412	259	308	1618
July	144	438	509	299	312	1702
August	114	368	512	227	223	1444
September	162	375	543	209	384	1673
October	129	439	1424	290	359	2641
November	129	377	499	268	395	1668
December	51	356	580	252	285	1524
Total	1557	5245	8058	3174	3926	21960

The next table gives the figures for 1925 in comparison with those for the previous five years:—

Year.	Serum reaction for Enteric Fever.	Sputum for Tubercle Bacilli.	Suspected Diphtheria.	Venereal Disease.	Miscellaneous.	Total.
1920	347	6369	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
1925	1557	5245	8058	3174	3926	21960

During the year, 254 specimens were received which required biological examination.

Diphtheria.—During the year 8,058 swabs were examined for the diphtheria bacillus. Medical Officers of Health and practitioners submitted 8,043 specimens from suspected cases and convalescents, of which 1,040 were positive.

The School Medical Inspectors submitted 15 swabs from suspected cases among children attending school, 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 1,557 specimens of blood were examined, and 144 found to give a positive result.

Examination for the Bacillus Typhosus.—The number of specimens examined was 220 and consisted chiefly of samples of urine and faeces from convalescent cases and suspected carriers. Of these 2 specimens of faeces and 1 of urine were found to contain the typhoid bacillus.

Paratyphoid Fever.—During the year 1,557 specimens of blood were examined for agglutination against Bacillus paratyphosus A and B, and in 73 cases the result was positive.

Two hundred and twenty-two specimens (128 of faeces and 94 of urine) were examined with negative result.

Dysentery.—Seven specimens of faeces were examined with negative result.

Tuberculosis.—Sputum.—The specimens examined for tubercle bacilli numbered 5,245, and in 1,039 the bacillus was found. Medical Officers of Health and practitioners submitted 2,735 specimens, the Tuberculosis Staff 2,501 (from Sanatoria 695 and from Dispensaries 1,806), and 9 specimens were received from Hospitals.

Urine.—One hundred and sixty specimens from suspected cases of tuberculosis of the kidney and bladder were examined, and in 8 cases the bacillus was found.

Other Specimens.—The remaining specimens examined for tubercle bacilli were:—51 of pus, 20 of pleural fluid, 6 of faeces, 4 of ascitic fluid, 2 of fluid from the knee, 1 gland from neck, 1 of hydrocele fluid, 1 of synovial membrane, and 1 fluid from kidney. In 6 of these the tubercle bacillus was found.

Bovine Tuberculosis.—Milk.—One hundred and eighty-nine specimens (139 mixed samples and 50 from individual cows) were examined. Of these 64 were from the County Borough of Huddersfield. In 13 mixed samples and 11 from individual cows the bacillus was found.

Other Specimens.—Fourteen specimens were examined, namely:—10 of glands, 2 of pus, 1 of lung, and 1 portion of diaphragm. In 3 of these the bacillus was found.

Milk (Special Designations) Order, 1923.—Thirty-five samples were examined under the provisions of this Order, and 22 were found to come up to the standard required for Grade A milk.

Ringworm.—The number of specimens of hairs and scales examined for the diagnosis of ringworm was 1,516, and a positive result was obtained in 939. Medical Officers of Health and practitioners submitted 580, of which 302 were positive. The School Staff submitted 47, of which 41 were positive, and the Central Staff submitted 889, of which 596 were positive.

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

Anthrax.—Seventeen specimens were examined for the anthrax bacillus. Of these 16 were from suspected cases of malignant pustule and in 6 the result was positive.

The particulars of the positive cases were as follows:—

No. 1.—Male, Woolfettler, pustule on head (Mirfield).

No. 2.—Female, aged 22, Doubler, pustule on hand (Mirfield).

No. 3.—Female, aged 17, Doubler, pustule on neck (Mirfield).

No. 4.—Male, Manager, pustule on face (Dewsbury).

No. 5.—Female, Twister, pustule on lower jaw (Batley).

No. 6.—Female, aged 39, pustule on left forearm (Mirfield).

Other Specimens.—One shaving brush was examined for the anthrax bacillus, with negative result.

Cerebro-Spinal Fever.—Twenty-three specimens of cerebro-spinal fluid were examined for the presence of the meningococcus. In 1 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 21 the result was negative.

Water.—Forty-three samples of water were examined, of which 2 were polluted and 15 were of doubtful purity.

Ophthalmia Neonatorum.—Two specimens of pus from the eyes of infants suffering from ophthalmia suspected to be of gonorrhoeal origin were examined, with negative results.

Venereal Disease.—The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 3,174. Of these 1,174 were made on behalf of the County Boroughs of Halifax, Dewsbury, Wakefield and Barnsley.

At the request of practitioners, 8 specimens were collected at the Laboratory by the Pathologist.

Nature of Test.

District.	Specimens examined for			Total.	Cost to Authority.		
	Spirochaetes	Gonococci.	Wassermann Reaction.		£	s.	d.
West Riding	12	506	1482	2000	—		
Halifax	3	11	241	255	86	16	0
Dewsbury	—	144	134	278	57	14	0
Wakefield	3	32	237	272	85	11	6
Barnsley	—	2	367	369	128	16	0
Totals	18	695	2461	3174	358	17	6

In addition to the above sums for Venereal Disease examinations, £174 5s. 0d. was received from the County Boroughs of Dewsbury, Huddersfield and Wakefield.

Vaccines.—Thirty vaccines (18 from specimens of pus, 9 from sputum, and 3 from urine) were prepared.

Silicosis.—Material from 2 post-mortem examinations were submitted from suspected cases of silicosis. The lungs were examined microscopically, and found to show extensive silicosis but no tuberculosis.

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

- No. 1. Woman, aged 25. Death after confinement. Post-mortem examination made. Cause of death, "Peritonitis." Evidence given at the inquest.
- No. 2. Male, aged 46. Sudden death. Post-mortem examination made. Cause of death, "Cerebral Softening." Evidence given at the inquest.
- No. 3. Woman, aged 26. Suspected food poisoning. Material examined. Cause of death, "Septicæmia."
- No. 4. Boy, aged 14. Sudden death. Post-mortem examination made. Cause of death, "Septic injury." Evidence given at the inquest.

- No. 5. Female, aged 28. Suspected criminal abortion. Post-mortem examination made. Cause of death, "Septicæmia following abortion." Evidence given at the inquest.
- No. 6. Male, aged 25. Sudden death. Post-mortem examination made. Cause of death, "Shock following administration of serum." Evidence given at the inquest.
- No. 7. Female, aged 25. Suspected criminal abortion. Post-mortem examination made. Cause of death, "Septicæmia following abortion." Evidence given at the inquest.
- No. 8. Female, aged 37. Suspected criminal abortion. Post-mortem examination made and material examined. Cause of death, "Septicæmia following abortion." Evidence given at the inquest.
- No. 9. Baby boy, aged 7 weeks. Sudden death. Post-mortem examination made. material examined. Cause of death, "Cerebral Hæmorrhage." Evidence given at the inquest.
- No. 10. Male, aged 54. Sudden death. Post-mortem examination made. Material examined. Cause of death, "Gastro-enteritis." Evidence given at the inquest and adjourned inquest.
- No. 11. Female, aged 21. Post-mortem examination made. Cause of death, "Persistent vomiting of pregnancy." Evidence given at the inquest.
- No. 12. Male, aged 37. Sudden death. Post-mortem examination made. Cause of death, "Acute hæmorrhagic pancreatitis." Evidence given at the inquest.
- No. 13. Baby, aged 4 days. Sudden death. Post-mortem examination made. Cause of death, "Hæmorrhage in a Hæmophilic." Evidence given at the inquest.

Examinations made for the West Riding Police.—At the request of the Chief Constable the following articles were examined:—

Five articles of clothing and an axe were examined by Dr. Sutherland for blood in connection with a murder charge, and 2 articles of clothing were examined by Dr. Frew in connection with a case of assault.

Cytological Examinations.—One hundred and three 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-eight specimens of tissue were examined histologically, chiefly to determine the presence or absence of cancer, and the results are given below:—

Histological Specimens.

Source.	Number examined	Found Cancerous.	Other Conditions.
Breast	17	3	6 simple tumours
Uterus	7	—	7 simple tumours
Glands	6	3	1 simple tumour
Ovary	5	1	2 simple tumours
Neck	4	—	3 tuberculosis
Nose	4	—	1 simple tumour
Stomach	4	3	
Jaw	3	1	
Skin	3	—	1 simple tumour
Tongue	3	—	
Forearm	3	2	
Knee	2	—	1 simple tumour
Mouth	2	—	
Testicle	2	—	1 tuberculosis
Penis	2	1	
Palate	2	—	
Cervix	2	1	1 simple tumour
Forehead	1	1	
Gall Bladder	1	1	
Rib	1	—	tuberculosis
Arm	1	—	simple tumour
Prostate	1	1	
Other Sources (1 each):			
Abdomen, Appendix,	} 12	—	
Bowel, Eyelid, Chest,			
Finger, Foot, Groin,			
Placenta, Rectum,			
Thyroid & Hydrocele			
Sac			

Malaria.—Four specimens of blood were examined for malarial parasites, with negative result.

Food Poisoning.—Ten specimens were examined, namely:—3 specimens of pork, 2 of urine, 2 consignments of sardines, 1 sardine tin, 1 of sardine oil, and 1 of faeces, with negative result.

Mussels.—Five consignments of mussels were received, 3 of which were found to be polluted.

Other Specimens.—The remaining specimens included the following:—Urine for bacillus coli and other organisms, 220; milk for bacterial content, 70; pus for organisms, 59; sputum for organisms other than tubercle bacilli, 58; samples of blood for compatibility under transfusion, 28; swabs for organisms, 22; pleural fluid for organisms, 20; urine for sugar and estimation of urea, 18; faeces for organisms, 11; blood cultures for organisms, 7; swabs for Vincent's Bacillus and Spirochaetes, 6; faeces for occult blood, 6; cerebro-spinal fluid for organisms, 4; nasal discharge, 4; disinfectants for carbolic acid coefficient, 3; vaginal discharge, 2; faeces for worms, 2; swab for gas gangrene, 1; and 1 specimen of mucus from the oesophagus.

During the five years 1921 to 1925, there has been a gradual increase in the work done for general practitioners. By resolution of the Committee in 1922, it was decided that as far as the facilities of the Laboratory would permit, clinical-pathological specimens, Police work and Coroners' work should be undertaken. This has resulted in an increase in the amount of clinical-pathological work, chiefly histological, blood examinations and preparation of vaccines. An increase has also taken place in the work connected with inquests, particularly in the Wakefield area. This includes the making of post-mortem examinations when requested by Coroners, attendance at inquests and consultations. The police work has necessitated the examination of only a few specimens, but consultations between the police and the laboratory are now frequent.

The number of specimens of milk examined has increased considerably, due partly to the attention now directed to the necessity for a clean and tuberculosis-free milk supply, and partly to the coming into force of the Graded Milk Regulations, 1923, and of the Tuberculosis Order, 1925. In the year 1921 only 13 milks were examined for tubercle bacilli, and 12 for bacterial content, whereas during the year 1925 the corresponding numbers were 185 and 105 respectively.

PART III.
MATERNITY AND CHILD WELFARE.

Midwifery Service.

The training of midwives is a matter of extreme importance in the work of those activities grouped together as, and happily named, "Child Welfare." Any attempt to improve this service must address itself first to the quality of the material and then to the fashioning of this material into a satisfactory agency.

The midwifery service of the County and its supervision is entrusted to a Sub-Committee of the County Council. It consists of midwives who have been trained and, after passing an examination, have received a diploma from an approved body, and of midwives who, prior to the Act of 1902, were practising midwifery, although they held no diploma. They claimed to be registered as bona-fide midwives. The following table gives the movements of each class for the last five years.

Year.	Total No. of Midwives.	Trained.		Untrained or bona-fide.
		Attached to District Nursing Associations.	Independent.	
1921	581	161	165	255
		326		
1922	588	185	185	218
		370		
1923	580	191	196	193
		387		
1924	611	229	213	169
		442		
1925	526	170	222	134
		392		

It will be noted that the total number of practising midwives has diminished, which might be explained away, as, in the total of midwives who have practised in the West Riding, some acted for perhaps only part of the year, e.g., a village "A" may have had three successive midwives in the year, while during the whole year there was never more than one midwife practising in that village.

The standard of midwifery practice must always be a matter of deep concern to those in charge of Public Health. Bad midwifery has such grave potentialities in two directions that the attainment of the highest average level of practice possible must be aimed at.

The two directions are (1) the mother, and (2) the child.

(1) The Maternal Mortality of childbirth is at the present time well to the front in public discussion and endeavour, but there are still many gynæcological disabilities arising from childbirth which require consideration, as they are largely avoidable.

(2) The influence of the midwife on the mother's will or determination to feed her baby is considerable. Her association with the work of Child Welfare Centres is always welcome, for there the approval of breast feeding is in the atmosphere. We might say that "breast feeding" is a slogan at all the Centres in the West Riding.

Roughly 60 per cent. of cases of childbirth in the West Riding are attended by midwives. This is, perhaps, an underestimate, as those cases in which a midwife is engaged but has subsequently to call in a medical man are transferred from midwives to doctors in making this estimate. The mere presentation of this ratio of midwives' to doctors' cases as 2 to 1 will show the importance of a high standard of midwifery. A curious anomaly exists which serves further to emphasise this point—the importance of competent midwifery. A trained nurse with, say, three years' training in a general hospital will nurse a medical or surgical case under supervision by a doctor. A midwife with six months' training may have the responsibility for a woman in childbirth entirely on her own shoulders. This simple comparison would be misleading if it were not stated that the nurse is associated with a case which is pathological all through, and the midwife with a case which should be natural and physiological, but may at any moment become pathological and even one of the most serious surgical emergencies.

The standard of the midwifery service will be influenced by the qualities of the persons entering it and the training they receive.

The former is perhaps beyond control; the latter has recently received attention. Memorandum 102/M.C.W. and Circular 559 of the Ministry of Health, dated 27/2/1925, deal with the changes which have now taken place under these regulations.

A scheme of "refresher courses" for midwives has been considered, by which selected midwives in turn could spend a week in an institution while the institution staff could send one of its trained midwives to carry on the practice of the midwife who was receiving the "refresher course," but other demands on the budget have prevented the fulfilment of this project.

TRAINING AND SUPPLY OF MIDWIVES.

MEMO. 102/M.C.W. AND CIRCULAR 559 OF THE MINISTRY OF HEALTH, DATED 27TH FEBRUARY, 1925.

On the 1st April, 1925, grants for the training and supply of midwives were transferred from the Board of Education to the Minister of Health.

On the 1st May, 1926, the minimum period of training will be increased from 6 months to 1 year in the case of students other than trained nurses, and from 4 months to 6 months in the case of trained nurses, and the grant, payable to the Approved Training Institutions, will accordingly be increased to £35 and £20 respectively.

The training and supply of midwives was considered by the Committee, who recommended that, for the present, the granting of Midwifery Scholarships be held in abeyance. It was further recommended that, in accordance with Circular 559 of the Minister of Health, grants of £17 be payable during the current financial year, and of £30 in subsequent years, in respect of any midwife newly provided by the County Nursing Association or other District Nursing Association, with the approval of this Committee, to serve in an area hitherto unprovided for or to fill a vacancy in an approved area, at an estimated cost of £408, and under the following conditions:—

Normally the grant will not exceed £17 during the years 1925–1926 and £30 in subsequent years.

Full particulars and qualifications of each midwife must be submitted to the County Medical Officer for his approval before any appointment is made.

The duties of the midwife must include midwifery.

The Nursing Association must, on being requested, cause the midwife to attend any case in the district, whether contributing to the funds of the Association or not.

The grant will only be paid once to any Nursing Association during the County Council's financial year, which expires on the 31st March.

The grant will not be paid in respect of a midwife where a grant has already been made to another Nursing Association.

The Nursing Association must supply annually a statement of the midwifery and maternity work undertaken by the midwife.

As pointed out before, one of the difficulties in covering the County with a Midwifery Service is that of distribution. If the Midwives were whole time officials, this difficulty would disappear.

A scheme for Round Table Conferences between the Central Midwives Board and Local Supervising Authorities was instituted during the year, and for convenience, England and Wales was divided into seven geographical groups. The Northern Group is composed of 27 Local Supervising Authorities, one of which is the West Riding County Council. The Chairman (the Ven. Archdeacon Phipps) and County Alderman Miss Hermione Unwin were appointed by the Committee as delegates for the first of the Group Conferences.

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

1921	1922	1923	1924	1925
247	198	150	146	154

The following table shows the results of reports received for cases occurring in the County Notification of Births area:—

Affected in both eyes	...	...	...	69	
Affected in one eye	...	...	...	6	
Deaths	...	...	...	3	
				78	
	Clear.	Slight Cloudiness.	Opacity.	Blind.	Deaths.
Right eye	66	5	2	—	3
Left eye	64	4	3	—	
Cases reported	...	...	...	...	75
Died (other causes)	...	...	...	...	3
Left County Council's area	...	...	...	...	1
Outstanding	...	...	...	...	12
Autonomous areas	...	...	...	...	63
					154

In the practice of midwives there were 10 cases of ophthalmia neonatorum in which the original inflammation left "slight cloudiness" or "opacity" of the affected cornea. These cases were exhaustively investigated by the Health Visitors and in each case the conclusion was reached that no blame attached to the midwife in attendance as she had called in "medical aid" without delay.

It is a matter for congratulation that no child was reported blind as a result of ophthalmia neonatorum. The reports on the babies affected are for the most part sent in within three months of the original inflammation, and the cases with "slight cloudiness" or "opacity" would still at the time of reporting be capable of further amelioration. All these children are under the supervision of the Health Visitors and wherever possible are brought to the Child Welfare Centres.

The details of the cases reported upon in the County Notification of Births area, in accordance with the instructions issued by the Ministry of Health (Circular 648, p. 12) are shown in the following Table.

Notified.	Cases.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	Treated.					
	At Home.	In Hospital.				
78	66	12	66	9*	0	3

* The nine cases with the impaired vision include five cases with both eyes impaired, as shown in the two middle columns of the previous table.

In criticism of the form of report suggested by the Ministry it should be pointed out that vision can only be tested at a much later date by subjective tests. Its assessment at the time of reporting, which is less than twelve months from the original inflammation, is a matter of inference only. But the report of "cloudiness" or "opacity" is one depending on direct observation and is, to that extent, more satisfactory.

Further, the results should be reported as to "eyes" and not cases, for a child may lose the sight of one eye and not of the other and ought properly to appear as half a case "blind" and half a case "recovered" with vision impaired or unimpaired.

There are 154 cases notified within the administrative County. Of these 63 are in autonomous areas and 13 cases are outstanding, i.e., the reports on them are not available.

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, 996 visits of inspection were made. Three midwives were cautioned by the County Medical Officer for minor infringement of the Rules, while 2 midwives resigned on account of old age and infirmity, and 3 died.

The midwives who notified their intention to practise during 1925 numbered 526, classified as follows:—

Total No. of Midwives.	Trained.		Untrained or Bona-fide.
	Attached to District Nursing Associations.	Independent.	
526	170	222	134
	392		

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

1921	1922	1923	1924	1925
17145	16098	15106	14420	14926

Notification of sending for Medical Aid, etc.—The number received from midwives during 1925 is shown in the following table in comparison with the figures for previous years:—

	1921	1922	1923	1924	1925
Notifications of sending for medical help	2592	2396	2661	2737	2936
„ of death of child	41	36	44	66	79
„ of death of mother	7	3	2	10	11
Number of inquests reported	21	16	25	14	17
Notifications of still-births	348	314	320	345	295
„ of puerperal fever	39	29	37	32	49
„ of discharge from infant's eyes	198	150	137	156	159
„ of other infectious cases	8	12	14	6	24
„ of laying out dead body	28	22	19	28	37
„ of liability to be a source of infection	37	34	34	32	10
„ of artificial feeding	87	131	97	103	102

The following table affords some indication of the principal causes for which midwives have sought the aid of medical practitioners during 1925:—

Adherent Placenta 108	Brought forward 2392
Placenta Praevia 9	Funis Presentation 18
Ruptured Perineum ... 504	Face do. ... 18
Ante-partum Hæmorrhage 63	Hand do. ... 4
Post-partum Hæmorrhage 70	Foot do. ... 10
Premature Birth 84	Occipito Posterior do. ... 30
Premature Labour 23	Phimosis 7
Dangerous Feebleness ... 185	Phlegmasia Alba Dolens
Discharge from Infant's	(White Leg) 14
Eyes 159	Rigid Os 17
Abortion or Miscarriage ... 102	Mastitis 16
Prolonged Labour 493	Congenital Malformations:
Obstructed Labour 129	Spina Bifida (Tumour of
Uterine Inertia 90	Back 9
Still-Birth 68	Anencephalus (Without
Eclampsia (Convulsions) 9	Brain 0
Contracted Pelvis 27	Hydrocephalus (Disten-
Convulsions (baby) ... 16	tion of Skull) 3
Albuminuria 23	Harelip and Cleft Palate 8
Pemphigus (Skin Disease) 6	Other Malformations ... 37
Pyrexia (Fever) 85	Atelectasis 24
Breech Presentation ... 75	Hydramnios 6
Undefined do. ... 43	Lacerated Vagina 8
Transverse do. ... 21	Miscellaneous 315
Carried forward 2392	Total ... 2936

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.
1920	20,847	760	3·6
1921	19,766	668	3·4
1922	17,695	637	3·6
1923	18,155	677	3·7
1924	18,370	618	3·4
Average for five years, 1920–1924	18,967	672	3·5
1925	18,199	528	2·90

The decreased percentage in Column 4 is encouraging.

A yearly period is not trustworthy, and surely, 3.5 per cent, cannot be regarded as the everlasting figure, and the advent of the Maternity Home will have a tangible benefit in this respect.

The following table shows the duration of pregnancy and sex of the 295 still-births notified by midwives:—

Duration of Pregnancy.	Number of Still-Births.		
	Males.	Females.	Total of Both Sexes.
6—7 months	14	3	17
7—8 „	44	30	74
8—9 „	22	26	48
9 „	98	58	156
Totals	178	117	295

The 156 still born babies reaching full period are classified as follows:—

Macerated	...	...	...	...	88
Malformed	...	...	...	...	4
Breech Presentations	...	...	...	...	10
Complicated Head Presentations	...	...	...	...	4
Uncomplicated Head Presentations	...	...	...	...	37
Feet and other Presentations	...	...	...	...	8
Born before arrival of midwife	...	...	...	...	5
					156

The consideration of the above table warrants the following conclusions, viz., more than half of the cases do not appear preventable. The 92 “macerated” and “malformed” babies are beyond the reach of preventive measures. Possibly the development of Ante-Natal work on a wide scale will diminish the number of malpresentations. More detailed information would be necessary before expressing an opinion on the 37 “Uncomplicated Head Presentations.”

Compensation to Midwives.—A sum of £5 17s. 0d. was paid to three midwives as compensation for the loss of 6 midwifery cases, owing to their suspension for disinfection purposes after being in contact with cases of infection.

Two applications from midwives for permission to supervise the practical instruction of pupil midwives were considered by the Committee, one of whom was recommended and received the necessary approval of the Central Midwives' Board.

Doctors' Fees in Emergency Cases.—The claims received amounted to £1,470 8s. 6d. made up as follows:—

	£	s.	d.	
523 cases	722	7	9	Fees recoverable.
289 „	535	2	3	„ paid in necessitous cases.
139 „	212	18	6	„ written off by Committee.
<hr/>	<hr/>	<hr/>	<hr/>	
951	1470	8	6	
<hr/>	<hr/>	<hr/>	<hr/>	

Legal proceedings in 16 cases were ordered by the Committee, involving the sum of £24 18s. 0d.

Midwives' Fees—Necessitous Cases.—Under the County Council's Scheme for contributing to the payment of midwifery fees in necessitous cases, 253 claims were received, and the sum of £132 16s. 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	...	...	...	...	7
To return to work (illegitimate babies 90%)	...	...	...	...	18
On doctor's orders	...	...	...	...	9
Mastitis	...	...	...	...	3
Cleft palate and hare lip	...	...	...	...	2
Twins	...	...	...	...	1
Refusal of mother	...	...	...	...	6
Agalactia	...	...	...	...	14
Miscellaneous (i.e., retracted nipples; insufficiency of milk; anæmia; and illness of mother)	...	...	...	...	42
					<hr/>
					102
					<hr/>

Maternity Homes.

During the five years under review the County Council has made use of the existing and suitable Maternity Homes. This policy has had the approval of the Ministry of Health, and it may be a question for consideration whether some departure may not have to be made to meet the convenience of areas not provided for.

The following Table relates to the admission of West Riding patients during 1925 to Institutions with which the County Council have an agreement.

Name of Municipal Authority or Hospital Committee.	No. of Beds in Institution.	No. of patients sent by C.C. during 1925.	Deaths of Mothers.	Deaths of Infants (including Still-Births).	Fees of Home.
Wakefield Corporation	16	49	2	3	£3 3s. 0d. per week plus surgeon's fee if necessary.
Morley Corporation	11	5	—	5	Booking fee of 10/-. Maintenance and treatment £3 0s. 0d. per week plus surgeon's fee if necessary.
York Corporation	11	30	—	1	£3 3s. 0d. per week plus surgeon's fee if necessary.
Barnsley Corporation	10	21	—	1	£3 3s. 0d. per week plus surgeon's fee if necessary.
Holme Valley Memorial Hospital	4	25	2	6	£3 3s. 0d. per week plus surgeon's fee if necessary.
Heckmondwike Nursing Association	5	—	—	—	£2 7s. 0d. per week plus surgeon's fee if necessary.
Halifax Union, St. Luke's Hospital	20	2	—	—	£2 12s. 6d. per week plus surgeon's fee if necessary.
Edenfield Private Maternity Home, Doncaster	6	7	—	5	£3 3s. 0d. per week plus surgeon's fee if necessary.
Leeds Maternity Hospital	75	125	4	10	£2 15s. 4d. per week per patient.
The Jessop Hospital for Women, Sheffield	27	50	1	14	£3 3s. 0d. per week plus surgeon's fee if necessary.
	185	314	9	45	

The figures relating to deaths of mothers and infants in Maternity Homes may look excessive, but it has to be remembered that at least 50 per cent. of the cases sent in to these Homes are complicated ones, and are sent in by medical practitioners when it was found impossible to deliver the patient at home, i.e., Cæsarian section, white leg, abortion, and other complications of pregnancy. The deaths of infants are made up of still-births and premature babies.

During the year, the Scale for the Recovery of Fees paid by the County Council to Maternity Hospitals for the treatment of West Riding patients was revised as follows:—

Where the nett weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/-, the County Council shall not claim repayment of any fees.

Where the nett weekly income of the family, calculated as above, is over 30/-, but does not exceed 40/-, the County Council shall claim the repayment of such fees to the equivalent of the Maternity Benefit.

Where the nett weekly income of the family, calculated as above, is over 40/-, but does not exceed 50/-, the County Council shall claim the repayment of one-half of such fees.

Where the nett weekly income of the family, calculated as above, is over 50/-, the repayment of the whole of such fees shall be claimed.

In ascertaining the weekly income of the family the average earnings of the four weeks preceding the birth shall be taken.

The above scale is adopted as a guide to the recovery of the fees from the patient or from the husband, but in any case not included within the above provisions, or where exceptional circumstances exist which render the repayment of the whole or a portion of the fee a hardship, such cases are reported specially to the Committee.

Attempts have been made to establish Maternity Homes for the convenience of the people living in the Administrative area, e.g., at Horsforth, Otley, Elland, Pudsey, Rawmarsh, and a combination of Sanitary Authorities in the Dearne Valley (Wath, Wombwell, Bolton-on-Deerne, Thurnscoe and Darfield), but none of these have as yet materialised. The registration of Maternity Homes under the new Midwives and Maternity Homes Act, which comes into force on the 1st January, 1927, upsets somewhat any scheme for building by the County Council until a fuller knowledge is obtained of the existing accommodation. Moreover, there is the question of re-consideration of Administrative Areas and particularly in reference to Poor Law, which may also have its effect. Although not germane to this report, it might be stated here that numerous applications have been received for registration of Maternity beds from nursing homes and midwives, and in fact accommodation providing for 26 patients has been approved by the Child Welfare Committee up to the end of November, 1926.

The following table will give some idea as to the advance made by the County Council during the past five years to provide lying-in accommodation for mothers in those areas administered by the County under the Maternity and Child Welfare Acts:—

Name of Municipal Authority, Hospital Committee, or Private Institution.	Number of Patients Admitted.				
	Year.				
	1921.	1922.	1923.	1924.	1925.
Wakefield Corporation	28	43	31	30	49
Nursing Home, Benthams (closed)	5	10	—	—	—
Heckmondwike Nursing Association Home	1	—	—	1	—
Settle Nursing Association Home (closed, 12th November, 1921)	17	—	—	—	—
Morley Corporation	1	—	7	9	5
Holme Valley Memorial Hospital ...	23	41	39	36	25
York Corporation	—	—	14	39	30
Barnsley Corporation	—	—	—	11	21
Halifax Union, St. Luke's Hospital	—	—	—	—	2
Edenfield Private Maternity Home, Doncaster	—	—	—	—	7
Leeds Maternity Hospital	—	—	—	—	125
The Jessop Hospital for Women, Sheffield	—	—	—	—	50
Total ...	75	94	91	126	314

At the end of the year negotiations were proceeding for Maternity Home accommodation at the Acomb Nursing Home, Springfield Avenue, Harrogate; and the St. John's Hospital, Keighley, belonging to the Keighley Guardians.

The York Corporation submitted a proposal for a revision of the fee for the operation of Caesarian section in respect of cases admitted into their Hospital and payment of a Fee of £10 in such cases was approved.

Treatment of Puerperal Fever.—Hospital.—In my Annual Report for 1924, it was stated that Urban and Rural Councils, Medical Officers of Health and Medical Practitioners in the County Notification of Births Area had been advised of the provision made by the County Council for the hospital treatment of puerperal fever, and it was hoped that full advantage would be taken of the arrangements made by the County Council.

Out of 45 cases of puerperal fever notified in the West Riding Notification of Births area, only one case was admitted to an approved Institution under the County scheme.

Enquiries are made into every case of puerperal fever notified by a midwife and it is found that many of the patients are removed to Institutions for treatment under local arrangements. In some areas the patient's husband is a contributor to the local Hospital funds, which entitles any member of the family to free treatment. In one or two cases it was found that patients were being removed into an Institution which did not receive the approval of the Ministry of Health when application was made by the Hospital Committee to admit cases under the County scheme.

Thus it will be seen many women are removed immediately to Hospital where they can receive skilled nursing and facilities far better than can be obtained at home.

The following Institutions have received the approval of the Minister of Health under the County Council's scheme:—

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

Domiciliary Treatment.—Several schemes for the domiciliary treatment of puerperal fever have been considered by the Child Welfare Sub-Committee, but the Committee were of opinion that the best method for the treatment of puerperal fever is by the provision of accommodation in Hospitals, rather than by domiciliary treatment, and they recommended the extension of provision of accommodation in Hospitals.

It was estimated that to provide one Nurse the cost would be somewhere about £6 weekly, i.e., fees, board and residence, quarantine fee, laundry and travelling expenses.

To some extent domiciliary treatment is available. In all cases where a Nursing Association is established the daily services of the Nurse are available to subscribers and as many of these Associations employ two Nurses, one of the nurses is available to nurse any case which may arise.

It is thought, however, that any other scheme for the treatment of puerperal fever running parallel with the hospital scheme might impair the latter.

In most of the homes where these cases occur there is no accommodation for a nurse and the treatment facilities in the hands of the most capable nurse fall short of those available in a well equipped hospital.

Enquiries are now being made about the possibility of utilising for this purpose the services of ex-nurses of the necessary professional status and to obtain a census of such women to see how many there are, where they live, and how they would serve the whole County. When this information is available it may be possible to prepare a scheme to deal with those cases not admitted to hospital for treatment.

Convalescent Treatment for Mothers and Infants.—Further progress was made during the year to provide Convalescent Home treatment for mothers, after certain cases of confinement, and for some conditions in young children, especially Rickets.

The County Council have now arrangements with the following Institutions for the admission of mothers and children:—

Name of Convalescent Home.	Class of patient admitted.	No. of patients sent in by C.C. during 1925.	Fees of Home.
Scarborough, Royal Northern Sea Bathing Infirmary	Mothers	1	Admission ... 1 1 0
			Board, etc., per week ... 0 12 6
Scarborough, Convalescent Home for Children	Children from 3 years of age	0	Board, etc., per week ... 0 17 0
Bridlington, St. Anne's	Mothers	2	Admission ... 1 5 0
			Board, etc., per week ... 0 12 6
Do.	Mothers with babies	3	Admission ... 1 5 0
			Mother and Baby, per week 1 5 0
Southport	Mothers	2	Board, Residence, etc., per week ... 0 15 0
Ilkley	Do.	0	Board, Residence, etc., per week ... 1 0 0

One of our difficulties is that Bridlington is the only Home where mothers with their babies are accepted, and as one of our teachings at Child Welfare Centres is the importance of breast feeding, 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 is as follows:—

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

During 1925 a sum of £37 was expended by the County Council under the Convalescent Scheme, of which £2 2s. 9d. was recoverable.

Areas inadequately supplied with Midwives.—Further progress was made during the year in extending the midwifery service in the Riding. Nursing Associations were formed in the following areas and grants given by the County Council in aid of the service or services provided. The following table displays the area, nature of work undertaken, and grant paid by the County Council:—

Area.	Nature of work undertaken.	Grant paid by County Council per annum.
		£
Methley Urban ...	Midwifery	40
Denholme do. ...	Do.	40
Shepley do. ...	Do.	40
Hampsthwaite (Knaresborough Rural District)	Health Visiting, School Nursing, District Nursing, and Midwifery	40
Cowling (Skipton Rural District)	Do.	£21 12 0

In October, the Flockton Nursing Association disbanded owing to lack of support and appreciation by the inhabitants of the nursing services provided.

In 1925, 84 Nursing Associations were affiliated to the West Riding County Nursing Association, employing 101 nurses, of whom:—

- 49 are Queen's Nurses,
- 26 Village Nurse-Midwives,
- 26 Trained Nurse-Midwives.

38 of these nurses are performing the combined duties of sick nursing, midwifery and public health work.

48 nurses are performing sick nursing and midwifery only.

15 nurses are performing sick nursing only.

The nurses attended 2,547 midwifery and maternity cases and have paid:—

36,690	Midwifery and maternity visits.
7,796	Pre-natal visits.
19,549	Infant health visits.
4,221	School visits.
1,031	Tuberculosis visits.

These figures show an increase over 1924 of 152 midwifery cases.

Grants-in-aid of the midwifery and maternity nursing services provided by District Nursing Associations and Institutions were given during the year as under:—

Name or Association or Institution.	Grant.		
	£	s.	d.
Bramley and Wickersley	25	0	0
Pentefract Diocesan Rescue Home ...	10	0	0
Hebden Bridge	45	0	0
Elland	18	15	5
Golcar	21	16	0
Thurgoland	20	0	0

A sum of £402, being a grant made by the Ministry of Health in aid of the midwifery and maternity nursing services provided during the year 1925-26 by District Nursing Associations **not** affiliated to the County Nursing Association was distributed as under:—

Nursing Association.	Grant.
	£
Bentham District	12
Bishop Monkton and Littlethorpe Provident	15
Boston Spa and Thorparch	10
Burton Leonard, Copgrove and Staveley	10
Clayton District	10
Crossgates and District	7
Darrington District	15
Fitzwilliam and District	10
Harrogate	30
Heckmondwike	10
Hipperholme, Lightcliffe, etc.	19
Honley and District	9
Horsforth	15
Luddenden and Midgley District	10
Luddendenfoot	15
Mirfield	15
Mytholmroyd Urban District Nursing Inst.	15
Oakworth District Nurses' Association	12
Pannal and Beckwithshaw	8
Rawdon District	5
Ribblesdale Cottage Benefit	26
Ripon Victoria	33
Scissett District	7
Settle and District	15
Stanningley and Farsley	17
Todmorden District	20
Wetherby and District	27
Whitkirk and District	5
Total ...	402

The grants allocated vary very little from those of last year. Two Associations, namely, Aldborough, Boroughbridge and District, and Denaby Main and Conisbrough District, failed to apply for the Ministry's grant, but these were replaced by three others, namely, Harrogate, Horsforth, and Scissett and District.

The following table shows the progress made with the formation of Nursing Associations in the Riding during the past five years in order to provide an efficient midwifery service in Rural and small Urban areas:—

Year.	No. of Nursing Associations established.			
1921	5
1922	6
1923	8
1924	1
1925	5

It will thus be seen that steady progress is being maintained. Of the 25 Nursing Associations formed since the year 1921, 13 perform on behalf of the County Council, the Health Visiting and School Nursing work, in addition to District Nursing and Midwifery.

The majority of the new Nursing Associations affiliate to the County Nursing Association and the following table shows the progress made by those Nursing Associations which are affiliated. It will be seen that the number of affiliated Associations have increased from 67 in 1921 to 84 in 1925, the number of Nurses employed from 78 to 101, and the midwifery and maternity cases attended increased by 738 during the past five years.

Year.	No. of affiliated Nursing Associations.	No. of Nurses employed.	No. of midwifery and maternity cases attended.
1921	67	78	1805
1922	74	84	1860
1923	78	94	2161
1924	78	94	2395
1925	84	101	2547
Increase during past five years	17	23	738

MATERNITY AND CHILD WELFARE CENTRES.

During 1925 further progress was made in this branch of the work and at the end of the year there were 70 rate-aided and 11 Voluntary Centres open in the area administered by the County Council under the Maternity and Child Welfare and Notification of Births Acts, or an increase of ten over the previous year. New Centres were opened at Barnoldswick, Birdwell (Worsborough U.D.), Birstall, Catcliffe (Rotherham R.D.), Crigglestone (Wakefield R.D.), Elland, Holmfirth, Otley, Swallownest (Rotherham R.D.), and in addition the Voluntary Centre at Rossington was taken over by the County Council.

The Child Welfare Centre at Pontefract was taken over by the Borough Council on the 1st April on transference of the powers under the Maternity and Child Welfare and Notification of Births Acts to Pontefract Borough. Pontefract was the only Borough in the Riding which was not its own Authority for child welfare.

The *Otley* Child Welfare Centre was officially opened on the 8th January. The opening ceremony was performed by Lady Hastings Duncan, who was accompanied by Sir Hastings Duncan. County Alderman Cresswell occupied the chair. The Centre is established in rooms at the Musgrave Memorial Hall.

The success of this Centre, which has earned the gratifying recognition of the Ministry of Health, is in large measure due to the energy and management of the Nurse. She has gathered together an enthusiastic Voluntary Committee, the members of which appear to discharge their duties with great efficiency. They are, moreover, thoroughly representative, being selected from all religious denominations, and include members of the After-Care Committees of each School, and representatives of every social and charitable activity in Otley.

The Nurse herself has had some long experience at the Horsforth Centre, which is also very successful, and it may be worth considering whether in future some of the Health Visitors may not undergo a short apprenticeship at the more successful Centres before taking charge of one themselves.

At *Catcliffe* (Rotherham R.D.), where the Centre is established in the Church Mission Hall, the official opening ceremony took place on the 20th May. The opener was Dr. Lucy Naish, of Sheffield, and the chair was occupied by the Chairman of the Parish Council.

The *Barnoldswick* Centre, established at the Bethesda Baptist Church, was officially opened on the 18th June by Mr. S. Pickles, of Thornton-in-Craven. The chair was occupied by the Chairman of the Barnoldswick Urban District Council (Mr. J. Heald).

Holmfirth.—The Maternity and Child Welfare Centre, which has been established in rooms at the Town Hall, was officially opened on the 26th September, by the Chairman of the County Council (Sir James P. Hinchliffe). Sir James was supported by Mr. C. E. Butterworth, J.P., of Holmfirth (who occupied the chair), and the Chairman and members of the Urban District Council and District Education Sub-Committee. The Centre is open every Thursday afternoon. The County Council's School Medical Inspector for the area is Medical Officer to the Centre, and he is assisted by two of our whole-time nurses and an excellent working ladies' Committee.

Birstall.—This Centre, established in the "Hall of Freedom," Birstall, was opened on the 23rd November by the Chairman of the Birstall Urban District Council (Mark Bailey, Esq., J.P.), and the chair was occupied by the Chairman of the District Education Sub-Committee (W. Rhodes, Esq., J.P.). An excellent Committee of workers have been got together, with an enthusiastic Secretary (Mrs. W. O. R. Holton, of New Hall, Birstall).

Swallownest.—The Centre established in the Church Hall, Swallownest, was opened on the 16th November by Mrs. Godfrey Smith, wife of the Vicar of Wentworth. The chair was occupied by County Councillor T. B. Adkins.

Dr. Doris Pindar, of Sheffield, was appointed Medical Officer to the Centre. Dr. Pindar's work has been among women and children. She is Registrar at the Jessop Hospital for Women and Children at Sheffield, and was previously resident House Surgeon at the Jessop Hospital, and also resident for a year at the Children's Hospital, Sheffield.

The Voluntary Child Welfare Centre established at Rossington (Doncaster R.D.) was taken over by the County Council during the year, and transferred to more commodious rooms in the Miners' Welfare Institute.

Other Centres were established at Birdwell (Worsborough U.D.), in the Drill Hall, and Elland, in rooms at the Temperance Street U.M. Church.

The Child Welfare Sub-Committee recommended that Child Welfare Centres and School Clinics be established in the following districts during the financial year 1925-1926, viz.:—10 combined and 5 infant welfare only.

Combined Child Welfare Centres and School Clinics (10)

Drighlington, Greetland, Kirkheaton, Meltham, Saddleworth, and Whitwood Urban Districts, Airedale (Pontefract R.), Ferrybridge (Pontefract R.), Kippax (Tadcaster R.), and Thurcroft (Rotherham R.).

Infant Welfare Centres Only (5).

Altofts, Golcar, Guiseley, and Yeadon Urban Districts, and Armthorpe (Doncaster R.).

A Voluntary Centre was opened during the year at Kirk Sandall (Doncaster R.). Messrs. Pilkington's (Glass Manufacturers) have kindly placed rooms in their Girls' Institute at the disposal of the Voluntary Committee. Dr. Graham, a local medical practitioner, is giving his services free, and our Health Visitor for the area is in charge of the Centre. The sessions are held fortnightly.

The Allerton Bywater Centre was transferred from the Parish Hall to more commodious rooms in the Miners' Welfare Institute.

The Halton Centre was also transferred for a similar reason to the Parochial Hall.

Renovations were carried out at the Hebden Bridge, Holmfirth, and Knottingley Centres.

The Regional Medical Officer (Ministry of Health) still uses the Skipton Child Welfare Centre, and has the assistance of our Health Visitor one or two sessions a month, as occasion arises.

Premises.—The question of buildings to accommodate the Child Welfare activities is one of considerable importance. Without dwelling too long on the advantages of being suitably housed—of having abundant accommodation without being overcrowded, of having comfortable rooms where the mothers even cannot feel any apprehension about the undressing of their babies—it is obvious that the work of the Centres will be advanced in the direction of popularity and efficiency by being carried out in commodious and suitable buildings. So far the efforts of the department have been directed to the institution of Child Welfare Centres in all parts of the County in order of necessity as far as could be determined. Buildings, generally those only in use for part of their time, have been secured and adapted for the purpose. These buildings are often unsuitable, but the best must be made of the accommodation available. Such buildings include Sunday Schools, Working Men's Clubs, Village Institutes, Mission Rooms, Old Army Huts, and Cricket Pavilions. In at least two districts it is possible to adapt an English phrase which is full of meaning, and say to those who do not give their babies the advantages of the services provided, "It's not cricket!" While efforts have chiefly been concentrated on placing the advantages of Child Welfare Centres within the reach of as many as possible of the inhabitants of the County, a few attempts have been made to secure buildings wholly given up to this and allied work. At Otley, an attempt to secure a house for Child Welfare and Tuberculosis work was vetoed by the Ministry of Health. The attempt at Selby, where the Cottage Hospital was for sale, fell through on grounds of economy. At Elland, where a Maternity Home was projected and seemed to be within reach, the plans included an annexe specially designed for Child Welfare work, but this perished with the parent scheme.

In several instances the premises are very inadequate. Many places have no adequate shelter for "prams." A design for an institute to accommodate the activities of School Clinic, Child Welfare Centre, Tuberculosis Dispensary and Venereal Disease Clinic has been prepared, but as yet no building has been erected to it.

It has been represented to the Education Committee that the work of School Medical Inspection, School Clinic, Dental Clinic, Oculist's Clinic, in a large school occupies many weeks in the year and that accommodation to serve these activities need seldom be idle, especially if such accommodation was centrally situated and served a group of schools, and still further if it served the Child Welfare Work. The Building Sub-Committee of the Education Committee approved the principle of providing this accommodation when new schools were being planned and each school was to be dealt with on its merits. So far the principle has not been honoured in the observance.

To show our difficulties with regard to obtaining premises for a Maternity and Child Welfare Centre at Airedale, where a large School is to be built containing 30 rooms, it has not been possible to provide accommodation for a Centre. Accommodation in the Church Hut, which is totally inadequate for such a growing district, has had to be obtained.

Ante-natal work is progressing but requires careful handling. A circular enquiry among the Medical Officers of the Centres revealed the fact that a certain amount is done in many places. Several Medical Officers, especially women Medical Officers, have been doing a considerable amount of ante-natal work and, in one case, the co-operation in this work with the midwives in the area has been readily secured and been of advantage to both the mothers and the midwives. The latter have been particularly grateful for the co-operation. When so much "normal" midwifery is in the hands of midwives and appears to be going that way in increasing amount it is particularly important for the expectant mother to have this ante-natal supervision.

(The enquiry above mentioned also elicited the information that a considerable and increasing amount of ante-natal work is now done in general medical practice. This is all to the good and should be productive of results.)

Ante-natal work will probably bulk much larger in the future. If the premises in which Child Welfare work is carried out were more convenient, probably this branch of work would advance rapidly. Naturally, the nearer to the source or origin of life we direct our efforts—the more likely will be our success in diminishing many of the avoidable ailments and troubles in later life

Other Activities.—Of the activities of the Centres, selected examples have been given in the previous years' reports. The work varies with the personnel of the Centre. The happiest results are achieved when the Nurse has secured a representative body of women to form a Voluntary Committee and, after securing it, can guide its activities along the most useful channels. Certain Centres

reflect the bias of the Nurse or the Committee, e.g., one Centre has its social side well organised, at another the variety and quality of the "woollies," which are made at low cost, will be a feature; another Centre has a liking for lectures. Many are receiving a curriculum of elementary lectures on the subject of their own and their children's health apart from individual advice given to them in consultation by the doctor. This again depends on the aptitude of the Nurse and Doctor. Several of the Medical Officers have given short lectures, suited in style to their audiences, on the care of children and the elementary rules of hygiene.

The continued popularity of the Centres, the increasing resort to them by mothers and the requests for them by districts in the County which are not yet provided for indicate that they meet a real need.

The two Health Inspectresses gave lantern lectures to mothers at the following Centres:—Cudworth, Garforth, Glusburn (voluntary), Mirfield, Penistone, Rawmarsh, Silsden, Skipton, and Sowerby Bridge. At Knaresborough, 98 mothers attended to see the films, "Well Born," and "Dr. Wise on Influenza." An address was also given by Dr. Josephine Coupland, the Medical Officer to the Centre, on "Ante-natal Work." At Dinnington and Kiveton Park, cinema exhibitions were given in the local picture palaces. The films shown were "The Gift of Life," "The Health Twins," "Ivory Castles," etc. Addresses were also given by the Medical Officers to the Centres.

There is an excellent organisation in Tadcaster called "The Tadcaster Charity Society," of which our Health Visitor and the District Nurse are members of the Committee.

This Society expends something like £170 yearly in deserving cases, such as milk and eggs in cases of sickness, and recommends for Convalescent Homes and Bath Hospitals, etc.

At Knottingley, the local Child Welfare Committee organised a "Baby Show" and, in addition, there were sports, musical items and tea. Over 200 persons attended the function.

After these "Baby Competitions" have been held, I always ask the Nurse for comments, and the Health Visitor, in submitting her report, states:—

"At the time it appeared to be a success, and to give pleasure and interest, but, in the course of visiting, I find it has, as seems usual with competitions, given some dissatisfaction to a certain class of mothers, who let their disappointment over-rule their sense of justice."

A new feature in connection with the work at the Centres is the establishment of a "Thrift Club." The mothers pay in what they can afford and during the summer outings are arranged to the seaside or country. At Penistone, however, the money went towards the purchase of a sewing machine for the Centre.

Other features are competitions for the best answers to questions set on "Talks" given to mothers during the year. That these competitions are proving more interesting is shown by the fact that the papers on the whole were very good and showed that the mothers had listened to the "Talks" and were trying to carry out in their homes what they had been taught at the Centre. At Rawmarsh, quite an ingenious innovation is in vogue. The Nurse has a "query" box in which mothers place their questions, and these are answered and handed back to them the following week.

At all the Centres, parties are held at Christmas or the New Year.

The following is a list of Centres established by the County Council and also of Voluntary Centres open in the Riding.

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	—	61	Whole-time M.O.H.
2. ALLERTON BYWATER (TADCASTER R.D.), Miners' Welfare Inst.	Do.	Mon. 2-4	—	33	Part-time Medical man
3. ASKERN (DONCASTER R.D.), Wesleyan Sunday School	Do.	Tues. 2-4	1	28	Do.
4. BAILDON, Glen Aire Cafe	Do.	Wed. 2-4	—	19	Do.
5. BARNOLDSWICK, Bethesda Baptist Chapel	Do.	Thurs. 2-4	—	14	Do.
6. BENTLEY, Co-operative Hall	Do.	Wed. 2-4	—	72	Whole-time M.O.H.
7. BIRDWELL (WORSBOROUGH U.D.), Drill Hall	Do.	Wed. 2-4	8	51	Part-time Medical man
8. BIRSTALL, Hall of Freedom	Do.	Mon. 2-4	—	39	Do.
9. BOROUGHBIDGE (GREAT OUSEBURN R.D.), Wesleyan Sunday School	Fortnightly	Mon. 2-4	—	10	School M.I.
10. CARCROFT (ADWICK-LE STREET U.D.), Presbyterian Sunday School	Weekly	Thurs. 2-4	—	32	Whole-time M.O.H.
11. CONISBROUGH, Army Hut, Balby Street Council School	Do.	Thurs. 2-4	—	33	School M.I.
12. CATCLIFFE (ROTHERHAM R.D.), Church Mission Hall	Fortnightly	Wed. 2-4	2	35	Part-time Medical man
13. CUDWORTH, St. George's Hall	Weekly	Wed. 2-4	—	27	Do.
14. CLAYTON, Council School	Fortnightly	Thurs. 2-4	—	21	Do.
15. CHAPELTOWN (WORTLEY R.D.), Wesleyan Sunday School	Weekly	Tues. 2-4	2	29	Whole-time M.O.H.
16. CRIGGLESTONE (WAKEFIELD R.D.), Methodist New Connexion Chapel	Do.	Wed. 2-4	—	33	Part-time Medical man
17. DALTON (ROTHERHAM R.D.), Primitive Methodist Chapel	Do.	Wed. 2-4	—	31	Do.
18. DARTON, Wesleyan Sunday School, Staincross	Do.	Thurs. 2-4	1	25	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.	
19. DARTON, Adult School, Gawber	Weekly	Tues. 2—4	3	26	Part-time Medical man
20. DODWORTH, Mechanics' Institute	Do.	Tues. 2—4	2	24	Do.
21. DARFIELD, Wesleyan Sunday School	Do.	Tues. 2—4	2	15	Do.
22. DINNINGTON (KIVETON PARK R.D.), Wesleyan Sunday School	Do.	Tues. 2—4	—	22	Do.
23. EAST ARDSLEY (ARDSLEY E. & W. U.D.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	25	Do.
24. EDLINGTON (DONCASTER R.D.), Primitive Methodist Chapel	Do.	Tues. 2—4	—	54	Whole-time M.O.H.
25. ECCLESFIELD (WORTLEY R.D.), Memorial Hall	Do.	Mon. 2—4	3	11	Do.
26. ELLAND, Temperance Street U.M. Church	Do.	Mon. 2—4	—	38	Part-time Medical man
27. FARSLEY, United Methodist Church	Do.	Tues. 2—4	—	32	Do.
28. GLASSHOUGHTON (PONTE-FRACT R.D.), St. Paul's Institute	Do.	Mon. 2—4	6	39	Do.
29. GARFORTH, St. Mary's Hall	Do.	Mon. 2—4	—	37	Do.
30. HALTON (HUNSLET R.D.), Church Sunday School	Fortnightly	Wed. 2—4	—	66	Do.
31. HEBDEN BRIDGE, Old Secondary School	Weekly	Wed. 2—4	—	19	Do.
32. HEMSWORTH, Army Hut, West End Council School	Do.	Mon. 2—4	—	38	School M.I.
33. HORSFORTH, St. Margaret's Hall	Do.	Wed. 2—4	2	39	Part-time Medical man
34. HOYLAND, Knowle Memorial Church	Do.	Tues. 2—4	2	68	Do.
35. HAWORTH, Council School	Fortnightly	Tues. 2—4	—	31	School M.I.
36. HORBURY, Primitive Methodist School	Weekly	Mon. 2—4	—	52	Part-time Medical man

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.	
37. HOLMFIRTH, Town Hall	Weekly	Thurs. 2-4	—	40	School M.I.
38. KNARESBOROUGH, Park Square Chambers	Do.	Tues. 2-4	—	28	Do.
39. KNOTTINGLEY, Secondary School	Do.	Mon. 2-4	—	19	Part-time Medical man
40. KIRKBURTON, Council School	Do.	Tues. 2-4	—	28	Do.
41. LINTHWAITE, Council Offices	Do.	Wed. 2-4	—	22	School M.I.
42. MALTBY, Wesleyan Sunday School	Do.	Wed. 2-4	2	31	Part-time Medical man
43. MIRFIELD, Ings Grove	Do.	Fri. 2-4	2	55	Do.
44. NORMANTON, Park Pavilion	Do.	Tues. 2-4	—	38	School M.I.
45. OTLEY, Musgrave Memorial Hall	Do.	Thurs. 2-4	6	34	Part-time Medical man
46. OULTON (HUNSLET R.D.), Village Institute	Do.	Tues. 2-4	—	14	Do.
47. OUTWOOD (STANLEY U.D.), Church Institute	Do.	Mon. 2-4	—	26	Do.
48. PENISTONE, Wesleyan Sunday School	Do.	Tues. 2-4	—	36	Do.
*49. PONTEFRACT BOROUGH, Congregational Sunday School	Do.	Mon. 2-4	12	38	Do.
50. QUEENSBURY, Council Offices	Do.	Tues. 2-4	1	17	Do.
51. RIPON, Drill Hall	Do.	Mon. 2-4	—	40	School M.I.
52. ROYSTON, Wesleyan Sunday School	Do.	Wed. 2-4	—	50	Part-time Medical man
53. RAWMARSH, Spiritual Temple	Do.	Tues. 2-4	—	41	Do.
54. ROSSINGTON (DONCASTER R.D.), Miners' Welfare Institute	Do.	Mon. 2-4	—	50	Do.
55. SKIPTON, Wesleyan Methodist Sunday School	Do.	Wed. 2-4	—	36	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.	
56. SWINTON, Carnegie Free Library	Weekly	Tues. 2—4	2	31	Part-time Medical man
57. SHARLSTON (WAKEFIELD R.D.), St. Luke's Hall	Do.	Tues. 2—4	—	19	Do.
58. SELBY, Museum Hall	Do.	Fri. 2—4	—	29	Whole-time M.O.H.
59. SILSDEN, Ambulance Station	Fortnightly	Tues. 2—4	—	26	Part-time Medical woman
60. STOCKSBRIDGE, Wesleyan Sunday School, Heywoods, Deepcar	Weekly	Tues. 2—4	2	15	Part-time Medical man
61. SOWERBY BRIDGE, Crow Wood	Do.	Thurs. 2—4	—	46	School M.I.
62. SWALLOWNEST (ROTHERHAM R.D.), Church Hall	Fortnightly.	Mon. 2—4	—	21	Part-time Medical woman
63. TADCASTER (TADCASTER R.D.), Westgate House	Do.	Tues. 2—4	—	24	School M.I.
64. THURNSCOE, Church Sunday School	Weekly	Mon. 2—4	—	36	Part-time Medical man
65. THORNE (THORNE R.D.), Temperance Institute	Do.	Wed. 2—4	—	25	Do.
66. WALES (KIVETON PARK R.D.), St. John's Rooms	Do.	Wed. 2—4	—	18	Do.
67. WEST ARDSLEY (ARDSLEY E. & W.), Wesleyan Sunday School, Tingley	Do.	Mon. 2—4	—	28	Do.
68. WORSBOROUGH, Wesleyan Sunday School, Worsborough Dale	Do.	Thurs. 2—4	3	16	Do.
69. WATH-ON-DEARNE, Wesleyan Assembly Hall	Do.	Mon. 2—4	1	63	Do.
70. WETHERBY (WETHERBY R.D.), Primitive Methodist School	Fortnightly	Thurs. 2—4	—	28	Do.

* Handed over to Pontefract Borough Council on 1st April, 1925.

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. 2.30—4.30	—	10	Part-time Medical man
2. GLUSBURN (SKIPTON R.D.), Glusburn Institute	Fortnightly	Tues. 2—4	3	21	School M.I.
3. HORTON-IN-RIBBLESDALE (SETTLE R.D.)	Monthly	Second Wed. 2—4	—	4	Nil.
4. HELWITH BRIDGE (SETTLE R.D.)	Do.	First Wed. 2—4	—	2	Do.
5. SETTLE (SETTLE R.D.), Adult School	Weekly	Thurs. 2.30—4.0	—	10	Part-time Medical man once a month
6. KIRK SANDALL (DONCASTER R. D.), Pilkington's Girls' Club	Fortnightly	Thurs. 2—4	—	40	Part-time Medical man
7. METHLEY, Mickletown Institute	Weekly	Mon. 2—4	1	14	Do.
8. SOWERBY BRIDGE, Co-operative Hall, West End	Do.	Fri. 2—4	2	9	School M.I.
9. STANLEY, Grove Council School	Fortnightly	Wed. 4—6	—	24	Nil
10. STANLEY, Lane End Council School	Do.	Wed. 4—6	—	26	Do.
11. STANLEY, Wrenthorpe Council School	Do.	Thurs. 3.30—5.30	—	12	Do.
12. SWILLINGTON (TADCASTER R.D.), Hut, near Church	Do.	Wed. 2—4	—	25	Part-time Medical man

A comparison of the average attendances between this year and last shews that at 30 Centres the attendances have increased and at nine have decreased, while at the remainder the numbers are stationary.

The most notable increases are recorded at Woodlands (Adwick-le-Street Urban District), Edlington (Doncaster Rural District), Halton (Hunslet Rural District), Hoyland, Mirfield, Rawmarsh, Rossington (Doncaster Rural District) and Skipton, where the average weekly attendance of infants has increased ten or more. The highest increase is at Rawmarsh (22) and Woodlands is next with 17. The Centres recording decreases are Borough-bridge (Great Ouseburn Rural District), Garforth, Hemsworth, Knottingley, Outwood (Stanley Urban District), Swinton,

Stocksbridge, Thorne (Thorne Rural District), and Wath-on-Deerne. The largest decrease is at Hemsworth (12), Wath coming next with (8), Garforth (6), Boroughbridge, Swinton and Thorne (5), Knottingley, Outwood and Stocksbridge (4).

The following shews the progress made since the year 1920 with the establishment of Maternity and Child Welfare Centres in the County. At the end of 1920, 45 Rate-aided Centres were open.

Year.	No.	Districts where Centres have been established.
1921	8	Selby, Normanton, Royston, Baildon, Penistone, Allerton Bywater (Tadcaster R.D.), Clayton, Conisbrough.
1922	2	Askern (Doncaster R.D.), Gawber (Darton U.D.).
1923	2	Edlington (Doncaster R.D.), Mirfield.
1924	3	Sowerby Bridge, Hemsworth, Maltby.
1925	9	Barnoldswick, Birdwell (Worsborough U.D.), Birstall, Catcliffe (Rotherham R.D.), Crigglestone (Wakefield R.D.), Elland, Holmfirth, Otley, Swallownest (Rotherham R.D.).

In addition Voluntary Centres were taken over by the County Council in the following districts during 1924: Carcroft (Adwick-le-Street U.D.), Halton (Hunslet R.D.), and Rossington (Doncaster R.D.).

The following Centres established by the County Council were handed over for the following reasons:—

Ardley	Incorporated in Barnsley County Borough in November, 1921.
Pontefract	Powers under Maternity and Child Welfare and Notification of Births Acts handed over to Borough Council on 1st April, 1925.

It will thus be seen that there has been a nett increase in the County since 1920 of 25 rate-aided Child Welfare Centres, and in consequence the total number of mothers and infants attending has increased from 87,764 in 1920 to 193,332 in 1925.

Medical Officers of Centres.—The following new appointments were made during the year:—

Name of Centre.	Medical Officer.	Designation.
Barnoldswick	T. M. Glen	Private Practitioner
Birdwell	H. R. L. Allott	Do.
Birstall	A. Dick	Do.
Catcliffe	R. G. Selby	Do.
Elland	W. F. Denning	Do.
Holmfirth	A. C. Lindsay	School Medical Inspector
Rossington	P. Kane	Private Practitioner
Swallownest	Doris Pindar	Registrar, The Jessop Hospital for Women, Sheffield

At Rawmarsh, where a rota operates and changes yearly, Dr. A. T. Macdonald was succeeded by Dr. E. B. Jago—(now deceased).

It is with great regret I have to report the death, during the year, of two Medical Officers of Centres—Dr. J. R. Lambert, of Farsley, and Dr. R. F. Castle, of Darfield. They were succeeded by Drs. T. H. Elmer and W. F. Castle respectively.

Dr. Dorothy Heynemann, of Bradford, was appointed Medical Officer to the Silsden Centre to relieve Dr. Nora M. Allan, one of our School Medical Inspectors, to enable her to devote more time to school work.

Co-ordination with School Medical Services.—Several local Councils are the Authority under the Maternity and Child Welfare and Notification of Births Acts, i.e., the Boroughs of Batley, Brighouse, Doncaster, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-on-Deane, Castleford, Featherstone, Goole, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spensborough, Wombwell, and the Rural District of Hemsworth.

Arrangements made by the County Council in the interests of economy and to avoid overlapping are as follows:—

Authorities performing School Nursing for County Council on agreed terms: Bolton-on-Deane, Bingley, Rothwell and Wombwell Urban Districts.

Districts where County Council employ whole-time School Nurses on account of large size of area: Castleford, Featherstone, Goole, Mexborough and Hemsworth Rural Districts.

In Heckmondwike the work of School Nursing is performed by the Local Council's Nurse. At Ilkley the County Council's Nurse does health visiting for the Ilkley Authority.

At Bolton-on-Deerne, Ilkley and Wombwell, the County Council's School Clinic combines with the Maternity and Child Welfare Centres belonging to the Local Authority.

At Tadcaster and Penistone, the Child Welfare Centre and Tuberculosis Dispensary are housed in the same building. The two sections are held in separate rooms, and special attention is paid to cleansing and disinfection.

Notification of Births Acts.—During the year 20,779 births were registered with the local Registrars in the County Notification of Births Area, and 18,199 live births and 528 still-births were notified, making a total of 18,727 births notified to the County Medical Officer.

Of the 18,727 births, 11,324 were notified by midwives and 7,403 by doctors and parents.

The steady increase of births notified by midwives is still noticeable, which shows that our efforts to provide an efficient midwifery and maternity nursing service in the Riding is bearing fruit.

The Ministry of Health made an Order, which came into operation on the 1st April, 1925, appointing the Council of the Borough of Pontefract the Authority under the Notification of Births Acts, 1907 and 1915, in Pontefract Borough.

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, and these are set out on page 80.

I have continuously drawn attention to the existence of these autonomous areas and how they influence 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.

In my Annual Report for 1924 I dealt exhaustively with this unsatisfactory position and put forth arguments in support of the County Council taking over the powers under the Maternity and Child Welfare and Notification of Births Acts, especially in those areas where, at any rate, the County Council is the Education Authority.

I hope the time is not far distant when the Government will pass legislation making County Councils the Authority for Maternity and Child Welfare in all areas where they are the Education Authority. If this were done the work of School Medical Inspection would be rendered much easier than is at present in certain districts.

The following table gives particulars of births registered and notified, with percentages, during the past five years:—

Year.	No. of Births registered.	No. of Births notified.	Per-centage unnotified of births.	Births notified.			
				By Midwives.	%	By Doctors and Parents.	%
1921	22484	20434	9.1	10228	50.1	10206	49.9
1922	20329	18332	9.8	9817	53.6	8515	46.4
1923	19682	18155	7.8	9910	54.6	8245	45.4
1924	20679	18370	8.3	10655	58.0	7715	42.0
1925	20779	18727	9.9	11324	60.5	7403	39.5

These figures indicate no improvement in the number of unnotified births, and it seems peculiar that so many escape notification.

Re-Arrangement of Nursing Areas.—During the year the Bramley and Wickersley (Rotherham Rural District), Conisbrough and Flockton Nursing Associations gave notice terminating the arrangements whereby the Associations undertake on behalf of the County Council the Health Visiting and School Nursing work in these areas.

In consequence a re-arrangement of several whole-time areas was necessary and an additional whole-time Nurse was appointed for the Bramley and Wickersley area, and it was also possible to relieve the whole-time Nurses working in the Maltby Urban District and Dinnington (Kiveton Park Rural District) areas.

At Flockton, the work was added on to the whole-time Nurse working in the Lepton, Kirkheaton and Whitley Upper Urban Districts. The Hopton Ward of the Mirfield Urban District was taken away from the Lepton Area and given back to the Mirfield Nurse.

An additional whole-time Nurse was appointed for the area previously worked by the Conisbrough Nursing Association, and here again this resulted in relieving the Denaby Main (Conisbrough Urban District) Nurse of part of a large mining area, and also enabled the Health Visitors to perform the tuberculosis visiting in Conisbrough, which was previously done by the Tuberculosis Nurses.

The Bolton-on-Deerne Urban District Council, who are their own Authority under the Notification of Births and Maternity and Child Welfare Acts, asked to be allowed to undertake the duties of School Nursing in the Urban District and thus avoid duplication of officials. The County Council agreed to hand over the work to the Urban Council and, in addition, it was decided to allow their Health Visitors to perform the dual duties of Health Visiting and School Nursing in six adjoining parishes in the Don-

easter Rural District and for this work the County Council pay an annual grant of £181 to the Bolton-on-Dearne Urban District Council. Thus the County's whole-time Nurse was transferred to a Dental Nursing post rendered vacant by the resignation of one of the Dental Nurses.

A re-arrangement of Nursing Areas in the Wharfedale Rural District was necessitated by a request from the Ilkley Urban District Council (who are the Authority under the Notification of Births Acts and are responsible for the Health Visiting and Child Welfare work, including the Child Welfare Centre in the Urban District) to allow the County Council's School Nurse, who also performed the Health Visiting work on behalf of the Ilkley Urban District Council to devote more time to the visiting of infants.

At a Conference between the representatives of the Child Welfare Sub-Committee and the Ilkley Urban District Council the following terms were approved.

(a) That the work of School Nursing and Health Visiting in Ilkley and District be re-organised as follows and an additional Nurse appointed.

(b) That, subject to the payment by the Ilkley Urban Council of an annual sum of £126 the Nurse at present undertaking the duties of Health Visiting and School Nursing in Ilkley and adjoining area do devote her whole time to Health Visiting and School Nursing Services in the Urban District.

(c) That an additional whole-time Nurse be appointed to undertake the duties of Health Visiting and School Nursing in the Burley-in-Wharfedale Urban District and eleven parishes in the Wharfedale Rural District.

In addition to providing a full-time service for Ilkley, the new arrangement allowed of the Otley Nurse being relieved of several outlying parishes in the Wharfedale Rural District.

In December, a report was presented to the Child Welfare Sub-Committee on the need for the re-arrangement of certain other Nursing Areas, and appointment of additional Health Visitors and School Nurses. These re-arrangements were necessary owing to (a) the establishment of Child Welfare Centres and School Clinics in order that the work of home visiting would not suffer in consequence and (b) the growth of the mining population in South Yorkshire. The areas affected by the re-arrangement are as follows:—

Saddleworth, Springhead, Wath-on-Dearne, Swinton, and Stocksbridge Urban Districts, and the Doncaster, Penistone, Pontefract, Thorne and Wortley Rural Districts.

The scheme entails the termination of the engagement of a Nurse-Midwife practising in Saddleworth who performed the

public health duties in Springhead, and also terminating the arrangement with the Stocksbridge Nursing Association, who performed, on our behalf, the work of Health Visiting and School Nursing in the Stocksbridge Urban District.

Six additional whole-time Child Welfare Nurses are to be appointed at an estimated cost of £982 per annum.

These six Nurses will be allocated to the following areas:—

1. Springhead and part of Saddleworth Urban District.
2. Swinton Urban District.
3. Stocksbridge Urban District (two Nurses).
4. Airedale (Pontefract Rural District).
5. Armthorpe (Doncaster Rural District).

During the past five years, many changes, mainly in whole-time Nursing Areas, have been necessary to cope with the increased duties imposed on Child Welfare Nurses, i.e., establishment of Maternity and Child Welfare Centres, Tuberculosis Visiting, and the increase of population in the South Yorkshire coalfield.

County Borough Extensions resulted in the loss of three whole-time Nursing Areas, namely, Ardsley and Monk Bretton Urban Districts were added to Barnsley, and Handsworth Urban District and part of Ecclesfield (Wortley Rural District) to Sheffield. The work in Pontefract Borough was handed over on the transference of the powers under the Maternity and Child Welfare and Notification of Births Acts to the Pontefract Borough Council.

Re-arrangements of Nursing Areas were made in the following districts:—Birstall, Conisbrough, Golear, Holmfirth, Ludendenfoot, Midgley, Rawmarsh, Saddleworth, Sowerby, Sowerby Bridge, Springhead, Stocksbridge, Swinton, Thurlstone and Wath-on-Dearne Urban Districts, and the Doncaster, Kiveton Park, Penistone, Pontefract, Rotherham, Thorne, Wharfedale and Wortley Rural Districts.

Home Visits.—The following table shews a comparison of the visits paid by Health Visitors during the past five years, including the year 1925 under review:—

	1921.	1922.	1923.	1924.	1925.
To Expectant Mothers ...	10123	10155	9372	9976	9154
To Infants under 1 ...	174895	187110	174571	211681	198502
To children 1-5 ...	38228	41535	37744	38600	37944
Special visits (Ophthalmia, Teething, Feeding, Circumcision, Smallpox, etc.) ...	5671	4146	4055	4936	5278
Measles cases ...	336	2462	4136	3284	2196

Measles.—During 1925 the Health Visitors paid 2,196 visits to Measles cases, this number being distributed over some 70 Sanitary districts (see Table IV in Appendix). The districts mainly affected were Bentley, Calverley, Clayton, Darton, Haworth, Hemsworth, Lepton, Mirfield, Ripon City, Silsden Urban Districts, and the Goole, Hunslet, Keighley, Knaresborough, Penistone, Rotherham, Tadcaster and Wetherby Rural Districts.

Immediately cases of Measles are noted on the weekly return of Infectious Diseases from the local Medical Officer of Health, or intimation is received of the closure of a School from the Education Department, the whole-time services of the Health Visitor are offered and prompt measures taken to prevent the spread of the disease to other areas. There is no doubt that early co-operation between the local Sanitary Authority and the County Health Department can save much expense to the Local Authority in hospital treatment and also prevent loss of grant to the Education Committee through closure of Schools. At Killinghall (Knaresborough Rural District), bordering on the Borough of Harrogate, the Emergency Nurse was sent to the village for a fortnight, and to give some idea of the ignorance of parents, especially with regard to this disease, I give below a report on the outbreak which was furnished by the Nurse.

“ The type appears to have been mild. In some cases
 “ the appearance of the rash was delayed to 7-8 days after
 “ apparent onset. I did not hear of any case of serious
 “ bronchitis or pneumonia following. The attitude of the
 “ parents is that of being able to diagnose and treat the
 “ condition without the aid of a medical practitioner. There
 “ is an absence of any sense of responsibility with regard to
 “ infection or risk of child and its consequences. The
 “ children will have it ‘ sooner or later, and better sooner,’
 “ declared one mother. Another confessed quite frankly that
 “ she had put the sister to bed with the small brother when
 “ he started so that they might get it over together, and was
 “ quite surprised and disappointed, I am sure, that she did
 “ not take it for a whole fortnight.

“ There is a tendency to deny having had the disease
 “ if not discovered with the rash. Many expressed the
 “ opinion that the Schools should have been closed sooner.
 “ In one or two cases the children were sent back to School
 “ after the symptoms of the onset had subsided before the
 “ appearance of the rash—the parents concluding the child
 “ was slightly bilious. The idea prevails that the child is
 “ well and fit to associate with others or to return to School
 “ immediately the rash has disappeared.”

The following table shows the visits paid by Health Visitors under this head during the past five years.

Year.	No. of Districts affected.	Cases visited.
1921	31	336
1922	47	2462
1923	59	4136
1924	57	3284
1925	70	2196

The changing character of certain infectious diseases has altered the outlook upon this class of disease. Scarlet Fever, which used to be regarded as a serious disease, is apparently losing its virulence. Measles and Whooping Cough have not changed. Twenty years ago it was customary to regard Scarlet Fever as a very serious disease needing hospital isolation and treatment, while home treatment and isolation were considered sufficient for Measles and Whooping Cough. With the altering severity of Scarlet Fever the positions tend to become reversed. The sequels of Measles and Whooping Cough preponderate over the sequels of Scarlet Fever, and it becomes a matter for consideration whether cases of the two former should not be met by isolation and hospital treatment.

In the study of Ear Discharge in School children this condition more often results from Measles than from Scarlet Fever. Of children coming under notice as "delicate, debilitated or possibly tubercular," the antecedent illnesses from which these conditions result are more often Measles and Whooping Cough than any other, and, further, the personal history of these children often shows that they were in good health up to the time of contracting these illnesses. I consider therefore that if these visits result in a higher standard of home nursing for such cases they are fully justified.

Special Visits by Health Visitors.—During 1925, the Health Visitors paid 5,273 special visits to children under five years of age on account of Ophthalmia Neonatorum, Marasmus, Circumcision, Whooping Cough, Feeding, Chicken-pox, etc.

Included in this figure are 255 special visits paid by the two Health Visitors at Rawmarsh in connection with an outbreak of Smallpox in that area. These two nurses performed excellent work during the outbreak. They were requested to co-operate with the Medical Officer of Health for Rawmarsh, and reported daily at the Council Offices. They were furnished with lists and addresses of contacts, and gave all the time they could spare to the inspection of these. They inspected the whole school popula-

tion along with two of my Assistants on the 23rd December, and several days after the Schools re-opened they inspected the children.

The Child Welfare Centre was closed to prevent it being the means of spreading infection.

In October, Chicken-pox was prevalent in Ripon City, and the Health Visitor paid 132 visits.

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

2 Inspectors of Nurses and Midwives.

1 Emergency Nurse.

91 Nurses performing combined duties of Health Visitors and School Nurses.

1 Health Visitor.

6 School Nurses.

70 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, 8 whole-time Nurses were appointed and 5 resigned. The reasons for resignation are as follows:—

Marriage	...	...	...	...	...	1
Preference for District Nursing	...	...	...	...	...	1
Obtained better posts	...	...	...	...	...	2
Family reasons	...	...	...	...	...	1
						—
						5
						—

On vacancies occurring in the Dental Nursing Staff, the Health Visitors are given preference when filling these posts, and three Health Visitors were transferred to this work during the year. The nurses transferred were employed in the Baildon, Glasshoughton (Pontefract Rural), and Bolton-on-Dearne (School Nursing), and six adjoining parishes in the Doncaster Rural District (combined duties). Bolton-on-Dearne are their own Authority for Maternity and Child Welfare, and by arrangement with the County Council their two Nurses perform the combined duties in Bolton-on-Dearne and the six adjoining parishes in the Doncaster Rural District.

The eight appointments were to fill vacancies at Swinton, Chapeltown (Wortley Rural), Dinnington (Kiveton Park Rural), Thureroft (Rotherham Rural), Thurlstone Urban District, Allerton Bywater (Tadcaster Rural), Conisbrough Urban District, and New Mill Urban District.

The appointment of an Emergency Nurse has amply repaid the County Council. Her work is chiefly of a "relief" nature, and on many occasions it has been possible to keep the work up-to-date by sending this Nurse into the area for a short period. Her help at holiday periods, and when a Nurse falls ill, is also of inestimable value.

The Bramley and Wickersley (Rotherham Rural) and Conisbrough Nursing Associations gave up the Health Visiting and School Nursing work, and two whole-time Nurses were appointed. By this arrangement it was also possible to relieve the Maltby and Dinnington (Kiveton Park Rural) whole-time areas.

The Flockton Nursing Association terminated their arrangement with the County Council, whereby their Nurse performed on our behalf the public health duties in the Flockton Urban District, and the work in this district was added to our whole-time Nurse for the Lepton and Kirkheaton Urban Districts.

During the year, new Nursing Associations were formed at Hampsthwaite (Knaresborough Rural District) and Cowling (Skipton Rural District), and to assist them financially they asked to be allowed to undertake, on behalf of the County Council, the work of Health Visiting and School Nursing, in addition to the Sick Nursing and Midwifery work, and in each case the request was granted by the Committee.

The following summary for the past five years will show how the whole-time staff has been gradually increased to prevent overlapping and reduce areas to workable proportions in order that one Nurse could successfully undertake the combined duties of Health Visiting, School Nursing, attendance at Child Welfare Centre, and visitation of tuberculous patients (in areas more than six miles from the nearest Tuberculosis Dispensary). It is estimated that to enable a Nurse to perform the combined duties efficiently, the population served should be less than 8,000, having regard also to area.

Year.	Number of Nursing Staff Employed.		
	Whole-time Health Visitors and School Nurses.	Part-time Health Visitors and School Nurses.	School Nurses only.
1921	87	65	8
1922	86	64	8
1923	89	65	6
1924	93	64	6
1925	93	70	6

The loss of one Nurse in 1922 is explained by the fact that, for economy reasons, one Emergency Nurse was dispensed with and placed in one of the vacant districts. The whole-time staff was also depleted by County Borough Extensions and in spite of this the numbers advanced owing to re-arrangements of other Nursing Areas.

A further advance will be made in 1926, and the establishment of whole-time Health Visitors will be increased to 100, even allowing for the loss of one Nursing Area, i.e., Pontefract Borough, who have taken over the powers under the Maternity and Child Welfare Acts.

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

Visits paid to whole-time Nurses	326
,, part-time Nurses	82
,, Midwives	465
,, Child Welfare Centres	77
Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth (abortions, pemphigus and deaths of children)	57
Attendances at conferences of Nurses and with Nursing Associations	29
Interviews with Medical Practitioners and various people relative to the Maternity and Child Welfare scheme	84
Premises inspected as to their suitability for Child Welfare Centres	44
Inquests attended	2

In addition to the above the Inspectors gave lantern lectures and addresses to mothers at Centres (10), met local Child Welfare Committees re their duties at Centres (27), attended official openings of Child Welfare Centres (9), inspected Maternity Homes (7), instructed new Nurses in their duties, addressed meetings of Nursing Associations, acted as judges at various baby competitions, made special enquiries into work of Health Visitors, investigated the work of Nursing Associations applying for grants, and visited and canvassed areas regarding the formation of Nursing Associations.

National Baby Week.—Although National Health and Baby Week is officially recognised generally throughout the Provinces in October, many local Child Welfare Committees took the view that it would be much better if Baby Week took place during the summer months, i.e., the first week in July.

The Mirfield Centre are to be congratulated on the success attained by one of their babies in the Best Baby Competition, open to the British Isles and organised by the National Baby Week Council.

The baby in question was a girl, aged 8 months, who was judged the best baby in a class for children under twelve months. The child received an endowment of £25, and the mother a cash prize of £20. The child, who is a regular attender at the Centre, spends most of her time on her father's canal boat between Mirfield and Hull.

In a class for two to five years, a child attending the Halton Centre was placed in the ninth position.

At Rawmarsh, a whole week was given to the celebrations. On the first day there was a grand procession and pram parade, headed by the Parkgate Band. The next day a Tea and Concert were given in Victoria Park. On the Friday an "At Home" was held at the Centre and an address given by the Medical Officer to the Centre. Monday was devoted to Home Visiting and on the Tuesday, my Inspectress gave a Lantern Lecture at the Centre. Garden parties were held at Mirfield and Sowerby Bridge and 700 were present at the latter gathering. Other celebrations were held at Catcliffe, Penistone and Royston.

In October, Health and Baby Week were combined at Sowerby Bridge. The Travelling Exhibition from the Central Council for Infant Welfare was on view at the Bolton Brow School during the whole week. The Exhibition was largely attended and various competitions were organised and these included: Best home baked loaf of white bread, teacake and brown loaf, specimen of home darning, garment made from old material, pair of home mended boots or shoes.

Training of Health Visitors.—In February, the Minister of Health issued Circular 557 and Memo. 101/MCW with reference to the Training of Health Visitors, and this may be summarised as follows:—

1. As from the 1st April, 1925, grants for the Training of Health Visitors will be paid by the Minister instead of the Board of Education.
2. On and after the 1st April, 1928, the Minister will not approve the appointment of a woman *for the first time* as a whole-time officer of a Local Authority with health visiting duties unless she has obtained a Health Visitor's certificate. This certificate will be issued to any candidate who passes the examination, but before being allowed to sit for the examination the candidate must produce evidence of:—
 - (a) Having completed a Course of Training approved by the Ministry of Health, in Public Health work, lasting for at least six months,* and must also have obtained, or declared in writing her intention of obtaining, the certificate of the Central Midwives Board; or
 - (b) Having undergone a Course of Training of two years' duration already recognised under the Board of Education (Health Visitors' Training) Regulations, 1919, and must also have obtained, or declared in writing her intention of obtaining, not less than six months' training in a General, Fever or Children's Hospital, and must also have ob-

tained, or declared in writing her intention of obtaining, the certificate of the Central Midwives Board; or

- (c) Having given satisfactory service as a whole-time Health Visitor to a Local Authority for a period of not less than 5 years, including the necessary practical experience; or
- (d) With the consent of the Minister in each individual case a candidate may be admitted to the Examination who has, for not less than 5 years, given satisfactory service as a Whole-time Officer of a Local Authority or Local Authorities, and has been engaged for part of that time as a School Nurse, Tuberculosis Officer, etc., if a material part of her time has been devoted to Health Visiting.

* These courses of training are only open to—*A Nurse who has completed a three years' course of training in a hospital which was, during the period of her training, or has subsequently become, a training school approved by the General Nursing Council for England and Wales, or the General Nursing Council for Scotland, or the General Nursing Council for Northern Ireland, for the purpose of admission to the general part of the Council's register or to the part for nurses trained in the nursing of sick children, or who has obtained admission to one of such parts of the register of the General Nursing Council for England and Wales under the provisions of Section 6 (1) of the Nurses' Registration Act, 1919.*

3. The position of existing Health Visitors is fully safeguarded, and for those appointments made before the 1st April, 1928, the Minister will approve the appointment without further qualifications. A woman who has given at least five years' satisfactory service as a Health Visitor is eligible to enter for the examination leading up to the Certificate.
4. Local Authorities may themselves organise series of lectures and short part-time courses of instruction for their Health Visitors.
5. It is important that District Nurses who undertake Health Visiting should receive suitable instruction in this part of their duties, and the courses mentioned in the preceding paragraph will be particularly valuable for them.
6. In future new entrants to the profession of Health Visiting will be required to devote $3\frac{1}{2}$ or 4 years to their training for this work.

At the present time, out of 99 whole-time and 70 part-time Health Visitors employed by the County Council, only 21 whole-time Nurses and 1 part-time Nurse possess the Health Visitors' Certificate.

The Education Committee award Technical Exhibitions to enable Nurses to attend a Technical College in preparation for the Health Visitors' Examination, and a number have taken advantage of the awards. Many Technical Exhibitions have been granted to Nurses who have attended classes in Leeds, Bradford and Sheffield, and successfully passed the examination of the Royal Sanitary Institute. It is hoped many more Nurses will avail themselves of these Exhibitions and attend classes in preparation for the examination of the Royal Sanitary Institute leading up to the new Health Visitors' Certificate. Every Health Visitor applying for a Technical Exhibition is required to sign an undertaking to continue in the service of the County Council for a period of two years after completion of her training, or in default, refund to the County Council the cost of the Exhibition. The Senate of the Leeds University have been approached to arrange classes for Health Visitors in preparation for the new Certificate, but so far nothing has been definitely decided. Failing efforts in this direction, it is quite possible that the College of Nursing will arrange for classes to be held in a convenient Centre in the Riding.

The following subjects are dealt with in connection with the examination for the Health Visitor's Certificate: Elementary Physiology and Structure of the body; personal and domestic hygiene; general hygiene and sanitation; infectious and communicable diseases, including Tuberculosis and Venereal diseases; Maternity, Infant and Child Welfare; School Medical Service; Sanitary Law and Government, Elementary economics, and Social problems; the principal Legal Enactments and Regulations connected with the aforementioned subjects.

Arising out of the Minister's circular, the County Council decided to arrange for a seven days' resident Course of Instruction for whole and part-time Health Visitors at the Bingley Training College and the Course will be held from the 14th to the 21st April, 1926. The Course will also be open to Health Visitors employed by other Authorities.

Distress Fund.—In accordance with a resolution passed by the County Council in January, 1924, a small sum is available yearly for the alleviation of distress disclosed in connection with the work of the Child Welfare and Tuberculosis Sub-Committees. The money available is interest on capital monies representing the balance of the West Riding Distress Fund. The amount available is equally divided between the two Committees—Child Welfare and Tuberculosis.

During 1925 the Child Welfare Sub-Committee disbursed a sum of £34 10s. 0d., and the following are some of the cases dealt with under this head: Provision of a Maternity Outfit for

the Hemsworth Child Welfare Centre to be loaned out to poor mothers at their confinement; massage treatment and railway fares for a child attending the Leeds Infirmary; funeral expenses of a child dying in the St. Anne's Convalescent Home, Bridlington; and treatment of children in the York Maternity Hospital, and Scarborough Children's Convalescent Home.

Supply of Milk to Expectant and Nursing Mothers and Children under 5 years of age.—The County Council's scheme for the distribution of milk is as follows:—Dried milk only is supplied because of its convenience in handling, its concentration and the greater ease of recovering payments. It is supplied free or at less than cost price for:—

- (a) Children up to three years of age and exceptionally to children between three and five years.
- (b) Nursing mothers, and
- (c) Expectant mothers during the last three months of pregnancy.

Ordinarily a 1lb. carton per week (equal to seven pints of fresh milk) is supplied, but where considered necessary three cartons may be supplied per fortnight. It is supplied free or at reduced price in necessitous cases—

- (a) In districts having a Child Welfare Centre where the Medical Officer of the Centre is of opinion that a supply is essential "on grounds of health."
- (b) In districts where there is no Centre when the local Medical Officer of Health is of opinion that a supply is essential "on grounds of health" or on the production of a special medical certificate.

A Special Sub-Committee deals with all applications for a supply of dried milk free or at less than cost price, to review circumstances of all people making application, and all authorisations for such supplies.

The Committee determine the degree of "necessity" in each case and have not adopted a fixed scale of income below which dried milk could be distributed free or at less than cost price. As a guide, however, the scale adopted for the payments of Midwives' fees in necessitous cases is acted upon, i.e., where the total family income, after deducting 5/- for each child under 14 years of age, falls below 30/- per week.

All applicants in necessitous cases are required to fill in a form showing the income of the family from all sources, number of children under 14 years of age, name and address of employer and the signature of the father is required to the statement.

These forms are then forwarded to the Education Department, and the particulars given on the form are checked by the School Inquiry Officer. The certificate of the Medical Officer that milk is needed on "grounds of health" is valid for four weeks and may be renewed where the applicant's family circumstances have not improved. Each applicant signs a receipt and on this certificate four spaces are provided for the Health Visitor to enter the number of each receipt. Stock books, vouchers, etc., are kept and stock is taken quarterly.

The following is a statement of the number of issues free or at less than cost price from the figures available during the past four years.

Financial Year.	No. issued free.	No. issued at half price.
1st April-31st March, 1923	3,857	415
1st April-31st March, 1924	2,346	273
1st April-31st March, 1925	2,159	483
1st April-31st March, 1926	1,778	100

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.	
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>
1924	1066	824	242	0·70	0·73	0·62	<i>0·84</i>
Average for 10 years, 1915-24	1165	909	256	0·80	0·84	0·70	<i>1·03</i>
1925	1081	826	255	0·70	0·72	0·65	<i>0·83</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.

It will be observed that Table I corroborates the general opinion now existing that the mortality from tuberculosis is on the decline. This remark applies equally to the urban and rural areas.

TABLE II.

Tuberculosis Deaths, 1925.

		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.)	3	1	2	9	94	183	122	21	2	437
	(F.)	4	2	5	24	119	145	75	13	2	389
Rural Districts	(M.)	1	1	1	2	24	65	30	3	1	128
	(F.)	1	—	2	15	36	45	22	6	—	127
County		9	4	10	50	273	438	249	43	5	1081
Other Tubercular Diseases—											
Urban Districts	(M.)	17	20	31	22	20	21	17	5	2	155
	(F.)	16	18	19	29	25	20	17	6	2	152
Rural Districts.	(M.)	3	5	11	6	4	7	3	1	—	40
	(F.)	9	6	8	7	8	6	4	—	1	49
County		45	49	69	64	57	54	41	12	5	396

A feature of the above table, and common to those of previous years, is the large proportion of deaths from pulmonary tuberculosis in age-groups 25–45, and gives support to the conclusions of Brownlee that the prevalent type of phthisis in the West Riding area is the middle-age type.

In 1925 for the administrative area the deaths from pulmonary tuberculosis at all ages represented 5·7 per cent. of the total deaths from all causes, as compared with 5·4 per cent. in 1924; whereas for England and Wales the figures were 6·8 per cent. for 1925 and 6·9 per cent. in 1924.

An analysis of deaths during 1925 indicates that for the county as a whole, the deaths from phthisis in age-groups 20–45 assume the proportion of 40% of the total deaths from phthisis all ages, whereas in the case of deaths occurring during the first 15 years of life the percentage is only 6·7.

An examination of the Returns of tuberculosis deaths submitted by local registrars in the county reveals the fact that a lower ratio prevails for pulmonary tuberculosis in children under 10 in Barnsley, Wadsley Bridge, Dewsbury, Huddersfield, Sowerby Bridge, Otley and Keighley areas than in Rotherham, Doncaster, Pontefract and Wakefield areas. The deaths from non-pulmonary tuberculosis are greatest in ages under 10-15, where the proportion is 57.3% of the total deaths from other forms of the disease (all ages). A higher rate prevails in Rotherham, Wadsley Bridge, Barnsley, Doncaster, and Wakefield areas, as compared with other areas in the Riding.

TABLE III.

Deaths from Tuberculosis in the West Riding Dispensary Areas during 1925.

Dispensary Area.	Death-rate per thousand of the population.			Percentage of deaths from Phthisis in children under 10 to deaths from Phthisis at all ages.*	Percentage of deaths from Non-Pulmonary Tuberculosis in children under 10 to total deaths from Non-Pulmonary Tuberculosis all ages.*
	Tuberculosis. All forms and ages.	Phthisis. All ages.	Non-pulmonary tuberculosis (all ages).		
Rotherham	1.11	0.82	0.29	5.5	65.8
Wadsley Bridge	0.72	0.57	0.14	2.8	80.0
Barnsley	0.81	0.56	0.25	1.5	69.4
Doncaster	1.12	0.87	0.25	4.7	62.5
Pontefract	1.23	0.97	0.26	5.2	55.5
Wakefield	0.88	0.57	0.31	5.6	78.5
Dewsbury	0.74	0.49	0.25	0.1	54.5
Huddersfield	0.82	0.57	0.25	0.1	47.8
Sowerby Bridge	1.01	0.79	0.22	1.1	27.2
Otley	0.94	0.67	0.27	2.7	38.2
Keighley	0.88	0.65	0.23	1.1	37.3

* Compiled from Returns of Deaths from Tuberculosis (all forms) obtained from local Registrars of Births and Deaths.

With reference to Table III a reliable inference cannot be deduced from returns of one year only, but it may be stated in general that for the past 5 years the greatest proportion of deaths from tuberculosis in children under 10 years has occurred in other forms of the disease and has invariably been highest in the thickly populated mining districts of South Yorkshire, and that deaths from phthisis in children under 10 is small in comparison with adult deaths from phthisis in all areas.

TABLE IV.
Notifications received during 1925 under the Public Health (Tuberculosis) Regulations, 1912.

AGE PERIODS.	Primary Notifications on Form A.										Primary Notifications on Form B.			Form C. (Admissions).					
	0	1	5	10	15	20	25	35	45	55	65 and over.	TOTAL.	0	5	10	15	TOTAL.	Poor Law Institutions.	Sanatoria
	1	5	10	20	15	20	35	45	55	65	23	1436	3	5	10	15	4	—	795
Pulmonary (Males) ...	4	23	175	151	159	167	295	200	170	69	23	1436	—	3	1	4	4	—	795
Do. (Females) ...	4	30	157	197	159	178	262	155	75	29	12	1258	—	4	4	8	8	—	470
Non-Pulmonary (Males)	16	89	158	82	28	11	21	15	6	5	—	431	2	5	2	9	9	—	19
Do. (Females)	10	73	153	102	37	31	22	11	3	4	—	446	1	8	2	11	11	—	24

TABLE V.

Notifications received during the period 1921 to 1925 under the Public Health (Tuberculosis) Regulations, 1912.

Year.	FORM "A."					FORM "B."				
	Pulmonary Cases.		Non-Pulmonary Cases.		Total.	Pulmonary Cases.		Non-Pulmonary Cases.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
1921	916	737	239	222	2114	24	21	21	11	77
1922	1023	878	257	246	2404	21	16	33	30	100
1923	1044	919	310	277	2550	10	16	23	23	72
1924	1568	1250	400	343	3561	9	9	23	13	54
1925	1415	1243	427	439	3524	4	8	9	11	32

Notification of Tuberculosis.

The above table shows a steady increase in the total notifications in pulmonary and non-pulmonary forms of tuberculosis during the years 1921 to 1925. The improvement generally is to a great extent due to the Regulations of 1923-4, resulting in an earlier and more complete notification on the part of medical practitioners and increased vigilance on the part of the local public health staffs. There is now a keener search for cases and improved methods of diagnosis, which brings a greater number of cases to light than hitherto. There is still ample room for improvement, however, in many districts.

Under pulmonary tuberculosis (male and female), in age-groups 5-10 and 25-35 for 1925, there is a 61% and 76% increase respectively on the figures of 1921. Notifications under non-pulmonary forms of tuberculosis (all ages) have shared in the gradual increase during the past five years, and the figures in age-groups 5-10 and 20-25 during 1925 are almost double those of similar age-groups for the year 1921.

The Public Health (Tuberculosis) Regulations, 1912-1921, and Ministry of Health Circulars 425 (August, 1923) and 549 (December, 1924) deal with notification. New regulations effective on 1st January, 1925, required greater uniformity in the procedure of notification and a stricter compliance with the terms of the regulations.

A practitioner is required to notify a case of tuberculosis within 48 hours of becoming aware that the person is suffering from tuberculosis. If notification takes place after the death of

a patient it is not regarded as a notification under these regulations. A Tuberculosis Officer is required to notify each case where he diagnoses tuberculosis unless he ascertains definitely that the practitioner has notified or will notify the case.

Local Authorities are reminded of their responsibility in seeing that the requirements of the regulations are fully observed in their districts. If wilful neglect to notify be proved, proceedings may be taken for the recovery of a penalty under Section (3) of the Public Health Act, 1896.

With regard to the keeping of Registers and Census of Cases, the Medical Officer of Health should remove from his register of notifications entries relating to notifications in respect of persons who have died or ceased permanently to reside within the district as well as those cases in which, after notification (a), the diagnosis of tuberculosis (with the consent of the practitioner) is not established and (b) patients cured of the disease.

Further statutory Rules and Orders, i.e., Ministry of Health Circular 1411 (1924) require that a Medical Officer of Health shall furnish at the end of each quarter a statement compiled from the register of notifications to include:—

- (1) Number of cases of tuberculosis on his register at the commencement of the quarter.
- (2) Number of cases notified to him under the Regulations of 1912 for the first time during the quarter.
- (3) Number of cases removed from the register during the quarter.
- (4) Number of cases remaining on the register at the end of the quarter.

West Riding Tuberculosis Dispensary Scheme.—During the year Dispensary organisation has been carried out as far as possible in accordance with the Ministry of Health Memorandum 286, issued in December, 1923. The object has been to secure a greater degree of co-ordination between medical practitioners and tuberculosis officers and so obtain the maximum effect from the dispensary system in the prevention and treatment of tuberculosis.

To 31st December, 1925, the consultations between practitioners and district tuberculosis officers in connection with cases referred to the Dispensary numbered 1,071 as compared with 976 in 1924.

The chief concerns of the Tuberculosis Officer and his staff are (1) the diagnosis of early and the control of advanced cases of pulmonary tuberculosis; (2) the examination and observation of contacts; (3) the after-care of patients who have received institutional treatment; (4) the instruction of patients and their relatives in matters relating to general hygiene and preventive measures. In all areas an active and cordial relationship has existed between the Local Sanitary Authorities and the Dispensary Staff.

That the recommendations outlined in paragraphs 2, 4 and 6 of the report approved by the County Council in July, 1923, are being carried into effect with regard to the closer supervision of contacts and a curtailment of the attendances of old cases at the Dispensary may be seen from the following table:—

Dispensary Attendances of Old and New Cases (including contacts) during the years 1923, 1924 and 1925.

New Cases Examined.	1923.	1924.	1925.
(a) Contacts	1,472	1,496	1,969
(b) Other Cases	3,142	5,460	3,318
Attendances made by Old Cases	55,926	39,020	33,278

Routine treatment at the Dispensary is limited only to the tuberculin treatment of selected cases of non-pulmonary tuberculosis in adults and children and has been met with varying degrees of success. The use of tuberculin in tubercular lesions of the eye is of value and would appear to influence the process of repair quicker than by any other means.

During the year 884 cases were referred to the Dispensaries where the diagnosis of tuberculosis was not confirmed—including cancellation of cases notified in error—and 416 cases discharged as cured.

Little attempt is made at symptomatic treatment of pulmonary tuberculosis at the Dispensary for it has long been the experience of Tuberculosis Officers that the results are not encouraging. Apart from the fact that patients cannot be kept under close observation, the influence of environment and habit are factors which largely militate against the best devised dispensary methods of treatment. Added to these are the wretched home conditions and overcrowding common to many of our industrial areas. Thus it may be seen from the dispensary tables that in certain of the South Yorkshire areas such as Barnsley, Doncaster and Wadsley Bridge, 43, 34 and 33 per cent. respectively of patients attending the Dispensaries in these areas were from homes where more than one family reside, whilst in the Dewsbury, Barnsley and Huddersfield areas, 52, 25 and 41 per cent. respectively of patients came from homes where they slept more than two in a bed.

A remarkable feature in the figures relating to housing is the comparatively small percentage of people living in houses in which the number of rooms was inadequate for the number of occupants. It appears that the greater need was not cubic space, but beds and bed clothing, which, through poverty, a large number were unable to provide.

Nests of infection still appear in many of the Urban Districts, where, owing to the conditions described above, open and infectious cases of tuberculosis cannot be properly segregated.

It is noteworthy also that in certain of the new mining villages in South Yorkshire, owing to a more or less constant immigration, the disease is frequently imported and is the source of infection brought to light at the Dispensary.

More provision has been made for the removal of advanced cases from the homes of the people in which efficient isolation cannot be procured but there are still many instances where patients with advanced phthisis return prematurely from Sanatoria to spread the disease.

During 1925, 16 per cent. of the discharges of advanced and infective cases from institutions for the reception of West Riding cases were irregular and where the patient failed to complete a reasonable period of residence against medical advice.

Under the Public Health Act, 1925, Section 62, compulsory removal to hospital of tuberculous patients is now possible and may have its effect in time, but its efficacy can only be in proportion to the completeness of notification.

Much of the tuberculosis in the West Riding is undoubtedly preventable, and the sources of danger which give us most concern may include (1) cases of advanced phthisis returning prematurely from hospital to wretched home conditions, poverty and privation; (2) the carelessness and indifference in the habits of infectious persons; (3) ignorance frequently displayed by consumptive mothers in fondling and infecting young children; (4) young adults with active pulmonary tuberculosis marrying and propagating the disease; (5) delay in seeking medical advice on the part of wage-earners through fear of losing their employment; (6) improper care and feeding of children, thereby lowering the vitality and diminishing the resistance to tuberculous infection.

There were frequent enquiries during the year as to the relative merits of supposed cures for consumption, but no infallible remedy has yet been discovered. The exceptional qualities accredited to such "phantom cures" excite the interest and hopes of patients and tempt such as can least afford it to incur needless expense—an expense which in most cases would serve a better purpose in providing food and clothing.

Prophylactic treatment of children is carried out at a few of the dispensaries and this form of treatment is now becoming recognised as a growing concern of a tuberculosis dispensary. In the West Riding area during the year over 100 children of school age received prophylactic inoculations of tuberculin. In two areas special Saturday morning sessions were organised for this purpose. Most of the cases selected were contacts coming from homes where one or other of the parents had definite disease of the lungs and were notified cases. Children selected for such treatment were frequently under normal standard in height, weight, colour and general nourishment, and in most instances X-Ray examination revealed "root shadows."

A survey of the year's work in prophylactic treatment shows that approximately 73 per cent of cases after 26 weeks' treatment showed definite improvement with increase in weight and vigour. Most children have been able to resume and continue school full time without relapse. It was found that a course of Artificial Sunlight Treatment given concurrently with Tuberculin treatment considerably accelerated improvement. To make prophylactic treatment of children universal, a painless method of introducing the tuberculin would require to be devised, as there is a growing tendency for parents to object to the discomfort to their children caused by hypodermic injections.

Recently Professor Calmette, Director of the Pasteur Institute in Paris, proved in his researches that in the prophylactic treatment of infants his vaccine could be given in milk and was as effective in its results as injecting under the skin. His procedure is to vaccinate newly born infants' and again later at the age of one year, and at two years, with a harmless strain of tubercle bacilli, which promotes immunity to the disease for as long a period as possible. Children are in no wise upset and are carried over the period of most frequent infection. It is not known how long the protection will last after the third year or whether re-vaccination will be necessary. It was shown that from 1921 to the end of 1925, out of 1,317 infants born of tuberculous parents and vaccinated six months or more before only 0.7 per cent. died of tuberculosis, whereas in the Tuberculosis Dispensary in Paris 32.6 per cent. of the babies of tuberculous mothers died in their first year.

It is suggested that every child born into a tuberculous household should be given this treatment and possibly all children may be so treated in future.

In the West Riding area investigations are being carried out in districts where there is a high incidence of tuberculosis amongst young children with a view to utilising this form of prophylactic treatment.

In September, 1925, the Ministry of Health issued Memorandum 37/T to Local Authorities. The purpose of this Memorandum has been to estimate the extent and value of work done under the approved schemes of Local Authorities for the treatment of tuberculosis and of obtaining a uniform presentation of facts for the country as a whole. Recommendations are contained therein as to general dispensary procedure and a series of tables are included and so constructed as to give the minimum information requisite. Suggestions are offered for the simplification and uniformity in the classification of patients, the keeping of case records and the compiling of statistical returns. At a conference of District Tuberculosis Officers, held in Wakefield in December, 1925, the Memorandum was discussed and the following dispensary procedure adopted with regard to the diagnosis of tuberculosis in adults and children.

1. That in all but exceptional cases the diagnosis of patients sent to the Dispensary for observation and not recommended for Sanatorium should be completed within a period of two months after the first examination. Old cases attending the Dispensary will continue to be examined periodically with a view to classifying the quiescent, arrested or cured, and to enable the District Tuberculosis Officer to discharge or transfer cases that are tuberculous.
2. That in the case of children where the diagnosis was difficult to confirm, observation at the Dispensary or Sanatorium should be continued for a period up to two months. If at the end of that time no decision had been made the case to be referred to the School Medical Inspector or School Clinic.
3. Children should not continue to attend the tuberculosis Dispensary indefinitely or be granted certificate of fitness or unfitness to attend school or receive grants of malt and oil or extra nourishment in the absence of a diagnosis of tuberculosis.

Medical Centres.—During the year a special Sub-Committee appointed to consider draft model plans and estimates for the provision of permanent medical centres decided to adopt the model plans which had been placed before them in July, and which conformed to the specifications required by the Ministry of Health for a modern Tuberculosis Dispensary.

It was recommended that suitable sites be selected and new dispensary premises erected at Mexborough, Liversedge, and Hemsworth, and that new premises be obtained at Penistone, Batley, Skipton, Harrogate, Chapeltown and Rothwell.

During the year new Dispensary premises were secured at Sowerby Bridge, Brighouse and Thorne.

Re-Arrangement of Dispensary Areas.—In October, 1925, the Committee submitted their report on the several dispensary areas in the County, and recommended that, as there were instances where dispensaries were not situated to the best advantage, the following re-arrangement was desirable.

- (1) Dewsbury Area.—That the dispensaries at Northfield House, Halifax Road, Dewsbury, and at the Council Offices, Birstall, be closed, and that a new centre be established at Batley. An alternative which would provide a more convenient centre for the majority of patients attending the Dewsbury and Birstall Dispensaries.

- (2) Otley Area.—That, as the majority of patients attending Guiseley Dispensary came from Horsforth and Rawdon and had a considerable distance to travel, new premises be obtained at Horsforth and the dispensary transferred from Guiseley to Horsforth.
- (3) Wadsley Bridge Area.—That new premises be obtained at Chapeltown and the dispensary transferred from Wadsley Bridge. That the Urban Districts of Greasboro, Maltby, and Rawmarsh, and the Rural District of Rotherham—less the township of Thurcroft—be added to the Wadsley Bridge Area.
- (4) Huddersfield Area.—That the Urban Districts of Flockton and Emley be taken over from the Wakefield Dispensary area, and that there be one daily session only at Uppermill and Marsden Dispensaries instead of the half-day sessions as hitherto.
- (5) Wakefield Area.—That a new Branch Dispensary be opened at Rothwell, and that the districts of Normanston, Methley and Altofts be taken over from the Pontefract area.
- (6) Mexborough Area.—That this area be re-arranged to include only Mexboro', Swinton, Wath-on-Dearne, Conisboro', Bolton-on-Dearne Urban Districts, and Doncaster Rural District (Denaby and Adwick), in order that the District Tuberculosis Officer in charge may undertake his duties as Medical Superintendent of Crookhill Hall Receiving Home, Edlington, and be able to visit this Institution at least twice per week.

Considerable difficulty has been experienced in securing suitable premises at Batley, Rothwell, Horsforth and Chapeltown, and there has been no change in consequence.

On the 31st March, 1925, Dr. Samuel Bryson resigned from the post of District Tuberculosis Officer in the Wadsley Bridge area. Dr. Groves was transferred from the Dewsbury area to the Wadsley Bridge area on April 15th. On April 6th, 1925, Dr. Vincent Ryan was appointed District Tuberculosis Officer for the Dewsbury area, and on 14th September Dr. Crowther was appointed District Tuberculosis Officer to the Barnsley area in place of Dr. G. Tate, who resigned on 31st July.

Home Visitation.—Under the West Riding Tuberculosis Dispensary Scheme there are employed on the Nursing Staff 22 whole time Dispensary Nurses who attend the dispensary sessions and visit the patients in their homes, and 60 Health Visitors who devote a portion of their time visiting tuberculous cases in the outlying districts of the Riding.

NUMBER OF VISITS TO THE HOMES OF THE PATIENTS BY DISTRICT
TUBERCULOSIS OFFICERS, DISPENSARY NURSES AND HEALTH
VISITORS DURING THE YEARS 1923, 1924 AND 1925.

Year.	Visits by District Tuberculosis Officers.	Visits by Dispen- sary Nurses.	Visits by Health Visitors.
1923	1669	20,902	7691
1924	2290	28,491	8029
1925	2101	30,763	9760

Owing to the diminishing attendances of old cases at the dispensaries more time has been devoted by the nursing staff to home visiting and following up contacts. In this respect there has been a noteworthy increase in the number of visits paid during the year 1925.

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

At Sowerby Bridge Dispensary there were during the year 50 cases of tuberculous cervical adenitis treated with graduated doses of B.E. The following results were obtained:—

In four cases the glands were considerably reduced in size and the condition rendered quiescent.

In thirty-seven cases at the conclusion of treatment the condition was "much improved"; in four cases "improved"; and in five the condition was stationary or became worse.

Most of the above cases received a course of Artificial Sunlight Treatment. Four cases of lupus in adults were treated with tuberculin and later with artificial sunlight and the result in each case was "marked improvement" with softening of scar tissue.

Two cases of tuberculous glands were treated during the year at Harrogate Dispensary with graduated doses of T.R. and the result of treatment was in each case a decided improvement, with reduction in the size of the glands.

In the Pontefract Dispensary area 25 cases of glands in the neck were treated with Philips' Tuberculin Ointment; 9 with a result markedly improved; 8 improved, and 8 in whom there was no change. Cases for tuberculin treatment are carefully selected by the District Tuberculosis Officer. It would appear that there are some cases which respond more favourably than others to this form of treatment, especially in glandular conditions where there is very often a reduction in the size of the glands as well as marked improvement in the general health.

There are also a few instances where tuberculin treatment has been attended with severe local reaction, sometimes with caseation and softening of the glands.

Concurrent artificial sunlight treatment is of great benefit and has been used especially in the treatment of lupus. For this particular form of tuberculosis, Ultra-Violet Therapy is acclaimed by most District Tuberculosis Officers as the quickest and most effective method of treatment.

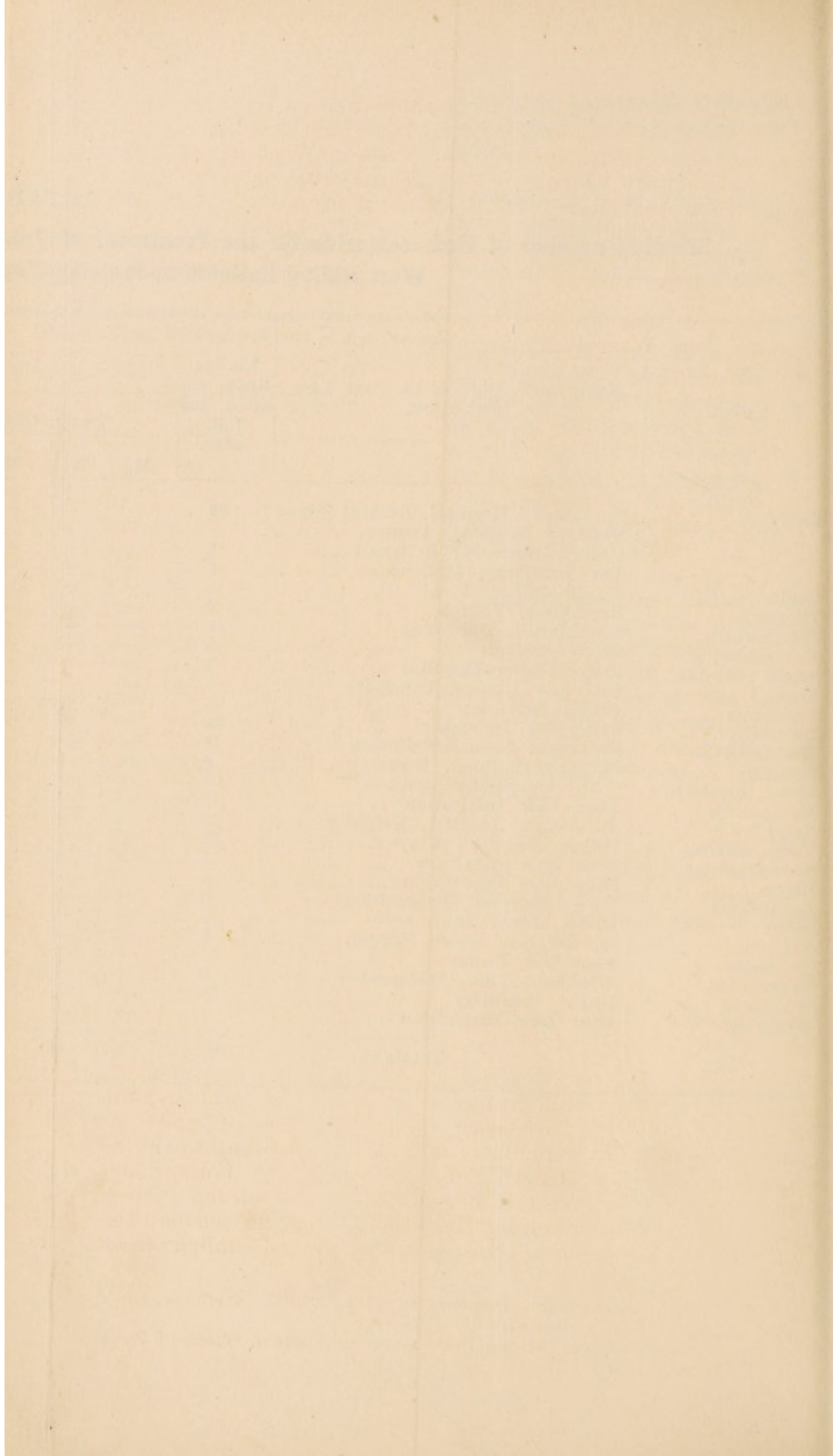
Poor Law Institutions.—In Circulars 607 and 607a, July, 1925, addressed to County Councils, Boroughs and Boards of Guardians, with reference to the treatment of tuberculosis in Poor Law Institutions, Local Authorities are reminded that all appropriate steps should be taken to secure effective co-operation with Poor Law Authorities in the matter of treatment of tuberculosis and be willing, on the request of the Board of Guardians, to allow a Tuberculosis Officer to be appointed as consultant upon the staff of the Poor Law Institutions. In this way co-operation between the dispensary service and the Poor Law service would be facilitated. It is understood that hitherto in the case of some Poor Law Institutions it has been the practice for the Local Tuberculosis Officer of the Local Authority to visit the Institution on request. It would appear that whilst the majority of cases of pulmonary tuberculosis admitted to Poor Law Institutions are such as can be suitably dealt with therein, there are cases in an early stage of the disease admitted which should preferably be treated in a residential institution by a Local Authority under their Tuberculosis Scheme.

Tuberculosis Officers should examine cases before or immediately after admission to a Poor Law Institution with a view to their considering whether the case is one in which he should make a recommendation for residential treatment to the Local Authority.

TABLE VI.

Showing number of Beds set aside for the Treatment of Tuberculosis at the various Poor Law Institutions and the number of West Riding Patients undergoing Treatment on September 1st, 1925.

Union.	Name and Address of Poor Law Institution.	No. of Beds set aside for T.B. cases.	No. of West Riding patients under treatment, September, 1925.															
			Pulmonary Cases.								Non-Pulmonary.				Total.			
			Early Cases.				Advanced or Chronic Cases.											
			M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.
Leeds	St. James's Hospital, Beckett Street	98	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
"	Bramley Hospital, Armley	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
"	Union Infirmary, Rothwell	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
"	The Infirmary, Holbeck	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Goole	65, Boothferry Road	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Thorne	Restholme, Thorne	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Saddleworth	Ruminghill, Dobeross,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Knarborough	Knarborough	6	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	
Settle	Settle Union Hospital	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
York	City and District Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Penistone	Union Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dewsbury	Staincliffe Infirmary	28	—	—	—	—	—	4	3	1	—	—	—	—	—	—	—	
Huddersfield	Crossland Moor Institution	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Barnsley	80, Gawber Road, Barnsley	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Great Ouseburn	"The Guardians' Institute"	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hemsworth	Poor Law Institution	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Keighley	St. John's Hospital, Keighley	19	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	
North Bierley	Union Hospital, Clayton	28	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pontefract	Poor Law Infirmary	18	3	2	1	2	—	—	—	—	—	—	—	—	—	—	—	
Ripon	Poor Law Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rotherham	Union Hospital, Rotherham	30	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Selby	Brook Street Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Skipton	16, Gargrave Road, Skipton	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tadcaster	Poor Law Union	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Todmorden	Stansfield View, Todmorden	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wakefield	Union Infirmary	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wetherby	Poor Law Institution	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals	308	6	6	1	4	20	8	1	1	9	15	4	2	35	29	6	7



It will be noted from the above table than on 1st September, 1925, of the total accommodation in Poor Law Institutions that set aside for the treatment of tuberculosis in West Riding cases was approximately 25 per cent. The majority of cases under treatment on that date were adults suffering from advanced phthisis and non-pulmonary tuberculosis, all chronic conditions. A very small proportion of children were receiving treatment at Poor Law Institutions.

The fact that at various times during the year and in different areas West Riding patients have been removed from workhouse hospitals to sanatoria at the request of the District Tuberculosis Officer indicates that the co-operation desired by the Ministry of Health already existed in the West Riding between the District Tuberculosis Officer and the Poor Law Hospital Staff.

In September, 1925, the West Riding Public Health Committee decided that Tuberculosis Officers should be appointed as consultants on the Staff of Poor Law Institutions, where the Guardians desire to make such an appointment. Accordingly this proposal was circulated to the Authorities concerned and has been accepted by most.

Hitherto in almost all Dispensary areas it has occasionally been the practice for advanced cases of phthisis to be admitted to Poor Law Institutions where there is grave danger of disseminating the disease to others and where there is little prospect of cure, or to cases that are destitute. Early cases have been admitted pending their admission to a Sanatorium under the Local Authority.

During the year a satisfactory liaison has existed between Boards of Guardians and the staff of the Dispensary Service in the matter of providing clothing and extra nourishment to necessitous cases.

Ultra-Violet Ray Treatment.

During the year attendances at General Hospitals or other institutions approved for the purpose of patients for Light Treatment numbered 171.

Dispensary Cases.—Arrangements for the treatment of patients by artificial sunlight have been made with local hospitals for the treatment of Dispensary patients. Cases of lupus and glands attend as out-patients or in-patients according to the recommendation of the District Tuberculosis Officer. For administrative purposes the West Riding is divided into eleven Dispensary Areas, and the following Hospitals, which are conveniently situated for the respective areas, provide artificial sunlight treatment:—

Patients from Rotherham Dispensary Area attend Sheffield Royal Infirmary (daily clinics).

Patients from Wadsley Bridge Dispensary Area attend Sheffield Royal Infirmary (daily clinics).

- Patients from Pontefract Dispensary Area attend either Clayton Hospital, Wakefield, or Leeds General Infirmary, whichever is more convenient (daily clinics).
- Patients from Dewsbury Dispensary Area attend either Clayton Hospital, Wakefield, or Leeds General Infirmary, whichever is more convenient (daily clinics).
- Patients from Wakefield Dispensary Area attend either Clayton Hospital, Wakefield, or Leeds General Infirmary, whichever is more convenient (daily clinics).
- Patients from Barnsley Dispensary Area attend either Clayton Hospital, Wakefield, or Leeds General Infirmary, whichever is more convenient (daily clinics).
- Patients from Huddersfield Dispensary Area attend Manchester and Salford Skin Hospital (daily clinics).
- Patients from Sowerby Bridge Dispensary Area attend Manchester and Salford Skin Hospital (daily clinics).
- Patients from Doncaster Dispensary Area attend Dr. E. J. Chambers, South Parade; Dr. J. Ashforth, South Parade; Dr. Miller, South Parade.
- Patients from Keighley Dispensary Area attend Victoria Hospital, Keighley, New Electro-Therapeutic Department, just opened (daily clinics).
- Patients from Otley Dispensary Area attend either Harrogate Infirmary or Leeds Infirmary, whichever is more convenient (daily clinics).

With regard to Dispensary patients, the opinions of District Tuberculosis Officers as to the efficacy of Ultra-Violet Light Treatment in tubercular conditions vary, but it would appear that many cases derive benefit, and in a few instances actino-therapy prevents further spread of the disease. It is now the practice at the Dispensaries to begin treatment of glandular conditions and lupus with artificial sunlight, and to resort to other means only when this fails.

It is, perhaps, too soon to say whether the good effects from Artificial Sunlight Treatment will be lasting, but it is certainly the experience of many that it curtails the length of time under treatment, whether at the Sanatorium or Dispensary, and promotes a general improvement as well as increase in the healing powers of the tissues. An investigation is being carried out at the Dispensaries in the after-histories of patients who have received a complete course of Ultra-Violet Ray Treatment.

Instruction in Actino-Therapy.—This is not confined to the Nursing Staffs of Sanatoria. Facilities are made for all Medical Officers and Nurses employed under the West Riding Tuberculosis Scheme to attend courses of instruction at convenient centres, as may be prescribed from time to time.

Milk Regulations.

With regard to milk and tuberculosis infection the following Regulations were brought into force during the year 1925:—

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Statutory Rules and Orders, 1925, No. 757; Milk and Dairies Order, 821, 1926.

the terms of which require that:—

(a) The Local Authority shall enforce and execute these regulations, and for this purpose shall make such enquiries and take such other steps as may seem to them necessary for securing the due observance of the Regulations in their district.

(b) No person who is aware that he is suffering from tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.

(c) Any person so employed and found to be in an infectious state the Local Authority may, by giving notice in writing signed by the Clerk or Medical Officer of Health, require such a person to discontinue his employment or occupation on the date specified in the notice.

Propaganda.

The chief factors in controlling tuberculosis are (a) a more precise knowledge on the part of the general public in matters relating to the causation and prevention of consumption, and (b) a realisation and appreciation of the value of carrying out the elementary rules of hygiene in the home.

During the year a vigorous health campaign was organised and carried into effect throughout the West Riding. During Health Week (October 4th-10th) the following scheme was adopted:—

Addresses to School Children.—As in previous years, Medical Practitioners in the area were invited to give addresses to school children, and the West Riding Education Authority authorised the Head Teachers in schools to undertake the duty, where it was impossible to arrange for a Medical Practitioner to attend. Skeletal notes on health talks were prepared by the County Medical Officer and circulated amongst them. The response was very satisfactory, and the following addresses were given in various schools under the control of the West Riding Education Committee.

	Elementary Schools.	Secondary Schools.	Totals.
Medical Practitioners ...	190	2	192
Head Teachers ...	688	49	738
Totals ...	879	51	930

An effort was made to enlist the support of those areas covered by the West Riding Insurance Committee, where there exists a separate Education Authority. During the year the following Boroughs and Urban Districts consented to take part:—

Harrogate	Keighley.	Morley.	Ossett.
Pontefract.	Pudsey.	Shipley.	Spenborough.
Todmorden.			

In all these districts, arrangements were made for Medical Practitioners or Head Teachers to address the children.

Distribution of Literature on Health Subjects.—Picture cards were selected during the year for distribution to the scholars and twenty designs were agreed upon, twelve were caricatures drawn with a view to making an impression upon the minds of the scholars with regard to points in Hygiene, and the remaining eight designs were selected from the prize-winners in the scholars' competition for 1924.

It was arranged that ten picture cards should be given to each scholar, and that each packet should contain certain duplicates with a view to the scholars exchanging such duplicate cards for others. This system was very successful, and the cards distributed were much appreciated.

Poster Displays and Competitions.—Artistic posters were specially prepared for display in the class rooms in accordance with the original designs selected by a special Sub-Committee. Competitions were arranged amongst school children for suitable posters on health subjects. A considerable amount of interest was shown, and the best efforts were, in the first instance, chosen by the Head Teachers and finally submitted to a special Health Committee. Forty prizes were distributed equally amongst the successful boys and girls.

Health Week, October, 1925—Distribution of Health Literature to Schools.

	Picture Cards (set of 10).	Skeletal Notes.	Artistic Posters.
West Riding Elementary Schools ...	155000	3600	5000
West Riding Secondary Schools ...	13500	200	600
Schools in Autonomous Areas ...	17000	368	172
	185500	4168	5772

Co-operation with Ministers of Religion.—The Ministers of religion and Superintendents of kindred bodies in the Riding were asked by circular letter that, in the course of the sermons

to be preached on the Sunday in Health Week, they should make some reference to the subject of Health. The total number of letters issued was 1,833; many replies were received indicating an ardent desire to assist, and there were requests for literature for distribution in the older classes where the scholars did not attend week-day schools.

Lectures on Health Subjects.—A series of Cinema Exhibitions dealing with various health subjects were arranged in connection with the year's campaign. Arrangements for the series were made in conjunction with the Venereal Diseases Committee, who obtained the services of the Official Lecturer to the British Social Hygiene Council. Twelve addresses were arranged in the South Yorkshire districts. District Tuberculosis Officers gave lectures on the subject of tuberculosis in the various Dispensary areas. The attendances at these lectures were very satisfactory.

X-Ray Examinations.

The alteration in the West Riding Dispensary Scheme requiring as it does a keener search for contacts and a more critical examination of new cases, has been greatly facilitated by the use of the X-Ray as a means of confirming the diagnosis. That its value is accepted by Tuberculosis Officers is seen from the increasing numbers of examinations made during 1925.

The following arrangement was made for the X-Ray examination of Dispensary Cases during 1925:—

<i>Dispensary.</i>	<i>Institution or Private Radiologist.</i>
Barnsley	Beckett Hospital, Barnsley Drs. Hallam and Grout, Sheffield
Dewsbury	Clayton Hospital, Wakefield Clayton Hospital, Wakefield General Infirmary, Dewsbury
Doncaster	Dr. Miller, Doncaster
Huddersfield	Huddersfield Infirmary.
Keighley	Dr. Mitchell, Bradford
Otley	Dr. Thomson, Harrogate
Pontefract	Dr. Scargill, Leeds Clayton Hospital, Wakefield
Rotherham	Drs. Hallam and Grout, Sheffield
Sowerby Bridge	Royal Infirmary, Halifax
Wadsley Bridge	Drs. Hallam and Grout, Sheffield
Wakefield	Clayton Hospital, Wakefield
(including cases from the Cardigan Sanatorium)	

Number and Results of X-Ray Examinations made during 1925.

Area.	Number of X-ray examinations.	Region.	Result.
Barnsley	46	Lung 29; Spine 10; Hip 2; Knee 2; Ulna 1; Ribs 1; Elbow 1	Diagnosis confirmed in 18 cases.
Dewsbury	5	Lung 4; Thumb 1	Diagnosis confirmed in 1 case.
Doncaster	3	Lung 1; Hip 1; Neck 1	Diagnosis confirmed in 2 cases.
Keighley	5	Lung 4; Knee 1	Diagnosis confirmed in 2 cases.
Otley	13	Lung 10; Spine 2; Bone 1;	Diagnosis of Tubercu- losis in 5 cases.
Pontefract	4	Lung 3; Knee 1	Diagnosis of Tubercu- losis not con- firmed.
Rotherham	20	Lung 12; Spine 5; Hip 2; Leg 1.	Diagnosis confirmed in 13 cases.
Sowerby Bridge	1	Hip	Confirmed.
Wadsley Bridge	13	Lung 8; Spine 3; Knee 1; Silicosis 1	Diagnosis confirmed in 5 cases.
Wakefield	34	Lung 30; Spine 2; Hip 1; Ankle 1	Diagnosis confirmed in 17 cases.
	144		

Surgical Appliances.

In connection with the treatment of surgical tuberculosis both in institutions and at the Dispensaries, 36 appliances have been supplied during the year:—

Thomas Hip Splints ...	6	Spinal Supports ...	7
Thomas Knee Splints	4	Surgical Boots ...	5
Cervical Splints ...	1	Crutches ...	10
Arm Splints ...	1	Bradford Frame ...	1
		Scrotal Truss	1.

The appliances were provided at a total cost of £70 11s. 0d. and of this amount £16 8s. 9d. was contributed by or on behalf of the persons concerned. The appliances are purchased from firms specialising in the manufacture thereof and patients are measured and fitted under medical or other competent supervision.

Open-Air Domiciliary Shelters.—The practice of providing Shelters and Equipment in connection with the domiciliary treatment of patients has been fully secured and their use continues to be much appreciated. During the year 126 persons have had the loan of Shelters and the transfer thereof from one case to another has been effected on 39 occasions. An endeavour is made to keep 100 Shelters available, and this number is more or less constantly occupied. On the understanding that every care will be taken to keep them clean and free from damage, shelters are provided without cost to the patient on the recommendation of the District Tuberculosis Officers or with their approval if application is made through any other source. The primary object of the shelter, of course, is to supply means of segregation and to enable patients to avail themselves to the fullest possible extent of the advantages of an open-air life. A regular and systematic supervision of shelters by the Dispensary Nurses and Tuberculosis Health Visitors has been maintained during the year and monthly inspection reports submitted to the Central Office, upon which appropriate action has been taken to secure the execution of any necessary repairs and renewals.

I desire to again express my appreciation of the able assistance afforded me by Medical Officers of Health and Sanitary Inspectors in the Administrative County in carrying out disinfections, inspecting and approving sites and other relevant services.

REPORT ON DISPENSARY AREAS.

Barnsley Area.

Estimated Population, 133,003.

District Tuberculosis Officer, Dr. H. A. Crowther.

The three dispensaries in the Barnsley area supervise the following districts:—

Barnsley.—Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Wombwell U., Worsborough U., Barnsley R., Wortley R. (Tankersley Parish only).

Penistone.—Gunthwaite U., Hoylandswaine U., Penistone U., Thurlstone U., Penistone R.

South Kirkby.—Parishes of South Kirkby, North Elmsall, South Elmsall, Brierley, Shafton, Houghton Magna (Hemsworth Rural District).

- | | |
|---|------|
| (1) No. of cases on the Dispensary Registers for the whole of the Barnsley area on 31st December, 1925 | 1096 |
| (2) No. of consultations with Practitioners during the year | *18 |
| (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases | 4862 |
| (4) Total No. of visits by District Tuberculosis Officer to patients at their homes | *92 |

*Paucity in numbers due to illness and to changes of Tuberculosis Officers during this year in the Barnsley area.

(5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Barnsley	84	399	3293
Penistone	2	35	398
South Kirkby	30	154	1158

(6) Housing condition of patients.—

	Percentage of Patients attending.		
	Barnsley.	Penistone.	South Kirkby.
Cases occurring in houses regarded as insanitary	6·3	2·7	10·5
Cases from houses where more than one family reside	13·7	13·0	16·3
Cases from overcrowded houses	6·8	20·8	10·7
Patients sleeping in:—			
Separate room	15·2	21·7	12·8
Separate bed but not separate room	16·2	15·7	11·3
Two in a bed	28·6	20·8	27·6
More than two in a bed ...	13·2	5·3	10·8

Dr. Crowther reports:—

“The Dispensary should, in my opinion, be used for diagnosis, education and after treatment supervision; educative measures being directed as much towards prevention of infection as to an endeavour to maintain improved health of those who have undergone institutional treatment. With regard to diagnosis ample use has been made of existing facilities for X-Ray examinations. I am endeavouring to pay particular attention to the after-care of children suffering from surgical tuberculosis as, in these cases particularly, much future crippling may be avoided by making sure that instructions given are carried out conscientiously.

“The system of employing Health Visitors as Tuberculosis Visitors in the remoter districts is a useful one and interviews between the District Tuberculosis Officer and the Health Visitors are frequently arranged.

“With regard to After-Care Committees it seems to me that these are not so much concerned with ‘after care,’ as at present their most useful sphere appears to be in the provision of clothing and in some cases extra nourishment before treatment is instituted. The provision of suitable employment and suitable housing conditions after a patient’s return from Sanatorium seems in the majority of cases to be almost impossible and leads to a relapse sooner or later when a patient is obliged, perhaps, to return to work down the pit or to return to overcrowded homes where it is impossible to maintain the health which a course of institutional treatment has restored to him. I appreciate the thoroughness of the work done by the Dispensary Nurses in a very crowded district. A cordial relationship has been maintained with the General Practitioners in the district and it is very encouraging to find a greater number of early cases being referred to the Dispensary.”

Dewsbury Area.

Estimated Population, 149,655.

District Tuberculosis Officer, Dr. V. Ryan.

The five Dispensaries in the Dewsbury Area supervise the following districts:—

Dewsbury.—Batley Borough (part), Ossett Borough (part).

Pudsey.—Pudsey Borough, Calverley U., Farsley U.

Liversedge.—Spensborough U., Heckmondwike U.

Birstall.—Batley Borough (part), Birstall U., Birkenshaw U., Hunsworth U.

Morley.—Morley Borough, Gildersome U., Ardsley E. and W. (part), Drighlington U.

- | | |
|--|------|
| (1) No. of cases on the Dispensary Registers for the whole of the Dewsbury Area on 31st December, 1925 | 755 |
| (2) No. of consultations with Practitioners during the year | 218 |
| (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases | 2924 |
| (4) Total No. of visits by District Tuberculosis Officer to patients at their homes | 291 |
| (5) Dispensary attendances, etc.— | |

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Dewsbury	27	68	1346
Birstall	13	26	446
Liversedge	45	50	486
Morley	46	53	936
Pudsey	20	31	404

(6) Housing condition of patients.—

	Percentage of Patients attending.				
	Dews- bury.	Pudsey.	Liver- sedg.	Birstall.	Morley.
Cases occurring in houses regarded as insanitary	0·2	0·0	0·0	0·0	0·0
Cases from houses where more than one family reside ...	1·8	9·8	4·4	1·5	3·8
Cases from overcrowded houses	9·0	20·2	14·7	6·0	23·5
Patients sleeping in:—					
Separate room ...	6·7	11·7	11·8	9·8	8·4
Separate bed but not separate room ...	28·9	14·1	20·5	24·8	17·7
Two in a bed ...	44·5	36·2	39·5	48·1	29·5
More than two in a bed	8·9	8·0	9·1	9·8	17·1

Dr. Ryan reports:—

“ During the year 1925 the work of the Tuberculosis Dispensaries in the Dewsbury Area was conducted on the same lines as in previous years. The rôle of the Dispensary as a diagnostic centre and clearing house was preserved. At the Dispensary only a few cases of non-pulmonary tuberculosis were treated, e.g., by tuberculin and such conservative measures as aspiration.

“ The view that the main source of infection in tubercle is usually in the home seems to be borne out by our figures, which show, in a majority of cases, that there is, or was, considerable and close contact with an open case of pulmonary tuberculosis in the person of a parent, relative or lodger. The co-operation of local Medical Officers of Health has been at hand to mitigate overcrowding, and frequently relatives of a tuberculous parent help by looking after the children in their own homes, and thus removing them from infection.

“ Of patients referred to Sanatoria, a large number of male adults fail to complete their treatment, and the action of men in causing their own premature discharge from Sanatoria seems particularly senseless when one sees the poor home conditions to which they return and which, of necessity, must obtain whilst they are still ill and unable to work.

“ The results of Ultra-Violet Ray Treatment during the year were, in some cases, most striking, especially in the treatment of lupus. The immediate improvement which occurred in the general condition of children suffering from intra-thoracic tubercle was also marked.

“ The co-operation between the General Practitioner and the Dispensary has been maintained satisfactorily, though it is still not so close as it might be if the patient is to get the full benefit of early diagnosis and early treatment.”

Doncaster Area.

Estimated Population, 169,000.

District Tuberculosis Officer, Dr. A. Leitch.

The three Dispensaries in the Doncaster Area supervise the following districts:—

Doncaster.—Doncaster Borough, Adwick-le-Street U., Bentley-with-Arksey U., Conisborough U. (part), Tickhill U., Doncaster Rural (part).

Goole.—Goole U., Goole Rural.

Thorne.—Thorne Rural.

- (1) No. of cases on the Dispensary Registers for the whole of the Doncaster Area on 31st December, 1925 961
- (2) No. of consultations with Practitioners during the year 241
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new cases 3880
- (4) Total No. of visits by District Tuberculosis Officer to patients at their homes 257
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Doncaster	101	316	1677
Goole	65	69	741
Thorne	18	64	437

(6) Housing condition of patients.—

	Percentage of Patients attending.		
	Doncaster.	Goole.	Thorne.
Cases occurring in houses regarded as insanitary ...	1.8	3.6	4.2
Cases from houses where more than one family reside	16.4	10.8	7.0
Cases from overcrowded houses	3.6	3.6	5.5
Patients sleeping in:—			
Separate room	18.8	20.2	13.9
Separate bed but not separate room	18.5	21.4	19.4
Two in a bed	37.3	33.3	47.2
More than two in a bed ...	3.6	7.1	2.8

Dr. Leitch reports:—

“In any scheme dealing with the problem of Tuberculosis, voluntary co-operation is essential between the general practitioner and the Tuberculosis Officer. During the year there has been a very satisfactory liaison in the Doncaster area.

“The number of new cases of incipient phthisis referred to the Dispensary at Doncaster during 1925 was 137 as compared with 56 advanced. There were 37 early cases and 20 advanced cases at Goole; at Thorne, 36 early cases and 16 advanced cases. These numbers ought to be improved upon, yet they are decidedly more favourable than those of former years.

“The earlier recognition of the non-pulmonary types and the extended facilities for the residential treatment of those cases has been greatly valued and the results have been to convert cripples who might otherwise have become worse, into useful members of society. On analysing the sputum results I find that 15.3% were positive at Doncaster, which is the lowest percentage we have had for years and supports the contention that a larger proportion of early cases are being sent for diagnosis and treatment.

“The provision made for Ultra-Violet Ray Treatment has been of great value and cases of lupus have benefited considerably from this form of treatment. Full use has been made during the year of X-Ray for the examination of doubtful cases. The work of the Health Visitors and Dispensary Nurses has been very satisfactory and the co-relation all that could be desired.”

Huddersfield Area.

Estimated Population, 116,000.

District Tuberculosis Officer, Dr. J. E. Gething.

The four Dispensaries in the Huddersfield Area supervise the following districts:—

Huddersfield.—Golcar U., Linthwaite U., South Crosland U., Farnley Tyas U., Lepton U., Kirkburton U., Skelmanthorpe U., Thurstonland U., Kirkheaton U., Mirfield U., Whitley Upper U., Denby and Cumberworth U., Shelley U., Shepley U., Clayton West U.

Uppermill.—Saddleworth U., Springhead U.

Marsden.—Marsden U., Meltham U., Slaithwaite U.

Holmfirth.—Holme U., Holmfirth U., Honley U., New Mill U.

- (1) No. of Cases on the Dispensary Registers for the whole of the Huddersfield Area on 31st December, 1925 691
- (2) No. of consultations with Practitioners during the year 17
- (3) Total No. of Visits by Dispensary Nurses and Health Visitors to old and new cases 5082
- (4) Total No. of Visits by District Tuberculosis Officer to patients at their homes 50
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Huddersfield	21	105	1416
Holmfirth	3	22	755
Marsden	3	28	458
Uppermill	6	42	553

(6) Housing condition of patients:—

	Percentage of Patients attending.			
	Huddersfield.	Holmfirth.	Marsden.	Upper-mill.
Cases occurring in houses regarded as insanitary	2.7	6.0	0.9	2.3
Cases from houses where more than one family reside	7.1	4.0	7.4	7.6
Cases from overcrowded houses	6.4	4.0	3.7	3.1
Patients sleeping in:—				
Separate room	13.2	14.0	5.5	14.5
Separate bed but not separate room	14.3	6.0	15.7	16.0
Two in a bed	43.4	56.0	56.5	48.1
More than two in a bed ...	12.9	10.0	10.2	8.4

Dr. Gething reports:—

“During the year the attendances at the various dispensaries have been considerably reduced in view of Memorandum 286 issued by the Medical Officer of Health in December, 1923, and the more recent Dispensary regulations. Where applicable and where no special treatment is required from the Tuberculosis Officer, patients are now placed on domiciliary treatment and are attended by the Panel Practitioner. I find that the co-operation between Medical Practitioners and the Dispensary although improved is not as satisfactory as it might be—it is still the practice in some areas to send a note with the patient requesting institutional treatment. There are still many instances where new patients when first seen at the Dispensary are in an advanced stage of the disease and where prospect of cure is very remote.

“The visiting of cases by the Dispensary Nurses during the year has been very satisfactory and the co-operation of Health Visitors is working well in the Huddersfield area.

“A number of new Council Houses have been erected in this area and some of them are occupied by patients.

“I find that most patients are very willing to co-operate in their treatment and the public generally seem interested in measures for the improvement of the health of the community.”

Keighley Area.

Estimated Population, 155,000.

District Tuberculosis Officer, Dr. E. A. Wilson.

The three Dispensaries in the Keighley Area supervise the following districts:—

Keighley.—Keighley B., Clayton U., Denholme U., Haworth U., Oakworth U., Oxenhope U., Queensbury U., Silsden U., Keighley R.

Skipton.—Skipton U., Bowland R., Sedbergh R., Settle R., Skipton R.

Barnoldswick.—Barnoldswick U., Earby U.

- (1) No. of cases on the Dispensary Registers for the whole of the Keighley Area on 31st December, 1925 ... 386
- (2) No. of consultations with Practitioners during the year ... 55
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases ... 4390
- (4) Total No. of visits by District Tuberculosis Officer to Patients at their homes ... 327
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Keighley	29	117	1152
Barnoldswick	11	63	339
Skipton	11	51	427

(6) Housing condition of patients.—

	Percentage of Patients attending.		
	Keighley.	Barnolds- wick.	Skipton.
Cases occurring in houses regarded as insanitary ...	10.5	8.6	11.1
Cases from houses where more than one family reside ...	10.8	15.5	11.1
Cases from overcrowded houses	16.9	12.1	14.4
Patients sleeping in:—			
Separate room	24.2	32.8	30.7
Separate bed but not separate room	12.4	9.5	10.5
Two in a bed	21.3	20.7	22.2
More than two in a bed ...	3.9	0.8	0.0

Dr. Wilson reports:—

“The work of the Dispensary during the year has been somewhat curtailed by the new regulations with reference to the attendance of old patients. Little routine treatment is carried out at the Dispensaries.

“The results of tuberculin treatment are satisfactory, but treatment is prolonged in most cases—some do not improve, but the vast majority do if they will persevere. The results compare very favourably with any other form of treatment.

“The co-operation with the General Practitioners is good, and shows steady signs of improvement. Very few cases are notified of which we have not heard.

“The visiting of patients by Dispensary Nurses and Health Visitors has been satisfactory.”

Otley Area.

Estimated Population, 209,000.

District Tuberculosis Officer, Dr. G. A. Crowley.

The four Dispensaries in the Otley Area supervise the following districts:—

Otley.—Otley U., Ilkley U., Burley U., Wharfedale R.

Shipley.—Shipley U., Baildon U., Bingley U.

Harrogate.—Harrogate Borough, Knaresborough U., Ripon City, Great Ouseburn R., Pateley Bridge R., Knaresborough R., Ripon R., Wetherby R.

Guiseley.—Guiseley U., Yeadon U., Rawdon U., Horsforth U.

- (1) No. of cases on the Dispensary Registers for the whole of the Otley Area on 31st December, 1925 ... 255
- (2) No. of Consultations with Practitioners during the year 87
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new cases ... 3821
- (4) Total No. of visits by District Tuberculosis Officer to patients at their homes ... 115
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Otley	13	53	302
Guiseley	11	23	269
Harrogate	28	115	715
Shipley	39	57	473

(6) Housing condition of patients.—

	Percentage of Patients attending.			
	Otley.	Guiseley.	Harrogate.	Shipley.
Cases occurring in houses regarded as insanitary	4.5	22.9	9.1	29.2
Cases from houses where more than one family reside	1.5	11.4	1.1	16.9
Cases from overcrowded houses	3.0	13.3	6.2	6.8
Patients sleeping in:—				
Separate room	47.8	14.3	42.9	4.7
Separate bed but not separate room	23.9	11.4	20.6	8.4
Two in a bed	14.9	21.9	17.7	28.0
More than two in a bed ...	4.4	4.8	2.4	6.0

Dr. Crowley reports:—

“During the year the established methods of dealing with tuberculosis have been continued at the Dispensary. The importance and rationale of rest, pure air, fresh food and general hygiene measures have been insisted on during Dispensary interviews and afterwards demonstrated and put in practice in the home, through periodic visits made by the Dispensary Nurse and District Tuberculosis Officer in person. Individual instances arise in which these measures of dealing with the problem are of little avail, for example, cases of gross overcrowding due to the shortage of houses, very insanitary houses, the apparent inability of the patient to realise his condition or to rouse himself to any intelligent interest in his welfare. In some cases the utter lack of control on the part of parents over their children renders the task of the Dispensary a very difficult one.

“It should be repeated, however, that the results of treatment as mentioned above are most encouraging in the majority of cases and one sees the beginning of a genuine desire for and appreciation of improved personal and social hygiene.

“The use of tuberculin is strictly reserved for certain picked cases of non-pulmonary tuberculosis, chiefly tuberculous adenitis occurring in children. It is never used in cases showing involvement of the lungs. The results in all cases are encouraging and in some cases distinctly good.

“The efficacy of Ultra-Violet Light Treatment for the treatment of non-pulmonary tuberculosis is now beyond the realm of controversy and it is suggested that the provision of a lamp for Dispensary use would well repay the comparatively small initial cost.

“A very satisfactory co-operation continues between the local Medical Practitioners and the Dispensary. There is an extended appreciation of the tuberculosis service and the number of consultations and cases for observation shows a yearly increase.”

Pontefract Area.

Estimated Population, 171,600.

District Tuberculosis Officer, Dr. T. W. Ruttledge.

The four Dispensaries in the Pontefract Area supervise the following districts:—

Pontefract.—Castleford U., Featherstone U., Knottingley U., Methley U., Whitwood U., Pontefract Borough, Pontefract R.

Normanton.—Normanton U., Altofts U.

Tadcaster.—Garforth U., Bishopthorpe R., Tadcaster R.

Selby.—Selby U., Selby R.

- (1) No. of cases on the Dispensary Registers for the whole of the Pontefract Area on 31st December, 1925 ... 1581
- (2) No. of consultations with Practitioners during the year ... 77
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases ... 3621
- (4) Total No. of visits by District Tuberculosis Officer to patients at their homes ... 184
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Pontefract	173	402	3087
Normanton	29	64	679
Selby	12	38	567
Tadcaster	2	27	380

(6) Housing condition of patients.—

	Percentage of Patients attending.			
	Pontefract.	Normanton.	Selby.	Tadcaster.
Cases occurring in houses regarded as insanitary ...	6.4	—	3.3	4.8
Cases from houses where more than one family reside	16.1	0.8	3.3	4.8
Cases from overcrowded houses	5.4	—	8.3	4.8
Patients sleeping in:—				
Separate room	12.4	10.8	21.7	28.6
Separate bed but not separate room	6.6	20.5	27.5	9.5
Two in a bed	46.7	67.9	33.3	38.1
More than two in a bed ...	6.4	—	2.6	9.4

Dr. Rutledge reports:—

“ During the year symptomatic treatment at the Dispensary has been given in a very few instances only—cases requiring cough sedatives, etc., are referred to their panel practitioner.

“ The results of treatment with tuberculin and Phillips' Ointment in surgical cases of tuberculosis has been very satisfactory and most encouraging. In the treatment of lupus the newer form of light treatment surpasses all other methods, and some very excellent results have been obtained in cases from the Pontefract Area.

“ There has been a satisfactory co-operation between the Medical Practitioners and the Dispensary Staff throughout the Pontefract Area. Fewer cases are being sent to the Dispensary for Cod Liver Oil and Malt as was the practice formerly, due, no doubt, to a better appreciation of the objects of our scheme. There are still a number of cases, however, sent to the Dispensary where the disease is too far advanced to hope for effective treatment.

“ Better housing has been secured for several cases and new Council houses have been provided on the recommendation of the District Tuberculosis Officer where overcrowding existed.

“ The work done during the year by the Health Visitors and Dispensary Nurses has been very satisfactory.”

Rotherham Area.

Estimated Population, 131,000.

District Tuberculosis Officer, Dr. R. M. Fenn.

The two Dispensaries in the Rotherham Area supervise the following districts:—

Rotherham.—Greasboro' U., Rawmarsh U., Rotherham R., (part), Maltby U.

Mexborough.—Mexborough U., Swinton U., Wath-on-Deerne U., Thurnscoe U., Conisboro' U. (part), Bolton-on-Deerne U., Doncaster R. (part).

- | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|------|
| (1) No. of cases on the Dispensary Registers for the whole of the Rotherham Area on 31st December, 1925 | ... | ... | ... | ... | ... | ... | 1518 |
| (2) No. of consultations with Practitioners during the year | ... | ... | ... | ... | ... | ... | 82 |
| (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases | ... | ... | ... | ... | ... | ... | 3937 |
| (4) Total No. of visits by District Tuberculosis Officer to patients at their homes | ... | ... | ... | ... | ... | ... | 123 |
| (5) Dispensary attendances, etc.— | | | | | | | |

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Rotherham	43	268	1282
Mexborough	111	492	2308

(6) Housing condition of patients.—

	Percentage of Patients attending.	
	Rotherham.	Mexborough
Cases occurring in houses regarded as insanitary	8.3	1.9
Cases from houses where more than one family reside	11.8	9.3
Cases from overcrowded houses	7.8	5.4
Patients sleeping in:—		
Separate room	10.5	16.3
Separate bed but not separate room ...	18.9	18.0
Two in a bed	29.5	34.8
More than two in a bed	13.2	14.3

Dr. Fenn reports:—

“During the year there has been a marked increase in the number of new cases attending the Rotherham and Mexbro’ Dispensaries. Various contributory factors have produced this result. An increasing number of patients have been sent by their medical advisors and more patients have sought the consent of their doctors to attend at the Dispensary for a further opinion. The time when patients required persuasion to visit us has long passed. At the same time the utmost possible has been done to prevent the unnecessary repeated visits of old cases. Further the School Medical Inspectors have increased our attendance by sending a large number of suspected cases for diagnosis.

“Tuberculin is used percutaneously in gland cases. Its general effect is to hasten the reduction of the swelling. Its dangers are the production of suppuration and the lighting up of activity in an already existing focus in the lungs.

“Ultra-Violet Ray Treatment is opening up more hopeful prospects of cure. This form of treatment is particularly beneficial in surgical tuberculosis and especially in lupus.

“The co-operation between the Medical Practitioners and the Dispensary has been very satisfactory.

“The employment of Health Visitors has strengthened the link between the District Tuberculosis Officer and the patients in their homes, in districts too extensive to be covered by the Dispensary Nurses.

“Many illustrations might be given to prove the truth of Turban’s dictum ‘The successful treatment of tuberculosis depends on the character of the patient.’ Much more good might be done with the same expenditure of energy and money if all patients became hearty co-operators with us in the endeavour to save their lives.”

Sowerby Bridge Area.

Estimated Population, 120,500.

District Tuberculosis Officer, Dr. G. M. B. Liddle.

The three Dispensaries in the Sowerby Bridge Area supervise the following districts:—

Sowerby Bridge.—Barkisland U., Greetland U., Hebden Bridge U., Luddendenfoot U., Midgley U., Rishworth U., Scammonden U., Sowerby U., Sowerby Bridge U., Stainland U., Halifax R.

Todmorden.—Mytholmroyd U., Todmorden Borough, Todmorden R.

Brighouse.—Brighouse Borough, Elland U., Hipperholme U., Shelf U., Southowram U.

- (1) No. of cases on the Dispensary Registers for the whole of the Sowerby Bridge Area on 31st December, 1925 278
- (2) No. of consultations with Practitioners during the year 78
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases 3431
- (4) Total No. of visits by District Tuberculosis Officer to patients at their homes 154
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Sowerby Bridge	18	69	785
Brighouse	22	45	567
Todmorden	2	42	473

(6) Housing condition of patients.—

	Percentage of Patients attending		
	Sowerby Bridge.	Brighthouse.	Todmorden.
Cases occurring in houses regarded as insanitary ...	3.4	4.9	4.0
Cases from houses where more than one family reside ...	5.3	5.9	3.4
Cases from overcrowded houses	3.4	5.9	4.6
Patients sleeping in:—			
Separate room	23.0	17.7	28.2
Separate bed but not separate room	32.2	21.5	23.5
Two in a bed	26.9	36.9	31.0
More than two in a bed ...	5.8	7.2	5.3

Dr. Liddle reports:—

“Treatment at the Dispensaries has been confined to the tuberculin treatment of cases of surgical tuberculosis. The results obtained are shown in a separate table. The function of the Dispensary as a centre for diagnosis, for the control of open cases and the examination of contacts has been maintained throughout the year.

“The co-operation with Medical Practitioners has been very successful. Local Sanitary Authorities have also rendered invaluable service.

“The work of the nursing staff at the Dispensaries has been very efficient.”

Wadsley Bridge Area.

Estimated Population, 57,290.

District Tuberculosis Officer, Dr. E. J. C. Groves.

The three Dispensaries in the Wadsley Bridge Area supervise the following districts:—

Wadsley Bridge.—Wortley R. (except Tankersley parish).

Dinnington.—Kiveton Park R., Rotherham R. (part).

Stocksbridge.—Stocksbridge U.

- | | |
|--|------|
| (1) No. of cases on the Dispensary Registers for the whole of the Wadsley Bridge Area on 31st December, 1925 | 422 |
| (2) No. of consultations with Practitioners during the year | 51 |
| (3) Total No. of visits by Health Visitors to old and new Cases | 1406 |

(4) Total No. of visits by District Tuberculosis Officer to patients at their homes 208

(5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Wadsley Bridge	39	60	388
Dinnington	54	128	791
Stocksbridge	34	53	340

(6) Housing condition of patients.—

	Percentage of Patients attending.		
	Wadsley Bridge.	Dinnington.	Stocksbridge.
Cases occurring in houses regarded as insanitary ...	18·5	12·5	24·4
Cases from houses where more than one family reside	9·7	15·5	8·5
Cases from overcrowded houses	6·9	10·7	4·9
Patients sleeping in:—			
Separate room	8·9	9·0	11·8
Separate bed but not separate room	13·3	12·8	9·3
Two in a bed	34·3	30·0	37·0
More than two in a bed ...	8·4	9·5	4·1

Dr. Groves reports:—

“The work of the Dispensaries in the Wadsley Bridge Area has been carried out in accordance with the latest Regulations. The inconvenience of many of the patients having to travel from Chapeltown and its environs to the Wadsley Bridge Dispensary is still felt by many, although within recent months an improved bus service has made travelling more easy.

“The co-operation between Medical Practitioners and the Dispensary Staff has been very satisfactory, as have been the Nursing Services for the area.”

Wakefield Area.

Estimated Population, 111,150.

District Tuberculosis Officer, Dr. H. Blyth.

The two Dispensaries in the Wakefield Area supervise the following districts:—

Wakefield.—Ardsley E. and W. U. (part of), Emley U., Flockton U., Horbury U., Ossett Borough (part), Rothwell U., Stanley U., Hunslet R., Wakefield R.

Hemsworth.—Hemsworth U., Hemsworth R. (part).

- (1) No of cases on the Dispensary Registers for the whole of the Wakefield Area on 31st December, 1925 1041
- (2) No. of consultations with Practitioners during the year 147
- (3) Total No. of visits by Dispensary Nurses and Health Visitors to old and new Cases 3079
- (4) Total No. of visits by District Tuberculosis Officer to patients at their homes 300
- (5) Dispensary attendances, etc.—

	New Cases Examined during 1925.		Attendances made by old cases.
	Contacts.	Others.	
Wakefield	48	148	1841
Hemsworth	49	169	1609

(6) Housing condition of patients.—

	Percentage of Patients attending.	
	Wakefield.	Hemsworth.
Cases occurring in houses regarded as insanitary	1·7	1·2
Cases from houses where more than one family reside	4·0	10·9
Cases from overcrowded houses	1·4	1·2
Patients sleeping in:—		
Separate room	14·3	14·6
Separate bed but not separate room ...	18·7	20·0
Two in a bed	56·1	50·4
More than two in a bed	3·8	1·7

Dr. Blyth reports:—

“With regard to the increased facilities for X-Ray examinations I have found this to be of great help in confirming one's diagnosis in doubtful cases of pulmonary tuberculosis. It has also been used with effect in the treatment of lupus.

“During the year the co-operation between Medical Practitioners and Dispensary Staff has been substantial and mutually helpful. The number of consultations for 1925 has greatly increased as compared with previous years.

“The work of the Health Visitors and Dispensary Nurses has been helpful and satisfactory. One endeavours to reach contacts and positive cases so that they may be kept under observation if necessary, and in that connection the nursing staff have acted as very efficient liaison officers, and one finds their work appreciated by the patients, who are uplifted and encouraged by their visits.”

TABLE VII.

No. of Applicants for Treatment during 1925.

	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	855	670	368	432	2325	68	64	306	283	721
Old Cases recon- sidered for Treatment	921	432	173	164	1690	20	10	31	24	85
Totals ...	1776	1102	541	596	4015	88	74	337	307	806

TABLE VIII—(a).

Showing kinds of Treatment granted in 1925—New Cases.

	Pulmonary Cases.								Non-Pulmonary Cases.		
	Males.				Females.						
	Adults.			Children under 15.	Adults.			Children under 15.	M.	W.	Children under 15.
	Class I.	Class II.	Class III.		Class I.	Class II.	Class III.				
Dispensary	13	—	1	67	14	4	—	123	20	33	417
Sanatorium	343	246	81	201	234	198	74	204	40	22	138
Hospital referred to	56	41	37	27	39	28	35	34	8	9	34
Medical attendant	24	12	1	73	23	19	2	71	—	—	—
Dispensary supervision	24	12	1	73	23	19	2	71	—	—	—
Totals ...	436	299	120	368	310	249	111	432	68	64	589

TABLE VIII—(b).
Treatment granted in Cases Reconsidered.

	Pulmonary Cases.								Non-Pulmonary Cases.		
	Males.				Females.				M.	W.	Children under 15.
	Adults.			Children under 15.	Adults.			Children under 15.			
	Class I.	Class II.	Class III.		Class I.	Class II.	Class III.				
Dispensary	11	7	3	67	24	13	3	59	6	3	24
Sanatorium	100	178	76	74	67	70	35	77	9	5	27
or Hospital											
Referred to	158	170	82	8	61	52	36	7	5	2	4
Medical											
Attendant											
Dispensary	64	63	9	24	50	22	1	21	—	—	—
Supervision											
Totals ..	333	418	170	173	202	157	73	164	20	10	55

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. A. V. Garscadden, M.B., Ch.B.
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.

**Institutional Accommodation Available for West Riding Cases,
December, 1925.**

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	300	—	—	—	—	—
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	—	62	—	—	—	—
Dean Head Sanatorium, Horsforth	—	56	—	—	—	—
Oakwood Hall Sanatorium, Rotherham	15	8	7	—	—	—
Wyton Hostel, Huntingdon	—	—	58	—	—	—
Bowdon Sanatorium, Altrincham	—	12	—	—	—	—
Wensleydale Sanatorium, Aysgarth	—	—	12	—	—	—
Westmorland Sanatorium, Meathop	11	—	—	—	—	—
Stanhope Sanatorium, Co. Durham	—	—	21	—	—	—
Heath End Sanatorium, Surrey	—	—	15	—	—	—
Wolsingham Sanatorium, Co. Durham	—	—	11	—	—	—
Marguerite Home, Thorparch	—	—	—	—	—	13
Leasowe Hospital, Cheshire	—	—	—	—	—	16
Alton Cripples Home, Hampshire	—	—	—	—	—	13
King Edward VII Hospital, Rivelin Valley	—	—	—	—	—	19
Shropshire Surgical Home, Gobowen	—	—	—	6	5	—
Miscellaneous Institutions	—	2	47	1	1	7
Total ...	356	190	210	7	6	68

TABLE IX.
Institutional Treatment of Tuberculosis.

(A) Average number of Beds available for patients during 1925:—

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		Sanatorium Beds.	Hospital Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males ...	—	351	—	6	—	357
Adult Females ...	—	192	—	6	—	198
Children under 15 ...	—	203	—	71	—	274
	—	746	—	83	—	829

(B) Annual Return showing the Extent of Residential Treatment during the year 1925:—

Number of Patients	Adults { M F Children B under 15 G	Residential Treatment during the year 1925:—			Discharged during the year.	Died in the Institutions.	In Institutions on December 31st.
		In Institutions January 1st.	Admitted during the year.	In Institutions on December 31st.			
	M	314	930	838	43	363	
	F	152	480	425	33	174	
	B	131	229	194	3	163	
	G	103	192	161	4	130	

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

TABLE X.

Institutional Treatment during 1925: (A) Pulmonary.

Sanatorium or Hospital.	Patients in Residence on 1.1.25	Admissions, 1925.			Total No. of Admissions.	Discharges, 1925.			Total No. of Discharges.	Patients in Residence on 31.12.25.
		Men.	Women	Children under 15 years.		Men.	Women	Children under 15 years.		
Middleton	244	740	—	—	740	685	—	—	685	299
Cardigan	50	—	121	4	125	—	121	4	125	50
Mitchell Memorial Home	30	88	—	—	88	88	—	—	88	30
Edwick	35	—	—	82	82	—	—	83	83	34
Man Head	55	—	158	13	171	—	162	9	171	55
Porton Banks	58	—	115	9	124	—	110	9	119	63
Winkwood Hall	22	55	26	9	90	53	22	7	82	30
Widon	11	—	39	—	39	—	40	—	40	10
Wanhope	21	—	—	28	28	—	—	28	28	21
Wensleydale	11	—	—	18	18	—	—	17	17	12
Wolsingham	11	—	—	11	11	—	—	12	12	10
Church Army (Heath End and Crookham)	10	—	—	18	18	—	—	13	13	15
Wyton Hostel	55	—	—	79	79	—	—	77	77	57
Westmorland	6	37	—	—	37	32	—	—	32	11
Wicks and Bucks	—	—	—	20	20	—	—	9	9	11
Wranston Hall	6	—	—	22	22	—	—	18	18	10
Wighwood Hospital	—	—	—	50	50	—	—	30	30	20
Warrington	6	—	—	7	7	—	—	7	7	6
Other Institutions	3	—	4	—	4	—	4	—	4	3
	634	920	463	370	1753	858	459	323	1640	747

Institutional Treatment during 1925: (B) Non-Pulmonary.

Institution	Patients in Residence on 1.1.25.	Admissions, 1925.			Total No. of Admissions.	Discharges, 1925.			Total No. of Discharges.	Patients in Residence on 31.12.25.
		Men.	Women	Children under 15 years.		Men.	Women	Children under 15 years.		
Shropshire Surgical	5	7	8	—	15	4	6	—	10	1
York County Hospital	—	3	—	—	3	2	—	—	2	—
Leasowe Hospital	16	—	—	28	28	—	—	28	28	1
Treloar Cripples' Home (Alton)	14	—	—	6	6	—	—	7	7	1
Marguerite Home (Thorparch)	13	—	—	3	3	—	—	3	3	1
King Edward VII Hospital (Rivelin Valley)	9	—	—	17	17	—	—	7	7	1
Heatherwood Hospital	2	—	—	2	2	—	—	1	1	—
Kirkbymoorside (Yorkshire Children's Orthopaedic Hospital)	—	—	—	4	4	—	—	—	—	—
Other Institutions	7	—	—	—	—	3	—	—	3	—
	66	10	8	60	78	9	6	46	61	8

TABLE XI.

Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1925.
(a) Pulmonary Cases.

Classi- fication on Admis- sion.	Condition at time of discharge.	Duration of Treatment in the Institution.														
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Total.		
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.
Class T.B. + Minus.	Quiescent ...	11	36	14	16	38	56	8	16	110	3	1	38	91	181	
	Improved ...	127	79	14	191	79	40	56	28	44	7	4	381	190	102	
	No Material Improve- ment	120	28	7	44	6	6	27	2	—	1	—	192	36	13	
	Died in Institution ...	—	1	—	1	1	—	—	—	—	—	—	1	2	1	
Class T.B. + — Group I.	Quiescent ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Improved ...	2	2	—	2	1	—	1	1	—	2	1	7	5	—	
	No Material Improve- ment	1	2	—	—	—	—	1	—	—	—	—	2	2	—	
	Died in Institution ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—	
Class T.B. + — Group II.	Quiescent ...	—	1	—	3	1	—	1	1	—	—	—	4	4	—	
	Improved ...	1	4	—	5	7	—	6	5	—	1	1	13	17	—	
	No Material Improve- ment	5	9	—	2	7	—	2	3	—	3	3	12	22	—	
	Died in Institution ...	—	2	—	2	3	—	2	4	—	—	1	4	10	—	
Class T.B. + — Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Improved ...	7	5	—	13	8	—	11	8	1	5	6	36	27	1	
	No Material Improve- ment	29	16	1	26	15	—	17	5	—	6	3	78	39	1	
	Died in Institution ...	15	15	—	10	2	—	8	3	—	4	1	37	21	1	
	Total ...	320	200	36	316	169	102	140	79	155	33	22	809	470	300	

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

TABLE XII.
Immediate Results of Treatment of Patients discharged from Residential Institutions during the year 1925.
 (b) Non-Pulmonary Cases.

Classification on admission to the Institution.	Duration of Treatment in the Institution.															
	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 Improved ...	—	—	10	—	2	5	1	—	—	4	1	1	2	3	31	
No material Improvement Died in Institution	—	1	1	—	—	—	—	—	—	—	—	—	—	—	1	2
Abdominal																
Quiescent or Arrested Improved ...	—	—	1	—	—	3	—	—	—	1	1	—	—	—	6	
No material Improvement Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other																
Quiescent or Arrested Improved ...	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	
No material Improvement Died in Institution	—	—	—	—	—	1	1	—	—	—	—	—	1	—	1	—
Peripheral Glands.																
Quiescent or Arrested Improved ...	1	—	1	—	—	3	—	—	—	—	—	—	1	—	4	
No material Improvement Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	1	13	—	2	13	4	—	—	6	1	1	7	4	47	

Sanatorium Accommodation.

The Institutional accommodation available for West Riding cases on December 31st, 1925, was 837 beds as compared with 717 on 31st December, 1924.

During the year additional accommodation to the extent of 120 beds was secured at the following Institutions:—

Middleton Sanatorium (by the adaptation of the Training Colony)	50	Pulmonary (adult males)
Dean Head and Morton Banks Sanatoria	4	Pulmonary (adult females)
Heath End Sanatorium	15	Pulmonary (children)
Berks and Bucks Joint Sanatorium	11	do. do.
High Wood Hospital, Brentwood	20	do. do.
Kirkbymoorside Orthopaedic Hospital	4	Surgical Tuberculosis (Children)
King Edward VII Hospital, Sheffield	10	Surgical Tuberculosis (Children)
Miscellaneous	6	

Average Institutional Waiting List for the years 1923, 1924 and 1925.

Year.	Pulmonary.			Non-Pulmonary.			Total.
	Male.	Female.	Children.	Male.	Female.	Children.	
1923	67	54	231	3	6	25	386
1924	176	61	276	2	1	28	544
1925	193	128	323	6	6	37	693

An analysis of the above table shows that in the case of adults approximately 50 per cent. were in the early stages of the disease; 40 and 10 per cent. in the intermediate and advanced stages. In the case of children 84 per cent. included early, pretubercular and gland cases, 15 per cent. intermediate, and under 0.5 per cent. advanced cases.

Compared with previous years the increase in the waiting lists for 1925 may in the case of adults be attributed to (a) increase in the number of contacts and new cases recommended for Sanatorium treatment or observation; (b) in the number of applications for the re-admission of old cases, in some instances for the third or fourth time, Vide Table X for 1924.

With regard to children the waiting list has remained high as a result of having large numbers of pretubercular and delicate children recommended for Sanatorium treatment. The classification of cases admitted to Eldwick Sanatorium has been commented upon by the Medical Superintendent in her report for 1925 (see page 158).

During 1925, of a total of 300 children who received Sanatorium treatment, 297 were "early cases" with negative sputum and three advanced cases with positive sputum. Considerable difficulty has been experienced in securing additional beds for children and the demand invariably has been far in excess of the accommodation available. The waiting lists have remained large in consequence.

In November, 1925, a special Sub-Committee was appointed to consider the subject of tubercular and pretubercular school children and their treatment. The Committee had before them a communication from the Board of Education—28th November, 1924—which referred to the subject as follows:—

"The Board are inclined to consider that the local Education Authority should leave to the appropriate Tuberculosis Authority the responsibility for the treatment and education of all children of school age who are suffering from infectious pulmonary or intra-thoracic glandular tuberculosis or from active non-pulmonary tuberculosis, as such children need Sanatorium Treatment, and that the Authority should confine themselves to the provision of open-air school accommodation for delicate children, e.g., pretubercular children or children suffering from latent tuberculosis, malnutrition, debility, anaemia, etc. There will remain, however, a certain number of children with active, but non-infectious pulmonary tuberculosis as to whom there may be some doubt whether the Sanatorium or open-air school is the appropriate Institution. In such cases the Board suggest that the School Medical Officer should consult with the Tuberculosis Officer and that they might decide together what is best for each case."

After a careful investigation into all cases under the notice of the District Tuberculosis Officers and stated to have been excluded from school on account of tuberculosis, the special Sub-Committee in their report made the following observations:

(1) That at the time of the investigation there were many children for whom it was suggested that the Public Health Committee should become responsible for Sanatorium treatment—that the responsibility for the education of these children must remain with the Education Committee, whether by means of open-air schools near their own homes or in some other manner.

(2) That apart from the children proposed to be dealt with by the West Riding Public Health Committee there was a large number of children of school age suffering from debility, malnutrition and anaemia for whom the appropriate treatment would be by means of open-air schools, whether residential or otherwise, or summer camps, and that these cases would remain to be dealt with by the Education Committee.

(3) That there was a considerable number of children in regard to whom it would be difficult to say whether they should be included in one or other of the above classes and that, in the

opinion of the Sub-Committee, it must be left to the Medical Officers concerned to decide within which category such cases should be included.

It was not until early in 1926 that new arrangements in accordance with the Special Sub-Committee's recommendations were made and issued to District Tuberculosis Officers with regard to the treatment of pre-tubercular and weakly children.

Sanatorium Accommodation.—Sanatorium and Hospital accommodation for the treatment of pulmonary tuberculosis in adults is arranged in proportion of approximately 30 per cent. for advanced cases and 70 per cent. for intermediate and early cases. In children approximately 5 per cent. is set aside for the treatment of advanced cases.

During the year there were for Sanatorium treatment in adults 1,383 admissions and 1,317 discharges. In the case of children, 370 admissions and 323 discharges. For the treatment of non-pulmonary conditions in adults, 18 admissions and 15 discharges. In the case of children 60 admissions and 46 discharges.

Of a total of 1,579 adults and children receiving Sanatorium treatment for pulmonary tuberculosis during 1925, 931 adults and 297 children were early cases with negative sputum, whilst 348 adults and three children were advanced cases with a positive sputum.

The value of having cases of incipient phthisis brought under treatment at the sanatorium as early as possible is borne out from the returns of 1925. Thus of 1,228 T.B. minus and 22 T.B. plus, early cases of pulmonary tuberculosis in adults and treated in sanatoria, 80.4 and 77.2 per cent. respectively resulted in the disease becoming quiescent and the general condition much improved, as compared with 44 and 27 per cent. in the case of intermediate and advanced T.B. plus cases.

Irregular Discharges.—During the year there were in the case of adults approximately 40 per cent. where the duration of residential treatment for pulmonary tuberculosis was under three months, 38 per cent. under six months and 4 per cent. over 12 months. In the case of children 12 per cent. were under three months, 34 per cent. under six months, 52 per cent. under and 1 per cent. over twelve months.

Irregular Discharges during 1925.

Classification.	Institution.	Number discharged during the year.	Percentage of Irregular Discharges.
<i>Adults.</i>			
Pulmonary	Middleton Sanatorium	658	15
Do.	Mitchell Memorial Home	92	27
Do.	Oakwood Hall Sanatorium	83	40
Do.	Cardigan Sanatorium	119	14
Do.	Dean Head Sanatorium	170	37
Do.	Morton Banks Sanatorium	124	43
<i>Children.</i>			
Pulmonary	Various Sanatoria including Eldwick, Wyton, High Wood, Wensleydale and Stanhope	305	7

Treatment of pulmonary disease in West Riding Sanatoria has been conducted in accordance with modern methods. The value of fresh air, rest and attention to diet taken in conjunction with graduated exercise is fully realised and practised. Special attention is directed towards the education of the patient in the essentials of elementary hygiene and his mode of living, so that on his return home the patient may be able to carry out these principles to his own comfort and to the safety of those around him.

The value of such specialised treatment as Artificial Pneumothorax and Ultra-Violet Ray therapy is given on separate tables.

Many of the Institutions receiving West Riding patients for the treatment of surgical tuberculosis are fully equipped with modern Artificial Light apparatus. The treatment of surgical tuberculosis in children has been very satisfactory. During 1925 of 41 cases treated at Alton, Leasowe and King Edward VII Hospital and elsewhere the average period of stay was 12 months, and the following results were obtained:—

Disease arrested and use of limb restored	...	18
Disease quiescent and local condition sufficiently improved to allow patient to get about	...	18
Condition improved	... ..	2
Condition stationary	... ..	1
Condition worse	... ..	1
Died in Hospital	... ..	1

In 8 cases splints and crutches were supplied before discharge from hospital and 6 were fitted with spinal supports. Full and concise instructions as to the mode of after-care treatment are issued to the District Tuberculosis Officer when the

case is discharged from hospital. The best results have been obtained in children where the disease has been brought under observation in its earliest stages.

Provision of Clothing.—During the year a large number of patients were unable to avail themselves of Sanatorium treatment on account of the lack of clothing. In 1925, 259 necessitous cases were provided with clothing—242 being supplied before admission and 17 after admission to sanatoria. The procedure has been the same in all cases; when the District Tuberculosis Officer is satisfied that the case is deserving, application is made to the local Care-Committee and the clothing is supplied or a grant allowed for its purchase. In areas where no such Committees exist, recommendation is made through the Distress Fund. Cases admitted to Sanatoria and deficient in clothing are reported by Medical Superintendents to the House Visitors' Committee, and where necessary a grant is made for the purchase of the articles required.

With regard to Institutions belonging to other Authorities, very few West Riding patients have required assistance, there being only some 14 during the past year. Such cases are brought to the notice of the Tuberculosis Sub-Committee and dealt with in the ordinary way.

Visits to Sanatoria.—Visits were made by members of the Tuberculosis Sub-Committee during the year to the following:—

Dean Head, Oakwood Hall, Eldwick and Morton Banks Sanatoria and to the Marguerite Home, Thorp Arch and King Edward VII Orthopædic Hospitals. Reports on the treatment, progress and conduct of the patients were submitted to the Tuberculosis Sub-Committee in each case.

Ultra-Violet Ray Treatment in Sanatoria.—The first clinic was established at the County Sanatorium, Middleton-in-Wharfedale, in April, 1925, when a Tungsten Arc and Radiant Heat Lamp were installed; the former burning Tungsten-cored carbons and operating on a direct current capable of giving amperes 7 at volts 110.

The Sanatorium—300 beds—is for treatment of Pulmonary Tuberculosis. Approximately 10% of the accommodation is set aside for cases of surgical tuberculosis with concomitant pulmonary disease. For many years prior to the introduction of artificial sunlight, patients had been treated at this Institution by exposure to the sun's rays during the summer months—in many cases with considerable benefit.

The conditions selected for treatment by ultra-violet rays have included caries of bone, osteo-arthritis, tuberculous skin and gland affections, tuberculosis of gum and lip and one case of tuberculosis of nasal septum. All treatment is under the control of the Medical Superintendent, who is assisted in this

work by three assistant Medical Officers. The clinic is conducted daily in the X-Ray Department with two nurses in attendance.

Routine treatment with the tungsten arc commences with an initial dose of three minutes, prolonged to 5, 10 or 15 minutes per exposure according to the lesion and susceptibility of the patient.

Cases of surgical tuberculosis continue under treatment as a rule for a much longer period than do pulmonary—18 months to two years, with natural sunlight interposed during the summer months. X-Ray photographs are taken of surgical conditions when practicable.

Purely pulmonary cases are not subjected to direct sunlight. Only when the non-pulmonary disease is the more serious are patients with definite pulmonary mischief exposed to it. All cases exposed to direct sunlight except one have also had artificial light treatment. The results recorded are of those patients who have had a period of natural and artificial sunlight combined, or of artificial alone. Of the cases recorded, exposure to ultra-violet rays had no effect on pulse, temperature or respiration immediately after treatment. Debilitated patients experienced slight fatigue, probably due to transference from ward to light treatment room. No increase in blood pressure was recorded, except in one case with amyloid disease of the kidneys, where there was a slight increase.

In most cases medium pigmentation was induced and usually erythema and slight desquamation. In local lesions it reduced tumefaction and assisted in drying up caries of bone.

In 10 cases with early pulmonary disease, exposure to the rays proved very beneficial, and in all save one tuberculosis was absent. In five patients ray treatment influenced favourably the progress of the disease by arrest or temporary improvement. In three cases, unfortunately, no improvement was recorded.

At Eldwick Sanatorium, Bingley (39 beds), pulmonary conditions in children are treated, but as this institution has no artificial sunlight installation of its own, arrangements were made towards the end of the year for treatment of cases at the Sunlight Clinic, Children's Hospital, Bradford, which is within easy distance of the Sanatorium. Batches of 4, 6 or 8 children are exposed at one time to the rays of the carbon arc or mercury vapour lamp, whichever is applicable. Attendances average two per week.

The cases selected for light treatment include (1) intra-thoracic and glandular tuberculosis, lupus and glands of neck; (2) pre-tubercular, weakly and anaemic children who are slow to respond to the ordinary sanatorium treatment.

The Medical Superintendent reports that a noticeable feature in children so treated is that besides the amelioration of the local disease there is a rapid return of muscle, tone and vigour; indeed, the improvement in the child's general health is

often far in excess of the local condition. Backward children become bright and alert at school.

As in the case of Middleton Sanatorium, Eldwick children have artificial and natural sunlight baths combined. The school is conducted out of doors whenever possible. As many of the children come from the smoke-laden districts around South Yorkshire, they respond very quickly to heliotherapy. The following is a classification of the 18 Eldwick cases treated by means of heliotherapy at Bradford from November, 1925, to July, 1926:—

Cervical Glands	...	...	...	7 Cases.
Lupus and Cervical Glands	...	...	...	1 Case.
Definite Lung signs as well as				
Cervical Glands	...	...	...	3 Cases.
Abdominal Tuberculosis	...	...	...	4 Cases.
Doubtful Diagnosis	...	...	...	3 Cases.

The Medical Superintendent reports as follows:—

“Two of the above cases appeared to receive no material benefit from treatment. The rest all did well and six (viz., five glands and one lupus case) showed definitely greater improvement after receiving the rays. All the children enjoy the treatment and there is a marked increase of brightness among them.”

Purely surgical conditions with absence of pulmonary disease are treated at the Treloar Children's Orthopaedic Hospital, Alton; the Orthopaedic Hospital, Leasowe; and at the Rivelin Valley Hospital, Sheffield. Children under school age at the Marguerite Home, Thorp Arch, and the Children's Orthopaedic Hospital, Kirkbymoorside. All these Institutions are fully equipped, with the most modern methods of “light” treatment. The best results have been obtained in children where the disease has been brought under observation in its earliest stages.

Adults are treated at the Shropshire Orthopaedic Hospital, Oswestry, where there were, during 1925, 15 West Riding cases under treatment for tuberculous affections of the bones and joints.

Conclusions.—It has been the experience at Middleton Sanatorium that cases with severe pulmonary disease do not respond satisfactorily to light treatment and that such treatment should be confined to bone, skin or gland lesions where the pulmonary disease is in the early stages. Under such conditions benefit to the patients may be considerable. The same applies equally to children.

The experience at Eldwick Sanatorium is that artificial sunlight treatment is beneficial in the case of pre-tubercular or weakly and anaemic children and should form part of the routine treatment at the Sanatorium.

Middleton Sanatorium.—The accommodation at Middleton on 31st December, 1925, provided for 300 adult males. During the year there were 740 admissions and 685 discharges, leaving in residence on the 31st December 186 civilians and 113 ex-servicemen. The number of patients re-admitted to the Sanatorium during 1925 was 123, half of whom were ex-servicemen.

Scheme of Occupational Treatment.—In June, 1925, the West Riding Public Health and Housing Committee approved of a Scheme for the instructional occupation of Middleton patients and for the appointment of an Instructor in Handicrafts. The following terms and conditions were imposed:

1. The Instructor will act under the direction of the Medical Superintendent.
2. He will be responsible for the training of the persons sent to him for instruction and also for the management and commercial conduct of the section.
3. He should have a knowledge of the making of reed baskets, rugs and mats, raffia work, carpentry and inlay work, also of pewter foil work, art metal work or art leather work.
4. The person appointed will be required to live in quarters provided at the Institution, and in addition to the duties of Instructor, to assist in the supervision of the general conduct of the persons undergoing training outside the usual hours of instruction.
5. The engagement may be determined by a month's notice in writing on either side.

Not until January 11th, 1926, were the Committee in a position to make the appointment. It was realised from the outset that the undertaking would be, to begin with, more or less in the nature of an experiment and that it would be necessary to wait until the Instructor had got settled to the work and had made his report before deciding what further steps were necessary.

Briefly the intention of the scheme has been:—

- (a) To provide interesting and useful occupation to suit the physical capacity of the patient and so encourage his progress to health.
- (b) To claim the patient's attention and interest whilst under treatment at the Sanatorium.
- (c) To give instruction in such handicrafts as might be useful to the patient after his discharge from the Sanatorium.

The selection of cases for instruction is entirely under the control of the Medical Superintendent.

Each class consists of 14 patients and the hours of instruction are, 9.45 to 11.45 a.m., 2.15 to 3.30 p.m., and 3.30 to 4.45 p.m.

The time spent by each patient per day on instruction is two hours in the morning and one and a quarter hours in the afternoon on alternate days. Considerable keenness in the work has been shewn throughout.

Middleton Discharges, 1925.—Immediate Results of Treatment of Patients discharged during the year 1925.

Classification on Admission.	Condition at time of discharge.	Duration of Treatment in the Institution.				Total.
		Under 3 months.	3-6 months.	6-12 months.	Over 12 months.	
Class T.B. Minus	Quiescent	3	5	4	—	12
	Improved	111	163	46	7	327
	No Material Improvement	98	24	19	1	142
	Died in Institution	4	3	1	—	8
Class T.B. Plus Group I	Quiescent	—	—	—	—	—
	Improved	2	2	1	2	7
	No Material Improvement	—	—	1	—	1
	Died in Institution	—	1	—	—	1
Class T.B. Plus Group II	Quiescent	—	3	1	—	4
	Improved	—	4	4	1	9
	No Material Improvement	4	2	1	3	10
	Died in Institution	—	2	1	—	3
Class T.B. Plus Group III	Quiescent	—	—	—	1	1
	Improved	6	11	11	5	33
	No Material Improvement	17	19	16	4	56
	Died in Institution	10	10	8	4	32
		255	249	114	28	646

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

The above table shows that of 489 T.B. minus cases treated at Middleton, approximately 69 per cent. resulted in the condition becoming quiescent and improved, 29 per cent. not improved, and 2 per cent. died.

Of 157 T.B. plus cases all stages, 34 per cent. resulted in the condition becoming quiescent and improved, 43 per cent. not improved, and 23 per cent. died.

In commenting upon the year's work at Middleton, the Medical Superintendent, Dr. T. Campbell, makes the following report:—

“ The chief feature calling for comment during the year was the extension of the accommodation by 50 beds in the month of March, consequent on the acquisition by the County Council of the buildings formerly utilised as a training centre under the Ministry of Pensions. With a total of 300 beds available for patients, and the additional administrative and clinical duties devolving on the Medical Superintendent, the services of an additional assistant medical officer were sanctioned by the Tuberculosis Committee.

“ The admission of a number of patients with bone and joint disease—rarely brought forward in the early Sanatorium days—has rendered the provision of an ultra-violet ray lamp advisable for employment in treatment when heliotherapy cannot be carried out. A tungsten arc lamp has been installed and already beneficial results have been secured by its use. Natural sunlight is more beneficial when available, and advantage is taken of it in suitable cases.

“ As an integral part of treatment grade work has been continuously employed, with the object of improving the muscular tone of the patients, and getting them fit for a return to employment—usually manual labour, and also of giving them an interesting employment to relieve the tedium of treatment. Thus a number of men have ward work allocated to them; some assist in the garden; others on the farm; attending to pigs and poultry; while some assist the sanatorium joiner in repairing shelters and on other duties.

“ Throughout the years during which Sanatorium treatment has been available, there has always been a difficulty in inducing patients to remain a sufficiently long period to enable arrest of the disease to be reached; for as soon as they become conscious of increased vitality they desire to return home to support their families. Thus many relapse through taking their discharge prematurely; and again the question of obtaining suitable employment for patients after discharge from the Sanatorium constantly crops up. A number do succeed in carrying out advice given to them to secure employment under better conditions than formerly, but there is still scope for much practical assistance, particularly in cases which have passed the early stages of the disease before coming under treatment.”

During the year the following pulmonary cases with complications or tuberculous disease in other parts have been treated:—

Bone lesions, 7; Genito-urinary, 4; Mucous membrane, 1; Diabetes and Hodgkin's disease, 1; Hip-joint, 5; Peritoneum, 3; Vertebral column, 1; Ischio-rectal abscess, 5; glands, 2; skin, 1.

Among the remedial measures employed, artificial pneumothorax holds an important place, and is utilised in cases which are not progressing satisfactorily under routine treatment. Some patients to whom it is offered refuse to accept it, and others leave the Institution before any marked benefit can be derived from it. Apart from the attempt to secure definite arrest of the pulmonary disease by this means, striking results are sometimes obtained in the arrest of hæmoptysis, and for this alone artificial pneumothorax is worth the time devoted to it.

TABLE XIII.

**Artificial Pneumothorax Treatment in Middleton
Sanatorium, 1925.**

Case No.	Group (Turban Gerhardt).	Indication for Induction.	Date of first operation and period continued.	Result.	Remarks.
1	R3 L1	For hæmoptysis and continued to secure arrest of disease	18/4/24 (15 months)	Much improved	Working capacity restored
2	R3 L3	For hæmoptysis	30/5/24 (8 months)	Temporary improvement	Hæmoptysis checked
3	R3 L1	To secure arrest of disease	20/7/24 (8 months)	Not improved	Allowed to return home
4	R3 L2	To check toxæmia	16/9/24 (6 months)	Do.	Acute case
5	R2 L1	Do. do.	4/10/24 (4 months)	Do.	Do.
6	L3 R3	Do. do.	13/10/24 (12 months)	Moderately improved	Toxæmia checked
7	R3 L3	Do. do.	21/10/24 (3 months)	Do.	Do. and left of own accord
8	L3 R2	Do. do.	24/11/24 (7 months)	Do.	Left of own accord
9	R3 L3	Do. do.	3/12/24 (8 months)	Not improved	Died of cerebral tuberculosis
10	R3 L3	Do. do.	29/12/24 (3 months)	Moderately improved	Patient refused to continue treatment
11	L3 R3	Do. do.	12/1/25 (3 months)	Not improved	Developed pathological pneumothorax and died
12	R3 L1	Do. do.	21/1/25 (4 months)	Do.	Acute case
13	R3 L2	For hæmoptysis	21/2/25 (6 months)	Temporary improvement	Hæmoptysis checked, but case ended fatally
14	L3 R2	To secure arrest of disease	14/4/25 (8 months)	Do.	Returned home
15	L3 R3	To check toxæmia	16/5/25 (5 months)	Moderately improved	Reduction of temperature secured
16	R3 L3	Do. do.	2/6/25 (3 months)	Not improved	Left of own accord
17	R3 L2	Do. do.	30/6/25 (5 months)	Do.	Acute case
18	R3 L3	Do. do.	14/9/25 (2 months)	Moderately improved	Left against advice
19	R2 L2	Do. do.	28/4/24 (10 months)	Do.	

The X-Ray apparatus has been of service in different diagnoses. in the investigation of non-pulmonary conditions and in connection with the administration of artificial pneumothorax, but a more modern installation is now called for.

Report on X-Ray Examinations at Middleton, 1925.

In addition to the routine radioscopic examinations radiographs were taken in a number of cases to assist in the diagnosis or in connection with artificial pneumothorax treatment.

The following are the results of these:—

1. Pulmonary cases in which the clinical evidence was doubtful	{ Negative 25	
	{ Positive 24	
2. Cases in which tuberculosis was suspected in other parts than the lung ...	{ Negative 7	
	{ Positive 6	
3. To test progress		11
4. Cases of more advanced disease in which the question of inducing artificial pneumothorax had to be considered		36
		<hr/>
	Total ...	109
		<hr/>

In a few non-pulmonary forms of tuberculosis, tuberculin administration has been continued with beneficial results, but new remedies are not tried until the experimental stage is past, as it is considered that tuberculous patients have sufficient to contend with in their disease without submitting to the risk of a detrimental effect being produced by a method of treatment which has not been proved.

No confirmation of the opinions recently expressed, regarding a change in the type of disease, is found on consideration of the cases now being admitted for treatment, as there appear to be as many of the acute type as in former years. Nor is any support found for the opinion that home treatment is as beneficial as sanatorium; for in the instances in which patients have been retained at home in preference to being advised to seek early admission to an Institution, the disease is usually in such an advanced stage as to render the outlook hopeless.

Short Review of the Five Years' Period, 1921-1925.

Administratively.—Within this period the hours of duty of the nurses have been reduced from 68 hours to 58 hours weekly, and consequently additional accommodation had to be provided for an increase of the staff, as it is essential to avoid overworking the attendants on tuberculous patients, particularly during the last weeks of the illness.

Courses of lectures have been instituted for the nursing staff; a series on anatomy, physiology and hygiene for probationers and another on tuberculosis for seniors, and appropriate certificates are granted to those who pass their examinations.

In June, 1921, an additional pavilion for 50 patients was opened, increasing the accommodation from 200 to 250 beds, while in March, 1925, as previously stated, a further increase of 50 beds was made. A recreation hall with provision for concert parties and a billiard table for the use of patients was added in

1921, and in 1925 a Chapel was dedicated and opened for the religious services, which previously had been held in the recreation hall. Year by year the paths and gardens have been improved, so that now the amenities of the Institution have reached a stage which gives pleasure to the patients and brightens their surroundings to a considerable extent.

There has also been a steady improvement in the morals of the patients during the five years period under review, and their own Committee has had a praiseworthy share in this elevation of the tone of the Institution.

Medical Review.—It is perhaps not surprising that patients in the early stage of disease tend to take their discharge too soon, and unfortunately those who are willing to remain under treatment for a prolonged period are often in such an advanced condition on admission that only a temporary alleviation of their disease is possible. A considerable proportion of those admitted are in an advanced stage—in 1921 30 per cent. were in this category, and in 1925 32 per cent. The retention of patients in the later stages until death occurs is of service in limiting the danger of infection in the family, but it has a tendency to lower the hopeful tone of a Sanatorium.

Eldwick Sanatorium.—During the year 82 admissions and 83 discharges were recorded at Eldwick Sanatorium.

73 were discharged with the result much improved.

9 were removed by the requests of the parents and before treatment was completed.

1 advanced case left without any improvement.

The gain in weight varied from 3 to 24 lbs. omitting 2 cases who remained less than 14 days.

Age on admission:—

22 children of 12 years and over.

28 children of 9 to 11 years.

25 children of 6 to 8 years.

5 children under 6 years of age.

Duration of stay:—

The average period of treatment at Eldwick was six months. Eighteen children remained for longer than 30 weeks, seven under 12 weeks, the former being mostly children who only begin to show definite improvement after some months residence.

The Medical Superintendent—Dr. Sharp—makes the following report on the year's work at Eldwick:—

“ *Classification.*—Increasing experience emphasises the difficulty of the accurate diagnosis of tuberculosis in children, and the lack of any recognised classification satisfactorily applicable to them. The practice of sending doubtful cases for diagnosis has increased lately, I believe with good results; many of these

cases can only be diagnosed by their response to treatment and they are just the cases who may be saved by a few months' treatment now from years of semi-invalid life.

Of the cases admitted during 1925:—

- 25 were early cases of intra-thoracic tuberculosis, mostly of the so-called "hilus" type.
- 11 more advanced cases, mostly with a good deal of bronchitis but in none were tubercle bacilli found in the sputum.
- 5 cases of bronchitis not definitely tuberculous.
- 12 cases of glands of the neck only.
- 4 heart cases definitely rheumatic.

The remainder were of doubtful diagnosis, preventive cases of delicate children from tuberculous families.

Tonsils and Adenoids were removed in 17 cases. All of these had either persistently enlarged and septic tonsils or plentiful adenoids; seven of them showed very marked improvement after the operation, quite out of proportion to their previous progress. The dentist attended regularly, all children were examined, and the great majority had a number of teeth either removed or stopped. Several of these had very septic mouths. In view of the recognised evil effects of all septic infections on tuberculous patients, more systematic attention to these live sources of trouble among the child population would probably be repaid by a distinct diminution in the number requiring sanatorium treatment.

Treatment with Ultra Violet Light was only commenced towards the end of 1925 and the cases at present have been too few to form a basis for any definite opinion as to its value; the results so far have certainly not been very striking. Natural sunlight was available during the summer in much more than the usual amount. On fine days the children had lessons out of doors wearing nothing but short drawers. They greatly enjoy this plan and undoubtedly did very much better on the whole than in dull weather.

The results on the whole may be considered very satisfactory but undoubtedly many of the children require a much longer period of treatment. On the other hand the waiting list is already much too long and admissions often have to be postponed till the really opportune moment has passed by. The only solution seems to be the provision of open-air schools for pre-tubercular cases, and those who have left the Sanatorium much improved. The Sanatorium itself could then be used as a clearing house for purposes of diagnosis and testing the power of response to treatment, also for the prolonged treatment of the more definite cases not yet too advanced for cure."

Refractories Industries (Silicosis) Scheme.—A revised scheme in accordance with the recommendations of the Departmental Committee was issued by the Home Secretary early in

1925. The scheme provided that on and after May 1st, 1925, a Special Medical Board appointed for the purpose would undertake the periodic and other medical examination of workers at present carried out by the District Tuberculosis Officers in the West Riding area, except in new cases, where it was agreed that District Tuberculosis Officers should continue to make examinations where such could not be conveniently undertaken by the Medical Board.

From the beginning of the year until the Medical Board were able to take over the work, 66 workers in the Wadsley Bridge Dispensary Area were examined by the District Tuberculosis Officer acting as Appointed Medical Officer under the old scheme.

Extra Nourishment.—During the year 1925 the average number of cases on the list was 363, representing a cost of £3,200. Up to 31st December, 1925, the scheme for the provision of extra nourishment had been in operation just under five years, having commenced on 1st May, 1921. The following summary shows the position for each period referred to. The sum available for this purpose is £2 per thousand of the population, and is equivalent to approximately £3,000 per annum.

Year.	Average No. of cases on list.	Cost £
1921	216	1,400 (part year only).
1922	313	2,800
1923	316	2,750
1924	366	2,980
1925	363	3,200

West Riding Distress Fund.—The West Riding Distress Fund is used most frequently in providing clothing to enable patients to accept or continue sanatorium treatment. During the year 73 applications for help were dealt with; of these 68 were granted, 4 refused and 1 deferred. Of those granted, two were provided from other sources, 3 left sanatorium prematurely and before clothing had been provided, 2 refused treatment, 1 withdrawn, 3 not proceeded with, leaving 57 grants actually made at a cost of £108.

Other Sources of Help.—In addition to the cases dealt with through the Distress Fund, other sources of help are available, and every effort is made to avoid duplication of these services. During the year 78 cases were dealt with under this head, and many patients received generous help, in some instances with monetary grants up to £4 in value for clothing in addition to further help for the patient's family. We are indebted to the United Services Fund and to the British Legion for their valuable assistance in deserving cases.

Care Work.—With regard to the After-Care Scheme, considerable progress has been made during the years, and although there still remains a great deal to be done, the experience of the past four years gives encouragement for the future. By the end of 1925, eleven Committees were in operation in the Riding, viz.:—

Barnsley,	Mirfield,
Castleford,	Pontefract,
Doncaster,	Selby,
Featherstone,	South Kirkby,
Goole,	Tadcaster.
Huddersfield,	

Hitherto these Committees have been entirely dependent on their own funds and enterprise to meet the demands which have been made upon them. Since the establishment of the Scheme in 1921 they have raised and spent a sum estimated to be not less than £1,500 and for some time these Committees formed almost the only sources of help for deserving cases coming under the West Riding tuberculosis scheme. In addition to this sum, Committees have formed collecting centres where part-worn clothing can be received, repaired and issued for use in necessitous cases. The following is a summary of grants made during the year:—

Underclothing	...	150	Rail fares	...	6
Outer clothes	...	34	Bedding	...	2
Overcoats	...	14	Dentures	...	1
Boots	...	104	Miscellaneous	...	3
Food	...	144			

The amount spent on these items totalled £480, which, however, does not include any administrative expenses or the value of any clothing or other articles which have not required to be purchased.

In March, 1925, the County Council approved a proposal that grants be made to Care Committees towards their expenditure. For this purpose a sum of £200 was provided. At the end of the year, having regard to the reports submitted, the following grants were made:—

Committee.	Grant.		
	£	s.	d.
Barnsley	46	0	0
Pontefract	19	0	0
Featherstone and Purston	13	0	0
Castleford	27	0	0
Huddersfield	10	0	0
Mirfield	12	0	0
Doncaster	27	0	0
Tadcaster, Garforth and Halton	8	0	0
Selby	2	15	0
	<hr/>		
	£164	15	0
	<hr/>		

As opportunity offers, Committees take advantage of any circumstance which will enable them to operate more efficiently and are always on the look-out to extend their influence within their areas. Plans are laid for forming branch committees where this seems advantageous and arrangements are made to co-ordinate with other bodies with similar aims. In this way is accounted for the increased scope and bulk of work undertaken. During the year one new Committee was formed at South Kirkby, whilst the constitution of other new Committees was also projected.

The following summary shows the extent of material efforts on behalf of patients:—

	Period to 31st Decem- ber, 1922.	1923.	1924.	1925.
Underclothing	—	82	99	150
Outer Clothing	6	23	20	34
Overcoats	—	3	16	14
Boots and Slippers	—	36	67	104
Food	10	34	23	144
Convalescent Home Treatment	3	12	4	—
Care of Family	6	1	—	—
Bedding	—	1	1	2
Financial Help	4	2	2	—
Appliances	3	—	1	4
Miscellaneous	2	6	1	7

With regard to patients discharged from Sanatoria, the good effect of treatment can be all too easily lost if the hygienic principles taught at the Sanatorium are not persisted in. It is during this period that success or failure is attached to the treatment provided, and when sympathetic help and counsel can be of the greatest value. In this work lies the greatest power for good of the Care Committee. In those Dispensary Areas where Care Committees are established the District Tuberculosis Officers speak in the highest terms of their valuable services.

I should like to take this opportunity of expressing my appreciation of the valuable services rendered by those ladies and gentlemen who by their kindly efforts have carried into effect the principles upon which the scheme is based, and to the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society for placing at our disposal the services of their organisation.

Workshop Huts.—Under the scheme for the provision of workshop huts three ex-servicemen are utilising huts for the purpose of carrying on the new occupations in which they have received training under the Ministry of Pensions Scheme.

The following summary shews the results of the year's work on reports submitted.

Purpose for which Hut is used.	Report.
Rural Carpentry and Boot repairs	Patient steady and industrious. Not very strong and can only work intermittently. Has no difficulty in securing as much work as he can do and is able to maintain himself and family on his pension and earnings.
Poultry Keeping	Patient very enthusiastic. Work has shewn a growing profit.
Upholstery and French Polishing	Patient a steady worker. Appears to produce a high standard of work and reports that he can obtain all the work he can do.

TREATMENT OF TUBERCULOUS EX-SERVICEMEN.

General.—Cases of Tuberculosis in ex-servicemen still continue to come before the Department in some numbers. New applications for treatment for Tuberculosis were received from 396 ex-servicemen during 1925 (detailed in the Table on page 167), resulting in 2,888 cases remaining on the register at the end of the year 1925. The following Table shows the division of these 2,888 cases into pensioners, non-pensioners, etc., and also gives the numbers under various forms of treatment:—

Category.	Form of Treatment.							Totals.	Percentage of the total number under treatment.
	San.	Hosp.	Training.	General Dispensary Supervision.	Dispensary Observation.	Disp.	Dom.		
1. Pension for Tuberculosis granted	44	4	7	427	86	168	816	1552	53.73%
2. Pension for Tuberculosis finally refused	69	2	—	281	50	104	459	965	33.43%
3. Right to pension for Tuberculosis not yet decided or no application made	31	—	—	81	44	39	146	341	11.81%
4. Officers and Ex-service-women.	2	—	—	3	—	7	18	30	1.03%
Totals ...	146	6	7	792	180	318	1439	2888	100.00%

Although 396 new cases were notified during the year, the net increase was 210, 186 cases having died or removed from the Administrative Area. There was a net increase of 50 in the number of pensioners for Tuberculosis during the year. This low figure, when compared with the number of new cases for the year, will indicate to some extent the difficulties patients are experiencing in substantiating their claims that Tuberculosis is due to their War Service, which, in most cases, ended from six to seven years ago. The Royal Pensions Warrant precludes a man who has been discharged from H.M. Forces for over seven years from lodging a claim to a pension for Tuberculosis.

The following summary shows the increase in the numbers of ex-servicemen on our records since 1920, when separate statistics were instituted. The yearly increase in the number of pensioners for Tuberculosis is also shown. It will be observed that whereas the gross increase in cases averages 484 per year for the past six years, the increase in the average number of pensioners for Tuberculosis is but 62 per year for the past four years:—

Year.	No. of new cases.	No. of cases under treatment at end of year.	No. of pensioners for Tuberculosis at the end of year.
1920	820	1604	?
1921	529	1597	?
1922	388	2188	1303
1923	339	2235	1364
1924	436	2678	1502
1925	396	2888	1552

Concurrent Treatment and Training, and Vocational Training.—The Training Scheme set out in the Ministry of Health's Circular 30/T dated 31st March, 1921, is still in operation. The Courses of Training available are substantially the same as were detailed in my Report for last year, so they are not repeated here.

The Preston Hall Training Colony was taken over by the British Legion on the 1st April, 1925, and is now known as "The British Legion Village." In future the Scheme at this Institution will conform to the principles which have proved so successful at Papworth Hall, Cambridge; that is to say, it will consist of a fully equipped Hospital, Sanatorium, Workshop Section and Village Settlement.

The following Table shows that during the year 11 pensioners were admitted to Courses of Combined Treatment and Training at various Training Colonies approved by the Minister of Health, and that 7 cases remained under training at the end of the year. A note is appended to the Table regarding the results obtained during the year:—

TABLE Shewing the Admissions to and Discharges from Courses of Combined Treatment and Training of Tuberculous Ex-Servicemen during 1925.

Colony.	No. under training on 31/12/24.	No. admitted during 1925.	No. discharged during 1925.	No. remaining under training on 31/12/25.	Training Course.
Lenham Sanatorium, Lenham, Kent	1	—	1	—	Furniture Repairs.
Maltings Farm Sanatorium, Nayland, Suffolk	1	—	1	—	House Repairs.
	1	—	1	—	Furniture Repairs.
Holywood Hall, Wolsingham, Co. Durham	1	—	1	—	Furniture Repairs.
Burrow Hill, Frimley, Surrey	—	6	3	3	Carpentry and Joinery.
	1	3	2	2	Pig and Poultry Keeping.
	—	1	—	1	Pig Farming.
British Legion Village, Preston Hall, Aylesford, Kent	1	—	1	—	Horticulture.
	5	—	5	—	Pig and Poultry Keeping.
	3	—	3	—	Rural Carpentry.
	—	1	—	1	Market Gardening, Poultry and Pig Keeping.
Totals	14	11	18	7	

Results: Of the 18 cases shown above as having been discharged, 12 completed courses and were discharged as efficient:—

3 in Furniture Repairing.

1 „ House Repairing.

5 „ Pig and Poultry Keeping.

3 „ Rural Carpentry.

Six did not complete courses, having been prematurely discharged for various reasons.

Number of New Applicants for Treatment in 1925 (Ex-Servicemen).

(Showing form of Treatment recommended.)

Ob- serva- tion.	Dispensary.				General Dispensary Supervision.				Domiciliary.				Sanatorium.				Hospital.				Total.
	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.	Class I.	Class II.	Class III.	Non- Pulm.	
3	5	1	3	3	9	12	2	2	20	16	14	3	146	113	9	6	—	3	24	2	396

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

Maintenance.—For the financial year 1925–1926 the maintenance of pensioners for Tuberculosis in residential institutions (including Training Colonies) has cost the County Council the sum of £9,542 3s. 3d., an increase over last year of £1,659 2s. 0d. The whole of this amount is recoverable from the Ministry of Pensions, and has been reclaimed in half-yearly periods.

Conveyance.—The Department has recovered the sum of £50 9s. 4d. from the Ministry of Pensions during the financial year in respect of the conveyance of pensioners to and from Middleton-in-Wharfedale Sanatorium by the Sanatorium motor bus, the provision of ambulances, etc., and other conveyance services which have been undertaken for the Ministry.

Mileage Fees.—A sum of £38 1s. 9d. has also been received from the Ministry of Pensions in respect of mileage incurred by District Tuberculosis Officers in making special visits to bed-ridden pensioners for Tuberculosis for the purpose of completing a Ministry of Pensions' Certificate.

Services as Medical Referees to the Ministry of Pensions.—During the year the Department and its Officers have completed 4,893 forms of various denominations in the capacity of Tuberculosis Medical Referees to the Ministry of Pensions. A proportion only of this number rank for the payment of fees, however. In respect of these special services during 1925 the Treasury has voted the sum of £6,120 for distribution to Councils in England, and of this sum the County Council has received £423 10s. 8d. In respect of the completion of 297 special Medical Reports for the use of Ministry of Pensions' Medical Boards the sum of £74 5s. 0d. has also been received, making a total income under the head of "Special Services" of £497 15s. 8d. for the year.

TABLE XIV.

Summary of Dispensary Work during 1925.

New Cases Examined.

Dispensary or Branch Dispensary.	Pulmonary Cases.																								Non-Pulmonary Cases.												Totals.		
	Contacts.												Other Cases.												Tuberculous.						Non-Tuberculous.								
	Tuberculous.				Suspects.				Non Tuberculous.				Tuberculous.				Suspects.				Non-Tuberculous.				Tuberculous.			Non-Tuberculous.											
	Men		Women		Men		Women		Men		Women		Men		Women		Men		Women		Men		Women		Men		Women		Men		Women								
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.									
Barnsley	4	6	2	3	14	12	24	19	—	—	—	—	25	27	5	9	57	59	86	77	—	—	2	—	—	1	3	32	15	—	—	101	107	151	124				
Penistone	—	—	—	—	1	1	—	—	—	—	—	—	1	3	1	—	7	6	5	3	1	—	—	—	—	—	5	2	—	—	1	10	10	11	6				
South Kirkby	—	—	1	—	6	7	6	10	—	—	—	—	11	6	—	3	47	19	22	21	—	—	1	1	—	—	9	8	—	—	4	2	65	32	42	45			
Dewsbury	1	2	2	2	—	—	2	6	2	1	3	6	9	16	7	2	6	2	7	10	3	1	2	—	—	—	1	1	1	1	—	—	22	22	24	27			
Birstall	—	—	1	1	—	—	4	3	—	1	2	1	—	8	1	4	3	—	4	2	2	1	1	1	—	—	—	1	—	—	—	—	8	3	17	11			
Liveredge	—	1	—	—	1	6	16	15	1	1	3	2	8	11	4	4	3	4	2	3	2	1	—	—	2	1	1	—	3	—	—	1	16	25	26	28			
Morley	—	—	3	3	—	—	2	12	17	1	—	—	4	4	9	8	2	4	4	5	6	8	—	—	—	—	—	2	3	2	—	—	14	17	30	38			
Pudsey	1	—	1	1	1	1	3	7	—	1	2	2	11	5	2	1	2	1	5	2	—	—	—	—	—	—	—	2	—	—	—	—	15	8	15	15			
Doncaster	7	10	13	8	—	1	—	—	5	11	22	24	64	51	23	20	1	—	—	—	38	20	34	25	4	2	18	16	—	—	—	—	119	95	110	93			
Goole	3	8	6	6	1	1	—	—	4	6	13	16	13	12	4	5	1	—	—	5	7	3	2	8	—	1	6	2	—	—	2	—	29	31	34	40			
Thorne	1	2	1	3	—	—	—	—	3	2	6	11	9	13	10	—	—	—	—	—	5	1	2	6	1	—	—	3	3	—	—	18	15	21	28				
Huddersfield	2	2	1	—	—	—	4	4	1	2	3	2	13	12	—	4	3	4	5	5	1	1	2	—	—	6	8	20	19	—	—	2	—	25	29	37	34		
Holmfirth	1	1	—	—	—	—	1	—	—	—	—	—	1	3	1	2	1	—	1	1	—	—	—	—	—	1	3	7	—	—	—	—	3	5	7	10			
Marsden	1	1	—	—	—	—	1	—	—	—	—	—	1	3	1	2	1	—	1	1	—	—	—	—	—	—	1	6	10	—	—	—	—	3	5	10	13		
Uppermill	—	—	—	—	1	—	2	1	1	—	—	—	1	8	5	—	—	3	2	3	4	1	—	—	—	2	1	4	6	—	—	—	—	16	8	12	12		
Keighley	1	1	2	5	1	2	2	2	1	8	3	1	15	18	5	9	6	10	1	5	11	8	—	1	4	7	5	5	—	1	3	3	39	55	21	31			
Barnoldswick	1	—	1	—	—	1	—	—	1	2	2	3	14	3	4	6	6	1	—	10	9	—	—	2	1	—	2	1	—	2	—	—	23	35	7	9			
Skipton	—	—	1	2	1	—	—	—	3	2	2	—	10	4	1	4	3	1	4	6	4	1	—	—	—	—	3	2	—	—	1	—	21	16	15	10			
Osley	—	—	—	—	—	—	1	1	—	5	6	3	5	3	—	—	8	3	2	—	6	10	3	9	2	1	2	1	—	—	—	—	20	17	12	17			
Guiseley	—	—	—	—	1	—	—	—	—	5	—	—	5	7	—	—	1	2	—	—	4	1	—	—	—	—	—	2	—	—	—	—	1	15	1	7			
Harrogate	—	1	1	—	—	2	1	1	—	5	11	6	17	12	1	—	7	7	5	2	7	17	7	10	2	—	2	6	—	—	1	1	1	33	45	39	26		
Shipley	—	—	—	—	1	1	—	—	1	4	14	18	10	2	1	—	10	4	3	1	4	6	4	1	—	—	—	3	2	—	—	—	—	30	14	18	34		
Pentreath	4	7	7	6	8	12	19	16	14	32	21	27	90	52	16	18	44	22	28	25	18	8	13	12	6	1	23	19	—	1	3	3	184	135	150	126			
Normanton	2	2	1	1	1	1	1	6	5	2	5	1	2	19	3	1	6	7	2	8	7	3	—	—	1	—	1	3	2	—	—	—	—	35	14	21	23		
Selby	1	1	1	—	—	1	—	—	1	2	—	—	2	3	5	6	3	2	—	7	5	2	—	—	—	—	—	1	3	1	—	—	—	11	8	17	14		
Tadcaster	—	—	—	—	—	—	—	—	—	1	1	—	—	6	3	4	2	1	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	7	4	12	6		
Rotherham	6	7	4	3	2	3	5	1	1	1	6	4	40	28	20	16	12	6	9	9	7	3	14	17	—	—	43	40	—	—	—	—	68	50	101	92			
Mexborough	21	18	11	11	7	4	11	8	7	2	3	8	73	52	47	60	37	12	17	17	18	6	15	14	1	3	55	65	—	—	—	—	164	97	159	183			
Sowerby Bridge	—	2	1	1	—	1	—	—	—	3	6	4	16	12	3	2	1	1	—	2	6	6	3	4	1	2	5	3	—	—	—	—	26	27	18	16			
Brighouse	—	—	1	—	—	—	—	—	6	6	5	4	11	8	1	2	—	2	—	8	—	3	2	—	—	—	3	2	—	—	1	—	25	20	13	9			
Todmorden	—	—	—	—	—	—	—	—	—	1	1	7	5	2	1	4	3	—	—	—	3	2	3	4	5	2	1	—	—	—	—	—	15	16	7	6			
Wadsley Bridge	1	1	1	—	2	4	6	10	3	4	4	3	3	5	—	3	7	3	3	4	1	2	4	4	—	—	10	8	—	1	1	1	17	20	29	33			
Dinnington	3	1	2	2	2	3	11	13	2	1	8	8	15	11	12	13	16	5	15	16	1	2	1	2	—	—	11	8	—	—	—	—	39	23	55	62			
Stocksbridge	1	1	2	2	3	—	6	3	5	2	—	—	6	5	1	2	4	7	10	3	4	6	1	—	—	3	4	5	—	1	—	2	19	12	26	30			
Wakefield	2	4	7	4	1	2	4	14	3	—	2	3	27	25	17	20	15	8	7	8	1	2	1	3	1	2	5	5	—	—	1	50	45	44	57				
Hemsworth	—	2	6	5	3	4	13	9	2	—	2	3	19	17	17	14	19	9	22	14	1	2	10	14	1	—	5	4	—	—	1	45	34	75	64				
Totals	64	81	79	69	59	71	162	167	65	110	159	176	580	461	225	358	219	291	266	179	116	138	153	41	50	300	274	1	6	19	17	1347	1114	1370	1377				

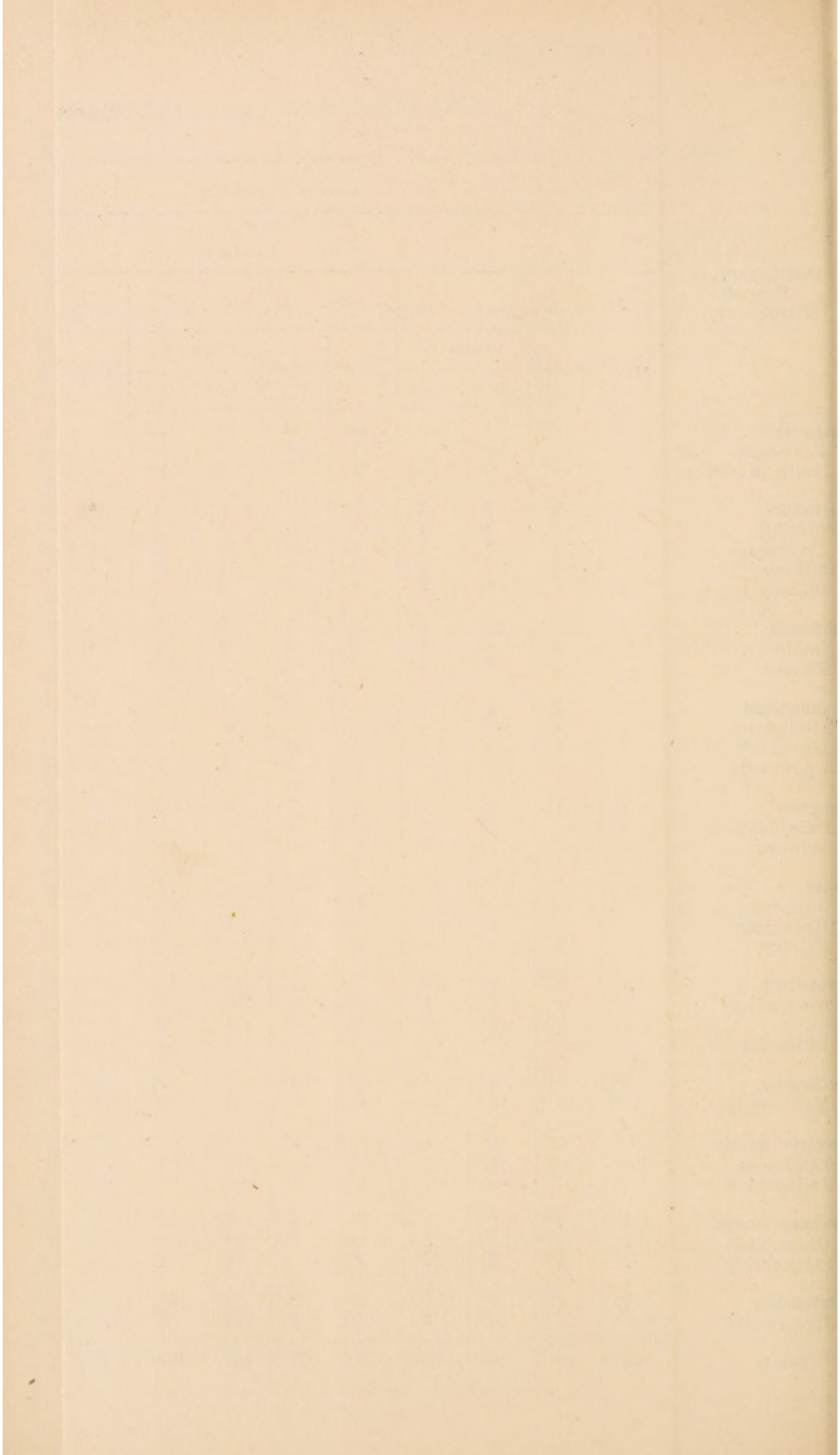


TABLE XV.
SUMMARY OF DISPENSARY WORK, 1925—(A) PULMONARY CASES.

	Patients on Dispensary Register, 1/1/25.								Cases transferred or lost sight of during 1925.				Cases written off as cured during 1925.				Diagnosis not confirmed or Non-Tuberculous.				Deaths reported in 1925.				Patients on Dispensary Register, 31/12/25.								
	Diagnosis Completed.				Diagnosis not Completed.				M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	Diagnosis Completed.				Diagnosis not Completed.				
	M.	W.	B.	G.	M.	W.	B.	G.																	M.	W.	B.	G.	M.	W.	B.	G.	M.
Barnsley	216	127	150	157	13	3	15	28	1	2	—	1	—	—	—	14	2	9	6	20	8	2	6	224	149	144	159	4	2	17	25		
Penistone	10	13	13	8	2	1	1	8	—	1	—	—	—	—	—	2	1	—	—	—	1	—	—	10	13	14	16	—	1	1	—		
South Kirkby	77	15	20	10	7	2	8	12	1	2	—	1	—	—	—	—	—	—	—	6	—	2	3	85	24	27	21	—	—	—	—		
Dewsbury	35	73	60	53	2	3	10	10	—	—	—	—	—	3	—	12	15	25	20	6	7	—	—	73	69	53	42	—	—	1	5		
Birstall	24	14	20	20	6	2	1	1	—	1	—	—	—	—	—	6	4	15	13	2	—	—	1	22	12	8	19	—	—	3	1		
Liversedge	67	50	20	27	2	3	3	3	—	—	—	—	—	—	—	5	7	21	21	9	4	—	1	60	52	37	6	—	2	—	5		
Morley	70	50	50	55	3	4	4	4	—	1	—	1	—	—	—	10	11	19	20	6	7	—	—	64	42	37	44	—	1	3	1		
Pudsey	37	23	12	12	3	2	1	1	—	—	1	1	—	—	—	7	3	2	6	7	2	1	—	36	23	12	7	—	2	—	1		
Doncaster	226	79	166	160	—	—	—	—	10	10	13	4	15	3	1	43	35	63	43	37	13	2	2	167	79	123	133	1	—	—	—		
Goole	32	37	65	60	—	—	—	—	—	—	—	4	2	5	2	1	10	12	20	30	8	10	—	23	30	53	34	—	—	—	—		
Thorne	23	19	17	17	—	—	—	—	4	6	3	—	—	4	—	5	2	5	9	2	—	—	—	21	16	23	21	—	—	—	—		
Huddersfield	100	31	42	42	—	—	—	—	4	—	—	—	1	16	13	13	5	—	1	—	13	8	—	1	76	21	24	36	—	—	2	6	
Holmfirth	11	24	25	20	—	—	—	—	—	—	—	—	1	9	4	2	—	1	4	2	1	—	—	11	18	17	18	—	—	1	—		
Marsden	26	21	35	34	—	—	—	—	—	—	—	—	2	6	7	7	—	1	—	—	2	1	—	23	17	25	29	—	—	3	3		
Uppermill	38	38	36	40	—	—	—	—	—	—	—	—	2	5	3	9	1	—	—	—	5	2	—	34	36	33	29	—	—	—	2		
Keighley	72	41	28	32	4	3	—	3	2	2	2	2	2	3	3	8	—	—	—	9	9	—	2	74	49	50	36	—	—	—	1		
Barnoldswick	36	22	5	6	2	2	—	1	—	2	1	2	—	—	—	—	12	2	3	8	4	—	—	33	20	6	6	—	—	—	—		
Skipton	26	16	10	11	—	—	—	—	1	—	2	—	3	4	1	1	—	—	—	4	4	—	1	23	12	9	15	1	—	—	—		
Otley	22	8	—	—	—	—	—	—	3	—	—	—	2	—	—	—	—	—	—	3	1	—	—	16	10	1	—	—	—	—	—		
Guiseley	16	12	2	2	—	—	—	—	—	1	—	—	7	1	—	—	4	2	—	—	3	—	—	8	12	2	2	—	—	—	—		
Harrogate	39	43	—	8	—	—	—	—	—	1	1	1	3	1	—	2	—	—	—	—	11	7	—	—	33	47	1	7	—	—	—	—	
Shipley	38	44	3	4	—	—	—	—	—	1	—	—	2	2	—	—	—	—	—	13	6	1	1	28	37	3	3	—	—	—	—		
Pontefract	491	201	110	95	2	5	2	3	12	5	10	5	5	2	1	3	—	—	—	35	18	1	9	493	239	119	69	3	1	4	4		
Normanton	104	54	50	53	3	2	—	7	4	1	—	—	—	—	—	4	1	6	13	6	—	—	—	101	52	46	57	—	1	—	4		
Selby	39	20	27	31	1	—	—	—	1	1	—	—	3	3	1	—	3	1	3	—	7	1	—	1	31	23	25	26	1	—	3	1	
Tadcaster	31	11	12	11	—	1	—	2	1	1	—	—	1	—	—	2	—	1	2	2	1	2	—	1	29	11	12	10	—	—	2	—	
Rotherham	94	61	90	98	2	3	4	4	2	1	3	2	—	1	2	—	1	5	6	2	13	5	—	2	103	87	107	117	—	—	—	—	
Mexborough	208	96	150	142	1	—	4	4	2	2	2	1	1	2	2	—	42	12	21	32	25	2	2	192	129	184	181	1	1	1	1		
Sowerby Bridge	24	19	35	37	1	—	—	2	2	—	3	3	7	4	1	—	—	—	—	—	15	12	1	2	5	15	31	37	3	2	3	—	
Brighouse	15	10	25	24	—	—	—	1	—	1	2	5	4	1	1	—	—	—	—	—	11	8	—	—	4	6	25	24	1	—	—	—	
Todmorden	11	13	14	14	1	—	1	—	—	—	1	2	8	3	—	1	—	—	—	—	7	3	—	—	1	12	16	12	2	—	—	—	
Wadsley Bridge	24	7	24	23	2	2	—	—	—	—	1	1	—	1	—	—	—	—	—	—	5	3	—	—	25	11	23	24	—	—	—	—	
Dinnington	27	16	18	19	1	—	6	6	—	—	2	2	—	—	—	—	—	—	—	—	4	3	—	—	32	25	34	37	1	—	—	1	
Stocksbridge	17	8	6	5	6	5	2	3	1	1	—	—	—	—	—	—	—	—	—	5	3	1	2	22	13	9	12	1	—	2	—		
Wakefield	150	64	140	135	3	—	2	2	2	—	3	2	—	—	—	—	—	—	—	10	13	17	9	2	1	149	84	145	139	1	—	6	6
Hemsworth	131	52	140	131	1	2	6	7	1	—	3	2	—	—	—	—	—	—	—	7	8	25	6	4	—	136	61	150	124	—	1	8	6
Total	2662	1435	1720	1604	68	45	70	114	54	42	52	45	53	77	42	47	167	136	244	256	332	195	14	40	2405	1556	1578	1587	20	16	64	70	

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

DATE	INITIALS	DESCRIPTION	AMOUNT	REMARKS
1912				
1913				
1914				
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TABLE XVI.
SUMMARY OF DISPENSARY WORK, 1925—(B) NON-PULMONARY CASES.

	Patients on Dispensary Register, 1/1/25.								Cases Transferred or lost sight of during 1925.				Cases written off as cured during 1925.				Diagnosis not confirmed or Non-Tuberculous.				Deaths reported in 1925.				Patients on Dispensary Register, 31/12/25.								
	Diagnosis Completed.				Diagnosis not Completed.																				Diagnosis Completed.				Diagnosis not Completed.				
	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	B.	W.	G.	M.	W.	B.	G.	M.	W.	B.	G.	M.	W.	B.	G.	
Barnsley	13	14	12	12	4	2	2	1												1				17	19	46	27				1		
Penistone	4	4		5																				4	4	5	7						
South Kirkby	9	7	6	3													1							10	7	14	11						
Dewsbury	1	3	4	5													1	2	2		1			1	1	3	4						
Birstall			4	4							1	1			1			1	1						1	1	1						
Liversedge	3	1	3	3														2	4	4				4		4	7						
Morley	1	1	1	1								1	1					2	1	2						3	7						
Pudsey		2	2	4																						2	4	7					
Doncaster	5	4	55	63									1	2		1	1	2	2	5			1	7	2	70	73						
Goole	6	5	25	22									1										5	5	23	24							
Thorne			5	6									1												6	8	9						
Huddersfield	5	8	23	23									3		16	14			1	1			1	1	6	16	25	25					
Holmfirth	2	3	12	12									2		4	6			1					4	10	15							
Marsden	6	1	30	27							1		1		10	8							1	5	4	25	27					2	
Uppermill	8	8	35	30						1	1	1	2	3	1	8	7			1	1			1	6	7	29	25					
Keighley	8	4	13	13						2	2	2	2	1		3	1			3	2	2		1	6	10	17	22					
Barnoldswick	4	2	2	3						2	1	2													5	5	1	3					
Skipton	3	2	5	5														2						1	5	3	1						
Osley	3	2	5	5								1		2		2				4	6	1	1			2							
Guiseley	1	3	2	2																				1	3	2	2						
Harrogate	3	4	9	15								1	1		4	1							1	3		9	19						
Shipley	1	1	6	5										1											1	6	5						
Pontefract	10	10	45	47							3	3	1	1	2	1		2	2	1	2	1		2	5	10	8	55	50				
Normanton	5	2	8	7																				5	3	11	7						
Selby	1	1	2	2																				1	2	4	1						
Tadcaster	4		10	10																				4		15	9						
Rotherham	3	3	50	54								4	2							1				1	3	3	37	91					
Mexborough	1	1	53	59								1	3							1	1			4	105	121							
Sowerby Bridge	4	6	12	8								1			2	2	1							3	6	15	12						
Brighouse	2		9	8											2	2	1			2	1				1	8	8						
Todmorden	6	4	8	6								1			1	4					1	1			1	7	5	9	5				
Wadley Bridge		4	16	15											1										3	27	24						
Dimmington		1	14	13																					1	24	19						
Stocksbridge		2	7	8																					4	11	17						
Wakefield	5	4	11	11																						1	3	4	7	11			
Hemsworth	1		9	7																						1	6	3					
Total	128	117	521	531	4	2	13	14	3	6	33	33	26	23	59	54	3	9	36	33	8	4	12	13	120	123	695	690			1	4	

APPENDIX

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APPENDIX.

Public Health Legislation, etc., during 1925.

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

Circular Number.	General.
565—	Public Health (Foreign Meat) Regulations.
558 & Regns. 599	} Public Health (Imported Food) Regulations, 1925.
604—	Rural District Councils (Slaughter Houses) Order, 1924. Public Health (Meat) Regulations, 1924.
606 & Regns.	} Public Health (Preservatives, etc., in Food) Regulations, 1925.
13—	Tuberculosis Order, 1925. Ministry of Agriculture and Fisheries.
616—	Tuberculosis Order, 1925 (No. 2). Meat Inspection.
13 & Order	} Tuberculosis Order, 1925 (No. 2). Ministry of Agriculture and Fisheries.
612 & Order	} The Milk and Dairies (Consolidation) Act, 1915, and The Milk and Dairies (Consolidation) Act, 1915 (Commence- ment of Operation) Order, 1925.
— Isolation Hospital Committees and Joint Hospital Boards: Carriage and Ambulance used for the Conveyance of Persons upon their discharge from a Hospital, or of sick Persons not suffering from Infectious Disease. Provision of Dwelling Houses for Officers or Servants employed at the Hospital (Public Health Act, 1925).	
— Parish Councils; Baths and Washhouses (Public Health Act, 1925).	
624 & Regns.	} Canal Boats, Amendment Regulations, 1925.
— Public Health (Imported Food) Regulations.	
634	} International Agreement for the Treatment of Seamen suffering from Venereal Diseases.
635	
659—	Contamination of Apples by Arsenic.
19	} Tuberculosis Orders of 1925. Ministry of Agriculture and Fisheries.
20	

Treatment of Tuberculosis.

607 607a	} Institutional Treatment of Persons suffering from Tuberculosis.
615 & Regns.	} Public Health (Prevention of Tuberculosis) Regulations, 1925.
Memo. 107/T.	} Emigrants to Australia.
Memo. 108/T.	} Preston Hall.
Memo. 109/T.	} East Lancashire Tuberculosis Colony, Barrowmore Hall.

- 613 & } Annual Returns to be furnished by the Chief Administrative
613a } Tuberculosis Officers of Local Authorities and as to
b & c & } the Records kept by Tuberculosis Officers and
Memo. } Medical Officers of Residential Institutions approved
37/T. } by the Minister of Health for the Treatment of
Tuberculosis.
- 644 } Residential Treatment of Tuberculous War Pensioners.
645 } Grants of Leave.

Maternity and Child Welfare.

- 557 & } Training of Health Visitors.
Memo. }
101 }
M.C.W. }
- 559—Training and Supply of Midwives.
- Memo. } Specimen Record Forms.
100 }
M.C.W. }
- Memo. } Grants in Aid of Training of Midwives.
102 }
M.C.W. }
- 593 & } Pemphigus Neonatorum.
Memo. }

Housing and Town Planning.

- 520a—Housing (Financial Provisions) Act, 1924.
- 555—Guarantees to Building Societies.
- 556—Local Bonds.
- 571—Assistance to Owner-Occupiers.
- Regns.—The Public Utility Societies Regulations, 1925.
- Order—The Housing Act (Form of Orders and Notices) Order, 1925.
- Order—The Housing Act (Appeal Procedure) Rules, 1925.
- Order—The Housing (Loans by County Councils) Order, 1925.
- Regns.—The Local Authorities (Assisted Housing Schemes) Amendment Regulations, 1925.
- Regns.—The Housing Consolidated Regulations, 1925.
- 646 } Town Planning.
647 }
- Ministry of Health Contract.

II.—Acts of Parliament.

- Housing Act, 1925.
- Town Planning Act, 1925.
- Public Health Act, 1925.

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE.

TABLE C.

Year 1925.

.....Sanitary District.

NUISANCE INSPECTIONS.

Total No. of Inspections made in 1925, for Nuisances only.....	
(For Housing Inspections see Table D).	
Nuisances reported in 1925	Total needing abatement
Nuisances in hand, end of 1924	Abated during 1925
	Outstanding, end of 1925
Notices served, Informal	Complied with
" " Statutory	" "
Total number of Summonses or other legal proceedings	
Filthy Houses, Cleansing of	
Any notices served under Sec. 46 of P.H.A., 1875 (or any other Act)?	

Regulated Buildings, Trades, &c.	No. in District	No. on Regis- ter.	Total No. of Inspections made.	General Condition.	Legal Proceedings (if any).
Common Lodging Houses					
Houses let in Lodgings					
Canal Boats					
Knackers Yards					
Tents, Vans and Sheds					
Offensive Trades					
(Please specify kind.)					

Have the Council declared any other processes to be offensive trades?

DRAINAGE AND SEWERAGE.

Developments during 1925?	
Developments still needed as to (a) Want of sewers	
(b) Improvement of defective sewers	
Sewage Disposal Works (a) Any inadequacy	
(b) Any complaints	
Any sink wastes still needing disconnection?	

CLOSET ACCOMMODATION.

No. of Privies with open middens.....	No. of Pail or Tub Closets.....
" " with covered middens.....	No. of Water Closets.....
Waste-water Closets	
No. of Privies reconstructed during 1925—(a) as w.c.'s.....	(b) other.....
No. of <i>additional</i> Closets provided for old property in 1925—(a) w.c.'s.....	(b) other
No. of Closets constructed in 1925 for new houses—(a) w.c.'s.....	(b) other.....

SCAVENGING.

Any change during 1925?	
Performed by (a) Council.....	(b) Contractor.....
	(c) Owners or Occupiers.....
How is refuse disposed of?—No. of loads to (a) Destructor.....	(b) Tips.....
(c) Farmers	Total annual cost £.....
Is there any inadequacy, and where?	
Any utilization of waste material?.....	If so, what?.....

WATER SUPPLY. Any developments during 1925?
 Restricted in any way?..... If so, No. of days?.....
 Hours of day when cut off?.....
 Any general insufficiency, and where?
 Any action in regard to unsatisfactory quality, and where?
 Any new sources added? Any disused sources re-used?

MILK SUPPLY.

Are Two Registers being kept as required by Section 2 (3) of the 1922 Milk and Dairies (Amendment) Act?
 (a) For Retailers (b) For Cow-keepers or Wholesale Traders.....
 Have any Licences been granted under the Milk and Dairies (Amendment) Act, 1922, to distributors of:—
 "Certified" Milk..... "Grade A"..... "Grade A (Tuberculin Tested)".....
 "Grade A (Pasteurised)"..... "Pasteurised".....
 Have you had samples of Graded Milk tested? Give No. and kind... Results...
 Have any retailers been removed from the Register?
 No. of samples taken by Officers of S.A. for analysis under F. & D. Acts.....
 No. adulterated
 No. of samples taken by Officers of S.A. for bacteriological examination
 What arrangement for periodical Veterinary Inspection of dairy cows?
 Any instance of disease attributed to milk in 1925?
 No. of Milk Cows kept in District
 No. of Cowkeepers in district producing and selling milk..... No. Registered.....
 No. of Retail Milk Sellers who are also Cowkeepers
 No. who are Milk Retailers only
 Total No. of Retail Milk Sellers Registered
 Total No. of Cowsheds..... Total No. of Inspections in 1925.....
 Cowkeepers Retailers
 Date of Dairies, Cowsheds and Milkshops Regulations?
 Any Legal Action?
 Any Inspection or other Action by Districts to which Milk is sent?

OTHER FOODS. No. of Samples (other than Milk) taken by Officer of S.A. for examination under the Food and Drugs Acts in 1925..... No. adulterated.....
 Any special examination of Milk for Dirt?
 No. of seizures of unsound food..... Kind and quantity.....
 No. of Prosecutions
 Any Public Abattoir?..... What accommodation?.....
 No. of Slaughter-houses..... Registered..... Licensed.....
 Unsatisfactory, structurally, or in bad position?
 No. of times each Slaughter-house inspected?..... Total Inspections.....
 No. of Prosecutions (a) Food and Drugs..... (b) Unsound Food.....
 (c) *re* Slaughter-houses
 Bakehouses, No..... Any underground?..... Total No. of Inspections.....

SCHOOLS.—*Statutory Medical Inspection is carried out by the County Education Authority in most of the Districts, but that does not relieve the M.O.H. of his duties in regard to sanitation and the prevention of infectious outbreaks in connection with Schools.*

No. of Schools in district..... No. visited by M.O.H.....
 Action taken..... Schools closed by M.O.H.....

FACTORIES AND WORKSHOPS. (Please attach copies of Home Office Form 572.)

No. of Smoke observations taken..... No. of Cautions.....
 Legal Notices Summonses
 No. of Workshops... No. of times each Workshop Inspected... Total inspections...
 Any Industrial Welfare Workers appointed

ADOPTIVE ACTS in force in District. (*Please state parts or sections.*)

- Infectious Diseases (Prevention) Act, 1890.
- Public Health Acts (Amendment) Act, 1890.
- Do. Do. 1907.
- Private Street Works Act, 1892.
- Public Health Act, 1925.
- For Rural Districts
- Any Urban Powers obtained in 1925

BYE-LAWS AND REGULATIONS in force in District.

Subject.	Date of Approval.
Cleansing of Footways and Pavements
Scavenging
Prevention of Nuisances
Common Lodging-Houses
New Streets and Buildings
Alteration of Buildings
Slaughter-houses
Baths and Wash-houses
Houses Let in Lodgings
Cemeteries
Mortuaries
Offensive Trades
Tents, Vans and Sheds

Any relaxation of Bye-laws under Section 24 of Housing and Town Planning Act, 1919

INFECTIOUS AND OTHER DISEASES.

- Diseases specially prevalent in 1925?..... State months.....
- Any diseases specially added to notifiable list?
- Any influences threatening the health of the District
- Any undue prevalence of Venereal Diseases?
- Any prevalence of Jaundice, and at what ages?

HOSPITALS AND OTHER INSTITUTIONS.

- (a) General Accident Address
- Children
- (b) Local Hospital, Cottage
- (c) Infectious, General
- Smallpox
- (d) Maternity
- Any arrangements for nursing Puerperal Fever cases?
- (e) Clinic and Treatment Centre not provided by County Council Scheme
- Whether any other disease (*e.g.*, Pneumonia) is treated in Infectious Diseases Hospital
- Any change or extension of (a) General Infectious Hospital
- (b) Smallpox Hospital

TUBERCULOSIS.—*Procedure by M.O.H. or his staff after notification:—*

- (1) Inspection of patient's home and workshop
- (2) Examination for contacts
- (3) Is house disinfected? When?
- (4) Leaflets, Lectures, etc., distributed
- (5) Action *re* spitting
- (6) Is sputum examined apart from Dispensary?
- (7) Any special procedure adopted in cases of Pulmonary Tuberculosis with T.B. in sputum?
- (8) Are the requirements of Tuberculosis Regulations as to notification observed by general practitioners?

BACTERIOLOGY (County Laboratory). Any suggestions?

INFANT MORTALITY.—*Any suggestions?*

Any voluntary Centres for Child or Mother Welfare?

Causes of any excessive Infant Mortality in 1925

Supply of Milk to Mothers and Infants. Any action?

Suggestions will be welcomed regarding—

(a) Maternity and Infant Welfare Schemes

(b) Ante-natal Schemes

VITAL STATISTICS.

No. of Still-Births during 1925

Deaths during 1925—(1) Gross Deaths, *i.e.*, Total actually registered in the District *without any correction*. Males Females.....

(2) No. of uncertified deaths (included above)

MORTUARIES. What accommodation—

(a) For accidents

(b) For infectious cases other than at hospital

(c) For other purposes Any suggestions made by M.O.H.

SANITARY STAFF.

What is the present Annual Salary of the M.O.H.?

Name of Sanitary Inspector.	Annual Salary as Inspector.	Other Appointments held.	Salary for such other Appointments.
.....

Any Assistants?

Is Staff sufficient?

Does M.O.H. receive copies of Memos. and Circulars distributed by Ministry of Health?

CLINICS. Any suggestions—

(a) Tuberculosis'

(b) Venereal Diseases—How advertised, and if any difficulty in reaching nearest

(c) Child Welfare

(d) Ante-Natal

(e) School

(f) Dental

(g) Ophthalmic

ANY REMARKS as to—

(a) Voluntary Agencies for social betterment

(b) District Nursing Association

(c) Any Dispensary Purpose of

(d) Health Visiting (co-operation with local M.O.H.)

(e) Tuberculosis, Home Visiting do. do. and Medical Attendant

(f) Dental Services

(g) Midwifery Services

(h) Propaganda work *re* Tuberculosis, Child Welfare, or Venereal Diseases.....

HOUSING—See Table D—but please state No. of Certificates given under Increase of Rent (Restriction) Act, 1920, Sec. 2 (2)

SPECIAL REPORTS AND INVESTIGATIONS ON ANY SUBJECTS.

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SUPPLEMENTARY REMARKS as to Sanitary requirements of District, suggestions of M.O.H., and extended notes on any of the foregoing entries.

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