

[Report 1931] / Medical Officer of Health, West Riding of Yorkshire County Council.

Contributors

West Riding of Yorkshire (England). County Council.

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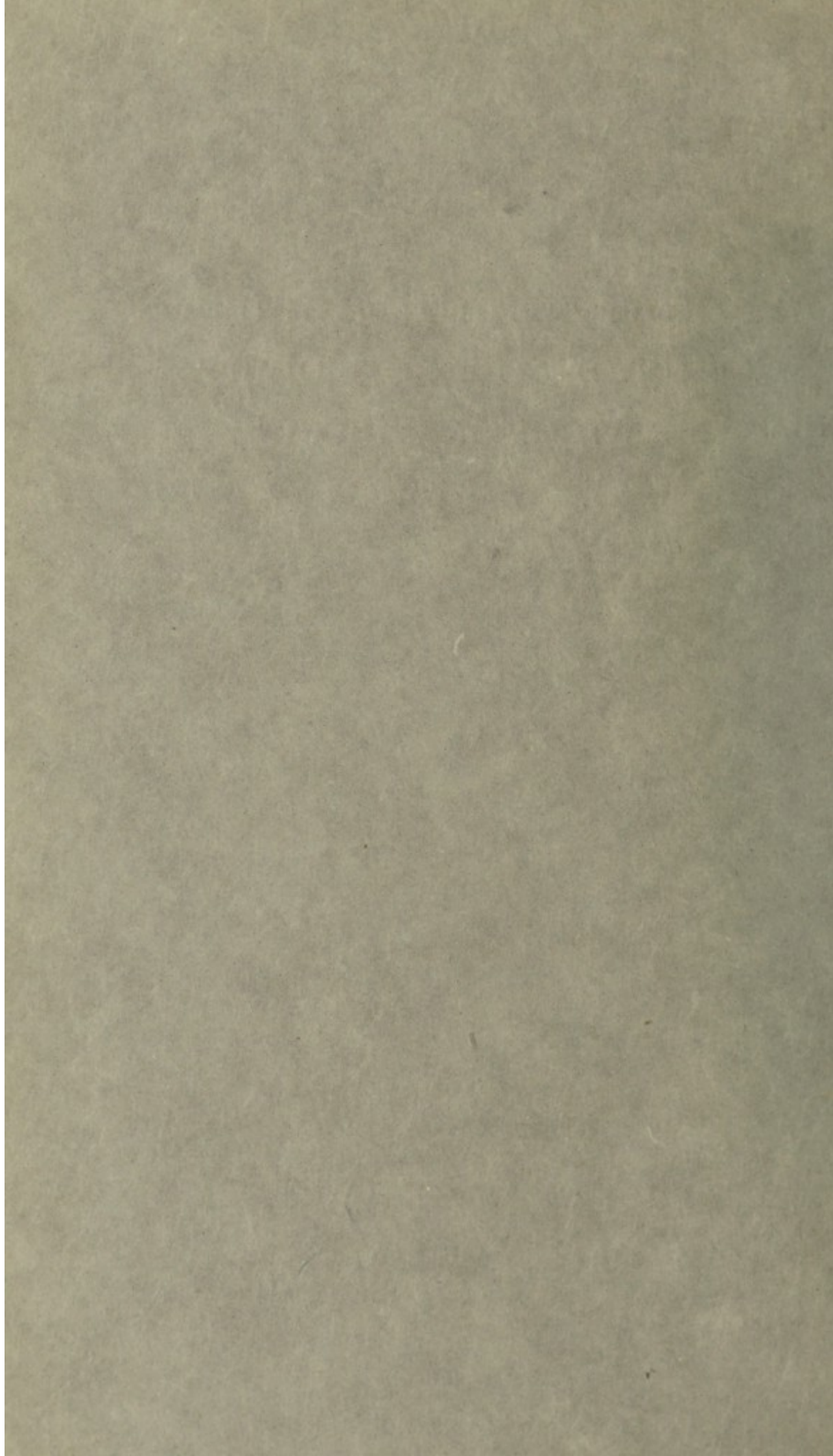
42-4461

Forty-Third Annual
Report of the County
Medical Officer.



COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.

1931.



XLIII

1931.



WEST RIDING OF YORKSHIRE COUNTY
COUNCIL.

FORTY-THIRD


ANNUAL REPORT

OF THE

County Medical Officer,

FOR THE YEAR, 1931.

*Printed by Order of the Public Health and Housing
Committee, 19th September, 1932.*



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WEST RIDING PUBLIC HEALTH AND HOUSING COMMITTEE.

CHAIRMAN

County Alderman G. Probert

VICE-CHAIRMAN

County Alderman T. C. Watson

COUNTY ALDERMEN

| | |
|-------------------------------|---------------------|
| Blackburn, A. K. | Lomas-Walker, G. B. |
| Dawson, Major J. M. | Tomlinson, T. |
| Fawkes, Major, F. H. | Turner, Sir B. |
| Gill, R. | Unwin, Miss H. |
| Hinchliffe, Sir J. P., L.L.D. | |

COUNTY COUNCILLORS

| | |
|---------------------------------|---------------------------|
| Allan, J. T. | Hill, W. |
| Armistead, Lt.-Col. R. B., M.C. | Hitchen, R. |
| Bailey, A. R. | Inglis, E. P. |
| Bevan, S. G. | Jones, W. E. |
| Binns, B. | Kaye, C. |
| Blewitt, W. T. | Knox, W. I. |
| Carrington, A. | Larrad, A. J. |
| Charlesworth, H. | Lightowler, R. |
| Clough, W. | Mellor, J. W. |
| Corfield, A. | Oldham, G. T. |
| Dean, W. | Parker, J. |
| Eddy, H. | Rhodes, Lt.-Col. H., M.C. |
| Edwards, E. | Richardson, J. |
| Flavell, A. | Sheldon, J. |
| Fletcher, A. | Siddall, J. |
| Fouchard, A. | Simpson, J. W. |
| Geary, C. E. | Tack, A. W. |
| Goodall, N. | Waddilove, V. |
| Griffiths, G. A. | York, Col. E., D.L. |
| Haslegrave, Mrs. M. K. | |

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH
AND HOUSING COMMITTEE OF THE COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the health conditions of the County for the year 1931.

The vital statistics of the year were not quite as satisfactory as those for 1930. In particular it will be observed that the death rate rose from 11.4 in 1930 to 12.4 in 1931, while the infantile mortality rate increased during the same period from 65 to 74. The corresponding death rate and infantile mortality rate for England and Wales for 1931 were 12.3 and 66 respectively. Both these rates show an increase when compared with those of the previous year. The three chief killing diseases were heart and circulatory diseases, cancer and tuberculosis. The rate for cancer again showed a slight increase, while that for tuberculosis was slightly lower, thus corresponding in its downward trend with the tuberculosis death rate for England and Wales.

It has been seen that the year 1930 witnessed the lowest death rate ever recorded in the Riding: last year (1931) the birth rate attained a similar but less happy prominence in that the figure of 16.1 births per 1,000 of the population was the lowest rate for the County since the establishment of civil registration.

During the year a scheme designed to combat maternal mortality and prepared along lines recommended by the Ministry of Health, was sanctioned by the County Council. Owing to the national financial crisis this scheme is not to be put into operation immediately, but will be introduced gradually by stages. The graph on page 80 illustrates the variations in maternal mortality for the West Riding, for other Counties and for England and Wales during the last decennium. That this high death rate of mothers in childbirth can be reduced is demonstrated by the experience at the County Maternity Home, Mexborough, where out of 237 mothers admitted during the year there were only two deaths. Both these patients who died were admitted in emergency, and neither had attended an ante-natal clinic prior to admission (page 95).

A serious increase in the incidence of cerebro-spinal fever took place during the latter part of 1930, and the disease continued its ravages during the whole of the following year, the greatest number of notifications and deaths taking place during March, 1931. The South Yorkshire districts were those chiefly affected by the epidemic; and the severity of attack may be gauged when it is stated that of the 608 cases notified during the 12 months under review, those with a fatal issue numbered 312. The County medical staff were constantly in touch with the epidemic areas, and in view of the great cost involved in combating the epidemic, the County Council decided to exercise its powers under the Public Health (Cerebro-Spinal Fever) Regulations 1919, by making substantial contributions to the cost, thus easing the financial burden which would have fallen very heavily upon the shoulders of individual Local Authorities.

The Department has been exceedingly busy throughout the 12 months, in consequence of a variety of new duties connected with the Local Government Act, 1929, Bills in Parliament, Review of County Districts, etc., and temporary staff has had to be obtained on several occasions in order to cope with rush periods and to keep overtime work within reasonable bounds. The additional work thus imposed has been undertaken willingly by all sections of the staff, and I have pleasure in bringing to your notice the excellence of their service during the year.

I have the honour to be,

Your obedient Servant,

T. N. V. POTTS,

County Medical Officer.

County Hall, Wakefield.
September, 1932.

Staff

(JULY 1932).

County Medical Officer and School Medical Officer.

T. N. V. Potts, M.D., B.S., B.H.Y., D.P.H.

Administrative Assistant Medical Officers of Health.

| | |
|---|--|
| P. L. Sutherland, M.B., Ch.B., D.Sc. (Pub. Health). | County Bacteriologist and Pathologist. |
| A. W. Frew, L.R.C.P. & S.E., L.R.F.P. & S.G., D.P.H. | Chief V.D. Officer and General Public Health. |
| R. Lawrence, M.D., Ch.B., D.P.H. | Chief Assistant School Medical Officer, and Child Welfare Medical Officer |
| G. S. Johnston, M.D., Ch.B., D.P.H. | Chief Clinical Tuberculosis Officer. |
| M. M. Barritt, L.M.S.S.A., B. Sc., Dp. Bact. | Assistant Bacteriologist. |

Consultant Tuberculosis Officers.

| | |
|-------------------------------|---|
| Thompson Campbell, M.D., C.M. | H. A. Crowther, M.A., M.R.C.S., L.R.C.P. |
| V. Ryan, M.D., Ch.B., D.P.H. | S. R. Wilson, M.D., Ch.B., D.P.H. |

Assistant Tuberculosis Officers.

| | |
|---|--|
| E. A. Wilson, M.D., M.R.C.S., L.R.C.P. | A. Leitch, M.B., Ch.B., D.P.H. |
| G. A. Crowley, B.A., M.D., B.Ch., D.P.H. | T. W. Rutledge, M.B., Ch.B., D.P.H. |
| G. M. B. Liddle, M.B., B.Ch., F.R.C.S., D.P.H. | J. E. Gething, B.A., M.B., Ch.B. |
| | E. J. C. Groves, M.B., Ch.B. |
| | S. P. Wilson, M.D., Ch.B., D.P.H. |
| | J. W. Wilson, M.B., Ch.B., D.P.H. |

Sanatorium Medical Staffs.

| | |
|--------------------------------------|---|
| G. S. Johnston, M.D., Ch. B., D.P.H. | Chief Clinical Tuberculosis Officer, Medical Superintendent, Cardigan Sanatorium. |
| Thompson Campbell, M.D., C.M. | Medical Superintendent, Middleton Sanatorium. |
| C. J. Martin, B.A., M.B., B.Ch. | Senior Assistant M.O., Middleton. |
| G. F. Bramley, M.B., Ch.B. | Second Assistant M.O., Middleton. |
| C. Poniedel, M.B., Ch.B. | Third Assistant M.O., Middleton. |
| V. Ryan, M.D., Ch.B., D.P.H. | Medical Superintendent, Crookhill Hall Receiving Home. |
| H. Bird Sproat, M.D., Ch.B. | Medical Superintendent, Mitchell Memorial Home, Rawdon. |
| M. Sharp, M.B. | Medical Superintendent, Eldwick Sanatorium. |

Sanatorium Nursing Staff.

| | |
|------------------------|---------------------------|
| Middleton Sanatorium | Matron, G. M. Stainfield. |
| | Nursing Staff, 38. |
| Cardigan Sanatorium | Matron, J. Pegg. |
| | Nursing Staff, 6. |
| Crookhill Hall | Matron, Marie A. Toogood. |
| | Nursing Staff, 6. |
| Eldwick Sanatorium | Matron, Martha Heslop. |
| | Nursing Staff, 5. |
| Mitchell Memorial Home | Matron, A. Burnett. |
| | Nursing Staff, 3. |

Venereal Diseases Officers.

There are 18 part-time Medical Officers of centres; see list on page 32.

School Oculists.

C. S. Stoddart, M.B., Ch.B.
C. G. K. Sharp, M.D., Ch.B.

School Medical Inspectors.

E. R. W. Gilmore, M.B., D.P.H.,
D.T.M.
N. Allan, M.B., Ch.B.
J. Coupland, M.B., B.S., D.P.H.
J. M. Macmillan, M.B., Ch.B.
E. J. Tyrrell, M.D., Ch.B.
M. A. Green, M.B., Ch.B.
J. W. Cairns, M.D., Ch.B., D.P.H.
J. V. Kirkwood, M.B., Ch.B., D.P.H.

G. M. Mayhall, M.R.C.S., L.R.C.P.
E. I. McMahon, M.R.C.S., L.R.C.P.,
D.P.H.
B. M. Newlands, M.B., Ch.B., D.P.H.
D. C. Rice, M.B., Ch.B.
S. Lindsay, M.B., Ch.B.
R. L. H. Davy, M.B., B.S., D.P.H.
B. R. A. Morton, M.B., Ch.B., D.P.H.
A. Rennie, M.B., Ch.B.

School Dentists.

O. A. Long, L.D.S.
F. W. Buzza, L.D.S.
B. R. Townsend, L.D.S.
J. M. Macdonald, L.D.S.
J. Mackay, L.D.S.
K. Batten, L.D.S.

J. R. Wishart, L.D.S.
R. Sclare, L.D.S.
J. Fletcher, L.D.S.
I. Halsall, L.D.S.
N. B. Duncan, L.D.S.
G. Kilvington, L.D.S.
(2 vacancies).

County Analyst.

F. W. Richardson, F.I.C., F.C.S.

Consultant Obstetricians.

11 Consultants. (For list see page 77).

Child Welfare Centre Medical Officers. (For classification, see page 117).

| | | | | | |
|---|-----|-----|-----|-----|----|
| Whole-time Medical Officers of Health | ... | ... | ... | ... | 3 |
| School Medical Inspectors | ... | ... | ... | ... | 11 |
| Part-time Medical Practitioners in general practice | ... | ... | ... | ... | 61 |
| Part-time Medical Women in general practice | ... | ... | ... | ... | 9 |
| Part-time Medical Women not in general practice | ... | ... | ... | ... | 6 |

School Nurses and Health Visitors, etc.

Miss A. Brooke—Inspectress of Nurses and Midwives.
Miss A. E. Williams—Inspectress of Nurses and Midwives.
112 Child Welfare Nurses.
6 School Nurses.
14 Dental Nurses.
22 Tuberculosis Nurses.
63 Part-time Child Welfare Nurses.

Technical Staff.

CHIEF COUNTY SANITARY INSPECTOR:
A. Brook.
SANITARY INSPECTORS:
W. Riley, H. Nuttall.
Laboratory Staff:
CHIEF LABORATORY ASSISTANT:
J. W. Gooderidge.
SENIOR LABORATORY ASSISTANTS:
I. W. Harris, J. B. Marshall.
2 Junior Assistants, 4 Attendants.
COUNTY RADIOGRAPHER:
Miss A. M. Byass, B.Sc., M.S.R.
FOOD AND DRUGS SAMPLING OFFICERS.
(also act as Inspectors of Weights and Measures):
1 Chief Inspector, 9 Sampling Officers.

Clerical Staff.

CHIEF CLERK:
J. C. Bennett.
SECTIONAL SENIOR CLERKS:
R. L. Rea. J. W. Beaumont.
W. A. Ryder. H. V. Stott.
J. H. Gloyne. T. R. Jackson.
B. E. Allenby. J. W. Bray.

18 Clerks, 11 Typists.

MEDICAL OFFICERS OF HEALTH.

There are 13 whole-time and 97 part-time Medical Officers of Health; for list see Table I at end of Report.

District Medical Officers (Public Assistance) and Public Vaccinators.

| Name | Qualifications. | District | Area (acres) | Population (approx.) |
|----------------------------------|---|-----------------------------|--------------|----------------------|
| <i>No. 1.—Ewecross Area.</i> | | | | |
| †W. H. Ross | M.B., Ch.B. | Gisburn | 30302 | 2974 |
| F. R. Bremner | M.A., M.D., C.M., L.R.C.P. & S. | Slaidburn | 51369 | 2475 |
| J. M. Postlethwaite | M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. | Great Mitton | 1727 | 181 |
| C. A. Allan | M.B., Ch.B. | Dent | 20895 | 925 |
| T. W. Rothwell | M.B., Ch.B. | Sedbergh | 31779 | 2644 |
| B. S. Hyslop | M.B., Ch.B. | Garsdale | | |
| J. MacLeod | M.B., Ch.B. | Horton & Settle | 35775 | 5025 |
| A. J. Troughton | M.R.C.S., L.R.C.P., L.R.F.P.S. | Ingleton | 26548 | 3033 |
| T. Lovett | M.B., Ch.B. | Bentham | 7718 | 2452 |
| E. H. Marsh | M.R.C.S., L.R.C.P. | Clapham | 25345 | 1249 |
| H. Wales | M.A., M.B., B.Ch. | Long Preston | 16295 | 2095 |
| K. C. Crosbie | M.B., Ch.B. | Kirkby Malham | 22328 | 608 |
| | | Arncliffe | 17998 | 284 |
| <i>No. 2.—Staincliffe Area.</i> | | | | |
| W. H. Canter | M.B., Ch.B. | Kildwick | 11327 | 6586 |
| W. L. Crabtree | L.S.A., L.M.S.S.A. | Addingham | 20785 | 2761 |
| K. C. Crosbie | M.B., Ch.B. | Grassington & Kettlewell | 60502 | 3245 |
| N. A. MacLeod | M.D., M.B., Ch.B. | Skipton | 21978 | 15471 |
| A. M. Niven | M.B., Ch.B. | Thornton | 10002 | 6667 |
| J. W. Pickard | M.B., Ch.B. | Barnoldswick | 6572 | 12131 |
| M. Purcell | M.B., Ch.B., B.A.O. | Silsden | 7101 | 4881 |
| H. Wales | M.A., M.B., Ch.B. | Gargrave | 20994 | 1941 |
| <i>No. 3.—Claro Area.</i> | | | | |
| †C. A. Flintoff | M.R.C.S., L.R.C.P. | Pateley Bridge | 49939 | 5820 |
| E. G. Campbell | M.A., M.B., Ch.B., D.P.H. | Birstwith | 25132 | 1245 |
| P. A. Steven | M.B., Ch.B. | Ripon | 18394 | 10736 |
| Samuel Hey | M.R.C.S., L.R.C.P. | Sharrow | 7391 | 887 |
| R. G. M. Harvey | L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. | Kirkby Malzeard | 25817 | 2162 |
| *G. F. Dimmock | B.Sc., M.B., Ch.B. | Harrogate | 10795 | 38935 |
| S. Foskett | M.A., M.D., B.S. | Killinghall | 15624 | 3085 |
| †D. F. Dobson | M.B., B.S., D.P.H. | Knarresbro' | 12141 | 8186 |
| †W. J. Forbes | M.B., Ch.B., B.A.O. | Knarresbro' | | |
| S. C. Wilkinson | M.B., Ch.B., L.S.A. | Starbeck | 2688 | 4818 |
| J. S. Dudgeon | M.D., B.Ch., B.A.O., D.P.H. | Acomb | 8861 | 7024 |
| J. A. Benson | L.R.C.P., L.R.C.S., L.R.F.P.S. | Green Hammerton | 16981 | 2553 |
| †J. M. Benson | M.B., Ch.B. | Gt. Ouseburn | 10201 | 1298 |
| F. P. Rust | M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S. | Boro'bridge | 9926 | 2401 |
| <i>No. 4.—Barkston Ash Area.</i> | | | | |
| T. H. Barton | M.B., B.S. | Bishopthorpe | 6411 | 2933 |
| C. H. Sykes | L.R.C.P., L.R.C.S., L.R.F.P.S. | Aberford | 17315 | 9597 |
| †C. C. Hargreaves | M.B., Ch.B., D.P.H. | Kippax | 10167 | 13503 |
| Wm. Murphy | M.B., Ch.B., M.R.C.S., L.R.C.P. | Sherburn | 22009 | 5254 |
| J. P. Scatchard | M.B., B.S., M.R.C.S., L.R.C.P. | Ryther Tadcaster | 22902 | 5806 |

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

| Name. | Qualifications. | District. | Area (Acres.) | Population (approx.) |
|---|--|-------------------|------------------|-------------------------|
| <i>No. 4.—Barkston Ash Area (contd.).</i> | | | | |
| R. W. Lee | M.B., Ch.B. | Boston Spa | 11100 | 4384 |
| O. F. Barr | M.B., Ch.B. | Harewood | 19233 | 3365 |
| | | Kirkby | | |
| | | Overblow | | |
| H. Tempest | M.R.C.S., L.R.C.P. | Thorner | 7058 | 2311 |
| †J. A. Hargreaves ... | M.B., C.M. | Tockwith | 27247 | 6388 |
| | | Wetherby | | |
| <i>No. 5.—Skegby Area.</i> | | | | |
| D. W. E. Burridge ... | M.B., Ch.B. | Horsforth | 5758 | 17014 |
| †W. H. Cheetham ... | M.D., D.P.H., M.R.C.S. | Yeadon | 4568 | 13429 |
| †G. E. Macvie | M.D., Ch.B. | Baildon | 5558 | 9059 |
| †*E. G. Firth | M.R.C.S., L.R.C.P. | | | |
| T. Browne-Header ... | M.B., C.M. | Ilkley | 11646 | 10472 |
| W. H. Galloway | M.R.C.S., L.R.C.P. | Otley | 37111 | 22349 |
| <i>No. 6.—Worth Valley Area.</i> | | | | |
| †H. C. Ling | M.R.C.S., L.R.C.P. & L.M., L.R.F.P.S. & L.M. | North Keighley | 11663 | 43666 |
| | | South Keighley | | |
| †J. E. H. Scott | M.B., Ch.B. | Bingley | 9522 | 17370 |
| *F. Villy | B.A., M.D. | | | |
| J. M. Crocker | M.R.C.S., L.R.C.P. | Cullingworth | 1215 | 1500 |
| T. Taylor | L.R.C.P., L.R.C.S., L.R.F.P.S. | | | |
| J. E. Baird | M.B., Ch.B., B.A.O. | Haworth | 9991 | 11500 |
| W. H. Canter | M.B., Ch.B. | Sutton | 4414 | 4641 |
| G. Marquis | M.B., Ch.B. | Wilsden | 2638 | 3000 |
| <i>No. 7.—East Morley Area.</i> | | | | |
| †E. T. Hyland | M.B., B.Ch., B.A.O. | Pudsey | 2399 | 14762 |
| H. D. Merrington ... | M.B., Ch.B. | Drighlington | 1135 | 4064 |
| A. L. Mitchell | M.B., Ch.B. | Hunsworth | 1381 | 879 |
| | | (part of) | | |
| J. A. Hope | M.B., C.M. | Hunsworth | — | 439 |
| | | (part of) | | |
| J. MacGowan | M.B., Ch.B., F.R.C.S. | Shipley | 2182 | 30243 |
| A. H. Stewart | M.D., M.B., C.M. | Denholme | 2536 | 2662 |
| †N. A. A. Hughes ... | M.R.C.S., L.R.C.P. | Calverley | 2106 | 3655 |
| †T. H. Elmer | M.B., Ch.B. | Farsley | 821 | 6158 |
| <i>No. 8.—Calder Area.</i> | | | | |
| ††W. R. Thompson ... | L.R.C.P., L.R.C.S., L.R.F.P.S. | Shelf | 1303 | 2600 |
| †*J. J. Murphy | M.B., B.Ch., B.A.O. | Ripponden ... | 13240 | 5447 |
| †A. J. W. Stephen ... | M.B., Ch.B., D.P.H. | | | |
| †E. D. Wellburn | L.R.C.P., L.R.C.S., L.R.F.P.S. & L.M. | Sowerby and | 4140 | 15807 |
| | | Sowerby | | |
| †F. Robinson | M.R.C.S., L.R.C.P. | Bridge | | |
| †C. S. Ogilvy | L.R.C.P., L.R.C.S., L.R.F.P.S. | Luddenden | 2948 | 4763 |
| | | Foot | | |
| †W. Skeels | M.R.C.S., L.R.C.P. | Brighouse | 9749 | 32159 |
| †L. Davies | M.R.C.S., L.R.C.P. | Hipperholme | | |
| C. M. Stallard | M.B., Ch.B. | Rastrick | | |
| A. G. Gamble | L.M.S.S.A. | Elland | 3431 | 15048 |
| †N. C. Beaumont ... | M.R.C.S., L.R.C.P. | Stainland | 2320 | 4246 |
| G. C. Sharp | M.B., Ch. B. | Queensbury | 1492 | 5763 |
| H. Thorp | M.B., Ch.B., D.P.H. | Todmorden ... | 12770 | 22223 |
| †F. J. Dowdall | M.B., B.Ch., B.A.O. | Hebden Bridge | 20977 | 11197 |
| J. Gillies | M.B., Ch.B. | Mytholmroyd | 6608 | 4467 |

* Public Vaccinator only.

† District Medical Officer only.

†† Medical Officer of Health (part time).

| Name. | Qualifications. | District. | Area (acres) | Population (approx.) |
|------------------------------------|-----------------------------------|---|-----------------|-------------------------|
| <i>No. 9.—Spenn Valley Area.</i> | | | | |
| H. Keighley ... | M.R.C.S., L.R.C.P. ... | Batley ... | 3026 | 33200 |
| †A. Dick ... | M.B., Ch.B., D.P.H. | Birstall ... | 1435 | 8578 |
| A. L. Mitchell ... | M.B., Ch.B. ... | Cleckheaton ... | 1756 | 12500 |
| H. D. Merrington ... | M.B., Ch.B. ... | Gildersome ... | 992 | 3041 |
| E. M. Whitehead ... | M.B., Ch.B. ... | Gomersal ... | 2024 | 6586 |
| J. Prior ... | M.R.C.S., L.R.C.P. ... | Heckmondwike ... | 696 | 8991 |
| R. M. Beatty ... | B.A., M.B., B.Ch., B.A.O. | Liversedge ... | 2136 | 14692 |
| J. E. H. West ... | M.B., Ch.B. | Mirfield ... | 3394 | 12099 |
| †W. S. Sykes ... | M.A., M.B., B.Ch., D.P.H. | Morley ... | 3385 | 23397 |
| †W. L. René Wood ... | M.R.C.S., L.R.C.P. | Ossett ... | 3333 | 14838 |
| <i>No. 10.—Lower Agbrigg Area.</i> | | | | |
| †S. Reader ... | M.R.C.S., L.R.C.P. | Kirkhamgate Ardsley, East and West Thorpe (P.V. only) | 5471 | 11605 |
| †J. J. Jackson ... | L.R.C.P., L.M., L.R.C.S.I. | | | |
| A. M. Duff ... | M.B., Ch.B. ... | Crigglestone ... | 5261 | 4949 |
| †D. Bell ... | M.B., Ch.B., D.P.H. | Emley ... | | |
| †C. H. Smith ... | M.B., Ch.B. ... | Flockton ... | 8076 | 6516 |
| J. N. U. Russell ... | M.B., B.Ch., B.A.O. | Horbury ... | 1280 | 7791 |
| †M. Melvin ... | M.B., Ch.B. ... | Lofthouse ... | | |
| D. M. Macleod ... | M.B., Ch.B. ... | and Stanley ... | 6239 | 19839 |
| †F. T. G. Tocher ... | M.B., Ch.B. ... | | | |
| D. Downie ... | M.B., Ch.B. ... | Walton ... | 2662 | 1521 |
| ††H. Scholefield ... | M.B., Ch.B. ... | Altofts ... | 3066 | 20664 |
| N. S. Twist ... | M.B., Ch.B. ... | Normanton ... | | |
| †J. G. Munro ... | M.B., Ch.B. ... | Sharlston and Crofton ... | 4612 | 7014 |
| *T. E. Lister ... | M.B., Ch.B. ... | | | |
| C. H. Seville ... | M.B., Ch.B. ... | Oulton ... | 1178 | 4290 |
| †H. Stevenson ... | M.B., C.M. ... | Rothwell ... | 3500 | 9300 |
| <i>No. 11.—Osgoldcross Area.</i> | | | | |
| G. Burnett ... | M.B., Ch.B., F.R.C.S. | Pontefract ... | 9939 | 20612 |
| †J. Kehelly ... | M.B., B.Ch., B.A.O. | Knottingley ... | 14411 | 9015 |
| F. G. Creaser ... | M.B., Ch.B. ... | Hensall ... | 5678 | 880 |
| J. O. Ward ... | M.R.C.S., L.S.A. | Ferry Fryston ... | 12423 | 10769 |
| J. J. W. Campbell ... | L.R.C.P., L.R.C.S., L.R.F.P.S. | Castleford ... | 3728 | 36582 |
| †W. Steven ... | M.B., C.M. ... | Featherstone ... | 4431 | 14952 |
| E. W. L. White ... | M.B., Ch.B. ... | Methley ... | 3493 | 4606 |
| †*M. B. Taylor ... | M.R.C.S., L.R.C.P. | | | |
| T. C. A. Sweetnam ... | M.D., B.A., B.Ch., B.A.O. | Hemsworth ... | 4163 | 13001 |
| E. M. Hime ... | M.B., Ch.B. ... | Ackworth ... | 8036 | 5523 |
| J. Malloch ... | M.B., Ch.B. ... | Smeaton ... | 5504 | 866 |
| E. J. H. Sullivan ... | M.D., M.C., L.M. | Sth. Kirkby ... | 7019 | 22334 |
| S. Hodgkinson ... | M.B., Ch.B., D.T.M. | Ryhill ... | 4297 | 6290 |
| †J. L. Elliot ... | L.S.A., L.M.S.S.A. | Brierley ... | 3413 | 8378 |
| †W. F. L. Castle ... | M.B., Ch. B. ... | Houghton ... | 2318 | 3276 |

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

| Name. | Qualifications. | District. | Area (acres) | Population (Approx.) |
|--------------------------------------|--|-------------------------------------|-----------------|-------------------------|
| <i>No. 12.—Goole and Selby Area.</i> | | | | |
| †A. M. Erskine ... | M.D., B.Ch., D.P.H. | Goole ... | 10123 | 21747 |
| F. G. Creaser ... | M.B., Ch.B. ... | Snaith ... | 13553 | 4681 |
| W. Eardley ... | M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. | Carlton ... | 11902 | 1999 |
| J. C. T. Crowden ... | M.B., Ch.B. ... | Swinefleet ... | 8942 | 2207 |
| O. L. Scarborough ... | M.R.C.S., L.R.C.P. ... | Adlingfleet ... | 5425 | 391 |
| | | Selby and Cawood ... | 26354 | 14007 |
| <i>No. 13.—Don Valley Area.</i> | | | | |
| †J. M. Hain ... | M.B., Ch.B. ... | Doncaster | 7983 | 18123 |
| †W. L. Walker ... | M.A., M.B., Ch.B. | West | | |
| *B. Lyons ... | M.D., B.Ch., B.A.O., D.P.H. | Doncaster West (Arksey, etc.) | | |
| H. F. Renton ... | M.D., B.S., M.R.C.S., L.R.C.P. | Armthorpe ... | 15190 | 11977 |
| J. Malloch ... | M.B., Ch.B. ... | Askern ... | 18035 | 9530 |
| W. F. Ward ... | L.R.C.P., M.R.C.S. ... | Bawtry ... | 7939 | 11947 |
| †G. B. Kelly ... | M.B., Ch.B., B.A.O. | Bolton-on- Dearne | 2325 | 14242 |
| *J. K. T. Mills ... | M.B., Ch.B. ... | Thurnscoe | 1254 | 10540 |
| †F. J. Boyle ... | M.B., Ch.B. ... | Conisbrough | 13117 | 28462 |
| W. J. Maclure ... | M.B., Ch.B. ... | Hooton Pagnell | 11915 | 1483 |
| R. B. Radcliffe ... | M.B., Ch.B. ... | Adwick-le- Street | 3605 | 20257 |
| †J. J. Huey ... | L.S.A., L.M.S.S.A. ... | Mexborough ... | 4511 | 17184 |
| †A. C. Lindsay ... | M.B., Ch.B. ... | Tickhill ... | 12768 | 3137 |
| C. D. Walker ... | M.B., Ch.B. ... | Hatfield ... | 16188 | 7486 |
| R. M. L. Anderson ... | M.B., Ch.B. ... | Stainforth ... | 8806 | 9061 |
| †J. M. Taylor ... | M.B., Ch.B., D.P.H. | Thorne ... | 13425 | 14607 |
| <i>No. 14.—Staincross Area.</i> | | | | |
| G. N. McLaren ... | M.B., Ch.B. ... | Dodworth ... | 5075 | 8197 |
| †H. R. L. Allott ... | L.M.S.S.A. ... | Hoyland ... | 1961 | 11860 |
| H. N. Ritchie ... | L.R.C.P.I., L.M., L.R.C.S.I., L.M. | Hoyland Common | 2999 | 10695 |
| †H. A. L. Banham ... | L.R.C.P., L.R.C.S., L.R.F.P.S. | Worsborough | 3288 | 7650 |
| †R. Millar ... | M.B., Ch.B., D.P.H. | Darton ... | 3968 | 8783 |
| †J. C. Pickup ... | M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S. D.P.H. | Wombwell ... | 3567 | 18117 |
| †H. B. Pare ... | M.B., Ch.B. ... | Royston ... | 5602 | 9823 |
| †J. L. Elliott ... | L.S.A., L.M.S.S.A. | Cudworth ... | 1746 | 9380 |
| †W. F. L. Castle ... | M.B., Ch.B. ... | Darfield ... | 2881 | 5411 |
| J. Smail ... | M.B., Ch.B. ... | Grenoside ... | 3537 | 6468 |
| H. Sands ... | M.B., Ch.B., B.A.O. | Ecclesfield ... | 2800 | 8950 |
| J. A. R. Thompson ... | M.D., Ch.B., D.P.H. | Westnall ... | 10573 | 4328 |
| N. McPhail ... | M.B., Ch.B. ... | Bradfield ... | 21727 | 4578 |
| T. A. H. Smith ... | M.B., Ch.B. ... | Southey ... | 700 | 600 |
| A. E. Goldie ... | M.B., Ch.B. ... | Stocksbridge | 5938 | 10235 |
| †T. H. Easton ... | M.D., Ch.B. ... | Wortley ... | 7839 | 2312 |
| †A. C. J. Wilson ... | L.R.C.P., L.M., M.R.C.S. | Penistone ... | 17182 | 7176 |
| †R. N. Farrar ... | M.R.C.S., L.R.C.P. ... | Clayton West | 6927 | 4298 |
| F. L. Whincup ... | M.B., Ch.B. ... | Cawthorne ... | 8778 | 4815 |

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

| Name | Qualifications. | District | Area. (acres) | Population. (approx.) |
|------------------------------------|---|--|------------------|--------------------------|
| <i>No. 15.—Upper Agbrigg Area.</i> | | | | |
| †J. A. Stephens ... | M.R.C.S., L.R.C.P. ... | Kirkburton | 6987 | 8424 |
| †D. Bell ... | M.B., Ch.B., D.P.H. | Skelmanthorpe | 4158 | 6685 |
| †A. J. Kennedy ... | L.S.A. ... | Shepley ... | 7936 | 7645 |
| W. D. Galloway ... | M.R.C.S., L.R.C.P. ... | Holmfirth ... | 8993 | 5246 |
| E. Trotter ... | M.B., Ch.B. ... | Holmfirth ... | 4641 | 7084 |
| | L.R.C.P., L.R.C.S. | | | |
| †W. H. Smailes ... | M.D., B.S., Ch.B. | Honley ... | 1977 | 4745 |
| | D.P.H. | | | |
| P. MacGirr ... | B.A., M.B., Ch.B. ... | Meltham ... | 6858 | 7910 |
| R. N. Kirk ... | M.B., Ch.B. ... | Slaithwaite | 5439 | 9252 |
| S. Hall ... | M.B., Ch.B., B.A.O. | Golcar ... | 2456 | 15824 |
| G. R. Aspinwall ... | M.R.C.S., L.R.C.P. | Marsden ... | 8633 | 5720 |
| S. Prior ... | M.B., C.M. ... | Kirkheaton ... | 1674 | 2610 |
| ††H. Ramsden ... | M.D., Ch.B., D.P.H. | The whole of the area covered by the former Saddleworth Union | 18485 | 17410 |
| †A. S. Bruzard ... | M.R.C.S., L.R.C.P. | | | |
| J. Loftus ... | M.B., Ch.B. ... | | | |
| J. G. Oliver ... | M.B., Ch.B. ... | | | |
| †P.B. Wood ... | M.B., Ch.B. ... | | | |
| <i>No. 16.—Rother Valley Area.</i> | | | | |
| H. M. Mills ... | M.B., Ch.B. ... | Wentworth ... | 2328 | 1729 |
| C. J. H. Aitken ... | M.D., C.M. ... | Swinton ... | 1730 | 13820 |
| †T. Crowley ... | L.R.C.P., I. & L.M., L.R.C.S., I. & L.M. | Wath-on-D. | 4954 | 17089 |
| D. P. K. Jockell ... | M.B., Ch.B. ... | Rawmarsh ... | 2550 | 18570 |
| C. B. Thomson ... | M.B., Ch.B. ... | Greasboro' ... | 2413 | 3599 |
| G. H. Sedgwick ... | M.R.C.S., L.R.C.P. ... | Dalton ... | 4351 | 9249 |
| †W. L. Dibb ... | M.B., Ch.B., D.P.H. | Maltby ... | 9259 | 14929 |
| G. S. L. Kemp ... | M.R.C.S., L.R.C.P. ... | Thurcroft ... | 8945 | 10245 |
| †J. S. Shirlaw ... | M.B., Ch.B. ... | Kiveton Park | 20070 | 17034 |
| †T. B. Johnstone ... | L.R.C.P., L.R.C.S., L.R.F.P.S. | | | |
| †K. Mackenzie ... | M.B., Ch.B. ... | | | |
| J. N. Clark ... | L.R.C.P., L.R.C.S. | Brinsworth & Catcliffe | 6904 | 9151 |
| R. G. Selby ... | M.B., C.M., B.Sc. ... | | | |

* Public Vaccinator only.

† District Medical Officer only.

‡ Medical Officer of Health (part time).

List of Vaccination Officers Serving Administrative Area.

| Name of Officer. | District Served | Area in Acres. | Population. |
|----------------------------------|--------------------------|----------------|-------------|
| <i>Area No. 1.—Eweecross.</i> | | (approx.) | (approx.) |
| W. Roberts | Bowland Rural | 73,833 | 4,271 |
| Mrs. M. A. Hargreaves | Bashall Eaves | 7,838 | 1,178 |
| J. Peters | Mitton | 1,727 | 181 |
| G. Kayley | Garsdale | 11,068 | 410 |
| W. Batty | Dent and Sedbergh | 41,606 | 3,159 |
| W. Slinger | Bentham | 59,611 | 6,734 |
| C. Parker | Settle and Long Preston | 92,396 | 8,012 |
| <i>Area No. 2.—Staincliffe.</i> | | | |
| G. J. Harker | Grassington | 27,355 | 2,555 |
| S. H. Day | Kettlewell | 33,147 | 690 |
| G. D. Hunt | Gargrave | 17,757 | 1,819 |
| Miss S. M. Lister | Addingham | 20,785 | 2,761 |
| D. Slater | Kildwick | 20,379 | 12,058 |
| Do. | Skipton | 19,112 | 14,765 |
| Do. | Barnoldswick | 20,726 | 19,035 |
| <i>Area No. 3.—Claro.</i> | | | |
| G. A. Nichols | Great Ouseburn | 45,969 | 13,276 |
| J. Clark | Knarborough | 18,838 | 9,174 |
| Mrs. E. M. Bowes | Harrogate | 22,410 | 45,850 |
| T. Millward | Pateley Bridge | 75,071 | 7,065 |
| F. S. Metcalfe | Ripon | 51,602 | 13,785 |
| <i>Area No. 4.—Barkston Ash.</i> | | | |
| W. Bortoft | Tadcaster | 44,911 | 11,060 |
| W. Wormald | Aberford | 27,482 | 23,100 |
| S. C. Mellor | Wetherby | 64,638 | 16,448 |
| R. A. Wilkinson | Bishopthorpe | 6,411 | 2,933 |
| <i>Area No. 5.—Skylack.</i> | | | |
| G. C. Clarke | Horsforth | 5,758 | 17,014 |
| H. Wood | Ilkley | 48,757 | 32,821 |
| M. Rennard | Guiseley | 10,126 | 22,488 |
| <i>Area No. 6.—Worth Valley.</i> | | | |
| J. A. Sharp | Keighley | 15,472 | 48,580 |
| Miss A. Hartley | Bingley | 12,773 | 21,424 |
| W. H. Ogden | Haworth | 8,560 | 8,673 |
| L. M. Greenwood | Wilsden | 2,638 | 3,000 |
| <i>Area No. 7.—East Morley.</i> | | | |
| C. W. Calverley | Farsley | 2,927 | 9,813 |
| H. Darnborough | Drighlington | 1,135 | 4,064 |
| F. Wilman | Denholme | 2,536 | 2,662 |
| A. Hotchin | Pudsey | 2,399 | 14,762 |
| L. Clough | Shipley | 2,182 | 30,243 |
| F. Higginson | Hunsworth | 1,381 | 1,318 |
| <i>Area No. 8.—Calder.</i> | | | |
| Miss M. Woodhead | Sowerby | 38,623 | 85,833 |
| J. H. Hindle | Todmorden | 40,355 | 37,887 |

| Name of Officer | District Served | Area in Acres. | Population. |
|--------------------------------------|----------------------------|----------------|-------------|
| | | (approx.) | (approx.) |
| <i>Area No. 9.—Spen Valley.</i> | | | |
| T. Sykes | Batley | 19,421 | 126,301 |
| F. Higginson | Cleckheaton | 2,756 | 11,621 |
| <i>Area No. 10.—Lower Agbrigg.</i> | | | |
| W. Frost | Horbury and Normanton | 41,345 | 93,489 |
| <i>Area No. 11.—Osgoldcross.</i> | | | |
| Mrs. L. I. Dodsworth | Hemsworth East | 34,750 | 59,668 |
| I. Scott | Hemsworth West | | |
| E. G. Lowden | Pontefract | 54,103 | 97,416 |
| <i>Area No. 12.—Goole and Selby.</i> | | | |
| H. S. Miller | Goole | 38,043 | 29,026 |
| W. B. Weaver | Selby | 38,256 | 16,006 |
| <i>Area No. 13.—Don Valley.</i> | | | |
| F. Grisedale | Bolton-on-Deane | 21,587 | 28,491 |
| Do. | Mexborough | 7,906 | 35,361 |
| W. E. Stubbs | Tickhill | 42,973 | 36,651 |
| Mrs. E. S. Thompson | Adwick-le-Street | 26,176 | 46,379 |
| H. E. Newton | Thorne | 38,419 | 31,154 |
| <i>Area No. 14.—Staincross.</i> | | | |
| E. Hammerton | Darton and Darfield | 21,572 | 70,508 |
| W. Taylor | Worsborough | 7,250 | 17,039 |
| B. J. B. Marsden | Stocksbridge | 38,238 | 19,141 |
| J. J. Taylerson | Wortley | 8,082 | 3,142 |
| H. Dowson | Ecclesfield | 7,037 | 16,018 |
| H. Redfearn | Penistone | 35,109 | 17,828 |
| <i>Area No. 15.—Upper Agbrigg.</i> | | | |
| E. Firth | Colne and Holme | 59,752 | 81,145 |
| A. Smith | Saddleworth | 16,930 | 12,577 |
| Miss J. Lees | Springhead | 1,555 | 4,833 |
| <i>Area No. 16.—Rother Valley</i> | | | |
| F. S. Butcher | Rotherham Rural | 8,880 | 14,312 |
| W. J. Blyth | Rawmarsh | 4,963 | 22,169 |
| G. C. Hearn | Maltby | 20,037 | 29,262 |
| T. H. Harrison | Wath-on-Deane | 9,012 | 32,638 |
| G. A. R. Colbeck | Kiveton Park | 20,070 | 17,034 |

**COUNTY PUBLIC ASSISTANCE INSTITUTIONS.
MEDICAL AND NURSING STAFFS.**

| Name of Hospital | Medical Officer (part-time) | Qualifications | Number of Nursing Staff |
|-------------------|---|-----------------------------------|----------------------------|
| Sedbergh | T. W. Rothwell | M.B., CH.B. | 1 |
| Settle | B. S. Hyslop | M.B., CH.B. | 4 |
| Skipton | W. H. Robinson | B.A., M.B., CH.B. | 9 |
| Great Ouseburn | J. M. Benson | M.B., CH.B. | 2 |
| Knaresborough | H. Steinbach | M.R.C.S., L.R.C.P. | 15* |
| Ripon | S. Hey | M.R.C.S., L.R.C.P. | 4 |
| Tadcaster | J. P. Scatchard | M.B., B.S., M.R.C.S., L.R.C.P. | 4 |
| Wetherby | J. A. Hargreaves | M.B., C.M. | 3 |
| Otley | W. H. Galloway | M.R.C.S., L.R.C.P. | 7 |
| Keighley | T. L. Walker | M.B., CH.B. | 37* |
| | Consultants—part time, called by M.O. as required | | |
| | H. C. Ling | M.R.C.S., L.R.C.P. | |
| | W. H. G. M. Ling | M.R.C.S., L.R.C.P. | |
| Clayton, Bradford | W. Cunliffe | L.R.C.P., L.R.C.S. | 32* |
| Todmorden | H. Thorp | M.B., CH.B., D.P.H. | 8* |
| Batley | T. O. Halliwell (whole-time resident) | M.R.C.S., L.R.C.P., D.P.H. | 61* |
| | R. Herley (Ophthalmic Surgeon) | B.A., L.R.C.P., L.R.C.S. | |
| Wakefield | J. W. Thomson | M.A., M.B., C.M. | 36 |
| | J. B. Lyle (Visiting Physician) | M.D., CH.B., B.A.O. | |
| | L. T. Wells (Consultant for Ears, Eyes, Nose and Throat) | M.R.C.S., L.R.C.P. | |
| Hemsworth | T. C. A. Sweetnam | M.D., B.A., B.Ch., B.A.O. | 12* |
| Pontefract | G. Burnett | M.B., CH.B., F.R.C.S. | 21* |
| Goole | A. M. Erskine | M.D., CH.B., B.A.O., D.P.H. | 4 |
| Selby | O. L. Scarborough | M.R.C.S., L.R.C.P. | 6 |
| Thorne | C. D. Walker | M.B., CH.B. | 3 |
| Penistone | A. A. Masser | M.B., CH.B. | 4 |
| Grenoside | A. Anderson | M.A., M.B., C.M., D.P.H. | 11 |
| Saddleworth | J. Loftus | M.B., CH.B. | 3 |

* Includes Male Attendants

PART I.

GENERAL PUBLIC HEALTH.

Summary of Vital Statistics—1931.

| | |
|---|------------------|
| AREA of Administrative County | 1,625,058 acres. |
| POPULATION for purposes of Birth Rate | 1,541,790 |
| POPULATION for purposes of Death Rate | 1,541,300 |
| POPULATION at 1931 Census (Preliminary Report) | 1,530,110 |

SANITARY DISTRICTS, 147, namely:—10 Boroughs.
 (See Table I., Appendix) 109 Urban Districts.
 28 Rural Districts.

The Vital Statistics for the Administrative County for the decennia 1911—20 and 1921—30, and for the years 1930 and 1931 may be summarised as follows:—

Averages for
10 years:—

| | | | | |
|--|-----------------|-----------------|--------------|--------------|
| Birth Rate (Administrative County) (per 1,000 estimated population.) | 1911-20 22·3 | 1921-30 19·4 | 1930 16·9 | 1931 16·1 |
|--|-----------------|-----------------|--------------|--------------|

Death Rates:—

| | | | | |
|---------------------------------------|------|------|------|------|
| All Causes | 14·4 | 12·3 | 11·4 | 12·4 |
| Zymotic | 1·23 | 0·50 | 0·33 | 0·38 |
| Phthisis | 0·83 | 0·66 | 0·57 | 0·57 |
| (Tuberculosis of Respiratory System.) | | | | |
| Other Forms of Tuberculosis | 0·39 | 0·24 | 0·20 | 0·16 |
| Respiratory | 2·58 | 1·99 | 1·35 | 1·64 |
| Cancer | 1·00 | 1·22 | 1·33 | 1·32 |
| Heart Disease | 1·42 | 1·74 | 2·22 | 2·41 |

(Death rates are all per 1,000 estimated civil population.)

| | | | | |
|---|-----|----|----|----|
| Infantile Mortality | 109 | 80 | 65 | 74 |
| (i.e., Number of deaths under one year per 1,000 births.) | | | | |

Area and Population.

No change took place during the year 1931 in the area of the Administrative County, or that of any of the County Districts.

It will be noted in the Table (folded in after page 16) that the 1931 estimated populations (Col. 4) on which the birth and death rates are based differ from the 1931 Census figures (Col. 3), and purport to represent the resident populations of the respective areas, persons who were away from home at the time of the Census enumeration being, as far as possible, allocated to the place of "Usual Residence." The Registrar General points out that the analysis has not yet been completed of the returns in respect of the "Usual Residence" question asked on the Census schedule, and the 1931 estimated population figures are to that extent approximate; it is believed, however, that they are sufficiently accurate for the purpose of calculating the birth and death rates.

Births.

The number of live births registered as belonging to the Administrative County area during the year 1931 was 24,900; of these, 12,672 were males and 12,228 females. The legitimate births numbered 23,950, whilst 950 were illegitimate. Calculated on the estimated population at mid-year 1931, the live birth rate for the year equalled 16.1 per 1,000, which figure is 0.8 per 1,000 lower than that for the year 1930, and is the lowest ever recorded for the County. In actual numbers registered the 1931 figure was fewer by 1,035 births than the total recorded for the previous year. Still-births registered during the year numbered 1,179, of which 1,115 were legitimate and 64 illegitimate.

Comparing the birth-rate for the County with that for England and Wales, it is noted that the rate of 15.8 is 0.3 per 1,000 below that for the Administrative County. In commenting upon this figure, the Registrar General states "The birth-rate was the lowest recorded, being 0.5 below that for 1929 and 1930 the previous lowest record."

In the tables folded in after page 16, the birth rates will be found for each district in the County, and also for the aggregate Urban and Rural Districts. The birth-rate for the Urban Districts was 15.2 per 1,000 whilst that for the Rural Districts equalled 18.6 per 1,000 of the estimated population. In this connection, however, it should be stated that many of the large mining centres of the County are situate in the Rural Districts.

The districts with the highest Birth Rates during the year under review were:—Adwick-le-Street 22.5; Conisbrough 25.1; Knottingley 22.1; Maltby 27.3; Thurnscoe 23.6; Doncaster R. 23.2; Hemsworth R. 22.6 and Thorne R. 28.7.

The lowest Birth Rates in the County are noted at:—Barnoldswick 9.3; Brighouse B. 10.3; Farsley 10.1; Hebden Bridge 8.7; Holmfirth 10.1; Honley 8.7; Linthwaite 9.8; Meltham 10.3; Silsden 10.2; Skelmanthorpe 10.1 and Slaithwaite 9.2. In 21 other districts a birth-rate of less than 11.5 per 1,000 was recorded.

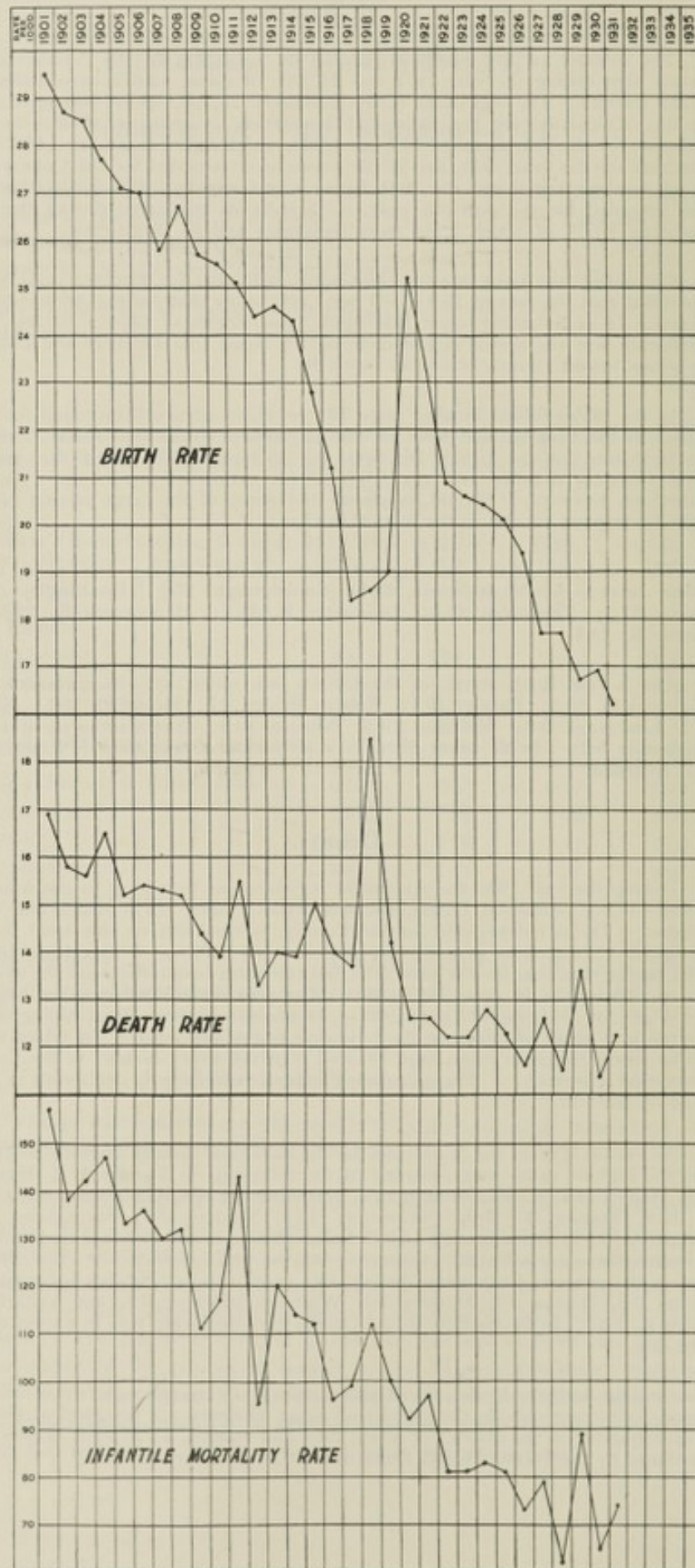
Deaths.

During the year 1931 the net deaths registered as belonging to the Administrative County numbered 19,065, the sex division being 9,742 males and 9,323 females. The net death-rate for the County, worked out on this total from a population estimated as at mid-year, was 12.4 per 1,000. This rate is 1.0 per 1,000 higher than that for the year 1930, but compares favourably with the average rate of 12.3 for the 10 years 1921-1930. The provisional death-rate for England and Wales for 1931 was 12.3 per 1,000. An analysis of these West Riding deaths is given in a series of tables on the following pages, and also in the tables which will be found folded in after page 16, and in which every district in the County is recorded separately. The question of infantile mortality is dealt with in some detail on page 22.

An examination of the death-rates for the individual County Districts will show that the highest rates were recorded in the following:—Farsley 15.6, Haworth 17.8, Honley 16.7, Knaresborough 16.6, Mytholmroyd 17.6, Oakworth 16.2, Ossett B. 15.2, Pudsey B. 15.0, Queensbury 15.8, Silsden 15.7, Springhead 15.6, Todmorden 15.2, Worsborough 15.3, Yeadon 15.2. It will be noted that with one exception these are all areas connected with the textile industry. The districts having the lowest death-rates during the year were:—Adwick-le-Street 8.2, Altofts 9.8, Darton 9.7, Methley 7.1, Wath-upon-Deane 9.9, and Wharfedale North R. 7.2. In 57 districts in the County the death-rate was in excess of the birth-rate.

Transferable deaths.—Under the Registrar-General's system whereby deaths of persons occurring outside the district of usual residence are assigned at the end of each quarter to the district in which they had resided, 4,120 such deaths were distributed by the County Health Department during the year 1931.

WEST RIDING ADMINISTRATIVE COUNTY
BIRTH, DEATH AND INFANTILE MORTALITY
RATES FOR THE 31 YEARS 1901-1931



Birth and Death rates calculated on population adjusted for Mortality Hazard.
Total population (i.e., of civilians and non-civilians) on which Mortality Hazard.

Cases of Death, 1931.

MORTALITY AT DIFFERENT AGES FROM THE VARIOUS CAUSES.

The following table shows the mortality, in age-groups, from the various causes, in the West Riding Administrative County during 1931.

| CAUSES OF DEATH | AGE AT DEATH | | | | | | | | | | | | Total (net deaths) |
|---|--------------------|---------------------|---------------------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-------|--------------------------|
| | Under 1 year | 1 and under 2 | 2 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 35 | 35 and under 45 | 45 and under 55 | 55 and under 65 | 65 and under 75 | 75 and up- wards | | |
| 1. Typhoid and paratyphoid fevers | — | — | 1 | — | 4 | 2 | 1 | 2 | 2 | 2 | — | 14 | |
| 2. Measles | 28 | 66 | 50 | 24 | 1 | — | — | — | — | — | — | 169 | |
| 3. Scarlet fever | — | 5 | 14 | 10 | 6 | — | 1 | — | — | — | — | 36 | |
| 4. Whooping Cough | 38 | 26 | 16 | 3 | — | — | — | — | 1 | — | — | 84 | |
| 5. Diphtheria | 2 | 9 | 47 | 81 | 8 | — | 3 | 2 | 1 | — | — | 153 | |
| 6. Influenza | 18 | 14 | 15 | 15 | 38 | 35 | 42 | 78 | 80 | 92 | 104 | 531 | |
| 7. Encephalitis Lethargica | 1 | — | 2 | 2 | 4 | 2 | 7 | 3 | 3 | 3 | — | 27 | |
| 8. Cerebro-spinal fever | 36 | 18 | 58 | 90 | 44 | 25 | 26 | 10 | 4 | 1 | — | 312 | |
| 9. Tuberculosis of respiratory system | 5 | 5 | 6 | 27 | 208 | 186 | 169 | 143 | 95 | 30 | 8 | 882 | |
| 10. Other Tuberculous diseases | 32 | 33 | 32 | 37 | 48 | 23 | 12 | 16 | 10 | 9 | 1 | 253 | |
| 11. Syphilis | 18 | 1 | — | — | 2 | 2 | 4 | 7 | 10 | 3 | 1 | 48 | |
| 12. General paralysis of the insane, tabes dorsalis | — | — | — | — | 1 | 3 | 13 | 18 | 15 | 12 | — | 62 | |
| 13. Cancer, malignant disease | — | 1 | 4 | 4 | 8 | 20 | 116 | 331 | 623 | 628 | 299 | 2034 | |
| 14. Diabetes | — | — | — | 6 | 8 | 7 | 15 | 25 | 79 | 89 | 42 | 271 | |
| 15. Cerebral hæmorrhage, etc. | — | — | — | 1 | 1 | 8 | 19 | 88 | 212 | 414 | 405 | 1148 | |
| 16. Heart disease | 1 | 1 | 3 | 30 | 66 | 70 | 122 | 339 | 724 | 1250 | 1111 | 3717 | |
| 17. Aneurysm | — | — | — | — | — | 2 | 7 | 6 | 7 | 7 | 1 | 30 | |
| 18. Other circulatory diseases | — | 1 | — | 1 | 1 | 2 | 9 | 34 | 154 | 354 | 443 | 999 | |
| 19. Bronchitis | 119 | 21 | 9 | 7 | 5 | 10 | 17 | 54 | 108 | 278 | 359 | 987 | |
| 20. Pneumonia (all forms) | 329 | 155 | 111 | 78 | 38 | 62 | 86 | 104 | 135 | 149 | 100 | 1347 | |
| 21. Other respiratory diseases | 7 | 4 | 11 | 11 | 8 | 8 | 17 | 26 | 39 | 28 | 35 | 194 | |
| 22. Peptic Ulcer | — | — | — | — | 3 | 13 | 23 | 37 | 37 | 14 | 7 | 134 | |
| 23. Diarrhœa, etc. | 110 | 17 | 6 | 5 | 2 | 5 | 4 | 9 | 6 | 11 | 11 | 186 | |
| 24. Appendicitis | — | 1 | 4 | 24 | 16 | 13 | 9 | 16 | 12 | 3 | 2 | 100 | |
| 25. Cirrhosis of liver | — | — | 1 | 2 | — | 1 | 4 | 10 | 17 | 17 | 2 | 54 | |
| 26. Other diseases of liver | 1 | — | — | — | 1 | 4 | 6 | 15 | 42 | 44 | 32 | 145 | |
| 27. Other digestive diseases | 28 | 5 | 9 | 26 | 12 | 18 | 19 | 45 | 64 | 80 | 41 | 347 | |
| 28. Acute and chronic nephritis | — | 1 | 3 | 15 | 21 | 27 | 50 | 106 | 160 | 212 | 116 | 711 | |
| 29. Puerperal Sepsis | — | — | — | — | 12 | 34 | 11 | — | — | — | — | 57 | |
| 30. Other puerperal causes | — | — | — | — | 14 | 41 | 32 | 1 | — | — | — | 88 | |
| 31. Congenital debility, premature birth, malformations, etc. | 880 | 7 | 3 | 4 | 2 | — | 1 | — | — | — | — | 897 | |
| 32. Senility | — | — | — | — | — | — | — | — | 5 | 74 | 432 | 511 | |
| 33. Suicide | — | — | — | — | 14 | 19 | 17 | 49 | 50 | 25 | 6 | 180 | |
| 34. Other violence | 31 | 14 | 35 | 69 | 96 | 81 | 85 | 99 | 80 | 78 | 67 | 735 | |
| 35. Other defined diseases | 151 | 40 | 37 | 99 | 101 | 107 | 130 | 184 | 258 | 311 | 180 | 1598 | |
| 36. Causes ill-defined, or unknown | — | 1 | — | 1 | 1 | — | 1 | — | 1 | 7 | 12 | 24 | |
| ALL CAUSES | 1835 | 446 | 477 | 672 | 794 | 830 | 1078 | 1857 | 3034 | 4225 | 3817 | 19065 | |
| AGE AND SEX DISTRIBUTION OF THE NET DEATHS | | | | | | | | | | | | | |
| URBAN DISTRICTS:— | | | | | | | | | | | | | |
| Males | 688 | 139 | 155 | 212 | 275 | 293 | 410 | 739 | 1288 | 1681 | 1185 | 7065 | |
| Females | 514 | 133 | 142 | 207 | 268 | 313 | 352 | 648 | 1047 | 1622 | 1617 | 6863 | |
| Persons | 1202 | 272 | 297 | 419 | 543 | 606 | 762 | 1387 | 2335 | 3303 | 2802 | 13928 | |
| RURAL DISTRICTS:— | | | | | | | | | | | | | |
| Males | 377 | 87 | 101 | 136 | 133 | 108 | 150 | 249 | 379 | 476 | 481 | 2677 | |
| Females | 256 | 87 | 79 | 117 | 118 | 116 | 166 | 221 | 320 | 446 | 534 | 2460 | |
| Persons | 633 | 174 | 180 | 253 | 251 | 224 | 316 | 470 | 699 | 922 | 1015 | 5137 | |
| WEST RIDING ADMINISTRATIVE COUNTY:— | | | | | | | | | | | | | |
| Males | 1065 | 226 | 256 | 348 | 408 | 401 | 560 | 988 | 1667 | 2157 | 1666 | 9742 | |
| Females | 770 | 220 | 221 | 324 | 386 | 429 | 518 | 869 | 1367 | 2068 | 2151 | 9323 | |
| Persons | 1835 | 446 | 477 | 672 | 794 | 830 | 1078 | 1857 | 3034 | 4225 | 3817 | 19065 | |

West Riding Birth and Death Rates for Ten Years.

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

| | 1922 | 1923 | 1924 | 1925 | 1926 | 1927 | 1928 | 1929 | 1930 | 1931 |
|-----------------------------------|------|------|------|------|------|------|------|------|------|------|
| Birth Rate | 20.9 | 20.6 | 20.4 | 20.1 | 19.4 | 17.7 | 17.7 | 16.7 | 16.9 | 16.1 |
| Death-rate | 12.2 | 12.2 | 12.8 | 12.3 | 11.6 | 12.6 | 11.5 | 13.6 | 11.4 | 12.4 |
| Infant Mortality* ... | 81 | 81 | 83 | 81 | 73 | 79 | 62 | 89 | 65 | 74 |
| Zymotic Death-rate ... | 0.58 | 0.53 | 0.48 | 0.53 | 0.46 | 0.51 | 0.28 | 0.54 | 0.33 | 0.38 |
| Death-rates from:— | | | | | | | | | | |
| Small-pox | 0.00 | Nil | Nil | Nil | Nil | 0.01 | 0.01 | 0.00 | 0.00 | Nil |
| Scarlet Fever | 0.03 | 0.03 | 0.02 | 0.03 | 0.02 | 0.02 | 0.02 | 0.05 | 0.03 | 0.02 |
| Diphtheria | 0.07 | 0.04 | 0.05 | 0.05 | 0.06 | 0.04 | 0.06 | 0.08 | 0.09 | 0.10 |
| Enteric Fever | 0.03 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.01 |
| Measles | 0.16 | 0.15 | 0.10 | 0.14 | 0.05 | 0.21 | 0.05 | 0.10 | 0.06 | 0.11 |
| Whooping Cough ... | 0.13 | 0.11 | 0.13 | 0.13 | 0.16 | 0.11 | 0.04 | 0.18 | 0.05 | 0.05 |
| Diarrhoea, &c.† ... | 7.77 | 8.48 | 8.01 | 8.23 | 7.41 | 5.63 | 5.53 | 6.96 | 4.59 | 5.10 |
| Respiratory Diseases | 2.07 | 2.11 | 2.43 | 2.15 | 1.78 | 2.12 | 1.46 | 2.22 | 1.35 | 1.64 |
| Phthisis | 0.68 | 0.71 | 0.70 | 0.70 | 0.62 | 0.65 | 0.61 | 0.66 | 0.57 | 0.57 |
| Other Tuberculous Diseases | 0.30 | 0.28 | 0.25 | 0.26 | 0.22 | 0.21 | 0.22 | 0.21 | 0.20 | 0.16 |

* Deaths under one year per 1,000 births.

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

Average Birth and Death Rates from 1911 to 1930.

The following table gives the average rates for quinquennial periods (compared with the rates for 1931) 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 1931 for comparison | Quinquennial Periods | | | | Year 1931 for comparison | Quinquennial Periods | | | | Year 1931 for comparison |
| | 1911-15 | 1916-20 | 1921-25 | 1926-30 | | 1911-15 | 1916-20 | 1921-25 | 1926-30 | | 1911-15 | 1916-20 | 1921-25 | 1926-30 | |
| Birth Rate | 23.3 | 19.6 | 20.2 | 16.7 | 15.2 | 26.5 | 23.1 | 23.5 | 20.3 | 18.6 | 24.1 | 20.5 | 21.0 | 17.7 | 16.1 |
| * Infant Mortality ... | 118 | 100 | 86 | 74 | 72 | 113 | 96 | 82 | 74 | 77 | 117 | 99 | 85 | 74 | 74 |
| Death Rates:— | | | | | | | | | | | | | | | |
| All Causes | 14.5 | 14.8 | 12.7 | 12.5 | 12.7 | 13.5 | 13.9 | 11.7 | 11.2 | 11.6 | 14.2 | 14.6 | 12.4 | 12.1 | 12.4 |
| † Zymotic Diseases | 1.58 | 0.93 | 0.58 | 0.40 | 0.36 | 1.64 | 1.00 | 0.59 | 0.50 | 0.42 | 1.59 | 0.95 | 0.58 | 0.42 | 0.38 |
| Smallpox | 0.00 | 0.00 | 0.00 | 0.00 | Nil | Nil | 0.00 | Nil | 0.00 | Nil | 0.00 | 0.00 | 0.00 | 0.00 | Nil |
| Scarlet Fever | 0.07 | 0.02 | 0.03 | 0.02 | 0.03 | 0.05 | 0.03 | 0.03 | 0.03 | 0.01 | 0.07 | 0.03 | 0.03 | 0.03 | 0.02 |
| Diphtheria | 0.16 | 0.15 | 0.00 | 0.06 | 0.09 | 0.11 | 0.13 | 0.05 | 0.07 | 0.13 | 0.15 | 0.14 | 0.06 | 0.06 | 0.10 |
| Enteric Fever | 0.09 | 0.04 | 0.03 | 0.02 | 0.01 | 0.08 | 0.05 | 0.02 | 0.02 | 0.01 | 0.08 | 0.04 | 0.03 | 0.02 | 0.01 |
| Measles | 0.38 | 0.32 | 0.12 | 0.08 | 0.11 | 0.42 | 0.30 | 0.11 | 0.12 | 0.11 | 0.39 | 0.32 | 0.11 | 0.09 | 0.11 |
| Whooping Cough ... | 0.21 | 0.15 | 0.13 | 0.10 | 0.05 | 0.20 | 0.15 | 0.16 | 0.13 | 0.06 | 0.21 | 0.15 | 0.14 | 0.11 | 0.05 |
| Respiratory Diseases | 2.51 | 2.75 | 2.26 | 1.83 | 1.69 | 2.38 | 2.52 | 2.00 | 1.68 | 1.53 | 2.47 | 2.69 | 2.19 | 1.79 | 1.64 |
| Respiratory Tuberculosis ... | 0.83 | 0.92 | 0.74 | 0.65 | 0.58 | 0.64 | 0.76 | 0.61 | 0.54 | 0.56 | 0.78 | 0.88 | 0.71 | 0.62 | 0.57 |
| Other Tuberculous Diseases | 0.43 | 0.39 | 0.28 | 0.21 | 0.15 | 0.34 | 0.33 | 0.26 | 0.21 | 0.20 | 0.40 | 0.37 | 0.28 | 0.21 | 0.16 |
| Cancer | 0.98 | 1.14 | 1.20 | 1.34 | 1.40 | 0.79 | 0.95 | 1.08 | 1.13 | 1.12 | 0.93 | 1.09 | 1.17 | 1.28 | 1.32 |
| Heart Disease | 1.49 | 1.48 | 1.57 | 2.06 | 2.59 | 1.21 | 1.28 | 1.36 | 1.68 | 1.97 | 1.42 | 1.43 | 1.52 | 1.96 | 2.41 |
| * Diarrhoea (Deaths in children under 2 years of age) ... | † | 11.66 | 10.23 | 5.94 | 5.35 | † | 14.04 | 9.29 | 6.31 | 4.60 | 24.43 | 12.36 | 9.96 | 6.06 | 5.10 |

* Deaths under one year per 1,000 births.

† For the quinquennium 1911-15 this rate includes deaths from diarrhoea and enteritis at all ages, but after that period those occurring under two years of age only.

‡ Figures not available.

Urban and Rural Statistics for 1931.

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

| | Annual Rates per 1000 of the Estimated Population | | | | | | Infant Mortality (Deaths under one year per 1000 Births) |
|--|---|------------|---------------------|---------------------|--------------------------------|------------------------|--|
| | Birth-rate | Death-rate | Zymotic* Death-rate | Phthisis Death-rate | Other Tub. Diseases Death-rate | Respiratory Death-rate | |
| (1) Urban Districts in the West Riding | 15·2 | 12·7 | 0·36 | 0·58 | 0·15 | 1·69 | 72 |
| (2) Rural Districts in the West Riding | 18·6 | 11·6 | 0·42 | 0·56 | 0·20 | 1·53 | 77 |
| (3) WEST RIDING ADMINISTRATIVE COUNTY | 16·1 | 12·4 | 0·38 | 0·57 | 0·16 | 1·64 | 74 |
| (4) <i>England & Wales</i> | 15·8 | 12·3 | 0·33 | 0·74 | 0·15 | 1·60 | 66 |

* Includes deaths from Diarrhœa, etc., under two years of age only.

Deaths and Death Rates from Cancer.

| Year | West Riding Administrative County | | | | | | <i>England and Wales Death-rate</i> |
|--------------------------------|-----------------------------------|-------|-------|---------------------------------------|-------|-------|---|
| | Total No. of Deaths | | | Death rate per 1000 of the population | | | |
| | County | Urban | Rural | County | Urban | Rural | |
| 1921 | 1684 | 1285 | 399 | 1·11 | 1·14 | 1·04 | 1·21 |
| 1922 | 1729 | 1328 | 401 | 1·15 | 1·19 | 1·06 | 1·23 |
| 1923 | 1743 | 1314 | 429 | 1·16 | 1·17 | 1·12 | 1·27 |
| 1924 | 1806 | 1386 | 420 | 1·19 | 1·23 | 1·07 | 1·30 |
| 1925 | 1871 | 1432 | 439 | 1·22 | 1·26 | 1·11 | 1·34 |
| 1926 | 1920 | 1453 | 467 | 1·24 | 1·27 | 1·13 | 1·36 |
| 1927 | 1944 | 1466 | 478 | 1·28 | 1·34 | 1·13 | 1·38 |
| 1928 | 1959 | 1476 | 483 | 1·29 | 1·35 | 1·13 | 1·43 |
| 1929 | 1960 | 1495 | 465 | 1·28 | 1·36 | 1·08 | 1·44 |
| 1930 | 2034 | 1522 | 512 | 1·33 | 1·39 | 1·17 | 1·45 |
| Average for 10 years 1921-1930 | 1865 | 1416 | 449 | 1·22 | 1·27 | 1·11 | 1·34 |
| 1931 | 2034 | 1538 | 496 | 1·32 | 1·40 | 1·12 | 1·48 |

Infantile Mortality.

The infantile mortality rate for the West Riding is 73·71 per thousand—an increase of 8·58 on that for 1930. This increase has been fairly evenly distributed over the whole of the common causes of death except Enteric Fever, Whooping Cough and Diphtheria. The greatest increase has been in the cases of Respiratory Diseases (Bronchitis and Pneumonia) and to a less extent Congenital causes such as Congenital Debility, Malformations and Premature Birth.

| Causes of Deaths of Infants under 1 year | Rate per 1,000 births | | Increase or Decrease. |
|---|-----------------------|-------|--------------------------|
| | 1930 | 1931 | |
| Enteric Fever | 0·04 | — | —0·04 |
| Smallpox | — | — | — |
| Measles | 0·89 | 1·12 | +0·23 |
| Scarlet Fever | — | — | — |
| Whooping Cough | 1·89 | 1·52 | —0·37 |
| Diphtheria | 0·23 | 0·08 | —0·15 |
| Influenza | 0·08 | 0·72 | +0·64 |
| Respiratory Tuberculosis | 0·08 | 0·20 | +0·12 |
| Other Tuberculous Diseases | 1·20 | 1·28 | +0·08 |
| Bronchitis | 2·47 | 4·78 | +2·31 |
| Pneumonia | 8·71 | 13·25 | +4·54 |
| Other Respiratory Diseases | 0·23 | 0·28 | +0·05 |
| Diarrhoea | 3·86 | 4·42 | +0·56 |
| Congenital Debility } | 34·00 | 35·34 | +1·34 |
| Malformations | | | |
| Premature Birth | | | |
| Other Causes | 11·45 | 10·72 | —0·73 |
| Total | 65·13 | 73·71 | +8·58 |

Excluding those with less than 100 births the districts showing the largest increase in Infantile Mortality are given below.

| URBAN | | | | Increase | |
|----------------------------|--------------|--------------|----|----------|------------|
| | Rate 1930 | Rate 1931 | | | |
| Ardsley E. and W. | 53 | 123 | 70 | | |
| Baildon | 44 | 60 | 16 | | |
| Barnoldswick | 31 | 45 | 14 | | |
| Bentley-with-Arksey | 86 | 101 | 15 | | |
| Bingley | 62 | 76 | 14 | | Autonomous |
| Castleford | 40 | 85 | 45 | | do. |
| Conisbrough | 87 | 98 | 11 | | |
| Darton | 42 | 68 | 26 | | |
| Featherstone | 70 | 90 | 20 | | do. |
| Goole | 51 | 81 | 30 | | do. |
| Harrogate B. | 45 | 76 | 31 | | do. |
| Heckmondwike | 54 | 65 | 11 | | do. |
| Hemsworth | 37 | 81 | 44 | | |
| Mirfield | 18 | 51 | 33 | | |
| Morley B. | 38 | 52 | 14 | | do. |
| Normanton | 53 | 84 | 31 | | |
| Pontefract B. | 65 | 91 | 26 | | |
| Rawmarsh | 73 | 84 | 11 | | |
| Rothwell | 32 | 72 | 40 | | do. |
| Royston | 56 | 87 | 31 | | |
| Sowerby | 65 | 109 | 44 | | |
| Spenborough | 46 | 78 | 32 | | do. |
| Thurnscoe | 74 | 135 | 61 | | |
| Whitwood | 64 | 91 | 27 | | |
| Worsborough | 70 | 121 | 51 | | |
| RURAL. | | | | | |
| Doncaster | 66 | 82 | 16 | | |
| Gt. Ouseburn | 39 | 53 | 14 | | |
| Hemsworth | 61 | 87 | 26 | | do. |
| Pontefract | 62 | 72 | 10 | | |
| Rotherham | 67 | 89 | 22 | | |
| Skipton | 29 | 66 | 37 | | |
| Tadcaster | 53 | 66 | 13 | | |
| Thorne | 91 | 103 | 12 | | |

It will be seen from the above list that the Urban and Rural Districts with the highest infantile mortality were almost equally divided between colliery and textile areas, in both of which economic conditions have been bad.

The two features taken together, namely the increase in the percentage of deaths of babies due to bronchitis and pneumonia, and the preponderance of industrial areas sharing in the increase in infantile mortality, strongly suggest some defect in the home hygiene of these districts: (A personal opinion, which is hazarded with some diffidence, is that houses situated in industrial areas are too frequently super-heated, and this defect is probably more noticeable in the house of the miner. One who is not accustomed to the close atmosphere and high temperature has several times had to leave the house or ask to have the door opened when threatened by the imminence of fainting. This bad ventilation of dwellings and consequent production of draughts and chills, readily provide a fertile soil for the growth of the germs causing bronchitis and pneumonia, and a weakly child would not be long before succumbing to one of these diseases).

But another point is that babies with bronchitis and pneumonia cannot be adequately treated in these houses, as the atmosphere is inimical and the nursing is almost certain to be wanting in skill.

Two factors are of immediate interest. Forty to fifty years ago the quarterly returns showed that the highest mortality occurred in the three-months period ending in September. This was largely due to the heavy incidence of epidemic diarrhoea. To-day owing to improved sanitation, improved storage and cleanliness of milk and readily available instruction in infant feeding, epidemic diarrhoea has been much reduced. A change has taken place in the infantile mortality rate for each quarter. Since the five-year period 1916-20 the quarter ending in March has always had the highest infant death rate and within the same period respiratory diseases as a factor have predominated while epidemic diarrhoea has receded. It is significant that during the winter months respiratory diseases prove more fatal to all ages than they do in the summer months. A few days fog will further increase the death rate from respiratory diseases.

The progressive urbanisation of any district is associated with an increase of the infantile mortality and it is a not unreasonable *conjecture* that progressive urbanisation with its addition of irritating smoke to the fog (the diminished hours of sunshine) prevailing especially in the March quarter contributes to the infantile mortality by increasing the liability to respiratory diseases.

It might be asked why the Infantile Mortality is high in an area which is nearly saturated with Child Welfare Centres for Infant Consultation and equipped with a Staff of Health Visitors. It may be pointed out that our organization deals only with the "presumably healthy" baby and that if it does not succeed in preventing a baby's health deviating from the normal the baby then comes under another set of agencies—the general practitioner and the district nurse—or it may be the general practitioner only and the nursing skill of the mother. It must be the heart-breaking experience of most general practitioners in working class districts that after giving directions for treatment and prescribing medicines—the baby's surroundings and lack of continuous skilled nursing impose almost insuperable handicaps on a baby with pneumonia.

The only egress from this impasse is a babies hospital together with the opportunity of quick transport and immediate admission.

**West Riding Administrative County.
Causes of Infant Mortality in the years 1911-31.**

| Year | Number of Deaths under One Year per 1000 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) |
| 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 | 4.53 | 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 |
| 1926 | nil. | nil. | 0.47 | 0.03 | 4.02 | 0.07 | 0.20 | 0.17 | 1.23 | 5.35 | 10.97 | 0.43 | 6.45 | 30.87 | 13.16 | 73.42 |
| 1927 | nil. | 0.19 | 2.65 | 0.08 | 2.79 | 0.08 | 1.04 | 0.15 | 1.45 | 5.33 | 15.46 | 0.37 | 4.73 | 32.35 | 12.49 | 79.16 |
| 1928 | nil. | nil. | 0.56 | 0.04 | 1.11 | 0.07 | 0.33 | 0.04 | 1.67 | 2.59 | 9.31 | 0.30 | 4.71 | 30.14 | 11.49 | 62.36 |
| 1929 | nil. | 0.04 | 1.41 | nil. | 4.97 | 0.24 | 2.54 | 0.24 | 0.90 | 6.65 | 17.44 | 0.31 | 6.14 | 33.75 | 13.92 | 88.55 |
| 1930 | 0.04 | nil. | 0.89 | nil. | 1.89 | 0.23 | 0.08 | 0.08 | 1.20 | 2.47 | 8.71 | 0.23 | 3.86 | 34.00 | 11.45 | 65.13 |
| 1931 | nil. | nil. | 1.12 | nil. | 1.52 | 0.08 | 0.72 | 0.20 | 1.28 | 4.78 | 13.25 | 0.28 | 4.42 | 35.34 | 10.72 | 73.71 |

Health Education.

Educational measures in the eradication of disease are especially appropriate to anti-tuberculosis work by the very nature of the disease, the factors leading to its incidence and the character of the treatment prescribed. The efforts of the dispensary staffs in this direction are necessarily limited to the circle of patients they come in contact with, and it was to reinforce these that a Sub-committee was set up in 1923 by the Public Health Committee and the West Riding Insurance Committee. Section 67 of the Public Health Act 1925 extended the powers of local authorities in this connection, and authorised expenditure on arrangements for "the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures in which such questions are dealt with."

The programme carried out in 1931 was on similar lines to those of previous years, and included the following activities during Health Week:—

Addresses to school children were given in 930 Elementary and Secondary Schools by medical practitioners and head teachers. Skeletal notes prepared specially for the purpose were distributed to the lecturers.

More than 300,000 copies of posters, leaflets, etc., reproduced from designs by West Riding scholars, were forwarded to schools, and also distributed to insured patients as enclosures with medical cards and bottles of medicine.

The co-operation of Ministers of Religion was again solicited with a view to references to health being made in addresses given on Sunday during Health Week.

During Health Week, with the co-operation of the West Riding Education Committee, competitions were held in elementary and secondary schools, for suitable artistic posters and essays dealing with health subjects. In the poster competition, 218 designs were submitted, and 56 prizes awarded. In the essay competition, nearly 500 essays were submitted, and 56 prizes awarded.

The lecturing campaign which is usually carried on in an intensive manner for two periods of a fortnight each during the year—Spring and Autumn—has not lost its popularity, and the lecturer provided for us by the British Social Hygiene Council has been able to report that in many cases hundreds were turned away.

These lectures and film exhibitions are not merely on Venereal Diseases, but it has been found useful and easy to introduce matters relating to Tuberculosis, Child Welfare, General Health, and Personal Hygiene, with talks informal and otherwise, and the letters of appreciation of these efforts have been many.

In the Spring, the lectures, talks and films were introduced into the following districts:—Horbury, Ossett, Featherstone, Normanton, Castleford, Cleckheaton, Birstal, Heckmondwike, Brighouse, Batley, Bingley and Morley, and the estimated total of audiences was 4810.

During the Autumn, an effort was made to reach the more isolated districts in the County, and the programme included Skipton, Bentham, Ingleton, Settle, Gargrave, Addingham, Grassington, Crosshills, Oxenhope, Oakworth, Haworth and Keighley. To anyone with a knowledge of these districts the difficulty in many cases of collecting a good audience would seem great, yet the response was remarkable; altogether 5688 were present during the fortnight, although dense fog and rain were combated on many occasions.

Medical Examination of County Council Staff.

Since the adoption by the West Riding County Council of the Local Government and Other Officers' Superannuation Act, 1922, a new duty has devolved upon the central medical staff of the Public Health Department, namely, the necessity of examining and reporting upon the health and fitness of candidates for appointment on the staff of the County Council. During 1931, 97 examinations were made, comprising 57 males and 40 females, and in addition a number of boards attended by more than one medical officer were held to consider exceptional or prolonged cases of sickness, in which the Staff Sickness Sub-Committee required a special report. These medical examinations are being conducted upon lines quite as exacting as those required for a first-class life insurance policy, and, needless to say, they have entailed considerable expenditure of time by the medical staff.

In a number of instances applicants for posts under the County Council have preferred to be examined by their own private medical practitioner. In these cases the medical attendant is asked to complete a medical examination form issued by the Department. The form is subsequently carefully scrutinised and if any doubt arises the candidate is asked to appear for further examination and consultation at the County Health Department.

EPIDEMIOLOGY.

DR. A. W. FREW—Chief V.D. Officer and M.O. for General Sanitary Matters.

Zymotic Disease.

Particulars regarding the incidence of the seven principal Zymotic Diseases are given below. The combined death-rate from these diseases was 0.38 per 1,000 of the estimated population:—

| Zymotic Disease. | No. of Cases 1931. | No. of Deaths 1931 | Ratio of Deaths. | |
|--------------------------------------|-----------------------|--------------------------|---------------------------------------|-------------------------------------|
| | | | (a) per 1,000 persons attacked. | (b) per 1,000 persons living. |
| (1) Smallpox | 146 | Nil. | Nil | Nil |
| (2) Scarlet Fever | 2952 | 36 | 12.19 | 0.023 |
| (3) Diphtheria | 1537 | 153 | 99.52 | 0.099 |
| (4) Enteric Fever | 95 | 14 | 147.35 | 0.009 |
| (5) Measles | * | 169 | ? | 0.110 |
| (6) Whooping Cough | * | 84 | ? | 0.054 |
| (7) Diarrhoea, etc., under two years | * | 127 | ? | 0.082 |
| Total of chief Zymotic Diseases | ? | 583 | ? | 0.377 |

* The numbers of cases of measles, whooping cough and diarrhoea are not available, as these diseases are not compulsorily notifiable in every district in the Administrative County.

The following table gives the number of cases notified, and rates per 1,000 population in the Administrative County during the years 1927—1931:—

| Diseases. | Number of Cases Notified. | | | | | Cases Notified per 1,000 population. | | | | |
|------------------------------------|---------------------------|------|------|------|------|--------------------------------------|-------|-------|-------|-------|
| | 1927 | 1928 | 1929 | 1930 | 1931 | 1927 | 1928 | 1929 | 1930 | 1931 |
| Small-pox | 2013 | 1647 | 1229 | 617 | 146 | 1.33 | 1.08 | 0.80 | 0.40 | 0.09 |
| Scarlet Fever | 3292 | 4493 | 7795 | 5726 | 2952 | 2.17 | 2.95 | 5.10 | 3.73 | 1.91 |
| Diphtheria | 877 | 1214 | 1328 | 1727 | 1537 | 0.58 | 0.80 | 0.87 | 1.13 | 1.00 |
| Enteric Fever | 216 | 170 | 296 | 148 | 95 | 0.14 | 0.11 | 0.19 | 0.10 | 0.06 |
| Puerperal Fever | 64 | 96 | 106 | 89 | 91 | *2.39 | *3.56 | *4.15 | *3.43 | *3.65 |
| Puerperal Pyrexia | 159 | 182 | 166 | 157 | 151 | *5.93 | *6.75 | *6.49 | *6.05 | *6.06 |
| Cerebro-Spinal Fever | 9 | 8 | 20 | 115 | 608 | 0.01 | 0.01 | 0.01 | 0.07 | 0.39 |
| Acute Poliomyelitis | 33 | 6 | 16 | 16 | 12 | 0.02 | 0.00 | 0.01 | 0.01 | 0.01 |
| Acute Polio-Encephalitis | 10 | 4 | 6 | 15 | 3 | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 |
| Encephalitis Lethargica | 48 | 39 | 32 | 35 | 13 | 0.03 | 0.03 | 0.02 | 0.02 | 0.01 |
| Ophthalmia Neonatorum | 110 | 129 | 121 | 108 | 121 | *4.10 | *4.78 | *4.73 | *4.16 | *4.86 |
| Erysipelas | 647 | 763 | 807 | 769 | 680 | 0.43 | 0.50 | 0.53 | 0.50 | 0.44 |
| Respiratory Tuberculosis | 2382 | 2331 | 2142 | 1717 | 1796 | 1.57 | 1.53 | 1.40 | 1.12 | 1.17 |
| Other Forms of Tuberculosis | 920 | 923 | 792 | 874 | 765 | 0.61 | 0.61 | 0.52 | 0.57 | 0.50 |

* Cases notified per 1,000 Registered Births.

Isolation Hospitals.

The following table gives particulars of the removal to hospital of cases of Smallpox, Scarlet Fever, Diphtheria and Enteric Fever during 1931. Columns 26 to 29 of table folded in after page 30 show the removals for each district:—

| | Total cases notified. | Cases removed to Hospital. | |
|-----------------------|-----------------------|----------------------------|-------------|
| | | Number. | Percentage. |
| Smallpox | 146 | 146 | 100.0 |
| Scarlet Fever | 2952 | 2620 | 88.7 |
| Diphtheria | 1537 | 1408 | 91.6 |
| Enteric Fever | 95 | 75 | 78.9 |
| Total for 1931 | 4730 | 4249 | 89.8 |

CEREBRO-SPINAL FEVER.

This disease, an acute infection of the brain and spinal cord, caused by entrance of a specific germ, has been sporadic in many parts of England for some time, but it would seem that the West Riding of Yorkshire has been unfortunate in being selected for one of the most serious epidemics of recent years. As was mentioned in my Report of last year, the epidemic which was responsible for 115 cases notified in 1930, increased very considerably both in intensity and distribution in 1931, and the total cases notified in the Administrative Area during the year numbered 608. Of this number 420 occurred during the first half of the year, and the remainder, 188, were notified during the second half year, when the disease appeared to be waning most hopefully but with few exacerbations. Unfortunately the outbreak is not yet at an end, and during 1932—January to 31st March, some 117 cases, and April to June, 129 cases, have been notified.

As it was quite impossible to obtain the treatment of many cases in the hospitals attached to the areas in which the patients resided, the medical superintendents of those hospitals which had borne the first attacks placed their available accommodation unreservedly at the disposal of the County Medical Officer. By this means it was possible to provide in the majority of cases for immediate and adequate treatment, for not only were these institutions already in possession of the necessary equipment, accommodation and staff, but their medical superintendents had gained valuable experience in dealing with the disease—a matter of vital importance in handling a disease such as this, in which expert knowledge and practice are essential.

The hospitals above referred to were those belonging to Hemsworth Urban and Rural Joint Hospital Committee; Doncaster and Mexborough Joint Hospital Board; Rawmarsh Isolation Hospital Committee; Wath, Swinton and District Joint Hospital Board, and the South Rotherham, Kiveton Park, etc., Isolation Hospital Committee, and at these five hospitals 502 cases were admitted during the year. The appended table gives details of these admissions and the districts concerned:—

TABLE SHOWING ISOLATION HOSPITALS AT WHICH CASES OF CEREBRO-SPINAL FEVER, OCCURRING IN THE VARIOUS SANITARY DISTRICTS, WERE TREATED DURING THE YEAR, 1931.

| Name of Hospital | Districts | No. of cases admitted |
|---|------------------|-----------------------|
| HEMSWORTH URBAN AND RURAL. (Brierley) | Hemsworth U. | 32 |
| | Wombwell | 9 |
| | Dodworth | 1 |
| | Hemsworth R. | 81 |
| | Cudworth | 1 |
| | Wakefield R. | 3 |
| | Penistone R. | 1 |
| | <u>Total</u> | <u>128</u> |
| WATH, SWINTON AND DISTRICT. (Wath Wood) | Bolton-on-Dearne | 12 |
| | Greasbrough | 5 |
| | Hoyland Nether | 3 |
| | Maltby | 11 |
| | Swinton | 7 |
| | Wath-on-Dearne | 8 |
| | Rotherham R. | 21 |
| | <u>Total</u> | <u>67</u> |
| DONCASTER AND MEXBOROUGH (Conisbrough) | Bentley-w-Arksey | 11 |
| | Thurnscoe | 24 |
| | Doncaster R. | 75 |
| | Tickhill | 6 |
| | Conisbrough | 34 |
| | Thorne R. | 39 |
| | Mexbrough | 12 |
| | Adwick-le-Street | 19 |
| | <u>Total</u> | <u>220</u> |
| RAWMARSH ISOLATION (Rosehill) | Maltby | 21 |
| | Kiveton Park | 1 |
| | Rawmarsh | 15 |
| | Rotherham R. | 4 |
| | Doncaster R. | 1 |
| | <u>Total</u> | <u>42</u> |
| SOUTH ROTHERHAM, KIVETON PARK, ETC. (Swallownest) | Rotherham R. | 9 |
| | Maltby | 33 |
| | Kiveton Park R. | 3 |
| | <u>Total</u> | <u>45</u> |
| TO OTHER HOSPITALS | | 65 |
| Total Number of cases removed to hospital | | <u>567</u> |

Owing to the special nature of the disease, County Councils have been entrusted by the Public Health (Cerebro-Spinal Fever) Regulations, 1919, with the power of providing, or arranging for, the treatment of persons suffering or suspected to be suffering from Cerebro-Spinal Fever. In view of this, and of the character and severity of the attack in certain districts and the enormous burden which would fall on those districts, the County Council agreed to contribute generously towards the expenditure for hospital treatment, as well as paying the whole of the cost of providing special medical and nursing staff in the various isolation hospitals.

The County Medical Officer and his Assistants on the central staff, all of whom have fortunately had considerable experience in the diagnosis and modern treatment of this distressing malady, have been in constant touch with the districts affected and have been available for consultation and assistance at any time, and this has been taken advantage of very considerably by local medical officers of health and medical practitioners.

A stock of serum for treatment has been kept in the County Health Department and supplied to the hospitals and doctors on application. Well over 1,000 doses of concentrated serum have been issued in this way. The County Health Department has been in regular correspondence with the Ministry of Health and the makers of the serum, in order to ensure that the best serum was available for treating current cases. The County Laboratory Staff, which have had an exceptional burden thrown upon them by reason of examinations of Cerebro-Spinal fluids have, by their investigations and results, given valuable information to the officials at the Ministry.

With regard to preventive measures, as the infective germ is harboured in the throat and upper nasal passages of healthy persons, it is obvious that little can be done except recommending abundance of fresh air and ventilation, prevention of overcrowding and attendance to the throat and nose by spraying or inhalation.

With this in view, a circular letter to schools was issued by the Education Department with notes of advice prepared by the County Medical Officer, and the head teachers gave a series of talks to school children on hygiene and means of prevention. This advice it was hoped would permeate to the homes.

Regarding overcrowding, Dr. Dunne of Doncaster Rural District, makes an interesting observation in his Annual Report. He says "We are overcrowded in a wider sense than the term is used in connection with dwelling houses. We are overcrowded in our forms of amusement, both indoor and outdoor, in our way of travel by road and rail, in our occupation and education" and he asks, "Does the stress of modern education, its competition for scholarships, its collection of children by motors, its general rush tend to exhaust the nervous system and prepare an easy entry for this disease."

Cerebro-Spinal Fever is undoubtedly the most terrible menace to public health which has arisen since the war.

SMALLPOX.

One hundred and forty-six cases of smallpox occurred in the West Riding compared with 617 during the previous year. This diminished incidence was fortunate in view of the prevalence of other infectious diseases particularly cerebro-spinal fever.

Of the 146 cases, several small outbreaks were the cause. At Kiveton Park there were 44 cases, and 7 in Rotherham Rural adjacent. At Queensbury and Shelf there were 18 and 14 respectively. At Darton there were 42, and Barnsley Rural 1, and at Brighouse and Elland 9 and 3 respectively. The others were single cases at Goole, Hipperholme and Slaithwaite, while Bingley was responsible for 3, and Hoyland Nether 2. All the cases notified were of a mild type, treated in hospital, and the usual preventive measures at once applied. There were no deaths.

DIPHTHERIA AND ITS PREVENTION.

During the year a report was presented to the Education and Public Health Committees on the subject of Diphtheria, and as a result the County Council approved a scheme for introducing immunisation to combat the disease.

From the following table it will be seen that during the ten years 1922—31, there were 12,195 cases of diphtheria in the West Riding Administrative Area, and of these 962 died.

DIPHTHERIA.

WEST RIDING ADMINISTRATIVE AREA AND ENGLAND AND WALES.

| Year. | Number of Cases. | | Number of Deaths. | |
|--------|------------------|---------------------------|-------------------|---------------------------|
| | Eng. & Wales | West Riding Admin. County | Eng. & Wales | West Riding Admin. County |
| 1922 | 52,153 | 1,435 | 4,075 | 108 |
| 1923 | 40,009 | 1,148 | 2,722 | 67 |
| 1924 | 41,980 | 1,014 | 2,501 | 70 |
| 1925 | 47,720 | 981 | 2,774 | 75 |
| 1926 | 51,069 | 934 | 2,994 | 87 |
| 1927 | 52,011 | 877 | 2,732 | 62 |
| 1928 | 61,134 | 1,214 | 3,191 | 88 |
| 1929 | 62,774 | 1,328 | 3,446 | 117 |
| 1930 | 73,953 | 1,727 | 3,497 | 135 |
| 1931 | 50,236 | 1,537 | 2,673 | 153 |
| Totals | 533,039 | 12,195 | 30,605 | 962 |

The mortality from this disease for the whole of the country is also set out and it will be noted what a huge toll of deaths is exacted annually. This however is only part of the story for it must be remembered that among the survivors there is an appreciable number who are left with permanent complications and who are invalids for the rest of their lives. From a pecuniary point of view it is to be observed that the average patient suffering from diphtheria must stay in bed for approximately one month, and, including the long period of convalescence he cannot be certified as fit for school or work until two months have elapsed. Assuming that the hospital—or home—cost of a diphtheria patient is £2 per week for six weeks then the cost of maintenance of 500,000 (England and Wales) patients during the ten years would be £6,000,000. To this should be added:—

- (a) value (or cost) of days' work lost to the country (adults).
- (b) cost of patients who subsequently suffer from permanent invalidity.
- (c) cost to the country of 30,605 deaths.

It is now firmly established that diphtheria is one of the preventable diseases, and the larger municipalities (London, Liverpool, Birmingham, Glasgow) have been carrying out immunisation methods for a number of years.

To understand the process of immunisation it is necessary to be acquainted with a few facts concerning the nature of the disease.

Diphtheria is an acute infectious condition in which the infection is conveyed from person to person usually by means of the breath when in the ordinary act of breathing, or coughing or sneezing. The germ settles upon the throat setting up an acute ulceration, and the "toxins" or poisons of the germ gain entrance into the system, exert their deleterious action chiefly on nerve tissue, thus frequently setting up some form of paralysis.

Immunisation consists in the inoculation of small quantities of diphtheria-toxin which has been almost completely neutralised by antitoxin. The result of this inoculation of "toxoid-antitoxin" is the generation in the system of a defensive mechanism. (The same defensive mechanism is produced "naturally" with a number of infectious diseases whereby the first attack protects against subsequent infections, thus it is comparatively rare to hear of a person having suffered from measles twice).

The inoculation in no way resembles vaccination; it is almost painless, and it is rare to find any deleterious after effects. One inoculation per week is given for three weeks, and two to three months afterwards it is found that in at least 90% of cases the patient has been rendered immune. This ascertainment of immunity is possible by means of a simple test (The Schick Test) which is performed upon the skin of the individual. Within 48 hours of applying the test it is possible to say whether or not the patient is susceptible to diphtheria.

Children of early school age are the most prone to diphtheria, and indeed it is when they commence school and mix intimately with other children that infection is passed easily from one child (who may be a carrier) to a number of others, and so an epidemic originates. Thus the best results will be obtained from immunisation if applied to children between the ages 2 to 10 approximately.

Authorities which have put this protective measure into operation have usually done so through the medium of Child Welfare Centres and Schools. Not the least difficult part of the administration consists in the persuasion of parents of the necessity for them to have their children protected. The majority of fathers and mothers are obsessed with the idea that this trifling operation is analogous to vaccination and subject therefore to a similar degree of inconvenience. It is found that the sympathy and help of school masters and school mistresses are invaluable in surmounting parental objection.

The most satisfactory procedure to adopt in commencing operations is to establish an immunisation clinic at a school situate in an area where diphtheria is especially prevalent. Children attending the school are given a short pamphlet (setting out the dangers and prevention of diphtheria) to take home to their parents and the latter are requested to sign the acceptance form at the foot of the pamphlet if they desire their child to be immunised.

The effects of this particular measure will not be shown by an immediate reduction in the incidence and mortality from diphtheria, such a diminution will be gradual and will depend upon the popularity which immunisation obtains. It is known that the immunity conferred by the inoculation lasts a considerable number of years, certainly covering the period of school life, beyond this it is impossible to give a definite time limit. What is especially important however is that it is possible to give almost a definite guarantee that the child will never be a victim of diphtheria.

Treatment of Venereal Diseases.

DR. A. W. FREW.

Below is a list of the Venereal Diseases Treatment Centres giving the days and hours of attendance:—

| Name of Institution | Days and Hours of Attendance. | |
|---|--|--|
| | Men | Women and Children |
| Bradford St. Luke's Hospital | Monday and Saturday 9.30 a.m.; Tuesday, 6 p.m. | Monday, 5 to 7 p.m.; Tuesday, 3.30 to 5.30 p.m.; and Friday, 10 a.m. |
| Burnley Victoria Hospital | Monday, 10 to 11 a.m. and 5.30 to 6.30 p.m. | Friday, 11 to 12 noon and 5.30 to 6.30 p.m. |
| Dewsbury Infirmary | Monday, 3 to 5 p.m.; Thursday, 7 to 9 p.m. | Monday, 3 to 5 p.m.; Thursday, 7 to 9 p.m. |
| Doncaster Royal Infirmary | Tuesday, 4 to 6 p.m.; Friday, 9 to 11 a.m. and 4 to 6 p.m. | Monday, 4 to 6 p.m.; Friday, 2 to 4 p.m. |
| Goole, Bartholomew Hospital | Friday, 8 p.m. | Friday, 5 p.m. |
| Leeds General Infirmary | Monday to Friday (inclusive), 10 a.m. to noon, and 2 to 7 p.m.; Saturday, 10 a.m. to noon. | Monday, 1.30 to 3.0 p.m.; Thursday, 5.30 to 7 p.m. |
| Barnsley Clinic, Queen's Road | Thursday, 6 to 8 p.m.; Saturday, 3 to 5 p.m. | Thursday, 3 to 5 p.m. |
| Halifax Royal Infirmary | Thursday, 6 to 8 p.m. | Tuesday, 3.30 to 4.30 p.m. and 6 to 8 p.m. |
| Huddersfield Royal Infirmary | Tuesday, 6 to 8 p.m.; Thursday, 7 to 9 p.m. | Monday, 7 to 9 p.m.; Friday, 6 to 8 p.m. |
| Keighley Victoria Hospital | Tuesday, and Thursday, 7.30 to 8.30 p.m. | Tuesday and Thursday, 6 to 7 p.m. |
| Oldham Royal Infirmary | Tuesday, 7.30 p.m., and Wednesday, 7.30 p.m. | Monday, 7.30 p.m.; Tuesday, Wednesday, Thursday and Friday, 3 p.m. |
| York County Hospital | Monday, 3 to 4 p.m.; Thursday, 6 to 7 p.m.; Friday, 7.30 to 8.30 p.m. | Wednesday, 3 to 4 p.m.; Friday, 7 to 7.30 p.m. |
| Rotherham T.B. Dispensary, 12, Frederick Street | Tuesday, 9.30 a.m. and 6 p.m.; Wednesday, 6 p.m. | Thursday, 11 a.m. to 12 noon and 6 to 8 p.m. |
| Wakefield Clayton Hospital | Wednesday, 6 to 8 p.m.; Friday, 10 to 12 noon | Monday, 4 to 6 p.m.; Friday, 3 to 5 p.m. |
| Sheffield Jessop Hospital for Women | — | Tuesday and Thursday, 5 to 7.30 p.m. |
| Sheffield Children's Hospital | — | Wednesday, 2 to 4.30 p.m. |
| Sheffield Royal Hospital | Thursday 7 to 9 p.m.; Saturday 1.30 to 4.30 p.m. | Tuesday and Thursday, 10 a.m. to 1 p.m. |
| Sheffield Royal Infirmary | Mon. Tues. and Thur. 2 to 4 p.m.; Wed. 6 to 8.30 p.m.; Fri. 5.30 to 7.30 p.m. | Monday, Tuesday and Thursday, 2 to 4 p.m. |

The following is a table showing the Venereal Treatment Centres and the number of attendances, etc., during 1931:—

| Centre | No. of New Patients | No. of doses of Arseno-Benzene compounds | No. of In-patient Days | No. of Out-patient Attendances |
|---|---------------------|--|------------------------|--------------------------------|
| Bradford St. Luke's Hospital ... | 83 | 321 | 82 | 3420 |
| Burnley Victoria Hospital ... | 5 | 11 | — | 53 |
| Dewsbury Infirmary ... | 54 | 197 | 55 | 3114 |
| Doncaster Royal Infirmary ... | 227 | 388 | 232 | 9601 |
| Goole, Bartholomew Hospital ... | 39 | 62 | — | 569 |
| Leeds General Infirmary ... | 346 | 4194 | 2492 | 12779 |
| Barnsley Clinic, Queen's Road ... | 113 | 256 | — | 8433 |
| Halifax Royal Infirmary ... | 147 | 245 | 114 | 2237 |
| Huddersfield Royal Infirmary ... | 104 | 395 | 233 | 3666 |
| Keighley Victoria Hospital ... | 67 | 255 | — | 2259 |
| Oldham Royal Infirmary ... | 8 | 25 | — | 94 |
| York County Hospital ... | 17 | 87 | 14 | 567 |
| Rotherham T.B. Dispensary, 12, Frederick Street ... | 68 | 229 | — | 2732 |
| Wakefield Clayton Hospital ... | 212 | 898 | 238 | 5398 |
| | 1490 | 7563 | 3460 | 54922 |

The following table gives an analysis of the combined returns of treatment centres for the year 1931, compared with previous years:—

| Year | New Patients | Doses of Arsenobenzene Compounds | In-patient Days | Out-patient Attendances |
|------|--------------|----------------------------------|-----------------|-------------------------|
| 1926 | 1417 | 6392 | 1381 | 47369 |
| 1927 | 1446 | 6775 | 1083 | 44828 |
| 1928 | 1632 | 6426 | 1409 | 53068 |
| 1929 | 1543 | 6397 | 1226 | 55092 |
| 1930 | 1538 | 6257 | 3115 | 54468 |
| 1931 | 1490 | 7563 | 3460 | 54922 |

These tables show how comparatively slight the variation is from year to year taking the West Riding as a whole. Even the In-patient days, which are always a fluctuating quantity, do not vary excessively.

As given in last year's Report, the In-patient figures include patients treated at the Hope Hospital, Leeds, and in some cases mean mother and new-born babe. 2,410 days of the 3,460 are accounted for here.

This hospital or hostel is used by the Leeds Venereal Diseases Clinic for In-patient treatment, but by agreement with the West Riding County Council, it also takes cases referred to them by rescue workers and other bodies, the County Council accepting responsibility for all cases from their administrative area when notified of their admission. Maternity cases infected with Venereal Disease are also dealt with here, and mother and child retained until a cure is effected, or in the case of syphilis, until the patients are rendered non-infective and able to commence attendance at the nearest Venereal Diseases Centre.

A further table shows an analysis of all new patients treated during 1931 from every locality in the County, excluding Sheffield.

| Syphilis | | Soft Chancre | | Gonorrhoea | | Total | | Non-Venereal Diseases | |
|----------|-----|--------------|----|------------|-----|-------|-----|-----------------------|-----|
| M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| 806 | 556 | 11 | — | 1601 | 389 | 2418 | 945 | 1015 | 498 |

Any comment on this table can only be the slight increase in the number of females attending for treatment of syphilis. This may be accounted for by the increasing vigilance of medical officers of Child Welfare and Ante-natal Clinics, who to a greater degree are referring suspected cases for observation and the necessary treatment.

Midwives too in the area have been given lectures on the obvious signs of venereal diseases, and advised to notify their suspicions and have investigation made.

As might be expected, greater difficulty has been experienced in persuading many patients who live at some distance to continue regular attendance, owing to unemployment and shortage of cash for transport, but to a great extent this is overcome by the Department paying fares in necessitous cases. When on investigation necessity is proved, the fares are paid to the nearest clinic until cure is certified by the medical officer, or employment removes the necessity. This entails a considerable amount of clerical work, but is essential if the best results are to be derived from the scheme.

General practitioners who are approved in accordance with the requirements of the Ministry of Health to receive Arsenobenzene Compounds now number 81. The number of doses supplied during the year was 953. Many of these practitioners in outlying areas keep in touch with the clinics or with the County Department and send their patients occasionally to the clinics for observation. It has also been possible to refer patients to them from the clinics for treatment when the distance has made it almost impossible for regular attendance. This practice has been found very useful in the treatment of gonorrhoea, the local practitioner keeping the patient under observation and sending him or her at intervals to the clinic for tests.

HOUSING AND GENERAL SANITARY MATTERS.

A. BROOK—Chief County Sanitary Inspector.

This matter still continues to exercise the minds of many Sanitary Authorities in the Riding. As was shown in the Report for the year 1930, it was estimated that up to the end of that year, to meet all demands arising, namely to provide for increase of population; to re-house the occupants of unfit houses; to abate overcrowding, and to re-house persons living in unhealthy areas, 80,000 houses should have been provided in the West Riding Administrative Area, since 1919. The number actually built in that period approximated 70,000.

During 1931, the new houses built totalled 4576, so that assuming that 5,000 new houses are required to meet all yearly demands (this was pre-war rate of building) there would still appear to be a shortage of about 10,000 houses.

The erection of houses during the past four years is shown by the Table below:—

| Year | 1928 | 1929 | 1930 | 1931 |
|--|-------|-------|-------|-------|
| By Local Authorities and Private enterprise under assisted schemes | 3474 | 4496 | 1316 | 1851 |
| Unassisted | 1035* | 1082* | 1977* | 2725* |
| Totals | 4509 | 5578 | 3293 | 4576 |

*Figures for 12 months ended September 30th each year.

It will be seen that there is a decided increase over 1930 both in the number of houses provided with and without State assistance, and the continued increase in the number of houses erected without State assistance is a very gratifying feature of these figures.

In a proportion of districts within the county area there still appears to be a demand for houses, but the demand appears to be chiefly for a house that can be let at a low rental to meet the needs of the lower paid portion of the community.

In regard to the houses erected since the War under State Assisted schemes, the fact now seems clearly to emerge, that to a certain extent at any rate these have not provided accommodation for one particular class of the community, whose needs are perhaps as urgent as any, namely, the lower paid worker.

In the West Riding generally, housing conditions are improving year by year, the districts reporting an excess of overcrowding or shortage of houses generally growing less and less.

In the 119 urban districts in the County Area in 1931, only 12 definitely stated that there was any great amount of overcrowding and 3 any general shortage of houses. Seven other districts said a little overcrowding existed, 4 said overcrowding generally was decreasing.

With regard to the housing conditions in the 28 rural districts in the Riding, the position is perhaps best shown by the following Table, which is a summary of returns furnished by the Rural Authorities.

Administrative County of the West Riding of Yorkshire.

Rural Housing.

Summary of Returns received from Rural Districts in the West Riding, in 1931.

| Rural District of | No. of houses known to be unfit for human habitation or otherwise requiring to be demolished | | Estimated No. of houses required to meet overcrowding | | Estimated No. of houses required to meet normal expansion of population or industry during the year ended 31st March, 1932 | | Total No. of houses approved by Minister but not completed | | Total No. of Houses contemplated for erection in the year ended 31st March, 1932, but not yet approved by Minister | | Scope for action under the Housing (Rural) Workers Act, 1926 |
|-------------------|--|--|---|--|--|--|--|--|--|--|--|
| | Occupied by persons engaged in agricultural employment | Occupied by other persons of the working classes | For persons engaged in agricultural employment | For other persons of the working classes | For persons engaged in agricultural employment | For other persons of the working classes | For persons engaged in agricultural employment | For other persons of the working classes | For persons engaged in agricultural employment | For other persons of the working classes | |
| Barnsley .. | — | 7 | — | — | — | — | — | — | — | — | — |
| Bisphophorpe .. | 1 | 2 | 3 | — | — | — | — | — | — | — | — |
| Bowland .. | — | — | — | — | — | — | — | — | — | — | — |
| Doncaster .. | — | 7 | — | — | — | — | — | 50 | — | — | — |
| Goole .. | 25 | — | — | — | — | — | 16 | — | — | — | — |
| Gt. Ouseburn .. | 53 | 69 | 11 | 31 | — | — | 25 | 10 | 16 | — | 39 |
| Halifax .. | — | 10 | — | 2 | — | — | — | — | — | — | — |
| Hemsworth .. | 6 | 44 | 1 | 1 | — | — | — | — | — | — | — |
| Hunslet .. | — | 1 | — | 50 | — | 100 | — | — | — | — | — |
| Keighley .. | — | 1 | — | — | — | — | — | — | — | — | — |
| Kiveton Park .. | 5 | 40 | 3 | 11 | — | — | — | — | — | — | — |
| Knaresborough .. | — | 44 | 4 | 2 | — | — | — | — | — | — | 18 |
| Pateley Bridge .. | — | 8 | — | — | — | — | — | — | — | — | 23 |
| Penistone .. | 1 | 12 | — | 47 | — | 16 | — | — | — | — | — |
| Pontefract .. | — | 144 | — | 230 | — | 50 | — | 10 | — | 150 | 10 |
| Ripon .. | 4 | 4 | — | — | — | — | — | — | — | — | — |
| Rotherham .. | — | 110 | — | 255 | — | 216 | — | 100 | — | — | — |
| Sedburgh .. | 5 | 25 | — | — | — | — | — | 3 | — | — | 40 |
| Selby .. | 42 | — | 34 | — | — | — | — | — | — | — | — |
| Settle .. | — | 8 | — | — | — | — | — | — | — | 21 | — |
| Skipton .. | 5 | 28 | — | 5 | 9 | 10 | — | — | — | 2 | — |
| Tadcaster .. | 41 | 165 | — | — | — | 116 | — | 128 | — | — | — |
| Thorne .. | — | 24 | — | — | — | — | — | 200 | — | — | — |
| Tosmonden .. | — | — | 3 | 9 | — | — | — | — | — | — | — |
| Wakefield .. | 4 | 155 | 1 | 194 | — | 137 | — | 166 | — | 96 | — |
| Wetherby .. | — | 38 | — | 68 | — | — | — | 14 | — | 84 | — |
| Wharfedale .. | — | 1 | — | — | — | — | — | 152 | — | — | — |
| Wortley .. | 5 | 75 | — | 96 | — | — | — | — | — | — | — |
| Totals | 197 | 1022 | 60 | 1001 | 9 | 653 | 41 | 833 | 16 | 353 | 130 |

In some of the rural areas, very old houses exist, a number of which have really reached the end of their usefulness, and are in need of continual repair to keep them at all habitable, whilst in other districts, many of the houses though old have been well cared for and can still be considered as comfortable houses, though naturally not containing all the amenities one finds in the more modern dwelling. But in dealing with the former it has to be borne in mind that chiefly they are let at extremely low rentals, and could not be replaced with houses that could be let at anywhere near their rents, and further, although these houses do not afford all the conveniences of the modern house, undoubtedly they help to meet an existing demand, which at the present could not be otherwise met.

During the year, the inspectorial staff of the department have not been able, on account of other urgent demands on their time, to devote that amount of time to Housing, that one would desire, the following work was, however, accomplished:—

Survey of Housing Conditions.

Flockton U.D.

Thurlstone U.D.

Brotherton parish - Pontefract R.D.

Ingleton parish - Settle R.D.

Re-survey of Housing Conditions.

Hoyland Nether U.D.

Skelmanthorpe U.D.

Worsborough U.D.

Silkstone, Cawthorne, High Hoyland - Penistone R.D.

Investigations re Insanitary or Defective Houses.

Garforth U.D.

Knottingley U.D.

Carlton - Barnsley R.D.

Ministry of Health Inquiries.

Selby U.D.—re clearance area.

Elland U.D.—appeal against refusal to determine closing order.

Tadcaster R.D.—re clearance area, Kippax.

Pontefract R.D.—four clearance areas, Ferrybridge.

Housing Statistics.

Summary of Housing Work showing the action taken under the provisions of the Housing Act, 1925; the Housing Act, 1930, and the Housing Consolidated Regulations, 1925, or matters arising therefrom.

| | Urban Districts | Rural Districts | Totals |
|---|-----------------|-----------------|--------|
| 1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR. | | | |
| (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) | 16697 | 7374 | 24071 |
| (2) Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925 | 7023 | 4466 | 11489 |
| (3) Total number of inspections made | 29221 | 8909 | 38130 |
| (4) Number of dwelling-houses needing further action | 8379 | 3444 | 11823 |
| (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation | 768 | 397 | 1165 |
| (b) Number (excluding those in sub-head (a) above, found not to be in all respects reasonably fit for human habitation | 7611 | 3047 | 10658 |
| <i>Totals of (4)—(a) and (b) equal figure given for (4).</i> | | | |
| 2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES. | | | |
| No of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers | 6793 | 1609 | 8402 |
| 3.—ACTION UNDER STATUTORY POWERS DURING THE YEAR. | | | |
| A. Proceedings under sections 17, 18, 23, Housing Act, 1930. | | | |
| (1) No. of dwelling-houses in respect of which notices were served requiring repairs | 904 | 677 | 1581 |
| (2) No. of dwelling-houses which were rendered fit after service of formal notices | 699 | 480 | 1179 |
| (a) By owners | 663 | 480 | 1143 |
| (b) By Local Authority in default of owners | 36 | — | 36 |
| B. Proceedings under Public Health Acts:— | | | |
| (1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied | 1903 | 1248 | 3151 |
| (2) No. of dwelling-houses in which defects were remedied after service of formal notices | 1889 | 1106 | 2995 |
| (a) By owners | 1620 | 1067 | 2687 |
| (b) By Local Authority in default of owners | 269 | 39 | 308 |
| C. Proceedings under Sections 19 and 21 of the Housing Act, 1930:— | | | |
| (1) No. of representations, etc., made in respect of dwelling-houses unfit for habitation | 291 | 192 | 483 |
| (2) No. of dwelling-houses in respect of which Demolition Orders were made | 86 | 66 | 152 |
| (3) No. of dwelling-houses demolished in pursuance of Demolition Orders | 77 | 10 | 87 |
| (4) No. of dwelling-houses in respect of which undertakings were accepted from owners—Section 19 (2) | 251 | 54 | 305 |
| (a) To render houses fit for human habitation | 219 | 29 | 248 |
| (b) As to usage other than for human habitation | 32 | 25 | 57 |
| D. Proceedings under Section 20 of the Housing Act, 1930:— | | | |
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 32 | 4 | 36 |
| (2) Number of separate tenements or underground rooms closed in pursuance of Closing Orders | 15 | 4 | 19 |
| (3) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit | 2 | — | 2 |
| E. Outstanding houses dealt with during 1931 under the Housing Act, 1925:— | | | |

NOTE:—Sections 11 to 15 of the Housing Act 1925 have been repealed by the Housing Act 1930 but the proviso to Section 64 of the 1930 Act continues in force any Closing Orders and Demolition Orders made before the Housing Act 1930 came into operation, viz:— 15th August 1930, and Houses subject to these Orders must continue to be dealt with under the relative provisions of the Act of 1925.

| | | | |
|--|-----|----|-----|
| (1) No. of dwelling-houses in respect of which Closing Orders were outstanding | 309 | 96 | 405 |
| (2) No. of above houses in respect of which Closing Orders were determined, houses having been made fit | 17 | 19 | 36 |
| (3) No. of above dwelling-houses in respect of which Demolition Orders were made | 59 | 38 | 97 |
| (4) No. of above dwelling-houses demolished in pursuance of Demolition Orders | 55 | 10 | 65 |

NOTE:—The above statement is compiled from Returns furnished by the Medical Officers of Health of the Sanitary Authorities throughout the Administrative County.

CLEARANCE AND IMPROVEMENT AREAS.

The following are extracts from annual reports in connection with the above :-

Clearance Areas.

Hoyland Nether Urban.

"Four houses at the rear of the Town Hall known as 2 and 4 Dickcroft and "1 and 3 George St., were declared a clearance area but the Ministry of Health "would not sanction any further action as the Local Authority were the owners. "These houses have now to be demolished."

Pontefract M.B.

"Three Areas have been declared."

- (a) North Baileygate No. 1 7 houses, 32 persons.
- (b) North Baileygate No. 2. 14 houses, 67 persons.
- (c) Lemon Alley. 20 houses, 78 persons."

Pudsey M.B.

"Area known as Nos. 51, 53, 55, 57 and 39A, Delph Hill, submitted to "Ministry and under consideration."

Selby Urban.

"A public enquiry was held on the 14th May by the Ministry of Health into "an application by the Urban District to declare the area known locally as "Clarkson's Yard' a clearance area, and intimation has since been received that "the Minister assents.

"The details of the area are as follows :—

| | |
|-----------------------------|---------------------------------|
| "Number of Houses | 7 |
| "Population to be displaced | Adults 21 } 39 Children 18 } |
| "Area | 167½ sq. yds." |

Shipley U.D.

"One area has been declared a clearance area under Part I of the Housing "Act, 1930."

x x x x x x x x

"The area includes 97 buildings made up of 90 houses (including 5 houses "and shops) and 7 lock-up shops."

"The population of the area was 293 persons."

"An inquiry by an Inspector of the Ministry of Health was held for confirm- "ation of the Order on the 15th and 16th September, 1931."

"At the end of 1931 the confirmation of the Order continued to be subject of "negotiations between the Ministry, the Council, and the Owners."

Pontefract R.D.

".....Clearance Areas have been declared in three parishes. At Ferrybridge "four areas were declared as follows:—Ranter Row, 12 houses; Broughton's "Yard, 5 houses; Fishergate West, 8 houses; Willow Tree Yard, 10 houses. "Clearance Orders were made and were in all cases opposed. The Minister of "Health held an inquiry at Ferrybridge on the 8th and 9th December, and at "the time of making this Report it has been officially intimated that the Minister "intends confirming the Clearance Orders in respect of all the houses except two "at Willow Tree Yard....."

"At Brotherton five Clearance Areas were declared:—Low Street, 7 houses; Cross Hill, 2 houses; Gauk Green, 5 houses; Taylor Yard, 4 houses; and Jackson's "Yard 6 houses....."

"At the end of the year three Clearance Areas were also declared at Whitley :— "Abbey Place 2 houses; Gravel Lane, 5 houses; Thompson's Buildings 3 houses."

Tadcaster R.D.

| | |
|--|---|
| "Kippax, Church Lane | 22 houses; Population 73 |
| " " Holmfield Lane | 8 " " 36 |
| "Minister of Health Inquiry | 15th October, 1931. |
| "Clearance Order confirmed | 23rd December, 1931. |

Improvement Areas.

Goole R.D.

"An improvement area has been declared in the parish of Swinefleet. It is proposed to demolish 19 houses (7 of these are unoccupied and derelict) and to build 12 houses to re-house the persons displaced. Several obstructive buildings are also scheduled for demolition."

Tadcaster R.D.

| | | | | |
|---|-------------------|-----|--------------------|------|
| "Sherburn-in-Elmet. Chapel Yard Improvement Area. | | | | |
| "Total No. of dwelling-houses in Improvement area | ... | ... | ... | = 21 |
| " " other buildings | " | ... | ... | = 2 |
| " " occupied dwelling-houses | " | ... | ... | = 18 |
| " " dealt with under Section 19 Housing Act, 1930 | ... | ... | ... | = 8 |
| "Total population, 74. | | | | |
| | Males over 12=23. | | Females over 12=22 | |
| | " under 12=15. | | " under 12=14 | |
| "Population displaced by scheme | ... | ... | ... | = 19 |

HOUSING (RURAL WORKERS) ACTS, 1926 AND 1931.

Since the above Acts came into operation, applications have been received from 25 owners, etc., covering 53 houses.

In 15 cases comprising 31 houses, the applications were favourably considered, and up to the end of the year 1931 24 premises have been reconditioned, at a cost to the County Council of £2351 11s. 2d. From the above it will be seen that the opportunities offered have not been taken advantage of to any great extent, and this is to be deplored.

More might perhaps have been done if Local Authorities and/or their Officers had given more prominence to the provisions contained in the above Acts, and the assistance afforded thereunder, and perhaps in the future they will take every opportunity of bringing these provisions before owners of the appropriate class of property in their areas.

Smoke Observations.

It is pleasing to be able to report that more and more Local Authorities are adopting the Bye-law under the Public Health (Smoke Abatement) Act, 1926. This action not only strengthens the hands of their Officers, but it will tend to bring about uniformity in dealing with the emission of black smoke, and remove that feeling of unfairness which has existed in the minds of some plant owners, owing to the fact that in one district a bye-law is in force limiting emission of black smoke to 2 or 3 minutes per half hour, whereas in an adjacent district no bye-law exists and usually a much greater emission is tolerated.

During the year the County Inspectors continued the practice of taking observations of chimneys (other than those of private dwelling houses) in various parts of the county area. Such observations were practically always taken in company with the Local Sanitary Inspectors, and in all instances the results were forwarded to the Local Authorities concerned.

The table which follows, shows that 113 observations were taken in 16 different Sanitary districts. In 8 of these districts the observations revealed no cause for complaint, but in the other 8 areas, out of 70 observations recorded, 23 showed emission of black smoke varying from minimum of 2.5* minutes to a maximum of 17 minutes per half hour of observation, the average emission of these 23 observations being 7.95 minutes. The emission of black smoke to such an extent is neither necessary nor satisfactory, and should not be tolerated either by the "plant" owners or the Local Authorities concerned.

The whole of the 113 observations taken, gave an average emission of black smoke of 2.11 minutes per observation, and this in spite of the fact that in 52 observations, no black smoke was recorded.

*In this case the limit laid down by the Bye-law was 2.0 minutes.

From these figures it would appear that in parts of the West Riding at any rate the lesson has not been driven home that "black smoke means wasted money."

SMOKE OBSERVATIONS TAKEN BY THE COUNTY INSPECTORS IN 1931.

| No. of Observations taken in each District | Is Bye-law in force? | Observations showing an excessive emission of black smoke | | | | Number of observations showing | | Average amount of black smoke per observation |
|--|----------------------|---|------------------|------------------|---------|---------------------------------|----------------|---|
| | | Number | Maximum Emission | Minimum Emission | Average | Black smoke of 3 mins. or under | No black smoke | |
| | | | Minutes | Minutes | Minutes | | | Minutes |
| 8 | yes | 2 | 11.5 | 3.5 | 7.5 | 2 | 4 | 2.3 |
| 9 | yes | 2 | 4.5 | 2.5 | 3.5 | 2 | 5 | 0.93 |
| 14 | no | 9 | 15.0 | 3.5 | 8.27 | 4 | 1 | 6.0 |
| 4 | yes | 1 | 7.5 | 7.5 | 7.5 | 1 | 2 | 2.25 |
| 5 | yes | — | — | — | — | 4 | 1 | 1.0 |
| 3 | yes | — | — | — | — | 3 | — | 1.66 |
| 5 | yes | 1 | 14.0 | 14.0 | 14.0 | 1 | 3 | 3.2 |
| 3 | yes | — | — | — | — | — | 3 | 0.0 |
| 8 | — | — | — | — | — | 3 | 5 | 0.375 |
| 8 | yes | 2 | 17.0 | 6.0 | 11.5 | 2 | 4 | 3.1 |
| 2 | yes | — | — | — | — | — | 2 | 0.0 |
| 7 | yes | — | — | — | — | 4 | 3 | 0.71 |
| 12 | — | 2 | 4.0 | 3.5 | 3.75 | 4 | 6 | 1.25 |
| 10 | — | 4 | 13.0 | 5.0 | 8.625 | 1 | 5 | 3.55 |
| 13 | — | — | — | — | — | 5 | 8 | 0.31 |
| 2 | yes | — | — | — | — | 2 | — | 2.375 |
| 113 | | 23 | — | — | 7.95 | 38 | 52 | 2.108 |

*Limits for these districts is two minutes in 30 minutes.

Drainage, Sewerage and Sewage Disposal.

It is satisfactory to note that improvements and extensions in connection with the above are still being effected in various parts of the Riding. The reports received from the various Sanitary Authorities show that these important matters are receiving constant consideration and attention, by the improvement of unsatisfactory or inadequate sewage disposal works and extensions or reconstruction of sewers.

During the year the attention of the Department has been directed to the following places where conditions necessitated inquiry or investigation regarding drainage or sewage matters.

Urban Districts.

Denby and Cumberworth
Drighlington
Honley
Penistone
Wombwell

Rural Districts.

Doncaster (Norton)
Kiveton Park (Harthill)
Pontefract (Brotherton)
Wakefield (Warmfield-cum-Heath)
Wharfedale (Hawksworth and Pool)

The Department was represented at Inquiries held by the Ministry of Health into applications for sanctions for loans in connection with works of sewerage or sewage disposal in the following areas:—

Urban.

Castleford
Horbury
Rawdon
Selby
Skelmanthorpe

Rural.

Bishopthorpe (Bishopthorpe)
Doncaster (Askern)
Great Ouseburn (Acomb)
Hemsworth (Brierley)
Knaresborough (Scriven)
Skipton (Grassington, Linton, Threshfield)
Wortley (Bradfield, Ecclesfield, Chapeltown)

Water Supplies.

During the year under review this question was not so much to the fore as in 1930 and in only 7 areas was it necessary for investigations to be made by Officers of this Department, viz.: 4 in urban and 3 in rural districts.

In connection with enquiries or investigations in regard to other matters, the water supply to isolated houses or groups of houses, from wells, springs, etc., has been examined bacteriologically in several instances, and where necessary the results of these examinations are communicated to the Sanitary Authority concerned for information and any action that may be necessary.

The Department was represented at Inquiries held by the Ministry of Health into applications for loans in connection with water supplies as under:—

Dearne Valley Water Board; Doncaster and Tickhill Joint Water Board; Great Ouseburn R. D. (Boroughbridge, etc.); Keighley R. D. (East and West Morton); Selby R.D. (Barlow, Camblesforth, Carlton, Chapel Haddlesey, Drax, Hirst Courtney, Temple Hirst, West Haddlesey); Wakefield R.D. (Crigglestone and Sharlston).

Owing to pressure of other work, the usual investigation into plumbo-solvent quality of the water supplies in the Riding was unable to be carried out during 1931.

Collection and Disposal of Refuse.

This is a matter which now receives much more attention at the hands of Sanitary Authorities and their Officers than was the case one or two decades ago. The public generally expect, and rightly so, a frequent and prompt removal of refuse from the vicinity of their houses, and it is believed that in the West Riding, as a whole, this service is efficiently rendered in practically all instances where Local Authorities are responsible for the work.

The disposal of the refuse collected is on the whole satisfactory. In some cases destructors or salvage plants operate, in others, where suitable sites are available, tipping on the controlled system is practised. "Crude" tipping still continues in places.

During 1931 the Department made investigations re scavenging at:—

Austerfield (Doncaster R. D.); Hampsthwaite (Knaresborough R. D.) Brotherton (Pontefract R. D.); Swillington (Tadcaster R. D.) and Pool (Wharfedale R. D.).

Refuse tips were visited at:—

Knaresborough U. D., Mexborough U. D., Rawdon U. D. and Shelley U. D.; Snaith and Cowick (Goole R. D.), Silkstone (Penistone R. D.) and Huby (Wetherby R. D.).

It is again desired to point out to all Sanitary Authorities who dispose of refuse by "tipping" the advantages of adopting the "controlled" system where possible. This method reduces to a minimum the nuisances usually associated with refuse tips, including offensive smells, risk of fire, etc., and discourages to a large degree the activities of the "tatter" who can make himself a first class nuisance by "raking over" tips in search of articles such as old iron, bottles, rags, etc. The "controlled" system of tipping is naturally more expensive to operate than "crude or indiscriminate tipping, but the advantages accruing more than counterbalance this.

With regard to scavenging in the administrative area of the County Council, the following table is of interest, showing as it does, what is done in the 147 Sanitary Districts.

| | Urban Districts | Rural Districts |
|---|-----------------|-----------------|
| Public scavenging in operation over whole area ... | 111 | 6 |
| Public scavenging adopted in part or for portions of area ... | 4 | 21 |
| No public scavenging ... | 4 | 1 |
| Totals ... | 119 | 28 |

Sanitary Accommodation.

The table given in last year's (1930) Annual Report showing the percentage of closets on the water carriage and conservancy systems respectively in the Administrative area of the West Riding is repeated below, together with the figures for 1931.

| | Urban Areas | | Rural Areas | |
|------------------------------|-------------|-------|-------------|-------|
| | 1930 | 1931 | 1930 | 1931 |
| Water carriage system | 83·93 | 86·98 | 59·84 | 62·15 |
| Conservancy system | 16·07 | 13·02 | 40·16 | 37·85 |

It will be noted that progress is being made in this matter, and although it is slow, it must be recognised that in most of the districts where privies remain many are in areas where at present sewers and water supplies are not available for their conversion to water closets, and it is only as circumstances demand and permit the provision of these services that these closets can be replaced by water closets.

Taken on the whole however, and giving due consideration to all the conditions which prevail, the Sanitary Authorities in the Riding can generally be congratulated on the good work which they have, and are carrying out in this connection. During the year inquiry or investigation was made by the Department regarding the closet accommodation in 12 urban and 2 rural districts.

Conferences with Local Sanitary Inspectors.

Co-operation between the Department and the local Sanitary Inspectors in the Riding has continued during 1931, as in the past, generally for the purpose of advising and giving support in matters of local sanitary administration.

During the year under review conferences took place with the Inspectors of 21 sanitary districts.

Poisons and Pharmacy Act, 1908.

At the commencement of 1931 there were 21 persons holding licences under the above Act, and in addition 7 others held licences as assistants.

During the year two further applications for licences were received, both of which were refused, and at the end of 1931, the above numbers remained unchanged.

The premises of licencees are visited as occasion demands.

Milk Supplies.

Milk (Special Designations) Order 1923.

At the end of 1930 there were in the Administrative area of the West Riding 25 persons licensed by the County Council to use the designation Grade "A" milk. In regard to one, however, the licensee allowed his licence to lapse at end of 1930 and in one other case the licence was revoked in November, 1931, in consequence of the milk being consistently below the requisite standard. In another case the occupancy of the premises concerned changed hands during the year, but the licence was continued. Two additional licences were issued during 1931, so that at the end of the year, there were still 25 licences in force.

Regular inspections of licensees' premises have been made; methods of production watched, and the milk and herd registers checked. The regular sampling of the milk supplies has been continued. Of a total of 157* samples examined during the year 134, or 85·35% were up to the required standard, a slight improvement on the figure for 1930, namely 82·81%. In the case of the 23 samples which did not comply with the standard laid down by the Order, special visits were made to premises, advice given, etc., and in one instance as above reported the licence was revoked.

*This figure will not agree with the figure in Table on page 68 as in certain instances Grade "A" school milks are included.

Generally, it has been found that licensees are willing and anxious to do everything possible to comply with the Order both in the spirit and word.

There is no doubt that the Milk (Special Designations) Order, 1923 has made its influence felt throughout the entire trade. A general advance has taken place as regards the conditions under which cows are kept, and milk produced and handled, though much still remains to be done before an entirely satisfactory report can be made.

Milk and Dairies (Consolidation) Act, 1915.

Statutory notifications under Section 4 of the above Act have been received from Medical Officers of Health regarding milk sent into their districts stating that there is reason to suspect that tuberculosis is likely to be caused by consumption of the milk. 54 notifications respecting 59 farms were received. On receipt of a notification arrangements are made forthwith with the Chief Veterinary Officer, who institutes an early examination of the milk-producing animals on the farm. Samples of milk are collected from the cows showing suspicious signs of the disease and group samples are taken from the remainder of the herd for examination in the County Laboratory. Where tubercle bacilli are discovered, arrangements are made by the Veterinary Department for the slaughter of the affected animals.

Notifications were received during the year from Bradford (6), Huddersfield (6), Leeds (1), Rotherham (4), Salford (2), Sheffield (25), York (1), Bolton-on-Deane (1), Harrogate (2), Hoyland Nether (1), Thurnscoe (1), Rotherham R.D. (3), and Lancashire C.C. (1).

Supply of Milk to School Children.

This scheme introduced towards the latter part of 1929, for distribution of liquid milk in one-third pint bottles to school children still continues, and it is gratifying to observe that the consumption of the milk is increasing, though slowly.

During the 12 months ended December, 1931 the total bottles issued amounted to 9,289,678 as compared with 9,021,251 for the year 1930.

In accordance with the established practice, contractors' premises and equipment must be up to a standard that can be approved by this department, and by frequent visits and revisits by the Inspectorial Staff, the importance of cleanliness in methods of production and handling of the milk is impressed upon the Contractors.

Further, samples of the milk as delivered to the schools, are regularly obtained, and submitted for bacteriological examination and chemical analysis.

During the year under review, 238 samples of school milk were submitted for bacteriological examination and the statement below, gives in a concise form the results of such examinations.

| *Designation of Milk | Samples taken | Satisfactory | | Unsatisfactory | |
|----------------------|---------------|--------------|---------------------|----------------|---------------------|
| | | Number | Percentage of whole | Number | Percentage of whole |
| Certified | 4 | 4 | 100·0 | — | — |
| Grade "A" | 43 | 37 | 86·0 | 6 | 14·0 |
| Pasteurised | 35 | 12 | 34·3 | 23 | 65·7 |
| Ordinary | 156 | 109 | 69·9 | 47 | 30·1 |
| Total | 238 | 162 | 68·1 | 76 | 31·9 |

*The standards adopted for school milk are as under:—

Certified.—Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Grade A (Tuberculin Tested).—Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade A.—Not to contain more than 200,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Grade A (Pasteurised).—Not to contain more than 30,000 bacteria per c.c., or any coliform bacilli in 1/10 c.c.

Pasteurised.—Not to contain more than 100,000 bacteria per c.c., or any coliform bacilli in 1/100 c.c.

Other Milk.—Not to contain more than 300,000 bacteria per c.c., or any coliform bacilli in 1/1000 c.c.

Comparing the results with those of 1930, the certified supply shows no change; in the Grade "A" supplies, there is an improvement equal to 2% more satisfactory samples, the Pasteurised supplies are about the same 34.3% of samples satisfactory as compared with 35% in 1930, while the percentage of satisfactory samples of ordinary milk has risen from 62.2 to 69.9. With regard to pasteurised milk, it would appear that users of pasteurising plants have not yet thoroughly grasped the fact that the process of pasteurisation does not rid milk of all its harmful bacteria, and does not in any way provide a substitute for the use of cleanly and careful methods in the production and handling of milk intended for pasteurisation.

Further as stated last year, and this will bear repeating, "unless meticulous attention be paid to the thorough cleansing of utensils and the machinery of pasteurising plants, there can be no guarantee that appreciable reduction in the bacterial count will be effected by the process, for the passing of milk through unclean machines will merely have the effect of providing it with a second charge of the dangerous organisms which it is intended to destroy."

Although as before noted there has been an improvement in the ordinary milk supplied to school children, the figures showing more than 30% of the samples taken to be unsatisfactory, cannot be regarded with equanimity, particularly when it is borne in mind that these samples come from farms carefully selected, particular attention being paid to structural condition, cleanliness of premises and methods of production and handling. Further, when these facts and the results of the bacteriological examinations are considered, it causes one to wonder what the ordinary milk supply is like, and perhaps helps to throw some light on what may be one of the reasons for the small consumption of milk per head in this country. These figures should also indicate to the dairying community (although it is undeniable that during the past few years, a great improvement has taken place both in premises, methods of production, etc.) the urgent necessity that exists for still further improvement.

There are two other points in connection with the school milk supply, calling for comment:

1. Out of the 238 samples of school milk collected for bacteriological examination during the year, 178 were also tested for the presence of tubercle bacilli; in 7 cases the result was positive, equal to 3.9% — see Table on page 63.

In every case steps were taken by the Veterinary Staff to eliminate the animal or animals responsible—see statement on page 64.

2. In addition 38 samples of school milk were subjected to chemical analysis. In four instances they fell below the recognised standard of 3.0% fat and 8.5% solids not fat; three of these were very slight. The average, for the whole 38 however, was fat 3.83%, solids not fat 9.04%, figures which speak very favourably in this respect for the contractors.

Food and Drugs (Adulteration) Act, 1928.

Quarterly Report of Samples taken during 1931.

| District | Sampling Officer | Samples taken during 1931 | | | | |
|--|------------------|---------------------------|----------------|---------------|----------------|-------|
| | | First Quarter | Second Quarter | Third Quarter | Fourth Quarter | Total |
| Harrogate | W. B. Greenwood | 112 | 97 | 56 | 122 | 387 |
| Mexborough | A. Garratt | 103 | 95 | 80 | 128 | 406 |
| Mirfield | E. Ward | 120 | 104 | 63 | 123 | 410 |
| Pontefract | H. F. Wilkinson | 104 | 56 | 62 | 124 | 346 |
| Rothwell | T. A. Bramley | 87 | 75 | 78 | 107 | 347 |
| Shipley | W. Bates | 105 | 95 | 89 | 98 | 387 |
| Skipton | T. S. Roberts | 97 | 96 | 83 | 89 | 365 |
| Sowerby | E. Bell | 96 | 75 | 92 | 100 | 363 |
| Wombwell | A. Nobbs | 62 | 62 | 46 | 100 | 270 |
| Total samples taken by Sampling Officers | | 886 | 755 | 649 | 991 | 3281 |
| Local Authorities | | 101 | 116 | 193 | 336 | 746 |
| Total Samples | | 987 | 871 | 842 | 1327 | 4027 |

The above total includes 45 "appeal to the cow" samples (i.e., samples direct from the farm at the time of milking), which frequently entails early morning visits. Of the 45 samples, 40 were obtained by our Sampling Officers and 5 by Local Authorities.

Excluding the "cow" samples, 1955 samples of milk were collected by our Officers, and 706 by local Sanitary Inspectors, making a total of 2661 and of this total 181, or 6·7 per cent., were adulterated.

Record of Samples for Five Years, 1922-1926 and for Five Years, 1927-1931.

| Year | Total samples submitted by | | Total examined | Total adulterated | Percentage adulterated |
|------------------------------|----------------------------|-------------------|----------------|-------------------|------------------------|
| | County Council | Local Authorities | | | |
| 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 |
| 1926 | 2926 | 688 | 3614 | 165 | 4·6 |
| Average for 5 years, 1922-26 | 2904 | 681 | 3585 | 186 | 5·2 |
| 1927 | 2989 | 803 | 3792 | 172 | 4·5 |
| 1928 | 3034 | 792 | 3826 | 193 | 5·0 |
| 1929 | 2807 | 706 | 3513 | 207 | 5·8 |
| 1930 | 3153 | 702 | 3855 | 187 | 4·8 |
| 1931 | 3241 | 741 | 3982 | 201 | 5·0 |
| Average for 5 years 1927-31 | 3045 | 749 | 3794 | 192 | 5·0 |

These figures do not include "cow" samples.

Out of the 201 samples reported against or adulterated during the year, there were, in addition to the 181 milk samples, 20 others, viz:- bismuth and magnesium tablets 1, butter 1, cream bun 1, jam 1, malt vinegar 3, pork dripping 1, potted meat 6, rice 1, sausage 1, sweet spirit of nitre 1, vinegar 2 and white pepper 1.

In many instances cautions were issued to vendors, but with regard to 17 samples of milk, one of butter, two of malt vinegar, and one of potted meat, legal proceedings were instituted.

Particulars of milk samples obtained by County Sampling Officers during the past five years.

| Year | Genuine | Adulterated | Total | Percentage Adulterated |
|------|---------|-------------|-------|------------------------|
| 1927 | 2172 | 133 | 2305 | 5.8 |
| 1928 | 2301 | 159 | 2460 | 6.4 |
| 1929 | 2122 | 174 | 2296 | 7.6 |
| 1930 | 2225 | 159 | 2384 | 6.7 |
| 1931 | 2480 | 181 | 2661 | 6.7 |

Special Sampling.

An interchange of districts took place during the months of March and October, 123 samples being taken in March, and 109 in October. Out of the 123 samples examined, 8 samples of milk were reported against, and proceedings were instituted in two cases. Out of the 109 samples taken in October, four samples of milk were found to be slightly adulterated, and in each case the vendor was cautioned.

Samples taken by Local Authorities.

The following table shows the number of samples submitted by Local Authorities, and, with the exception of Harrogate, each authority submits samples of milk under the scheme whereby the County Council pays for the cost of analysis of such samples, and conducts any subsequent proceedings:—

| | | | | | |
|----------------------|-----|--------------------|----|---------------------|------------|
| Barnoldswick ... | 46 | Hemsworth U. ... | 7 | Stanley ... | 38 |
| Birstal ... | 22 | Horsforth ... | 23 | Thurlstone ... | 2 |
| Bolton-on-Dearne ... | 12 | Hoyland Nether ... | 31 | Thurnscoe ... | 10 |
| Brighouse ... | 79 | Ilkley ... | 32 | Todmorden B. ... | 13 |
| Castleford ... | 14 | Keighley ... | 52 | Whitwood ... | 6 |
| Cudworth ... | 5 | Knaresborough ... | 5 | Wombwell ... | 17 |
| Drighlington ... | 11 | Mexborough ... | 24 | Hemsworth R. ... | 35 |
| Elland ... | 35 | Normanton ... | 18 | Kiveton Park R. ... | 15 |
| Goole ... | 30 | Ossett ... | 7 | Ripon R. ... | 2 |
| Harrogate ... | 105 | Pudsey ... | 12 | | |
| Hebden Bridge ... | 4 | Rothwell ... | 34 | | |
| | | | | | 746 |

Vaccination of Children whose Births were registered from 1st January to 31st December, 1930, inclusive.

| Name of Vaccination Officer | Vaccination District | Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December 1930 | Number of these Births duly entered by 31st January, 1932, in Columns I, II, IV, and V of the "Vaccination Register" (Birth List Sheet), viz. | | | | | Number of these Births which on 31st January, 1932, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of | | | Number of these Births remaining on 31st Jan., 1932, neither duly entered in the "Vaccination Register" (Columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (Columns 8, 9 and 10 of this Return) | Total number of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1931 | Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1931. | Number of Children vaccinated after declaration of Conscientious Objection had been made. | Total number of Certificates of Successful Vaccination for year 1930 sent to other Vaccination Officers. |
|-----------------------------|------------------------------|---|---|----------------------------|--------------|---|-------------------------------|--|---|--|---|--|---|---|--|
| | | | Column I Successfully Vaccinated | Column II | | Column IV Number in respect of whom Statutory Declarations of Conscientious Objection have been received | Column V Died Unvaccinated | Postponement by Medical Certificate | Removal to Districts, the Vaccination Officers of which have been duly apprised | Removal to places unknown, or which cannot be reached, and Cases not having been found | | | | | |
| | | | | Ineligible for Vaccination | Had Smallpox | | | | | | | | | | |
| W. Taylor | Worsborough | 344 | 135 | 3 | — | 196 | 17 | — | — | 3 | — | 124 | 193 | — | 6 |
| E. Hammetton | Darfield and Darton | 1303 | 426 | 2 | — | 845 | 79 | 19 | 3 | 19 | — | 544 | 869 | 6 | 16 |
| W. Roberts | Bowland Rural | 50 | 19 | 1 | — | 29 | 1 | — | — | — | — | 18 | 20 | — | 2 |
| M. A. Hargreaves | Do. | 12 | 5 | — | — | 7 | — | — | — | — | — | 6 | 9 | — | — |
| J. Peters | Do. | — | — | — | — | — | — | — | — | — | — | 1 | 2 | — | 1 |
| T. Sykes | Batley | 1815 | 397 | 4 | — | 1301 | 64 | 10 | 7 | 3 | 29 | 406 | 1281 | 2 | 27 |
| F. Griesdale | Bolton-upon-Deane | 1481 | 367 | — | — | 901 | 99 | 13 | 22 | 48 | 31 | 474 | 841 | 3 | 6 |
| W. A. Stubbs | Bawtry and Tickhill | 844 | 268 | 3 | — | 328 | 28 | 9 | 5 | 122 | 81 | 307 | 300 | — | 19 |
| E. S. Thompson | Adwick-le-Street | 953 | 189 | — | — | 555 | 43 | 10 | 1 | 25 | 130 | 318 | 543 | — | 28 |
| H. S. Miller | Goole | 615 | 132 | 4 | — | 412 | 32 | — | — | 15 | — | 146 | 426 | 4 | 1 |
| G. A. Nichols | Gr. Ouseburn | 401 | 250 | 2 | — | 173 | 27 | 1 | 22 | 13 | 3 | 223 | 204 | 1 | 16 |
| M. Woodhead | Sowerby | 814 | 99 | 4 | — | 634 | 50 | 1 | 2 | 5 | 19 | 217 | 575 | 2 | 46 |
| Mrs. L. I. Dodsworth | Hemsworth East | 599 | 226 | 1 | — | 325 | 26 | 6 | 1 | 14 | — | 271 | 359 | 1 | 9 |
| I. Scott | Do. West | 705 | 354 | — | — | 273 | 26 | 30 | 2 | 20 | — | 304 | 277 | 1 | 10 |
| E. Firth | Colne and Holme Valley | 832 | 189 | 1 | — | 571 | 47 | 18 | 3 | 47 | 1 | 207 | 526 | — | 9 |
| J. A. Sharp | Keighley | 671 | 26 | 1 | — | 597 | 32 | 3 | 5 | 7 | — | 38 | 605 | — | 2 |
| A. Hartley | Bingley | 256 | 17 | — | — | 225 | 12 | 1 | — | 2 | — | 10 | 104 | — | 1 |
| W. H. Ogden | Haworth | 88 | 5 | — | — | 80 | 3 | — | — | — | — | 7 | 80 | — | 2 |
| J. Clark | Knarborough | 150 | 80 | — | — | 57 | 8 | — | 5 | — | — | 78 | 68 | — | 8 |
| Mrs. M. E. Bowes | Harrogate | 533 | 246 | 4 | — | 237 | 24 | 7 | 6 | 9 | — | 274 | 241 | — | 19 |
| C. W. Calverley | Farsley | 98 | 48 | 1 | — | 41 | 5 | 1 | 2 | — | — | 61 | 39 | — | 8 |
| L. M. Greenwood | Wilden | 39 | 1 | — | — | 35 | 2 | — | — | — | 1 | 1 | 36 | — | — |
| H. Darnbrough | Drighlington | 70 | 10 | 1 | — | 52 | 5 | 2 | — | — | — | 6 | 46 | — | — |
| F. Wilman | Denholme | 28 | 1 | — | — | 22 | 1 | — | — | — | 4 | 2 | 24 | — | — |
| A. Hotchin | Pudsey | 431 | 60 | 1 | — | 324 | 34 | 2 | 5 | 3 | 2 | 60 | 313 | — | 7 |
| L. Clough | Shipley | 136 | 22 | 1 | — | 105 | 7 | — | — | 1 | — | 25 | 127 | — | 1 |
| F. Higginson | Cleckheaton | 100 | 59 | — | — | 28 | 2 | — | — | 3 | 7 | 44 | 30 | — | — |
| T. Millward | Pateley Bridge | 100 | 59 | — | — | 164 | 12 | 1 | — | 7 | — | 73 | 154 | 1 | — |
| H. Redfearn | Penistone | 255 | 71 | — | — | 1087 | 71 | 31 | — | 63 | — | 568 | 1123 | 1 | 45 |
| E. G. Lowndes | Pontefract | 191 | 82 | 2 | — | 95 | 10 | — | — | 2 | — | 79 | 84 | — | 3 |
| F. S. Metcalfe | Ripon | 405 | 37 | 3 | — | 310 | 17 | 7 | — | 3 | 29 | 52 | 293 | — | 2 |
| W. J. Blyth | Rawmarsh | 595 | 163 | 2 | — | 367 | 38 | 7 | — | 12 | 7 | 158 | 374 | — | 7 |
| G. C. Hearn | Malby | 521 | 133 | — | — | 164 | 12 | — | 1 | 5 | 6 | 105 | 188 | — | 5 |
| F. S. Butcher | Rotherham Rural | 321 | 127 | 8 | 1 | 397 | 29 | 1 | 5 | 8 | 1 | 119 | 443 | — | 7 |
| T. H. Harrison | Wath-upon-Deane | 127 | 8 | — | — | 103 | 6 | 4 | — | — | 5 | 11 | 70 | — | — |
| A. Smith | Saddleworth | 74 | 11 | — | — | 60 | 3 | — | — | — | — | 5 | 45 | — | — |
| Miss J. Lees | Springhead | 5 | 2 | — | — | 3 | — | — | — | — | — | — | 4 | — | — |
| G. Kayley | Garsdale (Sedburgh) | 25 | 21 | — | — | 23 | 1 | — | — | — | — | 24 | 18 | — | — |
| W. Batty | Sedburgh | 45 | 143 | — | — | 116 | 14 | — | — | 2 | — | 105 | 106 | — | 2 |
| W. B. Weaver | Selby | 107 | 42 | — | — | 57 | 8 | — | — | — | 1 | 54 | 53 | — | 14 |
| W. Slinger | Bentham (Settle) | 123 | 71 | — | — | 44 | 5 | 2 | — | — | — | 68 | 44 | — | 3 |
| C. Parker | Settle and Long Preston | 29 | 9 | — | — | 15 | 2 | 2 | — | 1 | — | 17 | 15 | — | — |
| G. J. Harker | Grassington (Skipton) | 6 | 5 | — | — | 1 | — | — | — | — | — | 6 | 2 | — | — |
| S. H. Day | Kettlewell (Skipton) | 30 | 17 | — | — | 10 | 2 | 1 | — | — | — | 14 | 13 | — | — |
| G. D. Hunt | Gargrave (Skipton) | 535 | 63 | 3 | — | 442 | 25 | 4 | 3 | 3 | 2 | 74 | 388 | 1 | 5 |
| D. Slater | Barnoldswick, etc. (Skipton) | 50 | 12 | 1 | — | 35 | — | — | — | 2 | — | 1 | 22 | — | — |
| Miss S. M. Lister | Addingham (Skipton) | 183 | 142 | 1 | — | 28 | 6 | 2 | 4 | 1 | — | 142 | 15 | — | 15 |
| W. Bortoft | Tadcaster | 399 | 218 | 1 | — | 163 | 14 | — | 1 | 2 | — | 195 | 158 | — | 24 |
| W. Wormald | Aberford | 856 | 170 | 2 | — | 522 | 55 | 27 | 3 | 65 | 12 | 138 | 528 | — | 10 |
| H. E. Newton | Thorne | 382 | 77 | — | — | 295 | 15 | 1 | 2 | — | 1 | 93 | 314 | — | 13 |
| J. H. Hindle | Todmorden | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| W. Frost | Horbury and Normanton, etc. | 1540 | 476 | 7 | — | 892 | 86 | 17 | 12 | 15 | 35 | 468 | 831 | 3 | 27 |
| S. C. Mellor | Wetherby | 205 | 140 | 1 | — | 35 | 7 | 12 | 7 | 3 | — | 163 | 49 | — | 27 |
| G. C. Clarke | Horsforth | 240 | 98 | 4 | — | 110 | 18 | 9 | 6 | 2 | — | 89 | 106 | — | 2 |
| H. Wood | Ilkley and Otley | 401 | 192 | 2 | — | 147 | 6 | 14 | 6 | 2 | — | 201 | 154 | — | 14 |
| M. Rennard | Yeadon | 244 | 47 | — | — | 176 | 14 | — | 2 | — | 5 | 51 | 198 | — | 3 |
| B. J. B. Marsden | Stocksbridge | 273 | 93 | — | — | 164 | 15 | — | — | 1 | — | 107 | 144 | — | 13 |
| J. J. Taylerson | Wortley | 47 | 21 | — | — | 22 | 2 | — | — | 6 | 10 | 113 | 92 | — | 4 |
| H. Dowson | Ecclefield | 264 | 115 | — | — | 122 | 10 | — | 1 | 5 | 11 | 118 | 193 | — | 10 |
| G. A. R. Colbeck | Anston | 290 | 73 | — | — | 190 | 11 | — | — | — | — | 13 | 12 | — | 2 |
| R. A. Wilkinson | Bishopthorpe | 31 | 16 | 1 | — | 13 | 1 | — | — | — | — | — | — | — | — |
| | | 24843 | 7340 | 84 | — | 14801 | 1190 | 272 | 153 | 540 | 446 | 7672 | 14400 | 26 | 512 |

Public Vaccination.

The Administrative County area is divided into 170 districts for purposes of Public Vaccination, and there are 165 Public Vaccinators under contract to perform vaccinations and re-vaccinations. Of these, 154 also carry out the duties of District Medical Officer, and again 53 are Medical Officers of Health, 52 being part-time and one whole-time.

In regard to the Vaccination Officers, 19 are paid by salary and 43 by fees, a total of 62. Four hold joint appointments with neighbouring County Boroughs, 36 are Registrars of Births and Deaths, and 16 have also appointments under the Public Assistance Committee.

The tables given below summarise the work done under the Vaccination Acts during the past year. Comparing these records with those for 1930, it is found that whilst there is a slight increase in the number of vaccinations of children under one year of age, there is a decrease in the total number of persons vaccinated and re-vaccinated. This is no doubt the result of a marked decrease in the prevalence of Smallpox during the year.

| | Nos. of successful primary vaccinations of persons. | | | No. of successful re-vaccinations. |
|--|---|---------------|-------|------------------------------------|
| | Under 1 year of age. | 1 or upwards. | Total | |
| Performed by Public Vaccinators ... | 5950 | 964 | 6914 | 762 |
| Performed by Medical Officers of County Institutions | 32 | 18 | 50 | 2 |
| | 5982 | 982 | 6964 | 764 |

Detailed figures relating to the vaccinations and re-vaccinations performed by each Public Vaccinator and Medical Officer of a County Institution are given below:—

VACCINATIONS PERFORMED IN COUNTY INSTITUTIONS, YEAR ENDED 30TH SEPTEMBER, 1931.

| Name of County Institution. | Name of Medical Officer. | Primary Vaccinations. | | | Re-vaccinations. |
|-----------------------------|--------------------------|-----------------------|--------------------|--------|------------------|
| | | Under 1 year | 1 year and upwards | Totals | |
| Great Ouseburn ... | J. M. Benson ... | — | — | — | — |
| Hemsworth ... | T. C. A. Sweetnam ... | 5 | 2 | 7 | 1 |
| Keighley ... | T. L. Walker ... | — | — | — | — |
| Knaresborough ... | C. H. Steinbach ... | 8 | 1 | 9 | — |
| Penistone ... | A. G. Wilson ... | 1 | — | 1 | — |
| Pontefract ... | G. Burnett ... | 1 | — | 1 | — |
| Saddleworth ... | J. Loftus ... | — | — | — | — |
| Sedburgh ... | T. W. Rothwell ... | — | — | — | — |
| Settle ... | B. S. Hyslop ... | 1 | — | 1 | — |
| Skipton ... | W. H. Robinson ... | 3 | 6 | 9 | — |
| Tadcaster ... | J. P. Scatchard ... | 3 | — | 3 | — |
| Todmorden ... | H. Thorp ... | — | 9 | 9 | — |
| Wetherby ... | J. A. Hargreaves ... | — | — | — | — |
| Wharfedale ... | W. H. Galloway ... | — | — | — | — |
| Goole ... | A. M. Erskine ... | 2 | — | 2 | — |
| Ripon ... | S. Hey ... | 1 | — | 1 | — |
| Selby ... | O. L. Scarborough ... | 2 | — | 2 | — |
| Thorne ... | C. D. Walker ... | 1 | — | 1 | — |
| Wortley ... | A. Anderson ... | 4 | — | 4 | 1 |
| | | 32 | 18 | 50 | 2 |

VACCINATIONS PERFORMED IN VACCINATION DISTRICTS, YEAR ENDED 30TH
SEPTEMBER, 1931.

| Name of Vaccination District | Public Vaccinator. | Primary Vaccinations. | | | Re-vaccinations |
|----------------------------------|-------------------------|-----------------------|--------------------|--------|-----------------|
| | | Under 1 Year | 1 year and upwards | Totals | |
| <i>Area No. 1.—Ewecross.</i> | | | | | |
| Sedbergh | T. W. Rothwell ... | 9 | 5 | 14 | 3 |
| Dent | C. A. Allan ... | 1 | — | 1 | 1 |
| Slaidburn | F. R. Bremner ... | 12 | 1 | 13 | — |
| Gisburn | W. H. Ross ... | 5 | — | 5 | — |
| Mitton | J. M. Postlethwaite ... | — | — | — | — |
| Long Preston | E. H. Marsh ... | 16 | 2 | 18 | — |
| Austwick | Thos. Lovett ... | 16 | 2 | 18 | — |
| Arncliffe | K. C. Crosbie ... | 4 | — | 4 | — |
| Bentham | A. J. Troughton ... | 9 | 1 | 10 | 1 |
| Malham | H. Wales ... | 9 | — | 9 | — |
| Ingleton | John Macleod ... | 23 | 4 | 27 | 1 |
| Settle | B. S. Hyslop ... | 28 | 3 | 31 | 10 |
| <i>Area No. 2.—Staincliffe.</i> | | | | | |
| Skipton | N. A. Macleod ... | 30 | 3 | 33 | 1 |
| Addingham | W. L. Crabtree ... | — | — | — | — |
| Barnoldswick | John Pickard ... | 8 | 5 | 13 | — |
| Cowling | W. H. Canter ... | 1 | 1 | 2 | — |
| Gargrave | H. Wales ... | 9 | — | 9 | 2 |
| Grassington | K. C. Crosbie ... | 13 | — | 13 | — |
| Silsden | M. Purcell ... | 1 | — | 1 | — |
| Earby | A. McKay Niven ... | 5 | 1 | 6 | 1 |
| <i>Area No. 3.—Claro.</i> | | | | | |
| Green Hammerton | J. A. Benson ... | 28 | — | 28 | — |
| Boroughbridge | F. P. Rust ... | 25 | 1 | 26 | — |
| Acomb | J. S. Dudgeon ... | 25 | — | 25 | — |
| Great Ouseburn | J. M. Benson ... | 8 | — | 8 | — |
| Sharow | S. Hey ... | 5 | — | 5 | — |
| Ripon | P. A. Steven ... | 34 | 9 | 43 | 2 |
| Kirkby Malzeard | R. G. M. Harvey ... | 10 | — | 10 | 1 |
| Knaresborough | D. F. Dobson ... | 54 | 4 | 58 | — |
| Harrogate (part) | G. F. Dimmock ... | 83 | 13 | 96 | 6 |
| do. (Starbeck) | S. C. Wilkinson ... | 8 | — | 8 | — |
| Ripley | S. Foskett ... | 14 | 1 | 15 | — |
| Bishopside | Geo. Lumsden ... | 12 | 1 | 13 | — |
| Birstwith | H. G. H. Clarkson ... | 11 | — | 11 | — |
| <i>Area No. 4.—Barkston Ash.</i> | | | | | |
| Bishopthorpe | T. H. Barton ... | 18 | — | 18 | — |
| Sherburn | Wm. Murphy ... | 63 | 1 | 64 | — |
| Kippax | C. C. Hargreaves ... | 84 | 3 | 87 | — |
| Aberford | C. H. Sykes ... | 78 | — | 78 | — |
| Tadcaster | J. P. Scatchard ... | 43 | — | 43 | — |
| Boston Spa | R. W. Lee ... | 54 | 13 | 67 | 8 |
| Harewood, Sicklinghall | O. F. Barr ... | 3 | 2 | 5 | — |
| Thorner | H. Tempest ... | 26 | — | 26 | — |
| Bilton | J. A. Hargreaves ... | 4 | — | 4 | — |
| Wetherby | J. A. Hargreaves ... | 32 | 2 | 34 | 2 |
| <i>Area No. 5.—Skirack.</i> | | | | | |
| Baildon | E. G. Firth ... | 7 | 3 | 10 | — |
| Ilkley | T. B. Hearder ... | 34 | 8 | 42 | 1 |
| Yeadon | W. H. Cheetham ... | 11 | 3 | 14 | 1 |
| Horsforth | D. W. E. Burridge ... | 10 | 7 | 17 | — |
| Otley | W. H. Galloway ... | 112 | 15 | 127 | 4 |

| Name of Vaccination District | Public Vaccinator | Primary Vaccinations | | | Re-vaccinations |
|------------------------------------|-------------------------|----------------------|--------------------|--------|-----------------|
| | | Under 1 year | 1 year and upwards | Totals | |
| <i>Area No. 6.—Worth Valley.</i> | | | | | |
| Keighley | F. Villy | 12 | 3 | 15 | — |
| Bingley (part) | J. M. Crocker | 13 | 1 | 14 | 2 |
| Cullingworth | T. Taylor | 4 | — | 4 | — |
| Haworth | W. D. Hamilton | 7 | 1 | 8 | — |
| Steeton | W. H. Canter | 3 | 5 | 8 | — |
| <i>Area No. 7.—East Morley.</i> | | | | | |
| Hunsworth | J. A. Hope | — | — | — | — |
| Drighlington | H. D. Merrington | 2 | — | 2 | — |
| Calverley | N. A. A. Hughes | 28 | 1 | 29 | 1 |
| Wilsden | H. A. Marquis | — | — | — | — |
| Farsley | T. H. Elmer | 22 | — | 22 | — |
| Shipley | J. MacGowan | 30 | 1 | 31 | — |
| Denholme | A. H. Stewart | 2 | — | 2 | — |
| Pudsey | E. T. Hyland | 84 | 1 | 85 | 1 |
| <i>Area No. 8.—Calder.</i> | | | | | |
| Sowerby Bridge | E. D. Wellburn | 15 | 10 | 25 | 3 |
| Elland | A. G. Gamble | 8 | 23 | 31 | 12 |
| Stainland | N. C. Beaumont | 8 | 7 | 15 | 1 |
| Brighouse | D. A. Johnstone | 32 | 15 | 47 | 16 |
| Shelf | J. J. Murphy | 4 | 23 | 27 | 4 |
| Queensbury | G. C. Sharp | 5 | 59 | 64 | 53 |
| Midgley | C. S. Ogilvy | 9 | 4 | 13 | — |
| Barkisland | A. J. W. Stephen | 15 | 1 | 16 | 1 |
| Todmorden | H. Thorp | 12 | 5 | 17 | — |
| Hebden Bridge | F. J. Dowdall | 40 | 2 | 42 | 2 |
| Mytholmroyd | J. Gillies | 8 | 2 | 10 | 3 |
| <i>Area No. 9.—Spenn Valley.</i> | | | | | |
| Liversedge | R. M. Beatty | 22 | 2 | 24 | — |
| Birstal | A. Dick | 21 | 12 | 33 | 4 |
| Gildersome | H. D. Merrington | 6 | — | 6 | 1 |
| Batley | H. Keighley | 53 | 8 | 61 | 3 |
| Heckmondwike | J. Prior | 25 | 2 | 27 | — |
| Mirfield | T. W. Sproule | 43 | — | 43 | — |
| Morley | W. S. Sykes | 36 | 7 | 43 | 1 |
| Birkenshaw | E. M. Whitehead | 11 | 4 | 15 | 2 |
| Ossett | W. L. R. Wood | 57 | 3 | 60 | 2 |
| Cleckheaton | A. L. Mitchell | 11 | — | 11 | — |
| <i>Area No. 10.—Lower Agbrigg.</i> | | | | | |
| Horbury | J. N. U. Russell | 25 | 1 | 26 | 1 |
| Normanton | N. S. Twist | 96 | 2 | 98 | 6 |
| Crigglestone | A. M. Duff | 44 | — | 44 | — |
| Walton | D. Downie | 9 | 5 | 14 | — |
| Stanley | D. M. Macleod | 82 | 4 | 86 | — |
| Emley | C. H. Smith | 24 | 1 | 25 | 1 |
| Crofton | T. E. Lister | 38 | — | 38 | — |
| Ardsley | J. J. Jackson | 30 | 1 | 31 | — |
| Rothwell | H. Stevenson | 39 | — | 39 | — |
| Oulton | C. H. Seville | 32 | — | 32 | — |

| Name of Vaccination District | Public Vaccinator | Primary Vaccinations | | | Re-vaccinations |
|------------------------------|--------------------------|----------------------|--------------------|--------|-----------------|
| | | Under 1 year | 1 year and upwards | Totals | |
| <i>Area No. 11.—</i> | | | | | |
| <i>Osgoldcross.</i> | | | | | |
| Heck | F. G. Creaser | 8 | — | 8 | — |
| Knottingley | J. Kehelly | 96 | 1 | 97 | 1 |
| Pontefract | G. Burnett | 83 | 1 | 84 | 2 |
| Methley | E. W. L. White | 18 | — | 18 | — |
| Featherstone | Wm. Steven | 100 | 5 | 105 | 2 |
| Castleford | J. J. W. Campbell | 160 | 2 | 162 | — |
| Brotherton | J. O. Ward | 47 | 1 | 48 | — |
| Kirksmeaton | J. Malloch | 10 | — | 10 | — |
| South Elmsall | E. J. H. Sullivan | 220 | 5 | 225 | 7 |
| Ryhill | S. Hodgkinson | 76 | 2 | 78 | — |
| Brierley | J. L. Elliott | 91 | 1 | 92 | 2 |
| Great Houghton | W. F. L. Castle | 16 | — | 16 | — |
| Hemsworth | T. C. A. Sweetnam | 59 | 3 | 62 | 1 |
| Kinsley | M. B. Taylor | 69 | — | 69 | 2 |
| Ackworth | E. M. Hime | 25 | — | 25 | 3 |
| <i>Area No. 12.—Goole</i> | | | | | |
| <i>and Selby.</i> | | | | | |
| Drax | F. G. Creaser | 16 | — | 16 | — |
| Selby | O. L. Scarborough | 59 | 2 | 61 | 5 |
| Snaith | F. G. Creaser | 50 | 2 | 52 | 2 |
| Swinefleet | W. Eardley | 8 | — | 8 | — |
| Goole | A. M. Erskine | 47 | 3 | 50 | — |
| Eastoft | J. C. T. Crowden | 1 | — | 1 | — |
| <i>Area No. 13.—Don</i> | | | | | |
| <i>Valley.</i> | | | | | |
| Bolton-on-Dearne | J. K. T. Mills | 36 | — | 36 | — |
| Mexborough | J. J. Huey | 11 | 2 | 13 | — |
| Tickhill | A. C. Lindsay | 20 | — | 20 | — |
| Bentley-with-Arksey | B. Lyons | 47 | 8 | 55 | 1 |
| Conisbrough | W. J. McClure | 320 | 14 | 334 | 5 |
| Askern | J. Malloch | 85 | 1 | 86 | 1 |
| Adwick-le-Street | D. Malloch | 107 | 9 | 116 | 1 |
| Thurnscoe | F. J. Boyle | 125 | 5 | 130 | — |
| Brodsworth | R. B. Radcliffe | 12 | — | 12 | — |
| Armthorpe | H. F. Renton | 82 | — | 82 | — |
| Bawtry | W. F. Ward | 79 | 1 | 80 | 1 |
| Hatfield | C. D. Walker | 37 | — | 37 | — |
| Thorne | J. M. Taylor | 84 | 3 | 87 | — |
| Stainforth | R. M. L. Anderson | 42 | 2 | 44 | — |

| Name of Vaccination District. | Public Vaccinator. | Primary Vaccinations. | | | Re-vaccinations |
|-------------------------------|--------------------------|-----------------------|---------------------|--------|-----------------|
| | | Under 1 Year | 1 year and upwards. | Totals | |
| <i>Area No. 14.—</i> | | | | | |
| <i>Staincross.</i> | | | | | |
| Hoyland | H. R. L. Allott | 74 | 3 | 77 | 2 |
| Worsborough | H. A. L. Banham | 69 | — | 69 | 1 |
| Cudworth | J. L. Elliott | 99 | 2 | 101 | 6 |
| Darfield | W. F. L. Castle | 16 | — | 16 | 2 |
| Dodworth | G. N. Maclaren | 31 | 3 | 34 | — |
| Darton | R. Millar | 49 | 121 | 170 | 160 |
| Wombwell | J. C. Pickup | 40 | — | 40 | 1 |
| Hoyland | H. N. Ritchie | 67 | 2 | 69 | 4 |
| Royston | H. B. Pare | 51 | — | 51 | 3 |
| Bradfield | J. A. R. Thompson | 32 | — | 32 | — |
| Stannington | N. MacPhail | 16 | — | 16 | — |
| Oughtibridge | T. A. H. Smith | 1 | — | 1 | — |
| Chapeltown | H. Sands | 64 | 3 | 67 | 3 |
| Grenoside | J. Smail | 47 | 1 | 48 | 2 |
| Stocksbridge | A. E. Goldie | 66 | 1 | 67 | 14 |
| Tankersley | H. N. Ritchie | 17 | 1 | 18 | — |
| Wortley | T. H. Easton | — | 1 | 1 | — |
| Silkstone | F. L. Whincup | 27 | 2 | 29 | 3 |
| Clayton West | R. N. Farrer | 7 | 2 | 9 | — |
| Thurgoland | T. H. Easton | 9 | — | 9 | — |
| Penistone | A. C. J. Wilson | 26 | 3 | 29 | 1 |
| <i>Area No. 15.—Upper</i> | | | | | |
| <i>Agbrigg.</i> | | | | | |
| Kirkburton | J. A. Stephens | 25 | 1 | 26 | — |
| Skelmanthorpe | D. Bell | 13 | — | 13 | — |
| Shepley | A. J. Kennedy | 12 | 2 | 14 | — |
| Holmfirth | W. D. Galloway | 9 | — | 9 | — |
| Scholes | E. Trotter | 19 | 12 | 31 | — |
| Honley | W. H. Smailes | 8 | 2 | 10 | — |
| Meltham | T. F. Woodhead | 9 | 2 | 11 | — |
| Slaithwaite | R. N. Kirk | — | — | — | — |
| Golcar | S. Hall | 28 | 5 | 33 | — |
| Marsden | G. R. Aspinwall | 26 | 4 | 30 | 2 |
| Kirkheaton | S. Prior | 5 | 2 | 7 | — |
| Springhead | J. G. Oliver | 3 | — | 3 | — |
| Saddleworth | J. Loftus | 9 | 1 | 10 | — |
| <i>Area No. 16.—Rother</i> | | | | | |
| <i>Valley.</i> | | | | | |
| Brinsworth | R. G. Selby | 73 | 1 | 74 | 7 |
| Thurcroft | G. S. L. Kemp | 41 | 19 | 60 | 23 |
| Greasbrough | C. B. Thompson | 2 | — | 2 | — |
| Wentworth | H. M. Mills | 19 | 2 | 21 | — |
| Wath-on-Dearne | T. Crowley | 53 | 8 | 61 | 8 |
| Rawmarsh | D. P. K. Jockell | 40 | 4 | 44 | — |
| Maltby | W. L. Dibb | 67 | 7 | 74 | 1 |
| Swinton | C. J. H. Aitken | 37 | 2 | 39 | 2 |
| Thrybergh | G. H. Sedgwick | 57 | 2 | 59 | 1 |
| Harthill, Anston | J. N. Clark | 79 | 340 | 419 | 315 |
| | | 5950 | 964 | 6914 | 762 |

Local Government Act, 1929.

PUBLIC ASSISTANCE INSTITUTIONS

Acting upon an instruction of the Public Assistance Committee, the County Medical Officer made a survey of the Public Assistance institutional accommodation under the control of the County Council. The findings of this survey have been embodied in a report which is, at the time of writing (1932), under consideration by both the Public Assistance and Public Health Committees of the County Council. A few extracts from this report, dealing directly with the actual accommodation available, are set out below. Certain recommendations have been made to the appropriate committees, but as the action which may be taken is still *sub judice* any further reference is not being made in this year's Annual Report.

Available Accommodation in County Public Assistance Institutions.

The County Architect has already reported in detail upon the construction and state of repair of the 22 institutions transferred to the Public Assistance Committee. From the medical point of view the survey which has been made confirms generally his findings, namely, that there is a great dearth of modern hospital accommodation. Many of the wards at present used for the treatment of the sick are unfit for this purpose either on account of their obsolescence or by reason of their situation in relation to other wards and buildings in the respective institutions.

There is only one separate hospital; and the remaining 21 institutions are each comprised of conglomerated buildings which together make up the old-fashioned "mixed workhouse."

Discounting the Saddleworth, Sedbergh, Pateley Bridge and Thorne institutions as being quite unsuitable for further use, the total accommodation available for all types of acute and chronic sick, able-bodied, infirm, mental and maternity cases (excluding casuals, and healthy children), and the number of these beds occupied on 28th November, 1931 are set out in the table on page 61 and a brief summary of this table—excluding casuals and healthy children (in Children's Homes) is given below. This tabular statement has been provided by courtesy of the County Public Assistance Officer.

SUMMARY OF BEDS OCCUPIED ON 28TH NOVEMBER, 1931.

| | Able-bodied | | Infirm. | | Sick | | Maternity | Mental | | Receiving and isolation wards | | Hosp. Nursery | Tuberculosis | Healthy children under 3 years |
|---------------------------|-------------|-----|---------|-----|------|-----|-----------|--------|-----|-------------------------------|----|---------------|--------------|--------------------------------|
| | M. | F. | M. | F. | M. | F. | | M. | F. | M. | F. | | | |
| Available accommodation | 713 | 413 | 684 | 392 | 812 | 753 | 76 | 158 | 182 | 110 | 61 | 125 | 61 | 126 |
| Beds occupied 28. 11. 31. | 471 | 224 | 578 | 296 | 643 | 612 | 33 | 167 | 188 | 39 | 5 | 88 | 36 | 66 |

These numbers of occupied beds are fairly representative of the average occupation of beds throughout the year. The following modifying factors need to be taken into consideration however when attempting to obtain a true estimate of the available accommodation:—

(1) It is essential to allow for approximately a 10% margin of vacant accommodation in each institution above the normal requirements;

(2) While it is the practice to allow a free interchange of beds for different diseases in the County institutions yet there is a limit to this daily re-shuffling, e.g., it is impossible to nurse sick children in the same wards as sick adults, male wards must be separated from female, and mental and maternity cases each require separate accommodation from other conditions. Hence it will be seen that in giving the preceding tabular statement the necessary margin of spare beds for each group of diseases is not taken into account, and therefore the difference between available beds and beds occupied should be materially reduced.

(3) It will be observed that the total accommodation for each class of case in all institutions together is given and not the total for each institution separately. Taking the sum total of all institutions in this way implies the freest interchange in each class of patient among the several hospitals. In this connection the question of visitation by relatives presents a difficulty, for hardship may be caused by the removal of patients to an excessive distance.

(4) In reading and interpreting the tabular statement on page 61 it is important to appreciate that no fine line can be drawn between certain types of patient or inmate. Thus a man may be "chronic sick" one day and "infirm" the next. One medical officer might reasonably classify an individual as "aged and infirm" and another medical man might decide with equal justification that the same person was "able-bodied." ("Able-bodied" is a misnomer and is commonly applied to a large variety of people including the aged, infirm, and other persons who may be mentally unstable but in fair physical health). The transition from "chronic sick" to "infirm" and thence to "able-bodied" is gradual, and the distinction is an arbitrary one in a large number of cases; this is borne out by the fact that in certain of the institutions very little separation of these classes of patients or inmates is made nor could it be made with the present limited accommodation. Of course there are numerous exceptions to this general statement, e.g. a chronic paralytic confined to bed is obviously "chronic sick" and is unlikely to become anything else whilst alive. The object of these remarks however is to indicate that a fair amount of interchange of beds among these three classes of patient is possible and thus greater latitude will be obtained in any system of re-classification.

(5) **Accommodation in County Borough Public Assistance Institutions.** There are at present approximately 1,000 West Riding persons maintained in the infirmaries, hospitals, sick and other wards of institutions belonging to other Councils; (and there are also approximately 200 West Riding children maintained in these Councils' homes and separate establishments). The County Council has a "right of user" in these institutions, but the period and terms have not yet been finally settled. It is likely however that in the course of a few years this right of user will be determined and the County Council will have to provide accommodation for their patients and inmates displaced. The County Boroughs of Wakefield, Dewsbury and Bradford possess a right of user in the County Institutions. The latter authority (Bradford) has the right to use 40% of the total accommodation in the Clayton institution but since the coming into operation of the Local Government Act this right has been exercised only to a limited extent. Any beds which might be vacated by the two former authorities in the future would be inconsiderable.

(6) **Acute Sick.**—No reference is made in the tabular statement to beds for acute sick. When inspecting the institutions, enquiry was made regarding the number of cases of acute medical or surgical character which passed through the wards during the year. This number was found to be comparatively small, e.g., at Wakefield where facilities for surgery are probably the best, only two operations per week (not all for acute cases) on a rough average are performed. Such cases occurring in the administrative county are usually transferred or admitted direct to the nearest voluntary general hospital. A fair number of cases of pneumonia do gain admission to the County hospitals however, and these are nursed as a rule in the same ward as chronic cases (note: the modern practice is to regard pneumonia as an infectious disease, and to provide separate accommodation for its nursing).

Speaking in general terms the greater part of acute non-infectious sickness is of the "surgical" variety, and there can be no question that if the County Council were to provide modern hospital facilities for surgery there would be an immediate and large response from the public (both poor persons, and others able to pay a moderate fee). Only four of the County institutions (Batley, Wakefield, Otley and Keighley) are provided with operating theatres, and these are by no means up to date in construction and equipment.

A limited number of beds for the acute sick could be arranged at several of those institutions having operating theatres providing the additional surgical and nursing staff were supplied. To set apart these beds however would necessitate evacuating wards at present used for chronic sick, and unless it were proposed to extend individual institutions so as to provide additional accommodation, it is suggested that there is no alternative but that of allowing voluntary hospitals and dispensaries to continue this work either for payment or gratuitously.

Available accommodation and its adequacy—Summary.

Taking the County institutional accommodation as a whole (except "casuals"), and disregarding questions of structural quality of the buildings, the following opinions are expressed:—

(a) *Able-bodied (male and female) accommodation.*—The number of beds provided is meeting the present demand, and a small margin of empty beds amounting approximately to 130 males and 120 females is usually available.

(b) *Infirm and Chronic Sick accommodation.*—These two classes are considered together, for in many of the institutions practically no distinction is made. The number of beds provided appears to be meeting the demand. There is usually a small margin of empty beds amounting approximately to 30 for males and 30 for females.

(c) *Acute Sick accommodation.*—There are no special wards set apart for the acute sick and the few cases which are admitted and nursed in the institutions are either placed in side wards or along with chronic sick in other wards. Until consultation has taken place with voluntary hospitals it is impossible to get an accurate idea of the extent to which acute medical and surgical sick beds are necessary. It may be stated at once however, that there is a very definite need for better accommodation and facilities for treatment of the acute medical and surgical sick.

(d) *Maternity accommodation.*—The number of beds provided (75 approximately) appears to be meeting the demand, and there is usually a daily surplus of approximately 30—40 beds. The accommodation is provided by reserving one or more side wards as labour wards and the general chronic sick wards for "lying in" if additional side wards are not available.

(e) *Mental cases.*—There are approximately 350 beds set apart for all types of mental cases. The majority of these beds are situated in separate parts of the institutions but otherwise are indistinguishable from the accommodation for infirm and chronic sick. In certain institutions, notably at Clayton and Pontefract, specially constructed mental blocks have been erected. Apart from such special accommodation a fair estimate of the number of beds usually occupied by mental cases, excluding Lunacy Acts accommodation, and which, if vacated, could be utilised for reception of able-bodied, infirm or chronic sick, would be 180. It is recognised that the Public Assistance institution is no place for the mental defective for it is the "mental deficiency" and not the "destitution" which justifies public assistance. Thus if it were possible to provide alternative accommodation for Mental Deficiency Acts cases (this appears unlikely at the present time) 180 beds would be liberated for general use.

(f) *Sick children.*—Accommodation for sick children consists mainly in setting apart one or more side wards or "small" wards for this purpose. There is little or no hard and fast designation as "children's wards," and the cots or beds are replaced by beds for chronic sick and vice versa according to varying needs from day to day. The approximate accommodation is 150 cots or small beds. In certain institutions sick children are accommodated in the same ward as healthy infants and young children (accommodation for healthy children under three years 126 beds). It is considered that accommodation for sick and healthy young children is below requirements but a definite statement cannot be given until after a re-classification "by" and "in" institutions has been made.

(g) *Tuberculosis.*—Accommodation is provided for approximately 60 tuberculous patients by means of verandahs on wards, or special out-door shelters. In view of the reciprocity between the Public Health Committee and the Public Assistance Committee this number of beds is considered adequate for the type of case usually treated.

(h) *Receiving and Isolation Wards.*—Together these wards provide accommodation for 110 males and 64 females. It is considered that numerically this accommodation is adequate. The receiving blocks are not in general use and the isolation wards are occasionally used as an overflow for chronic sick, etc. By securing an arrangement with local infectious diseases hospitals the majority of these beds could be used continually for other types of patient.

(i) *Right of User in County Borough institutions.*—There are 1,200 West Riding persons (approximately), including 200 healthy children in children's homes, maintained outside the Administrative County, and when "the agreements" are determined, alternative accommodation for this number will need to be found.

ISOLATION HOSPITAL ACCOMMODATION.

(Section 63, Local Government Act, 1929)

Reference was made in the Annual Report for 1930 to the action which the Public Health Committee proposed to take under this section of the Local Government Act. Owing to a certain anomaly being discovered in the Act, and consequent legal difficulties arising therefrom, it has not been possible to put the proposed scheme of the County Council into operation.

Section 63 reads as follows:—

"(1) For the purpose of securing the provision in every county of suitable means for the proper isolation and treatment of persons suffering from infectious disease, the council of the county shall, as soon as may be after the commencement of this Act, make a survey of the hospital accommodation for the treatment of infectious disease provided by the council and by the councils of any districts wholly or partly within the county."

"(2) Upon the completion of the survey, the county council shall prepare, in consultation with the councils of all such districts and if necessary with the council of any county borough adjoining the county, and submit to the Minister for his approval, a scheme for the provision of adequate hospital accommodation for the treatment of infectious disease within the county."

"(3) The scheme may provide:—

(a) for the arrangements under which and the terms upon which accommodation in any existing hospital belonging to the council of a district shall be made available for the use of the inhabitants of the county other than those resident in the district;

(b) for the provision by the county council or by the council of any district of new accommodation for the treatment of infectious disease;

(c) for embodying arrangements made between the county council or the council of any district and the council of any adjoining county borough for the reception of persons residing in the county borough into hospitals provided by the county council or district council, and for the reception of persons residing within the county into hospitals provided by the council of the county borough....."

* * * * *

The original scheme put forward by the County Council divided the million and a half acres of the County into 10 areas for general infectious disease and 7 for smallpox, it being required that there should be a free interchange of beds in hospitals comprising each group, and also among hospitals of other groups when necessity arose, as for example in epidemic times. After receiving the sanction of the County Council in March, 1930 the provisional scheme was presented to the Ministry for approval but the Minister is advised that it is doubtful whether such a scheme can properly require County Districts which are included in a Hospital District constituted under the Isolation Hospital Acts to enter into a combination for hospital purposes under the Public Health Acts. This turn of events obviously militated against the spirit of the Local Government Act which aimed at a pooling of hospital resources and the avoidance of a state of affairs which too frequently has existed all over the country, namely, that while one small hospital has been full to overflowing, another nearby has been almost empty and owing to lack of working arrangements patients have had to be transferred long distances away, frequently at an exorbitant charge.

With the full realisation of the handicap imposed by this lack of power to require the 1893—1901 Authorities to unite with other Authorities where this compulsion might prove necessary, it was decided to attempt the preparation of a revised scheme in which hospitals under the 1893—1901 Acts would be grouped separately from others. The effect of this revision was that instead of 10 areas for general infectious disease and 7 for smallpox as provided by the original schedule, it became necessary to make 11 areas for general infectious disease and 9 for smallpox, these being irregularly arranged owing to being based primarily upon the Acts under which the various existing hospital districts had been created, and not from the point of view of securing the greatest efficiency by reference to density of populations, nearness to other hospitals and to topography of the various districts. Obviously, this revised scheme, while it complied with the terms of Section 63 of the Act, was by no means so efficient as the one originally prepared, for it was found that in certain areas additional beds would have had to be erected which would not have been necessary had it been possible to adhere to the original scheme. The National economic conditions also made it necessary to reconsider the position, and it was decided not to recommend the revised scheme to the County Council, but where in any area there is urgent need of hospital accommodation the Public Health Committee will confer with the Hospital and Local Authorities with a view to amalgamation, and the provision of adequate hospital accommodation, if this can be economically effected.

**PUBLIC ASSISTANCE INSTITUTIONS AVAILABLE FOR THE
RECEPTION OF CASES CHARGEABLE TO THE WEST RIDING
COUNTY COUNCIL.**

| Guardians Committee Area. | Name of Institution. | Area. Acres | Popula- tion. |
|------------------------------|---|----------------|------------------|
| 1. Ewecross ... | Casual Wards, Sedbergh. Public Assistance Institution, Giggleswick. Public Assistance Institution, Chatburn Road, Clitheroe. (Cases from former Clitheroe Union area only). | 288,079 | 23,945 |
| 2. Staincliffe ... | Public Assistance Institution, Skipton. Children's Home, Skipton. | 159,261 | 53,683 |
| 3. Claro ... | Public Assistance Institution, Great Ouseburn. Stockwell Road Institution, Knaresborough. Public Assistance Institution, Ripon. Children's Homes, Stockwell Lane, Knaresborough. | 213,890 | 89,150 |
| 4. Barkston Ash | Public Assistance Institution, Tadcaster. Public Assistance Institution, Wetherby. Cottage Home, Bilbrough, near York. | 143,442 | 53,541 |
| 5. Skyrack ... | New Hall, Newall, Otley. | 64,641 | 72,323 |
| 6. Worth Valley | Oakworth Road Institution, Keighley. St. John's Hospital, Keighley. Children's Homes, Keighley. | 39,443 | 81,677 |
| 7. East Morley | Public Assistance Institution, Clayton. Children's Homes, Clayton. | 12,560 | 62,862 |
| 8. Calder ... | Public Assistance Institution, Todmorden. Children's Home, Todmorden. *Gibbet Street Institution, Halifax. *St. Luke's Hospital, Halifax. *Children's Homes, Ovenden. | 78,978 | 123,720 |
| 9. Spen Valley ... | County Institution, Batley. Children's Homes, Dewsbury. | 22,177 | 137,922 |
| 10. Lower Agbrigg | Public Assistance Institution, Park Lodge Lane, Wakefield. Children's Homes, Wakefield. | 41,345 | 93,489 |
| 11. Osgoldcross ... | South Moor House, Rotherham Road, Hemsworth. Public Assistance Institution, Pontefract. Children's Homes, Barnsley Road Hemsworth. Children's Homes, Carlton, Pontefract. | 88,853 | 157,084 |
| 12. Goole and Selby | Public Assistance Institution, Goole. Public Assistance Institution, Selby. Children's Home, Rawcliffe. Children's Home, Brook Street, Selby. | 76,299 | 45,032 |
| 13. Don Valley ... | *Restholme, Thorne. (Casualward only). *Public Assistance Institution, Balby, Doncaster. *Children's Homes, Doncaster. | 137,061 | 178,036 |
| 14. Staincross ... | Public Assistance Institution, Penistone. Public Assistance Institution, Grenoside. Children's Homes, Lane End House, Chapelton. *Public Assistance Institution, Gawber Road, Barnsley. *Children's Homes, Princes Street, Barnsley. | 117,288 | 143,676 |
| 15. Upper Agbrigg | Public Assistance Institution, Dobcross, near Oldham. *Crosland Moor Institution, Huddersfield. *Deanhouse Institution, Thongsbridge. Children's Homes, Scholes. | 78,237 | 98,555 |
| 16. Rother Valley | *Public Assistance Institution, Alma Road, Rotherham. *Children's Homes, Rotherham. | 63,504 | 115,415 |

* County Council have right of user only in these institutions.

PUBLIC ASSISTANCE INSTITUTIONS.
BRIEF ANALYSIS OF CASES MAINTAINED DURING THE YEAR.

| Type of Case | Name of Institution. | | | | | | | | | | | | | | | Total | | | | | | | |
|--------------------------|----------------------|--------|---------|-------------|-------|----------------|-----------|----------|-------|-------------------|---------|-----------|-------------|-----------|------------|-------|-----------|-------|-------|--------|-----------|-----------|-------------|
| | Sedburgh | Settle | Skipton | Knarborough | Ripon | Great Ouseburn | Tadcaster | Wetherby | Otley | Keighley Hospital | Clayton | Todmorden | Staincliffe | Wakefield | Pontefract | | Hemsworth | Goole | Selby | Thorne | Penistone | Grenoside | Sadlerworth |
| Sick (Acute and Chronic) | 13 | 69 | 208 | 30 | 56 | 23 | 57 | 33 | 155 | 822 | 642 | 145 | 910 | 1008 | 405 | 231 | 166 | 82 | 56 | 38 | 117 | 40 | 5306 |
| Infirm ... | 16 | 18 | — | 90 | 31 | 20 | 63 | 18 | 37 | 146 | 24 | 29 | 65 | 260 | 385 | 76 | 78 | 51 | 14 | 15 | 19 | 5 | 1460 |
| Mental ... | 1 | 47 | 8 | 4 | 19 | 2 | 26 | — | 6 | 108 | 78 | 17 | 142 | 70 | 42 | 31 | 17 | 17 | 14 | 2 | — | — | 651 |
| Maternity ... | — | 2 | 5 | 25 | 3 | — | 3 | — | 9 | 268 | 12 | — | 35 | 43 | 20 | 15 | 4 | 3 | — | 1 | 6 | 1 | 455 |
| Other Cases ... | 17 | 26 | 6 | 69 | 13 | — | — | 2 | 29 | 23 | 2 | 4 | 407 | 35 | 57 | 17 | 89 | 72 | 9 | 23 | 15 | — | 915 |
| Totals ... | 47 | 162 | 227 | 218 | 122 | 45 | 149 | 53 | 236 | 1367 | 758 | 195 | 1559 | 1416 | 909 | 370 | 354 | 225 | 93 | 79 | 157 | 46 | 8787 |

| Number of Deaths. | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---|----|----|----|----|----|----|---|----|-----|-----|----|-----|-----|-----|----|----|----|----|----|----|----|------|
| Sick (Acute and Chronic) | 1 | 13 | 46 | 39 | 10 | 6 | 13 | 5 | 38 | 68 | 109 | 42 | 226 | 166 | 76 | 29 | 27 | 22 | 10 | 10 | 20 | 9 | 985 |
| Infirm ... | — | — | 4 | 34 | 2 | 5 | 2 | 1 | 14 | 44 | 5 | 12 | 1 | 35 | 48 | 7 | 4 | 7 | 1 | 1 | 3 | 2 | 232 |
| Mental ... | — | — | — | 3 | — | — | — | — | — | 4 | 3 | — | 8 | — | 2 | 3 | 3 | — | — | — | — | — | 26 |
| Maternity ... | — | — | — | — | — | — | — | — | — | 2 | — | — | — | — | 1 | — | — | — | — | — | — | — | 3 |
| Other Cases | — | — | — | 6 | — | — | 1 | — | 1 | 8 | 1 | 1 | 1 | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 34 |
| Totals ... | 1 | 13 | 50 | 79 | 15 | 11 | 16 | 6 | 53 | 126 | 118 | 55 | 236 | 204 | 130 | 41 | 36 | 31 | 12 | 12 | 23 | 12 | 1280 |

WORK OF DISTRICT MEDICAL OFFICERS, 1931.

| Number and Name of Guardians Committee Area. | No. of District Medical Officers. | No. of attendances on assisted persons. | | |
|---|--|--|---------------|------------------|
| | | At their homes. | At Surgery | Total visits. |
| Area No. 1.—Ewecross | 12 | 482 | 474 | 956 |
| Area No. 2.—Staincliffe | 8 | * | * | 2623 |
| Area No. 3.—Claro | 13 | 2639 | 1098 | 3737 |
| Area No. 4.—Barkston Ash | 9 | 1696 | 1244 | 2940 |
| Area No. 5.—Skyrack | 5 | 828 | 1011 | 1839 |
| Area No. 6.—Worth Valley | 7 | 1586 | 485 | 2071 |
| Area No. 7.—East Morley | 8 | 38 | 1932 | 1970 |
| Area No. 8.—Calder | 14 | 2681 | 1343 | 4024 |
| Area No. 9.—Spen Valley | 10 | 3254 | 1773 | 5027 |
| Area No. 10.—Lower Agbrigg | 15 | 6702 | 3702 | 10404 |
| Area No. 11.—Osgoldcross | 14 | 8199 | 5898 | 14097 |
| Area No. 12.—Goole and Selby | 4 | 2095 | 499 | 2594 |
| Area No. 13.—Don Valley | 15 | 4245 | 2776 | 7021 |
| Area No. 14.—Staincross | 19 | 4689 | 3328 | 8017 |
| Area No. 15.—Upper Agbrigg | 17 | 2064 | 687 | 2751 |
| Area No. 16.—Rother Valley | 13 | * | * | 13930 |
| Totals .. | 183 | * | * | 84001 |

* Figures not available.

COUNTY PUBLIC ASSISTANCE INSTITUTIONS.

Available Accommodation and Classification of Patients and Inmates on 28th November, 1931.

| Institution | Able-bodied | | Infirm | | Sick | | Maternity Cases | Children under 3 years | Mental Cases | | Receiving Ward | | Casual Ward | | Isolation Ward | | Hospital Nursery | Consumptive Shelters | Total available institutional accommodation | Total No. of inmates accommodated 28.11.31 |
|------------------------|--------------|--------------|--------------|--------------|--------------|--------------------------|-------------------------|------------------------|--------------|--------------|----------------------------|------------------------|--------------|-------------------------|---------------------|-----------|------------------|----------------------|---|--|
| | M. | F. | M. | F. | M. | F. | | | M. | F. | M. | F. | M. | F. | M. | F. | | | | |
| Skipton ... | 30 (27) | 24 (10) | 24 (23) | 25 (70) | 40 (27) | 38 (33) | 2 (2) | 6 (2) | — | — | — | — | 47 (35) | 7 (7) | 8 (3) | — | 10 (4) | — | 261 | 177 |
| Knaresborough ... | — (—) | — (—) | 79 (7) | 66 (49) | 20 (20) | 34 (35) | 5 and 3 cots. (4) | 16 (73) | — | — | 2 (—) | — | 72 (35) | 3 and 1 cot. (—) | 3 (—) | 3 (—) | — (—) | 4 (3) | 307 | 233 |
| Ripon ... | 30 (14) | 15 (6) | — (—) | — (—) | 16 (9) | 16 (73) | 3 and 2 cots. (—) | 1 (—) | — | — | 3 (7) | — | 22 (5) | 5 (—) | 3 (—) | 3 (—) | 4 (3) | — | 121 | 51 |
| Great Ouseburn ... | — (—) | 22 (14) | 14 (5) | 10 (3) | 9 (8) | 1 (—) | — | — | — | — | — | — | 16 (—) | 4 (—) | — | — | — | — | 76 | 30 |
| Pateley Bridge ... | — (—) | — (—) | — (—) | — (—) | — (—) | — (—) | — | — | — | — | — | — | 16 (6) | 2 (—) | — | — | — | — | 18 | 6 |
| Tadcaster ... | 32 (4) | 20 (4) | — (20) | — (3) | 19 (78) | 14 and 2 cots. (8) | 1 and 2 cots. (—) | 6 (2) | — | 24 (24) | — | — | 26 (43) | 10 and 1 cot. (5) | — | — | — | — | 152 | 131 |
| Wetherby ... | — (—) | 27 (19) | 17 (6) | 11 (7) | 9 (9) | 2 (—) | — | — | — | — | — | — | 40 (61) | 3 (3) | — | — | — | — | 109 | 107 |
| Otley ... | 14 (7) | 9 (—) | 40 (33) | 35 (24) | 38 (27) | 34 (33) | 3 (—) | 11 (6) | — | — | — | — | 63 (60) | 6 (3) | — | 4 (—) | — | — | 257 | 185 |
| Keighley (Hospital) | — (—) | — (—) | — (—) | — (—) | 52 (42) | 74 (49) | 26 (20) | — | 32 (32) | 48 (38) | — | — | — | — | — | — | 15 (5) | 9 (7) | 256 | 193 |
| Keighley (Institution) | 83 (50) | 36 (16) | 41 (24) | 6 (6) | — (—) | — (—) | — | — | — | — | 6 (—) | 3 (—) | 56 (56) | 6 (4) | — | — | — | — | 237 | 156 |
| Clayton ... | 45 (27) | 20 (19) | 68 (61) | 28 (28) | 99 (63) | 112 (98) | 6 (—) | — | 28 (22) | 32 (29) | 4 (2) | 3 (—) | 25 closed | 3 closed | 16 (16) | — | 26 (14) | — | 515 | 379 |
| Todmorden ... | — (—) | — (—) | 73 (53) | 45 (26) | 31 (16) | 31 (24) | 1 (—) | 13 (4) | 9 (4) | 9 (4) | 2 (7) | 2 (7) | 60 (35) | 9 (7) | 8 (—) | — | — | — | 293 | 169 |
| Batley ... | 86 (78) | 75 (42) | 40 (32) | 22 (24) | 130 (111) | 168 (153) | 10 (2) | 12 (12) | 50 (63) | 25 (44) | 10 (5) | 10 (—) | 80 (81) | 8 (—) | 6 (—) | 7 (10) | 12 (3) | 16 (3) | 767 | 660 |
| Wakefield ... | 119 (66) | 63 (37) | 60 (60) | 28 (28) | 80 (63) | 70 (62) | 2 (2) | 7 (—) | 11 (8) | 23 (27) | 6 (3) | 5 (2) | 53 (37) | 9 (7) | — | — | 30 (30) | — | 566 | 414 |
| Pontefract ... | 30 (25) | 10 (10) | 138 (109) | 58 (57) | 139 (134) | 50 (48) | 4 (7) | 20 (17) | 1 (7) | 1 (—) | 10 5 boys over 2 (4) | 3 (7) | 56 (106) | 7 (5) | — | — | 8 (13) | 27 (20) | 562 | 545 |
| Hemsworth ... | 67 (42) | 16 (17) | — (—) | — (—) | 40 (28) | 39 (23) | 2 and 2 cots. (—) | 9 (6) | — | — | 7 (2) | 3 and 1 cot. (—) | 23 (30) | 7 and 1 cot. (2) | 3 (—) | 3 (—) | 8 (2) | — | 227 | 146 |
| Selby ... | 24 (24) | 16 (6) | 32 (30) | 12 (6) | 9 (6) | 9 (2) | 2 (—) | 5 (5) | — | — | 2 (—) | 2 (7) | 40 (40) | 7 (6) | — | — | 5 (5) | 1 (7) | 166 | 136 |
| Goole ... | 38 (35) | 27 (22) | 35 (33) | 26 (16) | 26 (18) | 16 (8) | 4 and 2 cots. (—) | 8 (7) | — | — | 5 (—) | 3 (—) | 15 (6) | 3 (—) | — | — | 7 (2) | 2 (7) | 215 | 142 |
| Grenoside ... | 40 (37) | 10 (3) | 9 (8) | 10 (7) | 18 (17) | 18 (12) | 2 (—) | 9 (4) | — | 20 (18) | 2 (—) | 4 (—) | closed | closed | — | — | — | 1 (—) | 143 | 100 |
| Penistone ... | 10 (3) | 10 (7) | 14 (7) | 10 (2) | 17 (12) | 15 (7) | 1 (—) | 3 (—) | — | — | 2 (2) | — | closed | closed | Now used as Stores. | | — | — | 82 | 34 |
| Settle ... | 65 (44) | 13 (4) | — (—) | — (—) | 20 (15) | 12 (4) | 2 (—) | — | 27 (37) | — | 2 (6) | 3 (—) | 20 (19) | — | — | — | — | 1 (7) | 165 | 130 |
| | 713 (471) | 413 (224) | 684 (578) | 392 (296) | 812 (643) | 753 (612) | 76 (33) | 126 (66) | 158 (167) | 182 (188) | 63 (20) | 41 (5) | 730 (649) | 99 (37) | 47 (19) | 20 (—) | 125 (88) | 61 (36) | 5495 | 4126 |

The top line of figures shows the accommodation available under the various headings, and the figures in brackets the number of patients and inmates in residence on 28th November, 1931.

118 Available Accommodation and Classification

| Institution | Aged | | | Male | | | Female | | | Total | | | Children under 16 years |
|------------------------|------|-----|-----|------|-----|-----|--------|-----|-----|-------|----|----|-------------------------|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | |
| Settle | 44 | 65 | 109 | — | — | — | 17 | 12 | 29 | — | — | — | — |
| Penistone | 10 | 10 | 20 | 10 | 10 | 20 | 10 | 10 | 20 | — | — | — | — |
| Grenside | 40 | 40 | 80 | 10 | 10 | 20 | 10 | 10 | 20 | — | — | — | — |
| Goole | 38 | 38 | 76 | 38 | 38 | 76 | 38 | 38 | 76 | — | — | — | — |
| Selby | 34 | 34 | 68 | 34 | 34 | 68 | 34 | 34 | 68 | — | — | — | — |
| Hemsworth | 67 | 67 | 134 | — | — | — | — | — | — | — | — | — | — |
| Pontefract | 30 | 30 | 60 | 30 | 30 | 60 | 30 | 30 | 60 | — | — | — | — |
| Wakefield | 119 | 119 | 238 | 119 | 119 | 238 | 119 | 119 | 238 | — | — | — | — |
| Batley | 86 | 86 | 172 | 86 | 86 | 172 | 86 | 86 | 172 | — | — | — | — |
| Todmorden | — | — | — | 73 | 73 | 146 | 31 | 31 | 62 | — | — | — | — |
| Clayton | 45 | 45 | 90 | 45 | 45 | 90 | 45 | 45 | 90 | — | — | — | — |
| Keighley (Institution) | 83 | 83 | 166 | 83 | 83 | 166 | 83 | 83 | 166 | — | — | — | — |
| Keighley (Hospital) | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Olney | 14 | 14 | 28 | 14 | 14 | 28 | 14 | 14 | 28 | — | — | — | — |
| Wetherby | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Tadcaster | 32 | 32 | 64 | 32 | 32 | 64 | 32 | 32 | 64 | — | — | — | — |
| Great Ouseburn | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Pateley Bridge | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Great Ouseburn | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Ripon | 30 | 30 | 60 | 30 | 30 | 60 | 30 | 30 | 60 | — | — | — | — |
| Knaresborough | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Skipton | 30 | 30 | 60 | 30 | 30 | 60 | 30 | 30 | 60 | — | — | — | — |

The top line of figures shows the accommodation available under the various on 28th November, 1931.

PART II.

DR. P. L. SUTHERLAND—Bacteriologist and Pathologist.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

The Total number of specimens examined in the Laboratory during the year 1931, was 30,412.

This number includes 2,602 specimens received from the County Boroughs of Barnsley, Dewsbury, Halifax and Wakefield and from the Ministry of Health.

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

| Month | Serum Reaction for Enteric Fever | Sputum for Tubercle Bacilli | Suspected Diphtheria | Venereal Disease | Miscellaneous | Total |
|-----------|----------------------------------|-----------------------------|----------------------|------------------|---------------|-------|
| January | 72 | 556 | 1150 | 366 | 521 | 2665 |
| February | 48 | 461 | 847 | 297 | 583 | 2236 |
| March | 81 | 532 | 757 | 306 | 621 | 2297 |
| April | 84 | 533 | 773 | 323 | 871 | 2584 |
| May | 78 | 537 | 976 | 270 | 794 | 2655 |
| June | 90 | 522 | 802 | 308 | 930 | 2652 |
| July | 108 | 521 | 1004 | 314 | 900 | 2847 |
| August | 141 | 420 | 673 | 273 | 527 | 2034 |
| September | 81 | 441 | 1049 | 259 | 623 | 2453 |
| October | 81 | 468 | 1248 | 300 | 804 | 2901 |
| November | 99 | 416 | 888 | 310 | 626 | 2339 |
| December | 117 | 455 | 1156 | 502 | 519 | 2749 |
| Total | 1080 | 5862 | 11323 | 3828 | 8319 | 30412 |

The next table gives the figures for 1931 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 |
|------|----------------------------------|-----------------------------|----------------------|------------------|---------------|-------|
| 1926 | 1710 | 4864 | 6396 | 3148 | 4201 | 20319 |
| 1927 | 2249 | 5566 | 6633 | 3330 | 4721 | 22499 |
| 1928 | 1710 | 5552 | 9969 | 3746 | 4562 | 25539 |
| 1929 | 2115 | 5380 | 10934 | 3684 | 4898 | 27011 |
| 1930 | 1419 | 5722 | 13786 | 4028 | 5239 | 30194 |
| 1931 | 1080 | 5862 | 11323 | 3828 | 8319 | 30412 |

Examinations made for other Authorities.

The following table gives the number of examinations made for other authorities, exclusive of Venereal Diseases Examinations, which are given in detail on page 66.

Examinations made for other Authorities.

| Authority | No. of Specimens | Cost to Authority |
|--------------------|----------------------|-------------------|
| Barnsley C.B. | 27 | £ 14 s. 0 d. |
| Dewsbury C.B. | 48 | 15 13 0 |
| Halifax C.B. | 15 | 3 13 6 |
| Wakefield C.B. | 1252 | 143 14 0 |
| Ministry of Health | 21 (Certified Milks) | 5 5 0 |
| | 1363 | £182 5 6 |

ENTERIC FEVER.

Examination for Widal reaction.—During the year, 1,080 specimens of blood were tested for the Widal reaction for the diagnosis of typhoid fever and paratyphoid fever. In each case the blood was tested against *B. typhosus*, *B. paratyphosus* A, and *B. paratyphosus* B. Seventy specimens gave a positive agglutination with *B. typhosus* and 58 with *B. paratyphosus* B.

It is to be noted however, that these results do not give a true indication of the relative proportion of cases of typhoid fever and of paratyphoid fever, as most of the samples of blood received at the laboratory are very small and are only suitable for the microscopic method of examination in one dilution. By this method, owing to cross agglutination, it is often impossible to distinguish between the two diseases.

When suitable samples of blood are sent, the test is performed by the macroscopic method which enables a reliable distinction to be made between these diseases.

Examination for *B. typhosus* and *B. paratyphosus* A. and B.—The number of specimens examined for organisms of the typhoid group was 636. These consisted chiefly of samples of urine and faeces from convalescent cases and from suspected "carriers." Of these, 3 specimens of urine and 8 of faeces were found to contain *B. typhosus*, and 2 of urine and 12 of faeces were found to contain *B. paratyphosus* B.

DYSENTERY.

Twelve specimens of faeces were examined and in one *B. dysenteriae* (Flexner type) was found.

FOOD POISONING.

Seven specimens of faeces were examined for food poisoning organisms and 4 were found to contain *B. aertrycke* (Mutton). Two specimens of faeces from two post-mortem examinations were also examined for food poisoning organisms, in each case with negative result.

HUMAN TUBERCULOSIS.

Sputum.—The specimens examined microscopically for the tubercle bacillus numbered 5,862 and in 1,165 or 19·8 per cent. the bacillus was found.

Four hundred and seventy-five specimens which had been previously examined twice microscopically with negative result were re-examined by the sedimentation method, and 31 or 6·5 per cent. were found to be positive.

One hundred and thirty-three specimens which had been previously examined three times microscopically and once by sedimentation with negative result, were again re-examined by the sedimentation method, by culture, and biologically. Of these, 13 or 9·8 per cent. were found by one or other, but chiefly by the biological method (inoculation test), to be positive.

By the sedimentation and biological methods 7·3 per cent. of specimens were found to be positive after two or three microscopic examinations had failed to show the presence of the tubercle bacillus.

Urine.—Three hundred and seventy three specimens of urine which were received for examination for various reasons, were examined for tubercle bacilli to exclude the presence of tuberculosis of the bladder or kidney. Of these, 8 were found to contain *B. tuberculosis*.

Other Specimens.—The remaining 72 specimens of human origin examined for the tubercle bacillus were, pus 45, pleural fluid 14, faeces 10, ascitic fluid 2, and fluid from the knee 1. In 12 specimens of pus and 1 of pleural fluid tubercle bacilli were found.

BOVINE TUBERCULOSIS.

Milk.—Veterinary Samples.—One thousand and forty-nine specimens (936 from individual cows and 113 group samples) were examined. Of these, 160 from single cows or 17·1 per cent., and 6 group samples or 5·3 per cent. were found to contain the tubercle bacillus.

In addition 9 samples, one of which was tuberculous, were received from various County Boroughs.

Mixed Milks.—During the year, samples of milk of all kinds were examined by the inoculation test for tubercle bacilli as far as the accommodation of the animal house would permit. These specimens were submitted merely for the estimation of the number of bacteria and *B. coli*. Such milks are reported as satisfactory when they fulfil the requirements of the standard set up for the grade to which they belong. The standards only take into consideration the total bacterial content and the presence of *B. coli* (see table on page 68). It must be remembered however, that a milk may be satisfactory as regards bacterial content and yet be dangerous on account of the presence of tubercle bacilli. Provision is made by the West Riding County Council through the County Veterinary Department to deal at once with milk found to contain tubercle bacilli. On the contrary it is doubtful if effective action can be taken on the result of an unsatisfactory report as regards bacterial content. This applies particularly to ordinary milk as there is no agreed bacterial standard for such milk.

As it appeared that an undue emphasis was being laid by the senders upon a mere enumeration of bacteria it seemed advisable to examine by the inoculation test, as far as possible each of these samples for *B. tuberculosis*.

The specimens include samples of school milk and graded milk submitted by the central sanitary staff, samples from local sanitary inspectors and a few sent by the sanitary officers of other authorities, viz., Barnsley, Dewsbury and Wakefield County Boroughs.

The following table gives the result of the examination of these milks :—

Mixed Milks Examined for *B. Tuberculosis*.

| Class of Milk | West Riding Administrative Area | | | | | | Other Authorities | | | Total | | |
|-----------------|---------------------------------|----------|------------|-------------------|----------|------------|-------------------|----------|------------|--------------|----------|------------|
| | Milk supplied to Schools. | | | Other Mixed Milks | | | | | | | | |
| | No. Examined | Positive | % Positive | No. Examined | Positive | % Positive | No. Examined | Positive | % Positive | No. Examined | Positive | % Positive |
| Certified ... | 4 | — | — | 12 | — | — | 1 | — | — | 17 | — | — |
| Grade A 'T.T.' | — | — | — | 1 | — | — | — | — | — | 1 | — | — |
| Grade "A" ... | 25 | 1 | 4 | 100 | 4 | 4 | 5 | — | — | 130 | 5 | 3.8 |
| Pasteurised ... | 23 | — | — | 5 | — | — | 2 | — | — | 30 | — | — |
| Ordinary ... | 126 | 6 | 4.7 | 401 | 14 | 3.5 | 28 | — | — | 555 | 20 | 3.6 |
| | 178 | 7 | 3.9 | 519 | 18 | 3.5 | 36 | — | — | 733 | 25 | 3.4 |

The total number examined was 733 and of these, 25 or 3.4 per cent. were found to contain tubercle bacilli. The percentage is considerably lower than that found in other areas where similar figures have been published. It is to be noted that the designation "Grade A" does not offer any guarantee that the milk is less likely to contain the tubercle bacillus than ordinary milk, and, although school milks are derived from specially selected producers, the same applies.

Of the 7 tuberculous school milks, only 1 failed to fulfil the requirements of the standard set as regards bacterial content.

In each case when a milk was found to be positive, immediate action was taken by the laboratory. A telephone message was sent to the County Veterinary Officer who at once instituted investigations for the detection and destruction of the tuberculous animal or animals. The results of such investigations are given in the following table.

Mixed Milks found to contain B Tuberculosis.

| Class of Milk | Action Taken |
|------------------|--|
| Grade A (School) | C.V.O. and C.S.I. took samples. (negative). Farmer buys milk from other sources (this is irregular). |
| Grade A | C.V.O. took milk sample (positive). Cow found. |
| " | Cow slaughtered. Lesions—Not advanced case. |
| " | Nothing found by C.V.O. |
| " | Cow slaughtered. Udder lesions—Advanced case. |
| Ordinary School | C.V.O. took 5 milk samples. 1 positive. |
| " | C.V.O. took milk sample (negative). |
| " | Cow slaughtered. Udder lesions—Advanced case. |
| " | do. do. do. |
| " | do. do. do. |
| " | do. do. do. |
| Ordinary | Two cows sold from farm before C.V.O.'s visit. Nothing found by C.V.O. |
| " | Eight samples milk taken (all negative). Nothing found by C.V.O. |
| " | Nothing found by C.V.O. |
| " | Cow slaughtered. Not advanced case. |
| " | do. Case advanced. |
| " | Two cows slaughtered (1, udder lesion—Not advanced) (1, no lesions, chronic cough). |
| " | Cow slaughtered. Udder lesions—Advanced case. |
| " | do. do. do. |
| " | do. do. do. |
| " | do. do. do. |
| " | do. do. do. |
| " | do. do. do. |
| " | do. do. do. |
| " | Nothing found by C.V.O. |

Eighteen tuberculous cows were found and were destroyed. In one case milk was purchased by the farmer from other sources and the infected animals could not be traced. In another case two cows had been sold before the Veterinary Officer's visit to the farm, and in 5 cases it was not possible to find the offending animals.

It should be remembered that these examinations only apply to a small fraction of the milk supply of the West Riding.

Increased accommodation is however being provided in the animal house, by the introduction of a smaller type of cage, and the provision of more racks and shelves to enable a larger number of animals to be used so that at least a greater proportion of the specimens received for examination for bacterial content will, as a matter of routine, be examined in addition by the inoculation test for the presence of the tubercle bacillus.

Other Specimens.—Seven specimens were examined, namely, three of gland, two udder, one of kidney and one of liver. The two portions of udder showed the presence of the tubercle bacillus.

DIPHTHERIA.

During the year, 11,323 swabs were examined for the diphtheria bacillus.

Swabs for Diagnosis.—The number of swabs submitted by practitioners for diagnosis was 3,389 of which 736 or 21·6 per cent. were positive.

Swabs from convalescents.—The number of swabs examined in order to determine if convalescents were free from infection and ready for discharge from isolation, was 5,432, and of these 647 or 11·9 per cent were found to be positive. The swabs were received chiefly from the Medical Superintendents of Isolation Hospitals.

Swabs from "contacts."—The number of swabs from "contacts" was 2,502, of which 70, or 2·7 per cent were positive. The swabs were collected from persons, mostly children, known to have been in contact with cases of diphtheria, from suspected "carriers," and from children attending schools where diphtheria was prevalent. These specimens were sent by local medical officers of health or collected by members of the central staff.

Virulence tests.—The total number of strains of diphtheria bacilli isolated and tested for virulence was 85. This test is carried out when doubtful, diphtheria-like organisms are found in swabs from suspected cases, and when the diphtheria bacillus persists for an unduly long period of time in the throats and nasal passages of convalescents.

In the case of "contact" swabs giving a positive routine result the organism is—if it is possible—isolated in every case and tested for virulence. The results are given in the following table.

Virulence Test for *B. Diphtheriæ*. (Animal inoculation).

| | Positive | Negative | Total |
|--------------------------|----------|----------|-------|
| Cases for diagnosis | 18 | Nil | 18 |
| "Convalescents" | 4 | 5 | 9 |
| "Contacts" and Carriers" | 35 | 23 | 58 |
| | 57 | 28 | 85 |

During the latter part of the year the strains of diphtheria bacilli which had been isolated were typed and the majority were found to belong to the "gravis" type of *B. diphtheriæ*. This type of diphtheria bacillus has been shown to be associated with a severe type of the disease. It is significant that a severe type was prevalent in certain districts particularly in the neighbourhood of Wakefield County Borough.

VENEREAL DISEASES.

The number of pathological examinations performed under the Public Health (Venereal Diseases) Regulations, 1916, was 3726. Of these 1239 were made on behalf of the County Boroughs of Barnsley, Dewsbury, Doncaster, Halifax and Wakefield.

NATURE OF TEST.

| District | Specimens examined for | | | Total | Cost to Authority | | |
|--------------------|------------------------|-----------|---------------------|-------|-------------------|----|----|
| | Spirochaetes | Gonococci | Wasser-man Reaction | | | | |
| West Riding .. | 2 | 678 | 1809 | 2487 | £ | s. | d. |
| Barnsley C.B. ... | — | — | 99 | 99 | 34 | 13 | 0 |
| Dewsbury C.B. ... | — | 133 | 101 | 234 | 45 | 6 | 6 |
| Doncaster C.B. ... | — | 99 | 165 | 264 | 75 | 1 | 6 |
| Halifax C.B. ... | 3 | 4 | 296 | 303 | 104 | 16 | 6 |
| Wakefield C.B. ... | 2 | 15 | 322 | 339 | 113 | 19 | 6 |
| | 7 | 929 | 2792 | 3726 | 373 | 17 | 0 |

CEREBRO-SPINAL FEVER.

Five hundred and eight specimens of cerebro-spinal fluid were examined for the presence of meningococci. In 224 of these the meningococcus was found which confirmed the diagnosis of cerebro-spinal fever. In the latter part of the year an endeavour was made to inoculate all the fluids, which were negative as regards meningococci, to exclude *B. tuberculosis*. In 4 the tubercle bacillus was found, which proved that the disease was tuberculous meningitis, and in 280 the result was negative.

HUMAN ANTHRAX.

Fifteen specimens were examined for the anthrax bacillus, all of which were from suspected cases of malignant pustule, and in 2 the result was positive. The particulars of the positive cases were as follows:—

- No. 1. Male age 18, piecener. Pustule on chin (Dewsbury).
No. 2. Male aged 24, woolsorter. (fatal case—Keighley).

BOVINE ANTHRAX.

Two specimens—one pus, and one material from the carcase of a cow—were examined for anthrax bacilli, in each case with negative result.

RINGWORM.

The number of specimens of hairs and scales examined was 573.

OPHTHALMIA NEONATORUM.

Fifteen specimens of pus from the eyes of infants suffering from ophthalmia, suspected to be of gonorrhoeal origin, were examined, and in 6 cases the gonococcus was found.

CYTOLOGICAL EXAMINATIONS.

One hundred and fifty-two examinations were made including examination of blood films and determination of the number of white cells, red cells and hæmoglobin.

SILICOSIS.

Material from 12 post-mortem examinations was examined from suspected cases of silicosis. The lungs were examined microscopically. Four showed extensive silicosis and 8 silicosis and tuberculosis.

TISSUE FOR HISTOLOGICAL EXAMINATION.

One hundred and three 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 |
|----------------|-----------------|-----------------|------------------|
| Glands (human) | 9 | 1 | 8 Tuberculous |
| Lungs (human) | 6 | — | 4 Tuberculous |
| Liver (human) | 3 | — | |
| Breast | 13 | 7 | 6 Simple tumours |
| Uterus | 6 | — | 6 Simple tumours |
| Rectum | 4 | 1 | 3 Simple tumours |
| Heart | 2 | — | |
| Skin | 2 | — | |
| Kidney | 2 | — | |
| Spleen | 6 | — | |
| Cervix | 7 | 2 | 5 Simple tumours |
| Tonsil | 2 | 2 | |
| Neck | 1 | 1 | |
| Ovary | 2 | 1 | 1 Simple tumour |
| Eye | 1 | — | |
| Finger | 1 | — | Simple tumour |
| Brain | 1 | — | |
| Intestine | 1 | — | Simple tumour |
| Back | 1 | — | Simple tumour |
| Abdomen | 1 | — | Simple tumour |
| Jaw | 1 | — | Simple tumour |
| Meningocœcle | 1 | — | |
| Nasal Polyp | 1 | — | Simple tumour |
| Uterine polyp | 1 | — | Simple tumour |
| Jaw | 2 | 1 | |
| Prostate | 2 | 2 | |

Histological Specimens.—continued.

| Source | Number examined | Found Cancerous | Other Conditions |
|------------------------------|--------------------|--------------------|------------------|
| Scrotum | 1 | 1 | Tuberculous |
| Face | 1 | 1 | |
| Arm | 1 | 1 | |
| Appendix | 1 | — | |
| Chin | 1 | 1 | |
| Tongue | 1 | 1 | |
| Leg | 1 | 1 | |
| Medico-Legal | 12 | — | |
| VETERINARY SPECIMENS. | | | |
| Cyst from pig | 1 | — | |
| Gland from pig | 1 | — | |
| Udder (bovine) | 1 | — | |
| Lung (bovine) | 1 | — | |
| Supramammary gland | 1 | — | |

EXAMINATION OF MILK FOR BACTERIAL CONTENT.

One thousand and thirty-five specimens of milk were examined for bacterial content, and of these 388 or 37.5 per cent. were unsatisfactory.

These samples include the milk supplied to schools. Designated milk and milk sent by other Authorities.

The following table gives the details of examinations made:—

Mixed Milks Examined for Bacterial Content.

| Designation | West Riding Administrative Area. | | | | | | Other Authorities | | | Total | | |
|-----------------|----------------------------------|----------------|------------|-------|----------------|------------|-------------------|----------------|------------|-------|----------------|------------|
| | Supplied to Schools | | | Other | | | | | | | | |
| | Total | Unsatisfactory | | Total | Unsatisfactory | | Total | Unsatisfactory | | Total | Unsatisfactory | |
| | | Number | Percentage | | Number | Percentage | | Number | Percentage | | Number | Percentage |
| Certified ... | 4 | — | — | 20 | 1 | 5.0 | 6 | 1 | 16.6 | 30 | 2 | 6.6 |
| Grade A. 'T.T.' | — | — | — | — | — | — | 6 | 2 | 33.3 | 6 | 2 | 33.3 |
| Grade A. ... | 43 | 6 | 14.0 | 138 | 22 | 15.9 | 11 | 1 | 9 | 192 | 29 | 15.1 |
| Pasteurised ... | 35 | 23 | 65.7 | 14 | 3 | 21.4 | 7 | 7 | 100 | 58 | 26 | 44.8 |
| Ordinary ... | 156 | 47 | 30.1 | 556 | 269 | 48.2 | 39 | 13 | 33.3 | 751 | 329 | 43.8 |
| | 238 | 76 | 31.9 | 728 | 295 | 40.5 | 69 | 24 | 34.7 | 1035 | 388 | 37.5 |

WATER.

Eighty-four specimens of water were examined, of which 38 were pure, 37 polluted and 9 of doubtful purity.

POST-MORTEM EXAMINATIONS AND INQUESTS.

During the year 79 examinations were made by Dr. Sutherland at the request of West Riding Coroners and evidence was given at 63 inquests. The examinations included 5 cases of murder and 3 of manslaughter.

The verdicts show the variety of causes of death:—

- No. 1. Abortion, septic thrombosis of vena cava.
- No. 2. Murder, death from shock and hæmorrhage.
- No. 3. Abortion, septic endometritis.
- No. 4. Infanticide.
- No. 5. Broncho-pneumonia.
- No. 6. Gallstones, obstruction of cystic duct.
- No. 7. Peritonitis and septicæmia following abortion.
- No. 8. Influenza and septicæmia.
- No. 9. Cerebro-spinal meningitis.
- No. 10. Septic tonsillitis and septicæmia.
- No. 11. Cerebro-spinal meningitis.
- No. 12. Cerebro-spinal Meningitis.
- No. 13. Septicæmia.
- No. 14. Influenza.
- No. 15. Toxic jaundice due to novarsenobillon.
- No. 16. Rupture of aortic aneurism.
- No. 17. Bronchiolitis and bronchiolectosis.
- No. 18. Cerebral thrombosis.
- No. 19. Tuberculosis and silicosis.
- No. 20. Cerebral-spinal meningitis.
- No. 21. Toxic Jaundice.
- No. 22. Chronic nephritis.
- No. 23. Silicosis.
- No. 24. Atelectasis.
- No. 25. Still-born.
- No. 26. Cerebro-spinal meningitis.
- No. 27. Examination of exhumed bones.
- No. 28. Manslaughter, pneumonia.
- No. 29. Silicosis and Tuberculosis.
- No. 30. Silicosis and Tuberculosis.
- No. 31. Anthrax (woolsorters' disease).
- No. 32. Drowning.
- No. 33. Diverticulitis with perforation of intestine.
- No. 34. Silicosis and empyema.
- No. 35. Abortion, injury to oesophagus from corrosive poison.
- No. 36. Nephritis and uræmia.
- No. 37. Silicosis and tuberculosis.
- No. 38. Silicosis.
- No. 39. Suicide, gunshot wound in chest.
- No. 40. Manslaughter, cerebral hæmorrhage.
- No. 41. Silicosis.
- No. 42. Cellulitis and pyæmia accelerated by anæsthetic (ethyl chloride).
- No. 43. Duodenal hæmorrhage.
- No. 44. Pulmonary embolus.
- No. 45. Cerebro-spinal meningitis.
- No. 46. Bronchitis and atelectasis.
- No. 47. Asphyxia.
- No. 48. Gastro-enteritis.
- No. 49. Abortion, shock due to syringing.
- No. 50. Manslaughter, cerebral hæmorrhage.
- No. 51. Abortion, septicæmia.
- No. 52. Murder, abdominal wounds.
- No. 53. Coronary artery disease.
- No. 54. Tuberculous meningitis.
- No. 55. Silicosis and tuberculosis.
- No. 56. Cerebral hæmorrhage.
- No. 57. Silicosis.
- No. 58. Anæsthesia.
- No. 59. Abortion, septicæmia.
- No. 60. Still-born.

- No. 61. Bronchitis.
- No. 62. Silicosis and tuberculosis.
- No. 63. Suicide, potassium cyanide poisoning.
- No. 64. Silicosis and tuberculosis.
- No. 65. Acute lobar pneumonia.
- No. 66. Murder, gunshot wound in head.
- No. 67. Gastro-enteritis.
- No. 68. Asphyxia.
- No. 69. Abortion, shock due to syringing.
- No. 70. Tuberculosis.
- No. 73. Abortion, septicæmia.
- No. 72. Asphyxia.
- No. 73. Septicæmia.
- No. 74. Cerebro-spinal meningitis.
- No. 75. Murder, injuries to head.
- No. 76. Murder, injuries to head.
- No. 77. Cerebral hæmorrhage.
- No. 78. Osteo-myelitis.
- No. 79. Abortion, shock due to syringing.

EXAMINATIONS MADE FOR THE WEST RIDING POLICE.

On behalf of the West Riding Constabulary evidence was given by Dr. Sutherland at the Magistrates' Court—Huddersfield and Skipton—in connection with 2 cases of manslaughter, and in 1 case at Leeds Assizes.

Evidence was also given on behalf of the Barnsley Borough Police at the Magistrates' Court—Barnsley—in connection with 1 case of murder and 1 case of manslaughter.

Three articles of clothing and 1 pair of boots were examined in a case of manslaughter, and material from a case of suspected infanticide.

BIOLOGICAL EXAMINATIONS.

During the year, 1,914 specimens were examined biologically involving the use of 3,873 animals (guinea-pigs) for diagnostic purposes. The tests were simple subcutaneous inoculations for the detection of tubercle bacilli in milk, sputum, urine and other materials, for the determination of the virulence of *B. diphtheriæ* and for the detection of anthrax bacilli.

These tests were made not only for the West Riding County Council but also on behalf of the County boroughs of Barnsley, Dewsbury and Wakefield.

OTHER SPECIMENS.

The remaining 605 specimens included the following: urine for *B. coli* and other organisms 381, sputa for organisms other than tubercle bacilli 54, pus for organisms 50, pleural fluid for organisms 33, swabs for Vincent's bacillus and *Spirochaetes* 28, ice cream for bacterial content 14, faeces for organisms 13, blood sugar estimation 11, swabs for organisms 8, faeces for occult blood 7, sewage for organisms 4, and 2 specimens of wood wool from a filtration plant for organisms.

**List of Sanitary Districts in the West Riding showing the Number of Specimens
Received from each during 1931.**

| <i>Urban Districts.</i> | | <i>Urban Districts.</i> | | <i>Urban Districts.</i> | |
|-------------------------|-----|-------------------------|-----|-------------------------|--------|
| Adwick-le-Street | 39 | Keighley B. | 142 | Thurnscoe | 33 |
| Altofts | 31 | Kirkburton | 2 | Thurstonland and | |
| Ardsley, East and | | Kirkheaton | 3 | Farnley Tyas | 4 |
| West | 68 | Knaresborough | 21 | Tickhill | 6 |
| Baildon | 9 | Knottingley | 23 | Todmorden B. | 73 |
| Barkisland | 20 | Lepton | 8 | Wath-upon-Deane | 19 |
| Barnoldswick | 28 | Linthwaite | 22 | Whitley Upper | — |
| Batley B. | 258 | Luddendenfoot | 532 | Whitwood | 17 |
| Bentley-with-Arksey | 39 | Maltby | 26 | Wombwell | 106 |
| Bingley | 118 | Marsden | 55 | Worsborough | 25 |
| Birkenshaw | 2 | Meltham | 8 | Yeadon | 51 |
| Birstall | 7 | Methley | 20 | | |
| Bolton-upon-Deane | 17 | Mexborough | 18 | <i>Rural Districts.</i> | |
| Brighouse B. | 61 | Midgley | 2 | Barnsley | 11 |
| Burley-in-Wharfe- | | Mirfield | 41 | Bishopthorpe | 2 |
| dale | 99 | Morley B. | 526 | Bowland | 31 |
| Calverley | 4 | Mytholmroyd | 12 | Doncaster | 89 |
| Castleford | 48 | New Mill | 40 | Goole | 17 |
| Clayton West | 5 | Normanton | 50 | Great Ouseburn | 25 |
| Conisbrough | 54 | Oakworth | 7 | Halifax | 15 |
| Cudworth | 9 | Ossett B. | 116 | Hemsworth | 128 |
| Darfield | 23 | Otley | 52 | Hunslet | 13 |
| Darton | 16 | Oxenhope | 2 | Keighley | 9 |
| Denby and | | Penistone | 8 | Kiveton Park | 48 |
| Cumberworth | 12 | Pontefract B. | 74 | Knaresborough | — |
| Denholme | 2 | Pudsey B. | 11 | Pateley Bridge | 29 |
| Dodworth | 12 | Queensbury | 51 | Penistone | 4 |
| Drighlington | 5 | Rawdon | 10 | Pontefract | 60 |
| Earby | 8 | Rawmarsh | 64 | Ripon | 7 |
| Elland | 29 | Ripon C. | 18 | Rotherham | 472 |
| Emley | 2 | Rishworth | 4 | Sedbergh | 12 |
| Farsley | 17 | Rothwell | 32 | Selby | 7 |
| Featherstone | 59 | Royston | 8 | Settle | 215 |
| Flockton | 3 | Saddleworth | 14 | Skipton | 23 |
| Garforth | 19 | Scammonden | — | Tadcaster | 127 |
| Gildersome | 1 | Selby | 35 | Thorne | 7 |
| Golear | 22 | Shelf | — | Todmorden | — |
| Goole | 10 | Shelley | 11 | Wakefield | 275 |
| Greasborough | 2 | Shepley | 8 | Wetherby | 437 |
| Greetland | 30 | Shipley | 70 | Wharfedale N. | 12 |
| Guisley | 17 | Silsden | 17 | Wharfedale S. | 16 |
| Gunthwaite and | | Skelmanthorpe | 16 | Wortley | 71 |
| Ingbirchworth | — | Skipton | 100 | Barnsley C.B. | 27 |
| Harrogate B. | 52 | Slaithwaite | 13 | Dewsbury C.B. | 48 |
| Haworth | 4 | South Crosland | 2 | Halifax C.B. | 15 |
| Hebden Bridge | 30 | Southowram | 6 | Wakefield C.B. | 1,252 |
| Heckmondwike | 54 | Sowerby | 93 | Hospitals, &c. | 16,104 |
| Hemsworth | 157 | Soyland | 14 | School Medical | |
| Hipperholme | 22 | Spenborough— | | Inspectors | 375 |
| Holme | 1 | Cleckheaton | 50 | Tuberculosis Staff | 1,797 |
| Holmfirth | 70 | Gomersal | 15 | Ministry of Health | 21 |
| Honley | 25 | Liversedge | 74 | Venereal | |
| Horbury | 21 | Springhead | 5 | Specimens | 3,726 |
| Horsforth | 30 | Stainland-with-Old | | | |
| Hoyland Nether | 54 | Lindley | 18 | Total No. of Speci- | |
| Hoylandswaine | 3 | Stanley | 74 | mens examined | |
| Hunsworth | — | Stocksbridge | 8 | bacteriologic- | |
| Ilkley | 137 | Swinton | 29 | ally | 30,412 |
| | | Thurlstone | 6 | | |

PART III. MATERNITY AND CHILD WELFARE.

DR. R. LAWRENCE.—Chief Assistant Medical Officer for Child Welfare and School Medical Inspection.

Midwives Acts, 1902 to 1926.

The County Council is the Local Supervising Authority under the Midwives Acts for the Administrative County.

The midwives who notified their intention to practise during 1931 number 635, classified as follows:—

| Total Number of Midwives | Trained | | Untrained or Bona-fide |
|--------------------------|---|-------------|------------------------|
| | Attached to District Nursing Associations | Independent | |
| 635 | 254 | 326 | 55 |
| | 580 | | |

The supervision is carried out by the County Medical Officer, his Assistants and two Inspectresses. Health Visitors make visits to the midwives and inspect their registers, books of forms and their bags. During the year, 902 visits of inspection were made. Two midwives were cautioned by the County Medical Officer for minor infringements of the Rules; two midwives were struck off the Roll by the Central Midwives Board; and three midwives died.

MIDWIFERY.

It is interesting to note that at the last International Midwives Congress held at Ghent on April 1st—3rd, 1932, the subjects which were discussed by representative midwives from most European Countries were those which have been discussed in these reports and which still present problems for solution, *eg.*, "Length of Training," "Distribution of Midwives," "Payment of Subsidy," "Refresher Courses" and "Limitation of Cases." Some were discussed which have not been considered here, *eg.*, "Limitation of Pupil Midwives." If the difficulties associated with the uneven distribution of cases were overcome, the question of the limitation of midwives would automatically solve itself.

The year 1931 has been signalised by a round table conference of the Central Midwives Board with representatives of Local Supervising Authorities. For the purpose of representation the country was divided into six districts, each sending two representatives—one for counties and one for county boroughs. The counties of the Northern Group were represented by Dr. Lawrence. Before the meeting with the Central Midwives Board, representatives of Local Supervising authorities had met at some suitable place to discuss proposed alterations in the rules of the Board. Suggestions which had been received by the Central Midwives Board since the last round table conference had been collected and were submitted to the various groups for discussion. These latter discussed the suggestions made and instructed their delegates which to support and which to oppose. One or two suggestions emanating from the West Riding and endorsed by the Northern Group were forwarded, but one suggestion failed to secure approval. This suggestion was intended to meet the case of single-midwife districts where the midwife had been suspended from practice owing to contact with a case of infectious disease. Where there is no other midwife available it was suggested that this should be recognised as a valid reason for issuing medical aid notices to a doctor to take charge of those maternity patients whom the midwife had had to give up for the time being.

The proposal did not secure support. The Central Midwives Board has not yet published its amended rules, but it is to be hoped that the rules as amended will not be more numerous of complex than at present. These rules are the guide for the midwives in their professional conduct and it is essential that they should be simple and clear. Already the local branches of the Midwives Institute put on their lecture list "The Interpretation of the Rules of the Central Midwives Board," a fact which shows that these rules are reaching the limit of self-evident lucidity.

Branches of the Midwives Institutes.—New branches have been established and the Wakefield and District Branch has had a second successful session. The lecture room in the Medical Officers' Department of the County Hall has been at the disposal of the members for their monthly meetings. Several distinguished consultants have kindly addressed them on different branches of their work and they have also heard the views of one general practitioner on midwifery as he sees it.

The outstanding feature of the movement has been the wisdom of the midwives in securing the services of lecturers well qualified to teach the salient facts of midwifery. No better evidence could be adduced of their anxiety to maintain and improve the level of their professional attainments.

The International Midwives Congress discussed the midwife's professional education under the heading of "Length of Training." The training period in European countries varies from ten months to three years, and in Great Britain is twelve months except for candidates who have already got a certificate for a three years' course of general nursing. This period of 12 months is as long as most women can manage. Education, in the midwifery service, will resemble the same process in the school or the university—it will depend on the efforts of the candidate herself, and the improvement in the service will be effected by the selection of the right type of candidate rather than by prolonging the course of instruction or stiffening the examinations. For this reason the organisation by the midwives themselves of series of lectures is of hopeful augury. The provision of "Refresher Courses" is another movement which the midwives favour, and these courses of post-certificate training are of special value to those midwives who are not studiously inclined. The two courses already held at Bingley Training College were the first *resident* courses to be held in England and had the inestimable value of bringing midwives into contact with some of the most authoritative and inspiring teachers.

Number of Births attended by Certified Midwives.—Midwives attended 15,205 births and 2275 cases of confinement as Maternity Nurses, out of a total of 26,079 births registered, or 67·00 per cent.

The following table shows the number of births attended by midwives, and the percentage to the total births registered, compared with the previous two years:—

| Year. | Births attended by midwives. | Total Births registered in County Area. | Percentage attended by midwives. |
|-------|------------------------------|---|----------------------------------|
| 1929 | 17509 | 26831 | 65·22 |
| 1930 | 17067 | 27157 | 62·82 |
| 1931 | 17480 | 26079 | 67·00 |

The number of cases attended by individual midwives was as follows:—

| Independent Midwives | Midwives employed by Nursing Associations, etc. | Cases |
|----------------------|---|-------------|
| 2 | 0 | 200 or over |
| 30 | 2 | 100 to 200 |
| 26 | 1 | 75 to 100 |
| 41 | 9 | 50 to 75 |
| 54 | 68 | 25 to 50 |
| 108 | 116 | 5 to 25 |
| 79 | 38 | Less than 5 |
| 11 | 50 | No returns |

The cases where no returns have been made are due to the deaths of midwives, resignations, midwives only taking temporary duties, and midwives who have left the district.

Midwives' Fees—Necessitous Cases.—Under the County Council's scheme for contributing to the payment of midwifery fees in necessitous cases the sum of £2861 10s. 0d. was paid to midwives in respect of 2,859 patients.

Summary of Records received from Midwives.—According to the Rules of the Central Midwives Board the midwife must notify the Local Supervising Authority:—

1. In all cases in which she sends for medical help.
2. When death of mother or child occurs.
3. When still-birth occurs.
4. When she lays out a dead body.
5. When she is liable to be a source of infection.
6. When artificial feeding is substituted for breast-feeding.

The following table summarises the records received from midwives during the year 1931, and compares them with similar records for previous years:—

| | 1929 | 1930 | 1931 |
|---|------|------|------|
| Records of sending for Medical help ... | 3976 | 4880 | 5714 |
| Deaths of (a) Mother | 16 | 18 | 27 |
| (b) Child | 99 | 134 | 133 |
| Still-births (a) Males | 194 | 178 | 175 |
| (b) Females | 153 | 142 | 168 |
| Laying out the dead | 28 | 37 | 44 |
| Liability to be a source of infection ... | 141 | 122 | 125 |
| Substitution of artificial feeding for breast-feeding | 121 | 123 | 106 |

Medical Help Records.—The number of copy medical help records received from midwives during the year was 5,714 or 32.7 per cent. of the cases attended.

The following table shows the nature of the cases in which medical help was sought, classified according to the Rules of the Central Midwives Board:—

| | | | |
|--------------------------------|------|----------------------------------|-----|
| RULE E.21(1). | | | |
| Death of Mother | 1 | Death of Baby | 13 |
| RULE E.21(2)—PREGNANCY. | | | |
| Ante-partum Hæmorrhage | 214 | Purulent Discharge | 20 |
| Threatened Abortion | 84 | Phlebitis | 36 |
| Abortion or Miscarriage | 154 | Hydramnios | 14 |
| Eclampsia | 10 | Miscellaneous | 192 |
| Albuminuria | 136 | Debility | 34 |
| Oedema | 8 | Hyperemesis | 43 |
| Ante-natal Examination | 69 | | |
| RULE E.21(3)—LABOUR. | | | |
| Adherent Placenta | 141 | Breech Presentation | 129 |
| Placenta Prævia | 28 | Undefined do. | 57 |
| Ruptured Perineum | 1028 | Transverse do. | 19 |
| Ruptured Vagina | 8 | Funis do. | 22 |
| Premature Labour | 27 | Face do. | 22 |
| Prolonged Labour | 928 | Hand do. | 6 |
| Obstructed Labour | 136 | Foot do. | 12 |
| Uterine Inertia | 180 | Occipito-Posterior do. | 83 |
| Contracted Pelvis | 42 | Purulent Discharge | 2 |
| Rigid Os | 26 | Eclampsia | 9 |
| Collapse | 38 | Miscellaneous | 121 |
| Prolapse Cervix | 4 | | |
| RULE E.21(4)—LYING-IN. | | | |
| Post-partum Hæmorrhage | 144 | Pyrexia | 178 |
| White Leg | 17 | Mastitis | 22 |
| Purulent Discharge | 6 | Rigor | 4 |
| Miscellaneous | 152 | Oedema | 2 |
| Phlebitis | 37 | Albuminuria | 8 |
| Eclampsia | 4 | | |
| RULE E.21 (5)—THE CHILD. | | | |
| Injuries at Birth | 9 | Miscellaneous | 71 |
| Twins and Triplets | 10 | Hare Lip and Cleft Palate | 7 |
| Other Malformations | 40 | Spina Bifida | 24 |
| Pemphigus | 19 | Still-Birth | 59 |
| Convulsions | 23 | Inflammation of Eyes | 268 |
| Dangerous Feebleness | 240 | Prematurity | 138 |
| Septic Spots | 8 | Phimosis | 81 |
| Icterus Neonatorum | 16 | Rash | 12 |
| | | Hæmorrhages | 17 |

Doctors' Fees in Emergency Cases.—The claims paid to doctors for their attendance upon cases of emergency under the Midwives Act, 1918, amounted to £6,823 15s. 0d.

Still-Births.—The number of still-births notified by midwives was 343 or 1·96 per cent. of the total births attended by them.

The following table gives the number of still-births attended by midwives, and the percentage to total births attended by them, compared with previous years:—

| Year | Number of Births attended by midwives | Number of Stillbirths notified | Percentage of Still-births to Births attended |
|------|---------------------------------------|--------------------------------|---|
| 1928 | 17181 | 332 | 1·93 |
| 1929 | 17509 | 347 | 1·98 |
| 1930 | 17067 | 320 | 1·87 |
| 1931 | 17480 | 343 | 1·96 |

The following table shows the duration of pregnancy and sex of the 343 still-births notified by midwives:—

| Duration of Pregnancy | Number of Still-Births | | |
|-----------------------|------------------------|---------|-------|
| | Males | Females | Total |
| 6—7 months | 9 | 4 | 13 |
| 7—8 „ | 50 | 45 | 95 |
| 8—9 „ | 36 | 33 | 69 |
| 9 „ | 80 | 86 | 166 |
| Totals | 175 | 168 | 343 |

The 166 still-born babies reaching full period are classified as follows:—

| | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|-----|
| Macerated | ... | ... | ... | ... | ... | 75 |
| Malformed | ... | ... | ... | ... | ... | 7 |
| Breech Presentations | ... | ... | ... | ... | ... | 15 |
| Complicated Head Presentations | ... | ... | ... | ... | ... | 3 |
| Uncomplicated Head Presentations | ... | ... | ... | ... | ... | 42 |
| Feet and Other Presentations | ... | ... | ... | ... | ... | 15 |
| Born before arrival of midwife | ... | ... | ... | ... | ... | 6 |
| Multiple Pregnancies | ... | ... | ... | ... | ... | 3 |
| | | | | | | 166 |

Laying out of a Dead Body for Burial.—During the year 44 dead bodies were prepared for burial by midwives, and in accordance with Rules E.6 and 18 of the Central Midwives Board, each midwife had to undergo adequate cleansing and disinfection before she was allowed to resume her midwifery duties.

Liability to be a Source of Infection.—The number of notifications of liability to be a source of infection received from midwives was 125 compared with 122 for the previous year.

The following table shows the cases of infection with which midwives came into contact:—

| | | | | | | |
|-----------------------------|-----|-----|-----|-----|-----|----|
| Puerperal Fever and Pyrexia | ... | ... | ... | ... | ... | 85 |
| Scarlet Fever | ... | ... | ... | ... | ... | 7 |
| Erysipelas | ... | ... | ... | ... | ... | 2 |
| Diphtheria | ... | ... | ... | ... | ... | 1 |
| Pemphigus Neonatorum | ... | ... | ... | ... | ... | 17 |
| Other cases of infection | ... | ... | ... | ... | ... | 13 |

During the year 6 midwives were suspended from midwifery practice for periods exceeding 24 hours owing to contact with cases of infectious disease or themselves being a source of infection.

Compensation to Midwives.—In accordance with Section 2, sub-section 1. of the Midwives and Maternity Homes Act, 1926, the sum of £9 19s. 6d. was paid to 6 midwives for the loss of cases during suspension from practice for disinfection purposes.

Substitution of Artificial Feeding for Breast Feeding.—The number of notifications received was 106 or 0.61 per cent. of cases attended.

The cases which led to the substitution of artificial feeding for breast feeding are given in the following table:—

| | | | | | |
|---|-----|-----|-----|-----|-----------------|
| Phthisis of mother | ... | ... | ... | ... | 14 |
| Mother to return to work (illegitimate babies 100%) | ... | ... | ... | ... | 7 |
| On doctor's orders | ... | ... | ... | ... | 12 |
| Cleft palate and hare lip | ... | ... | ... | ... | 2 |
| Twins | ... | ... | ... | ... | 2 |
| Refusal of mother | ... | ... | ... | ... | 2 |
| Admission of mother to hospital | ... | ... | ... | ... | 4 |
| Agalactia (lack of milk) | ... | ... | ... | ... | 34 |
| Retracted nipples | ... | ... | ... | ... | 8 |
| Anæmia and illness | ... | ... | ... | ... | 18 |
| Miscellaneous | ... | ... | ... | ... | 3 |
| | | | | | <hr/> 106 <hr/> |

Training of Midwives.—At the present time the County Council are not training midwives, but in accordance with Circular 559 of the Ministry of Health, dated the 27th February, 1925, the sum of £270 was paid to the West Riding County Nursing Association for the provision of 9 newly-trained nurse-midwives to serve the areas of Ilkley, Maltby and Otley Urban Districts, and the Parishes of Brinsworth (Rotherham R.D.), Dacre (Pateley Bridge R.D.), Kirkby Malzeard (Ripon R.D.), Spofforth and Thorner (Wetherby R.D.) and Ulleskelf (Tadcaster R.D.).

Compensation to Midwives.—The Ministry of Health have approved a scheme for the payment of compensation to midwives, whose patients, after being referred to an ante-natal clinic of a Local Authority, had, for medical reasons, been admitted to a maternity home, and in cases where a midwife had called in a medical practitioner in accordance with the Rules of the Central Midwives Board, and the patient had been sent to a maternity hospital by such medical practitioner. A fee of 15/- per case was approved.

The sum of £120 10s. 0d. was paid in respect of 160 patients who were removed into hospital.

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.—The following table gives the special services provided by the County Council under the above Regulations, together with the cost of such services to the County Council:—

| | Cases | Amount | | |
|-------------------------------------|-----------|------------|---------|---------|
| | | £ | s. | d. |
| Hospital Treatment | 103 | 1234 | 4 | 10 |
| Ambulance Charges (8 cases) | — | 9 | 18 | 8 |
| Domiciliary Nurse | 2 | 9 | 3 | 6 |
| *Consultant Obstetrician (13 cases) | 9 | 87 | 0 | 0 |
| | <hr/> 114 | <hr/> 1340 | <hr/> 7 | <hr/> 0 |

*Consultant Obstetricians were requested in 13 cases, and 4 of these patients were removed into hospital, and are included in the hospital cases.

The County Council have arrangements with the undermentioned Consultant Obstetricians, whose services are available on request:—

| Name | Qualifications | Residence |
|-----------------------|---|-----------|
| Basil Hughes | M.A. (Camb.), M.B., B.Ch., B.Sc., F.R.C.S., M.R.C.S., L.R.C.P. | Bradford |
| W. Moir Shepherd | M.D., M.B., Ch.B., F.R.C.S., D.T.M. and H. | Doncaster |
| Carlton Oldfield | M.D., M.B., B.S., F.R.C.S., M.R.C.S., F.R.C.P. | Leeds |
| Herbert Frankling | M.R.C.S., L.R.C.P. | Harrogate |
| Wm. D'Oyly Grange | M.D., M.B., C.M. | Harrogate |
| John Chisholm | F.R.C.S., M.B., Ch.B. | Sheffield |
| Wm. Wilfrid King | M.R.C.S., L.R.C.P., F.R.C.S., M.B., Ch.B. | Sheffield |
| John Eric Stacey | M.D., M.B., B.S., F.R.C.S. | Sheffield |
| Miles Harris Phillips | M.B., B.S., F.R.C.S., M.R.C.S. | Sheffield |
| John W. Thomson | M.B., C.M., M.A. | Wakefield |
| Arthur R. Lister | M.A., M.B., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P. | York |

Second Revision Course for Midwives.

The Second Revision Course for midwives took place at the Bingley Training College from 20th to 25th April, 1931.

The following is a syllabus of the Lectures:—

| Subject | Lecturer |
|---|---|
| 1. Inaugural Address | T.N.V. Potts, Esq., M.D., B.S., B.Hy., D.P.H., Medical Officer of Health, West Riding County Council. |
| 2. Difficult and Delicate Babies | R. Lawrence, Esq., M.D., Ch.B., D.P.H., Assistant Medical Officer, West Riding County Council |
| 3. Pemphigus Neonatorum and Other Skin Diseases | E. F. Skinner, Esq., M.A., M.B., B.Ch., F.R.C.P., Physician-in-Charge, Skin Depart- ment, Royal Hospital, Sheffield; Dermatologist, Sheffield Education Committee. |
| 4. Puerperal Sepsis | W. Moir Shepherd, Esq., M.D., Ch.B., F.R.C.S., Hon. Surgeon, Royal Infirmary, Doncaster; Consulting Gynaecologist, West Riding and Lindsey County Councils. |
| 5. The Months before Birth | Margaret M. Basden, M.D., B.S., F.R.C.S., Gynaecologist, Mildmay Hospital, Bethnal Green; Consulting Obstetrician, Boroughs of Hampstead, Bethnal Green and Stoke Newing- ton |
| 6. General Diseases affect- ing Labour and the Puerperium | |
| 7. Cancer affecting Women | Clara E. Stewart, M.B., B.S., Pathologist, Women's Hospital, Leeds; Hon. Pathologist, Leeds Maternity Hospital; Hon. Demonstrator of Pathology, Leeds University |
| 8. Methods of Ante-natal Examination Ante-natal Demonstration | Miss E. M. Doubleday, Superintendent, Post- Certificate School, Camberwell, S.E. |
| 9. Haemorrhage | |
| 10. Drugs and Antiseptics used in Midwifery | |
| 11. The Management of Labour | H. Evers, Esq. M.S., M.B., F.R.C.S., Hon. Registrar, Gynaecological Dept., Royal Victoria Infirmary; Assistant Obstetrical Physician, Maternity Hospital, Newcastle-on-Tyne |
| 12. Injuries to the Birth Canal during Labour: their causes, results, and prevention | |

The Course was attended by 116 midwives in residence, and an average of 25 non-resident students attended daily. It may be said that the Course was a signal success. The midwives were very pleased with the selection of subjects and the treatment of these subjects enabled them to ask a large number of questions arising therefrom.

From the point of view of the Lecturers it may also be said that they were very gratified by the number and relevance of the questions asked, and they considered that their instruction had been followed with interest and intelligence.

The possibility of holding such a course was due, in a large measure, to the willingness and co-operation of the County Council's Health Visitors in undertaking midwifery duties. The following is a summary of the work done by the Health Visitors:—

| | | | | | |
|---|-----|-----|-----|-----|-----|
| 1. Cases delivered | ... | ... | ... | ... | 13 |
| 2. Visits to above cases | ... | ... | ... | ... | 63 |
| 3. Visits to Nursing cases handed over | ... | ... | ... | ... | 228 |
| 4. Cases where doctor was called in emergency | ... | ... | ... | ... | 8 |

There were so many lectures of high quality that it would be invidious to make distinctions. All of them were very much appreciated and considered to be of great practical importance, by the midwives who heard them.

THE NURSING HOMES REGISTRATION ACT, 1927.

The above Act came into force on the 1st July, 1928, and repealed Part II. of the Midwives and Maternity Homes Act, 1926, which dealt with the registration of Maternity Homes.

Under the Nursing Homes Registration Act, 1927, all Nursing Homes are required to be registered by the Local Supervising Authority under a penalty not exceeding £50 on summary conviction.

The following table gives the number and classification of Homes registered by the County Council during the year:—

4. Infirm and medical cases.
3. Nursing Home (including maternity cases).
2. Maternity cases only.

The number of registered Nursing Homes in existence at the end of the year was 69.

During the year one application for Exemption from Registration was granted.

Abortion.

The prevalence of this practice in one area of the County has been brought to notice by two "indicators." (1) The occurrence of fatal cases leading to Coroners' Inquests and (2) the number of cases going into a maternity home for hæmorrhage or some other sequel of abortion. The treatment of one such case revealed evidence of criminal interference which could not be ignored, and led to the appearance of the woman before Mr. Justice McCardie on a criminal charge. This was the occasion when the Judge after dealing very sympathetically with the accused delivered those *obiter dicta* which caused some sensation when reported in the daily press.

The position of this department is somewhat peculiar. It has anxiously pushed forward as far as its finances would permit the provision of maternity accommodation with the ultimate aim that no woman should suffer in child birth for the lack of skilled treatment in good surroundings if an obstetrical emergency arose. A feeling of security and comfort results from the knowledge that if a dangerous situation arises there is in the background machinery which can be quickly and almost effortlessly put into motion to deal at once with that situation. When a similar emergency arises in the course of an abortion and a woman's life is in danger, the same provision of skilled treatment, its attendant nursing and the amenities of a maternity hospital must be placed at the disposal of a woman who is aborting. Her death must be prevented and her return to health made as speedily and as completely as possible. The returns of these cases of abortion has aroused a strong suspicion that this procedure is being embarked on more readily because it is known that if any mischance occurs, there is, in the last resort, behind the woman who has taken the risk, all the resources of skill and care which the County Council has provided for full-time confinements. In fact there is an uneasy feeling that this department may be facilitating the practice of abortion, yet the saving of life is its primary object whatever the contributory recklessness of the person who has got into danger.

Maternal Mortality.

During the year many investigations have been made into the deaths of mothers occurring in Institutions and at their own homes, and together with other reports received from medical officers of Institutions outside the county area, where mothers resident in the County Maternity and Child Welfare area have died, these have been forwarded to the Ministry of Health to provide data for the Committee appointed by the Minister to deal with the question of maternal mortality.

Investigations were also made by the Assistant County Medical Officer and the two Inspectors of Nurses and Midwives into the 39 cases of Puerperal Fever and 99 cases of Puerperal Pyrexia occurring in the County Maternity and Child Welfare Area, and where action was deemed necessary, this was carried out immediately. Of the 138 cases notified, it was found necessary in 114 of these to remove the patient to hospital, and in one case, where the patient was too ill to remove, a domiciliary nurse was provided.

The County Council have also considered Circular 1167 and Memorandum 156/M.C.W. issued by the Minister of Health, and the following gives details of the scheme adopted. Owing to the economic situation, however, the scheme which is to cost for the first year, £2150, will not be fully working before the 1st October, 1932. It is hoped that with the provision of these additional facilities that a reduction of the maternal death-rate in the County will result.

The Minister of Health in June, 1924 drew the attention of Maternity and Child Welfare Authorities to the excessive maternal mortality rate for the country, and made suggestions as to means of reducing the heavy rate of mortality among women caused by child bearing. He considered it desirable that an investigation of all maternal deaths should be made and subsequently in October, 1928 the investigation of maternal deaths in the country was commenced. In the West Riding the Child Welfare Committee arranged for these investigations to be undertaken by the County Medical Officer in accordance with the request of the Minister of Health.

The Minister of Health in June, 1928 appointed a Departmental Committee on Maternal Mortality and Morbidity which issued an Interim Report in June, 1930 on the conclusions reached from consideration of reports of investigations of 2,000 maternal deaths out of a total number of maternal deaths of 3,079 during the period November, 1928 to 30th April, 1930. Of the 2,000 deaths referred to 1,596 were directly due to pregnancy and child bearing, the remainder (404) being due to independent diseases, occurring concurrently with pregnancy.

After consideration of all the facts relating to these investigations the Departmental Committee came to the conclusion that not less than 48 per cent. of the total deaths from childbirth into which inquiry was made seemed to the Committee to have been avoidable.

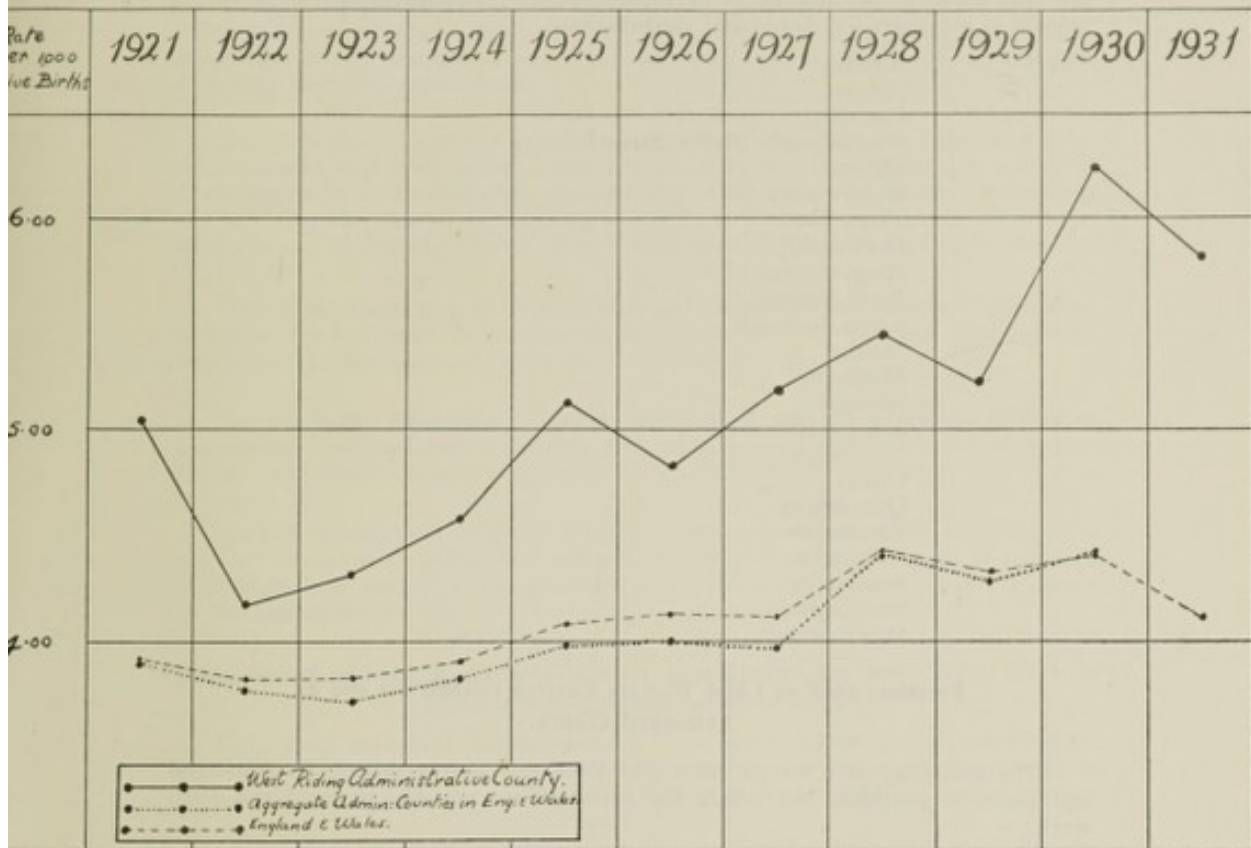
The causes of death referred to were classified as under:—

1. Absence of ante-natal care in 17% of the cases;
2. Errors of judgment in practice or treatment by Doctors or Midwives in a further 17% of the cases;
3. Lack of reasonable facilities available for effective medical care in 5% of the cases; and
4. Negligence on the part of the patient or her friends to adopt or carry out medical advice offered to them in 9% of the cases.

In view of the findings of the Departmental Committee as set out in their Report, the Minister of Health in December, 1930, issued a Memorandum (No. 156/M.C.W.) and commended to the attention of all Local Authorities carrying out maternity and child welfare services the suggestions contained in the Memorandum for improving and developing maternity services and for securing that the women most in need of these services are persuaded to make use of them.

MATERNAL MORTALITY RATE DURING THE YEARS 1921 to 1931

in West Riding Administrative County, Aggregate Administrative Counties, and in England & Wales.



MATERNAL AND INFANT MORTALITY.

| Year | Deaths per 1,000 live births | | | | | | Infant Mortality Rate | |
|------------------------------|------------------------------|---------------|------------------------|---------------|---------------------------|---------------|-----------------------|---------------|
| | Puerperal Sepsis | | Other Puerperal Causes | | Total Puerperal Mortality | | | |
| | E. & W. | Admin. County | E. & W. | Admin. County | E. & W. | Admin. County | E. & W. | Admin. County |
| 1921 | 1.38 | 1.33 | 2.53 | 3.71 | 3.91 | 5.04 | 83 | 97 |
| 1922 | 1.38 | 1.57 | 2.43 | 2.59 | 3.81 | 4.16 | 77 | 81 |
| 1923 | 1.30 | 1.74 | 2.51 | 2.58 | 3.81 | 4.32 | 69 | 81 |
| 1924 | 1.39 | 1.58 | 2.51 | 2.99 | 3.90 | 4.57 | 75 | 83 |
| 1925 | 1.56 | 1.88 | 2.52 | 3.24 | 4.08 | 5.12 | 75 | 81 |
| 1926 | 1.60 | 1.66 | 2.52 | 3.16 | 4.12 | 4.82 | 70 | 73 |
| 1927 | 1.57 | 1.71 | 2.54 | 3.47 | 4.11 | 5.18 | 70 | 79 |
| 1928 | 1.79 | 2.11 | 2.63 | 3.34 | 4.42 | 5.45 | 65 | 62 |
| 1929 | 1.80 | 2.27 | 2.53 | 2.97 | 4.33 | 5.24 | 74 | 89 |
| 1930 | 1.92 | 2.43 | 2.48 | 3.82 | 4.40 | 6.25 | 60 | 65 |
| Average for 10 years 1921-30 | 1.56 | 1.80 | 2.52 | 3.18 | 4.08 | 4.98 | 72 | 80 |
| 1931 | 1.66 | 2.29 | 2.45 | 3.53 | 4.11 | 5.82 | 66 | 74 |

ANTE-NATAL CLINICS.

Number of Ante-natal Clinics at present established.

Of the 121 Child Welfare Centres open in the Riding, 68 are equipped to carry out ante-natal work, and at 23 of these Centres (enumerated below) a special session is set apart for Ante-natal consultations.

Airedale.
Askern.
Carcroft.
Conisbrough (Balby Street).
Dalton
Hemsworth.
Fitzwilliam.
Horsforth.
Hipperholme.
Kirk Sandall.
Knaresborough.
Maltby.
Meltham.
Mirfield.
Moorends.
Normanton.
Otley.
Queensbury.
Rawmarsh.
Stainforth.
Stanley.
Swillington.
Worsborough.

Premises used as Child Welfare Centres suitable for use as Ante-natal Clinics.

The following is a list of 25 Child Welfare Centres where no ante-natal equipment is provided, but where the premises are suitable to carry out such work:—

Adwick-le-Street, Altofts, Allerton Bywater, Birdwell, Chapeltown, Conisborough Upper, Crofton, Cudworth, Denby Dale, Earby, Edlington, Garforth, Glasshoughton, Horbury, Penistone, Selby, Silsden, Skipton, South Milford, Snaith, Swinton, Thurcroft, Thurnscoe East, West Melton, and Yeadon.

Cost of establishment of Ante-natal Clinic.

Where an ante-natal clinic is to be established, it is necessary, to ensure its success, to hold a special session apart from the Infant Consultation. This adds slightly to the cost, as the premises have to be engaged an additional half-day per month and the services obtained of a medical man or woman qualified to carry out ante-natal examinations.

The additional cost of establishing a special session for ante-natal work is set out below:—

| | £ | s. | d. |
|---|----|----|----|
| Use of premises one half-day monthly (inclusive cost) | | | |
| 12 sessions | 6 | 0 | 0 |
| Fees of Medical Officer—12 sessions at say £2 2s. 0d. | | | |
| per session of 2 hours | 25 | 4 | 0 |
| | 31 | 4 | 0 |

The estimated cost of the initial equipment required is £20.

The programme for equipping the 25 Child Welfare Centres enumerated above to carry out ante-natal work is to be spread over a period of two years.

Qualifications and suitability of Medical Practitioners for appointment as Medical Officers of Ante-natal Clinics.

Under the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930, a person appointed as Medical Officer of an Ante-natal Clinic shall be a registered medical practitioner, who, prior to the 1st April, 1930, held the appointment of a Medical Officer to an Ante-natal Clinic with the approval of the Ministry, or who, subsequent to qualification, has had at least three years' experience in the practice of his profession and special experience of practical midwifery and ante-natal work.

The difficulty of making appointments at Ante-natal Clinics is caused by the circumstances explained below. The appointment of a local general practitioner to examine and advise expectant mothers may result in one practitioner examining and advising the patient of a colleague, and even where the relation of practitioners is one of friendly rivalry, this arrangement is likely to lead to trouble.

The appointment of a whole-time Medical Officer with the necessary experience of Obstetrics has much to recommend it, but entails the drawback that such an officer is no longer engaged in the practice of Obstetrics.

In the larger Ante-natal Clinics it is hoped to appoint a Medical Officer of Consultant rank and where possible one who is associated with the Maternity Home to which the patient might have to be taken in emergency.

In the appointment of general practitioners precedence would be given to a man or woman with recent and extensive experience in a Maternity Hospital or to one who had "taken" a post-graduate course in the subject with special reference to Ante-natal work.

Appointment of suitable General Medical Practitioners for Ante-Natal Work in sparsely populated and scattered areas.

The most important desideratum of Maternity schemes is that every doctor and midwife should regard adequate professional care of the expectant mother as an *essential* part of the duty undertaken when "booked" to attend a confinement.

In order to meet this requirement several County Councils have, with the sanction of the Ministry, made arrangements with private medical practitioners for purposes of the examination of uninsured persons.

The qualifications of such doctors appointed for this purpose should approximate as closely as possible to those obtaining in the case of doctors appointed to Ante-natal Clinics.

Fees Payable to Medical Practitioners for Undertaking Ante-Natal Work.

Where the Ante-natal examinations are carried out by a Medical Officer of a Child Welfare Centre or Medical Officer appointed for the Ante-natal Clinic, the fee remains as at present, *i.e.*, at the rate of one guinea per hour—£1 1s. 0d.

In remote rural areas, where there is no ante-natal clinic within reasonable distance, arrangements could be made with a local medical practitioner to carry out the routine ante-natal examination of *uninsured women* who have engaged midwives for the confinement—say each examination 5s.

During 1930 approximately 300 cases were attended by midwives in remote rural areas and where there is no ante-natal clinic within reasonable distance, and an estimate of the cost to deal with these would be:—

| | £ | s. | d. |
|--|-----|----|----|
| 300 @ 5/- (first examination) | 75 | 0 | 0 |
| 300 @ 5/- (two subsequent visits and examinations) | 150 | 0 | 0 |
| The mileage fee to be 1/- per mile after the first two miles, payable on the outward journey only | 25 | 0 | 0 |
| | 250 | 0 | 0 |

The scheme could be worked on similar lines to the calling in of a doctor in emergency under the Midwives Acts. Books of notices could be supplied to the midwives, and notices would be furnished in triplicate, one sent to the doctor, one forwarded to County Medical Officer and one retained by the midwife. The doctor, on sending in his account would attach each notice he had received thereto.

CONSULTANT OBSTETRICIANS.

Under the Puerperal Fever and Pyrexia Regulations the County Council have arrangements with eleven Consultant Obstetricians and it would be possible to utilise the services of these Consultants in cases where women are referred from the ordinary Ante-natal Clinic for a "second opinion." The County would be divided into areas and convenient centres would be Skipton, Keighley, Leeds, Halifax, Huddersfield, Wakefield, Barnsley, Mexborough, Doncaster, Rotherham, Sheffield. Approximately 17,000 births annually are registered in the County Notification of Births area and at an outside estimate not more than 1% would need the services of a Consultant. Thus for purposes of arriving at an estimate of the cost it might be said that when a session is held it will be so arranged that 4 or 5 patients will be in attendance, and taking a figure of 200 this will mean about 40 sessions scattered over the County. The time occupied with the examination of each patient will be about 30 minutes and thus it may safely be said a session will last two to three hours.

Further, in some cases it may be necessary for the Consultant to visit the patient at her home where a patient on medical grounds may be unable to attend the special Clinic, but it is anticipated such cases will be very few. It is recommended that the scale of payment for this class of patient be the same as operates for Consultants' fees under the Puerperal Fever Regulations, *i.e.*,

£4 4s. 0d. up to ten miles.

£5 5s. 0d. over ten miles.

In necessitous cases travelling expenses of patients should be paid, the determination of necessity being the same as in other cases in the County service where payment of fees in necessitous cases is authorised.

SUPPLY OF MIDWIVES.—DISTRICT NURSING ASSOCIATIONS.

Memorandum 156/M.C.W. of the Ministry of Health suggests that the efficiency of Nursing Associations would be increased by the provision of motor transport for the Nurse.

The following Nursing Associations have received increased grants from the County Council in aid of the provision of motor transport for the Nurse:—

Name of Association.

| | |
|--------------------------------|-----------------|
| Barkston Ash | Kirkby Malzeard |
| Bradfield, Loxley and District | Ouseburn |
| Bretton and Woolley | Ribblesdale |
| Denby and Cumberworth | Settle |
| Hunsingore | Thurgoland |

Investigations made in the various districts where the nurse employed by a Nursing Association is provided with a car shew, especially in the remote rural areas where an Association cover an area of some 15 miles, that a car has made all the difference between the nurse being able to cope with the work efficiently and keeping her health or giving up.

For instance, at Sedburgh, where the Nursing Association has provided motor transport for the nurse, the number of visits increased by 1,027 as follows:—

| | Last year before car. | with car. |
|-------------------------------|-----------------------|-----------|
| General Nursing | 1,203 | 1,760 |
| Maternity and Midwifery | 168 | 254 |
| Ante-natal | 34 | 81 |
| Health Visiting | 259 | 562 |
| Tuberculosis | 18 | — |
| Schools | 57 | 48 |
| Children visited in own homes | 168 | 155 |
| Casual visits | 79 | 153 |
| | 1,986 | 3,013 |

The same may be said of all Nursing Associations providing a car for the nurse and in some it has been found possible to increase the area served by the Association.

Wherever Nursing Associations provide such transport, the County Council will consider giving assistance in the running of a car by payment of a small grant.

The following is a summary setting out the provision or proposed provision of motor transport for nurses employed by District Nursing Associations.

| Provided by Nursing Association | | Provided by Nurse | |
|---------------------------------|---------------|---------------------|---------|
| Ainsty | (Car shortly) | Bentham | (Car) |
| Ardsley | (Motor cycle) | Bretton and Woolley | " |
| Bradford | (Car) | Carcroft | " |
| Dacre | " | Church Fenton | " |
| Hebden Bridge | " | Denby & Cumberworth | (Cycle) |
| Hunsingore | " | Harewood | (Car) |
| Kirkby Overblow | (Cycle) | Hartshead & Clifton | " |
| Ledsham | " | Hipperholme | " |
| Methley | " | Kirkby Malzeard | (Cycle) |
| Pollington | " | Ouseburn | (Car) |
| Rawdon | (Car) | Sedbergh | " |
| Ribblesdale | " | Sitlington | (Cycle) |
| Sowerby | (Car shortly) | Thurgoland | (Car) |
| Whitley Bridge | (Cycle) | | |
| Wetherby | (Car) | | |

EMPLOYMENT OF MIDWIVES AS MATERNITY NURSES.

The Ministry's Memo. points out that the employment of handywomen is still a common practice in some Urban Districts and it is not unusual to find that the midwives in these districts are by no means fully occupied and have difficulty in earning a living. In many cases a woman who engages a doctor for her confinement is unable also to pay the fee of a midwife to act as maternity nurse, and it is suggested that Local Authorities should encourage the employment of midwives in these cases by contributing to the fee of the midwife.

In 1930, midwives attended in the Administrative County, 2,785 cases of confinement as Maternity Nurses, but from this figure must be deducted 909 cases attended by midwives in the 22 areas autonomous for Maternity and Child Welfare, making a total of 1,876 cases attended by midwives as Maternity Nurses in the County Maternity and Child Welfare area. Taken as a rough guide, the number of necessitous cases where a midwife attends without a doctor is approximately 20% of the total cases attended by them. Thus it may safely be said that about 275 of the 1,876 cases would be "necessitous." The fee payable to a midwife acting as a Maternity Nurse under the direction of a doctor will reasonably be lower than that paid to a midwife acting on her own responsibility and it is suggested that the fee charged be £1 0s. 0d. per case—ten shillings of this sum being contributed by the County Council in those cases where the average net family income, after deducting 5/- for each child under 14 years of age and not working, falls below 30/- weekly.

CONSULTANTS IN CASES OF DIFFICULT LABOUR.

Several of the London Boroughs, and some provincial cities (*e.g.*, Leeds) have appointed Consulting Obstetricians who are "at call" in cases of difficult labour if the practitioner in attendance needs assistance.

In considering such appointments, there would be great advantage in appointing men or women who were on the staff of Maternity Hospitals because their association with such hospitals would facilitate the admission of patients if it eventually became necessary.

The organisation of a service such as this is fairly simple in the comparatively compact area of a Metropolitan Borough or a provincial city but it is one of greater complexity where the distances to be travelled are, as in the West Riding, so much greater. The report on Maternal Mortality does not suggest that any large proportion of fatal cases were the result of failure to secure first class help. The alternative procedure—to get such patients into hospital—seems preferable—inasmuch as the cottage surroundings where the case may occur, may be a considerable handicap to the most expert of obstetricians, and in many cottages the obstetrician would be reluctant to carry out the necessary procedure owing to the impossibility of securing asepsis.

On the other hand dangerous hæmorrhage must be combated by the persons present and in most cases the Consultant Obstetrician would, if summoned, arrive too late.

It is anticipated that very few of these calls would be made, but such a scheme has been deferred for the present.

PROVISION OF HOME HELPS.

The Memorandum suggests the provision of Home Helps for domestic assistance during the lying-in period, etc. It would not be necessary to have a panel of trained women, and suitable persons could be obtained by the co-operation of mothers and health visitors. The experience of other Counties and County Boroughs tends to show that their schemes are not successful, though exception must be made in the case of a few. Yet in spite of failures of schemes as a whole cases arise where a Home Help is a great advantage in enabling a mother who is very debilitated to be relieved of domestic worries for three weeks.

Action in this matter has been postponed owing to financial stringency.

STERILISED MATERNITY OUTFITS.

Outfits have been provided in a few instances out of the "Distress Fund" and funds raised voluntarily at Child Welfare Centres. These sterilised outfits are for the use of patients for whom either the doctor or the midwife considers that this provision is desirable, but special provision of this nature is not to be made at present.

SUMMARY OF PROPOSED ARRANGEMENTS.

1. Ante-natal Clinics.

(a) Ante-natal Clinics to be established at the following places where Child Welfare Centres are already established at an estimated cost of £1,250 as follows:—

| | |
|--------------------|----------------|
| Adwick-le-Street | Glasshoughton |
| Altofts | Horbury |
| Allerton Bywater | Penistone |
| Birdwell | Selby |
| Chapelton | Silsden |
| Conisborough Upper | Skipton |
| Crofton | South Milford |
| Cudworth | Snaith |
| Denby Dale | Swinton |
| Earby | Thurcroft |
| Edlington | Thurnscoe East |
| Garforth | West Melton |
| | Yeadon |

(b) That 12 Clinics be provided during the first year at an estimated cost of £600 and 13 clinics during the second year at an estimated cost of £650.

2. Ante-natal Work in Remote Areas.

That arrangements be made for ante-natal examinations of uninsured women to be undertaken by local medical practitioners appointed for the purpose in remote areas where no ante-natal clinic is in existence at an estimated cost of £250 per annum.

3. Consultant Obstetricians.

That Consultant Obstetricians be provided in connection with maternity cases in suitable cases at an estimated cost of £450 per annum.

4. Payment of fees of Midwives acting as Maternity Nurses.

That assistance not exceeding 10/- per case be granted in necessitous cases towards the fee of a Midwife where she attends patients under the supervision of a Medical Practitioner as a Maternity Nurse at an estimated cost of £200 per annum.

Estimate of Cost.

The following is the estimated cost of the proposals above set out:—

| | £ |
|--|--------|
| Ante-natal Clinics—25 at £50 | 1250 |
| Payment of fees of Medical Practitioners for ante-natal work in remote areas | 250 |
| Provision of Consultant Obstetricians | 450 |
| Payment of Midwives' fees in necessitous cases where acting as a Maternity Nurse | 200 |
| | <hr/> |
| | £2,150 |

It was intended to put the scheme into operation on the 1st April, 1932, but owing to financial stringency, progress will be made slowly and the scheme will not be working fully until times become more normal.

AREAS INADEQUATELY SUPPLIED WITH MIDWIVES.

Efforts are still being made to provide and maintain an efficient midwifery service in the Riding, and during the year new Nursing Associations were formed, re-arrangements of areas were made and consideration was given to applications for increased grants. The following Nursing Associations were dealt with.

Bradfield. The Bradfield, Loxley and Stannington Nursing Association applied for an increased grant in respect of the cost of running the nurse's motor car and the grant paid by the County Council was increased from £40 to £50 per annum for two years as from the 1st April, 1931.

Bretton and Woolley. A small adjustment was made to the grant paid to this Association due to the transfer of duties in the parish of High Hoyland (Penistone R.D.) to the newly constituted Scissett, Clayton West and High Hoyland Nursing Association.

Dacre. A new Association was formed in the Dacre district (Pateley Bridge R.D.) and a grant of £50 per annum for a period of two years was sanctioned in consideration of the Association providing an efficient midwifery service in the parishes of Dacre, Hartwith-cum-Winsley, Menwith-with-Darley, Thornthwaite-with-Padside, Thruscross with a total population of 2,202.

Denby and Cumberworth. The township of Ingbirchworth (pop. 331) was added to the area served by the Denby and Cumberworth Nursing Association for all duties, i.e., Health Visiting, School Nursing, Midwifery and Sick nursing and the grant was increased accordingly from £65 to £85 per annum.

Grenoside. (Wortley R.D.) This Association commenced work in 1929 and a grant of £40 per annum was given for a period of two years in respect of the Association providing an efficient midwifery service in Grenoside. This expired in March, 1931 and the continuation of the grant for a further period of two years was considered and a grant of £20 per annum was given, to expire at the end of March, 1933.

Harewood. (Wetherby R.D.) The grant to this Association in respect of health visiting and school nursing work was increased during the year from £24 to £35.

Hatfield and Woodhouse (Thorne R.D.) A grant of £10 per annum for a period of two years was given to this Association in consideration of them providing an efficient midwifery service in the parish of Hatfield (Thorne R.D.).

Hunsingore. (Gt. Ouseburn R.D.) A special grant of £10 for one year was given to this association towards the cost of running the nurse's car.

Kirkby Malzeard. (Ripon R.D.) The grant to this Association was increased by £5 per annum, being given towards the running costs of the nurse's motor cycle on condition that the Association pays to the nurse not less than £10 per annum for its upkeep.

Lepton. In consideration of this Association providing an efficient midwifery service in the Lepton Urban District, a grant of £40 per annum was given to this Association for a period of two years from the 1st April, 1931.

Ribblesdale. This Association work in the Bowland Rural District and receive a grant of £20 per annum under Section 101 of the Local Government Act, 1929. To enable the Association to provide motor transport for the nurses, the County Council have given an additional grant of £20 per annum for a period of two years in aid of the midwifery and maternity nursing services provided by them.

Sawley (Ripon R.D.) The Sawley Nursing Association offered, in view of the existing need for economy, to forego £10 per annum of the grant received by them from the County Council.

An expression of appreciation of this action was sent to the Nursing Association.

Scissett, Clayton West and High Hoyland. During the year a re-arrangement of the work in the High Hoyland area took place (see Bretton and Woolley) necessitating an adjustment in the grant. This was increased by £1 16s. 0d. per annum and together with an additional grant of £20 per annum for a period of two years in respect of the midwifery and maternity nursing services, the total grant paid by the County Council to the newly amalgamated Nursing Association amounts to £77 16s. 0d.

Settle. (Settle R.D.) The Settle District Nursing Association ceased to carry out Public Health services in 16 parishes in the Settle Rural District on the 31st October, 1931. In consequence a re-arrangement of nursing areas was necessary and an additional whole-time Child Welfare Nurse was appointed.

Thurgoland. (Penistone R.D.) During the year the grant to this Association was increased from £40 to £55 in consideration of the Nursing Association undertaking the duties of Health Visiting, School Nursing and Midwifery in the districts of Hood Green, Greenmoor and Stanborough in addition to Thurgoland and Wortley.

West Riding Nursing Association.

The County Superintendent of the West Riding Nursing Association reports that the districts in the Riding have passed through a difficult year. In many areas it has been a struggle to carry on, but the Committees have worked hard to keep the Associations going and no districts have actually closed down, though two have disaffiliated, one to have a part time nurse and one was merged with another district.

During the year, two new districts have been organised and two existing Associations have affiliated to the County, making four newly affiliated Associations.

The total number of affiliated districts is now 115, 55 of these being also affiliated to the Queen's Institute of District Nursing.

In the various districts 145 nurses are working:—

75 of which are Queen's Nurses.

33 „ „ Trained Nurse-Midwives

37 „ „ Village Nurse-Midwives

Of these nurses, 42 undertake the combined duties of midwifery, general nursing, health visiting and school nursing; 73 midwifery and general work only; and 30 general work only.

The nurses attended 3,105 midwifery and maternity cases, and have made:—

| | |
|--------|--------------------------------|
| 12,633 | Pre-natal visits |
| 43,556 | Midwifery and maternity visits |
| 22,285 | Infant Health visits |
| 5,059 | School visits |

THE LOCAL GOVERNMENT ACT, 1929.—GRANTS TO NURSING ASSOCIATIONS.

Section 101 of this Act deals with grants to Voluntary Associations, and provides for securing payment by the County Council of annual contributions towards the expenses of Voluntary Associations providing Maternity and Child Welfare services in the County according to the above Act.

The payments made under this Scheme are in lieu of the grants which ceased to be payable as from the 31st March, 1930, and which were formerly paid by the Ministry of Health.

Grants for the year 1931—32, based on work carried out during 1930—31, were paid amounting to £2,407 4s. 5d., to the undermentioned Voluntary Associations:

Out of this sum a grant of £1,048 2s. 6d. was paid to the West Riding Nursing Association, and allocated as follows:—

| | £ | s. | d. |
|--|-----|----|----|
| For distribution to Affiliated Nursing Associations ... | 824 | 6 | 0 |
| For retention by the West Riding Nursing Association ... | 223 | 16 | 6 |

The latter sum is sub-divided at the discretion of the County Nursing Association between:—

- (a) Maternity work of the emergency nurse-midwives.
- (b) Initial expenses of the new District Nursing Associations.
- (c) Administrative expenses of the County Nursing Association.

On the 31st October, 1931 the Settle Nursing Association ceased work and the contribution was reduced accordingly as follows:—

| | | | | | | | |
|-----------------------------|-----|-----|-----|----|----|-----|------|
| Midwifery service from | £12 | 0s. | 0d. | to | £7 | 0s. | 0d. |
| Infant Welfare Centres from | £14 | 6s. | 0d. | to | £8 | 6s. | 10d. |

The Association has now been re-constituted and has become affiliated to the West Riding Nursing Association and future grants under this head will be paid through the County Nursing Association.

| (1) Name of Association | | (2) Amount of Annual Contribution | | |
|--|--|---|----|----|
| | | £ | s. | d. |
| Midwifery Services. | | | | |
| West Riding County Nursing Association, 9 Bridgefield Place, Leeds | | 1048 | 2 | 6 |
| Aldborough and Boroughbridge and District | | 31 | 8 | 0 |
| Arthington and Pool | | 16 | 0 | 0 |
| Bentham | | 12 | 0 | 0 |
| Boston Spa and Thorparch | | 8 | 0 | 0 |
| Bretton and Woolley | | 12 | 0 | 0 |
| Burton Leonard | | 8 | 0 | 0 |
| Cantley | | 17 | 16 | 0 |
| Darrington | | 15 | 0 | 0 |
| Denaby Main and Conisborough | | 8 | 0 | 0 |
| Denby and Cumberworth | | 21 | 4 | 0 |
| Emley | | 22 | 16 | 0 |
| Greasbrough | | 10 | 0 | 0 |
| Hampsthwaite | | 20 | 0 | 0 |
| Harrogate | | 25 | 0 | 0 |
| Heckmondwike | | 10 | 0 | 0 |
| Hensall and Pollington | | 9 | 19 | 5 |
| Hipperholme and District | | 12 | 0 | 0 |
| Holme Valley Memorial Hospital | | 8 | 0 | 0 |
| Horsforth | | 8 | 0 | 0 |
| Hunsingore | | 17 | 4 | 0 |
| Killinghall | | 26 | 0 | 0 |
| Kirkby Malzeard | | 32 | 0 | 0 |
| Kirkburton | | 10 | 0 | 0 |
| Knaresborough | | 15 | 0 | 0 |
| Ledsham and Ledston | | 14 | 8 | 0 |
| Long Marston | | 10 | 16 | 0 |
| Luddendenfoot Nursing Institution | | 12 | 0 | 0 |
| Micklefield | | 10 | 16 | 0 |
| Mirfield | | 16 | 0 | 0 |
| Meltham | | 9 | 0 | 0 |
| Mytholmroyd | | 8 | 0 | 0 |
| North Stainley | | 28 | 0 | 0 |
| Oakworth | | 10 | 8 | 6 |
| Otley | | 13 | 0 | 0 |
| Ouseburn and District | | 27 | 12 | 0 |
| Pannal and Beckwithshaw | | 16 | 0 | 0 |
| Rawcliffe | | 3 | 4 | 0 |
| Rawdon | | 7 | 0 | 0 |
| Rawmarsh and Parkgate District | | 21 | 11 | 3 |
| Ribblesdale Benefit | | 20 | 0 | 0 |
| Ripon Victoria Nursing Institution | | 25 | 0 | 0 |
| Sawley | | 35 | 0 | 0 |
| Scissett | | 7 | 0 | 0 |
| Sedbergh | | 24 | 0 | 0 |
| Settle | | 7 | 0 | 0 |
| Sharow | | 28 | 0 | 0 |
| Sitlington | | 7 | 16 | 0 |
| South Crosland | | 5 | 8 | 0 |
| South Elmsall and District | | 15 | 0 | 0 |
| Sowerby | | 23 | 0 | 0 |
| Spofforth | | 10 | 0 | 0 |
| Stanningley and Farsley | | 12 | 0 | 0 |
| Steeton and Eastburn | | 9 | 0 | 0 |
| Thurgoland | | 10 | 0 | 0 |
| Tickhill | | 10 | 0 | 0 |
| Todmorden | | 23 | 0 | 0 |
| Upper Wharfedale | | 20 | 0 | 0 |
| Walton and Heath | | 11 | 4 | 0 |
| Whitley Bridge | | 14 | 8 | 0 |
| Wetherby and District | | 20 | 0 | 0 |
| Yeadon | | 5 | 0 | 0 |
| Infant Welfare Centres. | | | | |
| Bentham Infant Welfare Centre—St. Margaret's Sunday School, Robin's Lane, Bentham | | 5 | 4 | 7 |
| Settle Nursing Association, 3 Centres—The Public Hall, Horton-in-Ribblesdale; Cricket Pavilion, Settle; The Hellfield Institute, Hellfield | | 8 | 6 | 10 |
| Maternity Homes. | | | | |
| Heckmondwike District Nursing Association—Maternity Home at 43, Cemetery Road, Heckmondwike | | 214 | 4 | 11 |
| Babies' Home. | | | | |
| St. Agnes Babies' Home, Harrogate | | 206 | 6 | 5 |
| Total | | 2407 | 4 | 5 |

Maternity Homes.

Further progress was made during 1931 in the provision of lying-in accommodation for expectant mothers.

Arrangements were made with the Burnley and Oldham Corporations for the admission to their Homes of West Riding patients resident on the County border.

The accommodation at the County Maternity Home, Montagu Hospital, has been taxed beyond the provision made and a second ward of ten beds is to be put into commission to meet all demands. This is referred to under a separate heading in this section of the report (see page 94).

The provision of accommodation to serve the whole of the South Yorkshire area has also received consideration, and the opening of a Home of 20 beds at Whiston Grange, near Rotherham, will not now be long delayed. Details of this provision are referred to on page 91 of this report.

In last year's Report the lack of suitable maternity home accommodation in the northern area of the County was emphasised and this has now been dealt with and the County Council have made an agreement with the Trustees of the Skipton and District Hospital for the reservation of two beds in their maternity ward.

Details of this scheme will be found on page 96 of this report.

SOUTH YORKSHIRE AREA.

In last year's report comment was made on the lack of suitable Maternity Home accommodation in the Rotherham area, and at the time of writing this report, great strides have been made to overcome this difficulty by the purchase and proposed adaptation of Whiston Grange, a large mansion situate in its own grounds, three miles from the town of Rotherham.

The County Council has now no provision for Maternity cases in the South Yorkshire area. An arrangement existed at one time with the Rotherham Corporation whereby patients from the West Riding area were admitted to the Rotherham Municipal Maternity Home at an inclusive fee of £3 7s. 6d. per patient, per week. This arrangement was terminated by the Rotherham Borough Council in 1929, when the pressure on the accommodation of their Maternity Home barely sufficed for the needs of the Rotherham people.

The other accommodation provided is by the Jessop Hospital for Women, Sheffield. This Hospital participates in the arrangements known as the "1d. in the £" scheme, by which workpeople at some of the large works impose a levy of a penny in the pound on wages for the support of the Sheffield Hospitals, and in return acquire a right to treatment there.

In 1931, 190 patients were admitted to the Jessop Hospital under the scheme. It is practically impossible to secure admission of patients who are outside the scheme.

The districts which such a Maternity Home would serve are:—

| | Pop. (1931 Census) | Births (1931) |
|-------------------|--------------------|---------------|
| Greasbrough U.D. | 3,599 | 71 |
| Rawmarsh U.D. | 18,570 | 369 |
| Maltby U.D. | 10,013 | 277 |
| Rotherham R.D. | 38,726 | 851 |
| Kiveton Park R.D. | 17,034 | 306 |
| | <hr/> 87,942 | <hr/> 1,874 |

Whiston Grange.

This is a large stonebuilt mansion standing in 12 acres of ground, and holding a commanding position. It has a southerly aspect. In addition to the mansion are outhouses—i.e., cottage, stables and garage—there is also a lodge.

The Report of the County Architect gives full details of the house, together with an estimate of alterations and adaptations necessary to make the mansion suitable for the reception of maternity patients, amounting to approximately £2,000.

A Sub-Committee visited Whiston Grange and a report was presented to the Child Welfare Sub-Committee in September, when it was resolved:—

(a) That negotiations be entered into for the purchase of Whiston Grange, Rotherham, for use as a Maternity Home.

(b) That the Architect and County Medical Officer be instructed to prepare a detailed estimate of the cost of adaptation of the premises.

The report of the County Architect sets out:—

- (a) Structural and other alterations.
- (b) Repairs.
- (c) Adaptations.

Below are given details of the number of beds, equipment, annual cost of maintenance, etc.

NUMBER OF BEDS.

The mansion is capable of accommodating 30 beds for Maternity Cases, but having regard to the population and number of births it is only proposed at first to go forward with the provision of 20 maternity beds, (including labour and isolation beds) and if it is found later that more women are availing themselves of maternity home treatment, then with some adaptation of outbuildings for Nurses' quarters the staff could be removed from the mansion to provide accommodation for additional beds.

STAFFING.

The staff required when the Home is fully occupied in connection with a Home of 20 beds is as follows:—

NURSING.

| | |
|------------------------------------|---------------------|
| 1 Matron | 4 Midwives |
| 2 Staff Nurses (1 day and 1 night) | (2 day and 2 night) |

DOMESTIC.

| | |
|-----------------|-------------------|
| 1 Cook | 1 Housemaid |
| 1 General | 1 Ward Maid |
| 1 Scullery Maid | 1 Gardener Porter |

MEDICAL.

The straightforward uncomplicated cases would be conducted by the Matron and Staff, and in cases of abnormality they would send by means of medical aid notices for the services of a doctor.

Where a Consultant is required, the fee for his services would be as under:—

| | £ | s. | d. |
|--|---|----|----|
| Consultation only, including mileage | 5 | 5 | 0 |
| do. with abdominal operation | 8 | 8 | 0 |
| do. with ordinary operative procedure in accordance with Scale under Midwives Acts—Maximum fee | 2 | 2 | 0 |

EQUIPMENT.

A list of furniture and equipment necessary to meet the requirements of such a Home has been supplied to the Stores Manager and he estimates the cost to be approximately £2,000.

ANNUAL COST OF MAINTENANCE.

It is estimated that the annual cost of maintenance for a Home of 20 maternity beds will be about £4,000.

REPORT BY ARCHITECT ON BUILDING.

The following is the report of the County Architect on Whiston Grange:—

The House is situate some three miles from the town of Rotherham, and is 250 feet above mean sea level.

The House is built of stone, slated with green Westmorland slates and Welsh slates, and is in a fair state of repair.

Aspect. The principal rooms face south and south-east.

Subsoil. The subsoil is rock, overlying coal measures.

Accommodation. A good range of cellars are under the main portion of the building.

- Ground Floor.* Room No. 1. Billiards Room.
 2. Library.
 3. Service Corridor.
 4. Lavatory and W.C.
 5. Housekeeper's Room.
 6. Entrance Hall.
 7 & 8. Stores.
 9. Service.
 10. Scullery-Kitchen.
 11. Kitchen.
 12. Butler's Pantry.
 13. Dining Room.
 14. Drawing Room.
 15. Lobby.
 16. Vinery.
 17. Wash-house.
 18. Coal House.
 19. Outside W.C.

- First Floor.* Room No. 20. Bedroom.
 21. "
 22. "
 23. "
 24. Service.
 25. W.C.
 26. Landing.
 27. Dressing Room.
 28. "
 29. Bedroom.
 30. Dressing Room.
 31. Bedroom.
 32. Bathroom.
 33. "
 34. Bedroom.
 35. "

Second Floor. Store Room and access to Tower.

Outbuildings. A Coachman's House, Range of Stables, Coach House and outbuildings adjoin the main buildings.

Water Supply. A 2-in. service pipe is connected from the public supply in the main road, near the entrance lodge; the draw-off point being served direct from the main.

The roof water is collected and conserved from the major part of the roofs to an underground tank in the yard near the back door; hand pumps from this tank being provided in the Scullery-Kitchen and Wash-house.

Gas Lighting. The House is illuminated in all the rooms by gas from the 4-in. main of the Rotherham Corporation, the service pipes being 2-in. diameter and the average pressure is 60-ft. 0-in. head.

Electric Lighting. The service mains of the Electrical Distribution of Yorkshire, Ltd., are available.

Sewage. The sewage is piped, and after passing through a ventilated disconnecting chamber in the scullery at the south-east of the building is connected to the sewer situate in the main road.

Roads. The House is approached from the public highway by means of a carriage drive, which is in a poor state of repair and requires re-surfacing. As this is an expensive item the estimate includes for tarspraying and binding only.

Heating and Hot Water. The Billiards Room and Entrance Hall are heated by an out-of-date system of pipes in ducts below the floor level, covered by ornamental cast iron grates, and served from a built-in cast iron saddle boiler, size 8-ft. 0-in. by 5-ft. 0-in., with a 6-ft. 0-in. firebox totally enclosed with brickwork, situate in the vault under the Vinery and approached from outside.

Hot water is supplied from two back boilers situate behind the ranges in the Scullery-Kitchen and Kitchen, respectively. A galvanized iron cylinder is situate in the cupboard in the Scullery-Kitchen, and is 5-ft. 3-in. high and 2-ft. 0-in. in diameter. These two back boilers serve the same cylinder.

Cooking Appliances. A cooking range is provided in the Scullery-Kitchen 60-in. wide and 15-in. fire, fitted with two ovens, size 18-in. by 17-in. by 24-in. and 15-in. by 19-in. by 18-in., respectively. There is also a gas stove provided, 20-in. by 16-in. by 24-in., fitted with griller, and a kitchen range, 60-in. by 18-in. open type and 12-in. fire, fitted with two ovens, 18-in. by 18-in. by 24-in. and 18-in. by 18-in. by 18-in. respectively.

OBSERVATIONS.

- (1). It is desirable to instal electric lighting within the premises.
- (2). The carriage drive, yard and path are in a poor state of repair and require tarspraying and binding, as a minimum precaution to avoid further disintegration.
- (3). The heating boiler is out of date and will require replacement by a modern type boiler together with extended heating pipes and radiators, to serve the whole premises. The hot water supply from back boilers should be disconnected and a separate independent boiler provided to give increased facilities.
- (4). The present cooking ranges can be repaired to serve the House, but additional cooking facilities will be necessary.
- (5) The out-of-date stone sink should be replaced by modern hygienic fittings.
- (6) The buildings themselves are in a fair state of repair, but certain roof repairs, gutter boards, pointing to parapets, and defective gutters and fallpipes, are necessary. There are numerous creeping plants which should be removed from the walls of the buildings.
- (7) The outside painting to all the buildings should be carried out. The internal decoration in the principal rooms is fair, whilst in others, owing to damp, special attention is required.
- (8) The bath and lavatory accommodation is inadequate for the purpose proposed and additional bath and lavatory accommodation and W.C.'s will have to be provided on the ground and first floors.

COUNTY MATERNITY HOME, MONTAGU HOSPITAL, MEXBOROUGH.

Provision of further 10 Beds.

The County Council at their Meeting in March, 1929, approved a Scheme for the use by the County Council of a ward of 10 beds for maternity cases in the Montagu Hospital, Mexborough.

The County Council defrayed the cost of alterations, decoration and equipment at a cost of £805.

The County Council agreed to pay a sum of £3 7s. 6d. per bed per week for the use of these beds. The estimated cost for one year is £1,760.

On the 5th February, 1930, it was reported to the Child Welfare Sub-Committee that owing to the ward of 10 beds being full, two cases which applied for admission had been refused; that there was already extra cases accommodated in a spare ward and that there would be no vacant beds for some time to come if cases booked kept their engagements.

The Maternity Home serves the following areas, namely:—

| Authority | Population, 1931 |
|------------------------------|---------------------|
| *Mexborough | 15,856 |
| *Bolton-upon-Dearne | 14,242 |
| Thurnscoe | 10,540 |
| Conisbrough | 18,179 |
| Doncaster R (part of) | 9,333 |
| Swinton | 13,820 |
| Rawmarsh | 18,570 |
| Greasborough | 3,599 |
| Wath-upon-Dearne | 13,653 |
| *Wombwell | 18,365 |
| Darfield | 5,260 |
| | <hr/> 141,417 <hr/> |

*The Urban Councils of Mexborough, Bolton-on-Dearne and Wombwell are the Authority in their respective areas under the Maternity and Child Welfare Act, 1918, and an arrangement has been made whereby cases from these areas are admitted to the Home and the Urban Council are responsible to the County Council for the fee of £3 7s. 6d. per bed per week.

It is estimated that if the present rate of booking is maintained (and there is every indication of it) the number of bookings will be from 415 to 450 per annum—equal to 17 beds.

The Ministry of Health in a Memorandum on Maternity Homes, state that only 80% of the accommodation in a Maternity Home should be booked, the remaining accommodation being kept for cases of emergency.

In view of the above facts the County Council have approved of an extension of the Scheme to equip a further ward of 10 beds in the Montagu Hospital for maternity cases to meet the demand for accommodation.

The estimated cost of the proposal is as follows:—

| | |
|--|--------------------|
| Maintenance of 10 beds for a year at £3 7s. 6d. per bed per week and incidental expenses in connection therewith | £1,810 |
| Provision of equipment, furniture and decoration | £750 |
| | <hr/> £2,560 <hr/> |

The estimated income from Local Authorities and patients for one year is £440.

Details of Estimates.

| | |
|--|--------------------|
| | £ |
| 10 beds for one year at £3 7s. 6d. per bed per week | 1,760 |
| Rent, rates of house for accommodation of additional staff | 50 |
| | <hr/> £1,810 <hr/> |
| | £ |
| Decoration | 40 |
| Bedding, linen, etc. | 250 |
| Beds, lockers, cots, etc., | 210 |
| Furniture for nurses' home | 250 |
| | <hr/> £750 <hr/> |

It will be observed that the estimates include provision for the payment of rent and rates for a house to be used as a Nurses' Home to house the extra staff required for the new ward and a sum of £250 is also included for the provision of furnishings for the Nurses' Home.

The present Agreement provides that the Hospital Board shall provide and maintain an adequate trained staff for the ward and the following staff were provided:—

Day duty— 1 Sister, 1 Assistant Nurse.
Night duty—1 Sister. 1 Assistant Nurse.

If more than five beds are in use the Hospital Board are to provide another trained nurse.

Additional staff will be required for the second ward and the Hospital Board have no accommodation for them and suggest that a house should be obtained to house the staff and that the County Council should furnish the same and pay the rent and rates.

Difficulties presented themselves, however, with regard to housing nurses away from the hospital, and as hostel accommodation was also required for nurses not employed in the maternity wards, due to the expansion of the general part of the hospital, a scheme was brought forward for the provision of a Nurses' Home to be built on vacant land belonging to the Hospital Board. This ground is immediately in front of the Hospital, and this scheme subsequently found favour with the Hospital Authorities, and it has been decided to go forward with the building and the County Council have been asked to contribute a sum not exceeding £2,500 towards the erection of the Hostel which is estimated to cost in the neighbourhood of £6,000. The County Council have approved the proposal and the work will be carried out within the next twelve months. Meanwhile the additional staff required for the second ward will be boarded out, the County Council defraying the cost.

Particulars of work undertaken during the year in Ward No. 1.—This ward contains ten beds and in addition one labour bed is provided. During the year 237 cases were admitted and 218 babies were born, the average duration of stay being 13.2 days. The midwives employed in the ward delivered 200 and the doctors 18 cases. Medical assistance was sought by a midwife in emergency in 38 cases. It is very satisfactory to report that no cases of puerperal fever or pyrexia or of pemphigus or ophthalmia neonatorum were notified during the year. The number of infants not entirely breast fed while in the Institution were 2.

Another satisfactory feature is that only two maternal deaths occurred during the year and both these cases were admitted in emergency. Not one single case where the patient had attended the Ante-natal Clinic, died.

The cause of death of the two mothers referred to above were due to:—

(1) Primipara with contracted pelvis, and failed forceps before admission. Instrumental delivery, paralytic Ilius and Dystocia.

(2) Primipara with contracted pelvis.

- (a) Patient exhausted on admission. Cardiac failure after 7 days.
- (b) Caesarian section.

Number of foetal deaths :—

- (i) Stillborn, 15.
- (ii) within 10 days of birth, 3.

The cause of death in each case was

- (1) 6 Days. Spina bifida.
- (2) 36 Hours. Prematurity with congenital debility.
- (3) Prematurity. (Mother suffered with hydramnios).

This is an extremely satisfactory year's work and no doubt the results have induced more mothers to seek admission to the maternity ward, with the result that the accommodation became overtaxed and it was found necessary to provide additional beds as reported in the preceding paragraphs under this head.

The arrangements, whereby other Local Authorities exercising their own powers under the Maternity and Child Welfare Act, are allowed to send patients to the maternity wards at the County Maternity Home, are working satisfactorily and the distribution of the 237 cases admitted during 1931 was as under :—

| | No. of Cases |
|--|--------------|
| West Riding (M. & C.W. Area) | 147 |
| Mexborough Urban District | 50 |
| Bolton-on-Dearne Urban District | 34 |
| Wombwell Urban District | 6 |
| Total | 237 |

In appreciation of the splendid work carried out at the Hospital thanks must be accorded to Colonel Connell, F.R.C.S., who is responsible for the medical side of the work, Dr. Norah Dunbar, the House Surgeon; the various medical men on the staff of the Hospital, Matron, Sister and Nurses.

MATERNITY HOME ACCOMMODATION IN THE SKIPTON AND SETTLE DISTRICTS.

At a meeting of the Special Sub-Committee of the Child Welfare Sub-Committee appointed to consider and report on the policy to be adopted in relation to the provision of Maternity Home accommodation, held on the 4th June, 1930, instructions were given to endeavour to obtain accommodation for the admission into some convenient hospital, of Maternity cases from the Skipton, Settle and Sedbergh areas.

In these districts the population is scattered over a very large area with no Maternity Home within reasonable distance, the nearest being Bradford, Leeds, Keighley or Shipley.

At Sedbergh, the local Nursing Association employ a midwife, but special cases have to be sent by the doctors to the Kendal Hospital, a distance of 12 miles. At Settle, the local Nursing Association employ two midwives, and there is also a private Maternity Home in Settle, registered for two beds. Other districts are served by Nursing Associations and independent midwives, and the following table gives particulars of the number of practising midwives and cases attended by them during, 1930.

| | No. of Nursing Associations. | No. of Midwives. | Cases attended. | |
|--------------------------|------------------------------|------------------|-----------------|------------|
| | | | Midwifery. | Maternity. |
| Sedbergh R.D. | 1 | 3 | 4 | 19 |
| Settle R.D. | 3 | 7 | 45 | 79 |
| Skipton R.D. | 5 | 6 | 22 | 14 |
| Skipton U.D. | — | 2 | 45 | 19 |
| Silsden U.D. | 1 | 2 | 18 | 8 |
| Earby U.D. | — | 1 | 18 | 28 |
| Barnoldswick U.D. | — | 3 | 117 | 13 |
| | 10 | 24 | 259 | 180 |

The estimated number of births in the above area is 962 and of this number 269 were attended by midwives. In 180 confinements, the midwives attended as Maternity Nurses with a doctor.

The Poor Law Institutions at Skipton and Giggleswick do not offer any facilities to provide suitable maternity accommodation for this area.

Other schemes were explored and it was ascertained that the Skipton and District Hospital Committee were considering as an extension of the Hospital, the provision of Maternity Beds.

The Committee of this Hospital has received the gift of "Whinfield" a leasehold in Skipton, together with about $4\frac{1}{2}$ acres of land. They have agreed to purchase the reversion and propose to alter and extend these premises for hospital purposes. It is proposed to convert the house into a hospital by building wards on to the existing building, and in doing so it is intended to set aside some beds for maternity purposes.

At the present time there are two schemes in view.

(1) A smaller scheme for the provision of three beds, secured by adapting part of the existing building. In all:—

| | |
|------------------------|---------------|
| Maternity Ward—3 beds. | Nursery. |
| Labour Ward. | Sluice Room. |
| Sterilising room. | Private Ward. |
| Bathroom. | Kitchen. |

(2) A larger scheme which will cost £1,350 more than the previous one. This scheme contemplates enlarging the wing which would be used in scheme (1) by building a new ward on to it on the first floor, to accommodate six beds in one ward and one bed in a private ward. In addition to these there would be the other rooms mentioned under scheme (1).

The problem of meeting the requirements of Skipton are peculiarly difficult. It is in the centre of a large agricultural and hilly area.

It is 28 miles from Leeds, 9 miles from Keighley, and 19 from Bradford. Outside the West Riding are Maternity Homes at Colne and Kendal. There is a private Nursing Home in Settle and one at Skipton. A certain number of people in Barnoldswick and Earby have gone over the border into the Colne Municipal Maternity Home.

The population of the several districts to be served is as follows:—

| | Population | Births |
|------------------------|--------------|-----------|
| | 1931 | 1931 |
| Sedburgh R.D. | 3,569 | 47 |
| Settle R.D. | 14,746 | 209 |
| Skipton R.D. | 18,931 | 243 |
| Skipton U.D. | 12,434 | 149 |
| Silsden U.D. | 4,881 | 50 |
| Earby U.D. | 5,522 | 65 |
| Barnoldswick U.D. | 11,915 | 112 |
| | <hr/> 71,998 | <hr/> 875 |

The number of births in the area is 875 and our experience teaches us that where a Maternity Hospital is provided about 10% of the births take place there.

This percentage is not necessarily fixed for all time; it may be that it will increase. An *a priori* consideration of great weight is that expectant mothers living in remote dales could not use the Skipton Maternity Hospital because they might come into labour and progress so quickly as not to be able to set out for the Home even with modern transport. On the other hand I am informed that expectant mothers who can afford the expense, e.g., wives of farmers, are to an increasing degree coming into towns to Nursing Homes to avoid the contretemps of confinement in a remote dale where (in winter, at least) the doctor might not be able to arrive in time. This however, is rather a tendency than an actual occurrence and

for the purpose of estimate (it must be taken as an estimate) that 90 births per year would take place in hospital. As each patient would be in for about a fortnight, continuous occupation of three beds would serve for 78 confinements. Irregular distribution of 90 confinements would require four or five beds.

There is a theoretical objection to housing maternity patients in the same building as surgical patients, some of whom may be septic, but our experience of this practice at Mexborough is reassuring. On the other hand, in an Institution where there is already an operating theatre ready equipped there is avoidance of duplicate expense and if a maternity case becomes a surgical emergency there is considerable advantage in having both departments under one roof.

Such a Home would be very suitable for Maternity purposes, and when adapted, and extended, will serve as well as a Home specially built for the purpose.

It will be convenient of access for patients from the above areas and within easy reach of Consultant Obstetricians in Leeds and Bradford.

It would be safe to say that four maternity beds at least would be required, including one emergency bed.

The Hospital Committee considered the two schemes

(a) A separate wing containing 6 beds, 1 private bed and other necessary accommodation estimated to cost £1,500 and

(b) The adaptation of rooms in the existing premises to provide a ward for six beds and other offices,

and asked if the County Council were prepared to assist in the provision of the necessary accommodation.

After a full discussion of the proposals the County Council decided that Scheme A was the more acceptable and have agreed to give a capital grant of £2,000 towards the cost of erection and equipping, a grant of £700 as the guaranteed minimum payment for the first year in order to help the Skipton Hospital over the first year's working costs.

The scheme for the extension and adaptation of "Whinfield" will cost approximately £12,200.

At the time of writing this report the whole of the work has been completed and it is anticipated that everything will be in readiness for the reception of patients on the 1st August, 1932.

Staff. There will be no separate staff for the different parts of the Hospital but a Sister holding the C.M.B. Certificate has been appointed, and the appointment of another midwife will meet our requirements.

There will be no resident Medical Officer but cases requiring medical assistance will be summoned by the usual medical aid notice and the doctor's fees paid by the County Council under the Midwives Acts, the patient or nearest relative to have the selection of the doctor.

In those cases where the patient has made no other selection or has no regular medical man, a weekly rota of local doctors will operate.

In cases of emergency an ambulance is available in Skipton.

It is hoped to make arrangements for the removal of septic cases to the local Isolation Hospital.

PATIENTS ADMITTED TO MATERNITY HOMES.

The following table gives particulars regarding the admission of patients to Maternity Homes during 1931:—

| Name of Municipal Authority or Hospital Committee | No. of Maternity Beds in Institution | No. of patients admitted from C.C.'s area during 1931 | Deaths of Mothers | Deaths of Infants | Still-Births | Fees of Home per week |
|--|--------------------------------------|---|-------------------|-------------------|--------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Barnsley Corporation ... | 7 | 30 | — | — | 2 | £ s. d. 3 3 0 |
| 2. Batley Corporation ... | 10 | 16 | — | — | — | 3 0 0 |
| 3. Blackburn Corporation ... | 20 | 1 | — | — | — | 4 14 6 |
| 4. Bradford Corporation ... | 60 | 20 | 2 | — | 3 | 2 16 0 |
| 5. Burnley Corporation ... | 20 | 1 | — | 1 | — | 4 4 0 |
| 6. Castleford U.D.C. ... | 12 | 72 | — | 1 | — | 3 4 4 0 |
| 7. Colne Corporation ... | 8 | 27 | — | — | 2 | 3 3 0 |
| 8. County Maternity Home, Montagu Hospital, Mexborough | 10 | 237* | 2 | 3 | 15 | 3 7 6 |
| 9. Doncaster, Edenfield, Private | 40 | 537 | 13 | 12 | 16 | 3 7 6 |
| 10. Goole U.D.C. | 4 | 9 | — | — | — | 3 3 0 |
| 11. Halifax, St. Luke's Hospital | 35 | 100 | 2 | — | 6 | 2 12 6 |
| 12. Harrogate Infirmary | — | 12 | — | — | 2 | 3 3 0 |
| 13. Heckmondwike Nursing Association | 5 | 4 | — | 1 | — | 2 7 0 |
| 14. Holmfirth, Holme Valley Memorial Hospital | 3 | 40 | 1 | 3 | 2 | 3 3 0 |
| 15. Huddersfield Corporation | 20 | 88 | — | 2 | 4 | 3 3 0 |
| 16. Huddersfield Royal Infirmary | 9 | 29 | 1 | 2 | 6 | 3 3 0 |
| 17. Ilkley ... | 11 | 10 | 1 | 1 | 1 | 5 5 0 |
| 18. Keighley, St. John's Hospital | 13 | 13 | — | — | 2 | 2 12 6 |
| 19. Leeds Maternity Hospital | 110 | 249 | 3 | 11 | 37 | 4 6 4 |
| 20. Morley Corporation ... | 8 | 22 | — | — | 2 | 3 0 0 |
| 21. Oldham Corporation ... | 14 | 3 | — | — | — | 3 3 0 |
| 22. Ripon ... | 4 | 8 | 1 | — | 2 | 4 4 0 |
| 23. Sheffield, Jessop Hospital for Women | 30 | 190† | 8 | 8 | 31 | 3 3 0 |
| 24. Shipley and Bingley Joint Municipal ... | 2 | 3 | — | — | — | 3 10 0 |
| 25. South Elmsall, etc. ... | 5 | 5 | — | — | — | 3 3 0 |
| 26. Wakefield Corporation ... | 16 | 65 | 3 | 3 | 6 | 3 3 0 |
| 27. York Corporation ... | 30 | 43 | — | — | 2 | 3 7 6 |
| | | 1834 | 37 | 48 | 144 | |

* This figure includes 50 cases from Mexborough, 34 Bolton-on-Deane and 6 from Wombwell Urban Districts, where the local Councils are the Authority for administering the Maternity and Child Welfare Act.

† West Riding patients admitted under 1d. in the £ scheme.

Note—(a) Harrogate and the Huddersfield Royal Infirmarys at present only admit complicated cases.

(b) Castleford U.D.C. and Huddersfield Corporation only accept normal cases.

With the exception of Bradford (St. Luke's), Harrogate Infirmary, Halifax (St. Luke's), Huddersfield Royal Infirmary, Leeds and York, where the fees are inclusive, a surgeon's fee is chargeable for special cases.

The County Council have now arrangements with 27 Municipal Authorities or Hospital Committees for the admission of patients from the County Maternity and Child Welfare area, an increase of three Institutions during the year. The number of patients admitted totalled, 1,834 or an increase of 556 over the previous year.

The following summary gives the causes of death of the 37 mothers referred to in Column 4 of the above Table:—

| | | | | | | |
|---|-----|-----|-----|-----|-----|----|
| Craniotomy | ... | ... | ... | ... | ... | 1 |
| Placenta Praevia | ... | ... | ... | ... | ... | 2 |
| Eclampsia | ... | ... | ... | ... | ... | 5 |
| Concealed Haemorrhage | ... | ... | ... | ... | ... | 1 |
| Accidental | .. | ... | ... | ... | ... | 2 |
| Ante-partum | .. | ... | ... | ... | ... | 1 |
| Pulmonary Embolism | ... | ... | ... | ... | ... | 4 |
| Puerperal Sepsis | ... | ... | ... | ... | ... | 10 |
| Ileus Paralyticus-caesarian section | ... | ... | ... | ... | ... | 3 |
| Toxaemia of pregnancy | ... | ... | ... | ... | ... | 1 |
| Empyema | ... | ... | ... | ... | ... | 1 |
| Pelvic Thrombo-phlebitis | ... | ... | ... | ... | ... | 1 |
| Fits—cerebral congestion | ... | ... | ... | ... | ... | 1 |
| Obstetric Shock | ... | ... | ... | ... | ... | 2 |
| Syncope (Anaesthesia) | ... | ... | ... | ... | ... | 1 |
| Respiratory failure due to Spinal Anaesthesia | ... | ... | ... | ... | ... | 1 |
| Total | | | | | | 37 |

It is satisfactory to note that at 14 Maternity Homes where 349 mothers were confined no maternal deaths occurred.

It must also be remembered that in the majority of cases where deaths occurred in Maternity Homes that the patients were sent in as emergency cases with little hope of recovery, and this, of course, has a marked effect on the maternal death rate at these Homes.

The following Table sets out the cause of death of the 47 infants who died within ten days of birth in Maternity Homes:—

| | | | | | | |
|---|-----|-----|-----|-----|-----|----|
| Congenital debility | ... | ... | ... | ... | ... | 2 |
| Convulsions | ... | ... | ... | ... | ... | 7 |
| Jaundice | ... | ... | ... | ... | ... | 1 |
| Prematurity | ... | ... | ... | ... | ... | 20 |
| A.P.H. (mother) | ... | ... | ... | ... | ... | 1 |
| Heart Disease | ... | ... | ... | ... | ... | 3 |
| Deformity | ... | ... | ... | ... | ... | 1 |
| Obstructed labour following impacted face | ... | ... | ... | ... | ... | 1 |
| A.P.H.—Tubal induction | ... | ... | ... | ... | ... | 1 |
| „ Alb. | ... | ... | ... | ... | ... | 1 |
| Placenta praevia | ... | ... | ... | ... | ... | 1 |
| Threatened abortion | ... | ... | ... | ... | ... | 1 |
| Hydrocephalic | ... | ... | ... | ... | ... | 2 |
| Broncho-pneumonia | ... | ... | ... | ... | ... | 1 |
| Spina bifida | ... | ... | ... | ... | ... | 1 |
| Maternal toxaemia | ... | ... | ... | ... | ... | 2 |
| Cerebral haemorrhage | ... | ... | ... | ... | ... | 1 |
| Haematemesis | ... | ... | ... | ... | ... | 1 |
| Total | | | | | | 48 |

LOCAL GOVERNMENT ACT, 1929—PART I.

Under part 1 of the Local Government Act, 1929, 22 Institutions and 1 separate hospital (Keighley) were transferred to the County Council as from the 1st April, 1930. In 18 of these Institutions, 66 beds are available and during 1931, 455 patients were admitted. The following Table gives particulars of these 18 Institutions, shewing beds available, cases admitted, and number of maternal and foetal deaths.

| Name of County Institution. | No. of maternity beds. | No. of cases admitted during 1931. | No. of cases delivered by | | No. of cases in which medical assistance was sought by a midwife in emergency | No. of cases notified as | | | | No. of Maternal deaths. | No. of Foetal deaths. | |
|-----------------------------|------------------------|------------------------------------|---------------------------|----------|---|--------------------------|--------------------|-----------------------|------------------------|-------------------------|-----------------------|---------------------------|
| | | | Midwives. | Doctors. | | Puerperal Fever. | Puerperal Pyrexia. | Pemphigus Neonatorum. | Ophthalmia Neonatorum. | | Still-born. | within ten days of birth. |
| 1. Batley ... | 10 | 35 | 23 | 12 | 12 | — | — | — | — | — | 2 | 1 |
| 2. Clayton ... | 6 | 12 | 11 | 1 | 1 | — | — | — | — | — | — | 1 |
| 3. Goole ... | 4 | 4 | 4 | — | — | — | — | — | — | — | — | — |
| 4. Grenoside ... | 1 | 6 | 4 | 2 | — | — | — | — | — | — | — | — |
| 5. Hemsworth ... | 2 | 15 | 10 | 5 | — | — | — | — | — | — | 1 | — |
| 6. Keighley ... | 13 | 268 | 230 | 38 | 19 | — | 5 | — | — | 2 | 8 | 7 |
| 7. Knaresborough | 4 | 25 | 22 | 3 | 3 | — | — | — | — | — | 5 | — |
| 8. Otley ... | 2 | 9 | 7 | 2 | 1 | — | — | — | — | — | 1 | 1 |
| 9. Penistone ... | 1 | 1 | — | 1 | — | — | — | — | — | — | — | — |
| 10. Pontefract ... | 5 | 20 | 19 | 1 | 2 | — | — | — | — | — | — | 1 |
| 11. Ripon ... | 3 | 3 | 3 | — | — | — | — | — | — | — | — | — |
| 12. Saddleworth ... | — | 1 | — | 1 | — | — | — | — | — | — | — | — |
| 13. Selby ... | 2 | 3 | 2 | 1 | — | — | — | — | — | — | — | — |
| 14. Settle ... | 2 | 2 | 1 | 1 | — | — | — | — | — | — | — | — |
| 15. Skipton ... | 2 | 5 | 4 | 1 | 2 | — | — | — | — | — | 1 | — |
| 16. Tadcaster ... | 1 | 3 | — | 3 | — | — | — | — | — | — | — | — |
| 17. Thorne ... | 2 | — | — | — | — | — | — | — | — | — | — | — |
| 18. Wakefield ... | 6 | 43 | 41 | 2 | 2 | 1 | — | — | 1 | 1 | 2 | — |
| | 66 | 455 | 381 | 74 | 42 | 1 | 5 | — | 1 | 3 | 20 | 11 |

Maternal Deaths. Three occurred in two of the above Institutions during the year. The causes of death were due to:—

1. Septicaemia.
2. Syncope-post-partum hæmorrhage and prolonged labour prior to admission.
3. Puerperal septicaemia—Caesarian section—Prolonged labour—Contracted pelvis.

Infant Deaths. Eleven deaths of infants occurred in 5 of the above Institutions and these were due to:—

| | | | | | | |
|--------------------|-----|-----|-----|-----|-----|---|
| Premature birth | ... | ... | ... | ... | ... | 4 |
| Spina bifida | ... | ... | ... | ... | ... | 3 |
| Defective vitality | ... | ... | ... | ... | ... | 2 |
| Convulsions | ... | ... | ... | ... | ... | 1 |
| Strangulation | ... | ... | ... | ... | ... | 1 |

Total 11

COLLECTION OF MATERNITY HOME FEES.

The County Council have fixed the maximum fee to be paid by patients received into Maternity Homes by arrangement with the County Council, at £3 3s. 0d. per week, and in cases where the fee charged exceeds £3 3s. 0d. per week the County Council pay the balance of such fee.

The County Council also pay the doctor's and specialist's fees.

In necessitous cases, the County Council pay whole or part of the fees, and the following scale of payment has been adopted as a guide:—

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

* In July 1932, the County Council revised this scale, the effect being that Maternity Benefit is collected in all cases under 40/- per week.

In ascertaining the weekly income of the family, the average earnings of the four weeks preceding the birth are taken.

This Department ascertains the fee to be paid in each case, is responsible for the rendering of accounts, and for the collection of the fees. All the work entailed in the above is carried out by correspondence, and the scheme, which has operated since July, 1929, is working satisfactorily.

The number of claims dealt with was as follows:—

| | 1931 |
|-----------------------|------|
| Whole Fees ... | 179 |
| Half Fees ... | 125 |
| Maternity Benefit ... | 226 |
| Total ... | 530 |

The following statement, shows the position at the end of the financial year, 31st March, 1932.

| | £ | s. | d. | £ | s. | d. |
|--|-------|----|----|-------|----|----|
| Amount outstanding on 31st March, 1931 | 617 | 14 | 9 | | | |
| Claims made to 31st March, 1932. | 2192 | 7 | 9 | | | |
| Claims remitted by Committee | 87 | 1 | 6 | | | |
| Amount recovered by C.M.O. | — | — | — | 1317 | 0 | 5 |
| Amount recovered by Treasurer from | | | | | | |
| Bolton-on-Deane U.D.C. (34 cases) | | | | 242 | 6 | 11 |
| Mexborough U.D.C. (50 cases) | | | | 363 | 14 | 8 |
| Wombwell U.D.C. (6 cases) | | | | 30 | 16 | 4 |
| Fees remitted by Committee | — | — | — | 369 | 15 | 1 |
| Amount outstanding | — | — | — | 573 | 10 | 7 |
| | £2897 | 4 | 0 | £2897 | 4 | 0 |

Included in the total claims of £2192 7s. 9d. is a sum of £636 17s. 11d. in respect of 90 patients admitted to the County Maternity Home at Mexborough from the Urban Districts of Bolton-on-Deane, Mexborough and Wombwell, which Councils are autonomous for Maternity and Child Welfare and have an agreement with the County Council for the treatment of maternity patients from their respective areas.

HOMES AND HOSPITALS FOR SICK OR AILING CHILDREN UNDER FIVE YEARS OF AGE.

To supplement the existing work of the Child Welfare Centres, the County Council have arrangements with the following Homes or Hospitals for the admission of children under five years of age:—

| Name of Home or Hospital | No. of patients treated by County Council during 1931 | Inclusive fees of Home per week | | |
|--|---|---------------------------------|----|----|
| | | £ | s. | d. |
| 1. Edenfield Private Maternity Home, Doncaster | — | 1 | 1 | 0 |
| 2. Halifax (St. Luke's Hospital) | 1 | 1 | 1 | 0 |
| 3. Harrogate Municipal Babies' Hospital | 13 | 1 | 10 | 0 |
| 4. Harrogate Infirmary | 2 | 3 | 3 | 0 |
| 5. Huddersfield Royal Infirmary | — | 1 | 1 | 0 |
| 6. Leeds Maternity Hospital | 3 | 1 | 1 | 0 |
| 7. Marguerite Home, Thorparch (Orthopaedic) | 11 | 1 | 15 | 0 |
| 8. Scarborough Children's Hospital and Convalescent Home | 28 | 1 | 1 | 0 |
| 9. Wakefield (Clayton Hospital) | — | 2 | 16 | 0 |
| 10. York Municipal Maternity Hospital | 1 | 1 | 1 | 0 |
| 11. Yorkshire Children's Orthopaedic Hospital, Kirbymoorside | 1 | 1 | 18 | 6 |
| | 60 | | | |

The Homes at Thorparch and Kirbymoorside take Orthopaedic cases only and during the year 12 children were admitted, and 5 discharged. The average patient weeks spent in Orthopaedic Institutions is necessarily long and these averaged 24 weeks each.

During the year arrangements were made with the Halifax (St. Luke's) Hospital, Harrogate Infirmary and Leeds Maternity Hospital for the admission of children from the County Maternity and Child Welfare area.

Under Section 101 of the Local Government Act, 1929, the County Council contribute a sum of £206 6s. 5d. to the St. Agnes Babies' Home, Harrogate. This Institution with 12 beds, is provided by a Voluntary Association, and during the year 12 children were admitted to these beds.

Under Part 1 of the Local Government Act, 1929, three County Institutions having a total accommodation of 42 beds admitted 121 children during 1931. In addition four children were admitted to other Institutions.

The fees paid to the Harrogate Municipal Babies' Hospital were increased from £1 1s. 0d. to £1 10s. 0d. per week per patient.

CONVALESCENT TREATMENT FOR MOTHERS AND INFANTS.

A stay in a Convalescent Home is specially important for recovery after certain cases of confinement, and for some conditions in young children.

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

| Name of Convalescent Home | Class of patient admitted | No. of W.R. patients admitted during 1931 | Fees of Home per week | | |
|--|---------------------------|---|-----------------------|---|-------|
| | | | | £ | s. d. |
| Scarborough, Royal Northern Sea Bathing Infirmary. | Mothers | 35 | Recommend ... | 1 | 1 0 |
| | | | Board, etc. ... | 0 | 12 6 |
| Bridlington, St. Anne's ... | Mothers | — | Recommend ... | 1 | 5 0 |
| | | | Board, etc. ... | 0 | 15 0 |
| Ilkley. | Do. | — | Board, | | |
| | | | Residence, etc. | 1 | 0 0 |
| Wentbridge, Convalescent Home for Children. | Children | — | do. | 0 | 10 0 |
| Yorkshire Home, Withernsea. | Mothers and Babies | 46 | do. | 1 | 15 0 |
| Total | | 81 | | | |

Attention has been drawn in previous reports to the urgent need for a Home where mothers are accepted with their babies and this long felt want has now been met by the opening of the Yorkshire Home for Mothers and Babies at Withernsea. A council has been formed to administer this Home, founded by the Yorkshire Federation for Maternity and Child Welfare.

The Home was officially opened on the 30th April, 1931.

The conditions of admission of patients are as under:—

1. Mothers with babies under 18 months are eligible for admission.
2. A special medical certificate is required with each mother and baby.
3. The usual stay of each mother will be 14 days, and all admissions will be on the same day.
4. The charges of the Home will be 35/- per week for mother and baby, and in necessitous cases this fee and return railway fare will be paid by the County Council.

The above conditions are strictly adhered to and patients are admitted in order of application.

The accommodation provided at the Withernsea Home is for twelve mothers with their babies, and the County Council have reserved two of these beds for the admission of patients from the County Maternity and Child Welfare Area.

Ante-Natal Clinics.

Reference is made under the head of Maternal Mortality to the fact that not less than 48 per cent. of the total deaths from childbirth seemed to have been avoidable and in the classification of the causes of death 17 per cent. of the cases were attributed to the absence of ante-natal care.

In an effort to reduce this high percentage, the County Council are concentrating on this work. Of the 121 Centres open in the Riding, 68 are equipped to carry out ante-natal work, and at 23 of these centres (see following table) a special session is set apart for ante-natal consultations.

A programme has been approved by the County Council over a period of two years for the establishment of a further 25 Ante-natal Clinics where Child Welfare Centres are already established at an estimated cost of £1,250.

Consultant Clinics are also to be established in various parts of the County to be staffed by Specialists where cases will be referred from the ordinary Ante-natal Clinics for a second opinion. These Consultant Clinics will generally be held at a Maternity Hospital where the County Council have arrangements for the admission of County patients.

A start is to be made in the Doncaster and Thorne area and a Consultant Clinic established at the Edenfield Private Maternity Home, Doncaster. Sessions will be held at convenient periods and 6 to 8 patients will be seen at each session. This Clinic will serve 17 Child Welfare Centres in the Doncaster and Thorne area. The Consultant in charge will be Mr. W. Moir Shepherd, F.R.C.S. of Doncaster.

The necessity for early ante-natal advice is stressed on every possible occasion, and 2,592 expectant mothers made 7,540 attendances at Clinics during the year or an average attendance of 4 expectant mothers per session. The percentage of total notified births (live and still) represented by the total number of expectant mothers attending Clinics was 17.2%.

The number of expectant mothers attending Clinics for ante-natal advice increased by 142 and the total attendances by 1,225 over the previous year and the average attendance at all sessions increased from 3 to 4.

These figures are given as an example of our efforts to bring the need for early ante-natal advice to the notice of every expectant mother.

Further, all patients booking at a Maternity Home are seen at the Ante-natal Clinic established in the Home prior to admission.

It is worth while repeating here that not one expectant mother who attended the Ante-natal Clinic at the County Maternity Home, Montagu Hospital, died from confinement.

During the year, the Child Welfare Nurses made 10,540 visits to expectant mothers.

In 1931, the number of special Ante-natal Clinics was increased by four. It is the aim of the County Council to hold special sessions at least once a month, these to be set apart solely for ante-natal examinations and such sessions are now in operation at 23 Child Welfare Centres as under:—

ANTE-NATAL CLINICS.

| Name and address of Clinic | Day and time of monthly meeting | Doctor in attendance | Average attendance per Session |
|--|--|--|--------------------------------|
| 1. Airedale (Pontefract R.D.) Holy Cross Hut | First Friday Afternoon | Christina M. Hawick, M.B., Ch.B. | 4 |
| 2. Askern (Doncaster R.D.) Wesleyan Sunday School ... | Last Thursday .. | D. Malloch, M.B., Ch.B. | 5 |
| 3. Carcroft (Adwick-le-St. U.D.) Presbyterian Sunday School ... | First Monday .. | Bertha M. Newlands, M.B., Ch.B. | 5 |
| 4. Conisbrough U.D. Army Hut, Balby Street Council School | First Wednesday .. | Bertha M. Newlands, M.B., Ch.B. | 8 |
| 5. Hemsworth U.D. Army Hut, West End Council School | First Tuesday .. | E. I. McMahon, M.R.C.S., L.R.C.F., D.P.H. | 7 |
| 6. Fitzwilliam (Hemsworth U.D.) Church Hut | First Wednesday .. | M. S. Ross, M.B., Ch.B. | 11 |
| 7. Hipperholme U.D. Wesleyan Sunday School ... | Second Friday .. | Muriel Wilby, M.R.C.S., L.R.C.P. | 6 |
| 8. Horsforth U.D. St. Margaret's Hall | Third Monday .. | C. W. Dudley, M.B., Ch.B. | 2 |
| 9. Kirk Sandall (Doncaster R.D.) Assembly Hall | First Monday .. | Joseph Graham, M.B., Ch.B. | 4 |
| 10. Maltby U.D. Congregational Chapel | First Tuesday .. | W. Land Dibb, M.B., Ch.B. | 9 |
| 11. Meltham U.D. Baptist Church | First Thursday .. | Hilda Leake, M.B., B.Ch. (Hrs.) | 9 |
| 12. Mirfield U.D. Ings Grove | Third Monday .. | Hilda Leake, M.B., B.Ch. (Hrs.) | 12 |
| 13. Moorends (Thorne R.D.) Wesleyan Chapel | Second Wednesday afternoon | Helen Lindsay, M.B., Ch.B. | 12 |
| 14. Normanton U.D. Park Pavilion | Second and Fourth Thursdays (morning) | Gertrude M. Mayhall, M.R.C.S., L.R.C.P. | 10 |
| 15. Otley U.D. Primitive Methodist Chapel ... | First Tuesday afternoon | Herbert V. Horsfall, M.B., Ch.B. | 11 |
| 16. Queensbury U.D. Cricket Pavilion | First Friday .. | George C. Sharp, M.B., Ch.B. | 6 |
| 17. Rawmarsh U.D. Spiritual Temple, Parkgate ... | Last Thursday .. | Doris Pindar, M.B., Ch.B. | 16 |
| 18. Stainforth (Thorne R.D.) New Wesleyan Church | First Wednesday .. | Helen Lindsay, M.B., Ch.B. | 13 |
| 19. Stanley U.D. Zion Congregational Chapel ... | First Friday .. | Dorothy Summers, M.B., Ch.B. | 6 |
| 20. Swillington (Tadcaster R.D.) Hut, near Church | First Thursday .. | Dorothy Summers, M.B., Ch.B. | 6 |
| 21. Worsborough U.D. Wesleyan Sunday School, Worsboro' Dale | First Tuesday .. | H. A. L. Banham, L.R.C.P., L.R.C.S. | 10 |
| 22. Dalton (Rotherham R.D.) Primitive Methodist Chapel ... | Last Thursday .. | Barbara Demaine, M.B., Ch.B. | — |
| 23. Knaresborough Fysche Hall Cottage | Second Monday .. | Muriel Keyes, L.R.C.P., L.R.C.S. | — |

In addition to the above the County Council have an arrangement with the Brighouse Corporation whereby expectant mothers from nearby West Riding townships can obtain ante-natal advice at the Corporation's Child Welfare Centre, the County Council making payment for each patient at the rate of—first examination 6/- and for each subsequent examination, 2/6.

STAFFING OF ANTE-NATAL CLINICS.

The question of staffing these Ante-natal Clinics with medical men or women experienced in obstetric work has received most careful consideration and it has been suggested that a more efficient and economical arrangement would be to have a whole-time ante-natal officer for the County instead of a number of "part-timers," and to place such an officer in medical charge of the proposed Maternity Hospital at Whiston Grange. There are many difficulties in the way of appointing a whole time medical officer for this work. There is the question of cost, and sessions to be considered, which are important factors:

- (a) Morning sessions would need to be provided instead of some of those at present held in the afternoon, and it is probable that the same premises might not be available for these purposes in the morning.
- (b) The amount of travelling involved in covering these long distances would cost approximately £200 per annum.
- (c) If the officer is to officiate at the proposed Whiston Maternity Hospital in addition to outside work, it would appear that either one or the other will be neglected.

Taking into account the additional ten special sessions next year, making a total of 33 sessions per month, it is practically impossible for one whole-time officer to undertake the work. In addition, the cost would be more than at present, and although the idea is an excellent one, with the financial restrictions now operating in the West Riding such a scheme cannot be considered at the present time.

PREMISES AND SESSIONS FOR ANTE-NATAL WORK.

Continued experience shows that the attempt to combine Ante-natal work with the work of a Child Welfare Centre is nearly impossible. An Ante-natal examination takes about 20 minutes or more, and this examination interposed among the Infant Consultations holds up the work to an extent which makes the congestion at the Centres an obstacle to good work and a deterrent to the mothers attending with their babies. The women coming for Ante-natal examination are conspicuous among those who bring their babies for examination and their purpose almost broadcasts itself. For this reason they are shy about coming to a Child Welfare Centre in ordinary session but are quite willing—in fact often eager to come when a separate session is given for Ante-natal work. If in addition the premises are suitable, Ante-Natal work becomes popular. Such conditions obtain at Stainforth and in consequence the work has increased so greatly that the whole day has to be devoted to it instead of the half day which was at first estimated to be sufficient.

A number of mothers have exhibited some diffidence about attending at first until they realized what the examination involved but with the good report of those who have already attended this is disappearing. After one attendance they lose this diffidence entirely.

WORK AT ANTE-NATAL CLINICS.

The following extracts from reports received regarding Ante-natal activities at Centres, will give some idea of the excellent work and results therefrom:—

Rawmarsh.—This year has been an outstanding one. The average attendance of expectant mothers being 16 per session. The total attendances were 191 expectant and 91 post-natal mothers. Advice has been given regarding diet, clothing, exercise, hygiene, etc. Dr. Doris Pindar who is in charge of this Clinic, is well liked by the mothers and midwives, and the mothers feel they have a real safeguard and helper in consulting her. During the year no mother died in childbirth who attended the Centre for ante-natal advice. 52 mothers were sent to the County Maternity Home at Mexborough, and the Jessop Hospital for Women at Sheffield. The local medical practitioners are co-operating and in 6 cases of contracted pelvis the result was "6 live babies all doing well."

Queensbury.—The medical practitioners and midwives in this area do not encourage their patients to attend the Ante-natal Clinic. Only the patients of the medical officer of the Clinic (a local doctor) and one midwife attend. The

average attendance per session has been seven and it is significant that there has not been one still birth, no mortality of mother or baby of patients attending the Clinic. Two cases were transferred to hospital, one for albuminuria and one for caesarian section, and in both cases living healthy children and mothers.

It may be a coincidence but it is nevertheless a fact, that in every case of the death of a baby, preceding, during or immediately following birth, no skilled ante-natal attention had been given.

Stanley.—For a few sessions this Clinic was poorly attended but the number of expectant mothers desiring advice is increasing gradually. The mothers agree that they do not mind attending after the first visit. Several young expectant mothers have stated that they do not attend the Clinic as they have to travel to the neighbouring town of Wakefield to receive the "dole." Expectant mothers have not yet acquired the habit of booking the midwife or doctor early.

The examples given above exhibit a contrast between Rawmarsh and Queensbury where the former is in charge of an independent doctor and the latter in charge of a general practitioner practising in the district. This is a matter of some importance in determining policy. It will perhaps be dictated by circumstances that the Medical Officer in charge of Ante-natal Clinics will have to be an outside doctor. At present there seems to be no disposition among general practitioners to recognise one among their colleagues as *primus inter pares* nor have general practitioners notified that they have taken recent post graduate courses in Ante-natal work to fulfil the requirements of the Ministry of Health as to qualifications specially required for this work (see page 82).

OPHTHALMIA NEONATORUM.

The following table shows the number of cases of ophthalmia neonatorum reported in the whole of the Administrative County during the last three years:—

| 1929 | 1930 | 1931 |
|------|------|------|
| 121 | 108 | 121 |

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:—

| Cases. | | | Vision Unimpaired. | Vision Impaired. | Total Blindness. | Deaths. |
|-----------|----------|--------------|-----------------------|---------------------|---------------------|---------|
| Notified. | Treated. | | | | | |
| | At Home. | In Hospital. | | | | |
| 69 | 58 | 11 | 66 | 1 | — | 2 |

Child Welfare Centres and School Clinics.

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

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. |
|---|---|--------------------------|----------------------------|----------|--|---------------------|-------------------------------|--|-----------------------------|--------------------------------------|----------|---|--------------------|-----------------------------|-------|--|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between one and five | | | Exp. Mos. | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total | |
| 1. ADWICK-LE-STREET Wesleyan Chapel, Woodlands | Weekly | Thurs. 2-4 | — | 70 | 7 | 154 | 27 | Whole-time M.O.H. | 48 | 7 | 625 | 7 | 2053 | 1330 | 3383 | 18.9 |
| 2. AIREDALE (PONTEFRAC R.D.), Holy Cross Hut | Do. | Mon. 2-4 | 4 | 75 | 47 | 118 | 50 | Part-time Medical woman | 47 | 116 | 1528 | 178 | 2058 | 1472 | 3530 | 44.3 |
| 3. ALLERTON BYWATER (TADCASTER R.D.), Miners' Welfare Inst. | Do. | Mon. 2-4 | 2 | 61 | 30 | 58 | 26 | Part-time Medical man | 46 | 73 | 969 | 74 | 2588 | 209 | 2797 | 35.9 |
| 4. ALTOFTS, Red Triangle Club | Do. | Wed. 2-4 | — | 39 | — | 43 | 18 | Do. | 49 | — | 1586 | — | 400 | 1500 | 1900 | 83.5 |
| 5. ARDSLEY EAST (ARLSLEY E. & W. U.D.), Primitive Methodist Chapel | Do. | Tues. 2-4 | — | 39 | 11 | 59 | 3 | Do. | 47 | 13 | 435 | 15 | 1181 | 642 | 1823 | 23.1 |
| 6. ARDSLEY WEST (ARDSLEY E. & W. U.D.), Wesleyan Sunday School, Tingley | Do. | Mon. 2-4 | — | 29 | 6 | 50 | 2 | Do. | 47 | 10 | 260 | 10 | 1095 | 263 | 1358 | 19.7 |
| 7. ARMTHORPE (DONCASTER R.D.), Miners' Welfare Institute | Do. | Thurs. 2-4 | 1 | 67 | 59 | 82 | 40 | Do. | 48 | 68 | 1081 | 68 | 1239 | 1971 | 3210 | 35.1 |
| 8. ASKERN (DONCASTER R.D.), Wesleyan Sunday School | Do. | Tues. 2-4 | 5 | 52 | 56 | 106 | 43 | Do. | 48 | 80 | 793 | 81 | 2037 | 447 | 2484 | 34.0 |
| 9. BAILDON, Wesleyan Chapel | Do. | Mon. 2-4 | — | 16 | — | 53 | 7 | Do. | 51 | — | 481 | — | 310 | 502 | 812 | 59.2 |
| 10. BARNOLDSWICK, Bethesda Baptist Chapel | Do. | Thurs. 2-4 | — | 55 | 24 | 127 | 14 | School M.I. | 47 | 24 | 366 | 24 | 2598 | 433 | 3031 | 12.8 |
| 11. BENTLEY, Co-operative Hall | Do. | Wed. 2-4 | — | 91 | 17 | 110 | 4 | Whole-time M.O.H. | 48 | 17 | 1299 | 26 | 1852 | 2506 | 4358 | 30.0 |
| 12. BIRDWELL (WORSBOROUGH U.D.), United Methodist Church, Chapel Street | Do. | Wed. 2-4 | 2 | 53 | 26 | 48 | 16 | Part-time Medical man | 49 | 79 | 938 | 115 | 1563 | 1052 | 2595 | 37.4 |
| 13. BIRKENSHEW, Methodist Free Church | Do. | Tues. 2-4 | — | 36 | 6 | 68 | 14 | Part-time Medical man | 47 | 9 | 958 | 13 | 1491 | 187 | 1678 | 57.2 |
| 14. BIRSTALL, United Methodist Church | Do. | Wed. 2-4 | — | 38 | 6 | 85 | 20 | Do. | 46 | 16 | 794 | 21 | 1673 | 50 | 1723 | 46.4 |
| 15. BOSTON SPA (WETHERBY R.D.), Congregational Chapel | Do. | Wed. 2-4 | 1 | 23 | 8 | 46 | 24 | School M.I. | 48 | 48 | 1112 | 49 | 896 | 246 | 1112 | 100.0 |
| 16. BRAMLEY (ROTHERHAM R.D.), Miners' Welfare Hall | Do. | Wed. 2-4 | — | 40 | 4 | 98 | 61 | Part-time Medical man | 21 | 15 | 440 | 15 | 622 | 213 | 835 | 53.5 |
| 17. CARCROFT (ADWICK-LE-STREET U.D.), Presbyterian Sunday School | Do. | Thurs. 2-5 | 5 | 46 | 63 | 110 | 18 | Whole-time M.O.H. | 48 | 63 | 524 | 63 | 2181 | 29 | 2210 | 25.8 |
| 18. CATCLIFFE (ROTHERHAM R.D.), Church Mission Hall | Fort-nightly | Wed. 2-4 | 6 | 63 | 18 | 92 | 12 | Part-time Medical man | 26 | 149 | 1599 | 153 | 1390 | 224 | 1614 | 98.9 |
| 19. CHAPELTOWN (WORTLEY R.D.), Miners' Welfare Pavilion | Weekly | Wed. 2-4 | — | 48 | 4 | 110 | 12 | Whole-time M.O.H. | 50 | 13 | 690 | 13 | 2018 | 406 | 2424 | 28.8 |

Child Welfare Centres and School Clinics.—continued.

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. |
|---|---|--------------------------|----------------------------|----------|--|---------------------|---|---|-----------------------------|--------------------------------------|----------|---|--------------------|-----------------------------|-----------------|--|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between the ages of one and five | | | Exp. Mos. | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children. | |
| 20. CONISBROUGH, Army Hut, Balby St. Council School | Weekly | Thurs. 2-4 | 8 | 97 | 40 | 216 | 32 | School M.I. | 51 | 149 | 1599 | 149 | 4692 | 750 | 5442 | 31.1 |
| 21. CONISBROUGH (UPPER), Miners' Welfare Institute | Do. | Mon. 2-4 | 2 | 90 | 37 | 142 | 9 | Part-time Medical woman | 47 | 48 | 1469 | 113 | 4171 | 156 | 4327 | 34.1 |
| 22. CRIGGLESTONE (WAKEFIELD R.D.), Methodist New Connexion Chapel | Do. | Wed. 2-4 | — | 31 | 3 | 46 | 3 | Part-time Medical man | 50 | 2 | 965 | 584 | 584 | 995 | 1579 | 61.1 |
| 23. CROFTON (WAKEFIELD R.D.), United Methodist Church | Do. | Mon. 2-4 | — | 69 | 8 | 102 | 21 | Do. | 48 | 23 | 1580 | 28 | 1678 | 1641 | 3319 | 47.9 |
| 24. CUDWORTH, Wesley Hall | Do. | Wed. 2-4 | 4 | 69 | 27 | 123 | 105 | Do. | 51 | 67 | 1139 | 222 | 2145 | 1340 | 3485 | 32.5 |
| 25. DALTON (ROTHERHAM R.D.), Primitive Methodist Chapel | Do. | Wed. 2-4 | — | 52 | 4 | 250 | 140 | Do. | 50 | 16 | 965 | 16 | 2390 | 201 | 2591 | 37.6 |
| 26. DARFIELD, Wesleyan Sunday School, Burnley Road | Do. | Wed. 2-4 | 2 | 25 | 21 | 48 | 85 | Do. | 49 | 65 | 271 | 93 | 694 | 508 | 1202 | 26.0 |
| 27. DARTON (STAINCROSS), Wesleyan S.S. Barnsley Rd. | Do. | Thurs. 2-4 | 1 | 41 | 21 | 59 | 28 | Do. | 50 | 12 | 267 | 59 | 658 | 1433 | 2091 | 13.0 |
| 28. DARTON (DARTON), Primitive Methodist Chapel | Do. | Wed. 2-4 | 3 | 58 | 36 | 118 | 121 | Do. | 48 | 36 | 452 | 160 | 1805 | 1006 | 2811 | 16.4 |
| 29. DARTON (GAWBER), Adult School | Do. | Tues. 2-4 | 1 | 40 | 19 | 54 | 26 | Do. | 46 | 28 | 386 | 39 | 720 | 1082 | 1802 | 23.0 |
| 30. DENBY & CUMBERWORTH, Victoria Memorial Hall | Fortnightly | Wed 2-4 | — | 21 | 10 | 50 | 10 | School M.I. | 25 | 5 | 448 | 10 | 345 | 172 | 517 | 85.9 |
| 31. DINNINGTON (KIVETON PARK R.D.), Wesleyan Sunday School | Weekly | Tues. 2-4 | — | 58 | 14 | 124 | 25 | Part-time Medical woman | 46 | 11 | 576 | 32 | 1696 | 959 | 2655 | 21.8 |
| 32. DODWORTH, Mechanics' Institute, High Street | Do. | Tues. 2-4 | 2 | 74 | 11 | 100 | 34 | Part-time Medical man | 48 | 48 | 894 | 108 | 1780 | 1767 | 3547 | 25.8 |
| 33. DRIFHLINGTON, Wesleyan Sunday School | Do. | Mon. 2-4 | 2 | 36 | 26 | 59 | 22 | Part-time Medical woman | 49 | 101 | 1044 | 109 | 1550 | 227 | 1777 | 60.7 |
| 34. DUNSCROFT, (THORNE R.D.) Church Hall | Do. | Tues. 2-4 | — | 53 | 4 | 150 | 32 | Part-time Medical man | 21 | 8 | 505 | 14 | 906 | 155 | 1061 | 47.7 |
| 35. EARB, Old Grammar School | Do. | Wed. 2-4 | — | 35 | 3 | 47 | 3 | Part-time Medical man | 47 | 6 | 124 | 6 | 876 | 787 | 1663 | 7.8 |
| 36. ECCLESFIELD (WORTLEY R.D.), Gatty Memorial Hall | Weekly | Mon. 2-4 | — | 32 | 7 | 61 | 92 | Whole time M.O.H. | 48 | 16 | 508 | 19 | 710 | 833 | 1543 | 33.5 |
| 37. EDLINGTON (DONCASTER R.D.), Primitive Methodist Chapel | Do. | Tues. 2-4 | — | 48 | 7 | 131 | 11 | Do. | 47 | 10 | 1123 | 29 | 2209 | 54 | 2263 | 49.4 |
| 38. ELLAND, Drill Hall | Do. | Wed. 2-4 | 1 | 39 | 20 | 77 | 13 | Part-time Medical man | 47 | 15 | 548 | 46 | 1216 | 610 | 1826 | 30.1 |

Child Welfare Centres and School Clinics.—continued.

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. |
|--|---|--------------------------|----------------------------|----------|--|---------------------|---|---|-----------------------------|--------------------------------------|----------|---|--------------------|-----------------------------|----------------|--|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between the ages of one and five | | | Exp. Mos. | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children | |
| 39. FARSLAY, United Methodist Church. | Weekly | Tues. 2-4 | — | 41 | 4 | 67 | 6 | Part-time Medical man | 48 | 4 | 454 | 4 | 1052 | 904 | 1956 | 23.4 |
| 40. FERRYBRIDGE (PONTEFRAC T R.D.), Wesleyan Chapel | Do. | Thurs. 2-4 | — | 29 | 26 | 51 | 14 | Do. | 51 | 21 | 551 | 26 | 650 | 843 | 1493 | 37.7 |
| 41. GARFORTH, St. Mary's Hall | Do. | Mon. 2-4 | 5 | 88 | 39 | 90 | 136 | Do. | 46 | 222 | 2197 | 226 | 1068 | 3004 | 4072 | 56.3 |
| 42. GLASSHOUGHTON (PONTEFRAC T R.D.) | Do. | Mon. 2-4 | 2 | 51 | 34 | 97 | 18 | Part-time Medical woman | 48 | 58 | 1297 | 92 | 1680 | 789 | 2469 | 52.9 |
| 43. GLUSHURN (SKIPTON R.D.), Gladburn Institute | Fortnightly | Tues. 2-4 | — | 37 | — | 43 | 50 | Do. | 25 | 1 | 628 | 1 | 285 | 631 | 916 | 68.6 |
| 44. GOLCAR, Council Offices | Weekly | Wed. 2-4 | — | 53 | 19 | 84 | 94 | Do. | 50 | 20 | 1018 | 20 | 1223 | 1440 | 2663 | 38.7 |
| 45. GREASBOKOUGH, Town Hall | Do. | Mon. 2-4 | 1 | 12 | 24 | 25 | 28 | Part-time Medical man | 48 | 69 | 453 | 69 | 436 | 144 | 580 | 80.4 |
| 46. GREETLAND, Clay House | Do. | Tues. 2-4 | — | 34 | 1 | 49 | 7 | Do. | 46 | 1 | 399 | 4 | 265 | 1315 | 1580 | 25.3 |
| 47. GUISELEY, Baptist Church, Oxford Road | Do. | Thurs. 2-4 | — | 35 | 3 | 70 | 15 | Part-time Medical woman | 49 | 3 | 888 | 5 | 636 | 1100 | 1736 | 51.2 |
| 48. HAWORTH, Council School | Fortnightly | Tues. 2-4 | — | 39 | 6 | 65 | 14 | School M.I. | 22 | 6 | 453 | 8 | 388 | 472 | 860 | 52.9 |
| 49. HERDEN BRIDGE, Old Secondary School, Pitt Street | Weekly | Wed. 2-4 | — | 27 | 16 | 66 | 32 | Part-time Medical woman | 48 | 17 | 441 | 26 | 1168 | 106 | 1274 | 35.2 |
| 50. HEMSWORTH, Army Hut, West End Council School | Do. | Mon. 2-4 | 7 | 52 | 37 | 121 | 39 | School M.I. | 47 | 117 | 1337 | 247 | 1684 | 798 | 2482 | 53.3 |
| 51. HEMSWORTH (Fitzwilliam) Church Hut | Do. | Tues. 2-4 | 11 | 80 | 47 | 101 | 24 | Part-time Medical man | 48 | 218 | 1569 | 259 | 1978 | 1888 | 3866 | 43.3 |
| 52. HIPPERHOLME, Wesleyan Sunday School | Do. | Mon. 2-4 | 7 | 39 | 27 | 79 | 68 | Part-time Medical woman | 48 | 80 | 825 | 80 | 1504 | 384 | 1888 | 46.0 |
| 53. HOLMFIRTH, Town Hall | Do. | Thurs. 2-4 | 1 | 20 | 18 | 81 | 25 | Do. | 48 | 59 | 532 | 68 | 289 | 648 | 937 | 58.8 |
| 54. HORBURY, Wesleyan Sunday School | Do. | Mon. 2-4 | — | 55 | 8 | 98 | 10 | Part-time Medical man | 48 | 8 | 957 | 8 | 1267 | 1383 | 2650 | 36.3 |
| 55. HORSFORTH, St. Margaret's Hall | Do. | Wed. 2-4 | 2 | 47 | 9 | 101 | 8 | Do. | 51 | 21 | 312 | 41 | 990 | 1436 | 2426 | 13.5 |
| 56. HOYLAND, Miners' Welfare Institute | Do. | Tues. 2-4 | 6 | 175 | 23 | 168 | 104 | Do. | 48 | 110 | 1553 | 284 | 2759 | 5662 | 8421 | 19.1 |
| 57. HOYLAND COMMON (HOYLAND U.D.) Wesleyan Chapel | Do. | Thurs. 2-4 | 5 | 79 | 29 | 117 | 106 | School M.I. | 46 | 100 | 1072 | 212 | 2776 | 809 | 3615 | 30.6 |
| 58. INGLETON (SETTLE R.D.) Blue Hall | Fortnightly | Tues. 2-4 | — | 21 | — | 31 | 5 | Part-time Medical man | 7 | 3 | 72 | 3 | 112 | 35 | 147 | 50.0 |
| 59. KIPPAX (TADCASTER R.D.) Church Hut | Weekly | Tues. 2-4 | 2 | 40 | 22 | 54 | 30 | Do. | 47 | 88 | 776 | 88 | 1682 | 200 | 1882 | 43.9 |

Child Welfare Centres and School Clinics.—continued.

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. |
|--|---|--------------------------|----------------------------|----------|--|---------------------|---|-------------------------|---|-----------------------------|--------------------------------------|-----------|---|-----------------------------|----------------|--|--|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between the ages of one and five | Exp. Mos. | | | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children | | |
| 60. KIRKBURTON, Council School | Weekly | Tues. 2-4 | — | 28 | 3 | 60 | 7 | Part-time Medical man | 48 | 6 | 347 | 776 | 561 | 1337 | 26.3 | | |
| 61. KIRK SANDALL (DONCASTER R.D.), Assembly Hall | Do. | Thurs. 2-4 | 4 | 33 | 54 | 48 | 6 | Do. | 48 | 55 | 624 | 1264 | 300 | 1564 | 41.7 | | |
| 62. KNARESBOROUGH, Fyche Hall Cottage, Idles Lane | Do. | Tues. 2-4 | 1 | 54 | 15 | 46 | 12 | School M.I. | 48 | 34 | 1111 | 2380 | 202 | 2582 | 43.3 | | |
| 63. KNOTTINGLEY, Secondary School, Chapel Street | Do. | Mon. 2-4 | — | 32 | 16 | 71 | 23 | Part-time Medical man | 47 | 16 | 420 | 1200 | 286 | 1486 | 29.0 | | |
| 64. LEPTON, Liberal Club | Do. | Tues. 2-4 | — | 49 | 29 | 51 | 14 | Do. | 47 | 29 | 426 | 277 | 2011 | 2288 | 17.8 | | |
| 65. LINTHWAITE, Bungalow, 93 Manchester Road, Minsbridge | Do. | Tues. 2-4 | — | 26 | — | 32 | 25 | School M.I. | 15 | — | 212 | 130 | 265 | 385 | 53.7 | | |
| 66. MALTBY, Congregational Chapel | Do. | Mon. 2-4 | 9 | 66 | 63 | 217 | 190 | Part-time Medical man | 48 | 117 | 572 | 1918 | 1261 | 3179 | 20.9 | | |
| 67. MARSDEN, Conservative Club | Do. | Thurs. 2-4 | — | 47 | 1 | 62 | 15 | Do. | 49 | 1 | 916 | 903 | 1388 | 2291 | 40.0 | | |
| 68. MELTHAM, Baptist Church | Do. | Tues. 2-4 | 9 | 46 | 41 | 70 | 6 | Part-time Medical man | 47 | 90 | 238 | 1700 | 436 | 2136 | 14.8 | | |
| 69. MIRFIELD, Ings Grove | Do. | Friday 2-4 | 11 | 46 | 72 | 116 | 8 | Part-time Medical woman | 46 | 143 | 474 | 1893 | 230 | 2123 | 27.2 | | |
| 70. MICKLEFIELD (TADCASTER) R.D.), Wesleyan Chapel | Fortnightly | Tues. 2-4 | 3 | 82 | 23 | 66 | 110 | School M.I. | 24 | 64 | 1603 | 694 | 1272 | 1966 | 81.2 | | |
| 71. MOORENDS (THORNE R.D.), Wesleyan Chapel | Weekly | Thurs. 2-4 | 12 | 60 | 95 | 183 | 60 | Part-time Medical woman | 45 | 163 | 921 | 2450 | 431 | 2881 | 35.5 | | |
| 72. NORMANTON, Park Pavilion | Do. | Tues. 2-4 | 10 | 73 | 85 | 231 | 42 | School M.I. | 50 | 242 | 2445 | 1830 | 2036 | 3866 | 65.4 | | |
| 73. OTLEY, Primitive Methodist Chapel, Station Road | Do. | Thurs. 2-4 | 11 | 70 | 58 | 146 | 24 | Part-time Medical man | 51 | 149 | 721 | 2071 | 1520 | 3591 | 23.0 | | |
| 74. OULTON (HUNSLET R.D.), Village Institute | Do. | Tues. 2-4 | — | 18 | 6 | 36 | 8 | Do. | 48 | 24 | 662 | 623 | 325 | 948 | 70.5 | | |
| 75. OUTWOOD (STANLEY U.D.), Church Institute | Do. | Mon. 2-4 | 1 | 52 | 17 | 70 | 27 | Do. | 48 | 17 | 1234 | 1899 | 596 | 2495 | 49.4 | | |
| 76. OUGHTIBRIDGE (WORTLEY R.D.), Church Hall | Do. | Thurs. 2-4 | — | 33 | 4 | 27 | 8 | Do. | 49 | 16 | 1106 | 1244 | 396 | 1640 | 67.8 | | |
| 77. PENISTONE, New Connexion Chapel | Do. | Mon. 2-4 | — | 72 | 12 | 80 | 18 | Do. | 46 | 12 | 527 | 3100 | 236 | 3336 | 16.1 | | |
| 78. QUEENSBURY, Cricket Pavilion | Do. | Tues. 2-4 | 6 | 42 | 20 | 46 | 6 | Do. | 48 | 104 | 994 | 1810 | 194 | 2004 | 51.9 | | |
| 79. RAWMARSH, Spiritual Temple, Parkgate | Do. | Tues. 2-4 | 16 | 116 | 279 | 371 | 324 | School M.I. | 46 | 289 | 924 | 2134 | 3104 | 5238 | 22.1 | | |
| 80. RIPON CITY, Alma House | Do. | Mon. 2-4 | 3 | 46 | 12 | 56 | 25 | Do. | 46 | 82 | 1038 | 1179 | 920 | 2099 | 50.7 | | |
| 81. ROYSTON, Wesleyan Sunday School | Do. | Wed. 2-4 | 1 | 66 | 21 | 30 | 15 | Part-time Medical man | 51 | 26 | 895 | 1887 | 1491 | 3378 | 26.8 | | |
| 82. ROSSINGTON (DONCASTER R.D.), United Methodist Church | Do. | Tues. 2-4 | 4 | 119 | 52 | 190 | 134 | Do. | 48 | 136 | 1172 | 3449 | 2296 | 5745 | 22.0 | | |

Child Welfare Centres and School Clinics.—continued.

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. |
|---|---|--------------------------|----------------------------|----------|--|---------------------|---|---|-----------------------------|--------------------------------------|----------|---|--------------------|-----------------------------|-----------------|--|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between the ages of one and five | | | Exp. Mos. | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children. | |
| 83. SADDLEWORTH, Mechanics' Institute, Uppermill | Weekly | Wed. 2-4 | — | 56 | 9 | 120 | 16 | Part-time Medical man | 51 | 10 | 536 | 12 | 1272 | 1580 | 2862 | 19.0 |
| 84. SELBY, Museum Hall | Do. | Fri. 2-4 | — | 27 | 4 | 38 | 10 | Whole-time M.O.H. | 44 | 11 | 712 | 16 | 382 | 792 | 1174 | 60.8 |
| 85. SHARLSTON (WAKEFIELD R.D.), St. Luke's Hall | Do. | Tues. 2-4 | — | 55 | 7 | 81 | 13 | Part-time Medical man | 48 | 12 | 1289 | 12 | 1380 | 1286 | 2666 | 48.6 |
| 86. SILSDEN, Ambulance Station | Fort-nightly | Tues. 2-4 | — | 23 | 1 | 26 | 24 | Part-time Medical woman | 23 | 2 | 245 | 2 | 325 | 200 | 525 | 46.9 |
| 87. SNAITH (GOOLE R.D.), House Market Place | Weekly | Thurs. 2-4 | — | 15 | 7 | 46 | 20 | Part-time Medical man | 51 | 8 | 707 | 8 | 546 | 210 | 756 | 93.5 |
| 88. SKIPTON, Wesleyan Methodist Sunday School, Water Street | Do. | Wed. 2-4 | — | 53 | 9 | 80 | 63 | School M.I. | 46 | 33 | 491 | 33 | 1270 | 1165 | 2435 | 21.2 |
| 89. SLAITHWAITE, United Methodist Sunday School, Carr Lane | Do. | Wed. 2-4 | — | 37 | — | 64 | 13 | Part-time Medical man | 51 | 28 | 903 | 28 | 726 | 1155 | 1881 | 48.8 |
| 90. STAINFORTH (THORNE R.D.), New Wesleyan Church | Do. | Tues. 2-4 | 13 | 91 | 74 | 180 | 87 | Part-time Medical woman | 48 | 176 | 1215 | 195 | 3462 | 913 | 4375 | 30.4 |
| 91. SOUTH MILFORD (TADCASTER R.D.) St. Mary's Schoolroom | Fort-nightly | Tues. 2-4 | 2 | 50 | 8 | 30 | 19 | School M.I. | 22 | 41 | 1077 | 44 | 980 | 100 | 1080 | 99.5 |
| 92. SOWERBY BRIDGE, Allan House | Weekly | Tues. & Thurs. 2-4 | 1 | 35 | 89 | 200 | 80 | Do. | 91 | 79 | 1963 | 89 | 2863 | 200 | 3193 | 62.2 |
| 93. STANNINGTON (WORTLEY R.D.), Underbank Chapel | Do. | Wed. 2-4 | 1 | 25 | 12 | 32 | 11 | Part-time Medical woman | 50 | 52 | 801 | 69 | 330 | 938 | 1268 | 63.8 |
| 94. STOCKSBRIDGE, Mozart House, Deepcar | Do. | Tues. 2-4 | — | 40 | 17 | 90 | 20 | Part-time Medical man | 42 | 9 | 947 | 17 | 249 | 1449 | 1698 | 45.1 |
| 95. SWALLOWNEST (ROTHERHAM R.D.), Church Hall | Fort-nightly | Mon. 2-4 | 2 | 44 | 12 | 69 | 8 | Part-time Medical woman | 26 | 53 | 944 | 53 | 666 | 472 | 1138 | 83.7 |
| 96. SWINTON, Wesleyan Methodist Chapel, Roman Terrace | Weekly | Wed. 2-4 | 1 | 26 | 13 | 61 | 8 | Do. | 48 | 36 | 389 | 41 | 770 | 475 | 1245 | 33.9 |
| 97. SWINTON, Congregational Church | Do. | Mon. 2-4 | — | 52 | — | 78 | 1 | Part-time Medical man | 48 | 4 | 397 | 4 | 1900 | 578 | 2478 | 16.2 |
| 98. SWINTON, Church Institute, Kibburs | Do. | Wed. 2-4 | — | 24 | — | 36 | 2 | Do. | 50 | — | 123 | — | 1196 | 20 | 1216 | 10.1 |
| 99. STANLEY, Zion Congregational Chapel | Do. | Mon. 2-4 | 6 | 37 | 33 | 74 | 26 | Do. | 48 | 52 | 358 | 53 | 1366 | 413 | 1779 | 22.4 |
| 100. SWILLINGTON (TADCASTER R.D.), Hut near Church | Fort-nightly | Wed. 2-4 | 6 | 60 | 38 | 59 | 107 | Do. | 27 | 146 | 1617 | 153 | 370 | 1246 | 1616 | 99.6 |

Child Welfare Centres and School Clinics.—continued.

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases examined by Medical Officer. | |
|--|---|--------------------------|----------------------------|----------|--|---------------------|---|---|-----------------------------|--------------------------------------|----------|---|--------------------|-----------------------------|-----------------|--|------|
| | | | Expectant Mothers. | Children | Expectant Mothers. | Children under one. | Children between the ages of one and five | | | Exp. Mos. | Children | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children. | | |
| 101. SWINEFLEET (GOOLE R.D.), Prospect House | Weekly | Tues. 2-4 | — | 9 | 2 | 34 | 2 | School M.I. | 27 | 6 | 201 | 6 | 201 | 120 | 132 | 252 | 80.2 |
| 102. TADCASTER (TADCASTER R.D.) Shann House | Fort-nightly | Tues. 2-4 | 1 | 55 | 12 | 65 | 4 | Part-time Medical woman | 25 | 38 | 979 | 38 | 979 | 1102 | 262 | 1364 | 72.5 |
| 103. THORNE (THORNE R.D.), Temperance Institute | Weekly | Wed. 2-4 | — | 32 | 12 | 96 | 15 | Part-time Medical man | 52 | 19 | 871 | 19 | 871 | 1244 | 405 | 1649 | 53.4 |
| 104. THURCROFT (ROTHERHAM R.D.), Miners' Welfare Institute | Do. | Mon. 2-4 | — | 16 | 3 | 70 | 12 | Do. | 48 | 3 | 398 | 3 | 398 | 620 | 157 | 777 | 51.4 |
| 105. THURNSCOE (WEST), Church Sunday School | Fort-nightly | Mon. 2-4 | 1 | 59 | 7 | 70 | 2 | Do. | 25 | 24 | 293 | 28 | 293 | 1354 | 134 | 1488 | 20.9 |
| 106. THURNSCOE (EAST), Parish Hall | Do. | Tues. 2-4 | 1 | 56 | 10 | 56 | 6 | Do. | 22 | 25 | 289 | 32 | 289 | 1179 | 61 | 1240 | 24.7 |
| 107. WALES' (KIVETON PARK R.D.), St. John's Rooms | Weekly | Wed. 2-4 | — | 30 | — | 68 | 34 | Do. | 49 | — | 260 | — | 260 | 992 | 495 | 1487 | 17.5 |
| 108. WATH, Wesleyan Assembly Hall | Do. | Mon. 2-4 | 1 | 56 | 4 | 100 | 2 | Do. | 47 | 61 | 800 | 61 | 800 | 1554 | 1102 | 2656 | 31.7 |
| 109. WEST MELTON (WATH U.D.), Wesleyan Chapel | Do. | Tues. 2-4 | 1 | 58 | 4 | 87 | 4 | Do. | 47 | 39 | 866 | 39 | 866 | 1012 | 1723 | 2735 | 31.7 |
| 110. WETHERBY (WETHERBY R.D.), Wesleyan Sunday School | Do. | Thurs. 2-4 | 1 | 29 | 3 | 23 | 12 | Do. | 48 | 53 | 148 | 62 | 148 | 1200 | 208 | 1408 | 13.7 |
| 111. (WHISTON) (ROTHERHAM R.D.), Church Institute | Do. | Thurs. 2-4 | — | 11 | 2 | 31 | 5 | Part-time Medical woman | 22 | 6 | 158 | 6 | 158 | 296 | 9 | 245 | 65.3 |
| 112. WHITWOOD, Memorial Hall | Do. | Wed. 2-4 | 3 | 74 | 59 | 85 | 145 | Do. | 49 | 147 | 1280 | 134 | 1280 | 1864 | 1764 | 3628 | 37.9 |
| 113. WRENTHORPE (STANLEY U.D.), Church Sunday School | Do. | Thurs. 2-4 | — | 24 | 8 | 21 | 61 | Do. | 50 | 35 | 613 | 44 | 613 | 682 | 500 | 1182 | 52.8 |
| 114. WORSBOROUGH, Wesleyan Sunday School | Do. | Thurs. 2-4 | 14 | 79 | 53 | 143 | 32 | Part-time Medical man | 51 | 168 | 1404 | 168 | 1404 | 1293 | 2746 | 4039 | 37.4 |
| 115. YEADON, Temperance Hall | Do. | Fri. 2-4 | — | 41 | 2 | 104 | 8 | Do. | 48 | 2 | 732 | 2 | 732 | 812 | 1154 | 1966 | 37.3 |

VOLUNTARY INFANT WELFARE CENTRES

| Name and Address. | Sessions held weekly, fortnightly, etc. | Day and time of Meeting. | Av. Attendance per Session | | Number who attended for the first time during 1931 | | | Present arrangements for medical supervision. | Total No. of Sessions held. | No. of Cases seen by Medical Officer | | Total No. of attendances at Centres during 1931 | | | | Percentage of cases by Medical Officer examined |
|---|---|--------------------------|----------------------------|-----------|--|---------------------|---|---|-----------------------------|--------------------------------------|-----------|---|--------------------|-----------------------------|-----------------|---|
| | | | Expectant Mothers. | Children. | Expectant Mothers. | Children under one. | Children between the ages of one and five | | | Exp. Mos. | Children. | Exp. Mos. | Infants under one. | Children between 1 & 5 yrs. | Total Children. | |
| 1. BENTHAM (SETTLE R.D.), St. Margaret's Sunday School | Fort- nightly | Thur 2-4 | — | 12 | 2 | 12 | 4 | Part-time Medical man | 25 | 4 | 300 | 4 | 88 | 212 | 300 | 100.0 |
| 2. BARDSEY (WETHERBY R.D.), Guest House, Rington Hill Estate | Do. | Mon. 2-4 | — | 13 | 2 | 12 | 8 | Part-time Medical woman | 21 | ? | ? | 8 | 245 | 32 | 277 | ? |
| 3. HELLIFIELD (SETTLE R.D.), Hellifield Institute | Do. | Wed. 2.30-4 | — | 6 | 24 | 20 | 4 | Part-time Medical man | 16 | — | 32 | — | 80 | 12 | 92 | 34.8 |
| 4. KIRKHAMGATE (WAKEFIELD R.D.), Church Mission Room | Do. | Wed. 2-4 | — | 20 | 4 | 6 | 4 | Part-time Medical woman | 23 | — | 184 | 12 | 310 | 144 | 454 | 39.5 |
| 5. METHLEY, Mickletown Miners' Institute | Weekly | Mon. 2-4 | — | 43 | — | 63 | 5 | Part-time Medical man | 48 | — | 507 | — | 1107 | 942 | 2049 | 24.8 |
| 6. SETTLE (SETTLE R.D.), Cricket Pavilion | Do. | Thurs. 2-4 | — | 15 | 42 | 40 | 10 | do. | 33 | — | 48 | — | 300 | 194 | 494 | 9.7 |
| TOTAL ... | | | 2663 | 10125 | 4079 | | | | 5281 | 5890 | 93804 | 7540 | 158320 | 99706 | 258026 | 37.5 |

ATTENDANCES.

The attendances at Child Welfare Centres still show a steady increase in the number of mothers and babies attending. A comparison of the average attendances per session between this year and last shows that the attendances have increased at 65 centres and decreased at 31, while at 18 centres the numbers are stationary. The most notable increases are recorded at Hoyland (71), Airedale (41), Conisborough (29), Lepton (27), Worsborough (26), Conisborough Upper (21), Micklefield (19), Birkenshaw and Penistone (17), Thurnscoe East and Whitwood (16), Dodworth and Royston (15), Catcliffe and Garforth (14), Birdwell and Moorends (13), Sharlston (12), Dalton, South Milford and Thurnscoe West (11).

Decreases of ten or more were recorded at Crigglesstone, Farsley, Greasbrough, Hemsworth, Horbury, Kippax, Thurcroft and Wrenthorpe.

The number of expectant mothers and children who attended a Child Welfare Centre for the first time numbered 2,668 expectant mothers and 14,204 children (see preceding table), an increase over the year 1930 of 218 expectant mothers and 451 children. The percentage of the notified births represented in these numbers being 17.2% and 66.5% respectively.

The total attendances at the 121 Centres open in the Riding were 7,540 expectant mothers and 258,026 children, the average attendance per session being 4 and 49 respectively.

ESTABLISHMENT OF INFANT WELFARE CENTRES.

The number of Child Welfare Centres open in the county at the end of the year was 115 rate-aided and 6 voluntary, giving a total of 121.

Further progress towards bringing the number of rate-aided Centres up to 130, the total approved by the County Council in the three years' programme was made in 1931, and Child Welfare Centres were opened at Bramley (Rotherham R.D.), Dunscoft (Thorne R.D.), Hoyland Common (Hoyland U.D.), Ingleton (Settle R.D.), Slaithwaite, Swinefleet (Goole R.D.), and Whiston (Rotherham R.D.). Ten Centres were to be established during the year but the Economy Committee have deferred the opening of further Centres until the financial position improves. The places affected were Rawmarsh (second centre), Denholme, Acomb (Gt. Ouseburn R.D.) and Burley-in-Wharfedale.

WORK OF CHILD WELFARE CENTRES.

To give some idea of the work at the various Centres a few extracts are given below from the reports of Child Welfare Nurses.

Birkenshaw. One outstanding feature in this area is the absence of Rickets and Convulsions in children.

Guisley. This Centre entered a decorated wagon in the Guiseley Hospital Carnival and won the 2nd prize.

Meltham. The local Voluntary Committee have purchased a test feed weighing machine which has been helpful in several cases.

Barnoldswick. A great improvement in the general care of young children is reported and Rickets is now rarely found and less Bronchial pneumonia during the winter months.

Golcar. One mother brought a child with whooping cough to the Centre with the result that six other babies developed the disease afterwards.

Kirkburton. Very few "dummies" are used now.

Greetland. The nurse attributes the decrease in the number of mothers attending the Clinic to the fact that the mothers go out to work.

Holmfirth. The parents show much greater inclination to follow advice given and they co-operate in the work to a greater extent. The knowledge of the rearing of children is spreading and the results are seen in the better standard of health.

Marsden. Of the 79 births occurring in this district during the year, 62 of these babies attended the Centre.

Hebden Bridge. The attendances of babies up to one year is good but from one to three there is a distinct falling off due, it is reported to the mothers returning to work and putting them out to nurse. The Voluntary Committee here provide monthly copies of "Better Health."

Thurnscoe. Breast feeding is on the increase, but it has been noticed that in cases where dried milk has been allowed free of cost that this rather tends to increase artificial feeding.

West Melton. It is reported there were no deaths of babies who attended this Centre during 1931.

Wath. Two-thirds of the babies attending this Centre were breast fed. Parents show an increased interest in their children and the standard of cleanliness is higher.

Garforth Area. General health and build of babies very good considering the distress in the area.

Penistone. An innovation at this Centre is the provision of a box in which the mothers place written questions and the last Monday in the month is reserved for the Medical Officer to answer them when he gives his monthly talk.

Armthorpe. The nurse here remarks that she is sorry to see that several perambulator manufacturers are adding wind screens to the pram covers which exclude the fresh air or create a draught and is a hindrance rather than a help to our teaching.

Allerton Bywater and Kippax. Rheumatism in children is less common. Excellent results have been obtained where delicate babies have been sent to the Leeds General Infirmary.

Knarborough. Although in this district measles, whooping cough and chicken pox were prevalent in epidemic form, only one child attending the Centre died.

Voluntary Committees.

The nurses cannot say too much of the help accorded by the local Voluntary Committees and they are very grateful for all they have done. Their work is greatly appreciated and leaves the nurse free to attend to the clinical side of the work. These social workers render excellent service and the Child Welfare Committee thank them most heartily for the services so ungrudgingly given.

Meltham as noted above is a good example of the enthusiasm of the voluntary workers. Several other bodies have added to the standard equipment articles which are desirable but which the official administration dare not ask for on the grounds of expense.

MEDICAL OFFICERS OF CENTRES.

The following new appointments were made during the year:—

| Name of Centre | Medical Officer. |
|----------------------------------|------------------|
| Askern | D. Malloch |
| Bramley | W. L. Dibb |
| Conisborough Upper | Helen Lindsay |
| Dinnington | M. T. Jago |
| Drighlington | Dorothy Summers |
| Dunscroft | J. Graham |
| Glasshoughton | Emily E. Johnson |
| Ingleton | J. MacLeod |
| Knarborough (Ante-natal Officer) | Muriel Keyes |
| Rawmarsh do. | Doris Pindar |
| Meltham do. | Hilda Leake |
| Silsden | Henrietta Frost |
| Stanley do. | Dorothy Summers |
| Whiston | M. T. Jago |

The following resigned their appointments:—

| Name of Centre. | Medical Officer. |
|------------------------------|-------------------|
| Askern | G. Robb |
| Dinnington | W. L. Dibb |
| Drighlington | Mary Freeman |
| Silsden | Dorothy Heynemann |
| Stanley (Ante-natal Officer) | Mary Freeman |

The following Table shows the classification of Medical Officers of Centres.

No. of Child Welfare Centres in County Maternity and Child Welfare Area ... 115

| | No. of Centres. | No. of M.O.H. | Total Centres | Total Medical Officers. |
|---|---------------------------------------|--|---------------|-------------------------|
| Whole-time Medical Officers of Health | 4 2 1 | 1 1 1 | 7 | 3 |
| Part-time Medical practitioners in general practice (Men) | 2 2 2 3 2 2 2 54 | No. of G.P's. 1 1 1 1 1 1 1 54 | 69 | 61* |
| Part-time Medical women in general practice | 2 2 7 | 1 1 7 | 11 | 9 |
| Part-time Medical women not in general practice | 2 3 3 3 | 1 1 1 3 | 11 | 6 |
| School Medical Inspectors | 2 3 3 2 7 | 1 1 1 1 7 | 17 | 11 |
| | | Total | 115 | 90 |

*Of the 61 part-time medical practitioners in general practice 32 are also local Medical Officers of Health.

PREMISES.

During 1931, premises were obtained and agreements made at Bramley, Dunscroft, Milnsbridge, Swinefleet and Whiston.

Arrangements were made for the transfer to more commodious premises at Ripon, Rossington (Doncaster R.D.), and Sowerby Bridge. At Ripon, the Centre was transferred from the girls' club in Water Skellgate to Alma House; at Rossington from the Miners' Welfare Institute to the United Methodist Church and at Sowerby Bridge from an annexe at Crow Wood to Allan House. This latter place is leased from the Sowerby Urban District Council and the cost of adaptation was borne by the County Council. The premises are used jointly by the Child Welfare Sub-Committee and the Education Committee, the ground floor being used as a Child Welfare Centre and the upper rooms as an office for the Divisional Education Clerk, the cost being borne by each Committee proportionately.

At Altofts, the lease expired on the 31st December, 1931, and arrangements were made to continue in the same premises on the same terms.

At Hemsworth, the accommodation is inadequate and a proposal has been approved to extend the present Army Hut, repair the roof, and carry out re-decoration, together with the erection of a perambulator shed and provision of electric lighting and an electric radiator. The Hut belongs to the Education Committee and is in the grounds of the West End Council School, Hemsworth.

Better accommodation has been provided at the Armthorpe, Chapeltown, Hoyland, Ecclesfield and Oulton Centres.

At Horbury, the Centre is to be transferred to more commodious rooms at the Wesleyan Chapel. The accommodation at the Primitive Methodist Church was limited due to the occupation of the premises by the Ministry of Labour.

Alterations to premises were carried out at Carcroft, Chapeltown and Ingleton and at Normanton additional heating was provided in the rooms used as a Branch Tuberculosis Dispensary.

Renovations to premises were carried out at Hebden Bridge. Additional sessions, at slightly increased rent, were arranged at Hoyland, Moorends and Swillington Centres to provide for Ante-natal Clinics.

At Milnsbridge, the premises were placed at the disposal of the Public Assistance Committee (except Tuesdays when used for Child Welfare purposes) and the maintenance costs were apportioned, one quarter Child Welfare Sub-Committee and three-quarters Public Assistance Committee.

At Earby, where the Centre was recently transferred to the Old Grammar School, the premises are also used as a Branch County Library and the maintenance costs in respect of joint user is apportioned half to Child Welfare Sub-Committee and half to the Public Libraries Sub-Committee.

CHILD WELFARE CENTRES IN RURAL AREAS.

The Child Welfare Sub-Committee in discussing the question of the provision of additional Centres especially in Rural areas in Townships with a small population and birth rate asked for a Report on the subject, but owing to the decision to defer the opening of further Centres due to the economic conditions prevailing, such a report was not presented.

A few remarks here on the question may not be out of place. First there is the question of rent, rates, cleaning, etc., plus the services of a doctor and nurse as, of course, this would work out at a rather high cost per head of infant population coming under supervision. One project might be taking a room in a "large" cottage, possibly, and for preference in the District Nurses' House, sending a medical officer there once a month or oftener if justified, and selecting a nurse who can drive a motor car to "run" these Centres. She could keep the records and take them with her to each place. She could also take a weighing machine and such other equipment as is necessary.

The draw-back to this scheme is that the Health Visitor who is giving these special duties to a number of rural Centres is not the health visitor who makes the visits to the babies, and it is possible that the additional expense incurred in this project might equal or even exceed the cost of an additional health visitor. There always remains the question of suitable accommodation.

Since the Rural Community Councils were instituted, our difficulties in this direction might be put before them and by indicating our needs in these Rural parishes, we might secure their co-operation. In the event of their building a Village Institute a knowledge of the requirements of a Child Welfare Service might cause them to modify the plans in such a way that the Institute would meet all our requirements and still sub-serve all the other facilities required of it.

The requirements are a waiting room with seating accommodation, lavatory accommodation, a weighing room adequately heated, comfortable and free from draughts, a doctor's room with the appropriate privacy and heating, a kitchen from which tea is served, and possibly another room as a nursery for toddlers, if a lecture was contemplated.

Notification of Births Act.

During the year 17,255 live births, (16,626, legitimate, 629 illegitimate) and 817 still-births (777 legitimate, 40 illegitimate), were registered in the County Notification of Births Area, and 15,106 (14,591, live births and 515 still-births) were notified. Of the 15,106 births, 11,006 were notified by midwives, and 4,100 by parents and doctors.

In 1931 there were 9 Boroughs, 12 Urban Districts and 1 Rural District exercising powers under the Maternity and Child Welfare and Notification of Births Acts, namely:—The Boroughs of Batley, Brighouse, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Bolton-on-Dearne, Castleford, Featherstone, Goole, Heckmondwike, Ilkley, Mexborough, Rothwell, Shipley, Spenborough and Wombwell, and the Rural District of Hemsworth.

The population of the Administrative County at the 1931 Census was 1,530,110, and deducting the 22 autonomous areas enumerated above, having a total population of 497,037, the population of the County Notification of Births Area totalled 1,033,073.

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-Dearne, Bingley, Heckmondwike, 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 Urban Districts and Hemsworth Rural District.

At Ilkley, the County Council's Nurse does health visiting for the Ilkley Authority.

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

The Bolton-on-Dearne Urban District Council, one of the twenty-two autonomous areas, applied to the County Council for their district to be included in the County scheme, and after consideration of the matter it was decided to postpone action at the present time due partly to the economy question and also pending the re-arrangement of County districts.

HOME VISITS.

Visits made by Health Visitors during the year were as follows (for detailed analysis see Table folded in after page 127.

| | |
|--|---------|
| Expectant Mothers | 10,540 |
| Infants under one—first visits | 16,338 |
| Infants under one—Total | 147,071 |
| Children 1/5 | 49,023 |
| Special Visits (ophthalmia neonatorum, teething, marasmus, feeding, circumcision, etc.) | 3,884 |
| Measles cases | 1,798 |

The Health Visitors report that they experience very little difficulty in obtaining admission to the homes of children—their visits are appreciated and advice is keenly sought.

MEASLES.

During 1931, the Health Visitors made 1,798 visits to measles cases, distributed over 47 sanitary districts, being an increase of 8 districts and 997 visits over the previous year (see Table IV in Appendix). The districts mainly affected were:—Ardsley East and West, Dodworth, Horsforth, Knaresborough, Ripon City and Thurstonsland and Farnley Tyas Urban Districts, and Doncaster, Pontefract, Rotherham, Tadcaster, Thorne, Wetherby and Wortley Rural Districts.

NURSING STAFF.

The establishment of the nursing staff employed in connection with maternity and child welfare work totalled 114 at the end of the year, comprised as under:—

- 2 Inspectors of Nurses and Midwives
- 1 Emergency Nurse.
- 1 Health Visitor.

110 undertaking combined duties of Health Visitors and School Nurses.
63 part-time nurses employed by Nursing Associations who undertake, 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 two whole-time nurses were appointed, one transferred from dental nursing, and two whole-time nurses resigned, the two latter were due to (1) obtained a more remunerative post and (2) ill health.

A report on the training of Health Visitors will be found below. Many training schemes are now being carried out by Local Authorities and voluntary bodies in various parts of the country, and trained nurses are taking advantage of the facilities offered with the result that the scarcity of applicants hitherto experienced is gradually diminishing but more needs to be done in this direction to meet the demands of the service.

TRAINING OF HEALTH VISITORS.

The County Council have, for some time, experienced great difficulty in filling vacancies on the staff of Health Visitors, a difficulty which also extends to other branches of the nursing services, and reports have been presented by the Education Officer and County Medical Officer as to methods which might be adopted to enable nurses to be trained as Health Visitors.

The present shortage of nurses holding the qualifications required by the Minister of Health for Health Visitors appears likely to continue and thus renders it necessary to consider some means of providing suitable Health Visitors to meet the needs of the Council's service. It is estimated that eight nurses will be required to train annually to make good the wastage due to resignation, increase in establishment and retirement on superannuation.

Since the 1st April, 1929, the Ministry of Health will not approve the appointment of a woman for the first time as a whole-time Health Visitor of a Local Authority unless she has undergone the training and obtained one of the certificates prescribed by the Ministry of Health.

There are two methods of qualifying for appointment as Health Visitors, namely:—

1. Three years' general training in an approved hospital; six months' training in midwifery in an approved hospital for the certificate of the Central Midwives Board; six months training in public health. Total period of training 4 years.
2. Two years' special course of training at a recognised school of training approved by the Minister of Health: one year's training in an approved hospital for the Certificate of the Central Midwives Board; six months' training in a general hospital. Total period of training 3½ years.

It will be observed that trained nurses with the Central Midwives Board Certificate must have completed an approved course of training in public health work lasting for at least six months, before taking the certificate, and the expense of taking a six months' whole-time course of instruction while earning no salary, it is thought, has deterred a number of candidates who would otherwise have wished to enter this branch of the Public Health Service.

The Minister of Health is prepared to approve of suitable courses of training undertaken by Local Authorities for the training of Nurses as Health Visitors and will make a grant of £15 per student where such schemes are approved by the Minister.

Having regard to the large staff of nurses employed by the County Council and the difficulty of recruitment it is imperative that steps should be taken to provide means of training Health Visitors and a scheme was adopted to provide training, covering a period of 6 months from October, 1931 to March, 1932 for eight suitable persons under the age of 35 years who hold a certificate of three years' general training in an approved General or Children's Hospital, and the Certificate of the Central Midwives Board.

Training Scheme. Eight pupil health visitors were to be trained annually and on completion of the course students would sit for the examination prescribed for the Health Visitors' Certificate, which is required as a qualification for an appointment to the post of Health Visitor, the County Council paying the entrance fee of £4 4s. 0d. each and providing there are vacancies, suitable successful candidates will be appointed as Health Visitors on the County Council's staff. Students so appointed will be required to serve as Health Visitors for not less than one year after appointment.

Salary Loan Scheme. During training the selected students will receive an advance of salary at the rate of £2 per week for the period of the course, a total payment of £52 for the six months—such sum to be repaid by way of deductions from salary during the first year of service as Health Visitor.

The commencing salary of Health Visitors is £180 per annum out of which students would be required to repay the sum of £52 advanced by the County Council during training.

Uniform allowance amounting to £4 not repayable (being half of the annual uniform allowance payable to Health Visitors) will be paid to selected students, together with travelling and out-of-pocket expenses.

The right would be reserved to terminate the arrangement for training or to dispense with the nurses' services at any time during or subsequent to training.

The County Council would not guarantee an appointment as Health Visitor at the conclusion of the training, but in case students were not appointed permission would be given to take up other appointments subject to repayment of the advance of salary of £52.

Failure to pass Examination. In case of failure to pass the Health Visitors' examination the candidate would be required to repay the advance of £52 but the repayment would be deferred for a period of six months to afford the candidate an opportunity of sitting for a further examination.

Agreement. Students will be required to enter into the following obligations, namely:—

- (a) To enter into a written undertaking to complete the course.
- (b) To undertake to repay to the County Council the amount advanced by the County Council by way of salary during training whether she passed the examination or not and in case a student fails to complete the course to repay to the County Council any cost incurred on her behalf in connection therewith.
- (c) To pay a deposit of £5 5s. 0d. to the County Council payable as to £2 2s. 0d. before commencing the course and the remainder by instalments during the first three months of the course. The deposit will be returned to the student on passing the examination for the Health Visitors' Certificate.
- (d) To give an undertaking to serve as Health Visitors or School Nurses as may be required in the service of the County Council for a period of one year after receiving the Health Visitors' Certificate.
- (e) In case of failure to pass the Health Visitors examination the candidate to repay to the County Council the advance of £52, such repayment to be deferred for a period of six months to afford the candidate an opportunity of sitting for a further examination.
- (f) To observe the above conditions by providing an approved surety.

The scheme was reviewed by the Minister of Health and certain amendments suggested, but at the time the Government's Memorandum on Economy was circularised to Local Authorities and further consideration of the matter was deferred indefinitely.

Meanwhile students trained by other Authorities were completing their course of training and successfully passing the examination for the Health Visitors' Certificate, with the result that numerous applications were received from suitable candidates and the County Council were able to fill all existing vacancies.

AWARD OF BURSARSHIPS FOR INTENDING NURSES.

To assist in the recruitment to the nursing service the Education Committee were asked to consider the question of the award of Bursarships to girls in attendance at Secondary Schools who have reached the age of 16 years and wish to become nurses, and in October, 1931 they decided to offer ten awards for the year 1931-32 and ten further awards for the school year, 1932-33.

The Bursarships provide tuition fees, games subscriptions, charges for the use of books and necessary travelling expenses, if the holder lives more than two miles from the school. Maintenance allowances are also granted where need is shown. The awards are made for a period of two years so as to enable the holders to remain at school until they are of age to serve as probationer nurses.

Successful candidates are required to give an undertaking that at the age of 18 years they will enter a hospital which receives probationers at the age of 18 years to take a course of training as a general nurse and that they will, in due course, but not later than the age of 25 years, undertake the six months' training for the Certificate of the Central Midwifery Board with a view to qualifying for employment as a Health Visitor.

It is necessary for candidates to satisfy the Committee of their suitability for the career of a nurse and candidates who are accepted as suitable on grounds of personality are required to undergo a medical examination before an award is made. Preference is given, other things being equal, to candidates who have passed the School Certificate Examination or who are recommended by the Head of the School to be able to pass the examination by the end of the first year of Bursarship.

Heads of schools at which intending nurses are in attendance are recommended, if possible, to include the following subjects in the school work of these pupils:—

- Economic History.
- General Elementary Science.
- General Elementary Biology (including Elementary Anatomy and Physiology).
- Economics of Everyday Life.
- For general reading, books on Social Services and pamphlets issued by the Government on social welfare, industrial conditions, etc.

A list of hospitals recognised as Training Schools for nurses at which girls of 18 years are accepted for training is given below:—

"Voluntary Hospitals."

- Beckett Hospital, Barnsley.
- Royal Infirmary, Bradford.
- St. Luke's Hospital, Bradford.
- Dewsbury and District General Infirmary.
- *Royal Infirmary, Doncaster.
- St. Luke's Hospital, Halifax.
- Royal Infirmary, Halifax.
- The Infirmary, Harrogate.
- Victoria Hospital, Keighley.
- General Infirmary, Leeds.
- Rotherham Hospital and Dispensary.
- Clayton Hospital, Wakefield.
- County Hospital, York.
- Royal Infirmary, Hull.
- Royal Infirmary, Huddersfield.
- Royal Hospital, Sheffield.

"Public Assistance Hospitals."

- Staincliffe Institution, Batley.
- Clayton Institution, Bradford.
- Crosland Moor Infirmary, Huddersfield.
- St. James' Hospital, Leeds.
- St. John's Hospital, Keighley.
- White Rose Hospital, Wakefield.
- York Institution.
- City General Hospital, Sheffield.
- London County Council General Hospitals.

*This hospital only accepts probationers at eighteen years if there is a shortage of applicants.

INSPECTORS OF NURSES AND MIDWIVES.

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

| | |
|---|-----|
| Visits made to whole-time Health Visitors and Tuberculosis Nurses | 469 |
| " part-time Nurses | 112 |
| " Maternity Homes | 46 |
| " Midwives | 645 |
| " Child Welfare Centres | 207 |
| " Boarded-out Children | 34 |
| " Nursing Associations in connection with Public Assistance grants | 110 |
| Attendance at official openings of Centres | 10 |
| Special Visits (ophthalmia neonatorum, puerperal fever, uncertified practice, concealment of birth, abortifacients, pemphigus and deaths of children) | 105 |
| Attendance at meetings of local Child Welfare Committees and with Nursing Associations, and interviews with Medical Practitioners and various people relative to the Maternity and Child Welfare scheme | 156 |
| Premises inspected as to their suitability for Child Welfare Centres | 47 |

The two Inspectors also attended celebrations at Child Welfare Centres and parties held in connection with Baby Week, gave addresses to mothers, assisted the County Superintendent of the West Riding Nursing Association in the formation of new Nursing Associations; assisted in organising local branches of the Midwives Institute; made special investigations into cases arising under Part I of the Children Act, 1908, and enquired into outbreaks occurring in the practice of midwives of pemphigus neonatorum, puerperal fever and pyrexia, etc. They also made special investigations into the practice of handywomen and took evidence in cases where prosecutions were pending.

Miss Houghton, the Superintendent of the West Riding Nursing Association and the two Inspectresses work in complete harmony, which tends to the smooth running of the work of the various nursing associations working in the Riding.

WIDOWS', ORPHANS' AND OLD AGE CONTRIBUTORY PENSIONS ACT, 1925.

The County Council is the Local Authority under the above Act for certain administrative purposes.

The duties to be performed by the Local Authority necessitate enquiry as to the conduct of widows in relation to the desertion, abandonment or non-support of children.

The County Council decided that, having regard to the nature of the enquiries, it was thought desirable that they should be undertaken by women, and accordingly any investigations are carried out by the two women inspectors. In every case the report of the Health Visitor in the area is also considered. No investigations were made during 1931.

SUPPLY OF MILK TO EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE 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 1-lb. carton per week (equivalent to five and a half pints of fresh milk) is supplied, but where considered necessary three cartons may be supplied per fortnight. It is supplied free or at a 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."

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 adopted a fixed scale of income below which dried milk could be distributed free or at less than cost price.

The following scale of family income has been adopted by the Committee as a guide to the supply of dried milk free, or at less than cost price, viz. :—

Where the net weekly income of the family, after deducting 5/- for each child under 14 years of age, does not exceed 30/-, the County Council provide dried milk free.

Where the net weekly income of the family, calculated as above, is over 30/-, but does not exceed 40/-, the County Council provide dried milk at half the usual price.

Where the net weekly income of the family, calculated as above, exceeds 40/-, the applicant must pay the usual price for dried milk.

In ascertaining the weekly income of the family, the average earnings for the four weeks prior to the application is taken.

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.

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 in the space provided on the form. Stock books, vouchers, etc., are kept and stock is taken quarterly.

The following statement prepared by the West Riding Treasurer gives particulars regarding the sales and issues of dried milk at less than cost price at the various distribution centres in the County during the financial year ended 31st March, 1932.

| | No. of Cartons. | Value of Cartons at cost price. £ |
|--|--------------------|--|
| Stock on hand at beginning of year | 19,288 | 1,366 |
| Add—Received during year | 242,259 | 15,559 |
| | 261,547 | 16,925 |
| Deduct—Stock on hand at end of year | 19,381 | 1,245 |
| Issues during year | 242,166 | 15,680 |
| | £ | £ |
| Cost price of 242,166 cartons issued during year ... | 15,680 | |
| Add— | | |
| For services of County Supplies Department ... | 392 | |
| do. Divisional Clerks, Nurses, etc. ... | 460 | |
| Carriage, postage, etc. | 42 | 16,574 |
| Cash received in respect of issues— | | |
| 100,848 cartons at 1/5 | 7,143 | — |
| 2,567 do. at less than 1/5 | 91 | — |
| 138,751 do. free | — | 7,234 |
| 242,166 | | |

Net cost of the dried milk service £9,340

As previously stated the Milk Sub-Committee have selected at random, cases where dried milk has been supplied at less than cost price, for investigation. The forms relating to these cases selected by a method of sampling were sent back to the Health Visitors in the respective areas for investigation. This was done with some diffidence, for although the additional amount of work so imposed on the Health Visitors was not heavy, they are already overburdened with clerical work, but the weightiest objections to this action are (1) that the nurse is trained and appointed to carry out professional work of a special type, and (2) that this duty of verifying statements may in some cases impair the good relations between the Health Visitors and the population they serve. This cordial and mutual friendliness is most carefully fostered, and its loss would be tantamount to the removal of the keystone of this service. Further, a large portion of the County (mainly Rural) is covered by part-time nurses and it would not be practicable to utilise their services for this work.

The Economy Sub-Committee in considering the question of expenditure on dried milk, passed the following resolution.

"That the Clerk and County Medical Officer be requested to arrange for
 "a number of clerks to devote a proportion of their time to the investigation of incomes in connection with the free distribution of milk and
 "virol, pending the inception of the scheme to be prepared by the West
 "Riding Treasurer."

This resolution was passed in October and during the last two months of the year clerks from the Public Health Department have visited 30 Child Welfare Centres and investigated thoroughly all cases where issues of dried milk and virol have been made at less than cost price.

They have interviewed Medical Officers of Centres, nurses, and parents, and checked 525 statements of income with employers in cases selected where they were not satisfied with the genuineness of the application. Although these investigations have entailed considerable extra work on the Department, this has been amply justified. In cases where the statements given on the form of application were incorrect, issues of milk at less than cost price have been stopped.

At the present time a Report on the subject of verification of incomes and collection of fees is under consideration by the Finance Committee upon the proposed re-institution of these duties with the intention of organising the work on an area basis with districts coterminous with those set up for public assistance.

Distress Fund.

In 1924, the County Council passed the following resolution:—

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

In 1931, a sum of £63 8s. 3d. was disbursed out of this fund as follows:—
 Payment for fares for the attendance of children at General Hospitals and Dispensaries in the Riding, £46 16s. 0d; provision of surgical appliances, £12 4s. 7d.
 provision of clothing for children on admission to Convalescent Homes, and massage treatment £4 7s. 8d.

Children Act, 1908 (Part I).

Section 2 (a) of the Local Government Act, 1929, provides that as from the 1st April, 1930, the functions under Part I of the Children Act, 1908, formerly discharged by Poor Law Authorities shall be discharged by the Councils of Counties as functions under the Maternity and Child Welfare Act, 1918, except in those districts which are their own Authority under the Maternity and Child Welfare Act.

The Child Welfare Sub-Committee have decided that the two Inspectors of Nurses and the Health Visitors employed by the County Council shall act as Infant Protection Visitors in their respective areas.

The main object of Part I of the Children Act is to secure that any child under seven years of age who is maintained "for reward" shall be notified to the Clerk of the Local Authority in order that it may be kept under observation and supervision.

Visits are made monthly and in cases where the Infant Protection Visitor is not satisfied with the condition of a child or the home and where any irregularity occurs the circumstances are reported immediately and investigations made by the Assistant County Medical Officer or one of the Inspectresses.

The following Return relates to the administration of Part 1 of the Children Act, 1908, during the year, 1931.

1. Notification :—

| | | |
|------|---|-----|
| (i) | Number of foster parents on the Register :— | |
| (a) | at the beginning of the year | 88 |
| (b) | at the end of the year | 93 |
| (ii) | Number of children on the Register | |
| (a) | at the beginning of the year | 166 |
| (b) | at the end of the year | 160 |
| (c) | who died during the year | 2 |
| (d) | on whom inquests were held during the year | — |

2. Visiting :—

| | | |
|------|---|------|
| (i) | Number of Visitors holding appointments under Section 2 (2) at the end of the year :— | |
| (a) | Health Visitors | 105 |
| (b) | Female, other than Health Visitors | 2 |
| (c) | Male | 2 |
| (ii) | Number of persons or societies authorised to visit under the proviso to Section 2(2). | none |

3. Number of cases (if any) in which proceedings were taken during the year :—

| | | |
|--------|---------------------------|---|
| (i) | Under Section 1(7) | 1 |
| (ii) | Under Section 2(5) | — |
| (iii) | Under Section 2(6) | — |
| (iv) | Under Section 3 | — |
| (v) | Under Section 4 | — |
| (vi) | Under Section 5(2) | — |
| (vii) | Under Section 6(2) | — |
| (viii) | Under Section 7 | — |
| (ix) | Under Section 8(1) | — |
| | Total | 1 |

4. Number of cases in which the local authority has given a sanction during the year.

| | | |
|-------|-------------------------------|---|
| (i) | Under (a) of Section 3 | — |
| (ii) | Under (b) of Section 3 | — |
| (iii) | Under (c) of Section 3 | — |
| | Total | — |

5. Number of orders obtained during the year :—

| | | |
|-------|----------------------------------|---|
| (i) | Under (a) of Section 5(1) | — |
| (ii) | Under (b) of Section 5(1) | — |
| (iii) | Under (c) of Section 5(1) | — |
| | Total | — |

During the year 1931, the Infant Protection Visitors made 721 visits to children notified as being nursed for reward under Part 1 of the Children Act, 1908.

The Government have introduced a Bill known as the "Children and Young Persons Bill" to amend the Children Act, 1908, and it includes certain provisions to amend Part 1 of the Act in accordance with the recommendations made by the Adoption of Children Committee in their Third and Final Report which was issued in 1926.

Since the Local Government Act came into operation the functions under Part I of the Children Act have been discharged by Local Authorities under the Maternity and Child Welfare Act, and experience of the actual administration of this work has clearly proved there are many difficulties in its effective working.

In the West Riding Maternity and Child Welfare area there are only 160 children notified as being nursed for reward. This is probably only a fraction of the real total. A small number come to notice through police action but only where a case of neglect has become a public scandal.

It has been suggested that every home should be visited and approved before a foster mother is allowed to nurse a baby for reward. At present a child may be received in a home no matter how unsuitable it is. When such a home is eventually visited by the Infant Protection Officer there is always delay in finding a new foster mother.

Although posters advertising the Act are exhibited at the Child Welfare Centres at each session, many people are unaware of the provisions of the Act. It is estimated that in the West Riding it would cost £130 to advertise the scope and meaning of the Children's Act.

Birth Control.

In March, 1931, the Minister of Health issued Memorandum 153/M.C.W., and this pamphlet discusses Birth Control by contraceptive methods in Institutions under local Authorities.

Maternity and Child Welfare Centres (including Ante-natal Centres) deal with expectant and nursing mothers as their primary aim, and it is not their function to give advice about birth control with this exception, that where a woman's health is seriously endangered by pregnancy, then the medical officer would give appropriate advice.

Paragraph (3) points out that as local Authorities have no general power to establish birth control clinics as such, and as public opinion on the subject is acutely divided, no departmental sanction may be given to the establishment of such clinics, except on condition that contraceptive advice will be given only in cases where further pregnancy is likely to endanger health.

Under the Public Health Act, local Authorities have power to provide clinics for women with gynaecological complaints but the enactments limit their availability to **sick** persons, and so are only available to women in need of advice and under treatment for gynaecological conditions. Advice is only to be given to married women whose pregnancy would be detrimental to health.

The position outlined here is almost exactly the position which obtains in all the West Riding Maternity and Child Welfare Centres, viz., general advice may be given by the Medical Officer in charge of a Centre, in his discretion, as to the harmfulness of future pregnancies—the advice, if any, is only given in individual cases. No facilities exist for the teaching of contraceptive technique of any kind, and it is believed that the Medical Officers do not attempt to explain it. No special centres and no special sessions are devoted to it and it may be said that "Birth-Control" is not taught in rate-supported Institutions in the West Riding.

In July 1931, the minister issued Circular 1,208 and referred to Memorandum 153/M.C.W., which emphasised again that local Authorities have no general power to establish birth control clinics as such. It is pointed out that the Memorandum was issued solely for the purpose of explaining the view of the Government on the use of Institutions controlled by local Authorities for the purpose of giving advice to women on contraceptive methods and the question of providing facilities for giving such advice within the limits laid down in the Memorandum is a matter entirely within the discretion of the local Authority.

On page 137 are some comments by Dr. H. A. Crowther, District Tuberculosis Officer for the Barnsley Area, on the question of instruction in birth control for married tuberculous patients.

Record of Visits by the Health Visitors during the year 1951 in districts for which the County Council is the Authority under the Notification of Births Act, 1907.

[illegible]

II. RURAL

[illegible]

The West Riding County Council is not the Authority under the Notification of Births Act in those Districts marked with a *.

PART IV. **TUBERCULOSIS SCHEME.**

DR. G. S. JOHNSTON.—Chief Clinical Tuberculosis Officer.

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

| Year | West Riding Administrative County | | | | | | England & Wales Death- rate |
|--|-----------------------------------|-------|-------|------------------------------------|-------|-------|-----------------------------------|
| | Total No. of Deaths | | | Death-rate per 1,000 of population | | | |
| | County | Urban | Rural | County | Urban | Rural | |
| 1921 | 1129 | 897 | 232 | 0·74 | 0·79 | 0·60 | 0·88 |
| 1922 | 1021 | 803 | 218 | 0·68 | 0·72 | 0·58 | 0·89 |
| 1923 | 1070 | 845 | 225 | 0·71 | 0·75 | 0·59 | 0·84 |
| 1924 | 1066 | 824 | 242 | 0·70 | 0·73 | 0·62 | 0·84 |
| 1925 | 1081 | 826 | 255 | 0·70 | 0·72 | 0·65 | 0·83 |
| 1926 | 966 | 736 | 230 | 0·62 | 0·65 | 0·56 | 0·77 |
| 1927 | 981 | 739 | 242 | 0·65 | 0·68 | 0·57 | 0·79 |
| 1928 | 926 | 706 | 220 | 0·61 | 0·64 | 0·51 | 0·76 |
| 1929 | 1011 | 747 | 264 | 0·66 | 0·68 | 0·62 | 0·79 |
| 1930 | 876 | 673 | 203 | 0·57 | 0·62 | 0·46 | 0·74 |
| Average for 10 years, 1921— 1930 | 1013 | 780 | 233 | 0·66 | 0·70 | 0·57 | 0·81 |
| 1931 | 882 | 632 | 250 | 0·57 | 0·58 | 0·56 | 0·74 |

TABLE II.
Mortality from Other Forms of Tuberculosis.

| Year | West Riding Administrative County | | | | | | England & Wales Death- rate |
|--|-----------------------------------|-------|-------|------------------------------------|-------|-------|-----------------------------------|
| | Total No. of Deaths | | | Death-rate per 1,000 of population | | | |
| | County | Urban | Rural | County | Urban | Rural | |
| 1921 | 437 | 329 | 108 | 0·29 | 0·29 | 0·28 | 0·24 |
| 1922 | 448 | 340 | 108 | 0·30 | 0·30 | 0·29 | 0·23 |
| 1923 | 425 | 320 | 105 | 0·28 | 0·29 | 0·27 | 0·23 |
| 1924 | 380 | 279 | 101 | 0·25 | 0·25 | 0·26 | 0·22 |
| 1925 | 396 | 307 | 89 | 0·26 | 0·27 | 0·23 | 0·21 |
| 1926 | 348 | 258 | 90 | 0·22 | 0·23 | 0·22 | 0·19 |
| 1927 | 323 | 246 | 77 | 0·21 | 0·23 | 0·18 | 0·18 |
| 1928 | 342 | 246 | 96 | 0·22 | 0·22 | 0·22 | 0·17 |
| 1929 | 321 | 223 | 98 | 0·21 | 0·20 | 0·23 | 0·17 |
| 1930 | 309 | 213 | 96 | 0·20 | 0·20 | 0·22 | 0·16 |
| Average for 10 years, 1921— 1930 | 373 | 276 | 97 | 0·24 | 0·25 | 0·24 | 0·20 |
| 1931 | 253 | 164 | 89 | 0·16 | 0·15 | 0·20 | 0·15 |

TABLE III.

Tuberculosis Deaths, 1931.

| | Sex. | Age Groups. | | | | | | | | | | | All ages |
|-----------------------------|------|--------------|---------------|---------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------------------|----------|
| | | Under 1 year | 1 and under 2 | 2 and under 5 | 5 and under 15 | 15 and under 25 | 25 and under 35 | 35 and under 45 | 45 and under 55 | 55 and under 65 | 65 and under 75 | 75 and up-ward's | |
| | | | | | | | | | | | | | |
| RESPIRATORY TUBERCULOSIS | | | | | | | | | | | | | |
| Urban Districts | M. | 2 | 2 | 3 | 7 | 55 | 72 | 72 | 67 | 52 | 14 | 2 | 348 |
| | F. | 1 | 1 | 1 | 12 | 88 | 68 | 40 | 36 | 21 | 11 | 5 | 284 |
| Rural Districts | M. | 1 | 2 | 1 | 5 | 23 | 20 | 32 | 28 | 17 | 4 | — | 133 |
| | F. | 1 | — | 1 | 3 | 42 | 26 | 25 | 12 | 5 | 1 | 1 | 117 |
| County | | 5 | 5 | 6 | 27 | 208 | 186 | 169 | 143 | 95 | 30 | 8 | 882 |
| OTHER TUBERCULOUS DISEASES— | | | | | | | | | | | | | |
| Urban Districts | M. | 12 | 5 | 11 | 15 | 16 | 10 | 8 | 5 | 6 | 4 | — | 92 |
| | F. | 8 | 12 | 9 | 8 | 17 | 5 | 4 | 3 | 3 | 3 | — | 72 |
| Rural Districts | M. | 7 | 7 | 7 | 6 | 9 | 4 | — | 5 | 1 | — | — | 46 |
| | F. | 5 | 9 | 5 | 8 | 6 | 4 | — | 3 | — | 2 | 1 | 43 |
| County | | 32 | 33 | 32 | 37 | 48 | 23 | 12 | 16 | 10 | 9 | 1 | 253 |

CHART SHEWING MORTALITY FROM TUBERCULOSIS DURING THE YEARS 1921-1931
in West Riding Administrative County & England & Wales.

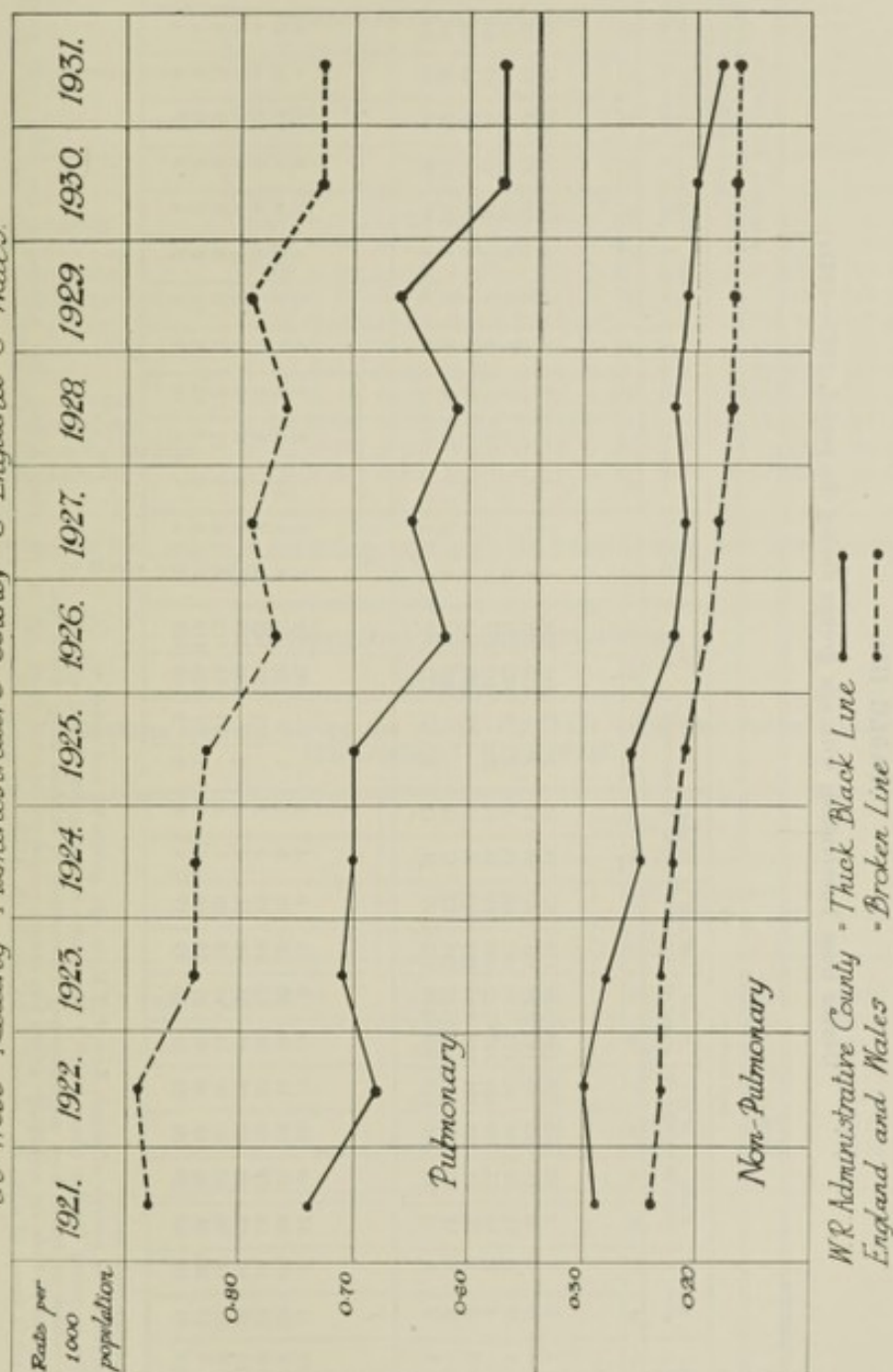


TABLE IIIa.
Deaths from Tuberculosis with age groups during the period, 1925-1931.

| YEARS | URBAN DISTRICTS | | | | | | | | | | | | RURAL DISTRICTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|-----------------|---|---------------|---|---------------|---|----------------|----|-----------------|----|-----------------|-----|-----------------|-----|----------------|----|----------|---|--------------|-----|---------------|---|---------------|---|----------------|---|-----------------|---|-----------------|----|-----------------|----|----------------|----|----------------|----|----------|---|---|-----|-----|-----|-----|
| | Age Groups | | | | | | | | | | | | 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 upwards | | 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 upwards | | 75 and upwards | | All ages | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex. | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | | | |
| Respiratory Tuberculosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1931 | 2 | 1 | 2 | 1 | 3 | 1 | 7 | 12 | 55 | 88 | 144 | 108 | 119 | 57 | 14 | 11 | 2 | 5 | 348 | 284 | 1 | 1 | 2 | — | 1 | 1 | 1 | 5 | 3 | 23 | 42 | 32 | 51 | 45 | 17 | 4 | 1 | — | 1 | 133 | 117 | |
| | 1930 | — | 1 | — | 1 | 2 | 1 | 6 | 14 | 62 | 99 | 140 | 125 | 151 | 41 | 15 | 14 | 2 | — | 378 | 295 | 1 | — | 2 | — | — | — | — | 1 | 4 | 19 | 35 | 43 | 40 | 11 | 3 | 1 | — | — | 109 | 94 | | |
| | 1929 | 3 | 1 | 2 | 1 | 2 | 1 | 15 | 13 | 69 | 92 | 151 | 150 | 162 | 55 | 15 | 9 | 4 | 1 | 423 | 324 | 2 | — | 2 | — | 2 | 2 | 2 | 9 | 8 | 26 | 34 | 65 | 49 | 37 | 13 | 11 | 4 | — | — | 152 | 112 | |
| | 1928 | 1 | — | 4 | — | 4 | 2 | 14 | 21 | 58 | 104 | 157 | 125 | 136 | 49 | 15 | 14 | 2 | — | 391 | 315 | — | — | 1 | — | 1 | — | 3 | 3 | 12 | 22 | 43 | 40 | 37 | 34 | 15 | 5 | 2 | — | 2 | 105 | 115 | |
| | 1927 | 1 | 1 | 3 | 2 | 6 | 4 | 17 | 12 | 62 | 101 | 135 | 150 | 147 | 69 | 15 | 11 | — | 3 | 386 | 353 | 1 | 1 | 2 | 1 | 3 | 2 | 1 | 6 | 26 | 29 | 53 | 44 | 37 | 25 | 5 | 6 | — | — | 128 | 114 | | |
| Other Tuberculous Diseases | 1926 | 2 | — | 4 | — | 2 | 4 | 12 | 23 | 62 | 96 | 162 | 157 | 131 | 52 | 17 | 12 | — | — | 392 | 344 | 1 | 2 | 1 | 1 | 1 | 6 | 2 | 5 | 4 | 23 | 32 | 53 | 42 | 30 | 19 | 5 | 2 | 1 | 1 | 126 | 104 | |
| | 1925 | 3 | 4 | 1 | 2 | 2 | 5 | 9 | 24 | 94 | 119 | 183 | 145 | 122 | 75 | 21 | 13 | 2 | 2 | 437 | 389 | 1 | 1 | — | — | 1 | 1 | 2 | 2 | 15 | 24 | 36 | 65 | 45 | 30 | 22 | 3 | 6 | 1 | — | — | 128 | 127 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The outstanding features of this table are:—

(1) Gradual diminution in the number of deaths from P.T.B. in age groups 25 and under 45.

(2) Excess of deaths in young females (from P.T.B.) over males in age group 15 and under 25.

(3) Decline in the number of deaths from non-pulmonary Tuberculosis in children under school age.

With regard to the deaths from phthisis the middle-age group has always reaped the heaviest death toll in the West Riding, and whereas in the early adult group (15 and under 25) female deaths are in excess of males the converse is the case in the middle-age group where males are in excess of females. The difference between urban and rural districts is significant.

TABLE IV.

Deaths from Tuberculosis in the West Riding Dispensary Areas during 1930 and 1931.

| Dispensary Area | Death-rate per 1,000 of the population | | | | | | Percentage of deaths from Respiratory Tuberculosis in children under 10 to deaths from Respiratory Tuberculosis at all ages* | | Percentage of deaths from Non-pulmonary Tuberculosis in children under 10 to total deaths from Non-pulmonary Tuberculosis at all ages* | |
|--------------------|--|------|---------------------|------|---------------------------------------|------|--|------|--|------|
| | Tuberculosis (all forms and ages) | | Phthisis (all ages) | | Non-pulmonary tuberculosis (all ages) | | | | | |
| | 1930 | 1931 | 1930 | 1931 | 1930 | 1931 | 1930 | 1931 | 1930 | 1931 |
| Barnsley ... | 0·81 | 0·74 | 0·63 | 0·52 | 0·18 | 0·22 | 4·2 | 2·8 | 68·7 | 56·6 |
| Batley ... | 0·59 | 0·52 | 0·48 | 0·43 | 0·11 | 0·09 | — | 1·5 | 45·4 | 33·3 |
| Doncaster ... | 0·98 | 0·89 | 0·63 | 0·66 | 0·35 | 0·23 | 7·2 | 7·0 | 62·5 | 57·1 |
| Huddersfield ... | 1·00 | 0·67 | 0·73 | 0·55 | 0·27 | 0·12 | — | — | 46·1 | 28·6 |
| Keighley ... | 0·67 | 0·52 | 0·53 | 0·40 | 0·14 | 0·12 | — | 1·75 | 8·3 | 27·8 |
| Mexborough ... | 1·10 | 0·68 | 0·85 | 0·54 | 0·25 | 0·14 | 3·8 | 2·12 | 80·0 | 61·5 |
| Otley ... | 0·61 | 0·64 | 0·47 | 0·57 | 0·14 | 0·07 | 1·1 | 2·27 | 39·0 | 47·1 |
| Pontefract ... | 0·85 | 0·89 | 0·62 | 0·68 | 0·23 | 0·21 | 1·1 | 3·88 | 67·9 | 39·4 |
| Rotherham ... | 0·63 | 0·68 | 0·46 | 0·54 | 0·17 | 0·14 | — | 5·79 | 61·5 | 47·4 |
| Sowerby Bridge ... | 0·75 | 0·78 | 0·57 | 0·58 | 0·18 | 0·20 | 4·5 | — | 29·4 | 30·8 |
| Wakefield ... | 0·73 | 0·97 | 0·52 | 0·73 | 0·21 | 0·24 | 3·7 | 3·37 | 56·2 | 56·7 |

*Compiled from returns of deaths from tuberculosis (all forms) obtained from local Registrars of Births and Deaths.

Notification of Tuberculosis.

TABLE V.

Notifications received during the period 1921-1931 under the Public Health (Tuberculosis) Regulations.

| Year. | FORM "A." | | | | |
|--------------------------------|------------------|------|----------------------|-----|--------|
| | Pulmonary Cases. | | Non-Pulmonary Cases. | | Total. |
| | M. | F. | M. | F. | |
| Average 5 years, 1921-1925 ... | 1197 | 1008 | 327 | 307 | 2839 |
| 1926 ... | 1535 | 1298 | 490 | 472 | 3795 |
| 1927 ... | 1322 | 1102 | 458 | 393 | 3275 |
| 1928 ... | 1255 | 1085 | 469 | 365 | 3174 |
| 1929 ... | 1253 | 879 | 390 | 340 | 2862 |
| 1930 ... | 940 | 681 | 429 | 379 | 2429 |
| 1931 ... | 939 | 681 | 399 | 325 | 2344 |

TABLE VI.
PUBLIC HEALTH (Tuberculosis) REGULATIONS, 1930.

Summary of Notifications during the period from the 28th December, 1930, to the 2nd January, 1932, in the area of the County of Yorkshire West Riding.

| Age periods | | Formal Notifications | | | | | | | | | | | | Total Notifications |
|-------------|---------|--|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------------|---------------------|
| | | Number of Primary Notifications of new cases of Tuberculosis | | | | | | | | | | | | |
| | | 0— | 1— | 5— | 10— | 15— | 20— | 25— | 35— | 45— | 55— | 65— | Total (all ages) | |
| Pulmonary | Males | 3 | 20 | 51 | 50 | 106 | 130 | 211 | 168 | 136 | 51 | 13 | 939 | 962 |
| „ | Females | 2 | 16 | 38 | 44 | 100 | 138 | 175 | 88 | 42 | 27 | 11 | 681 | 696 |
| Non-pulm. | Males | 9 | 57 | 118 | 64 | 38 | 33 | 35 | 19 | 13 | 10 | 3 | 399 | 408 |
| „ | Females | 5 | 53 | 93 | 55 | 28 | 18 | 41 | 18 | 6 | 4 | 4 | 325 | 331 |

PART II.—SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

| Age period | 0— | 1— | 5— | 10— | 15— | 20— | 25— | 35— | 45— | 55— | 65— | Total |
|-----------------|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Pulmonary Males | — | 3 | 2 | — | 4 | 4 | 11 | 14 | 12 | 7 | 3 | 60 |
| „ Females | 3 | 2 | 1 | 1 | 3 | 5 | 8 | 6 | 8 | 7 | 4 | 48 |
| Non-pulm. Males | 10 | 8 | 3 | 1 | 2 | 1 | 3 | — | 2 | — | — | 30 |
| „ Females | 7 | 6 | 5 | 1 | 2 | — | 2 | 1 | 2 | — | — | 26 |

The source or sources from which information as to the above-mentioned cases was obtained are given below:—

| Source of Information | No. of Cases | |
|---|--------------|-----------|
| | Pulm. | Non-Pulm. |
| Death Returns { from local Registrars | 66 | 39 |
| transferable deaths from Registrar General | 3 | 1 |
| Posthumous notifications | 21 | 8 |
| “Transfers” from other areas (other than transferable deaths) | 18 | 8 |
| Other sources if any (specify) | — | — |

PART III.—NOTIFICATION REGISTER.

| | Pulmonary | | | Non-pulmonary | | | Total cases |
|--|-----------|------|-------|---------------|------|-------|-------------|
| | m. | f. | Total | m. | f. | Total | |
| Number of cases of Tuberculosis remaining at the 31st December, 1931, on the Registers of Notifications kept by District Medical Officers of Health in the County. | 6305 | 4746 | 11051 | 2692 | 2360 | 5052 | 16,103 |
| Number of cases removed from the Registers during the year by reason inter alia of:— | | | | | | | |
| 1. Withdrawal of Notification | 37 | 29 | 66 | 13 | 7 | 20 | 86 |
| 2. Recovery from the disease | 182 | 166 | 348 | 120 | 106 | 226 | 574 |
| 3. Death | 486 | 420 | 906 | 104 | 85 | 189 | 1095 |

With reference to Part II—Supplemental Returns—it will be noted that the information regarding 108 cases of Pulmonary Tuberculosis and 56 cases of Non-pulmonary Tuberculosis was obtained otherwise than by formal notification.

TABLE VII.

Showing extent of Notified Cases in the West Riding in December, 1930 and 1931.

| | Pulmonary. | | Non-Pulmonary. | | Totals. |
|--|------------|----------|----------------|----------|---------|
| | Males. | Females. | Males. | Females. | |
| No. of cases on registers of local Medical Officers of Health at end of 1930 ... | 6310 | 4801 | 2643 | 2343 | 16,097 |
| New Cases notified in 1931 ... | 939 | 681 | 399 | 325 | 2,344 |
| Cases removed from registers during 1931 ... | 944 | 736 | 350 | 308 | 2,338 |
| No. of cases on registers of local Medical Officers of Health at end of 1931 ... | 6305 | 4746 | 2692 | 2360 | 16,103 |

PUBLIC HEALTH (Tuberculosis) REGULATIONS 1930.

Under these Regulations new forms of notification are required to be submitted to the Medical Officer of Health by the practitioner or School Medical Inspector within 48 hours of his becoming aware that the case is one of tuberculosis.

These regulations further require that every Medical Officer of Health shall from time to time but not less frequently than once every quarter, revise the register kept by him by removing from the register:—

- (1) Notifications made in error.
- (2) Notified cases which have (a) recovered (b) died (c) been lost sight of.

Upon receipt of a notification under these regulations, the Medical Officer of Health or an Officer of the Local Authority should make such inquiries and take such steps as are necessary or desirable for investigating the source of infection for preventing the spread of infection and for removing conditions favourable to infection.

Every Medical Officer of Health should furnish the Medical Officer of Health of the Administrative County within which his district is situate as soon as practicable after the end of each quarter with a statement compiled from the register of notification kept by him shewing:—

- (a) The number of cases of tuberculosis on his register at the commencement of the quarter
- (b) The number of cases notified to him under these regulations for the first time during the quarter.
- (c) The number of cases removed from the register in preceding quarter which have been restored to the register during the quarter (giving the name and address of each such case and the reason for the restoration).
- (d) The number of cases added to the register during the quarter which have been brought to his notice otherwise than by notification under these regulations.
- (e) The number of cases removed from the register during the quarter (giving the name and address of each such case and the reason for such removal, and
- (f) The number of cases remaining on the register at the end of the quarter.

Dispensary Scheme.

The deaths from tuberculosis (all forms) in the Administrative Area during 1931 were 1,135. Respiratory Tuberculosis 882 and other forms 253. During the year 4,781 new cases attended the dispensaries and of these, 1,885 were accepted as suffering from tuberculosis and recommended treatment.

The total number of attendances at the dispensaries during 1931 was 37,019 and of these 32,238 represented old cases.

Dispensary Figures, 1931.

Dispensary attendances of old and new cases (including contacts) during the years 1927-1931 (inclusive) :—

| New cases examined :— | 1927 | 1928 | 1929 | 1930 | 1931 |
|-------------------------|-------|-------|-------|-------|-------|
| (a) Contacts | 1456 | 1533 | 1599 | 1313 | 1176 |
| (b) Others | 3713 | 4173 | 3970 | 3781 | 3605 |
| Old and New Attendances | 35106 | 35596 | 34358 | 33342 | 37019 |

Of the applications for treatment during the year :—

- 1499 were recommended Sanatorium Treatment.
- 258 were recommended Hospital Treatment.
- 98 were recommended Dispensary Treatment.
- 1561 were recommended Dispensary Supervision.
- 569 were referred to their own Doctor.

It will be observed from Table I that for the Administrative area the phthisis death rate remains the same as for the previous year, and whilst this may be regarded as satisfactory, the problem of deaths from pulmonary tuberculosis in young adult females still remains.

The number of deaths occurring in the West Riding amongst young women during 1931 (age group 15 to 35 years) was 224 as compared with 170 in men of the same age group. The heavy death roll in this particular age group is not peculiar to the West Riding but has been commented upon from time to time by various authorities, and various views expressed as to the cause. It is prone to occur in those districts or towns where the struggle for existence is most keenly felt, and where undernourishment, whether by lack of food or wrong food and continuous nervous strain, etc., all play their part.

In a recent report from the Ministry of Health it was observed that :—

"Whatever may be the change in mortality, the problem of the mortality from Tuberculosis of the young adult, especially amongst females, is becoming increasingly important in this country, and in some districts, especially in the north of England, more so than in others."

Local Authorities therefore, are greatly exercised to know how to circumvent the disease and lessen the risks of infection. Although modern sanatorium treatment is certainly much advanced, and with artificial pneumothorax and other surgical methods judiciously applied it can give reasonable prospects of arrest or even cure of the disease consumption, there is still a type of case too frequently seen at the dispensary, especially amongst young women, where the disease is so virulent in character and so rapid in its onslaught that the period from the commencement of the disease until the death of the patient is only a matter of weeks, and treatment of any kind is of little avail.

The policy pursued in the West Riding is that of prevention. Every opportunity is taken to educate the public on the dangers of infection and the danger of delay in seeking advice.

One matter calls for comment in this Report, and concerns medical supervision of employees in large business establishments. There are many businesses large and small in the Administrative Area where the employees, when off sick from time to time, fail to call in medical aid, and consequently very little is known of the illness upon their return to work. These cases are a source of potential danger, as they return after variable periods and frequently give a vague history of having had "the flu" followed by debility. It is now an established fact that a large number of the so-called cases of influenza are no less than acute abortive attacks of pulmonary tuberculosis, in which the patient's resistance has fallen temporarily below the normal thus giving latent tuberculous infection in the lung the opportunity to attack its host. Such cases of abortive tuberculosis usually have a very hopeful prognosis, and in fact may be cured within two or three months, depending upon the extent of the lesion, but they are nevertheless highly infectious during the week or two when the patient is getting rid of his "tubercle" by expectoration.

They constitute a real problem to the private practitioner for, as the disease is in an exceedingly early stage, it is almost impossible to diagnose the condition by physical examination. It will be seen that if all cases presenting unsatisfactory statements in regard to sickness were referred to the Tuberculosis Officer for X-Ray examination either by the panel or private practitioner, or by the management of a business concern, the number of cases of incipient phthisis would be more frequently detected, and the risk of infection of other employees working in close proximity would be reduced to the minimum.

There is apparently no gainsaying the old adage that the "working man or woman has no time to be an early case."

New X-Ray Centres were established at Pontefract and Barnsley during the year, and the County Radiographer commenced her duties in April, 1931. As the Dispensary Re-Organisation Scheme did not take effect until January, 1932 the work of the dispensaries was conducted as in previous years and directed principally towards diagnosis, problems relating to contacts, control of infective cases, sanatorium treatment of early cases, and propaganda.

One of the gravest problems which confronts the dispensary staff is that of massive infection. The work of prevention is greatly hampered by the gross overcrowding which exists in many of the industrial areas (vide Table VIII). During the year 298 advanced positive cases were discharged from hospital. There were many instances of positive cases, highly infectious and dangerous, living amongst children and young adults. To limit the spread of infection in the home, frequent re-admission of advanced cases was necessary. It seems that the time has now come to provide settlements or preventoria for children, and so give them a chance of escaping from the dangers of infection, which are in so many instances inevitable.

Dr. H. A. Crowther, District Tuberculosis Officer for the Barnsley Area, comments on the problem of infection:—

"Although the subject is still a highly controversial one I consider that all married tuberculous patients should receive instruction in Birth Control, not because of any possible hereditary pre-disposition which may be conveyed, as this is now of very doubtful incidence, but because the child is usually in closer contact with its parents, especially in the most vulnerable age up to two years, than with any other individual, and also because *year after year one sees tuberculous fathers, who are receiving State Aid and grants from various charities, adding to their responsibilities by increasing their families, when they cannot provide necessities of even simple food and clothing for themselves alone.* Whatever one's views may be upon the subject in general there seems no possibility of controversy as to the advantages which a small family confers upon a tuberculous patient; the mother is spared the dangerous reaction upon the disease which parturition and a succeeding postpartum period involves, the family income has not to be divided among so many, with the resulting possibility of better nourishment and housing for the patient, and greatest of all these, an innocent human being is spared an exposure to infection."

During the year 100 shelters were in use and 17 patients were provided with bed and bedding. Details are shewn in separate paragraphs.

During 1931, 1,176 contacts were examined, i.e., persons immediately associated with notified and accepted cases. In this connection 2,422 visits were made by District Tuberculosis Officers to patients at their homes, and 41,962 by Health Visitors and Dispensary Nurses. Of the pulmonary contacts referred to the dispensaries for opinion 151 were accepted, 94 were kept under observation, and 779 were not accepted. Of the non-pulmonary contacts 76 were accepted, 14 were retained for observation and 62 not accepted. 1,569 sputum examinations were made during the year.

CO-OPERATION WITH LOCAL PRACTITIONERS.

It will be noted from Table X that 1,439 consultations took place between District Tuberculosis Officers and private practitioners.

During the year attendances at the dispensaries were reduced to a minimum by the careful selection of new cases and re-examination of old cases, and wherever possible referring them to the private practitioners. Similarly, children with vague and indefinite signs were referred to the School Medical Inspectors.

Dr. V. Ryan commenting on the work of the Batley area states:—

"The incidence of non-tuberculous respiratory disease is heavy, and one cannot but be struck by the crippling effects of bronchopneumonia repeated time after time in children of the poorer class. Those who do not succumb in an attack, survive to provide the large number of cases of Bronchiectasis of school age. Another type of respiratory disease is that occurring in adults and depending on the industrial conditions under which they work in factory or mine. The dusts inhaled at these occupations do not lead to Tuberculosis,

with the exception of Silica dust, which is present at the quarries in certain districts in sufficient quantity to bring the workmen under the scheme for periodical examination required by Home Office Regulations. During the year three deaths occurred from Silicosis with Tuberculosis in the area. Cancer of the lung, which simulates Tuberculosis closely, was seen ten times during the year, and is also on the increase."

DISPENSARY PREMISES.

During the year new dispensary premises were obtained at 10, North Park Road, Harrogate.

POST-GRADUATE COURSE.

During the year Dr. Lee was granted leave of absence to attend a post-graduate course on tuberculosis in Lancashire from the 19th to the 24th October.

TABLE VIII.

Environmental Condition of Patients, 1931.

| Dispensary or Branch Dispensary | Percentage of cases from houses where more than one family reside | Percentage of cases where patient sleeps in separate room | Percentage of cases where patient sleeps in separate bed but not separate room | Percentage of cases where patients sleep two in a bed | Percentage of cases where patients sleep more than two in a bed |
|------------------------------------|---|---|--|--|---|
| Barnsley | 8.2 | 19.4 | 20.6 | 47.9 | 12.1 |
| Penistone | 15.8 | 25.3 | 29.8 | 37.9 | 7.0 |
| South Kirkby | 10.3 | 22.7 | 21.0 | 42.0 | 14.3 |
| Batley | 8.1 | 35.1 | 27.0 | 37.9 | 0.0 |
| Pudsey | 0.0 | 22.9 | 32.6 | 40.5 | 4.0 |
| Liversedge | 1.4 | 14.7 | 30.2 | 49.3 | 5.8 |
| Morley | 1.9 | 17.4 | 20.4 | 50.7 | 11.5 |
| Doncaster | 4.1 | 31.5 | 34.6 | 32.5 | 1.4 |
| Goole | 5.3 | 41.3 | 26.6 | 28.6 | 5.5 |
| Thorne | 4.1 | 28.6 | 36.5 | 34.9 | 0.0 |
| Huddersfield | 8.7 | 21.5 | 23.7 | 48.6 | 6.2 |
| Holmfirth | 5.4 | 21.4 | 19.6 | 56.9 | 2.1 |
| Marsden | 12.4 | 17.9 | 17.9 | 57.3 | 6.9 |
| Uppermill | 15.9 | 22.1 | 17.7 | 57.5 | 2.7 |
| Keighley | 7.2 | 30.5 | 41.5 | 26.4 | 1.6 |
| Skipton | 5.8 | 51.3 | 18.0 | 30.2 | 0.5 |
| Barnoldswick | 11.4 | 50.0 | 18.4 | 30.7 | 0.9 |
| Mexborough | 11.4 | 13.3 | 12.2 | 35.1 | 39.4 |
| Goldthorpe | 5.5 | 17.3 | 27.9 | 39.5 | 15.3 |
| Otley | 1.9 | 57.4 | 26.3 | 16.3 | 0.0 |
| Shipley | 17.9 | 35.2 | 23.4 | 35.9 | 5.5 |
| Harrogate | 0.0 | 44.6 | 22.3 | 33.1 | 0.0 |
| Pontefract | 16.4 | 26.5 | 31.6 | 38.5 | 3.4 |
| Tadcaster | 10.5 | 23.5 | 51.0 | 11.7 | 13.8 |
| Selby | 3.9 | 24.3 | 21.6 | 51.3 | 2.8 |
| Rotherham | 12.8 | 13.8 | 20.2 | 52.9 | 13.1 |
| Wadsley Bridge | 7.3 | 18.6 | 24.0 | 44.6 | 12.8 |
| Dinnington | 7.4 | 18.7 | 14.5 | 53.9 | 12.9 |
| Stocksbridge | 9.8 | 21.3 | 12.6 | 49.7 | 16.4 |
| Sowerby Bridge | 4.8 | 28.3 | 29.0 | 40.3 | 2.4 |
| Todmorden | 2.8 | 29.2 | 33.3 | 36.0 | 1.5 |
| Brighouse | 6.3 | 15.9 | 30.7 | 51.3 | 2.1 |
| Wakefield | 3.9 | 20.4 | 19.6 | 48.6 | 11.4 |
| Hemsworth | 2.6 | 25.9 | 10.1 | 49.2 | 14.8 |
| Normanton | 10.2 | 28.1 | 12.1 | 57.9 | 1.9 |
| Rothwell | 2.2 | 22.5 | 12.4 | 57.3 | 7.8 |

Home Visitation by Dispensary Staff.

| Year. | Visits by District Tuberculosis Officers. | Visits by Dispensary Nurses. | Visits by Health Visitors. |
|-------|--|---------------------------------|-------------------------------|
| 1927 | 2806 | 36587 | 8777 |
| 1928 | 2758 | 33120 | 6906 |
| 1929 | 2475 | 37197 | 6190 |
| 1930 | 2738 | 43534 | 5491 |
| 1931 | 2422 | 36889 | 5073 |

TABLE IX.

Applications for Treatment, 1931.

| | Kind of Treatment Granted. | | | | Cases referred to own Medical Attendant. | Totals. |
|----------------------------|----------------------------|-----------|------------------------------------|--------------------------------------|--|---------|
| | Sana- torium. | Hospital. | Dispen- sary Treat- ment. | Dispen- sary Super- vision. | | |
| New Cases | 865 | 167 | 63 | 644 | 182 | 1921 |
| Old Cases reconsidered ... | 634 | 91 | 35 | 917 | 387 | 2064 |
| Totals ... | 1499 | 258 | 98 | 1561 | 569 | 3985 |

TABLE X.

Summary of Dispensary Work, 1931.

| | Barnsley Area. | Batley Area. | Doncaster Area. | Huddersfield Area. | Keighley Area. | Mexborough Area. | Otley Area. | Pontefract Area. | Rotherham Area. | Sowerby Bridge Area. | Wakefield Area. | Total. |
|---|----------------|--------------|-----------------|--------------------|----------------|------------------|-------------|------------------|-----------------|----------------------|-----------------|--------|
| Number of Con- sultations with Practitioners ... | 509 | 134 | 152 | 41 | 65 | 38 | 134 | 190 | 105 | 35 | 36 | 1439 |
| Domiciliary Visits paid by Dispen- sary Nurses and Health Visitors to old and new cases | 4006 | 3074 | 2028 | 4382 | 5233 | 5924 | 3524 | 4115 | 2997 | 3501 | 3178 | 41962 |
| Visits paid by District Tuber- culosis Officer to patients at their homes. | 59 | 232 | 291 | 171 | 467 | 76 | 357 | 141 | 341 | 95 | 192 | 2422 |
| Attendances made by old and new patients | 3965 | 2740 | 3566 | 3800 | 3029 | 3531 | 2375 | 2913 | 3889 | 3964 | 3237 | 37019 |

SUMMARY OF DISPENSARY WORK, 1931. TABLE XI(a). NEW CASES EXAMINED.

| Dispensary or Branch | Pulmonary Cases | | | | | | Non-Pulmonary Cases | | | | | | Totals. |
|----------------------|-----------------|-------------------------|-----------------|-------------|-------------------------|-----------------|---------------------|-------------------------|-----------------|-------------|-------------------------|-----------------|---------|
| | Contacts | | | Other Cases | | | Contacts | | | Other Cases | | | |
| | Tuberculous | Diagnosis not completed | Non-Tuberculous | Tuberculous | Diagnosis not completed | Non-Tuberculous | Tuberculous | Diagnosis not completed | Non-Tuberculous | Tuberculous | Diagnosis not completed | Non-Tuberculous | |
| Barnsley ... | 10 | 8 | 53 | 59 | 7 | 135 | 8 | 1 | 8 | 30 | 6 | 31 | 356 |
| Penistone ... | — | 1 | 7 | 2 | 1 | 17 | 1 | — | 1 | 2 | — | 3 | 35 |
| South-Kirkby ... | 8 | 3 | 46 | 28 | 7 | 89 | 5 | 1 | 5 | 12 | 5 | 13 | 219 |
| Batley ... | — | 5 | 14 | 29 | 6 | 27 | — | — | 1 | 13 | 3 | 6 | 104 |
| Liversedge ... | 2 | 7 | 11 | 23 | 5 | 34 | — | — | — | 14 | — | 5 | 101 |
| Morley ... | 1 | 2 | 25 | 18 | 4 | 37 | — | — | 1 | 11 | 2 | 1 | 102 |
| Pudsey ... | — | 1 | 3 | 11 | 6 | 15 | — | — | 1 | 10 | 1 | — | 48 |
| Doncaster ... | 15 | 3 | 66 | 144 | 7 | 145 | 5 | 1 | 4 | 23 | 4 | 9 | 426 |
| Goole ... | 11 | 1 | 17 | 42 | 5 | 31 | 1 | 1 | 2 | 17 | 1 | 3 | 132 |
| Thorne ... | 4 | 1 | 16 | 57 | 8 | 73 | 1 | — | 3 | 11 | 3 | 2 | 179 |
| Huddersfield ... | 1 | 6 | 9 | 56 | 11 | 23 | 4 | — | 3 | 44 | 2 | — | 159 |
| Holmfirth ... | — | — | 1 | 6 | 1 | 7 | — | — | 2 | 3 | 2 | — | 22 |
| Marsden ... | — | — | 2 | 11 | 4 | 7 | 2 | — | — | 5 | 2 | — | 33 |
| Uppermill ... | 1 | 2 | 1 | 11 | 4 | 10 | 5 | — | — | 9 | 2 | — | 45 |
| Keighley ... | 14 | 3 | 19 | 53 | 3 | 36 | 1 | — | 1 | 22 | — | 6 | 158 |
| Barnoldswick ... | 3 | — | 4 | 19 | — | 15 | — | — | — | 4 | — | 5 | 51 |
| Skipton ... | 9 | 3 | 14 | 29 | 1 | 16 | — | — | — | 8 | 1 | 1 | 81 |
| Mexborough ... | 4 | 9 | 15 | 43 | 3 | 81 | 3 | — | 3 | 30 | 3 | 4 | 198 |
| Goldthorpe ... | 3 | 2 | 20 | 23 | 4 | 54 | 2 | — | 1 | 12 | 3 | 5 | 129 |
| Otley ... | — | 1 | 5 | 31 | 5 | 19 | 1 | — | 2 | 4 | 1 | 3 | 70 |
| Harrogate ... | — | — | 14 | 40 | 6 | 23 | — | — | — | 18 | 1 | 7 | 111 |
| Shipley ... | — | 1 | 10 | 28 | 1 | 35 | — | — | — | 6 | 1 | — | 82 |
| Pontefract ... | 23 | 3 | 240 | 98 | 5 | 236 | 6 | 4 | 6 | 40 | 3 | 30 | 694 |
| Selby ... | — | 2 | 18 | 8 | — | 22 | 1 | 1 | — | 3 | — | 4 | 59 |
| Tadcaster ... | — | 1 | — | 6 | — | 1 | — | — | — | — | — | — | 16 |
| Rotherham ... | 8 | 5 | 71 | 79 | 6 | 92 | 16 | 2 | 10 | 6 | 4 | 28 | 362 |
| Dinnington ... | 6 | 2 | 20 | 23 | 2 | 34 | 5 | 1 | 6 | 9 | 2 | 9 | 116 |
| Stockbridge ... | 2 | — | 15 | 12 | 4 | 10 | — | — | 1 | — | 1 | 4 | 58 |
| Wadley Bridge ... | 2 | 1 | 7 | 12 | 1 | 12 | 4 | 1 | — | 8 | 1 | 5 | 54 |
| Sowerby Bridge ... | 2 | 6 | 3 | 19 | 5 | 20 | — | — | — | 15 | 1 | 1 | 73 |
| Brighouse ... | — | 5 | 2 | 14 | 6 | 14 | 1 | — | — | 8 | 3 | 1 | 54 |
| Todmorden ... | — | 2 | 3 | 13 | 2 | 15 | — | — | — | 8 | 2 | — | 45 |
| Wakefield ... | 6 | 2 | 15 | 44 | 10 | 47 | 1 | — | — | 12 | 1 | — | 138 |
| Hemsworth ... | 9 | 5 | 8 | 42 | 5 | 68 | 4 | — | 1 | 18 | 6 | 4 | 170 |
| Normanton ... | 4 | — | 5 | 19 | 3 | 23 | 1 | — | — | 8 | 1 | — | 64 |
| Rothwell ... | 3 | 1 | — | 13 | 1 | 14 | 1 | — | — | 3 | 1 | — | 37 |
| Totals ... | 151 | 94 | 779 | 1165 | 149 | 1837 | 76 | 14 | 62 | 493 | 71 | 190 | 4781 |

TABLE XI(b).
SUMMARY OF DISPENSARY WORK, 1931.

| Dispensary or Branch | Patients on Dispensary Register 1/1/31 | | | | Cases transferred or lost sight of, 1931 | | Cases written off as recovered, 1931 | | Diagnosis not Confirmed or Non-Tuberculous | | Deaths reported in 1931 | | Patients on Dispensary Register 31/12/31 | | | |
|-----------------------|--|--------|-------------------------|--------|--|--------|--------------------------------------|--------|--|--------|-------------------------|--------|--|--------|-------------------------|--------|
| | Diagnosis Completed | | Diagnosis Not Completed | | Pulm. | Non-P. | Pulm. | Non-P. | Pulm. | Non-P. | Pulm. | Non-P. | Diagnosis Completed | | Diagnosis Not Completed | |
| | Pulm. | Non-P. | Pulm. | Non-P. | | | | | | | | | Pulm. | Non-P. | Pulm. | Non-P. |
| Barnsley | 1280 | 310 | 9 | 2 | 58 | 9 | 79 | 3 | 28 | 18 | 39 | 5 | 1139 | 302 | 15 | 7 |
| Penistone | 67 | 46 | 4 | — | 4 | 1 | 1 | — | 9 | 15 | 1 | — | 85 | 34 | 2 | — |
| South Kirkby | 435 | 110 | 6 | 1 | 8 | — | 1 | — | 12 | 8 | 22 | 1 | 424 | 59 | 10 | 6 |
| Batley | 318 | 84 | 7 | 1 | 57 | 4 | 12 | 7 | 2 | — | 14 | 3 | 255 | 107 | 12 | 3 |
| Liversedge | 187 | 59 | 2 | — | 30 | 4 | 4 | 4 | — | 1 | 15 | — | 156 | 57 | 12 | — |
| Morley | 262 | 34 | — | — | 43 | 13 | 15 | 7 | 2 | — | 12 | 2 | 203 | 52 | 6 | 2 |
| Pudsey | 139 | 47 | — | — | 16 | 1 | — | 1 | — | — | 10 | 1 | 117 | 42 | 7 | 1 |
| Doncaster | 656 | 294 | 2 | — | 6 | 9 | 4 | — | — | 1 | 45 | 5 | 744 | 306 | 10 | 5 |
| Goole | 253 | 109 | — | — | 11 | — | 2 | 2 | — | 2 | 26 | — | 270 | 111 | 7 | 1 |
| Thorne | 308 | 81 | 1 | — | 11 | 4 | 1 | — | — | — | 10 | 1 | 339 | 136 | 9 | 3 |
| Huddersfield | 181 | 78 | 8 | 1 | 2 | 4 | 11 | 25 | 9 | — | 22 | 7 | 183 | 111 | 19 | 2 |
| Holmfirth | 30 | 25 | 1 | — | 1 | — | 3 | 3 | — | — | 2 | — | 27 | 25 | 4 | 2 |
| Marsden | 73 | 53 | 4 | — | 1 | 1 | 1 | 8 | 4 | 1 | 1 | — | 77 | 38 | 4 | 2 |
| Uppermill | 138 | 71 | 2 | 1 | 4 | 1 | 5 | 13 | 7 | 1 | 6 | 1 | 124 | 69 | 6 | 2 |
| Keighley | 220 | 90 | 3 | 2 | 5 | 1 | 23 | 2 | 3 | 4 | 24 | 2 | 229 | 79 | 6 | — |
| Barnoldswick | 70 | 7 | 1 | — | 1 | 1 | 1 | 1 | — | — | 11 | — | 81 | 14 | — | 1 |
| Skipton | 100 | 28 | 4 | — | 1 | 1 | 2 | 1 | — | — | 9 | 2 | 126 | 39 | 4 | — |
| Mexborough | 755 | 463 | 10 | 2 | 2 | 3 | 2 | 25 | — | — | 27 | 4 | 827 | 485 | 14 | 3 |
| Goldthorpe | 483 | 165 | 9 | 1 | 5 | 3 | 1 | — | 11 | — | 10 | — | 485 | 186 | 6 | 3 |
| Otley | 165 | 37 | 4 | — | 8 | — | 12 | 7 | — | 2 | 19 | 1 | 149 | 27 | 6 | — |
| Harrogate | 213 | 81 | 6 | 1 | 18 | 4 | 19 | 16 | 12 | — | 30 | 2 | 139 | 81 | 6 | — |
| Shipley | 145 | 23 | 5 | — | 2 | — | 5 | 1 | 3 | — | 25 | — | 141 | 39 | 2 | 1 |
| Pontefract | 859 | 194 | 20 | 3 | 43 | 7 | 79 | 37 | — | — | 69 | 7 | 795 | 233 | 8 | 7 |
| Selby | 81 | 29 | 4 | — | 5 | 1 | 6 | 3 | 2 | 2 | 8 | 1 | 70 | 20 | 2 | 1 |
| Tadcaster | 32 | 37 | 2 | — | 5 | 1 | 4 | 4 | 1 | — | 6 | 2 | 23 | 34 | 1 | 2 |
| Rotherham | 721 | 380 | 9 | 3 | 15 | 17 | 11 | 36 | — | — | 31 | 3 | 805 | 437 | 11 | 6 |
| Dinnington | 177 | 126 | 5 | 1 | 6 | 6 | 5 | 2 | — | — | 11 | 1 | 202 | 145 | 4 | 3 |
| Stocksbridge | 137 | 76 | 4 | — | 4 | 3 | — | 9 | — | — | 13 | 1 | 129 | 71 | 4 | 1 |
| Wadsley Bridge | 121 | 106 | 7 | — | 9 | 4 | — | 14 | — | 1 | 4 | 1 | 124 | 85 | 2 | 2 |
| Sowerby Bridge | 90 | 78 | 5 | — | 3 | 2 | 3 | 1 | — | 4 | 10 | 1 | 88 | 72 | 11 | 2 |
| Brighouse | 71 | 53 | 4 | — | — | 1 | 3 | 1 | 1 | 1 | 14 | 1 | 60 | 54 | 11 | 3 |
| Todmorden | 59 | 42 | 1 | — | 2 | 1 | 5 | — | — | — | 12 | 3 | 50 | 63 | 4 | 2 |
| Wakefield | 720 | 109 | 12 | 2 | 11 | 2 | 64 | 10 | — | 2 | 33 | 2 | 662 | 61 | 12 | 1 |
| Hemsworth | 635 | 47 | 11 | 1 | 22 | — | 54 | 7 | — | — | 22 | 2 | 571 | 46 | 10 | 6 |
| Normanton | 332 | 43 | 10 | 1 | — | — | 7 | 1 | — | — | 8 | 2 | 343 | 28 | 3 | 1 |
| Rothwell | 130 | 35 | 4 | — | 3 | 1 | 14 | 1 | — | — | 10 | 1 | 120 | 26 | 3 | 1 |
| Totals | 10643 | 3650 | 186 | 23 | 416 | 111 | 456 | 252 | 106 | 63 | 631 | 65 | 10332 | 3774 | 253 | 28 |

PUBLIC ASSISTANCE INSTITUTIONS AND VOLUNTARY HOSPITALS.

During the year 93 patients were seen in consultation at Public Assistance institutions and local infirmaries. As shown in the following table, several cases were sent for treatment to institutions under the County Tuberculosis scheme :—

| Dispensary Area | Institution | No. of cases seen | Remarks |
|-----------------|---|-------------------|---|
| Batley ... | County Institution, Batley | 2 | 1 transferred to Sanatorium 1 transferred to Training Colony |
| | Batley & District Hospital | 5 | 2 transferred to Sanatorium 3 transferred to Orthopædic Hospital |
| | Dewsbury General Infirmery ... | 1 | Transferred to Sanatorium |
| | Leeds General Infirmery | 3 | 1 transferred to Sanatorium 2 transferred to Orthopædic Hospital |
| | County Institution, Clayton ... | 1 | Transferred to Hospital |
| Doncaster ... | Doncaster Infirmery ... | 1 | Transferred to Orthopædic Hospital |
| | Goole, Bartholomew Hospital ... | 1 | Transferred to Hospital |
| | Edenfield Nursing Home | 2 | |
| | Springwell House Institution ... | 1 | |
| | Huddersfield Royal Infirmery ... | 2 | Transferred to Sanatorium |
| Keighley ... | Keighley County Instit'n | 6 | " " " |
| | Keighley Victoria Hospital | 1 | Transferred to Hospital |
| Mexborough | Settle County Institution | 1 | Transferred to Sanatorium |
| | Sheffield Royal Infirmery | 1 | " " " |
| | Barnsley Beckett Hosp. | 1 | Transferred to Hospital |
| | Sheffield Western Bank .. | 1 | " " " |
| | Mexborough Montague ... | 1 | " " " |
| Orley ... | Denaby Fullerton ... | 1 | Transferred to Sanatorium |
| | Harrogate Royal Infirmery ... | 6 | 2 transferred to Sanatorium |
| | Mid-Yorkshire Institution, Whixley ... | 1 | Trans. to Harrogate Inf. |
| | Ripon Cottage Hospital ... | 1 | Transferred to Sanatorium |
| | Orley Newall Infirmery ... | 3 | 1 transferred to Sanatorium |
| | Bradford Royal Infirmery | 1 | Transferred to Sanatorium |
| | Wetherby County Institution ... | 1 | |
| | Ripon County Institution | 1 | |
| | Ilkley Coronation Hospital | 1 | " " " |
| | Pontefract General Hospital ... | 6 | " " " |
| Pontefract | Pontefract County Institution ... | 11 | " " " |
| | Castleford, Normanton and District Hospital ... | 1 | " " " |
| | Leeds General Infirmery | 5 | " " " |
| | Leeds Ida Hospital ... | 1 | " " " |
| | Selby County Institution | 1 | " " " |
| | Tadcaster County Institution ... | 1 | " " " |
| | York County Institution | 1 | " " " |
| | Leeds Women and Children's Hospital ... | 1 | " " " |
| | Rotherham County Institution ... | 1 | " " " |
| | Sheffield Royal Infirmery | 2 | " " " |
| Sowerby Bridge | Halifax Infirmery ... | 4 | 1 " " " |
| | Bradford Royal Infirmery | 2 | " " " |
| | | 1 | Transferred to County Institution |
| | Huddersfield Infirmery ... | 1 | Transferred to Sanatorium |
| | Manchester Royal Infirmery ... | 2 | |
| Wakefield ... | Leeds General Infirmery | 1 | " " " |
| | Halifax St. Luke's Hospital ... | 1 | Admitted prior to Sanatorium treatment |
| | Pontefract County Institution ... | 1 | Transferred to Orthopædic Hospital |
| | Hemsworth County Institution ... | 1 | Transferred to Hospital |
| | Oulton Hall Institution ... | 1 | Transferred to Sanatorium |

Public Assistance and Tuberculosis.

Under the Local Government Act, 1929, and the establishment of Public Assistance Committees, a closer co-ordination of the work of the Committee relating to tuberculosis and that of the Public Health Committee has been effected. There has been a closer liason between the Medical Officers of Public Assistance Institutions and Tuberculosis Officers. 31 cases were referred to the Public Assistance Committee for help. 78 cases were transferred from County Hospitals and local Infirmaries to Sanatoria and Orthopaedic Hospitals.

The following cases were referred to Public Assistance Committees:—

| | | | |
|---|-----|-----|----|
| For general relief and financial assistance | ... | ... | 7 |
| For grant of clothing for institutional cases | ... | ... | 15 |
| For assistance towards funeral expenses | ... | ... | 3 |
| For removal to County Institution | ... | ... | 4 |
| For grant of bedclothing | ... | ... | 2 |

X-Ray Examinations.

During the year, 1,398 X-Ray examinations were made in connection with patients attending the dispensaries, as follows:—

| Area. | For Diagnosis. | | | | For Treatment. | | Total. |
|----------------|----------------|------|----------------|------|----------------|---------------------|--------|
| | Pulmonary. | | Non-Pulmonary. | | Pul- monary | Non-Pul- monary. | |
| | Pos. | Neg. | Pos. | Neg. | | | |
| Barnsley | 68 | 149 | 12 | 13 | 7 | — | 249 |
| Batley | 57 | 108 | 4 | 9 | 19 | 2 | 199 |
| Doncaster | 47 | 93 | 2 | 5 | 1 | — | 148 |
| Huddersfield | 5 | 5 | — | 1 | — | — | 11 |
| Keighley | 22 | 13 | — | 1 | — | — | 36 |
| Mexborough | 43 | 28 | 10 | 4 | — | 1 | 86 |
| Otley | 15 | 18 | 4 | 1 | — | — | 38 |
| Pontefract | 113 | 200 | 18 | 28 | 4 | — | 363 |
| Rotherham | 17 | 51 | 4 | 5 | — | — | 77 |
| Sowerby Bridge | 3 | — | 2 | — | 2 | 2 | 9 |
| Wakefield | 57 | 109 | 5 | 4 | 5 | 2 | 182 |
| | 447 | 774 | 61 | 71 | 38 | 7 | 1398 |

New X-Ray centres under the West Riding scheme were established at Pontefract and Barnsley Tuberculosis Dispensaries. For patients at centres not provided for under the County Scheme the following general hospitals and private radiologists were utilised during the year:—

| Dispensary Area. | X-Ray Centre. |
|------------------------------------|---|
| Barnsley, Rotherham and Mexborough | Drs. Grout and Wilkie, Sheffield |
| Batley and Wakefield | Dr. Cooper, Leeds Clayton Hospital, Wakefield |
| Doncaster | Dr. H. Miller, Doncaster |
| Huddersfield | Royal Infirmary, Huddersfield |
| Keighley | Dr. R. C. Rodgers, Burnley Victoria Hospital, Keighley |
| Otley | Dr. J. A. Thomson, Harrogate |
| Pontefract | Mr. Scargill, Leeds |
| Sowerby Bridge | Royal Infirmary, Halifax |

Artificial Sunlight Treatment.

No scheme has yet been approved for the installation of sunlight clinics in the West Riding as an ancillary service of the Dispensary Scheme. During 1931 cases suitable for this kind of treatment were referred to the following private and voluntary clinics:—

Sheffield Royal Infirmary (daily clinics)
Clayton Hospital, Wakefield.
Leeds General Infirmary (daily clinics)
Manchester and Salford Hospital for Skin Diseases (daily clinics)
Victoria Hospital, Keighley (daily clinics)
Huddersfield Royal Infirmary
Dr. Miller's Clinic, South Parade, Doncaster
Dr. Boyd's Clinic, 5, Prospect Place, Harrogate
Dr. Roger's Clinic, 123, Ormerod Road, Burnley

During 1931, 148 dispensary cases were treated by this method. Of these 106 were cases of adenitis (cervical and inguinal) 27 lupus: 9 surgical tuberculosis, and 6 other tuberculous conditions. Table XII indicates the work done in respect of different dispensary areas, and the results noted at the end of the year.

A record of patients referred to the Leeds Infirmary for treatment of lupus conditions is not included in the above statement. From the reports made monthly by Dr. Ingram there is a record of 51 cases having received treatment for Lupus during 1931—26 males and 25 females. It is apparent that several of these were very irregular in attendance and re-appearances were frequent after an absence of many months.

The cases were drawn from the following Dispensaries:—

| | | | |
|---------------------|----|---------------------|---|
| Pontefract | 18 | Liversedge | 2 |
| Normanton | 4 | Batley | 3 |
| Selby | 2 | Huddersfield | 3 |
| Wakefield | 4 | Harrogate | 4 |
| South Kirkby | 4 | Doncaster | 4 |
| Pudsey | 3 | | |

The intensive method of treating Lupus as practised at the General Infirmary, Leeds, is highly satisfactory, as the following results will show:—

On the 31st December, 1931, of the above 51 cases treated 16 were cured or healed; in 28 the condition had improved and the progress was satisfactory, and in 7 the condition was either unchanged or attendance had been discontinued.

Most of the patients are required to attend daily. It was noted that a few cases, where the condition was on the verge of being cured, relapsed after a non-attendance of a few months.

These results relate to Lupus conditions only.

TABLE XII.
Results of Ultra-Violet Ray Treatment, 1931.

| Dispensary Area | Type of Case | No. treated | Total exposure (in hours) | Results of Treatment | | | |
|--------------------|----------------------------------|-------------|---------------------------|----------------------|---------------|-----------|-----------|
| | | | | Cured | Much improved | Im-proved | No change |
| Barnsley ... | Adenitis (Cervical and Inguinal) | 16 | 242 | 2 | — | 10 | 4 |
| | Lupus | 5 | 269 | — | — | 5 | — |
| | Other Conditions | 2 | 95 | — | — | 2 | — |
| Batley ... | Adenitis (Cervical and Inguinal) | 6 | 29 | 1 | 1 | 3 | 1 |
| Doncaster ... | Lupus | 2 | 264 | — | — | — | 2 |
| Huddersfield ... | Adenitis (Cervical and Inguinal) | 13 | 170 | — | — | 13 | — |
| | Lupus | 1 | 228 | — | — | — | 1 |
| Keighley ... | Adenitis (Cervical and Inguinal) | 2 | 23 | 2 | — | — | — |
| | Lupus | 2 | 21 | 1 | — | 1 | — |
| | *Surgical Tuberculosis | 1 | 21 | 1 | — | — | — |
| Mexborough ... | Adenitis (Cervical and Inguinal) | 42 | 992 | 23 | — | 16 | 3 |
| | Lupus | 9 | 466 | 1 | — | 7 | 1 |
| | *Surgical Tuberculosis | 3 | 127 | — | — | 3 | — |
| | Other Conditions | 1 | 77 | — | — | 1 | — |
| Otley ... | Adenitis (Cervical and Inguinal) | 3 | 11 | 1 | 1 | 1 | — |
| | Lupus | 1 | 9 | — | — | 1 | — |
| | Other Conditions | 1 | 5½ | 1 | — | — | — |
| Pontefract ... | Adenitis (Cervical and Inguinal) | 6 | 30 | 3 | 1 | 2 | — |
| | *Surgical Tuberculosis | 1 | 3½ | — | — | — | 1 |
| Rotherham ... | Adenitis (Cervical and Inguinal) | 9 | 226½ | — | — | 9 | — |
| | Lupus | 3 | 169 | — | — | 3 | — |
| | *Surgical Tuberculosis | 2 | 42½ | 1 | — | — | 1 |
| | Other Conditions | 1 | 16 | — | — | 1 | — |
| Sowerby Bridge ... | Lupus | 1 | 117 | — | — | 1 | — |
| Wakefield ... | Adenitis (Cervical and Inguinal) | 9 | 102½ | 3 | — | 4 | 2 |
| | Lupus | 3 | 20 | 1 | — | 2 | — |
| | *Surgical Tuberculosis | 2 | 20¾ | 1 | — | 1 | — |
| | Other Conditions | 1 | 5½ | 1 | — | — | — |
| | | | | | | | |

*Includes abdominal tuberculosis—T.B. conditions of bone with sinus formation.

SILICOSIS AND ASBESTOSIS (Medical Arrangements) SCHEME 1931.

On the 1st June 1931 a scheme for co-ordinating the medical arrangements under the different workmen's compensation schemes for silicosis and asbestosis came into force. The arrangement whereby Tuberculosis Officers in the West Riding make initial examination of workmen newly engaged at works in the Refractory or Sandstone Industries was extended to include such examinations as were required in connection with any Pottery or Asbestos Works within the area. During the year 123 examinations were made by the Dispensary Staff.

DENTAL TREATMENT.

During the year 1931, approval for the provision of dental treatment was granted in 176 cases at an estimated cost of £338: 7: 8, but owing to patients leaving or being discharged from Sanatoria before receiving treatment the actual cost was £312: 11: 4. Towards this amount the approved societies contributed £79: 14: 6, and the balance of £232: 16: 10 was paid by the County Council.

Particulars of the treatment given are shown below:—

| Institution or Dispensary | No. of Cases | Extractions | Fillings | Scaling | Dentures full upper and lower | Dentures upper | Dentures lower | Dentures part upper | Dentures part lower | Repairs, etc. | Re-makes |
|----------------------------------|--------------|-------------|----------|---------|-------------------------------|----------------|----------------|---------------------|---------------------|---------------|----------|
| Middleton Sanatorium | 30 | 104 | 4 | 1 | 4 | 1 | 2 | 1 | — | 1 | 5 |
| Cardigan do. | 10 | 116 | — | — | 5 | 1 | — | — | 1 | — | — |
| Mitchell Memorial Home | 5 | 18 | — | — | 4 | — | 1 | — | — | — | — |
| Crookhill Hall Hospital | 6 | 7 | — | — | 1 | — | — | — | — | — | 2 |
| County Sanatorium, Wyton | 60 | 242 | 69 | 3 | — | — | — | — | — | — | — |
| Westmorland Sanatorium | 2 | 2 | — | — | — | — | — | — | — | — | — |
| Berks. and Bucks. Jt. Sanatorium | 1 | — | 8 | — | — | — | — | — | — | — | — |
| Papworth Village Settlement | 6 | 78 | — | 1 | 3 | 1 | — | 1 | 2 | 1 | — |
| Preston Hall | 1 | — | — | — | 1 | — | — | — | — | — | — |
| Shropshire Orthopaedic Hosp. | 1 | — | — | — | 1 | — | — | — | — | — | — |
| Wensleydale Sanatorium | 3 | 17 | 12 | 3 | — | — | — | — | — | — | — |
| Eldwick Sanatorium | 38 | 112 | 12 | 2 | — | — | — | — | — | — | — |
| Barnsley Dispensary | 2 | 44 | — | — | 2 | — | — | — | — | — | — |
| Batley do. | 1 | 29 | — | — | 1 | — | — | — | — | — | — |
| Doncaster do. | 4 | 46 | — | — | 3 | 1 | — | — | 1 | — | — |
| Keighley do. | 3 | 31 | — | 1 | 1 | 1 | — | — | 1 | 1 | — |
| Otley do. | 1 | — | — | — | 1 | — | — | — | — | — | — |
| Pontefract do. | 1 | 16 | — | — | 1 | — | — | — | — | — | — |
| Wakefield do. | 1 | 19 | — | — | 1 | — | — | — | — | — | — |
| | 176 | 881 | 105 | 11 | 29 | 5 | 3 | 2 | 5 | 3 | 7 |

In each case dental treatment was necessary for the patient to derive full benefit from institutional treatment. Particulars as to the financial status of the family and the needs for dental treatment, etc., are investigated by the Chief Tuberculosis Officer prior to the commencement of treatment.

War Pensioners for Tuberculosis.

Nine new cases of war pensioners for tuberculosis were added to the registers during the year 1931, making a total of 866 under active treatment. This is a decrease of 28 on last year's figures due to deaths, removals, etc.—374 pensioners have been "accepted" by the Ministry of Pensions under the special arrangements detailed in the Ministry of Health's Memo. 30/T (Revised) and Memo. 146/T.

The sum of £2893 has been reclaimed from the Ministry of Pensions in respect of 80 pensioners for tuberculosis who received institutional treatment during the year.

The following table shows the number of war pensioners for tuberculosis on various forms of treatment on the 31st December, 1931.

Table showing the numbers of War Pensioners for Tuberculosis under various forms of treatment on December 31st, 1931.

| Tuberculosis Dispensary Area | Dispensary | | | | General Dispensary Supervision | | | | Domiciliary | | | | Institutional (includes San., Hosp. and Training) | | | | Totals |
|------------------------------------|------------|-----------|------------|---------------|-----------------------------------|-----------|------------|---------------|-------------|-----------|------------|---------------|---|-----------|------------|---------------|--------|
| | Class I. | Class II. | Class III. | Non- Pulm. | Class I. | Class II. | Class III. | Non- Pulm. | Class I. | Class II. | Class III. | Non- Pulm. | Class I. | Class II. | Class III. | Non- Pulm. | |
| Barnsley ... | ... | ... | ... | ... | 4 | 10 | 1 | ... | 20 | 71 | 5 | 1 | 2 | 1 | ... | ... | 115 |
| Batley ... | 1 | 1 | ... | ... | 3 | 16 | 1 | 1 | 1 | 27 | 26 | 1 | ... | 1 | ... | ... | 79 |
| Doncaster ... | 1 | 3 | 1 | 1 | 12 | 24 | 2 | ... | 5 | 19 | 7 | 4 | 2 | ... | ... | ... | 81 |
| Huddersfield ... | 8 | 6 | 2 | 5 | 3 | 1 | ... | ... | 2 | 23 | 5 | 5 | ... | ... | ... | ... | 60 |
| Keighley ... | ... | ... | ... | 1 | 17 | 23 | 10 | 7 | ... | 5 | 4 | ... | ... | ... | ... | ... | 67 |
| Mexborough ... | 1 | ... | 1 | ... | 8 | 18 | 3 | ... | 15 | 23 | 9 | ... | ... | 5 | 1 | ... | 84 |
| Otley ... | 2 | 1 | ... | ... | 13 | 47 | ... | 5 | 2 | 18 | 11 | 1 | ... | ... | 1 | ... | 101 |
| Pontefract ... | ... | ... | ... | ... | 12 | 27 | 10 | ... | 4 | 6 | 4 | 1 | ... | 2 | ... | ... | 66 |
| Rotherham ... | ... | ... | ... | ... | 8 | 25 | 5 | 1 | ... | 4 | 4 | ... | ... | 1 | ... | ... | 48 |
| Sowerby Bridge ... | 8 | 6 | 1 | 2 | 2 | 3 | 2 | 1 | 1 | 3 | 4 | ... | ... | ... | ... | ... | 33 |
| Wakefield ... | 10 | 2 | 1 | ... | 28 | 12 | ... | ... | 42 | 31 | 3 | ... | 1 | 2 | ... | ... | 132 |
| Totals ... | 31 | 19 | 6 | 9 | 110 | 206 | 34 | 15 | 92 | 230 | 82 | 13 | 5 | 12 | 2 | ... | 866 |

COMBINED TREATMENT AND TRAINING.

The following table shows the admissions and discharges of all classes of patients to courses of combined treatment and training with or without a view to ultimate settlement. At the end of the year the County had 15 colonists,* 11 at Preston Hall, Aylesford, Kent; 2 at Papworth Hall near Cambridge, and 2 at the Cripples Training College, Oswestry.

Table shewing the admissions to and discharges from courses of combined treatment and training, with or without a view to Village Settlement, of all classes of patients during 1931.

| Colony | No. under training on 31/12/30 | No. admitted during 1931 | No. discharged during 1931 | No. remaining under training on 31/12/31 | Course |
|--|--------------------------------------|--------------------------------|----------------------------------|--|--|
| Papworth Village Settlement near Cambridge | 1 | 2 | 1 | 2 | Training |
| British Legion Village, Preston Hall, Aylesford, Kent | 15 | 9 | 8 | 16 | To qualify for Village Settlement Training |
| East Lancs. Tuber- culosis Colony, Great Barrow, Chester | 3 | ... | 2 | 1 | To qualify for Village Settlement Training |
| Burrow Hill San. Colony, Frimley | 7 | 5 | 8 | 4 | Training |
| Derwen Cripples' Training College, Oswestry, Salop | 2 | ... | 1 | 1 | Training |
| | ... | 2 | ... | 2 | To qualify for Village Settlement Training |
| | 6 | 1 | 4 | 3 | Training |
| | 1 | ... | ... | 1 | Training |
| | ... | 1 | ... | 1 | To qualify for Village Settlement |
| Totals ... | 35 | 20 | 24 | 31 | |

Results: Of the 24 cases shewn as having been discharged, 3 were transferred to village settlements with their wives and families, where they are employed at the standard rate of wages; 1 was temporarily discharged and re-admitted and 20 cases did not complete courses having been prematurely discharged for various reasons.

*This includes two cases which were admitted for treatment only, and were absorbed into the Settlement.

Surgical Appliances.

The following list indicates the type and number of surgical appliances supplied to patients during the year while undergoing general Dispensary treatment:—

| | | | | | |
|-------------------------|-----|-----|-----|-----|----|
| Spinal Supports | ... | ... | ... | ... | 9 |
| Surgical Boots | ... | ... | ... | ... | 11 |
| Do. Accessories | ... | ... | ... | ... | 5 |
| Elbow Splint | ... | ... | ... | ... | 1 |
| Walking Caliper Splint | ... | ... | ... | ... | 1 |
| Retentive Collar | ... | ... | ... | ... | 1 |
| Iron Patten | ... | ... | ... | ... | 1 |
| Alterations and Repairs | ... | ... | ... | ... | 4 |

The total cost of the foregoing appliances, etc. was £78:11:0 towards which the sum of £5:0:6 was contributed by or on behalf of the patients concerned; the balance of £73:10:6 being borne by the County Council. Where the circumstances of the family permit, according to a scale of income approved by the County Council, a contribution towards the cost of surgical appliances is required, in respect of "out-patient" treatment.

In addition to those mentioned above, appliances of various kinds amounting to a total cost of £96:12:3 have been supplied during the year to patients undergoing residential institutional treatment. In these cases the instruments are provided by the hospital authorities as an integral part of the specialised treatment and the full cost is therefore defrayed by the County Council under whose arrangements the patients were either admitted or for whose treatment and maintenance the County Council have accepted financial responsibility.

Provision of Clothing.

During the year 1931 there was an increase in the number of applications for assistance under the County Council's scheme for the provision of clothing for necessitous tuberculous patients receiving sanatorium treatment, 545 grants being made as follows:—

| | | | | | |
|------------------------|-----|-----|-------------------------|-----|-----|
| Middleton Sanatorium | ... | 251 | Crookhill Hall Hospital | ... | 41 |
| Mitchell Memorial Home | ... | 40 | Cardigan Sanatorium | ... | 71 |
| Eldwick Sanatorium | ... | 17 | Other Institutions | ... | 125 |

The clothing supplied consisted of the following articles:—

Men.

| | | | |
|--------------------|-----------------|----------------|----------------|
| 22 Overcoats | 79 Suits | 308 Vests | 251 prs. Pants |
| 357 Sleeping Suits | 311 Shirts | 171 prs. Socks | 111 prs. Boots |
| 50 prs. Slippers | 2 prs. Trousers | 1 Macintosh | 2 Caps |
| 1 Tie | 2 Scarves | 6 Collars | 2 Aprons |

Women.

| | | | |
|----------------|----------------|---------------|----------------------|
| 39 Coats | 47 Dresses | 135 Vests | 44 prs. Combinations |
| 127 Nightgowns | 8 Pullovers | 83 Petticoats | 132 prs. Knickers |
| 6 Bedjackets | 1 Dress Jacket | 54 prs. Shoes | 47 prs. Stockings |
| 1 pr. Corsets | | | |

Boys.

| | | | |
|------------------|-------------------|-------------------------|------------------------------|
| 21 Overcoats | 17 Suits | 33 Vests | 55 Sleeping Suits |
| 39 Shirts | 66 prs. Stockings | 51 prs. Boots and Shoes | 19 prs. Slippers or Plimsols |
| 26 Jerseys | 2 prs. Gloves | 1 pr. Clogs | 10 prs. Pants |
| 16 prs. Trousers | 3 Towels | | |

Girls.

| | | | |
|-------------------|------------------|-------------------|----------------------|
| 10 Coats | 25 Dresses | 8 Bodices | 16 prs. Combinations |
| 31 Sleeping Suits | 44 prs. Knickers | 66 prs. Stockings | 27 prs. Boots |
| 16 prs. Slippers | 10 Jerseys | 20 Vests | 2 Underskirts |
| 4 Scarves | 5 prs. Gloves | 14 Pinafores | 1 pr. Stays |

The following articles of clothing were retained by the patients as being unsuitable for taking back into stock:—

| Men. | | | |
|----------------------|--------------------|----------------------|-------------------|
| 23 Overcoats | 99 Suits | 279 Vests | 218 prs. Pants |
| 343 Sleeping Suits | 275 Shirts | 156 prs. Socks | 113 prs. Boots |
| 37 prs. Slippers | 4 Caps | 3 Collars | 1 Tie |
| 2 Aprons | 1 Scarf | 1 pr. Trousers | |
| Women. | | | |
| 35 Coats | 38 Dresses | 111 Vests | 36 prs. Shoes |
| 115 Nightgowns | 120 prs. Stockings | 8 Bedjackets | 116 prs. Knickers |
| 6 Pullovers | 64 Petticoats | 48 prs. Combinations | 8 prs. Slippers |
| Boys. | | | |
| 15 Overcoats | 18 Suits | 20 Vests | 19 prs. Slippers |
| 29 Shirts | 62 prs. Stockings | 39 prs. Boots | 52 Sleeping Suits |
| 9 prs. Trousers | 2 Towels | 8 prs. Pants | 12 Jerseys |
| Girls. | | | |
| 9 Coats | 19 Dresses | 7 Pullovers | 38 prs. Knickers |
| 59 prs. Stockings | 24 prs. Boots | 2 prs. Gloves | 14 Pinafores |
| 20 prs. Combinations | 14 prs. Slippers | 24 Nightgowns | 1 Scarf |
| | 8 Bodices | 1 pr. Stays | |

Domiciliary Open-Air Shelters.

The practice of aiding the domiciliary treatment of tuberculous patients by providing open-air shelters and equipment, particularly where overcrowding or other unsatisfactory home conditions exist, has been adequately maintained, and the number of shelters available, which has approximated the standard of 100, has been in constant use in various parts of the Riding throughout the year. These shelters are much appreciated and are found to be a welcome and convenient means of providing segregation by furnishing separate sleeping accommodation adjacent to the occupiers' homes. By this means the patients are also enabled to avail themselves to the fullest extent of the benefits to be derived from living in the open-air. The equipment supplied consists of a small iron bedstead, fibril mattress and water-proof bedcover, and in necessitous cases bedclothing is supplied, but in the aggregate patients are required to provide their own bedding. The shelters are inspected at regular intervals, and reports upon their condition are furnished to the Central Department whence instructions are given for the execution of any necessary repairs and renewals, all of which are carried out free of cost to the patients concerned. Recommendations for shelters are made by the Tuberculosis Dispensary Officers and are loaned solely on the applicant undertaking to keep the structure in proper condition and free from damage, apart from fair wear and tear.

After Care Scheme.

The year 1931 marks the completion of ten years work in this sphere. The first Tuberculosis Care Committees in the West Riding were formed in 1921, and until 1924 were entirely dependent upon their own resources for funds and material with which to carry on the work. Since 1925 the County Council has made annual grants towards their expenses, totalling £1,712 in which sum is included the following made in respect of the year 1931.

| Care Committee | Amount of Grant |
|---------------------|-----------------|
| | £ |
| Barnsley | 60 |
| Doncaster | 50 |
| Huddersfield | 47 |
| Osgoldcross | 125 |
| Selby | 8 |
| Aberford | 10 |

Since the inception of the Scheme in 1921 the total amount raised and spent by these Committees is £5,500.

The following is a summary of articles provided in necessitous cases:—

| | | No. of Cases | |
|-----------------------|-----|--------------|--------------------|
| | | 1931 | Total for 10 years |
| Underclothes provided | ... | 180 | 1624 |
| Outerclothes | ... | 100 | 612 |
| Overcoats | ... | 6 | 106 |
| Boots | ... | 150 | 1187 |
| Food | ... | 300 | 1699 |
| Miscellaneous grants | ... | 6 | 77 |

I desire to record my appreciation of the keenness and effort displayed continuously by the members of these Committees.

Extra Nourishment.

The provision of extra nourishment to necessitous cases is a valuable adjunct to the treatment of tuberculosis. Grants in the form of milk and eggs to patients receiving dispensary or domiciliary treatment were made in 677 cases during 1931 at a cost of £2,077 15s. 2d. The average number of patients in receipt of this grant was 277.

West Riding Distress Fund.

The interest accruing from the War Time Fund has during the past few years been placed at the disposal of the West Riding Public Health and Housing Committee for the relief of distressed cases coming to their notice through the various schemes for treatment and prevention. Up to September, 1929 the use of this Fund by the Tuberculosis Sub-Committee has been confined to the provision of clothing for destitute cases recommended for institutional treatment, but with the inception of the County Scheme for the provision of clothing in these cases, the utilisation of the fund for this purpose was abandoned.

From a study of the figures submitted in recent years relating to the environmental condition of tuberculous patients coming to the notice of the dispensary staffs it was very evident that some alleviation of the overcrowded conditions should be effected, and possibly further infection in the home prevented by the provision in suitable cases of beds and bedding. Since May, 1930 the Tuberculosis Sub-Committee have approved the provision of bedsteads and bedding, etc., and during the year 1931 the following articles were provided to enable necessitous tuberculous patients to occupy separate beds, at a cost of £48 13s. 2d. :—

| | |
|-------------|--------------|
| 8 Bedsteads | 9 Mattresses |
| 47 Blankets | 10 Pillows |

Institutional Treatment.

The institutional accommodation for pulmonary and non-pulmonary tuberculosis in the West Riding on December 31st, 1931 was 961 as compared with 983 at the beginning of the year. During the year 25 beds were newly acquired at the following institutions :—

| | | | | | | |
|----------------------|-----|-----|-----------------|-----|-----|---|
| Westmorland | ... | 1 | Leasowe | ... | ... | 6 |
| St. Nicholas | ... | 2 | Church Army | ... | ... | 2 |
| Royal National | ... | ... | Papworth | ... | ... | 2 |
| Orthopaedic | ... | 2 | Derwen College | ... | ... | 1 |
| Sheffield Children's | ... | 6 | East Lancashire | ... | ... | 1 |
| Dean Head | ... | 2 | | | | |

Beds were relinquished at the following :—

| | | | | | |
|----------------|-----|---|-------------------------|-----|----|
| Stanhope | ... | 1 | Huddersfield Royal | ... | 2 |
| Wolsingham | ... | 3 | East Anglian | ... | 1 |
| Thorparch | ... | 6 | Heatherwood | ... | 1 |
| King Edward | ... | 4 | British Legion Village, | | |
| Shropshire | ... | 4 | Preston Hall | ... | 16 |
| Kirkbymoorside | ... | 4 | Burrow Hill Training | | |
| York County | ... | 2 | Colony | ... | 3 |

Early cases were admitted into Sanatoria; adults to Middleton, Cardigan, Meathop, Oakwood Hall, and children to Wyton, Berks and Bucks. Advanced cases to Crookhill Hall, Morton Banks and Dean Head.

Observation cases were admitted to the following institutions :—

Adults :—Middleton, Cardigan and Oakwood Hall.

Children :—Eldwick Sanatorium and Highwood Hospital.

During the year, 194 adults and 106 children were admitted for periods of observation varying from two to twelve weeks. Of 310 cases discharged from observation during the year, 103 adults and 37 children were accepted as suffering from tuberculosis.

Treatment common to most sanatoria consists of abundance of fresh air, graduated rest and exercise and appropriate diet. At some institutions artificial pneumothorax, phrenic avulsion and thoracoplasty is carried out where necessary, the two latter under the direction and care of a competent surgeon. Up-to-date sanatoria now appreciate the value of surgical treatment of lung disease and are beginning to practise these methods largely.

There is still some doubt as to the value of Sanocrysin or gold treatment for consumption (vide Middleton and Cardigan reports). If tolerated this drug appears to reduce the number of tubercle bacilli in the sputum, and is favoured as an adjunct to Artificial pneumothorax treatment.

Artificial pneumo-thorax treatment is still the most practical and favoured means of setting a lung at rest. From the accompanying sanatorium reports it would appear that the best results are obtained from cases of unilateral disease where there are few adhesions.

It will be observed that at Cardigan Sanatorium 13 old cases attended as out-patients for refills during the year, and 17 new cases received artificial pneumo-thorax treatment. The results may be regarded as highly satisfactory in view of the fact that all the cases were either stage ii or iii and had been positive at one time or another. It will be noted that the operation of artificial pneumothorax was undertaken in eight cases with bilateral disease, and in three cases the results were described as excellent. In five the lives of the patients were prolonged. Five of the above had Sanocrysin concurrently.

With regard to the cases of unilateral disease the results were as follows:—

Results described as "excellent" and the patient back to work in 9 cases.
Result "good" in 3 cases.
Condition unchanged in 4 cases.
Condition worse in 3 cases.
Death occurred in 3 cases.

With regard to thoracoplasty, which is a more formidable surgical operation undertaken by a competent surgeon, this method is usually employed where others have failed. Phrenic evulsion (i.e. pulling on and twisting the nerve of supply to the diaphragm which prevents the lower lobe of the lung expanding) is a form of treatment which has gained in popularity during recent years. Its use as an adjunct to artificial pneumo-thorax is accepted. It appears that chronic basal conditions treated by phrenic evulsion offer the best hope of reward. During the year three cases were treated at Cardigan Sanatorium with excellent results.

With regard to children, it will be noted that the total accommodation for West Riding children on the 31st December 1931 was:—

Sanatorium accommodation 226 beds.
Orthopaedic Hospitals 119 beds.

The total accommodation available towards the end of the year for the institutional treatment of orthopaedic cases was 137 beds, allocated as follows:—

| Men. | Women. | Children. |
|-----------------------|---------------------|-----------------------|
| Shropshire | Shropshire | Stanmore ... 19 beds |
| Orthopaedic... 6 beds | Orthopaedic 10 beds | Kirkbymoorside 12 .. |
| Miscellaneous | Miscellaneous | Leasowe ... 10 .. |
| Institutions... 1 .. | Institutions 1 .. | Marguerite Home 32 .. |
| | | King Edward VII 31 .. |
| | | (Rivelin Valley) |
| | | Sheffield |
| | | Children's ... 6 .. |
| | | Miscellaneous |
| | | Institutions... 9 .. |
| Total 7 beds | Total 11 beds | Total 119 beds |

There are in the West Riding two types of case met with in children at the Dispensaries and requiring Sanatorium Treatment:—

- (a) Cases of pulmonary tuberculosis (including tuberculosis of the pleura or intrathoracic glands) classified according to Ministry of Health Memo. 37/T revised, Section 1, paragraph 2 Appendix. The number of children suffering from purely pulmonary tuberculosis is small indeed, and those with active disease and positive sputum amount to hardly 1% of the total.
- (b) Cases of cervical and abdominal tuberculosis—which strictly classified are non-pulmonary cases, but which for obvious reasons are better suited for sanatorium treatment than orthopaedic hospital. (See following table).

**NON-PULMONARY CASES IN PULMONARY INSTITUTIONS ON
31ST DECEMBER, 1931.
CHILDREN.**

| Institution. | Bones and Joints | Abdo- men | Glands | Other Organs | Total |
|---------------------------|------------------------|--------------|--------|-----------------|-------|
| Oakwood Hall | 3 | 4 | 1 | — | 8 |
| Eldwick Sanatorium | 2 | 10 | 9 | 2 | 23 |
| Wyton | — | 2 | 24 | 2 | 28 |
| Wensleydale | — | — | 4 | 1 | 5 |
| Wolsingham | — | — | 1 | — | 1 |
| Stanhope | — | 1 | 4 | 1 | 6 |
| Berks. and Bucks. | — | 2 | 5 | 1 | 8 |
| Stannington | — | 2 | — | — | 2 |

Sanatorium Treatment—Immediate Results.

Of the total sanatorium discharges in adults suffering from pulmonary conditions 757 or 60·99 per cent. belonged to the early or Class I T.B. — stage, and 484 or 39·01 per cent. to the later stages with T.B. + in the sputum.

With regard to the results of treatment, of those discharged quiescent and improved, 342 or 82·41 per cent. were early cases with negative sputum, and 73 or 17·59 per cent. in the later stages of the disease with T.B. +.

Of those dying in the institutions, 77·46 per cent. occurred in Class II and III T.B. +.

A noticeable feature of the above table is that 848 or 68·33 per cent. of the adult discharges took place under six months, as compared with 393 or 31·67 per cent. of six months or over. The greater proportion of discharges under six months took place in those in the earliest stages of the disease, and represent 74 per cent. in Class I (—T.B.) as compared with 26 per cent. of those in Class II and III (T.B. +).

Children.—Of the total number of discharges, 165 or 95·53 per cent. belonged to the first category, and had T.B. —, the remainder representing classes belonging to the later stages.

Of the results occurring in the former category, 92 or 55·75 per cent. were discharged quiescent, and 47·88 per cent. improved, as compared with 0·0 per cent. quiescent and 85·71 per cent. improved in Stages II and III T.B. +.

Non-pulmonary Discharges.—Of the total discharges under this head 134 were adults and 165 were children. 66% of children were discharged with the disease quiescent as compared with 26% in the case of adults.

VISITS TO SANATORIA.

The following institutions, where the treatment of West Riding patients is carried out, were visited by members of the Tuberculosis Sub-committee during 1931. Satisfactory reports of the methods of treatment, dietary, etc. were made in all instances:—

Yorkshire Children's Orthopaedic Hospital, Kirkbymoorside.
Morton Banks Sanatorium.
Dean Head Sanatorium.

TABLE XIII.

Institutional Accommodation Available for West Riding Cases, December, 1931.

| Institution. | No. of Beds Available. | | | | | |
|---|------------------------|------------|------------|--------------------------|-----------|------------|
| | For Pulmonary Cases. | | | For Non-Pulmonary Cases. | | |
| | Men. | Women. | Children. | Men. | Women. | Children. |
| Controlled by County Council (Public Health Committee):— | | | | | | |
| Middleton-in-Wharfedale Sanatorium | 300 | — | — | — | — | — |
| Cardigan Sanatorium, near Wakefield | — | 50 | — | — | — | — |
| Eldwick Sanatorium, near Bingley | — | — | 39 | — | — | — |
| Mitchell Memorial Home, Rawdon | 30 | — | — | — | — | — |
| Crookhill Hall Receiving Home | 40 | — | — | — | — | — |
| Not controlled by the County Council:— | | | | | | |
| Morton Banks Sanatorium, near Keighley | — | 63 | — | — | — | — |
| Dean Head Sanatorium, Horsforth | — | 60 | — | — | — | — |
| Oakwood Hall Sanatorium, Rotherham | — | 15 | 15 | — | — | — |
| Wyton Hostel, Huntingdon ... | — | — | 70 | — | — | — |
| Wensleydale Sanatorium, Aysgarth | — | — | 12 | — | — | — |
| Westmorland Sanatorium, Meathop | — | 6 | — | — | — | — |
| Stanhope Sanatorium, Co. Durham | — | — | 15 | — | — | — |
| Wolsingham Sanatorium, Co. Durham | — | 2 | 7 | — | — | — |
| Marguerite Home, Thorparch ... | — | — | — | — | — | 32 |
| Leasowe Hospital, Cheshire ... | — | — | — | — | — | 10 |
| King Edward VII Hospital, Rivelin Valley | — | — | — | — | — | 31 |
| Shropshire Orthopaedic Hospital, Oswestry | — | — | — | 6 | 10 | 2 |
| Highwood Hospital, Brentwood Berks. and Bucks. Joint Sanatorium, Peppard Common ... | — | — | 21 | — | — | — |
| Yorkshire Children's Orthopaedic Hospital, Kirkbymoorside ... | — | — | — | — | — | 12 |
| Stannington Children's Sanatorium, Northumberland ... | — | — | 14 | — | — | — |
| Royal National Orthopaedic Hospital, Stanmore, Middlesex | — | — | — | — | — | 19 |
| *Miscellaneous Institutions ... | 29 | 3 | 12 | 1 | 1 | 13 |
| Totals ... | 399 | 199 | 226 | 7 | 11 | 119 |

* Includes accommodation for patients receiving courses of combined treatment and training, with or without a view to village settlement.

TABLE XIV.
Institutional Treatment during 1931.

| Institution. | Patients in Residence on 1.1.31. | Admissions 1931. | | | Total number of admissions. | Discharges 1931. | | | Total Number of Discharges. | Patients in Residence on 31.12.31. |
|------------------------------------|----------------------------------|------------------|--------|--------------------------|-----------------------------|------------------|--------|--------------------------|-----------------------------|------------------------------------|
| | | Men. | Women. | Children under 15 years. | | Men. | Women. | Children under 15 years. | | |
| Pulmonary Institutions | | | | | | | | | | |
| Middleton | 290 | 681 | — | — | 681 | 682 | — | — | 682 | 289 |
| Cardigan | 50 | — | 166 | — | 166 | — | 167 | — | 167 | 49 |
| Mitchell Memorial Home | 29 | 81 | — | — | 81 | 82 | — | — | 82 | 28 |
| Eldwick | 39 | — | — | 83 | 83 | — | — | 83 | 83 | 39 |
| Crookhill Hall | 40 | 86 | — | — | 86 | 89 | — | — | 89 | 37 |
| Dean Head | 58 | — | 154 | — | 154 | — | 152 | — | 152 | 60 |
| Morton Banks | 62 | — | 105 | — | 105 | — | 111 | — | 111 | 56 |
| Wyton (Hunts) | 70 | — | — | 75 | 75 | — | — | 75 | 75 | 70 |
| Westmorland | 6 | 3 | 3 | — | 6 | 3 | 3 | — | 6 | 6 |
| Oakwood Hall | 30 | 1 | 67 | 21 | 89 | 1 | 67 | 23 | 91 | 28 |
| Wolsingham | 12 | — | 12 | 7 | 19 | — | 13 | 9 | 22 | 9 |
| Stanhope | 16 | — | — | 23 | 23 | — | — | 24 | 24 | 15 |
| Stannington | 14 | — | — | 17 | 17 | — | — | 17 | 17 | 14 |
| Highwood, Brentwood | 21 | — | — | 56 | 56 | — | — | 56 | 56 | 21 |
| Wensleydale | 11 | — | — | 13 | 13 | — | — | 12 | 12 | 12 |
| Berks, and Bucks. | 21 | — | — | 32 | 32 | — | — | 32 | 32 | 21 |
| Miscellaneous | 20 | 2 | 1 | 4 | 7 | 7 | 2 | 2 | 11 | 16 |
| Non-Pulmonary Institutions. | | | | | | | | | | |
| Yorkshire Children's | 16 | — | — | 3 | 3 | — | — | 7 | 7 | 12 |
| Marguerite Home | 38 | — | — | 15 | 15 | — | — | 21 | 21 | 32 |
| King Edward VII. (Sheffield) | 36 | — | — | 21 | 21 | — | — | 25 | 25 | 32 |
| Shropshire Orthopaedic | 21 | 35 | 25 | 5 | 65 | 42 | 23 | 2 | 67 | 19 |
| Royal National Orthopaedic | 17 | — | — | 14 | 14 | — | — | 12 | 12 | 19 |
| Miscellaneous | 14 | 10 | 11 | 11 | 32 | 3 | 7 | 4 | 14 | 32 |
| Totals | 931 | 899 | 544 | 400 | 1843 | 909 | 545 | 404 | 1858 | 916 |

TABLE XV.

Immediate Results of Treatment of Patients Discharged from Residential Institutions during the year 1931.

(a) Pulmonary Cases.

| Classification on admission ^a | Condition at time of discharge. | Duration of Treatment in the Institution. | | | | | | | | | | | | Total |
|--|---------------------------------|---|-----|-----|------------|-----|-----|-------------|----|-----|---------------------|----|-----|-------|
| | | Under 3 months | | | 3-6 months | | | 6-12 months | | | More than 12 months | | | |
| | | M. | W. | Ch. | M. | W. | Ch. | M. | W. | Ch. | M. | W. | Ch. | |
| Class T.B. Minus. | Quiescent ... | 24 | 45 | — | 136 | 85 | 17 | 35 | 11 | 62 | 3 | 3 | 13 | 434 |
| | Not Quiescent ... | 107 | 71 | 6 | 130 | 31 | 22 | 39 | 13 | 34 | 9 | 7 | 11 | 480 |
| | Died in Institution | 7 | 5 | — | 2 | 1 | — | 3 | — | — | — | — | — | 18 |
| Class T.B. + Group I. | Quiescent ... | — | 2 | — | 5 | 5 | — | 1 | — | — | — | — | — | 13 |
| | Not Quiescent ... | 8 | 6 | — | 3 | 2 | — | 2 | 3 | 1 | 1 | 1 | 1 | 28 |
| | Died in Institution | 1 | 12 | — | 1 | — | — | — | — | — | — | — | — | 14 |
| Class T.B. + Group II. | Quiescent ... | 1 | — | — | 5 | 7 | — | 5 | 8 | — | 1 | — | — | 27 |
| | Not Quiescent ... | 12 | 17 | — | 18 | 16 | — | 12 | 7 | — | 3 | 3 | — | 88 |
| | Died in Institution | — | 3 | 1 | 2 | 4 | — | — | — | — | 1 | 2 | — | 13 |
| Class T.B. + Group III. | Quiescent ... | 2 | — | — | 10 | 1 | — | 9 | 6 | — | 4 | 2 | — | 34 |
| | Not Quiescent ... | 24 | 23 | 2 | 37 | 15 | 1 | 29 | 14 | — | 15 | 5 | 1 | 166 |
| | Died in Institution | 34 | 20 | — | 14 | 5 | — | 12 | 4 | — | 8 | 1 | — | 98 |
| | Totals ... | 220 | 204 | 9 | 363 | 172 | 40 | 147 | 66 | 97 | 45 | 24 | 26 | 1413 |

^a Classification according to Memo. 37/T.

(b) Non-Pulmonary Cases.

| Classification on Admission. | Condition at time of discharge | Duration of Treatment in the Institution. | | | | | | | | | | | | Total |
|------------------------------|--------------------------------|---|----|-----|------------|----|-----|-------------|----|-----|---------------------|----|-----|-------|
| | | Under 3 months | | | 3-6 months | | | 6-12 months | | | More than 12 months | | | |
| | | M. | W. | Ch. | M. | W. | Ch. | M. | W. | Ch. | M. | W. | Ch. | |
| Bones and Joints. | Quiescent ... | 3 | 1 | 5 | 2 | 1 | 7 | 8 | 3 | 15 | 1 | — | 26 | 72 |
| | Not Quiescent ... | 9 | 10 | — | 9 | 3 | 5 | 6 | 3 | 2 | 5 | 4 | 4 | 60 |
| | Died in Institution | 1 | — | — | 2 | — | — | — | — | — | 1 | — | — | 4 |
| Abdominal | Quiescent ... | 1 | 1 | 2 | 1 | 3 | 4 | 2 | — | 7 | 1 | — | 1 | 23 |
| | Not Quiescent ... | 3 | 4 | 6 | 2 | 1 | — | 1 | — | 4 | 1 | — | — | 22 |
| | Died in Institution | — | — | 1 | — | — | — | — | — | — | — | — | — | 1 |
| Other organs. | Quiescent ... | 2 | — | — | 2 | — | — | — | — | 2 | — | — | 1 | 7 |
| | Not Quiescent ... | 7 | 5 | — | 3 | 2 | — | — | 1 | 1 | — | — | — | 19 |
| | Died in Institution | 1 | — | — | 1 | — | — | — | — | — | — | — | — | 2 |
| Peripheral Glands. | Quiescent ... | 1 | 2 | 5 | — | 1 | 6 | — | — | 29 | — | — | — | 44 |
| | Not Quiescent ... | 6 | 4 | 7 | 1 | 1 | 5 | — | — | 15 | — | — | 5 | 44 |
| | Died in Institution | — | 1 | — | — | — | — | — | — | — | — | — | — | 1 |
| | Totals ... | 34 | 28 | 26 | 23 | 12 | 27 | 17 | 7 | 75 | 9 | 4 | 37 | 299 |

Shewing the results of **Observation** of doubtfully tuberculous cases discharged during 1931 from institutions.

| | | For Pulmonary Tuberculosis. | | | | | | For Non-Pulmonary Tuberculosis. | | | | | | Totals. | | | |
|-----------------|-----|-----------------------------|----|-----|--------------------|----|-----|---------------------------------|----|-----|--------------------|----|-----|---------|----|-----|--|
| | | Stay under 4 weeks. | | | Stay over 4 weeks. | | | Stay under 4 weeks. | | | Stay over 4 weeks. | | | | | | |
| | | M. | F. | Ch. | M. | F. | Ch. | M. | F. | Ch. | M. | F. | Ch. | M. | F. | Ch. | |
| Tuberculous | ... | 70 | 6 | 2 | 4 | 15 | 28 | 5 | — | 1 | 1 | 2 | 6 | 80 | 23 | 37 | |
| Non-Tuberculous | | 56 | 2 | — | 1 | 22 | 28 | — | — | 1 | — | — | 9 | 57 | 24 | 38 | |
| Doubtful | ... | 10 | 4 | 7 | — | 1 | 25 | — | — | 2 | — | — | 2 | 10 | 5 | 36 | |
| Totals. | | 136 | 12 | 9 | 5 | 38 | 81 | 5 | — | 4 | 1 | 2 | 17 | 147 | 52 | 111 | |

Institutional Treatment, 1931. Irregular Discharges.

| Institution | Irregular Discharges during 1931 | |
|---|-------------------------------------|---|
| | Number of Discharges (all patients) | Percentage of Discharges taking place before completion of treatment* |
| <i>Adults.—Pulmonary</i> | | |
| Middleton Sanatorium ... | 682 | 14 |
| Mitchell Memorial Home ... | 82 | 24 |
| Oakwood Hall ... | 68 | 27 |
| Cardigan Sanatorium ... | 167 | 24 |
| Crookhill Hall Receiving Home ... | 89 | 24 |
| Dean Head Sanatorium ... | 152 | 32 |
| Morton Banks Sanatorium ... | 111 | 29 |
| <i>Children.—Pulmonary.</i> | | |
| Various Sanatoria, including Eldwick, Wyton, Highwood, Wensleydale, Stanhope. | 333 | 6 |

* Includes discharges due to domestic worries, and severely ill patients who are not likely to recover and desired home by relatives, etc.

Average Institutional Waiting List for the Years 1925—1931.

| Year | Pulmonary | | | Non-Pulmonary | | | Totals |
|------|-----------|--------|----------|---------------|--------|----------|--------|
| | Male | Female | Children | Male | Female | Children | |
| 1925 | 193 | 128 | 323 | 6 | 6 | 37 | 693 |
| 1926 | 123 | 111 | 280 | 14 | 5 | 38 | 571 |
| 1927 | 80 | 82 | 76 | 7 | 3 | 28 | 276 |
| 1928 | 179 | 110 | 120 | 10 | 3 | 30 | 452 |
| 1929 | 162 | 105 | 83* | 14 | 6 | 24 | 394 |
| 1930 | 159 | 94 | 63* | 12 | 10 | 27 | 365 |
| 1931 | 97 | 76 | 72* | 9 | 3 | 28 | 285 |

* Includes children suffering from intra-thoracic glandular conditions.

The average waiting period prior to admission to institutions during 1931 was as follows:—

- (a) Sanatoria. Males, 7 weeks. Females, 9 weeks. Children 9 weeks.
 (b) Orthopaedic Hospitals. Adults and children, 3 months.

During 1931 the following admissions and discharges were recorded at the various institutions:—

| | Total Admissions (including children) | Total Discharges (including children) |
|---------------------------|---------------------------------------|---------------------------------------|
| Sanatoria ... | 1693 | 1712 |
| Orthopaedic Hospitals ... | 150 | 146 |

MIDDLETON-IN-WHARFEDALE SANATORIUM.

Dr. T. CAMPBELL—Medical Superintendent.

Classification of cases admitted during 1931:—

| | | | | | |
|--------------------|------------|-----|-----|-----|-----|
| (a) Pulmonary | | | | | |
| Class T.B. minus | ... | ... | ... | ... | 330 |
| Class T.B. plus | Group I. | ... | ... | ... | 8 |
| „ | Group II. | ... | ... | ... | 37 |
| „ | Group III. | ... | ... | ... | 132 |
| (b) Non-pulmonary. | | | | | |
| Bones and joints | ... | ... | ... | ... | 8 |
| Abdominal | ... | ... | ... | ... | 16 |
| Other Organs | ... | ... | ... | ... | 1 |
| Peripheral glands | ... | ... | ... | ... | 3 |
| (c) Observation | ... | ... | ... | ... | 146 |

Classification of pulmonary cases according to Memo 37/T.

Dr. Campbell reports as follows:—

Of the Pulmonary cases admitted for treatment during the year 34.9 per cent. had tubercle bacilli in the sputum; and of the latter 74 per cent. were in Stadium III. This confirms the experience of former years—that while many cases are detected in the early stage before breaking down of pulmonary tissue has occurred, comparatively few cases present themselves for treatment in the intermediate stage—of early softening. Many patients obviously continue to work without submitting to medical examination until failure of vigour is very marked and obvious even to their relatives. It is still a constant experience that with patients in the earlier stages it is difficult to induce them to remain under treatment for the period necessary to secure quiescence of the disease; and that it is those with advanced disease who occupy beds for a prolonged period, though an eventual good result is unlikely of attainment. The routine treatment has been supplemented as in former years by artificial pneumo-thorax as detailed in a separate schedule; but this is accepted in many instances by patients in an advanced stage, in whom complete arrest of the disease is unlikely to be reached. It may be used with beneficial effect in arresting hæmorrhage from the lungs.

Sanocrysin administration has been employed in a few cases with the object of getting rid of the tubercle bacilli, which it appears to effect by an inflammatory reaction and not through any specific action of the nature of a tuberculinisation. It is not invariably successful, but its value is such as to make its trial in suitable cases worth the expenditure.

Surgical treatment in the form of rib re-section was called for in one case of pyo-pneumo-thorax; while in others the condition was so grave as to negative any interference.

A number of patients with bone, joint, and gland disease have been treated with sunlight treatment and Ultra-Violet light; and the work of this department is now carried on under conditions which are a great improvement on those of former years. A large well-lit, airy room has been specially adapted and set apart for the purpose, and two lamps have been added to the equipment, so that now the sources of ultra-violet light available include a tungsten arc, a large quartz mercury vapour lamp, and a K.B.B. lamp for local treatment. These improvements have increased the efficiency of the department, and have considerably facilitated treatment.

SUMMARY OF THE WORK OF THE ULTRA-VIOLET-LIGHT DEPARTMENT
FOR THE YEAR, 1931.

A total of 65 patients received treatment by U.V.L. as follows:—

| | | | | |
|--|-----|----------------------|-----|----|
| General Irradiation | ... | ... | ... | 30 |
| Local Irradiation | ... | ... | ... | 34 |
| Both General and Local Irradiation | ... | ... | ... | 1 |
| No. of patients who completed treatment | ... | ... | ... | 43 |
| No. of patients who left prematurely | ... | ... | ... | 4 |
| No. of patients continuing treatment | ... | ... | ... | 18 |
| Patients with no pulmonary involvement | 21 | | | |
| Patients with pulmonary involvement | 44 | (Sputum - T.B. = 29) | | |
| | | (Sputum + T.B. = 15) | | |
| No. of patients treated for Tuberculous lesions only | ... | ... | ... | 47 |
| No. of patients treated for Non-Tuberculous lesions only | ... | ... | ... | 15 |
| No. of patients treated for both types of lesion | ... | ... | ... | 3 |

12 of the above patients had multiple lesions, whether Tuberculous or otherwise.

Tuberculous conditions treated:—Abdominal (mesenteric glands, peritonitis, enteritis), 18. Cervical and other lymphatic glands, 5. Pleuro-pulmonary, 4. Lupus, 4. Scrofuloderma, 2. Rib abscesses, 3. Subcutaneous abscesses, 2. Sternal abscesses, 2. Knee joint, 4. Hip joint 2, ankle 2. Sterno-clavicular, 1. Spinal caries, 1.

Non-Tuberculous conditions treated:—Sciatica, 3. Fibrositis, 3. Multiple Arthritis, 3. Arthritis of Knees, 1. Spondylitis, 1. Acne Vulgaris, 3. Psoriasis, 2. Alopecia, 2.

Results of Treatment:—

| | Sputum + T.B. | Sputum - T.B. | Total |
|---------------------------------|------------------|------------------|-------|
| Patients cured or much improved | 4 | 32 | 36 |
| Patients moderately improved | 4 | 9 | 13 |
| Patients slightly improved | 2 | 4 | 6 |
| Patients in Statu Quo | — | 4 | 4 |
| Patients worse or dead | 5 | 1 | 6 |
| Total | 15 | 50 | 65 |

10 out of 15 patients with positive sputum, and 28 out of 29 patients with pulmonary involvement but negative sputum, all derived some degree of benefit from U.V.L. therapy, so it can be definitely stated that in the great majority of our cases U.V.L. appears to have no deleterious effect upon pulmonary lesions (provided that reasonable care is exercised and overdosing avoided). Of the six patients who were worse, or died after U.V.L. therapy, five had very advanced pulmonary disease, with positive sputum and a definitely bad prognosis; the sixth case, while having no recognisable pulmonary involvement, developed intracranial lesions.

The **total attendances** for treatment numbered 3,227; i.e., an average of 49 attendances per patient.

The **total hours** of irradiation numbered 965, i.e., an average of 14.8 hours per patient.

Dosage is varied according to the needs and tolerance of the individual patients, but as a rule the standard dosage is found to suit the majority. For **General Irradiation**, 20 minutes exposure is the usual single dose; while for **Local Irradiation**, the times range from 1 minute (with the K.B.B. lamp) up to 15 minutes (with other lamps).

All patients are required to attend three times each week, except in the case of those treated with the K.B.B. Lamp.

Graduated labour continues to be a feature of treatment, to improve the muscular vigour of patients with a view to their resumption of work; and it is interesting to note that many of the men are able to find alternative employment in a more healthful occupation after their discharge. To give an indication of the proportion of patients who are able to undertake graduated labour it may be stated that on an average this figure is 27 per cent., of whom a fourth are allowed to perform light tasks; and three-fourths to undertake the heavier grades—including gardening; carpentry; care of pigs and poultry. The canteen and the library are also carried on by patients as an interesting form of grade work; and the profits of the former amounting to £3 7s. 6d. weekly were transferred to the patients' benevolent fund.

The therapeutic handicrafts section continues its useful activities under the instructor; and on an average 112 patients—i.e., 37 per cent. of those in residence—are able to take advantage of it.

The profits derived from it, amounting to £24 4s. 5d. have been transferred to the patients' benevolent fund. The instructor reports that: "During the year 393 patients have attended the occupational therapeutic section. The work which has been done has been varied in character; thus the cobbling department has repaired 419 pairs of boots, and in addition 224 pairs for necessitous cases, making a total of 643 pairs.

The Fancy Leather section has made 622 purses, 81 cigarette cases, 118 pochettes, 52 handbags, 26 wallets and 14 serviette rings. Other articles have also been made and this section is undoubtedly the most popular craft.

Another section relating to Rush work, Raffia work, Rug work and Pewter foil work was responsible for the making of 4 wool rugs, 16 raffia mats, 2 pairs of raffia slippers, pewter foil fire screens, pewter foil photo frames, pewter foil tea tray, pewter foil cigarette box.

The Woodwork section is no doubt the most difficult, owing to the variety of tools used and the manipulative skill required in the handling of them. This section has done work more of the cabinet class than hitherto, such as chests of drawers, store cupboards, stool frames for rush work, wood foundations for the pewter foil work; music and wireless cabinets, bath and music stools and 94 frames for making silk mats.

This year the production of wool has been sacrificed temporarily for the breeding of stock. From the original 24 rabbits the number has increased to 55 which of course will mean a larger yield of rabbit wool in the future.

Taking the work as a whole, patients are beginning to take more pride in the craftsmanship of the work done, and better results are being obtained.

The Library now contains 4,000 books, and from these 7,236 issues have been made during the year—mostly of the class of fiction.

The Chapel has had the support of a choir of 20 members formed by the patients, and this has enabled the services to be more choral than it would otherwise have been—hymns, psalms and responses all being sung."

Radiography. This indispensable department has proved its usefulness in an extended degree, and in addition to hundreds of screen examinations, has contributed to 366 X-Ray photographs, as detailed below, 176 being taken for purposes of diagnosis. In 6 cases opaque meals were given for the investigation of gastric conditions; and artificial pneumo-thorax treatment has been controlled by radioscopic examination throughout.

X-Ray Examinations.

For Diagnosis:—

Pulmonary

| | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|----|
| Positive | ... | ... | ... | ... | ... | ... | 80 |
| Negative | ... | ... | ... | ... | ... | ... | 69 |

Non-Pulmonary

| | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|----|
| Positive | ... | ... | ... | ... | ... | ... | 13 |
| Negative | ... | ... | ... | ... | ... | ... | 12 |

In connection with Artificial Pneumo-Thorax ... 79

For confirmation or to test progress ... 105

Barium meals ... 6

Re-fractures ... 2

Total ... 366

Provision of Clothing. In former years the supply of necessary articles of clothing was dependant on gifts from outside sources; but under the scheme now in operation the County Council provides for the necessities of patients who are unable to meet these themselves, by granting the articles on loan. This has added to the comfort of many of the patients, as will be understood from the fact that during the past twelve months 251 have had articles provided for them, including the supply of 42 suits of outer clothing, and 53 pairs of boots.

The number of patients in residence who have had clothing provided is 55, and in 141 cases patients were allowed to retain some articles which were unsuitable for returning to stock.

Artificial Pneumothorax Treatment in Middleton Sanatorium, 1931.

| Case No. | Group (Turban Gerhardt) | Indication for Induction. | Date of first Operation and period continued. | Result | Remarks |
|----------|-------------------------|---|---|----------------------------|---|
| 1 | III. (R3L3) | To check toxæmia | 12.7.29 (2 years) | Improvement | T.B. still present |
| 2 | III. (R3L2) | do. do. | 28.10.29 (20 months) | do. | T.B. still present (trial of Sanocrysin) |
| 3 | III. (L3R3) | do. do. | 15.3.30 (14 months) | Temporary improvement | Mitral disease and effusion resulted |
| 4 | III. (R3L1) | do. do. | 19.6.30 (16 months) | Quiescence secured | T.B. disappeared—following Sanocrysin |
| 5 | III. (L3R2) | Commenced before admission in another Institution | 1.10.30 (6 months) | Quiescence secured | T.B. disappeared—following Sanocrysin |
| 6 | III. (R3L2) | To check toxæmia | 15.10.30 (6 months) | Temporary improvement | Discontinued owing to physical condition |
| 7 | III. (L3R3) | For marked toxæmia | 24.10.30 (6 months) | Marked initial improvement | Terminated fatally—blood stream infection |
| 8 | III. (R3L1) | To check toxæmia | 4.11.30 (6 months) | Improvement | Discontinued owing to tension developing |
| 9 | III. (R3L1) | do. do. | 22.11.30 (continuing) | Improving | Still under treatment |
| 10 | III. (R3L1) | do. do. | 5.12.30 (5 months) | Improvement | Left of own accord prematurely |
| 11 | III. (L3R3) | do. do. | 11.12.30 (3 months) | I.S.Q. | Left prematurely |
| 12 | III. (R3L2) | For marked toxæmia | 26.12.30 (continuing) | Striking improvement | Still under treatment |
| 13 | III. (R3L2) | To check toxæmia | 14.2.31 (continuing) | Improving | do. do. do. |
| 14 | III. (R3L2) | do. do. | 20.2.31 (9 months) | Marked improvement | T.B. disappeared |
| 15 | II. (R2L1) | do. do. | 12.3.31 (7 months) | Improved | Left (treatment continued at Dispensary) |
| 16 | III. (R3) | do. do. | 25.3.31 (continuing) | Improving | Still under treatment |
| 17 | III. (L3R2) | For hæmoptysis | 8.4.31 (continuing) | Improving | do. do. do. |
| 18 | III. (L3R2) | To check toxæmia | 8.4.31 (continuing) | Improving | do. do. do. |
| 19 | III. (R3L2) | do. do. | 30.4.31 (continuing) | Slight improvement | do. do. do. |
| 20 | III. (R3L1) | do. do. | 8.5.31 (6 months) | Improved | Discontinued owing to tension |
| 21 | II. (R2L1) | do. do. | 9.5.31 (continuing) | Improving | Still under treatment |
| 22 | III. (L3R2) | do. do. | 20.5.31 (continuing) | Improving | do. do. do. |
| 23 | III. (R3L1) | do. do. | 2.6.31 (continuing) | Slight improvement | do. do. do. |
| 24 | III. (R3L1) | do. do. | 12.6.30 (8 months) | Quiescence secured | T.B. disappeared—following Sanocrysin |
| 25 | III. (R3L2) | do. do. | 13.6.31 (continuing) | Improving | Still under treatment |
| 26 | III. (R3L3) | do. do. | 29.6.31 (4 months) | Improving | Pathological pneumothorax supervened |
| 27 | III. (R3L3) | do. do. | 18.7.31 (continuing) | Improving | Still under treatment |
| 28 | III. (L3R2) | do. do. | 25.7.31 (5 months) | Not Improved | Discontinued, being ineffective |
| 29 | III. (R3L1) | do. do. | 18.9.31 (3 months) | I.S.Q. | Left prematurely |
| 30 | III. (R3L2) | do. do. | 18.9.31 (3 months) | I.S.Q. | Left (being continued at Dispensary) |
| 31 | III. (L3R2) | do. do. | 24.9.31 (3 months) | I.S.Q. | Left prematurely |
| 32 | III. (R3L1) | do. do. | 1.10.31 (continuing) | — | Still under treatment |
| 33 | II. (L2R1) | do. do. | 2.10.31 (continuing) | — | do. do. do. |
| 34 | III. (L3R2) | For hæmoptysis | 7.10.31 (continuing) | — | do. do. do. |
| 35 | III. (R3L3) | To check toxæmia | 20.10.31 (continuing) | — | do. do. do. |
| 36 | III. (R3L2) | do. do. | 22.10.31 (continuing) | — | do. do. do. |
| 37 | III. (L3R2) | do. do. | 28.11.31 (continuing) | — | do. do. do. |
| 38 | III. (L3R3) | do. do. | 1.12.31 (continuing) | — | do. do. do. |
| 39 | III. (R3L3) | do. do. | 15.12.31 (continuing) | — | do. do. do. |
| 40 | III. (L3R2) | do. do. | 23.12.31 (continuing) | — | do. do. do. |

MIDDLETON SANATORIUM.

Immediate Results of Treatment of Patients Discharged during 1931.

| Classification on admission to the Institution* | Condition at time of Discharge | Duration of Residential Treatment | | | | Totals |
|---|--------------------------------|-----------------------------------|---------------|----------------|---------------------|--------|
| | | Under 3 months | 3 to 6 months | 6 to 12 months | More than 12 months | |
| Pulmonary Tuberculosis. | Class | 8 | 111 | 22 | 3 | 144 |
| | T.B. ... | 98 | 96 | 22 | 6 | 222 |
| | Minus | 5 | 2 | 2 | 0 | 9 |
| | Class | 0 | 4 | 0 | 0 | 4 |
| | T.B. + | 6 | 2 | 1 | 0 | 9 |
| | Group | 1 | 1 | 0 | 0 | 2 |
| | I. | | | | | |
| | Class | 0 | 3 | 1 | 1 | 5 |
| | T.B. + | 9 | 13 | 9 | 1 | 32 |
| | Group | 0 | 1 | 0 | 1 | 2 |
| | II. | | | | | |
| | Class | 0 | 0 | 4 | 4 | 8 |
| Non-Pulmonary Tuberculosis. | T.B. + | 18 | 13 | 27 | 12 | 87 |
| | Group | 22 | 11 | 8 | 4 | 45 |
| | III. | | | | | |
| | Bones | 0 | 1 | 2 | 0 | 3 |
| | and | 3 | 5 | 1 | 2 | 11 |
| | Joints | 1 | 1 | 0 | 1 | 3 |
| | | | | | | |
| | Abdominal | 0 | 1 | 2 | 1 | 4 |
| | | 2 | 2 | 1 | 1 | 6 |
| | | 0 | 0 | 0 | 0 | 0 |
| | Other | 0 | 2 | 0 | 0 | 2 |
| | Organs | 0 | 3 | 0 | 0 | 3 |
| | | 0 | 0 | 0 | 0 | 0 |
| | Peripheral | 0 | 0 | 0 | 0 | 0 |
| | Glands | 1 | 1 | 0 | 0 | 2 |
| | | 0 | 0 | 0 | 0 | 0 |

* Classification according to Memo. 37/T.

ELDWICK SANATORIUM.

DR. MARGARET SHARP—Medical Superintendent.

Dr. Sharp reports :—

"83 children were admitted during the year, and the same number discharged. 26 of those admitted were for purposes of observation and diagnosis, and of these 16 were discharged as showing no evidence of tuberculosis. Of the total number, 64 were girls of from 3 to 14 years of age, and 19 were boys of from 3 to 9 years of age.

Of the cases treated, 36 were phthisis or mediastinal glands : 23 were peripheral glands, 7 abdominal tuberculosis and one elbow joint.

Table shewing immediate results of treatment of patients discharged during 1931.

| Classification on Admission | Condition at time of discharge | Duration of Residential Treatment. | | | | Totals | |
|-----------------------------|--------------------------------|------------------------------------|---------------|----------------|---------------------|--------|----|
| | | Under 3 months | 3 to 6 months | 6 to 12 months | More than 12 months | | |
| Pulmonary Tuberculosis | Class T.B. Minus | Quiescent ... | — | 5 | 9 | — | 14 |
| | | Not quiescent ... | — | 6 | 12 | — | 18 |
| | | Died in Sanatorium | — | — | — | — | — |
| | Class T.B. + Group I. | Quiescent ... | — | — | — | — | — |
| | | Not quiescent ... | — | — | — | — | — |
| | | Died in Sanatorium | — | — | — | — | — |
| | Class T.B. + Group II | Quiescent ... | — | — | — | — | — |
| | | Not quiescent ... | — | — | — | — | — |
| | | Died in Sanatorium | — | — | — | — | — |
| | Class T.B. + Group III | Quiescent ... | — | — | — | — | — |
| | | Not quiescent ... | 2 | 1 | — | 1 | 4 |
| | | Died in Sanatorium | — | — | — | — | — |
| Non-Pulmonary Tuberculosis | Bones and Joints | Quiescent ... | — | — | 1 | — | 1 |
| | | Not quiescent ... | — | — | — | — | — |
| | | Died in Sanatorium | — | — | — | — | — |
| | Abdominal | Quiescent ... | — | 1 | 2 | — | 3 |
| | | Not quiescent ... | 3 | — | 1 | — | 4 |
| | | Died in Sanatorium | — | — | — | — | — |
| | Peripheral Glands | Quiescent ... | — | 3 | 9 | — | 12 |
| | | Not quiescent ... | — | 2 | 7 | 2 | 11 |
| | | Died in Sanatorium | — | — | — | — | — |

Radiography (of cases discharged during 1931). 29 cases were examined. Of these, 13 gave positive results, 14 negative and 2 doubtful. 15 were observation cases for diagnosis. Of the remainder, some were examined to estimate the extent of disease in the lungs: some were gland or abdominal cases in which it was desired to know if the chest was also affected. In one case of glands in the neck, the cervical spine was examined and found to be affected.

Dental Treatment. All the children in the sanatorium are examined by a visiting dentist every three months. The great majority have a number of teeth in a state of advanced caries, only to be treated by extraction.

Tonsils and Adenoids were removed for 12 children, all of whom had persistently enlarged and unhealthy tonsils. Apart from the local improvement, direct benefit to the general condition was only noted in two cases. One of these had considerable masses of cervical glands which had been very little affected by the previous treatment, but went down rapidly when the tonsils were removed.

Ultra-Violet Light Treatment. (For cases discharged during 1931). In the following table the term quiescent applied to lung or abdominal cases implies complete absence of symptoms over a period of at least two or three months. Applied to cases of cervical glands, it means that the glands are not only stationary in size, but small and hard, suggesting calcification, or that they have entirely disappeared. This term has not been used where one or more glands, though stationary, are of some size and comparatively soft.

Results are described as "good" when the final condition is regarded as quite satisfactory, but it does not necessarily mean that this result is due to the action of the light rather than to the treatment. When it has been possible to decide that the result was, or was not, definitely due to the light, the fact is stated in the "remarks" column.

In a few doubtful cases of anaemia and debility, the mercury vapour lamp was used for this purpose. When a small number of applications produced rapid improvement, it was concluded that there was no active tuberculosis."

Eldwick Sanatorium. Record of Ultra Violet Light Treatment, 1931.

(A) GENERAL IRRADIATION.

| Case No. | Condition | Treatment commenced | Duration of exposure (hours) | Result | Remarks |
|----------|---|---------------------|------------------------------------|--|---|
| 1 | Cervical glands | 2.10.30 | 29½ | Much improved. Quiescent. Good result. | |
| 2 | Pulmonary Class I | 2.10.30 | 12 | Much improved. Quiescent. Good result. | |
| 3 | Tabes Mesenterica | 2.10.30 | 26½ | Much improved. Quiescent. Very good result. | Definite benefit. |
| 4 | Cervical glands | 1.11.30 | 52½ | Much improved. Quiescent. Good result. | Some benefit. |
| 5 | Pre-tubercular | 15.11.30 | 3½ | Much improved. Quiescent. | Stopped for loss of weight. |
| 6 | T.B. elbow with discharging sinus | 1.11.30 | 26½ | Cured with Fixed Joint. Very good result. | Marked benefit, very susceptible at first. |
| 7 | Cervical glands | 15.10.30 | 43½ | Much improved. Quiescent. Good result. | |
| 8 | do. and iritis | 15.10.30 | 46½ | " " " | |
| 9 | Pulmonary, Class I | 21.2.31 | 1½ | Much improved. | Stopped for skin rash. |
| 10 | Cervical glands | 3.12.30 | 14½ | Much improved. Quiescent. Good result. | |
| 11 | Abdominal T.B. | 9.11.30 | 33½ | Much improved. Good result. | |
| 12 | Pre-tubercular | 11.12.30 | 8 | " " " | Stopped for loss of weight and |
| 13 | Pulmonary, Class I | 15.11.30 | 20½ | " " Fair result. | somnolence. |
| 14 | Chronic catarrh of lung | 24.1.31 | 33½ | " " Good result. | No benefit to glands from light. |
| 15 | Cervical glands | 22.10.30 | 61 | " " " | Marked benefit to general condition. |
| 16 | Cervical glands plus apex of R. lung | 19.3.31 | Carbon arc 3½ HgV. 4½ | " " " | |
| 17 | Pulmonary, Class II | 21.2.31 | 19 | Moderate improvement. Poor result. | |
| 18 | Pulmonary, Class I | 28.5.31 | 15½ | Much improved. Quiescent. Good result. | |
| 19 | Glands and bronchial catarrh | 28.5.31 | 9½ | Much improved. Good result. | Definite benefit to bronchitis |
| 20 | Tabes Mesenterica (after operation) | 29.11.30 | 65 | Much improved. Quiescent. Good result. | |
| 21 | do. | 9.6.31 | 16 | Much improved. Quiescent. Good result. | Definite benefit to general health. |
| 22 | Pulmonary, Class I | 21.7.31 | 10½ | Slightly improved. Poor result. | |
| 23 | Cervical glands | 4.10.30 | 50½ | Much improved. Good result. | |
| 24 | Glands, Neck | 21.7.31 | 18½ | " " " | |
| 25 | do. | 29.8.31 | 4 | Much improved. | No benefit from light, but course very short. |
| 26 | do. | 27.6.31 | 19½ | Moderately improved. Poor result. | |
| 27 | do. | 21.2.31 | Carbon arc 22½ HgV. 3½ | Much improved. Good result. | |
| 28 | Cervical glands and groin, skin lesions | 8.10.30 | Carbon arc 5½ | " " " | Stood light badly. Abandoned after several attempts. |
| 29 | Cervical glands | 15.1.30 | Carbon arc 10½ HgV. 6½ | " " " | Definite benefit with HgV. lamp only. |
| 30 | do. | 21.2.31 | Carbon arc 3½ HgV. 3 | " " " | |
| 31 | Pulmonary, Class I | 4.10.30 | Carbon arc 17½ HgV. 7½ | Much improved. Quiescent. Good result. | Definite benefit from light. |
| 32 | Anæmia | 9.2.31 | 1½ | " " " | Lamp for diagnosis not T.B. |
| 33 | Chronic Bronchitis | 3.10.30 | 6½ | Much improved. | Stopped for loss of weight. Did better without light. |
| 34 | Hilus T.B. | 16.11.30 | 8½ | Much improved. Quiescent. Good result. | |
| 35 | Cervical glands | 4.10.30 | 11 | Much improved. Good result. | |
| 36 | do. | 8.10.30 | 10½ | Much improved. Quiescent. Good result. | Stopped eventually for skin rash. |
| 37 | do. | 4.12.30 | 7 | " " " | |
| 38 | Glands, Neck | 4.11.30 | 12½ | " " " | |
| 39 | For diagnosis (? lungs) | 5.6.31 | 2 | No active T.B. | Rapid benefit from lamp. |
| 40 | Pre-tubercular | 23.2.31 | 11½ | Much improved. Good result. | |
| 41 | Pulmonary, Class I | 17.4.31 | 1½ | Much Improved. | Stopped for adverse effects. |
| 42 | Hilus T.B. | 3.6.31 | 7½ | Much improved. Good result. | |
| 43 | Glands, Neck | 27.5.31 | HgV. 8 mins. | Transferred for cervical caries | Stopped for increase in glands. |
| 44 | Pre-tubercular | 16.9.31 | C.A. 4 hrs. HgV. 2½ C.A. 15½ | Much improved. Quiescent. Good result. | |
| 45 | For diagnosis, Anæmia | | 1 | No evidence of T.B. | Rapid benefit from lamp. |
| 46 | Cervical glands | 3.10.30 | 11 | Much improved. Quiescent. Good result. | |
| 47 | do. | 4.10.30 | 10½ | Much improved. Quiescent. | Definite benefit to glands |
| 48 | Pre-tubercular | 30.4.30 | 12½ | Much improved. Good result. | |
| 49 | Cervical glands | 8.10.30 | 12 | " " " | |

(B) LOCAL EXPOSURES.

| Case No. | Condition | Treatment commenced | Duration of exposure (hours) | Result | Remarks |
|----------|---|---------------------|------------------------------|--|--|
| 20 | Tabes Mesenterica (Keloid Scar) | 15.12.30 | 5 | Keloid condition of scar cured | Also received general treatment Also received general treatment |
| 21 | Tabes Mesenterica | 5.6.31 | 1½ | Scar greatly improved | |
| 28 | Cervical glands, also groin discharging | 25.10.31 | 1½ | Doubtful benefit. General applications harmful and had to be discontinued. | |
| 36 | Cervical glands, one discharging | 21.10.30 | 2½ | Doubtful benefit. Sinus eventually cured by scraping | |

Other methods of Treatment.—Breaking-down glands have been treated by aspiration and injection of Calot's fluid, usually with success. One advanced case of phthisis, with long periods of pyrexia, was treated with iodised cod-liver-oil cream and injections of collosol calcium, and improved markedly after the treatment was adopted. Of two other less advanced cases, one was improved; the other not. This method is being given further trial.

Clothing was supplied to 10 children.

CARDIGAN SANATORIUM.

DR. G. S. JOHNSTON—Medical Superintendent.

The Medical Superintendent reports:—

During the year, 166 cases were admitted and were classified as follows:—

(a) Pulmonary Cases. For treatment

T.B. Negative 93.

T.B. positive, Class I., 15. Class II 27. Class III 17.

Total 59.

Five pulmonary cases were sent for diagnosis, three of whom were considered not to have tuberculosis and two were retained for treatment.

(b) Non-pulmonary cases. Nine were admitted for treatment: two suffered from tuberculosis of bone, 6 from tuberculous glands in the neck and one from tuberculosis in the abdomen.

The discharged patients are classified according to their condition at the end of their stay—see table below.

Table showing immediate results of treatment during 1931.

| Classification on Admission | | Condition at time of discharge | Duration of residential Treatment | | | | Totals |
|-----------------------------|------------------|--------------------------------|-----------------------------------|------------|-------------|---------------------|--------|
| | | | Under 3 months | 3-6 months | 6-12 months | More than 12 months | |
| Pulmonary Tuberculosis | Class | Quiescent ... | 26 | 52 | — | — | 78 |
| | T.B. | Not quiescent ... | 10 | 2 | — | — | 12 |
| | Minus | Died in Sanatorium | — | — | — | — | — |
| | Class | Quiescent ... | 2 | 4 | — | — | 6 |
| | T.B. + | Not quiescent ... | 2 | — | — | — | 2 |
| | Group I | Died in Sanatorium | — | — | — | — | — |
| | Class | Quiescent ... | — | 6 | 5 | — | 11 |
| | T.B. + | Not quiescent ... | 4 | 7 | 1 | — | 12 |
| | Group II | Died in Sanatorium | — | — | — | — | — |
| | Class | Quiescent ... | — | 1 | 4 | 2 | 7 |
| | T.B. + | Not quiescent ... | 6 | 7 | 7 | 2 | 22 |
| | Group III | Died in Sanatorium | 2 | — | — | — | 2 |
| Non-Pulmonary Tuberculosis | Bones and Joints | Quiescent ... | — | 2 | — | — | 2 |
| | | Not quiescent ... | — | — | — | — | — |
| | | Died in Sanatorium | — | — | — | — | — |
| | Glands | Quiescent ... | — | 1 | — | — | 1 |
| | Peripheral | Not quiescent ... | 1 | 1 | — | — | 2 |
| | | Died in Sanatorium | — | — | — | — | — |

The number of cases giving a positive sputum result is higher than in previous years, viz. 59. In addition to this number, tubercle bacilli were found or otherwise proved to be present in material—pus, etc.—from seven other patients. In one pulmonary case in which all efforts to secure a sample of sputum failed, the bacilli were found in the stomach contents later by Dr. Moll of Leeds. If this method of examination were resorted to oftener in women patients who unconsciously swallow their expectoration, the percentage of positive cases would undoubtedly be higher. In addition to the resident patients, 13 ex-patients attended at intervals for continuation of artificial pneumothorax treatment.

In considering special methods of treatment, one must not lose sight of the general principles and the excellent results of a well-conducted sanatorium regime in general. Special methods of treatment, evaluated properly, are merely an extension in one direction in specially selected cases of one or other of the fundamental principles underlying the treatment of tuberculosis. Thus, artificial pneumothorax treatment, which was found to be suitable for 16 new cases, is a special application of the principle. Rest unfortunately is limited in its applicability to a certain percentage of the patients as a whole. In the same class may be placed the measures producing partial permanent and total permanent collapse of a diseased lung, viz., phrenic evulsion and thoracoplastic operation. These latter have a wider scope in that they are often called for to save the advanced case and to counteract bad complications. It was only in the latter part of the year that the services of a surgeon became available, but nevertheless a most successful thoracoplasty was done on a patient. In three other cases a phrenic evulsion was performed as an adjunct to artificial pneumothorax treatment. Thus while there is ample scope for the surgeon in the treatment of tuberculosis, there is a still wider field where his skill aids or completes the work begun by the sanatorium and its staff. The full results of pneumothorax treatment are given in tabular form (see table).

Among other special methods of treatment, the Gold or Sanocrysin treatment was tried in 11 cases. The object of this treatment is to kill the tubercle bacilli in the body. It is well known that one of the results of sanatorium treatment is the diminution of sputum and the number of micro-organisms in it. This is a natural sequel to the removal of a patient from a dusty germ-laden atmosphere to the pure air of the country, and provided that the disease is not too advanced and given sufficient time, the local lesion tends to heal. Of the 11 cases treated, six were undergoing pneumothorax treatment as well. Both lungs were affected, one being controlled by the pneumothorax, the object of the Sanocrysin being to control the disease in the functioning lung. In two of these cases the results were very good. In one of them the lesion on the opposite side disappeared completely as shown by physical signs and X-Ray examination. Both patients lost their sputum entirely. In the other four cases, only indefinite results were obtained.

Of the five patients in whom Sanocrysin was used alone, the amount of sputum and its contained micro-organisms was found to be decreased, but no permanent benefit can be recorded. There is no doubt that the Gold treatment has potentialities for good, and its continued use may lead to a better understanding of how to employ it to advantage.

Other attempts to influence the local lesion were made by Tuberculin (1 good result), vaccines and inhalation of antiseptics. Naturally the effects of such adjuvants cannot be gauged with certainty.

Instructional Therapy.—About 4 hours instruction was given weekly and provided useful occupation. Articles in leather, cloth and raffia were made.

Radiography.—187 patients were X-Rayed. With the provision of an X-Ray plant at Pontefract, it was possible to get patients X-Rayed as often as required. Those undergoing pneumothorax treatment were X-Rayed frequently and thus it was easier to control the collapse. 172 X-Ray examinations, including 3 with the aid of Lipiodol injection, were made at Pontefract, the other 15 being carried out at the Clayton Hospital prior to the installation of the Pontefract plant.

During the year facilities for dental treatment were available. Five patients had full dental treatment comprising all extractions and the provision of full dentures. In addition 2 other patients received partial dental treatment under the scheme.

During the year, 71 grants were made under the scheme for the provision of clothing to patients undergoing institutional treatment.

Table Relating to Artificial Pneumo-Thorax Treatment at Cardigan Sanatorium during 1931.

| Case No. | Group (Turban Gerhard) | Indication for Induction | Date of first operation and period continued | Result |
|----------|------------------------|---|--|--|
| 1 | Pul. 3T.B.+ | 3rd period of Sanatorium treatment Chronic progressive disease | January, continued to date | Slow improvement. Some activity of opposite lung. |
| 2 | Pul. 2T.B.+ | Recent progressive disease | January, abandoned December 31st | No permanent good. Adhesions prevent collapse of cavity. |
| 3 | Pul. 3T.B.+ | Bilateral, bad Toxæmia | February, abandoned April | No effect. Activity of other lung. Sanocrysin given as well. |
| 4 | Pul. 2T.B.+ | Much Toxæmia left lung | February to December | Toxæmia disappeared. Phrenic evulsion done. Discharged. |
| 5 | Pul. 3T.B.+ | Bilateral acute disease | March. Now Oleothorax | With Sanocrysin—excellent result. Lesion in other lung clear. Fit and at work. |
| 6 | Pul. 3T.B.+ | Chronic unilateral disease | March, continued | Very good. Fit and at work. |
| 7 | Pul. 3T.B.+ | Severe unilateral disease | April to September | Very good control of disease. Mental derangement of patient. |
| 8 | Pul. 3T.B.+ | Severe disease Focus in other lung | April, continued | Big improvement. Being given Sanocrysin also. |
| 9 | Pul. 3T.B.+ | Gross disease one lung | June, continued | Good. Temporary set back due to Pleurisy. In Sanatorium still. |
| 10 | Pul. 3T.B.+ | do. | July, abandoned November | No response. Discharged worse. |
| 11 | Pul. 3T.B.+ | Acute disease one lung | August, continued | Excellent result. Still under treatment. |
| 12 | Pul. 2T.B.+ | Disease of R. lower lobe. Hæmoptysis | August to December | Poor collapse. Full collapse obtained by phrenic evulsion. |
| 13 | Pul. 2T.B.+ | Hæmoptysis | Nov. continued | Hæmoptysis controlled. Disease spreading in other lung. |
| 14 | Pul. 3T.B.+ | Gross disease of one lung | " " | Toxæmia lessened. Adhesions present. |
| 15 | Pul. 3T.B.+ | Bilateral Acute Disease. | July to December | Life prolonged with A.P. and Sanocrysin. |
| 16 | Pul. 2T.B.+ | Gross Unilateral Disease. | December continued | Improving. |

Table Relating to Artificial Pneumo-Thorax Treatment at Cardigan Sanatorium
during 1931.

| Case No. | Group (Turban Gerhardt) | Indication for Induction | Date of first operation and period continued | Result |
|----------|-------------------------|--|--|---|
| 17 | Pul. 3T.B.+ | Gross Consolidation of one lung | March, 1930 | Well and at work. Attends for refills. |
| 18 | Pul. 3T.B.+ | Do. Tuberculous Laryngitis | January, 1930 | Well. Disease arrested do. |
| 19 | Pul. 3T.B.+ | Bilateral disease | March, 1930 | Re-admitted with neglected open pyothorax. lung, after allowing treated lung to re-expand. |
| 20 | Pul. 3T.B.+ | Progressive unilateral disease | February, 1930 | Re-admitted with neglected open pyothorax. Bad. |
| 21 | Pul. 2T.B.+ | Unilateral disease Bad history | April, 1930 | Died September 1931 of Tuberculous Pericarditis. |
| 22 | Pul. 3T.B.+ | Chronic unilateral disease | May, 1930 | Lung re-expanded following absorption of effusion. Died. |
| 23 | Pul. 2T.B.+ | do. | July, 1930 | Disease quiescent. Attends for refills. |
| 24 | Pul. 3T.B.+ | Acute consolidation 1 lung | April, 1930 | Bilateral spread. Died October, 1931. |
| 25 | Pul. 2T.B.+ | Chronic unilateral disease of 7 years duration | September, 1930 | Phrenic Evulsion December 1931. Lung expanding. Very well. |
| 26 | Pul. 3T.B.+ | Acute Unilateral disease | Aug., 1930-Mar., 31 | Obliterative pleurisy. Reported to be alive and well |
| 27 | Pul. 3T.B.+ | do. | Aug., 1929-Dec., 31 | Pneumothorax cavity closed by Thorocoplast Operation, December, 1931. At work and well March, 1932. |
| 28 | Pul. 3T.B.+ | Bilateral disease | Jan., 1929-Mar., 30 | Right lung treated. Sanocrysin. Patient very well. |
| 29 | Pul. 3T.B.+ | Acute Tuberculosis at age of 15 | March, 1928 | Collapse maintained by effusion. Well and working. Lung expanding. |
| 30 | Pul. 2T.B.+ | Unilateral disease | Sept. 1929 to date | Very good. |

CROOKHILL HALL RECEIVING HOME.

DR. W. LEE—Medical Superintendent.

Dr. Lee reports as follows:—

During the year, there were 86 admissions, 68 discharges and 21 deaths.

Classification of Admissions.

| T.B. Minus | T.B. Plus | | | N.P. |
|------------|-----------|-----------|------------|------|
| | Group I. | Group II. | Group III. | |
| 35 | 1 | 7 | 42 | 1 |

Approximately 50% of the admissions were Group III positive cases and the majority had had previous institutional treatment. In many instances there were complications and concurrent disease, e.g.

- 1 case T.B. Dactylitis.
- 1 „ Tuberculosis of the olecranon and elbow joint.
- 1 „ Suppurating T.B. Glands of the neck.
- 1 „ Mitral Disease.
- 1 „ Carcinoma of the Stomach.
- 1 „ Epithelioma of the Lip.
- 1 „ Malignant disease of the Lung.
- 1 „ Jacksonian Epilepsy.
- 1 „ Mental Deficiency.
- 1 „ Traumatic Kyphosis.

Sanocrysin was tried in cases that had made no progress or were becoming worse under ordinary sanatorium treatment. Nine cases had one or more courses and all had a positive sputum.

The resultant effects taken as a whole were diminution of sputum, disappearance of bacilli in some cases, increase of weight, reduction of toxæmia and pyrexia and improvement in general condition and physical signs. As could be expected from the severity of the lung lesion in all cases, the benefit was only of a temporary nature. The most common complications were pyrexia, stomatitis and diarrhoea as toxic symptoms. In no cases were these so severe that treatment had to be discontinued.

Much more use was made of radiography than ever previously. It is becoming more and more essential in chest diagnosis and treatment.

No instructional therapy was carried out, but some of the patients who had had tuition during previous residence in the Sanatorium made useful scarves, cushion covers, etc., and were helpful to other patients.

Six patients had dental treatment and a few had emergency extractions. In some cases the patients were so ill that dental treatment had to be postponed.

There was a big demand for the loan of clothing and in most cases, owing to the long period of treatment, the garments were not fit to be taken back into stores.

Table Relating to Artificial Pneumo-Thorax Treatment at Crookhill Hall Sanatorium During 1931.

| Case No. | Group (Turban Gerhard). | Indication for | Date of first operation and period continued | Result | Remarks |
|----------|-------------------------|--------------------------|--|--|--|
| 1 | II + | Unilateral lesion mostly | 10.11.31 | Sputum decreased and became negative General condition improved | Still having treatment |
| 2 | III + | Gas replacement of fluid | 7 12.31 | Sputum decreased and negative Pyrexia reduced | do. do. |
| 3 | III + | Hæmoptysis | Nov. 1931. | Staining ceased | Unable to continue treatments owing to adhesions |

Table showing immediate results of treatment of patients discharged during 1931.

| Classification on Admission* | | Condition at time of discharge | Duration of Residential Treatment. | | | | Total. |
|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------------|---------------|----------------|---------------------------|--------|
| | | | Under 3 months | 3-6 months | 6-12 months | More than 12 months | |
| Pulmonary Tuberculosis | Class T.B. Minus | Quiescent | 11 | 9 | 9 | — | 29 |
| | | Not quiescent | 2 | 1 | 4 | — | 7 |
| | | Died in Sanatorium ... | — | — | — | — | — |
| | Class T.B. Plus Group I | Quiescent | — | — | — | — | — |
| | | Not quiescent | — | — | — | — | — |
| | | Died in Sanatorium ... | — | — | — | — | — |
| | Class T.B. Plus Group II. | Quiescent | 1 | 2 | 4 | — | 7 |
| | | Not quiescent | — | — | — | — | — |
| | | Died in Sanatorium ... | — | — | — | — | — |
| | Class T.B Plus Group III | Quiescent | 2 | 10 | 5 | — | 17 |
| | | Not quiescent | — | 5 | 1 | 1 | 7 |
| | | Died in Sanatorium ... | 10 | 3 | 4 | 4 | 21 |
| Non- Pulmonary Tuberculosis | Bones and Joints | Quiescent | — | — | — | — | — |
| | | Not quiescent | — | 1 | — | — | 1 |
| | | Died in Sanatorium ... | — | — | — | — | — |

* Classification according to Memo. 37/T.

Sanocrysin Treatment in Crookhill Hall Hospital, 1931.

| Case | Class* | Indication | Dosage | Reactions | Results |
|------|----------------------|--|--|---|---|
| 1 | T.B. Pos. Group III. | Chronic Unilateral Ulcerative Type. Refused A.P. Progressive. | Weekly doses of :— ·05, ·1, ·25, ·5, ·75, 1, 1, 1 gr. | No albuminuria. Nausea after 1 gr. doses. | No improvement. T.B. bacilli present. |
| 2 | T.B. Pos. Group III. | Uncontrolled pyrexia. | Weekly doses of :— ·1, ·25, ·5, ·75, 1, 1, 1, 1 gr. Second course ·3, ·5, ·75, 1, 1, 1, 1 gr. | Albuminuria and diarrhoea. Ditto. | No change. T.B. bacilli present. No change. |
| 3 | T.B. Pos. Group III. | Unilateral progressive disease with low pyrexia. | Weekly doses of :— ·05, ·1, ·25, ·5, ·75, 1, 1, 1 gr. Second course ·5, ·75, 1, 1, 1 gr. | Skin eruption. Ditto. | Lost T.B. bacilli temporarily. No improvement. |
| 4 | T.B. Pos. Group I. | Early open lesion with T.B. in sputum. Very little constitutional disturbance. | Weekly doses of :— ·05, ·1, ·25, ·5, ·75, 1, 1, 1 gr. | None. | T.B. disappeared from sputum. |
| 5 | T.B. Pos. Group III. | Severe constitutional disturbance. Many cavities. | Weekly doses of :— ·05, ·1, ·25, ·5, ·75, 1, 1, 1 gr. Second course ·5, ·75, 1, 1 gr. | Slight febrile exacerbations. Diarrhoea. | Marked effect. Became afebrile. Relapsed later. Abandoned owing to reactions. No improvement. |

* Classification according to Memo 37/T.

MITCHELL MEMORIAL HOME.

DR. H. BIRD SPROAT—Medical Superintendent.

Dr. Sproat reports as follows :—

During the year there were 81 admissions, 79 discharges and 3 deaths. Of the cases discharged 70 were T.B. minus and 12 T.B. plus.

The majority of patients were discharged much improved both as regards their pulmonary and general condition. Most of the patients showed a decided increase in weight and capacity for exercise, the pulmonary lesion being arrested or only slightly active. On discharge very few were unfit for work, the majority being fit for light or moderately heavy work.

A large number of patients on admission were found to require dental treatment. Many were suffering from dental caries and oral sepsis: several were quite edentulous and requiring dentures. Dental defects have interfered with treatment to a very appreciable extent.

Immediate results of treatment of patients discharged from the Mitchell Memorial Home, 1931.

| Classification on admission | Condition at time of discharge | Duration of Treatment in Institution | | | | Totals |
|-------------------------------|--------------------------------|--------------------------------------|------------|-------------|---------------------|--------|
| | | Under 3 months | 3—6 months | 6—12 months | More than 12 months | |
| Class T.B. minus | Quiescent | 5 | 14 | 4 | — | 23 |
| | Not Quiescent | 4 | 30 | 10 | — | 44 |
| | Died in Institution | 2 | — | — | — | 2 |
| Class T.B. plus Group I. | Quiescent | — | 1 | — | — | 1 |
| | Not Quiescent | — | 1 | 1 | — | 2 |
| | Died in Institution | — | — | — | — | — |
| Class T.B. plus Group II. | Quiescent | — | — | — | — | — |
| | Not Quiescent | 2 | 3 | 2 | — | 7 |
| | Died in Institution | — | — | — | — | — |
| Class T.B. plus Group III. | Quiescent | — | — | — | — | — |
| | Not Quiescent | — | — | 1 | — | 1 |
| | Died in Institution | 1 | — | — | — | 1 |
| Totals | | 14 | 49 | 18 | — | 81 |

**LIST OF TUBERCULOSIS DISPENSARIES, SHEWING DISPENSARY ADDRESSES
AND TIMES OF SESSIONS (Revised August 1932).**

| Situation of Chief Dispensary or Branch. | Day and Time of Session | Sanitary Districts included in Area. | Medical Staff. |
|---|---|---|--|
| AREA No. 1. Friendly Societies' Hall, Sheep Street Skipton. Whiteley Croft, off Station Rd., Otley | Fridays, 10 a.m. Thursdays, 10 a.m. and 2 p.m. | Skipton U., Silsden U., Sedburgh R., Skipton R. Otley U., Ilkley U., Burley U., Guiseley U., Yeadon U., Rawdon U., Horsforth U., Wharfedale R. | Consultant Tuberculosis Officer: T. Campbell, M.D., C.M. Assistant Tuberculosis Officer: E. A. Wilson, M.D., M.R.C.S., L.R.C.P. |
| Manchester Road, Barnoldswick | Tuesdays, 10 a.m. and 2 p.m. | Barnoldswick U., Earby U., Bowland R. | |
| 1. John's Ambulance Rooms, Settle | First Wednesday in month, 11 a.m. | Settle R. | |
| 2a King St., Clitheroe | Last Wednesday in month, 11-30 a.m. | Bowland R. | |
| AREA No. 2. 10, North Park Road, Harrogate (Telephone 5339) | Tuesdays & Thursdays 2 p.m. | Harrogate B., Knaresborough U., Knaresborough R., Pateley Bridge R., Wetherby R., Great Ouseburn R., Ripon C., Ripon R., Selby U., Selby R. | Assistant Tuberculosis Officer: G. A. Crowley, B.A., M.D., M.B., B.Ch., D.P.H. |
| 7/o Appleton, Chemist, Finkle Street, Selby | Mondays, 10 a.m. | | |
| Child Welfare Centre, Westgate, Tadcaster | First Friday in month, at 10-30 a.m. | Garforth U., Tadcaster R., Bishopthorpe R. | |
| AREA No. 3. 1erton House, 20, Christchurch Road, Doncaster. (Telephone 1172) | Mondays, 2 and 6 p.m. | Adwick-le-Street U., Bentley U., Tickhill U., Doncaster R. (less Denaby and Adwick) | Consultant Tuberculosis Officer: V. Ryan, M.D., M.B., B.Ch., B.A.O., D.P.H. |
| Belgravia, Goole | Mondays, 10-30 a.m. | Goole U., Goole R. | |
| Thorne Hall, Thorne | Fridays, 10 a.m. | Thorne R. | |
| The Lindens, Linden Terrace, Tanshelf, Pontefract. (Telephone 88) | Tuesdays, 2 & 6-30 p.m. | Pontefract B., Methley U., Featherstone U., Whitwood U., Castleford U., Knottingley U., Pontefract R., Mexborough U., Conisborough U., Swinton U., Wath U., Denaby and Adwick Parishes. | Assistant Tuberculosis Officers: A. Leitch, M.B., Ch.B., D.P.H. T. W. Rutledge, M.B., B.Ch., D.P.H. |
| Exchange Buildings, Market Street, Mexborough | Wednesdays, 10 a.m. | Bolton-on-Deane U., Thurnscoe U., Hemsworth U., Hemsworth R. (part) | |
| Goldthorpe Road, Goldthorpe | Thursdays, 10 a.m. | | |
| Timson Street, Hemsworth | Thursdays, 10 a.m. | | |
| The Green, South Kirkby | Fridays, 10 a.m. | Hemsworth R. (part) | |
| AREA No. 4. 6, Church Street, Barnsley. (Telephone 802) | Weds., 10 a.m. & 2 p.m. Fridays, 10 a.m. | Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Wombwell U., Worsborough U., Barnsley R. | Consultant Tuberculosis Officer: H. A. Crowther, M.A., M.R.C.S., L.R.C.P. |
| Vesleyan Sunday School, Penistone | First Thursday in month 10 a.m. | Penistone U., Gunthwaite U., Hoylandswaine U., Thurlstone U., Penistone R. | |
| Almshouse Lane, Wakefield | Tuesdays and Fridays, 2 p.m. | Horbury U., Stanley U., Wakefield R., Ossett B. (part) | Assistant Tuberculosis Officers: E. J. C. Groves, M.B., B.Ch. J. W. Wilson, M.B., Ch.B., D.P.H. S. P. Wilson, M.D., M.B., B.Ch., D.P.H. |
| The Park Pavilion, Normanton | Tuesdays, 10 a.m. | Altofts U., Normanton U. | |
| Resolution Hospital, Rothwell | Mondays, 10 a.m. | Rothwell U., Hunslet R. | |
| Branch House Chambers, Batley (Telephone 73) | Thursdays, 2 p.m. | Batley B., Hunsworth U., Ossett B. (part), Birstall U., Birkenshaw U. | |
| Union Bank Chambers, Queen Street, Morley | Thursdays, 10 a.m. | Morley B., Gildersome U., Ardsley E. and W. U., Drighlington U. | |
| Old Town Hall, Knowler Hill, Liversedge | Fridays, 10 a.m. | Spenborough U., Heckmondwike U. | |
| Vesley Chambers, Lidgett Hill, Pudsey | Tuesdays, 2 p.m. | Calverley U., Farsley U., Pudsey B. | |
| Jarman House, Moorgate Road, Rotherham | Fridays, 10 a.m. and 2 p.m. | Greasborough U., Maltby U., Rawmarsh U., Rotherham R. | |
| Fiddleton Institute, Dinnington | Tuesdays, 10 a.m. | Kiveton Park R. | |
| Urban District Council Offices, Stocksbridge | Mondays, 10-30 a.m. | Stocksbridge U., Wortley R. (part) | |
| 10, Parson Cross Rd., Wadsley Bridge | Thursdays, 10-30 a.m. | Wortley R. (part) | |
| AREA No. 5. Ivry Villa, Greenups Lane, Sowerby Bridge. (Telephone 81221) | Tuesdays, 10 a.m. Thursdays, 2 p.m. | Sowerby U., Barkisland U., Greetland U., Luddendenfoot U., Midgley U., Rishworth U., Scammonden U., Soyland U., Stainland U., Queensbury U., Halifax R. | Consultant Tuberculosis Officer: S. R. Wilson, M.D., M.B., Ch. B., D.P.H. |
| Masonic Hall, Todmorden | Fridays, 2 p.m. | Todmorden B., Mytholmroyd U., Hebden Bridge U., Todmorden R. | Assistant Tuberculosis Officers: G. M. B. Liddle, M.B., B.Ch., F.R.C.S., D.P.H. J. E. Gething, B.A., M.B., Ch.B. |
| 43, Skipton Road, Keighley | Mondays & Wednesdays, 2 p.m. | Keighley B., Keighley R., Haworth U., Oakworth U., Oxenhope U., Denholme U. | |
| 8, Ramsden Street, Huddersfield | Tuesdays, 2 p.m. | Emley U., Flockton U., Golcar U., Linthwaite U., Thurstonland and Farnley Tyas U., South Crosland U., Lepton U., Whitley Upper U., Kirkburton U., Kirkheaton U., Skelmanthorpe U., Mirfield U., Shelley U., Shepley U., Clayton West U., Denby and Cumberworth U. | |
| 68, Huddersfield Road, Holmfirth | Alternate Wednesdays, 2-30 p.m. | Holme U., Holmfirth U., Honley U., New Mill U. | |
| Court Street, Uppermill | Alternate Thursdays, 10 a.m. | Saddleworth U., Springhead U. | |
| Mill House, Bradford Road, Brighouse | Fridays, 10 a.m. | Brighouse B., Hipperholme U., Elland U., Shelf U., Southowram U. | |
| 1a, Kirkgate, Shipley | Mondays, 10 a.m. | Baildon U., Bingley U., Shipley U. | |
| Russell's, Stationers, Marsden | Alternate Thursdays, 3 p.m. | Marsden U., Meltham U., Slaithwaite U. | |

APPENDIX.

PUBLIC HEALTH LEGISLATION, ETC., DURING 1931.

I.—ORDERS, CIRCULARS AND MEMORANDA ISSUED BY THE
MINISTRY OF HEALTH.

Circular No.

GENERAL.

1173 and Medical Officers of Health restricted from engaging in private
Memo. L.G.A. practice—Local Government Act, 1929, Section 58.
41.

Cancer.

1194. Plague preventive measures—Examination of Rats.

1199 and The Rural District Council (Urban Powers) Order, 1931.
Order.

1211. Canal Boats Act, 1884. Appointment of Inspectors.

1217 and Canal Boats Amendment Regulations, 1931.
Regulations.

TREATMENT OF TUBERCULOSIS.

None issued.

HOUSING AND TOWN PLANNING.

1172. Housing (Financial Provisions Act), 1924, and Housing Act,
1930—Monthly Progress Return.

1197. Provision of Houses for persons engaged in Agricultural occu-
pations.

1202 and Provision of New Houses under the Housing Act, 1924 and Re-
1202A. placement of Unfit Houses under the Housing Act, 1930.

1207 }
1213 and } Housing (Rural Workers) Acts, 1926 and 1931.
1213A. }

— Special contributions toward expenses of Rural District Councils
in providing houses in Agricultural Parishes—Ministry of
Health Conditions and General Directions of Minister of
Health under Section 1 of Housing (Rural Authorities Act)
1931.

MATERNITY AND CHILD WELFARE.

1208 }
Memo 153/ } Birth Control.
M.C.W. }

II.—ACTS OF PARLIAMENT.

Housing (Rural Authorities) Act, 1931.

Housing (Rural Workers) Amendment Act, 1931.

INDEX.

Part I.—General; Housing; Local Government Act, 1929; Hospitals;
Venereal Diseases.

| | Page |
|---|----------------------------------|
| Age at Death | 19 |
| Area and Population | 14 |
| Births and Birth Rates | 3, 14, 15, 16, 17, 20, 21 |
| Cancer | 21 |
| Cerebro-Spinal Fever | 3, 26, 31 |
| Deaths and Death Rates | 3, 14, 15-21 |
| Diphtheria and its Prevention | 29 |
| District M.O.'s (Public Assistance) | 6-10, 60 |
| Drainage and Sewage Disposal | 41 |
| Epidemiology | 25-31 |
| Food and Drugs (Adulteration) Act, 1928 | 46 |
| General Sanitary Matters | 35-43 |
| Health Education | 24 |
| Hospital Accommodation | 54-57 |
| Housing | 35-40 |
| Infant Mortality | 3, 14, 16, 17, 20, 21, 22-24, 80 |
| Infectious Disease Notifications | 25-31 |
| Isolation Hospital Accommodation | 26, 56 |
| Local Government Act, 1929 | 54-57 |
| Measles | 119 |
| Medical Examination of County Council Staff | 25 |
| Milk Supplies | 43-45, 46, 63-65, 68, |
| Poisons and Pharmacy Act, 1908 | 43 |
| Population | 14 |
| Public Assistance Institutions | 13, 54-56, 58, 59, 61 |
| Refuse Disposal | 42 |
| Sanitary Accommodation | 43 |
| Scavenging | 42 |
| School Children, Supply of Milk to | 44 |
| Smallpox | 28, 31 |
| Smoke Abatement | 40 |
| Staff | 4-13 |
| Vaccination | 6-12, 48-53 |
| Venereal Diseases | 32-34, 66 |
| Vital Statistics, Summary | 14 |
| Water Supplies | 42 |
| Zymotic Disease | 14, 20, 21, 25-31 |

Part II.—Bacteriological Laboratory.

| | |
|---------------------------------|-----------|
| Anthrax | 67 |
| Biological Examinations | 70 |
| Cerebro-Spinal Fever | 66 |
| Cytological Examinations | 67 |
| Diphtheria | 65, 66 |
| Dysentery | 63 |
| Enteric Fever | 63 |
| Food Poisoning | 63 |
| Histological Examinations | 67 |
| Milk | 63-65, 68 |
| Miscellaneous (Other) Specimens | 62, 70 |
| Ophthalmia Neonatorum | 67 |
| Paratyphoid Fever | 63 |
| Police, Examinations for | 70 |
| Post-Mortems and Inquests | 69 |
| Ringworm | 67 |
| Silicosis | 67 |
| Specimens Examined, Number | 62, 71 |
| Tuberculosis | 63 |
| Urine | 63 |
| Venereal Diseases | 66 |
| Water | 68 |

Part III.—Maternity and Child Welfare.

| | |
|--|--------------------|
| Abortion | 78 |
| Ante-Natal Supervision | 81-83, 85, 104-107 |
| Birth Control | 127, 137 |
| Child Welfare Centres | 108-118 |
| Children Act, 1908 (Part I) | 125-127 |
| Consultant Obstetricians | 77, 83, 84, 86 |
| Convalescent Treatment for Mothers and Infants | 103 |
| Distress Fund | 125 |
| Fees, Collection of | 102 |

Part III.—Maternity and Child Welfare, continued.

| | |
|--|----------------------------------|
| Health Visitors—Staff ... | 5, 119 |
| Health Visitors, Training of ... | 120-122 |
| Home Helps ... | 85 |
| Home Visits ... | 119, 138 |
| Hospital Treatment for Children under 5 years... .. | 103 |
| Infant Mortality... .. | 3, 14, 16, 17, 20, 21, 22-24, 80 |
| Inspectors of Nurses and Midwives ... | 123 |
| Local Government Act, 1929 ... | 88-101 |
| Maternal Mortality ... | 3, 79-83 |
| Maternity Outfits, Sterilised ... | 85 |
| Maternity Homes ... | 90-102 |
| Measles, Visits to Cases ... | 119 |
| Midwives Acts, 1902-1926 ... | 72-78 |
| Midwives—Revision Course ... | 77 |
| Midwives, Supply and Employment of ... | 76, 83, 84, 86, 87 |
| Milk, Supply of, to Mothers and Children ... | 123-125 |
| Notification of Births Acts ... | 118 |
| Nursing Associations ... | 83, 86-89 |
| Nursing Homes Registration Act, 1927 ... | 78 |
| Nursing Service, Recruitment into ... | 120-122 |
| Nursing Staff ... | 5, 119 |
| Ophthalmia Neonatorum ... | 107 |
| Puerperal Fever and Pyrexia Regulations, 1926... .. | 76 |
| Still Births ... | 75 |
| Widows', Orphans', and Old Age Contributory Pensions Act, 1925 ... | 123 |

Part IV.—Treatment of Tuberculosis.

| | |
|--|---|
| Applications for Treatment ... | 136, 139 |
| Artificial Pneumothorax Treatment... .. | 150, 156, 159, 164, 165, 166, 167 |
| Care Committees ... | 148 |
| Cardigan Sanatorium ... | 163-166 |
| Clothing, Provision of ... | 147, 158 |
| Crookhill Hall ... | 167, 168 |
| Dental Treatment ... | 145, 161 |
| Dispensary Areas and Staff ... | 170 |
| Dispensary Attendances ... | 135, 136 |
| Dispensary Premises ... | 138, 170 |
| Dispensary Treatment ... | 135-141, 143, 170 |
| " " Co-operation with Medical Practitioners | 137 |
| Distress Fund ... | 149 |
| Domiciliary Visits ... | 138 |
| Eldwick Sanatorium ... | 160-163 |
| Environmental Condition of Cases ... | 138 |
| Extra Nourishment Grants, etc. ... | 149 |
| Institutional Treatment ... | 142, 149-169 |
| Instructional Therapy ... | 158, 164 |
| Irregular Discharges—Institutional ... | 155 |
| Middleton-in-Wharfedale Sanatorium ... | 156-160 |
| Mitchell Memorial Home ... | 169 |
| Non-Pulmonary Cases—Treatment ... | 151, 154, 157 |
| Observation Cases ... | 149, 155, 160 |
| Orthopædic Cases ... | 150, 155 |
| Public Assistance Institutions ... | 142 |
| Public Assistance ... | 143 |
| Public Health (Tuberculosis) Regulations, 1930 ... | 133-135 |
| Results of Treatment | 144, 150, 151, 154, 157, 159, 160, 161, 162, 163, 165, 166, 167, 168, 169 |
| Sanatoria, Visits to ... | 151 |
| Sanatorium Accommodation ... | 149, 150, 152 |
| Sanatorium Treatment... .. | 149-169 |
| Sanocrysin, Treatment... .. | 150, 156, 164, 168 |
| Shelters, Domiciliary Open-Air ... | 148 |
| Silicosis and Asbestosis ... | 145 |
| Sunlight Treatment (see " <i>Ultra-Violet Treatment</i> ") | |
| Surgical Appliances ... | 147 |
| Thoracoplasty and Phrenic Evulsion ... | 150, 156, 164 |
| Tuberculosis Mortality... .. | 3, 14, 17, 18, 20, 21, 129-133, 136 |
| Tuberculosis Notifications ... | 31, 133-135 |
| Ultra-Violet Ray Treatment ... | 143, 144, 156-158, 161-163 |
| Vocational Training, etc. ... | 146 |
| Voluntary Hospitals ... | 142 |
| Waiting List, Institutional ... | 155 |
| War Pensioners ... | 146 |
| X-Ray Examinations ... | 137, 143, 158, 161, 164 |

Appendix.

Public Health Legislation, etc., during 1931.

