

[Report 1914] / Medical Officer of Health, West Riding of Yorkshire County Council.

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West Riding of Yorkshire (England). County Council.

Publication/Creation

1914

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WEST RIDING COUNTY COUNCIL.

5466

TWENTY-SIXTH

ANNUAL REPORT

OF THE

County Medical Officer

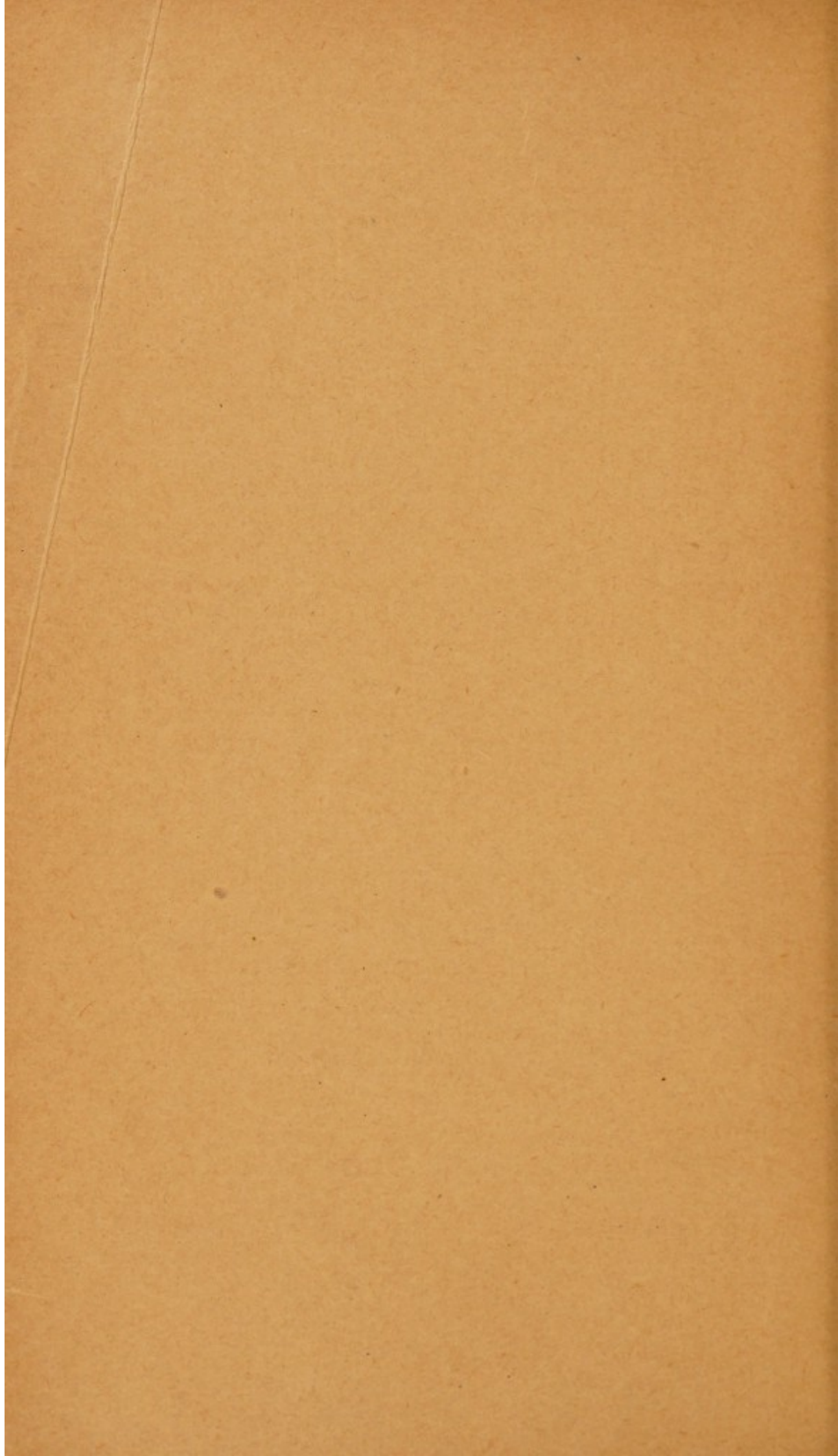
1914.



Including an Abstract of the Annual Reports of the Medical
Officers of Health for the Sanitary Districts
within the Administrative County.

*Printed by Order of the Public Health and Housing Committee,
13th December, 1915.*

Sanderson & Clayton, Printers, Wakefield.



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17 JAN 1916

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PREFACE.

The facts and figures contained in the Report for 1914 are simply a compilation for permanent record, necessitated by a depleted staff, and the demand for economy in printing.

I am indebted to the Staff for their unselfish efforts. I again take this opportunity of recording my unqualified thanks to Dr. Bullough for his work on the sanitary part of the report, and to Dr. Campbell for his compilation of the section on Tuberculosis. Part II contains an account of the excellent work by Dr. Sutherland in the Bacteriological Laboratory. Mr. William Holmes, the County Sanitary Inspector, has now nearly completed 25 years in this Department, and I cordially acknowledge his valuable services.

The Vital Statistics, etc., for 1914, relating to the West Riding Administrative County may be summarised into the following :—

AREA of Administrative County	.. ..	1,659,055 acres
POPULATION, estimated to middle of 1914	..	1,546,660 persons
SANITARY DISTRICTS, 155, namely :—		
12 Non-County Boroughs		
(See Tables at end of report).	115 Other Urban Districts	
	28 Rural Sanitary Districts	

	Year 1914.	Average of previous Five Years.
BIRTH RATE (Administrative County).. Per 1000 estimated population.	24·3 ..	25·1
DEATH RATE ..	13·9 ..	14·2
Zymotic Death Rate ..	1·5 ..	1·4
Phthisis Death Rate ..	0·7 ..	0·8
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JAMES ROBT. KAYE,

County Medical Officer,

Wakefield,

December, 1915.

PART I.

Local Government Board Inquiries.—The following is a list of the Inquiries held during 1914. In a number of instances the loan, although sanctioned, has been deferred until after the War.

Date.	Sanitary District and Locality.	Subject.	Amount	Result.
			£	
13.1.14	Ardsley	Sewerage & Disposal	600	Deferred
11.1.14	Rotherham R., <i>Brampton-en-le-Morthen and Laughton-en-le-Morthen</i>	Town Planning Scheme	—	Sanction to prepare
13.2.14	Great Ouseburn R., <i>Acomb</i>	Sewerage	4500	Referred back
13.2.14	Sowerby	Do.	4082	Sanctioned
12.2.14	Hemsworth R., <i>Hemsworth & South Elmsall</i>	Houses displaced by railway extensions	—	Railway Co. to replace.
15.3.14	Ripon and Wath Joint Isolation Hospital Committee	Extension of Hospital	2012	Sanctioned
11.3.14	Hebden Bridge	Sewage Disposal ..	2900	Sanctioned
"	Burley-in-Wharfedale ..	Water Supply ..	1400	Sanctioned
12.3.14	Horbury	Sewage Disposal ..	427	Sanctioned
13.3.14	Hoyland Nether	"	1344	Sanctioned
13.3.14	Harrogate Boro'	Water Supply ..	7300	Sanctioned
"	"	Street Improvement	1062	Sanctioned
"	"	Sewerage	250	Sanctioned
15.3.14	Wharfedale R., <i>Middleton</i>	Sewerage & Disposal	2475	Sanctioned
13.3.14	Wakefield City	Sewerage	17813	Sanctioned
11.4.14	Otley	Town Planning Scheme	2010	Sanctioned
15.5.14	Barnsley R., <i>Carlton</i> ..	Sewerage & Disposal	1728	Sanctioned
13.5.14	Rotherham R., <i>Aston-cum-Aughton</i>	Sewerage	465	Sanctioned
11.5.14	Ardsley E. & W.	Erection of Working Class Dwellings ..	2500	Sanctioned
17.5.14	Wakefield R., <i>Crigglestone</i>	Sewerage	9542	Sanctioned
17.6.14	Stanley	Do.	14000	£7000 sanctioned
13.6.14	Kiveton Park R., <i>Dinnington</i>	Sewage Disposal ..	4300	Deferred
19.6.14	Doncaster R., <i>Conisborough</i>	"	4000	Sanctioned
10.6.14	Haworth	"	650	Sanctioned
10.6.14	Ardsley E. & W.	Sewerage	2352	Sanctioned
17.7.14	Doncaster R., <i>Skellow, Owston, Thorpe, Hampole, Campsall, & Burghwallis</i>	Town Planning Scheme	—	Sanctioned
17.7.14	Bolton-on-Deane	Sewerage & Disposal	500	Sanctioned
14.7.14	Guiselley	Sewage Disposal and Surface Water Drainage	3700	Sanctioned

Date.	Sanitary District and <i>Locality</i> .	Subject.	Amount	Result
			£	
15.7.14	Cleckheaton	Sewerage	1357	Sanctioned
15.7.14	Birkenshaw	Sewerage & Disposal	680	Sanctioned
17.7.14	Doncaster R., <i>Askern</i> ..	Burial Ground ..	3272	£1200 sanctioned
21.7.14	Heckmondwike	Water Service Reservoirs	304	Sanctioned
22.7.14	Holmfirth	Water Supply	7150	Sanctioned
4.8.14	Bentley-with-Arksey ..	Erection of Working-class Dwellings	26017	£23377 sanctioned
5.8.14	Bowland R., <i>Grindleton</i> ..	Sewerage & Disposal	2180	Sanctioned
6.8.14	Mytholmroyd	Water Supply	1000	Sanctioned
1.9.14	Skipton	Sewage Disposal ..	8700	Sanctioned
2.9.14	Brighouse	Sewerage	583	Sanctioned
"	"	Paving	1400	Sanctioned
8.9.14	Marsden	Sewage Disposal ..	6395	Sanctioned
8.9.14	Wakefield R., <i>Crofton</i> ..	Sewerage	1300	Referred
11.9.14	Hemsworth R., <i>South Elmsall</i>	Appeal against Closing Order	—	Dismissed
22.9.14	Morley	Sewerage	877	Sanctioned
23.9.14	Clayton West	Sewerage & Disposal	5739	Deferred
24.9.14	Sedbergh R., <i>Dent</i>	Water Supply	911	Referred
30.9.14	Kiveton Park R., <i>Wales</i> ..	Sewage Disposal ..	3200	Deferred
30.9.14	Doncaster B.	No. of houses to be erected under Extension Order	—	No enquiry yet as scheme
1.10.14	Bolton-on-Deane	Erection of Working-class Dwellings	71000	£3000 sanctioned £68000 referred
9.10.14	Rawmarsh	Sewerage	2000	Deferred
14.10.14	Castleford	Compulsory purchase of land for housing scheme ..	—	Sanctioned
15.10.14	Whitwood	Erection of Working-class Dwellings ..	7400	Deferred
15.10.14	"	Recreation Grounds	5400	Sanctioned
20.10.14	Settle R., <i>Ingleton</i>	Sewerage	900	Sanctioned
21.10.14	Hemsworth R., <i>N. Elmsall and S. Kirkby</i>	Sewage Disposal ..	2590	Sanctioned
22.10.14	Cudworth	"	6000	Deferred
27.10.14	Sedbergh R., <i>Guldrey and Saltpie</i>	Erection of Working-class Dwellings	3200	Guldrey sanctioned Saltpie referred
18.11.14	Knaresborough	Recreation Ground	1300	Referred
18.11.14	"	Sewerage	365	Sanctioned

te.	Sanitary District and <i>Locality.</i>	Subject.	Amount	Result.
			£	
2.14	Skipton	Appeal against Closing Orders ..	—	Pending
2.14	Doncaster R., <i>Adwick-le-Street</i>	Water Supply ..	7100	Pending
2.14	Holmfirth	Erection of Working-class Dwellings ..	3285	Deferred
2.14	Brighouse	Sewerage	530	Sanctioned
	"	Re-paving Roads ..	2300	Sanctioned
2.14	Horbury	Sewerage	2027	Sanctioned
2.14	Rotherham R., <i>Brampton and Laughton</i>	"	862	Sanctioned
	"	Water Supply ..	665	Sanctioned

Midwives Act.—At the end of the year 1914, 619 midwives notified their intention to practise in the Administrative County. It will be noted from the following table that 16 deaths were reported during the year.

	1907	1908	1909	1910	1911	1912	1913	1914
Number of Midwives who gave formal notice of their intention to practise	788	757	717	746	730	696	695	667
Number of reported Deaths of Midwives	17	20	11	11	16	14	12	16

The steady diminution in the number of practising midwives is again noticeable, and Dr. Lawson refers in the Todmorden Rural report to the urgent need for replacing them, as they cease to practise, in the following terms :—

“In the Rural District the question of the provision of women qualified to act as midwives is becoming a very pressing need. The difficulty of replacing those women who acted as midwives and were not dependent upon the work for a livelihood is great, as, in an area of such scattered population, no trained women could make a living by the work.”

This shortage of certified midwives encourages the employment of uncertified women, and there is every ground for believing that such women act in many cases in association with some medical practitioners. The General Medical Council have recently been considering this matter, and they view such practices in the light of employing unqualified assistants. Dr. Milne refers to this in the Mirfield Report as follows :—

“It is a growing custom amongst uncertified women to associate the name of some local practitioner with their illegal habits, and these practitioners have very rightly resented this.

“As this practice is illegal, and so regarded by the General Medical Council, it behoves all doctors to co-operate in preventing it.”

The number of visits paid to midwives from this Department during 1914 was 674. In the following table the number of notifications received are shewn in comparison with those for previous years, and these figures are discussed under the various headings below :—

	1909	1910	1911	1912	1913	1914
Notifications for Sending for Medical Help	639	723	618	677	675	932
Notifications of Death of Child	59	68	57	61	66	55
Notifications of Death of Mother	7	4	3	12	8	12
Number of Inquests reported..	48	46	42	44	33	21
Notifications of Still-Births ..	391	392	394	368	372	332
Notifications of Puerperal Fever	36	35	29	44	24	45
Notifications of Ophthalmia Neonatorum	—	—	—	—	—	91
Notifications of other Infectious Cases	3	2	11	8	10	11
Notifications of Laying-out Dead Body	—	—	6	8	13	28

Medical Aid Notices.—Copies of these notices were forwarded to the County Medical Officer regarding 932 cases, a figure which is a considerable increase on the total of last year, or that of any previous year. Doubtless the constant warnings given to midwives of the risks incurred in not calling in medical aid where necessary, or in simply sending a verbal message to the doctor, had some influence. There is also to be taken into account the gradual increase in the number of midwives certified by examination, who are better able to write, and more strict in their observance of the Rule requiring that medical aid notices should be made out than many of the old *bona fide* women. The increase is a most satisfactory feature, apart from any consideration as to the welfare of the patient, for in most instances in which midwives have been censured, or reported to the Central Midwives Board, there has been laxity in carrying out the Rules relating to medical aid.

Death Notifications.—Fifty-five deaths of infants, and 12 of mothers were notified during 1914. Inquests were held on 19 of the infants, and 2 of the mothers. The result of an Inquest on one infant was reported to the County Medical Officer by the Coroner, the verdict being “Suffocation through want of attention by the midwife.” The birth was notified to this Department by the midwife as still-born, and from medical evidence given at the Inquest, it appeared that the child was fully developed, healthy, and had lived some minutes. A visit to the midwife disclosed the fact that she was not in such bodily health as to be fit to carry out her work. The Committee decided to make a representation accordingly to the Central Midwives Board, and resolved not

to remove her name from the Roll, but to caution her as to the strict and prompt observance of its Rules in future. The Board also requested subsequent reports from this Department as to her conduct. Eventually the woman resigned owing to ill-health.

Puerperal Fever.—Forty-five cases were notified during 1914, the majority of the midwives discharging their obligations with promptitude. Immediately notification of a case was received, the midwife was suspended from practice pending further investigation, and until disinfection had been carried out. Six of the notified cases ended fatally.

In one of the fatal cases, serious dereliction of duty on the part of the midwife (A.J.M. 8228) was discovered, which showed that she was quite unfit to continue in practice. The midwife's conduct was reported by the Committee to the Central Midwives Board; the woman, however, died whilst the case was pending. Midwife M.W. (19436) who was reported by the Committee to the Board for visiting a maternity case after suspension for disinfection has had her name removed from the Roll, and her certificate cancelled.

Other Infectious Diseases.—It was necessary to take precautionary measures of disinfection in 11 instances where midwives had been in contact with infectious diseases, viz.:—Enteric Fever 2 cases, Scarlet Fever 6, and Diphtheria 3. In most cases the midwife was temporarily suspended.

Ophthalmia Neonatorum.—On the 1st April, 1914, an Order of the Local Government Board came into force extending the provisions of the Infectious Disease (Notification) Act, 1889, to include this disease, and also requiring that certified midwives shall notify the local medical officer of health. Under the Regulations, Ophthalmia Neonatorum is defined as "a purulent discharge from the eyes of an infant commencing within twenty-one days from the date of its birth." Ninety-one cases of the disease occurring in the practice of midwives were brought to the notice of this Department during 1914, either by the midwives themselves, or the Health Visitors. Rule 20 of the Central Midwives Board provides that a midwife shall call in a doctor in the case of the child suffering from inflammation of, or discharge from, the eyes, however slight, and enquiries were instituted in each case to ascertain whether this had been done; suitable advice was given where necessary as to disinfection, and also regarding the notification of the case to the medical officer of health.

Prompt action is necessary in dealing with this disease, and immediate steps have been taken to impress midwives with the necessity for this. A circular letter has been addressed to every midwife in the Riding on the question. A complaint was received of a midwife's conduct in regard to a case, and it was found that she had not called in medical aid, although it must have been evident to her that the child's eyes were bad. The midwife

(E.I. 11631) was interviewed by the Chairman of the Public Health and Housing Committee and strongly cautioned. The Health Visitors have rendered very valuable service during the year in the discovery of unnotified cases, or of cases where medical attention had not been obtained.

Midwifery Scholarships.—The West Riding Education Committee granted five scholarships for Midwifery Training for the session 1914-1915. One of the holders died before training commenced, and the scholarship was awarded to another applicant, who, owing to illness, has not yet been able to take up training. The other four holders passed the examination of the Central Midwives Board, and have taken up practice in the County area.

Sale of Food and Drugs Acts.—During 1914, 3416 samples of Food and Drugs were submitted for examination. Of this number, 2668 were collected by the County Council's Inspectors, 744 by Local Authorities, and 4 by private purchasers. The following table places on record the number of samples and their Quarterly distribution.

QUARTERLY RECORD OF SAMPLES TAKEN DURING 1914.

District.	Inspector.	Samples analysed during 1914.				
		First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Barnsley ..	J. H. Bundy ..	47	51	50	39	187
Central ..	A. Ross ..	65	60	52	90	267
Harrogate	H. Gamble ..	92	90	86	90	358
Mirfield ..	H. Newbould	82	79	89	79	329
Pontefract	H. F. Wilkinson	92	61	52	105	310
Rotherham	J. Wilson ..	112	69	77	71	329
Shipley ..	J. Duce ..	71	57	64	73	265
Skipton ..	A. Randerson..	86	79	80	89	334
Sowerby ..	E. Bell ..	68	72	66	83	289
Total Samples taken by the County Inspectors		715	618	616	719	2668
Local Authorities		132	182	134	296	744
Private Purchasers		4	—	—	—	4
Total Samples Analysed		851	800	750	1015	3416

Samples taken by Local Authorities.—Details of the 744 samples submitted by Local Authorities are given in the following list. Included in the number are 655 samples of milk taken under the arrangement whereby the County pays for the analysis. The Non-County Boroughs of Doncaster and Wakefield appoint their own Analyst, and the number of samples examined during 1914 was 78 and 160 respectively.

Batley B. .. 77	Horbury .. 21	Rawmarsh .. 15
Birkenshaw .. 12	Hoyland N. .. 6	Ripon City .. 18
Brighouse .. 26	Ilkley .. 25	Rothwell .. 43
Castleford .. 14	Keighley B. 51	South Crosland .. 3
Elland 16	Knarborough 2	Southowram .. 2
Featherstone .. 13	Meltham .. 7	Todmorden B. .. 18
Garforth .. 21	Mexborough 23	Wath-upon-Dearne 9
Golcar 11	Methley .. 2	Whitwood .. 1
Goole 10	Mirfield .. 10	Hemsworth R. .. 38
Harrogate B. .. 101	Morley B. .. 27	Hunslet R. .. 9
Handsworth .. 4	Ossett B. .. 22	Kiveton Park R. .. 27
Haworth .. 8	Penistone .. 2	Wakefield R. .. 4
Honley 11	Pudsey B. .. 35	

RECORD OF SAMPLES FOR TEN YEARS, 1905-1914.

Year.	Total Samples submitted by			Total Examined.	Total Adulterated.	Percentage Adulterated.
	County Council.	Local Authorities.	Private Purchasers.			
1905	2329	342	2	2673	129	4.8
1906	2367	432	2	2801	122	4.3
1907	2294	400	1	2695	105	3.9
1908	2231	489	..	2720	138	5.3
1909	2276	463	..	2739	102	3.7
1910	2340	504	..	2844	111	3.9
1911	2522	592	..	3114	158	5.1
1912	2753	617	..	3370	225	6.7
1913	2546	672	..	3218	167	5.2
1914	2668*	744	4	3416	229	6.7

* This total includes 31 "Informal Samples."

Informal Samples.—Of the thirty-one samples taken by our Inspectors without the formalities of the Act, 25 proved genuine, and of the 6 adulterated samples (all milks), 2 contained 8 per cent. of added water, and another 41.4 per cent. Formal samples taken subsequently were genuine, except in the last-named case, where a conviction was obtained, the defendant being fined £5 and costs.

Dirty Milk.—During the year, 95 samples of milk were examined specially for dirt, but only 5 contained a sufficient amount to warrant their condemnation. In two instances where legal proceedings were instituted the defendants were fined.

Public Health (Milk and Cream) Regulations, 1912.—The samples of milk examined during the year numbered 1556, and these were all certified to be free from preservatives. Twelve samples of cream were also tested for the presence of preservatives, and 10 contained varying quantities of boric acid, but the amount in each case was below the quantity declared on the labels. The Regulations as to labelling, etc., appear to be generally carried out.

PART II.

THE WORK OF THE BACTERIOLOGICAL LABORATORY.

January 1st to December 31st, 1914.

The total number of specimens examined in the laboratory during the year, including those from the County Borough of Dewsbury, was 18,964. The following table shows the number of specimens of different kinds examined during each month of 1914 :—

MONTHLY RECORD OF SPECIMENS EXAMINED.

Month	Serum Reaction for Enteric Fever	Sputum for Tubercle Bacilli	Suspected Diphtheria	Miscellaneous	Total
January ..	45	292	1226	269	1832
February ..	64	389	1096	248	1797
March ..	41	408	1418	288	2155
April ..	91	386	759	263	1499
May ..	54	436	764	427	1681
June ..	35	330	747	260	1372
July ..	41	396	577	246	1260
August ..	47	261	452	136	896
September	73	304	609	272	1258
October ..	92	312	1059	267	1730
November ..	66	289	1231	290	1876
December	57	294	1047	210	1608
Total ..	706	4097	10985	3176	18964

The next table gives the figures for 1914 in comparison with those for the previous 5 years :—

YEARLY RECORD OF SPECIMENS EXAMINED.

	Serum Reaction for Enteric Fever	Sputum for Tubercle Bacilli	Suspected Diphtheria	Miscellaneous	Total
1909	638	825	5751	1996	9210
1910	751	842	6663	1880	10136
1911	1110	1130	7385	2492	12117
1912	687	1789	6255	2903	11634
1913	629	3500	9601	3165	16895
1914	706	4097	10985	3176	18964

The total number of specimens examined during 1914 shows an increase of 2,069 compared with that of 1913. The increase

affects all the classes of specimens, but it is very marked in the case of the specimens of sputum examined for tubercle bacilli and in the Diphtheria specimens.

During the year 173 specimens were received which required biological examination chiefly for the detection of tubercle bacilli.

The number of specimens examined for the County Borough of Dewsbury was 1,423, and the fees received during the year amounted to £71 18s. 6d. in April, 1914, and £47 1s. 6d. in Sept., 1914.

Diphtheria Examinations.—During the year there was a large increase in the number of swabs examined for the Diphtheria bacillus, the total number being 10,985, an increase of 1,384 over the total of the previous year. The following table shows the number of specimens received from different sources with the result of the examination in each case :—

Source of Specimen	*Positive	†Negative	Total
Local Medical Officers and Practitioners	2709	7413	10122
School Medical Inspectors ..	14	91	105
Central Staff	27	731	758
Total ..	2750	8235	10985

* "Positive" signifies that the *Bacillus Diphtheriæ* was found.

† "Negative" signifies that the *Bacillus Diphtheriæ* was not found.

The specimens from Medical Officers of Health and Practitioners include 7,543 specimens from suspected cases and convalescents of which 2,438 were positive and 2,579 from "contacts," of which 271 were positive.

The School Medical Inspectors submitted 105 specimens collected during the course of medical inspection from children with suspicious throats, and 14 of these were proved to be positive.

Six school outbreaks were investigated by the Central Staff and 758 swabs were examined, of which 27 were found to be positive.

Serum Diagnosis of Enteric Fever.—During the year 706 specimens of blood were examined for the Widal Reaction of Enteric Fever, and in 244 or 34·5 per cent. the result was positive. The specimens include a number which were examined as a preliminary in the search for "carriers."

Examination of Sputum for Tubercle Bacilli.—The specimens of sputum examined for the tubercle bacillus numbered 4,097, and of these 1,167 or 28·4 per cent. were reported positive. Compared with last year there has been an increase of 403 in the number of specimens received.

The following tables give the details of the specimens submitted by the West Riding Tuberculosis Staff from patients undergoing treatment at Dispensaries and in Sanatoria :—

SPECIMENS FROM SANATORIA.

Sanatorium.	Positive.	Negative.	Total.
Balby Sanatorium	90	114	204
Brierley Gap Sanatorium ..	11	15	26
Cardigan Sanatorium ..	158	384	542
Morton Banks Sanatorium ..	48	54	102
Dean Head Sanatorium ..	4	2	6
Rothwell Sanatorium.. ..	2	2	4
Total ..	313	571	884

SPECIMENS FROM TUBERCULOSIS DISPENSARIES.

Dispensary.	Positive.	Negative.	Total.
Barnsley	42	77	119
Penistone (Branch)	6	9	15
Wadsley Bridge (Branch) ..	1	—	1
Dewsbury	17	78	95
Pudsey (Branch)	4	15	19
Birstall (Branch)	—	3	3
Doncaster	32	46	78
Goole (Branch)	6	18	24
Thorne (Branch)	1	11	12
Huddersfield	30	51	81
Holmfirth (Branch)	5	8	13
Marsden (Branch)	2	10	12
Uppermill (Branch)	10	29	39
Keighley	19	43	62
Skipton (Branch)	4	14	18
Barnoldswick (Branch) ..	7	15	22
Settle (Branch)	—	—	—
Otley	6	23	29
Shipley (Branch)	8	15	23
Harrogate (Branch)	3	9	12
Guiseley (Branch)	3	—	3
Ripon (Branch)	—	2	2
Pontefract	49	97	146
Normanton (Branch)	9	48	57
Selby (Branch)	5	7	12
Tadcaster (Branch)	—	—	—
Rotherham	16	34	50
Swinton (Branch)	24	23	47
Carried forward ..			

Dispensary.	Positive.	Negative.	Total.
Brought forward ..			
Kiveton Park (Branch) ..	2	6	8
Sowerby Bridge	22	51	73
Todmorden (Branch) ..	4	7	11
Brighouse (Branch) ..	9	15	24
Wakefield	25	62	87
Hemsworth (Branch) ..	23	94	117
Morley (Branch)	9	44	53
South Kirkby (Branch) ..	2	3	5
Total ..	405	967	1372

The School Medical Inspectors submitted 4 specimens taken in the course of school inspection all with negative results.

In 22 cases in which repeated microscopic examination failed to show the presence of the tubercle bacillus biological examination gave a positive result in three. This method as a rule is only applied when at least three consecutive microscopic examinations have been made with negative result.

Miscellaneous Specimens.—The specimens included under this heading numbered 3,176, and consisted of the following classes :—Ringworm 2,784, Enteric Fever 76, Tuberculosis (human) 99, Tuberculosis (bovine) 43, Anthrax 12, Cerebro-spinal Fever 1, Food-poisoning 11, Water 16, Tissues for Histological examination 4, and other bacteriological and pathological specimens 97.

Ringworm.—The total number of specimens of hairs and scales examined for the diagnosis of ringworm was 2,784, and a positive result was obtained in 1,757. The following table shows the number of specimens received from different sources with the result of the examination in each case.

Source of Specimen.	*Positive.	†Negative.	Total.
Local Medical Officers and Practitioners	735	686	1421
School Medical Inspectors ..	965	326	1291
Central Staff	57	15	72
Total ..	1757	1027	2784

Enteric Fever.—The total number of specimens examined for the bacillus typhosus was 76, and consisted chiefly of samples of urine and faeces from convalescent cases of enteric fever, suspected carriers, and doubtful cases in which the Widal Reaction was negative. Forty-four specimens of urine were examined, and in one specimen from a carrier discovered in 1911, the bacillus

was found. The patient was a female aged 57 who had an attack of enteric fever in 1911, and on the 27th day of illness the urine was found to contain the bacillus in large numbers. Ten examinations were made at intervals during 1911, 7 in 1912, 1 in 1913, and 1 in 1914, and in each case the result was positive.

One sample of urine was found to contain the *Bacillus paratyphosus* B. The sample was from one of a group of cases which occurred in the same household and clinically resembled mild enteric fever, but repeated examinations failed to give the Widal Reaction. The examination of the urine showed that the patient was suffering from paratyphoid fever, a disease which is indistinguishable on clinical grounds from enteric fever.

One sample of milk was examined for the *B. typhosus* with negative result.

Tuberculosis.—Ninety-nine specimens (other than sputum) were examined for the tubercle bacillus.

Urine. Sixty-nine specimens of urine were examined with positive result in 11. In 7 of these the bacillus was found by microscopic examination and was confirmed by biological examination in each case.

Pleural Fluid. Fifteen specimens of pleural fluid were examined with positive result in one case.

Pus. Thirteen specimens of pus were examined, and in 4 tubercle bacilli were found.

Glands. Two specimens of glands were examined, and one found to be tuberculous.

Bovine Tuberculosis.—Forty-three specimens were examined for the presence of the tubercle bacillus in milk and various tissues from animals.

Milk. Thirty-eight specimens of milk were examined, of which 27 were from individual cows and 11 were mixed samples, were examined. In three of the unmixd samples tubercle bacilli were found by microscopic examination and the result was in each case confirmed by biological examination. Suitable means were taken to prevent the sale of the milk from the affected animals.

In each of the 11 mixed samples the result of the microscopic and biological examination was negative.

Other Specimens. The other specimens examined for tubercle bacilli consisted of glands, lung, liver, and omentum from suspected tuberculous animals and in one case bacilli were found.

Anthrax.—The total number of specimens examined for the anthrax bacillus was twelve, 10 of which were from the human subject and 2 from animals.

(a) *Human Anthrax*.—In four of the specimens from human sources the anthrax bacillus was found to be present, and the particulars of the cases were as follows :—

1. Male, aged 56. Warp Warehouseman. Malignant pustule on eyelid. Fatal case. Three specimens were examined from this case, 1 swab from the pustule, the excised pustule, and a portion of spleen, but the organism was only found in the latter specimen. The specimens were examined at the request of one of the West Riding Coroners, and evidence was given at the inquest.

2. Female, aged 13. Hanker. Pustule on forearm.

3. Male, aged 60. Wool-shaker. Pustule on forehead.

4. Male, aged 32. Rag-grinder. Pustule at angle of mouth.

(b) *Animal Anthrax*.—The specimens from animals were two samples of blood, one of which was found to contain the anthrax bacillus.

Cerebro-Spinal Fever.—One specimen of cerebro-spinal fluid was submitted for examination for the presence of the meningococcus. No organisms could be found by microscopic examination, but biological examination showed the fluid to be tuberculous.

Food Poisoning.—Eleven specimens were examined for organisms of the food-poisoning group. These were 4 samples of corned beef, 1 sample of potted meat, 2 samples of blood, and one of spleen, kidney, small intestine and stomach from a fatal case. In all the tissues from the fatal case organisms of the Gaertner group were isolated, and the result of the examination was given in evidence at the inquest.

Water.—Sixteen samples of water were examined, 10 for bacteriological analysis, of which 6 were found to be pure and 4 polluted, 5 were samples of bath water to test the effect of purification treatment, and one was examined to determine the nature of a brownish deposit which proved to be due to deposited vegetable material and infusoria.

Tissue for Histological Examination.—Four specimens of tissue were examined histologically, namely, 2 specimens of glands from the neck, one of which was found to be tuberculous, and 2 specimens of tissue, one sarcoma and one carcinoma.

Other Specimens.—The remaining specimens were urine for *B. coli* and other organisms 48, pus for pyogenic organisms, gonococci, actinomyces, &c., 37, blood for organisms 2, blood for cytological examination 5, faeces for occult blood 2, faeces for parasites 3, and one specimen of mussels.

LIST OF THE SANITARY DISTRICTS IN THE WEST RIDING SHOWING THE
NUMBER OF SPECIMENS RECEIVED FROM EACH DURING 1914.

<i>Urban Districts :—</i>				Horsforth	97	Stocksbridge	
Altofts	24	Hoyland Nether	18	Swinton		Thurlstone	
Ardsley	12	Hoylandswaine	3	Thurnscoe		Thurstonland	
Ardsley, East and West	52	Hunsworth	—	Tickhill		Todmorden B.	
Baildon	6	Ilkley	46	Wakefield C.	16	Wath-upon-Deerne	
Balby-with-Hexthorpe	9	Keighley B.	418	Wheatley		Whitley Upper	
Barkisland	6	Kirkburton	13	Whitwood		Wombwell	1
Barnoldswick	22	Kirkheaton	—	Worsborough		Yeadon	
Batley B.	541	Knarborough	22				
Bentley-with-Arksey	23	Knottingley	18				
Bingley	200	Lepton	10				
Birkenshaw	1	Linthwaite	6				
Birstal	3	Liversedge	42				
Bolton-upon-Deerne	30	Luddendenfoot	—				
Brighouse B.	34	Marsden	22				
Burley-in-Wharfedale	5	Meltham	6				
Calverley	1	Methley	5				
Castleford	73	Mexborough	21				
Clayton	7	Midgley	1	<i>Rural Districts :—</i>			
Clayton West	8	Mirfield	81	Barnsley		Bishopthorpe	
Cleckheaton	44	Monk Bretton	12	Bowland		Doncaster	
Cudworth	8	Morley B.	90	Goole		Great Ouseburn	
Darfield	18	Mytholmroyd	9	Halifax		Hemsworth	
Darton	16	New Mill	19	Hunslet		Keighley	
Denby and Cumberworth	4	Normanton	61	Kiveton Park		Knarborough	
Denholme	87	Oakworth	14	Pateley Bridge		Penistone	
Dewsbury B.	1024	Ossett B.	40	Pontefract		Ripon	
Dodworth	3	Otley	110	Rotherham		Sedbergh	
Doncaster B.	761	Oxenhope	1	Selby		Settle	
Drighlington	20	Penistone	153	Skipton		Tadcaster	
Earby	91	Pontefract B.	56	Thorne		Todmorden	
Elland	49	Pudsey B.	4	Wakefield		Wetherby	
Emley	3	Queensbury	68	Wharfedale N.		Wharfedale S.	
Farnley Tyas	—	Rawdon	39	Wortley			
Farsley	6	Rawmarsh	18	<i>Hospitals, etc.</i>			
Featherstone	41	Ripon C.	27	<i>School Medical</i>			
Flockton	1	Rishworth	3	<i>Inspectors</i>			
Garforth	20	Rothwell	61	<i>Central Staff</i>			
Gildersome	2	Royston	7	<i>Miscellaneous</i>			
Golcar	43	Saddleworth	31				
Gomersal	29	Scammonden	—				
Goole	112	Selby	23				
Greasborough	2	Shelf	7				
Greetland	14	Shelley	6				
Guisley	12	Shepley	21				
Gunthwaite and Ingbirchworth	1	Shipley	47				
Handsworth	28	Silsden	19				
Harrogate B.	549	Skelmanthorpe	10				
Haworth	53	Skipton	39				
Hebden Bridge	53	Slaithwaite	23				
Heckmondwike	35	South Crosland	5				
Hipperholme	15	Southowram	5				
Holme	2	Sowerby	6				
Holmfirth	13	Sowerby Bridge	33				
Honley	3	Soyland	1				
Horbury	263	Springhead	4				
		Stainland-with-Old Lindley	16				
		Stanley	27				
				Total No. of Specimens examined bacteriologically 15			

TREATMENT OF TUBERCULOSIS.

TABLE I.

Table shewing Cases Notified and Mortality from Tuberculosis in the West Riding during the five years, 1910-1914 (inclusive), and a comparison of the Death-Rates.

PULMONARY TUBERCULOSIS.												OTHER FORMS.												
Year.	Population (estimated).	Cases notified.			Deaths.			Annual Death rates from Phthisis (West Riding).			Annual Death rates from Phthisis (England and Wales).			Cases notified.			Deaths.			Mortality rate per 1000 persons.				
		Urban.		County.	Urban.		Rural.	County.	Urban.		Rural.	County.	Urban.		Rural.	County.	Urban.		Rural.	County.	Urban.		Rural.	County.
		Urban.	Rural.	County.	Urban.	Rural.	County.	Urban.	Rural.	County.	Urban.	Rural.	County.	Urban.	Rural.	County.	Urban.	Rural.	County.	Urban.	Rural.	County.		
1910	1,561,990	—	—	—	991	243	1234	0·8	0·7	0·8	1·02	—	—	—	544	157	701	0·5	0·4	0·4				
1911	1,584,880*	547	100	647	1125	251	1376	0·9	0·7	0·9	1·06	—	—	—	604	151	755	0·5	0·4	0·5				
1912	1,610,558	2043	508	2551	982	238	1220	0·8	0·6	0·8	1·02	—	—	—	528	103	631	0·4	0·3	0·4				
1913	1,520,994	1942	492	2434	879	271	1150	0·8	0·7	0·8	0·98	1211	282	1493	467	151	618	0·4	0·4	0·4				
1914	1,546,660	1775	434	2209	920	229	1149	0·8	0·6	0·7	Not available	947	186	1133	446	122	568	0·4	0·3	0·4				

TABLE II.

Summary of Notifications received under the Public Health (Tuberculosis) Regulations, 1912, during the period from the 4th January, 1914, to the 2nd January, 1915.

AGE PERIODS.	Notifications on Form A.												No. of Notifications on Form B.		No. of Notifications on Form C.					
	No. of Primary Notifications.																			
	Total Notifications on Form A.												Total Notifications on Form B.							
	0 1	1 5	5 10	10 15	15 20	20 25	25 30	30 35	35 40	40 45	45 50	50 55			55 and over	TOTAL.				
Pulmonary—Males ..	8	28	72	60	109	123	257	192	131	60	23	1063	1077	2	9	17	28	28	34	85
Females ..	5	37	70	70	125	135	238	143	59	34	15	931	940	2	11	21	34	34	11	62
Non-Pulmonary—Males ..	38	116	107	66	65	22	36	16	12	8	5	491	500	8	32	18	58	60	3	—
Females ..	26	94	80	81	42	38	42	24	12	6	3	448	457	2	34	19	55	56	3	—

PART III.

TREATMENT OF TUBERCULOSIS.

The keynote of the work undertaken among sufferers from tuberculosis in the West Riding during the past twelve months has been development, and the progress may be described as a filling-in of the framework outlined in the Report for 1913. The foundation having been laid, and a superstructure commenced, a beneficent and much needed organisation is gradually being evolved which will in its completed form prove of incalculable value not only in mitigating the loss to individual patients, but also in helping forward the national campaign for the eradication of the disease. The work is still handicapped by the restricted accommodation for treatment in sanatoria, and still more by the limited number of beds available for the treatment and isolation of patients in whom the disease has passed beyond the early stage. Every effort has been put forth by the Public Health Committee to accelerate the work in connection with the erection of Middleton-in-Wharfedale Sanatorium, and it is expected that the Institution will be ready for the reception of patients by the time this Report is in print.

The benefits to be obtained through the supervision and treatment offered by the various units of the Scheme are receiving greater appreciation month by month, so that the District Tuberculosis Officers are finding a difficulty in overtaking all the engagements which present themselves. In several areas popular lectures have been given with the object of making more widely known the causes which lead to the development of tuberculosis and the means of preventing the dissemination of the disease, but owing to the distraction caused by the war the time has not been considered opportune for any extensive educative campaign.

The Work at the Dispensaries.

This work is assuming considerable proportions, the average weekly attendance in each area being 106, and the magnitude of the task of the District Tuberculosis Officers will be realised when it is understood that the aggregate weekly attendances number no less than 1,200. During 1913 the highest weekly attendance was 1,075, while during the past year the corresponding figure was 1,363. The services of our Officers have been more extensively made use of for purposes of consultation and diagnosis, and the value placed upon their advice by patients in attendance is displayed in the pathetic persistence of sufferers anxious to travel to the Dispensaries even when they really are not able to do so without undue fatigue. Some even desire to be conveyed in a wheel-chair when they should be resting in bed at home. With the numbers to be dealt with at some of the Branch Dispensaries it is difficult for the Tuberculosis Officer to undertake the cases in the time at his disposal, which is limited by the necessity of railway connections. An increasing number of cases of tuberculosis

of glands and bones are being dealt with, and in suitable cases, appliances are provided, so the sphere of usefulness of the Officers is extending. The clerical work involved in filling up records, communicating with medical practitioners, and corresponding with the District Committees and Central Office Staff, is very considerable, and has increased in proportion to the growth of the dispensary attendances. The time not otherwise occupied is filled up with the visitation of patients at their homes—either in consultation with the medical attendant when an applicant is unable to attend at the dispensary for examination, or when an insured person is undergoing domiciliary treatment.

The time of the twenty tuberculosis nurses is fully taken up with attendance at dispensaries, assisting in the treatment of patients and instructing them in necessary details, and in home visitation to assist in carrying out instructions. An average of 370 domiciliary visits to patients are paid weekly by the nurses attached to the dispensaries, and these are of material assistance to the Tuberculosis Officers in supervising treatment; but with the present staff it is not possible to give ordinary nursing attention at the patients' homes owing to the wide area to be covered.

The careful administration of tuberculin is being continued by the Tuberculosis Officers, with marked benefit in many non-pulmonary cases affecting the skin, bones and glands—and also in some pulmonary cases considerable benefit has been obtained.

Artificial pneumo-thorax has been performed in a number of cases by Dr. Rivers with marked improvement in some instances, and attention has been given to nasal obstruction which has at times called for operative treatment.

The value of the services of the District Tuberculosis Officers calls for recognition, and the interest they display in their work is worthy of the great campaign against disease in which they are engaged.

The examination of Contacts is an important branch of the work, but it is only possible in such an extensive area to deal with those who can attend at a dispensary. The number of contacts during the year found to be affected with the disease in its pulmonary form was 154, and in the non-pulmonary form 58 :—18%.

An effort is now being made to co-ordinate the work of the School Medical Inspectors and the Tuberculosis Officers in so far as suspected cases of tuberculosis are met with during the examination of scholars, and again in bringing to the notice of the School Medical Inspectors contacts of school age, so that these may be kept under continued observation.

The following is a condensed summary of Notes by the District Tuberculosis Officers on the work of the Dispensaries during 1914 :—

In the Keighley area, Dr. Wilson reports a considerable extension of the work, but calls attention to the difficulty met with in securing the attendance of patients at the Dispensaries owing to the distances to be travelled, and to the difficulty in obtaining suitable employment for patients whose vigour has been restored. Many patients present themselves for treatment at too late a stage to give a reasonable hope of improvement, and a considerable number when first brought to notice are confined to bed, and in such a condition that they require hospital treatment.

In the area of which Wakefield is the centre, a new branch has been opened by Dr. McNaught at South Kirkby, and its usefulness has been extended through the action of the Hemsworth Rural District Council in providing conveyances for some of the patients who would otherwise be unable to take advantage of the dispensary. The extension of this facility would prove of great value in other areas, and it is commended to the notice of other authorities. It is found that many members of the District Insurance Committees take a sympathetic view of their obligations towards the patients, and interest themselves in After-Care. While in general the patients welcome the visits of the Tuberculosis Nurses, an attitude of resentment is usually found when the home conditions indicate neglect and untidiness. Defective housing conditions and overcrowding are prominent features of the patients' surroundings in some districts, and the suggestion, well worthy of serious consideration, is made that local authorities might set apart a piece of ground suitable for the erection of shelters. It would appear that while some families are desirous to occupy a more commodious dwelling, they are unable to procure such.

In several cases in this area suitable appliances have been provided for the treatment of non-pulmonary forms of tuberculosis, with considerable benefit resulting.

Dr. Priestley, in the Dewsbury area, finds that the dispensaries are proving their value to a gradually increasing number of patients suffering from all other forms of tuberculosis, and that the branch which has been opened at Birstall is meeting the convenience of many. Attention is directed to the extent of the clerical duties devolving upon our Tuberculosis Officers, as these are found to limit the time which can be devoted to the clinical side of the work. As in other districts, the clamant need for additional hospital accommodation is emphasized, to remove patients from unsuitable surroundings in which they are undergoing so-called domiciliary treatment. The lack of suitable dwellings is frequently apparent, and militates against the measures being taken to combat the disease. In some sections of the area a considerable interest is being taken in the welfare of the patients by the After-Care Committee, but in others the value of the work is not appreciated, and as a result application for treatment is made at too late a stage for much benefit to be obtained.

In the area of which Otley is the centre, four additional branches have been in operation, but as the acreage is so extensive there are several districts which are not conveniently situated to allow the patients to attend a dispensary. It is gratifying to find that there is a growing appreciation of the advantages offered by this form of institutional treatment and supervision, but the most serious hindrance to the progress of the work is the difficulty of access to some of the more remote districts, as the greater part of a day may be occupied in visiting one patient, and the provision of a conveyance would thus greatly increase the value of the work. Dr. Crowley considers that it takes some time for the members of an After-Care Committee to grasp the details of the work which falls within their scope, but some of the Committees have already given valuable assistance in searching out contacts, and by bringing to notice suspected cases. The work of the nurses has been thorough and satisfactory, and energetic co-operation has been given in all matters tending to the success of the scheme. The provision of open-air shelters in this area has played an active part in maintaining the health of many patients. The housing conditions leave much to be desired in some centres, the back-to-back type of dwelling being still prevalent, and in some of the older houses the windows are not constructed to open. It should be stated, however, that in numerous cases these defects are under consideration by the Local Authorities. A fair proportion of patients take an intelligent interest in carrying out instructions regarding their treatment, particularly those who have received a period of treatment in a sanatorium, but some of those who have not had this advantage cannot be depended upon to follow out with care the details of treatment.

In the Sowerby Bridge area the work is well developed, although in outlying districts it is inconvenient for patients to attend at the dispensary. Dr. Liddle considers that the nurses perform a valuable work in domiciliary visits, and that considerable interest in the scheme is displayed by a large number of medical practitioners. The assistance given by the After-Care Committees is highly appreciated, as many patients after treatment are faced with conditions which are detrimental to their welfare. Narrow courts, and insufficiently ventilated dwellings form a menace to the well-being of the inhabitants, and favour the spread of infection. Accordingly the provision of open-air shelters has been of value, and sixteen of these structures are in use in the area.

In the Doncaster area Dr. Ingles finds reason to regret that so many patients apply for treatment only after the disease has passed the earlier stages—no less a proportion than three-fourths. In the case of patients who, while able to resume work, require continued supervision, irregular hours of employment make it difficult to secure regular attendance at the Dispensary. The presence of the District Tuberculosis Officer at meetings of the

Insurance Sanatorium Sub-Committee is found to be helpful, and the work of the After-Care Committee is commended, for one member or another is invariably found to possess a personal knowledge of the circumstances of a patient. Medical practitioners and Medical Officers of Health co-operate in the scheme largely, and patients appreciate the advice given at the dispensary to the extent that it is sometimes difficult to persuade them to rest at home when necessary. The Sanitary Authorities give assistance in endeavouring to improve housing conditions where these are found to be defective, and as in other areas, open-air shelters are of service.

The work in the Barnsley area is developing under Dr. Rivers, but the difficulty of locomotion is found to be a considerable hindrance to the utilisation of his services and those of the nurses to the full extent. He considers that the provision of a conveyance would enable double the amount of work to be undertaken, as so much time is spent in travelling under present circumstances. The central dispensary is conveniently situated, and good work is being accomplished. Medical practitioners are becoming gradually familiarised with the details of the scheme, and the co-operation of the Medical Officers of Health is willingly given. The work of the nurses is considered to be valuable, and the attitude of the patients on the whole satisfactory. The open-air shelters supplied have proved their value, and are fully appreciated by the patients.

Dr. Barr reports an increase in quantity and quality of the work in the Rotherham area, owing to the endeavour recently made to bring the District Tuberculosis Officers into touch with all the notified cases, and also to the co-ordination with the School Medical Inspectors in the examination of children suspected to be tuberculous.

The District Insurance Committee are proving their interest in the patients from the area, though more assistance might be given in obtaining employment for some whose vigour is only partially restored. As many patients are unable to travel, the work of the nurses in paying visits to the homes is appreciated and of considerable value. In some parts of this area the housing conditions are unsuitable for occupation by tuberculous patients, and further, many households display a lack of general cleanliness and disregard for the necessity for ventilation. The utilisation of open-air shelters is not possible in the district to any extent owing to the absence of a suitable site near the dwellings, and in cases where the experiment has been tried of placing one at a little distance, the attendant drawbacks have caused the attempt to be given up.

Dr. Mackenzie finds that in the Pontefract area some practitioners are inclined to resent the endeavour to get into touch with all the cases notified on the ground that they are fully aware

of the advantages of the co-operation of the Tuberculosis Officer, and that, as they send to the Dispensary such cases as are considered suitable, they do not desire the others to be approached. In practice, therefore, Dr. Mackenzie has not found that he has secured the attendance of new cases by making enquiries regarding all cases notified, however, tactfully these are pursued. The use of open-air shelters in the area has proved valuable, although it appears that patients who have not received sanatorium treatment hesitate to occupy them in winter, unless they have gradually been accustomed to the lower temperature.

To recapitulate, the outstanding hint for future success is earlier attendance for treatment, or better still, for advice of a preventative nature, in all cases of suspected pulmonary disease, with contemporaneous progress in the provision of improved housing conditions.

TABLE III.

Diagnosis of the Cases newly met with at West Riding Dispensaries during 1914.

DISPENSARY AREA.	SEX.	PREVIOUSLY NOTIFIED CASES, AND SUSPECTED CASES OTHER THAN HOUSE CONTACTS.												HOUSE CONTACTS.												TOTALS.															
		Found to be suffering from Pulmonary Tuberculosis.			Found to be suffering from Non-Pulmonary Tuberculosis.			Found to be Non-Tuberculous.			Undiagnosed and remaining under observation.			Found to be suffering from Pulmonary Tuberculosis.			Found to be suffering from Non-Pulmonary Tuberculosis.			Found to be Non-Tuberculous.			Undiagnosed and remaining under observation.			Found to be suffering from Pulmonary Tuberculosis.			Found to be suffering from Non-Pulmonary Tuberculosis.			Found to be Non-Tuberculous.			Undiagnosed and remaining under observation.						
		Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.	Ins.	Dep.	Other.				
Barnsley	M. F.	84 12	7 14	2 1	2 —	4 16	1 —	17 12	12 15	2 1	3 —	3 2	— —	1 —	— 1	— —	— 1	— —	8 3	35 55	— —	— —	— —	— —	85 12	7 15	2 1	2 —	4 17	1 —	25 15	47 70	2 1	3 —	3 2	— —					
Dewsbury	M. F.	62 51	17 39	3 2	7 5	7 17	1 1	1 1	1 4	1 —	2 —	— 2	— —	3 3	2 13	1 —	— —	— —	4 15	24 27	3 1	— —	— —	— —	65 54	19 52	4 2	7 5	7 17	1 1	5 16	25 31	4 1	2 —	— 2	— —					
Doncaster	M. F.	66 19	8 40	9 1	4 1	11 17	2 3	4 2	6 22	2 —	— —	— —	— —	— 2	— 2	— —	— —	— —	19 29	— —	— —	— —	— —	— —	66 19	10 42	9 1	4 1	11 17	2 3	4 2	25 51	2 —	— —	— —	— —					
Huddersfield ..	M. F.	48 34	17 15	2 1	12 13	21 21	2 2	11 7	12 14	2 1	5 2	7 3	— —	6 6	11 10	— —	6 6	9 10	1 1	7 7	17 20	1 1	3 3	1 4	— —	54 40	28 25	2 1	18 18	30 31	3 3	18 14	29 34	3 3	8 5	8 7	— —				
Keighley	M. F.	60 35	4 10	2 1	2 4	6 2	1 —	25 30	1 4	1 —	— —	— —	— —	1 3	1 1	— —	— —	2 1	— —	5 13	25 16	— —	— —	— —	61 38	5 11	2 1	2 4	8 3	1 —	30 43	26 20	1 —	— —	— —	— —					
Otley	M. F.	126 59	16 54	3 8	8 6	14 18	1 5	18 9	9 17	— —	— —	— —	— —	— 2	— 2	— —	2 —	— —	7 8	38 42	2 1	— —	— —	— —	126 59	18 56	3 8	8 6	16 18	1 5	25 17	47 59	2 1	— —	— —	— —					
Pontefract .. .	M. F.	12 1	— 10	1 1	— —	3 —	1 —	21 6	6 15	— —	— —	— —	— —	1 4	2 7	— —	— —	1 2	— —	13 8	39 53	— —	— —	— —	13 5	2 17	1 1	— —	4 2	1 —	34 14	45 68	— —	— —	— —	— —					
Rotherham .. .	M. F.	90 18	20 57	25 22	4 1	12 6	— 2	18 2	8 6	— —	— —	— —	— —	4 3	6 15	— 2	— —	— 1	— —	4 1	5 14	— —	— —	— —	94 21	26 72	25 24	4 1	12 7	— 2	22 3	13 21	— —	— —	— —	— —					
Sowerby Bridge ..	M. F.	67 33	15 22	2 2	4 5	6 6	— 1	— 1	1 1	— —	— —	— —	— —	2 5	2 2	— —	1 1	1 —	— —	38 46	59 88	6 3	— —	— —	69 38	17 24	2 2	5 5	7 7	— —	38 47	60 89	5 3	— —	— —	— —					
Wakefield	M. F.	90 28	23 54	2 9	21 7	18 28	1 3	33 12	15 23	3 2	— —	— 2	— —	4 1	10 12	1 —	— —	7 5	— —	12 5	41 73	— —	2 —	1 —	94 29	28 66	3 9	21 7	25 33	1 3	45 17	56 96	3 2	— —	2 3	— —					
Totals	M. F.	705 290	127 315	51 48	64 42	102 131	10 16	148 82	71 121	11 4	10 2	10 9	— —	22 25	38 65	2 2	7 6	22 21	1 1	98 106	302 417	12 6	3 3	3 5	— —	727 315	160 380	53 50	71 47	124 152	11 17	246 188	373 539	22 11	13 5	13 14	— —				

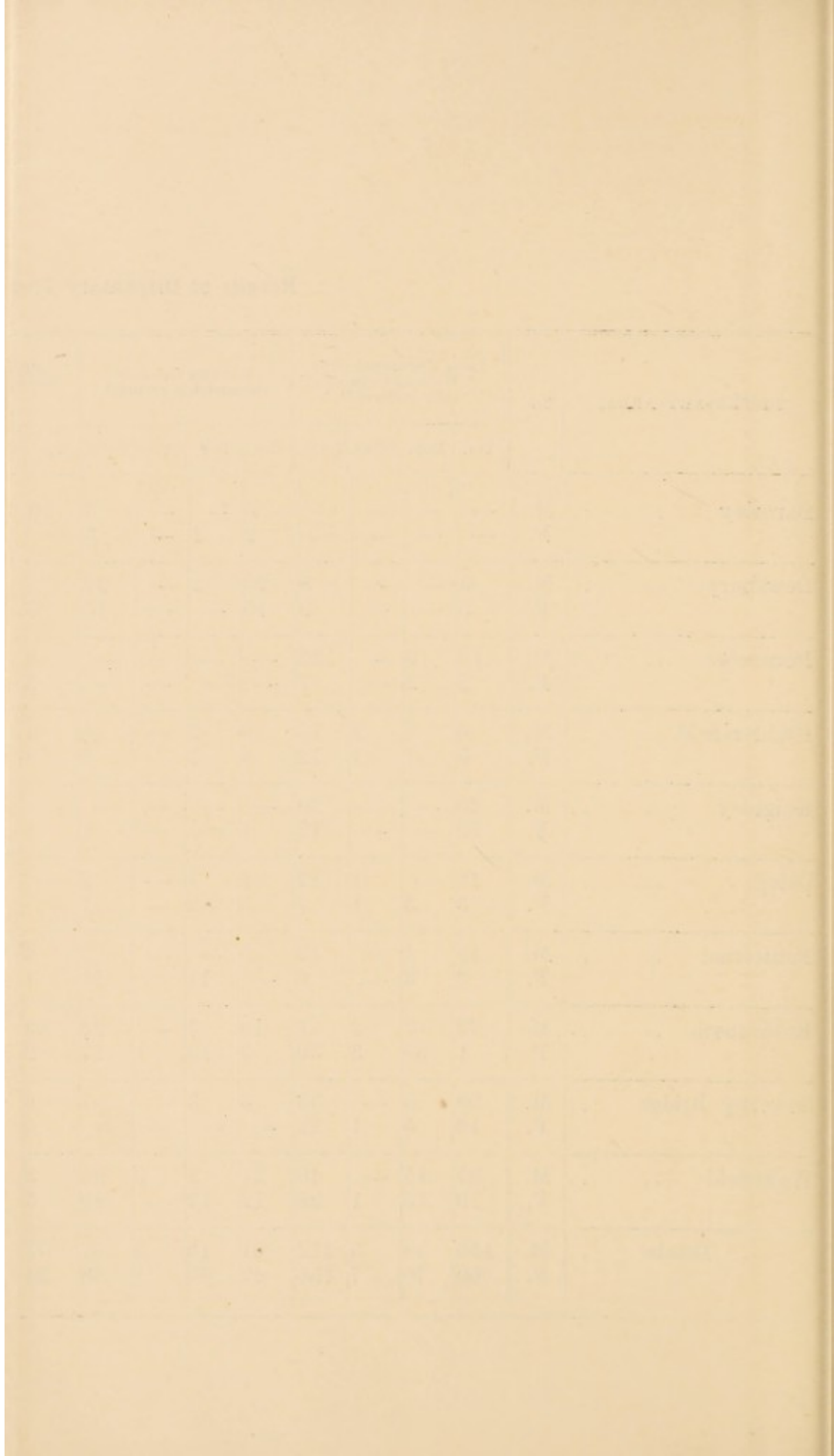
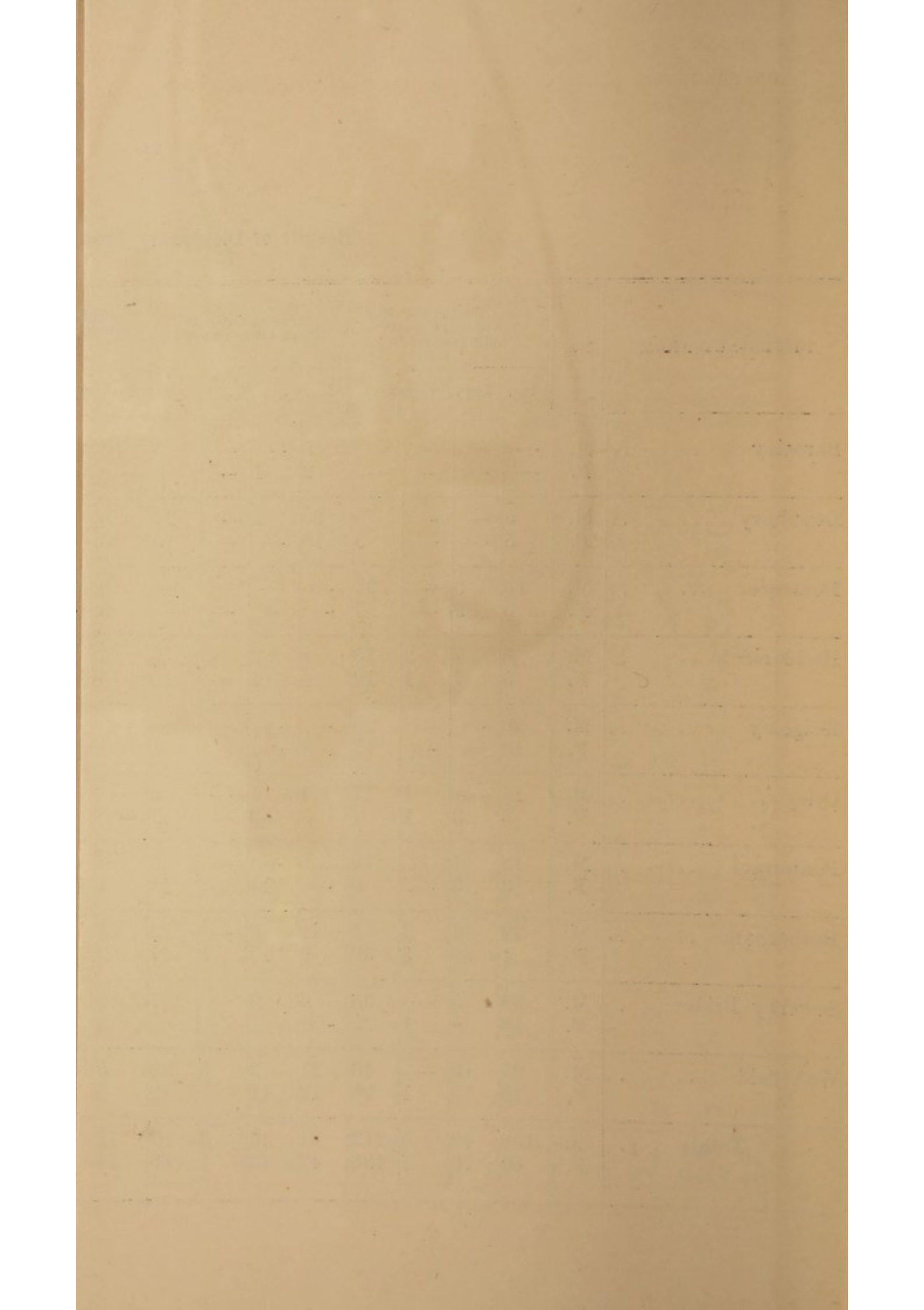


TABLE IV.

Results of Dispensary Treatment during 1914 (Pulmonary Tuberculosis).

DISPENSARY AREA.	Sex.	Cases discharged with "Working Capacity" fully restored.				Working Capacity incompletely restored.				Discharged without restoration of Working Capacity.				Lost sight of or treat- ment discontinued for other than Medical Reasons.				Deaths.				Cases remaining under treatment at end of 1914.				Total No. of cases receiving treatment during 1914.			
		Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.	Ins.	Dep.	Other.	Total.
Barnsley	M.	—	—	—	—	5	—	—	5	10	—	—	10	—	—	—	—	8	—	—	8	60	8	2	70	83	8	2	93
	F.	—	—	—	—	2	1	—	3	—	6	—	6	—	—	—	—	1	2	—	3	9	6	1	16	12	15	1	28
Dewsbury	M.	5	—	—	5	20	2	—	22	5	1	1	7	3	6	1	10	16	—	—	16	38	12	1	51	87	21	3	111
	F.	5	—	—	5	15	—	—	15	3	2	—	5	2	3	—	5	6	4	1	11	45	43	2	90	76	52	3	131
Doncaster	M.	19	3	—	22	—	—	—	—	8	—	1	9	11	3	—	14	14	1	6	21	37	11	2	50	89	18	9	116
	F.	5	2	—	7	—	—	—	—	3	2	—	5	4	16	1	21	2	8	—	10	8	26	2	36	22	54	3	79
Huddersfield ..	M.	6	7	2	15	6	2	—	8	7	2	1	10	—	2	—	4	6	3	1	10	34	25	1	60	61	41	5	107
	F.	5	7	1	12	4	1	—	5	4	3	—	8	—	2	—	2	1	3	—	4	20	35	4	59	34	51	5	90
Keighley	M.	20	—	—	20	—	—	—	—	—	—	—	—	4	—	—	4	3	—	—	3	49	2	—	51	76	2	—	78
	F.	12	—	—	12	1	—	—	1	1	—	—	1	3	2	—	5	—	—	—	—	33	15	3	51	50	17	3	70
Otley	M.	16	—	1	17	1	1	—	2	—	—	—	—	29	4	—	33	13	—	1	14	72	16	1	89	131	21	3	155
	F.	3	3	1	7	5	2	—	7	—	—	—	—	15	8	1	24	6	2	—	8	33	41	6	80	62	56	8	126
Pontefract	M.	18	1	—	19	5	—	—	5	4	—	—	4	19	—	1	20	22	1	1	24	51	10	1	62	119	12	3	134
	F.	3	3	—	6	—	11	—	11	1	—	—	1	3	4	—	7	3	7	1	11	12	30	1	43	22	55	2	79
Rotherham	M.	22	17	2	41	19	3	—	22	23	13	2	38	22	—	1	23	19	2	3	24	7	5	16	28	112	40	24	176
	F.	1	35	3	39	3	13	1	17	2	9	1	12	1	18	—	19	2	10	—	12	14	13	17	44	23	98	22	143
Sowerby Bridge ..	M.	28	5	—	33	4	3	—	7	6	1	—	7	19	6	—	25	7	—	—	7	44	6	2	52	108	21	2	131
	F.	16	5	1	22	—	—	—	—	5	5	—	10	3	7	—	10	—	4	—	4	27	13	1	41	51	34	2	87
Wakefield	M.	25	15	—	40	21	2	3	26	8	—	1	9	9	—	—	9	22	2	4	28	62	35	5	102	147	54	13	214
	F.	10	15	1	26	12	17	—	29	5	4	1	10	6	9	1	16	3	10	—	13	19	58	9	86	55	113	12	180
Totals	M.	159	48	5	212	81	13	3	97	71	17	6	94	118	21	3	142	130	9	16	155	454	130	31	615	1013	238	64	1315
	F.	60	70	7	136	42	45	1	88	24	31	2	58	37	69	3	109	24	50	2	76	220	280	46	546	407	545	61	1013



Non-Pulmonary Tuberculosis.—Analysis of new cases examined at the Dispensaries in 1914 :—

Lymphatic Glands	237
Skin and Subcutaneous Tissue	35
Bone and Joints	90
Internal Organs	60
Total ..	<u>422</u>

Results of Dispensary Treatment in 1914.—(Non-Pulmonary Tuberculosis) :—

Cases discharged fit for work or local condition cured	75
Discharged "Improved"	15
Discharged without improvement, or worse ..	10
Cases lost sight of, or treatment discontinued for other than Medical reasons	50
Deaths	7
Cases still under treatment at end of 1914 ..	<u>359</u>
Total No. of Cases under treatment ..	<u>516</u>

SANATORIUM TREATMENT.

TABLE V.

(a) No. of Patients Admitted to Sanatoria during 1914 :—

Sanatorium.	Insured Persons.		Dependants on Insured Persons.				Non-Insured Persons.				Total.
	Men.	Women.	Men.	Women.	Boys.	Girls.	Men.	Women.	Boys.	Girls.	
Cardigan ..	245	—	—	—	10	—	5	—	—	—	260
Galby	77	2	1	1	2	1	2	—	—	—	86
Morton Banks	—	117	—	43	—	12	—	9	—	1	182
Wrierley Gap ..	4	29	—	15	—	1	—	3	—	1	53
Miscellaneous	9	8	—	—	—	1	1	—	—	—	19
Totals ..	335	156	1	59	12	15	8	12	—	2	600

(b) No. of Patients Discharged from Sanatoria during 1914 :—

Sanatorium.	Insured Persons.		Dependants on Insured Persons				Non-Insured Persons.				Total Discharges.	Average period of residence per patient (days).
	Men.	Women.	Men.	Women.	Boys.	Girls.	Men.	Women.	Boys.	Girls.		
Cardigan	246	—	2	—	6	—	1	—	—	—	255	66
Balby ..	61	4	1	1	2	1	2	—	—	—	72	76
Morton Banks ..	—	125	—	39	—	9	—	7	—	1	181	68
Brierley Gap ..	4	25	—	14	—	1	1	2	—	1	48	76
Miscellaneous	10	6	—	—	—	1	1	—	—	—	18	84
Totals ..	321	160	3	54	8	12	5	9	—	2	574	70

While Sanatorium treatment aims at the restoration to health of patients in whom the disease is in a comparatively early stage, it has to be recorded with regret that a large number of the applicants for treatment have presented themselves in a condition which offers little prospect of recovery. The necessity of supporting a family, the possession of an energetic temperament or of an uncomplaining disposition in turn induce some of the sufferers to continue at work for several months after the onset of the disease, and swell the number of those who prove to be unsuitable for treatment in a Sanatorium. A patient has actually applied for treatment at one of our dispensaries only after he had exhausted the twenty-six weeks period of Sickness Benefit, proving that the knowledge of what Sanatorium Benefit means is unfortunately not widespread. Owing to the limited number of beds at the disposal of the patients, the period of sanatorium treatment has, as a rule, been restricted to three months; and as **200 of those treated during the past year would have required a further period of three months residence**, it must be recognised that the results appended do not represent the full benefit that might have been secured, and that they are only the best that could be obtained with the restricted accommodation available.

145 of the patients admitted for sanatorium treatment would have been treated more appropriately in a Hospital for advanced cases if accommodation could have been found for them, and the short period of residence granted in their case can only be looked upon as an educative measure. The earliest cases, and those in which the greatest benefit is obtained, are found among the "Contacts," through the systematic examination of those who have been found living in close association with a person notified as suffering from tuberculosis.

As the best possible result of sanatorium treatment cannot be secured if patients insist on returning home before the full period of treatment granted has expired, it has been found advisable to impress upon all applicants the importance of remaining as long as the Medical Officer considers advisable. It is naturally most difficult to retain in a sanatorium the patients in the earlier stages of the disease, for these being conscious of quickly returning vigour desire to return home to resume employment often before their recovery is consolidated. A patient who feels comparatively well while living under the sanatorium regimen may fail to realise that he must have his vigour thoroughly restored to maintain his working capacity under conditions which are less conducive to his well-being. Thus, although the vigour is only partially restored, a temporary feeling of physical fitness while living under the best conditions may mislead the individual into thinking he will maintain it when he returns to his old surroundings and the strain of his former employment. The chief explanation of the premature return home from a Sanatorium is the failure of the patients to realise the serious nature of the disease from which they are suffering, and this may be a result of the swing of the pendulum of popular opinion from the old extreme of considering tuberculosis of the lungs to be an incurable malady to the other which regards it as an easily cured disease.

With the object of impressing upon all applicants for treatment the importance of taking full advantage of the opportunity of recovering their strength, the following circular has been drawn up and issued prior to admission to a Sanatorium :—

Importance Notice to Applicants for Sanatorium Treatment.

As it is very important that you should stay in the Sanatorium as long as the Medical Officer may consider necessary, your attention is particularly called to the following suggestions :—

(1) You must not forget that tuberculosis is a serious disease, and that recovery cannot be looked for in a few weeks.

(2) If you return to work before your strength is quite restored, you may soon be in a worse position than before. It will not pay you to go back to work if you are only able to earn a wage for a few weeks, and are never able to work again. It pays best to look ahead, and the object of treatment is not merely to have your strength restored for a few weeks after leaving a Sanatorium, but to permit you to live a life of the natural length. It is therefore well worth while to continue under treatment until your medical advisers consider it wise to allow you to resume your employment.

(3) It is natural that you should miss the companionship of your relatives, but you must make up your mind that you will not allow any feeling of home-sickness to lead you to return home until you have obtained full benefit from the treatment.

(4) If your work or business makes it necessary for someone to take your place, make proper arrangements before you go to the Sanatorium, so that you may be as free as possible from anxiety.

If the patient is a woman, suitable arrangements should be made for the carrying-on of the household duties, and for the care of the family during her absence.

(5) Remember that after being in the Sanatorium for a time you may feel well, and yet, in the doctor's opinion, may not be strong enough to go back to work. As this is a matter of life and death, do not follow the impulse of a moment, but be guided by a medical expert.

(6) Resolve that you will act strictly according to instructions while in the Sanatorium, and avoid doing anything which may endanger your life's capital—your health.

(Signed).....

Statement to be signed by applicant.

I have read the above suggestions, and I promise to follow them out.

Signature.....

Attention is once more called to the advisability of sufferers from tuberculosis of the lungs obtaining treatment at the earliest possible moment; otherwise lasting benefit cannot be secured.

It is to be regretted that the notification of cases by medical practitioners is often delayed until it is too late for remedial measures to be of any avail. An earnest appeal is therefor made that as soon as a case is discovered, information should be sent to the Public Health Authority in accordance with the provisions of the Tuberculosis Regulations.

As an illustration of the fact that many patients delay to seek medical advice until they are in an advanced condition of disease, it is worthy to note that of the deaths occurring among those who applied for treatment during the year, notified up to date, a considerable proportion took place within six months of the date of application, as the following table shows :—

Deaths occurring within one month of application	..	28
" " between 1 and 2 months "	..	23
" " " 2 and 3 " "	..	29
" " " 3 and 4 " "	..	17
" " " 4 and 5 " "	..	10
" " " 5 and 6 " "	..	20
" " over 6 months after application	..	66
Total		.. 193

SANATORIUM RESULTS.

In tabulating the "immediate results" of treatment in Sanatoria, it should be explained that these are stated according to the opinion formed at the date of discharge, and that time must elapse before they can be tested. It is intended that the "after history" of the patients should be traced by enquiry forms sent out yearly, and already this step has been taken. (See results on page 33).

The classification adopted is the Turban-Gerhardt notation, as this is the one agreed upon by the International Tuberculosis Committee :—

CLASS I.—Including the cases in which the disease is limited in extent and of slight severity :

CLASS II.—Cases more extensive, but still of moderate severity :

CLASS III.—Cases with a considerable amount of lung tissue involved, or with considerable excavation.

The heading "Working capacity fully restored" implies the expectation that the patient's ability to work will be maintained.

The heading "Working capacity temporarily restored" means that the patient is able to resume work, but that there is a probability of a relapse occurring.

The heading "Improved" denotes that an improvement in the patient's general condition and in the state of the lungs has been secured, but that the working capacity is not restored.

The other terms are self explanatory.

TABLE VI.

Immediate Results of Sanatorium Treatment (1914).

Sanatorium.	Class.	Result of Sputum Examination.	Working capacity fully Restored.	Working capacity temporarily Restored.	Much Improved.	Moderately Improved.	Condition Unchanged or Worse.	Total.	Average gain in weight.
Cardigan	I.	Tubercle Bacilli found	—	2	—	—	—	Class I.— 93 (36.4%)	11-lbs. 13-oz.
		Tubercle Bacilli not found	64	16	3	5	3		
	II.	Tubercle Bacilli found	—	10	7	4	—	Class II.— 80 (31.3%)	
		Tubercle Bacilli not found	22	25	3	6	3		
	III.	Tubercle Bacilli found	—	13	24	32	6	Class III.— 82 (32.1%)	
		Tubercle Bacilli not found	—	—	2	3	2		
Morton Banks	I.	Tubercle Bacilli found	—	1	1	—	—	Class I.— 87 (48.1%)	10-lbs. 11-oz.
		Tubercle Bacilli not found	45	12	13	11	4		
	II.	Tubercle Bacilli found	—	3	1	5	—	Class II.— 60 (33.2%)	
		Tubercle Bacilli not found	14	9	6	17	5		
	III.	Tubercle Bacilli found	—	3	9	13	5	Class III.— 34 (18.7%)	
		Tubercle Bacilli not found	—	1	—	2	1		
Balby	I.	Tubercle Bacilli found	—	—	—	1	—	Class I.— 26 (36.1%)	10-lbs. 13-oz.
		Tubercle Bacilli not found	18	4	3	—	—		
	II.	Tubercle Bacilli found	—	4	4	2	—	Class II.— 23 (31.9%)	
		Tubercle Bacilli not found	3	4	2	2	2		
	III.	Tubercle Bacilli found	—	3	4	9	4	Class III.— 23 (31.9%)	
		Tubercle Bacilli not found	—	2	—	—	1		
Brierley Gap	I.	Tubercle Bacilli found	—	—	—	—	—	Class I.— 16 (33.3%)	12-lbs. 4-oz.
		Tubercle Bacilli not found	9	6	—	1	—		
	II.	Tubercle Bacilli found	—	4	1	3	—	Class II.— 28 (58.3%)	
		Tubercle Bacilli not found	8	2	4	4	2		
	III.	Tubercle Bacilli found	—	2	—	1	—	Class III.— 4 (8.3%)	
		Tubercle Bacilli not found	—	—	—	1	—		
Miscellaneous Sanatoria	I.	Tubercle Bacilli found	—	2	—	—	—	Class I.— 8 (44.4%)	10-lbs. 7-oz.
		Tubercle Bacilli not found	6	—	—	—	—		
	II.	Tubercle Bacilli found	1	2	3	1	—	Class II.— 8 (44.4%)	
		Tubercle Bacilli not found	1	—	—	—	—		
	III.	Tubercle Bacilli found	—	—	—	—	—	Class III.— 2 (11.2%)	
		Tubercle Bacilli not found	—	—	2	—	—		
	Totals		191 (33.2%)	130 (22.7%)	92 (16.0%)	123 (21.5%)	38 (6.6%)	574	

After-History of Patients discharged from Sanatoria to period ended 31st December, 1913.

(a) Improvement maintained, and patients able to work—the disease being temporarily arrested	206
(b) Improvement maintained but patients not working	24
(c) Condition worse	32
(d) Lost trace of	67
(e) Died	106
Total ..	435

HOSPITAL TREATMENT.

TABLE VII.

(a) **No. of Patients Admitted to Hospital during 1914 :—**

INSTITUTION.	Insured Persons.		Dependant on Insured Persons.				Non-Insured Persons.				Total.
	Males.	Females	Men.	Women.	Boys.	Girls.	Men.	Women.	Boys.	Girls.	
Boothwell ..	—	10	—	12	—	2	—	1	—	—	25
Dean Head ..	25	—	—	—	1	—	1	—	1	—	28
Porton Banks ..	—	3	—	1	—	—	—	—	—	—	4
Total ..	25	13	—	13	1	2	1	1	1	—	57

(b) **No. of Patients Discharged from Hospitals during 1914 :—**

Institution.	Insured Persons.		Dependant on Insured persons.				Non-Insured Persons.				Total Discharges.	Average duration of residence per patient (Days).
	Male.	Female.	Men.	Women.	Boys.	Girls.	Men.	Women.	Boys.	Girls.		
Boothwell ..	—	6	—	9	—	1	—	—	—	—	16	85
Dean Head ..	11	—	—	—	—	—	—	—	—	—	11	58
Porton Banks ..	—	—	—	—	—	—	—	—	—	—	—	—
Total ..	11	6	—	9	—	1	—	—	—	—	27	74

One of the most urgent demands is for a larger number of beds in Institutions for the treatment of more advanced cases, and for the isolation of those whose home conditions render probable the infection of other members of the household. During the period under review 34 beds have been available, but the necessity of

securing additional accommodation will be understood when it is realised that provision is required for 100 patients. It has already been demonstrated that there is a difficulty in persuading patients to remain in an Institution when they realise that there is no prospect of improvement in their condition, and some have persisted in returning home just at the time when they are most likely to communicate the disease to others. Unless some means can be discovered of retaining such cases in a Hospital, therefore, the purpose of isolation seems likely to be defeated. The prolonged nursing at home of a relative suffering from tuberculosis of the lungs throws an undue strain on other members of the family, and is a fruitful means of disseminating the disease; so that the desire of the invalid to be nursed at home when a fatal termination of the illness is inevitable should not be the sole consideration.

Table shewing the immediate results of Hospital Treatment. 1914.

	Males.	Females.	Total.
Improved	3	7	10
Not improved	3	5	8
Died in Institution	5	4	9
Totals ..	11	16	27

Domiciliary Treatment. The routine followed in the case of insured persons who require treatment at home from their medical attendants is that a circular letter embodying the Regulations of the Local Government Board is forwarded to the practitioner concerned, along with a blank domiciliary chart; and the latter with a report of progress added is returned to the central office at the specified time. These reports are thereafter transmitted to the District Tuberculosis Officers to keep them informed of the condition of the patients, whom they visit periodically as time permits.

The provision of adequate hospital accommodation for advanced cases will, it is hoped, reduce the number of patients undergoing domiciliary treatment; for these in too many instances are living under conditions which nullify any attempt to delay the ravages of the disease, and render inevitable the infection of other members of the household.

The need for **dental treatment** is constantly being emphasised, both in regard to conservative measures and the provision of artificial dentures. The ignorance of the public regarding the value of certain articles of diet is exemplified by the fact that many patients have never made use of oatmeal prior to entering a sanatorium, and a very large number seem to have no idea of the value of farinaceous and other materials cooked in the form of puddings. The infrequency of opportunities for ablutions in many households is also apparent, and the need for instruction regarding ordinary dietetic and hygienic rules is often manifested.

The problem of obtaining suitable employment after discharge from the sanatorium is a difficult one, particularly when so many patients have previously worked in factories and mines. In few factories are the conditions suitable for maintaining the health of individuals whose well-being depends largely on a free admission of fresh-air, and even when the nature of the employment does not call for the maintenance of a temperature of the atmosphere higher than that of an ordinary living room, the workers themselves frequently object to the admission of fresh air, and close up ventilating apertures. The most useful advice that can be given is that, failing ideal conditions, the patient should take the best opportunity that offers itself of working in surroundings which give as near an approach to the open air as possible. If a patient should be unfitted for outdoor employment, which is often laborious, he may be able to secure work under an employer who will allow him to have an open window.

After-Care. Some of the District Insurance Committees are displaying a great interest in the welfare of patients after leaving a sanatorium or being treated at a dispensary, but others have taken no steps in this important matter, and a fresh appeal is now made to them to interest themselves in this unit of the Tuberculosis Scheme. It would render the work of the After-Care Committees more valuable if members of Guilds of Help or other charitable agencies operating in an area were co-opted, so that all the patients might come under their purview. As an instance of the assistance which might be rendered, it might be pointed out that, while some necessary articles of clothing may be provided by the Insurance Committee for insured persons preparing to enter a sanatorium, there is sometimes a difficulty in other persons getting their needs supplied, and charitable assistance is called for. Assistance in securing suitable employment after health has been restored is one very helpful method of aiding patients who have come under the notice of the Committee, and it is one of the most important services which can be rendered.

Provision of Open-Air Shelters.

As an adjunct to treatment, the supply of open-air shelters for use near the homes of the patients is appreciated, particularly when it is not possible for the individual to have a separate sleeping room otherwise. Up to December 31st, 1914, 79 shelters were supplied, but two of these which were first obtained and light in construction were damaged during a storm. The best use is made of these structures by patients who have had a period of training in a sanatorium, and eventually when adequate hospital accommodation is available for isolation the shelters should only be utilised for the purpose of enabling patients to continue to lead an open-air life. It is frequently stated that patients after being discharged from a sanatorium return to the old conditions of life, but if the training in the institution is worthy of its name, and the individuals have been impressed with the necessity of

following out the instructions received, then the provision of an open-air shelter alters very materially the conditions under which they live for at least half of each day.

Co-operation of Local Authorities.

The following information has been abstracted relating to the activities of Local Authorities in relation to Tuberculosis during 1914 :—

	No. of Authorities taking action.
Inspection of patient's house or workshop after notification	128
Assistance in examination for contacts	69
Disinfection carried out (mostly after death) ..	145
Leaflets distributed and advice given	100
Action <i>re</i> prevention of infection from expectoration	61

Grants of Extra Nourishment by the Insurance Committee.

In the case of insured persons suffering from tuberculosis of the lungs who were unable to obtain sufficient nourishing food, the grant of extra nourishment has been continued in respect of 262 person who applied for treatment during the year, and this has proved a valuable adjunct to treatment.

Applications for Treatment of Tuberculosis.—During the year under review, 1,679 applications for treatment were received under the scheme, from all classes, as follows :—

Insured Persons	1024
Dependants on Insured Persons	556
Persons outside the Insurance Act	99

WEST RIDING TUBERCULOSIS DISPENSARIES, 1914.

Dispensary Area, and District Tuberculosis Officer.	Situation of Dispensary Premises.	Centre or Branch.	Dispensary Days and Hours.	Total attendances, 1914.	Average weekly attendance, 1914.	Local Sanitary Districts served by Dispensary and Branches.
BARNSELY (Walter C. Rivers, M.R.C.S., L.R.C.P., D.P.H.)	Open-air School, Queen's Road, Barnsley.	Centre (Non-resident)	Monday and Thursday, 6 p.m. Wednesday, 10 a.m. and 2 p.m. Saturday, 10 a.m.	1675	39	Urban :—Ardsley, Cudworth, Darfield, Darton, Dodworth, Gunthwaite, Hoyland Nether, Hoylandswaine, Monk Bretton, Penistone, Royston, Stocksbridge, Thurlstone, Wombwell, Worsborough
	17, Market Street, Penistone	Branch ..	Monday, 2 p.m. Thursday, 10 a.m.	618	15	
	90, Parson Cross Road, Birley Carr	Branch ..	Tuesday, 10 a.m. Thursday, 2-30 p.m.	44	7	Rural :—Barnsley, Penistone, Wortley.
	(Opened 24th Nov., 1914)					
DEWSBURY (Thomas Priestley, M.R.C.S., L.R.C.P.)	Northfield House, Halifax Road, Dewsbury.	Centre (Resident)	Monday and Thursday, 2 p.m. and 6 p.m. Wednesday and Saturday, 10 a.m.	3669	71	Urban :—Batley Borough, Birkenshaw, Birstall, Calverley, Farsley, Heckmondwike, Hunsworth, Pudsey Boro', Spensborough.
	Town Hall, Manor House Street, Pudsey	Branch ..	Tuesday and Friday, 3 p.m.	890	17	
	Council Offices, Birstall	Branch ..	Tuesday, 10 a.m.	70	7	
	(Opened 27th Oct., 1914)					
DONCASTER (John W. Ingles, M.D., Ch.B.)	Merton House, 20, Christchurch Road, Doncaster.	Centre (Resident)	Monday and Thursday, 2 p.m. and 7 p.m. Saturday, 10 a.m.	2992	57	Urban :—Adwick-le-Street, Bentley-with-Arksey, Doncaster Boro', Goole, Thurnscoe, Tickhill.
	7, Belgravia, Goole	Branch ..	Tuesday and Friday, 3 p.m.	1278	26	
	21, Ellison Street, Thorne	Branch ..	Tuesday and Friday, 11 a.m.	538	12	Rural :—Doncaster, Goole, Thorne.

West Riding Tuberculosis Dispensaries, 1914, continued.

Dispensary Area, and District Tuberculosis Officer.	Situation of Dispensary Premises.	Centre or Branch.	Dispensary Days and Hours.	Total attendances, 1914.	Average weekly attendance, 1914.	Local Sanitary Districts served by Dispensary and Branches.
HUDDERSFIELD (Daniel Stewart, M.D., Ch.B., D.P.H.)	16, Ramsden Street, Huddersfield	Centre (Non-resident)	Tuesdays and Fridays, 3 p.m. and 7 p.m.	1771	34	Urban :—Clayton West, Denby and Cumbworth, Farnley Tyas, Golear, Holme, Holmfirth, Honley, Kirkburton, Kirkheaton, Lepton, Linthwaite, Marsden, Meltham, Mirfield, New Mill, Saddleworth, Shelley, Shepley, Skelmanthorpe, Slaithwaite, South Crosland, Springhead, Thurstonland, Whitley Upper.
	Court Street, Uppermill	Branch ..	Tuesdays and Fridays, 10-30 a.m.	1778	34	
	Labour Exchange, Holmfirth	Branch ..	Mondays and Thursdays, 3 p.m.	920	18	
	Over Russell's Shop, Marsden	Branch ..	Mondays and Thursdays, 10 a.m.	652	12	
KEIGHLEY (Edward A. Wilson, M.D., B.S., M.R.C.S., L.R.C.P.)	143, Oaklands, Skipton Road, Keighley	Centre (Resident)	Mondays and Thursdays, 7 p.m. Wednesdays & Saturdays, 10 a.m.	3095	60	Urban :—Barnoldswick, Clayton, Denholme, Earby, Haworth, Keighley Boro', Oakworth, Oxenhope, Queensbury, Silsden, Skipton. Rural :—Bowland, Keighley, Sedburgh, Settle, Skipton.
	District Council Office, Settle	Branch ..	Fridays, 3 p.m. (only when required)	3	—	
	2, Manchester Road, Barnoldswick	Branch ..	Tuesdays, 2 p.m.	730	14	
	*Labour Exchange, Newmarket Street, Skipton	Branch ..	Tuesdays and Fridays, 10-30 a.m.	953	18	

* New premises at the Friendly Societies Hall, Sheep Street, were taken in December, 1914.

West Riding Tuberculosis Dispensaries, 1914, continued.

Dispensary Area, and District Tuberculosis Officer.	Situation of Dispensary Premises.	Centre or Branch.	Dispensary Days and Hours.	Total attendances, 1914.	Average weekly attendance, 1914.	Local Sanitary Districts served by Dispensary and Branches.
OTLEY (G. Allan Crowley, B.A., M.D., B.Ch.) (Succeeded Dr. Jenner in August, 1914).	Whiteley Croft, Station Road, Otley	Centre (Resident)	Tuesdays and Fridays, 10 a.m.	1023	23	Urban :—Baildon, Bingley, Burley-in-Wharfedale, Guiseley, Harrogate Boro', Horsforth, Ilkley, Knarborough, Otley, Rawdon, Ripon City, Shipley, Yeadon. Rural :—Great Ouseburn, Knarborough, Pateley Bridge, Ripon, Wetherby, Wharfedale.
	Kidson's Auction Rooms, Station Bridge, Harrogate	Branch ..	Mondays and Thursdays, 2-30 p.m.	1049	23	
	1(a), Kirkgate, Shipley	Branch ..	Tuesdays, 3-30 p.m., Fridays, 6 p.m.	1635	31	
PONTEFRACT (D. M. Mackenzie, M.D., Ch.B.)	North House, Ripon	Branch ..	Thursdays, 10-45 a.m.	398	8	Urban :—Altofts, Castleford, Featherstone, Garforth, Knottingley, Methley, Normanton, Pontefract, Selby, Whitwood. Rural :—Bishophthorpe, Pontefract, Selby, Tadcaster.
	Urban Council Offices, Guiseley	Branch ..	Tuesdays, 6-30 p.m., Fridays, 3-30 p.m.	159	17	
	(Opened October, 1914)					
ROTHERHAM (Wm. Barr, M.D., Ch.B., B.Sc., D.P.H.)	"The Lindens," Linden Terrace, Tanshelf, Pontefract	Centre (Resident)	Tuesdays and Fridays, 2 p.m. and 7 p.m.	3416	66	Urban :—Bolton-on-Dearne, Greasbrough, Handsworth, Mexborough, Rawmarsh, Swinton, Wath-on-Dearne. Rural :—Kiveton Park, Rotherham.
	37, Brook Street, Selby	Branch ..	Saturdays, 10 a.m.	118	4	
	The Park Pavilion, Normanton	Branch ..	Tuesdays and Fridays, 10 a.m.	2417	47	
ROTHERHAM (Wm. Barr, M.D., Ch.B., B.Sc., D.P.H.)	Carson House, Moorgate Street, Rotherham	Centre (Resident)	Tuesdays, 3 p.m., Fridays, 3 p.m. & 7 p.m.	2220	43	Urban :—Bolton-on-Dearne, Greasbrough, Handsworth, Mexborough, Rawmarsh, Swinton, Wath-on-Dearne. Rural :—Kiveton Park, Rotherham.
	District Council Office, Kiveton Park	Branch ..	Saturdays, 10 a.m.	616	12	
	53, Station Street, Swinton	Branch ..	Tuesdays and Fridays, 10 a.m. Mondays, 2 p.m. and 5-45 p.m. Thursdays, 2 p.m.	2855	55	

West Riding Tuberculosis Dispensaries, 1914, continued.

Dispensary Area, and District Tuberculosis Officer.	Situation of Dispensary Premises.	Centre or Branch.	Dispensary Days and Hours.	Total attendances, 1914.	Average weekly attendance, 1914.	Local Sanitary Districts served by Dispensary and Branches.
SOWERBY BRIDGE .. (George M. B. Liddle) (Succeeded Dr. Traill in August, 1914).	13, Ryburn Buildings, Sowerby Bridge Masonic Hall, Todmorden Old Mechanics' Institute, Brighouse	Centre (Non-resident) Branch .. Branch ..	Mondays, 3 p.m., Thursdays, 3 p.m. and 7 p.m. Saturdays, 10 a.m. Tuesdays and Fridays, 3 p.m. Mondays and Thursdays, 10 a.m.	3729 2212 2320	74 43 46	Urban :—Barkisland, Brighouse Boro', Elland, Greetland, Hebden- Bridge, Hipperholme, Luddendenfoot, Midgley, Mytholmroyd, Rishworth, Scammonden, Shelf, Southowram, Sowerby, Sowerby Bridge, Soyland, Stainland, Todmorden Boro'. Rural :—Halifax, Todmorden.
WAKEFIELD .. (P. Russell McNaught, M.B., Ch.B., B.Sc., D.P.H.) (Succeeded Dr. Richmond in April, 1914).	5, Almshouse Lane, Wakefield Temperance Hall, Morley Rectory Club, Hemsworth The Green, South Kirkby	Centre (Non-resident) Branch .. Branch .. Branch ..	Tuesdays and Fridays, 2 p.m. and 7 p.m. Saturdays, 11 a.m. Mondays and Thursdays, 10 a.m. Mondays and Thursdays, 3 p.m. Wednesdays, 10-30 a.m.	3309 2718 2778 139	65 52 54 24	Urban :—Ardsley E. and W., Drighlington, Emley, Flockton, Gildersome, Horbury, Morley Boro', Ossett Boro', Rothwell, Stanley, Wakefield City. Rural :—Hemsworth, Hunslet, Wakefield.

PART IV.

ABSTRACT OF ANNUAL REPORTS.

Annual Reports have been received from each Sanitary District in the County for the year 1914, relating to 127 Urban, and 28 Rural, Districts. The number of districts remains the same as that for the previous year, and the tables folded in at the end of this Report form an abstract of the statistical tables appended to the local reports. During the year under review, part of the Wortley Rural District, consisting of 533 acres and a population of 267, was added to Sheffield, and the boundaries of Doncaster Borough were extended by the inclusion of the Urban Districts of Balby-with-Hexthorpe, and Wheatley, and the Parish of Carrhouse-with-Elmfield. As, however, these changes did not take effect until November, 1914, the statistics contained in this Report for the districts thus affected relate to the whole of the year, and for the areas as they existed prior to the alterations. It should be stated that a number of Reports were not received until very late in the present year, thereby causing much delay in summarising the returns, the records of receipt showing that 13 Reports were outstanding at the end of July.

Population of the Administrative County.—Table 1, given at the end of this Report, shows the estimated population of each Sanitary District, and the totals for the Urban and Rural Districts are summarised in the figures given below :—

	Estimated population at the middle of 1914.	Area in Acres.	Persons per Acre.
Urban Districts (127) ..	1,145,243	368,002	3.11
Rural Districts (28) ..	401,417	1,291,053	0.31
West Riding Administrative County	1,546,660	1,659,055	0.93

Births.—The births registered in the Administrative County during 1914 were 37,598 (Males 19,088, Females 18,510), corresponding to a rate of 24.3 per 1,000 of the estimated population; the rate for the Urban Districts was 23.4, and that for the Rural Districts 27.4, per 1,000. The County birth-rate was 0.4 higher than that for England and Wales, whilst it was 0.8 below the mean rate of the County for the previous 5 years. The individual districts yielded rates widely divergent from the County average, and these are set out in the long table at the end of the Report.

Deaths.—The total deaths registered in the Administrative County area during 1914 was 21,505. This figure, which gives a rate of 13.9 per 1,000 of the population, is practically identical

to that recorded for the previous year, and is only 0·3 below the mean rate for the 5 years, 1909-1913. The nett deaths were 21,291 (Males 10,930, Females 10,361), or 214 less than the gross number. It should be recorded that during 1914, 2,411 deaths occurring in districts to which they did not belong, were allocated to their proper district of residence by this Department, under the system of the Registrar General. (See Table 1, at end of Report, for death-rate for each Sanitary District).

The following tables show respectively the County birth and death rates for the past 10 years, and the age-distribution of the nett deaths for 1914.

West Riding Birth and Death Rates for Ten Years.

	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Birth-rate	27·1	27·0	25·8	26·7	25·7	25·5	25·1	24·4	24·6	24·3
Death-rate	15·2	15·4	15·3	15·2	14·4	13·9	15·5	13·3	14·0	13·9
Infant Mortality† ..	133	136	130	132	111	117	143	95	120	114
Zymotic Death-rate	1·45	1·93	1·39	1·55	0·95	1·07	2·49	1·01	1·39	1·51
Small Pox	0·02	nil	nil	nil	nil	nil	nil	nil	nil	0·00
Scarlet Fever	0·21	0·16	0·07	0·06	0·06	0·06	0·06	0·08	0·07	0·06
Diphtheria & Cr. ..	0·17	0·18	0·17	0·15	0·13	0·13	0·13	0·11	0·13	0·19
Enteric Fever	0·14	0·11	0·07	0·12	0·10	0·07	0·15	0·06	0·05	0·09
Measles	0·18	0·35	0·42	0·29	0·22	0·21	0·50	0·34	0·28	0·32
Whooping Cough ..	0·17	0·23	0·28	0·29	0·18	0·25	0·27	0·18	0·12	0·25
Diarrhoea	0·56	0·90	0·38	0·64	0·26	0·35	1·38	0·24	0·74	0·60
Respiratory	2·57	2·25	2·75	2·37	2·42	2·18	2·46	2·28	2·47	2·32
Phthisis	0·94	0·95	0·98	0·97	0·88	0·79	0·86	0·76	0·76	0·74

† Deaths under one year per 1000 births.

Age-distribution of the Nett Deaths.

	Under 1 year.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	Total (Nett Deaths)
Urban Districts (127) ..	3036	815	713	761	622	1819	3635	4510	15911
Rural Districts (28) ..	1248	350	297	214	195	582	974	1520	5380
West Riding Administrative County ..	4284	1165	1010	975	817	2401	4609	6030	21291

Mortality at different Ages.—The list of diseases, and the age-groups exhibited in the following summary, are those required by the Local Government Board in the tabulation of the reports by local medical officers of health.

CAUSE OF DEATH.	Age at Death.								All Ages
	Under 1 year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
Enteric Fever	—	—	3	29	28	54	29	1	144
Thall-Pox	—	—	—	1	—	—	—	—	1
Measles	108	185	140	52	3	4	—	—	492
Scarlet Fever	2	9	36	33	7	2	—	—	89
Whooping Cough	206	113	69	5	—	—	—	1	394
Diphtheria and Croup	9	21	125	125	3	1	2	1	287
Influenza	9	1	4	7	7	30	66	54	178
Erysipelas	3	—	1	1	—	3	5	12	25
Pneumonia (Pulmonary Tuberculosis)	8	10	20	84	216	479	288	44	1149
Tuberculous Meningitis	57	39	37	54	14	8	5	—	214
Other Tuberculous Diseases	56	48	56	60	39	59	25	11	354
Cancer	—	—	1	6	11	125	726	590	1459
Pneumatic Fever	—	—	1	11	20	25	25	11	93
Meningitis	46	29	26	42	13	15	7	2	180
Organic Heart Disease	7	3	7	58	65	237	821	947	2145
Bronchitis	352	89	46	10	9	37	335	762	1640
Pneumonia (all forms)	429	283	164	90	56	202	280	208	1712
Other Diseases of Respiratory Organs	20	9	28	22	4	37	70	44	234
Diarrhoea and Enteritis	684	131	46	17	6	5	19	25	933
Appendicitis and Typhlitis	—	—	3	21	32	32	9	5	102
Cirrhosis of Liver	—	—	—	—	—	21	89	37	147
Alcoholism	—	—	—	—	1	16	27	8	52
Nephritis and Bright's Disease	9	9	13	21	27	140	276	224	719
Erysipelas	—	—	—	—	7	27	1	—	35
Other Diseases of Pregnancy and Parturition	14	—	—	—	22	102	4	—	142
Constitutional Debility, Premature Birth, &c.	1574	14	11	5	—	2	—	—	1606
Violent Deaths, excluding Suicide	44	22	68	86	92	185	159	78	734
icide	—	—	—	2	14	70	54	23	163
Other defined Diseases	568	127	89	121	109	436	1194	2581	5225
Diseases ill-defined or unknown	79	23	16	12	12	47	93	361	643
ALL CAUSES..	4284	1165	1010	975	817	2401	4609	6030	21291

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

	Annual Rates per 1,000 of the Estimated Population.					Infant Mortality (Deaths under one year per 1,000 Births).
	Birth-rate.	Death-rate.	Zymotic Death-rate.	Phthisis Death-rate.	Respiratory Death-rate.	
(1) Urban Districts (127) in the West Riding	23.4	13.9*	1.4	0.8	2.3	114
(2) Rural Districts (28) in the West Riding	27.4	13.5*	1.8	0.6	2.3	115
(3) West Riding Administrative County ..	24.3	13.9	1.5	0.7	2.3	114
(4) <i>England & Wales</i>	23.8	14.0	1.2	?	?	105

* Excluding Asylum Deaths.

Isolation Hospitals.—The next table gives particulars of the removals to hospital during 1914, and affords a comparison with the figures for the previous year. Columns 18 to 22 of Table III. (see end) show the removals for each district.

	Total cases notified.	Cases removed to Hospital.	
		Number.	Proportion.
Small Pox	11	11	100.0 per cent.
Scarlet Fever	6369	4915	77.2 „
Diphtheria and Membraneous Croup ..	2527	1572	62.2 „
Enteric Fever	743	575	77.4 „
Total 1914 ..	9650	7073	73.3 „
Total 1913 ..	8229	5849	71.1 „

Infantile Mortality.—The rate in the Administrative County during 1914 was 114 as against 120 in 1913 (*vide* Column 20, Table 1, Appendix, for details).

The next tables show an analysis of the deaths from stated causes in different periods under one year of age.

WEST RIDING ADMINISTRATIVE COUNTY.

Infantile Mortality during the year 1914.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total Deaths under 1 year.
Small-Pox	—	—	—	—	—	—	—	—	—	—
Chicken-Pox	—	—	—	—	—	—	—	1	—	1
Measles	1	—	—	—	1	6	4	40	57	108
Scarlet Fever	—	—	—	—	—	—	—	—	2	2
Whooping Cough	—	—	3	5	8	45	43	62	48	206
Diphtheria and Croup	—	—	—	—	—	—	1	2	6	9
Erysipelas	—	1	—	—	1	—	1	—	1	3
Tuberculous Meningitis	1	—	—	—	1	9	13	19	15	57
Abdominal Tuberculosis	—	—	—	1	1	2	14	5	6	28
Other Tuberculous Diseases	1	1	—	—	2	2	7	14	14	39
Meningitis (not Tuberculous)	2	1	2	1	6	4	14	12	10	46
Convulsions	46	24	26	10	106	56	45	26	30	263
Otitis	2	—	—	—	2	3	1	5	2	13
Bronchitis	2	12	13	14	41	109	69	74	59	352
Pneumonia (all forms)	6	4	6	4	20	62	100	121	126	429
Diarrhoea	1	3	2	5	11	59	91	65	44	270
Enteritis	1	4	6	7	18	82	126	97	58	381
Colitis	4	1	7	4	16	25	16	8	8	73
Gonorrhoea	—	1	2	2	5	12	5	3	—	25
Scabies	—	—	1	—	1	1	—	2	2	6
Asphyxiation, overlying	7	1	1	5	14	9	1	1	—	25
Injury at Birth	25	2	—	—	27	—	—	—	—	27
Asphyxia	54	13	5	6	78	4	—	—	—	82
Congenital Malformations	71	19	8	11	109	20	20	10	9	168
Immature Birth	602	65	50	38	755	64	15	3	1	838
Stunted, Debility and	131	49	55	36	271	146	82	32	19	550
Other Causes	53	15	20	8	96	53	52	40	42	283
Grand Total for Administrative County	1010	216	207	157	1590	773	720	642	559	4284

Age Distribution of Infant Deaths.	No. of Deaths.		Ratio per 1000 Births.	
	1913.	1914.	1913.	1914.
Under 1 week	1053	1010	28.1	26.9
1 to 2 weeks	250	216	6.7	5.7
2 to 3 „	237	207	6.3	5.5
3 to 4 „	173	157	4.6	4.2
Total under 1 month ..	1713	1590	45.7	42.3
1 to 3 months	809	773	21.6	20.6
Total under 3 months ..	2522	2363	67.3	62.9
3 to 6 months	784	720	20.9	19.1
6 to 9 „	598	642	16.0	17.1
9 to 12 „	578	559	15.4	14.9
	4482	4284	119.6	114.0

Notification of Births Act and Health Visitors.—The Notification of Births Act became operative within the Administrative Area on the 1st July, 1914. Certain Local Authorities had adopted the Act prior to this date, but in all other places throughout the Administrative County births have to be notified to the County Medical Officer by the parent or attendant at birth within 36 hours of their occurrence. Some confusion has recently arisen owing to the wrong interpretation of the Notification of Births (Extension) Act, 1915, by some Local Authorities. This latter Act makes the notification of births compulsory throughout England and Wales, but it does not change the procedure of notifying births where the Act had previously been in operation. In all places within the Administrative area for which the County Council is the Authority, births should be notified to the County Medical Officer and to no one else.

As outlined in my Report of 1913, District Nursing Associations have been largely utilised in establishing the work of Health Visiting under the Notification of Births Act throughout the Riding. A certain interval of time necessarily elapsed before the scheme was thoroughly established, but by the end of 1914 there were very few places in which this important work of following up the births was not in full operation. During the first few months of 1915 Nurses were appointed to the remaining districts, and we have at present 50 whole-time Nurses who act as Health Visitors and School Nurses, and 43 Part-time Nurses who perform similar duties besides acting as District Nurses. In normal conditions it would have been a pleasure to give a detailed account of the work that is being done by these officers, but owing to the special exigencies of the present crisis, this is not possible.

The following table shows the work done by Health Visitors from July to December, 1914.

No. of Notification of Births received.	No. of First Visits.	No. of Re-visits, and Special Visits.
7606	6356	8594

Zymotic Disease.—Particulars regarding the incidence of the seven principal Zymotic diseases are given in the following table. The combined death-rate was 1.51 per 1,000 of the estimated population.

Zymotic Disease.	No. of Cases 1914.	No. of Deaths 1914.	Ratio of Deaths.	
			(a) per 1000 persons attacked.	(b) per 1000 persons living.
(1) Small-Pox	11	1	90.9	0.00
(2) Scarlet Fever ..	6369	89	14.0	0.06
(3) Diphtheria and Membranous Croup ..	2527	287	113.6	0.19
(4) Enteric Fever ..	743	144	193.8	0.09
(5) Measles	Not notified	492	?	0.32
(6) Whooping Cough ..	„	394	?	0.25
(7) Diarrhoea & Enteritis	„	933	?	0.60
Total of Chief Zymotic Diseases	?	2340	?	1.51

Phthisis or Pulmonary Tuberculosis.—In 1914, 2,209 notifications were recorded as against 2,434 in 1913 and 2,551 in 1912, while the deaths recorded in 1914 were 1,149 as against 1,150 in 1913 and 1,220 in 1912. In another part of this report Dr. Campbell contributes a section which deals chiefly with the treatment of this disease as carried out under the National Insurance Act, 1911.

Cancer.—There were 1,459 deaths attributed to Cancer or malignant disease compared with 1,439 in the previous year, which indicate a continuance of the increasing mortality from this disease so noticeable in recent years.

Ophthalmia Neonatorum.—This disease became notifiable on the 1st April, 1914, i.e., all cases where there is inflammation of, or discharge from the eyes of infants under 20 days old. During the 9 months of 1914 in which the order was in force, there were 251 notifications. In the same period there would be about 28,000 births, showing that just less than one per cent. of babies suffered from this extremely dangerous disease. The probabilities are that the above figure represents only a portion of the actual cases

owing to neglect of notifying on the part of some of the responsible persons. A great deal of attention has been devoted to reduce the prevalence of this disease. The great importance of preventative measures has been insisted on in a circular which was sent to all the Midwives in the Administrative Area.

The co-operation of the Health Visitors has been of inestimable value in following up an active campaign against this disease which causes impairment of vision and, in neglected cases, total blindness.

Poliomyelitis and Cerebro-Spinal Meningitis.—There were 22 cases of acute anterior Poliomyelitis, and 3 cases of Cerebro-Spinal Meningitis recorded during 1914.

In the early months of 1915 great activity was displayed by this department in attempting to combat the threatened outbreak of the latter disease in the West Riding.

Action under the Housing Acts, Town Planning Act, and the Housing (Inspection of District) Regulations, 1910.

The commencement of the year 1914 found the Housing question becoming more pressing than ever, and the County Health Department and Local Sanitary Authorities generally active at this work, until the advent of the War, when the consequent attempts of the Local Government Board and other Departments to curtail all expenditures of public monies on works not urgent, put a stop to housing progress.

Information obtained on the Local Government Board buff schedule of February, 1914, shows that there were 347,849 houses in the West Riding, of which 279,842 were let at a rental of £16 per annum or under, and, at the time of the return, 56,452 of this type of house had been inspected.

There had been 1,954 unfit houses discovered, 1,008 still remained unfit, and 17,056 houses had been found which, although not unfit, had serious defects, and 4,484 of these were still defective. Overcrowding was noted in 18,583 houses with a population of 144,786, or equal to a proportion per cent. to population in private tenements of 9.8.

Detailed inspections were made of the following districts and reports made to the Committee, viz. :—Urban Districts of Altofts, Barnoldswick, Earby, Horbury, Kirkburton, Knottingley, Marsden, Silsden, Skelmanthorpe, Stainland, Stanley, and Swinton, and the Rural Districts of Bowland (Gisburn Parish), Doncaster (Barnborough), Goole (Snaith and Cowick), Great Ouseburn (Boroughbridge), Penistone (Cawthorne, High Hoyland, and Silkstone), Pontefract (Hensall), Ripon (North Stainley-with-Sleningford and Markington-with-Wallerthwaite), Selby (Newlands), Settle

(Bentham, Ingleton, Langcliffe, and Settle), Skipton (Farnhill and Salterforth). The Committee directed that suitable steps should be taken to meet each case and Conferences were arranged.

The action of Local Authorities with regard to the provision of dwelling houses under Part III. of the Act of 1890 is shown by the number of inquiries held by the Local Government Board, particulars of which will be found in the table given on page 3 of this Report. These inquiries were attended and detailed notes made of the type of house proposed to be erected.

INSPECTION BY OFFICERS OF LOCAL SANITARY AUTHORITIES.

The number of houses in the Administrative County which fall within the limit of rent applicable under Section 14 of the Housing, Town Planning, etc., Act, 1909, viz. :—£16 and under, is according to the buff returns previously mentioned 279,842. There were inspected in 1910, 17,118 houses; in 1911, 19,601; 1912, 24,616; 1913, 21,229; and in 1914, 26,327. In two districts there were no inspections; under ten inspections were made in four districts; in 25 districts between 10 and 50 inspections only were made; in 42 districts between 50 and 100; in 20 districts there were between 200 and 300 inspections, and in 21 over 300. The result of the inspections is summarised below.

Number found satisfactory. Of the 26,327 houses inspected during 1914, 12,728 were found to be satisfactory, or 48 per cent. of the whole.

Defective Houses. Of the defective houses, 4,339 were dealt with under Section 15 of the 1909 Act, 8,530 under the Public Health Acts, and 730 were found to be unfit for habitation.

Section 15 Houses. There were 4,339 found during the year, and 2,332 brought forward from 1913, making 6,671 to be dealt with in 1914; of this number 3,321 were made reasonably fit for habitation; in 9 cases the Local Authority executed or were executing the work in default of the landlords, and in 56 instances the landlords elected to close the houses instead of complying with the notices; 3,277 houses with defects unremedied were carried to 1915.

Houses dealt with under Public Health Acts. 8,530 houses came under this head in the year, and 4,711 were brought forward from the previous year, making a total of 13,241 to be dealt with. Of these, 4,869 were made fit after preliminary notice, 1,547 after legal notice, and 6,825 are shown to be carried forward to 1915.

Unfit Houses. 730 houses were found to be unfit for habitation and 509 were brought forward from 1913, making 1,239. Of this number 639 were represented to the Local Authorities as being unfit, 103 were made fit for habitation without the issue of

Closing Orders, 178 were closed voluntarily, and in respect of 411 houses, Closing Orders were made, and 249 houses were closed, of which 104 were made fit and the Closing Orders determined. 52 houses were demolished voluntarily, and Demolition Orders were made in respect of 73 houses; 14 of these were demolished during the year, and 935 unfit houses were carried forward to 1915.

Appeals. Appeals were made with regard to 11 houses. In 5 cases the result was not made known during the year, in 4 the appeals were withdrawn, and in 2 cases the appeal was dismissed.

Unfit Houses in Rural Districts. With regard to unfit houses in Rural Districts the Clerk of the district must send to me copies of all representations made to his Authority, and also do the same with regard to obstructive buildings. I have received during the year copies of representations regarding 285 unfit houses, and of Closing Orders relating to 173 houses. My records show that 11 of the Local Authorities sent me neither copies of representations nor of Closing Orders.

Cellar Dwellings. As regards cellar dwellings which come under Section 17 (7) of the 1909 Act, two districts made regulations, viz. :—Bingley and Rothwell.

Scarcity of Houses. Returns from the local medical officers show that in 60 districts, 45 Urban and 15 Rural, there was a scarcity of houses, and these facts need to be taken in conjunction with the next paragraph.

Overcrowding. This was reported in 89 districts (72 Urban and 17 Rural), a total of 423 cases being dealt with, 295 in Urban, and 128 in Rural, districts. These two items show that ample need exists for action under the Housing Acts. Most of the cases were in the South Yorkshire coalfield. These returns are by no means a true indication of overcrowding, there being, as pointed out in my Report for 1913, numerous instances where there were two or more families living in one house, which could not be dealt with owing to the scarcity of houses. Restrictions imposed as to the size of this Report prevent me from enumerating the ill consequences that arise from overcrowding, which on the Registrar General's standard alone affects about one house in 20 in the Riding, and about one-tenth of the population.

Activity in House Building. I have again to report that there is no general activity in house building. In 31 districts there is said to have been more or less activity; 22 of these are Urban and 9 Rural. The number of houses built in 1914 was 4,172 working-class dwellings and 568 of other kinds.

Working-class Houses built by Sanitary Authorities. In 9 Urban districts the Authorities report the erection of houses by themselves, making a total for the year of 368, viz. :—Bentley-with-Arksey 100, Featherstone 46, Flockton 10, Kirkburton 6,

Linthwaite 16, Meltham 22, Normanton 76, Pontefract Borough 50, Selby 42. None was erected by Rural District Councils. The Authorities which contemplated the building of houses numbered 36, 29 Urban and 7 Rural.

Town Planning. The Local Government Board have held Inquiries with regard to Town Planning Schemes for Otley, Doncaster Rural (Carcroft Area), and Rotherham Rural (Brampton-en-le-Morthen, and Laughton-en-le-Morthen). The following districts prepared schemes during the year, Bentley-with-Arksey Urban District, and the Rural Districts of Doncaster Armthorpe Area) and Hunslet (Templenewsam Area).

No improvement schemes or re-construction schemes have been intimated to me.

Statutory Complaints to County Council. None received.

Statutory Complaints to Local Government Board. Complaints have been made under Part III. by inhabitant householders and public inquiries held at Darfield and Kirkburton. At Darfield, the Council passed a resolution admitting the statements made in the complaint and proposing with the consent of the Local Government Board to erect houses. In the Kirkburton case, the Council were willing to erect 6 houses, but the complainants contended that this number was insufficient. Ultimately the Board informed the Council that they were prepared to accept a scheme for 6 new houses on the understanding that more would be subsequently provided if necessary. A complaint was also made with regard to the Stanley Urban District, but it was decided to take no action in this case until after the District Council election.

Application of County Council for exercise of Powers of Rural District Council. It has not been necessary to ask for powers under Section 13 of the 1909 Act, to take over the powers, with regard to Housing, of any of the Rural District Councils, but it was pointed out in some cases that such powers existed, and this had the desired effect.

General Sanitary Matters.—The following lists, relating to water supply, sewerage, and scavenging, have been compiled from "Table C," appended to the local Annual Reports.

Water Supply.

Urban District.

Deficiency of Supply.

Ardsley E. & W.	..	East Ardsley, owing to industrial demands.
Burley-in-Wharfedale	44	houses west of Peel Place (defective pipes).
Darton	..	Yes, Haigh and Swithin (contracts let for mains).
Earby	..	Yes, at Mereclough Farm, Kelbrook.
Gomersal	..	Throstle Nest, Land's Farm and Swinley.

*Urban District.**Deficiency of Supply.*

Handsworth ..	..	Vicar Lane, Woodhouse.
Haworth ..	..	Barcroft, during summer months.
Honley ..	..	Gib Lane Head.
Hoylandswaine ..	..	Shallow wells, dry in autumn.
Hunsworth ..	..	Boundary Terrace, Lodge Farm, and Green Lane.
Kirkburton ..	..	Yew Tree Farm.
Lepton ..	..	Spa Bottom, Spital Royd.
Linthwaite ..	..	Lowerhouses.
Mexborough ..	..	Yes, throughout the District.
Midgley ..	..	In dry weather in several places.
New Mill ..	..	Victoria, Gate Foot, and other outside places.
Oakworth ..	..	Laycock.
Oxenhope ..	..	Shaw and Back Leeming.
Penistone ..	..	Yes, at Cubley.
Rawdon ..	..	Rawdon Estate; very acute during late summer.
Rothwell ..	..	High Levels, Lofthouse.
Saddleworth ..	..	Diglee.
Thurlstone ..	..	Some outlying houses and farms.
Todmorden Borough..	..	A few private supplies occasionally.

Rural District.

Barnsley ..	..	Woolley, in very dry weather.
Bowland ..	..	Gisburn Forest, Paythorne.
Doncaster ..	..	Adwick-le-Street and Edlington.
Halifax ..	..	Isolated places in Norland and Norwood Green and Coley.
Hunslet ...	..	Newsam Green Cottages in day time only.
Knaresborough ..	..	Hampsthwaite, Scotton, Brearton, and Flaxby.
Pateley Bridge ..	..	Bewerley, Bridgehousegate, and Loft-house.
Penistone ..	..	Thurgoland, part of Cawthorne, and Hunshelf.
Pontefract ..	..	East Hardwick.
Sedbergh ..	..	Dent and Hawes Junction.
Settle ..	..	Langcliffe and Settle.
Skipton ..	..	Gargrave and Hartlington.
Tadcaster ..	..	Newton, Sherburn-in-Elmet, Barkston, Saxton.
Thorne ..	..	Stainforth.
Wetherby ..	..	Kirkby Overblow.
Wortley ..	..	Some shortage at Oughtibridge owing to summer.
Baildon ..	..	Prod Lane and Lane End District.

Sewerage.

<i>Urban District.</i>	<i>Developments needed.</i>
Bingley	Ryecroft, and parts of Wilsden and Havercroft.
Bolton-upon-Dearne	Wath Road, etc.
Brighouse B. ..	In South portion (Contract out).
Burley-in-Wharfedale	Elm Grove Estate.
Clayton West ..	Some.
Darton	Open sewers in several places.
Drighlington ..	In part of Whitehall Road.
Elland	Outlying parts.
Flockton	West End, Lane End, The Green.
Gildersome	One district not connected to main.
Golear	Westwood and Westwood Edge.
Gomersal	Cliffe Lane and Lower Spen.
Goole	Yes.
Handsworth ..	Vicar Lane, Longstorrs Lane, Bartle Road, Hagg Lane, and Little Lane.
Haworth	A portion of the Eden Road.
Hipperholme ..	Cecil Avenue.
Honley	To connect Oldfield to system.
Hoyland Nether ..	Some.
Hunsworth	Hunsworth Lane, Village and Cringles.
Knarborough ..	Bond End sewer.
Knottingley ..	Ferrybridge Road and Pontefract Road.
Lepton	Town Bottom, Town End, and Low Moor.
Luddendenfoot ..	Rose Place, Beulah Place, and Belmont.
Marsden	Yes.
Oakworth	Stanbury and Laycock.
Oxenhope	High Marsh.
Penistone	Cubley.
Pontefract B. ..	Toll Hill and Ackworth Road (cesspools).
Rawdon	To take effluent from Park Mills.
Saddleworth ..	Gatehead, Harrop Green, Diglee and Shaw Lea.
Shelley	Yes, some at Townend.
Shepley	Yes, some at Dobroyd.
Shipley	Surface water sewer in Bradford Road.
Skelmanthorpe ..	Some.
Slaithwaite	To Commercial.
Stocksbridge ..	Some properties not connected.
Swinton	Rockingham and Warren Vale Roads.
Tickhill	New sewer in Castlegate and Pinfold Lane.
Todmorden B. ..	Connection of Eastwood, Springside, Castle Street, and Millwood to main; a few sewers in outlying districts.
Whitley Upper ..	Yes, at Woodnook.
Worsborough ..	Highstone Fold, Swaithe, Furnace Yard, Ship Inn, Beaumont Terrace, Red Lion Hotel, and Office Buildings.

*Rural District.**Developments needed.*

Bishophthorpe	..	Yes.
Great Ouseburn	..	Acomb (Beckfield Lane area).
Halifax	..	To a small extent in some districts.
Keighley	..	Uppermill, Morton.
Kiveton Park	..	Extensions at Anston and Dinnington.
Knaresborough	..	Burton Leonard, Hampsthwaite, Scotton and Knox.
Pontefract	..	Beal, Whitley Bridge.
Ripon	..	Galphay, Mickley.
Sedburgh	..	Millthorp.
Settle	..	Horton, Kirkby Malham, and Malham
Skipton	..	Threshfield, Hebden, Burnsall, Starbottom, Draughton and Bradley.
Tadcaster	..	St. John's Hill, Aberford.
Thorne	..	A sewage scheme at Stainforth.
Wetherby	..	North Ripton.
Wortley	..	Loxley, Charlton Brook and Wharnccliffe Side still under consideration.

Scavenging.*District.**Inadequacy.*

Brighouse B.	..	Destructor required.
Greasbrough	..	Odd complaints at times.
Holmfirth	..	Tips unsatisfactory.
Horbury	..	Present tip nearly full.
Kirkburton	..	Not altogether satisfactory.
Knottingley	..	A few complaints.
Saddleworth	..	Insufficient tip accommodation.
Skipton	..	Nearly full.
Soyland	..	In the populous centres.
Stanley	..	Some delay.
Stocksbridge	..	Not always well done.
Thurlstone	..	In outlying districts.
Tickhill	..	Room for improvement.
Whitley Upper	..	General in hamlets, Woodnook and Clough Gate.
Bowland R.	..	At Slaidburn owing to deficiency of pail closets.
Goole R.	..	Except Swinefleet, Rawcliffe, Snaith, Cowick.
Knaresborough R.	..	Killinghall and Knaresborough Outer.
Pateley Bridge R.	..	Public tips required for large villages.
Penistone R.	..	Throughout district.
Pontefract R.	..	Carleton.
Selby R.	..	Difficulty in getting farmers to remove.
Settle R.	..	Long Preston and Hellifield.

Factories and Workshops.—The totals given below represent a summary of the returns supplied to the Home Office by local Medical Officers of Health. The number of Registered Workshops dealt with in the 1914 Reports was 6,756, and the Underground Bakehouses 96.

Premises.	Number of Inspections.	Number of Written Notices.	Number of Prosecutions.
Factories	2361	112	—
Workshops	10841	223	1
Workplaces	325	16	—
Totals ..	13527	351	1

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied	Referred to H.M. Inspector	
<i>Nuisances under Public Health Acts :</i>				
Want of Cleanliness	238	239	—	—
Want of Ventilation	50	47	—	—
Overcrowding	7	7	—	—
Want of Drainage of Floors ..	7	5	—	—
Other Nuisances	159	151	3	—
Closets, Insufficient	47	64	3	—
„ Unsuitable or Defective ..	215	192	—	—
„ Not separate for Sexes ..	16	14	2	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal Occupation of Underground Bakehouse (S. 101)	3	3	—	—
Breach of Special Sanitary Requirements for Bakehouses ..	51	51	1	—
Other Offences	9	9	2	—
Total offences ..	802	782	11	—

PART V.

STATISTICAL ADDENDUM.

Money borrowed by Local Sanitary Authorities.—The total amount of loans for various purposes sanctioned by the Local Government Board on the application of Local Authorities within the Administrative County, is shown in the following table :—

Loans sanctioned, 1888-1913.

YEAR.	PURPOSE.				Total Loans Sanctioned.
	Sewerage and Sewage Disposal.	Water	Hospital.	Other.	
	£	£	£	£	£
1888	14,110	9,130	5,500	90,434	119,174
1889	25,933	53,479	—	71,968	151,380
1890	9,969	57,030	8,500	24,505	100,004
1891	64,035	63,205	8,300	88,518	224,058
1892	77,323	16,180	2,005	118,856	214,364
1893	101,143	27,250	9,150	140,639	278,182
1894	202,839	56,328	30,386	117,306	406,859
1895	289,370	81,176	11,635	255,110	637,291
1896	168,706	12,501	250	107,965	289,422
1897	147,400	18,432	12,420	149,122	327,374
1898	170,074	18,278	28,460	262,252	479,064
1899	192,654	43,760	16,990	183,281	436,685
1900	267,314	54,049	8,889	93,003	423,255
1901	177,759	17,150	27,097	309,616	531,622
1902	183,905	178,685	14,715	187,704	565,009
1903	178,442	66,361	9,246	159,365	413,414
1904	238,050	60,649	6,800	154,519	460,018
1905	92,923	10,787	6,676	88,447	198,833
1906	96,145	14,753	21,614	50,742	183,254
1907	67,109	126,282	2,580	61,505	257,476
1908	126,349	17,888	20,821	58,091	223,149
1909	151,419	11,621	1,496	112,696	277,232
1910	94,556	9,527	2,270	74,661	181,014
1-1-11 to } 31-3-12 }	165,510	80,296	8,327	143,949	398,082
1912-13	47,184	54,684	4,532	352,900	459,300
1913-14	143,476	64,408	19,957	182,917	410,758

Loans sanctioned from 1st April, 1913 to 31st March, 1914.

I.—Urban District.	Purpose.	Years	Amount.
			£
Baildon ..	Sewage Disposal ..	30	1310
Balby-w-Hexthorpe ..	Do. ..	30	6176
Do. ..	Do. ..	15	635
Barkisland ..	Water Supply ..	30	3315
Do. ..	Do. ..	15	70
Barnoldswick ..	Gasworks ..	20	1000
Do. ..	Do. ..	10	1000
Do. ..	Sewerage ..	30	1168
Do. ..	Steam Fire Engine ..	10	313
Do. ..	Water Supply ..	30	2400
Batley ..	Sewage Disposal ..	30	17367
Do. ..	Do. ..	15	1028
Bentley-with-Arksey ..	Land for Depot ..	30	380
Do. ..	Do. ..	15	207
Do. ..	Public Offices ..	30	1607
Do. ..	Do. ..	15	186
Do. ..	Sewage Disposal—Land ..	60	340
Do. ..	Sewage Disposal and Sewerage ..	30	8443
Do. ..	Do. ..	15	1106
Do. ..	Street Improvement—Land ..	60	205
Do. ..	Do. ..	12	106
Bingley ..	Bridge Improvement ..	30	1792
Do. ..	Fire Engine and Appliances ..	10	1000
Do. ..	Gas Undertaking ..	60	2050
Do. ..	Do. ..	20	500
Do. ..	Public Walks and Pleasure Grounds ..	20	270
Do. ..	Sewerage ..	30	275
Do. ..	Street and Bridge Improvement ..	60	9707
Do. ..	Street Improvement ..	20	200
Do. ..	Do. ..	19	1313
Do. ..	Do. Land ..	10	7018
Birstall ..	Depot—Land ..	20	300
Brighouse ..	Baths and Washhouses Acts ..	15	440
Castleford ..	Street Improvement—Land ..	60	270
Cleckheaton ..	Gas Undertaking ..	30	8319
Do. ..	Do. ..	20	6662
Do. ..	Do. ..	15	2538
Do. ..	Do. ..	10	1038
Cudworth ..	Do. ..	30	726
Do. ..	Do. ..	19	428
Dodworth ..	Public Offices ..	30	1200
Doncaster ..	Fire Engine and Appliances ..	10	1067
Do. ..	Gas Undertaking ..	30	4730
Do. ..	Do. ..	17	385

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

I.—Urban District.		Purpose.	Years	Amount.
				£
Doncaster	..	Gas Undertaking	15	4455
Do.	..	Street Improvement—Land	60	18410
Earby	..	Private Street Improvement	7	1940
Do.	..	Do.	6	1672
Do.	..	Sewage Disposal	30	3958
Do.	..	Do.	15	680
Elland	..	Street Improvement	5	780
Farsley	..	Sanitary purposes—Land	5	1032
Featherstone	..	Private Street Improvement	7	5775
Do.	..	Water Supply	30	425
Golcar	..	Sewerage	30	200
Goole	..	Baths and Washhouses Acts	30	250
Do.	..	Do.	20	100
Harrogate	..	Baths and Mineral Water Undertaking—Land	60	7400
Do.	..	Do.	20	1120
Do.	..	Sewerage and Surface Water Drainage	30	7000
Hebden Bridge	..	Bridge Widening	10	150
Do.	..	Sewerage	30	330
Do.	..	Stables	30	240
Heckmondwike	..	Fire Brigade	19	121
Do.	..	Baths and Washhouses Acts	49	600
Do.	..	Do.	16	709
Do.	..	Do.	5	261
Hipperholme	..	Gas Undertaking	30	826
Do.	..	Do.	20	109
Do.	..	Do.	15	65
Do.	..	Water Supply	30	800
Holmfirth	..	Sewerage	30	1825
Horbury	..	Street Improvement—Land	60	670
Do.	..	Do.	22	1873
Do.	..	Do.	7	392
Kirkburton	..	Sewage Disposal and Sewerage	30	762
Linthwaite	..	Sewerage	30	3806
Do.	..	Street Improvement	6	625
Marsden	..	Ambulance Shed	26	350
Do.	..	Street Improvement—Land	60	856
Do.	..	Do.	20	247
Meltham	..	Sewerage	30	600
Mexborough	..	Public Walks and Pleasure Grounds	30	200
Do.	..	Public Walks and Pleasure Grounds	20	568
Do.	..	Sewage Disposal—Land	60	182

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

I.—Urban District.		Purpose.	Years	Amount.
				£
Mexborough	..	Sewage Disposal and Sewerage	30	6744
Do.	..	Do.	15	1021
Do.	..	Baths and Washhouses Acts	60	445
Do.	..	Do.	30	3345
Do.	..	Do.	16	1310
Do.	..	Do.	10	860
Mirfield	..	Sewage Disposal	30	3850
Morley	..	Water Undertaking	30	3350
Do.	..	Do.	15	6650
Normanton	..	Private Street Improvement	5	1138
Oakworth	..	Street Improvement—Land	60	140
Do.	..	Do.	20	140
Ossett	..	Gas Undertaking	30	18260
Do.	..	Do.	20	3640
Do.	..	Do.	15	7450
Do.	..	Do.	10	1500
Do.	..	Do.	2	750
Do.	..	Sewage Disposal and Sewerage	30	9241
Do.	..	Do.	15	455
Do.	..	Water Undertaking	30	640
Oxenhope	..	Street Improvement—Land	60	460
Pudsey	..	Mortuary	30	100
Do.	..	Street Improvement—Land	55	2471
Do.	..	Do.	15	632
Do.	..	Town Hall	30	2589
Do.	..	Do.	15	214
Selby	..	Water Supply—Land	60	630
Shipley	..	Fire Engine	10	1100
Do.	..	Gas Undertaking	30	6150
Do.	..	Public Walks and Pleasure Grounds—Land	60	450
Do.	..	Water Undertaking	30	3200
Silsden	..	Gas Works	15	485
Do.	..	Street Improvement—Land	60	230
Skipton	..	Sewage Disposal, Sewerage and Surface Water Drainage	30	1447
Springhead	..	Sewage Disposal and Sewerage	30	20360
Thurnscoe	..	Public Walks and Pleasure Grounds	23	1675
Do.	..	Street Improvement	22	1325
Do.	..	Water Supply	20	700
Todmorden	..	Public Walks and Pleasure Grounds	20	1500
Do.	..	Sewage Disposal	30	1800
Do.	..	Street Improvement—Land	40	765
Do.	..	Do. Do.	5	85

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

I.—Urban District.	Purpose.	Years	Amount.
			£
Wakefield ..	Fire Engine ..	10	955
Do. ..	Street Improvement—Land ..	60	2100
Do. ..	Water Works ..	30	22792
Wath-upon-Dearne	Sewage Disposal and Sewerage	30	10437
Do. ..	Do. ..	15	2613
Do. ..	Steam Road Roller ..	10	430
Do. ..	Water Undertaking ..	60	248
Do. ..	Do. ..	30	7727
Do. ..	Do. ..	15	2665
Do. ..	Do. ..	10	1255

Loans sanctioned from 1st April, 1913 to 31st March, 1914.

II.—Rural District.	Purpose.	Years	Amount.
			£
Doncaster (<i>Askern</i>) ..	Sewage Disposal and Sewerage ..	30	3165
Do. <i>do.</i> ..	Do. ..	15	500
Goole (<i>Swinefleet</i>) ..	Water Supply ..	30	1400
Gt. Ouseburn (<i>Green Hammerton</i>)	Do. ..	14	145
Hemsworth (<i>Ackworth</i>) ..	Do. ..	30	145
Do. (<i>Hemsworth R.D.</i>)	Highway Improvement —Land ..	60	134
Do. <i>do.</i> ..	Do. ..	28	416
Do. (<i>North Elmsall</i>) ..	Sewage Disposal ..	30	197
Do. <i>do.</i> ..	Do. ..	15	31
Do. (<i>Shafton</i>) ..	Do. ..	30	185
Do. <i>do.</i> ..	Do. ..	15	60
Do. (<i>South Elmsall</i>) ..	Do. ..	30	1584
Do. <i>do.</i> ..	Do. ..	15	247
Do. (<i>South Kirkby</i>) ..	Do. ..	30	2445
Do. <i>do.</i> ..	Do. ..	15	382
Keighley (<i>East and West Morton</i>)	Sewerage ..	30	220
Do. (<i>Keighley R.D.</i>) ..	Holme Bridge, Sutton ..	20	1400
Kiveton Park (<i>Dinnington</i>) ..	Sewerage ..	30	160
Do. (<i>Kiveton Park R.D.</i>)	Highway Improvement	20	540
Do. <i>do.</i> ..	Surface Water Drainage	30	1210
Knaresborough (<i>Follifoot</i>) ..	Sewerage ..	30	280
Pateley Bridge (<i>Dacre</i>) ..	Sewage Disposal and Sewerage ..	30	1063
Do. (<i>Hartwith-with-Winsley</i>)	Do. ..	30	2657
Do. (<i>High and Low Bishopside</i>)	Water Supply ..	30	222

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

II.—Rural District.		Purpose.	Years	Amount
				£
Rotherham	(<i>Brampton-en-le-Morthen</i>)	Sewerage	30	110
Do.	(<i>Laughton-en-le-Morthen</i>)	Do.	30	1387
Do.	(<i>Maltby</i>)	Sewerage and Disposal	30	2064
Do.	(<i>Ravenfield</i>)	Water Supply	30	539
Do.	(<i>Rotherham R.D.</i>)	Highway purposes—Land	60	2335
Do.	<i>do.</i>	Highway purposes	24	4033
Do.	<i>do.</i>	Do.	5	612
Settle	(<i>Airton</i>)	Sewage Disposal—Land	60	45
Do.	(<i>Bentham</i>)	Water Supply	30	800
Do.	(<i>Ingleton</i>)	Water Supply	30	565
Do.	(<i>Langcliffe</i>)	Water Supply—Land	60	425
Do.	(<i>Langcliffe</i>)	Water Supply	30	1900
Skipton Rural	(<i>Cold Coniston</i>)	Do.	30	1100
Do.	<i>do.</i>	Do.	15	300
Do.	(<i>Embsay-with-Eastby</i>)	Sewerage	30	940
Tadcaster		Sewerage and Sewage Disposal	30	100
Do.	(<i>Allerton Bywater and Kippax Special Drainage District</i>)	Do.	15	100
Do.	<i>do.</i>	Do.	15	100
Todmorden	(<i>Blackshaw</i>)	Sewage Disposal and Sewerage	30	2292
Do.	(<i>Erringden</i>)	Do.	36	1000
Wetherby	(<i>Bramham-with-Oglethorpe</i>)	Do.	30	388
Do.	(<i>Spofforth and Stockeld</i>)	Do.	30	905
Do.	(<i>Weeton</i>)	Sewage Disposal—Land	60	330
Do.	<i>do.</i>	Sewage Disposal and Sewerage	30	4180
Do.	<i>do.</i>	Sewage Disposal	15	90
III.—Joint Boards, and Committees.		Purpose.	Years	Amount
				£
Brighouse Joint Hospital Board		Isolation Hospital	5	5259
Doncaster and Mexborough Joint Hospital Board		Do.	30	5728
Do.		Do.	10	470
Do.		Do.	7	500

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

III.—Joint Boards, and Committees.	Purpose.	Years	Amount
			£
Swinton and Mexboro' Gas Board	Gas Undertaking ..	10	2000
Normanton and District ..	Hospital ..	10	167
Do. ..	Do. ..	30	4833
Wharfedale Union ..	Do. ..	30	3000

Provisional Orders granted and confirmed during 1913 under the Public Health Act, 1875.

District.	Object.
Cleckheaton U.D. ..	Altering the Cleckheaton Local Board Act, 1870, and the L.G.B.'s Provisional Orders Confirmation (No. 4) Act, 1888. The L.G.B.'s Provisional Orders Confirmation (No. 4) Act, 1913.
Doncaster B. ..	Compulsory purchase. The L.G.B.'s Provisional Orders Confirmation (No. 5) Act, 1913.
Harrogate B. ..	Altering the Harrogate Improvement Act, 1841, the Harrogate Corporation Act, 1893, and a Confirming Act. The L.G.B.'s Provisional Orders Confirmation (No. 3) Act, 1913.
Kiveton Park R.D. ..	Dissolving the Fir Vale Special Drainage District. The L.G.B.'s Provisional Orders Confirmation (No. 1) Act, 1913.
Linthwaite U.D. ..	Compulsory purchase. The L.G.B.'s Provisional Orders Confirmation (No. 9) Act, 1913.
Wombwell U.D. ..	Partially repealing and altering the Wombwell Local Board Gas Act, 1879. The L.G.B.'s Provisional Orders Confirmation (No. 7) Act, 1913.

Urban Powers conferred on Rural District Councils during 1913.

Rural Sanitary Authority.	Section of Public Health Act.	Contributory places affected.
Doncaster	.. Section 161, first paragraph	Edlington & Warmsworth
Hemsworth	.. Private Street Works, 1892, except sewerage	Ryhill; part of a certain street
Hunslet	.. Section 39	Temple Newsam
Keighley	.. Section 3 of the P.H. (Buildings in Streets) Act, 1888	Whole district
Kiveton Park	.. Section 154, so much as confers powers to purchase premises for widening, &c., a certain street.	Kiveton Park (certain street)
Knarborough	.. Private Street Works Act, 1892, except sewerage	Killinghall, Knarborough Outer and Pannal, as regards certain streets or parts of streets
Rotherham	.. Private Street Works Act, 1892, except sewerage	Maltby, as regards certain streets and part of a street
Skipton	.. Section 66	Glusburn and Grassington
Tadcaster	.. Section 160 (1)	East Tadcaster and West Tadcaster
	Private Street Works Act, 1892, except sewerage	Allerton Bywater and Kippax Special Drainage District, as regards certain streets or parts of streets
Wortley	.. Section 197	.. Whole district

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907.—Districts in respect of which Orders were issued during the year ended 31st March, 1914, declaring provisions of the Act to be in force :—

Altofts, Ardsley, Barnoldswick, Goole, Holmfirth, Linthwaite, Marsden, Meltham, Rawdon, Royston.

DAIRIES, COWSHEDS AND MILKSHOPS ORDERS.—During the year ended 31st March, 1914, Regulations were made under these Orders, and copies forwarded to the Local Government Board, by the Keighley Rural Council.

Byelaws confirmed between 1st April, 1913 and 31st March, 1914.

Subjects.	West Riding Sanitary Authority adopting same.
Baths ..	Brighouse
Do. ..	Cleckheaton
Wash-houses ..	Do.
Common Lodging Houses ..	Shelley
Markets ..	Mexborough
Prevention of Nuisances ..	Shelley
Regulation of Offensive Trades	Guiselley
Do. ..	Mexborough
Do. ..	Ripon City
Do. ..	Swinton
Public Walks and Pleasure Grounds	Bingley
Do. ..	Cleckheaton
Do. ..	Mexborough
Streets and Buildings ..	Barnoldswick
Do. ..	Selby U.
Do. ..	Shelley
Do. ..	Pateley Bridge R.
Tents, Vans and Sheds ..	Ripon City
Do. ..	Shelley
Water Supply ..	Brighouse B.
Do. ..	Horsforth

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

II.—Rural District.		Purpose.	Years	Amount
				£
Rotherham	(<i>Brampton-en-le-Morthen</i>)	.. Sewerage ..	30	110
Do.	(<i>Laughton-en-le-Morthen</i>)	.. Do. ..	30	1387
Do.	(<i>Maltby</i>)	.. Sewerage and Disposal ..	30	2064
Do.	(<i>Ravenfield</i>)	.. Water Supply ..	30	539
Do.	(<i>Rotherham R.D.</i>)	.. Highway purposes—Land ..	60	2335
Do.	<i>do.</i>	.. Highway purposes ..	24	4033
Do.	<i>do.</i>	.. Do. ..	5	612
Settle	(<i>Airton</i>)	.. Sewage Disposal—Land ..	60	45
Do.	(<i>Bentham</i>)	.. Water Supply ..	30	800
Do.	(<i>Ingleton</i>)	.. Water Supply ..	30	565
Do.	(<i>Langcliffe</i>)	.. Water Supply—Land ..	60	425
Do.	(<i>Langcliffe</i>)	.. Water Supply ..	30	1900
Skipton Rural	(<i>Cold Coniston</i>)	.. Do. ..	30	1100
Do.	<i>do.</i>	.. Do. ..	15	300
Do.	(<i>Embsay-with-Eastby</i>)	.. Sewerage ..	30	940
Radcaster		.. Sewerage and Sewage Disposal ..	30	100
(<i>Allerton Bywater and Kippax Special Drainage District</i>)				
Do.	<i>do.</i>	.. Do. ..	15	100
Radmorden	(<i>Blackshaw</i>)	.. Sewage Disposal and Sewerage ..	30	2292
Do.	(<i>Erringden</i>)	.. Do. ..	36	1000
Vetherby	(<i>Bramham-with-Oglethorpe</i>)	.. Do. ..	30	388
Do.	(<i>Spofforth and Stockeld</i>)	.. Do. ..	30	905
Do.	(<i>Weeton</i>)	.. Sewage Disposal—Land ..	60	330
Do.	<i>do.</i>	.. Sewage Disposal and Sewerage ..	30	4180
Do.	<i>do.</i>	.. Sewage Disposal ..	15	90
III.—Joint Boards, and Committees.		Purpose.	Years	Amount
				£
Grighouse Joint Hospital Board		.. Isolation Hospital ..	5	5259
Doncaster and Mexborough Joint Hospital Board	..	.. Do. ..	30	5728
Do.	..	.. Do. ..	10	470
Do.	..	.. Do. ..	7	500

Loans sanctioned from 1st April, 1913 to 31st March, 1914, continued.

III.—Joint Boards, and Committees.	Purpose.	Years	Amount
			£
Swinton and Mexboro' Gas Board	Gas Undertaking	.. 10	20000
Normanton and District	Hospital	.. 10	1677
Do.	Do.	.. 30	48338
Wharfedale Union	Do.	.. 30	30000

Provisional Orders granted and confirmed during 1913 under the Public Health Act, 1875.

District.	Object.
Cleckheaton U.D.	.. Altering the Cleckheaton Local Board Act, 1870, and the L.G.B.'s Provisional Orders Confirmation (No. 4) Act, 1888. The L.G.B.'s Provisional Orders Confirmation (No. 4) Act, 1913.
Doncaster B.	.. Compulsory purchase. The L.G.B.'s Provisional Orders Confirmation (No. 5) Act, 1913.
Harrogate B.	.. Altering the Harrogate Improvement Act, 1841, the Harrogate Corporation Act, 1893, and a Confirming Act. The L.G.B.'s Provisional Orders Confirmation (No. 3) Act, 1913.
Kiveton Park R.D.	.. Dissolving the Fir Vale Special Drainage District. The L.G.B.'s Provisional Orders Confirmation (No. 1) Act, 1913.
Linthwaite U.D.	.. Compulsory purchase. The L.G.B.'s Provisional Orders Confirmation (No. 9) Act, 1913.
Wombwell U.D.	.. Partially repealing and altering the Wombwell Local Board Gas Act, 1879. The L.G.B.'s Provisional Orders Confirmation (No. 7) Act, 1913.

Urban Powers conferred on Rural District Councils during 1913.

Rural Sanitary Authority.	Section of Public Health Act.	Contributory places affected.
Doncaster	.. Section 161, first paragraph	Edlington & Warmsworth
Hemsworth	.. Private Street Works, 1892, except sewerage	Ryhill; part of a certain street
Hunslet	.. Section 39	.. Templenewsam
Keighley	.. Section 3 of the P.H. (Buildings in Streets) Act, 1888	Whole district
Kiveton Park	.. Section 154, so much as confers powers to purchase premises for widening, &c., a certain street.	Kiveton Park (certain street)
Knaresborough	.. Private Street Works Act, 1892, except sewerage	Killinghall, Knaresboro' Outer and Pannal, as regards certain streets or parts of streets
Rotherham	.. Private Street Works Act, 1892, except sewerage	Maltby, as regards certain streets and part of a street
Skipton	.. Section 66	.. Glusburn and Grassington
Tadcaster	.. Section 160 (1)	.. East Tadcaster and West Tadcaster
	Private Street Works Act, 1892, except sewerage	Allerton Bywater and Kippax Special Drainage District, as regards certain streets or parts of streets
Wortley	.. Section 197	.. Whole district

PUBLIC HEALTH ACTS AMENDMENT ACT, 1907.—Districts in respect of which Orders were issued during the year ended 31st March, 1914, declaring provisions of the Act to be in force :—

Altofts, Ardsley, Barnoldswick, Goole, Holmfirth, Linthwaite, Marsden, Meltham, Rawdon, Royston.

DAIRIES, COWSHEDS AND MILKSHOPS ORDERS.—During the year ended 31st March, 1914, Regulations were made under these Orders, and copies forwarded to the Local Government Board, by the Keighley Rural Council.

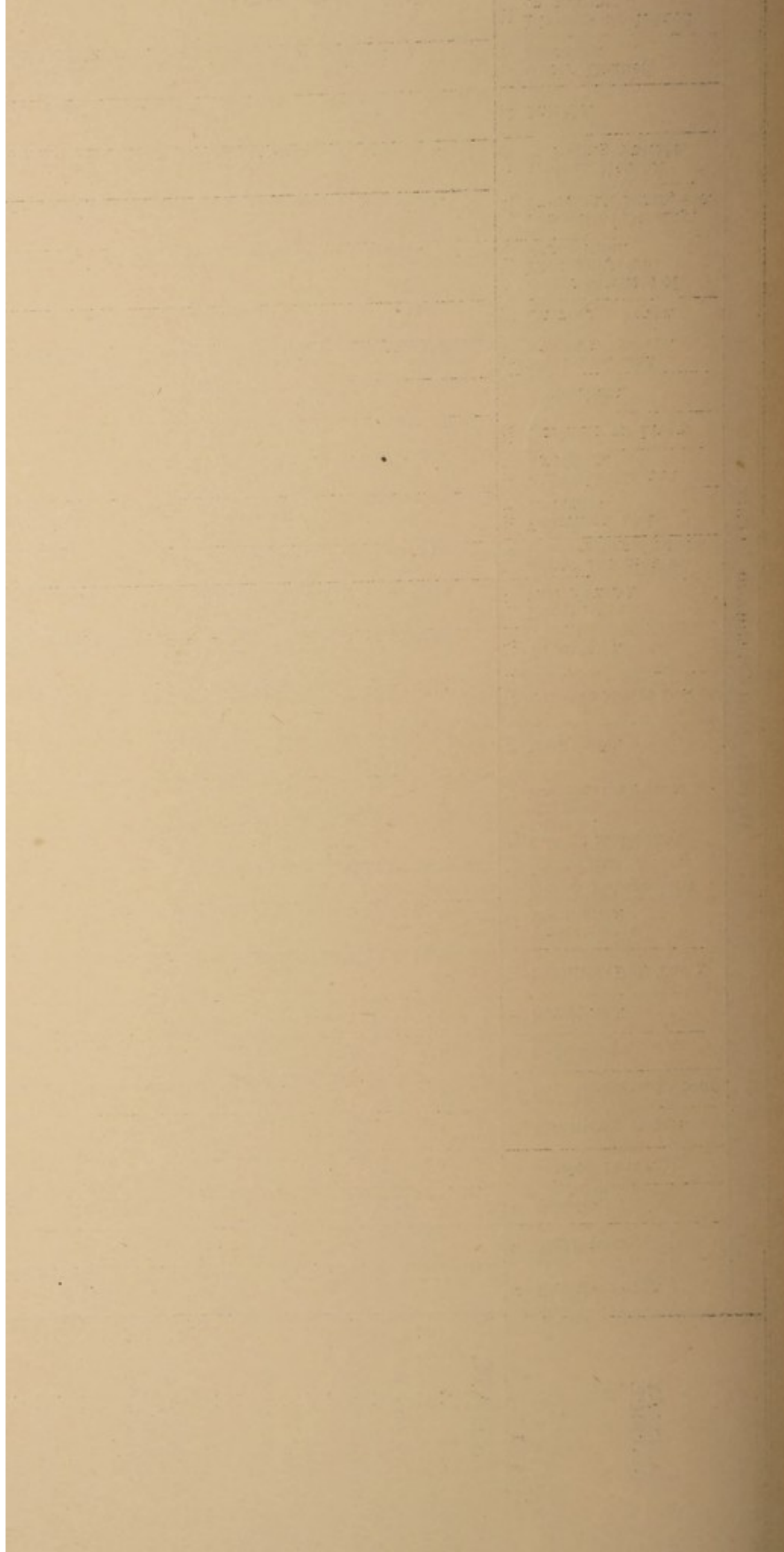
Byelaws confirmed between 1st April, 1913 and 31st March, 1914.

Subjects.	West Riding Sanitary Authority adopting same.	
Baths	..	Brighouse
Do.	..	Cleckheaton
Wash-houses	..	Do.
Common Lodging Houses	..	Shelley
Markets	..	Mexborough
Prevention of Nuisances	..	Shelley
Regulation of Offensive Trades		Guiseley
Do.	..	Mexborough
Do.	..	Ripon City
Do.	..	Swinton
Public Walks and Pleasure Grounds		Bingley
Do.	..	Cleckheaton
Do.	..	Mexborough
Streets and Buildings	..	Barnoldswick
Do.	..	Selby U.
Do.	..	Shelley
Do.	..	Pateley Bridge R.
Tents, Vans and Sheds	..	Ripon City
Do.	..	Shelley
Water Supply	..	Brighouse B.
Do.	..	Horsforth

No. 1 Births, Deaths, Annual Rates, etc., 1914.

[illegible]

- Gross death rate, including Aedes, An.



No. II. Causes of Death, 1914.

No. III. Notified Cases of Infectious Disease, 1914.

(m) Report not printed, R₂-Egghus recorded, P₂-Prevalence recorded, C₂-C₂ antibodies recorded, C₂-C₂ antibodies recorded.

