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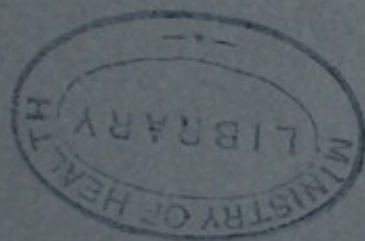


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GUISBOROUGH
URBAN DISTRICT COUNCIL

REPORT
for the Year 1950

of the Medical Officer of Health
W. H. BUTCHER, V.R.D., M.A.,
D.M., D.P.H., BARRISTER - AT - LAW,
SURGEON COMMANDER R.N.V.R.





TO THE CHAIRMAN AND MEMBERS
OF THE
GUISBOROUGH URBAN DISTRICT COUNCIL

GENTLEMEN,

I beg to submit my fourth Annual Report for the year 1950, the contents and arrangements of which are in accordance with the Ministry of Health's Circular 2/50.

It would be useful to define what is comprised in the term Public Health ; when we speak of Public Health, or Medical Officers of Health, or Public Health functions, what exactly do we mean ? Public Health, or Preventive Medicine, or Social Medicine, to use a name which is to-day becoming fashionable in journals and universities, although it means neither more nor less than the two older names, is the science that investigates the cause of health and the causes of deviations from health and takes the necessary steps to prevent members of the community departing from a state of health. This is something more than medical administration. Not that I wish to belittle the medical administrator, for in my experience the good medical administrator must be a sound doctor first, with broad cultural and professional outlooks. True, the routine work of the Health Department submerges the doctor in daily minutiae ; nevertheless medical officers of the smaller Authorities do not tend to be quite so tramelled and out in the countryside and in the smaller towns the single investigator can still find questions that require answering. This is an entirely different matter from treating and attempting to cure people who are already ill which is the main function of family doctors and hospitals. In fact the National Health Service Act, 1946, has thrown the limelight on hospitals, which necessary though they are should not be regarded as the culminating aim and final achievement of medicine, for to prevent is financially more economical, ethically more humane and socially more efficient than to cure. The emotional appeal of hospitals, not only to the public, which is quite understandable, but also to the medical profession, remains great ; public health does not awake from our unconscious minds primitive images of the powerful beneficent father-figure surgeon operating in the symbolic operating theatre, or of the mother-figure nurse in the shaded light of the ward bending in the night watches over the sufferer's cot. Compared with these images, a health visitor (a State Registered Nurse with usually two additional qualifications) tramping from house to house inculcating the principles of healthy living is a vision of drabness ; so is the sanitary inspector viewing a leaking roof in the presence of an aggrieved tenant ; so is the medical officer of health weighing the problem of a doubtful water supply, or carrying out investigations into the causes of some unhealthy condition of the inhabitants of his district, an investigation which may yield few positive results for years, or immunising a batch of children, a measure that produces a negative, namely an absence of diphtheria. Yet public health has achieved so much in the hundred years of its official existence. During the first five or six decades of that period it was occupied with environment in

a narrow physical sense and with the epidemics which accompanied such an environment ; it had no option because in the Victorian era environment for the bulk of the population was so bad that something had to be done about it before anything else could be attempted ; it was in fact so bad that even the privileged classes did not escape its effects, for the Prince Consort died of typhoid fever and his son, the Prince of Wales, some years later nearly died of it. The term environment means much more to-day ; in fact it means so much more that a new term has been coined and it is now often referred to as Social Conditions. Whatever the name used it means the sum total of the agents that react on the individual's mind and body—his house, his work, his neighbours, his food, his up-bringing, his family, etc.—for the individual is indeed the product of all these and of more besides reacting on his personality.

By its very achievements, by ridding the community of devastating and mysterious epidemics, by abolishing from the land the grossest squalor and filth, Public Health has lost the means of making an emotional appeal to the public. Will Public Health be given the same opportunities in the future as in the past ? For what Public Health can achieve rests primarily on the support it gets from the public and the public is swayed largely by emotion, only rarely and temporarily by reason when weighing the claims of preventive and of curative medicine. Unless conditions in the Public Health Service keep pace with those in other specialities of medicine I do not envisage that progress continuing.

A matter that will concern public health more in the future is the reactions of the individual to certain aspects of the environment ; I have particularly in mind at the moment overcrowding where two families share a house which has not been adapted for that purpose, although other factors in the environment will be equally worthy of study. I do not restrict myself to the effects of physical overcrowding, serious although these are, but I refer here to the psychological effects on the individual. Two families, particularly two housewives, can rarely share a house without undesirable psychological reactions manifesting themselves. I have noted on the various occasions when I come into professional contact with mothers and children that definite psychoneurotic reactions are frequently discoverable and on enquiry I find in many cases a shared home. Marriage is generally a difficult adaptation and a shared house does not make it any easier. I feel that some priority in the rehousing of such cases would obviate mental ill-health, psychosomatic illnesses and maladjustments generally.

And another matter which will more and more concern Public Health is the fitness of the elderly, for with the elderly age groups becoming relatively more numerous in relation to the rest of the population, means will have to be found and steps will have to be taken to keep the elderly as fit as possible and at work for as long as possible ; since the nation to-day cannot afford to have elderly persons gazing aimlessly in boredom with their backs to a wall at street corners, or ruminating from morning till night in geriatric wards.

Why do some people grow old at 65 and why do others remain alert and active, even vigorous? And how can we postpone in the former the onset of senescence, even of senility? Why does A at seventy enjoy climbing snow couloirs or riding to hounds and B finds it hard to dawdle a mile or two. Investigations obviously are needed here regarding the causes of ageing and the means to delay its onset and its progress. Meanwhile the doctor in charge of the ageing patients, apart from such investigations as he may be carrying out, must make use of every possible therapeutic means to get his patients out of the wards and back to home life and, if practicable, to work. Here, as in the child welfare and the school medical service, preventive and curative medicine meet but do not overlap because the preventive outlook must remain predominant. In fact I consider geriatrics, by which I mean the prevention of the premature onset of senility and the rehabilitation of ageing persons, to be essentially preventive medicine and to have to-day the same importance as child welfare and the school medical service had earlier in the century.

In conclusion I wish to thank the Chairman and members of the Public Health Committee for their support throughout the year; Mr. G. W. Beel, the Clerk of the Council, for his continuing ever-ready co-operation; and Mr. J. A. Thompson, the Sanitary Inspector, and Mr. E. Ward, the Additional Sanitary Inspector, for their willing help on all occasions. As you are aware, my administrative work is done from the Guisborough Area Health Office of the North Riding County Council; it would be ungrateful not to mention the two Clerical Officers, Miss M. Imeson and Miss J. Waite, for their loyal assistance without which my labours would indeed have been heavy.

I am, Gentlemen,

Your obedient servant,

W. H. BUTCHER,

Medical Officer of Health.

BROTTON,
1st May, 1951.

TABLE 1
Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health also District Medical Officer No. 4 Area N.R.C.C.	Dr. W. H. Butcher		
Sanitary Inspectors	Mr. J. A. Thompson*	Mr. J. Pattison	Mr. E. Hollis*
Additional Sanitary Inspectors	Mr. E. Ward		

*Also Surveyor of the District concerned

SECTION I

Statistics and Social Conditions of the Area

Population

The Registrar General's estimate of the population of the district in the mid-year 1950 is 8,795 as compared to an estimate of population in the mid-year 1949 of 8,700.

General Statistics

I am indebted to the Financial Officer of the Council for the following figures :—

Area of the district in acres	....	....	18,921
Number of inhabited houses according to the rate books			2,435
Rateable Value	....	....	£38,384
Sum represented by a penny rate	....	....	£152

Social Conditions

The district consists of the historic country town of Guisborough, nestling beneath the bold escarpment of the Cleveland Hills, with the ruins of its ancient priory, and the villages or hamlets of Newton-under-Roseberry, Pinchinthorpe, Hutton, Upleatham, Dunsdale, Yearby, Wilton, Lazenby and Lackenby. These are situated amidst agricultural valleys and wooded hills, while northwards in the low-lying pastures towards the Tees there is situated the growing development of Imperial Chemical Industries Ltd. To the south Roseberry Topping, that perky little eminence, as it has been described, is a landmark rising to the height of 1,057 feet and visible for many miles. In addition to Imperial Chemical Industries already mentioned there are in the town itself a busy foundry and a shirt factory, the latter employing largely female labour. There was full employment among the inhabitants throughout the year, an important factor in maintaining health, both physical and mental.

TABLE 2
Vital Statistics

		MALE	FEMALE	TOTAL
Live Births	....	88	100	188
Legitimate	....	84	94	178
Illegitimate	....	4	6	10
<hr/>				
Still Births	....	4	2	6
Legitimate	....	4	2	6
Illegitimate	....	—	—	—

Deaths of Infants under 1 year of age

		MALE	FEMALE
Total	....	4	5
Legitimate	....	4	5
Illegitimate	....	—	—

The number of births registered being 188 gives a birth-rate of 21.3 per 1,000 of the population. Allowing for the differing age and sex distribution of the population in different areas, the birth-rate corrected by this comparability factor is 22.3 compared to 15.8 for England and Wales. Nine infants under the age of one year died, giving an infant mortality rate of 47.8 per thousand live births compared to the rate for England and Wales of 29.8.

TABLE 3
Analysis of Infantile Mortality

CAUSE OF DEATH	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 wks.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total deaths under 1 year
Congenital Malformations	2	—	—	—	2	—	—	—	—	2
Pneumonia	—	—	—	—	—	1	1	—	—	2
Prematurity	2	1	—	—	3	—	—	—	—	3
Gastro Enteritis	—	—	—	—	—	—	—	—	1	1
Influenza	—	—	—	—	—	1	—	—	—	1
TOTALS	4	1	—	—	5	2	1	—	1	9

TABLE 4—Vital Statistics

CAUSES OF DEATH

	MALE	FEMALE
Tuberculosis, Respiratory	2	2
Tuberculosis, other	—	—
Syphilitic disease	—	—
Diphtheria	—	—
Whooping Cough	—	—
Meningo-coccal infections	—	—
Acute poliomyelitis	—	—
Measles	—	—
Other infective and parasitic diseases	1	—
Malignant neoplasm of stomach	1	2
Malignant neoplasm of lung, bronchus	1	—
Malignant neoplasm of breast	—	—
Malignant neoplasm of uterus	—	—
Other malignant and lymphatic neoplasms	7	4
Leukaemia	—	—
Diabetes	1	3
Vascular lesions of the nervous system	11	10
Coronary disease, angina	5	5
Hypertension with heart disease	—	1
Other heart diseases	11	16
Other circulatory diseases	1	—
Influenza	4	1

Pneumonia	....	....	4	4
Bronchitis	....	....	7	3
Other diseases of respiratory system			1	—
Ulcer of stomach and duodenum	....		—	—
Gastro-enteritis and diarrhoea	....		1	—
Nephritis and nephrosis	....		—	1
Hyperplasia of prostate	....	....	—	—
Pregnancy, childbirth, abortion	....		—	—
Congenital malformations	....		1	1
Other defined and ill-defined diseases			8	4
Motor vehicle accidents	....		—	1
All other accidents	....	....	—	1
Suicide	....	....	1	—
Homicide and operations of war	....		—	—
ALL CAUSES	....	....	68	59

The deaths are classified under the thirty-six headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948. Table 4 shows clearly what killed residents in Guisborough in 1950. The 127 deaths give a death rate of 14.4 per thousand of the population. Allowing for the differing age and sex distribution of the population in different areas, the death rate corrected by this comparability factor is 14 compared to 11.6 per thousand for England and Wales.

TABLE 5
NOTIFIABLE DISEASES, 1950
(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—
Scarlet Fever	4	—	—	1	1	—	1	1	—	—	—	—	—
Infantile Paralysis	1	—	—	—	—	1	—	—	—	—	—	—	—
Pneumonia	4	—	—	—	1	—	1	—	—	—	—	1	1
Erysipelas	1	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal Infection	1	—	—	—	—	—	1	—	—	—	—	—	—
Measles	15	1	2	4	1	4	3	—	—	—	—	—	—
Whooping Cough	6	—	—	—	—	1	4	1	—	—	—	—	—

SECTION II

Infectious Diseases

Table 5 shows the incidence of notifiable infectious diseases except tuberculosis.

Diphtheria

No case was notified. Immunization was available to children either at the surgeries of the family doctors, at the Northgate School Clinic of the North Riding Education Committee or at the Infant Welfare Centre of the Local Health Authority in the Southside Methodist Church Schoolroom. In addition, reinforcing doses were given at the schools to children who had been immunized earlier in life by a medical officer of the Local Health Authority.

TABLE 6

Immunization against Diphtheria

<i>Age Groups</i>			
0 to 4 years	....	....	45
5 to 14 years	....	....	2
Reinforcing Doses	....	....	80

Smallpox

Twenty-one immunizations were performed during the year by the family doctors. This important preventive measure appears almost disregarded.

Tuberculosis

Three new cases of respiratory tuberculosis were notified during the year and one case of non-respiratory tuberculosis.

TABLE 7

Tuberculosis

AGE GROUPS				RESPIRATORY FORM		NON-RESPIRATORY FORM	
Years				Male	Female	Male	Female
0 to 4	....	....		—	—	—	—
5 to 9	....	....		—	1	—	1
10 to 14	....	....		1	—	—	—
15 to 19	....	....		—	—	—	—
20 to 24	....	....		—	1	—	—
25 to 34	....	....		—	—	—	—
40 to 55	....	....		—	—	—	—

The Mass Radiography Unit 1C, of the Newcastle-upon-Tyne Regional Hospital Board, spent three weeks in the area of the three Local Sanitary Authorities. I give details of the work done during the twelve days the Unit was stationed at the Institute, Skelton in Table 8 overleaf.

TABLE 8

Mass Miniature Radiography Survey : Statistical Report

Total radiographed	....	....	549
Total passed on miniature film	....	....	519
Total recalled for large film	....	....	30
Total failed to attend for large film	....	....	—
Total passed on large film	....	....	11
Total diagnosed on large film	....	....	14
Total recalled for investigation	....	....	5

ANALYSIS OF NON-TUBERCULOUS CASES

Silicosis	....	....	2
Bronchiectasis	....	....	2
Cardiovascular diseases—congenital	....	....	1
Cardiovascular diseases—acquired	....	....	1
Miscellaneous	....	....	4

ANALYSIS OF TUBERCULOUS CASES

Category "A"—active disease, newly discovered	....	....	1
Category "B"—inactive disease—(1) newly discovered	....	....	5
(2) previously diagnosed	....	....	2

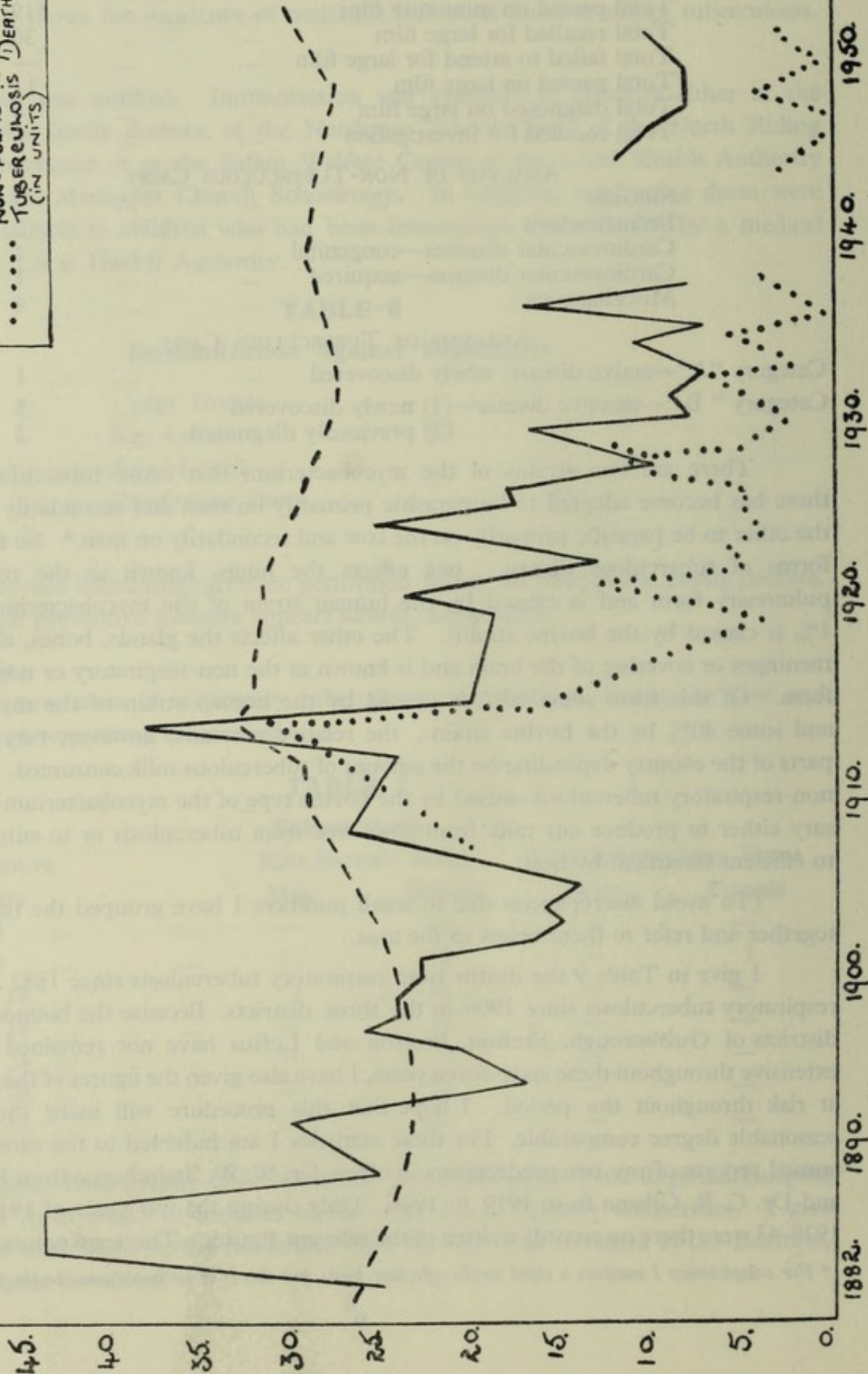
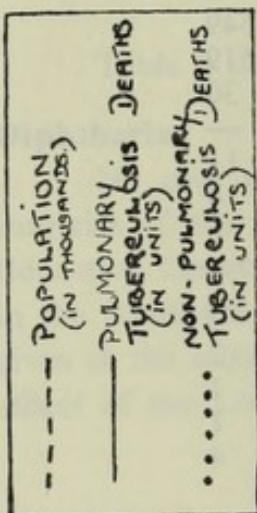
There are two strains of the mycobacterium that cause tuberculosis ; one of these has become adapted to be parasitic primarily on man and secondarily on the cow, the other to be parasitic primarily on the cow and secondarily on man.* So there are two forms of tuberculous disease : one affects the lungs, known as the respiratory or pulmonary form and is caused by the human strain of the mycobacterium (less than 1% is caused by the bovine strain). The other affects the glands, bones, abdomen and meninges or covering of the brain and is known as the non-respiratory or non-pulmonary form. Of this form some 60% is caused by the human strain of the mycobacterium and some 40% by the bovine strain ; the relative amounts, however, vary in different parts of the country depending on the amount of tuberculous milk consumed. To prevent non-respiratory tuberculosis caused by the bovine type of the mycobacterium it is necessary either to produce our milk from cows free from tuberculosis or to subject all milk to efficient treatment by heat.

(To avoid discrepancies due to small numbers I have grouped the three districts together and refer to them below as the area.)

I give in Table 9 the deaths from respiratory tuberculosis since 1882 and of non-respiratory tuberculosis since 1906 in the three districts. Because the boundaries of the districts of Guisborough, Skelton, Brotton and Loftus have not remained exactly co-extensive throughout these sixty-seven years, I have also given the figures of the populations at risk throughout the period. I hope that this procedure will make the data to a reasonable degree comparable. For these statistics I am indebted to the careful and full annual reports of my two predecessors in office, Dr. W. W. Stainthorpe from 1882 to 1918 and Dr. C. R. Gibson from 1919 to 1946. Only during the war years of 1916-1918 and 1939-43 were there no records written of the relevant figures. There are points in Table 9

* For completeness I mention a third strain affecting birds, but this is of no importance to the public health.

TABLE 9.



that I think are of interest. The population in 1948 is less than a thousand greater than in 1881. In the same period the population of England and Wales rose from over 27,000,000 to over 40,000,000. Another point I notice is the small alteration in the size of the population caused by the boundary revisions in 1933. The area shared the downward trend in tuberculosis that occurred in England and Wales as a whole throughout the period. There was, however, a sharp rise from 1905 to 1913 in the deaths in the Area. I ask myself whether this rise was due to an increase in the overcrowding, but Table 10 shows that the number of inhabited houses kept pace with the increase of population, which took place between 1891, particularly after 1901, and 1913.

TABLE 10
Inhabited Houses

1891	1901	1911	1948
4730	5238	6212	8189

The deaths from tuberculosis in England and Wales for the period 1939-45 were at the rate of 619 per million living. The corresponding figure for the Area for the years 1934-38 and 1944-49 was some 480 per million living. So the Area has shared in the decline in tuberculosis enjoyed by England and Wales as a whole and has actually had a lower death rate in recent years.

The decline in tuberculosis in England and Wales began some 90 years ago. What are the causes of this dramatic decline? It may be part of some epidemiological cycle at present not recognised by us; there may have been some decrease in the virulence of the mycobacterium. But of these changes there is no evidence in our possession. The decline has been contemporaneous with improving social conditions, better wages, less alcoholism, better education, shorter hours of labour, better housing, less overcrowding, better hygiene generally and an increased knowledge of and greater interest in the disease together with an administrative machine to deal with the tuberculous person. It seems not unreasonable to attribute the decline in great measure to these factors.

Nevertheless there is no room for complacency. Tuberculosis is still one of our most formidable enemies. It causes nearly half the deaths of young women and one quarter of those of young men between the ages of fifteen and twenty-five; so its economic effects, apart from humanitarian considerations, are grave. Actually, in England and Wales 400 persons die each week from tuberculosis. If these deaths were to occur in an epidemic, there would be public anxiety, but since they occur in an endemic disease they are accepted with resignation. For instance, I have before me the names of three children who died in the Area during 1949 from tuberculous meningitis. Three deaths from diphtheria or infantile paralysis would have been a matter of comment.

Briefly, I would classify the measures by which tuberculosis can be diminished into two categories which I designate primary and secondary factors. The primary factors are measures which prevent persons contracting tuberculosis because their resistance is raised and the soil generally is made unfavourable for the mycobacterium.

Two of the primary factors are the concern of the Local Sanitary Authority, namely, housing and sanitary conditions ; the other two primary factors are general nutrition and the economic circumstances of the population.* The secondary factors are measures to deal promptly and effectively with the person who has contracted tuberculosis so that he or she does not spread the disease to others and is enabled as speedily as possible to regain a reasonable degree of health and to return to a gainful occupation.

I shall now try to deal with some aspects of the latter. Early diagnoses rest with the family doctor in collaboration with the Chest Physician ; it is vital and with modern diagnostic means it is accurate. But it is by no means easy in the course of a busy surgery to select what persons should be referred for further examination even supposing the person attends a doctor in the early stages.

Mass Radiography. There are now Mass Radiography Units available for the early detection of the disease in the population at large. One of these units visited the area in 1949 and again in 1950. Better use, however, could be made of these valuable units. All persons between the age of fourteen and thirty should avail themselves of the service, also persons in contact with children and all food handlers. In fact, investigation of the apparently healthy has shown that in this way only may we hope to diagnose pulmonary tuberculosis in its early stages (when treatment is most effective) in a high proportion of cases ; for the disease at its onset and for long after may cause no noteworthy symptoms. I regard the effective use of the Mass Radiography Service by the persons specially concerned as a vital measure in the control of tuberculosis.

Housing. The housing of the tuberculous person requires some notice. Any person who in the opinion of the Medical Officer of Health in consultation with the Chest Physician is infectious and has no separate bedroom should have the highest priority in rehousing. Only one criterion is relevant, namely, infectivity. I arrange for the Sanitary Inspector to inspect the house of a notified case of tuberculosis in order that any necessary repairs may be carried out. The rehousing of an infectious case of tuberculosis out of an overcrowded house is a vital measure in the prevention of the disease.

Supervision. The Health Visitor, on behalf both of the Chest Physician and myself, visits each fresh case and revisits every three months. Adequate supervision is of the greatest importance. No tuberculous person should be lost sight of until the Chest Physician has finally discharged him. The Health Visitor sees that the contacts attend the Chest Physician, advises on preventive measures in the home, keeps me informed regarding the economic conditions of the household so that I can make any necessary recommendations to the Care Committee and reports on the need for domestic help, home nursing, etc. As in many other public health matters, here also an efficient Health Visitor is the keystone of the arch. In order that I may have personal knowledge of each fresh case, I make a point of visiting it myself. I think that the procedure now in operation should ensure that the patient is kept effectively in touch with myself, and through me with the Chest Physician and the Care Committee.

* I have already mentioned the matter of a safe milk supply.

With the shortage of beds and staff for the treatment of tuberculosis the domiciliary care of the tuberculous person is coming to occupy a more ambitious position, although present housing conditions often make the nursing of the infectious patient at home both difficult and dangerous, particularly until he or she has been thoroughly trained in preventive measures by a period in a sanatorium.

TABLE 11

**Bacteriological Results of the Treated Water of the
Guisborough Urban District Council**

No.	Date 1950	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive Coliform Reaction from 100 ml.	Bact. Coli Type 1 in 100 ml.
1	18th January	less than 1	absent	absent
2	15th February	less than 1	absent	absent
3	21st March	20	absent	absent
4	10th April	0	absent	absent
5	16th May	150	absent	absent
6	8th June	60	absent	absent
7	29th June	10	absent	absent
8	1st August	6	absent	absent
9	5th September	80	absent	absent
10	26th September	20	absent	absent
11	17th October	80	present	absent
12	17th October	0	absent	absent
13	7th November	250	absent	absent
14	19th December	not recorded	present (3 per 100 ml.)	present (1 per 100 ml.)

TABLE 12

**Chemical Results in Parts per Million of the Treated Waters
of the Guisborough Urban District Council**

No. of Sample	4	8	12
Date of sample 	10th April	1st August	17th October
Turbidity parts per million silica scale	less than 5	less than 3	less than 3
Reaction pH 	8.3	8.5	8.2
Total solids dried at 180° C. 	120	110	100
Free carbonic dioxide 	absent	absent	a trace
Chlorine in chlorides 	19	19	17
Alkalinity as calcium carbonate 	25	30	15
Hardness : total 	40	35	35
temporary 	25	30	15
Nitrate Nitrogen 	0.6	0.8	not recorded
Nitrite nitrogen 	less than 0.01	less than 0.01	not recorded
Ammoniacal nitrogen 	0.013	0.015	0.04
Albuminoid nitrogen 	0.040	0.012	0.025
Oxygen absorbed in 4 hours at 27° C.	0.75	0.25	0.50
Metals : Iron 	0.24	0.03	0.05
Manganese 	0.19	less than 0.03	0.22
Other metals 	absent	absent	absent
Residual chlorine 	absent	absent	absent

TABLE 13

**Miscellaneous Waters
Bacteriological Results**

Source	Date 1950	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
Wilton Village	Dec. 19	not recorded	present	present
Pump, Yearby Village	Dec. 19	not recorded	present	absent
Standpipe, Newton- under-Roseberry	Dec. 19	not recorded	present	absent
Wellhouse pump, Upleatham	Dec. 19	not recorded	present	present
Standpipe near No. 7 Upleatham	Dec. 19	not recorded	present	present
Standpipe opposite P.O., Upleatham	Dec. 19	not recorded	present	present

TABLE 14

**Bacteriological Results
Cleveland Water Co. Treated Water**

No.	Date 1950	No. of colonies developing on Agar per ml. at 37° C. in 2 days	Presumptive coliform reaction from 100 ml.	Bact. Coli Type 1 from 100 ml.
1	17th January	450	present	present
2	24th January	80	absent	absent
3	30th January	40	absent	absent
4	16th February	less than 1	absent	absent
5	14th March	20	absent	absent
6	26th April	40	absent	absent
7	7th June	40	absent	absent
8	27th July	less than 1	absent	absent
9	12th December	20	absent	absent

Section III : Water Supplies

The analyses of your Guisborough water are contained in Tables 11 and 12. I consider these figures most satisfactory as regards quality ; with the development of Guisborough more water will obviously be required.

The bacteriological results of the miscellaneous waters in Table 13 make an indifferent showing. It may be argued that these and other similar small supplies have been drunk for years without ill effects ; that it is impracticable—I will not write unnecessary—to demand the same standard of bacterial purity as in larger supplies ; that they may be permitted if the gathering grounds contain no gross source of human pollution. Against such arguments as those it must be borne in mind that these small supplies are not subject to treatment, and the cost of treatment will be out of all proportion to the value of the supply, nor are they under constant supervision. Your Council has made the necessary arrangements for Upleatham and Yearby to be supplied by the water of the Cleveland Water Company. Although the Newton-under-Roseberry supply has from time to time shown not entirely satisfactory bacterial results, its chemical analysis reveals a water of the highest degree of purity ; here I am convinced that bacteria from the surface of the fields gain access to the supply ; human pollution can be excluded.

At the end of January the Cleveland Water Company withdrew the notice that advised the boiling of their water. Table 14 shows the satisfactory results obtained from the Lockwood Beck supply after that date.

The figures of the rainfall are given in Appendix A.

SECTION IV

Inspection and Supervision of Food

On the 31st August and 1st September, 1950, I attended a Conference on Clean Food organised by the Central Council for Health Education.

Food Poisoning Outbreaks

No outbreaks of food poisoning were reported to me during the year.

Bakehouses

There are 6 in the district ; 52 inspections were carried out.

Ice Cream

Two premises are on the register for the manufacture of ice cream. In addition there are 11 premises where ice cream previously packed by the producers is sold. These are regularly inspected ; 57 samples of ice cream were taken, conveyed to the Public Health Laboratory at Northallerton under approved conditions and submitted to the

methylene blue test and to bacteriological examination. In addition 12 samples of iced lollies were submitted to bacteriological examination. Of the ice cream 33 samples were satisfactory by the Ministry of Health recommended standard. Of the iced lollies all the samples were satisfactory except one. The producers within the district were informed and offered advice how to improve their methods; in the case of producers outside the district the information was passed to the Medical Officer of Health of the district concerned, and the retailer also informed.

Contaminated ice cream is a common source of food-borne diseases. Many firms invariably produce ice cream of a high standard of cleanliness, so clean ice cream is not an impossible attainment. The recommended standards of the Ministry of Health have, however, no legal validity; they are recommendations, not legal enactments.

Meat Inspections

There are 6 private slaughterhouses licensed by the local sanitary authority which were inspected on two occasions.

The number of voluntary surrenders involved of unsound food was 33 with a total weight of some 279 lbs.

Food Retail Premises and the Meat Distribution Centre

Eighty-two inspections were made during the year.

Milk Supply

There are 3 retail milk sellers in the district.

SECTION V : Housing

I am indebted to your Sanitary Inspector, Mr. J. A. Thompson, for the figures produced in Table 15 below.

TABLE 15
Housing Statistics

Number of new houses completed in 1950

(a) Council Houses	....	....	....	....	34
(b) Other houses	....	....	....	....	6

Inspection of dwelling houses during the year

1.	(a) Total number of dwelling houses inspected for housing defects (under Public Health Acts)	....	....	....	234
	(b) Total number of inspections made for the purpose	....	....	....	329
2.	(a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1925 and 1932	....	....	....	Nil
	(b) Number of inspections for the purposes	....	....	....	Nil
3.	Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation	....	....	....	Nil

Table 15—Housing Statistics—continued

4.	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	136
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Remedy of defects during the year without service of formal notices

1.	Number of defective dwellings rendered fit in consequence of informal action by the Local Authority or their officers	135
2.	Number of dwelling houses where work is in progress but not yet completed	....	....	....	Nil
3.	Number of notices in course of preparation (not yet served)	....	....	....	Nil
4.	Number of notices outstanding	....	....	....	Nil

Action under Statutory Powers during the year

A.	Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936	Nil
B.	Proceedings under Public Health Acts				
1.	Number of dwelling houses in respect of which notices were served requiring repairs to be remedied	....	....	....	6
2.	Number of dwelling houses in respect of which defects were remedied after service of formal notices				
(a)	By owners	....	....	....	3
(b)	By Local Authority in default	....	....	....	Nil
C.	Proceedings under Section 11 and 13 of the Housing Act, 1936				
1.	Number of dwellings in respect of which demolition orders were made	....	....	....	Nil
2.	Number of dwellings demolished in pursuance of demolition orders	....	....	....	3
D.	Proceedings under Section 12, Housing Act, 1936	....	....	....	Nil

Housing Act, 1935 (Overcrowding)

Considerable overcrowding exists, but no recent or accurate figures are available.

SECTION VI

Sanitary Circumstances of the District

I give below a table of some of the sanitary work done during the year by your Sanitary Inspector, Mr. J. A. Thompson, and also some further details which he has supplied.

TABLE 16**Nuisance Inspections**

Total No. of Inspections made for nuisances only	....	....	....	416
Nuisances found	....	416	Total needing abatement	.... 416
Nuisances in hand, at end of			Abated during year	.... 402
previous year	....	4	Outstanding at end of year	.... 18
Notices served, informal	....	207	Complied with	189
Notices served, statutory	....	Nil	Complied with	Nil
Total number of summonses or other legal proceedings			....	Nil

Drainage and Sewerage

The normal extension of the sewerage system has taken place in connection with the housing site developments in Guisborough.

No progress has been made in connection with the sewerage and sewage disposal of that portion of the district adjacent to the growing developments of Imperial Chemical Industries Ltd. The matter is in the hands of the Council's consulting engineers. This should be undertaken with the least delay.

Closet Accommodation

68 pan closets were converted to water closets.

79 new water closets were provided for new buildings.

109 new sanitary pans and 98 new dustbins were provided.

397 tests and inspections were made of defective or new drainage systems.

There were at the end of the year 2,066 water closets and 545 pan closets. The Council pays a grant of £8 or half the cost, whichever is the cheaper, of each approved conversion.

Scavenging

There has been no change in the system of public cleansing. The refuse tip is maintained in a very satisfactory manner; the land reclaimed by tipping is returned to agriculture.

The annual cost of collection and disposal of refuse is estimated at £2,835.

Common Lodging Houses

There is one in the district. It was inspected on twelve occasions. Its general condition is satisfactory.

Smoke Abatement

Four observations were made during the year, each of thirty minutes regarding a factory chimney; the emission of black smoke was confirmed on each occasion. In

addition, on one occasion I observed the emission of dense clouds of black smoke from the same source at a distance of three miles from the factory and for over thirty minutes. Cautions were issued on one occasion ; in addition I visited the factory on the occasion mentioned above. A mechanical stoker has since been installed with considerable improvement.

Tents, Vans and Sheds

These enter the district in the summer and are subject to regular inspections.

Rat Disinfestation Order, 1943

Premises treated	....	....	1
Sewers treatments	....	....	3
Refuse tip treated	....	....	3

Shops Acts, 1930—Sections 10 and 13

Eighty-two visits were paid under the above Act.

Squatters' Camp, Dunsdale

Of the original twenty-two families occupying this disused army camp fourteen families have left the camp and the huts they occupied have been demolished ; eight families are still in occupation.

Rehousing

154 visits were paid in connection with applications for Council houses.

Byelaws in force in the District

Byelaws in respect of cleansing of footpaths and pavements ; nuisances ; common lodging houses ; and slaughter-houses : 24th July, 1893. Byelaws in respect of new streets and buildings : 27th April, 1925. Building Byelaws : 10th March, 1939.

Byelaws with respect to swimming baths and bathing pools : 18th October, 1946.

Byelaws with respect to tents, vans and sheds : 16th November, 1917.

SECTION VII : Factories Act, 1937 and 1948

The following figures have been returned to the Director of Statistics, Ministry of Labour and National Service, regarding factories in the district.

TABLE 17

1. Inspections for the purposes of provisions as to health (including inspections made by Sanitary Inspector)

PREMISES	No. on Register	No. of Inspections	No. of written Notices	Occupiers Prosecuted
(I) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	13	61	—	—
(II) Factories not included in (I) in which Section 7 is enforced by Local Authority	28	56	1	—
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2	—	—	—
TOTAL	43	117	1	—

2. Cases in which defects were found

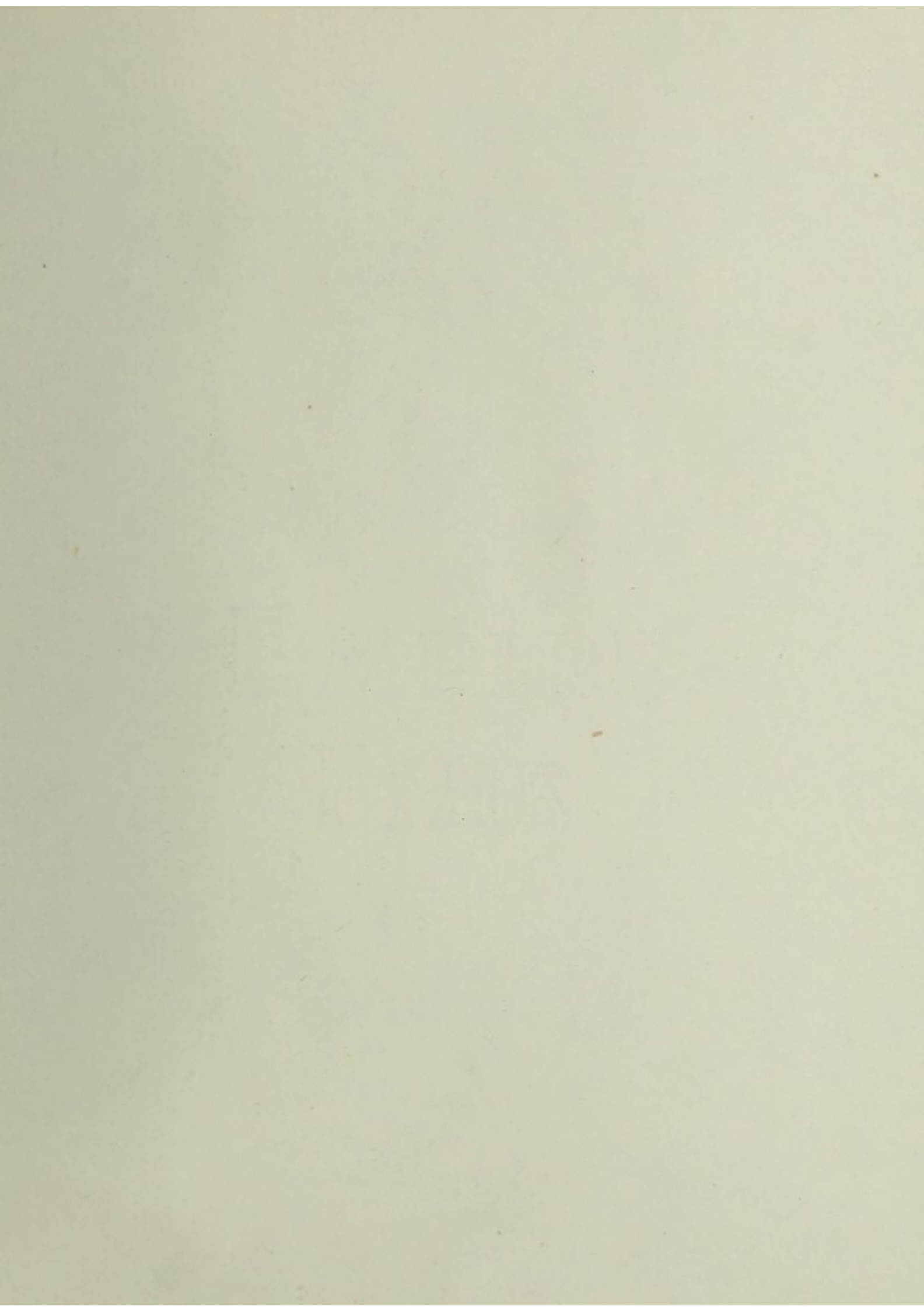
	Number of cases in which defects were found			
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector
Sanitary conveniences :				
(a) Insufficient	—	—	—	—
(b) Unsuitable or defective	1	1	—	1
TOTAL	1	1	—	1

APPENDIX A

Rainfall in the District

<i>Period</i>		<i>Inches</i>	<i>Period</i>		<i>Inches</i>
January	....	1.01	August	....	5.18
February	....	4.13	September	....	2.79
March	....	0.98	October	....	1.75
April	....	2.34	November	....	6.41
May	....	2.32	December	....	2.25
June	....	2.42			
July	....	3.73	TOTAL	....	35.31

The rainfall for 1948 was 27.31 inches ; that for 1949 23.85 inches ; the average rainfall for this area is some 33 inches.



APPENDIX A

Rainfall in the Month

Month	Inches	Month	Inches
January	1.01	August	5.13
February	4.13	September	2.09
March	0.98	October	1.75
April	2.34	November	6.41
May	2.22	December	2.25
June	2.42		
July	3.75	Year	34.21

The rainfall for 1945 was 27.31 inches; for 1946 22.83 inches. The average rainfall for 1945 was 32 inches.

