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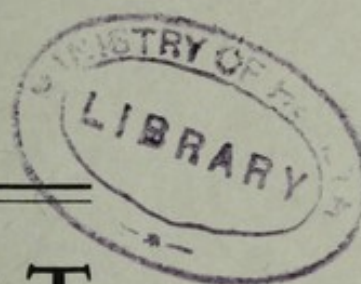


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GUISBOROUGH
URBAN DISTRICT COUNCIL



REPORT
for the Year 1956


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.

Guisborough V.D.C. A/R MOH 1956
H. L. Scott 22 NOV 1957 29 NOV 1957



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TO THE CHAIRMAN AND MEMBERS
OF THE
GUISBOROUGH URBAN DISTRICT COUNCIL

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit my Annual Report for the year 1956, the contents and arrangement of which are in accordance with Circular 19/56 of the Ministry of Health. This is the tenth annual report which I have written; I feel that after a time an annual report tends to become stereotyped so that they who read it sigh at the sight of the oft repeated phrases, the familiar tables of statistics and the dull repetition; therefore in what follows I shall attempt to depart from my former limits and write on somewhat wider lines regarding matters that concern the health of the people of the District, though I trust that my digressions will not appear irrelevant or superfluous.

I would like at the outset to record my thanks to the Chairman and Members of the Health Committee for their encouragement throughout the year.

To Mr. G. W. Beel and Mr. A. T. Pallister I am obliged for their co-operation at all times. Mr. E. Ward on all occasions has given me his unstinted help in all matters concerning the health of the District.

It would be remiss of me not to mention the passing away of a name that has a long and honourable history in the service of the people, that of "Sanitary Inspector". Since today the duties of this officer extend far beyond what is usually implied by the term "sanitary" and besides nuisances, drains, smells and "insanitary conditions" generally, include food inspection, the cleanly handling of food, smoke prevention, investigations into outbreaks of diseases, the matter of housing in its widest aspect and the education of the public in healthy living, I think that the term "Public Health Inspector" better describes to the people the extent of his duties.

I have the honour to be,

Gentlemen,

Your obedient servant,

W. H. BUTCHER,

Medical Officer of Health.

District Health Office,

Park Lane,

Guisborough.

May 14th, 1957.

TABLE 1
Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health who is also Asst. County Medical Officer No. 4 Area N.R.C.C. and School Medical Officer, N.R.C.C.	Dr. W. H. Butcher		
Public Health Inspectors	Mr. A. T. Pallister*	Mr. J. J. Pattison	Mr. W. C. Ransom*
Additional Public Health Inspector	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 1956 is 9,480, as compared to an estimate of the population in the mid-year 1955 of 9,330.

General Statistics

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

1. Area of the District in acres	....	....	18,948
2. No. of inhabited houses according to the rate books			2,893
3. Rateable Value	....	....	£105,659
4. Sum represented by a penny rate	....	....	£444

Social Conditions.

During the ten years of my holding office I have seen development, not confined to the ancient capital of Cleveland, Guisborough itself, but in communities such as Lazenby and Hutton, while on the level cornfields of Wilton has arisen a mighty industry. I am glad to record that such increase of population and activities has been accompanied by progress in such essential environmental services as water supplies and sewerage, while the Clinic of the County Council, officially opened on the 20th June, provides excellent facilities for the personal services of preventive medicine.

I digress here to mention the valuable voluntary work done by the members of the W.V.S. in distributing the Welfare Foods, a task undertaken by the W.V.S. in July, 1954.

Another digression of mine is to comment on the vital work of the Domestic Help Service, which enables many old people to remain in their houses, instead of being unwilling inmates of costly institutions, whether Old People's Homes or Hospitals. The demand for the service is increasing and it has been impossible to give at all times all the help these old folk should have or deserve; many live alone and have no relatives; others, however have sons or daughters. Unfortunately in some cases the sons or daughters apparently consider that the Domestic Help Service absolves them from all responsibility for the care of their aged parent or parents.

This attitude towards the elderly—a courteous term which was current formerly and seems to have dropped out of use—arouses the curiosity of others besides myself. Does it extend more deeply and more widely than is apparent? I ask this question for several reasons which I shall outline below:—

When I go round visiting the old folk who have domestic help—and they constitute only a small proportion of the elderly—I am struck by how they have to scrape along in poverty, while it is claimed that England has never been so prosperous; yet those who have served her well through two wars and through at least one long and severe depression have not the wherewithal to brighten their declining years. The elderly are increasing in number and will increase still more; it is not their fault that they have survived: their lives have been lengthened by preventive medicine. But do the middle-aged and the young welcome this survival of their elders (in their unconscious minds of course, because naturally they would one and all strenuously deny the contrary)? There still appears a reluctance to employ those getting elderly; I do not suggest that those with some impairment of health should struggle along at tasks no longer within their capacity: on general grounds I agree that a watch maker is more likely to work to a greater age than a London bus driver, but I do not believe that an elderly man in possession of his faculties and senses is more accident-prone than a younger man; on the contrary he has so far survived and experience has taught him to anticipate the mistakes that he and others are capable of making. But today so many of us are employed in occupations where experience and judgement are held in small account and only speed, speed, yet more speed is required. I can well understand that the elderly quite naturally cannot face speed, coupled with monotony, and boredom. Speed, monotony, boredom, frustration, appear the lot of too many people today in industry—it is to be hoped that automation will be the mental salvation of mankind in the second half of the twentieth century.

I now will digress on the health aspects of the employment of married women with families. I am not alluding to the employment of married women who earn substantial salaries, for they can employ domestic labour, adequate in amount and properly paid in the home. I allude to the ordinary woman who earns £3 to £5 a week by an absence from home for anything up to eleven hours a day for five days a week. I ask you, how can she be physically or mentally fit on her return to be a comrade to her husband and her children, much less do the housework, laundry, repair the children's clothes, etc.? Naturally I

assume the conditions where she works are being maintained entirely satisfactorily from the health aspect—sometimes assumptions are false.

From time to time I am asked by my Authorities to advise on the medical aspects of an application for rehousing. Naturally I am delighted to help my Authorities in any way and I hope that my observations have been, at least in some cases, of value to each of them in forming a decision. Where there is a tuberculous person in the household, with his or her co-operation I can give a definite opinion about the infectiousness of the case and on the need for rehousing; there I am on firm ground, but with other illnesses I am frankly disappointed with the results of rehousing in the cases that I have followed up. Moreover that is not surprising because in departures from health there are usually other factors besides the housing and these other factors often are such matters as family harmony or discord, relations with the neighbours, satisfaction with one's employment and the personalities of the persons composing the household. These factors can play a big part in the applicant's wish to be rehoused, though naturally he does not realise that, and can be of more importance than the alleged physical reason; moreover since these factors will not be altered by rehousing the expected improvement in health does not take place after rehousing. I shall try to give one or two examples: One Authority rehoused a family one of whose members suffers from a chest complaint (not tuberculous); the family had been living under deplorable housing conditions and rehousing was necessary. But the transfer to a Council house has not helped the patient's chest complaint, because the latter is psychosomatic (one where mind influences body) and depends on his reactions to his family and his family's reaction to himself. Again ageing couples want to be rehoused who have some increasing disability or other; usually they want a bungalow, rarely a flat. Since their house has become too large for them and they would be cosier in smaller accommodation, with less housework and heating, their rehousing is a good proposition, socially and economically, but not because of the physical disability that they give as a reason. That disability is part of *anno domini* and will not get any less wherever they live; they should be advised to ignore it as much as they can, so that it does not become a disablement. I do not wish to belittle the importance of psychological reasons for rehousing; on the contrary, in justifiable cases they can be most weighty and rehousing can prevent family discord, family break-up and also a mass of ill-defined ill-health. I need only mention the oft-quoted example of the young couple, one of whom is not getting on too well with the "in-laws". The last case is the direct opposite of the person with the chest complaint, for the young couple on being rehoused leave their uncongenial family environment behind whereas, the chest case took his with him to the new house.

I see many of the infants and school children; their general health, their physical condition and the parental care that they receive is good. Much of that is due to the work of the Health Visitors, valuable though undramatic, and lacking the emotional appeal of curative nursing. Each Health Visitor is a State Registered Nurse and a Midwife and in addition holds by examination, the Health Visitor's Certificate. I also appreciate the interest taken in the welfare of the school children by the Headmasters and Headmistresses of the schools.

TABLE 2**Vital Statistics**

			MALE	FEMALE	TOTAL
Live Births	...	....	80	108	188
Legitimate	....	....	79	105	184
Illegitimate	....	....	1	3	4
Still Births	....	....	4	3	7
Legitimate	....	....	4	3	7
Illegitimate	....	....	—	—	—

Deaths of Infants under 1 year of age

			MALE	FEMALE
Total	....	....	3	3
Legitimate	....	....	3	3
Illegitimate	....	....	—	—

The number of births registered being 188 gives a birth-rate of 19.8 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 19.4 compared to 15.7 for England and Wales. Six infants under the age of one year died, giving an infant mortality rate of 31.9 per thousand live births compared to the rate for England and Wales of 23.8. The six infants died in the first four weeks of life.

TABLE 3 — Vital Statistics**CAUSES OF DEATH**

			MALE	FEMALE
Tuberculosis, Respiratory	....	....	1	—
Tuberculosis, other	....	....	—	—
Syphilitic Disease	....	....	—	1
Diphtheria	....	....	—	—
Whooping Cough	....	....	—	—
Meningo-coccal infections	....	....	—	—
Acute poliomyelitis	....	....	—	—
Measles	....	....	—	—
Other infective and parasitic Diseases	....	....	—	—
Malignant neoplasm of stomach	....	....	5	—

TABLE 3—Vital Statistics—CAUSES OF DEATH—continued.

	MALE	FEMALE
Malignant neoplasm of lung, bronchus	3	—
Malignant neoplasm of breast	—	2
Malignant neoplasm of uterus	—	1
Other malignant and lymphatic neoplasms	3	2
Leukaemia	—	—
Diabetes	1	—
Vascular lesions of nervous system	9	8
Coronary disease, angina	9	3
Hypertension with heart disease	—	—
Other heart disease	9	21
Other circulatory diseases	—	1
Influenza	—	1
Pneumonia	2	—
Bronchitis	9	2
Other diseases of respiratory system	—	—
Ulcer of stomach and duodenum	2	—
Gastro-enteritis and diarrhoea	—	—
Nephritis and nephrosis	1	—
Hyperplasia of prostate	—	—
Pregnancy, child-birth, abortion	—	—
Congenital malformations	—	1
Other defined or ill-defined diseases	6	4
Motor Vehicle accidents	1	1
All other accidents	—	2
Suicide	1	—
Homicide and operations of war	—	—
ALL CAUSES	62	50

The deaths are classified under thirty-six headings based on the Abbreviated List of International Statistical Classification of Diseases, Injuries and Causes of Death, 1948. Table 3 shows clearly what killed residents in Guisborough in 1956. The 112 deaths give a death-rate of 11.8 per thousand of population; allowing for the differing age and sex distribution of the population in different areas, the death-rate correction by this comparability factor is 12.8 compared to 11.7 per thousand for England and Wales.

TABLE 4
NOTIFIABLE DISEASES, 1956
(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—	Age Un- known
Scarlet Fever	2	—	1	1	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	2	—	—	—	—	—	—	—	—	1	—	—	—	1
Pneumonia	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Poliomyelitis	2	—	—	—	—	—	1	1	—	—	—	—	—	—
Dysentery	1	—	—	—	—	—	1	—	—	—	—	—	—	—
Measles	72	1	5	4	11	6	44	1	—	—	—	—	—	—
Whooping Cough	2	—	—	—	—	—	2	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Meningococcal Infection	1	—	—	—	—	—	1	—	—	—	—	—	—	—

SECTION II

Infectious Diseases

Table 4 shows the incidence of notifiable diseases except tuberculosis and Table 5 that of tuberculosis.

Two new cases of respiratory tuberculosis and no cases of non-respiratory tuberculosis were notified during the year.

TABLE 5
Tuberculosis

AGE GROUPS			RESPIRATORY FORM		NON-RESPIRATORY FORM	
Years			Male	Female	Male	Female
0 to 4	—	—	—	—
5 to 9	—	—	—	—
10 to 14	—	—	—	—
15 to 19	—	—	—	—
20 to 24	—	1	—	—
25 to 44	—	1	—	—
45 to 54	—	—	—	—
55 to 64	—	—	—	—
65 to 74	—	—	—	—
TOTAL	—	2	—	—

There was one death from respiratory tuberculosis.

TABLE 6
Immunizations against Diphtheria or Whooping Cough and Diphtheria

	AGE GROUPS			
	UNDER 1	1 TO 4	5 TO 14	TOTAL
Completed Immunizations	45	39	2	86
Reinforcing Doses	—	25	117	142

Immunization is available to children at the hands of the family doctor, or at the Immunization Clinic of the Local Health Authority at Guisborough, and at the infant welfare centre of the Local Health Authority at Lazenby.

Regarding protection against smallpox, 35 persons received primary vaccinations and 3 were revaccinated making a total of 38. This procedure is available at the hands of the family doctor.

Regarding immunization against poliomyelitis the parents of some 555 children agreed to have their children vaccinated: there was sufficient vaccine available for the immunization of some 55.

If we look back over such a trifle as twenty years what a contrast the tables present! Scarlet fever has become a negligible disease: measles is still with us, but its severity is less: Poliomyelitis has increased. From what I read in the newspapers, the notified cases of poliomyelitis seem to have a news value far greater than that of more prevalent and equally serious or more serious diseases. This is a pity because most people acquire natural immunity against it, and in an outbreak many harbour the virus without being particularly poorly or even off colour. Nevertheless a crippled individual or a death, rare as are both, is a challenge to Preventive Medicine. The procedure of immunization which was started during the summer is therefore worthy for acceptance by the public, though naturally the degree and duration of its protection can only be found by use over a period of time. Whooping Cough still remains the most deadly and crippling disease of childhood. Since 1952 protection against it combined with that against diphtheria has been offered to infants in the District. The figures given in Table 6 of the infants protected appear to me reasonably satisfactory.

The Salmonella infections however (typhoid, paratyphoid and many forms of food poisoning) still rear their ugly heads from time to time.

The figures for tuberculosis show that this is indeed a declining disease in both its forms, the respiratory and the non-respiratory. I am well aware that improved social conditions—better general education, better wages, shorter hours of work, better housing—have played an important part in the decline of the respiratory and of some types of the non-respiratory form; but health supervision and health education, quicker diagnosis and more adequate treatment have played alone a vital part. And now we have B.C.G. immunization as a protection to children and adolescents, who have acquired no natural immunity and who may be particularly at risk. If we turn to those types of the non-respiratory form due to bovine infection what a change do we see and not one due in any way to the improved social conditions of the individual but to healthier animals and purer milk, good inspection and constant supervision.

But still the public must not allow itself to become self-satisfied and apathetic. The miniature Radiographic Unit visited Guisborough in 1955 and only some 530 persons thought it worth their while to spend a couple of minutes having an X-ray of their lungs taken. Employers in industry—there are enlightened exceptions—too often do not co-operate in such ways as allowing the unit within their walls and letting the workers attend without wage deductions.

Tuberculosis could be practically stamped out in my districts where its incidence has already fallen to a low figure, if the public, including workers, employers and parents, co-operated heart and soul.

SECTION III

The General Provision of Health Services in the District

1. Laboratory Facilities.

This work is now done at the Public Health Laboratory, Middlesbrough, only the biological test for tuberculous milk being carried out at the Public Health Laboratory, Northallerton.

2. **National Health Service Act, 1946.**

With certain exceptions the Guisborough Area Health Sub-Committee of the Health Committee of the County Council exercises the functions of the Local Health Authority in supervising the day to day administration of the services provided under this Act. The Committee meets once a month at Guisborough. It is composed of members of the County Council, of the three District Councils of Guisborough, Skelton and Brotton, and Loftus, and of certain co-opted members. Among the services administered are the following:—

Domestic Help Service.	Home Nursing.
Prevention of illness: Care and After Care.	Health Visiting.
Ambulance Service.	Midwifery.
Vaccination and Immunization.	Care of Mothers and Young Children.

3. **Guisborough Area Voluntary Care Committee.**

I would like to record the work done by this Body for the welfare of persons suffering from tuberculosis and other illnesses. Whereas in connection with the welfare of the tuberculous the Committee has certain funds allocated to it, for the welfare of other sufferers it depends entirely on voluntary contributions. Enquiries and requests for assistance may be made to the Honorary Secretary, District Health Office, Park Lane, Guisborough (Telephone: Guisborough 321).

4. **National Assistance Acts, 1948 and 1951 — Section 47.**

Again I managed to avoid advising the Local Sanitary Authorities to have recourse to the procedure laid down in these Acts.

SECTION IV — Water Supplies

TABLE 7

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

No.	Date 1956	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.	Classi- fication
1	3rd January	3	3	1	Class 3
2	17th January	8	less than 1	absent	Class 1
3	17th January	7	less than 1	absent	Class 1
4	6th March	3	1	less than 1	Class 2
5	13th March	7	1	less than 1	Class 2
6	16th April	11	less than 1	absent	Class 1
7	1st May	5	less than 1	absent	Class 1
8	1st May	3	less than 1	absent	Class 1
9	5th June	11	less than 1	absent	Class 1
10	3rd July	224	less than 1	absent	Class 1
11	11th September	9	1	less than 1	Class 2
12	2nd October	3	less than 1	absent	Class 1

TABLE 8
Miscellaneous Waters — Bacteriological Results

Source	Date 1956	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.	Classifi- cation
7 Rowland Keld	Jan. 3	0	less than 1	absent	Class 1
Corngrave Cottages	Mar. 6	0	less than 1	absent	Class 1
Newton	Mar. 11	2	1	less than 1	Class 2
1 Hutton Lane	Mar. 11	3	1	absent	Class 2
Yearby School	Apr. 16	5	less than 1	absent	Class 1
7 Hutton Village	May 1	4	5	less than 1	Class 3
Corngrave Cottages	June 5	5	absent	absent	Class 1
3 Hutton Lane	June 5	4	less than 1	absent	Class 1
Hutton School	Oct. 2	32	180+	35	Class 4
Hutton School	Oct. 29	less than 1	less than 1	absent	Class 1

TABLE 9 — Rainfall in the District, 1956

<i>Period</i>	<i>Inches</i>	<i>Period</i>	<i>Inches</i>	<i>Period</i>	<i>Inches</i>
January	3.81	June	3.95	November	1.87
February	2.30	July	3.02	December	1.71
March	0.52	August	8.01		
April	1.14	September	1.65	TOTAL	29.90
May	0.38	October	1.57		

Table 10 — Annual Rainfall

	<i>Inches</i>		<i>Inches</i>
1948	27.31	1952	29.90
1949	23.85	1953	23.77
1950	35.31	1954	36.07
1951	40.65	1955	25.31
		1956	29.90

There was no failure of the supply to the town during the year although drops in pressure occurred owing to excessive draw-off caused by bursts due to frost damage. The only area seriously affected was the outlying village of Dunsdale which was without water for approximately 9 hours on February 5th, 1956.

The reservoir supply was augmented, as in previous years, by pumping from the Wiley Cat Beck, the pumps working a total of 2,379 hours.

The improvement works at Bolckow Street and Northgate corner to give an improved supply to Dunsdale were completed with satisfactory results. A new 6 ins. main in Park Lane was coupled through so as to raise the pressure in Stokesley Road, with fairly satisfactory results. A new branch main was laid in Redcar Road so as to afford a supply of water to the new County Modern School now in course of erection.

The scheme for the improvement of the existing water supply works prepared by the Council's Consulting Engineers, Messrs. Rofe & Rafferty, was commenced in May, 1956, the work is progressing slowly.

The bulk supply scheme from the Tees Valley Water Board received Ministry Approval last year and the work was commenced in May, 1956. Good progress has been made with the main laying on this scheme.

TABLE 10
Number of Dwelling Houses supplied by Public Water

1. Supply direct to houses	....	....	....	2787
2. Number of dwellings supplied by means of standpipes				29
3. Number of dwellings receiving water from various private sources				77
			Total	<u>2893</u>

SECTION V.
Inspection and Supervision of Food
TABLE 11 — Ice Cream, 1956

Manufacturer	No. of samples examined	Number of samples in provisional grades			
		Grade 1	Grade 2	Grade 3	Grade 4
Galante	2	2	—	—	—
Meddocream	2	2	—	—	—
Walls	6	6	—	—	—
Lyons	10	9	1	—	—
Eldorado	4	4	—	—	—
Northern Dairies	2	2	—	—	—
Erimus	4	4	—	—	—
TOTAL	30	29	1	—	—

Food Poisoning

No outbreak of food poisoning was notified to me.

Section 20 — Milk and Dairies Regulations 1949

No action was taken during the year under the above Regulations.

Ice Cream

Two premises are on the register for the manufacture of ice cream, of which one makes a cold mix ice cream for use only in his café. In addition there are fifteen premises where ice cream previously packed by the producers is sold. These were regularly inspected; thirty samples of ice cream were taken and conveyed to the Public Health Laboratory at Middlesbrough under approved conditions and submitted to the Methylene Blue Test. The results are given in Table 11. The results show excellent standards of bacterial purity.

Milk Supply

There are 16 milk distributors. Three visits were made to cowsheds.

Bakehouses

There are 5. Ten inspections were made.

Fish and Chip Shops

There are 6. Seventeen inspections were made.

Byelaws

Byelaws made under Section 15 of the Food and Drugs Act 1938 for securing the observance of Sanitary and Cleanly Practices and Conditions in connection with the Handling, Wrapping and Delivery of Food and Sale of Food in the open air.

Food Retail Premises and Meat Inspection

Seventy visits were made to food premises and fifty-five to slaughterhouses, of which there are six licensed; seven premises are licensed under Section 16 of the Food and Drugs Act, 1955, for the making of sausages, etc.

Altogether 1,476 lbs. of meat were voluntarily surrendered as unfit for human food, and some 68 tins of canned food weighing about 88 lbs.

TABLE 12

Carcases and Offal inspected and condemned in whole or in part

	Cattle Exclud- ing Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	—	—	—	—	—	—
Number inspected	58	—	2	36	56	—
All diseases except Tuberculosis & Cysticerci						
Whole carcases condemned	1	—	—	—	—	—
Carcases of which some part or organ was condemned	4	—	—	—	—	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	8.6%	—	—	—	—	—
Tuberculosis only :						
Whole carcases condemned	1	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	1.5%	—	—	—	—	—
Cysticercosis						
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Public Houses & Licensed Halls

Twenty-three inspections were made together with the Licensing Justices, Police and Fire Prevention Officer of the North Riding County Council.

The Food Hygiene Regulations 1955

The above Regulations came into operation with exception of certain provisions on 1st January, 1956. Abstracts of the provision of the regulations were forwarded to all occupiers of food premises throughout the Urban District.

Informal action was taken on several occasions, the requirements asked for being provided.

During the inspection of Public Houses with the Licensing Justices particular attention was paid to the washing up facilities provided on the various licensed premises. Informal action has resulted in the provision of adequate washing up facilities in all but one of the licensed premises.

One Certificate of Exemption from the provisions of Regulations 15, 16 (1) & (2) 19 (1) (a) & (b) was issued during the year.

SECTION VI

Housing

No Council houses were built in Guisborough during the year. The Council's Architect received instructions to proceed with the layout of approximately 300 houses in Hutton Lane, Guisborough and it is hoped this work will commence in early 1957.

The completion of 81 new tradition type houses and flats at Lazenby finishes the Council House development in the Wilton Parish until such times as Eston U.D.C.'s trunk Sewer is completed; this controls the amount of sewage the Council is allowed to discharge into the Eston sewers.

The provisions of the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954 (in connection with grant aid for the conversion and improvement of existing premises) continued to be operated by the Council during the year. A total of 16 applications were received during the year and approval, involving a total amount of £2,719/7/6 given in 13 cases.

Slum Clearance

No further progress has been made with the Council's Slum Clearance Programme, the hold-up in Council house building bringing this work to a standstill.

A total of eight houses were closed in Lazenby and the tenants rehoused in Council houses.

TABLE 13
Housing Appendix — Statistics

New houses erected in 1956

(a) By Private Owners	....	....	....	....	37
(b) By the Council	....	....	....	....	81

1. *Inspection of dwellinghouses during the year*

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	....	....	....	333
(b) Number of inspections made for the purpose	....	....	....	667
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	....	....	....	0
(b) Number of inspections made for the purpose	....	....	....	0

Table 13—Housing Appendix — Statistics — *continued*

(3)	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	....	10
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reasonably fit for human habitation	....	45
2.	<i>Remedy of defects during the year without service of formal notices</i>		
(1)	Number of defective dwellinghouses rendered fit or repaired in consequence of informal action by the local authority or their officers	....	191
3.	<i>Action under Statutory Powers during the year</i>		
A.	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936		
(1)	Number of dwellinghouses in respect of which notices were served requiring repairs	....	8
(2)	Number of dwellinghouses rendered fit after service of formal notices		
(a)	By Owners	....	0
(b)	By local authority in default of owners	....	5
B.	Proceedings under Public Health Acts		
(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	....	9
(2)	Number of dwellinghouses in which defects were remedied after service of formal notices	....
(a)	By Owners	....	9
(b)	By local authority in default of owners	....	0
C.	Proceedings under Sections 11 and 13 of the Housing Act, 1936		
(1)	Number of dwellinghouses in respect of which Demolition Orders were made	....	6
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders	....	0
D.	Proceedings under Section 12, Housing Act, 1936, Housing Act, 1949 (3), or Local Government (Miscellaneous Provisions) Act, 1953 (10, 11)		
(1)	Number of separate tenements or underground rooms in respect of which closing orders were made	....	4
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	....	0

Table 13—Housing Appendix—Statistics—continued**4. Housing Act, 1936, Part 4, Overcrowding**

Some overcrowding exists but no accurate figures are available.

5. Housing Act, 1949, and Housing Repairs and Rents Act, 1954

(1) (a) Number of Improvement Grants made	....	....	13
(b) Number of Improvement Grants refused	....	....	2
(2) (a) Number of Certificates of Disrepair granted	....	....	0
(b) Number of Certificates of Disrepair revoked	....	....	0

SECTION VII**Sanitary Circumstances of the District****TABLE 14****Nuisances**

Total number of inspections made for nuisances only	....	374
Nuisances found	....	216
Nuisances in hand, end of previous year	....	0
Total needing abating	....	216
Abated during the year	....	187
Outstanding at end of year	....	29
Notices served, informal	215	Complied with	187
Notices served, statutory	9	Complied with	9
Number of summonses or other legal proceedings	....	3

Drainage and Sewerage

Normal extension to the sewerage system in the District has taken place in connection with Housing Development.

The sewerage of the Wilton Parish has been completed and is in operation.

The Council have approved a scheme prepared by their Consulting Engineers for the improvement and modernisation of the Sewage Disposal Works at Dunsdale and it is hoped the work will commence shortly. The sewerage of Upleatham Village is in abeyance for the present owing to the Government's Credit Squeeze. 472 Inspections were made to old and new drainage systems, 351 tests being made to new systems.

Closet Accommodation

Thirty-two Sanitary Pans were converted by the owners of the premises to Water Closets during the year.

Seventeen Sanitary Pans were converted to Water Closets by the Council under the provisions of Section 47 of the Public Health Act, 1936.

The Council's policy is to continue compulsory conversion until such times as the whole of the District is on the water carriage system.

Approximately 100 Closets still require converting to the water carriage system in Guisborough.

Thirty-seven water closets were provided for new buildings in Guisborough during the year.

68 new water closets were added to the existing Sewerage system in Guisborough.

93	”	”	”	”	”	”	”	in Lazenby.
3	”	”	”	”	”	”	”	in Yearby.
1	”	”	”	”	”	”	”	in Newton.

Public Cleansing (Refuse Collection and Disposal)

There has been no change in the system of Public Cleansing and very few complaints were received regarding irregular collections. Refuse is disposed of by means of controlled tipping.

Smoke Abatement

Eleven observations were made during the year, each of thirty minutes, regarding a factory chimney; the emission of black smoke was confirmed on six occasions. Cautions in writing were issued.

Grit extractors have been installed at Burton's Clothing Factory, Guisborough.

Common Lodging House

There is one in the district. It was inspected on two occasions. This is one of the dwellings on the list of slum clearance within the next five years.

Rodent Control

During the year the Council's sewers and refuse tip have been treated in accordance with the technique recommended by the Ministry of Agriculture and Fisheries (Infestation Control Division). Routine surveys have been carried out in connection with farms, business premises, houses, etc., and treatments carried out as and where necessary.

Tents, Vans and Sheds

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

Shops Acts, 1934 — Sections 10 and 13 (3)

Seventy visits were paid under the above Act. No unsatisfactory conditions were found.

Mortuaries

One at the Admiral Chaloner Hospital.

Byelaws in force in the District

Byelaws in respect of cleansing of footpaths and pavements; nuisances; common lodging houses; and slaughterhouses: 24th July, 1893. Byelaws with respect to tents, vans and sheds: 16th November, 1917. 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.

SECTION VIII : 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 15

1. Inspections for the purposes of provisions as to health (including inspections made by Public Health 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	11	4	—	—
(II) Factories not included in (I) in which Section 7 is enforced by Local Authority	24	56	—	—
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	35	60	—	—

2. Cases in which defects were found.

Sanitary Conveniences. (Insufficient). One was found and one was referred by H.M. Inspector: one had been remedied at the end of the year. Conditions of unreasonable temperature and inadequate ventilation were observed in one factory and were referred to H.M. Inspector. Both conditions appear satisfactory as I write this.

