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North Riding of Yorkshire County Council.

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# Annual Report

OF THE

County Medical Officer of Health

FOR THE YEAR

1925.

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County Hall,  
Northallerton,  
June, 1926.

# Annual Report of the County Medical Officer of Health.

For the Year ending 31st December, 1925.

## NATURAL AND SOCIAL CONDITIONS OF THE AREA.

### General Statistics.

Area (acres) .. .. .	1,358,005
Population (Census 1921) .. .. .	325,366
Population (Estimated 1925):	
For births .. .. .	319,000
For deaths .. .. .	317,500
No. of inhabited houses (1921) .. .. .	67,927
" Families or separate occupiers (1921) .. .. .	69,968
Rateable value .. .. .	£2,501,032
Assessable value .. .. .	£1,888,826
Sum represented by a penny rate .. .. .	£7,870

### Population.

The estimate of the population by the Registrar General shows an increase as compared with that of the previous year for birth rate figures (318,100), the higher figure being explained by the fact that units of the Army and Air Force are established at Catterick Camp—the population for death rate purposes shows an increase of 800 on the figure of the previous year (316,700).

### Physical Features and General Character of the Area.

In extent the area of the North Riding County is one of the largest administrative units in England, exceeded only by the Counties of the West Riding and Devon.

The shape of the administrative area may be likened to that of an irregular quadrilateral, the extreme measurement from North to South, Redcar to York, is approximately 45 miles: the large axis is some 80 miles from a point near to Filey Brigg to the extreme boundary in the West.

The Northern boundary is the River Tees which separates it from the County of Durham, on the West it adjoins Westmorland, this boundary crosses a series of spurs of the Pennine Range, and meets to the South West the West Riding, from which it is partly separated by the Rivers Ouse and Ure: the River Derwent in a South Easterly direction is the natural boundary separating the Area from that of the East Riding.

The littoral, in extent 60 miles, from the Tees Estuary to Filey Brigg, is the Eastern boundary of the area.

Generally speaking the Area is divisible into 3 parts—to the West the district is mountainous, moorland on the East, and in the Centre is a part of the vast plain of York.

The Western Area is part of the Pennine Chain, the highest part is Micklefell (2,591 feet), there are fifteen other summits in that part which attain an elevation of upwards of 2,000 feet. The Cleveland and Hambleton Hills constitute the Eastern portion, a region of moorland, the highest part not exceeding 1,500 feet.

The hills in the West are chiefly limestone. The central part of the Area consists principally of deposits of clay, sandstone, gravel and shale, whilst in the Cleveland districts is found oolite rich in iron ore.

### RIVERS.

The Tees which is tidal to a point near to Yarm is a river of considerable importance: the Municipal Borough of Thornaby and the Eston Urban Area are closely associated with the trade of the Port of Middlesbrough.

Apart from the Tees and the Ouse, the waterways of the County are not navigable for commercial craft except the smaller size, and, from the Public Health point of view, it is important that their pollution should be prevented.

### SOCIAL CONDITIONS.

The County Area is as a whole sparsely populated—Agriculture is the main pursuit in the Western and Central portions; considerable portions of the upland areas are barren moorland.

The North Eastern portion (Cleveland Area) is associated with the iron and steel industry, and activities connected with the ship-building yards of the River Tees; there are linoleum works at Northallerton and the manufacture of linen is carried on at Brompton near to Northallerton.



Fishing employs a considerable number of persons along the sea coast.

Apart from the overcrowding and its attendant consequences, still common in certain parts, as shown by the demand for houses, the social conditions and occupations are, when compared with other counties, not unfavourable to the general health—apart from goitre which is fairly general amongst the population, there is no disease of special prevalence in the administrative county.

According to the Annual Statistical Review, 1924, of the Registrar General, the population of 318,000 was divided amongst 21 Rural and 13 Urban Districts, 4 Municipal Boroughs and 534 Townships.

Of the total population 33.6% reside in the North Eastern portion of the area—an area which covers approximately 40,000 acres or 3% of the total acreage of the County, and coincides with the Municipal Boroughs of Redcar and Thornaby-on-Tees, and the Urban Districts of Eston, Guisborough, Loftus, Skelton and Brotton, and Saltburn. The remaining portion of the area which extends to approximately 1,317,889 acres, with a population of 211,807, includes Scarborough, which is the largest Urban Centre in the County and also Whitby with a population of 12,450.

The density of population is very low, taking an average there is one individual to five acres, a figure due to the extensive areas of moorland.

Even in the Urban Districts, a number of which retain in their character those of small county towns, the density of population is very small, but it must be kept in mind that there is, in a number of the districts, much undeveloped land which is available for the expansion of the population.

The population according to the 1921 Census was 325,366, although, owing to the postponement of the date of the Census in that year, the Registrar General in arriving at the above figure made special allowance so as to counteract the summer increase in the population of the seaside resorts: the population estimated for the year 1925 was 319,000.

In the districts of Richmond Municipal Borough and Richmond Rural there is an appreciable non-civilian population, accordingly separate statistics have been employed for the calculation of the birth rates and death rates.

The influx of a non-civilian population to those parts commenced during the war; demobilisation of the forces at the termination of the war of necessity reduced very greatly the non-civilian population, and for a time the chief use of the Camp was that of Vocational Training.

At the present time the non-civilian population is increasing, and it would appear that with the completion of the structural alterations to the camp premises, and the erection of houses near to the Camp, a considerable aggregation of population in those districts will follow.

### BIRTHS.

The births registered in the County during the year 1925 totalled 5,941 (2,989 males and 2,952 females), giving a rate of 18.6 per 1,000 population, as compared with 18.3 for the whole of England and Wales.

The figures for the five years for the Administrative County and England and Wales are as follows:—

		Birth-rate per 1,000 total population.				
		1921	1922	1923	1924	1925
North Riding :	Urban Districts ..	24.8	22.0	21.1	20.5	19.6
	Rural Districts ..	20.0	18.6	18.2	18.1	17.3
	Administrative County ..	22.7	20.5	19.8	19.5	18.6
England and Wales ..		22.4	20.6	19.7	18.8	18.3

There were 258 fewer births registered during 1925 compared with 1924, and it will be observed that the reduction in the birth rate is continuous both in the County and in England and Wales. It is difficult to state the real reason for the decreasing rate in the North Riding, but it is probable that unemployment was, if not the chief, a largely contributory cause.

In the Urban Districts 3,557 as against 3,697 in the previous year were registered, the following had a higher rate than the County as a whole:—(the figures in brackets are those of the year 1924)

Eston 23.6 (25.9); Malton 19.6 (19.9); Richmond 23.2 (19.4); Guisborough 20.9 (20.9); Masham 23.0 (19.0); Skelton and Brotton 18.7 (20.5); Thornaby-on-Tees 27.0 (26.5).

The following Rural Districts had rates above the average for the County:—

Guisborough 18.7 (20.0); Leyburn 19.1 (17.9); Richmond 25.3 (19.4); Croft 23.0 (23.8).

Table I. of the appendix sets out the particulars in respect of each Sanitary District.

### Illegitimate Births.

There were registered 342 illegitimate births, an increase of 1 on the previous year: the rate per 1,000 births was 57.5 as compared with 55.0 for 1924. In the Urban Districts 51.4 and in the Rural 66.6 per 1,000 births were illegitimate.



### DEATHS.

4,022 deaths were registered during 1925, giving a death rate of 12.7 per 1,000 compared with 4,183 and a rate of 13.2 per 1,000 for the year 1924.

The death rate for England and Wales was 12.2. 2,329 deaths were registered in the Urban Districts, giving a death rate of 12.9 per 1,000 as against 2,398 deaths and a rate of 13.3 during 1924: in the Rural Districts there were 1,693 deaths, giving a rate of 12.4 as compared with 1,785 deaths and a rate of 13.0 per 1,000 in 1924.

The following table records the death rates during the period 1921-1925:—

		Death-rate per 1,000 total population.				
		1921	1922	1923	1924	1925
North Riding: Urban Districts	..	12.9	13.1	12.5	13.3	12.9
Rural Districts	..	12.3	12.2	11.6	13.0	12.4
Administrative County	..	12.7	12.7	12.1	13.2	12.7
England and Wales	..	12.1	12.9	11.6	12.2	12.2

The death rate statistics for the five years show little change: the higher figure for the year 1924 was due to an increase in the number of deaths due to Influenza, Pneumonia, Bronchitis, Tuberculosis and Whooping Cough.

The chief causes of death during the year 1925 were:—

Influenza	..	144
Tuberculosis of the respiratory system	..	209
Other tuberculous diseases	..	67
Cancer, malignant disease	..	421
Cerebral haemorrhage, &c.	..	291
Heart disease	..	601
Arterio Sclerosis	..	214
Bronchitis	..	203
Pneumonia (all forms)	..	306
Acute and chronic nephritis	..	108
Congenital debility and Malformation, premature birth	..	192

### INFANT MORTALITY.

Of the 5,941 births registered 430 died before they attained the age of twelve months, giving an infantile mortality rate of 72.3 per 1,000 births, 5 per 1,000 less than in the previous year, and 3 per 1,000 less than recorded for the Country as a whole.

The following Table states the rates in the Urban and Rural Districts for the five years 1921-1925. The figures for England and Wales are also recorded.

		Deaths under 1 year per 1,000 births.				
		1921	1922	1923	1924	1925
North Riding: Urban Districts	..	93.7	89.4	76.4	81.7	79.2
Rural Districts	..	69.5	60.9	59.6	70.3	62.0
Administrative County	..	84.4	78.1	69.7	77.1	72.3
England and Wales	..	83.0	77.0	69.0	75.0	75.0

The figures during the past five years may be regarded as satisfactory, inasmuch as they record a decided diminution in the rate of mortality, but further efforts are needed to ensure a still further decrease. Every credit is due to those interested in the Welfare Centres already established, their efforts have met with much success, but further effort is needed to secure the regular attendance of all expectant and nursing mothers at the Centres, for it is common knowledge that much ignorance exists regarding infant welfare.

### GENERAL PROVISION OF HEALTH SERVICES IN THE COUNTY.

#### Hospitals Provided or Subsidised by the County Council.

Accommodation for cases of Tuberculosis, Maternity, Fever, and Smallpox is referred to under the appropriate sections in this report.

Apart from The Yorkshire Cripples Hospital at Kirbymoorside, which was established by The Yorkshire Federation for Maternity and Child Welfare, and The Scarborough Convalescent Home for Children, there are no children's hospitals, as such, in the County. Children suffering from crippling conditions due to tuberculosis and other causes are admitted to the Kirbymoorside Hospital at the expense of the County Council.

Voluntary Hospitals situate in the County Area for ordinary illness and accidents are relatively few, but this deficiency is met to a large extent by the general Hospitals situate in Darlington, Middlesbrough, Scarborough, Stockton and York.

During 1925 a new Cottage Hospital completely equipped and with accommodation for 20 beds was opened as a War Memorial at Whitby, and meets the needs of Whitby and the surrounding districts. There is also the Hospital of St. John of God at Scorton, to which are admitted adult cases of incurable illness and deformity.

The work of the Holy Cross Refuge, Middlesbrough, a Maternity Home for unmarried mothers and their infants, irrespective of settlement, has received during the past 2 years a monetary grant from the County Council.



**Ambulance facilities** are provided by the various Sanitary Authorities for the removal of fever patients. Facilities for non-infectious cases are very complete in the County, and are supplied under arrangements made by the British Red Cross Society—ambulances are available and stationed in the following places :—

South Bank	Scalby	Guisborough
Ryedale	Whitby	Northallerton
Malton	Richmond	Carlin How

**Clinics and Treatment Centres** are described under the appropriate headings of the report.

### ISOLATION HOSPITALS.

Speaking generally the remarks made in previous reports hold good to-day—certain of the smaller local authorities who do not possess their own, or in combination with other authorities, Isolation Hospital accommodation, have made arrangements with neighbouring authorities for the treatment of the infectious sick, but considering the County as a whole there is need for further accommodation—there are certain areas with no accommodation or arrangements whatever for the isolation of the infectious sick including smallpox; although it would not be an economic proposition that such small authorities should erect a hospital, it is proper to suggest that steps should be taken to establish joint hospitals—adequate to the needs of the districts.

The utility of an isolation hospital is not sufficiently recognised; although local authorities provide, free of cost, supplies of anti-toxin, and facilities for bacteriological examination of suspected material, isolation in hospital is also needed as a means of limiting the spread of infectious disease, further, more particularly in the rural areas where good water supplies are not always available, the isolation and treatment in hospital of certain infectious diseases is a real safeguard against the spread which may follow contamination of water, and also milk supplies.

The isolation hospital accommodation in the County at the end of the year was as follows :—

Districts which have provided Isolation Hospitals :—

URBAN.—Eston, Guisborough, Loftus, Masham, Northallerton, Redcar, Richmond, Saltburn, Scarborough, Skelton, Whitby.

RURAL.—Aysgarth, Bedale, Guisborough, Northallerton, Startforth, Thirsk, Wath, Whitby.

Districts which have arrangements with neighbouring Authorities :—

URBAN.—Scalby, Thornaby, Kirklington.

RURAL.—Croft, Flaxton, Middlesbrough, Richmond, Scarborough, Stokesley, Easingwold, Leyburn.

Districts which have no arrangements :—

URBAN.—Hinderwell, Malton, Pickering.

RURAL.—Helmsley, Kirbymoorside, Malton, Pickering, Reeth.

### Public Health Staff.

The County Medical Officer acts also as School Medical Officer and Medical Officer to the Committee for the Care of the Mentally Defective.

Dr. Cheetham (part time), Assistant County Medical Officer, undertakes the work of the Supervision of the Midwives.

Dr. J. J. Thomson, O.B.E. (whole time), Clinical Tuberculosis Officer and Medical Superintendent of Morris Grange Children's Sanatorium.

Dr. C. R. Gibson (part time), Assistant Tuberculosis Officer, in charge of the Skelton-in-Cleveland Tuberculosis Dispensary.

Dr. S. Fox Linton (part time), Assistant Tuberculosis Officer, in charge of the Scarborough Tuberculosis Dispensary.

### Health Visitors.

NURSE.	DISTRICT.	NURSE.	DISTRICT.
A. Murray	.. South Bank.	N. Dunford	.. Redcar.
L. Robinson	.. South Bank.	A. Ruddock, C.M.B.	.. Guisborough.
M. E. Campbell, C.M.B.	Grangetown.	A. Loftus, C.M.B.	.. Skelton.
E. Croft	.. Eston.	A. Garthwaite, C.R.S.I.	Saltburn.
M. Green, C.M.B.	.. Loftus.	E. Patchett, C.M.B.	.. Hinderwell.

The duties of the Nursing Staff are co-ordinated, and almost all are engaged on work in connection with School Nursing, Health Visiting and other Public Health work. In addition there are some 38 district nurses who act as part time School Nurses and Health Visitors.

A salary contribution from either the Board of Education or the Ministry of Health is received in respect of each officer and nurse.

### Professional Nursing in the Home.

Apart from a grant made to the Stockton and Thornaby District Nursing Association in respect of the home nursing of tuberculous cases no arrangements have been made for the nursing of cases of illness in the home.



The North Riding Rural Nursing Association, Northallerton, provide for the nursing in the home of the sick poor; in addition there are a number of Local District Nursing Associations carrying on similar work.

The work of the Association is connected with the health work of the County, inasmuch as the District Nurses, in a number of areas, act in a part-time capacity as School Nurse and Health Visitor.

**Midwives.** See under "Maternity and Child Welfare."

#### **Chemical Work.**

The work under the Sale of Food and Drugs Acts is under the control of the Chief Constable. Samples are analysed by the County Analyst, Mr. B. A. Burrell, Leeds.

### **SANITARY CIRCUMSTANCES OF THE AREA.**

The responsibility for water supplies, both public and private, rests upon the Local Sanitary Authority—the character and efficiency of the arrangements for drainage and sewage disposal, closet accommodation and scavenging, are primarily in the hands of the Local Authority, and the following references are extracted from the Annual Reports of the Medical Officers of the Minor Local Authorities, received at the date of this report.

So far as the sanitary conditions and other matters pertaining to the public elementary schools in the Administrative Area are concerned, the Annual Report as School Medical Officer submitted to the Education Committee contains information on these points and also the close co-operation there was between the School Managers and the Local Authority, especially in connection with the action taken in relation to the health of the scholars and for preventing the spread of infectious disease (Memo. on Closure of and Exclusion from School, 1925).

#### **Eston Urban District.**

Improvements carried out during past five years :—

420 houses have been erected.

4,000 conversions to the water carriage system at a cost of £30,000.

New sewers and re-construction of defective sewers at a cost of £14,000.

Underground conveniences have been built at a cost of £1,000.

#### **Guisborough Urban District.**

The sewage disposal is not satisfactory, the effluent polluting the beck. Preliminary enquiries respecting a modern method of treatment were made, but owing to trade depression no progress has been made.

#### **Kirklington Urban District.**

**WATER SUPPLY**—satisfactory both in quality and quantity.

The only public sewer is for surface drainage; several larger houses have their own sewage system conducted into cesspools.

There is no public scavenging.

#### **Northallerton Urban District.**

**WATER SUPPLY.** The water supply during the previous five years continued to be excellent in quality—it is soft, clear and free from risks of contamination.

An increased delivery of 60,000 gallons per day followed the continued scraping of the line of pipes—this was carried out in 1922, and as there are signs of diminution in the extra supply, it is intended to repeat the scraping process.

The demand for water for both trade and domestic purposes continued to increase, owing to the Housing activities in Romanby, a village in the Northallerton Rural Area, and to the continuation of the Council's policy in the replacement of privy ash-pits by a water carriage system.

The Northallerton water supply provides for the villages of Brompton and Romanby, which are situate in the Rural Area.

**DRAINAGE AND SEWAGE DISPOSAL.** The works constructed 20 years ago have given no trouble—the effluent has at all times been satisfactory. The works are able to cope with present day requirements and appear large enough to deal with any further increase in the near future.

There are four sources from which the sewage is not treated—they discharge either directly or through a tank into a small stream which during the greater part of the year is fairly clean, but in times of drought and particularly when the Railway Company draws water from the beck, pollution of necessity results.

Altogether the sewage of the town is in good order.

**CLOSET ACCOMMODATION.** The local authority during the past five years made considerable progress towards the abolition of privy ash-pits—the report of the Medical Officer (Dr. Baigent) records a period of considerable progress.



**SCAVENGING.** Although there is still need for arrangements for the removal of the contents of privy middens, the policy of the Authority is such that in the near future a complete system of water carriage will obtain and all the objectionable features associated with the scavenging of privy ashpits will be a thing of the past.

**HOUSING.** Considerable success followed the efforts of the Urban Council to meet the shortage of houses—although during the five years there was no considerable influx of people, nevertheless the need for houses existed—during the five years 47 houses had been completed, and at the end of 1925, 25 were in course of erection.

#### **Pickering Urban District.**

**WATER SUPPLY** is satisfactory.

**SCAVENGING.** The removal and disposal of house refuse, ashpits and privies is undertaken by the Council's workmen and local farmers. There is now a more complete removal weekly of house refuse.

There are 721 privies, 177 W.C's. and 5 movable. There have been 8 conversions into W.C's. during the year.

#### **Redcar Urban District.**

During the past five years the whole drainage system has been overhauled.

The whole of the borough is now on the water carriage system.

System of disposing refuse on three tips has been abolished and one tip only is now in use.

#### **Scalby Urban District.**

**WATER.** The supply has caused some anxiety, but the new scheme before the Council should, when carried out, remove an apprehension for a number of years: although no actual shortage occurred precautions have been found necessary.

The water is of excellent quality.

**DRAINAGE AND SEWERAGE.** Large parts of the area have been developed into residential districts, consequently extensions of the sewers and the disposal arrangements were called for. The sewers are being extended in all directions and the improvement in the sewage disposal arrangements have been such as to be reasonably sufficient to meet the increased needs of the area.

**HOUSING.** During the year 1925 plans were approved for the erection of 28 houses and 16 bungalows.

#### **Aysgarth Rural District.**

**WATER.** There are seventeen water supplies in the area, all constant. The supply in all parishes is of good quality at all times, excepting Askrigg, which is intermittent in times of drought—to remedy this a new storage tank is being installed.

Stand pipes have been done away with and the houses connected with the main supply.

**RIVERS AND STREAMS.** The steps necessary to deal with the pollution of the streams at Askrigg, Bainbridge and West Burton are being considered by the Local Authority.

**DRAINAGE AND SEWAGE.** For the most part efficient sewage plants exist—in certain villages houses with W.C's. have their own disposal arrangements.

Alteration in the works at Bainbridge are contemplated, and when carried out will remedy the complaints as to the pollution of the stream there.

**CLOSET ACCOMMODATION.** In the absence of arrangements for a water carriage system an earth closet is the prevailing arrangement: the Rural Council have not as yet decided on a policy whereby a conversion to the water carriage system may ultimately be allowed.

**HOUSING.** There is no overcrowding and no shortage of houses.

#### **Croft Rural District.**

An efficient water supply has now been obtained at Barton—all the other villages get their water from wells which are fairly satisfactory.

The chief villages are sewered, the rest of the district drains into tanks.

There is no organised scavenging in the district.

#### **Flaxton Rural District.**

**WATER.** A number of villages are supplied from the York City mains, the rest dependent on deep bore wells or shallow surface wells. On the whole the district is adequately supplied.

**RIVERS AND STREAMS.** No pollution of rivers or streams was reported.

**DRAINAGE AND SEWERAGE.** Apart from certain districts, there is room for much improvement for the disposal and treatment of sewage. Extensions and repairs to village sewerage have been carried out.

**HOUSING.** There is still a shortage of houses but nothing serious—the Rural Council are fully alive to the requirements and already 136 houses have been erected or are in course of completion.

**CLOSET ACCOMMODATION.** 803 houses in the area have W.C's., about 1,000 have privies and covered middens, 461 have pail or tub closets: there are only a few open middens left.



### Helmsley Rural District.

**WATER.** On the whole the sufficiency and quality of the water is splendid, and the Helmsley Union is particularly fortunate in the distribution of the same.

The supplies to Cold Kirby, Old Byland, Oldstead, Cawton, Sproxton, and Carlton-cum-Baxton are defective.

**RIVERS AND STREAMS.** No sewage is discharged, without interception, into the chief water-course, the Rye.

**DRAINAGE AND SEWAGE.** The disposal arrangements at Helmsley have been the subject of several reports by the Medical Officer of Health—the matter is receiving the attention of the Local Council—in other villages the drainage is either unsatisfactory or there are no arrangements.

### Leyburn Rural District.

The outstanding tasks are :—

- (a) Connection of houses to the sewer in Middleham.
- (b) Finghall water scheme.
- (c) Scavenging. There is no scavenging in the district.

**WATER SUPPLIES.** There is need for a water scheme at Finghall.

The new water scheme for Leyburn approved by the Ministry of Health in 1925 is progressing.

### Northallerton Rural District.

**WATER SUPPLIES.** Taken as a whole there are few purely rural districts in the County where more has been done to provide good water supplies for village communities. There are certain parts of the district dependent on a supply from wells which are badly placed and indifferently cared for. "It is impossible to escape dangerous water pollution in the case of wells placed in close proximity to cultivated and manured ground or within the drawing distance of leaking drains. No garden near a well should ever be dressed with animal manure."

Harley and Thornton-le-Beans depend entirely on shallow wells, at both places deep borings have been made but without success.

**RIVERS AND STREAMS.** Osmotherley is the only village discharging sewage direct into a water-course without interception of any kind—the sewers carry off so large a volume of spring water that it would be difficult to deal with the sewerage on ordinary principles without (1) excluding the spring water from the sewers or (2) putting down a new sewer to take house drainage only. It is necessary that steps should be taken to deal satisfactorily with the sewerage of this village. All other villages drain into septic tanks, the effluent being carried to the nearest water-course.

Drains of isolated houses generally discharge into ditches and many of them give rise to serious nuisance.

**SCAVENGING.** All the larger villages except Borrowby are systematically scavenged by contract. At Borrowby the ashpits are cleared by private arrangement with farmers, who do the scavenging when they require the manure.

**CLOSET ACCOMMODATION**—there are 154 water closets in the area. The usual accommodation is the closet-ashpit—none are uncovered but many are dilapidated and untidily kept—many are too large and used for the reception of refuse that should be burnt.

The formation of a Drainage Board is recommended by the District Medical Officer.

A considerable length of the River Wiske was recently cleaned with great benefit to adjoining land and the villages of Yafforth and Danby Wiske. Without continued care, however, choking of the cleaned length of this river and the resultant obstruction to land and village drains will recur. There are still some miles of this important water course further up stream in a choked condition. Large tracts of land in your Area are constantly under water during the winter months, as on both sides of Ainderby Steeple village, at Birkby, Cowton, Rounton, and the low lying land below Harley. Even during summer time these places are so water logged that they are practically permanent swamps. Amongst other objectionable results these flooded areas afford breeding places for undesirable insects, including mosquitos, which are undoubtedly increasing and are a serious menace. Failing effective drainage of these flooded lands they should be sprayed with suitable insecticides.

### Pickering Rural District.

**WATER.** The greater part of the population in the district has been provided in recent years with an efficient water supply.

The supply at Thornton Dale has been deficient in quantity during periods of drought—a scheme of improvement has been agreed upon during the present year.

The matter of a supply to certain villages is under consideration.

**DRAINAGE AND SEWAGE.** No proper system of sewage disposal exists—nearly all the houses in the village drain into large drains which in turn flow directly to the streams or into open gutters which run into the adjacent fields.

**CLOSET ACCOMMODATION.** W.C.'s. exist in all more recently built houses in the villages when the water supply makes it possible. In the various villages more than half the houses still have privy and open ashpits, but many in recent years have been converted into the pail system.

**SCAVENGING.** There is no organised system of scavenging.



### Reeth Rural District.

The water is good but hard. There is little source of contamination as in most parts of the district the water is piped directly from the springs or into a storage tank. The majority of the houses have an inside supply, others get their water from stand pipes.

**RIVERS AND STREAMS.** The water-courses are not polluted to any extent.

**CLOSET ACCOMMODATION.** The majority of the houses are supplied with closets on the conservancy system. Reeth is practically the only place where a water carriage system has been introduced.

**SCAVENGING**—is done by the householders themselves, the privy contents used as manure, dry refuse and ashes removed to waste places provided by the Council.

### Scarborough Rural District.

For some years the Water Supply of the villages has been reported as satisfactory, that it was only at some outlying houses where the wells were doubtful. Building developments have brought to light the inadequacy of the supply at Leeberton—plans for a further supply are being considered.

**SEWERAGE.** The southern portion of the district is very flat. There is very little fall and this gives rise to difficulty in the drainage of all the villages in the area between Snainton on the west and Gristhorpe on the east.

The Plans for dealing with the conditions at Wheatcroft await the sanction of the Ministry—the difficulty has been to get the necessary land.

No arrangements for public scavenging are made.

**HOUSING.** At the end of 1925 conditions remained much as they have been since the war, but steps were being taken to take up building schemes by the Council, and contracts have been entered into for the building of over 30 cottages.

30 new houses have been erected during the year, of these all are erected by private persons and seven are subsidised.

### Startforth Rural District.

**WATER SUPPLY.** Certain villages receive a supply from the Tees Valley Water Board. Startforth is supplied from the Barnard Castle Urban District reservoir. Bowes has an excellent supply of spring water pumped to a reservoir—other parishes get their supplies from wells with pumps attached. Mickleton and Romaldkirk have at present under consideration the matter of a supply from the Tees Valley Water Board.

**RIVERS AND STREAMS.** Remarkably free from solid or other pollution.

**DRAINAGE AND SEWAGE.** Much ground work yet requires to be done.

In the parishes of Mickleton, Romaldkirk, Cotherstone, Bowes and Barningham, and part of Startforth proper sewers and disposal plants are provided. In one or two of the above cases the sewers themselves are badly in need of replacement and renewal. In some parts the sewers are very defective.

**SCAVENGING.** Startforth is the only village where scavenging is undertaken. In other parts of the district the occupants are responsible—in the case of cesspools there appears to be a laxity in clearing same and firm action has in some cases been necessary.

**HOUSING.** Generally speaking, overcrowding is not on a large scale, the crux of the situation being that the houses are very old and defective and need replacing on modern lines.

### Stokesley Rural District.

**WATER.** The water supply is chiefly from wells with pumps, except at Yarm which is from the Tees Valley Water Company, and also Ingleby Arncliffe, East Rounton, Nunthorpe, Crathorne and part of Great Ayton where there is a constant piped supply.

The water from the wells at Stokesley and a few at Great Ayton have been condemned as unfit for domestic uses. These two places require a satisfactory supply: it had been expected that the Tees Valley Water Board would have extended their supply to Great Ayton and Stokesley, they have Parliamentary Powers but according to the Medical Officer, Dr. Yeoman, it appears doubtful if they ever will provide a supply.

**SEWAGE AND DRAINAGE.** The disposal works at Great Ayton and Kirklevington worked satisfactorily—some difficulty was experienced in keeping in good order the sewers at Great Ayton.

The sewers in the remaining districts of the area functioned satisfactorily—they all discharged in the streams, and at Stokesley during the hot weather complaints were made, the nuisance being aggravated by the encampment of caravan dwellers who, regardless of their rights, made use of the sanitary conveniences of the neighbouring cottages.

**SCAVENGING.** Where scavenging has been arranged the work was carried out satisfactorily. At Hutton a monthly collection of old tins, bottles, &c., is arranged, and Dr. Yeoman observes that an extension to Stokesley would be useful inasmuch as at the present time it is the custom to deposit into the stream, tins, pails and pots which are unsightly, there to remain until sufficient water comes along to carry them away.

**HOUSING.** Although the Council have given assistance for the building of houses, the rents are unfortunately above the means of those for whom better housing accommodation is called for—the effect is that there are several of the undesirable type of houses still in existence at Ayton Yarm and Stokesley.



### Wath Rural District.

**WATER.** Of the eleven townships comprising the Council seven have an excellent piped water supply—the remaining four have principally artesian wells and pumps. The supply has been sufficient and the quality good.

**RIVERS AND STREAMS.** There is no apparent pollution of rivers or streams.

**DRAINS AND SEWERAGE.** All the sewers have worked well throughout the year—there is no inhabited house which has not an efficient working drain.

**CLOSET ACCOMMODATION.** Privies prevail practically everywhere.

**SCAVENGING.** There is no organised system of scavenging.

### SCHOOLS.

There are 387 Public Elementary Schools in the Administrative County, and the Assistant School Medical Officers at each of their visits to the schools inspect the school premises and submit reports. Matters simple in themselves and which admit of a speedy remedy are brought to the notice of the Managers, defects which may involve a considerable outlay are reported to the Education Committee, and invariably appropriate attention has been given. Many minor matters were reported, and I am indebted to the Managers of the various schools and the Committee's Inspector of Buildings for much help.

The Board of Education during the year conducted a survey of the premises of Public Elementary Schools in the area. Two lists of schools where improvements were considered necessary were received from the Board. The name of one school only appeared on the first list—a portion of the premises were considered to be unsuitable and incapable of improvement—the matter has been taken up with the Managers concerned and a scheme for dealing with the situation is already at the Board of Education. The second list contained the names of 15 schools. The Managers of the particular schools have been informed of the contents of the Board's report, and also of the suggestions made for dealing with the defects in order that the premises may be brought up to satisfactory standard. Considerable attention was given to the repair and upkeep of school premises, and the following statement which is re-printed from the Annual Report of the Education Committee to the County Council sets out in detail the work undertaken during the year.

"The conversion of earth closets into water closets has been undertaken at the following schools :—

- (1) Eston, Eston Junction Council School ;
- (2) Loftus, Carlin How Council School ;
- (3) Whitby, Cliff Street Council School."

The Board of Education intimated that the Ministry of Health did not feel able to take up with Minor Local Authorities the question of contributions towards the expenditure in connection with water carriage conversion schemes at Council Public Elementary Schools, which was referred to in the last Annual Report. The Committee are pleased to report, however, that with one exception, Minor Local Authorities have made a substantial grant towards these conversions.

The Annual Report on the School Medical Service for the year 1925, which was presented to the Education Committee in February, sets out in detail the improvements, renovations, &c., carried out in order to maintain the premises in a wholesome condition.

### INSPECTION AND SUPERVISION OF FOOD.

#### Milk Supply.

The Dairies, Cowsheds and Milkshops Orders, are administered by the local Sanitary Authorities, the details are given in the annual reports of the district medical officers. Every local authority must keep a register of the persons in their district carrying on the trade of cowkeeper, dairyman or purveyor of milk ; it is unlawful for any person to carry on such trade unless so registered.

The orders provide for the inspection of the cattle, proper attention to the lighting, ventilation, &c., of the buildings, the cleanliness of the milk stores, milk vessels, &c., and the precautions to be taken against infection or contamination of the milk.

The Milk and Dairies (Consolidation) Act, 1915, came into force on September 1st, and is of great importance to the North Riding which is a large milk producing area.

The sections principally affecting the County Council are 4, 8, and 9—under Section 4 it is the duty of the County Medical Officer on receipt of a notice from the Medical Officer of any other local authority that he suspects tuberculosis to be due to the consumption of milk from a farm in the County, to arrange for the inspection of the cattle in the dairy, and to take such other steps as may appear necessary.

Under this section 2 notices were received, and an inspection of the animals concerned was made by the Veterinary Surgeon who at the time was Veterinary Inspector appointed by the Diseases of Animals Sub-Committee for the purpose of carrying out the Tuberculosis Order.

Samples of milk were taken and submitted both to microscopical and inoculation tests—certain animals found affected were subsequently dealt with under the Tuberculosis Order.

Sections 8 and 9 give power for the taking of samples of milk—under Section 8, the Medical Officer of Health of an area outside the North Riding and in which milk from the North Riding is being distributed, may ask the County Medical Officer to have samples taken at the source (*i.e.* the dairy) or during transit. These sections are connected with the Sale of Food and Drugs Acts, and are administered by the Chief Constable, who is the executive officer under the Acts. No requests under this section had been received up to the end of 1925.



The Milk (Special Designation) Order, 1923, with certain limitations, is administered by the Public Health Committee—up to the end of the year under review three licences to produce "Grade A" milk had been granted, *i.e.* two to produce and bottle, and one to produce and supply in bulk.

It is a matter of surprise that there are not more applications for licences to produce "Grade A" milk, and that up to the end of the year no licence to sell "Certified" or "Grade A Tuberculin Tested" milk had been applied for—it is however satisfactory to know that during the present year information has been asked from several sources as to the conditions upon which licences may be obtained.

The need for clean milk is as urgent as ever—in the report for 1924 a lengthy reference was made to the subject.

#### YORKSHIRE COUNCIL FOR AGRICULTURAL EDUCATION.

Last year the University of Leeds and the Yorkshire Council for Agricultural Education arranged a short course on "Clean Milk Production"—a subject of special interest and value to those officials of local authorities whose duties are concerned with the milk supply.

It is a matter for regret that greater advantage was not taken of the course—the replies from a number of local authorities were very disappointing—"the official could not be spared," &c.; the small expense incurred could not have been a reason for so poor a response to the invitation, however it is hoped that during the present year when a similar course will be arranged, a better attendance will follow.

#### Meat.

The supervision of the meat supplies, and the carrying out of the Public Health (Meat) Regulations are matters for the Local Sanitary Authority.

A perusal of the reports of the District Medical Officers appear to show that a genuine attempt was made to administer the 1924 regulations, and with a considerable amount of success, but in certain areas, more particularly the larger rural, there is the difficulty of the regular visiting for the purpose of inspecting the animals slaughtered. Further, a number of the Sanitary Inspectors have no previous experience of meat inspection, this is a matter of such importance that all local authorities should consider how far arrangements are possible whereby their Inspector can be allowed to attend a course of training in meat inspection and take an examination in order to obtain the necessary certificate.

Speaking generally, the meat supplies of the County are of good quality—action in a few cases only was needed in dealing with diseased carcasses.

#### Sale of Food and Drugs Acts.

The County Council is responsible for the administration of the Acts relating to the Sale of Food and Drugs, and with the exception of the Boroughs of Scarborough and Thornaby-on-Tees, the administration is under the control of the Chief Constable, to whom I am indebted for access to his records for the purpose (and other particulars) of the filling up of the statutory schedule.

#### Milk and Cream Regulations.

##### SAMPLES ANALYSED ON BEHALF OF THE COUNTY COUNCIL 1925.

##### 1. MILK : AND CREAM NOT SOLD AS PRESERVED CREAM.

	Number of samples examined for the presence of a Preservative.	Number in which Preservative was reported to be present.	Percentage of Preservative found in each sample.
Milk ..	*185	—	—
Cream ..	1	—	—

\*12 of these 185 samples were "appeal to cow" samples.

Nature of Preservative in each case .. .. Nil  
Action taken under the Regulations in regard to it .. Nil

##### 2. CREAM SOLD AS PRESERVED CREAM :—

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

(i) Correct statements made .. ..	9
(ii) Statements incorrect .. ..	—
Total .. ..	9

(b) Determinations made of milk fat in cream sold as preserved cream :—

(i) Above 35 per cent. .. ..	9
(ii) Below 35 per cent. .. ..	—
Total .. ..	9



(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed .. .. Nil

(d) Particulars of each case in which the Regulations have not been complied with, and action taken .. .. Nil

3. THICKENING SUBSTANCES :—

Any evidence of their addition to cream or preserved cream .. Nil

Action taken where found .. .. Nil

4. Other observations, if any .. .. Nil

SALE OF FOOD AND DRUGS ACTS.  
SAMPLES ANALYSED ON BEHALF OF COUNTY COUNCIL, 1925.

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk .. ..	171	161	10 Inferior	—	—
Cream .. ..	1	1	—	—	—
Butter .. ..	32	28	4	2	2
Margarine .. ..	16	16	—	—	—
Lard .. ..	15	15	—	—	—
Baking Powder .. ..	14	14	—	—	—
Preserved Cream .. ..	9	9	—	—	—
Pepper .. ..	8	8	—	—	—
Yeast .. ..	16	16	—	—	—
Rice .. ..	2	2	—	—	—
Ground Rice .. ..	1	1	—	—	—
Cocoa .. ..	7	7	—	—	—
Jam .. ..	20	17	3 Inferior	—	—
Sugar .. ..	1	1	—	—	—
Whiskey .. ..	7	5	2	2	2
Ground Ginger .. ..	1	1	—	—	—
Cheese .. ..	14	14	—	—	—
Vinegar .. ..	4	4	—	—	—
Sausage .. ..	1	—	1 Inferior	—	—
Semolina .. ..	1	1	—	—	—
Custard Powder .. ..	3	3	—	—	—
Green Peas (bottled) .. ..	1	—	1	—	—
Cream of Tartar .. ..	2	2	—	—	—
Mince meat .. ..	3	3	—	—	—
Essence of Lemon .. ..	3	3	—	—	—
Shredded Beef Suet .. ..	1	1	—	—	—
Ground Cinnamon .. ..	1	1	—	—	—
Arrowroot .. ..	1	1	—	—	—
Fruit Wine Cordial .. ..	3	3	—	—	—
Gin .. ..	1	—	1	1	Case proven no penalty.
Flour .. ..	5	5	—	—	—
Tea .. ..	4	4	—	—	—
Imported Apples .. ..	23	2	21	—	—
Total .. ..	392	349	43	5	5

No proceedings were instituted against the vendors of the samples of imported apples adversely reported upon. Traces of arsenic were found in these samples and its presence attributed to the use of arsenical sprays by the growers abroad whilst the fruit was in growth.

#### INFECTIOUS DISEASES.

##### Smallpox.

52 cases of smallpox were notified during the year, but no case proved fatal. The cases which, without exception, were of a mild type occurred in the following districts :—1 in the Urban District of Eston, 13 in the Borough of Redcar, 28 in the Borough of Scarborough, 7 at Thornaby-on-Tees, 2 in the Rural District of Guisborough, and 1 in the Scarborough Rural District.

Measures were taken to control the disease by immediate isolation, by the close supervision of the contacts, and the search for cases of recent "mild illness with spots," in addition to vaccination and re-vaccination.

##### Scarlet Fever.

Although 535 cases were notified, 381 in the Urban and 154 in the Rural Districts, the disease was less prevalent than in the previous year : 8 proved fatal, a death rate of .02 per 1,000 population.

**Diphtheria.**

128 cases, as against 162 during 1924, were reported—90 in the urban and 38 in the rural districts—13 deaths occurred, a death rate of .04 per 1,000 population.

**Enteric Fever.**

30 cases of this disease were notified—13 occurred in the urban districts and 17 in the rural—four cases proved fatal, a rate of .01 per 1,000 population.

Careful enquiry regarding the source of origin was made in each case, but with no definite result.

**Encephalitis Lethargica.**

14 cases of this obscure disease were notified as against 18 the previous year: the cases were spread over the area.

The manner of infection is not known, and careful enquiry into the circumstances of each case notified failed to discover the origin—the disease is a serious one inasmuch that after apparent recovery distressing mental and nervous effects may become manifest.

**Cerebro-spinal Fever.**

4 cases were notified, those being in the districts of Masham, Thornaby, Startforth, and Wath, the source of the infection was not traced.

**Acute Polio-myelitis (Infantile paralysis).**

Only 2 notifications were received during the year; although the disease is compulsorily notifiable, the number notified during previous years has been small, and cannot have any relation to the actual number of cases.

**Malignant Disease.**

Deaths from malignant disease (cancer) during 1925 totalled 421, a higher figure than in the previous year.

The following table sets out the number of deaths from malignant disease that occurred in the Urban and Rural Districts during the preceding 5 years.

		Urban.		Rural.	Total.	Death Rate per 1,000 population.
1921	..	198	..	193	.. 391	.. 1.3
1922	..	188	..	184	.. 372	.. 1.2
1923	..	236	..	178	.. 414	.. 1.3
1924	..	187	..	179	.. 366	.. 1.1
1925	..	215	..	236	.. 421	.. 1.3

Whilst it is satisfactory to note an appreciable reduction in the general, the infant and the tuberculosis death rates during past years it is of importance to recognise that the cancer death rate throughout the country has increased during the same period.

Several attempts have been made to explain the increase, it may be due to the increase in the average "Expectation of Life," a larger number living to the "cancer age," to the improved methods of diagnosis, but whatever the true explanation it is obvious that every assistance must be given to the efforts that are being made throughout the country to fight successfully the disease.



## TUBERCULOSIS.

## New Cases and Mortality during 1925.

Altogether 277 notifications of pulmonary tuberculosis were received as against 292 in 1924; 128 cases of non-pulmonary tuberculosis were notified as against 134 in the previous year.

The following table shows the age-groups of the total of new cases notified both of pulmonary and non-pulmonary tuberculosis :—

Age-periods.	Notifications on Form A.												Total Notifications on Form A.
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Primary Notifications.	
Pulmonary—													
Males ..	—	3	8	13	7	14	35	20	13	8	—	121	123
Females ..	1	3	11	10	26	21	43	29	10	3	—	157	166
Non-Pulmonary—													
Males ..	2	10	13	9	10	3	5	2	—	1	2	57	57
Females ..	1	12	12	8	5	2	6	5	2	2	—	55	55

The number of cases notified on Form B., i.e. those discovered during school medical inspection was 25: the following are the particulars :—

Age-periods.			Notifications on Form B.				Total Notifications on Form B.
			Number of Primary Notifications.				
			Under 5.	5 to 10.	10 to 15.	Total Primary Notifications.	
Pulmonary—							
Males .. ..			—	—	2	2	2
Females .. ..			—	1	1	2	2
Non-Pulmonary—							
Males .. ..			3	6	2	11	12
Females .. ..			—	2	5	7	9

## Deaths from Tuberculosis.

209 deaths (142 in Urban and 67 in Rural Districts) as against 232 in 1924, of pulmonary tuberculosis occurred during the year—a death rate of .66 per 1,000 population.

The number of deaths due to pulmonary tuberculosis during the preceding 4 years was 927.

	1921	1922	1923	1924	1925
No. of deaths .. .. .	242	249	204	232	209
Rate per 1,000 population	0.8	0.8	0.6	0.7	0.6

## Other forms of Tuberculosis.

67 deaths occurred from other forms of tuberculosis (44 in Urban and 23 in Rural Districts), a rate of .21 per 1,000 population as against .22 the previous year.

The following are the figures of the period 1921-24 :—

	1921	1922	1923	1924	1925
No. of deaths .. .. .	82	90	79	71	67
Rate per 1,000 population	0.3	0.3	0.2	0.2	0.2

## Notification of Tuberculosis.

The matter of the prompt notification of all cases of tuberculosis was mentioned in previous reports: from time to time opportunity was taken to refer to the duty imposed on all medical practitioners by the Public Health (Tuberculosis) Regulation, 1912, of the compulsory notification of all cases of Tuberculosis, whether pulmonary or non-pulmonary.

During the year 1925, of the 276 deaths registered as due to tuberculosis, 55 were never notified, the only information was derived from the death returns. As a general rule in the cases of deaths from tuberculosis not notified, enquiry was made through the Medical Officer of Health regarding the failure to notify.

As compared with the year 1924 in which the number of non-notified deaths of tuberculosis was 131, it would appear that some improvement has been brought about, due no doubt to the Circular issued in August, 1924, by the Ministry of Health, in which the attention of every practitioner was called to the subject; unless there is a close co-operation between the medical attendant, the tuberculosis officer and the medical officer of health, considerable difficulty is met in the prevention of tuberculosis.

The following table records the total number of cases notified since 1921.

Year.	Total.	Pulmonary.	Non-Pulmonary.
1921	335	244	91
1922	280	195	85
1923	379	260	119
1924	397	274	123
1925	405	277	128

Details as to the total number of cases notified during 1921-1925 in the various Sanitary Districts are set out below:—

District.	1921.		1922.		1923.		1924.		1925.	
	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.
<b>URBAN DISTRICTS.</b>										
Eston ..	36	10	36	9	60	19	50	17	61	27
Guisborough ..	21	13	7	9	9	9	13	18	8	5
Hinderwell ..	3	1	2	—	—	—	6	1	3	—
Kirklington ..	—	—	—	—	1	—	—	—	—	—
Loftus ..	7	7	8	7	8	8	8	8	9	7
Malton ..	1	—	—	—	5	—	3	—	4	5
Masham ..	1	—	—	—	—	—	1	—	1	—
Northallerton ..	5	—	1	1	1	—	1	—	4	1
Pickering ..	5	1	1	—	1	1	4	—	1	—
Redcar ..	9	9	4	15	11	10	19	9	23	11
Richmond ..	2	—	2	—	2	—	4	3	2	—
Saltburn ..	1	1	—	—	1	1	—	—	3	4
Scalby ..	—	—	—	—	1	—	1	—	1	—
Scarborough ..	36	8	28	4	37	9	26	9	42	9
Skelton & Brotton ..	12	4	11	12	20	13	7	12	17	10
Thornaby ..	17	1	32	2	13	—	26	1	9	2
Whitby ..	19	14	12	6	14	17	18	12	12	10
Total ..	175	69	144	65	184	87	187	90	200	91
<b>RURAL DISTRICTS.</b>										
Aysgarth ..	3	—	—	—	4	—	2	—	2	—
Bedale ..	1	2	—	—	2	—	—	—	2	—
Croft ..	1	—	2	—	1	—	1	—	3	1
Easingwold ..	12	—	1	2	7	4	6	5	8	3
Flaxton ..	15	4	12	—	13	1	9	1	9	4
Guisborough ..	—	—	5	2	8	5	15	2	5	10
Helmsley ..	1	—	—	—	—	—	—	—	—	—
Kirbymoorside ..	4	3	—	2	3	3	2	2	1	2
Leyburn ..	4	1	3	1	2	1	6	1	2	2
Malton ..	2	—	1	—	1	—	2	—	3	—
Middlesbrough ..	—	—	1	—	—	—	—	—	—	—
Northallerton ..	3	1	—	—	4	1	2	—	4	1
Pickering ..	—	1	—	1	—	—	—	—	2	—
Reeth ..	—	1	2	1	1	2	1	—	1	—
Richmond ..	4	2	3	—	3	1	8	1	9	1
Scarborough ..	1	—	3	1	—	—	5	1	1	—
Startforth ..	2	—	—	1	1	—	4	2	7	4
Stokesley ..	9	1	10	5	12	7	9	12	13	7
Thirsk ..	—	1	4	1	5	1	4	2	1	2
Wath ..	—	—	—	1	—	—	—	1	1	—
Whitby ..	7	5	4	2	9	6	11	3	3	—
Total ..	69	22	51	20	76	32	87	33	77	37
Administrative C'nty	244	91	195	85	260	119	274	123	277	128



The District Medical Officer of Health keeps a register of the cases notified, and it is now a duty to forward at the end of each quarter to the County Medical Officer of Health particulars as to the number of cases, whether pulmonary or non-pulmonary, on the register.

The following is a summary of the quarterly returns for 1925 :—

#### URBAN DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Eston .. ..	45	46	91	14	15	29
Guisborough .. ..	20	22	42	24	23	47
Hinderwell .. ..	4	2	6	—	1	1
Kirklington .. ..	—	—	—	—	—	—
Loftus .. ..	9	4	13	13	10	23
Malton .. ..	4	2	6	2	2	4
Masham .. ..	—	—	—	—	—	—
Northallerton .. ..	7	5	12	2	1	3
Pickering .. ..	2	4	6	1	1	2
Redcar .. ..	30	28	58	25	24	49
Richmond .. ..	4	4	8	1	—	1
Saltburn .. ..	1	3	4	2	4	6
Scalby .. ..	2	1	3	—	—	—
Scarborough .. ..	22	18	40	5	5	10
Skelton & Brotton .. ..	41	44	85	24	28	52
Thornaby-on-Tees .. ..	14	6	20	1	—	1
Whitby .. ..	4	14	18	10	6	16
Total .. ..	209	203	412	124	120	244

#### RURAL DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Aysgarth .. ..	2	3	5	1	—	1
Croft .. ..	5	—	5	—	1	1
Easingwold .. ..	1	3	4	2	1	3
Flaxton .. ..	34	22	56	7	13	20
Guisborough .. ..	17	11	28	23	14	37
Helmsley .. ..	—	—	—	—	—	—
Kirbymoorside .. ..	4	3	7	1	3	4
Leyburn .. ..	11	12	23	2	4	6
Malton .. ..	3	1	4	1	1	2
Northallerton .. ..	8	—	8	—	1	1
Pickering .. ..	3	3	6	4	1	5
Reeth .. ..	4	2	6	—	2	2
Richmond .. ..	6	16	22	1	2	3
Startforth .. ..	3	6	9	3	4	7
Stokesley .. ..	9	12	21	6	6	12
Thirsk .. ..	1	—	1	2	3	5
Wath .. ..	3	1	4	—	—	—
Whitby .. ..	8	13	21	8	3	11
Total .. ..	122	108	230	61	59	120

From the above statement it would appear that there are some 1,006 cases of tuberculosis resident in the Administrative County; removals from one district to another or to places outside the County boundary are not always easy to trace, and for that reason it is probable the above-mentioned figure (1,006) falls below the actual—as far as possible assistance is given both by the Tuberculosis Officer and at the Central Office to notify the known cases of removal.

## Tuberculosis Dispensaries.—Attendances during 1925.

NUMBER OF VISITS BY PATIENTS.				Males.	Females.	Total.
1. First attendance :—						
(a) Ex-service pensioners .. ..				18	—	18
(b) Other insured persons .. ..				91	25	116
(c) Other patients .. ..				143	157	300
Total .. ..				252	182	434
2. Subsequent attendances .. ..				—	—	3479
Total attendances .. ..				—	—	3913
3. For the 434 patients attending for the first time, the diagnosis was as follows :—						
(a) Tuberculosis present .. ..				136	101	237
(b) Observation for tuberculosis .. ..				58	45	103
(c) Not tuberculosis .. ..				58	36	94

## Dispensaries.

The Dispensaries at Northallerton, Scarborough, South Bank, and at Stockton by arrangement with the Durham County Council, were open throughout the year—afternoon sessions once weekly were held at Northallerton and Scarborough, and full day sessions at Stockton and South Bank.

In the report for 1924, reference was made as to the need of additional dispensary facilities at a centre in the eastern part of the Cleveland Area, as for some time the pressure of work at South Bank has been very great; further, owing to transit difficulties some patients found it impossible to attend that Dispensary.

It is satisfactory to report that suitable premises were secured at Skelton-in-Cleveland; the dispensary was opened early in October, and the records of the work done abundantly confirm the need there was for such provision.

13 first attendances and 132 re-attendances at the Skelton dispensary were recorded during the year.

54.6 per cent. of the patients attending for the first time were ultimately diagnosed as tuberculous; the corresponding figure for 1924 was 66.7 per cent.

The Medical Staff in charge of the Dispensaries is set out on page 5 of the report; at the South Bank Dispensary two of the whole-time nursing staff attend each session: at Stockton each of the whole-time nurses takes turn: at Skelton-in-Cleveland Nurse Loftus attends each session, whilst at Scarborough Nurse Jones, who is not on the Staff of the County Council, attends each session, makes home visits and undertakes such other work connected with the Dispensary as Dr. Fox Linton directs.

Nurse Dunnill, who since the opening of the Scarborough Dispensary attended each weekly session, did not undertake the home visiting of the cases, but arrangements are now in force whereby all work connected with the Dispensary is carried out.

## List of Dispensaries.

Place.	Address.	Day and time of opening.	Name of Doctor.
Stockton-on-Tees ..	Cleveland House, Bowesfield Lane	Tuesday, 10 a.m. ..	Dr. J. J. Thomson.
Northallerton ..	The Rutson Hospital ..	Wednesday, 2 p.m.	do
Skelton-in-Cleveland ..	South Terrace ..	Wednesday, 2 p.m.	Dr. C. R. Gibson.
South Bank ..	33, Nelson Street ..	Thursday, 10 a.m.	Dr. J. J. Thomson.
Scarborough ..	Out-Patient Department, Scarborough Hospital and Dispensary	Thursday, 2-30 p.m.	Dr. S. Fox Linton.

Dr. Gibson and Dr. Fox Linton see patients at their homes in the Skelton and Scarborough districts respectively. Dr. Thomson, in addition to his work at the Northallerton, South Bank and Stockton Dispensaries, sees cases in the remaining part of the County.



## Sanatoria Beds.

**Pulmonary Cases (Adults).**

The County Council retained 32 beds during the year at the Aysgarth Sanatorium—prior to 1925, 30 beds were in use, but owing to an increased demand for the treatment of female cases, 2 extra beds were taken.

In addition to the above fixed number, provision was made for the treatment of 4 adult cases (2 male and 2 female), and accommodation was secured at Sanatoria conveniently near to the County.

**Non-Pulmonary Cases (Adults).**

The arrangements previously agreed upon with the Rutson Hospital, Northallerton, were continued—three beds were fully occupied during the year.

**Pulmonary Cases and Cases predisposed and showing evidence of Pulmonary Tuberculosis (Children).**

The County Council Sanatorium at Morris Grange functioned throughout the year—the accommodation there of 52 beds was made use of to the utmost extent; the details of the work carried out are set out on pages 22 and 23 of this report.

**Non-Pulmonary (Surgical) Tuberculosis (Children).**

15 children suffering from surgical tuberculosis received treatment at the cost of the County Council during the year—accommodation was arranged at the Phillipson Memorial Sanatorium, Stannington, and at the Yorkshire Cripples Hospital, Kirbymoorside.

During the year the position so far as bed accommodation for the cases of pulmonary and non-pulmonary cases was reviewed, and in the light of previous experience it was deemed advisable to ask the Public Health Committee to increase the facilities available—during the present year (1926) it is proposed to secure additional accommodation for the treatment of adult cases of both pulmonary and non-surgical tuberculosis.

**INSTITUTIONAL TREATMENT.**

During the year under review 106 beds in sanatoria were utilised for the treatment of tuberculous patients.

The following account states the position on December 31st, 1925 :—

**Pulmonary Tuberculosis.**

ADULTS.—32 beds (25 for men and 7 for females) were reserved at the Wensleydale Sanatorium at Aysgarth; altogether during the year treatment was provided for 137 adults (102 were males and 35 females). 102 cases were discharged during the year. The average duration of treatment being 17.1 weeks.

**Adults.—Treatment in Sanatoria for Pulmonary Tuberculosis.**

	Aysgarth, Yorks.		Holywood Hall.		Preston Hall Training Colony.		Wolsing- ham, Co. Durham.		Ycarsley Bridge, Yorks.		Fairfield Yorks.		Colchester Sanatorium.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A.—Under treatment on 1st Jan., 1925 :—																
1. Ex-service pensioners ..	7	—	1	—	1	—	—	—	—	—	—	—	—	—	9	—
2. Other insured persons ..	16	3	—	—	—	—	—	1	—	1	—	—	—	—	16	5
3. Other adults ..	2	4	—	—	—	—	—	—	—	—	—	—	—	—	2	4
B.—Admitted during 1925 :—																
1. Ex-service pensioners ..	13	—	—	—	—	—	—	—	—	—	—	—	—	—	13	—
2. Other insured persons ..	50	14	—	—	—	—	—	—	2	1	—	—	1	—	51	17
3. Other adults ..	10	8	—	—	—	—	—	—	1	1	—	—	—	—	11	9
	98	29	1	—	1	—	—	1	—	4	2	—	—	1	102	35

**Surgical Tuberculosis.**

The cases of surgical tuberculosis dealt with were as follows :—

Three beds were available at the Rutson Hospital, Northallerton, and 6 patients (3 men and 3 women) were admitted; 7 persons were discharged after an average treatment of 23.1 weeks as compared with 20.1 weeks in 1924.

### Co-operation with Local Sanitary Authorities.

The Local Sanitary Authorities continued to forward weekly copies of the cases notified in their districts. Housing defects discovered by the Tuberculosis Officers or Health Visitors are reported to the Local Authorities for attention. A number of cases referred either by or through the district Medical Officers were investigated and appropriate action taken.

### Co-operation with Medical Practitioners.

The Tuberculosis Officers were available for consultation with medical practitioners, and it is satisfactory to report that a considerable number of consultations were arranged either at the home of the patient or at the dispensary. In all cases where at a first examination a definite diagnosis could not be made, appointments were made for further examinations.

### School Children.

Many school children were referred for examination at the Dispensaries, sent principally by the Assistant School Medical Officers—although very few were found definitely tuberculous, the majority were debilitated children who were likely to develop tuberculosis and would benefit greatly by treatment at an open air school or by admission to the Morris Grange Sanatorium. There is a very close co-operation between the Tuberculosis Department and the School Medical Service, full advantage is taken of the facilities for examination at the Dispensaries.

### Following-up.

Special cards are made for all cases (adult and juvenile) after discharge from a Sanatorium—the cases were systematically followed up, and reports periodically made to the County Medical Officer.

The reports were scrutinised by the Tuberculosis Officers, and any action deemed necessary was taken.

### Examination of Sputum.

During 1925, 337 specimens were forwarded to the North Riding Laboratory of Pathology and Public Health, Scarborough—66 proved positive.

During 1923 the County Council offered to defray the cost of the bacteriological examination of specimens of sputum, but less than half the Sanitary Authorities accepted the offer, the reason for so small a number accepting was that similar arrangements already were in operation in the Sanitary Areas.

The following Table records the number of specimens submitted from the various Authorities :—

URBAN.				RURAL.			
Eston	..	..	49	Bedale	..	..	3
Hinderwell	..	..	9	Easingwold	..	..	1
Loftus	..	..	2	Flaxton	..	..	1
Malton	..	..	1	Helmsley	..	..	1
Masham	..	..	2	Kirbymoorside	..	..	3
Pickering	..	..	3	Leyburn	..	..	1
Richmond	..	..	5	Malton	..	..	2
Scalby	..	..	3	Richmond	..	..	15
Scarborough	..	..	203	Stokesley	..	..	4
Thornaby	..	..	4	Whitby	..	..	10
Whitby	..	..	15				

### X-Ray Examinations and Treatment.

During the year 10 patients were treated by X-Rays :—4 at the Scarborough Hospital and Dispensary ; 3 at the Stockton and Thornaby Hospital ; and 3 at the Darlington General Hospital.

It is now recognised that the treatment of skin manifestations of tuberculosis can more safely be undertaken by "Artificial Sunlight"—each case must be carefully considered. The facilities for this particular form of treatment are few, however it is hoped that arrangements can be made with hospitals conveniently situate to the North Riding.

### Dental Treatment.

Although a scheme whereby this form of treatment could be available for tuberculous patients has been approved by the County Council and the Ministry of Health, financial circumstances prevented its establishment.

Towards the end of the year the Education Committee established a scheme of Dental Inspection and Treatment for the younger age-groups of the children attending the elementary schools, and it is hoped that it will be possible to make arrangements under this scheme for the treatment for tuberculous patients.

It may be right here to say that some progress in that direction has been made, in so far as dental inspection and treatment of the children undergoing treatment at Morris Grange has been arranged.

### Home Nursing.

The County Council have arrangements with the Stockton and Thornaby District Nursing Association for the Home Nursing of cases of tuberculosis ; application has to be made to the Tuberculosis Officer and his approval secured.

Altogether 12 cases were regularly visited by the Nurses, and in all 478 visits were made.



### Extra Nourishment.

This was provided in the shape of medical foods to all cases recommended by the Tuberculosis Officers—the issue of milk and other food tickets was not undertaken because experience had shown that it was better from the patients' point of view to provide cod liver oil, malted milk, virol, etc.

### Travelling Expenses of Patients.

Necessitous patients, who could not afford the expense in reaching a Dispensary for examination, or a Sanatorium for treatment, were given free railway or bus vouchers.

Industrial conditions in the Cleveland Area for the past five years made this a necessity. Altogether some £130 was so expended.

### Non-Pulmonary Tuberculosis (Surgical).

The extent of the accommodation available for North Riding patients is stated in an earlier portion of this report.

During the year under review the position as to the adequacy of institutional treatment of non-pulmonary cases of tuberculosis was considered—the conclusion arrived at was that so far as juveniles were concerned the present accommodation appeared sufficient, but in the case of adults extra accommodation was needed. The County Council with the approval of the Ministry of Health authorised additional provision, and this will be available during the present year.

The following statement sets out the particulars of the numbers treated and the duration of the treatment:—

ADULTS.—3 beds were available at the Rutson Hospital, Northallerton, and 6 patients (3 men and 3 women) were admitted; 7 persons were discharged after an average treatment of 23.1 weeks as compared with 20.1 weeks in 1924.

CHILDREN.—The arrangements with the Phillipson's Home at Stannington were continued. 8 children (3 boys and 5 girls) were admitted to the Institution, whilst 10 were discharged after an average duration of treatment of 52.9 weeks.

Particulars of the cases treated are as follows:—

- 1 Spine and Hip case.
- 4 Hip cases.
- 1 Left Knee.
- 1 Ankle.
- 1 Metatarsus.

Although the Yorkshire Cripples Hospital, Kirbymoorside, was opened in the latter part of the year 1925, the establishment of after-care clinics (at which cases for examination preparatory to admission could attend, &c.) had not been completed by the end of the year.

### Provision of Surgical Appliances.

The following apparatus was provided at the cost of the County:—

1 Hip Splint Extension; 1 Knee Splint, crutches, &c.; 1 Thomas' Knee Splint; 2 Abduction frames; 1 Knee Splint; 1 Hip Splint; 1 Knee Splint, crutches and paton; 1 Surgical boot; Paton for boot and Splints, &c.

### Shelters.

The shelters provided by the County Council were in full use during the year.

They are of the revolving type, open on one side with through ventilation. The Tuberculosis Officer periodically sees the shelters and by arrangement with the Education Committee the joiners in their employ report as to the condition and specify repairs, if any, that may be necessary.

### Care and After-Care Committees.

Three voluntary Committees have been established in the Cleveland Area but comparatively little progress has been made, due principally to the lack of funds. Nevertheless every effort was made by advice, and by the help of the North Riding British Red Cross Society to ameliorate whenever possible the circumstances of necessitous cases.

The cases domiciled in the rural parts of the County were periodically followed up by the Nurses, and reports submitted from time to time.

### Local Arrangements for finding Employment.

Assistance in finding suitable employment can most usefully be rendered by After-Care Committees—so far little in this direction was possible, due in a large measure to the continued prevalence of industrial depression in the most populous districts of the County.

Since 1921 the following important extensions of the Tuberculosis Scheme have taken place:—

**Staff.**—An additional part-time Assistant Tuberculosis Officer appointed October, 1925. The nursing staff enlarged by 3 whole-time and 3 part-time nurses.

**Premises.**—The permanent Dispensary at South Bank opened 1921.

A Dispensary at Stockton-on-Tees, by arrangement with the Durham County Council, available for the population in and around Thornaby-on-Tees, 1923.

The Skelton-in-Cleveland Dispensary opened 1925.

**Accommodation.**—Increased accommodation at the Aysgarth Sanatorium and at the Rutson Hospital.

Morris Grange Children's Sanatorium opened September, 1921 (52 beds)



#### Establishment of After-Care Committees.

Arrangements, free of cost, available for the Bacteriological examination of specimens of sputum.

#### Special methods adopted or proposed for the prevention of Tuberculosis.

Since the beginning of the campaign against tuberculosis in this County, the main effort has been continually directed towards the supervision of the growing youth.

Realising that constitution is of paramount value to a stock, and that the children from stock with a definite tuberculous history can be made into healthy adults, efforts have been directed to this question.

The policy has been to provide sanatorium treatment for children showing early manifestations of the disease in any form however slight, if the home conditions were such as indicated the necessity.

Special attention was directed to the treatment of girls at the age just before puberty. It is believed that immunity to tuberculosis is largely a matter of constitution established in these years. At this age girls respond quickly to treatment, and a stay of six months in a sanatorium at this age is of more value than a longer period at a later age.

In regard to boys, a like policy was adopted. In their case, however, it takes considerably longer to bring tuberculosis to a quiescent state, therefore, of the total number recommended for treatment, a larger number of girls in proportion have been dealt with.

#### Special Difficulties encountered.

The difficulties arising in the North Riding are naturally less numerous than in a more densely populated area.

In Urban Districts the difficulty arises in regard to patients returning from sanatoria; it is not possible to provide suitable employment, or to provide the best home conditions.

It is hoped that when unemployment lessens better provision will be made for such cases.

The provision of shelters, wherever they could be erected, has done much to prolong life in a natural way and to lessen nearness of infection.

#### General Statement on the incidence, etc., of Tuberculosis in the North Riding.

Tuberculosis has a higher death rate in Urban Districts in the Riding than in Rural Districts; the difference is about 20% in pulmonary tuberculosis.

In non-pulmonary tuberculosis the difference is less, running over a period of years at about 5%.

There is no district where the incidence of tuberculosis is continually high, although some of the rural districts appear to have a low incidence. This may be caused by the younger people leaving the more remote parts of the country for towns where they spend the younger part of their lives, when the tendency to tuberculosis is greater.

Then in the rural districts the rearing of children is more natural than in the towns, the type indeed is much more uniform. It can be understood that, where there is uniformity of type, the ill effect of such diseases as measles, scarlet fever and whooping cough, is much less marked.

In the urban districts, however, those diseases do more damage to the more delicate children, owing to the less uniformity of type among the growing youth. In the urban districts more children are referred to the tuberculosis dispensaries showing deterioration from such causes. The care of such children forms an important part of the work.

In rural districts the parents, especially the mothers, keep their fitness for parenthood more constantly than in the urban districts.

During the last few years tuberculosis work in this County has indicated the greater need of sanatorium treatment for adult females residing in towns, accordingly more accommodation has been provided.

#### Special points noted locally as to the incidence of Tuberculosis (*e.g.* occupation).

There has been no special point noted in regard to any special locality, as showing a high increase of tuberculosis.

Occupation also does not call for any comment in this County; prolonged unemployment, however, has had a decidedly depressing effect on many of the men in the Cleveland area. The effect was shown in their behaviour in illness.

#### Methods adopted for the treatment.

Tuberculin has been used extensively in the form of ointment. Tubercle vaccines have been used to a more limited extent.

Artificial pneumothorax has been used in several cases during the past year, the operation being performed at the home of the patient, or at the dispensary. Adult cases only have been treated.

#### MORRIS GRANGE CHILDREN'S SANATORIUM.

The Children's Sanatorium at Morris Grange which was opened in September, 1921, with an accommodation for the treatment of 52 cases, has played a very important and successful part in the control of tuberculosis. The Institution is for the treatment of children suffering from non-surgical tuberculosis, and it can be stated definitely that the sanatorium has proved a most valuable agency for the cure of Tuberculosis in Childhood.

There were admitted during the year altogether 69 children, 58 had as the chief disease, definite or suspected tuberculosis of the lungs or of the glands at the root of the lungs; the remaining 11 children suffered from the disease in the glands of the neck or other situations in the body.



The following table records the particulars regarding the children resident at Morris Grange during the year 1925.

	Ages (years).	Boys.	Girls.	Total.
A.—Under treatment on 1st January, 1925 ..	—	28	24	52
B.—Admitted during 1925 ..	4-5	—	—	—
	5-6	1	—	1
	6-7	2	—	2
	7-8	2	2	4
	8-9	9	3	12
	9-10	5	2	7
	10-11	4	7	11
	11-12	9	1	10
	12-13	9	4	13
	13-14	—	5	5
	14-15	1	3	4
Total ..		70	51	121

Of the 121 specified above, 106 had, as the chief disease, definite or suspected tuberculosis of the lungs or of the glands at the root of the lungs (associated in some cases with enlarged glands elsewhere); the remaining 15 cases were admitted suffering from tuberculous glands in the neck and other parts of the body.

#### Morris Grange Sanatorium—Treatment during 1925.

	Boys.	Girls.	Total.
(a) Number of children treated, the chief disease being as stated :—			
(1) Tuberculosis of lungs, suspected or definite .. .. .	61	45	106
(2) Tuberculosis of glands .. .. .	8	7	15
Total ..	69	52	121
(b) Number discharged during 1925 for other than medical reasons .. .. .	—	—	—
(c) Number of deaths .. .. .	—	—	—
(d) Number discharged after full treatment ..	40	29	69
(e) Average period of treatment for those in (d) ..	—	—	42.1 wks.
(f) Results in children discharged after full treat- ment :—			
(1) Apparently cured .. .. .	38	28	66
(2) Greatly improved .. .. .	—	—	—
(3) Improved .. .. .	—	—	—
(4) Stationary .. .. .	2	1	3
(5) Worse .. .. .	—	—	—

69 children were discharged after a period of treatment which averaged 42.1 weeks' stay in the sanatorium, whilst the average duration of the course of treatment during 1924 was 33.8 weeks.

Having regard to the fact that the prevailing industrial conditions were such as might reflect on every member of the family, the matter of the following up of each child discharged from the Sanatorium assumed a matter of considerable importance—the return to environmental conditions different from those of the Sanatorium was continually before the Health Visitors, and so it was that every effort was made to keep the Tuberculosis Officer in touch with every case, so that when need arose extra food in the shape of cod liver oil, virol, &c., could be provided.

It is only right, here, to express a very high appreciation of the work carried out by the Health Visitors.

In the previous year's report reference was made to the establishment of a school at the Sanatorium—the need for such had been fully recognised—and it is satisfactory to record that the stimulus and interest aroused proved very beneficial and of definite therapeutical value.

During the year heating arrangements were installed in the Eastern Annexe; the internal walls of both annexes which were in a rough condition were plastered, and the concrete floors were replaced by a jointless composition material, improvements which entailed considerable expenditure but were essential to make Morris Grange an up-to-date Sanatorium, and, of course, such expenditure will not occur in future years. The County Council can rest assured that the cost of carrying on the work of Morris Grange compares favourably with similar institutions in the County.

Since the opening of the Sanatorium 408 children have been admitted, and the following table sets forth the particulars as to the ages of the children and the results of their treatment.

Admissions since opening of Sanatorium.	Ages (years).	Boys.	Girls.	Total.
	4-5	4	1	5
	5-6	8	4	12
	6-7	14	5	19
	7-8	17	19	36
	8-9	36	20	56
	9-10	28	22	50
	10-11	20	24	44
	11-12	26	22	48
	12-13	27	21	48
	13-14	29	26	55
	14-15	16	19	35
Totals ..		225	183	408

#### Discharges.

	Boys.	Girls.	Total.
Apparently cured .. ..	170	138	308
Greatly improved .. ..	10	11	21
Improved .. ..	4	1	5
Stationary .. ..	6	3	9
Worse .. ..	—	3	3
Discharged for other than medical reasons .. ..	3	4	7
Deaths .. ..	3	—	3
Totals ..	196	160	356

The average duration of treatment in the above cases was 37.9 weeks.

#### Public Health (Prevention of Tuberculosis) Regulations 1925.

No action was called for under these regulations.

These regulations deal with the prohibition of persons in an infectious state from milking cows, or handling milk.

#### Public Health Act, 1925, Section 62.

No action was taken under this section.

Under this section power is given for the compulsory removal to hospital of infectious cases of pulmonary tuberculosis if proper isolation is not possible in the home.

#### VENEREAL DISEASES.

Arrangements made by the North Riding County Council included free treatment at the undermentioned Centres during 1925 :—

##### MEN.

##### WOMEN AND CHILDREN.

##### York County Hospital.

Mondays, 3 p.m. to 4 p.m.  
Thursdays, 6 p.m. to 7 p.m.  
Fridays, 7-30 p.m. to 8-30 p.m.

Wednesdays, 3 p.m. to 4 p.m.  
Fridays, 7 p.m. to 7-30 p.m.

##### Leeds General Infirmary.

Tuesdays, 2 p.m. to 3 p.m.  
Wednesdays, 5-30 p.m. to 7 p.m.  
Clinic open for treatment each week-day from 9-30 a.m. to 9 p.m.

Mondays, 2 p.m. to 3 p.m.  
Thursdays, 5-30 p.m. to 7 p.m.  
Children over 4 years, Tuesdays 5-30 p.m. to 6-30 p.m.  
Children under 4 years, Fridays 1-30 p.m. to 2 p.m.



## MEN.

## WOMEN AND CHILDREN.

## Darlington General Hospital.

Fridays, 6 p.m.

Mondays, 3 p.m.

Tuesdays, 3 p.m.

## Stockton and Thornaby Hospital.

Tuesdays, 5-30 p.m.

Fridays, 2-30 p.m.

Fridays, 5-30 p.m.

{ Monday to Friday, 5-30 p.m. to 9 p.m.  
 { Saturday, 10 a.m. to 1 p.m.  
 { Male intermediate treatment by Orderly. }

## Scarborough Hospital and Dispensary.

Tuesdays, 5 p.m. to 6 p.m.

Mondays, 5 p.m. to 6 p.m.

Fridays, 8 p.m. to 9 p.m.

Fridays, 9 a.m. to 10 a.m.

The following is a record of the work both of examination and treatment undertaken on behalf of North Riding cases during the period 1921-1925.

	Disease.	Year.				
		1921	1922	1923	1924	1925
A.—Number of North Riding patients attending for the first time.	Syphilis .. ..	159	102	60	73	59
	Gonorrhoea .. ..	77	75	69	94	102
	Soft Chancre .. ..	10	13	1	2	1
	Conditions other than venereal	101	152	93	87	70
	Total .. ..	347	342	223	256	232
B.—Total number of attendances .. ..		4267	4200	3983	4583	5563
C.—Number of doses of arsenical drugs given .. ..		1188	905	523	537	700
D.—Number of in-patient days .. ..		31	191	146	107	324

Details of the work undertaken at the various clinics are given in the following table :—

	Year.	York County Hospital.	Leeds General Infirmary.	Darlington General Hospital.	Stockton and Thornaby Hospital.	Scarboro' Hospital and Dispensary.	Middlesbrough Clinic.
Number of North Riding patients treated for the first time.	1921	31	3	12	78	134	89
	1922	17	1	6	124	138	54
	1923	18	—	11	30	108	56
	1924	24	—	14	44	126	48
	1925	24	—	12	27	109	61
Total number of attendances of North Riding patients.	1921	323	48	146	900	1403	1447
	1922	242	10	129	1142	1835	832
	1923	302	1	115	813	2080	672
	1924	334	7	110	1172	2311	649
	1925	439	—	227	629	3639	680
Number of doses of arsenical drugs administered to North Riding patients at the clinic.	1921	68	13	76	360	497	176
	1922	82	3	58	259	446	56
	1923	62	—	40	163	258	79
	1924	117	4	24	93	264	35
	1925	137	—	41	64	438	25

### Development of Scheme.

Beyond the arrangements made in 1925 for the admission to the York Maternity Hospital of ante-natal cases suffering from venereal disease, and the admission to the Children's Medical Home, Waddon, of a child suffering from the disease, and for whom in-patient hospital treatment was deemed essential, the number of clinics available for North Riding cases have not been increased since 1921.

As before mentioned, outside Scarborough there is no hospital in the administrative area at which arrangements could be satisfactorily made for the treatment of venereal disease. Experience has shown that the existing facilities are sufficient to meet the needs of the County.

### Travelling Expenses.

In necessitous cases, and on the recommendation of the Medical Officer in charge of the Clinic, railway vouchers free of cost to the patient were provided.

Expectant cases, suffering from venereal disease, can be admitted to the York Maternity Home for treatment.

### Co-operation with the Medical Profession.

All medical practitioners in the County have been notified on several occasions of the details of the scheme, and the list of clinics together with the details as to the consultation hours sent.

### Publicity Arrangements.

Although the question of a Publicity Campaign for propaganda purposes has been considered, no steps in that direction have been taken.

In addition to the circulation of the details to doctors, nurses, &c., posters have been affixed by arrangement with the London & North Eastern Railway Co. in the public urinals at all stations in the Riding, further, plaques with particulars regarding the Venereal Diseases Clinic were affixed in the public urinals within the Borough of Scarborough.

### Arrangements for Irrigation of Cases of Gonorrhoea during the intervals between the Clinics.

Particulars as to these are stated under the heading Clinics.

### Supply of Arsenobenzol Compounds, Outfits, Pathological Examinations.

13 medical practitioners in private practice are registered as entitled to supplies of the approved drugs for the treatment of syphilis.

As in the past the pathological examination of specimens of suspected venereal patients was carried out at the Leeds University and the North Riding Laboratory of Pathology and Public Health, Scarborough.

## MATERNITY AND CHILD WELFARE.

### Midwives.

Excluding the Municipal Borough of Scarborough, to which the power of supervision under the Acts was delegated, the County Council is the Supervising Authority for the Administrative County.

During the year 121 midwives notified their intention to practise midwifery in the County, an increase of 8 on the previous year (113): 98 held the certificate of the Central Midwives Board or other recognised certificate, whilst 23 were untrained or in bona-fide practice prior to the passing of the Act.

38 of the trained midwives acted as district nurses. The total number of births attended by midwives was 2,029, an increase of 472 on the previous year, thus 34% of the births registered were attended by midwives.

Dr. Cheetham during the year made on an average 5 visits of inspection to each registered midwife. Altogether 637 visits were made, and on the whole his reports were favourable. The few cases of infringement of the rules were immediately investigated, but in none was it considered necessary to report to the Central Midwives Board.

### Training of Midwives.

Hitherto Scholarships of the value of not exceeding £25 have been granted to suitable applicants. The need of the Riding is for applications for training as midwives from persons who have a local interest, and who are not wholly dependent on the work for a livelihood—the sparsely populated character of a greater part of the area is such as to make it impossible for a reasonable income to be earned from such a source.

Although the number of midwives has appreciably increased since 1921, there is still need for more, and it is hoped the deficiency will be met by the formation of new local Nursing Associations employing a trained midwife. The County Council continued to make grants to District Nursing Associations in respect of the nurses employed being trained midwives and undertaking work as practising midwives; altogether 44 grants were made in 1925.



The following notices were received from Midwives during the year—the figures for 1924 are given in brackets :—

Sending for medical help	..	..	241	(181)
Still-births	..	..	22	(22)
Puerperal fever	..	..	—	(—)
Death of mother	..	..	—	(1)
Death of infant	..	..	5	(4)
Laying-out dead body	..	..	14	(11)
Artificial feeding	..	..	16	(16)
Liability to be a source of infection	..	..	—	(3)

The details of each notice received from a midwife were forwarded to Dr. Cheetham, who made inquiry, where necessary, into the circumstances.

The amount of doctors fees paid during 1925 by the County Council amounted to £270 15s. 6d., towards which £77 15s. 6d. was recovered during the year from the patient or from the husband or other person liable to maintain the patient. The corresponding amounts for 1924 were £252 17s. 0d. and £51 5s. 0d.

Having regard to the extent of unemployment which existed in the Cleveland Area during 1925, the sum recovered must be considered satisfactory.

During the past five years it is of interest to note that the number of midwives practising in the Area increased from 74 in 1921 to 121 in 1925. The number of bona-fide midwives practising is approximately the same to-day (23) as was the case in 1921 (22).

The number of notices for medical aid under the Midwives Act during the period increased from 147 to 241 with a corresponding increased cost to the County.

### Maternity and Child Welfare Scheme.

#### Notification of Births.

The administration of the Notification of Births Acts is in the hands of the District Councils. The Municipal Boroughs of Richmond, Scarborough and Thornaby-on-Tees, and the Urban District Council of Whitby are Maternity and Child Welfare Authorities. For some years past the number of the notifications of births received has been much below the number of births registered, and it was only during the year under review that an appreciable improvement was manifest; as it is, the compliance with the Act is not complete, but it is hoped the improvement noted during 1925 will continue.

#### Health Visitors.

The Nursing Staff at the end of the year consisted of :—

- 12 whole-time nurses (part time health visiting, tuberculosis visiting and school nursing).
- 2 whole-time nurses (part time Tuberculosis Visiting and School Nursing).
- 1 whole-time nurse, peripatetic, (part time Health work and School Nursing.).
- 1 part-time Tuberculosis Nurse, and
- 38 part-time nurses employed by 37 district nursing associations;

whilst at Whitby, Richmond and Thornaby-on-Tees health visitors are appointed and maintained by the local authorities.

During the year under review 3 additional whole-time nurses were appointed, and the part-time services of the nurse employed by 3 district nursing associations were utilised.

The following Table records the work done by the Health Visitors during 1925, and for purposes of comparison the figures of the previous year are given :—

	1924	1925
Number of ante-natal visits .. ..	1979	2280
Number of first visits to recent births .. ..	2506	2472
Number of re-visits, first year .. ..	8108	6844
"    "    1-2 years of age .. ..	4687	4412
"    "    2-3 years of age .. ..	3532	3385
"    "    3-4 years of age .. ..	2906	2611
"    "    4-5 years of age .. ..	2155	1997
Number of special visits .. ..	1033	1526
Number of still-births investigated .. ..	96	92
Cases of ophthalmia neonatorum investigated .. ..	6	3
Number of deaths among children .. ..	144	126

The County Council granted leave of absence to and made a monetary grant towards the expenses incurred by 4 nurses who attended a post graduate course of nursing held at Leeds, arranged under the auspices of the College of Nursing. 4 Nurses also attended the Fifth Winter School for Health Visitors and School Nurses held in London from December 30th, 1925, to January 12th, 1926.

The value of such post-graduate instruction is very great; not only do the nurses see the working of up-to-date clinics and centres, but their knowledge is brought up-to-date, and, by association with others engaged in similar work in other parts of the country, a fresh outlook on the work to which they return is created.



### Welfare Centres.

20 Welfare Centres were open during the year :—

- (1) 11 provided by Voluntary Committees.
- (2) 9 provided by District or Borough Councils.

CENTRES WHICH RECEIVE THE C.C. GRANT.	DAY OF MONTH AND TIME CENTRE OPEN.	NAME OF DOCTOR.
Bedale	Wednesday fortnightly 3 to 4 p.m.	Drs. Eddison and Hansell.
Brompton	Tuesday monthly 2-30 to 4 p.m.	Dr. J. J. Thomson.
Brotton	Monday fortnightly 3 to 4-30 p.m.	Dr. M. Caldwell.
Eston	Monday weekly 3 to 4-30 p.m.	Dr. J. Steele.
Great Smeaton	Tuesday fortnightly 2-30 to 4-30 p.m.	Dr. H. H. Carter.
Guisborough	Thursday weekly 2-30 to 4 p.m.	Dr. M. H. Bland.
Lingdale	Monday fortnightly 3-30 to 5 p.m.	Dr. R. H. Botham.
Loftus	Thursday fortnightly 3 to 5 p.m.	Dr. R. H. Botham.
Malton	Wednesday monthly 2 to 4-30 p.m.	Dr. L. C. Walker.
Osmotherley	Tuesday monthly 2-30 to 4-30 p.m.	Dr. J. Jack.
Redcar	Thursday weekly 2-30 to 4 p.m.	Dr. A. S. Robinson.
Rounton	Tuesday monthly 2 to 4 p.m.	Dr. J. Jack.
Skelton	Monday fortnightly 3 to 4-30 p.m.	Dr. J. C. C. Howe.
Thirsk	Thursday fortnightly 3 to 5 p.m.	Drs. McArthur and Davies.
Thornaby	Tuesday and Thursday weekly 2-30 to 5 p.m.	Dr. D. E. Young.
Yarm	Thursday fortnightly 3 to 5 p.m.	Dr. R. Hick.

In 1919 the County Council decided to make grants of £25 per annum towards the expenses of establishing and maintaining Welfare Centres.

The conditions under which the grants are given are as follows :—

- (1) That the work of the Centre and its co-ordination with visits to homes shall be carried out to the satisfaction of the Public Health, Housing and Sanitary Committee of the County Council.
- (2) That the grant shall be earmarked for the development of the work of the Welfare Centre, and shall not be paid into any general account.
- (3) That the grant shall be expended solely on matters connected with the work of a Centre, and that no part of the grant shall be devoted towards the cost of Xmas. Entertainments or the provision of teas.
- (4) That a balance sheet showing the manner of expenditure of the grant shall be submitted to the Public Health, Housing and Sanitary Committee of the County Council at the end of each calendar year.
- (5) That the grant shall be at the rate of £25 per annum, and the Public Health, Housing and Sanitary Committee of the County Council reserves the right to suspend or cease payment at a quarter's notice.

The services of the Education Committee's Assistant School Medical Officers, and of some of the Domestic Subjects Instructors, were available during the year for addresses, &c., at Welfare Centres; the nurses in their capacity as health visitors attended. Judging from the demand for the services of the Medical Officers and from the cordial remarks regarding their work that have come to the knowledge of the County Medical Officer, their services have been greatly appreciated.

Compared with 1921 the number of Centres was increased by two; very valuable work has been accomplished by the Centres, and if it were possible to enlarge the activities to ante-natal work much suffering and ill-health would be avoided.

The districts where it is feasible to establish Welfare Centres of easy access to mothers are, relatively speaking, few—as it is, certain centres work under difficulties, the main of which is the regular attendance of the mothers and children who live at a distance from the Centre.

### Maternity Homes.

There are no maternity hospitals situate within the administrative area.

Arrangements, however, were made with the Darlington, Middlesbrough and York Maternity Hospitals to receive cases at the cost of the County Council.

The arrangements made provide for the admission of cases of dangerous and complicated confinement, and also of cases from homes where the conditions are such as to be a possible danger at the time of confinement and during the lying-in period. The Public Health Committee decided that a condition of admission to a Maternity Hospital should be the prior consent (wherever possible) of the County Medical Officer, and, in the case of unsatisfactory home conditions, the production of a certificate to that effect signed by the medical attendant or local medical officer of health.

Additional facilities have been provided whereby expectant mothers suffering from venereal disease may be admitted to hospital for treatment prior to and at confinement.

In addition to the above arrangements made by the County Council, the Cleveland Miners' Association provide, for the wives of members, Maternity Hospital treatment for cases of emergency arising during confinement.



In all cases a weekly maintenance rate per bed occupied by the County Council is paid to the Hospital, and, towards the cost, application for a refund of the charges, according to a scale approved by the Ministry of Health, is made to the patient, husband, or other person liable, for the maintenance of the patient.

During 1925, 11 cases were admitted to Maternity Hospitals, the total charges for which amounted to £111 9s. 10d.—at the end of the year £23 10s. 0d. had been recovered.

The arrangements as outlined were made during the years 1921-1925—prior to 1921 no arrangements existed.

#### Supply of Food and Milk.

No arrangements were in operation during the year under which Food and Milk could be supplied at the expense of the County Council to expectant mothers and young children; the matter was considered by the Public Health Committee but it was decided not to reinstate the grants, each of £10, which were available during 1920 and subsequently discontinued owing to the need for economy.

The Welfare Centres, however, were able to provide out of certain funds at their disposal, dried milk, milk, &c., to necessitous cases.

#### Orthopaedic Treatment.

Prior to the opening in September, 1925, of the Yorkshire Cripples Hospital, Kirby-moorside, a hospital established by the Yorkshire Federation for Maternity and Child Welfare under the auspices of the British Red Cross Society, vacancies in Institutions for the treatment of crippling conditions due to causes other than tuberculosis were extremely few, consequently up to the end of the year no treatment had been provided at the expense of the County Council.

The Hospital, which has accommodation for 104 patients (between the ages of 3-12) is open to admit cases from the County of York—admission is not restricted to cases from the North Riding—and it is hoped advantage will be taken during the present year of the facilities available.

#### Voluntary Societies.

Voluntary Societies working in connection with Maternity and Child Welfare include the North Riding Rural Nursing Association, the various district nursing associations affiliated and non-affiliated to the North Riding Rural Nursing Association, the Committees for Social Welfare, at Scarborough, and the Holy Cross Refuge, at Middlesbrough. After-Care Committees in association with the scheme of Tuberculosis, the Voluntary Committees providing and running the Welfare Centres, the United Services Fund, Voluntary After-Care Committees associated with School Medical Work, the work of the majority of these Societies is referred to under the appropriate headings, and every endeavour was made to co-ordinate the work so far as was possible, both the Medical and Nursing staff acting in a joint capacity.

Although a scheme of dental inspection and treatment in connection with the School Medical Service has been established, no arrangements have been made for the activities of the Dentists to be available for work in connection with Tuberculosis or Maternity and Child Welfare, it is hoped however, that in the near future circumstances will allow of such arrangements, which have already received the approval of the Ministry of Health, being put into operation.

#### Diseases specially affecting Mothers and Young Children.

##### Puerperal Sepsis.

The number of notifications and the number of deaths from puerperal sepsis during the past 5 years are as follows:—

		1921	1922	1923	1924	1925
Notifications	..	3	7	10	3	9
Deaths	..	5	3	1	—	—

The average number of deaths from this condition during the last five years was 1·8. Immediately on receipt of the weekly infectious disease return, upon which is notified a case of puerperal fever, the Medical Officer of Health for the district is communicated with, and information is obtained as to the circumstances attending the confinement. On receipt of the duplicate copy notice of the midwife sending for help on account of rise of temperature, quickened pulse, &c., the facts are reported to Dr. Cheetham for his immediate attention and report, careful inquiry is made with the view of ascertaining whether any neglect in any shape or form could be ascribed to the midwife, and it is a source of satisfaction to record that in no instance could such be determined; of the 9 total deaths from puerperal sepsis during the last 5 years no case occurred in a Midwife's practice.

##### Ophthalmia Neonatorum.

Eleven cases, as against 16 in 1924, were notified during the year under review. Immediate inquiry was made regarding the cases notified. Three occurred in the practice of midwives, but in no case was there ground for suspecting any breach of the rules on the part of the midwife concerned.

Complete recovery with no impairment of vision followed in each case.



During the past five years 76 cases of ophthalmia neonatorum were notified. 14 occurred in the practice of midwives, and with the exception of a child born prematurely and who survived two days, each case under prompt treatment recovered with no resultant visual impairment.

Notified.	Treated at		Vision		Total Blindness.	Total Deaths.
	Home.	Hospital.	Unimpaired	Impaired.		
* 56	52	4	55	—	—	1

\* Excluding Scarborough Borough.

#### Still-births.

All the cases notified were enquired into by either Dr. Cheetham or the Health Visitors. The reports were not very helpful in the way of throwing light on the probable cause, indeed it is difficult to know how far post-natal enquiry could be useful, as the causes which operate are, apart from conditions at the time of birth, chiefly ante-natal.

#### Measles.

Deaths from measles during the preceding five years were as follows :—

	1921	1922	1923	1924	1925
No. of deaths	41	7	100	7	44
Rate per 1,000 population	.13	.02	.32	.02	.13

Measles, which is not a notifiable disease, showed in 1922 and 1924 fewer deaths than others of the past five years.

Towards the end of the year under review the disease showed an increased prevalence which was continued into the year 1926. Of the period 1921-1925, measles assumed an epidemic prevalence in 1923, when 100 deaths were recorded—the figures above stated may not accurately record the total of the deaths due to measles—it is well recognised that measles as a disease, with proper and efficient nursing is easily recovered from, but the advent of complications, especially affecting the lungs, makes it a serious complaint.

The prompt notification by Head Teachers of the Schools to the Local Medical Officer of Health and the School Medical Officer of absentees due to measles was of much service, inasmuch as it enabled the Health Visitors during their daily duties to get into contact with the homes where the disease was, and to impress upon the mothers the importance of medical attention and proper nursing. Every effort was made, in the districts where measles was known to exist, to leave at the home a leaflet which in simple words emphasise the dangers of the disease and the need for care in nursing.

The value of the prompt notification of school absentees, together with the probable cause, is emphasised in the reports of a number of the District Medical Officers.

#### Whooping Cough.

This disease, which is not notifiable, often follows an outbreak of measles.

The number of deaths ascribed to whooping cough during 1925 was 27—the average for the past five years was 45.

#### The Care of the Mentally Defective.

The County Medical Officer is the medical officer to the Committee appointed by the County Council to carry out the provisions of the Mental Deficiency Act, 1913, and the regulations made thereunder by the Secretary of State.

In addition to the attendance at the monthly meetings of the Committee a number of cases were reported upon—and in appropriate cases certificates in accordance with the Act were submitted.

The reports of the Committee to the quarterly meetings of the County Council have referred to the difficulty experienced in the appropriate action needed for a number of cases—accommodation for the proper institutional care and training of suitable cases at the present time is lamentably deficient, but the Committee have hopes that in the near future their difficulties may be lightened, and that the cases coming within their sphere of action may be suitably dealt with.

#### BLIND PERSONS ACT.

The Public Health Committee who administer the Act are of the opinion that the welfare and interests of the blind are best met by enlisting the help of Voluntary Societies which have for so long a time been closely associated with the blind and are conversant with their needs.



The Cleveland and South Durham Workshops for the Blind Voluntary Society undertook on behalf of the County Council the work amongst the blind resident in the Cleveland Area, and during the year the Yorkshire School for the Blind were approached with the view of arrangements, similar to those in the Cleveland Area, being made for the blind resident in the "York Area," a district south of a line drawn from Yarm to Staithes extending to York and including that part of the North Riding east of the Main Line Darlington to York, but the difficulty in obtaining the services of trained Home Teachers was experienced, and at the end of the year no progress had been made.

There were at the end of the year 335 blind persons resident in the administrative area—the following are the particulars:—

		0-5	5-16	16-20	20-30	30-40	40-50	50-60	60-70	70-80	80 & over
CLEVELAND AREA	M	0	5	2	2	11	14	9	15	15	0
	F	1	5	2	4	6	6	17	16	19	8
"YORK" AREA	M	0	4	0	6	10	11	11	13	7	7
	F	1	4	1	3	4	9	5	17	20	10
WESTERN DALES	M	0	0	0	0	4	2	7	2	4	0
	F	0	1	0	0	3	1	1	3	5	2

The following summarises the work done in the Cleveland Area:—

Visits paid by Home Teachers	..	..	..	..	1,281
Lessons given in Braille, Moon-type, chair-caning, &c.	..	..	..	..	304

Accommodation for the training of the blind is very deficient, but with the erection of new workshops at Middlesbrough it is hoped the difficulty may be largely met. During the year six out-workers attended for training at the York School, a grant of £26 in respect of each was paid by the County Council, whilst 4 North Riding blind were trained at the old workshops at Middlesbrough. In addition arrangements were made for the admission of 3 blind persons to the Royal Midland Institution for the Blind, Nottingham, for training in mat making, basket making, chair caning, boot making and repairing, and one person was admitted to St. Dunstons.

The children of school age were dealt with by the Education Committee.

A grant of £25 was made to the National Library for the Blind in connection with the supply of literature.

TABLE 1.

DISTRICT.			Estimated population for birth-rate, 1925.	Total Births.	Illegitim- ate Births.	Total birth-rate per 1,000 population	Excess of Births over Deaths. (Natural increase.)	Natural Increase per 1,000 popu- lation.
A.—URBAN.								
1.	Eston	..	33,800	765	29	22.6	340	10.0
2.	Guisborough	..	6,970	146	8	20.9	47	6.7
3.	Hinderwell	..	2,539	41	6	16.1	4	1.6
4.	Kirklington	..	245	3	..	12.2	1	4.1
5.	Loftus	..	9,321	165	7	17.7	68	7.3
6.	Malton	..	4,440	87	5	19.6	28	6.3
7.	Masham	..	2,132	49	1	23.0	22	10.3
8.	Northallerton	..	4,835	76	4	15.7	23	4.7
9.	Pickering	..	3,380	59	3	17.5	..	..
10.	Redcar	..	16,220	296	15	18.2	103	6.3
11.	Richmond	..	3,926	91	12	23.2	41	10.4
12.	Saltburn	..	3,822	46	..	12.0	-4	..
13.	Scalby	..	1,860	19	1	10.2	..	..
14.	Scarborough	..	38,210	634	46	16.6	90	2.3
15.	Skelton and Brotton	..	15,800	296	13	18.7	131	8.3
16.	Thornaby-on-Tees	..	21,350	577	24	27.0	256	12.0
17.	Whitby	..	12,450	207	9	16.6	78	6.3
Total Urban			181,300	3,557	183	19.6	1,228	6.8
B.—RURAL.								
1.	Aysgarth	..	4,278	65	6	15.2	7	1.6
2.	Bedale	..	6,555	102	5	15.6	11	1.7
3.	Croft	..	2,250	50	6	22.2	24	10.7
4.	Easingwold	..	9,837	157	14	16.0	38	3.9
5.	Flaxton	..	10,760	176	11	16.3	87	8.1
6.	Guisborough	..	8,240	154	8	18.7	56	6.8
7.	Helmsley	..	4,824	89	7	18.4	31	6.4
8.	Kirbymoorside	..	4,788	81	10	16.9	17	3.5
9.	Leyburn	..	6,127	117	9	19.1	31	5.0
10.	Malton	..	5,818	104	12	17.9	24	4.1
11.	Middlesbrough	..	2,550	32	2	12.5	5	2.0
12.	Northallerton	..	7,756	132	7	17.0	47	6.0
13.	Pickering	..	5,987	102	10	17.0	27	4.5
14.	Reeth	..	2,370	44	2	18.6	13	5.5
15.	Richmond	..	8,851	224	10	25.3	104	11.7
16.	Scarborough	..	6,186	93	2	15.0	26	4.2
17.	Startforth	..	4,665	85	5	18.2	31	6.6
18.	Stokesley	..	12,490	209	16	16.7	37	3.0
19.	Thirsk	....	12,540	191	10	15.2	40	3.2
20.	Wath	..	2,044	47	4	23.0	24	11.7
21.	Whitby	..	8,784	130	3	14.8	11	1.2
Total Rural			137,700	2,384	159	17.3	691	5.0
Administrative County..			319,000	5,941	342	18.6	1,919	6.0



TABLE 2.

DISTRICT.	Estimated population for death-rate, 1925.	Total deaths.	Death-rate per 1,000 population	Deaths under 1 year.	Total infantile mortality per 1,000 births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate births.
A.—URBAN.							
1. Eston .. ..	33,800	425	12.6	81	105.8	3	103.4
2. Guisborough .. ..	6,970	99	14.2	13	89.0	1	125.0
3. Hinderwell .. ..	2,539	37	14.6	3	73.1	..	..
4. Kirklington .. ..	245	2	8.2	..	..	..	..
5. Loftus .. ..	9,321	97	10.4	11	66.6	..	..
6. Malton .. ..	4,440	59	13.3	4	45.9	..	..
7. Masham .. ..	2,132	27	12.7	2	40.8	..	..
8. Northallerton .. ..	4,835	53	11.0	5	65.7	1	250.0
9. Pickering .. ..	3,380	59	17.4	6	101.6	1	333.3
10. Redcar .. ..	16,220	193	11.9	24	81.0	4	266.6
11. Richmond .. ..	3,726	50	13.4	4	43.9	1	83.3
12. Saltburn .. ..	3,822	50	13.1	2	43.4	..	..
13. Scalby .. ..	1,660	19	11.4	2	105.2	..	..
14. Scarborough .. ..	38,210	544	14.2	42	66.2	5	108.6
15. Skelton and Brotton .. ..	15,800	165	10.4	15	50.6	..	..
16. Thornaby-on-Tees .. ..	21,350	321	15.0	59	102.2	3	125.0
17. Whitby .. ..	12,450	129	10.4	9	43.4	1	111.1
Total Urban .. ..	180,900	2,329	12.9	282	79.2	20	109.2
B.—RURAL.							
1. Aysgarth .. ..	4,278	58	13.5	2	30.7	..	..
2. Bedale .. ..	6,555	91	13.9	8	78.4	2	400.0
3. Croft .. ..	2,250	26	11.5	..	..	..	..
4. Easingwold .. ..	9,837	119	12.1	11	70.0	2	142.8
5. Flaxton .. ..	10,080	89	8.8	12	68.1	1	90.9
6. Guisborough .. ..	8,240	98	11.9	16	103.8	1	125.0
7. Helmsley .. ..	4,824	58	12.0	6	67.4	1	142.8
8. Kirbymoorside .. ..	4,788	64	13.4	4	49.3	..	..
9. Leyburn .. ..	6,127	86	14.0	5	42.7	..	..
10. Malton .. ..	5,818	80	13.7	5	48.0	..	..
11. Middlesbrough .. ..	2,550	27	10.6	1	31.2	..	..
12. Northallerton .. ..	7,756	85	10.9	6	45.4	1	142.8
13. Pickering .. ..	5,987	75	12.5	6	58.8	1	100.0
14. Reeth .. ..	2,370	31	13.1	..	..	..	..
15. Richmond .. ..	8,431	120	14.2	19	84.8	..	..
16. Scarborough .. ..	6,186	67	10.8	3	32.2	..	..
17. Startforth .. ..	4,665	54	11.6	1	11.7	..	..
18. Stokesley .. ..	12,490	172	13.8	13	62.2	1	62.5
19. Thirsk .. ..	12,540	151	12.0	16	83.7	2	200.0
20. Wath .. ..	2,044	23	11.2	2	42.5	..	..
21. Whitby .. ..	8,784	119	13.5	12	92.3	..	..
Total Rural .. ..	136,600	1,693	12.4	148	62.0	12	75.4
Administrative County .. ..	317,500	4,022	12.7	430	72.3	32	93.5

TABLE 3.

Notifications of Infectious Disease in 1925, as given in the Weekly Returns rendered by Medical Officers of Health.

DISTRICT.		1924.																													
		Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Cholera.	Plague.	Puerperal Fever.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis.	Encephalitis Lethargica.	Typhus Fever.	Relapsing Fever.	Continued Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuberculosis.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Paratyphoid.	Anthrax.	Acute Influenzal Pneumonia.	
A.—URBAN.																															
1.	Eston ..	1	195	25	..	19	..	..	1	..	..	..	..	..	..	..	..	..	..	26	59	29	..	..	391	..	..	..	..	..	..
2.	Guisborough ..	..	20	7	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..	3	7	3	..	..	..	..	..	..	..	..	..
3.	Hinderwell ..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
4.	Kirklington ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.	Loftus ..	..	4	..	..	16	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	6	..	..	..	..	..	..	..	..	..
6.	Malton ..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..
7.	Masham ..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..
8.	Northallerton ..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..
9.	Pickering ..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
10.	Redcar ..	13	24	5	1	41	..	..	1	1	1	..	..	..	..	..	..	3	10	24	12	..	..	98	..	..	..	..	..	..	..
11.	Richmond ..	..	35	11	..	2	..	..	..	..	..	..	..	..	..	..	..	..	6	3	..	..	..	6	..	..	..	..	..	..	..
12.	Saltburn ..	..	5	2	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	..	..	..	..	..	..	..	..	..	..
13.	Scalby ..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	37	..	..	..	..	..	..
14.	Scarborough ..	28	37	19	6	37	..	..	2	..	1	4	..	..	..	..	..	2	..	7	41	10	3	257	..	..	2	..	..	..	..
15.	Skelton and Brotton ..	..	16	5	..	12	..	..	..	..	1	..	..	..	..	..	..	..	2	1	28	14	..	..	..	..	..	..	..	..	..
16.	Thornaby-on-Tees ..	7	27	5	2	..	..	..	3	1	..	1	..	..	..	..	..	2	2	11	2	..	..	130	356	..	..	..	..	..	..
17.	Whitby ..	..	11	5	1	27	..	..	1	..	..	1	..	..	..	..	..	..	..	5	16	9	..	2	..	..	..	..	..	..	..
Total Urban		49	381	90	13	177	..	..	8	2	1	1	9	..	..	..	2	7	67	213	100	3	2	883	393	..	2	..	..	..	..
B.—RURAL.																															
1.	Aysgarth ..	..	4	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
2.	Bedale ..	..	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1	1	..	4	..	..	..	..	..	..	..	..
3.	Croft ..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	4	..	..	..	..	..	..	..	..
4.	Easingwold ..	..	13	3	3	12	..	..	..	..	..	..	..	..	..	..	..	..	5	8	3	..	4	..	..	..	..	..	..	..	..
5.	Flaxton ..	..	13	4	8	..	..	1	..	1	..	..	..	..	..	..	..	1	4	8	3	..	..	..	..	..	..	..	..	..	..
6.	Guisborough ..	2	21	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	2	8	9	..	11	..	..	..	..	..	..	..	..
7.	Helmsley ..	..	10	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	1	..	..	..	..	..	..	..
8.	Kirbymoorside ..	..	4	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	3	2	2	..	..	..	..	..	..	..	..	..	..
9.	Leyburn ..	..	..	15	..	7	..	..	..	1	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..
10.	Malton ..	..	4	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..
11.	Middlesbrough ..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	5	..	..	..	..	..	..	..	..	..
12.	Northallerton ..	..	1	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	4	1	..	..	29	..	..	..	..	..	..	..	..
13.	Pickering ..	..	5	..	..	4	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	26	..	..	..	..	..	..	..	..
14.	Reeth ..	..	2	..	..	3	..	..	..	..	..	..	..	..	..	..	..	1	3	1	..	21	..	75	..	..	..	..	..	..	..
15.	Richmond ..	..	10	2	..	17	..	..	..	..	..	..	..	..	..	..	..	..	8	2	..	20	..	..	..	..	..	..	..	..	..
16.	Scarborough ..	1	17	2	1	1	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	12	..	..	..	..	..	..	..	..	..
17.	Startforth ..	..	4	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	3	8	5	..	..	..	..	..	..	..	..	..	..
18.	Stokesley ..	..	18	1	..	15	..	..	..	..	..	..	..	..	..	..	..	..	3	14	7	..	3	..	..	..	..	..	..	..	..
19.	Thirsk ..	..	12	3	2	4	..	..	..	..	..	..	..	..	..	..	..	1	3	1	2	..	3	..	..	..	..	..	..	..	..
20.	Wath ..	..	4	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	1	..	..	7	8	..	..	..	..	..	..	..
21.	Whitby ..	..	7	2	1	6	..	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..	..	..	..	..	..	..
Total Rural		3	154	38	17	85	..	..	1	2	1	5	..	..	..	..	..	4	34	80	38	..	117	66	86	..	..	..	..	..	..
Administrative County		52	535	128	30	262	..	..	9	4	2	1	14	..	..	..	2	11	101	293	138	3	2	1000	459	86	2	..	..	..	..
1924 ..		789	162	45	403	..	..	4	1	4	2	18	..	..	..	1	13	85	292	134	..	4	370	16	13	20	..	..	..	..	..



TABLE 4.

DISTRICT.	Scarlet fever.		Diphtheria.		Enteric fever.		Small-pox.		Measles.		Whooping cough.		Diarrhoea under 12 years.	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.														
1. Eston ..	2	.06	6	.18	..	..	..	..	7	.21	6	.18	10	13.1
2. Guisborough ..	..	..	..	..	1	.14	..	..	3	.43	..	..	..	..
3. Hinderswell ..	..	..	1	.39	..	..	..	..	..	..	..	..	..	..
4. Kirklington ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Loftus ..	1	.11	..	..	..	..	..	..	1	.11	..	..	2	12.1
6. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Northallerton ..	..	..	..	..	..	..	..	..	1	.21	..	..	..	..
9. Pickering ..	..	..	..	..	..	..	..	..	..	1	.29	..	..	..
10. Redcar ..	..	..	1	.06	1	.06	..	..	5	.31	1	.06	3	10.1
11. Richmond ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Saltburn ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Scalby ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Scarborough ..	..	..	2	.05	..	..	..	..	1	.03	2	.05	7	11.0
15. Skelton and Brotton ..	1	.06	..	..	..	..	..	..	9	.57	8	.51	3	10.1
16. Thornaby-on-Tees ..	3	.14	1	.05	..	..	..	..	9	.42	..	..	5	8.7
17. Whitby ..	..	..	..	..	1	.08	..	..	1	.08	..	..	..	..
Total Urban ..	7	.04	11	.06	3	.01	..	..	37	.20	18	.10	30	8.4
B.—RURAL.														
1. Aysgarth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale ..	..	..	..	..	..	..	..	..	..	..	1	.15	..	..
3. Croft ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold ..	..	..	..	..	..	..	..	..	..	..	1	.10	..	..
5. Flaxton ..	..	..	1	.10	1	.10	..	..	1	.10	..	..	1	5.7
6. Guisborough ..	..	..	..	..	..	..	..	..	3	.36	..	..	..	..
7. Helmsley ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Kirbymoorside ..	1	.21	..	..	..	..	..	..	..	..	..	..	..	..
9. Leyburn ..	..	..	..	..	..	..	..	..	1	.16	..	..	..	..
10. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	1	9.6
11. Middlesbrough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Northallerton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Pickering ..	..	..	..	..	..	..	..	..	..	1	.17	..	..	..
14. Reeth ..	..	..	..	..	..	..	..	..	..	1	.42	..	..	..
15. Richmond ..	..	..	1	.12	..	..	..	..	..	4	.47	..	..	..
16. Scarborough ..	..	..	..	..	..	..	..	..	1	.16	..	..	2	21.5
17. Startforth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18. Stokesley ..	..	..	..	..	..	..	..	..	..	..	..	1	4.8	..
19. Thirsk ..	..	..	..	..	..	..	..	..	..	..	..	4	20.9	..
20. Wath ..	..	..	..	..	..	..	..	..	..	1	.49	..	..	..
21. Whitby ..	..	..	..	..	..	..	..	..	1	.11	..	..	1	7.7
Total Rural ..	1	.007	2	.01	1	.007	..	..	7	.05	9	.06	10	4.2
Administrative County ..	8	.02	13	.04	4	.01	..	..	44	.13	27	.08	40	6.7

TABLE 5.

	Pulmonary Tuberculosis.				Other Tuberculosis.			All Tuberculosis.				Influenza.		Pneumonia.		Bronchitis and other respiratory diseases.		Cancer.		
DISTRICT.	Primary Notifications.	Deaths.	Notification-rate per 100 Deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 Deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																				
1. Eston	61	27	225.9	.80	27	15	180.0	.44	88	42	209.5	1.2	11	32	71	2.1	21	.62	33	.98
2. Guisborough	8	5	160.0	.72	5	2	250.0	.29	13	7	185.7	1.0	5	.72	8	1.1	6	.86	11	1.6
3. Hinderwell	3	4	75.0	1.6	..	..	..	..	3	4	75.0	1.6	..	..	..	..	2	.79	3	1.2
4. Kirklington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Loftus	9	3	300.0	.32	7	1	700.0	.11	16	4	400.0	.43	5	.54	7	.75	1	.11	6	.64
6. Malton	4	3	133.3	.67	5	..	..	..	9	3	300.0	.67	1	.22	2	.45	6	1.3	8	1.8
7. Masham	1	..	..	..	..	..	..	..	1	..	..	..	1	.47	4	1.9	2	.94	3	1.4
8. Northallerton	4	4	100.0	.83	1	..	..	..	5	4	125.0	.83	..	..	4	.83	2	.41	11	2.3
9. Pickering	1	..	..	..	2	..	..	.59	1	2	50.0	.59	..	..	1	.29	2	.59	6	1.8
10. Redcar	23	14	164.3	.86	11	2	550.0	.12	34	16	212.5	.99	8	.49	16	.99	15	.92	19	1.2
11. Richmond	2	2	100.0	.54	..	..	..	..	2	2	100.0	.54	..	..	3	.80	3	.80	3	.80
12. Saltburn	3	1	300.0	.26	4	2	200.0	.52	7	3	233.3	.78	6	1.6	2	.52	..	..	5	1.3
13. Scalby	1	..	..	..	..	..	..	..	1	..	..	..	1	.60	1	.60	2	1.2	2	1.2
14. Scarborough	42	28	150.0	.73	9	7	128.6	.18	51	35	145.7	.91	18	.47	27	.71	34	.89	63	1.6
15. Skelton and Brotton	17	10	170.0	.63	10	2	500.0	.13	27	12	225.0	.76	4	.25	6	.38	12	.76	12	.76
16. Thornaby-on-Tees	9	30	30.0	1.4	2	8	25.0	.37	11	38	28.9	1.8	11	.51	60	2.8	17	.80	13	.61
17. Whitby	12	11	109.1	.88	10	3	333.3	.24	22	14	157.1	1.1	2	.16	5	.40	6	.48	17	1.4
Total Urban	200	142	140.8	.78	91	44	206.8	.24	291	186	156.4	1.0	73	.40	217	1.2	131	.72	215	1.2
B.—RURAL.																				
1. Aysgarth	2	1	200.0	.23	..	2	..	.47	2	3	66.7	.70	2	.47	5	1.2	1	.23	6	1.4
2. Bedale	2	5	40.0	.76	..	1	..	.15	2	6	33.3	.91	10	1.5	5	.76	7	1.1	12	1.8
3. Croft	3	1	300.0	.44	1	1	100.0	.44	4	2	200.0	.89	..	..	1	.44	..	..	3	1.3
4. Easingwold	8	8	100.0	.81	3	..	..	..	11	8	137.5	.81	3	..	5	.51	8	.81	16	1.6
5. Flaxton	9	1	900.0	.10	4	4	100.0	.40	13	5	260.0	.50	3	.30	5	.50	3	.30	8	.79
6. Guisborough	5	9	55.5	1.1	10	1	1000.0	.12	15	10	150.0	1.2	5	.61	5	.61	10	1.2	11	1.3
7. Helmsley	..	1	..	.21	..	..	..	..	..	1	..	.21	4	.83	1	.21	2	.41	9	1.9
8. Kirbymoorside	1	1	100.0	.21	2	..	..	..	3	1	300.0	.21	3	.63	..	..	4	.83	8	1.7
9. Leyburn	2	4	50.0	.65	2	..	..	..	4	4	100.0	.65	8	1.3	3	.49	7	1.1	14	2.3
10. Malton	3	2	150.0	.34	..	1	..	.17	3	3	100.0	.51	4	.69	4	.69	5	.82	8	1.4
11. Middlesbrough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1.2	4	1.6
12. Northallerton	4	3	133.3	.39	1	..	..	..	5	3	166.7	.39	4	.51	7	.90	10	1.3	8	1.0
13. Pickering	2	2	100.0	.33	..	1	..	.17	2	3	66.7	.50	3	.50	3	.50	4	.67	8	1.3
14. Reeth	1	..	..	..	..	1	..	.42	1	1	100.0	.42	4	1.7	1	.42	2	.84	5	2.1
15. Richmond	9	7	128.6	.83	1	1	100.0	.12	10	8	125.0	.95	5	.59	9	1.1	6	.71	12	1.4
16. Scarborough	1	5	20.0	.81	..	1	..	.16	1	6	16.7	.97	1	.16	2	.32	3	.48	10	1.6
17. Startforth	7	4	175.0	.86	4	1	400.0	.21	11	5	220.0	1.1	..	..	3	.64	..	..	10	2.1
18. Stokesley	13	5	260.0	.40	7	5	140.0	.40	20	10	200.0	.80	7	.56	10	.80	12	.96	15	1.2
19. Thirsk	1	3	33.3	.24	2	2	100.0	.16	3	5	60.0	.40	2	.16	14	1.1	7	.56	18	1.4
20. Wath	1	1	100.0	.49	..	1	..	.49	1	2	50.0	.98	..	..	2	.98	..	..	4	1.9
21. Whitby	3	4	75.0	.45	..	..	..	..	3	4	75.0	.45	3	.34	4	.45	12	1.4	17	1.9
Total Rural	77	67	114.9	.49	37	23	160.9	.17	114	90	126.7	.66	71	.52	89	.65	106	.77	206	1.5
Administrative County	277	209	132.5	.66	128	67	191.0	.21	405	276	146.7	.87	144	.45	306	.96	237	.75	421	1.3



TABLE 6.

DISTRICT.	Puerperal Sepsis.		Other accidents and diseases of pregnancy and parturition.		Congenital debility and malformation, premature birth.	
	Deaths.	Death-rate per 1,000 births.	Deaths.	Death-rate per 1,000 births.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.						
1. Eston ..	1	1.3	5	6.5	34	44.4
2. Guisborough ..	..	..	1	6.8	7	47.9
3. Hinderswell ..	..	..	1	24.4	2	48.8
4. Kirklington ..	..	..	..	..	..	..
5. Loftus ..	..	..	1	6.1	6	36.4
6. Malton ..	..	..	..	..	2	23.0
7. Masham ..	..	..	..	..	1	20.4
8. Northallerton ..	..	..	..	..	2	26.3
9. Pickering ..	..	..	..	..	2	33.9
10. Redcar ..	2	6.7	..	..	4	13.5
11. Richmond ..	..	..	..	..	2	22.0
12. Saltburn ..	..	..	..	..	1	21.7
13. Scalby ..	..	..	..	..	..	..
14. Scarborough ..	..	..	..	..	17	26.8
15. Skelton and Brotton ..	..	..	2	6.7	7	23.6
16. Thornaby-on-Tees ..	1	1.7	2	3.5	24	41.6
17. Whitby ..	..	..	..	..	4	19.3
Total Urban ..	4	1.1	12	3.4	115	32.3
B.—Rural						
1. Aysgarth ..	..	..	..	..	1	15.4
2. Bedale ..	..	..	1	9.8	3	29.4
3. Croft ..	..	..	..	..	..	..
4. Easingwold ..	..	..	2	12.7	8	50.9
5. Flaxton ..	..	..	2	11.4	9	51.1
6. Guisborough ..	..	..	..	..	4	26.0
7. Helmsley ..	1	11.2	..	..	5	56.2
8. Kirbymoorside ..	..	..	..	..	3	37.0
9. Leyburn ..	..	..	1	8.5	3	25.6
10. Malton ..	..	..	..	..	2	19.2
11. Middlesbrough ..	..	..	1	31.2	..	..
12. Northallerton ..	..	..	1	7.6	4	30.3
13. Pickering ..	..	..	..	..	3	29.4
14. Reeth ..	..	..	2	45.4	..	..
15. Richmond ..	1	4.5	2	8.9	11	49.1
16. Scarborough ..	1	10.7	..	..	..	..
17. Startforth ..	..	..	..	..	1	11.8
18. Stokesley ..	..	..	1	4.8	6	28.7
19. Thirsk ..	..	..	2	10.5	6	31.4
20. Wath ..	..	..	..	..	1	21.3
21. Whitby ..	..	..	..	..	7	53.9
Total Rural ..	3	1.2	15	6.3	77	32.3
Administrative County ..	7	1.2	27	4.5	192	32.3





TABLE 8.

URBAN DISTRICTS.

RURAL DISTRICTS.

No. of New Houses erected during the year.	Exton.	Guiborough.	Hinderwell.	Kirklington.	Loftus.	Malton.	Masham.	Northallerton.	Pickering.	Redcar.	Richmond.	Salburn.	Scalby.	Skellon.	Scarborough.	Thornaby.	Whitby.	Aysgarth.	Bedale.	Croft.	Easingwold.	Flaxton.	Guiborough.	Helmsley.	Kilbymoorside.	Leyburn.	Malton.	Middlesbrough.	Northallerton.	Pickering.	Reeth.	Richmond.	Scarborough.	Starforth.	Stokesley.	Thirsk.	Wath.	Whitby.		
(a) Total .. .. .	156	2	..	..	1	..	..	..	2	381	..	66	12	—	..	..	..	4	..	1	6	137	15	7	5	1	..	..	26	6	3	..	30	2	31	..	1	..		
(b) With State Assistance—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(1) By the Local Authority ..	132	..	..	..	..	..	..	20	..	216	..	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(2) By other bodies or persons ..	..	2	..	..	..	..	..	18	..	115	..	47	..	..	..	..	..	..	..	..	1	36	13	3	5	1	..	..	16	4	..	..	7	..	15	..	..	..		
<b>A. Unfit Dwelling Houses.</b>																																								
Inspection—																																								
(1) Total inspected for housing defects (under Public Health or Housing Acts)	1418	27	..	..	21	..	..	..	117	33	..	6	—	232	..	..	..	52	..	47	165	13	—	28	86	195	..	..	..	..	..	2	24	223	47	..	87	..	..	
(2) No. of dwelling houses inspected and recorded under the Housing (Inspection) Act, 1910 .. .. .	48	9	..	..	3	..	..	319	..	27	..	6	—	232	..	..	..	..	..	..	139	13	—	—	86	..	..	..	..	..	..	..	..	51	47	..	..	..	..	
(3) No. of houses found to be in a state so dangerous or injurious to health as to be unfit for habitation .. .. .	..	..	..	..	..	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5	1	..	..	..	..	..	..	2	..	..	..	..	..	..	
(4) No. of houses (excluding heading 3) found not to be in all respects reasonably fit for habitation .. .. .	48	9	..	..	8	..	..	..	..	50	..	6	—	190	..	..	..	1	..	..	60	1	..	21	14	..	..	..	..	3	..	..	..	..	25	..	..	..	..	
<b>B. Remedy of Defects without service of formal notice.</b>																																								
(1) No. of defective houses rendered fit as the result of informal action by the Local Authority .. .. .	48	7	..	..	5	..	..	2	4	50	..	3	—	121	..	..	..	42	..	..	45	..	..	19	15	57	..	..	..	3	..	..	35	14	..	38	..	..	..	
<b>C. Action under Statutory Powers.</b>																																								
(1) Housing & Town Planning Act, 1919.																																								
(a) No. of houses in respect of which notices were issued requiring repairs ..	..	2	..	..	3	..	..	..	6	..	..	3	10	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(b) No. of houses rendered fit—																																								
(i) by owner .. .. .	..	2	..	..	3	..	..	..	..	..	..	3	4	..	..	..	..	..	..	..	..	..	..	2	14	..	..	..	..	..	..	..	12	..	..	..	..	..	..	
(ii) by Local Authority in default of owners .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(c) No. of houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(2) Proceedings under the Public Health Acts—																																								
(a) No. of houses in respect of which notices were issued requiring repairs ..	528	..	..	..	..	..	..	..	..	..	..	6	5	..	..	..	..	2	..	..	..	..	..	..	17	1	..	..	..	..	..	..	172	..	..	11	..	..	..	
(b) No. of houses rendered fit—																																								
(i) by Owner .. .. .	878	..	..	..	..	..	..	..	..	..	..	6	4	..	..	..	..	1	..	20	..	..	..	..	16	1	..	..	..	..	..	..	130	..	..	11	..	..	..	
(ii) by Local Authority in default of owners .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
(3) Proceedings under Sections 17 and 18 of the Housing and Town Planning, &c. Acts, 1909—																																								
(a) No. of representations made with a view to the making of Closing Orders ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	
(b) No. of Closing Orders made .. .. .	..	..	..	..	..	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(c) No. of houses made fit in respect of Closing Orders made .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(d) No. of houses in respect of which demolition orders were made .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(e) No. of houses demolished after order made .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..





