

[Report 1934] / Medical Officer of Health, North Riding of Yorkshire County Council.

Contributors

North Riding of Yorkshire (England). County Council.

Publication/Creation

1934

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North Riding of Yorkshire County Council.

Annual Report

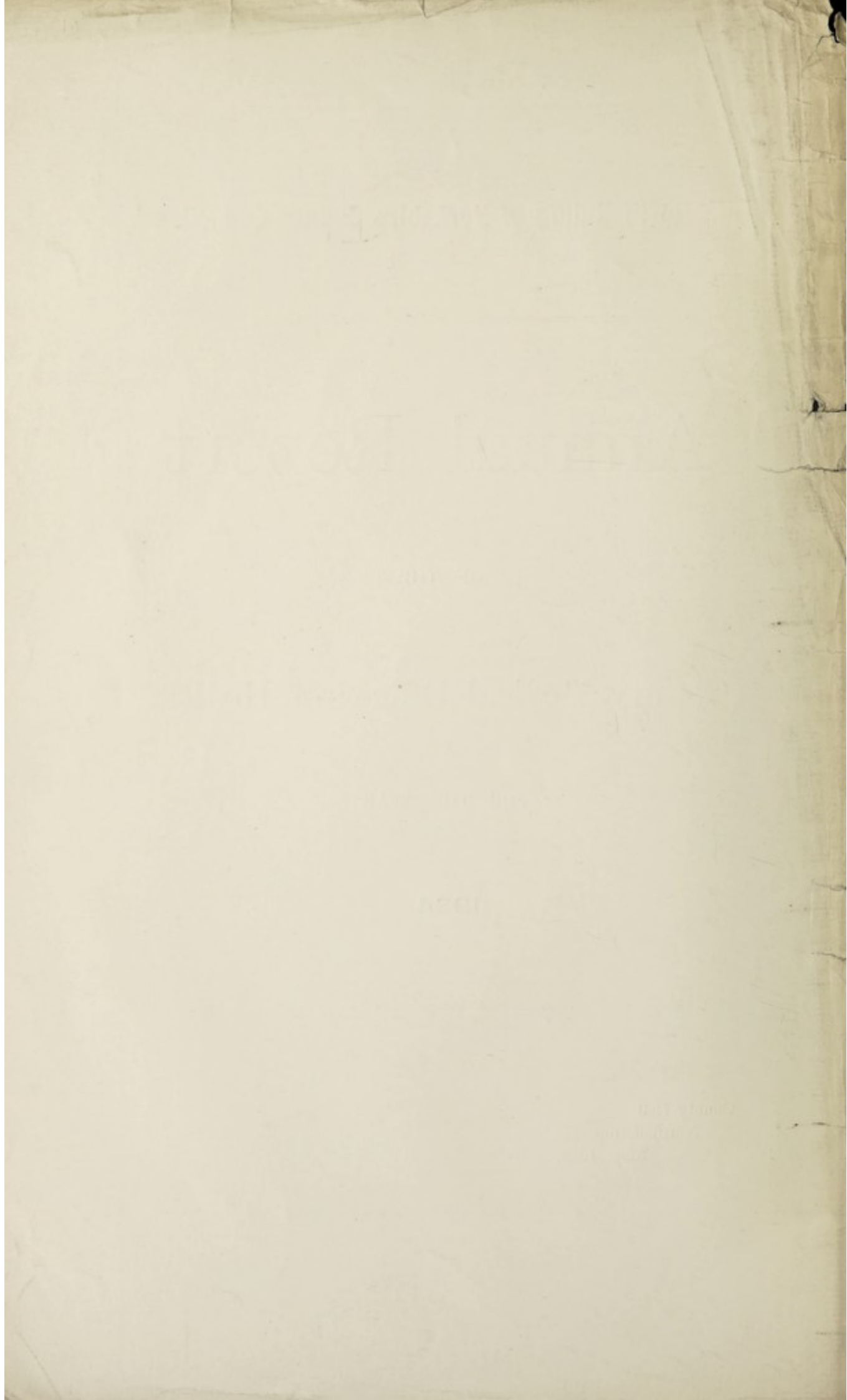
OF THE

County Medical Officer of Health

FOR THE YEAR

1934.

County Hall,
Northallerton,
May, 1935.



North Riding of Yorkshire County Council.

ANNUAL REPORT

OF THE

County Medical Officer of Health

For the Year 1934.

I beg to submit my Annual Report on the Health of the Riding for the year 1934.

The report is framed on the lines laid down by the Ministry of Health.

The birth rate was slightly higher than the low record of the previous year—it was 15.3 per 1,000 estimated population; the death rate was the same as in the previous year, namely 12.2 per 1,000 population, whilst a new low record was established for infant mortality, the rate being 52.0 per 1,000 births compared with 55.9 for the year before, and 59.0 for England and Wales.

The tuberculosis death rate was the same as in the previous year.

Scarlet Fever was prevalent during the year, more cases being reported than in the previous year: the number of diphtheria patients showed a very large increase on the number reported in 1933.

The figures relating to maternal mortality show an increase, the rate being 5.7 per 1,000 total (live and still) births as compared with 3.5 in 1933: the rate for England and Wales was 4.41.

The completion of the alterations to the Institutions at Bedale and at Easingwold, the former as a Sanatorium for adult female tuberculous patients, increased the facilities for their treatment; whilst at the latter there was provided the nucleus of a Colony for mentally defective patients to which is to be added at an early date accommodation extending to some 180 beds.

H. MASON,

County Medical Officer.

County Hall, Northallerton,
May, 1935.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

Annual Report of the County Medical Officer of Health

FOR THE YEAR 1934.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Public Health Officers of the Authority.

County Medical Officer, School Medical Officer and Medical Advisor to the Committee for the Care of the Mentally Defective	.. H. Mason, M.B., Ch.B., D.P.H.
Senior Assistant School Medical Officer. (Acting Medical Officer of Health, Thornaby-on-Tees)	.. W. J. Smyth, M.B., B.Ch., D.P.H.
Senior Clinical Tuberculosis Officer	.. J. J. Thomson, O.B.E., M.D.
Assistant Tuberculosis Officers (part-time)	.. S. Fox Linton, M.D., Ch.B., D.P.H., M.Sc. C. R. Gibson, M.A., M.B., Ch.B., D.P.H.
Medical Officer for Maternity and Child Welfare and Inspector of Midwives	.. Marjorie J. M. Dow, M.B., Ch.B., D.P.H.

Morris Grange Children's Sanatorium.

Medical Superintendent	.. J. J. Thomson, O.B.E., M.D.
Matron	.. Miss E. Jackson, S.R.N.

Mowbray Grange Sanatorium for Adult Females.

Medical Superintendent	.. J. J. Thomson, O.B.E., M.D.
Matron	.. Miss K. Young, S.R.N., S.C.M.

Specialist Officers. (Part-time).

Ophthalmic Surgeons	.. J. P. Higham, M.B., B.S., L.M.S.S.A. J. Ellison, M.R.C.S., L.R.C.P.
Aural Surgeons	.. J. B. T. Keswick, M.B., Ch.B. W. O. Lodge, M.D., F.R.C.S.
Orthopaedic Surgeons	.. H. L. Crockatt, M.B., B.Ch. J. L. Ogle, M.B., B.S., M.R.C.S., L.R.C.P.

School Medical Staff.

W. J. Smyth, M.B., B.Ch., D.P.H. (Senr. Asst.), Acting Medical Officer of Health, Borough of Thornaby-on-Tees.
Margaret D. Cairns, M.B., Ch.B., D.P.H.
Doris M. Hammond, M.B., B.S., M.R.C.S., L.R.C.P.
J. Wilkinson, M.B., Ch.B.
M. Dale Wood, M.D., also Medical Officer of Health, Whitby Urban and Rural Districts.

Dental Surgeons.

F. A. Cassidy, L.D.S.
A. D. Clark, L.D.S.
S. Craven, L.D.S.
C. E. Place, L.D.S.
P. W. Thornton, L.D.S.

County Analysts.

Messrs. Jackson & Scholes, F.I.C.

Consultant Medical Officers.

(Maternity and Child Welfare).

G. F. Longbotham, M.B., C.M.
A. R. Lister, M.B., B.Ch., F.R.C.S., L.R.C.P.

Health Visitors and School Nurses.

(Whole-time.)

<u>DISTRICT.</u>	<u>NURSE.</u>
Eston	N. Garness, S.C.M., S.R.N.
Grangetown	M. E. Campbell, S.C.M., S.R.N.
Guisborough	A. Ruddock, S.C.M.
Hinderwell	E. Patchett, S.C.M., S.R.N.
Loftus	M. Green, S.C.M., S.R.N.
Northallerton (Peripatetic)	S. A. Harrison, S.C.M., S.R.N.
Redcar	E. Croft, S.C.M., S.R.N.
Saltburn	A. Garthwaite, C.R.S.I.
Skelton	A. Loftus, S.C.M., S.R.N.
South Bank	A. Murray, S.R.N.
South Bank	D. M. Bird, S.C.M., H.V. Cert.
South Bank	L. Robinson, S.R.N.
Thornaby	J. Cooney.
Thornaby	M. Jones, S.C.M.
Whitby	B. Cox, S.C.M., S.R.N.

Dental Nurses. (Whole-time.)

Cleveland Area	I. Knight, S.C.M.
Eastern Area	E. Hudspeth, S.C.M., S.R.N.
South Bank and Thornaby	E. M. Lloyd, S.C.M., H.V. Cert.
Western Area	M. H. Sherwood, S.R.N.
Whitby Area	J. Cargill, S.R.N.

Health Visitors and School Nurses.

(Part-time.)

<u>DISTRICT.</u>	<u>NURSE.</u>
*Aldwark	E. Mitchell, Great Ouseburn.
*Aysgarth	M. V. Thurlow, Aysgarth.
*Barningham	E. Henderson, Barningham.
*Beningbrough	E. L. Pettitt, Newton-on-Ouse.
*Boroughbridge	E. M. Scott, Boroughbridge.
*Bowes	N. E. Riley, Bowes.
*Brompton	S. Kitching, Brompton.
*Catterick	F. Coates, Catterick.
*Cotherstone and Lartington	A. Elliot, Cotherstone.
*Coxwold	I. Richardson, Coxwold.
*Danby	H. M. Caygill, Danby.
*Easingwold	T. Lockyer, Easingwold.
*East Ryedale	N. E. Hay, Sinnington.
*Fadmoor	A. B. Spearey, Fadmoor.
*Fearby and Healey	R. K. Smith, Fearby.
*Forge Valley	D. F. Brown, West Ayton.
*Fylingdales	E. R. Phillips, Fylingdales.
*Great and Little Ayton	C. Norton, Great Ayton.
*Great Smeaton	E. Cammack, Great Smeaton.
*Hawes	J. Fairley, Hawes.
*Haxby and Wigginton	E. Lealman, Haxby.
*Helperby	J. Garbutt, Helperby.
*Hutton Rudby and Crathorne	M. C. Reavley, Hutton Rudby.
*Ingleby Greenhow	E. A. Gibson, Battersby Junction.
*Kirklevington	L. M. Petty, Worsall.
*Lealholm and Glaisdale	E. Rasin, Glaisdale.
*Leyburn	V. N. Walton, Leyburn.
*Malton	B. J. Burnett, Malton.
*Manfield and Stanwick	M. H. Elenor, Forcett.
*Marske and Downholme	G. M. Siddorn, Marske, Richmond.
*Masham	A. D. Pratt, Masham.
*Mid-Vale of Pickering	E. D. Gillyon, Snainton.
*Middleton Tyas	H. F. Morton, Middleton Tyas.
*Northallerton	M. F. McCann, Northallerton, and B. N. Mossop, Ainderby Steeple.
*Nunnington	A. E. Boston, Nunnington.
*Nunthorpe and Upsall	S. S. Iredale, Nunthorpe.
*Osmotherley	I. Mackenzie, Osmotherley.
*Otterington	A. Sowden, Newby Wiske.
*Patrick Brompton	H. Hobson, Hunton.
*Pickering	A. Marshall, Pickering.
*Reeth	N. Ryans, Reeth.
*Richmond	A. Savage, Richmond.
*Romaldkirk	M. A. Farrell, Egglestone.
*Rounton	N. Hutton, Appleton Wiske.

Health Visitors and School Nurses—continued.

(Part-time.)

DISTRICT.	NURSE.
*Stainton	A. M. P. Andrews, Stainton-in-Cleveland.
*Startforth	E. E. Jackson, Barnard Castle.
*Stokesley	M. Precious, Stokesley.
*Strensall	M. R. Woodman, Strensall.
*Thirsk	M. Dale, Thirsk, and A. S. Chowns, Sowerby.
*Thornton Dale	L. Neesam, Thornton Dale.
*Upper Swaledale	V. Hunt, Muker.
*Wath	E. E. Stewart, Wath.
*Wensley	K. Croke, Preston-under-Scaur.
*West Tanfield	L. Deaton, West Tanfield.
*Whorlton and Faceby	M. Phillips, Swainby.
*Wycliffe	J. W. Fraser, Whorlton.
*Yarm-on-Tees	E. Grainge, Yarm-on-Tees.

* State Certified Midwives.

Whole-time Medical Officers of Health.

Scarborough Borough	S. Fox Linton, M.D., Ch.B., D.P.H., M.Sc.
Guisborough Combined Districts	C. R. Gibson, M.A., M.B., Ch.B., D.P.H.
(Guisborough U.D., Loftus U.D., Redcar Borough, Saltburn and Marske-by-the-Sea U.D., Skelton & Brotton U.D.)	

Part-time Medical Officers of Health.

DISTRICT.	MEDICAL OFFICER.
Eston U.D.	A. N. Steele, L.F.P.S.
Malton U.D.	L. C. Walker, M.B., B.Ch., M.R.C.S., L.R.C.P.
Northallerton U.D.	W. Baigent, M.B.E., M.D.
Pickering U.D.	T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S.
Richmond Borough	J. Williams, M.D.
Scalby U.D.	B. G. Forman, M.B.E., M.B., Ch.B.
Thornaby Borough	W. J. Smyth, M.B., B.Ch., D.P.H.
Whitby U.D.	M. Dale Wood, M.D.
Aysgarth R.D.	D. Dunbar, M.B., B.S.
Bedale R.D.	A. W. Hansell, M.B., B.S., L.M.S.S.A.
Croft R.D.	T. R. Wilshaw, L.S.A.
Easingwold R.D.	E. Buller Hicks, L.R.C.P., L.R.C.S., L.F.P.S.
Flaxton R.D.	N. S. Hewitt, M.B., B.Ch., M.R.C.S., L.R.C.P.
Helmsley R.D.	A. C. Blair, M.B., C.M.
Kirbymoorside R.D.	T. Walsh Tetley, M.R.C.S., L.R.C.P.
Leyburn R.D.	G. Cockcroft, M.B., B.S., M.R.C.S., L.R.C.P.
Malton R.D.	L. C. Walker, M.B., B.Ch., M.R.C.S., L.R.C.P.
Masham R.D.	H. M. Cockcroft, M.C., L.R.C.P., L.R.C.S., L.F.P.S.
Northallerton R.D.	J. A. Hutchinson, M.D., M.R.C.S.
Pickering R.D.	R. A. Scott, L.R.C.P., L.R.C.S.
Reeth R.D.	W. C. Speirs, M.B., Ch.B.
Richmond R.D.	J. Williams, M.D.
Scarborough R.D.	G. J. B. Candler-Hope, M.B., C.M.
Startforth R.D.	E. S. Hawthorne, L.R.C.P., F.R.C.S., D.P.H.
Stokesley R.D.	W. M. Yeoman, M.B., M.R.C.S., L.S.A.
Thirsk R.D.	W. G. MacArthur, M.B., Ch.B.
Wath R.D.	T. Carter Mitchell, M.R.C.S., L.R.C.P., L.S.A.
Whitby R.D.	M. Dale Wood, M.D.

Veterinary Surgeons.

Chief Veterinary Inspector	E. F. Hardwick, M.R.C.V.S.
Assistant Veterinary Inspectors	A. B. A. Stone, M.R.C.V.S. W. W. Wilson, M.R.C.V.S.

PUBLIC ASSISTANCE.

Medical Adviser.

The County Medical Officer of Health.

County Public Assistance Institutions.

Medical and Nursing Staffs.

Name of Institution.	Bed accommodation for sick, maternity & mental cases.	Medical Officer (Part Time).	Matron.	No. of Nursing Staff.
Bainbridge ..	9	D. Dunbar, M.B., B.S.	E. A. Whyatt ..	1
Guisborough	60	W. W. Stainthorpe, M.D.	Florence Riches	6
Leyburn ..	13	S. G. Peill, M.B., Ch.B.	E. A. Wingfield	1
Malton ..	2	L. C. Walker, M.B., B.Ch., M.R.C.S. L.R.C.P.	E. Silkstone ..	-
Northallerton	33	J. A. Hutchinson, M.D., M.R.C.S.	L. Hodgson ..	1
Richmond ..	16	C. B. Whitehead, M.B., M.R.C.S., L.R.C.P.	M. White ..	1
Scarborough	141	R. S. Elvins, L.R.C.S., L.R.C.P., L.F.P.S.	A. Lowe ..	15
Stokesley ..	16	W. M. Yeoman, M.B., M.R.C.S., L.S.A.	S. Whittle ..	1
Whitby ..	114	H. H. Raw, M.R.C.S., L.R.C.P. . . .	P. E. Longhurst	9
Kirbymoorside	-	R. A. Jackson, M.R.C.S., L.R.C.P.	E. Silkstone ..	1

Children's Home (Pickering).

Medical Officer .. Dr. J. F. Murphy.

District Medical Officers (Public Assistance) and Public Vaccinators.

Name.	District.	Area in Acres.	Population (Approx.)
BULMER GUARDIANS COMMITTEE.			
†*H. Duck, M.B., Ch.B.	Easingwold ..	14,154	2,848
†*W. McKim, L.R.C.P., L.R.C.S., L.R.F.P.S.	Coxwold ..	14,093	1,305
†*S. P. Sloan, M.B., B.Ch.	Helperby ..	7,191	1,087
†*C. H. Bullen, M.D., M.R.C.S., L.R.C.P. . . .	Stillington ..	22,218	2,187
†*A. K. Thomas, M.B., M.R.C.S., L.R.C.P. . . .	Tollerton ..	16,706	2,211
†P. M. Sawkill, M.B., Ch.B.	Flaxton No. 1 ..	9,006	1,088
†*A. W. Riddolls, M.R.C.S., L.R.C.P.	Flaxton No. 3 ..	19,164	9,037
†*E. T. Blacklee, M.R.C.S., L.R.C.P.	Flaxton No. 2 ..	8,547	1,486
CLEVELAND GUARDIANS COMMITTEE.			
†*W. A. Kirkpatrick, M.B., B.S.	Skelton & Moorsholm	11,014	5,887
†*H. McAvoy, L., L.M., R.C.S.	South Bank & Grange- town	1,319	5,090
†*J. S. Thomson, M.B., Ch.B.	Eston (Part) ..	8,682	28,078
†*J. Danaher, L., L.M., R.C.S.	Thornaby ..	1,925	21,233
†*W. W. Stainthorpe, M.D.	Guisborough ..	12,825	6,833
†*J. B. S. Guy, M.B., B.S.	Loftus ..	10,161	8,295
†*R. W. Davies, M.R.C.S., L.R.C.P.	Brotton ..	3,754	4,386
†*A. Holroyde, L.S.A.	Marske-by-the-Sea ..	4,994	7,224
†*A. S. Robinson, M.B., B.Ch., L.S.A.	Kirkleatham ..	9,352	3,508
HAMBLETON GUARDIANS COMMITTEE.			
†*T. R. Wilshaw, L.S.A.	Barton ..	17,644	2,052
†*T. L. Griffiths, M.R.C.S., L.R.C.P.	Girsby & Over Dins- dale	2,087	136
††*J. A. Hutchinson, M.D., M.R.C.S.	Northallerton ..	28,521	8,808
†*J. M. Davey, M.B., Ch.B.	Appleton Wiske ..	21,988	1,919
†*D. Halstead, M.B., Ch.B.	Osmotherley ..	13,989	1,374

Name.	District.	Area in Acres.	Population (Approx.)
HAMBLETON GUARDIANS COMMITTEE.			
†*J. G. Higgins, M.R.C.S., L.R.C.P. ..	Cowesby & Borrowby	2,667	368
†*H. Wynne Davies, M.R.C.S., L.R.C.P. ..	Thirsk & Sutton ..	21,126	6,751
†*S. Hey, L.R.C.P., M.R.C.S. ..	Ripon No. 2 ..	6,923	753
†*R. W. Payne, F.R.C.S., L.R.C.P. ..	Pickhill ..	4,229	560
††*T. C. Mitchell, M.R.C.S., L.R.C.P., L.S.A.	Topcliffe ..	13,492	1,349
†*W. McKim, L.R.C.P., L.R.C.S., L.R.F.P.S.	Kilburn ..	2,809	265
†*F. P. Rust, M.B., B.S., L.R.C.P., L.R.C.S.	Langthorpe ..	6,850	870
††*T. C. Mitchell, M.R.C.S., L.R.C.P., L.S.A.	Ripon No. 4 ..	10,084	1,265
LANGBAURGH GUARDIANS COMMITTEE.			
†*T. L. Griffiths, M.R.C.S., L.R.C.P. ..	Yarm ..	9,273	6,318
†*S. P. P. Proctor, M.B., Ch.B. ..	Hutton Rudby ..	19,404	2,315
†*R. Murray, M.B., Ch.B. ..	Great Ayton ..	19,812	3,374
††*W. M. Yeoman, M.B., M.R.C.S., L.S.A. ..	Stokesley (Part) ..	32,067	4,086
RICHMOND GUARDIANS COMMITTEE.			
††*W. C. Speirs, M.B., Ch.B. ..	Reeth ..	73,912	2,311
†*C. B. Whitehead, M.B., M.R.C.S., L.R.C.P.	Richmond ..	33,500	16,674
†*R. N. Woodsend, M.B., B.S., M.R.C.S., L.R.C.P.	Catterick ..	5,829	1,340
††*T. R. Wilshaw, L.S.A. ..	Aldbrough ..	11,991	1,603
†*G. Thomson, L.R.C.P., L.R.C.S., L.R.F.P.S.	Newsham ..	16,164	1,039
†*J. H. Wrightson, M.B., Ch.B. ..	Scorton ..	13,633	1,833
†*A. Leishman, M.B., Ch.B. ..	Barnard Castle ..	44,859	2,179
††*K. S. Dickinson, M.R.C.S., L.R.C.P. ..	Romaldkirk ..	49,207	1,887
†*W. J. Hickey, M.B., B.S. ..	Gainford ..	3,564	341
RYEDALE GUARDIANS COMMITTEE.			
†D. A. Murray, M.B., Ch.B. ..	Helmsley ..	51,626	2,951
†*A. C. Vidal, L.R.C.S., L.R.C.P. ..	Oswaldkirk ..	16,079	1,694
†*R. A. Jackson, M.R.C.S., L.R.C.P. ..	Kirbymoorside ..	48,709	4,852
††*L. C. Walker, M.B., B.Ch., M.R.C.S., L.R.C.P.	Malton ..	16,553	6,188
†*H. W. Turner, L.R.C.P., L.R.C.S., L.F.P.S.	Bulmer ..	19,177	2,952
†*J. G. Kininmonth, M.D., M.R.C.P. ..	Hovingham ..	16,364	1,905
†*J. F. Murphy, M.R.C.S., L.R.C.P. ..	Pickering ..	39,002	5,623
†D. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P.	Allerston ..	30,589	2,397
††*T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S.	Lastingham ..	18,779	1,350
SCARBOROUGH GUARDIANS COMMITTEE.			
†*G. Hardwicke, M.R.C.S., L.R.C.P. ..	Brompton ..	11,361	1,215
††*W. Sibbald Robertson, M.B., Ch.B. ..	Hutton Buscel ..	28,798	2,735
††*B. G. Forman, M.B.E., M.B., Ch.B. ..	Scalby ..	17,422	4,320
†*D. R. Allison, M.B., Ch.B., M.R.C.S. ..	Filey ..	5,992	1,105
†*N. Walsh, M.B., Ch.B. ..	Scarborough ..	2,727	41,788
† J. D. Ferguson, L.M.S.S.A. ..	Scarborough		
WENSLEYDALE GUARDIANS COMMITTEE.			
††*D. Dunbar, M.B., B.S. ..	Lower Aysgarth ..	29,940	1,819
†*R. F. K. Webster, L.R.C.P., L.R.C.S., L.R.F.P.S.	Hawes ..	39,745	2,436
†*F. R. Eddison, L.R.C.P., M.R.C.S. ..	Bedale Southern and Bedale Northern ..	13,787	2,608
†*R. W. Payne, F.R.C.S., L.R.C.P. ..	Kirklington ..	13,388	2,288
†*A. Brown, M.R.C.S., L.R.C.P. ..	Masham ..	11,789	1,427
†*S. G. Peill, M.B., Ch.B. ..	Masham ..	12,999	1,783
††*H. M. Cockcroft, M.C., L.R.C.P., L.R.C.S. L.F.P.S.	Leyburn West and Middleham East ..	18,220	1,573
†*S. G. Peill, M.B., Ch.B. ..	Middleham East ..	9,422	1,111
††*H. M. Cockcroft, M.C., L.R.C.P., L.R.C.S. L.F.P.S.	Masham (Leyburn District)	8,518	651
†*S. G. Peill, M.B., Ch.B. ..	Bedale (Leyburn District & Middleham West)	45,164	4,180
WHITBY GUARDIANS COMMITTEE.			
†*H. H. Raw, M.R.C.S., L.R.C.P. ..	Whitby (East) ..	12,441	7,331
†*L. Pern, M.R.C.S., L.R.C.P. ..	Fylingdales ..	6,331	1,366
†*H. G. English, M.R.C.S., L.R.C.P. ..	Egton ..	41,475	3,218
†*W. L. Brown, M.B., C.M. ..	Lytne ..	19,538	3,728
†*H. H. Raw, M.R.C.S., L.R.C.P. ..	Whitby (West) ..	12,441	7,331
†*C. W. Armstrong, M.R.C.S., L.R.C.P. ..	Danby ..	25,147	1,549

† Medical Officer of Health (Part Time).

†† District Medical Officer.

* Public Vaccinator.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

GENERAL STATISTICS.

Area (in acres)	.. .. .	1,356,624
Population (Census 1931):		
Urban Districts	182,279	} 331,101
Rural Districts	148,822	
Population (estimated to middle of 1934):		
Urban Districts	184,294	} 330,650
Rural Districts	146,356	
Number of inhabited houses (1931)	.. .. .	77,134
Number of Families or Separate Occupiers (1931)	.. .. .	79,877
Average Number of Persons per House (1931)	.. .. .	4.29
Rateable Value (April 1st, 1934)	.. .. .	£1,631,237
Sum Represented by a Penny Rate	.. .. .	£6,172 15s. 6d.

Area and Population.

The changes that followed the First General Review of the County Districts and Townships comprised within the Cleveland and Whitby Areas were set out in the report for 1932.

The General Review of the remaining Districts and Townships in the Riding and the consequent principal changes which became operative on April 1st, 1934, may be stated as follows:—

The transfer to the City of York of parts of Clifton Without, Huntington, Heworth Without and Osbaldwick, all within the Flaxton Rural District, and covering an area of approximately 527 acres and having an estimated population of 3,920 persons, necessitated an alteration in the boundary with the consequent reduction in the area and population of the Riding as from that date.

Other alterations within the Riding that followed the revision were:—

(1) The boundary of the Borough of Scarborough was extended by the inclusion of approximately 316 acres situate in the Township and Urban District of Scalby; 385 acres situate in the Township of Seamer, 549 acres in the Township of Cayton, and 15 acres in the Township of Iton, the three last named townships all situate in the Rural District of Scarborough: the estimated population of the areas added to the Borough of Scarborough was 667.

(2) The Kirklington-cum-Upsland Urban District was dissolved and added to the Rural District of Bedale.

(3) The Urban District of Masham was de-urbanised and constituted a Rural District Authority: to the area was added the Township of Colsterdale formerly within the area of the Leyburn Rural District.

(4) The Urban District of Scalby was deprived of 316 acres with a population of 458 which were added to the Borough of Scarborough.

(5) The Kirbymoorside Rural District underwent alteration by the transference of the Townships of Normanby and Thornton Risebrough to the Pickering Rural District; the Townships of Lastingham and Spaunton were added to the last named Rural District.

(6) A small portion of the Township of Arrathorne, known locally as Tindill Town, 85 acres in extent, was added to the Township of Scotton, and therefore became included in the Rural District of Richmond.

The Township of Huntington was divided into two parts, one to be known as Huntington and the other created a new township to be called New Earswick.

The area of the Riding was on 1st April, 1934, 1,356,624 acres and the estimated mid-year population 330,650.

Social Conditions and Occupations.

The major portion of the population is in the North Eastern part of the Riding which is industrial in character. The chief occupations are those connected with the Iron and Steel Industries.

Outside the Cleveland area the only appreciable aggregation of population is at Scarborough, elsewhere the population is scattered, the urban districts retaining their character of small country towns.

Unemployment and partial employment, more especially in the industrial areas, has prevailed over a number of years. It is, however, satisfactory to report that there has been no evidence of any deterioration in the well-being of the individual.

Extracts from Vital Statistics of the Year.

The Registrar General has discontinued the practice of issuing a population figure which excludes the military population stationed in the Rural Districts of Richmond and Flaxton: in the past the death rate of the Riding was based upon the civilian population only; now, deaths occurring amongst His Majesty's Forces in the Riding are treated as occurring within the area in which they resided.

		Total.	M.	F.	
Live Births :	{ Legitimate	4,831	2,430	2,401	} Birth rate per 1,000 of the estimated resident population 15.3.
	{ Illegitimate	260	135	125	
Stillbirths	.. ..	269	141	128	Rate per 1,000 total (live and still) births 50.2.
Deaths	.. ..	4,050	2,063	1,987	Death rate per 1,000 of the estimated resident population 12.2.

Deaths from Puerperal Causes :

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal Sepsis	13	2.42
Other Puerperal Causes	18	3.35
Total	31	5.78

Death rate of Infants under 1 year of age :—

All Infants per 1,000 live births	52.0
Legitimate Infants per 1,000 legitimate live births	48.6
Illegitimate Infants per 1,000 illegitimate live births	115.4
Deaths from Measles (all ages)	72
Deaths from Whooping Cough (all ages)	4
Deaths from Diarrhoea (under 2 years of age)	11

Births.

There were 5,091, or 207 more live births than in 1933 registered as belonging to the Riding: in the Urban Districts the number was 2,979, in the Rural Districts the total was 2,112. The birth rate, calculated per 1,000 of the estimated resident population, was therefore 15.3 as against 14.6 in the previous year, which was the lowest rate recorded in the Riding.

The birth rate for England and Wales was 14.8. The following table sets out the rates which obtained during the past five years :—

		Birth rate per 1,000 estimated population.				
		1930	1931	1932	1933	1934
North Riding :	Urban Districts	17.8	16.6	16.6	15.0	16.2
	Rural Districts	16.1	15.1	14.4	14.0	14.3
	Administrative County	17.1	15.9	15.6	14.6	15.3
England and Wales .. ..	.. ..	16.3	15.8	15.3	14.4	14.8

In the Urban Districts 1,523 boys as against 1,455 in the year 1933 were born, whilst the number in the Rural Districts was 1,042 as compared with 1,086 in the previous year.

In regard to the number of girls, 1,456, as against 1,342 in the previous year, were registered in Urban Districts, in the Rural Districts the figures were 1,070 and 1,001 respectively.

The 207 births in excess of the previous year's total occurred in the following districts :—
Eston U.D.; Guisborough U.D.; Malton U.D.; Northallerton U.D.; Redcar Borough; Richmond Borough; Saltburn and Marske U.D.; Scarborough Borough; Thornaby Borough; Whitby U.D.; Aysgarth R.D.; Bedale R.D.; Flaxton R.D.; Leyburn R.D.; Malton R.D.; Masham R.D.; Richmond R.D.; Scarborough R.D.; Startforth R.D.; Stokesley R.D.; Wath R.D.; Whitby R.D.

Whilst the birth rate of the County as a whole was 15.3 and that of England and Wales 14.8, the following districts had a lower rate than that of the whole County, the figures in brackets are those of the previous year :—

Loftus U.D. 12.6 (15.5); Malton U.D. 14.7 (12.5); Northallerton U.D. 14.5 (13.9); Redcar Borough 14.8 (13.1); Saltburn and Marske U.D. 10.8 (7.2); Scalby U.D. 15.1 (13.5); Scarborough Borough 13.0 (12.5); Skelton and Brotton U.D. 14.3 (15.0); Aysgarth R.D. 12.9 (11.4); Croft R.D. 15.0 (15.0); Easingwold R.D. 12.0 (13.1); Flaxton R.D. 11.9 (13.6); Helmsley R.D. 12.1 (15.0); Kirbymoorside R.D. 15.2 (15.5); Leyburn R.D. 12.7 (9.9); Malton R.D. 12.3 (10.3); Northallerton R.D. 13.5 (13.8); Pickering R.D. 14.4 (16.6); Reeth R.D. 11.7 (18.4); Scarborough R.D. 15.2 (11.5); Stokesley R.D. 13.9 (12.6); Whitby R.D. 14.6 (13.3).

Illegitimate Births.

260 of the live births registered were illegitimate, giving a rate calculated per 1,000 resident population of .78, or based upon the whole number of live births registered, 51.0 per 1,000, this latter figure is in comparison with 53.8 for the previous year.

Stillbirths.

The number of stillbirths registered was 269, or 20 more than in the year 1933, the rate per 1,000 live births was therefore 52.8.

Deaths.

The number of deaths registered as belonging to the Administrative County was 43 less than in the previous year.

Altogether there were 4,050 (2,063 males, 1,987 females) deaths, giving a rate of 12.2 per 1,000 population. The rate for England and Wales was 11.8.

The table below sets out the rates for the past five years:—

		Death rate per 1,000 population.				
		1930	1931	1932	1933	1934
North Riding : Urban Districts	..	12.7	13.5	12.3	12.7	12.8
Rural Districts	..	12.2	12.8	11.9	11.6	11.4
Administrative County	..	12.5	13.2	12.1	12.2	12.2
England and Wales	.. ..	11.4	12.3	12.0	12.3	11.8

Particulars of the rates in the several Sanitary Districts are shown in table 2 on page 41. Death rates higher than that for the County as a whole were recorded in the following districts; the rates in the previous year are shown in brackets:—

Guisborough U.D. 12.5 (13.9); Malton U.D. 17.6 (13.4); Pickering U.D. 14.3 (15.9); Saltburn and Marske U.D. 14.0 (10.3); Scalby U.D. 14.7 (11.6); Scarborough Borough 13.9 (14.0); Whitby U.D. 16.0 (12.2); Aysgarth R.D. 14.4 (12.7); Bedale R.D. 14.1 (18.0); Easingwold R.D. 12.9 (12.1); Kirbymoorside R.D. 13.2 (15.0); Malton R.D. 14.5 (13.4); Masham R.D. 13.2 (7.7); Northallerton R.D. 12.3 (12.1); Pickering R.D. 12.6 (12.1); Scarborough R.D. 13.2 (12.8); Startforth R.D. 14.5 (16.0); Whitby R.D. 14.1 (13.4).

It is important to remember that the population of the areas is relatively small, one more or one less death appreciably influencing the rate.

The principal causes of death in the County may be summarised as follows—the previous year's totals are given in brackets :—

Influenza	52	(206)
Heart Disease	930	(878)
Other Circulatory Diseases	237	(243)
Bronchitis	124	(160)
Pneumonia (all forms)	225	(225)
Congenital Debility and Malformation, Premature Birth	147	(154)
Tuberculosis of the Respiratory System	151	(155)
Tuberculosis (other forms)	57	(57)
Cancer, Malignant Disease	503	(508)
Cerebral Haemorrhage	327	(273)
Acute and Chronic Nephritis (Kidney Disease)	142	(117)
Senility	122	(119)

It will be observed that heart disease, other circulatory diseases and cerebral haemorrhage together, accounted for some 1,494 deaths, approximately 37% of the total deaths.

The number of deaths ascribed to Cancer although not greater than in the previous year is still large; whilst improved diagnosis has, it would appear, caused the death rate to show over a number of years an upward tendency, the facilities now available, not only for early diagnosis, and specialist treatment, ought, if full advantage were taken of them, to bring about a reduction in the rate.

The following table records the number of deaths ascribed to cancer during the past 10 years :—

DEATHS AND DEATH RATES FROM CANCER.

Year.	Total Number of Deaths.			Death Rate per 1,000 population.			
	County.	Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales.
1925 ..	421	215	206	1.3	1.2	1.5	1.34
1926 ..	416	210	206	1.3	1.1	1.5	1.36
1927 ..	457	251	206	1.4	1.4	1.5	1.38
1928 ..	435	243	192	1.4	1.3	1.4	1.43
1929 ..	454	254	200	1.4	1.4	1.4	1.44
1930 ..	470	255	215	1.5	1.4	1.6	1.48
1931 ..	471	263	208	1.5	1.4	1.5	1.48
1932 ..	483	269	214	1.4	1.4	1.4	1.51
1933 ..	508	290	218	1.5	1.5	1.5	1.53
1934 ..	503	274	229	1.5	1.5	1.5	1.56

Infantile Mortality.

Of the 5,091 babies born during the year, 265, as against 273 in the previous year, died before attaining the age of 1 year—the rate calculated upon the above figures is therefore 52.0 per 1,000 live births, a lower figure than that recorded in the previous year (55.9), indeed the lowest rate yet recorded for the North Riding.

The figures for the past 5 years are shown in the following table :—

	Deaths under 1 year per 1,000 births.				
	1930	1931	1932	1933	1934
North Riding : Urban Districts	64.0	73.6	60.1	59.0	52.4
Rural Districts	49.3	57.8	72.5	51.7	51.6
Administrative County	57.8	66.8	65.2	55.9	52.0
England and Wales	60.0	66.0	65.0	64.0	59.0

The main causes of death amongst children during the early months of life were :—

	1933	1934
Congenital Debility, Premature Birth, Malformations, etc.	148	145
Diarrhoea	16	10
Pneumonia	36	31
Bronchitis	13	13
Whooping Cough	9	1

Diarrhoea.

There were 11 deaths amongst children under 2 years of age where the cause was stated to be diarrhoea (4 in the Urban Districts and 7 in the Rural Districts); during 1933 19 deaths were so tabulated.

Deaths from diarrhoea during the past five years :—

	1930	1931	1932	1933	1934
Deaths	20	31	29	19	11
Death Rate per 1,000 births	3.6	5.9	5.6	3.9	2.2

Measles.

72 deaths were registered as due to measles, giving a rate of .22 per 1,000 population. The previous year's total deaths was 2.

Whooping Cough.

4 deaths were ascribed to this disease—in 1933 the number was 17.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

There were no changes in respect to the arrangements for laboratory work. The British Red Cross Society in association with the Joint Council of the Order of St. John of Jerusalem maintained the ambulance services as in previous years.

No new Clinics or Treatment Centres were opened during the year.

Administration of the Institutional Medical Services transferred from late Boards of Guardians under the provisions of the Local Government Act, 1929.

Much consideration was given to the question of bringing the institutions up-to-date; the matter of the classification of cases and possible concentration of patients at certain centres was fully discussed, but for an area of the size of the North Riding, with a comparatively small population, a practical scheme could not be devised.

There are not sufficient patients of a particular type to justify the setting aside of an institution, or even a ward; furthermore the great inconvenience and expense to friends visiting them made it impossible to proceed further in the matter.

In the past the need for maternity bed accommodation has not been great; the most cases dealt with in a year being at Scarborough where, in 1932, 16 cases were admitted. The closing of a number of institutions of necessity reduced the accommodation, but having regard to the motor ambulance services of the British Red Cross Society and the Council of the Order of St. John of Jerusalem no difficulty was experienced in dealing with patients.

So far as difficult and dangerous cases of maternity are concerned, and cases of pregnant women living where it is unfit for confinement to take place, arrangements for their care are made by the County Council under their Scheme for Maternity and Child Welfare.

Careful consideration was given to the Infirmary accommodation required in the Cleveland Area. The Sub-Committee after considering four alternative sites came to the conclusion that new accommodation should be provided on land already owned by the County Council which adjoins the Children's Homes at Guisborough.

Details as to the amount of accommodation considered necessary have not yet been decided. The provision of a lying-in home to meet the needs of the district was considered; it was deemed desirable that a separate building on the site should be provided as a unit of the County Council's Maternity and Child Welfare Scheme.

Consequent on the closure of the Malton Institution, an arrangement was made with the Malton, Norton and District Cottage Hospital, for the reception of sick patients. Some of the patients were, however, found unsuitable for emergency cases for admission to the hospital, therefore arrangements were made to have immediately available 2 beds in the Infirmary Block at the Malton Institution which had been put into a sanitary condition. No resident nursing staff is retained, but assistance can be secured as required.

The opening of Claypenny, Easingwold, as the nucleus of a colony for mental defectives provided accommodation for some 90 female patients, accordingly arrangements were made to transfer the female certified patients who were resident at the Bainbridge, Northallerton and Scarborough Institutions.

There still remain at the institutions named a number of certified male patients, but their removal cannot be arranged until suitable accommodation is provided at Claypenny.

The fee payable to a District Medical Officer for attendance upon a woman on, or immediately after, child-birth was limited to 20/- by an Order made in 1847. In the majority of contracts with District Medical Officers provision was made for the payment of an even lower fee. Such a sum is quite inadequate and the Public Assistance Committee are seeking to arrange that as a general rule a State Certified Midwife shall attend and be paid £1 12s. 6d. per case. Where it is necessary for the midwife to summon to her aid medical assistance, the District Medical Officer's fee is to be £2 2s. 0d., a fee fixed under Section 14 of the Midwives Act, 1918.

Reference was made in the report for 1933 to the new Dietary about to be introduced.

On April 1st, 1934, a new dietary was introduced for an experimental period of six months. The dietary provided for a much greater variety of food than was hitherto supplied at any one Institution. The dietary was well received and the Institutional Medical Officers reported that, except for a few slight modifications, it was highly satisfactory.

After making a few alterations where experience showed it to be desirable the Dietary was adopted for general use.

Nursing in the Home.

The home nursing of sick persons is undertaken by the District Nursing Associations.

During the year the North Riding Nursing Association was re-organised and constituted the North Riding County Nursing Association.

At the end of the year there were 76 Local Nursing Associations receiving financial assistance in return for Midwifery and Health Visiting Services: a number of these also were given grants in return for the services rendered to destitute and elderly poor persons.

1 new Association was established during the year.

The amount contributed to District Nursing Associations during the year was as follows:—

	£	s.	d.
In respect of Midwifery Services	1,900	0	0
.. .. . Health Visiting Services	635	13	6
.. .. . School Nursing Services	660	3	5
.. .. . Services to the Poor	190	13	0
	<u>£3,386</u>	<u>9</u>	<u>11</u>

The following District Nursing Associations received grants during the year under review, the figures in column 1 refer to the services subsidised as mentioned at the end of the table:—

Nursing Association.	District Served.	Population of Nursing District.
Aysgarth .. (1) (3)	Aysgarth, Thornton Rust, Carperby, Thoresby, West Burton-cum-Walden, Bishopdale, Newbiggin	1,345
Barningham .. (1) (3)	Barningham, Scargill, Newsham, Dalton, Rokeby, Greta Bridge, Gayles, Brignall, Ravensworth, Whashton	1,479
Bedale .. (1) (2)	Bedale, Aiskew, Burrill, Cowling, Firby, Leeming Bar, Rand Grange	2,545
Beningbrough (1) (2) (3) (4)	Beningbrough, Overton, Shipton, Linton-on-Ouse, Newton-on-Ouse	1,082
Boosbeck .. (1)	Boosbeck, Charlton's Terrace, Margrove Park	1,055
Boroughbridge .. (1) (3)	Langthorpe, Ellenthorpe, Humberton, Kirby Hill, Marton-le-Moor, Milby	824
Bowes (1) (3) (4)	Bowes, Gilmonby	738
Brompton (1) (2) (3) (Northhallerton)	Brompton, Winton, Hallikeld, Lovesome Hill, Hutton Bonville	1,672
Brotton .. (1)	Brotton	4,428
Catterick (1) (2) (3)	Catterick, Brough, Tunstall, Appleton, Killerby	1,044
Cotherstone and Lartington (1) (3)	Cotherstone, Lartington	837
Coxwold (1) (2) (3)	Coxwold, Oulston, Husthwaite, Wass, Thornton-on-the-Hill, Byland, Kilburn, Carlton Husthwaite, Angram	1,441
Danby .. (1) (3)	Danby, Castleton	1,359
Easingwold .. (1) (3)	Easingwold, Raskelf	2,494
Egglestone, Romalldkirk and Mickleton .. (1) (3)	Romalldkirk, Hunderthwaite, Egglestone, Mickleton	1,009
Eston .. (1) (4)	Eston, Normanby, Ormesby	8,832
Fadmoor .. (1) (3)	Fadmoor, Gillamoore, Farndale East Side, Bransdale West Side, Farndale Low Quarter, Farndale West Side, Hutton-le-Hole	1,252
Fearby and Healey (1) (3)	Fearby, Healey, Ilton, Moorheads, Coisterdale, Ellingstring	690
Forge Valley (1) (2) (3) (4)	East Ayton, West Ayton, Seamer, Irton, Hutton Buscel, Wykeham	2,115
Fylingdales .. (3)	Fylingdales	1,366
Grangetown .. (1) (4)	Grangetown	8,575
Great Ayton .. (1) (3)	Great Ayton, Little Ayton	2,460
Great Smeaton (1) (2) (3)	Great Smeaton, South Cowton, East Cowton, Little Smeaton, Birkby, Hornby	1,003
Guisborough (Admiral Chaloner) .. (1)	Guisborough (part)	7,104
Guisborough .. (1)	Guisborough (part)	
Hawes (1) (3) (4)	Hawes, High Abbotside, Low Abbotside	1,929
Haxby (1) (2) (3)	Haxby, Wigginton	1,278
Helperby (1) (2) (3)	Helperby, Cundall, Fawdington, Humberton, Myton, Tholthorpe, Brafferton, Sessay	1,574
Hinderwell .. (1)	Hinderwell, Runswick Bay, Staithes, Port Mulgrave, Boulby	2,608

Nursing Association.		District Served.	Population of Nursing District.
Huntington	.. (1) (2)	Huntington, New Earswick, Earswick, Towthorpe	1,951
Hutton Rudby	.. (1) (3)	Hutton Rudby, Crathorne	1,143
Ingleby Greenhow	.. (3) (4)	Ingleby Greenhow, Broughton, Kirby, Easby ..	1,517
Kirbymoorside	.. (1) (4)	Kirbymoorside, Beadlam, Nawton, Wombledon, Welburn	2,700
Kirklevington	.. (1) (3)	Kirklevington, Low Worsall, Picton, High Worsall, Castle Levington	623
Lealholm	.. (1) (3)	Lealholm, Glaisdale	968
Leyburn	.. (1) (3)	Leyburn, Bellerby, Harmby, Spennithorne ..	1,578
Lingdale	.. (1)	Lingdale, Moorsholm, Stanghow	4,040
Little Ouseburn	.. (3)	Aldwark	183
Loftus	.. (1)	Loftus	4,324
Malton	.. (1) (2) (3)	Malton	4,822
Manfield	.. (1) (3)	Manfield, Eppleby, Forcett, Cliffe, Aldbrough, East Layton, Stanwick, Caldwell	1,475
Marske-by-the-Sea	(1)	Marske, New Marske	3,547
Marske and Downholme	(1) (3)	Marske, Downholme, Marrick, Walburn, Stainton, Ellerton Abbey, New Forest	579
Masham	(1) (2) (3)	Masham, Burton, Ellington, Swinton, Warthermarske	1,522
Middleton Tyas	(1) (2) (3)	Middleton Tyas, Moulton, Barton, Melsonby ..	1,800
Mid-Vale of Pickering	(1) (3)	Brompton-by-Sawdon, Snainton, Ebberston, Allerton	2,096
Northallerton	(1) (3) (4)	Northallerton, Romanby, Warlaby, Morton-on-Swale, Ainderby Steeple, Thrintoft, Yafforth, Scruton, Great Langton, Little Langton ..	6,665
Nunnington	(1) (3) (4)	Nunnington, Harome, Stonegrave, Oswaldkirk, Ness, Muscoates, Slingsby	1,486
Nunthorpe	(1) (3) (4)	Nunthorpe, Upsall, Morton, Marton	1,677
Osmotherley	(1) (2) (3)	Osmotherley, East Harlsey, West Harlsey, Ellerbeck, Thimbleby, Ingleby Cross, Ingleby Arncliffe	1,479
Otterington	.. (1) (3)	North Otterington, Newby Wiske, Thornton-le-Moor, Maunby, Newsham, Kirby Wiske, Breckenbrough, Sand Hutton	1,157
Patrick Brompton	(1) (3)	Patrick Brompton, Newton-le-Willows, Arrathorne, Garriston, Hunton, Constable Burton, Finghall	1,224
Pickering	(1) (2) (3)	Pickering	3,674
Redcar	.. (1) (2)	Redcar, Coatham, Warrenby, Dormanstown ..	20,250
Reeth	.. (1) (3)	Reeth, Grinton, Fremington, Healaugh, Harker-side, Low Row	897
Richmond	.. (1) (3)	Brompton-on-Swale, Aske, Easby, Gilling, Skeeby, Hudswell, St. Martin's	1,671
Rounton	(1) (2) (3) (4)	Appleton Wiske, Deighton, East Rounton, West Rounton, Welbury	1,005
Ryedale	(1) (3) (4)	Lastingham, Spaunton, Sinnington, Cropton, Wreilton, Marton, Salton, Normanby, Appleton-le-Moors, Thornton Risebrough, Northholme, Great Edstone, Little Edstone ..	1,804
Saltburn	.. (1)	Saltburn	3,911
Scarborough	.. (4)	Scarborough	41,788
Skelton	.. (1)	Skelton, North Skelton	5,124
South Bank	.. (1) (4)	South Bank	16,962
Stainton	(1) (3) (4)	Stainton, Maltby, Hemlington, Ingleby Barwick, Thornton, Hilton	872
Startforth	.. (1) (3)	Startforth	500
Stockton and Thornaby	(4)	Thornaby	21,233
Stokesley	(1) (3) (4)	Stokesley, Seamer, Carlton	2,168
Strensall	(1) (2) (3)	Strensall, Towthorpe	1,428
Tanfield	.. (1) (3)	West Tanfield, East Tanfield, Well	841
Thirsk	(1) (2) (3)	Thirsk, Sowerby, South Kilvington, Carlton Miniott, Sutton	5,939
Thornton Dale	.. (1) (3)	Thornton Dale, Ellersburn, Wilton	1,310
Upper Swaledale	(1) (3)	Muker, Melbecks	962
Wath	.. (1) (3)	Wath, Melmerby, Middleton Quernhow, Norton Conyers, Hutton Conyers, Baldersby, Rainton ..	1,394
Wensley	.. (1) (3)	Wensley, Preston, Redmire, Castle Bolton, West Witton	1,206
Whitby	.. (4)	Whitby	11,451
Whoriton	.. (1) (3)	Swainby, Potto, Faceby	661
Wycliffe	.. (1) (3)	Wycliffe, Hutton	333
Yarm	(1) (2) (3)	Yarm	1,617

The amounts payable are :

- (1) Grant of £25 in respect of the nurse being a trained and registered midwife and undertaking midwifery practice.
- (2) Grant of £25 towards the expenses entailed in the maintenance, etc., of an Infant Welfare Centre.
- (3) Grants, the amount based upon the population of the nursing district, in respect of the nurse acting as school nurse and health visitor.
- (4) Grant payable in respect of services rendered to the sick rate-aided poor.

MATERNITY AND CHILD WELFARE.

The report of Dr. Dow, the Maternity and Child Welfare Medical Officer, is as follows :—

" There are 32 Infant Welfare Centres in the North Riding of Yorkshire. The reports from all these Centres show continued enthusiasm on the part of the voluntary workers, nurses and mothers. The voluntary workers and nurses cannot expect to see the full results of their labours; they can only hope that future generations will be the healthier and the happier for them. The mothers attending definitely benefit from the instruction and the help given them at the Centres. They realise that mothercraft is not something which comes naturally along with the baby, but an art which takes some trouble to learn and patience and perseverance to carry out.

During the year I visited the Welfare Centres at Redcar, Guisborough, Bedale, Thirsk and Yarm-on-Tees, on several occasions. I gave talks to the mothers on " ante-natal care," " breast feeding," " diet " and " teething."

On comparing the statistics of the year with those of the past few years one can see a steady increase in the membership of children at South Bank and Normanby Welfare Centres. I attend at both of these Centres weekly. The number of toddlers attending could still be much better, but at the two Centres mentioned there is no special room set apart for the use of toddlers, and the mothers find it difficult to cope with a baby and a toddler at the same time.

The sale of dried milks and other foods at these Centres shows only a slight decrease on former years. I should like to point out, however, that this does not mean that artificial feeding of babies is still being carried out to too great an extent.

I find that many of the mothers who are breast feeding their babies buy these foods to take themselves. When a child has to be artificially fed the use of fresh cows milk in required dilution is advocated. It is only after this has failed that the use of dried milk is resorted to.

No medicines or prescriptions are given at the Infant Welfare Centres, all sick babies are referred to the family doctors. It can, therefore, be said that the mothers come and bring their babies not for what they can get but for what they can learn.

The incidence of rickets and marasmus among the children attending the Centres is negligible.

It is exceedingly pleasing and encouraging to note the increase in the attendances of expectant mothers at the Ante-Natal Clinics. This is specially the case at the Redcar and South Bank Clinics. If this increase continues at these two Centres it will be necessary to have these Clinics more often than twice per month as at present. The expectant mother is beginning to seek ante-natal care in the early months of pregnancy. There has been a definite increase in the number of mothers taking advantage of the dental treatment provided for them. Still more would do so if they were able to find the money for artificial dentures. The attention of each mother is specially drawn to the necessity of preparing herself for the breast feeding of her baby. The standard of nutrition among the mothers is very good.

The work of the whole-time health visitors is very satisfactory. In practically every case a child is visited 8 times during the first year, but with the increasing work the health visitors are called upon to do they are unable in many cases to pay the required 4 visits to children 1—5 years of age.

In the country areas the district nurses act as part-time health visitors. On the whole these nurses are greatly interested in this side of their work.

During the year ending 31st December, 1934, 189 midwives notified their intention to practise in the area. 568 visits of inspection were paid to these midwives. The midwives have been quick to act in accordance with any advice given them. Reports on special forms have been made on any case of puerperal pyrexia, stillbirth, and ophthalmia neonatorum notified by midwives.

At the beginning of the year there were 20 registered Nursing Homes in the area, 5 new ones were registered during the year. In 2 cases registration of the nursing home was cancelled at the owner's request. 61 visits of inspection were made to Nursing Homes, and conditions found satisfactory in all cases."

Midwives Acts, 1902-26.

The County Council is the Local Supervising Authority under the Midwives Acts for the whole of the County, in the Borough of Scarborough the work in connection with the inspection of the midwives is undertaken by the Medical Officer of Health on behalf of the County Council.

189 midwives gave notice of their intention to practise midwifery during 1934 in the Area—a number practised also in the adjoining Counties or Boroughs, some acted in a temporary capacity during the holiday periods of certain of the District Nurses.

The following table sets out the particulars regarding the midwives :—

No. of Midwives.	Employed as District Nurse.	Trained—Independent.	Bona-fide.	Attached to Poor Law Institutions.
189	121	60	3	5

During the year 568 visits of inspection were made by the Inspector of Midwives—1 midwife had to be reported to the Public Health Committee for a somewhat serious infringement of the Rules, she was cautioned. In certain other cases letters had to be sent drawing the attention of midwives to the importance of prompt notification of the conditions which by the Rules they are called upon to make.

Midwifery.

1,716 births were attended by midwives, or 46.9% of the births registered—the figures for the previous year were 1,573 or 45.7%.

Although during the years 1931-1933 the total number of births gradually diminished, the number attended by midwives has increased—the following table gives the figures for the past five years :—

Year.	Total Births notified in the County Areas.	Number attended by Midwives.	Percentage.
1930 ..	3,823	1,278	33.4
1931 ..	3,795	1,350	35.6
1932 ..	3,666	1,464	39.9
1933 ..	3,444	1,573	45.7
1934 ..	3,656	1,716	46.9

A midwife, in accordance with the Rules of the Board, is required to summon to her assistance medical aid in the case of a number of specified departures in normal childbirth—the list of conditions stated in the Rules is not a complete one, it sets out the main.

During the past years there has been a considerable increase in the number of calls due to some extent, especially during the year under review, to the new Rule of the Central Midwives Board which requires notice to be sent in every condition of emergency—previously the doctor being in attendance and a fresh complication occurring it was not necessary although midwives were asked, to use the notice for medical aid—thus it was that more than one notice of medical aid was issued in respect of one patient.

The following table summarises the particulars of the medical aid records issued by midwives during the past five years :—

Medical Help Records.

The midwives are required to forward a number of particulars which are summarised below :—

	1930	1931	1932	1933	1934
Sending for medical help	441	541	490	583	696
Still-births	32	39	35	40	40
Rise of temperature	18	36	17	26	24
Death of mother	1	3	2	2	4
Death of infant	14	20	17	14	14
Laying-out dead body	19	21	23	26	34
Artificial feeding	21	24	22	24	61
Liability to be a source of infection ..	16	35	45	45	55

The following is a summary of the causes which necessitated the sending for medical aid :—

During Pregnancy	169
During Labour	389
During Lying-in Period	55
In respect of Child	83

The chief reasons for which midwives had occasion to summon medical assistance were :—

Delayed and prolonged labour.	Post-partum haemorrhage.
Obstructed labour.	Abortion.
Abnormal presentation.	Miscarriage.
Ruptured perineum.	Rise of pulse and temperature.
Retained placenta.	Prematurity.
Uterine inertia.	Discharging eyes.
Ante-partum haemorrhage.	Contracted Pelvis.
	Albuminuria.

Doctors Fees.

The following are the figures in respect of the year 1934 in regard to the fees paid to doctors who responded to the summonses of midwives, and the amount received from the patients during the year :—

Fees Paid.	Amount Recovered.
£1,202 14s. 11d.	£233 13s. 6d.

Whilst the amount paid each year to the doctors has increased, the sum received has shown a proportionate decrease due in no small measure to the prevailing economic conditions.

Compensation to Midwives.

One claim only was received in respect of a small loss sustained by reason of her suspension from duty following contact with a case of infectious disease.

Provision of Midwives.

During the year the Fylingdales District Nursing Association was formed. The County Council are willing to subsidise District Nursing Associations conditional on the nurse appointed being a registered midwife and actually practising midwifery within the district.

The elimination of the handywoman it was confidently hoped would follow the establishment of District Nursing Associations; unfortunately such persons still carry on in certain districts where the District Nurse is a qualified midwife.

Economic conditions no doubt have made it difficult to achieve the desired object—when every mother could have the services of a midwife—in the past many mothers engaged the midwife, but on account of their being ineligible for maternity benefit other arrangements had to be made.

To meet the position the following recommendation was adopted by the Public Assistance Committee which, in effect, makes it possible for those mothers not in receipt of public assistance, but in reality lacking the essential nursing care, to have the necessary attention of a midwife who will be assured of recompense for services rendered :—

“That until such time as the contracts with the District Medical Officers in the Cleveland Guardians Committee Area are revised, the Guardians Committee be authorised to issue relief-in-kind vouchers in respect of nursing attendance at the rate of not more than 2/6 per day for periods of not exceeding 10 days to certified midwives attending destitute women in confinement, and provided that such women are not entitled to Maternity Benefit.”

Stillbirths.

165 stillbirths were notified during the year—62 occurred in the practice of the midwives. The figures for the year 1933 were 146 and 50 respectively.

Maternal Mortality.

The number of women dying in, or as a consequence of, childbirth was 31, as compared with 18 during the previous year. 13 deaths, as against 9 in the previous year, were ascribed to sepsis, 18, as against 9 in 1933, were notified as the result of other causes.

The rate per 1,000 births was therefore 5.78: the rate for England and Wales was 4.41. The North Riding rate was an appreciable increase on that during 1933.

Of the deaths recorded the distribution was as follows :—

Due to Sepsis	..	..	13
Due to Other Causes	..	..	18
PUERPERAL SEPSIS :			
*Scarborough Borough	..	..	3
Eston U.D.	..	..	2
Guisborough U.D.	..	..	1
Redcar M.B.	..	..	1
Bedale R.D.	..	..	1
Croft R.D.	..	..	1
Helmsley R.D.	..	..	2
Malton R.D.	..	..	1
Startforth R.D.	..	..	1

OTHER PUERPERAL CAUSES :

*Scarborough M.B.	..	..	2
*Thornaby-on-Tees M.B.	..	..	2
Eston U.D.	..	..	6
Loftus U.D.	..	..	1
Redcar M.B.	..	..	2
Easingwold R.D.	..	..	1
Malton R.D.	..	..	1
Pickering R.D.	..	..	1
Startforth R.D.	..	..	1
Thirsk R.D.	..	..	1

— 18

* Maternity and Child Welfare Authorities.

Section 111 of the Local Government Act, 1933, requires the County Council, after consultation with the District Councils, to formulate arrangements for securing, whether by means of a combination of districts or otherwise, that every Medical Officer of Health subsequently appointed for a County District shall be restricted by the terms of his employment from engaging in private practice.

Some years ago the Medical Officer of Health for the Borough of Thornaby-on-Tees resigned. The Corporation approached the County Council with the object of arrangements being made to carry on the services until such time as it would be possible for the appointment of a Medical Officer of Health who would, in addition to the duties of Medical Officer of Health undertake the health work within the Borough for which the County Council are responsible—in a word a co-ordination of all health services under one direction.

Dr. Smyth, the Senior Assistant School Medical Officer, has for some years acted as Medical Officer of Health for the Borough in a temporary capacity.

Similarly the office of Medical Officer of Health for the Urban District of Whitby became vacant as did that of the Rural District of Whitby. Arrangements were made between the two District Councils and the County Council, with the result that by a re-arrangement of the work, Dr. Dale Wood, a School Medical Officer of the Education Committee, was appointed the whole-time Medical Officer of Health for the two districts, the health work in both areas being co-ordinated with that for which the County Council are responsible.

During the year 1934 a similar position arose in the Urban District of Eston, the Medical Officer of Health having intimated his wish to retire.

At that time a vacancy occurred on the Medical Staff of the Education Committee which provided the opportunity of discussing how far the health services undertaken in the Borough of Thornaby-on-Tees and in the Urban District of Eston could be co-ordinated.

Negotiations between the two Local Authorities and the County Council were opened, with the result that agreement was reached; the Minister of Health approved the agreements, and during the year it is expected that a Medical Officer of Health will be appointed for each area who, by the terms of his appointment, will be debarred from private practice.

The agreement reached, whilst not only a notable advancement from the point of view of public health administration, will permit the County Council to improve their arrangements for Maternity and Child Welfare in the areas for which they are the Authority.

Dr. Dow, the Maternity and Child Welfare Officer, will devote the whole of her time to the work in the Cleveland Area, whilst Dr. Smyth will undertake similar duties in the remaining portion of the Riding.

Ante-Natal Clinics.

The five clinics functioned during the year—the following table gives the number of attendances at the Clinics :—

Name of Ante-Natal Clinic.	Total Number of Attendances by Expectant Mothers.		Average Attendance		Total Number of Expectant Mothers who Attended.	
			of Expectant Mothers Per Session.			
Brotton	87	(92)	3.9	(5.1)	49	(37)
Guisborough	103	(75)	4.7	(3.4)	40	(37)
Loftus	43	(44)	2.0	(2.2)	18	(22)
Redcar	270	(258)	12.8	(14.3)	111	(115)
South Bank	316	(224)	14.4	(11.2)	130	(110)
Total	819	(693)	7.58	(7.24)	348	(321)

The figures in brackets are those of the previous year.

With the exception of a few alterations, chiefly the change of the Medical Officer in charge of the centre, particulars as to place and time the centres were open, the arrangements underwent no alterations, therefore the tables included in the report for 1933 are not repeated.

It will be of interest to note that at the commencement of each year every medical practitioner practising in the Riding is supplied with full particulars of the various clinics available for patients resident in the area, e.g. School, Welfare, Ante-Natal, Orthopaedic, Venereal, etc.

Health Visiting.

Of the 5,091 births registered in the Riding, 2,587 were notified from areas served by the County Health Visitors.

The births notified within the Boroughs of Richmond, Scarborough and Thornaby, and the Urban District of Whitby, which are Maternity and Child Welfare Authorities, were visited by the Health Visitors appointed by their Local Authorities.

No change was made in the County Council's Health Visiting Scheme described in previous reports. The whole-time staff of Health Visitors remained unchanged in number—there was one addition to the number of the part-time staff due to the extension of local District Nursing arrangements.

The following table sets out the work of the health visitors undertaken during the year :—

Number of Births notified from areas served by County Health Visitors..	2,587	(2,210)
Number of First Visits	2,898	(2,849)
Number of Re-Visits to Children under 1 year	12,727	(13,307)
" " " 1-2 years	8,391	(9,058)
" " " 2-3 years	8,473	(8,422)
" " " 3-4 years	7,176	(7,188)
" " " 4-5 years	6,236	(6,351)
Number of Ante-Natal Visits (First Visits)	1,116	(—)
" " " (Total Visits)	4,138	(4,633)
Number of Special Visits	1,244	(1,402)
Number of Stillbirths investigated	111	(95)
Number of Deaths under 1 year investigated	101	(107)
Number of Cases of Ophthalmia Neonatorum investigated	7	(5)

The figures in brackets are those for the previous year.

Prevention of Deafness. The Surgical Treatment of Enlarged Tonsils and Adenoids. The Treatment of Eye Defects, etc.

No alterations in the arrangements under the above headings were made. It is satisfactory to report that parents are anxious to take advantage of the facilities, consequently an increased number of children suffering from defects underwent treatment.

Infant Life Protection.

The following statement relates to the administration of the Children Act, 1908, and the Children and Young Persons Act, 1932 :—

1. NOTIFICATION.

No. of Foster-Parents on the Register :—

(a) At commencement of year	91	(74)
(b) At end of year	82	(91)

No. of Children on Register :—

(a) At commencement of year	105	(84)
(b) At end of year	97	(105)

No. of Children who died during the year
 2 | (Nil) |

No. of Children on whom inquests were held
 Nil | (Nil) |

2. VISITING.

No. of Visitors :—

Health Visitors	12	(12)
Female Visitors other than Health Visitors	4	(4)
Male Visitors	9	(8)

Total No. of Visits made during the year
 537 | (784) |

The figures in brackets are those for the previous year.

It was necessary in one instance to institute proceedings under Section 1 of the Act of 1908: for not only failing to notify the reception of a child but also the removal of the child and the address of the parent to whose care the infant had been transferred. A penalty of 10/- in respect of each charge was imposed.

In a number of instances the proprietors of boarding schools accept children into their care who are under the age of nine.

Certificates of exemption from the duty of notification were granted in respect of 7 schools in the Riding.

The Care and Cure of Crippled Children.

The arrangements for the care and cure of crippled children were the same as outlined in previous reports.

The number of children who attended the Orthopaedic Clinics during the year was 120, as against 141 in the previous year. 57, as compared with 69 during 1933, attended for the first time: 409 attendances in all were made.

12 children under the age of 5 years were admitted to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, for the treatment of crippling defects, the cause of which was not tuberculosis.

Crippling conditions amongst children under the age of 5, and where the cause is other than tuberculosis, within the Boroughs of Richmond, Scarborough and Thornaby, and the Urban District of Whitby, are dealt with by those Authorities under their Maternity and Child Welfare scheme.

The average duration of stay in hospital of the 12 children admitted at the instance of the Maternity and Child Welfare Committee was 56 days.

Initials.	Sex.	Age in yrs.	Address.	Defect.	Date Admitted.	Date Discharged.	Duration of Stay.
K.B.	M	3½	Lingdale	Club Foot ..	8-2-34	15-3-34	38 days
J.W.	F	2½	South Bank	Wry Neck ..	22-2-34	22-3-34	28 days
S.M.	F	4½	Redcar	Hydrocephalus ..	15-3-34	22-3-34	7 days
G.P.	M	4½	South Bank	Club Feet ..	22-3-34	26-4-34	35 days
M.T.	M	3	Guisborough	Flat Foot ..	26-4-34	11-10-34	168 days
W.T.	M	1	Aiskew	Club Foot ..	21-6-34	6-9-34	77 days
J.W.	M	2½	Warrenby	Club Feet ..	30-8-34	11-10-34	42 days
B.W.	M	4	Upleatham	Knock Knees ..	6-9-34	15-11-34	70 days
A.H.	F	1	Malton	Deformed Spine	10-10-34	Still in	—
M.M.	F	1	Dormanstown	Club Feet ..	11-10-34	do	—
D.F.	F	4	Great Ayton	Paralysis ..	21-11-34	6-12-34	15 days
R.P.	M	2	Bedale	Club Foot ..	6-12-34	Still in	—

Institutional Provision for the Care of Mentally Defectives.

The completion of the structural alterations at the Easingwold Institution, no longer needed for Poor Law purposes, designed as the nucleus of a colony for the care of mentally deficient persons, was an important landmark of the year.

The Institution, which is about 100 years old, is pleasantly situated on the outskirts of the town of Easingwold, it consists of three buildings—the largest the House proper, the Infirmary Block and the Casual Wards.

The premises lent themselves for adaptation, only minor structural alterations being needed to the "House" and Infirmary Blocks. The Casual Wards, however, needed much alteration, indeed a complete remodelling.

Up-to-date sanitation and a hot and cold water supply were installed. The laundry was enlarged and fitted with modern steam machinery.

These alterations provide accommodation for some 90 patients, 63 adult females, 11 cot and chair cases, and 16 children of both sexes under the age of sixteen.

The cost of the alterations and adaptation, exclusive of furnishings, was £6,750.

Approximately 100 acres of land adjoining the site have been acquired, a general layout has been prepared for a colony of upwards of 800 beds—as an immediate extension of the existing accommodation it is proposed to build 3 villas, each for the accommodation of 60 patients—the additional accommodation will be for females, for adult males, and for children for whom institutional care is an urgent necessity.

As an explanation of the figure of 800 beds mentioned above, one of the findings of the "Wood" Committee, a Committee set up to investigate the whole field of mental deficiency, was that the incidence of mental deficiency was approximately 8 per 1,000 of the population. The population of the North Riding being 331,000, it would appear there should be somewhere about 2,500 mentally defectives of which one-third are in need of institutional accommodation, the remainder are probably able to live tolerably useful and harmless lives if steps are taken to provide them with supervision and help.

The Institution was ready for occupation on the 21st September, 1934, and at the end of the year there were 70 patients in residence. The House Committee meets once a month and deals with the general administration of the Institution; matters involving expenditure are the subject of recommendation to the full Committee.

The Staff comprises the following:—

Matron	1	Cook	1
Sister	1	Laundress	1
Staff Nurse	1	Teacher	1
Assistant Nurses	3	Woman Clerk	1
Probationers	7	Boiler Man	1
		Handyman	1

The Medical Officer who is non-resident in addition to making routine visits is always available should his services be needed.

The opening of the Claypenny Institution did not in reality provide any additional accommodation except for the children and cot cases.

At the instance of the Public Assistance Committee the female defectives, approximately 60 in number, who had been accommodated at the Bainbridge, Northallerton and Scarborough Institutions, were re-certified and admitted to Claypenny.

It is manifestly clear that to deal with the defectives who are in need of institutional care, extensions of the Colony are urgently needed.

The placing of defectives under Guardianship other than in their own homes is extremely difficult. Continuous care is needed, and careful selection of cases must be made.

Difficult feeble-minded persons, sexual perverts, etc., are unsuitable for guardianship, institutional care is definitely indicated for them.

Excepting the cot and chair cases, all the patients are employed in some occupation. A number are employed in house work, the kitchen and the laundry, in addition mat and rug making is taught. A company of Girl Guides has been formed, in all there are 21 members who derive much pleasure and enjoyment from the movement.

The conditions which have prevailed over a number of years have made the matter of institutional care a most urgent problem. In times when employment can be obtained relatives are extremely reluctant to seek assistance—although the maintenance and supervision of a member of the family adds a special burden, it is only when the patient gets out of hand, and this is seen in a number of cases, at the age of puberty—physical development has taken place, and what is specially required is training in useful occupations, and this can only be arranged in a well managed institution. Guardianship for patients between the ages of 18 to 25 would appear suitable if appropriate and constant occupation were available, but in practice guardianship is likely to, and does, fail for obvious reasons—the alternative is institutional care where training is provided, the patients being under a reasonable discipline and kept out of harms way.

At the end of 1934 there were 1,158 mental defectives on the register. No special provision has been made for the care of male patients of whom there are many at present under the care of the County Council; I strongly recommend that they should as soon as possible receive consideration.

Water Supplies.

The drought of 1933 continued over the greater part of 1934, it was not until the later months, particularly November and December, that any appreciable rainfall occurred.

The report which was prepared regarding water supplies showed that, on the whole, the position was not unsatisfactory, but there were some villages where the need for an improved supply was acute. There had been no actual shortage of water for domestic purposes, but care had to be exercised; in the rural areas much inconvenience was experienced in the cartage of water for the needs of the cattle, etc.

The Rural Water Supplies Act, 1934, was passed to assist the provision of improvement of schemes of water supplies in rural localities in England and Wales. One million pounds was placed at the disposal of the Minister of Health, but where the deficiency can fairly be met by the Parish Council, the Rural District Council and the County Council, no assistance may be expected from the fund.

As an outcome of the above mentioned enactment the Public Health Committee expressed the opinion that every assistance should be afforded to District Councils who have made an endeavour to provide adequate supplies, and been unable, without assistance, to promote schemes.

It was found, however, that the principles adopted in arriving at the County Council's contribution under Section 57 (1) of the Local Government Act, 1929, did not always correspond with the grant made by the Minister of Health. In some cases the Ministry's grant was higher than the County Council's, in other cases less; it was one of the conditions laid down by the Ministry that the County Council and the Rural District Councils concerned should contribute similar amounts to those of the Ministry.

The County Council in the first place decided to make contributions by annual payments over a period of 30 years whilst the Ministry's grant was a lump sum: after carefully considering the decision of the Ministry of Health to grant a lump sum it was decided to recommend the County Council to act in a like manner, the total amount of the County Council's contributions to be raised by loan.

At the end of the year grants amounting to £8,225 had been made by the County Council in respect of the 10 schemes of Water Supply and £1,850 towards the cost of one sewerage and sewage disposal scheme.

The following statement sets out the particulars of the County Council's contributions:—

Name of Council.	Particulars of Scheme.	Amount of Contribution.
		£
Stokesley Rural District Council	Water Supply Scheme for the township of Newby	250
Malton Rural District Council	Water Supply Scheme for the townships of Sheriff Hutton, Terrington, Welburn, Bulmer, Thornton-le-Clay, Foston and Whitwell-on-the-Hill	3,000
Whitby Rural District Council	Water Supply Scheme for the township of Ellerby	250
do do ..	Water Supply Scheme for the township of Mickleby	125
Helmsley Rural District Council	Water Supply Scheme for the township of Cawton	300
do do ..	Water Supply Scheme for the township of Coulton	300
Flaxton Rural District Council	Water Supply Scheme for the township of Murton	500
Easingwold Rural District Council	Water Supply Scheme for the townships of Brafferton, Helperby, Myton-on-Swale, Linton-on-Ouse, Newton-on-Ouse, Shipton, Stillington and Thormanby	2,250
Thirsk Rural District Council	Water Supply Scheme for the townships of Bagby, Thirkleby and Hutton Sessay	1,000
Scarborough Rural District Council	Water Supply Scheme for the township of Lebberston	250
Malton Rural District Council	Sewerage Scheme for the townships of Amotherby and Swinton	1,850

Milk Supplies.

Milk (Special Designations) Order, 1923.

At the end of the year there were 4 licences to produce and bottle "Grade A" milk and 1 licence to produce "Grade A" milk.

The districts in which the licences were in force were:—Guisborough U.D. (2); Richmond R.D. 1; Scarborough R.D. 2.

In view of the amount of milk produced in the Riding, it would appear somewhat remarkable that so few licences were applied for—the reason seems to be the lack of marketing facilities for milk of a fixed standard.

Routine inspections of the premises were made and samples of milk taken for examination (bacterial count) for the purposes of the conditions upon which the licences were granted.

The reports were uniformly good.

"Certified" Milk and "Grade A (Tuberculin Tested)" milk is sold under licence from the Ministry of Health: at the end of the year 8 licences to retail "Certified" milk, and 2 to produce and bottle "Grade A (Tuberculin Tested)" milk were operative in the Riding.

Milk and Dairies (Consolidation) Act, 1915.

6 reports, a like number in 1933, were received stating that milk alleged to have been produced on certain premises in the Riding, contained the tubercle bacillus.

In accordance with the requirements of the Acts arrangements were made for the inspection of the dairy cattle and the taking of samples of milk with the object of discovering the offending animal. Altogether 169 dairy cattle were inspected and 17 samples of milk taken for bacteriological examination: 4 of the milk samples contained the tubercle bacillus, and the 4 cows implicated were dealt with under the Tuberculosis Order.

Milk and Dairies Order, 1926.

Part IV. of the Order imposes upon the County Council the duty of making arrangements for the veterinary inspection of the dairy cattle on the premises registered by the Local Authority under the Order.

The following table summarises the work undertaken by the Veterinary Staff employed whole-time by the County Council, figures for the previous three years are also given :—

Year.	No. of premises visited.	No. of Cows in milk.	No. of Cows not in milk.	No. of Heifers.	Total No. of Dairy Cattle inspected.	No. of premises where Cows were found in a dirty condition.	Percentage of registered premises on which Cows were found in a dirty condition.	No. of Animals suspected to be suffering from Tuberculosis and dealt with under the Tuberculosis Order, 1925.
1934	4,239	24,299	4,819	3,414	32,537	34	.6	27
1933	6,067	36,554	7,393	5,211	49,158	155	2.9	61
1932	7,020	41,754	8,909	6,113	54,776	137	2.6	68
1931	6,086	35,063	7,687	5,760	48,510	332	6.4	79

Supply of Milk to Schools.

The scheme for supplying fresh milk in one-third pint bottles to school children has gradually extended. In 1933, 249,632 bottles were distributed, whilst during the year 1934 the number supplied amounted to 394,183.

In a few schools dried milk has been supplied, but gradually fresh milk is becoming more popular.

The bulk of the milk supplied, owing to lack of graded qualities, was ordinary milk, but in every case the source of supply was only approved after consultation with the Local Medical Officer of Health and on the receipt of a report by the Veterinary Surgeons of the inspection of the dairy herd.

Further, samples of milk were submitted for biological examination, thus taking every precaution to secure a wholesome supply.

At Northallerton there is a large depot at which, under licence from the Local Sanitary Authority, the milk is pasteurised, but most, if not all the milk, is delivered to districts outside the Administrative Area. Similarly in the case of other graded milks produced within the Riding, the distribution is to large areas bordering upon the County—relatively little graded milk is distributed within the Administrative County.

Where graded milks were available they were supplied to the children.

Food and Drugs (Adulteration) Act, 1928.

The sampling and examination comprise articles obtained under the Food and Drugs (Adulteration) Act, 1928, Artificial Cream Act, 1929, Public Health (Condensed Milk) Regulations, 1923-1927, Public Health (Dried Milk) Regulations, 1923-1927, and the Public Health (Preservatives in Food) Regulations, 1925-1927.

I am indebted to the Chief Constable for the following tabulated statement of the samples analysed on behalf of the County Council during the year 1934.

Article.	Total.	Inferior.	Adulterated.
Arrowroot	1	0	0
Barley (Pearl)	1	0	0
Baking Powder	19	0	0
Beans	1	0	0
Bourn Vita	1	0	0
Butter	46	0	1
Brandy	1	0	0
Brawn	4	0	0
Black Pudding	1	0	0
Beef Suet	1	0	0
Breakfast Chocolate	1	0	0
Cake	3	0	0
Cachous	1	0	0
Cheese	12	0	0
Chocolate Roll	1	0	0
Cocoa	16	0	0
Coffee	14	0	0
Coffee and Chicory	2	0	0
Cream	4	0	0
Cream of Tartar	2	0	0
Chicken, Ham and Tongue Paste	1	0	0
Chicken and Ham Roll	1	0	0
Cinnamon	1	0	0
Chocolate	3	0	0
Corned Beef	3	1	0

Articles.	Total.	Inferior.	Adulterated.
Custard Powder	3	0	0
Chocolate Brazils	1	0	0
Chocolate Cream Tablets	1	0	0
Cornflour	1	0	0
Dessicated Cocoanut	2	0	0
Dried Apricots	2	0	0
Flour	1	0	0
Flour (Self Raising)	1	0	0
Figs	2	0	0
Fruit Cake	1	0	0
Farola	1	0	0
Fruit Salt	1	0	0
Glace Cherries	1	0	0
Gravy Salt	1	0	0
Ground Almonds	11	0	0
Ground Ginger	4	0	0
Ground Rice	1	0	0
Grape Fruit Squash	1	0	0
Ginger Conserve	1	0	0
Ground Cinnamon	1	0	0
Ground Nutmeg	1	0	0
Health and Liver Salts	3	0	0
Icefoam Crystals	1	0	0
Icing Sugar	1	0	0
Jam	8	0	0
Jelly Babies	1	0	0
Jelly Crystals	1	0	0
Klinkade	1	0	0
Lard	36	0	0
Lemon Cheese	2	0	0
Lemon Crystals	1	0	0
Liver Salts	3	0	0
Lemonade	1	0	0
Lemon Curd	1	0	0
Lemon Squash	2	0	0
Lime Juice Cordial	1	0	0
Muscateles	1	0	0
Mince-meat	3	0	0
Margarine	19	0	0
Milk	375	93	1
Milk (Separated)	1	0	0
Marmalade	1	0	0
Mustard	2	0	0
Marzipan Teacakes	1	0	0
Merangues	1	0	0
Milkaroni	1	0	0
Mixed Ices	1	0	0
Mint Cream Pastilles	1	0	0
Onions	1	0	0
Ox Tongue Paste	1	0	0
Olive Oil	2	0	0
Orange Squash	2	0	0
Plums	1	0	0
Pepper	10	0	1
Polony	2	0	0
Pork Pie	1	0	0
Prunes	1	0	0
Pearl Barley	2	0	0
Peas	2	0	0
Parsley	1	0	0
Pastrene	1	0	0
Peppermint	1	0	0
Pickles	1	0	0
Puff Pastry	1	0	0
Rice	6	0	0
Raisins	1	0	0
Roast Pork and Stuffing	1	0	0
Suet Beef	2	0	0
Sago	1	0	1
Swiss Roll	1	0	0
Sweet Pickle	1	0	0

Articles.	Total.	Inferior.	Adulterated.
Salmon and Shrimp Paste	1	0	0
Sausage	19	0	1
Sausage (Preserved)	1	0	0
Sugar	5	0	0
Sultana Pudding	1	0	0
Sultanas	3	0	0
Summer Drink Crystals	1	0	0
Salted Peanuts	1	0	0
Self Raising Flour	3	0	0
Shelled Almonds	1	0	0
Sponge Mixture	1	0	0
Shortex	1	0	0
Snow Cake	1	0	0
Salt	4	0	0
Saveloys	1	0	0
Sherbert	1	0	0
Tapioca	4	0	0
Turkish Delight	1	0	0
Tea	5	0	0
Tomato Sauce	1	0	0
Tongue	2	0	0
Turkey and Tongue	1	0	0
Vinegar	4	0	1
Violet Creams	1	0	0
Wheat	1	0	0
Whisky	11	0	0
Yeast	3	0	0
TOTAL ..	772	94	6

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Particulars as to the number of infectious diseases notified in the several Sanitary Districts are given in table 3 on page 42.

Smallpox.

No case was notified in the Riding during the year.

Enteric Fever.

20 as against 28 cases of typhoid and para-typhoid fever were notified during the year. 14 patients were removed to Hospitals and 6 treated at home.

The cases occurred in 10 Sanitary Districts—their distribution was as follows—

Eston U.D. 2; Guisborough U.D. 1; Loftus U.D. 2; Malton U.D. 1; Northallerton U.D. 1; Scarborough Borough 4; Skelton and Brotton U.D. 1; Bedale R.D. 1; Flaxton R.D. 2; Richmond R.D. 5.

Scarlet Fever.

This disease was again prevalent during the year, 1,332 notifications, as against 1,072 in 1933, were received.

With the exception of the Urban District of Pickering, cases were notified in every Sanitary District. On the whole the cases were mild in character, which in a measure made effective control difficult by reason of the very slight and transitory indisposition of the patient.

The largest number of cases was reported in the Eston Urban District (309), and in the Borough of Thornaby-on-Tees (160); elsewhere an appreciable number of cases were reported in the following districts:—

Guisborough U.D.; Loftus U.D.; Malton U.D.; Redcar Borough; Saltburn and Marske U.D.; Scarborough Borough; Skelton and Brotton U.D.; Richmond R.D. and Stokesley R.D.

Diphtheria.

635 cases were reported, a very large increase on the number recorded during 1933, when 231 were reported.

The disease was notified in 29 districts: the largest number of cases occurred in the following districts:—

Scarborough Borough; Redcar Borough; Northallerton U.D.; Whitby U.D.

Immunisation campaigns against Diphtheria were started in the following districts:—Guisborough U.D., Malton U. and R.D.'s, Redcar M.B., Whitby U.D., Easingwold R.D., Flaxton R.D.

Although the matter is one which concerns the Local Authorities, the County Council are willing to co-operate and to afford Authorities the assistance of their medical and nursing staff as far as circumstances will allow.

Cerebro-Spinal Fever.

11 cases were reported—there were 10 notifications in the previous year.

The distribution of the cases was as follows:—

Scarborough Borough 3; Whitby U.D. 2; Flaxton R.D. 2; Richmond R.D. 4.

With the exception of 1, all the patients were removed to Hospitals.

Puerperal Pyrexia.

37 notifications were received, 8 patients were removed to hospital, in 2 cases the attendance of a trained nurse was made available, in three instances the services of a consultant were provided.

Puerperal Fever.

18 notifications were received, 10 patients were removed to hospital, and in 2 cases the attendance of a trained nurse was made available; in one instance a consultant was called in for advice.

Encephalitis Lethargica. (Sleepy Sickness).

8 cases were reported, 6 patients were admitted to hospital. The distribution of the cases was as follows:—

Loftus U.D. 1; Scarborough Borough 2; Skelton and Brotton U.D. 1; Thornaby Borough 2; Stokesley R.D. 2.

Dysentery.

2 cases were reported from the Richmond Rural District.

Acute Poliomyelitis.

4 cases were notified in the following districts:—

Scarborough Borough 1; Easingwold R.D. 1; Flaxton R.D. 1; Leyburn R.D. 1.

2 patients were removed to hospital, and 2 were treated at home.

Non-Notifiable Infectious Disease.

Complete information as to the incidence of these diseases is not available—some indication can be gathered from the returns made from the Elementary Schools regarding the decreased attendance caused by the diseases.

Disease.	No. of Schools Closed.	No. of Schools where the attendance had fallen to 60%.
Measles	10	41
Whooping Cough	2	5
Chicken Pox	7	10
Influenza	1	9
Other Causes	2	1

The total number of public elementary schools within the area of the local Education Authority is 380.

Venereal Disease.

There was no change in the County Council's arrangements for the treatment of venereal disease.

The following is a list of the treatment centres at which patients from the North Riding attend: particulars of the days and times the clinics are open are also given:—

Days and Hours of Clinics.	Days and Hours for Irrigation of Cases of Gonorrhoea during the intervals between the Clinics.
Darlington General Hospital.	
Males. Syphilis. Fridays 5-30 p.m. Gonorrhoea. Tuesdays 10 a.m., and 5-30 p.m. (By special appointment, Monday 10 a.m.)	Males. Mondays 9 a.m. to 12-45 p.m., and 6 to 7-30 p.m. Tuesdays 9 a.m. to 12-45 p.m., 4-30 to 5-30 p.m., and 8 to 9 p.m. Wednesdays 9 a.m. to 12-45 p.m., and 6 to 7-30 p.m. Thursdays 9 a.m. to 12-45 p.m., 2-30 to 4-30 p.m., and 6 to 7-30 p.m. Fridays 9 a.m. to 12-45 p.m., 4-30 to 5-30 p.m., and 8 to 9 p.m. Saturdays 9 to 11 a.m., and 1-30 to 3-30 p.m.
Females. Syphilis. Mondays 2-20 p.m. Gonorrhoea. Tuesdays and Fridays 2-20 p.m. (By special appointment, Monday 10 a.m.)	Females. Mondays and Thursdays 5 to 6 p.m. Tuesdays, Wednesdays and Fridays 2-30 to 4 p.m. Saturdays 3-30 to 4-30 p.m.

Leeds General Infirmary.

Males. Monday to Saturday (inclusive) 10 a.m. to 12 noon. Mondays, Wednesdays, Thursdays and Fridays, 2 to 4 p.m. and 5 to 7 p.m. Tuesdays 2 to 3 p.m.
Females. Mondays 2 to 3 p.m. Thursdays 5-30 to 7 p.m.
Children: Over 4 years. Tuesdays 5-30 to 7 p.m.
 Under 4 years. Fridays 1-30 to 3 p.m.

Males and Females. Monday to Friday (inclusive) 8 a.m. to 8 p.m. Saturdays 8 a.m. to 1 p.m.

Scarborough Hospital and Dispensary.

Males. Tuesdays 5 to 6 p.m. Fridays 8 to 9 p.m.
Females. Mondays 5 to 6 p.m. Fridays 9 to 10 a.m.

Males. Monday to Saturday (inclusive) 6 p.m. Sundays 9 a.m.
Females. Monday to Saturday (inclusive) 5 p.m. Sundays 11 a.m.

York County Hospital.

Males. Mondays 3 to 4 p.m. Thursdays 6 to 7 p.m. Fridays 7-30 to 8-30 p.m.
Females and Children. Wednesdays 3 to 4 p.m. Fridays 7 to 7-30 p.m.

Males. Mondays, Tuesdays and Wednesdays 5 to 5-30 p.m. Fridays 7-30 to 8-30 p.m. Saturdays 9 to 9-45 a.m., and 11-15 a.m. to 12-15 p.m.
Females. Mondays, Tuesdays, Thursdays and Fridays 6 p.m. Wednesdays 2-45 p.m. Saturdays 9-45 a.m. to 11 a.m.

Stockton and Thornaby Hospital.

Males. Tuesdays and Fridays 5-30 p.m.
Females. Tuesdays and Fridays 2-30 p.m.

Males. Monday to Friday (inclusive) 5-30 p.m. Mondays, Wednesdays and Saturdays 10-30 a.m.
Females. Monday to Saturday (inclusive) 2-30 p.m.

The following table records certain particulars regarding North Riding patients; figures relating to the four previous years are also given:—

	Disease.	Year.				
		1930	1931	1932	1933	1934
A.—Number of North Riding patients attending for the first time.	Syphilis	76	69	52	50	85
	Gonorrhoea	115	142	129	118	139
	Soft Chancre	5	2	1	0	7
	Conditions other than venereal	134	110	73	92	136
	Total	330	323	255	260	367
B.—Total number of attendances		7756	10995	10440	8341	9779
C.—Number of doses of arsenical drugs given		1216	1396	1146	879	1218
D.—Number of in-patient days		111	130	246	178	119

In-patient treatment was afforded at York County Hospital, Stockton and Thornaby Hospital, Darlington General Hospital, and the Hope Hospital, Leeds—at the latter, female patients who are homeless or who cannot be treated as out-patients are accommodated; occasionally expectant mothers who are suffering from venereal disease are admitted—a useful provision inasmuch as the special care needed is provided not only prior to, but during labour and afterwards.

Details of the work at the various Clinics are given in the following summary :—

	Year.	York County Hospital.	Leeds General Infirmary	Darling- ton General Hospital.	Stockton and Thornaby Hospital.	Scarboro' Hospital and Dis- pensary.	Middles- brough Clinic.
Number of North Riding patients treated for the first time.	1930	44	1	31	65	117	72
	1931	26	4	37	64	123	69
	1932	28	2	42	48	78	57
	1933	20	4	39	48	99	50
	1934	23	2	48	90	136	68
Total number of attendances of North Riding patients.	1930	802	57	1041	2057	2385	1414
	1931	1019	93	1689	2194	4194	1806
	1932	759	52	1627	1762	4953	1287
	1933	459	41	1282	1885	3687	987
	1934	530	33	1239	2566	4042	1369
Number of doses of arsenical drugs administered to North Riding patients at the clinic.	1930	94	30	172	183	364	373
	1931	85	23	247	92	407	442
	1932	57	16	177	155	464	77
	1933	88	11	94	93	362	231
	1934	132	11	145	186	367	377

Public Vaccination.

There are 76 districts within the Riding, and 10 Institutional areas.

The following particulars have been supplied by the Vaccination Officers :—

No. of cases in birth lists during the year.	No. of certificates of vaccination received.	No. of certificates of postponement owing to			No. of statutory de- clarations under Sec- tion 1 of the Vac- cination Act, 1907.	No. of certificates of inoculation or of having had smallpox.	No. of cases.		No. of entries in lists sent to public Vac- cinators.	Proceedings taken.		
		Health of child.	Condition of house.	Prevalence of infectious disease.			Parents removed out of district.	Otherwise not found.		Under Sec. 29 of Vaccination Act, 1867, or Sec. 7 of Vac- cination Act, 1871.	Under Section 31 of Vaccin- ation Act, 1867.	Applications for justices' orders.
1	2	3	4	5	6	7	8	9	10	11	12	13
4834	1881	39	—	—	2426	60	35	31	1027	No. of cases. — Summonses } — taken out } — Convictions — Cases dis- } — missed } — Cases ad- } — journed } —	No. of cases. — Orders ap- } — plied for } — Orders } — granted } — Orders } — refused } — Cases ad- } — journed } —	No. of cases. — Summonses } — taken out } — Penalties } — imposed } — Cases dis- } — missed } — Cases ad- } — journed } —
*4751	2011	35	—	2	2424	30	33	35	1078	Nil	Nil	Nil

*Figures for 1933.

No primary vaccinations or revaccinations were performed by the Health Staff under the Public Health (Smallpox Prevention) Regulations, 1917.

The number of Public Vaccinators under contract to perform vaccination and re-vaccination is 64.

The protection against smallpox that vaccination provides, as evidenced by the records made during school medical inspection, would appear to be becoming more disregarded. The returns of the School Medical Inspectors for the year 1934 show that at least 50% of the children are unvaccinated.

The number of statutory declarations made under Section 1 of the Act of 1907—the conscientious objection clause—shows that exemption is claimed for more than 50% of the children who should be submitted for vaccination.

The following table summarises the work of the Public Vaccinators—the figures in brackets are those of the previous year:—

	Number of Successful Primary Vaccinations.		Number of Successful Re-vaccinations.	
	Under 1 year of age.	1 year or over.		
Performed by Public Vaccinators	1358 (1518)	77 (85)	60	(61)
Performed by Medical Officers of Poor Law Institutions	9 (8)	1 (3)	Nil	(Nil)

Blind Persons Act, 1920.

The Act is administered by the Public Health, Housing and Sanitary Committee. A register of all Blind Persons compiled on information received from the Cleveland and South Durham Institute for the Blind and the Yorkshire School for the Blind is kept at the County Hall.

No name is entered in the Register unless a certificate of blindness within the meaning of the Blind Persons Act has been received from a Medical Practitioner with special experience in ophthalmology. The fee for the certificate is paid by the County Council. A certificate B.D.8 is made out in respect of each blind person examined. A copy of each certificate is sent to the Secretary of the Prevention of Blindness Committee which will collate the information.

At the end of the year under review there were 493 names on the Register. They may be classified according to age as follows:—

Under 5	..	..	1
5—16	..	..	22
17—21	..	..	15
Over 21	..	..	455

15 children between the ages of 5—16 were in approved schools for the blind.

There were 17 approved Home Workers, 13 employed in the Workshops attached to the Voluntary Agencies and 16 were undergoing training.

Domestic Relief for the Blind.

The position of the unemployable and necessitous blind persons was considered, but no decision was come to regarding the desirability of the formulation of a scale of assistance. There were a number of blind persons in receipt of Public Assistance, so far as was known there was no case of hardship due to destitution.

Ophthalmia Neonatorum.

12 cases, as against 20 in 1933, were reported. Each case was treated at home with complete recovery.

The following table sets out the result of treatment:—

Notified.	Treated at.		Vision.		Total Blindness.	Total Deaths.
	Home.	Hospital.	Unimpaired.	Impaired.		
12	12	-	12	Nil	Nil	Nil

The particulars given below show the number of notifications during the past 5 years:—

1930	1931	1932	1933	1934
26	20	19	20	12

MOWBRAY GRANGE SANATORIUM, BEDALE.

The Poor Law Institution at Bedale which was built some 100 years ago was, as a result of a survey of the transferred institutions, deemed redundant for its original purpose.

Careful consideration was afterwards given as to the use the institution could be put to when it was decided, after consultation with the Ministry of Health, to have plans prepared for its adaptation as a Tuberculosis Sanatorium for adult female patients.

The institution stands at the South end of Bedale, which is a market town, two miles west of the Great North Road at Leeming Bar.

The building is a substantial one of stone; indeed practically no alteration to the shell was needed, but the interior had to be entirely re-modelled at a cost approaching £7,000, which included the whole of the furnishings. The heating throughout is on the low pressure system, but in most of the rooms fireplaces are also provided.

The accommodation consists of 6 wards, 2 of 10 beds, 2 of 4 beds and 2 single bedded rooms.

All the wards face South and have steel framed folding doors leading to glass covered sitting-out verandahs.

The nursing staff, as well as the domestic, each have separate bedrooms fitted with hot and cold water supply.

The sanatorium was formally opened on Thursday, September 27th, and on Saturday, the 29th, the first patients were admitted.

The staff consists of:—

(1) Matron	..	..	..	1
(2) Charge Nurse	..	..	..	1
(3) Assistant Nurses	..	..	..	2
(4) Probationer Nurse	..	..	..	1
Domestic:—Cook and 4 Maids.				
Outside:—One man.				

TUBERCULOSIS.

New Cases.

57 fewer new cases of tuberculosis were notified than in the previous year. During 1934, 291 were reported, as against 348 in 1933.

The following table shows the gradual fall in the number of new cases notified during during the past year:—

Year.	Total.	Pulmonary.	Non-Pulmonary.
1930	423	310	113
1931	378	233	145
1932	390	240	150
1933	348	204	144
1934	291	184	107

The following table sets out the ages of the **NEW** cases notified during the year:—

Age-Periods.	Formal Notification.												Total (all ages).	
	Number of Primary Notifications of new cases of tuberculosis.													
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-			
Pulmonary—														
Males	..	—	4	2	3	6	11	23	14	16	14	4	97	
Females	..	—	—	1	1	12	12	38	11	7	2	3	87	
Non-Pulmonary—														
Males	..	1	12	16	11	4	1	6	1	1	1	—	54	
Females	..	—	8	12	12	5	6	5	4	—	1	—	53	

The next table gives the details of the age-groups of the new cases notified, and also the deaths during the year in the same periods.

AGE-PERIODS.	NEW CASES NOTIFIED.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	1	-	-	-	3	1
1	1	-	2	3	1	-	3	3
2	3	-	10	5	1	-	4	4
5	5	2	27	24	1	1	6	9
15	17	24	5	11	11	20	4	2
25	23	38	6	5	11	20	-	3
35	14	11	1	4	24	13	6	2
45	16	7	1	-	16	6	-	-
55	14	2	1	1	14	6	3	3
65	3	2	-	-	4	1	1	-
75	1	1	-	-	-	1	-	-
TOTAL ..	97	87	54	53	83	68	30	27

The following table shows the districts in which the new cases were notified. Comparative figures are given for the 4 previous years.

District.	1930.		1931.		1932.		1933.		1934.	
	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.
URBAN DISTRICTS.										
1. Eston ..	82	13	40	19	34	9	50	31	38	16
2. Guisborough ..	5	4	6	5	5	5	4	11	5	6
3. Loftus ..	5	6	6	12	8	6	5	3	1	3
4. Malton ..	3	2	4	1	2	2	2	-	2	-
5. Northallerton ..	5	3	4	7	3	4	1	2	1	2
6. Pickering ..	2	-	2	1	-	1	1	1	-	1
7. Redcar ..	19	9	21	6	15	10	12	7	11	6
8. Richmond ..	-	-	3	2	4	-	5	-	1	-
9. Saltburn ..	2	1	2	1	2	1	1	7	4	5
10. Scalby ..	-	-	1	-	-	-	1	-	2	-
11. Scarborough ..	41	12	18	11	36	13	20	10	19	9
12. Skelton & Brotton ..	9	7	4	21	2	11	2	12	4	7
13. Thornaby ..	38	17	21	9	33	12	17	10	16	8
14. Whitby ..	11	5	13	7	15	12	13	15	8	8
Total ..	230	79	146	104	160	88	135	109	112	71
RURAL DISTRICTS.										
1. Aysgarth ..	1	-	7	-	2	1	1	3	2	1
2. Bedale ..	3	3	2	3	8	2	-	-	2	2
3. Croft ..	-	1	1	1	-	-	-	-	-	-
4. Easingwold ..	2	6	9	2	6	10	9	2	3	1
5. Flaxton ..	11	5	13	1	14	6	9	3	16	3
6. Helmsley ..	2	-	2	-	3	2	2	-	4	2
7. Kirbymoorside ..	2	-	1	4	-	1	1	3	1	1
8. Leyburn ..	8	1	5	4	4	5	3	2	4	2
9. Malton ..	4	-	1	2	3	1	1	-	1	2
10. Masham ..	2	-	-	-	-	1	1	-	-	-
11. Northallerton ..	5	1	5	2	2	5	10	3	7	1
12. Pickering ..	1	1	-	-	2	-	-	1	1	-
13. Reeth ..	3	3	2	-	-	1	-	2	3	1
14. Richmond ..	7	3	9	3	7	1	10	4	7	5
15. Scarborough ..	1	2	-	1	-	1	2	2	5	2
16. Startforth ..	10	-	5	2	3	4	5	2	3	-
17. Stokesley ..	7	5	8	3	10	7	6	1	3	7
18. Thirsk ..	2	-	5	2	7	5	7	3	5	3
19. Wath ..	-	1	2	2	-	1	1	-	-	-
20. Whitby ..	4	1	3	2	7	6	2	4	5	3
Total ..	80	34	87	41	80	62	69	35	72	36
Administrative County ..	310	113	233	145	240	150	204	144	184	107

Deaths.

The total deaths from tuberculosis of every form was 208, or 4 less than in 1933. There were 151 deaths from pulmonary tuberculosis and 57 from other forms.

The following table shows the number of deaths from pulmonary and non-pulmonary tuberculosis during the past 5 years.

Deaths from Pulmonary Tuberculosis.					
	1930	1931	1932	1933	1934
No. of deaths	215	183	149	155	151
Rate per 1,000 population ..	0.67	0.56	0.44	0.46	0.45
Deaths from Non-pulmonary Tuberculosis.					
	1930	1931	1932	1933	1934
No. of deaths	54	54	61	57	57
Rate per 1,000 population ..	0.16	0.16	0.18	0.17	0.17

The death rates in England and Wales were :—

Pulmonary Tuberculosis ..	0.69 per 1,000 population.
Non-pulmonary Tuberculosis ..	0.13 per 1,000 population.

Dr. Thomson, the Senior Clinical Tuberculosis Officer, reports :—

" I beg to report on the work in tuberculosis during 1934.

As in the previous years we had a number of cases of abdominal tuberculosis doubtless aggravated by the drought and heat. The disease was noted in both adults and children.

In regard to the death rate, the figures may be considered satisfactory in the more populated parts such as Thornaby, Scarborough and the Guisborough combined district. This remark also applies to the County generally, but in Eston, where I had observed during the Summer a number of very acute cases, the death rate remained above the average. In some cases several members of the same family were affected. Sanatorium treatment was urged wherever possible.

In women, tuberculosis attacks at an earlier age and is generally more rapid and acute. Where the mother of a family is attacked, if she accepts sanatorium treatment there is in some cases difficulty in keeping the home going whilst the mother is away, yet it is hoped that in future women will be persuaded to accept sanatorium treatment earlier, especially during the early and acute stage of the illness when the prospects of improvement and cure are more likely. At the Mowbray Grange Sanatorium, Bedale (opened in September, 1934), the result of the first three months treatment was most encouraging and indicates great possibilities. The other institutions have also filled their respective places with credit during the year.

The School Dentists continued to be very helpful in my work, and the general co-operation of the Medical Practitioners with whom I come in contact is most pleasing.

Altogether the campaign proceeds satisfactorily and I venture to express the hope that the figures for 1935 will show an improvement."

Dispensaries.

The arrangements for the five dispensaries remained unchanged during the year.

The situation and the times of the sessions are given below :—

Dispensary.	Day open.	Name of Doctor Attending.
NORTHALLERTON (The Rutson Hospital) ..	Wednesday Afternoon..	Dr. J. J. Thomson.
SCARBOROUGH (Out-patient Dept., Scarborough Hospital and Dispensary)	Thursday Afternoon ..	Dr. S. Fox Linton.
SKELTON-IN-CLEVELAND (South Terrace) ..	Wednesday Afternoon..	Dr. C. R. Gibson.
SOUTH BANK (33 Nelson Street) ..	Thursday Morning and Afternoon	Dr. J. J. Thomson.
THORNABY-ON-TEES (The School Clinic, George Street)	Tuesday Morning and Afternoon	Dr. J. J. Thomson.

Visits are paid to patients at the request of the family doctor by the Tuberculosis Officers, indeed the majority of cases on the Tuberculosis Dispensary Register are fairly frequently seen either at the home or at the Dispensary—a number live in places not easily accessible to the dispensaries, hence the need of periodic visits by the Tuberculosis Officers.

The following is a tabulated record of the work undertaken at the five dispensaries during the year 1934.

DIAGNOSIS.	Pulmonary.		Non-pulmonary.				Total.				Grand Total		
	Adults		Children		Adults		Children		Adults			Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ..	53	40	2	3	5	17	21	23	58	57	23	26	
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	1	2	—	1	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	46	53	88	82	437
B.—CONTACTS examined during the year:—													
(a) Definitely tuberculous ..	21	26	7	2	6	4	19	15	27	30	26	17	
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	—	—	2	1	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	18	15	55	41	232
C.—CASES written off the Dispensary Register as:—													
(a) Cured ..	3	5	—	1	2	1	—	—	5	6	—	1	
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	63	78	142	123	418
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—													
(a) Diagnosis completed ..	260	156	47	49	59	76	135	121	319	232	182	170	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	17	19	25	18	982

1. Number of cases on Dispensary Register on January 1st ..	1167 (1211)	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..	12 (6)
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" ..	376 (269)	4. Cases written off during the year as Dead (All causes) ..	72 (50)
5. Number of attendances at the Dispensary (including Contacts) ..	6259 (6761)	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ..	270 (303)
7. Number of consultations with medical practitioners— (a) Personal (b) Other	423 (403) 435 (450)	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ..	701 (453)
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ..	1899 (1628)	10. Number of:— (a) Specimens of Sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work	289 (334) 14 (28)
11. Number of "Recovered" cases restored to Dispensary Register, and included in A. (a) and A. (b) above	Nil (Nil)	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	159 (199)

The figures in brackets are those for the year 1933.

The following table is of interest, shewing the distribution of the cases on the registers of the various Medical Officers of Health at the end of the year.

URBAN DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Eston	199	151	350	97	75	172
Guisborough	47	39	86	45	49	94
Loftus	22	22	44	34	42	76
Malton	4	9	13	1	5	6
Northallerton	8	5	13	5	6	11
Pickering	—	5	5	4	3	7
Redcar	71	52	123	48	50	98
Richmond	6	10	16	5	3	8
Saltburn & Marske	10	19	29	31	28	59
Scalby	4	2	6	1	1	2
Scarborough	41	48	89	10	24	34
Skelton & Brotton	58	61	119	73	69	142
Thornaby-on-Tees	112	80	192	52	51	103
Whitby	6	19	25	26	21	47
Total	588	522	1110	432	427	859

RURAL DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Aysgarth	12	5	17	3	5	8
Bedale	4	5	9	2	5	7
Croft	6	4	10	1	1	2
Easingwold	15	19	34	21	18	39
Flaxton	49	52	101	17	3	20
Helmsley	4	5	9	1	2	3
Kirbymoorside	8	5	13	6	9	15
Leyburn	19	36	55	7	7	14
Malton	13	11	24	7	4	11
Masham	—	1	1	1	—	1
Northallerton	11	7	18	8	6	14
Pickering	6	4	10	2	1	3
Reeth	4	1	5	1	1	2
Richmond	29	30	59	20	20	40
Scarborough	8	5	13	5	4	9
Startforth	12	11	23	7	6	13
Stokesley	15	20	35	7	3	10
Thirsk	8	11	19	8	15	23
Wath	1	—	1	2	1	3
Whitby	32	28	60	18	19	37
Total	256	260	516	144	130	274

Treatment.

Residential treatment was provided at the following sanatoria :—

ADULTS. (Pulmonary).

Mowbray Grange Sanatorium, Bedale.
Wensleydale Sanatorium, Aysgarth.
Fairfield Sanatorium, York.

CHILDREN. (Pulmonary).

Morris Grange Children's Sanatorium.

ADULTS. (Non-pulmonary).

The Rutson Hospital, Northallerton.
The County Hospital, York.
The Memorial Hospital, Darlington.
Holgate Municipal Hospital, Middlesbrough.

CHILDREN. (Non-pulmonary).

The Yorkshire Children's Orthopaedic Hospital, Kirbymoorside.

Sanatorium Treatment.

Consequent upon the opening of the Mowbray Grange Sanatorium, Bedale, at the end of September, certain modifications of previous arrangements were made so far as adult female patients were concerned.

The accommodation provided at Bedale, namely for 30 female patients, made it possible to transfer from the Wensleydale Sanatorium, Aysgarth, 14 patients being treated there as well as 5 patients from the Fairfield Sanatorium at York: the extra beds were made available for patients for whom treatment could not be provided at sanatoria near to the County—female patients are very difficult to deal with at sanatoria at a distance from their homes, consequently the accommodation at Bedale permitted the treatment of more female patients especially those between the ages of 20—30.

The 32 beds reserved at the Wensleydale Sanatorium, Aysgarth, which were completely occupied, were as from the 1st October reduced to 18—the patients remaining there being males.

Altogether 163 patients were provided with sanatorium treatment—the number in 1933 was 132.

The average period of stay was 25 weeks 3 days.

13 patients died in Institutions.

A small number of patients are unwilling to undergo the treatment for the period recommended—they take their discharge and are not willing to act on the advice of the Medical Officer to remain: in one or two instances patients have departed without the slightest warning.

Cost.

During the financial year ended 31st March, 1935, the total cost of maintaining patients in sanatoria was £13,748.

Towards that outlay the contributions received during the year from patients was £462 9s. 8d., as against £336 6s. 2d. in 1933.

The following table gives the particulars of the number of patients admitted to sanatoria during the year:—

Adults.—Treatment in Sanatoria for Pulmonary Tuberculosis.

	Wensleydale Sanatorium, Aysgarth.		Fairfield Sanatorium, York.		Mowbray Grange, Bedale, from 29th Sept., 1934.		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.
A.—Under treatment on 1st Jan., 1934:—								
1. Ex-service pensioners ..	4	-	-	-	-	-	4	-
2. Other insured persons..	14	8	3	6	-	-	17	14
3. Other adults ..	5	1	1	2	-	-	6	3
B.—Admitted during 1934:—								
1. Ex-service pensioners ..	4	-	1	-	-	-	5	-
2. Other insured persons..	32	3	12	11	-	23	44	37
3. Other adults ..	3	4	1	5	-	20	4	29
	62	16	18	24	-	43	80	83

Morris Grange Children's Sanatorium.

The 60 beds provided there were continuously occupied during the year.

In December there was a slight outbreak of scarlet fever of a mild character—the first patient was one of the nursing staff—other two developed the disease, prompt isolation of the patients prevented an extension of the disease.

2 patients suffered from the disease also in a mild form—again prompt isolation restricted the spread.

103, or 7 fewer children than in 1933, received treatment during the year: 39 had definite or suspected disease in the lung, the remaining 64 suffered from the disease in the glands or other sites of the body.

The following table states the age and sex of the children admitted :—

	Ages. (Years.)	Boys.	Girls.	Total.
A.—Under treatment on 1st January, 1934	—	26	34	60
B.—Admitted during 1934	3-4	1	1	2
	4-5	2	—	2
	5-6	—	—	—
	6-7	2	—	2
	7-8	3	5	8
	8-9	3	2	5
	9-10	1	—	1
	10-11	2	3	5
	11-12	1	3	4
	12-13	5	—	5
	13-14	3	2	5
	14-15	—	4	4
Total ..	—	49	54	103

The subjoined table gives more details regarding the children treated during the year—the average period of treatment was longer than in the previous year—approximately 10 weeks longer.

Table showing length of stay and condition on discharge :—

	Boys.	Girls.	Total.
(a) Number of children treated, the chief disease being as stated :—			
(1) Tuberculosis of lungs, suspected or definite ..	16	23	39
(2) Tuberculosis of glands	33	31	64
Total ..	49	54	103
(b) Number discharged during 1934 for other than medical reasons	3	2	5
(c) Number of deaths	—	—	—
(d) Number discharged after full treatment	17	22	39
(e) Average period of treatment for those in (d)	—	—	69 weeks
(f) Results in children discharged after full treatment :—			6 days
(1) Quiescent	15	19	34
(2) Improved	2	1	3
(3) No material improvement	—	2	2
(4) Arrested	—	—	—

Artificial Sunlight as an adjunct to treatment was given to 6 children during their stay.

Domiciliary Treatment.

Patients in need of active treatment are referred to the family medical attendant and attend at intervals the Dispensaries for supervision by the Tuberculosis Officers—where it is not convenient to attend a dispensary the patients are visited in consultation with the family practitioners.

Laboratory Examination of Specimens of Sputa.

Specimens of sputa are examined at the North Riding Laboratory of Pathology and Public Health, Scarborough; altogether 376 specimens were forwarded, the number proving positive was 75. The number examined in 1933 was 434.

The Districts from which specimens were forwarded were as follows:—

URBAN.				RURAL.			
Eston	..	20	(24)	Aysgarth	..	3	(5)
Guisborough	..	2	(-)	Bedale	..	-	(2)
Loftus	..	-	(-)	Croft	..	-	(-)
Malton	..	3	(2)	Easingwold	..	1	(-)
Northallerton	..	-	(-)	Flaxton	..	2	(1)
Pickering	..	4	(-)	Helmsley	..	-	(-)
Redcar	..	-	(1)	Kirbymoorside	..	7	(8)
Richmond	..	3	(13)	Leyburn	..	1	(1)
Saltburn & Marske	..	-	(-)	Malton	..	-	(-)
Scalby	..	3	(8)	Masham	..	4	(4)
Scarborough	..	189	(254)	Northallerton	..	2	(4)
Skelton & Brotton	..	-	(-)	Pickering	..	3	(2)
Thornaby	..	15	(8)	Reeth	..	4	(5)
Whitby	..	65	(42)	Richmond	..	9	(19)
				Scarborough	..	10	(9)
				Startforth	..	-	(6)
				Stokesley	..	2	(3)
				Thirsk	..	-	(2)
				Wath	..	-	(-)
				Whitby	..	7	(11)
				Mowbray Grange Sanatorium, Bedale	..	17	

The figures in brackets relate to the year 1933.

Specimens were also forwarded from other districts to Laboratories where the Local Authorities have arrangements for the examination.

X-Ray Examinations.

14 cases were examined by this method.

Treatment of Non-Pulmonary Tuberculosis.**(a) ADULTS.**

Patients were admitted to the following hospitals:—

At the Rutson Hospital, Northallerton, 19 patients (9 males and 10 females) received treatment. The average duration of treatment was 14 weeks 5 days, as against 20 weeks 2 days in 1933. (1 patient died).

At the York County Hospital 3 patients received treatment and were able to proceed home and continue treatment after an average of 28 weeks of hospital treatment.

1 patient received treatment at the Memorial Hospital, Darlington, and was discharged after a period of treatment of 2 weeks 2 days.

3 patients received treatment at the Holgate Municipal Hospital, Middlesbrough, and were discharged after a period of treatment of 17 weeks 4 days.

Altogether 26 patients were treated, the average duration of stay was 16 weeks: the figures for 1933 were 23 and 19 weeks 2 days respectively.

(b) CHILDREN.

Facilities for examination and diagnosis were available at the following Orthopaedic Clinics which were held at stated intervals:—

CARLIN HOW	..	School Clinic, Wesley Terrace.
KIRBYMOORSIDE	..	The Yorkshire Children's Orthopaedic Hospital, Kirbymoorside.
MALTON	..	Friends' Meeting House.
NORTHALLERTON	..	Zion Schoolroom, High Street.
REDCAR	..	School Clinic, 5, Turner Street, Coatham.
RICHMOND	..	Catholic Hall, Victoria Road.
SCARBOROUGH	..	Out-patient Dept., Scarborough Hospital, Friar's Entry.
SOUTH BANK	..	The School Clinic, 33, Nelson Street.
THORNABY	..	The School Clinic, George Street.
YORK	..	The School Clinic, Piccadilly.

HOSPITAL TREATMENT.

During the year 34 children were treated at the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside—11 were discharged during the year. The average duration of stay in the hospital being 42 weeks 4 days, as compared with 64 weeks 2 days in 1933, when 17 children were discharged.

After-care supervision of the patients was maintained at the Clinics above mentioned: in a few cases the children whose homes were at a distance were visited at their homes.

Shelters.

In addition to shelters provided by Local Sanitary Authorities, there are 16 the property of the County Council; all were in use during the year and loaned to patients resident in the following districts:—

Middleton Tyas, Bedale, Catterick (2), Thoraby, Whitby, Bowes, Hutton Gate, Snape, Cotherstone, Claxton, Stockton-on-Forest, Osmotherley, Langthorne, Scaling and Wigginton.

Artificial Sunlight Therapy.

15 patients involving 615 attendances were given treatment by Artificial Sunlight. In all cases considerable benefit followed.

Surgical Appliances.

In necessitous cases appliances are provided.

Home Nursing of Tuberculosis Cases.

To assist the domiciliary treatment of cases suffering from surgical tuberculosis, financial assistance is given to the Stockton and Thornaby District Nursing Association in return for the services of their nurses to patients resident within the Borough of Thornaby-on-Tees.

Home Visiting by the Tuberculosis Officers.

In an area so scattered as the North Riding, there are cases resident too far from a dispensary to permit attendances, consequently such cases are visited by the Tuberculosis Officers—the number of home visits made during 1934 was 701, as compared with 453 in 1933.

Home Visiting and following up Work.

The Health Visitors undertake the work along with their other duties. A "following up" card is made for each case attending the dispensary; the nurse takes instructions from the Tuberculosis Officer and visits and makes such enquiry as is necessary—the record is submitted to the Tuberculosis Officer who decides the future action (if any) which is needed. 1,899 visits were paid by the Health Visitors during 1934. There are certain patients whom the Tuberculosis Officer prefers should not be visited by the nurse, they are kept under observation by the Tuberculosis Officer himself.

Extra Nourishment.

This is distributed by the Tuberculosis Officers, to the patients actually in need of such, as a part of the treatment—it is not given as a measure of relief. The amount expended during 1934 was £756 4s. 5d., as compared with £600 4s. 4d. in 1933.

Public Health (Prevention of Tuberculosis) Regulations, 1925.**Public Health Act (Section 26), 1925.**

No action was called for under the above during the year.

The first aims at the prohibition of tuberculous patients, in an infective state, taking any part in the milk supply—the second provides for the compulsory removal and detention in a hospital of infective cases of pulmonary tuberculosis where isolation at home cannot be arranged.

TABLE 1.

Number of Births in each District during 1934.

DISTRICT.	Estimated population for birth-rate, 1934.	Total Births.	Illegitimate Births.	Total birth-rate per 1,000 population.	Excess of Births over Deaths. (Natural increase.)	Natural Increase per 1,000 population.
A.—URBAN.						
1. Easton	30,880	616	17	19.9	242	7.8
2. Guisborough	7,932	131	11	16.5	32	4.0
3. Loftus	8,010	101	2	12.6	16	2.0
4. Malton	4,212	62	8	14.7	-12	—
5. Northallerton	4,829	70	—	14.5	15	3.1
6. Pickering	3,767	65	6	17.2	11	2.9
7. Redcar	21,680	322	12	14.8	84	3.9
8. Richmond	5,396	136	2	25.2	77	14.3
9. Saltburn and Marske	6,833	74	3	10.8	-22	—
10. Scalby	3,054	46	2	15.1	1	.3
11. Scarborough	41,560	542	41	13.0	-37	—
12. Skelton and Brotton	13,172	188	13	14.3	28	2.1
13. Thornaby-on-Tees	21,270	435	13	20.4	178	8.4
14. Whitby	11,630	191	6	16.4	5	.4
Total Urban	184,225	2,979	136	16.2	618	3.3
B.—RURAL.						
1. Aysgarth	3,955	51	2	12.9	-6	—
2. Bedale	6,577	114	9	17.3	21	3.2
3. Croft	2,127	32	2	15.0	14	6.6
4. Easingwold	9,557	115	7	12.0	-8	—
5. Flaxton	13,385	159	5	11.9	42	3.1
6. Helmsley	5,139	62	6	12.1	1	.2
7. Kirbymoorside	4,928	75	5	15.2	10	2.0
8. Leyburn	6,995	89	4	12.7	16	2.3
9. Malton	5,782	71	12	12.3	-13	—
10. Masham	1,962	31	3	15.8	5	2.5
11. Northallerton	7,532	102	8	13.5	9	1.2
12. Pickering	5,704	82	6	14.4	10	1.7
13. Reeth	2,229	26	1	11.7	1	.4
14. Richmond	20,131	330	10	16.4	202	10.0
15. Scarborough	6,494	99	5	15.2	13	2.0
16. Startforth	4,207	65	2	15.4	4	.9
17. Stokesley	14,990	209	10	13.9	28	1.9
18. Thirsk	12,240	196	12	16.0	54	4.4
19. Wath	2,046	32	4	15.6	14	6.8
20. Whitby	11,770	172	11	14.6	6	.5
Total Rural	147,750	2,112	124	14.3	423	2.9
Administrative County	331,975	5,091	260	15.3	1,041	3.1

TABLE 2.

Number of Deaths in each District during 1934.

DISTRICT.	Estimated population for death-rate, 1934.	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston	30,880	374	12.1	43	69.8	3	176.5
2. Guisborough	7,932	99	12.5	5	38.2	—	—
3. Loftus	8,010	85	10.6	4	39.6	—	—
4. Malton	4,212	74	17.6	5	80.6	1	125.0
5. Northallerton	4,829	55	11.4	4	57.1	—	—
6. Pickering	3,767	54	14.3	3	46.1	—	—
7. Redcar	21,680	238	11.0	14	43.5	—	—
8. Richmond	5,396	59	10.9	5	36.8	—	—
9. Saltburn and Marske	6,833	96	14.0	2	27.0	—	—
10. Scalby	3,054	45	14.7	—	—	—	—
11. Scarborough	41,560	579	13.9	22	40.6	2	48.8
12. Skelton & Brotton	13,172	160	12.1	14	74.5	1	76.9
13. Thornaby-on-Tees	21,270	257	12.1	24	55.2	1	76.9
14. Whitby	11,630	186	16.0	11	57.6	2	333.3
Total Urban	184,225	2,361	12.8	156	52.4	10	73.5
B.—RURAL.							
1. Aysgarth	3,955	57	14.4	2	39.2	1	500.0
2. Bedale	6,577	93	14.1	6	52.6	2	222.2
3. Croft	2,127	18	8.5	2	62.5	—	—
4. Easingwold	9,557	123	12.9	7	60.9	3	428.6
5. Flaxton	13,385	117	8.7	8	50.3	1	200.0
6. Helmsley	5,139	61	11.9	6	96.8	3	500.0
7. Kirbymoorside	4,928	65	13.2	5	66.7	—	—
8. Leyburn	6,995	73	10.4	3	33.7	—	—
9. Malton	5,782	84	14.5	6	84.5	1	83.3
10. Masham	1,962	26	13.2	1	32.2	1	333.3
11. Northallerton	7,532	93	12.3	4	39.2	2	250.0
12. Pickering	5,704	72	12.6	4	48.8	2	333.3
13. Reeth	2,229	25	11.2	—	—	—	—
14. Richmond	20,131	128	6.3	16	48.5	1	100.0
15. Scarborough	6,494	86	13.2	6	60.6	1	200.0
16. Startforth	4,207	61	14.5	3	46.1	—	—
17. Stokesley	14,990	181	12.1	11	52.6	—	—
18. Thirsk	12,240	142	11.6	9	45.9	1	83.3
19. Wath	2,046	18	8.8	—	—	—	—
20. Whitby	11,770	166	14.1	10	58.1	1	90.9
Total Rural	147,750	1,689	11.4	109	51.6	20	161.3
Administrative County	331,975	4,050	12.2	265	52.0	30	115.4

TABLE 3.

Notifications of Infectious Disease in 1934, as given in the weekly returns rendered by Medical Officers of Health.

DISTRICT.	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.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Anthrax.	Puerperal Pyrexia.					
A.—URBAN.																															
1. Eston	309	18	2	81	..	..	..	..	..	..	..	..	..	..	..	..	..	3	16	..	..	..	..	..	..	..	..	..	..
2. Guisborough	60	29	1	20	..	..	..	1	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..
3. Loftus	52	6	2	24	..	..	..	2	..	..	1	..	..	..	..	..	..	..	4	11	..	..	..	..	..	..	..	..	..
4. Malton	42	17	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Northallerton	24	60	1	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Pickering .. .. .	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Redcar	90	84	..	33	..	..	..	2	..	..	..	..	..	..	..	..	..	..	1	12	..	..	..	..	..	..	..	..	1	
8. Richmond	12	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	1	..	..	..	..	..	..	..
9. Saltburn & Marske	49	16	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
10. Scalby	2	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	22	..	..	..	..	..	1	
11. Scarborough	61	105	4	38	..	..	..	3	3	1	..	..	2	..	..	..	..	..	2	19	..	..	1	..	..	..	..	..	4	
12. Skelton & Brotton	89	3	1	15	..	..	..	..	..	..	..	..	1	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	3	
13. Thornaby-on-Tees	160	17	..	81	..	..	..	..	..	..	..	..	2	..	..	..	..	..	10	..	..	63	674	..	..	..	..	..	5	
14. Whitby	36	127	..	23	..	..	..	1	2	..	..	..	..	..	..	..	..	..	1	11	..	..	..	..	..	..	..	..	1	
Total Urban	986	487	12	338	..	..	..	10	5	1	..	6	..	..	..	..	..	..	12	104	..	64	697	..	..	..	..	..	24	
1933	844	165	10	411	..	..	..	7	5	2	..	3	..	..	..	..	..	..	117	70	..	181	48	8	..	..	..	..	19	
B.—RURAL.																															
1. Aysgarth	12	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale	15	4	1	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
3. Croft	3	2	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold	15	19	..	21	..	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..	33	..	..	..	..	..	..	..	..	1
5. Flaxton	34	18	2	1	..	..	..	1	2	1	..	..	..	..	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	..
6. Helmsley	15	4	..	5	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	10	24	..	..	..	..	..	..
7. Kirbymoorside	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	5	..	3	..	..	..	..	..	..	..	..	..
8. Leyburn	16	22	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
9. Malton	13	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
10. Masham	4	11	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton	11	19	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	1
12. Pickering	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	65	45	13	..	..	..	..	..	1
13. Reeth	5	3	12	1
14. Richmond	43	2	5	37	..	..	..	2	4	..	..	..	..	..	..	..	..	..	2	..	7	5	1	67	..	..	..	..	..	5
15. Scarborough	8	4	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16. Startforth	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Stokesley	44	8	..	12	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..
18. Thirsk	14	3	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	1
19. Wath	34	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25	..	..	..	..	..	..	..
20. Whitby	38	20	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Rural	346	148	8	122	..	..	..	8	6	3	..	2	..	..	..	..	..	..	2	..	60	5	1	178	94	13	..	..	..	13
1933	228	66	18	173	..	..	..	7	5	1	..	4	..	..	..	..	..	..	5	3	20	4	1	117	59	121	..	..	..	11
Administrative County	1332	635	20	460	..	..	..	18	11	4	..	8	..	..	..	..	..	..	2	12	164	5	1	242	791	13	..	..	..	37
1933	1072	231	28	584	..	..	..	14	10	3	..	7	..	..	..	..	..	..	6	20	90	4	1	298	107	129	..	..	..	30

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1934.

DISTRICT.	Scarlet Fever.		Diphtheria.		Enteric fever.		Small-pox.		Measles.		Whooping cough.		Diarrhoea under 2 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	1	.03	..	..	..	..	..	..	31	1.0	..	..	2	3.2
2. Guisborough	3	.38	..	..	..	..	2	.25	..	..	..	..
3. Loftus
4. Malton	1	.24	..	..	..	..	1	.24	..	..	..	..
5. Northallerton	4	.83	..	..	..	..	..	..	..	..	..	..
6. Pickering	1	.26	..	..	..	..	1	.26	..	..	..	..
7. Redcar	10	.46	..	..	..	..	2	.09	..	..	..	..
8. Richmond	1	.18	..	..	..	..
9. Saltburn and Marske	1	.15	..	..	..	..
10. Scalby
11. Scarborough	1	.02	5	.12	..	..	..	..	11	.26	3	.07	..	..
12. Skelton and Brotton	1	.07	..	..	..	..	3	.23	..	..	..	..
13. Thornaby-on-Tees	3	.14	8	.38	..	..	..	..	8	.38	..	..	1	2.3
14. Whitby	15	1.3	..	..	..	..	..	..	..	..	1	5.2
Total Urban	5	.03	48	.26	..	..	..	..	61	.33	3	.02	4	1.3
B.—RURAL.														
1. Aysgarth	1	.25	1	.25	..	..	..	..	..	..	..	..	..	..
2. Bedale	1	.15	..	..	..	..	..	..	..	..
3. Croft
4. Easingwold
5. Flaxton
6. Helmsley	1	.19	..	..	..	..	..	..	..	..	2	32.2
7. Kirbymoorside
8. Leyburn	1	.14	..	..	..	..	..	..	1	.14	1	11.2
9. Malton	1	.17	..	..	..	..	..	..	..	..	..	..
10. Masham	1	.50	..	..	..	..	..	..	..	..	..	..
11. Northallerton	2	.26	..	..	1	9.8
12. Pickering	1	.17	..	..	..	..	1	.17	..	..	1	12.2
13. Reeth
14. Richmond	2	.10	..	..	1	3.0
15. Scarborough	1	.15	..	..	..	..	..	..	..	..	..	..
16. Startforth
17. Stokesley	2	.13	..	..	..	..	4	.27	..	..	..	..
18. Thirsk
19. Wath
20. Whitby	5	.42	..	..	..	..	2	.17	..	..	1	5.8
Total Rural	1	.006	14	.09	1	.006	..	..	11	.07	1	.006	7	3.3
Administrative County	6	.018	62	.19	1	.003	..	..	72	.22	4	.012	11	2.2

TABLE 5.

Number of Deaths from Infectious Diseases in each District during 1934.

DISTRICT.	Pulmonary Tuberculosis.				Other Tuberculosis.				All Tuberculosis.				Influenza.		Pneumonia.		Bronchitis and other respiratory diseases.		Cancer.	
	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	38	33	115.1	1.1	16	7	228.6	.2	54	40	135.0	1.3	9	3	30	1.0	15	.5	42	1.4
2. Guisborough ..	5	4	125.0	.5	6	3	200.0	.4	11	7	157.1	.9	..	..	9	1.1	3	.4	12	1.5
3. Loftus	1	3	33.3	.4	3	1	300.0	.1	4	4	100.0	.5	3	4	4	.5	4	.5	9	1.1
4. Malton	2	2	100.0	.5	..	..	..	..	2	2	100.0	.5	1	2	6	1.4	..	..	8	1.9
5. Northallerton ..	1	2	50.0	.4	2	..	..	..	3	2	150.0	.4	1	2	3	.6	2	.4	3	.6
6. Pickering .. ..	..	2	..	.5	1	..	..	..	1	2	50.0	.5	2	.5	..	..	..	..	13	3.4
7. Redcar	11	7	157.1	.3	6	3	200.1	.1	17	10	170.0	.5	2	1	21	1.0	12	.5	30	1.4
8. Richmond	1	4	25.0	.7	..	..	..	..	1	4	25.0	.7	..	..	2	.4	5	.9	10	1.8
9. Saltburn & Marske	4	2	200.0	.3	5	1	500.0	.1	9	3	300.0	.4	4	6	6	.9	2	.3	10	1.5
10. Scalby	2	3	66.6	1.0	0	1	..	.3	2	4	50.0	1.3	1	3	2	.6	2	.6	7	2.3
11. Scarborough ..	19	21	90.5	.5	9	3	300.0	.1	28	24	116.7	.6	10	2	18	.4	19	.4	74	1.8
12. Skelton & Brotton	4	3	133.3	.2	7	1	700.0	.1	11	4	275.0	.3	1	1	7	.5	12	.9	15	1.1
13. Thornaby-on-Tees	16	7	228.6	.3	8	7	114.3	.3	24	14	171.4	.6	4	2	26	1.2	11	.5	19	.9
14. Whitby	8	7	114.3	.6	8	1	800.0	.1	16	8	200.0	.7	1	1	7	.6	11	.9	22	1.9
Total Urban ..	112	100	112.0	.5	71	28	253.6	.1	183	128	143.0	.7	39	2	141	.8	98	.5	274	1.5
B.—RURAL.																				
1. Aysgarth	2	1	200.0	.2	1	1	100.0	.2	3	2	150.0	.5	1	2	2	.5	3	.7	10	2.5
2. Bedale	2	4	50.0	.6	2	3	66.6	.4	4	7	57.1	1.0	..	..	5	.8	6	.9	18	2.7
3. Croft .. ..	..	..	..	..	..	2	..	.9	..	2	..	.9	..	..	1	.5	1	.5	2	.9
4. Easingwold ..	3	3	100.0	.3	1	1	100.0	.1	4	4	100.0	.4	1	1	10	1.0	5	.5	13	1.4
5. Flaxton	16	5	320.0	.4	3	2	150.0	.1	19	7	271.4	.5	3	2	7	.5	2	.1	14	1.9
6. Helmsley	4	3	133.3	.6	2	..	..	..	6	3	200.0	.6	2	4	1	.2	2	.4	12	2.3
7. Kirbymoorside ..	1	2	50.0	.4	1	..	..	..	2	2	100.0	.4	..	..	1	.2	6	1.2	8	1.6
8. Leyburn	4	3	133.3	.4	2	2	100.0	.3	6	5	120.0	.7	2	3	3	.4	3	.4	12	1.7
9. Malton	1	3	33.3	.5	2	1	200.0	.2	3	4	75.0	.7	..	..	6	1.0	1	.2	9	1.5
10. Masham .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1.0	5	2.5
11. Northallerton ..	7	5	140.0	.7	1	..	..	..	8	5	160.0	.7	..	..	5	.7	4	.5	11	1.5
12. Pickering	1	1	100.0	.2	..	1	..	.2	1	2	50.0	.3	..	..	2	.3	5	.9	6	1.0
13. Reeth	3	..	..	..	1	1	100.0	.4	4	1	400.0	.4	..	..	..	..	2	.9	4	1.8
14. Richmond	7	9	77.7	.4	5	5	100.0	.2	12	14	85.8	.7	2	1	9	.4	3	.1	12	.6
15. Scarborough ..	5	3	166.7	.5	2	2	100.0	.3	7	5	140.0	.8	..	..	6	.9	1	.1	13	2.0
16. Startforth ..	3	2	150.0	.5	..	1	..	.2	3	3	100.0	.7	..	..	1	.2	..	..	9	2.1
17. Stokesley	3	4	75.0	.3	7	4	175.0	.3	10	8	125.0	.5	..	..	6	.4	6	.4	22	1.5
18. Thirsk	5	2	250.0	.2	3	1	300.0	.1	8	3	266.7	.2	1	1	6	.5	7	.6	23	1.9
19. Wath .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	1	.5	1	.5	6	2.9
20. Whitby	5	1	500.0	.1	3	2	150.0	.2	8	3	266.7	.2	..	..	12	1.0	4	.3	20	1.7
Total Rural ..	72	51	141.1	.3	36	29	124.1	.2	108	80	135.0	.5	13	1	84	.6	64	.4	229	1.5
Administrative County ..	184	151	121.8	.4	107	57	187.7	.2	291	208	139.9	.6	52	1	225	.7	162	.5	503	1.5

TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1934.

DISTRICT.	Puerperal Sepsis.		Other Puerperal Causes.		Congenital debility, premature birth, malformations, etc.	
	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	2	3.2	6	9.7	19	30.8
2. Guisborough	1	7.6	..	..	2	15.3
3. Loftus .. ..	..	..	1	9.9	2	19.8
4. Malton .. ..	..	..	..	..	4	64.5
5. Northallerton .. ..	..	..	..	..	3	42.8
6. Pickering .. ..	..	..	..	..	2	30.8
7. Redcar	1	3.1	2	6.2	9	27.9
8. Richmond .. ..	..	..	..	..	4	29.4
9. Saltburn and Marske .. ..	..	..	..	..	1	13.5
10. Scalby .. ..	..	..	..	..	..	..
11. Scarborough	3	5.5	2	3.7	11	20.3
12. Skelton and Brotton .. ..	..	..	..	..	8	42.5
13. Thornaby-on-Tees .. ..	..	..	2	4.6	13	29.9
14. Whitby .. ..	..	..	..	..	8	41.9
Total Urban	7	2.3	13	4.4	86	28.9
B.—RURAL.						
1. Aysgarth .. ..	..	..	..	..	1	19.6
2. Bedale	1	8.8	..	..	3	26.3
3. Croft	1	31.2	..	..	1	31.2
4. Easingwold .. ..	..	..	1	8.7	4	34.8
5. Flaxton .. ..	..	..	..	..	3	18.9
6. Helmsley	2	32.2	..	..	1	16.1
7. Kirbymoorside .. ..	..	..	..	..	2	26.7
8. Leyburn .. ..	..	..	..	..	2	22.5
9. Malton	1	14.1	1	14.1	5	70.4
10. Masham .. ..	..	..	..	..	1	32.2
11. Northallerton .. ..	..	..	..	..	2	19.6
12. Pickering .. ..	..	..	1	12.2	1	12.2
13. Reeth .. ..	..	..	..	..	..	..
14. Richmond .. ..	..	..	..	..	9	27.3
15. Scarborough .. ..	..	..	..	..	3	30.3
16. Startforth	1	15.4	1	15.4	4	61.5
17. Stokesley .. ..	..	..	..	..	6	28.7
18. Thirsk .. ..	..	..	1	5.1	7	35.7
19. Wath .. ..	..	..	..	..	..	..
20. Whitby .. ..	..	..	..	..	6	34.9
Total Rural	6	2.8	5	2.4	61	28.9
Administrative County	13	2.5	18	3.5	147	28.9

