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Contributors

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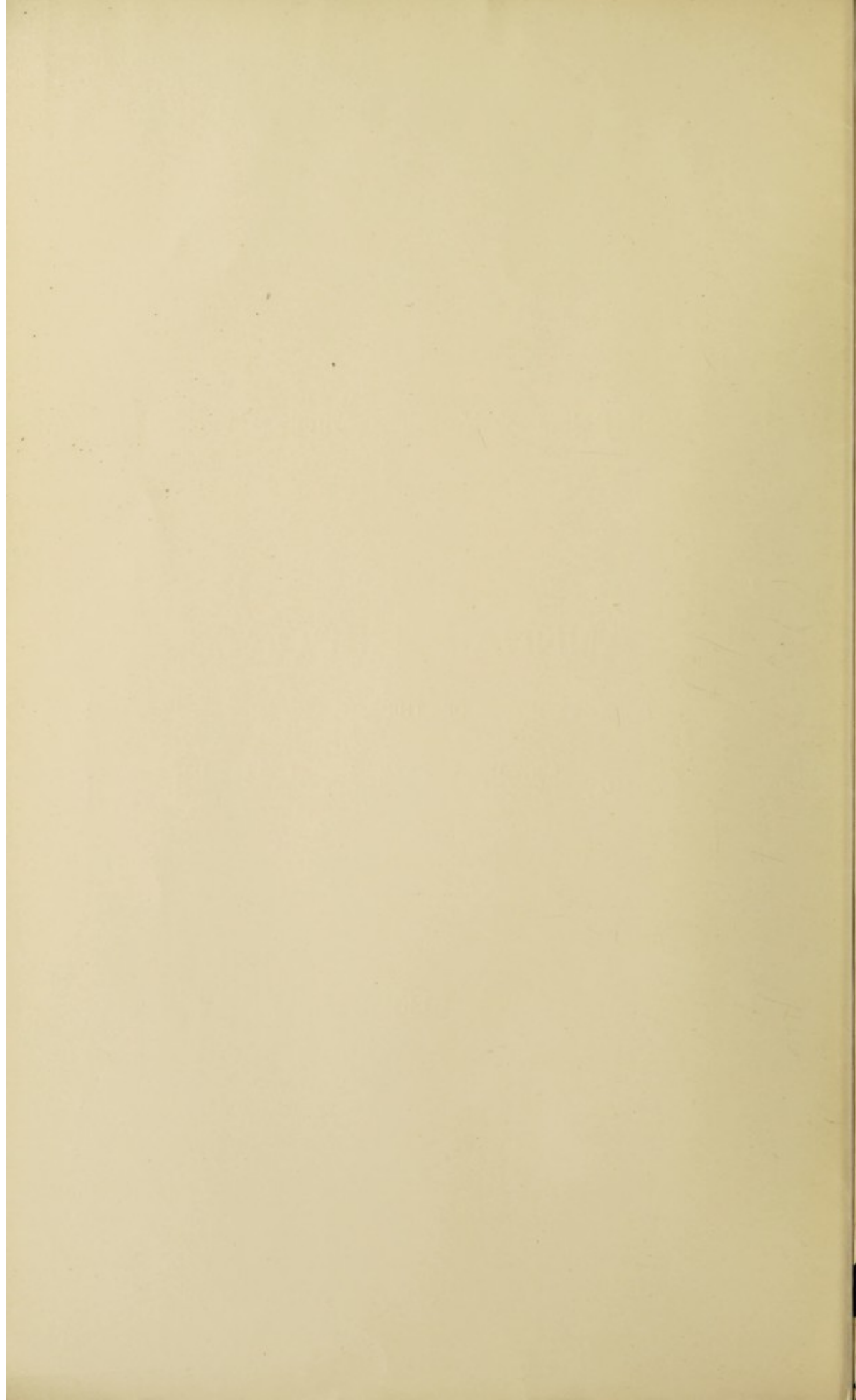
North Riding of Yorkshire County Council.

ANNUAL REPORT

OF THE

County Medical Officer of Health

1936





North Riding of Yorkshire County Council.

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PREFACE.

To the Members of the North Riding County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit to you the Annual Report on the Health Conditions in the Riding for the Year ended the 31st December, 1936.

In doing so, I should like to direct your attention to some of its interesting features. The Report is mainly statistical, but it also includes details of the various activities of the Public Health Department during the year.

In regard to *vital statistics*, they show, in many important respects, an improvement compared with the previous year. While the birth rate (15.4) is the same as for 1935, the death rate from all causes showed a slight reduction from 12.9 per 1,000 estimated population to 12.6. Satisfactory improvements are recorded in maternal mortality, infantile mortality and in the death rate from all forms of tuberculosis.

The *maternal mortality rate* may fluctuate widely from year to year due to the relatively small numbers involved and to chance variations. The improvement during 1936 has, however, been marked; in actual figures, there were 18 maternal deaths during the year under review compared with 41 during 1935. Expressed as a rate, the maternal mortality in the Riding for 1936 was less than that for England and Wales.

The *infantile mortality rate* also shows a decided improvement and compares favourably with the Country as a whole. This rate (the number of deaths of infants under one year of age per 1,000 live births) was 57, whereas, during the previous year the rate was 69. The infantile mortality rate for England and Wales for the year 1936 was 59.

The *tuberculosis death rate* reached a new record low level for the Riding, and it is now the lowest recorded since the disease became notifiable in 1912. The reduction in the death rate is associated with a decrease in the incidence of the disease, as indicated by the number of notifications received during the year. These facts are highly satisfactory, but they serve to emphasise the need for a tighter control rather than any relaxation of effort in anti-tuberculosis measures.

The *cancer death rate* has shown a tendency to increase during the past ten years; the rate for 1936 was the same as for the previous year. It is interesting to note that this tendency relates more to the urban districts than to the rural districts, where the rate has remained steady during that decennial period.

The death rate from *heart disease* showed an appreciable rise during 1936. This cause of death is intimately associated with rheumatism; the prevention and cure of this disease, and of cancer, are outstanding problems awaiting solution.

The advent of the *Milk (Special Designations) Order*, 1936, and the *Midwives Act*, 1936, added to the increasing duties and responsibilities of the Health Department. In regard to the former, special reference is made in the body of the report to the work involved; in regard to the latter, only preliminary investigation and consultation were undertaken during 1936, the operation of the new Scheme for domiciliary midwifery being scheduled to commence on the 31st July, 1937.

Towards the end of the year under review, consideration was being given by the Public Health Committee to the extension of the tuberculosis, ante-natal and health visiting services; but here again, the developments only became effective during the current year, and will be reported in the next annual report.

In conclusion, I desire to express my gratitude to the Chairman and Members of the Public Health Committee for their forbearance and consideration during a difficult period; to the members of the staff of the Public Health Department, professional and clerical, for their loyal assistance; and to my colleagues in other Departments of the Council for their very willing and helpful co-operation.

I have the honour to be,

Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

A. DAVIDSON,

County Medical Officer of Health.

July, 1937.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

Annual Report of the County Medical Officer of Health.

FOR THE YEAR 1936.

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	.. A. Davidson, M.D., Ch.B., D.P.H.
Senior Assistant School Medical Officer and Inspector of Midwives ..	.. 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. C. A. Harvey, 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.
Margaret D. Cairns, M.B., Ch.B., D.P.H.
W. Leslie Roberts, M.A., M.R.C.S., L.R.C.P.
M. Dale Wood, M.D., B.S., also Medical Officer of Health, Whitby Urban and Rural Districts.
J. A. Dunlop, M.B., Ch.B., D.P.H., also Medical Officer of Health, Eston Urban District.
C. A. Harvey, M.B., Ch.B., D.P.H., also Medical Officer of Health, Borough of Thornaby-on-Tees.

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.
A. P. Finlay, 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.)

DISTRICT.			NURSE.
Eston	..	..	N. Garness, S.C.M., S.R.N.
Grangetown	..	..	E. M. Lloyd, S.C.M., H.V. Cert.
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. (to 15-7-36).
			M. L. Hill, S.R.N., S.C.M., H.V. Cert. (from 15-9-36).
Thornaby	..	..	E. Hudspeth, S.C.M., S.R.N.
Thornaby	..	..	M. Jones, S.C.M.
Whitby	..	..	M. Williamson, S.C.M., H.V. Cert. (to 21-8-36).
			V. Topham, S.R.N., S.C.M., H.V. Cert. (from 7-10-36).

Dental Nurses. (Whole-time.)

Saltburn Area	..	..	I. Knight, S.C.M.
Northallerton Area	..	..	M. H. Sherwood, S.R.N.
Whitby Area	..	..	J. Cargill, S.R.N.

Dental Attendants.

Thornaby Area	..	..	E. Harker.
South Bank Area	..	..	M. Mussett.
Malton Area	..	..	O. Denham.

Health Visitors and School Nurses.

(Part-time.)

DISTRICT.			NURSE.
*Aldwark	..	..	E. Mitchell, Great Ouseburn.
*Amotherby	..	..	G. E. Morfitt, Swinton.
*Aysgarth	..	..	M. V. Thurlow, Aysgarth.
*Barningham	..	..	E. Henderson, Barningham.
*Bilsdale	..	..	J. I. Hill, Rievaulx.
*Beningbrough	..	..	E. L. Pettitt, Newton-on-Ouse.
*Boroughbridge	..	..	N. Fletcher, Boroughbridge.
*Bowes	..	..	A. B. Cowan, Bowes.
*Brompton	..	..	S. Kitching, Brompton.
*Catterick	..	..	F. Coates, Catterick.
*Cotterstone and Lartington	..	..	M. B. Ward, Cotterstone.
(Discontinued 11-7-36).			
*Coxwold	..	..	I. Richardson, Coxwold.
*Danby	..	..	I. Middleton, Ainthorpe.
*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	..	..	G. Eckford, Great Smeaton.
*Hawes	..	..	J. Fawcett, 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.
*Leake	..	..	C. Case, Knayton.
*Lealholm and Glaisdale	..	..	E. Raspin, Glaisdale.
(Discontinued 31-3-36).			
*Leyburn	..	..	V. N. Walton, Leyburn.
*Malton	..	..	B. J. Burnett, Malton.
*Manfield and Stanwick	..	..	M. Elenor, Manfield.
*Marske and Downholme	..	..	G. M. Siddorn, Marske, Richmond.
*Masham	..	..	A. D. Pratt, Masham.
*Mid-Vale of Pickering	..	..	A. Dickson, Snainton.
*Middleton Tyas	..	..	H. F. Morton, Middleton Tyas.
*Northallerton	..	..	M. F. McCann, Northallerton, and H. Fairweather, Ainderby Steeple.

Health Visitors and School Nurses—continued.
(Part-time.)

<u>DISTRICT.</u>	<u>NURSE.</u>
*Nunnington	A. E. Boston, Nunnington.
*Nunthorpe and Upsall	S. S. Iredale, Nunthorpe.
*Osmotherley	A. Murphy, Osmotherley.
*Otterington	A. Sowden, Newby Wiske.
*Patrick Brompton	H. Hobson, Hunton.
*Pickering	F. B. Male, Pickering.
*Reeth	H. A. Fletcher, Reeth.
*Richmond	W. H. Lewis, Richmond.
*Romaldkirk	M. A. Farrell, Romaldkirk.
*Rounton	N. Hutton, Appleton Wiske.
*Sheriff Hutton	E. Adamson, Sheriff Hutton.
*Stainton	A. M. P. Andrews, Stainton-in-Cleveland.
*Startforth	C. A. Jones, Barnard Castle.
*Stillington	M. E. Barker, Sutton-on-Forest.
*Stokesley	M. Precious, Stokesley.
*Strensall	M. R. Woodman, Strensall.
*Thirsk	M. Dale, Thirsk, and A. Marshall, 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	A. M. Weatherill, Swainby.
*Wycliffe	J. W. Fraser, Whorlton.
*Yarm-on-Tees	D. Rickerby, Yarm-on-Tees.

* State Certificated Midwives.

Whole-time Medical Officers of Health.

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

Part-time Medical Officers of Health.

<u>DISTRICT.</u>	<u>MEDICAL OFFICER.</u>
Malton U.D.	L. C. Walker, M.B., B.Ch., M.R.C.S., L.R.C.P.
Northallerton U.D.	H. G. Hanan, M.B., Ch.B.
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.
Whitby U.D.	M. Dale Wood, M.D., B.S.
Aysgarth R.D.	W. N. Pickles, M.D.
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.R.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.R.F.P.S.
Northallerton R.D.	J. A. Hutchinson, M.D.
Pickering R.D.	R. A. Scott, L.R.C.P., L.R.C.S., L.R.F.P.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., B.S.

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. F. J. Kinghorn, 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 ..	7	W. N. Pickles, M.D. ..	O. M. Ion ..	1
Guisborough ..	59	W. W. Stainthorpe, M.D. ..	Florence Riches ..	6
Leyburn ..	12	S. G. Peill, M.B., Ch.B. ..	H. M. ..	1
			Hodkinson	
Malton ..	2	L. C. Walker, M.B., B.Ch., M.R.C.S., L.R.C.P. ..	E. Silkstone ..	-
Northallerton ..	26	J. A. Hutchinson, M.D. ..	L. Hodgson ..	1
Richmond ..	19	C. B. Whitehead, M.B., M.R.C.S., L.R.C.P. ..	M. White ..	3
Scarborough ..	139	R. S. Elvins, L.R.C.S., L.R.C.P., L.R.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 ..	8
Kirbymoorside	—	I. R. G. Galloway, M.B., Ch.B. ..	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
†*E. T. Blacklee, M.R.C.S., L.R.C.P. ..	Flaxton No. 2 ..	8,547	1,486
†*A. W. Riddolls, M.R.C.S., L.R.C.P. ..	Flaxton No. 3 ..	19,164	9,037
CLEVELAND GUARDIANS COMMITTEE.			
†*W. A. Kirkpatrick, M.B., B.S. ..	Skelton & Moorsholm ..	11,014	5,887
†*J. C. McAvoy, M.R.C.S., L.R.C.P. ..	South Bank & Grange-town ..	1,319	5,090
†*J. S. Thomson, M.B., Ch.B. ..	Eston (Part) ..	8,682	28,078
†*J. Danaher, L.R.C.P.I., L.R.C.S.I., L.M. ..	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 Dinsdale ..	2,087	136
††*J. A. Hutchinson, M.D. ..	Northallerton ..	28,521	8,808
††*J. M. Davey, M.B., Ch.B. ..	Appleton Wiske ..	21,988	1,919
††*J. G. Higgins, M.R.C.S., L.R.C.P. ..	Osmotherley ..	13,989	1,374
††*R. Tindall, M.C., M.B., Ch.B. ..	Croft ..	8,724	824
††*R. Frankling, L.M.S.S.A. ..	Cowesby & Borrowby ..	2,667	368
††*H. Wynne Davies, M.R.C.S., L.R.C.P. ..	Thirsk & Sutton ..	21,126	6,751
††*S. Hey, M.R.C.S., L.R.C.P. ..	Ripon No. 2 ..	6,923	753
††*E. Paget Tomlinson, M.B., M.R.C.S., L.R.C.P. ..	Pickhill ..	4,229	560

Name.	District.	Area in Acres.	Population (Approx.)
HAMBLETON GUARDIANS COMMITTEE.			
††*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
†*N. C. Coombs, M.R.C.S., L.R.C.P.	Romaldkirk	49,207	1,887
†*W. J. Hickey, M.B., B.S.	Gainford	3,564	341
*R. Dawson, M.D., Ch.B.	Lunedale	28,581	417
RYEDALE GUARDIANS COMMITTEE.			
††*D. A. Murray, M.B., Ch.B.	Helmsley	51,626	2,951
†*A. C. Vidal, D.S.O., M.R.C.P.E., L.R.C.S.	Oswaldkirk	16,079	1,694
†*I. R. G. Galloway, M.B., Ch.B.	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.R.F.P.S.	Bulmer	19,177	2,952
†*A. A. Learmont, M.B., Ch.B.	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.			
†*F. V. Allan, M.B., Ch.B.	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		
†*R. S. Elvins, L.R.C.P., L.R.C.S., L.R.F.P.S.	Scarborough Poor Law Institution.	—	—
WENSLEYDALE GUARDIANS COMMITTEE.			
††*W. N. Pickles, M.D.	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, M.R.C.S., L.R.C.P.	Bedale Southern and	13,787	2,608
†*E. Paget Tomlinson, M.B., M.R.C.S., L.R.C.P.	Bedale Northern	13,388	2,288
†*J. Wilkinson, M.B., Ch.B.	Kirklington	11,789	1,427
†*S. G. Peill, M.B., Ch.B.	Masham	12,999	1,783
†*S. G. Peill, M.B., Ch.B.	Leyburn West and	18,220	1,573
††*H. M. Cockcroft, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S.	Middleham East	9,422	1,111
†*S. G. Peill, M.B., Ch.B.	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.	Lythe	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 mid-year of 1936):						
Urban Districts	185,250	..	..	..	}	328,750
Rural Districts	143,500	..	..	..
Number of inhabited houses (Census 1931)	..	..	..	..	..	77,134
Number of Families or Separate Occupiers (1931)	..	..	..	..	..	77,877
Average number of persons per house (Census 1931)	..	..	..	..	..	4.29
Rateable Value (1st April, 1936)	..	..	..	..	..	£1,704,995
Sum represented by a Penny Rate	..	..	..	..	..	£6,490

Area.

The North Riding of Yorkshire is the third county in order of size in the Country, its acreage being 1,356,624. The geographical character of the Administrative County varies from the populous industrial area adjacent to the County Borough of Middlesbrough known as the "Cleveland Area" to the sparsely populated dales and moorland districts; there are also small aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding.

There are included in the area four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten Urban Districts and twenty Rural Districts.

Population.

The Registrar General has estimated that the population at mid-year 1936 was 328,750; the comparative figure for the previous year was 332,100, so that there has been a decrease of 3,350 in the population of the Riding since the last estimate. This reduction is best indicated by comparing the Urban and Rural populations for the year under review and its predecessor; the figures are as follows:—

Year.	Urban Population.	Rural Population.	Total.
1935	.. 184,900	147,200	332,100
1936	.. 185,250	143,500	328,750

It will be observed that the decrease in the population during 1936 was associated with rural districts. Further analysis of the figures shows that the decrease is more apparent than real, as it is almost entirely confined to Richmond Rural District where the population showed a reduction of 4,437 owing to the movement of troops during 1936.

Social Conditions and Occupations.

Nearly one-third of the population is massed in the North Eastern part of the Riding, where the main occupations are those associated with the iron and steel industries. Apart from this District, the largest single collection of population is at Scarborough, which with Whitby, Saltburn and Redcar, forms a group of seaside holiday resorts. Elsewhere in the Riding the main industry is agriculture, of which a large proportion is associated with milk production.

The improvement in the iron and steel trades has alleviated the unemployment in the industrial areas.

Extracts from Vital Statistics of the Year.

		Total.	M.	F.	
Live Births:	{ Legitimate	4,784	2,442	2,342	Birth rate per 1,000 of the estimated resident population 15.4.
	{ Illegitimate	289	160	129	
Still Births	.. ..	221	123	98	Rate per 1,000 total (live and still) births 41.74.
Deaths	.. ..	4,159	2,135	2,024	Death rate per 1,000 of the estimated resident population 12.6.

Deaths from Puerperal Causes:

		Deaths.	Rate per 1,000 total (live and still) births.
Puerperal Sepsis	.. ..	10	1.88
Other puerperal causes	.. ..	8	1.51
Total	.. ..	18	3.40

Death rate of Infants under 1 year of age:—

All infants per 1,000 live births	.. ..	56.96
Legitimate Infants per 1,000 legitimate live births	.. ..	54.76
Illegitimate Infants per 1,000 illegitimate live births	.. ..	93.42
Deaths from Measles (all ages)	.. ..	18
Deaths from Whooping Cough (all ages)	.. ..	19
Deaths from Diarrhoea (under 2 years of age)	.. ..	15

Live Births and Birth Rates.

The live births registered in and belonging to the Riding during the year ended 31st December, 1936, totalled 5,073, as compared with 5,128 in the previous year, showing a decrease of 55.

Included in the total figure there were 289 illegitimate births as compared with 275 in 1935.

The Birth Rate for the Riding as a whole was 15.4 per 1,000 population, which is the same figure as in the previous year. The rate for England and Wales was 14.8.

The following table shows the birth rates for the past 5 years which obtained in the Urban and Rural Districts, and that for the Riding as a whole.

		Birth rate per 1,000 estimated population.				
		1932	1933	1934	1935	1936
North Riding : Urban Districts	..	16.6	15.0	16.2	16.0	16.0
Rural Districts	..	14.4	14.0	14.3	14.7	14.7
Administrative County	..	15.6	14.6	15.3	15.4	15.4
England and Wales	..	15.3	14.4	14.8	14.7	14.8

Particulars of the rates in the several Sanitary Districts of the Riding are shown in Table 1 on page 44 of this Report.

Illegitimate Births.

During the year, 289 illegitimate live births were registered, or 14 more than in the previous year—in the Urban Districts there were 161, or 1 more than in 1935, and in the Rural Districts 128, or 13 more than in the previous year.

On the basis of 1,000 population the illegitimate birth rate was .87 as against .83 in 1935, and calculating the rate per 1,000 live births the rate was 56.96, as compared with 53.6 in the previous year.

Stillbirths.

The number of stillbirths registered was 221 (males 123, females 98), or 25 less than in 1935—the rate per 1,000 total births was therefore 41.74.

Deaths and Death Rates.

During 1936, the total number of deaths registered for the Riding was 4,159; of this number, 2,135 were males and 2,024 were females. The total figure gives an annual death rate of 12.6 per 1,000 estimated population, which compares with 12.9 for the previous year. In terms of urban and rural districts the death rates were as follows:—

		Urban Districts.	Rural Districts.
1935.	..	13.6	12.0
1936.	..	13.0	12.2

The Death Rate of 12.9 for the Riding compares with 12.1 for England and Wales. Slightly more than half of the total deaths are in persons over 65 years of age, while nearly one-third are in persons over 75 years.

Examination of the deaths at various ages in urban and rural districts shows the following interesting features:—

- (i) Urban Districts .. 50% of total deaths occur over 65 years of age.
28% of total deaths occur over 75 years of age.
- (ii) Rural Districts .. 59% of total deaths occur over 65 years of age.
33% of total deaths occur over 75 years of age.

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

		Death rate per 1,000 population.				
		1932	1933	1934	1935	1936
North Riding : Urban Districts	..	12.3	12.7	12.8	13.6	13.0
Rural Districts	..	11.9	11.6	11.4	12.0	12.2
Administrative County	..	12.1	12.2	12.2	12.9	12.6
England and Wales	..	12.0	12.3	11.8	11.7	12.1

The particulars of the number of deaths and the rates in the several Districts of the Riding are tabulated at the end of this report.

The principal causes of death in the County during 1936 were as follows, the figures for the previous year being also given :—

Influenza	47	(92)
Heart Disease	1,080	(1,020)
Other Circulatory Diseases	254	(247)
Bronchitis	137	(124)
Pneumonia (all forms)	213	(247)
Congenital Debility and Malformations, Premature Birth	167	(223)
Tuberculosis of the Respiratory System	146	(150)
Tuberculosis (other forms)	40	(44)
Cancer, Malignant Disease	533	(534)
Cerebral Haemorrhage	302	(326)
Acute and Chronic Nephritis (Kidney Disease)	162	(153)
Senility	112	(131)

Cancer, Malignant Disease.

The number of deaths reported as due to cancer, malignant disease, was 533, the figure for the previous year being 534.

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.
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
1935 ..	534	311	223	1.6	1.7	1.5	1.59
1936 ..	533	305	228	1.6	1.6	1.6	1.62

Apart from heart disease—and accurate statistics on this disease are difficult to obtain—cancer forms the most important cause of death. An examination of the statistics for England and Wales for the past ten years indicates that there has been a steady increase in the death rate from this dreadful disease. It is almost impossible to ascertain the incidence of cancer in a community as it is only when the signs and symptoms become clamant that medical advice is sought by the unfortunate sufferer. If it is assumed, however, that the death rate bears a direct relationship to the incidence, it can be said that there has been no reduction—indeed, there has been an increase—in the incidence of the disease.

The Death Rate from cancer in the Riding, as in the Country as a whole, has shown a tendency to increase during the past ten years. It is noteworthy that this tendency relates more to the urban districts than to the rural districts, where the rate has remained steady during that period.

It has been pointed out that the rising incidence of malignant disease is correlated to the lengthening expectation of life so that a large number of people live long enough to reach the "cancer age," but it is not yet possible to assess the parts played by environment and diet in modern urban communities.

The main difficulties in ascertaining the actual incidence of the disease are its insidious nature and the patient's fear of the disease. If the patient could be assured that there was some reasonable hope of cure the latter difficulty would disappear; at present, the main hope rests in early diagnosis and early treatment, and patients should be encouraged to seek early medical advice.

The tragedy of cancer is perhaps best appreciated in the Public Assistance Hospitals or Institutions to which the advanced and hopeless cases are ultimately admitted.

During the year under review there were 35 cases admitted to Public Assistance Institutions in the Riding, and of this number, 14 cases had received previous advice or treatment at other hospitals. The 21 cases that were admitted to the Council's Institutions without having had previous hospital treatment were in an advanced stage of the disease.

Where active treatment is recommended by the medical officer of the Institution, the patient is sent to the nearest hospital having facilities for the appropriate treatment. These Hospitals are the Middlesbrough Municipal Hospital, Darlington Memorial Hospital, Harrogate General Hospital and the Royal Infirmary, Newcastle-on-Tyne.

Deaths, in Sanitary Districts, from the seven chief causes.

DISTRICT.	Cancer.		Heart Disease.		Respiratory. Non-tuberculous.		Tuberculosis. Pulmonary.		Tuberculosis. Non-pulmonary.		Other Circulatory Diseases.		Cerebral Haemorrhage &c.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
A.—URBAN.														
1. Eston	38	1.24	95	3.12	45	1.47	16	.52	3	.09	20	.65	18	.59
2. Guisborough	7	.87	39	4.88	16	2.00	9	1.12	..	..	9	1.12	2	.25
3. Loftus	11	1.42	26	3.36	8	1.03	3	.38	..	..	8	1.03	7	.90
4. Malton	3	.72	20	4.80	2	.48	4	.96	1	.24	1	.24	5	1.20
5. Northallerton	6	1.22	14	2.84	9	1.83	1	.20	..	..	6	1.22	6	1.22
6. Pickering	6	1.56	20	5.21	2	.52	2	.52	2	.52	1	.26	9	1.83
7. Redcar	51	2.26	53	2.35	29	1.28	8	.35	4	.17	24	1.06	23	1.02
8. Richmond	5	.93	9	1.68	8	1.49	2	.37	..	..	..	..	5	.93
9. Saltburn & Marske	14	2.09	16	2.39	9	1.34	..	..	2	.29	9	1.34	5	.74
10. Scalby	5	1.25	9	2.25	6	1.50	1	.25	..	..	2	.50	5	1.25
11. Scarborough	96	2.31	185	4.47	45	1.08	10	.24	4	.09	47	1.13	40	.96
12. Skelton & Brotton	10	.77	38	2.93	14	1.08	5	.38	..	..	12	.92	10	.77
13. Thornaby-on-Tees	31	1.43	51	2.35	37	1.71	16	.73	4	.18	13	.60	17	.78
14. Whitby	22	1.87	35	2.98	6	.51	9	.76	2	.17	8	.68	15	1.27
Total Urban	305	1.64	610	3.29	236	1.27	86	.46	22	.11	160	.86	167	.90
B.—RURAL.														
1. Aysgarth	5	1.29	14	3.63	4	1.03	5	1.29	1	.25	2	.51	4	1.03
2. Bedale	14	2.13	19	2.89	5	.76	3	.45	..	..	5	.76	7	1.07
3. Croft	1	.47	6	2.86	..	..	1	.47	..	..	1	.47	1	.47
4. Easingwold	15	1.54	38	3.92	5	.51	3	.30	1	.10	2	.20	15	1.54
5. Flaxton	17	1.29	37	2.80	7	.53	6	.45	1	.07	1	.07	6	.45
6. Helmsley	8	1.53	12	2.30	5	.96	2	.38	..	..	1	.19	4	.76
7. Kirbymoorside	7	1.42	19	3.86	7	1.42	1	.20	1	.20	4	.81	7	1.42
8. Leyburn	14	2.02	24	3.46	13	1.87	4	.57	..	..	1	.14	5	.72
9. Malton	13	2.27	34	5.94	7	1.22	..	..	..	..	3	.52	9	1.57
10. Masham	3	1.57	6	3.15	..	..	1	.52	..	..	..	..	1	.52
11. Northallerton	11	1.43	20	2.61	11	1.43	5	.65	3	.39	5	.65	11	1.43
12. Pickering	7	1.27	19	3.45	4	.72	1	.18	1	.18	4	.72	8	1.45
13. Reeth	4	1.80	9	4.05	2	.90	1	.45	..	..	..	..	7	3.15
14. Richmond	12	.73	28	1.71	8	.49	5	.30	1	.06	5	.30	7	.42
15. Scarborough	12	1.79	26	3.88	2	.29	4	.59	..	..	7	1.04	8	1.19
16. Startforth	6	1.46	17	4.13	6	1.46	1	.24	..	..	6	1.46	3	.73
17. Stokesley	31	2.02	45	2.93	21	1.37	8	.52	3	.19	21	1.37	12	.78
18. Thirsk	21	1.75	44	3.66	14	1.16	6	.50	2	.16	15	1.25	12	1.00
19. Wath	3	1.48	3	1.48	1	.49	..	..	2	.98	3	1.48	..	..
20. Whitby	24	2.05	50	4.27	15	1.28	3	.25	2	.17	8	.68	8	.68
Total Rural	228	1.58	470	3.27	137	.95	60	.41	18	.12	94	.65	135	.94
Administrative County	533	1.62	1080	3.28	373	1.13	146	.44	40	.12	254	.77	302	.91

INFANTILE MORTALITY.

It is pleasing to record the marked reduction in the infantile mortality rate from 69.0 in 1935 to 57.0 in the year under review; moreover, the latter figure compares favourably with 59.0 for England and Wales. The number of deaths of infants under 1 year of age during 1936 was 289, or 65 less than in the previous year. The reduced rate has manifested itself in both urban and rural districts: the following figures give the infantile mortality rates for the last five years:—

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
1932 ..	60.1	72.5	65.2	65.0
1933 ..	59.0	51.7	55.9	64.0
1934 ..	52.4	51.6	52.0	59.0
1935 ..	74.8	61.1	69.0	57.0
1936 ..	62.5	49.2	57.0	59.0

The main causes of death among children under 1 year of age were as follows :—

	1935	1936
Congenital debility, premature birth, malformation, etc.	217	163
Diarrhoea	13	13
Pneumonia	46	31
Bronchitis	10	21
Whooping cough	12	8

This analysis presents the very satisfactory feature that the improvement has taken place in the largest group, viz., Congenital debility, premature birth, malformation, etc. This group is difficult to attack, as so many factors, some of sociological significance, are concerned in its production. It is possible, however, that the improved facilities at ante-natal clinics, and the provision, where necessary, of hospital care for the expectant mother have contributed to this improvement. No doubt better industrial conditions also assisted.

The infantile mortality rates for the various districts are shown in Table 2, page 45.

Diarrhoea.

There were 15 deaths of children under 2 years of age, where the cause was stated to be diarrhoea: there were 13 deaths from this cause in urban districts and 2 in the rural districts. During 1935, the total number of deaths from this cause was also 15.

Deaths from diarrhoea for the last 5 years were :—

	1932	1933	1934	1935	1936
Deaths	29	19	11	15	15
Deaths per 1,000 births	5.6	3.9	2.2	2.9	2.9

Measles.

This infection has a biennial periodicity in most districts of the Country. During 1936, there was a higher incidence than during the previous year, and the deaths were in proportion. There were 18 deaths from measles in 1936 compared with 6 in 1935, and 72 in 1934.

Whooping Cough.

Deaths from whooping cough amounted to 19, which was the same as for 1935.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory facilities.

The increase in, and the importance of the work arising from, the Milk (Special Designations) Order, 1936, necessitated the establishment of a small laboratory for the bacteriological examination of milk samples and pathological material from cows arising from work under this Order. Facilities are also available for bacteriological work at the North Riding Laboratory, Scarborough.

Ambulance Services.

Ambulance Services have been maintained as formerly. Ambulance provision is considered sufficiently important to include in this report a schedule indicating the facilities available in the Riding. The need for an adequate service in such a County as the North Riding is self-evident when the size of the area and the peripheral situation of the hospital accommodation for acute sick are remembered. Moreover, any county scheme for Air Raid Precautions requires adequate and efficient ambulance service. While the area, on the whole, is well served, difficulty has been experienced owing to the dependence of certain district councils on neighbouring authorities which, very properly, will only allow their ambulances to undertake work outside their own districts on their own terms and conditions.

The following schedule of the arrangements in the Riding may be of help as reference :—

AMBULANCE FACILITIES.

District.	No. Available.	Description.	Owners.	Location.	By whom Controlled.	Purpose Used.
ESTON	4	<i>Motor Ambulances.</i> Nos. 1 & 2 ambulances at Isolation Hospital.	Eston U.D.C.	Isolation Hospital, Flats Lane, Normanby (Normanby 239).	Eston U.D.C., Cleveland House, Grangetown. (So. Bank 58268).	Infectious Diseases.
"	"	No. 3—Dorman, Long & Co's Works Ambulance.	Dorman, Long & Co.	D.L. & Co's Cleveland Works, South Bank.	D.L. & Co. (So. Bank 471).	All purposes other than Infectious Disease.
"	"	No. 4—St. John's Ambulance Brigade Ambulance.	St. John's Amb. Brigade.	St. John's Amb. Brig. Station, Normanby Road, South Bank.	St. John's Amb. Brigade. (So. Bank 169).	do

District.	No. Available.	Description.	Owners.	Location.	By whom Controlled.	Purpose Used.
GUISBOROUGH	3	<i>Motor Ambulances.</i> No. 1—Austin 18 h.p. Two stretcher model.	British Red Cross Society.	Chaloner Street, Guisborough.	Mr. W. R. Jeffels, 36, Westgate, Guisborough. (Guisborough 30).	Other than Infectious Diseases.
"		No. 2—Commer Motor Ambulance. Three stretcher model.	Guisborough Joint Isolation Hospital Committee.	Guisborough Joint Isolation Hospital	Mr. Jefferson, Isolation Hospital, Guisborough. (Guisborough 65).	Infectious Diseases.
"		No. 3—Ford T model.	British Red Cross Society.	Chaloner Street, Guisborough.	Mr. W. R. Jeffels, 36, Westgate, Guisborough. (Guisborough 30).	Other than Infectious Diseases.
LOFTUS	2	<i>Motor Ambulances.</i> Morris De Luxe.	St. John's Amb. Association.	Mines Yard, Carlin How.	Mr. J. C. Robinson, 8, Muriel Street, Carlin How. (Loftus 46).	For use of Subscribers and dependants only.
"		Austin.	Skinningrove Iron Works Employees Allocation Com.	Pit Yard, Carlin How.	Stonehouse's Garage. (Loftus 46).	do
MALTON	1	<i>Motor Ambulance.</i> 2 stretchers—4 sitters. New Austin.	St. John's Amb. Brigade.	Lott's Garage, Malton (Malton 257).	Mr. D. Oldroyd, Birkrigg, Cemetery Road, Malton.	Other than Infectious Diseases.
NORTHALLERTON.	1	<i>Motor Ambulance.</i> 2 stretcher model.	British Red Cross Society.	Naylors' Garage, High Street, Northallerton. (Northallerton 144).	Col. Gordon, Hornby Grange, (Gt. Smeaton 11).	do
PICKERING	1	<i>Motor Ambulance.</i> 1 stretcher—4 sitters.	Pickering & District Motor Ambulance Committee.	Holliday's Garage, Market Place, Pickering. (Pickering 6).	Mr. Chipperfield, Hon. Secretary, Chemist, Market Place, Pickering. (Pickering 51).	do
REDCAR BOROUGH.	2	<i>Motor Ambulances.</i> Austin 20 h.p.	British Red Cross Society.	Fraser's, Zetland Park Garage, Redcar.	Dr. H. Fallows, Alverthorpe, Redcar. (Redcar 64).	do
"		Morris Commercial, 16 h.p.	do	do	do	Not in regular use.
RICHMOND BOROUGH.	2	<i>Motor Ambulances.</i> Fever Ambulance.	Richmond Corporation.	Victoria Road, Richmond.	Richmond Borough Council.	Infectious Diseases.
"		Red Cross Ambulance.	British Red Cross Society.	Mortons (Richmond) Limited, 14, Queen's Road, Richmond.	Air-Com. Godman. (Northallerton 180) Miss P. Roper, Local Sec., Pottergate, Richmond.	Other than Infectious Diseases.
SALTBURN AND MARSKE.	None	—	—	—	—	—
SCALBY	1	<i>Motor Ambulance.</i> Morris.	British Red Cross Society.	Solitt's Garage, Burniston. (Cloughton 13).	Dr. B. G. Forman, Commandant, V.A.D. Yorks. 15, The Beeches, Cloughton. (Scalby 49).	All purposes.
SCARBOROUGH BOROUGH.	3	<i>Motor Ambulances.</i> Austin 12 h.p.	Scarborough Corporation.	Scarborough Sanatorium.	Scarborough Corp. Sanatorium. (Scarborough 301).	Infectious Diseases.
"		Vauxhall 27.9 h.p.	do	Police Dept., St. Thomas Street, Scarborough.	Police. (Scarborough 740).	Other than Infectious Diseases.
"		Daimler 25.8 h.p.	do	do	do	do

District.	No. Available.	Description.	Owners.	Location.	By whom Controlled.	Purpose Used.
SKELTON AND BROTTON.	12	<i>Motor Ambulances</i> (4). <i>Horse Ambulances</i> (8). Morris 25 h.p.	Mr. Stonehouse, Carlin How.	Pit Yard, Skinningrove Iron Works, Loftus.	Stonehouse's Garage. (Loftus 46).	For use of works employees and dependants.
"		Austin 20 h.p.	Skinningrove Iron Works.	do	do	do
"		Morris 23 h.p.	St. John's Amb. Association.	do	do	do
"		Horse Ambulance.	Skinningrove Iron Works.	do	do	do
"		Lomas 30 h.p.	Dorman, Long & Co.	North Skelton Mines.	Dorman, Long & Co. (Normanby 260).	do
"		Horse Ambulance.	do	do	do	do
"		do	do	Park Mine.	Manager of Mine. (Tele., Normanby 260, and ask for Mine required).	do
"		do	do	Lumpsey Mine.	do	do
"		do	do	South Skelton Mine.	do	do
"		do	do	Kilton Thorpe Mine.	do	do
"		do	do	Carlin How Mine.	do	do
"		do	Pease and Partners.	Lingdale Mines.	Pease and Partners. (Skelton 7).	do
THORNABY BOROUGH.	1	<i>Motor Ambulance.</i>	Stockton Corporation.	Fire Station, Stockton-on-Tees. (Stockton 6122).	Stockton Corp. (Stockton 6122).	Other than Infectious Diseases.
WHITBY.	2	<i>Motor Ambulances.</i> Bedford—2 stretcher (or 5 sitting).	British Red Cross & Whitby Branch of St. John's Amb.	Walker's Garage, Whitby.	Dr. W. E. F. Tinley, Sandsend. (Sandsend 2). Walker's Garage. (Whitby 59).	do
"		—	Whitby Joint Isolation Hospital Committee.	Isolation Hospital, Whitby.	Whitby Urban and Rural District Councils. (Whitby 307).	Infectious Diseases.
AYSGARTH.	1	<i>Motor Ambulance.</i> Two stretcher model.	Mr. McCombie Metcalf, Leyburn.	Leyburn.	Mr. McCombie Metcalf. (Leyburn 19).	Other than Infectious Diseases
BEDALE.	2	<i>Motor Ambulance.</i>	British Red Cross Society.	Naylors' Garage, Northallerton. (Northallerton 144).	Col. Gordon, Hornby Grange. (Gt. Smeaton 11).	do
"		do	Mr. McCombie Metcalf, Leyburn.	Leyburn.	Mr. McCombie Metcalf. (Leyburn 19).	do
CROFT.	2	<i>Motor Ambulances.</i> Austin—3 stretcher.	Fire Brigade, Darlington.	Fire Station, Darlington.	Fire Brigade, Darlington. (Darlington 2222).	do
"		Morris—2 stretcher.	do	do	do	do
EASINGWOLD.	2	<i>Motor Ambulance.</i>	York Corporation (Police).	York City.	York Corporation. (York 2222) Police.	do
"		do	do	do	do	Infectious Diseases.
FLAXTON.	2	<i>Motor Ambulances.</i> One stretcher, or four sitting.	do	Fire Station, York.	Chief Constable. (York 2222 and 2212).	Other than Infectious Diseases.
"		do	York Corporation.	do	Health Dept. (York 3160).	Infectious Diseases.
HELMSLEY.	1	<i>Motor Ambulance.</i>	Ryedale Ambulance Association.	Kirbymoorside.	Mr. Harry Rutter, Sec., Keldholme, Kirbymoorside. (Kirbymoorside 30).	Other than Infectious Diseases.
KIRBYMOOR- SIDE.	1	<i>Motor Ambulance.</i> Bedford 24 h.p. Two stretcher.	do	Brown's Garage, Kirbymoorside.	do	do
LEYBURN.	1	<i>Motor Ambulance.</i> Two stretcher.	Mr. McCombie Metcalf, Leyburn.	New Central Garage, Leyburn.	Mr. McCombie Metcalf. (Leyburn 19).	do
MALTON.	1	<i>Motor Ambulance.</i> Austin—2 stretchers. 4 sitting.	St. John's Amb. Brigade.	Lott's Garage, Malton (Malton 257).	Mr. A. Oldroyd, Birkkrigg, Cemetery Road, Malton.	do

District.	No. Available.	Description.	Owners.	Location.	By whom Controlled.	Purpose Used.
MASHAM.	1	Motor Ambulance.	St. John's Amb. Association, Ripon.	Ambulance Station, North Road, Ripon.	St. John's Amb. Assoc., North Rd., Ripon. (Ripon 279).	Other than Infectious Diseases.
NORTHALLERTON.	2	Motor Ambulances. 2 stretcher model.	British Red Cross Society.	Naylors' Garage, High Street, Northallerton. (Northallerton 144).	Col. Gordon, Hornby Grange. (Gt. Smeaton 11).	do
"		Converted Motor Car.	Mr. H. Chapman.	Blacksmith's Shop, East Road, Northallerton.	Mr. H. Chapman, Blacksmith, East Road, Northallerton.	Infectious Diseases.
PICKERING.	2	Motor Ambulances. Bedford—2 stretcher.	Ryedale Ambulance Association.	Brown's Garage, Kirbymoorside.	Mr. Harry Rutter, Sec., Keldholme, Kirbymoorside. (Kirbymoorside 30).	Other than Infectious Diseases.
"		1 stretcher—4 sitters.	Pickering & District Motor Ambulance Committee.	Holliday's Garage, Market Place, Pickering. (Pickering 6).	Mr. Chipperfield, Hon. Secretary, Chemist, Market Place, Pickering. (Pickering 51).	do
REETH.	4	Fever Van.	Richmond Corporation.	Richmond.	Richmond Corp. (Richmond 224).	Infectious Diseases.
"		Motor Ambulance.	Richmond Red Cross.	Queen's Road,	Queen's Road Garage, Richmond (Richmond 335).	Other than Infectious Diseases.
"		Convertible Saloon car.	Mr. Robinson, King's Head Yard, Richmond.	King's Head Yard, Richmond.	Mr. Robinson. (Richmond 331).	do
"		Motor Ambulance. 2 stretcher.	Mr. McCombie Metcalfe, Leyburn.	New Central Garage, Leyburn.	Mr. McCombie Metcalfe, (Leyburn 19).	do
RICHMOND.	2	Motor Ambulance.	Red Cross Society.	14, Queen's Road, Richmond.	Miss P. Roper, Pottergate, Richmond.	do
"		Motor Ambulance.	Richmond Corp.	Victoria Road, Richmond.	Richmond Borough Council. (Richmond 224).	Infectious Diseases.
SCARBOROUGH.	3	Motor Ambulance.	Scalby Red Cross.	Scalby.	Sunny Bank, Burniston. (Cloughton 13).	All purposes.
"		do	Scarborough Borough (Police).	Scarborough Borough Police. (Scarborough 740).	Scarborough Borough Police. (Scarborough 740).	Other than Infectious Diseases.
"		do	Scarborough Sanatorium.	Scarborough Sanatorium.	Sanatorium, Burniston Road. Scarborough 301).	Infectious Diseases.
STARTFORTH.	1	Motor Ambulance.	Startforth R.D.C.	Infectious Diseases Hospital, Hardings, Cotherstone.	M.O.H., Romalldkirk. (Cotherstone 21).	do
STOKESLEY.	1	Motor Ambulance.	St. John's Amb., Great Ayton.	Great Ayton. (Police Station).	St. John's Amb. (Great Ayton 11).	Other than Infectious Diseases.
THIRSK.	2	Motor Ambulances. Morris.	Thirsk R.D.C.	Fever Hospital, Thirsk	M.O.H., Thirsk R.D.C. (Thirsk 66).	Infectious Diseases.
"		Rolls Royce 50 h.p.	do	Thirsk R.D.C. Yard.	do	Other than Infectious Diseases.
WATH.	2	Motor Ambulances. Morris.	St. John's Amb. Brigade, Ripon.	Ambulance Station, North Street, Ripon.	St. John's Amb. Brigade. (Ripon 279).	do
"		Morris.	Ripon and Wath R.D.C.'s. Joint Hospital Committee	Isolation Hospital, Princess Road, Ripon.	Isolation Hospital. (Ripon 271).	Infectious Diseases.
WHITBY	2	Motor Ambulances. Bedford—2 stretcher or 5 sitting.	British Red Cross & Whitby Branch of St. John's Ambulance Brigade.	Walker's Garage, Whitby.	Dr. W. E. F. Tinley, Sandsend, Sec. (Sendsend 2). Walker's Garage. (Whitby 59).	Other than Infectious Diseases.
"		—	Whitby Joint Isolation Hospital Committee.	Isolation Hospital, Whitby.	Whitby Urban and Rural District Councils. (Whitby 307).	Infectious Diseases.

Administration of the Institutional Medical Services transferred to the County Council under the Local Government Act, 1929.

No substantial change was made during the year in the institutional accommodation for the sick poor. Scarborough Institution provided accommodation for 38 mental defectives pending the completion of extensions at Claypenny Colony for Mental Defectives, Easingwold.

Nursing in the Home.

The District Nursing Associations undertake the home nursing of sick persons, and there were 76 Associations in receipt of grants for the nursing of the sick poor, health visiting, maternity work and school nursing. Special grants were made to the North Riding County Nursing Association towards the expenses of central administration and for the training of midwives.

While a large portion of the Riding is covered by Associations affiliated to the County Nursing Association and others, there are unfortunately many unnursed areas. At the end of the year under review approximately 200 townships out of the total of 523 were unnursed.

The advent of the Midwives Act, 1936, and the Public Health Committee's decision to delegate midwifery work to Nursing Associations under this Act will give an impetus to general nursing, health visiting and school nursing; and it is almost assured that nearly the whole Riding will be supplied with nursing service.

During 1936, however, 3 Associations were discontinued; on the other hand, 2 new associations were formed and 9 existing associations extended their districts.

The amount contributed to nursing associations during the year was:—

	£	s.	d.
For Midwifery Services	1,945	16	8
„ Health Visiting Services	694	11	0
„ School Nursing Services	719	0	11
„ Nursing of the Sick Poor	241	4	0
	<u>£3,600</u>	<u>12</u>	<u>7</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.
Amotherby	(1) (3) (4)	Amotherby, Barton-le-Street, Swinton, Broughton, Hildenley, Appleton-le-Street, Great Habton, Little Habton, Kirby Misperton, Barughs Ambo	1,702
Aysgarth	.. (1) (3)	Aysgarth, Thornton Rust, Carperby-cum-Thoresby, West Burton-cum-Walden, Bishopdale, Newbiggin, Thoraby	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)	Beningbrough, Overton, Shipton, Linton-on-Ouse, Newton-on-Ouse	1,082
Bilsdale	.. (1) (3)	Bilsdale Midcable, Rievaulx, Old Byland, Bilsdale West Side, Murton, Hawnby, Cold Kirby, Scawton	1,266
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 (Northallerton)	(1) (2) (3)	Brompton, Winton, Hallikeld, Lovesome Hill, Hutton Bonville, Lazenby	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
(Discontinued 11-7-36)			
Coxwold	(1) (2) (3)	Coxwold, Oulston, Hushwaite, Wass, Thornton-on-the-Hill, Byland, Kilburn, Carlton Hushwaite, Angram, Birdforth, Thormanby	1,583

Nursing Association.		District Served.	Population of Nursing District.
Danby .. (1) (3)		Danby, Castleton	1,359
Easingwold .. (1) (3)		Easingwold, Raskelf	2,494
Egglesstone, Romaldkirk and Mickleton .. (1) (3)		Romaldkirk, Hunderthwaite, Egglesstone, Mickleton	1,009
Eston .. (1) (4)		Eston, Normanby, Ormesby	8,832
Fadmoor .. (1) (3)		Fadmoor, Gillamoor, 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, Colsterdale, 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, North Cowton, Scorton, Bolton-on-Swale	1,950
Guisborough (Admiral Chaloner) .. (1)		Guisborough (part)	7,104
Guisborough .. (1)		Guisborough (part)	
Hawes (1) (3) (4)		Hawes, High Abbotside, Low Abbotside	
Haxby (1) (2) (3)		Haxby, Wigginton	1,278
Helmsley .. (2)		Helmsley	1,238
Helperby (1) (2) (3)		Helperby, Cundall-with-Leckby, Fawdington, Humberton, Myton, Tholthorpe, Brafferton, Sessay	1,574
Hinderwell .. (1)		Hinderwell, Runswick Bay, Staithes, Port Mulgrave, Boulby	2,608
(Discontinued 31-3-36)			
Huntington .. (1) (2)		Huntington, New Earswick, Earswick, Towthorpe	1,951
Hutton Rudby .. (1) (3)		Hutton Rudby, Crathorne	1,143
Ingleby Greenhow .. (3)		Ingleby Greenhow, Broughton, Kirby, Easby	1,517
Kirbymoorside .. (1) (4)		Kirbymoorside, Beadlam, Nawton, Wombledon, Welburn	2,700
Kirklevington (1) (3) (4)		Kirklevington, Low Worsall, Picton, High Worsall, Castle Levington	623
Leake .. (1) (3)		Borrowby, Knayton-with-Brawith, Cowesby, Kepwick, Kirby Knowle, Upsall, Nether Silton, Over Silton, Leake	1,187
Lealholm .. (1) (3)		Lealholm, Glaisdale	968
(Discontinued 31-3-36)			
Leyburn .. (1) (3)		Leyburn, Bellerby, Harnby, Spennithorne	1,578
Lingdale .. (1)		Lingdale, Moorsholm, Stanghow	4,040
Little Ouseburn .. (3)		Aldwark	185
Loftus .. (1)		Loftus	4,324
Malton (1) (2) (3) (4)		Malton	4,822
Manfield .. (1) (3)		Manfield, Eppeby, Forcett, Cliffe, Aldbrough, East Layton, Stanwick, Caldwell, Cleasby, West Layton	1,832
Marske-by-the-Sea (1) (4)		Marske, New Marske	3,547
Marske and Downholme .. (1) (3)		Marske, Downholme, Marrick, Wajburn, 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, Stapleton	1,969
Mid-Vale of Pickering (1) (3)		Brompton-by-Sawdon, Snainton, Ebberston, Allerston	2,096
Northallerton (1) (2) (3) (4)		Northallerton, Romanby, Warlaby, Morton-on-Swale, Ainderby Steeple, Thrintoft, Yafforth, Scruton, Great Langton, Little Langton, Danby Wiske, Kirby Fleetham	7,415
Nunnington .. (1) (3)		Nunnington, Harome, Stonegrave, Oswaldkirk, Ness, Muscoates, Slingsby	1,486
Nunthorpe .. (1) (3)		Nunthorpe, Upsall, Morton, Marton	1,677
Osmotherley (1) (2) (3)		Osmotherley, East Harlsey, West Harlsey, Ellerbeck, Thimbleby, Ingleby Cross, Ingleby Arncliffe, Snilesworth, Kirby Sigston	1,621
Otterington .. (1) (3)		North Otterington, Newby Wiske, Thornton-le-Moor, Maunby, Newsham, Kirby Wiske, Breckenbrough, Sand Hutton, South Otterington	1,469

Nursing Association.		District Served.	Population of Nursing District.
Patrick Brompton	(1) (3)	Patrick Brompton, Newton-le-Willows, Arrathorne Garriston, Hunton, Constable Burton, Finghall Crakehall, Langthorne, East Hauxwell, West Hauxwell	1,856
Pickering	(1) (2) (3)	Pickering	3,674
Redcar	.. (1) (2)	Redcar, Coatham, Warrenby, Dormanstown ..	20,250
Reeth	.. (1) (3)	Reeth, Grinton, Fremington, Healaugh, Harkerside ..	897
Richmond	.. (1) (3)	Brompton-on-Swale, Aske, Easby, Gilling, Skeeby, Hudswell, St. Martin's	1,671
Rounton	(1) (2) (3)	Appleton Wiske, Deighton, East Rounton, West Rounton, Welbury	1,005
Ryedale	.. (1) (3)	Lastingham, Spaunton, Sinnington, Cropton, Wreton, 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
Sheriff Hutton	.. (1) (3)	Sheriff Hutton, Cornborough, Stittenham, Foston, Thornton-le-Clay	978
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, Boldron	619
Stillington	.. (1) (3)	Stillington, Farlington, Crayke, Marton-cum-Moxby, Brandsby-cum-Stearsby, Sutton-on-Forest, Huby, Yearsley	2,518
Stockton and Thornaby	(4)	Thornaby	21,233
Stokesley	(1) (3) (4)	Stokesley, Seamer, Carlton	2,168
Strensall	(1) (2) (3)	Strensall, Towthorpe	1,428
Swinton	.. (2)	Swinton	431
Tanfield	.. (1) (3)	West Tanfield, East Tanfield, Well	841
Thirsk	(1) (2) (3) (4)	Thirsk, Sowerby, South Kilvington, Carlton Miniott, Sutton, Thornton-le-Street, North Kilvington	6,122
Thornton Dale	(1) (2) (3)	Thornton Dale, Ellerburn, Wilton	1,310
Upper Swaledale	(1) (3)	Muker, Melbecks	962
Wath	.. (1) (3)	Wath, Melmerby, Middleton Quernhow, Norton Conyers, Hutton Conyers, Baldersby, Rainton-with-Newby	1,394
Wensley	.. (1) (3)	Wensley, Preston, Redmire, Castle Bolton, West Witton	1,206
Whitby	.. (4)	Whitby	11,451
Whorlton	.. (1) (3)	Swainby, Potto, Faceby	661
Wycliffe	.. (1) (3)	Wycliffe, Hutton, Ovington	373
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 County Council is responsible for Maternity and Child Welfare throughout the Riding, except in the Municipal Boroughs of Scarborough, Thornaby-on-Tees, and Richmond and the Urban District of Whitby. In these autonomous districts, however, there is a close co-operation with the County Council insofar as the Medical Officers interested in one branch or another of Maternity and Child Welfare work are employed in other capacities by the County Council. The population of the Council's Maternity and Child Welfare area according to the Registrar General's mid-year estimate is 248,666, and the total number of live births registered during the year in that area was 3,784. The scheme showed little variation from the previous year; the only new Centre to be established was at Northallerton.

Ante-Natal Care and Supervision.

The systematic examination of pregnant women has, as its objects, the ascertainment of any defect or disease which may be prejudicial to the mother or child and the provision of appropriate treatment to obviate or reduce the risks at or immediately after confinement.

Apart from the autonomous areas there are only five Ante-Natal Clinics in the Riding. These Clinics are at Brotton, Guisborough, Loftus, Redcar and South Bank. The total attendances there show a slight increase, although the numbers attending at South Bank and Redcar have increased considerably and a weekly clinic is now required in these districts. There is need for the development of this important service, not only in the populous industrial area of Cleveland, but also elsewhere in the Riding. The Public Health Committee has given careful consideration to the extension of the Ante-Natal arrangements, and a scheme for the development throughout the Riding will become operative in 1937.

Dental Treatment is available for expectant and nursing mothers at the Ante-Natal Clinics and Infant Welfare Centres; at the larger Centres monthly visits are made by the Dental Surgeon, while in the rural districts quarterly visits are arranged.

The following table shows the attendances at the existing clinics during the year :—

Name of Ante-Natal Clinic.			Total Number of Attendances by Expectant Mothers.	Average Attendance of Expectant Mothers Per Session.		Total Number of Expectant Mothers who Attended.	
Brotton	..	..	82 (84)	4.1	(3.8)	40	(42)
Guisborough	..	..	80 (95)	3.6	(4.7)	29	(36)
Loftus	..	..	78 (44)	3.9	(2.2)	30	(21)
Redcar	..	..	435 (348)	24.2	(15.8)	148	(130)
South Bank	..	..	346 (307)	16.5	(13.9)	145	(138)
Total			1,021 (878)	10.1	(8.28)	392	(367)

The figures in brackets are those of the previous year.

Notification of Births.

The number of births notified to the County Medical Officer during the year was 3,580. Arrangements are made with each Registrar of Births and Deaths that he will be supplied at the end of each month with a list of births notified, and the County Medical Officer is informed of the births registered but not notified in accordance with the requirements of the Notification of Births Acts, 1907 and 1915. Each un-notified birth is followed up, the name of the doctor or midwife in attendance is obtained and a letter is sent asking the reason for the non-notification. The Acts impose the obligation to notify upon the father if he is residing in the house at the time of the birth, or upon any person in attendance at the time or called in within six hours of the birth. It is found that non-notification of births is in respect of a relatively small number, and the main reason for omission is usually due to a misunderstanding or that the required notice will be sent by some other person.

Midwives Acts.

This series of Acts has been extended by the addition of the new Midwives Act, 1936. As this new Act does not become operative in the Riding until the 31st July, 1937, only a passing reference to it is appropriate in this report. It varies from its predecessors in the series of Midwives Acts mainly in the establishment of a salaried service of midwives, in endeavouring to improve the status of midwives, and in precluding the services, for gain, of unqualified persons as maternity nurses. Its main object is the betterment of the conditions of maternal and infantile health; and, in order to obtain this object, it aims at the recruitment of a higher standard of midwife, and ensures to the pregnant woman at her confinement, the services of a qualified person. The unit of administration of the Midwives Act, 1936, is the Local Supervising Authority for midwives; and, the County Council is that authority for the Administrative County less the Borough of Scarborough. Towards the end of the year under review the Public Health Committee, to whom the County Council has delegated the duties under this statute, prepared a scheme for the operation of the Act in the Riding. Having regard to the extensive area of the Riding, to the many sparsely populated districts and to the many "unnursed" areas, the Committee's proposals were necessarily complicated. Much negotiation and consultation were required and the proposals will not be made effective until at the earliest the 31st July, 1937.

In regard to the Midwives Acts, 1902-26, the following statement records the number of midwives who notified their intention to practise during the year :—

No. of Midwives.	Employed as District Nurse.	Trained—Independent.	Bona-fide.	Attached to Poor Law Institutions.
200	127	64	4	5

During the year the supervision of the work of midwives practising in the Council's area was carried out by the County Medical Officer and Doctors Dow and Smyth; 569 visits of inspection were made in 1936.

In the Borough of Scarborough, the Medical Officer of Health undertakes the work of inspection.

Midwifery.

Of the 3,784 births registered during the year, 1,871, or 49·14% of the total, were undertaken by midwives; in addition, midwives acting as maternity nurses were in attendance at 1,171 confinements, or 30·94% of the total. These figures show an increase as compared with the previous year, and there is indication that the number of women who are availing themselves of the services of a midwife, taken over a period of years, is showing a gradual increase. The extension of, and establishment of new District Nursing Associations has led to an improvement in midwifery practice in the Riding. Further extensions and developments of Nursing Associations will have the beneficial effect of eliminating the practice of midwifery by handymen. It is satisfactory to note that medical practitioners in the Riding are encouraging the work of these associations.

The Public Assistance Committee assist greatly in the improvement of the status of midwifery by insisting that in the cases for which they are responsible, the services of a midwife are to be available.

Medical Help Records.

The Central Midwives Board is empowered by statute to make rules regulating, supervising and restricting within due limits the practice of midwives. Midwives are obliged to adhere to these rules, one of the most important of which is that a midwife must send for medical aid in all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour or the lying-in period. During the year under review the number of cases in which medical aid was called in by midwives in an emergency showed an appreciable increase compared with the previous year; the increase in this service may be seen from the following table giving the figures for the past five years. The gradual increase indicates that the midwives are exercising greater care and taking less risk.

	1932	1933	1934	1935	1936
Sending for medical help	490	583	696	742	841
Still-births	35	40	40	51	42
Rise of temperature	17	26	24	35	52
Death of mother	2	2	4	8	1
Death of infant	17	14	14	34	31
Laying-out dead body	23	26	34	43	47
Artificial feeding	22	24	61	42	57
Liability to be a source of infection ..	45	45	55	65	68

The following is a classification of the cases which necessitated the sending for medical aid :—

During Pregnancy	228
During Labour	449
During Lying-in Period	80
In respect of Child	84

When a medical practitioner is called in an emergency by a midwife, the County Council is responsible for the payment of his fees in accordance with the scale prepared by the Ministry of Health. It is the duty of the Council to recover from the patient the whole amount or such proportion of it as the financial circumstances of the patient justify. A new scale of fees for medical practitioners called in by a midwife in a case of emergency was issued by the Ministry of Health in November, 1936.

Attaching to this new scale are certain conditions which govern the payments to medical practitioners.

Liability to be a source of Infection.

In accordance with the Rules of the Central Midwives Board there is an obligation on a midwife to notify the Local Supervising Authority when she is liable to be a source of infection. During the year, 68 notifications were received from midwives for this reason, the majority being in respect of attendance on patients suffering from " Rise of Temperature " in the Puerperium, and from Scarlet Fever.

Compensation to Midwives.

The County Council makes payments in respect of financial loss to midwives sustained through suspension from duty owing to contact with patients suffering from infectious diseases. Only two applications were received during the year for such compensation.

Training of Midwives.

The training of midwives with a view to maintaining an adequate supply of trained personnel in the Riding is a matter of increasing importance in view of the extensions and developments in the midwifery service which are contemplated under the new Midwives Act. The Council has agreed in principle to payment of grants to the North Riding County Nursing Association towards expenses incurred in the training of midwives. Candidates who benefit from the grant towards their training undertake to engage in midwifery practice in the Riding for a specified period after completion of their training. During the year two applications for grants in aid of training were received from the County Association.

Maternal Mortality.

There was a satisfactory improvement in the maternal mortality in the Riding during 1936. During the year the total maternal deaths amounted to 18, of which 10 were attributed to puerperal sepsis and 8 were assigned to other diseases and accidents of pregnancy. These figures compare favourably with those for 1935; during the latter year there were 41 maternal deaths, of which 15 were due to puerperal sepsis, and 26 to other puerperal causes. The rate per 1,000 total (live and still-births) was 3.40, compared with 7.63 in the previous year.

The maternal mortality rate for England and Wales was 3.65.

The usual custom has been followed of assigning a rate to maternal mortality and of giving similar rates for the various sanitary districts. It must be remembered that the numbers involved are relatively small and the rates may therefore vary within wide limits, so that comparison is deceptive. The distribution of maternal deaths was as follows:—

PUERPERAL SEPSIS.			OTHER PUERPERAL CAUSES.		
Redcar Borough ..	..	1	Eston U.D. ..	..	3
Scarborough Borough ..	..	1	Scarborough Borough ..	..	1
Thornaby Borough ..	..	4	Aysgarth R.D. ..	..	1
Flaxton R.D. ..	..	2	Scarborough R.D. ..	..	1
Northallerton R.D. ..	..	1	Thirsk R.D. ..	..	1
Thirsk R.D. ..	..	1	Whitby R.D. ..	..	1
		—			—
		10			8
		—			—

Maternity Hospitals.

Where there is a danger of obstetrical complication in an expectant mother or where the home conditions are unsuitable for a confinement, arrangements are made for the confinement to take place in a maternity hospital. The County Council does not possess such a hospital and arrangements are made with the following hospitals to admit women from that area of the Riding for which the County Council is the Maternity and Child Welfare Authority:—

Middlesbrough Municipal Maternity Home.
 York Maternity Hospital.
 Greenbank Municipal Maternity Hospital, Darlington.
 Ripon and District Hospital and Nursing and Maternity Institution.
 Whitby and District War Memorial Cottage Hospital.
 Harrogate and District General Hospital.
 Carter Bequest Hospital, Middlesbrough.
 Scarborough New Hospital.

During the year it was found necessary to send 98 patients into hospital under these arrangements; during 1935, the number of women who were so admitted was 90. Scarborough New Hospital has been added to the list; and, as the maternity ward of this hospital is administered by the Scarborough Borough Council, an agreement has been entered into between the County Council and the Borough Council.

Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

Altogether, 52 cases of puerperal fever and puerperal pyrexia were notified under these regulations. Of this number, 18 cases were removed to hospitals, 12 being on the responsibility of the County Council, while 6 were private admissions. The arrangements made by the County Council for this infection provide for the services where necessary of a consultant obstetrician and for any bacteriological work which is found to be necessary.

The distribution of cases notified was as follows:—

PUERPERAL FEVER: Eston U.D. 1, Redcar Borough 3, Scarborough Borough 7, Skelton & Brotton U.D. 1, Thornaby Borough 1, Northallerton R.D. 1, Richmond R.D. 1, Thirsk R.D. 1.

PUERPERAL PYREXIA: Eston U.D. 4, Loftus U.D. 2, Malton U.D. 2, Northallerton U.D. 2, Pickering U.D. 1, Redcar Borough 2, Richmond Borough 1, Saltburn & Marske U.D. 1, Scarborough Borough 7, Skelton & Brotton U.D. 2, Whitby U.D. 1, Easingwold R.D. 1, Flaxton R.D. 3, Northallerton R.D. 1, Pickering R.D. 1, Reeth R.D. 1, Richmond R.D. 1, Stokesley R.D. 1, Thirsk R.D. 1, Whitby R.D. 1.

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Ophthalmia Neonatorum is an infection of the eyes of the newborn infant. It is defined as any purulent discharge from the eyes of an infant commencing within 21 days from the date of birth; and, under these regulations, the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance she is obliged by the Rules of the Central Midwives Board to call in a doctor where there is any eye discharge. During the year 14 cases were reported; treatment was provided in hospitals for 4 infants and 10 were treated at home. It is gratifying to note that all cases recovered completely.

Many years ago this disease contributed greatly to blindness occurring in the early years of life; but, it has been brought under better control by careful attention to the infants' eyes at birth, improved ante-natal supervision of mothers and arrangements for notification of the disease. The following table sets out the results of treatment.

Notified.	Treated at.		Vision.		Total Blindness.	Total Deaths.
	Home.	Hospital.	Unimpaired.	Impaired.		
14	10	4	14	—	—	—

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

1932	1933	1934	1935	1936
19	20	12	12	14

Nursing Homes Registration Act, 1927.

During the year, 6 applications were granted and 3 certificates of registration were voluntarily surrendered owing to the discontinuance of the use of the premises for the purpose.

At the end of the year there were on the register particulars relating to 25 premises approved for the purpose of Nursing Homes.

Infant Welfare Centres.

There are now 33 Infant Welfare Centres in the area of the Riding for which the County Council is the Maternity and Child Welfare Authority.

The County Council provided 8 Centres at which weekly or fortnightly Centres are held; in addition, grants are made towards the expenses of 25 Centres established and managed by Voluntary Committees. In most districts the Voluntary Centres are associated with the local District Nursing Associations. While these Welfare Centres offer good facilities for the supervision of large numbers of children of pre-school age, supervision is also undertaken in the homes by the Health Visiting Staff.

The only new Centre established during the year was at Northallerton, where it is administered by a Voluntary Committee, and has proved most successful. There is need for the establishment of more Centres, and the Public Health Committee has this in contemplation.

The supervision of the pre-school child in sparsely populated districts where no Nursing Association exists, is a real difficulty. It is hoped, however, that one of the consequential benefits of the extension of existing, and the establishment of new District Nursing Associations as a result of the new midwifery proposals, will be the better supervision of children under 5 years of age in Rural Districts.

Dental treatment is available for the children attending Centres. The Dental Surgeon attends at the larger Centres monthly, and the Rural Centres quarterly.

The following summary of the attendances at the Welfare Centres presents the satisfactory feature that there is a marked increase in the attendances of children in the age-group 1-5 years.

A. PROVIDED BY THE COUNTY COUNCIL.

The following are the particulars of the attendances at the 8 County Council Centres during the year:—

Total Number of Attendances of children under 1 year	..	..	4,242	(4,865)
" " " " " 1-5 years	..	..	4,354	(3,714)
Average Attendance of Children per session	..	..	33.8	(34.7)
Total Number of Children who attended for the first time:				
Children under 1 year	..	..	415	(450)
Children 1-5 years	..	..	183	(62)

The figures in brackets are those for the previous year.

B. SUBSIDISED BY THE COUNTY COUNCIL.

The following are the particulars of the attendances at the 25 Voluntary Centres during the year :—

Total Number of Attendances of Children under 1 year	..	..	4,400	(4,116)
" " " " " 1-5 years	..	..	9,928	(9,161)
Average Attendance of Children per session	..	..	35.2	(34.7)
Total Number of Children who attended for the first time :				
Children under 1 year	..	..	670	(770)
Children 1-5 years	..	..	343	(304)

The premises in which some of these Centres are held are very unsatisfactory, although in certain districts there is no alternative to the existing premises. In the Eston District the available premises are unsuitable in many respects, and attention is called to the need for better accommodation in this district, where so much work is being done at several centres under bad conditions.

The work undertaken by Voluntary Committees, both in organising centres which they themselves administer and in assisting at the County Council's Centres, is invaluable. The success of Infant Welfare Work in the Riding is due, in large measure, to the interest and enthusiasm shown by these workers, both medical and lay. There is a very happy co-operation between them and the Council's Staff, without which the centres could only exist with difficulty.

Health Visiting.

The arrangements for Health Visiting in the Riding provide for a division of the work between whole-time Health Visitors on the Council's Staff and nurses employed by District Nursing Associations. There are 13 whole-time Health Visitors who undertake this work in the Cleveland Area.

During the year 2,476 births were notified from areas served by the County Health Visitors. The births notified within the autonomous areas, namely, the Boroughs of Richmond, Scarborough, and Thornaby, and the Urban District of Whitby, were visited by Health Visitors appointed by these Authorities.

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				
..	..	..	2,476	(2,670)
Number of First Visits	..	..	2,956	(3,447)
Number of Re-Visits to Children under 1 year	..	..	12,621	(13,977)
" " " 1-2 years	..	..	8,302	(8,518)
" " " 2-3 years	..	..	7,290	(7,740)
" " " 3-4 years	..	..	6,428	(7,030)
" " " 4-5 years	..	..	5,631	(6,196)
Number of Ante-Natal Visits (First Visits)	..	..	1,221	(1,169)
" " " (Total Visits)	..	..	5,099	(4,540)
Number of Special Visits	..	..	1,028	(1,138)
Number of Stillbirths investigated	..	..	100	(106)
Number of Deaths under 1 year investigated	..	..	117	(155)
Number of Cases of Ophthalmia Neonatorum investigated	..	..	4	(4)

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 becoming more anxious to take advantage of the facilities, consequently an increased number of children suffering from defects underwent treatment.

Infant Life Protection.

Infant Life Protection was one of the functions of the old Board of Guardians transferred to the County Council by the Local Government Act, 1929. The work is now undertaken by the Public Health Committee, and the following statement relates to the administration during the year 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	..	..	84	(82)
(b) At end of year	..	..	79	(84)

No. of Children on Register :—

(a) At commencement of year	..	..	98	(97)
(b) At end of year	..	..	92	(98)

No. of Children who died during the year Nil (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	8	(9)
Total No. of Visits made during the year	582	(632)

The figures in brackets are those for the previous year.

In a number of instances the proprietors of boarding schools accept into their care children who are under the age of nine years. No certificates of exemption from the duty of notification were granted during the year in respect of Boarding Schools. There are 8 schools exempt from this duty in the North 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 134, as against 125 in the previous year. First attendances were made by 48 children, as compared with 81 during 1935; the total number of attendances was 407.

Admissions to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, were arranged in respect of 13 children under the age of 5 years. These children required treatment for crippling defects, the cause of which was not tuberculosis.

Crippling conditions in children under the age of 5 years, and where the cause is other than tuberculosis, within the Borough of Richmond, Scarborough and Thornaby, and the Urban District of Whitby, are dealt with by these Authorities under their Maternity and Child Welfare Schemes.

The average duration of stay in hospital of the 13 children admitted at the instance of the Public Health Committee was 114 days.

Institutional Treatment for the Care of the Mentally Defective.

The Committee for the Care of the Mentally Defective undertakes this work on behalf of the County Council and the County Medical Officer is Medical Advisor to the Committee. Institutional treatment is provided at Claypenny Colony which was opened in September, 1934; additional accommodation is provided in the Scarborough Institution which is administered by the Public Assistance Committee.

Extensions, commenced in September, 1936, are still in progress at Claypenny Colony, and when completed will provide accommodation for 270 mental defectives. The extensions include the erection of three pavilions and workshops and two semi-detached houses for use as Nurses' Homes. While the present scheme aims at a total provision for 270 patients, the Committee has in view ultimate provision at the Colony for 850 patients and staff.

The ascertainment, supervision and other executive duties associated with mental defectives are undertaken, on behalf of the Committee, by the Yorkshire Association for Mental Welfare. Approved members of the medical staff of the County Health Department undertake duties of certifying officers.

The following table gives an analysis of the cases coming within the purview of the Committee at the end of December, 1936 :—

A. Cases subject to be dealt with—

	Males.	Females.	Total.
Under Order in Institutions	75	108	183
On licence from Institutions	5	5	10
Under Guardianship	8	4	12
Under Statutory Supervision	89	69	158

B. Cases who may become subject to be dealt with—

	Males.	Females.	Total.
In Institutions or under Guardianship, maintained wholly by relatives	6	10	16
Reported but no action taken	—	—	—
Under Voluntary Supervision	183	128	311
	366	324	690

Water Supplies and Sewage Schemes.

By terms of Section 57 of the Local Government Act, 1929, the County Council is empowered to contribute towards the expenditure incurred by a county district in the provision or maintenance of any sewers or sewage disposal works or the supply of water or in the improvement of an existing supply of water. During 1936 the County Council made grants to district councils for these purposes, and the following table sets out particulars of the contributions :—

Name of Council.	Particulars of Scheme.	Amount of Contribution.
Flaxton Rural District	Water Supply Scheme for the township of Lillings Ambo	£ 150
Helmsley Rural District	Water Supply Scheme for the township of Old Byland	275
Kirbymoorside Rural District	Water Supply Scheme for the township of Kirbymoorside	600
do do	Water Supply Scheme for the townships of Kirbymoorside, Muscoates, Ness, North Holme and Welburn	200
Malton Rural District	Water Supply Scheme for the townships of Barton-le-Willows and Crambe	150
Pickering Rural District	Water Supply Scheme for the township of Newton-upon-Rawcliffe	325
do do	Water Supply Scheme for the townships of Sinnington, Marton and Normanby	300
Thirsk Rural District	Water Supply Scheme for the townships of Bagby, Thirkleby and Hutton Sessay	75
SEWAGE DISPOSAL SCHEMES.		
Bedale Rural District	Sewerage Scheme for village of Leeming Bar in the township of Aiskew	700
Whitby Rural District	Sewerage Scheme for the township of Ellerby	90

Milk (Special Designations) Order, 1936.

This Order which revokes the Milk (Special Designations) Orders of 1923 and 1934 came into operation on 1st June, 1936.

Under the 1923 Order there were four designations, viz :—

1. "Certified"—Licences issued by the Ministry of Health.
2. "Grade A (Tuberculin Tested)"—Licences issued by the Ministry of Health.
3. "Grade A"—Licences issued by County Councils.
4. "Pasteurised"—Licences issued by Borough and District Councils.

but under the new Order the following designations were substituted :—

- | | | |
|------------------------|----|--|
| 1. "Tuberculin Tested" | } | These Licences are issued by County and County Borough Councils. |
| 2. "Accredited" | | |
| 3. "Pasteurised" | .. | Licences are issued by Borough and District Councils. |

This new classification removes confusion from the public mind, as the term "Grade A" has been removed. Moreover, the cost of licences under the new Order is less than formerly and encourages producers to become licensees in graded milk.

Before granting a licence, the licensing authority must be satisfied that the arrangements for the production, storage, treatment and distribution of milk, as the case may be, are such as to comply with the conditions subject to which the licence may be granted. These conditions are laid down in the second and third schedules of the Order, and it is provided that milk sold under a special designation must conform to certain standards of cleanliness. In the case of Tuberculin Tested and Accredited milks, the standard in operation until 31st December, 1936, consisted of two bacteriological criteria, viz., (i) the total bacteria per millilitre must not exceed 200,000, (ii) Coliform bacilli must not be present in 1/100 millilitre. On and after 1st January, 1937, the total bacteria count is abandoned as a standard and the chemical test, the methylene blue reduction test, is substituted. The coliform test is unchanged in the new Order.

Administration of the Milk (Special Designations) Order, 1936, has added considerably to the duties and responsibilities of the County Council in regard to milk production, as it implies initial inspection of premises and herds, frequent re-inspection of premises and methods of production, and examination of milk samples.

The County Council, in the case of the Tuberculin Testing of cows in Tuberculin Tested herds, agreed to the Whole-Time Veterinary Staff of the County Council undertaking one of the two half-yearly tests free of cost to the owners of the herd; the other half-yearly tests are carried out at the owner's expense by his own Veterinary Surgeon, who must be on the County Council's approval panel of Veterinary Surgeons.

The whole-time Veterinary Staff of the Council undertake two of the quarterly examinations of "Accredited" herds free of cost to the licence holders, but the other two quarterly inspections are undertaken by the Veterinary Surgeons on the panel of the County Council, the licence holder paying the cost.

The Council authorised the appointment of an additional Veterinary Inspector with special laboratory experience who undertakes, in addition to his other duties, the bacteriological examination of milk from Tuberculin Tested and Accredited herds; this Officer commenced duties early in the current year. The County Veterinary Staff undertake the tattooing of all animals in Tuberculin Tested and Accredited herds for the purpose of identification.

The Veterinary Surgeons on the panel of the County Council approved for the purpose of examining "Accredited" herds have also been approved for the purpose of making Tuberculin Tests under this Order.

The Licences authorising producers to sell milk as "Certified" or "Grade A (Tuberculin Tested)" granted by the Minister before the 1st June, 1936, were under the supervision of the Ministry until the expiry of the Licences on the 31st December, 1936.

At the end of the year, 19 Licences were in operation for the production of "Tuberculin Tested" milk; 15 of these were granted by the Minister of Health prior to the 1st June, 1936, and the other 4 by the County Council from that date. At the end of the year, 16 producers were licensed to produce and bottle "Accredited" milk, and 115 licence holders to produce "Accredited" milk. This was an increase of 8 and 69 respectively as compared with 1935.

It was not found necessary to suspend or revoke any of the Licences issued.

Milk and Dairies (Consolidation) Act, 1915.

During the year 10 reports were received from Medical Officers of Health stating that milk, said to have been produced in the Riding, contained the tubercle bacillus: the complaints came from the following districts:—

Guisborough U.D.; Easingwold R.D.; Flaxton R.D.;
Northallerton R.D.; Richmond R.D.; Scarborough R.D.

The Chief Veterinary Inspector made arrangements for the examination of the dairy cattle at the farms concerned, and made special inquiry as to the removal of any animal since the date when the sample of milk was taken for examination. Samples of milk were taken from individual animals suspected and group and bulk samples from the remainder of the herd.

In all, 280 animals were so examined, and 30 samples of milk were submitted for bacteriological examination, 12 showing the presence of tubercle bacilli. The 12 affected animals were slaughtered.

Milk and Dairies Order, 1926.

Part IV of the Order imposes upon the County Council the responsibility for arranging for the veterinary inspection of the health and cleanliness of cattle and the condition of dairy premises. The following table sets out the results of 6,133 visits paid to the 5,845 premises registered by the Local Authority. Figures are also given for the previous 4 years.

Year.	No. of visits to premises.	No. of Cows in milk.	No. of Cows not in milk.	No. 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.
1936	6,442	48,192	12,603	5,746	66,541	245	3.8	73
1935	4,969	31,725	7,503	8,782	48,010	126	2.2	78
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

Supply of Milk to Children in Elementary Schools.

There has been no alteration in the scheme for the supply of milk to school children.

At the end of the year there were 142 schools in which a Voluntary Milk Scheme was in operation. Approximately 9,000 children participated in this scheme and 1,462,233 milk meals were supplied. In addition, free milk was provided by the Education Committee at 106 schools, at which 4,621 children were supplied with a total of 866,109 bottles of milk.

All sources of supply were carefully investigated and milk sampling was undertaken. In one case where the supply was found to be unsatisfactory new arrangements were made immediately the trouble was discovered.

The use of Designated Milk is encouraged and, wherever possible, arrangements are made for the supply of Accredited or Pasteurised milk. In several schools Tuberculin Tested milk is supplied. It is of vital importance for the success of the scheme, that the milk supplied to school children should be safe, clean, and wholesome, and only the highest quality available is considered good enough.

A difficulty in the supply of milk to school children arises when the schools are closed. An effort was made during the Easter vacation to supply necessitous children in the whole of the Cleveland area, and voluntary workers were enlisted for this purpose. The experiment was not a success, mainly because the children did not attend at school to receive the milk. Apart from this difficulty, the Milk in Schools Scheme has been a success, mainly through the invaluable co-operation of the teaching staff.

Housing of Rural Workers.

The problem of housing in rural districts requires no less attention than the same problem in populous industrial centres. The Housing (Rural Workers) Acts are a most helpful contribution to the solution of the problem; and, in the Riding, the County Council is using them to advantage.

During the year applications for grants in respect of 95 cottages were approved by the Committee, bringing the total number of grants at 31st December, 1936, up to 239.

As a result of the publicity given by means of posters and circulars to the facilities available under the Acts for the reconditioning of properties for housing rural workers and others of like economic condition, there has been a steady flow of applications for grants during the period under review.

The beneficial effects of these Acts in assisting in the improvement of the housing conditions of rural workers are becoming better recognised, but still, they should be more widely known and taken advantage of by property owners.

Housing Act, 1930.

By terms of this statute, the County Council is empowered to contribute to Rural District Councils in respect of the erection of houses for the accommodation of the agricultural population of the district. The contribution is at the rate of £1 per house and is payable in respect of each of the 40 years following the completion of the houses. During 1936 applications were received from the Scarborough, Malton and Masham Rural District Councils. Contributions were made by the County Council in respect of the following number of houses :—

Scarborough Rural District	..	23 houses.
Malton Rural District	..	20 „
Masham Rural District	..	14 „

The provisions of this Housing Act, whereby such payments are made, have been repealed and are re-enacted under the Housing Act, 1936, which came into operation on the 1st January, 1937. In order to assist local authorities in the erection of new houses the County Council offers the services of the County Architect, and the offer has been accepted by one or two district councils.

Housing Act, 1935.

The most important purpose of the Housing Act, 1935, was to make further and better provision for the abatement and prevention of overcrowding. The duty was placed on the Local Sanitary Authority to inspect and make reports and proposals. The following table has been prepared from information contained in the annual reports of 1936 of the District Medical Officers of Health :—

Housing Act, 1935—Overcrowding.

	No. of dwellings overcrowded at end of year.	No. of families dwelling therein.	No. of persons dwelling therein.	No. of new cases of overcrowding reported during the year.	No. of cases of overcrowding relieved during the year.	No. of persons concerned.
A.—URBAN.						
Eston	336	368	2,419	—	15	83
Guisborough	67	70	423	—	20	122
Loftus	64	91	464	—	3	24
Malton	27	29	196	—	2	17
Northallerton	32	32	176	—	5	35½
Pickering	28	28	159	—	2	8
Redcar	31	33	223	3	64	438
Richmond	22	23	114	31	9	61
Saltburn and Marske	19	21	130	—	5	25
Scalby	—	—	—	—	—	—
Scarborough	213	236	898	—	84	460½
Skelton & Brotton	65	70	403	2	41	284
Thornaby-on-Tees	161	177	1,202	—	—	—
Whitby	228	233	1,271	97	44	235
Total Urban	1,293	1,411	8,078	133	294	1,793
B.—RURAL.						
Aysgarth	12	12	76½	—	2	10½
Bedale	62	62	382	62	—	—
Croft	28	28	117	—	1	11
Easingwold	21	21	160	—	15	96
Flaxton	25	26	169	2	10	72
Helmsley	3	3	28	9	6	37
Kirbymoorside	13	13	80	—	3	16
Leyburn	23	23	129½	23	—	—
Malton	29	29	195	—	7	41
Masham	1	1	8	5	4	26
Northallerton	39	39	227½	—	3	15
Pickering	29	29	166	—	2	10
Reeth	2	2	19	—	2	13
Richmond	57	57	253	60	3	20
Scarborough	19	19	93	1	4	22
Startforth	10	10	48½	—	3	15½
Stokesley	67	67	352	—	25	117
Thirsk	64	59	335	—	3	42
Wath	6	6	39	—	6	37
Whitby	52	52	324	5	1	8
Total Rural	562	558	3,202	167	100	609
Administrative County	1,855	1,969	11,280	300	394	2,402

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.

The Chief Constable has submitted the following tabulated statement of the samples analysed on behalf of the County Council during the year 1936.

Article.	Total.	Adulterated.	Inferior.
Arrowroot	2	-	-
Baking Powder	19	-	-
Banquet Cake Cream	1	-	-
Bicarbonate of Soda	2	-	-
Bourn Vita	1	-	-
Brawn	1	-	-
Butter	43	-	-
Candied Peel	1	-	-
Caramels	1	-	-
Chicory and Coffee	1	-	-
Chocolate	1	-	-
Chocolates	1	-	-
Cheese	13	-	1
Cocoa	11	-	-
Coffee	17	-	-
Corned Beef	1	-	-
Crab Paste	1	-	-
Cream	4	-	1
Cream of Tartar	3	-	-
Currants	4	-	-
Custard Powder	8	-	-
Dates	1	-	-
Edam	1	-	-
Epsom Salts	2	-	-
Figs	1	-	-
Flour—Self Raising	1	-	-
Fruit Jellies	1	-	-
Fruit Squash	1	-	-
Fruit Wine	1	-	-
Fruttreacle	1	-	-
Ginger Nip	1	-	-
Glace Cherries	2	-	-
Glaubers Salts	2	-	-
Glucose Lemonade	1	-	-
Grape Juice	2	1	-
Grape Nuts	1	-	-
Gravin	1	-	-
Ground Almonds	24	-	-
Ground Almonds Substitute	1	-	-
Ground Cinnamon	3	-	-
Ground Ginger	2	-	-
Ground Mace	1	-	-
Ground Rice	5	-	-
Health Salt	6	-	-
Icing Sugar	3	-	-
Jam	19	-	-
Kruschen Salts	1	-	-
Lard	42	-	-
Lemon Barley	1	-	-
Lemon Barley Crystals	2	-	-
Lemon Crystals	1	-	-
Lemonade Crystals	3	-	-
Lemonade	2	-	-
Lime Juice and Soda	1	-	-
Liver Salt	5	-	-
Margarine	9	-	-
Milk	353	9	73
Milk Drops	1	-	-
Mincemeat	2	-	-
Mixed Gums	1	-	-
Morning Salt	1	-	-
Olive Oil	1	-	-
Ovaltine	2	-	-
Pear Drops	1	-	-
Pearl Barley	1	-	-
Peas	1	-	-

Articles.	Total.	Adulterated.	Inferior.
Pepper	14	-	-
Piccalilli	1	-	-
Pickled Onions	1	-	-
Pine Apple Milket	1	-	-
Prunes	5	-	-
Raisin Wine	1	-	-
Raisins	3	-	-
Rice	9	1	-
Salad Cream	1	-	-
Salt	3	-	-
Sausage	8	-	-
Scotch Rolled Oats	1	-	-
Semolina	1	-	-
Sherbertines	1	-	-
Shortening	1	-	-
Shredded Suet	1	1	-
Spry	1	-	-
Suet	1	-	-
Sugar	22	-	-
Sultanas	3	-	-
Tapioca	1	-	-
Tartaric Acid	2	-	-
Tea	5	-	-
Teacakes	1	-	-
Trex	2	-	-
Tongue	1	-	-
Turkish Delight	1	-	-
Vinegar	3	-	-
Walnut Creams	1	-	-
Whisky	2	-	-
Yeast	4	-	-
TOTAL ..	762	12	75

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 46.

Smallpox.

No case of smallpox was notified in the Riding during the year.

Enteric Fever.

The incidence of Enteric Fever in the Country is higher now than for many years, and recent outbreaks of considerable magnitude are directing attention to the recrudescence of this infection.

There was a large increase in the number of notifications of enteric fever in the Riding; 65 cases were notified in 1936, compared with 8 in the previous year. Removal to hospital was carried out in 58 cases, while 7 were treated at home.

Notifications were received from the following 13 Sanitary Districts:—

Redcar Borough	1	Whitby U.D.	1
Scarborough Borough	3	Bedale R.D.	2
Thornaby Borough	4	Flaxton R.D.	1
Guisborough U.D.	21	Northallerton R.D.	1
Loftus U.D.	6	Richmond R.D.	2
Saltburn & Marske U.D.	1	Whitby R.D.	3
Skelton & Brotton U.D.	17		

An outbreak of paratyphoid B fever in the Urban District of Guisborough and adjoining Urban District of Skelton and Brotton occurred in July and August, and accounts largely for the increase in the number of notifications. The outbreak was investigated by Dr. C. R. Gibson, Medical Officer of Health, and is fully reported in his Annual Reports for 1936. In all, there were 36 cases (16 males and 20 females) in whom the diagnosis was confirmed by bacteriological or serological tests, and their ages ranged from 8 to 67.

As cases appeared almost simultaneously in the two districts, a common source of infection was sought. In the course of the investigations samples of water were submitted for examination, and unfavourable reports on several samples were received. On further investigations, however, it was not considered that water was the probable source of infection. Other vehicles of infection such as milk, vegetables, fruit and shellfish were considered and yielded no positive results. It was considered significant that the first 11 patients had all consumed ice cream from a single source; the supply was temporarily stopped, and examination of the employees and family of the manufacturer was carried out. The results of faecal culture and Widal reactions from these persons were negative in all cases, and the origin of the outbreak remains obscure.

Scarlet Fever.

There were 854 notifications received, as against 1,046 in 1935. With the exception of the Rural District of Wath, cases were notified in every Sanitary District.

The largest number of cases occurred in the Eston Urban District (129), while the following districts each yielded an appreciable number:—

Redcar Borough; Scarborough Borough; Richmond R.D.

Diphtheria.

Notifications were received in respect of 204 cases, as compared with 405 in 1935.

The largest number of cases occurred in Scarborough Borough and Stokesley R.D.

It appears that the type of organism was of a highly virulent character, as there were 19 deaths from this infection during the year.

If the number of notifications is a true reflex of the disease, this makes the case mortality in the region of 10%. There appears to be no sign of a decrease in virulence such as has occurred in the case of Scarlet Fever which has a case mortality in the Riding of less than 1%. Yet, with the development of reliable methods of immunisation, it should now be possible to reduce the incidence of diphtheria almost to vanishing point.

Schemes for immunising children against this infection are in operation in several districts in the Riding, and extension to other districts should be encouraged. Although an energetic campaign to educate parents is being carried out in many districts, and every facility given for free immunisation by alum precipitated toxoid, unfortunately it is only in the presence of an epidemic that a good response is obtained.

If some method of protection which does not involve injection, such as the intranasal use of toxoid (Lancet 17-4-37), is proved to be reliable and efficient, it will greatly facilitate the systematic immunisation of susceptible children and prevent the disease appearing in epidemic form.

Cerebro-Spinal Fever.

Notifications of 8 cases were received, as against 4 in the previous year.

The distribution was as follows:—

Eston U.D. 1; Thornaby Borough 1; Leyburn R.D. 1; Masham R.D. 1;
Richmond R.D. 4.

Removal to hospital was arranged in 6 cases, and the remaining 2 died before removal could be effected.

Puerperal Pyrexia.

There were 36 notifications; 8 patients were removed to Hospital, and in 5 instances the services of a Consultant were provided.

Puerperal Fever.

There were 16 notifications received and 10 patients were removed to hospital.

In one case the attendance of a trained nurse was made available, and in two instances a Consultant Obstetrician was called in.

Dysentery.

There were 2 cases reported, 1 in Scarborough Borough and 1 in Whitby R.D. Both were treated at home.

Encephalitis Lethargica.

Notification of 2 cases was received, from Redcar Borough and Thornaby Borough.

One patient was removed to hospital and the other was treated at home.

Acute Poliomyelitis.

There were 4 notifications in the following districts:—Loftus U.D., Northallerton U.D., Bedale R.D., Thirsk R.D.

3 patients were removed to hospital and 1 treated at home.

Non-Notifiable Infectious Diseases.

Information as to the incidence of these diseases is necessarily incomplete, but some indication can be obtained from the returns from Elementary Schools regarding the decreased attendance caused by infectious diseases.

Disease.	No. of Schools closed.	No. of Schools where attendance had fallen to 60%.
Measles	26	38
Whooping Cough	7	23
Mumps	6	8
Chicken Pox	3	8
Influenza	1	26
Other Causes	1	2

The total number of public elementary schools within the area of the Local Education Authority is 375.

Venereal Diseases.

On 1st October the treatment centre for venereal diseases at Scarborough was transferred from the Scarborough Hospital and Dispensary to the New Hospital. Equipment was provided by the County Council. Consideration was given by the Public Health Committee to the question of facilities for intermediate treatment, and it was decided to increase the number of sessions by holding a morning session for males and females from 10 a.m. to 12 noon, in addition to the pre-existing evening sessions.

The new arrangements became operative on 1st December, and will be reviewed after they have been on trial for a year.

The arrangements for treatment at all other centres remained unchanged during the year under review.

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 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 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. Wednesdays 4-30 to 6 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.	Males and Females. Monday to Friday (inclusive) 8 a.m. to 8 p.m. Saturdays 8 a.m. to 1 p.m.
Females. Mondays 2 to 3 p.m. Thursdays 5-30 to 7 p.m.	
Children: 5 years and over. Tuesdays 5-30 to 7 p.m. Under 5 years. Fridays 2 to 3 p.m.	
Scarborough Hospital and Dispensary.	
Males. Tuesdays 5 to 6 p.m. Fridays 8 to 9 p.m.	Males and Females. Daily (except Sundays) 10 a.m. to 12 noon, and 5 to 7 p.m.
Females. Mondays 5 to 6 p.m. Fridays 9 to 10 a.m.	Sundays—Males 9 a.m.; Females 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.	Males. Mondays, Tuesdays and Wednesdays 5 to 5-30 p.m. Fridays 7-30 to 8-30 p.m. Saturdays 11-15 a.m. to 12-15 p.m.
Females and Children. Wednesdays 3 to 4 p.m. Fridays 7 to 7-30 p.m.	Females. Mondays 6 p.m. Tuesdays 4 p.m. Wednesdays 2-30 p.m. Thursdays and Fridays 6 p.m. Saturdays 9-45 a.m. to 11 a.m.
Stockton and Thornaby Hospital.	
Males. Tuesdays and Fridays 5-30 p.m.	Males. Monday to Friday (inclusive) 5-30 p.m. Mondays, Wednesdays and Saturdays 10-30 a.m.
Females. Tuesdays and Fridays 2-30 p.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.				
		1932	1933	1934	1935	1936
A.—Number of North Riding patients attending for the first time.	Syphilis	52	50	85	52	65
	Gonorrhoea	129	118	139	183	148
	Soft Chancre	1	0	7	5	2
	Conditions other than venereal	73	92	136	161	161
	Total	255	260	367	401	376
B.—Total number of attendances		10440	8341	9779	11907	11124
C.—Number of in-patient days		246	178	119	407	633

In-patient treatment was afforded at York County Hospital, Stockton and Thornaby Hospital, Darlington General Hospital, and the Hope Hospital, Leeds—at the last named, 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.	1932	28	2	42	48	78	57
	1933	20	4	39	48	99	50
	1934	23	2	48	90	136	68
	1935	22	8	50	105	144	72
	1936	26	4	34	77	179	56
Total number of attendances of North Riding patients.	1932	759	52	1627	1762	4953	1287
	1933	459	41	1282	1885	3687	987
	1934	530	33	1239	2566	4042	1369
	1935	721	91	1675	2843	5021	1556
	1936	1124	93	1129	2129	5442	1207

BLIND PERSONS ACT, 1920.

All the powers of the County Council under this Act, including the power to prosecute in the County within the Act, have been delegated to the Public Health Committee. The actual work of promoting the welfare of Blind Persons is undertaken through the Yorkshire School for the Blind, York, and the Cleveland and South Durham Institute for the Blind, Middlesbrough. Immediately before the commencement of the year 1936 the County Council made regulations for the provision of domiciliary assistance to unemployable and other necessitous blind persons.

On the 1st April, 1936, a new scheme made under Section 2 of the Blind Persons Act, 1920, came into being in the Riding; the following are the details of that scheme :—

(a) Registration.

To provide for the registration and classification of all blind persons for the time being ordinarily resident in the County. No person's name shall be added to the Register of Blind Persons until he has been examined and certified by a medical practitioner with special experience in ophthalmology, to be blind within the meaning of the Act. At the end of 1936 there were 556 names on the Register of Blind Persons.

(b) Children under School Age.

To provide for the welfare of blind children under School age through the Home Teachers acting in co-operation with the Health Visitors. Where the Home conditions are unsatisfactory, to make provision, when considered desirable, for accommodation in one of the Sunshine Homes of the National Institute for the Blind, or similar institution; or, when the child is between 2 and 5 years of age, to refer the case to the Local Education Authority for Elementary Education to make suitable provision in a Special School under Part V of the Education Act, 1921, recognised by the Board of Education as suitable for the reception of blind children of this age.

(c) Education and Training of Children, Young Persons and Adults.

To carry out, through the Education Committee, the duties of the Council as a Local Education Authority in respect of the following classes of blind persons, viz :—

(i) CHILDREN FROM 5 TO 16 YEARS OF AGE :

To provide for the Elementary Education of blind children in schools certified by the Board of Education under Part V of the Education Act, 1921. There were 13 children between the ages of 5-16 in approved schools for the blind at the end of 1936.

(ii) YOUNG PERSONS OVER 16 YEARS OF AGE AND SUITABLE ADULTS :

To make provision for the technical training of such persons when considered desirable in suitable trades or handicrafts at Institutions recognised by the Board of Education. Also when considered desirable to provide for the secondary education or professional training of blind persons who have special aptitude therefor in Institutions recognised by the Board of Education for this purpose.

(iii) To provide proper maintenance of the children or persons referred to in the preceding paragraphs during the period of education or training by the payment of approved fees at recognised schools or institutions, or in any other manner which may be contemplated by the regulations of the Board of Education and determined by the Local Education Authority.

(d) Employment in Workshops.

To provide, or arrange for the provision of, employment for suitable blind persons in workshops for the blind, or elsewhere; the general conditions of employment to be subject to the approval of the County Council. There were 17 blind persons employed in Workshops under the scheme at the end of 1936, and 12 were undergoing training.

(e) Home Workers.

To provide, or arrange for provision, for the employment of suitable blind persons in a Home Workers Scheme; the general conditions of employment to be subject to the approval of the County Council. There were 15 approved Home Workers at the end of 1936.

(f) Augmentation of Wages.

To provide, or arrange for provision, where necessary, for the augmentation of the wages or earnings of workers employed in a workshop for the blind under a Home Workers Scheme or elsewhere on such scale as may be approved by the County Council.

(g) Hostels.

To provide, or arrange for the provision of, accommodation in Hostels for the Blind or elsewhere for suitable employed blind persons who for lack of housing accommodation or other satisfactory reason require such provision.

(h) Homes.

To provide, or arrange for the provision of, accommodation in Homes for the Blind or elsewhere for suitable adult blind persons who, owing to age or infirmity, are incapable of work and are in need of such accommodation.

(i) Home Teaching.

To provide, or arrange for provision, for the Home Teaching and Visiting of the Blind by the appointment of such number of Home Teachers as may be necessary; the duties of the Home Teachers will be to visit the Blind in their own homes, to teach them, as far as possible, to read Braille or Moon Type, and to instruct them in simple pastime occupations, and generally to assist in promoting the social welfare of the Blind. The appointment of Home Teachers shall be subject to the approval of the County Council.

(j) Unemployable and other Destitute Blind Persons.

(i) In conjunction with the Public Assistance Committee to consider the cases of unemployable and other destitute blind persons who are in need of Institutional or other non-domiciliary assistance and to render such assistance as may be desirable in each case either by payment of recognised fees at approved Homes for the Blind, by boarding out or otherwise.

(ii) To provide such domiciliary assistance to necessitous blind persons as may from time to time be determined by the County Council.

There were 227 blind persons receiving financial assistance from the County Council at the end of 1936.

(k) Social Welfare.

To promote, or arrange for the promotion of, the general social welfare of the blind by the provision of embossed literature, social and handicraft centres, pastime occupations, concerts, lectures and other similar means.

(l) General.

To do all such other lawful things as may be necessary for carrying into effect within the area of the County of the above provisions.

TUBERCULOSIS.**New Cases.**

The number of notifications in 1936 shows a decrease of 19, from 316 in 1935 to 297 in 1936. This is accounted for by a drop of 22 in the pulmonary notifications and an increase of 3 in the non-pulmonary.

The following table shows the number of new cases notified during the past 5 years.

Year.	Total.	Pulmonary.	Non-Pulmonary.
1932	390	240	150
1933	348	204	144
1934	291	184	107
1935	316	212	104
1936	297	190	107

The following table sets out the ages of the new cases notified in 1936.

Age-Periods.	Formal Notification.											
	Number of Primary Notifications of new cases of tuberculosis.											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages).
Pulmonary—												
Males	—	—	1	10	14	10	21	15	18	6	1	96
Females	—	—	2	5	7	18	29	17	6	8	2	94
Non-Pulmonary—												
Males	—	10	13	12	1	4	4	4	1	5	2	56
Females	—	10	14	7	1	7	6	4	1	1	—	51

The following table gives the age and sex distribution of new cases notified and deaths during the year.

AGE-PERIODS.	NEW CASES NOTIFIED.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	3	3	—	—	1	2
2	—	—	7	7	—	—	3	3
5	11	7	25	21	1	1	6	3
15	24	25	5	8	10	16	2	3
25	21	29	4	6	17	24	—	3
35	15	17	4	4	12	16	2	3
45	18	6	1	1	14	9	2	1
55	6	8	5	1	14	2	3	2
65	1	2	2	—	4	5	1	—
75	—	—	—	—	—	1	—	—
TOTAL ..	96	94	56	51	72	74	20	20

The following table shows the districts in which new cases were notified, with comparative figures for the two previous years.

District.	1934.		1935.		1936.	
	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.
URBAN DISTRICTS.						
1. Eston	38	16	31	13	36	21
2. Guisborough	5	6	6	1	11	2
3. Loftus	1	3	3	2	6	1
4. Malton	2	—	3	1	3	1
5. Northallerton	1	2	1	5	3	2
6. Pickering	—	1	3	1	2	5
7. Redcar	11	6	15	10	14	6
8. Richmond	1	—	2	1	—	2
9. Saltburn	4	5	7	3	3	2
10. Scalby	2	—	—	—	—	—
11. Scarborough	19	9	20	6	13	5
12. Skelton and Brotton	4	7	4	6	9	4
13. Thornaby-on-Tees	16	8	34	7	15	3
14. Whitby	8	8	15	5	11	7
Total ..	112	71	144	61	126	61
RURAL DISTRICTS.						
1. Aysgarth	2	1	7	1	4	2
2. Bedale	2	2	2	2	1	2
3. Croft	—	—	1	—	—	1
4. Easingwold	3	1	6	—	4	1
5. Flaxton	16	3	7	4	10	8
6. Helmsley	4	2	1	—	—	—
7. Kirbymoorside	1	1	—	2	1	5
8. Leyburn	4	2	5	5	8	3
9. Malton	1	2	2	2	2	—
10. Masham	—	—	—	—	—	—
11. Northallerton	7	1	5	5	5	5
12. Pickering	1	—	1	—	—	2
13. Reeth	3	1	2	3	—	1
14. Richmond	7	5	4	2	7	4
15. Scarborough	5	2	—	—	4	1
16. Startforth	3	—	1	1	3	1
17. Stokesley	3	7	13	4	7	6
18. Thirsk	5	3	6	5	2	2
19. Wath	—	—	—	—	—	1
20. Whitby	5	3	5	7	6	1
Total ..	72	36	68	43	64	46
Administrative County ..	184	107	212	104	190	107

Deaths and Death Rates.

There were 186 deaths from tuberculosis of all forms, 8 fewer than in 1935, and of these 146 were due to pulmonary tuberculosis and 40 to 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.

	1932	1933	1934	1935	1936
No. of deaths	149	155	151	150	146
Rate per 1,000 population ..	0.44	0.46	0.45	0.45	0.44

Deaths from Non-pulmonary Tuberculosis.

	1932	1933	1934	1935	1936
No. of deaths	61	57	57	44	40
Rate per 1,000 population ..	0.18	0.17	0.17	0.13	0.12

The death rates in England and Wales were :—

Pulmonary Tuberculosis ..	·583 per 1,000 population.
Non-pulmonary Tuberculosis ..	·109 per 1,000 population.

Dispensaries.

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

The times and places of 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—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 1936.

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 ..	52	50	8	7	7	14	17	16	59	64	25	23		
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	4	4	4	1		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	38	33	50	45		350
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ..	14	15	5	3	5	4	10	14	19	19	15	17		
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	—	2	—	1		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	24	23	50	38		208
C.—CASES written off the Dispensary Register as :—														
(a) Cured	—	—	—	—	1	1	—	—	1	1	—	—		
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	65	64	101	82		314
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—														
(a) Diagnosis completed ..	222	169	50	48	43	62	144	139	265	231	194	187		
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	6	7	6	5		901

1. Number of cases on Dispensary Register on January 1st	891 (982)	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	10 (9)
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	175 (254)	4. Cases written off during the year as Dead (All causes)	69 (79)
5. Number of attendances at the Dispensary (including Contacts)	4889 (5751)	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	197 (225)
7. Number of consultations with medical practitioners— (a) Personal (b) Other	271 (305) 242 (340)	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	227 (429)
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	1724 (1886)	10. Number of :— (a) Specimens of Sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work	185 (283) 82 (45)
11. Number of "Recovered" cases restored to Dispensary Register, and included in A. (a) and A. (b) above	11 (Nil)	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	149 (167)

The figures in brackets are those for the year 1935.

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	119	84	203	59	38	97
Guisborough	46	43	89	45	49	94
Loftus	27	21	48	34	45	79
Malton	6	11	17	3	6	9
Northallerton	9	6	15	3	5	8
Pickering	2	6	8	6	5	11
Redcar	77	54	131	54	52	106
Richmond	6	9	15	6	4	10
Saltburn & Marske	12	19	31	32	28	60
Scalby	4	2	6	1	1	2
Scarborough	36	36	72	3	7	10
Skelton & Brotton	59	65	124	71	74	145
Thornaby-on-Tees	118	96	214	61	52	113
Whitby	11	23	34	28	25	53
Total	532	475	1007	406	391	797

RURAL DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Aysgarth	12	10	22	3	8	11
Bedale	5	5	10	3	5	8
Croft	5	5	10	1	2	3
Easingwold	17	21	38	21	19	40
Flaxton	39	43	82	26	21	47
Helmsley	5	2	7	1	2	3
Kirbymoorside	7	5	12	9	11	20
Leyburn	19	39	58	10	11	21
Malton	6	5	11	2	2	4
Masham	—	2	2	—	—	—
Northallerton	15	9	24	13	9	22
Pickering	6	4	10	—	1	1
Reeth	2	—	2	1	2	3
Richmond	34	36	70	24	22	46
Scarborough	6	4	10	6	4	10
Startforth	15	10	25	8	5	13
Stokesley	17	29	46	11	3	14
Thirsk	4	12	16	12	16	28
Wath	—	1	1	—	3	3
Whitby	34	33	67	23	21	44
Total ..	248	275	523	174	167	341

X-ray Examinations.

There were 82 cases examined radiologically.

Laboratory Examinations.

A total of 702 specimens of sputum were examined at the North Riding Laboratory of Pathology and Public Health, Scarborough, and of these 183 proved to be positive for tubercle bacilli. In 1935, 598 specimens were examined.

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

URBAN.			RURAL.		
Eston	49	(43)	Aysgarth	—	(—)
Guisborough	—	(—)	Bedale	5	(2)
Loftus	—	(1)	Croft	—	(—)
Malton	14	(6)	Easingwold	—	(—)
Northallerton	7	(3)	Flaxton	2	(—)
Pickering	7	(6)	Helmsley	—	(—)
Redcar	—	(3)	Kirbymoorside	4	(2)
Richmond	4	(5)	Leyburn	7	(9)
Saltburn & Marske	—	(1)	Malton	6	(2)
Scalby	—	(12)	Masham	8	(3)
Scarborough	174	(185)	Northallerton	3	(5)
Skelton & Brotton	—	(—)	Pickering	—	(2)
Thornaby	49	(47)	Reeth	—	(4)
Whitby	40	(53)	Richmond	14	(8)
			Scarborough	25	(11)
			Startforth	2	(5)
			Stokesley	7	(9)
			Thirsk	1	(1)
			Wath	—	(—)
			Whitby	12	(10)
			Mowbray Grange Sanatorium, Bedale	262	(160)

The figures in brackets relate to the year 1935.

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

Diagnosis and Treatment.

While it is not possible to assess accurately the incidence of tuberculosis in the Riding from tables such as are given in this section, certain broad observations may be made from a study of them.

There is a decrease in the number of notifications and the death rate has reached a new low record. The age incidence of pulmonary tuberculosis shows a remarkable correspondence in males and females but, when the distribution of deaths is studied, there is a notable difference, in that the majority of male deaths occur evenly spread over the age groups from 15 to 55, the female deaths take place mainly in the young adult. These facts are reflected in the clinical course of the disease, the males showing chronicity and good response to treatment while the young adult female develops acute or subacute disease showing no response to treatment and ending fatally in a few months.

Non-pulmonary disease is manifest mostly in the child of school or pre-school age, and it is in these cases that the best results follow from an efficient scheme for diagnosis and treatment. The close co-operation prevailing in the Riding between the tuberculosis officer, general medical practitioners and the Public Health departments concerned in the welfare of children, has led to the early recognition of tuberculosis or the stigmata of tuberculation and to the application of preventive or restorative treatment, which in many cases has obviated a breakdown in the health of the child in later years.

Unfortunately, adult cases are not brought to the notice of the tuberculosis officers at a sufficiently early stage of the disease when there is a reasonable prospect of successful treatment. This is a real difficulty which is not necessarily due to lack of co-operation between the medical practitioners and the Public Health Department, but may be due to the apprehension of the patient regarding the diagnosis or regarding his employment.

Since 1921, when Morris Grange Sanatorium was opened, there have been over 1,000 admissions, including re-admissions where unfavourable environment at home made a further spell of treatment necessary.

A survey of 862 children treated since 1921 shows that 627 are fit, many being married and having healthy children. There are 75 still under supervision or being treated for tuberculosis of the adult type, and 47 have died from tuberculosis and other respiratory diseases. In 113 cases the present condition is not known, but a number of the boys have joined the Services, or gone abroad, and many of the girls are in various occupations at a distance.

In the treatment of these cases, stress has been laid on adequate rest and proper feeding with the free use of natural sunshine, supplemented in selected cases by artificial sunlight.

The permanence of results obtained in this way depends on the home conditions of the patient after he is discharged, and a great deal of work is necessary in the way of supervision by domiciliary visits. Tuberculosis is more than a clinical entity, it is a social disease, as its effects are not only confined to the individual sufferer. The occurrence of the disease in the wage earner of a family is a tragedy which has its repercussions in other members, reducing their resistance and rendering them susceptible to infection. It becomes necessary, therefore, to consider the family as the unit for supervision and care.

The diagnosis and treatment of early cases of tuberculosis in the Riding have been hampered by the lack of adequate X-ray facilities, which are essential for an accurate appreciation of the condition of a patient. A good X-ray film often reveals disease much more extensive than is suspected from clinical findings. Arrangements for better X-ray facilities are now being made.

Residential Treatment.

Residential treatment was provided at the following Institutions:—

ADULTS. (Pulmonary).

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

(Non-Pulmonary).

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

CHILDREN. ALL FORMS EXCEPT BONE AND JOINT CASES.

Morris Grange Children's Sanatorium.

BONE AND JOINT CASES.

The Yorkshire Children's Orthopaedic Hospital, Kirbymoorside.

Treatment of Adults. Pulmonary.

ADMISSIONS TO SANATORIA.

	Wensleydale Sanatorium, Aysgarth.		Fairfield Sanatorium, York.		Mowbray Grange, Bedale.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
A.—Under treatment on 1st Jan., 1936 :—								
1. Ex-service pensioners ..	1	—	—	—	—	—	1	—
2. Other insured persons ..	15	—	4	—	—	13	19	13
3. Other adults ..	2	—	—	—	—	15	2	15
B.—Admitted during 1936 :—								
1. Ex-service pensioners ..	4	—	—	—	—	—	4	—
2. Other insured persons ..	27	—	19	—	—	33	46	33
3. Other adults ..	10	—	6	—	—	41	16	41
	59	—	29	—	—	102	88	102

A total of 190 patients received sanatorium treatment compared with 170 in 1935.

Deaths in Institutions during the year amounted to 18.

The average duration of residence was 19 weeks 5 days.

WENSLEYDALE SANATORIUM, AYSGARTH.

The 18 beds reserved for males at this sanatorium were fully occupied during the year.

MOWBRAY GRANGE SANATORIUM, BEDALE.

This is the only institution for the treatment of adults, which is controlled by the County Council. There are 30 beds for female patients and this accommodation has been utilised to the full extent during the year.

The Public Health Committee has had in mind the need for providing accommodation for adult male cases, as at present they are boarded out in various sanatoria. This arrangement is unsatisfactory for many reasons, one of which is that the treatment is not supervised by the Council's staff. It would be a great advantage to the Council's Tuberculosis Officers to have patients under their control throughout the entire course of treatment; the provision of beds in the Riding would assure not only continuity of treatment, but also better use of the institutional accommodation for tuberculous persons.

In order to provide modern methods of treatment it is necessary to concentrate adult cases at one institution so that the number of patients will justify the provision of modern equipment.

Treatment of Adults. Non-Pulmonary.

Patients were admitted to the following hospitals :—

RUTSON HOSPITAL, NORTHALLERTON.

There were 4 male patients admitted and all were discharged in 1936. The average duration of treatment was 8 weeks 6 days.

YORK COUNTY HOSPITAL.

There were 4 admissions and 3 were discharged. The average duration of treatment was 7 weeks 5 days.

MEMORIAL HOSPITAL, DARLINGTON.

There were 3 patients admitted and discharged during the year after treatment, the average duration of which was 10 weeks 1 day.

HOLGATE MUNICIPAL HOSPITAL, MIDDLESBROUGH.

A total of 13 patients were admitted and 11 discharged; average duration of treatment was 28 weeks 4 days. Death occurred in one case after treatment lasting 6 weeks.

GENERAL INFIRMARY, LEEDS.

There was one admission, discharged after 2 weeks 3 days.

Altogether 25 patients were treated; 22 were discharged during the year, the average duration of stay being 7 weeks 5 days. The corresponding figures for 1935 were 23 and 16 weeks 1 day respectively.

Treatment of Children.

(a) ALL FORMS EXCEPT BONE AND JOINT CASES.

Morris Grange Children's Sanatorium.

The available accommodation, 60 beds, was fully utilised during the year. Of 117 children treated, 37 were cases of definite or suspected pulmonary disease, and 80 suffered from tuberculosis of glands or other organs.

The following table gives the age and sex of admissions.

	Ages. (Years.)	Boys.	Girls.	Total.
A.—Under treatment on 1st January, 1936	—	32	28	60
B.—Admitted during 1936	3-4	2	1	3
	4-5	—	5	5
	5-6	2	—	2
	6-7	2	2	4
	7-8	1	1	2
	8-9	3	3	6
	9-10	2	3	5
	10-11	6	1	7
	11-12	2	2	4
	12-13	4	1	5
	13-14	6	3	9
	14-15	4	1	5
Total	—	66	51	117

The following table gives further particulars of admissions, the condition on discharge and period of treatment.

	Boys.	Girls.	Total.
(a) Number of children treated, the chief disease being as stated :—			
(1) Tuberculosis of lungs, suspected or definite	21	16	37
(2) Tuberculosis of glands	45	35	80
Total	66	51	117
(b) Number discharged during 1936 for other than medical reasons	1	1	2
(c) Number of deaths	1	—	1
(d) Number discharged after full treatment	33	22	55
(e) Average period of treatment for those in (d)	—	—	49 weeks
(f) Results in children discharged after full treatment :—			5 days.
(1) Quiescent	32	19	51
(2) Improved	1	3	4
(3) No material improvement	—	—	—
(4) Arrested	—	—	—

The average duration of residence was approximately 16 weeks less than in the previous year.

Artificial sunlight was used as an adjunct to treatment in 8 cases.

(b) BONE AND JOINT CASES.

Facilities for examination and diagnosis were available at the following Orthopaedic Clinics :—

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 Department, Scarborough Hospital.
South Bank	..	..	The School Clinic, 33 Nelson Street.
Thornaby	..	..	The School Clinic, George Street.
York	..	..	The School Clinic, Piccadilly.

Hospital Treatment.

During the year 28 children were treated at the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside—11 were discharged before the end of the year. The average duration of residence in hospital was 71 weeks 4 days, compared with 90 weeks 3 days in 1935, when 22 children were discharged.

Supervision and after care of the patients were carried out at the clinics above mentioned.

Visits were made to the homes of children, if these were at some distance from the clinics.

Domiciliary Treatment.

The Tuberculosis Officer is in touch with the private medical practitioners who provide any domiciliary treatment required.

Where supervision by the Tuberculosis Officers cannot conveniently be undertaken at the Dispensaries, the patients are visited in their own homes.

Shelters.

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

Middleton Tyas, Bedale, Catterick, Whitby, Bowes, Hutton Gate, Snape, Cotherstone, Claxton, Stockton-on-Forest, Osmotherley, Wigginton, Redcar, Castleton, New Marske and Langthorne.

Ultra-Violet Light Therapy.

In all, 11 patients received treatment by ultra violet light, involving 630 attendances. Considerable benefit resulted in each case.

Surgical Appliances.

In necessitous cases appliances are provided.

Extra Nourishment.

This is distributed by the Tuberculosis Officers to patients actually in need of such, as a part of the treatment and not as a measure of relief.

Home Nursing of Tuberculosis Cases.

To assist in the domiciliary treatment of cases of "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 in the Borough of Thornaby-on-Tees.

Home Visiting and follow-up work.

The Health Visitors undertake the work along with their other duties. A "following up" card is made for cases 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. There were 1,724 visits paid by the Health Visitors during 1936. 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.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

Public Health Act (Section 62), 1925.

No action was taken under the above during the year.

TABLE 1.

Number of Births in each District during 1936.

DISTRICT.	Estimated population for birth-rate, 1936.	Total Live Births.	Illegiti- mate Live Births.	Birth-rate per 1,000 popu- lation.	Excess of Births over Deaths. (Natural increase.)	Natural Increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	30,420	575	20	18.9	207	6.8
2. Guisborough ..	7,980	126	5	15.8	14	1.7
3. Loftus	7,734	87	12	11.2	-16	..
4. Malton	4,160	54	4	13.0	-2	..
5. Northallerton ..	4,917	64	5	13.0	10	2.0
6. Pickering	3,833	51	2	13.3	-14	..
7. Redcar	22,500	360	23	16.0	72	3.2
8. Richmond	5,354	125	5	23.3	71	13.3
9. Saltburn and Marske ..	6,686	66	6	9.9	-26	..
10. Scalby	3,986	70	..	17.6	26	6.5
11. Scarborough ..	41,380	566	48	13.7	-60	..
12. Skelton and Brotton ..	12,950	217	13	16.7	69	5.3
13. Thornaby-on-Tees ..	21,630	427	15	19.7	165	7.6
14. Whitby	11,720	171	3	14.6	29	2.5
Total Urban ..	185,250	2,959	161	16.0	545	2.9
B.—RURAL.						
1. Aysgarth	3,856	44	2	11.4	-13	..
2. Bedale	6,563	94	7	14.3	21	3.2
3. Croft	2,095	26	1	12.4	8	3.8
4. Easingwold	9,692	133	11	13.7	6	.6
5. Flaxton	13,170	229	9	17.4	102	7.7
6. Helmsley	5,198	58	3	11.1	12	2.3
7. Kirbymoorside ..	4,918	72	5	14.6	11	2.2
8. Leyburn	6,924	96	5	13.9	9	1.3
9. Malton	5,723	82	9	14.3	-12	..
10. Masham	1,904	21	1	11.0	-2	..
11. Northallerton ..	7,649	102	9	13.3	5	.6
12. Pickering	5,493	86	6	15.6	19	3.4
13. Reeth	2,221	30	1	13.5	1	.4
14. Richmond	16,280	271	10	16.6	155	9.5
15. Scarborough ..	6,691	107	6	16.0	16	2.4
16. Startforth	4,107	64	3	15.6	7	1.7
17. Stokesley	15,310	226	16	14.8	8	.5
18. Thirsk	11,990	193	18	16.1	21	1.7
19. Wath	2,026	21	..	10.4	4	2.0
20. Whitby	11,690	159	6	13.6	-9	..
Total Rural ..	143,500	2,114	128	14.7	369	2.6
Administrative County ..	328,750	5,073	289	15.4	914	2.8

TABLE 2.

Number of Deaths in each District during 1936.

DISTRICT.	Estimated population for death-rate, 1936.	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	30,420	368	12.1	39	67.8	2	100.0
2. Guisborough ..	7,980	112	14.0	6	47.6	1	200.0
3. Loftus	7,734	103	13.3	6	69.0	..	..
4. Malton	4,160	56	13.5	7	129.6	1	250.0
5. Northallerton ..	4,917	54	11.0	..	..	..	..
6. Pickering	3,833	65	16.9	1	19.6	..	..
7. Redcar	22,500	288	12.8	19	52.8	2	86.9
8. Richmond	5,354	54	10.1	5	40.0	1	200.0
9. Saltburn and Marske	6,686	92	13.8	7	106.1	..	..
10. Scalby	3,986	44	11.0	4	57.1	..	..
11. Scarborough ..	41,380	626	15.1	34	60.1	6	125.0
12. Skelton & Brotton ..	12,950	148	11.4	13	59.9	..	..
13. Thornaby-on-Tees ..	21,630	262	12.1	35	82.0	5	333.3
14. Whitby	11,720	142	12.1	9	52.6	..	..
Total Urban ..	185,250	2,414	13.0	185	62.5	18	111.8
B.—RURAL.							
1. Aysgarth	3,856	57	14.8	4	90.9	..	..
2. Bedale	6,563	73	11.1	3	31.9	..	..
3. Croft	2,095	18	8.6	..	..	..	..
4. Easingwold	9,692	127	13.1	10	75.2	..	..
5. Flaxton	13,170	127	9.6	8	34.9	..	..
6. Helmsley	5,198	46	8.8	1	17.2	..	..
7. Kirbymoorside ..	4,918	61	12.4	3	41.7	..	..
8. Leyburn	6,924	87	12.6	10	104.2	..	..
9. Malton	5,723	94	16.4	7	85.4	1	111.1
10. Masham	1,904	23	12.1	2	95.2	1	1000.0
11. Northallerton ..	7,649	97	12.7	5	49.0	2	222.2
12. Pickering	5,493	67	12.2	4	46.5	..	..
13. Reeth	2,221	29	13.0	2	66.7	..	..
14. Richmond	16,280	116	7.1	10	36.9	2	200.0
15. Scarborough ..	6,691	91	13.6	2	18.7	..	..
16. Startforth	4,107	57	13.9	1	15.6	..	..
17. Stokesley	15,310	218	14.2	16	70.8	2	125.0
18. Thirsk	11,990	172	14.3	9	46.6	..	..
19. Wath	2,026	17	8.4	1	47.6	..	..
20. Whitby	11,690	168	14.4	6	37.7	1	166.7
Total Rural ..	143,500	1,745	12.2	104	49.2	9	70.3
Administrative County	328,750	4,159	12.6	289	57.0	27	93.4

TABLE 3.

Notifications of Infectious Disease in 1936, 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	129	13	..	57	..	..	1	1	..	..	..	..	..	..	..	..	..	..	15	..	..	..	..	..	..	4
2. Guisborough	31	2	21	29	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..
3. Loftus	34	20	6	27	..	..	..	..	1	..	..	..	..	..	..	..	..	1	11	..	..	..	..	..	..	2
4. Malton	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
5. Northallerton	5	3	..	15	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
6. Pickering	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
7. Redcar	126	8	1	27	..	3	..	..	1	..	..	..	..	..	..	..	2	14	..	..	..	..	..	..	..	2
8. Richmond	9	..	..	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	1
9. Saltburn & Marske	21	4	1	12	..	..	..	..	..	..	..	..	..	..	..	..	1	8	..	..	..	..	..	..	..	1
10. Scalby	4	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
11. Scarborough	95	33	3	24	..	7	..	..	..	..	..	..	..	..	..	..	1	5	16	..	..	..	..	..	..	7
12. Skelton & Brotton	44	4	17	9	..	1	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	2
13. Thornaby-on-Tees	9	13	4	55	..	1	1	..	1	..	..	1	..	..	..	..	..	12	..	..	170	..	..	..	..	..
14. Whitby	9	9	1	13	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	1
Total Urban	529	111	54	278	..	13	2	2	2	..	2	..	..	..	..	..	1	11	89	..	6	170	1	..	25	
1935	519	253	4	337	..	9	1	1	..	..	..	..	..	..	..	..	1	11	79	..	8	199	..	..	20	
B.—RURAL.																										
1. Aysgarth	15	7	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale	28	11	2	3	..	..	..	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..
3. Croft	22	10	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold	25	2	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	40	..	..	..	..	1	..
5. Flaxton	22	9	1	3	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	3
6. Helmsley	11	..	..	14	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	7	1	21	..	..	..	..
7. Kirbymoorside	31	4	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
8. Leyburn	13	12	..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Malton	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
10. Masham	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
11. Northallerton	6	2	1	14	..	1	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	1
12. Pickering	7	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	4	32	..	..	..	..	1
13. Reeth	2	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	1
14. Richmond	54	9	4	22	..	1	4	..	..	..	..	..	..	..	..	..	2	4	16	..	..	..	..	..	..	1
15. Scarborough	7	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
16. Startforth	2	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
17. Stokesley	9	22	..	12	..	..	..	..	..	..	..	..	..	..	..	..	1	5	..	..	..	..	..	..	..	1
18. Thirsk	10	..	..	28	..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
19. Wath .. .. .	..	4	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	12	31	..	..	..	..	..
20. Whitby	23	1	3	9	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	1
Total Rural	325	93	11	140	..	3	6	2	..	..	..	..	..	..	..	..	1	3	40	..	5	83	19	84	..	11
1935	527	152	4	163	..	6	3	1	..	..	..	..	..	..	..	..	3	1	45	..	1	46	83	22	..	18
Administrative County	854	204	65	418	..	16	8	4	..	2	..	..	..	..	..	..	2	14	129	..	5	89	189	85	..	36
1935	1046	405	8	500	..	15	4	2	..	..	..	..	..	..	..	..	4	12	124	..	1	54	282	22	..	38

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1936.

DISTRICT.	Scarlet Fever.		Diph- theria.		Typhoid and Paratyphoid 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	..	..	..	..	2	·06	1	·03	3	5·21	
2. Guisborough	
3. Loftus	1	·12	..	..	..	..	4	·51	..	..	..	..
4. Malton	2	37·03	
5. Northallerton	1	·20	..	..	..	..	..	..	..	1	·20	..	..
6. Pickering	
7. Redcar	1	·04	..	..	..	..	1	·04	..	..	..	..
8. Richmond	2	·37	..	..	..	..
9. Saltburn and Marske	2	·29	..	..
10. Scalby	
11. Scarborough	1	·02	..	..	..	..	1	·02	..	..	1	1·76	
12. Skelton and Brotton	1	·07	2	9·21	
13. Thornaby-on-Tees	2	·09	3	·13	..	..	3	·13	2	·09	2	4·68	
14. Whitby	2	·17	3	17·54	
Total Urban	1	·005	6	·03	3	·01	13	·07	9	·04	13	4·39
B.—RURAL.															
1. Aysgarth	2	·51	..	..	..	..	..	..	..	..	..	..
2. Bedale	1	·15	..	..	..	..	..	..	..	..	..	..	..
3. Croft	1	·47	3	1·43	..	..	..	..	..	..	..	..	..
4. Easingwold	1	·10	..	..	..	..	1	·10	2	·20	..	..
5. Flaxton	1	·07	..	..	..	..	1	·07	2	·15	1	4·36	
6. Helmsley	
7. Kirbymoorside	1	·20	..	..	..	..	..	..	2	·40	..	..
8. Leyburn	1	·14	..	..	..	..
9. Malton	1	·17	..	..	..	..	..	..	..	1	·17	..	..
10. Masham	
11. Northallerton	1	·13	..	..
12. Pickering	1	·18	..	..	..	..	..	..	..	..	..	..	..
13. Reeth	
14. Richmond	2	·12	2	·12	..	..	..	..	..	..	..	1	3·69	
15. Scarborough	
16. Startforth	1	·24	..	..	..	..
17. Stokesley	3	·19	..	..	..	..	1	·06	..	..	..	..
18. Thirsk	1	·08	..	..
19. Wath	
20. Whitby	1	·08	..	..	1	·08	..	..	..	1	·08	..	..
Total Rural	7	·04	13	·09	1	·006	5	·03	10	·06	2	·94
Administrative County	8	·02	19	·05	4	·01	18	·05	19	·05	15	2·95

TABLE 5.

Number of Deaths from Infectious Diseases in each District during 1936.

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.
A.—URBAN.																		
1. Eston ..	36	16	225.0	.52	21	3	700.0	.09	57	19	300.0	.62	7	.23	35	1.15	10	.32
2. Guisborough ..	11	9	122.2	1.12	2	..	..	..	13	9	144.4	1.12	1	.12	9	1.12	7	.87
3. Loftus ..	6	3	200.0	.38	1	..	..	..	7	3	233.3	.38	1	.12	5	.64	3	.38
4. Malton ..	3	4	75.0	.96	1	1	100.0	.24	4	5	80.0	1.20	1	.24	..	..	2	.48
5. Northallerton ..	3	1	300.0	.20	2	..	..	..	5	1	500.0	.20	1	.20	5	1.01	4	.81
6. Pickering ..	2	2	100.0	.52	5	2	250.0	.52	7	4	175.0	1.04	..	..	2	.52	..	..
7. Redcar ..	14	8	175.0	.35	6	4	150.0	.17	20	12	166.7	.53	..	..	22	.97	7	.31
8. Richmond ..	..	2	..	.37	2	..	..	..	2	2	100.0	.37	..	..	5	.93	3	.56
9. Saltburn & Marske	3	..	..	..	2	2	100.0	.29	5	2	250.0	.29	4	.59	3	.44	6	.89
10. Scalby ..	..	1	..	.25	..	..	..	..	..	1	..	.25	1	.25	3	.75	3	.75
11. Scarborough ..	13	10	130.0	.24	5	4	125.0	.09	18	14	128.6	.33	11	.26	18	.43	27	.65
12. Skelton & Brotton	9	5	180.0	.38	4	..	..	..	13	5	260.0	.38	3	.23	7	.54	7	.54
13. Thornaby-on-Tees	15	16	93.7	.73	3	4	75.0	.18	18	20	90.0	.92	1	.04	23	1.06	14	.64
14. Whitby ..	11	9	122.2	.76	7	2	350.0	.17	18	11	163.6	.93	..	..	3	.25	3	.25
Total Urban ..	126	86	146.5	.46	61	22	277.3	.11	187	108	173.1	.58	31	.16	140	.75	96	.51
B.—RURAL.																		
1. Aysgarth ..	4	5	80.0	1.29	2	1	200.0	.25	6	6	100.0	1.55	..	..	2	.51	2	.51
2. Bedale ..	1	3	33.3	.45	2	..	..	..	3	3	100.0	.45	..	..	2	.30	3	.45
3. Croft ..	..	1	..	.47	1	..	..	..	1	1	100.0	.47	..	..	..	..	..	..
4. Easingwold ..	4	3	133.3	.30	1	1	100.0	.10	5	4	125.0	.41	2	.20	3	.30	2	.20
5. Flaxton ..	10	6	166.7	.45	8	1	800.0	.07	18	7	257.1	.53	3	.22	3	.22	4	.30
6. Helmsley ..	..	2	..	.38	..	..	..	..	..	2	..	.38	1	.19	3	.57	2	.38
7. Kirbymoorside ..	1	1	100.0	.20	5	1	500.0	.20	6	2	300.0	.40	..	..	2	.40	5	1.01
8. Leyburn ..	8	4	200.0	.57	3	..	..	..	11	4	275.0	.57	..	..	8	1.15	5	.72
9. Malton ..	2	..	..	..	..	..	..	..	2	..	..	..	..	..	5	.87	2	.34
10. Masham ..	..	1	..	.52	..	..	..	..	..	1	..	.52	..	..	..	..	..	..
11. Northallerton ..	5	5	100.0	.65	5	3	166.7	.39	10	8	125.0	1.04	1	.12	9	1.17	2	.26
12. Pickering ..	..	1	..	.18	2	1	200.0	.18	2	2	100.0	.36	..	..	1	.18	3	.54
13. Reeth ..	..	1	..	.45	1	..	..	..	1	1	100.0	.45	..	..	..	..	2	.90
14. Richmond ..	7	5	140.0	.30	4	1	400.0	.06	11	6	183.3	.36	1	.06	7	.42	1	.06
15. Scarborough ..	4	4	100.0	.59	1	..	..	..	5	4	125.0	.59	2	.29	2	.29	..	..
16. Startforth ..	3	1	300.0	.24	1	..	..	..	4	1	400.0	.24	..	..	3	.73	3	.73
17. Stokesley ..	7	8	87.5	.52	6	3	200.0	.19	13	11	118.2	.71	5	.32	10	.65	11	.71
18. Thirsk ..	2	6	33.3	.50	2	2	100.0	.16	4	8	50.0	.66	1	.08	7	.58	7	.58
19. Wath ..	..	..	..	..	1	2	50.0	.98	1	2	50.0	.98	..	..	1	.49	..	..
20. Whitby ..	6	3	200.0	.25	1	2	50.0	.17	7	5	140.0	.42	..	..	5	.42	10	.85
Total Rural ..	64	60	106.7	.41	46	18	255.5	.12	110	78	141.0	.54	16	.11	73	.50	64	.44
Administrative County ..	190	146	130.1	.44	107	40	267.5	.12	297	186	159.7	.56	47	.14	213	.64	160	.48

TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1936.

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 .. ..	..	..	3	5.21	23	40.00
2. Guisborough .. ..	..	..	..	..	3	23.80
3. Loftus .. ..	..	..	..	..	3	34.48
4. Malton .. ..	..	..	..	..	3	55.55
5. Northallerton .. ..	..	..	..	..	..	..
6. Pickering .. ..	..	..	..	..	..	..
7. Redcar	1	2.77	..	..	10	27.77
8. Richmond .. ..	..	..	..	..	3	24.00
9. Saltburn and Marske .. ..	..	..	..	..	1	15.15
10. Scalby .. ..	..	..	..	..	4	57.14
11. Scarborough	1	1.76	1	1.76	25	44.16
12. Skelton and Brotton .. ..	..	..	..	..	6	27.64
13. Thornaby-on-Tees	4	9.36	..	..	17	39.81
14. Whitby .. ..	..	..	..	..	4	23.39
Total Urban	6	2.02	4	1.35	102	34.47
B.—RURAL.						
1. Aysgarth .. ..	..	..	1	22.72	2	45.45
2. Bedale .. ..	..	..	..	..	2	21.27
3. Croft .. ..	..	..	..	..	..	..
4. Easingwold .. ..	..	..	..	..	9	67.66
5. Flaxton	2	8.73	..	..	5	21.83
6. Helmsley .. ..	..	..	..	..	2	34.48
7. Kirbymoorside .. ..	..	..	..	..	2	27.77
8. Leyburn .. ..	..	..	..	..	6	62.50
9. Malton .. ..	..	..	..	..	3	36.58
10. Masham .. ..	..	..	..	..	2	95.23
11. Northallerton	1	9.80	..	..	3	29.41
12. Pickering .. ..	..	..	..	..	2	23.25
13. Reeth .. ..	..	..	..	..	2	66.66
14. Richmond .. ..	..	..	..	..	6	22.14
15. Scarborough .. ..	..	..	1	9.34	2	18.69
16. Startforth .. ..	..	..	..	..	..	..
17. Stokesley .. ..	..	..	..	..	8	35.39
18. Thirsk	1	5.18	1	5.18	5	25.90
19. Wath .. ..	..	..	..	..	1	47.61
20. Whitby .. ..	..	..	1	6.28	3	18.86
Total Rural	4	1.89	4	1.89	65	30.74
Administrative County	10	1.97	8	1.57	167	32.91

