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North Riding of Yorkshire County Council.

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# ANNUAL REPORT

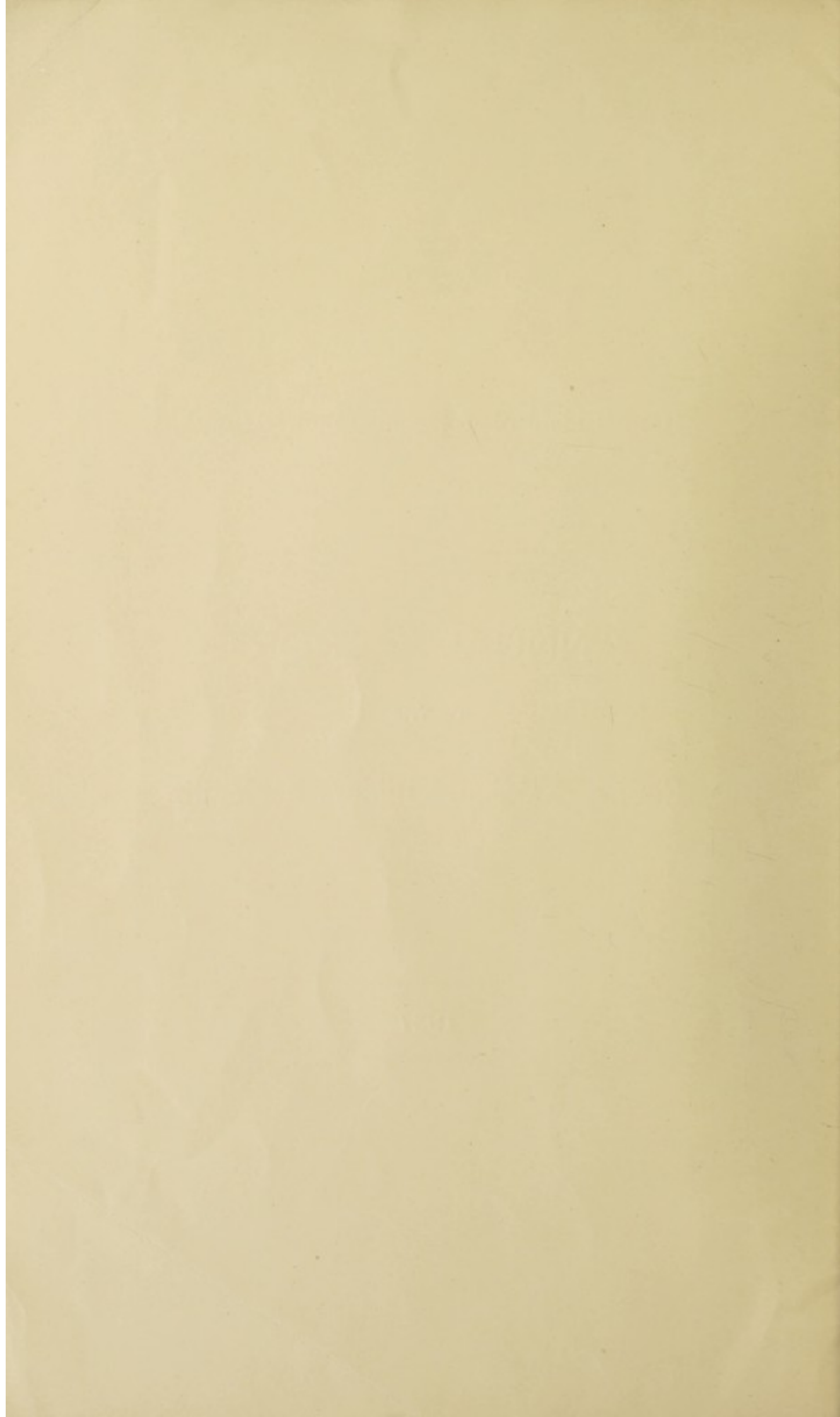
OF THE

County Medical Officer of Health.

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1937

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North Riding of Yorkshire County Council.

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## INTRODUCTION.

*To the Members of the North Riding of Yorkshire County Council.*

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report on the Health Conditions in the Riding for the year 1937. The Report is largely statistical, but it also includes information regarding the varied activities of the Public Health Department and the principal changes and developments which occurred during the year.

The vital statistics show many satisfactory features, although in one or two respects the improvement of the previous year has not been maintained. The *Birth Rate* of 16.0 was the highest recorded since 1930, and compares with 14.9 for England and Wales, but the *Death Rate* showed a fractional increase at 12.8, as compared with 12.6 for 1936—the *Death Rate* for the Country as a whole was 12.4.

In regard to *Infantile Mortality*, however, the rate was 58.1, compared with 57.0 for 1936; in this rate there was an improvement in urban areas and the slight increase was associated with rural districts. The infantile mortality rate for the Riding was practically the same as that for England and Wales.

The *Maternal Mortality Rate*, as was pointed out in my last report, is liable to wide fluctuations owing to the smallness of the numbers involved and to chance variations. The Rate for 1937 was 4.33, compared with 3.40 for the previous year; the increase represents a difference of 6 in the numbers of maternal deaths for the two years.

The *Tuberculosis Death Rate* continues to be a bright spot in the vital statistics; and, during 1937, it reached the lowest level yet recorded in the Riding since the advent of notification of the disease in 1912. The number of notifications of the disease, however, has increased, but this increase coincided with improved facilities for diagnosis.

The best that can be said of the *Cancer Death Rate* is that it is no worse than that for the previous year; indeed, there were 4 fewer deaths, but the total number remains high, and cancer forms, after heart disease, the most important single cause of death. The amount of suffering and invalidism from this disease can only be guessed; but, if it bears a direct relationship to the mortality statistics, the problem of cancer is one of some magnitude in the community. Greater facilities for early diagnosis and treatment with wider propaganda regarding the hopefulness of new forms of treatment are much needed helps in the attack on this disease.

In regard to the activities of the Public Health Department, it may be said that the year 1937 was one of many changes and of many developments.

The *Midwives Act*, 1936, providing a domiciliary midwifery service throughout the Country, came into operation in the Riding on the 31st July, 1937. In such an extensive area, the scheme was necessarily complicated; yet, it is working very well and this result is due, in large measure, to the happy co-operation between the Public Health Committee, the County Nursing Association, and other organisations concerned in the maternity services.

Other maternity and child welfare services have been developed during the year. There has been a reorganisation of ante-natal work providing for additional clinics throughout the Riding and for special attention to expectant mothers in rural districts; more accommodation has been obtained in maternity hospitals for the types of cases admitted there under the Public Health Committee's scheme; for the first time, there is a complete health visiting service in the Riding for the care of the pre-school child; and more child welfare centres have been established in rural districts.

The *Agriculture Act*, 1937, recommended, among other things, the transfer of the veterinary staff to the Ministry of Agriculture and Fisheries; and, although this transfer was not effected until early in the current year, some preliminary work was done in 1937 in anticipation of the transfer. Now that it has been effected, happily without the loss of all the services of the veterinary staff, I should like to place on record this appreciation of the excellent work done by the Council's veterinary staff, whose efforts have been unremitting to secure a high standard of milk production in the Riding.

The *Milk (Special Designations) Order*, 1936, continued to occupy an important place in the work of the Department, and the number of licences to produce "Tuberculin Tested" Milk and "Accredited" Milk showed a marked increase during the year.

In *Public Assistance*, the proposals for reorganisation of the institutional accommodation were a main feature; these proposals have as one of their objects, the provision of better accommodation for the chronic sick.

There were many other interesting features of the year's work, and reference has been made to them under the various sections in the body of the report.

In conclusion, I should like to express my gratitude to the Chairmen and Members of the several Committees of the Council associated with the health administration for their sympathetic consideration of the numerous problems; 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 for their 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.

June, 1938.



## NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

**Annual Report of the County Medical Officer of Health.**

FOR THE YEAR 1937.

**GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.****Public Health Officers of the Authority.**

County Medical Officer, School Medical Officer, Chief Tuberculosis Officer, and Medical Adviser to the Committee for the Care of the Mentally Defective and to the Public Assistance Committee .. .. .	A. Davidson, M.D., Ch.B., D.P.H.
Senior Assistant School Medical Officer .. .. .	W. J. Smyth, M.B., B.Ch., D.P.H.
Senior Clinical Tuberculosis Officer .. .. .	J. J. Thomson, O.B.E., M.D.
Assistant Tuberculosis Officer .. .. .	G. Walker, M.B., Ch.B., D.P.H., M.R.C.P.(E.)
Assistant Tuberculosis Officers (part-time) .. .. .	S. Fox Linton, M.D., Ch.B., D.P.H., M.Sc. C. R. Gibson, M.A., M.B., Ch.B., D.P.H.
Medical Officer for Maternity and Child Welfare .. .. .	Marjorie J. M. Dow, M.B., Ch.B., D.P.H.
Supt. Health Visitor and Supervisor of Midwives .. .. .	Gertrude F. Berridge, S.C.M., S.R.N., A.R.S.I. (from 1st July, 1937).

**Morris Grange Children's Sanatorium.**

Medical Superintendent .. .. .	J. J. Thomson, O.B.E., M.D.
Matron .. .. .	Miss E. Jackson, S.R.N. (Retired 25th Aug., 1937). Miss G. M. Woodward, S.R.N. (From 26th Aug., 1937).

**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 Surgeon .. .. .	H. L. Crockatt, M.B., B.Ch.

**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.
A. Brown, M.B., Ch.B., D.P.H., also Medical Officer of Health, Borough of Thornaby-on- Tees, and Stokesley Rural District.

**Dental Surgeons.**

S. Craven, L.D.S. (Senior Dental Surgeon).
F. A. Cassidy, L.D.S.
A. D. Clark, L.D.S.
A. P. Finlay, L.D.S.
C. E. Place, L.D.S.
P. W. Thornton, L.D.S.
N. A. Walker, L.D.S. (commenced duties November, 1937).

**County Analysts.**

Messrs. Jackson & Scholes, F.I.C.
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## 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	..	..	M. L. Hill, S.R.N., S.C.M., H.V. Cert.
Thornaby	..	..	E. Hudspeth, S.C.M., S.R.N.
Thornaby	..	..	M. Jones, S.C.M.
Whitby	..	..	V. Topham, S.R.N., S.C.M., H.V. Cert.

## Midwives.

(Whole-time.)

Thornaby	..	..	F. Evison, S.C.M.
			S. J. Riley, S.C.M.
			J. F. Turnbull, S.C.M.
			M. A. Harrow, S.R.N., S.C.M.

## 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.
Guisborough Area	..	..	L. Creeth.

## Health Visitors and School Nurses.

(Part-time.)

DISTRICT.			NURSE.
Alec	..	..	E. G. Scott, Tollerton.
Amotherby	..	..	G. E. Morfitt, Swinton.
Ampleforth	..	..	S. Thompson, Ampleforth.
Aysgarth	..	..	M. V. Thurlow, Aysgarth.
Barningham	..	..	E. Henderson, Barningham.
Bedale	..	..	N. Stewardson and M. Charter, Bedale.
Beningbrough	..	..	E. L. Pettitt, Newton-on-Ouse.
Bilsdale	..	..	J. I. Hill, Rievaulx.
Boroughbridge	..	..	N. Fletcher, Boroughbridge.
Bowes	..	..	E. M. Sumner, Bowes.
Brompton	..	..	S. Kitching, Brompton.
Burniston	..	..	A. Brown, Burniston.
Catterick	..	..	F. Coates, Catterick.
Coxwold	..	..	I. Richardson, Coxwold.
Danby	..	..	M. Phillips, Ainthorpe.
Easingwold	..	..	T. Lockyer, Easingwold.
East Ryedale	..	..	N. Hay, Sinnington.
			A. Dickson, Cropton.
East Witton	..	..	J. Shepherd, East Witton.
Fadmoor	..	..	A. B. Spearey, Fadmoor.
Fearby and Healey	..	..	R. K. Smith, Fearby.
Forge Valley	..	..	D. Fisher Brown, West Ayton.
Fylingdales	..	..	J. I. Scott, Sleights.
Glaisdale	..	..	B. W. Heneage, Glaisdale.
Great Ayton	..	..	C. Norton, Great Ayton.
Great Smeaton	..	..	C. Eckford, Great Smeaton.
Hawes	..	..	J. Lyall, Hawes.
Haxby and Wigginton	..	..	E. Lealman, Haxby.



## Health Visitors and School Nurses—continued.

(Part-time.)

DISTRICT.	NURSE.
Helperby .. ..	J. Garbutt, Helperby.
Helmsley .. ..	Sister Amy, Helmsley.
Hinderwell .. ..	H. Prior, Staithes.
Hurworth .. ..	A. Thirlaway, Hurworth.
Hutton Rudby .. ..	M. C. Reavley, Hutton Rudby.
Kirklevington .. ..	L. M. Petty, Low Worsall.
Leake .. ..	C. Case, Knayton.
Leyburn .. ..	V. M. Walton, Leyburn.
Lythe .. ..	E. M. Heslop, Lythe.
Malton .. ..	B. J. Burnett, Malton.
Manfield .. ..	M. H. Elenor, Eppleby.
Marske and Downholme .. ..	G. M. Siddorn, Marske.
Masham .. ..	A. D. Pratt, Masham.
Middleton Tyas .. ..	H. F. Morton, Middleton Tyas.
Northallerton .. ..	M. F. McCann, Northallerton.
	A. McCowan, Romanby.
	H. Fairweather, Ainderby Steeple.
Nunnington .. ..	A. E. Boston, Nunnington.
Nunthorpe .. ..	S. S. Iredale, Nunthorpe.
Osballdwick .. ..	E. Rees, Stockton-on-Forest.
Osmotherley .. ..	M. Mann, Osmotherley.
Otterington .. ..	A. Sowden, Newby Wiske.
Patrick Brompton .. ..	H. Hobson, Hunton.
Pickering .. ..	F. B. Male, Pickering.
Mid Vale of Pickering .. ..	K. I. Green, Snainton.
Reeth .. ..	E. Winch, Reeth.
Richmond .. ..	I. Ramage, Richmond.
Romaldkirk .. ..	M. Farrell, Romaldkirk.
Scarborough .. ..	A. M. Turner, Scarborough.
Sheriff Hutton .. ..	E. A. Adamson, Sheriff Hutton.
Startforth .. ..	C. A. Jones, Barnard Castle.
Stainton .. ..	E. W. Welford, Stainton.
Stillington .. ..	I. MacDonald, Stillington.
Stokesley .. ..	M. Precious, Stokesley.
Strensall .. ..	M. R. Woodman, Strensall.
Thirsk and Sowerby .. ..	M. Dale, Thirsk.
	A. Marshall, Sowerby.
Thornton Dale .. ..	L. Neesam, Thornton Dale.
Topcliffe .. ..	L. Bulmer, Topcliffe.
Wath .. ..	E. E. Stewart, Wath.
Wensley .. ..	K. Croke, Redmire.
West Tanfield .. ..	L. Deaton, West Tanfield.
Whorlton .. ..	A. Weatherill, Swainby.
Wycliffe .. ..	J. W. Fraser, Whorlton.
Yarm .. ..	D. Rickerby, Yarm.

All the above Nurses are 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 and Stokesley R.D. .. ..	A. Brown, M.B., Ch.B., D.P.H.

## Part-time Medical Officers of Health.

DISTRICT.	MEDICAL OFFICER.
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., Ch.B.
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., B.S., L.M.S.S.A.
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.



## Part-time Medical Officers of Health—continued.

DISTRICT.	MEDICAL OFFICER.
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., M.S., M.R.C.S.
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., Ch.B.
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.
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.
	J. S. S. Inglis, B.Sc., 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 ..	8	W. N. Pickles, M.D., B.S., L.M.S.S.A.	Ina Elliott ..	1
Guisborough ..	59	W. W. Stainthorp, M.D., B.S.	Florence Riches ..	8
Leyburn ..	12	S. G. Peill, M.B., Ch.B.	H. M. Hodkinson ..	1
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., M.S., M.R.C.S.	L. Hodgson ..	2
Richmond ..	19	C. B. Whitehead, M.B., M.R.C.S., L.R.C.P.	M. White ..	3
Scarborough ..	141	R. S. Elvins, L.R.C.S., L.R.C.P., L.R.F.P.S.	A. Lowe ..	21
Stokesley ..	13	H. M. MacGill, M.B., Ch.B.	S. Whittle ..	1
Whitby ..	115	H. H. Raw, M.R.C.S., L.R.C.P.	P. E. Longhurst ..	11
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

Name.	District.	Area in Acres.	Population (Approx.)
CLEVELAND GUARDIANS COMMITTEE.			
†*W. A. Kirkpatrick, M.B., B.S. ..	Skelton & Moorsholm	11,014	5,887
†*Lindsay Walker, M.B., Ch.B. ..	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., B.S. ..	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., M.S., M.R.C.S. ..	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
††*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
†*H. M. MacGill, M.B., Ch.B. ..	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
†*N. W. Alexander, M.R.C.S., L.R.C.P. ..	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.		



Name.	District.	Area in Acres.	Population (Approx.)
<b>WENSLEYDALE GUARDIANS COMMITTEE.</b>			
††*W. N. Pickles, M.D., B.S., L.M.S.S.A. ..	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
	Bedale Northern ..	13,388	2,288
†*E. Paget Tomlinson, M.B., M.R.C.S., L.R.C.P.	Kirklington ..	11,789	1,427
†*J. Wilkinson, M.B., Ch.B. ..	Masham ..	12,999	1,783
†*S. G. Peill, M.B., Ch.B. ..	Leyburn West and ..	18,220	1,573
	Middleham East ..	9,422	1,111
††*H. M. Cockcroft, M.C., L.R.C.P., L.R.C.S. L.R.F.P.S.	Masham (Leyburn District)	8,518	651
†*S. G. Peill, M.B., Ch.B. ..	Bedale (Leyburn District & Middleham West)	45,164	4,180
<b>WHITBY GUARDIANS COMMITTEE.</b>			
†*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
†*J. C. Brash, M.B., Ch.B. ..	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) .. .. .	1,354,391
Population (Census 1931):	
Urban Districts 182,279 .. .. .	} 331,101
Rural Districts 148,822 .. .. .	
Population (estimated to mid-year of 1937):	
Urban Districts 185,800 .. .. .	} 333,100
Rural Districts 147,300 .. .. .	
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, 1937) .. .. .	£1,721,843
Sum represented by a Penny Rate .. .. .	£6,647

#### Area.

The North Riding of Yorkshire is the third county in order of size in the Country, its acreage being 1,354,391. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding.

The Administrative County includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham; the eastern boundary is the seaboard; on its southern boundary the Riding abuts on the two other Ridings and the City of York; while on its western side is the Lake District. Running almost North and South from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the Western portion there are three main dales—from the North southwards they are Teesdale, Swaledale and Wensleydale.

#### Population.

The population, as estimated by the Registrar General at mid year 1937, was 333,100; the comparative figure for the previous year was 328,750, so that there has been an increase of 4,350 in the population of the Riding since the last estimate. If the Urban and Rural populations for the year are compared with those for the year 1936, it will be observed that the increase is associated mainly with the rural districts.

The comparable figures are as follows:—

Year.	Urban Population.	Rural Population.	Total.
1936 ..	185,250	143,500	328,750
1937 ..	185,800	147,300	333,100

So much prominence has been given recently in the Country to the migration from rural to urban districts that it would appear from the above figures that, at least in the North Riding, this state of affairs did not obtain. Unfortunately, however, the increase in rural population is more apparent than real, as this increase was closely associated with the existence of Military and Air Force stations in the Riding. Reference to the populations of individual districts in Table I. of the statistics appended to this report will show that in the Richmond Rural District alone the increase in population over that for the previous year was 3,390.

More than one-third of the total population of the Riding is concentrated in the Cleveland Area, and the slight increase in the number of persons in this area was almost entirely associated with Redcar.

In the rural districts, apart from the increase in Richmond Rural District already referred to, there were slight increases in the Flaxton and Wath areas. In the case of the former, there was a "spread-out" from York; while in the latter, the establishment of an aerodrome at Dishforth was the responsible factor.

#### Social Conditions and Occupations.

In the North Eastern part of the Riding near Middlesbrough the main industries are ironstone mining and the manufacture of steel; on the seaboard, Redcar, Saltburn, Whitby and Scarborough form a group of seaside holiday resorts; in the rural districts the main industry is agriculture of which a large proportion is concerned with milk production, but there are also Military and Air Force Stations such as Richmond, Catterick, Dishforth and Strensall. The establishment of these stations, the number of which may increase, presents new problems in public health.

The conditions of employment fluctuate widely in the different types of industry in the Riding; but, during 1937, these conditions may be said to have been favourable on the whole.

#### Extracts from Vital Statistics of the Year.

		Total.	M.	F.	
Live Births	{ Legitimate	5,062	2,554	2,508	Birth rate per 1,000 of the estimated resident population 16.0.
	{ Illegitimate	274	152	122	
Still Births	.. ..	209	116	93	Rate per 1,000 total (live and still) births 37.69.
Deaths	.. ..	4,279	2,169	2,110	Death rate per 1,000 of the estimated resident population 12.8.

#### Deaths from Puerperal Causes :

	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal Sepsis .. ..	10	1.80
Other puerperal causes .. ..	14	2.52
Total .. ..	24	4.33

#### Death rate of Infants under 1 year of age :—

All infants per 1,000 live births .. ..	58.09
Legitimate Infants per 1,000 legitimate live births .. ..	58.08
Illegitimate Infants per 1,000 illegitimate live births .. ..	58.39
Deaths from Measles (all ages) .. ..	14
Deaths from Whooping Cough (all ages) .. ..	17
Deaths from Diarrhoea (under 2 years of age) .. ..	16

#### Live Births and Birth Rates.

During the year ended 31st December, 1937, the live births registered in and belonging to the Riding numbered 5,336, which figure is 263 births more than for the previous year, or an increase of 5%.

There were 274 illegitimate births included in the total figure as compared with 289 for the year 1936.

The Birth Rate for the Riding, as a whole, was 16.0 (per 1,000 estimated population), and was higher than the rate for England and Wales which was 14.9. This rate for the Riding is the highest for several years as the following table shows :—

	Birth rates.					
	1932	1933	1934	1935	1936	1937
North Riding : Urban Districts ..	16.6	15.0	16.2	16.0	16.0	16.8
Rural Districts ..	14.4	14.0	14.3	14.7	14.7	15.0
Administrative County ..	15.6	14.6	15.3	15.4	15.4	16.0
England and Wales ..	15.3	14.4	14.8	14.7	14.8	14.9

Particulars of the rates in the several Sanitary Districts of the Riding are shown in Table I. of the statistical tables appended to the report.



### Illegitimate Births.

There was a reduction in the number of illegitimate live births registered during the year as compared with its predecessor. During 1937, there were 274 such births registered, or 15 less than in 1936; in the urban districts there were 148, or 13 less than in 1936, while in rural districts there were 126, or 2 less than for that year.

On the basis of 1,000 population, the illegitimate birth rate was .82 as against .87 in 1936; and calculating the rate per 1,000 live births the rate was 51.35 as compared with 56.96 for the previous year.

### Stillbirths.

It is satisfactory to note that the number of stillbirths registered showed a reduction from 221 in the year 1936 to 209 in the year under review. Further analysis of the latter figure into sexes indicates that there were 116 male and 93 female stillbirths.

The rate per 1,000 total births was 37.69; this rate compares favourably with 41.74 for the previous year.

### Deaths and Death Rates.

During 1937, the total number of deaths registered for the Riding was 4,279; of this number, 2,169 were males and 2,110 were females. The total figure gives an annual death rate of 12.8 (per 1,000 estimated population), which is slightly above the figure (12.6) for the previous year. The fractional increase is equally distributed between the urban and the rural districts, and was probably associated with the high incidence of influenza during the year. In terms of these districts the death rates were as follows:—

	Urban Districts.	Rural Districts.
1936 ..	13.0	12.2
1937 ..	13.2	12.4

The Death Rate of 12.8 for the Riding compares with 12.4 for England and Wales. Slightly more than half of the total deaths were in persons over 65 years of age, while nearly one-third were in persons over 75 years of age.

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.
	26%	" " " " 75 " "
(ii) Rural Districts ..	58%	" " " " 65 " "
	32%	" " " " 75 " "

The following table gives the rates for the past five years:—

		Death Rates.				
		1933	1934	1935	1936	1937
North Riding: Urban Districts ..	..	12.7	12.8	13.6	13.0	13.2
Rural Districts ..	..	11.6	11.4	12.0	12.2	12.4
Administrative County ..	..	12.2	12.2	12.9	12.6	12.8
England and Wales ..	..	12.3	11.8	11.7	12.1	12.4

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

## Mortality at different ages from the various causes.

The following details have been supplied by the Registrar General:—

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.														AGGREGATE OF RURAL DISTRICTS.													
		All Ages	0	1	2	5	15	25	35	45	55	65	75	All Ages	0	1	2	5	15	25	35	45	55	65	75				
ALL CAUSES ..	M	1250	113	19	15	15	45	48	53	115	231	294	302	919	74	5	12	15	27	38	30	63	136	222	297				
	F	1206	72	18	17	32	34	43	64	98	186	293	349	904	51	10	4	14	18	35	35	69	130	248	290				
1 Typhoid and paratyphoid fevers ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
	F	2	..	..	..	..	..	..	..	1	1	..	..	2	..	..	..	..	..	1	..	..	1	..	..				
2 Measles ..	M	7	3	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
	F	4	..	3	1	..	..	..	..	..	..	..	..	3	..	..	..	1	..	1	1	..	..	..					
3 Scarlet Fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	..	2	..	..	..	..	..	..					
	F	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..					
4 Whooping cough ..	M	5	3	2	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..					
	F	6	3	2	1	..	..	..	..	..	..	..	..	5	3	2	..	..	..	..	..	..	..	..					
5 Diphtheria ..	M	5	..	..	2	3	..	..	..	..	..	..	..	4	..	..	2	2	..	..	..	..	..	..					
	F	7	..	..	2	5	..	..	..	..	..	..	..	6	3	..	2	..	1	..	..	..	..	..					
6 Influenza ..	M	55	1	2	1	..	3	3	2	15	12	9	7	43	2	..	2	..	..	3	3	11	5	17					
	F	61	..	1	..	2	2	4	4	6	12	11	19	46	..	..	..	..	1	1	3	4	8	15	14				
7 Encephalitis lethargica	M	1	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	1	1	..	..	..	..					
	F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
8 Cerebro-spinal fever	M	3	..	..	1	1	1	..	..	..	..	..	..	2	..	..	..	1	1	..	..	..	..	..					
	F	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..					
9 Tuberculosis of respiratory system ..	M	50	..	..	..	4	7	13	13	8	5	..	..	24	..	..	..	2	7	5	6	3	1	..					
	F	26	..	..	..	1	8	4	5	5	1	2	..	16	..	..	..	1	3	6	2	1	3	..					
10 Other tuberculous diseases	M	13	2	1	2	..	3	2	1	2	..	..	..	7	..	..	..	5	1	..	..	..	1	..					
	F	15	..	1	3	3	1	2	3	1	1	..	..	13	..	1	1	3	2	4	1	1	..	..					
11 Syphilis ..	M	3	..	..	..	..	..	..	..	..	2	1	..	1	..	..	..	..	..	..	1	..	..	..					
	F	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	1	..	..					
12 General paralysis of the insane, tabes dorsalis	M	6	..	..	..	..	..	..	1	5	..	..	..	2	..	..	..	..	..	1	1	..	..	..					
	F	3	..	..	..	..	..	..	1	1	..	1	..	1	..	..	..	..	..	..	1	..	..	..					
13 Cancer, malignant disease	M	143	..	..	..	1	3	4	4	12	42	44	33	96	..	..	..	..	1	1	11	21	31	31					
	F	165	..	..	..	..	3	7	25	50	49	31	125	..	..	..	..	..	1	6	21	25	47	25					
14 Diabetes ..	M	11	..	..	..	..	2	..	..	3	5	1	12	..	..	..	..	..	..	2	..	4	6	..					
	F	29	..	..	..	1	..	3	2	5	12	6	23	..	..	..	1	1	..	4	5	9	3	..					
15 Cerebral haemorrhage, etc.	M	76	..	..	..	1	..	2	5	15	21	32	51	..	..	..	..	..	1	2	9	21	18	..					
	F	82	..	..	..	..	..	5	19	32	26	77	..	..	..	..	..	..	2	2	14	18	41	..					
16 Heart disease ..	M	319	..	1	..	3	3	6	21	61	106	118	220	..	..	1	..	2	2	1	16	33	69	96					
	F	318	..	..	..	2	3	8	12	19	39	103	132	224	..	..	..	..	1	3	8	35	76	101					
17 Aneurysm ..	M	4	..	..	..	..	..	1	1	2	..	2	..	2	..	..	..	..	1	..	..	..	1	..					
	F	2	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..					
18 Other circulatory diseases	M	90	..	..	..	..	..	3	12	30	45	56	..	..	..	..	..	1	..	..	6	12	37	..					
	F	73	..	..	..	..	..	1	2	8	24	38	51	..	..	..	..	..	..	1	6	17	27	..					
19 Bronchitis ..	M	26	5	2	..	..	..	1	2	1	8	7	17	..	..	..	..	..	3	1	..	2	11	..					
	F	38	5	..	..	1	..	..	..	9	23	26	..	..	..	..	1	..	..	2	2	7	14	..					
20 Pneumonia (all forms)	M	88	17	5	4	2	1	6	6	12	19	10	6	62	14	4	3	2	1	5	2	2	11	8	10				
	F	61	10	6	5	3	2	6	4	5	9	7	4	42	4	4	..	1	1	3	4	7	7	11					
21 Other respiratory diseases	M	7	1	1	..	..	..	2	..	1	2	..	..	12	..	..	..	..	..	1	..	2	6	3					
	F	7	..	..	..	..	1	1	4	..	1	10	..	..	..	..	..	1	2	..	1	3	3	..					
22 Peptic ulcer ..	M	21	..	..	..	..	3	7	3	3	5	3	..	..	..	..	..	..	1	..	..	2	..	..					
	F	7	..	..	..	1	1	1	..	1	2	1	1	..	..	..	..	..	..	..	..	..	1	..					
23 Diarrhoea, etc. ..	M	10	7	..	1	..	..	..	..	..	1	1	6	2	..	..	..	..	2	..	1	..	..	1					
	F	8	3	2	..	1	..	..	..	2	..	..	6	2	..	1	..	..	..	..	..	2	1	..					
24 Appendicitis ..	M	5	..	..	..	1	2	..	..	1	1	..	4	..	..	..	3	..	..	..	..	1	..	..					
	F	9	..	..	..	3	..	1	2	2	1	..	6	..	..	..	2	1	..	1	..	..	2	..					
25 Cirrhosis of liver ..	M	3	..	..	..	..	..	..	..	..	3	..	2	..	..	..	..	..	..	..	..	2	..	..					
	F	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..					
26 Other diseases of liver, etc.	M	5	..	..	..	..	..	..	..	3	1	1	8	..	..	..	..	..	1	1	1	2	3	..					
	F	7	..	..	1	..	..	..	1	2	..	3	8	..	..	..	..	..	..	1	3	2	2	..					
27 Other digestive diseases	M	19	2	..	1	2	2	1	..	2	5	4	16	3	..	..	1	..	1	1	2	4	1	3					
	F	18	1	..	1	..	1	2	3	..	4	3	16	1	..	..	1	..	..	3	2	4	5	..					
28 Acute and chronic nephritis	M	37	..	..	..	..	..	2	3	10	9	13	41	1	..	..	..	..	1	2	8	15	14	..					
	F	36	..	..	..	4	1	1	4	8	10	8	34	..	..	..	..	5	5	10	11	3	..	..					
29 Puerperal sepsis ..	M	2	..	..	..	1	..	1	..	..	..	..	8	..	..	..	3	3	2	..	..	..	..	..					
30 Other puerperal causes	M	8	..	..	..	2	3	3	..	..	..	..	6	..	..	..	1	3	2	..	..	..	..	..					
31 Congenital debility, premature birth, malformations, etc.	M	60	60	..	..	..	..	..	..	..	..	..	45	44	..	..	..	..	..	..	1	..	..	..					
	F	41	41	..	..	..	..	..	..	..	..	..	39	39	..	..	..	..	..	..	..	..	..	..					
32 Senility ..	M	15</																											



The principal causes of death in the County during 1937 were as follows, the figures for the previous year being also given :—

Influenza	.. .. .	205	(17)
Heart Disease	.. .. .	1,081	(1,080)
Other Circulatory Diseases	.. .. .	278	(254)
Bronchitis	.. .. .	107	(137)
Pneumonia (all forms)	.. .. .	253	(213)
Congenital Debility and Malformations, Premature Birth	.. .. .	185	(167)
Tuberculosis of the Respiratory System	.. .. .	116	(146)
Tuberculosis (other forms)	.. .. .	48	(40)
Cancer, Malignant Disease	.. .. .	529	(533)
Cerebral Haemorrhage	.. .. .	286	(302)
Acute and Chronic Nephritis (Kidney Disease)	.. .. .	148	(162)
Senility	.. .. .	99	(112)

#### Cancer, Malignant Disease.

The best that may be said of the cancer statistics is that they are no worse than those for the previous year, yet the number of deaths from this cause was high enough to emphasise the need for closer attention to this problem. Cancer has now become—apart from the ill defined group “heart disease”—the largest single cause of death; in fact, the number of deaths in the Riding from this dreaded disease was more than three times the number of deaths from all forms of tuberculosis. The number of these deaths, however, was 529 during 1937 as compared with 533 for the year 1936. The following table offers a perspective of the problem over a period of years and indicates its increasing seriousness :—

#### 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.
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
1937	.. 529	308	221	1.6	1.7	1.5	1.63

While the above figures show the mortality from cancer, it is impossible to estimate its incidence in the community. It is not a notifiable disease and no statistics are available to show its prevalence. Moreover, there is the inherent horror of the disease in the public mind, and this fact, combined with the slow insidious nature of the disease, prevents its recognition until, unfortunately, it has become so firmly established that treatment is difficult or impossible.

If, however, the mortality figures bear a direct relationship to the incidence of cancer, this disease presents, if only in size, a problem of considerable importance in preventive medicine; in fact, having regard to the increasing expectation of life of the individual, it appears to be one of the vital problems of present day public health administration.

Medical research continues assiduously and certain advances have been made, but progress is necessarily slow. Methods of treatment, by radium, by surgery and by deep X-rays, have been successful in many cases, but the urgent need is for better and more extensive facilities for diagnosis as well as for treatment, while wider propaganda, to enlighten the public on the success of these methods more especially in the earlier stages of the disease, would help considerably.

Radium centres have been established at voluntary hospitals in various parts of the Country, and there is great hope in this arrangement if the people can be urged to attend there. The suitability of a person for radium treatment can only be determined by the expert, and there are only a few centres where this expert advice and the necessary radium are available.

When it is possible to increase the number of these centres or to make expert advice available at clinics radiating from such centres, as in tuberculosis, we may contemplate a serious onslaught on the dreaded scourge of cancer.

Meanwhile, the cases of cancer in the Riding are treated mainly through the Public Assistance Committee, either in their own institutions where no modern methods are available or by arrangements with such hospitals as the following where there are facilities for certain forms of treatment :—

Middlesbrough Municipal Hospital.	Harrogate General Infirmary.
Darlington Memorial Hospital.	Royal Victoria Infirmary, Newcastle-on-Tyne.
	Leeds General Infirmary.

Both at Leeds and at Newcastle there is a radium centre; and, although some distance away, greater use of these centres should be encouraged with a view to reducing the mortality and the suffering from this disease.



During 1937, fewer cases were admitted to Public Assistance Institutions in the Riding; there were 19 cases so admitted compared with 35 cases for the previous year, and 12 patients had received previous advice or treatment at other hospitals. The 7 patients, who were admitted to the Council's Institutions without having had previous hospital treatment, were in an advanced stage of the disease.

Having regard to the high mortality and the probable high incidence of cancer in the community, the number of cases treated is very small, and one wonders what treatment, if any, is being provided for the sufferers from this disease other than those mentioned above.

#### 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.
<b>A.—URBAN.</b>														
1. Eston .. ..	42	1.37	89	2.91	66	2.16	27	.88	3	.10	30	.98	22	.72
2. Guisborough .. ..	13	1.62	23	2.86	..	..	2	.25	..	..	1	.12	6	.75
3. Loftus .. ..	6	.79	31	4.07	7	.92	..	..	2	.26	2	.26	15	1.97
4. Malton .. ..	9	2.17	13	3.14	2	.48	5	1.21	2	.48	4	.96	2	.48
5. Northallerton .. ..	8	1.62	13	2.63	5	1.01	1	.20	..	..	4	.81	2	.40
6. Pickering .. ..	7	1.80	24	6.17	1	.26	1	.26	1	.26	3	.77	1	.26
7. Redcar .. ..	33	1.43	58	2.52	29	1.26	6	.26	5	.22	16	.69	18	.78
8. Richmond .. ..	8	1.46	13	2.37	7	1.28	5	.91	..	..	1	.18	1	.18
9. Saltburn & Marske .. ..	18	2.71	16	2.41	4	.60	..	..	1	.15	9	1.36	9	1.36
10. Scalby .. ..	9	2.07	14	3.22	2	.46	1	.23	..	..	4	.92	2	.46
11. Scarborough .. ..	81	1.98	192	4.69	48	1.17	12	.29	12	.29	54	1.32	41	1.00
12. Skelton & Brotton .. ..	23	1.79	60	4.67	14	1.09	5	.39	..	..	6	.47	12	.93
13. Thornaby-on-Tees .. ..	24	1.10	53	2.44	30	1.38	6	.27	1	.04	19	.87	9	.41
14. Whitby .. ..	27	2.32	38	3.27	12	1.03	5	.43	1	.08	16	1.37	18	1.55
Total Urban .. ..	308	1.66	637	3.43	227	1.22	76	.41	28	.15	169	.91	158	.85
<b>B.—RURAL.</b>														
1. Aysgarth .. ..	5	1.32	24	6.35	3	.79	2	.53	..	..	2	.53	5	1.32
2. Bedale .. ..	9	1.39	16	2.47	9	1.39	3	.46	1	.15	6	.93	7	1.08
3. Croft .. ..	5	2.44	7	3.41	1	.49	1	.49	..	..	2	.97	..	..
4. Easingwold .. ..	11	1.14	41	4.24	5	.52	2	.21	..	..	3	.31	8	.83
5. Flaxton .. ..	20	1.43	34	2.44	8	.57	..	..	3	.21	4	.29	5	.36
6. Helmsley .. ..	5	.96	17	3.27	5	.96	1	.19	1	.19	3	.58	9	1.73
7. Kirbymoorside .. ..	6	1.24	18	3.71	6	1.24	1	.21	1	.21	5	1.03	6	1.24
8. Leyburn .. ..	11	1.61	15	3.20	6	.88	1	.15	1	.15	7	1.03	4	.59
9. Malton .. ..	10	1.79	21	3.75	12	2.14	1	.18	1	.18	9	1.61	4	.71
10. Masham .. ..	4	2.13	5	2.66	..	..	1	.53	..	..	1	.53	3	1.60
11. Northallerton .. ..	11	1.45	25	3.30	10	1.32	6	.79	1	.13	9	1.19	8	1.06
12. Pickering .. ..	6	1.10	21	3.87	3	.55	..	..	..	..	6	1.10	4	.74
13. Reeth .. ..	8	3.65	5	2.28	4	1.82	..	..	..	..	..	..	7	3.19
14. Richmond .. ..	17	.86	32	1.63	14	.71	5	.25	5	.25	7	.35	10	.51
15. Scarborough .. ..	15	2.22	19	2.81	12	1.77	2	.29	1	.15	7	1.03	6	.89
16. Startforth .. ..	6	1.48	15	3.70	4	.99	..	..	..	..	1	.25	2	.49
17. Stokesley .. ..	19	1.23	49	3.18	15	.97	4	.26	2	.13	14	.91	14	.91
18. Thirsk .. ..	22	1.84	32	2.68	31	2.59	5	.42	1	.08	13	1.09	9	.75
19. Wath .. ..	2	.82	6	2.45	3	1.23	1	.41	..	..	2	.82	2	.82
20. Whitby .. ..	29	2.51	42	3.63	18	1.55	4	.34	2	.17	8	.69	15	1.30
Total Rural .. ..	221	1.50	444	3.01	169	1.15	40	.27	20	.13	109	.74	128	.87
Administrative County .. ..	529	1.59	1081	3.24	396	1.19	116	.35	48	.14	278	.83	286	.86

## INFANTILE MORTALITY.

There was a slight increase in the number of deaths in infants under one year; the total number for the year under review was 310—an increase of 21, compared with 1936. The infantile mortality rate is approximately that for England and Wales; it is 58.1, compared with 57 for the previous year.

The number of deaths of infants under one year in urban districts was exactly the same as for the previous year; the increase in total over the previous year was associated with the rural districts.

The following table shows the infant mortality rates for the last six 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
1937 ..	59.3	56.4	58.1	58.0

The main causes of deaths among children under one year of age were as follows:—

	1935	1936	1937
Congenital debility, premature birth, mal-formation, etc. ..	217	163	184
Diarrhoea ..	13	13	14
Pneumonia ..	46	31	45
Bronchitis ..	10	21	10
Whooping Cough ..	12	8	10

The largest group has shown an increase in numbers compared with 1936, but it is still smaller than in 1935. This group is difficult to attack as so many factors, some of deep sociological significance, are concerned in its production; the increase is in the rural districts, and this fact increases the difficulty, as clinics and centres are less readily accessible.

The Infantile Mortality Rates for the various districts are shown in Table 2 in the statistical tables. In many cases, owing to the small numbers involved, these rates must be quoted with reserve.

### Diarrhoea.

There were 16 deaths of children under 2 years of age where the cause was registered as diarrhoea; of this number, 12 occurred in urban districts and 4 were in rural districts. During 1936, the total number of deaths from this cause was 15.

Deaths from diarrhoea in infants for the last six years were:—

	1932	1933	1934	1935	1936	1937
Deaths ..	29	19	11	15	15	16
Deaths per 1,000 births ..	5.6	3.9	2.2	2.9	2.9	3.0

### Measles.

There were 14 deaths from this cause during the year, compared with 18 deaths in the previous year. The following show the deaths from measles for the past few years:—

	1932	1933	1934	1935	1936	1937
Deaths ..	7	2	72	6	18	14

### Whooping Cough.

The number of deaths from whooping cough during 1937 was 17, compared with 19 for 1936.

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### Laboratory facilities.

In 1936, a small laboratory was established at the County Hall primarily for the bacteriological examination of milk samples and pathological material from cows arising from work under the Milk (Special Designations) Order and the Tuberculosis Order.

#### (i) GRADED MILK.

Under the former Order, certain conditions must be satisfied by holders of licences; these conditions include standards of cleanliness to which samples of milk must conform, and the work in the laboratory is concerned mainly with the examination of samples of "Accredited" and "Tuberculin Tested" milks in relation to such standards. These standards are governed by the Third Schedule to the Order, and came into operation on the 1st January, 1937; they vary according to whether the samples of milk are taken in summer or in winter. The tests must be undertaken under certain conditions; these tests are known as "the methylene blue reduction test" and the "coliform test."



The following table shows the volume of work done during 1937 in regard to those tests on samples of "Accredited" and "Tuberculin Tested" milks :—

Test.	" Accredited."	" Tuberculin-tested."	Total.
Methylene-blue reduction test ..	930	237	1,167
Coliform test ..	222	181	403

The results of these tests are given below separated into the summer and winter standards :—

	" Accredited."				" Tuberculin tested."			
	Methylene Blue.		Coliform.		Methylene Blue.		Coliform.	
	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.
Summer Standard ..	75%	25%	63·36%	36·64%	78·63%	21·37%	70·37%	29·63%
Winter Standard ..	90·41%	9·68%	86·67%	13·33%	89·83%	10·17%	90·41%	9·59%

The summer and winter standards apply to the methylene blue reduction test only, while the coliform test is the same for all periods of the year; the results of the latter test are given above for comparison only.

The following table shows the percentage of samples which *failed* to pass one or other of the tests under summer and winter standards :—

	" Accredited."	" Tuberculin Tested."
Summer Standard ..	32·14%	37·61%
Winter Standard ..	11·83%	11·86%

These figures show that the standards of cleanliness of the milk from "Accredited" and "Tuberculin Tested" herds corresponds fairly closely; the higher figures in the "Tuberculin-tested" group are due to the stricter testing of this grade, each sample of which was submitted to both tests. The disparity between the results of summer and winter tests may be accounted for by the summer standard being *relatively* more severe, as atmospheric conditions are more suitable for the propagation of organisms during that season.

As these new bacteriological tests only came into operation on the 1st January, 1937, it is not possible to compare the above figures with previous results, but they will form the basis for future comparisons.

Where samples failed to pass the required tests, the producers were notified and further specimens were taken. If more than two bad results were obtained, special visits were paid to the farms with a view to assisting the producer in ascertaining the cause of the failures. In all cases the assistance rendered by the Veterinary Officers in this respect was greatly appreciated by the producers.

#### (ii) UNGRADED MILK.

A methylene blue reduction test was carried out on 170 samples of ungraded milk. Of these, 10 samples were from premises where, on inspection under the Milk and Dairies Order, the conditions of milk production were found to be unsatisfactory; a coliform test was done on these samples in addition to the reduction test. Under winter conditions 23·47% were considered to be unsatisfactory and 30·14% failed during the summer months.

#### (iii) MILK IN SCHOOLS.

In addition to the above examinations, 156 samples of milk supplied to schools were examined by the methylene blue and coliform tests. Unfortunately, the time elapsing between milking and examination in these cases negated the value of the results.

## (iv) TUBERCULOSIS ORDER.

Under this Order, 129 milk samples from cows suspected to be suffering from tuberculosis of the udder were examined microscopically for *Bacillus Tuberculosis* and 17.05% were found to be positive.

While the main work in the laboratory was concerned with the examination of milk, specimens of sputum from cattle for *Bacillus Tuberculosis* were also examined. Of these, 14 were so examined and 7 were positive.

In addition to the above examinations, it was possible to arrange for the examination of sputa in connection with the dispensary work of the Tuberculosis Scheme. Reference to these examinations is made in the section of the report dealing with this Scheme.

The laboratory is only equipped for such examinations as are recorded above, but if more adequate and more convenient accommodation were available more of the present type of work and new bacteriological examinations could be undertaken with benefit to the other clinical branches of the department's work and, perhaps, to the work of district councils.

Examinations of throat swabs, sputa for *B. tuberculosis*, urine for organisms, virulence tests, etc., were undertaken at the North Riding Laboratory, Scarborough, while blood tests for Venereal Diseases were sent to St. Thomas' Hospital, London, or to the Leeds Medical School.

**Ambulance Services.**

There has been no alteration in the provision of these services, and a full schedule of the ambulances available in the Riding was included in last year's report. The extensive area of the Riding and the location of the "acute" hospitals on its periphery indicate the need for an efficient service. While, on the whole, the area is fairly well covered, some districts depend on a neighbouring district for the service; and in some districts private contractors provide the ambulance. The power of a local authority to provide an ambulance is given in Section 197, Public Health Act, 1936. The need for adequate ambulance transport in the scheme for Air Raid Precautions will probably direct the attention of local authorities to the ambulance service in their areas.

**Hospital Provision in the Riding.****I. VOLUNTARY HOSPITALS.**

The greater proportion of cases of acute illness are admitted to hospitals *outside* the Riding, e.g. York, Middlesbrough, Darlington and Leeds, but the table below shows the number of beds available at voluntary hospitals *within* the Riding. The largest of these are the New Hospital, Scarborough, and the Yorkshire Children's Orthopaedic Hospital; the latter, as its name implies, is a hospital for special work.

The New Scarborough Hospital was only opened a short time ago, and is one of the most modernly equipped hospitals in the Country; in addition to providing for acute surgical and medical cases, it has a special department for maternity cases, and, for this purpose, it is utilised by the County Public Health Committee by agreement with the Borough Council of Scarborough.

Name of Hospital.	Address.	Total No. of Beds.
Cleveland Cottage .. ..	.. .. Brotton ..	22
St. Monica's .. ..	.. .. Easingwold ..	6
Eston .. ..	.. .. Eston ..	60
Admiral Chaloner .. ..	.. .. Guisborough ..	18
Yorkshire Children's Orthopaedic ..	.. .. Kirbymoorside ..	124*
Ryedale Cottage .. ..	.. .. " ..	6
Malton & Norton District .. ..	.. .. Malton ..	26
Rutson .. ..	.. .. Northallerton ..	28
Stead Memorial .. ..	.. .. Redcar ..	11
Victoria .. ..	.. .. Richmond ..	8
New Hospital .. ..	.. .. Scarborough ..	140
Lambert Memorial .. ..	.. .. Thirsk ..	16
War Memorial Cottage .. ..	.. .. Whitby ..	20
Total No. of Beds ..		485

\* For special cases only.

**II. ISOLATION HOSPITALS.**

At the commencement of the year the following information was available regarding isolation hospitals in the Riding. Some alterations in the figures in the following table may have been made since, as many local authorities were considering the County Council's scheme under Section 63, Local Government Act, 1929. This scheme in its entirety was not due to commence until the 1st April, 1938, so that no further reference to it is made.

In regard to this type of hospital, the available information is as follows:—

Name of Isolation Hospital.	Total No. of beds.
Eston .. ..	36
Guisborough .. ..	24
Whitby .. ..	16
Scarborough .. ..	28
Northallerton .. ..	22
Masham .. ..	18
Startforth .. ..	10
Thirsk .. ..	14



## III. SANATORIA.

The following table shows the Sanatoria situated in the Riding with the available accommodation there :—

Name of Sanatorium.	Owner.	No. of beds.
Aysgarth .. ..	Private .. ..	56
Fairfield .. ..	York City Corporation ..	63
Morris Grange ..	County Council ..	60*
Mowbray Grange ..	" .. ..	30
Poole Sanatorium ..	North Eastern Combined Authorities ..	45

\* For children only.

## IV. PUBLIC ASSISTANCE INFIRMARIES.

Provision for the chronic sick is available at infirmaries administered by the Public Assistance Committee; the distribution of this accommodation in the Riding with the number of beds available is given in this table :—

Name of Infirmary.	No. of beds.		Total.
	Men.	Women.	
Bainbridge .. ..	7	4	11
Guisborough .. ..	27	37	64
Leyburn .. ..	8	4	12
Northallerton .. ..	10	12	22
Richmond .. ..	10	6	16
Scarborough .. ..	54	88	142
Stokesley .. ..	10	6	16
Whitby .. ..	54	62	116
Total No. of beds ..			399

## Public Assistance—Medical Services.

## (i) MEDICAL OUT-RELIEF.

No material changes occurred in the provision of this service. The medical areas remained as before, although a few changes in personnel did occur during the year.

## (ii) INSTITUTIONAL ACCOMMODATION.

During the year the County Council approved a report on institutional accommodation submitted by the Clerk of the Council and the County Medical Officer. This report was confined mainly to lines of general policy rather than to the needs of individuals. The requirements of the institutions were not forgotten, however, as many minor improvements in structure were undertaken, while the nursing personnel was increased in order to cope with the increase in work.

The need for the improvement of the accommodation for sick was fully appreciated by the Public Assistance Committee and by the County Council, and the policy adumbrated in the report has formed the subject of discussion in relation to its application to certain institutions. The Committee has already decided to build additional accommodation and a Nurses' Home at Guisborough, while a site for a new building at Richmond has been under discussion.

For the purposes of description, the Riding has been divided into the following three sections :—

- (i) Western Section .. .. Comprising Richmond, Wensleydale and Hambleton Guardians Committee Areas.
- (ii) North Eastern Section .. .. Comprising the Cleveland and Langbaugh Guardians Committee Areas.
- (iii) Eastern Section .. .. Comprising the Whitby, Scarborough, Ryedale and Bulmer Guardians Committee Areas.

Although it is not suggested that these Sections should be regarded as separately administered districts, it will probably be found that in practice they become convenient working units, subject to a free interchange of cases between one section and another.

The new proposals, so far as the sick are concerned, provide for Institutional Accommodation in each Section as follows :—

Section.	Population.	Situation of Institution.	No. of beds for sick.	Other Accommodation.
Western* ..	75,886	Richmond ..	40	30 beds for non-sick
		Northallerton ..	60	40 " "
North Eastern	125,210	Guisborough ..	120†	60 " "
Eastern ..	127,654	Scarborough ..	140	100 " "
		Pickering ..	100	— " "
Total ..			460 beds.	

\* An institution may be required at Thirsk in the future.

† The first instalment provides for 60 additional beds; a further 60 beds may be found necessary later.

### Nursing in the Home.

Nursing in the home was extended during the year in the general development of all domiciliary nursing services. There were 86 District Nursing 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 County Nursing Association towards the expenses of Central administration and for the training of midwives.

The Council's scheme under the Midwives Act, 1936, by arranging for the domiciliary midwifery service in almost the whole Riding to be undertaken by District Nursing Associations, gave a strong impetus to the work of these associations, and thereby stimulated general nursing. While, in the previous year, there were 172 civil parishes in the Riding which had no nursing service, there are now only 71 parishes without *general* nursing. In these parishes, however, midwifery nursing, health visiting and school nursing are provided.

Special grants were paid to certain associations for the nursing of tuberculous persons.

### 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 in the Urban District of Whitby. In these autonomous districts, however, there is close co-operation with the County Council for the Medical Officers associated with one branch or another of this work in these districts are employed in some other capacity by the County Council.

The population of the County Council's Maternity and Child Welfare area was 253,347 (R.G. estimate mid-year 1937), i.e. an increase of 4,681 compared with the previous year; the total number of births registered during the year had also increased from 3,784 to 4,033. Three new centres were opened during 1937.

### Ante-Natal Care and Supervision.

The systematic examination of pregnant women has, as its object, the ascertainment of any deformity or disease which may be prejudicial to the mother or child, and the provision of appropriate treatment to eliminate or reduce the risks at or immediately after confinement. The need for such examinations has been frequently emphasised in reports concerning maternal mortality and invalidism. Experience has shown that the early and appropriate treatment of pelvic deformities, abnormal position of the child and intercurrent diseases of pregnancy has lessened the risks to mothers and has asserted a favourable influence on the condition of the child at birth.

Every pregnant woman should receive ante-natal care sufficient to ensure that a difficult labour will be foreseen; the examination should ensure early detection of any of the poisons of pregnancy. The measures taken should include the control of infections, the education of the woman in the preparation for the confinement and co-operation between the doctor and others having charge of the woman during pregnancy, labour and the lying-in period.

Having regard to these objects and principles, the Ante-natal work in the Riding was developed considerably by :—

#### (i) Establishing new ante-natal clinics.

Apart from the autonomous areas, there are now 12 Ante-Natal Clinics compared with 5 during the previous years. These clinics are held at Boosbeck, Brotton, Dormanstown, Grangetown, Guisborough, Loftus, Marske, Redcar, South Bank, Stokesley, Yarm and Huntington Road, York.

#### (ii) Establishing ante-natal clinics in association with Maternity and Child Welfare Centres.

Arrangements have been made, or are being made, for sessions to be held at Malton, Pickering, Thirsk, Northallerton, Scalby, Yarm. At only the two last named had definite arrangements materialised at the end of the year.



- (iii) Supervising uninsured expectant mothers in rural districts where the nearest Ante-Natal Clinic is more than three miles away.

None of the above developments became operative until the latter part of the year.

Dental treatment was available for expectant and nursing mothers at the Ante-Natal Clinics and Child Welfare Centres; at the larger centres monthly visits were made, while in the rural districts quarterly visits were arranged where possible.

The following table shows the attendances at the twelve special Ante-Natal Clinics; there is a marked increase in the number of expectant mothers who attended and also a proportionate increase in the total number of attendances.

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.
Boosbeck .. ..	33	4.1	20
Brotton .. ..	172 (82)	7.5 (3.6)	73 (29)
Dormanstown .. ..	115	9.6	53
Grangetown .. ..	39	4.3	18
Guisborough .. ..	68 (95)	3.4 (3.6)	25 (29)
Loftus .. ..	101 (78)	4.6 (3.9)	39 (30)
Marske .. ..	57	5.2	25
Redcar .. ..	499 (435)	16.2 (24.2)	197 (148)
South Bank .. ..	418 (346)	13.5 (16.5)	156 (145)
Stokesley .. ..	14	1.7	9
Yarm .. ..	13	3.2	6
York .. ..	224	4.5	44
Total .. ..	1,753 (1,021)	7.7 (10.1)	665 (392)

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 3,834, compared with 3,580 for the previous year. As hitherto, arrangements were made with each Registrar of Births and Deaths that he would be supplied at the end of each month with a list of births notified, and the County Medical Officer was to be informed of the births registered but not notified in accordance with the Notification of Births Acts, 1907 and 1915; provision for the notification of births is now made under Section 203, Public Health Act, 1936. Each "un-notified" birth was followed up by sending a letter to the attendant asking the reason for the non-notification: there were 322 births not notified during the year. The main reason for non-notification was a misunderstanding as to whose duty it was to notify. The Acts impose the obligation upon the father if he is residing in the house at the time, or upon any person in attendance at the time or called in within six hours of the birth.

#### Midwives Acts, 1902-1936.

The series of Midwives Acts was extended by the addition of the Midwives Act, 1936, which came into operation on the 31st July, 1937.

*The Act of 1902* required the certification of midwives and arranged for the preparation of a roll of midwives; among other provisions in this statute county and county borough councils became local supervising authorities, and there was established the statutory body known as the Central Midwives Board to control the registration and training of midwives.

*The Act of 1918* amended the principal Act in several respects; but, in addition, it gave certain disciplinary powers to the Central Midwives Board to control the practice of midwives, provided for local supervising authorities to contribute to their training, and placed a midwife under an obligation to call in to her assistance a medical practitioner.

*The Act of 1926* had as its main provision the registration and inspection of Maternity Homes; but, in this respect, this enactment was repealed later by the Nursing Homes Registration Act, 1927, which, in turn, has been re-enacted in the Public Health Act, 1936.

*The Midwives Act, 1936*, is, however, in its wide reaching effect the most important legislation on the subject since 1902. It varies from its predecessors in the series mainly in the establishment of a domiciliary midwifery service of salaried midwives, in endeavouring to improve the status of this type of nurse and in precluding unqualified persons from acting as maternity nurses, for gain. The unit of administration of this Act is the local supervising authority, and all such authorities were obliged to prepare schemes to give effect to this new legislation.

In the Riding, the County Council is the local supervising authority for the Administrative County less the Borough of Scarborough. The County Council delegated their functions to the Public Health Committee, and this Committee prepared a scheme for the operation of the Act in the district for which the Council is responsible.



Having regard to the extensive area of the Riding, to the many sparsely populated districts, and to the many "unnursed" areas, the proposals were necessarily complicated. Yet, every expectant mother in the Riding, no matter where she is resident, has to have available the services of a qualified midwife; it will be appreciated that the formulation of a satisfactory scheme was a formidable task. The proposals of the Committee, which have proved very satisfactory, were put into operation at the earliest possible date, viz., 31st July, 1937; but, before then, consultations had been held with welfare councils, voluntary bodies, medical practitioners and others interested in midwifery in the Riding.

In preparing the scheme for a domiciliary service of midwives in the Riding, the following important considerations had to be borne in mind:—

- (i) the adequacy of the provision for the needs of the area;
- (ii) the avoidance of duplication in any part of the area;
- (iii) the standardisation of remuneration and conditions of service throughout the area;
- (iv) uniformity of scale of fees and assessment for the services of midwives;
- (v) the need for agreement with the voluntary associations and the Welfare Councils;
- (vi) the centralisation of the supervision of midwives;
- (vii) the co-ordination of the midwifery service with the ante-natal scheme.

The final proposals arranged for the establishment of the domiciliary midwifery service in a combination of four ways:—

- (i) the employment of County Council midwives at Thornaby-on-Tees;
- (ii) the provision of an additional midwife at Whitby where the local council had already employed a midwife;
- (iii) the delegation of midwifery work to district nursing associations;
- (iv) by arranging with the County Nursing Association to employ midwives in "unnursed" areas pending the establishment of district nursing associations there.

These arrangements were not concluded without due consideration being given to alternative methods; but it was felt that, by delegating duties to the district associations and by offering grants therefor, a desirable subsidiary effect would be the extension of general nursing throughout the Riding.

Certain conditions were laid down regarding the scale of salaries for midwives varying according to the status of the midwife, a higher scale being offered to midwives who were also state registered nurses on the general part of the State Register.

A maximum scale of fees was suggested with a view to securing uniformity throughout the Riding, while grants (for midwifery and for transport) were paid to district associations; grants to rural associations were higher than those to urban associations.

Provision was also made in the scheme for the payment for relief nurses for various reasons, and regulations governing these payments were approved. Provision was also made in the scheme for sending midwives for refresher courses in accordance with the Act, but no action was taken in this matter pending the receipt of the rules of the Central Midwives Board governing such courses.

As a close supervision of such a scheme was necessary, a non-medical supervisor of midwives was appointed, who combines these duties with those of Superintendent Health Visitor and School Nurse.

The following table shows the arrangements in operation in the Riding; in explanation of the last column, grants are payable according to the "midwife equivalent." To calculate this equivalent, the number of cases which a full time midwife was estimated to undertake in a year was 80-90 in urban districts, and 40-50 in rural districts.

#### I. Welfare Councils.

Area to be served.	Method of providing Service.	"Midwife Equivalent."
Borough of Richmond ..	Richmond District Nursing Association ..	$\frac{3}{4}$
Borough of Thornaby-on-Tees ..	County Council Midwives ..	4
Urban District of Whitby ..	Whole-time salaried Midwives by arrangement with the Whitby U.D.C. ..	2

## II. District Nursing Associations.

(Where "New Association" is mentioned the County Nursing Association have made arrangements.)

Name of District Nursing Association.	Area to be Served.	"Midwife Equivalent."
Alne .. ..	Alne, Tollerton, Youlton, Flawith, Aldwark ..	1 1/2
Amotherby ..	Swinton, Broughton, Appleton-le-Street, Amotherby, Barton-le-Street, Hildenley, Great Habton, Little Habton, Kirby Misperton, Barughs Ambo, Butterwick, Henderskelfe, Coneysthorpe ..	1 1/2
New Association ..	Ampleforth, Cawton, Gilling East, Coulton, Grimston, Thorpe-le-Willows, Oswaldkirk, Scackleton, Airyholme-with-Howthorpe and Baxter Howe ..	1 1/2
Aysgarth .. ..	Burton-cum-Walden, Carperby-cum-Thoresby, Thoraby, Bishopdale, Newbiggin, Aysgarth, Thornton Rust, Askrigg ..	1 1/2
Boosbeck .. ..	Skelton (part) ..	1 1/2
Brotton .. ..	Brotton (less Carlin How), Kiltonthorpe in the parish of Kilton ..	1 1/2
Bedale .. ..	Bedale, Aiskew, Burrill-with-Cowling, Carthorpe, Exelby, Leeming and Newton, Firby, Thirn, Rand Grange, Theakston, Rookwith, Burneston, Ainderby Miers with Holtby, Gatenby, Thornton Watlass, Swainby-with-Allerthorpe, Clifton-upon-Ure ..	1
Beningbrough ..	Overton, Shipton, Beningbrough, Linton-on-Ouse, Newton-on-Ouse ..	1 1/2
Bilsdale .. ..	Bilsdale West Side, Rievaulx, Old Byland, Murton, Hawnby, Cold Kirby, Scawton, Bilsdale Midcable, Arden, Dale Town, Laskill Pasture ..	1 1/2
Brompton .. ..	Brompton, Winton, Hutton Bonville, Lazenby, Deighton, Welbury ..	1 1/2
Barningham ..	Barningham, Scargill, Rokeby, Ravensworth, Whash-ton, Newsham, Dalton, Gayles, Kirby Hill, Brignall, Hope ..	1 1/2
Bowes .. ..	Bowes, Gilmonby, Boldron ..	1 1/2
Boroughbridge ..	Langthorpe, Ellenthorpe, Kirby Hill, Milby, Humberton, Marton-le-Moor ..	1 1/2
New Association ..	Burniston, Suffield-cum-Everley, Silpho, Hackness, Broxa, Troutsdale, Harwood Dale, Cloughton, Stainton Dale, Wykeham (part known as Langdale End) ..	1
Coxwold .. ..	Coxwold, Oulston, Thornton Hill, Hushwaite, Carlton Hushwaite, Angram Grange, Thormanby, Kilburn, Byland-with-Wass, Birdforth, Newborough, Wildon Grange, Oldstead ..	1 1/2
Catterick .. ..	Catterick, Brough, Tunstall, Appleton, Killerby, Colburn ..	1 1/2
Danby .. ..	Danby, Comondale, Westerdale ..	1 1/2
Easingwold ..	Easingwold, Raskelf ..	1 1/2
Egton & Goathland ..	Goathland, Egton ..	1 1/2
East Witton ..	East Witton (Without), East Witton (Within), Middleham, Thornton Steward, Carlton Highdale, Carlton Town, West Scrafton, Caldbergh-with-East Scrafton, Agglethorpe-with-Coverham, Melmerby ..	1
Eston .. ..	Eston, Normanby, Ormesby, Wilton ..	1 1/2
East Ryedale ..	Lastingham, Spaunton, Sinnington, Cropton, Wreilton, Marton, Appleton-le-Moors, Normanby, Thornton Risebrough, Salton, North Holme, Great Edstone, Little Edstone, Brawby, Aislaby, Cawthorne, Middleton, Rosedale East Side, Rosedale West Side, Hartoft, Newton-upon-Rawcliffe, Stape ..	1 1/2
Fadmoor .. ..	Fadmoor, Gillamoore, Bransdale, Farndale East Side, Farndale West Side, Hutton-le-Hole ..	1 1/2
Fearby and Healey ..	Fearby, Healey, Iton, Ellingstring, Colsterdale ..	1 1/2
Forge Valley ..	Wykeham (except part known as Langdale End), East Ayton, Hutton Buscel, West Ayton, Irton, Seamer ..	1 1/2
Glaisdale .. ..	Glaisdale ..	1 1/2
Grangetown ..	Grangetown ..	1 1/2
Guisborough ..	Guisborough, Hutton Lowcross, Tocketts, Pinchinthorpe ..	1
Great Smeaton ..	Great Smeaton, Little Smeaton, Birkby, Hornby, East Cowton, Scorton, Bolton-on-Swale, South Cowton, North Cowton, Whitwell, Ellerton-on-Swale ..	1 1/2



Name of District Nursing Association.	Area to be Served.	"Midwife Equivalent."
Great Ayton	Great Ayton, Little Ayton, Newton	1
Hawes	Hawes, High Abbotside, Low Abbotside, Bainbridge	1
Helperby	Helperby, Myton-on-Swale, Tholthorpe, Brafferton, Cundall-with-Leckby, Fawdington, Sessay, Norton-le-Clay, Hutton Sessay, Thornton Bridge	1
Haxby and Wigginton New Association	Haxby, Wigginton, Skelton, Clifton Without, Rawcliffe, Hawske-cum-Stainsacre, Sneaton, Fylingdales, Eskdaleside-cum-Ugglebarnby, Aislaby	1
Huntington	Huntington, New Earswick	1
Hurworth	Croft, Dalton-on-Tees, Eryholme, Girsby, Over Dinsdale	1
Helmsley Nursing Sisters.	Helmsley, Sproxton, Pockley	1
New Association	Hinderwell, Borrowby, Newton Mulgrave, Ellerby, Roxby, Mickleby, Staithes	1
Hutton Rudby	Hutton Rudby, Crathorne, Sexhow, Skutterskelfe, Middleton-upon-Leven, Rudby	1
Kirklevington	Kirklevington, High Worsall, Low Worsall, Picton, Castle Levington, Appleton Wiske, East Rounton, West Rounton	1
Kirbymoorside	Kirbymoorside, Beadlam, Nawton, Skiplam, Welburn, Wombledon	1
Lingdale	Skelton (part), Moorsholm, Stanghow	1
Leake	Knayton-with-Brawith, Cowesby, Kepwick, Upsall, Kirby Knowle, Borrowby, Nether Silton, Over Silton, Leake, Crosby, Landmoth-cum-Catto, Cotcliffe, Thornton-le-Beans, Sowerby-under-Cotcliffe	1
Lythe	Lythe, Barnby, Ugthorpe, Hutton Mulgrave, Newholme-cum-Dunsley	1
Loftus	Loftus, Skinningrove, Liverton, Brotton (Carlin How), Easington, Kilton (less Kilton Thorpe)	1
Leyburn	Leyburn, Harmby, Spennithorne, Bellerby, Barden, Hutton Hang, Garriston	1
Mid-Vale of Pickering Marske & Downholme	Ebberston, Allerston, Brompton, Snainton, Marske, Downholme, Walburn, Stainton, Marrick, New Forest, Ellerton Abbey	1
Middleton Tyas	Middleton Tyas, Moulton, Melsonby, Barton, Uckerby, Stapleton	1
Masham	Masham, Ellington, Swinton-with-Warthermarske, Burton-upon-Ure	1
Malton	Malton, Ryton, Huttons Ambo, Marishes	1
Marske-by-the-Sea	Marske, Upleatham	1
Manfield	Cleasby, Cliffe, Manfield, Aldbrough, Eppleby, Forcett, East Layton, Stanwick St. John, West Layton, Caldwell, Newton Morrell	1
Nunthorpe	Nunthorpe, Marton, Upsall, Morton	1
Nunnington	Nunnington, Ness, Muscoates, Harome, Stonegrave, Slingsby, East Newton-with-Laysthorpe, South Holme, Hovingham, Wath, Fryton	1
Northallerton do	Northallerton, Romanby, Ainderby Steeple, Morton-on-Swale, Yafforth, Scruton, Kirby Fleetham, Great Langton, Little Langton, Thrintoft, Warlaby, Danby Wiske, Kiplin	1
New Association	Osbaldwick, Murton, Holtby, Sand Hutton, Upper Helmsley, Gate Helmsley, Claxton, Warthill, Stockton-on-the-Forest, Crambe, Buttercrambe-with-Bossall, Whitwell, Barton-le-Willows, Harton, Heworth Without	1
Otterington	Thornton-le-Moor, South Otterington, Newby Wiske, Maunby, Kirby Wiske, Newsham-with-Leckenbrough, Sand Hutton, North Otterington	1
Osmotherley	Kirby Sigston, Osmotherley, East Harlsey, West Harlsey, Ellerbeck, Thimbleby, Ingleby Arncliffe, Snilesworth	1
Patrick Brompton	Patrick Brompton, Hackforth, Hornby, Arrathorne, Hunton, Newton-le-Willows, Finghall, Constable Burton, Akebar, East Hauxwell, West Hauxwell, Langthorne, Crakehall	1
Pickering	Pickering (less Stape)	1

Name of District Nursing Association.	Area to be Served.	"Midwife Equivalent."
Redcar .. ..	Redcar, Kirkleatham .. ..	3
Reeth .. ..	Reeth, Grinton, Arkengarthdale, Melbecks, Muker ..	4
Richmond .. ..	Brompton-on-Swale, Aske, Skeeby, Gilling with Hartforth and Sedbury, Easby, Hudswell, Scotton, St. Martin's, Hipswell .. ..	1½
Romaldkirk .. ..	Romaldkirk, Hunderthwaite, Mickleton, Lunedale, Holwick .. ..	1½
Scarborough .. ..	Cayton, Lebberston, Grinstead, Scalby .. ..	1
Stillington .. ..	Stillington, Farlington, Marton-cum-Moxby, Crayke, Brandsby-cum-Stearsby, Sutton-on-the-Forest, Huby, Yearsley, Dalby-cum-Skewsby, Whenby ..	1½
Strensall .. ..	Strensall, Towthorpe, Flaxton .. ..	1½
Sheriff Hutton .. ..	Sheriff Hutton-with-Cornborough, Stittenham, Foston, Terrington, Thornton-le-Clay, Lillings Ambo, Bulmer, Welburn, Ganthorpe .. ..	1½
Startforth .. ..	Startforth, Cotherstone, Egglestone Abbey, Lartington	1½
Stainton .. ..	Stainton, Hemlington, Maltby, Hilton, Ingleby Barwick	1½
Stokesley .. ..	Stokesley, Seamer, Carlton, Kirby, Newby, Great Busby, Little Easby, Busby, Broughton Great and Little, Kildale, Ingleby Greenhow with Greenhow and Battersby .. ..	1
South Bank .. ..	South Bank .. ..	2½
Saltburn .. ..	Saltburn .. ..	1½
Skelton .. ..	Skelton (part) .. ..	1½
Thornton Dale .. ..	Thornton Dale, Wilton, Kingthorpe, Levisham, Lockton .. ..	1½
Thirsk and Sowerby .. ..	Thirsk, Sowerby, South Kilvington, Carlton Miniott, Sutton-under-Whitstonecliffe, Thornton-le-Street, North Kilvington, Thornborough, Hood Grange, Thirlby, Feliskirk, Boltby, Bagby, Balk, Thirkleby High and Low with Osgodby .. ..	1½
Topcliffe .. ..	Topcliffe, Catton, Skipton-on-Swale, Howe, Holme, Ainderby Quernhow, Pickhill-with-Roxby, Dalton, Eldmire-with-Crakehill, Dishforth, Asenby, Rainton-with-Newby, Sinderby .. ..	1½
Wath .. ..	Wath, Baldersby, Melmerby, Middleton Quernhow, Norton Conyers, Hutton Conyers, Howgrave, Sutton Howgrave, Kirklington .. ..	1½
Wycliffe .. ..	Wycliffe, Hutton Longvilliers, Ovington, Barforth ..	1½
Whorlton .. ..	Whorlton, Potto, Faceby .. ..	1½
West Tanfield .. ..	West Tanfield, East Tanfield, Well, Snape .. ..	1½
Wensley .. ..	Wensley, Preston, Redmire, Castle Bolton, West Witton	1½
Yarm .. ..	Yarm .. ..	1½

In regard to the provision of the midwifery service through district nursing associations, agreements have been entered into between them and the County Council. When the scheme was prepared it was not clear what effect it would have on independent midwifery practice; and, for this reason, it was suggested that midwives in independent practice should be absorbed, if suitable, in the service. Four independent midwives at Thornaby-on-Tees were appointed by the County Council for that district. Nursing Associations, where more than one midwife was required, were recommended to increase their staffs slowly; and associations were invited to consider the advisability of grouping districts for midwifery purposes.

The scheme has worked very satisfactorily, and only a few minor difficulties have been encountered; these difficulties refer to adjustments of areas and to the doubtful adequacy of the transport grant. The Public Health Committee, realising the difficulties of such an extensive and complicated scheme, has decided to review all the arrangements at the end of its first year's working, viz., 31st July, 1938. It is not anticipated, however, that any major alteration will be necessary, but that only minor points will require attention.

As the scheme had only been in operation for a few months at the end of the year, a proper assessment of its efficiency cannot be made. From the available figures, however, the work done in areas of district nursing associations was 80% of the whole, while in areas of County Council midwives the work accomplished by them was 75% of the total. In the whole scheme midwives have undertaken 50% of the total midwifery work themselves, and as Maternity Nurses 29%.

By terms of the Midwives Act 1936, a midwife may voluntarily surrender her certificate or she may be obliged to do so by the Local Supervising Authority.

During 1937, there were four midwives who surrendered their certificates.



### Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority to notify that authority, each year, of her intention to do so. The following statement gives the number of midwives who notified their intention to practise in the Riding in 1937 (less Scarborough) :—

No. of Midwives.	Employed as District Nurse.	Trained—Independent.	Bona-fide.	At Public Assistance Institutions.
220	143	71	2	4

### 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. A midwife is obliged to adhere to these rules, one of the most important of which is that she 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 by midwives in emergency showed a very large increase compared with the previous year. This increase is a good sign and indicates that the midwives are conscientiously fulfilling their obligations in regard to this rule. Doubtless the better supervision of their work by the new supervisor has had the effect of making them more careful—and of risking less.

The increase in the number of Medical Aid forms has been gradual over several years, as shown in the following table :—

	1932	1933	1934	1935	1936	1937
Sending for medical help ..	490	583	696	742	841	1,065
Still-births .. ..	35	40	40	51	42	46
Rise of temperature .. ..	17	26	24	35	52	46
Death of mother .. ..	2	2	4	8	1	5
Death of infant .. ..	17	14	14	34	31	26
Laying-out dead body .. ..	23	26	34	43	47	45
Artificial feeding .. ..	22	24	61	42	57	69
Liability to be a source of infection	45	45	55	65	68	114

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

During Pregnancy .. ..	332
During Labour .. ..	551
During Lying-in Period .. ..	59
In respect of Child .. ..	123

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, 114 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, Scarlet Fever, and discharge from the eyes of infants.

### 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 three 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 no applications for grants in aid of training were received from the County Association.

### Maternal Mortality.

During the year the total maternal deaths numbered 24, of which 19 occurred in the County Council's area for Maternity and Child Welfare, while 5 occurred in areas autonomous for that purpose.

Of the 24 deaths, 10 were attributable to puerperal sepsis and 14 were assigned to other diseases and accidents of pregnancy; during 1936, there were 18 maternal deaths of which 10 were due to puerperal sepsis and 8 to other causes.

The rate per 1,000 total (live and still) births was 4.33, compared with 3.40 for the previous year. The rate for England and Wales was 3.11.

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 these rates are subject to the "fallacy of small figures," so that comparison is deceptive. The distribution of maternal deaths was as follows:—

PUERPERAL SEPSIS :—			OTHER PUERPERAL CAUSES :—		
Redcar Borough	..	2	Eston U.D.	..	1
Bedale R.D.	..	1	Guisborough U.D.	..	1
Easingwold R.D.	..	1	Scarborough Borough	..	2*
Flaxton R.D.	..	1	Thornaby Borough	..	3*
Leyburn R.D.	..	1	Easingwold R.D.	..	1
Malton R.D.	..	1	Helmsley R.D.	..	2
Richmond R.D.	..	1	Malton R.D.	..	1
Stokesley R.D.	..	1	Richmond R.D.	..	2
Thirsk R.D.	..	1	Whitby R.D.	..	1
— 10			— 14		

\* Autonomous Areas for Maternity and Child Welfare.

As will be seen from the above table, the 19 cases in the County Council's Area are spread over the whole Riding, although it is interesting to note that 15 deaths have occurred in rural districts and 4 in urban districts.

The numbers of maternal deaths in the Riding (including autonomous areas) for the past several years are given below:—

Year	..	..	..	1930	1931	1932	1933	1934	1935	1936	1937
No. of Maternal Deaths	..	28	23	28	18	31	41	18	24		

A special enquiry was undertaken in regard to each of the maternal deaths which occurred during the year, and a special report made to the Ministry of Health.

### Maternity Hospitals.

The types of cases admitted to Maternity Hospitals were those in which there was some condition complicating pregnancy, or some obstetrical difficulty or where the home conditions were unsuitable for the confinement. Admissions are approved to the following hospitals:—

Name of Hospital.	No. of Patients admitted during 1937.
Middlesbrough Municipal Maternity Home	74
York Maternity Hospital	33
Greenbank Municipal Maternity Hospital, Darlington	18
Ripon and District Hospital and Nursing and Maternity Institution	7
Whitby and District War Memorial Cottage Hospital	2
Harrogate and District General Hospital	8
Carter Bequest Hospital, Middlesbrough	—
Scarborough New Hospital	6

There was a large increase in the number of women from the Riding admitted to these hospitals, as compared with the previous year. It was found necessary to admit 148 patients into hospital under these arrangements; during 1936, the comparable number was 98.

In addition to this service, consultant obstetricians at Middlesbrough and York were available for consultation with doctors at the homes of the patients.

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

By terms of the Public Health Act, 1936, which came into operation on the 1st October, 1937, the term "Puerperal Fever" was removed from the list of notifiable diseases and was replaced by the more comprehensive term "Puerperal Pyrexia."



During the year, 43 cases of puerperal fever and puerperal pyrexia were notified; of this number, 21 were removed to hospitals and 15 were from the County Council's area for Maternity and Child Welfare.

When admitted to hospital, the cases were received at Eston U.D.C. Hospital, the Guisborough Isolation Hospital, York County Hospital and Darlington Fever Hospital.

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 the cases was as follows :—

#### PUERPERAL FEVER.

Eston U.D. 1; Loftus U.D. 1; Redcar Borough 1; Richmond Borough 1; Thornaby Borough 1; Bedale R.D. 2; Richmond R.D. 1; Startforth R.D. 1;

#### PUERPERAL PYREXIA.

Eston U.D. 2; Guisborough U.D. 1; Pickering U.D. 1; Redcar Borough 7; Richmond Borough 1; Scarborough Borough 3; Skelton & Brotton U.D. 1; Thornaby Borough 2; Bedale R.D. 4; Croft R.D. 1; Flaxton R.D. 1; Leyburn R.D. 1; Masham R.D. 1; Reeth R.D. 1; Richmond R.D. 4; Startforth R.D. 1; Thirsk R.D. 2;

#### Public Health (Ophthalmia Neonatorum) Regulations, 1926.

These regulations were amended during the year by the issue of the Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

The effect of the new regulations is to ensure that notification of this infection should be made at the earliest possible moment to the Maternity and Child Welfare Authority, which is responsible for the provision of treatment. Hitherto, notification of the disease was made primarily to the Medical Officer of Health of the local sanitary authority, but now such notification is made direct to the Medical Officer of the Maternity and Child Welfare Authority; in the area for which the County Council is responsible this notification is made to the County Medical Officer of Health.

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 19 cases were reported; treatment was provided in hospitals for 2 infants and 17 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.		
19	17	2	18*	—	—	—

\* One case removed from North Riding whilst under treatment.

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

1933	1934	1935	1936	1937
20	12	12	14	19

#### Nursing Homes Registration Act, 1927.

During the year, 3 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.

The provision of facilities for infant welfare work received much attention during the year, and 3 new Centres were established, bringing the total number, at the end of the year, to 36. The County Council provided 12 Centres at which weekly or fortnightly sessions were held; this represents an increase of 4 Centres, including the 3 new ones mentioned above, and one at Yarm which was taken over from a voluntary committee. In addition to the County Council Centres, there were 24 Centres which were established and managed by voluntary committees and, in most cases, in association with District Nursing Associations.



The ideal method of supervising the pre-school child is by home visiting, but such an arrangement in the Riding would be extravagant. Infant Welfare Centres, therefore, help considerably in keeping a large number of children under frequent supervision. In rural districts, however, the only method of doing so is to arrange for home visits. The scheme of the County Council under the Midwives Act, 1936, by helping district nursing associations, has permitted them to take on this work in the rural districts.

The Riding is now covered, not only by a midwifery service, but also by a health visiting and school nursing service.

New Welfare Centres were established by the County Council during the year at Marske-by-Sea, Stokesley and York. The new Centre at Huntington Road, York, was established in co-operation with the York Corporation, in whose re-housing estate the Centre is situated. The County Council provides the facilities for infant welfare work for the whole district, while the York Corporation provides the Ante-Natal facilities. It is a happy arrangement in which the staffs of both authorities are working very harmoniously.

Dental treatment was available for the mothers and children at all centres, and this was provided by the School Dental Surgeons. These officers attended monthly at the larger centres, and quarterly at the rural centres.

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 12 County Council Centres during the year :—

Total Number of Attendances of children under 1 year	..	5,974	(4,242)
" " " " " 1-5 years	..	5,011	(4,354)
Average Attendance of Children per session	..	32.7	(33.8)
Total Number of Children who attended for the first time :			
Children under 1 year	..	751	(415)
Children 1-5 years	..	373	(183)

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 24 Voluntary Centres during the year :—

Total Number of Attendances of Children under 1 year	..	4,689	(4,400)
" " " " " 1-5 years	..	9,517	(9,928)
Average Attendance of Children per session	..	34.7	(35.2)
Total Number of Children who attended for the first time :			
Children under 1 year	..	1,645	(670)
Children 1-5 years	..	276	(343)

Reference was made in last year's report to the unsatisfactory nature of the premises at which some of these Centres were held, and special attention was directed to those in the Eston Urban District. Both Education and Public Health Committees have decided, in principle, that a new central clinic should be built in that district, and plans are being prepared now.

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 success of the work would be endangered.

#### Health Visiting.

The extension of the health visiting work has been referred to in the above paragraph.

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, 3,168 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, and shows the increase compared with 1936, the figures for which are in brackets :—

Number of Births notified from areas served by County Health Visitors				3,168	(2,476)
Number of First Visits				3,696	(2,956)
Number of Re-Visits to Children under 1 year				13,633	(12,621)
" " " 1-2 years				8,120	(8,302)
" " " 2-3 years				7,490	(7,290)
" " " 3-4 years				6,439	(6,428)
" " " 4-5 years				5,045	(5,631)
Number of Ante-Natal Visits (First Visits)				1,608	(1,221)
" " " (Total Visits)				6,376	(5,099)
Number of Special Visits				1,074	(1,028)
Number of Stillbirths investigated				112	(100)
Number of Deaths under 1 year investigated				142	(117)
Number of Cases of Ophthalmia Neonatorum investigated				9	(4)

#### 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	..	..	79	(84)
(b) At end of year	..	..	78	(79)

No. of Children on Register :—

(a) At commencement of year	..	..	92	(98)
(b) At end of year	..	..	87	(92)

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	(8)

Total No. of Visits made during the year .. | .. | 627 | (582) |

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 156, as against 134 in the previous year. First attendances were made by 86 children, as compared with 48 during 1936; the total number of attendances was 397.

Admissions to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, were arranged in respect of 14 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 14 children admitted at the instance of the Public Health Committee was 99 days.



### Institutional Care of the Mental Defective.

The work of the Committee for the Care of the Mentally Defective increased during the year, especially in regard to the development of the Colony at Easingwold. It is anticipated that at least a portion of the new accommodation there will be available during the current year. The nucleus of Claypenny Colony is a transferred Poor Law Institution, which accommodates, at present, about 90 female defectives; it was opened for the purpose in September, 1934, after appropriate structural alterations had been effected. The new extensions, commenced in September, 1936, are still in progress, and when completed provision will be available for 270 mental defectives (male and female). These extensions include the erection of three pavilions, workshops and two semi-detached houses for use as a Nurses' Home. The ultimate expansion of this Colony envisages provision for 850 patients and staff.

Accommodation is also available at Scarborough Public Assistance Institution for 40 male defectives, pending their reception at the new Colony.

The ascertainment, supervision and other executive duties associated with mental defectives were undertaken, on behalf of the Committee, by the Yorkshire Association for Mental Welfare. The County Medical Officer is the medical adviser to the Committee, while three approved members of the County Health Department undertake duties as certifying officers. A large majority of the new cases was brought to the notice of the Committee through the School Medical Service.

The following table gives an analysis of the cases coming within the purview of the Committee at the end of December, 1937 :—

	Total.
Under Order in Institutions .. ..	211
On licence from Institutions .. ..	8
Under Guardianship .. ..	12
Under Statutory Supervision .. ..	132
Under Voluntary Supervision .. ..	367
Died .. ..	5
Discharged .. ..	4
	<hr/> 739 <hr/>

### Water Supplies and Sewage Schemes.

By terms of Section 57 of the Local Government Act, 1929—re-enacted by Section 307 of the Public Health Act, 1936—the County Council is empowered to contribute towards the expenditure of 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.

No special grants were made for any of these purposes during 1937; but, towards the end of the year, there was in preparation a scheme on which future grants were to be based.

### Milk and Dairies Order, 1926.

#### Milk (Special Designations) Order, 1936.

The following report has been prepared by Mr. E. F. Hardwick, M.R.C.V.S., Chief Veterinary Officer :—

The duties of the veterinary department which concern the Public Health Committee can be divided under two main headings :—

1. Duties under the Milk and Dairies Order of 1926.
2. Duties under the Milk (Special Designations) Order of 1936.

#### 1. MILK AND DAIRIES ORDER OF 1926.

In the Riding there are 5,858 premises registered for the production of milk or butter. The majority of the butter producers are breeders of stock and use only their surplus milk for butter. For this reason, and also because they dispose of their cows at an early age, the risk of infection to human beings from such herds is considerably less than from herds from which milk is sold, as in the latter case an older type of cow is often kept and the herd is not self-contained.

For these reasons it has been the policy to concentrate inspections on the milk producing herds, the aim being a six-monthly inspection of such herds. Owing, however, to the intervention of other work in connection with the Milk (Special Designations) Order and animal disease, it was only possible to carry out a nine-monthly inspection of the milk producing herds and one inspection of the herds producing butter.

In all, 5,494 inspections of milk producing herds were carried out during the year. This does not include the quarterly inspections of Accredited Herds to which reference is made below.

The number of animals taken under the Tuberculosis Order was 298, of which 90 were found to be affected with tuberculosis of the udder on post-mortem examination.

Although the conditions under which milk is produced in non-designated herds does not strictly concern the Public Health Committee, it has been the custom of the Veterinary Department to report on unsatisfactory conditions either as regards the premises or the cleanliness of the animals.

During the year 194 reports of unsatisfactory premises were made, and on 146 premises cows were found to be in a dirty condition.

In the great majority of cases the unsatisfactory premises are situated in the western portion of the Riding. This Area was formerly a breeding district, and the premises are not constructed for milk production, but with the advent of the Milk Marketing Board and the creation of a market for milk, many owners of herds who did not formerly sell milk have commenced to do so.

In an endeavour to improve the conditions on these premises the chief Veterinary Inspector was instructed by the Public Health Committee to visit the farms concerned along with the Sanitary Inspector of the Local District Council. 108 such visits were made, and in a number of cases improvements have been carried out or planned for alteration in the near future.

Taken as a whole, the improvement in the conditions of milk production in the Riding during the year has been very satisfactory, although there is still room for considerable progress in many districts.

The following table sets out the results of 5,494 visits paid to the 5,858 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.
1937	5,494	40,006	9,499	3,062	52,567	146	2.6	53
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	24,209	4,819	3,414	32,537	34	.6	27
1933	6,067	36,554	7,393	5,211	49,158	155	2.9	61

## 2. MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The introduction of this Order, coupled with the activities of the Milk Marketing Board, has resulted in a rapid advance in the production of graded milk.

In January, 1936, before the advent of this Order, there were only 6 Tuberculin Tested Herds and 54 Grade "A" Herds in the Riding, as compared with 34 Tuberculin Tested Herds and 182 Accredited (formerly Grade "A") Herds at the end of 1937.

In the administration of this Order the Veterinary Department undertook the following duties :—

- (a) The preliminary inspection of premises of applicants for designated licences.
- (b) Two of the four quarterly inspections of Accredited Herds and one test per annum of the Tuberculin Tested Herds.
- (c) The collection of Milk Samples and their examination for cleanliness.
- (d) The marking of animals in designated herds.

During the year 253 premises were inspected and the owners advised as to any necessary alterations prior to the granting of a licence.

1,173 samples of milk were collected and examined for cleanliness. In the event of a sample proving unsatisfactory a further sample was taken after a short interval. If this was also unsatisfactory the owner was visited, his method of milk production observed and advice given with a view to remedying any obvious defects in his methods. Further samples were then taken and the results compared. In almost every instance this procedure resulted in a satisfactory result being obtained.

The introduction of the methylene blue reduction test in place of the bacterial count has simplified the procedure of milk examination, but the results so far obtained seem to indicate that some alteration in the reading of the results of the test would be of benefit. The standard required during the winter months (5½ hours without decoloration) appears to be more lenient than the decoloration time for the summer months (4½ hours).

A variable scale of decoloration-time according to the atmospheric temperature of the day on which the sample is taken would appear to be indicated.

## Milk and Dairies (Consolidation) Act, 1915.

During the year 15 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 :—

Malton U.D.; Croft R.D.; Easingwold R.D.; Flaxton R.D.; Stokesley 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.

The animals on the premises concerned were so examined; 41 samples of milk were submitted for biological examination, and 47 samples were examined microscopically, 9 showing the presence of tubercle bacilli. Eleven affected animals were slaughtered.

#### 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 144 schools in which a Voluntary Milk Scheme was in operation. Approximately 9,000 children participated in this scheme and 1,397,951  $\frac{1}{2}$  pint bottles of milk were supplied. In addition, free milk was provided by the Education Committee at 129 schools, at which 4,934 children were supplied with a total of 785,337 milk meals.

All sources of supply were carefully investigated and milk sampling was undertaken. 156 samples of milk supplied to schools were examined in the County Council Laboratory.

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.

#### SPECIAL REPORT.

An unfortunate outbreak of sickness occurred at Redcar schools in August, 1937. The first intimation of the occurrence was shortly before school closure, and it was ascertained that 175 children were affected, suffering chiefly from abdominal pains and vomiting. Eight out of ten schools were included and the sick children were those who had partaken of milk at school in the morning at 10-30 a.m.; the sickness manifested itself in nearly all cases about 3-30 p.m.

An enquiry at the school on the following morning showed that almost all the children had returned; but, that day's supply of milk was not issued until further investigation had been undertaken.

The outbreak was so explosive and so short-lived that no specimens from the children were obtained; it is doubtful, therefore, if the true explanation can be given.

A full investigation was made by Dr. C. R. Gibson, the Medical Officer of Health. The use of a new detergent solution for the washing of bottles was offered as a possible cause, but the resemblance of the outbreak to similar occurrences in America directed attention to the possibility of a toxin poisoning suggestive of staphylococcal origin. In this connection it is interesting to note that the original enquiry elicited the fact that one of the workers in the dairy had a "septic" finger.

The issue of milk was resumed on the second day after the outbreak and no further incident occurred.

#### 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 91 cottages were approved by the Committee, bringing the total number of grants at 31st December, 1937, up to 319.

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, 1936 (Section 115 (2)).

(i) The Housing Act, 1936, provides for payments to Rural District Councils in respect of the erection of houses for the accommodation of the agricultural workers of the district. The payment is in the form of a contribution at the rate of £1 per house per annum, and is payable over a period of 40 years. This provision came into operation on the 1st January, 1937, and re-enacted a similar provision in the Housing Act, 1930.

In order to assist Local District Councils, the County Council has offered the services of the County Architect, and his services have been greatly appreciated.

Contributions were made to the following district councils in respect of the number of houses stated:—

Bedale R.D.C.	..	7	Kirbymoorside R.D.C.	..	3
Croft R.D.C.	..	12*	Scarborough R.D.C.	..	17†
Easingwold R.D.C.	..	16	Stokesley R.D.C.	..	3
Helmsley R.D.C.	..	4	Wath R.D.C.	..	6

\* "Overcrowding" grants—by Order of the Minister of Health (Sub-section 3).

† Includes 15 in respect of overcrowding (Sub-section 3).

(ii) Section 57 of this Act placed on district councils the duty of inspecting and reporting on overcrowding and to make proposals regarding its abatement. The following table has been compiled from information received from the Medical Officers of Health of district councils :—

A.—URBAN.	No. of Dwellings Over-crowded at end of year.	No. of Families dwelling therein.	No. of Persons dwelling therein.	No. of New Cases of Over-crowding reported during the year.	No. of Cases of Over-crowding relieved during the year.	No. of Persons concerned.
Eston .. ..	253	269	1,880	75	131	977
Guisborough .. ..	22	22	121	6	51	343
Loftus .. ..	41	54	264	—	23	200
Malton .. ..	25	27	200	—	12	62
Northallerton .. ..	22	23	125	—	10	51
Pickering .. ..	16	16	112	—	12	75
Redcar .. ..	19	19	157	—	12	66
Richmond .. ..	19	20	102½	—	3	11½
Saltburn & Marske .. ..	22	25	147	4	1	8
Scalby .. ..	—	—	—	—	—	—
Scarborough .. ..	190	213	765½	—	23	132½
Skelton & Brotton .. ..	65	70	403	2	41	284
Thornaby-on-Tees .. ..	95	106	729	1	67	470
Whitby .. ..	220	220	1,080	3	13	61
Total Urban ..	1,009	1,084	6,086	91	399	2,741
B.—RURAL.						
Aysgarth .. ..	11	11	68½	—	1	8
Bedale .. ..	40	40	253	2	23	131
Croft .. ..	22	22	117	—	3	13
Easingwold .. ..	20	20	151	2	3	20
Flaxton .. ..	20	20	136	3	8	43
Helmsley .. ..	3	3	23	—	—	—
Kirbymoorside .. ..	10	10	42	—	8	33½
Leyburn .. ..	26	26	166	—	1	6½
Malton .. ..	14	14	101	—	15	94
Masham .. ..	3	3	19	2	2	15
Northallerton .. ..	35	35	198	—	5	30
Pickering .. ..	14	14	70	—	14	76
Reeth .. ..	1	1	9½	—	—	—
Richmond .. ..	46	47	243	1	—	—
Scarborough .. ..	19	19	93	1	4	22
Startforth .. ..	5	5	24	—	5	23½
Stokesley .. ..	30	30	171	—	12	64
Thirsk .. ..	37	37	238	5	22	112
Wath .. ..	3	3	23½	—	—	—
Whitby .. ..	32	32	203	2	23	130
Total Rural ..	391	392	2,349½	18	149	821½
Administrative County	1,400	1,476	8,435½	109	548	3,562½

#### Food and Drugs (Adulteration) Act, 1928, etc.

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.

This work is undertaken by the Inspectors of Weights and Measures under the control of the Chief Constable, who has submitted a list of samples taken with the results of the analyses.



The samples were taken from a wide range of foods and drugs and the following table indicates the results :—

Total No. of samples taken.	No. Adulterated.	No. Inferior.
770 (762)	11 (12)	53 (75)

The previous year's figures are in brackets.

Adulteration or inferior quality was obtained in these samples :—

	No. of samples taken.	No. Adulterated.	No. Inferior.
Milk .. ..	350	4	53
Beef Suet .. ..	5	1	—
Coffee and Chicory .. ..	1	1	—
Ground Ginger .. ..	4	1	—
Sausage .. ..	24	1	—
Vinegar .. ..	6	2	—
Vita Grape Juice .. ..	2	1	—

#### PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Particulars as to the number of cases of infectious disease notified in the several Sanitary Districts are given in Table 3 on page 52.

##### Smallpox.

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

##### Enteric Fever.

There was a sharp reduction in the number of notifications of enteric fever; 16 cases were notified in 1937, compared with 65 in the previous year. Removal to hospital was carried out in 14 cases, while 2 were treated at home.

Notifications were received from the following 9 Sanitary Districts :—

Redcar Borough .. ..	1	Flaxton R.D. .. ..	4
Scarborough Borough .. ..	2	Helmsley R.D. .. ..	1
Skelton & Brotton U.D. .. ..	2	Richmond R.D. .. ..	2
Thornaby Borough .. ..	1	Stokesley R.D. .. ..	2
		Wath R.D. .. ..	1

##### Scarlet Fever.

There were 1,002 notifications received, as against 854 in 1936. With the exception of the Rural District of Masham, cases were notified in every Sanitary District.

The largest number of cases occurred in Eston Urban District (238), while the following districts each yielded an appreciable number :—

Redcar Borough; Scarborough Borough; Richmond R.D.

##### Diphtheria.

Notifications were received in respect of 274 cases, as compared with 204 in 1936.

The largest number of cases occurred in Scarborough Borough and Thornaby Borough.

#### SPECIAL INVESTIGATIONS.

Two outbreaks of diphtheria were investigated by a Medical Officer of the County Health Department and were the subject of special reports.

(1) A small outbreak occurred in the first quarter of the year at Great Ayton, but was fortunately limited to 10 cases; of these, 6 were school children and 1 was a school teacher. Energetic action was taken by the Stokesley District Council and facilities for active immunisation free of cost were provided. The occurrence of cases of the disease stimulated the demand for immunisation, and many parents accepted it on behalf of their children.

(2) An outbreak of diphtheria occurred in the Helperby and Norton-le-Clay districts, in which 19 cases were involved. Of these, 9 were children attending Brafferton School. There were two distinct groups of cases, namely, 10 which occurred in March-April and 8 in August-October, while a mild case was notified in May. The cases in the former group were traced to a "missed" case and a nasal carrier.

No source of infection leading to the latter group was found; most of these cases occurred during the school holidays. This group had two separate foci from which case to case infection occurred; one of these was a Norton-le-Clay child and the other a Helperby child, both having attended Brafferton School. The school population at the beginning of the outbreak was probably in a highly susceptible state owing to a low incidence of diphtheria in recent years in that area.

Passive immunisation by means of antitoxin was used freely to protect contacts of the first group of cases, and this may have had a modifying effect on the course of the outbreak, so that cases began to occur again after the temporary immunity began to wane. The only death in the outbreak was the first case, a girl who was ill for about a fortnight before medical advice was sought and a diagnosis made.

#### DIPHTHERIA IMMUNISATION.

There were 274 cases of diphtheria with a case fatality rate of 8%. This fact suggests the importance of immunisation. Certain district councils in the Riding have provided schemes whereby immunisation is offered, and such arrangements should be extended to other districts.

There are, of course, difficulties to be overcome before the percentage of the general population immunised against the disease becomes high enough to prevent the occurrence of epidemics, and not least of these is the apathy of parents who do not demand that their children be protected until an outbreak occurs in their neighbourhood. In this connection, personal interviews and explanatory talks to parents are more effective in securing permission to immunise than the distribution of pamphlets.

That control of diphtheria is a practical proposition is shown by the results obtained in parts of Canada (Lancet Feb. 12th, 1938), where the extensive use of toxoid was followed by a marked fall in the incidence of the disease. For example, in Hamilton, Ontario (population 150,000), there have been no deaths since 1930 and no cases since 1933, whereas the mortality rate was between 10 and 40 and the morbidity rate between 400 and 600 per 100,000 during the years 1905 to 1925. An important finding, in view of the suggestion that immunisation might give rise to an increase in the number of carriers, was that a striking reduction in the number of carriers occurred after the use of toxoid on a large scale.

#### Cerebro-Spinal Fever.

Notifications of 2 cases were received, as against 8 in the previous year. Removal to hospital was arranged in both cases.

The distribution was as follows:—

Eston U.D. 1; Stokesley R.D. 1.

#### Puerperal Pyrexia.

There were 34 notifications; 15 patients were removed to hospital, and in 1 instance the services of a Consultant Obstetrician were provided.

#### Puerperal Fever.

There were 9 notifications and 6 patients were removed to hospital. In one instance a Consultant Obstetrician was called in.

From 1st October, 1937, cases of puerperal fever became notifiable under the Public Health Act, 1936, as puerperal pyrexia.

#### Dysentery.

There were 25 cases reported, distributed as follows:—

Scarborough Borough	..	6	Easingwold R.D.	..	..	16
Kirbymoorside R.D.	..	1	Richmond R.D.	..	..	2

#### SPECIAL REPORT.

An outbreak of bacillary dysentery occurred in Helperby in November. There were 16 cases notified, and of these the youngest was 5 years of age and the oldest 80. The symptoms were colic and diarrhoea, with blood and mucus in the stools, in most cases mild, but severe in several. The first cases to seek medical attention were ill for about 10 days previously, but the symptoms were mild.

Bacteriological examination was done in one case only. Blood culture was negative, but from the faeces a bacillus with the cultural and serological characters of *B. dysenteriae* (Sonne) was isolated.

The possibility of the infection being milk or water borne was excluded, and investigation of food stuffs failed to discover a source of infection.

The extent of the outbreak was probably greater than is indicated by the number of notifications, as it was learned that a number of persons in a nearby village suffered from diarrhoeal illness at that time, but the symptoms were so mild that medical attention was not sought.

There were no deaths reported.



**Encephalitis Lethargica.**

Notifications of 3 cases were received, and the 3 patients were removed to hospital. The cases occurred in the following districts:—

Northallerton U.D.; Scarborough Borough; Northallerton R.D.

**Anterior Poliomyelitis.**

There were 4 notifications from the following districts:—

Saltburn & Marske U.D.; Scarborough Borough; Scarborough R.D.; Thirsk R.D.

1 patient was removed to hospital and 3 were 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 .. .. .	7	15
Whooping Cough .. .. .	1	8
Mumps .. .. .	9	5
Chickenpox .. .. .	3	16
Influenza .. .. .	77	124
Other Causes .. .. .	—	—

The total number of public elementary schools within the area of the Local Education Authority is 372.

**Venereal Diseases.**

In the Annual Report for 1936 a full list of treatment centres, with particulars of the days and times of the clinics, was published, and these arrangements continued during 1937, except in the case of the centre at Scarborough.

The amended times for this centre are given below:—

**Scarborough New Hospital, Scalby Road.**

Days and Hours of Clinics.	Days and Hours for Irrigation of Cases of Gonorrhoea during the intervals between the Clinics.
<b>Males.</b> Tuesdays 5—6 p.m. Fridays 8—9 p.m.	<b>Males.</b> Monday to Saturday (inclusive) 10 a.m. to 12 noon, 6 to 8 p.m. Sundays 9 a.m.
<b>Females.</b> Mondays 5—6 p.m. Fridays 9-30—10-30 a.m.	<b>Females.</b> Monday to Saturday (inclusive) 10 a.m. to 12 noon, 6 to 8 p.m. Sundays 11 a.m.

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

	Disease.	Year.				
		1933	1934	1935	1936	1937
A.—Number of North Riding patients attending for the first time.	Syphilis ..	50	85	52	65	82
	Gonorrhoea ..	118	139	183	148	184
	Soft Chancre ..	0	7	5	2	3
	Conditions other than venereal	92	136	161	161	190
	Total	260	367	401	376	459
B.—Total number of attendances .. .. .		8341	9779	11907	11124	12913
C.—Number of in-patient days .. .. .		178	119	407	633	445

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.	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
	1937	30	1	37	105	205	81
Total number of attendances of North Riding patients.	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
	1937	865	36	960	2613	6824	1615

#### Blind Persons Act, 1920.

The County Council is the statutory authority in the Riding for the operation of this Act, and on the Council's register of blind persons there were 633 names. All these persons come within the definition of blindness in the Act, which is, that they are so blind as to be unable to perform work for which eyesight is essential. Each person is examined by a specialist ophthalmic surgeon before inclusion on the register, either at an eye clinic or at the blind person's home.

The register is kept up to date, and the voluntary organisations in the Riding assist in so doing. All the powers of the County Council, 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 two voluntary bodies operating in the Riding, viz., the Cleveland and South Durham Institute for the Blind, Middlesbrough, and the Yorkshire School for the Blind, York. The County Council provide a financial sum which assists these organisations in their work, and which covers the provision of home teachers; there are two home teachers employed by each organisation, and they visit the blind persons in their homes to instruct in reading and handicrafts and otherwise arrange for their welfare. Blind persons are employed at workshops of these organisations, but nearly all the North Riding cases are employed, if in a workshop, at Middlesbrough.

The County Council approved a scheme under Section 2 Blind Persons Act, 1920, and it came into operation on 1st April, 1936. The details of this scheme were given in the Annual Report for 1936, so they are not repeated.

The following figures give the details of the scheme at the end of the year 1937:—

No. of Blind Persons on the Blind Register	..	..	633
No. of children (5-16 years) provided for under the Education Committee	..	..	15
No. of blind persons in workshops—			
(i) Training	..	..	10
(ii) Employed	..	..	11
			21
No. of approved Home Workers	..	..	19
No. of unemployable blind persons receiving grants	..	..	290

These 290 unemployable blind persons are receiving financial assistance from the County Council, and their cases are considered by a special Blind Persons Sub-Committee of the Public Health Committee.



## TUBERCULOSIS.

## New Cases.

The number of notifications in 1937 shows an increase of 9, from 297 in 1936 to 306 in 1937. This is accounted for by an increase of 20 in the pulmonary notifications and a decrease of 11 in the non-pulmonary.

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

Year.	Total.	Pulmonary.	Non-Pulmonary.
1933	348	204	144
1934	291	184	107
1935	316	212	104
1936	297	190	107
1937	306	210	96

The following table sets out the ages of the new cases notified in 1937.

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 .. ..	—	—	8	3	6	12	27	20	18	5	2	101
Females .. ..	—	4	4	7	15	16	25	22	8	4	4	109
Non-Pulmonary—												
Males .. ..	1	6	15	8	2	4	4	1	—	1	—	42
Females .. ..	—	13	17	9	5	3	5	2	—	—	—	54

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	—	—	—	2	—
1	—	—	2	2	—	—	1	2
2	—	4	4	11	—	—	2	4
5	11	11	23	26	—	2	—	6
15	18	31	6	8	6	11	8	3
25	27	25	4	5	14	10	3	6
35	20	22	1	2	18	7	1	4
45	18	8	—	—	19	6	2	2
55	5	4	1	—	11	4	—	1
65	2	4	—	—	6	2	1	—
75	—	—	—	—	—	—	—	—
TOTAL ..	101	109	42	54	74	42	20	28

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

District.	1935.		1936.		1937.	
	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.
<b>URBAN DISTRICTS.</b>						
1. Eston .. ..	31	13	36	21	32	6
2. Guisborough .. ..	6	1	11	2	9	1
3. Loftus .. ..	3	2	6	1	3	6
4. Malton .. ..	3	1	3	1	5	—
5. Northallerton .. ..	1	5	3	2	3	5
6. Pickering .. ..	3	1	2	5	—	2
7. Redcar .. ..	15	10	14	6	24	12
8. Richmond .. ..	2	1	—	2	4	2
9. Saltburn .. ..	7	3	3	2	5	2
10. Scalby .. ..	—	—	—	—	—	—
11. Scarborough .. ..	20	6	13	5	15	5
12. Skelton and Brotton .. ..	4	6	9	4	6	1
13. Thornaby-on-Tees .. ..	34	7	15	3	18	7
14. Whitby .. ..	15	5	11	7	7	9
Total .. ..	144	61	126	61	131	58
<b>RURAL DISTRICTS.</b>						
1. Aysgarth .. ..	7	1	4	2	3	—
2. Bedale .. ..	2	2	1	2	4	4
3. Croft .. ..	1	—	—	1	1	1
4. Easingwold .. ..	6	—	4	1	2	3
5. Flaxton .. ..	7	4	10	8	14	8
6. Helmsley .. ..	1	—	—	—	1	1
7. Kirbymoorside .. ..	—	2	1	5	3	1
8. Leyburn .. ..	5	5	8	3	7	2
9. Malton .. ..	2	2	2	—	2	—
10. Masham .. ..	—	—	—	—	—	—
11. Northallerton .. ..	5	5	5	5	3	2
12. Pickering .. ..	1	—	—	2	2	1
13. Reeth .. ..	2	3	—	1	—	1
14. Richmond .. ..	4	2	7	4	6	3
15. Scarborough .. ..	—	—	4	1	1	—
16. Startforth .. ..	1	1	3	1	1	2
17. Stokesley .. ..	13	4	7	6	11	4
18. Thirsk .. ..	6	5	2	2	8	3
19. Wath .. ..	—	—	—	1	—	—
20. Whitby .. ..	5	7	6	1	10	2
Total .. ..	68	43	64	46	79	38
Administrative County .. ..	212	104	190	107	210	96

#### Deaths and Death Rates.

There were 164 deaths from tuberculosis of all forms, 22 fewer than in 1936, and of these, 116 were due to pulmonary tuberculosis and 48 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.

	1933	1934	1935	1936	1937
No. of deaths .. ..	155	151	150	146	116
Rate per 1,000 population .. ..	0.46	0.45	0.45	0.44	0.35

#### Deaths from Non-pulmonary Tuberculosis.

	1933	1934	1935	1936	1937
No. of deaths .. ..	57	57	44	40	48
Rate per 1,000 population .. ..	0.17	0.17	0.13	0.12	0.14

The death rates in England and Wales were:—

Pulmonary Tuberculosis .. ..	·584 per 1,000 population.
Non-pulmonary Tuberculosis .. ..	·111 per 1,000 population.



**Dispensaries.**

The arrangements for dispensary sessions during the year are given in the following table.

Dispensary.	Day Open.		Name of Doctor Attending.
NORTHALLERTON (The Rutson Hospital) ..	Wednesday	2 p.m.	Dr. G. Walker
SCARBOROUGH (Scarborough New Hospital, Scalby Road).	Thursday ..	2-30 p.m.	Dr. S. Fox Linton
SKELTON-IN-CLEVELAND (South Terrace) ..	Wednesday	2 p.m.	Dr. C. R. Gibson
SOUTH BANK (33, Nelson Street) ..	Thursday ..	11 a.m. & 2 p.m.	Dr. J. J. Thomson
THORNABY-ON-TEES (The School Clinic, George Street)	Tuesday ..	11 a.m. & 2 p.m.	Dr. J. J. Thomson
WHITBY (The School Clinic, Grape Lane) ..	Thursday ..	2 p.m.	Dr. G. Walker
YORK (11, Castlegate) ..	Tuesday ..	2 p.m.	Dr. G. Walker

Following the appointment of an Assistant Tuberculosis Officer in February, 1937, an extension of dispensary facilities for diagnostic and consultative work was made in April by opening tuberculosis dispensaries at York and Whitby. Arrangements were made for radiological examinations and for bacteriological examination of sputum, etc. It was hoped that each of the new dispensaries would serve as a focal point for the surrounding areas from which patients could conveniently be sent for investigation. A weekly session held in the afternoon was considered sufficient for the amount of work expected, but, after nine months experience of this arrangement, it was apparent that the numbers attending at York were too small to warrant a weekly session and, in the current year, a change was made so that the dispensary at York is now held on the first and third Tuesdays of each month. In the case of Whitby, a more satisfactory response was obtained, and it appeared to justify a longer trial of weekly sessions.

**York Dispensary.**

This dispensary serves a large area roughly triangular in shape, the City of York forming the apex, and as the main bus and rail routes converge on this point, it is conveniently situated for all patients in the southern part of the Riding. The sessions are held in the premises of the City of York Tuberculosis Dispensary, and radiological examinations are done at Purey Cust Nursing Home by Dr. J. Newbery Fergusson. Specimens of sputum and other pathological material are sent to the County Council Laboratory, County Hall, Northallerton, for examination.

Although all the medical practitioners in the district served by this dispensary were notified of the new arrangements, the response has been poor, and only a few patients were sent for consultation during the year under review.

The Tuberculosis Officer in this district undertakes most of the work by consultation and visitation at the homes of the patients.

The development of housing estates in the Flaxton Rural District is resulting in the transfer of an increasing number of tuberculous persons from York into the Riding, and their supervision forms the bulk of the work of the Dispensary at present.

**Whitby Dispensary.**

The sessions are held in the School Clinic premises, Grape Lane, Whitby, and the radiological work is done at Whitby Cottage Hospital by Dr. J. Alan Longley. Pathological material is sent to the County Council Laboratory, County Hall, Northallerton, for bacteriological examination.

The dispensary serves the Rural and Urban Districts of Whitby, and the work done, both consultative and supervisory, shows that it is fulfilling a real demand. Considering the short time that it has been available, the attendances are satisfactory, and the medical practitioners are showing an increasing desire to utilise its services for diagnostic work.

In spite of the extended scope of the seven dispensaries, there are many parts of the Riding not easily accessible to any of them, and periodic visits by the Tuberculosis Officers are necessary.

The following is a tabulated record of the work undertaken at the dispensaries during the year 1937 :—

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 ..	70	56	11	7	6	9	23	14	76	65	34	21		508
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	15	13	8	14		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	54	51	84	73		
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ..	14	10	4	2	—	3	11	9	14	13	15	11		289
(b) Doubtfully tuberculous ..	—	—	—	—	—	—	—	—	—	6	11	6		
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	25	36	79	73		
C.—CASES written off the Dispensary Register as :—														
(a) Cured ..	6	—	—	—	—	—	—	2	6	—	—	2		519
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	—	—	—	—	—	—	—	—	87	98	169	157		
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—														
(a) Diagnosis completed ..	207	182	56	37	40	52	131	125	247	234	187	162		920
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	14	25	27	24		
1. Number of cases on Dispensary Register on January 1st ..	901 (891)				2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..				55 (10)					
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" ..	259 (175)				4. Cases written off during the year as Dead (All causes) ..				55 (69)					
5. Number of attendances at the Dispensary (including Contacts) ..	5573 (4889)				6. Number of Insured Persons under Domiciliary Treatment on the 31st December ..				226 (197)					
7. Number of consultations with medical practitioners—					8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ..				651 (227)					
(a) Personal ..	341 (271)													
(b) Other ..	388 (242)													



9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes .. .. .	1811 (1724)	10. Number of:— (a) Specimens of Sputum, etc., examined .. .. .	234 (185)
		(b) X-ray examinations made in connection with Dispensary work .. .. .	109 (82)
11. Number of "Recovered" cases restored to Dispensary Register, and included in A. (a) and A. (b) above .. .. .	Nil (11)	12. Number of "T.B. plus" cases on Dispensary Register on December 31st .. .. .	170 (149)

The figures in brackets are those for the year 1936.

The following table is of interest, showing 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 .. .. .	121	93	214	67	40	107
Guisborough .. .. .	49	46	95	45	49	94
Loftus .. .. .	27	23	50	36	47	83
Malton .. .. .	7	11	18	1	6	7
Northallerton .. .. .	7	6	13	4	3	7
Pickering .. .. .	2	5	7	7	6	13
Redcar .. .. .	88	61	149	59	58	117
Richmond .. .. .	7	8	15	7	6	13
Saltburn & Marske .. .. .	10	23	33	32	30	62
Scalby .. .. .	3	2	5	1	1	2
Scarborough .. .. .	39	37	76	1	7	8
Skelton & Brotton .. .. .	61	64	125	71	72	143
Thornaby-on-Tees .. .. .	126	100	226	63	56	119
Whitby .. .. .	12	24	36	29	28	57
Total .. .. .	559	503	1,062	423	409	832

RURAL DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Aysgarth .. .. .	12	12	24	3	8	11
Bedale .. .. .	7	5	12	3	7	10
Croft .. .. .	6	5	11	2	2	4
Easingwold .. .. .	18	20	38	23	20	43
Flaxton .. .. .	46	47	93	30	26	56
Helmsley .. .. .	4	3	7	—	2	2
Kirbymoorside .. .. .	9	5	14	9	12	21
Leyburn .. .. .	21	40	61	11	11	22
Malton .. .. .	7	6	13	2	2	4
Masham .. .. .	—	—	—	—	—	—
Northallerton .. .. .	13	10	23	14	10	24
Pickering .. .. .	7	5	12	—	1	1
Reeth .. .. .	2	—	2	1	1	2
Richmond .. .. .	33	41	74	24	23	47
Scarborough .. .. .	5	5	10	6	3	9
Startforth .. .. .	6	11	17	10	6	16
Stokesley .. .. .	18	33	51	14	3	17
Thirsk .. .. .	4	17	21	13	18	31
Wath .. .. .	—	2	2	—	2	2
Whitby .. .. .	36	37	73	23	22	45
Total .. .. .	254	304	558	188	179	367

### X-Ray Examinations.

There were 109 cases examined radiologically in connection with dispensary work, as compared with 82 in the previous year.

### Laboratory Examinations.

A total of 461 specimens of sputum were examined at the North Riding Laboratory of Pathology and Public Health, Scarborough, and of these 105 proved to be positive for tubercle bacilli; in the previous year, 702 specimens were examined.

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

URBAN.				RURAL.			
Eston	..	..	26 (49)	Aysgarth	..	..	— (—)
Guisborough	..	..	— (—)	Bedale	..	..	5 (5)
Loftus	..	..	— (—)	Croft	..	..	1 (—)
Malton	..	..	17 (14)	Easingwold	..	..	— (—)
Northallerton	..	..	— (7)	Flaxton	..	..	1 (2)
Pickering	..	..	1 (7)	Helmsley	..	..	— (—)
Redcar	..	..	3 (—)	Kirbymoorside	..	..	3 (4)
Richmond	..	..	6 (4)	Leyburn	..	..	3 (7)
Saltburn & Marske	..	..	— (—)	Malton	..	..	1 (6)
Scalby	..	..	2 (—)	Masham	..	..	1 (8)
Scarborough	..	..	205 (174)	Northallerton	..	..	2 (3)
Skelton & Brotton	..	..	1 (—)	Pickering	..	..	7 (—)
Thornaby	..	..	35 (49)	Reeth	..	..	4 (—)
Whitby	..	..	39 (40)	Richmond	..	..	10 (14)
				Scarborough	..	..	21 (25)
				Startforth	..	..	4 (2)
				Stokesley	..	..	4 (7)
				Thirsk	..	..	2 (1)
				Wath	..	..	— (—)
				Whitby	..	..	8 (12)

Mowbray Grange Sanatorium, Bedale .. .. 49

The figures in brackets relate to the year 1936.

From 1st April, 1937, limited facilities were available for laboratory examinations at the County Hall, Northallerton, and the following are the figures up to the end of the year:—

Sputum examinations	..	..	220
Blood Counts	..	..	31
Urine examinations	..	..	35
Other examinations	..	..	5

### Diagnosis and Treatment.

It will be seen from the figures given above that there has been an increase in the number of notifications and a decrease in the number of deaths from tuberculosis during the year, the pulmonary death rate falling sharply from 0.44 in 1936 to reach a new low record figure of 0.35 per 1,000 population.

The increase in the number of pulmonary notifications coincides with a more extensive use of X-rays in the examination of patients referred to the Tuberculosis Officers. This makes accurate diagnosis easier, and cases of tuberculosis are discovered at an earlier stage than is possible by clinical examination alone. From the patients' point of view it is necessary to use all possible methods of arriving at the correct diagnosis, so that a tuberculous condition is brought under treatment in the early stages. Moreover, it is important that non-tuberculous respiratory conditions are not treated by admitting the patient to a Sanatorium for a course of treatment from which he often derives little benefit, and which deprives him of earning power for a number of months.

The steady decline in the incidence and mortality from tuberculosis since the end of last century is common knowledge, and it is apt to be taken for granted that the disease is fully controlled, and that the "tuberculosis problem" has ceased to exist. Actually, the present position has been reached as a result of constant and increasing effort, and the most important factors influencing the incidence have been the improvements in public hygiene, nutrition, and living conditions generally. Anything reacting unfavourably on these, such as the severe national stress of the Great War, is reflected by increase in the amount of tuberculosis in the country. Research work has indicated that there has been no loss of virulence in the tubercle bacillus, and the disease is as serious now for the individual affected as it was 20 years ago. Drolet, in the American Review of Tuberculosis (February, 1938), points out that there has been little variation in the case fatality rates over 20 years both in the United States and in this country.

It is a truism to say that prevention is better than cure, but in tuberculosis the two are intimately related, and the chief aim of the tuberculosis scheme is to find and deal with all sources and potential sources of infection. In the Riding the scheme has been extended on the diagnostic side, as outlined above, but the position as regards institutional accommodation is unsatisfactory in several respects; a full report has been submitted to the Committee and is at present under consideration.



**Residential Treatment.**

Residential treatment was provided at the following Institutions :—

**ADULTS. (Pulmonary).**

Mowbray Grange Sanatorium, Bedale.  
Wensleydale Sanatorium, Aysgarth.  
Fairfield Sanatorium, York.  
Stanhope Sanatorium, Co. Durham.  
Raywell Sanatorium, Near Hull.  
Ventnor Sanatorium, Isle of Wight.

**(Non-Pulmonary).**

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

**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.		Stanhope Sanatorium, Co. Durham.		Raywell Sanatorium, Nr. Hull.		Ventnor Sanatorium, Isle of Wight		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—Under treatment on 1st Jan., 1937 :—														
1. Ex-service pensioners ..	2	—	—	—	—	—	—	—	—	—	—	—	2	—
2. Other insured persons ..	10	—	6	—	—	14	—	—	—	—	—	—	16	14
3. Other adults ..	6	—	1	—	—	15	—	—	—	—	—	—	7	15
B.—Admitted during 1937 :—														
1. Ex-service pensioners ..	2	—	—	—	—	—	—	—	—	—	—	—	2	—
2. Other insured persons ..	40	—	8	—	—	30	8	—	2	—	1	—	59	30
3. Other adults ..	3	—	—	—	—	38	1	—	1	—	—	—	5	38
	63	—	15	—	—	97	9	—	3	—	1	—	91	97

A total of 188 patients received sanatorium treatment compared with 190 in 1936.

Deaths in Institutions during the year amounted to 11. Average duration of residence 32 weeks 3 days. 131 patients were discharged, the average duration of residence for these being 18 weeks 1 day.

**WENSLEYDALE SANATORIUM, AYSGARTH.**

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

**MOWBRAY GRANGE SANATORIUM, BEDALE.**

During 1937, the number of women admitted was 67, and 65 were discharged. Seven patients died in this sanatorium during 1937.

During 1937, we appeared to have fewer acute cases, or we got cases at an earlier stage to treat, so that our work appeared easier than in former years.

X-ray diagnosis before admission has been most helpful, and many cases detected early have been rendered quiescent and their health re-established.

During the year we have found in certain patients that treatment by gold injections has hastened recovery and maintained quiescence.

Altogether 1937 was marked by a fall in the incidence of acute disease in women, and the co-ordination of our work by the opening of new dispensaries has been most helpful in detecting cases at a stage when treatment could be more successful.

The Matron and Staff of Mowbray Grange have been as beforetime most loyal and helpful in the somewhat difficult work, tuberculosis in mothers and women who oftentimes can hardly give time for full treatment.

**Treatment of Adults. Non-Pulmonary.**

Patients were admitted to the following hospitals:—

**RUTSON HOSPITAL, NORTHALLERTON.**

There were 3 male patients admitted, 2 were discharged in 1937. The average duration of treatment was 9 weeks 3 days.

**YORK COUNTY HOSPITAL.**

1 male patient was admitted and was discharged after a period of treatment of 3 weeks 4 days.

**MEMORIAL HOSPITAL, DARLINGTON.**

There were 2 female patients admitted, 1 was discharged during the year after a period of treatment of 2 weeks 3 days.

**HOLGATE MUNICIPAL HOSPITAL, MIDDLESBROUGH.**

A total of 18 patients (8 males and 10 females) were admitted. 14 were discharged; average duration of treatment was 10 weeks 1 day. Death occurred in one case after treatment lasting 31 weeks 6 days.

Altogether 31 patients were treated; 18 were discharged during the year, the average duration of stay being 9 weeks 2 days. The corresponding figures for 1936 were 22 and 7 weeks 5 days respectively.

**SHROPSHIRE ORTHOPAEDIC HOSPITAL.**

1 female admitted, and was still under treatment at the end of the year.

**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 123 children treated, 51 were cases of definite or suspected pulmonary disease, and 72 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, 1937	—	32	28	60
B.—Admitted during 1937	1-2	—	1	1
	2-3	—	—	—
	3-4	—	1	1
	4-5	1	1	2
	5-6	2	1	3
	6-7	—	2	2
	7-8	8	4	12
	8-9	4	1	5
	9-10	5	3	8
	10-11	2	1	3
	11-12	3	3	6
	12-13	6	4	10
	13-14	2	3	5
	14-15	2	3	5
Total	—	67	56	123



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 ..	33	18	51
(2) Tuberculosis of glands .. .. .	34	38	72
Total ..	67	56	123
(b) Number discharged during 1937 for other than medical reasons .. .. .	4	7	11
(c) Number of deaths .. .. .	—	—	—
(d) Number discharged after full treatment .. .. .	32	20	52
(e) Average period of treatment for those in (d) .. .. .	—	—	52 weeks
(f) Results in children discharged after full treatment :—			1 day
(1) Quiescent .. .. .	27	19	46
(2) Improved .. .. .	5	1	6
(3) No material improvement .. .. .	—	—	—
(4) Arrested .. .. .	—	—	—

During 1937 the work proceeded as in former years. Miss Jackson having resigned owing to illhealth, she was succeeded by Miss Woodward in August, 1937.

During August, 2 children with sore throats were found to have diphtheria, and later, two children were found to have non-clinical diphtheria, while one nurse was kept under observation for a short time. All the children made good recoveries.

During December, two children were sent to the fever hospital with diphtheria, and one other child found to be a carrier. At this time, too, all the children made good recoveries.

From August, 1937, immunisation against diphtheria has been in vogue, and we can expect much less trouble from this disease.

During the year no deaths took place, although three children went home without evidence of improvement in health.

Since Dr. G. Walker was appointed early in 1937, to the tuberculosis service, the number of children under observation has increased, and more children have been admitted from the rural areas.

Further, more use of the Mantoux Test for diagnosis and more use of X-rays for diagnosis has been the vogue: so that the children have been very fully considered in the campaign.

The work of the dental surgeons, the co-operation of the School Medical service, and the help of the medical practitioners, has made our work among children very efficient indeed.

The children are well provided for.

The staff, matron, nurses and others have done good work in consideration of the difficulties of dealing with infectious disease.

Miss Jackson, our matron, who had to retire from illhealth during the year, had been with us from the opening of Morris Grange. Her work did much to establish the prestige of Morris Grange, and her devotion we remember in that she conferred to Morris Grange her great experience and understanding of the nursing of tuberculosis in childhood.

Our new matron, Miss Woodward, has been able to follow with skill and enthusiasm, and we are sure that the present staff is carrying on with the work of establishing the children in health and capacity for future wellbeing.

#### (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 .. .. .	New Hospital, Scalby Road.
South Bank .. .. .	The School Clinic, 33, Nelson Street.
Thornaby .. .. .	The School Clinic, George Street.
York .. .. .	The School Clinic, Piccadilly.

#### Hospital Treatment.

During the year 29 children were treated at the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside—13 were discharged before the end of the year. The average duration of residence in hospital was 83 weeks 3 days, compared with 71 weeks 4 days in 1936, when 11 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, 4 patients received treatment by ultra violet light, involving 373 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 1,811 visits paid by the Health Visitors during 1937. 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.

These regulations preclude a person suffering from tuberculosis of the respiratory tract from working at any occupation at a dairy which would involve the milking of cows, the treatment of milk or the handling of vessels used for containing milk.

No action under these regulations was taken by the County Council during the year.

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

This Section provides, under certain circumstances, for the compulsory removal to hospital of a person suffering from pulmonary tuberculosis. It has been re-enacted in Section 172, Public Health Act, 1936. No action was taken under these sections during the year.

### National Health Campaign.

This campaign commenced in the autumn and had as its object the education of the public to use the health services provided by local authorities. The wide area of the Riding precluded any form of intensive propaganda, but efforts were made to assist in the campaign by the following methods:—

- (i) Medical and Dental Staffs undertook talks at the Welfare Centres and elsewhere.
- (ii) The Dental Exhibit of the Dental Board of the United Kingdom was shown and demonstrated at a number of centres.
- (iii) Placards, posters, etc., were exhibited at Council Offices, Women's Institutes, Schools, Welfare Centres, Clinics, and various other prominent places throughout the Riding. Bookmarks were circulated from the County Library in all books issued to the various districts.
- (iv) A calendar showing the Clinics, Welfare Centres and Dispensaries was issued to all medical practitioners, midwives, school nurses, health visitors, school doctors and dentists and secretaries of Welfare Centres.
- (v) Information regarding the Health Services provided in each district was prepared for exhibition in Post Offices.

### Superannuation.

Medical examinations were undertaken of entrants to the County Council's scheme under the Local Government and Other Officers' Superannuation Act, 1922.

The following table gives the number examined in each department of the Council:—

Public Assistance	..	41	Clerk's	..	..	3
County Surveyor's	..	12	Valuation	..	..	5
County Land Steward	..	2	Education	..	..	28
Weights & Measures	..	5	Clerk of Accounts	..	..	2
Public Health	..	11	Architect	..	..	1
			Total	..	..	110.



TABLE 1.

Number of Births in each District during 1937.

DISTRICT.	Estimated population for birth-rate, 1937.	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 .. ..	30,540	630	18	20.6	214	7.0
2. Guisborough ..	8,034	142	7	17.7	56	7.0
3. Loftus .. ..	7,620	110	2	14.4	7	.9
4. Malton .. ..	4,143	65	3	15.7	15	3.6
5. Northallerton ..	4,941	84	7	17.0	30	6.1
6. Pickering .. ..	3,891	47	2	12.1	-9	..
7. Redcar .. ..	23,050	345	17	15.0	68	2.9
8. Richmond .. ..	5,473	122	4	22.3	71	13.0
9. Saltburn and Marske ..	6,635	100	11	15.1	19	2.9
10. Scalby .. ..	4,343	79	4	18.2	27	6.2
11. Scarborough .. ..	40,910	539	36	13.2	-99	..
12. Skelton and Brotton ..	12,850	216	8	16.8	22	1.7
13. Thornaby-on-Tees .. ..	21,740	455	19	20.9	216	9.9
14. Whitby .. ..	11,630	187	10	16.1	28	2.4
Total Urban .. ..	185,800	3,121	148	16.8	665	3.6
B.—RURAL.						
1. Aysgarth .. ..	3,780	46	7	12.2	-21	..
2. Bedale .. ..	6,470	112	6	17.3	34	5.2
3. Croft .. ..	2,051	26	4	12.7	..	..
4. Easingwold .. ..	9,663	124	11	12.8	11	1.1
5. Flaxton .. ..	13,950	257	4	18.4	120	8.6
6. Helmsley .. ..	5,195	69	5	13.3	3	.6
7. Kirbymoorside .. ..	4,850	73	5	15.0	6	1.2
8. Leyburn .. ..	6,811	98	6	14.4	5	.7
9. Malton .. ..	5,598	85	6	15.2	-5	..
10. Masham .. ..	1,878	23	1	12.2	-2	..
11. Northallerton .. ..	7,572	126	11	16.6	16	2.1
12. Pickering .. ..	5,431	64	5	11.8	-5	..
13. Reeth .. ..	2,191	27	1	12.3	-10	..
14. Richmond .. ..	19,670	303	9	15.4	159	8.1
15. Scarborough .. ..	6,763	97	4	14.3	3	.4
16. Startforth .. ..	4,951	61	3	15.0	16	3.9
17. Stokesley .. ..	15,410	244	12	15.8	61	3.9
18. Thirsk .. ..	11,950	197	11	16.5	22	1.8
19. Wath .. ..	2,446	44	7	18.0	19	7.8
20. Whitby .. ..	11,570	139	8	12.0	-40	..
Total Rural .. ..	147,300	2,215	126	15.0	392	2.7
Administrative County ..	333,100	5,336	274	16.0	1,057	3.2

TABLE 2.

Number of Deaths in each District during 1937.

DISTRICT.	Estimated population for death-rate, 1937.	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 .. ..	30,540	416	13.6	46	73.0	..	..
2. Guisborough ..	8,034	86	10.7	5	35.2	1	142.8
3. Loftus .. ..	7,620	103	13.5	15	136.4	..	..
4. Malton .. ..	4,143	50	12.1	2	30.8	..	..
5. Northallerton ..	4,941	54	10.9	4	47.6	..	..
6. Pickering .. ..	3,891	56	14.4	3	63.8	..	..
7. Redcar .. ..	23,050	277	12.0	18	52.2	1	58.8
8. Richmond .. ..	5,473	51	9.3	7	57.4	..	..
9. Saltburn and Marske	6,635	81	12.2	3	30.0	..	..
10. Scalby .. ..	4,343	52	12.0	2	25.3	..	..
11. Scarborough ..	40,910	638	15.6	30	55.6	5	138.9
12. Skelton & Brotton ..	12,850	194	15.1	22	101.8	1	125.0
13. Thornaby-on-Tees ..	21,740	239	11.0	18	39.6	..	..
14. Whitby .. ..	11,630	159	13.7	10	53.5	1	100.0
Total Urban ..	185,800	2,456	13.2	185	59.3	9	60.8
B.—RURAL.							
1. Aysgarth .. ..	3,780	67	17.7	2	43.5	1	142.8
2. Bedale .. ..	6,470	78	12.0	6	53.6	1	166.7
3. Croft .. ..	2,051	26	12.7	1	38.5	..	..
4. Easingwold .. ..	9,663	113	11.7	3	24.2	..	..
5. Flaxton .. ..	13,950	137	9.8	14	54.5	..	..
6. Helmsley .. ..	5,195	66	12.7	5	72.5	..	..
7. Kirbymoorside ..	4,850	67	13.8	7	95.9	..	..
8. Leyburn .. ..	6,811	93	13.6	11	112.2	1	166.7
9. Malton .. ..	5,598	90	16.1	6	70.6	..	..
10. Masham .. ..	1,878	25	13.3	3	130.4	..	..
11. Northallerton ..	7,572	110	14.5	6	47.6	1	90.9
12. Pickering .. ..	5,431	69	12.7	2	31.2	..	..
13. Reeth .. ..	2,191	37	16.9	..	..	..	..
14. Richmond .. ..	19,670	144	7.3	15	49.5	..	..
15. Scarborough ..	6,763	94	13.9	7	72.2	..	..
16. Startforth .. ..	4,051	45	11.1	3	49.2	..	..
17. Stokesley .. ..	15,410	183	11.9	10	41.0	3	250.0
18. Thirsk .. ..	11,950	175	14.6	15	76.1	..	..
19. Wath .. ..	2,446	25	10.2	3	68.2	..	..
20. Whitby .. ..	11,570	179	15.5	6	43.2	..	..
Total Rural ..	147,300	1,823	12.4	125	56.4	7	55.5
Administrative County	333,100	4,279	12.8	310	58.1	16	58.4



TABLE 3.

Notifications of Infectious Disease in 1937, 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 .. ..	238	12	..	125	..	..	..	1	1	..	..	..	..	..	..	..	..	1	14	..	..	..	..	..	..	2
2.	Guisborough ..	23	..	..	41	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	1
3.	Loftus .. ..	55	7	..	12	..	..	..	1	..	..	..	..	..	..	..	..	..	1	6	..	..	..	..	..	..	..
4.	Malton .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5.	Northallerton ..	10	5	..	13	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6.	Pickering .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
7.	Redcar .. ..	129	8	1	39	..	..	..	1	..	..	..	..	..	..	..	..	..	14	..	..	..	..	..	..	7	..
8.	Richmond .. ..	7	..	..	12	..	..	..	1	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	1	..
9.	Saltburn & Marske	36	6	..	14	..	..	..	..	1	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
10.	Scalby .. ..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	..	..	..	..
11.	Scarborough ..	102	49	2	52	..	..	..	..	1	1	..	..	..	..	..	..	6	2	4	..	..	..	..	..	3	..
12.	Skelton & Brotton	76	12	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	1	..	..	..	1	..
13.	Thornaby-on-Tees	29	29	1	57	..	..	1	..	..	..	..	..	..	..	..	..	9	24	..	..	..	..	..	..	2	..
14.	Whitby .. ..	28	16	..	19	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..
Total Urban ..		738	146	6	386	..	..	..	5	1	2	2	2	..	..	..	..	6	15	88	..	..	1	24	..	..	18
1936 .. ..		529	111	54	278	..	..	..	13	2	2	2	2	..	..	..	..	1	11	89	..	..	6	170	1	..	25
B.—RURAL.																											
1.	Aysgarth .. ..	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
2.	Bedale .. ..	6	2	..	3	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	4	..
3.	Croft .. ..	2	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..
4.	Easingwold ..	9	14	..	7	..	..	..	..	..	..	..	..	..	..	..	..	16	2	..	24	..	..	..	..	..	..
5.	Flaxton .. ..	19	21	4	7	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	1	..
6.	Helmsley .. ..	2	1	1	19	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	9	9	..	..	..	..	..
7.	Kirbymoorside ..	5	12	..	4	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
8.	Leyburn .. ..	32	8	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	1	..
9.	Malton .. ..	8	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
10.	Masham .. ..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
11.	Northallerton ..	25	8	..	22	..	..	..	..	1	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
12.	Pickering .. ..	5	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28	5	8	..	..	..	..
13.	Reeth .. ..	6	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	..
14.	Richmond .. ..	54	20	2	26	..	..	1	..	..	..	..	..	..	..	..	..	2	..	23	94	..	..	..	..	4	..
15.	Scarborough ..	16	1	..	4	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..
16.	Startforth .. ..	18	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	1	..
17.	Stokesley .. ..	21	18	2	16	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..
18.	Thirsk .. ..	8	10	..	22	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	..
19.	Wath .. ..	1	2	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	8	35	..	..	..	..	..
20.	Whitby .. ..	13	2	..	9	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..
Total Rural ..		264	128	10	153	..	..	..	4	1	2	1	..	..	..	..	..	19	4	32	23	163	49	8	..	16	..
1936 .. ..		325	93	11	140	..	..	..	3	6	2	..	..	..	..	..	..	1	3	40	5	83	19	84	..	11	..
Administrative County		1002	274	16	539	..	..	..	9	2	4	3	..	..	..	..	..	25	19	120	23	164	73	8	..	34	..
1936 .. ..		854	204	65	418	..	..	..	16	8	4	2	..	..	..	..	..	2	14	129	5	89	189	85	..	36	..

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1937.

DISTRICT.			Scarlet Fever.		Diphtheria.		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	..	..	3	·10	4	·13	1	1·59	
2.	Guisborough	..	..	..	..	..	1	·12	..	..	..	..	..	..	..	..	
3.	Loftus	..	..	..	..	1	·13	..	..	..	..	..	2	·26	1	9·09	
4.	Malton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5.	Northallerton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6.	Pickering	..	..	..	..	..	..	..	..	..	..	..	..	..	1	21·28	
7.	Redcar	..	..	..	..	..	..	..	..	..	..	1	·04	2	5·80	..	
8.	Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
9.	Saltburn and Marske	..	..	..	..	..	..	..	..	..	..	..	..	..	1	10·00	
10.	Scalby	..	..	..	..	..	..	..	..	1	·23	..	..	..	..	..	
11.	Scarborough	..	..	..	6	·15	..	..	..	7	·17	3	·07	2	3·71	..	
12.	Skelton and Brotton	..	..	..	2	·15	..	..	..	..	..	1	·08	1	4·63	..	
13.	Thornaby-on-Tees	..	..	..	3	·14	..	..	..	..	..	..	..	2	4·39	..	
14.	Whitby	..	..	..	..	..	..	..	..	..	..	..	..	1	5·35	..	
Total Urban			..	..	..	12	·06	2	·01	..	..	11	·06	11	·06	12	3·8
B.—RURAL.																	
1.	Aysgarth	..	..	..	..	..	..	..	..	..	1	·26	..	..	..	..	
2.	Bedale	..	..	..	..	..	..	..	..	..	..	..	1	·15	..	..	
3.	Croft	..	..	..	..	..	..	..	..	..	..	..	1	·49	..	..	
4.	Easingwold	..	..	1	·10	1	·10	..	..	..	..	..	1	·10	..	..	
5.	Flaxton	..	..	..	..	..	1	·07	..	..	..	..	1	·07	..	..	
6.	Helmsley	..	..	..	..	..	..	..	..	..	..	..	1	·19	..	..	
7.	Kirbymoorside	..	..	..	..	..	..	..	..	..	..	..	..	..	1	13·70	
8.	Leyburn	..	..	..	2	·29	..	..	..	..	..	..	..	..	2	20·41	
9.	Malton	..	..	..	1	·18	..	..	..	..	..	..	1	·18	..	..	
10.	Masham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
11.	Northallerton	..	..	..	1	·13	..	..	..	..	..	..	..	..	..	..	
12.	Pickering	..	..	..	1	·18	..	..	..	..	1	·18	..	..	..	..	
13.	Reeth	..	1	·46	..	..	..	..	..	..	..	..	..	..	..	..	
14.	Richmond	..	1	·05	2	·10	..	..	..	..	..	..	..	..	..	..	
15.	Scarborough	..	1	·15	..	..	..	..	..	..	..	..	..	..	..	..	
16.	Startforth	..	..	..	..	..	..	..	..	..	..	..	..	..	1	16·39	
17.	Stokesley	..	..	..	1	·06	..	..	..	..	..	..	..	..	..	..	
18.	Thirsk	..	..	..	1	·08	1	·08	..	..	..	..	..	..	..	..	
19.	Wath	..	..	..	..	..	..	..	..	1	·41	..	..	..	..	..	
20.	Whitby	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Total Rural			..	4	·03	10	·07	2	·01	..	..	3	·02	6	·04	4	1·80
Administrative County			..	4	·01	22	·07	4	·01	..	..	14	·04	17	·05	16	3·00



TABLE 5.

Number of Deaths from Infectious Diseases in each District during 1937.

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 ..	32	27	118.5	.88	6	3	200.0	.10	38	30	126.7	.98	18	.59	56	1.83	10	.33	
2. Guisborough ..	9	2	450.0	.25	1	..	..	..	10	2	500.0	.25	10	1.24	..	..	13	1.62	
3. Loftus ..	3	..	..	..	6	2	300.0	.26	9	2	450.0	.26	4	.52	4	.52	3	.39	
4. Malton ..	5	5	100.0	1.21	..	2	..	.48	5	7	71.4	1.69	3	.72	1	.24	9	2.17	
5. Northallerton ..	3	1	300.0	.20	5	..	..	..	8	1	800.0	.20	1	.20	4	.81	1	.20	
6. Pickering ..	..	1	..	.26	2	1	200.0	.26	2	2	100.0	.51	..	..	..	1	.26	7	1.80
7. Redcar ..	24	6	400.0	.26	12	5	240.0	.22	36	11	327.3	.48	15	.65	25	1.08	4	.17	
8. Richmond ..	4	5	80.0	.91	2	..	..	..	6	5	120.0	.91	2	.36	5	.91	2	.36	
9. Saltburn & Marnes ..	5	..	..	..	2	1	200.0	.15	7	1	700.0	.15	4	.60	3	.45	1	.15	
10. Scalby ..	..	1	..	.23	..	..	..	..	..	1	..	.23	1	.23	1	.23	9	2.07	
11. Scarborough ..	15	12	125.0	.29	5	12	41.7	.29	20	24	83.3	.59	37	.90	21	.51	27	.66	
12. Skelton & Brotton ..	6	5	120.0	.39	1	..	..	..	7	5	140.0	.39	4	.31	4	.31	10	.78	
13. Thornaby-on-Tees ..	18	6	300.0	.27	7	1	700.0	.04	25	7	357.1	.32	9	.41	17	.78	13	.60	
14. Whitby ..	7	5	140.0	.43	9	1	900.0	.08	16	6	266.7	.51	8	.69	8	.69	4	.34	
Total Urban ..	131	76	172.4	.41	58	28	207.1	.15	189	104	181.7	.56	116	.62	149	.80	78	.42	
B.—RURAL.																			
1. Aysgarth ..	3	2	150.0	.53	..	..	..	..	3	2	150.0	.53	5	1.32	2	.53	1	.26	
2. Bedale ..	4	3	133.3	.46	4	1	400.0	.15	8	4	200.0	.62	3	.46	3	.46	6	.93	
3. Croft ..	1	1	100.0	.49	1	..	..	..	2	1	200.0	.49	1	.49	1	.49	..	..	
4. Easingwold ..	2	2	100.0	.21	3	..	..	..	5	2	250.0	.21	6	.62	4	.41	1	.10	
5. Flaxton ..	14	..	..	..	8	3	266.7	.21	22	3	733.3	.21	3	.21	6	.43	2	.14	
6. Helmsley ..	1	1	100.0	.19	1	1	100.0	.19	2	2	100.0	.38	4	.77	4	.77	1	.19	
7. Kirbymoorside ..	3	1	300.0	.21	1	1	100.0	.21	4	2	200.0	.41	3	.62	4	.82	2	.41	
8. Leyburn ..	7	1	700.0	.15	2	1	200.0	.15	9	2	450.0	.29	8	1.17	5	.73	1	.15	
9. Malton ..	2	1	200.0	.18	..	1	..	.18	2	2	100.0	.36	..	..	8	1.43	4	.71	
10. Masham ..	..	1	..	.53	..	..	..	..	..	1	..	.53	1	.53	..	..	..	..	
11. Northallerton ..	3	6	50.0	.79	2	1	200.0	.13	5	7	71.4	.92	9	1.19	6	.79	4	.53	
12. Pickering ..	2	..	..	..	1	..	..	..	3	..	..	..	3	.55	..	3	.55	6	1.10
13. Reeth ..	..	..	..	..	1	..	..	..	1	..	..	..	2	.91	..	4	1.82	8	3.65
14. Richmond ..	6	5	120.0	.25	3	5	60.0	.25	9	10	90.0	.51	4	.20	11	.56	3	.15	
15. Scarborough ..	1	2	50.0	.29	..	1	..	.15	1	3	33.3	.44	4	.59	7	1.03	5	.74	
16. Startforth ..	1	..	..	..	2	..	..	..	3	..	..	..	2	.49	3	.74	1	.25	
17. Stokesley ..	11	4	275.0	.26	4	2	200.0	.13	15	6	250.0	.39	13	.84	8	.52	7	.45	
18. Thirsk ..	8	5	160.0	.42	3	1	300.0	.08	11	6	183.3	.50	9	.75	19	1.59	12	1.00	
19. Wath ..	..	1	..	.41	..	..	..	..	..	1	..	.41	..	2	.82	1	.41	2	.82
20. Whitby ..	10	4	250.0	.34	2	2	100.0	.17	12	6	200.0	.52	9	.78	11	.95	7	.60	
Total Rural ..	79	40	197.5	.27	38	20	190.0	.13	117	60	195.0	.41	89	.60	104	.71	65	.44	
Administrative County ..	210	116	181.0	.35	96	48	200.0	.14	306	164	186.6	.49	205	.61	253	.76	143	.43	

TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1937.

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.
<b>A.—URBAN.</b>						
1. Eston .. ..	..	..	1	1.59	20	31.75
2. Guisborough .. ..	..	..	1	7.04	4	28.17
3. Loftus .. ..	..	..	..	..	8	72.73
4. Malton .. ..	..	..	1	15.38	2	30.77
5. Northallerton .. ..	..	..	..	..	2	23.81
6. Pickering .. ..	..	..	..	..	2	42.55
7. Redcar .. ..	2	5.80	..	..	9	26.09
8. Richmond .. ..	..	..	..	..	6	49.18
9. Saltburn and Marske .. ..	..	..	..	..	2	20.00
10. Scalby .. ..	..	..	..	..	1	12.66
11. Scarborough .. ..	..	..	2	3.71	13	24.12
12. Skelton and Brotton .. ..	..	..	..	..	15	69.44
13. Thornaby-on-Tees .. ..	..	..	3	6.59	10	21.98
14. Whitby .. ..	..	..	..	..	7	37.43
Total Urban .. ..	2	.64	8	2.56	101	32.36
<b>B.—RURAL.</b>						
1. Aysgarth .. ..	..	..	..	..	2	43.48
2. Bedale .. ..	1	8.93	..	..	5	44.64
3. Croft .. ..	..	..	..	..	..	..
4. Easingwold .. ..	1	8.06	1	8.06	2	16.13
5. Flaxton .. ..	1	3.89	..	..	10	38.91
6. Helmsley .. ..	..	..	2	28.98	4	57.97
7. Kirbymoorside .. ..	..	..	..	..	5	68.49
8. Leyburn .. ..	1	10.20	..	..	6	61.22
9. Malton .. ..	1	11.76	..	..	5	58.82
10. Masham .. ..	..	..	..	..	3	130.43
11. Northallerton .. ..	..	..	..	..	4	31.75
12. Pickering .. ..	..	..	..	..	1	15.62
13. Reeth .. ..	..	..	..	..	..	..
14. Richmond .. ..	1	3.30	2	6.60	6	19.80
15. Scarborough .. ..	..	..	..	..	6	61.85
16. Startforth .. ..	..	..	..	..	1	16.39
17. Stokesley .. ..	1	4.10	..	..	7	28.69
18. Thirsk .. ..	1	5.08	..	..	11	55.84
19. Wath .. ..	..	..	..	..	2	45.45
20. Whitby .. ..	..	..	1	7.19	4	28.78
Total Rural .. ..	8	3.61	6	2.71	84	37.92
Administrative County .. ..	10	1.87	14	2.62	185	34.67









