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North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH.

1938.



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North Riding of Yorkshire County Council

ANNUAL REPORT

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COUNTY MEDICAL OFFICER

OF HEALTH.

1938.



North Carolina State Board of Health

ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

1936

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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 my Annual Report on the Public Health Services of the County Council for the year 1938. While the Report is mainly statistical, it also includes information concerning the many and varied activities of the Public Health Department and the principal changes and developments which occurred during the year. A more complete picture of the County Council's health services may be obtained by combining this report with the report already submitted to the Education Committee on the school medical service.

A careful analysis of the vital statistics indicates an improvement in many important aspects, when compared with the previous year. While the *Birth Rate* showed a fractional decline from 16·0 to 15·8, it is still higher than the rate for the country as a whole ; the *Death Rate* showed an improvement at 12·3 compared with 12·8 for 1937.

Perhaps the most satisfactory and striking figures relate to *Infantile Mortality* ; this rate fell from 58·09 for the year 1937 to 51·88 for the year under review—the *lowest rate yet recorded in the Riding*.

The *Maternal Mortality Rate*, by reason of the small figures involved and to chance variations, is subject to wide fluctuations. Nevertheless, this rate for 1938 was also satisfactory, showing an improvement at 2·92 compared with 4·33 for the previous year. These figures represent a reduction of one third in the actual number of maternal deaths.

The *Tuberculosis Death Rate* for the year 1937 reached the lowest level yet recorded, but the corresponding figure for 1938 showed an increase entirely associated with lung disease ; this increase represents a check in the downward trend of this rate. Whatever significance this increase may have, it is advisable that anti-tuberculosis measures should be stiffened rather than relaxed.

In regard to *Cancer*, the death rate continued to increase, and the total number of deaths from this disease during 1938 was the highest yet recorded in the Riding. Like the disease itself, the death rate from this cause is insidious in its growth. The cancer problem has been the subject of much investigation and now there is new legislation which will add a further responsibility on local authorities to secure for the unfortunate sufferers modern facilities for diagnosis and treatment.

No serious outbreak of infection occurred during the year, and the incidence of the various infectious diseases showed no significant increase.

The work of the Public Health Department has increased and continues to increase, not only in the direction of general improvement of existing services but in the assumption of new duties and responsibilities. In the latter respect a considerable strain has been placed on the available resources of the department, more especially in regard to air raid precautions.

Air Raid Precautions. The organisation of the casualty services in such an area as the North Riding is one of some magnitude and complexity, and depends for its success mainly on the provision of efficiently trained personnel and adequacy of equipment. In both these respects, the position at the time of the September crisis was difficult, but by the end of the year improved conditions obtained. Although the volume of work involved in these services became increasingly heavy, the essential health services were carried on without serious restriction.

Midwives Act, 1936. The scheme of the Public Health Committee under this legislation completed its first year's working during the year. It may be said that, having regard to the complexity of the problem of providing a domiciliary midwifery service covering such a varied and widespread district, the scheme worked satisfactorily, and an improvement in the standard of midwifery was apparent. A large measure of the success of the scheme was due to the happy co-operation between the Public Health Department, the County Nursing Association and other organisations concerned in the maternity service.

During the year the Ministry of Health made an Order under this Act precluding unqualified women from acting as maternity nurses for gain; this Order came into operation on the 1st September, 1938.

In addition to the development of domiciliary midwifery other maternity and child welfare services were expanded during the year. The main features were the establishment of additional infant welfare centres and ante-natal clinics, and the substantial increase in the attendances at these centres and clinics throughout the year was a very satisfactory feature.

Agriculture Act, 1937. As a result of the passing of this Act, the County veterinary staff was transferred to the Ministry of Agriculture and Fisheries, the transfer being effective as from the 1st April. This re-organisation involved the making of special arrangements for continuing certain aspects of their work in connection with the supervision of milk production. Two County health inspectors were appointed and commenced duties on the 1st September.

Milk (Special Designations) Order, 1936. The introduction of this Order, coupled with the activities of the Milk Marketing Board, has resulted in a considerable advance in the production of "Graded" milk. During the year, the total number of licences increased by twenty-five per cent., and the greater increase was in respect of the production of "Tuberculin Tested" milk.

Public Assistance. Further consideration was given to the provision of better accommodation for the chronic sick; and, during the year, plans of extensions at Guisborough institution were approved, while authority was also obtained to the purchase of land at Northallerton and Richmond for future extensions of the accommodation there.

Mental Deficiency. The new buildings at Claypenny Colony, Easingwold, were opened towards the end of the year, and the accommodation there now provides for 270 defectives.

Many other interesting developments took place during the year, and reference is made to them in the various sections of the report. One, which calls for special reference, is the establishment of regular meetings of district medical officers of health to discuss public health problems concerning the Riding. Although air raid precautions was the principle subject considered, other important public health questions were brought under review at these meetings.

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.

JULY, 1939.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR 1938.

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 Wel- fare .. .. .	.. Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Supt. Health Visitor and Supervisor of Mid- wives	{ Gertrude F. Berridge, S.C.M., S.R.N., A.R.S.I.
County Health Inspector .. .. .	.. Dewi Davies, M.R.S.I. (from 1st Sept., 1938).
Assistant County Health Inspector .. .. .	.. Gordon D. Aspin, C.S.I.B., M.S.I.A. (from 1st Sept., 1938).
Chief Clerk .. .. .	.. M. R. Wallace.

Morris Grange Children's Sanatorium.

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

Mowbray Grange Sanatorium for Adult Females.

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

Specialist Officers (Part-time).

Ophthalmic Surgeons .. .. .	.. J. P. Higham, M.B., B.S., L.M.S.S.A. J. Ellison, M.R.C.S., L.R.C.P.
Aural Surgeons .. .. .	.. J. B. T. Keswick, M.B., CH.B. W. O. Lodge, M.D., F.R.C.S.
Orthopaedic 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. (Resigned 19th April, 1938).
 C. E. Place, L.D.S.
 P. W. Thornton, L.D.S.
 N. A. Walker, L.D.S.
 F. N. H. Gargett, L.D.S. (from 1st April, 1938).
 Miss M. B. Gaukroger, L.D.S. (from 25th April, 1938).

County Analysts.

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

Consultant Medical Officers.

(Maternity and Child Welfare).

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

Health Visitors and School Nurses.

(Whole-time.)

DISTRICT.				NURSE.
Eston	..	..	..	N. Garness, S.C.M., S.R.N.
Grangetown	..	..	..	E. M. Lloyd, S.C.M., H.V.CERT.
Guisborough	..	..	..	A. Ruddock, S.C.M.
Hinderwell	..	..	..	E. Patchett, S.C.M., S.R.N.
Loftus	..	..	..	M. Green, S.C.M., S.R.N.
Northallerton (Peripatetic)	..	..	..	S. A. Harrison, S.C.M., S.R.N.
Redcar	..	..	..	E. Croft, S.C.M., S.R.N.
Saltburn	..	..	..	A. Garthwaite, C.R.S.I.
Skelton	..	..	..	A. Loftus, S.C.M., S.R.N. (Retired 8th October, 1938).
South Bank	..	..	..	A. Murray, S.R.N.
South Bank	..	..	..	D. M. Bird, S.C.M., H.V.CERT.
South Bank	..	..	..	H Pratt, 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	..	..	..	H. Dukes, 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.
Richmond Area	L. Oliver (from 1st April, 1938).

Health Visitors and School Nurses.

(Part-time.)

DISTRICT.	NURSE.
Alne	E. G. Scott, Tollerton.
Amotherby	G. E. Morfitt, Swinton.
Ampleforth	S. Thompson, Ampleforth.
Aysgarth	N. Easton, Aysgarth.
Barningham	E. Henderson, Barningham.
Bedale	E. C. Hodgson and E. J. Swanson, Bedale.
Beningbrough	E. L. Pettitt, Newton-on-Ouse.
Bilsdale	J. I. Hill, Rievaulx.
Boroughbridge	E. W. Smith, Boroughbridge.
Bowes	G. Bradley, 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.
Forge Valley	D. Fisher Brown, West Ayton.
Fylingdales	M. Crowder, Sleights.
Glaisdale	B. W. Heneage, Glaisdale.
Goathland and Egton	K. Readman, Grosmont.
Great Ayton	C. Norton, Great Ayton.
Great Smeaton	C. Eckford, Great Smeaton.
Hawes	J. Lyall, Hawes.

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

DISTRICT.				NURSE.
Haxby and Wigginton	..	..	..	E. Lealman, Haxby.
Helmsley	..	..	..	Sister Amy, Helmsley.
Helperby	..	..	..	J. Garbutt, Helperby.
Hinderwell	..	..	..	H. Prior, Staithes.
Hurworth	..	..	..	A. Thirlaway, Hurworth.
Hutton Rudby	..	..	..	M. C. Reavley, Hutton Rudby.
Kirklevington	..	..	..	L. M. Petty, Low Worsall.
Leake	..	..	..	N. Douglass, Knayton.
Leyburn	..	..	..	V. M. Walton, Leyburn.
Lythe	..	..	..	E. M. Heslop, Lythe.
Malton	..	..	..	A. B. Cowan and B. J. Burnett, Malton.
Manfield	..	..	..	M. H. Elenor, Eppleby.
Marske and Downholme	..	..	..	J. L. Hanney, Marske.
Masham and Healey	..	..	..	Z. D. Gilbey, Masham.
Middleton Tyas	..	..	..	H. F. Morton, Middleton Tyas.
Northallerton	..	..	..	M. F. McCann, Northallerton. A. McCowan, Romanby. C. Case, Morton-on-Swale.
Nunnington	..	..	..	A. E. Boston, Nunnington.
Nunthorpe	..	..	..	S. S. Iredale, Nunthorpe.
Osbalwick	..	..	..	M. Marshall-Stoker, 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	..	..	..	R. K. Smith, Romaldkirk.
Scarborough	..	..	..	A. M. Turner, Scarborough.
Sheriff Hutton	..	..	..	E. A. Adamson, Sheriff Hutton.
Stainton	..	..	..	E. W. Welford, Stainton.
Startforth	..	..	..	C. A. Jones, Barnard Castle.
Stillington	..	..	..	I. MacDonald, Stillington.
Stokesley	..	..	..	M. Precious, Stokesley.
Strensall	..	..	..	M. R. Woodman, Strensall.
Thirsk and Sowerby	..	..	..	M. Dale, Thirsk. A. Marshall, Sowerby.
Thornton Dale	..	..	..	H. Bennett, 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.S.C.
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.D., C.M.
Kirbymoorside R.D.	T. Walsh Tetley, M.R.C.S., L.R.C.P.
Leyburn R.D.	G. Cockcroft, M.B., B.S., M.R.C.S., L.R.C.P.
Malton R.D.	L. C. Walker, M.B., B.CH., M.R.C.S., L.R.C.P.
Masham R.D.	J. Wilkinson, M.B., CH.B.
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 (until 31st March, 1938).

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 ..	11	W. N. Pickles, M.D., B.S., L.M.S.S.A.	Ina Elliott ..	1
Guisborough ..	60	W. W. Stainthorpe, 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 ..	139	J. A. Lennox, M.D., B.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	10
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
†*E. Waud, M.B., B.S.	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. S. W. Forsythe, M.B., B.CH. ..	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

Name.	District.	Area in Acres.	Population (Approx.)
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. Allen, 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		
†*J. A. Lennox, M.D., B.S.	Scarborough Poor Law Institution.		
WENSLEYDALE GUARDIANS COMMITTEE.			
††*W. N. Pickles, M.D., B.S., L.M.S.S.A. . .	Lower Aysgarth	29,940	1,819
†*E. L. Hughes, M.B., B.CH.	Hawes	39,745	2,436
††*A. W. Hansell, M.B., B.S., L.M.S.S.A. . .	Bedale Southern and Bedale Northern	13,787 13,388	2,608 2,288
†*E. S. W. Forsythe, M.B., B.CH.	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 Middleham East	18,220 9,422	1,573 1,111
††*J. Wilkinson, M.B., CH.B.	Masham (Leyburn District)	8,518	651
†*S. G. Peill, M.B., CH.B.	Bedale (Leyburn Dis- trict & Middleham West)	45,164	4,180
WHITBY GUARDIANS COMMITTEE.			
†*H. H. Raw, M.R.C.S., L.R.C.P.	Whitby (East)	12,441	7,331
†*L. Pern, M.R.C.S., L.R.C.P.	Fylingdales	6,331	1,366
†*H. G. English, M.R.C.S., L.R.C.P.	Egton	41,475	3,218
†*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 1938):						
Urban Districts	186,000	..	..	..	}	333,500
Rural Districts	147,500	..	..	..
Number of inhabited houses (Census 1931)	..	..	..	..	..	77,134
Number of Families or Separate Occupiers (1931)	..	..	..	..	..	77,877
Average number of persons per house (Census 1931)	..	..	..	..	..	4.29
Rateable Value (1st April, 1939)	..	..	..	..	..	£1,809,451
Sum represented by a Penny Rate	..	..	..	..	..	£7,099

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 1938, was 333,500; the comparative figure for the previous year was 333,100, so that there has been an increase of 400 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 1937, it will be observed that the increase is equally distributed between the urban and rural districts.

The comparable figures are as follows:—

Year.	Urban Population.	Rural Population.	Total.
1937 ..	185,800	147,300	333,100
1938 ..	186,000	147,500	333,500

While there has been only a slight variation in the population compared with the previous year, there was, in fact, an increase of over 1,177 in the combined population of the Flaxton Rural and Easingwold Rural Districts, due mainly to a "spread out" from York; almost balancing this increase was a reduction in the population of Richmond Rural District, the population of which varies from time to time through the movement of troops.

Social Conditions and Occupations.

The main industries in the north eastern part of the Riding are ironstone mining and the manufacture of steel; on the seaboard are a group of seaside holiday resorts; in the rural districts the main industry is agriculture, but there are also military and air force stations. New aerodromes have recently been built or are in the process of construction, and a large amount of labour has been employed in this way to the detriment of the normal agricultural industry of the districts concerned.

The state of employment in the heavy industries of Cleveland is subject to fluctuation, but conditions generally were favourable during the year, being, however, much better towards the end of the year with the development of the re-armament programme of the Government. In the agricultural industry of the Riding labour conditions were difficult owing to the attraction of workers to other occupations.

Extracts from Vital Statistics of the Year.

	Total.	M.	F.	
Live Births	5,011	2,579	2,432	} Birth rate per 1,000 of the estimated resident population 15·8.
{ Legitimate					251	134	117
Still Births	213	102	111	Rate per 1,000 total (live and still) births 38·90.
Deaths	4,090	2,148	1,942	Death rate per 1,000 of the estimated resident population 12·3.
Deaths from Puerperal Causes :				Rate per 1,000 total (live and still) births.
			Deaths.	
Puerperal Sepsis	..	..	2	·37
Other puerperal causes	..	..	14	2·56
			—	—
	Total	..	16	2·92
			—	—

Death rate of Infants under 1 year of age :—

All infants per 1,000 live births	..	..	..	51·88
Legitimate Infants per 1,000 legitimate live births	..	..	..	51·89
Illegitimate Infants per 1,000 illegitimate live births	..	..	..	51·79
Deaths from Measles (all ages)	..	..	..	6
Deaths from Whooping Cough (all ages)	..	..	..	6
Deaths from Diarrhoea (under 2 years of age)	..	..	..	20

Live Births and Birth Rates.

During the year ended 31st December, 1938, the live births registered in and belonging to the Riding numbered 5,262, which figure is 74 births less than the previous year, or a decrease of 1%.

There were 251 illegitimate births included in the total figure as compared with 274 for the year 1937.

The Birth Rate for the Riding, as a whole, was 15·8 (per 1,000 estimated population), and was higher than the rate for England and Wales which was 15·1.

	Birth rates.					
	1933	1934	1935	1936	1937	1938
North Riding : Urban Districts ..	15·0	16·2	16·0	16·0	16·8	16·5
Rural Districts ..	14·0	14·3	14·7	14·7	15·0	14·8
Administrative County	14·6	15·3	15·4	15·4	16·0	15·8
England and Wales	14·4	14·8	14·7	14·8	14·9	15·1

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 1938, there were 251 such births registered, or 23 less than in 1937; in the urban districts there were 142, or 6 less than in 1937, while in rural districts there were 109, or 17 less than for that year.

On the basis of 1,000 population, the illegitimate birth rate was ·75 as against ·82 in 1937; and calculating the rate per 1,000 live births the rate was 47·70 as compared with 51·35 for the previous year.

Stillbirths.

The number of stillbirths registered showed a slight increase from 209 in the year 1937 to 213 in the year under review. Further analysis of the latter figure into sexes indicates that there were 102 male and 111 female stillbirths.

The rate per 1,000 total births was 38·90; this rate compares with 37·69 for the previous year.

Deaths and Death Rates.

During 1938, the total number of deaths registered for the Riding was 4,090; of this number, 2,148 were males and 1,942 were females. The total figure gives an annual death rate of 12·3 (per 1,000 estimated population), which is slightly below the figure (12·8) for the previous year. The fractional decrease is equally distributed between the urban and the rural districts; in terms of these districts the death rates were as follows:—

	Urban Districts.	Rural Districts.
1937 ..	13·2	12·4
1938 ..	12·7	11·7

The Death Rate of 12·3 for the Riding compares with 11·6 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	..	51%	of total deaths occur over 65 years of age.
		27%	75 " "
(ii) Rural Districts	..	58%	" " " " 65 " "
		32%	" " " " 75 " "

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

	Death Rates.				
	1934	1935	1936	1937	1938
North Riding : Urban Districts	12·8	13·6	13·0	13·2	12·7
Rural Districts	11·4	12·0	12·2	12·4	11·7
Administrative County ..	12·2	12·9	12·6	12·8	12·3
England and Wales ..	11·8	11·7	12·1	12·4	11·6

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 overleaf 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-
		1248	90	13	19	27	35	38	61	134	231	317	283	900	68	10	6	14	34	44	70	128	237	247
1118	67	15	4	20	27	37	51	99	180	269	349	824	48	3	6	10	13	28	64	116	208	300	
1 Typhoid and paratyphoid fevers	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Measles	F	3	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet Fever	M	6	1	1	2	..	2	..	..	..	..	3	..	1	1	..	..	..	..	..	..	..
4 Whooping cough	F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Diphtheria	M	3	2	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
6 Influenza	F	6	..	3	3	..	..	..	..	..	..	2	..	..	1	..	..	..	..	..	..	..
7 Encephalitis lethargica	M	2	..	1	1	1	..	5	5	7	3	20	2	..	..	..	..	..	..	..	..	..
8 Cerebro-spinal fever	F	13	..	..	..	2	..	..	3	1	4	10	..	4	..	..	..	..	..	..	..	..
9 Tuberculosis of respiratory system	M	2	..	1	1	..	..	1	1	..	..	2	..	..	..	..	..	..	..	..	..	..
10 Other tuberculous diseases	F	2	..	1	1	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..
11 Syphilis	M	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 General paralysis of the insane, tabes dorsalis	F	3	1	..	..	..	1	2	2	2	1	1	..	..	..	..	..	..	..	..	..	..
13 Cancer, malignant disease	M	7	..	..	..	..	1	1	1	2	1	2	..	..	..	..	..	..	..	..	..	..
14 Diabetes	F	154	..	..	2	3	7	17	37	60	28	101	..	..	..	..	1	2	12	23	38	22
15 Cerebral haemorrhage, etc.	M	181	..	..	..	..	9	32	52	50	38	133	..	..	..	..	2	5	18	24	46	38
	F	23	..	..	..	..	..	8	3	5	7	16	..	..	..	..	..	2	..	3	4	7
	M	26	..	..	1	..	1	3	12	7	1	14	..	..	..	..	1	..	..	6	3	2
	F	73	..	..	..	..	1	3	17	30	22	54	..	..	..	..	..	5	2	5	22	24
	M	99	..	..	..	..	1	10	18	26	45	82	..	..	..	..	3	13	3	13	25	39

The principal causes of death in the County during 1938 were as follows, the figures for the previous year being also given :—

Influenza	.. .. .	65	(205)
Heart Disease	.. .. .	1,077	(1,081)
Other Circulatory Diseases	.. .. .	273	(278)
Bronchitis	.. .. .	97	(107)
Pneumonia (all forms)	.. .. .	215	(253)
Congenital Debility and Malformations	Premature Birth	157	(185)
Tuberculosis of the Respiratory System	.. .. .	142	(116)
Tuberculosis (other forms)	.. .. .	48	(48)
Cancer, Malignant Disease	.. .. .	569	(529)
Cerebral Haemorrhage	.. .. .	308	(286)
Acute and Chronic Nephritis (Kidney Disease)	.. .. .	116	(148)
Senility	.. .. .	85	(99)

Cancer, Malignant Disease.

Again, cancer figures prominently as one of the most important causes of death. The number of deaths from cancer during 1938 was 569, compared with 529 for the previous year. The following table shows how this disease is gradually increasing in importance as a cause of death and the figure for the year under review is the highest for the past ten years. The increase in the death rate from this cause is equally distributed over urban and rural districts.

DEATHS AND DEATH RATES FROM CANCER.

Year.	County.	Total Number of Deaths.		Death Rate per 1,000 population.			
		Urban Districts.	Rural Districts.	County.	Urban Districts.	Rural Districts.	England & Wales
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
1938	569	335	234	1.7	1.8	1.6	1.66

It will be appreciated that the above figures only refer to the *mortality* from cancer, but it is reasonable to assume that an increase in the mortality figures may be associated with an increasing incidence of the disease in the community. Unlike tuberculosis it is not a compulsorily notifiable disease, and there are no statistics available to show its prevalence. When it was suggested that tuberculosis should be made notifiable, opponents of such a suggestion argued that, in view of the inherent horror of the disease in the public mind, possible sufferers from the disease would avoid seeking advice

and treatment lest they were labelled as tuberculous persons. Experience, over the last 25 years, has disproved this argument, and the campaign against tuberculosis has been considerably assisted by the compulsory notification of the disease.

While the cancer problem is in several ways different from that of tuberculosis, there does exist in the public mind a fear of the disease ; and, if progress is to be made in the campaign against cancer, this fear must be dispelled by enlightening the public on the need to seek early treatment and impressing it with the success of new methods of treatment. The problem in the country as a whole is of some dimension ; and the Government, realising the magnitude of the problem introduced a Cancer Bill which became law towards the end of March of the present year. Medical research continues assiduously and certain advances have been made, but progress is necessarily slow. The establishment of radium centres at various parts of the country has been of great assistance, but these centres have their limitations as not all cases are suitable for this form of treatment while only experts in radium-therapy are able to determine which cases are suitable. The main hope of an improvement in the cancer problem is to be found in the enlightenment of the public on the subject, in the establishment of special clinics at which expert advice is available, and in the provision of adequate facilities for modern methods of treatment. Meanwhile, and until the County Council's scheme under the Cancer Act, 1939, becomes effective, cases of this disease in the Riding are treated mainly through the Public Assistance Committee in their own institutions where no modern methods are available, or by arrangement with such hospitals as the following, where there are facilities for certain forms of treatment :—

Middlesbrough Municipal Hospital ; Darlington Memorial Hospital ; Harrogate General Infirmary ; The 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, a number of cases have been referred there from the Riding.

Cancer does not respect the social position of its victim and it emerges in all classes of society. Under the present arrangements, whereby the County Council provides treatment through its Public Assistance Committee, the number of persons treated is small, and comprises mainly those persons who have made direct or indirect application for assistance.

During the year under review, 33 cases were admitted to Public Assistance Institutions in the Riding ; this figure compares with 19 cases for the previous year. Of these 33 cases, 16 had received previous advice or treatment at other hospitals ; the 17 patients who were admitted to the County's institutions without having had previous hospital treatment, were in an advanced state of the disease. Having regard to the increasing number of persons who died from this disease and the probable increasing incidence of cancer in the community, the number of cases known to receive treatment is relatively small.

Deaths in Sanitary Districts from the seven chief causes.

DISTRICT.	Cancer.		Heart Disease.		Respiratory Non-tuberculosis.		Tuberculosis Pulmonary.		Tuberculosis Non-pulmonary.		Other Circulatory Diseases.		Cerebral Haemorrhage &c.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
A.—URBAN.														
1. Eston	43	1.40	79	2.57	45	1.47	26	.85	5	.16	27	.88	22	.72
2. Guisborough	10	1.24	18	2.24	7	.87	4	.50	1	.12	8	1.00	8	1.00
3. Loftus	11	1.47	22	2.93	7	.93	1	.13	1	.13	1	.13	11	1.47
4. Malton	2	.49	13	3.15	1	.24	3	.73	..	..	6	1.46	2	.49
5. Northallerton	5	1.01	11	2.21	1	.20	3	.60	1	.20	5	1.01	4	.80
6. Pickering	6	1.54	14	3.60	3	.77	3	.77	..	..	2	.51	1	.26
7. Redcar	52	2.22	63	2.69	26	1.11	10	.43	2	.09	16	.68	30	1.28
8. Richmond	9	1.63	8	1.45	7	1.27	3	.54	2	.36	2	.36	7	1.27
9. Saltburn and Marske	10	1.51	23	3.46	5	.75	4	.60	..	..	14	2.11	4	.60
10. Scalby	7	1.54	15	3.29	4	.88	2	.44	..	..	4	.88	..	..
11. Scarborough	98	2.42	197	4.86	40	.99	13	.32	11	.27	49	1.21	41	1.01
12. Skelton & Brotton	23	1.78	56	4.33	12	.93	4	.31	2	.15	4	.31	16	1.24
13. Thornaby-on-Tees	31	1.43	63	2.90	33	1.52	7	.32	1	.05	17	.78	9	.41
14. Whitby	28	2.43	37	3.22	11	.96	7	.61	1	.09	10	.87	17	1.48
Total Urban	335	1.80	619	3.33	202	1.09	90	.48	27	.15	165	.89	172	.92
B.—RURAL.														
1. Aysgarth	5	1.33	12	3.19	4	1.06	4	1.06	..	..	3	.80	3	.80
2. Bedale	19	2.93	24	3.70	4	.62	2	.31	3	.46	3	.46	9	1.39
3. Croft	2	.97	4	1.94	..	..	..	..	1	.49	4	1.94	2	.97
4. Easingwold	20	1.97	30	2.96	11	1.08	2	.20	..	..	13	1.28	10	.99
5. Flaxton	29	1.98	42	2.87	19	1.30	8	.55	4	.27	5	.34	7	.48
6. Helmsley	10	1.93	14	2.70	4	.77	3	.58	..	..	3	.58	1	.19
7. Kirbymoorside	6	1.25	21	4.38	4	.83	..	..	1	.21	3	.63	7	1.46
8. Leyburn	9	1.32	11	1.62	7	1.03	1	.15	1	.15	..	..	10	1.47
9. Malton	9	1.61	22	3.95	4	.72	..	..	..	..	3	.54	4	.72
10. Masham	5	2.68	4	2.14	3	1.61	..	..	..	..	1	.54	3	1.61
11. Northallerton	14	1.86	21	2.79	8	1.06	2	.27	1	.13	7	.93	12	1.59
12. Pickering	9	1.66	30	5.55	6	1.11	2	.37	1	.18	1	.18	2	.37
13. Reeth	5	2.33	11	5.13	..	..	..	..	..	..	1	.47	2	.93
14. Richmond	13	.69	24	1.28	13	.69	2	.11	3	.16	10	.53	5	.27
15. Scarborough	10	1.46	28	4.08	3	.44	4	.58	1	.15	3	.44	11	1.60
16. Startforth	4	1.00	14	3.49	3	.75	3	.75	1	.25	4	1.00	4	1.00
17. Stokesley	27	1.73	50	3.21	23	1.48	4	.26	2	.13	19	1.22	13	.83
18. Thirsk	13	1.09	48	4.02	19	1.59	7	.59	..	..	14	1.17	17	1.42
19. Wath	3	1.21	7	2.82	3	1.21	1	.40	..	..	..	..	1	.40
20. Whitby	22	1.91	41	3.56	7	.61	7	.61	2	.17	11	.96	13	1.13
Total Rural	234	1.59	458	3.11	145	.98	52	.35	21	.14	108	.73	136	.92
Administrative County	569	1.71	1077	3.23	347	1.04	142	.43	48	.14	273	.82	308	.92

INFANTILE MORTALITY.

There was a decrease in the number of deaths of infants under one year, the total number for the year under review being 273—a decrease of 37 compared with the previous year. The infantile mortality rate of 51·9 is the lowest yet recorded and compares with 58·1 for the previous year, and 53 for England and Wales.

The following table shows the infant mortality rates for the last six years :—

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
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
1938 ..	51·1	53·0	51·9	53·0

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

	1936	1937	1938
Congenital debility, premature birth, mal-formation, etc.	163	184	154
Diarrhoea	13	14	19
Pneumonia	31	45	39
Bronchitis	21	10	6
Whooping Cough	8	10	2
.. ..			

The largest group shows a decrease in numbers compared with 1937 ; this group is difficult to attack as so many factors, some of sociological significance, are concerned in its production. The main line of attack, however, is by the provision of improved facilities for ante-natal treatment of the mother, and of an adequate and efficient midwifery service.

In regard to the midwifery service many improvements have been made by the County Council's scheme under the Midwives Act, 1936, under which scheme the Riding was completely covered for the first time by a domiciliary midwifery service. This service is yet in the early stages of development, and it is hoped may become an important factor in the attack on infantile mortality. It is interesting to note that the infantile mortality rate for urban districts has shown greater improvement than that for the rural districts ; and, in point of fact, the rate for the urban districts is now less than that for the rural. It is invidious to select any individual causative factor for the improvement in the infantile mortality rate, but the better provision of ante-natal clinics and child welfare centres particularly in the urban districts has doubtless had an important effect.

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 20 deaths of children under 2 years of age where the cause was registered as diarrhoea ; of this number, 11 occurred in urban districts and 9 were in rural districts. During 1937, the total number of deaths from this cause was 16.

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

	1933	1934	1935	1936	1937	1938
Deaths	19	11	15	15	16	20
Deaths per 1,000 births ..	3.9	2.2	2.9	2.9	3.0	3.8

Measles.

There were 6 deaths from this cause during the year, compared with 14 deaths in the previous year. The following show the deaths from measles for the past few years :—

	1933	1934	1935	1936	1937	1938
Deaths	2	72	6	18	14	6

Whooping Cough.

The number of deaths from whooping cough during 1938 was 6, compared with 17 for 1937.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory facilities.

Under the present arrangements the laboratory facilities in the Riding are distributed over several laboratories, and the distribution is, roughly according to the type of specimen. The general work of pathological examination is undertaken at the North Riding Laboratory of Pathology and Public Health, Scarborough ; specimens from venereal diseases clinics are sent to one or other of the following places :—

St. Thomas's Hospital, London.
Hull Royal Infirmary.
Leeds School of Medicine.
University of Durham Medical School, King's College,
Newcastle-upon-Tyne.

In 1936 a small laboratory was established at the County Hall mainly for the bacteriological examination of milk samples required by the Milk (Special Designations) Order, 1936. The work at this small laboratory has, however, been gradually increased by examinations done in connection with the tuberculosis scheme ; statistics of this additional work are recorded under the tuberculosis section of the report. The total amount of work undertaken has been limited by reason of the inadequacy of accommodation, but provision of better accommodation is being made in the extension to the County Hall.

The following table shows the number of bacteriological examinations done during the year in connection with milk samples :—

- (i) Number of samples examined from applicants for licences under the Milk (Special Designations) Order, 1936 72
- (ii) Number of tests undertaken on 1,455 samples of "Accredited" and "Tuberculin Tested" milk .. 2,479

The following table shows the analysis of these examinations :—

Tests.	Accredited.	Tuberculin Tested.	Total.
Methylene blue (reduction test)	847	608	1,455
Coliform test ..	416	608	1,024

The figures in the above table show an increase of 909 tests or 58% as compared with the figures for the previous year. While there was an increase from 1,167 to 1,455 in the number of methylene blue tests undertaken, the main increase was in the group of coliform tests where the number was increased from 403 to 1,024.

MILK IN SCHOOLS.

In addition to the above examinations, 10 samples of milk supplied to schools were examined by the methylene blue test, and 9 of these samples were examined by the coliform test.

Ambulance Services.

A full schedule of ambulances available was included in the 1936 report ; and, so far as is known, there was no alteration in the provision of these services during the year under review. Having regard to the large area of the Riding and the location of general hospitals in the larger towns on its fringe, the need for adequate and efficient ambulance services is evident. The area is fairly well covered, but there are several districts where the provision might be improved. Several districts depend on a neighbouring district for the provision of an ambulance, while in some districts private contractors provide the service. With few exceptions, District Councils do not provide ambulances and the service in these districts is undertaken mainly by the St. John Ambulance Brigade and the British Red Cross Society.

The requirements of the ambulance services in the air raid precautions scheme are substantial ; the ambulance scheme for this purpose provides for 150 vehicles suitable for conversion to ambulances in an emergency.

Hospital Provision in the Riding.

I. VOLUNTARY HOSPITALS.

The voluntary hospitals in the Riding apart from the New Hospital at Scarborough and the Yorkshire Children's Orthopaedic Hospital at Kirbymoorside, are mainly of the cottage hospital type; the largest is the Eston Hospital with 60 beds. While a certain amount of acute illness is treated in these small hospitals a greater proportion of cases of acute illness are admitted to hospitals *outside* the Riding, *e.g.*, York, Middlesbrough, Darlington and Leeds. The following is a list of the hospitals situated within the Riding with the number of beds available in each:—

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 and 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.

The scheme of the County Council under Section 63 of the Local Government Act, 1929, came into operation on the 1st April, 1938. Although several district conferences were held little progress had been made at the end of the year. The main difficulties in implementing the scheme have been the hesitation of some councils to link up with others, and apprehension regarding the financial adjustments involved. For whatever reasons prevented the full operation of the scheme, its main principles have been submerged by these difficulties. While the progress during 1938 was small, advances have been made in some of the districts since the commencement of the present year. References, however, to these advances must be left to the next report.

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	27	54
Leyburn	8	4	12
Northallerton	10	10	20
Richmond	6	4	10
Scarborough	47	70	117
Stokesley	7	6	13
Whitby	54	54	108

Total No. of beds .. 345

Public Assistance—Medical Services.

(i) MEDICAL OUT-RELIEF.

A list of the medical areas with acreage, population and Medical Officer responsible, is included on pages 8, 9 and 10 of this report. The few changes, compared with the previous year, were mainly in personnel.

(ii) INSTITUTIONAL ACCOMMODATION.

Reference was made in last year's report to the proposals, so far as accommodation for sick persons was concerned, in the Public Assistance Institutions. Since the County Council took over the functions of the old Boards of Guardians the Public Assistance Committee has been alive to the need for the improvement of the accommodation for sick at these institutions. From time to time schemes were prepared for individual institutions, but little progress was made until 1937 when the County Council approved, in

principle, a report on re-organisation involving the erection of new buildings in some areas. The new proposals provided for distribution of accommodation as follows :—

Area.	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.

The above suggestions involved an extension at Guisborough Institution, and the erection of new institutions at Richmond and Pickering. During 1938, the Minister of Health approved plans of extensions at Guisborough involving the provision of an additional 60 beds for sick persons. Authority was also obtained to purchase land at Northallerton and Richmond.

In addition to these matters, improvements in existing accommodation were made at several Institutions.

Nursing in the Home.

Sick nursing of poor persons in their homes was one of the several benefits accruing from the general development of all domiciliary nursing services in the Riding. There were 85 district nursing associations and many of these were in receipt of grants for the nursing of the sick poor, while all were in receipt of grants in respect of other relief services such as health visiting, midwifery, school nursing and nursing of tuberculous persons. Several grants were made to the County Nursing Association towards the expenses of central administration and for the training of midwives. The County 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 on a basis of increased grants, gradually stimulated the work of these associations and extensively improved facilities for general nursing.

Special Conferences.

At different times during the year conferences were held with various members of the staff—doctors, dentists, and nurses. These conferences were mainly concerned with the routine duties of those concerned and offered favourable opportunities to discuss, not only routine work, but new schemes.

A most important development during the year was the establishment of an organisation of local Medical Officers of Health. The original idea was to have quarterly meetings of Medical Officers of Health to discuss communal problems in public health, but the original meetings were so successful that more frequent sessions were held. Having regard to the importance of air raid precautions this subject was frequently discussed. The various discussions were most valuable to the Medical Officers of Health and to the County Medical Officer as the organisation of the casualty services in the Riding is based on district councils with their medical officers in charge of the services. Several other subjects, such as clean milk production, were brought under review at these meetings.

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. This colony commenced on the transfer of the Easingwold Poor Law Institution to the County Council, and after adaptations and improvements it was opened in September, 1934, for the reception of 90 female defectives. New extensions were commenced in September, 1936, and towards the end of the year under review three new villas with workshops and two semi-detached houses for nurses' accommodation were opened. The present accommodation at the colony provides for 270 mental defectives (male and female). Defectives who had been boarded out in various parts of the country were brought to the new accommodation and this included 40 male defectives who had been accommodated at the Scarborough Poor Law Institution. On the 30th June, 1938, an agreement with the Yorkshire Association for Mental Welfare was terminated, and the Committee appointed an executive officer to carry out the duties of ascertainment, supervision and other matters concerning the welfare of the mentally defective.

The County Medical Officer is the medical adviser of the Committee, while three medical officers of the staff of the County Health Department were approved by the Committee as certifying officers.

The following table gives an analysis of the cases coming within the purview of the Committee at the end of December, 1938 :—

In Claypenny Colony	163 (including 12 on
In other Institutions	Licence).
(including Rampton)	51 (3 being on Licence)
On Licence	15
Under Guardianship	11
Under Statutory Supervision ..	155
Under Voluntary Supervision ..	338
	—
	733
	—

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supplies and Sewage Schemes.

By terms of 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 new sewers or sewage disposal works or the supply of water or in the improvement of an existing supply of water.

Grants were made during the year to the following Authorities :—

Name of Council.	Particulars of Scheme.	Amount of Contribution.
Bedale Rural District.	Water Supply Scheme for the townships of Ainderby Miers-with-Holtby, Aiskew, Bedale, Burneston, Burrill-with-Cowling, Carthorpe, Clifton-on-Ure, Crakehall, East Tanfield, Exelby, Leeming and Newton, Firby, Gatenby, Hackforth, Howgrave, Killerby, Kirkby Fleet-ham, Kirklington-cum-Upsland, Langthorne, Rand Grange, Rookwith, Scruton, Snape, Sutton-with-Howgrave, Swainby-with-Aller-thorpe, Theakston, Thirn, Thornton Watlass, Well and West Tanfield.	£ 6,000 s. 0 d. 0
Helmsley Rural District.	Water Supply Scheme for the township of Old Byland.	325 0 0 Max.
Stokesley Rural District.	Water Supply Scheme for the townships of Middleton-on-Leven, Hilton and Ingleby Barwick. Annual contribution.	57 0 0
Flaxton Rural District.	Water Supply Scheme for the township of Sand Hutton. Annual contribution.	77 10 0
SEWAGE DISPOSAL SCHEMES.		
Bedale Rural District.	Sewerage Scheme for the village of Leeming Bar in the township of Aiskew.	400 0 0
Helmsley Rural District.	Sewerage and Sewage Disposal Scheme for the township of Harome. Annual contribution.	87 0 0
Malton Rural District.	Sewerage and Sewage Disposal Scheme for the townships of Amotherby and Swinton. Annual contribution.	111 0 0

During the year the County Council reconsidered the conditions of these grants. Although the Council had power by terms of Section 57 (1) of the Local Government Act, 1929, to make contributions towards the cost of schemes of water supply and sewage disposal, no grants were made until 1934. During that year, owing to a serious shortage of water, Parliament placed on the Statute Book the Rural Water Supplies Act, 1934, under which the Ministry of Health was empowered to make grants to rural district councils in aid of schemes for the provision of water. The County Council then decided to make contributions towards the cost of approved schemes in the North Riding, sums equal in amount to those given by the Government. Until 1938 assistance had been given by the County Council towards the cost of 28 schemes, the total amount involved being £21,350. In regard to sewers and sewerage disposal works no grant from the Minister of Health was available to District Councils, but the County Council made grants, since 1934, towards the cost of these schemes, the amount involved being £10,457.

Although the Government grants for water supplies ceased, applications continued to be received by the County Council for grants in aid to district councils in respect of both water and sewerage schemes. The County Council decided that financial aid for new schemes should be continued and that this aid should be given in the form of annual grants limiting their expenditure in each year to the product of a penny rate for general county purposes. The following conditions were applied to grants for schemes for district councils :—

(i) RURAL DISTRICT COUNCILS.

- (a) That in respect of water supply schemes, the grant shall be 50% of the deficiency on the scheme after taking into account * specified charges to consumers and a special expenses rate on the parish of 1/6 in the £, the remaining 50% of the deficiency being met by the district council.
- (b) That in respect of sewerage schemes, the grant shall be 50% of the deficiency on the scheme, after taking into account a special expenses rate on the parish of 3/- in the £, the remaining 50% of the deficiency being met by the district council.

* The specified charges proposed for water are (1) Piped supply 12½% on rateable value, (2) Stand tap supply 6¼% on rateable value, (3) Large consumers 1/- per 1,000 gallons.

(ii) URBAN DISTRICT COUNCILS.

As it is difficult to lay down a formula for giving grants to urban district councils, each case was to be considered on its merits.

(iii) URBAN AND RURAL DISTRICT COUNCILS.

Any grants made by the County Council in respect of water supply or sewerage schemes, whether in urban or rural districts, shall be subject to the following general conditions :—

- (a) That all schemes shall be approved by and carried out to the satisfaction of the County Council.
- (b) That district councils shall themselves make a grant towards the cost of schemes not less in amount than the contribution from the County Council.
- (c) That in all cases the accounts shall be open to examination by the Clerk of Accounts.
- (d) That in all cases the amount of the grant indicated in the first place by the County Council shall be subject to adjustment annually in accordance with the ascertained cost of the schemes, or in the event of any material alteration having taken place in the factors taken into account in assessing the grant.
- (e) That in the event of the estimate being exceeded, no further increase in the amount of the grant originally indicated by the County Council shall be made.

The foregoing conditions were intended to form the basis on which grants generally will be assessed, the County Council reserving the right to deal with any application on its merits.

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 86 cottages were approved by the Committee, bringing the total number of grants at 31st December, 1938, up to 393, after taking into account the number of applications which were withdrawn.

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 operation of the Acts was extended by the Housing (Rural Workers) Amendment Act, 1938, from the 24th June, 1938 to the 30th September, 1942.

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 :—

Flaxton R.D.C. 3 ; Pickering R.D.C. 10 ; Helmsley R.D.C. 6.

(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	191	208	1392	103	236	1593
Guisborough	19	19	101	9	12	73
Loftus	38	50	243	2	3	21
Malton	1	3	8	1	25	193
Northallerton	22	22	113½	11	11	66½
Pickering	12	12	60	—	4	16
Redcar	11	11	75	—	8	59
Richmond	19	20	102½	—	—	—
Saltburn & Marske	27	32	177	5	—	—
Scalby	—	—	—	—	—	—
Scarborough	179	204	699	10	27	156
Skelton & Brotton ..	65	70	403	1	1	8
Thornaby-on-Tees	62	76	502	24	57	387
Whitby	186	189	891	6	40	189
Total Urban ..	832	916	4,767	172	424	2,761½
B.—RURAL.						
Aysgarth	10	10	64½	1	2	8
Bedale	41	41	256	4	5	26
Croft	8	8	46	—	14	97
Easingwold	11	11	59	1	10	70
Flaxton	19	19	122	2	3	23
Helmsley	2	2	16	—	1	13
Kirbymoorside	9	9	51	4	2	12
Leyburn	12	12	68	—	8	45
Malton	8	8	49	—	7	52
Masham	—	—	—	—	1	8
Northallerton	16	16	111	—	—	—
Pickering	13	12	68	1	2	10
Reeth	—	—	—	—	1	9
Richmond	41	42	216½	—	5	26½
Scarborough	19	19	93	2	2	7
Startforth	1	1	4	5	4	20
Stokesley	8	8	41	—	22	130
Thirsk	32	32	207	1	6	40
Wath	5	5	36	2	2	17
Whitby	23	23	147	2	11	68
Total Rural ..	278	278	1,655	25	108	681½
Administrative County	1,110	1,194	6,422	197	532	3,443

Housing (Financial Provisions) Act, 1938.

The Housing (Financial Provisions) Act, 1938, received the Royal Assent on the 30th March, 1938, and amends the law with respect to the making of contributions out of the exchequer and by local authorities in respect of housing accommodation provided for the working classes, and with respect to arrangements between local authorities and other persons for the provision of housing accommodation. The scope of the assistance available for the provision of houses for the agricultural population is extended by the Act and contributions are available not only for houses built for slum clearance and the abatement of overcrowding, but also for houses built to meet the general needs of the agricultural population. The Minister of Health states that rural district councils have in the past directed his attention to the difficulties which they have experienced in providing houses for agricultural workers at rents within their capacity to pay, and that he understands that the lack of modern houses available for such workers has contributed in no small measure to the drift from the land which has led to the present shortage of agricultural labour.

Section 1 of the Act provides that in respect of houses built by local authorities with the approval of the Minister for the rehousing of persons displaced from unfit houses as a result of demolition and closing orders and in pursuance of clearance, improvement, or re-development operations, for the rehousing of persons displaced from other houses in pursuance of re-development operations, and for the purpose of abating overcrowding, an Exchequer contribution of £5 10s. 0d. per house per annum shall be payable for 40 years. This subsidy may be increased to £6 10s. 0d. in non-county boroughs, urban and rural districts, where the level of working class rents is substantially below the average for the particular type of district, and the financial resources of the district are small in relation to the housing work to be done. Under Section 2 the Exchequer contribution will be £10 a year for 40 years in respect of each house built by local authorities with the approval of the Minister for members of the agricultural population, whether for slum clearance, overcrowding or for general needs, and this amount may, in exceptional circumstances, be increased up to a maximum of £12 a year.

Provision is made in Section 3 of the Act whereby if in special cases local authorities make arrangements for the erection of houses for members of the agricultural population by some person other than the local authority, an Exchequer contribution may be made available to the owner of the house up to £10 a year for 40 years, subject to certain specified conditions.

Section 7 of the Act provides for contributions by the County Council in cases where the Exchequer contribution of £5 10s. 0d. is increased to £6 10s. 0d., and where the Minister of Health has undertaken to make to the Council of a county district an annual contribution of £10 for 40 years under Section 2. In each case the County Council are required to make a payment of £1 a year for 40 years. Further, where the Exchequer contribution towards houses for the agricultural population is increased beyond £10 the County Council are required to contribute an additional amount equal to the excess. The Act places an obligation on the Minister of Health to consult with the County Council before assenting to applications by local authorities the effect of which would be to involve the County Council in liability. Until such applications are made the Act requires no special action on the part of the County Council, but the Minister in a circular dated the 13th

May, 1938, states he is confident that he can rely on their co-operation in securing that proper advantage is taken by the authorities of county districts of the facilities afforded by the Act. Under the Housing Act, 1936, contributions were payable by the County Council to rural district councils only, but under the new Act contributions will also be payable to borough and urban district councils.

Contributions were authorised to the under-mentioned district councils under this Act in respect of the number of houses stated :—

Pickering R.D.C. . .	3
Scarborough R.D.C. . .	14

INSPECTION AND SUPERVISION OF FOOD.

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.
795 (770)	30 (11)	65 (53)

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	384	29	65
Sausage	23	1	—

Milk Supplies.

The following report is based on information and figures supplied by Mr. E. F. Hardwick, M.R.C.V.S., Divisional Inspector of the Ministry of Agriculture and Fisheries :—

MILK AND DAIRIES ORDER, 1926.

In the Riding there are 6,090 registered herds from which milk or butter is sold. Of these, 3,542 are milk producers.

In all, 5,103 inspections of milk-producing herds were made during the year, the total number of animals inspected being 50,530.

The number of animals taken under the Tuberculosis Order was 226 as against 298 in the previous year, and of that number 73 were found on routine inspection. There were 43 cows found to be affected with tuberculosis of the udder.

Figures for the previous three years are as follows :—

Year.	No. of herds inspected.	No. of cattle inspected.	No. of suspected animals dealt with under the Tuberculosis Order, 1925.
1937	5,494	52,567	53
1936	6,442	66,541	73
1935	4,969	48,010	78

The reduction in the number of inspections was due to the transfer of the veterinary services to the Ministry of Agriculture and Fisheries under the Agriculture Act, 1937. No increase was made in the transferred staff, and the duties now include work under the Diseases of Animals Acts previously carried out by the Ministry.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The veterinary staff continued after their transfer to carry out a proportion of the inspections of buildings prior to the granting of licences under this Order, and 196 visits were made and advice given to the owners regarding necessary alterations.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

In 1938, 11 cases were reported where tubercle bacilli had been found in samples of milk produced on premises in the Riding. In each case an enquiry was carried out and as a result four animals were found to be affected with tuberculosis of the udder and were slaughtered under the Tuberculosis Order, 1938.

TUBERCULOSIS (ATTESTED HERDS) SCHEME.

During the year 395 herds were tested under this Scheme and 69 attested licences were issued by the Ministry.

Very satisfactory progress is being made under this Scheme and it is anticipated that a considerable percentage of the herds in the North Riding will eventually be certified as entirely free from tuberculosis.

Milk (Special Designations) Orders, 1936 and 1938.

Since the introduction of the 1936 Order, there has been a steady increase in the number of applicants for licences to produce graded milk, and the large increase in the case of tuberculin tested herds is particularly welcomed.

In January, 1936, before the Order became operative, there were only 6 tuberculin tested and 54 grade A. herds in the Riding, and the figures given below show how much the position has improved during the past two years.

	1937	1938
Tuberculin tested herds ..	34	102
Accredited herds (formerly Grade A.)	182	169

The fall in the number of accredited herds in 1938 is due to a number of producers of accredited milk applying for licences to produce tuberculin tested milk.

In the administration of the Order, valuable assistance was given by the Divisional Inspector of the Ministry of Agriculture and Fisheries and his staff who undertook duties in connection with the preliminary inspection of premises of applicants for licences in addition to furnishing reports on the results of tuberculin tests. The county health inspectors also carried out inspections of premises and advised on the alterations necessary to bring them up to the standard required for the production of designated milk.

During the year, 83 premises were inspected for this purpose.

Samples of graded milk were collected from each herd at intervals of about two months, by the health inspectors, and sent to the County Council laboratory at Northallerton for testing. In each case they were "surprise" samples and, in the event of a sample failing to satisfy the tests, a second one was taken after a short interval. If the latter also failed, a visit was paid to the farm at milking time and any defect in technique pointed out to the producer.

In all, 2,479 tests were done on 1,455 samples of accredited and tuberculin tested milk, an increase of 909 tests over the figures for 1937.

The results of these tests are given below, separated according to the summer and winter standards of the methylene blue test.

	Accredited.				Tuberculin Tested.			
	Methylene Blue		Coliform.		Methylene Blue		Coliform.	
	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.	Failed.
Summer Standard	354= 69.8%	153= 30.2%	194= 60.2%	128= 39.8%	266= 76%	84= 24%	243= 69.1%	107= 30.9%
Winter Standard	290= 85.3%	50= 14.7%	58= 61.7%	36= 38.3%	225= 87.2%	33= 12.8%	233= 90.3%	25= 9.7%

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 ..	40.6%	36.5%
Winter Standard ..	21.7%	18.2%

These figures show that the standard of cleanliness was higher in the case of tuberculin tested milk, especially in view of the fact that every sample of the latter was submitted to both tests. The results, however, cannot be regarded as satisfactory, particularly in view of the high number of failures during the summer months.

There are a number of reasons for this, such as lack of sufficient water for cooling purposes, inefficient sterilisation of utensils, and, in some cases, a reduction in the standard of care at busier times on these farms during the year.

The services of the county health inspectors were available, since they commenced duties in September, to farmers who found difficulty in producing milk to pass the tests and often a little advice led to a marked improvement when failures had been due to a lapse in the technique. Such advice was invariably welcomed by the man who was genuinely trying to maintain a high standard.

There were 3 samples of pasteurised milk examined and all gave satisfactory plate counts.

Milk in Schools.

In addition to the above examinations, 10 samples of milk supplied to schools were examined by the methylene blue test and 7 passed. A coliform test was done on 9 of the above samples and 8 passed.

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. Although these districts are autonomous for this service, a close co-operation exists between them and the County Council as their Medical Officers of Health are associated with one branch or another of the health services of the County Council.

The population of the County Council's maternity and child welfare area was 254,232, *i.e.* an increase of 885 compared with the previous year. The total number of births registered in the area during the year has shown a slight decline as compared with the previous year, the births for the year under review being 4,016 compared with 4,033 for 1937.

The County Council has continued its policy of developing the maternity and child welfare service particularly in the rural districts, and local volun-

tary organisations have assisted considerably in this policy. During the year 1938, new centres were established at the following places :—

Hinderwell.	Manfield.
Kirbymoorside.	Sheriff Hutton.

Ante-Natal Care and Supervision.

Much attention has been directed, in recent years, to maternal mortality, and it is universally agreed that one of the main lines of attack is by the provision of better 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 proper treatment to eliminate or reduce the risks at, or immediately after, confinement. There is ample evidence to show that the early and proper treatment of pelvic deformities, abnormal position of the child, and intercurrent diseases of pregnancy, have lessened the risks to mothers and have 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 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.

The provision of proper facilities for ante-natal care and supervision are best undertaken in association with a maternity department of a General Hospital, or at a Maternity Hospital. As no such institution exists in the Riding, and as the area covered by the County Council's scheme is so extensive, the difficulties in providing an efficient ante-natal organisation will be appreciated.

The scheme of the Public Health Committee has endeavoured to overcome these difficulties while having regard to the main objects and principles of ante-natal care and supervision; the new scheme, which was brought into operation towards the end of 1937, has been further developed during the year under review. The arrangements fall under three headings, as follows :

(i.) SPECIAL ANTE-NATAL CLINICS.

There were, in the County Council's area, nine clinics held specially for ante-natal work. These clinics were held at—

Boosbeck, Brotton, Dormanstown, Grangetown, Guisborough,
Loftus, Redcar, South Bank, and Huntington Road, York.

A medical officer, specially qualified in this work, was in charge at each of these clinics.

(ii.) ANTE-NATAL CLINICS IN ASSOCIATION WITH MATERNITY AND CHILD WELFARE CENTRES.

At seven centres in the Riding ante-natal clinics were held before the ordinary meeting of the welfare centre; and these clinics were attended by the medical officers in charge of the welfare centres. The seven centres were as follows :

Easingwold, Haxby, Marske-by-Sea, New Earswick, Scalby,
Stokesley, Yarm-on-Tees.

(iii.) SUPERVISION OF UNINSURED EXPECTANT MOTHERS IN RURAL DISTRICTS.

While ante-natal clinics have been established as above, there were many women who resided in places not readily accessible to these clinics; moreover, the number of women requiring attention in such districts was too small to justify the establishment of ante-natal sessions. Such women were provided for in the special scheme whereby medical advice and attention were available on special terms.

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. During the year the Public Health Committee approved of a scheme for the provision of dentures for expectant mothers in accordance with financial circumstances.

The following table shows the attendances at the 16 ante-natal clinics in the Riding; there was a marked increase in the total number of mothers who attended and the total number of attendances made by these mothers.

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 ..	46	(33)	2.1	(4.1)	24	(20)
Brotton ..	158	(172)	6.6	(7.5)	69	(73)
Dormanstown ..	207	(115)	9.8	(9.6)	89	(53)
Easingwold ..	2		.2		2	
Grangetown ..	178	(39)	7.7	(4.3)	74	(18)
Guisborough ..	46	(68)	2.0	(3.4)	18	(25)
Haxby ..	14		2.3		6	
Loftus ..	162	(101)	7.0	(4.6)	67	(39)
Marske ..	71	(57)	3.1	(5.2)	35	(25)
New Earswick ..	15		1.4		9	
Redcar ..	479	(499)	10.4	(16.2)	168	(197)
Scalby ..	33		2.7		16	
South Bank ..	417	(418)	8.9	(13.5)	155	(156)
Stokesley ..	73	(14)	3.3	(1.7)	34	(9)
Yarm ..	37	(13)	2.2	(3.2)	19	(6)
York ..	151	(224)	3.0	(4.5)	27	(44)
Total ..	2,089	(1,753)	5.5	(7.7)	812	(665)

The figures in brackets are those of the previous year.

Post-Natal Services.

Two clinics were established during the year at Redcar and South Bank. The following table shows the attendances of mothers at these clinics.

Name of Post-Natal Clinic.	Total Number of Attendances by Mothers.	Average Attendance of Mothers Per Session.	Total Number of Mothers who Attended.
Redcar ..	30	2·7	27
South Bank ..	26	2·4	24
Total ..	56	2·5	51

Notification of Births.

The number of births notified to the County Medical Officer during the year was 3,805, compared with 3,834 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 245 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.

A full explanation of this series of Acts was made in the last year's Annual Report, but special reference must now be made to the 1936 Act, which had its first full year's working during 1938. At the commencement of the County Council's scheme under this Act it was decided to review its working at the end of the first year; and, as the scheme came into operation on the 1st August, 1937, the first full year was completed on the 31st July, 1938. The following are some of the interesting features of the work done during that period:—

(i) DEVELOPMENTS IN THE NURSING SERVICES OF THE RIDING.

The scheme provided for domiciliary midwifery to be undertaken by the District Nursing Associations, by County Council midwives and, in one case, by a Welfare Council. These arrangements envisaged the establishment of new district nursing associations and the extension of others in "unnursed" areas; also, the combination of associations for the provision of a complete midwifery service was suggested.

In arranging for nursing associations to co-operate in the scheme, the Committee had in view the possible developments in general nursing; as, otherwise, if midwifery grants were taken away from associations, general nursing throughout the Riding would suffer. During the year, 5 new associations were established, and in 2 cases combination of neighbouring associations was effected. In those districts where associations could not be formed, the County Nursing Association assumed responsibility for the midwifery work.

A subsidiary and beneficial effect of working the scheme through nursing associations was that they were not only able to continue their work, but many were able to extend their activities particularly in rural areas to include both health visiting and school nursing, thus providing for the first time in the Riding complete services in these aspects of public health work.

(ii) DISTRIBUTION OF MIDWIFERY WORK WITHIN THE SCHEME.

The scheme covered the area of the Riding for which the County Council is the local supervising authority; this area is the Administrative County less the Borough of Scarborough. The distribution of the work within the scheme during the year was as follows:—

	Nurses Emp- loyed.	County Council Mid- wives.	Total 'Midwife Equiva- lent.'	* 'Midwife Equivalent' Employed by Welfare Councils.	Cases.		Total Atten- ded.
					Mid- wifery.	Mat- ernity.	
(i) District Nursing Associations.	98	—	53½	¾	1744	1106	2850
(ii) County Nursing Associations.	5	—	4½	—	62	38	100
(iii) Borough of Thornaby-on-Tees	4	4	4	—	274	68	342
(iv) Urban District of Whitby.	2	—	2	2	73	47	120
Total ..	109	4	64½	2¾	2153	1259	3412

* The third Welfare Council was the area of the Borough of Richmond, but arrangements were made for the District Nursing Association to undertake the work there.

Owing to the difficulties in certain rural areas, where no nursing associations existed, special arrangements were made; and, in a few instances, the establishment of the permanent service was delayed for a month or two after the commencement of the scheme.

Nevertheless, the number of cases attended during the year under the scheme was approximately 79% of the number of domiciliary births notified in the Council's area. The remaining 21% of the notified births were undertaken by doctors, with or without maternity nurses, midwives in private practice, in nursing homes, and by the military nurses at Catterick Camp.

The North Riding must be one of the most difficult—if, indeed, it is not the most difficult—area in the country in which to provide an efficient dimiciliary midwifery service; and, therefore, the volume of work undertaken in the Council's scheme during its first year's working was highly satisfactory.

(iii.) SUPERVISION OF MIDWIVES.

Reports received from the supervisor of midwives indicated that there had been an improvement in the standard of midwifery throughout the Riding. This improvement was due to two main factors. In the first place, regular and frequent visits of inspection were made by the supervisor, who, being an experienced and practical midwife, was able to advise the practising midwives in the modern methods of midwifery practice. Her visits were greatly appreciated by the midwives operating within the scheme, and those in independent practice, with a resultant improvement in the standard of practice. The provision of new midwifery equipment in many districts also had a beneficial effect. In the second place, the district nursing associations were encouraged by the Council's larger grants to employ state registered nurses who were also midwives. The County Nursing Association employed such a standard of nurse in its own areas, and advised and encouraged district nursing associations also to do so.

(iv.) COMPENSATION OF MIDWIVES.

The Midwives Act, 1936, provides for the compulsory or voluntary retirement of midwives from practice, and each case of such retirement was reported to the Committee during the year. Since the commencement of the scheme, 2 midwives have been retired compulsorily and 4 surrendered their certificates voluntarily.

(v.) REFRESHER COURSES.

The County Council provide by arrangement with the Hull Corporation, refresher courses for all midwives who notify their intention to practise in the Riding (excepting the Borough of Scarborough). These courses are held at the Hull Municipal Maternity Hospital, and 20 midwives are being sent annually for this post-certificate training. The courses were arranged in consultation with the Central Midwives Board which approved this maternity hospital as a regional centre for post-certificate training. The rules of the Board provide that, unless in special circumstances, each midwife must attend every seven years. Having regard to the large number of midwives who notify their intention to practise in the Riding, this provision can only be satisfied by sending 20 midwives to courses each year.

(vi.) RELIEF MIDWIVES.

As it is the County Council's duty in this area to provide a midwife for the confinement of a pregnant woman in her home, it was necessary to make regulations whereby relief midwives would be available in the event of illness, infections, holiday, etc. The County Nursing Association acted as a bureau for this purpose and payments were made to the Association for relief midwives. With a few exceptions, these particular arrangements of the Committee were satisfactory; and, after the end of the first year's working, further consultations were held with the various organisations concerned and minor adjustments made in the original scheme.

(vii.) WORK DONE BY THE COUNTY NURSING ASSOCIATION.

The success of the scheme was due in a large measure to the close co-operation between the Health Committee, the County Nursing Association and district nursing associations. At the commencement of the scheme there were certain areas where no district associations existed and where difficulties were anticipated in establishing them. Arrangements were made with the County Nursing Association to undertake the midwifery work in these areas and to be allowed to develop general nursing with a view to the establishment of district associations later. There were six such areas, and in one of these areas (Cloughton) it was possible to establish an association during the year.

(viii.) ORDER MADE BY THE MINISTER OF HEALTH UNDER SECTION 6 OF THE MIDWIVES ACT, 1936.

The Minister of Health made an Order under this Section precluding unqualified women from acting as Maternity Nurses for gain. This Order came into operation on the 1st September, 1938.

The main difficulty in the Scheme was the doubtful adequacy of the transport grant; but, after having examined the financial position at the end of the first year, appropriate adjustments were made in this grant, so that this difficulty does not now exist.

Having regard to the complexity of the problem of providing a domiciliary midwifery service in such a varied and widespread district as the North Riding, the scheme of the Public Health Committee worked satisfactorily during its first year, while there was evidence that the standard of midwifery had improved, although there is still some room for improvement.

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 1938 (less Scarborough):

No. of Midwives.	Employed as District Nurse.	Trained—Independent.	Bona-fide.	At Public Assistance Institutions.
212	152	55	2	3

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	1938
Sending for medical help ..	490	583	696	742	841	1065	1277
Still-births	35	40	40	51	42	46	48
Rise of temperature ..	17	26	24	35	52	46	73
Death of mother	2	2	4	8	1	5	2
Death of infant	17	14	14	34	31	26	31
Laying-out dead body ..	23	26	34	43	47	45	51
Artificial feeding	22	24	61	42	57	69	72
Liability to be a source of infection	45	45	55	65	68	114	182

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

During Pregnancy	326
During Labour	730
During Lying-in Period ..	86
In respect of Child	135

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, 182 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 1 application for grant in aid of training was received from the County Association.

Maternal Mortality.

It has been pointed out in previous reports that maternal mortality is subject to wide fluctuations and that the comparison of rates may lead to false deductions owing to the relatively small figures involved. It is perhaps advisable to keep to actual figures, although it has been the custom to assess maternal deaths as a rate per thousand total (live and still) births.

During the year the total maternal deaths numbered 16, of which 15 occurred in the County Council's area for maternity and child welfare, while 1 occurred in an area autonomous for that purpose.

Of the 16 deaths, 2 were attributable to puerperal sepsis and 14 were assigned to other diseases and accidents of pregnancy; during 1937, there were 24 maternal deaths of which 10 were due to puerperal sepsis and 14 to other causes.

The rate per 1,000 total (live and still) births was 2.92, compared with 4.33 for the previous year. The rate for England and Wales was 2.97.

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:—

Eston U.D.	..	..	1
Richmond R.D.	..	..	1
			—
			2
			—

OTHER PUERPERAL CAUSES:—

Eston U.D.	..	..	1
Guisborough U.D.	..	..	1
Pickering U.D.	..	..	1
Redcar Borough	..	..	2
Saltburn & Marske U.D.			1
Thornaby Borough	..	..	1*
Bedale R.D.	..	..	1
Easingwold R.D.	..	..	1
Kirbymoorside R.D.	..	..	2
Leyburn R.D.	..	..	1
Scarborough R.D.	..	..	1
Stokesley R.D.	..	..	1
			—
			14
			—

* Autonomous area for maternity and child welfare.

As will be seen from the above table, the 15 cases in the County Council's area are spread over the whole Riding, although it is interesting to note that 8 deaths have occurred in rural districts and 7 in urban districts.

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

Year	1931	1932	1933	1934	1935	1936	1937	1938
No. of Maternal Deaths..	23	28	18	31	41	18	24	16

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 1938.
Middlesbrough Municipal Maternity Home ..	43
York Maternity Hospital	32
Greenbank Municipal Maternity Hospital, Darlington	25
Ripon and District Hospital and Nursing and Maternity Institution	3
Whitby and District War Memorial Cottage Hospital	—
Harrogate and District General Hospital	5
Carter Bequest Hospital, Middlesbrough	—
Scarborough New Hospital	22
Municipal Hospital, Middlesbrough	3

There was a small decrease in the number of women from the Riding admitted to these hospitals, as compared with the previous year. It was found necessary to admit 133 patients into hospital under these arrangements; during 1937, the comparable number was 148.

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

Home Helps.

The Public Health Committee approved during the year of a scheme for the provision of "Home Helps." The function of a "Home Help" is to carry out the domestic duties in the homes of the women during illness of

pregnancy at the time of confinement and during the puerperium, if satisfactory private arrangements cannot be made. If the mother is to be removed to hospital, the services of the "Help" in the home may relieve her of domestic worry and enable her treatment to be continued for as long a period as may be considered desirable on medical grounds. It is difficult to organise such a scheme, particularly in a County area, as the work is irregular and it is only a particular type of person who is suitable for it. This scheme did not become operative during the year.

Emergency Units.

Such a unit comprises a consultant obstetrical surgeon, and a trained nurse, and should be so organised that it may proceed at a moment's notice to an emergency in a patient's own home.

During the year, the Public Health Committee approved arrangements whereby the County Medical Officer was empowered to obtain an emergency obstetrical unit when required. The arrangements, however, did not become operative during 1938.

Notification of Puerperal Pyrexia.

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, 44 cases of puerperal pyrexia were notified; of this number, 28 were removed to hospitals and 23 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, Darlington Fever Hospital, and Scarborough 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 PYREXIA.

Eston U.D. 2; Guisborough U.D. 3; Loftus U.D. 8; Malton U.D. 1; Northallerton U.D. 1; Redcar Borough 4; Richmond Borough 3; Saltburn and Marske U.D. 1; Scarborough Borough 3; Skelton and Brotton U.D. 1; Thornaby Borough 2; Whitby U.D. 1; Easingwold R.D. 1; Flaxton R.D. 2; Helmsley R.D. 1; Masham R.D. 1; Pickering R.D. 1; Reeth R.D. 1; Richmond R.D. 2; Scarborough R.D. 1; Stokesley R.D. 3; Thirsk R.D. 1.

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

These regulations were amended during 1937 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. Previously, 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, 20 cases were reported; treatment was provided in hospitals for 5 infants and 15 were treated at home. All cases but one 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.		
20	15	5	19	—	—	1

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

1934	1935	1936	1937	1938
12	12	14	19	20

Public Health Act, 1936, (Registration of Nursing Homes).

During the year, 2 applications were granted and 4 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 23 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 6 new centres were established, bringing the total number, at the end of the year, to 43. The County Council provided 14 centres at which weekly, fortnightly or monthly sessions were held; this represents an increase of 2 centres. In addition to the County Council centres, there were 29 centres which were established and managed by voluntary committees and, in most cases, in association with district nursing associations.

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, 3,523 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 1937, the figures for which are in brackets :—

Number of births notified from areas served by County health visitors	.. .. .	3,523	(3,168)
Number of first visits	.. .. .	4,585	(3,696)
Number of re-visits to children under 1 year	.. .. .	18,048	(13,633)
" " " 1-2 years	.. .. .	10,473	(8,120)
" " " 2-3 years	.. .. .	8,730	(7,490)
" " " 3-4 years	.. .. .	7,159	(6,439)
" " " 4-5 years	.. .. .	6,515	(5,045)
Number of ante-natal visits (First visits)	.. .. .	2,133	(1,608)
" " " (Total visits)	.. .. .	8,406	(6,376)
Number of special visits	.. .. .	1,324	(1,074)
Number of stillbirths investigated	.. .. .	98	(112)
Number of deaths under 1 year investigated	.. .. .	144	(142)
Number of cases of ophthalmia neonatorum investigated	.. .. .	12	(9)

These figures show the growing volume of work being done under the health visiting scheme, as, without exception, there was an increase under every heading. They reflect the improvement in the nursing service throughout the Riding consequent upon the recent extension of that service.

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.

The following are particulars of the attendances of children at the clinics during the year :—

Eye Defects	.. .. .	59
Tonsils and Adenoids	.. .. .	8
Defective Hearing	.. .. .	10

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	78	(79)
(b) At end of year	61	(78)

No. of children on register :—

(a) At commencement of year	87	(92)
(b) At end of year	68	(87)

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	11	(12)
Female visitors other than health visitors ..	3	(4)
Male visitors	8	(8)

Total No. of visits made during the year .. 617 (627)

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 165, as against 156 in the previous year. First attendances were made by 94 children, as compared with 86 during 1937; the total number of attendances was 533.

Admissions to the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, were arranged in respect of 16 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 16 children admitted at the instance of the Public Health Committee was 145 days.

PREVALANCE AND CONTROL OF 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 78.

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; 6 cases were notified in 1938, compared with 16 in the previous year. Removal to hospital was carried out in 5 cases, while 1 was treated at home.

Notifications were received from the following 6 sanitary districts:—

Loftus U.D. . .	1	Northallerton R.D. . .	1
Redcar Borough . .	1	Richmond R.D. . .	1
		Startforth R.D. . .	1
		Whitby R.D. . .	1

Scarlet Fever.

There were 1,092 notifications received, as against 1,002 in 1937. Cases were notified in every sanitary district.

The largest number of cases occurred in Whitby U.D. (165), while the following districts each yielded an appreciable number:—

Eston U.D.; Redcar Borough; Scarborough Borough; Flaxton R.D.;
Leyburn R.D.; Stokesley R.D.

Diphtheria.

Notifications were received in respect of 309 cases, as compared with 274 in 1937.

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

Cerebro-Spinal Fever.

Notifications of 6 cases were received, as against 2 in the previous year. Removal to hospital was arranged in 3 cases. One patient was isolated at home. Two patients died before removal to hospital.

The distribution was as follows:—

Eston U.D. 3; Northallerton U.D. 1; Redcar Borough 1; Whitby U.D. 1.

Puerperal Pyrexia.

There were 44 notifications; 28 patients were removed to hospital, and in 6 cases the services of consultant obstetricians were provided.

Ophthalmia Neonatorum.

20 notifications; 5 removed to hospital; 1 death in hospital.

Dysentery.

There were 21 cases reported, distributed as follows :—

Scarborough Borough ..	5	Whitby U.D. ..	4
Flaxton R.D.	12		

Encephalitis Lethargica.

Notifications of 2 cases were received, and the 2 patients were removed to hospital.

The cases occurred in the following districts :—

Easingwold R.D. ; Richmond R.D.

Anterior Poliomyelitis.

There were 15 notifications from the following districts :—

Eston U.D. 1 ; Guisborough U.D. 3 ; Redcar Borough 1 ; Saltburn and Marske U.D. 2 ; Skelton and Brotton U.D. 2 ; Thornaby Borough 1 ; Whitby U.D. 1 ; Croft R.D. 1 ; Flaxton R.D. 1 ; Richmond R.D. 1 ; Stokesley R.D. 1.

13 patients were removed to hospital and 2 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	13	18
Whooping Cough	5	5
Mumps	1	1
Chickenpox	2	3
Influenza	4	15
Other Causes	—	—

The total number of public elementary schools within the area of the Local Education Authority is 362.

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 1938, except in the case of the centre at Scarborough ; where alteration was made to the times of the sessions.

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

	Disease.	Year.				
		1934	1935	1936	1937	1938
A.—Number of North Riding patients attending for the first time.	Syphilis ..	85	52	65	82	55
	Gonorrhoea ..	139	183	148	184	207
	Soft Chancre ..	7	5	2	3	5
	Conditions other than venereal	136	161	161	190	216
	Total ..	367	401	376	459	483
B.—Total number of attendances		9779	11907	11124	12913	11490
C.—Number of in-patient days		119	407	633	445	121

In-patient treatment was afforded at York County Hospital, Stockton and Thornaby Hospital, Darlington General Hospital, Middlesbrough Municipal 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	Darlington General Hospital.	Stockton and Thornaby Hospital.	Scarboro' Hospital and Dispensary.	Middlesbrough Clinic.
Number of North Riding patients treated for the first time.	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
	1938	33	5	48	106	213	78
Total number of attendances of North Riding patients.	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
	1938	975	68	1004	2664	5392	1387

BLIND PERSONS ACTS, 1920—1938.

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 694 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 1938 :—

No. of blind persons on the blind register	694
No. of children (5-16 years) provided for under the Education Committee	15
No. of blind persons in workshops—	
(i) Training	10
(ii) Employed	10
	— 20
No of approved home workers	19
No of unemployable blind persons receiving grants	334

These 334 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.

On the 1st April, 1938, the new Blind Persons Act of that year came into force. This piece of legislation lowered from 50 years to 40 years the age at which blind persons were entitled to old age pensions, placed the duty on the County Council of making arrangements for promoting the welfare of blind persons ordinarily resident in the area, gave the Council permission to contribute to funeral expenses of blind persons or their dependents, and made arrangements for determining the financial responsibility for the assistance of any blind person removing from the area of one authority to that of another.

TUBERCULOSIS.**New Cases.**

The number of notifications of all forms of tuberculosis, in 1938, was substantially the same as for the previous year, there being, in fact, an increase of only one from 306 notifications in 1937 to 307 in the year under review. An analysis of the notifications during the year showed, however, a decrease of 23 in the number of cases notified as suffering from pulmonary tuberculosis, and an increase of 24 in those notified as suffering from non-pulmonary forms of the disease.

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

TABLE I.

Year.	Total.	Pulmonary.	Non-Pulmonary.
1934	291	184	107
1935	316	212	104
1936	297	190	107
1937	306	210	96
1938	307	187	120

The age and sex distribution of these new cases were interesting, mainly in the fact that the reduction in pulmonary cases was associated with adolescent girls and young women. These classes have usually suffered severely from tuberculosis and the incidence in them has always been relatively high and apparently resistant to anti-tuberculosis measures. The number of deaths in these classes, however, showed an increase as compared with the previous year.

Table II., which follows, shows the number of primary notifications of new cases of tuberculosis, distinguishing pulmonary from non-pulmonary cases, and giving the age and sex groupings.

TABLE II.

Age-Periods.	Formal Notification.											
	Number of Primary Notifications of new cases of tuberculosis.											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages).
Pulmonary—												
Males .. ..	..	1	..	6	10	14	26	24	12	7	5	105
Females .. ..	..	..	5	12	6	10	21	11	13	3	1	82
Non-Pulmonary—												
Males	1	11	20	12	2	3	5	2	5	1	..	62
Females	1	12	12	7	9	4	4	5	3	..	1	58

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

TABLE III.

AGE-PERIODS.	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	-	-	1	1	-	-	3	2
1	-	-	2	2	-	-	-	2
2	1	-	9	10	-	-	4	3
5	6	17	32	19	1	3	4	5
15	24	16	5	13	10	15	3	4
25	26	21	5	4	17	18	4	5
35	24	11	2	5	21	14	-	-
45	12	13	5	3	13	10	2	1
55	7	3	1	-	10	3	2	-
65	3	1	-	1	4	2	1	-
75	2	-	-	-	1	-	1	2
TOTAL ..	105	82	62	58	77	65	24	24

The distribution of new cases in districts with comparative figures for the two previous years, are given in Table IV. below.

TABLE IV.

District.	1936.		1937.		1938.	
	Pul.	Non-pul.	Pul.	Non-pul.	Pul.	Non-pul.
URBAN DISTRICTS.						
1. Eston	36	21	32	6	27	12
2. Guisborough	11	2	9	1	7	1
3. Loftus	6	1	3	6	3	2
4. Malton	3	1	5	—	2	1
5. Northallerton	3	2	3	5	8	4
6. Pickering	2	5	—	2	1	2
7. Redcar	14	6	24	12	13	10
8. Richmond	—	2	4	2	3	1
9. Saltburn	3	2	5	2	3	4
10. Scalby	—	—	—	—	1	—
11. Scarborough	13	5	15	5	24	9
12. Skelton and Brotton	9	4	6	1	5	5
13. Thornaby-on-Tees	15	3	18	7	18	10
14. Whitby	11	7	7	9	12	11
Total ..	126	61	131	58	127	72
RURAL DISTRICTS.						
1. Aysgarth	4	2	3	—	2	—
2. Bedale	1	2	4	4	2	3
3. Croft	—	1	1	1	—	2
4. Easingwold	4	1	2	3	6	4
5. Flaxton	10	8	14	8	21	14
6. Helmsley	—	—	1	1	—	2
7. Kirbymoorside	1	5	3	1	—	—
8. Leyburn	8	3	7	2	5	—
9. Malton	2	—	2	—	—	1
10. Masham	—	—	—	—	—	—
11. Northallerton	5	5	3	2	1	1
12. Pickering	—	2	2	1	1	—
13. Reeth	—	1	—	1	1	—
14. Richmond	7	4	6	3	—	2
15. Scarborough	4	1	1	—	—	—
16. Startforth	3	1	1	2	2	1
17. Stokesley	7	6	11	4	5	8
18. Thirsk	2	2	8	3	4	6
19. Wath	—	1	—	—	2	—
20. Whitby	6	1	10	2	8	4
Total ..	64	46	79	38	60	48
Administrative County ..	190	107	210	96	187	120

These figures show that there was a general reduction in the cases notified in the various districts with the exception of Scarborough, Whitby Urban District and Flaxton Rural District. In regard to the two latter districts it should be remembered that tuberculosis dispensaries were only recently established there, and the explanation of the increased incidence of the disease is doubtless due to better ascertainment in these districts.

Deaths and Death Rates.

The total number of deaths from all forms of tuberculosis showed an increase as compared with the previous year. There were 190 deaths from tuberculosis of all forms, *i.e.* 26 more than in 1937. While the number from non-pulmonary forms of tuberculosis remained the same (48), the number due to pulmonary tuberculosis increased to 142 from 116 during 1937. During the latter year the death rate from pulmonary tuberculosis was the lowest yet recorded; but, in 1938, the rate had increased from 0.49 to 0.57.

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

TABLE V.

		Deaths from Pulmonary Tuberculosis.				
		1934	1935	1936	1937	1938
No. of deaths	.. ..	151	150	146	116	142
Rate per 1,000 population	.. ..	0.45	0.45	0.44	0.35	0.43
		Deaths from Non-pulmonary Tuberculosis.				
		1934	1935	1936	1937	1938
No. of deaths	.. ..	57	44	40	48	48
Rate per 1,000 population	.. ..	0.17	0.13	0.12	0.14	0.14

The death rates in England and Wales were:—

Pulmonary Tuberculosis	.. ..	.532 per 1,000 population.
Non-pulmonary Tuberculosis	.. ..	.103 per 1,000 population.

Dispensaries.

(i) ARRANGEMENTS FOR SESSIONS. The arrangements for dispensary sessions were unaltered and were as follows :—

TABLE VI.

Dispensary.	Day Open.		Name of Doctor Attending.
	Day	Time	
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) ..	{ First & third Tuesday in each month.	2-30 p.m.	Dr. G. Walker

(ii) WORK DONE AT DISPENSARIES. The establishment of tuberculosis dispensaries at York and Whitby was referred to in last year's Annual Report. Mainly as a result of these arrangements, the number of persons on the dispensary register had increased at the end of the year, while the number of attendances at the dispensaries had also increased considerably. The peculiar distribution of population in the Riding, varying from the populous Cleveland area to the very sparsely populated rural districts, makes it very difficult to organise a complete dispensary system. While the seven dispensaries, now in operation, served the greater part of the population, there were many parts of the Riding not easily accessible to them so that periodical visits by the tuberculosis officers were necessary. In this regard, there was a large increase in the number of visits by tuberculosis officers to homes of the patients, and also a large increase in the number of consultations with medical practitioners.

The extended health visiting service had its first full year's working during 1938; many benefits accrued, one of which was the increase in the number of visits by nurses to the homes of tuberculous patients.

Another important development in the dispensary part of the anti-tuberculosis scheme was the increased use made of the available facilities for X-Ray and bacteriological examinations; the number of these examinations increased during the year indicating a more extensive use of these diagnostic methods.

While the facilities for modern methods of treatment in the Riding were limited, the tuberculosis officers undertook referrals for pneumothorax and kept in touch with those hospitals which were capable of undertaking modern methods of treatment and to which cases were admitted from the Riding.

The following is a tabulated record of the work undertaken in the dispensaries during the year 1938 :—

TABLE VII.

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..	80	42	4	5	17	19	37	23	97	61	41	28	555
(b) Doubtfully tuberculous	-	-	-	-	-	-	-	-	8	9	4	2	
(c) Non-tuberculous ..	-	-	-	-	-	-	-	-	70	75	86	74	
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous..	9	14	3	7	1	1	6	9	10	15	9	16	220
(b) Doubtfully tuberculous	-	-	-	-	-	-	-	-	1	4	1	5	
(c) Non-tuberculous ..	-	-	-	-	-	-	-	-	7	33	57	62	
C.—CASES written off the Dispensary Register as :—													
(a) Cured	-	-	-	-	-	-	-	-	-	-	-	-	474
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) ..	-	-	-	-	-	-	-	-	77	114	146	137	
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—													
(a) Diagnosis completed ..	243	178	46	47	41	70	147	120	284	248	193	167	1002
(b) Diagnosis not completed	-	-	-	-	-	-	-	-	25	28	39	18	

1. Number of cases on Dispensary Register on January 1st ..	920 (901)	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	55 (55)
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	183 (259)	4. Cases written off during the year as Dead (All causes) ..	91 (55)
5. Number of attendances at the Dispensary (including Contacts)	6307 (5573)	6. Number of Insured Persons under Domiciliary Treatment on the 31st December	233 (226)
7. Number of consultations with medical practitioners— (a) Personal (b) Other	513 (341) 476 (388)	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	923 (651)
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ..	2469 (1811)	10. Number of:— (a) Specimens of Sputum, etc., examined .. (b) X-ray examinations made in connection with Dispensary work ..	366 (234) 173 (109)
11. Number of "Recovered" cases restored to Dispensary Register, and included in A. (a) and A. (b) above	Nil (Nil)	12. Number of "T.B. plus" cases on Dispensary Register on December 31st ..	188 (170)

The figures in brackets are those for the year 1937.

(iii) DISTRIBUTION OF CASES. The following table shows the distribution of cases on the registers of the various Medical Officers of Health at the end of the year.

TABLE VIII.
URBAN DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Eston	124	99	223	69	46	115
Guisborough	50	46	96	46	49	95
Loftus	28	24	52	37	48	85
Malton	7	1	8	11	7	18
Northallerton	9	7	16	4	4	8
Pickering	2	5	7	9	6	15
Redcar	91	62	153	65	60	125
Richmond	9	7	16	7	7	14
Saltburn & Marske	11	21	32	33	32	65
Scalby	3	2	5	-	1	1
Scarborough	48	42	90	4	9	13
Skelton & Brotton	59	61	120	71	75	146
Thornaby-on-Tees	137	103	240	68	61	129
Whitby	15	26	41	36	31	67
Total	593	506	1,099	460	436	896

RURAL DISTRICTS.

District.	Pulmonary.			Non-pulmonary.		
	Male.	Female.	Total.	Male.	Female.	Total.
Aysgarth	13	12	25	3	8	11
Bedale	6	6	12	6	7	13
Croft	6	5	11	3	2	5
Easingwold	21	22	43	24	23	47
Flaxton	54	53	107	35	35	70
Helmsley	3	3	6	1	2	3
Kirbymoorside	9	5	14	9	11	20
Leyburn	23	43	66	11	11	22
Malton	5	2	7	4	2	6
Masham	-	-	-	-	-	-
Northallerton	12	10	22	14	11	25
Pickering	6	5	11	-	-	-
Reeth	2	-	2	-	1	1
Richmond	32	40	72	25	24	49
Scarborough	4	3	7	5	3	8
Startforth	7	12	19	10	7	17
Stokesley	10	27	37	13	8	21
Thirsk	5	17	22	19	18	37
Wath	2	-	2	-	1	1
Whitby	38	35	73	23	23	46
Total	258	300	558	205	197	402

(iv) X-RAY EXAMINATIONS. There were 173 cases examined radiologically in connection with the dispensary work as compared with 109 in the previous year. This is an aspect of dispensary work which should increase in volume, more especially if more pneumothorax treatment is done. It is most valuable as an aid to diagnosis in the early cases which it is the object of every anti-tuberculosis scheme to secure.

(v) LABORATORY EXAMINATIONS. Examinations of specimens of sputa were undertaken both at the North Riding Laboratory of Pathology and Public Health, Scarborough, and at the County Hall Laboratory.

(a) *North Riding Laboratory, Scarborough.*

The total number of specimens examined here was slightly reduced and was 445 for the year compared with 461 for the previous year; of these 445 specimens, 72 proved to be positive for tubercle bacilli.

(b) *County Hall Laboratory.*

The number of microscopical examinations made during the year was as follows :—

Sputum examinations	..	..	330
Blood Counts	..	..	9
Urine examinations	..	..	8
Other examinations	..	..	7

The facilities available at the County Hall are limited, but it is hoped that better accommodation will be available in the extension of the County Hall. In spite of this limited accommodation, however, a beginning was made in the use of cultural methods for the isolation and typing of the organisms.

Specimens of sputum were inoculated on a modification of Loewenstein's egg medium after homogenisation with 4% sodium hydroxide solution and incubation for three-quarters of an hour. By the end of the year 19 strains had been isolated from sputum, and of these 18 were eugonic and showed the cultural characteristics of human type bacilli. The remaining strain was dysgonic and was sent to Dr. W. T. Munro, Glenlmond Sanatorium, Kinross, who reported that it was a bovine organism of full virulence.

(vi) DIAGNOSIS AND TREATMENT. It is sometimes said that tuberculosis is a disease which is disappearing rapidly, and in a few years will be almost unknown, so that it is an extravagance to extend and improve the facilities for diagnosis and treatment provided in an anti-tuberculosis scheme. Unfortunately, this contention is not justified by the evidence available, for although the general fall in incidence and mortality from this disease has been remarkable, there are signs of a distinct slowing down of the rate of decrease.

In the Riding, the number of notifications of tuberculosis received during 1938 was substantially the same as for 1937, while the number of deaths from the pulmonary form of the disease showed an increase and the death rate rose from 0.35 per 1,000 population in 1937 to 0.43 in 1938; the death rate from non-pulmonary tuberculosis at 0.14 per 1,000 population, was the same in both years.

While it is admittedly dangerous to attempt to draw conclusions from small figures such as we are dealing with here, it is apparent from a study of the mortality rates over the past five years that progress is being made only very slowly, and we are far from reaching the stage at which this disease can be regarded with complacency as a negligible factor in public health. It is perhaps well to remember that the tubercle bacillus has lost none of its virulence, and the disease is as serious now for the individual attacked as it was, say, twenty years ago.

Comparing 1937 with 1938 as regards the Riding, there were in the latter year more new cases definitely diagnosed as tuberculous; the number of persons on the dispensary registers was higher and there were more sputum positive cases on the register at the end of the year. At the same time, greater use was made of X-Ray and sputum examinations for the purpose of diagnosis and the effect of this was twofold. On the one hand, tuberculous conditions were diagnosed with greater accuracy and at an earlier stage, while the true nature of a number of conditions which closely simulate tuberculosis clinically was more easily discovered and the appropriate treatment advised.

The services of a tuberculosis officer and all the necessary aids to diagnosis are within reach of every person in the Riding. It is not enough, however, to establish the diagnosis unless prompt and adequate treatment can be offered, which, especially in sputum-positive cases is such an important measure in preventing spread of the disease to contacts.

The provision of institutional treatment for pulmonary cases in the Riding is as yet unsatisfactory, and this problem has been considered by the Public Health Committee on several occasions. For various reasons, suggested schemes for providing better institutional accommodation have had to be deferred, but the question is one which the Committee view with concern.

The principal need is for the concentration of adult cases in one administrative unit suitable for the treatment of all forms of pulmonary tuberculosis, and of such a size as to justify the installation of X-Ray equipment which is so necessary, not only for diagnostic purposes, but also for the control of treatment.

At present, Mowbray Grange Sanatorium for women is not equipped for modern methods of treatment, while adult male cases are distributed over various sanatoria mostly situated at some distance from the patients' homes, and also lacking in modern equipment for treatment. The wide distribution of cases means that the continuity of treatment and supervision is broken and the tuberculosis officer loses touch with his patients while they are in a sanatorium. Moreover, the standard of treatment varies considerably in each institution, and the cost of transport places an undue strain on the patients and relatives alike. It has already been mentioned that several proposed solutions of the difficulty have been investigated carefully, but each had its disadvantages, so that a final decision has not yet been reached.

(vii) RESIDENTIAL TREATMENT. The following table shows the admissions of adult pulmonary cases to the various sanatoria :—

TABLE IX.

(a) Adults—Pulmonary Cases.

	Wensleydale Sanatorium, Aysgarth.		Fairfield Sanatorium, York.		Mowbray Grange, Bedale.		Stanhope Sanatorium, Co. Durham.		Ventnor Sanatorium, Isle of Wight.		General Hospital, Newcastle.		San. Pavilions, Newcastle.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—Under treatment on 1st Jan., 1938 :—																
1. Ex-service pensioners ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
2. Other insured persons ..	14	-	-	-	11	-	6	-	1	-	-	-	-	-	21	11
3. Other adults ..	-	-	-	-	14	-	-	-	-	-	-	-	-	-	-	14
B.—Admitted during 1938 :—																
1. Ex-service pensioners ..	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
2. Other insured persons ..	39	-	-	-	23	-	10	-	-	-	2	-	1	-	52	23
3. Other adults ..	2	-	1	1	31	-	4	-	-	-	-	-	-	7	32	
	57	-	1	1	79	-	20	-	1	-	2	-	1	-	82	80

(a) Adults—Pulmonary Cases.

A total of 162 patients received sanatorium treatment compared with 188 in 1937.

Deaths in institutions during the year amounted to 16. Average duration of residence 15 weeks 5 days. 100 patients were discharged, the average duration of residence for these being 21 weeks 3 days.

The two principal sanatoria for adult pulmonary cases were the County Council's own institution—Mowbray Grange Sanatorium, Bedale—and the privately-owned Wensleydale Sanatorium, Aysgarth, for male patients.

At the former sanatorium, during 1938, the number of women admitted was 54, and 48 were discharged. There were 10 deaths in the sanatorium during the year.

In regard to the male patients at Wensleydale Sanatorium, Aysgarth, the 18 beds reserved there were fully occupied during the year.

(b) Adults—Non-pulmonary.

Patients were admitted to the following hospitals:—

RUTSON HOSPITAL, NORTHALLERTON.

1 male patient admitted, 2 were discharged in 1938. The average duration of treatment was 22 weeks 4 days.

YORK COUNTY HOSPITAL.

4 patients were admitted (2 male, 2 female), 5 patients were discharged after a period of treatment of 14 weeks 4 days.

MEMORIAL HOSPITAL, DARLINGTON.

There were 3 male patients admitted, 4 patients were discharged during the year after a period of treatment of 6 weeks 3 days.

HOLGATE MUNICIPAL HOSPITAL, MIDDLESBROUGH.

A total of 30 patients (20 males and 10 females) were admitted. 27 were discharged; average duration of treatment was 12 weeks 4 days. Death occurred in seven cases.

SHROPSHIRE ORTHOPAEDIC HOSPITAL.

5 patients were admitted, and were discharged during the year. The average duration of treatment was 6 weeks 1 day.

GENERAL INFIRMARY, LEEDS.

2 male patients were admitted and were discharged after an average duration of treatment of 3 days.

(c) Children—All forms except bone and joint cases.**MORRIS GRANGE CHILDREN'S SANATORIUM.**

The available accommodation, 60 beds, was fully utilised during the year. Of 138 children treated, 44 were cases of definite or suspected pulmonary disease, and 89 suffered from tuberculosis of glands or other organs. 5 children admitted for observation.

Morris Grange Sanatorium, where there are 60 beds for children suffering from tuberculosis in various forms, has always been a large factor in combating degeneration in families where there was a liability to the disease. The good work done at this sanatorium was continued during the year, under the direction of Miss Woodward who was appointed Matron and commenced duties in August, 1937.

The young patients were mainly cases found through the dispensary organisation and all cases present signs of the disease in its various forms, *e.g.* glands, abdomen, lungs, eyes and skin.

(d) **Children—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.

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 101 weeks 1 day, compared with 83 weeks 3 days in 1937, when 13 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, Hutton Gate, Snape, Claxton, Stockton-on-Forest, Osmotherley, Wigginton, Redcar, Castleton, New Marske, Trenholme Bar, Scawton and Richmond.

Ultra-Violet Light Therapy.

In all, 8 patients received treatment by ultra violet light, involving 512 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 was given to the South Bank, Stainton and Stockton and Thornaby district nursing associations in return for the services of their nurses to patients resident in their respective areas.

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 2,469 visits paid by the health visitors during 1938. 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.

AIR RAID PRECAUTIONS.

I. Introduction.

The Annual Report for 1938 would be incomplete without some reference to the considerable increase in the work of the Public Health Department in consequence of the organisation in the Riding of the casualty services for A.R.P. purposes. These services cover a wide range of function and provide for first aid parties, first aid points, first aid posts, ambulance services, casualty hospitals and base hospitals. Some indication of their extent may be gathered from the fact that more than 3,000 volunteers are required, the majority of whom have to be trained in their various duties; in addition, accommodation for the various units has to be provided on an extensive scale, while the amount of necessary equipment is proportionately substantial. The Government's decision that A.R.P. duties should be undertaken by the appropriate departments of local authorities has resulted in the development of new sections in these various departments; as the work of the casualty services is, in some measure, related to that of a Public Health Department, there is growing up a large and important new branch of the Department.

II. Organisation.

The County Council, being a scheme making authority under the Air Raid Precautions Act, 1937, is responsible for the preparation of a scheme for the administrative county, and an essential feature of such a scheme is the provision of an efficient medical organisation for the treatment of air raid casualties. The preparation of such an organisation in the North Riding is peculiarly difficult owing to the extent of the Riding and to the different types of district involved. It is self-evident that more elaborate preparation is necessary in the vulnerable Cleveland area than in the more remote rural districts, but even in some of *these* districts the existence of aerodromes, military encampments and other points of strategic importance, require special consideration.

The history of A.R.P. may be divided arbitrarily into the period before the September crisis and the period after the September crisis. In the pre-crisis period A.R.P. was mainly the concern of the Home Office, while local measures were the responsibility of scheme making authorities such as the County Council. At that time, in the Riding, a general plan for the organisation of the casualty services had been prepared, and instructions had been issued to district medical officers of health regarding local organisation in their districts. Consultations and discussions on this plan took place in June and September, and certain emergency measures were taken at the time of the crisis. The two main difficulties then were lack of equipment and the lack of trained personnel; moreover, schemes were no sooner prepared than new instructions were issued leading to the scrapping of previous plans. The basis of the organisation of the casualty services, through district medical officers of health, has been maintained since the early days, and is still the basis on which the scheme for the casualty services has been organised.

In the post-crisis period there was a considerable acceleration in A.R.P. work, and the situation was, in some measure, clarified by the A.R.P. Committee's decision regarding the chain of administrative control and by the Home Office letter of the 23rd December defining the responsibilities of that Department and the Ministry of Health respectively.

Since the first meeting of medical officers of health, in May, regular conferences have been held, while discussion has taken place on memoranda of information and advice issued by the County Health Department. These memoranda have included—

- (i) A scheme for the organisation of the casualty services.
- (ii) The organisation in individual districts.
- (iii) Scheme for training in first aid.
- (iv) Additional information and instructions regarding central and local organisations, training, and local allocation of personnel.
- (v) Detailed organisation for a fixed first aid post.
- (vi) Detailed organisation for a mobile first aid post.
- (vii) Ambulance services.
- (viii) Scheme of training for ambulance drivers.

Only the first three of these memoranda were issued and discussed before the end of 1938, the remaining memoranda being issued and discussed in the early months of the current year.

III. Services.

For administrative purposes the Home Office has divided the North Riding into two areas. No. 1 area comprises the Boroughs of Redcar, Thornaby-on-Tees and the Urban Districts of Eston, Guisborough, Saltburn and Marske ; No. 2 area comprises the remainder of the Riding.

- (i) *First Aid Parties.* The allocation of first aid parties is 130, which are distributed in the proportion of 60 to area No. 1, and 70 to area No. 2.
- (ii) *First Aid Points.* A first aid point is a place in a village where a first aid box is located and available for the treatment of minor injuries. The person to be responsible will be in many cases the district nurse, and in others a responsible person trained in first aid. There are 131 such points distributed throughout the Riding.
- (iii) *First Aid Posts.* There are 20 first aid posts scheduled in the Riding ; of these, 10 are fixed first aid posts mainly in the Cleveland area, while 10 are mobile first aid posts. The posts are located as follows :—

FIXED FIRST AID POSTS.

District.	Location of Post.
Redcar Borough	Coatham R.C. School.
Thornaby Borough	Welfare Centre, Francis Street.
Eston Urban	1. South Bank Junior Instruction Centre.
	2. South Eston Senior Council School.

Scarborough Borough	..	1. Scarborough New Hospital. 2. Scarborough Public Assistance Institution.
Richmond Borough	.. ..	Richmond Public Assistance Institution.
Skelton and Brotton Urban	..	Carlin How Junior Instruction Centre.
Whitby Urban	.. ..	Whitby War Memorial Hospital.
Flaxton Rural	.. ..	Haxby Hall.

MOBILE FIRST AID POSTS.

Guisborough Urban	.. ..	Guisborough Public Assistance Institution.
Saltburn and Marske Urban	..	Saltburn Baths.
Scarborough Borough	..	Scarborough Public Assistance Institution.
Loftus Urban	.. ..	Skinningrove Miners Hospital.
Malton Urban	.. ..	Malton and Norton Cottage Hospital.
Northallerton Urban	..	Northallerton Public Assistance Institution.
Bedale Rural	.. ..	Mowbray Grange Sanatorium.
Kirbymoorside Rural	..	Kirbymoorside Public Assistance Institution.
Stokesley Rural	.. ..	Stokesley Public Assistance Institution.
Thirsk Rural	.. ..	The Lambert Memorial Hospital, Thirsk.

- (iv) *Ambulances and Transport.* There are 150 ambulances allotted to the North Riding, of which 45 are required in area No. 1 and 105 in area No. 2. Also 100 cars are required for the transport of sitting cases and another 100 cars for the transport of first aid parties and equipment. These cars are distributed in the proportion of 60 for area No. 1 and 140 for area No. 2.
- (v) *Hospitals.* The provision of adequate hospital accommodation is the responsibility of the Ministry of Health and their regional scheme has been prepared. In so far as the North Riding is concerned, 16 voluntary and public assistance hospitals have been scheduled as casualty hospitals, and 5 voluntary hospitals and institutions belonging to the local authority have been scheduled as base hospitals in the administrative county.
- (vi) *Personnel.* Apart from volunteers required for hospital work and first aid points, the following totals indicate the personnel required for the casualty services :—

	Personnel.	Reserves.	Total.
First Aid Parties	650	325	975
First Aid Posts	780	195	975
Ambulance & Transport ..	633	158	791
	<hr/>	<hr/>	<hr/>
	2,063	678	2,741
	<hr/>	<hr/>	<hr/>

The number of volunteers for the casualty services is, in total, satisfactory, but the distribution over the Riding is uneven, more volunteers being available in the rural parts than necessary, whereas there is a substantial deficiency in some of the more populous areas.

- (vii) *Training.* Since the September crisis when one of the problems was the deficiency in trained personnel, a substantial development in the training of personnel took place towards the end of the year. These courses were organised mainly under the auspices of the St. John Ambulance Brigade and the British Red Cross Society, whilst several classes were established in rural districts in connection with the Evening Institutes of the Education Committee, and the whole process of training was greatly facilitated by this co-operation. The training mentioned here only concerns first aid personnel, as the scheme for training ambulance drivers only became operative during the current year.
- (viii) *Equipment.* As has been mentioned previously the lack of equipment was one of the problems during September, but delivery of stores was expedited towards the end of the year. These stores provide for hospitals as well as first aid posts.

SUPERANNUATION EXAMINATIONS.

Medical examinations were undertaken of entrants to the County Council's scheme under the Local Government Superannuation Act, 1937.

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

Public Assistance ..	56	A.R.P.	11
County Surveyor's ..	10	Clerk's	15
County Land Steward	1	Valuation	1
Weights & Measures ..	4	Education	12
Public Health ..	12	Clerk of Accounts ..	2
County Library ..	8	Architect	1
Total ..		133.	

TABLE 1.

Number of Births in each District during 1938.

DISTRICT.	Estimated population for birth-rate, 1938.	Total Live Births.	Illegitimate Live Births.	Birth-rate per 1,000 population.	Excess of Births over Deaths. (Natural increase.)	Natural Increase per 1,000 population.
A.—URBAN.						
1. Eston	30,690	625	19	20.4	288	9.4
2. Guisborough	8,040	133	4	16.5	44	5.5
3. Loftus	7,496	125	2	16.7	43	5.7
4. Malton	4,121	47	4	11.4	-3	..
5. Northallerton	4,970	85	4	17.1	35	7.0
6. Pickering	3,887	49	..	12.6	6	1.5
7. Redcar	23,390	392	17	16.8	80	3.4
8. Richmond	5,508	105	3	19.1	45	8.2
9. Saltburn and Marske	6,643	75	2	11.3	-21	..
10. Scalby	4,555	68	1	14.9	17	3.7
11. Scarborough	40,520	524	49	12.9	-99	..
12. Skelton and Brotton	12,940	229	14	17.7	60	4.6
13. Thornaby-on-Tees	21,740	440	17	20.2	192	8.8
14. Whitby	11,500	177	6	15.4	21	1.8
Total Urban	186,000	3,074	142	16.5	708	3.8
B.—RURAL.						
1. Aysgarth	3,760	62	2	16.5	15	4.0
2. Bedale	6,480	112	5	17.3	28	4.3
3. Croft	2,057	29	..	14.1	12	5.8
4. Easingwold	10,150	152	10	15.0	18	1.8
5. Flaxton	14,640	207	5	14.1	35	2.4
6. Helmsley	5,178	57	4	11.0	-4	..
7. Kirbymoorside	4,798	59	7	12.3	-6	..
8. Leyburn	6,801	109	7	16.0	40	5.9
9. Malton	5,576	89	7	16.0	13	2.3
10. Masham	1,865	28	1	15.0	-2	..
11. Northallerton	7,530	117	5	15.5	15	2.0
12. Pickering	5,406	52	3	9.6	-14	..
13. Reeth	2,143	17	..	7.9	-19	..
14. Richmond	18,740	327	13	17.4	212	11.3
15. Scarborough	6,867	109	4	15.9	29	4.2
16. Startforth	4,009	59	3	14.7	10	2.5
17. Stokesley	15,580	234	13	15.0	34	2.2
18. Thirsk	11,930	168	11	14.1	11	.9
19. Wath	2,480	29	1	11.7	12	4.8
20. Whitby	11,510	172	8	14.9	25	2.2
Total Rural	147,500	2,188	109	14.8	464	3.1
Administrative County	333,500	5,262	251	15.8	1,172	3.5

TABLE 2.

Number of Deaths in each District during 1938.

DISTRICT.	Estimated population for death-rate, 1938.	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	30,690	337	11.0	25	40.0	1	52.6
2. Guisborough	8,040	89	11.1	4	30.1	..	..
3. Loftus	7,496	82	10.9	5	40.0	..	..
4. Malton	4,121	50	12.1	2	42.6	..	..
5. Northallerton	4,970	50	10.1	3	35.3	..	..
6. Pickering	3,887	43	11.1	3	61.2	..	..
7. Redcar	23,390	312	13.3	22	56.1	..	..
8. Richmond	5,508	60	10.9	9	85.7	..	..
9. Saltburn and Marske	6,643	96	14.5	4	53.3	..	..
10. Scalby	4,555	51	11.2	5	73.5	..	..
11. Scarborough	40,520	623	15.4	27	51.5	3	61.2
12. Skelton & Brotton	12,940	169	13.1	13	56.8	..	..
13. Thornaby-on-Tees	21,740	248	11.4	29	65.9	1	58.8
14. Whitby	11,500	156	13.6	6	33.9	..	..
Total Urban	186,000	2,366	12.7	157	51.1	5	35.2
B.—RURAL.							
1. Aysgarth	3,760	47	12.5	5	80.6	..	..
2. Bedale	6,480	84	13.0	2	17.9	..	..
3. Croft	2,057	17	8.3	1	34.5	..	..
4. Easingwold	10,150	134	13.2	7	46.1	2	200.0
5. Flaxton	14,640	172	11.7	20	96.6	2	400.0
6. Helmsley	5,178	61	11.8	4	70.2	1	250.0
7. Kirbymoorside	4,798	65	13.5	4	67.8	..	..
8. Leyburn	6,801	69	10.1	8	73.4	1	142.9
9. Malton	5,576	76	13.6	10	112.4	2	285.7
10. Masham	1,865	30	16.1	2	71.4	..	..
11. Northallerton	7,530	102	13.5	3	25.6	..	..
12. Pickering	5,406	66	12.2	1	19.2	..	..
13. Reeth	2,143	36	16.8	1	58.8	..	..
14. Richmond	18,740	115	6.1	8	24.5	..	..
15. Scarborough	6,867	80	11.6	6	55.0	..	..
16. Startforth	4,009	49	12.2	4	67.8	..	..
17. Stokesley	15,580	200	12.8	18	76.9	..	..
18. Thirsk	11,930	157	13.2	5	29.8	..	..
19. Wath	2,480	17	6.9	2	69.0	..	..
20. Whitby	11,510	147	12.8	5	29.1	..	..
Total Rural	147,500	1,724	11.7	116	53.0	8	73.4
Administrative County	333,500	4,090	12.3	273	51.9	13	51.8

TABLE 3.

Notifications of Infectious Disease in 1938, 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	79	14	33				*	3	1									2	18							2
2. Guisborough	22	23	9						3										5							2
3. Loftus	26	9	17															1	7							3
4. Malton	2																	1	2							1
5. Northallerton	10	6	6					1										1								1
6. Pickering	1																		1							
7. Redcar	109	36	27					1	1									1	3							4
8. Richmond	6		8															1	2			8				3
9. Saltburn and Marske	10	2	10						2										2							1
10. Scalby	14																		3				8			
11. Scarborough	140	48	26														5	2	16							3
12. Skelton & Brotton	28	14	3						2									1	4							1
13. Thornaby-on-Tees	44	16	39						1									2	12							2
14. Whitby	165	26	17					1	1								4	1	10							1
Total Urban	656	194	2 195					6	11								9	13	85			8	8		30	
1937	738	146	6 386					5	1	2	2						6	15	88			1	24		18	
B.—RURAL.																										
1. Aysgarth	10		11				*												2							
2. Bedale	12	11	9															3	1							
3. Croft	4	2	2						1																	
4. Easingwold	35	23	19								1								8		49					1
5. Flaxton	43	11	11						1								12	1	7							2
6. Helmsley	23		8																		15	89	3			1
7. Kirbymoorside	26	3	1																							
8. Leyburn	47	14	1																2							
9. Malton	4																		1							
10. Masham	6																	1								1
11. Northallerton	26	12	17																2							
12. Pickering	2																						4	35		1
13. Reeth	2		1																7							1
14. Richmond	40	11	18						1		1							2	4		4	31				2
15. Scarborough	16	2																	1							1
16. Startforth	24	1	4																							
17. Stokesley	51	11	11						1										5							3
18. Thirsk	21	3	8																1							1
19. Wath	18	6	1																1			1	5			
20. Whitby	26	6	4																							
Total Rural	436	115	4 126						4	2							12	7	42	4	95	94	43		14	
1937	264	128	10 153					4	1	2	1						19	4	32	23	163	49	8		16	
Administrative County	1092	309	6 321				*	6	15	2							21	20	127	4	103	94	51		44	
1937	1002	274	16 539					9	2	4	3						25	19	120	23	164	73	8		34	

* Removed from list of notifiable diseases as from 1st October, 1937. Now shown under "Puerperal Pyrexia."

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1938.

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	..	..	..	..	..	..	..	..	1	·03	..	..
2. Guisborough .. ..	..	..	1	·12	..	..	..	..	..	..	..	..	..	..
3. Loftus	1	·13	..	..	..	..	..	..	..	..	..	..	..	..
4. Malton .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Northallerton .. ..	..	..	1	·20	..	..	..	..	..	..	..	..	..	..
6. Pickering .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Redcar	1	·04	1	·04	..	..	..	..	4	·17	..	..	2	5·10
8. Richmond .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Saltburn and Marske .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	13·33
10. Scalby .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	14·71
11. Scarborough	1	·02	3	·07	..	..	..	..	..	..	1	·02	1	1·91
12. Skelton & Brotton .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Thornaby-on-Tees .. ..	..	..	..	..	..	..	..	..	1	·05	2	·09	6	13·64
14. Whitby	2	·17	2	·17	..	..	..	..	..	..	..	..	..	..
Total Urban	6	·03	8	·04	..	..	..	..	5	·03	4	·02	11	3·58
B.—RURAL.														
1. Aysgarth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale .. ..	..	..	..	..	..	..	..	..	1	·15	..	..	..	..
3. Croft .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold .. ..	..	..	1	·10	..	..	..	..	..	..	..	..	..	..
5. Flaxton .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	9·66
6. Helmsley .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	17·54
7. Kirbymoorside .. ..	..	..	1	·21	..	..	..	..	..	..	..	..	1	16·95
8. Leyburn	1	·15	..	..	..	..	..	..	..	..	..	..	1	9·17
9. Malton .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Masham .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton .. ..	..	..	1	·13	..	..	..	..	..	..	..	..	..	..
12. Pickering .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Reeth .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	3·06
15. Scarborough .. ..	..	..	..	..	..	..	..	..	..	..	1	·15	..	..
16. Startforth	1	·25	..	..	..	..	..	..	..	..	..	..	1	16·95
17. Stokesley .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	8·55
18. Thirsk .. ..	..	..	..	..	..	..	..	..	..	..	1	·08	..	..
19. Wath .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20. Whitby	1	·09	..	..	..	..	..	..	..	..	..	..	..	..
Total Rural	3	·02	3	·02	..	..	..	..	1	·01	2	·01	9	4·11
Administrative County	9	·03	11	·03	..	..	..	..	6	·02	6	·02	20	3·80

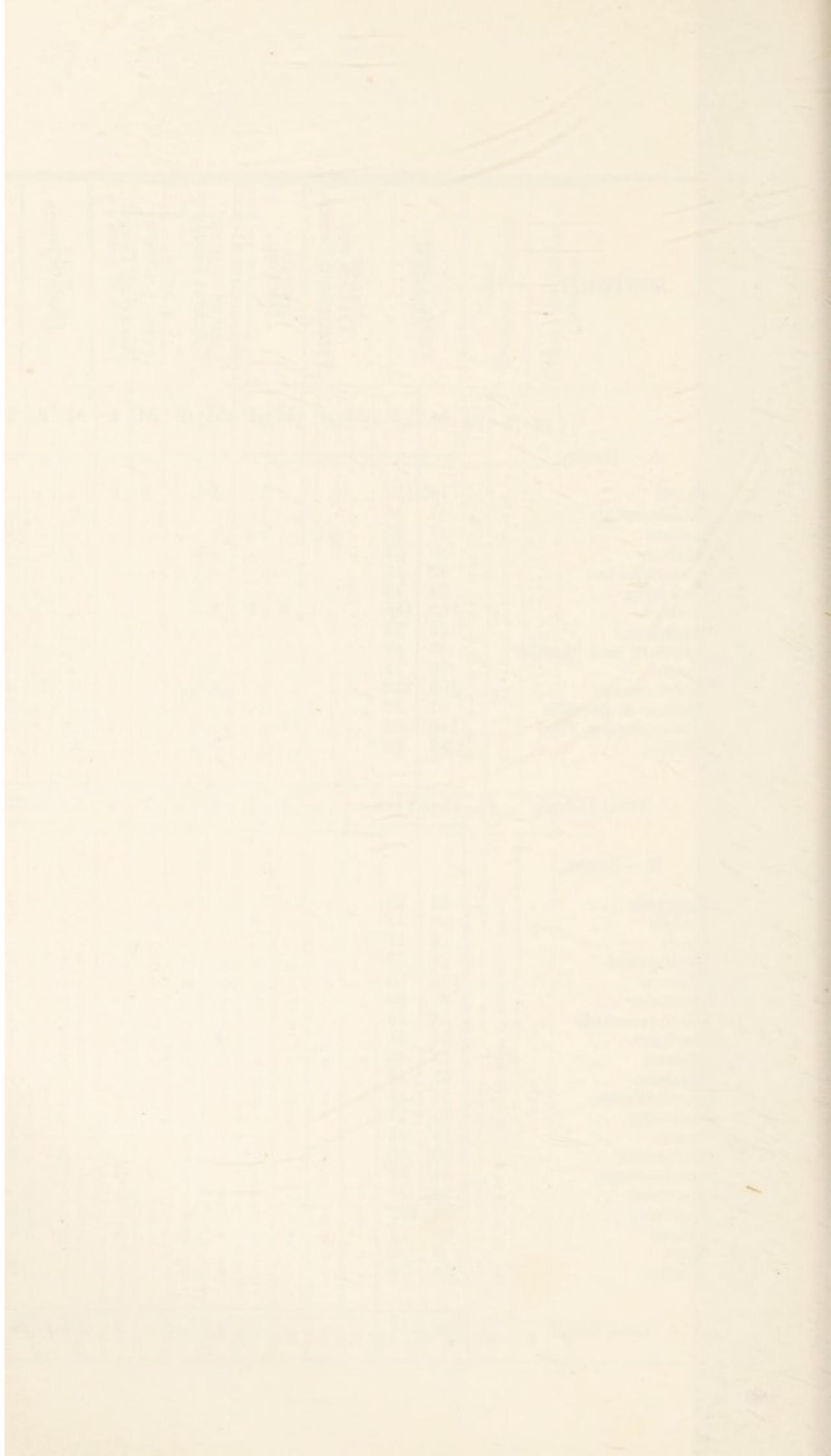
TABLE 5.
Number of Deaths from Infectious Diseases in each District during 1938.

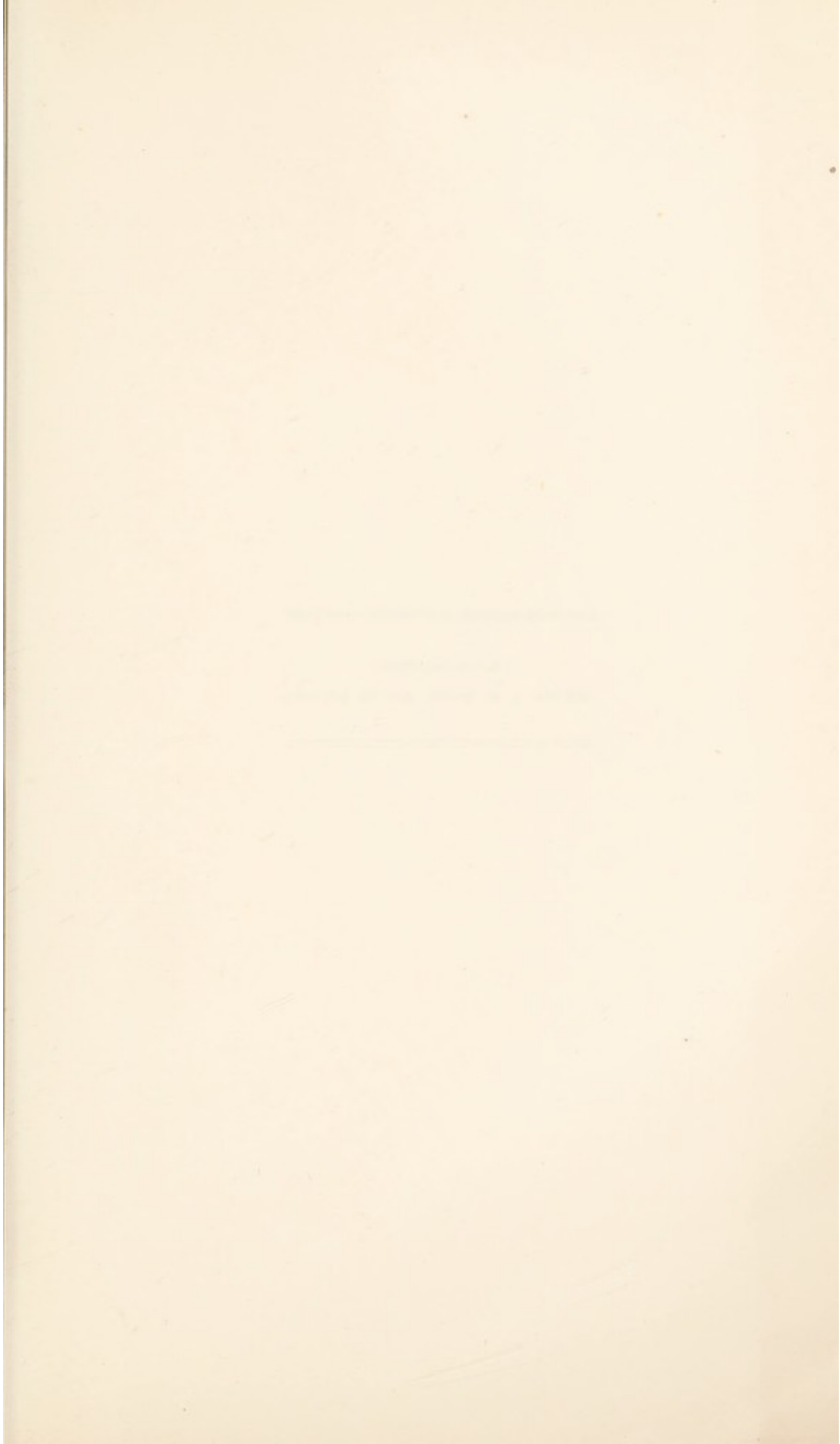
DISTRICT.	Pulmonary Tuberculosis.				Other Tuberculosis.				All Tuberculosis.				Influenza.		Pneumonia.		Bronchitis and other respiratory diseases.		Cancer.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																				
1. Eston	27	26	103.8	.85	12	5	240.0	.16	39	31	125.8	1.01	1	.03	38	1.24	7	.23	43	1.40
2. Guisborough	7	4	175.0	.50	1	1	100.0	.12	8	5	160.0	.62	..	..	2	.25	5	.62	10	1.24
3. Loftus	3	1	300.0	.13	2	1	200.0	.13	5	2	250.0	.27	2	.27	2	.27	5	.67	11	1.47
4. Malton	2	3	66.7	.73	1	..	..	..	3	3	100.0	.73	2	.49	1	.24	..	..	2	.49
5. Northallerton	8	3	266.7	.60	4	1	400.0	.20	12	4	300.0	.80	2	.40	1	.20	..	..	5	1.01
6. Pickering	1	3	33.3	.77	2	..	..	..	3	3	100.0	.77	..	..	2	.51	1	.26	6	1.54
7. Redcar	13	10	130.0	.43	10	2	500.0	.09	23	12	191.7	.51	6	.26	14	.60	12	.51	52	2.22
8. Richmond	3	3	100.0	.54	1	2	50.0	.36	4	5	80.0	.91	1	.18	5	.91	2	.36	9	1.63
9. Saltburn and Marske	3	4	75.0	.60	4	..	..	..	7	4	175.0	.60	8	1.20	3	.45	2	.30	10	1.51
10. Scalby	1	2	50.0	.44	..	..	..	..	1	2	50.0	.44	1	.22	4	.88	..	..	7	1.54
11. Scarborough	24	13	184.6	.32	9	11	81.8	.27	33	24	137.5	.59	6	.15	17	.42	23	.57	98	2.42
12. Skelton & Brotton	5	4	125.0	.31	5	2	250.0	.15	10	6	166.7	.46	3	.23	5	.39	7	.54	23	1.78
13. Thornaby-on-Tees	18	7	257.1	.32	10	1	1000.0	.05	28	8	350.0	.37	3	.14	22	1.01	11	.51	31	1.43
14. Whitby	12	7	171.4	.61	11	1	1100.0	.09	23	8	287.5	.70	..	..	8	.70	3	.26	28	2.43
Total Urban	127	90	141.1	.48	72	27	266.7	.15	199	117	170.1	.63	35	.19	124	.67	78	.42	335	1.80

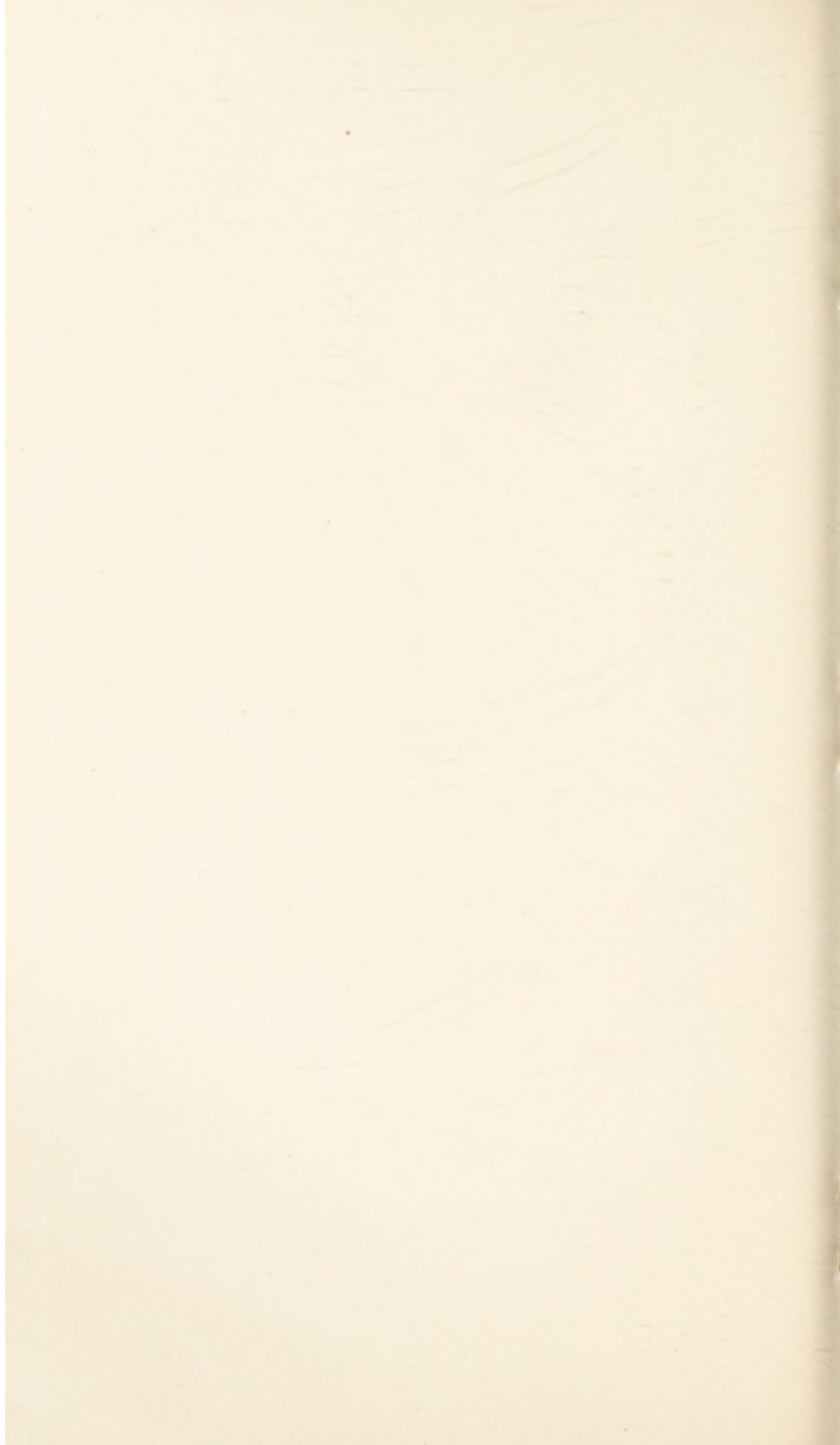
TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1938.

DISTRICT.	Puerperal Sepsis.		Other Puerperal Causes.		Congenital debility, premature birth, malformations, etc.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.						
1. Eston	1	1.60	1	1.60	17	27.20
2. Guisborough	1	7.52	1	7.52
3. Loftus	3	24.00
4. Malton	2	42.55
5. Northallerton	4	47.06
6. Pickering	1	20.41	2	40.82
7. Redcar	2	5.10	9	22.96
8. Richmond	6	57.14
9. Saltburn and Marske	1	13.33	1	13.33
10. Scalby	1	14.71
11. Scarborough	19	36.26
12. Skelton and Brotton	8	34.93
13. Thornaby-on-Tees	1	2.27	12	27.27
14. Whitby	1	5.65
Total Urban	1	.33	7	2.28	86	27.98
B.—RURAL.						
1. Aysgarth	4	64.52
2. Bedale	1	8.93	2	17.86
3. Croft
4. Easingwold	1	6.58	5	32.89
5. Flaxton	8	38.65
6. Helmsley	3	52.63
7. Kirbymoorside	2	33.90	2	33.90
8. Leyburn	1	9.17	7	64.22
9. Malton	9	101.12
10. Masham	1	35.71
11. Northallerton	1	8.55
12. Pickering
13. Reeth	1	58.82
14. Richmond	1	3.06	..	..	5	15.29
15. Scarborough	1	9.17	2	18.35
16. Startforth	2	33.90
17. Stokesley	1	4.27	11	47.01
18. Thirsk	4	23.81
19. Wath
20. Whitby	4	23.26
Total Rural	1	.46	7	3.20	71	32.45
Administrative County	2	.38	14	2.66	157	29.84







NORTHALLERTON :
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