

**[Report 1944] / Medical Officer of Health, North Riding of Yorkshire County Council.**

**Contributors**

North Riding of Yorkshire (England). County Council.

**Publication/Creation**

1944

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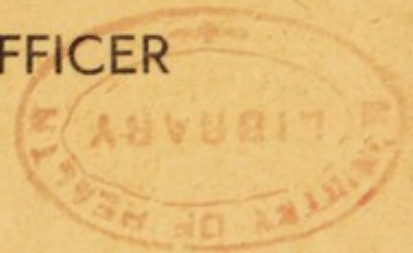
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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH.



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1944.

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North Riding of Yorkshire County Council

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## NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

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ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER  
OF HEALTH,  
FOR THE YEAR 1944.

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

Mr. Chairman, my Lords, Ladies and Gentlemen,

I have the honour to submit the annual report on the public health services of the administrative county for the year 1944.

The instructions of the Ministry of Health as regards publication of a tabular statement of population have been amended and the tables which follow this statement have been completed as in pre-war days. In view of the continued need for economy in paper and the serious shortage of clerical staff this report follows the lines of the reports of the last four years and does not purport to give information which is otherwise available.

**(i) Vital Statistics.**

The birth rate for the administrative county is still rising : during 1944 three districts had a birth rate less than 16 per 1,000, and the rate for the whole county was 20 compared with 17·4 for 1943. The birth rate for England and Wales in 1944 was 17·6 for the County of London 15·0 and for the 126 great towns 20·3.

The death rate for 1944 is recorded as 12·9 per 1,000 (England and Wales 11·6) as compared with 14·1 for 1943 and 12·8 for 1942 : The infantile mortality rate was just over 41 per 1,000 births in both urban and rural areas as compared with 56·7 in urban areas and 54·7 in rural areas in 1943. The infantile mortality rate for England and Wales for the year 1944 was 46 and for 1943 57·5. The actual number of babies who died before completing their first year of life was 261 ; of these deaths 77 occurred before the end of the first month. The scattered nature of the county makes a scheme for providing on loan special equipment for the care of premature babies impracticable. At the request of practitioners called in by midwives, such cases are admitted for institutional care.

During 1944 the number of births registered as illegitimate numbered 462 in place of 357 for the preceding year : the infantile mortality rate for these babies was 73·6 as compared with 41·4 for all live births.

**(ii) Cancer.**

The deaths of persons normally resident in the North Riding which were ascribed to cancerous conditions numbered 546 in all : 332 of these occurred in urban areas and 214 in rural areas, a death rate of 1.90 per thousand of the population in urban areas and of 1.52 in rural districts. The death rate for the whole County was 12.9, the same as in 1943.

The interim scheme for the treatment of North Riding residents at Leeds and Newcastle has continued to function satisfactorily : since the end of the year under review, the long delayed statutory scheme for cancer treatment for the population of the counties of Cumberland, Durham, Northumberland and the northern part of the North Riding and the nine county boroughs situated within this geographical area was finally agreed and became effective. During 1944 the treatment of North Riding cases suitable for radium and deep X-ray therapy was carried out with reasonable expedition under the interim scheme.

**(iii) Infectious Diseases.**

During 1944 the notifications received by the district medical officers of health in respect of the occurrence of notifiable diseases among civilians were very similar to those received in the preceding year with three exceptions. The total number of diphtheria notifications was considerably lower (219 in place of 309) : that of measles was only one quarter of the total recorded in 1943, and that of chickenpox was approximately halved. The number of occasions on which schools were closed to prevent the further spread of infectious disease was accordingly much smaller ; only 24 schools recorded attendances under 60% in place of 99 schools similarly affected during 1943. The policy of closing schools because of the epidemic prevalence of infectious disease can only be justified, as a rule, in rural districts where schools are the only points of contact of the scattered family units. As regards the mortality from infectious diseases, a glance at Tables 4 and 5 will reveal that there were no deaths in the Riding during 1944 attributable to scarlet fever, enteric fever or smallpox and that twelve persons died as the result of diphtheritic infection : all these deaths took place in urban areas. In the case of pneumonia and cerebro-spinal fever the case mortality has during recent years been considerably lessened by the use of sulphanilamide and its near relatives : nevertheless 136 deaths were attributed to pneumonia, and 220 to bronchitis and other respiratory diseases. In both groups the deaths recorded in urban areas were considerably more in proportion to population than in the rural districts of the county.

An interesting investigation in this Riding during the year in the realm of infectious disease revealed that a rural stream was being infected by the sewage from a cottage in which resided two elderly ladies one of whom had an attack of typhoid fever in India in 1936. The co-operation of the Medical Research Council's pathologists in this investigation which made use of the Vi-phage typing of typhoid bacilli, is gratefully acknowledged. Two youths notified in an adjoining county were the primary cases in this outbreak ; they had used water from the affected stream for the purpose of diluting lemonade crystals when on an outing. The appropriate tests revealed that the boys were infected by the same type of bacillus as that occurring in the sewage : a number of secondary cases occurred due to infection with the

same type of organism. Once again a piece of more or less academic research proved useful in the detective methods which an epidemiologist has to use in the interests of public health. The district council concerned took appropriate steps to deal with this menace without delay.

**(iv) Maternity and Child Welfare.**

During 1944 the arrangements made by the County Council under the Midwives Act, 1936, continued to work well: the real difficulty which was experienced in this field during the year under review was that of finding home helps for women about to be confined, but the national need for the maximum number of hands to be employed in industry was the cause. An unfortunate coincidental factor was the difficulty of securing staff for institutional midwifery: as far as accommodation permitted, all expectant women who were ascertained to be living in unsuitable housing conditions were removed to hospital for delivery: all cases recommended by doctors for admission on obstetrical grounds were placed in maternity hospitals. It is hoped that those admitted were duly grateful to the institutional staffs who as a rule freely sacrificed their off duty time so that patients should not suffer as a result of the shortage of midwives. In all 603 women were admitted from the area for which the County Council is welfare authority to maternity homes, hospitals or other institutions under arrangements made by the County Health Department. In addition 142 women were admitted from autonomous areas to the County Council's units. The total of maternal deaths (13) gives a death rate of 2.07 as compared with 1.93 for England and Wales as a whole, and 2.72 for this Riding in 1943.

In the year under review there were 15 directly administered child welfare centres in the area for which the County Council acts as welfare authority: there were also 30 voluntary centres supported by grants made by the Public Health Committee. At both types of centre good work in the teaching of child welfare and dietetics has been done as in previous years.

The health visitors and school nurses working in the Riding (both wholetime and part-time) have continued to give attention to the problem of infestation by vermin. In their capacity as health visitors, they have consistently taught the need for cleanliness and by informal action in the homes when visiting have assisted in the campaign to eliminate pediculosis. Where informal action has failed the local medical officer of health has been informed that the case seemed to require attention under the Scabies Order. This Order is unfortunately named from the point of view of the suppression of lousiness and most local sanitary authorities have made no provision for cleansing the persons affected. In a small number of cases application was made to the Relieving Officer on the ground that the applicant was destitute of necessary facilities and the families affected have been admitted temporarily to a public assistance institution. In the south of the Riding affected persons were disinfested at the York cleansing station by arrangement with the local authority sending the case or at the cost of the County Council in a few cases where admission to the York City General Hospital was necessary for the treatment of secondary infections. It is hoped that a suitable preparation containing D.D.T. will soon be available: the prolonged action of this substance and its record of effectiveness under service conditions renders it peculiarly suitable for use in the elimination of pediculosis.



The following short tabular statement shows the hospitals or maternity units to which maternity cases were admitted from that part of the county for which the County Council is welfare authority, principally for obstetrical reasons :—

Middlesbrough Municipal Maternity Hospital..	..	113
York Municipal Maternity Hospital ..	..	47
Darlington Municipal Maternity Hospital ..	..	44
Scarborough Hospital Maternity Ward ..	..	32
Harrogate General Hospital Maternity Ward ..	..	19
Whitby War Memorial Hospital ..	..	2

In addition 300 women were admitted to the emergency maternity home at Mount Pleasant, Northallerton for delivery, and 188 to maternity beds in County Institutions at Scarborough and Whitby. Only 46 of the latter came from the County Council's welfare area.

(v) **Tuberculosis.**

Table 5 gives details of the notifications received and deaths ascribed to tuberculosis in the various county districts for 1944. The number of unnotified cases of tuberculosis would appear to be small: the death rate from pulmonary diseases is gratifyingly low considering the conditions prevailing during the preceding years. The continued and increasing reluctance of nurses to undertake sanatorium work is a regrettable fact: in my view it is not only the fear of infection, but the difficult temperament of the adult sufferer from tuberculosis and the comparative remoteness of most sanatoria from the attractions of town life which affect the outlook of the average nurse in relation to tuberculosis nursing. If the General Nursing Council were to agree to institute a separate part of the Register for tuberculosis nurses, or to require each student nurse to do part of her training in a sanatorium, a considerable amelioration of the present position would ensue. In my opinion no woman who has not had experience of nursing chronic sick persons either in a sanatorium or other institution and of the special technique used in hospitals for the treatment of infectious diseases, can be considered a well-trained nurse. For too long the care of acute medical or surgical cases has been the criterion of efficiency in nursing training.

The portable X-ray set has had another year of useful life: it is proposed, as soon as diagnostic sets are once more available at reasonable prices, to submit to the Health Committee a scheme for the reorganisation of the dispensary system (in co-ordination with any new national service for the care of the sick) so as to make available at a smaller number of better equipped centres a radiological service which will enable artificial pneumothorax to be performed at dispensaries with X-ray control.

During the year 25 cases were referred to Mr. G. A. Mason, F.R.C.S. at the chest surgery unit at Shotley Bridge, Co. Durham, and very satisfactory results were obtained.

It is still unfortunately true that many persons suffering from tuberculosis appear to consult their medical advisers at a comparatively late stage. There has been good co-operation between the general medical practitioners and the clinical tuberculosis officers of the County Council.

During the financial year ended 31st March, 1945, the sum of £2,621 12s. 1d. was paid to 76 recipients of tuberculosis allowances under the scheme set out in Ministry of Health Memo. 266/T.

In January an almoner was appointed to the tuberculosis service and during the year she made 147 visits to patients in their homes.

**(vi) Blind Persons.**

The number of blind persons (as defined in the Blind Persons Acts) on the register for the administrative County on 31st December, 1944, was 817 as compared with 826 at the end of 1943 and 806 at the end of 1942.

Grants were being made to 480 unemployable blind persons at the end of the year under review in accordance with the County Council's scale which was based on the following:—32/6 for a single blind person without dependants, 45/6 for a blind man with a sighted wife and 53/6 for two blind persons living together.

There were 21 approved home workers, 13 approved workers at institutes for the blind; 8 undergoing training and 14 children in attendance at special schools for the blind at the end of 1944.

The North Riding (Southern Area) Voluntary Committee for the Welfare of the Blind continued their good work in their area which lies south of a line drawn from a point north of Whitby to Masham: blind persons in the remainder of the Riding received assistance from the voluntary funds made available to the Cleveland and South Durham Institute for the Blind.

During the year the home teachers employed by the last named voluntary body were transferred to the service of the three local government units which use this Institute. Thus the County Council at the end of 1944 employed five home visitors, but three of these are seconded to the Institute for the purposes of their day-to-day duties. The remaining two home teachers work in the southern part of the Riding and report on the general welfare of the blind direct to the County Medical Officer.

**(vii) The Supervision of Milk Supplies.**

At the end of 1944 there were in the North Riding 157 producers of tuberculin tested milk and 202 producers of accredited milk licenced by the County Council under the Milk (Special Designations) Order. The work of supervision and sampling has proceeded subject to the general difficulties of transport: particular care was taken, however, to give as much assistance as possible to new applicants to produce designated milk and the county health inspectors spent much time in the re-designing of premises as well as in assisting producers to remedy faulty production methods.

**(viii) Civil Defence.**

As the impact of enemy aerial activity was confined almost entirely to "Southern England" the casualty services were not required to go into action. Training continued, however, and the personnel were always in a state of readiness for any call which might be made on them.

In September, 1944, the Ministry of Home Security decided on partial demobilisation of the civil defence general services and by the end of the year the effective strength of the whole-time personnel was reduced from 59 to 4 in the first aid post service and from 46 to 30 in the ambulance service. The total part-time strength of these services was reduced from 1,255 to 509. Of those who were surplus to establishment, no fewer than 545 elected to remain

in the service although relieved of duty and if the need had arisen the ambulance and first aid post teams could have been formed at full operational strength at short notice, even after the closure of redundant depots.

The partial demobilisation involved the closure of nine first aid posts and two depots for mobile first aid units.

All part-time ambulances were returned to their owners and the number of whole-time vehicles was reduced to 24 ambulances and 6 cars for sitting cases for the whole of the Riding. In consequence, much of the work which had been done by the civil defence service in transporting service and civilian patients could no longer be undertaken in this way and an additional burden was thrown on the civil ambulances. As a result the County Council decided to establish a county ambulance service.

**(ix) County Ambulance Service.**

Towards the end of the year under review the County Council approved the formation of a county ambulance service to provide for the removal to hospital, maternity home or institution of patients for whose treatment the Council had accepted liability. Coupled with the provision of ambulances, sitting case cars and the necessary staff, was a scheme for assisting county district councils in the provision of an ambulance service for purposes other than the removal of cases of infectious disease. Full details of the final arrangements made will appear in the Annual Report for the year 1945.

**(x) Public Assistance.**

Owing to restriction on building operations, the partly constructed ward block for the sick at Guisborough Institution was still uncompleted at the end of 1944 and the repeated efforts of officers of the Council to obtain the necessary permission to complete the building were unsuccessful.

The problem of placing the increasing number of children for whom the Public Assistance Committee were responsible was partly solved by the residential nursery at Oak Mount, Northallerton. Opened in September, 1943, the nursery can accommodate 30 children under five years of age and is a training school for the diploma of the National Society of Children's Nurseries. In spite of staffing difficulties the nursery was fully utilised in the year under review and the rapid improvement in the physical and mental condition of the children admitted more than justified the Committee's policy of providing such accommodation separate from public assistance institutions.

**(xi) Venereal Diseases.**

During the year under review the number of new cases resident in the Riding attending the Scarborough Clinic and the special centres in adjoining County Boroughs remained low. Single notifications received under Defence Regulation 33B numbered 72 and attempts were made to follow these up on the lines set out in Ministry of Health Circular 2896; in addition 5 double notifications were received. Informal action succeeded in 23 cases in persuading the named person to attend a treatment centre. A formal notice demanding the attendance of the named person was served in one case: formal notice requiring the sufferer to continue to attend for treatment was served on one person.

Instructions to prosecute were given in one case by the Health Committee : the defendant was bound over on condition that she would attend a special centre for treatment.

**(xii) Pathological Laboratory Service.**

The emergency public health laboratory established in the County Hall in September, 1942, by the Medical Research Council in agreement with the County Council has further extended its activities and is of the greatest service to public health officers of the County Council and of the local sanitary authorities. Reference has already been made to the work of this laboratory under the heading of "Infectious Diseases."

**(xiii) Emergency Services.**

Owing to the extensive exodus from "Southern England" in June, 1944, and subsequent months, arrangements were made to receive into this Riding two complete maternity units, the South London Hospital for Women at Throxenby Hall, near Scarborough, and the Bromley and District Maternity Hospital at Carr Hall, near Sleights. In addition, staff from Guy's Hospital and other voluntary hospitals in London were sent to St. Andrew's Emergency Maternity Home, Malton, which had been equipped in 1940, but had not previously been used. An adjoining large house was used as a hostel for women awaiting onset of labour and these arrangements continued until early in November, 1944, when the units returned to London.

No new wartime nurseries were opened during the year : those at South Bank and Grangetown continued to satisfy the local needs. The general health record of children attending these units was good : no major infectious illness was experienced.

Miss Dorothy Worth, the psychiatric social worker appointed in agreement with the Ministry of Health, resigned her appointment in December, 1944 : she was succeeded by Miss Joyce Cammock. The activities of these social workers have been almost entirely confined to the care of evacuees : during 1944 an influx of children from "Southern England" increased the volume of the social welfare work.

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, technical 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,

J. A. FRASER,

County Medical Officer of Health.

November, 1945.

TABLE 1.

Number of Births in each District during 1944.

DISTRICT.	Estimated population for birth-rate, 1944.	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.
<b>A.—URBAN.</b>						
1. Eston .. ..	28,810	663	53	23.0	317	11.0
2. Guisborough .. ..	7,737	146	5	18.9	57	7.4
3. Loftus .. ..	6,602	156	5	23.6	74	11.2
4. Malton .. ..	3,619	60	6	16.6	14	3.9
5. Northallerton .. ..	5,068	86	7	17.0	28	5.5
6. Pickering .. ..	3,930	77	9	19.6	30	7.6
7. Redcar .. ..	23,840	501	26	21.0	204	8.6
8. Richmond .. ..	5,373	122	5	22.7	50	9.3
9. Saltburn and Marske	6,392	123	10	19.2	21	3.3
10. Scalby .. ..	5,157	94	5	18.2	28	5.4
11. Scarborough .. ..	35,700	679	72	19.0	49	1.4
12. Skelton and Brotton	12,060	269	13	22.3	113	9.4
13. Thornaby-on-Tees ..	20,560	468	40	22.8	235	11.4
14. Whitby .. ..	9,792	199	18	20.3	30	3.1
Total Urban ..	174,640	3,643	274	20.9	1,250	7.2
<b>B.—RURAL.</b>						
1. Aysgarth .. ..	3,523	74	2	21.0	30	11.9
2. Bedale .. ..	6,494	129	8	19.9	62	9.5
3. Croft .. ..	2,028	49	5	24.2	24	11.8
4. Easingwold .. ..	9,323	183	18	19.6	80	8.6
5. Flaxton .. ..	17,640	286	14	16.2	101	5.7
6. Helmsley .. ..	5,038	92	7	18.3	36	7.1
7. Kirbymoorside .. ..	4,645	96	2	20.7	44	9.5
8. Leyburn .. ..	6,124	118	10	19.3	33	5.4
9. Malton .. ..	5,688	111	10	19.5	67	11.8
10. Masham .. ..	1,901	28	3	14.7	8	4.2
11. Northallerton .. ..	7,081	127	11	17.9	26	3.7
12. Pickering .. ..	5,249	73	8	13.9	8	1.5
13. Reeth .. ..	2,108	30	1	14.2	-8	..
14. Richmond .. ..	12,390	287	19	23.2	173	14.0
15. Scarborough .. ..	6,908	117	10	16.9	15	2.2
16. Startforth .. ..	4,205	87	2	20.7	37	8.8
17. Stokesley .. ..	15,970	309	20	19.4	125	7.8
18. Thirsk .. ..	11,790	226	22	19.2	69	5.9
19. Wath .. ..	1,805	36	4	19.9	20	11.1
20. Whitby .. ..	10,790	196	12	18.2	39	3.6
Total Rural ..	140,700	2,654	188	18.9	989	7.0
Administrative County ..	315,340	6,297	462	20.0	2,239	7.1

TABLE 2.

Number of Deaths in each District during 1944.

DISTRICT.	Estimated population for death-rate, 1944.	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 .. ..	28,810	346	12.0	29	43.7	1	18.9
2. Guisborough ..	7,737	89	11.5	12	82.2	1	200.0
3. Loftus .. ..	6,602	82	12.4	7	44.9	..	..
4. Malton .. ..	3,619	46	12.7	1	16.7	..	..
5. Northallerton ..	5,068	58	11.4	3	34.9	1	142.9
6. Pickering .. ..	3,930	47	12.0	3	39.0	1	111.1
7. Redcar .. ..	23,840	297	12.5	8	16.0	..	..
8. Richmond .. ..	5,373	72	13.4	4	32.8	..	..
9. Saltburn and Marske	6,392	102	16.0	5	40.7	..	..
10. Scalby .. ..	5,157	66	12.8	1	10.6	..	..
11. Scarborough ..	35,700	630	17.7	29	42.7	6	83.3
12. Skelton & Brotton ..	12,060	156	12.9	13	48.3	1	76.9
13. Thornaby-on-Tees ..	20,560	233	11.3	26	55.6	4	100.0
14. Whitby .. ..	9,792	169	17.3	11	55.3	2	111.1
Total Urban ..	174,640	2,393	13.7	152	41.7	17	62.0
B.—RURAL.							
1. Aysgarth .. ..	3,523	44	12.5	..	..	..	..
2. Bedale .. ..	6,494	67	10.3	2	15.5	1	125.0
3. Croft .. ..	2,028	25	12.3	2	40.8	..	..
4. Easingwold .. ..	9,323	103	11.1	11	60.1	2	111.1
5. Flaxton .. ..	17,640	185	10.5	13	45.5	1	71.4
6. Helmsley .. ..	5,038	56	11.1	4	43.5	1	142.9
7. Kirbymoorside ..	4,645	52	11.2	1	10.4	..	..
8. Leyburn .. ..	6,124	85	13.9	6	50.9	2	200.0
9. Malton .. ..	5,688	44	7.7	2	18.0	..	..
10. Masham .. ..	1,901	20	10.5	..	..	..	..
11. Northallerton ..	7,081	101	14.3	5	39.4	2	181.8
12. Pickering .. ..	5,249	65	12.4	5	68.5	..	..
13. Reeth .. ..	2,108	38	18.0	1	33.3	..	..
14. Richmond .. ..	12,390	114	9.2	13	45.3	2	105.3
15. Scarborough ..	6,908	102	14.8	4	34.2	1	100.0
16. Startforth .. ..	4,205	50	11.9	2	23.0	1	500.0
17. Stokesley .. ..	15,970	184	11.5	12	38.8	1	50.0
18. Thirsk .. ..	11,790	157	13.3	19	84.1	2	90.9
19. Wath .. ..	1,805	16	8.9	2	55.6	1	250.0
20. Whitby .. ..	10,790	157	14.6	5	25.5	..	..
Total Rural ..	140,700	1,665	11.8	109	41.1	17	90.4
Administrative County ..	315,340	4,058	12.9	261	41.4	34	73.6

TABLE 3.

Notification of Infectious Disease in 1944, as given in the weekly returns rendered by Medical Officers of Health. (Civilians Only).

DISTRICT.	Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever, includes Typhoid & Paratyphoid.	Pneumonia.	Cholera.	Plague.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis.	Encephalitis Lethargica.	Typhus Fever.	Undulant Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Anthrax.	Puerperal Pyrexia.	
A.—URBAN																									
1. Eston ..	100	45	..	25	..	1	..	..	..	..	..	..	..	..	..	..	8	..	..	..	276	16	..	4	
2. Guisborough ..	8	1	..	14	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	8	..	..	1	
3. Loftus ..	21	8	..	..	..	..	..	3	..	..	..	..	..	..	..	..	1	..	..	..	3	..	..	..	
4. Malton ..	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5. Northallerton ..	5	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
7. Redcar ..	62	62	..	24	..	..	..	..	..	..	..	..	..	..	..	..	13	..	..	..	103	27	..	2	
8. Richmond ..	23	3	..	5	..	..	..	..	..	..	..	..	..	1	..	..	3	..	..	26	1	2	..	..	
9. Saltburn & Marske ..	18	3	..	13	..	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	81	4	..	..	
10. Scalby ..	12	..	..	4	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	5	..	..	
11. Scarborough ..	41	4	..	52	..	..	..	5	1	..	..	..	..	1	1	..	..	..	..	4	27	29	..	10	
12. Skelton & Brotton ..	16	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	5	..	..	..	
13. Thornaby-on-Tees ..	49	14	..	35	..	..	..	1	..	..	..	..	..	..	..	..	4	14	..	..	131	10	..	14	
14. Whitby ..	6	5	..	23	..	..	..	1	1	..	..	..	..	..	..	..	2	1	..	..	2	5	..	3	
Total Urban	366	148	..	196	..	..	..	12	2	1	..	..	..	..	2	7	54	..	..	30	640	100	..	35	
1943	368	202	..	208	..	..	..	17	2	1	..	..	..	..	4	7	61	1	..	13	2171	373	..	38	
B.—RURAL.																									
1. Aysgarth ..	6	2	..	6	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2	4	..	..	..
2. Bedale ..	18	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	14	..	..	..
3. Croft ..	2	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
4. Easingwold ..	36	7	..	11	..	..	..	..	..	..	..	..	..	13	..	..	8	..	..	41	1	44	..	3	..
5. Flaxton ..	36	26	..	9	..	..	..	1	..	..	..	..	..	..	1	..	5	..	..	3	52	12	..	4	..
6. Helmsley ..	5	1	..	14	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	22	23	50	..	1	..
7. Kirbymoorside ..	11	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	155	15	..	..	..
8. Leyburn ..	8	1	..	7	..	..	..	1	..	..	..	..	..	4	..	..	3	1	..	2	15	8	..	..	..
9. Malton ..	5	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	22	..	..	..
10. Masham ..	..	8	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	5	..	..	..
11. Northallerton ..	12	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..
12. Pickering ..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	9	..	..	..
13. Reeth ..	12	..	1	3	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..	33	15	..	..	..
14. Richmond ..	56	4	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	15	6	24	..	1	..
15. Scarborough ..	7	1	..	8	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	18	..	..	..
16. Startforth ..	12	..	..	7	..	..	..	2	4	..	..	..	..	..	..	..	..	..	..	..	6	20	..	..	..
17. Stokesley ..	23	5	..	15	..	..	..	1	1	..	..	..	..	..	..	..	1	..	..	1	39	56	..	2	..
18. Thirsk ..	34	5	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	..	..	..
19. Wath ..	5	3	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	44	1	..	..	..
20. Whitby ..	12	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..	1	..
Total Rural	301	71	2	102	..	..	..	5	5	..	..	1	..	19	3	25	..	5	90	392	329	..	..	13	..
1943	250	105	1	124	..	..	..	8	..	..	..	1	..	12	8	35	..	..	82	1947	483	..	..	15	..
Administrative County	667	219	2	298	..	..	..	17	7	1	..	..	1	..	21	10	79	..	5	120	1032	429	..	48	..
1943	618	307	1	332	..	..	..	25	2	1	1	..	..	16	15	96	1	..	95	4118	856	..	..	53	..

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1944.

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 .. .. .	..	..	6	.21	..	..	..	..	2	.07	1	.03	2	3.02
2. Guisborough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	6.85
3. Loftus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	12.82
4. Malton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Northallerton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Pickering .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Redcar .. .. .	..	..	3	.13	..	..	..	..	..	..	1	.04	..	..
8. Richmond .. .. .	..	..	1	.19	..	..	..	..	..	..	..	..	..	..
9. Saltburn and Marske .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Scalby .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Scarborough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Skelton and Brotton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	7.43
13. Thornaby-on-Tees .. .. .	..	..	1	.05	..	..	..	..	..	..	..	..	4	8.55
14. Whitby .. .. .	..	..	1	.10	..	..	..	..	..	..	..	..	1	5.03
Total Urban .. .. .	..	..	12	.07	..	..	..	..	2	.01	2	.01	12	3.30
B.—RURAL.														
1. Aysgarth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Croft .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	10.93
5. Flaxton .. .. .	..	..	..	..	..	..	..	..	..	1	.06	1	3.49	
6. Helmsley .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	10.87
7. Kirbymoorside .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Leyburn .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	16.94
9. Malton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Masham .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton .. .. .	..	..	..	..	..	..	..	..	..	1	.14	..	..	..
12. Pickering .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Reeth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond .. .. .	..	..	..	..	..	..	..	..	..	2	.16	..	..	..
15. Scarborough .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16. Startforth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Stokesley .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	3	9.71
18. Thirsk .. .. .	..	..	..	..	..	..	..	..	..	1	.08	..	..	..
19. Wath .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20. Whitby .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Rural .. .. .	..	..	..	..	..	..	..	..	..	5	.04	9	3.39	
Administrative County .. .. .	..	..	12	.04	..	..	..	..	2	.006	7	.02	21	3.33



TABLE 5.  
Number of Deaths from certain Diseases in each District during 1944.

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	21	15	140.0	.52	7	5	140.0	.17	28	20	140.0	.69	3	10	15	.52	32	1.11	28	.97
2. Guisborough	3	3	100.0	.39	2	1	100.0	.15	5	3	166.7	.39	1	13	3	.39	8	1.03	9	1.16
3. Loftus	2	3	66.7	.45	2	1	200.0	.28	4	4	100.0	.61	1	28	5	.76	3	.45	17	2.57
4. Malton	5	3	166.7	.59	9	1	100.0	.28	14	3	466.7	.59	1	28	3	.59	1	.28	6	1.66
5. Northallerton	3	2	150.0	.51	3	2	150.0	.51	3	2	150.0	.51	2	51	2	.51	8	1.58	4	.79
6. Pickering	25	11	227.3	.46	7	2	350.0	.08	32	13	246.2	.55	3	13	9	.38	12	.50	46	1.98
7. Redcar	5	5	100.0	.93	4	2	100.0	.08	5	5	100.0	.93	1	19	3	.56	8	1.49	10	1.86
8. Richmond	1	1	100.0	.16	4	2	100.0	.08	5	5	100.0	.93	3	47	4	.63	6	.94	21	3.29
9. Saltburn and Marske	1	1	100.0	.19	4	2	100.0	.08	5	5	100.0	.93	3	47	4	.63	6	.94	21	3.29
10. Scalby	1	1	100.0	.19	4	2	100.0	.08	5	5	100.0	.93	3	47	4	.63	6	.94	21	3.29
11. Scarborough	51	18	283.3	.50	9	3	300.0	.08	60	21	285.7	.59	7	20	18	.50	26	.72	89	2.49
12. Skelton and Brotton	10	4	250.0	.33	17	2	850.0	.17	27	6	450.0	.50	5	41	5	.41	11	.91	28	2.32
13. Thornaby-on-Tees	18	16	112.5	.78	8	4	200.0	.19	26	20	130.0	.97	2	4	14	.68	11	.54	28	1.36
14. Whitby	9	2	450.0	.20	2	2	100.0	.20	11	4	275.0	.41	4	41	4	.41	11	1.12	24	2.45
Total Urban	149	84	177.4	.48	67	20	335.0	.11	216	104	207.7	.60	30	17	87	.50	140	.80	332	1.90

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>B.—RURAL.</b>																				
1. Aysgarth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Croft	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Flaxton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Helmsley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Kirbymoorside	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Leyburn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Malton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Masham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Pickering	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Reeth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15. Scarborough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16. Startforth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Stokesley	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18. Thirsk	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19. Wath	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20. Whitby	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	61	36	169.4	26	41	16	256.3	11	102	52	196.2	37	15	49	80	.57	214	1.52		
<b>Total Rural</b>	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Administrative County	..	210	120	175.0	38	108	300.0	11	318	156	203.8	49	45	136	220	.70	546	1.73		

B.—RURAL.

TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1944.

DISTRICT.	Puerperal and post-abortive sepsis.		Other maternal causes.		Congenital malformations, birth injury, premature birth, infantile disease.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
<b>A.—URBAN.</b>						
1. Eston .. ..	1	1.51	1	1.51	8	12.07
2. Guisborough .. ..	..	..	2	13.70	2	13.70
3. Loftus .. ..	..	..	..	..	..	..
4. Malton .. ..	..	..	..	..	1	16.67
5. Northallerton .. ..	..	..	..	..	..	..
6. Pickering .. ..	..	..	..	..	1	12.99
7. Redcar .. ..	1	2.00	1	2.00	4	7.98
8. Richmond .. ..	..	..	..	..	..	..
9. Saltburn and Marske .. ..	..	..	..	..	2	16.26
10. Scalby .. ..	..	..	..	..	2	21.28
11. Scarborough .. ..	1	1.47	1	1.47	8	11.78
12. Skelton and Brotton .. ..	..	..	1	3.72	5	18.59
13. Thornaby-on-Tees .. ..	..	..	1	2.14	8	17.09
14. Whitby .. ..	..	..	..	..	2	10.05
Total Urban .. ..	3	.82	7	1.92	43	11.80
<b>B.—RURAL.</b>						
1. Aysgarth .. ..	..	..	..	..	..	..
2. Bedale .. ..	..	..	..	..	1	7.79
3. Croft .. ..	..	..	..	..	..	..
4. Easingwold .. ..	..	..	1	5.46	..	..
5. Flaxton .. ..	..	..	..	..	1	3.50
6. Helmsley .. ..	..	..	..	..	1	10.87
7. Kirbymoorside .. ..	..	..	..	..	1	10.42
8. Leyburn .. ..	..	..	..	..	3	25.42
9. Malton .. ..	..	..	..	..	2	18.02
10. Masham .. ..	..	..	..	..	..	..
11. Northallerton .. ..	..	..	..	..	1	7.87
12. Pickering .. ..	..	..	..	..	2	27.40
13. Reeth .. ..	..	..	..	..	1	33.33
14. Richmond .. ..	..	..	1	3.48	8	27.87
15. Scarborough .. ..	..	..	..	..	1	8.55
16. Startforth .. ..	..	..	..	..	2	22.99
17. Stokesley .. ..	..	..	1	3.24	4	12.94
18. Thirsk .. ..	..	..	..	..	4	17.70
19. Wath .. ..	..	..	..	..	..	..
20. Whitby .. ..	..	..	..	..	2	10.20
Total Rural .. ..	..	..	3	1.13	34	12.81
Administrative County .. ..	3	.48	10	1.59	77	12.23



TABLE 7.—DEATHS, WITH THEIR CAUSES, IN EACH DISTRICT DURING 1948.

District	Total number of deaths		Male	Female	Total	Rate per 1,000 population	Cause of death
	Number	Percentage					
1	10	100.0	10	0	10	10.0	Heart disease
2	15	100.0	15	0	15	15.0	Heart disease
3	20	100.0	20	0	20	20.0	Heart disease
4	25	100.0	25	0	25	25.0	Heart disease
5	30	100.0	30	0	30	30.0	Heart disease
6	35	100.0	35	0	35	35.0	Heart disease
7	40	100.0	40	0	40	40.0	Heart disease
8	45	100.0	45	0	45	45.0	Heart disease
9	50	100.0	50	0	50	50.0	Heart disease
10	55	100.0	55	0	55	55.0	Heart disease
11	60	100.0	60	0	60	60.0	Heart disease
12	65	100.0	65	0	65	65.0	Heart disease
13	70	100.0	70	0	70	70.0	Heart disease
14	75	100.0	75	0	75	75.0	Heart disease
15	80	100.0	80	0	80	80.0	Heart disease
16	85	100.0	85	0	85	85.0	Heart disease
17	90	100.0	90	0	90	90.0	Heart disease
18	95	100.0	95	0	95	95.0	Heart disease
19	100	100.0	100	0	100	100.0	Heart disease
20	105	100.0	105	0	105	105.0	Heart disease
21	110	100.0	110	0	110	110.0	Heart disease
22	115	100.0	115	0	115	115.0	Heart disease
23	120	100.0	120	0	120	120.0	Heart disease
24	125	100.0	125	0	125	125.0	Heart disease
25	130	100.0	130	0	130	130.0	Heart disease
26	135	100.0	135	0	135	135.0	Heart disease
27	140	100.0	140	0	140	140.0	Heart disease
28	145	100.0	145	0	145	145.0	Heart disease
29	150	100.0	150	0	150	150.0	Heart disease
30	155	100.0	155	0	155	155.0	Heart disease
31	160	100.0	160	0	160	160.0	Heart disease
32	165	100.0	165	0	165	165.0	Heart disease
33	170	100.0	170	0	170	170.0	Heart disease
34	175	100.0	175	0	175	175.0	Heart disease
35	180	100.0	180	0	180	180.0	Heart disease
36	185	100.0	185	0	185	185.0	Heart disease
37	190	100.0	190	0	190	190.0	Heart disease
38	195	100.0	195	0	195	195.0	Heart disease
39	200	100.0	200	0	200	200.0	Heart disease
40	205	100.0	205	0	205	205.0	Heart disease
41	210	100.0	210	0	210	210.0	Heart disease
42	215	100.0	215	0	215	215.0	Heart disease
43	220	100.0	220	0	220	220.0	Heart disease
44	225	100.0	225	0	225	225.0	Heart disease
45	230	100.0	230	0	230	230.0	Heart disease
46	235	100.0	235	0	235	235.0	Heart disease
47	240	100.0	240	0	240	240.0	Heart disease
48	245	100.0	245	0	245	245.0	Heart disease
49	250	100.0	250	0	250	250.0	Heart disease
50	255	100.0	255	0	255	255.0	Heart disease



