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Contributors

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ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

1946



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North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

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ANNUAL REPORT

1946

COUNTY MEDICAL OFFICER
OF HEALTH

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INTRODUCTION.

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my annual report on the public health services of the County Council for the year 1946. The delay in presenting this report is regretted ; the administrative steps which followed the passing of the Education Act 1944 (which came into force in 1946) and the many changes which have been necessitated by the National Health Service Act, 1946, have thrown an additional heavy burden on the department. This report, read in conjunction with my annual report for 1946 as County School Medical Officer, will give the reader comprehensive information regarding the various activities of the county health department.

The principal staff changes which took place in the year under review were the retirement and subsequent death of Dr. J. J. Thomson, the senior clinical tuberculosis officer ; the retirement of Dr. S. Fox Linton from the post of medical officer of health of Scarborough and divisional school medical officer, the resignation on the grounds of ill health of Dr. M. Dale Wood, medical officer of health, Whitby and assistant school medical officer, and the retirement of Dr. W. J. Smyth from the post of senior assistant school medical officer.

The infantile mortality which rose from 41.4 in 1944 to 55.1 in 1945 reverted to a record low figure of 36.5 for the whole administrative county as compared with 43 for England and Wales. The deaths from cancer in the Riding during 1946 were 581 only slightly lower than in the preceding year, but the death rate from this cause was below that for England and Wales (1.75 per 1,000 of the population as compared with 1.84).

In conclusion, I should like to express my gratitude to the Chairmen and members of the several committees associated with the health services for their sympathetic support and in particular to County Alderman B. O. Davies and his successor as Chairman of the Public Health, Housing and Sanitary Committee, County Alderman J. T. Fletcher, for their unfailing interest and assistance ; to the staff of the medical department for their loyal service and to my colleagues in other departments for their helpful co-operation.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,

County Medical Officer.

County Hall,
Northallerton,
May, 1949.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1946.

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 .. ..				.. J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer and Deputy School Medical Officer				} G. Walker, M.B., CH.B., D.P.H., M.R.C.P. (E.)
Senior Clinical Tuberculosis Officer				
				.. J. J. Thomson, O.B.E., M.D. (retired 31-10-46).
Tuberculosis Officer .. ..				.. A. Cubie, M.B., CH.B., D.P.H.
do .. ..				.. S. P. Wilson, M.D., CH.B., D.P.H. (from 1st Jan., 1947)
do .. ..				.. P. H. Dagleish, M.B., CH.B. (from 15-7-46. Resigned 7-11-46)
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.R.N., S.C.M., H.V., A.R.S.I.
Chief County Health Inspector				
County Health Inspector .. ..				.. Dewi Davies, M.R.S.I., M.S.I.A.
do .. ..				.. Gordon D. Aspin, C.S.I.B., A.F.S.
Lady Almoner .. ..				.. R. Wharin, M.S.I.A.
Chief Clerk .. ..				.. Miss M. Bustard
				.. M. R. Wallace

Morris Grange Children's Sanatorium at Thornton Lodge, Aysgarth.

Medical Superintendent .. ..				.. J. J. Thomson, O.B.E., M.D. (Retired 31-10-46)
				G. Walker, M.B., CH.B., D.P.H., M.R.C.P. (E)
Matron .. ..				.. Miss O. W. Coates, S.R.N. (from 1-2-46)

Mowbray Grange Sanatorium for Adult Females.

Medical Superintendent .. ..				.. J. J. Thomson, O.B.E., M.D. (Retired 31-10-46)
				A. Cubie, M.B., CH.B., D.P.H.
Matron .. ..				.. Miss E. Burgess, S.R.N.

County Maternity Home, Mount Pleasant, Northallerton.

Medical Officer (part-time) .. ..				.. D. M. Mackenzie, M.B., CH.B.
Matron .. ..				.. R. Cochran, S.R.N., S.C.M.

Day Nursery, Broadway, Grangetown.

Medical Officer	..	..	..	Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Matron	..	..	..	Mrs. M. S. Reid, S.R.N. (from 1-2-46)

Day Nursery, Normanby Road, South Bank (closed 14th Sept., 1946).

Medical Officer	..	..	..	Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Matron	..	..	..	Mrs. O. G. Hildreth, S.R.N., S.C.M.

(Resigned 16-6-46)

Mrs. E. E. Coulton (from 10-6-46)

Home Visitor/Teachers of the Blind.

Mrs. G. Dowson

Miss H. F. Evans

Miss C. Shields

Miss A. J. Denford

Temporary—

Miss K. A. Smith

Miss A. Green

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., CH.B.
Psychiatrist	..	..	..	M. C. Campbell, M.B., CH.B., D.P.M.
Speech Therapist	..	..	..	Miss D. Gledsdale, Scarborough Div.

School Medical Staff.

W. J. Smyth, M.B., B.CH., D.P.H. (Retired 31-12-46)

Margaret D. Cairns, M.B., CH.B., D.P.H.

W. Leslie Roberts, M.A., M.R.C.S., L.R.C.P. (Resigned 30-6-46)

D. M. Todd, M.B., B.S., M.R.C.S., L.R.C.P.

Margaret Mulvein, M.B., CH.B. (from 1-12-46)

J. A. Dunlop, M.B., CH.B., D.P.H., also Medical Officer of Health, Eston Urban District.

R. A. Read, M.B., CH.B., D.P.H., also Medical Officer of Health, Whitby Urban and Rural Districts, Scarborough R.D. & Scalby U.D. (from 1-10-46)

F. D. Ross-Keyt, M.B., CH.B., D.P.H., also Medical Officer of Health, Borough of Thornaby-on-Tees, and Stokesley Rural District.

S. Fox Linton, T.D., M.D., M.S.C., D.P.H., Divisional School Medical Officer, also Medical Officer of Health, Scarborough Borough. (Retired 1-9-46).

J. Stokoe, M.D., B.S., B.H.Y., D.P.H., Divisional School Medical Officer, also Medical Officer of Health, Scarborough Borough (from 2-9-46)

E. R. Cameron, M.B., CH.B., D.P.H., Assistant School Medical Officer, Scarborough Division

Dental Surgeons.

S. Craven, L.D.S. (Senior Dental Surgeon).

J. Auckland, L.D.S. (Resigned 7-10-46)

A. D. Clark, L.D.S.

F. R. Cadigan, L.D.S. (Resigned 18-7-46)

C. E. Place, L.D.S.

P. W. Thornton, L.D.S., (returned from H.M. Forces 15-7-46).

V. Howarth L.D.S., in H.M. Forces (Resigned 16-8-46).

J. C. Carr, L.D.S., R.C.S. (from 28-1-46) Scarborough Division.

D. B. Atkinson, L.D.S. (part-time) Scarborough Division.

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.

Miss M. I. Ealing, M.D., CH.B., M.R.C.O.G.

Miss J. B. Roy, M.B., M.R.C.O.G.

Health Visitors and School Nurses (Whole-time).

District.			Nurse.
Clifton and New Earswick	..	..	K. Taylor, S.R.N., S.R.C.N., H.V.CERT.
Eston	..	..	N. Garness, S.R.N., S.C.M.
Grangetown	..	..	A. E. Barry, S.R.N., S.C.M., H.V.CERT. S. M. Codling, S.R.N., S.C.M., H.V.CERT.
Guisborough	..	..	A. Garthwaite, S.R.C.N., C.R.S.I.
Loftus	..	..	K. M. Crapper, S.R.N., S.C.M., H.V.CERT.
Redcar	..	..	E. Croft, S.R.N., S.C.M. M. S. Benson, S.R.N., S.C.M., C.R.S.I. E. M. Hurley S.R.N., S.C.M., H.V.CERT.
Saltburn	..	..	E. Dempsey, S.R.N., S.C.M., H.V.CERT.
Scarborough Divisional Executive	..	..	M. K. Jones, S.R.N. R. E. Parker, S.R.N. H. B. Taylor, S.R.N.
Skelton	..	..	C. A. Jones, S.R.N., S.C.M., H.V.CERT.
South Bank	..	..	D. M. Bird, S.C.M., H.V.CERT. W. Gardiner, S.R.N., S.C.M., H.V.CERT. H. Pratt, S.R.N., S.C.M., H.V.CERT.
Thornaby	..	..	E. Snaith, S.R.N., S.C.M. V. H. Sidgwick, S.C.M.
Whitby	..	..	A. C. Nicoll, S.R.N., H.V.CERT.
Scarborough Tuberculosis Visitor and Venereal Diseases Nurse		}	C. M. McQuistan, S.R.N., S.C.M., H.V.CERT.

Midwives.

(Whole-time).

Thornaby	M. J. Wakefield, S.R.N., S.C.M. L. M. Hearnshaw, S.R.N., S.C.M. A. W. Boag, S.R.N., S.C.M. M. A. Harrow, S.R.N., S.C.M. E. M. Griffin, S.R.N., S.C.M. M. L. White, S.C.M. (Temporary).
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Dental Nurses.

(Whole-time).

Northallerton Area	M. H. Sherwood, S.R.N.
--------------------	----	----	------------------------

Dental Attendants.

Malton Area	..	..	O. Nelson
Richmond Area	..	..	D. Morton
Saltburn Area	..	..	M. M. Hodgson
Scarborough Division	..	..	S. M. Rowe

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

DISTRICT.			NURSE.
Alne	..	..	.. N. M. Miller, Aldwark.
Amotherby	..	..	.. G. E. Morfiit, Swinton.
Ampleforth	..	..	.. S. Thompson, Ampleforth.
Aysgarth	..	..	.. H. M. Dixon, Aysgarth.
Barningham	..	..	.. E. T. Adamson, Barningham.
Bedale	..	..	.. E. Leighton and M. MacMillan, Bedale.
Bilsdale	..	..	.. J. I. Hill, Rievaulx.
Boroughbridge	..	..	.. N. E. Gill, Boroughbridge.
Bowes	..	..	.. A. Hanks, Bowes
Brompton	..	..	.. S. Kitching, Brompton.
Catterick	..	..	.. G. Wannop, Catterick.
Cloughton	..	..	.. A. Brown, Cloughton.
Coxwold	..	..	.. I. Richardson, Coxwold.
Croft	..	..	.. H. M. Noakes, Croft.
Danby	..	..	.. M. Phillips, Castleton.
Easingwold	..	..	.. E. M. White, Easingwold.
East Ryedale	..	..	.. N. Hay, Sinnington.
			.. A. Dickson, Lastingham.
East Witton	..	..	.. J. McFarlane, East Witton.
Fadmoor	..	..	.. E. Adamson, Fadmoor
Fearby, Masham and Healey	..	..	.. C. Stapley, Masham.
Forge Valley	..	..	.. D. Fisher Brown, West Ayton.
Fylingdales	..	..	.. M. Crowder, Sleights.
Glaisdale	..	..	.. S. Fox, Glaisdale.
Goathland and Egton	..	..	.. O. Sutcliffe, Goathland.
Great Ayton	..	..	.. C. Norton, Great Ayton.
Great Smeaton	..	..	.. F. E. Broughton, North Cowton.
Hawes	..	..	.. N. Jebb, Hawes.
Haxby and Wigginton	..	..	.. E. Lealman, Haxby.
Helmsley	..	..	.. E. Schofield, Helmsley.
Helperby	..	..	.. K. Underhay, Helperby.
Hinderwell	..	..	.. H. Prior, Staithes.
Hutton Rudby	..	..	.. M. C. Reavley, Hutton Rudby.
Kirbymoorside	..	..	.. B. Hughes, Kirbymoorside.
Kirklevington	..	..	.. L. M. Petty, Kirklevington.
Leake	..	..	.. E. L. Dicker, Knayton.
Leyburn	..	..	.. K. E. Munford, Middleham.
Lythe	..	..	.. E. Laurie, Lythe.
Malton	..	..	.. V. G. Finlayson and L. Dawson, Malton
Manfield	..	..	.. M. H. Elenor, Eppleby.
Middleton Tyas	..	..	.. H. F. Morton, Middleton Tyas.
Northallerton	..	..	.. M. F. McCann, Northallerton.
			.. E. Smithson, Northallerton.
			.. L. Mather, Ainderby Steeple.
Nunnington	..	..	.. S. A. Hudson, Nunnington
Nunthorpe	..	..	.. D. Miller, Marton.
Osbalwick	..	..	.. C. A. Fox, York.
Osmotherley	..	..	.. A. E. Macauley, Osmotherley.

Otterington	..	..	A. Sowden, Newby Wiske.
Patrick Brompton	..	..	D. Smith, Little Crakehall.
Pickering	..	..	R. Taylor and S. Plowman, Pickering.
Mid Vale of Pickering	..	..	M. Ford, Snainton.
Reeth	..	..	F. Ellenor, Reeth
Richmond	..	..	D. Purdy, Richmond.
Romaldkirk	..	..	J. I. Scott, Romaldkirk.
Scarborough	..	..	M. Spavin, Scarborough.
Sheriff Hutton	..	..	L. Neesam, Sheriff Hutton.
Stainton	..	..	C. A. Brown, Stokesley.
Startforth	..	..	M. Prest, Barnard Castle.
Stillington	..	..	M. Moore, Stillington.
Stokesley	..	..	L. Aish, Stokesley.
Strensall	..	..	V. Harrison, Strensall.
Thirsk and Sowerby	..	..	S. A. Bradley & Z. D. Gilbey, Sowerby.
Thornton Dale	..	..	B. K. P. Brown, Thornton Dale.
Topcliffe	..	..	E. Chapman, Topcliffe.
Wath	..	..	D. Hinton, Wath.
Wensley	..	..	M. J. Fairburn, Redmire.
West Tanfield	..	..	L. Deaton, West Tanfield.
Whorlton	..	..	A. Wetherell, Swainby.
Wycliffe	..	..	J. W. Fraser, Whorlton.
Yarm	..	..	R. Inglis, 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	..	..	J. Stokoe, M.D., B.H.Y., D.P.H. (from 2-9-46).
			S. Fox Linton, M.D., D.P.H., M.S.C. (Retired 1-9-46).
Thornaby Borough and Stokesley R.D.	..	..	F. D. Ross-Keyt, M.B., CH.B., D.P.H.
Scalby U.D., Scarborough R.D., Whitby U.D. and R.D.	}		R. A. Read, M.B., CH.B., D.P.H. (from 1st October, 1946).

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.	..	A. E. Milne, M.B., CH.B.
Pickering U.D.	..	T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S. (Deceased).
		D. L. Fletcher, M.B., CH.B.
Richmond Borough	..	J. Williams, M.D., CH.B.
Scalby U.D.	..	B. G. Forman, M.B.E., M.B., CH.B. (Retired 1-10-46).
Whitby U.D.	..	W. E. F. Tinley, M.D., B.S. (Resigned 1-10-46).
Aysgarth R.D.	..	W. N. Pickles, M.D., B.S., F.R.C.P.
Bedale R.D.	..	A. W. Hansell, M.B., B.S., L.M.S.S.A.
Croft R.D.	..	A. F. T. Ord, M.B., CH.B.

Part-time Medical Officers of Health—continued.

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. (Resigned 31-3-46).
			A. W. Riddolls, M.R.C.S., L.R.C.P. (from 1-6-46).
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. Cockroft, 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.	..	..	G. R. Dodds, M.B., B.S.
Northallerton R.D.	..	..	J. A. Hutchinson, M.D., M.S., M.R.C.S.
Pickering R.D.	..	..	T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S. (Deceased).
			D. L. Fletcher, M.B., CH.B.
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. (Resigned 1-10-46).
Startforth R.D.	..	..	A. Leishman, M.B., CH.B.
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.	..	..	W. E. F. Tinley, M.D., B.S. (Resigned 1-10-46).

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.	Nursing Staff.
Bainbridge ..	—	W. N. Pickles, M.D., B.S. ..	F. Pashby ..	—
Guisborough ..	117	T. A. Pratt, M.D., CH.B. ..	K. M. Johnston	34
Kirbymoorside	—	T. K. Cooke, M.B., CH.B., M.R.C.S., L.R.C.P.	F. M. Crofts ..	—
Leyburn ..	—	S. G. Peill, M.B., CH.B. ..	C. Crossley ..	1
Northallerton	70	A. E. Milne, M.B., CH.B. ..	M. M. Punch	18
Richmond ..	—	A. D. Smith, M.B., F.R.C.S.	E. O. Hough ..	1
Scarborough ..	156	J. A. Lennox, M.D., B.S. ..	K. S. Beard ..	38
Stokesley ..	—	H. M. MacGill, M.B., CH.B.	I. Elliott ..	—
Whitby ..	55	R. N. P. Wilson, M.B., CH.B. M.R.C.S., L.R.C.P.	M. Bishop ..	13

Oak Mount Nursery, Northallerton.

Medical Officer . . G. Walker, M.B., CH.B., D.P.H., M.R.C.P.(E).

Children's Home, (Pickering).

Medical Officer . . J. F. Murphy, M.C., M.R.C.S., L.R.C.P.

Children's Nursery, Guisborough.

Medical Officer . . T. A. Pratt, M.D., CH.B.

District Medical Officers (Public Assistance) and Public Vaccinators.

Name.	Distict.	Areas 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. E. S. Bullen, M.D., M.R.C.S., L.R.C.P.	Stillington . .	22,218	2,187
†*A. K. Thomas, M.B., M.R.C.S., L.R.C.P.	Tollerton . .	16,706	2,211
† P. M. Sawkill, M.B., CH.B.	Flaxton No. 1 . .	9,006	1,088
†*E. T. Blacklee, M.R.C.S., L.R.C.P.	Flaxton No. 2 . .	8,547	1,486
††*A. W. Riddolls, M.R.C.S., L.R.C.P.	Flaxton No. 3 . .	19,164	9,037
CLEVELAND GUARDIANS COMMITTEE.			
†*W. A. Kirkpatrick, M.B., B.S. . .	Skelton & Moorsholm	11,014	5,887
†*Lindsay Walker, M.B., CH.B. . .	South Bank & Grange-town	1,319	5,090
†*E. W. P. Davies, M.R.C.S., L.R.C.P. . .	Eston (Part) . .	8,682	28,078
† T. Marquess, M.B., CH.B., B.A.O. . .	Thornaby . .	1,925	21,233
*J. Danahar, L.R.C.P., L.R.C.S. . .	do . .		
†*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
†*J. Dobson, M.B., B.S. . .	Marske-by-the-Sea . .	4,994	7,224
† J. McLean, M.B., CH.B. . .	Kirkleatham . .	9,352	3,508
†*M. Kingsley, M.R.C.S. . .	Brotton . .	3,754	4,386
HAMBLETON GUARDIANS COMMITTEE.			
††*A. F. T. Ord, M.B., CH.B. . .	Barton . .	17,644	2,052
†*T. L. Griffiths, M.R.C.S., L.R.C.P. . .	Girsby & Over Dinsdale	2,087	136
††*A. E. Milne, M.B., CH.B. . .	Northallerton . .	28,521	8,808
†*J. M. Davey, M.B., CH.B. . .	Appleton Wiske . .	21,898	1,919
†*D. M. Mackenzie, M.B., CH.B. . .	Osmotherley . .	13,989	1,374
†*A. F. T. Ord, M.B., CH.B. . .	Croft . .	8,724	824
†*K. Oldfield, M.B., CH.B. . .	Cowesby & Borrowby	2,667	368
†*H. Wynne Davies, M.R.C.S., L.R.C.P. . .	Thirsk & Sutton . .	21,126	6,751
*P. A. Steven, M.B., B.CH. . .	Ripon No. 2 . .	6,923	753
†*E. S. 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

Name.	District.	Area in Acres.	Population (Approx.)
Hambleton Guardians Committee— <i>continued.</i>			
†*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
LANBAURGH 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. ..	Stokesly (Part)	32,067	4,086
†*E. W. P. Davies, M.R.C.S., L.R.C.P. ..	„ „ ..		
† T. Marquess, M.B., CH.B., B.A.O. ..	„ „ ..		
RICHMOND GUARDIANS COMMITTEE.			
††*W. C. Speirs, M.B., CH.B. ..	Reeth	73,912	2,311
†*A. D. Smith, M.B., CH.B., F.R.C.S. ..	Richmond	33,500	16,674
†*R. N. Woodsend, M.B., B.S., M.R.C.S. ..	Catterick	5,829	1,340
††*A. F. T. Ord, M.B., CH.B. ..	Aldbrough	11,991	1,603
	Newsham	16,164	1,039
†*W. R. Heylings, M.B., CH.B. ..	Scorton	13,633	1,833
††*A. Leishman, M.B., CH.B. ..	Barnard Castle	44,859	2,179
†*N. C. Coombs, M.R.C.S., L.R.C.P. ..	Romaldkirk	49,207	1,887
†*W. J. Hickey, M.B., B.S. ..	Gainford	3,564	341
*R. Dawson, M.D., CH.B. ..	Lunedale	28,581	417
RYEDALE GUARDIANS COMMITTEE.			
†*D. A. Murray, M.B., CH.B. ..	Helmsley	51,626	2,951
†*A. C. Vidal, D.S.O., M.R.C.P.(E.), L.R.C.S.	Oswaldkirk	16,079	1,694
†*T. K. Cooke, M.B., CH.B., M.R.C.S., L.R.C.P.	Kirbymoorside	48,709	4,852
††*L. C. Walker, M.B., B.CH., M.R.C.S., L.R.C.P.	Malton	16,553	6,188
†*H. W. Turner, L.R.C.P., L.R.C.S., L.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
†*K. I. Heap, M.B., CH.B. ..	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
†*D. Ellison, M.B., CH.B. ..	Scalby	17,422	4,320
†*G. A. Dibb, M.B., CH.B. ..	Filey	5,992	1,105
† W. F. Stalker, M.B., CH.B. ..	Scarborough No. 1	2,727	41,788
†*A. Lang, M.R.C.S., L.R.C.P. ..	Scarborough Nos. 2 and 3		

Name.	District.	Area in Acres.	Population (Approx.)
WENSLEYDALE GUARDIANS COMMITTEE.			
††*W. N. Pickles, M.D., B.S., F.R.C.P. . .	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
††*G. C. Dodds, M.B., B.S. . .	Masham	12,999	1,783
†*S. G. Peill, M.B., CH.B. . .	Leyburn West and Middleham East . .	18,220 9,422	1,563 1,111
††*G. C. Dodds, M.B., B.S. . .	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.			
†*R. N. P. Wilson, M.B., CH.B., M.R.C.S.	Whitby (East & West)	24,882	14,662
†*R. W. Rutter, M.B., CH.B. . .	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
†*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	..	..	}
Rural Districts	148,822	..	..			331,101
Population (estimated to mid-year 1946):						
Urban Districts	188,770	..	..	}
Rural District	143,070	..	..			331,840
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, 1947)		..	..	..	£2,124,675	
Estimated product of a penny rate		..	..	..	£8,298	

Area.

The North Riding of Yorkshire is the third county in order of size in England, 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 East and West Ridings and the City of York; whilst on its western side is the Pennine Chain and 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 1946, was 331,840; the comparative figure for the previous year was 314,420, so that there has been an increase of 17,420 in the population of the Riding since the last estimate.

The following table shows the relative population in the years named.

Year.	Urban Population.	Rural Population.	Total.
1938 ..	186,000	147,500	333,500
1944 ..	174,640	140,700	315,340
1945 ..	177,120	137,300	314,420
1946 ..	188,770	143,070	331,840

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 is 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 been built since 1938 and there are considerable industrial developments under way in the Cleveland area.

The state of employment in the heavy industries of Cleveland is subject to fluctuation, but conditions generally were favourable during the year, in spite of the termination of war contracts.

Extracts from Vital Statistics of the Year.

		Total.	M.	F.	
Live births	Legitimate	6,192	3,173	3,019	} Birth rate per 1,000 of the estimated resident population 20.1.
	Illegitimate	485	251	234	
Still births	.. ..	149	86	63	Rate per 1,000 total (live and still) births 21.83.
Deaths	.. ..	4,198	2,109	2,089	Death rate per 1,000 of the estimated resident population 12.7.
Deaths from puerperal causes :					Rate per 1,000 total (live and still) births.
			Deaths.		
Puerperal sepsis	..	..	3		.44
Other puerperal causes	..	..	16		2.34
			—		—
	Total	..	19		2.78
			—		—

Death rate of infants under 1 year of age :—

All infants per 1,000 live births	.. ..	36.5
Legitimate infants per 1,000 legitimate live births	.. ..	35.9
Illegitimate infants per 1,000 illegitimate live births	.. ..	45.4
Deaths from measles (all ages)	.. ..	1
Deaths from whooping cough (all ages)	.. ..	11
Deaths from diarrhoea (under 2 years of age)	.. ..	7

Live Births and Birth Rates.

During the year ended 31st December, 1946, the live births registered in and belonging to the Riding numbered 6,677, 1067 births more than the previous year, an increase of 15.9%

There were 485 illegitimate births included in the total figure as compared with 251 for 1938, 462 in 1944, and 547 in 1945.

The birth rate for the Riding, as a whole, was 20.1 (per 1,000 estimated population), being higher than the rate for England and Wales—19.1.

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.

Illegitimacy.

There was a decrease in the number of illegitimate live births registered during the year as compared with its predecessor. During 1946 there were 485 such births registered, 62 less than in 1945; in the urban districts there were 284, while in rural districts there were 201.

On the basis of 1,000 population, the illegitimate birth rate was 1.46 as against 1.74 in 1945; and calculating the rate per 1,000 live births the rate was 72.64 as compared with 97.50 for the previous year.

Stillbirths.

The number of stillbirths registered was 149, a decrease of 32. Further analysis of the figure into sexes indicates that there were 86 male and 63 female stillbirths.

The rate per 1,000 total births was 21.83; this rate compares with 31.25 for the previous year.

Deaths and Death Rates.

During 1946 the total number of deaths registered for the Riding was 4,198; of this number 2,109 were males and 2,089 were females. The total figure gives an annual death rate of 12.7 (per 1,000 estimated population), which is lower than the figure (13.5) for the previous year. The fractional decrease was greater in the rural districts; in terms of these districts the death rates were as follows:—

	Urban Districts.	Rural Districts.
1944 ..	13.7	11.8
1945 ..	13.9	12.9
1946 ..	13.1	12.0

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

	Death Rates.						
	1940	1941	1942	1943	1944	1945	1946
North Riding:							
Urban Districts ..	14.2	14.3	13.8	14.9	13.7	13.9	13.1
Rural Districts ..	13.3	12.8	11.7	13.1	11.8	12.9	12.0
Administrative County ..	13.8	13.6	12.8	14.1	12.9	13.5	12.7
England and Wales ..	14.3	12.9	11.6	12.1	11.6	11.4	11.5

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 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-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-
ALL CAUSES..	M	1258	87	18	14	111	330	698	851	42	16	6	55	181	551
	F	1221	69	7	14	105	257	769	868	46	10	7	75	152	578
1 Typhoid and paratyphoid fevers	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Cerebro-spinal fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	3	2	..	..	1	..	..	1	..	1	..	..	..	..
3 Scarlet fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping cough ..	M	1	..	1	..	..	..	..	2	..	2	..	..	..	..
	F	5	3	2	..	..	..	..	3	3	..	..	..	..	..
5 Diphtheria ..	M	1	..	1	..	..	..	..	1	..	..	1	..	..	..
	F	..	..	..	..	..	..	..	1	..	1	..	..	..	..
6 Tuberculosis of respiratory system	M	55	..	..	..	27	24	4	20	..	..	..	11	8	1
	F	35	..	..	..	29	6	..	22	..	..	..	15	7	..
7 Other forms of tuberculosis	M	18	2	5	1	5	3	2	6	..	2	..	3	1	..
	F	12	1	1	3	6	1	..	12	1	1	4	5	1	..
8 Syphilitic disease ..	M	6	1	..	..	..	3	2	2	..	..	..	..	..	2
	F	1	..	..	..	..	1	..	3	..	..	..	2	..	1
9 Influenza	M	10	..	1	..	2	4	3	8	..	..	..	..	1	7
	F	12	..	..	1	3	5	3	15	1	..	..	4	2	8
10 Measles	M	1	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11 Acute poliomyelitis and polioencephalitis	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 Acute infectious encephalitis	M	2	..	..	..	1	1	..	..	..	..	..	..	..	..
	F	1	..	..	..	..	1	..	..	..	..	..	..	..	..
13 Cancer of bucal cavity and oesophagus (M); uterus (F)	M	13	..	..	..	..	4	9	9	..	..	..	..	4	5
	F	20	..	..	..	2	12	6	18	..	..	..	1	6	11
14 Cancer of stomach and duodenum ..	M	43	..	..	..	2	23	18	24	..	..	..	1	5	18
	F	30	..	..	..	1	12	17	11	..	..	..	..	3	8
15 Cancer of breast ..	M	..	..	..	..	..	..	..	1	..	..	..	..	..	1
	F	39	..	..	..	4	18	17	26	..	..	..	3	11	12
16 Cancer of all other sites	M	118	..	..	..	9	48	61	70	1	1	..	..	23	45
	F	94	..	..	..	5	32	57	65	..	..	..	6	24	35
17 Diabetes	M	5	..	..	..	3	..	2	2	..	..	..	1	..	1
	F	11	..	..	..	2	2	7	5	..	..	..	..	1	4
18 Intra-cranial vascular lesions	M	95	..	..	..	..	20	75	105	..	..	..	..	17	88
	F	182	..	..	..	1	38	143	115	1	..	..	2	22	90
19 Heart disease ..	M	373	..	..	..	9	82	282	268	..	1	..	10	63	194
	F	404	..	..	4	9	74	317	258	..	..	..	5	31	222
20 Other diseases of the circulatory system	M	57	..	..	..	..	10	47	37	..	..	..	..	1	36
	F	48	..	..	..	1	1	46	38	..	..	..	..	1	37
21 Bronchitis ..	M	67	4	2	1	1	20	39	34	..	2	2	1	10	16
	F	44	1	..	1	1	4	37	32	1	..	..	..	2	29

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS						
		All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-
22 Pneumonia ..	M	49	11	1	..	4	18	15	26	5	..	..	1	6	14
	F	32	9	1	..	2	7	13	21	4	2	..	4	4	7
23 Other respiratory diseases	M	16	..	1	..	2	7	6	14	1	..	..	2	2	9
	F	10	1	..	..	..	5	4	11	1	..	..	1	..	9
24 Ulceration of stomach or duodenum	M	21	..	..	..	4	8	9	12	..	..	..	4	3	5
	F	4	..	..	..	1	1	2	4	..	..	..	..	1	3
25 Diarrhoea under 2 years	M	2	1	1	..	..	..	..	..	..	..	..	..	..	..
	F	3	3	..	..	..	..	..	2	2	..	..	..	..	..
26 Appendicitis ..	M	4	..	..	1	..	1	2	5	..	..	2	..	2	1
	F	2	..	..	..	..	..	2	1	..	..	..	1	..	..
27 Other digestive diseases	M	27	1	1	2	1	7	15	20	..	..	..	4	6	10
	F	25	3	1	..	4	5	12	25	1	1	..	2	6	15
28 Nephritis	M	47	..	..	..	5	11	31	40	..	1	..	4	5	30
	F	43	..	..	..	3	13	27	25	..	..	..	..	8	17
29 Puerperal and post-abortive sepsis	F	3	..	..	..	3	..	..	..	..	..	..	..	..	..
30 Other maternal causes	F	6	..	..	..	6	..	..	10	..	..	..	10	..	..
31 Premature birth ..	M	29	29	..	..	..	..	..	16	16	..	..	..	..	..
	F	15	15	..	..	..	..	..	15	15	..	..	..	..	..
32 Congenital malformations, birth injury, infantile disease	M	35	32	..	3	..	..	..	22	16	3	..	1	2	..
	F	25	23	1	..	1	..	..	15	11	1	1	1	1	..
33 Suicide	M	14	..	..	..	3	6	5	8	..	..	..	..	4	4
	F	4	..	..	..	1	..	3	7	..	..	..	4	3	..
34 Road Traffic accidents	M	16	..	1	1	8	3	3	13	..	2	1	5	2	3
	F	5	..	..	3	..	..	2	3	..	1	1	..	1	..
35 Other violent causes ..	M	31	1	1	1	15	5	8	19	1	2	..	2	9	5
	F	24	3	..	1	1	5	14	20	4	2	1	1	..	12
36 All other causes ..	M	102	5	1	4	10	22	60	67	2	..	..	5	7	53
	F	79	5	1	1	18	14	40	84	1	..	..	8	17	58

The principal causes of death in the county during 1946 were as follows, the figures for the previous year and for 1938 being also given.

	1938	1945	1946
Influenza	65	21	45
Heart disease	1,707	1,286	1,303
Other circulatory diseases	273	155	180
Bronchitis	96	213	177
Pneumonia (all forms)	215	156	128
Congenital debility, malformations and premature birth	157	176	172
Tuberculosis of the respiratory system ..	142	138	132
Tuberculosis (other forms)	48	47	48
Cancer, malignant disease	569	593	581
Intra-cranial vascular lesions	308	505	497
Nephritis	116	128	155

The position in the various sanitary districts is shown in the following tabular statement.

Deaths in Sanitary Districts from the seven chief causes.

DISTRICT.	Cancer.		Heart disease.		Respiratory not tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis Non-pulmonary.		Other circulatory diseases.		Intra-cranial vascular lesions.	
	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 ..	49	1.58	74	2.39	34	1.10	24	.77	8	.26	21	.68	36	1.16
2. Guisborough ..	12	1.46	29	3.53	14	1.70	4	.49	1	.12	3	.37	7	.85
3. Loftus ..	16	2.30	28	4.03	10	1.44	..	..	..	..	5	.72	13	1.87
4. Malton ..	9	2.29	21	5.35	2	.51	2	.51	..	..	1	.25	12	3.06
5. Northallerton ..	7	1.48	35	7.42	4	.85	3	.64	..	..	5	1.06	8	1.70
6. Pickering ..	8	2.08	18	4.68	4	1.04	..	..	..	..	..	..	5	1.30
7. Redcar ..	46	1.78	74	2.86	33	1.28	9	.35	6	.23	24	.93	34	1.32
8. Richmond ..	12	2.03	8	1.35	4	.68	1	.17	..	..	4	.68	11	1.86
9. Saltburn and Marske ..	10	1.41	33	4.65	4	.56	4	.56	1	.14	8	1.13	10	1.41
10. Scalby ..	12	2.32	19	3.67	1	.19	1	.19	..	..	1	.19	9	1.74
11. Scarborough ..	97	2.35	258	6.25	44	1.07	11	.27	7	.17	21	.51	67	1.62
12. Skelton & Brotton ..	21	1.68	52	4.16	23	1.84	5	.40	..	..	5	.40	16	1.28
13. Thornaby-on-Tees ..	35	1.59	72	3.27	37	1.68	22	1.00	5	.23	6	.27	25	1.13
14. Whitby ..	23	2.24	56	5.44	4	.39	4	.39	2	.19	1	.10	24	2.33
Total Urban ..	357	1.89	777	4.12	218	1.15	90	.48	30	.16	105	.56	277	1.47
B.—RURAL.														
1. Aysgarth ..	8	2.28	12	3.42	4	1.14	..	..	..	..	2	.57	8	2.28
2. Bedale ..	13	1.95	26	3.89	8	1.20	..	..	..	..	1	.15	12	1.80
3. Croft ..	5	2.39	7	3.34	3	1.43	..	..	..	..	..	..	3	1.43
4. Easingwold ..	20	1.93	43	4.15	7	.68	2	.19	..	..	2	.19	23	2.22
5. Flaxton ..	20	1.24	50	3.09	16	1.00	8	.49	1	.06	7	.43	24	1.48
6. Helmsley ..	9	1.81	23	4.62	4	.80	1	.20	3	.60	2	.40	6	1.21
7. Kirbymoorside ..	7	1.60	14	3.21	4	.92	3	.69	2	.46	5	1.15	8	1.83
8. Leyburn ..	8	1.31	22	3.59	5	.82	3	.49	3	.49	2	.33	9	1.47
9. Malton ..	9	1.58	18	3.16	7	1.23	..	..	1	.18	2	.35	5	.88
10. Masham ..	3	1.69	6	3.38	2	1.13	..	..	..	..	2	1.13	4	2.25
11. Northallerton ..	13	1.62	21	2.62	9	1.12	3	.37	1	.12	11	1.37	6	.75
12. Pickering ..	10	1.88	30	5.63	8	1.50	..	..	..	..	..	..	9	1.69
13. Reeth ..	2	.98	2	.98	1	.49	..	..	..	..	3	1.47	8	3.92
14. Richmond ..	13	1.06	24	1.96	9	.74	5	.41	..	..	7	.57	13	1.06
15. Scarborough ..	19	2.60	32	4.37	2	.27	2	.27	..	..	4	.55	9	1.23
16. Startforth ..	10	2.40	25	6.01	3	.72	1	.24	1	.24	6	1.44	5	1.20
17. Stokesley ..	18	1.09	51	3.09	18	1.09	6	.36	2	.12	9	.55	15	.91
18. Thirsk ..	14	1.17	56	4.69	7	.59	3	.25	2	.17	4	.34	23	1.93
19. Wath ..	3	1.50	5	2.50	1	.50	..	..	..	..	..	..	..	..
20. Whitby ..	20	1.70	59	5.00	20	1.70	5	.42	2	.17	6	.51	30	2.54
Total Rural ..	224	1.57	526	3.68	138	.96	42	.29	18	.13	75	.52	220	1.54
Administrative County ..	581	1.75	1303	3.93	356	1.07	132	.40	48	.14	180	.54	497	1.50

Cancer, Malignant Disease.

Cancer once again was responsible for approximately six hundred deaths in the Riding and the following tabular statement shows the position for the last ten years.

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.
1937	529	308	221	1.59	1.66	1.50	1.63
1938	569	335	234	1.71	1.80	1.59	1.66
1939	549	301	248	1.61	1.59	1.63	1.67
1940	569	330	239	1.69	1.78	1.58	1.72
1941	547	308	239	1.67	1.74	1.59	1.77
1942	528	296	232	1.65	1.70	1.58	1.83
1943	549	327	222	1.73	1.90	1.53	1.90
1944	546	332	214	1.73	1.90	1.52	1.90
1945	593	352	241	1.89	1.99	1.76	1.94
1946	581	357	224	1.75	1.89	1.57	1.84

It is generally assumed that an increase in mortality from cancer is associated with an increasing incidence of the disease. This is partly due to the fact that cancer is essentially a disease of later life when sudden abnormal cell-growth may start and be unnoticed for a comparatively long time. The site of a cancerous growth obviously has a material bearing on its detection; a cancer of the intestine will only be diagnosed, as a rule, when symptoms of obstruction supervene, whereas a comparatively small infiltration of the tongue will make itself obvious to the sufferer. The very real difficulty in dealing with cancerous conditions is the question of early diagnosis: any research student who discovers a means of indicating that somewhere an uncontrolled growth of epithelial tissues has begun will render a priceless service to humanity.

The interim arrangements made under the Cancer Act, 1939, previously described, continued to operate well during the year under review. 56 persons were treated under this scheme, at the cost of the County Council, at the E.M.S. Hospital, Shotley Bridge, four at the Newcastle City General Hospital; all of these patients were allocated beds by the Director of the North of England Cancer Organisation.

In addition 34 patients were treated by radiotherapy at the Leeds General Infirmary under the informal arrangements available there. The formation of a Yorkshire Cancer Organisation similar to that in the Newcastle area was postponed in view of the passing of the National Health Service Act, 1946.

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 244—a decrease of 65 compared with the previous year. The infantile mortality rate of 36.5 compares with 55.1 for the previous year and 43 for England and Wales.

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

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
1937 ..	59.3	56.4	58.1	58.0
1938 ..	51.1	53.0	51.9	53.0
1939 ..	54.9	48.9	52.3	50.0
1940 ..	51.6	43.9	48.1	55.0
1941 ..	61.6	53.6	58.0	59.0
1942 ..	52.4	49.8	51.2	49.0
1943 ..	56.7	52.2	54.7	57.5
1944 ..	41.7	41.1	41.4	46.0
1945 ..	55.6	54.4	55.1	46.0
1946 ..	40.1	31.5	36.5	43.0

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

	1943	1944	1945	1946
Congenital debility, premature birth, malformation, etc. ..	165	140	170	157
Diarrhoea	23	21	27	6
Pneumonia	43	33	48	29
Bronchitis	14	13	17	6
Whooping cough	7	4	1	6
Measles	—	—	2	—

The largest group shows a decrease in number compared with 1945 ; 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. Unfortunately, there is a serious nation-wide shortage of maternity hospital beds, principally due to the shortage of midwives.

In regard to the midwifery service, many improvements have been made by the County Councils' scheme under the Midwives Act, 1936, under which scheme the Riding was completely covered by a domiciliary midwifery service. The principal difficulty experienced during the year was the shortage of midwives for district work and for relief duties.

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 7 deaths of children under 2 years of age where the cause was registered as diarrhoea ; of this number 5 occurred in urban districts and 2 were in rural districts. During 1945, the total number of deaths from this cause was 28.

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

	1940	1941	1942	1943	1944	1945	1946
Deaths	21	11	29	26	21	28	7
Deaths per 1,000 births	4.0	2.0	5.2	4.7	3.3	5.0	1.1

Measles.

There was 1 death from this cause during the year, compared with 6 deaths in the previous year. The following show the deaths ascribed to measles for the past few years :—

	1939	1940	1941	1942	1943	1944	1945	1946
Deaths ..	18	3	15	6	10	2	6	1

Whooping Cough.

The number of deaths from whooping cough during 1946 was 11, compared with 2 for 1945 and 7 in 1944.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

In September 1943 the Medical Research Council came to an arrangement with the County Council for the use of six rooms in the County Hall originally provided for veterinary and medical laboratory services, as an emergency public health laboratory. The county council and a number of county district councils have agreed to pay annually to the Medical Research Council a sum of money related to the cost of bacteriological examinations in a standard pre-war year : all examinations of pathological material necessary for public health purposes are carried out without a limit of numbers. This service has been widely used and much appreciated by the officers of the local authorities who have agreed to use it. The antigens necessary for diphtheria immunisation and lymph used for vaccination against smallpox are distributed by post from the laboratory throughout the North Riding.

The emergency public health laboratory at Northallerton also deals with specimens sent by officers of the county boroughs of Darlington and Middlesbrough ; it is affiliated to various special units such as those established for the typing of streptococci, and the vi-phage typing of typhoid group of organisms. The number of specimens handled by the pathologist and his staff in 1946 amounted to 11,056.

The examination of milk specimens by methylene blue and bacillus coli tests in the more westerly part of the Riding is also carried out in the County Hall : in the Whitby, Scarborough and Malton neighbourhood such specimens are sent by rail or by car to Dr. Fox Linton's laboratory at Albemarle Crescent, Scarborough. Specimens from venereal diseases clinics used by North Riding residents are sent to specially approved laboratories at :—

Scarborough, Leeds, Newcastle, and Guy's Hospital, London.

Ambulance Services.

At the end of the year under review the County Council had provided for their own purposes the following vehicles :—

(i) at Mount Pleasant, Northallerton.

One Austin ambulance.

One 20 h.p. Rolls Royce saloon.

(ii) at Guisborough Public Assistance Institution.

One Ford ambulance.

One 16 h.p. Austin saloon.

(iii) at Thornton Lodge Children's Sanatorium.

One 18 h.p. Armstrong Siddeley saloon.

The County Council in 1945 approved of the payment of grants to local authorities providing an ambulance service for accident and emergency cases other than the removal of cases of infectious diseases to hospital, on the following conditions :—

1. Grants shall normally be made only on application by the local authority which provides and maintains the ambulance service ; but no grant shall be made towards the cost of any subscription given by a local authority to a voluntary organisation in respect of ambulance provision.

2. Grants shall only be made in cases where the county medical officer is satisfied that there is a proved need for the service which is not met by any other body.

3. The grant shall be a sum not exceeding 50 per cent of the approved net ascertained cost of providing and maintaining each ambulance serving the area of the local authority making the application, provided that the maximum annual grant shall not exceed the sum of £200 per ambulance in a rural district or £500 per ambulance in an urban district.

4. The grant described in paragraph 3 above will be made by the county council subject to the condition that no charge will be made to persons normally resident in the district of the local authority (including persons for whose treatment the county council is financially responsible) for their transport or that of their dependants to or from any hospital, maternity home, sanatorium, nursing home or similar institution, situated within a distance not exceeding 80 miles of the patient's home.

5. These conditions shall be reviewed by the Public Health Committee of the county council at the expiration of one year.

The Borough of Redcar, the rural districts of Easingwold and Thirsk took advantage of this scheme ; other county district councils provided ambulance services either directly or otherwise but did not claim grants from the County Council because they desired to make charges (see condition No. 4 above) for the use of the ambulance. Most voluntary ambulance organisations also charged for the conveyance of patients if considered able to pay—modified charges were made and in certain cases a free service was given to subscribers.

Hospital Provision in the Riding.

I. GENERAL HOSPITAL TREATMENT.

During 1943 the County Council decided to authorise the admission to general hospitals administered by a local authority, of persons residing in the administrative county who were unable to obtain the medical or surgical treatment which they required at voluntary hospitals. During the year, 266 persons apart from the cases of cancer admitted under the arrangements described on page 20 were admitted to such hospitals and the cost of their in-patient care charged to the general county fund.

In accordance with the County Council's scale, recovery of the cost from the patient or from his liable relative was made in order to comply with the provisions of section 184 of the Public Health Act, 1936.

The following hospitals were used under these arrangements during the year 1946 :—

York City General	..	..	..	224 patients
Newcastle City General	..	..	..	23 patients
Shotley Bridge Emergency	..	..	..	6 patients
St. James', Leeds	..	..	..	9 patients
Middlesbrough General	..	..	..	2 patients
Hemlington E.M.S.	..	..	..	1 patient
Hammersmith L.C.C.	..	..	..	1 patient

II. VOLUNTARY HOSPITALS.

In 1946 the "voluntary" hospitals in the Riding apart from the Scarborough Hospital, the Eston Hospital and the Adela Shaw Orthopaedic Hospital at Kirbymoorside were all of the cottage hospital type. A certain amount of acute illness both of medical and surgical nature is treated in these smaller hospitals but a greater number of cases of acute illness is treated in hospitals outside the Riding in Darlington, Harrogate, Leeds, Middlesbrough and York. The hospitals in the Riding are as follows :—

Name of Hospital.	Address.	No. of beds.
Cleveland Cottage .. ..	.. Brotton ..	22
St. Monica's .. ..	.. Easingwold ..	6
Eston .. ..	.. Eston ..	60
Admiral Chaloner .. ..	.. Guisborough ..	18
*Adela Shaw Orthopaedic .. ..	.. Kirbymoorside ..	124
Malton and Norton District	.. Malton ..	26
Rutson .. ..	.. Northallerton ..	28
Stead Memorial .. ..	.. Redcar ..	11
Victoria .. ..	.. Richmond ..	8
Scarborough .. ..	.. Scarborough ..	140
Lambert Memorial .. ..	.. Thirsk ..	16
War Memorial Cottage .. ..	.. Whitby ..	20

Total number of beds	..	479
----------------------	----	-----

* For special cases only.

III. ISOLATION HOSPITALS.

The scheme of the county council under section 63 of the Local Government Act, 1933, came into force on the 1st April, 1938. Owing to war conditions and the uncertainty regarding the future administration of these hospitals the position, save as regards difficulties of staffing, little changed from that in 1938. The county health department co-ordinated the vacant beds and the patients requiring accommodation if such was not available in the hospital normally used by the authority of the area where the case was notified.

IV. SANATORIA.

The following table shows the sanatoria situated in the Riding with the respective accommodation available in 1946 :—

Name of Sanatorium.	Owner.	No. of beds.
Aysgarth	Private	56
Fairfield	York Corporation ..	63
*Morris Grange	County Council (partially destroyed by fire and unused since 1940)	60
Mowbray Grange	County Council	30
Poole Joint	North-Eastern combined authorities	300
*Thornton Lodge	County Council	40

* For children only.

INFIRMARIES.

V. PUBLIC ASSISTANCE.

Provision for chronic sick persons was made in the following infirmaries—the others being reserved for aged and infirm only :—

Name of Infirmary.	No. of beds.		Total
	Men.	Women.	
Guisborough	48	49	97
Northallerton	22	37	59
Scarborough	60	60	120
Whitby	26	26	52
Total No. of beds			328

Public Assistance—Medical Services.

In addition to the in-patient accommodation outlined above, the medical officers required to be appointed under statute (see list on pages 10, 11, 12 of this report) gave attendance in their homes to persons in receipt of public assistance and of supplementary pensions.

Nursing in the Home.

The eighty district nursing associations carried on their good work of providing a domiciliary nursing service.

Grants were made by the County Council to the county nursing association and to many of its affiliated district associations in aid of general nursing or nursing of the sick poor : other grants have been made in respect of midwifery, health visiting, school nursing and the nursing of tuberculous persons. The grants made have been repeatedly adjusted as the result of the various awards of the " Rushcliffe " committees and the total payments made in the financial year 1946-47 for these purposes to nursing associations exceeded £25,000.

Institutional Care of the Mentally Defective.

The work of the committee for the care of the mentally defective during the year was the subject of report to each quarterly meeting of the county council but the difficulty of housing all the defectives who required institutional care remained. In view of the improved ascertainment of defectives and the difficulty of placement of such persons in voluntary institutions, the committee for the care of the mentally defective made renewed representations to the Board of Control to be allowed to proceed with that part of their plan of development at Claypenny which would provide further ward blocks for the lower grades and for defectives affected by tuberculosis and other infectious conditions.

The buildings available in 1946 provided accommodation on the ordinary standard for 270 patients but owing to abnormal conditions 344 persons were, in fact usually housed therein. The following table gives an analysis of cases coming within the purview of the committee at the end of December, 1946.

In Claypenny Colony	..	371 (including 26 on licence).
In other institutions (including Rampton)	..	27 (6 being on licence).
On licence .. ..	..	32
Under guardianship ..	..	12
Under statutory supervision	..	196
Under voluntary supervision	..	347
		—
		985
		—

SANITARY CIRCUMSTANCES IN THE AREA.

Housing.

The rural district councils acting in conjunction with the County Council set up in 1945 a Rural Housing Advisory Committee, composed of :—

20 representatives—one from each rural district council ;

8 representatives from the North Riding County Council ;

and the members met quarterly and surveyed the position regarding new housing and the standards of existing houses in the administrative county.

The North Riding Rural Housing Advisory Committee in 1945 approved of a series of recommendations made by a technical sub-committee, which they established to report on the minimum standards to be adopted by the

officers of the rural district councils in carrying out their survey of existing houses for the working classes, in accordance with the instructions given by the Minister of Health.

Subsequently, the survey of dwelling houses suitable for occupation by persons of the working classes was commenced but had not been completed at the end of 1946. From the beginning of the survey to the end of September, 1946, 6,897 houses had been surveyed.

During the year under review the County Council made payments to the following councils under section 115 (2) of the Housing Act, 1936 :—

HOUSING ACTS—PAYMENTS OF GRANTS TO COUNTY
DISTRICT COUNCILS.

Local Authority.	Section 115 (2), Housing Act, 1936.	Number of Houses.
		1946
Croft R.D.C.	24
Easingwold R.D.C.	66
Flaxton R.D.C.	2
Helmsley R.D.C.	38
Malton R.D.C.	79
Masham R.D.C.	14
Pickering R.D.C.	10
Richmond R.D.C.	4
Scarborough R.D.C.	62
Wath R.D.C.	6
Whitby R.D.C.	4

and under the Housing (Financial Provisions) Act, 1938 to, :—

Croft R.D.C.	.. ..	24
Easingwold R.D.C.	.. ..	12
Flaxton R.D.C.	.. ..	4
Malton R.D.C.	.. ..	17
Northallerton R.D.C.	.. ..	14
Pickering R.D.C.	.. ..	4
Richmond R.D.C.	.. ..	6
Scarborough R.D.C.	.. ..	2
Startforth R.D.C.	.. ..	4
Stokesley R.D.C.	.. ..	12

Housing of Rural Workers.

The Housing (Rural Workers) Amendment Act, 1938, was not renewed under the Expiring Laws Continuance Act and consequently the scheme of reconstructing suitable properties for the purpose of providing residential accommodation for agricultural workers or persons of similar status came to an end in September, 1945.

Although the rural Housing Advisory Committee was invited by the Minister of Health to submit its observations on the cessation of this scheme and despite a strong representation to the Minister by the Committee urging the introduction of immediate legislation with a view to extending the operation of the Housing (Rural Workers) Act, nothing further transpired during the year under review.

The County Architect during the year issued certificates of completion of works under the Act in respect of 18 cottages.

The Ministry of Health Circular 118/46 dealing with the Housing (Financial and Miscellaneous Provisions) Act, 1946, was received intimating that under the Act the County Council would be required to make contributions of 30/- annually for 60 years towards the cost of the provision of houses approved by the Minister of Health for the agricultural population, instead of £1 annually for 40 years. The County Council delegated all their powers and duties under the Housing (Financial and Miscellaneous Provisions) Act, 1946, to the Public Health, Housing and Sanitary Committee except the power of levying or issuing a precept for a rate, or of borrowing money.

WATER SUPPLIES AND SEWERAGE.

A brief summary of the position as regards the Rural Water Supplies and Sewerage Act, 1944 at the end of 1946 is set out below :—

Rural Authorities.

AYSGARTH R.D.C.

£

Proposals in connection with the Addleborough Sub-Regional Water Scheme to supply the parishes of Thornton Rust, Woodhall, Cubeck, Worton, Bainbridge and Askrigg, were received during the year. Detailed plans were prepared and submitted to the County Council 10,900

A scheme to supply water to the parish of Countersett was also considered 910

Reports and plans on the proposals for an extension of the sewer at Carperby were received at the beginning of the year .. 295

Sewerage schemes for the parishes of West Burton, Aysgarth, Thoraby and Newbiggin, were also submitted by this Council during the year 21,240

BEDALE R.D.C.

Towards the end of the year, a sewerage scheme affecting the parishes of Theakston, Burneston and Carthorpe, was received by the County Council. The scheme has, however, been revised since the end of the year under review 23,000

CROFT R.D.C.

At the end of 1946 no proposals had been received from this council either in respect of water supplies or sewerage schemes.

EASINGWOLD R.D.C.

At the end of 1945 this district council was awaiting the results of preliminary steps for the promotion of a regional scheme for the supply of water to Easingwold, Flaxton, Helmsley, Kirbymoorside, Malton and Pickering rural districts. The proposals for this scheme were received early in January, 1946 and a public enquiry in relation thereto was subsequently held at Malton £ 60,587

A scheme to extend the water main at Sutton-on-Forest was also received during the year 2,808

A further scheme to extend the water main at Shipton-by-Beningbrough to provide water for 8 houses and future development in East Lane, was also submitted by this district council. 610

FLAXTON R.D.C.

A scheme for the extension of water supplies to serve the parishes of Wigginton, Claxton and Strensall was received from this Council. Later proposals were received in connection with No. 2 Regional Water Supply Scheme to supply the townships in the district 52,196

Early in January, a sewage disposal scheme for the Flaxton rural district was considered, but later in the year the proposals were amended and re-submitted by the Council 129,950

HELMSLEY R.D.C.

The Piethorne Scheme referred to in previous report was revised 13,000

KIRBYMOORSIDE R.D.C.

A joint water scheme for Kirbymoorside, Malton, Pickering and Easingwold was received (see Easingwold).

A Scheme of water supply to serve scattered farm houses and cottages in the Parish of East Farndale was received 1,852

LEYBURN R.D.C.

Plans relating to proposals for a water supply at East Hauxwell were forwarded by the council, and also a supplementary report regarding the extension of the Cocked Hat supply to Thornton Steward 625 890

A scheme to extend the Middleham sewerage in the Busks area was received towards the end of December 1,325

MALTON R.D.C.

Proposals for a sewerage and sewage disposal scheme in the village of Welburn were received, and also a revised scheme in respect of the parishes of Terrington, Sheriff Hutton, Huttons Ambo and Slingsby 4,456 6,337

MASHAM R.D.C.

No proposals have been received from this Council.

NORTHALLERTON R.D.C.

The sewerage scheme for the townships of Brompton and Romanby which was under preparation at the end of 1945 was received £ 62,000

PICKERING R.D.C.

Proposals were received in connection with the existing water supplies to the parishes of Lockton and Levisham, in relation to a proposed water supply to Newton-on-Rawcliffe .. . 2,434

Schemes for sewerage affecting the following parishes were submitted during the year :—

Lockton	8,172
Cropton	4,592
Marton	3,050
Sinnington	5,490
Newton-on-Rawcliffe	3,165
Kirbymisperton	3,886

REETH R.D.C.

A regional water supply scheme was submitted to serve the whole of Swaledale, and also a further scheme to supply Langthwaite .. . 40,870
950

The following sewerage schemes were considered during the year :—

Arkengarthdale Sewerage Scheme (Langthwaite and Arkle Town)	4,600
Reeth, Fremington and Grinton Joint Sewerage Scheme ..	6,786
Healaugh Sewerage Scheme	2,800
Keld Sewerage Scheme	1,734
Thwaite Sewerage Scheme	2,893
Low Row and Feetham Joint Sewerage Scheme ..	8,918
Marrick Sewerage Scheme	3,735

RICHMOND R.D.C.

Proposals regarding a scheme of water supply known as the "Crumma" Scheme was submitted by the Council .. . 12,000

A scheme regarding the Brompton-on-Swale—Catterick Bridge Sewerage Works was submitted, and an application was made by the rural district council to the Ministry of Health for financial assistance under the Rural Water Supplies and Sewerage Act, 1944, but such application was refused .. . 6,800

SCARBOROUGH R.D.C.

A scheme for the provision of a water supply for Ravenscar which was being examined by the county council's consultants at the end of 1945, was finally submitted in November, 1946 .. . 9,750

A scheme for the extension of the Burniston and Cloughton Water Supply mains to serve two properties lying in the boundary between the Scalby urban district and Burniston in the Scarborough rural district, was received.

Proposals for a sewerage scheme for Cayton, Seamer, Irton (including Osgodby and Crossgates) were submitted by the council £ 54,485

Revised plans for a combined scheme of sewage disposal for East & West Ayton, Hutton Buscel, Ruston and Wykeham were also received 25,378

A report and plans were submitted from the Council on a scheme for sewerage and sewage disposal for the parishes of Lebberston and Gristhorpe 7,072

STARTFORTH R.D.C.

Consequent upon a Local Inquiry held by the Ministry amended proposals were submitted in connection with the Cotherstone Sewage Disposal Works 6,400

STOKESLEY R.D.C.

No proposals were received from this council during the year.

THIRSK R.D.C.

A scheme for sewerage and sewage disposal was received from this rural district council which provided for 26 parishes in the area 71,571

WATH R.D.C.

No proposals were received from this council during the year.

WHITBY R.D.C.

No proposals were received from this council during the year.

Urban Authorities.

SKELTON AND BROTON U.D.C.

Proposals for the improvement of the Moorsholm Water Supply were received from this council. The proposals were later amended however, and re-submitted in 1947 3,400

During the year water schemes involving an estimated expenditure of £213,782 and sewerage schemes estimated to cost £410,130 were received. The proposals in each case were examined by the county officers concerned and the County Consultants, and the County Council's observations thereon were sent to the local authorities.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs Act, 1938, etc.

The sampling and examination comprise articles obtained under the Food and Drugs Act, 1938, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943, Public Health (Preservatives in Food) Regulations, 1925-1940 and Orders made under the Defence (Sale of Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

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 Number of Samples taken.		Number Adulterated.		Number Inferior.		False Description.
1945	1946	1945	1946	1945	1946	1946
721	775	4	10	22	22	1

The figures for 1945 are given for the purpose of comparison.

Adulteration or inferior quality was found upon analysis of these samples :

	No. of samples taken	No. adulterated.	No. inferior.	False description.
Milk	355	10	21	—
Sausage	5	—	1	—
Unrationed Fat ..	1	—	—	1

Milk Supplies.

MILK AND DAIRIES ORDER, 1926.

The following table is based on figures supplied by the Divisional Inspector, Animal Division, Ministry of Agriculture and Fisheries :—

Year.	No. of herds inspected.	No. of cattle inspected	No. of suspected animals dealt with under the Tuberculosis Order, 1938.
1946	6,054	65,119	176
1945	5,645	59,563	184
1944	3,696	38,590	243
1943	4,386	42,692	264
1942	3,991	34,120	237
1938	5,103	50,530	226

In 1946, no case was reported where living tubercle bacilli had been found in samples of milk produced on premises in the Riding.

TUBERCULOSIS (ATTESTED HERDS) SCHEME.

1939	1940	1941	1942	1943	1944	1945	1946
377	457	449	413	379	361	348	359

The above shows the number of certificates of attestation in force at the end of the years stated.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-1946.

In January, 1936, there were only 6 tuberculin-tested and 54 Grade A herds in the Riding but during the next three years (preceding the outbreak of hostilities) the number of licensed producers of tuberculin-tested milk rose rapidly to 143, near which figure it remained almost stationary till the end of 1944 when an increase from 139 to 157 was noted: on the 31st December, 1946, the corresponding figure was 197. The number of producers of accredited milk (the successor of the former Grade A standard) rose from 54 at the end of 1935 to 182 at the end of 1937, fell slightly in 1938 to 169, rose again to 218 in 1940 and at the 31st December, 1946 was 192.

The Public Health, Housing and Sanitary Committee received reports on producers who had three successive failures in the methylene blue test and/or the coliform test and had given the producers concerned an opportunity of showing cause why the licence held should not be revoked. During 1946, 4 licences were revoked, in accordance with this procedure.

During the year, 54 premises were inspected by the county health inspectors with a view to granting licences. Samples of designated milks were taken by the same officers at intervals of about three months, more often when unsatisfactory conditions were found at inspections, or following failure of samples to pass the statutory tests. In all 2,128 tests were done on 1,323 samples of tuberculin-tested and accredited milk and the results of these tests are analysed in the following tabular statement:—

	Accredited				Tuberculin-tested			
	Methylene Blue		Coliform		Methylene Blue		Coliform	
	Passed.	Failed	Passed	Failed	Passed	Failed	Passed	Failed
Summer Standard	213 76.6%	65 23.4%	128 75.3%	42 24.7%	264 82.8%	55 17.2%	166 81%	39 19%
Winter Standard	348 93.3%	25 6.7%	211 95.9%	9 4.1%	333 94.3%	20 5.7%	200 95.2%	10 4.8%

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	..	23.7%	17.9%
Winter Standard	..	5.7%	5.3%

In addition to the above 46 milk samples were tested in connection with new applications for licences to produce designated milk.

The services of the county health inspectors were available 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 help was invariably welcomed by those who were genuinely trying to maintain a high standard.

MATERNITY AND CHILD WELFARE.

The county council were responsible in 1946 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 were autonomous, a close co-operation existed between them and the county council as their medical officers of health were associated with the health services of the county council.

The population of the county council's maternity and child welfare area was 252,335, *i.e.* an increase of 11,798 compared with the previous year. The total number of births registered in the area during the year has also shown an increase as compared with the previous year, the births for the year under review being 5,128 compared with 4,368 for 1945 and 4,829 for 1944.

The county council has continued its policy of developing the facilities for maternity and child welfare particularly in the rural districts and local voluntary organisations have assisted considerably in this policy. During the year 1946, new centres were established at Barningham and Castleton.

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 purpose of systematic examinations of pregnant women is to find any deformity or disease which may be harmful to the mother or child and the provision of proper treatment to eliminate or reduce the risks at, or immediately after, confinement. Every pregnant woman should receive ante-natal care sufficient to ensure that a difficult labour will be foreseen; frequent examinations should ensure early detection of any of the toxæmias of pregnancy. The measures taken include control of infections, and co-operation between the doctor and others having charge of the woman during pregnancy, labour and the lying-in period was fully encouraged.

The provision of proper facilities for the ante-natal care and supervision are best undertaken in association with a maternity department of a general hospital or a maternity hospital. Few such institutions exist in the Riding but as far as circumstances permit, arrangements were made for ante-natal examinations by the staff who conducted the labour *e.g.* at the county maternity units at Guisborough, Northallerton and Scarborough, at the East Riding maternity home at Westow near Malton, or at the maternity hospitals in Middlesbrough and York.

The ante-natal work of the domiciliary midwives has been supervised by the supervisor of midwives and her assistant and on the whole, this part of the work of these midwives has been well done.

The scheme of the Public Health Committee for ante-natal care and supervision falls under three headings, as follows :—

(i) SPECIAL ANTE-NATAL CLINICS.

There were, in the county council's area, 12 clinics held specially for ante-natal work. These clinics were held at—

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

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

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

At six 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. These centres were as follows :—

Beningbrough, Cayton, Haxby, Ormesby,
Stokesley and Yarm.

(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 those 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 on the recommendation of the medical officers of the ante-natal clinics and child welfare centres ; the scheme for the provision of dentures for expectant mothers in accordance with financial circumstances was used as far as practicable in the light of the shortage of dental personnel due to service recruitment in the preceding years.

The following table shows the attendances at the 18 ante-natal clinics in the Riding ; there was an increase in certain areas in the total number of mothers who attended and the total number of attendances made.

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	
Beningbrough ..	2	(..)	·2	(..)	2	(..)
Boosbeck ..	111	(137)	4·6	(5·7)	47	(49)
Brotton ..	156	(103)	6·0	(4·1)	48	(40)
Cayton ..	20	(4)	1·7	(·7)	9	(2)
Dormanstown ..	375	(271)	15·0	(11·3)	120	(101)
Grangetown ..	360	(304)	13·6	(12·2)	150	(123)
Guisborough ..	147	(71)	6·1	(2·8)	60	(27)
Haxby ..	18	(38)	1·4	(3·2)	10	(20)
Loftus ..	290	(250)	11·6	(9·6)	102	(84)
Marske ..	133	(68)	11·1	(5·7)	48	(27)
Northallerton ..	340	(263)	13·1	(10·1)	130	(70)
Ormesby ..	49	(43)	1·9	(1·7)	13	(16)
Redcar ..	960	(800)	18·8	(15·7)	320	(270)
Scalby ..	86	(20)	7·2	(1·7)	33	(10)
South Bank ..	592	(387)	11·8	(7·6)	203	(139)
Stokesley ..	61	(69)	2·5	(3·0)	23	(25)
Yarm ..	103	(122)	4·7	(5·3)	44	(40)
York .. (Huntington Road)	71	(80)	·5	(·5)	12	(9)
Total ..	3,874	(3030)	6·9	(5·6)	1,374	(1,052)

The figures in brackets are those of the previous year.

Post-Natal Services.

The following table shows the attendances of mothers at Redcar and South Bank 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 ..	45	(40)	3·5	(3·3)	43	(31)
South Bank ..	17	(20)	2·4	(1·7)	15	(20)
Total ..	62	(60)	2·5	(2·5)	58	(51)

The figures in brackets are those of the previous year.

Notification of Births.

The number of births notified to the county medical officer during the year was 4,414, compared with 3,763 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 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 78 births not notified during the year. The main reason for non-notification was a misunderstanding as to whose duty it was to notify. The Act imposes the obligation upon the father if he is residing in the house at the time, or upon any person in attendance at the time or called in within six hours of the birth.

Midwives Acts, 1902-1936.

The scheme made by the county council under the Midwives Act, 1936, provided for domiciliary midwifery to be undertaken by the district nursing associations, by county council midwives and, in one case, by a Welfare Council.

DISTRIBUTION OF MIDWIFERY WORK WITHIN THE SCHEME.

The scheme covered the area of the Riding for which the county council was the local supervising authority, *i.e.* administrative county less the borough of Scarborough. The distribution of the work within the scheme during 1946 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	103	—	61 $\frac{3}{8}$	$\frac{3}{4}$	2245	1119	3364
(ii) County nursing associations	3	—	2 $\frac{1}{2}$	—	47	28	75
(iii) Borough of Thornaby-on-Tees	6	6	6	—	288	153	441
(iv) Urban district of Whitby	2	—	2	2	56	41	97
Total ..	114	6	71 $\frac{7}{8}$	2 $\frac{3}{4}$	2636	1341	3977

* The third Welfare Council in the area is the borough of Richmond; the district nursing association undertakes the work there.

In 1946 the domiciliary births notified to the County Medical Officer under Section 203 of the Public Health Act, 1936, numbered 3,628 of which 2,292 were attended by County midwives and a further 1,147 by general practitioners with a County midwife assisting, the remaining 189 of the cases were undertaken by general practitioners and midwives in private practice. A further 786 babies were born in maternity and nursing homes in the administrative county. The balance of births shown in table 1 took place in the areas of other maternity and child welfare authorities including Scarborough, Richmond, Thornaby and Whitby.

Supervision of Midwives.

Midwives practising in the administrative county area during the year fully maintained their previous standard of work. The supervisor of midwives made regular visits to domiciliary midwives giving advice on the more recent methods of practice. Lectures arranged by the local branch of the Royal College of Midwives created additional interest within the service.

Relief Midwives.

It continued to be the duty of the County Council to provide a midwife for the confinement of a pregnant woman in her home, and arrangements had to be made for relief nurses to be available in the event of illness, infections, holidays, etc. The County Nursing Association acted as a bureau for this purpose and payments were made to the association for supplying relief midwives. These arrangements worked well on the whole, in spite of the shortage of personnel. Following an appeal to ex-district nurse-midwives, relief staff became available in slightly larger numbers. The assistance obtained helped considerably in times of stress and difficulty, particularly in those areas where married midwives volunteered to return temporarily to the service.

Many of the cars used by district nurse-midwives had become unreliable by this time, and to alleviate the position the County Council made a special grant to the County Nursing Association towards the purchase of new cars. The full benefit of this grant was not felt during the year under review owing to the scarcity of cars on the home market although priority delivery was obtained in some cases.

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. There are no "bona-fide" midwives left in this county and the following statement gives the number of midwives who notified their intention to practise in the Riding in 1946 (excepting the borough of Scarborough):

No. of Midwives	Employed as District Nurse	Trained—Independent	Employed as full-time domiciliary Midwives	Employed in County Council Institutions
195	153	25	7	10

The Minister of Health made, under section 6 of the Midwives Act, 1936, an Order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) Regulations, Regulation 33, the county council, as local supervising authority, has permitted certain midwives who had surrendered their certificates under the Midwives Act, 1936, to resume practice subject to their being employed on midwifery duties by or on behalf of the county council. The total number named in the county council's Order, renewed in August 1946 was 7: one was employed in Thornaby-on-Tees as a relief midwife and another at the county maternity home, Northallerton, to work under the supervision of the matron, an approved midwife-teacher. The services of the remaining five were not used by the county council.

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.

The following table shows the nature of some of the reports sent in by the county midwives, district nurse midwives and independent midwives during the year under review. The fall in the number of forms sending for medical help took place because of the appointment of a salaried part-time medical officer to the County Maternity Home, Northallerton, on the 1st April, 1945

	1940	1941	1942	1943	1944	1945	1946
Sending for medical help ..	1,299	1,593	1,593	1,699	2,085	1,205	1,333
Still-births ..	47	62	55	39	34	45	35
Rise of temperature ..	38	36	43	41	39	29	54
Death of mother ..	1	1	3	—	2	2	2
Death of infant ..	23	29	30	24	22	14	22
Laying out dead body ..	36	42	38	39	21	25	27
Artificial feeding ..	61	73	80	60	61	60	89
Liability to be a source of infection ..	155	168	153	129	156	134	120

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

During pregnancy ..	375
During labour ..	743
During lying-in period ..	88
In respect of child ..	127

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 120 notifications were

received from midwives for this reason, the majority being in respect of attendance on patients suffering from "rise of temperature" in the puerperium, and discharge from the eyes of infants.

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 19, of which 15 occurred in the county council's area for maternity and child welfare, while 4 occurred in an area autonomous for that purpose

Of the 19 deaths, 3 were attributable to puerperal sepsis and 16 were assigned to other diseases and accidents of pregnancy; during 1945, there were 14 maternal deaths of which 5 were due to puerperal sepsis and 9 to other causes.

The rate per 1,000 total (live and still) births was 2.78, compared with 2.42 for the previous year. The rate for England and Wales was 1.43.

PUERPERAL SEPSIS—

Eston U.D.	..	1
*Scarborough Borough	..	1
*Whitby U.D.	..	1
		—
		3
		—

OTHER PUERPERAL CAUSES—

Eston U.D.	..	3
Loftus U.D.	..	1
*Scarborough Borough	..	1
*Thornaby Borough	..	1
Aysgarth R.D.	..	1
Bedale R.D.	..	1
Croft R.D.	..	1
Flaxton R.D.	..	1
Kirbymoorside R.D.	..	1
Richmond R.D.	..	1
Scarborough R.D.	..	1
Thirsk R.D.	..	1
Whitby R.D.	..	2
		—
		16
		—

* Autonomous area for maternity and child welfare.

County Maternity Home Accommodation.

During 1945 the county council purchased Mount Pleasant, which had been used as an emergency maternity home for evacuees from London, the Hartlepoons and other areas during the war and agreed to re-equip, modernise and redecorate it for use as a county maternity home. The re-equipment was completed in 1946 and the re-organisation of the heating, lighting and sewerage arrangements will be carried out as soon as practicable. Nine beds were also provided in the infirmary block at the Guisborough Institution

owing to the pressure on the maternity hospital accommodation in Middlesbrough. A similar unit had been provided in Scarborough in 1943 to relieve the pressure on the bed accommodation in the maternity ward of the Scarborough Hospital. Unfortunately, owing to staffing difficulties, the accommodation provided in the last named unit was not fully used during the year.

Maternity Hospitals.

The types of cases admitted to maternity hospitals and homes were those in which there was some condition complicating pregnancy, or some obstetrical difficulty or where the home conditions were unsuitable for the confinement.

The total number of patients admitted under arrangements made by the county public health department amounted to 908 as compared with 659 for 1945. The comparable figure in 1938 was 133.

Name of Hospital	No of patients admitted during 1946
Middlesbrough Municipal Maternity Hospital	146
York Maternity Hospital	39
Greenbank Municipal Maternity Hospital, Darlington	35
County Maternity Home, Mount Pleasant, Northallerton	227
County Maternity Home, Guisborough	163
Whitby and District War Memorial Cottage Hospital	1
Harrogate and District General Hospital	42
County Maternity Home, Scarborough	62
Scarborough Hospital	28
County Maternity Home, Whitby	2
Westow Croft Maternity Home, Westow, Malton	162
York City General Hospital	1

In addition to this hospital service, consultant obstetricians at Middlesbrough, Scarborough and York were available for consultation at the request of general practitioners at the homes of maternity patients.

Home Helps.

The Public Health Committee, during the year 1938 approved a scheme for the provision of "home helps." Owing to the high demand for female labour in other occupations only two patients were provided with a "home help" under the official scheme during 1946, though many patients made their own arrangements.

Emergency Units.

A unit consists of an obstetric surgeon and a trained nurse and it is so organised that it can proceed at short notice to an obstetrical emergency in a patient's home. Two such teams are available: seven patients received blood transfusions in their homes in addition to four whose doctors called for the services of a consulting obstetrician.

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, 43 cases of puerperal pyrexia were notified; of this number, 13 were removed to hospitals: 24 were from the county council's area for maternity and child welfare.

Those admitted to hospital were received at Eston Isolation Hospital, York City General Hospital, Darlington Isolation Hospital, West Lane Isolation Hospital, Middlesbrough and Whitby Isolation Hospital.

The distribution of the cases was as follows:—

PUERPERAL PYREXIA.

Eston U.D. 8, Guisborough U.D. 3, Scarborough Borough 11, Skelton and Brotton U.D. 7, Thornaby Borough 2, Whitby U.D. 1, Aysgarth R.D. 1, Easingwold R.D. 3, Flaxton R.D. 1, Kirbymoorside R.D. 1, Richmond R.D. 1, Startforth R.D. 1, Stokesley R.D. 1, Whitby R.D. 2.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

The effect of these 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, however slight. During the year, 6 cases were reported; treatment was provided at home. All the notified cases recovered completely.

The particulars given below show the number of notifications during the past 8 years:—

1939	1940	1941	1942	1943	1944	1945	1946
20	10	9	8	14	10	5	6

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

During the year 1 application was 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 15 premises approved for the purpose of nursing homes. Regular visits of inspection were carried out by the authorised persons.

During the year 5,128 births were notified from the area for which the county council is the welfare authority. The births notified within the autonomous areas, namely the boroughs of Richmond, Scarborough, and Thornaby, and the urban districts 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, compared with 1945, the figures for which are in brackets :—

Number of births notified from areas served by county health visitors or transferred to such areas ..				5,128	(4,368)
Number of first visits				4,729	(4,420)
Number of re-visits to children under 1 year ..				16,616	(16,717)
" " " 1-2 years ..				11,131	(10,178)
" " " 2-3 years ..				9,117	(9,294)
" " " 3-4 years ..				7,902	(7,043)
" " " 4-5 years ..				6,305	(5,756)
Number of ante-natal visits (first visits) ..				2,409	(1,852)
" " " (total visits) ..				11,231	(9,705)
Number of special visits				1,796	(1,568)
Number of stillbirths investigated				52	(66)
Number of deaths under 1 year investigated ..				77	(85)
Number of cases of ophthalmia neonatorum investigated				7	(5)

During 1946, 4 district nurses were awarded scholarships to enable them to sit for the health visitors certificate. All candidates were successful in obtaining the certificate.

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	60
Tonsils and Adenoids	6
Defective Hearing	16

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 Section 206 of the Public Health Act, 1936 :—

1. NOTIFICATION.

No. of foster-parents on the register :—

(a) At commencement of year	29	(39)
(b) At end of year	23	(29)

No. of children on register :—	..	..
(a) At commencement of year	..	..	33	(46)
(b) At end of year	..	..	27	(33)
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	..	..	21	(15)
Female visitors other than health visitors			1	(1)
Male visitors	..	..	—	—
Total No. of visits made during the year	..		204	(295)

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 such 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 254, as against 235 in the previous year. First attendances were made by 149 children as compared with 141 during 1945: the total number of attendances was 673.

Admission to the Adela Shaw Orthopaedic Hospital, Kirbymoorside, was arranged in respect of 7 children under the age of 2 years because of non-tubercular crippling defects.

Crippling conditions in children under the age of 2 years, and where the cause is other than tuberculosis, within the boroughs of Richmond, Scarborough and Thornaby, and the urban district of Whitby, are dealt with by these authorities under their maternity and child welfare schemes.

The average duration of stay in hospital of the 7 children admitted at the instance of the Public Health Committee was 78 days.

Care of Illegitimate Children and their Mothers.

Reference was made in the report for 1945 to the opening of Heworth Moor House, York, as a hostel for unmarried mothers and their children: 52 girls were admitted during the year from the North Riding and a payment of £1,012 was made towards the deficit in the funds of the York Diocesan Association for Moral Welfare. In addition the following grants were made to the undermentioned branches who employed a part-time or whole-time welfare worker.

				£
East Cleveland	..	..	..	100
Scarborough	..	..	..	263
Middlesbrough	..	..	..	25

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

The number of infectious diseases notified to the local medical officers of health of the several sanitary districts during 1946 is given in table 3 on page 66.

Smallpox.

One case was notified in the borough of Scarborough, the patient being a member of H.M. Services who had left Naples seventeen days previously. He was removed to hospital where a diagnosis of varioloid (modified smallpox) was made. Due precautions were taken and no further cases occurred.

Enteric Fever.

Four cases were notified: three were treated in hospital, one isolated at home. The urban districts of Guisborough and Loftus had one case each and the borough of Scarborough two cases.

Scarlet Fever.

With the exception of Scalby U.D. and the rural districts of Masham and Pickering, cases were notified in every sanitary district; Eston U.D. received 97 notifications; the boroughs of Redcar 68, Scarborough 49, Thornaby 114, the urban district of Skelton and Brotton 16 and the rural districts of Flaxton 29, Leyburn 19, Richmond 21, Stokesley 25. The total for the Riding was 608 as against 713 for 1945.

Diphtheria.

Notifications were received in respect of 83 cases as compared with 161 in 1945, and 219 in 1944. The largest number of cases occurred in Eston U.D. and the boroughs of Thornaby and Redcar.

Cerebro-Spinal Fever.

Six notifications were received in 1946 as against 14 in the previous year. The distribution of cases is shown in the table: the case mortality of this disease has been much reduced by chemotherapy *e.g.* the use of sulphathiazole and penicillin.

Ophthalmia Neonatorum.

Six notifications were received: all were treated at home and made a good recovery. There was no loss of sight or impairment of vision in the case of these six babies.

Puerperal Pyrexia.

There were 43 notifications: 22 patients were treated in hospital. Three patients died from puerperal fever and post abortive sepsis during the year under review.

Dysentery.

Fourteen cases were reported, 9 in Pickering U.D. and 1 each in Redcar Borough, Whitby U.D. and the rural districts of Pickering, Reeth, and Whitby.

Encephalitis Lethargica.

No notification was received during the year.

Anterior Poliomyelitis.

Two notifications were received, one from Whitby U.D. and one from Flaxton R.D. One case was treated in hospital and one at home.

Measles.

The total number of measles cases notified during the year was 1,233: there was one death. Out of a total of 329 primary schools none was closed because of the prevalence of this epidemic. Fortunately, few cases were complicated by broncho-pneumonia or by ophthalmia.

The death rate from this disease and other notifiable diseases is shown in table 4 on page 67.

VENEREAL DISEASES.

During 1946 the following official centres were available in the Riding or its immediate vicinity for the diagnosis of suspected venereal disease and for the treatment, without cost to the patient, of syphilis, gonorrhoea and soft chancre:—

Darlington. Health Department, Greenbank, Darlington.

MALES. Tuesdays 10-12 noon; Tuesdays and Fridays 5-30 to 7 p.m.

FEMALES. Mondays, Tuesdays Wednesdays and Fridays 2 to 4 p.m.

Harrogate. Harrogate and District General Hospital.

MALES. Tuesdays 5 to 7 p.m.

FEMALES. Thursdays 5 to 7 p.m.; Tuesdays 2 to 4 p.m.

Leeds. General Infirmary.

MALES. Monday to Saturday (inclusive) 10 a.m. to 12 noon; Mondays Wednesdays and Fridays 2 to 4 p.m. and 5 to 7 p.m.; Tuesdays 2 to 3 p.m.

FEMALES. Mondays 2 to 3 p.m.; Thursdays 2 to 3 p.m. and 5-30 to 7 p.m.

CHILDREN 5 years and over. Tuesdays 5-30 to 7 p.m.; Under 5 years, Fridays 2 to 3 p.m.

Middlesbrough. General Hospital, Ayresome Green Lane.

MALES. Mondays, Wednesdays and Fridays, 9-30 a.m. and 5-30 p.m.

FEMALES AND CHILDREN. Tuesdays 5-30 p.m.; Thursdays 2-30 p.m.

Scarborough. New Hospital, Scalby Road,

MALES. Tuesdays 4-30 p.m.; Fridays 7 p.m.

FEMALES. Mondays 4-30 p.m.; Thursdays 9-30 a.m. and 4-30 p.m.

Stockton-on-Tees. Stockton and Thornaby Hospital.

MALES. Tuesdays and Fridays 5 p.m.

FEMALES. Tuesdays and Fridays 2 p.m.

York County Hospital.

MALES. Mondays 3 to 4 p.m.; Thursdays 6 to 7 p.m.; Fridays 7-30 to 8-30 p.m.

FEMALES AND CHILDREN. Wednesdays 3 to 4 p.m.; Fridays 6 p.m.

In-patient treatment was available at the hospitals already named above and at the Hope Hospital, Leeds. At the latter hospital, female patients who are homeless or who cannot be treated as out-patients are accommodated: this category included single girls who were pregnant and infected with venereal disease. This useful provision was of value in the rehabilitation of such unmarried mothers as well as providing medical attention for the venereal infection of the patients and their unborn babies.

The following table sets out the number of new cases attending the various special centres for diagnosis and treatment during the seven years named:—

	Disease	Year						
		1940	1941	1942	1943	1944	1945	1946
A.—Number of North Riding patients attending for the first time.	Syphilis ..	42	61	56	49	81	73	138
	Gonorrhoea ..	135	144	119	120	136	167	203
	Soft Chancre ..	1	1	..	3	2	4	4
	Conditions other than venereal	215	250	157	242	260	328	405
	Total ..	393	456	332	414	479	572	750
B.—Total number of attendances		11112	9860	9012	8900	9620	9159	9716

Details of the work of the individual clinics as far as the treatment of North Riding patients is concerned are given in the following summary:—

	Year	York County Hospital	Leeds General Infirmary	Darling- ton General Hospital	Stockton and Thor- naby Hospital	Scarbro' Hospital	Middles- brough General Hospital	Harro- gate District General Hospital
Number of North Riding patients treated for the first time.	1940	18	..	33	68	222	50	2
	1941	27	..	32	61	288	46	2
	1942	34	1	32	76	131	44	14
	1943	41	1	43	81	148	97	3
	1944	55	..	52	74	192	104	2
	1945	49	4	61	71	195	181	11
	1946	90	4	84	98	181	288	5
Total number of attendances of North Riding Patients	1940	829	51	560	1,844	6,433	1,391	4
	1941	820	29	579	1,302	6,371	751	8
	1942	541	46	480	1,542	4,195	835	1,373
	1943	501	44	442	1,460	5,210	1,227	17
	1944	692	46	455	1,300	5,581	1,507	39
	1945	708	50	531	1,023	4,716	1,965	166
	1946	1,044	81	1,063	943	4,186	2,291	108

In addition, the scheme for the treatment of uncomplicated cases of venereal disease by certain approved general practitioners was continued during 1946 and the number of cases treated in the years 1944, 1945 and 1946 is shewn below :—

	Disease.	1944	1945	1946
Civilians attending for the first time during the year.	Syphilis	16	7	11
	Gonorrhoea ..	14	10	11
	Non-Venereal conditions.	63	46	37
Service cases attending for the first time during the year.	Syphilis	5	..	..
	Gonorrhoea ..	..	..	..
	Non-venereal conditions.	..	..	..
	Total attendances ..	652	363	441

Regulation 33B.

This regulation provides for notification to the county medical officer of contacts of clinical cases of venereal disease and where a person is named as the source of infection by two patients independently, compulsory examination can be arranged. Any person so named who fails to attend for examination or fails to continue treatment as long as necessary can be prosecuted.

Only one person was notified by two patients and the contact was found and persuaded to undergo examination and treatment. No prosecutions were undertaken.

In addition, 18 persons were notified by individual patients (single notifications) and in every case where the particulars supplied were adequate, an attempt was made by the health visitors to trace the contacts. Compulsory steps were not possible in such cases but out of the 12 contacts who were traced, 6 were persuaded to have a medical examination and treatment if the latter proved to be necessary.

BLIND PERSONS ACT, 1920—1938.

The county council is the statutory authority in the Riding for the operation of these Acts and on the council's register of blind persons there were 734 names on the 31st December, 1946. All these persons have been examined by an ophthalmic surgeon before inclusion in the register, either at an eye clinic or at home and have been certified to be so blind as to be unable to perform work for which eyesight is essential.

The register of blind persons is kept up to date with the assistance of the voluntary organisations, the Cleveland and South Durham Institute for the Blind, Middlesbrough and the Yorkshire School for the Blind, York. There

are six home visitor-teachers on the staff of the public health committee to whom all the powers of the county council have been delegated. In the northern and north-western areas, four home visitors are seconded to the Cleveland and South Durham Institute for their day-to-day instructions but in the southern and eastern areas, two visitors work under the direct instructions of the county medical officer. The non-statutory welfare of the blind is carried out in the northern area by the Cleveland and South Durham Institute and in the southern sector by a voluntary committee affiliated with the National Institute for the Blind. The committee membership includes two members of the county council, a representative each from the Yorkshire School for the Blind and the Whitby Trust. In the Scarborough area, there is a separate voluntary society which is registered under the Blind Persons Acts.

The county council's scheme for domiciliary assistance to unemployable blind persons included a scale of assistance which at the end of the year was :—

	s.	d.	
For single blind persons with no dependents ..	35	0	per week.
For blind persons with dependent sighted wife ..	46	6	"
For married man and wife both blind ..	54	6	"
For two unmarried blind persons residing in the same house (each)	27	9	"

The following statistics show the position at the end of the year under review.

No of blind persons named in the register	734
No. of children ascertained to be "blind" within the meaning of the Handicapped Pupils and School Health Service Regulations made under the Education Act, 1944	9
No. of blind persons in workshops—	
(a) under training	10
(b) employed as craftsmen	13
	— 23
No. of approved home workers	23
No. of unemployable blind persons receiving grants at 31st December, 1946	352

Difficulties were experienced during the year in connection with the employment of blind persons who had been trained at the cost of the county council as local education authority, because the governing body of the Cleveland and South Durham Institute declined to employ more blind persons in their workshops. It is important that some attempt be made to solve the problem of providing additional workshop accommodation for the blind, so that instead of living and working in isolation without sympathetic supervision and help in selling the results of his craftsmanship, the blind worker may have companionship, guidance and recreational amusement suitable for his disability.

TUBERCULOSIS.**New Cases.**

Notifications of all forms of tuberculosis in 1946 amounted to 256 as compared with 260 in the previous year. This reduction is a move in the right direction but the figure for 1946 is still unsatisfactory when compared with 194 for 1940.

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

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1937	306	210	96
1938	307	187	120
1939	208	131	77
1940	194	123	71
1941	194	129	65
1942	238	154	84
1943	275	167	108
1944	318	210	108
1945	260	164	96
1946	256	173	83

It will be noted in the two following tables that in females there is a relatively higher incidence of pulmonary tuberculosis in the young adult and a correspondingly larger number of deaths whereas in males most of the new cases occur after the age of twenty five and this is reflected in the greater number of deaths in men over forty-five as compared with women.

Non-pulmonary disease occurs chiefly in children and adolescents and new cases are uncommon in adults.

Table II shows the number of primary notifications of new cases of tuberculosis, distinguishing pulmonary from non-pulmonary cases and gives 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	—	—	4	6	25	16	17	16	4	89
Females ..	—	—	2	4	14	12	27	12	8	5	—	84
Non-Pulmonary—												
Males	1	13	8	5	8	2	3	2	—	1	—	43
Females	2	4	5	10	5	7	3	1	2	—	1	40

The following table sets out 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	2	—	—	2	2
1-	1	—	13	4	—	—	7	2
5-	—	6	13	15	—	—	1	7
15-	51	65	15	16	38	44	8	11
45-	33	13	1	2	32	13	4	2
65-	4	—	—	1	5	—	2	—
TOTAL ..	89	84	43	40	75	57	24	24

Table IV shows the distribution of new cases by districts with comparative figures for the five preceding years.

TABLE IV.

District.	1941		1942		1943		1944		1945		1946	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston	20	13	19	12	29	16	21	7	17	12	22	5
2. Guisborough ..	5	4	7	3	10	2	3	2	4	2	2	1
3. Loftus	4	—	4	3	3	5	2	2	1	3	3	9
4. Malton	—	—	—	—	—	1	—	—	—	—	3	3
5. Northallerton ..	2	4	2	4	1	3	5	9	2	—	1	2
6. Pickering	2	—	2	—	—	—	3	—	3	—	1	2
7. Redcar	24	3	14	7	20	8	25	7	13	6	21	6
8. Richmond	1	1	—	—	4	4	—	—	—	—	3	1
9. Saltburn	—	3	8	10	3	6	1	4	7	—	8	3
10. Scalby	1	—	1	—	1	—	1	—	—	—	1	1
11. Scarborough ..	13	—	25	4	20	6	51	9	26	11	22	8
12. Skelton & Brotton	1	3	10	5	7	3	10	17	6	12	3	6
13. Thornaby-on-Tees	—	—	8	3	15	13	18	8	18	10	13	4
14. Whitby	5	6	11	6	3	9	9	2	7	4	8	3
Total Urban ..	78	37	111	57	116	76	149	67	104	60	111	54
RURAL DISTRICTS.												
1. Aysgarth	2	—	2	1	1	1	1	1	2	—	2	2
2. Bedale	3	1	1	—	3	4	2	5	2	—	—	2
3. Croft	—	—	—	—	1	—	—	—	—	—	1	—
4. Easingwold	4	3	3	1	1	1	4	2	4	2	3	—
5. Flaxton	12	5	8	6	18	5	21	8	18	7	17	7
6. Helmsley	1	—	1	—	—	1	—	—	1	—	4	1
7. Kirbymoorside ..	6	—	—	1	—	2	2	3	3	3	3	1
8. Leyburn	—	—	1	2	2	—	5	3	3	1	4	1
9. Malton	—	—	—	—	1	—	1	1	1	—	—	—
10. Masham	—	—	—	—	—	—	—	—	—	—	—	—
11. Northallerton ..	3	7	1	2	—	2	4	2	1	2	2	2
12. Pickering	2	—	2	1	4	1	—	2	1	1	—	1
13. Reeth	—	—	1	—	—	1	—	—	3	3	—	—
14. Richmond	2	—	—	—	5	6	2	2	—	—	5	—
15. Scarborough ..	3	1	1	—	—	—	3	1	1	—	4	1
16. Startforth	1	—	2	—	1	—	—	—	—	1	—	—
17. Stokesley	3	6	11	5	3	2	4	4	10	4	7	1
18. Thirsk	2	2	5	2	2	1	5	—	5	4	7	4
19. Wath	—	1	—	—	—	—	1	—	—	1	—	1
20. Whitby	7	2	4	6	9	5	6	7	5	7	3	5
Total Rural ..	51	28	43	27	51	32	61	41	60	36	62	29
Administrative County	129	65	154	84	167	108	210	108	164	96	173	83

Deaths and Death Rates.

Tuberculosis of all forms caused 180 deaths in 1946, a reduction of 5 from the 1945 figure.

The death rate from pulmonary tuberculosis was 0·4 per 1,000 population fractionally lower than in 1945 but still substantially above the record low figure for the county ·33 per 1,000 population, reached in 1939.

In the report for 1945 the comment was made that the increase in the mortality in that year was not reflected in the statistics for the country as a whole and that the rate would probably show a decrease in 1946. This in fact occurred but the decrease was not as great as had been expected.

Table V shows the mortality from pulmonary and non-pulmonary tuberculosis over the past five years and gives the corresponding figures for England and Wales

It will be noted that the death rate from non-pulmonary disease is disappointingly steady over the period.

TABLE V.

Deaths from Pulmonary Tuberculosis.

	1942	1943	1944	1945	1946
No. of deaths	128	113	120	138	132
Rate per 1,000 population ..	0·40	0·36	0·38	0·44	0·40

Deaths from Non-pulmonary Tuberculosis.

	1942	1943	1944	1945	1946
No. of deaths	33	44	36	47	48
Rate per 1,000 population ..	0·10	0·14	0·11	0·15	0·14
The death rates in England and Wales were :—					
Pulmonary Tuberculosis ..	·542	·557	·524	·519	·464
Non-pulmonary Tuberculosis ..	·115	·111	·103	·100	·083

Dispensaries.

(i) ARRANGEMENTS FOR SESSIONS.

Dispensary arrangements during the year were as follows :—

TABLE VI.

Tuberculosis Dispensary	Address	Day of Session	Hours of Session	Medical Officer
Northallerton ..	The Rutson Hospital ..	Wednesday	2 p.m.	Dr. A. Cubie
Redcar ..	8, Station Road ..	Wednesday	1-30 p.m.	Dr. S. P. Wilson
Scarborough ..	Out-patient Department Scarborough Hospital	Friday ..	1-30 p.m.	Dr. A. Cubie
Skelton-in-Cleveland ..	South Terrace ..	Wednesday	10 a.m.	Dr. S. P. Wilson
South Bank ..	33, Nelson Street ..	Thursday ..	10 a.m.	Dr. S. P. Wilson
Thornaby-on-Tees ..	George Street ..	Tuesday ..	10 a.m.	Dr. S. P. Wilson
Whitby ..	Grape Lane ..	1st and 3rd Thursday in each month.	10-30 a.m.	Dr. A. Cubie
York ..	11, Castlegate ..	2nd and 4th Thursday in each month.	10 a.m.	Dr. A. Cubie

(ii) PNEUMOTHORAX CLINICS.

Pneumothorax refills were given to out-patients as follows :—

TABLE VIA.

Clinic	Day and time of Sessions	
Mowbray Grange Sanatorium	Wednesdays and Fridays	10 a.m.
Scarborough Hospital	.. Fridays	10.30 a.m.

(iii) WORK DONE AT DISPENSARIES.

In October, 1946, Dr. J. J. Thomson, O.B.E., the council's chief clinical tuberculosis officer retired after twenty-five years loyal service to the people of the county who required his skill. For quarter of a century his rugged figure was well known and well liked throughout the county and it was only when he was a very sick man with a short time to live that he was forced to give up the work to which he had devoted so much of his time and energy and take leave of a multitude of friends amongst his colleagues and patients.

From October to the end of the year a locum tenens took over the work in Dr. Thomson's area.

A tabulated record of work undertaken at the several dispensaries is given in the following table.

TABLE VII.

	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.—														
1. Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year.	355	236	17	19	56	74	155	134	411	310	172	153	1046	
2. Transfers from Authorities of areas outside the county ..	19	24	-	-	2	5	-	-	21	29	-	-	50	
3. "Lost sight of" cases returned during the year ..	2	-	-	-	-	-	-	1	2	-	-	1	3	
B.—Number of NEW CASES diagnosed as tuberculosis during the year—														
(1) Class T.B. minus ..	49	40	3	6	-	-	-	-	49	40	3	6	98	
(2) Class T.B. Plus ..	42	34	-	1	-	-	-	-	42	34	-	1	77	
(3) Non-pulmonary ..	-	-	-	-	16	22	30	18	16	22	30	18	86	
C.—Number of cases included in A. and B. written off the Dispensary Register during the year as :—														
(1) Recovered ..	8	6	3	2	4	5	22	8	12	11	25	10	58	
(2) Dead (all causes) ..	57	37	-	3	3	2	-	-	60	39	-	3	102	
(3) Removed to other areas ..	13	7	-	-	-	2	1	1	13	9	1	1	24	
(4) For other reasons ..	25	24	-	2	9	7	17	15	34	31	17	17	99	
D.—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ..														
	364	260	17	19	58	85	145	129	422	345	162	148	1077	

The clinical and radiological examinations of contacts continued to form an important branch of dispensary work and every endeavour was made to persuade adults and children to be examined if they were known to be contacts of an open case of tuberculosis. In this work the co-operation of the health visitors and medical practitioners proved most valuable.

The facilities of the dispensary organisations were used freely by the general medical practitioners and assistant school medical officers for the purpose of diagnosis in all kinds of chest illness and if any condition required further investigation the tuberculosis officers were able to arrange admission to the thoracic surgery units or hospitals coming within the council's arrangements under the cancer Act or Section 181 of the Public Health Act, 1936. In this way the functions of the dispensaries extend beyond the mere confirmation or exclusion of a diagnosis of tuberculosis and the service offered the maximum benefit to patients and practitioners from the specialist facilities available.

(iv) X-RAY EXAMINATIONS.

There were 1865 radiological examinations in connection with diagnostic work and the control of treatment. Of these, 390 were made by the council's tuberculosis officers.

(v) LABORATORY EXAMINATIONS.

The arrangements were unchanged and examinations of sputa and other pathological material were undertaken at the North Riding Laboratory, Scarborough and at the Public Health Laboratory established by the Medical Research Council at the County Hall, Northallerton.

(vi) DIAGNOSIS AND TREATMENT.

The facilities for diagnosis offered by the dispensaries remained unaltered. The tuberculosis officers were also available for domiciliary consultations with practitioners when patients were too ill to come to the dispensaries.

While the diagnostic service enabled early diagnosis of tuberculosis to be made in many patients, it must unfortunately be reported again that the prompt treatment of such patients was still not possible. Where home conditions were good and the patient was intelligently co-operative the time spent at home waiting for a vacancy in a sanatorium was not necessarily wasted but where such conditions were not present the outlook for the patient was less favourable. The waiting period between diagnosis and admission for treatment was too long in every case however, and at the end of 1946 the position was no better than in previous years.

During the year 28 patients were admitted to Shotley Bridge Emergency Hospital for major and minor thoracic surgery. Here too, increasing difficulty was experienced in securing admission of patients owing to shortage of nursing staff at the hospital.

Pneumothorax refills were given to out-patients attending for this purpose at Mowbray Grange Sanatorium, Bedale and Scarborough Hospital. These facilities have since been augmented by sessions held at the Eston Hospital. The need for control of the method of treatment by screening limits the scope of the service to centres which have an x-ray plant available.

Miniature Radiography

The North Riding was not fortunate enough to be included in the centres to which the Ministry of Health allocated miniature radiography apparatus as the limited number of the latter necessitated distribution to places where the need was greatest.

The Leeds Mass Radiography Service however allocated six weeks of their time in the summer to the North Riding and sessions were held at South Bank and Scarborough. As the examination of workers in industry was voluntary, advance publicity was necessary in order to explain the nature of the service. In cases where the miniature film showed an abnormality the patient was recalled so that a full-size film of the chest, a clinical examination and an estimation of the blood sedimentation rate might be done. A provisional diagnosis was made on the findings of these examinations and the patients concerned were referred to their own doctors or to the tuberculosis officer.

The following information summarises the work of the unit in the county and shows the number of abnormal conditions discovered as a result of miniature radiography.

			Male	Female	Total
SOUTH BANK.					
No. of miniature films	..	..	2,443	314	2,757
No of large films	..	..			161
No. of clinical examinations	..	..	40	10	50
No. of pulmonary lesions	..	..	30	7	37
No. of cardio vascular lesions	..	..	6	3	9
SCARBOROUGH.					
No. of miniature films	..	..	760	512	1,272
No. of large films	..	..			60
No. of clinical examinations	..	..	14	12	26
No. of pulmonary lesions	..	..	11	2	13
No of cardio-vascular lesions	..	..	3	7	10
Provisional Diagnosis of Abnormalities.					
(a) PULMONARY.					
Active pulmonary tuberculosis	..	..	4	—	4
Chronic " "	..	..	6	1	7
Observation " "	..	..	4	2	6
Chronic disseminated pulmonary tuberculosis			2	—	2
Inactive pulmonary tuberculosis	..	..	12	5	17
Healed " "	..	..	2	—	2
Silico-tuberculosis	..	..	1	—	1
Pleural thickening	..	..	1	1	2
Old pleurisy	..	..	3	—	3
Old empyema	..	..	1	—	1
Chronic bronchitis	..	..	1	—	1
Unresolved pneumonia	..	..	4	—	4
TOTALS			41	9	50
(b) CARDIO-VASCULAR.					
Mitral heart	..	..	7	7	14
Hypertension	..	..	1	2	3
Aortic aneurysm	..	..	1	—	1
Congenital heart	..	..	—	1	1
TOTALS			9	10	19

As a result of the miniature radiography survey 17 persons were persuaded to attend the tuberculosis dispensaries for observation and further investigation. The final diagnosis in these cases was as follows :—

Active pulmonary tuberculosis	4
Sputum positive for T.B.	
Pulmonary tuberculosis, quiescent ..	3
Pulmonary tuberculosis, arrested ..	4
Healed tuberculosis foci	4
Silicosis	1
Healthy Chest	1
	<hr/>
TOTAL ..	17
	<hr/>

It will be noted that out of 4,029 persons examined, one in every thousand was suffering from active pulmonary tuberculosis with positive sputum and was unwittingly a potential source of infection to other persons in contact with him at home or at work, while another three in every thousand showed signs of past damage in the lungs due to tuberculosis infection which had been, or was in the process of being, successfully overcome.

It would be unwise to generalise on the findings of such a small survey, limited in scope to certain industrial workers, but there is an obvious need for an extension of mass radiography if the reservoir of infection in the community is to be reduced by dealing with the undiagnosed cases of tuberculosis who are unaware that they are coughing up tubercle bacilli.

(vii) RESIDENTIAL TREATMENT.

The following table shows the admissions of adult pulmonary cases to the various sanatoria and hospitals.

TABLE VIII.

Adults—Pulmonary Cases.

	Wensleydale Sanatorium, Aysgarth.	Fairfield Sanatorium, York.	Mowbray Grange, Bedale.	Stanhope Sanatorium, Co. Durham.	Middlesbro' General Hospital.	Shotley Bridge E.M.S. Hospital.	Winterton E.M.S. Hospital.	York City General Hospital.	Hemlington Hospital.	York County Hospital.	Pinderfields Emergency Hospital.	Scarborough Hospital.	Stockton and Thornaby Hospital.	TOTALS.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
A.—under treatment on 1st Jan., 1946 :—														
1. Ex-service pensioners ..	—	—	—	4	1	—	—	—	—	—	—	—	—	5
2. Other Adults ..	4	3	—	18	7	1	1	—	—	—	—	—	—	33
B.—Admitted during 1946 :—														
1. Ex-service pensioners ..	4	—	—	9	2	3	2	1	—	—	—	—	—	24
2. Other Adults ..	30	—	—	28	18	4	9	15	—	—	1	1	1	94
Total ..	38	8	—	59	28	4	13	18	1	5	7	1	1	156

(a) Adults—Pulmonary Cases.

A total of 242 patients received sanatorium treatment in 1946 compared with 206 in 1945. The average duration of stay of the 171 patients discharged was 16 weeks 6 days.

Deaths in institutions amounted to 11, the average duration of residence being 12 weeks 5 days.

These figures and table VIII above illustrate certain facts :—

- (a) bed provision for males was 156 compared with 86 for females.
- (b) the average duration of residence was low, being approximately half that for 1945 when the figure was 30 weeks 3 days.
- (c) Only approximately 9 % of deaths took place in institutions.

The relatively low bed provision for females was due to difficulty in staffing the small sanatorium at Mowbray Grange, Bedale, where the average number of beds occupied throughout the year was 16·1, or just over half of its capacity. No difficulty would have been experienced in keeping the 30 beds fully occupied if staff could have been recruited. The number of women admitted during 1946 was 41, an increase of one compared with 1945. The number of patients discharged was 39, with an average duration of stay of 16 weeks, 6 days. The position as regards beds for adult males was better but was also far from satisfactory.

The inadequate bed provision was reflected in the average duration of stay of patients discharged. In an attempt to provide treatment and reduce waiting lists patients were discharged much sooner to their homes, often before the maximum benefit from sanatorium treatment had been obtained and before any attempt at rehabilitation for employment was possible.

The low proportion of deaths in institutions meant that advanced cases were being nursed for prolonged periods at home, in conditions conducive to the spread of infection amongst all other members of the household.

(b) Adults—Non-pulmonary.

The following table gives particulars of patients admitted to and discharged from the hospitals named.

TABLE IX.

		Admissions	Discharges		
			Patients	Stay Weeks Days	
York City General Hospital	..	6	3	26	0
General Infirmary, Leeds	..	2	2	18	7
Stockton and Thornaby Hospital	..	1	1	17	5
St. James Hospital, Leeds	..	1	1	7	3
Middlesbrough General Hospital	..	9	6	59	5
Oswestry Orthopaedic Hospital	..	5	2	2	3
Harrogate Hospital	..	1	1	5	6
York County Hospital	..	3	3	15	1
TOTAL	..	28	19	153	2

28 Admissions.

19 Discharges. Average period 8 weeks 1 day.

2 Deaths. Average period 11 weeks 1 day.

(c) Children—All forms except Bone and Joint Cases.

CHILDREN'S SANATORIUM, THORNTON LODGE.

There were 17 children admitted to the sanatorium during the year, 9 boys and 8 girls.

The number discharged was 21, 11 boys and 10 girls.

Shortage of nurses made it impossible to have all available beds occupied.

It was necessary to close the sanatorium for a month to enable the staff to have annual leave. The average number of beds occupied was 21·9 out of a possible 40.

(d) Children—Bone and Joint Cases.

Facilities for examination and diagnosis were available at the following orthopaedic clinics at which 145 attendances were made.

Carlisle	..	School Clinic, Wesley Terrace.
Kirbymoorside	..	Adela Shaw Orthopaedic Hospital, Kirbymoorside.
Malton	..	Friends' Meeting House.
Northallerton	..	Zion Schoolroom, High Street.
Redcar	..	School Clinic, 5, Turner Street, Coatham.
Richmond	..	Infant Welfare Centre, Quaker Lane.
Scarborough	..	Scarborough Hospital.
South Bank	..	School Clinic, 33, Nelson Street.
Thornaby	..	School Clinic, George Street.
York	..	School Clinic, Piccadilly.

During the year 34 children were treated at the Adela Shaw Orthopaedic Hospital, Kirbymoorside; 19 were discharged before the end of the year. The average duration of residence was 58 weeks, 4 days.

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

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

Domiciliary Treatment.

The tuberculosis officers kept in touch with the private medical practitioners who provided any domiciliary treatment required.

Where supervision by the tuberculosis officers could not conveniently be carried out at the dispensaries, the patients were visited at their homes.

Shelters.

The nine open-air shelters were fully used during the year. They formed a useful adjunct to the sanatorium bed accommodation where patients had suitable gardens in which to place them and were physically fit to use them.

Ultra-Violet Light Therapy.

In all 31 patients received ultra-violet light, involving 2,072 attendances, of which 509 were made at the clinic held twice weekly at Mowbray Grange Sanatorium, Bedale.

Surgical Appliances.

Appliances were provided in necessitous cases.

Extra Nourishment

The provision of free milk, cod liver oil and malt, and other vitamin preparations was continued as in previous years and did much to augment the rations available to patients.

Care Committee.

The Scarborough tuberculosis care committee again proved its worth and illustrated the need for similar committees in other parts of the Riding.

The funds at its disposal were used to provide those necessities which many a sufferer from tuberculosis finds himself unable to obtain otherwise.

The care committee's beneficent work extended beyond the actual patient to any member of the family needing help and in that respect was satisfying a need which the local authority could not alleviate.

Attempts to stimulate the formation of care committees affiliated to other dispensaries in the Riding were unsuccessful, though the need was considerable.

Allowances under Memo 266/T.

The scheme for providing financial assistance to certain categories of patients was administered as in previous years.

A total of 96 persons received allowances during 1946 amounting in all to £2,930 8s. 2d.

The necessary investigations associated with claims for allowances were carried out by the lady almoner, Miss M. Bustard, whose activities in this and in other directions were most acceptable to the patients whose interests she served. She made 343 domiciliary visits during the year.

Home Nursing of Tuberculous Persons.

To assist in the domiciliary nursing of tuberculous persons, payments were made to the various district nursing associations undertaking this work.

Public Health Act, 1936, (Section 172).

No action was taken under this section to effect the compulsory removal to hospital of any person suffering from pulmonary tuberculosis during the year.

TABLE 1.

Number of Births in each District during 1946.

DISTRICT.	Estimated population for birth-rate, 1946	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	31,010	729	47	23.5	385	12.4
2. Guisborough ..	8,218	188	13	22.9	82	10.0
3. Loftus	6,944	141	7	20.3	40	5.8
4. Malton	3,926	71	5	18.1	17	4.3
5. Northallerton ..	4,718	92	8	19.5	16	3.4
6. Pickering	3,846	68	6	17.7	22	5.7
7. Redcar	25,810	543	29	21.0	221	8.6
8. Richmond	5,905	103	6	17.4	41	6.9
9. Saltburn and Marske	7,103	134	8	18.9	39	5.5
10. Scalby	5,180	107	2	20.7	53	10.2
11. Scarborough ..	41,280	733	83	17.8	86	2.1
12. Skelton and Brotton	12,510	264	17	21.1	101	8.1
13. Thornaby-on-Tees	22,030	484	27	22.0	220	10.0
14. Whitby	10,290	229	26	22.3	84	8.2
Total Urban ..	188,770	3,886	284	20.6	1,407	7.5
B.—RURAL.						
1. Aysgarth	3,513	68	3	19.4	15	4.3
2. Bedale	6,682	128	11	19.2	46	6.9
3. Croft	2,094	33	1	15.8	7	3.3
4. Easingwold	10,370	188	15	18.1	68	6.6
5. Flaxton	16,170	364	19	22.5	190	11.8
6. Helmsley	4,977	86	4	17.3	17	3.4
7. Kirbymoorside ..	4,364	77	5	17.6	15	3.4
8. Leyburn	6,127	120	7	19.6	52	8.5
9. Malton	5,701	91	6	16.0	28	4.9
10. Masham	1,776	41	5	23.1	14	7.9
11. Northallerton ..	8,018	143	17	17.8	50	6.2
12. Pickering	5,328	92	8	17.3	21	3.9
13. Reeth	2,041	31	7	15.2	4	2.0
14. Richmond	12,230	373	23	30.5	267	21.8
15. Scarborough ..	7,320	114	7	15.6	29	4.0
16. Startforth	4,161	85	6	20.4	15	3.6
17. Stokesley	16,480	303	20	18.4	135	8.2
18. Thirsk	11,930	218	23	18.3	65	5.4
19. Wath	1,998	51	5	25.5	35	17.5
20. Whitby	11,790	185	9	15.7	—1	..
Total Rural ..	143,070	2,791	201	19.5	1,072	7.5
Administrative County ..	331,840	6,677	485	20.1	2,479	7.5

TABLE 2.

Number of Deaths in each District during 1946.

DISTRICT.	Estimated population for death-rate, 1946.	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	31,010	344	11.1	30	41.2	1	21.3
2. Guisborough ..	8,218	106	12.9	9	47.9	1	76.9
3. Loftus	6,944	101	14.5	11	78.0	..	..
4. Malton	3,926	54	13.8	..	..	..	..
5. Northallerton ..	4,718	76	16.1	2	21.7	..	..
6. Pickering	3,846	46	12.0	4	58.8	3	500.0
7. Redcar	25,810	322	12.5	29	53.4	1	34.5
8. Richmond	5,905	62	10.5	3	29.1	..	..
9. Saltburn and Marske	7,103	95	13.4	5	37.3	..	..
10. Scalby	5,180	54	10.4	1	9.3	..	..
11. Scarborough ..	41,280	647	15.7	23	31.4	3	36.1
12. Skelton & Brotton ..	12,510	163	13.0	9	34.1	..	..
13. Thornaby-on-Tees ..	22,030	264	12.0	25	51.7	3	111.1
14. Whitby	10,290	145	14.1	5	21.8	2	76.9
Total Urban ..	188,770	2,479	13.1	156	40.1	14	49.3
B.—RURAL.							
1. Aysgarth	3,513	53	15.1	4	58.8	..	..
2. Bedale	6,682	82	12.3	4	31.3	..	..
3. Croft	2,094	26	12.4	2	60.6	..	..
4. Easingwold	10,370	120	11.6	2	10.6	..	..
5. Flaxton	16,170	174	10.8	7	19.2	1	52.6
6. Helmsley	4,977	69	13.9	4	46.5	..	..
7. Kirbymoorside ..	4,364	62	14.2	3	39.0	1	200.0
8. Leyburn	6,127	68	11.1	3	25.0	..	..
9. Malton	5,701	63	11.1	1	11.0	..	..
10. Masham	1,776	27	15.2	2	48.8	..	..
11. Northallerton ..	8,018	93	11.6	3	21.0	1	58.8
12. Pickering	5,328	71	13.3	3	32.6	..	..
13. Reeth	2,041	27	13.2	..	..	..	..
14. Richmond	12,230	106	8.7	9	24.1	2	87.0
15. Scarborough ..	7,320	85	11.6	1	8.8	..	..
16. Startforth	4,161	70	16.8	3	35.3	..	..
17. Stokesley	16,480	168	10.2	9	29.7	1	50.0
18. Thirsk	11,930	153	12.8	11	50.5	1	43.5
19. Wath	1,998	16	8.0	4	78.4	1	200.0
20. Whitby	11,790	186	15.8	13	70.3	..	..
Total Rural ..	143,070	1,719	12.0	88	31.5	8	39.8
Administrative County ..	331,840	4,198	12.7	244	36.5	22	45.4

TABLE 3.

Notification of Infectious Disease in 1946, 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 ..	97	14	..	29	..	2	..	..	..	..	..	..	..	..	..	..	5	..	..	57	24	..	8
2. Guisborough ..	12	..	1	20	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	88	13	..	3
3. Loftus ..	9	9	1	8	..	..	..	..	..	1	..	..	..	..	..	..	2	..	..	24	91	..	..
4. Malton ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	6	..	..
5. Northallerton ..	13	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	..	..	..
6. Pickering ..	1	..	..	3	..	..	..	..	..	..	..	..	..	..	9	..	..	..	..	1	6	..	..
7. Redcar ..	68	12	..	21	..	..	..	..	..	..	..	..	..	..	1	..	5	..	..	70	43	..	..
8. Richmond ..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	29	20	..	..
9. Saltburn & Marske ..	12	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	12	10	..	..
10. Scalby ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	20	8	..	..
11. Scarborough ..	49	..	2	13	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	179	60	..	11
12. Skelton & Brotton ..	16	3	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	68	60	..	2
13. Thornaby-on-Tees ..	114	15	..	36	..	1	..	..	..	..	..	..	..	..	..	3	15	..	..	194	45	..	7
14. Whitby ..	9	..	..	8	..	..	..	..	1	..	..	..	..	..	1	..	5	..	..	91	14	..	1
Total Urban	408	57	4	141	..	3	1	2	11	5	43	5	852	400	..	32
1945	469	111	1	91	..	6	1	1	4	31	2159	296	..	21
B.—RURAL.																								
1. Aysgarth ..	11	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	5	27	..	1
2. Bedale ..	3	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	9	89	..	..
3. Croft ..	12	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	..	..	..	..
4. Easingwold ..	14	1	..	9	..	..	..	..	..	..	..	..	..	..	..	..	8	..	100	2	18	..	3
5. Flaxton ..	29	3	..	1	..	2	1	..	..	..	..	..	..	..	..	..	4	..	..	16	51	..	1
6. Helmsley ..	2	1	..	9	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	10	27	..	..
7. Kirbymoorside ..	9	4	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	..	92	..	1
8. Leyburn ..	19	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	23	..	..
9. Malton ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	24	..	..
10. Masham ..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	62	..	..
11. Northallerton ..	9	4	..	4	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..
12. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	47	4	..	..
13. Reeth ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	5	..	..	..	1	..	..
14. Richmond ..	21	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	43	19	..	1
15. Scarborough ..	10	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	44	..	..
16. Startforth ..	6	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	4	..	1
17. Stokesley ..	25	3	..	22	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	129	50	..	1
18. Thirsk ..	13	2	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19. Wath ..	5	2	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	4	3	..	..
20. Whitby ..	8	3	..	3	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	77	35	..	2
Total Rural	200	26	..	91	..	3	1	1	..	3	1	26	..	1	169	381	574	..	11
1945	244	50	2	85	..	8	3	7	1	31	28	2432	399	..	6
Administrative County	608	83	4	232	..	6	2	2	1	..	14	6	69	..	1	174	1233	974	..	43
1945	713	161	3	176	..	14	4	8	5	62	28	4591	695	..	27

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1946.

DISTRICT.	Scarlet fever.		Diphtheria.		Typhoid and paratyphoid fever.		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 births.
A.—URBAN.												
1. Eston	1	·03	..	..	..	..	..	..	1	1·37
2. Guisborough
3. Loftus	1	·14	..	..
4. Malton
5. Northallerton
6. Pickering
7. Redcar	1	·04	1	1·84
8. Richmond
9. Saltburn and Marske	1	·14	..	..
10. Scalby
11. Scarborough	1	·02	2	2·73
12. Skelton and Brotton	1	·08	..	..	..	..
13. Thornaby-on-Tees	2	·09	1	2·07
14. Whitby
Total Urban	1	·005	..	..	1	·005	6	·03	5	1·29
B.—RURAL.												
1. Aysgarth
2. Bedale
3. Croft
4. Easingwold
5. Flaxton	1	·06	..	..
6. Helmsley	1	·20	..	..	..	..	..	..	..	..
7. Kirbymoorside	1	·23	..	..	..	..	..	..	..	..
8. Leyburn	1	·16	..	..
9. Malton
10. Masham
11. Northallerton
12. Pickering
13. Reeth
14. Richmond
15. Scarborough
16. Startforth
17. Stokesley	2	·12	..	..
18. Thirsk	1	4·59
19. Wath	1	19·61
20. Whitby	1	·08	..	..
Total Rural	2	·01	..	..	..	..	5	·03	2	·72
Administrative County	3	·009	..	..	1	·003	11	·03	7	1·05

TABLE 5.

Number of Deaths from certain Diseases in each District during 1946.

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	22	24	91.7	.77	5	8	62.5	.26	27	32	84.4	1.03	5	.16	12	.39	22	.71	49	1.58
2. Guisborough	2	4	50.0	.49	1	1	100.0	.12	3	5	60.0	.61	6	.73	3	.37	11	1.34	12	1.46
3. Loftus	3	2	150.0	.51	9	..	..	..	12	..	..	..	1	.14	2	.29	8	1.15	16	2.30
4. Malton	3	3	33.3	.64	3	..	..	..	6	2	300.0	.51	..	..	1	.25	1	.25	9	2.29
5. Northallerton	1	3	..	..	2	..	..	..	3	3	100.0	.64	..	..	1	.21	3	.64	7	1.48
6. Pickering	1	..	..	..	2	..	..	..	3	..	..	..	..	..	2	.52	2	.52	8	2.08
7. Redcar	21	9	233.3	.35	6	6	100.0	.23	27	15	180.0	.58	4	.15	16	.62	17	.66	46	1.78
8. Richmond	3	1	300.0	.17	1	..	..	..	4	1	400.0	.17	..	..	1	.17	3	.51	12	2.03
9. Saltburn and Marske	8	4	200.0	.56	3	1	300.0	.14	11	5	220.0	.70	..	..	2	.28	2	.28	10	1.41
10. Scalby	1	1	100.0	.19	1	..	..	.19	2	1	200.0	.19	..	..	1	.19	..	..	12	2.32
11. Scarborough	22	11	200.0	.27	8	7	114.3	.17	30	18	166.7	.44	1	.02	17	.41	27	.65	97	2.35
12. Skelton and Brotton	3	5	60.0	.40	6	..	..	..	9	5	180.0	.40	1	.08	5	.40	18	1.44	21	1.68
13. Thornaby-on-Tees	13	22	59.1	1.00	4	5	80.0	.23	17	27	63.0	1.23	3	.14	16	.73	21	.95	35	1.59
14. Whitby	8	4	200.0	.39	3	2	150.0	.19	11	6	183.3	.58	1	.10	2	.19	2	.19	23	2.24
Total Urban	111	90	123.3	.48	54	30	180.0	.16	165	120	137.5	.64	22	.12	81	.43	137	.73	357	1.89

TABLE 6.

Number of Deaths from certain Diseases in each District during 1946.

DISTRICT.	Puerperal and post-abortion 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.
A.—URBAN.						
1. Eston	1	1.37	3	4.12	24	32.92
2. Guisborough	5	26.60
3. Loftus	1	7.09	7	49.65
4. Malton
5. Northallerton	2	21.74
6. Pickering	2	29.41
7. Redcar	21	38.67
8. Richmond	3	29.13
9. Saltburn and Marske	3	22.39
10. Scalby	1	9.35
11. Scarborough	1	1.36	1	1.36	19	25.92
12. Skelton and Brotton	5	18.94
13. Thornaby-on-Tees	1	2.07	9	18.60
14. Whitby	1	4.37	..	..	3	13.10
Total Urban	3	.77	6	1.54	104	26.76
B.—RURAL.						
1. Aysgarth	1	14.71	4	58.82
2. Bedale	1	7.81	3	23.44
3. Croft	1	30.30	2	60.61
4. Easingwold	2	9.64
5. Flaxton	1	2.75	6	16.48
6. Helmsley	3	34.88
7. Kirbymoorside	1	12.99	2	25.97
8. Leyburn	2	16.67
9. Malton	1	10.99
10. Masham	2	48.78
11. Northallerton
12. Pickering	3	32.61
13. Reeth
14. Richmond	1	2.68	6	16.09
15. Scarborough	1	8.77	4	35.09
16. Startforth	3	35.29
17. Stokesley	6	19.80
18. Thirsk	1	4.59	10	45.87
19. Wath	3	58.82
20. Whitby	2	10.81	6	32.43
Total Rural	10	3.58	68	24.36
Administrative County	3	.45	16	2.40	172	25.76

TABLE 7.—DEATHS, with their causes, in each District during 1946.

[illegible]

