

[Report 1947] / Medical Officer of Health, North Riding of Yorkshire County Council.

Contributors

North Riding of Yorkshire (England). County Council.

Publication/Creation

1947

Persistent URL

<https://wellcomecollection.org/works/mufh7ac2>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY




North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1947



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29914668>



North Riding of Yorkshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

1947

CONTENTS—continued.

	Page
Inspection and Supervision of Food	31-33
Food and Drugs	31, 32
Milk and Dairies Order, 1926	32
Milk (Special Designations) Regulations, 1936-1945	32, 33
Tuberculosis (Attested Herds) Scheme	32
 Maternity and Child Welfare	 33-45
Ante-natal Care and Supervision	34-36
Care of Illegitimate Children and their mothers	45
County Maternity Accommodation	40
Emergency Units	41
Health Visiting	43
Home Helps	40
Infant Life Protection	44
Infant Welfare Centres	42, 43
Liability to be a Source of Infection	39
Maternal Mortality	39, 40
Maternity and Child Welfare	33
Maternity Hospitals	40
Medical Help Records	39
Midwives Acts	37, 38
(i) Distribution of Midwifery Work within the Scheme	37, 38
(ii) Relief Nurses	38
(iii) Supervision of Midwives	38
Notification of Births	37
Notification of Intention to Practise	38
Nursing Homes, Registration of	42
Ophthalmia Neonatorum	41, 42
Post-Natal Services	36
Puerperal Pyrexia	41
The Care and Cure of Crippled Children	44, 45
 Venereal Diseases	 46-49
 Blind Persons Acts, 1920-1938	 49-50
 Tuberculosis	 50-58
Allowances under Memo. 266/T	58
Care Committee	58
Deaths and Death Rates	53
Dispensaries	53-55
(i) Arrangements for Sessions	53, 54
(ii) Work done at Dispensaries	54, 55
(iii) Xray Examinations	55

CONTENTS—continued.

	Page
(iv) Laboratory Examinations	55
(v) Diagnosis and Treatment	55
(vi) Residential treatment	55-58
(a) Adults—Pulmonary	56, 57
(b) Adults—Non-Pulmonary	57
(c) Children—All forms except bone and joint cases	57
(d) Children—Bone and joint cases	57, 58
Domiciliary Treatment	58
Extra Nourishment	58
Home Nursing of Tuberculosis Cases	58
New Cases	50, 51
Public Health Act (Section 172), 1936	58
Shelters	58
Surgical Appliances	58
Ultra-Violet Light Therapy	58
Statistical Tables	59-69

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 1947. This report, read in conjunction with that of the County School Medical Officer, gives the reader comprehensive information regarding the many activities of the county medical department.

The staff changes which took place in 1947 were few in comparison to those which occurred in 1946 but they include the retirement of Dr. C. R. Gibson who had acted as whole-time medical officer of health for the Guisborough combined sanitary districts since 1919. That area was divided into two parts: on 1st July, 1947, Dr. W. H. Butcher commenced duties as medical officer for the urban districts of Guisborough, Loftus and Skelton and Brotton, and assistant school medical officer and one month later, Dr. N. M. Macdonald took up duty in a similar capacity in the Borough of Redcar and the urban district of Saltburn and Marske.

It is interesting to note that the total births registered in or attributable to the Riding during 1947 was 7,314, an increase of 637 over 1946, which year had shown an increase of 1,007 over 1945: the illegitimate births on the contrary declined from 547 in 1945 to 485 in 1946 and again to 382 in 1947.

The infantile mortality rate which fell in 1946 to a very low figure (36.5 per thousand live births) rose again to 44.6 in 1947: the corresponding rate in the case of illegitimate births was 49.7 per 1000.

Sixty-seven cases of poliomyelitis or polioencephalitis ("infantile paralysis") were notified in 1947: more than half of these were received in August and September. Some were rapidly fatal with signs indicating that the base of the brain rather than the nerves of the spinal cord were primarily affected. More than half the 14 deaths ascribed to this group of diseases occurred in persons over 15 years of age; thus once again the popular name was shown to be as inaccurate in this country as in the United States. The arrangements made by the various sanitary authorities for the isolation and treatment of the notified cases were on the whole satisfactory. The patients had to be classified into categories, so that, for example, children with paralysis of the lower limbs were admitted as far as possible to a hospital with specially trained orthopaedic nurses or physiotherapists on the staff. Others requiring the assistance of artificial respiration machines were sent to hospitals where such apparatus was available.

The changing reaction of individuals in the human community to certain diseases is shown by the fact that thirty years ago scarlet fever was a serious disease with many complications: today it is questionable whether the expenditure of a few pounds each year on the payment of notification fees for such cases is economically justifiable. Fifteen years ago there were 62 deaths in the Riding from diphtheria, although immunisation against diphtheria had been in use as a public health measure in the United Kingdom since 1922: in 1947, the year under review, two deaths were attributed to this disease. This is a small figure but still too many in view of the protective measures available free of charge to parents.

In conclusion I desire to thank the Chairmen and members of the several committees associated with the health services for their sympathy and support during 1947, the last full year before the appointed day under the National Health Service Act, in particular to the Chairman of the former Public Health, Housing and Sanitary Committee, County Alderman J. T. Fletcher; 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,

August 1949.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1947.

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.)
Tuberculosis Officer				
do .. ..				.. A. Cubie, M.B., CH.B., D.P.H.
do .. ..				.. S. P. Wilson, M.D., CH.B., D.P.H.
Medical Officer for Maternity and Child Wel- fare .. ..				.. Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Supt. Health Visitor and Supervisor of Mid- wives				} Gertrude F. Berridge, S.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.
do .. ..				.. R. Wharin, M.S.I.A.
Lady Almoner .. ..				.. Miss M. Bustard
Chief Clerk .. ..				.. M. R. Wallace

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

Medical Superintendent .. ..	.. G. Walker, M.B., CH.B., D.P.H., M.R.C.P.
Matron .. ..	.. Miss O. W. Coates, S.R.N.

Mowbray Grange Sanatorium for Adult Females.

Medical Superintendent .. ..	.. 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.
(Midwife Teachers Certificate)	

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.

Home Visitor/Teachers of the Blind.

Mrs. G. Dowson	Temporary—
Miss H. F. Evans	Miss K. A. Smith
Miss C. Shields	Miss A. Green
Miss A. J. Denford	

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. R. Thomas, F.R.C.S., D.L.O. 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. (Resigned June, 1947)
Obstetricians	..	..	.. 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.
County Analysts	..	..	.. Messrs. Jackson and Scholes, F.I.C.

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. (Resigned 31-3-47)

These areas were divided into:

(a) Guisborough U.D., Loftus U.D., Skelton & Brotton U.D.	}	W. H. Butcher, M.A., D.M., D.P.H. (from 1-7-47)
(b) Redcar Borough, Saltburn & Marske U.D.,		N. M. Macdonald, M.B., CH.B., D.P.H. (from 1-8-47)
Scarborough Borough	..	.. J. Stokoe, M.D., B.H.Y., D.P.H.
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.

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.	..	.. D. L. Fletcher, M.B., CH.B.
Richmond Borough	..	.. J. Williams, M.D., CH.B.
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.
Easingwold R.D.	..	.. E. Buller Hicks, L.R.C.P., L.R.C.S., L.R.F.P.S.
Flaxton R.D.	..	.. A. W. Riddolls, M.R.C.S., L.R.C.P.
Helfmsley 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.

Part-time Medical Officers of Health—continued.

Pickering R.D.	..	..	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.
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.

School Medical and Dental Staff.**Assistant School Medical Officers**

- Margaret D. Cairns, M.B., CH.B., D.P.H.
Doris M. Todd, M.B., B.S., M.R.C.S., L.R.C.P.
Margaret Mulvein, M.B., CH.B.
J. A. Dunlop, M.B., CH.B., D.P.H., also Medical Officer of Health, Eston Urban District.
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.
R. A. Read, M.B., CH.B., D.P.H., also Medical Officer of Health, Whitby Urban and Rural Districts, Scalby U.D. & Scarborough R.D.
W. H. Butcher, M.A., D.M., D.P.H., also Medical Officer of Health, Guisborough U.D., Loftus U.D. and Skelton & Brotton U.D., appointed 1st July, 1947.
N. M. Macdonald, M.B., CH.B., D.P.H., also Medical Officer of Health, Borough of Redcar and Saltburn and Marske U.D., appointed 1st August, 1947.

SCARBOROUGH DIVISION.

- J. Stokoe, M.D., B.H.Y., D.P.H., Divisional School Medical Officer, also Medical Officer of Health, Scarborough Borough
Elizabeth R. Cameron, M.B., CH.B., D.P.H., Assistant School Medical Officer.

Dental Surgeons.

- S. Craven, L.D.S., Chief Dental Officer.
A. D. Clark, L.D.S.
C. E. Place, L.D.S.
P. W. Thornton, L.D.S.
I. J. Faulds, L.D.S., appointed 1st October, 1947.
C. G. Lingford, M.R.C.S., L.R.C.P., L.D.S., appointed 1st October, 1947.
J. C. Carr, L.D.S., R.C.S., Scarborough Division.
D. Bewes Atkinson, L.D.S. (part-time) Scarborough Division.

Nursing Staff.

- 21 Health Visitors and School Nurses (whole-time).
6 Whole-time Midwives (directly employed).
87 District Nurse-Midwives (by arrangement with employing district nursing associations).

PUBLIC ASSISTANCE.

There was no change during 1947 in the medical personnel employed part-time as district medical officers by the Public Assistance Committee or in the staff engaged in the care of institutional inmates as compared with those employed during the preceding year. This information was given in full in the report of the County Medical Officer of Health for the year 1946.

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 1947):						
Urban Districts	193,710	..	..	}
Rural District	145,440	..	..			339,150
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, 1948)	..	..	..	..	£2,109,916	
Estimated product of a penny rate	..	..	..	..	£8,428	

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—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

Population.

The population, as estimated by the Registrar General at mid-year 1947, was 339,150; the comparative figure for the previous year was 331,840, so that there has been an increase of 7,310 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
1947	.. 193,710	145,440	339,150

(for further details see Table I on p. 59).

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 the projected industrial developments in the Cleveland area have been successfully initiated.

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

Extracts from Vital Statistics of the Year.

		Total.	M.	F.	
Live births	Legitimate	6,932	3,639	3,293	Birth rate per 1,000 of the estimated resident population 21·6.
	Illegitimate	382	173	209	
Still births	.. ..	222	114	108	Rate per 1,000 total (live and still) births 29·46.
Deaths	.. ..	4,419	2,343	2,076	Death rate per 1,000 of the estimated resident population 13·0.
Deaths from puerperal causes :					Rate per 1,000 total (live and still) births.
			Deaths.		
	Puerperal sepsis	..	..	2	·27
	Other puerperal causes		..	5	·66
	Total	..	..	7	·93

Death rate of infants under 1 year of age :—

All infants per 1,000 live births	.. ..	44·6
Legitimate infants per 1,000 legitimate live births	.. ..	44·3
Illegitimate infants per 1,000 illegitimate live births	.. ..	49·7
Deaths from measles (all ages)	.. ..	5
Deaths from whooping cough (all ages)	.. ..	5
Deaths from diarrhoea (under 2 years of age)	.. ..	26

Live Births and Birth Rates.

During the year ended 31st December, 1947, the live births registered in and belonging to the Riding numbered 7,314, 637 births more than the previous year, an increase of 8·7%

There were 382 illegitimate births included in the total figure as compared with 251 for 1938, 462 in 1944, 547 in 1945, and 485 in 1946.

The birth rate for the Riding, as a whole, was 21·6 (per 1,000 estimated population), being higher than the rate for England and Wales—20·5.

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 further decrease in the number of illegitimate live births registered during the year as compared with its predecessors. During 1947 382 such births were registered, 103 less than in 1946, and 165 less than in 1945.

On the basis of 1,000 population, the illegitimate birth rate was 1.13 as against 1.46 in 1946; and calculating the rate per 1,000 live births the rate was 52.23 as compared with 72.64 for the previous year, and 97.50 for 1945.

Stillbirths.

The number of stillbirths registered was 222, an increase of 73. Further analysis of the figure into sexes indicates that there were 114 male and 108 female stillbirths.

The rate per 1,000 total births was 29.46; this rate compares with 21.83 for the previous year.

Deaths and Death Rates.

During 1947 the total number of deaths registered for the Riding was 4,419; of this number 2,343 were males and 2,076 were females. The total figure gives an annual death rate of 13.0 (per 1,000 estimated population), which is higher than the figure (12.7) for the previous year. The fractional increase 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
1947	..	13.3	12.7

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

		Death Rates.						
		1941	1942	1943	1944	1945	1946	1947
North Riding:								
Urban Districts	..	14.3	13.8	14.9	13.7	13.9	13.1	13.3
Rural Districts	..	12.8	11.7	13.1	11.8	12.9	12.0	12.7
Administrative County	..	13.6	12.8	14.1	12.9	13.5	12.7	13.0
England and Wales	..	12.9	11.6	12.1	11.6	11.4	11.5	12.0

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 details supplied by the Registrar General are shewn on Table 7 on pages 66 and 67.

The principal causes of death in the county during 1947 were as follows, the figures for the previous year and for 1938 being also given.

	1938	1946	1947
Influenza	65	45	28
Heart disease	1,707	1,303	1,468
Other circulatory diseases	273	180	170
Bronchitis	96	177	222
Pneumonia (all forms)	215	128	180
Congenital debility, malformations and premature birth	157	172	202
Tuberculosis of the respiratory system	142	132	108
Tuberculosis (other forms)	48	48	23
Cancer, malignant disease	569	581	586
Intra-cranial vascular lesions	308	497	539
Nephritis	116	155	134

The position in the various sanitary districts is set out fully in Tables 8 and 9, but it is of interest to note that the deaths ascribed to diphtheria in the County numbered 2 as compared with 11 in 1938, and 3 in 1946.

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.

Total Number of Deaths.				Death rate per 1,000 population.			
Year.	County.	Urban Districts.	Rural Districts.	County	Urban Districts.	Rural Districts.	England & Wales.
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
1947	586	340	246	1.73	1.76	1.69	1.85

The interim arrangements made under the Cancer Act, 1939, previously described, continued to operate well during the year under review. 62 persons were treated under this scheme, at the cost of the County Council, at the E.M.S. Hospital, Shotley Bridge, 35 at North Ormesby Hospital, 3 at Middlesbrough General Hospital, 25 at Stockton and Thornaby Hospital, 12 at Darlington Memorial Hospital, and 3 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 74 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 an increase in the number of deaths of infants under one year, the total number for the year under review being 326—an increase of 82 compared with the previous year. The infantile mortality rate of 44·6 compares with 36·5 for the previous year and 41 for England and Wales for 1947.

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

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
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
1947 ..	46·2	42·3	44·6	41·0

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

	1945	1946	1947
Congenital debility, premature birth, malformation, etc. ..	170	157	194
Diarrhoea	27	6	25
Pneumonia	48	29	50
Bronchitis	17	6	16
Whooping cough	1	6	4
Measles	2	—	1

The largest group shows an increase in number compared with 1946 ; 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, must be to provide still better facilities for ante-natal treatment of the mother and of an adequate and efficient midwifery service. Unfortunately, there is a serious shortage of maternity hospital beds, and an absence of paediatric facilities in the Riding and its immediate neighbourhood.

Many improvements have been made in the County Council's scheme under the Midwives Act, 1936, under which scheme the Riding is 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 treated with reserve; the health visiting staff in two areas has been reinforced since the end of the year under review.

Diarrhoea.

There were 26 deaths of children under 2 years of age where the cause was registered as diarrhoea; of this number 18 occurred in urban districts and 8 were in rural districts. The distribution of these deaths is set out on page 67. It will be noted that all save one of these deaths took place before the baby completed its first year of life. There is still need for research by bacteriologists into the causative factor, which is suspected to be a minute organism, a virus so small that it can pass through a china clay filter.

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

	1941	1942	1943	1944	1945	1946	1947
Deaths	11	29	26	21	28	7	26
Deaths per 1,000 births	2.0	5.2	4.7	3.3	5.0	1.1	3.6

Measles.

There were 5 deaths from this cause during the year, compared with 1 death in the previous year. The following show the deaths ascribed to measles for the past few years :—

	1940	1941	1942	1943	1944	1945	1946	1947
Deaths ..	3	15	6	10	2	6	1	5

Whooping Cough.

The number of deaths from whooping cough during 1947 was 5, compared with 11 for 1946 and 2 in 1945.

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 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 the typhoid group of organisms.

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, Guy's Hospital, and those associated with the Universities of Durham and Leeds.

A number of district councils had not joined the Medical Research Council's Scheme for centralising public health bacteriology at Northallerton at the end of 1947: some made use of commercial laboratories and others used hospital laboratories in Scarborough and York.

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 Corporation of Redcar and the rural district councils of Easingwold and Thirsk took advantage of this scheme; other county district councils provided ambulances 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, 318 persons apart from the cases of cancer admitted under the arrangements described on page 12 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 1947 :—

York City General	..	..	..	239 patients
Newcastle City General	..	..	..	37 patients
Shotley Bridge Emergency	..	..	..	8 patients
St. James', Leeds	..	..	..	17 patients
Middlesbrough General	..	..	..	11 patients
Pinderfields (Wakefield)	..	.	..	6 patients

II. VOLUNTARY HOSPITALS.

In 1947 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 *e.g.* 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, is little changed from that in 1938. The county health department co-ordinated the vacant beds and the patients requiring accommodation when the latter 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 1947 :—

Name of Sanatorium.	Owner.	No. of beds.
Aysgarth .. ..	.. Private ..	56
Fairfield .. ..	.. York Corporation ..	63
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 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 continued to provide a domiciliary nursing service; the county nursing association operating on behalf of the local supervising authority provided those midwives in areas where no local nursing association existed. The nurses holding these posts were usually Queen's Nurses and carried out home nursing subject to the exigencies of their midwifery work.

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 1947-48 for these purposes to nursing associations exceeded £30,000.

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 renewed their 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 1947 provided accommodation on the ordinary standard for 270 patients but owing to abnormal conditions a greater number 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, 1947.

DEFECTIVES IN INSTITUTIONS ON DECEMBER 31ST, 1947.

				Totals.
Under 16 years of age	..	31 males	24 females	.. 55
Over 16	..	134 males	136 females	.. 270
				—
				325
				—

On licence from institutions.

Under 16 years of age	..	1 male	3 females	..	4
Over 16	..	8 males	25 females	..	33
					37

In State Institutions (not included in the above figures).

		17 males	2 females	..	19
Under guardianship.		5 males	7 females	..	12

SANITARY CIRCUMSTANCES IN THE AREA.**Housing.**

During 1947 the Survey of houses used by persons of the working classes was continued with varying degrees of enthusiasm in the various county districts: there was even some variation from the standards which were approved in 1945 by the technical sub-committee of the North Riding Rural Advisory Committee.

There are still too many local housing authorities who allocate insufficient staff to housing and allied duties.

During the year under review the County Council commenced fresh 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.	Number of Houses.			
Section 115 (2), Housing Act, 1936.	1947			
Bedale R.D.C.	17
Croft R.D.C.	12
Easingwold R.D.C.	66
Helmsley R.D.C.	38
Kirbymoorside R.D.C.	13
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
Stokesley R.D.C.	3
Wath R.D.C.	6
Whitby R.D.C.	4

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

Bedale R.D.C.	..	..	..	7
Croft R.D.C.	..	..	..	12
Easingwold R.D.C.	..	..	..	12
Malton R.D.C.	..	..	..	17
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 Law Continuance Act, and consequently the scheme for 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.

The Minister of Health in 1945 invited the Rural Housing Sub-Committee of the Central Housing Advisory Committee to consider the problem of reconditioning with the following terms of reference :—

“ To investigate and advise on the question whether the continuance of reconditioning as under the Housing (Rural Workers) Acts would be likely to result in diverting labour from building new houses ; to advise generally on the reconditioning of rural cottages, with special reference to the supply of labour available without diversion from new building ; to consider what improvements could be made in the Housing (Rural Workers) Acts ; to consider what steps should be taken to encourage reconditioning by local authorities and also how to adapt any future reconditioning scheme to preserve cottages, groups of cottages and village streets of special architectural and historic merit.”

In 1947 the Sub-Committee of which Sir Arthur Hobhouse was the chairman, presented a report. A summary of the report appeared in the County Council's Association Official Gazette dated April 1947 and is repeated hereunder :—

“ The Sub-Committee recognises in the first place the practical limitations within which the building industry must necessarily work at the present time and they say that “ In considering the problem involved we have had constantly in mind the general shortages of labour and material that now exist. We have, accordingly, framed our recommendations for the coming into force of a complete programme of reconditioning only so soon as these shortages cease.” The Sub-Committee consider, however, that the need for an improvement in existing rural housing conditions is so great that a programme of reconditioning is essential “ to bridge the harmful gap between the standard of the old property and that of the new.”

The Sub-Committee are of the opinion that reconditioning in rural districts can be carried out by many small builders in the country who are not large enough to tackle new building effectively or on a competitive basis, and they estimate that 100,000 houses in England and Wales may be found to be suitable for reconditioning. They are also of the opinion that all cottages in need of this treatment should be dealt with, and to achieve this end they recommend an Act :—

(1) to provide for the re-introduction of grants for reconditioning, to enable reconditioning to proceed where labour and material were available ;

(2) containing a provision that on an appointed day, to be decided by the Minister of Health in the light of the available supply of labour and material, a duty should be placed upon the owner or, in default, upon the local authority to recondition all property in need of such treatment.”

"The cottages should be identified through the rural housing survey at present being carried out by rural district councils.

The Sub-Committee consider that the maximum grant, which under the Housing (Rural Workers) Acts was two-thirds of the cost of the work up to £100, should be increased to £300 or two thirds of the cost of the work, whichever is the less, and they think that the cost of this grant should be borne as follows :—

Exchequer	..	..	£
Rural district council	..	..	200
County Council	..	..	50
			50

The grant should be available to private owners who conform to the conditions laid down, and the Exchequer and county council contributions should also be available to rural district councils if they are carrying out the work.

As regards cottages of architectural or historic merit, the Sub-Committee welcome the request of the Minister of Health that they should consider what steps ought to be taken to preserve cottages, groups of cottages and village streets of architectural or historic merit. Such cottages are, in the Sub-Committee's view, not only a local but a national asset, and they think that no effort should be spared to ensure that, where necessary, the cottages will be brought up to modern standards of amenity and kept in a sound state of repair in conditions that will ensure their retention in their essential form as part of the architectural heritage of the countryside. These cottages should be identified by means of the lists at present in preparation by the Ministry of Town and Country Planning under section 42 of the Town and Country Planning Act, 1944.

The Sub-Committee also recommend that, in respect of the reconditioning of houses of architectural or historic merit, a special list of architects should be drawn up in consultation with the Ministry of Town and Country Planning and that both owners and housing authorities should be required, as a condition of grant, to employ one of these architects. For the reconditioning of such houses, it is recommended that the maximum grant of £300 should be increased to £450 to cover the additional cost of special reconditioning, and that two-thirds of the cost of the architect's fees should be added to the grant made to the owner or the housing authority.

Other recommendations in the report are as follows :—

Standards to which reconditioned houses should conform :

Ordinary Houses. Grant should be conditional upon all houses conforming to the high standard specified in paragraph 40 of the report, and the owner should be obliged to maintain the house in good condition.

Houses of special architectural or historic merit. Cottages should be brought up to the standard of ordinary cottages where possible. In cases where for reasons of size or architectural style this would not be possible without architectural damage or inordinate cost, modified recon—"

"ditioning should be carried out and occupation restricted to one or more adults. Where no reconditioning, for either general or restricted occupation, is practicable, the cottage should pass out of the jurisdiction of the housing authority and be put to some use other than housing.

Architectural advice.

Every encouragement should be given to the owner, or to the local authority when doing the work, to employ a qualified architect, and a list of such architects should be drawn up by the joint county committee in consultation with the local allied society of the Royal Institute of British Architects.

Condition of occupation of reconditioned houses.

Grants should be payable in respect of all houses occupied or to be occupied by any person living in a rural area provided that his income is, in the opinion of the authority administering any new Act, such that he would not ordinarily pay a rent in excess of that paid by rural workers in the district.

Rent.

The rent of the house should be settled by the authority administering the Act, having regard to the rents charged by the housing authority for similar accommodation in the area.

Period during which conditions should apply.

The conditions of maintenance, occupation and rent should be enforced for a period of 20 years.

Penalties on breach of conditions.

If the conditions of grant are breached, the grant should be repaid in full with compound interest, except in cases where the breach is not the fault of the owner.

Loans for reconditioning.

Loans should be available on favourable terms to owners agreeing to recondition to the standards set out above.

Authority to be responsible for operating a new Act.

The responsibility for operating any new Act should initially be placed upon the authority, either county council or rural district council, which operated the Housing (Rural Workers) Acts. Close co-operation, facilitated by the joint county committees set up following the Sub-Committee's Third Report, is essential between county council and rural district council. The Minister of Health should have powers to transfer the functions under the Act from one authority to the other, and he should exercise these powers freely in cases where a change of authority appears desirable in the interests of the more effective operation of the Act.

Tied cottages.

As regards any proposal to pay grants to owners in respect of tied cottages, the Sub-Committee point out that this question is only part of "

“a much larger problem which it is not within their terms of reference to decide or comment upon, but they conclude that as long as tied cottages exist they should have the same amenities as other cottages.

A minority report was presented by Miss Jennie Lee, M.P., who was unable to concur in all the recommendations made by the other members of the Sub-Committee.”

The Minister of Health in reply to a question in the House on the 31st July, 1947, said—

“The Government have given careful consideration to the question of the improvement of existing houses in relation to the housing programme. They remain of opinion that for the present the most urgent need is to concentrate on the building of new houses as much labour and materials as can be made available. They intend, however, to include in their housing programme provision for the improvement of existing houses and to make available financial assistance to local authorities in town and country for approved proposals, whether carried out by the local authority or by other persons, in order to secure work of a good standard and accommodation at approved rents. Proposals will be worked out in detail in consultation with the associations of local authorities, and legislation will be introduced so that facilities may be available as soon as the situation in regard to labour and materials justifies this expansion of the programme.’

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

The County Council's liability under Ministry of Health Circular 118/46 whereby contributions of 30/- annually for 60 years are made towards the cost of providing houses approved by the Minister of Health for the agricultural population continued during 1947.

Apart from the foregoing nothing further transpired during the year under review.

Rural Water Supplies and Sewerage Act.

On the 27th July, 1944, the Royal Assent was given to the Rural Water Supplies and Sewerage Act, which authorises the Minister of Health, subject to conditions determined by the Treasury, to make grants to local authorities who provide a new water supply or improve an existing supply of water or who make additional and adequate provision for the disposal of sewage in rural localities.

The second section of the Act lays down that where the Minister of Health undertakes to make a contribution towards the cost of schemes approved under the Act, the council of the county shall undertake to make a contribution payable on conditions acceptable to the local authority and the Minister, but not exceeding the amount payable from central government funds.

Accordingly, the county council, after due consideration, appointed a special committee to consider all proposals received from the council of any borough, urban or rural district in the Riding under this Act; this committee was also authorised to make observations on behalf of the county council to the submitting council(s) and to make recommendations to the county council on the contributions to be made under the provisions of this Act.

Water Supplies.

The year 1947 was one of steady progress by local sanitary authorities in the preparation of schemes for the improvement of water supplies.

Without minimising the importance of the schemes prepared by other county districts in the Riding, the formation of the Ryedale Joint Water Board may be described as the major event of the year in connection with water supplies and warrants a brief résumé of its functions.

THE RYEDALE JOINT WATER BOARD was officially constituted by Order of the Minister of Health dated 8th July, 1947, after application by the Local authorities concerned. The constituent county districts in the Ryedale Joint Water District administered by the Board are :—

Easingwold Rural District
Flaxton Rural District
Helmsley Rural District
Kirbymoorside Rural District
Malton Rural District

All these county districts have problems of water supply in varying degree and the object of the Board is to augment or replace existing water supplies within the districts, from the Keld Spring at East Ness, which yields a plentiful supply of water. The Scheme for supplying the Joint Water District prepared by the Board's consulting engineer, Mr. D. H. Moore, B.Sc., M.I.C.E., provides for the establishment of head works near the spring. In addition to pumping equipment, a chlorination plant is being installed although the latter must be regarded as an added precaution, as bacteriological examinations have shown the water to be of a high degree of purity. The supply will be pumped from East Ness through trunk mains to a high level reservoir at Yearsley, (capacity 625,000 gals.), from which the major part of the Board's area will be supplied by gravitation. In preparing the main scheme and subsidiary schemes, special attention has been given to the needs of agriculture within the area and considerable improvement in the supply of water to farms is anticipated when the schemes are in full operation. Although the Board's supply covers a large area in the south eastern part of the Riding, it is considered that the potentialities of the Keld spring are such as to allow for extension to adjoining county districts, where it is known that water supplies are not satisfactory.

In addition, during the year under review, eleven schemes for the provision and/or improvement of water supplies submitted by the under-mentioned county districts, were examined and reported upon by the County Consulting Engineers (Messrs. Binnie, Deacon & Gourlay), and the County Health Inspectors, as follows :—

District.	Date submitted.	Estimated cost.
SKELTON & BROTON U.D.C.		£
(1) Improvement of Moorsholm supply ..	19-4-47	3,400
AYSGARTH R.D.C.		
(2) Countersett Water Supply	2-1-47	910
(3) Sedbusk Water Supply	22-10-47	1,783
(4) High Shaw, Simonstone, and Hardrow Supplies	22-10-47	1,950
CROFT R.D.C.		
(5) Dalton Water Supply	24-7-47	4,006
MALTON R.D.C.		
(6) Sheriff Hutton Supply	22-3-47	6,000
(7) Ryedale Water Board mains ..	27-11-47	53,000
MASHAM R.D.C.		
(8) Ellingstring Water supply	24-3-47	2,478
REETH R.D.C.		
(9) Reeth Regional Water Scheme ..	1-5-47	40,870
(10) Langthwaite Water Scheme ..	11-6-47	950
STARTFORTH R.D.C.		
(11) Barforth Water Supply	24-4-47	5,080

Public Inquiries—Water Supplies.

Three Ministry of Health Public Inquiries into water supply schemes submitted by county districts, were held in the Riding during the year and were the subject of reports by the county health inspectors; these referred to the following schemes:—

GUISBOROUGH U.D.

Proposed purchase of the Guisborough water supply undertaking by the local authority.

HELMSLEY R.D.

Improvements to Helmsley and Kirbymoorside Piethorne scheme.

Water Supply extensions.

Extension of mains reported by county districts during the year were as follows:—

BEDALE R.D.

Extensions of mains to serve villages in Leyburn R.D.

CROFT R.D.

Commencement of extension of main from Piercebridge, through Cliffe, Manfield, Stapleton, Cleasby to Croft.

EASINGWOLD R.D.

Small extension at Shipton-by-Beningbrough.

HELMSLEY R.D.

Extension of 3 inch main from R.A.F. supply at Wombledon Aerodrome to supply the village of Harome.

Water Shortage.

Seasonal water shortage occurs in a number of areas in the Riding and the following list of county districts in which shortages occurred in 1947 is incomplete, being limited by inadequate returns :—

EASINGWOLD R.D.

Supplies to Easingwold and Crayke were restricted in the summer months. A complaint was received by the County council regarding Crayke and the position was investigated by the county health inspector, who made recommendations for automatic operation of booster plant.

LEYBURN R.D.

Supplies were restricted to Middleham during August and September, when water was supplied on the intermittent system.

PICKERING U.D.

Water supplies to the Newbridge area failed ; this is a frequent event owing to the wells drying up and it was necessary to transport water,

SCARBOROUGH R.D.

The supply pipe from springs in Forge Valley to E. & W. Ayton, was swept away by a landslide in February, 1947, and supplies were temporarily stopped, but a temporary re-connection by the use of flexible piping was carried out with commendable promptitude by the R.D.C.'s Officers and supplies to the village were resumed and maintained.

SKELTON & BROTTON U.D.

Seasonal shortages during the summer occurred in Boosbeck, Skelton Green and parts of Brotton.

Supervision and sampling of water supplies.

Section 111, sub-section (i) of the Public Health Act 1936 imposes the duty of ascertaining the sufficiency and wholesomeness of water supplies within their district, upon local authorities. The application of this section is not restricted to supplies owned by local authorities and statutory water undertakers, but includes private supplies within the area. It is appreciated that owing to the multiplicity of supplies it is not possible to give regular supervision to supplies to individual houses, but where private supplies are to villages or hamlets, it is essential that they should be sampled at regular intervals. From the following table, it is apparent that a number of local authorities in the Riding are not carrying out their duties efficiently in connection with the supervision and sampling of water supplies. The number of samples taken bears no relation to the number of water supply undertakings in their areas and owing to inadequacy of the data supplied by some authorities, interpretation of the results of samples tested is limited.

DISTRICT.	Number and results of samples taken by local authorities.	
	For chemical analyses.	For bacteriological examination.
URBAN.		
*Eston	—	—
Guisborough	4 (all S)	16 (all S)
Loftus	—	1 (S)
Malton	—	4 (all S)
Northallerton	1 (S)	27 (14 U) (13 S)
Pickering	—	12 (all S)
Redcar	28 (all S)	28 (all S)
Richmond	—	12 (all S)
Saltburn & Marske	—	1 (S)
Scalby	1 (S)	2 (S)
Scarborough	16 (all S)	250 (all S)
Skelton & Brotton	1 (S)	1 (S)
*Thornaby	—	—
Whitby	1 (S)	2 (S)
Total Urban ..	52 (all S)	356 (342 S) (14 U)
RURAL.		
Aysgarth	—	70 (63 S) (7 U)
Bedale	3 (all S)	—
Croft	1 (S)	1 (S)
Easingwold	—	31 (all S)
Flaxton	20 (14 S) (6 U)	35 (25 S) (10 U)
Helmsley	2 (S)	13 (all U)
Kirbymoorside	—	—
Leyburn	5 (all S)	17 (7 S) (10 U)
Malton	—	20 (17 S) (3 U)
øMasham	—	—
øNorthallerton	—	—
Pickering	—	12 (all S)
Reeth	—	6 (3 S) (3 U)
Richmond	1 (S)	1 (S)
Scarborough	—	10 (all S)
Startforth	6 (all S)	6 (all S)

DISTRICT	Number and results of samples taken by local authorities.	
	For chemical analyses.	For bacteriological examination.
Stokesley	10 (all S)	9 (7 S) (2 U)
Thirsk	6 (3 S) (3 U)	8 (6 S) (2 U)
Wath	—	38 (35 S) (3 U)
Whitby	—	48 (24 S) (24 U)
Total Rural ..	54 (45 S) (9 U)	325 (248 S) (77 U)

* Supply provided by Tees Valley Water Board.

S—Satisfactory.

U—Unsatisfactory.

ø Return not received from local authority.

In addition to the above, 10 samples were taken in schools for special investigation by the County Health Inspectors; 5 of these were unsatisfactory.

The officers of certain county districts have failed to supply the necessary data for the above table despite repeated requests. It is known that some supplies in these districts are subject to intermittent pollution which may be of a serious character. In other districts the number of samples taken for analysis was inadequate in view of the number of sources involved.

Water supplies for agricultural purposes.

There is evidence that in the preparation of water supply schemes, local authorities have become increasingly aware of the vital part which agriculture plays in the economic life of the nation and of the need to make adequate provision for water supplies to farms. The number of milk producers in the Riding has increased considerably and continues to do so; it is essential that these producers should have a pure, wholesome water supply sufficient for clean milk production and for milk cooling. Where farms are situated outside the area covered by schemes, or there appears to be no immediate possibility of a supply from a scheme being available, private supply schemes are in some cases being prepared. In connection with such schemes, whilst appreciating the need, it is necessary to adopt a cautious attitude. These should, wherever possible, be designed so that they can be connected to public supplies when the latter become available, as otherwise they are creating more unsatisfactory multiple sources which are difficult to super-vise and which present-day methods are designed to obviate.

SEWERAGE AND SEWAGE DISPOSAL.

Having prepared and submitted water supply schemes which are a pre-requisite if the benefits of adequate sewerage and sewage disposal are to be obtained, county district authorities have, during the year, turned their attention to the preparation of sewerage and sewage disposal schemes.

Twenty-two schemes covering thirty-two parishes have been submitted to the county council for consideration. All have been examined by the county consulting engineers and by the county health inspectors and have been the subject of reports. The schemes submitted were as follows :—

		Date
BEDALE R.D.C.	Theakston, Burneston and Carthorpe Scheme	1-7-47
EASINGWOLD R.D.C.	Coxwold, Crayke, Newton-on-Ouse	14-2-47
	Crayke—alternative Scheme ..	5-6-47
	Alne & Tollerton	21-6-47
	Easingwold	21-6-47
	Helperby & Brafferton	21-6-47
	Huby & Sutton	21-6-47
	Husthwaite	21-6-47
	Shipton-by-Beningboro' ..	21-6-47
FLAXTON R.D.C.	Lilling Joint Scheme	25-6-47
HELMSLEY R.D.C.	Harome Village Scheme ..	18-10-47
LEYBURN R.D.C.	Newton-le-Willows	24-2-47
	Hunton	24-2-47
	West Witton	24-2-47
	Preston-under-Scaur	24-2-47
MALTON R.D.C.	Sheriff Hutton with Cornborough	27-2-47
	Huttons Ambo	13-6-47
REETH R.D.C.	Arkengarthdale	13-5-47
	Healaugh	1-5-47
	Reeth, Fremington and Grinton Joint Scheme	1-5-47
STOKESLEY R.D.C.	Seamer, Yarm, Ingleby Greenhow	29-5-47

A Public Inquiry held by the Minister of Health on the 18th March, 1947, into an application by the Stokesley R.D.C. for permission to carry out works of sewerage and sewage disposal in the parishes of Stainton, Maltby and Ormesby, was attended by the county health inspector and a report made thereon.

A brief résumé of other activities of local authorities in county districts for the improvement of sewerage and sewage disposal during the year is given below :—

GUISBOROUGH U.D.C. Consulting engineers have been requested to prepare reports on the question of sewers in the parish of Wilton and the adequacy of sewage disposal works in the district.

LOFTUS U.D.C. New 6" and 9" sewers have been laid to serve the Council's Housing Estate at Liverton Mines.

NORTHALLERTON U.D.C. New sewers have been laid on the Bullamoor housing estate.

SALTBURN & MARSKE U.D.C. Sewers have been extended to serve housing estates in Saltburn and Marske.

SCARBOROUGH BOROUGH. Extensions to sewers to serve new housing estates.

SKELTON & BROTON U.D.C. The council have instructed their engineers (Messrs. Balfour & Co.) to investigate the inadequacy of their sewage works.

AYSGARTH R.D.C. Sewer extensions have been carried out at Burtersett, Carperby and Bainbridge. The consulting engineers have schemes under consideration for sewage disposal at Hawes and Gayle, Burtersett and Carperby.

BEDALE R.D.C. The sewers in the area are reported to be old and unsatisfactory and some disposal works in the district are unable to deal with the quantity of sewage reaching the works.

CROFT R.D.C. Extension to sewers was carried out to permit drainage of new council houses. The council have instructed their consulting engineer to prepare sewerage and sewage disposal schemes for the parishes of Croft, Dalton, Manfield, Cleasby and Stapleton as existing sewers in these parishes will be inadequate when the water supply schemes are completed.

HELMSLEY R.D.C. A number of parishes require sewerage; they include parts of Ampleforth, Beadlam, Harome, Gilling East, Hawnby, Pockley, Cold Kirby, Scawton, Carlton, Sproxton, Wass, Rievaulx, Old Byland. The Helmsley town sewage disposal works are inadequate for existing requirements.

KIRBYMOORSIDE R.D.C. Sewer extensions have been made to new housing estates. Existing sewage disposal works in the area are overloaded and not efficient, plans have been prepared and submitted to the Ministry of Health.

LEYBURN R.D.C. New sewers have been laid to the housing estate in Leyburn. The consulting engineers have been instructed to prepare plans for sewerage and sewage disposal in all villages in the area where such facilities are not available.

MALTON R.D.C. Only two parishes in the Rural District have sewage disposal works, plans have been prepared for sewerage and sewage disposal in other parishes.

PICKERING R.D.C. Sewers have been extended to housing sites in the village of Thornton Dale. There are no sewage disposal works in this sanitary district.

REETH R.D.C. See list of sewerage and sewage disposal schemes submitted during the year.

STARTFORTH R.D.C. Sewage disposal facilities in the District are inadequate and unsatisfactory; schemes have been submitted to remedy these deficiencies.

STOKESLEY R.D.C. Sewers have been extended to council housing estates. Improvements to defective sewers are required in the parishes of Crathorne, Ingleby Arncliffe, Newby, Potto, Faceby and Hilton. Schemes for sewerage and sewage disposal have been prepared or are in hand for the parishes of Stainton and Maltby, Ormesby, Hutton Rudby and Rudby, Great and Little Broughton and Kirby, Whorlton, Carlton, Seamer, Ingleby Greenhow and Yarm.

THIRSK R.D.C. Schemes were under consideration for sewerage and sewage disposal works.

WHITBY R.D.C. Thirty villages and hamlets have no proper sewers nor sewage disposal facilities; schemes have been prepared for a number of these areas.

It is to be regretted that some local housing authorities have made no provision for the treatment of sewage from housing estates other than passage through a septic tank en route to the nearest ditch. The Ministry of Health Housing Manual 1944, Technical Appendix K, gives details of suitable small sewage disposal plants for use in areas where adequate sewerage and sewage disposal works are not available.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs Acts.

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.
1946	1947	1946	1947	1946	1947	1947
775	629	10	5	22	25	2

The figures for 1946 are given for the purpose of comparison.

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

	No. of samples taken	No. adulter- ated.	No. inferior.	False descrip- tion.
Milk	291	3	24	—
Lime Marmalade	2	—	1	—
Rice Substitute	2	—	—	2
Sage	2	2	—	—

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.
1947	5,795	62,607	174
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 1947, 5 cases were reported where living tubercle bacilli had been found in samples of milk produced on premises in the Riding.

TUBERCULOSIS (ATTESTED HERDS) SCHEME.

1940	1941	1942	1943	1944	1945	1946	1947
457	449	413	379	361	348	359	419

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, 1947, the corresponding figure was 231. 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, 1947 was 177.

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 1947, two licences were revoked and one suspended.

During the year, 86 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 2,223 tests were done on 1,354 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	214 73.5%	77 26.5%	177 80.8%	42 19.2%	261 77.7%	75 22.3%	165 80.9%	39 19.1%
Winter Standard	288 92.9%	22 7.1%	175 95.1%	9 4.9%	372 93.9%	24 6.1%	240 91.2%	23 8.8%

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	..	6.0%	4.5%
Winter Standard	..	4.0%	1.7%

In addition to the above 38 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; sometimes 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 1947 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 257,132, *i.e.* an increase of 4,797 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 5,571 compared with 5,128 for 1946.

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 1947, new centres were established at Leeming Aerodrome, Nunthorpe, Stillington and Yarm-on-Tees.

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 available for pregnant women resident 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. In addition county patients attended ante-natal clinics in Richmond, Scarborough, Thornaby and Whitby.

A medical officer, specially qualified in this work, was in charge of each of these clinics. There were also available for county patients the clinics of obstetric consultants at Harrogate, Middlesbrough, Scarborough and York. In May, 1947, arrangements were made for expectant mothers residing in the Wath area to attend the West Riding ante-natal clinic at Ripon.

(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.

The following table shows the attendances during 1947 at the 19 ante-natal clinics serving 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 ..	24	(2)	2.0	(.2)	18	(2)
Boosbeck ..	123	(111)	5.3	(4.6)	45	(47)
Brotton ..	98	(156)	3.9	(6.0)	41	(48)
Cayton ..	14	(20)	1.4	(1.7)	9	(9)
Dormanstown ..	348	(375)	14.5	(15.0)	113	(120)
Grangetown ..	436	(360)	17.4	(13.6)	172	(150)
Guisborough ..	202	(147)	7.8	(6.1)	69	(60)
Haxby ..	50	(18)	3.6	(1.4)	17	(10)
Loftus ..	315	(290)	12.6	(11.6)	100	(102)
Marske ..	122	(133)	10.2	(11.1)	49	(48)
Northallerton ..	410	(340)	15.8	(13.1)	98	(130)
Ormesby ..	40	(49)	1.8	(1.9)	12	(13)
Redcar ..	944	(960)	18.5	(18.8)	331	(320)
Scalby ..	64	(86)	5.3	(7.2)	29	(33)
South Bank ..	544	(592)	10.7	(11.8)	184	(203)
Stokesley ..	78	(61)	3.2	(2.5)	30	(23)
Yarm ..	104	(103)	4.3	(4.7)	42	(44)
York (Huntington Rd.)	103	(71)	.5	(.5)	13	(12)
Ripon (W.R.) ..	106	(..)	2.2	(..)	30	(..)
Total ..	4,125	(3,874)	8.6	(6.9)	1,402	(1,374)

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 ..	41	(45)	3.4	(3.5)	31	(43)
South Bank ..	31	(17)	2.6	(2.4)	22	(15)
Total ..	72	(62)	3.0	(2.5)	53	(58)

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 4,852, compared with 4,414 for the previous year.

Arrangements are made with each registrar of births and deaths that he is supplied at the end of each month with a list of births notified and the county medical officer is kept 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 93 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.* the administrative county less the borough of Scarborough. The distribution of midwives during 1947 was as follows, the appropriate figures for Scarborough being given for purposes of comparison.

	Nurses Emp- loyed	County Council Mid- wives	Total 'Midwife Equiv- alent'	* 'Midwife Equivalent' Employed by Welfare Councils	Cases		Total Atten- ded
					Mid- wifery	Mat- ernity	
(i) District nursing associations	104	—	64½	1	2156	1225	3381
(ii) County nursing associations	3	—	2½	—	47	28	75
(iii) Borough of Thornaby-on-Tees	6	6	6	—	326	193	519
(iv) Urban district of Whitby	2	—	2	2	59	49	108
(v) Borough of Scar- borough	9	—	3	3	249	48	297
Total ..	124	6	77½	6	2837	1543	4380

* The fourth welfare council in the area is the borough of Richmond; the district nursing association undertakes the work there.

In 1947 the domiciliary births notified to the county medical officer under section 203 of the Public Health Act, 1936, numbered 3,815, of which 57.5% were attended by county midwives and a further 33.5% by general practitioners with a county midwife assisting. The remaining 9% of the cases were undertaken by general practitioners and midwives in private practice. A further 1,037 babies were born in maternity and nursing homes in the administrative county. The balance of the births shown in Table I took place in the area 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 of inspection and gave advice on recent improvements in midwifery technique.

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.

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 1947 (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
199	156	21	8	14

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 1947 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. A 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

	1941	1942	1943	1944	1945	1946	1947
Sending for medical help ..	1,593	1,593	1,699	2,085	1,205	1,333	1,308
Still-births ..	62	55	39	34	45	35	48
Rise of temperature ..	36	43	41	39	29	54	36
Death of mother ..	1	3	—	2	2	2	—
Death of infant ..	29	30	24	22	14	22	27
Laying out dead body ..	42	38	39	21	25	27	21
Artificial feeding ..	73	80	60	61	60	89	84
Liability to be a source of infection ..	168	153	129	156	134	120	93

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

During pregnancy ..	310
During labour ..	784
During lying-in period ..	74
In respect of child ..	140

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 93 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 (36) and discharge from the eyes of infants (17).

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 7, of which 5 occurred in the county council's area for maternity and child welfare, while 2 occurred in areas atonomous for that purpose.

Two of the deaths were attributed to puerperal and post-abortive sepsis and five to other diseases and accidents of pregnancy.

The mortality rate per 1,000 total (live and still) births was .93, compared with 2.78 for the previous year. The corresponding rate for England and Wales was 1.17.

The distribution of maternal deaths is shown in Table 6 on page 65.

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.

Name of Hospital	No of patients admitted during 1947
Middlesbrough Municipal Maternity Hospital	161
York Maternity Hospital	53
Greenbank Municipal Maternity Hospital, Darlington	30
County Maternity Home, Mount Pleasant, Northallerton	240
County Maternity Home, Guisborough	188
Westow Croft Maternity Home, near Malton	139
Harrogate and District General Hospital	32
County Maternity Home, Scarborough	56
Scarborough Hospital	44
Municipal Hospital, Middlesbrough	11
County Maternity Home, Whitby	4
Hazelwood Maternity Home, Tadcaster	2
York City General Hospital	2
Ripon Nursing and Maternity Institution	2

The total number of patients admitted under arrangements made by the county public health department amounted to 964 as compared with 908 for 1946. The comparable figure in 1938 was 133.

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." The function of a "home help" is to carry out the domestic duties in the homes of the women at the time of confinement and puerperium, if satisfactory private arrangements cannot be made. If the mother is to be removed to hospital, the services of the

"help" in the home may relieve her of domestic worry and enable her treatment to be continued for as long a period as may be considered desirable on medical grounds. It is difficult to organise such a scheme, particularly in a county area, as the work is irregular and it is only a particular type of person who is suitable for it. A home help organiser was appointed in a temporary capacity, commencing duty on the 11th March, 1947; 46 cases were provided with a "home help" under the official scheme during 1947 as against 6 in 1946.

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 but were not required during the year under review: it was possible to obtain admission to hospital of such cases as might have required this service, if they had been more remotely situated.

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, 28 cases of puerperal pyrexia were notified; of this number, 12 were removed to hospitals: 14 were from the county council's area for maternity and child welfare.

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

The arrangements made by the county council provide for the services where necessary, of a consultant obstetrician and for any bacteriological work which is found to be necessary.

The distribution of the cases was as follows:—

PUERPERAL PYREXIA.

Eston U.D. 2, Pickering U.D. 2, Redcar Borough 1, Scarborough Borough 10, Skelton & Brotton U.D. 1, Thornaby Borough 2, Whitby U.D. 2, Easingwold R.D. 3, Kirbymoorside R.D. 1, Leyburn R.D. 2, Richmond R.D. 1, Scarborough R.D. 1.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

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, 3 cases were reported; treatment was provided in hospitals for 2 infants and 1 was treated at home. All the notified cases recovered completely.

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 was during 1947 undertaken by the Public Health Committee, and the following statement relates to the administration of Section 206 of the Public Health Act, 1936 :—

1. NOTIFICATION.

No. of foster-parents on the register :—

(a) At commencement of year	23	(29)
(b) At end of year	21	(23)

No. of children on register :—

(a) At commencement of year	27	(33)
(b) At end of year	22	(27)

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	24	(21)
Female visitors other than health visitors	1	(1)
Male visitors	—	(—)

Total No. of visits made during the year .. 176 (204)

The figures in brackets are those for the previous year.

In a number of instances the proprietors of boarding schools accepted into their care children 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; nine schools were exempt from this duty in the North Riding in 1947.

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 162, as against 254 in the previous year. First attendances were made by 70 children as compared with 149 during 1946: the total number of attendances was 243. The decrease was due to the illness of the after-care sister for most of the year, and the difficulties experienced in obtaining a suitably qualified and experienced substitute.

Children over the age of 2 years who are handicapped by crippling defects are dealt with under Regulations made by the Minister of Education under the Education Act, 1944: hospital treatment is also provided by the local education authority under the same Act.

Admissions to the Adela Shaw Orthopaedic Hospital, Kirbymoorside, were arranged in respect of 5 children under the age of 2 years. These children required treatment for crippling defects, the cause of which was not tuberculosis.

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 5 children admitted at the instance of the Public Health Committee was 263 days.

Care of Illegitimate Children and their Mothers.

During the year under review 31 girls (plus 2 babies without their mothers) from the North Riding were admitted to Heworth Moor House, York, which is a hostel for unmarried mothers and their children and a payment of £1,010 7s. 3d. was made towards the deficit of the York Diocesan Association for Moral Welfare incurred in running the hostel. In addition the following grants were made to the undermentioned branches who employed a whole-time or part-time welfare worker :—

		£	s.	d.
East Cleveland	..	180	2	0
Scarborough	..	263	0	4
Middlesbrough	..	25	0	0

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 1947 is given in table 3 on page 61.

Smallpox.

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

Enteric Fever.

Seven cases were notified, all in urban areas : all were treated in hospital and all recovered. Four of the seven cases occurred in the borough of Scarborough ; one was a *B. typhosus* infection and the others were *B. paratyphosus B.* infections of the food poisoning type.

Diphtheria.

Notifications were received in respect of 46 cases as compared with 83 in 1946, 366 in 1943, and 309 in 1938. The largest number of notifications were received from Kirbymoorside rural district in respect of children in-patients in the Adela Shaw Orthopaedic hospital. All of these made a good recovery : some had little evidence of sore throat and were merely " carriers."

Cerebro-Spinal Fever.

Seventeen notifications were received in 1947 as against 6 in the previous year. The distribution of cases is shown in the table : the case mortality of this disease has been much reduced by modern methods of treatment.

Ophthalmia Neonatorum.

Three notifications were received ; all the babies were removed to hospital and made a good recovery. There was no loss of sight.

Puerperal Pyrexia.

There were 28 notifications: 13 patients were treated in hospital and one was treated at home under the advice of a consultant obstetrician. Two patients died from puerperal fever and post-abortive sepsis during the year under review.

Scarlet Fever.

Only one death was ascribed to this cause during 1947, although 759 notifications were received. The great majority of cases were very mild and few had any complications. It is one of the anomalies of public health law that a streptococcal sore throat is not a notifiable condition unless it is accompanied by a punctate erythematous rash which has little clinical significance and no epidemiological importance.

Dysentery.

Only one case was reported, this being from Flaxton R.D.

Encephalitis Lethargica.

No notification was received during the year.

Anterior Poliomyelitis and Polioencephalitis.

Sixty-seven notifications in all were received: the distribution is given in Table 3 on page 61. The cases occurred for the most part in the months of August and September. Thirteen deaths were ascribed to this cause: more than half of these deaths occurred in persons over 15 years of age. A number of the patients had typical changes in their cerebrospinal fluid and neck rigidity but did not suffer from paralysis. Those who developed this latter condition were removed from isolation hospitals to longstay orthopaedic units at Kirbymoorside and Wakefield.

Measles.

The total number of measles cases notified during the year numbered 2,537 and there were 5 deaths. Three schools out of a total of 325 primary schools were closed because of this epidemic prevalence. 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 62.

VENEREAL DISEASES.

During 1947 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 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 4 p.m.

FEMALES. Monday to Thursday (inclusive) 2 to 4 p.m.; Tuesdays, Wednesdays, Fridays and Saturdays 10 a.m. to 12 noon; Wednesdays 5 to 6-30 p.m.; Thursdays 5 to 7 p.m.

CHILDREN 5 years and over. Tuesdays 5-30 to 7 p.m.; Under 5 years, Fridays 2 to 4 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 p.m.; Thursdays 2 p.m.

Scarborough. New Hospital, Scalby Road,

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

FEMALES. Mondays and Thursdays 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 to 8 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 for the North Riding attending the various special centres for diagnosis and treatment during the nine years named:—

Disease	Year								
	1939	1940	1941	1942	1943	1944	1945	1946	1947
Syphilis ..	50	42	61	56	49	81	73	138	99
Gonorrhoea ..	136	135	144	119	120	136	167	203	151
Soft Chancre ..	1	1	1	..	3	2	4	4	6
Conditions other than venereal	235	215	250	157	242	260	328	405	304
Total ..	422	393	456	332	414	479	572	750	560
Total attendances	14385	11112	9860	9012	8900	9620	9159	9716	6434

The following table gives a summary of the work of the clinics at the hospitals named for the period 1941-1947.

	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 Rid- ing patients treated for the first time.	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
	1947	51	3	52	72	162	212	8
Total num- ber of attendances of North Riding Patients	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
	1947	809	32	950	638	1,787	2,088	130

In addition, the scheme for the treatment of uncomplicated cases of venereal disease by certain approved general practitioners was continued during 1947 and the number of cases treated in the years 1944, 1945, 1946 and 1947 is shewn below :—

	Disease.	1944	1945	1946	1947
Civilians attending for the first time during the year.	Syphilis	16	7	11	11
	Gonorrhoea	14	10	11	4
	Non-Venereal con- ditions.	63	46	37	32
Service cases attending for the first time during the year.	Syphilis	5	..	..	..
	Gonorrhoea .. ..	..	..	..	..
	Non-venereal con- ditions.	..	..	..	..
	Total attendances ..	652	363	441	604

Regulation 33B.

This regulation provides for notification to the county medical officer of contacts of clinical cases of venereal disease; 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.

No such double notifications were made in 1947.

Ten persons were notified by individual patients (single notifications) and where the particulars supplied were adequate, an attempt was made by a health visitor to trace contacts. Five such persons were traced and all were persuaded to attend for examination and any treatment found 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 700 names on the 31st December, 1947. 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 two 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	700
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	2
No. of blind persons in workshops—	
(a) under training	7
(b) employed as craftsmen	12
No. of approved home workers	25
No. of unemployable blind persons receiving grants at 31st December, 1947	354

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. There is great need for additional workshop space, particularly with adjacent hostel accommodation. In spite of the provision of wireless sets and the company of their immediate relations there are considerable advantages in organised community life for persons so handicapped as those without sight. Patients with restricted vision are more able to share in the ordinary life of their town or village.

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis in 1947 was 262 an increase of 6 from the previous year when there were 256 new notifications.

Table 1 shows the numbers of new notifications during the last 10 years. Whilst new notifications in respect of non-pulmonary tuberculosis are the lowest during the last 10 years, the notifications in respect of pulmonary tuberculosis have again increased.

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
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
1947	262	200	62

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and table III the age and sex distribution of new cases notified and deaths during the year. These tables illustrate the relatively higher incidence of pulmonary tuberculosis in the young adult female, reflected in a greater number of deaths in this age and sex group as compared with males.

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	3	4	9	9	26	16	13	9	3	93
Females ..	—	1	2	3	15	25	38	12	7	3	1	107
Non-Pulmonary—												
Males	—	5	10	5	3	1	2	—	1	—	—	27
Females	—	5	9	7	4	2	4	2	1	—	1	35

TABLE III.

Age-Periods	NEW CASES NOTIFIED.				Deaths.			
	Pulmonary.		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	—	—	—	—	1	—	—	1
1-	1	1	5	5	—	—	3	4
5-	7	5	15	16	—	1	6	2
15-	60	90	6	12	28	37	2	2
45-	22	10	1	1	22	9	—	2
65-	3	1	—	1	6	4	1	—
TOTAL ..	93	107	27	35	57	51	12	11

In Table IV the distribution of new cases by districts with comparative figures for the 5 preceding years is given.

TABLE IV.

District.	1941		1942		1943		1944		1945		1946		1947	
	Pul.	Non-Pul.	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	26	7
2. Guisborough ..	5	4	7	3	10	2	3	2	4	2	2	1	3	2
3. Loftus ..	4	-	4	3	3	5	2	2	1	3	3	9	6	5
4. Malton ..	-	-	-	-	-	1	-	-	-	-	3	3	1	1
5. Northallerton ..	2	4	2	4	1	3	5	9	2	-	1	2	-	1
6. Pickering ..	2	-	2	-	-	-	3	-	3	-	1	2	2	1
7. Redcar ..	24	3	14	7	20	8	25	7	13	6	21	6	14	-
8. Richmond ..	1	1	-	-	4	4	-	-	-	-	3	1	2	-
9. Saltburn ..	-	3	8	10	3	6	1	4	7	-	8	3	7	-
10. Scalby ..	1	-	1	-	1	-	1	-	-	-	1	1	6	2
11. Scarborough ..	13	-	25	4	20	6	51	9	26	11	22	8	43	4
12. Skelton & Brotton ..	1	3	10	5	7	3	10	17	6	12	3	6	10	2
13. Thornaby-on-Tees ..	-	-	8	3	15	13	18	8	18	10	13	4	14	4
14. Whitby ..	5	6	11	6	3	9	9	2	7	4	8	3	4	2
Total Urban ..	78	37	111	57	116	76	149	67	104	60	111	54	138	31
RURAL DISTRICTS.														
1. Aysgarth ..	2	-	2	1	1	1	1	1	2	-	2	2	1	-
2. Bedale ..	3	1	1	-	3	4	2	5	2	-	-	2	2	1
3. Croft ..	-	-	-	-	1	-	-	-	-	-	1	-	-	1
4. Easingwold ..	4	3	3	1	1	1	4	2	4	2	3	-	1	2
5. Flaxton ..	12	5	8	6	18	5	21	8	18	7	17	7	18	4
6. Helmsley ..	1	-	1	-	-	1	-	-	1	-	4	1	4	-
7. Kirbymoorside ..	6	-	-	1	-	2	2	3	3	3	3	1	1	3
8. Leyburn ..	-	-	1	2	2	-	5	3	3	1	4	1	4	3
9. Malton ..	-	-	-	-	1	-	1	1	1	-	-	-	1	1
10. Masham ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Northallerton ..	3	7	1	2	-	2	4	2	1	2	2	2	2	1
12. Pickering ..	2	-	2	1	4	1	-	2	1	1	-	1	3	2
13. Reeth ..	-	-	1	-	-	1	-	-	3	3	-	-	-	-
14. Richmond ..	2	-	-	-	5	6	2	2	-	-	5	-	2	-
15. Scarborough ..	3	1	1	-	-	-	3	1	1	-	4	1	3	2
16. Startforth ..	1	-	2	-	1	-	-	-	-	1	-	-	5	-
17. Stokesley ..	3	6	11	5	3	2	4	4	10	4	7	1	6	3
18. Thirsk ..	2	2	5	2	2	1	5	-	5	4	7	4	6	3
19. Wath ..	-	1	-	-	-	-	1	-	-	1	-	1	1	-
20. Whitby ..	7	2	4	6	9	5	6	7	5	7	3	5	2	5
Total Rural ..	51	28	43	27	51	32	61	41	60	36	62	29	62	31
Administrative County ..	129	65	154	84	167	108	210	108	164	96	173	83	200	62

Deaths and Death Rates.

There were 131 deaths due to tuberculosis in 1947, a reduction of 49 when compared with the 1946 figure.

The death rate from pulmonary tuberculosis was $\cdot 32$ per 1,000 the lowest rate ever recorded in the county.

The death rate from non-pulmonary disease is also satisfactorily lower.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last 5 years and gives the corresponding figures for England and Wales. It will be seen from this that the non-pulmonary death rate, previously lagging behind the rate for the country as a whole, is now $\cdot 07$ for 1,000.

TABLE V.

Deaths from Pulmonary Tuberculosis.

	1943	1944	1945	1946	1947
No. of deaths	113	120	138	132	108
Rate per 1,000 population ..	0.36	0.38	0.44	0.40	0.32

Deaths from Non-pulmonary Tuberculosis.

	1943	1944	1945	1946	1947
No. of deaths	44	36	47	48	23
Rate per 1,000 population ..	0.14	0.11	0.15	0.14	0.07

The death rates in England and Wales were :—

Pulmonary Tuberculosis ..	$\cdot 557$	$\cdot 524$	$\cdot 519$	$\cdot 464$	$\cdot 470$
Non-pulmonary Tuberculosis ..	$\cdot 111$	$\cdot 103$	$\cdot 100$	$\cdot 083$	$\cdot 079$

Dispensaries.

(i) 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 ..	Tuesday ..	10 a.m.	Dr. S. P. Wilson
South Bank ..	33, Nelson Street ..	Thursday ..	11 a.m.	Dr. S. P. Wilson
Thornaby-on-Tees ..	George Street ..	Tuesday ..	2 p.m.	Dr. S. P. Wilson
Whitby ..	Grape Lane ..	1st and 3rd Thursday in each month.	11 a.m.	Dr. A. Cubie
York ..	11, Castlegate ..	2nd and 4th Thursday in each month.	10 a.m.	Dr. A. Cubie

Dr. S. P. Wilson was appointed to succeed Dr. J. J. Thomson in the Cleveland area and commenced duty in January 1947.

(ii). Out-patients Clinics for pneumothorax refills were sited as follows.

TABLE VIa.

Clinic.	Days and times of sessions.			
Mowbray Grange Sanatorium, Bedale	}	Wednesdays and		
		Fridays .. 10 a.m.		
Scarborough Hospital ..		Fridays ..	.. 10-30 a.m.	
Eston Hospital ..		Tuesdays ..	.. 3 p.m.	

(iii). Work done at dispensaries.

The following table shows the work undertaken at the dispensaries.

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.	364	260	17	19	58	85	145	129	422	345	162	148	1077	
2. Transfers from Authorities of areas outside the county ..	26	17	—	1	—	2	2	1	26	19	2	2	49	
3. "Lost sight of" cases returned during the year ..	—	1	—	—	—	—	—	—	—	1	—	—	1	
B.—Number of NEW CASES diagnosed as tuberculous during the year—														
(1) Class T.B. minus ..	53	48	7	3	—	—	—	—	53	48	7	3	111	
(2) Class T.B. Plus ..	46	54	—	—	—	—	—	—	46	54	—	—	100	
(3) Non-pulmonary ..	—	—	—	—	6	7	14	16	6	7	14	16	43	
C.—Number of cases included in A. and B. written off the Dispensary Register during the year as :—														
(1) Recovered ..	1	5	—	—	3	5	4	7	4	10	4	7	25	
(2) Dead (all causes) ..	35	34	—	—	1	2	1	2	36	36	1	2	75	
(3) Removed to other areas	16	19	1	—	—	2	4	—	16	21	5	—	42	
(4) For other reasons ..	24	14	—	—	4	5	5	2	28	19	5	2	54	
D.—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ..														
	413	308	23	23	56	80	147	135	469	388	170	158	1185	

The routine work of the dispensaries continued as in previous years, contact examinations as usual being an important feature of this work.

(iv) X-RAY EXAMINATIONS.

There were 1703 cases examined radiologically in connection with dispensary work, of which total 181 were done at Mowbray Grange Sanatorium, Bedale. The installation of a fixed x-ray plant here during the year did much to improve the quality of this work.

(v) LABORATORY EXAMINATIONS.

The arrangements were unchanged and this work continues to be done at the Medical Research Council's laboratory at the County Hall, Northallerton and at the North Riding Laboratory, Scarborough.

(vi) DIAGNOSIS AND TREATMENT.

The difficulties of previous years in placing patients in suitable hospital or sanatorium accommodation following diagnosis have once more been all too apparent. The diagnosis of patients in the early stages of the disease can unfortunately not be followed by their early admission to hospital. This tragic state of affairs applies equally to the patient suffering from advanced disease, grossly infectious to others. The problem of providing staffed accommodation for patients suffering from tuberculosis has shown no sign of a solution and the demand for beds in view of modern methods of treatment is greater than ever.

Arrangements were made during the year to establish an out-patient pneumothorax refill clinic at Eston Hospital which is now satisfactorily serving patients from the Cleveland area.

(vii) RESIDENTIAL TREATMENT.

The following table shows the admission of adult pulmonary cases to various institutions and the number under treatment on 1st January, 1947.

(a) Adults—Pulmonary cases.

A total of 240 patients received sanatorium treatment in 1947. The average duration of stay of the 143 patients discharged was 20 weeks. Deaths in institutions during the year amounted to 15. The average duration of residence was 8 weeks.

Table VIII demonstrates in Section A the impoverished state of the resources of the county in the provision of beds for adults suffering from pulmonary tuberculosis. This is particularly true in the case of women patients suffering from this disease. This situation might have been alleviated if it had been found possible to staff the sanatorium for women at Bedale. Again this was not possible, although every effort was made to do so and the average number of occupied beds during the year was 16.1, just slightly over half its complement.

(b) Adults—Non-pulmonary cases.

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

NON-PULMONARY TUBERCULOSIS—ADULTS.

	Under treatment at 1-1-1947	Admitted during 1947	Discharged during 1947	Average duration of treatment	
				wks.	days
Middlesbrough General Hospital ..	2	6	7	11	0
Oswestry Orthopaedic Hospital ..	3	1	1	1	4
Darlington Memorial Hospital ..	1	1	1	1	0
Harrogate General Hospital ..	—	3	3	19	1
York County Hospital ..	—	5	4	3	0
York City General Hospital ..	5	6	2	14	6
General Infirmary, Leeds ..	—	2	1	10	0
Winterton E.M.S. Hospital ..	—	1	1	1	3

(c) Children—all forms except bone and joint.

CHILDREN'S SANATORIUM, THORNTON LODGE.

There were 16 children admitted during the year, 9 boys and 7 girls. The number of discharges during the year was 10.

The average number of beds occupied was 26 out of a total of 40. Difficulties in securing staff prevented this sanatorium being fully used.

(d) Children—Bone and Joint cases.

Facilities for diagnosis were available at the following Orthopaedic Clinics at which 62 attendances of patients were made.

Carlin How	..	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 33 children were treated at the Adela Shaw Orthopaedic Hospital, Kirbymoorside. The average stay in hospital was 68 weeks 6 days.

Supervision and after care of patients were carried out at the clinics and domiciliary visiting was undertaken where necessary.

Domiciliary Treatment.

Visits to patients in their homes were made by the Tuberculosis Officers at the request of private medical practitioners or where supervision could not be conveniently undertaken at the dispensaries.

Shelters.

Open-air shelters were provided during the year for patients at Thornaby, Hovingham, Yarm, Scorton, Cold Kirby, Pickering, Thirsk, Harmby, Swinithwaite, Marton, Osbaldwick, Osmotherley and Rounton.

The purchase of three modern shelters helped to meet the demand for shelters for patients with suitable gardens and physically fit to benefit by them.

Ultra-Violet Light Therapy.

34 patients received treatment involving 1,313 attendances, of which 227 were at the clinic held at Mowbray Grange Sanatorium, Bedale.

Surgical Appliances.

In necessitous cases appliances were provided.

Extra Nourishment.

As in previous years free milk was provided to many of the patients under treatment at home. Vitamin preparations were also made available where necessary.

Care Committee.

In spite of continued efforts to form other Committees the Scarborough Care Committee is still the only Tuberculosis Care Committee functioning in this area.

This committee has been a success since its inception and has again done much to solve and remedy the problems which fall to the household hold which has a tuberculous patient.

Allowances under Memo. 266/T.

This scheme which has proved a boon in relieving many patients of part of their financial worries was administered as in previous years, the investigation of claims being made by the lady almoner.

A total of 111 patients received allowances during the year, amounting to a total expenditure of £4,064 18s. 7d.

Home Nursing of Tuberculous Persons.

Payments were continued to the various district nursing associations for the services they rendered in home nursing of tuberculous patients.

Public Health Act 1936 (Section 172).

No action was taken under this section.

TABLE 1.

Number of Births in each District during 1947.

DISTRICT.	Estimated population for birth-rate, 1947	Total live births.	Illegiti- mate live births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Fston	31,810	833	45	26.2	446	14.0
2. Guisborough ..	8,399	201	3	23.9	107	12.7
3. Loftus	6,941	171	6	24.6	85	12.2
4. Malton	3,984	74	6	18.6	21	5.3
5. Northallerton ..	4,781	147	6	30.7	79	16.5
6. Pickering	3,898	73	5	18.7	12	3.1
7. Redcar	26,550	571	27	21.5	224	8.4
8. Richmond	6,098	124	11	20.3	78	12.8
9. Saltburn and Marske	7,404	164	3	22.2	52	7.0
10. Scalby	5,395	84	4	15.6	12	2.2
11. Scarborough ..	43,000	828	60	19.3	157	3.7
12. Skelton and Brotton	12,530	272	10	21.7	120	9.6
13. Thornaby-on-Tees	22,400	562	27	25.1	294	13.1
14. Whitby	10,520	229	17	21.8	67	6.4
Total Urban ..	193,710	4,333	230	22.4	1,754	9.1
B.—RURAL.						
1. Aysgarth	3,510	60	4	17.1	9	2.6
2. Bedale	6,753	156	12	23.1	59	8.7
3. Croft	2,122	48	4	22.6	26	12.3
4. Easingwold	10,460	204	17	19.5	77	7.4
5. Flaxton	16,540	383	15	23.2	210	12.7
6. Helmsley	5,002	95	3	19.0	31	6.2
7. Kirbymoorside ..	4,386	86	7	19.6	17	3.9
8. Leyburn	6,152	128	10	20.8	52	8.5
9. Malton	5,788	86	4	14.9	28	4.8
10. Masham	1,692	31	..	18.3	1	.6
11. Northallerton ..	8,126	144	7	17.7	44	5.4
12. Pickering	5,401	89	4	16.5	12	2.2
13. Reeth	2,040	33	2	16.2	..	..
14. Richmond	12,630	392	20	31.0	255	20.2
15. Scarborough ..	7,624	126	4	16.5	17	2.2
16. Startforth	4,198	81	3	19.3	22	5.2
17. Stokesley	16,690	324	15	19.4	118	7.1
18. Thirsk	12,220	265	12	21.7	117	9.6
19. Wath	2,046	51	1	24.9	23	11.2
20. Whitby	12,060	199	8	16.5	23	1.9
Total Rural ..	145,440	2,981	152	20.5	1,141	7.8
Administrative County ..	339,150	7,314	382	21.6	2,895	8.5

TABLE 2.

Number of Deaths in each District during 1947

DISTRICT.	Estimated population for death-rate, 1947.	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	31,810	387	12.2	51	61.2	3	66.7
2. Guisborough ..	8,399	94	11.2	6	29.9	..	..
3. Loftus	6,941	86	12.4	9	52.6	2	333.3
4. Malton	3,984	53	13.3	1	13.5	..	..
5. Northallerton ..	4,781	68	14.2	7	47.6	..	..
6. Pickering	3,898	61	15.6	2	27.4	..	..
7. Redcar	26,550	347	13.1	20	35.0	1	37.0
8. Richmond	6,098	46	7.5	3	24.2	1	90.9
9. Saltburn and Marske	7,404	112	15.1	6	36.6	..	..
10. Scalby	5,395	72	13.3	..	..	..	..
11. Scarborough ..	43,000	671	15.6	37	44.7	2	33.3
12. Skelton & Brotton ..	12,530	152	12.1	18	66.2	1	100.0
13. Thornaby-on-Tees ..	22,400	268	12.0	30	53.4	..	..
14. Whitby	10,520	162	15.4	10	43.7	1	58.8
Total Urban ..	193,710	2,579	13.3	200	46.2	11	47.8
B.—RURAL.							
1. Aysgarth	3,510	51	14.5	3	50.0	..	..
2. Bedale	6,753	97	14.4	5	32.1	..	..
3. Croft	2,122	22	10.4	1	20.8	..	..
4. Easingwold	10,460	127	12.1	10	49.0	..	..
5. Flaxton	16,540	173	10.5	12	31.3	..	..
6. Helmsley	5,002	64	12.8	5	52.6	..	..
7. Kirbymoorside ..	4,386	69	15.7	4	46.5	1	142.9
8. Leyburn	6,152	76	12.4	5	39.1	..	..
9. Malton	5,788	58	10.0	3	34.9	..	..
10. Masham	1,692	30	17.7	2	64.5	..	..
11. Northallerton ..	8,126	100	12.3	8	55.6	2	285.7
12. Pickering	5,401	77	14.3	3	33.7	..	..
13. Reeth	2,040	33	16.2	1	30.3	1	500.0
14. Richmond	12,630	137	10.8	25	63.8	..	..
15. Scarborough ..	7,624	109	14.3	7	55.6	..	..
16. Startforth	4,198	59	14.1	3	37.0	..	..
17. Stokesley	16,690	206	12.3	8	24.7	2	133.3
18. Thirsk	12,220	148	12.1	6	22.6	1	83.3
19. Wath	2,046	28	13.7	5	98.0	1	1000.0
20. Whitby	12,060	176	14.6	10	50.3	..	..
Total Rural ..	145,440	1,840	12.7	126	42.3	8	52.6
Administrative County ..	339,150	4,419	13.0	326	44.6	19	49.7

TABLE 3.

Notification of Infectious Disease in 1947, 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 ..	189	4	..	33	..	4	2	..	..	..	..	..	..	..	..	..	4	..	..	375	34	..	2
2. Guisborough ..	21	..	..	5	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	36	..	..	..
3. Loftus ..	12	2	..	9	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	55	5	..	..
4. Malton ..	7	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	52	7	..	..
5. Northallerton ..	5	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	52	7	..	..
6. Pickering ..	8	..	..	12	..	1	..	..	1	..	..	..	..	..	..	..	2	..	..	12	33	..	2
7. Redcar ..	85	..	1	18	..	1	2	1	..	..	..	..	..	..	..	..	9	..	..	434	53	..	1
8. Richmond ..	32	2	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	27	50	27	..	..
9. Saltburn & Marske ..	22	..	..	6	..	..	..	2	..	..	..	..	..	..	..	..	5	..	..	73	19	..	..
10. Scalby ..	4	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	10	4	..	..
11. Scarborough ..	35	..	4	9	..	1	6	..	..	..	..	..	..	..	..	1	5	..	..	178	57	..	10
12. Skelton & Brotton ..	55	..	1	9	..	..	2	..	..	..	..	..	..	..	..	..	2	..	..	135	3	..	1
13. Thornaby-on-Tees ..	58	8	..	13	..	..	1	..	..	..	..	..	..	..	..	..	13	..	1	93	5	..	2
14. Whitby ..	7	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	11	8	..	2
Total Urban	540	17	7	127	..	8	16	1	..	..	..	..	..	..	..	2	50	..	28	1514	255	..	20
1946	408	57	4	141	..	3	1	2	..	..	..	..	..	..	11	5	43	..	5	852	400	..	32
B.—RURAL.																								
1. Aysgarth ..	6	..	..	..	..	1	6	..	..	..	..	..	..	..	..	..	..	..	..	4	2	..	..
2. Bedale ..	4	1	..	2	..	..	10	..	..	..	..	..	..	..	..	..	5	..	..	102	5	..	..
3. Croft ..	9	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	22	6	..	..	..
4. Easingwold ..	16	..	..	13	..	1	3	..	..	..	..	..	..	..	..	..	4	..	12	105	20	..	3
5. Flaxton ..	43	6	..	3	..	3	2	1	..	..	..	..	..	..	1	..	3	..	..	203	56	..	..
6. Helmsley ..	30	..	..	18	..	6	1	..	..	..	..	..	..	..	..	..	..	..	67	17	3	..	..
7. Kirbymoorside ..	7	12	..	1	..	1	3	..	..	..	..	..	..	..	..	..	..	..	3	25	..	1	..
8. Leyburn ..	5	..	..	2	..	3	1	..	..	..	..	..	..	..	..	..	1	..	3	37	25	..	2
9. Malton ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	25	3	..	..
10. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton ..	4	4	..	6	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	11	1	..	..
12. Pickering ..	3	..	..	4	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	52	4	..	..
13. Reeth ..	..	..	..	4	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	9	13	..	..
14. Richmond ..	25	2	..	7	..	1	1	1	..	..	..	..	..	..	..	..	..	..	7	82	29	..	1
15. Scarborough ..	1	..	..	3	..	1	..	..	..	..	..	..	..	..	..	1	1	..	..	93	1	..	1
16. Startforth ..	2	1	..	2	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	40	11	..	..
17. Stokesley ..	37	2	..	15	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	157	8	..	..
18. Thirsk ..	9	..	..	4	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	24	2	..	..
19. Wath ..	7	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	14	9	..	..
20. Whitby ..	10	1	..	2	..	2	..	..	2	..	..	..	..	..	..	..	2	..	..	17	30	..	..
Total Rural	219	29	..	89	..	9	46	4	..	..	..	..	..	..	1	1	20	..	120	1023	222	..	8
1946	200	26	..	91	..	3	1	1	..	3	1	26	..	1	169	381	574	..	11
Administrative County	759	46	7	216	..	17	62	5	..	..	..	..	..	..	1	3	70	..	148	2537	477	..	28
1946	608	83	4	232	..	6	2	2	..	..	..	1	..	14	6	69	..	1	174	1233	974	..	43

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1947.

DISTRICT.	Scarlet fever.		Diphtheria.		Typhoid and paratyphoid fever.		Pneumonia.		Measles.		Whooping cough.		Diarrhoea under 2 years.	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.														
1. Eston	1	·03	..	..	23	·72	1	·03	..	..	2	2·40
2. Guisborough	1	·12	..	..	1	·12	2	9·95
3. Loftus	4	·58	1	·14	..	..	1	5·85
4. Malton	1	·25	..	..	..	..	..	..
5. Northallerton	6	1·25	..	..	..	..	..	..
6. Pickering	2	·51	..	..	..	..	..	..
7. Redcar	20	·75	..	..	1	·04	1	1·75
8. Richmond	2	·33	..	..	..	..	1	8·06
9. Saltburn and Marske	3	·41	..	..	..	..	1	6·10
10. Scalby	4	·74	..	..	..	..	..	..
11. Scarborough ..	1	·02	..	..	..	..	25	·58	..	..	1	·02	7	8·45
12. Skelton and Brotton	2	·16	..	..	..	..	2	7·35
13. Thornaby-on-Tees	1	·04	..	..	15	·67	1	·04	1	·04	1	1·78
14. Whitby	5	·48	..	..	..	..	..	..
Total Urban ..	1	·005	2	·01	..	..	113	·58	3	·015	4	·02	18	4·15
B.—RURAL.														
1. Aysgarth
2. Bedale	4	·59	..	..	..	..	1	6·41
3. Croft	1	·47	..	..	..	..	1	20·83
4. Easingwold	4	·38	..	..	..	..	..	..
5. Flaxton	5	·30	1	·06	..	..	..	..
6. Helmsley	1	·20	..	..	..	..	..	..
7. Kirbymoorside	2	·46	..	..	..	..	..	..
8. Leyburn	3	·49	..	..	..	..	..	..
9. Malton	2	·35	..	..	..	..	..	..
10. Masham	2	1·18	..	..	..	..	..	..
11. Northallerton	3	·37	..	..	..	..	..	..
12. Pickering	3	·56	..	..	..	..	..	..
13. Recth
14. Richmond	5	·40	..	..	1	·08	3	7·65
15. Scarborough	1	·13	..	..	..	..	2	15·87
16. Startforth	2	·48	..	..	..	..	..	..
17. Stokesley	14	·84	1	·06	..	..	1	3·09
18. Thirsk	6	·49	..	..	..	..	..	..
19. Wath	3	1·47	..	..	..	..	..	..
20. Whitby	6	·50	..	..	..	..	..	..
Total Rural	67	·46	2	·01	1	·006	8	2·68
Administrative County ..	1	·003	2	·006	..	..	180	·53	5	·01	5	·01	26	3·55

TABLE 5.

Number of Deaths from certain Diseases in each District during 1947.

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	26	14	185.7	.44	7	7	100.0	.22	33	21	157.1	.66	3	.09	23	.72	37	1.16	50	1.57
2. Guisborough	3	2	150.0	.24	2	2	..	..	5	2	250.0	.24	1	.12	1	.12	12	1.43	6	.71
3. Loftus	6	..	..	..	5	..	..	..	11	..	..	..	..	..	4	.58	6	.86	16	2.31
4. Malton	1	2	50.0	.50	1	1	100.0	.25	2	3	66.7	.75	2	.50	1	.25	1	.25	9	2.26
5. Northallerton	..	1	..	.21	1	..	..	..	1	1	100.0	.21	..	..	6	1.25	5	1.05	9	1.88
6. Pickering	2	2	100.0	.51	1	..	..	..	3	2	150.0	.51	1	.26	2	.51	3	.77	9	2.31
7. Redcar	14	9	155.6	.34	..	2	..	.08	14	11	127.3	.41	3	.11	20	.75	22	.83	44	1.66
8. Richmond	2	2	100.0	.33	..	..	..	..	2	2	100.0	.33	..	..	2	.33	..	..	10	1.64
9. Saltburn and Marske	7	5	140.0	.68	..	..	..	..	7	5	140.0	.68	2	.27	3	.41	4	.54	16	2.16
10. Scalby	6	1	600.0	.18	2	..	..	..	8	1	800.0	.18	..	..	4	.74	4	.74	11	2.04
11. Scarborough	43	14	307.1	.33	4	3	133.3	.07	47	17	276.5	.40	1	.02	25	.58	32	.74	99	2.30
12. Skelton and Brotton	10	6	166.7	.48	2	..	..	..	12	6	200.0	.48	3	.24	2	.16	15	1.20	12	.96
13. Thornaby-on-Tees	14	10	140.0	.45	4	..	..	..	18	10	180.0	.45	5	.22	15	.67	27	1.21	31	1.38
14. Whitby	4	6	66.7	.57	2	1	200.0	.10	6	7	85.7	.67	1	.10	5	.48	13	1.24	18	1.71
Total Urban	138	74	186.5	.38	31	14	221.4	.07	169	88	192.0	.45	22	.11	113	.58	181	.93	340	1.76

TABLE 5.—continued.

Number of Deaths from certain Diseases in each District during 1947.

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.
B.—RURAL.																				
1. Aysgarth	1	2	50.0	.57	1	1	..	.28	1	3	33.3	.85	..	..	4	..	2	.57	6	1.71
2. Bedale	2	2	100.0	.30	3	..	..	..	3	2	150.0	.30	..	..	1	.59	6	.89	9	1.33
3. Croft	..	1	..	.47	1	..	..	..	1	1	100.0	.47	..	..	1	.47	1	.47	2	.94
4. Easingwold	1	..	..	..	2	..	..	..	3	..	..	..	..	..	4	.38	4	.38	15	1.43
5. Flaxton	18	4	450.0	.24	4	2	200.0	.12	22	6	366.7	.36	..	..	5	.30	9	.54	27	1.63
6. Helmsley	4	1	400.0	.20	..	..	..	..	4	1	400.0	.20	1	.20	1	.20	3	.60	15	3.00
7. Kirbymoorside	1	1	100.0	.23	3	1	300.0	.23	4	2	200.0	.46	..	..	2	.46	1	.23	8	1.82
8. Leyburn	4	2	200.0	.33	3	..	..	..	7	2	350.0	.33	..	..	3	.49	3	.49	14	2.28
9. Malton	1	1	100.0	.17	1	..	..	..	2	1	200.0	.17	..	..	2	.35	1	.17	7	1.21
10. Masham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1.18	1	.59	7	4.14
11. Northallerton	2	1	200.0	.12	1	..	..	..	3	1	300.0	.12	..	..	3	.37	6	.74	8	.98
12. Pickering	3	..	..	..	2	..	..	..	5	..	..	..	..	..	3	.56	4	.74	7	1.30
13. Reeth	..	..	..	..	..	..	..	..	..	..	..	..	1	.49	3	.56	4	.74	7	1.30
14. Richmond	2	6	33.3	.48	..	..	..	..	2	6	33.3	.48	..	..	5	.40	3	1.47	7	3.43
15. Scarborough	3	4	75.0	.52	2	1	200.0	.13	5	5	100.0	.66	..	..	1	.13	4	.32	18	1.43
16. Startforth	5	2	250.0	.48	..	1	..	.24	5	3	166.7	.71	..	..	2	.48	5	.66	17	2.23
17. Stokesley	6	6	100.0	.36	3	2	150.0	.12	9	8	112.5	.48	2	.12	14	.84	12	.72	25	1.50
18. Thirsk	6	1	600.0	.08	3	..	..	..	9	1	900.0	.08	1	.08	6	.49	3	.25	24	1.96
19. Wath	1	..	..	..	..	1	..	.49	1	1	100.0	.49	..	.08	3	1.47	4	1.96	5	2.44
20. Whitby	2	..	..	..	5	..	..	..	7	..	..	..	1	.08	6	.50	10	.83	20	1.66
Total Rural	62	34	182.4	.23	31	9	344.4	.06	93	43	216.3	.30	6	.04	67	.46	88	.61	246	1.69
Administrative County	200	108	185.2	.32	62	23	269.6	.07	262	131	200.0	.39	28	.08	180	.53	269	.79	586	1.73

TABLE 6.

Number of Deaths from certain Diseases in each District during 1947.

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	2	2.40	..	..	29	34.81
2. Guisborough	1	4.98
3. Loftus	4	23.39
4. Malton	1	13.51
5. Northallerton	6	40.82
6. Pickering	1	13.70
7. Redcar	1	1.75	11	19.26
8. Richmond	1	8.06
9. Saltburn and Marske	3	18.29
10. Scalby
11. Scarborough	21	25.36
12. Skelton and Brotton	8	29.41
13. Thornaby-on-Tees	1	1.78	15	26.69
14. Whitby	1	4.37	9	39.30
Total Urban	2	.46	3	.69	110	25.39
B.—RURAL.						
1. Aysgarth	3	50.00
2. Bedale	2	12.82
3. Croft	1	20.83
4. Easingwold	10	49.02
5. Flaxton	11	28.72
6. Helmsley	5	52.63
7. Kirbymoorside	3	34.88
8. Leyburn	4	31.25
9. Malton	2	23.26
10. Masham	1	32.26
11. Northallerton	7	48.61
12. Pickering	2	22.47
13. Reeth	1	30.30
14. Richmond	1	2.55	15	38.27
15. Scarborough	5	39.68
16. Startforth	1	12.35
17. Stokesley	3	9.26
18. Thirsk	1	3.77	4	15.09
19. Wath	3	58.82
20. Whitby	9	45.23
Total Rural	2	.67	92	30.86
Administrative County	2	.27	5	.68	202	27.62

TABLE 7

Deaths according to Age-Groups.

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	1349	120	16	19	104	305	785	994	72	15	6	68	184	649
	F	1230	80	14	8	95	245	788	846	54	9	8	56	139	580
1 Typhoid and paratyphoid fevers	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Cerebro-spinal fever ..	M	..	..	..	..	..	..	..	1	..	1	..	..	..	..
	F	1	..	1	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	1	..	..	..	..	..	1	..	..	..	..	..	..	..
4 Whooping cough ..	M	2	1	1	..	..	..	..	..	..	..	..	..	..	..
	F	2	2	..	..	..	..	..	1	1	..	..	..	..	..
5 Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	2	..	1	1	..	..	..	..	..	..	..	..	..	..
6 Tuberculosis of respiratory system	M	41	1	..	..	17	19	4	16	..	..	..	11	3	2
	F	33	..	..	1	24	6	2	18	..	..	..	13	3	2
7 Other forms of tuberculosis	M	8	..	1	6	1	..	..	4	..	2	..	1	..	1
	F	6	..	3	1	2	..	..	5	1	1	1	..	2	..
8 Syphilitic disease ..	M	7	1	..	..	..	5	1	4	..	..	..	..	2	2
	F	3	..	..	..	1	1	1	1	..	..	..	..	..	1
9 Influenza	M	12	..	..	..	2	5	5	1	..	..	..	..	1	..
	F	10	..	..	..	2	3	5	5	..	..	..	..	..	5
10 Measles	M	1	..	1	..	..	..	..	1	..	1	..	..	..	..
	F	2	1	1	..	..	..	..	1	..	..	1	..	..	..
11 Acute poliomyelitis and polioencephalitis	M	2	..	..	1	1	..	..	5	..	1	1	3	..	..
	F	..	..	..	..	..	..	..	4	..	1	1	2	..	..
12 Acute infectious encephalitis	M	1	..	..	..	..	1	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	1	..	..	..	..	..	1	..
13 Cancer of buccal cavity and oesophagus (M) ; uterus (F)	M	16	..	..	..	1	2	13	19	..	..	..	..	7	12
	F	15	..	..	..	1	8	6	9	..	..	..	2	3	4
14 Cancer of stomach and duodenum ..	M	47	..	..	..	2	17	28	18	..	..	..	..	5	13
	F	31	..	..	..	2	11	18	14	..	..	..	1	3	10
15 Cancer of breast ..	M	..	..	..	..	..	..	..	1	..	..	..	..	1	..
	F	28	..	..	..	4	10	14	28	..	..	..	2	11	15
16 Cancer of all other sites	M	127	..	..	..	8	41	78	80	..	1	..	3	23	53
	F	76	..	..	..	5	27	44	77	..	..	..	6	15	56
17 Diabetes	M	6	..	..	..	..	1	5	5	..	..	..	..	1	4
	F	9	..	..	..	..	5	4	11	..	..	..	2	3	6
18 Intra-cranial vascular lesions	M	122	..	..	..	1	22	99	111	..	..	..	1	17	93
	F	168	..	..	..	5	39	124	138	..	..	..	2	25	111
19 Heart diseases ..	M	440	..	..	..	15	93	332	341	..	..	1	9	66	265
	F	450	..	..	..	15	62	373	237	..	..	..	5	33	199
20 Other diseases of the circulatory system	M	53	..	..	..	..	6	47	41	..	..	..	..	3	38
	F	43	..	..	..	..	4	39	33	..	..	..	1	6	26
21 Bronchitis ..	M	93	9	1	..	3	28	52	45	1	..	1	..	15	28
	F	58	6	1	..	1	9	41	26	..	..	..	..	6	20

TABLE 7—continued.

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	73	24	4	2	7	13	23	38	10	1	1	4	7	15
	F	40	9	4	1	3	7	16	29	7	1	1	1	4	15
23 Other respiratory diseases	M	11	1	1	..	4	3	2	7	..	..	..	..	2	5
	F	19	..	..	..	5	7	7	10	..	..	..	..	2	8
24 Ulceration of stomach or duodenum	M	17	..	..	..	3	10	4	7	..	..	..	1	2	4
	F	4	..	..	..	..	4	..	5	..	..	..	2	..	3
25 Diarrhoea under 2 years	M	12	12	..	..	..	..	..	5	4	1	..	..	..	..
	F	6	6	..	..	..	..	..	3	3	..	..	..	..	..
26 Appendicitis ..	M	1	..	1	..	..	..	..	1	..	..	..	1	..	..
	F	..	..	..	..	..	..	..	3	..	..	..	1	..	2
27 Other digestive diseases	M	21	1	..	4	6	4	6	22	..	..	..	1	6	15
	F	28	..	..	..	4	8	16	18	..	..	..	1	5	12
28 Nephritis	M	34	..	..	..	2	11	21	40	..	..	..	5	4	31
	F	40	..	..	..	2	14	24	20	..	..	..	2	3	15
29 Puerperal and post-abortive sepsis	F	2	..	..	..	2	..	..	..	..	..	..	..	..	..
30 Other maternal causes	F	3	..	..	..	3	..	..	2	..	..	..	2	..	..
31 Premature birth ..	M	27	27	..	..	..	..	..	19	19	..	..	..	..	..
	F	25	25	..	..	..	..	..	14	14	..	..	..	..	..
32 Congenital malformations, birth injury, infantile disease	M	36	35	1	..	..	..	..	35	31	2	..	2	..	..
	F	22	19	..	1	1	1	..	24	24	..	..	..	..	..
33 Suicide	M	10	..	..	..	3	6	1	8	..	..	..	2	3	3
	F	6	..	..	..	1	3	2	4	..	..	..	1	1	2
34 Road Traffic accidents	M	11	..	2	1	7	1	..	16	..	2	1	6	4	3
	F	4	..	..	1	2	..	1	5	..	3	..	2	..	..
35 Other violent causes ..	M	36	2	1	5	14	8	6	17	3	2	..	8	2	2
	F	19	7	1	..	1	2	8	25	3	2	1	2	3	14
36 All other causes ..	M	82	6	2	..	7	9	58	86	4	1	1	10	10	60
	F	74	5	2	2	9	14	42	75	1	1	3	6	10	54

TABLE 8

Deaths in Sanitary Districts from the seven chief causes

DISTRICT.	Cancer.		Heart diseases.		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 ..	50	1.57	98	3.08	60	1.89	14	.44	7	.22	20	.63	34	1.07
2. Guisborough ..	6	.71	35	4.17	13	1.55	2	.24	..	..	5	.60	5	.60
3. Loftus ..	16	2.31	24	3.46	10	1.44	..	..	..	..	4	.58	16	2.31
4. Malton ..	9	2.26	25	6.28	2	.50	2	.50	1	.25	..	..	5	1.26
5. Northallerton ..	9	1.88	19	3.97	11	2.30	1	.21	..	..	5	1.05	5	1.05
6. Pickering ..	9	2.31	24	6.16	5	1.28	2	.51	..	..	1	.26	7	1.80
7. Redcar ..	44	1.66	107	4.03	42	1.58	9	.34	2	.08	16	.60	45	1.69
8. Richmond ..	10	1.64	21	3.44	2	.33	2	.33	..	..	1	.16	1	.16
9. Saltburn and Marske ..	16	2.16	43	5.81	7	.95	5	.68	..	..	7	.95	20	2.70
10. Scalby ..	11	2.04	30	5.56	8	1.48	1	.18	..	..	1	.18	10	1.85
11. Scarborough ..	99	2.30	267	6.21	57	1.33	14	.33	3	.07	18	.42	76	1.77
12. Skelton & Brotton ..	12	.96	57	4.55	17	1.36	6	.48	..	..	4	.32	16	1.28
13. Thornaby-on-Tees ..	31	1.38	81	3.62	42	1.88	10	.45	..	..	12	.54	24	1.07
14. Whitby ..	18	1.71	59	5.61	18	1.71	6	.57	1	.10	2	.19	26	2.47
Total Urban ..	340	1.76	890	4.59	294	1.52	74	.38	14	.07	96	.50	290	1.50
B.—RURAL.														
1. Aysgarth ..	6	1.71	11	3.13	2	.57	2	.57	1	.28	3	.85	10	2.85
2. Bedale ..	9	1.33	34	5.03	10	1.48	2	.30	..	..	3	.44	11	1.63
3. Croft ..	2	.94	6	2.83	2	.94	1	.47	..	..	..	..	..	..
4. Easingwold ..	15	1.43	37	3.54	8	.76	..	..	..	..	3	.29	25	2.39
5. Flaxton ..	27	1.63	52	3.14	14	.85	4	.24	2	.12	6	.36	23	1.39
6. Helmsley ..	15	3.00	10	2.00	4	.80	1	.20	..	..	1	.20	12	2.40
7. Kirbymoorside ..	8	1.82	28	6.38	3	.68	1	.23	1	.23	4	.91	7	1.60
8. Leyburn ..	14	2.28	19	3.09	6	.98	2	.33	..	..	2	.33	9	1.46
9. Malton ..	7	1.21	16	2.76	3	.52	1	.17	..	..	2	.35	10	1.73
10. Masham ..	7	4.14	7	4.14	3	1.77	..	..	..	..	..	..	8	4.73
11. Northallerton ..	8	.98	32	3.94	9	1.11	1	.12	..	..	6	.74	18	2.22
12. Pickering ..	7	1.30	41	7.59	7	1.30	..	..	..	..	2	.37	12	2.22
13. Reeth ..	7	3.43	7	3.43	3	1.47	..	..	..	..	..	..	2	.98
14. Richmond ..	18	1.43	39	3.09	9	.71	6	.48	..	..	4	.32	11	.87
15. Scarborough ..	17	2.23	39	5.12	6	.79	4	.52	1	.13	4	.52	15	1.97
16. Startforth ..	5	1.19	20	4.76	8	1.91	2	.48	1	.24	3	.71	7	1.67
17. Stokesley ..	25	1.50	54	3.24	26	1.56	6	.36	2	.12	8	.48	26	1.56
18. Thirsk ..	24	1.96	63	5.16	9	.74	1	.08	..	..	9	.74	12	.98
19. Wath ..	5	2.44	8	3.91	7	3.42	..	..	1	.49	2	.98	1	.49
20. Whitby ..	20	1.66	55	4.56	16	1.33	..	..	..	..	12	1.00	30	2.49
Total Rural ..	246	1.69	578	3.97	155	1.07	34	.23	9	.06	74	.51	249	1.71
Administrative County ..	586	1.73	1468	4.33	449	1.32	108	.32	23	.07	170	.50	539	1.59

TABLE 9.—DEATHS, with their causes, in each District during 1947



