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North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1951






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PREFACE.

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

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to submit my annual report on the work of the health department of the County Council for the year 1951. The delay in submitting this formal report is regretted but there has been much pressure of work in connection with committee business and the urgent problems which arise in the day to day administration of the medical and allied services of the County Council.

The system of area administration has worked with reasonable efficiency. In the case of the sub-committees most decisions have been taken on the merits of the case and have had regard to regional considerations. There have been, however, a few cases where certain members have taken a rather parochial attitude and sought to defend the continuance of an arrangement which had ceased to be economical in the light of re-organisation which had taken place since the passing of the National Health Service Act, 1946.

As regards the office side of area administration, there is a general feeling that this has proved most efficient when the health office is situated in a main clinic as at Thornaby, or in a building immediately adjacent to the clinic. Such an arrangement tends to promote co-ordination of effort between the clerical and the nursing staff; in addition all reasonable enquiries made by individuals regarding health services can be answered either by an administrator or by one of the nurses. It is hoped that as far as possible when the re-organisation of the ambulance service takes place that the permanent stations or depots will be situated near enough to the local health offices so that a private line is practicable between these points, thus enabling additional cover during office hours (instead of retaining a man at the Station to answer telephone calls) to be given. Possible reductions in the cost of the ambulance service have received much consideration since 1950; the Health Committee has amended the night staffing arrangements and every encouragement is given to practitioners who resist unreasonable demands by patients for ambulance transport when such is not strictly necessary. A number of doctors have continued to help by reporting cases where ambulances have been ordered by hospital staff when, in the opinion of the family doctor, the need for such transport for revisits to hospital has not been obvious.

The number of deaths from cancer and other malignant conditions still remains high. It is probable that the number of deaths ascribed to this disease will still continue to increase in view of the increasing average age of the community. Every support should be given to those bodies which are carrying out research into the aetiology of these conditions.

As regards the midwifery service, the chief item to note during the year under review was the passing of the Midwives Act, 1951. Further information on this aspect of work of the health services is given on pages 20-24 of the text of this report.

The problem of providing dental treatment for the priority classes was still a difficult one during the year under review but the position has materially altered at the time of writing this preface ; it is hoped to provide a reasonably adequate wholtime dental staff by the middle of 1953. This change in the position is partly due to the charges which the patient has to pay under the arrangements made by the Ministry of Health and the local executive council. In addition many dentists have been carrying out so many extractions and providing so many dentures during the years since " the appointed day " that in some areas there must be comparatively few adults without a complete set of upper and lower dentures. The policy of the County Council in providing the necessary clinics and up-to-date equipment in advance of the availability of dental surgeons is likely to bear fruit as new applicants for the posts can be shown fully equipped dental clinics in which to work.

In conclusion I wish to thank the Chairman and members of the County Health Committee for their support during the year under review. I wish to take this opportunity of thanking the other principal officers at the County Hall for their helpful co-operation ; I also wish to express my gratitude to the professional, technical, administrative and clerical staff of the medical department for their loyal assistance.

I have the honour to be,

Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient Servant,

J. A. FRASER,

County Medical Officer.

County Hall,

Northallerton,

February, 1953.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH

For the Year 1951

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT.

County Medical Officer of Health	..	J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer of Health	..	G. Walker, M.B., CH.B., D.P.H., M.R.C.P.(E) (resigned 11-1-51)
		A. D. C. S. Cameron, M.B., CH.B., D.P.H. (from 23-4-51).
Medical Officer for Maternity and Child Welfare	}	Marjorie J. M. Dow, M.B., CH.B., D.P.H.
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit	}	Margaret C. Barnet, M.B., CH.B.
Chief Dental Officer	.. ..	.. S. Craven, L.D.S.
District Medical Officers of Health	..	.. See Table on pages 7 and 8.
Superintendent Nursing Officer	..	.. Gertrude F. Berridge, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	.. Frances S. Leader, S.R.N., S.C.M., H.V.CERT.
Assistant Superintendent Nursing Officer	..	.. Doris Miller, S.R.N., S.C.M., H.V.CERT. (resigned 31-5-51).
Chief County Health Inspector	..	.. G. D. Aspin, C.S.I.B., A.F.S.(E).
County Health Inspector	..	.. G. Collinson, M.R.S.I., D.P.A.
do	.. ..	.. R. Wharin, M.S.I.A.
Chief Clerk	.. ..	.. H. A. Roebuck, D.P.A.
County Ambulance Officer	..	.. C. F. J. Hole, (resigned 17-3-51). J. Bedford (from 12-3-51)

Area.	County Districts	Assistant County Medical Officer.	Medical Officer of Health for Sanitary Services.
Thornaby ..	Thornaby Borough Stokesley R.D.	J. W. A. Rodgers, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees.	J. W. A. Rodgers.
Eston ..	Eston U.D. ..	J. A. Dunlop, M.B., CH.B., D.P.H., Area Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar ..	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., CH.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar,	H. Pattinson.
Guisborough	Guisborough U.D. Loftus U.D. .. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Barrister at Law, Area Health Office, The Close, Brotton, Saltburn	W. H. Butcher.
Whitby ..	Whitby U.D. .. Whitby R.D. ..	B. Schroeder, M.B., CH.B. D.P.H., Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale ..	Malton U.D. & } R.D. }	W. R. M. Couper, M.B., CH.B., D.P.H., Area Health Office, Hungate, Pickering	W. R. M. Couper
	Pickering R.D. ..		W. R. M. Couper
	Pickering U.D. ..		W. R. M. Couper
	Helmsley R.D. ..		*A. C. Blair, M.D., Helmsley
	Kirbymoorside R.D.		*T. Walsh Tetley, M.R.C.S. Hobground, Great Barugh, Malton, Yorks.
Bulmer ..	Easingwold R.D.	F. D. Ross-Keyt, M.B., CH.B., D.P.H., Area Health Office, Easing- wold. Retired 31-1-51 Margaret C. Barnet, M.B., CH.B. (acting)	F. D. Ross-Keyt to 31-1-51 J. A. Fraser, M.B., CH.B., D.P.H. (acting from 1-2-51)
	Flaxton R.D. ..		F. D. Ross-Keyt (to 31-1-51). J. A. Fraser (acting from 1-2-51)
	Thirsk R.D. ..		*W. G. MacArthur, M.B., Sowerby Grange, Thirsk
	Wath R.D. ..		*T. Carter Mitchell, M.R.C.S., Topcliffe, Thirsk

Area.	County Districts	Assistant County Medical Officer.	Medical Officer of Health for Sanitary Services.
Wensleydale	Northallerton U.D.	W. Sharpe, M.B., CH.B., D.P.H., Area Health Office, Leyburn	*A. E. Milne, M.B., May- ford House, Northaller- ton.
	Northallerton R.D.		W. Sharpe
	Aysgarth R.D. ..		*W. N. Pickles, M.D., Aysgarth
	Leyburn R.D. ..		W. Sharpe
	Bedale R.D. ..		*A. W. Hansell, M.B., Woodrow, Bedale
	Masham R.D. ..		*G. R. Dodds, M.B., Bank Villa, Masham.
Richmond ..	Richmond Borough Richmond R.D.	A. Priestman, M.B., CH.B., D.P.H., Area Health Office, Corporation Offices, Richmond	A. Priestman
	Croft R.D. ..		A. Priestman
	Startforth R.D. ..		A. Priestman
	Reeth R.D. ..		*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond
Scarborough	Scarborough Borough Scalby U.D. Scarborough R.D. }	J. Stokoe, M.D., B.S., B.H.V., D.P.H., Area Health Office, King Street, Scarborough	J. Stokoe (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., CH.B., D.P.H., Deputy M.O.H., Borough of Scarborough Assistant County Medi- cal Officer

* The above officers were not debarred by their terms of appointment from private medical practice.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.
GENERAL STATISTICS.

Area (in acres)	.. .. .	..	1,354,391
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
Population (Census 1931)			
Urban Districts 182,279	}	.. .. .	331,101
Rural Districts 148,822			
Population (estimated to mid-year 1951)			
Urban Districts 203,100	}	.. .. .	379,000
Rural Districts 175,900			
Rateable Value (1st April, 1952)	.. .. .	..	£2,310,008
Estimated product of a penny rate	.. .. .	..	£9,160

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 1951, is set out in the table below; the population for the years 1938, 1948, 1949 and 1950 are also shown for comparative purposes. :—

Year.	Urban Population	Rural Population.	Total.
1938	.. 186,000	147,500	333,500
1948	.. 200,550	151,933	352,483
1949	.. 202,484	151,303	353,787
1950	.. 204,324	171,853	376,177
1951	.. 203,100	175,900	379,000

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 ; and in the rural districts industry is mainly agricultural.

Extracts from Vital Statistics of the Year.

		Total	M.	F.	
Live births	{ Legitimate	5,815	2,980	2,835	} Birth rate per 1,000 of the estimated home population 16.1.
	{ Illegitimate	304	155	149	
Still births	..	144	70	74	Rate per 1,000 total (live and still) births 22.99.
Deaths	..	4,786	2,536	2,250	Death rate per 1,000 of the estimated home population 12.6.
					Rate per 1,000 total Deaths (live and still) births
Deaths from pregnancy, childbirth, abortion	..			12	1.92
Death rate of infants under 1 year of age :					
All infants per 1,000 live births	..				33.7
Legitimate infants per 1,000 legitimate live births					32.3
Illegitimate infants per 1,000 illegitimate live births					59.2
Deaths from measles (all ages)	..			6	
Deaths from whooping cough (all ages)	..			6	

Live Births and Birth Rates.

During the year ended 31st December, 1951 the live births registered in and belonging to the Riding numbered respectively 6,119 (46 births more than the previous year, an increase of .75%).

The birth rate for the Riding as a whole was 16.1 (per 1,000 estimated population), being higher than the rate for England and Wales—15.5.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to this report.

Illegitimacy.

The number of illegitimate live births registered during the year was greater than for the previous year. During 1951, 304 such births were registered (34 more than in 1950), the position, however, shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of 1,000 population the illegitimate birth rate was .80 as compared with .71 in 1950 and .92 in 1949 ; the rate per 1,000 live births being 49.68 as compared with 44.46 in 1950 and 50.72 in 1949.

Stillbirths.

The number of stillbirths registered in 1951 was 144 (a decrease of 16 on the previous year). Further analysis of these figures into sexes indicates that there were 70 male and 74 female stillbirths. The rate per 1,000 total births was 22.99 in 1951; this rate compares with 25.67 for 1950 and 26.00 in 1949.

Deaths and Death Rates.

During 1951 the total number of deaths registered for the Riding was 4,786 (2,536 males and 2,250 females). The total figure gives an annual death rate of 12.6 in 1951 (per 1,000 estimated population), which is higher than the figure (12.0) for the previous year; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1951, were as follows :—

	Death Rates.						
	1945	1946	1947	1948	1949	1950	1951
North Riding :							
Urban Districts ..	13.9	13.1	13.3	12.1	13.1	13.0	13.8
Rural Districts ..	12.9	12.0	12.7	11.5	12.0	10.8	11.3
Administrative County ..	13.5	12.7	13.0	11.8	12.6	12.0	12.6
England and Wales ..	11.4	11.5	12.0	10.8	11.7	11.6	12.5

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

Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 on pages 64 and 65.

The principal causes of death in the County during 1951 were as follows, the figures for 1950 being also given.

			1950	1951
Influenza ..	..	..	48	153
Heart diseases ..	..	..	1,739	1,699
Other circulatory diseases		..	149	172
Bronchitis ..	..	..	151	224
Pneumonia ..	..	..	124	113
Congenital malformations		..	43	33
Tuberculosis of the respiratory system			104	70
Tuberculosis (other forms)		..	13	16
Cancer, malignant disease		..	626	646
Vascular lesions of nervous system		..	616	679
Nephritis and nephrosis ..	..	..	67	73

The position in the various sanitary districts is set out fully in Tables 4, 5, 6 and 8, but it is of interest to note that the deaths ascribed to diphtheria in the County numbered 1 in 1948, 1 in 1949, Nil in 1950 and Nil in 1951, as compared with 11 in 1938.

Cancer, Malignant Disease.

Cancer once again was responsible for over 600 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
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
1948 ..	624	373	251	1.77	1.86	1.65	1.86
1949 ..	633	390	243	1.79	1.93	1.61	1.87
1950 ..	626	352	274	1.66	1.72	1.59	1.89
1951 ..	646	403	243	1.70	1.98	1.38	1.96

Infantile Mortality.

There was a decrease in the number of deaths of infants under 1 year, the total number for the year under review being 206 (a decrease of 8 compared with the previous year. The infantile mortality rate of 33.7 compares with 35.2 for the previous year and 29.6 for England and Wales.

The following table shows the infant mortality rates for the last 10 years:

Year.	Urban Districts.	Rural Districts	Administrative County.	England & Wales.
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
1948 ..	38.8	37.2	38.1	34.0
1949 ..	41.7	36.1	39.3	32.0
1950 ..	36.0	34.2	35.2	29.8
1951 ..	38.5	27.3	33.7	29.6

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

	1951
Congenital malformations ..	23
Pneumonia ..	26
Bronchitis ..	3
Whooping cough ..	5
Measles ..	1

The Riding is completely covered by a domiciliary midwifery service which is working satisfactorily; the recruitment of qualified midwives has been less difficult than in previous years. 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.

Measles.

There were 6 deaths from this cause during the year, compared with 3 deaths in the previous year. The following show the deaths ascribed to measles for the past ten years :—

1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
6	10	2	6	1	5	3	4	3	6

Whooping Cough.

The number of deaths from whooping cough during 1951 was 6, compared with 8 in 1950 and 1 in 1949.

Infantile Paralysis.

The number of deaths in 1951 from the group of diseases which are usually known to the layman as infantile paralysis was 5 as compared with 8 in 1950 and 3 in 1949. There were 29 notifications for this disease in 1951 as compared with 81 in 1950 and 22 in 1949. The responsibility for treatment of paralytic conditions of this kind lies with the Regional Hospital Boards, but after the receipt of each notification enquiries were made into the sanitary conditions, particularly the disposal of excreta and refuse, and the possibility of nuisances from cesspits and stagnant water in ditches. Action, when necessary, was taken by the local sanitary authority concerned.

Administration.

The day to day administration of Sections 21-29 of the National Health Service Act is delegated by the Health Committee to local sub-committees in each of the ten health areas of the Riding. District health offices are established at centres shown in the table below; these are staffed, with one exception, by an assistant county medical officer, assisted by one senior clerk and one general division clerk. The remaining area (Scarborough) has a medical officer of health (who is also Divisional School Medical Officer), a Deputy Medical Officer and additional clerical staff. Each assistant county medical officer is, as a rule, also a medical officer of health of all county district authorities within his area; exceptions at the end of 1951 were the Urban District of Northallerton and the Rural Districts of Bedale, Helmsley, Kirbymoorside, Masham, Reeth, Thirsk, Wath and Aysgarth. These areas still have part-time medical officers seventeen years after the promulgation of the County Council's scheme for medical officers of health debarred from private practice.

The areas of decentralised administration and the location of the district health offices are as follows :—

No.	Area	Constituent Authorities	Population Preliminary 1951 census figures	Area Health Office at
1	Thornaby	Thornaby Borough .. Stokesley R.D.	41,335	Health Centre, Francis Street, Thornaby-on-Tees.
2	Eston ..	Eston U.D. ..	33,315	Cleveland House, Grangetown.
3	Redcar ..	Redcar Borough .. Saltburn & Marske U.D.	35,940	"Teeswold," Coatham Road, Redcar.
4	Guisborough	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	29,031	The Annexe, "The Close," Brotton.
5	Whitby ..	Whitby U.D. .. Whitby R.D.	23,554	Grape Lane, Whitby.
6	Ryedale ..	Malton U.D. .. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D.	28,781	Hungate, Pickering.
7	Bulmer ..	Easingwold R.D. .. Flaxton R.D. Thirsk R.D. Wath R.D.	49,025	Manor Road. Easingwold.
8	Wensleydale	Northallerton U.D. .. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D.	33,961	Thornborough Hall, Leyburn.
9	Richmond ..	Richmond Borough .. Croft R.D. Reeth R.D. .. Richmond R.D. Startforth R.D.	44,790	Corporation Offices, Frenchgate, Richmond.
10	Scarborough ..	Scarborough B. .. Scalby U.D. Scarborough R.D. ..	58,428	Health Department, King Street, Scarborough.

Each assistant county medical officer undertakes clinical duties in connection with the school health service and holds clinics for infants under the age of 5 years not attending a maintained school. Matters of policy are dealt with by the Health Committee but each area sub-committee has considerable powers in the day to day administration of the functions delegated by the County Council.

CARE OF MOTHERS AND YOUNG CHILDREN.

Infant Welfare Centres.

Centres were opened during the year at Knayton, Skelton, Thornton-le-Moor, Wath and Normanby, making a total of 84 centres in the Riding as a whole. The clinics in the first four mentioned places are held in premises rented by the County Council on a sessional basis; in the last named township there is a newly erected building designed by the County Architect. It is gratifying to note that the number of attendances in 1951 are the highest recorded for the four years since the appointed day under the National Health Service Act, 1946. The average attendance annually per centre is 743 and the average per session is 34.

The following table gives numerical details of the clinics held, the persons who attended and the attendances for the years 1950 and 1951.

INFANT WELFARE CENTRES.

Area No.	No. of Clinics	No. of sessions held during year.	No. of children who attended during year	No. of Children who first attended during the year and who on the date of their first attendance were:		No. of Children in attendance at the end of the year who were then:		Total No. of Attendances.	
				Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
1950									
1	8	235	971	570	146	482	473	7,243	2,143
2	3	125	972	507	70	186	41	6,448	974
3	4	150	944	368	142	224	163	5,271	1,853
4	6	154	738	472	318	226	512	3,697	2,865
5	4	89	295	111	65	88	176	1,279	1,100
6	12	143	387	194	126	155	232	1,311	2,026
7	19	350	1,386	441	317	447	939	3,605	4,011
8	10	142	506	212	131	139	161	1,560	1,717
9	8	141	942	398	147	342	639	4,213	1,828
10	6	198	1,399	545	976	463	846	5,107	2,668
Total ..	80	1,727	8,540	3,818	2,438	2,752	4,182	39,734	21,185
1951									
1	8	236	912	490	156	421	390	6,559	2,173
2	3	126	1,042	534	59	424	156	6,940	1,088
3	4	151	895	390	38	275	219	5,541	1,980
4	6	148	861	314	114	275	586	3,626	2,404
5	4	98	298	151	38	63	76	1,403	1,348
6	12	155	454	198	46	154	300	1,127	2,166
7	23	377	1,465	453	314	360	1,105	3,620	4,574
8	10	153	609	266	79	127	147	1,903	2,069
9	8	140	1,058	450	186	288	397	4,094	2,044
10	6	216	1,601	545	93	463	908	5,453	2,329
Total ..	84	1,800	9,195	3,791	1,123	2,850	4,284	40,266	22,175

Ante-Natal and Post-Natal Clinics.

The number of expectant mothers attending ante-natal clinics in 1951 was less than in the previous three years, the actual attendances being correspondingly reduced. This decrease is largely due to the increased use of maternity hospital accommodation. In the majority of maternity homes serving this Riding, admissions are arranged without regard to clinical or sociological conditions; the result is that it is sometimes difficult to obtain accommodation for a few late applicants whose home conditions are unsuitable for a domiciliary confinement, whereas many who could, at less cost to the national exchequer, have their babies at home attended by a domiciliary midwife, are admitted for an institutional confinement.

Post-natal sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees.

Item	1949		1950		1951	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
No. of Clinics	22	4	24	4	32	4
No. of Sessions	629	136	662	136	706	126
No. of Women who attended	1,712	180	2,029	171	1,493	96
Total No. of Attendances ..	6,551	243	6,571	202	5,398	116

In addition to the above, North Riding expectant mothers attended ante-natal clinics at York and Ripon and the following details refer to these two clinics :—

	1949		1950		1951	
	York	Ripon	York	Ripon	York	Ripon
No. of Women who attended	11	45	15	17	32	14
Total No. of Attendances ..	85	117	116	50	334	42

Mobile Infant Welfare and Ante-Natal Unit.

Many of the rural villages and outlying hamlets in the North Riding, within a radius of 25 miles of New Earswick, are provided with a good service by means of a mobile clinic presented to the County Council in 1949 by the Joseph Rowntree Village Trust; this unit, during the year under review, was drawn by a 27 h.p. Pontiac estate car. The unit is staffed whole-time by an assistant county medical officer (female), a qualified health visitor and a driver/clerk. Waiting rooms are hired in the villages for the use of those awaiting examination and/or advice. The estate car is also used for the

purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit which is usually parked outside a hired waiting room in one of the larger villages. The attendances are set out in the following table ; these attendances are also aggregated with those for static centres given on page 15.

No. of Clinics	..	..	..	..	17
No. of Sessions held	..	..	..	..	400
No. of expectant mothers and/or children who attended	..	..	..	..	826
Total number of attendances	..	..	..	..	5,435

All Centres.

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1951, 25 centres were provided with this additional service. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time assistant medical officers or from part-time local medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.

Proprietary brands of foods were available for purchase, at most centres, to mothers at cost plus 10% administrative charges ; this has proved to be a popular service in many districts.

Maternity Outfits.

Maternity outfits were available free of charge through midwives and some ante-natal clinics, to expectant mothers who had their confinements at home.

Care of Unmarried Mothers and their Babies.

Grants were made to the following moral welfare associations who gave, through their paid and voluntary workers, valuable help and advice to expectant and nursing unmarried mothers :—York Diocesan Association for Moral Welfare (York and North Riding Branch) ; York Diocesan Preventative and Rescue Association (Middlesbrough Branch) ; Cleveland Association for Moral Welfare ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association.

The following gives details of unmarried mothers for whom accommodation was provided in mother and baby hostels :—

Name of Hostel	No. of Unmarried mothers for whom accommodation was provided		
	1949	1950	1951
Diocesan Association for Moral Welfare, Heworth Moor House, Heworth Green, York ..	37	23	30
Diocesan Association for Moral Welfare, 21, Albemarle Crescent, Scarborough ..	18	13	26

In addition to the above, 7 patients were admitted during the year to mother and baby homes at Leeds, Hull and Newcastle-upon-Tyne. The welfare workers employed by the diocesan associations gave excellent service in this branch of public health.

The Care of Cripple Children (pre-school age groups).

Orthopaedic Clinics, attended by the Orthopaedic Surgeon were held in premises provided by the County Council at Thornaby, South Bank, Redcar, Carlin How, Whitby, Malton, Northallerton, Richmond and Scarborough; clinics were also held at Kirbymoorside and York.

The number of children who attended orthopaedic clinics during the year was 304 of whom 174 were new cases; the total number of attendances during the year was 1,100.

Children over the age of two years who are materially handicapped by crippling defects are dealt with under regulations made by the Minister of Education under the Education Act, 1944.

Admissions of children under the age of two years to orthopaedic hospitals were arranged in respect of 31 children, as compared with 22 in 1950. These children required treatment for non-tuberculous crippling defects.

Dental Treatment of Expectant Mothers and Children under the age of 5 years not attending a maintained school.

Mr. Craven, the Chief Dental Officer, reports as follows :—

The total annual return of dental treatment for the priority classes during the year 1951 shows a steady increase over the previous years, although there was no sign of additional recruitment of dental staff until the year end. The provision of modern fixed clinics, and the general improvement in the working conditions, coupled with the prospect of an increase in the dental staff is encouraging.

It has been impossible for a dental surgeon to attend infant welfare centres during welfare sessions, but all priority cases referred for dental treatment have been completed and provided with dentures where necessary. The fully equipped dental laboratories established at Northallerton, South Bank and Scarborough, will easily be able to cope, at short notice, with any increased demand for dentures.

No special sessions have been allotted specifically for the dental treatment of welfare cases, owing to lack of numbers. The patients have received the necessary dental treatment as required throughout the year in the course of the ordinary dental sessions ; special follow up visits to patients homes have been arranged when adjacent schools have been inspected.

It is noticeable that the demand for dental treatment from the priority classes is confined more to industrial areas of the county round Tees-side than to the rural parts. This may be due to economic factors, the absence of intensive publicity, or the difficulty of contact and encouragement in the rural districts.

I feel sure that once the local health authority have secured, or have definite signs of securing additional dental staff, they would be justified in launching a publicity campaign ; this will considerably increase the demand for dental treatment by the priority classes throughout the whole county.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	30	26	25	22
Children under 5 ..	180	160	150	128

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or scaling & gum treatment	Silver nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant & Nursing Mothers	232	—	26	1	—	—	—	9	16	4
Children under 5 ..	399	—	150	1	—	—	—	—	—	—

S. CRAVEN,
Chief County Dental Officer.

DOMICILIARY MIDWIFERY SERVICE.

The County Council have, since the "appointed day," provided a domiciliary midwifery service for the whole of the Riding by direct employment of qualified midwives under the general administrative direction of the County Medical Officer; they are in three categories:—

- (i) whole-time midwives in more populous districts;
- (ii) midwives undertaking midwifery and home nursing duties ("combined duties");
- (iii) midwives undertaking midwifery, home nursing, health visiting and school nursing ("generalised duties");

The establishment of the County as a whole is 39 full-time midwives and 121 part-time midwives, the latter giving service equivalent to 47 whole-time midwives: it also provides for the employment of part-time or whole-time midwives on relief duty to the equivalent of 10 whole-time midwives.

Staff.

The number of domiciliary confinements has diminished steadily over the past four years and it has been unnecessary in the circumstances to recruit staff up to the approved establishment. The birth rate although slightly higher than in 1950, was less than in 1948 and 1949; this fact plus the tendency of expectant mothers to apply for institutional accommodation appears to be the reason for the reduced number of domiciliary confinements. The number of nurses undertaking midwifery at the end of 1951 together with the number of confinements during the year are set out in the table below: for comparative purposes, figures for the years 1948, 1949, and 1950 are also given.

Category.	1948	1949	1950	1951
Domiciliary midwives ..	32	29	27	25
Midwives (also undertaking home nursing) ..	10	11	9	12
Midwives (also undertaking home nursing, health visiting and school nursing) ..	73	83	83	85
No. of domiciliary confinements ..	3,823	3,626	3,017	2,797
(a) attended as midwife ..	2,688	2,604	2,068	2,021
(b) attended as maternity nurse ..	1,135	1,022	949	776

Training.

During 1951 ten midwives attended at various centres for a course of refresher training and two midwives received instruction in the use of gas/air analgesia at the cost of the County Council.

During 1951 six pupils were accepted at the residential training school for midwives for the second part of the Central Midwives Board certificate, established at the Nurses' Home, Belgrave Crescent, Scarborough; all passed the prescribed examination. Residential accommodation is also provided at the Nurses' Home for midwives and district nurses working regularly in the Scarborough area.

Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority, to notify that authority, each year, of her intention to do so; the following statement shows the number who registered during the year 1951 in various categories:—

No. of Midwives	Employed by the C.C.	Engaged in private practice	Employed by Hospital Management Committees
210	159	13	38

The Ministry 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 during 1951, employed on midwifery duties, one such person who had surrendered her certificate under the Midwives Act, 1936.

Medical Aid Records.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting, within due limits, the practice of midwives. A midwife acting as such, or as a maternity nurse is obliged to observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or for any abnormality occurring during pregnancy, labour or lying-in period. The following table shows the nature of some of the reports sent in by the county midwives, district nurse midwives, independent midwives and midwives employed in maternity homes or nursing homes during the period under review as compared with the previous three years.

	1948	1949	1950	1951
Requests for medical aid	1,250	1,004	652	583
Stillbirth reports	74	129	108	48
Rise of temperature	35	29	20	18
Death of Mother	5	3	7	1
Death of Infant	16	19	16	19
Laying out dead body	32	33	27	24
Artificial feeding	80	105	128	114
Liability to be a source of infection	103	75	59	50

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

	1948	1949	1950	1951
During pregnancy	304	220	136	125
During labour	734	551	326	308
During lying-in period	80	144	92	66
In respect of child	132	89	98	84

The fall in requests for medical aid is probably due to the operation of the Maternity Medical Services provided under the National Health Service Acts and to the practice of some medical practitioners of attending personally their patients during confinement at home.

Maternity Medical Services.

On the 22nd August, 1951, the Ministry of Health, in Circular ECL. 73/51 outlined certain decisions concerning Maternity Medical Services. The following paragraph is of particular interest—"if medical attendance is required after the fourteenth day in respect of a patient who has been confined either at home or in hospital, the family doctor should be called in and should attend the patient as part of the general medical services. If necessary, the family doctor would consult with the general practitioner obstetrician, if the latter had provided maternity medical service."

As the result of this decision, it was necessary to instruct midwives regarding the calling in, between the fourteenth and twenty-eighth days of the lying-in period, of the general practitioner on whose list the name of the patient appeared.

According to a report made by the Chairman to the Annual Meeting of the North Riding of Yorkshire Executive Council on the 10th April, 1952, the percentage of doctors in attendance at confinements during the financial year 1951-52 was 64.3%, as compared with 66.8%—the previous year and 77.8% in 1949-50; the cost to the Executive Council for Maternity Medical Services rendered during the year 1951-52 was £30,335, an increase of £5,416 over the previous year and £6,908 in excess of the cost for 1949-50.

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. The number of notifications received each year since 1948 have decreased from 103 in 1948, 75 in 1949 and 59 in 1950, to 50 in 1951; the medical officers in charge of the ten administrative areas have been given the duty of ensuring that proper steps are taken by each midwife under this rule before returning to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat, ear and other conditions of midwives when it appeared that the safety of the mothers and babies under their care might be endangered by these conditions.

Maternal Mortality.

Maternal mortality is subject to wide fluctuations and a comparison of rates may lead to false deductions owing to the relatively small figures involved.

In 1951 the total of maternal deaths numbered 12 as compared with 10 in 1948, 5 in 1949 and 11 in 1950.

The mortality rate per thousand total (live and still) births in 1951 was 1.92, the corresponding rate for England and Wales being .79.

The distribution of maternal deaths is shown in table 6 on page 69.

Notification of Puerperal Pyrexia.

During the year the Minister of Health, in exercise of his powers under Sections 143 and 283 of the Public Health Act, 1936, and of other enabling powers made regulations which are cited as the Puerperal Pyrexia Regulations, 1951. The Regulations revoked the Puerperal Pyrexia Regulations 1939 and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928, insofar as the same were still in force. Puerperal pyrexia was redefined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage."

Every local authority was required to send a copy of the Regulations to each medical practitioner practising within their districts; these practitioners were then required to notify puerperal pyrexia under Sections 144 (modified) and 146 of the Public Health Act, 1936, on a form prescribed.

In 1951, 29 notifications were received, 14 of the cases being removed to and cared for in hospitals.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of the newborn infant. It is defined as a purulent discharge from the eyes of the infant commencing within twenty-one days of 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. In 1951, 3 cases were reported; treatment was provided in hospital for one case.

Gas and Air Analgesia.

By the end of 1951, eighty-seven domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia.

Dangerous Drugs Regulations, 1950.

Arrangements were made during the early part of 1951 to train domiciliary midwives in the use of pethidine with a view to taking advantage of the amendment made to the Dangerous Drugs Regulations, 1937, by the Dangerous Drugs Regulations, 1948 and 1950. Some 65 midwives were given instruction at 3 centres and were then authorised to use this drug in accordance with the Regulations. These provide that "A certified midwife, who has in accordance with the provisions of the Midwives Act, 1902, or the Midwives (Scotland) Act, 1915, notified to the local supervising authority her intention to practise, is hereby authorised to be in possession of, and to administer, medicinal opium, tincture of opium and pethidine (1 methyl-4 phenylpiperidine-4-carboxylic acid ethyl ester) so far as is necessary for the practice of her profession or employment as a midwife, subject to the certain conditions."

Midwives Act, 1951.

This Act made statutory provisions relating to the Roll of Midwives and the certification and discipline of midwives, the practice of midwifery and allied matters. Persons other than certified midwives became prohibited from attending women in childbirth except under medical supervision; the Act gave power to the Central Midwives Board to prohibit disqualified midwives from attending in other capacities on women in childbirth. Unqualified persons and certain retired midwives were debarred from acting as maternity nurses for gain; midwives were also forbidden to make use of unqualified substitutes.

The Act also prescribed that

“ it shall be the duty of every local supervising authority—

(a) in accordance with such provision in that behalf as is contained in rules having effect by virtue of paragraph (b) of subsection (1) of section four of this Act, to exercise general supervision over all certified midwives practising within their area;

(b) to investigate any charge of malpractice, negligence or misconduct on the part of a certified midwife practising within their area and, if a *prima facie* case is established, to report it to the Board;

(c) in accordance with such provision in that behalf as is contained in rules having effect by virtue of paragraph (c) of subsection (1) of section four of this Act, to suspend a certified midwife from practice if it appears necessary so to do in order to prevent the spread of infection;

(d) to report at once to the Board the name of a certified midwife practising within their area who is convicted of an offence;

(e) to supply the Secretary of the Board, during the month of February in each year, with the names and addresses of all certified midwives who, during the period of twelve months ending with the thirty-first day of January in that year, have notified the authority of their intention to practise within their area;

(f) to report at once to the Board the death of a certified midwife or a change in the name or address of a certified midwife in their area; and

(g) to provide or arrange for the provision of such courses of instruction for certified midwives practising in their area as may be necessary to enable those midwives to comply with any rules having effect by virtue of paragraph (d) of subsection (1) of section four of this Act.

(2) Without prejudice to the generality of paragraph (c) of subsection (1) of section four of this Act, a local supervising authority may be authorised by rules made by the Board to suspend from practice, until the case has been decided, a certified midwife against whom the authority have instituted proceedings or a certified midwife on whose part malpractice, negligence or misconduct has been reported by them to the Board.

(3) The Minister may by statutory instrument make regulations prescribing the qualifications of persons appointed under this section by a local supervising authority to exercise supervision over certified midwives within their area, and no person shall be so appointed whose qualifications are not in accordance with the regulations.”

HEALTH VISITING.

The establishment for the Riding is 36 whole-time health visitor/school nurses with 94 nurses undertaking health visiting as part of their generalised duties. It is not economical or practicable to attempt to supply a health visiting service in the sparsely population rural areas by means of nurses undertaking only health visiting and school nursing duties. The total health visitor equivalent is 31. Until the 31st May, 1951, the supervisory staff consisted of the Superintendent County Nursing Officer, a Deputy and an Assistant Nursing Officer for the three nursing services; the first named also acted as superintendent health visitor and non-medical supervisor of midwives. After that date the post of Assistant Nursing Officer held by a Queen's Nurse (S.R.N., S.C.M.) became vacant and was not filled.

The supervisory staff co-operate with the local executive medical officers regarding the need of each area, keeping in mind that the chief function in the health visiting service is related to education for health and that important secondary functions are social work in relation to sickness, the amelioration of the factors causing disease or disharmony and the prevention of the spread of disease.

It will be noted from the table below that it was possible in 1951 to carry out more health visits than in the previous two years; this appears to be due to the appointment of additional staff. The total number of visits of all kinds made by health visitors was 114,940 as compared with 111,957 in 1950 and 96,975 in 1949.

The table sets out the work of the health visitors during 1951; for comparative purposes the figures for 1949 and 1950 are included.

Classification.				1949	1950	1951
Health Visitors (whole-time)	..	..	..	6	6	6
Health Visitor/School Nurses	..	..	..	15	17	25
Generalised duties nurses (H.V., S.N., Mid. and gen. nursing)						
	..	..	..	81	82	85
Live births notified	..	..	..	6,289	6,015	6,119
First visits	..	..	..	6,339	5,305	5,494
Re-visits to children under 1 year	..	..	..	22,288	22,795	26,238
Re-visits to children 1—2 years						
2—3 "						
3—4 "						
4—5 "						
				53,950	61,000	63,949
Ante-Natal first visits	..	..	..	2,113	1,517	628
Ante-Natal total visits	..	..	..	9,121	5,459	3,050
Other visits	..	..	..	5,277	17,398	16,209

Training.

In view of the difficulty of obtaining trained health visitors, a scheme is in operation whereby State Registered Nurses who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Board Rules, can be assisted in undertaking training for the health visitors certificate of the Royal Sanitary Institute. The County Council

award scholarships, valued at £200 each, to selected applicants to enable them to take training; the fees of the course and the examination are payable by the candidate who does not receive any other remuneration from the authority. One condition made with each scholarship award is that the candidate will give a written undertaking to work for the County Council for a period of three years after passing the prescribed examination. During 1951 six nurses were awarded scholarships; all were successful in obtaining their Certificate.

The County Council also pay the necessary fees and subsistence allowance to enable selected health visitors to take a post-graduate refresher course; eight health visitors took such a course during 1951.

Child Life Protection and Adoption of Children.

In this Riding the functions of infant life protection and the adoption of children are dealt with by the Children's Committee. Although most of the home visiting is undertaken by a visitor employed by the Children's Committee, the health visitors are often consulted regarding persons who are willing to adopt a child or to undertake duties as foster parents. Children in the care of the Children's Committee continue to receive the normal care and supervision of the health visitor whose basic training is that of a nurse and whose professional judgment is of great value in assessing the health and needs of each child. Every attempt is made to ensure that "deprived" children are not further deprived of the services available to other children of the same age groups living at home.

HOME NURSING SERVICE.

The executive responsibility for the home nursing service rests with the County Medical Officer, and the day to day administration of the service is carried out by the assistant county medical officers.

The establishment for this service is 18 whole-time home nurses, 27 nurses undertaking combined midwifery and home nursing and 94 employed on generalised nursing work, giving an equivalent in whole-time home nurses for the whole county of 76.

An arrangement with the Durham County Council has been made for the nursing services to be carried out by them in the marginal areas of the Riding comprising the following parishes:—

- (a) Cotherstone and Lartington,
- (b) Wycliffe, Ovington, Barforth and Hutton Magna,
- (c) Eryholme, Over Dinsdale and Girsby,
- (d) Croft.

The North Riding County Council's generalised duties nurse residing at Romaldkirk undertakes nursing work for the Durham County Council in the parish of Egglestone.

The number of nurses employed whole-time on home nursing duties at the end of 1951 was 22. In addition nurses undertook combined and generalised duties in rural areas (for details see page 20). Details of the number of persons visited and the total visits made are set out in the table below, together with comparative figures for 1949 and 1950; it will be noted that although the number of persons visited in 1951 is less than in 1950, the number of visits made during the year has increased by 12,527.

	1949	1950	1951
Number of persons visited	7,414	10,826	9,286
Total number of visits	175,406	188,471	200,998

IMMUNISATION AND VACCINATION.

Diphtheria Immunisation.

CHILDREN UNDER 5.

The general plan is to secure that as many infants and young children as possible receive immunisation; with this object in view, health visitors and medical staff of the authority have been made responsible for explaining the advantages of immunisation to individual mothers or groups of parents by talks and discussions at clinics, welfare centres, women's institutes and community centres.

Immunisations are carried out by whole-time assistant county medical officers and by registered medical practitioners in the Riding willing to undertake this work. A fee of 5/- is paid to practitioners for every notification received of successful immunisation, except where sessions are held, in which case the appropriate sessional fee is payable; a record of immunisation is kept by a member of the County Council staff.

Facilities for immunisation are available at all welfare centres for children below school age, particularly for those under the age of one year.

Health visitors are expected to make a special visit to every household where a child has reached the age of twelve months without being immunised.

Publicity material in the form of explanatory leaflets, consent forms, posters, etcetera, is used from time to time.

The responsibility for the day to day administration of the scheme of immunisation is delegated to the ten area local health sub-committees, and executively, to an administrative assistant county medical officer.

CHILDREN OF SCHOOL AGE.

Generally school children are immunised against diphtheria by assistant school medical officers, but parents are always given the option of electing to have this done by their general practitioner either in his consulting room or in the home. In the latter case, the fee referred to above is payable for notifications received.

The school nurse is instructed to visit the home of any child seen at the first routine medical inspection and found to be unimmunised, or in need of a reinforcing injection ; it is her duty to point out to parents the advantages of protection.

The table appended below gives the number of children within the age groups 0-4 and 5-14 years who had, at the 31st December, 1951, been immunised ; comparative figures for 1949 and 1950 are also given. It will be noted that 47% of the younger age group received immunisation in 1949, 43% in 1950 and 51% in 1951. In one urban area, the percentage of children immunised is in the neighbourhood of 95% ; in this case practically all the active immunisation is carried out by an officer jointly employed by the local health authority and the local sanitary authority.

DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	No. of children immunised	Estimated population 5-14 yrs.	No. of children immunised	Total est. pop. (under 15 yrs.)	Total No. of children immunised (under 15 yrs.)
1949	30,960	14,407	51,450	23,725	82,410	38,132
1950	31,478	13,642	51,950	24,901	83,428	38,543
1951	31,760	16,334	53,630	33,340	85,390	49,674

Smallpox.

INFANT VACCINATION.

Vaccination is carried out by registered medical practitioners practising in the Riding who are willing to offer their services and by assistant county and school medical officers. Vaccination is performed in the home of the child, in the practitioners consulting rooms, or at local health authority clinics.

The percentage of children vaccinated under one year of age compared with the number of live births was 11% in 1949, 14% in 1950 and 18% in 1951. It will be noted from the table below that the number of vaccinations and re-vaccinations have increased during the year under review, as compared with the previous two years and whilst the result is not satisfactory, it is pleasing that the trend appears to be in the right direction.

VACCINATIONS.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs. & over	Total
1949	736	454	122	1,312	1	40	269	310
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790

AMBULANCE SERVICE.

The National Health Service Act, 1946, laid a duty on every local health authority to make provision for securing that ambulance transport and other means of transport are available *where necessary* for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in the area to places in or outside their area. The Act permitted local health authorities to carry out such duty either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefore or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulance transport and staff.

The National Health Service (Amendment) Act, 1949, whilst leaving the responsibility of transporting home patients discharged from hospitals on the local health authority in whose area the hospital was situate, made it possible for that authority to claim from the local health authority to whose area they were being returned, reimbursement of the cost of providing such transport provided that discharge was effected within three months from the date of admission to the hospital ; this was subject to certain conditions. The Act allowed any local health authority to waive their rights against any other local health authority either in consideration of a periodical payment or without consideration.

The service in the Riding at the end of the year under review was provided from (a) County Depots at Scarborough and Redcar and County Stations at Northallerton, Haxby Thirsk and Malton (b) Agency Services controlled by the St. John Ambulance Brigade at Carlin How, Eston, Great Ayton, Richmond, Saltburn and Whitby, (c) Agency Service of the Ryedale Ambulance Association affiliated to the British Red Cross Society (d) Hospital Car Service through the Women's Voluntary Services in certain areas and (e) Customer arrangements with adjoining authorities.

The approved establishment of the service compared with the actual strength at the 31st December, 1951, is set out in the table below.

ESTABLISHMENT				ACTUAL STRENGTH			
Name of place	Ambulances	D.P. Vehicles	Total	Name of place	Ambulances	D.P. Vehicles and/or cars	Total
Scarborough ..	4	8	8	Scarborough ...	6	4	10
Redcar ..	4	4	8	Redcar ..	6	4	10
Northallerton ..	2	3	5	Northallerton ..	2	3	5
Thirsk ..	1	3	4	Thirsk ..	3	3	6
Haxby ..	1	2	3	Haxby ..	2	3	5
Malton ..	1	3	4	Malton ..	3	3	6
Pickering or Kirbymoorside	1	3	4	Kirbymoorside			
Whitby ..	1	3	4	(Adela Shaw) ..	1	—	1
Thornaby ..	2	2	4	Whitby ..	2	—	2
Leyburn ..	1	3	4	Carlin How ..	1	—	1
Loftus or district ..	1	3	4	Saltburn ..	1	—	1
Richmond ..	1	3	4	South Bank ..	2	1 car	3
South Bank ..	2	2	4	Great Ayton ..	1	—	1
H.Q. Reserve ..	8	2	10	Richmond ..	1	—	1
				Kirbymoorside ..	2	—	2
				Richmond (on loan to S.J.A.B.)	1	—	1
				H.Q. Reserve ..	13	15 cars	8
	30	40	70		37	26	63

† Awaiting disposal.

Owing to lack of accommodation in the Northallerton district the headquarters reserve has been divided between depots and stations where vehicles can be garaged.

The service provides cover from depots and stations for 24 hours each day, the latter being staffed at night by men on stand-by duty ; these men are permitted to sleep but are required to take an ambulance vehicle to a call at once. They are paid 5/-d. per night for stand-by duty and receive overtime pay if required to move a patient or patients during the period covered by stand-by duty.

Ambulances can be called out direct from the ambulance stations by medical practitioners, midwives, hospital staffs and police officers, subject to journeys involving an outward mileage of 80 miles being approved by the local executive medical officer.

PURCHASE OF NEW VEHICLES.

In 1951, the County Council purchased 18 new dual-purpose vehicles ; older vehicles were sold by tender as and when conditions permitted. The dual purpose vehicle is economical to run and provides adequate room for four sitting patients as well as being constructed to enable rapid conversion to carry a stretcher case : it is easy to manoeuvre in narrow lanes and is fitted with a heating system linked with the cooling fluid in the cylinder block.

STAFF.

It has not been necessary owing to the continued use of voluntary agencies to recruit up to the establishment of staff ; the number of personnel employed directly by the County Council on the 31st December, 1951, was 69.

VOLUME OF WORK.

The volume of work undertaken during 1951 was greater than in preceding years ; details are given in the table below.

A true comparison cannot be made between the statistics relating to patients carried during 1951 and those of previous years, because in 1951 the Ministry of Health directed that an out-patient attending at a hospital should be counted twice (once on the inward journey and once on the return journey).

Period	Category	County vehicles	Agency vehicles	Other authorities vehicles	Hospital Car Service	Total
1948	Patients carried ..	Details	not avail	able.		7,671
(from 5 July)	Mileage ..	do	do			189,380
1949	Patients carried ..	15,826	9,923	1,857	3,062	30,668
	Mileage ..	319,587	201,188	23,398	146,043	690,216
1950	Patients carried ..	26,890	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250,895	47,064	172,683	983,183
1951	Patients carried ..	36,883	20,254	4,052	3,280	64,469
	Mileage ..	641,562	295,460	44,260	138,271	1,119,553

PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

Tuberculosis.

Prevention.

(a) HEALTH EDUCATION.

All families in which a case of clinical tuberculosis has occurred are visited by a health visitor who gives advice on personal and environmental hygiene ; she also instructs the members of the household on the nature of tuberculosis and how it can be prevented. Leaflets and other publicity material issued by the National Association for the Prevention of Tuberculosis are also used ; talks have been given during the year by members of the staff of the authority.

(b) HOUSING.

Co-operation exists between the local health authority and the local sanitary authorities whereby high priority for re-housing tuberculous families is sought, and obtained in most cases. A valuable and close link occurs where the local medical officer of health is also on the staff of the County Council ; this applied during 1951 to 25 county districts out of a total of 34 in the Riding. The 9 unco-ordinated districts have a population of approximately 30,000 out of an estimated total population of 379,000.

Care and After-Care.

(a) CARE COMMITTEE.

Care committees are established in eight out of ten health areas ; care work in the other two is carried out directly by the local health sub-committee. The Health Committee since the 5th July, 1948, has made initial grants of £50 each to six voluntary care committees on establishment and a further grant at the rate of £10 per 1,000 population, or alternatively, £1 per family in which a case of tuberculosis existed on a specified date, whichever was the greater sum ; in the case of the remaining two, one was established before the appointed day and the other had not affiliated to the National Association for the Prevention of Tuberculosis by the end of 1951. Since 1950 it has been customary to reimburse the approved expenditure of the previous year ; this is intended to ensure that voluntary committees spend their moneys properly and do not build up balances in the banks.

Grants to care committees are conditional on affiliation with the National Association for the Prevention of Tuberculosis ; care committees are also debarred from making monetary grants to sick persons except out of funds subscribed voluntarily by the public for this work.

During the year grants were made to the various care committees as follows :—

Care Committee	Gross Expenditure	Income	Net expenditure reimbursed by County Council
1	2	3	4
	£ s. d.	£ s. d.	£ s. d.
Eston	351 7 5	—	351 7 5
Redcar	77 17 0	41 18 10	35 18 2
Guisborough ..	14 2 6	—	14 2 6
Whitby	80 18 1	25 13 5	55 4 8
Bulmer	54 7 9	9 3 4	45 4 5
Wensleydale ..	58 18 7	7 3 9	51 14 10
Scarborough ..	501 3 1	—	501 3 1

(b) BEDS, BEDDING AND NURSING REQUISITES.

Patients can obtain beds, bedding, clothing, sputum mugs, sputum flasks and any other reasonable nursing requisites from a local care committee or from the area local health sub-committee.

(c) SHELTERS.

During the year under review 8 revolving shelters were in use by tuberculous persons. This service has proved most valuable where limited housing accommodation and/or large families would have made it otherwise impossible for the patient to sleep alone.

(d) NIGHT SANATORIA.

No provision is made in this county for night sanatoria.

Mental Illness or Defectiveness.

Arrangements for the care and after-care of persons suffering from mental illness or defectiveness are dealt with by the Mental Health Services Sub-Committee of the Health Committee ; see pages 36 to 41.

Other Types of Illness.

The proposals made by the County Council under the National Health Service Act, 1946, envisaged that the discharge of a patient from hospital would, in every case, be notified to the County Medical Officer or to his representative, and that on receipt of information, a health visitor or home nurse would visit the patient's home and advise or help them to obtain any services which they may require. During 1951, however, very little information regarding the discharge of patients and the need of each individual for after-care was received save from one hospital whose ear, nose and throat consultant constantly sought the co-operation of county staff.

In many instances help was provided in a material way by area care committees out of funds subscribed voluntarily ; in other cases the amount of help was limited owing to the failure of the particular care committee to take active steps to collect funds in addition to the County Council's grants which were available for tuberculous persons only.

CONVALESCENT HOME ACCOMMODATION.

During the year under review, a number of persons requiring convalescence, but not medical and nursing care, were sent to convalescent homes in various parts of the country, payment being made by the authority on a patient-day basis ; the person making application for convalescence is assessed as to his ability to contribute towards the charges and is notified in advance of the amount he will be required to pay. In addition, travel vouchers are provided in needy cases. The table below gives details of the number of persons who received benefits through arrangements made by this authority under this provision.

Name of Convalescent Home	Number receiving Convalescence				Total
	Adults		Children		
	Male	Female	Boys	Girls	
Semon Convalescent Home, Ilkley. .	3	1	—	—	4
Blackburn Convalescent Home, St. Annes-on-Sea	2	1	—	—	3
Hunstanton Convalescent Home, Hunstanton	3	7	3	8	21
West Hill Convalescent Home, Southport	3	3	—	—	6

It will be noted that provision was made for 23 adults and 11 children in 1951 compared with 6 adults and 1 child in 1949 and 11 adults and 7 children in 1950.

B.C.G. VACCINATION.

This service is carried out by chest physicians in the employ of the Regional Hospital Boards. During 1951, 73 North Riding residents were vaccinated with B.C.G. antigen.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

In 1950 the Minister of Health commended to local health authorities, certain recommendations made by the Joint Tuberculosis Council for the purpose of protecting organised groups of children against the risk of infection by adults suffering from tuberculosis. Among other suggestions it was recommended that persons in certain categories of employment should be x-rayed before being allowed to come into close contact with groups of children and that they be x-rayed again at intervals.

Four radiologists in different towns have provided services and have submitted these staff to radiological examination. During 1951, 49 employees were x-rayed under this arrangement the cost being charged to section 28 of the National Health Service Act, 1946.

HEALTH EDUCATION.

Advice on personal and environmental hygiene is freely given by health visitors employed in the County Council's service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred ; generally the advice is welcomed and accepted. Advice is also given on health matters at infant welfare centres, ante-natal and post-natal clinics both orally and by means of pamphlets. Chest physicians, too, are expected to cover the problem of prevention of infection in their discussions with their patients and relatives and to remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases.

DOMESTIC HELP SERVICE.

The County Council's proposals under the National Health Service Act, 1946 provide for the employment of 70 persons in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority is given (i) to women having a domiciliary confinement ; (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital ; (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the section of the Act are then considered.

The recruitment of suitable persons to the domestic help service is generally effected through the Ministry of Labour and/or by public advertisement ; recruitment of part-time domestic helps in rural areas is sometimes carried out by members of the County Nursing Service.

At the end of the year under review, the standard charge to persons obtaining domestic help was 2/3d. per hour ; the recovery of the whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment.

Overalls are provided except in the case of casual helps.

It will be noticed from the table below that the demand for domestic help has increased during the year ; the number of persons who received help was 509 as compared to 461 in 1950. Although the number of hours worked by domestic helps has decreased in some areas, the aggregate for the County as a whole is 14,858 hours more than in the previous year.

Area	Domestic Helps		Recipients of Domestic Help		
	Employed or registered at end of year		Hours worked	No. who received help	No. who paid standard charge
	Whole-time	Part-time			
Thornaby ..	2	5	6,619	51	5
Eston ..	4	5	16,015	80	3
Redcar ..	4	1	8,061	87	20
Guisborough ..	4	1	8,263	35	3
Whitby ..	2	2	4,138	34	6
Ryedale ..	—	9	9,050	40	1
Bulmer ..	—	11	4,143	41	3
Wensleydale ..	—	5	4,164	16	—
Richmond ..	—	5	6,306	38	9
Scarborough ..	7	—	11,202	87	17
Totals ..	23	44	77,961	509	67

MENTAL HEALTH SERVICES OF THE AUTHORITY.

The Health Committee have a standing sub-committee consisting of members with previous experience in mental hospitals or committee work relating to mental deficiency institutions and power to co-opt a limited number of persons. To this "mental health services sub-committee" are delegated the powers of the County Council in relation to Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, (excepting the power to levy a rate or to purchase or sell property) and certain functions under the National Health Service Act, 1946, Section 28. The Health Committee decided that the sub-committee should not re-delegate any of its functions to voluntary associations, but should attempt to secure the staff necessary for its work, and employ them directly. The sub-committee meets at least once a quarter; more frequently if required.

In my last report I mentioned about the nation wide shortage of psychiatric social workers and other mental health workers and indicated that the County Council, on the recommendation of the Mental Health Services Sub-Committee, had varied the establishment of outside staff with a view to training suitable persons to become mental health workers. Two trainees were appointed in 1950; of these one left in 1951 to join the Prison Service, the other although still undergoing training was able to carry out routine visits without supervision, save in known difficult cases. Salaries paid to trainees are in accordance with the general division scale for clerical staff subject to the signing of an agreement to remain with this Authority for a minimum time thereafter. At the end of 1951 the out-door staff directly employed by the local health authority on mental health work was 13; (3 whole-time and 1 part-time mental health workers, the equivalent of 3 full-time officers duly authorised—actually part-time service of 9 welfare officers).

The County Medical Officer and his staff have also been considerably assisted by officers of the Leeds and Newcastle Regional Hospital Boards, and in particular by psychiatric consultants employed by these Boards at York and Middlesbrough. The Medical Superintendent of a mental deficiency colony in County Durham has also given valuable assistance. An assistant physician at York continued to give not more than four sessions per week as before the appointed day, to child guidance work in the southern and eastern parts of the Riding but the difficulty of securing psychologists and trained social workers has prevented the establishment of a first class clinic service. Many cases have been referred to this psychiatrist, however, for opinion regarding juvenile psychosis, maladjustment and borderline cases of mental deficiency; her services have also been available on request, by magistrates.

In accordance with the terms of Circular 100/47 officers of St. Luke's Hospital, Middlesbrough and Clifton Hospital, York, have supervised the after-care of their respective patients after discharge from hospital. Members of the outside staff serving in the northern part of the county have given assistance in supplying reports on the social conditions of patients attending the psychiatric clinic at St. Luke's Hospital from the northern part of the county; subsequently these patients were visited as after-care patients by mental health workers employed by the County Council. After-care of any

mental patients discharged from the ranks of the forces of the crown were supervised during the year covered by this report by duly authorised officers and mental health workers in the service of this authority.

Supervision of defectives on licence in the North Riding, defectives under guardianship and the remaining persons known to be defective in the Riding, was carried out by workers employed by the Mental Health Services Sub-Committee.

The following statistics are of interest.

Mental Deficiency.

Defectives in Institutions on 31st December, 1951.

					Total.
Under 16 years of age	..	32 males	25 females	..	57
Over 16	do	.. 162 males	177 females	..	339
					<hr/> 396

On Licence from Institutions.

					Total
Under 16 years of age	..	1 male	3 females	..	4
Over 16	do	.. 5 males	9 females	..	14
					<hr/> 18

In Rampton and other state institutions (not included in the above figures).

12 males	5 females	..	Total.
			17

Under Guardianship.

5 males	5 females	..	Total.
			10

(a) Number of defectives notified to the local health authority during 1951

	M.	F.
(i) Under Section 57 (3) Education Act, 1944 ..	14	13
(ii) Under Section 57 (5) Education Act, 1944 ..	2	4
(iii) Other sources, subject to be dealt with ..	10	18
	<hr/> 26	<hr/> 35

(b) Disposal of cases reported during the year

(i) Admitted to institutions	2	4
(ii) Placed under guardianship	-	-
(iii) Taken to "places of safety"	-	2
(iv) Placed under statutory supervision ..	17	19
(v) Action not yet taken	7	7
(vi) Died or removed from area	-	3
	<hr/> 26	<hr/> 35

(c) Number of defectives who are subject to be dealt with on register at end of year			
(i) In institution (including those on licence therefrom)	.. .. .	212	219
(ii) Under guardianship	.. .. .	5	5
(iii) In "places of safety"	.. .. .	—	—
(iv) Under statutory supervision	.. .. .	126	138
(v) Action not yet taken	.. .. .	7	7
		—	—
		350	369
		—	—
(d) Number of defectives awaiting institutional care on 31st December			
	.. .. .	28	37
(e) Number of defectives who are not subject to be dealt with, but over whom some voluntary supervision is maintained			
	.. .. .	71	56
(f) Number of defectives receiving day training	.. .. .	3	7
(g) Number of visits made by mental health workers	.. .. .	2,122	

WORK UNDERTAKEN IN THE COMMUNITY.

Mental Treatment.		1950	1951
(a) Visits made by National Association for Mental Health Workers	.. .. .	Nil.	
(b) Visits made by duly authorised officers under the Lunacy and Mental Treatment Acts	.. .. .	558	1,008
Patients admitted to hospital			
(i) Voluntary	.. .. .	108	330
(ii) Certified	.. .. .	49	101
(iii) Temporary	.. .. .	13	24
(iv) Section 20 cases	.. .. .	65	78
(v) Urgency orders	.. .. .	5	9

Many of those actively concerned with the care of mental defectives were pleased to receive Board of Control Circular 1010. This sets out *inter-alia* that when a mental patient is found to be pregnant a report should be submitted in the first instant by the institution from which the defective is on licence to the Board of Control; that in the event of any criminal proceedings arising the Board of Control would submit the evidence to the Director of Public Prosecutions who would communicate direct with the Police and states that the procedure of informing the local police of such persons should be discontinued. As it is undesirable that defectives in view of their limited intelligence should be interviewed by persons who do not understand their mentality and behaviour, this instruction is welcomed.

During the year the Minister of Health reviewed the list of North Riding medical practitioners recognised for the purpose of making recommendations for voluntary and temporary mental treatment. Local Authorities were asked to consider whether any part of their district needed more approved doctors and to arrange for the submission of applications. Nine applications were received from medical practitioners in the North Riding administrative area; those submitted were all approved, making a total of 27.

Psychiatric Services for Remand Homes.

Some doubt has occurred in the past as to whether examinations of persons in Remand Homes by a Psychiatrist should be arranged by local authorities or by Regional Hospital Boards. The Minister of Health in Circular 28/51 has stated that on practical grounds service of this kind should be provided by the latter bodies without charge.

Occupation Centres.

The proposals made by the County Council under Section 20 of the National Health Service Act, 1946, provided for the establishment of occupation centres in Scarborough and in the Cleveland area. Several premises have, since the appointed day, been inspected but were found for one reason or another unsuitable. In 1951 a former church hall in Seamer Road, Scarborough, was purchased and plans made to adopt these premises as an occupation centre; attendance of defectives at the centre did not commence until 1952. The County Council also fixed an establishment of staff consisting of one supervisor (qualified) one assistant supervisor and one caretaker (part-time). The centre was named the Alderman Cockerill Occupation Centre, in recognition of many years work by Alderman Cockerill in this field.

During 1951 four defectives attended the York Occupation Centre from parts of the Riding near the City boundary and the charges were paid by the County Council; small amounts were recovered from some parents for meals supplied at the centre. During November, 1951, similar arrangements were made with the Middlesbrough County Borough Council for four children resident in the South Bank area of the Riding to attend the occupation centre at Middlesbrough. Travelling expenses were refunded in some cases and small amounts were recovered from the parents for the cost of meals.

Conveyance of persons suffering from mental illness and mental deficiency.

In a circular dated 17-7-1951 the Minister of Health dealt with a number of enquiries arising from the above subject since the inception of the National Health Service Act. The advice given by the Minister was as follows:—

“Initial removal of mental defectives.

1. When defectives are removed under Orders under the Mental Deficiency Acts to institutions or to guardianship the local health authority specified in the Order is responsible for arranging for them to be conveyed (see section 43 Mental Deficiency Act, 1913, as amended). This will ordinarily be the local health authority in whose area the defective lived.

2. Where, however, a defective has been sent by a Court to an institution or placed under guardianship under section 8 (1) (b) of the Mental Deficiency Act the specified local health authority will be the authority in whose area the offence for which the defective was dealt with was committed or was alleged to have been committed (section 44 (1) Mental Deficiency Act).

Prisoners and Inmates of Borstal Institutions and Approved Schools.

3. Similar provisions to those in paragraph 4 apply where a defective is transferred to a mental deficiency institution from a prison, Borstal Institution or Approved School on the Order of the Secretary of State under section 9 of the Mental Deficiency Act (see section 44 (2) Mental Deficiency Act).

4. If, however, a prisoner or an inmate of a Borstal Institution is removed to a mental Hospital or, on discharge from a mental hospital or mental deficiency institution, is taken back to complete an unexpired term of detention, arrangements for conveyance are in all respects the responsibility of the Governor of the Establishment concerned.

(The term "mental deficiency institution" includes the State Hospitals for Mental Defectives at Rampton and Moss Side).

Transfers between Hospitals.

5. If any patient is transferred from one mental hospital to another or from one mental deficiency institution to another or a patient is brought back to a mental hospital or mental deficiency institution from which he has absconded, arrangements for conveyance are the responsibility of the hospitals or institutions concerned. Where, however, owing to the physical or mental condition of the patient, it is clearly not expedient to convey the patient by ordinary public transport or a vehicle owned by the hospital authority, the latter may call on the local health authority for the area where the patient is to provide suitable transport under section 27 of the National Health Service Act.

6. Hospital Management Committees will be requested not to exercise their powers under Section 66, Lunacy Act, 1890, to require local authorities to provide transport.

7. All hospitals have been asked to avoid using the local health authorities ambulance service unless it is clearly necessary.

Escorts for patients.

8. When patients are being removed to mental hospitals or mental deficiency institutions from the community, local health authorities will not ordinarily need an escort other than a member of their mental health staff. If, exceptionally, a nursing escort is required, the local health authority should seek the co-operation of an appropriate hospital which will make no charge for any escort which they provide.

9. Where, as in the case of defectives removed from prisons, etc., to institutions, special escort is needed as a custodian only, local health authorities may, as in the past, look to the establishment concerned for help, but the expenses of any escort provided will be borne by the local health authority, in view of the terms of section 43 and 44 of the Mental Deficiency Act. Hospitals and institutions should not be asked to help in these cases.

10. If a patient is being transferred between hospitals or institutions under section 27, National Health Service Act, the sending hospital will provide a nursing escort.

Section 20, Lunacy Act, 1890.

11. When it is necessary to convey a patient from wards provided under this section, a nursing escort will almost invariably be necessary and will be supplied by the hospital concerned at the request of the duly authorised officer."

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1951 was 12 as compared with 14 in 1950. Premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department.

There were 3 new registrations in 1951 ; the number of certificates of registration surrendered voluntarily owing to the discontinuance of the use of the premises for the purposes of a nursing home was 5.

The number of beds provided in these nursing homes at the end of 1951 was 139 (Maternity 42, others 97).

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis received in 1951 was 298 as compared with 267 in 1950.

Table I shows the number of new notifications during the last ten years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1942	238	154	84
1943	275	167	108
1944	318	210	108
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43
1951	298	250	48

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.

TABLE II.
Formal Notification.

Age-Periods	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	8	3	9	15	24	20	24	27	10	141
Females ..	—	2	6	4	20	24	22	18	8	2	3	109
Non-Pulmonary—												
Males ..	—	4	7	6	2	—	3	2	1	—	—	25
Females ..	—	2	3	6	4	3	1	3	1	—	—	23

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-	8	2	4	2	—	—	3	1
5-	4	10	13	9	—	—	1	2
15-	68	84	7	11	15	17	4	1
45-	51	10	1	1	22	6	2	1
65-	10	3	—	—	7	3	—	—

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

TABLE IV.

District.	1946		1947		1948		1949		1950		1951	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston	22	5	26	7	52	4	45	10	31	2	42	-
2. Guisborough ..	2	1	3	2	3	3	3	2	4	3	7	-
3. Loftus	3	9	6	5	3	1	4	10	7	3	4	-
4. Malton	3	3	1	1	1	-	2	-	-	-	-	-
5. Northallerton ..	1	2	-	1	-	-	3	-	-	-	3	-
6. Pickering	1	2	2	1	3	-	2	1	-	-	2	-
7. Redcar	21	6	14	-	24	2	14	4	21	1	17	5
8. Richmond	3	1	2	-	-	-	1	3	2	-	8	-
9. Saltburn	8	3	7	-	4	-	7	-	9	2	7	1
0. Scalby	1	1	6	2	2	1	4	-	4	1	6	-
1. Scarborough ..	22	8	43	4	29	9	29	2	25	-	23	2
2. Skelton & Brotton	3	6	10	2	6	-	8	5	14	3	5	2
3. Thornaby-on-Tees	13	4	14	4	26	3	22	3	30	4	28	2
4. Whitby	8	3	4	2	6	11	2	4	1	6	12	5
Total Urban ..	111	54	138	31	159	34	146	44	148	25	164	17
RURAL DISTRICTS.												
1. Aysgarth	2	2	1	-	2	-	3	-	-	-	2	2
2. Bedale	-	2	2	1	3	5	2	-	2	-	1	-
3. Croft	1	-	-	1	-	2	-	-	-	-	-	-
4. Easingwold	3	-	1	2	6	8	3	-	14	1	25	3
5. Flaxton	17	7	18	4	22	12	9	9	11	2	8	2
6. Helmsley	4	1	4	-	5	2	2	-	3	1	1	1
7. Kirbymoorside ..	3	1	1	3	-	3	1	1	2	-	-	-
8. Leyburn	4	1	4	3	4	1	4	2	1	1	6	1
9. Malton	-	-	1	1	3	-	-	-	1	1	1	1
0. Masham	-	-	-	-	1	-	-	-	-	-	-	-
1. Northallerton ..	2	2	2	1	2	1	7	2	-	-	8	-
2. Pickering	-	1	3	2	2	2	-	-	1	-	1	-
3. Reeth	-	-	-	-	-	1	2	-	1	1	-	-
4. Richmond	5	-	2	-	10	1	10	3	12	1	10	1
5. Scarborough ..	4	1	3	2	4	2	4	-	4	-	4	2
6. Startforth	-	-	5	-	2	1	-	-	1	1	-	1
7. Stokesley	7	1	6	3	11	4	10	2	11	3	8	5
8. Thirsk	7	4	6	3	2	7	4	1	5	2	8	1
9. Wath	-	1	1	-	-	-	-	-	1	-	1	-
0. Whitby	3	5	2	5	5	2	6	3	6	4	2	11
Total Rural ..	62	29	62	31	84	54	67	23	76	18	86	31
Administrative County	173	83	200	62	243	88	213	67	224	43	250	48

Deaths and Death Rates.

There were 86 deaths due to tuberculosis in 1951 as compared with 117 in 1950.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last six years and gives the corresponding figures for England and Wales.

TABLE V.
Deaths from Pulmonary Tuberculosis.

			1946	1947	1948	1949	1950	1951
No. of deaths	..	..	132	108	124	127	104	70
Rate per 1,000 population	..	..	0.40	0.32	0.35	0.36	0.28	0.18

Deaths from Non-Pulmonary Tuberculosis.

			1946	1947	1948	1949	1950	1951
No. of deaths	..	..	48	23	25	20	13	16
Rate per 1,000 population	..	..	0.14	0.07	0.07	0.06	0.03	0.04
The death rates in England and Wales were :—								
Pulmonary Tuberculosis	..	..	.464	.470	.440	.403	.321	.275
Non-Pulmonary Tuberculosis	..	..	.083	.079	.067	.054	.043	.041

Care and After-Care.

The provision of open air shelters, and nursing requisites are dealt with on pages 32 and 33. To my mind, however, the most important aspect of tuberculosis from the point of view of a local health authority lies in its prevention.

The prevention of infection by milk is dealt with as in the preceding year by a scheme approved by Health and Education Committees for the regular examination of samples of milk supplied to schools ; biological examination is regularly carried out in the case of raw milks even if the milk is derived from attested or tuberculin herds. It is surprising how many of these samples of raw milk show the presence of *brucella abortus*. Infection of bovines in the Riding with this organism seems to be endemic in certain areas. Only one specimen of milk as supplied to schools was found to contain living tubercle bacilli during the year under review.

All patients who are so recommended by a chest physician are supplied (without charge) with one pint of milk per day, the cost being met from county funds. Any additional extra nourishment is the subject of special recommendation to the after-care committee of the district where the patient resides. Two (out of ten) of the sub-committees act as the after-care committee for their area ; this direct administration is in some way most useful as the medical officer and the chairman of the sub-committee can act speedily if necessary. In the case of the eight remaining areas additional assistance (not of a financial nature) is given by way of the supply of beds, bedding and similar equipment so that the patient can have a bed of his own.

Little information regarding the admission and discharge of patients suffering from tuberculosis reaches the central office although certain sanatoria send formal notices to the medical officers of the local sanitary authorities. Of course where a recommendation is made for extra nourishment this request reveals the discharge of the patient.

During the year under review 73 persons were immunised against tuberculosis by B.C.G. vaccination ; all of these procedures were undertaken by chest physicians and none by whole-time officers of the local health authority.

The recommendations of the Home Office regarding the routine radiography of persons employed in children's homes have been systematically carried out. The same procedure was also in force in connection with the employees at the Health Committee's day nursery at Grangetown.

The whole-time and part-time health visitors of the Riding made 16,209 visits to persons who were not nursing or expectant mothers or young children during the year under review. The corresponding figure for 1945 was infinitesimal and for 1948 was 1,067. While it is true that many of these visits were made in connection with the home help service and the care of aged, a proportion at least of the visits were made in connection with the prevention of illness and with the after-care of tuberculous persons.

PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1951 is given in Table 7 at the end of this report.

VENEREAL DISEASES.

The following table gives a summary of the first attendances made by North Riding patients at the hospitals named during the years 1942-1951. It will be noted that the aggregate number of persons who received treatment for the first time was considerably less than in the previous year ; it may seem from these figures that the incidence of the disease is correspondingly reduced.

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Darlington General Hospital ..	32	43	52	61	84	52	58	39	55	30
Harrogate General Hospital ..	14	3	2	11	5	8	6	6	11	1
Leeds General Infirmary ...	1	1	-	4	4	3	1	2	6	8
Middlesbrough General Hospital ..	44	97	104	181	288	212	145	167	159	121
Scarborough Hospital ..	131	148	192	195	181	162	110	108	95	52
Stockton & Thornaby Hospital ..	76	81	74	71	98	72	66	48	33	25
York County Hospital ..	34	41	55	49	90	51	68	44	27	27

LABORATORY FACILITIES.

A comprehensive service is available at the two laboratories of the Public Health Laboratory Service that have been established at Northallerton and Middlesbrough. In addition to undertaking the examination of specimens the directors of the laboratories can help when required in epidemiological field work in co-operation with medical officers of health. The Middlesbrough laboratory serves Durham, in addition to the Tees-side, Guisborough and Whitby area of the North Riding. The Northallerton laboratory serves the remainder of the Riding, except for the Scarborough area which relies on a similar laboratory at Hull for this service.

The Northallerton laboratory is also a main distributing centre for diphtheria prophylactics and vaccine lymph, for immunising persons against diphtheria and smallpox respectively.

The Public Health Laboratory Service is concerned with laboratory aspects of public health and was constituted by the National Health Service Act as an organization separated from the hospital services controlled by the Regional Boards. Central reference laboratories on particular public health problems have been set up and the facilities of these laboratories are available to the whole country through the branch laboratories of the service. In the North Riding two public health laboratories, though not controlled by the Regional Hospital Boards, are situated by arrangement alongside the hospital clinical laboratories at the Friarage Hospital, Northallerton, and the General Hospital, Middlesbrough. As a result of this, a most valuable integration of laboratory aspects of preventive and clinical medicine has been possible.

HOUSING.

Under the Housing Act, 1936 as amended by the Housing Act, 1949, it is the duty of the County Council to have constant regard to the housing conditions in rural districts, the extent to which overcrowding or unsatisfactory housing conditions exist and the sufficiency of measures taken by rural district councils for improvement—Section 88 (1).

In pursuance of this duty, housing surveys were made as part of general sanitary surveys by the county health inspectors in the rural districts of Masham, Richmond and Scarborough. Information regarding other rural districts was available from reports submitted to the Rural Housing Advisory Committee and this, although incomplete owing to the varying progress of the survey in the respective rural districts, was sufficient to show the deterioration and wastage in housing which is occurring in these areas, owing to restrictions on capital expenditure and materials, increased cost of building and repairs, and inadequate legislation. From the available returns, a conservative estimate of the number of potentially good houses suitable for reconditioning or requiring major repairs, would be 9,000, 2,000 of which are considered suitable for improvement under the Housing Act, 1949; a further 3,000 houses are unfit for human habitation. Repairs to the 9,000 houses are for the most part in abeyance and they are progressively deteriorating into sub-standard dwellings. It is significant that in the rural parts of the Riding the estimated housing needs for additional population (2,498 houses) are less than those for rehousing (3,145 houses). In these rural areas some of the emphasis placed by the Government on new building might well be changed to permit, on a reasonable financial basis, reconditioning of existing houses, with consequent advantages in saving of materials, capital expenditure, agricultural land and, incidentally, the retention of the character and beauty of the rural scene.

The following table gives details of new housing progress during the year and the application of Part II of the Housing Act, 1949, relating to improvement grants. The failure of this legislation to produce any marked improvement in the Riding in the repair of existing houses may be attributed to :—

- (a) reluctance of local authorities to publicise the facilities and approve grants, as their part of the grant was deducted from the overall capital allocated for repairs in the district; in addition such payments fall on the General Rate;
- (b) high cost of labour and materials being prohibitive to many owners of suitable property even after allowing for grant;
- (c) the conditions and impedimenta proposed to be attached to possible grants.

The total number of applications made represents less than 1·5% of the number estimated in the housing survey to be suitable for improvement under the Act, and the number of grants made was less than ·0025%.

DISTRICT.	Housing Allocation for the year 1951	Number of Houses erected		Housing Act, 1949. Sec. 20.			
		By Local Authority	By Private Persons	Number of appli- cations received	Number of Grants made	Number of Grants refused	Number of Grants pending
A.—URBAN.							
1. Eston	320	172	7	..	..	..	..
2. Guisborough ..	61	54	7	..	..	..	..
3. Loftus	60	68	1	..	..	..	..
4. Malton	35	16	6	..	..	..	..
5. Northallerton ..	70	20	9	1	..	1	..
6. Pickering	20	15	4	..	..	..	..
7. Redcar	150	94	19	..	..	..	..
8. Richmond	10	..	..	..	..	..	..
9. Saltburn and Marske	50	26	5	..	..	..	..
0. Scalby	50	36	9	..	..	..	..
1. Scarborough ..	200	204	24	1	..	1	..
2. Skelton and Brotton	72	6	..	2	..	1	1
3. Thornaby-on-Tees	70	75	10	..	..	..	..
4. Whitby	40	8	10	..	..	..	..
Total Urban ..	1,208	794	111	4	..	3	1
B.—RURAL.							
1. Aysgarth	10	3	2	..	..	..	..
2. Bedale	30	29	5	1	..	1	..
3. Croft	10	..	2	..	..	..	..
4. Easingwold ..	30	16	11	2	..	2	..
5. Flaxton	80	44	20	5	3	1	1
6. Helmsley	30	38	5	1	..	..	1
7. Kirbymoorside ..	—	—	—	—	—	—	—
8. Leyburn	40	34	5	2	..	1	1
9. Malton	30	22	11	2	1	..	1
0. Masham	10	..	..	..	..	..	..
1. Northallerton ..	44	16	18	1	..	1	..
2. Pickering	10	8	2	..	..	..	..
3. Reeth	12	12	..	1	..	1	..
4. Richmond	40	44	4	3	..	..	3
5. Scarborough ..	50	48	10	..	..	..	..
6. Startforth	20	20	..	..	..	..	..
7. Stokesley	60	76	17	..	..	..	..
8. Thirsk	40	14	4	1	..	..	1
9. Wath	20	22	..	..	..	..	..
0. Whitby	50	42	7	7	1	5	1
Total Rural ..	616	488	123	26	5	12	9
Administrative County..	1,824	1,282	234	30	5	15	10

* Information not received.

Housing (Rural Workers) Acts, 1926-1942.

As in previous years signed statements have been obtained during the year from the owners of houses subject to grants under these Acts as to the occupations of the tenants and the rents charged for the houses. The particulars supplied have been checked in certain cases. In some cases the period of 20 years from the making of the grants has now expired and the number of cottages subject to the acts is gradually decreasing.

Applications have been received from three owners to repay the proportionate part of the grants, and with the approval of the Minister of Housing and Local Government permission has been granted.

In the case of two cottages, the owner stated that in her opinion the tenants were no longer of the category of persons mentioned in the Acts and she applied for the assent of the County Council to their continued occupation. After considering a report by one of their officers, the County Council agreed to allow the two tenants to continue in occupation.

Section 45 of the Housing Act, 1949, empowered the County Council, in the case of houses improved with the aid of grants under the Housing (Rural Workers) Acts and during the time that the conditions contained in those Acts applied, to direct that the maximum amount of the rent to be paid by the occupiers be increased by such amount as might be specified in the direction not exceeding an amount calculated at the rate per annum of 8% of the cost of executing further works. One application was received during the year and the maximum increase at the rate of 8% on the cost was allowed.

Housing (Financial and Miscellaneous Provisions) Act, 1946.

Under section 8 of the Act contributions at the rate of £1 10s. 0d. per house annually for 60 years continue to be made to County District Councils where the Minister of Housing and Local Government has approved of contributions under section 3 being made in respect of houses provided for the agricultural population.

WATER SUPPLIES.

If the preparation of schemes for the provision and/or improvement of water supplies were to be considered indicative of progress in the number of available supplies, the position in the rural areas at the end of the year would give cause for satisfaction. Available returns show that in the twenty rural districts only eight parishes with compact communities are in need of additional schemes of supply or improvements; a further twenty-nine parishes with scattered population cannot be incorporated in centralised schemes of supply at reasonable cost and are not considered to be in urgent need of mains supplies. Fifteen rural districts have submitted, or have in progress, water supply schemes to supply their entire areas with the exception of isolated dwellings. Unfortunately some of the schemes submitted have not been commenced owing to delay in approval consequent upon restrictions on capital expenditure and alleged shortages. The inevitable result of delay is increased cost over the original estimates; unless some order of precedence is established to ensure that schemes are implemented within a reasonable time of preparation, it is feared that they may exceed the financial resources of the sponsoring authority when a starting date is given.

During the year 1951 the following five schemes submitted by the under-mentioned local authorities were examined and reported upon by the county consulting engineers (Messrs. Binnie, Deacon and Gourley) and by the county health inspectors:—

Authority	Date Submitted	Object	Estimated Cost
Malton U.D.C. ..	21-4-51	Extension of water mains to two farms and six agricultural dwellings.	£ 2,300
Aysgarth R.D.C. ..	6-4-51	Addleborough Sub-Regional Scheme—Extension to Sedbusk, Simonstone, High Shaw, Hardraw and further extension to Hawes.	13,000
Bedale R.D.C. ..	8-1-51	Water main extension to Exelby ..	3,066
	8-1-51	Amended scheme for Blow Houses, Scruton. *	1,675
Pickering R.D.C. ..	14-2-51	Water supply improvement scheme—Lockton and Levisham.	2,400

In addition, 143 inspections of new and existing supplies were made by the county health inspectors, 35 being the subject of special investigations and reports.

Two meetings and one Public Inquiry convened by the Minister of Housing and Local Government were attended by the county health inspectors, the local authorities concerned and schemes under review being :—

Authority	Date of Inquiry/ Meeting	Scheme
Leyburn R.D.C. ..	15-2-51	Water supply to West Scafton.
Northallerton R.D.C.	23-11-51	Water supply scheme for Great Langton.
Thirsk R.D.C. ..	4-12-51	Proposed acquisition of the Thirsk District Water Company's undertaking by the Thirsk R.D.C.

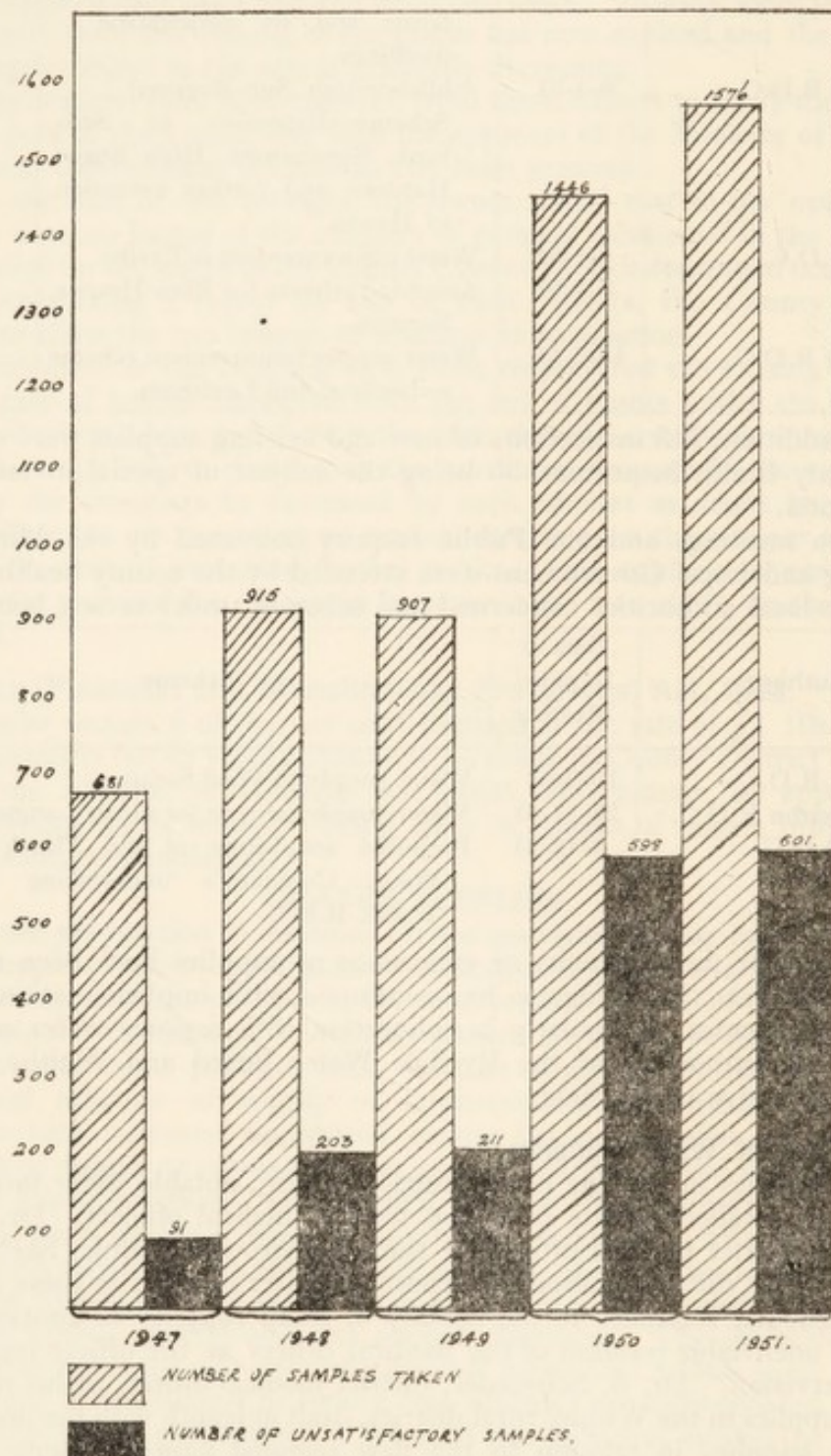
No major developments or extensions of supplies have been reported during the year, but progress has continued with implementation of distribution schemes, particularly in connection with regional water supplies ; constituent authorities of the Ryedale Water Board and Whitby R.D.C. have been active in this field.

Supervision of Water Supplies.

Difficulties in the day to day supply of pure potable water formed the subject of detailed reports from two district medical officers. Dr. W. H. Butcher, district medical officer for the Guisborough, Loftus, Skelton and Brotton urban districts, submitted reports on water supplies in these districts, with particular reference to the liability of small supplies to contamination and the unenviable position of the medical officer as the officer responsible for supervision. Dr. B. Schroeder, district medical officer, in his report on water supplies in the Whitby rural district, dealt at length with the problem of existing supplies in relation to the new regional supply scheme for the district.

Both reports have been prompted by the adverse bacteriological examination results of water samples and may well be applicable to supplies in other rural areas in the Riding ; steady progress is, however, being made towards the improvement of conditions by the creation of larger areas of supply, *i.e.*, regional supplies, etc., by which supervision is facilitated.

The improvement in supervision and sampling of water supplies by local sanitary authorities to which I referred in my report for the years 1948, 1949 and 1950, has continued throughout the year, the number and results of samples taken during the past five years being shown in block graph form below :—



Increases in the number of samples taken during the year and in 1950 have resulted in an increase in the number of unsatisfactory samples ; this does not necessarily indicate the deterioration of a greater number of supplies, but rather concentration for sampling and supervision on doubtful or contaminated sources. Where possible these have been chlorinated or

discarded. This applies particularly to supplies in the Scarborough and Whitby rural districts which have been sampled with commendable frequency. The following table gives details of the number and results of samples taken by individual sanitary authorities :—

No. and Results of samples of water taken by local authorities.

DISTRICT	1951					
	Chemical analysis			Bacteriological examination		
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory
URBAN						
*Eston ..	—	—	—	—	—	—
Guisborough ..	4	4	—	39	19	20
Loftus ..	5	5	—	25	14	11
Malton ..	—	—	—	18	16	2
Northallerton ..	—	—	—	82	39	43
Pickering ..	—	—	—	10	5	5
Redcar Borough ..	—	—	—	31	31	—
Richmond Borough ..	—	—	—	24	22	2
Saltburn & Marske ..	—	—	—	6	3	3
Scalby ..	—	—	—	2	2	—
Scarborough Borough ..	—	—	—	379	313	66
Skelton & Brotton ..	4	4	—	16	12	4
*Thornaby Borough ..	—	—	—	—	—	—
Whitby ..	—	—	—	54	30	24
Total Urban ..	13	13	—	686	506	180
RURAL.						
Aysgarth ..	1	—	1	34	7	27
Bedale ..	—	—	—	11	11	—
Croft ..	—	—	—	—	—	—
Easingwold ..	—	—	—	65	47	18
Flaxton ..	9	4	5	64	37	27
Helmsley ..	—	—	—	14	7	7
†Kirbymoorside ..	—	—	—	—	—	—
Leyburn ..	2	2	—	13	6	7
Malton ..	1	1	—	47	30	17
Masham ..	5	—	5	5	—	5
Northallerton ..	1	1	—	21	3	18
Pickering ..	2	2	—	26	14	12
Reeth ..	—	—	—	—	—	—
Richmond ..	19	7	12	26	7	19
Scarborough ..	1	1	—	314	173	141
Startforth ..	—	—	—	50	47	3
Stokesley ..	16	15	1	20	14	6
Thirsk ..	15	3	12	25	9	16
Wath ..	—	—	—	19	11	8
Whitby ..	—	—	—	136	46	90
Total Rural ..	72	36	36	890	469	421
Administrative County	85	49	36	1,576	975	601

* Supply provided by Tees Valley Water Board.

† No information received.

In addition, 241 samples of water taken by the county health inspectors mainly from school supplies were submitted for bacteriological examination, 104 were satisfactory and 135 unsatisfactory, two samples were not examined owing to breakage of bottles in transit; frequent sampling of doubtful sources of supply is responsible for the high figure of unsatisfactory samples. Usually three consecutive satisfactory results have been obtained before notices to boil the water needed for human consumption at schools have been withdrawn.

SEWERAGE AND SEWAGE DISPOSAL.

The effects of the economic situation are reflected in the limited progress which is being made with the provision of sewerage and sewage disposal facilities in rural areas of the Riding. 162 schemes have been prepared by the twenty rural sanitary authorities but only 46 have been approved or are in progress; 41 schemes are in abeyance owing to high cost, 85 areas require schemes preparing and 146 areas have scattered communities for which schemes would be costly and for which there is considered to be no urgency. The provision of piped water supplies increases the need and demand for sewerage and sewage disposal facilities. Conversion of closet accommodation from conservancy to water carriage systems should follow the provision of sewage disposal facilities at the earliest opportunity otherwise capital expended on schemes is dormant, unproductive and burdensome rather than helpful to the community; this fact is not always appreciated by local authorities.

Five schemes for the provision of sewerage and sewage disposal facilities were submitted during the year, these were examined by the county consulting engineers and/or the county health inspectors and reports prepared thereon.

Details of the areas concerned and estimated costs are as follows :—

Authority	Date submitted	Parishes concerned	Estimated cost
Richmond R.D.C. ..	25-9-51	Revised sewerage and sewage disposal schemes for—	£
		Aldbrough St. John ..	15,600
		Eppleby ..	11,850
		Hudswell ..	10,500
		North Cowton ..	13,200
Scarborough R.D.C. ..	26-1-51	Amended scheme for the Parish of Sawdon ..	7,281

The Ministry of Housing and Local Government held seven public inquiries or meetings to consider schemes of sewerage and sewage disposal in the Riding; these were attended by the county health inspectors who reported thereon.

Local authorities and areas concerned are as follows :—

Authority	Date of Inquiry/ Meeting	Scheme
Aysgarth R.D.C. ..	8-5-51	Hawes and Gayle sewerage scheme.
Flaxton R.D.C. ..	14-3-51	Flaxton Village sewerage.
Helmsley R.D.C. ..	15-11-51	Sewerage and sewage disposal scheme for the Village of Gilling East.
Leyburn R.D.C. ..	29-8-51	Three schemes— (1) Patrick Brompton and Newton-le-Willows. (2) West Witton. (3) Hunton.
Malton R.D.C. ..	8-8-51	Sewage disposal scheme—Low Hutton, Huttons Ambo.
Northallerton R.D.C.	1-6-51	Sewerage and sewage disposal scheme for the Parishes of Brompton and Romanby.
Richmond R.D.C. ..	22-11-51	Sewerage and sewage disposal scheme for the Parish of Newsham.

A brief resumé of the activities of local authorities in the provision of sewerage and sewage disposal facilities is given below :—

AYSGARTH R.D.

A new sewer has been laid between Hawes and Gayle and the Hawes sewage works have been reconstructed to permit effective treatment of sewage from Hawes and Gayle.

BEDALE R.D.

Additional settling tanks have been brought into use at Bedale sewage works. Sewage works throughout the rural district are stated to be inadequate.

CROFT R.D.

A scheme for sewerage and sewage disposal in Croft village was approved for grant during the year.

FLAXTON R.D.

Sewer extensions were completed in Wigginton and sewerage and sewage disposal schemes were commenced at Claxton and Flaxton.

HELMSLEY R.D.

New sewerage and sewage disposal schemes are in hand at Sproxton and Ampleforth to serve the whole of these villages and a joint scheme with Kirbymoorside R.D.C. will serve Beadlam and parts of Harome.

LEYBURN R.D.

Sewerage schemes are under construction at West Witton, Hunton, Patrick Brompton and Newton-le-Willows. Sewers at Preston-under-Scaur and Spennithorne have been extended.

MALTON R.D.

Work has continued on the sewerage and sewage disposal scheme for the Street villages. Hovingham village works are inadequate and inefficient.

NORTHALLERTON R.D.

Sewer extensions have been made in Appleton Wiske, Deighton, Ellerbeck, Morton-on-Swale, Romanby and Brompton. Work on the Romanby sewage works is nearing completion.

RICHMOND R.D.

An extension to Brompton-on-Swale sewage disposal works has been completed.

SCARBOROUGH R.D.

The Seamer, Irton, East and West Ayton sections of the area sewerage scheme are now completed and work is proceeding on the Cayton section.

STOKESLEY R.D.

The sewer to serve Ormesby and the village of Stainton and Thornton has been completed.

Work in the urban areas has consisted of extensions to serve housing development.

During the year, staffs of county and local sanitary authorities co-operated with the Public Health Laboratory Service in certain investigations connected with research into the presence of the virus of poliomyelitis (infantile paralysis). Sewer swabbing was carried out in the Flaxton and Helmsley rural districts and in Loftus and Northallerton urban districts.

REFUSE COLLECTION AND DISPOSAL.

The progressive increase in the number of new completed houses is adding to the cost of refuse collection and disposal, a service which in terms of finance has always been uneconomic, but which has been one of the main props of public health administration. As may be expected the urban authorities with their compact communities have made the most progress with this service; much improvement is necessary in some of the rural districts, particularly in methods of tipping; to describe the process in use in certain areas as "controlled" would be to use a misnomer.

Details of refuse disposal arrangements in county districts are given in the following table:—

District	Estimated cost of service	Method of refuse disposal—1951	Frequency of collection, improvements to service, etc.
N	£		
n	8,035	Controlled tipping	Weekly collection
borough	3,000	do	do
us	2,133	do	do
on	1,416	do	do
hallerton	2,450	Uncontrolled tipping	do
ering	675	do	Surface of tip covered regularly with soil. Weekly collection in town area. Quarterly collection at Stape and Beansheaf.
ear Borough	11,876	Controlled tipping	Weekly collection.
mond Borough	1,600	do	do
urn & Marske	3,108	do	do
by	2,210	do	do
borough	30,466	do	do
Borough			
ton & Brotton	4,214	do	do
rnaby Borough	6,030	do	do
tby	5,033	Incineration	do
L.			
garth	566	Partially controlled	Fortnightly collection. Service extended to house-to-house collection for Aysgarth, Hawes and Gayle.
le	2,000	Controlled tipping	Bins collected weekly in Bedale, Aiskew and Leeming Bar. Fortnightly collection in other areas. Ashpits cleared at 10-12 weekly intervals.
t	658	Uncontrolled tipping	Fortnightly collection except Croft village monthly.
ngwold	4,000	Controlled tipping	Fortnightly collection—privy middens monthly.
ton	1,677	do	Weekly collection from all area served except Flaxton and Stockton-on-Forest monthly.
nsley	864	Partially controlled	Fortnightly collection.
ymoor-side	—	—	—
burn	1,260	Uncontrolled tipping	Weekly collection—Leyburn and Middleham. Fortnightly collection—remainder of area.
on	350	Partially controlled	Collection 5 times per year.
ham	441	Controlled tipping	Weekly collection—Masham township. Fortnightly collection—other parts where served.
hallerton	3,553	Partially controlled : rest tipped on land for farmers	Weekly collection—Ainderby Steeple, Morton-on-Swale, Thrintoft, Brompton and Romanby. Fortnightly collection—other areas. Ashpits emptied at 2-3 monthly intervals.
ering	496	Uncontrolled tipping	Fortnightly collection in villages, every 3 weeks in other parts.
h	1,030	Controlled tipping	Weekly collection. Farms monthly.
mond	1,093	Partially controlled	Weekly collection.
borough	1,005	Controlled tipping	Fortnightly collection from large communities. Monthly collection from small communities served.
forth	2,382	do	Weekly collection.
esley	7,030	do	Weekly collection except two parishes fortnightly.
sk	6,643	Uncontrolled tipping	Weekly collection from bins and pails. Monthly collection from privy middens and ashpits.
n	450	Controlled Tipping	Fortnightly collection.
tby	3,643	Uncontrolled 85% Incineration 15%	Weekly collection in 36 villages. Fortnightly collection in 6 villages. Monthly collection in 4 villages.

* No information received.

NUISANCES.

With improvements in sanitary amenities and the provision of houses to meet the needs of the people, complaints of public health nuisance must inevitably show a progressive decrease. At present many complaints originate from the deterioration of old property and the lack of modern sanitation but a comparison of the figures for the various urban and rural districts will show that local authorities, similar in size and environment, do not necessarily take the same view of the duties under Section 91, Part III of the Public Health Act, 1936. One characteristic which is shared by all authorities in the Riding is the good record of nuisance abatement achieved without recourse to legal action.

NUISANCE INSPECTIONS (other than Housing inspections).

DISTRICT	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
URBAN							
Eston	2669	3657	1994	1907	63	59	—
Guisborough ..	399	374	182	163	—	—	—
Loftus	503	117	106	98	16	12	—
Malton	94	28	28	26	1	—	—
Northallerton ..	546	233	168	170	8	6	—
Pickering .. .	39	27	6	6	1	1	—
Redcar Borough†	5606	5103	5103	5079	4	4	—
Richmond Borough ..	362	343	286	286	—	—	—
Saltburn & Marske ..	1677	559	150	143	—	—	—
Scalby	40	9	9	9	—	—	—
Scarborough Borough	2113	847	190	132	76	62	—
Skelton & Brotton ..	1221	383	383	347	3	3	—
Thornaby Borough ..	300	300	300	311	49	45	—
Whitby	494	92	92	84	2	2	—
RURAL.							
Aysgarth	53	31	24	23	—	—	—
Bedale	72	24	24	16	—	—	—
Croft	14	7	7	7	—	—	—
Easingwold .. .	311	51	43	42	38	11	—
Flaxton	85	24	24	10	14	13	—
Helmsley	87	75	23	23	—	—	—
Kirbymoorside†	—	—	—	—	—	—	—
Leyburn	31	12	12	10	—	—	—
Malton	38	21	12	12	—	—	—
Masham	315	9	9	9	—	—	—
Northallerton ..	375	342	259	259	—	—	—
Pickering .. .	7	5	3	3	—	—	—
Reeth	41	29	4	4	—	—	—
Richmond	364	57	28	26	6	5	—
Scarborough .. .	159	101	60	52	41	41	—
Startforth .. .	276	86	—	—	59	59	—
Stokesley	258	195	37	17	20	19	1
Thirsk	93	67	39	25	—	—	—
Wath	24	6	—	—	—	—	—
Whitby	210	111	48	48	—	—	—
Totals	19076	13325	9653	9347	401	342	1

* These figures include notices pending at the end of 1950.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.

‡ No information received.

INSPECTION AND SUPERVISION OF FOOD.

Food Poisoning—notifications.

The numbers of notifications of food poisoning received from district medical officers of health are given in Table No. 7; of the total of 96 received, the greater part came from Whitby rural district as a result of the outbreak detailed below. No reports were received regarding the 12 notifications from Masham rural district.

Food Poisoning and Contamination.

The county health inspectors were authorised by resolution of the Health Committee on the 2nd January, 1950, to carry out duties under the Food and Drugs Act, 1938, relating to food poisoning, contamination of food, unsound food and precautions against contamination of food. From time to time these powers are used in the investigation of outbreaks of alleged food poisoning and allied conditions. These inspectors also investigate cases referred to them by the Education Department where sickness is alleged to follow the consumption of school milk or school meals.

A major outbreak of food poisoning occurred in the Lealholm—Glaisdale area of the Whitby rural district during April, 1951. In addition to adult residents in the two villages, 33 out of 38 children at Lealholm school and 16 out of 46 children at Glaisdale school were affected with vomiting, extreme prostration and severe abdominal pain. This outbreak was due to toxin formed by staphylococcus phage type 42D present in milk. The milk came from a cow suffering from acute mastitis, the animal affected being one of a tuberculin tested herd. The speedy identification of the source of food poisoning emphasises the value of team work in these investigations; in this case there was good co-operation between the officers of the Whitby rural district council, the county health department and the Medical Research Council's Public Health laboratory staff.

Two cases of food poisoning affecting day visitors to Redcar and Saltburn were referred to me by the divisional medical officer for Otley in the West Riding. Both patients had been admitted to hospital suffering from diarrhoea and vomiting and were in a collapsed condition. As the only food partaken on the journey had been obtained in Redcar and Saltburn, investigations were made in these areas by the district medical officers, sanitary inspectors and the county health inspector; a sample of boiled ham from a Saltburn café was examined at the Public Health Laboratory, Northallerton, and produced a growth of staphylococcus pyogenes, which, in the absence of further evidence, was presumed to be the source of the poisoning.

Food and Drugs Acts.

The sampling and examination comprise articles obtained under the Food and Drugs Act, 1938-1950, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943, Public Health (Preservative in Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

I am indebted to the Chief Inspector of Weights and Measures (Mr. William C. Harrison) for the following statistics :—

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
792	12	35	—

The following table shows the number and type of samples taken during the year which were found to be adulterated or inferior :—

Type of sample	No. of samples taken	No. adulterated	No. inferior	False description
Milk	367	10	24	—
Beef sausages	29	—	5	—
Butter	21	1	—	—
Fish cakes	8	—	1	—
Marjoram	3	1	—	—
Pork sausages	13	—	4	—
Prosser's cough mixture ..	1	—	1	—

MILK SUPPLIES.

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Under the above Regulations the County Council as licensing authority, must satisfy themselves prior to granting a licence that the arrangements for handling, storage, treatment and distribution of the milk comply with the Regulations and must carry out regular supervision and sampling to ensure that the plant and processes are maintained and operated satisfactorily during the term of the licence.

In fulfilment of these responsibilities and in accordance with conditions approved by the Health Committee in May, 1950, for licensing supervision and control, the county health inspectors have made weekly inspections of plants, processing methods and temperature charts and have obtained samples of milk for phosphatase and methylene blue reduction tests.

Eight plants have been licensed during the year, two H.T.S.T. (high temperature short-time) plants and six Holder type plants; of these, seven plants have been in continuous operation, the remaining plant being installed at a cheese-making factory.

Twenty-six advisory visits were made during the year in connection with new installations and one new licence was issued.

The following summary gives the number of inspections made, samples taken and the results of phosphatase tests, methylene blue reduction tests and biological examinations :—

No. of Inspections	No. of Samples taken	Methylene-blue test		Phosphatase test		Biological examination	
		Passed	Failed	Passed	Failed	Negative	Positive
206	461	454	2	451	10	35	—

Of the ten samples failing the phosphatase test, eight were obtained from the plant of a newly licensed producer. These failures were attributed to lack of experience in the operation of the pasteurising plant and were corrected by subsequent advisory visits. The two remaining failures were isolated lapses at different dairies and were not repeated. Irrespective of the cause, phosphatase failures cannot be viewed with complacency but on the whole the records of pasteurised milk producers in the Riding for the year 1951 are commendable.

Pasteurisation causes partial homogenisation of milk and thereby affects the visible cream content ; this is regarded as a deficiency by most consumers and affects sales. In order to reduce homogenisation to a minimum, producers are prone to operate their holder type plants at minimum temperatures (145°F), allowing no margin for occasional inaccuracies of thermometers. This tendency is one of the most disquieting features of the pasteurising process affecting the " safety " factor, and can only be counteracted by strict supervision, frequent checking of thermometers and education of the consumer to the fact that visible cream line in pasteurised milk bears no relation to the actual fat content. Similarly, the question of visible cream appears to have had some influence in the fixing of temperature for the operation of H.T.S.T. plants, there being only a narrow margin of safety between the operating temperature and the thermal death point of disease-producing bacteria. It would appear that the provision of flow diversion arrangements to prevent the operation of the plant below the requisite temperature, was considered to provide an adequate safeguard but this does not obviate the need for frequent inspection and sampling, as on occasion the flow diversion mechanism of one of the most efficiently operated H.T.S.T. plants in the Riding has been found to be faulty.

SCHOOL MILK SUPPLIES.

Measures approved by the Health Committee in May, 1950, for the improvement, supervision and sampling of school milk supplies were continued throughout the year by the county health inspectors. Existing supplies were sampled at regular intervals and efforts were directed towards the elimination of all non-designated and accredited school milk supplies and their replacement by tuberculin tested or pasteurised milk ; the improvements effected may be seen from the following comparative statements of the grades of milk supplied to schools on the 31st December, 1950 and 31st December, 1951 :—

		31/12/50	31/12/51
No. of schools supplied with :—			
Pasteurised milk	..	208	247
Tuberculin Tested	..	96	83
Accredited	..	3	1
Non-designated	..	57	33
Dried milk	..	10	7
No supply	..	—	3

In pursuance of these duties 847 visits were made to schools and 803 samples were taken ; the results of samples tested being as follows :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Biological examination		Remarks
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	
Pasteurised ..	626	605	21	600	26	27	—	—
Tuberculin Tested	82	—	—	—	—	76	—	6 samples not tested
Accredited ..	5	—	—	—	—	5	—	—
Non-Designated	90	—	—	—	—	84	1	5 samples not tested

NOTE : The reasons for some samples listed above not having been tested are souring of milk and death of guinea-pig before completion of biological examination.

Of the 26 (4.15%) samples failing the phosphatase test and 21 (3.35%) samples failing the methylene blue test, 21 and 16 respectively were taken from milk pasteurised outside the county administrative area. In these cases it is necessary to rely upon the authorities of the areas in which the plants are situated, for investigations into the causes of sample failures and there is inevitably some delay. This is particularly unfortunate as rapidity of action is vital for the detection of potential sources of infection or food poisoning. The advantage of obtaining school milk supplies from licensed plants within the Riding which are inspected regularly by the county health inspectors is further emphasised by the small number of sample failures from these sources,—5 phosphatase failures and 5 methylene blue test failures.

Samples from 204 school milk supplies were submitted to biological examination for the presence of tubercle bacilli ; only one, a sample of non-designated milk, giving a positive result. Immediate steps were taken to obtain a supply of pasteurised milk ; the arrangements had been held up because of transport difficulties. Subsequent investigation by the veterinary staff of the Ministry of Agriculture and Fisheries, to whom the matter was

referred, resulted in the identification of an infected animal in the producer's herd ; this cow was slaughtered and no further evidence of tuberculosis was found in the remainder of the herd.

Three samples of tuberculin tested milk supplied to schools, were found to contain *brucella abortus* ; the details were passed to the district medical officer who served notices under Part VII of the Milk and Dairies Regulations, 1949, requiring pasteurisation of all milk produced from the infected herds.

Two schools were involved when an outbreak of food poisoning occurred in the Whitby rural district, due to staphylococcal infection of milk. (*vide* Food Poisoning, page 57).

MILK SUPPLIES PRODUCED ON MINISTRY OF HEALTH HOSPITAL DAIRY FARMS.

At the request of the Ministry of Health samples have been taken from milk produced on hospital dairy farms in the Riding, as follows :—

York 'A' and Tadcaster Group Hospital Management Committee farm at Fairfield Sanatorium	15
York 'B' Group Hospital Management Committee farm at Clifton Mental Hospital	15
	—
	30
	—

TABLE 1.

Number of Births in each District during 1951.

DISTRICT.	Estimated mid-year home population 1951.	Total live births.	Illegiti- mate live. births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	33,110	753	45	22.7	361	10.9
2. Guisborough ..	8,559	139	11	16.2	19	2.2
3. Loftus	7,346	130	3	17.7	23	3.1
4. Malton	4,188	69	7	16.5	20	4.8
5. Northallerton ..	5,772	122	3	21.3	51	8.8
6. Pickering	4,321	74	8	17.1	11	2.5
7. Redcar	27,280	419	23	15.4	64	2.3
8. Richmond	6,321	94	7	14.9	33	5.2
9. Saltburn and Marske	8,471	151	5	17.8	19	2.2
10. Scalby	6,182	70	5	11.3	—24	..
11. Scarborough ..	43,670	548	41	12.5	—139	..
12. Skelton and Brotton	12,940	227	13	17.5	68	5.3
13. Thornaby-on-Tees	23,380	510	18	21.8	201	8.6
14. Whitby	11,560	178	8	15.4	—28	..
Total Urban ..	203,100	3,484	197	17.2	679	3.3
B.—Rural.						
1. Aysgarth	3,534	66	2	18.7	6	1.7
2. Bedale	7,986	112	6	14.0	12	1.5
3. Croft	2,587	56	4	21.6	32	12.4
4. Easingwold	12,170	179	6	14.7	31	2.5
5. Flaxton	20,440	283	18	13.8	76	3.7
6. Helmsley	5,476	45	4	8.2	—16	..
7. Kirbymoorside ..	4,786	79	4	16.5	7	1.5
8. Leyburn	6,465	111	2	17.2	33	5.1
9. Malton	5,651	90	5	15.9	18	3.2
10. Masham	1,658	21	1	12.7	—9	..
11. Northallerton ..	8,417	132	5	15.7	41	4.9
12. Pickering	5,190	66	5	12.7	—24	..
13. Reeth	2,039	19	..	9.3	—22	..
14. Richmond	30,290	443	15	14.6	296	9.8
15. Scarborough ..	8,569	143	2	16.7	38	4.4
16. Startforth	4,292	71	2	16.5	15	3.5
17. Stokesley	17,650	260	8	14.7	48	2.7
18. Thirsk	13,700	206	5	15.0	30	2.2
19. Wath	3,340	55	1	16.5	22	6.6
20. Whitby	11,660	198	12	17.0	20	1.7
Total Rural ..	175,900	2,635	107	15.0	654	3.7
Administrative County ..	379,000	6,119	304	16.1	1,333	3.5

TABLE No. 2.

Number of Deaths in each District during 1951.

DISTRICT.	Estimated mid year home population, 1951	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	33,110	392	11.8	39	51.8	3	66.7
2. Guisborough ..	8,559	120	14.0	7	50.4	1	90.9
3. Loftus	7,346	107	14.6	5	38.5	..	..
4. Malton	4,188	49	11.7	2	29.0	..	..
5. Northallerton ..	5,772	71	12.3	3	24.6	..	..
6. Pickering	4,321	63	14.6	2	27.0	..	..
7. Redcar	27,280	355	13.0	15	35.8	1	43.5
8. Richmond	6,321	61	9.6	1	10.6	..	..
9. Saltburn and Marske	8,471	132	15.6	8	53.0	..	..
10. Scalby	6,182	94	15.2	1	14.3	..	..
11. Scarborough ..	43,670	687	15.7	13	23.7	1	24.4
12. Skelton & Brotton ..	12,940	159	12.3	9	39.6	1	76.9
13. Thornaby-on-Tees ..	23,380	309	13.2	21	41.2	3	166.7
14. Whitby	11,560	206	17.8	8	44.9	..	..
Total Urban ..	203,100	2,805	13.8	134	38.5	10	50.8
B.—RURAL							
1. Aysgarth	3,534	60	17.0	1	15.2	..	..
2. Bedale	7,986	100	12.5	5	44.6	1	166.7
3. Croft	2,587	27	10.4	1	17.9	1	250.0
4. Easingwold	12,170	148	12.2	2	11.2	..	..
5. Flaxton	20,440	207	10.1	7	24.7	..	..
6. Helmsley	5,476	61	11.1	2	44.4	1	250.0
7. Kirbymoorside ..	4,786	72	15.0	4	50.6	1	250.0
8. Leyburn	6,465	78	12.1	1	9.0	..	..
9. Malton	5,651	72	12.7	3	33.3	..	..
10. Masham	1,658	30	18.1	2	95.2	..	..
11. Northallerton ..	8,417	88	10.5	3	22.7	..	..
12. Pickering	5,190	90	17.3	1	15.2	..	..
13. Reeth	2,039	41	20.1	..	..	..	..
14. Richmond	30,290	147	4.9	18	40.6	2	133.3
15. Scarborough ..	8,569	105	12.3	4	28.0	..	..
16. Startforth	4,292	56	13.0	2	28.2	..	..
17. Stokesley	17,650	212	12.0	8	30.8	1	125.0
18. Thirsk	13,700	176	12.8	5	24.3	1	200.0
19. Wath	3,340	33	9.9	1	18.2	..	..
20. Whitby	11,660	178	15.3	2	10.1	..	..
Total Rural ..	175,900	1,981	11.3	72	27.3	8	74.8
Administrative County ..	379,000	4,786	12.6	206	33.7	18	59.2

TABLE 3.

Deaths according to Age-Groups, 1951.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-		
ALL CAUSES	M	1465	83	12	8	9	75	365	434	479	1071	39	13	7	35	66	212	2			
	F	1340	51	7	4	11	53	234	371	609	910	33	7	5	7	28	155	2			
1 Tuberculosis, respiratory	M	20	..	..	..	1	6	11	2	..	24	..	..	..	..	8	11	..
	F	18	..	..	..	5	5	5	3	..	8	..	..	..	1	6	1	..
2 Tuberculosis, other	M	6	1	2	..	1	1	1	..	..	5	..	1	1	2	..	1	..	
	F	3	..	..	1	..	1	1	..	..	2	..	1	1	..	..	..	..
3 Syphilitic disease	M	7	..	..	..	..	..	2	4	1	3	..	..	..	1	..	..	..
	F	2	..	..	..	..	..	1	..	1	3	..	..	..	..	..	1	..
4 Diphtheria ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping cough	M	2	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
	F	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 Meningococcal infections	M	..	..	..	..	..	..	..	..	..	2	..	1	..	..	..	1	..
	F	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	
7 Acute poliomyelitis	M	1	..	..	1	..	..	..	..	..	2	..	..	..	..	2	..	..	
	F	..	..	..	..	..	..	..	..	..	2	..	1	..	..	1	..	..	
8 Measles ..	M	1	1	..	..	..	..	..	..	..	3	..	2	..	1	..	..	..
	F	..	..	..	..	..	..	..	..	..	2	..	1	1	..	..	..	..
9 Other infective and parasitic diseases	M	4	..	1	..	..	..	3	..	..	5	1	1	..	..	..	2	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 Malignant neoplasm, stomach	M	40	..	..	..	..	..	7	15	18	32	..	..	..	..	2	6	..
	F	27	..	..	..	..	1	6	11	9	12	..	..	..	..	..	..	..
11 Malignant neoplasm, lung, bronchus	M	50	..	..	..	..	1	38	9	2	19	..	..	..	..	1	12	..
	F	5	..	..	..	..	..	1	3	1	6	..	..	..	..	..	3	..
12 Malignant neoplasm, breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	41	..	..	..	..	4	19	7	11	25	..	..	..	..	2	9	..
13 Malignant neoplasm, uterus	F	20	..	..	..	..	3	8	5	4	10	..	..	..	..	1	6	..
14 Other malignant and lymphatic neoplasms	M	124	..	..	..	..	8	29	48	39	77	..	..	1	..	1	25	..
	F	92	..	1	1	..	6	29	29	26	58	..	3	..	2	1	19	..			
15 Leukaemia, aleukaemia	M	1	..	..	..	..	1	..	..	..	3	..	..	..	..	..	2	..
	F	3	..	..	..	1	1	1	..	..	1	..	..	..	..	..	1	..
16 Diabetes ..	M	8	..	..	..	1	1	3	..	3	3	..	..	..	..	..	..	..
	F	12	..	..	..	..	4	6	2	..	4	..	..	..	..	..	1	..
17 Vascular lesions of nervous system	M	159	..	..	1	..	4	26	53	75	135	..	..	..	1	4	24	..
	F	212	..	..	..	..	2	32	65	113	173	..	..	1	..	1	23	..
18 Coronary disease, angina	M	208	..	..	..	..	7	72	90	39	150	..	..	..	..	4	40	..
	F	126	..	..	..	..	1	21	53	51	76	..	..	..	..	..	12	..
19 Hypertension with heart disease	M	29	..	..	..	..	1	8	13	7	18	..	..	..	..	..	6	..
	F	33	..	..	..	..	..	7	16	10	21	..	..	..	..	..	2	..
20 Other heart disease	M	265	..	..	..	..	4	27	80	154	189	..	..	..	2	4	13	..
	F	371	..	..	..	1	4	36	85	245	213	..	..	..	..	3	23	..
21 Other circulatory disease	M	34	..	..	..	..	1	3	12	18	45	..	..	..	..	..	2	..
	F	43	..	..	..	..	1	7	9	26	50	..	..	..	..	..	9	..
22 Influenza ..	M	47	..	..	..	1	2	13	11	20	26	1	..	..	1	..	6	..
	F	44	1	..	..	..	..	8	15	20	36	..	..	..	..	..	8	..
23 Pneumonia	M	43	8	2	..	..	3	13	7	10	21	4	1	..	..	2	4	..
	F	34	10	1	..	..	1	6	6	10	15	4	1	..	..	1	..	..	
24 Bronchitis ..	M	92	2	1	..	..	2	25	31	31	42	..	1	..	..	1	11	..
	F	56	..	1	..	..	3	10	17	25	34	1	..	..	..	..	2	..
25 Other diseases of respiratory system	M	15	2	1	1	..	1	7	1	2	10	..	..	..	..	2	2	..
	F	11	..	..	..	..	2	2	3	4	4	1	..	..	..	..	1	..
26 Ulcer of stomach and duodenum	M	29	..	..	..	..	1	16	7	5	11	..	..	..	..	1	4	..
	F	4	..	..	..	..	..	..	1	3	4	..	..	..	..	..	3	..
27 Gastritis, enteritis and diarrhoea	M	8	4	1	..	..	..	..	1	2	4	2	..	..	..	..	1	..
	F	8	5	..	..	..	..	2	1	..	3	..	..	..	..	..	..	..

Table 3—continued.

[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1951.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory disease.		Vascular lesions of nervous system.	
	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 ..	52	1.57	113	3.41	54	1.63	14	.42	..	..	17	.51	44	1.1
2. Guisborough ..	13	1.52	36	4.21	13	1.52	..	..	..	..	2	.23	20	.2
3. Loftus ..	14	1.91	28	3.81	11	1.50	1	.14	1	.14	1	.14	17	.2
4. Malton ..	7	1.67	18	4.30	4	.96	1	.24	..	..	2	.48	11	.2
5. Northallerton ..	8	1.39	29	5.02	8	1.39	..	..	..	..	1	.17	13	.2
6. Pickering ..	14	3.24	20	4.63	4	.93	..	..	..	..	1	.23	8	.1
7. Redcar ..	48	1.76	147	5.39	25	.92	3	.11	..	..	7	.26	45	1.1
8. Richmond ..	16	2.53	18	2.85	5	.79	2	.32	..	..	2	.32	10	.1
9. Saltburn and Marske ..	19	2.24	50	5.90	15	1.77	1	.12	2	.24	4	.47	12	.1
10. Scalby ..	14	2.26	45	7.28	4	.65	2	.32	1	.16	..	..	16	.2
11. Scarborough ..	109	2.50	321	7.35	36	.82	7	.16	1	.02	15	.34	74	1.1
12. Skelton & Brotton ..	23	1.78	55	4.25	4	.31	..	..	..	..	7	.54	20	.1
13. Thornaby-on-Tees ..	46	1.97	82	3.51	49	2.10	6	.26	3	.13	15	.64	31	.1
14. Whitby ..	20	1.73	70	6.06	19	1.64	1	.09	1	.09	3	.26	50	.4
Total Urban ..	403	1.98	1032	5.08	251	1.24	38	.19	9	.04	77	.38	371	..
B.—RURAL.														
1. Aysgarth ..	4	1.13	20	5.66	4	1.13	1	.28	1	.28	3	.85	11	.3
2. Bedale ..	11	1.38	21	2.63	7	.88	..	..	..	..	7	.88	17	.2
3. Croft ..	4	1.55	13	5.03	2	.77	..	..	..	..	..	..	5	.1
4. Easingwold ..	20	1.64	49	4.03	7	.58	1	.08	1	.08	3	.25	22	.1
5. Flaxton ..	32	1.57	58	2.84	13	.64	5	.24	..	..	12	.59	29	.1
6. Helmsley ..	5	.91	30	5.48	2	.37	..	..	..	..	3	.55	10	.1
7. Kirbymoorside ..	7	1.46	26	5.43	3	.63	..	..	..	..	7	1.46	12	.2
8. Leyburn ..	7	1.08	29	4.49	3	.46	5	.77	..	..	4	.62	12	.1
9. Malton ..	8	1.42	31	5.49	3	.53	1	.18	..	..	5	.88	11	.1
10. Masham ..	1	.60	16	9.65	1	.60	..	..	..	..	1	.60	5	.3
11. Northallerton ..	8	.95	38	4.51	7	.83	2	.24	..	..	3	.36	7	..
12. Pickering ..	11	2.12	33	6.36	5	.96	..	..	..	..	7	1.35	14	.2
13. Reeth ..	5	2.45	8	3.92	3	1.47	..	..	1	.49	6	2.94	7	.3
14. Richmond ..	18	.59	35	1.16	13	.43	1	.03	1	.03	10	.33	19	..
15. Scarborough ..	14	1.63	49	5.72	5	.58	1	.12	..	..	1	.12	16	.1
16. Startforth ..	9	2.10	14	3.26	2	.47	..	..	..	..	3	.70	12	.2
17. Stokesley ..	34	1.93	63	3.57	16	.91	6	.34	2	.11	4	.23	30	.1
18. Thirsk ..	24	1.75	67	4.89	17	1.24	8	.58	1	.07	8	.58	18	.1
19. Wath ..	3	.90	4	1.20	4	1.20	..	..	..	..	2	.60	5	.1
20. Whitby ..	18	1.54	63	5.40	9	.77	1	.09	..	..	6	.51	46	.3
Total Rural ..	243	1.38	667	3.79	126	.72	32	.18	7	.04	95	.54	308	..
Administrative County ..	646	1.70	1699	4.48	377	.99	70	.18	16	.04	172	.45	679	..

TABLE 5.

Number of Deaths from certain Diseases in each District during 1951.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	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.
A.—URBAN.																
1. Eston ..	42	14	300.0	.42	..	..	..	..	42	14	300.0	.42	7	.21	39	1.18
2. Guisborough ..	7	..	..	..	..	..	..	..	7	..	..	..	11	1.29	9	1.05
3. Loftus ..	4	1	400.0	.14	..	1	..	..	4	2	200.0	.27	7	.95	9	1.23
4. Malton ..	..	1	..	.24	..	..	..	..	..	1	..	.24	1	.24	4	.96
5. Northallerton ..	3	..	..	..	..	..	..	..	3	..	..	..	1	.17	6	1.04
6. Pickering ..	2	..	..	..	..	..	..	..	2	..	..	..	3	.69	2	.46
7. Redcar ..	17	3	566.7	.11	5	..	..	..	22	3	733.3	.11	11	.40	17	.62
8. Richmond ..	8	2	400.0	.32	..	..	..	..	8	2	400.0	.32	..	..	3	.47
9. Saltburn and Marske ..	7	1	700.0	.12	1	2	50.0	.24	8	3	266.6	.35	2	.24	12	1.42
10. Scalby ..	6	2	300.0	.32	..	1	..	.16	6	3	200.0	.49	2	.32	3	.49
11. Scarborough ..	23	7	328.6	.16	2	1	200.0	.02	25	8	312.5	.18	20	.46	24	.55
12. Skelton and Brotton ..	5	..	..	..	2	..	..	..	7	..	..	..	5	.39	..	..
13. Thornaby-on-Tees ..	28	6	466.7	.26	2	3	66.7	.13	30	9	333.3	.38	10	.43	32	1.37
14. Whitby ..	12	1	1200.0	.09	5	1	500.0	.09	17	2	850.0	.17	11	.95	14	1.21
Total Urban ..	164	38	431.6	.19	17	9	188.9	.04	181	47	385.1	.23	91	.45	174	.86
B.—RURAL.																
1. Aysgarth ..	2	1	200.0	.28	2	1	200.0	.28	4	2	200.0	.57	2	.57	1	.28
2. Bedale ..	1	..	..	..	..	..	..	..	1	..	..	..	4	.50	6	.75
3. Croft ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold ..	25	1	2500.0	.08	3	1	300.0	.08	28	2	1400.0	.16	2	.16	4	.33
5. Flaxton ..	8	5	160.0	.24	2	..	..	..	10	5	200.0	.24	6	.29	11	.54
6. Helmsley ..	1	..	..	..	1	..	..	..	2	..	..	..	1	.18	2	.37
7. Kirbymoorside ..	..	..	..	..	..	..	..	..	..	..	..	..	2	.42	3	.63
8. Leyburn ..	6	5	120.0	.77	1	..	..	..	7	5	140.0	.77	5	.77	3	.46
9. Malton ..	1	1	100.0	.18	1	..	..	..	2	1	200.0	.18	1	.18	3	.53
10. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.60
11. Northallerton ..	8	2	400.0	.24	..	..	..	..	8	2	400.0	.24	5	.59	4	.48
12. Pickering ..	1	..	..	..	..	..	..	..	1	..	..	..	6	1.16	4	.77
13. Reeth ..	..	..	..	..	1	..	..	.49	..	1	..	.49	1	.49	3	1.47
14. Richmond ..	10	1	1000.0	.03	1	1	100.0	.03	11	2	550.0	.07	7	.23	6	.20
15. Scarborough ..	4	1	400.0	.12	2	..	..	..	6	1	600.0	.12	3	.35	4	.47
16. Startforth ..	..	..	..	..	1	..	..	..	1	..	..	..	2	.47	..	..
17. Stokesley ..	8	6	133.3	.34	5	2	250.0	.11	13	8	162.5	.45	9	.51	9	.51
18. Thirsk ..	8	8	100.0	.58	1	1	100.0	.07	9	9	100.0	.66	3	.22	14	1.02
19. Wath ..	1	..	..	..	..	..	..	..	1	..	..	..	1	.30	3	.90
20. Whitby ..	2	1	200.0	.09	11	..	..	..	13	1	1300.0	.09	2	.17	9	.77
Total Rural ..	86	32	268.8	.18	31	7	442.9	.04	117	39	300.0	.22	62	.35	90	.51
Administrative County ..	250	70	357.1	.18	48	16	300.0	.04	298	86	346.5	.23	153	.40	264	.70

TABLE 6.

Number of Deaths from certain Diseases in each District during 1951.

DISTRICT.	Pregnancy, childbirth, abortion.		Congenital malformations,	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN				
1. Eston	1	1.33	6	7.97
2. Guisborough	1	7.19	2	14.39
3. Loftus .. ..	..	..	1	7.69
4. Malton .. ..	..	..	..	..
5. Northallerton .. ..	..	..	..	..
6. Pickering .. ..	..	..	2	27.03
7. Redcar .. ..	..	..	3	7.16
8. Richmond .. ..	..	..	..	..
9. Saltburn and Marske .. ..	..	..	..	..
10. Scalby .. ..	..	..	..	..
11. Scarborough	2	3.65	4	7.30
12. Skelton and Brotton .. ..	..	..	1	4.41
13. Thornaby-on-Tees	2	3.92	4	7.84
14. Whitby .. ..	..	..	..	..
Total Urban	6	1.72	23	6.60
B.—RURAL.				
1. Aysgarth .. ..	..	..	1	15.15
2. Bedale .. ..	..	..	..	..
3. Croft .. ..	..	..	..	..
4. Easingwold .. ..	..	..	3	16.76
5. Flaxton	2	7.07	3	10.60
6. Helmsley .. ..	..	..	..	..
7. Kirbymoorside .. ..	..	..	..	..
8. Leyburn .. ..	..	..	..	..
9. Malton .. ..	..	..	..	..
10. Masham .. ..	..	..	..	..
11. Northallerton .. ..	..	..	..	..
12. Pickering	1	15.15	..	..
13. Reeth .. ..	..	..	..	..
14. Richmond	1	2.26	..	..
15. Scarborough	1	6.99	..	..
16. Startforth .. ..	..	..	1	14.08
17. Stokesley .. ..	..	..	1	3.85
18. Thirsk .. ..	..	..	1	4.85
19. Wath .. ..	..	..	..	..
20. Whitby	1	5.05	..	..
Total Rural	6	2.28	10	3.80
Administrative County	12	1.96	33	5.39

TABLE 7.

Notification of Infectious Disease in 1951, as given in the weekly returns rendered by Medical Officers of Health.

DISTRICT.	Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Pneumonia.	Cholera.	Plague.	Meningococcal Infection.	Acute poliomyelitis.	Acute encephalitis.	Undulant fever.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.
								Paralytic	Non-paralytic	Infective	Post-infective									
A.—URBAN.																				
1. Eston ..	46	..	..	29	..	..	2	6	..	..	..	..	5	1	4	..	..	..	732	92
2. Guisborough ..	13	..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	125	30
3. Loftus ..	7	..	..	7	..	..	..	..	..	..	..	..	..	..	2	..	..	..	177	89
4. Malton ..	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	81	9
5. Northallerton ..	10	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	83	15
6. Pickering ..	20	..	..	2	..	..	..	1	..	..	..	..	1	..	2	..	..	..	61	10
7. Redcar ..	26	..	1	38	..	..	..	1	..	1	..	3	..	..	2	..	..	..	248	103
8. Richmond ..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	27	19	18
9. Saltburn & Marske ..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	104	22
10. Scalby ..	4	..	..	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	57	12
11. Scarborough ..	71	..	1	15	..	..	..	3	..	..	..	..	..	..	3	..	..	..	373	186
12. Skelton & Brotton ..	11	..	..	6	..	..	..	1	..	..	..	..	..	..	3	..	..	..	188	35
13. Thornaby-on-Tees ..	13	..	..	25	..	..	..	2	..	1	..	..	..	1	3	..	..	..	234	51
14. Whitby ..	6	..	..	7	..	..	..	..	..	..	..	..	1	..	4	..	..	..	29	170
Total Urban ..	245	1	2	136	..	..	5	6	7	2	..	3	7	2	26	..	1	27	2511	842
1950 ..	215	3	1	127	..	..	8	30	6	2	..	1	2	20	1	27	..	2026	621	
B.—RURAL																				
1. Aysgarth ..	2	..	..	5	..	..	..	..	..	..	..	..	8	..	..	..	..	..	45	109
2. Bedale ..	18	..	..	11	..	..	..	2	..	..	..	1	..	..	4	..	..	..	61	55
3. Croft ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	1
4. Easingwold ..	4	..	1	5	..	..	2	1	..	..	..	..	..	..	2	..	58	..	87	36
5. Flaxton ..	30	..	1	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	262	159
6. Helmsley ..	6	1	1	2	..	..	..	1	1	..	..	..	..	..	..	..	..	..	109	41
7. Kirbymoorside ..	3	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	13	..	26	1
8. Leyburn ..	4	..	..	16	..	..	..	..	..	..	..	1	..	..	1	..	..	..	35	14
9. Malton ..	8	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	116	7
10. Masham ..	..	..	..	12	..	..	..	..	..	..	..	12	7	..	..	..	..	..	8	..
11. Northallerton ..	5	..	..	4	..	..	..	..	..	..	..	..	..	1	..	..	..	..	108	46
12. Pickering ..	8	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	27	8
13. Reeth ..	4	..	..	8	..	..	..	..	..	..	..	..	..	..	3	..	..	..	51	18
14. Richmond ..	26	..	..	23	..	..	4	2	1	1	..	..	18	..	1	..	1	63	144	109
15. Scarborough ..	20	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	107	35
16. Startforth ..	2	..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	2	23	37
17. Stokesley ..	26	3	..	20	..	..	..	1	..	..	..	..	3	..	1	..	21	280	55	
18. Thirsk ..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	7	9
19. Wath ..	..	..	..	5	..	..	..	..	..	..	..	..	1	..	..	..	3	17	3	
20. Whitby ..	2	..	..	9	..	..	..	1	..	..	..	79	10	..	1	..	..	293	80	
Total Rural ..	173	4	3	130	..	..	6	10	3	1	..	93	49	1	16	..	2	160	1822	823
1950 ..	187	3	..	74	..	..	1	28	14	..	1	45	44	1	21	..	2	186	1588	504
Administrative County ..	418	5	5	266	..	..	11	16	10	3	..	96	56	3	42	..	3	187	4333	1665
1950 ..	402	6	1	201	..	..	9	58	20	2	1	147	64	2	48	..	3	186	3614	1125

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1951.

DISTRICT.	Diph- theria.		Measles.		Whooping cough.		Pneu- monia	
	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	1	·03	..	..	15	·45
2. Guisborough	4	·47
3. Loftus	2	·27
4. Malton
5. Northallerton	2	·35
6. Pickering	2	·46
7. Redcar	1	·04	8	·29
8. Richmond	2	·32
9. Saltburn and Marske	3	·35
10. Scalby	1	·16
11. Scarborough	12	·27
12. Skelton and Brotton	1	·08	4	·31
13. Thornaby-on-Tees	17	·73
14. Whitby	3	·26	5	·43
Total Urban	1	·004	5	·02	77	·38
B.—RURAL.								
1. Aysgarth	3	·85
2. Bedale	1	·13
3. Croft	2	·77
4. Easingwold	1	·08	..	..	3	·25
5. Flaxton	2	·10
6. Helmsley
7. Kirbymoorside
8. Leyburn	1	·15	..	..	..	..
9. Malton	1	·18	..	..
10. Masham
11. Northallerton	3	·36
12. Pickering	1	·19
13. Reeth
14. Richmond	1	·03	..	..	7	·23
15. Scarborough	1	·12
16. Startforth	2	·47
17. Stokesley	1	·06	..	..	7	·40
18. Thirsk	3	·22
19. Wath	1	·30
20. Whitby	1	·09	..	..	..	..
Total Rural	5	·03	1	·005	36	·20
Administrative County	6	·02	6	·02	113	·30

TABLE 1
 Number of fishes from the collection of the
 University of California, Berkeley, California

Date		Locality		Number of fishes		Total	
Month	Year	Locality	Number of fishes	Month	Year	Total	Total
Jan	1911	San Francisco Bay	10	Jan	1912	15	25
Feb	1911	San Francisco Bay	12	Feb	1912	18	37
Mar	1911	San Francisco Bay	15	Mar	1912	20	52
Apr	1911	San Francisco Bay	18	Apr	1912	22	70
May	1911	San Francisco Bay	20	May	1912	25	95
Jun	1911	San Francisco Bay	22	Jun	1912	28	123
Jul	1911	San Francisco Bay	25	Jul	1912	30	153
Aug	1911	San Francisco Bay	28	Aug	1912	32	185
Sep	1911	San Francisco Bay	30	Sep	1912	35	220
Oct	1911	San Francisco Bay	32	Oct	1912	38	258
Nov	1911	San Francisco Bay	35	Nov	1912	40	298
Dec	1911	San Francisco Bay	38	Dec	1912	42	340
Jan	1912	San Francisco Bay	40	Jan	1913	45	385
Feb	1912	San Francisco Bay	42	Feb	1913	48	433
Mar	1912	San Francisco Bay	45	Mar	1913	50	483
Apr	1912	San Francisco Bay	48	Apr	1913	52	535
May	1912	San Francisco Bay	50	May	1913	55	590
Jun	1912	San Francisco Bay	52	Jun	1913	58	648
Jul	1912	San Francisco Bay	55	Jul	1913	60	708
Aug	1912	San Francisco Bay	58	Aug	1913	62	770
Sep	1912	San Francisco Bay	60	Sep	1913	65	835
Oct	1912	San Francisco Bay	62	Oct	1913	68	903
Nov	1912	San Francisco Bay	65	Nov	1913	70	973
Dec	1912	San Francisco Bay	68	Dec	1913	72	1045
Jan	1913	San Francisco Bay	70	Jan	1914	75	1120
Feb	1913	San Francisco Bay	72	Feb	1914	78	1198
Mar	1913	San Francisco Bay	75	Mar	1914	80	1278
Apr	1913	San Francisco Bay	78	Apr	1914	82	1360
May	1913	San Francisco Bay	80	May	1914	85	1445
Jun	1913	San Francisco Bay	82	Jun	1914	88	1533
Jul	1913	San Francisco Bay	85	Jul	1914	90	1623
Aug	1913	San Francisco Bay	88	Aug	1914	92	1715
Sep	1913	San Francisco Bay	90	Sep	1914	95	1810
Oct	1913	San Francisco Bay	92	Oct	1914	98	1908
Nov	1913	San Francisco Bay	95	Nov	1914	100	2008
Dec	1913	San Francisco Bay	98	Dec	1914	102	2110
Jan	1914	San Francisco Bay	100	Jan	1915	105	2215
Feb	1914	San Francisco Bay	102	Feb	1915	108	2323
Mar	1914	San Francisco Bay	105	Mar	1915	110	2433
Apr	1914	San Francisco Bay	108	Apr	1915	112	2545
May	1914	San Francisco Bay	110	May	1915	115	2660
Jun	1914	San Francisco Bay	112	Jun	1915	118	2778
Jul	1914	San Francisco Bay	115	Jul	1915	120	2898
Aug	1914	San Francisco Bay	118	Aug	1915	122	3020
Sep	1914	San Francisco Bay	120	Sep	1915	125	3145
Oct	1914	San Francisco Bay	122	Oct	1915	128	3273
Nov	1914	San Francisco Bay	125	Nov	1915	130	3403
Dec	1914	San Francisco Bay	128	Dec	1915	132	3535
Jan	1915	San Francisco Bay	130	Jan	1916	135	3670
Feb	1915	San Francisco Bay	132	Feb	1916	138	3808
Mar	1915	San Francisco Bay	135	Mar	1916	140	3948
Apr	1915	San Francisco Bay	138	Apr	1916	142	4090
May	1915	San Francisco Bay	140	May	1916	145	4235
Jun	1915	San Francisco Bay	142	Jun	1916	148	4383
Jul	1915	San Francisco Bay	145	Jul	1916	150	4533
Aug	1915	San Francisco Bay	148	Aug	1916	152	4685
Sep	1915	San Francisco Bay	150	Sep	1916	155	4840
Oct	1915	San Francisco Bay	152	Oct	1916	158	4998
Nov	1915	San Francisco Bay	155	Nov	1916	160	5158
Dec	1915	San Francisco Bay	158	Dec	1916	162	5320
Jan	1916	San Francisco Bay	160	Jan	1917	165	5485
Feb	1916	San Francisco Bay	162	Feb	1917	168	5653
Mar	1916	San Francisco Bay	165	Mar	1917	170	5823
Apr	1916	San Francisco Bay	168	Apr	1917	172	5995
May	1916	San Francisco Bay	170	May	1917	175	6170
Jun	1916	San Francisco Bay	172	Jun	1917	178	6348
Jul	1916	San Francisco Bay	175	Jul	1917	180	6528
Aug	1916	San Francisco Bay	178	Aug	1917	182	6710
Sep	1916	San Francisco Bay	180	Sep	1917	185	6895
Oct	1916	San Francisco Bay	182	Oct	1917	188	7083
Nov	1916	San Francisco Bay	185	Nov	1917	190	7273
Dec	1916	San Francisco Bay	188	Dec	1917	192	7465
Jan	1917	San Francisco Bay	190	Jan	1918	195	7660
Feb	1917	San Francisco Bay	192	Feb	1918	198	7858
Mar	1917	San Francisco Bay	195	Mar	1918	200	8058
Apr	1917	San Francisco Bay	198	Apr	1918	202	8260
May	1917	San Francisco Bay	200	May	1918	205	8465
Jun	1917	San Francisco Bay	202	Jun	1918	208	8673
Jul	1917	San Francisco Bay	205	Jul	1918	210	8883
Aug	1917	San Francisco Bay	208	Aug	1918	212	9095
Sep	1917	San Francisco Bay	210	Sep	1918	215	9310
Oct	1917	San Francisco Bay	212	Oct	1918	218	9528
Nov	1917	San Francisco Bay	215	Nov	1918	220	9748
Dec	1917	San Francisco Bay	218	Dec	1918	222	9970
Jan	1918	San Francisco Bay	220	Jan	1919	225	10195
Feb	1918	San Francisco Bay	222	Feb	1919	228	10423
Mar	1918	San Francisco Bay	225	Mar	1919	230	10653
Apr	1918	San Francisco Bay	228	Apr	1919	232	10885
May	1918	San Francisco Bay	230	May	1919	235	11120
Jun	1918	San Francisco Bay	232	Jun	1919	238	11358
Jul	1918	San Francisco Bay	235	Jul	1919	240	11598
Aug	1918	San Francisco Bay	238	Aug	1919	242	11840
Sep	1918	San Francisco Bay	240	Sep	1919	245	12085
Oct	1918	San Francisco Bay	242	Oct	1919	248	12333
Nov	1918	San Francisco Bay	245	Nov	1919	250	12583
Dec	1918	San Francisco Bay	248	Dec	1919	252	12835
Jan	1919	San Francisco Bay	250	Jan	1920	255	13090
Feb	1919	San Francisco Bay	252	Feb	1920	258	13348
Mar	1919	San Francisco Bay	255	Mar	1920	260	13608
Apr	1919	San Francisco Bay	258	Apr	1920	262	13870
May	1919	San Francisco Bay	260	May	1920	265	14135
Jun	1919	San Francisco Bay	262	Jun	1920	268	14403
Jul	1919	San Francisco Bay	265	Jul	1920	270	14673
Aug	1919	San Francisco Bay	268	Aug	1920	272	14945
Sep	1919	San Francisco Bay	270	Sep	1920	275	15220
Oct	1919	San Francisco Bay	272	Oct	1920	278	15498
Nov	1919	San Francisco Bay	275	Nov	1920	280	15778
Dec	1919	San Francisco Bay	278	Dec	1920	282	16060
Jan	1920	San Francisco Bay	280	Jan	1921	285	16345
Feb	1920	San Francisco Bay	282	Feb	1921	288	16633
Mar	1920	San Francisco Bay	285	Mar	1921	290	16923
Apr	1920	San Francisco Bay	288	Apr	1921	292	17215
May	1920	San Francisco Bay	290	May	1921	295	17510
Jun	1920	San Francisco Bay	292	Jun	1921	298	17808
Jul	1920	San Francisco Bay	295	Jul	1921	300	18108
Aug	1920	San Francisco Bay	298	Aug	1921	302	18410
Sep	1920	San Francisco Bay	300	Sep	1921	305	18715
Oct	1920	San Francisco Bay	302	Oct	1921	308	19023
Nov	1920	San Francisco Bay	305	Nov	1921	310	19333
Dec	1920	San Francisco Bay	308	Dec	1921	312	19645
Jan	1921	San Francisco Bay	310	Jan	1922	315	19960
Feb	1921	San Francisco Bay	312	Feb	1922	318	20278
Mar	1921	San Francisco Bay	315	Mar	1922	320	20598
Apr	1921	San Francisco Bay	318	Apr	1922	322	20920
May	1921	San Francisco Bay	320	May	1922	325	21245
Jun	1921	San Francisco Bay	322	Jun	1922	328	21573
Jul	1921	San Francisco Bay	325	Jul	1922	330	21903
Aug	1921	San Francisco Bay	328	Aug	1922	332	22235
Sep	1921	San Francisco Bay	330	Sep	1922	335	22570
Oct	1921	San Francisco Bay	332	Oct	1922	338	22908
Nov	1921	San Francisco Bay	335	Nov	1922	340	23248
Dec	1921	San Francisco Bay	338	Dec	1922	342	23590
Jan	1922	San Francisco Bay	340	Jan	1923	345	23935
Feb	1922	San Francisco Bay	342	Feb	1923	348	24283
Mar	1922	San Francisco Bay	345	Mar	1923	350	24633
Apr	1922	San Francisco Bay	348	Apr	1923	352	24985
May	1922	San Francisco Bay	350	May	1923	355	25340
Jun	1922	San Francisco Bay	352	Jun	1923	358	25698
Jul	1922	San Francisco Bay	355	Jul	1923	360	26058
Aug	1922	San Francisco Bay	358	Aug	1923	362	26420
Sep	1922	San Francisco Bay	360	Sep	1923	365	26785
Oct	1922	San Francisco Bay	362	Oct	1923	368	27153
Nov	1922	San Francisco Bay	365	Nov	1923	370	27523
Dec	1922	San Francisco Bay	368	Dec	1923	372	27895
Jan	1923	San Francisco Bay	370	Jan	1924	375	28270
Feb	1923	San Francisco Bay	372	Feb	1924	378	28648
Mar	1923	San Francisco Bay	375	Mar	1924	380	29028
Apr	1923	San Francisco Bay	378	Apr	1924	382	29410
May	1923	San Francisco Bay	380	May	1924	385	29795
Jun	1923	San Francisco Bay	382	Jun	1924	388	30183
Jul	1923	San Francisco Bay	385	Jul	1924	390	30573
Aug	1923	San Francisco Bay	388	Aug	1924	392	30965
Sep	1923	San Francisco Bay	390	Sep	1924	395	31360
Oct	1923	San Francisco Bay	392	Oct	1924	398	31758
Nov	1923	San Francisco Bay	395	Nov	1924	400	32158
Dec	1923	San Francisco Bay	398	Dec	1924	402	32560
Jan	1924	San Francisco Bay	400	Jan	1925	405	32965
Feb	1924	San Francisco Bay	402	Feb	1925	408	33373
Mar	1924	San Francisco Bay	405	Mar	1925	410	33783
Apr	1924	San Francisco Bay	408	Apr	1925	412	34195
May	1924	San Francisco Bay	410	May	1925	415	34610
Jun	1924	San Francisco Bay	412	Jun	1925	418	35028
Jul	1924	San Francisco Bay	415	Jul	1925	420	35448
Aug	1924	San Francisco Bay	418	Aug	1925	422	35870
Sep	1924	San Francisco Bay	420	Sep	1925	425	36295
Oct	1924	San Francisco Bay	422	Oct	1925	428	36723
Nov	1924	San Francisco Bay	425	Nov	1925	430	37153
Dec	1924	San Francisco Bay	428	Dec	1925	432	37585
Jan	1925	San Francisco Bay	430	Jan	1926	435	38020
Feb	1925	San Francisco Bay	432	Feb	1926	438	38458
Mar	1925	San Francisco Bay	435	Mar	1926	440	38898
Apr	1925	San Francisco Bay	438	Apr	1926	442	39340
May	1925	San Francisco Bay	440	May	1926	445	39785
Jun	1925	San Francisco Bay	442	Jun	1926	448	40233
Jul	1925	San Francisco Bay	445	Jul	1926	450	40683
Aug	1925	San Francisco Bay	448	Aug	1926	452	

