

[Report 1956] / Medical Officer of Health, North Riding of Yorkshire County Council.

Contributors

North Riding of Yorkshire (England). County Council.

Publication/Creation

1956

Persistent URL

<https://wellcomecollection.org/works/gv7ypvm2>

License and attribution

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

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

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



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

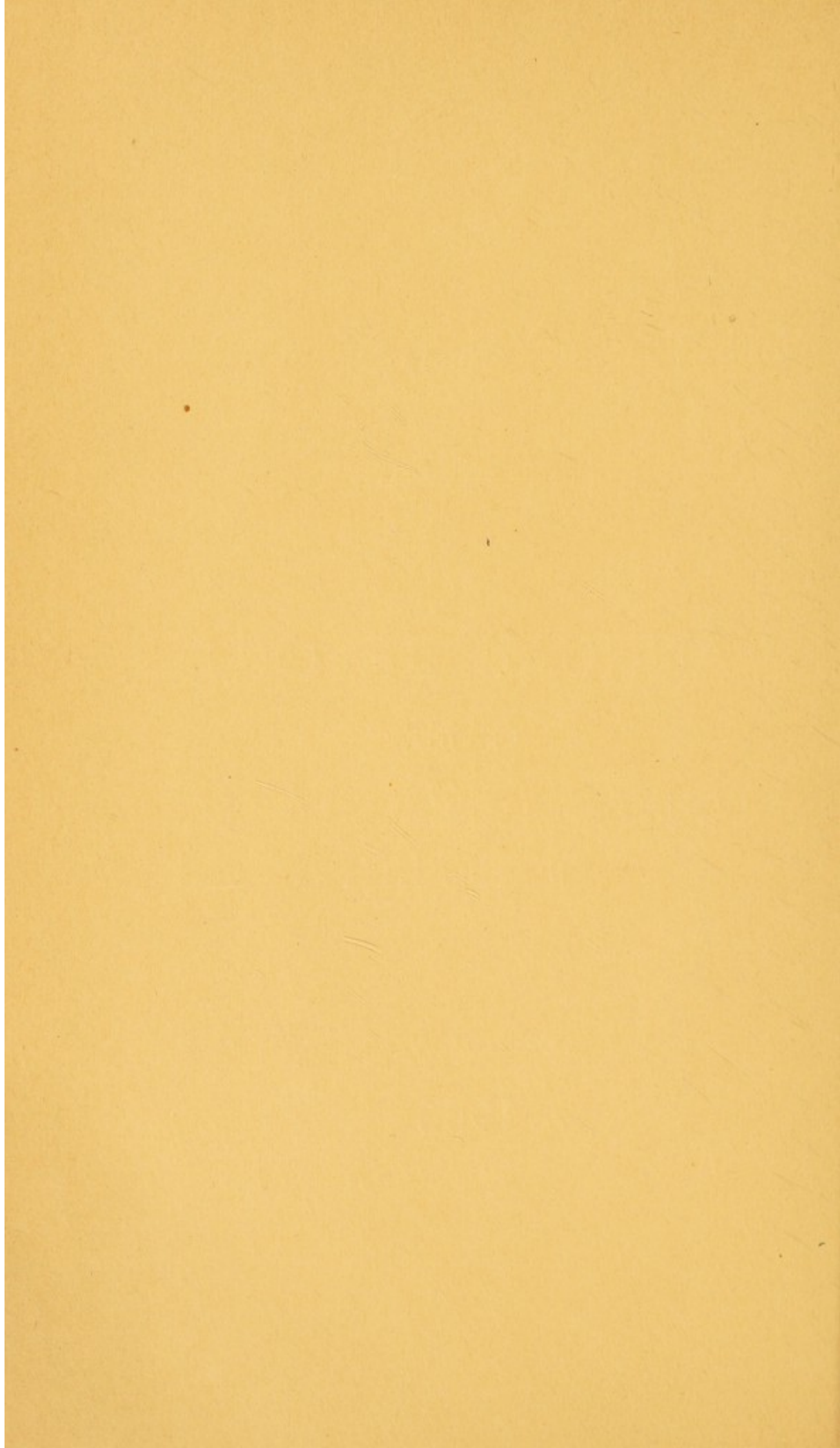


North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1956




North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1956



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

<https://archive.org/details/b29914759>

CONTENTS

	Page
Administration	13-14
Joint use of Staff	13
Use of Voluntary Organisations	14
Ambulance Service	28-30
Vehicles	28
Staff	28
Volume of work	29-30
Radio Control	28
Blind Persons	38
Care of Mothers and Young Children	14-19
Care of Expectant and Nursing Mothers and Children under school age	16-17
Care of the Crippled Children	18
Care of Unmarried Mothers and Children	18
Clinics and Centres	14-15
Dental Care	18-19
Family Planning	19
Mobile Clinic	17
Provision of Maternity Outfits	16
Supply of Dried Milks	16
Domestic Help Service	33-34
Domiciliary Midwifery Service	19-23
Gas and Air Analgesia	23
Liability to be a source of Infection	22
Maternal Mortality	22
Medical Aid Records	21
Notification of intention to Practise	21
Notification of Puerperal Pyrexia	22
Premature Births	22
Public Health (Ophthalmia Neonatorum) Amendment Regulations 1937	23
Staff—Training	20
Health Visiting.	23-24
Review of the Work	24
Staff—Training	24

CONTENTS—continued.

	Page
Home Nursing Service	24-25
Housing	44, 60/61
Immunisation and Vaccination	25-27
Inspection and Supervision of Food	55
Food Poisoning and Contamination	55
Food Poisoning—Notifications	55
Food and Drugs Acts	55, 57
Introduction	4-5
Laboratory Facilities	43
Mental Health Service	34-37
Occupation Centres and Classes	37
Mental Deficiency	34-35
Mental Illness and Lunacy	36
Milk Supplies	56-59
Milk (Special Designation) (Pasteurised and Sterilised Milk)	56
Regulations, 1949-1953	57
Milk (Special Designation) (Specified Areas) Order, 1954 & 1956	57-8
School Milk Supplies	58-9
Food & Drugs Act, 1955	57-8
Nuisances	54
Nursing Homes	38
Prevalence of Infectious Diseases	42
Prevention of Illness—Care and After-Care	30-33
B.C.G. Vaccination	31
Care Committees	31-32
Chest Clinics	31
Convalescent Home Accommodation	32
Free Milk	30
Health Education	33
Mental Illness or Defectiveness	31
Other types of Illness	31
Protection of children from Tuberculosis	33
Provision of Nursing Equipment and Apparatus	30
Rehabilitation	32
Shelters	30
Tuberculosis	30-31
Poliomyelitis Vaccination	27

CONTENTS—continued.

	Page
Refuse Collection and Disposal	52-53
Sanitary Circumstances	43-44
Sewerage and Sewage Disposal	50-52
Staff	6-8
Statistical Tables	62-71
Tuberculosis	38-42
Care and After-Care	41
Deaths and Death Rate	41
New Cases	38-40
Venereal Diseases	42
Vital Statistics	9-13
Area	9
Cancer	12
Deaths and Death Rate	11
Extracts from Vital Statistics of the Year	10
Illegitimacy	11
Infantile Mortality	12
Infantile Paralysis	13
Live Births and Birth Rates	10
Maternal Mortality	22
Measles	13
Mortality at Different Ages from various causes	11-12
Population	10
Social Conditions and Occupations	10
Stillbirths	11
Whooping Cough	13
Water Supplies	45-50

PREFACE

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

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have pleasure in submitting my report for the year 1956 on the work of the medical department of the County Council in so far as it affects the Health Committee. A separate report is presented each year to the Education Committee on the work of the School Health Service.

The duties and names of members of the Health Committee are set out in the Year Book for members : the members and duties of area sub-committees are also set out there. The tables at the end of the printed text are compiled in accordance with the relevant central government circular, and the comments include subjects on which the Ministry of Health desire to have information.

1956 will be remembered by all county health departments as the year when the poliomyelitis vaccination campaign was started : a high acceptance rate was secured in the North Riding by means of an individual letter to the parents of every child eligible under the scheme announced on television by the then Minister of Health. The letters were distributed primarily through schools, and for the under-fives without brothers or sisters at school, through health visitors or by post. The volume of work which followed the selection of eligible children born in certain months out of all the many willing thousands was enormous ; owing to the refrigerated storage considered necessary and the need for speedy delivery of the vaccine to the recipients, a major amount of organisation had to be done in this as in every other rural county. This problem of cold storage and speedy distribution still persists and makes it impracticable for many family doctors to participate in the scheme unless they are conveniently near and are willing to collect the ampoules of the particular vaccine acceptable to the recipient or his parents. This problem will remain until a safe vaccine, stable at ordinary temperatures, can be manufactured and is made available under the central government scheme. This is the first time that the Ministry of Health has acted as an executive body, buying vaccine in bulk, distributing it and prescribing who shall receive it : the publicity which seemed inseparable from the scheme and the many disappointments did nothing to help officers of the department in their work. These, like the general practitioners, usually were less well informed than the journalists in the popular press which seemed to get the information first : medical men and women were often quite unable to explain to patients and to relatives the latest reported decisions.

[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1956.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Other Tuberculosis		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.	
A.—URBAN.														
1. Eston	52	1.51	125	3.62	45	1.30	4	.12	..	..	18	.52	45	1
2. Guisborough	16	1.69	42	4.43	13	1.37	1	.11	..	..	1	.11	17	1
3. Loftus	22	2.87	31	4.04	13	1.69	2	.26	..	..	3	.39	17	2
4. Malton	13	3.12	19	4.56	2	.48	1	.24	..	..	..	..	7	1
5. Northallerton	15	2.45	29	4.75	3	.49	..	..	..	..	9	1.47	11	1
6. Pickering	11	2.56	25	5.81	6	1.40	..	..	..	..	6	1.40	9	2
7. Redcar	61	2.17	113	4.02	17	.60	2	.07	..	..	14	.50	39	1
8. Richmond	7	1.16	15	2.50	2	.33	1	.17	..	..	1	.17	9	1
9. Saltburn and Marske	15	1.65	37	4.06	7	.77	..	..	..	..	4	.44	22	2
10. Scalby	19	3.00	36	5.68	2	.32	..	..	1	.16	2	.32	15	2
11. Scarborough	122	2.78	300	6.83	44	1.00	6	.14	..	..	10	.23	105	2
12. Skelton & Brotton	22	1.72	55	4.30	10	.78	..	..	..	..	8	.63	30	2
13. Thornaby-on-Tees	47	1.97	52	2.18	23	.96	1	.04	1	.04	5	.21	31	1
14. Whitby	36	3.13	64	5.56	16	1.39	1	.09	..	..	3	.26	31	2
Total Urban	458	2.20	943	4.54	203	.98	19	.09	2	.01	84	.40	388	1
B.—RURAL.														
1. Aysgarth	9	2.64	22	6.45	7	2.05	1	.29	..	..	3	.88	7	2
2. Bedale	12	1.49	29	3.60	7	.87	..	..	..	..	5	.62	14	1
3. Croft	2	.86	5	2.15	4	1.72	..	..	..	..	1	.43	9	3
4. Easingwold	19	1.52	48	3.83	9	.72	..	..	1	.08	4	.32	12	1
5. Flaxton	29	1.32	119	5.41	14	.64	3	.14	..	..	16	.73	42	1
6. Helmsley	8	1.49	17	3.17	1	.19	..	..	..	..	3	.56	3	1
7. Kirkbymoorside	12	2.46	18	3.70	2	.41	..	..	..	..	3	.62	11	2
8. Leyburn	20	3.13	18	2.82	6	.94	1	.16	..	..	2	.31	9	1
9. Malton	8	1.44	13	2.34	2	.36	..	..	..	..	4	.72	12	2
10. Masham	7	4.27	11	6.71	..	..	1	.61	..	..	..	..	4	2
11. Northallerton	10	1.17	34	3.96	6	.70	..	..	..	..	7	.82	16	1
12. Pickering	12	2.34	27	5.27	2	.39	1	.20	..	..	8	1.56	14	2
13. Reeth	4	2.02	9	4.55	1	.51	..	..	..	..	..	..	3	1
14. Richmond	41	1.40	48	1.64	12	.41	..	..	..	..	11	.38	20	1
15. Scarborough	12	1.57	45	5.91	3	.39	..	..	..	..	4	.52	16	2
16. Startforth	6	1.09	24	4.35	2	.36	..	..	..	..	3	.54	6	1
17. Stokesley	43	2.29	76	4.04	15	.80	2	.11	..	..	8	.43	31	1
18. Thirsk	17	1.17	59	4.07	12	.83	1	.07	..	..	9	.62	23	1
19. Wath	3	.82	5	1.37	3	.82	1	.27	..	..	..	..	5	1
20. Whitby	24	2.03	62	5.24	11	.93	1	.08	..	..	6	.51	40	2
Total Rural	298	1.66	689	3.85	119	.66	12	.07	1	.006	97	.54	297	1
Administrative County	756	1.95	1632	4.22	322	.83	31	.08	3	.008	181	.47	685	1

Once again as in 1954 a lengthy part of this report deals with sanitary matters : this section will, it is hoped, be particularly interesting to recently elected councillors. If members of the Council desire further details of progress in individual schemes for water supply or for provision of sewerage in the rural areas, all available information will be given on request. The cost of including and printing all such details would be uneconomic and these have been excluded.

The decline in tuberculosis mortality continues, but the continued introduction of infectious cases by immigration may well set up a wave of new infection at any time. Fortunately the number of recent arrivals in the North Riding is low compared with other areas, but certain districts are receiving more than their share of immigrants : these are not subject to x-ray examination before entry and no medical test is applied to them.

The incidence of cancerous conditions remain high but it must be remembered that more people are living to an age when cancerous hazards are greater. The scope of cancer education, and in particular, the discouragement of cigarette smoking and of the use of raw coal as a domestic fuel, remains a problem : but how can children and young persons be educated to regard cigarette smoking as abnormal when there is constant propaganda by example on television.

The incidence and effects of infectious diseases during the year is shown in tables 7, 8 and 9 at the end of the Report : many interesting facts will be noticed. The number of **deaths** from preventable accidents in the home probably greatly exceeds all the cases of poliomyelitis notified and undetected, but what publicity does the daily press give to this fact ? The prevention of accidents is the one sphere where the activity of voluntary bodies, the constabulary and the public health services is vital ; the parking of vehicles on carriageways for more than the minimum time (*e.g.*, the visit of the family doctor or the delivery of milk) will have to be more actively discouraged in future : so also should the continued manufacture of saucepans with long handles in place of two heat-insulated lugs. It is better to dispense with tablecloths than to risk death or injury to young children from scalding accidents : your nursing staff are constantly playing their part in this form of prevention.

In conclusion I wish to thank past and present members of the Health Committee for their continuous support and my colleagues in other departments for their help and co-operation. To the staff in the central office, in the area offices and in the ambulance stations, and to the nurses employed in midwifery and allied services I extend my best thanks : without their help the last difficult year would indeed have been much more difficult.

I remain,

Mr. Chairman, My Lord, Ladies and Gentlemen,
Your obedient servant,

J. A. FRASER,
County Medical Officer.

County Hall,
Northallerton.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH

For the Year 1956.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT (at 31/12/56).

County Medical Officer of Health	..	J. A. Fraser, M.B., Ch.B., D.P.H.
Deputy County Medical Officer of Health		J. T. A. George, M.D., Ch.B., D.P.H.
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	}	Vacancy.
Chief Dental Officer	..	I. J. Faulds, L.D.S.
District Medical Officers of Health	..	See Table on pages 7 and 8.
Chest Physicians	..	V. Ryan, M.D., B.A.O., D.P.H.
(All part-time, in direct contract with Leeds or Newcastle-upon-Tyne Regional Hospital Boards)		G. Walker, M.B., M.R.C.P.(E.), D.P.H. R. B. N. Wilsdon, M.D., M.R.C.P. S. P. Wilson, M.D., M.Sc., D.P.H. Kathleen M. Barran, M.B. W. Davidson, M.B.E., M.B., D.P.H. D. P. Degenhardt, M.D., M.R.C.P.
Superintendent Nursing Officer	..	Frances S. Leader, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	Lilian Mann, S.R.N., S.C.M., H.V.CERT.
Chief County Health Inspector	..	G. D. Aspin, C.S.I.B., A.F.S.(E).
County Health Inspectors	..	D. Nurse, M.R.S.I. R. Wharin, M.S.I.A.
Chief Clerk	..	H. A. Roebuck, D.P.A.
County Ambulance Officer	..	J. Bedford (left 24-6-56) M. F. Smith (from 1-9-56)
Senior Sectional Clerks	..	T. A. Hutchinson. Margaret Blair, D.P.A. A. R. Elliott. W. E. Lloyd. C. Rutherford.

Area and estimated mid-1956 Population	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby (42,660)	Thornaby Borough Stokesley R.D.	J. McGovern, M.B., Ch.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees.	J. McGovern.
Eston .. (34,510)	Eston U.D. ..	J. A. Dunlop, M.B., Ch.B., D.P.H., Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar .. (37,210)	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., Ch.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson.
Guis- borough (29,940)	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Area Health Office, Park Lane, Guisborough	W. H. Butcher.
Whitby .. (23,360)	Whitby U.D. .. Whitby R.D.	B. Schroeder, M.B., Ch.B., D.P.H. Area Health Office Grape Lane, Whitby.	B. Schroeder.
Ryedale .. (29,380)	Malton U.D. Malton R.D. Pickering U.D. Pickering R.D. Helmsley R.D. Kirbymoorside R.D.	W. R. M. Couper, M.B., Ch.B., D.P.H., Area Health Office, Train Lane, Pickering.	W. R. M. Couper.
Bulmer .. (52,710)	Easingwold R.D. Flaxton R.D. Wath R.D.	H. Gray, M.D., Ch.B., D.P.H., Area Health Office, Manor Road, Easingwold.	H. Gray.
	Thirsk R.D. ..		*W. G. MacArthur, M.B., 144, Front Street, Sowerby, Thirsk.

Area and estimated mid-1956 population	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Wensleydale (34,180)	Northallerton U.D. Northallerton R.D. Aysgarth R.D. Leyburn R.D. Masham R.D. Bedale R.D.	J. L. Cotton, M.B., Ch.B., D.P.H., Area Health Office, Leyburn.	J. L. Cotton. *A. W. Hansell, M.B., Woodrow, Bedale.
Richmond (45,170)	Richmond Borough Richmond R.D. Croft R.D. Startforth R.D. Reeth R.D.	F. W. Gavin, M.D., Ch.B., D.P.H., Area Health Office, Quaker Lane, Richmond	F. W. Gavin. *W. C. Spiers, M.B., Langhorne House, Reeth, Richmond.
Scarborough (57,880)	Scarborough Borough Scalby U.D. Scarborough R.D.	W. G. Evans, M.B., B.Chir., D.P.H., Area Health Office, King Street, Scarborough	W. G. Evans, (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., Ch.B., D.P.H., Deputy M.O.H., Borough of Scarborough

*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)	..	..	..	..	..	1,354,657
Number of separate private dwellings occupied (Census 1951)						99,836
Number of private households (1951)	..	..	..	..	..	102,704
Average number of persons per house (1951)	..	..	..	..	..	3.37
Population (Census 1931)						
Urban Districts	182,279	—				
Rural Districts	148,822	—	..	..	..	331,101
Population (Census 1951)	..					
Urban Districts	204,416	—				
Rural Districts	173,793	—	..	..	..	378,209
Population (estimated to mid year 1956)						
Urban Districts	207,900	—				
Rural Districts	179,100	..	..	..	..	387,000
Rateable Value (1st April, 1957)	..	..	..	..	..	£4,098,211
Estimated product of a penny rate	..	..	..	..	..	£15,947

Area.

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,657. 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: north of York too, there are heavily populated parishes in the Flaxton Rural District.

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; 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 1956, is set out in the table below ; the population for the years 1931, 1938, 1952, 1953, 1954 and 1955 are also shown for comparative purposes :—

Year.	Urban Population	Rural Population	Total
1931	182,279	148,822	331,101
1938	186,000	147,500	333,500
1952	201,900	176,100	378,000
1953	204,940	173,260	378,200
1954	205,800	175,700	381,500
1955	206,700	177,300	384,000
1956	207,900	179,100	387,000

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining, the manufacture of steel and heavy chemicals : the latter industry is being rapidly developed. On the seaboard there are many holiday resorts ; and in the rural districts agriculture and allied industries provide employment for many.

Extracts from Vital Statistics of the Year.

		Total	M	F	
Live Births	Legitimate	6,009	3,118	2,891	{ Birth rate per 1,000 of the estimated home population 16·2
	Illegitimate	245	116	129	
Still births	..	149	82	67	Rate per 1,000 total (live and still) births 23·27.
Deaths	..	4,419	2,360	2,059	Death rate per 1,000 of the estimated home population 11·4.
					Rate per 1,000 total Deaths (live and still) births
Deaths from pregnancy, childbirth, abortion				3	·47
Death rate of infants under 1 year of age :					
All infants per 1,000 live births				..	25·6
Legitimate infants per 1,000 legitimate live births				..	25·5
Illegitimate infants per 1,000 illegitimate live births				..	28·6
Deaths from measles (all ages)				..	1
Deaths from whooping cough (all ages)				..	nil

Live Births and Birth Rates.

During the year ended 31st December, 1956, the live births registered in and belonging to the Riding numbered 6,254 (266 births more than the previous year, an increase of 4·2%).

The birth rate for the Riding as a whole was 16·2 (per 1,000 estimated population), being higher than the rate for England and Wales—15·7.

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 245 (14 less than in 1955); the position shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of population the illegitimate birth rate was .63 compared with .70 in 1954 and .67 in 1955, the rate per 1,000 live births being 39.17 as compared with 43.68 in 1954 and 43.25 in 1955.

Stillbirths.

The number of stillbirths registered in 1956 was 149 (a decrease of 4 on the previous year). Further analysis of these figures into sexes indicates that there were 82 male and 67 female stillbirths. The rate per 1,000 total births was 23.27 in 1956; this rate compares with 23.57 in 1954 and 24.91 in 1955.

Deaths and Death Rates.

During 1956 the total number of deaths registered for the Riding was 4,419 (2,360 males and 2,059 females). The total figure gives an annual death rate of 11.4 in 1956 (per 1,000 estimated population), which is the same as the figure for the previous year; in terms of urban and rural districts the death rates for the six years ended 31st December, 1956, were as follows:—

		Death Rates.					
		1951	1952	1953	1954	1955	1956
North Riding :—							
Urban Districts	.. ..	13.8	12.3	12.2	12.1	12.2	12.3
Rural Districts	.. ..	11.3	9.9	10.3	10.7	10.4	10.4
Administrative County	.. ..	12.6	11.2	11.3	11.5	11.4	11.4
England and Wales	.. ..	12.5	11.3	11.4	11.3	11.7	11.7

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

Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shown on Table 3 at the end of this report.

The principal causes of death in the County during 1956 were as follows, the figures for 1954 and 1955 being also given.

	1954	1955	1956
Influenza	28	17	37
Heart diseases	1,631	1,670	1,632
Other circulatory diseases	211	164	181
Bronchitis	141	151	166
Pneumonia	135	121	127
Congenital Malformations	35	38	40
Tuberculosis of the respiratory system	39	35	31
Tuberculosis (other forms)	11	8	3
Cancer, malignant disease	674	723	756
Vascular lesions of nervous system	632	675	685
Nephritis and nephrosis	56	40	40

The position in the various sanitary districts is set out fully in Tables 4, 5, 6, 8 and 9. Whereas in 1938, 11 deaths were ascribed to diphtheria, one was allocated to this cause in the years 1948 and 1949, 2 in 1953 and none in the years 1950, 1951, 1952, 1954, 1955 and 1956.

Cancer, Malignant Disease.

Cancer was responsible for 756 deaths in the Riding in 1956 and the following tabular statement shows the position for the last ten years :—

DEATHS AND DEATH RATES FROM CANCER.

Year.	County.	Total Number of Deaths.		Death rate per 1,000 population.			
		Urban Districts.	Rural Districts.	County	Urban Districts.	Rural Districts.	England & Wales
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
1952	700	431	269	1.85	2.13	1.53	1.99
1953	696	442	254	1.84	2.16	1.47	1.99
1954	674	401	273	1.77	1.95	1.55	2.04
1955	723	435	288	1.88	2.10	1.62	2.06
1956	756	458	298	1.95	2.20	1.66	2.07

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 160, a decrease of 6 compared with the previous year. The infantile mortality rate of 25.6 compares with 27.7 for the previous year and 23.8 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.
1947	46.2	42.3	41.6	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
1952	24.3	30.1	26.9	27.6
1953	33.0	26.8	30.2	26.8
1954	32.5	20.9	27.6	25.5
1955	28.0	27.4	27.7	24.9
1956	29.7	20.2	25.6	23.8

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

	1956
Congenital malformations	25
Pneumonia	24
Bronchitis	1

Measles.

During 1956 there were 2,437 notified cases of measles ; this figure excludes all cases of Rubella. Only one death was ascribed in 1956 to this disease ; for the last ten years the number of measles deaths totals 28. This seems to indicate that the treatment of the complication of measles is now much more effective than it was in the years before 1939 (14 in 1937, 18 in 1936, 72 in 1934).

Whooping Cough.

The total number of notified whooping cough cases in the Riding was 1,017, no death was registered as being due to this condition. The morbidity following whooping cough is not known, but one comes across cases suffering from secondary effects of brain haemorrhage which seems to be due to a severe attack of pertussis. This incidence of serious complications should stimulate parents to accept whooping cough vaccination as protection against this unpleasant disease.

Infantile Paralysis.

There were 44 notifications of acute poliomyelitis (paralytic and non-paralytic) or of acute encephalitis during the year under review, with one death, as compared with 31 notifications and 1 death in 1955. It will be recalled that the responsibility for the treatment of paralytic conditions following this type of virus infection lies with the regional hospital boards, but notification secures active enquiries into the sanitary conditions, particularly the disposal of excreta and refuse, nuisance from flies or from cesspits.

Administration.

The local health services have been administered as in previous years ; the report of the county medical officer for 1954 set out in detail the powers and duties and methods of administration and it is not proposed to repeat them this year.

Joint use of Staff.

The regional hospital boards have continued to supply specialist services without charge in connection with psychiatry, mental deficiency, refraction work, as well as for ear, nose and throat conditions; in the special sphere of crippled children the pre-1948 arrangements still apply whereby Mr. Crockatt and Dr. Adamson of the Adela Shaw Orthopaedic Hospital attend special clinics held in numerous places throughout the Riding. Family practitioners as well as school medical officers, refer children to these clinics ; the Education Committee has provided two specially trained orthopaedic after-care sisters to attend at these clinics, to hold separate sessions between the orthopaedic surgeon's visits, to renew plasters, adjust splints and supervise the after-care of children suffering from crippling defects by visits to the homes and schools. In this way there is a constant link between the school, the school health service and the home of the patient with immediate access to a special hospital when conditions require admission. The County Council, as local education authority, has provided a special school for physically handicapped pupils at Welburn Hall, near Kirbymoorside, and the orthopaedic surgeons named above give fortnightly sessions at this school without charge to the authority. Children are regularly admitted to this unit from authorities in Northern England ; recently cases have also been accepted from other parts of England and from Wales.

Use of voluntary organisations.

In general, the local health authority uses voluntary organisations where such bodies can do the work satisfactorily and with less formality than officers of the Council ; for example, for the care of the unmarried mothers and the adoption of children, the County Council makes grants to various Diocesan bodies who provide after-care workers and make arrangements in connection with admissions to hostels and allied matters. The charges for the use of the hostels are now generally made on a customer basis. The County Council has also used the Scarborough Council for Social Service in connection with tuberculosis after-care and has had contractual arrangements with the St. John Ambulance Brigade for the provision of ambulance services.

CARE OF MOTHERS AND BABIES.

A circular was issued by the Ministry of Health early in 1953 drawing attention to the need for continuity in the care of mothers and babies and indicated some of the necessary measures of co-operation between hospital authorities, local health authorities and general practitioners; this need was emphasized by the Guillebaud Committee in 1956. The Ministry indicated that the major responsibility in this matter rests with the local health authority; the duties of the latter under the National Health Service Act, 1946, imply a continuity of care by the local health authority from the first confirmation of pregnancy until the attainment by the child of the age of five years or its earlier attendance at a primary school. Unfortunately there is (within the present framework) no practical measure by which the local health authority's staff can secure effective co-ordination. Three pre-requisites to co-ordination are necessary : (1) either notification of pregnancy, or the immediate passing of information regarding booking at maternity hospitals to the local midwife (2) changing the terms of the present maternity medical services provided under Part IV of the National Health Service Act and (3) the imposition of a statutory duty on each midwife, whether practicing privately or not, to ensure that each pregnant woman gets the necessary ante-natal care, either by referring the patient to a clinic or by calling in a general practitioner under the rules of the Central Midwives Board. The greatest danger to patients, arises in those cases where they will not or cannot attend for the necessary examinations and from failure to carry out medical advice.

The added costs of any scheme of notification of pregnancy and routine follow-up by midwives would be small; there will probably be some additional expenditure on home helps but the gross hospital costs would be cut and the lives of many women who do not appreciate the hazards of unsupervised pregnancy would be saved. Some hospitals have medical staff who are much more helpful than others in sending copies of relevant letters which indicate the need for special nursing procedures, after-care, or special educational treatment.

At 89 places in the Riding, child welfare sessions are held as compared with 91 in 1955 and 55 in 1947. In 24 out of the 89 centres, ante-natal patients are also examined. The total number of attendances at infant welfare centres remains relatively stationary, the total attendances at infant welfare centres in the administrative county in 1956 being 60,397 as compared with 61,391 in 1955, and 60,586 in 1954. As regards the care of premature infants provision has been made for the loan of certain equipment and two nurses have been given a special course of training in the care of these infants.

One centre was opened in newly built premises at Guisborough during the year, and two ceased to function at Kirby Hill and Thornaby R.A.F. Station, owing to decreased attendances.

The average annual attendance per county administered centre is 679 compared with 675 in the previous year. The average number per session is 26 as against 27 in 1955. The following table gives numerical details of the clinics held, the persons who attended and the attendances for the year 1956.

During the year a new multi-purpose clinic including an area office and a nurses' flat was erected to the design of the County Architect at Guisborough in view of the needs of this rapidly growing district.

INFANT WELFARE CENTRES.

Area	Number of centres provided at end of year	Number of Child Welfare sessions held during the year	Number of children who first attended a centre during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendances during the year
				1956	1955	1954-51		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1	8	274	759	666	421	261	1,348	7,356	1,030	496	8,882
2	3	160	580	460	276	188	924	5,430	461	327	6,218
3	4	158	441	374	288	233	895	5,085	738	688	6,511
4	8	266	403	356	251	187	794	4,138	1,249	921	6,308
5	5	127	164	125	113	119	357	1,645	469	477	2,591
6	12	152	200	222	206	354	782	1,570	821	1,434	3,825
7	25	501	631	476	467	809	1,752	5,011	1,944	2,649	9,604
8	10	187	296	220	258	435	913	2,634	1,296	1,735	5,665
9	8	156	498	576	205	311	1,092	4,095	643	577	5,315
10	6	333	427	604	425	494	1,523	4,005	782	691	5,478
Total	89	2,314	4,399	4,079	2,910	3,391	10,380	40,969	9,433	9,995	60,397

In addition North Riding children attended centres established by neighbouring authorities in adjacent areas as follows :—

Barnard Castle	25	16	14	12	13	39	181	24	36	241
Boroughbridge	50	20	10	7	33	50	165	23	78	266
Darlington ..	148	4	4	2	—	6	69	3	—	72
Middleton-in-Teesdale ..	24	5	5	2	1	8	68	5	—	73
York ..	260	11	11	3	2	16	27	5	2	34
Total ..	507	56	44	26	49	119	510	60	116	686

Supply of Dried Milk during 1956.

At short notice all local health authorities in England and Wales had to improvise arrangements for the distribution of National Dried Milk and vitamin foods in the summer of 1954. Fortunately most of the volunteers (small shop-keepers in the country areas as well as the Women's Voluntary Service) agreed to continue. In addition to the arrangements made for the distribution of the official preparations, many proprietary dried milks and other nutrients were supplied at infant welfare centres and clinics : every encouragement has been given to mothers by the health visitors and other staff of the County Council to take up supplies of vitamin foods provided for them and for their children.

Care of Expectant and Nursing Mothers and Children under School Age.

Ante-natal clinics are held on premises owned or rented by the County Council at 39 places in the Riding either separately or in conjunction with infant welfare sessions ; these are staffed by medical officers with special experience in this type of work.

Specimens of blood are taken at all the County Council ante-natal clinics for transmission to the pathological laboratories set up either in the hospital service or in the Regional Blood Transfusion Service. In certain areas, practitioners refer patients to the ante-natal clinics so that blood specimens can be taken. The number of women who thus attended decreased from 3,734 to 2,617 but the total number of ante-natal attendances at North Riding clinics increased by 216. In addition attendances were made by mothers from the Riding at the ante-natal clinics in Middlesbrough, Ripon and York. Unfortunately there is still a large proportion of ante-natal women whose blood is not taken for examination ; this is only revealed when an investigation of stillbirths and neonatal deaths is carried out. The revision of the terms of service under the maternity scheme is long overdue.

As regards mothercraft training, this is one of the essential services provided at ante-natal and infant welfare clinics. The absence of such teaching at general practitioners ante-natal sessions is the main difference between a private ante-natal clinic and one operated by the local authority. Film strips, posters, leaflets and models have been used to illustrate the points in the talks given by medical officers and health visitors.

Maternity outfits are provided through clinics and through midwives for women who intend to have a domiciliary confinement. Each of the ten divisional offices has some accommodation for storage ; in addition, midwives often hold two or three spare outfits in their houses. The outfit supplied includes all the items set out in the appropriate Ministry's circular.

Special sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees for those women who desired post-natal examination by a woman medical officer.

Item	1952		1953		1954		1955		1956	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
Clinics ..	39	4	42	4	41	4	40	4	39	4
Sessions ..	994	140	986	133	978	133	1,021	137	1,009	84
Women attending	1,389	100	2,145	90	2,602	82	3,734	60	2,617	52
Total Attendances	4,795	116	7,596	106	7,455	85	6,827	60	7,043	49

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 30 h.p. Ford Pilot car. The unit is staffed by a woman medical officer, a qualified health visitor and a driver/clerk. Waiting rooms are hired in villages for the use of those awaiting examination and advice. The 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 drawn up alongside 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 18.

	1952	1953	1954	1955	1956
Villages served	19	22	21	21	20
Sessions held during the year ..	447	526	527	546	575
Expectant Mothers, Nursing Mothers and/or children using the service ..	1200	1,527	1,407	1,204	1,177
Total number of attendances ..	6,097	7,417	7,373	6,383	5,875

The monthly visit of the mobile clinic to Kirby Hill was stopped in February, 1956, because, owing to small attendances, the expenditure did not seem justified. Mothers and children now attend at Boroughbridge by arrangement with the West Riding Health Department.

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1956, 30 centres were provided with this additional service at an approximate cost of £753. 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 medical officers or from part-time medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.

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) ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association ; Tees-side Moral Welfare Association ; Richmondshire Moral Welfare Association.

Fifteen unmarried mothers were admitted to Heworth Moor House, York, during 1956 and seven to a similar home at 21 Albemarle Crescent, Scarborough.

In addition 14 patients were admitted during the year 1956 to mother and baby homes at Harrogate, Hull, Leeds, Newcastle and Bradford. The social workers employed by the diocesan associations gave excellent service in this branch of public health.

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

Orthopaedic clinics, attended by an orthopaedic surgeon, were held in premises provided by the County Council at Thornaby, South Bank, Saltburn, Guisborough, Redcar, Carlin How, Whitby, Malton, Northallerton, Pickering, Richmond and Scarborough ; clinics were also held at the Adela Shaw Orthopaedic Hospital, Kirkbymoorside and by arrangement with the York City Council in the York School Clinic.

Some 345 children attended orthopaedic clinics during the year ; of these 164 were new cases. The total number of attendances at these clinics during the year increased slightly to 1,042.

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 for 17 children during 1956 : none of these children was suffering from tuberculosis.

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

The table below shows that some 131 mothers were treated in 1956 as compared with 191 in 1955 and that 114 of these were made dentally fit before the end of the year. The great shortage of dental staff has made it difficult to cope with the demand for treatment in the school health service but professional staff are encouraged to give more time to conservative treatment to mothers and young children instead of doing extractions and providing dentures ; the services of local authorities' dentists should be limited to the preventive side of dentistry and in particular to the saving of teeth during pregnancy and during the first five years of life. There is great scope for the future employment of oral hygienists particularly in connection with the teeth of pregnant women and of nursing mothers immediately after the end of the puerperium.

(a) Number provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	154	150	131	114
Children Under 5 ..	198	174	159	156

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics General	Fillings	Scalings and gum treatment	Silver nitrate treatment	Radiographs	Dentures provided		Dressings
							Full upper or lower	Partial upper or lower	
Expectant & Nursing Mothers	497	97	29	24	—	3	58	31	8
Children under 5	270	140	21	—	40	—	—	—	6

Family Planning.

Grants of £25 each were made to the local branches of the Family Planning Association at Northallerton, Richmond, Saltburn, Scarborough and Thornaby.

DOMICILIARY MIDWIFERY SERVICE.**Domiciliary Midwifery.**

The whole of the domiciliary midwifery service provided under s. 23 is administered directly by the County Council. Since 1949 there has been a decline in domiciliary midwifery and it is not now the policy of the County Council to make new appointments of whole-time midwives; nurses in urban areas are appointed as district nurse/midwives. At the end of the year under review 14 whole-time midwives were still employed in urban districts, 29 full-time nurses (plus 5 part-time) undertook combined duties and 63 nurses (plus 4 part-time) were carrying out generalised duties in rural districts.

The number of domiciliary confinements during the year is set out in the table below. For comparative purposes, figures for the years 1950, 1954 and 1955 are also given :—

	1950	1954	1955	1956
Total Domiciliary Confinements ..	3,017	2,477	2,306	2,316
(a) attended by midwives ..	2,068	1,995	1,791	1,806
(b) attended by maternity nurses ..	949	482	515	510
Percentage of total notified births ..	56.5	42.6	39.9	37.6

Deliveries attended by midwives employed by the County Council during 1956 :—

Doctor not booked		Doctor booked		Total
Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	
38	360	467	1,443	2,308

Only 1,624 of these 2,308 babies were wholly breast fed on the fourteenth day in spite of the best efforts of the county midwives ; this showed however, an improvement over the previous year. The whole weight of modern advertising is directed towards the use of substitute foods.

During the year, 560 cases delivered in institutions were attended by domiciliary midwives after discharge from institutions before the fourteenth day, compared with 343 in the preceding year and 198 in 1954.

It is interesting to note that in 1947, the last complete calendar year before the 'appointed day,' the percentage of domiciliary confinements taking place in the Riding was 91%.

Unfortunately admission on social grounds to many of the units in or near the Riding is not controlled : early application is in some cases the only criterion. It is most desirable that the knowledge and experience of the County Council's midwives and health visitors should be fully used when decisions are made regarding the degree of priority for women who claim admission because of social conditions : after all maternity homes were originally provided as a form of rehousing during the puerperium, in those cases where conditions at home were unsatisfactory. Two nursing officers inspect midwives employed in private nursing homes or in maternity homes where there is no resident medical officer, and those practising privately within the administrative area of the authority, as well as the directly employed midwives. Thirty midwives employed by the County Council attended refresher courses during 1956.

Ante-natal supervision is provided by medical officers and midwives at the ante-natal clinics and at certain infant welfare centres, as well as at special midwives' clinics ; in addition, those midwives who are booked by expectant mothers who won't attend clinics, visit their patients at intervals. There is, on the whole, good co-operation between county midwives and general practitioners who undertake maternity medical services.

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 table shows the number who registered during the year 1956 in various categories (figures for preceding year in brackets).

No. of Midwives	Employed by the County Council	Engaged in private practice	Employed by Hospital Management Committees
178 (182)	116 (115)	5 (5)	51 (56)

* In addition 6 midwives were employed at the Military Families Hospital at Catterick Camp.

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, 1939 (Regulation 33) the County Council employed on midwifery duties during 1956 one 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 four years :—

	1952	1953	1954	1955	1956
Requests for medical aid ..	518	526	532	515	585
Stillbirth reports ..	36	39	37	39	43
Rise in temperature ..	15	16	20	14	11
Death of mother ..	2	—	2	1	—
Death of infant ..	12	8	8	20	12
Laying out dead body ..	20	17	27	17	11
Artificial feeding ..	129	193	261	283	377
Liability to be a source of infection	74	25	47	43	50

The following is a classification of the stages when midwives had to summon medical aid—

	1952	1953	1954	1955	1956
During pregnancy ..	107	116	88	85	94
During labour ..	259	260	284	283	331
During lying-in period ..	74	65	88	69	84
In respect of child ..	78	85	72	78	76

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 has varied from 103 in 1948, to 25 in 1953 and 50 in 1956; 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 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 infections of midwives when it appeared that the safety of the mothers and babies might be endangered by the existence of such conditions.

Maternal Mortality.

The distribution of maternal deaths is shown in table 6 at the end of the report.

Premature Births.

PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days			
257	209	85	79	30	19	37	34	—	—	54	21	7

	1954	1955	1956
Total premature live births	.. 382	375	409
Total premature still-births	.. 66	66	82

Notification of Puerperal Pyrexia.

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

In 1956, 33 notifications were received; the circumstances of 23 of these were investigated by the superintendent nursing officers.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of infants 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 1956, 4 cases were reported : all were treated at home and made a satisfactory recovery. The superintendent nursing officers investigated 10 cases of "sticky eyes."

Analgesia used by Midwives.

At the end of 1956, 104 domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia as compared with 102 on 31-12-55 and 89 on 31-12-54. One midwife received instruction in the use of gas/air analgesia during 1956.

The following table may be of interest and concerns the midwives employed by the County Council (the figures in brackets are those for 1955).

Domiciliary midwives trained to use gas/air apparatus	Sets of apparatus	Total domiciliary births	Patients receiving gas/air from domiciliary midwives		Patients receiving pethidine from domiciliary midwives	
			Doctor not present	Doctor present	Doctor not present	Doctor present
104 (102)	81 (76)	2,308 (2,299)	992 (970)	213 (195)	885 (797)	248 (225)

HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirty-four such nurses were employed in 1956. In addition one qualified health visitor was employed jointly on tuberculosis and venereal disease work in the Scarborough district and an experienced but uncertificated health visitor continued tuberculosis visiting and school nursing in the Thornaby area.

In rural districts nurses are employed on generalised duties ; 31 of these nurses hold the health visitors' certificate, two more than in 1955, and four more than in 1954. In one area, health visitors attend on Saturday mornings in rotation at the local hospital and obtain a list of children who have been admitted during the preceding days and of those who are likely to be discharged home during the following week. In another area the deputy nursing officer attends and appropriate details are distributed from the central office. All information obtained regarding pending discharge is sent to the home nurses in the area so that they can make any necessary preparations.

The total number of visits of all kinds made by health visitors amounted to 103,862 in 1956 as compared with 111,519 in 1955 and 96,975 in 1949. There was some difficulty in recruiting health visitors in spite of the County Council's scheme for the provision of scholarships which were not all allocated because of lack of applicants. In these circumstances the health visiting had to be more selective in areas where there was a shortage of staff. The following table sets out details of visits made by the health visitors during 1956 :—

Expectant mothers	Children under 1 yr. of age	Children age 1 and under 2 yrs	Children age 2 but under 5 years	Tuberculous Households	Other cases	Total
1,868	30,470	17,622	37,214	4,010	12,678	103,862

The total number of children under 5 years of age visited was 34,012 ; 22,891 households were concerned in these visits.

Training.

The County Council has offered scholarships each year valued at £240 each to enable suitable nurses to take the health visitors course of training at recognised centres. Since July, 1948, 31 scholarships have been granted to suitable candidates and with two exceptions the students have obtained the qualifying certificate : 2 more scholarships were awarded during 1956. A condition attached to the scholarships is that the recipient must work in the administrative county for a period of two years after obtaining the certificate.

Facilities have been afforded to the Principal of the Bolton Technical College for H.V. students to obtain a week's experience in rural areas during the course of training. The County Council's health visitors find accommodation for these students and take them on their rounds as well as having the students as helpers at ante-natal clinics and infant welfare centres. Refresher courses for health visitors are not held within the Riding but vacancies are obtained every two years at courses held by the Royal College of Nursing ; during 1956 six health visitors attended post certificate refresher courses.

HOME NURSING SERVICE.

When the County Council took over the home nursing service from district nursing associations in July, 1948, it was decided to employ whole-time home nurses in the urban areas. Following the decline in domiciliary midwifery, it has become the practice to appoint doubly qualified nurses to undertake combined duties in these districts. On 31-12-56 there were 16 whole-time home nurses, 29 nurses (and 5 part-time) undertaking midwifery and home nursing, and in the rural districts 63 nurses (and 4 part-time) were undertaking duties of a generalised character : the home nurses have worked very well with the general practitioners and complaints regarding their work have been rare.

Some progress was made during the year in the early notification of names of patients being discharged from hospital and requiring nursing care at home. Previously the family doctor only knew of the discharge of the patient when he received the discharge report from the hospital consultant but sometimes in urgent cases the home nurse is now advised directly by telephone from the hospital.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. About 70% of the cases fall into the "medical" category. There is no night nursing service as such, although many nurses do an evening round; a night nursing service does not seem practicable or justifiable in an area which is mainly rural.

During the year under review, 24,749 patients received domiciliary visits to the total number of 205,413 and an analysis of these patients is set out in the following table.

Type of Case	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases	18,197	5,865	42	541	77	27	24,749
Number of visits	147,155	42,339	259	8,624	900	6,136	205,413

Of the total patients 3,545 were over the age of 65 at the date of the first visit and 89,541 such visits were made. 5,307 visits were made on 730 children who were under the age of 5 at the first visit.

Training.

Arrangements are made for a small number of district nurses to attend refresher courses organised by the Queen's Institute of District Nursing; opportunities are also given for district nurses to attend one or two day courses in the adjoining County Boroughs. During 1956, six district nurses attended courses.

Arrangements are also made through the Queen's Institute of District Nursing for suitable candidates to take a four or six months' course of district training. In some cases recipients of health visitors scholarships undertake combined district and health visitors training under the auspices of the Queen's Institute Scheme.

VACCINATION AND IMMUNISATION.

The health visitors are given the duty of stimulating the interests of parents in immunisation of the child population against diphtheria, but it is more difficult to interest a parent in vaccinating a child. One of the most awkward things to combat is the fact that the disappearance of diphtheria and smallpox tends to make parents careless and difficult to convince on the merits of protective measures. Many practitioners, though they have a financial incentive to immunise, are not maintaining their interest in this matter until a case occurs, or a positive swab is reported.

During 1952 the County Council approved a scheme for immunising children against whooping cough and practitioners can apply for the single antigen or for the combined diphtheria/pertussis antigen as they wish. Normally immunisation against whooping cough is desired at the age of four to six months. Arrangements for giving boosting injections of diphtheria antigen have been successfully made in urban districts. The percentage of immunised children under fifteen years is as high as 90% in certain areas. It is interesting to note that there was no notified case of diphtheria during 1956 as compared with 332 cases with 12 deaths in 1939. Personal approach to the parents by the health visitor remains the most effective agent in securing the consent of parents to the protection of their children; newspaper publicity and the distribution of leaflets are not nearly so effective.

A fee of 5/- is paid to medical practitioners for every notification of immunisation or vaccination except where sessions are organised, in which case the proper sessional fee is payable; a record of immunisation in these latter cases is made by a member of the Council's staff. Notification in respect of immunisation by the combined diphtheria/pertussis antigen is made on one notification card; the usual fee of 5/- is payable.

The following table gives the number of children within specified age groups who had, at the end of 1956, been immunised or vaccinated. Comparative figures are given for the preceding six years.

DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	Children under 5 immunised	Estimated population 5-14 yrs.	5-14 yrs. children immunised	Total est. pop. under 15 yrs.	Total children immunised under 15 yrs.
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
1952	30,900	16,425	55,900	37,869	86,800	54,294
1953	30,000	14,668	57,000	49,743	87,000	64,411
1954	30,200	16,529	57,800	54,067	88,000	70,596
1955	30,000	15,960	59,300	55,182	89,300	71,142
1956	30,100	17,144	60,200	51,495	90,300	68,639

It will be noted that 43% of the younger age group received immunisation in 1950, 51% in 1951, 53.2% in 1952, 48.9% in 1953, 54.7% in 1954, 53.2% in 1955, and 56.6% in 1956. In the older age group the immunity index was 48.7.

SMALLPOX VACCINATION.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs.) & over	Total
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790
1952	1,360	364	296	2,020	1	95	656	752
1953	1,682	549	454	2,685	—	215	812	1,027
1954	1,705	306	223	2,234	5	218	573	796
1955	1,525	275	153	1,953	7	149	296	452
1956	1,850	264	166	2,280	13	100	262	375

POLIOMYELITIS VACCINATION.

Ministry of Health circular 2/56 explained to Local Authorities proposals for the use of a British vaccine against poliomyelitis. The Health Committee agreed to make application to the Minister of Health to include poliomyelitis vaccination in the proposals under section 26 of the National Health Service Act, 1946. The original scheme provided for the registration of all children born between 1947 and 1954. The number of children eligible was 50,741 and all parents of children under school age received a letter setting out the particulars of the scheme and inviting registration: children attending school received similar letters through the head teacher. As a result 24,529 children resident in the Riding were registered during this phase. The first issue of vaccine was received during the first week in May and vaccination was suspended at the end of June for the summer: further supplies of vaccine were not available during 1956. All vaccination was carried out by the medical staff of the authority and only children born in the months selected by the Medical Research Council were treated.

The following table shows the work done in this field in 1956.

Number of Children	Year of Birth								Total
	1947	1948	1949	1950	1951	1952	1953	1954	
Given two Injections ..	278	262	249	197	294	302	264	281	2,127
Given one Injection ..	108	106	122	92	139	138	123	115	943
Awaiting Vaccination	3,691	3,431	3,398	3,239	2,068	1,900	1,936	1,796	21,459
Total ..	4,077	3,799	3,769	3,528	2,501	2,340	2,323	2,192	24,529

COUNTY AMBULANCE SERVICE.

Radio Control.

The Committee approved the preparation of a scheme of radio control in April, 1956, but this had not been installed at the end of the year under review.

Vehicles.

The total number of county owned vehicles at the 1st January and 31st December, 1956, was 62 and 65 respectively made up as follows :—

		Dual Purpose		Total
		Ambulances	Vehicles	
1st January, 1956	..	28	34	62
31st December, 1956	..	30	35	65

As will be seen from the above figures, two additional ambulances and one dual purpose vehicle were added during the year. The ambulances are Austin Diesel 1-ton chassis with Lomas bodies and the other vehicle was a Bedford 10/12 cwt. chassis with a light transit ambulance body by Lomas.

Orders were placed for 2 Bedford Diesel ambulances and 4 Bedford light transit ambulances during the year ; these vehicles were replacements for older vehicles which had done 150,000 miles or more.

Staff.

The number of personnel directly employed by the County Council on the 1st January and 31st December, 1956, was as follows :—

Depot/station	1/1/56	31/12/56
Redcar Depot ..	16	16
Scarborough Depot ..	15	15
Northallerton Station ..	6	6
Thirsk Station ..	8	8
Haxby Station ..	8	7
Malton Station ..	7	6 (vacancy)
Richmond Station ..	7	7
Whitby Station ..	3	3
Thornaby Station ..	5	5
Kirkbymoorside Station ..	3	4
Bainbridge Station ..	5 (2 full-time 3 retained)	3
	—	—
	83	80
	—	—

During the year the Superintendent of High Hall, Bainbridge, had to be relieved of his duties on medical grounds as telephonist and retained driver/attendant ; as a result of this the Committee decided to establish a 3 man station at Bainbridge and to dispense with the services of the other two retained men. A third full-time driver was appointed and took up duty on 10th December, 1956. Notice was given to terminate the appointments of the retained men with effect from 9-1-57. It was also decided to reduce from 8 to 7 men the establishment at Haxby and to increase the establishment at Kirkbymoorside from 3 to 4 men.

Statement of patients carried and mileage incurred during the period
1st January, 1956—31st December, 1956.

COUNTY COUNCIL			
Depot/Station	Patient Journeys	Mileage	
Scarborough Depot	22,815	123,105	
Redcar Depot	25,999	184,523	
Thirsk Station	11,013	129,052	
Haxby Station	11,958	101,214	
Malton Station	8,664	117,143	
Richmond Station	8,236	134,774	
Northallerton Station	5,800	90,112	
Bainbridge Station	2,612	55,960	
Whitby Station	4,836	58,900	
Thornaby Station	12,963	60,206	
Kirkbymoorside Station	5,426	74,895	
TOTAL	120,322	1,129,884	

VOLUNTARY ORGANISATION			
Eston (S.J.A.B.)	12,787	92,453	
Carlin How (S.J.A.B.)	8,495	69,672	
Great Ayton (S.J.A.B.)	1,990	41,212	
TOTAL	23,272	203,337	

HOSPITAL CAR SERVICE.			
Whitby	11	234	
Richmond	1,487	29,023	
Wensleydale	886	15,816	
TOTAL	2,384	45,073	

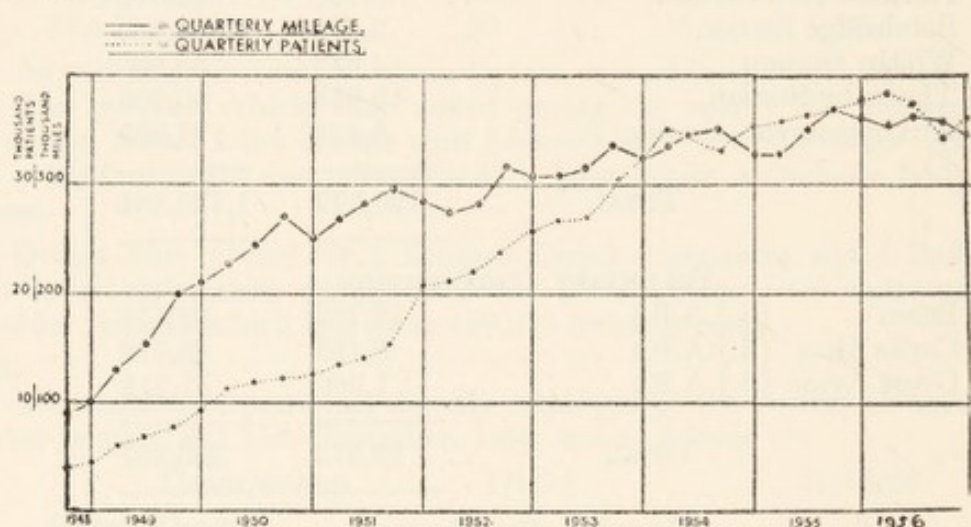
OUTSIDE AUTHORITIES.			
Darlington	195	1,857	
Durham	869	10,562	
Middlesbrough	5	41	
York	15	80	
TOTAL	1,084	12,540	

SUMMARY.			
County Council	120,322	1,129,884	
Voluntary Organisations	23,272	203,337	
Hospital Car Service	2,384	45,073	
Outside Authorities	1,084	12,540	
GRAND TOTAL	147,062	1,390,834	

It is interesting to notice how the mileage per patient has decreased as the service has expanded. The figures since the appointed day are as follows :—

1948 (part)	1949	1950	1951	1952	1953	1954	1955	1956
24.41	22.50	19.82	18.91	12.92	10.90	9.77	9.40	9.45

The improved mileage per patient is illustrated in the graph given hereunder :—



SECTION 28, PREVENTION OF ILLNESS— CARE AND AFTER-CARE.

(a) TUBERCULOSIS.

The proposals made by the County Council under Section 28 of the National Health Service Act, 1946, as approved by the Minister of Health provide for the carrying out of the Health Committee's functions by area sub-committees ; in fact several of the functions of the Health Committee under Section 28 are carried out by area after-care committees. 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-committees ; the grants made during 1956 are set out below.

The provision of open air shelters is dealt with centrally because of their cost and in order to solve problems of storage and economy. Extra nourishment, beds, bedding and nursing requisites can be obtained on a recommendation made by a chest physician or general practitioner to the local health office.

Materials for occupational therapy for patients discharged from sanatoria are provided through voluntary organisations, *e.g.* the British Red Cross Society, or care committees. No reasonable request for materials has ever been refused.

Each person notified as suffering from tuberculosis can obtain on the recommendation of the chest physician one pint of extra milk per day, without charge. Additional nourishment is dealt with by care committees on the recommendation of the family practitioner or of the chest physician in special cases.

Some 545 North Riding residents had been vaccinated with B.C.G. up to the end of 1955 ; a further 215 were vaccinated during 1956 by the chest physicians of the Regional Hospital Boards. B.C.G. vaccination was not carried out by whole-time officers of the County Council during the year.

Owing to the rural nature of this county and to the policy of providing chest clinics in the major towns in or adjacent to the Riding, it has not usually been practicable to arrange for the regular attendance at these clinics of the health visitors in whose area the patients reside, as a large percentage of the patients seen on any particular day come from other nurses' districts, or even from another authority's area.

Local housing authorities have co-operated well in the matter of re-housing tuberculous families ; help is generally readily given by housing allocation committees. In the course of follow up some 1,034 home contacts of tuberculous families have been examined by the chest physicians.

It has been the practice since 1950 to reimburse care committees the amount of their approved expenditure for the previous year. During the year under review grants were made to the various committees as follows :—

Care Committee	Gross Expenditure	Income from non-C.C. sources	Net expenditure reimbursed by County Council
	£	£	£
Eston ..	289	22	267
Redcar ..	153	3	150
Guisborough ..	21	4	17
Whitby ..	88	31	57
Ryedale ..	26	—	26
Bulmer ..	90	6	84
Scarborough ..	224	41	200

(b) 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 page 34 for details of the work of this standing sub-committee.

(c) OTHER TYPES OF ILLNESS.

As regards illness generally, certain items of equipment, *e.g.* special beds and mattresses, can be obtained on request from local health offices ; in addition each home nurse has access to a supply of nursing requisites which she may leave on loan in a patient's home without charge. Health visitors are being used by medical officers of health in certain areas to follow up cases of notifiable disease and to ensure that adequate nursing is available ; they are better able to give advice to parents on the prevention of further infection and the care of children than sanitary staff, particularly now that terminal disinfection has been virtually abandoned except after certain serious diseases, *e.g.* tuberculosis, typhoid fever and smallpox.

Certain care committees have raised funds to expend on the welfare of patients suffering from illnesses other than tuberculosis. These amounts vary from £14 in one instance to £662 in the case of the Committee associated with the Scarborough Council for Social Services.

(d) CONVALESCENT HOME ACCOMMODATION.

Convalescent accommodation was offered to 34 individuals in 1956 as compared to 53 in 1955, 48 in 1954, 30 in 1953 and 29 in 1952. Accommodation is found for adults and children of both sexes and is limited to a maximum stay of 4 weeks. As this service is a type of holiday-rest service for those who are "run down" care has to be exercised to guard against persons using it as a means of obtaining a holiday for little or no cost.

(e) REHABILITATION.

Two mothers with 3 children were admitted to Spofforth Hall Rehabilitation Centre, near Leeds, during 1956. There they received training in household management. On discharge both families were re-housed in new Council houses; some furniture was supplied by local voluntary organisations. It is too early yet to comment on the permanence of the improved home conditions.

The following table gives details of admissions to convalescent homes through the County Council's scheme in 1956 :—

Convalescent Home	No. admitted				Total Stay in days	Aver. Stay in days	Cost including travelling	Amount Recovered	Nett cost (excluding admini- stration)
	Adults		Chil- dren						
	M	F	M	F					
							£ s. d.	£ s. d.	£ s. d.
West Hill,									
Southport	1	9	—	—	140	14.0	114 10 10	33 0 4	81 10 6
Semon, Ilkley	1	5	—	—	84	14.0	39 15 10	9 19 0	29 16 10
Blackburn,									
St. Annes	2	2	—	—	56	14.0	42 18 8	9 17 10	33 0 10
Children's									
West Kirby	—	—	1	1	112	56.0	86 0 7	7 13 0	78 7 7
Shoreston Hall,									
Seahouses	1	—	—	—	21	21.0	21 9 10	1 2 3	20 7 7
N.E.C.F.S.,									
Grange-over-									
Sands	2	—	—	—	35	17.5	27 3 4	17 4 4	9 19 0
Church Army,									
Southport	—	2	3	—	135	27.0	35 10 6	15 1 0	20 9 6
Tanllwyfan,									
Colwyn Bay	—	—	—	1	28	28.0	18 0 0	—	18 0 0
Mental After-									
Care, Cheam	—	2	—	—	142	71.0	84 11 2	28 13 10	55 17 4
Memorial,									
Skegness	—	1	—	—	14	14.0	8 0 6	4 6	7 16 0

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During 1956, 34 employees of the Children's Committee were surveyed in connection with their work or proposed employment in close contact with groups of children ; the cost is charged to Section 28 of the National Health Service Act, 1946. Some of these examinations are carried out by the Mass Radiography Service when surveys are being held in a suitable locality ; in other cases arrangements are made with a private radiologist.

In addition to the above, 184 persons employed by the Education Committee and 166 applicants for admission to a teachers' training college were x-rayed. The co-operation of the medical and technical staff of the mass miniature radiography units has been much appreciated. I am particularly indebted to Dr. G. Walker, the chest physician to the Northallerton area, for his helpful advice in doubtful cases.

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 patients and their relatives ; they remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases. Members of the medical staff have also given talks in their own areas as local M.O.H. ; the three county health inspectors have systematically dealt with the peculiar problems of food handling in talks given to employees in the schools meals service.

DOMESTIC HELP SERVICE.

The domestic help service continues to expand. In 1947, 46 families were given help by 45 part-time helpers as compared with 581 families in 1953, 681 families in 1954, 705 families in 1955, and 766 families in 1956. In 1955 the number of helpers employed by the County Council was 18 whole-time and 120 part-time ; in 1956 the corresponding numbers were 20 whole-time and 150 part-time employees. It has been found desirable in rural areas to employ part-time domestic helps in order to avoid waste of working time.

The County Council's proposals under the National Health Service Act 1946, provide for the employment of the equivalent of 80 full-time workers either 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.

At the end of the year under review, the standard charge to persons obtaining domestic help was 3/-d. per hour, having been reduced by the Health Committee with effect from 1-10-54 ; recovery of whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment. The following table gives the number of helps employed, the hours worked, the families who received help and those who paid the standard charge in each of the ten health areas of the Riding.

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 ..	3	6	7,277	74	12
Eston ..	1	19	32,282	158	9
Redcar ..	1	8	11,653	94	17
Guisborough ..	6	6	15,858	56	4
Whitby ..	1	3	5,415	29	8
Ryedale ..	—	37	21,536	65	—
Bulmer ..	—	28	9,039	59	8
Wensleydale ..	—	22	15,436	54	4
Richmond ..	—	19	14,407	57	2
Scarborough ..	8	2	16,564	120	18
Totals ..	20	150	149,467	766	82

MENTAL HEALTH SERVICES OF THE AUTHORITY.

Mental Deficiency.

In 1956, as previously, the County Council employed three whole-time Mental Health Workers. All three are authorised under the Mental Deficiency Acts and, with the exception of those functions necessarily performed by registered medical practitioners, they made all the routine and statutory visits under these Acts. In addition, they supervised and reported upon defectives on licence and holiday leave when requested to do so by the Superintendents of the mental deficiency hospitals. During 1956 the Mental Health Workers made 2,643 effective visits. Although the authority's nine Duly Authorised Officers are authorised under the Mental Deficiency Acts as well as under the Lunacy Act, their work in the former connection has been confined to the sporadic presentation of petitions.

The arrangement whereby psychiatrists employed by Leeds and Newcastle-upon-Tyne Regional Hospital Boards are available for consultations and advice continued to work satisfactorily ; cases can also be seen by the medical superintendents of mental deficiency hospitals in the areas of both boards. This help and advice has been appreciated alike by parents of children and the staff of this authority on several occasions during the year.

Admissions to Hospital.

The number of cases admitted in 1956 to mental deficiency hospitals was again far short of the figure necessary to eliminate, even over a period of years, the very long waiting list. Indeed, the rate of admission has again failed to keep pace with the rate of notification of new cases requiring hospital care. Instances have occurred in which mothers of defective children themselves suffered a breakdown in health as a direct result of the intolerable burden they carried. This is surely a clear indication for adequate hospital accommodation as an important step in preventive medicine.

Hospital admissions, discharges and deaths in 1956 as compared with those in the five previous years are given in the following table :—

Year	Admitted		Discharged		Deaths	
	M.	F.	M.	F.	M.	F.
1951	12	14	6	4	3	1
1952	7	22	3	5	4	2
1953	18	16	2	3	4	4
1954	26	7	2	5	2	1
1955	10	6	4	9	2	4
1956	21	21	7	6	2	2

Details of the numbers of defectives in hospital, on licence from institutions and under guardianship on 31st December, 1956, are as follows :—

	M.	F.	Total
(i) Defectives in Regional Hospital Board Hospitals on 31st December, 1956 :—			
Under 16 years of age	30	22	52
Over 16 years of age	191	204	395
(ii) On Licence from Institutions :—			
Under 16 years of age	2	—	2
Over 16 years of age	30	17	47
(iii) In Rampton and other State Institutions :—			
Under 16 years of age	—	—	—
Over 16 years of age	9	4	13
(iv) Under Guardianship :—			
Under 16 years of age	—	2	2
Over 16 years of age	3	1	4

Notifications.

Fifty cases were notified for the first time during 1956 from the following sources :—

	M.	F.
(i) Under Section 57 (3) Education Act, 1944	9	10
(ii) Under Section 57 (5) Education Act, 1944	3	7
(iii) Other sources, subject to be dealt with	2	5
(iv) Reported but not ascertained on 31-12-56	7	7

Some of these 50 were dealt with as follows during 1956 —

(i) Admitted to Institutions	..	..	..	..	1	4
(ii) Placed under statutory supervision	..	..	..	..	13	17
(iii) Placed under voluntary supervision	..	..	..	..	2	1

The total numbers of defectives on the register on December 31st, 1956, were as follows —

(i) In institutions (including those on licence therefrom)	..	262	247
(ii) Under guardianship	.. .. .	3	3
(iii) In " place of safety "	.. .. .	—	—
(iv) Under statutory supervision	.. .. .	197	199
(v) Number of persons who are not " Subject to be dealt with " but under some degree of supervision	.. .. .	46	43

During the year 14 defectives were admitted to hospitals under the control of the regional hospital boards under the provisions of Ministry of Health Circular 5/52 ; no additional expenditure for accommodation has been incurred by the authority.

Mental Illness.

Nine duly authorised officers carry out duties under the Lunacy and Mental Treatment Acts. These officers are also authorised under the Mental Deficiency Acts and are employed as district welfare officers ; 21% of the salary of each is allocated to mental health. During 1956 these officers made 1,063 visits in connection with statutory duties under the Lunacy and Mental Treatment Acts and 145 visits in connection with after-care. In addition mental health workers have carried out home visits to discharged patients in suitable circumstances.

Lunacy and Mental Treatment Statistics.

visits made in connection with the care and after care of patients (excluding those necessary for admission to hospital) 849

North Riding patients admitted to hospital.

	1951	1952	1953	1954	1955	1956
(i) Voluntary	.. 330	374	384	427	493	513
(ii) Certified	.. 101	132	160	157	174	195
(iii) Temporary	.. 24	17	10	7	5	10
(iv) Section 20 cases	.. 78	77	84	69	57	72
(v) Urgency orders	.. 9	14	13	20	—	—

Occupation Centres and Classes.

(a) ALDERMAN COCKERILL OCCUPATION CENTRE—SCARBOROUGH.

The names of 19 children were on the register at the end of the year. Transport was provided by the county ambulance service. It is pleasing to note that the high rate of attendance mentioned in my report for 1955 was again continued during 1956 ; the actual percentage attendance being 86% as against 87% for 1955. Another interesting feature of the attendances is that they were almost constant throughout the year ; ranging from 80% to 90% over the four quarters. A mid-day meal is provided through the school meals service ; meals are provided free in approved cases. Medical inspections of the children attending the centre are carried out twice annually. During the year an inspector from the Board of Control visited the centre and a satisfactory report was received.

(b) CLEVELAND OCCUPATION CENTRE.

This centre was opened in July, 1953, with accommodation for 32 defectives, and was extended during the latter part of 1954 and early 1955. to accommodate a further 25 children. Mrs. Dent, supervisor of the centre since its opening in July, 1953, resigned on 31st December, 1955, and Miss M. Walburn, a member of the staff at the centre, was appointed as her successor.

There was a good attendance during the year, the percentage being 85.5% as against 82% during 1955. A mid-day meal is provided in the same way as at Scarborough and transport is provided by the County Ambulance Service and private hire cars.

(c) WHITBY CLASS.

This class continued to function on three half days a week under the supervision and instruction of a mental health worker who is also a qualified occupation centre supervisor. The number in attendance in December 1956, was 8. A mid-day meal is provided on the same lines as at the two occupation centres but parents make their own transport arrangements.

(d) OCCUPATION CENTRES CONTROLLED BY OTHER AUTHORITIES.

The council again sent defectives living near Middlesbrough and York to occupation centres controlled by these boroughs ; at the end of the year six North Riding children were attending the York centre, six the Middlesbrough centre and one the Darlington centre.

During the year under review 5 children attended at Claypenny Hospital on an out-patient basis ; one of these ceased to do so because of transport difficulties after attending on 9 days.

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1956 was 12 as compared with 13 in 1955. Any 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 was one new registration in 1956. Two certificates of registration were surrendered voluntarily owing to the discontinuance of the use of the premises for the purpose of a nursing home.

The number of beds provided in these nursing homes at the end of 1956 was 170 (maternity 13 ; others 157).

BLIND PERSONS.

The number of persons whose names were on the register of blind persons at 31st December, 1956, was 799, of these 90 (43 males, 47 females) were ascertained on Form B.D. 8 during 1956.

The numbers of registered blind persons for whom operative treatment for cataract or glaucoma had been recommended since 1934 are 113 and 3 respectively ; only 54 have been operated on (18 in 1956) ; 20 refused operation mainly because of age or ill-health ; 14 refused operation for other reasons ; 5 are presumed to have received operative treatment ; 3 were ultimately advised by an eye specialist against an operation ; one person moved out of the area and 2 others had not been operated on at the end of the year under review for reasons unknown.

Sixteen cases of cataract for whom operative treatment was recommended were registered during 1956. Nine were actually operated on ; six refused, (4 for reasons of age or ill-health and 2 for reasons unknown) and one had not been surgically treated at the end of the year under review.

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis received in 1956 was 214 as compared with 193 in 1955.

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

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
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
1952	224	188	36
1953	266	231	35
1954	233	202	31
1955	193	169	24
1956	214	192	22

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														Total (all ages)
	Under 1 year	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Pulmonary—															
Males ..	—	1	3	8	2	5	18	21	18	21	14	11	1	123	
Females ..	—	—	1	3	6	5	9	23	10	5	5	2	—	69	
Non- Pulmonary															
Males ..	1	—	1	1	1	4	2	1	—	—	1	1	—	13	
Females..	—	—	—	—	1	2	1	3	—	1	1	—	—	9	

TABLE III.

Age Periods	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ..	—	—	1	—	—	—	1	—
1- ..	4	1	1	—	—	—	—	—
5- ..	10	9	2	—	—	—	—	—
15- ..	62	47	7	7	3	2	1	1
45- ..	35	10	1	2	11	2	—	—
65- ..	12	2	1	—	11	2	—	—

In Table IV the distribution of new cases by district with comparative figures for the five preceding years is given : the deaths from tuberculosis are similarly set out in Table 5 at the end of this report

TABLE IV.

District.	1951		1952		1953		1954		1955		1956	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston	42	-	47	4	47	5	21	2	20	4	37	-
2. Guisborough ..	7	-	1	-	-	-	3	-	5	1	2	-
3. Loftus	4	-	2	1	-	-	1	1	2	-	3	1
4. Malton	-	-	1	-	-	-	1	-	-	-	-	-
5. Northallerton ..	3	-	-	1	6	1	4	1	3	1	2	-
6. Pickering	2	-	-	-	-	-	-	-	1	1	1	-
7. Redcar	17	5	28	7	35	7	20	4	27	1	29	1
8. Richmond	8	-	5	-	4	-	4	-	3	1	5	-
9. Saltburn	7	1	7	-	3	2	4	1	2	-	4	-
10. Scalby	6	-	1	-	2	-	2	1	2	-	3	1
11. Scarborough ..	23	2	13	-	29	4	17	4	24	3	20	2
12. Skelton & Brotton	5	2	-	1	-	-	11	1	4	-	5	3
13. Thornaby-on-Tees	28	2	6	2	27	2	28	-	17	-	17	-
14. Whitby	12	5	5	1	-	-	3	1	3	2	7	1
Total Urban ..	164	17	116	17	153	21	119	16	113	14	135	9
RURAL DISTRICTS.												
1. Aysgarth	2	2	2	-	5	-	1	2	1	-	2	1
2. Bedale	1	-	-	1	5	-	3	1	1	-	2	1
3. Croft	-	-	-	-	-	-	2	-	-	-	-	-
4. Easingwold	25	3	3	2	7	-	5	1	3	1	9	4
5. Flaxton	8	2	15	3	7	4	6	1	11	5	10	3
6. Helmsley	1	1	-	1	-	-	2	-	2	-	2	-
7. Kirbymoorside ..	-	-	-	-	2	1	2	-	-	-	1	1
8. Leyburn	6	1	4	-	2	-	7	1	3	-	2	-
9. Malton	1	1	1	1	1	-	3	-	1	-	-	-
10. Masham	-	-	-	-	-	-	-	1	1	-	-	-
11. Northallerton ..	8	-	1	1	4	1	3	-	1	-	1	-
12. Pickering	1	-	2	-	1	-	2	-	-	-	-	-
13. Reeth	-	-	1	2	-	2	2	-	1	1	-	-
14. Richmond	10	1	14	1	15	3	16	2	13	1	9	1
15. Scarborough ..	4	2	1	-	3	1	1	1	-	-	2	-
16. Startforth	-	1	2	-	-	-	2	-	-	-	-	-
17. Stokesley	8	5	17	3	17	2	10	1	8	1	11	-
18. Thirsk	8	1	7	2	7	1	10	1	4	-	4	1
19. Wath	1	-	-	-	1	-	-	1	1	-	1	-
20. Whitby	2	11	2	2	1	-	6	2	5	1	1	1
Total Rural ..	86	31	72	19	78	14	83	15	56	10	57	13
Administrative County	250	48	188	36	231	35	202	31	169	24	192	22

Deaths and Death Rate.

34 deaths were ascribed to tuberculosis in 1956 as compared with 43 in 1955, 50 in 1954 and 59 in 1953.

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

TABLE V.
Deaths from Pulmonary Tuberculosis.

	1949	1950	1951	1952	1953	1954	1955	1956
No. of deaths	127	104	70	60	42	39	35	31
Rate per 1,000 population ..	0.36	0.28	0.18	0.16	0.11	0.10	0.09	0.08

Deaths from Non-Pulmonary Tuberculosis.

	1949	1950	1951	1952	1953	1954	1955	1956
No. of deaths	20	13	16	9	17	11	8	3
Rate per 1,000 population ..	0.06	0.03	0.04	0.02	0.04	0.03	0.02	0.008

The death rates in England

and Wales were :—

Pulmonary tuberculosis	.403	.321	.275	.212	.179	.160	.131	.109
Non-Pulmonary tuberculosis ..	.054	.043	.041	.028	.022	.019	.015	.012

The whole-time and part-time health visiting staff of the Riding made 4,010 visits in connection with the after-care of tuberculous persons. The Home nurses also made 8,624 visits to 541 tuberculous patients.

During 1952 the Public Health (Tuberculosis) Regulations, 1930, were revoked ; these were replaced by the Public Health (Tuberculosis) Regulations, 1952. The new Regulations no longer require medical officers of health to keep a register of tuberculosis notifications, but the Minister of Health expressed the view that they should continue to do so.

The requirement in the 1930 Regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is omitted from the present Regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution staff concerned to the medical officer of health of the district to which the patient belongs.

Contacts of cases of tuberculosis are examined by the chest physicians. This also applies in those cases where tuberculosis is not ascertained until the death of the patient. In the County area during 1956, 1,034 contacts were examined as compared with 192 notified cases of pulmonary disease. The corresponding figures for 1955 were 737 and 169 respectively.

There is no specific county-wide scheme for ascertaining early cases amongst children and others. Some are detected by the mass radiography service ; others are referred to chest physicians by general practitioners ; they are then kept under supervision and if necessary admitted to hospital. Mass radiography surveys are helpful but are only held at infrequent intervals in certain of the more populated parts of the Riding.

Many cases of tuberculosis after reaching a stage of quiescence return to their former employment. If that is entirely unsuitable the case is referred to the Ministry of Labour Resettlement Officer with a view to finding more suitable employment. Disablement Resettlement Officers and chest physicians have generally kept in close touch regarding quiescent and "cured" cases of pulmonary tuberculosis.

PREVALENCE OF INFECTIOUS DISEASES.

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1956 is given in table 7 at the end of this report ; it will be seen that no notification of diphtheria was received.

The Public Health (Infectious Diseases) Regulations, 1953, which came into operation on the 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927, and the Infectious Diseases (London) Regulations 1927. In their general substance and form, the new regulations are similar to the old; that is to say, they require notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and provide for preventive steps to be taken against a spread of certain diseases specified in the fourth schedule to the regulations. The provisions about action to be taken by local authorities and medical officers of health against the risk of food poisoning applied under the old regulations to enteric fever and dysentery. They now apply to "typhoid fever, para-typhoid fever and other salmonella infections, dysentery and staphylococcal infection likely to cause food poisoning." The new regulations provide for action to be taken, not only as regards a person suffering from the disease in question, but also a person shown to be a carrier of the disease ; and a person in either class may now be prevented, not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation.

VENEREAL DISEASES.

The following table gives the summary of the first attendances made by North Riding patients at the hospital named during the years 1947 to 1956 :—

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Darlington General Hospital ..	52	58	39	55	30	24	23	41	22	27
Harrogate General Hospital ..	8	6	6	11	1	1	2	9	2	1
Leeds General Infirmary ..	3	1	2	6	8	2	8	1	—	—
Middlesbrough General Hospital ..	212	145	167	159	121	112	100	105	90	91
Scarborough Hospital	162	110	108	95	52	74	54	37	32	27
Stockton & Thornaby Hospital ..	72	66	48	33	25	33	26	17	7	29
York County Hospital	51	68	44	27	27	30	41	27	26	38
South Shields ..	—	—	—	—	—	—	4	—	1	—
Totals ..	560	454	414	386	264	276	258	237	180	213

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 and to a lesser degree on a clinical laboratory at the Scarborough Hospital 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 organisation separate 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.

SANITARY CIRCUMSTANCES.

Statistical summary of the work carried out during the year by the county health inspectors :—

	Visits	Samples
Visits in relation to works of water supply ..	120	
Samples of water submitted for examination ..		505
Visits in relation to works of sewage disposal ..	114	
Inspections of pasteurising plants and premises ..	202	
Samples of milk taken from pasteurising plants ..		412
Bottle rinses taken at pasteurising dairies ..		370
Visits to school premises (all purposes) ..	1,416	
Samples of School milk obtained ..		1,337
Samples of milk from County Children's Homes, etc.		40
Samples of milk submitted for biological examination		462
Section 31—Food and Drugs Act, 1955		
Samples of milk taken in Specified Areas ..		629
Samples of milk taken at Hospital dairy farms ..		24
Refuse disposal—inspection of tips ..	90	
Ministry meetings or Inquiries attended ..	15	
Inspections—Food Hygiene Regulations, 1955 ..	25	
Miscellaneous visits	136	
	<hr/> 2,118	<hr/> 3,779

The above figures again show an increase over those of previous years and as further areas of the Riding are "specified" for the sale of designated milk they will continue to do so subject to the provision of adequate staff to carry out the duties of the County Council under Food and Drugs legislation. The number of schemes for water supply and sewerage and sewage disposal examined during the year increased as did the number of samples taken from school milk supplies, the latter being mainly due to the increase in the number of schools by the inclusion of non-maintained schools in the sampling routine.

In carrying out their duties the county health inspectors have been helped by the co-operation of the various officers with whom they have to deal, in particular, the directors and staffs of the Public Health Laboratories, the engineering inspectors of the Ministry of Housing and Local Government, inspectors of the River Boards and the majority of the public health inspectors of the county districts.

HOUSING.

Section 88 of the Housing Act, 1936, requires county councils to have constant regard to housing conditions in rural areas and for this purpose rural district councils must furnish such information as may reasonably be considered necessary; the statistics given in the table as shewn on pages 60 and 61 are based upon the information supplied.

The number of houses in the Riding has reached a figure of 115,638; this gives some indication of the new building which has taken place in recent years. The total number of houses erected during the year was 979 by local authorities and 1,173 by building contractors under private arrangements. The result of this housing progress is reflected in reductions in housing inspections, in the number of houses with minor or major defects and the number of totally unfit houses. The number of applications received under the Housing Act, 1949, Sec. 20, has also diminished which is regrettable, as there are many properties which could be improved with the help of grants. During the year emphasis was switched from new housing to slum clearance and Ministry of Housing and Local Government Circular No. 44/56 drew attention to new simplification and administrative procedure to expedite slum clearance. The impact of slum clearance on the rural districts of the Riding is not great, but some of the rural districts with urban characteristics report action with slum clearance for example in the Norby district of Thirsk R.D.

As the Housing Repairs and Rents Act, 1954, had, by reducing the items for consideration as standards of fitness, created some difficulty in interpretation, a special Technical Sub-Committee was appointed by the Rural Housing Advisory Committee to review the legislation. As a result the advisory booklet issued to all rural authorities was revised.

WATER SUPPLIES.

Ten schemes for the provision of water supplies or improvements to existing supplies were submitted by local authorities and one by the Ryedale Water Board, during the year 1956. All the schemes were examined by the county health inspectors who reported on the purity and adequacy of the proposed sources, after field investigations. These reports provided the basis on which the County Council sent observations to the local authorities concerned.

Details of the schemes are as follows :—

Authority	Date submitted	Scheme	Estimated cost
Pickering U.D.C. ..	5-12-56	Bulk supply of water from Ryedale Joint Water Board and improvement and extension of distribution mains in the urban district.	£ 40,000
Aysgarth R.D.C. ..	20-6-56	Supply to Appersett, Hawes, Sedbusk, High Shaw, Simonstone and Hardrow.	2,530
Northallerton R.D.C.	27-4-56	Supply to West Harlsey.	6,150
Pickering R.D.C. ..	23-3-56	Supply to Ebberston and Wilton	1,300
do ..	12-6-56	Lockton water supply extension to serve farms.	3,178
Scarborough R.D.C. ..	31-1-56	Ravenscar water supply	4,815
do ..	7-2-56	Supplementation of existing supplies to Snainton and East and West Ayton	6,476
Thirsk R.D.C. ..	9-10-56	Knayton.	4,765
Wath R.D.C. ..	16-8-56	Baldersby St. James—connection to Melmerby main.	2,434
Whitby R.D.C. ..	12-1-56	Acquisition of private water undertaking at Mulgrave and the improvement of supplies to East Barnby, Goldsborough and Lythe.	6,800
Ryedale Joint Water Board	14-6-56	Bulk supply of water to Pickering Urban District.	115,880

One important project for the improvement of water supplies, was embodied in schemes by Pickering U.D.C. and the Ryedale Water Board ; these provided for the acquisition from the North Eastern Gas Board of the existing water supply undertaking for Pickering, its abandonment and replacement by a supply from the Ryedale Water Board. This project was particularly welcome, as the site of the Pickering headworks, method of impounding and adverse sample results of the water before chlorination, made the existing supply most unsatisfactory.

A smaller scheme providing for the acquisition of a private water undertaking and substitution of a supply from a regional scheme was that submitted by Whitby R.D.C. ; in this case the private supply to the East Barnby, Goldsborough and Lythe area was previously owned by the Marquis of Normanby.

As the scheme submitted by Scarborough R.D.C. for supplementation of the Snainton and East and West Ayton supplies appeared to be contrary to Ministerial policy which is directed towards the grouping of areas for water supply purposes, the County Council were unable to give their approval to the scheme which, however, was approved by the Minister after a Public Inquiry.

During the year, one Public Inquiry (referred to above) and one meeting were held by the Ministry of Housing and Local Government, to consider schemes of water supply; these were attended by the county health inspectors who reported thereon; details of local authorities and areas concerned are as follows :—

Authority	Date of Meeting	Scheme
Scarborough R.D.C. ..	6-6-56	Supplementation of existing water supplies to Snainton, Brompton, East Ayton and West Ayton.
Whitby R.D.C. ..	7-6-56	Mulgrave water supply—purchase of Private Undertaking.

The county health inspectors made 120 visits of inspection in connection with new sources of water supply or improvements to existing supplies.

A brief summary of the more important activities of local authorities in connection with water supplies is given below :—

GUISBOROUGH U.D.—improvement of existing waterworks at Guisborough.

Main laying in connection with the taking of a bulk supply from the Tees Valley Water Board.

MALTON U.D.—Work was commenced by the Ryedale Joint Water Board on the 500,000 gals. reservoir at Hildenley to improve supplies.

SCALBY U.D.—A scheme for supplying Staintondale and Ravenscar in the Scarborough R.D. was commenced.

BEDALE R.D.—Work was commenced on a new service reservoir at Pasture Hill, Cowling.

FLAXTON R.D.—A scheme for supplying water to Strensall from the Ryedale Joint Water Board was completed and the present supply from York was discontinued.

HELMSLEY R.D.—The Southern area distribution scheme was completed.

MALTON R.D.—A mains water supply was taken to Coneysthorpe village, from the R.D.C. supply.

MASHAM R.D.—Improvements were made to spring collection of the Masham supply and the Ilton supply.

PICKERING R.D.—A mains water supply was taken to the parish of Cawthorne and an extension of the main in the parish of Wilton.

REETH R.D.—The supply to Grinton village was improved.

RICHMOND R.D.—The Regional Water Scheme was completed.

SCARBOROUGH R.D.—Schemes for the supply of water to Staintondale and Ravenscar from Scalby U.D.C. mains, were commenced by extension of the Burniston and Cloughton main.

STARTFORTH R.D.—A scheme to supply Holwick was completed but water was not distributed as it was found to require chlorination ; treatment is being undertaken.

STOKESLEY R.D.—A scheme was completed to improve the water supply to Hutton Rudby from the Northallerton R.D.C. supply.

THIRSK R.D.—A scheme was commenced to supply Thirlby parish from the Thirsk and District Water Company's Mains.

In addition to the foregoing activities, work on the Scaling Dam project of the Cleveland Water Company continued to progress.

Shortages of water occurred in Loftus U.D., Helmsley R.D., Masham R.D., Scarborough R.D. and Startforth R.D., but owing to the wet season these were of short duration.

Supervision and sampling of water supplies.

More than 500 samples of water were taken by the county health inspectors during the year, the majority of these being taken at schools which were known to take supplies from doubtful sources ; further samples were taken from sources of supply forming the bases of new schemes.

Although the number of samples taken has increased by 26 the number of failures is identical with that for the year 1955, namely, 100. This is a further slight improvement on previous years. In all cases where samples of school water supplies were unsatisfactory, recommendations were made that water should be boiled prior to consumption and District Medical Officers were kept informed of action taken. At the end of the year 42 rural schools were the subject of recommendations regarding boiling of supplies ; the number is being reduced annually as satisfactory supplies become available.

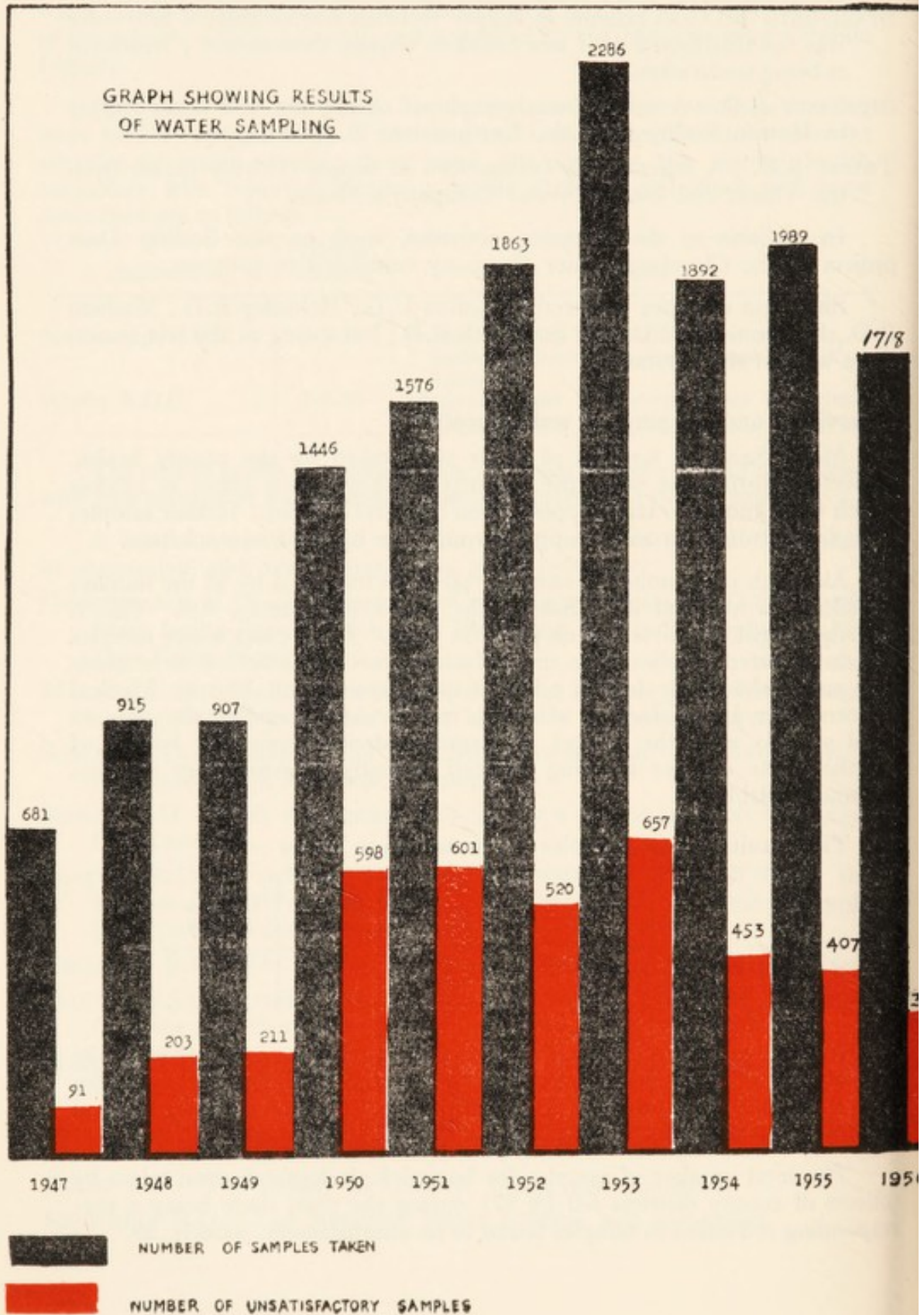
The results of the samples taken are given below :—

Test	No. taken	Satisfactory	Unsatisfactory
Bacteriological examination ..	502	402	100
Chemical analysis ..	3	2	1

Weekly samples of raw and chlorinated water have been taken at the Ryedale Joint Water Board pumping station at East Ness ; these samples have shown a consistently high degree of purity. Tests of water for residual chlorine were also made on a number of chlorinated supplies.

The total number of samples for bacteriological examination taken by officers of county districts fell by 271 during the year, there being a corresponding reduction in samples found to be unsatisfactory, namely, 29.

The following block graph shows the overall position of sample results and the statistical table gives details of individual local authority's sampling activities.



DISTRICT	Chemical analysis			Bacteriological examination			Mains Supplies
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	
URBAN.							
*Eston ..	2	2	—	2	2	—	1
Guisborough ..	—	—	—	22	19	3	4
Loftus ..	—	—	—	13	12	1	1
Malton ..	—	—	—	35	31	4	1
Northallerton ..	—	—	—	46	35	11	1
Pickering ..	—	—	—	73	50	23	1
Redcar Borough ..	36	36	—	36	30	6	3
Richmond Borough ..	2	2	—	43	25	18	2
Saltburn & Marske ..	—	—	—	—	—	—	1
Scalby ..	100	100	—	28	28	—	2
Scarborough Borough ..	12	12	—	380	371	9	2
Skelton & Brotton ..	—	—	—	13	10	3	2
*Thornaby Borough ..	—	—	—	3	3	—	1
Whitby ..	1	1	—	21	18	3	1
Total Urban ..	153	153	—	715	634	81	23
RURAL.							
Aysgarth ..	7	7	—	25	8	17	17
Bedale ..	—	—	—	12	12	—	1
Croft ..	—	—	—	5	2	3	2
Easingwold ..	3	1	2	60	45	15	3
Flaxton ..	1	1	—	14	12	2	2
Helmsley ..	—	—	—	94	49	45	9
Kirkbymoorside ..	—	—	—	156	141	15	11
Leyburn ..	3	3	—	11	4	7	16
Malton ..	1	1	—	20	17	3	2
Masham ..	2	2	—	22	18	9	5
Northallerton ..	—	—	—	7	6	1	2
Pickering ..	5	5	—	38	34	4	11
Reeth ..	—	—	—	27	12	15	15
Richmond ..	—	—	—	42	18	24	3
Scarborough ..	1	1	—	258	203	55	8
Startforth ..	1	1	—	45	22	23	6
Stokesley ..	—	—	—	14	6	8	2
Thirsk ..	4	2	2	24	17	7	6
Wath ..	5	5	—	69	67	2	10
Whitby ..	—	—	—	60	18	42	19
Total Rural ..	33	29	4	1003	706	297	150
Administrative County	186	182	4	1718	1340	378	173

* Supply provided by Tees Valley Water Board.

I referred in my report for the year 1955 to the paucity of sampling in certain areas where the supplies are obtained from regional schemes; purity at source is undoubtedly the main object and if assurances are forthcoming on this point it is satisfactory, but, sampling of the water as it reaches the consumer must continue as a routine precaution.

The provision of water supplies on a regional basis makes little progress in the western area of the Riding largely owing to the peculiar division of the area into separate valleys separated by high hills. In June a Senior Engineering Inspector of the Ministry of Housing and Local Government visited the North Riding for the purpose of surveying the water supply potentialities and preparing a report. This report is awaited in the hope that some suggestions will be made as to methods of integrating areas for supply purposes, particularly where there is a tendency to adopt a strict parochial attitude to this vital problem.

SEWERAGE AND SEWAGE DISPOSAL.

Sixteen schemes for sewerage and sewage disposal were submitted during the year, of these five were extensions to existing works and eleven for the provision of new sewerage and for sewage disposal facilities. It is interesting to note that as the major villages have now been the subject of schemes, many of which are completed, the smaller villages are being dealt with in some degree of priority in relation to their public health needs. All the schemes have been investigated by the county health inspectors to establish the need and adequacy of the proposals, special attention being given to suitability of site in relation to proximity or otherwise of dwellings and facilities for dispersal of effluent. Details of the local authorities and areas concerned together with estimated costs of the proposals are given in the following schedule :—

Authority	Date submitted	Scheme	Estimated cost
			£
Guisborough U.D.C.	25-5-56	Dunsdale	3,000
Richmond Borough ..	7-9-56	Scheme to serve the Borough and the Parish of St. Martin's.	94,356
Easingwold R.D.C. ..	18-8-56	Hustwaite (revised)	18,053
do ..	18-10-56	Hustwaite (second revision)	18,053
Flaxton R.D.C. ..	27-11-56	Murton and Osbaldwick—extensions to sewage disposal works.	12,915
do ..	27-11-56	Skelton and Rawcliffe—extensions to sewage disposal works	16,080
do ..	27-11-56	Strensall—extensions to sewage disposal works.	14,655
Northallerton R.D.C.	20-8-56	Appleton Wiske	20,550
Richmond R.D.C. ..	8-2-56	Melsonby—extension of sewage disposal scheme	9,850
Stokesley R.D.C. ..	24-5-56	Sewage works extension at Stokesley.	23,200
Wath R.D.C. ..	24-7-56	Rainton with Newby	17,731
Whitby R.D.C. ..	23-1-56	Stainsacre (revised)	3,655
do ..	12-4-56	Egton and Egton Bridge	19,800
do ..	8-6-56	Lythe village.	6,200
do ..	6-10-56	Grosmont	16,650
do ..	19-12-56	Glaisdale	17,725

Fifteen meetings were held by the Minister of Housing and Local Government to consider new schemes or to investigate the progress with existing schemes of sewerage and sewage disposal in the Riding; these meetings were attended by the county health inspectors and reports were submitted thereon. Details of the authorities concerned and the schemes under review are as follows :—

Authority	Date of Meeting	Scheme
Croft R.D.C. ..	7-12-56	Barton.
Easingwold R.D.C. ..	26-6-56	Extensions to Easingwold sewage disposal works.
do ..	7-8-56	Alne and Tollerton.
do ..	5-12-56	Husthwaite.
Pickering R.D.C. ..	26-1-56	Thornton Dale
do ..	21-2-56	Middleton
Richmond R.D.C. ..	8-3-56	Scorton and Bolton-on-Swale.
do ..	12-4-56	Aldborough St. John.
Stokesley R.D.C. ..	7-3-56	Reconstruction of Great Ayton sewage disposal works.
do ..	21-9-56	Extensions to Stokesley sewage disposal works.
Thirsk R.D.C. ..	12-7-56	Thirsk, Sowerby, South Kilvington, Carlton Miniott and Sandhutton—Stage I
do ..	6-12-56	Thirsk, Sowerby, South Kilvington, Carlton Miniott and Sandhutton—Stage II.
Wath R.D.C. ..	4-12-56	Rainton-with-Newby.
Whitby R.D.C. ..	22-2-56	East Barnby.
do ..	6-11-56	Stainsacre.

In addition to examining new proposals and inspecting work in progress on new schemes, the county health inspectors made regular inspections of plants which have been the subject of grant under Rural Water Supplies and Sewerage Acts, 114 visits being made in carrying out these duties.

A brief summary of the more important work in connection with sewerage and sewage disposal, which has been undertaken by county district councils during the year, is as follows :—

GUISBOROUGH U.D. :—sewerage of Wilton Parish completed.

LOFTUS U.D. :—Cowbar sewer completed.

RICHMOND BOROUGH :—main drainage and sewage disposal scheme for the Borough completed.

EASINGWOLD R.D. :—Sewerage and sewage disposal schemes for Alne and Tollerton were completed.

FLAXTON R.D. :—a system of sewerage and sewage disposal was provided for Holtby.

HELMSLEY R.D. :—Gilling East sewerage and sewage disposal scheme was completed during the year.

KIRKBYMOORSIDE R.D. :—a sewerage and sewage disposal scheme for Wombleton was completed, this completed the joint Helmsley and Kirkbymoorside R.D.C.s scheme under which the villages of Nawton, Beadlam, Harome and Wombleton are sewered and connect to sewage disposal works at Harome.

MASHAM R.D. :—reconstruction scheme for Masham sewage disposal works commenced.

PICKERING R.D. :—a sewerage and sewage disposal scheme for Middleton village was commenced. The sewerage and sewage disposal scheme for Thornton Dale was completed.

RICHMOND R.D. :—schemes of sewerage and sewage disposal for North Cowton and sewage disposal works for Catterick village were commenced and schemes for Aldborough St. John and Scorton were completed.

THIRSK R.D.—The extension of the Thirsk and Sowerby sewerage and sewage disposal scheme to South Kilvington, Carlton Miniott and Sand Hutton was commenced. The scheme for Catton village was also commenced.

WHITBY R.D.—The sewerage and sewage disposal scheme for Aislaby village was commenced.

The majority of the county district councils also carried out sewer extensions in connection with new building development.

There are still many areas which are in urgent need of sewerage and sewage disposal facilities but which are in abeyance owing to high cost and restriction on national expenditure, the past year has however, been one of considerable progress in this field.

REFUSE COLLECTION AND DISPOSAL.

It is increasingly apparent from inspection of refuse disposal tips in the Riding, that the term "controlled tipping" is subject to very wide interpretation; the description "partially controlled" would be more appropriate to the majority of tips. Any criticism of the system of partial control must be tempered by knowledge of present economic difficulties; expenditure on essential labour is restricted, and suitable covering material is not always available or handy.

At present, ten urban authorities dispose of refuse by controlled tipping; one by partially controlled tipping; two by uncontrolled tipping, and one by incineration. Eight rural authorities have adopted controlled tipping; eight have partially controlled tipping; three have uncontrolled tips and one uses incineration.

Eston U.D.C. have carried out tipping at Normanby to form playing fields for Eston County Modern school and this is now nearing completion; regular inspections have been made of this tip by the county health inspector and there have been no grounds for complaint.

An ever growing problem, despite national appeals and propaganda, is that of litter and refuse deposited indiscriminately over the countryside and at places where people gather. There is a marked increase of temporary caravan dwellings on roadside grass verges on the outskirts of villages; many are used as sites by scrap metal and rag collectors who collect unsightly mounds of material and leave valueless material behind on leaving. Stricter legislation on caravan siting is long overdue and would, no doubt be welcomed by the reputable caravan associations.

The following list gives details of the methods of refuse disposal, frequency of collection and estimated cost at present in operation in the Riding.

District	Estimated cost of service	Method of refuse disposal—1956	Frequency of collection, improvement to service, etc.
URBAN.			
Eston	£ 17,870	Controlled tipping	Weekly collection
Guisborough	5,000	do	do
Loftus	3,700	do	do
Malton	2,960	Partially controlled	do
Northallerton	2,963	Uncontrolled tipping	do
			Bullamoor and Hailstone Moor—3 weekly collection.
Pickering	1,270	do	Weekly collection in town area.
			Quarterly collection at Stape and Bean Sheaf.
Redcar Borough	18,566	Controlled tipping	Weekly collection.
Richmond Borough	2,939	do	do
Saltburn & Marske	4,326	do	do
Scalby	3,775	do	do
Scarborough Borough	43,517	do	do
Skelton & Brotton	5,330	do	do
Thornaby Borough	9,390	do	do
Whitby	8,550	Incineration	do
RURAL.			
Aysgarth	650	Partially controlled	Fortnightly collection.
Bedale	3,000	Controlled tipping	Bins collected weekly in Bedale and Aiskew.
			Fortnightly collections in other areas.
			Ashpits cleared 4 times a year.
Croft	886	Partially controlled tipping	Fortnightly collection.
Easingwold	4,000	Controlled tipping	10 day collection—privy middens monthly.
Flaxton	4,650	Partially controlled	Weekly collection from all area served.
Helmsley	1,260	do	Fortnightly collection.
Kirkbymoorside	1,633	do	Weekly collection in Kirkbymoorside, Nawton, Wombledon, Kirby Mills and Welburn.
			Monthly in Farndale. Fortnightly elsewhere.
Leyburn	1,896	Uncontrolled tipping	Weekly collection—Leyburn and Middleham.
			Fortnightly collection—remainder of area.
Malton	650	Controlled tipping	Collection monthly.
Masham	659	Controlled tipping	Weekly collection—Masham and Swinton.
			Fortnightly collection—other parts where served.
Northallerton	3,738	Partially controlled	Weekly collection—Ainderby Steeple, Morton-on-Swale, Thrintoft, Brompton and Romanby.
			Fortnightly collection—other areas.
			Ashpits emptied at 2 monthly intervals.
Pickering	722	Uncontrolled tipping	Fortnightly collection in Thornton Dale, every 3 weeks in other parts.
Reeth	1,200	Partially controlled	Weekly collection. Farms monthly.
Richmond	2,036	Controlled tipping	Weekly collection.
Scarborough	1,246	do	Fortnightly collection from large communities
			Monthly collection from small communities served.
Startforth	2,800	Controlled tipping	Weekly collection.
Stokesley	12,678	do	do
Thirsk	11,835	Partially controlled	Weekly collection from bins and pails.
			Monthly collection from privy middens and ashpits.
Wath	712	Controlled tipping	Fortnightly collection.
Whitby	5,629	Uncontrolled 82% Incineration 18%	Weekly collection in 32 villages.
			Fortnightly collection in 10 villages.
			Monthly collection in 10 villages.

The county health inspectors made ninety special inspections of refuse disposal tips during the year.

NUISANCES.

Inevitably the effect of new housing was bound to be reflected in the statistics of work done by local authorities under Part III of the Public Health Act, 1936, and for the first time since these statistics have been made available in tabular form in my annual report, there has been a marked decrease in the number of inspections made and nuisances found.

The following table gives details of nuisance inspections carried out by each local authority.

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	1275	1337	766	671	14	13	—
Guisborough	374	216	215	187	9	9	—
Loftus	287	61	61	61	—	—	—
Malton	195	62	62	62	—	—	—
Northallerton	53	15	15	15	1	1	—
Pickering	62	37	31	31	2	2	—
Redcar Borough†	7421	7216	7241	7226	—	—	—
Richmond Borough	18	36	—	—	—	—	—
Saltburn & Marske	798	228	63	60	—	—	—
Scalby	120	55	55	55	—	—	—
Scarborough Borough	768	164	128	109	36	36	—
Skelton & Brotton	1915	553	553	578	—	—	—
Thornaby Borough	832	716	583	490	155	153	—
Whitby	240	89	28	28	3	3	—
RURAL.							
Aysgarth	46	41	17	17	1	1	—
Bedale	40	36	36	31	—	—	—
Croft	8	8	8	8	—	—	—
Easingwold	245	194	196	184	1	1	—
Flaxton	80	70	42	38	—	—	—
Helmsley	32	13	—	—	—	—	—
Kirkbymoorside	33	15	—	—	—	—	—
Leyburn	99	8	8	6	—	—	—
Malton	135	41	—	—	—	—	—
Masham	11	10	—	—	—	—	—
Northallerton	253	247	247	240	—	—	—
Pickering	6	2	1	2	1	—	1
Reeth	67	23	3	3	1	1	—
Richmond	76	34	31	31	—	—	—
Scarborough	40	40	40	42	—	—	—
Startforth	93	25	17	15	—	—	—
Stokesley	92	87	39	39	4	4	—
Thirsk	83	55	30	16	—	—	—
Wath	30	5	5	5	—	—	—
Whitby	205	93	30	30	—	—	—
Totals	16,032	11,832	10,551	10,280	228	224	1

* These figures include notices pending at the end of 1955.

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

INSPECTION AND SUPERVISION OF FOOD.

At the end of the first full year during which the Food Hygiene Regulations, 1955, have been in operation twenty-six local authorities have reported considerable activity towards implementing the provisions therein ; surveys have been made of food premises and notices have been served where necessary, requiring improvements. A gratifying feature of this work has been the importance attached to the education of persons employed on food premises and the advice given on methods of compliance with the Regulations. Meetings were held at Richmond and Pickering at the instigation of Dr. Gavin and Dr. Couper, District Medical Officers, to discuss the application of the Food Hygiene Regulations. These were attended by the county and county district health inspectors in the respective areas. It is hoped to attain some uniformity of interpretation of certain Regulations which appeared to be anomalous.

The county health inspectors made inspections of twenty-two County Homes, Children's Homes and Nurseries to make sure that in general the conditions in their kitchens complied with the Food Hygiene Regulations.

Food Poisoning Notifications.

47 cases of food poisoning were notified during the year, eighteen occurred at a military camp.

Food poisoning and contamination.

Twenty children, four kitchen staff and two teachers an Skinninggrove schools were affected with suspected food poisoning, the symptoms being sickness and diarrhoea of short duration. The only common food factor was meat pie—remains of this were unfortunately not available for bacteriological examination. The outbreak quickly subsided without serious effects and investigations were inconclusive.

Food and Drugs Act.

Sampling under the Food and Drugs Act for adulteration, inferior quality and false description, is carried out by the Weights and Measures Inspectors, and I am indebted to the Chief Inspector (Mr. W. C. Harrison) for the following statistics :—

Total number of Samples taken	Number Genuine	Number Adulterated	Number Inferior	False Description
788	765	12	11	—

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

Type of sample	Samples taken	Number adulterated	Number inferior	False description
Dried Mint	3	1	—	—
Dripping	10	1	—	—
Ground Almonds	15	1	—	—
Ice Cream	7	2	—	—
Milk	380	6	11	—
Potted Meat	1	1	—	—

MILK SUPPLIES.

Milk (Special Designation) (Pasteurised and Sterilised Milk)
Regulations, 1949—1953.

Inspections of premises and plant used and licensed for the production of pasteurised milk have been made at least weekly throughout the year. Generally conditions have been found to be satisfactory and on the few occasions that difficulties have arisen, these have been due to attempts on the part of producers to maintain cream-line by reduction of time and temperature during heat-treatment with holder-type plant to the absolute minimum.

During the year, one holder-type plant ceased production and one commenced production; the number of plants in operation at the end of the year being six—five holder-type and one H.T.S.T. type. The cessation of the holder-type plant was welcomed as this was operating in unsatisfactory premises and had an undistinguished record; the H.T.S.T. plant above-mentioned was transferred to entirely new premises of modern design and is an asset to the specified area in which it is situated.

Regular sampling of milk produced by the plants has been carried out by the county health inspectors, samples have been submitted to Methylene Blue and Phosphatase Tests and as a routine measure to further safeguard the consumer, samples failing the phosphatase test have been submitted to biological examination. The results of the statutory tests and biological examinations are summarised below:—

Plant No.	Type	No. of Inspections	No. of samples taken	Phosphatase test		Methylene Blue test		Biological examination	
				Passed	Failed	Passed	Failed	Negative	Positive
1	Holder	39	64	62	2	64	—	1	—
2	do	36	78	78	—	78	—	—	—
3	do	20	72	71	1	70	—	1	—
4	do	53	98	94	3	96	—	3	—
5	do	4	2	2	—	2	—	—	—
6	H.T.S.T.	50	98	98	—	97	1	—	—
TOTALS ..		202	412	405	6	407	1	5	—

Cleanliness of milk bottles has been checked at frequent intervals throughout the year by taking groups of six bottles from each plant for rinse tests; such tests are essential if contamination of milk after pasteurisation is to be avoided. The improvement in standards of bottle cleanliness which I was pleased to report in my 1955 Annual Report has been more than maintained, the percentage of failures having been reduced further to 5.13 as compared with 10.937 in 1955, 24.01 in 1954, 28.1 in 1953 and 31.7 in 1952. I regard this progressive reduction as an achievement of which the producers and the licensing authority may be well satisfied. The results of the bottle rinse tests at each licensed plant are given below:—

Dairy		Method of bottle cleansing	No. of bottles taken	Satisfactory	Unsatisfactory
No. 1	..	Machine ..	42	36	6
No. 2	..	do ..	72	72	—
No. 3	..	do ..	82	75	7
No. 4	..	do ..	90	84	6
No. 5	..	do ..	12	12	—
No. 6	..	do ..	72	72	—
Totals ..		..	370	351	19

Food and Drugs Act, 1955.**Milk (Special Designation) (Specified Areas) Orders, 1954 and 1956.**

The Milk (Special Designation) (Specified Areas) (No. 2) Order, 1956, became operative on the 1st October, 1956, under this Order, the following additional areas in which retail sale of milk was restricted to "special designated" milk, were specified :—

URBAN DISTRICTS	..	Malton, Pickering, Scalby, Whitby.
RURAL DISTRICTS	..	Flaxton, Kirkbymoorside, Malton, Pickering, Scarborough, Whitby.

These districts together with the Boroughs of Redcar, Thornaby, the urban districts of Eston, Guisborough, Loftus, Saltburn and Marske-by-the-Sea and Skelton and Brotton which were specified under No. 1 Order, cover an area of approximately one-third of the Riding and contain the major part of the population. The two specified areas have ample resources of special designated milk supplies; "consents" for the supply of non-designated milk, which are discretionary under the Orders, have only been necessary in twelve cases where, owing to absence of local supplies and remoteness making transport uneconomic, no designated supplies are available. When the Orders became operative a few contraventions occurred, mainly through ignorance of the legislation by the retailers concerned, these cases responded to warning letters from the licensing authority and the offences were not repeated. A summary of the results of samples taken by the county health inspectors is as follows :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Turbidity test		Tubercle bacilli		Brucella abortus	
		Pass	Fail	Pass	Fail	Pass	Fail	Neg.	Pos.	Neg.	Pos.
Pasteurised	411	399	7	403	4	—	—	3	—	3	—
Sterilised	113	—	—	—	—	113	—	—	—	—	—
Tuberculin Tested	94	46	9	—	—	—	—	92	—	89	3
Non-designated	11	—	1	—	—	—	—	11	—	11	—

The standard of milk supplied has been very satisfactory, only four samples of pasteurised milk failed the phosphatase test; these were produced at dairies outside the County Council's administrative area.

No samples gave positive results on biological examination for tubercle bacilli but three were positive for brucella abortus.

Food and Drugs Act, 1955. Section 31. Milk-borne infectious diseases.

In addition to the specification of the eastern part of the Riding, in which only specially designated milk may be sold, the western dales areas have been scheduled as attested and eradication areas in connection with bovine tuberculosis; the areas concerned being, Startforth R.D., Richmond U.D. and R.D. (part); Aysgarth R.D., Leyburn R.D. (part), Masham R.D. (part). Furthermore, the greater part of the northern area of the Riding is a free testing area, in which herds are tested free of charge to encourage establishment of attested herds. The effect of this combined campaign for the eradication of bovine tuberculosis in cows and in milk

as it reaches the consumer is annually becoming more apparent in the results of biological examination of milk samples. During the year under review only one sample from 462 taken, gave a positive result on examination for the presence of tubercle bacilli. *Brucella abortus* the causative agent of undulant fever in humans was found in 11 samples, *i.e.* 2.16% of the total samples taken. The results of biological examination of milk samples for milk-borne infectious disease are as follows :—

No. taken	Tubercle bacilli		Brucella abortus		No. of samples not examined
	Negative	Positive	Negative	Positive	
462	450	1	440	11	11

Details of samples which showed the presence of tuberculosis and/or *brucella abortus* on biological examination were given to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; prompt action was taken in respect of animals responsible for infection of milk by tubercle bacilli, these being slaughtered under the Tuberculosis Order, 1938, but unfortunately action in respect of *brucella abortus* infection has been limited to the giving of advice by the Divisional Veterinary Officer on the use of prophylactic vaccine. District Medical Officers have been notified in all cases of milk infection so that action could be taken under the Milk and Dairies Regulations, 1949, Part VII Regulation 20, where necessary.

Milk Sampling at Hospital Dairy Farms.

At the request of the Ministry of Health, milk produced at hospital farms was sampled in accordance with their scheduled requirements ; 24 samples were taken from Clifton Hospital Farm and Fairfield Sanatorium Farm. All samples passed the methylene blue reduction test ; biological examination for the presence of tubercle bacilli and/or *brucella abortus* gave negative results.

Milk supplies to Children's Homes and Nurseries.

Pasteurised milk supplied to Children's Committees homes and residential nurseries was sampled at regular intervals throughout the year ; 40 samples were taken, with the following results :—

Phosphatase test ..	39 passed	1 failed
Methylene blue test ..	37 passed	1 failed

Two samples were not submitted to the methylene blue test owing to atmospheric shade temperatures in excess of 65°F. The sample which failed the phosphatase and methylene blue test was produced at a pasteurising plant outside the County administrative area ; the failure was reported to the authority concerned, for investigation.

School Milk Supplies.

The grades of milk supplied to maintained schools over the past five years are given in the following table for comparison :—

	1952	1953	1954	1955	1956
No. of schools supplied with :					
Pasteurised milk ..	264	292	311	294	341
Tuberculin Tested milk ..	64	57	42	43	44
Accredited milk ..	1	1	—	—	—
Non-designated milk ..	38	25	19	25	25
Dried milk ..	8	5	8	19	7
No supply ..	1	—	—	—	—

The increase in the number of non-designated milk supplies which occurred largely as a result of the introduction of a system of tendering for school milk in 1955, was arrested, but it is a matter for regret that 25 schools continue to receive this potentially dangerous grade of milk. In order to minimise the risk non-designated supplies are sampled by the county health inspectors at three monthly intervals; other grades are sampled in accordance with the following schedule, approved by the Health Committee in May, 1950.

Grade of Milk	Frequency of Sampling	Frequency of Testing		
		Phosphatase	Methylene Blue	Biological
Tuberculin Tested ..	Six-monthly	—	—	Six-monthly
Pasteurised ..	quarterly	quarterly	quarterly	as required
Non-Designated ..	quarterly	—	—	quarterly

Visits to schools during the year numbered 1,416, during which 1,337 samples of milk were taken; the results of phosphatase tests, methylene blue tests and biological examinations, were as follows :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Brucella abortus	
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	Neg.	Pos.
Pasteurised ..	1136	1059	37	1118	12	3	—	3	—
Tuberculin Tested	102	6	6	—	—	92	—	88	4
Non-designated	99	—	—	—	—	99	—	90	9

Discrepancies between the number of samples taken and tested are due to inability to test owing to atmospheric shade temperature in excess of 65° F.; souring of milk and/or death of guinea pig from intercurrent infection prior to completion of biological examination.

The standard of school milk supplied throughout the year has been good, of 1,136 pasteurised milk samples taken, only 1.57% failed the phosphatase test; all the samples failing were produced at dairies outside the County Administrative area. Untreated school milk samples submitted to biological examination were free from tubercle bacilli but there was an increase in the incidence of *Brucella abortus*, particularly in non-designated supplies. As in previous years, action by the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, in respect of brucella abortus infection was restricted to the giving of advice on the use of prophylactic vaccine; having regard to the susceptibility of the special class of consumer involved and the need for speedy resumption of school milk supplies, this limited action is inadequate. In order to improve the safety factor, the county health inspectors again carried out sampling from individual animals in the infected herds, samples from 61 animals were obtained, of which 18 gave positive results on examination for brucella abortus. A disturbing feature of these investigations was the finding of infection in herds treated with prophylactic vaccine. In all cases, the Divisional Veterinary Officer and District Medical Officers were informed of the action taken.

HOUSING

DISTRICT	Total Number of houses in district	Number inspected during year	Number found to be satisfactory in all respects	Number with minor defects only	Number requiring repairs or structural alterations
A.—URBAN.					
1. Eston ..	10,079	773	—	766	7
2. Guisborough ..	2,893	333	—	191	45
3. Loftus ..	2,632	63	6	24	33
4. Malton ..	1,332	182	80	62	12
5. Northallerton ..	2,186	199	—	—	127
6. Pickering ..	1,450	47	—	29	23
7. Redcar ..	8,781	321	62	123	131
8. Richmond ..	1,653	326	86	100	197
9. Saltburn & Marske ..	3,281	45	—	14	26
10. Scalby ..	2,337	155	97	26	16
11. Scarborough ..	14,468	285	1	3	147
12. Skelton & Brotton ..	4,144	1,082	497	553	32
13. Thornaby-on-Tees ..	6,564	420	186	68	138
14. Whitby ..	3,790	65	—	22	—
Total Urban ..	65,590	4,296	1,015	1,981	934
B.—RURAL.					
1. Aysgarth ..	1,264	55	6	13	21
2. Bedale ..	2,480	706	501	28	30
3. Croft ..	672	22	—	—	—
4. Easingwold ..	3,180	28	14	7	4
5. Flaxton ..	6,720	259	90	50	50
6. Helmsley ..	1,425	19	17	—	—
7. Kirkbymoorside ..	1,470	43	4	—	24
8. Leyburn ..	1,976	1,167	57	873	237
9. Malton ..	1,845	59	11	9	18
10. Masham ..	638	156	73	69	14
11. Northallerton ..	2,822	37	—	—	33
12. Pickering ..	1,815	32	—	9	28
13. Reeth ..	892	192	11	87	94
14. Richmond ..	3,264	44	27	8	6
15. Scarborough ..	2,592	816	326	279	209
16. Startforth ..	1,415	256	32	153	51
17. Stokesley ..	6,363	—	—	—	—
18. Thirsk ..	4,049	219	22	21	70
19. Wath ..	717	103	—	29	54
20. Whitby ..	4,449	233	51	9	140
Total Rural ..	50,048	4,446	1,242	1,644	1,083
Administrative County ..	115,638	8,742	2,257	3,625	2,017

Number suitable for improvement under Housing Acts	Number unfit in all respects	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
5	—	136	100	5	4	—	1
—	10	81	37	16	13	2	1
—	—	5	2	3	3	—	—
20	—	20	6	10	10	—	—
7	45	32	16	7	7	—	—
17	5	8	6	14	14	—	—
131	5	76	114	—	—	—	—
283	43	96	8	7	6	1	—
2	3	33	51	5	2	3	—
2	14	8	39	2	2	—	—
5	129	109	34	67	57	6	4
—	1	22	38	20	20	—	—
28	—	49	6	30	27	2	1
—	43	56	29	20	20	—	—
500	298	731	486	206	185	14	7
24	15	9	1	10	9	1	—
57	90	23	12	20	20	—	—
7	15	—	—	7	7	—	—
4	3	20	11	27	22	2	3
36	25	36	287	18	2	15	1
1	1	—	6	17	15	1	1
24	15	16	16	20	20	—	—
—	—	—	4	15	15	—	—
14	7	21	5	32	32	—	—
5	—	—	1	2	2	—	—
31	4	39	11	33	31	2	—
19	4	8	8	18	17	—	1
36	—	2	—	8	6	2	—
—	3	8	7	34	30	4	—
266	2	—	30	22	19	—	3
—	20	—	8	5	2	—	3
—	—	36	258	36	35	1	—
42	64	4	7	40	40	—	—
16	4	8	3	12	12	—	—
77	33	18	12	33	30	—	3
659	305	248	687	409	366	28	15
1,159	603	979	1,173	615	551	42	22

TABLE 1.

Number of Births in each District during 1956.

DISTRICT.	Estimated mid-year home population 1956.	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 ..	34,510	810	35	23.5	439	12.7
2. Guisborough ..	9,480	188	4	19.8	76	8.0
3. Loftus ..	7,670	139	5	18.1	33	4.3
4. Malton ..	4,170	68	1	16.3	18	4.3
5. Northallerton ..	6,110	80	2	13.1	— 2	..
6. Pickering ..	4,300	56	1	13.0	— 11	..
7. Redcar ..	28,100	527	24	18.8	203	7.2
8. Richmond ..	6,010	111	8	18.5	63	10.5
9. Saltburn and Marske ..	9,110	159	9	17.5	56	6.1
10. Scalby ..	6,340	76	1	12.0	— 15	..
11. Scarborough ..	43,920	529	39	12.0	— 140	..
12. Skelton and Brotton ..	12,790	188	8	14.7	40	3.1
13. Thornaby-on-Tees ..	23,870	478	23	20.0	277	11.6
14. Whitby ..	11,520	166	3	14.4	— 17	..
Total Urban ..	207,900	3,575	163	17.2	1,020	4.9
B.—RURAL						
1. Aysgarth ..	3,410	55	1	16.1	— 5	..
2. Bedale ..	8,050	124	9	15.4	50	6.2
3. Croft ..	2,330	51	2	21.9	25	10.7
4. Easingwold ..	12,540	173	6	13.8	45	3.6
5. Flaxton ..	22,000	350	7	15.9	68	3.1
6. Helmsley ..	5,360	54	4	10.1	13	2.4
7. Kirbymoorside ..	4,870	69	1	14.2	14	2.9
8. Leyburn ..	6,390	101	4	15.8	28	4.4
9. Malton ..	5,560	77	2	13.8	21	3.8
10. Masham ..	1,640	22	..	13.4	— 4	..
11. Northallerton ..	8,580	135	5	15.7	42	4.9
12. Pickering ..	5,120	67	2	13.1	— 3	..
13. Reeth ..	1,980	21	..	10.6	— 1	..
14. Richmond ..	29,330	461	13	15.7	293	10.0
15. Scarborough ..	7,620	95	2	12.5	4	.5
16. Startforth ..	5,520	63	3	11.4	17	3.1
17. Stokesley ..	18,790	319	7	17.0	107	5.7
18. Thirsk ..	14,510	213	5	14.7	67	4.6
19. Wath ..	3,660	70	2	19.1	46	12.6
20. Whitby ..	11,840	159	7	13.4	— 12	..
Total Rural ..	179,100	2,679	82	15.0	815	4.6
Administrative County ..	387,000	6,254	245	16.2	1,835	4.7
Totals for 1955 ..	384,000	5,988	259	15.6	1,615	4.2

TABLE No. 2.

Number of Deaths in each District during 1956.

DISTRICT.	Estimated mid-year home population, 1956	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 ..	34,510	371	10.8	26	32.1	2	57.1
2. Guisborough ..	9,480	112	11.8	6	31.9	..	..
3. Loftus ..	7,670	106	13.8	4	28.8	..	..
4. Malton ..	4,170	50	12.0	1	14.7	..	..
5. Northallerton ..	6,110	82	13.4	2	25.0	..	..
6. Pickering ..	4,300	67	15.6	..	..	..	..
7. Redcar ..	28,100	324	11.5	14	26.6	1	41.7
8. Richmond ..	6,010	48	8.0	4	36.0	..	..
9. Saltburn and Marske ..	9,110	103	11.3	6	37.7	1	111.1
10. Scalby ..	6,340	91	14.4	1	13.2	..	..
11. Scarborough ..	43,920	669	15.2	13	24.6	..	..
12. Skelton and Brotton ..	12,790	148	11.6	5	26.6	..	..
13. Thornaby-on-Tees ..	23,870	201	8.4	18	37.7	..	..
14. Whitby ..	11,520	183	15.9	6	36.1	..	..
Total Urban ..	207,900	2,555	12.3	106	29.7	4	24.5
B.—RURAL							
1. Aysgarth ..	3,410	60	17.6	1	18.2	..	..
2. Bedale ..	8,050	74	9.2	2	16.1	1	111.1
3. Croft ..	2,330	26	11.2	2	39.2	..	..
4. Easingwold ..	12,540	128	10.2	8	46.2	..	..
5. Flaxton ..	22,000	282	12.8	7	20.0	1	142.9
6. Helmsley ..	5,360	41	7.6	..	..	..	..
7. Kirbymoorside ..	4,870	55	11.3	..	..	..	..
8. Leyburn ..	6,390	73	11.4	5	49.5	..	..
9. Malton ..	5,560	56	10.1	1	13.0	..	..
10. Masham ..	1,640	26	15.9	..	..	..	..
11. Northallerton ..	8,580	93	10.8	2	14.8	..	..
12. Pickering ..	5,120	70	13.7	1	14.9	..	..
13. Reeth ..	1,980	22	11.1	..	..	..	..
14. Richmond ..	29,330	168	5.7	8	17.4	..	..
15. Scarborough ..	7,620	91	11.9	2	21.1	..	..
16. Startforth ..	5,520	46	8.3	1	15.9	..	..
17. Stokesley ..	18,790	212	11.3	8	25.1	1	142.9
18. Thirsk ..	14,510	146	10.1	2	9.4	..	..
19. Wath ..	3,660	24	6.6	1	14.3	..	..
20. Whitby ..	11,840	171	14.4	3	18.9	..	..
Total Rural ..	179,100	1,864	10.4	54	20.2	3	36.6
Administrative County ..	387,000	4,419	11.4	160	25.6	7	28.6
Totals for 1955 ..	384,000	4,373	11.4	166	27.7	3	11.6

TABLE 3.

Deaths according to Age-Groups, 1956.

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-			
ALL CAUSES	M	1345	67	4	4	12	74	333	393	458	1015	29	7	6	19	43	206	2			
	F	1210	39	8	4	7	42	218	315	577	849	25	..	6	6	26	145	2			
1. Tuberculosis, respiratory	M	15	..	..	..	..	3	5	6	1	10	..	..	..	..	..	6	..
	F	4	..	..	..	..	1	1	1	1	2	..	..	..	..	1	1	..
2 Tuberculosis, other	M	2	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
3 Syphilitic disease	M	6	..	..	..	..	..	4	1	1	3	..	..	..	..	..	..	..
	F	2	..	..	..	..	..	1	1	..	2	..	..	..	..	..	..	..
4 Diphtheria	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping cough	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 Meningococcal infections	M	1	..	..	..	..	..	..	..	1	2	1	..	..	1	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7 Acute poliomyelitis	M	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8 Measles	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 Other infective and parasitic diseases	M	2	1	..	..	..	..	1	..	1	4	..	..	..	..	2	2	..
	F	2	..	..	..	..	1	1	..	..	3	..	..	..	1	1	..	..	
10 Malignant neoplasm, stomach	M	48	..	..	..	..	1	19	22	6	28	..	..	..	..	1	8	..
	F	51	..	..	..	..	2	17	14	18	18	..	..	..	..	..	4	..
11 Malignant neoplasm lung, bronchus	M	63	..	..	..	..	2	36	18	7	37	..	..	..	..	1	23	1
	F	10	..	..	..	..	1	6	2	1	5	..	..	..	..	1	2	..
12 Malignant neoplasm breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	43	..	..	..	..	4	20	7	12	22	..	..	..	..	2	3	..
13 Malignant neoplasm uterus	F	17	..	..	..	..	3	10	2	2	17	..	..	..	..	1	8	..
14 Other malignant and lymphatic neoplasms	M	106	..	..	..	..	6	27	37	36	92	..	..	2	..	2	14	3
	F	103	..	..	1	..	4	35	33	30	73	..	..	1	..	6	30	1
15 Leukaemia, aleukaemia	M	9	..	..	..	..	1	4	2	2	4	..	..	..	..	..	1	..
	F	8	..	3	1	..	1	..	2	1	2	..	..	..	..	..	2	..
16 Diabetes	M	5	..	..	1	..	..	2	1	1	4	..	..	..	..	..	2	..
	F	4	..	..	..	..	..	1	3	..	7	..	..	..	..	..	1	..
17 Vascular lesions of nervous system	M	162	..	..	..	1	2	28	55	76	139	..	..	..	..	1	22	4
	F	226	..	..	..	1	4	32	70	119	158	..	..	..	..	2	22	5
18 Coronary disease, angina	M	261	..	..	..	1	10	74	112	64	188	..	..	..	..	3	57	6
	F	159	..	..	..	..	..	32	65	62	104	..	..	..	..	..	14	4
19 Hypertension with heart disease	M	22	..	..	..	..	..	7	9	6	22	..	..	..	..	..	5	..
	F	27	..	..	..	..	..	5	11	11	24	..	..	..	..	..	6	..
20 Other heart disease	M	188	..	..	..	1	3	19	48	117	156	..	..	..	1	5	18	3
	F	286	..	..	..	1	4	19	45	217	195	..	..	..	2	4	10	3
21 Other circulatory disease	M	49	..	..	..	1	1	4	11	32	55	..	..	..	..	1	5	1
	F	35	..	..	..	..	1	2	12	20	42	..	..	..	..	..	7	..
22 Influenza	M	9	..	..	..	..	..	2	2	5	9	..	..	..	..	..	2	..
	F	4	..	..	..	..	..	1	1	2	15	..	..	..	..	..	1	..
23 Pneumonia	M	47	8	..	..	1	1	7	8	22	35	5	4	1	..	2	2	..	
	F	24	6	2	..	..	..	2	5	9	21	5	..	1	..	1	2	..
24 Bronchitis	M	82	1	..	..	..	2	31	30	18	37	..	1	..	..	2	7	1
	F	33	..	..	..	..	1	7	13	12	14	..	..	..	..	..	1	..
25 Other diseases of respiratory system	M	12	1	..	..	1	1	7	2	..	10	..	1	..	1	..	3	..	
	F	5	..	..	..	..	1	2	..	2	2	..	..	..	1	..	..	..
26 Ulcer of stomach and duodenum	M	18	..	..	..	..	2	8	2	6	14	..	..	..	..	1	..	..	
	F	8	..	..	..	..	..	1	2	5	4	..	..	..	..	..	2	..
27 Gastritis, enteritis and diarrhoea	M	6	2	..	..	..	..	..	3	1	3	..	..	..	..	1	1	..
	F	4	..	..	..	2	..	..	1	1	3	..	..	..	..	..	1	..

TABLE 5.

Number of Deaths from certain Diseases in each District during 1956.

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.																
Eston	37	4	925.0	.12	..	..	..	..	37	4	925.0	.12	2	.06	27	.78
Guisborough	2	1	200.0	.11	..	..	..	..	2	1	200.0	.11	1	.11	11	1.16
Loftus	3	2	150.0	.26	1	..	..	..	4	2	200.0	.26	2	.26	6	.78
Malton .. .. .	..	1	..	.24	..	..	..	..	..	1	..	.24	..	..	2	.48
Northallerton	2	..	..	..	..	..	..	..	2	..	..	..	..	..	2	.33
Pickering	1	..	..	..	..	..	..	..	1	..	..	..	..	..	6	1.40
Redcar	29	2	1450.0	.07	1	..	..	..	30	2	1500.0	.07	2	.07	9	.32
Richmond	5	1	500.0	.17	..	..	..	..	5	1	500.0	.17	..	..	..	..
Saltburn and Marske	4	..	..	..	..	..	..	..	4	..	..	..	..	..	5	.55
Scalby	3	..	..	..	1	1	100.0	.16	4	1	400.0	.16	..	..	1	.16
Scarborough	20	6	333.3	.14	2	..	..	..	22	6	366.7	.14	2	.05	31	.71
Skelton and Brotton	5	..	..	..	3	..	..	..	8	..	..	..	3	.23	8	.63
Thornaby-on-Tees	17	1	1700.0	.04	..	1	..	.04	17	2	850.0	.08	..	..	13	.54
Whitby	7	1	700.0	.09	1	..	..	..	8	1	800.0	.09	1	.09	11	.95
Total Urban	135	19	710.5	.09	9	2	450.0	.01	144	21	685.7	.10	13	.06	132	.63
B.—RURAL.																
Aysgarth	2	1	200.0	.29	1	..	..	..	3	1	300.0	.29	2	.59	4	1.17
Bedale	2	..	..	..	1	..	..	..	3	..	..	..	..	..	3	.37
Croft .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.43
Easingwold	9	..	..	..	4	1	400.0	.08	13	1	1300.0	.08	5	.40	3	.24
Flaxton	10	3	333.3	.14	3	..	..	..	13	3	433.3	.14	5	.23	10	.45
Helmsley	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Kirkbymoorside	1	..	..	..	1	..	..	..	2	..	..	..	2	.41	2	.41
Leyburn	2	1	200.0	.16	..	..	..	..	2	1	200.0	.16	1	.16	2	.31
Malton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.18	2	.36
Masham .. .. .	..	1	..	.61	..	..	..	..	..	1	..	.61	..	..	..	..
Northallerton	1	..	..	..	..	..	..	..	1	..	..	..	1	.12	4	.47
Pickering .. .. .	..	1	..	.20	..	..	..	..	..	1	..	.20	..	..	1	.20
Reeth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.51	1	.51
Richmond	9	..	..	..	1	..	..	..	10	..	..	..	..	..	3	.10
Scarborough	2	..	..	..	..	..	..	..	2	..	..	..	..	..	3	.39
Startforth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.18	1	.18
Stokesley	11	2	550.0	.11	..	..	..	..	11	2	550.0	.11	1	.05	9	.48
Thirsk	4	1	400.0	.07	1	..	..	..	5	1	500.0	.07	3	.21	6	.41
Wath	1	1	100.0	.27	..	..	..	..	1	1	100.0	.27	..	..	1	.27
Whitby	1	1	100.0	.08	1	..	..	..	2	1	200.0	.08	1	.08	7	.59
Total Rural	57	12	475.0	.07	13	1	1300.0	.006	70	13	538.5	.07	24	.13	63	.35
Administrative County	192	31	619.4	.08	22	3	733.3	.008	214	34	629.4	.09	37	.10	195	.50

TABLE 6.

Number of Deaths from certain Diseases in each District during 1956

DISTRICT	Pregnancy, childbirth, abortion.		Congenital malformations.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.				
1. Eston	2	2.47
2. Guisborough	1	5.32
3. Loftus
4. Malton	1	14.71
5. Northallerton	1	12.50
6. Pickering	1	17.86
7. Redcar	2	3.80
8. Richmond	2	18.02	2	18.02
9. Saltburn and Marske	2	12.58
10. Scalby
11. Scarborough	3	5.67
12. Skelton and Brotton	3	15.96
13. Thornaby-on-Tees	4	8.37
14. Whitby	3	18.07
Total Urban	2	.56	25	6.99
B.—RURAL.				
1. Aysgarth	1	28.57
2. Bedale	1	8.06
3. Croft	1	19.61
4. Easingwold	2	11.56
5. Flaxton	3	8.57
6. Helmsley
7. Kirkbymoorside
8. Leyburn	2	19.80
9. Malton
10. Masham
11. Northallerton	3	22.22
12. Pickering
13. Reeth
14. Richmond	2	4.34
15. Scarborough
16. Startforth	1	15.87	..	..
17. Stokesley
18. Thirsk
19. Wath
20. Whitby
Total Rural	1	.37	15	5.60
Administrative County	3	.48	40	6.40

TABLE 7.

Notification of Infectious Disease in 1956, as given in the weekly returns rendered by Medical Officers of Health.

DISTRICT.		Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Acute Pneumonia.	Cholera.	Plague.	Meningococcal Infection.	Acute poliomyelitis.		Acute encephalitis.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles (excluding Rubella)	Whooping cough.	Puerperal pyrexia.	Tuberculosis		
										Paralytic	Non-paralytic												Respiratory	Meninges & C.N.S.	Other
A.—URBAN.																									
1. Eston ..	124	..	..	5	..	1	1	7	..	4	21	2	4	..	..	..	..	..	567	37	6	37	..	..
2. Guisborough ..	2	..	..	1	..	1	..	2	..	..	1	..	1	..	..	..	..	..	72	2	2	2	..	..
3. Loftus ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	180	98	..	3	..	1
4. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	15	..	..	..	..
5. Northallerton ..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	15	4	3	2	..	..
6. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
7. Redcar ..	15	..	..	23	..	..	..	4	..	6	10	..	3	..	..	..	..	..	331	72	1	29	..	1
8. Richmond ..	4	..	..	1	..	1	2	1	..	..	..	..	..	..	..	..	..	3	2	..	1	5	..	..
9. Saltburn & Marske ..	..	..	..	..	..	..	..	2	..	1	..	..	..	..	1	..	..	..	100	20	5	4	..	..
0. Scalby ..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	11	1	3	1	..
1. Scarborough ..	18	..	..	14	..	1	1	..	..	3	27	..	3	..	..	..	..	..	69	121	8	20	2	..
2. Skelton & Brotton ..	1	..	2	15	..	1	..	..	..	..	1	..	1	..	..	..	..	..	77	63	..	5	1	2
3. Thornaby-on-Tees ..	8	..	1	15	..	1	..	1	..	6	2	..	4	..	..	..	..	..	295	37	2	17	..	..
4. Whitby ..	1	..	..	5	..	..	..	..	..	..	..	..	1	..	..	..	..	..	265	43	..	7	..	1
Total Urban ..	176	..	3	79	..	7	8	15	..	1	19	62	3	17	..	3	1994	523	29	135	4	5	..	..
1955 ..	81	..	29	112	..	8	10	6	17	72	3	21	..	1	..	2019	295	21	113	3	11
B.—RURAL.																									
1. Aysgarth ..	..	..	..	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1
2. Bedale ..	4	..	..	18	..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	58	..	2	..	1
3. Croft ..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	9	19	..	..	..	..
4. Easingwold ..	15	..	..	11	..	1	..	..	..	..	..	..	1	..	..	..	..	..	50	7	..	9	..	4
5. Flaxton ..	11	..	..	9	..	1	..	..	..	..	1	..	..	..	..	..	..	..	1	31	..	10	..	3
6. Helmsley ..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	1	2	..	..
7. Kirkbymoorside ..	1	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	7	..	1	1	..
8. Leyburn ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	46	..	2	..	..
9. Malton ..	7	..	..	1	..	..	3	..	..	..	..	..	..	..	..	..	..	..	3	25	..	..	..	..
0. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1. Northallerton ..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	7	8	..	1	..	..
2. Pickering ..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
3. Reeth ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	8	..	..	..	..
4. Richmond ..	7	..	1	10	..	1	2	3	..	25	2	..	1	..	36	21	45	3	21	45	3	9	..	1	
5. Scarborough ..	4	..	..	1	..	..	..	..	..	..	1	..	3	..	..	5	14	..	5	14	..	2	..	..
6. Startforth ..	4	..	..	2	..	3	..	..	..	..	..	..	..	..	..	62	8	..	62	8	..	..	..	..
7. Stokesley ..	15	..	..	19	..	1	2	1	..	..	..	..	4	..	92	237	128	..	237	128	..	11	..	..
8. Thirsk ..	13	..	..	3	..	..	..	..	..	..	..	..	..	..	..	5	..	..	5	..	..	4	..	1
9. Wath ..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
0. Whitby ..	..	..	..	3	..	..	..	..	..	2	2	..	..	..	..	..	..	..	35	82	..	1	..	1
Total Rural ..	87	..	1	84	..	4	11	9	..	28	9	1	10	..	129	443	494	4	443	494	4	57	1	12	
1955 ..	74	..	2	150	..	4	8	5	2	23	62	1	21	..	2	36	2048	186	5	56	..	10	..	..
Administrative County ..	263	..	4	163	..	11	19	24	..	1	47	71	4	27	..	132	2437	1017	33	192	5	17	..	..
1955 ..	155	..	31	262	..	12	18	11	2	40	134	4	42	..	3	36	4067	481	26	169	3	21	..	..

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1956.

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	..	..	18	·52
2. Guisborough	2	·21
3. Loftus	7	·91
4. Malton
5. Northallerton	1	·16
6. Pickering
7. Redcar	8	·28
8. Richmond	2	·33
9. Saltburn and Marske	2	·22
10. Scalby	1	·16
11. Scarborough	13	·30
12. Skelton and Brotton	2	·16
13. Thornaby-on-Tees	10	·42
14. Whitby	5	·43
Total Urban	1	·005	..	..	71	·34
B.—RURAL.								
1. Aysgarth	3	·88
2. Bedale	4	·50
3. Croft	3	1·29
4. Easingwold	6	·48
5. Flaxton	4	·18
6. Helmsley	1	·19
7. Kirkbymoorside
8. Leyburn	4	·63
9. Malton
10. Masham
11. Northallerton	2	·23
12. Pickering	1	·20
13. Reeth
14. Richmond	9	·31
15. Scarborough
16. Startforth	1	·18
17. Stokesley	6	·32
18. Thirsk	6	·41
19. Wath	2	·55
20. Whitby	4	·34
Total Rural	56	·31
Administrative County	1	·003	..	..	127	·33

