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Contributors

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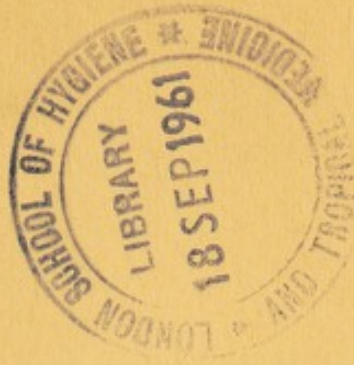
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North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR
1959



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INTRODUCTION

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

Mr. Chairman, My Lord, Ladies and Gentlemen,

I regret the delay in submitting my formal report for the year 1959. Each year a separate report is presented to the Education Committee on the work of the school health service, but points relating to the co-ordination of services in the medical field are covered in this report. The names of members of the Health Committee and its functions and those of the executive sub-committees are set out in the Year Book for members: the members and duties of area sub-committees also appear there.

The tables at the end of the printed text in this report are compiled in accordance with Ministry of Health circular and the comments relate to subjects on which the Minister desires to have information.

During 1959 the anti-poliomyelitis campaign was continued; supplies of vaccine were inadequate at intervals because full publicity was given to extensions of the official Ministry scheme in advance of availability of supplies. This may not have been a matter of political importance, but the *modus operandi* caused considerable annoyance to medical officers, general practitioners and, not least, to the keener members of the public, who felt frustrated when they could not be immunised immediately.

A full report on the survey of rural water supplies is included in the sanitary section of the Report: members who are particularly interested in the schemes should turn to page 42 for detailed information.

The new Mental Health Bill received the Royal Assent during the year under review and became the Mental Health Act, 1959. There are many amendments to procedures, to nomenclature and to the arrangements for the care of mentally disordered persons. The Act is based on the assumption that many more patients will be admitted of their own volition to mental hospitals and it is expected that only in isolated cases will it be necessary to secure "recommendations" for compulsory admission. The whole slant of treatment has been altered from that of institutional care to care in the community and this will involve, as the scheme develops, a considerable addition to the social workers employed by the County Council as local health authority. At the time of writing comparatively few chronic mental patients have been discharged from hospital, but sooner or later, the local health authority will have to make some hostel provision in accordance with section 6 of the Act. A fuller report will be made at a later date when there will be less uncertainty about the intentions of consultants and the management committees of mental hospitals regarding discharge of patients.

In 1959, some 739 deaths were ascribed to malignant conditions and the distribution of these cases is given in Table 4 at the end of the text. There was a marked difference of mortality from cancer of the lung between the urban areas and the more rural parts of the Riding. The average age of the residents and the degree of atmospheric pollution may have considerable importance in this difference, but members will notice that the mortality from cancer of the breast was the same in urban and rural areas.

The health of the Riding as a whole was good in 1959; the long spell of fine weather extending over six months, is now only a pleasant memory.

In conclusion I wish to thank members of the Health Committee for their continuing support and my colleagues in the other departments at County Hall for their co-operation. To the staff in the central office and to the other staff employed all over the Riding, I extend my best thanks, for without their loyal support the routine work of the health department in the field of prevention and early treatment of disease would have been impossible.

I remain,

Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,

County Medical Officer

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT.

County Medical Officer of Health	..	J. A. Fraser, M.B., Ch.B., D.P.H.
Deputy County Medical Officer of Health	..	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	}	Mary G. McDonald, M.B., Ch.B., D.P.H. (left 15-1-1961).
	}	Edna M. Dunn, M.R.C.S., L.R.C.P. (commenced 3-1-1961).
Chief Dental Officer	..	I. J. Faulds, L.D.S.
District Medical Officers of Health	..	See Table on pages 7 and 8.
Chest Physicians (All part-time, in direct contract with Leeds or Newcastle-upon-Tyne Regional Hospital Boards)	{	V. Ryan, M.D., B.A.O., D.P.H. G. Walker, M.B., M.R.C.P., D.P.H. R. B. N. Wilsdon, M.D., M.R.C.P. S. P. Wilson, M.D., M.Sc., D.P.H. (retired). W. Helm, M.R.C.P., M.R.C.S., L.R.C.P. 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	..	Mary N. Brandish, S.R.N., S.C.M., H.V.CERT. (Left 30-6-60).
Deputy Superintendent Nursing Officer	..	Lilian Mann, S.R.N., S.C.M., H.V.CERT. (Left 15-2-59). Elizabeth Chapman, S.R.N., S.C.M., M.T.D., H.V.CERT. (Commenced 7-7-1959).
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	..	M. F. Smith (left 31-1-61). E. J. Draper (commenced 1-2-61).
Senior Sectional Clerks	..	T. A. Hutchinson Margaret Blair, D.P.A. A. R. Elliott. W. E. Lloyd. C. Rutherford.

Area and estimated mid-1959 Population	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby (45,720)	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 .. (35,750)	Eston U.D. ..	J. A. Dunlop, M.B., Ch.B., D.P.H., Health Office, Cleveland House, Grange-town, Middlesbrough.	J. A. Dunlop, (died 14-3-58) succeeded by T. P. Binns M.R.C.S., L.R.C.P., D.P.H., 1-4-60).
Redcar .. (38,800)	Redcar Borough .. Saltburn & Marske U.D.	H. Pattinson, M.B., Ch.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson, (died 9-5-58) succeeded by P. S. R. Burns M.B., Ch.B., D.P.H., 16-12-58).
Guisborough (30,960)	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	D. H. S. Griffith, L.R.C.P., D.P.H., D.I.H. Commenced 1-4-58 Area Health Office, Park Lane, Guisborough	D.H.S. Griffith, (resigned 19-6-59), P. Brodwin, L.R.C.P. and S.I., D.P.H., 1-1-60, (died 6-2-61), T. M. B. Rohan M.B., B.Ch., B.A.O., D.P.H. (from 5-6-61).
Whitby .. (23,040)	Whitby U.D. .. Whitby R.D.	B. Schroeder, M.B., Ch.B., D.P.H., Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale .. (29,000)	Malton U.D. .. Malton R.D. Pickering U.D. Pickering R.D. Helmsley R.D. Kirkbymoorside R.D.	W. R. M. Couper, M.B., Ch.B., D.P.H., Area Health Office, Train Lane, Pickering.	W. R. M. Couper.
Bulmer .. (54,680)	Easingwold R.D. .. Flaxton R.D. Wath R.D. Thirsk R.D.	H. Gray, M.D., Ch.B., D.P.H., Area Health Office, Manor Road, Easingwold.	H. Gray.
Wensleydale (34,650)	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, (resigned 31-10-60), H. Diggles M.B., Ch.B., D.P.H., (from 15-3-61)
			*A. W. Hansell, M.B., Woodrow, Bedale.

Area and estimated mid-1959	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Richmond (40,680)	Richmond Borough .. Richmond R.D. .. Croft R.D. .. Startforth R.D. .	F. W. Gavin, M.D., ch.B., D.P.H., Area Health Office, Quaker Lane, Richmond.	F. W. Gavin, (died 19-9-60), H. R. Morrison, M.B., ch.B., D.P.H., (from 1-6-61).
	Reeth R.D.			*W. C. Spiers, M.B., Langthorne House, Reeth, Richmond.
Scarborough (57,520)	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.

*These officers are 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	} 331,101
Rural Districts	148,822	
Population (Census 1951)		
Urban Districts	204,416	} 378,209
Rural Districts	173,793	
Population (estimated to mid year 1959)		
Urban Districts	211,100	} 390,800
Rural Districts	179,700	
Rateable Value (1st April, 1960)	.. .. .	£5,141,542
Estimated product of a penny rate	.. .. .	£20,583

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 populated 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. The hills between Wensleydale and Swaledale constitute the boundary between the areas of the Leeds and Newcastle Regional Hospital Boards and between administrative areas centred in Leyburn and Richmond.

Population.

The population as estimated by the Registrar General at mid-year 1959, is set out in the table below ; the population for the years 1931, 1938, 1955, 1956, 1957 and 1958 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
1955 ..	206,700	177,300	384,000
1956 ..	207,900	179,100	387,000
1957 ..	208,800	177,800	386,600
1958 ..	209,200	178,400	387,600
1959 ..	211,100	179,700	390,800

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are the manufacture of steel and 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 ..	6,479	3,277	3,202	} Birth rate per 1,000 of estimated home population 17·4
	{ Illegitimate ..	302	164	138	
Still births ..	..	164	92	72	Rate per 1,000 total (live and still) births 23·61.
Deaths ..	..	4,356	2,274	2,082	Death rate per 1,000 of estimated home population 11·1

	Deaths	Rate per 1,000 total (live and still) births
Deaths from pregnancy, childbirth, abortion ..	2	·29
Death rate of infants under 1 year of age :		
All infants per 1,000 live births		24·6
Legitimate infants per 1,000 legitimate live births ..		24·1
Illegitimate infants per 1,000 illegitimate live births ..		36·4
Deaths from diphtheria	Nil	
Deaths from measles	Nil	
Deaths from whooping cough	Nil	

Live Births and Birth Rates.

During the year ended 31st December, 1959, the live births registered in and belonging to the Riding numbered 6,781 (70 births more than the previous year, an increase of 1·04%).

The birth rate for the Riding as a whole was 17·4 (per 1,000 estimated population), being higher than the rate for England and Wales—16·5.

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

Illegitimacy.

The number of illegitimate live births registered during the year was 302 (16 more than in 1958); although this number has increased, the position shows a marked improvement on 1944 and 1945 when the numbers were 462 and 547 respectively.

On the basis of population the illegitimate birth rate was ·77 compared with ·74 in 1958 and ·72 in 1957, the rate per 1,000 live births being 44·54 as compared with 42·62 in 1958 and 43·59 in 1957.

Stillbirths.

The number of stillbirths registered in 1959 was 164 an increase of 12 on the previous year). Further analysis of these figures into sexes indicates that there were 92 male and 72 female stillbirths. The rate per 1,000 total births was 23·61 in 1959; this rate compares with 22·15 in 1958 and 25·13 in 1957.

Deaths and Death Rates.

During 1959 the total number of deaths registered for the Riding was 4,356 (2,274 males and 2,082 females). The total figure gives an annual death rate of 11·1 in 1959 per 1,000 estimated population, which is slightly lower than the figure for the previous year (12·0); in terms of urban and rural districts the death rates for the seven years ended 31st December, 1959, were as follows :—

	Death Rates.						
	1953	1954	1955	1956	1957	1958	1959
North Riding :—							
Urban Districts ..	12·2	12·1	12·2	12·3	12·1	13·1	12·0
Rural Districts ..	10·3	10·7	10·4	10·4	10·3	10·7	10·1
Administrative County	11·3	11·5	11·4	11·4	11·3	12·0	11·1
England and Wales ..	11·4	11·3	11·7	11·7	11·5	11·7	11·6

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 shewn on Table 3 at the end of this report.

The principal causes of death in the County during 1959 were as follows, the figures for 1957 and 1958 being also given.

	1957	1958	1959
Influenza	57	27	41
Heart diseases	1,653	1,751	1,601
Other circulatory diseases	179	178	181
Bronchitis	154	184	134
Pneumonia	130	187	157
Congenital Malformations	37	34	39
Tuberculosis of the respiratory system	26	26	32
Tuberculosis (other forms)	5	9	2
Cancer, malignant disease	703	797	739
Vascular lesions of nervous system	664	737	687
Nephritis and nephrosis	47	40	31

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, 1949 and 1957, 2 in 1953 and none in the years 1950, 1951, 1952, 1955, 1956, 1958 and 1959.

Cancer, Malignant Disease.

Cancer was responsible for 739 deaths in the Riding in 1959, and the following tabular statement shows the position for the last ten years :—

Year	DEATHS AND DEATH RATES FROM CANCER.							
	Total Number of Deaths			Death rate per 1,000 population				
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	England & Wales	
1950	626	352	274	1.66	1.72	1.59	1.88	
1951	646	403	243	1.70	1.98	1.38	1.99	
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	2.06	
1955	723	435	288	1.88	2.10	1.62	2.06	
1956	756	458	298	1.95	2.20	1.66	2.06	
1957	703	421	282	1.82	2.02	1.59	2.06	
1958	797	463	334	2.06	2.21	1.87	2.11	
1959	739	426	313	1.89	2.02	1.74	2.11	

Infantile Mortality.

There was an increase in the number of deaths of infants under 1 year, the total number for the year under review being 167, 5 more than the previous year. The infantile mortality rate of 24.6 compares with 24.1 for the previous year and 22.0 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
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
1957 ..	28.5	24.0	26.6	23.0
1958 ..	28.7	18.0	24.1	22.5
1959 ..	27.9	20.3	24.6	22.0

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

	1959
Congenital malformations ..	22
Pneumonia	23
Bronchitis	3
Gastritis, enteritis and diarrhoea	6

Measles.

During 1959 there were 4,622 notified cases of measles ; this figure excludes all known cases of Rubella. No deaths were ascribed to this disease ; for the last ten years the number of measles deaths totals 23. This seems to indicate that the treatment of the complications of measles is now much more effective than it was in the years before 1939 for there were 72 deaths from measles in 1934, and 18 in 1936.

Whooping Cough.

The total number of notified whooping cough cases in the Riding was 217 compared with 180 for 1958 ; no death was registered as being due to this condition. The morbidity following whooping cough is not known, but one comes across the secondary effects of brain haemorrhage which seems to follow attacks of pertussis. This incidence of serious complications should stimulate parents to accept protection against this unpleasant disease.

Infantile Paralysis.

There were 13 notifications of acute poliomyelitis (paralytic and non-paralytic) or of acute encephalitis during the year under review, with no deaths, as compared with 5 notifications and no deaths in 1958. 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.

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 here.

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 payments for the use of the hostels are now generally made on a customer basis. The County Council also uses the Scarborough Council for Social Service in connection with after-care but has now terminated all contractual arrangements with the St. John Ambulance Brigade for the provision of ambulance services.

CARE OF MOTHERS AND BABIES.

At 91 places in the Riding, child welfare clinics are held as compared with 91 in 1958, 91 in 1957 and 55 in 1947. In 36 out of the 91 centres, ante-natal patients may also be 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 1959 being 66,621 as compared with 62,637 in 1958, and 61,749 in 1957. As regards the care of premature infants the provision of certain equipment on 11 continues ; two more nurses have been given a special course of training for this purpose.

The average annual attendance per county administered centre is 732 as compared with 688 in the previous year. The average number per session attending was 29 against 28 in 1958. The following table gives numerical details of the clinics held, persons who attended and the attendances for the year 1959.

Services were transferred to newly built premises at Eastfield (Scarborough) and at Leyburn, a multi-purpose clinic and office was built within the curtilage of the new modern school. One new centre was opened at Deerbolt Camp, Startforth, and one one at Skinningrove was closed.

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 :		
				1959	1958	1957-54		Under 1 year	1 but under 2	2 but under 5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1	8	274	796	550	456	186	1,192	7,376	1,198	497
2	3	152	599	507	353	76	936	6,793	385	63
3	4	151	424	395	303	241	939	4,447	684	633
4	8	256	539	420	386	397	1,203	6,193	1,395	1,232
5	6	138	187	158	131	167	456	1,965	525	506
6	11	142	212	158	184	290	632	1,592	821	985
7	25	450	697	591	611	568	1,770	7,197	1,593	1,162
8	10	194	384	527	499	548	1,574	3,464	1,089	1,574
9	10	218	600	663	345	284	1,292	5,216	1,044	911
10	6	291	523	442	352	276	1,070	4,828	750	503
Total	91	2,266	4,961	4,411	3,620	3,033	11,064	49,071	9,484	8,066

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

Barnard Castle	27	8	6	4	1	11	43	1	2
Boroughbridge	50	8	30	24	19	73	144	23	55
Darlington ..	572	—	—	—	4	4	—	—	4
Middleton-in-Teesdale	27	5	3	2	2	7	18	1	1
York ..	104	31	25	15	—	40	116	42	—
Total ..	780	52	64	45	26	135	321	67	62

Supply of Dried Milk during 1959.

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 preparations are 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 36 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. One clinic at Slingsby was discontinued during the year.

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 increased from 2,008 to 2,058; the total number of ante-natal attendances at North Riding clinics decreased by 171.

Pregnant women from the Riding attended at formal 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 medical 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 containing sterilised dressings and cord powder are provided through clinics and through midwives for all 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.

The following table shows the variation between the numbers of attendances made by women at county ante-natal clinics between 1955 and 1959. The fall in numbers can be ascribed to two causes, the tendency of hospital ante-natal clinics to hold on to their patients and not to refer them for health education to local authority clinics, and increased bookings by general practitioners.

Item	1955		1956		1957		1958		1959	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
Clinics ..	40	4	39	4	39	4	37	4	36	4
Sessions ..	1,021	137	1,009	84	1,202	87	1,110	90	1,090	90
Women attending	3,734	60	2,617	52	2,065	56	2,008	33	2,058	22
Total Attendances	6,827	60	7,043	49	6,790	57	5,164	33	4,993	23

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1959, 30 centres were provided with this additional service at an approximate cost of £850. 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.

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 use in conjunction with this clinic. The car is also used for the purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit. The attendances are set out in the following table; these attendances are aggregated with those for static centres in the totals on page 12.

	1954	1955	1956	1957	1958	1959
Villages visited	21	21	20	19	19	18
Sessions held during the year	527	546	575	614	624	620
Expectant Mothers, Nursing Mothers and/or children using the service	1,407	1,204	1,177	1,042	945	914
Total number of attendances	7,373	6,383	5,875	5,642	5,301	5,346

The village of Slingsby in Malton R.D. had a stationary infant welfare clinic from April, 1959.

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); The Five Deaneries Moral Welfare Association; Co-ordinating Moral Welfare Council for the Deaneries of Middlesbrough, Guisborough and Stokesley; Richmondshire Moral Welfare Association.

Fifteen unmarried mothers were admitted to Heworth Moor House, York, during 1959, 31 patients were admitted during the year 1959 to mother and baby homes at Harrogate, Hull, Leeds, Newcastle, Gateshead, West Malvern, Darlington and Wilpshire. The social workers employed by the diocesan associations gave excellent service in this field.

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

Orthopaedic clinics, attended by an orthopaedic surgeon or orthopaedic registrar, were held in premises provided by the County Council at Thornaby, South Bank, Saltburn, Guisborough, Redcar, Carlin How, Whitby, Malton, Northallerton, 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 367 children attended orthopaedic clinics during the year; of these 203 were new cases. The total number of attendances at these clinics during the year was 934, as compared with 1,031 in 1958.

Children over the age of two years who are materially handicapped by crippling defects come within the ambit of regulations made by the Minister of Education under the Education Act, 1944. Admissions of crippled children under the age of two years to hospitals were arranged for 14 children during 1959 ; none of these children was suffering from tuberculosis.

Dental Treatment for Expectant and Nursing Mothers.

The following table shows that 147 women were examined during the year, almost all of whom (138) were in need of treatment. Unfortunately only 125 attended for treatment and of these only 98 continued to attend until the course of treatment was completed. This, though an improvement on last year, seems to show that several patients only attended so that emergency treatment for the relief of pain could be carried out. No doubt it is difficult for some mothers with a young baby to attend the clinic during normal working hours, but the purpose of the scheme is to assist the mother in the care, not only of her own teeth, but those of her baby. She must also be encouraged to look after her child's teeth during these formative years before the child goes to school.

There was a marked increase in the number of fillings done, 138 compared with 50 in 1958. Though the figures are small there has been an increase in the number of partial dentures provided and a corresponding but gratifying decrease in the number of full dentures required. In 1958, 51 young mothers required 35 full dentures ; in 1959, only 26 full dentures were supplied to 98 women who received some prosthetic appliance.

Dental Treatment for Children under school age.

As reported in 1958 a scheme was started to encourage mothers with 3 year old children to bring the pre-school children to the dental clinic or to seek advice from their own dentist. A period of 5 years must elapse before any real assessment can be made on the result of this scheme. Undoubtedly many mothers are appreciative of the interest shown in their child and are eager to participate ; the most co-operative parents are those, as one can imagine, whose children are best cared for and who show little dental caries. Those who most need treatment do not take advantage of the service provided.

Of 914 young children who attended the clinics for examination, 400 were fit and did not require treatment at the time of the first examination. 243 fillings were inserted in children under school age, a marked increase over the preceding year when only 77 fillings were done. All young children who attend the clinic are recalled for further examination and treatment at three, six or nine monthly intervals according to the dental condition at the time of each inspection. It is hoped that by this method at least some of the apathy about dental caries will be broken down and that school entrants will, in time, show an improved dental condition.

(a) Number provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	147	138	125	98
Children Under 5	915	515	490	436

(b) Forms of dental treatment provided.

	Scalings and Gum treatment	Fillings	Silver nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant & Nursing Mothers	34	138	1	—	419	66	26	31	5
Children under 5	7	243	212	—	400	197	—	—	4

Family Planning.

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

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 16 whole-time midwives and 1 part-time were still employed in urban districts, 32 full-time nurses (plus 4 part-time) undertook combined duties and 57 nurses (plus 1 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, 1955, 1956, 1957, and 1958 are also given :—

	1950	1955	1956	1957	1958	1959
Total Domiciliary Confinements ..	3,017	2,306	2,316	2,349	2,410	2,355
(a) attended by midwives ..	2,068	1,791	1,806	1,889	1,886	1,878
(b) attended by maternity nurses ..	949	515	510	460	524	477
Percentage of total notified births ..	56.5	39.9	37.6	37.0	46.4	45.5

Deliveries attended by midwives employed by the County Council during 1959 :—

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	
21	215	454	1,663	2,353

Only 1,364 of these 2,353 babies were wholly breast fed on the fourteenth day in spite of the best efforts of the county midwives ; unfortunately much modern advertising is directed towards the use of dried milk foods.

During the year, 814 cases delivered in institutions were attended by domiciliary midwives after discharge before the fourteenth day, compared with 742 in the preceding year and 554 in 1957.

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

Unfortunately admission on social grounds to many of the units in or near the Riding is still uncontrolled : early application is in some cases the only method of selection. Too many women pregnant for the 5th, 6th or 7th time are not sent to hospital but have their babies at home. It is in this group that some of the maternal deaths occur ; practitioners and midwives alike had difficulty in persuading these multiparae to go to hospital.

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 don't attend clinics, visit their patients at intervals. There is, on the whole, good co-operation between county midwives and general practitioners who undertake domiciliary midwifery under the maternity medical services scheme. A larger percentage of women who wish a domiciliary delivery are booking their doctor under the maternity medical services scheme.

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 1959 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
173 *(181)	114 (117)	1 (4)	49 (48)

*Included in the total are 9 midwives employed at the Military Families Hospital at Catterick Camp.

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 :—

	1955	1956	1957	1958	1959
Requests for medical aid ..	515	585	654	612	581
Stillbirth reports	39	43	38	51	34
Rise in temperature	14	11	32	16	17
Death of mother	1	—	1	—	1
Death of infant	20	12	12	8	14
Laying out dead body	17	11	15	11	22
Artificial feeding	283	377	467	498	498
Liability to be a source of infection ..	43	50	46	27	44

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

	1955	1956	1957	1958	1959
During pregnancy	85	94	97	89	69
During labour	283	331	347	354	332
During lying-in period	69	84	110	84	79
In respect of child	78	76	100	85	101

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 44 in 1959. 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 she returns to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations in nose, throat, ear and other infections of midwives when the safety of the mothers and babies requires such steps to be taken.

Maternal Mortality.

Two women died in childbirth during 1959, but both had booked a hospital birth and were in fact confined in hospital. There were no deaths in district midwifery.

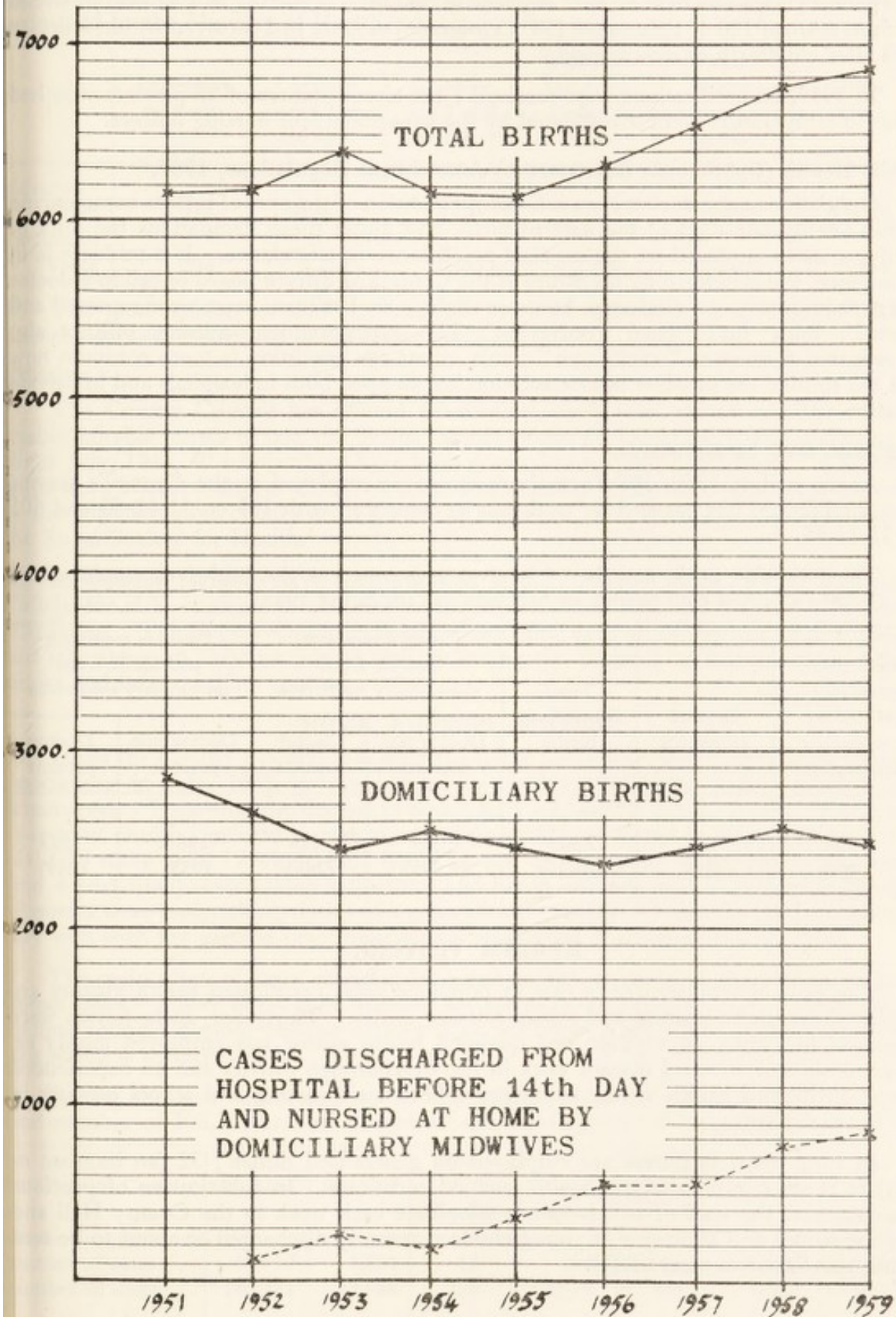
Premature Births.

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			
260	217	78	74	26	17	4	4	—	—	61	9	—

	1955	1956	1957	1958	1959
Total premature live births ..	375	409	414	410	368
Total premature still-births ..	66	82	75	69	70

Proportion of Domiciliary Births to Total Births.

The following table illustrates the proportion of domiciliary Births (adjusted) and of North Riding patients discharged before 14 days after confinement in relation to total Births.



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 1927. Puerperal Pyrexia was defined 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 1959, 28 notifications were received; the circumstances of 15 patients who had a rise in temperature 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 1959 two cases were reported and treated; both made good recoveries. The superintendent nursing officers also investigated 6 cases of "sticky eye"; this minor eye condition is more common now than the routine use of silver nitrate solution has stopped both in hospitals and in private practice.

Analgesia used by Midwives.

At the end of 1959, 108 domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia as compared with 105 on 31-12-58 and 100 on 31-12-55.

The following table may be of interest and concerns the midwives employed by the County Council (the figures in brackets are those for 1958).

Domiciliary midwives trained to use gas/air apparatus	Sets of apparatus	Total domiciliary births	Patients receiving gas/air from domiciliary midwives		Patients receiving pethidene from domiciliary midwives	
			Doctor not present	Doctor present	Doctor not present	Doctor present
108 (105)	89 (89)	2,355 (2,410)	1,086 (1,078)	226 (248)	889 (938)	207 (247)

HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirtyfour such nurses were employed in 1959. 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; 32 (an increase of four) of these nurses hold the health visitors' certificate. In substitution of previous arrangements, the staff of two hospitals telephone each week to the County Hall and give the names and addresses of young children recently discharged or about to be sent home; this liaison is most useful.

The total number of visits of all kinds made by health visitors amounted to 102,184 as compared with 107,929 in 1958 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. 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 1959 classified as requested by the Ministry of Health.

	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
Effective Visits	1,734	31,909	16,496	33,725	3,192	15,028
Ineffective Visits	204	3,233	1,815	2,996	725	568

The total number of children under 5 years of age visited was 31,838; 22,392 households were concerned in the above 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, 40 scholarships have been granted to suitable candidates. 4 scholarships were awarded during 1959. A condition attached is that the recipient must work in the administrative county for a period of two years after obtaining the certificate of the Royal Society for Health.

In addition 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.

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 31-12-59 there were 19 whole-time home nurses, 14 part-time home nurses, 32 nurses (and 4 part-time) undertaking midwifery and home nursing, and in the rural districts 57 nurses were undertaking duties of a generalised character: home nurses have worked very well with the general practitioners and complaints regarding them are rare.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. 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, 23,995 patients received domiciliary visits to the total number of 198,751 and an analysis of these patients is set out below.

Type of Case	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases ..	18,159	5,254	12	484	75	11	23,995
Number of visits ..	148,271	37,088	251	8,314	985	3,842	198,751

Of the total patients 3,252 were over the age of 65 at the date of the first visit and 89,143 such visits were made. 3,611 visits were made on 683 children who were under the age of 5 at the first visit.

Training.

Arrangements are 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 interest of parents in immunisation of the child population against diphtheria and poliomyelitis but it is most difficult to interest a parent in vaccinating a child. The virtual 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 active in this matter until a case of diphtheria occurs, or a positive swab is reported.

During 1952 the County Council added a scheme for immunising children against whooping cough and for some years both single antigens and a combined pertussis was supplied. In deference to a statement from the Medical Research Council, however, the increased danger of paralysis following the mixed antigens was recognised and since December, 1957, the Council has only supplied single antigens under its proposals. The need for early administration of whooping cough vaccine arises because of the fact that the prevention of this disease during the first few months of life is very important but a child does not react properly to the diphtheria antigens till some five or six months later.

In most districts sessional arrangements have been made for the administration of booster doses to children on entry to school and later during school life as may appear expedient. In 1939 there were 332 cases of diphtheria and 12 deaths from this disease: after a long interval of apparent freedom, three cases were notified in 1953 and one proved fatal.

A fee of 5/- is paid to medical practitioners for every notification of immunisation or vaccination except when sessions are organised by the Council's staff when the proper sessional fee is payable.

The following tables give the number of children within specified age groups who had, at the end of 1959, 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.
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
1957 ..	30,300	17,015	60,300	52,624	90,600	67,639
1958 ..	30,900	17,480	60,400	52,928	91,300	70,408
1959 ..	31,400	18,905	60,800	52,287	92,200	71,192

SMALLPOX VACCINATION.

The following table sets out the position as regards vaccination against smallpox in the year under review ; it will be seen that the position has improved since the appointed day.

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
1957 ..	1,897	257	139	2,293	2	120	293	415
1958 ..	2,306	351	168	2,825	—	147	305	452
1959 ..	2,155	400	166	2,721	—	143	306	449

POLIOMYELITIS VACCINATION.

During 1959 the anti-poliomyelitis campaign received tremendous impetus from the death of a well-known footballer. As a result 12,400 more persons born between the years 1933 and 1942 were given at least two injections. The total number of injections given by the staff of the County Council and by general practitioners was almost precisely the same as in the preceding year and on 31-12-59, 53,490 persons in eligible groups had received three injections.

Number of Persons	Year of Birth		Expectant mothers	General Practitioners, Ambulance Staff, Hospital Staff and families
	1943—1959	1933—1942		
Given two injections ..	16,270	12,693	1,136	1,475
Given one injection ..	702	161	76	6
Awaiting vaccination ..	901	197	24	1
Totals ..	17,873	13,051	1,236	1,482

AMBULANCE SERVICE.

1st January, 1959, to 31st December, 1959.

The Service has been provided in the following ways :—

1. A direct service by the Health Committee.
2. Customer arrangements with adjoining authorities.
3. The Hospital Car Service and its volunteer drivers.

Stations.

The final instalment of Guisborough Station, comprising office and stores, was completed and occupied during July, 1959.

Tenders were accepted and work commenced in November on the new station adjoining the Junior Instruction Centre at Carlin How. When completed this will replace the temporary station at North Skelton.

Radio Control.

The system of partial radio control continued to operate satisfactorily from the Police mast at Richmond and the Air Ministry masts at Staxton Wold and Danby Beacon. Notice was, however, received to vacate the Air Ministry sites and, in conjunction with the Police, alternative sites were found at Boulby, Ravenscar and Yearsley. The latter site proved to be unacceptable to the Air Ministry and a new site at Cold Kirby was found and subsequently approved.

Masts and housing were erected at Boulby and Ravenscar and they became operational in April, and July, 1959, respectively.

Continued use was permitted by the Air Ministry of their mast at Staxton pending the completion of the Cold Kirby site in the Spring of 1960.

Statistics.

There was an increase over the previous year of 8,000 in the number of patients carried. The total of 152,763 was the highest number of patients carried in any one year since the "appointed day."

The total mileage however increased by only 9,000 ; this good result can be attributed to central control and increased co-ordination made possible by radio.

Personnel.

The number of personnel directly employed by the County Council on the 1st January and 31st December, 1959, was as follows :—

Depot/Station	1st Jan. 1959	31st Dec., 1959
Redcar Depot	21	21
Scarborough Depot ..	19	19
Northallerton Station ..	7	7
Thirsk Station	8	8
Haxby Station	8	8
Malton Station	6	6
Richmond Station ..	7	7
Whitby Station	3	3
Thornaby Station ..	7	7
Kirkbymoorside Station ..	4	4
Bainbridge Station ..	3	3
Guisborough Station ..	6 (1 vacancy)	7
North Skelton Station ..	4	4
	103	104

Vehicles.

The total number of county owned vehicles at 1st January and 31st December, 1959 was 74 made up as follows :—

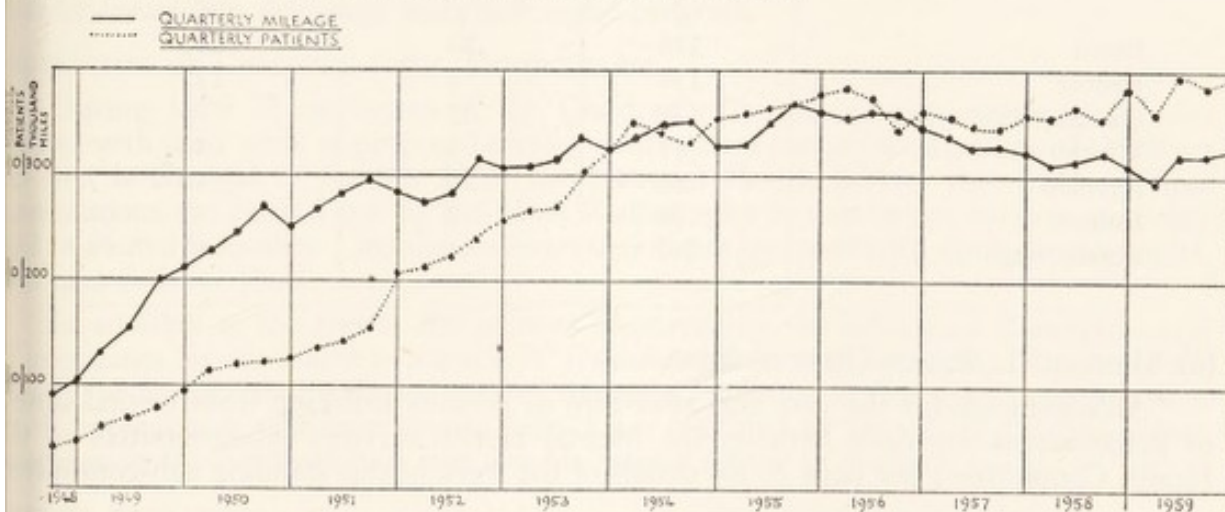
	Ambulances			Dual-Purpose Vehicles			Total
	Petrol	Diesel	Redundant	L.T.A.	Others	Redundant	
1st January, 1959 ..	21	10	1	22	16	4	74
31st December, 1959 ..	20	11	—	27	11	5	74

During the year one petrol ambulance was replaced by a diesel ambulance and an order was placed for the purchase of 5 new light transit dual-purpose vehicles. All these vehicles were bought as replacements.

The number of patients carried and the mileage undertaken during the calendar years 1952—1959 is given below :—

Year	Patients carried	Mileage
1952 ..	90,451	1,168,924
1953 ..	116,517	1,271,027
1954 ..	138,737	1,355,759
1955 ..	149,399	1,402,950
1956 ..	147,062	1,390,834
1957 ..	140,147	1,288,011
1958 ..	144,953	1,242,171
1959 ..	152,763	1,251,459

The improved mileage per patient is illustrated in the graph given below and shows a reduction from 8.57 miles in 1958 to 8.19 miles in 1959.



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

7) 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 seven out of ten health areas ; care work in the other three is carried out directly by the local health sub-committees ; the grants made during 1959 are set out below.

The provision of open air shelters is dealt with centrally because of their cost in order to solve problems of storage and use. 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, or to County Hall.

Materials for occupational therapy for patients discharged from sanatoria provided through voluntary organisations, *e.g.* the British Red Cross Society, or committees.

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.

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 areas the patients reside, as a large percentage of the patients seen on any particular day come from other nurses' districts, or even from the area of another authority.

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 229 home contacts of tuberculous families have been examined by the chest physicians: 11 of these contacts received some degree of special treatment for tuberculosis.

It has been the practice since 1950 to reimburse care committees the amount of their approved expenditure for the previous year. During the financial year 1959/1960 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	276	30	251
Redcar	134	7	127
Guisborough	20	23	—
Whitby	57	5	44
Ryedale	66	26	40
Bulmer	89	2	87
Scarborough	247	—	97

(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 28 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 in health in most 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.

f) CONVALESCENT HOME ACCOMMODATION.

Convalescent accommodation was offered to 26 individuals in 1959 as compared with 22 in 1958, 24 in 1957, 34 in 1956 and 53 in 1955. 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.

The following table gives details of admissions to convalescent homes through the County Council's scheme in 1959 :—

Convalescent Home	No. admitted				Total Stay in days	Aver. Stay in days	Cost including travelling	Amount Recovered	Nett cost (excluding administration)
	Adults		Children						
	M	F	M	F					
Lackburn, St. Anne's ..	2	10	—	—	168	14	£ 149 13 8	£ 21 2 10	£ 128 10 10
Earwood, Scarborough ..	—	7	—	1	112	14	72 19 0	20 15 9	52 3 3
Emon, Ilkley ..	1	—	1	—	28	14	15 8 0	2 5 0	13 3 0
Church Army, Southport ..	—	2	—	1	39	13	27 15 2	2 1 8	25 13 6
Unstanton ..	—	—	1	—	28	28	33 7 10	8 4	32 19 6

REHABILITATION OF PROBLEM FAMILIES.

Four mothers and 15 children were admitted during the year to the Elizabeth Fry Home, a rehabilitation and training centre at West Bank, York. Two of these families were re-housed on discharge and made some progress.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During 1959 32 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. 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, who uses full size films.

In addition to the above, 204 persons employed by the Education Committee and 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. As in previous years I am 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 by the County Council 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. 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. A film projector has been provided by the Council to help in this work: films are hired from time to time. Film strips are also provided for general use.

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 681 families in 1954, 705 in 1955, 766 in 1956, 845 in 1957, 953 families in 1958, and 1,083 in 1959. In December, 1957, the number of helpers employed by the County Council was 25 whole-time and 150 part-time; in December, 1959, the corresponding service had 24 whole-time and 224 part-time employees. It has been found desirable in rural areas to employ part-time domestic helps in order to avoid waste of time in travelling between towns and villages.

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 from hospital, (iii) to other cases of acute illness particularly of children, where there is a large number of healthy children to be cared for, and thereafter (iv) to aged persons or chronically sick persons who are unable to obtain admission to hospital. During the year under review the establishment was increased from 97 to 110 full-time helps or their equivalent in part-time workers.

At the end of 1959, the standard charge to persons obtaining domestic help was 3/- per hour, 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 ..	10	14	24,932	113	20
Eston ..	2	23	39,681	177	12
Redcar ..	1	19	24,249	158	37
Guisborough ..	3	14	19,808	65	2
Whitby ..	1	9	10,562	66	18
Ryedale ..	—	43	25,277	81	2
Bulmer ..	—	27	14,309	80	10
Wensleydale ..	—	34	18,052	81	15
Richmond ..	—	25	15,574	64	12
Scarborough ..	7	16	27,913	198	51
Totals ..	24	224	220,357	1,083	179

MENTAL HEALTH SERVICES OF THE AUTHORITY.

Mental Health Act, 1959.

The year 1959 was notable for the fact that a new complicated and lengthy statute (the Mental Health Act) passed through its final stages and received the Royal Assent. The nomenclature of mental illness and of mental deficiency has been materially altered and so has the whole legal status of patients. They will normally seek admission to do patients to general hospitals by their own volition, or by passively accepting the arrangements made by their family doctors.

A new complicated procedure has been laid down to deal with persons alleged to be mentally disordered and unwilling to accept admission to hospital. It is not yet known how this system of "recommendations" (replacing certification and making of a judicial order) will work. The virtual abolition of the physician superintendent as the head of a clinical pyramid has also been effected, but it is reasonably obvious that in the interest of patients, one consultant will have to be chosen by regional hospital boards to exercise, in respect of each hospital, the functions of a medical superintendent. One visualises that in certain cases this officer may in future be elected for a term of five or seven years by his fellow consultants. This device might overcome the considerable professional opposition to the authoritarian tendency of some medical superintendents but would still enable one doctor to act as "the responsible medical officer" and to act between meetings in collaboration with "the managers of the hospital," in any urgent legal or administrative matter, or on a demand by a patient for his immediate discharge. H.M. Stationery Office has issued a comparatively brief booklet setting out in less formal language than in the statute, the changes which are effective from the "appointed day" under the Act and also those which arise from the "transitional arrangements." At the time of writing, many Orders made by lay magistrates under previous legislation have been allowed to lapse, and it should be noted that, save in cases of alleged offences when patients are concerned in criminal proceedings, the new procedure does not call for any Order to be made by a court or by a magistrate exerting quasi-legal powers out of court. Transfer orders may also be made by the Minister of Health.

The County Council's Proposals under the Act.

The chief change already effective, has been the separation of the office of authorised officer from welfare officer/authorised officer/collector. Six experienced persons have been appointed as mental welfare officers but it is recognised specifically in the proposals that the present staff, supplemented by two pupil mental welfare officers, are not likely to be adequate for all the social work and the after-care required if the County Council is to carry out the intentions of the Mental Health Act, 1959. The six officers have been allocated to areas and a rota of week-end duty has been arranged. This arrangement will be very important in future when many of the staff at County Hall will be working a five day week. Emergencies relating to mental disorder frequently arise in the night as well as at week-ends ; it will be seen therefore that mental welfare officers hold posts of considerable responsibility. The present six plus two trainees will undoubtedly have to be reinforced materially as soon as the new policy involving the greater care of mentally disordered persons in the community becomes effective. A considerable degree of co-operation has been effected with the medical staff of Clifton Hospital ; the mental welfare officers visit this hospital regularly and have talks with patients likely to be discharged soon. This does not and is not intended to relieve the hospital management committee of any obligation which it may have to provide an almoner or almoners to work in the hospital and during the period of treatment, but their decision may well be made that such appointments are not necessary. The extension of the present arrangements for visits to hospitals by County Council social workers will make sure that, as far as practicable, patients, after discharge from this hospital, will not regard these social workers as strangers, but as friends.

Various estimates have been made as to the number of patients who could properly be discharged and housed in accommodation provided by the County Council under section 28 of the National Health Act, 1946, (subject to any regulations made under section 7 of the Mental Health Act, 1959), if such accommodation were available. Many members of the County Council may not realise that approximately fifteen per

cent of the present inmates of mental hospitals continue to live there solely because they have nowhere else to go and cannot be discharged to find accommodation for themselves without serious risk of mental breakdown. Most of these patients are, in the opinion of hospital psychiatrists, sufficiently stable in their outlook to be fit to live in hostels : unfortunately it does not seem likely that the regional hospital boards are going to assist the County Council to make this provision by handing back the properties which were nationalized under Section 6 of the National Health Service Act, 1946.

Mental Deficiency.

The staff of the County Council are again indebted to psychiatrists employed by the Leeds and Newcastle-upon-Tyne Regional Hospital Boards for their help in the assessment of difficult cases. This help has been also appreciated by parents ; many, while unwilling to accept the views of local doctors or school medical officers about the backwardness of their children, have been reconciled to the diagnosis after the child has been admitted to hospital or to a special unit. Use has been made, as in previous years of the scheme for temporary admission of defectives for periods of two to four weeks so that parents, particularly mothers, can obtain a much needed rest or holiday. The waiting list of mental deficiency hospitals unfortunately becomes longer year by year ; real difficulties in securing vacancies have occurred from time to time, even in cases where the courts have wished to deal with patients under the provisions of the Mental Deficiency Act, 1913, (sections 8 or 9).

Admission to Hospital.

Hospital admissions, discharges and deaths in 1959 as compared with those in the six previous years are given in the following table :—

Year	Admitted		Discharged		Deaths	
	M.	F.	M.	F.	M.	F.
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
1957 ..	14	4	8	13	4	4
1958 ..	15	13	10	11	7	3
1959 ..	17	6	10	7	1	5

Details of the numbers of defectives in hospital, on licence from institutions and under guardianship on 31st December, 1959, are as follows :—

	M.	F.	Total
(i) Defectives in R.H.B. Hospitals on 31st December, 1958 :—			
Under 16 years of age	34	21	55
Over 16 years of age	198	196	394
(ii) On Licence from Institutions :—			
Under 16 years of age	—	—	—
Over 16 years of age	25	11	36
(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	1	1	2
Over 16 years of age	1	1	2

Notifications.

Sixty-nine cases were notified for the first time during 1959 from the following sources :—

	M.	F.
(i) Under Section 57 (3) Education Act, 1944	11	7
(ii) Under Section 57 (5) Education Act, 1944	13	7
(iii) Other sources as subject to be dealt with	12	7
(iv) Reported but not ascertained on 31-12-59	5	7

Some of these were dealt with as follows during 1959 :—

	M.	F.
(i) Admitted to Institutions	4	2
(ii) Placed under statutory supervision	25	15
(iii) Placed under voluntary supervision	5	2

The total numbers of defectives on the register on December 31st, 1959, were as follows :—

	M.	F.
(i) In institutions or on licence therefrom	266	232
(ii) Under guardianship	2	2
(iii) In " Place of safety "	—	—
(iv) Under statutory supervision	212	222
(v) Number of persons who were not " Subject to be dealt with " but were under some degree of supervision	47	42

During the year 22 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.

Lunacy and Mental Treatment Statistics.

Visits made in connection with the care and after-care of patients (excluding those necessary for admission to hospital) 742

North Riding patients admitted or re-admitted to hospital.

	1953	1954	1955	1956	1957	1958	1959
(i) Voluntary ..	384	427	493	513	548	565	858
(ii) Certified ..	160	157	174	195	116	93	102
(iii) Temporary ..	10	7	5	10	8	7	7
(iv) Section 20 cases ..	84	69	57	72	65	60	65
(v) Informal ..	—	—	—	—	—	—	54

Occupation Centres.

In March, 1958, the last of the occupation centres provided under the former proposals was opened and a scheme is now in hand for extending this centre at Morton-on-Swale. The replacement of the Cleveland Occupation Centre in Grangetown will have to be made within the next four or five years as the premises, a former hatted war time nursery, are now near the end of their useful life.

"The Dales" Occupation Centre at Morton-on-Swale, has been a considerable success in spite of its situation in the midst of a large rural area ; it is only an unfortunate legal argument as to the ownership of certain land immediately behind the centre which has prevented the provision of a modern extension. There was one change in staff at this centre during the year ; Miss Emmerson was appointed to supervisor status as from 1st April, 1959, and has attended a refresher course for such supervisors during the year under review.

In the case of Scarborough Occupation Centre, arrangements were completed for the attendance of six East Riding children, but these did not in fact attend in 1959 ; they started in January, 1960. Mrs. French who had been appointed Supervisor of the Alderman Cockerill Occupation Centre in September, 1959, went to a refresher course during the year and later there was a visit by Inspectors of the Board of Control.

At the Cleveland Occupation Centre it has not been possible to abolish the waiting list and, in view of the increased pressure of work, the County Council increased the staff by one part-time assistant supervisor. The average attendance at Scarborough during the calendar year was 84%. The corresponding figure for the Cleveland centre was 83% there being 65 children on the roll at the end of the year. In the case of "The Dales" Occupation Centre the original 17 children have now increased in number to 26 although places were originally only provided for 12. The average attendance at this centre is 73%, a figure which is remarkable when one considers the large area from which these children come and the fact that they all have to travel by public service vehicles.

Occupation Centres Controlled by Other Bodies.

Children living near Middlesbrough, York and Darlington continued to attend centres controlled by these authorities ; at the end of the year nine North Riding children were attending York centre, six the Middlesbrough centre and one the Darlington centre. In addition, seven children were attending Claypenny Hospital occupation centre on a day basis.

Industrial Centre.

It will be remembered that in my Annual Report for 1958, it was pointed out that the legal formalities relating to the conveyance of Upsall Hall, Nunthorpe, to the County Council had not been completed. However the work is now in hand and it is hoped to open this training centre and sheltered workshop, subject to the availability of experienced and qualified staff before the end of 1960. It is possible that by accepting well behaved high grade defectives now in institutions, more beds in mental deficiency hospitals will be made available for the most urgent of the many cases now excluded.

PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1959 was 10, one less than in the previous year. 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. One certificate of registration was 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 1959 was 154 (maternity 10 ; others 144).

BLIND PERSONS.

The number of persons whose names were on the register of blind persons at 31st December, 1959, was 735. Of these 71 (33 males, 48 females) were ascertained on form B.D. 8 during 1959.

During 1959 operative treatment for cataract was recommended for 16 persons (13 of whom were registered during the year and three were registered during previous years), one was recommended for operative treatment for glaucoma and has since had 2 operations but without improvement and further treatment was recommended. Seven of these blind persons have received treatment for cataract ; one died before an operation could be performed ; three refused treatment on the grounds of age and ill-health ; one died before treatment could be carried out ; three have not had treatment because their general condition did not permit ; and in two cases the question of operation was pending.

TUBERCULOSIS.**New Cases.**

The number of notifications of all forms of tuberculosis received in 1959 was 137 as compared with 192 in 1958.

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

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
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
1957 ..	175	156	19
1958 ..	192	169	23
1959 ..	137	118	19

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 ..	-	-	2	1	3	3	5	16	10	11	18	7	1	77	
Females ..	1	-	1	1	1	10	5	11	3	5	1	2	-	41	
Non- Pulmonary															
Males ..	-	-	-	3	1	-	-	1	2	1	-	-	-	8	
Females ..	-	-	-	2	1	2	-	1	1	2	1	1	-	11	

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- ..	2	1	-	-	-	-	-	-
5- ..	4	2	4	3	-	-	1	-
15- ..	34	29	3	4	4	4	-	-
45- ..	29	6	1	3	16	1	-	-
65- ..	8	2	-	1	5	2	-	1

In Table IV the distribution of new cases district 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	1954		1955		1956		1957		1958		1959	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston	21	2	20	4	37	-	25	5	47	7	33	3
2. Guisborough ..	3	-	5	1	2	-	2	1	3	2	5	-
3. Loftus	1	1	2	-	3	1	1	-	4	-	-	-
4. Malton	1	-	-	-	-	-	-	-	2	-	1	-
5. Northallerton ..	4	1	3	1	2	-	5	-	2	1	2	-
6. Pickering	-	-	1	1	1	-	-	-	-	-	1	-
7. Redcar	20	4	27	1	29	1	20	2	15	2	16	-
8. Richmond	4	-	3	1	5	-	2	-	6	-	7	-
9. Saltburn	4	1	2	-	4	-	5	-	3	-	10	1
10. Scalby	2	1	2	-	3	1	-	-	4	-	-	-
11. Scarborough ..	17	4	24	3	20	2	9	-	21	2	6	1
12. Skelton & Brotton	11	1	4	-	5	3	9	-	4	-	-	-
13. Thornaby-on-Tees	28	-	17	-	17	-	14	1	8	-	13	1
14. Whitby	3	1	3	2	7	1	7	3	3	-	1	-
Total Urban ..	119	16	113	14	135	9	99	12	122	14	95	6
RURAL DISTRICTS.												
1. Aysgarth	1	2	1	-	2	1	-	-	-	-	-	-
2. Bedale	3	1	1	-	2	1	2	-	3	-	1	-
3. Croft	2	-	-	-	-	-	4	-	2	-	1	1
4. Easingwold	5	1	3	1	9	4	3	-	2	-	1	1
5. Flaxton	6	1	11	5	10	3	8	1	9	3	3	3
6. Helmsley	2	-	2	-	2	-	1	2	1	-	-	-
7. Kirbymoorside ..	2	-	-	-	1	1	-	-	-	1	1	1
8. Leyburn	7	1	3	-	2	-	2	-	-	-	2	-
9. Malton	3	-	1	-	-	-	1	-	3	-	-	-
10. Masham	-	1	1	-	-	-	-	-	-	-	-	-
11. Northallerton ..	3	-	1	-	1	-	3	-	2	-	1	4
12. Pickering	2	-	-	-	-	-	2	1	1	-	-	-
13. Reeth	2	-	1	1	-	-	-	-	1	-	-	2
14. Richmond	16	2	13	1	9	1	13	-	9	3	4	-
15. Scarborough ..	1	1	-	-	2	-	3	-	1	-	-	-
16. Startforth	2	-	-	-	-	-	-	1	-	-	-	-
17. Stokesley	10	1	8	1	11	-	7	1	9	-	3	1
18. Thirsk	10	1	4	-	4	1	3	-	2	1	3	-
19. Wath	-	1	1	-	1	-	3	-	2	1	-	-
20. Whitby	6	2	5	1	1	1	2	1	-	-	3	-
Total Rural ..	83	15	56	10	57	13	57	7	47	9	23	13
Administrative County	202	31	169	24	192	22	156	19	169	23	118	19

Deaths and Death Rate.

34 deaths were ascribed to tuberculosis in 1959 as compared with 35 in 1958, 31 in 1957, 34 in 1956 and 43 in 1955.

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

	Deaths from Pulmonary Tuberculosis.										
	1949	1950	1951	1952	1953	1955	1956	1957	1958	1959	
No. of deaths	127	104	70	60	42	35	31	26	26	32	
Rate per 1,000 population	0.36	0.28	0.18	0.16	0.11	0.09	0.08	0.07	0.07	0.08	
	Deaths from Non-Pulmonary Tuberculosis										
	1949	1950	1951	1952	1953	1955	1956	1957	1958	1959	
No. of deaths	20	13	16	9	17	8	3	5	9	22	
Rate per 1,000 population	0.06	0.03	0.04	0.02	0.04	0.02	0.008	0.01	0.02	0.06	
The death rates in England and Wales were :—											
Pulmonary tuberculosis	..	.403	.321	.275	.212	.179	.131	.109	.095	.089	.077
Non-Pulmonary tuberculosis	..	.054	.043	.041	.028	.022	.015	.012	.012	.011	.008

The whole-time and part-time health visiting staff of the Riding made 3,192 visits in connection with the after-care of tuberculous persons. The home nurses also made 8,314 visits to 484 tuberculous patients.

During 1952 the Public Health (Tuberculosis) Regulations, 1930, were revoked and 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 was 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 after the death of the patient. In the County area during 1959, 229 contacts were examined as a result of 118 notified cases of pulmonary disease. The corresponding figures for 1958 were 705 and 169 respectively. Of the 229 contacts examined 11 were found to have tuberculosis.

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 the more populated parts of the Riding. The selective radiography of patients referred by family doctors is more productive of results than the regular visits of the M.M.R. units, for experience shows that the same group of volunteers come forward each time and many who fear the result stay away.

Many cases of tuberculosis after reaching quiescence return to their former employment. If that is entirely unsuitable, the patient is referred to the Ministry of Labour Resettlement Officer with a view to finding more suitable work. 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 1959 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 influenza 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 against those shown to be carriers of 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 1950 to 1959 :—

Treatment Centre	Number of North Riding patients treated for the first time.									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Harlington Hundens Hospital	55	30	24	23	41	22	27	21	20	27
Harrogate General Hospital	11	1	1	2	9	2	1	3	—	—
Leeds General Infirmary	6	8	2	8	1	—	—	—	—	—
Middlesbrough General Hospital	159	121	112	100	105	90	91	101	113	85
St. Mary's Hospital Scarborough	95	52	74	54	37	32	27	33	27	27
Rockton & Thornaby Hospital	33	25	33	26	17	7	29	15	*	27
York County Hospital	27	27	30	41	27	26	38	39	41	40
South Shields	—	—	—	4	—	1	—	1	—	—
Totals	386	264	276	258	237	180	213	213	201	206

* Figures not available.

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, in addition to Tees-side, the southern part of County Durham and the northern half of the 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.

ENVIRONMENTAL HYGIENE.

The duties of the county health inspectors are dealt with in subsequent sections of this report but the following is a brief statistical summary of the visits and samplings carried out by them throughout the year :

Statistical Summary :		Visits	Samplings
Visits in relation to works of water supply	.. ..	151	
Samples of water submitted for examination	.. ..		665
Visits in relation to works of sewage disposal	.. ..	177	
Samples submitted for chemical analysis	.. ..		3
Inspections of pasteurising plants and premises	.. ..	158	
Samples of milk taken from pasteurising plants	.. ..		274
Bottle rinses taken at pasteurising dairies	.. ..		228
Visits to school premises (all purposes)	.. ..	1,607	
Samples of school milk supplies	.. ..		1,530
Samples of milk from school canteens and kitchens	.. ..		121
Samples of milk from Children's and Old People's Homes	.. ..		82
Samples of milk taken at Ministry of Health hospital farms	.. ..		24
Section 31—Food and Drugs Act, 1955 :			
(i) Samples of non-designated milk submitted for biological examination	.. ..		193
(ii) Samples of milk submitted for Ring test	.. ..		50
Samples of milk taken in Specified Areas	.. ..		1,379
Diseases of Animals (Waste Foods) Order, 1957	.. ..	383	
Refuse disposal—inspections of tips	.. ..	46	
Swimming baths—water purification	.. ..	26	
Ministry meetings or inquiries attended	.. ..	14	
Miscellaneous visits	.. ..	146	
		2,708	4,549

Some analysis of the variations in visits and sampling as compared with the previous year may be of interest *i.e.* visits in relation to works of water supply and the number of samples taken have increased ; this has been due mainly to the need for more careful supervision of the supplies during periods of shortage when many supplies have been at their lowest level and have been more liable to contamination. The number of inspections of pasteurising plants and samples taken has been reduced by the reduction in the number of licensed plants in the Riding and gives some indication of the present tendency to concentrate these plants in the county borough areas on the fringes of the North Riding. The number of visits to school premises and the number of samplings of school milk have risen and this increase illustrates the degree of supervision which is now being maintained over school milk supplies. Similarly, supervision of milk sold in Specified Areas has been intensified by increased sampling. As was anticipated the number of licences issued under the Diseases of Animals (Waste Foods) Order, 1957 has continued to increase. There are probably in operation plants which are unlicensed and which are difficult to locate ; however the number of visits to waste food plants has almost doubled during the year.

The county health inspectors are grateful for the co-operation received from the directors and staffs of the Public Health laboratories, engineering inspectors of the Ministry of Housing and Local Government, inspectors of the Rivers Boards and the majority of the public health inspectors of county districts.

HOUSING.

DIRECTION

In order that the statistical information contained in this report could be made to coincide so far as is reasonably possible with housing returns submitted to the Ministry of Housing and Local Government, the details regarding housing information required from local authorities were reviewed; it is not therefore, possible to make an exact comparison with housing statistics in previous reports. However, the main items of interest are an increase of approximately 250 houses erected by local authorities and 50 by private persons in urban areas of the Riding and an increase of 50 by local authorities and 121 by private persons in rural areas. The significance of these figures is that in the rural areas the pace of new building by local authorities has slowed down considerably but private "development" continues apace particularly in urban areas. From the public health stand-point this increase in new housing is eminently desirable having regard to the improvement in the density of houses but there remains the problem of the deterioration of urban houses capable of being made habitable. In addition slow progress with slum clearance in the more congested areas has been noted. The number of inspections of houses in urban areas during the year has only slightly increased by 24 to be precise, but in the rural areas the number of inspections has increased by roughly 50%. A new column in the statistical table gives the figures for unfit houses made suitable for human habitation; in the urban areas 661 houses have been made habitable and in the rural areas 532 have been made habitable. The increased number of inspections made also revealed an increased number of houses unfit for human habitation as on comparison with the 1958 figures for "houses unfit in all respects" the total has risen from 569 to 1,378. Additional columns in the new statistical table give the number of houses closed and the number of houses demolished. The legislation during the year has not been such as to be markedly significant so far as conditions in the North Riding are concerned. It is probable that the Landlord and Tenant, Furniture and Fittings Act, 1959, is more material in congested town conditions than in rural areas; other circulars relating to slum clearance are similarly more applicable to urban conditions. The 5-year programme commenced in January, 1956, for the survey of unfit dwellings and submission of proposals for clearance areas, etc. is nearing its end; some progress in implementing this programme has been made in the more populous areas of the Riding but there would appear to be a need for greater activity in the rural areas in dealing with unfit houses.

Statistics regarding moveable dwellings have now been added to the housing table. Moveable dwellings either as permanent residential caravans or transitory caravans are presenting ever-increasing problems from the point of view of public health as well as aesthetic considerations regarding sites. The time has now arrived when local authorities must consider the advisability of providing sites for moveable dwellings under their own control so as to ensure that all the necessary services are available *i.e.* water, sanitation and refuse collection. This applies particularly to moveable dwellings which are permanent residences, but the potential risk from the occupants of transitory caravans on individual sites or collective sites without adequate sanitary amenities increases with the popularity of this type of holiday accommodation. It is essential that in any future legislation there must be adequate safeguards both for the occupants of the caravans and for the general public. The health of a whole district may be jeopardised by the siting of moveable dwellings without proper sanitary amenities in or near water supply impounding areas. Every unlicensed moveable dwelling site should be eliminated.

The following statistical table gives details of the new houses, unfit houses and moveable dwellings in the respective urban and rural areas in the Riding.

HOUSING

DISTRICT	NEW HOUSES		UNFIT HOUSES (Housing)		
	No. of houses erected by local authority	No. of houses erected by private persons	No. of inspections made	No. inspected for housing defects	No. of unfit houses capable of repair
A.—URBAN					
1. Eston ..	123	54	175	109	97
2. Guisborough ..	244	91	421	299	77
3. Loftus ..	35	3	175	107	95
4. Malton ..	—	9	360	184	3
5. Northallerton ..	34	16	381	151	121
6. Pickering ..	8	10	42	30	23
7. Redcar ..	187	129	272	196	81
8. Richmond ..	—	14	144	78	3
9. Saltburn & Marske ..	91	177	95	30	27
10. Scalby ..	22	59	60	50	—
11. Scarborough ..	35	70	674	102	50
12. Skelton & Brotton ..	14	21	434	299	54
13. Thornaby-on-Tees ..	84	33	700	416	73
14. Whitby ..	7	24	22	22	22
Total Urban ..	884	710	3,955	2,073	726
B.—RURAL					
1. Aysgarth ..	—	—	62	33	21
2. Bedale ..	43	12	75	55	12
3. Croft ..	—	6	167	98	10
4. Easingwold ..	2	5	63	47	43
5. Flaxton ..	10	624	221	156	122
6. Helmsley ..	—	10	93	36	13
7. Kirkbymoorside ..	—	2	29	24	3
8. Leyburn ..	—	8	534	195	183
9. Malton ..	—	7	152	85	—
10. Masham ..	8	1	175	97	69
11. Northallerton ..	—	17	130	90	—
12. Pickering ..	—	8	104	20	787
13. Reeth ..	—	1	184	110	58
14. Richmond ..	24	7	650	56	33
15. Scarborough ..	—	54	210	72	71
16. Startforth ..	6	5	763	527	450
17. Stokesley ..	71	390	93	69	1
18. Thirsk ..	36	23	103	98	25
19. Wath ..	7	2	35	35	3
20. Whitby ..	7	26	696	231	15
Total Rural ..	214	1,208	4,539	2,134	1,919
Administrative County ..	1,098	1,918	8,494	4,207	2,645

RENT ACT

Act, 1957. Rent Act, 1957)				MOVEABLE DWELLINGS		
No. of unfit houses made suitable for human habitation	No. unfit for human habitation	No. of houses closed	No. of houses demolished	No. of licensed sites	No. of inspections of licensed sites	No. of unlicensed moveable dwellings
97	12	—	—	—	—	12
69	49	2	12	—	—	4
125	—	—	—	2	6	—
3	12	9	—	—	—	—
101	30	7	23	—	—	9
12	12	7	—	—	—	4
81	12	4	3	3	247	—
3	23	2	18	1	2	1
27	30	—	1	2	12	—
—	2	—	—	6	30	—
45	52	4	24	2	8	—
16	39	2	—	3	20	3
60	158	31	52	—	—	9
22	—	—	47	4	20	—
661	431	68	180	23	345	42
16	5	5	—	4	14	10
19	50	27	11	6	12	—
10	10	—	—	2	2	8
29	5	6	7	1	5	—
5	29	5	16	6	14	20
3	2	2	—	—	—	—
2	4	1	—	—	—	—
11	12	1	—	—	—	—
30	27	1	6	—	—	—
63	28	2	7	1	3	—
26	60	6	2	1	2	1
22	2	1	1	2	2	—
48	58	—	—	3	20	9
46	9	7	—	3	176	9
57	1	1	2	42	117	—
73	470	5	—	1	17	21
4	47	26	6	29	59	—
56	90	13	14	10	15	6
3	4	1	—	10	17	—
9	34	1	4	26	64	—
532	947	111	76	147	539	84
1,193	1,378	179	256	170	884	126

WATER SUPPLY.

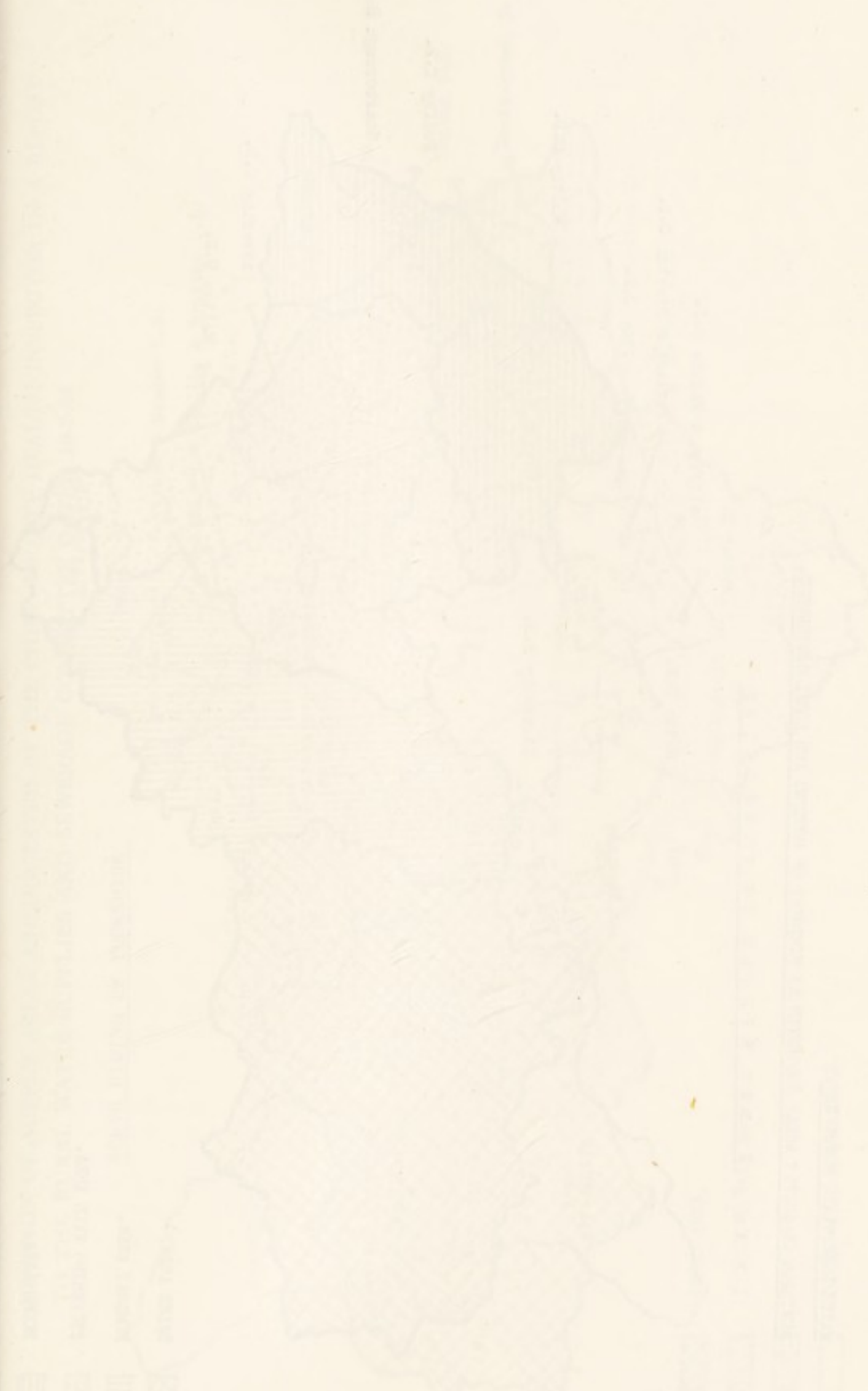
Consideration of the Yorkshire (East and North Ridings) Water Survey published by the Ministry of Housing and Local Government during the latter part of 1958 was the dominant feature of water activities during 1959. The proposals contained in the survey for four Water Boards namely the Dales Water Board, Mowbray Water Board, Pickering Vale Water Board and Moors Water Board for the south west, central and south eastern areas of the Riding did not prove acceptable to the majority of local authorities and water undertakers. As stated in my 1958 report, the Rural Water Supplies and Sewerage Committee called upon the Chief County Health Inspector to prepare in consultation with local authorities a report on the re-grouping of water undertakings; this was completed in February and the most important suggestions therein may be summarised as follows :—

A reduction of the number of Water Boards to three instead of four, (excluding the areas of the Tees Valley Board and the York Water Company) the three to be the Pickering Vale Area Board, the Moors Area Board and the Dales Area Board. For the purposes of comparison the areas of these Boards and those suggested by the Ministry of Housing and Local Government, are shown on the accompanying maps.

A further suggestion designed to overcome objections of water undertakers and local authorities to loss of autonomy for water supplies was the setting up of water development committees under the jurisdiction of Joint Water Boards, these committees to be responsible for recommendations to the Joint Boards as to the needs of the areas concerned.

This Report by the Chief County Health Inspector also came in for criticism but it was apparent that the principle of three area Joint Boards was more acceptable than the original suggestion of four, as negotiations between the existing Ryedale Joint Water Board and the Thirsk Rural District were commenced and resulted towards the end of the year in the acceptance of the principle of an enlarged area of the Ryedale Water Board on the lines suggested in the Chief County Health Inspector's report.

In the Moors Area, opposition from Scalby Urban District, Whitby Water Company and Scarborough and Whitby Rural Districts to the Scarborough Borough becoming the sole water authority for the Moors Area lasted for some time but eventually with the acceptance of this arrangement by the Whitby rural district council, opposition by the remaining authorities dwindled. The Dales Area including the future of the Northallerton urban and rural districts, supplied by the Northallerton Joint Water Board, continued to be the main area of contention; for some considerable time local authorities in Wensleydale and Swaledale were of the opinion that it would be more advantageous for the two water-sheds to be separate area Boards. No agreement regarding the Dales Area has been possible and this matter together with the eventual disposition of the Northallerton urban and rural districts continues to be the subject of discussion and meetings. The recommendation made in the Chief County Health Inspector's report that Wath rural district might be included in the Claro Water Board was followed up and awaits ratification. The long drought of the 1959 summer added point to the need for co-operation between water supply undertakers; it was apparent that whilst differences of opinion on administrative procedure may exist, re-grouping is an urgent necessity if the areas concerned are to be adequately supplied and have the financial resources for the provision and maintenance of supplies.



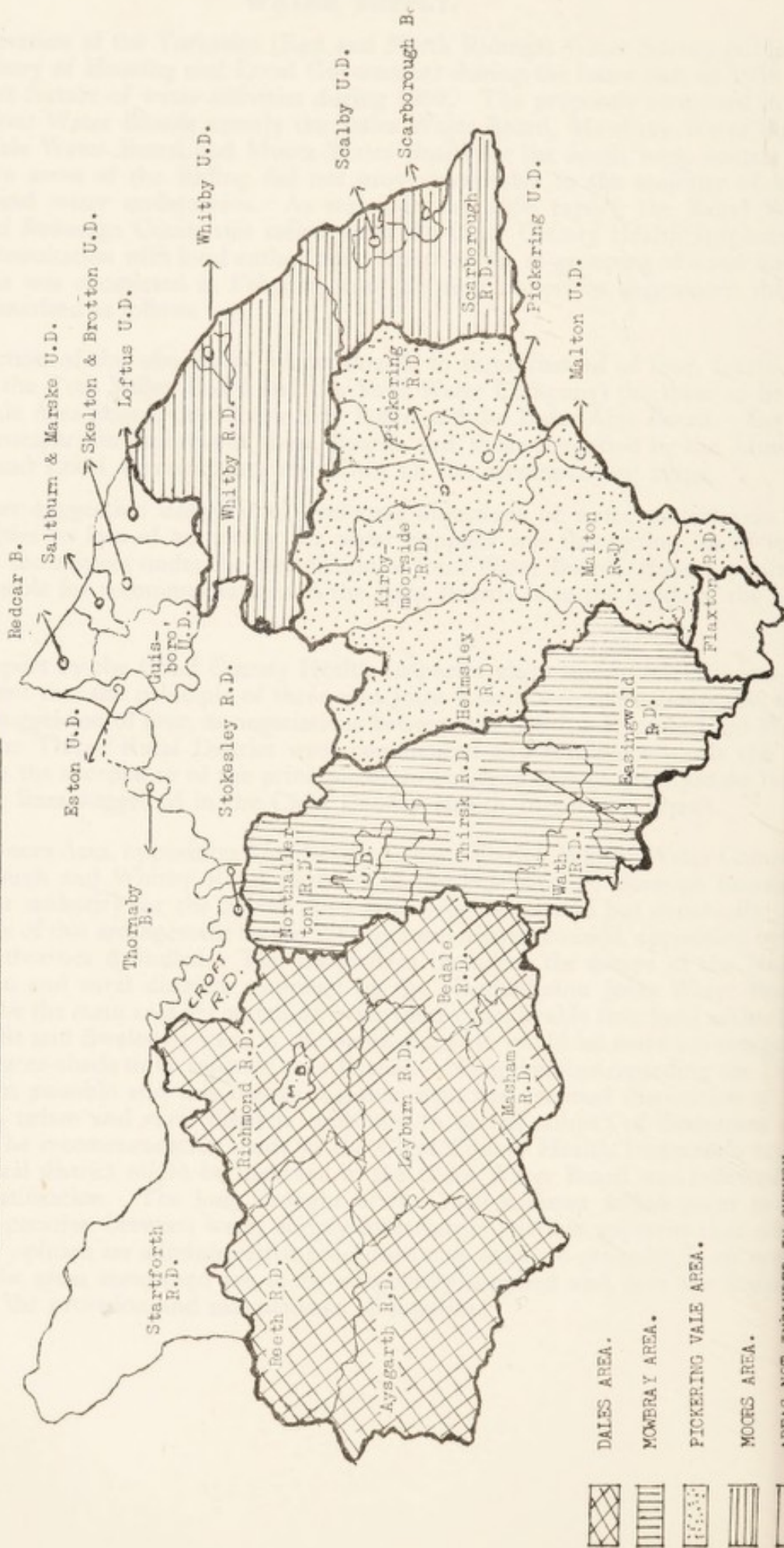
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WATER SUPPLY SURVEY

REVISION OF SUPPLY AREAS SUGGESTED BY MINISTRY OF HOUSING AND LOCAL GOVERNMENT.

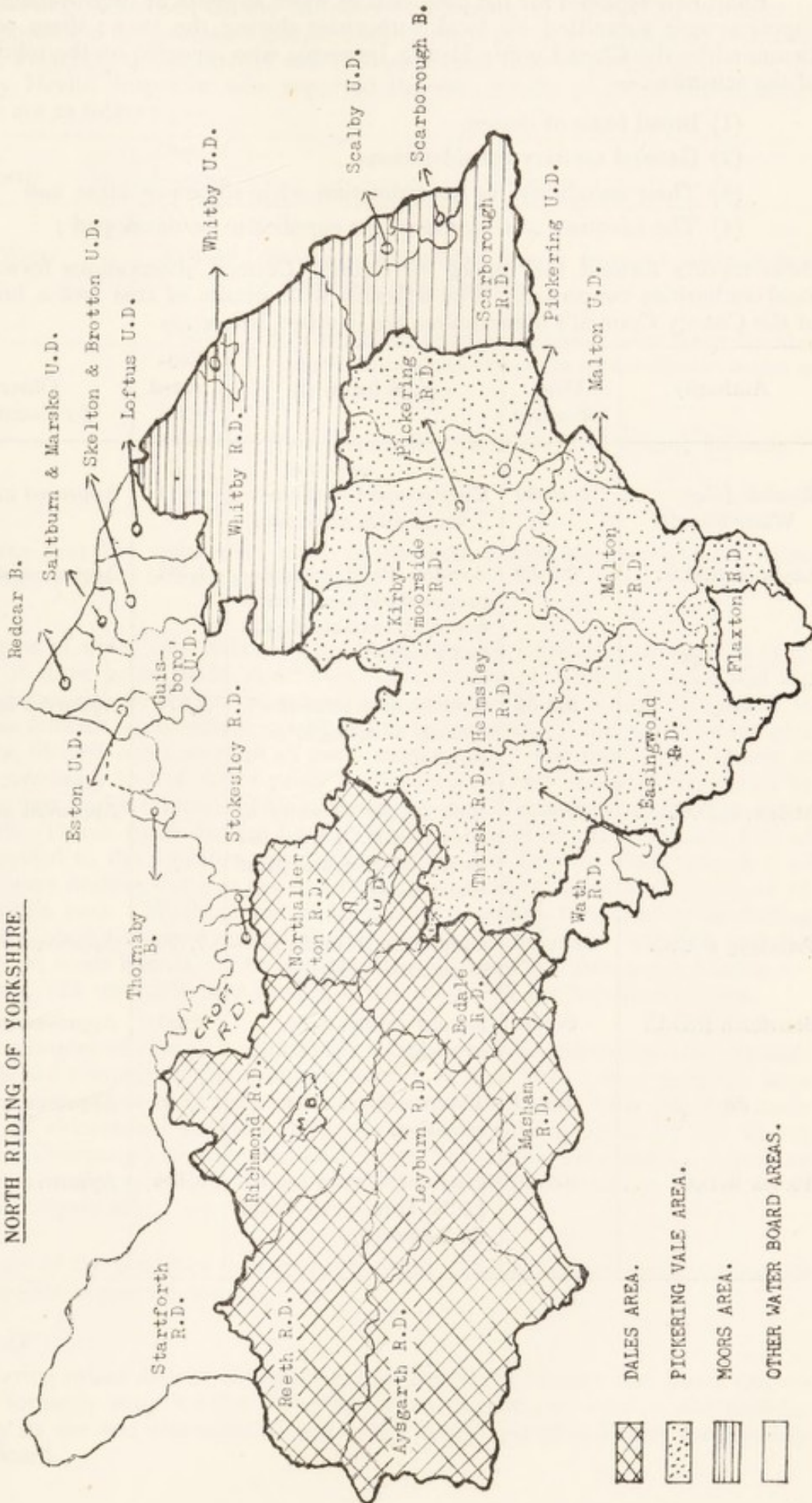
NORTH RIDING OF YORKSHIRE



WATER SUPPLY SURVEY

REVISION OF SUPPLY AREAS AS SUGGESTED BY THE CHIEF COUNTY HEALTH INSPECTOR IN A REPORT TO THE RURAL WATER SUPPLIES AND SEWERAGE COMMITTEE DATED 10-2-59.

NORTH RIDING OF YORKSHIRE



Eight new schemes for the provision of water supplies or improvements to existing supplies were submitted by local authorities during the year ; these schemes were examined by the Chief County Health Inspector who reported on the following aspects of the schemes :—

- (1) Broad basis of design.
- (2) General sanitary considerations.
- (3) Their suitability for co-ordination with adjoining areas and
- (4) The adequacy and purity of the supplies to be developed ;

these reports formed the nuclei for County Council observations forwarded to the local authorities concerned. The schemes with details of cost and a brief summary of the County Council's observations are itemised below :—

Authority	Date submitted	Scheme	Estimated Cost	Observations by County Council
Ryedale Joint Water Board ..	12-10-59	Cropton and Cawthorne—water main extension.	£ 974	Approved in principle.
Leyburn R.D.C. ..	9-3-59	Sowden Beck scheme—proposed additional mains to serve Constable Burton and Finghall	4,492	Approved in principle.
do ..	9-3-59	Sowden Beck scheme—renewal of mains at Finghall.	1,274	Approved in principle.
Malton R.D.C. ..	28-5-59	Bulk supply of water to Norton R.D.C. from the mains of Ryedale Joint Water Board.	—	Approved in principle.
Pickering R.D.C.	10-10-59	Cropton and Cawthorne—water main extension.	7,750	Approved in principle.
Startforth R.D.C.	6-8-59	Rokeby—water main extension.	7,881	Approved in principle.
do ..	6-8-59	Thorpe—water main extension.	2,605	Approved in principle.
Thirsk R.D.C. ..	9-7-59	Proposed 6" water main—Little Hutton to Moor End, Sowerby.	5,400	Approved in principle.

Three meetings convened by the Minister of Housing and Local Government to consider proposals for the provision and/or improvement of water supplies in Pickering rural district, Pickering urban district and Helmsley rural district were attended by the Chief County Health Inspector who reported thereon, details of the schemes under consideration are as follows :—

Authority	Date of Meeting	Scheme
Ryedale Joint Water Board	28-1-59	Extension of supplies from a proposed reservoir in Swainsea Lane, Pickering.
Pickering U.D.	27-1-59	Bulk supply of water from Ryedale Joint Water Board—improvements and extensions of distribution mains in the urban district.
Helmsley R.D.	24-2-59	Water Supply to Cold Kirby, Old Byland, Rievaulx, Scawton.

During the year 151 visits were made in connection with the provision of water supplies or improvements to existing supplies.

665 samples of water were taken by the county health inspectors during the year, the majority of these being taken at schools. The policy of installing individual tap filters of the infusorial earth type in schools where the available supply fluctuated in purity and was difficult to chlorinate, continued to be successful ; the results of samples taken from the filtered water were in all cases satisfactory. The number of schools in which it was necessary to boil water prior to consumption had, however, increased by the end of the year under review. This increase was due to contamination of the water supplied to the Thirsk rural district by the Thirsk District Water Company and of the water supplied to the Leyburn rural district from the Sowden Beck scheme ; 43 schools in all were boiling water at the end of the year under review, an increase of 18 over the previous year. Much of the development necessary throughout the Riding is now held up pending agreement on the re-organisation of water supplies and the formation of joint water boards. The results of the 665 samples taken are as follows :— 537 satisfactory, 122 unsatisfactory leaving 6 not examined for technical reasons.

Frequent samples of raw and chlorinated water have been taken from the Ryedale Joint Water Board's supply at the pumping station at East Ness ; these samples have shown a high degree of purity. Tests of water for residual chlorine have also been made of a number of chlorinated supplies particularly in the area supplied by the Thirsk District Water Company ; in this particular area these tests have shown a marked fluctuation from inadequate chlorination to over-chlorination to such a degree as to make the water unpalatable.

A summary of the activities throughout the year of local authorities in connection with water supplies is given below :—

PICKERING U.D.

The Pickering urban district council acquired the North Eastern Gas Board undertaking which formerly supplied the Pickering urban district ; in view of the unsatisfactory quality its use was discontinued and a bulk supply purchased from the Ryedale Joint Water Board.

DISTRICT	Chemical analysis			Bacteriological examination			Mains Supplies
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	
URBAN							
*Eston ..	—	—	—	54	54	—	1
Guisborough ..	—	—	—	7	7	—	2
Loftus ..	—	—	—	50	14	36	1
Malton ..	—	—	—	31	27	4	1
Northallerton ..	—	—	—	138	110	28	1
Pickering ..	—	—	—	53	45	8	1
*Redcar Borough ..	—	—	—	24	24	—	1
Richmond Borough ..	2	2	—	24	24	—	2
Saltburn & Marske ..	—	—	—	—	—	—	1
Scalby ..	106	106	—	16	16	—	2
Scarborough Borough ..	4	4	—	367	365	2	3
Skelton & Brotton ..	—	—	—	12	9	3	1
*Thornaby Borough ..	—	—	—	5	3	2	1
Whitby ..	—	—	—	5	5	—	1
Total Urban ..	112	112	—	786	703	83	19
RURAL							
Aysgarth ..	—	—	—	26	9	17	17
Bedale ..	1	1	—	21	19	2	1
Croft ..	—	—	—	301	299	2	5
Easingwold ..	1	1	—	131	90	41	3
Flaxton ..	2	2	—	8	8	—	2
Helmsley ..	—	—	—	58	44	14	9
Kirkbymoorside ..	—	—	—	123	105	18	11
Leyburn ..	—	—	—	32	13	19	9
Malton ..	—	—	—	45	18	27	1
Masham ..	—	—	—	24	3	21	6
Northallerton ..	—	—	—	25	19	6	2
Pickering ..	—	—	—	19	14	5	11
Reeth ..	2	2	—	21	7	14	20
Richmond ..	—	—	—	51	41	10	3
Scarborough ..	—	—	—	222	177	45	8
Startforth ..	—	—	—	32	17	15	7
Stokesley ..	—	—	—	30	16	14	5
Thirsk ..	—	—	—	106	76	30	8
Wath ..	—	—	—	79	66	13	7
Whitby ..	—	—	—	30	11	19	9
Total Rural ..	6	6	—	1384	1052	332	144
Administrative County	118	118	—	2170	1755	415	163

* Supply provided by Tees Valley Water Board.

SEWERAGE AND SEWAGE DISPOSAL.

During the year 18 schemes have been submitted to the County Council for observations in accordance with the provisions of the Rural Water Supplies and Sewerage Act, 1944. The Chief County Health Inspector has examined the separate proposals embodied in these schemes and has submitted reports thereon which have formed the basis of County Council observations to the local authorities concerned. All the schemes submitted were approved in principle but in connection with certain schemes recommendations were made for improvements; a recurring recommendation in connection with these schemes has referred to the need to exclude farm drainage unless prescriptive rights exist. Adequate treatment of sewage at sewage disposal works is made difficult and expensive by farm drainage; apart from this, conservation of farm manures and effluents for use on the land as in the past would appear to offer considerable advantages. Details of the schemes which have been submitted including the estimated cost and a brief summary of the County Council's observations are given in the following schedule:

Authority	Date submitted	Scheme	Estimated Cost	Observations by County Council
Guisborough U.D.C.	17-9-59	Guisborough—additional sewerage and sewage disposal.	£ 150,000	Approved in principle. Scheme designed to meet the needs of existing and prospective new building development.
Pickering U.D.C.	19-6-59	Extensions to sewerage and sewage disposal scheme.	74,500	Approved in principle but District Council's attention drawn to (a) limited object of proposals, <i>i.e.</i> prevention of flooding and overloading of works, and (b) inadequacy of proposals on public health grounds having regard to existing unsatisfactory sewerage system.
Thornaby Borough	8-12-59	Thornaby Airfield site—Development and "off-site" main drainage works of culverting the Mandale Beck and improvements to the existing Mandale Beck sewer.	57,134	Scheme submitted under Section 56—Local Government Act, 1958.
Bedale R.D.C.	19-8-59	Bedale sewage disposal works—excess storm water tank.	1,293	Approved in principle.
Easingwold R.D.C.	9-6-59	Huby and Sutton-on-Forest.	80,909	Approved in principle.
do	9-6-59	Newton-on-Ouse.	15,879	Approved in principle subject to ministerial acceptance of combined works for Linton-on-Ouse and Newton-on-Ouse having regard to proximity of existing works to Linton-on-Ouse village.

Authority	Date submitted	Scheme	Estimated Cost	Observations by County Council
Leyburn R.D.C. ..	23-3-59	Spennithorne and Harmby (second revision)	£ 14,542	Approved in principle.
do ..	2-6-59	Bellerby (revised)	12,066	Revised proposals relate to re-siting of the works—no further observations necessary.
do ..	2-6-59	Wensley (revised)	7,523	Revised proposals relate to re-siting of works and minor works construction alterations—no further observations necessary.
do ..	15-6-59	Preston-under-Scaur (revised)	10,800	Approved in principle but attention drawn to (1) design of the works and (2) exclusion from scheme of farm wastes other than domestic waste from farm houses.
Northallerton R.D.C. ..	14-7-59	Ainderby Steeple and Morton-on-Swale.	32,000	Approved in principle.
do ..	21-9-59	East Cowton.	22,600	Approved in principle but attention drawn to the exclusion of farm drainage.
Pickering R.D.C.	15-3-59	Sinnington (fourth revision).	22,780	No further observations necessary as revision does not involve major alteration of former scheme.
Startforth R.D.C.	9-7-59	Startforth (second amendment.)	21,748	Approved in principle.
Thirsk R.D.C. ..	26-11-59	Pickhill.	23,340	Approved in principle, subject to certain conditions.
do ..	27-11-59	Ainderby Quernhow.	6,215	Approved in principle, subject to certain conditions.
do ..	27-11-59	Bagby.	15,745	Approved in principle subject to certain conditions.
do ..	27-11-59	Sinderby and Holme-on-Swale.	16,876	Approved in principle subject to certain conditions.

Nine meetings to consider 10 sewerage and sewage disposal schemes were convened by the Minister of Housing and Local Government, these meetings were attended by the Chief County Health Inspector who submitted reports thereon. Details of the authorities concerned and the schemes under review at the meetings are as follows :—

Authority	Date of Meeting	Scheme
Skelton and Brotton U.D.C. ..	28-7-59	Moorsholm.
Easingwold R.D.C.	29-10-59	Crayke.
Helmsley R.D.C.	11-8-59	Gilling East
Kirkbymoorside R.D.C. ..	17-9-59	Kirkbymoorside.
Leyburn R.D.C.	25-2-59	Bellerby
	25-2-59	Wensley.
	10-11-59	Preston-under-Scaur.
Pickering R.D.C.	21-7-59	Sinnington.
Stokesley R.D.C.	19-2-59	Low Worsall.
Wath R.D.C.	20-1-59	Baldersby.

There is no doubt that considerable progress in the provision of sewerage and sewage disposal facilities is being made in many parts of the Riding but there is a considerable amount of work to be carried out in this field even where sizeable villages are concerned in certain rural districts, apart from the development which is necessary in more sparsely populated rural areas.

177 inspections of work in progress on existing sewage disposal works were made during the year by the county health inspectors.

A brief summary of more important developments in connection with sewerage and sewage disposal in the county districts is given below :—

ESTON U.D.

Work was commenced during the year on the trunk sewer scheme for the area.

NORTHALLERTON U.D.

Extensions and additions to the sewage disposal works including new sedimentation tanks, filters and humus tanks were made during the year.

REDCAR BOROUGH.

Part II of the main drainage scheme to Kirkleatham was completed during the year.

AYSGARTH R.D.

A scheme comprising storm overflow, sedimentation tank, filter and sludge drying beds was commenced for the village of Burtersett.

BEDALE R.D.

The Bedale and Aiskew sewerage and sewage disposal scheme was completed.

EASINGWOLD R.D.

Sewerage and sewage disposal for the village of Husthwaite was completed during the year.

FLAXTON R.D.

Sewerage and sewage disposal extensions for Strensall, Haxby and New Earsw were commenced during the year and schemes for Skelton and Osbaldwick extensions were completed during the year.

HELMSLEY R.D.

Reconstruction scheme for Helmsley sewerage and sewage disposal works was commenced during the year.

LEYBURN R.D.

Schemes for sewerage and sewage disposal for the villages of Bellerby, Wens and Harnby were commenced during the year.

NORTHALLERTON R.D.

Work in the village of Appleton Wiske was commenced during the year.

RICHMOND R.D.

Scheme for the village of Melsonby was commenced and the Eppleby sewerage and sewage disposal scheme was completed during the year.

STOKESLEY R.D.

Scheme for Low Worsall was commenced during the year and flood relief works were completed at Great Ayton.

WATH R.D.

A scheme for the village of Rainton was completed during the year.

WHITBY R.D.

Schemes were commenced for Egton, Egton Bridge and Grosmont and a scheme for Newholme was completed.

Some indication of the sewerage and sewage disposal facilities is given by the following statistics relating to the types of closet accommodation at present in use in houses in the county districts. In only one district is this information not available and it is significant that this is a district in which little progress has been made towards providing adequate sewerage and sewage disposal facilities. Obviously the greatest amount of work at present being carried out is in connection with new building projects in the urban areas where extensions to sewers are being continuously made and the volume of sewage is taxing the capacity of the existing disposal works.

DISTRICT	No. of houses with water carriage system	No. of houses without water carriage system	No. of conversions to water carriage system during year
URBAN			
Eston	10,630	—	—
Guisborough	3,310	106	21
Loftus	2,424	240	12
Malton	1,337	26	4
Northallerton	2,231	10	—
Pickering	1,244	236	20
Redcar Borough	9,424	14	—
Richmond Borough	1,764	11	—
Saltburn & Marske	3,923	7	—
Scalby	2,524	20	31
Scarborough Borough	14,350	3	—
Skelton & Brotton	3,465	735	189
Thornaby Borough	6,760	5	—
Whitby	3,851	17	—
Total Urban	67,237	1,430	277
RURAL			
Aysgarth	1,007	238	13
Bedale	1,594	850	65
Croft	387	272	12
Easingwold	2,250	1,007	47
Flaxton	7,680	568	30
Helmsley	950	486	16
Kirkbymoorside	—*	—*	12
Leyburn	1,119	832	30
Malton	1,116	709	65
Masham	395	162	15
Northallerton	1,638	1,242	47
Pickering	1,635	200	35
Reeth	689	208	17
Richmond	1,889	1,384	56
Scarborough	2,066	674	39
Startforth	684	748	34
Stokesley	7,162	473	18
Thirsk	3,986	407	54
Wath	587	144	10
Whitby	3,509	1,005	101
Total Rural	40,343	11,609	716
Administrative County	107,580	13,039	993

* Not known by R.D.C.

REFUSE COLLECTION AND DISPOSAL.

The county health inspectors have made forty-six inspections of refuse disposal tips during the year. Seventeen local authorities describe their system of refuse disposal as "controlled tipping" but it is doubtful whether this is carried out strictly in accordance with Ministry of Health recommendations; eight local authorities operate partially controlled tips; one local authority uses partially controlled tipping and incineration for refuse disposal, one urban authority relies entirely upon incineration and several authorities exercise no control over the tipped refuse other than the levelling of the tip from time to time. Difficulties in finding sites for refuse normally occur in built-up areas but these difficulties are now being experienced in rural areas, in particular, in the Rees rural district where there are numerous old mine workings with slag heaps suitable for covering material, it has been impossible to obtain permission for the use of sites for the tipping of refuse. Everyone appreciates the need to preserve the beauty of the landscape but it must be stressed that the uncontrolled dumping of domestic refuse does cause unnecessary danger to public well-being. While actual tipping is in progress there may be some temporary disfigurement of the small area in use, but with effective controlled tipping this unsightliness is reduced to a minimum and eventually the finished product is preferable to the spoil banks which are often already in existence.

There is still far too much indiscriminate tipping in the vicinity of farms, one can sympathise with the residents' difficulties where, owing to remoteness, refuse collection is irregular but in these areas there should be little trouble in finding some suitably screened spot where refuse can be retained until collected which would neither be a public health hazard nor aesthetically offensive. Some improvement can be detected in the public attitude towards depositing litter since litter receptacles have been provided at beauty spots and main road lay-bys.

The following table sets out the methods of refuse disposal, frequency of collection and estimated cost to local authorities of providing this essential service.

District	Estimated cost of service	Method of refuse disposal	Frequency of collection, improvement to service, etc.
	£		
URBAN			
Eston ..	22,042	Controlled tipping	Weekly collection
Guisborough ..	8,000	do ..	do
Loftus ..	3,723	do ..	do
Malton ..	3,590	Partially controlled	do (remote rural premises—monthly)
Northallerton ..	3,874	Uncontrolled tipping	do
			Bullamoor and Hailstone Moor—3 weekly collection
Pickering ..	1,750	do	Weekly collection in town area.
			Quarterly collection at Stape and Bean Sheaf.
Redcar Borough ..	18,216	Controlled tipping	Weekly collection
Richmond Borough ..	3,878	do ..	do
Saltburn & Marske ..	6,675	do ..	do
Scalby ..	5,019	do ..	do (Outlying farms—fortnightly)
Scarborough Borough ..	46,724	do ..	do
Skelton & Brotton ..	6,920	do ..	do
Thornaby Borough ..	10,910	do ..	do
Whitby ..	10,576	Incineration ..	do
RURAL			
Aysgarth ..	941	Uncontrolled tipping	Fortnightly collection. Remote areas monthly
Bedale ..	4,406	Controlled tipping	Weekly in Bedale and Aiskew.
			Fortnightly collection in other areas.
Croft ..	1,100	Partially controlled	Fortnightly collection.
Easingwold ..	5,000	Controlled tipping	Every 12 days.
Flaxton ..	5,600	Partially controlled	Weekly collection.
Helmsley ..	1,556	Controlled tipping	Fortnightly collection.
Kirkbymoorside ..	1,941	Partially controlled	Weekly collection in Kirkbymoorside, Nawton, Wombledon, Kirby Mills, Keldholme.
			Monthly in Farndale. Fortnightly elsewhere.
Leyburn ..	2,717	Uncontrolled tipping	Weekly collection—Leyburn and Middleham
			Fortnightly collection—remainder of area
Malton ..	895	Partially controlled	Collection monthly.
Masham ..	846	Uncontrolled tipping	Weekly collection—Masham, Swinton and Burton.
			Monthly collection—Ellingstring, Ellington, Fearby and Healey.
Northallerton ..	5,277	Partially controlled	Weekly collection.
Pickering ..	877	Uncontrolled tipping	Fortnightly in Thornton-le-Dale.
			Every 3 weeks elsewhere.
Reeth ..	1,158	Uncontrolled tipping	Weekly collection. Farms monthly.
Richmond ..	4,825	Controlled tipping	Weekly collection.
Scarborough ..	1,547	do ..	Fortnightly collection from large communities
			Monthly collection from small communities.
Startforth ..	3,002	Partially controlled	Weekly collection.
Stokesley ..	14,292	Controlled tipping	Weekly collection.
Thirsk ..	10,575	Partially controlled	Weekly collection from bins and pails.
			Monthly collection from privy middens and ash-pits.
Wath ..	1,110	Controlled tipping	Weekly collection at Dishforth R.A.F. Station.
			Fortnightly collection elsewhere.
Whitby ..	7,639	Partially controlled	Weekly collection in 30 villages.
		85%	Fortnightly collection in 22 villages.
		Incineration 15%	

NUISANCES.

Inspections under Part III of the Public Health Act, 1936, have decreased in number for the first time for a number of years but the number of nuisances found has shown a slight increase; similarly the number of nuisances abated by informal action has increased by over 2,000. Unfortunately statutory action has been necessary in over 100 cases to secure abatement. The increase in the number of cases in which statutory action has been necessary is remarkable, for a number of years the number of statutory notices served has been minimal but during the past year the figure has risen to 108; there is no ready explanation of this increase but it should not necessarily be regarded as an indication of breakdown in co-operation between the public and officers of the district councils. The following statistical table gives some indication of the extent of the work involved annually on nuisance inspections.

NUISANCE INSPECTIONS (other than Housing Inspections).

DISTRICT	Total number of inspections	Number of nuisances found	Number abated during year	
			Informal action	Statutory action
URBAN				
Eston	1,418	1,875	1,897	22
Guisborough	502	527	512	—
Loftus	280	151	144	—
Malton	16	16	16	—
Northallerton	103	31	32	—
Pickering	74	46	41	—
Redcar Borough†	6,996	6,975	6,959	—
Richmond Borough	115	75	62	—
Saltburn and Marske	115	46	46	—
Scalby	125	75	75	—
Scarborough Borough	1,211	195	204	34
Skelton and Brotton	204	152	114	9
Thornaby Borough	764	326	264	33
Whitby	190	174	170	—
RURAL				
Aysgarth	23	14	14	—
Bedale	37	37	35	—
Croft	31	24	24	—
Easingwold	118	75	67	6
Flaxton	67	60	59	1
Helmsley	30	15	15	—
Kirkbymoorside	59	44	44	—
Leyburn	206	58	51	—
Malton	127	34	16	—
Masham	65	31	29	—
Northallerton	260	206	190	—
Pickering	6	5	4	—
Reeth	48	18	18	—
Richmond	158	53	51	2
Scarborough	29	7	6	1
Startforth	132	35	33	—
Stokesley	62	45	45	—
Thirsk	89	74	53	—
Wath	32	24	24	—
Whitby	145	65	62	—
Totals	13,837	11,588	11,376	108

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

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

This Order came into operation on June 1st, 1957, on which date responsibility for the inspection and licensing of waste food boiling plants was vested in the Diseases of Animals Committee of the County Council. The object of the Order is the prevention of spread of disease, particularly foot and mouth disease, by feeding of unboiled waste food to animals and poultry. It was considered that the only officers who could properly undertake the duties set out in this Statutory Instrument were the county health inspectors; in the year 1958 they made 193 visits of inspection but during 1959 owing to the increase in the number of licenced plants they made 383 visits of inspection. They inspect all plants before licences are granted, they prepare reports and recommendations for improvements to comply with conditions of licensing and do routine inspections at quarterly intervals to ensure the plants are being maintained in satisfactory condition; when visiting the areas they go without notice to ensure that waste food is being boiled in accordance with the requirements of the Order. At the end of the year 142 licenced plants were in operation but it is probable that many plants are still being operated which have not been licenced. This may be due to ignorance of the law by the persons operating the plants or to deliberate evasion. As the Order has now been in operation for three years, ignorance of its requirements can no longer be regarded as a valid excuse; deliberate evasion should be the subject of statutory action.

MILK SUPPLIES.

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

As licensing authority the County Council are responsible for ensuring that the facilities for handling, treatment and storage of milk on premises licenced for the production of pasteurised milk are satisfactory.

Three pasteurising plants have been in operation continuously throughout the year, two being of the Holder type and one the H.T.S.T. type. All premises and plants where milk is pasteurised must comply with statutory requirements designed to ensure that the consumer is safeguarded in consumption of the final product. In order to ensure that premises are maintained in satisfactory condition and pasteurising plants are properly operated, it is essential that inspections and sampling of milk should be frequently carried out; the degree of protection afforded to the consumer depends to a considerable extent on the number of inspections made and samples taken. The county health inspectors make weekly inspections of premises and take samples of pasteurised milk for the statutory tests; a summary of the results of these duties is given 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 ..	55	104	103	1	80	—	1	—
2	do ..	51	65	62	3	54	—	3	—
3	H.T.S.T. ..	52	105	102	2	104	—	—	—
	TOTALS ..	158	274	267	6	238	—	4	—

Of the six samples failing the Phosphatase test, which is the test indicating whether efficient heat treatment has been maintained, four failures occurred at the two Holder type plants and two failures at the H.T.S.T. plant; in the former the failures were due to defects in the temperature recording thermometers and in the latter the failures arose from a minute perforation of the metal of the heat exchanger.

In addition to sampling of pasteurised milk produced on the premises, cleanliness of milk bottles is checked at regular intervals, groups of six bottles being taken from the bottle washing plants for submission to rinse tests. There has been a marked improvement during the year in the standards of bottle cleanliness, the percentage of unsatisfactory rinse tests being 2.6 as against 10.7 in 1958. The results of bottle rinse tests on bottles taken from each dairy are given below :—

Dairy	Method of bottle cleansing	No. of bottles taken	Satisfactory	Unsatisfactory
No. 1	Machine	72	66	—
No. 2	do	78	78	—
No. 3	do	78	72	6
TOTALS		228	216	6

Food and Drugs Act, 1955.

Section 31—milk-borne infectious disease.

So long as there is no universal heat treatment of milk intended for human consumption, milk-borne disease of bovine origin will remain a potential source of infection. Although the widespread tuberculin testing of herds has reduced one type of infection by pathogenic organisms, the fact that one sample from an attested herd was found to contain living tubercle bacilli shows that the risk has not been entirely eliminated. *Brucella abortus* the causative agent of human undulant fever continues to present a hazard to the consumer when milk has not been heat treated ; in this respect there is little difference between milk from tuberculin tested herds and non-tested herds. During the year under review eleven samples of milk were found to contain *brucella abortus* as against five during 1958. Apart from the giving of advice on vaccination with SD 11 vaccine, no special measures are at present being taken to eradicate *brucella abortus* from the herds in the Riding ; for this reason all milk which is not submitted to heat treatment should be sampled as frequently as possible. The county health inspectors have taken 193 samples for biological examination for tuberculosis and *brucella abortus* during the year, with the following results :—

No. taken	Tubercle bacilli		Brucella abortus		No of samples not examined
	Negative	Positive	Negative	Positive	
193	187	1	181	11	5 not examined for Tubercle bacilli 1 not examined for Brucella abortus

Having regard to the fact that 5.7% of the samples taken showed the presence of *brucella abortus* there can be no doubt as to the need for an intensification of the routine sampling in this field ; unfortunately any major increase in the number of samples taken cannot be undertaken unless more staff and more guinea pigs are made available.

Milk Sampling at Hospital Dairy Farms.

At the request of the Ministry of Health, milk produced at hospital dairy farms was sampled in accordance with their scheduled requirements ; 24 samples of tuberculin tested milk were taken at Clifton Hospital farm and Fairfield Sanatorium farm ; all passed the methylene blue reduction test, 8 which were submitted for biological examination were free from tubercle bacilli and *brucella abortus*.

Milk Supplies to Old People's Homes, Children's Homes and Nurseries.

Eighty-two samples of milk supplied to the twenty-three Homes and Nurseries were taken by the county health inspectors ; results of testing and biological examination are given below :—

Grade	Samples taken	Meth : Blue test		Phosphatase test		Tubercle bacilli		Brucella abortus	
		Passed	Failed	Passed	Failed	Neg.	Pos.	Neg.	Pos.
Pasteurised ..	70	61	1	68	2	—	—	—	—
Tuberculin Tested	9	2	—	—	—	8	—	8	—
Non-designated ..	3	—	—	—	—	3	—	3	—

School Milk Supplies.

The categories of milk supplied to schools during the past four years are shown below :—

	1956	1957	1958	1959
Pasteurised milk	341	348	343	341
Tuberculin tested milk	44	46	49	50
Non-designated milk	25	19	17	13
Dried milk	7	6	6	4

An analysis of the foregoing figures shows that during the year under review 83.5% of the schools were supplied with pasteurised milk and 15.4% of the schools were supplied with raw milk. The latter figure covers 12.2% tuberculin tested milk and 3.2% non-designated milk. With the "Specification" of areas for the sale of designated milk and progress with the production of tuberculin tested milk, non-designated milk supplies to schools are gradually being reduced but until the production and sale of non-designated milk in the western part of the Riding is prohibited, elimination of the non-designated supplies to schools is difficult. At the present time supplies of non-designated milk to schools are confined to areas in which no designated milk supply is available. Sampling continued throughout the year as shown in this table.

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

In all, 1,530 samples of milk were taken in schools for submission to the statutory tests and/or biological examination ; the results are summarised in the following table :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Brucella abortus	
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	Neg.	Pos.
Pasteurised ..	1,385	1,112	41	1,361	17	4	—	3	—
Tuberculin Tested	94	11	3	—	—	93	1	93	1
Non-designated ..	51	—	—	—	—	51	—	51	—

Seventeen phosphatase failures occurred during the year in samples of pasteurised milk ; this figure compares unfavourably with that for 1958 when there were only seven failures ; 12 of the 17 bad results concerned milk from pasteurising plants outside the North Riding.

One source of supply to five schools, also being retailed to the general public over a wide area, was found to contain tubercle bacilli ; this milk was produced from an attested herd located in an area specified for the sale of designated milk. The Divisional Veterinary Officer and District Medical Officers concerned were notified immediately pasteurised milk was substituted for tuberculin tested milk and all the milk produced on the farm was sent for pasteurisation. An investigation of the herd by the Divisional Veterinary Officer failed to reveal the source of infection but showed the presence of a large number of reactors ; as an animal had been removed from the herd to a knacker's yard for slaughter a short time before the living bacilli were found in the milk, it could only be assumed that this animal was the probable source of infection.

The incidence of brucella abortus in school milk was less than in previous years, only one sample being found to be infected, the school supply concerned was discontinued and replaced with a supply of pasteurised milk. Where samples failed any test the supply was immediately resampled. With the co-operation of the producers, further sampling from individual animals was carried out and in this connection 13 samples were taken for Ring test ; all gave negative results. As action by the Ministry of Agriculture, Fisheries and Food in relation to brucella abortus is restricted to the giving of advice the prompt co-operation between staff of the Public Health Laboratory Service, the County Health Department and the milk producers, usually makes statutory action unnecessary.

Milk Supplies to School Canteens and Kitchens.

Milk supplied to school canteens and kitchens is in many cases the subject of a separate tender and varies in designation ; regular sampling is carried out on non-designated supplies which unless heated to boiling point in the cooking process present an increased risk to the consumers. During the year 121 samples were taken and a summary of the grades sampled and results of tests is given below :—

Grade	Samples taken	Meth. : Blue test		Phosphatase test		Tubercle bacilli		Brucella abortus	
		Passed	Failed	Passed	Failed	Neg.	Pos.	Neg.	Pos.
Pasteurised ..	112	85	2	111	1	—	—	—	—
Tuberculin Tested	2	—	—	—	—	2	—	2	—
Non-designated ..	7	—	—	—	—	7	—	6	1

The sample of pasteurised milk failing the phosphatase test and two samples failing the Methylene blue test were produced at dairies outside the jurisdiction of the North Riding County Council. The sample of non-designated milk infected with brucella abortus was further investigated, individual samples being taken from 10 cows for Ring test ; three of these samples were positive. The milk from the animals affected was excluded from the school kitchen supply and was not used for retail sale without heat treatment.

Food and Drugs Act, 1955.

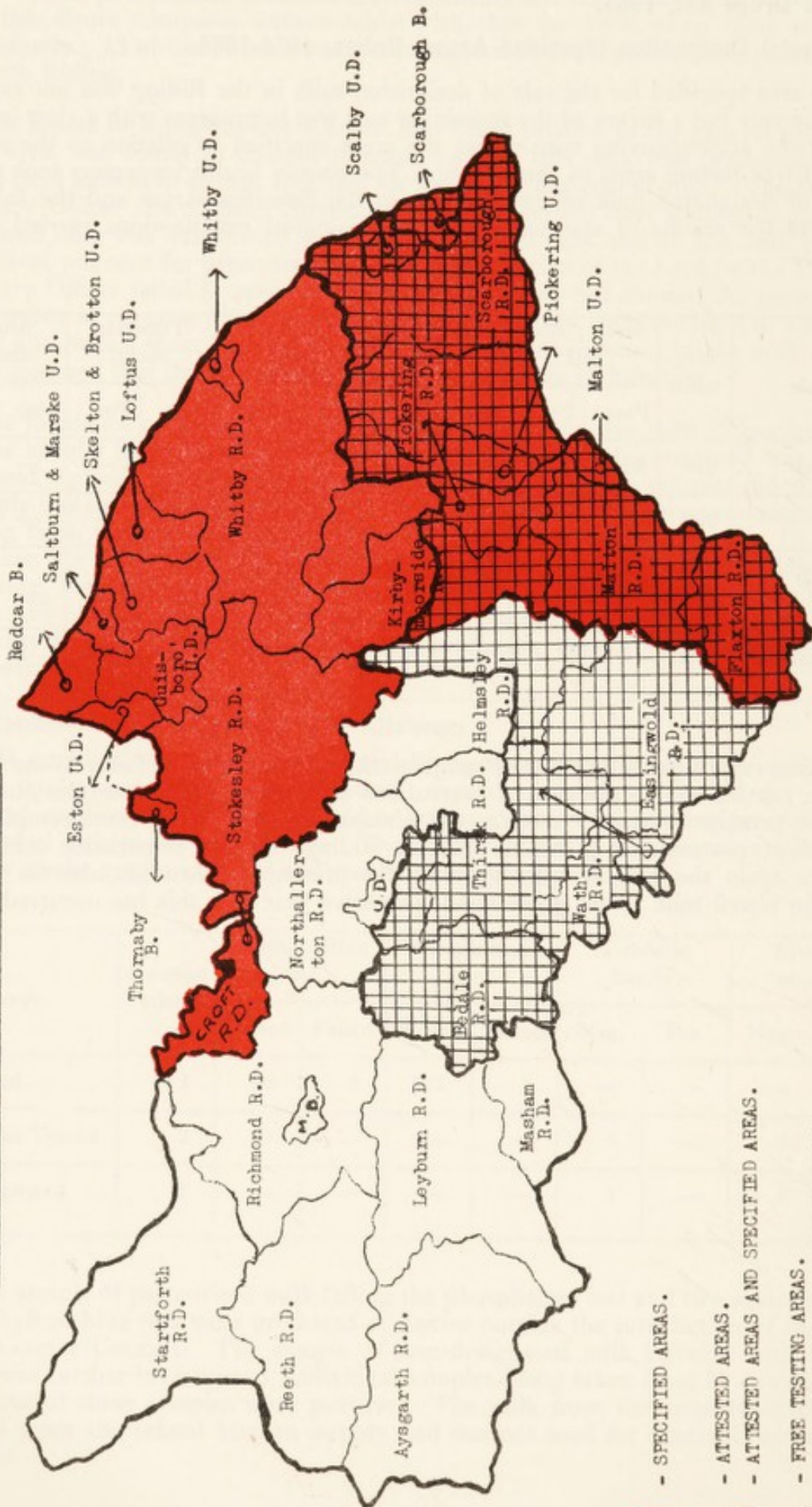
Milk (Special Designation (Specified Areas) Orders, 1954-1956.

The area specified for the sale of designated milk in the Riding was not extended during the year but a survey of the remaining area was in progress with a view to specification ; the accompanying map shows the areas specified in relation to the attested areas and free testing areas in the Riding. The county health inspectors took regular samples of designated milk offered for sale in the Specified Areas and the following table gives the results of statutory tests and biological examinations carried out on samples :—

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 ..	848	678	13	841	6	—	—	—	—	—	—
Sterilised ..	239	—	—	—	—	239	—	—	—	—	—
Tuberculin Tested ..	279	77	37	—	—	—	—	260	—	234	6
Non-designated	13	—	—	—	—	—	—	12	—	8	—

Having regard to the number of samples taken, the number of failures was remarkably low, particularly in the case of pasteurised milk where only 6 samples out of 848 failed the principal statutory test *i.e.* the phosphatase test ; 4 of these samples were produced at pasteurising plants outside the Riding. It is a remarkable coincidence that once again the only samples showing the presence of brucella abortus were of tuberculin tested milk ; this is the sixth successive year that this has occurred.

NORTH RIDING OF YORKSHIRE



- SPECIFIED AREAS.
- ATTESTED AREAS.
- ATTESTED AREAS AND SPECIFIED AREAS.
- FREE TESTING AREAS.
- FREE TESTING AND SPECIFIED AREAS.

INSPECTION AND SUPERVISION OF FOOD AND FOOD SHOPS.

During the year there has been an increase in the number of inspections carried out by officers of local authorities in connection with food hygiene ; the number of unsatisfactory conditions found has decreased and it has not been necessary to resort to statutory action to remedy any of these conditions. The number of unsatisfactory conditions which have been remedied by informal action during the year exceeds the number of unsatisfactory conditions found. This anomaly is explained by the fact that at the end of 1958 there were a number of ourstanding unsatisfactory conditions which have been remedied during the present year. Only two local authorities make reference in their returns to food hygiene propaganda to food handlers and the public by means of talks and film shows. The majority of local authorities are now relying upon regular inspection and talks to individual personnel at the time when inspections are made. In the light of experience since the Food Hygiene Regulations came into operation, it is clear that personal talks to food handlers are the most effective way of improving food handling ; lectures and film shows are not well attended and in many cases the attendances have not been worth the effort involved. The increase in the number of inspections made by officers of local authorities during the year is not consistent, indeed in some areas the number of inspections has decreased and in one area with a population of approximately 10,000 no inspections were made although there are a number of food shops in the district. The following table summarises the work of officers of local authorities in connection with food hygiene. :—

DISTRICT	No. of inspections	No. of unsatisfactory conditions found	No. remedied	
			Informally	Statutorily
A.—URBAN				
1. Eston	969	11	13	—
2. Guisborough	—	—	—	—
3. Loftus	97	11	14	—
4. Malton	50	—	—	—
5. Northallerton	150	33	27	—
6. Pickering	26	3	3	—
7. Redcar	605	94	71	—
8. Richmond	90	26	23	—
9. Saltburn and Marske	135	45	45	—
10. Scalby	78	—	—	—
11. Scarborough	1,844	100	236	—
12. Skelton and Brotton	19	—	—	—
13. Thornaby-on-Tees	784	28	28	—
14. Whitby	153	—	—	—
Total Urban	5,000	351	460	—
B.—RURAL				
1. Aysgarth	30	6	4	—
2. Bedale	24	8	8	—
3. Croft	13	—	—	—
4. Easingwold	235	27	27	—
5. Flaxton	154	24	24	—
6. Helmsley	359	—	—	—
7. Kirkbymoorside	93	1	1	—
8. Leyburn	36	9	9	—
9. Malton	10	—	—	—
10. Masham	32	23	27	—
11. Northallerton	50	16	14	—
12. Pickering	8	2	2	—
13. Reeth	257	11	11	—
14. Richmond	338	22	21	—
15. Scarborough	75	—	—	—
16. Startforth	35	3	3	—
17. Stokesley	48	7	7	—
18. Thirsk	136	92	25	—
19. Wath	28	1	1	—
20. Whitby	26	10	10	—
Total Rural	1,987	262	194	—
Administrative County	6,987	613	654	—

There was an increase in the number of food poisoning notifications for the year 82 cases being notified as against 15 in 1958.

During January and February the Medical Officer of Health for the Borough of Redcar and Saltburn and Marske U.D. reported an outbreak of food poisoning involving 7 notified cases, none of which were fatal. This outbreak was part of a more extensive outbreak on Tees-side: the clinical features were diarrhoea and vomiting of moderate severity from 3 to 5 days, involving an incubation period of from 18 to 24 hours. The laboratory investigations resulted in the isolation of Salmonellae of many types including Typhi-murium, Tneritidis and Muenchen. The source of the infection was dried egg used at a wholesale and retail bakery and the infection arose from the consumption of various confections in which dried egg had been an ingredient. Investigation of food poisoning outbreaks are rendered difficult when the source of infection is in the area of another local authority and for this reason it is considered that in all cases of food poisoning there should be a co-ordinating officer with whom the officers of the smaller

authorities could communicate so as to facilitate investigations free from the difficulties involved by local boundaries ; in this outbreak it is gratifying to report that the utmost co-operation was received from the various contiguous authorities.

An outbreak of dysentery in the village of Lingdale in the Skelton and Brotton urban district was the subject of a comprehensive report by Dr. Griffiths the District Medical Officer of Health ; investigations into this outbreak were complicated by the fact that *Sh. Sonnei* was found in faeces as well as *Salmonellae*. Primarily, three cases of dysentery in one family in Lingdale were notified and confirmation was available within 3 days from the Public Health Laboratory at Middlesbrough that the family was in fact suffering from an attack of *sonné*, subsequently it became apparent that the outbreak was not confined to one family and on checking up school absences there was a history of 13 children being absent with attacks of diarrhoea. Some indication of the work involved in investigating this outbreak is given by Dr. Griffiths who refers to 130 visits being made to households, 160 persons interviewed, 94 specimens of faeces forwarded to the laboratory, 13 shops visited and numerous food handlers interviewed. He pays tribute to the effective and helpful co-operation from the local general practitioners, the school staff, the parents and food store employees. The source of infection from *Sh. Sonnei* was considered to be two carriers, the father of one family who was a carrier but had not personally suffered from either food poisoning or dysentery and a child aged 7 in an adjoining street who had had an attack of diarrhoea in 1958 and who was also found to be a carrier. Dr. Griffiths refers to the antiquated form of excreta disposal in the village of Lingdale in which the outbreak occurred. There are many pan closets in use in outside buildings ; 72% of all the houses affected by the outbreak used pan closets.

There was no evidence that the foregoing outbreak had any connection with the school meals services ; specimens of faeces examined from a food handler employed in school kitchens who suffered from diarrhoea during this outbreak were found to be negative. The standard of food handling in school kitchens has been satisfactory throughout the year despite the fact that there are still some premises in use for the school meals service which are substandard.

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
774	768	1	4	1

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. (In addition to these, 2 samples of Butter were certified to be rancid).

Type of sample	Samples taken	Number adulterated	Number Inferior	False Description
Baking Powder ..	18	—	1	1
Fishcakes ..	9	—	1	—
Rum ..	1	—	1	—
Sage ..	7	1	—	—
Whisky ..	1	—	1	—

TABLE 1.

Number of Births in each District during 1959.

DISTRICT.	Estimated mid-year home population 1959.	Total live births.	Illegitimate live births.	Birth-rate per 1,000 population.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 population.
A.—URBAN.						
1. Eston ..	35,750	847	42	23·7	497	13·9
2. Guisborough ..	10,280	219	6	21·3	75	7·3
3. Loftus ..	7,650	140	11	18·3	58	7·6
4. Malton ..	4,150	58	3	14·0	11	2·7
5. Northallerton ..	6,280	95	..	15·1	34	5·4
6. Pickering ..	4,070	51	3	12·5	— 19	..
7. Redcar ..	28,580	516	26	18·1	186	6·5
8. Richmond ..	5,920	120	6	20·3	68	11·5
9. Saltburn and Marske	10,220	214	11	20·9	97	9·5
10. Scalby ..	6,690	83	3	12·4	— 3	..
11. Scarborough ..	43,160	570	41	13·2	— 89	..
12. Skelton and Brotton	13,030	259	14	19·9	135	10·4
13. Thornaby-on-Tees	23,810	470	22	19·7	228	9·6
14. Whitby ..	11,510	188	8	16·3	11	1·0
Total Urban ..	211,100	3,830	196	18·1	1289	6·1
B.—RURAL						
1. Aysgarth ..	3,320	51	1	15·4	— 6	..
2. Bedale ..	8,400	152	5	18·1	78	9·3
3. Croft ..	2,340	20	..	8·5	2	·9
4. Easingwold ..	11,930	169	6	14·2	63	5·3
5. Flaxton ..	25,680	484	19	18·8	210	8·2
6. Helmsley ..	5,310	77	8	14·5	25	4·7
7. Kirkbymoorside ..	4,930	58	2	11·8	4	·8
8. Leyburn ..	6,310	80	1	12·7	— 2	..
9. Malton ..	5,530	70	3	12·7	20	3·6
10. Masham ..	1,620	22	3	13·6	3	1·9
11. Northallerton ..	8,720	156	9	17·9	48	5·5
12. Pickering ..	5,010	60	1	12·0	— 1	..
13. Reeth ..	1,980	18	2	9·1	— 7	..
14. Richmond ..	26,250	443	6	16·9	297	11·3
15. Scarborough ..	7,670	94	3	12·3	— 8	..
16. Startforth ..	4,190	68	4	16·2	28	6·7
17. Stokesley ..	21,910	458	12	20·9	238	10·9
18. Thirsk ..	13,570	263	14	19·4	126	9·3
19. Wath ..	3,500	46	1	13·1	20	5·7
20. Whitby ..	11,530	162	6	14·1	— 2	..
Total Rural ..	179,700	2,951	106	16·4	1136	6·3
Administrative County	390,800	6,781	302	17·4	2425	6·2
Totals for 1958 ..	387,600	6,711	286	17·3	2,057	5·3

TABLE No. 2.

Number of Deaths in each District during 1959.

DISTRICT.	Estimated mid-year home population, 1959	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 ..	35,750	350	9·8	19	22·4	3	71·4
2. Guisborough ..	10,280	144	14·0	4	18·3	..	..
3. Loftus ..	7,650	82	10·7	5	35·7	..	..
4. Malton ..	4,150	47	11·3	..	..	..	..
5. Northallerton ..	6,280	61	9·7	5	52·6	..	..
6. Pickering ..	4,070	70	17·2	2	39·2	1	333·3
7. Redcar ..	28,580	330	11·5	12	23·3	1	38·5
8. Richmond ..	5,920	52	8·8	5	41·7	..	..
9. Saltburn and Marske ..	10,220	117	11·4	2	9·3	..	..
10. Scalby ..	6,690	86	12·9	1	12·0	1	333·3
11. Scarborough ..	43,160	659	15·3	17	29·8	1	24·4
12. Skelton and Brotton ..	13,030	124	9·5	10	38·6	1	71·4
13. Thornaby-on-Tees ..	23,810	242	10·2	20	42·6	1	45·5
14. Whitby ..	11,510	177	15·4	5	26·6	..	..
Total Urban ..	211,100	2,541	12·0	107	27·9	9	45·9
B.—RURAL.							
1. Aysgarth ..	3,320	57	17·2	2	39·2	..	..
2. Bedale ..	8,400	74	8·8	6	39·5	..	..
3. Croft ..	2,340	18	7·7	..	..	..	..
4. Easingwold ..	11,930	106	8·9	4	23·7	..	..
5. Flaxton ..	25,680	274	10·7	10	20·7	1	52·6
6. Helmsley ..	5,310	52	9·8	2	26·0	..	..
7. Kirkbymoorside ..	4,930	54	11·0	2	34·5	..	..
8. Leyburn ..	6,310	82	13·0	..	..	..	..
9. Malton ..	5,530	50	9·0	2	28·6	..	..
10. Masham ..	1,620	19	11·7	..	..	..	..
11. Northallerton ..	8,720	108	12·4	1	6·4	..	..
12. Pickering ..	5,010	61	12·2	..	..	..	..
13. Reeth ..	1,980	25	12·6	1	55·6	..	..
14. Richmond ..	26,250	146	5·6	9	20·3	..	..
15. Scarborough ..	7,670	102	13·3	2	21·3	..	..
16. Startforth ..	4,190	40	9·5	1	14·7	..	..
17. Stokesley ..	21,910	220	10·0	5	10·9	..	..
18. Thirsk ..	13,570	137	10·1	5	19·0	..	..
19. Wath ..	3,500	26	7·4	1	21·7	..	..
20. Whitby ..	11,530	164	14·2	7	43·2	1	166·7
Total Rural ..	179,700	1,815	10·1	60	20·3	2	18·9
Administrative County ..	390,800	4,356	11·1	167	24·6	11	36·4
Totals for 1958 ..	387,600	4,654	12·0	162	24·1	8	28·0

TABLE 3.

Deaths according to Age-Groups, 1959.

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	1326	52	10	7	10	51	363	378	455	948	31	13	10	18	28	225	238	
	F	1215	55	4	4	3	29	211	317	592	867	29	3	5	5	31	143	203	
1. Tuberculosis, respiratory	M	18	..	..	..	..	4	10	4	..	7	..	..	..	..	..	6	..
	F	..	..	..	..	..	..	..	..	..	7	..	..	..	1	3	1	..
2. Tuberculosis, other	M	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..
	F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
3. Syphilitic disease	M	1	..	..	..	..	..	..	1	..	4	..	..	..	..	..	1	..
	F	4	..	..	..	..	..	2	1	1	..	..	..	..	..	..	..	..
4. Diphtheria	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Whooping cough	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Meningococcal infections	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Acute poliomyelitis	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Measles	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Other infective and parasitic diseases	M	3	1	..	..	..	..	2	..	..	3	..	..	..	1	1	..	..
	F	4	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..
10. Malignant neoplasm, stomach	M	41	..	..	..	..	1	15	12	13	27	..	..	..	..	..	9	12
	F	24	..	..	..	..	1	4	8	11	26	..	..	..	..	..	6	6
11. Malignant neoplasm, lung, bronchus	M	75	..	..	..	..	1	40	24	10	37	..	..	..	..	..	26	8
	F	13	..	..	..	..	1	7	4	1	9	..	..	..	..	2	5	..
12. Malignant neoplasm, breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	33	..	..	..	..	4	16	6	7	33	..	..	..	..	3	17	..
13. Malignant neoplasm, uterus	F	14	..	..	..	..	3	6	3	2	13	..	..	..	..	..	5	..
14. Other malignant and lymphatic neoplasms	M	111	..	2	..	..	5	37	33	34	77	..	1	..	..	2	21	24
	F	103	..	..	..	..	8	35	31	29	80	..	..	..	..	10	24	20
15. Leukaemia aleukaemia	M	4	..	..	..	..	..	..	2	2	9	..	..	2	..	3	3	..
	F	8	..	..	..	..	1	4	1	2	2	..	..	..	..	..	2	..
16. Diabetes	M	6	..	..	..	..	..	2	2	2	5	..	..	..	..	2	..	..
	F	10	1	..	..	..	..	5	2	2	8	..	..	..	..	..	2	..
17. Vascular lesions of nervous system	M	157	..	1	..	..	2	32	41	81	139	..	..	..	..	..	32	33
	F	231	..	..	..	..	3	31	73	124	160	..	..	1	..	1	23	54
18. Coronary disease, angina	M	312	..	..	..	..	10	106	108	88	201	..	..	..	..	1	59	63
	F	167	..	..	..	..	1	33	67	66	113	..	..	..	..	..	12	42
19. Hypertension with heart disease	M	17	..	..	..	..	..	3	8	6	14	..	..	..	..	..	3	4
	F	17	..	..	..	..	..	1	7	9	20	..	..	..	..	..	1	7
20. Other heart disease	M	187	..	..	..	..	3	24	51	109	113	..	..	..	..	..	10	22
	F	271	..	..	..	..	1	22	42	206	169	..	..	..	..	3	8	22
21. Other circulatory disease	M	38	..	..	..	..	..	10	8	20	38	..	..	..	..	1	3	11
	F	50	1	..	..	..	..	8	12	29	55	..	..	..	..	..	9	14

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1959.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Other Tuberculosis		Other circulatory disease.		Vascular lesions
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.
A.—URBAN.													
1. Eston	70	1.96	111	3.10	37	1.03	8	.22	..	..	19	.53	44
2. Guisborough	19	1.85	51	4.96	14	1.36	..	..	..	..	6	.58	22
3. Loftus	11	1.44	29	3.79	4	.52	..	..	..	..	3	.39	14
4. Malton	7	1.69	20	4.82	4	.96	..	..	..	..	3	.72	7
5. Northallerton	8	1.27	28	4.46	1	.16	..	..	..	..	4	.64	7
6. Pickering	6	1.47	22	5.41	8	1.97	..	..	..	..	8	1.97	11
7. Redcar	49	1.71	112	3.92	24	.84	2	.07	..	..	9	.32	66
8. Richmond	10	1.69	19	3.21	3	.51	1	.17	..	..	..	..	5
9. Saltburn and Marske	13	1.27	53	5.19	2	.20	..	..	..	..	4	.39	19
10. Scalby	9	1.35	51	7.62	3	.45	..	..	..	..	2	.30	14
11. Scarborough	118	2.73	295	6.84	39	.90	5	.12	1	.02	15	.35	93
12. Skelton and Brotton	19	1.46	48	3.33	9	.69	..	..	..	..	5	.38	13
13. Thornaby-on-Tees	54	2.27	59	2.48	27	1.13	2	.08	..	..	8	.34	37
14. Whitby	33	2.87	73	6.34	8	.70	..	..	..	..	2	.17	36
Total Urban	426	2.02	971	4.60	183	.87	18	.09	1	.005	88	.42	388
B.—RURAL.													
1. Aysgarth	10	3.01	22	6.63	2	.60	..	..	..	..	2	.60	12
2. Bedale	11	1.31	22	2.62	9	1.07	1	.12	..	..	4	.48	10
3. Croft	3	1.28	5	2.14	..	..	..	..	..	..	..	..	4
4. Easingwold	20	1.68	32	2.68	11	.92	..	..	..	..	2	.17	13
5. Flaxton	59	2.30	98	3.82	25	.97	1	.04	..	..	8	.31	38
6. Helmsley	10	1.88	19	3.58	2	.38	1	.19	..	..	3	.56	5
7. Kirkbymoorside	6	1.22	22	4.46	4	.81	..	..	..	..	8	1.62	7
8. Leyburn	21	3.33	23	3.65	8	1.27	..	..	..	..	2	.32	15
9. Malton	7	1.27	14	2.53	5	.90	..	..	..	..	4	.72	11
10. Masham	1	.62	10	6.17	2	1.23	..	..	..	..	..	..	4
11. Northallerton	17	1.95	40	4.59	9	1.03	2	.23	..	..	8	.92	17
12. Pickering	6	1.20	26	5.19	4	.80	..	..	..	..	5	1.00	14
13. Reeth	3	1.52	8	4.04	3	1.52	..	..	..	..	2	1.01	5
14. Richmond	19	.72	34	1.30	15	.57	4	.15	1	.04	10	.38	23
15. Scarborough	14	1.83	49	6.39	4	.52	2	.26	..	..	4	.52	22
16. Startforth	10	2.39	14	3.34	1	.24	1	.24	..	..	4	.95	9
17. Stokesley	42	1.92	77	3.51	20	.91	1	.05	..	..	8	.37	34
18. Thirsk	21	1.55	52	3.83	8	.59	..	..	..	..	8	.59	20
19. Wath	3	.86	6	1.71	1	.29	..	..	..	..	3	.86	6
20. Whitby	30	2.60	57	4.94	9	.78	1	.09	..	..	8	.69	30
Total Rural	313	1.74	630	3.51	142	.79	14	.08	1	.006	93	.52	299
Administrative County	739	1.89	1601	4.10	325	.83	32	.08	2	.005	181	.46	687

TABLE 5.

Number of Deaths from certain Diseases in each District during 1959.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																
1. Eston	33	8	412.5	.22	3	..	..	..	36	8	450.0	.22	1	.03	20	.56
2. Guisborough	5	..	..	..	..	..	..	..	5	..	..	..	4	.39	9	.88
3. Loftus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.13	1	.13
4. Malton	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
5. Northallerton	2	..	..	..	..	..	..	..	2	..	..	..	1	.16	1	.16
6. Pickering	1	..	..	..	..	..	..	..	1	..	..	..	..	..	5	1.23
7. Redcar	16	2	800.0	.07	..	..	..	..	16	2	800.0	.07	1	.03	10	.35
8. Richmond	7	1	700.0	.17	..	..	..	..	7	1	700.0	.17	1	.17	1	.17
9. Saltburn and Marske	10	..	..	..	1	..	..	..	11	..	..	..	1	.10	1	.10
10. Scalby .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.15
11. Scarborough	6	5	120.0	.12	1	1	100.0	.02	7	6	116.7	.14	10	.23	22	.51
12. Skelton and Brotton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	.38
13. Thornaby-on-Tees	13	2	650.0	.08	1	..	..	..	14	2	700.0	.08	1	.04	9	.38
14. Whitby	1	..	..	..	..	..	..	..	1	..	..	..	1	.09	6	.52
Total Urban	95	18	527.8	.09	6	1	600.0	.005	101	19	531.6	.09	22	.10	91	.43
B.—RURAL.																
1. Aysgarth .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	.60	1	.30
2. Bedale	1	1	100.0	.12	..	..	..	..	1	1	100.0	.12	2	.24	6	.71
3. Croft	1	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..
4. Easingwold	1	..	..	..	1	..	..	..	2	..	..	..	2	.17	6	.50
5. Flaxton	3	1	300.0	.04	3	..	..	..	6	1	600.0	.04	1	.04	11	.43
6. Helmsley .. .. .	..	1	..	.19	..	..	..	..	..	1	..	.19	1	.19	2	.38
7. Kirkbymoorside	1	..	..	..	1	..	..	..	2	..	..	..	1	.20	2	.41
8. Leyburn	2	..	..	..	..	..	..	..	2	..	..	..	..	..	5	.79
9. Malton .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.18	3	.54
10. Masham .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	2	1.23	1	.62
11. Northallerton	1	2	50.0	.23	4	..	..	..	5	2	250.0	.23	..	..	5	.57
12. Pickering .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	3	.60	2	.40
13. Reeth .. .. .	..	..	..	..	2	..	..	..	2	..	..	..	..	..	1	.51
14. Richmond	4	4	100.0	.15	..	1	..	.04	4	5	80.0	.19	3	.11	2	.08
15. Scarborough .. .. .	..	2	..	.26	..	..	..	..	2	..	..	.26	1	.13	4	.52
16. Startforth .. .. .	..	1	..	.24	..	..	..	..	1	..	..	.24	..	..	..	..
17. Stokesley	3	1	300.0	.05	1	..	..	..	4	1	400.0	.05	..	..	10	.46
18. Thirsk	3	..	..	..	..	..	..	..	3	..	..	..	..	..	7	.52
19. Wath .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.29
20. Whitby	3	1	300.0	.09	..	..	..	..	3	1	300.0	.09	..	..	8	.69
Total Rural	23	14	164.3	.08	13	1	1300.0	.006	36	15	240.0	.08	19	.11	77	.43
Administrative County	118	32	368.8	.08	19	2	950.0	.005	137	34	402.9	.09	41	.10	168	.43

TABLE 6.

Number of Deaths from certain Diseases in each District during 1959.

DISTRICT	Pregnancy, childbirth, abortion.		Congenital malformations.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.				
1. Eston	3	3.54
2. Guisborough
3. Loftus	1	7.14
4. Malton
5. Northallerton
6. Pickering	1	19.60
7. Redcar	5	9.69
8. Richmond
9. Saltburn and Marske	2	9.35
10. Scalby
11. Scarborough	4	7.02
12. Skelton and Brotton	1	3.86
13. Thornaby-on-Tees	2	4.26
14. Whitby	2	10.64
Total Urban	21	5.48
B.—RURAL.				
1. Aysgarth	1	19.61
2. Bedale	1	6.58
3. Croft
4. Easingwold	1	5.92
5. Flaxton	3	6.20
6. Helmsley
7. Kirkbymoorside
8. Leyburn
9. Malton	1	14.29	..	..
10. Masham
11. Northallerton
12. Pickering
13. Reeth
14. Richmond	2	4.51
15. Scarborough	1	10.64
16. Startforth
17. Stokesley	2	4.37
18. Thirsk	4	15.21
19. Wath
20. Whitby	1	6.17	3	18.52
Total Rural	2	.68	18	6.10
Administrative County	2	.29	39	5.75

TABLE 7.

Notification of Infectious Disease in 1959, 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.			Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles (excluding Rubella)	Whooping cough.	Puerperal pyrexia.	Tuberculosis	
								Paralytic	Non-paralytic	Infective											Respiratory	Meninges & C.N.S.	Other
A.—URBAN.																						
Eston ..	27				1			1	1		11	7		1			232	29	1	33	3	
Guisborough ..	6									1	1	11					185			5		
Loftus ..					19												32	1				
Malton ..	3																11			1		
Northallerton ..											1						41	2	3	2		
Pickering ..	4											1					72	2		1		
Redcar ..	26		1		2			1	1	1	13	101		4			346	59	4	16		
Richmond ..					1												51	1		7		
Saltburn & Marske ..					3			1			2	2					196			10	1	
Scalby ..	5				3			1									18					
Scarborough ..	38		4		24						14	8		1			265	10	8	6	1	
Skelton & Brotton ..					12			2	2		5	18					304	3	1			
Thornaby-on-Tees ..	10				5			1			15	3		3			416	44	1	13	1	
Whitby ..	13				1								1	3			46	2	7	1		
Total Urban ..	132		5		71			4	5	2	2	262	151	1	13		2215	153	25	95	6	
1958 ..	107		1		82			4	3	1	3	6	28	1	7	1	2	1601	84	23	122	1
B.—RURAL.																						
Aysgarth ..	1				3												15	3				
Bedale ..	1				10							3	2				215	9		1		
Croft ..																	30			1	1	
Easingwold ..	7				1						1	6					364	1		1	1	
Flaxton ..	28		1		4						4	1					273	13		3	3	
Helmsley ..	1				1												92					
Kirkbymoorside ..	1							1									55			1	1	
Leyburn ..	1				1									1			60			2		
Malton ..														1			29					
Masham ..																	53					
Northallerton ..																	157	1		1	4	
Pickering ..	5																19					
Reeth ..					3									1			16				1	
Richmond ..	10				4						12	4				1	8	431		2	4	
Scarborough ..	2				3												60					
Startforth ..	4				2									1			30	7				
Stokesley ..	25				17			2			2	9	5			60	281	10		3	1	
Thirsk ..	7				5			1			1	5	1				117	14	1	3		
Wath ..	3				1												64	4				
Whitby ..	1				2									1			46	2		3		
Total Rural ..	97		1		57			3	2		20	28	1	12		1	68	2407	64	3	23	1
1958 ..	101				81			5	6	1	1	7	17	1	8	1	86	921	96	3	47	2
Administrative County ..	229		6		128			7	7	2	2	282	179	2	25	1	68	4622	217	28	118	1
1958 ..	208		1		163			9	9	12	3	113	199	1	15	2	88	2522	180	26	169	3

TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1959.

DISTRICT.	Diphtheria.		Measles.		Whooping cough.		Pneumonia	
	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	17	·48
2. Guisborough	5	·49
3. Loftus	3	·39
4. Malton	4	·96
5. Northallerton
6. Pickering	3	·74
7. Redcar	14	·49
8. Richmond	2	·34
9. Saltburn and Marske	1	·10
10. Scalby	2	·30
11. Scarborough	17	·39
12. Skelton and Brotton	4	·31
13. Thornaby-on-Tees	18	·76
14. Whitby	2	·17
Total Urban	92	·44
B.—RURAL.								
1. Aysgarth	1	·30
2. Bedale	3	·36
3. Croft
4. Easingwold	5	·42
5. Flaxton	14	·55
6. Helmsley
7. Kirkbymoorside	2	·41
8. Leyburn	3	·48
9. Malton	2	·36
10. Masham	1	·62
11. Northallerton	4	·46
12. Pickering	2	·40
13. Reeth	2	1·01
14. Richmond	13	·50
15. Scarborough
16. Startforth	1	·24
17. Stokesley	10	·46
18. Thirsk	1	·07
19. Wath
20. Whitby	1	·09
Total Rural	65	·36
Administrative County	157	·40

