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THE URBAN DISTRICT COUNCIL OF EARBY

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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1956

BY
M. Hunter, M.B.E., M.D., D.P.H.

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THE URBAN DISTRICT COUNCIL OF EARBY

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

For the year

1956

by

M. HUNTER, M.B.E., M.D., D.P.H.

HEALTH COMMITTEE.

Chairman:

Councillor H. Hilton

" J.W. Greenwood
" H.W. Waterworth
" J. Eastwood
" J. Boydell M.M.
" C. Burke
" C. Pickles
" G. Whitehead
" J.N.Slater

STAFF OF THE DEPARTMENT.

Medical Officer of Health
Divisional Medical Officer

M. Hunter, M.B.E., M.D., D.P.H.

Public Health Inspector and
Cleaving Superintendent

M.H. Beckwith, M.R., San.I., M.S.I.

Public Health Inspector's
Clerk

P. Wilson.

Divisional Health Office,
Water Street,
Skipton.

To: The Chairman and Members of the
Health Committee.

Mr. Chairman and Gentlemen,

I have the honour to submit for your information and consideration my Annual Report for the year 1956, and to include as an Appendix a report on the Local Health Authority's services in the West Riding County Council's No. 1. Division which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton rural district. Comment on particular points is given under the appropriate headings, but there are others which merit reference here.

The first is the change of title of the sanitary inspector to that of public health inspector. "Sanitary" in its meaning of "pertaining to health" is a good and expressive word, but it has become debased by popular usage, whilst the inspector's sphere of work has been gradually widening, and his period of training lengthening. In fact, it now needs a larger outlay in time and money than many youths are prepared to give, particularly when the rewards of qualification are not commensurate with the responsibilities.

The second point is that the Divisional Health Office was moved during the summer to more suitable premises in Water Street, after occupying the old A.R.P. Centre since 1946, and subsequently extending into the Skipton Town Hall.

Thirdly, your Medical Officer of Health has, since July, been acting Medical Officer of Health and Divisional Medical Officer to the rural districts of Bowland, Settle and Sedbergh pending a decision on the County Council's proposals to amalgamate Health Divisions 1 and 2. Doubts were expressed on the advisability of this proposal, involving as it does the addition of a population of 22,870 to the 58,500 in Division 1. And the addition of an acreage of 238,088 to one of 163,666. The total acreage of 451,754 is in fact about one quarter of the total acreage (1,609,759) of the Administrative County which, for the purposes of health administration, is divided into twenty eight divisions.

It is, therefore, with particular emphasis I wish to express my indebtedness to the Public Health Inspector and his Staff for advice and support during the year, and to thank the Chief Officers and Staffs of other Departments for help so willingly given.

I am,

Yours faithfully,

M. HUNTER.

Medical Officer of Health.

SECTION A - STATISTICAL SUMMARY.

Area of the Urban District (acres)	3519
Estimated population	5190
Population at 1951 census	5348
Number of inhabited houses (estimated)	2134
Rateable Value for General Rate (approximate)	£45287. 0. 0.
Sum represented by a Penny Rate (approximate)	£176. 0. 0.

BIRTHS:

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Live, legitimate	78	42	36
illegitimate	<u>3</u>	<u>1</u>	<u>2</u>
Total:	81	43	38
Still, legitimate	3	2	1
illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total:	3	2	1
Total Births:	<u>84</u>	<u>45</u>	<u>39</u>

BIRTH RATES:

Live Births (per 1,000 estimated population)	<u>15.60</u>
Still Births(per 1,000 live and still births)	<u>35.71</u>

DEATH RATES:

(crude)
(per 1,000 estimated population)

All causes	<u>11.94</u>
Tuberculosis of Respiratory System	<u>-</u>
Other forms of tuberculosis	<u>-</u>
Respiratory Diseases	<u>.57</u>
Cancer	<u>1.34</u>
Heart and Circulatory Disease	<u>5.78</u>

Death Rate of Infants under one year of age

All infants (per 1,000 live births)	<u>37.03</u>
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MATERNAL MORTALITY:

Deaths per 1,000 total (live and still) births	-
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DEATHS:Cause of Death.

<u>Disease:</u>	<u>Males:</u>	<u>Females:</u>	<u>Total:</u>
Tuberculosis Respiratory	-	-	-
Tuberculosis Other	-	-	-
Syphilitic Diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other Infective and Parasitic Diseases	-	-	-
Malignant Neoplasm, stomach	1	-	1
Malignant Neoplasm, lung, bronchus	-	1	1
Malignant Neoplasm, breast	-	-	-
Malignant Neoplasm, uterus	-	-	-
Other malignant and lymphatic Neoplasms	1	4	5
Leukaemia, aleukaemia	-	-	-
Diabetes	1	-	1
Vascular lesion of nervous system	5	3	8
Coronary disease, angina	13	3	16
Hypertension with heart disease	1	-	1
Other heart diseases	6	4	10
Other circulatory diseases	-	3	3
Influenza	-	-	-
Pneumonia	-	1	1
Bronchitis	2	-	2
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	1	1	2
Gastritis, Enteritis and Diarrhoea	-	1	1
Nephritis and Nephrosis	-	1	1
Hyperplasia of prostate	1	-	1
Pregnancy, Childbirth, Abortion	-	-	-
Congenital Malformations	-	-	-
Other defined and ill-defined diseases	-	6	6
Motor vehicle accidents	1	-	1
All other accidents	-	-	-
Suicide	-	1	1
Homicide and operations of War	-	-	-
All Causes:	33	29	62

COMMENTARY ON VITAL STATISTICS.

BIRTHS:

After adjustment for inward and outward transfers the total births were 81 giving a birth rate of 15.6 to be compared with 14.58, 12.45 and 16.81 in the three preceding years. The rate for England and Wales was 15.7. The still birth rate of 35.7 per 1,000 live and still births, is well above the national average of 23.0.

DEATHS:

At 11.95 per 1,000 population the death rate compares favourably with rates of 15.35, 12.45 and 10.62 in the three preceding years, and a national rate of 11.7.

INFANTILE MORTALITY:

The death rate of infants under one year of age per 1,000 live births was 37, an improvement on the high rate of 65 in 1955. The rates in 1954 and 1953 were 31 and 34 respectively, and all these rates are well above the national averages. The infantile mortality rate in the West Riding was 27.1 in 1956, and for England and Wales it was 23.8.

MATERNAL MORTALITY:

There were no deaths attributable to pregnancy, childbirth or abortion during the year.

SECTION B.
PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and referred to in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation, and the school health and dental services.

2. LABORATORY SERVICES:

The Public Health Laboratory at Bradford is that to which most samples of water, milk, ice-cream and other foods are sent. It is also used for the examination of pathological specimens, and has the great advantage that collection from buses going to the nearby terminus can be arranged in cases of urgency.

3. HOSPITAL SERVICES:

In the report for last year, details were given of the hospitals provided in this area, and these have again been included. It is not, of course, a complete list, as the hospitals in Leeds, Bradford and elsewhere continue to take their quota of patients, and for two reasons. The first is that only in a few centres in this country can certain specialised units be provided. The second is that the responsibility for referring patients to a hospital rests with the family doctor. Most patients take his advice and go to the hospital which he considers most suitable to deal with them. It would not be appropriate to discuss in this report all the factors in this choice, for they are many and involved. But pertinent to mention that these factors, and others, have been discussed at great length during the year when the upgrading of the Skipton General Hospital has been under review. This upgrading would involve the provision of an additional sixty beds to the existing sixty four, along with certain other improvements. A rather larger general hospital already exists in Keighley where it is claimed that an additional sixty beds could be provided more economically, and would make at the same time a hospital of sufficient size to attract the medical, nursing and ancillary staffs which advances in medicine, surgery and obstetrics now require. It is claimed that such a scheme is preferable to dividing the limited resources of the group between two small hospitals, and limited they must be by the comparatively small population in the group.

On the other hand Skipton is a natural geographical centre, and as such has a good claim to make for a better hospital. A decision is therefore difficult and will prove unpopular either at one end of Craven, or the other. At the time of writing this report a compromise appears to have been achieved by the Regional Hospital Board's decision to give high priority to the provision of new X-ray, out-patient, casualty, physiotherapy and pathology departments and a chest clinic at Skipton; the provision of additional beds there to be reconsidered two years after these extensions have been completed.

Medicine is constantly advancing and one relevant and important point might well be made here. That is the fact that both sanatoria in the area now have empty beds, for the first time since they were built. That at Ilkley was able to open wards for the long term sick during the year, an event which seemed highly improbable until very recently.

The need for additional accommodation for the long term sick is obvious from the waiting lists for St. John's and Raikeswood Hospitals. These are always long, particularly for female patients.

There is, however, no shortage of maternity accommodation, for this Division has the highest institutional confinement rate in the Administrative County. The booking arrangements for these beds are now undertaken at the Divisional Health Office, and has obviated the position whereby one maternity unit was often overcrowded and the other half empty.

So far as infectious diseases are concerned, there is an increasing tendency to nurse cases at home, particularly scarlet fever. And there has been no difficulty in securing the admission of other cases.

Situation	Name	Purpose	Beds
Burley-in-Wharfedale	Scalebor Park	Mental Illness	323
Burnley	Victoria Hospital	General	168
Burnley	General Hospital	General	656
Burnley	Marsden Hospital	Infectious Diseases	100
Burnley	Bank Hall Maternity Hospital	Maternity	51
Colne	Christiana Hartley	Maternity	16
Grassington	Grassington Hospital	Chest Diseases	134
Ilkley	Middleton Hospital	-do-	376
Ilkley	St. Winifred's Hospital	Maternity	12
Keighley	Victoria Hospital	General	139
Keighley	St. John's Hospital	Maternity Long term sick	24 226
Keighley	Morton Banks Hospital	Infectious Disease	72
Menston	Menston Hospital	Mental Illness	2,540
Skipton	Skipton General Hospital	General	64
Skipton	Raikeswood Hospital	Acute medical Long term sick	28 143
Skipton	Cawder Ghyll Hospital	Maternity	18
Settle	Castlebergh Hospital	Mental Deficiency	169

4. BLIND PERSONS:

The statutory definition for the purposes of registration as a blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is required". Such persons, if aged forty or over, can claim a non-contributory old age pension.

Persons who are not blind within the meaning of the Act but are nevertheless substantially and permanently handicapped by defective vision may be classified as partially sighted and come within the scope of the welfare services which the local authority are empowered to provide for blind persons, but are not eligible for the special pension. There are eleven blind persons in the district. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist.

During the year an important report was published entitled "Blindness in England, 1951-54". This shows that in the majority of cases blindness is due to the degenerative changes of old age - cataract, senile macular lesions, and glaucoma; and that women greatly outnumber men. It also points out that some of this blindness is preventable, and that much (particularly cataract) is remediable. To offset that depressing story it is most gratifying to know that blindness in childhood resulting from retrolental fibroplasia, so common in recent years, has virtually disappeared. So has blindness due to ophthalmia neonatorum, syphilis, and meningitis.

5. WATER SUPPLIES:

Mr. Walker, the Surveyor and Water Engineer has kindly supplied the following information:-

1. With the return of the "wet" summer and a total rainfall one and a quarter inches in excess of the long average there was no shortage of supply and it was not necessary to introduce restrictions on the use of water. Particularly during the early summer months it was noticeable how the public were continuing to exercise economies which had been forced upon them in the previous year.

The quality of the water remained uniformly good throughout the year.

2. 59 samples of water were taken at regular intervals through the year with the co-operation of the Public Health Inspector and the results in all cases were satisfactory.
3. Samples examined at six-monthly intervals showed no sign of plumbo-solvent action.
4. No contamination was found or suspected.
5. Number of houses with direct supply: 1,934.

Population served: 5,022.

There are no stand pipe supplies.

Two years ago reference was made in the annual report to the fluoridation of water supplies, and it is of interest that during the present year this was started in four places in Britain. It is expected that those controlled demonstrations will confirm experience in the United States where it has been shown that children drinking water containing one part per million of fluoride during the time their teeth are developing have an incidence of dental caries 60 per cent less than children drinking water with only a trace or no fluoride in it.

Although fluoridation is unlikely to be the last word on the subject of dental decay, it is expected to make a valuable contribution in dealing with a national problem.

6. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_3) pollution and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile.	Sulphur in ngms. (SO ₃) per 100 sq. cms. per day.	Average daily sus- pended impurity in ngms. per cubic metre.
January	95	24.82	x	22
February	x	x	0.68	24
March	x	x	1.49	26
April	73	19.14	1.42	22
May	32	15.16	0.95	x
June	63	9.26	0.58	x
July	104	22.24	0.40	x
August	112	19.00	0.76	x
September	50	13.88	0.37	x
October	58	18.39	0.44	x
November	28	13.48	0.79	x
December	99	24.29	2.21	x

x - no figures available.

In July, 1956, the Royal Assent was given to the Clean Air Bill which was introduced in the previous year, the chief provisions of which were outlined in the Annual Report for that year. This Act is welcome - not as the complete answer to air pollution, but as a definite step forward in an attempt to deal with the problem, and a recognition of its gravity by central government.

More than five million tons of sulphur dioxide, and three million tons of smoke, grit and dust are discharged annually into the air of Great Britain and, when meteorological conditions are favourable, form a lethal aerosol. The deadly effects of smog are now well established, but the effects of long continued atmospheric pollution are even more serious. The mortality from bronchitis in England and Wales is 20 to 50 times greater than in Scandinavian countries, where little coal is burnt. In industrial areas, mortality is two to four times as great as in the countryside, with peak rates in the conurbations of Manchester, Liverpool and Sheffield. On the material, as distinct from the human aspect, the economic loss to the country runs into millions of pounds every year.

7. FOOD HYGIENE:

The annual increase in the incidence of food poisoning continues. In England and Wales in 1955, 8,961 food poisoning incidents were reported, an increase of 49 per cent over 1954. The incidents comprised 612 general outbreaks, 723 family outbreaks, and 7,626 sporadic cases. The main increase was in salmonella infections, and gave further emphasis to the frequency with which egg products have been found to be contaminated with these organisms. Duck eggs have been mentioned in previous reports.

More recently frozen whole eggs, and frozen or dried egg albumen from China have been repeatedly incriminated as carriers of these germs, as well as those of paratyphoid. So long as the distribution of contaminated foodstuffs is permitted food poisoning will persist, despite the latest food hygiene regulations. Although their strict observance will help to reduce the food poisoning due to other organisms such as staphylococci and *Clostridium welchii*.

Whilst the annual increases in food poisoning may be partly due to more prompt recognition, better notification, and increased laboratory facilities, there is no doubt a great deal which still goes unreported. And when reviewing this subject it is disturbing to realise that more and more food preparation is escaping from the domestic kitchen into the hands of the bulk commercial manufacturers. Methods comparatively harmless in the domestic kitchen are fraught with risk when practised in the communal kitchen. Prepared foods are now produced on an extensive scale with increased risk of contamination. Changing food habits whereby so many people take meals outside their homes also adds to the numbers at risk. There is an absolute need of much higher standards of storage, preparation and cooking in these factories, canteens and hotels, etc., which investigation of food poisoning outbreaks shows are often not reached.

8. NATIONAL ASSISTANCE ACTS, 1948 and 1951:

These Acts provide for the removal to hospital or other suitable place, of persons suffering from grave, chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and are not receiving from other persons proper care and attention. Under the first Act application for removal is made to a Magistrate's Court; under the second an order can be made by a local Justice of the Peace, and is used in cases of urgency. However, it is only as a last resource that these powers are used, where there is complete lack of home care and where the individual refuses to go to Hospital or Part III Accommodation, despite every effort being made to persuade them or otherwise provide for them. It was not necessary to invoke these powers during the year.

SECTION C
PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

1. DIPHTHERIA:

The incidence of this preventable disease is now very greatly reduced in this country, and no case of diphtheria has been notified within the district for several years. It is therefore only a name to many people today, and not the disease so feared by parents before large scale immunisation was introduced some fifteen years ago. But outbreaks can still occur, and during the past five years have occurred in Birmingham (105 cases), Coseley (66 and 38), Darwen (59), Dudley (12), and Hull (where there were 17 cases in 1955). Although our immunisation rate is above the national average it cannot be regarded as satisfactory until every child is immunised, in infancy and again during school life. The Divisional statistics for this procedure are given in the Appendix to this Report.

2. POLIOMYELITIS:

1956 was not an epidemic year, and no case was notified in the district. But it was marked by the introduction of vaccination, further reference to which will be found in the Appendix.

3. WHOOPING COUGH:

15 cases were notified compared with 24, 1, 51 and 34 in the preceding years. Other cases may have occurred but escaped notification because of their mild nature, being modified by vaccination. According to results published during the year of a large scale trial organised by the Medical Research Council, substantial protection which is maintained for at least two and a half to three years can now be achieved by vaccination. Vaccination should be given early, for it is babies and young children who suffer most severely from this disease, and its complications.

4. MEASLES:

Only 3 notifications were received compared with 72, 1 and 117 in the three preceding years. Measles is a virus disease spread directly from person to person. The patient is highly infectious for several days before the rash appears, so control is very limited. It is therefore fortunate that, like scarlet fever, the fatality rate has been steadily falling. The tendency for measles to occur in biennial outbreaks is well illustrated by the figures given.

5. SCARLET FEVER:

Only 6 cases were notified compared with 14,20, 9 and 11 in the preceding years. Since the beginning of this century the incidence of scarlet fever has fluctuated, with a marked drop in notifications in the past eight years. It is now very rarely fatal thanks to modern treatment and the prevailing mild type of disease. But in view of past fluctuations in behaviour it is by no means certain that the temperament of this disease will continue to be mild. Furthermore, it is now well recognised that certain strains of streptococci (the causative germs) are likely to produce nephritis as a complication.

6. TUBERCULOSIS:

Tuberculosis is the most important communicable disease of our time. The statistics for England and Wales for the past six years are as follows:-

<u>Year</u>	<u>Deaths</u>	<u>Notifications</u>
1949	19,908	52,041
1950	15,969	49,358
1951	13,806	49,440
1952	10,585	48,093
1953	8,902	46,546
1954	7,897	42,348
1955	6,543	38,838

Whilst the considerable reduction in deaths must be regarded with some satisfaction, it must also be remembered that tuberculosis has been known to be a preventable disease for almost a century. The reduction in notifications is less spectacular, but that is to be expected when attention has been given to the discovery of hitherto unknown cases by the use of mass radiography and tuberculin testing in recent years. Whatever grounds for optimism these statistics may give, the fact remains that there are probably a quarter of a million tuberculous patients in the community at present, a considerable percentage of which are not notified and probably infectious cases. Such cases, and a high proportion are elderly people, can therefore still go about spreading the disease, and it is upon them which attention must be focussed.

The contacts of every newly notified case of tuberculosis are therefore investigated, both at home and at work, to try and find out where the patient acquired his infection. All such contacts are offered a chest X-ray but as attendance cannot be enforced, the position cannot be regarded as satisfactory.

In addition, there are the Mass Radiography Units touring the country, inviting people to their public sessions, and inviting all employees for a chest X-ray at factories, works, etc. The response is often disappointing, although these units do find an average of between two and three unsuspected cases of active tuberculosis per thousand people examined. In certain types of employment, particularly those associated with children, a satisfactory chest X-ray may be a condition of employment, but in few instances is this made an annual requirement. In some areas, but not in this as yet, arrangements exist for every expectant mother to have an X-ray, as this has been found well worth while. Reference by their family doctors, of all elderly people with chronic coughs, has also proved its value. Whilst efforts to trace the sources of infection are thus limited by the fears of introducing any element of compulsion, other countries insist on all immigrants being X-rayed and have introduced much more satisfactory methods of control.

During the year a mass radiography unit of the Leeds Regional Hospital Board visited the Division and a brief report on the findings is as follows:-

	Males:	Females:	Total:
1. Examinations carried out:			
(a) Miniature X-rays taken:	2,796	1,330	4,126
(b) Large X-rays taken:	73	22	95
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis:	5	3	8
(b) Cases of inactive tuberculosis:	22	3	25
(c) Other abnormalities:	30	3	33
(d) Failed to reattend for large film:	2	-	2

Reference was made in the last Report to the use of tuberculin tests on school entrants, and at "birthday" examinations at child welfare clinics. These tests have been continued in the belief that although few unknown cases have been discovered, the discovery of every case is vitally important. The basis of these tests is that all such children ought to give a negative response to a tuberculin test. If they give a positive, search can be made amongst the contacts, for at that age they are likely to be few and mainly confined to the family group.

In the examination of these "positives" and their contacts, and in other matters, we are indebted to the Chest Physician for his close and continued co-operation.

Having, by one means or another, discovered the new case of tuberculosis, or the hitherto unknown source of infection, treatment is instituted. New drugs have revolutionised the treatment, and greatly improved the prognosis; and as there are empty beds at both local chest hospitals admission can be arranged immediately if required.

Prevention of the spread of infection can now be organised by the education of the patient and his family, and in this the health visitors play an important part. Housing conditions can be improved, as can nutrition by the provision of extra milk. The unemployed tuberculous are entitled to additional sickness benefits, and are advised on future employment when they are fit for work.

In the Appendix to this Report statistics relating to B.C.G. vaccination of school children will be found. And it is appropriate to mention here that it is a form of artificial immunity offered, at present, to thirteen year old children who are found by testing to be tuberculin negative, the implication being that they have not acquired the infection and a degree of natural immunity in earlier life. Such children are at particular risk during adolescence, and recent experience shows that B.C.G. vaccine gives them a considerable degree of protection for at least four years, and perhaps longer. This form of vaccination is also given by the Chest Physician to children, from the newly born upwards, who are or are likely to be exposed to infection. Such children being those with a case of tuberculosis in the family group, irrespective of whether such case is active or inactive.

Statistics for the district are as follows: 9 cases of tuberculosis were notified compared with 8, 6, 9 and 6 in the preceding years. 9 patients were admitted to chest hospitals during the year, and 12 discharged. 53 cases remained on the register at the end of the year.

7. OTHER DISEASES:

7 notifications of pneumonia were received, and 1 of erysipelas. Food poisoning and dysentery were not notified; nor was meningococcal infection, which is often a fatal disease in those under five years. Typhoid and paratyphoid fevers are these days often the result of infection from abroad either through contaminated foodstuffs or as cases amongst returning holiday makers. No cases occurred.

SANITARY CIRCUMSTANCES FOR THE AREA
SUMMARY OF INSPECTIONS MADE DURING 1956.

HOUSING ACCOMMODATION

Interviews	148
Inspections	107

PUBLIC HEALTH AND HOUSING ACTS

<u>INSPECTIONS</u>	190
<u>REVISITS</u>	80

GENERAL

Drainage	44
Public Conveniences	64
Rodent Control	152
Refuse Collection and Salvage	151
Smoke Observations	108
Defective Dustbins	32
Factories	28
Interviews with Owners	60
Accumulations	4
Clinic	10
Outscavenging	2
Schools	10
Shops	72
Sewer Treatment	1
Cinema	3
Hotels and Inns	20
Refuse Disposal	51
Disinfestation	4

FOOD PREMISES

Inspections	195
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INFECTIOUS DISEASES

Inquiries	6
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SAMPLING

Water (Plumbo-Solvency)	8
Water (Chemical)	2
Water (Bacteriological)	59
Ice Cream	8
Milk (Bacteriological)	6
Milk (Pathological)	6

NOTICES - INFORMAL

Informal	Served - 43	Complied with -	36
Formal	Served - 2	Complied with -	1

REPAIRSSUMMARY OF WORK CARRIED OUT

Roofs Repaired	18
Defective Plaster Repaired	22
Outbuildings Repaired	2
Walls Repaired	4
Windows Repaired	12
Doors Repaired	3
Fireplaces Repaired	2
Floors Repaired	11

DAMPNESS

26

SANITARY DEFECTS:

Defective Drains Repaired	49
Eaves Gutters Repaired	22
Sinks Repaired	6
Rainwater Pipes Repaired	8
W.W.Cs Repaired	21

MEAT AND OTHER FOODS.SLAUGHTERHOUSE: 253 Visits.

There has been an increase in the number of cattle, sheep and lambs slaughtered but the disease incidence has decreased considerably. This can be attributed to the high quality of the animals bought by the butchers and to the area rapidly becoming attested. Again I would like to pay tribute to the co-operation received at all times from the butchers and from my colleague Mr Brewer. This co-operation is essential for the smooth running of the slaughterhouse and enable me to provide a 100% inspection service.

The following is a summary of the number of animals killed and inspected with details of condemnations:-

	<u>Cattle</u> <u>excl.</u> <u>Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep</u> <u>and</u> <u>Lambs.</u>	<u>Pigs.</u>	<u>Horses</u>
Number killed	322	-	1	1013	77	-
Number inspected	322	-	1	1013	77	-
<u>All diseases except</u> <u>Tuberculosis and</u> <u>Cysticerci.</u>						
Whole carcasses condemned	-	-	-	1	-	-
Carcasses of which some part or organ was condemned	88	-	-	18	-	-
Percentage of the No. of carcasses infected with other diseases	27.33%	-	-	1.78%	-	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	1	-
Percentage of the No. of carcasses infected with Tuberculosis	-	-	-	-	1.3%	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised, totally condemned	-	-	-	-	-	-

MEAT SHOPS AND DISTRIBUTING VEHICLES:

These have remained satisfactory throughout the year.

SLAUGHTER OF ANIMALS ACT, 1933:

There are 12 licenced slaughtermen on the register.

UN SOUND FOOD:

During the year the following foodstuffs were examined and found to be unfit for human consumption:-

Salmon	1 lb.
Corned Beef	6 $\frac{3}{4}$ lbs.
Liquid Egg	56 lbs.
Boneless Ham	10 $\frac{1}{8}$ lbs.
Tinned Ham	9 $\frac{1}{8}$ lbs.

All condemned meat and food is disposed of by (a) Incineration or (b) sale to manufacturers.

BAKEHOUSES:

Regular visits were made to these premises and conditions were found to be satisfactory.

FISH FRYERS:

Number on Register - 5

12 visits were made to these premises and conditions were found to be satisfactory.

PRESERVED FOOD PREMISES:

Number on Register - 1

A number of improvements were recommended to the above premises and all were carried out during the year.

FOOD PREMISES:

The following food premises are situated in the area:-

21 Grocers and General Provisions
7 Green Grocers
10 Sweet and Tobacco
7 Butchers
1 Pork Butcher
5 Fish Fryers
10 Confectioners
3 Cafes
9 Hotels and Clubs

During the year all the food premises were visited to bring them up to standard laid down in the Food Hygiene Regulations 1955-56. 195 visits were made and the following improvements carried out:-

Provision of extra equipment for heating water	8
Provision of hot water, sink and W.C.	1
Provision of extra wash basins	4

All the premises are now up to standard and I am pleased to report that once again there has been no notification of food poisoning during the year.

ICE CREAM:

Number of premises registered for the sale and manufacture of Ice Cream - 4

Number of premises registered for the sale of Ice Cream - 21

42 visits were made to these premises and conditions were found to be satisfactory.

8 samples of Ice Cream were taken during the year and results showed that 6 were placed in Grade 1 and 2 in Grade 2. The majority of Ice Cream sold in the district is pre-packed, thus the risk of infection and spread of disease is considerably reduced.

FOOD AND DRUGS ACT, 1938: SAMPLING:-

I am informed by the West Riding County Council, being the Food and Drugs Authority under the above Act, the following samples were taken by their officers during the year:-

	<u>Genuine:</u>	<u>Adulterated:</u>	<u>Total:</u>
Milk	16	-	16
Other Foods	2	1	3
Drugs	1	-	1

The sample, classified as "adulterated" under the heading "other foods", is the last sample taken in the district during the year. A report has been submitted in respect of this sample and is still under consideration for any action which might be necessary.

MILK AND DAIRIES:

Administration appertaining to Milk and Dairies has now been reduced to sampling milk, a summary of which is given below.

<u>Milk:</u>	<u>Test:</u>	<u>Taken:</u>	<u>Satisfactory:</u>	<u>Unsatisfactory:</u>
Tuberculin Tested	Methylene Blue	5	5	-
Accredited Ordinary	-do-	-	-	-
	-do-	2	2	-

LICENCES:

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

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested (Pasteurised)	1	1
Pasteurised	-	-
Ordinary	6	-

Milk (Special Designation) (Raw Milk) Regulations, 1949.

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested	1	-
Accredited	-	-

HOUSING:

The following tables give details of the number of applicants on the Council's waiting list, together with the rehousing that has taken place during the year.

Number on register 31.12.55.	159
Number of applicants registered during 1956	<u>57</u>
	216
Number rehoused during 1956	29
Number withdrawn	68
Total number on register 31.12.56.	119
New houses erected	9

PUBLIC CLEANSING AND SALVAGE:

REFUSE COLLECTION AND DISPOSAL:

Outscavenging duties in the Kelbrook area, which are carried out by contract, have been satisfactorily attended to during the year.

A weekly collection service was maintained throughout the year through the efficient and willing co-operation of the staff and I would like to pay tribute to their loyalty under all circumstances. There has been no changes in the staff now for 2 years which implies that excellent labour relations exist.

COST OF COLLECTION AND DISPOSAL:

EXPENDITURE:

COLLECTION:

	£.	s.	d.	£.	s.	d.	£.	s.	d.
Wages	2,713	-	-						
Haulage	864	-	-						
Tools, Implements and Repairs	55	-	-						
Outscavenging	7	-	-						
Depot, Rent and Insurance	46	-	-						
Loan Charges on Vehicle	119	-	-						
Other Expenses	13	-	-				3817	-	-

DISPOSAL:

Wages: Tip	490	-	-						
Incinerator	90	-	-						
Haulage	1	-	-						
Repairs and Maintenance	33	-	-						
Rent and Insurance	5	-	-						
Loan Charges	37	-	-				656	-	-
							4,473	-	-

INCOME:

Salvage	1,022	-	-						
Re-chargeable works	174	-	-	1,196	-	-			

DISPOSAL:

Tipping charges	28	-	-						
Tip Rents		8	-						
Rent of Booth Bridge Farm	25	-	-	54	-	-			
				1250			1,250	-	-
							3,223	-	-

Average nett cost per load £2. 5. -
 Average nett cost per ton £1. 2. -

Number of loads removed
 by Motor Vehicle 1,426

Estimated weight of refuse
 removed by Motor Vehicle 2,923 tons 6 cwt.

WASTE:

Collection of waste paper, rags and scrap iron is carried out in conjunction with refuse collection and if the Mills had not rationed deliveries a record income would have been obtained this year. However it is hoped that the estimated income for the financial year will be covered.

SEWERS:

During June a maintenance treatment was carried out on the Council's sewerage system. The results show that 39 of the manholes were infested and these were subsequently poisoned. The total number of inspections in regard to the baiting and treatment of sewers was 93.

FACTORIES:

	<u>No. on Register.</u>	<u>Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers Prosecuted.</u>
a) Factories in which Sections 1,2,3,4 & 6, to be enforced by local authorities	9	4	-	-
b) Factories not incl. in (a) in which section 7 is enforced by the local authority	40	24		
c) Other premises in which section 7 is enforced by local authority (excl. out-workers premises)	-	-		
	49	28	-	-

CASES IN WHICH DEFECTS WERE FOUND.

<u>Particulars</u>	<u>No. of cases in which defects were -</u>		<u>No. of cases in which prosecutions were instituted.</u>
	<u>Found:</u>	<u>Remedied:</u>	
Want of cleanliness	1	1	-
Overcrowding	-	-	-
Unreasonable Temperature	-	-	-
Inadequate ventilation	-	-	-
Ineffective drainage of floors	-	-	-
Sanitary Conveniences			
(a) Insufficient	3	3	-
(b) Unsuitable or defective	-	-	-
(c) Not separate (sexes)	-	-	-
Other offences against this Act (not incl. offences against outworkers)	-	-	-
	<hr/> 4	<hr/> 4	<hr/> -
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

SMOKE OBSERVATIONS:

It was found necessary on two occasions to bring to the notice of Mill Engineers the emission of black smoke.

Unfortunately we are still having trouble with one firm through black smoke and grit emission but it is hoped that the passing of the new Clean Air Act will instill some urgency into the owners to provide the new equipment which has been previously considered.

RODENT CONTROL:

196 visits were made during the year in order to deal with complaints received. No heavy infestations were encountered, but regular and systematic treatments have been carried out whenever weather conditions permitted at the Council's refuse tip, sewerage works, and depot. Minor infestations at individual properties were dealt with, and where necessary structural work executed.

WEST RIDING COUNTY COUNCIL

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1956.

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4. Care of Mothers and Young Children
5. Midwifery Services
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THE HISTORY OF THE

UNION

OF THE DISTRICT OF COLUMBIA

FROM 1790 TO 1800

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21. Public Punishments

1. GENERAL DESCRIPTION:

The Division consists of the following districts:-

	<u>Estimated Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,370	7,101
Earby Urban District	5,190	3,519
Barnoldswick Urban District	10,800	2,764
Skipton Urban District	13,100	4,211
Skipton Rural District	24,090	146,071

Social conditions in this mixed urban and rural community changed little during 1956, and the local Unemployed Register, including short-time workers, never reached one hundred. Textiles, including rayon manufacture, are still the main industry; followed in numerical order of employees engaged, by Professional Services (including hospitals), Transport, Distributive Trades, the Building Industry, and Agriculture. One firm of cotton manufacturers closed down during the year, and two firms placed operatives on short-time for brief periods. The spinning section of one firm was transferred to Northern Ireland, but there were no extensions to holidays during the year which are worthy of note.

Further progress has been made in clearing slum property in all districts under the terms of "The Housing Repairs and Rents Act, 1954", but the provision of houses for families other than those displaced in this way, has been on a reduced scale.

The weather in 1956 was the reverse of that experienced in 1955, with a summer as bad as the previous year's had been good. But a mild and mainly dry autumn came as some compensation to the farming community engaged in one of the staple occupations of the area.

2. DIVISIONAL STAFF: as at 31st December, 1956.(i) MEDICAL and DENTAL:

M. Hunter	M.B.E., M.D., D.P.H.	Divisional Medical Officer.
R.R. Stoakley	M.B., B.Ch.) Assistant County and School Medical Officers.
C. Harris	M.B., B.Ch.	
G.D.G. Cameron	M.R.C.S., L.R.C.P.) Clinic Medical Officers working on a sessional basis.
A.B. Morrison	M.B., Ch.B.	
J.M. Imrie	M.B., Ch.B.	
W.M. Burbury	M.B., D.P.M.	Consultant Psychiatrist
T.S. Severs	M.D.	Ophthalmologist

(i) MEDICAL and DENTAL - continued

X	D.G. Pickles	M.A.	Psychologist
	O.A. Long	L.D.S.	Senior Dental Officer
	J.K. Ellwood	B. Ch.D.	School Dental Officer

(ii) NURSING:(a) Divisional Superintendent Health Visitor

Miss F. Stevenson, S.R.N., S.R.C.N., C.M.B.,
Part 1, H.V. Cert.

(b) Health Visitors/School Nurses

Mrs. D. Crabtree	S.R.N., S.C.M., H.V. Cert.
Miss N. Easton	S.R.N., S.C.M., H.V. Cert.
Miss I. Fell	S.R.N., S.C.M., H.V. Cert.
Miss M. Smith	S.R.N., S.C.M., H.V. Cert.
Mrs. I.G. Roscow	S.R.N.
Mrs. B. Roberts	S.R.N., S.C.M., H.V. Cert.
Miss M. Whaley	S.R.N., S.C.M., H.V. Cert.
Miss K.M. Pritchard	S.R.N., S.C.M., H.V. Cert.

(c) Home Nurses

Mrs. V.M. Flynn	S.C.M., S.E.A.N.
Mrs. H.C. Hill	S.R.N., S.C.M.
Mrs. I. Molyneux	S.R.N., S.C.M.
Mrs. M. Parkinson	S.R.N.
Mrs. M. Pratt	S.R.N.

(d) Home Nurse/Midwives

Miss D. M. Brewer	S.R.N., S.C.M.
Miss M. Brown	S.R.N., S.C.M.
Miss E.M. Butler	S.R.N., S.C.M.
Miss C. Herbert	S.R.N., S.C.M.
Miss A.M. Hunter	S.R.N., S.C.M.
Mrs. D. Inman	S.R.N., S.C.M.
Miss P.M. Oversby	S.R.N., S.C.M.
Miss E.A. Smith	S.R.N., S.C.M.
Mrs. M.A. Howard	S.R.N., S.C.M.
Miss E. Sugden	S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors

Mrs. P.M.E. Bunnett	S.R.N., S.C.M.
Mrs. B.A. Priestly	S.R.N., S.C.M., H.V. Cert.

(f) Midwives

Miss E. Barlow	S.C.M.
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(iii) OTHER STAFFMental Health

X Mrs. A.M. Dickinson S.R.N., S.C.M. (Social Worker)
 Miss M.E. Marshall M.A. (Home Teacher)

Speech Therapist

M. Buckley L.C.S.T. Resigned 30th August, 1956.

Venereal Diseases Social Worker

X Mrs. Doige-Harrison

X Service shared with other Divisions
 / Part time from Regional Hospital Board.

Home Help Staff

Full time: 5
 Part time: 39

Other Domestic Staff

Part time: 2

Administrative and Clerical Staff

Senior Clerk	1
Clerical (full time)	6
(part time)	4

Until this year it has been possible to state that the Division had a full compliment of staff. That can no longer be done, for although the position had improved at the end of the year, considerable difficulty has been experienced in covering all the duties in the health visiting and home nursing services. Holidays, sickness, and attendance at refresher courses have also had to be covered either by the whole time relief nurse/midwife or the remaining members of the staff, and to them thanks are due for their willing co-operation. There seems no doubt that if adequate staff are to be attracted to the Division, steps will have to be taken to provide more unfurnished houses or flats. For where the majority of nurses also undertake midwifery it is rarely practicable to employ assistant nurses to work with those who are fully qualified.

The administrative and clerical staff continue to be more than fully occupied, although such tasks as maternity bed bookings, and the typing and duplicating of four Annual Reports are undertaken by few of the other twenty-seven Divisions in the County.

A Staff Dinner was again held in October, this being our fourth. Apart from personal enjoyment, this function is a useful means of promoting co-operation within the health and allied services by the presence of people who may otherwise rarely meet, telephone, or write to each other.

3. HEALTH CENTRES:

In the National Health Service Act, 1948, it is stated that "it shall be the duty of the local health authority to provide, equip, and maintain to the satisfaction of the Minister, premises which shall be called health centres". Few such centres have been built, and when their cost is acknowledged it is perhaps as well that their usefulness should be studied before a programme of any size is decided upon; particularly at a time when group practice is being encouraged. However, the increase in group practice must eventually be limited by physical and personal factors, and it may be that when this occurs more money will be available to build health centres, and so improve the co-operation between local authority staffs and general practitioners, to the benefit of the patients.

Much the same view was taken by the Guilleband Committee which presented its report on the cost of the National Health services during the year. This important and eagerly awaited report came as a disappointment to the many who appreciate the weaknesses of the National Health Service, and hoped that radical changes would be advocated. In effect, the report stated that the service was not unduly expensive (even with two thirds of its money being spent on hospitals), and that it would be premature to make any sweeping changes. It did, however, recommend that as Welfare is an integral part of the local health services it should be under the same administration.

With the exception of the former day nursery at Barnoldswick, this Division has no really suitable clinic premises and much inconvenience and waste of time results from having to use rented rooms. Although the buildings matter far less than the people working in them, inadequacy and inconvenience must reduce the efficiency of a service which has a limited staff.

4. CARE OF MOTHERS AND YOUNG CHILDREN.(a) BIRTHS:Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1956.

	Domiciliary		Institutional		Total
	Live	Still	Live	Still	
(a) Primary Notifications					
(i) Urban districts	70	-	289	6	365
(ii) Rural districts	42	-	265	4	311
(b) Add Inward Transfers	2	-	234	8	244
(c) Total Notifications received	114	-	788	18	920
(d) Deduct Outward Transfers	-	-	74	1	75
(e) Total Adjusted Births	114	-	714	17	845
<u>Analysis of Institutional Births:</u>					
Born in (a) Hospitals			705	17	
(b) Maternity Homes			7	-	
(c) Nursing Homes			2	-	
			Total:	714	17

(b) ANTE-NATAL CLINICS:

The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children.

Details of our clinics and the attendances are given in table (c) on the following page. At Earby and Barnoldswick, mothercraft and relaxation exercise classes are also held, conducted by the health visitors and midwife. These are particularly appreciated by mothers expecting their first babies, who have much to learn about childbirth and care of the young baby.

(c) ANTE-NATAL CLINICS.

Name and Address of Ante-natal Clinic (whether held at Child Welfare Centre or other premises)	Number of sessions now held per month		Number of Women in attendance		Total Number of attendances made by women during the yr.	
	Combined with I.W. Doctors	Separate Sessions Doctors	No. of women who attended during yr.	No. of new cases incl. in Col. 5.	Combined with I.W. Doctors.	Separate Sessions Midwives only.
Barnoldswick The Clinic The Butts	-	4	140	119	-	618
Earby Old Grammar School	-	2	81	65	-	361
Glusburn Ebencezer Sunday School	-	2	21	14	-	115
TOTAL:	-	8	242	198	-	1,094
						298

(d) CHILD WELFARE CENTRES

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during the yr. and who at their first attendance were under 1 yr. of age	No. of children who attended during yr. and who were born in			Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but 2 yr.	2 but 5 yr.	
Barnoldswick The Clinic The Butts	8	147	128	89	116	353	2268	390	245	2,903
Earby, Old Grammar School	6	78	71	42	69	182	1349	249	406	2,004
Gargrave Institute	2	27	18	25	61	104	347	236	313	896
Glusburn Ebenezer Sunday Schl.	4	78	71	48	62	181	1176	198	241	1,615
Grassington Church House	2	31	27	18	36	81	306	83	197	586
Silsden Kirkgate Sunday Schl.	4	63	56	43	50	149	702	149	189	1,040
Skipton Millfields Hall	8	104	101	75	87	263	1972	444	457	2,873

(e) MOBILE CLINICS

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 year.	No. of children who attended during the year and were born in			Total number of children who attended during the year.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but under 2	2 but under 5	
Addingham	2	21	20	23	26	69	295	84	57	436
Bradley	2	17	11	15	19	45	268	55	21	344
Carleton	2	14	9	16	23	48	155	68	38	261
Cononley	2	17	12	12	25	49	186	88	75	349
Cowling	2	12	12	7	12	31	177	54	29	260
Embsey	2	10	10	10	21	41	124	46	53	223

(f) BIRTHS:

The total number of confinements in the home was 112 compared with 731 in hospital or maternity home. This gives an institutional birth rate of 86 compared with 58 for the West Riding Administrative County.

Whether confinements should take place in the hospital or in the home is still a matter of controversy. Thirty years ago only 15% occurred in hospitals, and although obstetrical indications are partially responsible, the main reason for the large increase in hospital confinements is social, and due to such factors as separation from families owing to employment, housing, and lack of domestic help. Whilst there is a firm belief on the part of the public that hospital delivery is safer, it should be remembered that the risk of infection to the infant is actually greater in hospital than at home. Evidence to support this occurred during the summer when a local maternity unit had to be closed for a period because of a staphylococcal skin infection amongst the babies there.

The booking of all maternity beds continues to be undertaken at the Divisional Health office. This permits patients to express their choice, and obviates overcrowding in one hospital whilst beds at another may be half empty, as may occur in small maternity units.

(g) CARE OF PREMATURE INFANTS:

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. Some of these prematures are in fact immatures, and may thrive better than others with a birth weight rather above $5\frac{1}{2}$ lbs. But it remains a valuable definition whilst prematurity continues to be the chief cause of death under one year, and particularly under one month.

There were 52 premature infants born in 1956 compared with 52 and 57 in the preceding years. Of this number 49 babies were born in hospital, and three at home. No babies were transferred to hospital after domiciliary delivery, but special equipment is available for nursing them at home when required.

Our knowledge of the associations of premature labour is still very incomplete. In half the cases there is no obvious medical reason. On the other hand it has been shown that there is a social gradient, the chances of premature birth increasing as the social circumstances of the family deteriorate. Elimination of what may be described as "environmental" causes, combined with very careful antenatal care for all mothers must therefore be the present aim.

(h) DENTAL CARE OF EXPECTANT AND NURSING MOTHERS:

The dental clinic at Barnoldswick provided dental care for the mothers in West Craven. Elsewhere local dental practitioners have provided a service under the County Council's scheme.

(i) DAY NURSERIES:

The Earby and Barnoldswick nurseries having been closed, there is now no such provision in the Division.

(j) CHILDREN'S HOMES:

Burnside House, Skipton, is operated by the Welfare Department. Children there are medically examined on admission, discharge, and periodically during their stay.

(k) NURSERY AND CHILD MINDERS (REGULATION) ACT, 1948:

Registration and approval are required where three or more children under five years are received to be looked after for a day or a substantial part of a day or for any longer period, not exceeding six days. One application for registration was refused during the year.

(l) CARE OF THE UNMARRIED MOTHER AND HER CHILD:

Although the illegitimate birth rate is half what it was ten years ago, there were 22 illegitimate births during the year, after adjustment for inward and outward transfers. And although the attitude of the general public towards this problem has greatly changed in recent years, serious personal and social difficulties often remain.

Admission to a hostel or voluntary home is often a temporary solution, and in such cases the County Council provides financial assistance. The Bradford Diocesan Moral Welfare Council has continued its valuable work in this area, and we remain indebted to its officers for their assistance.

(m) CHILD WELFARE CENTRES:

Details of the centres and attendances are given in the preceding tables (d) and (e). The attendances continued at a satisfactory level, and the sale of dried milk and other foods is a considerable convenience to the mothers. Less emphasis is now being placed on the routine weighing of babies, and more on the giving of advice by the doctors and health visitors. More health teaching is being attempted, although very few of the premises we rent are suitable for the purpose. Members of the Voluntary Committees continue to provide assistance at the static centres, and we are indebted to these ladies for their support.

5. MIDWIFERY SERVICES:

The local health authority has the responsibility for providing sufficient certified midwives to provide domiciliary care of women during childbirth, whether acting as midwives, or maternity nurses. In this Division, only one wholetime midwife is employed, in West Craven. Elsewhere, the home nurse/midwives undertake this work. This has been found to be the most suitable arrangement in a district well supplied with beds for hospital confinements. Each practising midwife attends a refresher course periodically. She is also trained to give gas and air analgesia, and pethidine, and conducts a majority of confinements without the presence of a doctor.

In the hospitals, midwives are provided by the Management Committee of the Group, but supervision is still exercised by the local health authority under the Rules of the Central Midwives Board.

STATISTICSNumber of confinements attended by midwives.

	Institu- tional total number of cases	Domiciliary Cases			
		Dr. not booked		Dr. booked	
		Doctor present at time of deliv- ery of child	Doctor not present at time of delivery	Doctor present at time of del- ivery (either booked Doctor or another)	Doctor not present at time of delivery of child
Midwives employed by the Authority	-	-	3	24	84
Midwives employed by volunt- ary organ- isations	-	-	-	-	-
Midwives employed by hosp- ital Management Committees	564	-	-	-	-
Midwives in Private Practice:					
(a) Nursing Homes	-	-	-	-	-
(b) Others	-	-	-	-	-

6. HOME NURSING:

Home nurses, some of whom also undertake domiciliary midwifery, are located in various parts of the Division according to population, natural boundaries, availability of hospitals, housing accommodation, and the demands for off-duty relief. Their names are given in Section 2 earlier in the Report.

One home nurse/midwife is employed exclusively on relief duty to cover holidays and absences through other causes. With two exceptions all the nurses have either their own cars or cars provided by the County Council. Cars are essential today in all but the largest centres of population; for without them the nurses could not possibly meet the demands on their services, particularly the giving of injections. The old conception of the district nurse as a giver of bed baths, poultices and enemas, depending largely on personality, experience, and physical skill is no longer true. She has had to acquire new techniques, the ability to work in isolation, with a minimum of facilities, and the skill to drive a car on all manner of roads in all weathers. Finally, as much of her work remains amongst the long term sick, she often has social as well as medical duties to perform.

As has already been stated in Section 2, more unfurnished accommodation will have to be provided if we are to compete with other authorities, and maintain a staff sufficient to meet all demands. This is particularly important in rural areas where midwifery is also undertaken, where there are no married women who might be employed part time, and until the proposed mobile reserve of sixteen nurses is established in the County.

A summary of the work undertaken is as follows:-

(i) Number of visits paid by home nurses during the year:	37,118
(ii) Number of cases attended by home nurses (excluding midwifery and maternity cases).	2,154

7. HEALTH VISITING:

By tradition, the health visitor is associated primarily with the care of the mother and the young child, taking over this responsibility from the midwife a fortnight after the confinement. This continues to be her main work, although she is now regarded as the general purpose family visitor, and is being employed by many authorities to undertake school nursing and tuberculosis visiting as well. Such an arrangement exists in this Division, where most of the health visitors also have a child welfare centre in their area. During the year the report of the Working Party on Health Visiting was published and its chief recommendations are on those lines.

Emphasis was also laid on the part which the visitor should play in health education, the development of care and after care services in linking up the hospital and community services, and in schemes for the aged and handicapped. Whilst it is unlikely that the health visitor will ever be quite as closely associated with the family doctor as the home nurse and midwife, there is no doubt that she should play a much larger part in this clinical team than she does at present. Hitherto communication has always been a difficulty, but all health visitors are now supplied with telephones.

Seven health visitors were employed at the end of the year, and one part time assistant. The Superintendent health visitor has additional duties, in the Home Help Service, and in the submission of reports on all patients recommended for admission to hospitals for the long term sick.

STATISTICS:

Although it is necessary to give some figures, they are not a good indication of the work done; for the quality of the work and the results achieved are much more important than the quantity of visits paid. The figures given are of visits only, and do not include attendances at schools, clinics, child welfare centres, hospitals, etc.

	<u>First Visits</u>	<u>Total Visits</u>
(i) Expectant Mothers	177	478
(ii) Children under 1 year	819	5,764
(iii) Children between 1 and 5 years	-	8,241
(iv) In respect of tuberculosis	-	912
(v) Other cases	-	2,357
	<u>996</u>	<u>17,752</u>

8. HOME HELP SERVICE:

Under the terms of section 29 of the National Health Service Act, 1948, the County Council has made arrangements for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. The service provided is a most valuable one, particularly for the aged and infirm, for it permits many to remain in their own homes, thus avoiding their costly maintenance in hospital or welfare home. At the end of the year five full time and 39 part time home helps were employed, giving assistance in 150 homes.

Their organisation has become a major administrative task, and their supervision by the Superintendent health visitor, the home nurses and midwives involves considerable work and responsibility. This is an appropriate place in which to acknowledge their efforts, and in which to pay further tribute to the home helps for the way in which they have undertaken heavy and sometimes disagreeable duties with tact and cheerful efficiency.

STATISTICS:

Cases provided with home helps during the year came within the following categories:-

	<u>Number of cases</u>	<u>Hours employed</u>
(i) Maternity (including expectant mothers):	45	3,665
(ii) Tuberculosis:	1	105
(iii) Chronic sick, aged, infirm:	288	44,525
(iv) Others:	13	1,101

9. MENTAL HEALTH SERVICE:

The functions of the Local Health Authority under existing legislation are as follows:-

- (i) The appointment of a duly authorised officer to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

During the year action was taken by this officer in eighteen cases, for an increasing number of patients now enter mental hospitals as voluntary patients.

- (ii) To ascertain, under the terms of the Mental Deficiency Act, 1913-18, what persons in the area are defective; to provide suitable supervision for them, guardianship or institutional care; and to arrange for suitable training or occupation for those not in institutional care.

During the year 3 mental defectives were ascertained, all of whom were under sixteen years of age. At the end of the year 64 defectives were resident in the Division. Of these, 54 were under statutory supervision, 10 under voluntary supervision, and 1 was on licence from an institution. In addition, 71 defectives whose home addresses are in the Division were receiving institutional care elsewhere.

Supervision of the defectives living in the Division is undertaken by the mental health social worker, and she also supplies reports to hospitals when applications for licence, holiday leave, etc., are being considered.

For those defectives likely to benefit, training is available at the small group training centre at Skipton on three days each week, and at the larger occupation centre at Keighley on five days each week. The home teacher was visiting at the end of the year 9 defectives who were unable to travel from their homes.

At the centres the training comprises teaching (in so far as it is possible) of numbers, colours, simple money values, painting, drawing, clay modelling, knitting and embroidery. The defectives also learn to sing and play together, they get companionship, and their parents are relieved of the constant strain of caring for them. A dinner is provided through the School Meals Service, and travel warrants for the defectives and their escorts.

(iii) Arranging for care and after care of persons suffering from mental illness, where provision is not otherwise made.

Under this heading a limited amount of visitation and supervision is undertaken by the mental health social worker at the request of the hospital psychiatrist or almoner, or the family doctor.

10. VACCINATION AND IMMUNISATION:

(a) On the coming into operation of the National Health Service Act, in 1948, compulsory powers for infant vaccination against smallpox ceased, and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances, which was estimated in 1948 to be less than 20 per cent. According to the national

statistics for 1955., 36.4 per cent of babies were vaccinated, so that although there has been some improvement, the position is obviously still far from satisfactory.

Until some fifty years ago small-pox swept through this country quite frequently, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. These conditions no longer appertain, for the vaccination state is low, and air journeys from smallpox endemic areas take less time than the incubation period of the disease. There have been twenty three importations of variola major in the past ten years, and there will undoubtedly be more. It is very probable also that unrecognised cases will again enter hospitals, and may well leave many contacts in the community before they arrive there.

In the Division, the number of persons vaccinated (or revaccinated) during the year was:-

Age at date of vaccination.	Under 1 yr.	1 yr.	2 to 4 yrs.	5 to 14 yrs.	15 yrs. or over.	Total.
Number vaccinated	337	17	16	13	39	422
Number re-vaccinated	-	-	-	15	103	118

- (b) It was pointed out earlier in Section C of this Report that cases of diphtheria are still occurring in this country, because of parental apathy and failure to accept the simple procedure of immunisation for their children. According to the national statistics the percentage of babies under one year of age immunised against diphtheria was 36.7 per cent in 1955. But other children are immunised through the School Health Service, and in 1955 the diphtheria immunity index was 49.3 per cent. That index is the number of children under 15 years of age who have had a course of immunisation during the last five years and are regarded as protected.

It is obviously much lower than it should be. In the Division the number of children who completed a full course of primary immunisation against diphtheria during the year was:-

Age at date of final injection:

<u>Under 5</u>	<u>5 to 14</u>	<u>Total:</u>
576	98	674

The number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) was 747.

- (c) Reference was also made in Section C to the value of vaccine now available for the protection of children against whooping cough. Details of children vaccinated in 1956 are as follows:-

Under 6 months	6 months to 1 yr.	1 - 2 years	2 - 3 years	3 - 4 years	Total:
21	317	55	13	5	411

- (d) 1956 is assured of a place in epidemiological history as the year in which poliomyelitis vaccination was first tried in Britain. But it was a year in which the incidence of this disease was low except in a number of sharply defined areas, and the statistical evidence which is going to be available as a result of these vaccinations will not be very important. However, the decision to use the "polio" vaccine was based on evidence from other countries where many millions of vaccinations have now been performed, and it has been shown in the U.S.A. that the attack rate for paralytic cases has been up to five times greater in unvaccinated children.

Although much has been discovered in recent years, knowledge of the spread of the virus, i.e., the causative germ of poliomyelitis, is still far from complete. It has been claimed that for every clinical case the number of inapparent infections, as a result of which immunity to the disease is developed, may be as high as one hundred. It has also been shown that contacts of a case, and especially family contacts act as carriers of the virus. At present

There is no practical method of discovering inapparent infections or carriers, so the use of a safe vaccine proved to give a measure of protection against infection is obviously worth while, particularly when there is, as yet, no specific treatment available for this dread disease.

Vaccination was offered to children in certain age groups in the Division during the Spring, and the response was good. Unfortunately, only a very limited supply of vaccine was available, but 221 children were given two injections, and 10 children one injection before vaccinations were stopped at the beginning of the summer, at which time poliomyelitis starts to rise to its late summer peak in this country. The vaccinations were all performed at schools, or at clinics, but family doctors will be taking part in the campaign in future years.

(e) B.C.G. vaccination for protection against tuberculosis was referred to earlier in the Report. It was given by the Chest Physician to 75 children who were likely to be exposed to infection, and by the School Medical Officers to 268 thirteen year old children found by testing to be susceptible to infection.

11. HEALTH EDUCATION:

There is little to add to that which has been written in previous years, and the health visitors continue to undertake the main responsibility. Health education is their primary function, and is best undertaken during visits to the homes of babies and young children. They are well qualified by training and experience to advise on most aspects of family life, and they have recently been including advice on the prevention of accidents in the home, behaviour problems in childhood, and healthy footwear. The ante-natal and child welfare clinics also provide receptive audiences, although lack of suitable accommodation for short talks and film shows is a handicap in all our premises. Considerable use continues to be made of leaflets and posters issued by the Central Council for Health Education, and by the County Council; and although all members of the staff play some part in health education it must be admitted that the majority are so fully occupied with new and routine duties, that this important subject is not getting the attention which it should have.

B.C.G. vaccination and poliomyelitis vaccination may be quoted as examples of new duties, and their importance cannot be denied either.

12. UNSATISFACTORY FAMILIES:

Some families, in spite of the worst misfortune, manage to maintain their independence in society, on meagre financial resources and in poor housing conditions, and with or without the statutory aid which is due to them. Others, because of their inherent weaknesses fail to support themselves or care properly for their children even when every help is given them. It is to the latter that the title of "problem family" is given, and in which the majority of cases of neglect and ill-treatment of children arise. The report of the N.S.P.C.C. for 1955 shows that 36,697 such cases were dealt with involving 98,277 children, which gives some idea of the size of the problem. It is this type of unsatisfactory family which is reviewed periodically by the co-ordinating committee formed by the Divisional Medical Officer under the terms of the Joint Circular 78/50 from the Ministries of Health and Education, and the Home Office. Much useful work has been done by this committee and a number of evictions with consequential break-up of families has been obviated.

Problem families have been the subject of much study in recent years, and the accepted view is that they differ from other families mainly in personality and intelligence. The parents are immature, often of low intelligence, and with quite a high incidence of mental illness. They do not conform to the normal social pattern because they cannot. They lack insight and foresight - that is, ordinary common sense. The mothers are usually affectionate and faithful wives but thoroughly incompetent housekeepers. But it is not usually until after several children have been born that the mother is overwhelmed, and the household subsides hopelessly into a state of dirt, debt, and domestic confusion. The family then comes to official notice because of child neglect, truancy, or crime. Rehabilitation of a family at this stage is a long, difficult and expensive business; for the provision of advice, furniture, bedding, clothing, and kitchen ware is not enough. Training in special hostels, and the employment of Family Service Units, specially selected home helps or other agencies may be necessary. There is therefore much to be said in favour of making a diagnosis at an early stage, for that might permit more successful efforts at prevention.

Unfortunately, it is likely to be some time before this idea is generally accepted and appropriate means provided to carry it out.

13. CARE AND AFTER CARE:

For patients in their own homes the home nurses supply sick room requisites such as air-rings, rubber sheets, bed pans, and bed rests, from their own stocks. Larger items such as wheel chairs, spinal carriages and special beds are supplied through the Divisional Health Office.

For patients in need of such, admission to recuperative homes, usually at the seaside, is arranged at the request of the family doctors; and for the tuberculous, extra milk is supplied on the recommendation of the Chest Physician. Home helps and home nurses are frequently provided at the request of the almoners for patients discharged from hospital.

Our liaison with most of the hospitals is satisfactory and continues to improve, for all applications for admission of the chronic sick are now referred to the department for report, and discharges are the subject of increasing consultation. That is as it should be in a national health service, particularly one with a tripartite division into hospital, health authority, and family doctor services.

The care of the aged continues to occupy many members of the staff, on a scale which increases year by year. The main principles of geriatrics now seem to be established, that the old should live at home and have some work to do, and that they should, according to their taste and capacity, keep in touch with the world around them. The aim should be independence without loneliness, useful occupation without strain, and foreseen provision (preferably in the care of adult and responsible relatives) for such period of final dependence as may be necessary.

The part which hospitals and welfare homes can play in this total problem is small. The hospitals aim at the care of diseases capable of being cured; the medicated relief of the last months or years of slow but irreversible decline is no longer an accepted function.

In fact the Ministry of Health has expressed the view that there is no real shortage of hospital accommodation for the aged, although the distribution may be uneven, and many beds may be blocked because patients no longer in need of treatment cannot be discharged. That may be so, but the fact remains that in this area it is often impossible to obtain a bed for patients in urgent need of admission.

The institutional "home" is the easy (and expensive) answer so often given, but, although the West Riding County Council has provided 452 additional beds in welfare homes since the War, the waiting list continues to grow. Between these two provisions there is an intermediate need for those not ill enough for hospital, yet not well enough for welfare home. But such "halfway" houses are few and controversy exists as to who should pay for them. As they are really taking the place of the old time infirmaries, it would seem to be the responsibility of the Regional Hospital Boards. However, when all has been said about this provision of beds, a majority of the aged remain to be dealt with by the family doctors, home nurses, and home helps. This is usually satisfactory where the relatives are available and accept their obligations; and much useful work is being done in providing ancillary services such as meals-on-wheels, chiropody, clubs, visitors, night attendants, physiotherapy, laundry services etc., although their provision is more difficult in rural and small urban areas than it is in the large towns and cities.

During the year, the County Council brought forward certain proposals for the care of old people living in sufficient numbers in a particular location to warrant the employment of a warden, and the establishment of certain other facilities on community lines. These proposals are not generally applicable in the Division, but one authority was giving them consideration.

14. AMBULANCE SERVICE:

There have been no alterations in the ambulance arrangements during the year, but increasing use is being made of short wave wireless transmission and reception apparatus. This enables ambulances to be diverted to accidents and other emergencies, and can save life and time.

The Barnoldswick depot serves West Craven, and the Keighley depot serves Silsden and the parishes in South Craven. Addingham and Beamsley are dealt with from the Guiseley depot; and the rest of the Division is served by the Skipton depot with the exception of Upper Wharfedale, where the St. John's Ambulance Brigade operates from Grassington under agency arrangements.

STATISTICS:

	<u>1956</u>
Mileage covered:	135,854
Patients carried:	16,339

15. THE SCHOOL HEALTH SERVICE:

The history of this service goes back fifty years, and until recently its principal function was the detection of defects and their treatment. Had that been its only function, the passing of the National Health Service Act in 1948 might have foreseen its disappearance. But it remains firmly established, for it is a health service rather than a medical service, and is closely linked with the educational life of the child. Faults may thus be put right before they become defects, and in this work the medical officer is helped by the school nurse who has a close acquaintance with the families in her schools through her contacts at clinics and in home visiting.

The basic programme of this service consists of the examination of every child on four occasions during school life, along with the more frequent examination of handicapped pupils and special cases. Details of these examinations are given in the following tables:-

TABLE 1.(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:-

Entrants	711
7 to 8 year group	444
Last year primary	576
First year secondary	49
Last year secondary	<u>381</u>
Total:	<u><u>2,161</u></u>

(b) Other Inspections:

Number of special inspections:	1,460
Number of re-inspections:	<u>115</u>
Total:	<u><u>1,575</u></u>

(c) Pupils found to require treatment:

	Defective Vision (excl. squint)	For any of other conditions recorded in Table 11.	Total Individual pupils
Entrants	19	109	118
7 to 8 year group	33	31	58
Last year primary	68	55	119
First year secondary	-	2	2
Last year secondary	30	26	53
Total:	150	223	350

(d) Classification of all pupils given a routine examination:

Age groups	Number of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col.2.	No.	% of col.2.
Entrants	711	689	96.9	22	3.1
7 to 8 year group	444	442	99.5	2	.5
Last year primary	576	570	99.0	6	1.0
First year secondary	49	49	100.0	-	-
Last year secondary	381	381	100.0	-	-
Total:	2,161	2,131	98.6	30	1.4

TABLE 11

(e) Return of defects found by medical inspection in the year ended 31.12.56.

All defects noted at inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection. Whenever it is considered necessary for a child to be referred for a specialist's opinion (other than for an ophthalmic examination) notification is sent to the family doctor so that he can make the arrangements or such alternative provision as he considers desirable.

	Periodic Inspections No. of defects		Special Inspections No. of defects	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	46	71	9	51
Eyes: (a) Vision	201	422	38	151
(b) Squint	20	40	2	35
(c) Other	9	2	-	2
Ears: (a) Hearing	6	15	4	5
(b) Otitis Media	3	29	-	4
(c) Other	10	21	3	9
Nose or throat	50	341	25	157
Speech	9	28	8	26
Cervical Glands	5	60	3	22
Heart & Circulation	-	39	-	47
Lungs	47	130	8	106
Developmental:				
(a) Hernia	2	16	2	7
(b) Other	3	82	3	58
Orthopaedic:				
(a) Posture	13	41	6	26
(b) Flat feet	71	76	7	46
(c) Other	25	41	1	27
Nervous System:				
(a) Epilepsy	-	7	-	7
(b) Other	-	3	-	2
Psychological:				
(a) Development	4	19	2	38
(b) Stability	3	45	1	21
Abdomen:	-	14	1	6
Other:	37	25	8	17

(f) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly and given appropriate advice and treatment. Orthopaedic, Paediatric, Dermatological, and Ear, Nose and Throat Clinics are held at Skipton Hospital by consultants of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision and the prescription of spectacles. His clinics are held in Skipton and Barnoldswick, as are the speech therapy clinics. Finally, a child guidance clinic for children showing behaviour problems and maladjustment is held in Skipton, the conduct of which is now in the hands of a consultant psychiatrist, Dr. Burbury.

Unfortunately, the speech therapy clinic had to be closed in the summer when Miss Buckley emigrated to Canada, and a replacement had not been obtained by the end of the year. The Child Guidance Clinic was without the services of Dr. Burbury during the autumn when she was in the United States, but Dr. Leese and Mr. Pickles were able to deal with urgent cases in Shipley or Skipton.

(g) HANDICAPPED PUPILS:

Section 34 of the Education Act, 1944, places a duty upon Local Education Authorities to ascertain those children who, by reason of disability of mind or body, require special educational treatment; and Section 33 requires such Authorities to make provision for the special education recommended. The School Health Service and Handicapped Pupils Regulations prescribe ten categories of handicap, and in the Division the following children were included at the end of the year:-

The Blind	2
The Partially Sighted	3
The Deaf.....	3
The Partially Deaf.....	1
The Delicate	6
The Educationally Subnormal..	36
The Epileptic	-
The Maladjusted	5
The Physically Handicapped ..	12
Speech Defects.....	-
	<hr/>
Total:	<u>68</u>

The emphasis today is on drawing as little difference as possible between the handicapped child and the normal child, and not all handicapped children need attend a special school. This is important because in a mixed urban and rural community such as we live in there are insufficient pupils of any one category to warrant providing a special day school, and the only alternatives are for these children to leave home to attend a residential special school, or have home tuition.

Children attending special residential schools at the end of the year were as follows:-

Schools for the Blind.....	2
Schools for the Partially Sighted	1
Schools for the Deaf	2
Schools for the Partially Deaf.....	1
Schools for the Maladjusted.....	5
Schools for the Delicate	6
Schools for the Physically Handicapped.....	3
Schools for the Educationally Subnormal	12

There is a residential special school in the Division at Netherside Hall near Grassington. This normally provides accommodation for 40 senior boys, many with asthma or other chest diseases, but the number had to be reduced in the autumn because of shortage of domestic staff.

(h) PUPILS UNDER OBSERVATION:

In addition to the pupils classified as handicapped under the Education Act, 1944, 44 children with defects of a temporary or less serious character were under observation by the medical and nursing staff at the end of the year.

(i) B.C.G. VACCINATION:

As mentioned under the heading of Tuberculosis in the Report of the Medical Officer of Health, all thirteen year old children were offered this vaccination if found to give a negative result on tuberculin testing.

The number offered B.C.G. vaccination ..	704
The number accepting B.C.G.....	398
The number tuberculin negative	270
The number given B.C.G. vaccination	268

(j) EMPLOYMENT OF CHILDREN:

The County Council has byelaws regulating the employment of children of compulsory school age, which require the children to be examined by a School Medical Officer within two weeks of the date employment begins. During the year 48 children were examined to ensure that employment would not be prejudicial to health.

(k) CLEANLINESS:

Examination of children's heads for infestation with vermin is undertaken by the school nurses. During the year 15,412 examinations were made and 114 children found to require treatment. In many cases this is a chance infestation which does not recur, but where there is evidence of lack of care or neglect, treatment is undertaken in co-operation with the parents and teachers.

(l) DENTAL SERVICE:

Statistics relating to work undertaken in the Division during the year are as follows:-

Number of children inspected	3,342
Number of children found to require treatment..	2,519
Number of children offered treatment.....	2,120
Number of children treated	1,625
Number of attendances	3,885
Number of extractions:	
(a) temporary.....	1,934
(b) permanent.....	408
Number of general anaesthetics.....	40

Number of fillings:	
(a) temporary	454
(b) permanent	2,213

Number of other treatments:	
(a) temporary	243
(b) permanent	1,338

16. WELFARE FOODS SCHEME:

The distribution of National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D tablets was transferred from the Ministry of Food in 1954, and distribution centres are established as follows:-

<u>Centre</u>	<u>Hours of Opening</u>
Skipton Health Office	- Daily.
Silsden Clinic	-- Weekly - Mondays & Tuesdays alternately.
Steeton	-- Alternate Tuesdays.
Crosshills Clinic	- Alternate Tuesdays.
Earby Clinic	-- Weekly - Wednesday.

<u>Centre</u>		<u>Hours of Opening</u>
Barnoldswick	-	Twice weekly - Thursdays & Saturdays.
Gargrave	-	Alternate Thursdays
Grassington	-	Alternate Wednesdays

In addition, cod liver oil and orange juice and vitamin tablets are dispensed by voluntary agencies in:-

Appletreewick
Linton
Addingham
Sutton
Farnhill
Cowling
West Marton
Lothersdale

17. MEDICAL EXAMINATIONS:

Particulars of medical examinations carried out by the Divisional Medical Staff during the year:-

Entry to County Superannuation Scheme	31
Teachers and entrants to Training Colleges	45
Fitness for work	7

In addition, certain examinations were carried out under the Children Act, 1948, and the Mental Deficiency Acts.

The following is a list of the names of the persons who have been appointed to the various committees of the Board of Directors of the National Board of Health, as recommended by the Board of Health, and as approved by the Board of Directors, on the 15th day of June, 1902.

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- Chairman
- Secretary
- Members
- Committee on Hygiene
- Committee on Sanitation
- Committee on Public Health
- Committee on Medical Education
- Committee on Medical Research
- Committee on Medical Statistics
- Committee on Medical Legislation
- Committee on Medical Administration
- Committee on Medical Practice
- Committee on Medical Education
- Committee on Medical Research
- Committee on Medical Statistics
- Committee on Medical Legislation
- Committee on Medical Administration
- Committee on Medical Practice

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