

[Report 1948] / Medical Officer of Health and School Medical Officer of Health, East Riding of Yorkshire County Council.

Contributors

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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

OF THE

Medical Officer Of Health

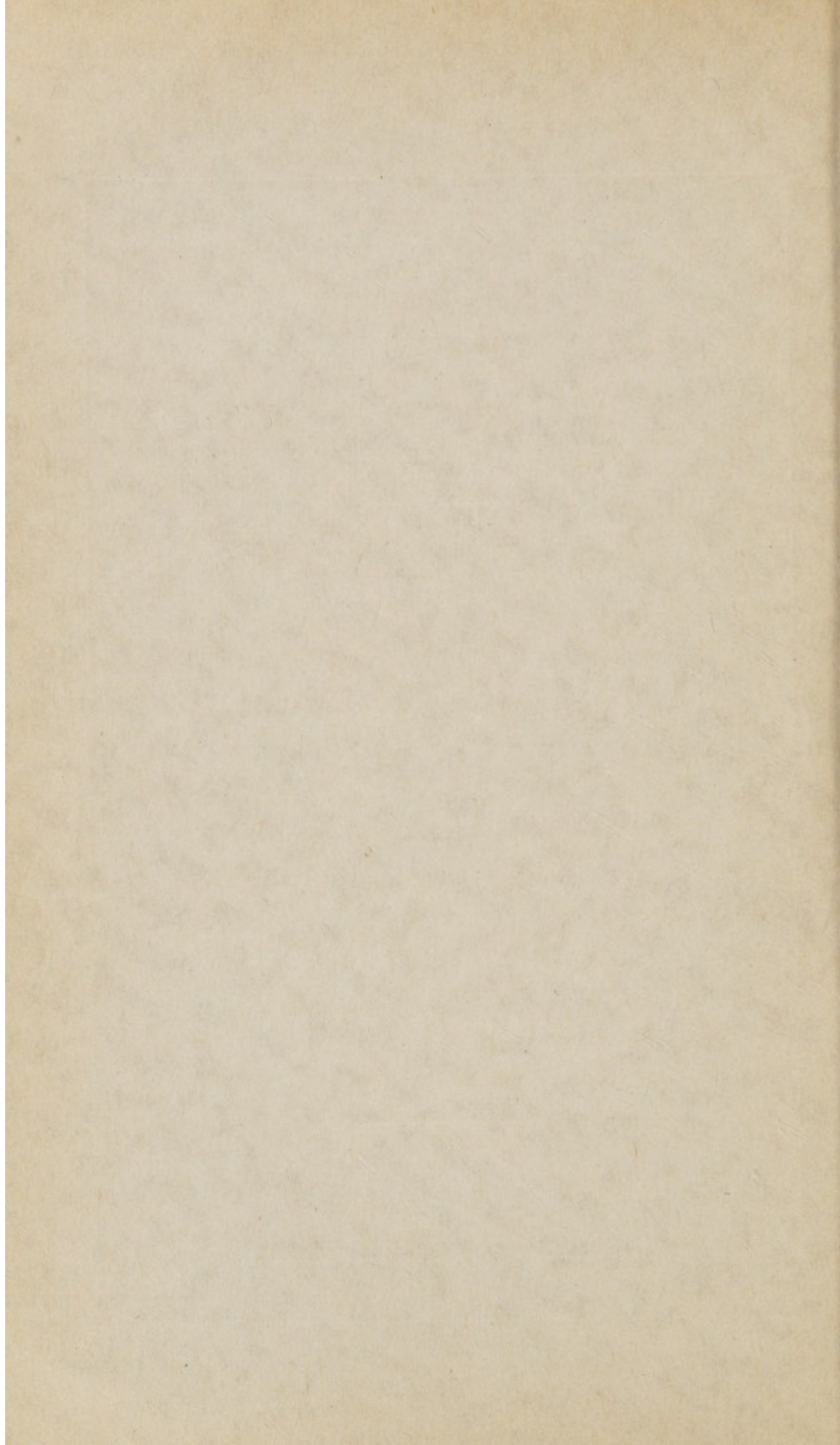
AND

School Medical Officer

For the Year 1948


Beverley :

WRIGHT & HOGGARD, PRINTERS, MINSTER PRESS.



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To the Chairman and Members of the County Council.

These Annual Reports refer to a year which will for a long time be regarded as a momentous one so far as the organisation of the Health Services in this country is concerned, for on 5th July, 1948, the National Health Service Act of 1946 became operative. On that date, the Council ceased to be responsible for the provision of hospital services of all types, and for the provision of specialist services in the patient's home or at clinics, and by virtue of the new National Assistance Act, the Council's duties as a Public Assistance Authority ceased. The duties that remained, in addition to that of maintaining a general oversight of the health conditions of the County as a whole, were those of providing a maternity and child welfare service for the whole of the County shorn unfortunately of the previous close link with institutional confinement facilities; a school medical inspection and welfare service, partially separated from the specialist treatment facilities associated with that service; a domiciliary nursing and midwifery service; a health visitor service; an ambulance service; a service for the provision of immunisation and vaccination; facilities for a domestic help service; a supervisory and advisory service for mentally ill and mentally defective patients not in institutions; the provision of health centres; and a general service for the prevention of illness and for the care and after-care of patients being nursed at home or recovering from illness, with especial reference to those suffering from tuberculosis. As a Welfare Authority under the National Assistance Act, all that remained of the old Social Welfare and Public Assistance facilities were the duties of providing residential accommodation for the aged and infirm other than those who were in need of medical or nursing attention, temporary accommodation for those rendered temporarily homeless, and a general care service for the blind and possibly other groups of permanently handicapped persons.

To all intents and purposes, therefore, there has been a severance of the preventive and social from the treatment or curative sides of medicine. It is too early yet to say whether the fears previously expressed about the results of such a severance will prove to be unfounded, but there does appear to be a strong tendency to concentrate on the treatment of disease and overlook the advantages, whether physical, mental or economic, of preventing ill-health.

The Health Department has been more than fully occupied during 1948 in preparing the various schemes for what was left of the old services, and such new ones as have been added, and in organising the initial functioning of these schemes. Details of the schemes have already been published and this report deals mainly with the working of them during the first six months of their operation. The task now before us is to try to weld the functions that remain into a compre-

hensive service of preventive and social medicine and to do all that is possible to strengthen those links with the treatment services which have been so severely strained. These links at present appear to be insufficient to overcome the setback to the preventive medical viewpoint which has resulted from many whole-time officers of the various treatment services no longer being primarily responsible to the Health Authority and having instead a first responsibility to bodies whose energies must be, for some time to come, concerned with the treatment of illness rather than its prevention.

In view of these fundamental changes it may not, perhaps, be an inappropriate occasion briefly to review the development of the County Health Services from their inception to the present time, by reference to previous annual reports.

The first report of the first County Medical Officer—Dr. Mitchell Wilson, refers to the year 1901. At that time the population of the County was 144,748, 63% living in the Rural Districts. The Birth Rate was 24.9, the Death Rate 14.8, and the Infant Mortality Rate 137. In that year, there were notified 665 cases of Scarlet Fever, 122 cases of Diphtheria and 122 cases of Enteric Fever. The pressing problems of those days were the improvement of housing, water supplies, and sanitation and the control of infectious disease. The reports for several years refer mainly to these subjects and to extracts from the reports of the Medical Officers of Health for the various urban and rural districts.

In 1904, one finds the first reference to the bacteriological examinations of specimens from cases of infectious disease—the beginning of the laboratory service.

In 1907, interest begins to centre on the prevention of infant deaths and the care of mothers. In an attempt to control the ravages of infantile diarrhoea and vomiting, "a pamphlet on 'Suggestions as to the Feeding and Rearing of Infants' was prepared and 1,000 copies circulated." As a step towards improved maternity services, a copy of the Midwives Rules prepared by the then new Central Midwives Board was sent to every registered midwife, but the report states "Several midwives cannot read or write, therefore some other person is said to have read the rules to them and is also responsible for entering up notes of the cases attended. Others have not had sufficient education to read much and women who are 70 years of age are naturally unwilling to learn to carry out new ideas."

By 1910, the population had risen to 154,010, the Birth Rate was 22.4, the Death Rate 12.98 and the Infant Mortality Rate 93. There were 507 cases of Scarlet Fever, 210 cases of Diphtheria and 37 cases of Enteric Fever.

1911 saw efforts being made to improve housing conditions, a house-to-house survey being conducted under the Housing and Town Planning Act, and the effect of the work on the improvement of housing, water supplies and sanitary conditions was indicated by a statement in the report for 1913 to the effect that "Enteric Fever cases were down to 25 and all but three of these occurred in the Rural Districts. There were no cases in Beverley, for the first time on record."

Maternity and Child Welfare services were only just beginning in the area. By 1913, Beverley Borough had appointed its first Health Visitor, but the Public Health Committee did not feel that it could recommend the County Council to make a similar appointment or to adopt the Notification of Births Act "having regard to the fact that in the East Riding of Yorkshire the mortality amongst young children had considerably decreased, especially during the last six years." The death rate of infants was then 87 per 1,000 births. Increasing interest was, however, being taken over the problem of tuberculosis and Dr. Thornley, who was soon to become the second County Medical Officer, was appointed with duties as a Tuberculosis Officer and search was being made for sanatoria and dispensary facilities. By this time, too, the School Medical Service had begun the work that was eventually to make such vast improvements in the health and well-being of the school child.

In 1914, it was recorded that the Bridlington Borough had opened a "Babies Welcome" at which the District Nurse attended and "the Medical Officer of Health attends occasionally and gives advice and short addresses." In the same year, in the Borough of Beverley there were no deaths from infantile diarrhoea and the Medical Officer of Health reported that there had been a great diminution in the Infantile Mortality Rate since the appointment of a Health Visitor. The rate had dropped to 70 from a rate of 126 in 1911.

In 1916, a County Health Visitor had been appointed. An interesting comment on those war years in comparison with recent experience is the following extract from her report: "As milk and sugar become more difficult to obtain and the prices of artificial foods increase, the mothers are called upon to make greater efforts to breast feed their babies."

The war of 1914—1918, like the war of 1939—1945, had the effect of producing considerable expansion and improvements in the health services provided by Local Authorities. The responsibility for providing facilities for the treatment of Venereal Diseases was added to that of providing treatment for Tuberculosis as part of the preventive work for these two diseases.

Just before the end of the 1914—1918 war, Dr. Thornley took over the duties of County Medical Officer and the County services began to take on a pattern which is more easily recognisable by to-day's standards. The year 1919 saw the appointment of three Health Visitors and the first attempt at a whole-time domiciliary midwifery service in the appointment of three whole-time midwives. This arrangement did not last for many years, and it was not until 1937 that the whole-time domiciliary midwifery service actually became an established fact.

In 1920, the population had risen to 158,887. The Infantile Mortality Rate had dropped to 66, but Scarlet Fever, Diphtheria and Enteric Fever were still prevalent, the number of cases being 230, 269 and 31 respectively. The beginnings of the special hospital service make their appearance with the opening of Raywell Sanatorium, and a two-bedded maternity home and an infectious diseases hospital in Driffield. Infant Welfare Centres make their appearance and as the years go by gradually increase in numbers.

By 1930, the population had risen to 169,692. Enteric Fever had now been nearly eliminated, but there were still 157 cases of Diphtheria. Infant Welfare Centres numbered 10 and had 4,400 attendances, and the four health visitors were making over 13,000 visits a year. As for hospital services, the provision for the treatment of general illness was still entirely in the hands of the voluntary hospitals, but in the Administrative County there were 110 infectious disease beds, 16 beds for smallpox, 8 beds for maternity, 64 beds for tuberculosis, and 236 beds in Public Assistance Institutions for the treatment of the chronically ill and sick poor.

Ten years later, in 1940, the midst of another war finds the population up to 194,530, but with only 51.5% living in rural areas. Continued work had helped to reduce the Infant Mortality Rate to 43. Diphtheria was on the wane, but still caused 102 cases in the year. In the intervening period, the domiciliary midwifery service had been provided, the Avenue Hospital and Brandesburton M.D. Institution had been opened, and now were to come the extensions to the Beverley and Driffield Public Assistance Institutions which were to turn them into Emergency Hospitals, primarily intended for military and civilian air-raid casualties, but which soon were providing general and maternity hospital services for the people of the County as a whole. In the years that followed, other services extended at the same time as the hospital services expanded: ante-natal clinics, more infant welfare centres, special services for premature infants, for unmarried mothers and their children, extended maternity provision, immunisation against diphtheria and

many others, and, by the efforts of the officers of the various County Districts, steady improvement in water, sewerage and sanitary services.

All these services were co-ordinated through the County Council's Public Health and Social Welfare Committees, and although many improvements were still required, they were providing for a fairly comprehensively integrated preventive and general and special treatment service, and a reference to the details given in this annual report will, I hope, by comparison, show how far is the distance that has been travelled during nearly half a century in this County alone towards the improvement of health and the relief of suffering.

Now as has already been stated, we are entering a new era of health service administration, and in future these annual reports will deal once more nearly entirely with the work of prevention and the care, as distinct from the treatment, of various members of the community. If at the turn of the century some future County Medical Officer, if at that time such an officer exists, may feel inclined to survey the progress after fifty years of the new County Health Service responsibilities, may we hope that he will be able to record as great a further advance as the past fifty years have shown.

In conclusion to this introduction, may I take this opportunity to express my thanks to the members of the Council, and especially to the members of the Health and Education Committees, for the continued help and support they have extended to me. I also wish to record my appreciation of the manner in which all members of the staff of the Health and School Medical Department have again carried out their duties during the year, and my thanks to Dr. A. Thomson for preparing the report on the School Medical Service.

I have the honour to be,

Your obedient Servant,

R. WATSON.

County Hall,
Beverley.
July, 1949.

**STAFF OF PUBLIC HEALTH AND SCHOOL MEDICAL
DEPARTMENT, 1948.**

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER.

R. Watson, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER.

A. L. Thorburn, M.B., Ch.B., B.A.O., M.D., D.P.H. (to 7th November, 1948).

DISTRICT SCHOOL MEDICAL OFFICER, BEVERLEY.

G. H. Taylor, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (to 8th November, 1948).

DISTRICT SCHOOL MEDICAL OFFICER, BRIDLINGTON.

E. T. Colville, M.D., B.Hy., D.P.H.

ASSISTANT MEDICAL OFFICERS AND ASSISTANT SCHOOL MEDICAL OFFICERS.

Helen Moffat, M.B., Ch.B., D.P.H. (retired 24th June, 1948).

Winefride M. Hamilton, M.R.C.S., L.R.C.P., D.P.H., L.M. (left 27th March, 1948).

Winifred Malet, M.B., Ch.B., M.R.C.S., L.R.C.P.

Olive M. Sparrow, M.D., M.B., B.S. (part-time) (from 11th October, 1948).

Margaret L. Walker, M.B., B.S., D.P.H. (from 30th March, 1948).

SENIOR SCHOOL DENTAL OFFICER.

P. S. Spence, L.D.S.

ASSISTANT SCHOOL DENTAL OFFICERS.

E. Beddoes, L.D.S. (part-time).

K. H. Champlin, L.D.S.

Miss J. M. Cripps, L.D.S. (from 1st October, 1948).

G. Fleming, L.D.S.

J. McCaig, L.D.S.

J. A. Stout, L.D.S. (part-time) (to 31st December, 1948).

COUNTY WELFARE OFFICER.

S. J. Partridge.

DISTRICT WELFARE OFFICERS AND AUTHORISED OFFICERS.

R. Bottomley.

K. Powls.

V. F. Millett.

H. F. Stead.

COUNTY HEALTH INSPECTOR.

G. J. Peters, A.M.I.S.E., M.R.San.I., M.S.I.A.

SUPERVISOR OF MIDWIVES.

Miss E. M. Bailey, S.R.N., S.C.M., H.V. Cert., Queen's Nurse.

ASSISTANT SUPERVISOR OF MIDWIVES.

Miss A. M. Turner, S.R.N., S.C.M., H.V. Cert., R.F.N., Queen's Nurse (from 15th November, 1948).

COUNTY DISTRICT NURSES AND MIDWIVES.

Mrs. K. M. Barnes, S.C.M.

Miss D. A. Beal, S.R.N., S.C.M. (from 9th August, 1948).

Miss P. Bennett, S.R.N., S.C.M.

Mrs. W. L. Bingham, S.R.N., S.C.M., Q.N. (from 12th July, 1948).

Mrs. E. Bishop, S.C.M.

Miss A. E. Black, S.R.N., S.C.M. (from 5th July, 1948.)

Mrs. E. Bristow, S.E.A.N. (from 5th July, 1948).

Mrs. I. Burrill, S.R.N., S.C.M., Q.N. (from 5th July, 1948.)

- Mrs. M. A. Charter, S.R.N., S.C.M. (from 5th July, 1948.)
 Mrs. L. Colbeck, S.C.M., S.E.A.N. (from 5th July, 1948.)
 Miss H. Cole, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. M. A. Cracknell, S.C.M.
 Miss V. Crosland, S.R.N., S.C.M., Q.N. (from 5th July, 1948.)
 Miss L. Danby, S.R.N., S.C.M., Q.N. (from 5th July, 1948).
 Miss M. Dormer, S.R.N., S.C.M., Q.N. (from 5th July, 1948).
 Miss D. Dove, S.C.M.
 Miss E. K. Fawley S.R.N. (from 5th July, 1948).
 Miss E. Ferrar, S.R.N., S.C.M. (from 5th July, 1948).
 Miss F. V. Fish, S.R.N., S.C.M.
 Miss C. Fisher, S.C.M. (from 5th July, 1948).
 Mrs. E. Foster, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. J. E. Fraser, S.C.M.
 Miss N. Grantham, S.C.M.
 Mrs. B. E. Gibbs, S.C.M.
 Miss A. Head, S.R.N., S.C.M. (from 5th July, 1948).
 Miss M. M. Hind, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. H. A. Holdridge, S.R.N., Q.N. (from 5th July, 1948).
 Miss D. E. Holden, S.R.N., Q.N. (from 1st November, 1948).
 Miss D. A. Hunter, S.R.N., S.C.M., Q.N. (from 5th July, 1948).
 Miss E. Hutchinson, S.R.N., S.C.M. (from 5th July, 1948).
 Miss E. Ingleby, S.R.N., S.C.M., Q.N. (from 5th July, 1948).
 Mrs. E. Jamieson, S.R.N., S.C.M. (from 5th July, 1948).
 Miss M. E. Jenkins, S.R.N., S.C.M. (from 5th July, 1948).
 Miss E. F. Jones, S.C.M.
 Miss P. Jowett, S.C.M. (from 5th July to 18th December, 1948).
 Mrs. M. Kirkwood, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. D. H. Laycock, S.R.N. (from 5th July, 1948).
 Miss M. Massam, S.R.N., S.C.M., Q.N. (from 5th July, 1948).
 Miss E. M. Massie, S.E.A.N. (from 5th July, 1948).
 Miss E. M. Melbourne, S.C.M.
 Mrs. M. O. Morrison, S.C.M. (from 29th November, 1948).
 Mrs. B. Oliver, S.R.N., S.C.M. (from 11th October, 1948).
 Mrs. E. Ord, S.C.M.
 Miss E. Pegg, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. W. A. Place, S.C.M.
 Miss E. Pullan, S.R.N., S.C.M. (from 5th July, 1948).
 Miss R. Rossiter, S.R.N., S.C.M., Q.N. (from 5th July, to 31st
 August, 1948).
 Mrs. E. E. Scrase, S.R.N. (from 5th July, 1948).
 Mrs. E. A. M. Seal, S.R.N., S.C.M.
 Miss E. Sellers, S.R.N. (from 5th July, 1948).
 Miss B. A. Silversides, S.R.N., S.C.M.
 Mrs. L. F. Slater, S.R.N., S.C.M. (from 5th July, 1948).
 Miss M. Smith, S.R.N., S.C.M.
 Mrs. N. Smith S.C.M. (from 16th August, 1948).
 Miss M. Spavin, S.R.N., S.C.M., Q.N. (from 22nd November, 1948).
 Mrs. G. M. Spiegth, S.C.M.
 Mrs. L. E. Thorley, S.R.N. (from 5th July, 1948).
 Miss E. Warder, S.R.N., S.C.M. (from 5th July, 1948).
 Mrs. H. Watson, S.R.N., S.C.M. (from 5th July, 1948).
 Miss M. Wemyss, S.R.N., S.C.M.
 Miss M. West, S.C.M., S.E.A.N.
 Miss E. E. Wilson, S.R.N., S.C.M.

HEALTH VISITORS AND SCHOOL NURSES.

- Miss M. Anderson, S.R.N., S.C.M., H.V.Cert. (from 13th January,
 1948).
 Miss B. Ashby, S.R.N., S.C.M., H.V.Cert. (from 16th August, 1948).
 *Mrs. D. Barry, S.R.N., S.C.M., S.R.C.N., H.V.Cert. (from 5th
 July, 1948).
 Miss P. D. Bourne, S.R.N., S.C.M., H.V.Cert.
 Mrs. D. Boyes, S.R.N.
 Miss M. Briggs, S.R.N., S.C.M., H.V.Cert.
 Mrs. V. Brown, S.R.N., S.C.M., H.V.Cert. (from 5th July, 1948).

- Miss H. Dukes, S.R.N., S.C.M., H.V.Cert.
 *Miss L. Evans, S.R.N., S.C.M., R.F.N., H.V.Cert. (from 5th July, 1948).
 Miss F. A. Hoggard, S.R.N., S.C.M.
 Miss V. A. Jenkinson, S.R.N., S.C.M., H.V.Cert.
 Miss W. M. Limbach, S.R.N., S.C.M., H.V.Cert.
 Miss H. H. G. McDonald, S.R.N., S.C.M., H.V.Cert.
 Miss N. Pinchbeck, S.R.N., S.C.M., H.V.Cert.
 Miss I. Rippon, S.R.N., S.C.M., H.V.Cert. (from 16th August, 1948).
 Miss E. M. E. Roddis, S.R.N., S.C.M., H.V.Cert.
 †Miss E. Smith, S.R.N., S.C.M., H.V.Cert. (from 5th July, 1948).
 Miss J. L. Stow, S.R.N., S.C.M., H.V.Cert. (from 2nd November, 1948).
 Miss A. E. Sturdy, S.R.N., S.C.M., H.V.Cert.
 Miss C. M. Taylor, S.R.N., S.C.M.
 †Mrs. W. M. Wilde, S.R.N., S.C.M., H.V.Cert. (from 5th July, 1948).
 * Transferred from Beverley Welfare Council on 5th July, 1948.
 † Transferred from Bridlington Welfare Council on 5th July, 1948.

SPEECH THERAPIST.

Miss P. L. N. Craig (from 8th September, 1948).

COUNTY WELFARE VISITOR.

Miss D. M. Armstrong (to 31st August, 1948).

Miss M. A. Carr (from 4th October, 1948).

ORGANISER OF HOME HELP AND DOMESTIC HELP SERVICE.

Mrs. E. Silvester.

PUBLIC ANALYST:

D. J. T. Bagnall, A.C.G.F.C., F.R.I.C.

**Medical Officers of Health of the several Local Authorities
at 31st December, 1948.**

Local Authority.	Name of Medical Officer.
MUNICIPAL BOROUGHES.	
Beverley	G. H. Taylor, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.* (to 8th November, 1948).
	G. Holroyd, M.R.C.S., L.R.C.P., D.P.H. (acting from 9th November, 1948).
Bridlington	E. T. Colville, M.D., B.Hy., D.P.H.*
Hedon	H. Marshall, M.B., Ch.B.
URBAN DISTRICTS.	
Driffield	J. W. Thomas, M.R.C.S., L.R.C.P.
Filey	G. A. Dibb, M.B., Ch.B.
Haltemprice	J. M. Hermon, M.D.
Hornsea	L. French, M.B., B.S., M.R.C.S., L.R.C.P.
Norton	F. C. Mayo, M.R.C.S., L.R.C.P. (to 31st October, 1948).
	W. Wilson, M.B., B.Ch., D.P.H.* (from 1st November, 1948).
Withernsea	F. R. Cripps, M.D., D.P.H.
RURAL DISTRICTS.	
Beverley	G. H. Taylor, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.* (to 8th November, 1948).
	G. Holroyd, M.R.C.S., L.R.C.P., D.P.H. (acting from 9th November, 1948).
Bridlington	P. D. H. Chapman, M.B., B.Ch., M.R.C.S., L.R.C.P.
Derwent	W. B. Hill, M.D., D.P.H.
Driffield	A. Milner, M.B., Ch.B.
Holderness	F. R. Cripps, M.D., D.P.H.
Howden	F. Wigglesworth, M.B., Ch.B.
Norton	W. Thistlethwaite, M.B., Ch.B. (to 31st October, 1948).
	W. Wilson, M.B., B.Ch., D.P.H.* (from 1st November, 1948).
Pocklington	A. F. A. Fairweather, M.B., Ch.B. (to 31st October, 1948).
	W. Wilson, M.B., B.Ch., D.P.H.* (from 1st November, 1948).

*Whole time District Medical Officer of Health.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1.—Vital Statistics.

POPULATION.

Districts.	Census, 1931.	Estimated.	
		1947.	1948.
Administrative County	169,287	200,110	205,900
Urban Districts	75,206	98,960	103,380
Rural Districts.....	94,081	101,150	102,520

BIRTHS AND BIRTH RATES

(Birth rate per 1,000 of the Population).

Districts.	Average rate for the ten years.		1942	1943	1944	1945	1946	1947	1948
	1921—1930	1931—1940							
	Administrative County	17.9								14.8	17.0	16.6	19.2	17.0	19.2	19.4	16.7
Urban Districts..	16.6	14.4	17.4	17.6	19.4	16.9	19.5	19.6	16.1
Rural Districts...	18.8	14.9	16.6	15.7	18.9	17.0	18.9	19.2	17.3

The birth rate for the whole of England and Wales was 17.9, compared with 20.5 in the previous year.

There were 3,432 live births and 82 stillbirths registered in the County during the year, making a total of 3,514.

The number of births notified to my Office by practitioners, midwives, etc., was 3,112, whilst the Registrars in the County sent particulars of 101 births which had been registered but not notified.

ILLEGITIMATE LIVE BIRTHS.

Districts.	1941	1942	1943	1944	1945	1946	1947	1948
Administrative County	212	253	246	313	326	334	233	221
Urban Districts..	90	111	110	152	165	161	108	107
Rural Districts..	122	142	136	161	161	173	125	114

The illegitimate birth rate was 1.1 per 1,000 of the population, compared with 1.2 in the previous year.

The number of illegitimate live births was 6.4% of the total live births for the County.

DEATH RATES FROM ALL CAUSES (ALL AGES) (per 1000 of the Population).

Districts.	Average rate for the ten years.		1942	1943	1944	1945	1946	1947	1948
	1921—1930	1931—1940							
Administrative County	12.2	12.3	11.1	12.5	13.0	13.1	12.1	12.0	10.7
Urban Districts..	13.2	13.0	12.0	13.8	14.3	14.0	13.0	12.9	11.4
Rural Districts.	11.6	11.6	10.4	11.3	11.7	12.1	11.3	11.2	10.0

There were 2,205 deaths registered in the County in 1948, a decrease of 200 on the figure for the previous year.

The death rate of 10.7 per 1,000 of the population is the lowest ever recorded in the County, the previous lowest being returned in 1942, when it was 11.1. The figure for England and Wales for the past year was 10.8.

The principal causes of death in the County were once again heart disease (642), cancer (389), and intra-cranial vascular lesions (297), these causes accounting for 60% of the total deaths.

The following table shows the figures for comparison for various causes for the years 1947 and 1948:—

Cause of Death.	1947.	1948.
Cerebro-spinal Fever	1	—
Scarlet Fever	—	—
Whooping Cough	2	1
Diphtheria	—	—
Tub. of Resp. Sys.	69	48
Other Forms of Tuberculosis	13	16
Syphilitic Disease	7	10
Influenza	12	8
Measles	1	1
Ac. Poliomyel. and Poliœnceph.	3	—
Ac. Inf. Enceph.	4	2
Cancer	337	339
Diabetes	16	22
Intracranial Vascular lesions	355	297
Heart Disease	703	642
Other dis. of circ. system	106	100
Bronchitis	88	67
Pneumonia	88	73
Other Res. Diseases	39	29
Ulcer of Stomach or Duodenum	20	21
Diarrhœa, under 2 years	14	5
Appendicitis	5	6
Other Dig've Diseases	53	50
Nephritis	65	45
Puer. and Post-abort. Sepsis	1	3
Other Maternal Causes	1	3
Premature Birth	50	31
Con. mal. birth inj. infant. dis.	54	41
Suicide	16	26
Road Traffic Accidents	17	22
Other Violent Causes	52	37
All Other Causes	213	210
All Causes	2405	2205

DEATHS AMONGST CHILDREN UNDER ONE YEAR.

Death rate amongst Infants per 1,000 Live Births.

Districts.	Average rate for the ten years.		1942	1943	1944	1945	1946	1947	1948
	1921—1930	1931—1940							
Administrative County	61	51	40	51	44	43	37	40	32
Urban Districts..	59	50	43	54	47	41	36	40	36
Rural Districts	63	53	38	47	41	46	38	40	29

There were 111 deaths of children under the age of one year in 1948, as compared with 155 in 1947, and the infant mortality rate of 32 per 1,000 live births is the lowest ever recorded in the County. The previous lowest figure, viz., 37, was recorded in 1946. The rate for England and Wales for 1948 was 34, compared with 41 in 1947.

The distribution of these infant deaths between various grouped causes is shown in the following table:—

INFANT DEATHS FOR THE YEARS 1947 AND 1948.

	Urban.		Rural.		Total.	
	1947.	1948.	1947.	1948.	1947.	1948.
Infectious Diseases	3	—	2	2	5	2
Respiratory Diseases	11	14	15	11	26	25
Digestive Diseases	9	1	7	4	16	5
Prematurity	27	20	23	11	50	31
Birth Injury, Infantile Diseases and Congenital Malformations	24	16	23	19	47	35
Other Causes	4	9	7	4	11	13
Totals	78	60	77	51	155	111

INQUESTS.

The causes of death returned by the Coroners were as follows:—

Cause of Death.	East Riding District.	Holderness District.	Howdenshire District.	Eserick District.	Totals for 1948.	Totals for 1947.
Natural Causes ...	5	—	—	4	9	27
Accidental Death.	19	1	1	5	26	85
Suicide	15	7	3	3	28	19
Found drowned ...	2	—	1	—	3	6
Other verdicts	19	5	6	—	30	5
Totals	60	13	11	12	96	142

Section 2.—General Provision of Health Services for the Area.

LABORATORY FACILITIES.

On 5th July, 1948, the responsibility for the provision of Pathological Laboratory services ceased to be a function of the County Council. Before that date, however, the facilities in the area had been considerably improved by the provision by the Medical Research Council of a Public Health Laboratory in Hull. The Laboratory took over the majority of the public health laboratory work and also the bacteriological examination of milk and water specimens on behalf of the County and County District Councils. The Area Laboratory at the Beverley Westwood Hospital was therefore enabled to concentrate more on clinical bacteriology and pathology.

Chemical examination of milk and other foods and of water samples continues to be undertaken by the Public Analyst in Hull by arrangement with the Hull Corporation.

HOSPITALS.

As from 5th July, 1948, the County Council ceased to have any responsibility for the provision of hospital services, these duties being taken over by the Regional Hospital Board.

During recent years, the Public Health and Public Assistance Committees had been pursuing a policy of steady expansion and improvement of the hospital services for which they had been responsible, and reference has repeatedly been made in these Reports to schemes which had been approved and to the disappointment experienced that so few had been possible of realisation owing to delays in the obtaining of the necessary approvals and the difficulties associated with the shortage of manpower and materials. When, therefore, the hospitals and institutions belonging to the County Council were taken over by the Regional Hospital Board much still remained to be done to bring them up to a standard which could be regarded as satisfactory.

A summary of the position on the 5th July, 1948, is as follows:—

*Beverley Emergency Hospital and Westwood Maternity Home
(now known as the Beverley Westwood Hospital).*

This Hospital, which had developed during the war as a hatted emergency hospital associated with an original Public Assistance Institution, was providing for a considerable part of the acute medical and surgical needs of the County. It

had constantly to cope with the difficulties associated with an institution of this type mainly those associated with large wards in huts with inadequate single and small ward accommodation and unsatisfactory nursing staff accommodation. In 1947, the first stage in the provision of an up-to-date maternity and gynaecological section had been completed by the provision of a twenty-bed maternity unit on the first floor of the building originally used as the Infirmary of the Public Assistance Institution, and a scheme had been approved for the conversion and extension of the ground floor of this block to provide an additional operating theatre, gynaecological wards, nurses' sick bay and administrative offices. Schemes were also under consideration for the extension and improvement of the Nurses' Home, the improvement of the hutted wards by partitioning and central heating, the provision of a new physiotherapy department and the provision of a new pathological laboratory in the existing physiotherapy section of the hospital.

Driffield County Hospital (now known as the East Riding General Hospital).

This Hospital was again a war emergency hutted hospital attached to an old Public Assistance Institution and as a result experienced much the same difficulties as were found at Beverley. Although beginning to take in a certain amount of acute work from the Driffield area, it was under the control of the Public Assistance Committee and was in the main, used as a long-stay hospital for chronic cases, the various sick wards in the County Public Assistance Institutions having to all intents and purposes been closed and the patients transferred to Driffield, where they could obtain a comprehensive treatment service. One of the hutted wards had been temporarily converted into a maternity unit in 1947 on the understanding that the Ministry of Works would soon undertake the conversion of one of the huts and of part of the theatre block to form an up-to-date unit. Unfortunately, even at the time of writing, these alterations have not yet been completed. Schemes had also been approved for the conversion of one block of the original Public Assistance Institution into medical officers' and matron's quarters and administrative offices, and of another block into a Nurses' Home and for the provision of day-room accommodation in several of the hutted wards.

Driffield Infectious Diseases Hospital (now known as the Northfield Sanatorium).

After protracted negotiations, the arrangements for the use of this Hospital for the treatment of tuberculosis instead of infectious diseases were finally brought into operation. Amidst considerable publicity, the hospital, after being empty for some time, finally ceased to be an infectious

diseases hospital on 28th February, 1948, and on 10th May, 1948, was re-opened as a Sanatorium. Since that date, it has gradually improved its staffing position and is now, for the first time for many years, occupied nearly to capacity and serving the very useful function of providing much needed beds for patients suffering from pulmonary tuberculosis.

Raywell Sanatorium.

At long last, the decoration and general improvements authorised at the Sanatorium in 1944 were commenced in the early part of the year. Further improvements were under consideration, but no final decision on these had been taken by the date of transfer.

"The Avenue" Hospital, Bridlington.

This Hospital, which provided 28 maternity and 16 long stay beds, was considerably improved by the completion in the early part of the year of the extended nursery provision and a six-cot premature infant unit which had been approved in 1944. Schemes had also been approved for the provision of new kitchen facilities.

Westow Croft Maternity Home.

This Maternity Home provided twenty beds for the use of residents in the north-west part of the County, for residents in the adjoining parts of the North Riding County area, and for women admitted to the Ante-natal Hostel at Highfields, Norton. Schemes had been approved for the provision of general improved facilities.

Woodgates Maternity Home, North Ferriby.

Work had just been commenced on the conversion of these premises into an up-to-date Maternity Home.

Withernsea Maternity Home (now known as Seacroft Maternity Home).

Work was about to be commenced on the conversion of these premises for maternity home purposes.

Brandesburton Hall M.D. Institution.

This institution was gradually getting back into normal routine after the war-time hiatus caused by its occupancy by the R.A.F., and approval had been given to extension and other improvements.

The new hospital service is now getting into its stride and is gradually overcoming the initial difficulties inherent

in having to take over so many different types of institutions, public and voluntary, and co-ordinate them into one coherent service. It may be anticipated that this co-ordination will lead to changes in planning and future administration so that the final scheme for the County may differ considerably from that as visualised by the County Council, which was having to plan for one relatively small administrative area. Generally speaking, I feel that this change of organisation will eventually be to the good, but I shall for a long time regret the decision to separate the administration of those maternity homes dealing only with normal cases from the administration of Maternity and Child Welfare Services as a whole. A normal confinement, and most confinements are normal, is not an illness, but a natural physiological process, and forms but part of the normal progress from expectant to actual motherhood. The care of the expectant mother, the nursing mother and her child is the responsibility of the Health Authority, but it places considerable difficulties in the way of making that care continuous and efficient when the majority of women are seeking institutional accommodation for their confinements, and the Health Authority has little or no say on that vital fortnight of confinement and lying-in which forms the link between ante-natal and infant welfare teaching and care.

This problem of the co-relation between the hospital services of the Regional Hospital Board and the care and after-care services of the Local Health Authority is, of course, not limited to that of maternity cases. It applies to every type of hospital admission and will have to be solved by the development of a very close association between the clinical and administrative officers and social workers of the Hospital Management Committees, and the Health Authority, if on the one hand the demands on the hospitals are to be reduced to essentials, and on the other the work done in the hospitals is to result in the maximum benefit to the patients who have received treatment in them.

Statistics relating to the various hospitals from 1st January to 4th July, 1948, are shown below:—

General Hospitals.	No. of beds.	No. of admissions.	No. of discharges.	No. of out-patient attendances.
Beverley	296	1269	1281	6772
Driffield	403	723	706	1723
Tuberculosis Sanatoria.				
Raywell	49	22	25	
Driffield	24	31	5	

Maternity Homes.

	The "Avenue" Hospital	Driffield Hospital.	Westwood Maternity Home.	Westow* Croft Mat. Home.
Number of maternity beds	28	19	20	20
Total number of admissions	301	161	333	132
Number of cases delivered by:—				
(i) midwives	214	108	203	91
(ii) doctors	25	12	36	38
Number of cases admitted for ante- natal reasons	35	35	55	3
Number of cases of puerperal pyrexia	1	—	—	2
Number of maternal deaths	—	—	—	—
Number of stillbirths	4	2	7	1
Number of infant deaths	6	7	6	—

*Includes admissions from North Riding and European Volunteer Workers.

The emergency provision of maternity beds at the old Howden Public Assistance Institution ceased to exist on the 5th July, 1948. From the beginning of the year up to that date there had been 24 admissions.

REGISTRATION OF NURSING HOMES.

One certificate of Registration was issued during the year. At the end of the year there were seven Homes registered, providing beds as follows:—

Medical and Surgical	31
Maternity	16

Four hundred and thirty patients were admitted to these Homes during the year, 384 of whom were maternity cases, whilst 31 were medical, and 15 convalescent and chronic.

THE CARE OF MOTHERS AND YOUNG CHILDREN.

The main change effected by new legislation was that on the 5th July, 1948, the County Council took over the responsibility for the maternity and child welfare services previously administered directly by the Boroughs of Beverley and Bridlington. Up to that date, therefore, matters affecting these services in these two areas will be dealt with in the annual reports of the respective Medical Officers of Health. After 5th July, matters dealt with in this report relate to the whole of the Administrative County.

ANTE-NATAL CARE.

In the early part of the year, additional ante-natal clinics were opened in Cottingham and Pocklington, and by the end of the year there were clinics operating in the following places: Beverley, Brough, Cottingham, Driffield, Filey, Hessle, Norton, Pocklington and Withernsea. In addition, ante-natal clinics were held at the Westwood Maternity Home, Beverley, The County Hospital, Driffield, and "The Avenue" Hospital, Bridlington, for women who had booked beds in these institutions for their confinements. A total of 1,317 patients attended the hospital clinics during the year and 450 attended the other clinics.

Arrangements existed until 5th July whereby every woman who had not engaged a doctor for her confinement, irrespective as to whether she was attending an ante-natal clinic, could obtain two medical examinations from her own doctor, the doctor's fees being paid by the County Council.

The number of women known to have received ante-natal care by these various methods in 1948 were as follows:—

At Ante-natal Clinics (all types)	1,767
By Private Medical Practitioners under the County Council's Scheme	163

Total	1,930
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As from 5th July, the Regional Hospital Board took over the responsibility for providing the specialist services previously organised by the County Council as part of the ante-natal service. These consisted of a service of consultants, free of charge to patients who had booked a county midwife or at a County Maternity Institution, for special ante-natal examinations and X-ray examinations.

Up to the 5th July, consultant advice had been sought on behalf of five cases and X-ray examination had been carried out in 27 cases.

By the end of the year, it was becoming clear that the new health service arrangements were going to cause considerable changes in the demands for ante-natal clinic services. The new arrangements made it possible for a general practitioner to receive an inclusive fee in respect of each woman who engaged him for her confinement. This fee, in addition to covering the services at the actual confinement, also includes at least two ante-natal examinations and a post-natal examination. The majority of women are now making arrangements of this nature with their doctors, and as ante-natal examinations by the doctor are included in these arrangements, the women have as a consequence not regarded it as necessary to attend ante-natal clinics where these have been available. In a few areas, general practitioners have apparently advised women to continue attending ante-natal clinics in addition to receiving ante-natal care from them, but in several areas there is

evidence that women have been discouraged from attending clinics. The net result is that, except as regards those clinics held at the hospitals for women expecting institutional confinements, there has been a steady diminution in total ante-natal clinic attendances since July. This may be, in my opinion, a very regrettable development and appears to indicate the existence of considerable misapprehension as to the functions of ante-natal clinics. I have repeatedly tried to stress that the functions of ante-natal clinics are not primarily medical ones. True, a doctor attends and carries out medical examinations with a view to detecting abnormalities, in which case the mother is automatically referred to her own doctor, but the medical officer's chief object and that of the nursing staff of the clinic is the prevention of the development of abnormalities, and above all health education in all its aspects, but more especially as it affects maternity and child welfare. If general practitioners have the time and inclination to provide this complete type of ante-natal care, then I would agree that a separate ante-natal clinic service was unnecessary. If not, then I hope that doctors will appreciate that the clinics can and will provide a service which is both a help and an extension to that which they can give and a service which is intended as one in collaboration and not in competition with their own primarily medical one.

As has been stated, before 5th July, when women tended not to engage doctors often on account of expense, the County Council regarded it as important that the general practitioner should be brought into the picture and, as a result, arranged that all such women could obtain two ante-natal examinations by their own doctor at the Council's cost even though they were attending ante-natal clinics and were being examined by a medical officer employed by the Council. These minimal examinations are now available as part of the National Health Services arrangements, but that does not necessarily mean that the Health Authority's ante-natal type of service which has developed over thirty years has now become automatically redundant.

POST-NATAL CARE.

Apart from the post-natal clinics arranged at the Westwood Maternity Home and the Driffield County Hospital for women who had been confined in these institutions, the post-natal service in the County had to all intents and purposes been a general practitioner service, but very few women had been persuaded to take advantage of it.

Up to the 4th July, 8 women had been examined post-natally by general practitioners under the Council's arrangements and 150 had attended the clinics at the Hospitals.

As from 5th July, the majority of women engaged doctors to attend them at their confinements and a post-natal examination forms part of the routine arrangements doctors make with their patients under this scheme. Similarly,

doctors now have to arrange for a post-natal examination in most instances where they have been called in to see a midwife's patient by a midwife's medical aid note. It is to be hoped that these arrangements will eventually ensure that many more women will have this very important examination and that there will, as a consequence, eventually be a gradual diminution in the occurrence of those women's ailments which result from inattention at the time to minor damage consequent upon childbirth. Facilities exist for post-natal examinations to be undertaken at all ante-natal clinics.

MATERNAL MORTALITY.

There were six maternal deaths in the County during the year, three of which were ascribed to puerperal sepsis and three to other puerperal causes. The maternal mortality rate was 1.75 per 1,000 live births, whilst that for England and Wales was 1.02.

The following table gives the mortality rate for the County over a series of years:—

Year.	Puerperal Sepsis.		Other Puerperal causes		All Causes.	
	Deaths.	Rate per 1000 births.	Deaths.	Rate per 1000 births.	Total Deaths.	Rate per 1000 births.
1932	1	·39	3	1·18	4	1·58
1933	2	·80	9	3·62	11	4·42
1934	7	2·74	11	4·30	18	7·04
1935	3	1·21	11	4·44	14	5·66
1936	1	·39	7	2·72	8	3·11
1937	1	·38	6	2·26	7	2·63
1938	2	·71	11	3·93	13	4·64
1939	1	·35	3	1·05	4	1·40
1940	2	·71	6	2·13	8	2·84
1941	7	2·30	5	1·65	12	3·95
1942	2	·60	5	1·50	7	2·11
1943	—	—	2	0·63	2	0·63
1944	2	·56	6	1·68	8	2·25
1945	—	—	8	2·57	8	2·57
1946	2	·53	6	1·60	8	2·14
1947	1	·26	1	·26	2	0·52
1948	3	·87	3	·87	6	1·75

ANTE-NATAL AND POST-NATAL HOSTELS.

The Ante-natal and Post-natal Hostel at "The Avenue" Hospital, Bridlington, which provides accommodation for eight women and eight infants, continued to be fully occupied during the year. Although housed in the Hospital, this Hostel continues to be the responsibility of the County Council, and the scheme indicates that a desire has been expressed that when possible the accommodation shall be increased to sixteen beds, thus allowing women to stay for longer periods than is now possible. Actually, at present, women can be admitted two months before their confinements are due and remain for two months afterwards.

The Hostel at "Highfields," Norton, with accommodation for 21 patients, is administered by the County Council on behalf of the Ministry of Health, and the accommodation has been used chiefly by expectant and nursing mothers from various camps for European Volunteer Workers.

The County Council has arrangements whereby beds can be allocated to East Riding residents when not required for the cases for which the Ministry accepts responsibility.

The Newstead Hostel at Norton previously run in conjunction with the "Highfield" Hostel was closed on the 31st August, 1948.

The following table shows the admissions during the year:—

	Highfield House.	"Avenue Hospital."
County Residents	3	30
Out-County Residents	9	—
European Volunteer Workers	20	—
Social Welfare Committee	5	—
Totals	37	30

INFANT WELFARE CENTRES.

The popularity of Infant Welfare Centres has continued to increase, but it is clear that in an area such as the East Riding, it would be impossible to provide a Welfare Centre for each village even if suitable rooms could be found. The scheme therefore anticipates the ultimate provision of a centre in each of the towns and larger villages with some form of transport to and from the appropriate surrounding small villages and hamlets. Staffing and other considerations will necessitate some time elapsing until this arrangement can become fully operative, but by the end of 1948, 48 Infant Welfare Centres had been established, new ones having been opened during the year at Middleton, North Ferriby and R.A.F., Riccall, whilst the Centres at Seaton and Sledmere were closed down owing to the continued small number of attendances.

Particulars of the work carried out during the year at the Centres in the County are given in the following table:—

(N.B.—The symbol "V" indicates that the Centre is provided by a Voluntary Committee.)

Centre.	Frequency of Sessions.	Number who attended.		Attendances.	
		Children under one.	Children between one and five.	Total.	Average per session.
Edbrough (V)	Every 4 wks.	20	27	228	19
Elalaby	" 2 "	31	73	537	21
Harlby	" 2 "	40	71	646	25
Heverley	Weekly	181	222	1787	74
Ilton	Every 4 wks.	22	57	438	34
Lishop Burton (V) ..	" 2 "	27	4	271	12
Manesburton (V) ..	" 4 "	9	33	240	19
Merridlington	Twice weekly	220	541	2653	54
Mough	Every 2 wks.	40	82	878	34
Nottingham	Weekly	61	125	1552	30
Osfield	Every 2 wks.	61	90	705	27
P.A.F., Driffield (V)	" 2 "	14	50	400	16
Radcliffe	" 4 "	8	17	100	8
Rivington	" 4 "	5	16	110	8
Ryck	" 4 "	9	34	162	12
Sey	" 2 "	61	73	1057	46
Samborough	" 2 "	24	59	705	27
Saxton	" 4 "	5	44	392	30
Selford	Weekly	69	113	1299	25
Sessle	Every 2 wks.	106	139	1596	61
Silme	" 2 "	18	51	703	27
Sarnsea	" 4 "	42	115	688	53
Sawden	" 4 "	24	30	169	13
Saxmanby	" 2 "	20	48	608	23
Sutton Cranswick ..	" 4 "	12	18	127	10
Syham	" 4 "	7	21	171	12
T.A.F., Leconfield					
W (V)	" 4 "	12	36	205	17
Wren	" 4 "	10	20	182	14
Wing Riston (V)	" 4 "	12	19	186	14
Wetherby	" 2 "	26	74	618	25
Widdleton-on-the-					
Wolds	" 4 "	2	1	3	3
Worlton	" 4 "	20	23	184	14
Worth Cave (V)	" 4 "	27	40	262	26
Worth Ferriby	" 2 "	22	38	502	19
Worthington	" 2 "	41	28	481	19
Worthington	" 4 "	12	48	186	14
Worthington	" 2 "	41	61	650	25
Worthington	" 4 "	39	97	578	48
Worthington	" 4 "	12	9	32	16
Worthington	" 4 "	23	22	231	18
Worthington (V)	" 4 "	3	10	38	3
Worthington	" 4 "	23	62	414	35
Worthington	" 4 "	3	11	39	4
Worthington	" 4 "	18	36	252	19
Worthington Bridge ..	" 4 "	17	58	340	31
Worthington (V)	" 4 "	7	15	104	8
Worthington	" 4 "	5	17	147	11
Worthington	" 4 "	5	11	71	6
Worthington	" 2 "	37	44	428	16
Worthington	" 2 "	55	126	751	28
Totals		1608	3059	25106	—

*Figures relate to period commencing 5th July, 1948.

DENTAL CARE.

The National Health Service Act requires that provision shall be made by Local Health Authorities for the dental care of expectant and nursing mothers and young children. Prior to the coming into operation of the Act, the Council had an arrangement whereby expectant and nursing mothers could be referred to dental surgeons in private practice for necessary treatment, the fees being met by the County Council. This arrangement, of course, continues in that women can receive free dental treatment in the same way as any other members of the community, but in addition the services of the School Dental Service are now made available to expectant and nursing mothers and young children so as to give them some degree of priority in treatment facilities.

The arrangement required in the scheme is for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic, for the periodical examination of children under five, and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

The last sentence is important. It indicates that this service for mothers and young children is on the same basis as the dental service for school children and that it is not an emergency service, but one aimed primarily at preventing dental ill-health and maintaining dental health.

The Senior Dental Officer reports as follows:—

Consequent upon the appointment of additional Dental Officers and the delivery of a fifth mobile clinic, it was possible for Dental Officers to attend Ante-natal Clinics throughout the area for the purpose of inspection and offering treatment to the mothers attending such clinics. In the isolated areas a mobile clinic was available for the purpose of treatment, whilst those patients within easy reach of a fixed clinic were given appointments to attend the one most convenient to their place of residence.

Dental Officers were in attendance 61 times at the 10 Ante-natal Clinics and inspected 254 expectant and nursing mothers. The number of these accepting the offer of treatment by the County Dental Officers appears disappointing, though from the number choosing to use the National Health Service arrangements, the indications are that treatment could be obtained relatively easily in this area through those arrangements.

It is hoped that when the County Dental Service is more fully established the percentage of patients accepting treatment will be increased. Owing to the short time during which our scheme has been in operation, it had not been possible by the end of the year to fit with dentures those patients who have had extractions.

Because of the scattered nature of the area administered by this Authority, the arrangements for dealing with under school age children have, of necessity, had to be combined with the routine inspection and treatment of Primary school children at the same times as the Dental Officers were attending the various schools.

Despite the arrangements for the distribution to mothers of invitations through the medium of the school staffs, school nurses, health visitors and public notices, the attendances have been negligible. However, it may be that the scheme, which did not begin to operate until towards the end of the year, has not been going long enough to give a true picture.

The following figures give details of the dental treatment provided during the year:—

Treatment by dental surgeons in private practice up to 4th July, 1948:—

Number of women treated	18
Inspection and treatment by the Council's Dental Officers after 4th July, 1948:—	
Number of inspection sessions	61
Number of mothers inspected:	
(a) Expectant	252
(b) Nursing	—
Number found to require treatment	197
Number electing to obtain treatment by their own arrangements	117
Number advised to postpone treatment until after confinement	31
Number of treatment sessions	11
Number of treatments completed (excluding provision of dentures)	28
Number of inspection and treatment sessions to which young children were invited	14
Number of children inspected	27
Number of children advised treatment	4
Number of these children treated	3
Number of cases in which treatment was completed	3

P. S. SPENCE,

Senior Dental Officer.

CARE OF PREMATURE INFANTS.

Early in the year, the six-cot premature infant unit at "The Avenue" Hospital, Bridlington, was at last ready for use and, although now of course under the control of the Regional Hospital Board, it provides a very valuable addition to the facilities available for the care of premature babies.

The arrangements for the supply on free loan of suitable cots and equipment for the home nursing of premature infants continued as before.

During 1948, 81 babies were notified on birth cards as being less than 5½ lbs. at birth. Of these, 39 were born at their own homes and 42 in maternity homes. Of those born at home, 5 died within 24 hours of birth, and 31 were

still living at the end of a month. Of those born in maternity homes, 6 died within 24 hours of birth, and 30 were living at the end of a month.

CARE OF THE UNMARRIED MOTHER AND HER CHILD.

Although there has been a slight further decrease in the number of illegitimate births, the special Welfare Visitor has been fully occupied and has been able to help a large number of the mothers of these children in various ways, including making arrangements for the adoptions of the babies when this course of action is regarded as being advisable.

The Hostel for mothers at "The Avenue" Hospital has been used mainly by unmarried mothers. Cases have also been admitted to the Highfields Hostel at Norton, and arrangements exist for use when necessary of accommodation provided by the York Diocesan Homes.

The following figures give some details of the work carried out by the Welfare Visitor during 1948:—

Number of cases contacted	95
Number of visits paid	591

These cases were referred from the following sources:—

Local doctors and nurses	39
Moral Welfare Workers	12
Maternity Homes	18
Direct Application	10
Other sources	16
Total	95

During the year, 82 cases have been completed as follows:—

Mothers returned home with child	38
Babies placed for adoption (mother returned home)	34
Mothers placed in residential domestic work with babies	3
Babies stillborn (mother returned home)	1
Babies placed in residential nursery or foster home	2
Mothers returned home with babies and later married putative fathers	4

CHILD LIFE PROTECTION.

With the coming into operation of the Children Act on 5th July, 1948, the responsibilities for the duties previously carried out by the Public Health Committee passed to the Children's Committee, but the Health Visitors have continued to act as Child Protection Visitors. During the year, they paid 154 visits to foster mothers and children.

HEALTH VISITING.

The main changes brought about by the new legislation were that from the "appointed day" the health visitors employed by the Boroughs of Beverley and Bridlington became members of the County Council's staff, and that all

health visitors, in addition to their duty to visit and give advice to expectant and nursing mothers and young children, had their responsibilities extended to include those of visiting in their homes and giving advice to persons suffering from illness and as to measures necessary to prevent the spread of infection. It is likely to be some time before health visitors realise the extent to which their duties as health visitors have been increased by the new definition of their duties, and it is clear that to enable them properly to undertake their added responsibilities they will find that they will be working in a much closer relationship with general practitioners than has been the case in the past.

At the end of the year, there were 19 health visitors on the staff, and each of these nurses also undertook school nursing and tuberculosis visiting duties in her area. In addition, there were two school nurses who also carried out duties as tuberculosis visitors.

Details of the work done by the Health Visitors is contained in the following table:—

	Year ended.	
	31.12.48*	31.12.47
Visits to expectant mothers:		
First Visits	188	111
Subsequent Visits	163	80
Visits to infants under one year of age:		
First Visits	3799	3294
Subsequent Visits	10012	8684
Visits to children between 1 and 5 years of age	22470	18979
Visits to insanitary premises	58	71
Number of visits as Child Protection Visitors ...	154	152

* Figures include work done from the 5th July, 1948, by the Health Visitors transferred from Beverley and Bridlington.

Two Health Visitors were sent to a post-graduate course during the year.

DOMICILIARY NURSING AND MIDWIFERY SERVICE.

Although provided for under two separate schemes for the purpose of this report, the domiciliary nursing and domiciliary midwifery services will be regarded as one service as, in a County like the East Riding most of which is sparsely populated, it is preferable that in the majority of instances the domiciliary nurses should combine in the duties of nurse and midwife.

Prior to the "appointed day" under the National Health Service Act, the County Council had no power to provide a domiciliary nursing service but could contribute to the funds of District Nursing Associations. The County Council had

a duty to provide a domiciliary midwifery service and could, by arrangement with District Nursing Associations, utilise the services of suitably qualified district nurses to undertake midwifery duties on behalf of the County Council in the areas served by the various Associations. The East Riding was one of the few Counties not completely covered by District Nursing Associations, in fact only about half the County was so served and as a consequence before 5th July, the position was that about half the County was served by district nurses, the majority of whom undertook midwifery duties, and the rest of the County had no nursing service, whilst the midwifery service was provided by midwives employed directly by the County Council.

Mainly in view of this rather unusual position, the County Council decided, and the various District Nursing Associations agreed, that as from 5th July both the nursing and domiciliary midwifery services should become the direct responsibility of the County Council and a scheme was approved dividing the County into 39 nursing areas with an establishment of 70 nurses, midwives or nurse-midwives under the supervision of the County Supervisor of Midwives and an Assistant Supervisor. This scheme therefore allowed approximately one nurse to every 3,500 of population. In view of the absence of a District Nursing Service for so much of the County, this necessitated a considerable increase in staff and by the end of the year the position was as follows:—

Number of nurse-midwives	35
Number of midwives	15
Number of nurses	10
	—
Total.....	60
	—

The Council has decided to affiliate with the Queen's Institute of District Nursing. Eleven of the nurses employed are Queen's Nurses, as are also the Supervisor and Assistant Supervisor.

Difficulties over recruitment were related not so much to a dearth of suitable candidates as to the difficulties of obtaining houses for the nurses in the appropriate areas, cars to enable them to get themselves and their equipment round their districts, and in some instances telephones to enable doctors and patients to communicate easily with the nurses.

However, with the helpful co-operation of many of the County District Authorities, especially the Borough of Beverley and the Rural Districts of Beverley, Bridlington, Derwent, Holderness, Howden, Norton and Pocklington, several Council Houses were obtained or promised and the County Council also decided to build nine houses for nurses in various parts of the County, but at the time of writing work on this project has not yet been commenced as the Ministry of Health's approval has only recently come to hand.

It is unfortunate to have to report that no work had been commenced by the end of the year on the scheme approved in 1947 for the conversion of the first floor of the old Driffield Maternity Home into four flats for nurses and that it had not been possible to bring fully into use the property purchased in Bridlington which will eventually be converted into three flats.

With regard to transport, in view of the predominantly rural nature of the County, it has been decided that every nurse shall be provided with a car by the County Council, but by the end of the year only nine cars had been so provided. Pending the provision of cars by the Council, nurses have continued themselves to purchase new or second-hand cars with the aid of loans from the Council.

At the end of 1948, the position with regard to housing and transport was as follows:—

Number of nurses living in accommodation provided by the County Council :

(a) property owned by the County Council	5
(b) property leased from County District Councils	11
(c) property leased from private owners	1
Number of nurses living in houses owned by County District Councils	4
Number of nurses living in houses owned by themselves or rented from private owners	30
Number of nurses living in lodgings	9
Number of nurses using cars provided by County Council ...	9
Number of nurses using their own cars	27
Number of nurses using bicycles	23
Number of nurses using motor cycles	1

DOMICILIARY NURSING.

The following table gives some details as to the amount of domiciliary nursing work carried out since the County Council took over that service on 5th July, 1948. In the areas where the service previously existed as provided by District Nursing Associations, few changes have resulted. In the areas which were previously without a nursing service some time elapsed before the new facilities began to be appreciated, but soon a steadily increasing demand for the nurses' services began to be apparent.

	Visits.		New Cases.
	Medical.	Surgical.	
Aldbrough	229	12	11
Barlby	61	—	2
Beeford	263	4	6
Beverley No. 1	155	7	10
Beverley No. 2	*	*	*
Beverley No. 3	250	356	45
Beverley No. 4	248	82	4
Beverley No. 5	184	93	4
Beverley No. 6	8	14	—
Bishop Burton	233	74	14
Brandesburton	42	40	2
Bridlington No. 1	382	113	8
Bridlington No. 2	285	45	17
Bridlington No. 3	310	78	22
Bridlington No. 4	578	340	40
Bridlington No. 5	177	77	11
Cottingham No. 1	406	9	15
Cottingham No. 2	836	502	59
Cottingham No. 3	836	99	27
Driffield No. 1	825	351	25
Driffield No. 2	147	56	9
Driffield No. 3	152	11	5
Eastrington	86	6	3
Eserick	251	57	22
Filey	147	96	19
Fulford	296	9	7
Hedon	*	*	*
Hessle No. 1	941	222	41
Hessle No. 2	*	*	*
Hessle No. 3	—	12	—
Hessle No. 4	*	*	*
Hessle No. 5	775	271	53
Holme-on-Spalding-Moor	174	—	5
Hornsea No. 1	398	—	14
Hornsea No. 2	117	37	2
Howden	27	—	6
Hunmanby	235	20	13
Leconfield	305	38	11
Market Weighton	66	27	6
Middleton	52	52	7
North Cave	183	68	9
Norton No. 1	74	42	22
Norton No. 2	617	439	76
Norton No. 3	35	57	52
Ottringham	2300	486	109
Patrington	181	56	9
Pocklington	203	34	12
Riccall	87	16	7
Rudston	142	72	5
Sherburn	270	445	44
Skirlaugh	285	—	20
South Cave	192	66	12
Sutton on Derwent	209	37	12
Weaverthorpe	340	454	39
Welton	442	140	36
Westow	279	16	15
Wetwang	43	3	3
Wilberfoss	182	105	14
Willerby No. 1	398	114	23
Willerby No. 2	676	244	34
Willerby No. 3	413	74	8
Withernsea No. 1	*	*	*
Withernsea No. 2	735	268	37
	18763	6446	1143

* Midwifery duties only.

MIDWIFERY SERVICES.

Details of the work done by County District Midwives and District Nursing Association midwives prior to 5th July are shown separately in the following tables as well as the work carried out since that date under the new arrangements. The main change resulting from the operation of the National Health Service Act is a tendency for most women to book their doctors to attend at their confinements with the consequence that midwives are attending more and more cases in the capacity of maternity nurses instead of as midwives.

During the whole of the year for institutional and domiciliary midwifery, 1,688 births were attended by midwives with no doctor in attendance, representing 48% of the total births registered, as compared with 56% in 1947. Of the 1,555 domiciliary births, 947 were attended by midwives acting in that capacity, i.e., 61%.

Steps continued to be taken to extend the provision of domiciliary gas and air analgesia and to train those nurses not holding the necessary certificate. At the end of the year, 34 domiciliary midwives (including two in private practice) were suitably qualified. During the year, 483 domiciliary cases were given gas and air at their confinements, as compared with 389 cases in 1947.

Under the Scheme, midwives are supplied with packs containing sterilised maternity outfits which are issued free of charge in the case of every domiciliary confinement attended by the midwife.

COUNTY MIDWIVES (figures up to the 4th July, 1948).

District.	Ante-Natal Visits.	Nursing Visits.	Number of Bookings.	Number of Confinements attended.
Barlby	793	731	56	31
Beverley No. 1	279	627	31	35
Beverley No. 2	160	574	36	36
Bilton	210	573	32	26
Burton Fleming	113	385	25	22
Driffield	88	185	11	13
Hedon	127	379	19	20
Hessle No. 1	225	689	51	45
Hessle No. 2	258	717	41	36
Holme	109	164	25	13
Howden	347	363	32	19
Market Weighton	194	489	33	28
North Cave	707	454	34	33
Norton	422	464	44	33
Pocklington	231	513	39	34
Skirlaugh	303	381	32	19
Wetwang	170	542	38	37
Withernsea	354	921	66	58
Relief Midwife No. 1 ...	66	381	1	19
Relief Midwife No. 2 ...	153	516	6	27
Totals	5309	10050	652	584

MIDWIVES EMPLOYED BY DISTRICT NURSING ASSOCIATIONS
(figures up to 4th July, 1948).

District.	Ante-Natal Visits.	Nursing Visits.	Number of Bookings.	Number of Confinements attended.
Anlaby, Kirkella and Willerby No. 1	202	350	26	23
do. No. 2	148	343	4	15
Bridlington	604	902	58	44
Cottingham	54	77	12	5
Dalton Holme	65	387	16	19
Elloughton and Welton	69	277	16	16
Escrick	194	360	17	16
Ferriby and Swanland	71	268	10	14
Filey	177	526	30	24
Ganton	79	237	20	14
Hornsea	115	520	50	29
Rowley	151	328	27	23
Westow	42	141	9	8
Totals	1971	4716	295	250

DOMICILIARY MIDWIVES EMPLOYED BY THE COUNTY COUNCIL
(figures from 5th July, 1948).

	BOOKINGS		DELIVERIES		VISITS	
	Mid-wife	Matern-ity Nurse	Mid-wife	Matern-ity Nurse	Ante-natal	Lying-in
Aldbrough	8	5	15	2	114	296
Barlby	28	1	27	5	643	634
Beeford	14	—	5	—	83	101
Beverley No. 1	4	5	9	1	39	205
Beverley No. 2	10	8	16	4	107	353
Beverley No. 3	2	—	—	—	17	8
Beverley No. 4	10	9	3	3	165	200
Beverley No. 5	5	7	7	2	139	222
Beverley No. 6	1	—	1	1	19	85
Bishop Burton	10	2	12	3	107	261
Brandesburton	2	—	—	—	6	10
Bridlington No. 1	2	1	1	—	15	81
Bridlington No. 2	13	8	5	9	100	201
Bridlington No. 3	14	6	9	4	118	262
Bridlington No. 4	x	x	x	x	x	x
Bridlington No. 5	1	1	1	1	8	42
Cottingham No. 1	12	16	7	8	187	252
Cottingham No. 2	—	—	—	—	2	9
Cottingham No. 3	6	6	2	5	73	208
Driffield No. 1	x	x	x	x	x	x
Driffield No. 2	11	6	10	—	108	157
Driffield No. 3	6	—	9	1	37	220
Eastrington	7	8	10	7	356	388
Escrick	13	7	15	2	136	173
Filey	2	8	8	1	67	115
Fulford	3	15	3	9	143	166
Hedon	7	5	8	6	83	287
Hessle No. 1	x	x	x	x	x	x
Hessle No. 2	11	13	8	13	180	356
Hessle No. 3	1	2	4	5	45	194
Hessle No. 4	15	14	11	5	299	354
Hessle No. 5	x	x	x	x	x	x
Holme	4	12	9	5	139	235
Hornsea No. 1	7	14	4	6	124	185
Hornsea No. 2	4	2	5	1	95	228
Howden	6	10	22	5	212	380
Hunmanby	8	12	10	14	107	348
Leconfield	11	5	12	2	101	225
Market Weighton	2	10	1	7	46	148
Middleton	2	11	1	4	47	154
North Cave	6	14	4	4	189	332
Norton No. 1	4	29	7	24	332	464
Norton No. 2	x	x	x	x	x	x
Norton No. 3	1	1	—	2	2	15
Ottringham	—	—	1	2	—	114
Patrington	14	10	9	12	201	347
Pocklington	1	10	1	16	123	341
Riccall	x	x	x	x	x	x
Rudston	8	2	3	—	163	141
Sherburn	—	14	2	10	101	198
Skirlaugh	17	8	11	6	174	444
South Cave	5	2	6	4	162	303
Sutton on Derwent	4	12	6	9	142	279
Weaverthorpe	—	—	—	1	1	29
Welton	4	11	2	9	70	172
Westow	x	x	x	x	x	x
Wetwang	10	11	15	10	170	371
Wilberfoss	3	13	5	6	76	169
Willerby No. 1	7	9	6	4	135	164
Willerby No. 2	—	—	—	—	—	16
Willerby No. 3	3	6	—	6	88	141
Withernsea No. 1	5	26	8	23	254	560
Withernsea No. 2	x	x	x	x	x	x
	354	407	356	289	6650	12343

xNursing duties only.

In all, 115 midwives notified their intention to practise in the East Riding during 1948. At the end of the year, there were only 89 midwives in practice, 12 of whom were in private practice, 48 were Domiciliary County Midwives, and 29 were employed in Homes and Institutions.

The following table shows the total number of cases attended during the year by 95 midwives from whom returns were received:—

No. of Cases.	Midwives residing outside the County.	Midwives employed in Institutions.	Midwives employed by the County Council	Private Practising Midwives.	Total.
0	1	2	1	5	9
1-4	3	6	5	3	17
5-9	—	1	4	1	6
10-19	—	4	11	1	16
20-29	—	4	5	—	9
30-39	—	2	7	—	9
40-49	—	3	7	—	10
50-59	—	6	4	—	10
60-69	—	—	2	—	2
70-79	—	1	2	—	3
80-89	—	1	1	—	2
90-99	—	1	—	—	1
100 and over	—	1	—	—	1

Statutory notices under the Rules of the Central Midwives Board were received as follows:—

	Private Practising Midwives.	Midwives in Institutions.	County Midwives.	Nursing Association Midwives. (to 5th July, 1948).	Total.
Sending for medical help	3	34	298	33	368
Notification of death ...	—	11	5	—	16
Notification of stillbirth	—	27	15	4	46
Laying out dead body .	—	4	10	3	17
Liability to be a source of infection	—	3	10	2	15
Artificial feeding	—	118	32	2	152

The number of medical help forms received from midwives was equivalent to 22% of the cases which they attended as midwives, compared with 19% in the previous year.

AMBULANCE SERVICE.

The National Health Service Act, 1946, placed a duty on the County Council as a Local Health Authority "to make provision for securing that ambulance and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area."

Before this new arrangement became operative, although the County Council had one ambulance stationed at Beverley for general purposes, most of the general ambulance work was undertaken either by Borough or District Councils, e.g., Bridlington and Haltemprice; or by local Ambulance Committees, e.g., at Beverley, Withernsea and Swanland; or by the various ambulances run by the St. John Ambulance Brigade and the British Red Cross Society. In all, there were 15 of these ambulances. In addition, there were three Infectious Diseases ambulances provided by the County Council, the Bridlington Corporation and the Howden Rural District Council respectively.

This service was supplemented to some extent so far as the area immediately to the north and east of Hull was concerned, by ambulances maintained by the St. John Ambulance Brigade at its depôt in the north of Hull, and, on the western side of the County, by ambulance services maintained by Voluntary Associations in Malton and Selby, and by the York Corporation. Certain hospitals also made use of the service provided by the Voluntary Car Pool.

For the purposes of comparison with the figures given on page 37 concerning the work done since 5th July, 1948, the following figures relating to the work carried out by the eighteen ambulances in the County during the year 1946 may be of interest:—

Number of calls during 1946	2,811
Number of miles travelled	73,735
Average mileage per call	26 miles

As from 5th July, 1948, the County Council became responsible for meeting the whole of the cost of an ambulance service and for providing ambulances or other suitable transport where necessary free of charge to the patients being carried, and a scheme was approved whereby this service was to be provided partly by the ambulances owned by the County Council or transferred to the County Council by Local Authorities owning ambulances, partly by Voluntary Associations owning ambulances, and partly by the adjoining Local Health Authorities, viz.:—Hull C.B., York C.B., the North Riding County Council and the West Riding County Council.

Varying types of financial agreements were entered into with the voluntary and public bodies for the use of the services of their ambulances.

No ambulances were retained specially to undertake the transport of cases of infectious disease. General County ambulances were utilised for this purpose, being disinfected before again being used. The ambulance staff are instructed as to precautions to be taken when handling infectious cases and are provided with suitable protective clothing.

On this basis, the following scheme was planned to provide an ambulance service for the County:—

- (1) a general and accident local ambulance service provided as follows:—
 - (a) by ambulances owned by the County Council stationed at Bridlington, Hessle and Pocklington.
 - (b) by ambulances owned by Voluntary Associations stationed at Beverley, Brough, Cottingham, Driffield, Filey, Hornsea, Howden, Market Weighton, Swanland and Withernsea.
- (2) a general County service by four ambulances stationed at Beverley (2), Bridlington and Driffield. These vehicles were to provide an inter-hospital, long distance and special infectious diseases transport service and to act as reserve vehicles for any part of the County.
- (3) a Sitting Case Car Service by cars provided by the County Council to be situated at Beverley, Bridlington, Driffield, Pocklington, Weaverthorpe and Withernsea, with use being made of the Voluntary Car Pool.

These provisions were to be supplemented by aid from neighbouring Authorities as follows:—

- (a) the County Borough of Kingston upon Hull for the area to the north and east of the City between the River Hull and the boundary of the Hull telephone exchange system.
- (b) the County Borough of York for an area covering approximately the northern half of the Derwent Rural District.
- (c) the North Riding County Council for the Norton Urban and Rural District areas.
- (d) the West Riding County Council for approximately the southern half of the Derwent Rural District and part of the Howden Rural District areas.

Owing to delays in the delivery of new ambulances and sitting case cars, it had not been possible by the end of the year to bring this proposed scheme into full operation.

This factor, combined with the heavy demands for the provision of transport services to and from hospitals, has resulted in much more use having to be made of the services of the Voluntary Car Pool than was originally expected, but despite difficulties, and thanks to the willing co-operation of

all staff concerned (both paid and voluntary) and the members of the police force, the change over appears to have taken place with very little upset and the new arrangements appear to be working satisfactorily.

The following are details of the work done by the ambulance service between 5th July and 31st December, 1948:—

Station.	Journeys.	Patients.	Mileage.
<i>Ambulances.</i>			
Beverley No. 1	357	416	11690
Beverley No. 2	259	313	11116
Beverley No. 3	61	62	887
Bridlington No. 1	391	413	10305
Bridlington No. 2	111	118	1176
Driffield	339	456	8491
Hessle	232	266	4953
Pocklington	246	313	9932
Withernsea	175	225	7744
Brough St. John	125	127	4131
Cottingham St. John	84	95	1550
Filey St. John	105	113	4144
Hornsea St. John	183	203	4732
Hull St. John	69	69	1335
Howden Red Cross	4	5	270
Market Weighton Red Cross ...	67	72	2376
Swanland	17	17	256
Hull County Borough	20	18	188
North Riding C.C. (Malton) ...	58	59	1407
North Riding C.C. (Scarborough)	7	7	283
West Riding C.C. (Goole)	16	17	894
West Riding C.C. (Selby)	105	112	4002
York County Borough	161	268	2800
Other Authorities	4	4	537
Totals	3196	3768	95199
<i>Sitting Case Cars.</i>			
Pocklington	58	109	3528
Weaverthorpe	29	33	1035
York County Borough	65	89	1055
North Riding C.C.	2	2	216
Hospital Car Service	873	927	25258
Totals	1027	1160	31092
Totals (Ambulances and Sitting Case Cars)	4223	4928	126291

Average mileage per journey—30.

Types of case dealt with:—

Accident	363
Acute Illness	545
Emergency Maternity	96
General Illness	717
Maternity	144
Tuberculosis	64
Infectious Disease	122
Mental Case	73
Inter-Hospital Transfer	316
Hospital Discharge	546
Out-Patient Attendance	1761
Clinic Attendances:—	
Ante-Natal	22
Tuberculosis	157
Dental	2
	4928

DOMESTIC HELP SERVICE.

The County Council decided to operate the permissive powers under Section 29 of the National Health Service Act, 1948, to provide a service of 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," and a scheme was approved under which it is intended to establish a panel of as many women as possible who will be willing to give whole-time or part-time service in the areas in which they live from time to time as occasions demand. At the end of the year, there were on the panel 37 Home Helps giving part-time service.

In addition, there is one woman engaged on a whole-time basis, and it is proposed, as suitable applicants appear, to appoint up to fifteen on a "retaining" fee basis. If necessary, these women will be expected to work elsewhere than in the locality of their own homes.

During the year, 188 patients had been provided with the services of Home Helps (133 confinement cases and 55 general sickness cases).

The services of Home Helps are charged for, charges being assessed in accordance with a standard scale which is operating on a National basis.

CARE AND AFTER-CARE.

Section 28 of the National Health Service Act enables the County Council to provide services for "the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons," and under this Section the Minister directed in Circular 118/1947 that such services shall be provided for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis.

No special scheme is required with regard to the prevention of illness as the whole of the Health Department's work has this as its ultimate objective, but a scheme was submitted for the Minister's approval in connection with care and after-care work.

This scheme provided ultimately for the establishment of Voluntary Care Committees for several areas in the County whose primary duty would be to help tuberculous patients and their families in various ways; for the sending of suitable cases to after-care colonies; for co-operation in the Council's preventive and care work by the specialist staff of the Regional Hospital Board; for the after-care of those who have been mentally ill or found to be mentally defective; for the general after-care of patients who have suffered from other illness as the need may arise; for the following up of persons under treatment or known or believed to be suffering from venereal disease; and, through the agency of appropriate voluntary organisations, for arrangements for the loan of nursing equipment and apparatus to patients being treated in their own homes.

In practice it is probable that it will be found that many of these care and after-care responsibilities will integrate very closely with the work the Council will be doing under the National Assistance Act as a Welfare Authority. The decision to make the Health Committee responsible for the carrying out of the duties which the Council has under the National Assistance Act and the consequent merging of the Health and Welfare Departments makes this co-relation more easily achievable.

Pending further developments on these lines, steps have not as yet been taken to set up the Care Committees, and the care services originally in operation have continued to be administered centrally and are referred to in various parts of this report.

MENTAL HEALTH.

As from 5th July, 1948, the County Council ceased to have any responsibility for the provision of institutional accommodation for mentally ill or mentally defective patients and the Council's duties are now mainly concerned with the certification and removal of patients to Mental Hospitals, the ascertainment of mentally defective patients and the supervision of those not in institutions, and the general care and after-care of both groups of patients.

The Mental Health Service in its new form is administered by the Mental Health Service Sub-Committee of the Health Committee. This Committee meets quarterly and consists of ten members and one co-opted member of the Health Committee.

No medical officers have been specially appointed for work in connection with mental health. At the end of the year, five of the medical officers employed by the Council were recognised as certifying officers under the Mental Deficiency Acts.

On the non-medical side, the service is supervised by the County Welfare Officer, and at the end of the year the staff consisted of four male Authorised Officers. A lady Mental Health Social Worker holding the Social Science Diploma had also been appointed, but had not commenced duties by the end of the year. The Authorised Officers were recruited from the previous staff of relieving officers, and two have attended a special course of instruction organised by the University of Leeds.

Arrangements are being made with the Regional Hospital Board for joint use of officers as occasions arise and with the National Association for Mental Health for the service of one of their psychiatric social workers who will deal mainly with the after-care work for patients who have received treatment in mental hospitals.

Pending this latter arrangement becoming operative, the Council has authorised a contribution of £10 per annum to the National Association for Mental Health in respect of each case in the County seen by their officers for after-care purposes.

Arrangements have been made for the Council's officers to supervise mentally defective patients who are on trial or on licence from institutions for mental defectives.

During the year the following work has been undertaken in the community:—

CARE AND AFTER-CARE.

Apart from the general work of the Authorised Officers who also act as Welfare Officers in their respective districts, psychiatric social workers on the staff of the National Association for Mental Health have paid special visits to fifteen patients in the County.

UNDER THE LUNACY AND MENTAL TREATMENT ACTS.

The duly Authorised Officers attend to the certification and removal of patients to Mental Hospitals and as occasion arises also deal with the transport of non-certified cases, viz., temporary patients and voluntary patients under the Mental Treatment Act, 1930. They are also called in by medical practitioners and private individuals to give advice as to procedure, etc., in cases dealt with by way of petition and voluntary and temporary cases. The County Welfare Officer is responsible for the co-ordination of the service and is authorised to take action under the Lunacy and Mental Treatment Acts where necessary.

The following figures give details as to the numbers and types of patients they have dealt with since 5th July, 1948:—

	Bridlington/ Driffield area.	Norton/ Pocklington area.	Beverley/ Holderness area.	Howden/ Derwent/ Haltemprice area.	Totals.
Certified patients	6	10	36	11	63
Temporary patients	1	2	—	—	3
Voluntary patients	4	—	5	2	11
"Observation" cases	3	2	2	8	15
Advisory cases	6	4	—	3	13
Totals	20	18	43	24	105

UNDER THE MENTAL DEFICIENCY ACTS.

The ascertainment of mental defectives is carried out mainly through the school medical service. Other cases are brought to light through the medium of local medical practitioners, police, duly authorised officers, and parents and relatives of mental defectives.

The number of defectives awaiting vacancies in Institutions at the end of the year was 41.

There are three cases under guardianship, and 195 defectives under statutory supervision. Both classes of defectives are regularly visited, normally at quarterly intervals, by the duly authorised officers or the mental health social worker, such visits being made more frequently where necessary, and at longer intervals in appropriate cases.

The defectives under licence and guardianship are visited by a medical officer twice per annum.

Owing to the scattered nature of the distribution of cases in the County, it is not practicable to establish occupational centres, and schemes are under consideration whereby, in suitable cases, occupational treatment can be given to mental defectives in their own homes.

The County Ambulance Service is available for use by mentally ill or mentally defective patients as may be necessary.

NUMBER OF DEFECTIVES ON REGISTER AT END OF 1948.

	Male.	Female.	Total.
In Certified Institutions	96	88	184
State Institutions	7	6	13
Under Guardianship	1	2	3
On Licence	7	4	11
Under Statutory Supervision	108	87	195
Totals	219	187	406

TABLES SHOWING AGES, SEX AND CLASSIFICATION OF DEFECTIVES.

Ages.	Male.	Female.	Total.
Under 16	49	38	87
16—20	45	20	65
21—29	41	28	69
30 and over	84	101	185
Totals	219	187	406

Classification.	Male.	Female.	Total.
Feeble Minded	100	103	203
Imbecile	96	52	148
Idiots	23	32	55
Totals	219	187	406

NUMBER OF CASES IN INSTITUTIONS AT THE END OF 1948.

Institution.	Male.	Female.	Total.
Ashton House	—	1	1
*Brandesburton Hall	88	60	148
Caersws Institution	1	—	1
East Riding General Hospital	—	7	7
Broadgate Hospital	—	7	7
Howbeck House	—	1	1
Mid-Yorkshire Institution	1	—	1
Royal Albert Institution	—	12	12
Rawcliffe Hall	—	1	1
Stoke Park Colony	1	—	1
Moss Side State Institution	2	1	3
Rampton State Institution	5	5	10
Winestead Colony	1	—	1
Hatfield Hall	—	1	1
*Claypenny Colony	—	4	4
Stallington Hall	7	2	9
Totals	106	102	208

* 7 Male and 4 Female patients are on licence from these Institutions.

WELFARE OF THE BLIND.

On the 31st March, 1949, the East Riding Blind Persons Register, which is maintained by the Hull and East Riding Institute for the Blind as agents of the County Council, contained the names of 283 blind persons (143 males and 140 females). In comparison, there were 292 blind persons (147 males and 145 females) on the Register at the date of the previous report.

With the coming into force on the 5th July, 1948, of the National Assistance Act, the granting of financial assistance to the unemployable blind became the responsibility of the National Assistance Board. Up to the time the National Assistance Board took over, the County Council were granting domiciliary assistance to over 150 blind persons.

Employment for 11 East Riding blind persons (7 males and 4 females) is provided in the workshops of the Hull and East Riding Institute for the Blind at Hull, the earnings of these blind persons being augmented by the County Council so as to give the workers the minimum wage recommended from time to time by the North and East Ridings Provincial Joint Council for Local Authorities Non-Trading Services (Manual Workers). A capitation grant at the rate of up to £80 per annum is now payable to the Council by the Ministry of Labour and National Service in respect of each blind workshop employee.

The training of blind persons at the workshops became the responsibility of the Ministry of Labour and National Service during the year, the Ministry taking over responsibility for the payment of fees, maintenance allowances and travelling expenses.

Four blind men who were recognised by the County Council as Home Workers continued to have their earnings augmented in accordance with the Council's scale. Three of the men were engaged in piano tuning, whilst the fourth undertook chair repairing, etc.

The Home Teaching and Visiting Service which is operated by the Hull Blind Institute under joint arrangements agreed with the Hull Corporation continued in force during the year under review, the cost of the service being increased from £3 to £3 7s. 6d. per head of the blind population.

The Hull and East Riding Institute for the Blind maintain two Homes for blind persons, one at Seaborough House, St. Giles' Croft, Beverley, with accommodation for 20 women, and the other at "Beech Holme," Beverley Road, Hull, with accommodation for 21 persons of both sexes. These two Homes were fully occupied for almost the whole of the year under review.

As part of their scheme under Sections 29 and 30 of the National Assistance Act for the provision of welfare services for handicapped persons, the County Council are engaged in discussions with the Hull Corporation and the Hull and East Riding Institute for the Blind, with a view to the formulation of arrangements for the welfare of blind persons in the county.

Section 3.—Sanitary Circumstances of the Area.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL.

Progress was made during the year in the submission of schemes for the improvement of water supplies and the provision of sewerage and sewage disposal facilities. It is to be regretted, however, that such a long time elapses between the date proposals are put forward and the date when authority to proceed with the work is finally given. The County is provided with piped water supplies to most of the larger aggregations of houses, but there is an urgent need for proper sewerage and sewage disposal arrangements. In the majority of townships and villages such facilities as exist are obsolete and totally incapable of dealing satisfactorily with the constantly increasing quantity of sewage for disposal. Local disposal from single houses and small groups of cottages is not a satisfactory method of dealing with the matter as it usually results in many "effluent" outfalls which are potential sources of nuisance and pollution. There is no "short cut" in matters of this kind, and until modern sewerage and sewage disposal systems are provided throughout the area, danger to water supplies and risk to the public health will exist. It should not be forgotten that most of the water supplies in the County are obtained from the chalk substrata which is very near the surface in many areas.

The cost of satisfactory sewerage and sewage disposal is certain to be heavy and considerable expenditure on this work will have to be faced during the next few years to ensure that the public health is adequately safeguarded.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

The schemes which have been forwarded to the County Council for their observations under the above Act, and on which agreement has been reached, are set out below:—

WATER SUPPLIES.

Beverley R.D.C.	Mains extensions to Etton, Dalton Holme, etc.
Howden R.D.C.	Mains extensions to serve isolated farms and groups of cottages.
Norton R.D.C.	Mains extensions at Firby, Burythorpe, Kennythorpe, Acklam Wold, Howsham and Yedingham.
Norton R.D.C.	Acklam—Service reservoir.

SEWERAGE AND SEWAGE DISPOSAL.

Beverley R.D.C.	Skidby and Little Weighton.
Beverley R.D.C.	} Joint Scheme for Newbald, South Cave, Ellerker, Hotham, North Cave and Newport.
Howden R.D.C.	
Bridlington R.D.C.	Muston.
Holderness R.D.C.	Paull.
Pocklington R.D.C.	Market Weighton and Sancton, Nunburnholme, Burnby, Hayton and Shiptonthorpe.

The County Council have authorised grants to the under-mentioned District Councils in respect of works of water supply, sewerage and sewage disposal:—

WATER SUPPLY.

Beverley R.D.C.	Scheme for Hunsley and Lockington areas— £12,500.
Norton R.D.C.	Thixendale—£1,000. West Heslerton and West Knapton—£300.

SEWERAGE AND SEWAGE DISPOSAL.

Bridlington R.D.C.	Flamborough North Landing Sewerage—£1,600. Bempton and Buckton—£1,700.
Norton R.D.C.	Westow—provisional grant of £1,700.

WATER ACT, 1945, SECTION 14.

Early in the year a Ministry of Health Public Inquiry was held into the Minister's proposal to make an Order to be known as the South East Yorkshire Area (Conservation of Water) Order under the provisions of the above Section. The matter was still under consideration at the end of the year.

HOUSING.

The District Councils have been actively engaged in carrying out new housing schemes throughout the year and some excellent examples of the post-war Council house can be seen in various parts of the County. 1,167 new houses were completed in 1948 and 754 were in course of erection at the end of the year. It is understood that these figures were above the average for the country. The table on page 47 shows the position in each of the County Districts, and also the number of houses erected by private enterprise.

The easing of the position in connection with materials has enabled Authorities to proceed with the long delayed repair and re-decoration of Council owned properties. It is to be regretted that work under the Housing Acts—slum clearance programmes and reconditioning of low grade dwellings—could not be actively pursued because of the policy of concentrating effort on new construction. In view of the serious condition of many of the dwellings in this area, there will be a large volume of work to be carried out by local authorities in preparing schedules of requirements, etc., and by the owners in securing their execution. Some of the Rural Councils have much information on the present position as a result of the Rural Housing Survey, as four of the eight Rural Authorities have completed their inspections. At the end of the year, 4,330 houses, or 40.6% of the total to be inspected had still to be visited and classified in the four districts where the survey is incomplete. The table below shows the total number of houses inspected, the categories into which the houses have been placed, and their relation to the total, and similar figures for the various districts in the County.

RURAL HOUSING SURVEY.

Total No. of Houses to be surveyed.	No. surveyed.	Classification Categories.				
		1	2	3	4	5
22,925	18,595	4866	4553	5835	782	3022

Position in respect of Rural Districts.

<i>District.</i>	Total No. of houses to be surveyed.	Number surveyed.	Classification Categories.				
			1	2	3	4	5
Beverley*	3628	3628	1123	1216	832	164	293
Bridlington	2519	2519	889	931	586	37	113
Derwent	3319	1558	912	211	288	17	147
Driffield	2640	1607	172	263	694	143	478
Holderness*	3725	3725	951	843	1226	155	550
Howden	2727	2309	239	533	1101	73	436
Norton	1976	858	62	103	319	193	374
Pocklington	2391	2391	518	453	789	—	631

Except for the districts * in every case the houses in Category 4 will also be included in either Category 3 or Category 5.

Note:

- Category 1. Satisfactory in all respects.
 2. Minor Defects.
 3. Requiring repair, structural alterations or improvement.
 4. Appropriate for reconditioning under Housing (Rural Workers) Act.
 5. Unfit for habitation and beyond repair at reasonable expense.

District.	Houses Completed.				In course of Erection.			
	Council.		Private Enterprise.		Council.		Private Enterprise.	
	Temp.	Perm.			Temp.	Perm.		
Beverley Borough	—	131 (37)	2 (49)	—	—	—	28	
Bridlington Borough	—	31 (36)	11 (110)	—	—	6	13	
Hedon Borough	—	30 (—)	4 (8)	—	—	—	—	2
Driffield U.D.C.	—	28 (—)	9 (18)	—	—	24	—	—
Filey U.D.C.	—	31 (56)	11 (8)	—	—	—	8	—
Haltemprice U.D.C.	—	135 (24)	15 (163)	—	—	126	—	—
Hornsea U.D.C.	—	98 (28)	6 (15)	—	—	80	5	—
Norton U.D.C.	—	76 (12)	1 (1)	—	—	12	2	—
Withernsea U.D.C.	—	6 (42)	1 (3)	—	—	—	2	—
Beverley R.D.C.	—	78 (30)	22 (56)	—	—	64	28	—
Bridlington R.D.C.	—	48 (22)	6 (17)	—	—	48	3	—
Derwent R.D.C.	—	103 (12)	10 (51)	—	—	62	8	—
Driffield R.D.C.	—	20 (12)	5 (13)	—	—	78	6	—
Holderness R.D.C.	—	82 (162)	35 (21)	—	—	60	12	—
Howden R.D.C.	—	83 (6)	— (18)	—	—	38	—	—
Norton R.D.C.	—	80 (26)	3 (2)	—	—	90	4	—
Pocklington R.D.C.	15	92 (82)	10 (20)	—	—	66	5	—

The figures in brackets show the number of houses erected between the date house building recommenced at the end of the war, and December 31st, 1947.

Section 4.—Inspection and Supervision of Food.

FOOD AND DRUGS ACT, 1938.

Summary of Samples taken by the Sampling Officers and Analysed during the year ended 31st March, 1949.

Aislet	1	Lemonade Crystals	1
Almond Substitute	1	Lemon Curd	2
Apple Puree	2	Liquid Paraffin	3
Baking Composition	1	Malt Extract with Cod Liver	
Baking Powder	3	Oil	1
Beef Sausages	13	Malt Vinegar	6
Beef Sausage Meat	8	Malted Milk	2
Beer	7	Meat Paste	1
Black Pudding	1	Meat Pie	1
Brawn	1	Menthol and Eucalyptus	
Breakfast Spread	1	pastilles	1
Butter	6	Milk	262
Calves' Feet Jelly	1	Milk, Informal	1
Camphorated Oil	1	Milk, "Appeal to Cow"	21
Cheese	1	Mince Meat	2
Choc-O-Crisps	1	Mixed Spice	1
Chocolate Ice Bricks	1	Mustard	1
Chocolate Spread	1	Mustard Pickles	1
Cocoa	3	Navy Walnuts	1
Cod Liver Paste	1	Nescafe	1
Coffee	3	Non-brewed Vinegar	1
Coffee and Chicory, sweetened	1	Olive Oil	5
Compound Cooking Fat	3	Orange Fruit Drink	1
Cooking Oil	2	Orange and Lemon Rock	1
Crisps—edible oil and		Pale Ale	1
Potatoes	1	Parraffinum for Baking and	
Curd	1	Frying	1
Cut Mixed Peel	1	Pastry Mixture	1
Dried Eggs	2	Patum Peperim	1
Drinking Chocolate	1	Peanut Butter	1
Dutch Mussels Marinated	1	Pepper	6
Empire Honey	1	Peppermint Cordial	1
Epsom Salts	1	Potted Meat	2
Escade Tonic	1	Preserved Ginger	1
Escol-cola	1	Pulv. Nux Myrist	1
Fish Cakes	2	Red Polony	1
Flour	1	Rose Hip Syrup	1
Fruit Lollipops	1	Rum	1
Gelatine, powdered	1	Salad Cream	2
Gin	3	Salad and Cooking Oil	1
Ginger Wine	1	Sandwich Spread	1
Glucose Barley Sugar	1	Sausage	1
Glucose Caramels	1	Sausage Meat	2
Grape Fruit Juice	1	Shredded Beef Suet with	
Ground Cashew Nuts	2	Flour	1
Ground Ginger	2	Skimmed Milk	1
Ground Nutmeg	1	Sultana Chutney	1
Honey	5	Sweetened Fat	1
Ice Cream	22	Table Salt	1
Ice Cream (informal)	1	Tomato Sausage	1
Iron Tonic Cup	2	Turkish Delight	1
Jam Tarts	3	Vimto	1
Kosher and Vegetarian		Vinegar	2
Margarine	1	Whalemeat Sausage	1
Lemonade	2	Whisky	4
		Yeast	4

Total 490

**Samples adulterated or below the presumptive limits of the
Sale of Milk Regulations, 1939.**

Almond Substitute	1	No action taken.
Apple Puree	1	No action taken.
Baking Composition	1	See note below.
Beef Sausages	2	Convictions.
	1	Case withdrawn.
	2	Cautions.
Beef Sausage Meat	1	Conviction.
	1	Case withdrawn.
Brawn	1	Caution.
Iron Tonic Cup	1	Dismissed Under Probation of Offenders Act on payment of Costs.
Meat Pie	1	Caution.
Milk	3	Convictions.
	2	Adjourned sine die owing to a fatal accident to one of the defendants just before the hear- ing of the cases.
	6	Cautions.
	5	No action taken.
Milk "Appeal to Cow"	11	
Non-brewed Vinegar	1	Caution.
Orange Fruit Drink	1	No action taken.
Parraffinum for Baking	1	Conviction.
Potted Meat	2	Cautions.
Sausage	1	Conviction.
Sausage Meat	2	No action taken.

Total amount of Penalties, including Costs, £36 0s. 6d.

Baking Composition consisting of soft white paraffin.

A conviction was obtained at Escrick Petty Sessions for "unlawfully publishing an advertisement which was calculated to mislead as to the nature of the article," and the vendor was fined £50. The defendant appealed to the East Riding Appeals Committee, which was ALLOWED, the Court not being satisfied that the wording on the circular regarding this article, which constituted the advertisement, was misleading.

SUPERVISION OF MILK SUPPLIES.**MILK (SPECIAL DESIGNATIONS) REGULATIONS.**

The production of "Tuberculin Tested" and "Accredited" milk has been kept under constant supervision, and I am pleased to report that the majority of producers have secured good results. In some quarters, local authorities have been criticised for insisting on a high standard of hygiene at milk producing farms. It should be realized that a cowshed is a food factory in which milk is produced and milk is a food particularly liable to contamination. For this reason it is essential that satisfactory conditions be maintained. The premises must be properly arranged and adequately equipped if the business of clean milk production is to be economically carried out in a consistently satisfactory manner. The correct use of the buildings and equipment considered desirable and an appreciation of the importance of attention to details of milking and cleansing routine are necessary for complete success.

A considerable amount of work to improve cowsheds and dairies has been carried out during the year and additional accommodation has been provided on many farms.

Twenty-nine additional licences were granted during the year, seventeen "Tuberculin Tested" and twelve "Accredited." It was observed that many of the new entrants to milk production were interested in securing a "Certificate of Attestation" for the herd and a "Tuberculin Tested" milk licence and the number of licences for this grade of milk has increased.

Complete co-operation has been maintained with District Council Officers and the Officers of the County Agricultural Executive Committee, and the County Health Inspector has attended the meetings of the Clean Milk Sub-Committee of the County Agricultural Executive Committee.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, LICENCES IN FORCE AT END OF YEAR.

District.	Licences issued by County Council.				Licences issued by Local Authorities.								
	"Tuberculin Tested."		"Accredited."		"Tuberculin Tested."			"Accredited."					
	Production only.	Production and Bottling.	Production only.	Production and Bottling.	Bottling.	Dealers.	Supplementary.	Bottling.	Dealers.	Supplementary.	Pasteurising Plants.	Dealers.	Supplementary.
Beverley Borough	1				1						1	1	2
Bridlington Borough													1
Hedon Borough													
Driffield Urban													
Filey Urban													
Haltemprice Urban		1			1		1						
Hornsea Urban													
Norton Urban	1				1		2					3	
Withernsea Urban													
Beverley Rural		3										3	
Bridlington Rural	7	1											1
Derwent Rural	2												1
Driffield Rural	4	3											3
Holderness Rural	6	3											
Howden Rural	1												
Norton Rural	9												
Pocklington Rural	3				1		1						1
	34	11	41	7									

SAMPLING OF DESIGNATED MILK.

The following table sets out details of the number of samples of milk taken from producers in the County Area and the results of the examination of the samples:—

Taken by.	Grade.	Number of Samples.	Methylene Blue Test.		Presence of Bacillus Coli.		Biological Examination.	
			Satis-factory.	Unsatis-factory.	Absent.	Present in 2 or more tubes.	Negative.	Positive.
County Council.	" T.T."	265	245	20	236	29	3	—
	" Accredited "	394	342	52	321	73	72	8
	Pre-licence " T.T."	33	31	2	30	3	—	—
	Pre-licence " Accredited "	37	33	4	35	2	—	—
By other Authorities from East Riding Producers.	" T.T."	24	20	4	21	3	—	—
	" Accredited "	60	59	1	54	6	—	—
Total number of Samples.	" T.T."	322	296	26	287	35	3	—
	" Accredited "	491	434	57	410	81	72	8
Total		813	730	83	697	116	75	8

"*Tuberculin Tested*" Samples. 8% failed to satisfy the methylene blue test and 10.9% contained bacillus coli in two or more tubes examined.

"*Accredited Samples.*" 11.6% failed to satisfy the methylene blue test, and 16.5% contained bacillus coli in two or more tubes examined.

These results are an improvement on those obtained in 1947.

MILK IN SCHOOLS SCHEME.

There were 229 school departments in the County. The following tables set out the position with respect to grades of milk supplied, the percentage of scholars receiving the various grades of milk, and the results of the examinations of samples of milk obtained:—

Grade of Milk.	Number of Sources of Supply.	Number of Depts. receiving.	Percentage of total number of children attending schools receiving respective grades.
Pasteurised	5	184	91.3%
" Tuberculin Tested "	9	23	5.3%
" Accredited "	2	3	0.6%
Ordinary Raw	11	12	2.0%
National Dried	—	7	0.8%

It will be observed that 91.3% of the school children attend schools which receive pasteurised milk, and although 15 Departments are supplied with ordinary raw or Accredited milk, only 2.6% of the children attend these schools. Pasteurised milk is difficult to obtain in a number of small isolated rural schools.

SCHOOL MILK SAMPLING.

Results of Examination of Samples.

Grade.	Number of Samples taken.	Methylene Blue Test.		Presence of Bacillus Coli.		Phosphatase Test.	
		Satisfactory.	Unsatisfactory.	Absent.	Present in two or more tubes.	Satisfactory.	Unsatisfactory.
.....	46	29	17	32	14	—	—
Pasteurised neat- ated	62	51	11	—	—	57	5

Fifty-one samples of school milk were examined biologically for the presence of tubercle bacilli. A negative result was obtained in every case.

HEAT-TREATED MILK.

Sampling of processed milk has been continued throughout the year and, as the results of examinations show, the heat-treatment plants have been operated reasonably satisfactorily. It has been necessary on very few occasions to take action following the receipt of adverse reports.

During the year, 136 samples obtained from all sources were examined with results as set out in the table below:—

Sampling Results.

Samples obtained by	No. of Samples	Methylene Blue Test		Phosphatase Test		*Turbidity Test	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
County Council	35	23	12	29	6	—	—
Beverley Borough	18	18	—	17	1	—	—
Filey U.D.	1	1	—	1	—	—	—
Holderness R.D.	2	2	—	2	—	—	—
‡ Bridlington Borough .	72	70	2	56	4	12	—
‡ Derwent R.D.C.	8	8	—	8	—	—	—

‡ On behalf of the County Council.

* Sterilised milk only.

These results include samples of heat-treated milk taken from schools.

BIOLOGICAL EXAMINATIONS.

Ninety-six samples of undesignated milk and eighty samples of Accredited milk were examined biologically for the presence of tubercle bacilli. One hundred and sixty-seven samples were submitted by officers of the County Council and nine by the District Councils in the County area. Eight samples of Accredited milk were certified as tuberculous and appropriate action was taken to secure the slaughter of the infected animals. It was disturbing to find 10% of the Accredited milk samples examined were reported to contain tubercle bacilli.

VETERINARY INSPECTION OF DAIRY HERDS.

I am indebted to Mr. E. Varley, Divisional Veterinary Inspector, Ministry of Agriculture and Fisheries, for the following details of the inspections of dairy herds which were carried out during the year.

Seventy-seven inspections of "Tuberculin Tested" herds were made and 3,725 animals were submitted to the Tuberculin Test. There were forty-four reactors.

Eight-four inspections of "Accredited" herds were carried out and 2,147 animals were examined.

Two thousand, seven hundred and forty-six undesignated herd inspections were made and 31,448 animals were inspected.

Investigations have been carried out in 65 cases of suspected Tuberculosis and cases were confirmed resulting in the slaughter of 48 cattle.

Section 5. — Prevalence of and Control over Infectious and other Diseases.

DEATHS FROM PRINCIPAL EPIDEMIC DISEASES.

The number of deaths due to the seven principal epidemic diseases, viz., smallpox, measles, scarlet fever, diphtheria, whooping cough, fever (typhoid and simple continued), and diarrhoea (under the age of two years) was 7, giving a death rate of .03 per 1,000 of the population, which is the lowest figure ever recorded in the County. The previous lowest figure was .05 and was recorded in the years 1940, 1944 and 1946. The figure for 1947 was .08.

SMALLPOX.

As in the previous year, no cases of this disease were reported.

MEASLES.

The number of notifications received during the year was 2,682, compared with 1,470 in 1947. There was one death from the disease.

ENTERIC FEVER.

One case of enteric fever and one of para-typhoid fever were reported in 1948, neither of which proved fatal.

SCARLET FEVER.

One hundred and eighty-two cases of this disease were notified during the past year, compared with 172 in the previous year. There were no deaths.

DIPHTHERIA.

There were only 6 notifications of this disease and no deaths during the year 1948, as compared with 4 notifications and no deaths in 1947.

ACUTE POLIOMYELITIS.

Seven cases of poliomyelitis and one case of poli-encephalitis were notified and no deaths were reported.

PUERPERAL PYREXIA.

Seven women were reported during the year to be suffering from puerperal pyrexia. Two patients were admitted to hospital for treatment, one case occurred in a Maternity Home and the remaining four were treated at home. There were three deaths.

OPHTHALMIA NEONATORUM.

Three infants were notified as suffering from ophthalmia neonatorum during 1948. All three cases were treated at home and recovered without damage to vision.

CEREBRO-SPINAL FEVER.

Two cases were notified, compared with three in the previous year and six in 1946. Both patients were admitted to hospital and neither case proved fatal.

VACCINATION AGAINST SMALLPOX.

As from 5th July, 1948, the Vaccination Acts were repealed and vaccination ceased to be compulsory. From that date, also, the County Council became responsible for organising a service of vaccination and arrangements were made for facilities to be available at all routine sessions at Infant Welfare Centres and to be undertaken by registered medical practitioners wishing to participate in the scheme at their surgeries or the patients' own homes.

Medical officers, health visitors, midwives and district nurses are requested constantly to bear in mind the necessity to advise parents about the facilities available for vaccination with a view to as many children as possible being protected against smallpox in early infancy. Records of vaccinations performed are co-related with birth notifications and the appropriate Health Visitor's special attention is drawn to any children in her area in respect of whom there is no record of their having been vaccinated by the time they are six months old.

The Vaccination Officer who was responsible for the application of the Vaccination Acts up to 4th July, 1948, has prepared returns which show that for the period ending 4th July, 1948, 1,030 vaccinations had been performed.

From 5th July, the following information has been extracted from the reports received from doctors undertaking this work throughout the County. Of these vaccinations, 28 were done in Infant Welfare Centres.

	Primary Vaccinations.					Re-vaccinations.
	Aged under 1 year.	Aged 1 year to 14 years.	Aged 15 yrs. and over.	No. returned as Insusceptible.	Total.	
erley M.B.	45	1	1	2	49	3
llington M.B.	42	1	6	3	52	14
on M.B.	1	—	1	1	3	—
ield U.D.	5	1	—	—	6	1
7 U.D.	10	—	—	3	13	4
emprice U.D.	91	14	2	2	109	45
asea U.D.	9	1	—	1	11	2
on U.D.	1	—	—	—	1	—
ernsea U.D.	2	—	—	—	2	2
erley R.D.	50	6	—	8	64	11
llington R.D.	22	—	2	1	25	3
vent R.D.	21	1	—	2	24	4
ield R.D.	21	—	1	—	22	2
erness R.D.	39	1	1	2	43	5
den R.D.	47	4	1	5	57	4
on R.D.	21	4	—	2	27	1
llington R.D.	37	1	—	—	38	3
Totals	464	35	15	32	546	104

IMMUNISATION AGAINST DIPHTHERIA.

The new health service arrangements made the County Council the responsible authority for organising a complete scheme for immunisation against diphtheria. Previously the County Council had only been responsible for the immunisation of children under five years of age.

The scheme prepared by the County Council for this purpose attempted to interfere as little as possible with the arrangements previously made by District Councils, several of whom had done excellent work in this direction in the past. The new scheme provides that facilities for immunisation shall be available at all routine infant welfare and school medical inspection sessions and through general practitioners participating in the scheme at their surgeries or in the patients' homes. Special immunisation clinics or sessions may be arranged as required.

Doctors, health visitors and nurses are expected constantly to bear in mind the necessity of impressing on parents the need for having their children immunised early in life and re-immunised at intervals during school life. Medical Officers of Health of County Districts are requested to organise publicity and propaganda in their respective areas, and agreed costs incurred by District Councils in carrying out any publicity will be reimbursed to them by the County Council.

Records of immunisation carried out are co-related with birth notifications, and the health visitors' attention is

specially called to any children in their respective areas who are not shown as having been immunised by the time they are fifteen months old.

The figures for immunisations carried out during the year are as follows:—

	Aged under 5	Aged 5— 14 years.	Reinforce- ment Injections.
By General Practitioners	1207	228	99
At Infant Welfare Centres or at Special Sessions	1197	7	1044
Totals	2404	235	1143

At the end of the year, from the records available, the position as regards immunisation in the various Districts in the County is shown in the following table:—

District.	Number of children immunised at any time up to the 31st December, 1948.			Estimated Population under 15 years of age.	Percentage Immunised.
	under 5.	5—14.	Total.		
Beverley M.B.	613	1891	2504	3473	72%
Bridlington M.B.	1020	1947	2967	5343	56%
Driffield U.D.	259	482	741	1542	48%
Filey U.D.	218	213	431	1019	42%
Haltemprice U.D.	1033	1908	2941	8121	36%
Hedon M.B.	96	76	172	414	42%
Hornsea U.D.	142	91	233	1099	21%
Norton U.D.	112	233	345	994	35%
Withernsea U.D.	165	191	356	1110	32%
Beverley R.D.	464	1511	1975	4038	49%
Bridlington R.D.	385	288	673	1991	34%
Derwent R.D.	521	1425	1946	2691	72%
Driffield R.D.	486	607	1093	2211	49%
Holderness R.D.	765	1276	2041	4042	50%
Howden R.D.	523	399	922	2625	35%
Norton R.D.	266	88	354	1564	23%
Pocklington R.D.	525	500	1025	3046	34%
Totals	7593	13126	20719	45323	46%

PROTECTION AGAINST WHOOPING COUGH.

The scheme made under Section 26 of the National Health Service Act provides that upon the request of their parents or guardians children may receive protection against whooping cough, it being intended that by use of a mixed vaccine this protection shall be given at the same time as they are immunised against diphtheria.

During the year, 639 children received this dual protection and 60 children who had previously been immunised against diphtheria were given separate anti-whooping cough injections. In 184 of these cases, the immunisation was carried out by general practitioners at their surgeries or in the patients' homes.

CONTROL OF INFESTATION.

Most of the action taken regarding the control of infestation by lice is undertaken as part of the School Medical Service, and is referred to in the section of the report dealing with that service. The Health Visitors also act as School Nurses, and cases of infestation coming to their notice in schools are followed up as a routine by a visit to the children's homes, where it is explained that the infestation may possibly have affected other members of the family, and appropriate action is taken to deal with the problem. The nurses all carry supplies of special hair cream containing D.D.T., which is supplied with full instructions as to the method of application. No cleansing stations have been set up in the County area, nor has there been any necessity shown for any to be established.

TREATMENT OF CANCER.

As from 5th July, treatment became the responsibility of the Regional Hospital Board.

Twenty-nine patients from the East Riding were sent to the Leeds General Infirmary for radium treatment, 22 as in-patients and 7 as out-patients.

Deaths from cancer over a series of years are given in the following table:—

Year.	Urban Districts.	Rate per 1,000 of the Population.	Rural Districts.	Rate per 1,000 of the Population.	Whole County.	Rate per 1,000 of the Population.
1942	162	1.78	167	1.61	329	1.69
1943	197	2.20	140	1.37	337	1.76
1944	158	1.79	155	1.59	313	1.68
1945	232	2.60	191	2.03	423	2.30
1946	184	1.91	184	1.87	368	1.89
1947	175	1.77	162	1.60	337	1.68
1948	203	1.96	186	1.81	389	1.89

VENEREAL DISEASES.

The responsibility for the treatment of these diseases now rests with the Regional Hospital Board, but no changes have taken place in the facilities previously available.

The Special Welfare Visitor and, as required, the Health Visitors, maintain a close liaison with the Almoners at the various V.D. Clinics and follow up cases of defaulters from treatment as information comes to hand.

TUBERCULOSIS.

The coming into operation of the National Health Service and National Assistance Acts resulted in a big change in the Council's responsibilities in connection with tuberculosis. As from 5th July, 1948, the Regional Hospital Board took over the responsibility for providing hospital and sanatorium treatment and for the dispensary services, the County Council being left with the duty of the care and after-care (as distinct from the medical treatment and financial aid) of tuberculous patients and with the duty of general preventive work.

Pending the setting up of Care Committees, the care and after-care arrangements have continued to be administered centrally. Health Visitors and School Nurses also act as Tuberculosis Visitors. They visit the homes of patients and attend at dispensary sessions so that they can co-ordinate their work with that of the Regional Hospital Board's Tuberculosis Specialists.

As the need arises, tuberculous patients being treated in their own homes are supplied with extra milk, with garden shelters, beds and bedding and with nursing equipment as required. No charges are made for any of these provisions.

NEW CASES AND MORTALITY.

One hundred and forty-six (121 pulmonary and 25 non-pulmonary) new cases of tuberculosis were notified during the year, and, in addition, 44 cases came to notice otherwise than by formal notification. The total number of cases notified in the County shows a decrease of 14 on the figure for the previous year.

The following table shows the additions to and removals from the Registers kept by the District Medical Officers of Health:—

	Pulmonary.		Non-pulmonary.		Total.
	M.	F.	M.	F.	
Number of cases on the Registers at 31st December, 1947	357	299	109	121	886
Added to the Registers:—					
(a) Cases notified for the first time during the year	69	52	11	14	146
(b) Un-notified cases brought to notice otherwise than by formal notification	19	27	5	4	55
Removed from the Registers on account of death, change of address, etc.	53	47	13	10	123
Number of cases on the Registers at 31st December, 1948	392	331	112	129	964

The number of deaths ascribed to all forms of tuberculosis as returned by the Registrar-General was 64, compared with 82 in 1947. Forty-eight of the deaths were certified as due to pulmonary tuberculosis, and 16 to the other forms of the disease.

The new cases notified during the year are shown in the following table, together with the deaths from tuberculosis as returned by the Registrar-General:—

Age periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	—	1	—	1	—	—	—	1
1—5	2	1	4	6	—	—	2	4
5—15	2	3	3	4	—	1	1	—
15—45	59	56	5	5	10	10	1	4
45—65	20	12	—	2	16	7	2	1
65 and upwards	3	1	—	—	1	3	—	—
Totals	86	74	12	18	27	21	6	10

The pulmonary death rate was .23 per 1,000 of the population, compared with .34 in the previous year. This figure is the lowest ever recorded in the County, the previous lowest (.28) being recorded in 1946. The non-pulmonary death rate of .08 was a slight increase on the record low figure of .06 for the previous year.

The death rates per 1,000 of the population over a series of years are given below:—

PULMONARY TUBERCULOSIS.

District.	Average rate for the ten years.		1941	1942	1943	1944	1945	1946	1947	1948
	1921—1930	1931—1940								
Administrative County	0.65	0.40	0.39	0.39	0.31	0.42	0.37	0.28	0.34	0.23
Urban Districts..	0.75	0.48	0.46	0.54	0.46	0.53	0.43	0.36	0.41	0.26
Rural Districts..	0.58	0.34	0.32	0.25	0.18	0.33	0.31	0.19	0.28	0.20

OTHER FORMS OF TUBERCULOSIS.

District.	Average rate for the ten years.		1941	1942	1943	1944	1945	1946	1947	1948
	1921—1930	1931—1940								
Administrative County	0·18	0·12	0·10	0·12	0·12	0·12	0·13	0·07	0·06	0·08
Urban Districts.	0·19	0·11	0·06	0·16	0·07	0·12	0·10	0·07	0·07	0·12
Rural Districts..	0·17	0·12	0·14	0·09	0·17	0·11	0·15	0·06	0·06	0·04

INSTITUTIONAL TREATMENT.

As already reported in the section of this report dealing with hospitals, the Driffield Sanatorium was opened on the 10th May, 1948, and up to the 5th July, 1948, 31 patients were admitted, whilst 22 were also sent to the Raywell Sanatorium between the 1st January, 1949, and the date on which the Sanatorium was transferred to the Regional Hospital Board.

In addition, during the same period 49 patients were sent to other institutions for treatment as follows:—

Fairfield Sanatorium, York	14
York City General Hospital	4
Adela Shaw Orthopædic Hospital, Kirbymoorside	3
Beverley Emergency Hospital	5
Harlow Wood Orthopædic Hospital, Mansfield	1
York County Hospital	1
Hull Sanatorium, Cottingham	3
Preston Hall, Sanatorium	2
King Edward VII. Sanatorium, Midhurst	1
Pinderfields Emergency Hospital	2
County Hospital, Driffield	1
London Hospital	1
Nayland Sanatorium, Colchester	1
Home Hall, Durham	1
Rushton House, Northampton	1
Cotswold Sanatorium	1
Queen Elizabeth Hospital, Birmingham	1
Scarborough Hospital	1
Infectious Diseases Hospital, Hull	1
Children's Hospital, Hull	1
Poppleton Gate, York	1
Poppleton Hall, York	2

Of the 102 cases dealt with at these institutions, 96 were diagnosed as suffering from tuberculosis prior to admission, whilst the remaining 6 cases were admitted for observation purposes. One of the latter patients was subsequently diagnosed as tuberculous. Details of the cases treated are set out in the following table:—

	No. of Patients.			No. of Observation Cases			Total.
	Adults		Children	Adults		Children	
	M.	F.		M.	F.		
In Institutions on 1/1/48	31	30	8	1	1	9	80
Admitted during the year	46	40	10	—	—	6	102
Discharged during the year	29	27	8	1	—	9	74
Died in Institutions ...	3	—	1	—	—	—	4
In Institutions on 31/12/48	45	43	9	—	1	6	104

The number of patients discharged from the various institutions who were definitely suffering from the disease was 68. The following table shows the condition of these patients at the time of their discharge:—

Classification on Admission.	Condition at time of Discharge.								
	Quiescent.			Not Quiescent.			Died in Institutions.		
	M.	F.	C.	M.	F.	C.	M.	F.	C.
Pulmonary Tuberculosis—									
Class T.B. Minus ...	2	1	4	2	5	1	1	—	—
Class T.B. Plus	8	1	—	14	18	—	2	—	—
Non-Pulmonary tuberculosis ...	1	1	3	2	1	—	—	—	1
Totals.....	11	3	7	18	24	1	3	—	1

The following table shows the results of observation of the doubtfully tuberculous cases discharged during the year :—

Classification on Admission.	Condition at time of Discharge.								
	Tuberculous.			Non-Tuberculous.			Doubtful.		
	M.	F.	C.	M.	F.	C.	M.	F.	C.
Observation for purpose of diagnosis	—	—	1	1	—	8	—	—	—

DISPENSARIES.

Up to the 5th July, 1948, 435 new attendances (including contacts) were made at the eight Dispensaries serving the County during the year. The number of contacts examined was 141.

The following table gives details of the work done up to the date on which the Dispensaries were transferred to the Regional Hospital Board :—

Number of attendances by patients at Dispensaries (including contacts)	1966
Number of consultations with Medical Practitioners :—	
(a) Personal	36
(b) Other	262
Number of visits by Tuberculosis Officer to homes (including personal consultations)	106
Number of specimens of sputum, etc., examined	387
Number of X-ray examinations carried out	782
Pneumothorax cases :—	
Number of patients who received refills	31
Number of visits paid by these patients	246
Number of patients provided with artificial light	4
Number of visits paid by these patients	61

TABLE I.

Cases of Infectious Disease Notified during
the year 1948.

Notifiable Disease.	Urban Districts.	Rural Districts.	Admini- strative County.
Scarlet Fever	101	81	182
Diphtheria (including Membranous Croup)	4	2	6
Enteric Fever	1	—	1
Puerperal Pyrexia	3	4	7
Erysipelas	19	20	39
Ophthalmia Neonatorum	2	1	3
Cerebro-Spinal Fever.....	—	2	2
Acute Poliomyelitis	3	4	7
Acute Polio Encephalitis.....	1	—	1
Measles	1606	1082	2682
Pulmonary Tuberculosis	90	74	164
Other forms of Tuberculosis...	17	15	32
Pneumonia	61	57	118
Chicken Pox	44	21	65
Whooping Cough	325	486	811
Dysentery	13	—	13
Paratyphoid	—	1	1
Totals.....	2284	1850	4134

TABLE II.

**Cases of Infectious Disease Notified.
Urban Districts.**

DISEASE.	TOTAL CASES NOTIFIED IN EACH DISTRICT.									
	Totals.	Beverley.	Bridlington.	Driffeld.	Elley.	Haltemprice.	Hedon.	Hornsea.	Norton.	Withernsea
Scarlet Fever	101	8	31	3	10	33	...	9	5	2
Diphtheria	4	...	2	...	...	1	...	1	...	...
Enteric Fever	1	...	...	...	...	1	...	...	...	...
Puerperal Pyrexia	3	1	2	...	...	...	...	...	...	...
Erysipelas	19	6	8	3	...	2	...	...	...	...
Ophthalmia Neonatorum	2	...	1	1	...	...	...	...	...	...
Measles	1600	453	366	254	14	364	5	78	12	54
Pulmonary Tuberculosis	90	10	34	3	4	24	2	1	3	9
Other forms of Tuberculosis	17	1	9	...	...	3	2	1	..	1
Pneumonia	61	19	21	2	12	7	...	...	...	...
Chicken Pox	44	1	...	...	...	43	...	...	...	...
Whooping Cough	325	102	43	9	31	107	1	25	...	7
Acute Poliomyelitis	3	..	1	...	...	2	...	...	...	...
Acute Polio Encephalitis	1	1	...	..	...	...	...	...	...	...
Cerebro-Spinal Fever ...	...	...	...	...	...	...	...	...	...	...
Dysentery	13	...	...	...	...	13	...	...	...	...
Totals	2284	602	518	275	71	600	10	115	20	73

TABLE III.

Cases of Infectious Disease Notified.
Rural Districts.

DISEASE.	TOTAL CASES NOTIFIED IN EACH DISTRICT.								
	Totals.	Beverley.	Bridlington.	Derwent.	Driffield.	Holderness.	Howden.	Norton.	Pocklington.
Scarlet Fever	81	14	3	16	1	15	6	8	18
Diphtheria	2	...	...	...	...	1	1	...	...
Enteric Fever .....	..	...	...	...	...	...	...	...	...
Puerperal Pyrexia	4	...	...	...	1	1	...	1	1
Erysipelas	20	1	4	1	...	6	6	...	2
Ophthalmia Neonatorum	1	...	...	...	...	1	...	...	...
Cerebro-spinal Fever ...	2	...	...	...	...	...	1	...	1
Measles	1082	260	52	36	100	319	180	48	87
Pulmonary									
Tuberculosis	74	16	9	11	3	14	10	2	9
Other forms of									
Tuberculosis	15	1	1	1	3	5	1	...	3
Pneumonia	57	7	6	7	11	3	11	...	12
Chicken Pox	21	11	...	...	10	...	...	...	...
Whooping Cough	486	78	11	33	78	102	104	33	47
Acute Poliomyelitis	4	3	...	1	...	...	..	...	...
Acute Polio									
Encephalitis .....	...	...	...	...	...	...	...	...	...
Dysentery .....	...	...	...	...	...	...	...	...	...
Paratyphoid	1	...	1	...	...	...	..	...	...
Totals.....	1850	391	87	106	207	467	320	92	180

TABLE IV.

Vital Statistics of Whole District during 1948, and previous Years.

YEAR.	Estimated Population.	LIVE BIRTHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Number.	Rate.	Under 1 year of age.		At all ages.	
				Number.	Rate per 1,000 Live Births.	Number.	Rate.
1934	174,250	2558	14.7	131	51	2058	11.8
1935	173,600	2475	14.3	129	52	2090	12.0
1936	177,440	2572	14.5	126	49	2208	12.4
1937	181,840	2658	14.6	140	53	2330	12.8
1938	184,630	2800	15.2	117	42	2119	11.5
1939	(a) 188,180 (b) 192,390	2803	14.9	140	49	2267	11.8
1940	194,530	2772	14.3	121	43	2456	12.6
1941	192,170	3037	15.8	156	50	2322	12.1
1942	194,680	3310	17.0	133	40	2169	11.1
1943	191,640	3181	16.6	161	51	2391	12.5
1944	185,940	3562	19.2	156	44	2409	13.1
1945	183,450	3109	17.0	135	43	2396	13.1
1946	194,720	3739	19.2	139	37	2355	12.1
1947	200,110	3872	19.4	155	40	2405	12.0
1948	205,900	3432	16.7	111	32	2205	10.7

TABLE V.

Rainfall Returns, 1948.

Station.	Height of Rain Gauge above Sea Level.	Observer.	Total Rainfall.	Number of days on which one-tenth of an inch or more of rain fell.	Average rainfall during last 10 years.
Hempholme	11 feet.	Mr. G. Ellison	26·58	160	25.87
Osgodby	29 „	Mrs. W. V. Hescock ...	20·77	150	23.88
North Cave	35 „	Col. W. H. Carver	27·47	147	26.39
Hornsea	35 „	Mr. H. Wilkinson	25·42	184	—
Bridlington	60 „	Mr. A. J. Booker	26·36	191	—
Lowthorpe	63 „	Mr. J. Tate	25·32	149	24.95
Scampston	100 „	Mr. F. Ironside	24·17	167	26.51
Dunnington	110 „	Miss E. Hildyard	26·99	213	28.04
Dalton Holme ...	150 „	Mr. W. F. Cullen	28·92	166	28.40
Beverley (E.R. Mental Hospital)	175 „	Medical Superintendent	26·42	158	25.57
Birdsall	304 „	Mr. James Anderson...	29·34	164	29.62

My thanks are due to the above named for their kindness in sending me the monthly returns.

TABLE V

RAINFALL RECORDS FOR THE YEAR 1943

Station	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
St. Louis	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	3.6	3.9	4.2	4.5	38.2
St. Paul	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.1	4.4	37.0
Chicago	1.0	1.3	1.6	1.9	2.2	2.5	2.8	3.1	3.4	3.7	4.0	4.3	35.8
Indianapolis	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	3.6	3.9	4.2	34.6
Philadelphia	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	4.1	33.4
San Francisco	0.7	1.0	1.3	1.6	1.9	2.2	2.5	2.8	3.1	3.4	3.7	4.0	32.2
Los Angeles	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	3.6	3.9	31.0
Portland	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	3.8	29.8
Seattle	0.4	0.7	1.0	1.3	1.6	1.9	2.2	2.5	2.8	3.1	3.4	3.7	28.6
Denver	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	3.6	27.4
Phoenix	0.2	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	3.5	26.2
San Diego	0.1	0.4	0.7	1.0	1.3	1.6	1.9	2.2	2.5	2.8	3.1	3.4	25.0
San Antonio	0.0	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0	3.3	23.8
Fort Worth	0.0	0.2	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	3.2	22.6
Dallas	0.0	0.1	0.4	0.7	1.0	1.3	1.6	1.9	2.2	2.5	2.8	3.1	21.4
Houston	0.0	0.1	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	3.0	20.2
Memphis	0.0	0.1	0.2	0.5	0.8	1.1	1.4	1.7	2.0	2.3	2.6	2.9	19.0
Little Rock	0.0	0.1	0.2	0.4	0.7	1.0	1.3	1.6	1.9	2.2	2.5	2.8	17.8
Shreveport	0.0	0.1	0.2	0.3	0.6	0.9	1.2	1.5	1.8	2.1	2.4	2.7	16.6
Mobile	0.0	0.1	0.2	0.3	0.4	0.7	1.0	1.3	1.6	1.9	2.2	2.5	15.4
New Orleans	0.0	0.1	0.2	0.3	0.4	0.5	0.8	1.1	1.4	1.7	2.0	2.3	14.2
Atlanta	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.9	1.2	1.5	1.8	2.1	13.0
Savannah	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	1.0	1.3	1.6	1.9	11.8
Washington	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	1.1	1.4	1.7	10.6
Baltimore	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.2	1.5	9.4
Pittsburgh	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	8.2
Cleveland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	7.0
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	5.8
St. Louis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	4.6
St. Paul	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	3.4
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	2.2
Indianapolis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.0
Philadelphia	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.8
San Francisco	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.6
Los Angeles	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.4
Portland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.2
Seattle	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.1
Denver	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Phoenix	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Diego	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Antonio	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Fort Worth	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Dallas	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Houston	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Memphis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Little Rock	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Shreveport	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Mobile	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
New Orleans	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Atlanta	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Savannah	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Washington	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Baltimore	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Pittsburgh	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Cleveland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
St. Louis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
St. Paul	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Indianapolis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Philadelphia	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Francisco	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Los Angeles	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Portland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Seattle	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Denver	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Phoenix	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Diego	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Antonio	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Fort Worth	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Dallas	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Houston	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Memphis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Little Rock	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Shreveport	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Mobile	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
New Orleans	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Atlanta	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Savannah	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Washington	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Baltimore	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Pittsburgh	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Cleveland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
St. Louis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
St. Paul	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Chicago	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Indianapolis	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Philadelphia	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
San Francisco	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Los Angeles	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Portland	0.0	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	0.0
Seattle													

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REPORT

of the

School Medical Officer

for the

Year ended 31st December. 1948.

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for the

Year ended 31st December, 1948.

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REPORT OF SCHOOL MEDICAL OFFICER.

The year 1948 saw the inception of services to be provided under the National Health Service Act, 1948. Naturally this led to a certain amount of confusion as regards the place of the School Health Service in an all embracing medical service, and at the time of writing, many problems still remain to be solved.

Whatever may be the eventual outcome of the re-organisation, it is to be hoped that children, as a special group of the population, will not be forgotten. The School Health Service is still the only medium of fairly close medical supervision of the child population, since it provides for compulsory medical examination at certain ages. Were it not for this, many children would undoubtedly only see a doctor when illness is actually present, and then usually of a serious nature.

The handicapped pupil, whether it be physical or mental, calls for special care, and the School Health Service is probably more in a position to detect and advise on their care than any other branch of the Health Services. In spite of the recent changes, the service has continued to function efficiently and does good work, as a perusal of the statistics contained in this report shows.

I have to report the retirement during the year of Dr. Helen Moffat, who has been in the service of this Authority since October, 1913, and express appreciation of her work during that time.

GENERAL STATISTICS.

Number of Primary Schools	226
Number of pupils on Primary School Registers	21,430
Number of Secondary Schools in the Administrative County	8
Number of pupils on Secondary School Registers ...	4,019

MEDICAL INSPECTIONS.

It has been possible to carry out 257 primary school medical inspections and eight secondary school inspections during the year.

	East Riding.	Number found to require Treatment.	Observation.
Routine examinations.			
Entrants	3120		
Second Age Groups	2426		
Third Age Groups	1992		
Other routine examinations	660		
Total routine examinations	8198	1181	3945
Special examinations and re-inspections	5409	1115	2620
Total examinations	13607		

These figures indicate an increase of 2,186 on the number of examinations held in 1947. At the routine examinations 14.4% of the children were found to require treatment as against 13.5% in 1947 and 48.1% of the children were found to need further observation.

Particulars as to dental work done are given later in this report under dental defects.

GENERAL CONDITION.

The previous classification of nutrition has been reduced by the Ministry from four categories to three, *i.e.* (A) Good; (B) Fair; and (C) Poor. The former "Slightly subnormal" and "Bad" classifications are now merged into one designated as "Poor."

Results show that a high standard of nutrition is being maintained. Out of 8,198 children examined for classification 98.59% are marked good or fair as regards nutrition and 1.41% as poor. Having regard to the altered form of classification, it would appear that these percentages show little change from those found in previous years.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

During the year 865 children were referred from school medical inspections as needing treatment for eye defects as compared with 678 children referred for these defects in 1947.

In the period under review additional refraction clinics were opened at Beverley, Hessle and Withernsea, making a total of nine in all.

The number of examinations during the year under the authority's specialist scheme, either at clinics or as individual cases was 1,281 as compared with 1,245 in the previous year. Glasses were prescribed in 764 cases as against 828 in 1947. As the services of an orthoptist were not available at the York County Hospital, no children attended the orthoptic clinic.

Minor eye defects were reported in the cases of 76 children.

Since the coming into force of the National Health Service Act, there are frequent complaints from parents of long delay in obtaining delivery of spectacles; a fact which is usually stated to be harmful to the child's educational progress. This is probably true in a limited number of cases and every effort is made to help children in this difficulty.

EAR DISEASE AND DEFECTIVE HEARING.

Children with ear discharge, or who had defective hearing, reported from Routine Inspections or by School Nurses were as under, *viz.* :—

Ear Discharge or Defective Hearing.	Remedied.	Being Treated.
214	121	93

Children suffering from ear discharge can attend the Aural Clinics established in Beverley, Scarborough and York.

NOSE AND THROAT DEFECTS.

During the year there was a great increase in operative work on the ear, nose and throat cases. This is accounted for by the actual increase in the number of cases referred and also to the fact that arrears from previous years are now being overtaken.

Comparative statistics of the children referred for treatment and who received treatment during the last ten years are given as follows:—

Year.	Number medically examined.	Number referred for treatment.	Number received operative treatment.	% who received operative treatment to No. Med. examined.
1939	7927	501	200	2.5
1940	8268	293	152	1.8
1941	7675	301	119	1.5
1942	9269	623	203	2.19
1943	8415	552	238	2.8
1944	7467	672	185	2.4
1945	8530	490	358	4.4
1946	10484	697	314	2.99
1947	11421	644	219	1.8
1948	13607	786	507	3.7

DISEASES OF THE CHEST AND DELICATE CHILDREN.

During the year 221 school children were inspected by the Tuberculosis Officer and of that number 161 were discharged as non-tubercular. Of the remainder 12 were either sent to a sanatorium or hospital for observation or treatment. At the end of the year 3 were still in sanatoria, 2 had reached the quiescent stage, 7 were discharged from institutions, whilst 48 were under periodic observation.

During the year 5 tubercular children attended ultra violet light clinics and received a total of 93 treatments. In addition, delicate children received 510 treatments by U.V.L. in Beverley.

UNCLEANLINESS.

In their cleanliness surveys the School Nurses made 75,975 examinations. On an average each child was examined four times during the year, and the nurses found 2,781 cases of uncleanness. This number of cases represented uncleanness in 1,354 individual children, *i.e.*, 6% of the school population.

No cleansing stations are established and the responsibility for carrying out advice as to remedial treatment and prevention rests with parents.

School Nurses are supplied with a Hair Cream containing D.D.T. and also Lethane Hair Oil for distribution to parents as required.

MINOR AILMENTS.

The minor ailment clinics previously in use continued to function and facilities were increased by the opening of a clinic in Hessle at Penshurst Avenue School. This clinic is open daily and has a medical officer in attendance two mornings a week.

The total number of cases dealt with in the Clinics and by the School Nurses during the year is shown in the following table, viz. :—

Defect.	No. of cases reported	
	1947	1948
Ringworm (head)	2	3
Ringworm (body)	21	4
Scabies	65	81
Impetigo	183	182
Other Skin Diseases	187	305
Minor Eye defects	370	303
Minor Ear defects and Deafness	143	213
Minor Injuries, Bruises, etc.	2687	2377
Total	3658	3468

SCHOOL NURSES.

In carrying out their various duties in connection with the School Medical Service the School Nurses carry out routine cleanliness surveys at least once a term and generally more often in each school. At these visits many cases of minor ailments also come to their notice. The visits are followed up, if necessary, by further visits to the school to re-examine those children found with defects and by a visit or visits to the homes of all children needing attention.

Figures relating to this work for 1948 are as follows:—

Visits to Schools:—

Routine examination	827
Follow-up visits	311
No. of examinations	75975

Visits to Homes:—

No. of homes visited	3301
No. of children seen on these visits	4088

Reasons for these visits:—

Uncleanliness	1958
Minor Ailments	618
Nutrition	795
Other reasons	849

INFECTIOUS DISEASES.

Particulars of infectious diseases will be found in the earlier section of this report. It was not necessary to close any schools on account of outbreaks of infectious diseases.

EXAMINATION FOR MENTAL CONDITION.

During the year, 68 children were specially examined, compared with 128 in the previous year.

The findings of these special examinations were as follows:—

Normal Intelligence	8
Educationally Sub-Normal:—	
(a) for education in special classes	25
(b) for education in special schools	19
For notification under the M.D. Acts	16
	68

HANDICAPPED CHILDREN.

The difficulty in providing for the handicapped pupil continues and there seems little hope that this problem will be solved for many years to come. The largest number of handicapped pupils are the educationally sub-normal, many of whom, particularly in the rural districts, cannot be accommodated in day schools or classes. Many can only be served by the provision of residential schools.

NUMBER OF HANDICAPPED CHILDREN.

GROUP	Defect	In Special Schools	In main- tained Pri- mary or Secondary Schools	In Independ- ent Schools	At no School or Institution	TOTAL	
						Boys	Girls
A.	<i>Blind Children, i.e. suitable for education by methods not involving the use of sight</i>	8	—	—	—	4	4
B.	<i>Partially-sighted Children, i.e. suitable for education by special methods involving the use of sight</i>	1	4	—	—	3	2
C.	<i>Deaf Children, i.e. suitable for education by methods for those without naturally acquired speech</i>	15	—	—	—	6	9
D.	<i>Partially Deaf Children, i.e., suitable for education by special methods involving the use of speech</i>	—	2	—	—	—	2
E.	<i>Delicate Children, i.e. those who for health reasons should not be educated under normal school regime</i>	—	42	—	1	27	16
F.	<i>Diabetic Children, i.e. children who through need of treatment need residential care</i>	1	1	—	—	2	—
G.	<i>Educationally Sub - Normal Children, i.e. those needing a specialised form of education:—</i>	5	249	3	—	175	82
H.	<i>Epileptic Children, i.e. those who should be educated in special schools</i>	2	3	—	—	4	1
I.	<i>Maladjusted Children, i.e., those who require special educational treatment</i>	—	12	—	—	5	7
J.	<i>Physically Handicapped Children, i.e. those with disease or crippling defect who should be educated in special schools:—</i>	4	61	—	13	37	41
K.	<i>Pupils suffering from Speech Defect, i.e., those who require special educational treatment</i>	—	10	—	—	9	1
L.	<i>Pupils suffering from Multiple Disabilities</i>	—	3	—	2	3	2

Particulars regarding handicapped pupils admitted to or discharged from Special Schools or Institutions during the year are as follows, together with information as to the number maintained at such schools:—

Defect.	Special School.	In at 31.12.47	Admitted during 1948.	Discharged during 1948.	Number maintained at 31.12.48.
Blind	York	10	—	3	7
	Sheffield School for Blind	2	—	—	2
	Hull E.R. Inst.	4	1	5	—
Deaf	Doncaster	8	1	—	9
	Sutton	2	1	—	3
	Leeds Blenheim	3	—	1	2
	Brighton	1	—	—	1
Epileptic	Maghull	2	—	—	2
Delicate	Hayling Island	1	—	1	—
	Oak Bank	—	1	1	—
Cripples	Lord Mayor Treloar ...	1	—	1	—
	John Groom's Crippleage	1	—	1	—
	Chipping Norton	—	2	1	1
Malad- justed	Headlands Hostel, St. Ives	1	—	1	—
	Educa- tionally Sub-Normal	Dovecot, Knotty Ash...	5	—	3	2
The Beacon School, Lichfield		—	1	—	1

Of the above, 5 of the blind are maintained by the Secondary and Further Education Sub-Committee.

ORTHOPAEDIC AND POSTURAL DEFECTS.

The Orthopaedic Surgeon, working from the Adela Shaw Hospital, Kirbymoorside, examined children at the clinics held monthly in Beverley, Bridlington, Driffield, Malton, York and Scarborough.

Any children requiring hospital treatment were admitted to the above hospital.

In the year in question, 322 children (of whom 114 were new cases), made 609 attendances at the above clinics.

Twenty were admitted to Kirbymoorside for operative treatment and if necessary afterwards supplied with appliances. Twenty were discharged in the year.

CHILD GUIDANCE.

It is still necessary to utilise the clinic at York as we have no Child Guidance Clinic in the East Riding. Considerable difficulty has been experienced during the past year in securing appointments with the Psychiatrist, which has resulted in a formidable waiting list of children who have been put forward for examination but have not yet been examined.

Thirty-one children were recommended as suitable for attendance at the Clinic during 1948, but new appointments for a first examination were only 10.

SPEECH THERAPY.

A Speech Therapist, Miss P. L. N. Craig, was appointed and took up her duties on the 8th September, 1948. A preliminary survey of the school children was carried out, and at the end of the year 314 children had been registered. Of this number the percentages of disorders were as follows:—

Defects of articulation	60%
Stammer	30%
Cleft Palate	10%

Clinics are being held at weekly or fortnightly intervals at Beverley, Bridlington, Driffield, Filey, Fulford and Hessle. Those children not able to attend the clinics, but who are urgently needing attention, are visited by the Speech Therapist at their homes at regular intervals.

It will be appreciated that a single-handed Speech Therapist working in a rural area such as the East Riding will have difficulty in treating over 300 children and, in the first instance, she will need to concentrate on those children who are stammerers and those who have defective speech as a result of cleft palate.

REPORT OF THE CHIEF DENTAL OFFICER FOR THE YEAR 1948.

The dental staff at the end of the year under review consisted of five full-time Officers, two part-time Dental Officers and a similar number of Dental Attendants. Miss Cripps took up duty on 1st October as an Assistant Officer and operates in the South Eastern part of the County. This necessitated a rearrangement of the districts, which resulted in each Dental Officer being responsible for approximately 4,000 school children. This increase in staff, if maintained, should ensure that each school child is inspected at least annually.

CLINICS.

A fifth mobile clinic was delivered and put into commission at the commencement of the Autumn school term. This clinic embodies the latest improvements in design, amenities and equipment, and its acquisition completes the fleet of mobile surgeries required for dental treatment in the rural areas. These mobile surgeries are necessary for dental treatment in rural areas. The fixed clinics in Bridlington and Beverley serve the respective elementary schools in each borough.

ANÆSTHETICS.

A gas machine is now installed in each mobile clinic and regular anæsthetic sessions have been held in each district for extractions. The necessity for this has been apparent for some considerable time, but limitations in the staff precluded gas sessions being arranged. The Senior Dental Officer either administers or extracts during this treatment. At the fixed clinics, gas sessions have been held over a considerable number of years.

ORTHODONTICS.

This service is still in an early stage of development. Owing to the scattered nature of the County, it is unfortunate that the full expansion of this important part of the dental scheme is dependent on the size of the staff. Simple regulation involving one or two misplaced teeth in each case has been undertaken successfully for twenty cases. Extraction of the appropriate teeth in 252 children has obviated the necessity of a mechanical appliance.

Each Assistant Dental Officer undertakes such cases as can be successfully treated during the ordinary sessions in a district.

DENTAL INSPECTION AND TREATMENT.

The acceptance rate of 82% can be regarded as satisfactory. Since the introduction of the National Health Scheme, the acceptance rate in each district has shown an increase of 5% compared with the same schools treated in 1947.

The following figures show the work done in the year:—

	No. Inspected.	No. found Defective.	No. Treated.	Attendances for Treatment.	Extractions. Temp.	Perm.	Half days devoted to Inspections and Treatment.
E.R.	14901	7500	5402	6964	7616	893	1675
Beverley ...	1045	482	511	1082	526	333	152
Bridlington	615	351	931	1599	1021	384	169
Total	16561	8333	6844	9645	9163	1610	1996

	Anæsthetics.		Fillings.	Other Operations.	
	Local.	General.		Temp.	Perm.
E.R.	4747	1057	5121	84	946
Beverley	—	123	904	—	31
Bridlington	—	392	276	—	43
Total ...	4747	1572	6301	84	1020

Full details of the work done appear at the end of this Report.

In conclusion, I would like to thank the teaching profession and all members of the staff for their valuable co-operation.

(Signed) P. S. SPENCE

CO-OPERATION WITH VOLUNTARY BODIES.

As in previous years, close co-operation has been maintained with the National Society for the Prevention of Cruelty to Children and the help given by their Inspectors has been of the utmost value. School Welfare Officers report children direct when necessary in urgent cases.

During 1948, four families were notified to the Society and it is pleasing to note that supervision by the Inspector proved effective in each case, consequently proceedings were unnecessary.

CO-OPERATION WITH TEACHERS AND SCHOOL WELFARE OFFICERS.

I would again like to thank all teachers for the help so freely given during the past year in connection with the clerical work necessitated by Medical Inspection and in weighing children prior to such inspections.

I should also like to add my thanks to School Welfare Officers for their willing co-operation.

PROVISION OF MILK AND MEALS.

The percentage of children receiving milk under the Milk in Schools Scheme was maintained during 1948. The latest available figures show that on a day in October a total of 20,455 children received liquid milk and 156 re-constituted National Dried Milk, a percentage of 86.35 of the children present in school. In 195 cases, milk was sent from school to children absent on account of illness.

No opportunity has been lost of replacing supplies of ordinary raw milk with pasteurised or T.T. supplies, but this problem is becoming increasingly difficult because the schools still receiving raw milk are small and isolated and suppliers of pasteurised milk do not find it economic to travel the considerable mileage involved to deliver only small quantities of milk. The number of schools still receiving supplies of raw milk, however, is only small.

Some progress has been made in the provision of school meals and the percentage of children receiving meals was 34.87 in October. This figure represents 8,170 children who received a meal in school on the selected day.

The number of canteens now open is 77, which provide meals for 96 school departments. The amount of building work which can be done for the School Meals Service is still severely restricted, although authority has been given for a small number of canteen projects to proceed. At the end of 1948, a further 5 kitchens and dining rooms were under construction, and it is hoped that work on another 3 will begin early in 1949, with more to follow later in the year. It still remains, however, that the expansion of the School Meals Service is a slow process, although as each kitchen is completed no time is lost in using it to its full capacity for preparation of meals.

PHYSICAL EDUCATION.

(Report submitted by the Organiser of Physical Education.)

In 1948, the improvement in staffing in a number of the schools has made possible more regular lessons in physical education; but in some cases frequent changes of staff have made continuity of work difficult. A few more village halls have been rented for indoor activities, resulting in more regular training during inclement weather.

Games. Playing fields at the larger schools have now come into full use after being under cultivation during the war years. At a few schools, the size of the playing area is inadequate, consequently the grounds have no rest, resulting in excessive wear.

The scope of physical education has been enlarged by many schools participating in leagues, rallies and friendly matches in football, cricket, netball and rounders.

Athletics. Teachers' Courses in athletics were held at two centres in the early spring, and an improvement in style and standard was noticeable at the district sports meetings, where a greater number of the smaller schools took part.

Teachers from the East Riding attended a course in athletics run by the Amateur Athletic Association at Hull University College in the Autumn term.

The Yorkshire Schools' Athletic Sports were held for the first time in the East Riding, when our scholars and teachers acted as hosts to the visiting teams in Bridlington and won honours in five out of six of the competitions—namely, Junior, Intermediate and Senior Boys' events and Intermediate and Senior Girls' events.

The English Schools' Athletic Championship Sports were held at Bath, where a strong Yorkshire team won the Goodwill Cup for Senior Boys' events. It was pleasing to note that out of a Yorkshire team of 52, 19 children from the East Riding were selected.

Swimming. The standard of swimming has continued to improve and more schools are now participating in this branch of physical education. A County Certificate, which demands a high degree of attainment in swimming, including life-saving, has been introduced, and out of 17 entrants, 3 girls and 1 boy gained the award.

Dancing. This year, modern educational dancing has been introduced into the area. We have been fortunate in securing the help of outside specialists for two week-end courses in the spring which have been followed up with a series of Saturday afternoon classes during the winter. Where suitable facilities are available, the girls have shown interest and produced creative work of a promising standard.

More schools have introduced folk and national dancing into the curriculum and general improvement was obvious at the Schools' Folk Dance Festival held at West Heslerton Hall.

At the request of the teachers, an eight weeks' course on folk dancing was held at Bridlington at the end of the year.

"*Get Together Days*" and *School Leavers' Camp*. An interesting experiment was carried out during the summer term in co-operation with all the educational organisers. School leavers from the schools which have not yet been re-organised were invited to centres, where they spent two complete days together following a programme of varied activities and educational visits. In August, 38 pupils from these centres spent five days "camping" at Flamborough. This arrangement, as a follow-up to the "Get Together Days," proved most successful, and the youngsters derived great benefit physically, educationally and socially.

Youth Festival. Members from the Evening Institutes and Voluntary Organisations spent a happy week-end at Bridlington in July. A varied programme of activities was carried out, including an athletic sports where a group of girls from Beverley and Bridlington demonstrated recreation "keep fit" and national dancing in costume, led by the Representative of the Central Council of Physical Recreation. During the week-end the film of the 1936 Olympic Games was shown to an interested and appreciative audience of young people.

It is particularly pleasing to report that Mr. Norman Ellis has been appointed as Organiser of Physical Education and commenced duty in September.

MARGARET A. G. RICHARDSON,
Organiser of Physical Education.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1948.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. *Periodic Medical Inspections*

Number of Inspections in the prescribed Groups.	
Entrants	3120
Second Age Group	2426
Third Age Group	1992
Total	7538
Number of other Periodic Inspections	660
Grand Total	8198

B. *Other Inspections.*

Number of Special Inspections	4153
Number of Re-Inspections	1256
Total	5409

C. *Pupils found to require treatment.*

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin.)

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
Entrants	47	307	335
Second Age Group	156	183	323
Third Age Group	133	122	244
Total (prescribed groups)	336	612	902
Other Periodic Inspections	53	44	92
Grand Total	389	656	994

TABLE IIA.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	Periodic Inspections. No. of defects.		Special Inspections. No. of defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
Skin	19	117	105	36
Eyes— <i>a.</i> Vision	389	1130	269	1013
<i>b.</i> Squint	65	75	38	704
<i>c.</i> Other	66	68	38	28
Ears— <i>a.</i> Hearing	33	80	24	30
<i>b.</i> Otitis Media ..	17	32	32	10
<i>c.</i> Other	26	63	33	28
Nose or Throat	391	1111	395	638
Speech	14	65	18	38
Cervical Glands	14	250	7	105
Heart and Circulation..	4	64	8	73
Lungs	48	204	33	118
Developmental				
<i>a.</i> Hernia	2	14	3	3
<i>b.</i> Other	1	19	3	8
Orthopaedic—				
<i>a.</i> Posture	6	148	8	82
<i>b.</i> Flat Foot	15	131	19	60
<i>c.</i> Other	36	141	22	51
Nervous System—				
<i>a.</i> Epilepsy	3	8	1	9
<i>b.</i> Other	—	40	2	26
Psychological—				
<i>a.</i> Development	—	8	—	1
<i>b.</i> Stability	—	77	1	36
Other	32	100	56	123

TABLE IIB.

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected	A. (Good)		B (Fair)		C. (Poor)	
		No.	% of col 2	No.	% of col 2	No.	% of col 2
Entrants	3120	1069	34.26	1995	63.94	56	1.8
Second Age Group	2426	805	33.18	1596	65.79	25	1.03
Third Age Group	1992	1021	51.26	949	47.64	22	1.10
Other Periodic Inspections	660	536	81.21	111	16.82	13	1.97
Total	8198	3431	41.86	4651	56.73	116	1.41

TABLE III.
TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

	Number of Defects treat- ed, or under treatment during the year.
<i>(a)</i>	
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	3
Ringworm—Body	4
Scabies	81
Impetigo	182
Other skin diseases	305
Eye Disease	303
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital).	
Ear Defects	213
(Treatment for serious diseases of the ear (<i>e.g.</i> operative treatment in hospital not recorded here but in the body of this Report).	
Miscellaneous (<i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.)	2377
Total	3468

(b) Total number of attendances at Authority's minor ailments
clinics, 11079.

GROUP II.—DEFECTIVE VISION AND SQUINT.

	No. of defects dealt with.
Errors of refraction (including squint)	1281
Other defect or disease of the eyes	—
Total	1281
No. of Pupils for whom spectacles were	
<i>(a)</i> Prescribed	764
<i>(b)</i> Obtained	312

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND
THROAT.

	Total number treated.
Received operative treatment—	
<i>(a)</i> for adenoids and chronic tonsillitis	447
<i>(b)</i> for other nose and throat conditions	60
Received other forms of treatment	—
Total	507

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

<i>(a)</i> No. treated as in-patients in hospitals or hospital schools	24
<i>(b)</i> No. treated otherwise <i>e.g.</i> in clinics or out-patient departments	322

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH
THERAPY.

No. of pupils treated—	
<i>(a)</i> under Child Guidance arrangements	14
<i>(b)</i> under Speech Therapy arrangements	2

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups	16535
(b) Specials	26
Total (periodic and specials)	16561
(2) Number found to require treatment	8333
(3) Number actually treated	6844
(4) Attendances made by pupils for treatment	9645
(5) Half-days devoted to—	
(a) Inspection	166
(b) Treatment	1830
Total	1996
(6) Fillings—	
Permanent Teeth	6243
Temporary Teeth	58
Total	6301
(7) Extractions—	
Permanent Teeth	1610
Temporary Teeth	9163
Total	10773
(8) Administration of general anæsthetics for extraction	1572
(9) Other operations—	
Permanent Teeth	1020
Temporary Teeth	84
Total	1104

TABLE V.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	75975
(ii) Total number of <i>individual</i> pupils found to be infested	1354
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).....	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

