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Contributors

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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

OF THE

Medical Officer of Health

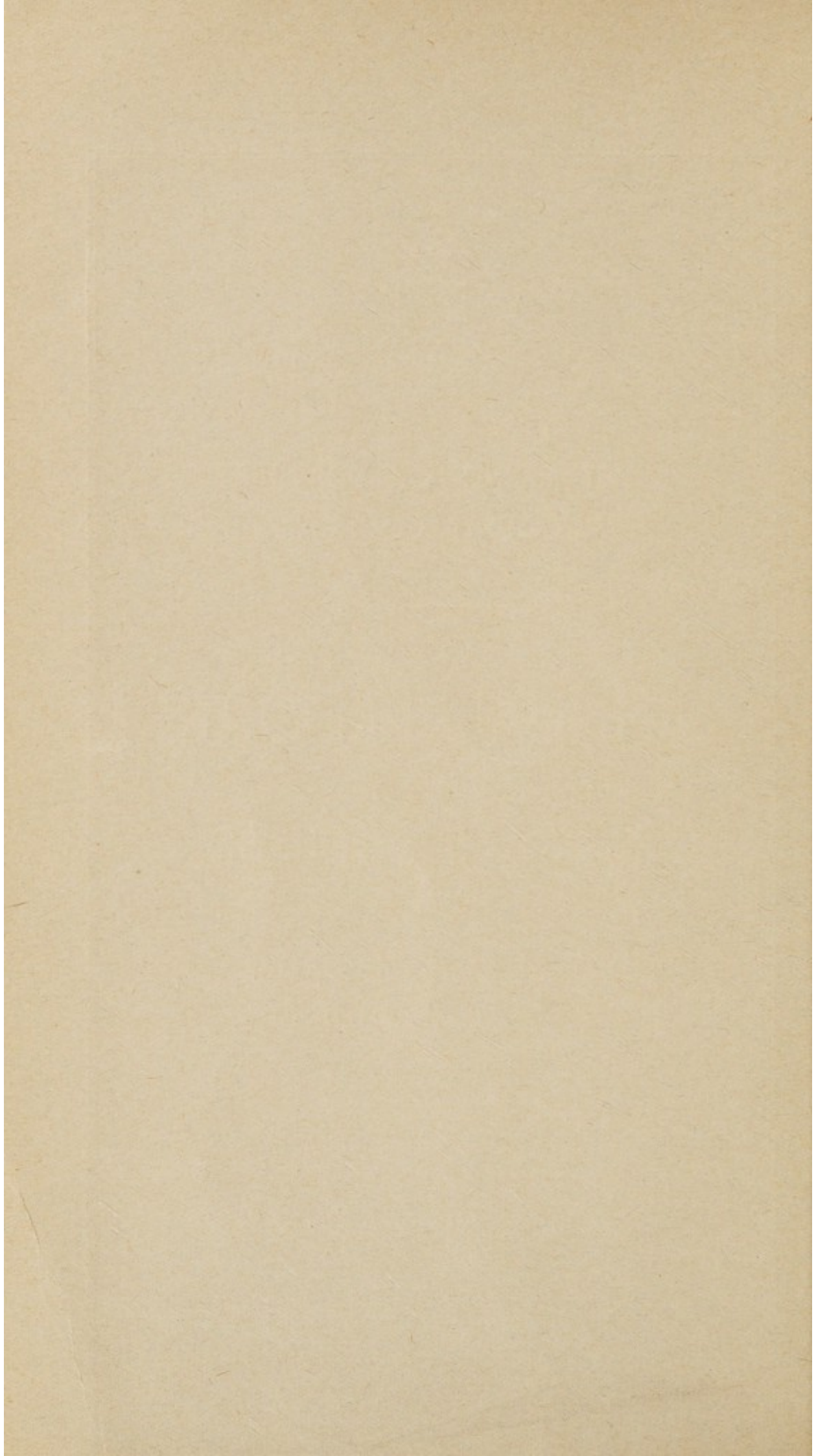
AND

School Medical Officer

For the Year 1950

Beverley :

WRIGHT & HOGGARD, PRINTERS, MINSTER PRESS.




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26/7/51

INDEX to General Report

Acute Poliomyelitis	45	Milk, Heat Treated	43
Ambulance Service	28	Milk Sampling, School	43
Ante-Natal Care	14	Milk Supplies, Hospital	43
Ante-Natal Hostel	15	Milk Supplies, Supervision of ...	43
Births and Birth Rates	8	National Assistance Act, 1948	34
Care and After-care	31	Nursery and Child Minders...	34
Care of Mothers and Young Children	14	Nursing Homes, Registration of ...	34
Child Life Protection	20	Ophthalmia Neonatorum	45
Deaths and Death Rates	9	Population	8
Dental Care	18	Post-natal Care	15
Diphtheria	44	Post-natal Hostel	15
Diphtheria, Immunisation against ...	26	Premature Infants	19
District Medical Officers	7	Puerperal Pyrexia	45
Domestic Help Service	31	Rainfall	52
Domiciliary Nursing and Midwifery Service ...	21	Sanitary Circumstances	38
Enteric Fever	44	Scarlet Fever	44
Food and Drugs Act	41	School Medical Officer's Report ...	53
Food, Inspection and Supervision of ...	41	Sewerage and Sewage Disposal ...	38
Health Visiting	20	Smallpox	44
Housing	39	Staff	4
Illegitimacy	9	Tuberculosis	45
Infant Mortality	13	Tuberculosis, New Cases and Mortality ...	45
Infant Welfare Centres	16	Tuberculous Milk	44
Infectious Disease, Prevalence of ...	44	Unmarried Mother and Child, Care of ...	19
Infectious Disease, Notification of ...	48	Vaccination	25
Inquests	13	Veterinary Inspection of Dairy Herds ...	44
Introductory Remarks	1	Vital Statistics	8
Maternal Mortality	15	Vital Statistics, Table of	51
Measles	44	Water Supply	38
Meningococcal Infection	45	Whooping Cough, Protection against ...	28
Mental Health	31		
Midwives	21		

INDEX to School Medical Officer's Report

Chest, Diseases of	58	Milk and Meals, Provision of	66
Child Guidance Clinic	62	Minor Ailments	58
Delicate Children	58	Nose and Throat Defects	57
Dental Officer, Report of Chief ...	65	Orthopedic and Postural Defects ...	61
Ear Disease and Defective Hearing ...	57	Physical Education	66
General Condition	57	School Nurses	59
General Statistics	56	Speech Therapy	64
Handicapped Children	60	Teachers and School Welfare Officers, Co-operation with	66
Infectious Diseases	59	Uncleanliness	58
Medical Inspections	56	Visual Defects and External Eye Disease ...	57
Medical Inspection and Treatment Returns ...	69	Voluntary Bodies, Co-operation with ...	66
Mental Condition, Examination for ...	59		



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To the Chairman and Members of the County Council.

Sir John Dunnington-Jefferson, My Lords,
Ladies and Gentlemen,

I have the honour to present my Annual Reports for the year 1950 on the Health Services of the County and on the School Health Services.

The changes caused in these services by the coming into operation of the National Health Service Act in 1948 are now matters of history, and the services administered by the County Council are becoming adjusted to their new and, in many respects, limited role. The chief problem to be tackled is that of trying to see that these services, which are preventive ones, do not develop in isolation from the two main groups of treatment services set up by the Act and administered by the Regional Hospital Board, through the various Hospital Management Committees and by the Executive Council. This problem is not an easy one to solve, as these other sections of the National Health Service too often seem to regard the function of the Local Health Authority as being one of providing various aids in the way of domiciliary nursing, domestic helps, ambulance services and the loan of nursing equipment, and to forget that the main duty is still the prevention of disease or of limiting its spread or recurrence. This main aim can only be successfully achieved if there is a full co-operation and exchange of information of all types at all levels. The problem of the development of the preventive health services equally with the treatment services is not made any easier by the fact that prevention has not the same dramatic appeal or interest as has treatment. This matter of appeal and interest applies as much to the Committee member as to the administrator, nurse or doctor, with results that I need not elaborate here, and I think it is unfortunate for the preventive services that the new set up should have done so much to remove nearly all the clinical interest from the sphere of those who have to carry out preventive work. The members or officers, lay or professional, of a Hospital Board have something tangible to appreciate about an ascertained cure ascribed to something they have done or provided, but their opposite numbers on

the Council or staff of a Local Health Authority have to be satisfied with conclusions drawn from statistics which are essentially impersonal and can but rarely be applied solely to local conditions.

The statistics given in these reports do however give reason for sober optimism. Although the birth rate has fallen nearly to the low pre-war level, the infantile mortality rate has dropped to the lowest figure ever recorded. Constant efforts will have to be made to keep it at this low figure. The death rate has also fallen slightly and every year a larger proportion of the population are coming into the "pensionable" age groups. Each year therefore the problem of keeping these increasing numbers of elderly and aged people not only hale and hearty, but happy, adds an additional burden on the welfare and health services.

As regards infectious diseases, it is pleasing to note that only two cases of diphtheria were notified. The virtual disappearance of this disease can only be attributed to immunisation, but the danger is still present and can only be warded off by constant protection of the child population. The percentage of children immunised is 60% and this is only just about the safety level. Scarlet fever, measles and whooping cough have been fairly prevalent. At their parents' request 1,100 children have received protective injections against whooping cough, but no figures are as yet available to prove the efficiency of this treatment. Poliomyelitis was responsible for 23 cases and two deaths, and its incidence during the late summer and autumn caused the usual amount of natural anxiety. It would appear that outbreaks of this distressing illness are going to be more or less regular occurrences, but because it is relatively new in epidemic form in this country one must not let this result in a loss of sense of proportion. Tuberculosis, to which unfortunately we are accustomed, is an equally disabling and more killing disease. There were 152 new cases of tuberculosis during the year and the disease caused 50 deaths, and although both these figures were an improvement on those for the previous year there is much more to be done in an attempt to minimise the ravages of this most serious infectious disease.

On the administrative side, it has been possible to make a beginning with the Divisional Administration of the Health Services and the Divisional Medical Officers for the Buckrose and Holderness Health Divisions had by the end of the year taken over the day-to-day administrative work in their Divisions of the services for the Care of Mothers and Young Children, Vaccination and Immunisation and the School Health Services. Similar arrangements have not been possible as yet in the Howdenshire Health Division as the new office accommodation required at Pocklington was not available. No Divisional Medical Officer has as yet been appointed for the Haltemprice Division.

As in previous years, the report on the School Health Services has been prepared by Dr. Thomson, for which I should like to thank him, as also Mr. Partridge, the County Welfare Officer, for the sections of my Annual Report dealing with the Mental Health and Welfare Services. My thanks are also due to all members of the staff for the willing and conscientious service they have continued to give during the year. Finally, may I again express to all the members of the County Council, and especially to the members of the Health Committee and School Welfare Sub-Committee of the Education Committee, my thanks and those of my staff for their continued help and support.

I have the honour to be,

Your obedient Servant,

R. WATSON,

County Medical Officer of Health.

County Hall,
Beverley.

July, 1951.

STAFF OF PUBLIC HEALTH AND SCHOOL MEDICAL DEPARTMENT, 1950.

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.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER.

A. Thomson, M.B., Ch.B., D.P.H.

DIVISIONAL MEDICAL OFFICERS AND DISTRICT SCHOOL MEDICAL OFFICERS.

Buckrose Division.

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

Holderness Division.

W. Ferguson, M.B., Ch.B., D.P.H.

Howdenshire Division.

W. Wilson, M.B., B.Ch., D.P.H.

ASSISTANT MEDICAL OFFICERS AND ASSISTANT SCHOOL MEDICAL OFFICERS.

Agnes D. Collins, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H.

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

Margaret Mulvein, M.B., Ch.B. (from 6th February, 1950).

Margaret L. Walker, M.B., B.S., D.P.H.

CHIEF DENTAL OFFICER.

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

ASSISTANT DENTAL OFFICERS.

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

Miss J. M. Cripps, L.D.S.

G. Fleming, L.D.S.

A. A. Jones, L.D.S.

COUNTY WELFARE OFFICER.

S. J. Partridge.

DISTRICT WELFARE OFFICERS AND AUTHORISED OFFICERS.

S. Bateman (from 1st May, 1950).

R. Bottomley.

J. Gray (to 30th April, 1950).

J. Liptrot.

K. Powls.

EDUCATIONAL PSYCHOLOGIST.

J. G. Smith, M.A., Ed.B. (from 8th May, 1950).

PSYCHIATRIC SOCIAL WORKER.

Miss B. R. Villy (part-time).

MENTAL HEALTH SOCIAL WORKER.

Miss S. Graham.

COUNTY AMBULANCE OFFICER.

Mr. G. R. Gray.

SPEECH THERAPIST.

Miss P. L. N. Craig (to 23rd December, 1950).

COUNTY WELFARE VISITOR.

Miss M. A. Carr (to 30th November, 1950).

ORGANISER OF DOMESTIC HELP SERVICE.

Mrs. E. Silvester.

PUBLIC ANALYST.

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

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 (to 18th October, 1950).

COUNTY DISTRICT NURSES AND MIDWIVES.

Mrs. M. Anderson, S.R.N., S.C.M.
 Mrs. B. Arrandale, S.R.N.
 Mrs. K. M. Barnes, S.C.M., S.E.A.N.
 Miss D. A. Beal, S.R.N., S.C.M.
 Miss E. Beal, S.C.M., S.E.A.N.
 Miss P. Bennett, S.R.N., S.C.M.
 Mrs. W. L. Bingham, S.R.N., S.C.M., Q.N.
 Mrs. E. Bishop, S.C.M.
 Mrs. E. Bristow, S.E.A.N.
 Mrs. I. Burrill, S.R.N., S.C.M., Q.N.
 Mrs. M. A. Charter, S.R.N., S.C.M.
 Mrs. L. Colbeck, S.C.M., S.E.A.N.
 Miss H. Cole, S.R.N., S.C.M.
 Mrs. E. Coverdale, S.R.N., S.C.M.
 Mrs. M. A. Cracknell, S.C.M. (to 28th February, 1950).
 Miss V. Crosland, S.R.N., S.C.M., Q.N.
 Miss D. Cullingworth, S.R.N., S.C.M., Q.N.
 Miss L. Danby, S.R.N., S.C.M., Q.N.
 Miss I. Derving, S.C.M., S.E.A.N.
 Miss J. Douglas, S.R.N., Q.N. (from 3rd July, 1950).
 Miss D. Dove, S.C.M., S.E.A.N.
 Miss E. K. Fawley, S.R.N.
 Miss E. Ferrar, S.R.N., S.C.M.
 Miss F. V. Fish, S.R.N., S.C.M.
 Miss C. Fisher, S.C.M.
 Mrs. E. Foster, S.R.N., S.C.M.
 Mrs. J. E. Fraser, S.C.M., S.E.A.N.
 Mrs. B. E. Gibbs, S.C.M.
 Miss N. Grantham, S.C.M.
 Miss A. Head, S.R.N., S.C.M.
 Miss M. M. Hind, S.R.N., S.C.M.
 Miss M. E. Hodgson, S.R.N., S.C.M.
 Miss E. W. Hogg, S.R.N., S.C.M.
 Miss D. E. Holden, S.R.N., Q.N.
 Mrs. H. A. Holdridge, S.R.N., Q.N.
 Mrs. E. M. Hudson, S.C.M.
 Miss E. Hutchinson, S.R.N., S.C.M.
 Miss E. Ingleby, S.R.N., S.C.M., Q.N.
 Miss M. E. Jenkins, S.R.N., S.C.M.
 Mrs. M. Kirkwood, S.R.N., S.C.M.
 Miss M. Massam, S.R.N., S.C.M., Q.N.
 Miss E. M. Massie, S.E.A.N. (to 28th February, 1950).
 Mrs. M. O. Morrison, S.C.M.
 Mrs. B. Oliver, S.R.N., S.C.M.
 Miss H. Phillips, S.R.N., S.C.M., Q.N.
 Mrs. W. A. Place, S.C.M.
 Miss E. Pullan, S.R.N., S.C.M.
 Mrs. E. E. Scrase, S.R.N.
 Mrs. E. A. M. Seal, S.R.N., S.C.M.
 Miss B. A. Silversides, S.R.N., S.C.M.
 Miss M. Simpson, S.R.N., S.C.M., Q.N.
 Mrs. L. F. Slater, S.R.N., S.C.M.
 Mrs. N. Smith, S.C.M.
 Miss M. Spavin, S.R.N., S.C.M., Q.N.
 Mrs. G. M. Spiegth, S.C.M.
 Mrs. L. E. Thorley, S.R.N.

Miss E. Warder, S.R.N., S.C.M.
 Miss E. E. Watson, S.R.N., S.C.M.
 Mrs. H. Watson, S.R.N., S.C.M.
 Miss M. Wemyss, S.R.N., S.C.M.
 Miss E. E. Wilson, S.R.N., S.C.M.
 Miss J. M. Wilson, S.R.N., Q.N. (from 28th August, 1950).
 Mrs. M. Wood, S.R.N., S.C.M.

HEALTH VISITORS AND SCHOOL NURSES.

Miss M. Anderson, S.R.N., S.C.M., H.V.Cert.
 Mrs. D. Barry, S.R.N., S.C.M., S.R.C.N., H.V.Cert.
 Miss E. M. Blackburn, S.R.N., S.C.M., H.V.Cert.
 Miss P. D. Bourne, S.R.N., S.C.M., H.V.Cert.
 Mrs. D. Boyes, S.R.N.
 Miss M. A. C. Briggs, S.R.N., S.C.M., H.V.Cert.
 Mrs. V. Brown, S.R.N., S.C.M., H.V.Cert.
 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.
 Miss O. M. H. Gardam, S.R.N., S.C.M., H.V.Cert.
 Miss F. A. Hoggard, S.R.N., S.C.M.
 Miss V. A. Jenkinson, S.R.N., S.C.M., H.V.Cert.
 Miss D. H. Lemar, S.R.N., S.C.M., H.V.Cert. (from 13th March, 1950).
 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 E. M. E. Roddis, S.R.N., S.C.M., H.V.Cert.
 Miss E. Scholey, S.R.N., S.C.M., H.V.Cert.
 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.

**Medical Officers of Health of the several Local Authorities
at 31st December, 1950.**

Local Authority.	Name of Medical Officer.
------------------	--------------------------

MUNICIPAL BOROUGHES.

Beverley	*W. Ferguson, M.B., Ch.B., D.P.H.
Bridlington	*E. T. Colville, M.D., B.Hy., D.P.H.
Hedon	H. Marshall, M.B., Ch.B. (to 30th September, 1950).
	*W. Ferguson, M.B., Ch.B., D.P.H. (from 1st October, 1950).

URBAN DISTRICTS.

Driffield	*E. T. Colville, M.D., B.Hy., D.P.H.
Filey	*E. T. Colville, M.D., B.Hy., D.P.H.
Haltemprice	J. M. Hermon, M.D.
Hornsea	L. French, M.B., B.S., M.R.C.S., L.R.C.P.
Norton	*W. Wilson, M.B., B.Ch., D.P.H.
Withernsea	F. R. Cripps, M.D., D.P.H.

RURAL DISTRICTS.

Beverley	*W. Ferguson, M.B., Ch.B., D.P.H.
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	*E. T. Colville, M.D., B.Hy., D.P.H. (from 1st January, 1950).
Holderness	F. R. Cripps, M.D., D.P.H.
Howden	F. Wigglesworth, M.B., Ch.B.
Norton	*W. Wilson, M.B., B.Ch., D.P.H.
Pocklington	*W. Wilson, M.B., B.Ch., D.P.H.

*Whole-time District Medical Officer of Health.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1.—Vital Statistics

POPULATION

Districts	Census, 1931	Estimated	
		1949	1950
Administrative County	169,287	209,343	212,070
Urban Districts	75,206	103,402	105,226
Rural Districts.....	94,081	105,941	106,844

BIRTHS AND BIRTH RATES (Birth rate per 1,000 of the Population)

Districts	Average rate for the ten years		1944	1945	1946	1947	1948	1949	1950
	1931-40	1941-50							
Administrative County.....	14·8	17·2	19·2	17·0	19·2	19·4	16·7	16·1	15·0
Urban Districts.	14·4	17·2	19·4	16·9	19·5	19·6	16·1	15·0	14·3
Rural Districts..	14·9	17·2	18·9	17·0	18·9	19·2	17·3	17·2	15·8

The birth rate for the whole of England and Wales was 15·8, compared with 16·7 in the previous year.

There were 3,187 live births and 65 stillbirths registered for the County during the year, making a total of 3,252.

The number of births notified to my Office by practitioners, midwives, etc., was 2,974, whilst the Registrars in the County sent particulars of 59 births which had been registered but not notified.

ILLEGITIMATE LIVE BIRTHS

Districts.	1943	1944	1945	1946	1947	1948	1949	1950
Administrative County	246	313	326	334	233	221	179	180
Urban Districts..	110	152	165	161	108	107	78	87
Rural Districts..	136	161	161	173	125	114	101	93

The illegitimate birth rate was .85 per 1,000 of the population, compared with .87 in the previous year.

The number of illegitimate live births was 5.6% 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.		1944	1945	1946	1947	1948	1949	1950
	1931-40	1941-50							
Administrative County	12.3	12.0	13.0	13.1	12.1	12.0	10.7	12.2	11.4
Urban Districts..	13.0	12.9	14.3	14.0	13.0	12.9	11.4	12.6	12.3
Rural Districts..	11.6	11.1	11.7	12.1	11.3	11.2	10.0	11.7	10.5

There were 2,423 deaths registered in the County in 1950, a decrease of 75 on the figure for the previous year.

The death rate was 11.4 per 1,000 of the population, compared with 12.2 in the previous year. The figure for England and Wales for the past year was 11.6, as compared with 11.7 for the year 1949.

The principal causes of death in the County were once again heart disease (796), cancer (360), and vascular lesions of nervous system (387), these causes accounting for 64% of the total deaths.

The following table shows the figures for the various causes for the year 1950:—

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	27	15	42
Tuberculosis, other forms	6	2	8
Syphilitic disease	6	6	12
Diphtheria	—	—	—
Whooping cough	—	1	1
Meningococcal infection	—	—	—
Acute poliomyelitis	—	2	2
Measles	—	1	1
Other infective diseases	1	4	5
Cancer of stomach	33	24	57
Cancer of lungs, bronchus	36	6	42
Cancer of breast	—	34	34
Cancer of uterus	—	24	24
Cancer, other forms	112	91	203
Leukæmia, aleukæmia	5	3	8
Diabetes	6	15	21
Vascular lesions of nervous system	172	215	387
Coronary disease, angina	196	118	314
Hypertension with heart disease	23	37	60
Other heart disease	190	232	422
Other circulatory disease	50	56	106
Influenza	11	10	21
Pneumonia	28	34	62
Bronchitis	70	40	110
Other diseases of respiratory system	13	10	23
Ulcer of stomach and duodenum	16	2	18
Gastritis, enteritis & diarrhœa	10	4	14
Nephritis and nephrosis	18	15	33
Hyperplasia of prostate	32	—	32
Pregnancy, childbirth and abortion	—	2	2
Congenital malformations	14	9	23
Other diseases	127	121	248
Motor vehicle accidents	17	3	20
All other accidents	32	21	53
Suicide	10	3	13
Homicide	1	1	2
Totals	1262	1161	2423

The following table sets out the deaths in grouped diseases distributed according to the various age groups:—

Age Group.	Infectious Disease (including Syphilis).		Tuberculosis.		Cancer.		Heart and Circulatory Diseases.		Respiratory Diseases (including influenza).		Intestinal Diseases.		Violence.		All Other Causes.		All Causes.	
	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%	Deaths.	%
0—	1	4.8	—	—	—	—	—	—	13	6.0	5	15.6	2	2.3	62	16.9	83	3.4
1—	1	4.8	3	6.0	1	0.3	—	—	7	3.2	—	—	5	5.7	3	0.8	20	0.8
5—	1	4.8	2	4.0	1	0.3	1	0.1	4	1.8	—	—	2	2.3	5	1.4	16	0.7
15—	5	23.8	21	42.0	25	6.9	21	1.6	9	4.2	3	9.4	33	37.5	33	9.0	150	6.2
45—	7	33.3	15	30.0	111	30.8	209	16.2	50	23.2	11	34.4	18	20.4	70	19.1	491	20.3
65—	6	28.5	9	18.0	222	61.7	1058	82.1	133	61.6	13	40.6	28	31.8	194	52.8	1663	68.6
Totals ...	21	—	50	—	360	—	1289	—	216	—	32	—	88	—	367	—	2423	—

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

Districts	Average rate for the ten years		1944	1945	1946	1947	1948	1949	1950
	1931-40	1941-50							
Administrative County	51	39	44	43	37	40	32	30	26
Urban Districts..	50	40	47	41	36	40	36	25	23
Rural Districts..	53	39	41	46	38	40	29	34	29

There were 83 deaths of children under the age of one year in 1950, as compared with 98 in 1949, and the infant mortality rate of 26 per 1,000 live births is the lowest ever recorded in the County. The previous lowest figure, viz., 30, was recorded in 1949. The rate for England and Wales for 1950 was 30, compared with 32 in 1949.

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

	Urban	Rural	Total
Whooping cough	1	—	1
Pneumonia	1	8	9
Bronchitis	—	4	4
Diarrhoea	—	5	5
Congenital malformations	8	7	15
Accidents	1	1	2
Other diseases and causes	23	24	47
Totals	34	49	83

INQUESTS

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

Cause of Death	East Riding District	Holderness District	Howdenshire District	Fosrick District	Totals for 1950	Totals for 1949
Natural Causes ...	12	—	—	4	16	11
Accidental Death.	55	2	8	2	67	90
Suicide	7	3	2	—	12	28
Found drowned ...	1	1	2	—	4	9
Other verdicts	5	—	2	2	9	10
Totals	80	6	14	8	108	148

Section 2.—Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

The steady fall in the attendances at ante-natal clinics provided by the County Council has continued, and during the year the attendances at the Withernsea clinic fell so low that the clinic was discontinued. The fall in attendance at this clinic was mainly due to the increasing use of the Seacroft Maternity Home and the provision of ante-natal examinations at that Home by their own doctors for women who had arranged for their doctors to attend them at their confinements in the Home.

The ante-natal examination clinics at the three hospitals have continued to be well attended by women expecting to be confined at these hospitals.

Statistics relating to the clinics are shown below:—

Clinic	No. of sessions	No. of new patients	Total No. of women attending	No. of attendances	Average attendances per patient	Average attendance per session
Beverley	52	85	106	338	3	6
Driffield	24	25	30	73	2	3
Hessle	51	81	113	438	4	9
*Withernsea	10	8	12	30	2	3
"The Avenue" Hospital, Bridlington	103	543	698	1852	3	18
East Riding General Hospital, Driffield	97	188	226	1048	5	11
Westwood Hospital, Beverley	53	405	464	1372	3	26
Totals	390	1335	1649	5151	3	13

*Closed during the year

From these returns it would appear that in Beverley, Driffild and Hessle, where clinics continue to be held, the number of new patients attending the clinics during the year averages just over 80% of the domiciliary confinements occurring in these areas. The number of new patients attending at the three hospital clinics averages 90% of the confinements taking place in these hospitals during the year.

In addition, many women, whether or not they are attending ante-natal clinics, are booking their own doctors under the National Health Service arrangements and thus receive at least two ante-natal examinations from these doctors. The number of women to whom this service was provided during the year represents 75% of the number of births occurring in the County among women normally resident in the area and 70% of the total births allocated to the County.

Furthermore, ante-natal supervision and advice is given by County domiciliary midwives to all patients booking them for home confinements and these nurses made an average of ten ante-natal visits to each of these patients.

POST-NATAL CARE.

Post-natal clinics are held at the Westwood, East Riding General and "The Avenue" Hospitals for patients who have been confined in these institutions. A County Council post-natal clinic has been established in Hessle. Facilities for post-natal examinations continued to be available at the Council's ante-natal and infant welfare clinics.

During the year, 356 patients attended post-natal clinics in the three hospitals and 56 were examined at the Council's clinics.

In addition, 2,220 women are reported as having had a post-natal examination by their own doctors either through the National Health Service Maternity Services Scheme or as the result of medical aid notices issued by midwives.

MATERNAL MORTALITY.

There were two maternal deaths in the County during the year. The maternal mortality rate was 0.62 per 1,000 total births, whilst that for England and Wales was 0.86.

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. Thirty patients were admitted.

The Hostel at "Highfields," Norton, which accommodated 21 patients and was administered by the County Council on behalf of the Ministry of Health, was closed down on 1st May, 1950. Only one patient was admitted during the period it was open.

INFANT WELFARE CENTRES.

The popularity of Infant Welfare Centres continued and total attendances have again increased by nearly 3,000 on the previous year's figures. One thousand five hundred and forty-two children under one year of age attended the centres during the year, representing 48% of the registered live births. It is again pleasing to note an increase amounting to over 400 in the number of children between the ages of one and five years who were attending the centres. The policy of providing transport from outlying small villages to the nearest Welfare Centres has been further extended, and at the end of the year these facilities existed in relation to the Centres at Market Weighton, Patrington, Skirlaugh, Stamford Bridge, Riccall and Bubwith.

At the end of the year, 54 Infant Welfare Centres were operating, new ones having been opened at Bubwith, Keyingham and Weaverthorpe.

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
Aldbrough (V)	Every 4 wks.	9	30	199	15
Anlaby	" 2 "	59	154	1237	48
Barlby	" 2 "	29	64	458	18
Beverley	Weekly	186	463	4612	90
Bilton	Every 4 wks.	14	53	382	32
Bishop Burton (V) ..	" 2 "	8	28	325	14
Brandesburton (V) ..	" 4 "	13	49	294	21
Bridlington	Twice weekly	169	381	4521	43
Brough	Every 2 wks.	45	80	1037	40
Bubwith	" 4 "	12	42	107	27
Burton Pidsea	" 4 "	11	25	168	13
Cottingham	Weekly	71	222	2680	53
Driffield	Every 2 wks.	58	91	707	28
R.A.F., Driffield (V)	" 2 "	13	33	353	14
Dunnington	" 4 "	11	30	157	12
Elvington	" 4 "	12	31	160	13
Filey	" 2 "	34	78	896	36
Flamborough	" 2 "	9	38	402	16
Flixton	" 4 "	4	27	200	17
Fulford	Weekly	68	138	1836	36
Hedon	Every 4 wks.	28	70	509	39
Hessle	Weekly	143	231	2913	57
Holme	Every 2 wks.	21	74	618	24
Hornsea	" 2 "	45	103	1276	49
Howden	" 4 "	20	41	255	20
Hunmanby	" 2 "	14	38	495	20
Hutton Cranswick ...	" 4 "	7	14	122	9
Keyingham	" 4 "	13	27	120	12
Kilham	" 4 "	5	28	175	13
R.A.F., Leconfield (V)	" 4 "	15	33	185	15
Leven	" 4 "	8	15	110	9
Long Riston (V)	" 4 "	4	29	171	13
Market Weighton ...	" 2 "	28	81	676	27
Middleton	" 4 "	6	20	241	19
Newport	" 4 "	10	41	219	17
North Cave (V)	" 2 "	17	64	754	29
North Ferriby	" 4 "	12	59	292	22
North Newbald	" 2 "	15	36	483	19
Norton	" 2 "	32	34	594	23
Patrington	" 4 "	24	46	334	26
Pocklington	" 2 "	34	57	606	23
Preston	" 4 "	27	69	373	31
Riccall	" 4 "	16	44	200	15
R.A.F. Riccall	" 4 "	6	39	169	13
Rillington	" 4 "	4	43	252	19
Sherburn	" 4 "	15	44	296	23
Skirlaugh	" 4 "	10	42	247	21
South Cave	" 4 "	12	38	216	17
Stamford Bridge ...	" 4 "	13	47	236	21
Walkington (V)	" 4 "	5	28	161	12
Warter	" 4 "	3	21	134	11
Weaverthorpe	" 4 "	4	8	16	8
Willerby	" 2 "	38	77	729	28
Withernsea	" 2 "	53	106	676	26
Totals		1542	3804	35584	—

DENTAL CARE.

The Chief Dental Officer reports as follows:—

There has been a slight increase in the amount of dental treatment carried out for expectant and nursing mothers. Dental officers attend regularly at Ante-natal clinics in three districts, viz., Bridlington, Beverley and Hessle, to examine and offer treatment to expectant and nursing mothers. In these areas, the majority of patients examined are dentally conscious and ample evidence is available of regular treatment by dentists in the National Health Service. The number of those found to be in need of treatment and accepting the Authority's offer is very low, viz., 34%.

Elsewhere in the County, arrangements are in operation whereby patients can receive treatment from the County dental officer on advice from the visiting medical staff. No applications have been received. It appears that the National Health Service in this County has been able to cope with this priority class.

The attitude of the parents concerning the teeth of children under school age is unsatisfactory. Invitations are extended through the usual channels for their attendances at the schools at the same time as these are being inspected, but comparatively few parents take advantage of the facilities. The majority of the children presented show either a perfect dentition, or one or more teeth requiring extraction. It is seldom that the dental officer sees an "under 5" with teeth which can be made dentally fit wholly by conservative means. This belief that temporary teeth are of little importance is disturbing.

The following are details of treatment carried out:—

Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	382	287	97	89
Children under five	380	148	137	123

Forms of dental treatment provided:—

	Extractions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	192	11	39	58	29	—	4	—	19	15
Children under five	227	30	91	24	—	—	15	—	—	—

P. S. SPENCE,

Chief Dental Officer.

CARE OF PREMATURE INFANTS.

The arrangements for the supply on loan of suitable cots, equipment and clothing for the home nursing of premature infants continued as before, but very few requests have been made for these articles.

During 1950, 159 infants born to mothers normally residing in the County have been notified as weighing $5\frac{1}{2}$ lbs. or less at birth and thus presumed to be premature. Of these, 50 were born in private residences and 109 in hospitals or nursing homes.

In the County, 54 premature infants were born in private residences or private nursing homes. Four were born in private nursing homes, and of these one weighing less than 3 lbs. died within 24 hours of birth. Fifty infants were born in the mothers' own homes, and of these, 4 weighing between 4— $5\frac{1}{2}$ lbs. died soon after birth, 14 were removed to hospital, and of the remainder, all were living when a month old.

Information is not available as to the survival rate of those premature infants born in maternity homes and hospitals in the National Health Service Scheme.

CARE OF THE UNMARRIED MOTHER AND HER CHILD.

The Special Welfare Visitor appointed for this purpose has continued to be fully occupied and has been able to help a large number of the mothers 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 and Babies at "The Avenue" Hospital, Bridlington, has been well used and greatly appreciated by the unmarried mothers. Occasional use has also been made of available beds at Diocesan Hostels.

Many girls have to have their babies placed for adoption owing to the lack of nursery accommodation and of foster-parents. Those seeking help come from widely differing home circumstances and all need different treatment and individual consideration.

Details of the work done are as follows:—

Mothers returned home with child	33
Babies placed for adoption (mother returned home)	35
Mother placed in residential work with baby	3
Baby placed in foster home	1
	—
Cases completed	72
	—
Number of cases contacted	95
Number of visits paid	712

All arrangements for adoption by the welfare visitor are made in collaboration with the Children's Officer.

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 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 149 visits to foster mothers and children.

HEALTH VISITING.

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 some duties as tuberculosis visitors.

One result of the National Health Service Act has been the widening of the scope of the health visitor's work, and although they are still mainly concerned with health education and preventive work among mothers and children, they are more and more extending their special knowledge and experience in these fields to other members of the community, especially to those who have need of help and advice and who are referred to them by general practitioners or by the hospital almoners.

Details of the main work done during the year by the Health Visitors are set out below:—

Visits to expectant mothers:

First visits	323
Subsequent visits	223
Visits to infants under 1 year of age:	
First visits	3404
Subsequent visits	12520
Visits to children between 1 and 5 years of age	25274
Visits to tuberculosis cases	1072
Number of visits as child protection visitors	149

Three 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 again be regarded as one service as in the majority of instances domiciliary nurses combine the duties of nurse and midwife.

At the end of the year the staff employed was:—

Number of nurse-midwives	42
Number of midwives	9
Number of nurses	10
Totals	61

The Council is affiliated with the Queen's Institute of District Nursing. Fourteen of the nurses employed are Queen's Nurses, as is also the Supervisor.

At the end of 1950, the position with regard to housing and transport of the domiciliary nursing staff was as follows:—

Number of nurses living in accommodation provided by the County Council:	
(a) Property owned by the County Council	7
(b) Property leased from County District Councils	19
(c) Property leased from other owners	3
Number of nurses renting houses owned by County District Councils	5
Number of nurses living in houses owned by themselves or rented from private owners	19
Number of nurses living in lodgings or with relatives	8
Number of nurses using cars provided by the County Council	29
Number of nurses using their own cars	27
Number of nurses using bicycles	5

The following table shows the work done by domiciliary nurses and midwives during 1950. As an average, each "district" includes a population of about 3,500, but the individual "districts" vary in population content from 3,000 to 4,000 according to the type of area covered, the smaller population being in the more scattered rural "districts." One nurse is allocated for each "district" and the majority undertake the combined duties of district nurse and midwife. Some, however, are qualified for general

nursing duties only and in the case of these nurses their "districts" are combined as indicated with other districts so that the domiciliary midwifery work can be adequately covered.

A comparison of the figures shown in this table with those of the previous year shows that there has been a big increase in the amount of domiciliary nursing work. Visits paid to homes have increased by over 12,000 and the number of new cases to which the nurses were called during the year was 1,273 more than in 1949. Much of this work has been in connection with the administration of injections of penicillin ordered by general practitioners.

On the domiciliary midwifery side, the number of cases attended was 116 fewer than in 1949 and the number of ante-natal and lying-in visits were as a consequence reduced by just over 3,500 visits. As the total number of registered births for the County was only 130 less than in 1949, it would appear that this drop in domiciliary midwifery work cannot be entirely explained by the decrease in the total number of births, but is also due to the increasing tendency for women to be confined in hospitals and maternity homes.

In this connection, the table given on page 24 may be of interest. This table sets out the percentage of domiciliary births in the various County District areas. The percentage of domiciliary births for the County as a whole was 40%. The average for the urban areas was 31%, the lowest figure being that of Bridlington M.B. at 10% and the highest Hedon M.B. at 51%. For the rural districts, the average was 47%, the highest percentages being Derwent R.D. (62%) and Howden R.D. (61%), and the lowest Bridlington R.D. (22%).

There are probably many factors to account for these wide variations, but it would appear that when there is institutional accommodation available within a reasonable distance, there is a strong tendency for women to prefer to go to institutions for their confinements.

District.	Domiciliary Nursing			Domiciliary Midwifery			
	VISITS		New Cases	DELIVERIES		VISITS	
	Medic- al	Sur- gical		Mid- wife	Mat. Nurse	Ante- natal	Lying- in
Aldbrough	1533	4	74	23	2	183	434
{ Barlby	313	44	1	49	1	1230	1063
{ Riccall	1787	720	79	—	—	—	26
{ Beeford	1402	360	91	13	—	216	233
{ Beverley No. 1	4	—	—	33	16	413	893
{ Beverley No. 2	1359	348	60	20	3	129	532
{ Beverley No. 3	1011	2333	213	—	—	—	—
{ Beverley No. 4	373	—	16	40	6	573	712
{ Beverley No. 5	2677	830	164	2	1	31	57
{ Bishop Burton	778	45	67	15	9	183	481
{ Brandesburton	1016	—	42	19	2	145	367
{ Bridlington No. 1	1322	272	54	—	—	—	—
{ Bridlington No. 2	2026	194	59	4	2	29	93
{ Bridlington No. 3	1862	572	103	—	—	—	47
{ Bridlington No. 4	1537	410	117	2	7	80	252
{ Bridlington No. 5	1742	740	149	9	1	54	181
{ Bridlington No. 6	1472	516	136	12	—	108	261
{ Cottingham No. 1	576	501	45	21	11	340	756
{ Cottingham No. 2	3551	1478	206	—	—	—	—
{ Cottingham No. 3	954	1154	96	18	9	405	680
{ Hessle No. 1	2629	1001	180	—	—	—	—
{ Hessle No. 2	391	165	9	25	11	397	694
{ Hessle No. 3	494	425	12	18	7	286	619
{ Hessle No. 4	269	152	6	16	19	561	719
{ Hessle No. 5	2334	732	135	—	—	—	—
{ Willerby No. 1	1623	195	117	8	11	334	347
{ Willerby No. 2	1829	531	112	—	—	—	43
{ Willerby No. 3	1536	381	96	11	8	252	362
{ Driffield No. 1	1453	396	62	16	18	244	602
{ Driffield No. 2	1217	321	37	—	—	—	—
{ Driffield No. 3	690	420	54	18	7	180	395
{ Escrick	749	626	58	34	3	340	704
{ Filey	1295	1115	160	9	19	291	495
{ Fulford	1355	46	24	15	9	354	424
{ Hedon	2736	1817	315	19	4	115	448
{ Holme	562	116	38	36	5	291	783
{ Hornsea No. 1	1693	9	65	6	11	225	863
{ Hornsea No. 2	392	73	13	11	9	166	430
{ Howden	310	200	19	34	3	421	925
{ Hunmanby	1337	327	88	13	4	140	339
{ Weaverthore	760	607	83	—	—	2	26
{ Market Weighton	513	175	20	17	7	254	487
{ Middleton	658	176	26	6	6	157	275
{ North Cave	740	304	47	26	16	420	741
{ Norton No. 1	1301	262	94	5	21	394	479
{ Norton No. 2	2068	1460	69	1	4	56	131
{ Norton No. 3	918	124	69	—	—	—	—
{ Patrington No. 1	1621	52	55	25	4	255	517
{ Patrington No. 2	1094	17	55	21	2	167	434
{ Pocklington	615	206	54	5	30	260	682
{ Rudston	789	163	30	1	1	83	82
{ Sherburn	846	673	80	8	7	97	284
{ Skirlaugh	2049	34	132	15	6	377	481
{ South Cave	589	244	42	16	8	239	495
{ Sutton on Derwent	714	196	50	9	23	215	623
{ Welton	1133	544	129	6	4	179	339
{ Westow	1273	159	84	5	4	136	295
{ Wetwang	545	222	26	7	22	354	653
{ Wilberfoss	1183	175	68	12	16	272	540
{ Withernsea No. 1	1279	433	73	3	6	2	193
{ Withernsea No. 2	371	26	6	17	13	319	545
Totals	73198	25721	4674	774	418	12959	24562

District.	Registered Total Births.	Domiciliary Births as Notified.	Percentage Domiciliary.
Beverley M.B.	262	97	37
Bridlington M.B.	342	35	10
Driffield U.D.	110	31	28
Filey U.D.	62	19	31
Haltemprice U.D.	493	201	40
Hedon M.B.	41	21	51
Hornsea U.D.	70	24	36
Norton U.D.	75	26	35
Withernsea U.D.	82	24	29
Aggregate of U.D.'s ..	1537	478	31
Beverley R.D.	313	135	43
Bridlington R.D.	123	28	22
Derwent R.D.	214	133	62
Driffield R.D.	173	76	44
Holderness R.D.	332	139	42
Howden R.D.	184	113	61
Norton R.D.	114	50	44
Pocklington R.D.	262	126	48
Aggregate of R.D.'s ..	1715	800	47
Total County	3252	1278	40

At the end of the year, 50 County domiciliary midwives and three midwives in private practice were suitably qualified to administer gas and air analgesia. During the year, 657 domiciliary cases were given gas and air at their confinements, i.e., 50% of the women confined in their own homes had this help.

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.

According to the returns received from the midwives, during the whole of the year, for institutional and domiciliary midwifery, 2,198 births were attended by midwives with no doctor in attendance at the time of birth, representing 60% of the births occurring in the County. Of the 1,278 domiciliary births 782 were attended by midwives acting in that capacity, i.e., 61% as compared with 48% in 1949.

In all, 129 midwives have notified their intention to practise in the East Riding during 1950. At the end of the year there were only 110 midwives in practise, 15 of whom were in private practise, 51 were domiciliary County midwives and 44 were employed in Homes and Institutions.

The following table shows the total number of cases attended during the year by 109 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.	Totals.
0	—	—	1	—	1
1—4	5	5	3	3	16
5—9	—	4	5	1	10
10—19	—	10	10	—	20
20—29	—	6	19	—	25
30—39	—	3	9	—	12
40—49	—	5	4	—	9
50—59	—	3	1	—	4
60—69	—	4	—	—	4
70—79	—	—	—	—	—
80—89	—	3	—	—	3
90—99	—	1	—	—	1
100 and over	—	4	—	—	4

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

	Private Practising Midwives.	Midwives in Institutions.	County Midwives.	Total.
Sending for medical help	—	—	117	117
Notification of death ...	—	8	—	8
Notification of stillbirth	—	33	15	48
Laying out dead body .	—	—	3	3
Liability to be a source of infection	—	77	9	9
Artificial feeding	—	—	66	143

The number of medical help forms received from midwives in domiciliary practice was equivalent to 15% of the cases which they attended as midwives.

VACCINATION AGAINST SMALLPOX.

The arrangements for the provision of vaccination facilities continued on the lines set out in my previous reports and the table printed below shows the number of vaccinations and re-vaccinations in respect of which returns had been received by the end of the year.

One hundred and twelve vaccinations and 2 re-vaccinations were performed at infant welfare centres.

The figure of 1,186 vaccinations among children under one year of age represents 37% of the live births during the same period.

It is interesting to note that the acceptance rate for vaccination worked out on this basis was generally lower in the urban than in the rural areas. The average rate for the urban areas was 31% and the average rate for the rural areas 42%.

	Primary Vaccinations.					Re-vaccinations
	Aged under 1 year.	Aged 1 year to 14 years.	Aged 15 yrs. and over.	No. returned as Insusceptible.	Totals.	
Beverley M.B.	83	6	3	5	97	363
Bridlington M.B.	93	32	46	16	187	877
Driffield U.D.	30	6	1	2	39	100
Filey U.D.	23	12	6	—	41	377
Haltemprice U.D.	159	67	25	16	267	977
Hedon M.B.	14	—	1	—	15	88
Hornsea U.D.	27	6	2	5	40	100
Norton U.D.	24	6	4	1	35	77
Withernsea U.D.	16	2	1	1	20	40
Beverley R.D.	136	12	10	8	166	533
Bridlington R.D.	48	6	2	3	59	144
Derwent R.D.	85	16	2	3	106	133
Driffield R.D.	68	3	5	1	77	199
Holderness R.D.	128	18	4	2	152	309
Howden R.D.	100	12	5	8	125	153
Norton R.D.	78	7	1	5	91	183
Pocklington R.D.	74	11	8	5	98	233
Totals	1186	222	126	81	1615	4815

IMMUNISATION AGAINST DIPHTHERIA.

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

	Aged under 5	Aged 5—14 years.	Reinforcement Injections.
By General Practitioners	1441	79	301
At Infant Welfare Centres or at Special Sessions	924	263	2250
Totals	2365	342	2551

The distribution of this work between the various County Districts is shown in the following table:—

District.	Under 5.	5—14.	Totals.	Rein- forcement Injections.
Beverley M.B.	189	30	219	273
Bridlington M.B. ...	216	11	227	40
Driffield U.D.	90	26	116	32
Filey U.D.	74	—	74	30
Haltemprice U.D. ..	345	63	408	804
Hedon M.B.	25	1	26	11
Hornsea U.D.	55	12	67	16
Norton U.D.	82	8	90	46
Withernsea U.D. ...	49	1	50	235
Beverley R.D.	189	20	209	99
Bridlington R.D.	92	2	94	24
Derwent R.D.	141	10	151	9
Driffield R.D.	139	6	145	3
Holderness R.D.	196	7	203	281
Howden R.D.	111	34	145	11
Norton R.D.	189	66	255	211
Pocklington R.D.	183	45	228	426
Totals	2365	342	2707	2551

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, 1950.			Estimated Population under 15 years of age.	Percentage Immunised.
	under 5.	5—14.	Totals.		
Beverley M.B.	719	2315	3034	3601	84%
Bridlington M.B.	995	2116	3111	5272	59%
Driffield U.D.	251	920	1171	1554	75%
Filey U.D.	257	351	608	1012	60%
Haltemprice U.D.	1203	3396	4599	8230	56%
Hedon M.B.	99	249	348	431	81%
Hornsea U.D.	178	264	442	1241	36%
Norton U.D.	184	450	634	1042	61%
Withernsea U.D.	192	474	666	1085	61%
Beverley R.D.	748	1741	2489	4215	59%
Bridlington R.D.	357	525	882	2101	42%
Derwent R.D.	508	1490	1998	2861	61%
Driffield R.D.	429	976	1405	2244	63%
Holderness R.D.	766	1886	2652	4019	66%
Howden R.D.	471	682	1153	2736	42%
Norton R.D.	344	456	800	1625	49%
Pocklington R.D.	604	1155	1759	3081	57%
Totals	8305	19446	27751	46350	60%

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, 1,066 children received this dual protection and 44 children who had previously been immunised against diphtheria were given separate anti-whooping cough injections. In 762 of these cases, the immunisation was carried out by general practitioners at their surgeries or in the patients' homes.

AMBULANCE SERVICE.

The Ambulance Service continued to be organised on the basis as detailed in my previous reports.

At the end of the year, the Council had in service 11 ambulances (including six Daimler ambulances) and six "Utilecon" sitting case vehicles which could be used as emergency ambulances if necessary. The St. John Ambulance Brigade was providing six ambulances and the British Red Cross Society two ambulances under agency arrangements, and the County Boroughs of Hull and York and the County Councils of the North and West Ridings were providing certain services for the parts of the County adjacent to the respective boundaries of these Authorities. Thirty drivers and attendants were employed on a whole-time basis.

A close liaison has been maintained with the ambulance departments of the various Local Health Authorities in the region and this has resulted in a considerable mutual saving in the use of vehicles for long distance work.

Nevertheless the calls on the ambulance service have continued to show a steady increase. The following table relates to the types of case dealt with during 1950 and the previous year:—

	1949.	1950.	Percentage increase or decrease over previous year.
Accidents	862	1073	+24%
Acute Illness	1167	735	—38%
Emergency Maternity	261	173	—33%
General Illness	2154	2911	+35%
Maternity	373	453	+21%
Tuberculosis	158	103	—35%
Infectious Disease	300	261	—13%
Mental Cases	235	195	—17%
Inter-hospital Transfers ..	559	844	+51%
Hospital Discharges	1776	3035	+70%
Out-patient attendances ...	9950	15522	+56%
Totals	17795	25305	+42%

It will be seen from the table that there has been an increase of 42% in the number of calls as compared with the 1949 figures. With regard to the various groups shown in this table, although there had been variations in an upward or downward direction in individual groups, in total the work in connection with general illnesses, chiefly in removal to hospital, has only increased by 9%, but the work connected with hospital discharges and out-patient attendances has increased by 70% and 56% respectively on the 1949 figures. This problem has again been the cause of constant discussions with doctors and hospital authorities in an attempt to make certain that ambulance transport is not requested for patients who can be expected to make the journeys by public transport and it has been necessary repeatedly to remind people of the fact that the service is intended only for those whose state of health is such that they are unfit to travel by other means.

The fact that public transport may be somewhat inconvenient does not necessarily mean that transport by ambulance becomes essential. It is appreciated that the strict application of these conditions might bear rather hardly on those people living in rural areas badly served by public transport, and such cases have to receive consideration on their merits, but there has apparently developed a tendency to regard the ambulance service as a useful convenience rather than a service which should be called upon only when necessary. A reference to the following table giving details of the work done by the various ambulance stations will show that at stations such as Pocklington and Withernsea, the average mileage travelled per journey has been fifty miles or over. Journeys of this length take time and this is another reason why vehicles should not be requested for other than necessary journeys because their prolonged absence from the station makes it difficult to maintain local cover for emergency calls which may arise at any time. By co-relation between the various stations and intelligent selection of journeys on the part of the staff, it has been possible further to reduce the average mileage per patient carried from 22.4 miles in 1949 to 19.3 miles in 1950, and this despite the fact that the average mileage per journey has very slightly increased from 30.9 miles in 1949 to 31.0 miles in 1950. The County ambulances carried 185 patients for every 100 journeys as compared with 160 in 1949, and the voluntary agencies carried 125 per 100 journeys as compared with 110 in 1949.

Details of the work done are shown in the following tables:—

Station.	Journeys.	Patients.	Mileage.	Average mileage per journey.	Average mileage per patient.
<i>Ambulances.</i>					
Beverley	1667	2694	56822	34.1	21.1
Bridlington	1416	1896	28163	20.0	14.9
Driffield	988	2292	14232	14.4	6.2
Hessle	803	1376	18510	23.1	13.5
Pocklington	641	1626	30546	47.7	18.8
Withernsea	416	902	22962	55.2	25.5
Brough St. John.	416	502	14473	34.8	28.8
Cottingham					
St. John ...	185	199	2578	13.9	13.0
Filey St. John ..	714	952	21878	30.6	23.0
Hornsea St. John	406	506	13041	32.1	25.8
Hull St. John ...	75	77	1457	19.4	19.0
Market Weighton					
Red Cross	132	158	5506	41.7	34.8
Howden Red					
Cross ...	378	497	17002	45.0	34.2
Swanland	310	648	10058	32.4	15.5
W.R., Goole	7	7	206	29.4	29.4
W.R., Selby	843	1136	27017	32.0	23.8
N.R., Malton ...	384	422	7199	18.7	17.1
York C.B.	482	648	7753	16.1	12.0
Hull C.B.	115	126	1106	9.6	9.0
Other					
Authorities ...	23	28	2497	108.6	89.2
Totals ...	10401	16692	303006	29.1	18.2
Train	7	7	—	—	—
Taxi	—	—	—	—	—
<i>Sitting Case Cars.</i>					
Beverley	726	1202	27258	37.5	22.7
Bridlington	669	888	23298	34.8	26.2
Driffield	940	1776	19519	20.8	11.0
Pocklington	526	1285	27226	51.8	21.2
Weaverthorpe ..	282	529	11633	41.3	22.0
Withernsea	385	802	20896	54.3	26.1
Hull C.B.	19	19	221	11.6	11.6
York C.B.	226	256	3518	15.6	13.7
Voluntary Car					
Pool	1434	1764	48026	33.5	27.2
N.R. Malton ...	69	72	1603	23.2	22.3
Other					
Authorities ...	12	13	1156	96.3	88.9
Total for sitting Case Cars	5288	8606	184354	34.8	21.4
Grand Total ..	15696	25305	487360	31.0	19.3

DOMESTIC HELP SERVICE.

This service, for which the demand has continued to grow, especially for aged patients living alone, has expanded slowly during the year, recruits to the panel of part-time helps being taken onto that panel only after careful enquiries have done everything possible to ensure the person's suitability.

At the end of the year there were 81 part-time domestic helps on the panel, of whom four were on the "retained" list. This number compares with 64 at the end of 1949. Actually, 47 new helpers were enrolled, but 30 workers resigned during the year for various reasons.

During the year, 335 cases were attended—171 being confinement cases, 161 cases of general illness and 3 of tuberculosis.

Wherever it has been found possible to provide this service, it appears to have been appreciated and once again extremely few complaints have been received.

CARE AND AFTER-CARE.

The care services have continued to be operated centrally and are referred to in various parts of this report.

One of these services consists of arrangements for the loan of nursing equipment, wheel chairs, etc., needed for a temporary period for persons being nursed at home. This service is operated on behalf of the County Council by the British Red Cross Society who had at the end of the year a total of 42 Depôts in the County. The administrative expenses involved are met by the County Council, as is also the cost of any new equipment and 90% of the cost of replacement of the articles originally provided by the Society, who were running their own medical loan scheme before they agreed to extend it on behalf of the County Council. Except in the case of patients suffering from tuberculosis and necessitous patients, small charges are made for the loan of the more expensive articles.

MENTAL HEALTH.

ADMINISTRATION.

As outlined in previous reports the detailed work of the Mental Health Service is dealt with by a Sub-Committee of the Health Committee consisting of 10 members, who meet quarterly for the purpose of considering the reports on defectives and other persons in the care of the Committee and making recommendations to the Health Committee as to the administration of the service or any specific action to be taken in any individual cases. The County Welfare Officer undertakes the general administrative arrangements in connection with the Mental Health Service.

Including myself and my deputy, there were seven medical officers on the Council's staff who have attended special courses on mental deficiency and are recognised for the purpose of examining educationally sub-normal children.

Five of these doctors are also approved as examining and certifying officers under the Mental Deficiency Acts (as amended). The County is divided into four areas controlled from the central office and in each area there is a Duly Authorised Officer. The Duly Authorised Officers are also District Welfare Officers operating under the National Assistance Act, 1948. On the central staff there is a trained psychiatric social worker and a full-time female social worker, who holds a diploma in social science. Three members of this staff are also approved as Duly Authorised Officers.

Under arrangements with appropriate Regional Hospital Boards and the Hospital Management Committees, the Council undertake the domiciliary supervision of defectives who are on licence from Institutions and other persons suffering from mental illness residing in their own homes or with friends or employees in the County.

No duties have been delegated by the Council to Voluntary Associations.

The Council have not directly arranged training courses for Mental Health Workers, but three of the Duly Authorised Officers have attended approved courses on Mental Health work and others will attend as soon as the necessary arrangements can be made.

MENTAL DEFECTIVES.

All mental defectives residing in the County who are under statutory supervision, on licence from Institutions and under guardianship orders are regularly visited by the Council's Duly Authorised Officers and the social worker, who also provide a general welfare and advisory service for the parents and guardians as well as for the defectives. During the year a number of mental defectives under statutory supervision have been re-examined by the Council's approved medical officers, as a result of which four cases have been removed from the Council's records.

Owing to the scattered nature of the County it is not practicable to establish occupation centres for mental defectives. Instruction in occupational and handicraft work is, however, provided by the Council for a limited number of defectives residing in their own homes and this work is at the present time being undertaken by the social workers. The success of such an arrangement, of course, largely depends on the enthusiasm of the parent or guardian to continue with the work on the completion of the course of instruction by the Council's social workers.

During the year the Women's Voluntary Service opened a Club in Bridlington for mental defective children which meets on one afternoon a week and, although the attendance is not as good as one might hope, the results as a whole have been very pleasing.

The number of mental defectives under the care of the Council on the 31st December, 1950, was as follows:—

	Male.	Female.	Totals.
Statutory Supervision	131	101	232
Voluntary Supervision	10	2	12
Guardianship	3	1	4
Licence	6	6	12
	<hr/> 150	<hr/> 110	<hr/> 260

During the year 54 persons were ascertained to be mental defectives within the meaning of the Acts, and of these, 41 were placed under statutory supervision and 13 admitted to Institutions.

Twelve cases were out on licence from Institutions and two cases under Guardianship Orders. At the end of the year there were 5 defectives, 4 of whom were children, awaiting admission to certified Institutions.

Patients were dealt with during the year by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890—1930 (as amended) as follows:—

Admitted to Mental Hospitals

Certified patients	71
" Voluntary " patients	11
" Temporary " patients	5
	<hr/> 87

Other Cases

Mental patients admitted to approved General Hospitals (3 day orders)	36
Cases in which advice only given	28
	<hr/> 64
	<hr/> 151

The psychiatric social worker is now working full-time in the County area and increasing use has been made of her services. Two days a week of her time have been allotted to child guidance clinic work for the Education Committee, two days are available for work at the Broadgate Hospital under an arrangement made with the East Riding Hospital Management Committee, and the remainder of her time is devoted to work directly under the Council's Mental Health Service.

This officer, whose work is becoming better known, undertakes specialised care of patients who have been discharged from Mental Hospitals, and others, and during the year has dealt with the following new cases:—

Sources of referral.	Adults.	Children.	Totals.
Ex-Service	2	—	2
Mental Hospitals	14	—	14
Private Medical Practitioner cases	5	—	5
Education Authority	—	75	75
Self-referred, Police, Ministry of Labour cases and others	16	—	16
	<hr/> 37	<hr/> 75	<hr/> 112

REGISTRATION OF NURSING HOMES.

No certificates of registration were issued during the year. Three certificates were surrendered. At the end of the year, there were five homes registered providing beds as follows:—

Medical and surgical	22
Maternity	26

Four hundred and fifteen patients were admitted to these homes during the year, 366 of whom were maternity cases, whilst 21 were medical, 26 convalescent or chronic and two orthopaedic.

NURSERY AND CHILD MINDERS REGULATION ACT, 1948.

This Act requires that every local Health Authority shall keep registers:—

- (a) of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding 6 days;
- (b) of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

Premises at Cottingham providing accommodation for 40 children, and three daily minders, are registered.

During the year, premises at Beverley providing accommodation for 10 children were registered, but the registration was subsequently surrendered.

NATIONAL ASSISTANCE ACT, 1948.

I am indebted to the County Welfare Officer for the following report upon the duties carried out under the National Assistance Act:—

NATIONAL ASSISTANCE ACT, 1948.

The National Assistance Act, 1948, provides for the establishment by the Council as a welfare authority of two main services:—

- (1) *Accommodation.*
 - (a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them;
 - (b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

(2) *Welfare Services.*

- (a) the provision of a welfare service for the blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.

RESIDENTIAL ACCOMMODATION.

The Council are the owners of the following Residential Establishments providing accommodation as stated:—

Burlington House, Bridlington	82 beds
The Poplars, Pocklington	72 beds
Gilberdyke House, Gilberdyke	24 beds

On the 1st May, 1950, under an arrangement with the Regional Hospital Board, the Council resumed responsibility for the direct administration of the non-sick portion of the East Riding General Hospital at Driffield, which hospital, of course, is now the property of the Regional Hospital Board. The number of beds available here is 82. In accordance with these arrangements the Council have their own House Committee and employ their own staff to administer the non-sick portion of the hospital, although the local Hospital Management Committee does, of course, provide main services, e.g., meals, heating, lighting, laundry.

Owing to the many difficulties which had arisen it was not, unfortunately, possible during the year covered by this report to open any new Establishment, but it is hoped that the following Homes will be opened during 1951:—

Langholm, Beverley.
Danes Lea, Bridlington.
Clovelly, Withernsea.
Derwent House, Stamford Bridge.

Other Homes will be opened when available and according to need.

The limited number of beds at present available are constantly occupied and as it has not been possible to meet all demands for residential accommodation, admission has had to be determined according to individual circumstances. This has resulted in a fairly lengthy waiting list and in those cases where it has not been possible to provide accommodation immediately every effort has been made to meet the need existing in the home through the Council's Health Service and through the good offices of voluntary organisations and individuals.

The Homes are, of course, maintained for persons who, though in need of care and attention which is not otherwise available to them, are not sick persons in the sense that they require regular medical and nursing care. These latter cases are, of course, the responsibility of the Regional Hospital Board.

The Act also empowers Local Authorities to arrange with Voluntary Organisations for the provision of Residential Accommodation, and in this particular connection the Council are providing accommodation for a number of aged blind ladies in a Home in Beverley maintained by the Hull and East Riding Institute for the Blind. In addition, the Council are also accepting responsibility for the maintenance charges of a number of persons who are residing in Local Authority Homes and Homes maintained by Voluntary Organisations outside the East Riding.

TEMPORARY ACCOMMODATION.

The provision of temporary accommodation is primarily intended for dealing with persons rendered homeless as a result of flood, fire, etc., i.e., in circumstances which could not reasonably have been foreseen. No special provision has been made in this County, but in case of necessity such accommodation would be made available immediately in Council owned and other properties, for which purpose limited stocks of bedding, etc., are maintained.

WELFARE SERVICES.

The statutory provisions relating to Welfare Services are optional unless the Minister of Health otherwise directs. The Minister has directed that the provision of a Welfare Service for the Blind is obligatory upon County and County Borough Councils, and the Council has accordingly entered into an arrangement with the Hull and East Riding Institute for the Blind under which the Institute are maintaining a very comprehensive Welfare Service, including the provision of Workshops, Home Teaching, Home Visiting, etc., on behalf of the County Council. This Service will also be extended to cover partially sighted persons.

WELFARE OF THE BLIND.

On the 31st December, 1950, the official Register of Blind Persons, which is maintained for the Council by the Hull and East Riding Institute for the Blind, showed that there were 314 blind persons in the County (152 males, 162 females). In comparison, there were 292 persons (149 males, 143 females) on the Register at the 31st December, 1949.

During the year, the Council, in conjunction with the Kingston upon Hull City Council, discussed with the Hull and East Riding Institute for the Blind the question of the employment of blind persons in the Hull Workshops of the Institute. An arrangement, to be operative from the 1st January, 1950, was entered into, which provided for the payment of incentive bonuses and a guaranteed minimum wage and laid down a minimum rate of earnings as a qualification for acceptance as a workshop employee.

The guaranteed minimum wage for male employees was £5 9s. 0d. per week and £4 1s. 6d. per week for female employees, based on a 40 hour week. These rates were

increased to £5 14s. 6d. and £4 5s. 7d. respectively, with effect from the 20th November, 1950. Provision has also been made in regard to holidays, sick pay, etc., for blind workshop employees.

As mentioned in the last Report, the Council receives a capitation grant from the Ministry of Labour and National Service of up to £80 per annum in respect of each workshop employee. There were 11 male and 3 female blind persons engaged in the workshops from the East Riding.

In addition to the workshop employees, 4 blind men are recognised by the County Council as home workers, their earnings being supplemented by the Council in accordance with an approved scale. Three of the home workers are piano tuners and one undertakes chair repair work, etc.

The home teaching and visiting service which is operated by the Hull and East Riding Institute for the Blind, under a joint arrangement agreed with the Hull Corporation, continues in force.

The Hull and East Riding Institute for the Blind maintains two Homes for blind persons, one at Seaborough House, Beverley, accommodating 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.

REGISTRATION OF HOMES FOR DISABLED AND OLD PERSONS.

The Council has certain responsibilities and powers as a Welfare Authority under the Act relating to the inspection and regulation of Homes for disabled or old persons maintained by private individuals or Voluntary Organisations.

PROTECTION OF PROPERTY.

(a) *Temporary Protection.*

When a person is admitted to a Hospital or to any accommodation provided by the Council under the National Assistance Act, and it appears to the Council that there is a danger of loss or damage, etc., to any moveable property belonging to the patient, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage. Cases under this heading frequently occur and the Council's officers take appropriate steps to look after the interests of the individuals concerned.

(b) *Permanent Protection.*

Where a person is of unsound mind in a Mental Hospital or other establishment, and thus not capable of managing his own affairs, the County Welfare Officer takes steps to secure his appointment as Receiver of the person's estate under an Order of the Court of Protection. Under the Order of the Court, the person's interests and affairs are completely safeguarded. A relative or other person may, of course, apply and may be responsible for the affairs of the patient and thus obviate the necessity for the Council's officer taking any action.

OTHER HANDICAPPED PERSONS.

The report of the Government's Advisory Committee which was appointed to consider problems relating to the welfare of other classes of substantially and permanently handicapped persons, and the Minister's advice thereon, are still awaited. In the meantime very much good work is being undertaken for the deaf and dumb by the Institutes at Hull and York, in respect of which the Council are making financial contributions. Further, the Council are at present undertaking a survey of the County with the object of collecting statistical information regarding the remaining classes of handicapped persons from which it should be possible to determine what type of Welfare Service will be necessary. Where the need is disclosed, these people are afforded all possible advice and assistance through the Council's existing services or through the various voluntary and statutory bodies.

Section 3. —Sanitary Circumstances of the Area.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL.

A total of 648 samples of water were submitted by Officers of the various District Councils for bacteriological examination and four for chemical analysis.

Of the 648 samples submitted, 163 proved unsatisfactory, but a number of the latter related to samples examined following an original unsatisfactory sample.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

During 1950, the County Council considered the following schemes of sewerage and sewage disposal and water supply and were able to inform the respective District Councils that they had no observations to offer on such schemes for the purpose of Section 2 (2) of the Rural Water Supplies and Sewerage Act, 1944:—

Beverley R.D.C.	Water main extension to serve houses on the Hull Bridge Road, in the parish of Tickton.
Norton R.D.C.	Sewerage and sewage disposal scheme for the parishes of Rillington, Thorpe Bassett, Scagglethorpe, Scampston, Settrington and Wintringham.
Bridlington Corporation	Extension of water mains in parts of the Bridlington Rural District.
Norton R.D.C.	Sewerage and sewage disposal scheme—Duggleby.
Pocklington R.D.C.	Sewerage and sewage disposal scheme—Stamford Bridge.
Bridlington R.D.C.	Scheme for the separation of storm water at the Hunmanby sewage disposal works.

The Council undertook to make contributions to the undermentioned District Councils in respect of schemes of sewerage and sewage disposal and water supply:—

Beverley R.D.C.	Contribution of £8,500 towards the cost of a sewerage and sewage disposal scheme for Skidby and Little Weighton.
Howden R.D.C.	Contribution of £8,750 towards the cost of a sewerage and sewage disposal scheme for the parish of Howden.
Pocklington R.D.C.	Contribution of £2,100 towards the cost of a sewerage and sewage disposal scheme for the parish of Bishop Wilton.
Bridlington R.D.C.	Additional contribution of £380 (making a total contribution of £2,080) in respect of the Bampton and Buckton sewerage and sewage disposal scheme.
Bridlington R.D.C.	Additional contribution of £350 (making a total contribution of £1,950) towards the cost of the Flamborough (North Landing) sewerage and sewage disposal scheme.

In the case of a co-ordinated water supply scheme proposed to be carried out by the Howden and Pocklington Rural District Councils the County Council undertook to consider each year what contribution, if any, should be made towards the annual expenditure falling to be met by the two Councils.

HOUSING.

The provision of new houses has continued to be in the forefront of the activities of the District Councils during the years since the end of the war. The number of houses completed during 1950 was 937—747 by the District Councils and 190 by private enterprise.

The table shown below sets out the position in the respective County Districts and gives the number of houses completed by the local authorities and by private enterprise in each area between 1st April, 1945, and the end of 1950.

District.	Houses Completed.			In course of Erection.	
	Council.		Private Enterprise.	Council. Perm.	Private Enterprise.
	Temp.	Perm.			
Beverley Borough	75	258	78	100	4
Bridlington Borough	100	201	216	103	7
Don Borough	—	52	27	12	—
Field U.D.	—	76	24	—	2
Howden U.D.	—	89	34	23	2
Imbridge U.D.	—	448	243	209	25
Keel U.D.	15	208	50	74	15
Long U.D.	6	152	7	44	—
Northsea U.D.	50	88	11	24	1
Pocklington R.D.	51	282	127	102	6
Pocklington R.D.	—	173	33	50	1
Prentice R.D.	—	235	94	6	2
Field R.D.	—	140	33	20	5
Werness R.D.	23	328	76	52	3
Howden R.D.	—	218	38	36	3
Don R.D.	—	214	23	6	5
Bridlington R.D.	45	308	66	62	—
Totals	365	3470	1180	923	81

The Rural Housing Survey work was continued in those Districts where the inspections had not been completed by the end of 1949. The table below shows the position at the end of the year in the 8 Rural Districts of the County. It should be realised that these figures relate to the rural areas only and the requirements of the urban centres of population will increase considerably the housing needs of the county.

RURAL HOUSING SURVEY.

Total No. of Houses to be surveyed.	No. surveyed.	Classification Categories.				
		1	2	3	4	5
22,632	19,419	5,122	4,839	6,053	984	3,014

Position in respect of Rural Districts.

District.	Total No. of houses to be surveyed.	Number surveyed.	Classification Categories.				
			1	2	3	4	5
Beverley*	3,628	3,628	1,123	1,216	832	36	421
Bridlington	2,519	2,519	889	931	586	37	113
Derwent	3,319	2,185	1,123	480	409	47	173
Driffield	2,640	1,607	172	263	694	143	478
Holderness*	3,725	3,725	951	843	1,226	155	550
Howden	2,434	2,357	259	541	1,116	83	441
Norton	1,976	1,007	87	112	401	273	407
Pocklington*	2,391	2,391	518	453	789	200	431

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.

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, 1950

Alcoholic Wine	2	Hazel Kernels	1
Apple Conserve	1	Honey	1
Baking Powder	2	Ice Cream	29
Barley Powder	1	Ice Cream, Informal	7
Beef Sausages	34	Ice Lollies	2
Beef Sausage Meat	6	Jelly	1
Beef Suet	4	Lemon Spread	1
Beer	6	Malt Vinegar	6
Beer, Bitter	1	Marmalade, Diabetic	1
Brawn	1	Meat Paste	3
Butter	2	Milk	224
Cheese, Cheshire	1	Milk, "Appeal to Cow"	7
Cherries, Glace	1	Milk, Channel Island	2
Cocoa	1	Milk, "Channel Island,"	
Coffee and Chicory Essence ..	1	"Appeal to Cow"	2
Condensed Milk	1	Milk, "Channel Island,"	
Condensed Milk, Informal ...	2	"Appeal to Cow," Informal	2
Confectionery (Buttered Tea		Milk Food	1
Cakes), Informal	1	Minced Meat	8
Confectionery (sweets)	8	Olive Oil	1
Cornflour	1	Orange Curd	1
Curd	3	Pastry Mixture	2
Currie Powder	1	Pepper	1
Cut Peel	6	Pepper Flavoured Compound..	1
Dessicated Cocoanut	1	Pickling Spice	1
Dripping	1	Pork Luncheon Meat	1
Evaporated Milk	1	Pork Pie	1
Fig Paste	1	Pork Sausages	12
Fish Cakes	3	Pork Sausage Meat	1
Fish Paste	1	Process Cheese	1
Gelatine	1	Pure Cream Drops	1
Gin	1	Rum	2
Ground Almonds	7	Tea	1
Ground Coffee	1	Tonic Water	1
Ground Mixed Spice	1	Whisky	4
Ground Rice	1		
		Total	437

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

Article.	No. of samples.	Remarks.
Beef Sausage Meat	1	Legal proceedings. Convicted.
	1	Caution.
Cut Peel	2	Cautioned.
Hazel Kernels	1	No action.
Milk	1	Legal proceedings. Convicted.
	5	Cautioned.
	3	No action.
Milk, "Appeal to Cow" ...	3	
Milk, "Channel Island" ...	1	Cautioned.
Milk, "Channel Island," "Appeal to Cow"	1	
Mince-meat	1	Legal proceedings. Absolute discharge.
Orange Curd	1	No action.
Pepper Flavoured Compound	1	No action.
Pork Sausage	1	Legal proceedings. Convicted.
	2	Cautioned.
Pork Sausage Meat	1	Legal proceedings. Convicted.
Pure Cream Drops	1	Legal proceedings against agent. Convicted.
Rum	1	Legal proceedings. Case dismissed.
Whisky	1	Legal proceedings. Convicted.

TOTAL AMOUNT OF PENALTIES, including Costs, £21 0s. 0d.

A case was reported where a Sampling Officer purchased Sausage Meat for the purposes of analysis under the Food and Drugs Act, 1938, and had been charged an amount in excess of that prescribed by a Maximum Prices Order. The facts were reported to the Enforcement Branch of the Ministry of Food and proceedings were taken by that authority. The defendant was fined £5 on two charges.

SUPERVISION OF MILK SUPPLIES.

SCHOOL MILK SAMPLING.

Results of Examination of Samples.

Grade.	Number of Samples taken.	Methylene Blue Test.		Phosphatase Test.	
		Satisfactory.	Unsatisfactory.	Satisfactory.	Unsatisfactory.
Raw	40	25	15	—	—
Pasteurised or heat-treated	78	74	4	76	2

Fifty-nine samples of school milk were examined biologically for the presence of tubercle bacilli. Two positive results were obtained and the appropriate steps were taken in both cases.

HEAT-TREATED MILK.

Four Dealer's (Pasteuriser's) licences were granted during the year.

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, 191 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	63	59	4	60	3	—	—
Bridlington Borough ...	76	49	—	49	—	25	—
Filey U.D.	33	33	—	33	—	—	—
Hornsea U.D.	2	1	—	1	—	1	—
Norton U.D.	9	9	—	9	—	—	—
Dorwent R.D.	6	6	—	5	1	—	—
Holderness R.D.	2	2	—	2	—	—	—

*Sterilised milk only.

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

HOSPITAL MILK SUPPLIES.

Twenty-seven samples of milk produced at Hospital Dairy Farms have been obtained and submitted to the Methylene Blue test at the request of the Ministry of Health. Twenty-six samples passed the test and one failed.

Eleven of the samples were examined for the presence of tubercle bacilli and brucella abortus with negative results.

BIOLOGICAL EXAMINATIONS.

Forty-eight samples of undesignated milk were obtained by officers of the County Council and examined biologically for the presence of tubercle bacilli. Four samples were certified as tuberculous.

In addition to the above samples, 243 samples were taken by County District Councils for the presence of tubercle bacilli. Two hundred and thirty-two proved negative, 9 were positive, and in the remaining two cases the guinea pigs died before the examination was completed. Appropriate action was taken to secure the slaughter of the infected animals.

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:—

	No. of Herd Inspections.	No. of Cattle Examined.
Tuberculin Tested Herds	253	13,833
Accredited Herds	93	2,270
Non-Designated Herds	2,660	31,544

Number of confirmed cases of tuberculosis during the year, 59.

(The above figure includes 15 cases of tuberculosis of the udder.)

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

SMALLPOX.

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

MEASLES.

The number of notifications received during the year was 2,360, compared with 1,734 in 1949. There was one death from the disease.

ENTERIC FEVER.

Three cases of enteric fever were reported in 1950.

SCARLET FEVER.

Two hundred and one cases of this disease were notified during the past year, compared with 254 in the previous year.

DIPHTHERIA.

There were only two notifications of this disease and no deaths during the year 1950.

ACUTE POLIOMYELITIS.

Twenty-one cases of poliomyelitis and two cases of polio-encephalitis were notified. Two deaths were reported. The cases were widely scattered throughout the County.

PUERPERAL PYREXIA.

Three women were reported during the year to be suffering from puerperal pyrexia. All the cases occurred in Maternity Homes.

OPHTHALMIA NEONATORUM.

No infants were notified as suffering from ophthalmia neonatorum during 1950.

MENINGOCOCCAL INFECTION.

Four cases were notified, compared with two in the previous year. There were no deaths.

TUBERCULOSIS.

Under the new health services arrangements, the responsibility for the provision of hospital, sanatoria and dispensary services rests with the Regional Hospital Board, the County Council having the responsibility of dealing with the care and after-care of tuberculous patients in their own homes and a general responsibility for preventive work.

The County Council has amended its original scheme dealing with Prevention of Illness, Care and After-care to include provision for B.C.G. vaccination against tuberculosis, but up to the end of the year it had not been possible to take any steps to bring this arrangement into operation.

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 twenty-five (108 pulmonary and 17 non-pulmonary) new cases of tuberculosis were notified during the year, and, in addition, 27 cases came to notice otherwise than by formal notification. The total number of cases notified in the County shows a decrease of 55 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.		Totals.
	M.	F.	M.	F.	
Number of cases on the Registers at 31st December, 1949	456	348	118	136	1058
Added to the Registers:—					
(a) Cases notified for the first time during the year	55	53	7	10	125
(b) Un-notified cases brought to notice otherwise than by formal notification	13	10	3	1	27
Removed from the Registers on account of death, change of address, etc.	76	57	28	19	180
Number of cases on the Registers at 31st December, 1950	448	354	100	128	1030

The number of deaths ascribed to all forms of tuberculosis as returned by the Registrar-General was 50, compared with 72 in 1949. Forty-two of the deaths were certified as due to pulmonary tuberculosis, and 8 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—5	—	2	3	2	—	—	2	1
5—15	1	5	—	1	1	—	1	—
15—45	46	45	2	6	12	7	1	1
45—65	14	6	1	—	8	6	1	—
65 and upwards	6	1	1	1	6	2	1	—
Totals	68	59	7	10	27	15	6	2

The pulmonary death rate was .20 per 1,000 of the population, compared with .30 in the previous year. The non-pulmonary death rate was .04, compared with .05 in 1949. Both the pulmonary and the non-pulmonary death rates are the lowest ever recorded in the County.

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.		1943	1944	1945	1946	1947	1948	1949	1950
	1931-40	1941-50								
Administrative County	0.40	0.36	0.31	0.42	0.37	0.28	0.34	0.23	0.30	0.20
Urban Districts..	0.48	0.44	0.46	0.53	0.43	0.36	0.41	0.26	0.29	0.20
Rural Districts..	0.34	0.29	0.18	0.33	0.31	0.19	0.28	0.20	0.31	0.20

OTHER FORMS OF TUBERCULOSIS.

District.	Average rate for the ten years.		1943	1944	1945	1946	1947	1948	1949	1950
	1931-40	1941-50								
Administrative County	0.12	0.10	0.12	0.12	0.13	0.07	0.06	0.08	0.05	0.04
Urban Districts..	0.11	0.10	0.07	0.12	0.10	0.07	0.07	0.12	0.05	0.04
Rural Districts..	0.12	0.09	0.17	0.11	0.15	0.06	0.06	0.04	0.05	0.04

TABLE I.

Cases of Infectious Disease Notified during
the year 1950.

Notifiable Disease.	Urban Districts.	Rural Districts.	Adminis- trative County.
Scarlet Fever	137	64	201
Diphtheria (including Membranous Croup)	1	1	2
Enteric Fever	1	2	3
Puerperal Pyrexia	2	1	3
Erysipelas	16	23	39
Ophthalmia Neonatorum	—	—	—
Meningococcal Infection	—	4	4
Acute Poliomyelitis	10	11	21
Acute Polio Encephalitis	1	1	2
Measles	1640	720	2360
Pulmonary Tuberculosis	78	55	133
Other forms of Tuberculosis	7	10	17
Pneumonia	75	65	140
Chicken Pox	36	3	39
Whooping Cough	279	594	873
Dysentery	10	1	11
Malaria	—	5	5
Food Poisoning	2	2	4
Totals	2295	1562	3857

TABLE II.

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

DISEASE.	Totals.	TOTAL CASES NOTIFIED IN EACH DISTRICT.								
		Beverley.	Bridlington.	Driffield.	Filey.	Haltemprice.	Hedon.	Hornsea.	Norton.	Withernsea
Scarlet Fever	137	11	50	6	1	64	...	1	1	3
Diphtheria	1	...	...	...	...	1	...	...	...	...
Enteric Fever	1	...	...	...	1	...	...	...	...	...
Puerperal Pyrexia	2	2	...	...	...	...	...	...	...	...
Erysipelas	16	3	4	3	1	5	...	...	...	...
Ophthalmia Neonatorum .....	...	...	...	...	...	...	...	...	...	...
Measles	1640	249	383	7	134	737	72	27	8	23
Pulmonary Tuberculosis	78	9	13	4	4	34	3	1	...	10
Other forms of Tuberculosis	7	...	2	...	...	5	...	...	...	...
Pneumonia	75	20	37	3	4	10	...	1	...	...
Chicken Pox	36	...	...	...	...	36	...	...	...	...
Whooping Cough	279	73	96	23	21	52	10	1	3	...
Acute Poliomyelitis	10	1	...	1	...	6	...	2	...	...
Acute Polio Encephalitis	1	1	...	...	...	...	...	...	...	...
Dysentery	10	1	5	...	...	4	...	...	...	...
Food Poisoning	2	...	1	...	...	1	...	...	...	...
Totals	2295	370	591	47	166	955	85	33	12	36

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	64	12	4	24	3	7	6	...	8
Diphtheria	1	...	...	...	...	...	1	...	...
Enteric Fever	2	1	1	...	...	...	...	...	...
Puerperal Pyrexia	1	1	...	...	...	...	...	...	...
Erysipelas	23	2	1	4	3	4	5	...	4
Ophthalmia Neonatorum .....	...	...	...	...	...	...	...	...	...
Measles	720	252	70	28	15	167	110	11	67
Pulmonary									
Tuberculosis	55	9	6	12	1	15	6	1	5
Other forms of									
Tuberculosis	10	1	1	1	...	1	2	...	4
Pneumonia	65	17	4	9	2	8	6	...	19
Chicken Pox	3	...	...	...	3	...	...	...	...
Whooping Cough	594	70	31	15	81	29	233	46	89
Acute Poliomyelitis	11	3	2	1	...	...	1	1	3
Acute Polio									
Encephalitis	1	...	...	...	...	...	...	...	1
Dysentery	1	...	1	...	...	...	...	...	...
Meningococcal Infection.	4	2	...	1	1	...	...	...	...
Malaria	5	1	...	...	2	...	...	...	2
Food Poisoning	2	...	1	...	...	...	...	...	1
Totals	1562	371	122	95	111	231	370	59	203

TABLE IV.

Vital Statistics of Whole District during 1950, 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.
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	188,180	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
1949	209,343	3308	16.1	98	30	2498	12.2
1950	212,070	3187	15.0	83	26	2423	11.4

TABLE V.

Rainfall Returns, 1950.

Station.	Height of Rain Gauge above Sea Level.	Observer.	Total Rain-fall.	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	31.04	172	25.09
Osgodby	29 „	Mrs. W. V. Hescock ...	29.12	194	22.76
Withernsea	31 „	The Surveyor... ..	22.00	170	—
North Cave	35 „	Col. W. H. Carver	31.90	179	25.78
Hornsea	35 „	Mr. H. Wilkinson	28.35	193	—
Bridlington	60 „	Mr. A. J. Booker	32.98	238	—
Lowthorpe	63 „	Mr. J. Tate	34.15	200	24.43
Scampston	100 „	Mr. F. Ironside	30.28	190	25.20
Dunnington	110 „	Miss E. Hildyard	26.83*	174*	27.35
Dalton Holme	150 „	Mr. W. F. Cullen	34.44	200	27.49
Beverley (E.R. Mental Hospital)	175 „	Medical Superintendent	29.40	177	24.72
Birdsall	304 „	Mr. James Anderson...	33.99	198	28.50

*Returns for 10 months only—station discontinued.

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

REPORT OF THE SCHOOL MEDICAL OFFICER

REPORT

of the

School Medical Officer

for the

Year ended 31st December, 1950.

REPORT OF THE SCHOOL MEDICAL OFFICER

The work of the School Medical Department has continued steadily throughout the year. Certain administrative changes were made possible by making use of the Divisional Administration Scheme brought into operation for the Health Services generally. As a result the routine school medical work for the Buckrose and Holderness Health Divisions is now administered by the Divisional Medical Officers from their offices at Bridlington and Beverley respectively. Similar arrangements will be made in the Howdenshire Health Division as soon as the long awaited offices at Pocklington are available. A Divisional Medical Officer has not yet been appointed for the Haltemprice Health Division.

It has been possible to provide medical inspection for all the schools during the year. This is due to the filling of the establishment for Assistant Medical Officers and the fact that the three Divisional Medical Officers, not being as yet Medical Officers of Health for all the County Districts in their respective Divisions, have been able to undertake some routine school medical work. The number of examinations carried out has increased by over 3,500 on the previous year's figures. The picture is not, however, so cheerful in other directions. It has not been possible to fill the three vacancies for Assistant Dental Officers and each school is now only being inspected on the average once in every eighteen months instead of at least once a year and preferably more often. As a result the number of children dentally inspected was less by 800 on the 1949 figures and the number of children treated was 1,500 less than in the previous year. Similarly, it was found impossible to obtain the additional Speech Therapist who was needed. Now the original therapist has resigned and consequently this service, which was becoming to be much appreciated, has had to be discontinued.

The appointment of an Educational Psychologist made it possible to open a Child Guidance Clinic during the year, but as the officers of that clinic have other duties to perform they can only give two days per week to child guidance work and the selection of children for this form of investigation and treatment must, as a consequence, be carefully made.

An improvement in the number of medical officers recognised for the purpose of examining and ascertaining educationally sub-normal children has enabled more children to be specially examined. All medical officers carrying out this tiring and difficult work experience, however, a strong feeling of frustration because, in the great majority of cases, the result of their work is merely one of ascertainment and no special facilities, either in special schools or special classes, can be provided to give the children education appropriate to their ascertained mental capacities. There are now attending ordinary schools in the County 104 children who have been recommended as needing education in special classes and

117 recommended for special schools. This creates a difficult problem for the teachers as it is only in the larger schools that any attempt can be made to apply segregation.

This problem is not one that is limited to the East Riding, it is being experienced to a greater or lesser degree throughout the country, but the problem in a sparsely populated county of this type is more difficult to solve as it cannot be met by the provision of day school accommodation. Apart, therefore, from the possible provision of small special classes in the few more populous areas the only answer is the provision of a special residential school, and I need not dilate on the difficulties associated these days in providing such accommodation, especially in view of the heavy demands to improve the accommodation and facilities for the normal children who form the majority of the school population. It must not be thought, however, that in the absence of special educational facilities time spent on the ascertainment of educationally sub-normal children is wasted. At the least these children can be specially watched and sometimes helped in various ways and they are, in any event, carefully re-examined before leaving school to try to find out whether or not they will need supervision and help through the Mental Health Services afterwards. Twenty-four were found to come into this category during 1950. In view of the various difficulties, generally speaking, only the worst of the educationally sub-normal children are initially referred for special examinations. A full ascertainment would show a much higher figure than the 221 mentioned, but most of these would fall into the higher grades of educational sub-normality requiring special class as distinct from special school facilities.

Reports by the Chief Dental Officer, the Educational Psychologist and the Organiser of Physical Education are included in the following report.

GENERAL STATISTICS.

Number of Primary Schools	207
Number of pupils on Primary School Registers	21,344
Number of Secondary Schools in the Administrative County	10
Number of pupils on Secondary School Registers ...	5,196

MEDICAL INSPECTIONS.

It has been possible to carry out 268 primary school medical inspections and ten secondary school inspections during the year.

	East Riding.	Number found to require Treatment.	Observation.
Routine examinations.			
Entrants	3708		
Second Age Groups	3033		
Third Age Groups	2098		
Other routine examinations	247		
Total routine examinations	9086	1201	3839
Special examinations and re-inspections	6651	1152	8223
Total examinations	15737		

GENERAL CONDITION.

Results show that a high standard of nutrition is being maintained. Out of 9,086 children examined for classification 98% are marked good or fair as regards nutrition and 2% as poor. These percentages show little change from those found in previous years.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

During the year 857 children were referred from school medical inspections as needing treatment for eye defects, as compared with 712 children referred for these defects in 1949. Treatment facilities are now arranged through the specialist service of the Regional Hospital Board.

The number of examinations during the year under the scheme, either at clinics or as individual cases, was 1,768, as compared with 1,659 in the previous year. Glasses were prescribed in 664 cases as against 719 in 1949. The services of an orthoptist were available at the York County Hospital, and 8 children attended the orthoptic clinic on 38 occasions. Two children were discharged cured. Minor eye defects were reported in the cases of 204 children.

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.
92	67	25

Children suffering from ear discharge can attend the Aural Clinics established in hospitals at Beverley, Driffield, 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 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.
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
1949	12329	628	638	5.1
1950	15737	637	888	5.6

DISEASES OF THE CHEST AND DELICATE CHILDREN.

Due to the operation of the National Health Service Act and the practice whereby children are being referred through their own family doctor for consultation with the chest specialist, it was not possible to obtain information about these cases. It is hoped that in consequence of improved liaison with hospital staffs in 1951 there will be more information available.

UNCLEANLINESS.

In their cleanliness surveys the school nurses made 58,238 examinations. On an average each child was examined three times during the year, and the nurses found 1,461 cases of uncleanliness. This number of cases represented uncleanliness in 665 individual children, i.e., 2.5% of the school population, a decrease of 1.5% on last year's figures.

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 insecticidal hair creams for distribution to parents as required.

MINOR AILMENTS.

There was no addition to the facilities provided for treatment of minor ailments in the County, but it is interesting to note that during 1950 there was again a considerable increase in the use made of the clinics.

The total number of cases dealt with in the clinics and by the school nurses during the years 1949 and 1950 is shown in the following table, viz.:—

Defect.	1949.			1950.		
	Clinics.	Nurses.	Totals.	Clinics.	Nurses.	Totals.
Ringworm (head) ...	1	4	5	5	2	7
Ringworm (body) ...	13	15	28	12	13	25
Scabies	17	43	60	15	9	24
Impetigo	179	121	300	220	100	320
Other Skin Diseases.	389	180	569	345	144	489
Minor Eye defects ...	216	314	530	333	243	576
Minor Ear defects and Deafness	215	102	317	351	90	441
Minor Injuries, Bruises, etc.	2138	303	2441	2640	257	2897
Totals	3168	1082	4250	3921	858	4779

SCHOOL NURSES.

Figures relating to this work for 1950 are as follows:—

Visits to Schools:—

Routine examinations	611
Follow-up visits	176
No. of children examined	58238

Visits to Homes:—

No. of homes visited	2449
No. of children seen on these visits	2902

Reasons for these visits:—

Uncleanliness	1023
Minor ailments	405
Nutrition	675
Other reasons	907

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 114 children were specially examined, compared with 66 in the previous year.

The findings of these special examinations were as follows:—

Normal intelligence	3
Educationally Sub-Normal:—	
(a) for education in special classes	16
(b) for education in special schools	36
For notification under M.D. Acts:—	
(a) Under Section 57 (3) of the Education Act, 1944	20
(b) Under Section 57 (4) of the Education Act, 1944	1
(c) Under Section 57 (5) of the Education Act, 1944	24
Decisions deferred	5

In addition nine children, previously ascertained as educationally sub-normal, were re-examined and found not to require supervision after leaving school.

HANDICAPPED CHILDREN.

NUMBER OF HANDICAPPED CHILDREN AT 31ST DECEMBER, 1950.

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>	6	—	—	—	3	3
B.	<i>Partially-sighted Children, i.e. suitable for education by special methods involving the use of sight</i>	3	4	—	—	4	3
C.	<i>Deaf Children, i.e. suitable for education by methods for those without naturally acquired speech</i>	12	—	—	1	5	8
D.	<i>Partially Deaf Children, i.e., suitable for education by special methods involving the use of speech</i>	1	1	—	—	1	1
E.	<i>Delicate Children, i.e. those who for health reasons should not be educated under normal school regime</i>	6	41	—	1	27	21
F.	<i>Diabetic Children, i.e. children who through need of treatment need residential care</i>	—	1	—	—	1	—
G.	<i>Educationally Sub - Normal Children, i.e. those needing a specialised form of education</i>	4	221	1	—	152	74
H.	<i>Epileptic Children, i.e. those who should be educated in special schools</i>	2	4	—	—	5	1
I.	<i>Maladjusted Children, i.e., those who require special educational treatment</i>	—	12	2	—	7	7
J.	<i>Physically Handicapped Children, i.e. those with disease or crippling defect who should be educated in special schools</i>	3	46	1	11	33	28
K.	<i>Pupils suffering from Speech Defect, i.e., those who require special educational treatment</i>	—	241	—	—	167	74
L.	<i>Pupils suffering from Multiple Disabilities</i>	1	3	—	—	2	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 31.12.49.	Admitted during 1950.	Discharged during 1950.	Number maintained. at 31.12.50.
Blind	York	8	—	3	5
	Sheffield	2	—	—	2
	Hull 21st Ave.	1	1	1	1
	Sunshine Home	—	1	—	1
Deaf	Doncaster	8	1	—	9
	Hamilton Lodge	1	—	—	1
	Leeds	2	—	—	2
	Sutton	1	—	—	1
Epileptic .	Lingfield	3	—	1	2
	Colthurst House, Watford	—	1	1	—
Delicate	Bradstock Lockett, Southport	—	3	—	3
	Oak Bank, Sevenoaks.	1	1	—	1
	Ogilvie School, Clacton	—	1	1	1
	St. Catherine's, Ventnor	—	1	—	1
Cripples	Chipping Norton	1	—	—	1
	Hesley Hall	—	1	—	1
	Ian Tetley Mem. Home	1	—	—	1
Malad- justed					Nil
Educa- tionally Sub-Normal	Beacon School, Lichfield	1	—	—	1
	Greenwood, Halstead ..	—	2	—	2
	Leyton	1	—	—	1
	Northumberland Ave. Hull	1	—	—	1
	Besford Court, Sambourne	1	—	—	1

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

ORTHOPAEDIC AND POSTURAL DEFECTS.

During the year 341 children (of whom 148 were new cases) made 467 attendances at the orthopaedic clinics.

Thirty-three children were in-patients at the Kirbymoorside and Beverley Westwood Hospital, and of these 27 were admitted and 28 discharged during the year. Surgical appliances were supplied where necessary.

CHILD GUIDANCE CLINIC.

The Educational Psychologist reports as follows:—

Since the opening of the Child Guidance Clinic on 13th June, 1950, the staff has consisted of the consultant psychiatrist, Dr. T. M. Davie, Superintendent of Broadgate Hospital; the psychiatric social worker, Miss B. R. Villy, of the Mental Health Department; and Mr. J. G. Smith, the educational psychologist. In addition, from November, Miss Graham, the mental health social worker, undertook the part-time work of supervising play therapy groups.

Clinic sessions have been held on Tuesday and Wednesday of each week.

SUMMARY OF CASES, WITH SOURCES OF REFERRAL.

School Medical Officers	24
Head Teachers	16
Children's Officer	5
Hospitals	3
School Welfare Officers	2
	—
	50
	—

The normal procedure is that children are referred to the clinic by the school medical officers, by whom they are examined prior to the first interview taking place. Cases referred from other sources may, if necessary, be submitted for medical examination, before acceptance at the clinic. On receipt of the child's name and address the psychiatric social worker visits the home and invites the parent or guardian to bring the child to the clinic, while the psychologist obtains any relevant information available at the school. The new referral attends on a Tuesday for the first, or diagnostic interview, by which time the staff are in possession of sufficient information to enable them to isolate the difficulties, assess the severity of the case, or at least decide upon the lines to be further investigated. This initial interview occupies some ninety minutes, during which time the child is interviewed and tested by the psychologist and the parent or guardian is interviewed by the psychologist and the social worker. At the end of the first interview the team decides whether further attendance is necessary and, if so, whether the case is sufficiently severe to warrant referral to the psychiatrist.

SUMMARY OF CASES EXAMINED, CLASSIFIED ACCORDING TO MAIN PRESENTING SYMPTOM.

Nervous disorders	14
Pilfering, truancy	10
Anti-social, aggressive behaviour	8
Habit disorders	6
Fears, anxieties	6
Backwardness	4
Vocational guidance	2
	—
	50
	—

The above table is unavoidably oversimplified as many children attending the clinic display symptoms coming under more than one of these headings. If a generalisation is permissible, then it may be said that anxiety, fears and feelings of insecurity, justified or otherwise, are the root causes of the great majority of the symptoms named above. Even now, five years after the end of the war, a number of these cases are based on the problem of returning fathers; here, perhaps, the five year old only child finds himself apparently replaced in the affections of his mother, whose undivided attention he has enjoyed for the whole of his life, by a complete stranger, and his position further undermined by the arrival of new brothers and sisters. Common reactions in this and similar cases are disobedience, temper tantrums, pilfering, and reversions to infantile behaviour such as enuresis and incontinence.

The largest heading, nervous disorders, has a wide denotation. It refers mainly to the solitary, nervous child, but includes two very unusual cases of suspected schizophrenia and anorexia nervosa.

Since vocational guidance is not a function of the clinic it should be explained that one of the cases was the son of a European Volunteer Worker now resident in the Riding, the other a recently orphaned girl in the care of the Children's Officer. In these circumstances it was even more important than usual that both be found initial employment in which they would be likely to find stability and satisfaction.

SUMMARY OF CASES, WITH TREATMENT AND DISPOSAL.

Maximum improvement obtained	19
No improvement	1
Transfer to Ledstone Hall	2
Transfer to Broadgate Hospital	1
Transfer to Horbury	1
Not proceeded with	4
Tested and assessed only	5
Responding, treatment continuing	17
	—
	50
	—

Children receiving treatment at the clinic attend on Wednesdays, usually accompanied by the parent or guardian. Initially, they were seen individually, but with the formation of play groups it has proved possible to deal with three or four children together. As a method of treatment, group therapy has not been fully explored, but is already shewing its value with less severe cases of poor adjustment and lack of confidence. With more difficult children it is useful for diagnostic purposes, for many children, shy and unapproachable in an interview, are more friendly and informative when engaged in some interesting activity. However, to obtain full value from these methods it is important that the members of each group be carefully selected, and this is not always possible as times of attendance are decided by bus and rail services rather than by the wishes of the clinic. Although group work is a very useful adjunct it cannot replace

individual treatment as a means of successful clinic work; but as clinic time is limited, the alternative to group work must inevitably be a lengthy waiting list and widely spaced treatment interviews.

In conclusion it may be stated that the single factor contributing most towards success in this work is parental co-operation, as the treatment of the child is almost invariably accompanied by advice to the parents, or guardians. Without this co-operation a successful conclusion is much more difficult to attain. It has been found, however, that once parents have agreed to bring their children to the clinic their co-operation has been fairly readily secured.

In all there have been 83 clinic sessions and 50 new cases have been seen. These have necessitated 51 diagnostic interviews, 110 treatment interviews and 94 visits to schools or the children's homes. The psychiatrist has interviewed six children and two parents.

J. G. SMITH,

Educational Psychologist.

SPEECH THERAPY.

During the year two hundred and eighty sessions were held and 241 children attended, the total attendances being 1,518. Due to the illness of Miss Craig the number of clinics declined considerably from the commencement, the number of sessions each quarter being 117, 96, 35 and 32. This naturally led to considerable inconvenience and the service only operated by fits and starts. As noted in the introduction to the report the service has now ceased to function, due to Miss Craig's resignation. Two speech therapists are required in order adequately to cover the work in the County, but repeated attempts to fill the vacancies have failed to succeed.

REPORT OF THE CHIEF DENTAL OFFICER FOR THE YEAR 1950.

There have been no changes in the dental staff, which consisted of one chief and four assistant dental officers. It has not been possible to recruit new officers to complete the establishment of seven assistant dental officers and the dental service in the County must necessarily be limited.

Of the dental attendants, Miss Musgrave resigned on 30th November, 1950, to train as a dental hygienist at the Eastman Dental Clinic and was replaced by Miss Lyon.

It has not been possible to visit each school annually, the average time between visits being just over 18 months, and to minimise this interval, conservative work on the temporary dentition has been practically discontinued. Even this restriction appears insufficient and it will be necessary to limit treatment to extraction in those children unlikely to benefit permanently from conservative work.

The demand for treatment has been maintained and the acceptance rate is 83%.

The mobile clinics continue to be popular with the dental officers, patients and school staffs. Four of those vehicles serve the County area and one, due to shortage of staff, is used as a fixed clinic at Hessle, where it has been very useful for the treatment of casual cases at regular intervals. Attendance at the fixed clinics at Beverley and Bridlington have not been curtailed, the former being in use four sessions weekly and the latter for five.

General treatment has been similar to that carried out during recent years. Conservative treatment with a risk of failure was not attempted, diseased teeth showing extensive caries or sepsis being extracted. Children requiring numerous extractions were treated under $N^2O + O^2$ and regular sessions have been arranged for the administration of this anaesthetic.

The correction of irregularities in the dentition was confined to those cases which could be rectified by a simple appliance in a short period of time, or by the judicious extraction of one or more teeth. It is unfortunate that the numerous cases of malocclusion seen in the County cannot be rectified on account of the shortage of dental staff.

The table relating to the dental work appearing at the end of the report is self explanatory. Under other treatment 466 scalings were recorded. 100 orthodontic appliances and 20 part dentures were inserted.

My dental officers and their attendants have carried out their duties in a most commendable manner, and maintained that intimate relationship with patients, parents and teachers so necessary to a dental service. I thank the school teachers for their continued interest and co-operation.

P. S. SPENCE,

Chief Dental Officer.

CO-OPERATION WITH VOLUNTARY BODIES.

I would again place on record my appreciation of the valuable assistance given by the National Society for the Prevention of Cruelty to Children in dealing with cases of neglect. The local inspectors are always anxious to help, and school welfare officers report such cases direct to the Society when necessary in urgent cases.

CO-OPERATION WITH TEACHERS AND SCHOOL WELFARE OFFICERS.

The carrying out of medical inspections and the weighing of children is considerably aided by the efficient help of teachers in connection with the clerical work involved. Their assistance is gratefully acknowledged. I would also add my thanks to school welfare officers for their willing help.

PROVISION OF MILK AND MEALS.

During the year there was a slight decline in the number of children taking milk in school as is shown by the following table:—

October 1949	February 1950	June 1950	October 1950
83.01%	82.93%	81.82%	80.46%

The most recent returns show that 20,002 children received milk, including 124 to whom reconstituted National Dried Milk was provided.

As was foreshadowed in the report for 1949 the rate of increase in the number of school meals supplied was slower in 1950 than in the previous year. 23 new canteens were opened during 1950, but of these only 5 have kitchens, the remainder being dining centres only. The number of meals supplied to children rose from 11,260 to 12,034 a day, the latter figure being 48.68% of the number of children in attendance at school.

At the end of the year no new canteens were under construction except those in new schools. During 1951, therefore, the expansion of the school meals service will be limited to small dining centres which will obtain meals by transport from existing kitchens.

PHYSICAL EDUCATION.

(Report submitted by the Organiser of Physical Education.)

It is pleasing to note that more playgrounds have been surfaced during the past year, so providing better facilities for physical training lessons in schools which have no alternative indoor accommodation.

No woman organiser of physical education has yet been appointed since Miss Richardson left and some aspects of the girls' work are suffering as a result.

GAMES.

In spite of some schools still being handicapped through lack of playing fields there has been an increase in games activity during 1950. The district leagues were well supported and 80 school football teams entered the knock-out competitions. An East Riding team was entered in the competitions organised by the Yorkshire and English Schools' Football Associations.

Because of the lack of suitable playing fields senior girls in the majority of our schools have no opportunity of playing their major game, hockey. However, netball rallies and competitions helped to offset this and 63 teams competed in the final rally which was held at Hessle.

An East Riding team did very well to reach the final of the North of England Schools' Netball Rally and to emerge runners-up.

ATHLETICS.

Most schools include athletics in their normal summer time-table and the various district sports provided competition for all types of schools.

As usual, the East Riding sent 60 athletes to the Yorkshire Schools' Athletic Sports, which were held in Doncaster, and they distinguished themselves by being placed first in the Boys' Senior and Open, and second in the Girls' Junior Championships.

As a result of this, eleven East Riding scholars were chosen to represent Yorkshire in the English Schools Athletic Championship Sports which were held at Port Sunlight, Cheshire. This was a high proportion of the 50 athletes chosen.

SWIMMING.

Swimming instruction for schools was provided at baths in Hull, Selby, Goole, Beverley, Driffield and Norton. This year three carefully graded swimming tests were introduced and it is pleasing to note that both teachers and scholars have welcomed these as a stimulus to improve the standard of swimming. Thirteen scholars (eight boys and five girls) obtained the County Swimming Certificate, which demands a high standard performance. This was an increase of two on the previous year's total.

DANCING.

Where indoor facilities are available Folk and National Dances are taught in schools. Dancing helps in teaching children to move gracefully and with more control. The third Annual Schools' Folk Dance Festival was held at Bridlington and it was well supported by 24 schools.

EVENING CLASSES.

An increased number of classes were held during the year and included Physical Training, Keep Fit, Modern and Folk Dancing. Youth Clubs attached to Evening Institutes sustained a high standard of activity in football, cricket, netball and athletics. The County Youth Athletics Festival was held in Beverley and a team of 30 from the East Riding did well at the Yorkshire Youth Sports which were held at Bradford.

N. ELLIS.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1950.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. Periodic Medical Inspections

Number of Inspections in the prescribed Groups.

Entrants	3708
Second Age Group	3033
Third Age Group	2098

Total	8839
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Number of other Periodic Inspections	247
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Grand Total	9086
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B. Other Inspections.

Number of Special Inspections	4864
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Number of Re-Inspections	1787
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Total	6651
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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	64	410	450
Second Age Group	219	208	408
Third Age Group	133	89	219
Total (prescribed groups)	416	707	1077
Other Periodic Inspections	25	8	33
Grand Total	441	715	1110

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	28	81	107	70
Eyes— <i>a.</i> Vision	441	708	265	784
<i>b.</i> Squint	53	96	64	135
<i>c.</i> Other	19	56	15	44
Ears— <i>a.</i> Hearing	17	83	18	46
<i>b.</i> Otitis Media ..	19	61	62	47
<i>c.</i> Other	4	56	11	24
Nose or Throat	330	966	307	823
Speech	62	116	41	78
Cervical Glands	7	216	3	151
Heart and Circulation..	5	106	6	91
Lungs	27	297	23	209
Developmental				
<i>a.</i> Hernia	4	25	4	27
<i>b.</i> Other	5	80	4	26
Orthopaedic—				
<i>a.</i> Posture	27	162	11	92
<i>b.</i> Flat Foot	79	267	23	139
<i>c.</i> Other	40	177	25	90
Nervous System—				
<i>a.</i> Epilepsy	—	7	1	19
<i>b.</i> Other	5	55	1	49
Psychological—				
<i>a.</i> Development	—	45	4	52
<i>b.</i> Stability	1	42	8	30
Other	28	137	149	197

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	3708	1139	30.7	2514	67.8	55	1.5
Second Age Group	3033	1057	34.8	1897	62.5	79	2.6
Third Age Group	2098	996	47.5	1065	50.8	37	1.7
Other Periodic Inspections	247	85	34.4	157	63.6	5	2.0
Total	9086	3277	36.0	5633	62.0	176	2.0

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	58238
(ii) Total number of <i>individual</i> pupils found to be infested	665
(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)	—

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

	Number of Defects treat- ed, or under treatment during the year.
(a)	
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	7
Ringworm—Body	25
Scabies	24
Impetigo	320
Other skin diseases	489
Eye Disease	576
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital).	
Ear Defects	375
(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.)	2973
Total	4789

(b) Total number of attendances at Authority's minor ailments clinics, 14188.

GROUP II.—DEFECTIVE VISION AND SQUINT.

	No. of defects dealt with.
Errors of refraction (including squint)	1768
Other defect or disease of the eyes	—
Total	1768

No. of Pupils for whom spectacles were

(a) Prescribed	664
(b) Obtained	483

