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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 1951

Geberley :

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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 on the General Health Service and the School Health Service of the County for the year 1951.

The year did not show any developments necessitating special comments, and the contents of these reports are therefore mainly statistical in nature. These statistics show an estimated increase of 830 in the total population, a further fall in the birth rate and a rise in the general death rate. The infantile mortality rate was slightly higher than in 1950, when it reached the lowest level ever to be recorded, but the rate for this year still compares favourably with that for England and Wales. There are many factors which have contributed to the steady fall in the infantile mortality rate, and one of these factors is the continuous work in health education and advice given by health visitors and medical officers to mothers either in their own homes or when they attend the various infant welfare centres. There are now fifty-five such centres operating in the County, which were attended by over 5,000 children.

The fall in the birth rate, combined with the still increasing tendency for women to go into institutions for their confinements, has had the effect of reducing the amount of work of the domiciliary midwives, but this reduction has been more than offset by the increase in the demand for the services of domiciliary nurses. Much of the work of these nurses is concerned with aged, chronically ill patients being nursed in their own homes. This work is heavy, often unpleasant and frequently mentally unrewarding, but nevertheless of great importance, and comparatively few people appreciate the value to the community of the continuous and conscientious work put in by domiciliary nurses in this sphere of their activities.

The demands on the ambulance service have continued to increase, but the rate of this increase is less than in previous years, and it is hoped that the time has now come when further extensions to this service will be unnecessary.

In the field of infectious diseases there were again over 2,500 cases of measles notified, but relatively few cases of other notifiable infectious diseases. Only one case of diphtheria was notified. The virtual disappearance of this serious disease must be largely attributed to immunisation and, to maintain the position that has been gained, constant efforts will need to be made to see that a high proportion of infants receive the protection given by immunisation, and that the protection thus given in the early years is maintained

by reinforcing injections during school life. For the County as a whole, 63% of the child population has been immunised against diphtheria. This is only just about the safety level and the position needs to be improved.

Although there has been a slight increase in the number of notifications of tuberculosis, the number of deaths from this disease has fallen. Considerable work still remains to be done in the way of preventing this disease, and it is to be hoped that this preventive work will be much helped by the spread of B.C.G. vaccination.

On the administrative side, arrangements were completed by the end of the year to open a Divisional Health Office at Pocklington for the Howdenshire Health Division. This office is being accommodated temporarily in the School Clinic premises pending final approval being given by the Ministry of Health to the provision of the permanent offices contemplated by the Council.

Dr. Thomson resigned from his post of Deputy County Medical Officer at the end of June, and it was decided not to fill the vacancy as such. Instead, Dr. Ferguson, the Divisional Medical Officer for the Holderness Health Division, was appointed to act as Deputy County Medical Officer from time to time as necessary.

Included in this report is a section prepared by Mr. Partridge, the County Welfare Officer, which deals with the work carried out by the Council under the provisions of the National Assistance Act.

I should like to express my thanks to all members of the staff for the willing and conscientious service they have continued to give during the year, and 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.

August, 1952.

STAFF OF PUBLIC HEALTH AND SCHOOL MEDICAL DEPARTMENT, 1951.

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., D.P.H. (to 30th June, 1951).

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.

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.

R. Bottomley.

J. Liptrot.

K. Powls.

EDUCATIONAL PSYCHOLOGIST.

J. G. Smith, M.A., Ed.B.

PSYCHIATRIC SOCIAL WORKER.

Miss B. R. Villy.

MENTAL HEALTH SOCIAL WORKER.

Miss S. Graham.

COUNTY AMBULANCE OFFICER.

Mr. G. R. Gray.

COUNTY WELFARE VISITOR.

Mrs. E. Williams (from 1st January, 1951).

ORGANISER OF DOMESTIC HELP SERVICE.

Mrs. E. Silvester (to 8th May, 1951).

Miss J. M. Allison (from 16th July, 1951).

PUBLIC ANALYST.

D. J. T. Bagnall, A.C.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 G. J. Sanderson, S.R.N., S.C.M., H.V. Cert., Queen's Nurse.
(from 12th February, 1951).

COUNTY DISTRICT NURSES AND MIDWIVES.

Mrs. M. Anderson, S.R.N., S.C.M.
 Mrs. B. Arrandale, S.R.N. (to 30th June, 1951).
 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. (to 13th September, 1951).
 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.
 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 B. Dolphin, S.R.N., S.C.M. (from 5th November, 1951).
 Miss J. Douglas, S.R.N., Q.N.
 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. (to 18th October, 1951).
 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.
 Mrs. E. Lenderyou, S.R.N. (from 7th August, 1951).
 Miss M. Massam, S.R.N., S.C.M., Q.N.
 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. Spieght, S.C.M.
 Mrs. L. E. Thorley, S.R.N.

Miss M. E. Todd, S.R.N., S.C.M., Q.N. (from 7th November, 1951).
 Miss E. Towle, S.R.N., S.C.M. (from 7th August, 1951).
 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. (to 27th October, 1951).
 Miss E. E. Wilson, S.R.N., S.C.M.
 Miss J. M. Wilson, S.R.N., Q.N.
 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.
 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, 1951.**

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	*W. Ferguson, M.B., Ch.B., D.P.H.
URBAN DISTRICTS.	
Driffield	*E. T. Colville, M.D., B.Hy., D.P.H.
Fleetham	*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.
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, 1951	Estimated	
		1950	1951
Administrative County	211,732	212,070	212,900
Urban Districts	104,797	105,226	104,900
Rural Districts.....	106,935	106,844	108,000

BIRTHS AND BIRTH RATES

(Birth rate per 1,000 of the Population)

Districts	Average rate for the ten years		1945	1946	1947	1948	1949	1950	1951
	1931-40	1941-50							
Administrative County.....	14.8	17.2	17.0	19.2	19.4	16.7	16.1	15.0	14.5
Urban Districts..	14.4	17.2	16.9	19.5	19.6	16.1	15.0	14.3	14.1
Rural Districts..	14.9	17.2	17.0	18.9	19.2	17.3	17.2	15.8	14.8

The birth rate of 14.5 for the County has now fallen to the level which obtained before the war. The application of the comparability factor shows that for purposes of comparison this rate compares with the rate for England and Wales, which was 15.5.

There were 3,079 live births and 60 stillbirths registered for the County during the year, making a total of 3,139. Of these births, 238 took place outside the County.

The number of births notified to my office by hospitals, practitioners, midwives, etc., was 3,408, and 46 births were reported by Registrars which were registered but not notified. Of these births, 550 were outward transfers to other areas.

The stillbirth rate was 19.1 per 1,000 total births, compared with a rate of 19.9 in 1950 and 21.9 in 1949.

ILLEGITIMATE LIVE BIRTHS

Districts.	1944	1945	1946	1947	1948	1949	1950	1951
Administrative County	313	326	334	233	221	179	180	153
Urban Districts..	152	165	161	108	107	78	87	75
Rural Districts..	161	161	173	125	114	101	93	78

The illegitimate birth rate was 0.72 per 1,000 of the population, compared with 0.85 in the previous year.

The number of illegitimate live births was 5.0% 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.		1945	1946	1947	1948	1949	1950	1951
	1931-40	1941-50							
Administrative County	12.3	12.0	13.1	12.1	12.0	10.7	12.2	11.4	12.4
Urban Districts..	13.0	12.9	14.0	13.0	12.9	11.4	12.6	12.3	13.7
Rural Districts..	11.6	11.1	12.1	11.3	11.2	10.0	11.7	10.5	11.2

There were 2,646 deaths registered for the County in 1951, an increase of 223 on the figure for the previous year. This gives a death rate of 12.4 per 1,000 of the population, as compared with 11.4 in 1950. The application of the comparability factor to this crude rate gives a rate of 11.3, which shows that the rate for the County compares favourably with the rate for England and Wales, which was 12.5. The rate for England and Wales for 1950 was 11.6.

The principal causes of death in the County were heart diseases (897), cancer (412), and vascular lesions of the nervous system (390). These three causes again accounted for 64% of the deaths.

69.7% of all the deaths occurred in people aged 65 and over.

The following table shows the figures for the various causes for the year 1951:—

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	26	13	39
Tuberculosis, other forms	4	1	5
Syphilitic disease	9	2	11
Diphtheria	—	—	—
Whooping cough	1	—	1
Meningococcal infection	1	—	1
Acute poliomyelitis	—	—	—
Measles	1	1	2
Other infective diseases	5	1	6
Cancer of stomach	32	26	58
Cancer of lungs, bronchus	52	15	67
Cancer of breast	—	35	35
Cancer of uterus	—	16	16
Cancer, other forms	117	119	236
Leukæmia, aleukæmia	5	6	11
Diabetes	3	17	20
Vascular lesions of nervous system	176	214	390
Coronary disease, angina	203	129	332
Hypertension with heart disease	25	43	68
Other heart disease	217	280	497
Other circulatory disease	60	64	124
Influenza	17	32	49
Pneumonia	46	32	78
Bronchitis	65	44	109
Other diseases of respiratory system	6	5	11
Ulcer of stomach and duodenum	17	3	20
Gastritis, enteritis & diarrhœa	13	6	19
Nephritis and nephrosis	19	22	41
Hyperplasia of prostate	32	—	32
Pregnancy, childbirth and abortion	—	3	3
Congenital malformations	14	11	25
Other diseases	115	125	240
Motor vehicle accidents	16	5	21
All other accidents	25	22	47
Suicide	23	6	29
Homicide	3	—	3
Totals	1348	1298	2646

The following table shows the results of the survey conducted in the year 1900.

Name of Island		Area in Acres		Population	
1. St. John's		100	100	100	100
2. St. Peter's		150	150	150	150
3. St. Paul's		200	200	200	200
4. St. James's		250	250	250	250
5. St. George's		300	300	300	300
6. St. Andrew's		350	350	350	350
7. St. Basil's		400	400	400	400
8. St. Nicholas		450	450	450	450
9. St. Demetrius		500	500	500	500
10. St. John the Baptist		550	550	550	550
11. St. John the Evangelist		600	600	600	600
12. St. John the Apostle		650	650	650	650
13. St. John the Virgin		700	700	700	700
14. St. John the Martyr		750	750	750	750
15. St. John the Confessor		800	800	800	800
16. St. John the Evangelist		850	850	850	850
17. St. John the Baptist		900	900	900	900
18. St. John the Virgin		950	950	950	950
19. St. John the Martyr		1000	1000	1000	1000
20. St. John the Confessor		1050	1050	1050	1050
21. St. John the Evangelist		1100	1100	1100	1100
22. St. John the Baptist		1150	1150	1150	1150
23. St. John the Virgin		1200	1200	1200	1200
24. St. John the Martyr		1250	1250	1250	1250
25. St. John the Confessor		1300	1300	1300	1300
26. St. John the Evangelist		1350	1350	1350	1350
27. St. John the Baptist		1400	1400	1400	1400
28. St. John the Virgin		1450	1450	1450	1450
29. St. John the Martyr		1500	1500	1500	1500
30. St. John the Confessor		1550	1550	1550	1550
31. St. John the Evangelist		1600	1600	1600	1600
32. St. John the Baptist		1650	1650	1650	1650
33. St. John the Virgin		1700	1700	1700	1700
34. St. John the Martyr		1750	1750	1750	1750
35. St. John the Confessor		1800	1800	1800	1800
36. St. John the Evangelist		1850	1850	1850	1850
37. St. John the Baptist		1900	1900	1900	1900
38. St. John the Virgin		1950	1950	1950	1950
39. St. John the Martyr		2000	2000	2000	2000
40. St. John the Confessor		2050	2050	2050	2050
41. St. John the Evangelist		2100	2100	2100	2100
42. St. John the Baptist		2150	2150	2150	2150
43. St. John the Virgin		2200	2200	2200	2200
44. St. John the Martyr		2250	2250	2250	2250
45. St. John the Confessor		2300	2300	2300	2300
46. St. John the Evangelist		2350	2350	2350	2350
47. St. John the Baptist		2400	2400	2400	2400
48. St. John the Virgin		2450	2450	2450	2450
49. St. John the Martyr		2500	2500	2500	2500
50. St. John the Confessor		2550	2550	2550	2550
51. St. John the Evangelist		2600	2600	2600	2600
52. St. John the Baptist		2650	2650	2650	2650
53. St. John the Virgin		2700	2700	2700	2700
54. St. John the Martyr		2750	2750	2750	2750
55. St. John the Confessor		2800	2800	2800	2800
56. St. John the Evangelist		2850	2850	2850	2850
57. St. John the Baptist		2900	2900	2900	2900
58. St. John the Virgin		2950	2950	2950	2950
59. St. John the Martyr		3000	3000	3000	3000
60. St. John the Confessor		3050	3050	3050	3050
61. St. John the Evangelist		3100	3100	3100	3100
62. St. John the Baptist		3150	3150	3150	3150
63. St. John the Virgin		3200	3200	3200	3200
64. St. John the Martyr		3250	3250	3250	3250
65. St. John the Confessor		3300	3300	3300	3300
66. St. John the Evangelist		3350	3350	3350	3350
67. St. John the Baptist		3400	3400	3400	3400
68. St. John the Virgin		3450	3450	3450	3450
69. St. John the Martyr		3500	3500	3500	3500
70. St. John the Confessor		3550	3550	3550	3550
71. St. John the Evangelist		3600	3600	3600	3600
72. St. John the Baptist		3650	3650	3650	3650
73. St. John the Virgin		3700	3700	3700	3700
74. St. John the Martyr		3750	3750	3750	3750
75. St. John the Confessor		3800	3800	3800	3800
76. St. John the Evangelist		3850	3850	3850	3850
77. St. John the Baptist		3900	3900	3900	3900
78. St. John the Virgin		3950	3950	3950	3950
79. St. John the Martyr		4000	4000	4000	4000
80. St. John the Confessor		4050	4050	4050	4050
81. St. John the Evangelist		4100	4100	4100	4100
82. St. John the Baptist		4150	4150	4150	4150
83. St. John the Virgin		4200	4200	4200	4200
84. St. John the Martyr		4250	4250	4250	4250
85. St. John the Confessor		4300	4300	4300	4300
86. St. John the Evangelist		4350	4350	4350	4350
87. St. John the Baptist		4400	4400	4400	4400
88. St. John the Virgin		4450	4450	4450	4450
89. St. John the Martyr		4500	4500	4500	4500
90. St. John the Confessor		4550	4550	4550	4550
91. St. John the Evangelist		4600	4600	4600	4600
92. St. John the Baptist		4650	4650	4650	4650
93. St. John the Virgin		4700	4700	4700	4700
94. St. John the Martyr		4750	4750	4750	4750
95. St. John the Confessor		4800	4800	4800	4800
96. St. John the Evangelist		4850	4850	4850	4850
97. St. John the Baptist		4900	4900	4900	4900
98. St. John the Virgin		4950	4950	4950	4950
99. St. John the Martyr		5000	5000	5000	5000
100. St. John the Confessor		5050	5050	5050	5050

The above table shows the results of the survey conducted in the year 1900.

The above table shows the results of the survey conducted in the year 1900.

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The above table shows the results of the survey conducted in the year 1900.

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—	3	14.3	—	—	—	—	—	—	13	5.3	7	17.9	4	4.0	60	16.0	87	3.3
1—	—	—	—	—	2	0.5	—	—	9	3.6	3	7.7	2	2.0	6	1.6	22	0.8
5—	—	—	—	—	1	0.3	2	0.1	1	0.4	1	2.6	3	3.0	5	1.4	13	0.5
15—	3	14.3	15	34.1	31	7.5	26	1.9	6	2.4	5	12.8	27	27.0	39	10.5	152	5.8
45—	8	38.1	19	43.2	143	34.7	209	14.8	44	17.8	5	12.8	27	27.0	72	19.4	527	19.9
65—	7	33.3	10	22.7	235	57.0	1174	83.2	174	70.5	18	46.2	37	37.0	190	51.1	1845	69.7
Totals ...	21	—	44	—	412	—	1411	—	247	—	39	—	100	—	372	—	2646	—

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

Districts	Average rate for the ten years		1945	1946	1947	1948	1949	1950	1951
	1931-40	1941-50							
Administrative County	51	39	43	37	40	32	30	26	28
Urban Districts..	50	40	41	36	40	36	25	23	30
Rural Districts..	53	39	46	38	40	29	34	29	26

There were 87 deaths of children under the age of 1 year in 1951, as compared with 83 in 1950, the infant mortality rate being 28 per 1,000 live births. The rate for England and Wales for 1951 was 30, the same as in 1950.

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

	Urban	Rural	Total
Whooping cough	—	1	1
Pneumonia	5	6	11
Bronchitis	—	1	1
Diarrhoea	4	3	7
Congenital malformations	6	11	17
Accidents	3	1	4
Other diseases and causes	27	19	46
Totals	45	42	87

INQUESTS

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

Cause of Death	East Riding District	Holderness District	Howdenshire District	Easington District	Totals for 1951	Totals for 1950
Natural Causes ...	9	3	1	2	15	16
Accidental Death.	43	3	2	5	53	67
Suicide	20	4	1	—	25	12
Found drowned ...	—	2	—	3	5	4
Other verdicts	3	—	—	1	4	9
Totals	75	12	4	11	102	108

Section 2.—Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE.

The fall in the attendances at Ante-natal clinics provided by the Council, which has been commented upon in previous reports, has continued. As a result, the clinic at Driffield was closed in September, 1951, and there are now only two County clinics functioning, one at Beverley and one at Hessle. At these two remaining clinics, the number of women attending has fallen considerably and at each there has been a reduction in the number of sessions held during the year.

Ante-natal examination clinics at the hospitals and maternity homes provided by the Regional Hospital Board have continued to be well attended by women expecting to be confined in these hospitals.

The domiciliary midwives paid 11,083 ante-natal visits to women who were being delivered in their own homes, an average of 10 ante-natal visits per patient.

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	36	53	67	195	3	5
*Driffield	18	17	20	52	3	3
Hessle	28	46	51	163	3	6
"The Avenue" Hospital, Bridlington	98	514	704	2209	3	23
East Riding General Hospital, Driffield.....	98	188	234	958	4	10
Westwood Hospital, Beverley	51	444	589	1824	3	36
Woodgates Maternity Home, North Ferriby	48	364	364	719	2	15
Totals.....	377	1626	2029	6120	3	16

*Closed during the year

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 continues to be held in Hessle. Facilities for post-natal examinations continued to be available at the Council's ante-natal and infant welfare clinics.

During the year, 320 patients attended post-natal clinics in the three hospitals and 59 were examined at the Council's clinics.

In addition, 2,009 women are reported as having had a post-natal examination by their own doctors through the National Health Service Maternity Services Scheme and 97 as the result of Medical Aid Notices issued by midwives.

MATERNAL MORTALITY.

There were three maternal deaths in the County during the year. The maternal mortality rate was 0.96 per 1,000 total births, whilst that for England and Wales was 0.79.

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. Twenty-two patients were admitted.

INFANT WELFARE CENTRES.

There has been a slight fall in the total number of attendances at the Infant Welfare Centres as compared with the figures for 1950. This was mainly due to the expected drop in the numbers of attendances of children between the ages of one and 5 years. The number of children under one year of age attending the centres during the year, however, showed a slight increase as compared with 1950, despite a fall in the total number of births during the year under review. New attendances of children under one year of age represented 52% of the registered live births in the County.

At the end of the year, 55 infant welfare centres were operating. During the year, new centres were opened at Hotham, Melbourne and Wold Newton, but the centres at Hutton Cranswick and the R.A.F. Station at Driffild had to be closed owing to poor attendances.

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

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

Centre	Frequency of Sessions	Number who attended		Attendances	
		Children under one	Children between one and five	Total	Average per session
Aldbrough (V)	Every 4 wks.	5	28	211	16
Anlaby	" 2 "	50	135	1062	41
Barlby	" 2 "	31	62	470	18
Beverley	Every week.	317	305	3967	81
Bilton	Every 4 wks.	16	46	322	25
Bishop Burton (V) ..	" 2 "	8	30	287	14
Brandesburton (V) ..	" 4 "	7	41	238	18
Bridlington	Twice weekly	150	359	4126	42
Brough	Every 2 wks.	24	76	730	29
Bubwith	" 4 "	10	54	300	23
Burton Pidsea	" 4 "	5	22	122	10
Cottingham	Every week.	106	272	3374	67
Driffield	" "	58	104	1194	24
*R.A.F., Driffield ..	Every 2 wks.	—	6	8	4
Dunnington	" 4 "	8	22	129	10
Elvington	" 4 "	11	26	153	12
Filey	" 2 "	38	58	726	30
Flamborough	" 2 "	10	34	348	13
Flixton	" 4 "	7	22	230	19
Fulford	Every week.	54	128	1627	33
Hedon	Every 4 wks.	31	62	445	37
Hessle	Every week.	144	254	3040	60
Holme	Every 2 wks.	16	61	618	24
Hornsea	" 2 "	42	98	969	37
†Hotham (V)	" 4 "	2	7	17	9
Howden	" 4 "	21	44	223	17
Hunmanby	" 2 "	15	45	506	24
*Hutton Cranswick..	" 4 "	—	6	8	4
Keyingham	" 4 "	10	33	190	15
Kilham	" 4 "	9	24	198	15
R.A.F., Leconfield (V)	" 4 "	15	36	263	20
Leven	" 4 "	14	30	230	18
Long Riston (V)	" 4 "	2	19	110	9
Market Weighton ...	" 2 "	22	85	769	29
†Melbourne	" 4 "	8	34	126	11
Middleton	" 4 "	10	25	247	18
Newport	" 4 "	17	31	189	15
North Cave (V)	" 2 "	22	66	692	27
North Ferriby	" 4 "	22	55	367	28
North Newbald	" 2 "	15	39	423	18
Norton	" 2 "	28	48	581	22
Patrington	" 4 "	16	47	301	23
Pocklington	" 2 "	29	64	714	27
Preston	" 4 "	18	71	377	31
Riccall	" 4 "	20	51	237	18
R.A.F. Riccall	" 4 "	5	36	141	11
Rillington	" 4 "	14	37	293	23
Sherburn	" 4 "	10	49	282	22
Skirlaugh	" 4 "	2	26	118	10
South Cave	" 4 "	10	36	216	17
Stamford Bridge ...	" 4 "	9	59	315	26
Walkington (V)	" 4 "	7	27	127	10
Warter	" 4 "	1	19	127	11
Weaverthorpe	" 4 "	8	30	178	14
Willerby	" 2 "	36	87	668	26
Withernsea	" 2 "	48	89	627	24
†Wold Newton	" 4 "	3	13	50	13
Totals		1616	3673	34666	—

†Opened during the year.

*Closed during the year.

DENTAL CARE.

The Chief Dental Officer reports as follows:—

Arrangements for the dental inspection and treatment of expectant and nursing mothers continued as before. Regular inspections were carried out only at Beverley, Bridlington and Hessle, but facilities for treatment were available for patients from any part of the County.

The introduction of a charge for dentures constructed under the National Health Service did not cause any increased demand for treatment from the County dental service.

The majority of the patients examined were found to be capable of being made dentally fit without multiple extractions and the construction of dentures, and many had the necessary treatment completed under the National Health Service arrangements through dentists in private practice. It was evident, especially among many of the younger expectant mothers examined, that dental treatment had been carried out at regular intervals.

The County Council does not have a dental laboratory and all mechanical work is done by a mechanic to the profession. Facilities for X-ray examination are available through the various hospitals serving the County.

Inspection and treatment was made available during the regular visits of the dental officers to the various schools. Invitations advising parents of the time to bring the children under school age for inspection were distributed by the school teachers, and the Health Visitors and School Nurses were also informed of the proposed visit of the dental officer to the school. The response, measured by the number of mothers bringing children, was disappointing and it is unfortunate that many children are not dentally inspected before commencing their school career. Many of the younger children inspected were remarkably free from dental decay and the treatment indicated, in most cases extraction of one or two aching or septic teeth, appeared to be the reason for their attendance.

Details of inspection and treatment given by the County Dental Officers are shown below:—

Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	295	188	65	61
Children under five	286	128	108	101

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	213	9	32	32	21	—	—	—	21	10
Children under five	174	33	68	20	2	—	10	—	—	—

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 1951, 119 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, 24 were born in private residences, 92 in Regional Hospital Board Hospitals and three in nursing homes.

Of those born in private residences, five were transferred to hospital, and one died within a week of birth.

CARE OF THE UNMARRIED MOTHER AND HER CHILD.

During 1951, although there were fewer illegitimate births, the number of mothers seeking help has shown an increase on the previous year. The Special Welfare Visitor has been kept fully occupied with the many human problems that this work entails, namely, in arranging hostel and hospital accommodation for the expectant mothers, placing their infants in nurseries, or with adoptive parents according to each individual need, and helping to trace the alleged fathers in order to obtain affiliation orders or maintenance grants. Situations are also found in certain circumstances for these girls with their offspring. Many require long periods of supervision and guidance before they return to a normal way of life.

The Hostel at Bridlington continues to supply a very real need. The majority of the girls when admitted feel the insecurity of their position intensely. All have expressed their full appreciation for the comfort and security the hostel has afforded them. A few girls have been maintained in diocesan homes.

Whenever possible, arrangements are made for mothers to keep their babies, but many instances occur where this is impossible. Under these circumstances, whilst adoption is considered the most permanent way of providing for the homeless child by supplying the continuity of care and close relationship on a family basis, it is true to say that further increased nursery accommodation would mean fewer adoptions and the natural mother in many cases would not be finally separated from her offspring.

During the year, 95 new cases were contacted and help was continued for 14 who had been first seen in 1950.

Of these cases, 98 have been completed as follows:—

Mothers returned home with child	69
Babies placed for adoption, mothers returned home	21
Mothers placed in residential work	4
Babies placed in nursery or foster homes	4

CHILD LIFE PROTECTION.

With the coming into operation of the Children Act on 5th July, 1948, the responsibilities for the duties previously carried out by the 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 140 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.

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

Visits to expectant mothers:	
First visits	436
Subsequent visits	11990
Visits to infants under 1 year of age:	
First visits	3380
Subsequent Visits	11990
Visits to children between 1 and 5 years of age	25962
Visits to tuberculosis cases	1297
Number of visits as child protection visitors	140

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	44
Number of Midwives	7
Number of Nurses	10
	—
Totals	61
	—

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

At the end of 1951, 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	9
(b) Property leased from County District Councils	18
(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	18
Number of nurses living in lodgings or with relatives	8
Number of nurses using cars provided by the County Council	33
Number of nurses using their own cars	22
Number of nurses using bicycles	6

The following table shows the work done by domiciliary nurses and midwives during 1951:—

District.	Domiciliary Nursing			Domiciliary		Midwifery	
	VISITS		New Cases	DELIVERIES		VISITS	
	Medic- al	Sur- gical		Mid- wife	Mat. Nurse	Ante- natal	Lying- in
Aldbrough	1685	30	61	11	3	83	311
{ Barlby	243	—	—	54	2	1055	1150
Riccall	1481	664	71	—	—	—	25
Beeford	1206	554	72	10	1	234	255
{ Beverley No. 1	191	73	20	36	4	283	775
Beverley No. 2	1957	452	103	11	8	115	294
Beverley No. 3	952	2082	207	—	—	—	—
Beverley No. 4	1169	—	8	28	8	533	733
Beverley No. 5	2943	620	210	2	1	40	63
Bishop Burton	1256	93	87	11	6	134	353
Brandesburton	1652	359	65	18	2	168	395
{ Bridlington No. 1	1604	80	82	—	—	—	—
Bridlington No. 2	1698	74	73	2	1	36	47
Bridlington No. 3	2082	376	131	—	—	6	17
Bridlington No. 4	2057	415	97	2	5	93	143
Bridlington No. 5	2293	660	166	9	1	69	182
Bridlington No. 6	1730	580	139	10	1	85	233
Cottingham No. 1	927	558	92	13	5	249	460
Cottingham No. 2	2533	558	160	—	—	5	1
Cottingham No. 3	993	1255	133	11	17	323	593
Cottingham No. 4	898	34	27	4	2	24	129
Hessle No. 1	2692	964	151	—	—	1	—
Hessle No. 2	622	596	39	27	5	287	589
Hessle No. 3	1046	1077	25	15	5	178	417
Hessle No. 4	508	409	33	13	16	456	589
Hessle No. 5	2410	464	115	—	—	—	—
Willerby No. 1	2036	118	111	16	1	221	321
Willerby No. 2	1908	431	96	—	—	—	28
Willerby No. 3	1906	248	118	10	5	161	345
Driffield No. 1	1125	504	40	12	14	166	498
Driffield No. 2	2230	641	66	—	—	—	—
Driffield No. 3	703	433	29	9	15	153	468
Escrick	555	372	81	34	4	375	652
Filey	1484	845	157	16	17	350	633
Fulford	1570	123	38	8	18	260	392
Hedon	3388	839	302	22	13	154	358
Holme	1006	250	61	27	6	282	722
Hornsea No. 1	1877	7	71	15	18	322	1021
Hornsea No. 2	692	172	32	10	7	197	412
Howden	359	68	23	31	7	367	787
{ Hunmanby	764	213	59	20	6	152	388
Weaverthore	1714	860	129	—	—	9	29
Market Weighton	734	99	38	12	6	223	446
Middleton	817	203	41	9	12	163	418
North Cave	1227	345	52	20	13	474	637
{ Norton No. 1	987	164	47	6	22	311	427
Norton No. 2	2762	891	57	3	11	96	294
Norton No. 3	2014	231	132	—	—	—	—
Patrington No. 1	1976	60	62	13	1	87	209
Patrington No. 2	1938	28	73	13	1	81	274
Pocklington	941	326	94	3	23	247	441
Rudston	1372	197	54	11	4	213	292
Sherburn	526	663	74	6	9	143	289
Skirlaugh	2081	279	91	4	1	93	213
South Cave	1257	173	48	18	1	150	301
Sutton on Derwent	496	209	48	4	7	91	233
Welton	1497	649	168	4	10	116	434
Westow	945	122	68	8	3	91	226
Wetwang	589	669	54	—	24	354	488
Wilberfoss	1664	182	98	9	14	216	413
Withernsea No. 1	1344	231	106	1	3	14	76
Withernsea No. 2	1144	178	53	14	7	294	423
Totals	88416	25050	5238	675	386	11083	21342

A comparison of the figures shown in this table with those of the previous year shows that there has again been a big increase in the amount of domiciliary nursing work. Visits paid to homes have increased by over 14,000 and the number of new cases to which the nurses were called during the year was 564 more than in 1950. Much of this work has again been in connection with the administration of injections of penicillin preparations ordered by general practitioners.

On the domiciliary midwifery side, the number of cases attended was 131 fewer than in 1950, and the number of ante-natal and lying-in visits were as a consequence reduced by just over 5,000 visits.

The percentage of domiciliary births for the County as a whole was 36% as compared with 40% in 1950. The varying percentages of domiciliary births in the various County districts can be seen from the following table:—

District.	Registered Total Births.	Domiciliary Births as Notified.	Percentage Domiciliary.
Beverley M.B.	252	97	38
Bridlington M.B.	328	37	11
Driffield U.D.	111	23	21
Filey U.D.	60	23	38
Haltemprice U.D.	482	181	38
Hedon M.B.	47	19	40
Hornsea U.D.	78	32	41
Norton U.D.	73	16	22
Withernsea U.D.	75	15	20
Aggregate of U.D.'s ..	1506	443	29
Beverley R.D.	299	86	29
Bridlington R.D.	125	39	31
Derwent R.D.	196	116	59
Driffield R.D.	175	79	45
Holderness R.D.	258	90	35
Howden R.D.	199	108	54
Norton R.D.	160	67	42
Pocklington R.D.	221	94	43
Aggregate of R.D.'s ..	1633	679	42
Total County	3139	1122	36

At the end of the year, 49 County domiciliary midwives and 2 midwives in private practice were suitably qualified to administer gas and air analgesia. During the year, 574 domiciliary cases were given gas and air at their confinements, i.e., 54% 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, 1,915 births were attended by midwives with no doctor in attendance at the time of birth, representing 65% of the births occurring in the County. Of the 1,122 domiciliary births, 675 were attended by midwives acting in that capacity, i.e., 60% as compared with 61% in 1950.

In all, 118 midwives have notified their intention to practise in the East Riding during 1951. At the end of the year, there were only 99 midwives in practice, 9 of whom were in private practice, 49 were domiciliary County midwives and 41 were employed in Homes and Institutions.

The following table shows the total number of cases attended during the year by 104 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	—	—	—	2	2
1—4	3	3	4	5	15
5—9	—	4	3	—	7
10—19	—	4	18	—	22
20—29	—	5	15	—	20
30—39	—	4	10	—	14
40—49	—	7	—	—	7
50—59	—	6	1	—	7
60—69	—	1	—	—	1
70—79	—	5	—	—	5
80—89	—	2	—	—	2
90—99	—	1	—	—	1
100 and over	—	1	—	—	1

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

	Private Practising Midwives.	Midwives in Institutions.	County Midwives.	Total.
Sending for medical help	—	98	97	195
Notification of death ...	—	16	1	17
Notification of stillbirth	—	29	14	43
Laying out dead body .	—	9	3	12
Liability to be a source of infection	—	10	12	22
Artificial feeding	—	71	56	127

The number of medical help forms received from midwives in domiciliary practice was equivalent to 14% 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 eighty vaccinations and two re-vaccinations were performed at Infant Welfare Centres.

The figure of 1,192 vaccinations among children under one year of age represents 39% of the live births during the same period. The average rate for the Urban areas was 37% and that for the Rural areas 40%.

District	No. of Live Births.	Primary Vaccinations						Re-Vaccination				
		Under 1	1 year	2 to 4	5 to 14	15 or over	Totals	Under 1	1 year	2 to 4	5 to 14	15 or over
Beverley M.B.	248	79	—	3	1	—	83	1	—	—	6	20
Bridlington M.B.	324	123	6	9	16	50	204	—	—	1	6	108
Driffield U.D.	110	37	—	2	4	4	47	—	—	2	1	29
Filey U.D.	58	16	1	1	—	2	20	1	—	—	—	9
Haltemprice U.D.	473	198	15	9	24	41	287	—	—	13	16	81
Hedon M.B.	44	14	—	—	1	1	16	—	—	—	—	2
Hornsea U.D.	76	27	—	2	—	3	32	—	—	2	1	16
Norton U.D.	72	22	3	—	—	7	32	—	—	—	—	5
Withernsea U.D.	73	37	1	5	2	9	54	—	—	1	2	28
Beverley R.D.	293	152	5	1	2	15	175	—	—	4	14	42
Bridlington R.D.	124	28	2	3	2	5	40	—	—	—	1	11
Derwent R.D.	194	95	—	3	7	6	111	—	1	4	1	42
Driffield R.D.	172	62	1	1	2	2	68	—	—	—	1	13
Holderness R.D.	250	84	4	6	2	5	101	—	1	1	4	23
Howden R.D.	195	88	1	—	—	3	92	—	—	1	2	11
Norton R.D.	159	64	2	2	1	2	71	—	—	—	1	14
Pocklington R.D.	214	66	3	7	5	12	93	—	—	—	5	14
Totals	307	1192	44	54	69	167	1526	2	2	29	61	468

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	1340	70	400
At Infant Welfare Centres or at Special Sessions	974	140	1996
Totals	2314	210	2396

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.	199	27	226	242
Bridlington M.B. ...	225	14	239	43
Driffield U.D.	48	—	48	2
Filey U.D.	71	—	71	69
Haltemprice U.D. ..	359	31	390	735
Hedon M.B.	29	1	30	168
Hornsea U.D.	56	21	77	29
Norton U.D.	52	—	52	5
Withernsea U.D. ...	67	1	68	82
Beverley R.D.	242	29	271	372
Bridlington R.D. ...	78	1	79	20
Derwent R.D.	158	1	159	32
Driffield R.D.	131	1	132	16
Holderness R.D.	225	27	252	499
Howden R.D.	106	53	159	8
Norton R.D.	50	1	51	9
Pocklington R.D. ...	218	2	220	65
Totals	2314	210	2524	2396

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, 1951.			Estimated Population under 15 years of age.	Percentage Immunised.
	under 5.	5—14.	Totals.		
Beverley M.B.	706	2330	3036	3476	87%
Bridlington M.B.	863	2159	3022	4994	61%
Driffield U.D.	223	932	1155	1474	78%
Filey U.D.	292	408	700	1102	64%
Haltemprice U.D.	1321	3914	5235	8100	65%
Hedon M.B.	119	362	481	488	99%
Hornsea U.D.	203	353	556	1121	50%
Norton U.D.	200	456	656	1081	61%
Withernsea U.D.	183	576	759	1062	71%
Beverley R.D.	762	1953	2715	4479	61%
Bridlington R.D.	300	652	952	2270	42%
Derwent R.D.	508	1453	1961	2953	67%
Driffield R.D.	433	1078	1511	2455	62%
Holderness R.D.	782	2209	2991	4495	67%
Howden R.D.	419	864	1283	2698	48%
Norton R.D.	299	530	829	1802	46%
Pocklington R.D.	653	1320	1973	3370	59%
Totals	8266	21549	29815	47420	63%

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 this protection shall be given at the same time as they are immunised against diphtheria.

During the year, 595 children received this dual protection and 39 children who had previously been immunised against diphtheria were given separate anti-whooping cough injections. In 577 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 10 ambulances (including six Daimler ambulances), and 11 "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-one drivers and attendants were employed on a whole-time basis.

A close liaison has continued with the ambulance departments of the various Local Health Authorities in the region.

In all, during the year a total of 44,483 "patients" were carried by the ambulance service, and the different types of case and the numbers in each category are shown in the following list:—

Accidents	1153
Acute Illness	797
Emergency Maternity	186
General Illness	3018
Maternity	603
Tuberculosis	66
Infectious Disease	193
Mental Illness	141
Inter-hospital Transfers	837
Hospital Discharges	3406
Out-patient attendances	34083
Total	44483

This figure of 44,483 does not represent the number of individuals who made use of the service, as one patient might, for instance, make several attendances for out-patient treatment at hospital and for each journey either to or from the hospital he would be counted as a patient carried for the purpose of the returns which have to be prepared. This basis for computing the number of patients carried was adopted from the beginning of 1951, and it is therefore not possible to compare the figures with those of previous years, as in those years a patient taken to hospital for treatment and returned home on the same day was only counted as one patient carried, and not as two, as is now the case.

Details of the work done by the various ambulance vehicles are shown in the following tables. For the reasons given above, it is not possible to compare these figures with those of previous years, except as regards the total mileage, which, when compared with the 1950 figures, shows a decrease in ambulance mileage of 10,560 miles and an increase in sitting-case vehicles' mileage of 29,552 miles—a net increase for the service as a whole of just under 19,000 miles.

Station.	Journeys.	Patients.	Mileage.	Average mileage per journey.	Average mileage per patient.
<i>Ambulances.</i>					
Beverley	1335	2846	34993	26.2	12.3
Bridlington	1728	3605	36839	21.3	10.2
Driffield	1052	3081	14928	14.2	4.8
Hessle	1172	3869	28978	24.7	7.5
Pocklington	596	2985	27920	46.8	9.4
Withernsea	374	1100	20352	54.4	18.5
Brough St. John. Cottingham	445	758	14379	32.3	19.0
St. John ...	128	174	1464	11.4	8.4
Filey St. John ..	801	2296	24278	30.3	10.6
Hornsea St. John	392	671	10509	26.8	15.7
Hull St. John ...	87	104	1578	18.1	15.2
Market Weighton Red Cross	160	274	6194	38.7	22.6
Howden Red Cross ...	272	981	16617	61.1	16.9
W.R., Selby	802	1928	33981	42.4	17.6
N.R., Malton ...	723	1517	13348	18.5	8.8
York C.B.	367	673	4981	13.6	7.4
Hull C.B.	88	98	789	9.0	8.1
Other Authorities ..	5	6	318	63.6	53.0
Totals ...	10527	26966	292446	27.8	10.8
<i>Sitting Case Cars.</i>					
Beverley	1267	2999	41390	32.7	13.8
Bridlington	547	1452	26066	47.7	18.0
Driffield	996	3156	22167	22.3	7.0
Hessle	101	443	2960	29.3	6.7
Pocklington	699	3415	35155	50.3	10.3
Weaverthorpe ...	290	939	12668	43.7	13.5
Withernsea	428	1554	25130	58.7	16.2
Hull C.B.	14	20	156	11.1	7.8
York C.B.	131	248	2093	16.0	8.4
Voluntary Car Pool	1040	2352	34873	33.5	14.8
N.R. Malton	455	925	10442	22.9	11.3
Other Authorities ...	6	6	806	134.3	134.3
Total for sitting Case Cars	5974	17509	213906	35.8	12.2
Grand Total ..	16501	44475	506352	30.7	11.4

In addition 8 patients were transported by train.

DOMESTIC HELP SERVICE.

At the end of the year, there were 99 part-time domestic helps on the panel, of whom three were on the "retained" list. This number compares with 81 at the end of 1950. Actually, 48 new helpers were enrolled, but 30 workers resigned during the year for various reasons.

During the year, 351 cases were attended—133 being confinement cases, 213 cases of general illness and 5 of tuberculosis.

CARE AND AFTER-CARE.

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

The medical loan service continued to be operated on behalf of the County Council by the British Red Cross Society, who had at the end of the year a total of 43 Depôts in the County. During the year, 1,190 articles were loaned under this arrangement. 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.

Apart from 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. Four members of the Council's headquarters 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 employers 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.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Mental Defectives.*

All mental defectives residing in the County who are under Statutory Supervision, or licensed 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 worker. 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.

The club in Bridlington for mental defective children, run by the Women's Voluntary Service, was closed during the year. The results had been good and it is regrettable that the club had to be closed, but the attendances had fallen largely on account of lack of co-operation by parents.

(b) *Mental Deficiency Acts, 1913—1938.*

The number of mental defectives under the care of the Council on the 31st December, 1951, was as follows:—

	Male.	Female.	Totals.
Statutory Supervision	147	117	264
Voluntary Supervision	7	5	12
Guardianship	2	1	3
Licence	4	5	9
	<hr/> 160	<hr/> 128	<hr/> 288

The majority of mental defectives are, of course, ascertained through the School Medical Service, but it sometimes happens that particulars of alleged mental defectives (other than school children) are obtained from a variety of sources, e.g., police, relatives, medical practitioners, and through the Council's general welfare service.

During the year, 45 persons were ascertained to be mental defectives within the meaning of the Acts, and of these, 40 were placed under statutory supervision and five admitted to institutions.

Nine cases were on licence from institutions and two cases under guardianship orders. At the end of the year, there were 16 defectives, 13 of whom were children, awaiting admission to certified institutions.

(c) 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	48
" Voluntary " patients	18
" Temporary " patients	1
	— 67

Other cases

Alleged mental patients admitted to approved	
General Hospitals (3 day orders)	42
Cases in which advice only given	50
	— 92
	<hr/> 159 <hr/>

(d) The psychiatric social worker is now employed full-time within the County and increasing use has been made of her services. Two days a week of her time are allotted to child guidance clinic work for the Education Committee, two days for work at 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 social 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

Ex-servicemen	10
Broadgate Hospital	37
General practitioners	3
Other mental hospitals	5
Voluntary bodies	2
County Medical and Welfare Services	4

REGISTRATION OF NURSING HOMES.

No new certificates of registration were issued during the year. At the end of the year there were four homes registered providing beds as follows:—

Medical and surgical	22
Maternity	25

Three hundred and eighty-six patients were admitted to these homes during the year, 328 of whom were maternity cases, whilst 15 were medical, 42 convalescent or chronic, and one orthopædic.

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 five daily minders, are registered.

During the year, three new daily minders were registered and one registration was cancelled on removal of the person concerned from the area.

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:—

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) *Domiciliary 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.

When the Act became operative, the Council were 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

Under an arrangement with the Regional Hospital Board, the Council directly administer the non-sick portion of the East Riding General Hospital at Driffield, which hospital, of course, is the property of the Board. The number of beds available there during the year was reduced on account of overcrowding to 79. The Council 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, etc.

During the year, the following new establishments were opened, providing accommodation as stated:—

"Langholm," Beverley	21 beds
"Clovelly," Withernsea	10 beds

Two further Homes at Bridlington and Stamford Bridge were rapidly nearing completion at the end of the year. Other Homes will be opened when available and according to need.

The limited number of beds available are constantly occupied and as it has not been possible to meet all demands for residential accommodation, admission has to be determined according to individual circumstances. This results in a fairly lengthy waiting list and in those cases where it is not possible to provide accommodation immediately, every effort is 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, some of which are "specialist" Homes catering for certain cases, e.g., epileptics.

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 in Council owned and other properties, for which purpose limited stocks of bedding, etc., are maintained.

DOMICILIARY 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's arrangements 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, have been continued. This service was extended during the year to cover partially sighted persons.

BLIND.

On the 31st December, 1951, 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 311 blind persons in the County (151 males and 160 females). In comparison, there were 314 persons (152 males, 162 females) on the register at the 31st December, 1950.

Under the arrangements made with the Blind Institute, certain approved blind workers are employed in the workshops of the Blind Institute, the County Council continuing to accept responsibility for the augmentation of the wages of such workers. In addition, there are a small number of approved blind "home workers" whose earnings are augmented by the Council. There were 18 approved workshop employees and 3 approved "home workers" at the end of the year.

As mentioned in previous reports, the Council receive a grant from the Ministry of Labour in respect of the expenditure on augmentation of wages of workshop employees and now also receive a small annual grant in respect of administrative expenses incurred in connection with approved home workers.

OTHER HANDICAPPED PERSONS.

In 1948, the Government appointed an Advisory Committee to consider problems relating to the welfare of classes of substantially and permanently handicapped persons (other than blind and partially sighted). The report of the Advisory Committee was received by the Council at the end of the year, but it was not possible to implement any of the suggestions contained therein during 1951. The matter is being pursued, however, and 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 proceeding with the 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 services

(if any) will be necessary. Where an immediate 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.

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 registration of Homes for disabled or old persons maintained by private individuals or voluntary organisations. There are few such establishments in the Riding.

PROTECTION OF PROPERTY.

(a) *Temporary protection.*

When a person is admitted to a hospital or to any residential accommodation provided 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 safeguard 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 (in appropriate cases) takes steps to apply for 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 accept responsibility for the affairs of the patient, and thus obviate the necessity for the Council's officer taking any action.

S. J. PARTRIDGE,

County Welfare Officer.

Section 3. — Sanitary Circumstances of the Area.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL.

A total of 581 samples of water were submitted by officers of the various District Councils for bacteriological examination and fifty-one for chemical analysis.

Of the 581 samples submitted, 143 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 1951, the following schemes of sewerage and sewage disposal and water supply were considered by the County Council, and in each case it was possible to inform the District Council concerned that it was not desired to offer any observations for the purpose of Section 2 (2) of the Rural Water Supplies and Sewerage Act, 1944:—

Bridlington Corporation	Water supply scheme—Fordon.
Driffield U.D.C.	Sewerage and sewage disposal scheme—Urban District of Driffield.
Haltemprice U.D.C.	Water main extension—North Moor Lane, Cottingham.
Withernsea U.D.C.	Sewerage and sewage disposal scheme—Withernsea and adjoining parts of Holderness Rural District.
Beverley R.D.C.	Water supply to farms in the Bishop Burton area.
Beverley R.D.C.	Water supply schemes—Leven, Skidby and Weel.
Bridlington R.D.C.	Sewerage scheme—Flamborough (Hartendale Area).
Driffield R.D.C.	Sewerage and sewage disposal schemes—Langtoft, Beeford, North Dalton and Hutton Cranswick.
Driffield R.D.C.	Scheme for the augmentation of water supplies in the Rural District.
Holderness R.D.C.	Sewerage and sewage disposal scheme—Patrington.
Holderness R.D.C.	Amended sewerage and sewage disposal scheme—Preston (rendered necessary by erection of new County Secondary School).
Norton R.D.C.	Sewerage and sewage disposal scheme—Rillington.

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

Beverley R.D.C.	Contribution of £7,500 towards the cost of a sewerage and sewage disposal scheme for Molescroft.
Bridlington R.D.C.	Contribution of £500 towards the cost of a sewerage scheme for the Flamborough Head Area.

In the case of the following schemes, 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 District Councils concerned:—

Beverley R.D.C.	Water supply scheme—Weel.
Beverley R.D.C.	Water supply scheme—Hull Bridge Road area of Tickton.
Pocklington R.D.C.	Water main extension—Kirby Underdale.

PUBLIC HEALTH ACT, 1936.

During 1951, the County Council received an application from the Beverley Rural District Council for a contribution under Section 307 of the Public Health Act, 1936, towards the cost of a sewerage and sewage disposal scheme for the Ferriby High Road area of Swanland. It was decided to make a contribution of £3,000 towards the cost of the scheme subject to the amount of the contribution being reviewed in the light of the actual cost of the work.

Consideration of an application by the Filey Urban District Council for a contribution under Section 307 of the Public Health Act, 1936, towards the cost of a sewerage and sewage disposal scheme for Filey was deferred until such time as information is available as to the net cost of the scheme to the Urban District Council.

The County Council were unable to see their way to make a capital contribution to the Haltemprice Urban District Council in respect of joint main drainage scheme for West Hull and Haltemprice, but stated that they were prepared to consider the position each year in the light of the financial burden on the Urban District Council.

HOUSING.

The number of houses completed during 1951 was 1,039—865 by the District Councils and 174 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 1951.

District.	Houses Completed.			In course of Erection.	
	Council.		Private Enterprise.	Council. Perm.	Private Enterprise.
	Temp.	Perm.			
M.B.	75	340	85	76	10
h M.B.	100	287	239	58	8
B.	—	64	29	14	—
D.	—	76	26	—	7
.....	—	112	41	43	4
ce U.D.	—	654	285	164	33
U.D.	15	242	73	40	8
D.	6	188	8	8	5
h U.D.	50	116	17	14	6
C.D.	51	390	133	10	15
h R.D.	—	216	38	31	2
C.D.	—	249	99	36	7
D.	—	166	43	10	4
R.D.	23	372	84	84	7
D.	—	250	45	4	6
O.	—	231	32	29	1
h R.D.	45	382	77	22	6
Totals	365	4335	1354	643	129

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, 1952

Almond cake marzipan	1	Jelly, table	2
Almond paste	1	Lard	3
Almonds, ground	4	Lemon curd	3
Baking powder	1	Lemon juice	1
Beer	2	Meat paste	4
Biscuits (Milk Chocolate Crackers)	1	Meat Pies (informal)	28
Biscuits	2	Meat pie	1
Black pudding	1	Milk	247
Bread	1	Milk (informal)	1
Butter	3	Milk, "Appeal to Cow"	2
Candied peel	1	Mincemeat	4
Chicken broth, concentrated .	1	Non brewed condiment (informal)	1
Coffee	3	Orange curd	2
Coffee flavoured beverage	1	Pea soup, canned (informal)	1
Confectionery (sweets)	3	Pineapple rings, dehydrated..	1
Cornflour	1	Pineapple in syrup, crushed..	1
Crab paste	1	Pork Pie	1
Cream, single	1	Rhubarb in syrup	1
Cream, double (informal) ...	1	Rum	2
Cream, synthetic	3	Sausages, beef	17
Cream, powder, synthetic	1	Sausages, pork	8
Curd	1	Sausage meat, beef	2
Fish Cakes	2	Sausage meat, pork	2
Flour, self-raising	1	Sausage meat, pork (informal)	1
Food drink	1	Soft drink	1
Gelatine	1	Suet, beef	1
Gin	1	Stout, oatmeal	1
Glace cherries	2	Vinegar, malt	4
Honey	4	Whisky	2
Honey butter	1		
Honey spread	1		
Ice cream	28	Total	422

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

Article.	No. of samples.	Remarks.
Cream, double (Informal) ..	1	No action.
Curd	1	No action.
Ice Cream	1	Caution.
Jelly, table	1	No action.
Meat Pies (Informal)	4	No action.
Milk	8	3 Legal proceedings—2 convictions, 1 conditional discharge. 2 Cautions. 3 No action.
Sausages, beef	3	2 Legal proceedings—1 conviction. 1 procedure bad—no evidence offered. 1 Caution.
Sausages, pork	2	1 Legal proceedings—conviction. 1 No action.
Sausage, pork (Informal) ...	1	No action.

Total amount of penalties, including costs, £21 7s. 0d.

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	61	44	17	—	—
Pasteurised or heat-treated	143	133	10	139	4

Fifty-eight samples of school milk (52 raw and 6 heat-treated) were examined biologically for the presence of tubercle bacilli. Fifty-six samples were reported as negative and in the remaining 2 cases the guinea pigs died before the test was completed.

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, 281 samples (including samples of heat-treated milk taken from schools) were obtained from all sources and 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	185	177	8	180	5	—	—
Bridlington Borough ..	53	42	1	43	—	10	—
Driffield U.D.	3	2	—	2	—	1	—
Filey U.D.	26	26	—	24	2	—	—
Norton U.D.	12	11	1	12	—	—	—
Derwent R.D.	2	2	—	2	—	—	—

*Sterilised milk only.

Fifteen of the above samples were examined biologically with negative results.

HOSPITAL MILK SUPPLIES.

Forty-five 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. Forty-three samples passed the test and two failed.

Twenty-four of the samples were examined for the presence of tubercle bacilli and brucella abortus. Nineteen of the samples were reported as negative and in the remaining 5 cases the guinea pigs died before the tests were completed.

BIOLOGICAL EXAMINATIONS.

Ninety-two samples of undesignated milk were obtained by officers of the County Council and examined biologically for the presence of tubercle bacilli. Eighty-four of the samples proved negative and in the remaining 8 cases the guinea pigs died before the examination could be completed.

In addition to the above samples, 200 samples were taken by County District Councils for the presence of tubercle bacilli. One hundred and eighty-seven proved negative, 5 were positive, and in the remaining eight cases the guinea pigs died before the examination was completed. Appropriate action was taken to secure the slaughter of the infected animals in those cases where positive results were reported.

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.
Attested and Tuberculin Tested Herds	322	17,172
Accredited Herds	94	2,048
Non-Designated Herds	1,269	14,888
Number of confirmed cases of tuberculosis during the year, 40. (The above figure includes 27 cases of tuberculosis of the udder.)		

The decrease in the number of inspections of non-designated herds as compared with 1950 is due largely to the suspension of inspections in cases where it is known that the milk is adequately heat treated.

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 2,571, compared with 2,360 in 1950. There were two deaths from the disease.

ENTERIC FEVER.

Seven cases of enteric fever were reported in 1951.

SCARLET FEVER.

One hundred and five cases of this disease were notified during the past year, compared with 201 in the previous year.

DIPHTHERIA.

There was only one notification of this disease and no deaths during the year 1951.

ACUTE POLIOMYELITIS.

Eight cases of poliomyelitis and one case of poliomyelitis were notified. No deaths were reported. The cases were widely scattered throughout the County.

PUERPERAL PYREXIA.

Thirteen women were reported during the year to be suffering from puerperal pyrexia. Nine cases occurred in Maternity Homes, and four in cases confined at home.

OPHTHALMIA NEONATORUM.

No infants were notified as suffering from ophthalmia neonatorum during 1951.

MENINGOCOCCAL INFECTION.

Two cases were notified, compared with four in the previous year. There was one death.

TUBERCULOSIS.

Under the 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's scheme includes a provision for B.C.G. vaccination against tuberculosis, and during the year the various chest physicians have reported that they have vaccinated 27 cases. It is to be hoped that this service will be extended considerably in the future.

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, and with nursing equipment as required. No charges are made for any of these provisions.

Reference is made in my report as School Medical Officer on a special investigation carried out at the Eastington School, where a teacher had been found to be suffering from pulmonary tuberculosis.

NEW CASES AND MORTALITY.

One hundred and twenty-seven (107 pulmonary and 20 non-pulmonary) new cases of tuberculosis were notified during the year, and, in addition, 31 cases came to notice otherwise than by formal notification. The total number of cases notified in the County shows an increase of 6 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, 1950	448	354	100	128	1030
Added to the Registers:—					
(a) Cases notified for the first time during the year	53	51	4	12	120
(b) Un-notified cases brought to notice otherwise than by formal notification	15	16	6	6	43
Removed from the Registers on account of death, change of address, etc.	53	21	7	8	89
Number of cases on the Registers at 31st December, 1951	463	400	103	138	1104

The number of deaths ascribed to all forms of tuberculosis as returned by the Registrar-General was 44, compared with 50 in 1950. Thirty-nine of the deaths were certified as due to pulmonary tuberculosis, and 5 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:—

periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
.....	—	—	—	—	—	—	—	—
.....	—	—	1	5	—	—	—	—
5	2	2	4	2	—	—	—	—
5	37	53	2	9	4	9	1	1
5	22	8	1	2	15	1	3	—
and upwards	7	1	—	—	7	3	—	—
Totals	68	64	8	18	26	13	4	1

The pulmonary death rate was .18 per 1,000 of the population, compared with .20 in the previous year. The non-pulmonary death rate was .02, compared with .04 in 1950. 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.		1944	1945	1946	1947	1948	1949	1950	1951
	1931-40	1941-50								
Administrative County	0.40	0.36	0.42	0.27	0.28	0.34	0.23	0.30	0.20	0.18
Urban Districts..	0.48	0.44	0.53	0.43	0.36	0.41	0.26	0.29	0.20	0.18
Rural Districts..	0.34	0.29	0.33	0.31	0.19	0.28	0.20	0.31	0.20	0.18

OTHER FORMS OF TUBERCULOSIS.

District.	Average rate for the ten years.		1944	1945	1946	1947	1948	1949	1950	1951
	1931-40	1941-50								
Administrative County	0.12	0.10	0.12	0.13	0.07	0.06	0.08	0.05	0.04	0.03
Urban Districts..	0.11	0.10	0.12	0.10	0.07	0.07	0.12	0.05	0.04	0.03
Rural Districts..	0.12	0.09	0.11	0.15	0.06	0.06	0.04	0.05	0.04	0.03

TABLE I.

Cases of Infectious Disease Notified during
the year 1951.

Notifiable Disease.	Urban Districts.	Rural Districts.	Adminis- trative County.
Scarlet Fever	65	40	105
Diphtheria (including Membranous Croup)	1	—	1
Enteric Fever	4	3	7
Puerperal Pyrexia	8	5	13
Erysipelas	14	13	27
Ophthalmia Neonatorum	—	—	—
Meningococcal Infection	1	1	2
Acute Poliomyelitis	3	5	8
Acute Polio Encephalitis	1	—	1
Measles	1018	1553	2571
Pulmonary Tuberculosis	65	67	132
Other forms of Tuberculosis	12	14	26
Pneumonia	157	89	246
Chicken Pox	94	—	94
Whooping Cough	228	251	479
Dysentery	35	5	40
Malaria	—	—	—
Food Poisoning	3	—	3
Totals	1709	2046	3755

TABLE II.

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

DISEASE.	Totals.	TOTAL CASES NOTIFIED IN EACH DISTRICT.							
		Beverley.	Bridlington.	Driffeld.	Filey.	Haltemprice.	Hedon.	Hornsea.	Norton.
Scarlet Fever	65	14	11	2	5	25	1	...	2
Diphtheria	1	...	...	...	...	1	...	...	...
Enteric Fever	4	...	1	...	1	...	...	...	...
Puerperal Pyrexia	8	6	...	...	...	1	...	...	...
Erysipelas	14	3	6	...	1	3	...	...	...
Ophthalmia Neonatorum .....	...	...	...	...	...	...	...	...	...
Measles	1018	259	141	168	17	269	30	5	103
Pulmonary Tuberculosis	65	9	15	4	2	25	3	3	1
Other forms of Tuberculosis	12	3	2	1	...	4	1	...	1
Pneumonia	157	12	98	6	7	28	...	4	...
Chicken Pox	94	...	...	...	...	94	...	...	...
Whooping Cough	228	23	37	7	18	129	...	...	1
Acute Poliomyelitis	3	...	...	...	...	3	...	...	...
Acute Polio Encephalitis	1	...	...	...	...	1	...	...	...
Dysentery	35	2	5	...	1	25	...	...	...
Food Poisoning	3	...	...	...	...	3	...	...	...
Meningococcal Infection	1	...	...	...	...	...	...	...	1
Totals	1709	331	316	188	52	611	35	12	109

TABLE III.

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

DISEASE.	Totals.	TOTAL CASES NOTIFIED IN EACH DISTRICT.							
		Beverley.	Bridlington.	Derwent.	Driffield.	Holderness.	Howden.	Norton.	Pocklington.
Scarlet Fever	40	6	...	7	1	13	3	9	1
Diphtheria .....	...	...	...	...	...	...	...	...	...
Bacterial Fever	3	1	...	...	...	1	...	...	1
Intermittent Pyrexia	5	4	...	...	...	...	1	...	...
Erysipelas	13	2	1	1	2	4	2	...	1
Ophthalmia Neonatorum .....	...	...	...	...	...	...	...	...	...
Measles	1553	296	37	279	112	217	269	96	247
Pneumonia .....	...	...	...	...	...	...	...	...	...
Other forms of Tuberculosis	67	7	3	10	2	9	16	7	13
Tuberculosis	14	2	1	2	...	4	...	2	3
Pneumonia	89	19	16	10	12	14	9	3	6
Rocky Mountain Pox .....	...	...	...	...	...	...	...	...	...
Whooping Cough	251	40	6	38	12	71	27	19	38
Acute Poliomyelitis	5	1	1	1	...	...	1	...	1
Acute Polioencephalitis .....	...	...	...	...	...	...	...	...	...
Dysentery	5	4	...	...	1	...	...	...	...
Diphtheritic Infection	1	...	...	...	...	...	1	...	...
Malaria .....	...	...	...	...	...	...	...	...	...
Food Poisoning .....	...	...	...	...	...	...	...	...	...
Totals	2046	382	65	348	142	333	329	136	311

TABLE IV

Vital Statistics for the Administrative County and for the several Urban and Rural Districts in the Riding during the Year 1951

DISTRICTS.	POPULATION.		BIRTHS AND DEATH RATES FROM VARIOUS CAUSES PER 1,000 OF THE POPULATION.																		STILLBIRTHS.		DEATHS OF CHILDREN UNDER 1 YEAR OF AGE.	
	Census, 1951.	Estimated 1951 mid-year.	Live Births.		Illegitimate Live Births.		Deaths.		Principal Epidemic Diseases.		Pulmonary Tuberculosis.		Other forms of Tuberculosis.		Respiratory Disease.		Heart Disease.		Cancer.					
			No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate per 1,000 total births.	No.	Rate per 1,000 live births.
Administrative County	211,732	212,900	3,079	14.5	153	7	2,646	12.4	9	0.4	39	18	5	0.2	198	0.93	897	4.21	412	1.94	60	19.1	87	25.3
Municipal Boroughs and Urban Districts	104,797	104,900	1,478	14.1	75	7	1,439	13.7	6	0.6	26	25	3	0.3	95	0.91	515	4.91	223	2.13	28	18.6	45	30.4
Beverley M.B.	15,499	15,270	248	16.2	20	1.3	198	13.0	1	0.7	2	1.3	—	—	18	1.18	66	4.32	27	1.77	4	15.9	5	20.2
Bridlington M.B.	24,767	24,750	324	13.1	18	7	424	17.1	2	0.8	9	36	—	—	27	1.09	176	7.11	64	2.59	4	12.2	9	27.8
Driffield U.D.	6,888	6,843	110	16.1	3	4	98	14.3	—	—	1	15	—	—	9	1.32	38	5.55	19	2.78	1	9.0	5	45.5
Filey U.D.	4,764	4,697	58	12.4	1	2	84	17.9	—	—	2	43	—	—	3	0.64	34	7.24	13	2.77	2	33.3	1	17.2
Haltemprice U.D.	35,649	36,290	473	13.0	15	4	370	10.2	3	0.8	4	11	3	0.8	16	0.44	126	3.47	65	1.79	9	18.7	19	40.2
Hedon M.B.	1,991	1,994	44	22.1	5	2.5	33	16.6	—	—	2	1.0	—	—	4	2.01	13	6.52	—	—	3	63.8	3	68.2
Hornsea U.D.	5,324	5,245	76	14.5	2	4	89	17.0	—	—	2	38	—	—	8	1.53	21	4.00	17	3.24	2	25.6	1	13.2
Norton U.D.	4,814	4,788	72	15.0	2	4	64	13.4	—	—	—	—	—	—	5	1.04	27	5.64	7	1.46	1	13.7	—	—
Withernsea U.D.	5,101	5,023	73	14.5	9	1.8	79	15.7	—	—	4	80	—	—	5	1.60	14	2.79	11	2.19	2	26.7	2	27.4
Rural Districts	106,935	108,000	1,601	14.8	78	7	1,207	11.2	3	0.3	13	12	2	0.2	103	0.95	382	3.54	189	1.75	32	19.6	42	26.2
Beverley R.D.	21,294	20,980	293	14.0	6	3	169	8.1	—	—	3	14	1	0.5	17	0.81	57	2.72	34	1.62	6	20.1	5	17.1
Bridlington R.D.	8,869	9,185	124	13.5	8	9	122	13.3	—	—	3	33	—	—	5	0.54	35	3.81	27	2.04	1	8.0	1	8.1
Derwent R.D.	12,919	13,040	194	14.9	7	5	142	10.9	—	—	1	0.7	—	—	20	1.53	49	2.76	20	1.33	2	10.2	8	41.2
Driffield R.D.	11,160	11,180	172	15.4	9	8	127	11.4	1	0.9	1	0.9	—	—	5	0.45	45	4.03	15	1.34	3	17.1	1	5.8
Holderness R.D.	19,103	19,060	250	13.1	10	5	217	11.4	2	1.0	2	10	—	—	18	0.94	65	3.41	26	1.36	8	31.0	5	20.0
Howden R.D.	11,723	11,570	195	16.9	17	1.5	147	12.7	—	—	2	17	—	—	15	1.30	39	3.37	26	2.25	4	20.1	4	20.5
Norton R.D.	7,692	7,575	159	21.0	12	1.6	96	12.7	—	—	1	13	—	—	10	1.32	30	3.96	15	1.98	1	6.3	7	44.0
Pocklington R.D.	14,265	15,410	214	13.9	9	6	187	12.1	—	—	—	—	1	0.6	13	0.84	62	4.02	26	1.69	7	31.7	11	51.4

TABLE V.

Vital Statistics of Whole District during 1951, 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.
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
1951	212,900	3079	14.5	87	28	2646	12.4

TABLE VI.

Rainfall Returns, 1951.

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	31.15	158	25.56
Osgodby	29 „	Mrs. W. V. Hescock ...	30.47	174	23.19
Withernsea	31 „	The Surveyor... ..	18.05*	*93	—
North Cave	35 „	Col. W. H. Carver	30.56	155	26.18
Hornsea	35 „	Mr. H. Wilkinson	27.07	167	—
Bridlington	60 „	Mr. A. J. Booker	29.78	245	—
Lowthorpe	63 „	Mr. J. Tate	31.97	186	25.33
Scampston	100 „	Mr. F. Ironside	30.13	170	25.49
Dalton Holme ...	150 „	Mr. W. F. Cullen	32.96	167	27.82
Beverley (E.R. Mental Hospital)	175 „	Medical Superintendent	27.64	146	24.92
Birdsall	304 „	Mr. James Anderson...	36.95	187	28.91

*Returns for 8 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

for the

YEAR ENDED 31st DECEMBER, 1951

REPORT OF THE SCHOOL MEDICAL OFFICER

*To the Chairman and Members of the
Education Committee.*

I beg to submit my report on the work of the School Medical Department for the year 1951.

The work of the department has again continued steadily throughout the year. Further progress has been made in decentralising the administration of the service and by the end of the year arrangements had been completed for the routine school medical work for the Howdenshire Health Division of the County to be taken over by the Divisional Medical Officer for that Division working from offices which had been provided at the School Clinic at Pocklington.

Routine and special medical examinations have been carried out at all the schools in the County during the year, but failure to recruit additional dental officers has again resulted in reducing the amount of dental work which it has been possible to undertake for the school children in the County, and this year it has only been possible to inspect 60% of the children attending the schools. Another service which has suffered is that of speech therapy. As it was not possible to fill either of the two vacancies for the posts of Speech Therapists, no services have been provided during the year.

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

R. WATSON,

School Medical Officer.

May, 1952.

GENERAL STATISTICS

Number of Primary Schools	208
Number of pupils on Primary School Registers	22,308
Number of Secondary Schools in the administrative County	11
Number of pupils on Secondary School Registers ...	5,293

MEDICAL INSPECTIONS

It has been possible to carry out 258 medical inspections in primary schools and eleven in secondary schools during the year.

		Number of defects found to require Treatment.	Observation.
Routine examinations.			
Entrants	3439		
Second Age Groups	2438		
Third Age Groups	2113		
Other routine examinations ..	304		
Total routine examinations	8294	743	3492
Special examinations and re-inspections	4879	625	2894
Total examinations	13173		

GENERAL CONDITION

Results show that a high standard of nutrition is being maintained. Out of 8,294 children examined for classification, 99.37% are marked good or fair as regards nutrition and 0.63% as poor. These percentages show a further improvement on those found in previous years.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

During the year 611 children were found at medical inspections to be in need of treatment for eye defects as compared with 857 in 1950. In addition, 1,537 children were found to need to be kept under observation for these defects. Many of these were children who had received glasses and who were already being kept under observation at the various refraction clinics.

The refraction clinic service is staffed by a specialist officer of the Regional Hospital Board, but, I am pleased to say, all children are seen in clinic premises provided by the Education or Health Authority and are only referred to hospitals if the conditions from which they are suffering are such as can only be dealt with at a hospital.

These refraction clinics are held at Beverley three times a month, at Bridlington twice a month, and at Barlby, Driffield, Fulford, Hessle, Norton, Pocklington and Withernsea once a month. At these clinics 1,733 children were examined during the year, making 1,911 attendances in all. Many of these children were those to whom reference has already been made who were attending for re-examination to ascertain whether glasses previously prescribed were still suitable or needed alteration, and those suffering from squint who needed to be kept under regular supervision.

Glasses were prescribed either initially or as alterations in 756 cases and 696 children are known during the year to

have obtained glasses. The rather complicated procedure which now has to be adopted by parents to obtain spectacles for their children means that often some considerable time elapses before the various Hospital Management Committees serving the County are in possession of the information that spectacles have been provided, and a further delay occurs before this information reaches the School Medical Department. Steps have been taken during the year to try to improve the arrangements for the passing on of this information so that follow-up enquiries can be instituted where necessary without undue delay in those cases where it appears that parents have failed to carry out the advice given at the clinics. As the basic principles controlling the examination of school children and the provision of spectacles for them through prescriptions taken to local opticians are virtually the same as those which existed before the changes in their application were made as a result of the coming into operation of the National Health Service Act in 1948, it is, I think, unfortunate that the simple and effective method then used for obtaining spectacles could not have been retained.

The services of an orthoptist were available at the York County Hospital, and 8 children attended that orthoptic clinic on 31 occasions.

EAR DISEASE AND DEFECTIVE HEARING

Children suffering from ear discharge can attend the general aural clinics established in hospitals at Beverley, Driffield, Scarborough and York.

NOSE AND THROAT DEFECTS

During the year, although there was a considerable reduction in the number of children considered at routine and special examinations to be in need of operative treatment, the number of children who are known to have been operated upon has again considerably increased on the previous year's figures. As far as can be ascertained, this is due to the working off at the hospitals of long waiting lists of children referred for treatment from various sources.

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.
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
1951	13173	390	1008	7.6

DISEASES OF THE CHEST AND DELICATE CHILDREN

At routine or special medical examinations 22 children have been recorded as needing treatment for diseases of the chest. Following the usual routine all were referred to their family doctors.

At the Eastrington School, at the request of the School Medical Department, a special investigation was carried out by Dr. Johnston, the Consultant Chest Physician, for the area of the County in which this school is situated. This investigation was carried out because a teacher at the school, as the result of attending for examination at a miniature mass radiography session, found that he was suffering from pulmonary tuberculosis. Although the disease was in its early stages, it was uncertain for how long he had been in an infectious condition and whether he might have passed on infection to any of the children in the primary section of the school in which he worked or in the closely associated infant department, the children from which joined the other children for canteen meals of which the master also partook.

The first action was to call a parents' meeting, at which the position was explained and details were given of the steps it was proposed to take if the parents were willing to co-operate. The result of this meeting was not only a complete acceptance of the proposed arrangements by all the parents in the village, but it also put a stop to various rumours which were circulating and had the effect of thanks being expressed to the teacher for being so public-spirited in arranging to have himself X-rayed although he was in no way aware that he was suffering from any illness as, by this action, he had considerably reduced any risk he may have been to the children under his care.

It should be stated at this point that much of the success experienced in this investigation in the full and helpful co-operation of parents was due to the influence of the headmaster of the school and to the work put in by him and the school nurses serving that area of the County.

The Consultant Chest Physician then visited the school and Mantoux or Patch tested all the children and also some children who were under school age or attending other schools, but whose brothers or sisters were attending this school. In all 103 children were submitted to the first test and 96 to the second test. Of the children who failed to report for the second test all were negative to the first test and five were under school age.

41 children gave a positive reaction either to the first or the second test and were specially examined and X-rayed. Three were found to have evidence of healed tuberculosis, but none showed any signs of active disease. Of those showing negative reactions, 54 have accepted and received B.C.G. vaccination. In addition, the eight members of the teaching and other staff of the school were examined and X-rayed—all with negative results.

Details of the findings are shown in the following table:—

Age	No. of children in age group	No. of Positive reactors	X-ray results
1 yr.	3	0	1 with healed primary tuberculosis
2 yrs.	6	2	—
3 yrs.	7	2	—
4 yrs.	4	1	—
5 yrs.	7	4	—
6 yrs.	7	2	—
7 yrs.	13	6	—
8 yrs.	10	4	—
9 yrs.	14	3	1 with healed primary tuberculosis
10 yrs.	9	5	—
11 yrs. and over.	23	12	1 with healed primary tuberculosis
Total	103	41	

The total figures show 39.9% of the children as having a positive reaction to the tuberculin test.

Commenting on the investigation, Dr. G. J. Johnston, the Consultant Chest Physician, compares these findings with a survey carried out in N.E. Scotland on 654 children from rural areas admitted to hospitals for various reasons (vide "The Lancet," 15.9.51). Among those children, 27% had a positive reaction and several had signs of active disease. Among the small number examined at Eastington the percentage of positive reactors was higher, but there were no children showing clinical or X-ray evidence of active tuberculosis and, taken as a whole, the Eastington children were well nourished, healthy looking, active and happy.

An analysis of the sources of supply of milk normally consumed by the children in their own homes showed that among the negative reactors 28% consumed untreated milk and among the positive reactors the percentage was 50%. So far as the group of positive reactors is concerned, three showed X-ray evidence of healed tuberculosis and one child had a few quiescent shotty cervical glands. Quite a number had a history of whooping cough. Sixteen had a family history of chest trouble, mostly bronchitis and asthma, and seven had a definite family history of tuberculosis. The positive reactors with a definite family history of tuberculosis are being watched and a check up from time to time will be made.

UNCLEANLINESS

In their cleanliness surveys the school nurses made 62,121 examinations of over 25,000 children. The nurses found 1,267 instances of uncleanness, representing uncleanness in 646 individual children, i.e., 2.34% of the school population, a very slight decrease on last year's figures.

No cleansing stations are established and the responsibility rests with parents for carrying out advice as to remedial treatment and prevention which is given by the school nurses, who 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 1951 there was again a considerable increase in the use made of the clinics which are available in Beverley, Bridlington and Hessle.

The total number of cases dealt with in the clinics and by the school nurses during the years 1950 and 1951 is shown in the following table, viz.:—

Defect.	1950.			1951.		
	Clinics.	Nurses.	Totals.	Clinics.	Nurses.	Totals.
Ringworm (head) ...	5	2	7	3	—	3
Ringworm (body) ...	12	13	25	12	25	37
Scabies	15	9	24	4	16	20
Impetigo	220	100	320	154	45	199
Other Skin Diseases.	345	144	489	480	190	670
Minor Eye defects ...	333	243	576	467	213	680
Minor Ear defects and Deafness	351	90	441	458	88	546
Minor Injuries, Bruises, etc.	2640	257	2897	3399	233	3632
Totals	3921	858	4779	4977	810	5787

SCHOOL NURSES

Figures relating to the work of the school nurses for 1951 are as follows:—

Visits to Schools:—

Routine examinations	654
Follow-up visits	153
No. of children examined	62121

Visits to Homes:—

No. of homes visited	2046
No. of children seen on these visits	2499

Reasons for these visits:—

Uncleanliness	744
Minor Ailments	390
Nutrition	450
Other reasons	930

INFECTIOUS DISEASES

Particulars relating to infectious diseases will be found in my report as County Medical Officer. It was not necessary to close any schools on account of outbreaks of infectious diseases.

EXAMINATION FOR MENTAL CONDITION

During the year 123 children were specially examined, compared with 114 in the previous year.

The findings of these special examinations were as follows:—

Normal intelligence	12
Educationally Sub-normal:—	
(a) for education in special classes	26
(b) for education in special schools	33
For notification under M.D. Act:—	
(a) Under Section 57 (3) of the Education Act, 1944	16
(b) Under Section 57 (4) of the Education Act, 1944	—
(c) Under Section 57 (5) of the Education Act, 1944	7
Decisions deferred	12

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

As will be seen from the table which follows that, at the end of the year, there were 197 children who had been ascertained as educationally sub-normal of whom 191 were still in Primary or Secondary Schools in the County. Of these, 104 had been recommended for admission to Special Schools and 87 for admission to special classes in ordinary schools.

The difficulties in an area such as the East Riding associated with the placing of these children has been commented upon in my previous reports, and up to the present has remained unsolved except that in a few of the larger schools it has been possible to do something towards the formation of special classes. The Education Committee has now made arrangements to take over the Etton Camp School as a Residential School for educationally sub-normal children and it is hoped that when this school is opened many of the difficulties experienced to date will be overcome.

HANDICAPPED CHILDREN.

NUMBER OF HANDICAPPED CHILDREN AT 31ST DECEMBER, 1951.

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>	2	—	—	—	1	—
B.	<i>Partially-sighted Children, i.e. suitable for education by special methods involving the use of sight</i>	6	2	—	2	2	—
C.	<i>Deaf Children, i.e. suitable for education by methods for those without naturally acquired speech</i>	10	1	1	2	5	—
D.	<i>Partially Deaf Children, i.e., suitable for education by special methods involving the use of speech</i>	1	3	—	1	1	—
E.	<i>Delicate Children, i.e. those who for health reasons should not be educated under normal school regime</i>	6	25	1	3	17	—
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	191	—	2	133	—
H.	<i>Epileptic Children, i.e. those who should be educated in special schools</i>	2	4	—	1	6	—
I.	<i>Maladjusted Children, i.e., those who require special educational treatment</i>	2	4	—	—	4	—
J.	<i>Physically Handicapped Children, i.e. those with disease or crippling defect who should be educated in special schools</i>	6	37	1	12	30	—
K.	<i>Pupils suffering from Speech Defect, i.e., those who require special educational treatment</i>	—	295	—	—	203	—
L.	<i>Pupils suffering from Multiple Disabilities</i>	—	5	1	4	6	—

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 31.12.50.	Admitted during 1951.	Discharged during 1951.	Number maintained. at 31.12.51.
Blind	Yorkshire School for the Blind	4	1	1	4
	Sheffield School for the Blind	2	—	1	1
	Hull 21st Avenue	1	1	—	2
	Northwood (Sunshine Home)	1	—	—	1
	Coventry (Exhall Grange)	—	2	—	2
	Doncaster	9	1	1	9
Deaf	Sutton	1	—	—	1
	Leeds	2	—	1	1
	Hamilton Lodge	1	—	—	1
	Lingfield	2	2	2	2
Epileptic	Southport (Bradstock- Lockett)	3	1	1	3
	Ventnor, Isle of Wight (St. Catherine's)	1	—	1	—
	St. Leonard's on Sea (St. Vincents)	—	1	1	—
	Sevenoaks (Oak Bank)	1	1	1	1
	Frimley (Burrow Hill)	—	2	—	2
	Bexhill-on-Sea (Wrestwood)	—	1	—	1
	Clacton-on-Sea (Ogilvie Sc.)	1	—	1	—
	Leeds (Ledston Hall)	—	2	—	2
Idiot	Wirral (West Kirby)..	—	1	—	1
	Killinghall (Ian Tetley)	1	—	—	1
	Welburn Hall	—	2	—	2
	Tickhill, Doncaster (Hesley Hall)	1	—	—	1
	Chipping Norton	1	—	—	1
	Tunbridge Wells (Etherington Hall)	—	1	—	1
	Hull (Northumber- land Avenue)	1	—	—	1
Mentally Sub-Normal	Halstead (Greenwood School)	2	—	—	2
	Lichfield (Beacon School)	1	—	—	1
	Leyton	1	—	1	—
	Sambourne (Besford Court)	1	—	1	—

Of the above, 2 of the blind are maintained by the Secondary and Further Education Sub-Committee.

ORTHOPAEDIC AND POSTURAL DEFECTS

During the year 221 children (of whom 53 were new cases) made 337 attendances at the orthopaedic clinics. These figures show considerable reduction on those for the previous year. Except in the case of the Driffeld Clinic which is now held at the East Riding General Hospital all clinics continue to be held in premises provided by the Education Committee, the Regional Hospital Board making arrangements for the services of the orthopaedic specialists.

Seventeen children were in-patients at the Kirbymoorside and Beverley Westwood Hospital, and of these 12 were admitted and 12 discharged during the year.

CHILD GUIDANCE CLINIC

The Educational Psychologist reports as follows:—

There has been no change in the clinic staff, which consists of the consultant psychiatrist, the educational psychologist, the psychiatric social worker and the part-time services of the mental health social worker. As before, clinic sessions have been held on Tuesday and Wednesday of each week.

During the year 119 cases have been referred to the clinic from the following sources:—

School Medical Officers	18
General Practitioners	5
Hospitals	5
Head Teachers	50
Juvenile Courts	16
Children's Officer	6
N.S.P.C.C.	2
Continued from 1950	17
	<hr/>
	119
	<hr/>

This figure shows a considerable increase over the corresponding one of 50 for the previous year. This may be explained partly by the fact that the clinic was operating throughout the full twelve month period and partly by the development of the testing and assessment service: Of the total of 119, 76 were treatment cases while 43 were referred for testing and assessment only. Thus the clinic has tended to widen its scope by developing two distinct but parallel functions.

As in the previous year, those children accepted for treatment who were referred from sources other than medical ones were examined by a school medical officer. As was expected, progress was made more quickly with those children whose disorders resulted from existing environmental difficulties, that is, children who were suffering strongly from feelings of anxiety, insecurity, jealousy or guilt because of unsympathetic or abnormal conditions at home. In such a situation parental co-operation was essential, and in this respect much depended on the time-consuming work done by the psychiatric social worker in the homes and in the clinic.

Play or group therapy, conducted by the mental health social worker, in addition to being administratively convenient, proved to be of great value, particularly with young children. In the lightly-controlled, uncritical atmosphere of the play-room the child is free to pursue an activity of his own choosing or to join with others of the same age in group work. Those children who are socially retarded, shy and withdrawn, or even over-aggressive, are helped by the presence of a sympathetic yet detached adult to face up to their anxieties and feelings of insecurity and guilt, and to achieve a satisfactory adjustment towards other children by being given an opportunity to succeed both as an individual and as a member of a team.

The children attending for assessment only were referred from the following sources:—

Head Teachers	25
Juvenile Courts	16
N.S.P.C.C.	2

The children referred by the Magistrates were given tests of intelligence, attainment and aptitude, the results of which, together with a personality assessment, were forwarded to the psychiatrist who examined the child further and a joint report was submitted to the Court. The number referred under this heading by Head Teachers was very encouraging as it enabled advice to be given and adjustments made both at home and in school before the child's problem behaviour became sufficiently severe to necessitate clinic treatment. As some degree of backwardness or retardation in school almost invariably accompanies emotional and environmental difficulties, progress in school may prove to be a useful basis for preventive work.

SUMMARY OF CASES, WITH TREATMENT AND DISPOSAL.

Maximum improvement obtained	32
Tested and assessed: report issued	43
Cases not proceeded with	6
Transferred to other areas	2
Transferred to Ledstone Hall	1
Responding, treatment continuing	35
	<hr/>
	119
	<hr/>

In all, there have been 84 clinic sessions and 102 new cases have been seen. These have necessitated 131 diagnostic interviews, 360 treatment interviews, and 231 visits to schools or the children's homes. The psychiatrist has interviewed 35 children and 20 parents.

JAMES G. SMITH,

Educational Psychologist.

REPORT OF THE CHIEF DENTAL OFFICER FOR THE YEAR 1951

The staff was similar to that of last year and consisted of one chief and four assistant dental officers. In spite of the fact that the staff was nearly 50 per cent. under establishment it has been possible to maintain a reasonable though restricted service throughout the County. In certain areas the time interval between visits has increased and it will be necessary to reduce the districts concerned geographically and numerically in order that the intervals between treatment are reasonable. When the number of children under the care of a dental officer reaches such proportions that they cannot be visited at least once a year, the amount of work found takes considerably longer to carry out and so the interval between treatment visits tends to increase.

Treatment has been limited, but each child offered conservative treatment was made dentally fit. Where there was a risk of failure, fillings were not attempted. Most of the extractions permanent and deciduous, were done under N₂O + O₂, regular sessions being held for this purpose. Conservative work on the temporary dentition has been practically discontinued.

There has been a considerable demand for orthodontic treatment and it is regrettable that so many cases could not be accepted. Only those irregularities which could be treated successfully with a simple appliance in a short time or corrected surgically have been undertaken.

Four of the mobile clinics were in continuous use in the the rural areas and the fifth was stationed at Hessle and used as a fixed clinic for six sessions monthly. It was only possible to use the Beverley and Bridlington Clinics for a similar period each month. Towards the end of the year the reconstruction of the Bridlington Clinic was commenced. When this work is completed the dental side will consist of a surgery, recovery room and work room. It is hoped that sessions will be resumed there early in the new year.

The statistics relating to the year's work appear at the end of this report. Under other treatment 495 scalings were recorded, 83 orthodontic appliances and 6 dentures inserted.

In concluding this report I must record my appreciation of the manner in which the staff have carried out their duties. The dental officers, each with over 6,000 children, have performed their work in a most commendable way. I also thank the school teachers for their help and co-operation.

P. S. SPENCE.

CO-OPERATION WITH VOLUNTARY BODIES

During the year the National Society for the Prevention of Cruelty to Children again gave able assistance in dealing with cases where children were neglected or required some form of protection. School Welfare Officers also gave valuable help in reporting urgent cases direct to the Society.

CO-OPERATION WITH TEACHERS AND SCHOOL WELFARE OFFICERS

I again place on record my appreciation of the help of teachers in connection with the clerical work necessitated by medical inspections, and in the weighing of children. I also add my thanks to the School Welfare Officers for their help.

PROVISION OF MILK AND MEALS

The slight decline which took place in 1950 in the number of children taking milk in school continued in the early part of 1951, but the position was recovered and stabilised towards the end of the year as shown by the following percentages:—

	October 1950	February 1951	May 1951	October 1951
Percentage of children taking milk in school	80.46	77.34	81.65	80.38

According to the latest return for the year the number of children taking milk was 20,985, including 133 to whom reconstituted National Dried Milk was supplied because liquid milk from an approved source was not available.

No appreciable progress can be reported in the provision of school meals. In October, 1951, the percentage of children receiving meals was 48.95, against 48.68 in October, 1950. The restrictions which were placed in 1949 on building work for school meals purposes were maintained throughout the year, with the result that, although fourteen new school canteens were opened in 1951, they were, with one exception, small dining centres only and the total capacity of the School Meals Service to provide meals was not materially increased. At the end of the year 12,677 were receiving meals, against 12,034 at the same period of the previous year.

PHYSICAL EDUCATION

(Report submitted by the Organiser of Physical Education.)

Efforts to improve the standard of work in physical education have been continued during the past year. Without a woman Organiser of Physical Education some parts of the girls' work have deteriorated, but it is pleasing to note that this post will be filled on 1st May, 1952, by Miss O. Myland.

More playgrounds have been re-surfaced, but there are still many which are not really suitable and this limits the scope of the work considerably. Without provision of footwear and clothing by the Authority it is difficult to get children changed into suitable clothing and shoes. Correct clothing and shoes would raise the standard of work done in the schools. Four teachers' courses have been held in Physical Education and Athletics; these were attended by 199 teachers.

Outdoor tubular steel climbing apparatus has been erected in the playgrounds of eleven schools. These are a valuable addition to the normal range of physical education apparatus

and, by providing opportunity for strong heaving exercises, allow the growing child to develop the arms and trunk, and so maintain normal posture.

A number of schools took parties of children on Youth Hostelling Expeditions which introduced them to a healthy recreation easily carried over to their post-school life.

GAMES.

Activity in football has been well maintained, although many schools have had difficulty in obtaining grounds. The Football Association provides a qualified coach who has visited schools on Saturdays to give coaching in the game. District leagues in the County were well supported and knock-out competitions were also held for senior, junior and country school teams. In spite of difficult and expensive journeys which these matches entailed fixtures were fulfilled. A representative East Riding Schools' Team was entered in the Kemsley Shield, English Shield and Yorkshire competitions.

Hockey is the girls' major winter game, but owing to lack of suitable pitches the game cannot develop on a comparable scale to boys' football. However, provision for the game is being made in the new secondary schools. Netball rallies were well supported and junior, intermediate, senior and rural school teams participated. Three senior teams entered the Yorkshire County Netball Association's Schools' Competition held in March at Leeds.

ATHLETICS.

Athletics in the schools has provided scholars with much enjoyable exercise and most schools have held their own and also entered District and Area Sports.

The East Riding team which went to the Yorkshire Schools' Athletic Sports upheld the high standard achieved in previous years by being placed first in the Junior Girls' and second in the Junior Boys' Championships. Our scholars distinguished themselves so well in fact, that eleven were included in the team of fifty which represented Yorkshire in the English Schools' Athletic Championship Sports held at Southampton. Eight of our competitors gained medals and Yorkshire came second in the Championships.

SWIMMING.

The greatest possible use was made of existing baths to provide swimming instruction for scholars during school time. Within the County, Beverley and Norton Baths were used; in addition, Baths at Selby, Goole and Hull were used. For the first time since 1948, it was possible to bring in some schools from the Preston-Hedon area into one of the Hull Baths. The graded swimming tests have provided a stimulus to improve the standard of swimming and during the season eighteen scholars (ten boys and eight girls) obtained the County Swimming Certificate, which demands a high standard of performance. This was an increase of five on the previous year's total.

EVENING CLASSES.

In Evening Institutes and Youth Clubs classes to provide training in Physical Education, Keep Fit, Athletics, Modern and Folk Dancing were again held during the year. Advantage was taken of the Football Coaching Scheme. The County Youth Athletics Festival, held in Beverley, was once again well supported by twenty-nine organisations, and a selected team entered the Yorkshire Youth Sports, which were held at Bradford.

N. ELLIS.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1951.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. *Periodic Medical Inspections*

Number of Inspections in the prescribed Groups.

Entrants	3439
Second Age Group	2438
Third Age Group	2113
Total	7990
Number of other Periodic Inspections	304
Grand Total	8294

B. *Other Inspections.*

Number of Special Inspections	3494
Number of Re-Inspections	1385
Total	4879

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	33	253	277
Second Age Group	160	104	253
Third Age Group	99	47	141
Total (prescribed groups)	292	404	671
Other Periodic Inspections	36	5	41
Grand Total	328	409	712

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.
.....	19	67	58	53
a. Vision	328	646	194	557
b. Squint	54	106	20	115
c. Other	7	73	8	40
a. Hearing	11	96	11	42
b. Otitis Media ..	10	71	61	63
c. Other	2	43	3	26
e or Throat	214	853	176	657
ech	8	104	6	84
ical Glands	4	253	3	243
rt and Circulation..	3	94	1	83
gs	11	260	11	167
elopmental				
Hernia	5	20	2	18
Other	2	60	—	27
opadic—				
Posture	15	167	4	101
Flat Foot	26	188	9	156
Other	19	141	14	98
vous System—				
Epilepsy	—	12	—	17
Other	1	37	2	36
chological—				
Development	—	44	1	62
Stability	2	30	4	28
er	2	127	37	248

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	3439	1630	47.4	1788	52.0	21	.6
Second Age Group	2438	1190	48.8	1225	50.2	23	1.0
Third Age Group	2113	1261	59.68	846	40.04	6	.28
Other Periodic Inspections	304	56	18.42	246	80.92	2	.66
Total	8294	4137	49.88	4105	49.49	52	.63

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	62121
(ii) Total number of individual pupils examined	25317
(iii) Total number of <i>individual</i> pupils found to be infested	646
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(v) 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 cases treated, or under treatment during the year.
(a)	
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	3
Ringworm—Body	37
Scabies	20
Impetigo	199
Other skin diseases	670
Eye Disease	680
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	546
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.)	3632
Total	5787
(b) Total number of attendances at Authority's minor ailments clinics, 16907.	

GROUP II.—DEFECTIVE VISION AND SQUINT.

	No. of cases dealt with.
Errors of refraction (including squint)	1733
Other defect or disease of the eyes	—
Total	1733
No. of Pupils for whom spectacles were	
(a) Prescribed	756
(b) Obtained	696

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

	Total number treated
Received operative treatment—	
(a) for diseases of the ear	32
(b) for adenoids and chronic tonsillitis	932
(c) for other nose and throat conditions	44
Received other forms of treatment	950
Total	1958

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	17
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments	221

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—	
(a) under Child Guidance arrangements	76
(b) under Speech Therapy arrangements	—

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers:	
(a) Periodic age groups	15985
(b) Specials	456
Total (periodic and specials)	16441
(2) Number found to require treatment	8853
(3) Number actually treated	7518
(4) Attendances made by pupils for treatment	8819
(5) Half-days devoted to—	
(a) Inspection	128
(b) Treatment	1608
Total	1736
(6) Fillings—	
Permanent Teeth	5650
Temporary Teeth	65
Total	5715
(7) Extractions—	
Permanent Teeth	1384
Temporary Teeth	11211
Total	12595
(8) Administration of general anæsthetics for extraction	3765
(9) Other operations—	
Permanent Teeth	559
Temporary Teeth	111
Total	670

