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Contributors

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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

OF THE

Medical Officer of Health

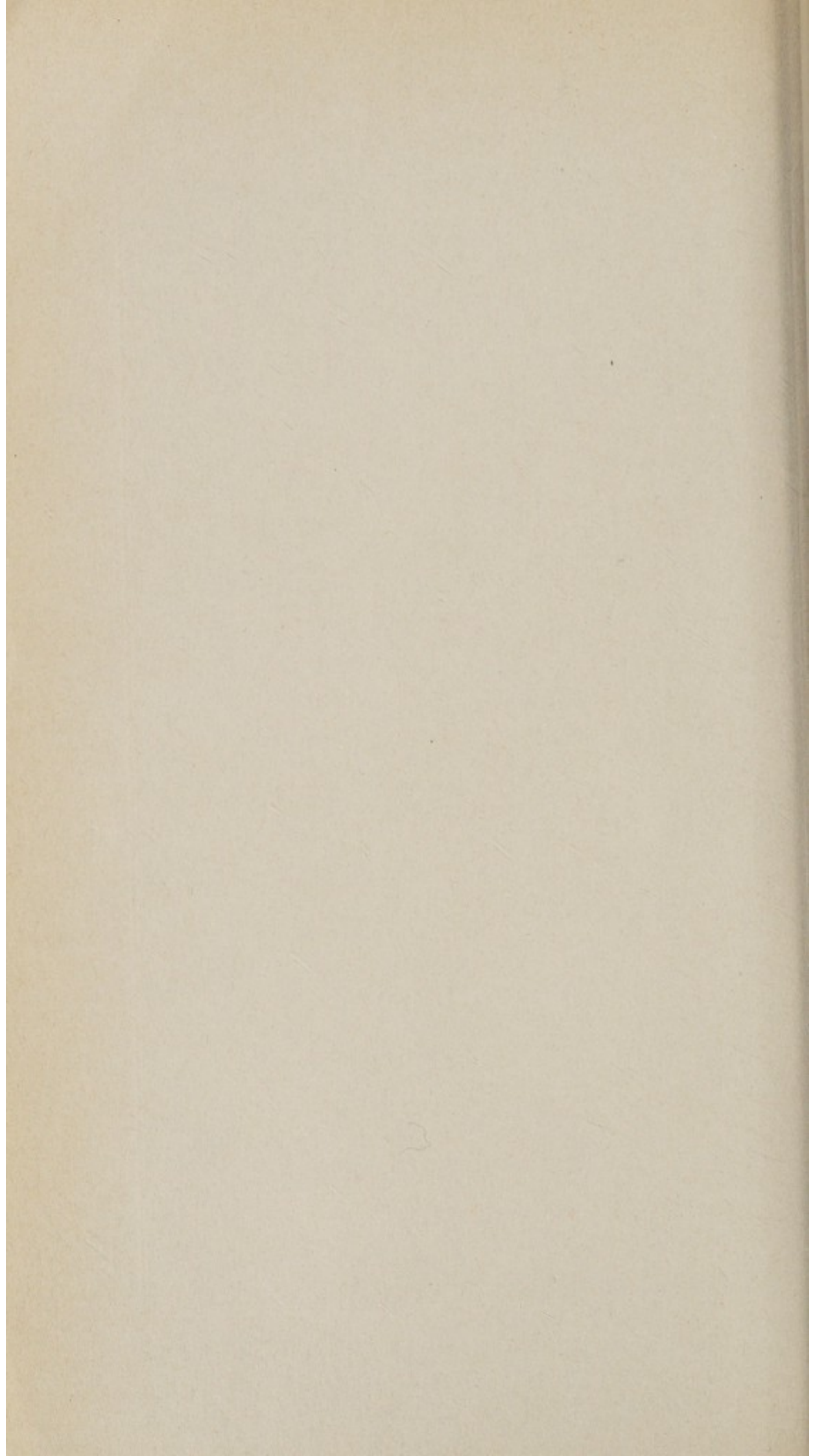
AND

School Medical Officer

For the Year 1952

Beverley :

WRIGHT & HOGGARD, PRINTERS, MINSTER PRESS




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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 and School Health Services of the County for the year 1952.

The report includes a survey report on the services provided under the National Health Service Act, 1946. This survey covers the period between July, 1948, when this Act became operative, and the end of 1952, and gives a general picture of the development during these years.

The remainder of this report is mainly in the form of statistics. As compared with 1951, these show a reduction of 300 in the total estimated population, a slightly higher birth rate, a slightly lower death rate and the lowest infant mortality and tuberculosis death rates ever recorded.

The notifications of the various infectious diseases show that cases of measles and whooping cough have again been numerous and that there has been a considerable increase in the number of cases of scarlet fever. No cases of diphtheria or of enteric fever were notified during the year.

The divisional administration arrangements were completed during the year with the appointment of a divisional medical officer for the Haltemprice Health Division and the opening of Divisional Health offices at Anlaby House.

I am again pleased to place on record my thanks to all members of the staff for the conscientious service they have continued to give during the year, and wish, once more, to express to all members of the County Council, and especially to the members of the Health Committee and School Welfare Sub-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.
June, 1953.

STAFF OF PUBLIC HEALTH AND SCHOOL MEDICAL DEPARTMENT, 1952.

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.

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

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

DIVISIONAL MEDICAL OFFICERS AND DISTRICT SCHOOL MEDICAL OFFICERS.

Buckrose Division.

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

Haltemprice Division.

L. N. Gould, M.R.C.S., L.R.C.P., D.P.H. (from 23rd August, 1952).

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. (to 31st July, 1952).

Una Lawrie, M.B., Ch.B., D.P.H. (from 21st July, 1952).

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. (to 31st January, 1952).

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

Miss M. E. Philpott, B.D.S. (from 5th November, 1952).

PUBLIC ANALYST.

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

COUNTY AMBULANCE OFFICER.

Mr. G. R. Gray.

DISTRICT 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.

SPEECH THERAPISTS.

Miss E. Crooks (from 1st September, 1952).

Miss P. S. J. Inman (from 1st September, 1952).

7 WELFARE VISITOR.

Mrs. E. Williams.

8 ORGANISER OF DOMESTIC HELP SERVICE.

Mrs. J. M. Atkinson.

9 SUPERVISOR OF MIDWIVES.

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

10 ASSISTANT SUPERVISOR OF MIDWIVES.

Miss G. J. Sanderson, S.R.N., S.C.M., H.V. Cert., Queen's Nurse.

11 COUNTY DISTRICT NURSES AND MIDWIVES.

Mrs. M. Anderson, S.R.N., S.C.M.

Mrs. K. M. Barnes, S.C.M., S.E.A.N.

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. (to 22nd April, 1952).

Miss K. Bratley, S.R.N., Q.N.

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.

Miss J. Douglas, S.R.N., Q.N. (to 30th April, 1952).

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.

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.

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. D. A. Ramsdale, S.R.N., S.C.M.

Mrs. E. Rozenbroek, S.R.N., S.C.M.

Mrs. E. E. Scrase, S.R.N.

Mrs. E. A. M. Seal, S.R.N., S.C.M.

Miss B. A. Silversides, S.R.N., S.C.M.

Miss M. Simpson, S.R.N., S.C.M., Q.N.

Mrs. L. F. Slater, S.R.N., S.C.M.

Mrs. N. Smith, S.C.M.

Miss M. Spavin, S.R.N., S.C.M., Q.N.

Mrs. G. M. Spiegth, S.C.M.

Mrs. M. Stevenson, S.R.N., Q.N. (from 18th July, 1952).
 Mrs. L. E. Thorley, S.R.N.
 Miss M. E. Todd, S.R.N., S.C.M., Q.N.
 Miss E. Warder, S.R.N., S.C.M.
 Miss E. E. Watson, S.R.N., S.C.M.
 Mrs. H. Watson, S.R.N., S.C.M.
 Mrs. K. E. Whalley, S.R.N., S.C.M., Q.N. (from 1st August, 1952),
 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.
 Mrs. V. Berriman, S.R.N., S.C.M., 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.
 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. MacDonald, 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.

MUNICIPAL BOROUGH.

URBAN DISTRICTS

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. |

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1.—Vital Statistics

POPULATION

| Districts | Census, 1951 | Estimated | |
|-----------------------------|-----------------|-----------|---------|
| | | 1951 | 1952 |
| Administrative County | 211,732 | 212,900 | 212,600 |
| Urban Districts | 104,797 | 104,900 | 104,800 |
| Rural Districts | 106,935 | 108,000 | 107,800 |

BIRTHS AND BIRTH RATES

Birth rate per 1,000 of the Population

| Districts | Average rate for the ten years | | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 |
|-------------------------------|-----------------------------------|---------|------|------|------|------|------|------|------|
| | 1931-40 | 1941-50 | | | | | | | |
| Administrative County..... | 14.8 | 17.2 | 19.2 | 19.4 | 16.7 | 16.1 | 15.0 | 14.5 | 14.9 |
| Urban Districts. | 14.4 | 17.2 | 19.5 | 19.6 | 16.1 | 15.0 | 14.3 | 14.1 | 14.9 |
| Rural Districts.. | 14.9 | 17.2 | 18.9 | 19.2 | 17.3 | 17.2 | 15.8 | 14.8 | 14.9 |

The birth rate of 14.9 for the County, though slightly higher than that for 1951, still approximates to the rate which obtained before the war. The rate for England and Wales for 1952 was 15.3 per thousand population, and to compare the East Riding rate with this figure use has to be made of the comparability factor which takes into consideration the age and sex constitution of the County. When this factor is applied to the crude birth rate for the County of 14.9, the adjusted rate so obtained is 15.96, that is, a little higher than the rate for England and Wales.

There were 3,173 live births and 65 stillbirths registered for the County during the year, making a total of 3,238. Of these births, 195 took place outside the County.

The number of births notified to my office by hospitals, practitioners, midwives, etc., was 3,636, and 33 births were reported by Registrars which were registered but not notified. Of these births, 697 were outward transfers to other areas.

The stillbirth rate was 20.1 per 1,000 total births, compared with a rate of 19.1 in 1951 and 19.9 in 1950.

ILLEGITIMATE LIVE BIRTHS

| Districts. | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 |
|-----------------------------|------|------|------|------|------|------|------|------|
| Administrative County | 326 | 334 | 233 | 221 | 179 | 180 | 153 | 141 |
| Urban Districts.. | 165 | 161 | 108 | 107 | 78 | 87 | 75 | 62 |
| Rural Districts.. | 161 | 173 | 125 | 114 | 101 | 93 | 78 | 79 |

The illegitimate birth rate was 0.66 per 1,000 of the population, compared with 0.72 in the previous year.

The number of illegitimate live births in the County was 4.4% of the total live births as compared with 4.6% for England and Wales.

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

| Districts. | Average rate for the ten years. | | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 |
|-----------------------------|---------------------------------|---------|------|------|------|------|------|------|------|
| | 1931-40 | 1941-50 | | | | | | | |
| Administrative County | 12.3 | 12.0 | 12.1 | 12.0 | 10.7 | 12.2 | 11.4 | 12.4 | 11.4 |
| Urban Districts.. | 13.0 | 12.9 | 13.0 | 12.9 | 11.4 | 12.6 | 12.3 | 13.7 | 12.3 |
| Rural Districts. | 11.6 | 11.1 | 11.3 | 11.2 | 10.0 | 11.7 | 10.5 | 11.2 | 10.6 |

There were 2,432 deaths registered for the County in 1952, a decrease of 214 on the figure for the previous year. This gives a death rate of 11.4 per 1,000 of the population, as compared with 12.4 in 1951. The application of the comparability factor to this crude rate gives a rate of 10.4, which shows that the rate for the County again compared favourably with the rate for England and Wales, which was 11.3. The rate for England and Wales for 1951 was 12.5.

The principal causes of death in the County were heart diseases (783), cancer (405), and vascular lesions of the nervous system (378). These three causes again accounted for 64.4% of the deaths.

70% of all deaths occurred in people aged 65 and over, and 44.2% in people aged over 75.

The following table shows the figures for the various causes for the year 1952:—

| Cause of Death | No. of deaths | | |
|--|---------------|--------|-------|
| | Male | Female | Total |
| Tuberculosis, respiratory | 26 | 11 | 37 |
| Tuberculosis, other forms | 3 | 4 | 7 |
| Syphilitic disease | 4 | 3 | 7 |
| Diphtheria | — | — | — |
| Whooping cough | — | — | — |
| Meningococcal infection | — | — | — |
| Acute poliomyelitis | 2 | — | 2 |
| Measles | — | 2 | 2 |
| Other infective diseases | 1 | 3 | 4 |
| Cancer of stomach | 35 | 33 | 68 |
| Cancer of lungs, bronchus | 41 | 11 | 52 |
| Cancer of breast | — | 39 | 39 |
| Cancer of uterus | — | 13 | 13 |
| Cancer, other forms | 140 | 93 | 233 |
| Leukæmia, aleukæmia | 2 | 2 | 4 |
| Diabetes | 8 | 13 | 21 |
| Vascular lesions of nervous system | 159 | 219 | 378 |
| Coronary disease, angina | 235 | 129 | 364 |
| Hypertension with heart disease | 24 | 24 | 48 |
| Other heart disease | 165 | 206 | 371 |
| Other circulatory disease | 66 | 75 | 141 |
| Influenza | 5 | 3 | 8 |
| Pneumonia | 31 | 41 | 72 |
| Bronchitis | 51 | 30 | 81 |
| Other diseases of respiratory system | 7 | 10 | 17 |
| Ulcer of stomach and duodenum | 12 | 8 | 20 |
| Gastritis, enteritis & diarrhœa | 10 | 10 | 20 |
| Nephritis and nephrosis | 22 | 17 | 39 |
| Hyperplasia of prostate | 27 | — | 27 |
| Pregnancy, childbirth and abortion | — | 4 | 4 |
| Congenital malformations | 10 | 6 | 16 |
| Other diseases | 103 | 136 | 239 |
| Motor vehicle accidents | 17 | 4 | 21 |
| All other accidents | 34 | 21 | 55 |
| Suicide | 14 | 7 | 21 |
| Homicide | 1 | — | 1 |
| Totals | 1255 | 1177 | 2432 |

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

| Age Group. | Infectious Disease (including Syphilis). | | Tuberculosis. | | Cancer. | | Heart and Circulatory Diseases. | | Respiratory Diseases (including influenza). | | Intestinal Diseases. | | Violence. | | All Other Causes. | | All Causes. | |
|------------|--|------|---------------|------|---------|------|---------------------------------|------|---|------|----------------------|------|-----------|------|-------------------|------|-------------|------|
| | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % | Deaths. | % |
| 0— | 1 | 6.7 | — | — | 1 | 0.2 | — | — | 12 | 6.7 | 5 | 12.5 | 3 | 3.0 | 54 | 15.4 | 76 | 3.1 |
| 1— | 2 | 13.3 | 2 | 4.6 | 1 | 0.2 | 2 | 0.2 | 5 | 2.8 | 1 | 2.5 | 4 | 4.1 | 6 | 1.7 | 23 | 1.0 |
| 5— | 1 | 6.7 | 2 | 4.6 | — | — | — | — | 1 | 0.6 | 1 | 2.5 | 5 | 5.1 | 6 | 1.7 | 16 | 0.7 |
| 15— | 1 | 6.7 | 4 | 9.1 | — | — | 2 | 0.2 | — | — | — | — | 16 | 16.3 | 10 | 2.9 | 33 | 1.4 |
| 25— | 3 | 20.0 | 17 | 38.6 | 25 | 6.2 | 18 | 1.4 | 7 | 3.9 | 1 | 2.5 | 18 | 18.4 | 23 | 6.6 | 112 | 4.6 |
| 45— | 1 | 6.7 | 14 | 31.8 | 139 | 32.1 | 201 | 15.4 | 31 | 17.4 | 13 | 32.5 | 22 | 22.4 | 58 | 16.6 | 470 | 19.3 |
| 65— | 2 | 13.3 | 3 | 6.8 | 134 | 33.1 | 356 | 27.3 | 43 | 24.2 | 7 | 17.5 | 12 | 12.3 | 69 | 19.7 | 626 | 25.7 |
| 75— | 4 | 26.6 | 2 | 4.5 | 114 | 28.2 | 723 | 55.5 | 79 | 44.4 | 12 | 30.0 | 18 | 18.4 | 124 | 35.4 | 1076 | 44.2 |
| Total ... | 15 | — | 44 | — | 405 | — | 1302 | — | 178 | — | 40 | — | 98 | — | 350 | — | 2432 | — |

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

| Districts | Average rate for the ten years | | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 |
|-----------------------------|--------------------------------|---------|------|------|------|------|------|------|------|
| | 1931-40 | 1941-50 | | | | | | | |
| Administrative County | 51 | 39 | 37 | 40 | 32 | 30 | 26 | 28 | 24 |
| Urban Districts. | 50 | 40 | 36 | 40 | 36 | 25 | 23 | 30 | 27 |
| Rural Districts. | 53 | 39 | 38 | 40 | 29 | 34 | 29 | 26 | 21 |

There were 76 deaths of children under the age of 1 year in 1952 as compared with 87 in 1951, the infant mortality rate being 24 per 1,000 live births. This is the lowest rate ever recorded. The rate for England and Wales for 1952 was 27.6 compared with 30 in 1951.

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

| | Urban | Rural | Total |
|---------------------------------|-------|-------|-------|
| Whooping cough | — | — | — |
| Pneumonia | 6 | 6 | 12 |
| Bronchitis | — | — | — |
| Diarrhoea | 2 | 3 | 5 |
| Congenital malformations | 3 | 6 | 9 |
| Accidents | 2 | 1 | 3 |
| Other diseases and causes | 29 | 18 | 47 |
| Totals | 42 | 34 | 76 |

INQUESTS

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

| Cause of Death | East Riding District | Holderness District | Howdenshire District | Easrick District | Totals for 1952 | Totals for 1951 |
|---------------------|----------------------|---------------------|----------------------|------------------|-----------------|-----------------|
| Natural Causes ... | 13 | — | 1 | 3 | 17 | 15 |
| Accidental Death. | 63 | 3 | 10 | 8 | 84 | 53 |
| Suicide | 16 | 4 | — | 1 | 21 | 25 |
| Found drowned ... | 1 | 2 | — | 2 | 5 | 5 |
| Other verdicts | 4 | 1 | — | — | 5 | 4 |
| Totals | 97 | 10 | 11 | 14 | 132 | 102 |

Section 2.—Local Health Services

SURVEY REPORT ON THE LOCAL HEALTH SERVICES OF THE COUNTY COUNCIL, 1948 TO 1952.

In circular No. 29/52, the Minister of Health stated that as some years' experience was now available on the working of the Local Health Services provided under the National Health Service Act, 1946, it would be advantageous if a special survey could now be made which would include, not only an account of these Services as existing at the end of 1952, but also a general review of their working as part of the wider National Health Services.

This survey report has accordingly been prepared on the lines suggested in the circular, and the part of my annual report which normally covers the matters dealt with generally in this survey will be found to be more or less limited to statistical information related to the year 1952.

(1) ADMINISTRATION.

The Health Committee of the County Council have been granted delegated powers to administer the Council's functions under the National Health Service Acts. The Health Committee is made up as follows:—

- 24 members of the County Council.
- 8 representatives of County District Councils.
- 2 persons representing the medical profession.
- 2 co-opted members.

Administration at officer level is in the charge of the County Medical Officer through the headquarters office in County Hall.

The County is divided into four Health Divisions as follows:—

Buckrose Health Division.

Population: 56,448. Acreage: 175,784.
County Districts: Bridlington M.B., Driffield U.D.,
Filey U.D., Bridlington R.D., Driffield R.D.

Holderness Health Division.

Population: 68,312. Acreage: 227,854.
County Districts: Beverley M.B., Hedon M.B.,
Hornsea U.D., Withernsea U.D., Beverley
R.D., Holderness R.D.

Howdenshire Health Division.

Population: 51,323. Acreage: 323,351.
County Districts: Norton U.D., Derwent R.D.,
Howden R.D., Norton R.D., Pocklington R.D.

Haltemprice Health Division.

Population: 35,649. Acreage: 9,035.
County District: Haltemprice U.D.

For each Health Division there is appointed a Divisional Medical Officer, who, through his Divisional Health Office, administers on behalf of the County Medical Officer the health services enumerated below. In addition, the Divisional Medical Officer administers the routine school health services for his Division and will eventually also act as Medical Officer of Health for each of the County Districts within his divisional area. At present the following District Councils are still served by part-time Medical Officers of Health, viz.:—Hornsea U.D., Withernsea U.D., Bridlington R.D., Derwent R.D., Holderness R.D., and Howden R.D.

The health services administered by the Divisional Medical Officers are as follows:—

- (1) The service for the care of mothers and young children except for the dental service for mothers and young children, and the service for the care of unmarried mothers.
- (2) The vaccination and immunisation service.
- (3) The health visitor service.
- (4) The domiciliary midwifery and district nursing services so far as the day-to-day administration of these services is concerned.
- (5) The care and after-care service.

The ambulance, domestic help and mental health services are still administered on a County basis, but Divisional Medical Officers have certain local duties in connection with each of these services.

One assistant medical officer is allocated to each Division to help the Divisional Medical Officer in the carrying out of the routine general and school health service duties in his Division. In addition the establishment allows for one more assistant medical officer who would be attached to the headquarters staff at County Hall, but this post is, at present, only filled on a part-time basis, the officer concerned carrying out routine work in the Holderness health divisional area.

The post of Deputy County Medical Officer is not at present filled by a standing deputy, arrangements being made for the Divisional Medical Officer of the Holderness Health Division to act as Deputy County Medical Officer when required. This arrangement has been operative for the last eighteen months and is made possible by the fact that the Divisional Medical Officer has his administrative centre in Beverley adjacent to County Hall. The arrangement has worked successfully.

The divisional administrative arrangements have only recently been completed by the appointment of a Divisional Medical Officer for the Haltemprice Division, and were not fully operative so far as this Division is concerned until the beginning of 1953. Furthermore, the scheme, as a whole, cannot of course function in completeness until the time arrives when the work of the medical officers of health, at present performed in some County Districts by part-time officers, is undertaken by the Divisional Medical Officers. These factors

prevent a complete assessment of the scheme being made at the present time. Although the divisional arrangements render the actual administration of the service more indirect, and therefore, more complicated, it is anticipated that this disadvantage will be more than offset by the advantages which will eventually become apparent through the greater possibility of the development of personal associations between the individual officers and their staffs with the people and officers of other services within each divisional area.

The divisional administrative arrangements are therefore at officer level only. No divisional sub-committees of the Health Committee have been established, nor does there appear to be any concrete evidence that any advantage would be gained by the setting up of such sub-committees. The matter of local interest is adequately met by nomination by the various County District Councils of eight of their members as members of the County Health Committee with full voting powers, and by the fact that in the majority of instances the County Divisional Medical Officer is also the Medical Officer of Health of the County Districts within his Division.

Except to a small degree in the ambulance service, details of which are given later, there are no joint arrangements with other Local Health Authorities.

(2) CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

No '*ad hoc*' liaison committees have been established between the Health Authority, the Executive Council and the several Hospital Management Committees, serving the area. Some degree of co-ordination and appreciation of each others problems is obtained by the fact that some members of the Health Committee are also members of various Hospital Management Committees, and of the Executive Council. The County Medical Officer is a member of the Hospital Management Committee controlling the group of hospitals in the centre of the County and he is also a member of the Local Medical Committee.

There is a Leeds Regional Hospital Board and Local Health Authorities' Liaison Committee on which the Chairman and one member of the Health Committee represent the County Council. There is also a Liaison Committee whose members are Medical Officers of the Regional Hospital Board and Medical Officers of Health of the various Local Health Authorities which meets at approximately monthly intervals to discuss problems of mutual interest.

In the main, co-ordination and co-operation are obtained by personal contacts between the officers of the health department and the various officers of the other services.

No arrangements have so far been made for medical officers, health visitors, midwives or nurses employed by the Council to undertake any work for the care of patients under treatment in hospitals. These officers are, of course, always

available to do what they can in the provision of after-care services for patients discharged from hospital. Except in respect of cases of tuberculosis and school children and, to some extent, as regards maternity cases, little information reaches the health department direct regarding patients discharged from hospital who may be needing after-care. Most approaches are by telephone communications requesting the services of a district nurse or domestic help and little use appears to be made of the suggestions submitted by the Regional Hospital Board to the various Hospital Management Committees that a copy of the discharge report upon an adult needing after-care should be sent under confidential cover to the Medical Officer of Health. The senior medical officers of two hospitals in the County with maternity units keep me informed about patients discharged from those units. This information is of great value to health visitors as it supplies information as to the infants' weights and the method of feeding on leaving the hospital. Similar information is unfortunately not received from other maternity units.

So far as patients under treatment by general practitioners are concerned, there is, of course, a very close co-operation between practitioners and the domiciliary nursing service, the nurses usually being called in by the general practitioner and working under his direction.

The co-operation between general practitioners and health visitors has not so far developed to any great degree, but there are signs of such a development, especially where a health visitor's area does not include very many different practice areas.

General practitioners have been provided with information concerning the services available and each practitioner is sent a printed card giving appropriate details as to names, addresses and telephone numbers of the medical officers, health visitors, domiciliary nurses, etc., serving his practice area, for display in surgeries and waiting rooms. Similar notices are provided for each clinic premises and for displaying in post offices wherever possible. Each divisional health office as well as the health department at County Hall is available as a source of information.

(3) JOINT USE OF STAFF.

At the present time no doctors in general practice are undertaking work for the authority on a sessional basis, nor are any medical officers employed by the authority working part-time in the hospital or specialist services. One officer, the psychiatric social worker, was, until she left the service at the end of 1952, allocated for 4/11ths of her time for work with the East Riding Group Hospital Management Committee. As all the health visitors also act as tuberculosis visitors for their areas each attends at regular intervals at the Chest Clinics serving her area.

By arrangement with the Regional Hospital Board the various chest physicians serving the County undertake duties in connection with the prevention of tuberculosis and the

care and after-care of tuberculous patients, but otherwise the services of the specialists and other medical officers employed by the Board are limited to the orthopaedic, refraction and child guidance work of the school health service to which services, of course, children under five have access.

(4) VOLUNTARY ORGANISATIONS.

The British Red Cross Society co-operates in the ambulance service, and runs a medical loan service for a large part of the County.

The St. John Ambulance Brigade acts as agent for the supply of ambulance services in three areas of the County.

(5) CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(a) *Expectant and Nursing Mothers.*

In 1948 there were seven ante-natal clinics in the County, and ante-natal clinics were also held at three maternity hospitals. The schemes prepared under Section 22 of the National Health Service Act, 1948, envisaged an extension of these clinics, but in fact the number of attendances at all the clinics fell fairly rapidly, and now there are only two County ante-natal clinics functioning—one at Beverley and one at Hessle. These clinics are held at fortnightly intervals, and neither of them is really busy, although, within recent months, a larger number of expectant mothers who have booked beds for their confinements at the Westwood Hospital, Beverley, have been referred to the Beverley ante-natal clinic for routine care after an initial examination at the hospital. Ante-natal examination clinics under the supervision of the medical staff of the various hospitals are held regularly at the hospitals and maternity homes in the County, and are attended by each woman booking a bed on at least two occasions—one on booking, and one at the 36th week of pregnancy. As general practitioners have access to all the maternity units to attend their own cases, and many women book their own doctors, it is expected that these doctors will undertake most of the routine ante-natal care. As nearly sixty per cent. of the confinements take place in institutions the ante-natal care of the majority of women is covered in this way. Similarly, most women being confined in their own homes book their own doctors for their confinements and attend them for medical ante-natal examinations. In most of these cases the domiciliary midwife also pays regular ante-natal visits, averaging ten visits per case, and reports her findings to the general practitioner responsible for the case. In some instances general practitioners are organising ante-natal examination sessions in their own surgeries for their booked cases, and arrange with the appropriate domiciliary midwife to be present on these occasions. In one area the health visitor is also present by the invitation of the general practitioner.

Specialist opinion, when required, is in every case arranged through the patient's medical practitioner. No specialist clinics have been established.

At all clinics blood samples are taken as a routine.

The remarks regarding ante-natal care apply equally to post-natal care. There is only one post-natal clinic operating in the County, and this clinic is very little used. It was originally also giving conception control advice to married women who for medical reasons should avoid further pregnancies, but this service has now been very much limited by the Ministry of Health's ruling that patients given this advice through Local Health Authority clinics must, in addition to needing the help for medical reasons, be expectant or nursing mothers. Arrangements also exist for referring suitable cases to the York Corporation birth control clinic, but here, of course, the same limitations apply. Fortunately the Family Planning Association has opened clinics in Hull and Scarborough, and women from the County can, if they desire, obtain help and advice at these centres.

As far as can be ascertained little or no mothercraft training is given at the ante-natal and post-natal clinics held at the various hospitals. This was, of course, and still is, regarded as a very important part of the work of Local Authority clinics. In an attempt to overcome this difficulty enquiries have been made as to the possibility of health visitors attending the various hospital clinics, but the limited space usually available and other factors have so far not made it possible to make such arrangements. The matter is, however, still being followed up.

Sterilized maternity outfits are provided for all domiciliary confinements and distributed by domiciliary midwives.

The Council employ a special visitor to deal with the problems of unmarried mothers and their children. In addition to giving general advice and help she helps in the tracing of putative fathers, the placing of the mothers in employment, and, if necessary, the adoption of the infants. In the latter she works, of course, in close co-operation with the Children's Officer. The Council maintain a mothers and babies hostel of eight beds at "The Avenue" Hospital, Bridlington. These beds, although mostly used by unmarried mothers, are not limited to this class of patient. Women can, if necessary, stay at the hostel for a period extending from two months before their confinement to three months after that date. Occasional use may also be made of vacant beds for their use as rest and recuperation beds for short periods for suitable cases. Arrangements also exist whereby, if necessary, women can be admitted to the various Diocesan Moral Welfare Homes, but recently, with the fall in the number of illegitimate births the hostel provision made by the Council has been found to be adequate to meet all needs.

(b) *Child Welfare.*

Being mainly a rural area, the main reliance for general child welfare is placed on the home visits by health visitors. Infant welfare centres, however, continue to be popular and are now provided in the majority of the larger villages in addition to the urban centres. At the end of 1952 there were

56 centres operating. The centres at Barlby, Beverley, Bridlington, Driffield and Fulford are held in clinic premises owned or rented by the County Council, but the remainder are held in hired halls or rooms. Except in the urban areas sessions are usually at monthly intervals. Eight of the village centres are organised by voluntary associations, including six which are organised by the British Red Cross Society.

Except for twelve centres where medical officers attend only occasionally, all the centres have been attended regularly by the Council's medical officers.

No special consultant clinics have been organised. Children found to be in need of specialist advice are referred through their family doctors to appropriate specialists in the various hospitals. Children needing ophthalmic and orthopaedic treatment may, however, be referred directly to the specialist clinics arranged for school children through the school health service arrangements.

No general practitioners are known to have established infant welfare clinics in their own premises.

(c) *Care of Premature Infants.*

During recent years there have been comparatively few premature infants born and nursed in their own homes. For these, four sets of equipment are held in constant readiness. Each set of equipment is made up as follows:—

- 1 "Karricot."
- 2 blankets.
- 3 hot water bottles and covers.
- 1 washable waterproof lining with pockets for hot water bottles.
- 1 set of gamgee premature infant gowns and hoods.
- "Belcro" feeders.
- 1 electrically heated pad.

Very few requests have been received for the loan of this equipment. There is no difficulty in this area for arranging for premature infants to be admitted to hospitals, and at "The Avenue" Hospital at Bridlington there is a specially built premature infant unit.

Statistics relating to premature domiciliary live births for the year 1949 to 1952 are given below:—

| | 1949. | 1950. | 1951. | 1952. |
|---|-------|-------|-------|-------|
| Number of premature domiciliary live births | 54 | 50 | 24 | 37 |
| Number of these transferred to hospital | 6 | 14 | 5 | 7 |
| Number remaining at home who died:— | | | | |
| (a) within 24 hours of birth | 1 | 2 | — | 2 |
| (b) between the 2nd and the 7th day after birth | — | 1 | 1 | 2 |
| Number who were surviving at the end of 28 days | 47 | 32 | 18 | 26 |

(d) *Supply of Dried Milks, etc.*

There is a close co-operation with the Ministry of Food, and Welfare Foods distributed under the Government Welfare

Foods Scheme are available for distribution at nearly all the Welfare Centres. Where this arrangement is not made a Ministry of Food distribution centre is easily available to the mothers.

A limited number of proprietary foods and preparations are available for sale at all infant welfare centres.

(e) *Dental Care.*

The dental service for the school health service which it was expected would deal with the demands for mothers and young children is based mainly on the use of five caravans equipped as travelling dental surgeries and there are only two fixed dental clinics—one at Beverley and one at Bridlington. As it was never anticipated that the constantly moving dental caravans would be able to deal with expectant and nursing mothers, two other fixed clinics were planned—one at Pocklington and one at Withernsea—and arrangements were made to use the dental surgery at the East Riding General Hospital at Driffield. At Withernsea the fixed dental surgery will form part of the medical inspection and treatment section of the new secondary school. This, owing to unforeseeable delays, has not yet been completed. At Pocklington the surgery formed part of the school clinic premises which were completed in 1951, but owing to the fact that the Ministry of Health, in view of economy needs, would not permit the Council to proceed with the provision of the divisional health office accommodation in Pocklington which had been planned, the clinic premises have had to be used for offices, and the provision of a fixed dental surgery in this area has therefore been indefinitely deferred.

So far as expectant and nursing mothers are concerned, however, the demand for treatment through the County's dental service has always been small, and has shown little or no tendency to increase since the recent charges for dentures were imposed.

The lack of fixed dental surgery facilities cannot therefore be said to have caused any undue difficulty to date.

The establishment for dental staff is seven dental officers and one senior dental officer, but the number available has never been more than five (including the Senior Dental Officer), and this number was reduced to four at the beginning of 1952. As from that date, as the service to school children was having to be drastically curtailed, the services to expectant and nursing mothers ceased. Prior to that date arrangements existed for dental officers to be available to inspect the mouths of patients attending the Council's two ante-natal clinics and also the hospital ante-natal clinics at Beverley, Driffield and Bridlington, and to advise and offer treatment as necessary. Most women elected to obtain treatment through dental surgeons in private practice, e.g., in 1951, out of 188 women found to need treatment only 65 requested treatment through the Council's dental service. During recent months the Council has managed to obtain the service of a dental officer giving whole-time service and the part-time service of three

other dental surgeons who from 19th December were, between them, giving service in the Council's clinics to the extent of ten sessions per week, and despite the fact that the leeway in the treatment of school children had not yet been made up, arrangements were renewed for the inspection and treatment facilities for expectant mothers. In general, treatment will, of course, still have to be limited to that which can be given at the fixed surgeries at Beverley and Bridlington, and possibly at the hospital surgery at Driffield.

So far as young children are concerned the arrangements have always been that at Beverley and Bridlington they can be referred to the dentists working at the fixed surgeries attached to the two clinics. Elsewhere, shortly before the dental caravan is due to visit a school, health visitors advise as many mothers of young children in the area as they can of this visit and inspection facilities are arranged for those brought to the dental officer when he is carrying out his preliminary inspection at the school. Those needing treatment are offered it when, shortly afterwards, the treatment is provided for the school children in the caravan at the school. This service has continued despite the recent shortage of staff except, of course, that it has not been offered in those parts of the County where the shortage of staff necessitated the almost complete cessation of the routine dental service for school children. Very few parents take advantage of these facilities.

(6) DOMICILIARY MIDWIFERY AND (8) DOMICILIARY NURSING SERVICES.

Owing to the predominantly rural nature of the County the domiciliary midwifery and domiciliary nursing services have from the beginning been organised and administered as one service—a fortunate fact in view of the fall in the birth rate, and the proportionately greater fall in the number of domiciliary births. The establishment for domiciliary midwives and nurses is 70—i.e., one nurse for each 3,000 of population approximately, but so far the work has been satisfactorily carried out by 62 nurses. Although each nurse is under the immediate administrative control of the appropriate divisional medical officer, the personal and detailed supervision is carried out by the Supervisor of Midwives and District Nurses and her assistant, who are attached to the headquarters staff at County Hall. The Supervisor of Midwives and District Nurses also carries out the necessary supervision of midwives employed in the various hospitals and private maternity homes in the County. At the end of 1952 the domiciliary nursing staff was made up as follows:—

| | |
|-----------------------------------|----|
| Domiciliary Nurse-midwives | 42 |
| Domiciliary Midwives | 7 |
| Domiciliary District Nurses | 13 |

Of these, 16 were Queen's Nurses and 21 had had district training.

It is the Council's policy that all nurses shall have cars and that as soon as circumstances allow these cars shall be

provided by the Council. A few nurses are still, however, having to rely on bicycles, but these are working in built-up areas, where, though by no means ideal, this method of transport can still be used.

At the end of 1952 the position was as follows:—

| | |
|--|----|
| Nurses using cars provided by County Council | 36 |
| Nurses using cars owned by themselves | 20 |
| Nurses using bicycles | 6 |

In the early stages of the operation of the scheme housing problems caused considerable difficulty. This has now been largely overcome, partly because the Council have been able themselves to supply six flats and two houses and are providing two more houses, and partly because of the help given by the majority of the County District Councils in allocating council houses for use by domiciliary nurses.

At the end of 1952 the position with regard to the housing of domiciliary nurses was as follows:—

| | |
|---|----|
| Nurses living in accommodation provided by the County Council:— | |
| (a) Property owned by County Council | 10 |
| (b) Property leased from County District Councils | 18 |
| (c) Property leased from other owners | 3 |
| Nurses renting houses owned by District Councils | 2 |
| Nurses owning houses or renting from private owners | 22 |
| Nurses living in lodgings or with relatives | 7 |

The County Council has given approval for eight nurses each year to attend appropriate refresher courses, and for the Supervisor and Assistant Supervisor to attend refresher courses in alternate years.

(a) *Domiciliary Midwifery.*

At the end of 1952, there were 49 nurses undertaking domiciliary midwifery duties, all of whom also carried out work as district nurses.

All these midwives were qualified to give gas and air analgesia and were provided with suitable apparatus.

All undertake ante-natal care for the patients they book in co-operation with the general practitioners, if booked, or the ante-natal clinic, if attended by the patient. All midwives are provided with apparatus for taking blood pressure, i.e., a sphygmomanometer and a stethoscope. "The Avenue" Hospital at Bridlington is recognised as a Part II. Training School for midwives and the pupils attending work with domiciliary midwives in the County for their domiciliary experience. Five of the domiciliary midwives are recognised as being capable to take pupils, but arrangements have to be limited to those in whose districts there are a sufficient number of domiciliary cases, and thus at present only two midwives are undertaking the domiciliary training of pupils.

With the possible exception of the south-western part of the County, there is an ample supply of beds in maternity institutions, and as a consequence there has been little or no need for the various hospitals to limit their maternity admissions. Occasionally, however, requests are received for information as to a patient's social circumstances with a view

to assessing her priority need for institutional accommodation and arrangements exist for appropriate details to be obtained and passed on to the hospital concerned, together with the medical officer's recommendations.

(b) *Domiciliary Nursing.*

All domiciliary nurses work under the direct control of the general practitioner attending the cases they are nursing, and as a general rule practitioners themselves arrange for the nurse to attend a patient. The work of these nurses has increased considerably during recent years, due to the fact that many general practitioners arrange for the nurses to give any injections that may be prescribed.

For patients discharged from hospital and requiring a further period of nursing in their own homes, the approach to the nurse is again usually through the general practitioner, though sometimes hospital almoners will telephone a request direct to the County health department or to the divisional health offices.

The classification and numbers of the cases attended by District Nurses during 1952 was as follows:—

| | |
|-----------------------------|-------|
| Chronic medical cases | 1,734 |
| Surgical cases | 1,188 |
| Acute medical cases | 1,967 |
| Children | 834 |

No night service is provided, and no arrangements are made for district nurse training.

General statistics for the domiciliary nursing and midwifery service for the years 1949 to 1952 are shown below:—

| | 1949. | 1950. | 1951. | 1952. |
|--|-------|-------|--------|--------|
| Number of domiciliary nursing cases | 3401 | 4674 | 5238 | 5723 |
| Number of nursing visits paid:— | | | | |
| Medical cases | 66205 | 73198 | 88416 | 96579 |
| Surgical cases | 20299 | 25721 | 25050 | 22633 |
| Totals | 86504 | 98919 | 113466 | 119212 |
| Number of domiciliary deliveries:— | | | | |
| As midwives | 628 | 774 | 675 | 582 |
| As maternity nurses | 680 | 418 | 386 | 395 |
| Totals | 1308 | 1192 | 1061 | 977 |
| Number of visits paid:— | | | | |
| Ante-natal visits | 13582 | 12959 | 11083 | 10598 |
| Lying-in visits | 27511 | 24562 | 21342 | 20028 |
| Totals | 41093 | 37521 | 32425 | 30626 |
| Number of patients given gas and air analgesia | 660 | 657 | 574 | 621 |
| Number of nurses carrying out:— | | | | |
| Domiciliary nursing duties only | 8 | 10 | 10 | 13 |
| Combined nursing and midwifery duties | 53 | 51 | 51 | 49 |
| Totals | 61 | 61 | 61 | 62 |

(7) HEALTH VISITING.

The establishment provides for 25 health visitors/school nurses/tuberculosis visitors, the idea being that each nurse shall undertake all these duties in the area allocated to her. At the end of 1952 there were 21 nurses on the staff, but of these two were only qualified to act as school nurses and their duties were consequently limited to those connected with the school health service. There were thus 19 nurses giving service as health visitors/school nurses and tuberculosis nurses. Two additional nurses have been appointed who will take up their duties early in 1953.

Each health visitor is authorised to use a motor car in connection with her duties, and all but three use this means of transport. Each health visitor is primarily responsible to the divisional medical officer in whose health division her area lies. The health visitors have formed their own County Association, which holds meetings attended by all health visitors/school nurses at regular intervals. In addition, meetings are held at about three-monthly intervals which are attended by all the health visitors/school nurses and the medical staff of the County.

The work of health visitors is still mainly concerned with giving advice and help to expectant and nursing mothers and young children, but in addition to their tuberculosis after-care work they are gradually finding more and more calls on their services being made for other reasons, especially those connected with the problems of old people.

In the area of the County served by the Scarborough Hospital Management Committee, a scheme of co-operation exists between that Committee and the County health service for the classification into degrees of urgency of cases of aged sick requiring admission to hospital, the Health Authority being asked to help with information on the social conditions of the patients concerned. This scheme has had the result of bringing the health visitors in that area into much closer contact with the homes of elderly people.

No arrangements exist to help suitable officers to obtain the Health Visitors' Certificate.

Student health visitors undergoing training in Hull are granted facilities to work with County health visitors in order to gain experience in work in rural areas.

Three health visitors are sent each year to post-graduate courses.

(9) VACCINATION AND IMMUNISATION.

Propaganda in respect of vaccination and immunisation is carried out chiefly by advice given by health visitors on the occasion of visits paid to homes. It is also given by the staff at the various infant welfare centres. Each County District Council makes its own arrangements for special immunisation propaganda, previous agreed costs of posters, leaflets, etc., being met by the County Council.

In an attempt to provide individual advice, when necessary, on vaccination and immunisation a card index is maintained in each divisional health office. The notification of birth card of each child is retained and on this card is recorded the date of primary vaccination and immunisation. This information is obtained from the record cards submitted by the doctors carrying out this work. If, six months after its month of birth, a child is not recorded as having been vaccinated, the health visitor is instructed to call and try to persuade the parents to have this done. At the same visit she will also advise immunisation. Again, eighteen months after its month of birth, if a child's record shows that it has not been immunised, the health visitor pays a special call to try once more to persuade the parents to have the child immunised. As about 85% of vaccinations and about 60% of primary immunisations are undertaken by general practitioners, it is clear that this follow-up scheme depends a great deal on the early submission of the report forms by general practitioners. Most of the doctors are very helpful in this matter, but with a few there is a considerable delay in the return of these reports, and some reports are not received until a year or eighteen months has elapsed since the service to which they refer has been rendered. Such delayed returns are clearly of little or no value, even for statistical purposes.

Although parents whose children have received primary immunisation at about a year old are advised to submit them for "boosting" injections before they reach school age, most of these "boosting" injections result from special arrangements made in the schools by the various medical officers, and special sessions are usually held for the purpose of giving these injections. It is therefore found that so far as "boosting" injections are concerned, 80% are given at these special sessions and only 20% by general practitioners through individual arrangements.

The scheme made under Section 26 of the National Health Service Act has allowed from the beginning for the provision of facilities for immunisation against whooping cough upon the request of parents or guardians. In most instances this immunisation is carried out at the same time as that for diphtheria, use being made of a combined antigen, i.e., most of the children receiving this protection receive it when they are between 9 months and 15 months old.

The Council issues supplies of mixed antigen to general practitioners as requested.

Statistics for the years 1948 to 1952 are given below:—

| | 1948. | 1949. | 1950. | 1951. | 1952. |
|---------------------------------|-------|-------|-------|-------|-------|
| Number of primary vaccinations | 1576 | 1282 | 1615 | 1526 | 1601 |
| Number of re-vaccinations | 104 | 267 | 481 | 562 | 448 |

| | 1948. | 1949. | 1950. | 1951. | 1952. |
|---|-------|-------|-------|-------|-------|
| Number of primary immunisations :— | | | | | |
| by general practitioners | 1435 | 1369 | 1520 | 1410 | 1286 |
| at infant welfare centres | 1204 | 1560 | 1187 | 1114 | 1018 |
| Totals | 2639 | 2929 | 2707 | 2524 | 2304 |
| Number of re-immunisations :— | | | | | |
| by general practitioners | 99 | 197 | 301 | 400 | 414 |
| at special sessions | 1044 | 3058 | 2250 | 1996 | 2024 |
| Totals | 1143 | 3255 | 2551 | 2396 | 2438 |
| Number given anti-whooping cough vaccine :— | | | | | |
| by general practitioners | 184 | 617 | 762 | 577 | 489 |
| at infant welfare centres | 455 | 600 | 304 | 18 | 120 |
| Totals | 639 | 1207 | 1066 | 595 | 609 |

(10) AMBULANCE SERVICE.

The ambulance service has been the service which has had to surmount greater difficulties than any of the other services provided under the National Health Service Act, and considerable credit is due to the ambulance officer and his staff for the way in which they have overcome the various problems with which they have been confronted.

The fact that under the new arrangements the ambulance service would be free of charge naturally led to an increased use of the service being anticipated, but it was never anticipated that in the first six months of the new service the demands on it would represent nearly a four-fold increase on the corresponding periods for previous years. This was, however, to prove to give very little indication of the final demands to be made on the service, and by 1950 the number of patients carried had risen to over nine times as many as were known to have been conveyed by the various ambulances which were available in the County in 1946.

Since 1950 the demands made on the service have continued to increase, but at a slower rate. Owing to a change in the method of counting patient journeys, which came into effect from the beginning of 1951, it is not possible to make accurate comparisons between the figures for the last two years and the years up to and including 1950. The years 1951 and 1952 can, however, be compared and some details are given later in this report.

The service was originally planned on the following basic scheme :—

- (1) A general accident and local ambulance service to be provided :
 - (a) by ambulances owned by the County Council at Bridlington, Hessle and Pocklington;
 - (b) by ambulances owned by voluntary associations at Beverley, Brough, Cottingham, Driffield, Filey, Hornsea, Howden, Market Weighton, Swanland and Withernsea.

- (2) A general County Service by ambulances owned by the County Council stationed at Beverley (2 vehicles), Bridlington and Driffield. These vehicles were intended mainly to deal with long distance journeys, inter-hospital transport and infectious diseases.
- (3) A sitting-case car service by vehicles provided by the County Council situated at Beverley, Bridlington, Driffield, Pocklington, Weaverthorpe and Withernsea, this service being augmented by use of the Voluntary Car Pool.

These provisions were supplemented by agency arrangements with neighbouring Local Health Authorities as follows:—

- (a) The County Borough of Kingston upon Hull would provide the service for the area of the County situated to the north and east of the City and bounded by the River Hull in the west, and the boundary of the Hull telephone exchange system on the east.
- (b) The County Borough of York would provide the service for an area covering approximately the northern half of the Derwent Rural District.
- (c) The North Riding County Council would provide a service for the Norton Urban District and Norton Rural District areas.
- (d) The West Riding County Council would provide a service for the southern half of the Derwent Rural District and part of the Howden Rural District.

Although changed in detail, this scheme has basically altered very little. The chief changes have been caused by the gradual withdrawal by the various voluntary associations of the services they originally provided and by an increased provision by the Council of the "Utilecon" type of vehicles for sitting-case work. These vehicles have proved to be most useful, as although normally used for the transport of sitting cases, of which they can take up to six at a time, they can be quickly converted to take a stretcher case, and thus be used as emergency ambulances. With the increasing provision of this type of vehicle to deal with the large numbers of sitting cases needing transport to and from hospital out-patient departments, it has been possible more and more to restrict the use of the fully equipped large ambulances. This has not only resulted in a saving of expense, but has enabled these ambulances to be more readily available for emergency calls, which, of course, is their true function.

Except in the case of Bridlington, where it was possible to purchase some very suitable buildings, accommodation for the various ambulance stations has been a constant source of worry. This position should, however, soon be much improved. An ambulance station is in the course of construction at Withernsea and work will soon commence on the new stations at Driffield and Hessle. A site for a new station at Howden has been approved, and it is hoped that in the near future suitable sites will be found for stations in Hornsea and Pocklington.

At the end of 1952, the arrangements for the service throughout the County were as follows:—

| Station. | Number of vehicles. | | Number of staff. | Service provided by. |
|---------------------------|---------------------|---------------|------------------|----------------------|
| | Ambulances. | " Utilecons." | | |
| Beverley | 2 | 2 | 7 | County Council |
| Bridlington | 2 | 2 | 7 | County Council |
| Brough | 1 | — | Volunteers | S.J.A.B. |
| Cottingham | 1 | — | Volunteers | S.J.A.B. |
| Driffield | 1 | 1 | 4 | County Council |
| Elly | 2 | — | Volunteers | S.J.A.B. |
| Hessle | 1 | 1 | 4 | County Council |
| Hornsea | 1 | — | 3 | County Council |
| Howden | 1 | 1 | 3 | County Council |
| Market Weighton | 1 | — | Volunteers | B.R.C.S. |
| Pocklington | 1 | 2 | 4 | County Council |
| Waverthorpe | — | 1 | Garage Staff | County Council |
| Withernsea | 1 | 2 | 4 | County Council |
| Reserve Civil Defence ... | 1 | 1 | — | County Council |

At the end of 1952, the County Council's fleet of vehicles consisted of:—

| | |
|--------------------------|----|
| Daimler Ambulances | 8 |
| Austin Ambulances | 3 |
| Bedford Ambulance | 1 |
| " Utilecons " | 13 |

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| Name of the person | | Address | | Occupation | |
|--------------------|--|-----------------|--|------------|--|
| John Doe | | 123 Main St. | | Teacher | |
| Jane Smith | | 456 Elm St. | | Nurse | |
| Robert Brown | | 789 Oak St. | | Engineer | |
| Mary White | | 101 Pine St. | | Homemaker | |
| James Green | | 202 Cedar St. | | Farmer | |
| Elizabeth Black | | 303 Birch St. | | Retailer | |
| William Gray | | 404 Spruce St. | | Scientist | |
| Margaret Hall | | 505 Willow St. | | Artist | |
| Richard King | | 606 Ash St. | | Lawyer | |
| Susan Lee | | 707 Hickory St. | | Musician | |

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Statistical information relating to the years 1951 and 1952 is given below:—

| Types of case. | NUMBER OF CASES DEALT WITH BY:— | | | | | | | | | | | | TOTAL CASES:— | | | |
|--|---------------------------------|--------------|---------------|--------------|-------------------------|-------------|-------------|-------------|--------------------|-------------|-------------|-------------|---------------|--------------|-------------------------|--------------|
| | County Council. | | | | Voluntary Associations. | | | | Other Authorities. | | | | Ambulances. | | " Utilecons " and cars. | |
| | Ambulances. | | " Utilecons." | | Ambulances. | | Cars. | | Ambulances. | | Cars. | | 1951. | 1952. | 1951. | 1952. |
| | 1951. | 1952. | 1951. | 1952. | 1951. | 1952. | 1951. | 1952. | 1951. | 1952. | 1951. | 1952. | | | | |
| Accident | 508 | 514 | 148 | 270 | 303 | 254 | 6 | 15 | 179 | 175 | 9 | 3 | 990 | 943 | 163 | 288 |
| Acute illness | 286 | 463 | 46 | 66 | 309 | 263 | 1 | 5 | 150 | 35 | 6 | 4 | 745 | 761 | 53 | 73 |
| Emergency Maternity | 58 | 93 | 4 | 19 | 89 | 82 | — | — | 32 | 31 | 3 | 13 | 179 | 206 | 7 | 32 |
| General illness | 1921 | 1877 | 463 | 754 | 401 | 320 | 27 | 37 | 181 | 259 | 31 | 74 | 2503 | 2456 | 521 | 865 |
| Maternity | 405 | 459 | 38 | 141 | 95 | 63 | 18 | 12 | 41 | 37 | 10 | 11 | 539 | 559 | 66 | 164 |
| Tuberculosis | 28 | 34 | 26 | 28 | 8 | 4 | — | — | 4 | 6 | — | — | 40 | 44 | 26 | 28 |
| Infectious Diseases | 124 | 108 | 41 | 70 | 15 | 7 | — | — | 13 | 16 | — | 2 | 152 | 131 | 41 | 72 |
| Mental | 69 | 91 | 48 | 48 | 13 | 13 | 6 | 2 | 2 | — | 3 | 5 | 84 | 104 | 57 | 55 |
| Totals | 3397 | 3639 | 814 | 1396 | 1233 | 1006 | 58 | 71 | 662 | 559 | 62 | 112 | 5232 | 5204 | 934 | 1577 |
| Inter-hospital transfers | 507 | 710 | 252 | 351 | 36 | 32 | 2 | — | 54 | 104 | 5 | 10 | 597 | 846 | 239 | 361 |
| Hospital discharges | 1270 | 1222 | 989 | 1627 | 456 | 403 | 353 | 465 | 264 | 187 | 88 | 128 | 1988 | 1812 | 1430 | 2220 |
| Out-patient and clinic attendances | 12412 | 7231 | 11923 | 18242 | 3426 | 2550 | 1939 | 3124 | 3375 | 2152 | 1044 | 1011 | 19223 | 11933 | 14906 | 22377 |
| GRAND TOTALS: CASES .. | 17586 | 12802 | 13918 | 21616 | 5159 | 3991 | 2352 | 3658 | 4295 | 3002 | 1199 | 1261 | 27040 | 19795 | 17509 | 26535 |
| Journeys | 6257 | 5786 | 4328 | 7141 | 2285 | 1593 | 1040 | 1525 | 2058 | 1698 | 606 | 770 | 10600 | 9077 | 5974 | 9436 |
| Mileage | 164910 | 145983 | 165536 | 236489 | 75030 | 43937 | 34873 | 40085 | 54063 | 37791 | 13497 | 13582 | 293103 | 226711 | 213906 | 290156 |
| Patients per journey | 2.81 | 2.21 | 3.22 | 3.03 | 2.26 | 2.50 | 2.26 | 2.39 | 2.08 | 1.89 | 1.98 | 1.64 | 2.55 | 2.17 | 2.93 | 2.99 |
| Miles per journey | 26.2 | 25.1 | 38.2 | 33.1 | 32.8 | 27.5 | 33.5 | 26.2 | 26.2 | 22.2 | 22.2 | 17.6 | 27.6 | 24.9 | 35.8 | 30.7 |
| Miles per patient | 9.3 | 11.4 | 11.9 | 10.9 | 14.5 | 11.0 | 14.9 | 10.9 | 10.2 | 12.4 | 11.3 | 10.7 | 10.8 | 11.4 | 12.2 | 10.9 |

Grand total figures for all vehicles, i.e., County Council, Voluntary Associations and other Authorities, were as follows:—

| Types of case. | 1951. | 1952. | Increase in 1952 as compared with 1951. | |
|---|--------------|--------------|---|-------------|
| | | | Actual. | Percentage. |
| Accident | 1153 | 1231 | 78 | 7% |
| Acute Illness | 798 | 834 | 36 | 5% |
| Emergency Maternity .. | 186 | 238 | 52 | 27% |
| General Illness | 3024 | 3321 | 297 | 9% |
| Maternity | 605 | 723 | 118 | 20% |
| Tuberculosis | 66 | 72 | 6 | 9% |
| Infectious Disease | 193 | 203 | 10 | 5% |
| Mental | 141 | 159 | 18 | 13% |
| Totals | 6166 | 6781 | 615 | 10% |
| Inter-hospital Transfers .. | 836 | 1207 | 371 | 44% |
| Hospital discharges | 3418 | 4032 | 614 | 18% |
| Out-patients and Clinic attendances | 34129 | 34310 | 181 | 0.5% |
| GRAND TOTALS : CASES ... | 44549 | 46330 | 1781 | 4% |
| Journeys | 16574 | 18513 | 1939 | 11.7% |
| Mileage | | | 9858 | 2% |
| Average patients per Journey | 507009 | 516867 | | |
| Average miles per Journey | 2.69 | 2.50 | | |
| Average miles per patient | 30.6 | 27.9 | | |
| | 11.4 | 11.2 | | |

In addition, 8 patients were sent by train in 1951, and 9 in 1952, the mileages involved being 1,484 and 1,273 respectively.

Among the patients referred to above, there were 560 in 1951 and 760 in 1952 whose journeys were chargeable to other Authorities. The mileages involved were 7,271 and 8,854 respectively.

It will be seen from the figures given above that there has been a steady all round increase in demands on the service in 1952 as compared with 1951. The number of patients requiring ambulance transport mainly for admission to hospital increased by 615—a percentage increase of 10%. Patients needing transport for treatment as hospital out-patients, or at various clinics, increased by only 181, a percentage increase of only 0.5%, so that it would appear that the demand for this type of transport has nearly reached its peak. Whether it can be reduced from the high level that has been reached is uncertain. Calls for this purpose now represent 74% of all calls.

The demands for transport for patients being moved from one hospital to another, or more often between a hospital and its annexe, are increasing, as are also requests for transport for patients being discharged from hospitals. In 1952, the demands in these two groups represented increases of 44% and 18% respectively over the 1951 figures.

The mileage covered by all vehicles in 1952 was nearly 10,000 miles more than in 1951, 29,000 more than in 1950, and over 118,000 more than in 1949.

(11) PREVENTION, CARE AND AFTER-CARE.

(a) *Tuberculosis.*

As has been stated previously, by arrangement with the Regional Hospital Board, the various consultant chest physicians whose areas extend into the County undertake the duties of prevention and care and after-care so far as their areas are concerned. There are three consultant chest physicians having these duties, one centred on Hull whose area covers the central, southern and south-eastern parts of the County, one centred on York whose area covers the western and northern parts of the County, and one centred on Pontefract whose area covers the south-western part of the County. Most of the actual work in the County is delegated by the consultants to assistant chest physicians. At the end of 1952 there were five assistant chest physicians, of whom only one had an area of responsibility which was entirely within the County. These factors, combined with the several changes which have occurred among the personnel of the chest physicians, have made it difficult to maintain a close co-ordination with the County health department, but the position has been gradually improving since a relative degree of stability was obtained in the chest physician service during 1952. Difficulties of co-ordination have also arisen due to the fact that few of the chest physicians have responsibility for sanatorium or hospital beds. These latter difficulties have now, however, been considerably reduced owing to the development of a tuberculosis admission bureau under the supervision of the consultant chest physician for the Hull area. This bureau controls sanatorium admissions for the whole County area and keeps the health department informed of all admissions and discharges and where possible of impending discharges. This latter information is clearly of great importance to the health department.

The chief co-ordinating link between the two services is formed by the health visitors. No separate appointments of tuberculosis visitors have been made, but each health visitor acts as the tuberculosis visitor for her own area. Arrangements are made for each health visitor to attend at regular intervals at the chest clinic serving her area so that she can effect a personal link with the chest physician, and the chest physicians have been requested so to organise their appointments that as far as possible patients attending for re-examination shall attend the clinic on the days when the health visitor for the area in which these patients reside will also be at the clinic. From the chest physicians' point of view this arrangement has obvious disadvantages, but I am satisfied that for a sparsely populated area such as the East Riding the appointment of special tuberculosis visitors, each of whom would have to cover a large area of the County, is not justified and few would have the detailed knowledge of the families concerned, such as is available to an all-purpose health visitor working, as she does, in a relatively limited area.

The Divisional Medical Officers being in most cases Medical Officers of Health of the various County Districts can, where necessary, link up with the chest physicians directly or through the health visitors on matters affecting both the County health services and the environmental services controlled by the District Councils.

Although after-care committees were originally visualised, the scattered nature of the County created many difficulties in establishing committees which would at the same time be representative and practically effective, and so no such committees have been formed. In the Haltemprice Division towards the end of the year however, the Divisional Medical Officer has made an arrangement to form a committee which includes officer representatives of various official and voluntary bodies. This committee will meet as may be necessary to discuss ways of helping individuals or families in the divisional area, whether the help is required on account of tuberculosis or for other reasons.

Among general after-care arrangements for domiciliary cases the County service provides for the loan, free of charge, of nursing requisites and garden shelters. There has been a considerable reduction in the requests for these shelters in recent years and of the 38 available only 18 were in use at the end of 1952.

Up to two pints of milk per day are provided free of charge to domiciliary cases of pulmonary tuberculosis who, in the opinion of the chest physicians, need this extra nourishment for clinical reasons and whose financial circumstances warrant a free supply being granted. Patients so recommended are granted a supply for a period of not more than three months, but the supply can be repeated if they are seen again by the chest physician and he recommends a continuation of the arrangement. There has been a steady increase in the number of patients recommended for the supply of free milk and at the end of 1952, 146 patients were in receipt of this help.

On the recommendation of the chest physicians patients can be sent to after-care colonies. Three patients have been so recommended and sent either to Papworth or Preston Hall since 1948.

The Regional Hospital Board Mass Radiography Unit which is stationed in Hull and which tours the County area during the summer months has, since its inception, worked in close co-operation with the County health department.

(b) *General Illness.*

General facilities for advisory help or follow-up information are provided at the request of hospitals, the advice or information being usually given by the appropriate health visitors.

The main general care provision is that of the loan of nursing requisites to patients being nursed in their own homes. This service is provided and administered by the British Red Cross Society who have established depôts in most parts of

the County. The scheme was based on one originally operated by the Society, and who made available the equipment they then held as a nucleus to which has been added equipment provided by the County Council. All costs are now met by the County Council, but the arrangements for local distribution are in the hands of the voluntary personnel of the Society. Charges according to the patients' means are only made for larger articles, e.g., wheel chairs, air beds, etc. It was hoped to arrange for a similar scheme with the St. John Ambulance Brigade in those parts of the County where this voluntary association operates, but unfortunately it has not been possible to make an arrangement comparable to that negotiated with the British Red Cross Society, which has proved in every way satisfactory.

At the end of 1952, there were 43 medical loan depôts operating, and from these 1,187 articles were loaned during the year.

(12) DOMESTIC HELP.

This service has developed from the small Home Help service which was in existence before 1948. The service is under the immediate control of a specially appointed organiser.

The scheme provides that, as circumstances allow, the service of domestic helps will be made available to households where that help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. In effect the service has been mainly used for lying-in women, and cases of illness in many instances associated with old age.

Owing to the rural nature of the County and, in general, the difficulty in assuring continued work for any particular domestic help within easy reach of her home, all the domestic helps are employed on a casual or case-to-case basis, but a certain number of these, up to, at present, a maximum of fifteen, may be paid retaining fees when not allocated to cases. The retaining fee is 10s. 0d. per week, this payment being conditional upon the domestic help undertaking to work within a reasonable distance of her home in *any* household at the request of the organiser.

At the end of 1952 the panel of domestic helps consisted of four "retained" domestic helps and 113 casually employed.

This service has grown steadily each year. A limitation of the amount of help made available has existed and does still exist, but this is mainly due to the limited number of suitable domestic helps who have to be reasonably distributed throughout the County, and to the fact that more and more time is having to be spent by these helps in giving service over long periods to patients suffering from chronic illness or old age.

The figures for the years since 1948 are shown below:—

| | 1948. | 1949. | 1950. | 1951. | 1952. |
|--|-------|-------|-------|-------|-------|
| Number of domestic helps on panel at end of year | 38 | 64 | 81 | 99 | 117 |
| Number of cases attended during year:— | | | | | |
| Confinement | 133 | 186 | 171 | 133 | 136 |
| General illness | 55 | 127 | 161 | 213 | 316 |
| Tuberculosis | — | — | 3 | 5 | 7 |
| Totals | 188 | 313 | 335 | 351 | 459 |

Of the cases attended by domestic helps during 1952 approximately 50% received help for three months or longer, and 30% of the cases attended received help for six months or more. In most of these cases the help provided amounted to only a few hours per day, but in aggregate this demand takes a large proportion of the domestic help time which is available for the service as a whole. This factor, together with recent wage increases, explains why the cost of this service has risen so steeply in recent years, a rise which has not been followed by a commensurate increase in the total number of households receiving help.

Domestic helps are recruited by personal selection on the part of the Organiser, suitable references being obtained in every case. No arrangements have been made for special training facilities for domestic helps.

(13) HEALTH EDUCATION.

The County Council contributes to the funds of the Central Council for Health Education, and a fairly wide use is made of the literature and posters prepared and distributed by this and other similar organisations. These are distributed by health visitors and school nurses, and at Infant Welfare Centres and School Clinics.

(14) MENTAL HEALTH.

(i) *Administration.*

(a) The Committee responsible for the mental health service is the Mental Health Service Sub-Committee of the Health Committee. This Sub-Committee consists of the Chairman and nine other members of the Health Committee. This Sub-Committee meets quarterly for the purpose of considering reports on defectives and other persons and making recommendations to the Health Committee on matters affecting the administration of the service or on any specific action to be taken in any individual case.

(b) *Staff.*

(i) *Medical.*

No medical officers have been specially appointed for work in connection with mental health. The duties are carried out by the whole-time medical staff of the health department,

seven of whom are recognised for the purpose of examining educationally sub-normal children and are also approved as examining and certifying officers under the Mental Deficiency Acts.

(ii) *Other Staff.*

This consists of a qualified psychiatric social worker, a woman social worker, who holds a diploma of social service, and four duly authorised officers. Three of the latter have attended approved courses on mental health work.

The four duly authorised officers are also district welfare officers responsible for the welfare side of their work to the County Welfare Officer. There is thus a close link with the Welfare Department. The County Welfare Officer, his deputy and one other member of the central staff are also recognised as duly authorised officers.

The post of psychiatric social worker was held by an officer provided by an arrangement with the National Association for Mental Health, but she was withdrawn at short notice and transferred to another area on 1st January, 1953. The Council has now decided to replace her with a qualified psychiatric worker in their direct employment, subject to it being ascertained that the East Riding Hospital Management Committee desire to continue indefinitely the arrangements for the joint user of this officer's services.

(c) *Joint arrangements.*

Until her withdrawal at the end of 1952 arrangements existed with the East Riding Hospital Management Committee for the psychiatric social worker to be available to the extent of four sessions per week for work either in the Broadgate Hospital or at the psychiatric out-patient departments staffed by the medical staff of that hospital.

The psychiatric social worker also has duties in the child guidance clinic service of the school health service. This service also uses part of the time of the educational psychologist, who is employed whole-time by the Education Committee, and the Regional Hospital Board provides the service of a psychiatrist.

Under arrangements made with appropriate Regional Hospital Boards and Hospital Management Committees, the staff of the department undertakes the domiciliary supervision of defectives who are on licence from institutions, and other persons suffering from mental illness who are residing in their own homes or with friends or employers in the County. They also carry out the non-medical supervision of patients licensed to Agricultural Hostels at Keyingham and Cherry Burton under the control of the Hull "B" and East Riding Hospital Management Committees respectively. The patients at the Bubwith Hostel, under the control of the York "B" Hospital Management Committee are supervised by officers of that Committee.

(d) No duties have been delegated by the Council to voluntary associations.

(e) No training courses for officers have been arranged by the Council.

(ii) *Work undertaken in the community.*

(a) *General care and after-care.*

All mental defectives residing in the County who are under statutory supervision, or licensed from institutions, or are under guardianship orders, are visited regularly by the mental health social worker or the duly authorised officers. These visits are paid at at least quarterly intervals, unless the Committee has agreed that such visits should be at half-yearly or at yearly intervals. These officers thus provide a general welfare and advisory service for parents and guardians as well as for the defectives themselves. The reports prepared by these officers on each case they visit are submitted under confidential cover for the information of the Committee, and are considered at each quarterly meeting.

The number of cases under supervision is constantly growing, and the waiting list for places in institutions, which by 1949 had become negligible, is now also steadily increasing. The increase in the number of cases under supervision is to a considerable extent due to improved ascertainment on the part of the school health service, which is having the effect of more adolescents than formerly being notified under Section 57 (5) of the Education Act, 1944. These cases are watched for two or three years, and if they show that they can satisfactorily cope with the problems of the adult life, are then specially re-examined with a view to their being removed from the list of cases under supervision.

The psychiatric social worker had been giving whole-time service within the County since the middle of 1949. She had gradually been extending the scope of her work, and benefits at last appeared to be showing from the arrangement whereby her services were made available to the Broadgate Hospital and the psychiatric out-patient sessions which are now being held in Driffeld. Cases whose homes were in the County were also being referred from other mental hospitals for after-care follow-up work and report, and practitioners and others were beginning to refer cases to her for advice and help. Demands for help of this nature are bound to be slow to develop and, in all, the cases referred to her have been few. The figures for the years 1949 to 1952 are as follows:—

| | 1949. | 1950. | 1951. | 1952. |
|-------------------------|-------|-------|-------|-------|
| New cases referred from | | | | |
| Mental Hospitals | 12 | 14 | 37 | 48 |
| Other sources | 17 | 23 | 24 | 9 |
| Totals | 29 | 37 | 61 | 57 |

(b) *Lunacy and Mental Treatment Acts.*

The duly authorised officers attend to the certification and removal of patients to hospitals, and as occasion arises also help with advice as to procedure, etc., in cases dealt with by petition and with voluntary and temporary cases.

Patients dealt with since 1948 were as follows:—

| | 1948. | 1949. | 1950. | 1951. | 1952. |
|---|-------|-------|-------|-------|-------|
| Admitted to Mental Hospitals:— | | | | | |
| Certified patients | 63 | 128 | 71 | 48 | 68 |
| Voluntary patients | 11 | 23 | 11 | 18 | 16 |
| Temporary patients | 3 | 7 | 5 | 1 | 1 |
| Other cases:— | | | | | |
| Admitted to approved general hospitals (3 day orders) | 15 | 29 | 36 | 42 | 44 |
| Advisory | 13 | 39 | 23 | 50 | 54 |
| Totals | 105 | 226 | 151 | 159 | 183 |

(c) *Mental Deficiency Acts.*(i) *Ascertainment.*

The majority of cases coming to notice are by notification from the Education Committee under Sections 57 (3) and 57 (5) of the Education Act, 1944. Other cases are reported from various sources from time to time, such sources being general medical practitioners, the authorised officers and welfare officers, area Assistance Board officers and the police. Cases notified by the Education Committee are, of course, examined by the Council's medical officers in their capacity as school medical officers before such notification takes place, but all cases referred from other sources are examined by the County's approved medical staff before being finally ascertained as subject to be dealt with. As has previously been stated, the cases placed under supervision are visited regularly by the mental health social worker or authorised officers.

(ii) *Guardianship.*

Only three cases were under guardianship at the end of 1952. Each case under guardianship is visited regularly by the social worker or an authorised officer, and is examined twice a year by an approved member of the County medical staff.

(iii) *Occupational training.*

Owing to the nature of the County it is not practicable to set up occupation centres for mental defectives. Even in the larger towns such as Beverley and Bridlington and the Urban District of Haltemprice there are insufficient suitable cases to warrant the formation of such centres. In 1950 the W.V.S. in Bridlington did open a club for mental defective children which was worked on occupation centre lines, but after 12 months this had to be closed, due to lack of interest on the part of parents of the children.

Since her appointment in 1949 the mental health social worker has been giving tuition to a limited number of defectives in their own homes. This tuition has been mainly in simple handicrafts, though with some cases simple reading is also taught. The cases are scattered throughout the County and these tuition visits cannot therefore be more frequent than once a week or once every two weeks, and any success depends considerably on the full co-operation of the patient's parents or friends.

Towards the end of 1952 a survey was carried out of all the mental defectives under supervision with a view to assessing the need and the possibility of extending this home tuition service, and also with a view to finding out whether in certain of the more built-up areas it would be possible to form tuition groups. The result of this survey showed that 35% of the cases were in more or less regular employment, and that possibly 60 cases might benefit from home training. Of these 60 cases, 30 were over 16 years of age, and 20 were already receiving training. The 40 cases not so far receiving training were then considered individually, and it was eventually decided that, having regard to all circumstances and limiting the upper age limit to 25 years, only fifteen would be likely to benefit in any way. These are now being included in the social worker's training list. The survey also showed that at present in no place was the setting up of a group training centre likely to be justified. In certain cases it was considered, however, that more success might be obtained if a child could be given individual tuition away from its own home, and authority has been given where circumstances justify it, and where a suitable local teacher can be found for individual tuition fees to be paid to such teachers.

(iv) Statistics relating to the cases dealt with since 1948 are shown below:—

| | 1948. | | | 1949. | | | 1950. | | | 1951. | | | 1952. | | |
|--|-------|---------|--------|-------|---------|--------|-------|---------|--------|-------|---------|--------|-------|---------|--------|
| | Male. | Female. | Total. | Male. | Female. | Total. | Male. | Female. | Total. | Male. | Female. | Total. | Male. | Female. | Total. |
| Number of defectives on the register at end of the year under: | | | | | | | | | | | | | | | |
| Statutory Supervision | 108 | 87 | 195 | 110 | 86 | 196 | 131 | 101 | 232 | 147 | 117 | 264 | 164 | 123 | 287 |
| Voluntary Supervision | — | — | — | 8 | 2 | 10 | 10 | 2 | 12 | 7 | 5 | 12 | 8 | 6 | 14 |
| Guardianship | 1 | 2 | 3 | 1 | 2 | 3 | 3 | 1 | 4 | 2 | 1 | 3 | 2 | 1 | 3 |
| Licence | 7 | 4 | 11 | 8 | 7 | 15 | 6 | 6 | 12 | 4 | 5 | 9 | 5 | 5 | 10 |
| Totals | 116 | 93 | 209 | 127 | 97 | 224 | 150 | 110 | 260 | 160 | 128 | 288 | 179 | 135 | 314 |

| | 1948. | 1949. | 1950. | 1951. | 1952. |
|--|-------|-------|-------|-------|-------|
| Number of new cases ascertained during the year | 37 | 28 | 54 | 45 | 51 |
| Number of cases awaiting beds in institutions at end of the year | 31 | 2 | 5 | 16 | 21 |
| Number of cases removed from the register during the year (other than transfers) | — | 1 | 4 | 9 | 10 |

TABLES SHOWING SEX, AGE AND CLASSIFICATION OF DEFECTIVES AT THE END OF 1952.

| Ages. | Male. | Female. | Total. |
|---------------------|-------|---------|--------|
| Under 16 | 46 | 38 | 84 |
| 16—20 | 50 | 28 | 78 |
| 21—29 | 27 | 20 | 47 |
| 30 and over | 56 | 49 | 105 |
| Totals | 179 | 135 | 314 |
| Classifications. | | | |
| Feeble-minded | 101 | 64 | 165 |
| Imbeciles | 59 | 48 | 107 |
| Idiots | 19 | 23 | 42 |
| Totals | 179 | 135 | 314 |

STATISTICS AND NOTES ON THE LOCAL HEALTH SERVICES FOR THE YEAR 1952.

ANTE-NATAL CARE.

General practitioners gave ante-natal service to 2,022 cases under the general maternity services scheme and the domiciliary midwives paid 10,598 ante-natal visits to women who were being delivered in their own homes.

Statistics relating to ante-natal clinics are shown below:—

| Clinic | No. of sessions | No. of new patients | No. of women attending | No. of attendances | Average attendances per patient | Average attendances per session |
|---|-----------------|---------------------|------------------------|--------------------|---------------------------------|---------------------------------|
| Beverley | 26 | 44 | 54 | 162 | 3 | 6 |
| Hessle | 26 | 34 | 42 | 137 | 3 | 5 |
| "The Avenue" Hospital, Bridlington | 102 | 530 | 699 | 2723 | 4 | 27 |
| East Riding General Hospital, Driffield | 102 | 185 | 231 | 952 | 4 | 9 |
| Westwood Hospital, Beverley | 52 | 543 | 678 | 1834 | 3 | 35 |
| Woodgates Maternity Home, North Ferriby | 52 | 535 | 556 | 1208 | 2 | 23 |
| Totals..... | 360 | 1871 | 2260 | 7016 | 3 | 19 |

POST-NATAL CARE.

During the year, 311 patients attended post-natal clinics at the Westwood, the East Riding General and "The Avenue" Hospitals, and 53 were examined at the Council's clinics.

In addition, 1,913 women are reported as having had a post-natal examination by their own doctors through the National Health Service Maternity Services Scheme.

MATERNAL MORTALITY.

There were four maternal deaths in the County during the year. The maternal mortality rate was 1.24 per 1,000 total births, whilst that for England and Wales was 0.72.

ANTE-NATAL AND POST-NATAL HOSTEL.

Twenty-eight patients were admitted to the mothers and babies hostel at "The Avenue" Hospital, Bridlington, the average length of stay being 49 days.

INFANT WELFARE CENTRES.

There has been a slight fall in both the number of children attending and in the total number of attendances at the Infant Welfare Centres as compared with the figures for 1951. New attendances of children under one year of age represented 47% of the registered live births in the County.

At the end of the year, 56 infant welfare centres were operating. During the year, one new centre was opened at Swanland.

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. | 6 | 29 | 183 | 14 4 |
| Anlaby | " 2 " | 58 | 154 | 1052 | 38 8 |
| Barlby | " 2 " | 20 | 54 | 340 | 13 3 |
| Beverley | Every week. | 178 | 364 | 4216 | 84 4 |
| Bliton | Every 4 wks. | 9 | 46 | 280 | 22 2 |
| Bishop Burton (V) .. | " 4 " | 4 | 26 | 222 | 13 3 |
| Brandesburton (V) .. | " 4 " | 12 | 34 | 201 | 17 7 |
| Bridlington | Twice weekly | 142 | 289 | 3468 | 34 4 |
| Brough | Every 2 wks. | 39 | 68 | 727 | 29 8 |
| Bubwith | Every 4 wks. | 12 | 62 | 353 | 27 7 |
| Burton Pidsea | " 4 " | 6 | 19 | 112 | 9 9 |
| Cottingham | Every week. | 114 | 321 | 3422 | 65 5 |
| Driffild | " " | 71 | 121 | 1396 | 26 8 |
| Dunnington | Every 4 wks. | 5 | 26 | 143 | 11 1 |
| Elvington | " 4 " | 6 | 29 | 188 | 14 4 |
| Flley | " 2 " | 35 | 53 | 721 | 27 7 |
| Flamborough | " 2 " | 19 | 27 | 416 | 17 7 |
| Flixton | " 4 " | 11 | 24 | 248 | 19 8 |
| Fulford | Every week. | 57 | 125 | 1582 | 30 0 |
| Hedon | Every 4 wks. | 36 | 51 | 440 | 34 4 |
| Hessle | Every week. | 115 | 258 | 2929 | 55 5 |
| Holme | Every 2 wks. | 26 | 58 | 585 | 22 2 |
| Hornsea | " 2 " | 43 | 94 | 967 | 36 6 |
| Hotham (V) | " 4 " | 3 | 13 | 91 | 8 8 |
| Howden | " 4 " | 16 | 40 | 283 | 22 2 |
| Hunmanby | " 2 " | 16 | 59 | 581 | 23 3 |
| Keyingham | " 4 " | 6 | 25 | 130 | 10 0 |
| Kilham | " 4 " | 7 | 29 | 219 | 18 8 |
| R.A.F., Leconfield (V) | " 4 " | 21 | 39 | 220 | 18 8 |
| Leven | " 4 " | 3 | 31 | 180 | 15 5 |
| Long Riston (V) | " 4 " | 9 | 20 | 117 | 9 9 |
| Market Weighton .. | " 2 " | 25 | 73 | 574 | 23 3 |
| Melbourne | " 4 " | 8 | 20 | 144 | 11 1 |
| Middleton | " 4 " | 14 | 21 | 286 | 22 2 |
| Newport | " 4 " | 17 | 37 | 275 | 21 1 |
| North Cave (V) | " 2 " | 12 | 54 | 681 | 27 7 |
| North Ferriby | " 4 " | 19 | 53 | 319 | 24 4 |
| North Newbald | " 2 " | 13 | 36 | 463 | 19 8 |
| Norton | " 2 " | 22 | 51 | 439 | 18 8 |
| Patrington | " 4 " | 27 | 53 | 388 | 30 0 |
| Pocklington | " 2 " | 24 | 65 | 726 | 28 8 |
| Preston | " 4 " | 19 | 42 | 256 | 23 2 |
| Riccall | " 4 " | 7 | 34 | 188 | 17 7 |
| R.A.F. Riccall | " 4 " | 9 | 31 | 180 | 14 4 |
| Rillington | " 4 " | 9 | 43 | 288 | 22 2 |
| Sherburn | " 4 " | 17 | 27 | 247 | 19 8 |
| Skirlaugh | " 4 " | 12 | 18 | 129 | 10 0 |
| South Cave | " 4 " | 10 | 27 | 184 | 14 4 |
| Stamford Bridge .. | " 4 " | 15 | 66 | 333 | 30 0 |
| †Swanland | " 4 " | 8 | 5 | 35 | 9 9 |
| Walkington (V) | " 4 " | 2 | 20 | 129 | 10 0 |
| Warter | " 4 " | 2 | 14 | 119 | 9 9 |
| Weaverthorpe | " 4 " | 8 | 24 | 123 | 11 1 |
| Willerby | " 2 " | 39 | 113 | 708 | 27 7 |
| Withernsea | " 2 " | 38 | 86 | 426 | 17 7 |
| Wold Newton | " 4 " | 5 | 13 | 121 | 9 9 |
| Totals | — | 1486 | 3614 | 33773 | — |

†Opened during the year.

DENTAL CARE.

The Chief Dental Officer reports as follows:—

The basic arrangements for the dental inspection and treatment of expectant and nursing mothers continued as before, but had to be curtailed during most of the year owing to a shortage of dental staff.

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 | 103 | 82 | 29 | 29 |
| Children under five | 239 | 83 | 96 | 87 |

Forms of dental treatment provided:—

| | Expectant and Nursing Mothers. | Children under five. |
|---------------------------------------|--------------------------------|----------------------|
| Extractions | 81 | 131 |
| Anæsthetics: | | |
| Local | 7 | 3 |
| General | 12 | 71 |
| Fillings | 17 | 28 |
| Scalings or scaling and gum treatment | 6 | — |
| Silver Nitrate treatment | — | — |
| Dressings | — | 15 |
| Radiographs | — | — |
| Dentures Provided: | | |
| Complete | 13 | — |
| Partial | 7 | — |

P. S. SPENCE,

Chief Dental Officer.

PREMATURE INFANTS.

During 1952, 165 infants born to mothers normally residing in the County have been notified as weighing 5½ lbs. or less at birth and thus presumed to be premature. Of these, 37 were born in private residences, 118 in Regional Hospital Board hospitals and 10 in nursing homes.

CARE OF THE UNMARRIED MOTHER AND HER CHILD.

During the year, 100 new cases were contacted and help was continued for 19 who had been first seen in 1951.

Of these cases, 101 have been completed as follows:—

| | |
|---|----|
| Mothers returned home with child | 59 |
| Babies placed for adoption, mothers returned home | 25 |
| Mothers placed in residential work | 13 |
| Babies placed in nursery or foster homes | 4 |

HEALTH VISITORS.

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

Visits to expectant mothers:

| | |
|-------------------------|-----|
| First visits | 472 |
| Subsequent visits | 310 |

Visits to infants under 1 year of age:

| | |
|-------------------------|-------|
| First visits | 3606 |
| Subsequent visits | 11738 |

Visits to children between 1 and 5 years of age 23582

Visits to tuberculosis cases 1478

Number of visits as child protection visitors 121

Other visits 1190

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

At the request of the Women's Public Health Officers Association the County Council arranged for the interchange for one year between Miss Evans, a health visitor on the Council's staff, and Miss Wallace, a New Zealand health visitor.

DOMICILIARY NURSING AND MIDWIFERY SERVICE.

| District. | Domiciliary Nursing | | | Domiciliary Midwifery | | | |
|---------------------------|---------------------|---------------|-----------|-----------------------|---------------|----------------|--------------|
| | VISITS | | New Cases | DELIVERIES | | VISITS | |
| | Medic- al | Sur- gical | | Mid- wife | Mat. Nurse | Ante- natal | Lying- in |
| Aldbrough | 1588 | 96 | 52 | 9 | 3 | 105 | 222 |
| Barlby | 412 | 1 | 2 | 36 | 4 | 945 | 814 |
| Riccall | 1917 | 741 | 72 | — | — | — | 12 |
| Beeford | 1189 | 248 | 65 | 14 | — | 203 | 278 |
| Beverley No. 1 | 678 | 61 | 64 | 23 | 4 | 283 | 475 |
| Beverley No. 2 | 1834 | 323 | 92 | 8 | 8 | 147 | 362 |
| Beverley No. 3 | 1241 | 1738 | 267 | — | — | — | — |
| Beverley No. 4 | 525 | 6 | 21 | 36 | 13 | 628 | 992 |
| Beverley No. 5 | 2524 | 310 | 313 | — | — | — | — |
| Bishop Burton | 1454 | 264 | 97 | 16 | 8 | 221 | 443 |
| Brandesburton | 1692 | 247 | 65 | 21 | 3 | 202 | 526 |
| Bridlington No. 1 | 2036 | 50 | 103 | — | — | — | — |
| Bridlington No. 2 | 2192 | 110 | 64 | 9 | — | 79 | 195 |
| Bridlington No. 3 | 1288 | 303 | 108 | — | — | 30 | — |
| Bridlington No. 4 | 2065 | 183 | 165 | 2 | 9 | 118 | 196 |
| Bridlington No. 5 | 1974 | 792 | 168 | 11 | 1 | 67 | 199 |
| Bridlington No. 6 | 1860 | 410 | 180 | 5 | 1 | 67 | 125 |
| Cottingham No. 1 | 3017 | 386 | 65 | — | — | — | — |
| Cottingham No. 2 | 3891 | 1425 | 217 | — | — | — | 3 |
| Cottingham No. 3 | 700 | 683 | 48 | 5 | 31 | 553 | 773 |
| Cottingham No. 4 | 2432 | 55 | 132 | 4 | 2 | 75 | 238 |
| Hessle No. 1 | 1983 | 584 | 112 | — | — | — | — |
| Hessle No. 2 | 1236 | 71 | 60 | 20 | 11 | 233 | 560 |
| Hessle No. 3 | 943 | 910 | 84 | 12 | 12 | 332 | 600 |
| Hessle No. 4 | 680 | 417 | 30 | 4 | 18 | 432 | 569 |
| Hessle No. 5 | 2223 | 353 | 105 | — | — | — | — |
| Willerby No. 1 | 1982 | 146 | 130 | 7 | 9 | 198 | 279 |
| Willerby No. 2 | 1887 | 427 | 99 | — | — | — | 23 |
| Willerby No. 3 | 2123 | 179 | 137 | 6 | 7 | 204 | 333 |
| Driffield No. 1 | 1301 | 625 | 61 | 16 | 11 | 219 | 615 |
| Driffield No. 2 | 1793 | 401 | 53 | — | — | — | — |
| Driffield No. 3 | 1131 | 492 | 28 | 12 | 14 | 217 | 452 |
| Escrick | 706 | 291 | 76 | 33 | 2 | 252 | 634 |
| Filey | 1714 | 546 | 98 | 12 | 12 | 226 | 451 |
| Fulford | 2302 | 93 | 49 | 5 | 12 | 240 | 368 |
| Hedon | 3805 | 583 | 259 | 15 | 3 | 128 | 322 |
| Holme | 696 | 329 | 87 | 36 | 4 | 353 | 776 |
| Hornsea No. 1 | 2763 | 1 | 80 | 10 | 6 | 213 | 653 |
| Hornsea No. 2 | 1039 | 345 | 47 | 16 | 10 | 187 | 461 |
| Howden | 353 | 200 | 28 | 30 | 3 | 256 | 758 |
| Hunmanby | 1085 | 165 | 79 | 15 | 7 | 171 | 405 |
| Weaverthore | 1590 | 639 | 150 | — | — | 11 | 14 |
| Market Weighton | 937 | 176 | 59 | 10 | 13 | 219 | 368 |
| Middleton | 937 | 140 | 57 | 3 | 11 | 128 | 412 |
| North Cave | 1173 | 327 | 40 | 20 | 20 | 408 | 689 |
| Norton No. 1 | 1177 | 174 | 55 | 8 | 15 | 261 | 439 |
| Norton No. 2 | 1719 | 886 | 52 | 1 | 3 | 64 | 131 |
| Norton No. 3 | 1893 | 323 | 125 | — | — | — | — |
| Patrington No. 1 | 2202 | 160 | 78 | 11 | — | 116 | 164 |
| Patrington No. 2 | 2032 | 136 | 69 | 9 | — | 49 | 175 |
| Pocklington | 1027 | 261 | 105 | 4 | 27 | 322 | 472 |
| Rudston | 770 | 189 | 44 | 8 | — | 117 | 172 |
| Sherburn | 670 | 578 | 76 | 5 | 11 | 165 | 300 |
| Skirlaugh | 2981 | 604 | 113 | 7 | 1 | 95 | 287 |
| South Cave | 973 | 436 | 53 | 12 | 8 | 224 | 428 |
| Sutton upon Derwent | — | — | — | — | — | — | — |
| Welton | 1640 | 591 | 150 | 7 | 5 | 136 | 381 |
| Westow | 1386 | 98 | 74 | 6 | 7 | 92 | 252 |
| Wetwang | 813 | 797 | 64 | 1 | 18 | 245 | 419 |
| Wilberfoss | 1861 | 13 | 129 | 11 | 18 | 152 | 431 |
| Withernsea No. 1 | 1129 | 355 | 81 | 1 | — | 4 | 76 |
| Withernsea No. 2 | 1415 | 210 | 87 | 10 | 10 | 206 | 306 |
| Totals | 96579 | 22638 | 5723 | 582 | 395 | 10598 | 20028 |

The percentage of domiciliary births for the County as a whole was 31%, as compared with 36% in 1951. The 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. | 255 | 84 | 33 |
| Bridlington M.B. | 339 | 31 | 9 |
| Driffield U.D. | 169 | 27 | 25 |
| Filey U.D. | 56 | 19 | 34 |
| Haltemprice U.D. | 530 | 153 | 29 |
| Hedon M.B. | 44 | 10 | 23 |
| Hornsea U.D. | 74 | 18 | 24 |
| Norton U.D. | 71 | 14 | 20 |
| Withernsea U.D. | 83 | 14 | 17 |
| Aggregate of U.D.'s .. | 1561 | 370 | 24 |
| Beverley R.D. | 309 | 101 | 33 |
| Bridlington R.D. | 132 | 28 | 21 |
| Derwent R.D. | 183 | 103 | 56 |
| Driffield R.D. | 187 | 71 | 38 |
| Holderness R.D. | 278 | 89 | 22 |
| Howden R.D. | 217 | 110 | 51 |
| Norton R.D. | 147 | 52 | 35 |
| Pocklington R.D. | 224 | 84 | 38 |
| Aggregate of R.D.'s .. | 1677 | 638 | 38 |
| Total County | 3238 | 1008 | 31 |

According to the returns received from the midwives during the whole of the year for institutional and domiciliary midwifery, 2,165 births were attended by midwives with no doctor in attendance at the time of birth, representing 71% of the births occurring in the County. Of the 1,008 domiciliary births, 584 were attended by midwives acting in that capacity, i.e., 58% as compared with 60% in 1951.

In all, 115 midwives notified their intention to practise in the East Riding during 1952. At the end of the year there were 96 midwives in practice, 5 of whom were in private practice, 49 were domiciliary County Midwives and 42 were employed in Homes and Institutions.

The following table shows the total number of cases attended during the year by 110 midwives from whom returns were received :—

| No. of Cases. | Midwives employed in Institutions. | Midwives employed by the County Council | Private Practising Midwives. | Totals. |
|---------------|------------------------------------|---|------------------------------|---------|
| 0 | 4 | 1 | 7 | 12 |
| 1—4 | 6 | 8 | 1 | 15 |
| 5—9 | 9 | 15 | — | 24 |
| 10—19 | 6 | 16 | — | 22 |
| 20—29 | 4 | 4 | — | 8 |
| 30—39 | 4 | 5 | — | 9 |
| 40—49 | 8 | — | — | 8 |
| 50—59 | 4 | — | — | 4 |
| 60—69 | 4 | — | — | 4 |
| 70—79 | 1 | — | — | 1 |
| 80—89 | 1 | — | — | 1 |
| 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 | — | 130 | 62 | 192 |
| Notification of death ... | — | 19 | 2 | 21 |
| Notification of stillbirth | — | 29 | 13 | 42 |
| Laying out dead body . | — | 9 | 4 | 13 |
| Liability to be a source of infection | — | 7 | 6 | 13 |
| Artificial feeding | — | 66 | 48 | 114 |

The number of medical help forms received from midwives in domiciliary practice was equivalent to 11% of the cases which they attended as midwives.

VACCINATION AGAINST SMALLPOX.

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

| District | No. of Live Births. | Primary Vaccinations | | | | | | Re-Vaccinations | | | | |
|-----------------------|---------------------|----------------------|--------|--------|---------|------------|--------|-----------------|--------|--------|---------|------------|
| | | 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. | 253 | 89 | 2 | 2 | 3 | — | 96 | — | — | 3 | 7 | 23 |
| Bridlington M.B. | 325 | 108 | 3 | 3 | 4 | 31 | 149 | — | 1 | 5 | 6 | 66 |
| Driffield U.D. | 107 | 44 | 1 | 1 | 2 | 6 | 54 | — | — | — | — | 7 |
| Filley U.D. | 56 | 16 | 1 | — | — | 3 | 20 | — | — | — | 2 | 12 |
| Haltemprice U.D. | 520 | 264 | 8 | 9 | 12 | 23 | 316 | — | 2 | 12 | 17 | 72 |
| Hedon M.B. | 43 | 23 | — | — | — | — | 23 | — | — | 1 | — | 4 |
| Hornsea U.D. | 74 | 25 | 2 | 3 | 1 | 2 | 33 | — | — | — | 4 | 6 |
| Norton U.D. | 71 | 26 | 1 | 1 | — | 1 | 29 | — | — | — | — | 3 |
| Withernsea U.D. | 83 | 36 | 1 | 1 | 5 | 9 | 52 | — | — | 1 | 6 | 28 |
| Beverley R.D. | 304 | 156 | 3 | 4 | — | 8 | 171 | — | — | 3 | 11 | 30 |
| Bridlington R.D. | 129 | 38 | 2 | — | 2 | 5 | 47 | — | — | — | 2 | 7 |
| Derwent R.D. | 180 | 95 | 1 | 1 | — | 7 | 104 | — | — | 2 | 2 | 15 |
| Driffield R.D. | 183 | 78 | — | 2 | 2 | — | 82 | — | — | — | 3 | 14 |
| Holderness R.D. | 269 | 121 | 2 | 4 | 5 | 7 | 139 | — | — | — | 4 | 18 |
| Howden R.D. | 211 | 128 | 1 | 5 | 3 | 4 | 141 | — | — | — | — | 15 |
| Norton R.D. | 145 | 62 | — | 1 | 1 | — | 64 | — | — | 2 | 3 | 9 |
| Pocklington R.D. | 220 | 72 | — | 5 | — | 4 | 81 | — | — | 1 | 4 | 15 |
| Totals | 3173 | 1381 | 28 | 42 | 40 | 110 | 1601 | — | 3 | 30 | 71 | 344 |

The figure of 1,381 vaccinations among children under one year of age represents 43.5% of the live births during the same period. The average rate for the urban areas was 41.2%, and that for the rural areas 45.7%. The rate for the country as a whole was 30.7%.

IMMUNISATION AGAINST DIPHTHERIA.

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

| | Aged under 5. | Aged 5—14 years. | Total. | Reinforcement Injections. |
|--|---------------|------------------|--------|---------------------------|
| By General Practitioners | 1187 | 99 | 1286 | 414 |
| At Infant Welfare Centres or at Special Sessions | 863 | 155 | 1018 | 2024 |
| Totals | 2050 | 254 | 2304 | 2438 |

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

| District. | Primary Immunisation. | | | Rein- forcement Injections. |
|-----------------------|-----------------------|-------|---------|-----------------------------------|
| | Under 5. | 5—14. | Totals. | |
| Beverley M.B. | 175 | 68 | 243 | 421 |
| Bridlington M.B. | 106 | 3 | 169 | 62 |
| Driffield U.D. | 56 | 4 | 60 | 19 |
| Filey U.D. | 35 | 1 | 36 | 72 |
| Haltemprice U.D. | 380 | 80 | 460 | 976 |
| Hedon M.B. | 40 | — | 40 | 13 |
| Hornsea U.D. | 39 | 11 | 50 | 97 |
| Norton U.D. | 71 | 2 | 73 | 7 |
| Withernsea U.D. | 47 | 4 | 51 | 106 |
| Beverley R.D. | 210 | 9 | 219 | 167 |
| Bridlington R.D. | 55 | 4 | 59 | 12 |
| Derwent R.D. | 146 | 8 | 154 | 76 |
| Driffield R.D. | 119 | 2 | 121 | 27 |
| Holderness R.D. | 182 | 12 | 194 | 294 |
| Howden R.D. | 98 | 40 | 138 | 20 |
| Norton R.D. | 113 | 2 | 115 | 9 |
| Pocklington R.D. | 118 | 4 | 122 | 60 |
| Totals | 2050 | 254 | 2304 | 2438 |

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, 1952. | | | Estimated Population under 15 years of age. | Percentage Immunised. |
|-----------------------|---|-------|---------|---|--------------------------|
| | under 5. | 5—14. | Totals. | | |
| Beverley M.B. | 742 | 2339 | 3081 | 3533 | 87% |
| Bridlington M.B. | 734 | 2223 | 2957 | 5076 | 59% |
| Driffield U.D. | 180 | 953 | 1133 | 1499 | 76% |
| Filey U.D. | 240 | 526 | 766 | 1120 | 68% |
| Haltemprice U.D. | 1277 | 4531 | 5808 | 8233 | 71% |
| Hedon M.B. | 127 | 343 | 470 | 496 | 95% |
| Hornsea U.D. | 174 | 504 | 678 | 1139 | 60% |
| Norton U.D. | 224 | 542 | 766 | 1098 | 70% |
| Withernsea U.D. | 187 | 622 | 809 | 1079 | 76% |
| Beverley R.D. | 786 | 2178 | 2964 | 4553 | 65% |
| Bridlington R.D. | 225 | 780 | 1005 | 2308 | 44% |
| Derwent R.D. | 544 | 1514 | 2058 | 3002 | 69% |
| Driffield R.D. | 371 | 1182 | 1553 | 2496 | 62% |
| Holderness R.D. | 749 | 2456 | 3205 | 4569 | 70% |
| Howden R.D. | 372 | 1089 | 1461 | 2742 | 53% |
| Norton R.D. | 329 | 1020 | 1349 | 1831 | 73% |
| Pocklington R.D. | 635 | 1563 | 2198 | 3426 | 64% |
| Totals | 7896 | 24365 | 32261 | 48200 | 67% |

The estimated population under 15 years of age for County Districts has been obtained by apportioning the total increase in these age groups in 1952 to the County Districts on the basis of the mid-1951 figures.

PROTECTION AGAINST WHOOPING COUGH.

During the year, 609 children received protection against whooping cough.

AMBULANCE SERVICE.

Details of the work done during the year by the various ambulance stations are shown in the following table:—

| Station. | Journeys. | Patients. | Mileage. | Average mileage per journey. | Average mileage per patient. |
|------------------------------------|-----------|-----------|----------|------------------------------|------------------------------|
| <i>Ambulances.</i> | | | | | |
| Beverley | 1409 | 2637 | 37248 | 26.4 | 14.1 |
| Bridlington | 1671 | 2827 | 30511 | 18.3 | 10.8 |
| Driffield | 901 | 1982 | 12368 | 16.3 | 6.3 |
| Hessle | 663 | 1442 | 14785 | 22.3 | 10.3 |
| Howden | 394 | 1065 | 13423 | 34.1 | 11.7 |
| Pocklington | 439 | 1936 | 20345 | 46.3 | 10.5 |
| Withernsea | 309 | 913 | 17299 | 56.0 | 18.9 |
| Brough St. John. | 163 | | | | |
| Cottingham | | 202 | 4039 | 24.8 | 20.0 |
| St. John ... | 67 | 80 | 717 | 10.7 | 9.0 |
| Filey St. John .. | 759 | 2800 | 23575 | 31.1 | 8.4 |
| Hornsea St. John | 412 | 608 | 9096 | 22.1 | 15.0 |
| Hull St. John ... | 23 | 25 | 442 | 19.2 | 17.7 |
| Market Weighton | | | | | |
| Red Cross | 170 | 277 | 6095 | 35.8 | 22.0 |
| W.R., Selby | 767 | 1530 | 24215 | 31.4 | 15.8 |
| N.R., Malton ... | 394 | 596 | 6110 | 15.5 | 10.3 |
| York C.B. | 456 | 787 | 5677 | 12.4 | 7.2 |
| Hull C.B. | 79 | 87 | 700 | 8.8 | 8.0 |
| Other | | | | | |
| Authorities ... | 1 | 1 | 66 | 66.0 | 66.0 |
| Totals ... | 9977 | 19795 | 226711 | 25.0 | 11.4 |
| <i>Sitting Case Cars.</i> | | | | | |
| Beverley | 1702 | 4230 | 45178 | 26.5 | 10.7 |
| Bridlington | 1519 | 2910 | 34515 | 22.7 | 15.8 |
| Driffield | 1055 | 2413 | 19992 | 18.9 | 8.3 |
| Hessle | 603 | 2355 | 18084 | 30.0 | 7.7 |
| Howden | 453 | 1733 | 21063 | 46.5 | 12.1 |
| Pocklington | 820 | 4553 | 42729 | 52.1 | 9.4 |
| Weaverthorpe ... | 423 | 1285 | 17182 | 40.6 | 13.5 |
| Withernsea | 566 | 2255 | 37756 | 66.7 | 16.7 |
| Hull C.B. | 7 | 13 | 87 | 12.4 | 6.7 |
| York C.B. | 190 | 348 | 2967 | 15.6 | 8.5 |
| Voluntary Car | | | | | |
| Pool | 1525 | 3539 | 40085 | 26.3 | 11.3 |
| N.R., Malton ... | 568 | 895 | 10183 | 17.9 | 11.4 |
| Other | | | | | |
| Authorities ... | 5 | 6 | 335 | 67.0 | 55.8 |
| Totals for sitting Case Cars | 9436 | 26535 | 290156 | 30.7 | 10.9 |
| Grand Totals ... | 18513 | 46330 | 516867 | 27.9 | 11.2 |

In addition 10 patients were transported by train.

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 |

Four hundred and seventeen patients were admitted to these homes during the year, 358 of whom were maternity cases, whilst 23 were medical and 36 convalescent or chronic.

NURSERIES 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 (referred to as daily minders) 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.

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:—

As from 1st April, 1952, the Council decided to set up a separate Welfare Committee, and the Welfare Department, which deals with all work under the National Assistance Act, is now responsible to the Welfare Committee, and not to the Health Committee. The following statement regarding the work of the Welfare Department is submitted for inclusion in the County Medical Officer's Report for general information and because the Welfare and Health Services are in so many ways complementary.

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 National Assistance Act became operative on the 5th July, 1948, the Council were the owners of the following residential establishments which now provide accommodation as stated:—

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

Since then the Council have opened the following new Homes:—

| | |
|-------------------------------------|---------|
| "Langholm," Beverley | 21 beds |
| "Clovelly," Withernsea | 10 beds |
| "Danes Lea," Bridlington | 21 beds |
| "Derwent Hill," Stamford Bridge ... | 22 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 64. In accordance with these arrangements, 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.

The limited number of beds available is constantly fully occupied and, as it is not possible to meet all demands for residential accommodation, preference for admission has to be given to the most urgent cases. This results in a 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 applicant's home through the Council's Health Services and through the good offices of voluntary organisations and individuals. During the year under review, 92 persons were admitted to residential accommodation and 18 persons to temporary accommodation. The cases admitted to temporary accommodation were normally discharged within a short time—as soon as alternative housing accommodation was obtained.

The Act also empowers Local Authorities to arrange with voluntary organisations for the provision of residential accommodation, and on the 31st December, 1952, 22 persons were in accommodation provided by such organisations.

DOMICILIARY WELFARE SERVICES.

(a) *Welfare of the Blind.*

Domiciliary welfare services for the blind are provided on the Council's behalf by the Hull and East Riding Institute for the Blind. On the 31st December, 1952, the official Register of Blind Persons, which is maintained for the Council by the Institute, showed that there were 329 blind persons in the County (155 males and 174 females). In comparison, there were 311 persons (151 males and 160 females) on the register at the 31st December, 1951.

Under arrangements made by the Council, certain approved blind workers are employed in the workshops of the Blind Institute, the County Council accepting responsibility for the augmentation of the wages of such workers, and there were 17 approved workshop employees on the 31st December, 1952. In addition, there were on that date 3 approved blind home workers whose earnings were augmented by the Council.

(b) *Welfare of Deaf and Dumb.*

The Hull and East Yorkshire Institution for the Deaf and Dumb and the York and District Deaf and Dumb Benevolent Society undertake work in connection with the welfare of the deaf and dumb on behalf of the County Council, who make appropriate financial contributions. The number of known deaf and dumb cases is approximately 100. Social centres are provided at Hull and York and visits are paid to cases in hospitals, etc.

(c) *Other Handicapped Persons.*

A survey of the needs of other handicapped persons is being carried out with a view to consideration being given to the provision of any appropriate welfare services.

REGISTRATION OF HOMES FOR DISABLED AND OLD PERSONS.

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

PROTECTION OF PROPERTY.

(a) *Temporary Protection.*

When a person is admitted to a hospital or to any 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.

(b) *Permanent Protection.*

Where a person in a Mental Hospital or in other circumstances is incapable 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.

WORK OF DISTRICT WELFARE OFFICERS.

During the year under review a vast amount of useful social work has been undertaken by the four District Welfare Officers. The following statistics are given as to the number of visits paid by these Officers:—

| Purpose of Visit. | Number of Visits. |
|-------------------------------------|-------------------|
| General Welfare | 1263 |
| Survey of Handicapped Persons | 158 |
| Collections, etc. | 240 |
| | <hr/> 1661 <hr/> |

CIVIL DEFENCE.

A great deal of work has been done by officers of the Welfare Department in connection with the organisation of the Welfare Section of Civil Defence. The valuable assistance given by members of the Women's Voluntary Services in this connection is gratefully acknowledged. During the year 1952, three 3-day courses for trainers and thirty-three courses for trainees have been held—the latter courses consisting of seven lectures each.

S. J. PARTRIDGE,

County Welfare Officer.

Section 3. —Sanitary Circumstances of the Area.

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL.

A total of 712 samples of water were submitted by officers of the various District Councils for bacteriological examination and 39 for chemical analysis.

Of the 712 samples submitted, 97 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 1952, 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:—

| | | |
|--------------------|-------|--|
| Beverley R.D.C. | ..... | Water main extensions to serve farms at Lund and Newbald. Estimated cost £10,026. |
| Beverley R.D.C. | ..... | Scheme for the supply of water to the Ripplingham, Wauldby and Braffords localities. Estimated cost £11,760. |
| Beverley R.D.C. | ..... | Water main extension—Leconfield to Arram. Estimated cost £8,234. |
| Bridlington R.D.C. | .... | Improvement of sewerage and sewage disposal facilities at Hunmanby. Estimated cost £9,140. |
| Driffield R.D.C. | ..... | Amended sewerage and sewage disposal scheme—Beeford. Estimated cost £28,364. |
| Holderness R.D.C. | .... | Sewerage and sewage disposal scheme—Burstwick, Keyingham and Thorngumbald. Estimated cost £96,673. |
| Norton R.D.C. | ..... | Amended sewerage and sewage disposal scheme—Rillington. Estimated cost £22,350. |
| Pocklington R.D.C. | ... | Sewerage and sewage disposal scheme—East Cottingham. Estimated cost £12,820. |
| Pocklington R.D.C. | ... | Amended sewerage and sewage disposal scheme—Stamford Bridge. Estimated cost £15,000. |
| Pocklington R.D.C. | ... | Amended sewerage and sewage disposal scheme—Market Weighton. Estimated cost £28,000. |
| Pocklington R.D.C. | ... | Provision of link main near Fangfoss Station. Estimated cost £860. |
| Pocklington R.D.C. | ... | Water main extensions—Skirpenbeck and Bishop Wilton. Estimated cost £2,200. |
| Pocklington R.D.C. | ... | Water main extensions at Arras and Goodmanham. Estimated cost £19,130. |

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 £1,500 towards the cost of a sewerage and sewage disposal scheme for the Ferriby High Road area of Swanland. |
| Beverley R.D.C. | ..... | Contribution reduced from £1,850 to £1,700 due to reduction in final cost of sewerage and sewage disposal scheme at Wawne. |
| Holderness R.D.C. | .... | Contribution of £3,500 towards the cost of a sewerage and sewage disposal scheme at Patrington. |

In addition, an undertaking was given to the Howden Rural District Council to consider each year what contribution, if any, should be made towards the annual expenditure falling to be met by that Council in respect of water main extensions to be carried out in ten parishes in the Rural District.

PUBLIC HEALTH ACT, 1936.

The County Council undertook to give favourable consideration to a contribution being made under Section 307 of the Public Health Act, 1936, towards the cost of the sewerage and sewage disposal scheme which the Driffield Urban District Council proposed to carry out, such contribution to be considered in the light of the financial circumstances of all local authorities in the County at the time of the execution of the works.

HOUSING.

The number of houses completed during 1952 was 1,046—836 by the District Councils and 210 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 1952.

| District. | Houses Completed. | | | In course of 1952. | |
|-----------------------|-------------------|------------|---------------------|---------------------|---------------------|
| | Council. | | Private Enterprise. | Council. Permanent. | Private Enterprise. |
| | Temporary. | Permanent. | | | |
| Beverley M.B. | 75 | 424 | 93 | 65 | — |
| Bridlington M.B. | 100 | 357 | 235 | 78 | — |
| Hedon M.B. | — | 94 | 27 | 4 | — |
| Driffield U.D. | — | 76 | 39 | 40 | — |
| Filey U.D. | — | 155 | 46 | 44 | — |
| Haltemprice U.D. | — | 866 | 341 | 203 | — |
| Hornsea U.D. | 15 | 282 | 91 | 10 | — |
| Norton U.D. | 6 | 196 | 13 | 27 | — |
| Withernsea U.D. | 50 | 130 | 24 | — | — |
| Beverley R.D. | 51 | 434 | 156 | 112 | — |
| Bridlington R.D. | — | 244 | 43 | 22 | — |
| Derwent R.D. | — | 303 | 116 | 82 | — |
| Driffield R.D. | — | 196 | 54 | 26 | — |
| Holderness R.D. | 23 | 470 | 96 | 72 | — |
| Howden R.D. | — | 276 | 52 | 24 | — |
| Norton R.D. | — | 260 | 37 | 20 | — |
| Pocklington R.D. | 45 | 408 | 101 | 32 | — |
| Totals | 365 | 5171 | 1564 | 861 | — |

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, 1953

| | | | |
|---|----|--|-------------|
| Almonds, Ground | 3 | Jelly Crystals | 1 |
| Almond Paste | 2 | Lard | 3 |
| Baking Powder | 2 | Marmalade | 1 |
| Beer | 6 | Meat Paste | 6 |
| Brawn | 1 | Milk | 214 |
| Bread | 1 | Milk, "Appeal to Cow" | 19 |
| Butter | 1 | Milk Food | 1 |
| Cheese Spread | 1 | Milk, Unsweetened | 1 |
| Chicken (Informal) | 1 | Mincemeat, Home Made | 1 |
| Chicken (Canned) | 1 | Mincemeat, Home Made (Informal) | 1 |
| Chicken Pie | 1 | Mincemeat | 5 |
| Christmas Pudding | 2 | Mushrooms, Dried | 1 |
| Coconut, Ground | 1 | Olive Oil | 2 |
| Coffee | 1 | Peel, Mixed Cut | 3 |
| Coffee and Chicory Essence .. | 1 | Pepper | 2 |
| Confectionery (Buttered Cakes) | 1 | Rum | 1 |
| Confectionery (Cakes) (Informal) | 2 | Sausages, Beef | 18 |
| Confectionery (Sweets) | 10 | Sausages, Pork | 28 |
| Cooking Fat | 1 | Sausage Meat, Beef | 1 |
| Cream, Artificial | 1 | Sausage Meat, Pork | 1 |
| Cream, Synthetic | 1 | Semolina | 1 |
| Custard Powder | 1 | Shortening | 1 |
| Fish Cakes | 2 | Shortening (Informal) | 1 |
| Flour | 2 | Shredded Suet | 3 |
| Food Flavour | 1 | Soft Drink | 1 |
| Food Powder | 1 | Suet, Beef | 1 |
| Fruit Pectin, Liquid | 1 | Sultanas | 2 |
| Honey | 4 | Table Jelly | 1 |
| Ice Cream | 8 | Vinegar, Malt | 8 |
| Ice Cream, Brickettes | 1 | Whisky | 3 |
| Ice Cream Mixture | 1 | Wine Cocktail | 1 |
| Jam | 1 | Wine, Non-alcoholic | 4 |
| | | | <hr/> |
| | | | Total |
| | | | <hr/> 401 |

**Samples adversely reported upon and administrative
action taken**

| Article. | No. of samples. | Remarks. |
|--|--------------------|---|
| Cheese Spread | 1 | Referred to Ministry of Food to act. |
| Confectionery (Sweets) | 4 | Sellers advised as to correct labelling. |
| Milk | 11 | 4 Legal Proceedings. Convicted. 6 Cautions. 1 No action. Deficiency only slight. |
| Milk, "Appeal to Cow" ... | 7 | |
| Minced meat, Home Made ... | 1 | Cautioned. |
| Minced meat, Home Made (Informal) | 1 | Advice given as to requirements. |
| Rum | 1 | Legal proceedings. Conviction. |
| Sausages, Beef | 2 | Cautions. |
| Sausages, Pork | 8 | 1 Legal proceedings. Conviction. 2 Cautions. 4 No action. Deficiencies only slight. |
| | | 1 Referred to Area Food Enforcement Officer to act. |
| Sausage Meat, Pork | 1 | Referred to Area Food Enforcement Officer to act. |

Total amount of penalties, including costs, £35 7s. 0d.

SUPERVISION OF MILK SUPPLIES.

SCHOOL MILK SAMPLING.

Results of Examination of Samples.

| Grade. | Number of Samples taken. | Methylene Blue Test. | | Phosphatase Test. | |
|--|-----------------------------------|----------------------|----------------------|--------------------|----------------------|
| | | Satis- factory. | Unsatis- factory. | Satis- factory. | Unsatis- factory. |
| Raw | 47 | 45 | 2 | — | — |
| Pasteurised or heat- treated | 157 | 149* | 2 | 155 | 2 |

*In 6 cases the methylene blue test was not done owing to the atmospheric shade temperature being above 65° Fahrenheit.

39 samples of school milk (36 raw and 3 heat-treated) were examined biologically for the presence of tubercle bacilli. Thirty-seven samples were reported as negative, and in the remaining 2 cases the guinea pigs died before the test was completed.

HEAT-TREATED MILK.

No Dealers' (Pasteurisers') 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, 373 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 | |
|-------------------------|----------------|---------------------|---------------------|------------------|-------------------|---------------------|-------------------|---------------------|
| | | Satis- factory | Unsatis- factory | Test not done | Satis- factory | Unsatis- factory | Satis- factory | Unsatis- factory |
| County Council | 227 | 205 | 3 | 19 | 221 | 6 | — | — |
| Bridlington Borough ... | 78 | 73 | — | — | 73 | — | 5 | — |
| Driffield U.D. | 4 | — | — | 1 | 1 | — | 3 | — |
| Filey U.D. | 31 | 29 | 1 | 1 | 31 | — | — | — |
| Haltemprice U.D. | 10 | 7 | — | — | 7 | — | 3 | — |
| Norton U.D. | 20 | 18 | 1 | 1 | 20 | — | — | — |
| Norton R.D. | 1 | — | — | 1 | 1 | — | — | — |

*Sterilised milk only.

†In these cases the methylene blue test was not done owing to the atmospheric shade temperature being above 65° Fahrenheit.

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

HOSPITAL MILK SUPPLIES.

Forty-four 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. Sixteen samples were examined for the presence of tubercle bacilli and brucella abortus. All of the samples were reported as negative for the presence of tubercle bacilli, but two of the samples were reported as positive for the presence of brucella abortus.

BIOLOGICAL EXAMINATIONS.

Thirty-one samples of undesignated milk were obtained by officers of the County Council and examined biologically for the presence of tubercle bacilli. Twenty-nine of the samples proved negative, and in the remaining two cases the guinea pigs died before the examination could be completed.

In addition to the above samples, 194 samples were taken by the County District Councils for the presence of tubercle bacilli. One hundred and seventy-four proved negative, 11 were positive, and in 9 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 | 315 | 16,137 |
| Accredited Herds | 67 | 1,407 |
| Non-Designated Herds | 481 | 5,605 |
| Number of confirmed cases of tuberculosis during the year, 21. (The above figure includes 7 cases of tuberculosis of the udder.) | | |

The decrease in the number of inspections of non-designated herds as compared with 1951 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 2,791, compared with 2,571 in 1951. There were two deaths from the disease.

ENTERIC FEVER.

No cases of enteric fever were reported in 1952.

SCARLET FEVER.

One hundred and ninety-seven cases of this disease were notified during the past year, compared with 105 in the previous year.

DIPHTHERIA.

There were no notifications of this disease during the year 1952.

ACUTE POLIOMYELITIS.

Twelve paralytic and 2 non-paralytic cases of poliomyelitis were notified during the year, resulting in two deaths. The cases were widely spread about the County.

PUERPERAL PYREXIA.

Thirteen women were reported during the year to be suffering from puerperal pyrexia. Eleven cases occurred in institutions, and two were cases confined at home.

OPHTHALMIA NEONATORUM.

Four cases were notified as suffering from ophthalmia neonatorum, as compared with none during 1951.

MENINGOCOCCAL INFECTION.

One case was notified, compared with two in the previous year. There were no deaths.

TUBERCULOSIS.

Nearly all cases of tuberculosis come under the care and supervision of the various Chest Physicians, who also arrange for the follow-up and supervision of contacts. On behalf of the County Council, the Chest Physicians arrange for B.C.G. vaccination to be provided when this is justified and they have reported that they have vaccinated 115 cases during the year.

NEW CASES AND MORTALITY.

One hundred and thirty-five new cases of tuberculosis (113 pulmonary and 22 non-pulmonary) were notified during the year, and, in addition, 31 cases came to notice otherwise than by formal notification. The total number of cases in the County shows an increase of 8 on the figure for the previous year.

The numbers of cases on the Registers kept by the District Medical Officers of Health at the end of the year were as follows:—

| | Male. | Female. | Total. |
|---------------------|-------|---------|--------|
| Pulmonary | 513 | 442 | 955 |
| Non-Pulmonary | 112 | 148 | 260 |

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 | — | — | — | — | — | — | — |
| ..... | 2 | — | 1 | 3 | — | — | — | 2 |
| ..... | 2 | 5 | 4 | 6 | — | — | 1 | 1 |
| ..... | 37 | 45 | 4 | 7 | 11 | 7 | 2 | 1 |
| ..... | 29 | 12 | — | — | 11 | 3 | — | — |
| upwards | 6 | 2 | — | — | 4 | 1 | — | — |
| als | 77 | 64 | 9 | 16 | 26 | 11 | 3 | 4 |

The number of deaths (44) from the disease is the same as for 1951.

The death rate from pulmonary tuberculosis was 0.17 per thousand population as compared with 0.18 for the previous year. This rate of 0.17 is the lowest ever recorded in the County. The death rate for non-pulmonary tuberculosis was 0.03 per thousand population, which was slightly higher than the rate recorded for 1951.

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. | | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|--------------------------------|------------------------------------|---------|------|------|------|------|------|------|------|
| | 1931-40 | 1941-50 | | | | | | | |
| Administrative County | 0.40 | 0.36 | 0.27 | 0.28 | 0.34 | 0.23 | 0.30 | 0.20 | 0.18 |
| Urban Districts.. | 0.48 | 0.44 | 0.43 | 0.36 | 0.41 | 0.26 | 0.29 | 0.20 | 0.25 |
| Rural Districts.. | 0.34 | 0.29 | 0.31 | 0.19 | 0.28 | 0.20 | 0.31 | 0.20 | 0.12 |

OTHER FORMS OF TUBERCULOSIS.

| District. | Average rate for the ten years. | | 1945 | 1946 | 1947 | 1948 | 1949 | 1950 | 1951 |
|--------------------------------|------------------------------------|---------|------|------|------|------|------|------|------|
| | 1931-40 | 1941-50 | | | | | | | |
| Administrative County | 0.12 | 0.10 | 0.13 | 0.07 | 0.06 | 0.08 | 0.05 | 0.04 | 0.02 |
| Urban Districts.. | 0.11 | 0.10 | 0.10 | 0.07 | 0.07 | 0.12 | 0.05 | 0.04 | 0.03 |
| Rural Districts.. | 0.12 | 0.09 | 0.15 | 0.06 | 0.06 | 0.04 | 0.05 | 0.04 | 0.02 |

TABLE I.

Cases of Infectious Disease Notified during
the year 1952.

| Notifiable Disease. | Urban Districts. | Rural Districts. | Adminis- trative County. |
|--|---------------------|---------------------|--------------------------------|
| Scarlet Fever | 147 | 50 | 197 |
| Whooping Cough | 242 | 164 | 406 |
| Diphtheria (including Membranous Croup) | — | — | — |
| Measles | 1610 | 1181 | 2791 |
| Pneumonia | 74 | 68 | 142 |
| Meningococcal Infection | 1 | — | 1 |
| Acute Poliomyelitis:— | | | |
| Paralytic | 6 | 6 | 12 |
| Non-paralytic | 2 | — | 2 |
| Acute Encephalitis:— | | | |
| Infective | — | — | — |
| Post-infectious | 1 | — | 1 |
| Dysentery | 13 | — | 13 |
| Ophthalmia Neonatorum | 2 | 2 | 4 |
| Puerperal Pyrexia | 9 | 4 | 13 |
| Smallpox | — | — | — |
| Paratyphoid Fevers | — | — | — |
| Enteric or Typhoid Fever | — | — | — |
| Food Poisoning | 11 | — | 11 |
| Erysipelas | 19 | 22 | 41 |
| *Chicken Pox | 133 | — | 133 |
| Malaria | — | — | — |
| Pulmonary Tuberculosis | 83 | 50 | 133 |
| Other forms of Tuberculosis | 9 | 16 | 25 |
| Totals | 2362 | 1563 | 3925 |

*Notifiable in one district only.

TABLE II.

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

| DISEASE. | Totals. | TOTAL CASES NOTIFIED IN EACH DISTRICT. | | | | | | | |
|--|---------|--|--------------|------------|--------|--------------|--------|----------|---------|
| | | Beverley. | Bridlington. | Driffield. | Filey. | Haltemprice. | Hedon. | Hornsea. | Norton. |
| Scarlet Fever | 147 | 55 | 21 | 2 | 2 | 58 | ... | 1 | 6 |
| Whooping Cough | 242 | 50 | 44 | 44 | 4 | 58 | 13 | 4 | 25 |
| Diphtheria (including Membranous Croup) | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles | 1610 | 340 | 418 | 68 | 195 | 446 | 13 | 57 | 6 |
| Pneumonia | 74 | 14 | 32 | 5 | 3 | 18 | ... | 2 | ... |
| Meningococcal Infection ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... |
| Acute Poliomyelitis:— | | | | | | | | | |
| Paralytic | 6 | ... | 2 | ... | ... | 4 | ... | ... | ... |
| Non-paralytic | 2 | ... | ... | ... | ... | 2 | ... | ... | ... |
| Acute Encephalitis:— | | | | | | | | | |
| Infective | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Post-infectious | 1 | ... | ... | ... | 1 | ... | ... | ... | ... |
| Dysentery | 13 | ... | ... | ... | ... | 13 | ... | ... | ... |
| Ophthalmia | | | | | | | | | |
| Neonatorum ... | 2 | ... | 1 | ... | ... | 1 | ... | ... | ... |
| Puerperal Pyrexia | 9 | 8 | ... | ... | ... | ... | ... | ... | ... |
| Smallpox | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Paratyphoid Fevers | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Enteric or Typhoid Fever | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Food Poisoning | 11 | ... | ... | ... | ... | 11 | ... | ... | ... |
| Erysipelas | 19 | 3 | 4 | 1 | ... | 10 | ... | 1 | ... |
| Chicken Pox | 133 | ... | ... | ... | ... | 133 | ... | ... | ... |
| Malaria | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Pulmonary Tuberculosis | 83 | 7 | 15 | 7 | 6 | 37 | 3 | 2 | 5 |
| Other forms of Tuberculosis ... | 9 | 1 | ... | 2 | 1 | 5 | ... | ... | ... |
| Totals | 2362 | 478 | 539 | 129 | 212 | 796 | 29 | 67 | 42 |

TABLE III.

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

| DISEASE. | TOTAL CASES NOTIFIED IN EACH DISTRICT. | | | | | | | | |
|--|--|------------|--------------|------------|------------|-------------|------------|------------|--------------|
| | Totals. | Beverley. | Bridlington. | Derwent. | Driffield. | Holderness. | Howden. | Norton. | Pocklington. |
| Cholera | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Scarlet Fever | 50 | 21 | 2 | 18 | ... | 2 | 1 | 5 | 1 |
| Whooping Cough | 164 | 32 | 5 | 41 | 20 | 28 | 26 | 9 | 3 |
| Diphtheria (including membranous Croup) | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles | 1181 | 333 | 30 | 84 | 218 | 275 | 86 | 135 | 20 |
| Pneumonia | 68 | 14 | 5 | 10 | 14 | 5 | 11 | 4 | 5 |
| Staphylococcal Infection | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Acute Poliomyelitis:— | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Paralytic | 6 | 1 | ... | 1 | ... | 2 | 1 | 1 | ... |
| Non-paralytic | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Acute Encephalitis:— | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Infective | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Post-infectious | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Enteric | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Opthalmia | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Neonatorum | 2 | ... | ... | ... | ... | 1 | 1 | ... | ... |
| Erysipelas | 4 | 1 | ... | ... | ... | ... | 1 | 1 | 1 |
| Smallpox | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Enteric or Typhoid Fever | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Food Poisoning | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Erysipelas | 22 | 6 | 1 | ... | 2 | 4 | 3 | ... | 6 |
| Scarlet | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Pulmonary Tuberculosis | 50 | 8 | 1 | 11 | 5 | 12 | 5 | 5 | 3 |
| Other forms of Tuberculosis | 16 | 3 | 2 | 3 | 1 | 2 | 1 | ... | 4 |
| Totals | 1563 | 419 | 46 | 168 | 260 | 331 | 126 | 160 | 43 |

TABLE IV

Vital Statistics for the Administrative County, the Divisional Health Areas, and for the several Urban and Rural Districts in the Riding during the Year 1952

| 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 1952 mid-year. | Live Births. | | | Illegitimate Live Births. | | Deaths. | | | | Principal Epidemic Diseases. | | Pulmonary Tuberculosis. | | Other forms of Tuberculosis. | | Respiratory Disease. | | Heart Disease. | | Cancer. | | No. | Rate per 1,000 total births. | No. | Rate per 1,000 live births. | | | |
| | | | No. | Crude Rate. | Com-para-bility factor. | Adjusted Rate. | No. | Rate. | No. | Crude Rate. | Com-para-bility factor. | Adjusted Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | Rate. | No. | | | | | Rate. | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administrative County | 211,732 | 212,660 | 3,173 | 14.9 | 1.07 | 15.96 | 141 | .66 | 2,432 | 11.44 | 91 | 10.41 | 6 | .03 | 57 | .17 | 7 | .03 | 170 | .80 | 783 | 3.68 | 405 | 1.90 | 65 | 29.07 | 76 | 23.95 | | |
| M.B.'s and U.D.'s | 104,797 | 104,800 | 1,532 | 14.6 | 1.02 | 14.91 | 62 | .59 | 1,280 | 12.30 | 87 | 10.70 | 3 | .03 | 24 | .23 | 5 | .05 | 79 | .75 | 428 | 4.08 | 226 | 2.10 | 29 | 15.58 | 42 | 27.42 | | |
| Rural Districts | 166,935 | 167,860 | 1,641 | 15.3 | 1.13 | 17.20 | 79 | .73 | 1,143 | 10.60 | 95 | 10.07 | 3 | .03 | 13 | .12 | 2 | .02 | 91 | .84 | 355 | 3.29 | 185 | 1.72 | 36 | 21.47 | 34 | 29.72 | | |
| BROCKROSE DIVISION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bridlington M.B. | 24,767 | 24,310 | 325 | 13.4 | 1.07 | 14.31 | 23 | .95 | 362 | 14.89 | 79 | 11.76 | — | — | 6 | .25 | — | — | 21 | .86 | 132 | 5.43 | 53 | 2.18 | 14 | 41.30 | 9 | 27.69 | | |
| Pike U.D. | 4,764 | 4,540 | 56 | 12.3 | .97 | 11.16 | 2 | .44 | 57 | 12.56 | 90 | 11.30 | — | — | 1 | .22 | — | — | 3 | .66 | 18 | 2.96 | 7 | 1.54 | — | — | 2 | 35.71 | | |
| Driffield U.D. | 6,888 | 6,787 | 107 | 15.8 | 1.00 | 15.77 | 2 | .29 | 93 | 13.70 | 76 | 10.41 | 1 | .15 | — | — | 1 | .15 | 4 | .59 | 34 | 5.01 | 19 | 2.80 | 2 | 18.34 | 3 | 28.64 | | |
| Bridlington R.D. | 8,869 | 9,223 | 129 | 14.0 | 1.13 | 15.81 | 6 | .65 | 91 | 9.87 | 89 | 8.78 | — | — | — | — | — | — | 9 | .98 | 29 | 3.14 | 9 | .98 | 3 | 22.73 | 2 | 15.50 | | |
| Driffield R.D. | 11,160 | 11,040 | 183 | 16.6 | 1.23 | 20.29 | 12 | 1.09 | 125 | 11.82 | 94 | 10.64 | — | — | — | — | — | — | 5 | .45 | 42 | 3.80 | 19 | 1.72 | 4 | 21.39 | — | — | | |
| Totals | 56,448 | 55,900 | 800 | 14.3 | — | — | 45 | .81 | 728 | 13.02 | — | — | 1 | .02 | 7 | .13 | 1 | .02 | 42 | .75 | 255 | 4.56 | 107 | 1.91 | 23 | 27.95 | 16 | 20.00 | | |
| HALTEMPRICE DIVISION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haltemprice U.D. | 35,649 | 36,680 | 550 | 14.2 | .96 | 13.61 | 11 | .30 | 340 | 9.27 | 99 | 9.18 | — | — | 5 | .14 | 2 | .05 | 28 | .76 | 114 | 3.11 | 67 | 1.83 | 10 | 18.87 | 9 | 17.31 | | |
| BERKSHIRE DIVISION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beverley M.B. | 15,499 | 15,390 | 253 | 16.4 | 1.01 | 16.60 | 11 | .71 | 214 | 13.91 | 93 | 12.94 | 1 | .06 | 4 | .26 | 1 | .06 | 12 | .78 | 64 | 4.16 | 43 | 2.79 | 2 | 7.84 | 9 | 35.57 | | |
| Holm M.B. | 1,991 | 2,011 | 43 | 21.4 | 1.10 | 23.52 | 1 | .50 | 27 | 13.43 | 79 | 10.61 | — | — | 1 | .50 | — | — | — | — | 6 | 2.98 | 4 | 1.99 | 1 | 22.73 | — | — | | |
| Barnes U.D. | 5,324 | 5,370 | 74 | 13.8 | 1.19 | 16.40 | 3 | .56 | 76 | 14.15 | 70 | 9.91 | — | — | 3 | .56 | — | — | 2 | .37 | 22 | 4.10 | 10 | 1.86 | — | — | 4 | 54.05 | | |
| Withernsea U.D. | 5,101 | 4,954 | 85 | 16.8 | 1.12 | 18.76 | 5 | 1.01 | 73 | 14.74 | 79 | 11.64 | 1 | .20 | — | .40 | 1 | .20 | 4 | .81 | 19 | 3.84 | 10 | 2.62 | — | — | 5 | 60.24 | | |
| Beverley R.D. | 21,294 | 21,110 | 304 | 14.4 | 1.13 | 16.27 | 13 | .62 | 184 | 8.72 | 101 | 8.81 | — | — | 2 | .09 | 1 | .05 | 13 | .62 | 61 | 2.89 | 34 | 1.61 | 5 | 16.18 | 10 | 32.89 | | |
| Holderness R.D. | 19,103 | 19,050 | 269 | 14.1 | 1.08 | 15.25 | 8 | .42 | 215 | 11.29 | 89 | 10.05 | 1 | .05 | 4 | .21 | — | — | 16 | .84 | 61 | 3.20 | 36 | 1.89 | 9 | 32.37 | 8 | 29.74 | | |
| Totals | 68,312 | 67,885 | 1,026 | 15.1 | — | — | 41 | .60 | 789 | 11.62 | — | — | 3 | .04 | 16 | .24 | 3 | .04 | 47 | .69 | 233 | 3.43 | 137 | 2.02 | 17 | 16.30 | 36 | 35.09 | | |
| HOWDENSHIRE DIVISION. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Norton U.D. | 4,814 | 4,758 | 71 | 14.9 | 1.03 | 15.37 | 4 | .84 | 47 | 9.88 | 89 | 8.79 | — | — | — | .42 | — | — | 5 | 1.05 | 19 | 3.99 | 7 | 1.47 | — | — | 1 | 14.08 | | |
| Dorset R.D. | 12,919 | 13,130 | 180 | 13.7 | 1.05 | 14.40 | 11 | .84 | 120 | 9.14 | 94 | 8.59 | — | — | — | .26 | — | — | 17 | 1.29 | 41 | 3.12 | 19 | 1.45 | 3 | 16.39 | 2 | 11.11 | | |
| Bowdon R.D. | 11,723 | 11,690 | 211 | 18.1 | 1.10 | 19.86 | 14 | 1.20 | 151 | 12.92 | 90 | 11.63 | 2 | .17 | 3 | .26 | — | — | 7 | .60 | 38 | 3.25 | 35 | 2.99 | 6 | 27.65 | 3 | 14.22 | | |
| Norton R.D. | 7,692 | 7,577 | 145 | 19.1 | 1.18 | 22.29 | 7 | .92 | 84 | 11.09 | 91 | 10.09 | — | — | — | .40 | — | — | 10 | 1.32 | 37 | 3.56 | 10 | 1.32 | 2 | 13.60 | 5 | 34.48 | | |
| Pocklington R.D. | 14,265 | 14,980 | 220 | 14.7 | 1.16 | 17.64 | 8 | .53 | 173 | 11.55 | 102 | 11.78 | — | — | 1 | .07 | 1 | .07 | 14 | .83 | 56 | 3.74 | 23 | 1.54 | 4 | 17.86 | 4 | 18.18 | | |
| Totals | 51,323 | 52,135 | 827 | 15.9 | — | — | 44 | .84 | 575 | 11.03 | — | — | 2 | .04 | 9 | .17 | 1 | .02 | 53 | 1.02 | 181 | 3.47 | 94 | 1.80 | 15 | 17.81 | 15 | 18.14 | | |

TABLE V.

**Vital Statistics of Whole District during 1952, 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. |
| 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 |
| 1952 | 212,600 | 3173 | 14.9 | 76 | 24 | 2432 | 11.4 |

TABLE VI.

Rainfall Returns, 1952.

| 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 | 26.12 | 167 | 26.03 |
| Osgodby | 29 " | Mrs. W. V. Hescock ... | 19.04 | 155 | 24.09 |
| North Cave | 35 " | Col. W. H. Carver | 23.24 | 139 | 26.73 |
| Hornsea | 35 " | Mr. H. Wilkinson | 24.76 | 182 | — |
| Bridlington | 60 " | Mr. A. J. Booker | 29.92 | 229 | — |
| Lowthorpe | 63 " | Mr. J. Tate | 28.36 | 198 | 26.05 |
| Scampston | 100 " | Mr. F. Ironside | 25.58 | 178 | 25.84 |
| Dalton Holme | 150 " | Mr. W. F. Cullen | 27.18 | 173 | 28.45 |
| Beverley (E.R. Mental Hospital) | 175 " | Physician Superintendent | 23.84 | 160 | 25.20 |
| Birdsall | 304 " | Mr. James Anderson... | 28.72 | 192 | 29.70 |

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

REPORT

of the

School Medical Officer

for the

YEAR ENDED 31st DECEMBER, 1952

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 1952.

Arrangements for the Divisional Administration of the School Health Service were completed during the year with the appointment of Dr. L. N. Gould as Divisional Medical Officer for the Haltemprice area. As a result the total number of medical examinations carried out on school children was considerably increased.

The dental service in the western part of the County had unfortunately to be seriously curtailed for the greater part of the year due to the resignation of a dental officer who could not be replaced until nearly the end of the year.

The appointment of two Speech Therapists in September has resulted in this service being considerably extended, but even so the demand is greater than the two therapists can comfortably cope with.

The opening of a Special School for Educationally Sub-normal Children at Etton will serve a great need for the area and will allow backward children to receive special education suitable to their mental capabilities. In the past many of these children have attended ordinary schools, but as the general absence of special classes and the size of ordinary classes does not allow individual attention they have obviously not obtained maximum benefit from their schooling.

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, 1953.

GENERAL STATISTICS

| | |
|---|--------|
| Number of Primary Schools | 209 |
| Number of pupils on Primary School Registers | 23,227 |
| Number of Secondary Schools in the administrative County | 11 |
| Number of pupils on Secondary School Registers ... | 5,501 |

MEDICAL INSPECTIONS

It has been possible to carry out 224 medical inspections in primary schools and 13 in secondary schools during the year.

During the year, 1,157 more pupils were examined than in the previous 12 months, there being an increase of 435 in the number of routine and 722 in the number of special examinations.

| | Number of defects found to require | | |
|------------------------------|------------------------------------|--------------|------|
| | Treatment. | Observation. | |
| Routine examinations. | | | |
| Entrants | 3638 | | |
| Second age groups | 2668 | | |
| Third age groups | 2330 | | |
| Other routine examinations . | 93 | | |
| | <hr/> | | |
| Total routine examinations | 8729 | 695 | 4076 |
| Special examinations | | | |
| and re-inspections | 5601 | 810 | 2311 |
| | <hr/> | | |
| Total examinations | 14330 | | |

GENERAL CONDITION

Out of 8,729 children examined for classification 99.55% are marked good or fair. It is difficult to comment suitably on the number of pupils classified as either good or fair. There is considerable statistical variation each year between the numbers placed in these two categories which can be explained by the different interpretations of individual medical officers. However, the number of children classified as poor general condition has dropped from 0.63 to 0.45 per cent.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

During the year 510 children were found at medical inspections to be in need of treatment for eye defects as compared with 611 in 1951. In addition, 1,717 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, and 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 1,212 children were examined during the year, making 1,967 attendances in all.

Compared with the previous year these figures show that although there has been an increase of 56 in the total attendances made by all the children attending these clinics there was a fall of 526 in the number of individual children who were seen.

Glasses were prescribed either initially or as alterations in 880 cases, i.e., an increase of 124 on the previous year's figures, but according to the records available only 692 children are known to have obtained glasses during the year.

The same rather cumbersome administrative procedure for the supply of glasses existed as in previous years; in my opinion this could be streamlined with considerable advantage to all concerned.

The services of an orthoptist were available at the York County Hospital, and 6 children attended that orthoptic clinic on 42 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.

EAR, NOSE AND THROAT DEFECTS

The number of children referred for treatment under this heading was approximately the same as in 1951, i.e., 402 against 390, but the number of those who received operative treatment has fallen from 1,008 to 570. The waiting lists for tonsillectomy within the County area varies from 6 to 15 months depending on the hospital concerned.

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. | % of those examined who received operative treatment. |
|-------|----------------------------|--------------------------------|--------------------------------------|---|
| 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 |
| 1952 | 14330 | 402 | 570 | 3.97 |

DISEASES OF THE CHEST AND DELICATE CHILDREN

At routine or special medical examinations 15 children have been recorded as needing treatment for diseases of the chest compared with 22 in the previous year. Following the usual routine all were referred to their family doctors.

UNCLEANLINESS

In their cleanliness surveys the school nurses made 70,654 examinations. The nurses found 1,284 instances of uncleanness, representing uncleanness in 838 individual children. The incidence of infestation was 2.91% of the school population as compared with 2.34% in 1952, therefore although the total number of infested children is comparatively small in the County there are no grounds for complacency and continuous supervision by the school medical staff is necessary to control this condition. The 1944 Education Act increased the legislation difficulty in dealing with this type of case.

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

The statistical returns show that a comparatively large number of children are attending these clinics. However, the number of children with diseases of the skin and septic conditions has fallen considerably in the past decade and the type of cases attending these clinics has changed. Many children are sent to the school clinic by their head teacher or brought by parents for conditions which cannot clinically be defined as minor ailments. I feel that this tendency should be encouraged as in this way early disease in school children can often be detected and they can then be referred to their own doctor or hospital for further investigation.

The total number of cases dealt with in the clinics and by the school nurses during the years 1951 and 1952 is shown in the following table, viz.:—

| Defects. | 1951. | | | 1952. | | |
|---------------------|----------|---------|---------|----------|---------|---------|
| | Clinics. | Nurses. | Totals. | Clinics. | Nurses. | Totals. |
| agworm (head) ... | 3 | — | 3 | — | — | — |
| agworm (body) ... | 12 | 25 | 37 | 13 | 1 | 14 |
| bles | 4 | 16 | 20 | 7 | 5 | 12 |
| petigo | 154 | 45 | 199 | 150 | 15 | 165 |
| ier Skin Diseases. | 480 | 190 | 670 | 551 | 21 | 572 |
| nor Eye defects ... | 467 | 213 | 680 | 316 | 77 | 393 |
| nor Ear defects | | | | | | |
| nd Deafness | 458 | 88 | 546 | 382 | 12 | 394 |
| nor Injuries, | | | | | | |
| bruises, etc. | 3399 | 233 | 3632 | 3444 | 93 | 3537 |
| Totals | 4977 | 810 | 5787 | 4863 | 224 | 5087 |

SCHOOL NURSES

Figures relating to the work of the school nurses for 1952, are as follows:—

| | |
|--|-------|
| Visits to Schools:— | |
| Routine examinations | 729 |
| Follow-up visits | 151 |
| No. of children examined | 70654 |
| Visits to Homes:— | |
| No. of homes visited | 2660 |
| No. of children seen on these visits | 3243 |
| Reasons for these visits:— | |
| Uncleanliness | 961 |
| Minor ailments | 499 |
| Nutrition | 582 |
| Other reasons | 1249 |

INFECTIOUS DISEASES

Particulars relating to notifiable 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.

Special reference should be made to an out-break of jaundice in the Sherburn area where 30 cases occurred among school children. This condition is not notifiable under the Public Health Acts and therefore unless the local doctors or head teachers notify the School Medical Officer such an out-break may pass unnoticed.

EXAMINATION FOR MENTAL CONDITION

During the year 105 children were specially examined, compared with 123 in the previous year.

The findings of these special examinations were as follows:—

| | |
|---|----|
| Normal intelligence | 5 |
| Educationally Sub-normal:— | |
| (a) for education in special classes | 9 |
| (b) for education in special schools | 43 |
| For notification under M.D. Act:— | |
| (a) Under Section 57 (3) of the Education Act, 1944 | 12 |
| (b) Under Section 57 (4) of the Education Act, 1944 | — |
| (c) Under Section 57 (5) of the Education Act, 1944 | 17 |
| Decisions deferred | 10 |

In addition 9 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, at the end of the year, there were 179 children who had been ascertained as educationally sub-normal of whom 137 were still in Primary or Secondary Schools in the County. Of these, 72 had been recommended for admission to Special Schools and 65 for admission to special classes in ordinary schools.

A special school for educationally sub-normal children was opened at Etton and at the end of the year 40 East Riding children were being taught in this school and 24 from other Local Education Authorities. The medical care of these children is in the hands of the local practitioner, but school nurses attend twice weekly to carry out any necessary medical treatment.

HANDICAPPED CHILDREN.

Details of the number of children ascertained as coming within the various categories of handicapped children are shown in the following table. Compared with 1951 they show that there is a decrease of 17 in the number ascertained as educationally sub-normal and a decrease of 10 in the number of physically handicapped. The number shown as needing educational treatment on account of speech defects has however risen by 315. This increase is accounted for by a very careful survey of all the schools which was conducted by the speech therapists.

With regard to the handicapped pupils placed in Special Schools the following are the comparative figures for the years 1950, 1951 and 1952 which show an appreciable increase on the number of educationally sub-normal pupils in Special Schools owing to the opening of the Etton Pasture School on the 9th September, 1952.

| | Blind | Deaf | Epileptic | Delicate | Crippled | Maladjusted | Educationally Sub-Normal |
|------------|-------|------|-----------|----------|----------|-------------|-----------------------------|
| 1950 | 9 | 13 | 2 | 6 | 3 | — | 6 |
| 1951 | 10 | 12 | 2 | 7 | 7 | 2 | 4 |
| 1952 | 8 | 18 | 2 | 9 | 6 | 1 | 41 |

NUMBER OF HANDICAPPED CHILDREN AT 31ST DECEMBER, 1952.

| 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> , i.e. suitable for education by methods not involving the use of sight | 2 | — | — | — | 2 | — |
| B. | <i>Partially-sighted Children</i> , i.e. suitable for education by special methods involving the use of sight | 6 | 2 | — | — | 2 | — |
| C. | <i>Deaf Children</i> , i.e. suitable for education by methods for those without naturally acquired speech | 13 | — | 1 | — | 4 | — |
| D. | <i>Partially Deaf Children</i> , i.e., suitable for education by special methods involving the use of speech | 4 | 2 | — | — | 1 | — |
| E. | <i>Delicate Children</i> , i.e. those who for health reasons should not be educated under normal school regime | 8 | 20 | 1 | — | 14 | — |
| F. | <i>Diabetic Children</i> , i.e. children who through need of treatment need residential care | — | 1 | — | — | 1 | — |
| G. | <i>Educationally Sub - Normal Children</i> , i.e. those needing a specialised form of education | 41 | 137 | — | 1 | 120 | — |
| H. | <i>Epileptic Children</i> , i.e. those who should be educated in special schools | 2 | 3 | — | 1 | 5 | — |
| I. | <i>Maladjusted Children</i> , i.e., those who require special educational treatment | 1 | 5 | — | — | 3 | — |
| J. | <i>Physically Handicapped Children</i> , i.e. those with disease or crippling defect who should be educated in special schools | 5 | 30 | — | 11 | 26 | — |
| K. | <i>Pupils suffering from Speech Defect</i> , i.e., those who require special educational treatment | — | 610 | — | — | 423 | — |
| L. | <i>Pupils suffering from Multiple Disabilities</i> | 1 | 5 | — | 3 | 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 31.12.51. | Admitted during 1952. | Discharged during 1952. | Number maintained, at 31.12.52. |
|----------------------|--|--------------------|-----------------------------|-------------------------------|---------------------------------------|
| ..... | Yorkshire School for the Blind | 4 | — | 2 | 2 |
| | Sheffield School for the Blind | 1 | — | 1 | — |
| | Swamley School for the Blind, Kent | — | 1 | — | 1 |
| | Hull 21st Avenue | 2 | 1 | 1 | 2 |
| | Northwood (Sunshine Home) | 1 | — | — | 1 |
| | Chorleywood College, London | — | 1 | — | 1 |
| | Coventry (Exhall Grange) | 2 | — | 1 | 1 |
| ..... | Doncaster | 9 | 4 | 2 | 11 |
| | Sutton | 1 | 5 | 1 | 5 |
| | Leeds | 1 | — | — | 1 |
| | Hamilton Lodge, Brighton | 1 | — | — | 1 |
| Deaf | Lingfield | 2 | — | — | 2 |
| Deaf | Southport (Bradstock- Lockett) | 3 | 2 | 1 | 4 |
| | Sevenoaks (Oak Bank) | 1 | 1 | 1 | 1 |
| | Seaford (Hamilton School of Recovery) | — | 1 | 1 | — |
| | Bexhill-on-Sea (Wrestwood) | 1 | — | — | 1 |
| | Frimley (Burrow Hill) | 2 | — | 2 | — |
| | Woodford Bridge (Essex) | — | 1 | — | 1 |
| | Skipton-in-Craven (Netherside Hall) .. | — | 1 | — | 1 |
| | Menston (Wharfedale School) | — | 1 | — | 1 |
| Deaf- stupid | Allerton Bywater (Ledston Hall) | 2 | 2 | 3 | 1 |
| Deaf | Wirral (West Kirby).. | 1 | — | 1 | — |
| | Tunbridge Wells (Etherington Hall). | 1 | — | 1 | — |
| | Hull (Park Avenue) .. | — | 2 | — | 2 |
| | Chipping Norton | 1 | — | — | 1 |
| | Tickhill, Doncaster (Hesley Hall) | 1 | — | 1 | — |
| | Killinghall (Ian Tetley) | 1 | — | — | 1 |
| | Welburn Hall | 2 | — | — | 2 |
| Physically Normal | Hull (Northumber- land Avenue) | 1 | — | 1 | — |
| | Halstead (Greenwood School) | 2 | — | 2 | — |
| | Lichfield (Beacon School) | 1 | — | — | 1 |
| | Etton Pasture School .. | — | 41 | 1 | 40 |

Of the above, 1 of the blind and 1 of the crippled are maintained by the Secondary and Further Education Sub-Committee.

ORTHOPAEDIC AND POSTURAL DEFECTS

During the year 279 children (of whom 90 were new cases) made 481 attendances at the orthopaedic clinics. These figures show an increase both in the number of children attending the orthopaedic clinics and in the number of new cases.

Twenty children were in-patients at the Kirbymoorside and Beverley Westwood Hospitals, and of these 15 were admitted and 15 were discharged during the year.

CHILD GUIDANCE CLINIC

The following report is submitted by the Educational Psychologist.

The clinic staff was similar to that of last year, consisting of the consultant psychiatrist from Broadgate Hospital, the educational psychologist, the psychiatric social worker and the mental health social worker, and clinic sessions were held as before on Tuesday and Wednesday of each week. At the end of the year the psychiatric social worker, whose valuable work for the clinic since its inception was much appreciated, left this Authority, and a new appointment has not yet been made.

During the year 127 cases were referred to the clinic from the following sources:—

| | |
|------------------------------|-------|
| School Medical Officer | 28 |
| General Practitioners | 4 |
| Hospitals | 3 |
| Head Teachers | 50 |
| Children's Officer | 7 |
| Continued from 1951 | 35 |
| | <hr/> |
| | 127 |
| | <hr/> |

This figure shows a slight increase over the corresponding one for last year, although no Juvenile Court cases were seen, as these are now dealt with centrally in Hull. Of the total of 127, 101 were treatment cases while 26 were referred for testing and assessment only. Those accepted for treatment comprised 6 pre-school children; 22 from Infant Schools; 43 juniors, and 30 seniors. The developing tendency for Medical Officers and head teachers to refer, and parents to bring younger children is to be welcomed as early referral proves most beneficial to the child and enables guidance to be given before the problem behaviour has become deep rooted.

SUMMARY OF CASES EXAMINED

(Classified according to main presenting symptom).

| | |
|---|-------|
| Habit disorders (enuresis, incontinence, sickness) | 25 |
| Anti-social behaviour (truancy, wandering, pilfering, lying) ... | 19 |
| Aggressive behaviour (tantrums, destructiveness, disobedience) | 15 |
| Nervous disorders (hysteria, obsessions, emotional immaturity) | 15 |
| Anxiety states (attention-seeking, jealousy, night terrors) | 14 |
| Backwardness (causing emotional complications) | 13 |
| | <hr/> |
| | 101 |
| | <hr/> |

Children attending the clinic commonly displayed symptoms falling under more than one of the above headings, as the original problem almost invariably gives rise to other symptoms, which tend to obscure the picture, e.g., backwardness at school may well be due to anxiety over the home situation and lead to truancy, loss of confidence, obsessional behaviour or a variety of other disorders. The largest single cause for referral is undoubtedly enuresis, the incidence of which has been variously estimated at between 1 in 5 and 1 in 7. Not only is it difficult to cope with the numbers who wish to attend for this reason but it is also difficult to remedy this complaint because of the variety of causes both physical and mental, or even, and not infrequently, faulty training.

SUMMARY OF CASES, WITH TREATMENT AND DISPOSAL.

| | |
|--|----|
| Maximum improvement obtained | 67 |
| Tested and assessed: report issued | 26 |
| Transferred to other areas | 2 |
| Transferred to Ledston Hall | 1 |
| Responding, treatment continuing | 31 |

127

There were 90 clinic sessions involving 167 diagnostic interviews, 328 treatment interviews, 170 interviews with parents, and 284 visits to schools or to homes. The psychiatrist had 48 interviews with children and 40 with parents.

JAMES G. SMITH,

Educational Psychologist.

SPEECH THERAPY

Miss Craig terminated her duties on 23rd December, 1950, and it was not until 1st September, 1952, that two Speech Therapists, Miss E. Crooks and Miss P. Inman were appointed. Their first duty was to survey all the schools to ascertain the total number of children likely to benefit from any treatment which could be provided. The survey showed that there were 610 such children with the following defects, viz.:—

| | |
|--------------------|-----|
| Stammers | 139 |
| Dyslalia | 402 |
| Cleft Palate | 14 |
| Dysphonia | 31 |
| Others | 24 |

Clinics were opened at Barlby, Beverley, Bridlington, Driffeld, Etton, Fulford, Hedon, Hessle, Market Weighton, Norton and Withernsea. By the end of the year 119 children were receiving treatment.

| | |
|--------------------|----|
| Stammers | 41 |
| Dyslalia | 58 |
| Cleft Palate | 4 |
| Dysphonia | 2 |
| Other | 14 |

A magnetic tape recorder was provided for use by the Speech Therapists to help them in their treatment of children.

REPORT OF THE CHIEF DENTAL OFFICER FOR THE YEAR 1952

The staff was seriously depleted through the resignation in February of Mr. Fleming, Assistant Dental Officer, and it was not possible to make a replacement until November, when Miss Philpott entered the County dental service. Miss Philpott is centred at Pocklington, and works mainly in the Western part of the County, the area previously covered by Mr. Fleming.

Mr. Champlin is centred in Hessle working mainly in Haltemprice. Mr. Jones is stationed at Bridlington, and is responsible for the Northern part of the County. Miss Cripps works from Patrington mainly in Holderness.

Mr. Beddoes and Mr. Booth, Beverley Dental Surgeons, have been employed since October, each for one session weekly at the Beverley Clinic, where their efficient work is much appreciated. Mr. C. R. Hardwick commenced duty on a sessional basis in Driffield on 17th November and worked eight sessions per week.

During the time that elapsed before Mr. Fleming could be replaced, if the remaining dental officers were to continue giving a fairly complete service, it would have been inadvisable to extend their area geographically or numerically. It was, therefore, decided to discontinue regular inspection and treatment in the Western part of the County, but facilities were available for urgent treatment on request. Regular inspection and treatment sessions recommenced in November in this area.

The reconstruction of the Bridlington Clinic was completed early in the year and was in use for eighteen sessions monthly. It was only possible to use the Beverley Clinic for 10 sessions monthly. The mobile clinics continue to be most satisfactory for work in the rural areas. Treatment was carried out as in previous years and each child offered conservative treatment was made dentally fit. Conservative work has been mainly on the permanent teeth and it is unfortunate that the same efforts cannot be devoted at present to the temporary dentition where treatment with few exceptions has been mainly extractions. Most of the extractions, permanent and deciduous, were done under nitrous oxide and oxygen anaesthesia and regular sessions were held for this purpose.

It has not been possible to develop the orthodontic service and only simple regulations have been undertaken when the irregularity could be speedily corrected by a removable appliance, or by extraction when the patient was seen at the appropriate time. This important branch of dentistry cannot be developed until sufficient staff is available.

The statistics relating to this year's work appear in Table V. at the end of this report. Under other treatment 243 scalings were recorded, 82 orthodontic appliances and 27 dentures inserted.

In concluding this report I thank the Dental Officers and their attendants for the conscientious and efficient manner in which they have carried out their duties. I also thank the School Teachers for their help and co-operation.

P. S. SPENCE.

CO-OPERATION WITH VOLUNTARY BODIES

The Inspectors of the National Society for the Prevention of Cruelty to Children continue to co-operate closely in investigating and dealing with cases where neglect of children is suspected. I am very grateful for their help. Cases discovered by School Welfare Officers are reported direct where urgency is necessary.

CO-OPERATION WITH TEACHERS AND SCHOOL WELFARE OFFICERS

As in past years, the help of teachers has been invaluable in dealing with the clerical work in connection with Medical Inspections, and in weighing children prior to such inspections. For this help and also for that given by the School Welfare Officers, I would like to record my appreciation.

PROVISION OF MILK AND MEALS

The number of children taking milk in school in 1952 remained at a consistent level throughout the year as indicated by the following percentages which include pupils in Primary, Secondary and Nursery Schools and for the period ended October, 1952, in Etton Pasture Residential Special School:—

| | October 1951 | February 1952 | June 1952 | October 1952 |
|---|-----------------|------------------|--------------|-----------------|
| Percentage of children taking milk in school | 80.38 | 79.25 | 79.50 | 80.88 |

The actual number of children receiving milk under the Milk in Schools Scheme was 21,751 according to the last return for the year. Of these, 91 were being provided with reconstituted National Dried Milk because liquid milk from an approved source was not available.

At the end of the year, 13,910 children were receiving school meals against 12,677 at the same time in the previous year, the respective percentage of children receiving meals being 51.85 against a former 48.95. 51.85% is the highest so far reached.

Limitation of expenditure on capital works for school meals purposes continues to obstruct the full development of the School Meals Service and during the year only one new kitchen was opened, this being at a new Secondary School. Nine new dining centres were opened at small schools and obtain meals from existing school kitchens.

PHYSICAL EDUCATION

(Report submitted by the Organisers of Physical Education.)

Since last year's report we have been pleased to welcome Miss O. Myland, woman Organiser of Physical Education, to the East Riding. A teacher's course was held in Bridlington, dealing with primary school work; 65 teachers attended. Conditions for physical education vary considerably in the different schools. More playgrounds have been resurfaced, but in many such cases the finished product is not satisfactory, either being loose and gritty or holding many pools of water long after most of the playground is dry. Loose grit also adds to the difficulty of keeping school floors clean. In some schools which have no indoor accommodation suitable for physical education lessons, inclement winter weather prevents the subject being taught as regularly as desired. Under such conditions, when a Village or Church Hall can be hired for lessons it is most helpful. Climbing apparatus has been erected in a few more schools during the past year and teachers have remarked on the beneficial effects on the physique of the children which activity on this type of apparatus have produced. We are pleased to report that some schools took parties of children Youth Hostelling; in addition to any immediate benefits derived, this project lays the foundations for a life-long and healthy recreation.

GAMES.

Activity in schools' football reached a record level this year with 70 schools affiliated to the E.R.S.F.A. Six other schools are affiliated to other schools' associations in Hull, York and Goole. All types of schools competed in five leagues and six knockout competitions despite the heavy expenses of travelling long distances. Lyth, one of our boys from Hunmanby, was chosen to play for Yorkshire against London and would have been chosen for England had he stayed at school another term.

More inter-school cricket was played this year and leagues were more successful partly owing to the weather which did not upset fixtures as much as usual.

The provision of facilities for girls' games still lags behind that made for boys, but a beginning has been made in the teaching of hockey and tennis, in some cases on hired courts, with encouraging results, so far. 50 schools have regular matches in netball leagues and 6 district rallies and a final rally were held during the season.

ATHLETICS.

District and Area sports were again held during 1952 throughout the Riding.

Despite the higher standard in athletics generally, the East Riding Team which went to the Yorkshire Schools' Sports

held in Hull, distinguished themselves by gaining the highest number of points in the aggregate of boys' and girls' events. Seven of our competitors were chosen to represent Yorkshire at the English Schools' Athletic Championship Sports held at Bradford. Yorkshire won the Senior Boys' Trophy and has the highest number of aggregate points.

SWIMMING.

During the summer term and September swimming instruction was provided for children at the Beverley, Norton Selby, Goole and Hull baths. We were pleased to have the use of the Driffild open-air pool once again during the months of June and July. It might be possible to raise the standard of swimming instruction at the Goole Baths next year by employing a local instructor. Teachers once again report that the graded swimming tests offer an incentive to the children to improve their swimming. During the season 7 scholars (4 boys and 3 girls) obtained the County Swimming Certificate.

DANCING.

Folk Dancing is enjoyed by many schools, often under cramped conditions, and is a welcome contribution to the community life especially in the villages.

EVENING CLASSES AND YOUTH CLUBS.

Within Evening Institutes and Youth Clubs classes were held in Physical Education, Recreative Gymnastics, Folk Dancing and Athletics. The Football Association sent an official coach to visit our clubs to give coaching in the game. The County sent two teams of youths to Huddersfield to compete in the Yorkshire Youth Associations' Cross Country Championship. The County Youth Athletics Festival was once again held in Beverley, being well supported by 26 organisations. A selected team of boys and girls entered the Yorkshire Youth Sports held this year at Dewsbury.

O. MYLAND.

N. ELLIS.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1952.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A. *Periodic Medical Inspections.*

| | |
|---|------|
| Number of Inspections in the prescribed Groups. | |
| Entrants | 3638 |
| Second Age Group | 2668 |
| Third Age Group | 2330 |
| Total | 8636 |
| Number of other Periodic Inspections | 93 |
| Grand Total | 8729 |

B. *Other Inspections.*

| | |
|-------------------------------------|------|
| Number of Special Inspections | 1778 |
| Number of Re-Inspections | 3823 |
| Total | 5601 |

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 | 28 | 256 | 277 |
| Second Age Group | 84 | 112 | 167 |
| Third Age Group | 101 | 83 | 161 |
| Total (prescribed groups) | 213 | 451 | 605 |
| Other Periodic Inspections | 4 | — | 4 |
| Grand Total | 217 | 451 | 609 |

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. |
| ..... | 22 | 93 | 122 | 35 |
| a. Vision | 217 | 821 | 170 | 571 |
| b. Squint | 47 | 134 | 32 | 91 |
| c. Other | 26 | 73 | 18 | 27 |
| a. Hearing | 7 | 97 | 12 | 31 |
| b. Otitis Media .. | 9 | 64 | 49 | 41 |
| c. Other | 3 | 44 | 5 | 20 |
| or Throat | 219 | 962 | 183 | 505 |
| h | 22 | 106 | 31 | 72 |
| ical Glands | 61 | 443 | 15 | 90 |
| t and Circulation.. | 3 | 110 | 4 | 71 |
| s | 11 | 215 | 4 | 150 |
| opmental | | | | |
| Hernia | 3 | 25 | 1 | 15 |
| Other | 2 | 68 | 4 | 38 |
| opædic— | | | | |
| Posture | 1 | 104 | 2 | 80 |
| Flat Foot | 8 | 226 | 3 | 132 |
| Other | 15 | 201 | 62 | 106 |
| ous System— | | | | |
| Epilepsy | — | 11 | 1 | 11 |
| Other | — | 46 | 2 | 52 |
| hological— | | | | |
| Development | 3 | 52 | 4 | 59 |
| Stability | 3 | 32 | 4 | 26 |
| ..... | 13 | 149 | 82 | 88 |

TABLE IIB.

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

| Age Groups (1) | Number of Pupils Inspected (2) | A. (Good) | | B (Fair) | | C. (Poor) | |
|----------------------------------|-----------------------------------|--------------|------------|-------------|------------|--------------|------------|
| | | No. | % of col 2 | No. | % of col 2 | No. | % of col 2 |
| Entrants | 3638 | 2356 | 64.76 | 1258 | 34.58 | 24 | .66 |
| Second Age Group | 2668 | 1871 | 70.13 | 789 | 29.57 | 8 | .3 |
| Third Age Group | 2330 | 1573 | 67.51 | 750 | 32.19 | 7 | .3 |
| Other Periodic Inspections | 93 | 53 | 57.0 | 40 | 43.0 | — | — |
| Total | 8729 | 5853 | 67.052 | 2837 | 32.500 | 39 | .448 |

TABLE III.

INFESTATION WITH VERMIN.

| | |
|--|-------|
| (i) Total number of examinations in the schools by the school nurses or other authorised persons | 70654 |
| (ii) Total number of <i>individual</i> pupils found to be infested | 838 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | — |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | — |

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

| | Number of cases treated, or under treatment during the year. |
|--|--|
| (a) | |
| Skin— | |
| Ringworm—Scalp— | |
| (i) X-Ray treatment | — |
| (ii) Other treatment | — |
| Ringworm—Body | 14 |
| Scabies | 12 |
| Impetigo | 165 |
| Other skin diseases | 572 |
| Eye Disease | 393 |
| (External and other, but excluding errors of refraction, squint and cases admitted to hospital). | |
| Ear Defects | 394 |
| 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.) | 3537 |
| Total | 5087 |

(b) Total number of attendances at Authority's minor ailments clinics, 13339.

GROUP II.—DEFECTIVE VISION AND SQUINT.

| | No. of cases dealt with. |
|---|--------------------------|
| Errors of refraction (including squint) | 1212 |
| Other defect or disease of the eyes | — |
| Total | 1212 |

No. of Pupils for whom spectacles were

| | |
|----------------------|-----|
| (a) Prescribed | 880 |
| (b) Obtained | 692 |

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

| | Total number treated |
|--|----------------------|
| Received operative treatment— | |
| (a) for diseases of the ear | 18 |
| (b) for adenoids and chronic tonsillitis | 495 |
| (c) for other nose and throat conditions | 57 |
| Received other forms of treatment | 754 |
| Total | 1324 |

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

| | |
|---|-----|
| (a) No. treated as in-patients in hospitals or hospital schools | 20 |
| (b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments | 279 |

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

| | |
|---|-----|
| No. of pupils treated— | |
| (a) under Child Guidance arrangements | 101 |
| (b) under Speech Therapy arrangements | 119 |

TABLE V.

DENTAL INSPECTION AND TREATMENT.

| | |
|--|-------|
| (1) Number of pupils inspected by the Authority's Dental Officers: | |
| (a) Periodic age groups | 17139 |
| (b) Specials | 586 |
| Total (periodic and specials) | 17725 |
| (2) Number found to require treatment | 8862 |
| (3) Number actually treated | 6823 |
| (4) Attendances made by pupils for treatment | 8258 |
| (5) Half-days devoted to— | |
| (a) Inspection | 137 |
| (b) Treatment | 1517 |
| Total | 1654 |
| (6) Fillings— | |
| Permanent Teeth | 5759 |
| Temporary Teeth | 59 |
| Total | 5818 |
| (7) Extractions— | |
| Permanent Teeth | 1121 |
| Temporary Teeth | 9670 |
| Total | 10791 |
| (8) Administration of general anæsthetics for extraction | 3796 |
| (9) Other operations— | |
| Permanent Teeth | 383 |
| Temporary Teeth | 34 |
| Total | 417 |

TABLE IV.—Treatment of Diseases of Man and

Total number
treated

18

43

52

70

100

100

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