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Contributors

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EAST RIDING OF YORKSHIRE COUNTY COUNCIL



ANNUAL REPORTS

of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1963



INDEX to General Report

PAGE

Ambulance Service	31	Milk, Hospital Dairy Farms 4	
Ante-natal Care	15	Milk, Licensed Dealers 4	
Ante-natal Hostels	16		6
B.C.G. Vaccination	29 7	Milk Supplies, Biological Examination of	7
Births and Birth Rates	36	Examination of 4' Neonatal Mortality	
Blindness	9	Nurseries and Child Minders. 4	
Care and After-Care	34	Nursing Homes, Registration of 4	-
Care of Mothers and Young		Occupation Centres 3	
Children	15	Ophthalmia Neonatorum 4	
Chiropody	34	Perinatal Mortality 14	
Deaths and Death Rates	9	Poliomyelitis 4	8
Dental Care	18	Poliomyelitis, Vaccination	
Development of the Health		against	0
Services	40	P	7
Diabetics	22	Post-natal Care 1:	
Diphtheria	48		6
District Medical Officers	6	Premature Infants	
Domestic Help Service	33	Problem Families	
Domiciliary Nursing and	21	Puerperal Pyrexia 4	0
Midwifery Service	35	Rainfall	
Epilepsy	33	Scarlet Fever 4	
vision of	44	School Medical Officer's Report 6	
Health Education	35	Sewerage and Sewage Disposal 4	
Health Visiting	20	Smallpox 4	
Housing	43	Spastic Paraplegia	5
Illegitimacy	8		2
Immunisation	28	Tetanus, Protection against 2	8
Infant Mortality	13	Tuberculosis 4	9
Infant Welfare Centres	16	Tuberculosis, B.C.G. Vaccina-	
Infectious Disease, Prevalance of	48	tion 2	
Infectious Disease, Notification	53	Typhoid and Paratyphoid Fever 4	
of	53	Unmarried Mother and Child. 1	
Introductory Remarks	9	Vaccination	0
Lung Cancer Maternal Mortality	16	Veterinary Inspection of Dairy Herds	7
Measles	48	Vital Statistics	
Medical Loans	34	Vital Statistics, Tables of 57, 5	
Meningococcal Infection	48	Water Supply 4	_
Mental Health	38	Welfare Foods 2	
Midwives	21	Whooping Cough 4	8
Milk, Heat-Treated	45	Do. Protection against 2	8
INDEX to Principal S	School	Medical Officer's Report	
P	AGE	PAG	E
B.C.G. Vaccination	68	Mental Conditions, Examina-	
Child Guidance Clinic	76		6
Clinics	81		9
Dental Officer, Report of	71	Minor Ailments 6	8
Ear, Nose and Throat Defects	67	Orthopaedic and Postural	
Enuresis	78	Defects 6	7
Eye Disease	67	Physical Education	
Handicapped Children	73	School Nurses 6	
Health Education	69		o
Infectious Diseases	70 63	Statistics 6	
Meals, School	79	Teachers and School Welfare	
Medical Inspections	65		0
Medical Inspection and Treat-	00		6
ment Returns	83	Visual Defects 6	

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To the Chairman and Members of the County Council.

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

I beg to submit my Annual Reports as County Medical Officer and Principal School Medical Officer for the year 1963. The year was again one of steady growth with no matters developing which appear to call for special reference.

The estimated population increased by 3,640 and the birth rate continued its upward trend, the rate for 1963 being 16·7 per thousand population compared with a rate of 16·3 in the previous year. The death rate was 12·9 compared with 12·5 in 1962, the principal causes of death being heart diseases, vascular diseases of the nervous system, and cancer. The number of deaths caused by cancer of the lungs and bronchus again showed a considerable increase, and this form of cancer is now responsible for nearly a quarter of all the deaths from malignant disease.

Among the infectious diseases, as was expected, there was a large increase in the number of cases of measles, but the number of notifications was not as high as in the two previous epidemic years of 1961 and 1959. There was an unexpected increase in the number of cases of whooping cough, but the incidence of this illness is still considerably less than it was ten years ago. For the fifth consecutive year there were no cases of diphtheria, and for the first time no notifications of poliomyelitis.

During the year the following new buildings have been opened:-

Health Services Clinic and Dental Clinic at Anlaby

Junior Training Centre and Hostel for mentally sub-normal children at Driffield

Ambulance Stations at Driffield and at Withernsea

The reports of the County Chief Sampling Officer and of the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food are included in the section of this report which deals with the inspection and supervision of food.

Once again I wish to record my thanks to members of the Health Committee and School Welfare Sub-Committee of the Education Committee for their continued help and support and also to all members of the staffs of the General and School Health Departments for another year of loyal and conscientious service.

I have the honour to be,
Your obedient servant,
R. WATSON,
County Medical Officer.

County Hall, BEVERLEY, August, 1964.

STAFF OF HEALTH AND SCHOOL MEDICAL DEPARTMENTS, 1963

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

R. Watson, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. Tel. No.: Office, Beverley 881281; Home, Beverley 882609.

ACTING DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

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

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS.

Buckrose Health Division. Oxford Street, Bridlington. Tel. 5381. J. H. Maughan, M.B., B.S., D.P.H.

Haltemprice Health Division. Anlaby House, Anlaby. Tel. Kirkella 58445. L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.

Holderness Health Division. Lord Roberts Road, Beverley. Tel. 881281.
W. Ferguson, M.B., Ch.B., D.P.H.

Howdenshire Health Division. Burnby Lane, Pocklington. Tel. 3226.
W. Wilson, M.B., B.Ch., D.P.H.

SENIOR ASSISTANT MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER Margaret L. Walker, M.B., B.S., D.P.H.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS.

WHOLE-TIME:

Patricia Gabb, M.B., Ch.B. Margaret Mulvein, M.B., Ch.B. I. W. Sinclair, M.B., Ch.B. Olive M. Sparrow, M.D., M.B., B.S.

PART-TIME:

Janet S. Dann, M.B., Ch.B. Barbara Hodgson, M.B., Ch.B., D.C.H. Elizabeth McV. Redfern, M.B., Ch.B. Cynthia M. Rosen, M.B., Ch.B.

PRINCIPAL DENTAL OFFICER.
G. R. Smith, L.D.S.

DENTAL OFFICERS.

WHOLE-TIME:

Miss P. A. Arris, B.D.S. (from 26th August, 1963) Miss J. M. Cripps, L.D.S. C. H. Elphick, L.D.S. G. Pearson, L.D.S. (from 1st April, 1963) S. Smullen, L.D.S.

Mrs. E. M. S. Ward, B.D.S. (from 9th September, 1963 L. B. Wilson, L.D.S.

PART-TIME:

Mrs. J. M. Ayers, L.D.S. (to 1st February, 1963) Mr. E. Beddoes, L.D.S. Mr. R. F. Coates, L.D.S. Mrs. U. Coates, L.D.S.

PUBLIC ANALYST.

R. T. Hunter, B.Sc., F.R.I.C.

COUNTY AMBULANCE OFFICER. G. R. Gray. S. Bateman.

G. E. Howes.

J. Liptrot.

K. Powls.

EDUCATIONAL PSYCHOLOGIST.

Post vacant.

PSYCHIATRIC SOCIAL WORKER.

Mrs. A. B. Godfrey, A.A.P.S.W.

SOCIAL WORKER (CHILD GUIDANCE).

Miss S. Graham, Soc. Dip.

MENTAL HEALTH SOCIAL WORKER.

Mrs. E. McCreadie, R.M.N.

SPEECH THERAPISTS.

WHOLE-TIME:

Miss A. Clarke, L.C.S.T. (to 26th February, 1963)

Mrs. P. A. Gibbard, L.C.S.T. (to 29th March, 1963)

Mrs. A. M. Nicholson, L.C.S.T. Mrs. J. Pedley, L.C.S.T. (from 1st October, 1963)

PART-TIME:

Mrs. I. M. Alder, L.C.S.T. (from 29th April, 1963)

Mrs. G. P. Waddington, L.C.S.T. (from 19th March, 1963) Mrs. A. L. Wilkes, L.C.S.T. (from 29th April, 1963)

DENTAL HYGIENIST.

Miss M. A. Rennison.

ORGANISER OF DOMESTIC HELP SERVICE.

Mrs. J. M. Atkinson.

SUPERINTENDENT NURSING OFFICER/NON-MEDICAL SUPERVISOR OF MIDWIVES

Mrs. J. Stephenson, S.R.N., S.C.M., H.V. Cert., Q.N.S.

DEPUTY SUPERINTENDENT NURSING OFFICER

Miss B. M. Greenwood, S.R.N., S.C.M., H.V. Cert., O.N.S. (from 1st July, 1963)

ASSISTANT SUPERVISOR OF MIDWIVES/DEPUTY SUPERINTENDENT HOME NURSING

Miss S. M. Savage, S.R.N., S.C.M., H.V. Cert., O.N.S. (to 31st January,

COUNTY DISTRICT NURSES AND MIDWIVES.

WHOLE-TIME STAFF:

Mrs. E. Allman, S.R.N., S.C.M. (to 1st September, 1963)

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

Mrs. M. Anderson, S.R.N., S.C.M.
Mrs. J. M. Arthur, S.R.N., S.C.M., Q.N.S.
Mrs. M. Asbridge, S.R.N., S.C.M., Q.N.S.
Miss E. Beal, S.C.M., S.E.N.
Miss P. Bennett, S.R.N., S.C.M.
Mrs. M. Bilton, S.R.N., Q.N.S.
Mrs. W. Blackburn, S.R.N., S.C.M.

Mrs. F. Boynton, S.R.N., S.C.M. (from 14th October, 1963) Mrs. J. M. Bradford, S.R.N., S.C.M., Q.N.S.

Miss K. Bratley, S.R.N., Q.N.S. Miss M. Brighton, S.R.N., S.C.M.

Mrs. E. Bristow, S.E.N.

Mrs. I. Burrill, S.R.N., S.C.M., Q.N.S.

Mrs. M. Campey, S.R.N., Q.N.S. Mrs. L. Colbeck, S.C.M., S.E.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.S.

Miss I. M. Darley, S.R.N., Q.N.S. Miss I. Derving, S.C.M., S.E.N. Mrs. M. E. C. Dickinson, S.R.N.

Mrs. V. J. Dickinson-Hennessy, S.R.N., S.C.M. (from 2nd September, 1963)

Miss B. Dolphin, S.R.N., S.C.M., Q.N.S. Mrs. E. Eyre, S.R.N., S.C.M., Q.N.S.

Miss E. K. Fawley, S.R.N. Miss F. V. Fish, S.R.N., S.C.M. Mrs. E. Foster, S.R.N., S.C.M.

Mrs. B. George, S.C.M. Mrs. F. M. Hagyard, S.R.N., S.C.M.

Mrs. B. A. Hall, S.R.N., S.C.M. Miss E. Hall, S.R.N., Q.N.S.

Miss M. Hallam, S.R.N., S.C.M., Q.N.S. Mrs. V. Hay, S.R.N., S.C.M., Q.N.S. (to 9th October, 1963)

Miss M. E. Hodgson, S.R.N., S.C.M. Miss D. E. Holden, S.R.N., Q.N.S. Miss E. Hutchinson, S.R.N., S.C.M. Miss M. E. Jenkins, S.R.N., S.C.M., Q.N.S.

Mrs. E. Jenkins, S.R.N., S.C.M., Q.N.S.

Mrs. E. Lenderyou, S.R.N., Q.N.S.

Miss E. McFetrich, S.R.N., S.C.M., Q.N.S. (to 15th July, 1963)

Mrs. M. Merriman, S.R.N., S.C.M., Q.N.S.

Miss M. F. Miles, S.R.N., S.C.M., Q.N.S.

Miss O. K. Neal, S.R.N., S.C.M. (from 20th May, 1963)

Miss H. Phillips, S.R.N., S.C.M., Q.N.S.

Miss G. Rider, S.R.N., S.C.M., Q.N.S.

Miss G. Robinson, S.R.N., S.C.M. (from 9th September, 1963)

Mrs. E. Rozenbroek, S.R.N., S.C.M. (to 30th April, 1963) Mrs. E. E. Scrase, S.R.N.

Mrs. P. Shearer, S.R.N., Q.N.S.

Mrs. M. Shipp, S.R.N.

Miss M. Spavin, S.R.N., S.C.M., Q.N.S. Mrs. G. M. Spieght, S.C.M.

Mrs. A. B. Steer, S.R.N., S.C.M. Mrs. M. Stevenson, S.R.N., S.C.M., Q.N.S. (to 28th February, 1963)

Mrs. V. Stockdale, S.R.N., Q.N.S. Miss J. M. Taylor, S.R.N., S.C.M.

Mrs. L. E. Thorley, S.R.N. Miss M. Warcup, S.R.N., S.C.M., Q.N.S. Miss E. Warder, S.R.N., S.C.M. Mrs. H. Watson, S.R.N., S.C.M.

Miss G. Y. Whincup, S.R.N., S.C.M. (from 1st November, 1963) Miss D. Wilkinson, S.R.N., S.C.M., Q.N.S. (from 6th May, 1963) Miss E. E. Wilson, S.R.N., S.C.M.

Miss J. M. Wilson, S.R.N., Q.N.S. Miss A. Wood, S.R.N., S.C.M. (from 1st October, 1963) Mrs. M. Wood, S.R.N., S.C.M., Q.N.S. Mrs. D. Wylie, S.R.N., S.C.M., Q.N.S.

PART-TIME STAFF:

Mrs. M. Dale, S.R.N., S.C.M. (from 1st August, 1963) Mrs. G. E. Leng, S.R.N. (from 10th July, 1963)

Mrs. D. A. Ramsdale, S.R.N., S.C.M. (from 3rd September, 1963)

DISTRICT NURSE, MIDWIFE, HEALTH VISITOR

Miss M. Ahamer, S.R.N., S.C.M., H.V.Cert. (from 1st November, 1963)

HEALTH VISITORS AND SCHOOL NURSES.

Mrs. A. Beck, S.R.N., H.V.Cert. (from 22nd July, 1963) Miss E. Binley, S.R.N., S.C.M., H.V. Cert. Miss E. M. Blackburn, S.R.N., S.C.M., H.V. Cert. Mrs. D. Boyes, S.R.N.

Mrs. D. Boyes, S.R.N.
Miss H. W. Brigham, S.R.N., S.C.M., H.V. Cert.
Miss L. I. Broadhurst, S.R.N., S.C.M., H.V. Cert.
Miss M. K. Clarkson, S.R.N., S.C.M., H.V. Cert.
Miss M. Coates, S.R.N., S.C.M., H.V.Cert.
Mrs. C. A. L. N. Cole, S.R.N., S.C.M., H.V.Cert. (from 22nd July, 1963)
Miss F. H. Collier, S.R.N., S.C.M., H.V. Cert.
Miss J. Davis, S.R.N., S.C.M., H.V. Cert.
Miss J. Davis, S.R.N., S.C.M., H.V.Cert. (to 9th November, 1963)
Miss B. Edwards, S.R.N., S.C.M., H.V.Cert. (from 1st July, 1963)
Miss L. Evans, S.R.N., S.C.M., R.F.N., H.V. Cert.
Miss P. Fenton, S.R.N., S.C.M., H.V.Cert.
Mrs. W. M. Greysmith, S.R.N., S.C.M., H.V. Cert.
Miss A. Hewitt, S.R.N., S.C.M., H.V. Cert.
Miss F. A. Hoggard, S.R.N., S.C.M.

Miss A. Hewitt, S.R.N., S.C.M., H.V. Cert.
Miss F. A. Hoggard, S.R.N., S.C.M.
Miss E. M. Holden, S.R.N., S.C.M., H.V. Cert.
Miss D. Hunt, S.R.N., S.C.M., H.V. Cert.
Miss D. H. Lemar, S.R.N., S.C.M., H.V. Cert.
Mrs. J. M. Morris, S.R.N., S.C.M., H.V. Cert. (from 2nd September, 1963)
Miss M. M. Reid, S.R.N., S.C.M., H.V. Cert.
Miss I. Rippon, S.R.N., S.C.M., H.V. Cert.
Miss E. A. Roberts, S.R.N., S.C.M., H.V. Cert.
Miss A. E. Sturdy, S.R.N., S.C.M., H.V. Cert.
Mrs. L. Whipp, S.R.N., S.C.M., H.V. Cert.
Mrs. W. M. Wilde, S.R.N., S.C.M., H.V. Cert.

STUDENT HEALTH VISITORS-Three.

Medical Officers of Health of the several Local Authorities at 31st December, 1963.

Local Authority Name of Medical Officer MUNICIPAL BOROUGHS W. Ferguson, M.B., Ch.B., D.P.H. Bridlington..... J. H. Maughan, M.B., B.S., D.P.H. W. Ferguson, M.B., Ch.B., D.P.H. Hedon.... URBAN DISTRICTS Driffield J. H. Maughan, M.B., B.S., D.P.H. Filey J. H. Maughan, M.B., B.S., D.P.H. L. N. Gould, M.R.C.S., L.R.C.P., D.P.H Haltemprice W. Ferguson, M.B., Ch.B., D.P.H. Norton W. Wilson, M.B., B.Ch., D.P.H. Withernsea..... F. R. Cripps, M.D., D.P.H. RURAL DISTRICTS W. Ferguson, M.B., Ch.B., D.P.H. P. D. H. Chapman, M.B., B.Ch., Bridlington.... M.R.C.S., L.R.C.P. Derwent W. Wilson, M.B., B.Ch., D.P.H. J. H. Maughan, M.B., B.S., D.P.H. Holderness F. R. Cripps, M.D., D.P.H. W. Wilson, M.B., B.Ch., D.P.H. 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

Section 1. - Vital Statistics

GENERAL STATISTICS

Area	735,964 acres
Rateable value (as at 1st April, 1963)	£6,686,228
Product of a penny rate	£27,011

POPULATION

Pinin	6	Estimated				
Districts	Census, 1961	1962	1963			
Administrative County	224,031	228,530	232,170			
Urban Districts	114,086	114,720	116,510			
Rural Districts	109,945	113,810	115,660			

The rates for the various statistics given in this report are based on the Registrar General's estimated population for mid-1963, i.e. 232,170. The final report of the Census for 1961 gave the population of the administrative county at the time the Census was taken in April, 1961, as 224,031.

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

Year	Administrative County	Urban Districts	Rural Districts
1901—1910	23.57	24.0)	23.87
1911-1920	20.3	19-3	20.8
1921-1930	17.9 >*	16.6 > *	18.8 >*
1931-1940	14.8	14-4	14.9
1941-1950	17-2	17-2	17.2
1951	14.5	14-1	14.8
1952	14.9	14-6	15.2
1953	15.0	14.8	15.3
1954	14.2	14.0	14.4
1955	13.8	13.8	13.8
1956	14.4	14.1	14.8
1957	15.0	14.7	15.4
1958	14.3	14.2	14.4
1959	15.0	14.8	15-1
1960	15.5	15.8	15.2
1961	15.9	16.3	15.6
1962	16.3	16.0	16.7
1963	16.7	16.8	16.7

^{*}Average rate per 10 year period.

The live birth rate for the County was 16·7, an increase on the rate of 1962 which was 16·3. The provisional rate for England and Wales for 1963 was 18·2 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 16·7 the adjusted rate so obtained is 17·7.

There were 3,885 live births and 66 stillbirths registered for the County during the year, making a total of 3,951, an increase of 150 on the 1962 figures. Of these births, 453 live births and 11 stillbirths took place outside the County.

The number of births notified to my office by hospitals, practitioners and midwives was 6,215 live births and 103 stillbirths, a total of 6,318. In addition, five live births were notified by Registrars. Of these births 2,788 live births and 48 stillbirths were to women who were normally resident outside the County and the details were transferred to their home areas.

STILLBIRTHS

The still births which were registerable in the County numbered 66, the same as in the previous year. The stillbirth rate was 16.7 per 1,000 total births. In 1962 this rate was 17.2 and in 1961 it was 18.7. The provisional rate for England and Wales for 1963 is 17.3.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Administrative County	Urban Districts	Rural Districts
1950	180	87	93
1951	153	75	78
1952	141	62	79
1953	124	66	58
1954	116	61	55
1955	111	54	57
1956	114	67	47
1957	111	47	64
1958	101	42	59
1959	123	66	57
1960	126	60	66
1961	137	65	72
1962	165	83	82
1963	175	85	90

There were 175 illegitimate live births, 10 more than in 1962.

The illegitimate live birth rate was 0.75 per 1,000 of the population, compared with 0.72 in the previous year.

The number of illegitimate live births in the County was 4.5% of the total live births.

DEATH RATES FROM ALL CAUSES (ALL AGES)

per 1,000 of the Population

Year	Administrative County	Urban Districts	Rural Districts
1901—1910	13.7)	15.1)	13.2)
1911-1920	13-6	14.6	12-9
1921-1930	12.2 >*	13.2 > *	11.6 >*
1931-1940	12.3	13.0	11.6
1941-1950	12.0	12.9	11.1
1951	12.4	13.7	11.2
1952	11.4	12.3	10-6
1953	12.1	13.2	11.0
1954	12.4	13.9	10-9
1955	12.1	13.6	10.6
1956	12.4	13.8	11.1
1957	12.2	13.7	10-6
1958	12.6	13.7	11.5
1959	12.3	13.7	10-9
1960	12.2	13.4	11.1
1961	13.1	14.6	11.6
1962	12.5	14.0	11.0
1963	12.9	14-1	11.6

^{*}Average rate per 10 year period.

There were 2,987 deaths registered for the County in 1963 an increase of 130 on the figure for the previous year. This gives a death rate of 12.9 per 1,000 of the population, as compared with 12.5 in 1962. The application of the comparability factor to this crude rate gives a rate of 11.45 compared with the provisional rate for England and Wales for 1963 which was 12.2. The rate for England and Wales for 1962 was 11.9.

Of the total deaths, 74.7% occurred in people aged 65 and over and 48.2% in people aged over 75.

The principal causes of death in the County were heart diseases (1,059), cancer (527) and vascular lesions of the nervous system (433). These three causes accounted for $67 \cdot 6\%$ of the deaths, as compared with $67 \cdot 1\%$ in 1962.

The 1,059 deaths due to heart diseases were 18 more than in 1962 and represent a rate of 4.6 per thousand population, which is the same as in 1962.

Compared with 1962 the number of deaths attributed to cancer increased from 475 to 527, the rate per thousand population changing from 2.08 to 2.27. Out of this increase of 52 in the number of deaths from cancer 30 were due to cancer of the lungs and bronchus. This form of cancer was responsible for 127 deaths, the highest number ever recorded, and is nearly a quarter of the total cancer deaths. The rate for this cancer is now 0.54 per thousand population and has risen from a rate of 0.42 in 1962 and one of 0.35 in 1953. There appears to be little doubt now that cigarette smoking has contributed very largely to this increase.

For all other forms of cancer the death rate per thousand has risen only from 1.65 to 1.72. The number of deaths from cancer of the stomach rose from 52 to 59 and deaths from cancer of the uterus from 15 to 21; the deaths from cancer of the breast however fell from 50 to 29. Deaths from leukaemia remained approximately the same as in previous years.

Of the 527 deaths due to cancer, 305 occurred in urban areas and 222 in rural areas, corresponding respectively to rates of 2.62 and 1.92 per thousand population.

Motor vehicle and other accidents were responsible for 113 deaths during the year. In 1962 deaths from these two causes numbered 99.

The following table shows the figures for the various causes of death for the year 1963:

C (D)		No. of deaths	
Cause of Death	Male	Female	Tota
Tuberculosis, respiratory	2	1	3
Tuberculosis, other forms	-	2	2
Syphilitic disease	1	2 5	6
Diphtheria	_		
Whooping cough	_		_
Meningococcal infection	_		_
Acute poliomyelitis	_		
Measles	_		_
Other infective diseases	3	6	9
Cancer of stomach	33	26	59
Cancer of lungs, bronchus	98	29	127
Cancer of breast		29	29
Cancer of uterus	_	21	21
Cancer, other forms	145	130	275
Leukaemia, aleukaemia	8	8	16
Diabetes	9	17	26
Vascular lesions of nervous system	187	246	433
Coronary disease, angina	347	249	596
Hypertension with heart disease	22	31	53
Other heart disease	176	234	410
Other circulatory disease	89	62	151
nfluenza	4	1	5
Pneumonia	68	82	150
Bronchitis	89	39	128
Other diseases of respiratory system.	9	6	15
Ulcer of stomach and duodenum	14	6	20
Gastritis, enteritis and diarrhoea	4	6	10
Nephritis and nephrosis	13	15	28
	25	15	25
Hyperplasia of prostate	43	333	20
Pregnancy, childbirth and abortion Congenital malformations	15	19	34
	105	112	217
Other diseases	34	7	41
		48	72
All other accidents	24 15	9	24
Suicide	15	1	100
Homicide	1	1	2
Totals	1,540	1,447	2,987

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

Age Group	Infect Disease (i Syph	ncluding	Tubero	culosis	Malig Disc	nant ase	Heart Circul Dise	atory	Respir Diseases (influe	including	Intest Dise		Viole	nce	All O Cau		All Ca	auses
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0—	_	_	_	_	_	_	1	0.1	12	4.0	3	10.0	1	0.7	64	19-4	81	2.7
1—	-	_	_	_	1	0.2	_	_	1	0.3	_	-	2	1.4	5	1.5	9	0.3
5—	-	-	_	_	2	0.4	_	-	2	0-7	_	_	5	3.6	9	2.8	18	0.6
15—	1	6.7	_	_	1	0.2	_	_	1	0-3	_	_	22	15.8	4	1.2	29	1.0
25	2	13-3	1	20.0	6	1.1	4	0.2	_		_	_	4	2.9	2	0.6	19	0.6
35—	1	6.7	_	_	16	3.0	21	1.3	5	1.7	_	_	10	7-2	7	2.1	60	2.0
45—	2	13.3	_	_	58	11-0	51	3.1	9	3-0	2	6.7	18	13-0	6	1.8	146	4.9
55—	2	13.3	1	20.0	127	24-1	166	10.1	41	13-8	5	16-6	16	11.5	37	11-2	395	13.2
65—	3	20.0	_	_	161	30-6	470	28.6	73	24.5	9	30-0	12	8.6	61	18-5	789	26.4
75—	4	26.7	3	60-0	155	29-4	930	56-6	154	51-7	11	36-7	49	35-3	135	40-9	1,441	48.3
Totals	15	_	5	_	527	_	1,643	_	298	_	30	_	139	_	330	_	2,987	_

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

Year	Administrative County	Urban Districts	Rural Districts
1901—1910	110)	114)	107
1911—1920	82	84	81
1921—1930	61 >*	59 > *	63 >
1931—1940	51	50	53
1941—1950	39	40	39
1951	39 J 28 24 27	30	39 26 21 28
1952	24	27 26 23	21
1953	27	26	28
1954	23	23	23
1955	24	26	22
1956	24	27	22
1957	21	23	19
1958	22	20	24
1959	18	19	17
1960	19	19	19
1961	17	17	16
1962	17-4	16.9	17-9
1963	20.8	17-9	23-9

*Average rate per 10 year period.

There were 81 deaths of children under the age of one year in 1963, 16 more than in 1962, the infant mortality rate being 20.8 per 1,000 live births. The provisional rate for England and Wales for 1963 was 20.9 compared with 21.6 in 1962.

Although this infant mortality rate is still just below that for the country as a whole, the rise compared with previous years is disappointing as, from the table given above, it will be seen that since 1959 the rate has been below twenty each year. The rise in 1963 was due to an increase in the number of infants dying within one month of birth, the causes of death being chiefly congenital malformations, prematurity and atelectasis. To this latter condition, which is due to an inadequate expansion of the lungs, has been ascribed the cause of thirteen deaths this year as against three deaths in the previous year.

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

	Urban	Rural	Total
Pneumonia	4	8	12
Bronchitis	_	1	1
Gastritis, Enteritis and Diarrhoea		2	2
Congenital malformations	14	8	22
Birth injury	2	4	6
Atelectasis	7	6	13
Prematurity	2	16	18
Other diseases and causes	6	1	7
Totals	35	46	81

Of the 81 infant deaths, 59 (74%) occurred during the neo-natal period, that is before the baby was four weeks old, and many of these deaths took place within a few hours or a few days of birth. In 18 cases death was due to prematurity, representing 22% of all the infant deaths.

Deaths which take place within the first week after birth and stillbirths are classified as perinatal deaths. Most are due to causes, some of which may be preventable, which operate during the ante-natal period and during the actual process of birth. In 1963 the number of these perinatal deaths was 112 (made up of 66 still-births and 46 infant deaths) and represented a rate of 28·3 per 1,000 total births. In 1962 this rate was 25·8.

STATISTICS RELATING TO MOTHERS AND INFANTS

The vital statistics relating to mothers and infants are summarised below:

Live Births Number	3,885
Rate per 1,000 population	16.73
Illegitimate Live births (per cent of total live births)	4.50
Stillbirths Number	66
Rate per 1,000 total live and still births	16.70
Total Live and Still Births	3,951
Infant Deaths (deaths under one year)	81
Infant Mortality Rates Total infant deaths per 1,000 total live births	20.85
Legitimate infant deaths per 1,000 legitimate live births	19.68
Illegitimate infant deaths per 1,000 illegitimate live births	45.71
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	15.19
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	11.84
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	28.35
Maternal Mortality (including abortion) Number of deaths	_

Section 2. - Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Women who are being confined in their own homes obtain their ante-natal care from their family doctors and the domiciliary midwives. Those who are being admitted to maternity hospitals or homes normally attend at the appropriate institution for their ante-natal care, but, as in the majority or cases they will be admitted to beds to which their general practitioners have access, hospital ante-natal care in the normal case is often limited to examinations on booking and at about the thirty-sixth week of pregnancy, the intermediate examinations being undertaken by the general practitioners in co-operation with the domiciliary midwives.

Irrespective as to whether they are hospital or domiciliary bookings all women can attend the sessions provided in clinics in various parts of the County which give ante-natal and mothercraft instruction, including the teaching of relaxation. Details of attendances at the various instructions classes which were in operation during the year are shown in the following table:—

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances	
Anlaby Beverley Bridlington* Brough Cottingham Hessle Hornsea	49 77 46 49 47 51 38	69 79 44 49 76 88 28	77 88 44 50 90 96 28	565 618 419 411 531 576 173	
Totals	357	433	473	3,293	

*Class opened during the year.

POST-NATAL CARE

In most cases post-natal care is given by family doctors but post-natal clinics are held at the Westwood, Fulford, East Riding General, and "The Avenue" Hospitals for patients who have been confined in these institutions.

"AT RISK" REGISTER

With the help and co-operation of the general practitioners a register is now being kept of each infant in respect of whom the ante-natal or confinement history of the mother, or the immediate post-natal history of the child, shows that a condition has existed which might result in the development of abnormalities in the child in later life. The object of keeping this register is to enable an

unobtrusive watch to be kept on the children concerned so that the appearance of any abnormality, especially deafness, can be spotted and dealt with at the earliest possible moment. In the great majority of cases, of course, no abnormality develops Since the scheme began 406 children have been supervised in this way.

MATERNAL MORTALITY

There were no maternal deaths in the County during the year.

ANTE-NATAL AND POST-NATAL HOSTELS

During the year, 24 unmarried mothers have been provided with accommodation in hostels provided by the York Diocesan Association for Moral Welfare and by other Bodies.

INFANT WELFARE CENTRES

After the coming into being of the National Health Service in 1948 the use of infant welfare centres in the County was considerably reduced and it was thought that this reduction in demand would probably continue. For several years, especially in the more rural areas, attendances at clinics were small and on the average the percentage of babies born in any one year who were taken to infant welfare centres during that year was less than 50%, but in 1962 there were increases both in the number of children attending and in the total number of attendances, and the increase in the number of infants who attended was greater than was to be expected solely on account of the increase in the number of births. During 1963 this trend continued and there has been further increases of 468 in the number of children attending, and 1,113 in the total number of attendances at infant welfare centres as compared with the figures for 1962. The number of children born in 1963 who attended at centres during the year was 2,587. This represents 66% of the registered live births in the County.

As a result of this continuing change in attitude towards the use of infant welfare centres it became necessary to review the situation and a survey of this section of the service was undertaken and a special report submitted to the Health Committee. Of the 50 centres only eight are held in ad hoc clinic premises; all the rest are held in village or church halls or similar buildings which are rented on a sessional basis for sessions which, except in one instance where the centre is open twice a week, are held at weekly, fortnightly or monthly intervals. Halls of this type were, of course, not designed for use as infant welfare centres and, although some provide very satisfactory accommodation, in many instances it is difficult to find premises with small rooms suitable to be used for interview or examination purposes, with adequate supplies of hot water and reliable heating, and which can be made attractive as infant welfare centres for sessions held at such relatively infrequent intervals.

The ideal arrangements for a centre are that it should be held in a building provided for that purpose, but there are few places in the County with populations of such a size as would normally justify such a provision. Nevertheless, despite the relatively limited Particulars of the work carried out during the year at the infant welfare centres in the County are given in the following table:

Infant Welfare	Frequency	attende	er of childred during to	he year	of att	number endances ng year
Centre	Sessions	1963	1962	1961–1958	Total	Average per sessio
Aldbrough	Every 4 weeks	15	15	32	288	22
Anlaby	Twice weekly	155	149	131	3,710	37
Barlby	Every 2 weeks	13	10	5	190	7
Beverley	Twice weekly	247	149	424	5,403	38
Bilton	Every 2 weeks	54	83	55	1,456	63
Bishop Burton	Every 4 weeks	9	10	29	257	20
Brandesburton	Every 4 weeks	13	11	35	331	25
Bridlington	3 every 2 weeks	427	286	163	2,374	32
		32	32	33	627	25
Bridlington (West Hill).	Every 2 weeks				1,934	36
Brough	Weekly	102	86	66		
Cottingham	Twice weekly	159	154	149	4,680	46
Driffield	Weekly	88	74	38	1,184	23
Dunnington	Every 4 weeks	11	7	6	108	9
Elvington	Every 4 weeks	9	13	9	134	11
Filey	Every 2 weeks	39	33	16	851	34
Flamborough	Every 2 weeks	17	20	8	414	16
Flixton	Every 4 weeks	5	10	11	190	15
Fulford	Every 2 weeks	34	24	11	403	16
Gilberdyke	Every 4 weeks	10	13	8	188	14
Hedon	Every 2 weeks	41	31	30	708	28
Hessle	Twice weekly	221	146	81	3,771	38
Holme	Every 2 weeks	16	24	17	506	19
Hornsea	Weekly	100	90	91	1,796	37
Howden	Every 4 weeks	30	15	18	245	20
Hunmanby	Every 2 weeks	20	7	15	442	18
Keyingham*	Every 4 weeks	10	7	6	31	15
Leconfield R.A.F	Every 2 weeks	56	45	96	839	34
		12	20	22	252	19
Leven	Every 4 weeks	7			195	15
Long Riston	Every 4 weeks		14	38		
Market Weighton	Every 2 weeks	48	32	16	731	30
Newport	Every 4 weeks	14	10	6	129	11
North Cave	Every 4 weeks	30	20	23	561	22
North Ferriby	Every 2 weeks	53	54	34	1,032	40
North Newbald	Every 4 weeks	6	14	19	182	14
Norton	Every 2 weeks	44	40	19	913	37
Pocklington	Every 2 weeks	28	37	22	599	23
Preston	Every 2 weeks	19	29	45	543	22
Rillington	Every 4 weeks	22	15	23	282	20
Sherburn	Every 4 weeks	13	9	11	125	10
Skidby	Every 4 weeks	21	15	38	278	21
South Cave	Every 4 weeks	20	15	13	281	22
Stamford Bridge	Every 4 weeks	15	12	3	120	9
Thorngumbald	Every 2 weeks	49	33	20	536	38
Walkington	Every 4 weeks	5	8	25	212	16
Warter	Every 4 weeks	5	10	10	173	14
Welton	Every 4 weeks	17	15	5	174	14
Willerby	Weekly	128	124	117	3,148	62
Withernsea	Weekly	84	63	47	1,662	33
Wold Newton	Every 4 weeks	04	4	6	57	6
Woodmansey	Every 4 weeks	14	15	31	280	22
Totals		2,587	2,152	2,176	45,525	

^{*}Centre re-opened during the year.

use to which, for the time being, such buildings might be put, it has been agreed that in addition to new or improved clinic provision already approved in principle for Beverley, Bridlington, Brough, Driffield, Hessle and Pocklington, future development programmes shall provide for small clinics in Filey, Hornsea, Market Weighton, and Norton. To these areas may now have to be added other rapidly developing larger villages. So far as most of the villages are concerned, steps are to be taken to obtain a mobile clinic so that the health visitor and the doctor can on all occasions interview mothers and examine infants and children in privacy and under better conditions than sometimes now apply.

A new Health Services Clinic opened in Anlaby in December 1963 and this has very greatly improved the facilities in this part of Haltemprice.

At the end of the year 50 infant welfare centres were operating and 123 sessions were being held each month.

DENTAL CARE

Although there has been a further improvement in the number of dental officers the amount of work waiting to be done for school children was so great that no increase was possible in the amount of time which could be allotted to the treatment of mothers and young children and the numbers in both categories who have been treated were less than in 1962.

Domiciliary midwives have continued to make returns about the dental examination arrangements for patients booked for domiciliary confinements and during the year 708 of these reports were received. These showed that, of this number of expectant mothers, 632 stated that they were attending or intended to go to dentists in private practice for inspection and necessary treatment. This figure represents just over 89% as compared with just under 90% in 1962. Only twelve women requested that treatment should be provided through the County service. In 60 cases the women were already provided with dentures and did not require dental treatment and in 4 cases suggestions that dental inspection should be carried out were refused.

The need to interest expectant and nursing mothers in the importance of dental care has continued to be brought specially to the notice of health visitors and midwives.

Details of the work carried out for mothers and young children by the County dental service are as follows:—

	Examined	No. of persons who commenced treatment	Made Dentally Fit*
Expectant and Nursing Mothers	12	10	12
Children under five	44	34	36

^{*}Includes cases whose treatment commenced in previous year.

Forms of the dental treatment provided:

	Expectant and Nursing Mothers	Children under five
Extractions	16	83
General Anæsthetics	_	29
Fillings	9	8
Scalings and gum treatment	4	
Silver Nitrate treatment	_	_
Radiographs Dentures Provided:	_	-
Full Upper or Lower	13	_
Partial Upper or Lower	5	_
Crowns or Inlays	_	_

PREMATURE INFANTS

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

If an infant at birth weighs 5½ lbs. or less, it is presumed to be premature, and on this basis 235 premature live births and 34 premature stillbirths have occurred during the year. Of these, 202 live births and 30 stillbirths occurred among infants born in hospitals and 33 live births and 4 still births in the mothers' own homes or in private nursing homes. Eleven of the infants born in their mothers' own homes or in a nursing home were transferred to hospitals.

Of the 235 premature infants born alive, 15 died before they were 24 hours old, 12 died in one and under seven days, and a further 2 died before they were four weeks old. Twenty-four who died were under 4 lbs. 6 oz. in weight at birth.

Of all births 6.8% were regarded as being premature as compared with 6.4% in 1962. Of the domiciliary births 3.9% were premature, the same percentage as in the previous year, but the percentage of prematures among hospital births rose from 7.2% to 7.7%.

A portable incubator is kept ready for instant use at the Beverley ambulance station should premature infants require to be moved from their homes to hospital, or from one hospital to another. A portable incubator is also maintained at the Fulford Maternity Hospital and use can be made if required of the specially equipped ambulance maintained by the Kingston upon Hull authority.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

All requests for help for unmarried mothers are referred to the the social worker appointed by the York Diocesan Association for Moral Welfare. The Association undertakes this work for the County Council and, in all, during the year they have helped 104 girls and women of whom 97 were new applicants.

In 24 instances admission to a Mother and Baby Hostel was arranged.

During the year 87 of the 104 cases seen by the social worker have been completed with the following results:—

Mothers returned home with child	36
Babies placed for adoption	34
Babies placed in nursery or foster home	10
Babies died or still-born	7

As was noted in my reports for the last two years, after gradually dropping to 101 in 1958, representing a rate of 0.46 per 1,000 population, or 3.2% of the total births, the number of illegitimate births has been rising each year and the number of such live births in 1963 was 175. This is the highest number since 1950 and represents a rate of 0.75 per thousand population and 4.5% of the total live births. Details about the mothers of all these illegitimate children are not available, but of the 97 new cases who sought the help of the social worker during 1963, 12 were under sixteen years old when their babies were born, and 32 were between the ages of sixteen and eighteen. Only 25 of the 97 were over the age of twentyone. It will be appreciated that a larger proportion of those seeking help will probably be in the younger age groups, and the fact that of those coming under the care of the social worker 12% were under sixteen and 45% were under eighteen years old does not mean that these percentages applied to the whole group. Nevertheless it does, unfortunately, appear to be clear that the sad increase noted last year in the numbers of young and very young unmarried mothers is continuing.

DISTRIBUTION OF WELFARE FOODS

The running of this service continues to involve a considerable amount of work, but the help given by the Women's Voluntary Service has again been extremely reliable and valuable. This organisation has dealt entirely with the distribution of the foods in Anlaby, Cottingham, Driffield, Dunswell, Filey, Hedon, Hessle, Hornsea, Norton, Pocklington and Willerby. The help given by 78 voluntary distributors in the villages has also been very much appreciated.

The amounts of the various foods distributed during the year were:—

National Dried Milk	36,038 tins
Cod Liver Oil	3,960 bottles
Orange Juice	37,690 bottles
Vitamin Tablets	4.564 packets

HEALTH VISITING

At the end of the year the staff consisted of 26 health visitor/ school nurses, one of whom also undertakes district nursing and midwifery, and two school nurses. There were 3 students in training. Four health visitors attended refresher courses during the year. Details of the main work done during the year by Health Visitors are set out below:

Visits to expectant mothers:	
First visits	812
Subsequent visits	440
Visits to infants born in 1963	
First visits	3,805
Subsequent visits	11,456
Visits to children born in 1962	12,590
Visits to children born in 1958 to 1961	21,558
Visits to tuberculosis cases	470
Visits to aged persons	1,521
Visits for care and after-care	438
Visits for other reasons	1,261

Health Visitors have continued the routine testing of the urine of young infants with a view to the early diagnosis of the condition known as phenylketonuria. Tests were carried out by health visitors for 3,304 infants during the year. No cases of the condition were found.

The need for health visitors to work much more closely with general practitioners continues to be increasingly evident, but until the numbers of health visitors has increased, thus enabling the sizes of their areas to be reduced, in most areas of the County it will prove to be difficult to adopt a scheme which will allow health visitors to be attached to a particular practices.

DOMICILIARY NURSING AND MIDWIFERY SERVICE

In the majority of instances, domiciliary nursing sisters combine the duties of nurse and midwife. At the end of the year the staff employed was as follows:—

Whole-time staff	
Nurse/midwives	43
Nurse/midwife who also undertakes	
health visiting	1
Midwives	2
Nurses	18
	-
	64
Part-time Staff	
Nurse/midwives	2
Nurses	1
	3
Total:	67

Thirty-two of the nurses are Queen's Nursing Sisters, as are also the Superintendent and Deputy Superintendent of the Home Nursing Service. Arrangements are made for nurses who have not had special district training to receive that training, and seven nurses received this training during the year.

Eight nurses attended refresher courses during the year.

At the end of 1963 the position with regard to housing and transport of the domiciliary nursing staff was as follows:—

Housing

Number living in accommodation provided by the County Council:	
(a) Property owned by the County Council(b) Property leased from County District Councils(c) Property leased from other owners	10 20 1
Number living in houses owned by themselves or rented from private owners	30
Number living in lodgings or with relatives	6
Transport	
Number using cars provided by the County Council	52
Number using their own cars	14

A comparison of the figures shown in the table with those of the previous year shows that visits paid to homes have decreased by 3,760 and that the number of cases which the nurses have attended during the year was 27 less than in 1962.

Approximately 61% of the patients nursed were over 65 years old and in approximately 13% of cases the illness was of a chronic nature necessitating visiting for more than twenty-four times in the year. Just over 65% of the total visits were to patients over 65 years of age; many of these visits were to patients suffering from chronic illness, and again, out of the total visits, almost 43% were to patients who had to be visited on more than twenty-four occasions.

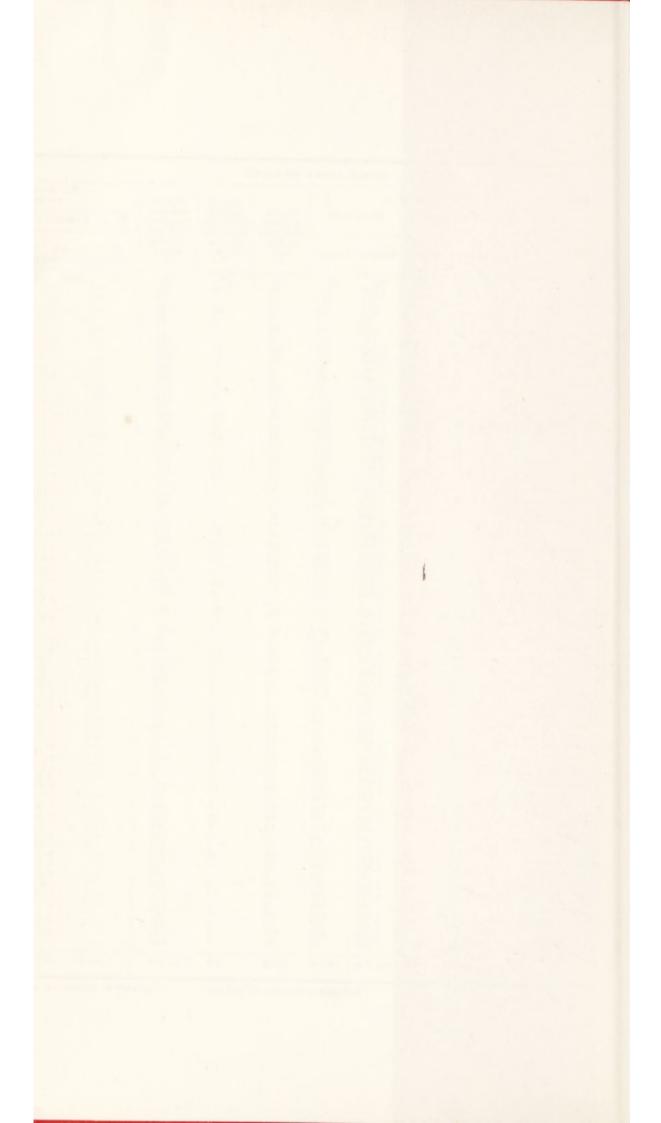
Many visits are made to patients to given injections of various types, no special nursing attention being required. Visits of this nature represent 32% of the total visits made for all purposes during the year.

Arrangements continue to be made whereby selected domiciliary nursing sisters undertake additional special supervisory and advisory duties for patients attending hospital diabetic clinics. At the end of 1963 eight nurses were giving this service for the areas of the County served by the diabetic clinics at the York County Hospital, the Westwood Hospital at Beverley, the East Riding General Hospital at Driffield, and the Scarborough General Hospital. During the year these selected nurses paid 615 special supervisory and advisory visits to diabetic patients.

On the domiciliary midwifery side, the number of cases attended was 927, a decrease of 12 on the number attended in 1962. The number of ante-natal and lying-in visits totalled 28,792.

Due to the increasing birth rate, combined with the increase in the number of women who wish to be confined in hospital, many

			DOM	IICILIAR	Y NURSIN	G							DO	MICILIAR	Y MIDWIF	ERY					
	No. o	f cases	No. o	of visits	No. of	No. of patients	No. of visits for		atte	deliveries nded	4		of cases gas and air		of cases ng Trilene		of cases Pethidine	No. of cases visited on		No. of visi	its
District				-	patients 65 or over	visited for more than	only (no	Dr. not	booked	Dr. b	ooked	Dr.	Dr. not	Dr.	Dr. not	Dr.	Dr. not	discharge		Post	-natal
		Surgical	Medical	Surgical	at first visit	24 times in year	nursing given) †	Dr. present	Dr. not present	Dr. present	Dr. not present	delivery	present at delivery	present at delivery	present at delivery	present at delivery	present at delivery	hospital before 10th day	Ante- natal	Domi- ciliary	Ex- hospital
Aldbrough Bariby Berford Beverley No. 1 Beverley No. 3 Beverley No. 3 Beverley No. 3 Beverley No. 3 Beverley No. 5 Beverley No. 5 Beverley No. 5 Beverley No. 6 Bridlington No. 1 Bridlington No. 1 Bridlington No. 6 Cottingham No. 1 Cottingham No. 1 Cottingham No. 3 Cottingham No. 5 Cottingham No. 5 Cottingham No. 6 Cottingham No. 6 Cottingham No. 5 Cottingham No. 6 Cottingham No. 6 Cottingham No. 7 Bridlington No. 2 Driffield No. 2 Beverley No. 1 Beverley No. 1 Beverley No. 1 Beverley No. 1 Beverley No. 2 Beverley No. 2 Beverley No. 2 Beverley No. 2 Beverley No. 3 Beverley No. 1 Beverley No. 1 Beverley No. 1 Beverley No. 2 Beverley No. 3 Beverley No. 2 Beverley No. 3 Bridlington No. 2 Beverley No. 3 Beverley No. 3 Bridlington No. 3	(2) 73 288 377 45 155 101366 138 1112 238 202 322 322 322 322 322 322 322 322 322		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	(5) 461 145 388 1 175 422 462 448 93 125 126 126 127 266 155 182 233 546 155 182 235 182 249 249 292 498 58 58 58 58 58 58 58 58 58 5	6) (6) (5) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(7) 5 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(8) 991 172 202 203 203 203 203 203 203 203 203 20		(10)			(13)	(14)	(15) 6 6 6 5 2 21 19 14	delivery	Control Cont	(18) (18) 76 16 3 8 3 4 4 4 4 1 1 1 3 2 16 12 9 8 4 9 10 23 3 21 18 18 18 18		natal (20) 380 (20)	Domiciliary (21) (21) (617 532 96 19.135 5721 ————————————————————————————————————	Ex. bospital (22) 299 (21) 154 (11) 154 (11) 154 (11) 155 (12) 156 (12) 157 (13) 158 (13) 159 (14) 159 (15) 150 (15) 150 (15) 150 (15) 151 (15) 152 (15) 153 (15) 154 (15) 154 (15) 155 (15) 156 (15) 157 (15) 158 (15) 159
atrington No. 1 atrington No. 2 atrington No. 2 ocklington No. 2 ocklington No. 28 ocklington No. 20 ocklington No. 20 ocklington No. 21 ocklington No. 20 ocklington No. 20 ocklington No. 20 ocklington No. 2 ocklington No. 2 ocklington No. 3 ocklington No. 2 ocklington N	27 34 57 9 82 53 19 — 51 66 107 5 33 67 17 75 66 59 60	77 15 4 21 17 12 -7 17 34 2 13 10 5 27 29 4	1,808 1,693 1,236 1,87 2,093 1,609 688 1,021 1,829 2,413 1,489 1,765 350 2,020 2,194 1,578 1,947	125 237 297 80 510 98 349 29 34 322 265 23 77 337 189 683 357 458	20 19 39 6 61 36 15 35 55 73 30 44 8 8 59 43 45 49	1 3 18 4 19 1 1 2 19 1 4 19 6 29 2 5 5 7	45 471 37 243 630 369 102 203 1.566 773 80 271 270 228 1.367 627 1.124 846			2 14 3 	11 8 6 			1 2 13 3 	10 6 5 	1 9 2 	11 8 3 - 3 -4 -1 -7 2 8 -3 -1	7 5 6 1	94 86 305 39 	176 155 365 65 	42 64 51 2 2 3 294 51 21 56 487 149 322 16



patients are discharged from hospital before the end of the normal ten day lying-in period. In these cases the hospitals notify the Supervisor of Midwives so that she can arrange for domiciliary midwives to visit the patients on their return home and to continue their nursing care at least until the end of the lying-in period. Especially in the Beverley area where an increased demand for beds has coincided with a shortage of beds due to alterations to the maternity unit at the Westwood Hospital, increasing use has had to be made of the arrangement whereby women, in whose cases no abnormal developments are to be expected, are booked for hospital for "delivery only". This means that they may expect to be discharged to their homes and to the care of the domiciliary midwives within forty-eight hours after their babies have been born. If this arrangment is to be successful it is essential that there should be no gap before this domiciliary nursing care is commenced. This is achieved not only by the early notification of discharges to the Health Department, but also by letting the Department know at the time of booking which patients have been booked on the early discharge basis. This enables the domiciliary midwife to get to know the patient well before she takes over her nursing duties and makes it possible for patient and midwife to make mutually advantageous plans as to action to be taken when the appropriate time arrives. Midwives were called upon the visit 793 patients under these circumstances, involving 6,136 visits.

The percentage of domiciliary live and still births for the County as a whole was 24% compared with 25% in 1962. The percentage of the domiciliary births in the various County Districts can be seen from the following table:

District	Registered Total Births (Live and Still)	Domiciliary Births as Notified (Live and Still)	Percentage Domiciliary
Beverley M.B	308	95	31
Bridlington M.B	379	16	4
Driffield U.D	120	23	19
Filev U.D	79	26	33
Haltemprice U.D	792	196	27
Hedon M.B	47	6	13
Hornsea U.D	83	20	24
Norton U.D	84	8	10
Withernsea U.D	97	10	10
			_
Aggregate of U.D.s	1,989	400	20
			_
Beverley R.D	472	132	28
Bridlington R.D	126	16	12
Derwent R.D	196	78	40
Driffield R.D	176	35	20
Holderness R.D	398	85	21
Howden R.D	221	104	47
Norton R.D.	124	13	10
Pocklington R.D	249	81	33
Aggregate of R.D.s	1,962	544	28
Total County	3,951	944	24

Due to the fact that a relatively small number of confinements are domiciliary ones, only 16 of the midwives had more than twenty-four cases during the year.

At the end of the year, 47 County domiciliary midwives were suitably qualified to administer analgesia. During the year 7 domiciliary cases were given gas and air and 770 were given trilene during their confinements, i.e. 84% of the women attended by domiciliary midwives had this type of help.

Midwives are supplied with packs containing sterilised maternity outfits which are issued free of charge in the case of every domiciliary confinement.

According to the returns received, during the year 435 domiciliary births were attended by midwives, no doctor being present. This represents 47% of the domiciliary births in the County.

In all 181 midwives notified their intention to practise in the East Riding during 1963. At the end of the year there were 135 midwives in practice, 48 of whom were employed in the County service, and 85 were employed in hospitals.

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

	Midwives in Institutions	County Midwives	Total
Sending for medical help Notification of infant death	29	122	151
Notification of stillbirth	6	19	25
Liability to be a source of infection.	1	11	12

The number of medical help forms received from midwives in domiciliary practice was equivalent to 28% of the cases which they attended when no doctor was present.

VACCINATION AGAINST SMALLPOX

The arrangements for the provision of vaccination facilities continued as in previous years and the table printed overleaf shows the number of vaccinations and re-vaccinations in respect of which returns have been received for the year 1963.

Ninety-four vaccinations and eight re-vaccinations were given at infant welfare centres.

			rimar	y Va	Primary Vaccinations	ions			Re-1	/accin	Re-Vaccinations	IS.	
District	No.of Births	Under	1 year	4 5 1	2 0 4	15 or over	Totals	Under	1 year	457	5 14 14	15 or over	Totals
Beverley M.B.	303	52	-	-	5	7	99	1	1	6	00	36	47
Bridlington M.B.	375	52	27	S	9	17	107	1	-	2	13	Ξ	130
Driffield U.D.	119	24	-	2	-	12	40	1	1	-	4	25	30
Filev U.D.	78	4	7	1	1	7	14	1	1	-	0	17	7
Haltemprice U.D.	776	236	31	2	10	26	308	1	1	-	00	75	200
Hedon M.B	47	-	m	1	-	1	2	1	1	I	1	3	m
Hornsea U.D	80	9	10	1	3	2	21	I	1	I	I	1	1
Norton U.D	84	13	9	-	1	2	22	1	1	1	1	4	4
Withernsea U.D	97	15	0	-	m	4	25	-	-	7	-	9	10
Beverley R.D	467	123	19	1	4	13	991	1	1	7	12	36	55
Bridlington R.D.	123	10	-	-	1	6	21	1	1	1	m	91	19
Derwent R.D.	161	27	6	3	-	-	41	1	1	1	1	-	
Driffield R.D.	172	30	9	4	9	11	57	1	-	T	7	16	50
Holderness R.D	393	72	33	9	1	14	125	1	1	-	7	19	22
Howden R.D	217	73	3	1	-	6	98	1	1	-	7	17	20
Norton R.D.	122	14	-	1	-	4	20	1	1	1	1	00	00
Pocklington R.D	241	33	14	-	1	9	54	I	1	-	4	18	23
Totale	3000	705	160	37	43	144	1 170			2.4	63	400	407

IMMUNISATION AGAINST DIPHTHERIA

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

	Aged under 5	Aged 5— 14 years	Total	Reinforce- ment Injections
By General Practitioners At Infant Welfare Centres or	2,087	62	2,149	715
at Special Sessions	920	240	1,160	2,036
Totals	3,007	302	3,309	2,751
			-	-

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

District -	Prim	Rein-		
	Under 5	5—14	Totals	Injections
Beverley M.B	270	25	295	285
Bridlington M.B	303	50	353	158
Driffield U.D	95	16	111	41
Filey U.D.	54	2	56	13
Haltemprice U.D	670	89	759	1,063
Hedon M.B	63	12	75	94
Hornsea U.D	105	17	122	101
Norton U.D	55	-	55	5
Withernsea U.D	88	4	92	47
Beverley R.D	427	20	447	383
Bridlington R.D	63	6	69	81
Derwent R.D	97	13	110	46
Driffield R.D	130	6	136	99
Holderness R.D	289	27	316	287
Howden R.D	125	5	130	16
Norton R.D	50	-	50	7
Pocklington R.D	123	10	133	25
Totals	3,007	302	3,309	2,751

Primary immunisations against diphtheria were 86 more than in 1962, but the number of reinforcement injections was, however, 705 less than the previous year's figures.

The Ministry of Health has decided that it will no longer distribute lists of all vaccination and immunisation figures, but that each local authority will be informed of its own percentages as compared with the national percentages.

So far as immunisation against diphtheria is concerned, the Ministry's return shows that by the end of 1963 65% of the children born in 1962 had been immunised. This was the same percentage as the national one.

PROTECTION AGAINST WHOOPING COUGH AND TETANUS

All children can receive protection against whooping cough and tetanus, and this protection may be given at the same time as they are immunised against diphtheria. During the year, 3,059 children received primary courses of anti-whooping cough injections and 973 received "boosting" injections. These numbers are made up as follows:—

	Primary	Booster
Whooping Cough Vaccine	6	_
Combined Diphtheria and Whooping Cough	16	17
Combined Diphtheria, Whooping Cough and Tetanus	3,037	956
Totals	3,059	973

In addition 1,128 children received a primary course of tetanus toxoid injections and 49 received boosting injections having previously been inoculated separately against diphtheria and whooping cough and 184 children received a primary course and 534 children received boosting injections of diphtheria-tetanus vaccine.

The protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 66% of the children born in 1962 have had prophylactic injections against this disease. The national percentage was 64%.

Since vaccination against whooping cough was introduced in 1948, 31,400 children have had this protection. This number represents a rate of 135 per thousand total population.

Each year since 1956 the number of routine inoculations against tetanus has increased, and there are now records of 17,925 children who have been protected against tetanus, representing a rate of 77 per 1,000 total population.

Whereas with whooping cough vaccination there is usually no need to give reinforcing doses, with tetanus, as with diphtheria and smallpox, the level of protection needs to be kept up by boosting doses about every five years. Records show that so far 4,836 children have had "booster" doses of tetanus toxoid.

Normally records of tetanus inoculations are only required in respect of children, but they are also accepted in the case of adults where a course of tetanus toxoid inoculations has been commenced by a hospital following an accident and the patient has been requested to have the course completed by a general practitioner.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

The scheme for protection against tuberculosis by B.C.G. vaccination is available to students attending universities, teachers' training colleges, technical colleges or other establishments of further education and to school children of 13 years of age or

older, and those children approaching 13 years who can conveniently be vaccinated along with others of that age.

During the year, letters explaining the scheme and accompanied by consent forms were sent to the parents of 3,688 eligible children. Parents of 2,824 (76.6%) children requested participation in the scheme, and of these acceptors, 2,634 were eventually Mantoux tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,938 (73.3%) were negative and therefore required vaccination, and 1,907 of these finally completed the process.

If a child gives a positive reaction to the Mantoux test, it means that at some time he has been exposed to infection and to make certain that there is no evidence of active disease, all children having this positive result to the test are offered special examinations, including chest X-ray. The adult members of their families are also offered X-ray examination in case there may be undetected cases of the disease among them.

PROTECTION AGAINST POLIOMYELITIS

During 1963 the numbers of persons given primary courses or reinforcing doses were as follows:—

Primary Courses:	Salk Vaccine (2 injections)	Oral Vaccine (3 doses)	TOTAL
Children born in 1963	. 57	359	416
Children born in 1962	. 344	1,527	1,871
Children born in 1961	. 69	311	380
Children and Young Persor born in the years 1943-196		266	291
Young Persons born in the years 1933-1942		86	109
Others	. 43	161	204
Totals	. 561	2,710	3,271
Reinforcing Doses:		Total	
THIRD DOSES			
3rd injection of Salk va	. 1,256		
Reinforcing dose of ora ing 2 injections of 5			
FOURTH DOSES			
4th injection of Salk va-	. 801		
Reinforcing dose of ora ing 3 injections of 3 oral or 2 Salk d doses	Salk vaccine, o oses plus 2 ora	or al	

58% of children born in 1962 were vaccinated as at 31st December, 1963. The national rate was 53%.

At the end of the year the figures for those who had had at least a primary course of 2 injections or 3 doses of oral vaccine were as follows:

Year when vaccinated	Children and Young Persons born in 1943 and later	Young Persons born in the years 1933—1942	Others	Totals
1956	727	_	_	727
1957	5,797	_	_	5,797
1958	23,419	1,105	1,301	25,825
1959	10,285	7,903	2,565	20,753
1960	3,908	2,021	5,709	11,638
1961	7,199	2,438	5,916	15,553
1962	4,029	1,876	4,460	10,365
1963	2,958	109	204	3,271
Totals	58,322	15,452	20,155	93,929

In May the Ministry of Health issued Circular 10/63 which recommended that children who had had two doses only of Salk vaccine should receive, as an alternative to a third injection of Salk vaccine, two doses of oral vaccine to complete their basic course of immunisation, and that all immunised children should be offered a reinforcing dose of vaccine on joining school. In addition persons at special risk of contracting poliomyelitis (e.g. doctors, nurses, hospital staff, etc., and their families) who had already been immunised, should be offered a reinforcing dose of vaccine.

AMBULANCE SERVICE

At the end of the year the Council's fleet of vehicles consisted of 17 ambulances and 21 dual purpose vehicles, the latter being used mainly for sttiing case work. Until the end of October, when they terminated the arrangement to provide an ambulance service in the Filey area, use was also made of two ambulances provided by the St. John Ambulance Brigade. At the end of the year 56 whole-time driver/attendants were being employed.

The new ambulance stations built at Driffield and Withernsea to replace the old and unsatisfactory premises were taken over in December, and to help to meet future developments approval has been given to increases in the staffs and in the number of vehicles and to extension of the garages at the Howden and the Pocklington stations.

Reference to the tables printed below will show that so far as the calls for the transport of cases of acute and general illness were concerned the figures for 1963 show comparatively little change from those for the previous year, but that accidents resulted in a rise of from 2,156 to 2,584 in the number of calls received, an increase of 20%. Last year I drew attention to the continually increasing demands being made for the transport of patients to and from out-patient departments and of the efforts being made to see that requests for ambulances for this purpose were limited to those for patients who were unable to get to hospital by public transport. Thanks to the helpful co-operation of doctors in general practice and in the consultant and hospital service and of senior nursing staff in the various hospitals, the number of out-patient

journeys fell by 1,325 and this despite an increase in the numbers of patients who were being asked to attend at mental hospitals on a daily basis.

Towards the end of the year there was evidence that the number of out-patient journeys was once again going up, and it appears to be clear that there is going to be a further increase in this type of ambulance work with the tendency for both mental and geriatric hospitals further to develop the idea of treating patients in the hospitals by day and returning them to their own homes for the night. Having regard to the long distances which will be involved in a rural County like the East Riding it can be easily seen that the growth in the numbers of what have been called "non-resident in-patients" will create considerable problems for the ambulance service, despite the extensions to the service already being brought into being or planned for the future.

There have again been increases in the number of mentally sub-normal children and adults taken to and from training centres, and in the numbers of elderly people transported to their club meetings.

Of the total mileage 87%, or just over 686,000 miles, was covered by the County fleet of 38 vehicles, the average annual mileage per vehicle being over 18,000 miles.

The following tables give details of the various types of work done by the service as a whole and by the various sections during 1963:—

	Types of case	1962	1963	Increase or decrease in 1963 as compared with 1962
2. 3. 4. 5. 6.	Accident Acute illness General illness Maternity Tuberculosis Infectious disease Mental illness	2,156 2,473 4,095 1,078 29 60 265	2,584 2,470 4,126 1,132 21 108 261	+428 -3 +31 +54 -8 +48 -4
	Totals (Items 1-7)	10,156	10,702	546
9.	Inter-hospital transfers Hospital discharges Out-patient and Clinic attendances	1,731 4,012 72,267	1,945 3,920 70,820	+214 -92 -1,447
	Totals (Items 8-10)	78,010	76,685	-1,325
11.	Other Cases	18,083	18,725	+642
Gra	and Totals: Cases	106,249	106,112	-137
Mil Ave Ave	rneyseageerage patients per journeyerage miles per journeyerage miles per patient	23,743 771,501 4·5 32·5 7·3	24,028 783,325 4·4 32·6 7·4	+285 +11,824 =

Station	Journeys	Patients	Mileage	Average mileage per journey	Average mileage per patient
Ambulances					
Beverley	2,037	11,935	64,868	31.8	5.4
Bridlington	1,811	4,478	35,803	19.8	8.0
Driffield	966	2,285	14,900	15.4	6.5
Filey	38	60	1,122	29.5	18-7
Hessle	2,405	14,748	73,088	30.4	4.9
Hornsea	585	1,713	15,266	26.1	8.9
Howden	293	881	11,727	40.0	13-3
Pocklington	763	3,635	36,009	47.2	9.9
Withernsea	522	2,323	27,261	52.2	11.7
Filey St. John	742	2,894	23,324	31.4	8.1
W.R., Selby	973	2,577	24,966	25.7	9.7
N.R., Malton	221	597	6,207	28-1	10.4
York C.B	263	336	2,094	8.0	6-2
Hull C.B	175	188	2,637	15-1	14.0
Other Authorities	8	9	307	38-4	34.1
Γotals for					
ambulances	11,802	48,659	339,579	28.8	7.0
Sitting Case Cars					
Beverley	1,421	8,382	54,654	38.5	6.5
Bridlington	2,500	9,127	63,844	25.5	7.0
Driffield	2,102	6,525	52,226	24.8	8.0
Filey	171	778	6,678	39.1	8.6
Hessle	1,044	5,947	27,224	26.1	4.6
Hornsea	979	5,631	41,227	42.1	7.3
Howden	879	4,483	44,496	50.6	9.9
Pocklington	1,080	5,875	61,721	57-1	10.5
Weaverthorpe	102	398	4,760	46.7	12.0
Withernsea	915	6,724	49,566	54.2	7-4
York C.B	13	14	100	7.7	7.1
Hull C.B	7	7	103	14.7	14.7
Voluntary Car					
Pool	26	63	962	37-0	15-3
N.R., Malton	900	3,409	26,741	29.7	7.8
Other Authorities	21	21	1,564	74.5	74.5
Totals for sitting	150001000	575333.0	100000000000000000000000000000000000000	55555	1
case cars	12,160	57,384	435,866	35-8	7.6
Гrain	66	69	7,880	119-4	114-2
Grand Totals	24,028	106,112	783,325	32.6	7.4

DOMESTIC HELP SERVICE

The number of cases provided with domestic help during the year has risen slightly from 1,156 to 1,226. For these cases 244,332 hours of work were given, an increase of almost 3% on the figure for the previous year. Compared with 1962 the number of requests for help for confinement cases went up by 35 representing an increase of 25% and, with the further extension of the system of discharging patients from maternity hospitals soon after their deliveries, this type of call on the domestic help service is likely to continue to increase, probably at a rate which will be more rapid than that so far anticipated. Excluding the confinement cases 89% of the people receiving help were over 65 years old.

The following figures refer to the service given in 1963 No. of households receiving service at the beginning	:
of 1963	628
New cases helped during the year	598
Total households receiving service	1,226
Reason for requiring domestic help:	
Confinements	187
General illness	90
Chronic illnesses or old age	944
Mental illness	5

CARE AND AFTER-CARE

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

MEDICAL LOANS

Except in the Haltemprice and Filey areas where it is provided directly by the St. John Ambulance Brigade, the medical loan service is operated on behalf of the County Council by the British Red Cross Society, who had at the end of the year a total of 42 depots in the County, and by the Withernsea Old Folks' Appeal Committee, who have a depot at Withernsea. During the year 1,253 articles were loaned under this arrangement. Hospital type beds and special mattresses, etc. were on loan through this service to 18 paraplegic and other patients during the year. Fireguards are also loaned through these arrangements when suggested as being necessary, especially for old people.

CHIROPODY SERVICE

The main provision of chiropody for elderly people is made through Darby and Joan Clubs, under the Welfare Committee's service, which are organised by the W.V.S. This service provided treatment for approximately 1,700 old people during the year. The Health Committee's scheme which covers any persons needing chiropody for medical reasons has continued to be limited in growth by the small number of chiropodists who were qualified under the existing National Health Service (Medical Auxiliaries) Regulations, 1954 and who were willing to participate in the scheme. During the year 102 patients received treatment at 378 individual treatment sessions. Forty patients were treated at the chiropodists' surgeries and 62 in their own homes.

PROBLEM FAMILIES

The Children's Officer has continued to act as a co-ordinating officer for the purpose of initiating meetings of persons representing the various bodies or service sections who may in the course of their duties have to deal with the various difficulties created by problem families. The meetings, which are organised on a Divisional Health Area basis and are held under the chairmanship of the Divisional Medical Officer, are called whenever there is information that there are cases in the area which justify this action being taken,

either with a view to helping to ameliorate established conditions or with a view to taking preventive action. During the year 20 such meetings have been held and 50 individual cases dealt with.

EPILEPSY AND SPASTIC PARAPLEGIA

On the register of handicapped persons maintained by the County Welfare Officer there are 27 epileptics and 15 spastics. Of the 27 epileptics, 5 are in residential accommodation provided by the Welfare Authority and 4 are in colonies. Of the 15 spastic cases, 13 are in their own homes, and two are in County homes.

In addition, there are 17 epileptics and 3 spastics living at home and known to the Welfare Department, but who are not registered as handicapped persons.

Among persons ascertained as mentally sub-normal, 21 children and 49 adults are known to be epileptics, and 29 children and 14 adults are known to suffer from a degree of spastic paraplegia. Of these, 6 child and 33 adult epileptics and 9 child and 9 adult spastics are in institutions.

Among educable children of school age, 14 epileptics and 19 spastics are ascertained under the Handicapped Pupils Regulations.

Arrangements continue to be available for the loan of wheel chairs, walking aids, special beds and mattresses to these groups through the medical loan scheme and all cases have access to the services being provided under the Welfare Department's scheme which now includes facilities for domiciliary occupational therapy.

HEALTH EDUCATION

The arrangements for health education continue to be made through the Divisional Medical Officers who are also Medical Officers of Health for most of the District Councils in their divisional areas. Apart from any special local arrangements the main reliance for health education continues to be placed on health visitors and school nurses, and the development of this side of their work will be helped by the appointment of a Deputy Superintendent Nursing Officer whose duties will include one of special responsibility for health education.

Most of this work is carried out by talks given to small groups at Infant Welfare Centres and Ante-Natal Instruction classes. In the Haltemprice and Holderness Divisions especially regular displays have again been arranged throughout the year on various topics connected with child health and on food hygiene, home safety, foot health, etc.

Arrangements were made for the Central Council for Health Education's mobile unit to visit the County in connection with the campaign dealing with the effect of smoking upon health. On the first visit the Unit visited County Secondary Schools in Barlby, Bridlington, Driffield, Market Weighton, Howden and Pocklington and on the second occasion visits were paid to High Schools, Secondary Schools and works canteens in Haltemprice, and to some County Primary Schools and industrial undertakings in Beverley, Brough and Hornsea.

In Bridlington the series of talks on the theme "Growing Up" was again given at the St. George's County Secondary School.

In Haltemprice 41 lectures were given on "Smoking and Health" and 13 on "First Aid in the Home", 3 on "Venereal Diseases" and 15 on various other health subjects.

In the Holderness Health Division courses of lectures were again arranged for senior girls in "Mothercraft" and on "The Care of the Skin", and talks have been given to a number of Youth Organisations on "Smoking and Health".

BLINDNESS

Home visiting and home teaching for the blind is undertaken by officers of the Welfare Department.

At the end of the year there were 372 blind and 61 partially sighted persons on the register. The distribution of these persons according to sex and age is shown in the following table:

Aga Dariad		Blind		Partially Sighted									
Age Period	Males	Females	Total	Males	Females	Total							
0-4	1		1		_	_							
5—10	2	2	4	3	1	4							
11—15	1	2	3	1	1	2							
16-20	1	-	1	2	1	3							
21-29	2	3	5	2	3	5							
30—39	9	4	13		_	_							
40-49	16	9	25	_	2	2							
50—59	22	8	30	4	1	5							
60-64	9	17	26	2	2	4							
65—69	17	17	34	2	2	4							
70 and over	77	153	230	8	24	32							
Totals	157	215	372	24	37	61							

The following table gives an analysis of the ages at which blindness or the onset of eye trouble occurred in respect of persons on the register at the end of 1963:

A Paris d		Blind		Pa	rtially Sight	ed
Age Period -	Males	Females	Total	Males	Females	Total
Under 1	11	13	24	5	6	11
1	1	-	1			
2	2	_	2 5	> 2		2
3	2	3	2			-
5—10	9	5	14	1	3	4
11—15	4	1	5	_		
6-20	4	2	6			-
21—29	11	9	20	_	_	-
30—39	13	6	19	-	1	1
10-49	13	14	27	2	2	4
50—59	19	20	39	2 3	2	4
60—64	9	25	34	3	2	5
65-69	7	17	24	3	4	7
70 and over	51	99	150	5	16	21
Unknown	1	1	2	1	1	2
Totals	157	215	372	24	37	61

During the year a total of 79 persons were examined for the first time and of these 60 were admitted to the register of blind persons, 10 were admitted to the partially sighted register and 8 were not considered to be certifiable. One person was certified to be partially sighted but died before registration could be carried out.

The age groups of those certified during the year as blind or partially sighted were as follows:

	0-4	5-15	16-30	31-59	60-69	70-79	80+	Total
Blind	_	1		5	8	17	29	60
Partially Sighted	-			-	1	3	6	10

The causes to which blindness or partial loss of sight was attributed were as follows:

	Blindness	Partially Sighted
Cataract and lens opacities	19	4
Retinitis pigmentosa	2	_
Retinopathy	3	-
Optic atrophy	1	1
Choro-retinal degeneration	2	_
Glaucoma	6	2
Macular degeneration	10	2
Choroidoctinal degeneration	5	_
Diabetic retinopathy	1	-
Keratitis	3	_
Visual apnosia	1	-
Ophthalmia neonatorum	1	-
Coloboma of iris	1	-
Trauma	1	_
Myopia	2	_
Detached retina	1	_
Perforating injuries	1	-
Neuro-retinitis	-	1
Totals	60	10

Follow-up of registered blind and partially sighted persons:

	Cause of Disability												
No. of cases registered during the year in respect of whom	Cataract	Glaucoma	Retrolental Fibroplasia	Others									
Form B.D.8 recommended: (a) No treatment (b) (i) Medical treatment (ii) Surgical treatment (iii) Optical treatment (iv) Ophthalmic medical supervision	10 1 5 1	5 1 - 2		22 11 2 1									
No. of cases shown under (b) above who have received treatment: (i) Medical		=		6 1 1									

In 3 of the cases recommended for surgical treatment offers of treatment were refused and in 2 cases the operations have been deferred to a later date or until the patient's general condition improved.

Ophthalmia Neonatorum

No cases of ophthalmia neonatorum occurred during the year.

MENTAL HEALTH

The following developments have taken place in the mental health service:

The Junior Training Centre and Hostel at Driffield opened on the 2nd December, 1963,

At the end of the year plans were progressing for the building of a Training Centre and Hostel in Beverley for adult mentally sub-normal persons.

At the end of the year 31 children and young persons and 16 adults were attending centres in Hull, Rawcliffe, Scarborough and York, and 1 child was attending the hospital training centre at Winestead.

One boy was sent to the Residential Sheltered Workshop in Slough provided by the National Society for the Care of Handicapped Children and a partially-sighted child was still attending the National Institute for the Blind's Sunshine Home for ineducables at East Grinstead.

The part-time Day Centre to accommodate up to twelve low grade mentally handicapped children continued to function at the Health Services Clinic, Cottingham. This Centre is open on three mornings per week and at the end of the year eight children were in attendance.

Mentally sub-normal patients

During 1963 a total of 47 new cases were notified from various sources, this number being made up as follows:—

	Males	Females	Total
Under 16 years	17	7	24
Aged 16 years and over	11	12	23
Totals	28	19	47
	-	_	

Total number of cases receiving home visits or attending Training Centres at the end of 1963:

	Males	Females	Total
Under 16 years	52	36	88
Aged 16 years and over	128	127	255
Totals	180	163	343

Mental Welfare Officers paid 1,104 home visits to these patients during the year.

During the year home visiting care was discontinued in respect of 4 men and 3 women as they appeared to be satisfactorily settled in the community.

Training arrangements

Forty-one children and young persons were attending Junior Training Centres at the end of 1963, as follows:

Hull centre	24
Scarborough centre	
York centre	1
Rawcliffe centre	
Winestead Hospital	
Driffield	

Seventeen adults were attending Adult Training Centres as follows:

Hull centre																		1	1
York centre		,					,	,											5
Slough																			1

Twenty-one persons were receiving home training.

Eighteen patients, made up of six children and twelve adults, were admitted to hospital during the year and the total number of cases so accommodated is now made up as follows:

	Males	Females	Total
Under 16 years	22	15	37
Aged 16 years and over	142	118	260
Totals	164	133	297

At the year end there were 30 cases awaiting hospital admission, 20 of whom were considered to be in urgent need of a hospital vacancy.

During the year 31 cases were accommodated in hospital for periods of short term care to afford the parents some relief in caring for these patients.

Mentally ill patients

The work carried out by mental welfare officers for mentally ill patients during the year was as follows:

Home Visits	4,528
Hospital admissions:	
Admissions for observation (Section 25)	19
Admissions for treatment (Section 26)	6
Emergency admissions (Section 29)	80
Informal admissions	161
Attendances at Hospitals or Out-natient clinics	412

During the year 395 new cases had been referred to mental welfare officers, and at the end of the year 330 patients were receiving supportive visits in their homes.

At the end of the year 40 patients were attending the Mental Health Social Club at Cottingham, and 15 at the club at Bridlington.

Staff

The field staff of the mental health service continued to consist of four mental welfare officers and a mental health social worker, with the part-time services of a psychiatric social worker. An additional mental welfare officer is to be appointed.

FUTURE DEVELOPMENT OF THE HEALTH SERVICES

In 1962 the Minister of Health called upon each Local Health Authority for a review of their health services and for the submission of a ten year programme of development. This programme was to be reviewed each year and, on the occasion of that annual review, to be taken a year forward so that it would always cover the decade lying ahead. An analysis of the various plans was published in a Command Paper during 1963 and authorities were requested when preparing their annual review to look at their plans in the light of this analysis, as well as with regard to any local changes which had taken place.

From the population estimates in the analysis it appeared that in preparing the first plan an underestimate had been made of the increase which would take place in the next ten years, both as regards total and child populations, and consequently the extent of the increases in the demands which would be made on the health visiting and domestic help services had been underestimated. Local changes had also already indicated the need for reviews of the provisions made for infant welfare centres and dental clinics, and of the extensions of the ambulance service. As the result of consideration of these various factors a development scheme as set out below was approved for the period 1963 to 1974:

Year	Staff	Equipment	Buildings
1964/65	2 Health Visitors 1 District Nurse 1 Ambulance Driver/ Attendant 10 Staff at Adult Training Centre, Beverley 1 Assistant Domestic Help Organiser	2 Ambulances Replacement of am- bulance radio equipment	Clinic, Hessle Clinic, Driffield (adaptations) Ambulance Station, Filey Extension to Ambulance Station, Hessle Additional ambulance station facilities in the western part of the County Adult Training Centre and Hostel, Beverley

Year	Staff	Equipment	Buildings
1965/66	2 Health Visitors 1 District Nurse 4 Ambulance Driver/ Attendants 1 Mental Welfare Officer	3 Ambulances	Clinic facilities, Beverley (Swinemoor and Lord Roberts Road) Additional ambulance station facilities in the southern part part of the County
1966/67	2 Health Visitors 1 District Nurse 3 Ambulance Driver/ Attendants	2 Ambulances	Divisional Health Office, Bridlington Clinic, Bridlington
1967/68	2 Health Visitors 1 District Nurse	- I	_
1968/69	2 Health Visitors 1 District Nurse	=	Clinic and Nurse's Flat, Elloughton Ambulance Sub- Station, Hedon area
1969/70 to 1973/74 (five years)	1 Medical Officer 15 Health Visitors 4 District Nurses 3 Ambulance Driver/ Attendants 1 Mental Welfare Officer 2 Ambulances Clinic an Flat, F Adult Tr Centre Home for Distur		Clinic and Nurse's Flat, Pocklington Adult Training Centre, Beverley Home for Mentally Disturbed Elderly Patients

REGISTRATION OF NURSING HOMES

One private nursing home closed at the end of September, and at the end of the year there was one home registered providing beds as follows:

Sixty patients were admitted to these homes during the year, 23 of whom were medical or surgical and 37 convalescent or chronic.

The powers and duties under the Public Health Act, 1936 are delegated to the Bridlington Corporation in respect of the Borough of Bridlington.

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 in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid.

At the end of the year five nurseries, providing accommodation for 113 children, and eleven daily minders, were registered.

Section 3. - Sanitary Circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1961

During 1963, the following schemes of sewerage and sewage disposal and water supply were submitted to the County Council, and in each case it was possible to inform the District Councils concerned that it was not desired to offer any observations for the purposes of Section 2 (2) of the Rural Water Supplies and Sewerage Act, 1944:

Beverley	M.B	. Provision	of a	a piped	water	supply	to	the	village	of
		Weel.								

- Filey U.D.C.....Provision of sewerage facilities in the Hunmanby Gap area.
- Beverley R.D.C.....Provision of joint sewerage and sewage disposal facilities for the villages of Lockington, Lund, Kilnwick and Beswick.
- Derwent R.D.C......Provision of sewerage and sewage disposal facilities for the village of Deighton.
- Driffield R.D.C......Provision of sewerage and sewage disposal facilities for the villages of North Frodingham, Nafferton and Garton-on-the-Wolds.
- Holderness R.D.C......Provision of sewerage and sewage disposal facilities for the village of Skirlaugh.
- Howden R.D.C......Provision of joint sewerage and sewage disposal facilities for the villages of Eastrington, Laxton and Kilpin Pike.

East Yorkshire (Wolds Area)

- Water Board......Provision of a mains water supply to properties in Sheepman Lane, Cranswick.
 - Provision of a mains water supply to Ellerker Sands Farm, Ellerker, and improvement of existing water supply to Sands Cave Farm, Ellerker.

In the case of a scheme submitted by the Bridlington Corporation for providing sewerage facilities for the Marton area of Bridlington, the County Council, for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944, drew the attention of the Corporation to the views expressed by the County Council's Consulting Engineer in his report on the scheme which suggested possible advantages of largely excluding storm water from the proposed system in favour of controlled flushing.

Similarly, in respect of a Scheme submitted by the Norton Rural District Council for providing separate sewerage and sewage disposal facilities for the village of Ganton, the County Council considered that it would be more appropriate to deal with the sewage from this village at the sewage disposal works at Sherburn. The Ministry of Housing and Local Government, however, following a technical investigation into the scheme, agreed to a separate sewage disposal works being provided at Ganton.

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

Beverley R.D.C.....Increased reservoir capacity at High Hunsley and South Cave. (Contribution considered annually.)

Bridlington R.D.C........Hunmanby Sewerage and Sewage Disposal Scheme.

(Increase in contribution.)

Driffield R.D.C......Kilham Sewerage and Sewage Disposal Scheme.

The Regional Water Supply Scheme.

Howden R.D.C.....Trunk link main from Spaldington Water Tower to Howden.

Water main extensions in ten parishes in the Rural District.

Water Supplies Co-ordination Scheme.

Norton R.D.C......Scagglethorpe and Settrington Sewerage and Sewage Disposal Scheme.

Pocklington R.D.C......Water main extension in the parish of Kirby Underdale.

Water supplies Co-ordination Scheme.

East Yorkshire (Wolds Area)

Water Board......Piped water supply to Lair Hill Farm, Dalton Holme.

LOCAL GOVERNMENT ACT, 1958

Contributions under Section 56(1) of the Local Government Act, 1958, were made to the Haltemprice Urban District Council and the Withernsea Urban District Council in respect of the financial year 1962/63 towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme and the Withernsea Main Drainage Scheme respectively.

WATER ACTS, 1945 AND 1948

On the 29th March, 1963, the Ministry of Housing and Local Government made the York Water Order, 1963, which, among other provisions, transferred to the York Waterworks Company with effect from the 1st April, 1963, the water undertaking of the Derwent Rural District Council serving the parishes of Dunnington, Kexby, Elvington, Wheldrake, Thorganby, Skipwith, North Duffield, Naburn, Escrick, Deighton and Stillingfleet, and extended the limits of supply of the Company so as to include those parishes.

HOUSING

The number of houses completed during 1963 was 1,887. Of these 255 were built by the District Councils and 1,632 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 1963:

	Houses (Completed	In course of Erection		
District	Council	Private Enterprise	Council	Private Enterprise	
Beverley M.B	1,080	722	8	66	
Bridlington M.B	838	1,634	_	77	
Hedon M.B	144	131		12	
Driffield U.D	167	317	_	23	
Filey U.D.	310	162	1	36	
Filey U.D	1,821	3,435	151	276	
Hornsea U.D	303	471	_	29	
Norton U.D	257	104	6	33	
Withernsea U.D	329	81	_	6	
Beverley R.D	1,060	1,552	28	191	
Bridlington R.D	355	254		14	
Derwent R.D	511	1,000	_	218	
Driffield R.D	326	253	2	47	
Holderness R.D	877	1,499	29	154	
Howden R.D	522	301	32	44	
Norton R.D	400	134	2	14	
Pocklington R.D	804	572	85	28	
Totals	10,104	12,622	344	1,268	

Section 4. – Inspection and Supervision of Food

FOOD AND DRUGS ACT, 1955

REPORT OF THE CHIEF SAMPLING OFFICER

The main objects of the Food and Drugs Act are to ensure that the food we buy is not harmful to life or health, and secondly to ensure reasonable minimum standards of quality with correct description of the product. The Act is not designed to prevent the sale of cheap articles of inferior quality provided that purchasers are not led to believe they are getting a superior product.

Approximately one third of consumers expenditure is on food. Modern methods of production, storage, distribution, pre-packaging, advertising and marketing all tend to increase the problems of enforcement of the requirements of the Act.

Deliberate adulteration of food is now a rare occurrence, but the use of chemical fertilisers and poisonous insecticides in its production, and the wider use of additives in its preparation to affect colour, taste, texture, composition or keeping attributes, have all brought added dangers that inadvertently contravene the first requisite that food should not be harmful to life or health.

During the past year Sampling Officers have submitted 592 samples for analysis and in the course of routine inspections, have scrutinised large numbers of pre-packed articles of food to ensure that they are correctly described with their common or usual name,

and that the ingredients are stated in correct proportion. Keen competition and extensive advertising campaigns are likely to lead to misdescriptions and excessive claims for products, particularly in regard to nutritional, calorific, vitamen or mineral properties. An invaluable aid to uniform enforcement is the weekly bulletin issued by the County Chief Officers Section of the Institute of Weights and Measures Administration.

A summary of the samples taken and submitted for analysis for the year ended 31st March, 1964 is given below:

	Satisfactory	Unsatisfactory
Beverages (including tea, coffee, minerals,		
beer, wine and spirits)	63	1
Cereals	7	-
Confectionery	41	_
Drugs	12	
Fats (including butter and cheese)	25	
Fish and Meat products (including sausages).	49	7
Milk and Milk products	278	12
Fruit and Vegetable products, fresh, canned	2.0	
and frozen	19	2
Preserves	17	ī
Seasonings	16	
Miscellaneous	41	1
wiscendieous	41	1
Totals	568	24

Legal proceedings were taken in respect of one sample of milk when a fine of £5 was imposed. All other infringements were followed up or brought to the notice of the manufacturers and assurances obtained that steps would be taken to comply with the provisions of the Act in the future.

MILK AND DAIRIES REGULATIONS

A high percentage of all milk produced is consumed in liquid form, and is part of the daily diet of every family. Its nature makes it a food which must be produced and handled under strict supervision, with essential protective measures at every stage.

The Milk and Dairies Regulations endeavour to ensure the production and sale of clean safe milk, and responsibility for enforcement is divided between the Ministry of Agriculture, Fisheries and Food and Local Authorities.

All processing plants and dealers premises have to be licensed by the Local Authority, and inspections are made of plant, equipment, records and storage facilities, in addition to the submission of samples to the Public Health Laboratory for bacteriological and in many cases, biological examination. The effective systematic sampling of raw and processed milk at all stages between production and sale is of prime importance in safe-guarding purity.

At the end of the year there were six licensed heat-treatment plants, and 559 dealer's (Pre-packed) licences and 13 dealer's (Tuberculin Tested) licences in force.

A summary of the samples submitted to the Public Health Laboratory during the year is given overleaf with details of samples submitted by other Authorities.

HEAT TREATMENT PLANTS

Samples obtained by	Number	Me	ethylene Bl Test	Phosphatase Test		
	of Samples	Satis- factory	Unsatis- factory	Tests void	Satis- factory	Unsatis- factory
County Council Bridlington Borough . Filey U.D	158 61 4	151 59 4	=	7 2	155 59 4	3 2 —
Total	223	214	_	9	218	5

LICENSED DEALERS (PRE-PACKED) MILK

6.1	Number	Methylene Blue Test				ohatase est	Turbidity Test	
Grade of Samples	Satis- factory	Unsatis- factory	Test Void	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	
T.T. Raw Pasteurised Sterilised	100 202 37	83 195	13 1	4 6	202	=	<u>-</u> 37	=
Totals	339	278	14	10	202	_	37	_

The standard of pasteurised milk has been maintained at a high level, and the samples failing the tests have been mainly of raw milk. Of the 13 samples failing, 11 were taken from vending machines.

PRODUCER/RETAILERS

Sixty-eight samples of pre-packed raw tuberculin tested milk were taken from Producers/Retailers, who are licensed by the Ministry of Agriculture, Fisheries and Food, and of these samples 54 satisfied the methylene blue test, 5 were void and 9 were unsatisfactory. 58 of the samples were also submitted for biological examination, the results of which are shown overleaf.

SCHOOL MILK SUPPLIES

Grade	Number of Samples	М	ethylene B Test	Phosphatase Test		
		Satis- factory	Unsatis- factory	Tests Void	Satis- factory	Unsati- factory
Pasteurised T.T. raw		167 8	_2	_6	173	_2
Totals	183	175	2	6	173	2

Two of the samples of T.T. raw milk were also submitted for biological and brucella abortus examination with negative results.

BIOLOGICAL EXAMINATIONS

	Number	Tub	ercle	Brucella abortus		
	of samples	Negative	Positive	Negative	Positive	
Producer/Retailers	58	52 2	-	51	1	
Schools	48	44	_	44	=	
Totals	108	98		97	1	

In respect of six samples taken from producer/retailers and four from dealers the guinea pigs used for the tests died before the results could be obtained.

In addition, 51 samples of milk were taken by officers of certain County District Councils and were examined for the presence of tubercle bacilli and brucella abortus. All the samples proved negative to both tests.

HOSPITAL DAIRY FARMS

Eleven samples of milk produced at the Broadgate Hospital Dairy Farm have been submitted to the methylene blue test at the request of the Ministry of Health. The results were satisfactory in the case of ten of the samples and the test on the remaining sample was void. Four of the samples were also examined for the presence of tubercle bacilli and brucella abortus with negative results.

Legal standards are imposed on many foods, and in addition, Codes of Practice have been agreed for some others. The Food Standards Committee recommendations of 1962 are expected to result in standards being set for canned meat products in 1964.

Every year sees the introduction of new requirements in regard to production, quality or compositional standards of food, and the time taken for inspection and sampling is increasing.

I would wish to record my thanks and appreciation to the Public Analyst, Mr. R. T. Hunter, and Dr. McCoy of the Public Health Laboratory for their ready advice and assistance in regard to compositional and other sampling procedure problems.

LEWIS KAYE,

Chief Inspector, Weights and Measures

Veterinary Inspection of Dairy Herds

I am indebted to the Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food, 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 Herds	1,093	52,030

No confirmed cases of tuberculosis were found during the year.

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

SMALLPOX

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

TYPHOID AND PARATYPHOID FEVER

Three cases of paratyphoid fever and 4 cases of typhoid were reported in 1963.

SCARLET FEVER

Sixty-four cases of this disease were notified during the past year, compared with 39 in the previous year.

DIPHTHERIA

For the fifth consecutive year there were no notifications of diphtheria.

PUERPERAL PYREXIA

Three women were reported during the year to be suffering from puerperal pyrexia, compared with 15 in the previous year.

OPHTHALMIA NEONATORUM

No cases of ophthalmia neonatorum were notified during the year.

MENINGOCOCCAL INFECTION

Four cases were notified, the same as in the previous year.

MEASLES

The number of notifications of measles received during the year was 3,409 as compared with 741 in 1962.

WHOOPING COUGH

There were 206 notifications of whooping cough during 1963.

ACUTE POLIOMYELITIS

No cases of paralytic or non-paralytic poliomyelitis were notified during the year.

NOTIFIABLE INFECTIOUS DISEASES - 1954 to 1963

The numbers of notifications during the last ten years of the various notifiable infectious diseases are shown in the following table:

DISEASE	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever	218	101	100	78	141	125	134	68	39	64
Whooping Cough	411	345	748	234	83	60	235	60	8	206
Diphtheria	_	-	_	_	2	_	-	_	_	-
Measles	675	3,761	1,000	3,156	1,499	3,549	73	4,107	741	3,409
Pneumonia	153	161	141	134	104	114	69	111	60	42
Meningococcal Infection Acute Poliomyelitis:	7	4	9	5	-	2	1	2	4	4
Paralytic	34	13	1	1	19	1	1	8	2	
Non-Paralytic	5	1			10			8 2		
Encephalitis:	3	1			10			-		
Infective	-	-		1	1	-	-	-	1	
Post-Infectious	-			-	2	1		-	-	-
Dysentery	11	192	482	198	321	471	253	259	277	44
Ophthalmia Neonatorum .	1	7	_	-	1	_	1	1	2	_
Puerperal Pyrexia	34	49	66	39	19	18	13	9	15	3
Smallpox	_			_	_	_	_	_		_
Paratyphoid Fever	4	6	2	26	4	_	_	1	- 1	3
Typhoid Fever	_	_	1	1	2	4	_		-	4
Food Poisoning	84	123	61	67	95	126	42	49	55	41
Erysipelas	33	30	17	22	14	11	11	9	9	9
Malaria	1	_	1	-	_	_	_	1	-	_
Tuberculosis:			100							
Pulmonary	145	101	79	81	38	57	52	41	41	34
Meninges and C.N.S	3	2	2		1	1	1			1
Other forms	27	18	28	19	13	11	10	8	5	9
Anthrax*					_		_	_	_	_

^{*}Not notifiable until 1960.

TUBERCULOSIS

The consultant chest physicians, with administrative centres in Hull, Pontefract and York, and the assistant chest physicians working with them are all responsible to the Council for the preventive side of tuberculosis work and for dealing with the special problems associated with care and after-care and rehabiliation in respect of any patients resident in the County who come under their care. Their chief link with the County health services is through the health visitors, all of whom act as tuberculosis visitors.

As the need arises, and on the recommendations of the chest physicians, patients being treated in their own homes are supplied with extra milk, and during the year 29 patients were supplied with milk for varying periods.

The chest physicians have been responsible for arranging to provide B.C.G. vaccination for contacts where they consider this to be advisable, and during the year 148 persons have been vaccinated. This figure includes 39 infants vaccinated soon after birth.

Details about the B.C.G. vaccination of school children are given elsewhere in this report.

No special case-finding surveys were undertaken, but the Mass Miniature Radiography Unit based on Hull visited the following places in the County during the year:

Barlby
Beverley
Bridlington
Brough
Cottingham
Driffield
Eastrington

Filey
Gilberdyke
Hedon
Hemingbrough
Holme-on-Spalding-Moor
Howden
Kirkella

North Cave

Everthorpe (Borstal Institution)

During the year 10,292 people attended at these sessions, among whom 5 cases of active tuberculosis were diagnosed.

The unit also visited the Brandesburton Hospital, De-la-Pole Hospital, Naburn Hospital and Winestead Hall Hospital, and at these visits 1,683 persons were examined.

NEW CASES AND MORTALITY

Escrick

During the year, 44 primary notifications of tuberculosis were received (34 pulmonary and 10 non-pulmonary). Two other pulmonary cases also came to notice from death returns from Local Registrars, transferable deaths from the Registrar-General or posthumous notifications. The total number of new cases in the year was, therefore, 46, a decrease of 4 on the corresponding figure for the previous year.

Details of the primary notifications and new cases which came to notice are given in the following table:

	P	rimary N	otification	ons	New cases which came to notice otherwise than by formal' notification							
Age periods	Pulm	onary	Non-pu	llmonary	Pulm	onary	Non-pu	Non-pulmonary				
	Male	Female	Male	Female	Male	Female	Male	Female				
0—	_	_	_	_	_	_	_	_				
1			_	_	_	_	_					
2	-	1		- 1	-		-	-				
5	1	1	-	-		_	_					
0	_	_		_	-		-	-				
5	_	1	1	1	_	_	_	-				
20	3 5	1		_	-	-	_	-				
25—	5	1	1	_	_	_	-					
35—	1	3	1	1	_	-	-					
15	1	2	1	3	_	_	_	-				
55	6	2	-	-	1	-	_					
55—	4	_	1	- 1	1		-	-				
75—	1	-	-	-	-	-	-	-				
Totals	22	12	5	5	2							

The number 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	634	535	1,169
Non-pulmonary	107	148	255

The number of deaths from the disease during the year was 5, one less than in 1962.

Details of these deaths, classified according to age at death, are given below:

	Pulm	onary	Non- pulmonary				
Age periods	Male	Female	Male	Female			
0		_	_	_			
1		_					
5—			_				
.5— 25— 15—		_		_			
25—	-	1					
15—	1	_		-			
55—		_	-	_			
75 and over	1	_	_	2			
Totals	2	1	_	2			

The death rate from pulmonary tuberculosis was 0.01 per thousand population, compared with 0.03 in the previous year. There were two deaths in 1963 from non-pulmonary tuberculosis, compared with none in 1962.

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

PULMONARY TUBERCULOSIS

Year	Administrative County	Urban Districts	Rural Districts
1901—10	0.86)	1.10)	0.70)
1911-20	0.77	0.89	0.70
1921-30	0.65 >*	0.75 >*	0.58 >*
1931-40	0.40	0.48	0.34
1941-50	0.36	0.44	0.29
1951	0.18	0.25	0.12
1952	0.17	0.23	0.12
1953	0.13	0.17	0.08
1954	0.15	0.16	0.14
1955	0.06	0.09	0.04
1956	0.08	0.08	0.07
1957	0.07	0.07	0.06
1958	0.09	0.11	0.06
1959	0.05	0.04	0.05
1960	0.05	0.08	0.02
1961	0.04	0.05	0.04
1962	0.03	0.03	0.03
1963	0.01		0.03

^{*}Average rate per 10 year period.

52

OTHER FORMS OF TUBERCULOSIS

Year	Administrative County	Urban Districts	Rural Districts
1901—10	0.30)	0.397	0.30
1911-20	0.30	0.30	0.30
1921-30	0.18 >*	0.19 >*	0.17 >*
1931-40	0.12	0.11	0.12
1941-50	0.10	0.10	0.09
1951	0.02	0.03	0.02
1952	0.03	0.05	0.02
1953	0.03	0.04	0.02
1954	0.01	0.01	0.02
1955	0.01	0.01	0.02
1956	0.02	0.03	0.01
1957	0.005	-	0.009
1958	0.005	_	0.009
1959	0.009	0.009	0.009
1960	0.004	_	0.009
1961	0.004	_	0.009
1962	_	-	_
1963	0.01	0.02	_

^{*}Average rate per 10 year period.

TABLE I

Cases of Infectious Disease Notified during the year 1963

Notifiable Disease	Urban Districts	Rural Districts	Administrative County
Scarlet Fever	41	23	64
Whooping Cough	66	140	206
Diphtheria (including Membranous Croup)	_	_	_
Measles	1,679	1,730	3,409
Pneumonia	9	33	42
Meningococcal Infection	4	_	4
Acute Poliomyelitis:			
Paralytic	_	_	_
Non-paralytic	_	_	_
Encephalitis:			
Infective	_	_	_
Post-infectious	_	_	_
Dysentery	38	6	44
Ophthalmia Neonatorum	_	_	_
Puerperal Pyrexia	_	3	3
Smallpox	_	_	-
Paratyphoid Fevers	1	2	3
Typhoid Fever	2	2	4
Food Poisoning	35	6	41
Erysipelas	3	6	9
Malaria	_	_	-
Tuberculosis:			
Pulmonary	24	10	34
Meninges and C.N.S	1	_	1
Other forms	4	5	9
Anthrax	_		_

TABLE II

Cases of Infectious Disease Notified

URBAN DISTRICTS

DISEASE	Totals	Beverley	Bridlington	Driffield	Filey	Haltemprice	Hedon	Hornsea	Norton	Withernsea
Scarlet Fever	41	7	1	2	_	30			1	
Whooping Cough Diphtheria (including	66	7	3	22	-	34	-	-	-	-
Membranous Croup)	_	-	_		_		_	_	_	_
Measles	1.679	325	283	208	44	742	74		2	1
Pneumonia	9	_		5	2	2				_
Meningococcal Infection.	4	-	-	-	-	4	_			_
Acute Poliomyelitis:										
Paralytic	-	2000	-		-	-	-	_	-	-
Non-paralytic	-	-		-	-	-	-	-	-	_
Encephalitis:										
Infective	_			7.0	-	_	-	777		
Post-infectious	20			-	_	20	_		-	-
Dysentery	38	-	_	-	_	38	_	-	-	
Ophthalmia Neonatorum .	-	-	-		-	_	_		-	
Puerperal Pyrexia	-		-		_	-	-		-	
Smallpox	_		-	_	_	_		-		-
Paratyphoid Fevers	9			5	2	2	_	_		-
Typhoid Fever	2	-	-	-	_	2	_	-	-	-
Food Poisoning	35	-	-		_	35	_	-		-
Erysipelas	3	-	-	-	_	3	_		-	
Malaria	_			-	-	_	-	-		
Tuberculosis:										
Pulmonary	24	2	4		-	16	2	-		-
Meninges & C.N.S	1		_	-	_	1	_		_	
Other forms	4	3	1		_	_	_	_		_
Anthrax							_			

TABLE III

Cases of Infectious Disease Notified

RURAL DISTRICTS

DISEASE	Totals	Beverley	Bridlington	Derwent	Driffield	Holderness	Howden	Norton	Pocklington
Scarlet Fever	23 140	14 19	_	1 2	1 29	1 10	3 77	3	_
Diphtheria (including					-				
Membranous Croup)	1,730	566	71	120	272	320	169	137	75
Measles	33	3		120	14	5	109	137	3
Meningococcal Infection	- 33	3			14	_	0	_	
Acute Poliomyelitis:	-			-					
Paralytic		_		-	_	-		-	
Non-paralytic		_		_	_	_	-	-	_
Encephalitis:									
Infective			-	_	_	_	-	-	-
Post-Infectious		-	-	-	-	_		-	
Dysentery	6	1	-	5	-	-			
Ophthalmia Neonatorum	_	_	_	_	_	_	-	-	_
Puerperal Pyrexia	3	2	-	-	-	-	1	-	_
Smallpox	_	-	-	-	-	-	-	-	_
Paratyphoid Fevers	2 2	-	-	-	-	-	_	-	2
Typhoid Fever		2	-	-	_		_	-	_
Food Poisoning	6	4	-	_	_	_	2		_
Erysipelas	201	-	-	1	-	2	-	-	-
Malaria	-		-	-	-			-	_
Tuberculosis:	10	4		1	1	2	1		
Pulmonary	10	3.5		1	1	3	1		
Meninges & C.N.S.	- 5	2	_	-	_	_	2		1
Other forms	-	1000	_	-			100		1
Anthrax	-		_	-	_				

57

TABLE 1V

Vital Statistics for the Administrative County, the Divisional Health Areas, and for the several Urban and Rural Districts in the Riding during the year 1963

	POPU	LATION					BIRT	H ANI	DEA	TH RA	TES FR	OM VA	RIOU	S CAU	SES P	ER 1,00	0 OF	THE P	OPUL/	ATION							DEL	THE O
DISTRICT	Commission	Estimated 1963		Live	Births		Illegitimate Live Births					Pulmonary Tuberculosis Other forms of Tuberculosis		Respi Dis	ratory			Malignant Disease		STII	LBIRTHS	DEATHS OF CHILDREN UNDER ONE YEAR OF AGE						
	Census 1961	mid-year	No.		Compar- ability factor	Adjus- ted Rate	No.	Rate	No.	Crude Rate	Compar- ability factor	Adjus- ted Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate per 1,000 total births	No.	Rate pe 1,000 live birt
Administrative County . M.B.s and U.D.s	224,301 114,086 109,945	232,170 116,510 115,660	3,885 1,959 1,926	16-73 16-81 16-65	1-06 1-08 1-04	17-73 18-15 17-32	175 85 90	0.73	2,987 1,640 1,347	12·87 14·08 11·65	0-89 0-82 0-97	11-45 11-55 11-30	9 4 5	0-04 0-03 0-04	3 3	0.01	2 -	0·01 0·02	293 160 133	1-26 1-37 1-15	1,059 595 464	4·56 5·11 4·01	527 305 222	2·27 2·62 1·92	66 30 36	16·70 15·08 18·35	81 35 46	20·8 17·8 23·8
BUCKROSE DIVISION Bridlington M.B. Driffield U.D. Filey U.D. Bridlington R.D. Driffield R.D.	26,023 6,892 4,703 8,814 10,862	26,000 6,930 4,490 9,190 10,820		14·42 17·17 17·37 13·38 15·90	1·24 1·04 1·23 1·17 1·06	17-88 17-86 21-37 15-65 16-85	30 4 8 8 7	1·15 0·58 1·78 0·87 0·65	464 138 70 109 119	17-85 19-91 15-59 11-86 11-00	0·65 0·57 0·83 0·85 1·04	11.60 11.35 12.94 10.08 11.44		0·29 0·11 0·09			===		23 17 8 3 11	0-88 2-45 1-78 0-33 1-02	223 33 25 44 36	8·58 4·76 5·57 4·79 3·33	90 11 12 22 20	3-46 1-59 2-67 2-39 1-85	4 1 1 3 4	10·55 8·33 12·66 23·81 22·73	7 5 1 -	18-6 42-0 12-8 40-7
Totals	57,294	57,430	867	15-10	_	-	57	0-99	900	15-67	_	_	4	0.07	_	-	-	-	62	1.08	361	6-29	155	2.70	13	14-77	20	23-0
HALTEMPRICE DIVISION Haltemprice U.D	42,386	44,750	776	17-34	0.99	17-17	22	0-49	517	11-55	0-95	10-97	1	0-02	_	-	1	0-02	65	1.45	169	3-78	103	2.30	16	20-20	8	10-3
HOLDERNESS DIVISION Beverley M.B. Hedon M.B. Hornsea U.D. Withernsea U.D. Beverley R.D. Holderness R.D.	16,031 2,345 5,955 4,981 23,213 20,409	16,290 2,410 5,980 4,810 25,390 22,260	47 80 97 467	18·60 19·50 13·38 20·17 18·39 17·65	1-01 1-13 1-22 1-20 0-98 1-01	18·79 22·04 16·32 24·20 18·02 17·83	9 - 3 3 19 17	0-55 	185 30 84 82 274 234	11·36 12·45 14·05 17·05 10·79 10·51	1·04 0·95 0·70 0·77 0·93 1·01	11-81 11-83 9-84 13-13 10-03 10-62	_ _ _ _ 1		_ _ _ _ _	- - - 0-04	1	0-06 	20 4 7 10 18 24	1·23 1·66 1·17 2·08 0·71 1·08	60 6 23 28 100 80	3-68 2-49 3-85 5-82 3-94 3-59	36 8 22 11 51 33	2·21 3·32 3·68 2·29 2·01 1·48	5 -3 -5 5	16-23 36-14 10-59 12-56	8 2 1 - 6 10	26-44 42-5: 12-50 12-8: 25-4:
Totals	72,934	77,140	1,387	17-98	-	_	51	0.66	889	11-52	_	-	1	0-01	1	0.01	1	0.01	83	1-08	297	3.85	161	2.09	18	12-81	27	19-4
Howdenshire Division Norton U.D. Derwent R.D. Howden R.D. Norton R.D. Pocklington R.D.	4,770 13,648 12,038 7,015 13,946	4,850 14,280 12,170 7,070 14,480	217 122		1:12 1:02 1:06 1:09 1:10	19-40 13-65 18-90 18-81 18-30	6 11 10 10 8	1-24 0-77 0-82 1-41 0-55	70 205 166 76 164	14·43 14·36 13·64 10·75 11·33	0·99 0·81 0·99 1·04 1·01	14-29 11-63 13-50 11-18 11-44	= 1	- - 0-14 0-07	- 1 - 1	0·07 — 0·07	=	11111	6 35 18 8 16	1-24 2-45 1-48 1-13 1-10	28 69 47 32 56	5·77 4·83 3·86 4·53 3·87	12 30 34 7 25	2·47 2·10 2·79 0·99 1·73	- 5 4 2 8	25·51 18·10 16·13 32·13	3 5 5 4 9	35·7 26·11 23·0 32·7 37·3
Totals	51,417	52,850	855	16-18	_		45	0.85	681	12-89	_	_	2	0-04	2	0.04	_	-	83	1-57	232	4.39	108	2-04	19	21-74	26	30-4



TABLE V
Vital Statistics of Whole District during 1963, and previous Years

				NET DEA	THS BELONG!	ING TO THE DISTRIC				
Varia	Estimated	LIV		Under 1	year of age	At all	ages			
YEAR	Population	Number	Rate	Number	Rate per 1,000 Live Births	Number	Rate			
1944	185,940	3,562	19-2	156	44	2,409	13-1			
1945	183,450	3,109	17-0	135	43	2,396	13-1			
1946	194,720	3,739	19.2	139	37	2,355	12.1			
1947	200,110	3,872	19-4	155	40	2,405	12.0			
1948	205,900	3,432	16.7	111	32	2,205	10.7			
1949	209,343	3,308	16.1	98	30	2,498	12.2			
1950	212,070	3,187	15.0	83	26	2,423	11-4			
1951	212,900	3,079	14.5	87	28	2,646	12.4			
1952	212,600	3,173	14.9	76	24	2,432	11.4			
1953	214,000	3,219	15.0	87	27	2,582	12-1			
1954	217,000	3,085	14.2	71	23	2,687	12.4			
1955	217,100	2,999	13.8	71	24	2,624	12.1			
1956	217,500	3,141	14.4	76	24	2,707	12.4			
1957	218,500	3,280	15.0	69	21	2,657	12.2			
1958	218,900	3,136	14.3	70	22	2,753	12.6			
1959	221,200	3,307	15-0	59	18	2,722	12.3			
1960	224,470	3,477	15.5	67	19	2,745	12.2			
1961	224,510	3,573	15-9	60	17	2,938	13.1			
1962	228,530	3,735	16.3	65	17	2,857	12.5			
1963	232,170	3,885	16.7	81	21	2,987	12.9			

TABLE VI

Rainfall Returns, 1963

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 the 10 years 1953 to 1962
Hempholme	11 feet	Mr. W. F. Gilbert	inches 25·12	195	inches 25·86
Beverley	34 feet	Mr. B. T. H. Johnson.	26-43	192	25-12
North Cave	35 feet	Maj. J. H. Carver, J.P	25.76	201	25-63
Hornsea	35 feet	Mr. J. H. D. Howlett .	25.87	204	24.14
Bridlington	60 feet	Mr. H. Ackroyd	28.03	209	27.17
Lowthorpe	63 feet	Mr. C. Kettlewell	21.78	193	25.38
Scampston	100 feet	Mr. R. Atkinson	25.31	211	25.68
Filey	122 feet	Mr. J. Hustwit	24.21	183	26.40*
Dalton Holme	150 feet	Mr. R. C. Crossley	26.79	218	27.60
Birdsall	304 feet	Mr. B. Stead	30.25	212	30-94
161 161					* Average for 5 years 1958 to 1962.

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

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1963

Report of the Principal School Medical Officer

To the Chairman and Members of the Education Committee.

I have the honour to submit the Annual Report on the work of the School Health Service for the year 1963.

There has been no change in the medical staff. In the dental service I am pleased to report a substantial improvement in the staffing position. For the first time since the war the Council has the equivalent of a full establishment of dental officers with one Principal School Dental Officer, seven full-time and three part-time Dental Officers.

The speech therapy service has been maintained by the appointment of three part-time Speech Therapists in addition to the two full-time Therapists. As a result, the waiting list for speech therapy cases has steadily decreased.

As the scheme for the screening of the intermediate age group of school children followed by medical examination of selected pupils has proved successful, it was decided to extend this for a trial period to the older group of school children. This trial will be carried out during the next two years in four of the large Secondary Schools.

Special audiometric sessions have been arranged in all areas of the County. These sessions have been undertaken by one of the Medical Officers who has received special training in this work. Twenty-three pupils were found to have some degree of deafness and were referred to Consultants for more detailed examination and investigation.

A total of two hundred and forty children have now been ascertained as educationally sub-normal, i.e. 0.71% of the school population, this ascertainment rate compares favourably with other local education authorities but it probably does not represent the actual incidence among school children in the County.

It has been decided to vary the routine health inspections carried out by the School Nurses in senior schools. These inspections will now only be carried out once a year and will be limited to girls under 15 years of age. No subsequent examination during the school year will be undertaken except to follow up any infestation cases or on the request of Head Teachers where special circumstances justify the need.

A new permanent clinic in Anlaby was opened and will serve all the schools in this area with both medical and dental facilities.

Special importance has been given to health education in schools with a view to impressing on the older groups of pupils the dangers of smoking. A general campaign with this purpose in view was organised throughout the County and arrangements were made during May and June for the mobile unit on smoking and health from the Central Council for Health Education to visit certain areas and schools. Most of the Secondary Schools were visited together with a number of Primary Schools. At these sessions the importance of the relationship between smoking and the development of certain lung diseases was stressed and every effort was made to convince the pupils of the dangers of this habit.

The report of the Principal School Dental Officer is included, together with reports on physical education and the school meals service by the respective organisers.

My thanks are again due to Dr. Ferguson for his help with the preparation of this report.

R. WATSON,
Principal School Medical Officer.

April, 1964.

GENERAL STATISTICS

Number of Schools—Primary	184
Secondary	
Nursery	1
Special	1
Number of Pupils—Primary	19,048
Secondary	13,244
Nursery	39
Special (a) From the County	89
(b) From other Authorities	20
Number of pupils attending schools maintained by other	
Authorities	1,254

MEDICAL INSPECTIONS

The total number of pupils submitted for routine medical examinations was 9,251 and among these were found 784 defects needing treatment and 2,657 defects requiring observation. In addition to these routine inspections 438 special examinations were carried out and as a result 60 defects were found which required some form of medical treatment and 82 defects were noted for which only observation was necessary. Three thousand, four hundred and twenty-one re-examinations were also carried out making a total of routine and special medical examinations of 13,110.

The detailed figures relating to routine medical inspections conducted during the year are shown in the table on page 83.

It is now some two and a half years since the Education Committee agreed to vary the routine medical examination of children in the intermediate age group. This variation, which consists of screening by a detailed medical history completed by the parents, followed by medical examination where considered necessary, has proved very acceptable to both teaching and medical staff. It has resulted in a reduced number of sessions for medical examinations in primary schools and has allowed the medical officers to spend more time examining and discussing the best methods of helping those children who require treatment. As a result of the success of this system, the Education Committee has now agreed to extend it for a trial period of two years to the leaving age group of children in three or four of the large secondary schools in the County.

General Condition

The assessment of the general condition of all children examined at routine medical inspections is based on the individual opinion of each doctor. Medical Officers record the general condition of the children when examined as either "satisfactory" or "unsatisfactory". The results over the last 8 years are shown in the following table:

	No. of pupils inspected	No. found in "unsatisfactory" condition	Percentage
1956	9,784	59	0.6
1957	8,862	18	0.2
1958	6,583	14	0.2
1959	9,627	11	0.1
1960	10,370	11	0.1
1961	9,575	6	0.06
1962	8,776	2	0.02
1963	9,251	5	0.05

WORK OF SCHOOL NURSES

The school nurses carried out regular routine health surveys in schools and paid follow-up visits to children in their own homes. In addition they assisted with routine and special inspections.

The following table shows the number of visits and examinations carried out by the school nurses in 1963:

Visits to schools:—	
Number of routine examination sessions	593
Number of follow-up visits	65
Number of examinations carried out	59,868
Visits to homes:—	
Number of homes visited	984
Number of examinations carried out	1,226
Reasons for these examinations:—	
Uncleanliness	293
Minor ailments	146
General condition	94
Other reasons	693

ROUTINE HEALTH INSPECTIONS

The school nurses made 59,868 individual examinations and 408 children were found to be infested, compared with 356 in the previous year.

In December, 1963 the Education Committee agreed to adopt the new procedure of carrying out routine health inspection which had been varied for a trial period of 2 years.

In future routine health inspections will normally be carried out in the Secondary Schools once a year during the Autumn term and will be limited to girls under fifteen years of age. No subsequent examination during the school year will take place except to follow up any infestation cases or on the request of Headteachers, or where special circumstances justify the need. The following table gives particulars of the inspections carried out over the last 10 years:

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
1954	83,149	713	29,882	2.4
1955	77,410	607	30,146	2.0
1956	77,185	469	30,823	1.5
1957	71,095	551	31,071	1.7
1958	71,802	506	31,180	1.6
1959	70,555	531	33,577	1.6
1960	67,641	362	32,786	1.1
1961	67,474	429	33,093	1.3
1962	56,797	356	33,608	1.06
1963	59,868	408	33,635	1.2

ORTHOPAEDIC AND POSTURAL DEFECTS

Sixteen children were seen during the year at the Bridlington Orthopaedic clinic. Thirty-four East Riding children also attended other Authorities' clinics at Malton, Scarborough and York.

Twelve children were admitted to the Adela Shaw Orthopaedic Hospital, Kirbymoorside.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

Four hundred and nineteen children were found at periodic and special medical inspections to be in need of treatment for eye defects. Of these 366 had defective vision, 39 were suffering from squint and 14 had other defects. In addition 881 children were under observation compared with 901 in the previous year. Of these 750 were under observation for defective vision, 100 for squint and 31 for other defects.

Refraction clinics were held at 12 centres in the County and these were staffed by a medical officer appointed by the Regional Hospital Board; 1,389 individual children were seen at these clinics. Of the children attending, 349 were new cases and 1,040 for re-examination. Among the new cases seen 188 (i.e. 54%) were recommended for spectacles and among those re-examined the same number, 188 (i.e. 18%) were also found to need a change in the spectacles they were wearing. In all cases the prescriptions for spectacles were taken by the parents to opticians of their own choice.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

The following table gives the number of children who received operative treatment for ear, nose and throat defects during 1963:

Diseases of the ear	6 140 5
Total	151

In addition 74 children received other forms of treatment.

One of the school medical officers continued to hold regular audiometric sessions and 139 children with suspected defective hearing were referred from routine school medical inspections for further examination, of these 117 children were specially examined by means of a pure tone audiometer, and 23 were referred for Consultant opinion.

MINOR AILMENTS

Minor ailment sessions are mainly conducted by the school nurses who refer any case of a more serious nature to the child's family doctor or to the school medical officer.

The table below shows the number of children attending minor ailment clinics and the various types of defects which were treated together with the number of children receiving home visits by the school nurses:

		1962			1963	
Defects	No. of	children		No. of	children	
Delects	attend- ing clinics	receiving home visits	Total	attend- ing clinics	receiving home visits	Total
Ringworm (head)	-	-	-		-	-
Ringworm (body)	4		4			
Impetigo	25	8	33	22	2	24
Other skin diseases	249	4	253	440	7	447
Minor eye defects	109	4	113	120	3	123
Minor ear defects and deafness	112	100-1	112	99	6	105
Minor injuries, bruises, etc	1,780	_	1,780	1,249	28	1,277
Totals	2,280	16	2,296	1,930	46	1,976

There has again been a general reduction in the number of children attending minor ailment clinics. Attendances throughout the year were 4,100 compared with 5,886 in 1962, a reduction of 1,780.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis is available to school children over the age of 13 years and in certain instances it may be offered to children over 10 years of age. It is also available to students at University and Training Colleges.

Vaccination was offered to 3,688 children of whom, 2,824 (i.e. 76.6%) accepted. A total of 2,634 children were skin tested and of these 1,938 (i.e. 73.6%) showed a negative result and therefore needed vaccination. Arrangements were made as far as possible for all children who had a positive skin test to be X-rayed and for this facility to be extended to members of their families.

The following table gives details of B.C.G. vaccinations carried out during the past eight years:

Year	No. of school children Mantoux tested	Positive reactors	Negative reactors	Number vaccinated
1956	1,101	321 (29.2%)	776	767
1957	679	182 (26.8%)	497	494
1958	1,123	309 (26.0%)	832	767
1959	1,723	292 (16.9%)	1,423	1,408
1960	2,429	538 (22.1%)	1,876	1,848
1961	1,400	281 (20.0%)	1,085	1,085
1962	2,608	735 (28.2%)	1,844	1,767
1963	2,634	586 (22.2%)	1,938	1,907

HEALTH EDUCATION

A special programme of health education talks and discussions relating to smoking and health was arranged in all Secondary Schools and in a number of Primary Schools. Interest in this subject was also stimulated during May and June by a visit of the mobile unit on smoking and health from the Central Council for Health Education. These visits lasted three and four days respectively, and during this time the unit visited most of the Secondary Schools in the County, and some of the Primary Schools. The unit, which consisted of a van and two lecturers was specially equipped to present the important aspects of this subject to the children including the latest films on smoking and health. There is no doubt that most of the pupils attending these talks were very interested judging by the length of discussion and the variety of questions which were asked at the end of each session.

The senior boys were particularly keen to receive information about the clinical relationship between smoking and various chest conditions and it was evident that a number of boys had already started to smoke cigarettes. It is to be hoped that the time and effort spent on this campaign will be fruitful in discouraging those who have already started to smoke from continuing and in preventing others from beginning.

Health Education lectures were also given on different health topics to senior girls. A course of lectures was arranged in St. George's County Secondary School, Bridlington, with the object of helping girls from the third form upwards to approach their forthcoming adolescence with increased confidence and improve their ability to cope with certain difficulties which they are likely to encounter in life.

A number of lectures on health topics has also been given to senior pupils in connection with the Duke of Edinburgh's Award.

INFECTIOUS DISEASES

All schools have been relatively free from serious outbreaks of infectious diseases apart from the commoner conditions such as measles and mumps.

During October in one school in the Haltemprice area, eleven children commenced with diarrhoea and vomiting at practically the same time. The symptoms lasted for 24 hours after which recovery was complete in every case. Stool specimens were examined but there were no positive bacteriological findings.

SPEECH THERAPY

In the early part of 1963 two of the full-time speech therapists resigned. We were, however, fortunate in obtaining the services of three part-time speech therapists and in October a full-time speech therapist was appointed, thus bringing the establishment almost back to full strength.

These appointments enabled most of the clinics which had been closed earlier in the year to be reopened. At the end of December, clinics were being held at 19 centres and the allocation of these is shown on page 82. The speech therapists also visit schools and homes to see individual children.

A total of 219 children were referred for speech therapy and 270 children were discharged. At the end of the year 215 children were receiving speech therapy and 163 were on the waiting list, a reduction of 62 on last year.

New referrals have been seen as soon as possible by the speech therapists. This has enabled them to arrange their waiting lists in order of urgency and to discharge many children immediately who, on further examination, were found not to require treatment. This probably accounts for the increase in the number of children discharged and a reduction of those children on the waiting list. It has also tended to reassure parents that their children have not been forgotten.

The following table shows the various types of speech defects for which treatment has been given.

Type of speech defect	No. of children receiving treatment at end of the year	No. of children discharged during year
Dyslalia	137	113
Dysphasia	9	_
Cleft Palate	6	6
Stammer	36	28
Other defects	18	13
Totals	215	162

In addition 108 children were discharged after an initial examination.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

In my report for the year 1962 I remarked that there were still three vacancies for whole-time dental officers. It is most gratifying to be able to record that these three vacancies have now been filled. It would seem, however, that even with this influx of dental officers, a little difficulty will still exist in providing inspection and treatment for all children in the northern part of the County.

The clinics in Beverley and Bridlington are now in use every day while a number of sessions are being carried out each week in the Pocklington and Withernsea clinics. A new clinic which was opened at Anlaby in December will serve the populous area of Haltemprice. The dental suite in this new clinic comprises two surgeries, a recovery room and a dark room. An airotor and x-ray apparatus have been installed. Earlier in the year, a new mobile dental unit, which also had an airotor and x-ray apparatus included in its equipment, went into service. The equipment in all the clinics throughout the County is now excellent.

Prior to 1950 there was little doubt that a visit of a dental officer with a mobile van was the ideal means of securing treatment for the children seen, and inspection at any small rural school would show that more than 80% of the children required treatment and 65% accepted treatment. Today the situation is very different, and inspections at similar schools may show 40% of the children requiring treatment and fewer than 25% accepting. Ministry figures show that the percentage of courses of treatment for school children in the general dental service has increased by two million (from two to four million) within the period 1953 to 1962. It would seem that when the backlog of treatment for adult patients had been worked off after the introduction of the National Health Service, the private practitioner in the general dental service began to treat school children in ever-increasing numbers. Parents have, within the last decade, been more inclined to seek treatment for their children and have turned to the general dental service where they would be certain of regular dental treatment. This is understandable when the ranks of the school dental service have been so depleted and the number of dental officers in any one area has fluctuated considerably in any one year.

Another set of figures given by the Ministry for 1962 shows that a very high proportion of school children who required dental treatment were receiving treatment from one service or another. It should be immaterial as to which service is used, and conditions, not necessarily social, favour the school dental service in one area and the general dental service in another. The aim of both services must be to obtain the greatest dental benefit for all children and I am sure that this could be achieved by closer integration of the two services.

The mobile dental units are still essential, but there is little doubt that the school to school visit is not now feasible and the dental service in the East Riding will have to be adjusted to meet these changing circumstances.

One of the objectives which the Minister of Health indicated for the school dental service was the promotion of dental hygiene and dental health education. The school dental service is in a most favourable position to carry out dental health education and in this respect the work of a dental hygienist is invaluable. All the schools in the County have been visited by the hygienist during the year and instruction given to children through the medium of talks, flannelgraphs and films. Reports of the visits are encouraging and it is to be hoped that before long the demand at tuck shops will be for fruit, raisins and nuts. In this respect I understand that six schools in the County have now ceased to sell those confections which are dentally harmful. A "rinse and swallow" rounds off the school dinner at many schools but it is to be hoped that the more effective cleansing agentsa piece of apple or carrot-will become the regular means. Carrots have been grown at one school for this specific purpose. Children at another school take their tooth brushes. These praiseworthy efforts show that head teachers are prepared to co-operate fully in the dental education of the children.

Half the school population (16,762) were inspected; of these, 9,309 children were found to require treatment, 6,550 were offered treatment, and 4,950 actually treated. A very significant drop in the number of emergency cases occurred. The figure in 1962 was 708 and for 1963 was 426. It is probable that, with greater coverage of the County now achieved by the dental officers, children who would perhaps have cropped up as emergency cases are being given routine treatment before their complaints are registered. The number of dentures supplied rose to twenty-five, three more than the previous year, but it is to be remembered that 2,000 more children received treatment in 1963. Nevertheless, this is a figure one would like to see reduced.

As was to be expected, a greater number of orthodontic cases were undertaken. It is certain that this number will increase in succeeding years as more children throughout the County are being inspected.

It has been necessary on occasions to refer children to hospital either for extractions or for orthodontic conditions. I am grateful to the hospitals concerned for their co-operation.

G. R. SMITH, Principal School Dental Officer.

HANDICAPPED PUPILS

Under Section 34 of the Education Act, 1944, it is the duty of the Local Education Authorities to ascertain which children in their areas require special educational treatment. These children are usually reported to the school medical officer by the head teachers, or found at routine medical inspections. The total number of children ascertained as handicapped during the year was 88 and the following table shows the results of these examinations and the various recommendations.

Category	Recommended for education in special schools	Recommended for education in prim./sec. schools	Recommended for home tuition
Blind		-	
Partially sighted	1	1	
DeafPartially hearing	1	5	
Educationally sub-normal	42	14*	
Epileptic	2	1	
Maladjusted	2		
Physically handicapped	3	7	_
Speech			_
Delicate	3	3	2
Totals	55	31	2

^{*}Included in this figure are 9 children who were recommended for admission to the special classes for educationally sub-normal children in an ordinary school.

The total number of children on the Register of Handicapped Pupils at the 31st December, 1963, is shown in the following table:—

	Recomm	Recommended for education in special schools	ducation	Not reco	Not recommended for education in special schools	To	Total
Category	In special schools	Attending prim./sec. schools	Not attending school	Attending prim./sec. schools	Not attending school	Boys	Girls
Blind	2	1	-	1	1	1	2
Partially-sighted	7	6	-	-	1	10	2
Deaf	4	2	1	1	l	5	-
Partially hearing	10	3	ı	7	1	6	=
Educationally sub-normal	93	57	-	68	1	141	66
Epileptic	4	2	2	5	1	7	9
Maladjusted	7	2	1	1	1	00	60
Physically handicapped	19	2	3	29	00	28	36
Delicate	6	10	1	13	2	19	15

Details of handicapped pupils admitted to and discharged from special schools during the year are as follows:—

Defect	Special School	Maintained 31.12.62	Admitted during 1963	Discharged during 1963	Maintained 31.12.63
Blind and	Exhall Grange, Coventry	2		1	1
partially-	Wold Road, Hull	3 2	1		4
sighted	Henshaws, Manchester Sheffield School	2	_	1	1
	for the Blind Condover Hall,	1	-	-	1
	Shrewsbury St. Vincents School,	-	1	_	1
	Liverpool	_	1	-	1
Deaf and partially-	St. Johns, Boston Spa Yorks. Res. School,	2	_	_	2
hearing	Doncaster Sutton School for Deaf	8	-	1	7
	Hull Burwood Park,	4	1	1	4
	Walton-on-Thames	1	-	_	1
Educationally sub-normal	Etton Pasture, Beverley Fulford Day School,	83	27	25	85
suo-normai	York	2	-	-	2
	Hull	2	1	2	1
	Aldwark Manor	_	1	-	î
Epileptic	Sedgwick House, Kendal	1	3	1	3
	Cheshire	_	1	-	1
Maladjusted	Elmfield Spec. Sch., Stourbridge Etton Pasture, Beverley Wm. Hy. Smith School	1		=	1 4
	Brighouse St. Peters, Horbury		1		1
Physically handicapped	Ld. Mayor Treloar College, Froyle Frederick Holmes	1	_	_	1
	School, Hull	8	3	2	9
	Moorside	5	2	3	4
	Southport Northfield Open Air,	2	1	1	2
	York	. 1	1	_	2
	School, Southport	-	1	-	1
Delicate	Ingleborough Hall Netherside Hall, Skiptor Northfield Open Air,	1 —	1	1	1
	York		-	-	2
	Hayling Island Welburn Hall, Kirby-		_	-	1
	moorside	. 2	-	-	2
	Spec. Sch. West Kirby Redworth Hall, Durhan		-	-	1

The number of children attending special schools during recent years is as follows:—

	Blind and	Deaf and				Physically	
	partially- sighted	partially hearing	Educ. Sub- normal	Epileptic	Malad- justed	handi- capped	Delicate
1956	4	19	62	1	1	10	7
1957	5	22	74	_	1	12	3
1958	7	19	90		1	15	5
1959	6	23	85	1	2	15	3
1960	7	19	84	1	2	12	5
1961	6	17	92	1	3	13	4
1962	8	15	87	1	6	16	8
1963	9	14	89	4	7	19	9

EXAMINATION FOR MENTAL CONDITION

The school medical officers specially examined 124 children who were suspected of being educationally sub-normal. The results of these examinations are shown in the following table:—

Recommended for notification to the Local Health Authority under Section 57(4)	17
Recommended for admission to a residential school for educationally sub-normal children	42
Recommended for admission to a day special class in an ordinary primary school	9
Recommended to remain at ordinary school	3
Recommended to remain at ordinary school with remedial teaching	2
Not educationally sub-normal	33
Decision deferred	6
Re-examinations	12
Total	124

CHILD GUIDANCE

There has been no change in the clinic staff. One of the school medical officers continued to hold regular sessions at the clinic with the help of a full-time social worker and a part-time psychiatric social worker.

A total of 193 clinic sessions were held during the year and the social workers made 91 visits to schools and 343 home visits. One hundred and fifty-eight children were referred to the clinic from the following sources:—

Educational										,						50
Medical																77
Parent																11
Court																4
Social Agency																16
						T	c	t	a	1						158

In addition to the cases referred in 1963, a total of 48 cases were carried forward from 1962, 30 of which were receiving treatment and the remaining 18 were on the waiting list, making a total case load of 206 children, and of this number 182 were seen by the clinic staff.

The following table shows the number of interviews carried out by the clinic staff:—

Diagnostic interviews	Treatment interviews	Parent interviews	Total No. interviews
118	252	287	657

Out of the total case load of 206 children, 141 cases were closed during the year and a summary of these is given below. At the end of the year, 41 children were being seen by the clinic staff and 24 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment)	90
Placement (Special School, Children's Home, etc.)	4
Not followed up (lack of co-operation, parents refused	
treatment, etc.)	40
Transfer to other area or agency	7
Total	141

The new cases which were seen at the Clinic were, after diagnosis, placed into the following broad categories according to the type of problem and further clinic work that they would require:

Advisory	Treatment	School problems	Test only	Not followed up
69	30	7	12	40

The following table is a summary of the major cases examined by the clinic staff:—

Habit Disorders		 	 26
Nervous Disorders			
Behaviour Disorders			
Psychotic Disorders			
Educational		 	 26
	-		
	Total	 	 158

ENURETIC CLINIC

A total of 32 cases were referred to this clinic from infant welfare centres, by school medical officers, general practitioners and consultant paediatricians. Thirty-three cases which were receiving treatment in 1962 continued to be seen by the clinic staff in 1963. In addition, there were five cases on the waiting list at the end of the previous year, making a total case load of 70 children. The number of children who received treatment was 65.

No. of attendances made							198
No. of cases completed	 						37
No. of uncompleted cases							28
No. of children on the waiting list							5

Constant use is now being made by the older children of the enuretic alarms and by those unable to attend the clinic for various reasons. Two new alarms were bought this year for this purpose.

ETTON PASTURE SCHOOL

In general the health of the children has been good. In January and February there were six cases of measles and later, during June and July, eight children developed rubella. One boy was admitted to the hospital as a suspected case of glandular fever.

Individual children have given cause for concern. One boy who suffers from epilepsy, but whose fits are almost entirely controlled by drugs, was admitted to the school in June and shortly afterwards he became ill and was admitted to hospital. Another boy developed osteomyelitis of his left femur before he left school in the summer, he is now active, but still requires attention and has not yet been able to take up employment.

For the first time since the school opened in 1952, a sudden death occurred of a boy of thirteen due to complications from hydrocephalus.

The children have been remarkably free from accidents—only two accidents of a minor nature occurring.

Routine medical examinations have been carried out regularly. All the children have received dental and ophthalmic treatment as required. Minor ailment clinics have been held twice weekly during the school terms and a local general practitioner attends the school regularly each week, and when required in the case of an emergency.

PHYSICAL EDUCATION

The past year has seen the completion of the Secondary School building programme and now all East Riding children can look forward to receiving a full secondary school course which offers them a much wider and more satisfying programme of physical education than was possible in their previous all-age schools. Although not all our secondary schools have specialist teachers of physical education, due to a shortage of supply, we are better off in this respect than many other areas of the country.

Primary and secondary school teachers gave freely of their energies and time to provide a wide programme of activities in physical education for the fuller development of our children. Out-of-school programmes covering games, dance, outdoor activities and athletics have been carried out during the past year. Teachers' courses in folk dance, athletics, camping and physical education were held. Courses for youth club members and school children were conducted in Association football, sailing, judo, table tennis, canoeing and the Duke of Edinburgh's Award Scheme.

The number of school children receiving swimming instruction increased again last year and the attendance at the Beverley Baths during the winter session, which proved to be one of our coldest winters, was excellent. It is encouraging to note that two or three of our schools are at present raising money to provide their own swimming pools.

After leaving school many boys and girls join youth clubs and use the facilities provided by our schools to continue active participation in some branch of physical education.

Some of this is integrated with the Duke of Edinburgh's Award Scheme and last year 19 girls and 31 boys gained the Silver award and 5 boys the Gold award.

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION TO TRAINING COLLEGES, ETC.

A total of 204 candidates for admission to training colleges and 26 entrants to the teaching profession were examined by the medical staff of the school health service.

PROVISION OF MILK AND MEALS

The number of school meals provided daily for pupils in the County schools has continued to increase, this is not entirely attributable to the increased number of pupils in attendance at these schools. On a normal school day some 18,442 pupils take school dinners, this represents 60.31% of the pupils attending school and compares with 17,577 or 57.30% for the previous year. The number of free meals supplied daily has remained unchanged at around 1,400.

Very little change occurred in the drinking of school milk. The number of pupils taking milk was 23,963 which was 77.59% of those in attendance. The decline in the percentage of Primary School pupils taking milk, as reported last year, was arrested and the percentage rose to 92.22 against the previous year's figure of 90.79. In the Secondary Schools an increase in the number of pupils drinking milk was matched by an increase in the number of pupils in the schools and the percentage of milk drinkers rose only from 56.04 in 1962 to 56.71 in 1963.

All milk supplied was pasteurised except in the case of two small schools with a total of 32 pupils, for which tuberculin-tested raw milk had to be accepted. All supplies were in one third pint bottles except at two schools with a total of 46 pupils to whom milk had to be distributed from one pint bottles.

Pasteurised milk in one third pint bottles was also supplied daily to 1,688 pupils in non-maintained schools.

HYGIENE OF SCHOOL PREMISES

One hundred and two reports on the sanitary conditions of schools have been made by the medical officers and any defects noted have been brought to the notice of the Chief Education Officer.

CO-OPERATION WITH TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

As in the past, co-operation of school staffs has again been invaluable in dealing with the clerical work in connection with school medical and dental inspections and for weighing children prior to medical inspections. For this assistance and for that given by the school welfare officers, I am most grateful.

The National Society for the Prevention of Cruelty to Children continued to be most helpful.

CLINICS

At the end of the year the following clinics were being held:—

Type of clinic	Location	Frequency of sessions
A. Minor Ailment and other non- specialist exami- nations and treat- ment	Roberts Road Beverley Longcroft C.S. School	5 sessions weekly 2 sessions weekly 5 sessions weekly 2 sessions weekly 4 sessions weekly As required As required
B. Dental	Beverley School Clinic, Lord Roberts Road Bridlington School Clinic, Oxford Street Pocklington Dental Clinic Withernsea Dental Clinic	10 sessions weekly 10 sessions weekly 4 sessions weekly As required
C. Ophthalmic	Barlby I.W.C. Beverley, Lord Roberts Road Bridlington School Clinic, Oxford Street Driffield I.W.C. Fulford Church Hall Hessle, Penshurst Avenue School Market Weighton C.S. School Norton Church Hall, Langton Road Pocklington School Clinic South Holderness C.S. School Withernsea High School	2 sessions every 8 weeks 8 sessions every 7 weeks 6 sessions every 8 weeks 2 sessions every 8 weeks 2 sessions every 8 weeks 5 sessions every 12 weeks 2 sessions every 12 weeks 2 sessions every 8 weeks 2 sessions every 8 weeks 2 sessions every 12 weeks 2 sessions every 8 weeks 2 sessions every 12 weeks 2 sessions every 18 weeks
D. Orthopaedic	Bridlington School Clinic, Oxford Street	As required

^{*}In addition five mobile clinics were in use.

Type of clinic	Location	Frequency of sessions
E. Speech therapy	Barlby C.S. School Beverley Clinic Bridlington, Hilderthorpe Infants School Cottingham Clinic Driffield I.W.C. Driffield C.S. Girls' School Etton Pasture Spec. School Hessle C.E. Junior School Hessle Penshurst Avenue School Hornsea County Library Howden C.S. School Longcroft C.S. School Market Weighton C.S. School Norton C.S. School Pocklington C.P. School Riccall C.P. School South Holderness C.S. School Withernsea High School South Hunsley C.S. School	1 session weekly 2 sessions weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly 2 sessions weekly 1 session weekly 2 sessions weekly 1 session weekly
F. Ultra Violet light	Beverley School Clinic, Lord Roberts Road	As required

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1963

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

PERIODIC MEDICAL INSPECTIONS

	Number of	Physical condition of pupils inspected							
Age groups inspected	Number of pupils	Satisfa	actory	Unsatisfactory					
(by year of birth) (1)	inspected (2)	No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)				
1959 and later	46	46	100	_	_				
1958	1,806	1,805	99-95	1	-05				
1957	1,579	1,577	99.88	2	.12				
1956	806	805	99.88	1	.12				
1955	65	65	100	_	_				
1954	31	31	100	-	_				
1953	1,836	1,835	99.95	1	.05				
1952	349	349	100	_					
1951	99	99	100	_	-				
1950	26	26	100	_	-				
1949	2,060	2,060	100	_	-				
1948 and earlier	548	548	100	_	_				
Totals	9,251	9,246	99-95	5	-05				

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age Groups Inspected (By year of Birth) (1)	For defective vision (excluding squint) (2)	For other conditions (3)	Total individual pupils (4)
1959 and later	_	1	1
1958	40	93	133
1957	42	90	130
1956	21	62	79
1955	1	1	2
1954	3	1	4
1953	79	67	144
1952	. 32	16	48
1951	10	4	12
1950	3	1	4
1949	105	56	150
1948 and earlier	30	26	53
Totals	366	418	760

OTHER INSPECTIONS

Number of special inspections	438
Number of re-inspections	3,421
Total	3,859

INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	59,868
(b)	Total number of individual pupils found to be infested	408
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	_
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	_

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PERIODIC INSPECTIONS

N.B.—The symbol 'T' indicates need for treatment and 'O' indicates need for observation.

			Peri	odic I	nspecti	ons		
Defect or Disease	Entrants		Leavers		Oth	ners	Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	5	20	13	14	1	18	19	52
Eyes—a. Vision	86	256	139	217	141	277	366	750
b. Squint	32	34	-	14	7	52	39	100
c. Other	6	13	1	3	7	15	14	31
Ears—a. Hearing	32	90	27	8	31	22	90	120
b. Otitis Media	3	46	_	8 2 2	5	7	8	55
c. Other	_	5	_	2	2	3	2	10
Nose and Throat	41	362	1	21	27	85	69	468
Speech	29	52	_	_	21	12	50	64
Lymphatic Glands	3 2	104	4	9		32	7	145
Heart	2	34	1	7	3	12	6	53
Lungs	1	81	2	23	3	39	6	143
Developmental—								
a. Hernia		16	1	1	_	4	1	21
b. Other	6	66	6	8	3	31	15	105
Orthopaedic—								
a. Posture	-	6	2	6	1	11	3	23
b. Feet	2	45	-	4	1	31	3	80
c. Other	4	26	-	23	45	21	9	70
Nervous System—								
a. Epilepsy	2	6	-	2	1	1	3	9
b. Other	1	9	_	6	1	12	2	27
Psychological—								
a. Development	1	19		5	1	14	2	35
b. Stability	14	131	3 2		20	63	37	199
Abdomen	2	16	2	9	6	18	10	43
Other	6	20	22	11	4	23	23	54

SPECIAL INSPECTIONS

	Special Inspections						
Defect or Disease	Pupils requiring treatment	Pupils requiring observation					
Skin	7	1					
Eyes—a. Vision	12	32					
b. Squint	5	22					
c. Other	5 2						
Ears—a. Hearing	9	7					
b. Otitis Media	7	_					
c. Other	2	_					
Nose and Throat	1						
Speech	1	2					
Lymphatic Glands	_	1					
Heart	_	2 3					
Lungs	2	3					
Developmental—							
a. Hernia	-	_					
b. Other	1	1					
Orthopaedic—							
a. Posture	2	3					
b. Feet	_	1					
c. Other	5	4					
Nervous System—							
a. Epilepsy	_	_					
b. Other		1					
Psychological—							
a. Development	_	1					
b. Stability	2						
Abdomen	_	1					
Other	2	_					

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

EYE DISEASES, DEFECTIVE VISION AND SQUINT	
	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	. 123
Errors of refraction (including squint)	. 1,389
Total	. 1,512
Number of pupils for whom spectacles were prescribed	. 376
Diseases and Defects of Ear, Nose and Thr	OAT
	Number of cases known to have been dealt with
Received operative treatment—	
(a) For diseases of the ear	
(b) For adenoids and chronic tonsillitis	. 140
(c) For other nose and throat conditions	
Received other forms of treatment	. 74
Total	. 225
Total number of pupils in schools who are known to have bee provided with hearing aids—	n
(a) in 1963	. 1
(b) in previous years	
ORTHOPAEDIC AND POSTURAL DEFECTS	
	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	. 50
(b) Pupils treated at school for postural defects	. –
Total	. 50
Total	. 50
DISEASES OF THE SKIN (excluding uncleanlines	(2)
	Number of cases known to have been treated
Ringworm—	
(a) Scalp	
(b) Body	
Scabies	
Impetigo	
Other skin diseases	. 440
Total	. 462
	-

	CHILD GUIDANCE TREATMENT	Number of case known to have been treated
Pup	oils treated at Child Guidance Clinics	
	SPEECH THERAPY	Number of case known to have been treated
Pup	pils treated by speech therapists	485
	OTHER TREATMENT GIVEN	
		Number of case known to have been dealt with
(a) (b)		ool
(0)	Health Service arrangements Pupils who received B.C.G. vaccination	
(d)		
(6)	other than (a), (b) and (c) above	
	DENTAL INSPECTION AND TREATMENT CARE	HED OUT BY
	THE AUTHORITY	GED OUT BY
(1)	Number of pupils inspected by the Authority's Dental O (a) At periodic inspections	fficers:
	(b) As specials	16.762
(2)	— Total	,
	Number found to require treatment	
	Number offered treatment	
(4)	Number actually treated	4,950
(5)	Number of attendances made by pupils for treatme excluding those recorded at 11(a)	ent, 9,011
(6)	Half-days devoted to:-	
	(a) Periodic (school) inspection 153	
	(b) Treatment	2,393
(7)	Fillings:—	
	(a) Permanent teeth 8,131	
	(b) Temporary teeth 1,789 — Total	9,920
(9)	Number of teeth filled:—	7,720
(8)	(a) Permanent teeth 6,857	
	(b) Temporary teeth 1,626	
	Total	8,483

(9) Extractions:—	
	(a) Permanent teeth	
	(b) Temporary teeth	6,065
(10) Administration of general anaesthetics for extraction	1,566
(11) Orthodontics:—	
	(a) Number of attendances made by pupils for orthodontic treatment	575
	(b) Half days devoted to orthodontic treatment	75
	(c) Cases commenced during the year	59
	(d) Cases brought foward from the previous year	38
	(e) Cases completed during the year	26
	(f) Cases discontinued during the year	9
	(g) Number of pupils treated by means of appliances	90
	(h) Number of removable appliances fitted	82
	(i) Number of fixed appliances fitted	_
	(j) Cases referred to and treated by Hospital Orthodontists	_
(12) Number of pupils supplied with artificial teeth	25
(13) Other operations:—	
	(a) Permanent teeth	
	(b) Temporary teeth	1,396

