

[Report 1965] / Medical Officer of Health and School Medical Officer of Health, East Riding of Yorkshire County Council.

Contributors

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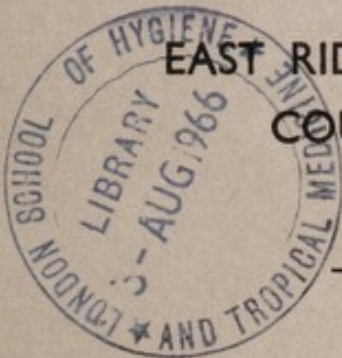
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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

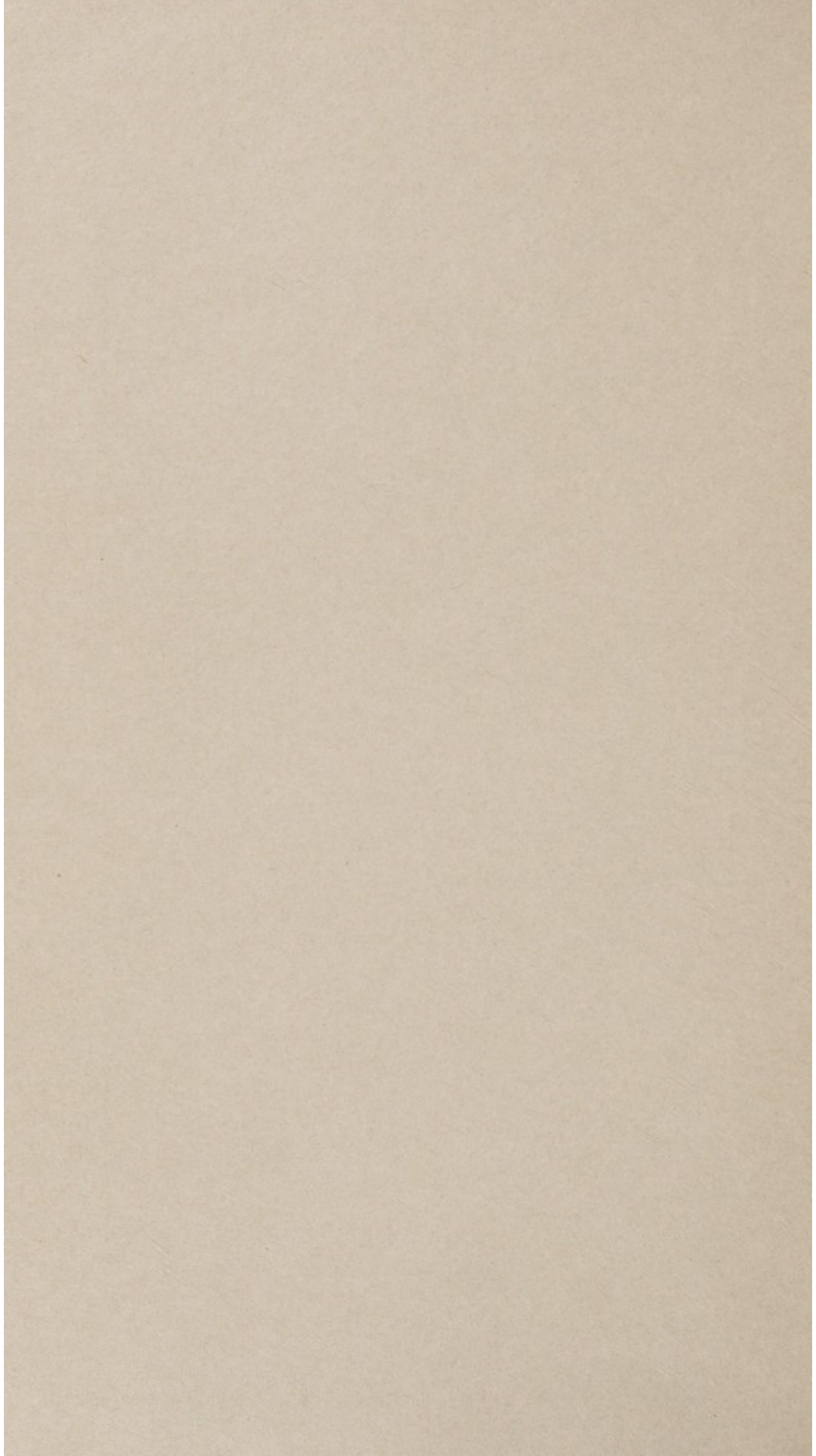
of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1965




INDEX to General Report

	PAGE		PAGE
Ambulance Service	31	Milk, Heat-Treated	48
Ante-natal Care	15	Milk, Hospital Dairy Farms ...	49
Ante-natal Hostels	16	Milk, Licensed Dealers	48
B.C.G. Vaccination	29	Milk Supplies, School	49
Births and Birth Rates	7	Milk Supplies, Biological	
Blindness	35	Examination of	49
Cancer	9	Neonatal Mortality	13
Care and After-Care	33	Nurseries and Child Minders ..	42
Care of Mothers and Young		Nursing Homes, Registration of	42
Children	15	Occupation Centres	38
Cervical Cytology	34	Ophthalmia Neonatorum	51
Chiropody	33	Perinatal Mortality	13
Congenital Malformations	15	Poliomyelitis	51
Deaths and Death Rates	9	Poliomyelitis, Vaccination	
Dental Care	18	against	30
Development of the Health		Population	7
Services	40	Post-natal Care	15
Diabetics	22	Post-natal Hostels	16
Diphtheria	51	Premature Infants	19
District Medical Officers	6	Problem Families	34
Domestic Help Service	33	Puerperal Pyrexia	51
Domiciliary Nursing and		Rainfall	60
Midwifery Service	21	Sanitary Circumstances	42
Epilepsy	34	Scarlet Fever	51
Fluoridation of Water Supplies ..	42	School Medical Officer's Report	61
Food, Inspection and Super-		Sewerage and Sewage Disposal	42
vision of	46	Smallpox	51
Health Education	35	Spastic Paraplegia	34
Health Visiting	20	Staff	2
Housing	45	Tetanus, Protection against ...	29
Illegitimacy	8	Tuberculosis	52
Immunisation	28	Tuberculosis, B.C.G. Vaccina-	
Infant Mortality	13	tion	29
Infant Welfare Centres	16	Typhoid and Paratyphoid Fever	51
Infectious Disease, Prevalence of	51	Unmarried Mother and Child ..	19
Infectious Disease, Notification		Vaccination	27
of	52	Veterinary Inspection of Dairy	
Introductory Remarks	1	Herds	50
Lung Cancer	9	Vital Statistics	7, 14
Maternal Mortality	16	Vital Statistics, Tables of	57, 59
Measles	51	Water Supply	42
Medical Loans	33	Welfare Foods	19
Meningococcal Infection	51	Whooping Cough	51
Mental Health	37	Do. Protection against ...	29

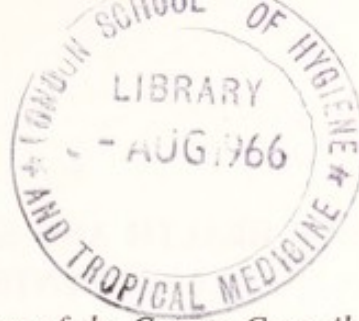
INDEX to Principal School Medical Officer's Report

	PAGE		PAGE
B.C.G. Vaccination	68	Medical Inspection and Treat-	
Child Guidance Clinic	74	ment Returns	83
Clinics	81	Mental Conditions, Examina-	
Dental Officer, Report of	72	tions for	79
Ear, Nose and Throat Defects ..	68	Milk in Schools	71
Enuresis	75	Minor Ailments	68
Eye Disease	67	Orthopaedic and Postural	
Handicapped Children	76	Defects	67
Health Education	70	Physical Education	79
Infectious Diseases	70	School Nurses	66
Infestation	66	Speech Therapy	69
Introductory Remarks	63	Statistics	65
Meals, School	71	Teachers and School Welfare	
Medical Inspections	65	Officers, Co-operation with ..	80
		Visual Defects	67



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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 as Principal School Medical Officer for the year 1965. A perusal of these reports will, I think, show that during the year there has continued to be a steady growth of the health services but that there have been no matters developing which appear to call for special reference in this introduction.

The estimated population increased by 4,220 to 241,520. The number of births registered for the County was 4,040, made up of 3,984 live births and 56 still-births; the number of live births was 28 more than in 1964, but the birth rate was slightly reduced to 16.5 per thousand population. There were 3,056 deaths, an increase of 162 on the previous year's figures and the death rate has consequently risen from 12.2 to 12.7 per thousand population.

Although, as was to be expected, the incidence of measles was rather higher than in the previous year, infectious diseases were generally not a cause of any anxiety. For the seventh year in succession there were no cases of diphtheria notified.

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 and the report of the Principal School Dental Officer in the section of the report dealing with the health of the school child.

Once again I wish to record my thanks to members of the Health Committee and of the 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 Services 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,
June, 1966.

STAFF OF HEALTH AND SCHOOL MEDICAL DEPARTMENTS, 1965

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. Hull 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. (to 3rd November, 1965)

I. W. Sinclair, M.B., Ch.B.

Olive M. Sparrow, M.D., M.B., B.S.

PART-TIME:

P. D. H. Chapman, M.B., B.Ch., M.R.C.S., L.R.C.P. (from 8th November, 1965)

Janet S. Dann, M.B., Ch.B.

Barbara Hodgson, M.B., Ch.B., D.C.H.

Shirley K. M. Kell, M.B., B.S., D.R.C.O.G. (from 2nd March, 1965)

Elizabeth McV. Redfern, M.B., Ch.B.

Doreen S. Robertson, M.B., Ch.B. (from 24th September, 1965)

Cynthia M. Rosen, M.B., Ch.B.

Jean M. West, M.B., Ch.B. (from 22nd November, 1965)

Jean F. Wilson, M.B., B.Ch., D.P.H.

PRINCIPAL DENTAL OFFICER.

G. R. Smith, L.D.S.

DENTAL OFFICERS.

WHOLE-TIME:

Miss P. A. Arris, B.D.S. (to 28th February, 1965)

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

C. H. Elphick, L.D.S.

G. Pearson, L.D.S.

A. Russell, B.D.S. (from 1st November, 1965)

S. Smullen, L.D.S.

Mrs. E. M. S. Ward, B.D.S.

L. B. Wilson, L.D.S.

PART-TIME:

Mr. E. Beddoes, L.D.S.

Mr. R. F. Coates, L.D.S.

Mrs. U. Coates, L.D.S.

Mr. G. F. R. Harkins, L.D.S.

DENTAL AUXILIARY.

Miss M. Harrison

DENTAL HYGIENIST.

Miss M. A. Rennison

PUBLIC ANALYST.

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

COUNTY AMBULANCE OFFICER.

G. R. Gray.

MENTAL WELFARE OFFICERS.

S. Bateman.

W. Forward (from 1st December, 1965)

G. E. Howes.

J. Liptrot.

K. Powls.

A. Sunderland

EDUCATIONAL PSYCHOLOGIST.

Post vacant.

PSYCHIATRIC SOCIAL WORKER.

Mrs. A. B. Godfrey, A.A.P.S.W. (part-time)

SOCIAL WORKER (CHILD GUIDANCE).

Miss S. Graham, Soc. Dip.

MENTAL HEALTH SOCIAL WORKER.

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

SPEECH THERAPISTS.

WHOLE-TIME:

Mrs. A. M. Nicholson, L.C.S.T. (to 30th January, 1965)

PART-TIME:

Mrs. I. M. Alder, L.C.S.T.

Mrs. E. M. Maunder, L.C.S.T. (from 22nd June to 20th October, 1965)

Mrs. A. M. Nicholson (from 8th November, 1965)

Miss M. Reynolds, L.C.S.T.

Mrs. E. Stone, L.C.S.T.

Mrs. E. Waddington, L.C.S.T.

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 OFFICERS.

Miss B. M. Greenwood, S.R.N., S.C.M., H.V. Cert., Q.N.S.

Miss R. Hephlestone, S.R.N., S.C.M., H.V. Cert., Q.N.S.

COUNTY DISTRICT NURSES AND MIDWIVES.

WHOLE-TIME STAFF:

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 S. E. Bampton, S.R.N., S.C.M.

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., Q.N.S.
 Mrs. F. Boynton, S.R.N., S.C.M.
 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., Q.N.S.
 Mrs. L. J. Bult, S.R.N. (to 31st October, 1965)
 Miss H. Burn, S.R.N. (to 30th June, 1965)
 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. (to 13th May, 1965)
 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. Derving, S.C.M., S.E.N.
 Mrs. M. E. C. Dickinson, S.R.N., Q.N.S.
 Mrs. V. J. Dickinson-Hennessy, S.R.N., S.C.M. (to 30th September, 1965)
 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.
 Miss J. E. Found, S.R.N., S.C.M.
 Mrs. P. French, S.R.N. (from 1st October, 1965)
 Miss A. Gyll, S.R.N. (from 21st June to 31st October, 1965)
 Mrs. F. M. Hagyard, S.R.N., S.C.M., Q.N.S.
 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., Q.N.S.
 Miss M. E. Hodgson, S.R.N., S.C.M., Q.N.S.
 Miss D. E. Holden, S.R.N., Q.N.S.
 Miss E. Hutchinson, S.R.N., S.C.M., Q.N.S.
 Miss M. E. Jenkins, S.R.N., S.C.M., Q.N.S.
 Mrs. E. Lenderyou, S.R.N., Q.N.S.
 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 E. B. Mountain, S.R.N., S.C.M., Q.N.S. (to 30th September, 1965)
 Miss O. K. Neal, S.R.N., S.C.M., Q.N.S.
 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 W. A. Robinson, S.R.N., S.C.M. (from 1st August, 1965)
 Mrs. E. Rozenbroek, S.R.N., S.C.M.
 Mrs. R. Russell, S.R.N. (from 1st September, 1965)
 Mrs. E. E. Scrase, S.R.N.
 Mrs. P. Shearer, S.R.N., Q.N.S.
 Miss M. Spavin, S.R.N., S.C.M., Q.N.S.
 Mrs. G. M. Spiegth, S.C.M.
 Mrs. A. B. Steer, S.R.N., S.C.M., Q.N.S.
 Mrs. V. Stockdale, S.R.N., Q.N.S.
 Miss J. M. Taylor, S.R.N., S.C.M.
 Miss K. B. von Pranckh, S.R.N., S.C.M. (from 25th October, 1965)
 Mrs. M. Walton, 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.
 Mrs. G. Whincup, S.R.N., S.C.M. (to 31st July, 1965)
 Miss G. Y. Whincup, S.R.N., S.C.M., Q.N.S.
 Miss D. Wilkinson, S.R.N., S.C.M., Q.N.S.
 Miss E. E. Wilson, S.R.N., S.C.M., Q.N.S.
 Miss J. M. Wilson, S.R.N., Q.N.S.
 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.
 Mrs. G. E. Leng, S.R.N.

DISTRICT NURSES, MIDWIVES, HEALTH VISITORS.

Miss M. Ahamer, S.R.N., S.C.M., Q.N.S., H.V.Cert.
 Mrs. E. Allman, S.R.N., S.C.M., Q.N.S., H.V.Cert.

HEALTH VISITORS AND SCHOOL NURSES.

WHOLE-TIME STAFF:

- Mrs. A. Beck, S.R.N., H.V.Cert.
 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.
 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.
 Miss F. H. Collier, S.R.N., S.C.M., H.V. Cert.
 Miss C. Connolly, S.R.N., S.C.M., H.V. Cert.
 Miss I. M. Darley, S.R.N., H.V.Cert. (from 26th July, 1965)
 Mrs. B. Edwards, S.R.N., S.C.M., H.V. Cert.
 Miss C. C. Edwards, S.R.N., S.C.M., H.V.Cert. (from 26th July, 1965)
 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 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 E. Kitchener, S.R.N., S.C.M., H.V.Cert. (from 1st August to 31st
 December, 1965)
 Miss D. H. Lemar, S.R.N., S.C.M., H.V. Cert.
 Miss G. T. McAllister, S.R.N., S.C.M., H.V.Cert.
 Mrs. J. M. Morris, S.R.N., S.C.M., H.V. Cert.
 Miss S. Pryde, S.R.N., S.C.M., H.V.Cert.
 Miss M. M. Reid, S.R.N., S.C.M., H.V. Cert.
 Miss C. E. Richtering, S.R.N., S.C.M., H.V.Cert. (from 23rd September,
 1965)
 Miss A. E. Sturdy, S.R.N., S.C.M., H.V. Cert.
 Mrs. B. I. C. Styles, S.R.N., S.C.M., H.V.Cert. (from 1st January, 1966)
 Miss M. Taylor, S.R.N., S.C.M., H.V.Cert.
 Miss J. F. Tillotson, S.R.N., H.V.Cert.
 Mrs. L. Whipp, S.R.N., S.C.M., H.V. Cert.
 Miss A. Wood, S.R.N., S.C.M., H.V.Cert. (from 26th July, 1965)

PART-TIME STAFF:

- Mrs. J. M. Cheeseman, S.R.N., H.V.Cert.
 Mrs. J. H. Hermon, S.R.N. (to 26th January, 1966)
 Mrs. L. W. Milner, S.R.N., S.C.M., H.V.Cert. (from 11th May, 1965)
 Miss P. M. Scales, S.R.N.
 Miss K. I. Tomlinson, S.R.N.
 Mrs. H. L. White, S.R.N.

STUDENT HEALTH VISITORS—Two.

**Medical Officers of Health of the several Local Authorities
at 31st December, 1965.**

Local Authority	Name of Medical Officer
MUNICIPAL BOROUGHS	
Beverley	W. Ferguson, M.B., Ch.B., D.P.H.
Bridlington.....	J. H. Maughan, M.B., B.S., D.P.H.
Hedon.....	W. Ferguson, M.B., Ch.B., D.P.H.
URBAN DISTRICTS	
Driffield	J. H. Maughan, M.B., B.S., D.P.H.
Filey	J. H. Maughan, M.B., B.S., D.P.H.
Haltemprice	L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.
Hornsea	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	
Beverley	W. Ferguson, M.B., Ch.B., D.P.H.
Bridlington.....	P. D. H. Chapman, M.B., B.Ch., M.R.C.S., L.R.C.P.
Derwent	W. Wilson, M.B., B.Ch., D.P.H.
Driffield	J. H. Maughan, M.B., B.S., D.P.H.
Holderness	F. R. Cripps, M.D., D.P.H.
Howden	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 I. – Vital Statistics

GENERAL STATISTICS

Area	735,963 acres
Rateable value (as at 1st April, 1965)	£7,154,670
Product of a penny rate	£29,049

POPULATION

Districts	Census, 1961	Estimated	
		1964	1965
Administrative County	224,031	237,300	241,520
Urban Districts	114,086	119,950	122,200
Rural Districts	109,945	117,350	119,320

The rates for the various statistics given in this report are based on the Registrar General's estimated population for mid-1965, i.e. 241,520. 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	Urban Districts	Rural Districts	Administrative County
1901—1910	24·0	23·8	23·5
1911—1920	19·3	20·8	20·3
1921—1930	16·6 } *	18·8 } *	17·9 } *
1931—1940	14·4	14·9	14·8
1941—1950	17·2	17·2	17·2
1951	14·1	14·8	14·5
1952	14·6	15·2	14·9
1953	14·8	15·3	15·0
1954	14·0	14·4	14·2
1955	13·8	13·8	13·8
1956	14·1	14·8	14·4
1957	14·7	15·4	15·0
1958	14·2	14·4	14·3
1959	14·8	15·1	15·0
1960	15·8	15·2	15·5
1961	16·3	15·6	15·9
1962	16·0	16·7	16·3
1963	16·8	16·7	16·7
1964	16·3	17·0	16·7
1965	16·3	16·7	16·5

*Average rate per 10 year period.

The live birth rate for the County was 16.5 as compared with 16.7 for 1964. The provisional rate for England and Wales for 1965 was 18.0 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 16.5 the adjusted rate so obtained is 17.5.

There were 3,984 live births and 56 stillbirths registered for the County during the year, making a total of 4,040, an increase of 15 on the 1964 figures. Of these births, 440 live births and 6 stillbirths took place outside the County.

The number of births notified to my office by hospitals, practitioners and midwives was 6,392 live births and 96 stillbirths, a total of 6,488. In addition 13 live births were notified by Registrars. Of these births 2,913 live births and 47 stillbirths were to women who were normally resident outside the County and the details were transferred to their home areas.

STILLBIRTHS

The stillbirths which were registerable in the County numbered 56, thirteen less than in the previous year. The stillbirth rate was 13.9 per 1,000 total births. In 1964 this rate was 17.1 and in 1963 it was 16.7. The provisional rate for England and Wales for 1965 was 15.7.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Urban Districts	Rural Districts	Administrative County
1950	87	93	180
1951	75	78	153
1952	62	79	141
1953	66	58	124
1954	61	55	116
1955	54	57	111
1956	67	47	114
1957	47	64	111
1958	42	59	101
1959	66	57	123
1960	60	66	126
1961	65	72	137
1962	83	82	165
1963	85	90	175
1964	83	82	165
1965	121	84	205

There were 205 illegitimate live births, 40 more than in 1964.

The illegitimate live birth rate was 0.85 per 1,000 of the population, compared with 0.70 in the previous year.

The number of illegitimate live births in the County was 5.1% of the total live births.

DEATH RATES FROM ALL CAUSES (ALL AGES)
per 1,000 of the Population

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	15.1	13.2	13.7
1911—1920	14.6	12.9	13.6
1921—1930	13.2	11.6	12.2
1931—1940	13.0	11.6	12.3
1941—1950	12.9	11.1	12.0
1951	13.7	11.2	12.4
1952	12.3	10.6	11.4
1953	13.2	11.0	12.1
1954	13.9	10.9	12.4
1955	13.6	10.6	12.1
1956	13.8	11.1	12.4
1957	13.7	10.6	12.2
1958	13.7	11.5	12.6
1959	13.7	10.9	12.3
1960	13.4	11.1	12.2
1961	14.6	11.6	13.1
1962	14.0	11.0	12.5
1963	14.1	11.6	12.9
1964	13.9	10.5	12.2
1965	14.7	10.6	12.7

*Average rate per 10 year period.

There were 3,056 deaths registered for the County in 1965, an increase of 162 on the figure for the previous year. This gives a death rate of 12.7 per 1,000 of the population, as compared with 12.2 in 1964. The application of the comparability factor to this crude rate gives a rate of 11.1 compared with the provisional rate for England and Wales for 1965 which was 11.5. The rate for England and Wales for 1964 was 11.3.

Of the total deaths, 74.6% occurred in people aged 65 and over and 48.7% in people aged over 75.

The principal causes of death in the County were heart diseases (1,065), cancer (596) and vascular lesions of the nervous system (482). These three causes accounted for 70.1% of the deaths, as compared with 67.4% in 1964.

The 1,065 deaths due to heart diseases were 31 more than in 1964 and represent a rate of 4.4 per thousand population.

Compared with 1964 the number of deaths attributed to cancer increased from 532 to 596, the rate per thousand population changing from 2.24 to 2.47. The number of deaths attributable to cancer of the lungs and bronchus rose to 143 as compared with 117 in 1964. The death rate from this cause rose to 0.59 per 1,000 population.

For all other forms of cancer the death rate per thousand has risen from 1.75 to 1.88. The number of deaths from cancer of the stomach rose from 62 to 84; deaths from cancer of the uterus

rose from 17 to 24; the deaths from cancer of the breast rose from 47 to 60. Deaths from leukaemia remained the same as in the previous year.

Of the 596 deaths due to cancer, 346 occurred in urban areas and 250 in rural areas, corresponding respectively to rates of 2.83 and 2.10 per thousand population.

Motor vehicle and other accidents were responsible for 100 deaths during the year. In 1964 deaths from these two causes numbered 120.

The following table shows the figures for the various causes of death for the year 1965:

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	5	6	11
Tuberculosis, other forms	—	—	—
Syphilitic disease	4	2	6
Diphtheria	—	—	—
Whooping cough	—	—	—
Meningococcal infection	—	—	—
Acute poliomyelitis	—	—	—
Measles	1	1	2
Other infective diseases	4	1	5
Cancer of stomach	52	32	84
Cancer of lungs, bronchus	113	30	143
Cancer of breast	1	59	60
Cancer of uterus	—	24	24
Cancer, other forms	150	120	270
Leukaemia, aleukaemia	9	6	15
Diabetes	16	13	29
Vascular lesions of nervous system	211	271	482
Coronary disease, angina	404	293	697
Hypertension with heart disease	12	18	30
Other heart disease	122	216	338
Other circulatory disease	59	77	136
Influenza	1	—	1
Pneumonia	51	80	131
Bronchitis	83	34	117
Other diseases of respiratory system	18	9	27
Ulcer of stomach and duodenum	13	8	21
Gastritis, enteritis and diarrhoea	5	13	18
Nephritis and nephrosis	9	3	12
Hyperplasia of prostate	19	—	19
Pregnancy, childbirth and abortion	—	1	1
Congenital malformations	13	7	20
Other diseases	98	133	231
Motor vehicle accidents	38	10	48
All other accidents	23	29	52
Suicide	16	10	26
Homicide	—	—	—
Totals	1,550	1,506	3,056

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

Age Group	Infectious Disease (including Syphilis)		Tuberculosis		Malignant Disease		Heart and Circulatory Diseases		Respiratory Diseases (including influenza)		Intestinal Diseases		Violence		All Other Causes		All Causes	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%	Deaths	%
0—	3	23.1	—	—	—	—	1	0.1	14	5.1	2	5.1	2	1.6	50	16.0	72	2.4
1—	1	7.7	—	—	2	0.3	2	0.1	1	0.4	—	—	—	—	4	1.3	10	0.3
5—	2	15.4	—	—	1	0.2	—	—	1	0.4	—	—	4	3.2	2	0.6	10	0.3
15—	1	7.7	—	—	2	0.3	—	—	—	—	1	2.6	13	10.3	8	2.6	25	0.8
25—	—	—	—	—	2	0.3	3	0.2	1	0.4	1	2.6	12	9.5	2	0.6	21	0.7
35—	—	—	1	9.1	22	3.7	18	1.1	—	—	1	2.6	13	10.3	5	1.6	60	2.0
45—	—	—	2	18.2	65	10.9	56	3.3	13	4.7	1	2.6	16	12.7	17	5.5	170	5.6
55—	2	15.4	1	9.1	141	23.7	179	10.6	37	13.4	6	15.3	14	11.1	28	9.0	408	13.3
65—	4	30.7	4	36.3	189	31.7	441	26.2	68	24.6	8	20.5	22	17.5	55	17.6	791	25.9
75—	—	—	3	27.3	172	28.9	983	58.4	141	51.0	19	48.7	30	23.8	141	45.2	1,489	48.7
Totals	13	—	11	—	596	—	1,683	—	276	—	39	—	126	—	312	—	3,056	—

TABLE 1

Year	1952	1953	1954
1	100	100	100
2	100	100	100
3	100	100	100
4	100	100	100
5	100	100	100
6	100	100	100
7	100	100	100
8	100	100	100
9	100	100	100
10	100	100	100
11	100	100	100
12	100	100	100
13	100	100	100
14	100	100	100
15	100	100	100
16	100	100	100
17	100	100	100
18	100	100	100
19	100	100	100
20	100	100	100
21	100	100	100
22	100	100	100
23	100	100	100
24	100	100	100
25	100	100	100
26	100	100	100
27	100	100	100
28	100	100	100
29	100	100	100
30	100	100	100
31	100	100	100
32	100	100	100
33	100	100	100
34	100	100	100
35	100	100	100
36	100	100	100
37	100	100	100
38	100	100	100
39	100	100	100
40	100	100	100
41	100	100	100
42	100	100	100
43	100	100	100
44	100	100	100
45	100	100	100
46	100	100	100
47	100	100	100
48	100	100	100
49	100	100	100
50	100	100	100
51	100	100	100
52	100	100	100
53	100	100	100
54	100	100	100
55	100	100	100
56	100	100	100
57	100	100	100
58	100	100	100
59	100	100	100
60	100	100	100
61	100	100	100
62	100	100	100
63	100	100	100
64	100	100	100
65	100	100	100
66	100	100	100
67	100	100	100
68	100	100	100
69	100	100	100
70	100	100	100
71	100	100	100
72	100	100	100
73	100	100	100
74	100	100	100
75	100	100	100
76	100	100	100
77	100	100	100
78	100	100	100
79	100	100	100
80	100	100	100
81	100	100	100
82	100	100	100
83	100	100	100
84	100	100	100
85	100	100	100
86	100	100	100
87	100	100	100
88	100	100	100
89	100	100	100
90	100	100	100
91	100	100	100
92	100	100	100
93	100	100	100
94	100	100	100
95	100	100	100
96	100	100	100
97	100	100	100
98	100	100	100
99	100	100	100
100	100	100	100

DEATHS AMONGST CHILDREN UNDER ONE YEAR

Death rate amongst Infants per 1,000 Live Births

Year	Urban Districts	Rural Districts	Administrative County
1901—1910	114	107	110
1911—1920	84	81	82
1921—1930	59	63	61
1931—1940	50	53	51
1941—1950	40	39	39
1951	30	26	28
1952	27	21	24
1953	26	28	27
1954	23	23	23
1955	26	22	24
1956	27	22	24
1957	23	19	21
1958	20	24	22
1959	19	17	18
1960	19	19	19
1961	17	16	17
1962	16.9	17.9	17.4
1963	17.9	23.9	20.8
1964	17.9	18.5	18.2
1965	18.0	18.1	18.1

*Average rate per 10 year period.

There were 72 deaths of children under the age of one year in 1965, the same number as in 1964. The infant mortality rate was 18.1 per 1,000 live births. The provisional rate for England and Wales for 1965 was 19.0 compared with 19.9 in 1964.

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

	Urban	Rural	Total
Pneumonia	8	8	16
Bronchitis	1	—	1
Congenital malformations.....	8	10	18
Birth injury	1	1	2
Atelectasis	5	5	10
Prematurity	7	8	15
Other diseases and causes	6	4	10
Totals	36	36	72

Of the 72 infant deaths, 48 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 15 cases death was due to prematurity, representing 21% 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 which operate during the ante-natal period and during the actual process of birth. In 1965 the number of these perinatal deaths was 99 (made up of 56 stillbirths and 43 infant deaths) and represented a rate of 24.5 per 1,000 total births. In 1964 this rate was 26.3.

The perinatal death rate for England and Wales in 1965 was 26.9.

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births	
Number	3,984
Rate per 1,000 population	16·50
Illegitimate Live births (per cent of total live births) ..	5·15
Stillbirths	
Number	56
Rate per 1,000 total live and still births	13·86
Total Live and Still Births	4,040
Infant Deaths (deaths under one year)	72
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	18·07
Legitimate infant deaths per 1,000 legitimate live births	17·99
Illegitimate infant deaths per 1,000 illegitimate live births	19·51
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	12·40
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10·79
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	24·50
Maternal Mortality (including abortion)	
Number of deaths	1
Rate per 1,000 total live and still births	0·25

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 of 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 instruction 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.....	79	90	99	721
Barlby.....	49	27	28	167
Beverley.....	86	129	146	881
Bridlington.....	51	47	52	381
Brough.....	46	57	59	390
Cottingham.....	48	63	81	622
Driffield.....	35	15	23	104
Hessle.....	56	68	77	533
Hornsea.....	43	24	26	139
Market Weighton....	32	28	33	164
Norton*.....	11	3	3	22
Thorngumbald.....	46	42	38	413
Totals.....	582	593	665	4,537

*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 maternity hospitals for patients who have been confined in these institutions.

CONGENITAL MALFORMATIONS

In order that statistics relating to congenital malformations can be obtained on a national basis, arrangements are made for appropriate information to be entered on the official notification of birth card whenever a new born infant appears to have any congenital defects. In most instances the information is supplied by the midwife who completes the birth notification card and is sufficient to provide the details required by the Registrar General

without further enquiries having to be made. During the year 98 abnormalities were reported affecting 76 infants.

Of the 98 congenital defects noted, 21 were defects of the central nervous system and 38 defects of limbs, many of these being minor degrees of club foot.

Of the 76 infants reported as having some congenital defect, 11 were stillborn and 15 died within a year of birth.

"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 noticed and dealt with at the earliest possible moment. In the great majority of cases, of course, no abnormality develops. Since the scheme began 1,290 children have been supervised in this way, 1,076 of whom remained on the register at the end of the year.

MATERNAL MORTALITY

No maternal deaths occurred in the County during the year, but one death which occurred in 1964 is shown in the Registrar General's figures for 1965.

ANTE-NATAL AND POST-NATAL HOSTELS

During the year, 18 unmarried mothers have been provided with accommodation in hostels provided by the York Diocesan Council for Family Welfare and by other Bodies.

INFANT WELFARE CENTRES

Compared with 1964 there have been increases of 671 in the number of children attending, and 1,025 in the total number of attendances at infant welfare centres. The number of children born in 1965 who attended at centres during the year was 2,789. This represents 70% of the registered live births in the County.

As I reported last year, in order to meet the increasing demands for clinic facilities, it has been decided that, during the next ten years, the older of the existing specially provided clinics shall be replaced or improved, and that new clinics should be built in each town or large village where the population was expected to exceed 3,000 in that period. A mobile clinic was also to be provided to give reasonable facilities in the smaller villages. This mobile clinic was brought into use at the end of August 1965, and has proved to be popular with both patients and staff. So far as the fixed clinics were concerned, a site was approved for a clinic at Thorngumbald, work was commenced on the new clinic in Swinemoor, Beverley, and the alterations and improvements were completed at the Driffield clinic.

Consequent upon the decision to provide fixed clinics in the small towns and larger villages, consideration was given to the possible use by general practitioners of the facilities such clinics

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

Name of Centre	Frequency of Sessions	Number of children who attended during the year and who were born in			Number of attendances during year	
		1965	1964	1963-1960	Total	Average
Aldbrough	Every 4 weeks	12	17	34	386	30
Anlaby	Twice weekly	186	167	247	4,494	45
Barlby	Fortnightly	34	36	10	512	20
Beverley	Twice weekly	269	280	157	4,927	50
Beverley (Toddlers Cl.)*	Weekly	6	23	184	327	10
Bilton	Fortnightly	74	109	58	1,980	83
Bishop Burton	Every 4 weeks	6	6	9	116	9
Brandesburton	Every 4 weeks	13	9	26	268	21
Bridlington	Twice weekly	198	161	86	2,623	33
Bridlington (West Hill)	Fortnightly	37	18	32	329	15
Brough	Weekly	87	103	49	2,129	42
Cottingham	Twice weekly	190	185	307	5,265	51
Driffield	Weekly	81	52	20	833	16
Driffield(R.A.F.Station)	Fortnightly	37	38	3	431	16
Dunnington	Every 4 weeks	21	19	19	260	20
Elvington	Every 4 weeks	11	21	9	141	13
Filey	Fortnightly	57	28	51	718	29
Flamborough	Fortnightly	17	8	27	419	16
Flixton	Every 4 weeks	6	5	16	127	10
Fulford	Fortnightly	68	34	20	710	36
Gilberdyke	Every 4 weeks	9	18	19	192	21
Hedon	Fortnightly	31	31	64	505	21
Hessle	Twice weekly	212	228	186	5,634	55
Holme	Fortnightly	17	17	26	393	17
Hornsea	Weekly	98	97	93	2,369	48
Howden	Every 4 weeks	16	28	17	172	22
Hunmanby	Fortnightly	19	26	29	355	14
Keyingham	Fortnightly	35	35	39	631	37
Leconfield	Fortnightly	41	42	48	552	23
Leven	Every 4 weeks	20	20	20	317	26
Little Weighton	Every 4 weeks	13	14	21	254	20
Long Riston	Every 4 weeks	3	13	14	135	17
Market Weighton	Fortnightly	31	35	33	553	37
Newport	Every 4 weeks	4	16	11	106	15
North Cave	Fortnightly	30	32	29	601	23
North Ferriby	Fortnightly	43	49	31	1,165	45
North Newbald	Every 4 weeks	8	11	7	118	15
Norton	Fortnightly	51	30	29	902	33
Pocklington	Fortnightly	24	37	8	345	19
Preston	Fortnightly	17	51	25	442	18
Rillington	Every 4 weeks	9	15	20	195	16
Sherburn	Every 4 weeks	15	8	17	159	13
Skidby	Every 4 weeks	14	16	45	318	24
South Cave	Every 4 weeks	14	18	8	176	22
Stamford Bridge	Every 4 weeks	11	12	16	166	13
Thornhumbald	Fortnightly	56	73	84	1,133	45
Walkington	Every 4 weeks	9	13	20	193	15
Warter	Every 4 weeks	1	6	7	125	14
Welton	Every 4 weeks	26	15	21	248	19
Willerby	Weekly	127	152	211	3,458	69
Withernsea	Weekly	90	66	62	2,029	39
Woodmansey	Every 4 weeks	7	17	26	265	20
Mobile Clinic		278	91	95	2,265	—
Totals		2,789	2,651	2,745	53,466	—

M Centre transferred to mobile clinic during the year.

*Centre closed during year.

might provide, and the Council has agreed in principle, that whenever practicable, and upon terms to be agreed, general practitioners shall be granted surgery facilities in the Council's clinics. It has also been agreed that when it is anticipated that general practitioners will require these facilities in clinics which are to be erected in the future, appropriate accommodation shall be provided for in the plans of these buildings.

For some years general practitioners have been granted free use of clinic premises in which to hold ante-natal clinics for their own patients. Similar facilities now apply to the use of clinics for infant welfare purposes.

At the end of the year 41 infant welfare centres were operating at fixed centres, and the mobile clinic was being used at 36 sites. A total of 174 sessions were being held each month.

DENTAL CARE

Domiciliary midwives have continued to make returns about the dental examination arrangements for patients booked for domiciliary confinements and during the year 598 of these reports were received. These showed that, of this number of expectant mothers, 546 stated that they were attending or intended to go to dentists in private practice for inspection and necessary treatment. Only 8 women requested that treatment should be provided through the County service. In 40 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	28	21	15
Children under five	103	60	52

Forms of the dental treatment provided:

	Expectant and Nursing Mothers	Children under five
Extractions	47	49
General Anæsthetics	5	23
Fillings	33	72
Scalings and gum treatment	6	—
Silver Nitrate treatment	—	1
Radiographs	1	—
Dentures Provided:		
Full Upper or Lower	1	—
Partial Upper or Lower	3	—
Crowns or Inlays	—	—

PREMATURE INFANTS

If an infant at birth weighs $5\frac{1}{2}$ lbs. or less, it is presumed to be premature, and on this basis 185 premature live births and 30 premature stillbirths have occurred during the year. Of these 147 live births and 27 stillbirths occurred among infants born in hospitals and 38 live births and 3 stillbirths in the mothers' own homes or in private nursing homes. Seven of the infants born in their mothers' own homes or in a nursing home were transferred to hospitals.

Of the 185 premature infants born alive, fifteen died before they were twenty-four hours old, nine died when between one and seven days old, and three died before they were four weeks old. Twenty who died were 4 lbs. 6 oz. or less in weight at birth.

Of all births 5.3% were regarded as being premature as compared with 6.1% in 1964. Of the domiciliary births, 4.5% were premature as compared with 3.1% in the previous year, and the percentage of prematures among hospital births fell from 7.1% to 4.8%.

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. Another portable incubator is maintained at the Fulford Maternity Hospital and use can also be made if required of the specially equipped ambulance maintained by the Kingston upon Hull authority.

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 no requests have been made for these articles.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

All requests for help for unmarried mothers are referred to the social worker appointed by the York Diocesan Council for Family Welfare. The Association undertakes this work for the County Council and, in all, during the year they have helped 187 girls and women of whom 153 were new applicants.

In 18 instances admission to a Mother and Baby Hostel was arranged.

During the year 171 of the 187 cases seen by the social worker have been completed with the following results:—

Mothers returned home with child	85
Babies placed for adoption	76
Babies placed in nursery or foster home	5
Babies died or still-born.....	5

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, Filey, Hedon, Hessle, Hornsea, Norton, Pocklington and Willerby. The help given by 73 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	.....	24,429 tins
Cod Liver Oil	.....	3,693 bottles
Orange Juice	.....	41,208 bottles
Vitamin Tablets	.....	3,615 packets

HEALTH VISITING

At the end of the year the whole time staff was made up by 34 health visitor/school nurses, two of whom also undertake district nursing and midwifery work. In addition one health visitor was employed on a part-time basis and four state registered nurses were undertaking part-time duties in clinic and other routine work both in the general and in the school health services.

At the end of the year there were two 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	..... 744
Subsequent visits	..... 365
Visits to infants born in 1965	
First visits	..... 3,840
Subsequent visits	..... 13,641
Visits to children born in 1964	..... 13,584
Visits to children born in 1960 to 1963	.. 23,672
Visits to tuberculosis cases	..... 362
Visits to aged persons	..... 4,444
Visits for care and after-care	..... 455
Visits for other reasons	..... 2,253

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 3,841 infants during the year. No cases of the condition were found.

The arrangements for the "attachment" of health visitors was extended to the practices in the South Holderness area during the year.

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:—

<i>Whole-time staff</i>	
Nurse/midwives	43
Nurse/midwives who also undertake health visiting	2
Midwives	1
Nurses	17
	—
	63
 <i>Part-time Staff</i>	
Nurse/midwives	1
Nurses	1
	—
	2
	—
Total:	65
	—

There were three vacant posts at the end of the year.

Forty-one of the nurses are Queen's Nursing Sisters, as are also the Superintendent and the two Deputy Superintendents of the Home Nursing Service.

Arrangements are made for nurses who have not had special district training to receive that training, and six nurses successfully completed this training during the year.

Nine midwives attended refresher courses during the year.

At the end of 1965 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	9
(b) Property leased from County District Councils.....	16
(c) Property leased from other owners.....	1

Number living in houses owned by themselves or rented from private owners

Number living in lodgings or with relatives.....

Transport

Number using cars provided by the County Council.....

Number using their own cars.....

Number using auto-cycle.....

Domiciliary Nursing

A comparison of the figures shown in the table with those of the previous year shows that visits paid to homes have increased by 6,044 and that the number of cases which the nurses have attended during the year was 189 more than in 1964.

Approximately 61% of the patients nursed were over 65 years old, and almost 69% of the total visits were to patients in this age group. Many of these visits were to patients suffering from chronic illnesses, and out of the total visits almost 44% were to patients who had to be visited on more than twenty-four occasions.

Where they think the need exists domiciliary nursing sisters are authorised to supply the patients with incontinence pads. These are used as a nursing aid and no charge is made. During the year about 22,000 of these pads have been issued. Disposal has to be by burning and so far no difficulties have been experienced in this matter but such difficulties might develop if there is any large extension of all-electric flats in the towns and if smokeless zones are brought into operation.

Of the total visits 26% were made to patients to give injections of various types, no special nursing attention being required.

Arrangements continue to be made whereby selected domiciliary nursing sisters undertake additional special supervisory and advisory duties for patients attending hospital diabetic clinics.

Domiciliary Midwifery

The number of domiciliary midwifery cases attended was 873, a decrease of 101 on the number attended in 1964. The number of ante-natal and lying-in visits for these patients totalled 26,724.

Many women who are confined in hospital are regarded as being fit to be discharged before the end of the normal ten day lying-in period, and an increasing number of patients in the Beverley area are discharged within forty-eight hours after the births of their babies.

In all cases of early discharge arrangements have to be made for domiciliary midwives to continue to provide essential nursing at home until the end of the normal lying-in period and this is especially important in the case of the "forty-eight hour discharges".

In order to achieve this continuing nursing care, cases where early discharge is expected are, whenever possible, notified to the Health Department by the hospitals, usually at the time of booking; the domiciliary midwife who will take over the nursing care after discharge from hospital is then enabled to visit the patient early in her pregnancy and to get to know her before her delivery. At this early visit the midwife can also note any unsatisfactory home conditions, which, if they cannot be remedied, may result in a recommendation being made for the patient to be kept in hospital for a longer period of lying-in. Midwives were called upon to visit 1,403



patients who had been discharged from hospital before the end of the ten-day lying-in period; of these 617 patients were discharged two days after their confinement. These patients required 1,205 antenatal and 10,445 lying-in visits.

The adoption of the forty-eight hour discharge arrangements does not fully satisfy the increasing preference of women for hospital confinement, and from the midwives' point of view the arrangements have certain disadvantages; the hospital midwife has the strain imposed by a large number of deliveries and a quick turnover of beds, and the domiciliary midwife loses contact with the patients at the time of their confinements.

In view of these problems the Local Maternity Liaison Committee has for some time been enquiring into the possibility of applying a scheme whereby the East Riding Group Hospital Management Committee might make available at the Westwood Hospital three or four rooms with associated sterilising and sluice facilities which could be used as a simple but adequate delivery unit. Any woman living at Beverley or in the immediately surrounding area who would normally be considered suitable for a home confinement could, instead, if she so wished, be admitted to this hospital delivery unit for her confinement and would be attended by her family doctor and domiciliary midwife in exactly the same way as would apply in a home confinement. If anything went wrong during the delivery all the hospital facilities would immediately be available and admission to a hospital bed arranged. If, however, everything was normal, mother and baby would be returned home by ambulance about six hours after the birth and the midwife would continue with the lying-in nursing care just as she would in the usual domiciliary case.

With the opening of the new maternity section at the Westwood Hospital, the Hospital Management Committee considered that accommodation elsewhere in the hospital would be released which would be suitable for a delivery unit of this type and, subject to the approval of the Regional Hospital Board, they were accordingly prepared to support the adoption of a pilot scheme on the lines suggested by the Maternity Liaison Committee. The Health Committee also approved in principle an arrangement whereby domiciliary midwives would deliver their patients in the hospital 'out patients' delivery unit instead of in patients' own homes, subject to it being found possible to overcome the legal difficulty which at present, except in conditions of emergency, bars Local Health Authority domiciliary midwives from working in hospitals unless they hold joint appointments with the hospital authority.

This suggested pilot scheme has not as yet materialised as the Regional Hospital Board is of the opinion that it should be deferred until the effect of the additional maternity beds in the Beverley area can be evaluated.

The percentage of domiciliary live and still births for the County as a whole was 21%, compared with 24% in 1964. 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.	323	85	26
Bridlington M.B.	364	9	2
Driffield U.D.	128	16	13
Filey U.D.	64	21	33
Haltemprice U.D.	838	194	23
Hedon M.B.	45	7	16
Hornsea U.D.	81	30	37
Norton U.D.	87	16	18
Withernsea U.D.	90	8	9
Aggregate of U.D.s	2,020	386	19
Beverley R.D.	464	121	26
Bridlington R.D.	130	17	13
Derwent R.D.	276	79	29
Driffield R.D.	174	26	15
Holderness R.D.	416	60	14
Howden R.D.	195	82	42
Norton R.D.	114	15	13
Pocklington R.D.	251	64	25
Aggregate of R.D.s	2,020	464	23
Total County	4,040	850	21

At the end of the year, 47 County domiciliary midwives were suitably qualified to administer analgesia. During the year four cases were given gas and air and 702 were given "trilene" during their confinements, i.e. 81% 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 397 domiciliary births were attended by midwives, no doctor being present. This represents 45% of the domiciliary births in the County.

In all 183 midwives notified their intention to practise in the East Riding during 1965. At the end of the year there were 141 midwives in practice, 49 of whom were employed in the County service, and 92 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	35	144	179
Notification of infant death	6	1	7
Notification of stillbirth	28	5	33
Liability to be a source of infection..	—	5	5

The number of medical help forms received from midwives in domiciliary practice was equivalent to 36% 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 shows the number of vaccinations and re-vaccinations in respect of which returns have been received for the year 1965.

Four hundred and seventy three vaccinations and fifteen re-vaccinations were given at infant welfare centres.

Records of vaccination are only requested in respect of children under the age of sixteen years.

District	No. of Live Births	Primary Vaccinations						Re-Vaccinations					
		Under 1	1 year	2 to 4	5 to 14	15	Totals	Under 1	1 year	2 to 4	5 to 14	15	Totals
Beverley M.B.	318	47	62	25	—	—	134	—	—	2	4	—	6
Bridlington M.B.	361	48	46	20	2	—	116	—	—	1	8	3	12
Driffield U.D.	125	11	52	12	—	—	75	—	—	10	14	—	24
Filey U.D.	63	2	28	7	—	—	37	—	—	—	1	—	1
Haltemprice U.D. . .	830	118	215	27	14	—	374	—	—	7	14	6	27
Hedon M.B.	45	2	20	1	—	—	23	—	—	—	—	—	—
Hornsea U.D.	81	7	30	3	4	—	44	—	—	1	1	—	2
Norton U.D.	84	10	27	2	—	—	39	—	—	—	1	—	1
Withernsea U.D. . . .	90	43	27	8	—	—	78	—	—	1	3	1	5
Beverley R.D.	459	122	135	43	3	—	303	—	—	6	10	—	16
Bridlington R.D. . . .	128	11	30	6	6	—	53	—	—	1	3	—	4
Derwent R.D.	271	17	102	16	3	1	139	—	—	—	—	—	—
Driffield R.D.	168	11	77	15	4	—	107	—	—	18	31	—	49
Holderness R.D. . . .	409	86	160	23	3	—	272	—	—	2	11	2	15
Howden R.D.	192	101	30	3	4	—	138	—	—	—	1	—	1
Norton R.D.	114	5	29	5	—	—	39	—	—	—	—	—	—
Pocklington R.D. . . .	246	52	56	27	2	—	137	—	—	1	6	2	9
Totals	3,984	693	1126	243	45	1	2,108	—	—	50	108	14	172

IMMUNISATION AGAINST DIPHTHERIA

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

	Aged under 5	Aged 5— 15 years	Total	Reinforce- ment Injections
By General Practitioners . . .	2,585	74	2,659	1,559
At Infant Welfare Centres or at Special Sessions	1,044	270	1,314	3,846
Totals	3,629	344	3,973	5,405

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

District	Primary Immunisation			Rein- forcement Injections
	Under 5	5—15	Totals	
Beverley M.B.	344	43	387	577
Bridlington M.B.	287	21	308	263
Driffield U.D.	102	1	103	81
Filey U.D.	62	5	67	59
Haltemprice U.D.	717	83	800	1,681
Hedon M.B.	42	3	45	117
Hornsea U.D.	80	9	89	148
Norton U.D.	74	1	75	68
Withernsea U.D.	116	16	132	138
Beverley R.D.	460	49	509	754
Bridlington R.D.	78	5	83	73
Derwent R.D.	229	10	239	231
Driffield R.D.	151	10	161	106
Holderness R.D.	362	56	418	702
Howden R.D.	206	18	224	80
Norton R.D.	98	9	107	169
Pocklington R.D.	221	5	226	158
Totals	3,629	344	3,973	5,405

Primary immunisations against diphtheria were 370 more than in 1964 and the number of reinforcement injections was 987 more than the previous year's figures.

So far as immunisation against diphtheria is concerned, the records indicate that by the end of 1965, 80.8% of the children born in 1964 had been immunised.

As with vaccination against smallpox records of immunisation are only being requested in the case of children up to the age of sixteen years.

PROTECTION AGAINST WHOOPING COUGH AND TETANUS

All children can receive protection against whooping cough and tetanus, and this protection is usually given at the same time as they are immunised against diphtheria.

Whooping Cough

During the year, 3,699 children received primary courses of anti-whooping cough injections and 2,334 received "booster" injections. These numbers are made up as follows:—

	Primary	Booster
Combined Diphtheria and Whooping Cough	1	2
Combined Diphtheria, Whooping Cough and Tetanus	3,698	2,332
Totals	3,699	2,334

The protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 80.4% of the children born in 1964 have had prophylactic injections against this disease.

Tetanus

During the year 5,081 children received a primary course of tetanus toxoid injections and 4,412 received 'booster' injections. These numbers were made up as follows:—

	Primary	Booster
Tetanus toxoid.....	1,123	177
Combined Diphtheria and Tetanus vaccine..	260	1,903
Combined Diphtheria, Whooping Cough and Tetanus vaccine.....	3,698	2,332
Totals	5,081	4,412

Of the children born in 1964 records show that 80.9% have received protection against tetanus.

Records of inoculations are now only required in respect of children under 16 years of age.

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, 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 3,370 eligible children. Parents of 2,513 (74.6%) children requested participation in the scheme, and of these acceptors, 2,272 were eventually Mantoux tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,741 (76.6%) were negative and therefore required vaccination, and 1,726 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 1965 the numbers of children given primary courses or reinforcing doses were as follows:—

	Salk Vaccine	Oral Vaccine	Total
<i>Primary Courses:</i>			
Children born in 1965.....	33	592	625
Children born in 1964.....	148	2,291	2,439
Children born in 1963.....	22	478	500
Children born in 1962.....	13	238	251
Children born in 1958-61....	17	323	340
Others under 16 years of age.	3	110	113
Totals	236	4,032	4,268
<i>Reinforcing Doses:</i>			
Children born in 1965.....	—	—	—
Children born in 1964.....	110	22	132
Children born in 1963.....	61	15	76
Children born in 1962.....	13	17	30
Children born in 1958-61....	579	1,982	2,561
Others under 16 years of age.	36	356	392
Totals	799	2,392	3,191

By the end of 1965 74.5% of the children born in 1964 had received a primary course of either Salk or oral vaccine.

AMBULANCE SERVICE

At the end of the year sixty whole-time driver/attendants were being employed, and the Council's fleet of vehicles consisted of 21 ambulances and 23 dual purpose vehicles, the latter being used mainly for sitting case work.

During the year a small increase in the staff at the Howden Station was made. Also during the year extensions to the Hessle, Howden and Pocklington Stations were completed, and work commenced on the building of the new station at Filey.

A reference to the table printed below will show that, although compared with 1964 there was little change so far as calls for the transport of cases of acute and general illnesses were concerned, there has again been a large increase in ambulance work for patients being discharged from hospital and for out-patients. There have also been further increases in the numbers of sub-normal persons carried to and from training centres and in the numbers of handicapped people transported to and from club facilities.

Of the total mileage 92%, or just over 850,000 miles was covered by the County fleet of 44 vehicles, the average annual mileage per vehicle being just over 21,000.

The following tables give details of the various types of work done by the service as a whole and by the various sections during 1965:—

Types of case	1964	1965	Increase or decrease in 1965 as compared with 1964
1. Accident	2,450	2,574	+124
2. Acute illness	2,637	2,614	—23
3. General illness	4,304	4,429	+125
4. Maternity	1,107	1,119	+12
5. Tuberculosis	10	8	—2
6. Infectious disease	59	43	—16
7. Mental illness	250	257	+7
Totals (Items 1-7)	10,817	11,044	+227
8. Inter-hospital transfers	2,210	2,333	+123
9. Hospital discharges	4,416	5,456	+1,040
10. Out-patient and Clinic attendances	75,883	80,840	+4,957
Totals (Items 8-10)	82,509	88,629	+6,120
11. Other Cases	25,292	29,386	+4,094
Grand Totals: Cases	118,618	129,059	+10,441
Journeys	26,073	26,725	+652
Mileage	868,776	927,156	+58,380
Average patients per journey	4.5	4.8	—
Average miles per journey	33.3	34.7	—
Average miles per patient	7.3	7.2	—

Station	Journeys	Patients	Mileage	Average mileage per journey	Average mileage per patient
<i>Ambulances</i>					
Beverley	2,363	16,114	84,308	35.7	5.2
Bridlington	2,419	9,301	49,580	20.5	5.3
Driffield	910	2,531	17,497	19.2	6.9
Filey	422	792	11,701	27.7	14.8
Hessle	2,787	14,826	82,095	29.5	5.5
Hornsea	568	1,712	19,967	35.2	11.7
Howden	605	3,548	30,090	49.7	8.5
Pocklington	823	3,572	40,847	49.6	11.4
Withernsea	781	4,348	37,650	48.2	8.7
W.R., Selby	1,073	3,452	30,156	28.1	8.7
N.R., Malton....	355	927	9,629	27.1	10.4
York C.B.	259	290	2,161	8.3	7.5
Hull C.B.	165	187	2,261	13.7	12.1
Other Authorities	2	2	59	29.5	29.5
Totals for ambulances	13,532	61,602	418,001	30.9	6.8
<i>Sitting Case Cars</i>					
Beverley	1,490	10,394	56,210	37.7	5.4
Bridlington	2,359	7,909	52,959	22.4	6.7
Driffield	1,575	5,179	42,617	27.1	8.2
Filey	1,160	6,006	51,953	44.8	8.7
Hessle	1,314	9,540	42,322	32.2	4.4
Hornsea	1,428	7,608	63,690	44.6	8.4
Howden	921	4,752	48,591	52.8	10.2
Pocklington	1,075	5,978	63,443	59.0	10.6
Withernsea	918	6,757	54,541	59.4	8.1
York C.B.	5	6	29	5.8	4.8
Hull C.B.	8	8	107	13.4	13.4
Voluntary Car					
Pool.....	37	143	1,337	36.1	9.3
N.R., Malton....	848	3,120	23,843	28.1	7.6
Other Authorities	4	4	73	18.3	18.3
Totals for sitting case cars	13,142	67,404	501,715	38.2	7.4
Train	51	53	7,440	145.9	140.4
Grand Totals ...	26,725	129,059	927,156	34.7	7.2

DOMESTIC HELP SERVICE

The number of cases provided with domestic help during the year has risen from 1,362 to 1,465. For these cases 269,765 hours of work were given, an increase of 2% on the figure for the previous year. Excluding the confinement cases, almost 89% of the people receiving help were over 65 years old.

The following figures refer to the service given in 1965:

No. of households receiving service at the beginning of 1965	807
New cases helped during the year	658
	1,465
Total households receiving service	1,465

Reason for requiring domestic help:

Confinements	200
General illness	105
Chronic illnesses or old age.....	1,153
Mental illness	7

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 to some extent 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 1,196 articles were loaned under these arrangements. Hospital type beds and special mattresses, etc. were on loan through this service to 24 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

A "foot comfort" service for elderly people is provided by the Women's Voluntary Service and certain other old people's organisations, the service organised by the W.V.S. through Darby and Joan Clubs being available to all old people of pensionable age irrespective as to whether they are members of the Clubs. The County Welfare Officer informs me that at the end of 1965 there were 66 of these services in existence at which 1,650 old persons were receiving treatment. In the majority of areas chiropody sessions are held once a month and nowhere less frequently than once in every six weeks. In nine of the more populated areas sessions are held weekly.

The Health Committee's scheme covers persons needing chiropody for medical reasons but in all but a few instances the patients referred have been elderly people in whom the general disabilities of old age were combined with other illnesses.

have been such that travel to and from clinics or chiropodists' surgeries was not practicable, and as a consequence it has been necessary to provide domiciliary treatment for them.

In view of the steadily increasing demands for chiropody treatment for this group of people it was decided to appoint a whole-time chiropodist, and he took up his duties in September 1965. His work has been mainly concerned with those patients requiring domiciliary treatment, and the majority of the patients still being treated by arrangements with chiropodists in private practice are those who are able to attend at the chiropodists' surgeries.

In all, during the year 2,619 treatments were given, and at the end of the year 292 patients were being treated by the whole-time chiropodist and 217 by chiropodists in private practice.

CERVICAL CYTOLOGY

For some time, usually as a routine, smears for the early detection of the presence of cancer of the neck of the womb have been taken from women attending hospital gynaecological clinics and from women attending Family Planning Association clinics. In a number of instances specimens have also been submitted from patients who have attended their general practitioners. Owing to the increasing demand for this examination, early in 1965 it was agreed that the County Council should provide facilities so that eventually all women between the ages of 25 and 65 should be able to be tested every five years and that, initially, sessions for taking the necessary specimens should be held in Anlaby, Beverley and Bridlington. Information was later received to the effect that the Council's scheme made under Section 28 of the National Health Service Act would have to be amended appropriately before this new service could be provided, and it was not until early in October that these clinics could be opened. Initially the use made of these facilities was small but gradually increased and by the end of the year 184 women had attended. Of these in 181 cases the result of the examination was negative and in the other three cases it was doubtful and justified further investigation.

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 41 individual cases dealt with.

EPILEPSY AND SPASTIC PARAPLEGIA

On the register of handicapped persons maintained by the County Welfare Officer there are 35 epileptics and 19 spastics. Of the 35 epileptics, 4 are in residential accommodation provided by the

Welfare Authority and 4 are in colonies. Of the 19 spastic cases, 18 are in their own homes, and one is in a home provided by a voluntary organisation.

In addition, there are 21 epileptics and 5 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, 28 children and 47 adults are known to be epileptics, and 28 children and 19 adults are known to suffer from a degree of spastic paraplegia. Of these, 8 child and 32 adult epileptics and 8 child and 12 adult spastics are in hospitals.

Among educable children of school age, 14 epileptics and 17 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.

The Deputy Superintendent Nursing Officer, who has a special responsibility for health education, has again been able to extend the activities in this field.

In addition to the general health education given by health visitors and midwives to small groups attending ante-natal instruction classes and infant welfare centres, talks have been given to other groups of people on various health subjects, including the prevention of accidents, of cancer and of venereal disease. More use has been made of films; the film "To Janet, a Son" has been shown regularly throughout the year, and films dealing with venereal disease and menstrual hygiene have been seen and discussed by several groups of teachers.

In the Haltemprice Health Division, with the agreement of staff and parents, talks on venereal diseases have been given to senior pupils at two schools, and in the Holderness Health Division the consultant venerealologist gave talks on venereal disease to senior girls in the Beverley High School. The film "Quarter Million Teenagers" was shown on this occasion. This film and another entitled "Learning to Live" have also been shown to three youth clubs in association with talks on venereal disease.

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 375 blind and 78 partially sighted persons on the register. The distribution of these persons according to sex and age is shown in the following table:

Age Period	Blind			Partially Sighted			
	Males	Females	Total	Males	Females	Total	
0—4	—	—	—	—	—	—	
5—10	1	1	2	}	—	—	
11—15	2	1	3		5	1	6
16—20	2	3	5		2	2	4
21—29	2	3	5		3	3	6
30—39	7	3	10		2	—	2
40—49	18	9	27	3	2	5	
50—59	22	8	30	3	1	4	
60—64	9	11	20	3	3	6	
65—69	14	20	34	2	3	5	
70 and over ..	76	163	239	16	24	40	
Totals ...	153	222	375	39	39	78	

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 1965:

Age Period	Blind			Partially Sighted				
	Males	Females	Total	Males	Females	Total		
Under 1	10	12	22	}	8	6	14	
1	2	1	3		}	—	—	—
2	1	—	1			2	—	2
3	2	2	4			—	—	—
4	—	1	1			1	3	4
5—10	8	3	11	—	—	—		
11—15	4	1	5	—	—	—		
16—20	3	4	7	—	—	—		
21—29	11	7	18	2	—	2		
30—39	12	4	16	2	1	3		
40—49	15	13	28	3	2	5		
50—59	17	19	36	3	2	5		
60—64	7	25	32	2	3	5		
65—69	11	13	24	4	2	6		
70 and over ..	48	117	165	11	19	30		
Unknown.....	2	—	2	1	1	2		
Totals ...	153	222	375	39	39	78		

During the year a total of 94 persons were examined for the first time and of these 57 were admitted to the register of blind persons, 23 were admitted to the partially sighted register and 14 were not considered to be certifiable.

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	18	33	57
Partially Sighted ...	—	—	1	4	1	9	8	23

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

	Blindness	Partial Sight
Cataract and lens opacities.....	21	6
Retinitis.....	1	1
Retinopathy.....	2	—
Optic atrophy.....	1	—
Choroi-retinal degeneration.....	—	1
Glaucoma.....	10	3
Macular degeneration.....	8	4
Macular oedema.....	1	—
Diabetic retinopathy.....	2	2
Choroiditis.....	4	1
Choroidal Sclerosis.....	1	1
Myopia.....	1	—
Vascular degenerative changes.....	1	—
Thrombosis of central retinal vein.....	1	2
Abiotrophy of macula.....	—	1
Retinal degeneration.....	1	—
Iridocyclitis.....	1	—
Iritis.....	1	—
Pseudo xanthoma elasticum.....	—	1
Totals.....	57	23

Follow-up of registered blind and partially sighted persons:

No. of cases registered during the year in respect of whom Form B.D.8 recommended:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment.....	4	4	—	22
(b) (i) Medical treatment.....	1	1	—	7
(ii) Surgical treatment.....	6	1	—	—
(iii) Optical treatment.....	—	—	—	2
(iv) Ophthalmic medical supervision.....	16	7	—	9
No. of cases shown under (b) above who have received treatment:				
(i) Medical.....	1	1	—	7
(ii) Surgical.....	2	—	—	—
(iii) Optical.....	—	—	—	2

Two of the cases recommended for surgical treatment have since died and one case has been de-certified as a result of treatment.

Ophthalmia Neonatorum

No cases of ophthalmia neonatorum occurred during the year.

MENTAL HEALTH

MENTALLY SUB-NORMAL PATIENTS

At the end of 1965 there were 712 patients known to be receiving advice or care. Of these 325 were accommodated in hospitals. The remaining 387 were living in the community and to these the mental welfare officers paid 2,025 advisory or supervisory visits during the year.

Patients in hospital

During the year 9 patients made up of 3 children and 6 adults were admitted to hospital on a long stay basis and 17 patients were admitted for periods of short term care, usually to give their parents an opportunity for a rest or holiday. At the end of the year there were 24 cases awaiting admission to hospital of whom 14 were regarded as being in urgent need of hospital care.

The age and sex distribution of the patients in hospital was as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	28	10	38
Aged 16 years and over...	159	128	287
	—	—	—
Totals	187	138	325
	—	—	—

Patients in the community

During the year 53 new cases were notified from various sources, this number being made up as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	16	14	30
Aged 16 and over.....	15	8	23
	—	—	—
Totals	31	22	53
	—	—	—

The age and sex distribution of the patients in the community was as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	63	37	100
Aged 16 and over.....	144	143	287
	—	—	—
Totals	207	180	387
	—	—	—

The Driffield Junior Training Centre has continued to be in full use and at the end of the year 58 trainees were attending. As there were no suitable children awaiting admission, 11 of these were trainees who had attained the age of 16 years and who were allowed to remain at the Centre until the Adult Training Centre facilities in Beverley become available in the autumn of 1966.

The County ambulance service continues to be used to transport children between their homes and the Centre and, for those able to attend on a daily basis, return journeys are organised from Beverley, Bridlington, Filey and Hornsea. Some children live in places which are too far away or are too isolated to make daily

transport to and from Driffield possible and, for these, arrangements are made for them to stay in the Hostel from Monday to Friday, returning to their homes at the weekends. At the end of the year seventeen children were resident in the Hostel.

The members of the staffs of the Centre and the Hostel have continued to receive help from groups of people, especially in Driffield, who are interested in the work which is being done and many useful gifts have been received which have been much appreciated by the children.

In addition to the Centre at Driffield, use continues to be made of places in the Junior and Adult Centres provided by the Kingston upon Hull and York Corporations and by the West Riding County Council.

A part-time Day Centre for up to twelve children suffering from severe mental subnormality continues to function on three mornings a week at the Health Services Clinic at Cottingham.

The training arrangements and the numbers of persons involved at the end of the year were as follows:—

Junior Training Centres

Driffield	58
Kingston upon Hull.....	19
York	1
	—
Total	78
	—

Adult Training Centres

Kingston upon Hull.....	16
Rawcliffe.....	1
York	5
	—
Total	22
	—

<i>Home Training</i>	15
<i>Part-time Day Centre</i>	8

MENTALLY ILL PATIENTS

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

<i>Home Visits</i>	7,770
<i>Hospital admissions:</i>	
Admissions for observation (Section 25).....	26
Admissions for treatment (Section 26)	6
Emergency admissions (Section 29).....	110
Informal Admissions	174
<i>Attendances at Hospitals or Out-patient clinics</i> ...	436

During the year 440 new cases were referred to mental welfare officers and at the end of the year 603 patients were receiving supportive visits in their homes.

One patient was maintained by the Council for a short period in the Howe Hill Hostel run by the York Authority.

At the end of the year 10 patients were attending the Mental Health Social Club at Bridlington, but the Social Club in Haltemprice has been closed owing to a lack of patients attending. This will be re-opened as soon as it is clear that there will be a sufficient number of regular attenders.

STAFF

The field staff of the mental health service was made up of six mental welfare officers and a mental health social worker with the part-time services of a psychiatric social worker.

FUTURE DEVELOPMENT OF THE HEALTH SERVICES

In 1962 the Minister of Health requested all Local Health Authorities to prepare a development programme for their health services for the next ten years and to review and extend this programme each year so that it always covered the decade ahead.

The programme which was prepared was reviewed in 1963 and again in 1964, and changes were made in order to keep in line with new developments. In 1965 the Minister requested a further review for the period from 1966 to 1976. This review was to be based on existing County boundaries, and had to take into consideration the County Council's own experience in the growing needs of the different services, the planned developments of the hospital services, and the importance of a close relationship between general medical practice and the domiciliary services.

These factors had been considered in the review made in 1964, details of which were given in my annual report for that year and, apart from a suggested new clinic in Willerby and some additional staff requirements, the changes made in the 1965 review were mainly re-timings of building projects to make them fall in with changed opinions as to priorities and to refer rather more realistically to what should prove to be capable of practical achievement, having regard both to delays which have already occurred and to the recommendations of the Ministry of Housing and Local Government then being made about the deferment of expenditure.

The amended development scheme for the period 1966 to 1976 is set out below.

Year	Staff	Equipment	Buildings
1966/67	2 Health Visitors 1 District Nurse 1 Mental Welfare Officer (in lieu of one Trainee Officer) 1 Chiropodist 10 Staff for Adult Training Centre 3 Ambulance Driver/Attendants 1 Transport Officer, Hull Royal Infirmary 3 Ambulance Night-Control Staff	3 Ambulances	Pocklington—Divisional Health Office and Clinic Thorngumbald—Small Clinic and Nurse's flat Brough—Small Clinic and Nurse's flat Driffield—Additional Classroom, Junior Training Centre
1967/68	2 Health Visitors 2 District Nurses 1 Attendant, Junior Training Centre	—	Bridlington—Divisional Health Office and Clinic Hessle—Clinic Hornsea—Small Clinic and Nurse's flat Norton—Small Clinic and Nurse's flat
1968/69	2 Health Visitors 1 District Nurse 1 Chiropodist	—	Beverley—Divisional Health Office and Lord Roberts Road Clinic (including Child Guidance Clinic) Howden—Clinic and Nurse's flat Home for Mentally Disturbed Elderly Persons
1969/70	3 Health Visitors 1 District Nurse 2 Ambulance Driver/Attendants	1 Ambulance	Market Weighton—Small Clinic and Nurse's flat South Cave—Small Clinic and Nurse's flat
1970/71	1 Medical Officer 2 Health Visitors 2 District Nurses 8 Staff for Home for Mentally Disturbed Elderly Persons	—	Willerby—Clinic Hedon—Small Clinic and Nurse's flat Hedon—Ambulance Station Junior Training Centre
1971/72 to 1975/76	10 Health Visitors 3 District Nurses 2 Mental Welfare Officers 1 Chiropodist 4 Ambulance Driver/Attendants 4 Staff for Junior Training Centre 6 Staff for Adult Training Centre	2 Ambulances	4 Small Clinics and Nurse's flats in Filey, Hunmanby, North Ferriby and Heslington Adult Training Centre Cottingham—extension Clinic

REGISTRATION OF NURSING HOMES

At the end of the year there was one private nursing home registered providing beds as follows:

Medical and surgical..... 17

Thirty three patients were admitted to this home during the year, 4 of whom were medical and 29 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 thirteen nurseries, providing accommodation for 317 children, and eighteen daily minders, offering places for 263 children, were registered.

Section 3. – Sanitary Circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

Fluoridation of the Public Water Supplies

The County is dependant upon five water undertakings for public water supplies and these, in turn, depend on many separate sources for the water they provide. The natural fluoride content of the water from these various sources varies between 0.04 and 0.12 parts per million as compared with an amount of 1.0 parts per million which is regarded as being the optimum for the prevention of dental decay in young children. During the year the Health Committee considered the question of the addition of fluoride to make up for these varying deficiencies in the natural levels, and decided that consideration of the question should be deferred until an assessment can be made of the steps which would be required to enable such additions to be generally introduced.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1965

During 1965, 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 and Water Boards 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 R.D.....Extension of existing sewerage and sewage disposal facilities in the parishes of Swanland and North Ferriby.
- Derwent R.D.....Extension of existing sewerage facilities at Dunnington.
- Holderness R.D.....Provision of sewerage facilities for properties and camps adjacent to Hollym Road in that area of the parish of Hollym which lies immediately south of the boundary of the Withernsea Urban District.
Provision of sewerage and sewage disposal facilities for the village of Withernwick.
Provision of sewerage and sewage disposal facilities for the villages of Preston and Paul and the area in the vicinity of Princes Avenue in the parish of Preston.
- Howden R.D.....Provision of sewerage facilities for 13 properties in Landing Lane and Canal Side West, Newport.
Provision of sewerage and sewage disposal facilities for the parish of Holme-upon-Spalding-Moor.
- Norton R.D.....Provision of sewerage and sewage disposal facilities for the village of West Heselton.
- Pocklington R.D.....Provision of joint sewerage and sewage disposal facilities for the parishes of Sutton-upon-Derwent, East Cottingwith, Thornton, Bielby, Everingham and Seaton Ross at the disposal works at Melbourne.
- East Yorkshire (Wolds Area)
Water Board.....Provision of mains water supply to three cottages in Church Lane, Watton.
Provision of mains water supply to three properties in Bempton Short Lane, Bridlington.
- Pontefract, Goole and Selby
Water Board.....Provision of mains water supply to three properties in Landing Lane, Hemingbrough.

However, in the case of a scheme submitted by the Haltemprice Urban District Council for providing sewerage facilities for five properties in Dunswell Lane on the west side of the Barmston Drain at Dunswell, which was considered necessary in order to prevent the possible risk of contamination of a nearby source of water supply, the County Council, for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944, indicated to the District Council that a sixth property adjacent to the water supply source should be included in the scheme.

The County Council undertook to make contributions under these Acts to the under-mentioned authorities in respect of schemes of sewerage and sewage disposal and water supply:—

- Beverley M.B.....Provision of piped water supply to the village of Weel (contribution considered annually).
- Hedon M.B.....Hedon Sewerage and Sewage Disposal Scheme.

- Beverley R.D.....Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).
- Derwent R.D.....Deighton Sewerage and Sewage Disposal Scheme.
Riccall Sewerage and Sewage Disposal Scheme.
Wheldrake Sewerage and Sewage Disposal Scheme.
- Driffield R.D.....Regional Water Supply Scheme (contribution considered annually).
North Frodingham Sewerage and Sewage Disposal Scheme.
- Holderness R.D.....Skirlaugh Sewerage and Sewage Disposal Scheme.
- Howden R.D.....Eastrington, Laxton and Kilpin Pike Sewerage and Sewage Disposal Scheme.
Trunk link main from Spaldington Water Tower to Howden (contribution considered annually).
Water main extensions in ten parishes in the Rural District (contribution considered annually).
Water Supplies Co-ordination Scheme (contribution considered annually).
- Norton R.D.....Scampston Sewerage and Sewage Disposal Scheme.
West Heslerton Sewerage and Sewage Disposal Scheme.
- Pocklington R.D.....Water Supplies Co-ordination Scheme (contribution considered annually).
Water main extension in the parish of Kirby Underdale (contribution considered annually).
- East Yorkshire (Wolds Area)
Water Board.....Provision of mains water supply to three cottages in Church Lane, Watton.
- Pontefract, Goole and Selby
Water Board.....Provisions of mains water supply to three properties in Landing Lane, Hemingbrough.

LOCAL GOVERNMENT ACT, 1958

The Haltemprice Urban District Council submitted an application under Section 56(1) of the Local Government Act, 1958, for a contribution in respect of the financial year 1964/65 towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme, but no contribution was made by the County Council.

WATER ACT, 1945 AND 1958

On the 28th July, 1965, the Minister of Housing and Local Government made the Sheffield (Yorkshire Derwent) Water Order, 1965, which (inter alia) authorised the Sheffield Corporation to take 10 million gallons of water per day from the River Derwent in addition to the 15 million gallons per day which the Corporation were already authorised to take by the Sheffield Water Order, 1961.

Following a local Inquiry into an application by the Kingston upon Hull Corporation to the Minister of Housing and Local Government for authority to take, for a period of not exceeding six months, additional water from the River Hull for the purpose of its water undertakings, the Minister made the Kingston upon Hull Water (Drought) Order, 1965, which took effect on the 27th October, 1965.

PUBLIC HEALTH ACT, 1936

In December, 1965, a draft Order was received from the Minister of Housing and Local Government which the Minister proposed to make under Section 9(2) of the Public Health Act, 1936, the effect of such Order being to transfer the water undertaking of the Norton Urban District Council to the Ryedale Joint Water Board. At the time of writing this report the Order had not been made.

HOUSING

The number of houses completed during 1965 was 2,202. Of these 313 were built by the District Councils and 1,889 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 1965:

District	Houses Completed		In course of Erection	
	Council	Private Enterprise	Council	Private Enterprise
Beverley M.B.	1,088	988	—	101
Bridlington M.B.	838	1,946	—	43
Hedon M.B.	144	131	—	—
Driffield U.D.	167	401	—	27
Filey U.D.	313	490	2	33
Haltemprice U.D.	2,040	4,174	—	253
Hornsea U.D.	351	564	—	13
Norton U.D.	287	191	—	11
Withernsea U.D.	329	117	—	8
Beverley R.D.	1,128	2,311	24	120
Bridlington R.D.	355	312	—	20
Derwent R.D.	557	1,548	18	121
Driffield R.D.	336	341	36	15
Holderness R.D.	940	1,896	17	110
Howden R.D.	585	434	72	50
Norton R.D.	424	165	4	6
Pocklington R.D.	933	669	47	38
Totals	10,815	16,678	220	969

Section 4. – Inspection and Supervision of Food

FOOD AND DRUGS ACT, 1955

REPORT OF THE CHIEF SAMPLING OFFICER

The County Council is the Food and Drugs Authority for all areas of the County except the Haltemprice Urban District, and as such, has a duty to ensure that food products on sale to the public are pure and of genuine quality and are correctly labelled and described.

Compositional standards are imposed by Regulations for a number of foods, Codes of Practice have been agreed in respect of others and some form of control or restriction of food additives such as colouring matter, preservatives, antioxidant or mineral content are also imposed on all foods.

Section 2 of the Food and Drugs Act creates an offence where any food or drug is sold which is not of the nature, substance or quality demanded by the purchaser, and it is mainly under this section that legal proceedings are brought where infringements occur.

In spite of certain staffing difficulties, 491 samples were obtained and submitted for analysis by the Public Analyst during the year. A summary of these samples is given below:—

	No. of samples taken	No. of samples found to be Unsatisfactory
Beverages (including tea, coffee, minerals, fruit juices, squashes)	35	1
Cereals	1	—
Confectionery	52	4
Drugs	8	—
Fats (including butter and cheese)	11	—
Fish and meat products (including sausages) ..	80	15
Fruit and vegetable products, (fresh, canned and frozen)	23	—
Milk	232	20
Milk products	18	—
Pickles	2	—
Preserves	8	1
Seasonings	6	—
Miscellaneous	15	1
Totals	491	42

Legal proceedings were instituted in three instances. Two of these were in respect of milk which contained extraneous water. The other concerned a bottle of milk which contained fragments of broken glass. These samples were taken from the same producer and he was fined a total of £25 for the three offences.

All other infringements were brought to the notice of the producer concerned and in most cases, assurances were obtained that every endeavour would be made to comply with the requirements of the Act and Regulations in the future.

These infringements included:—

- (1) Canned meat products, potted meat, sausages and polony—deficient in meat.
- (2) Butter Madeira Cake—fat content not wholly butter fat. The Manufacturer—supported by his trade association—does not agree that this description implies a product containing 100% butter fat. A code of practice is currently being considered by the Local Authorities Joint Advisory Committee on Food Standards and further action has been deferred.
- (3) Mincemeat—deficient in soluble solids.
- (4) Fruit Juice—deficient in vitamin 'C' content.
- (5) Milk samples—18 milk samples were reported to contain small quantities of extraneous water or to be deficient in fat. Eight were from the same producer who is now receiving advice and assistance from the Divisional Officers of the Ministry of Agriculture, Fisheries and Food with a view to improving his quality standards. Of the remaining 10 samples, 4 were from "bulk farm milk" consigned to a pasteurising dairy. The dairy has now commenced regular testing of incoming milk and is rejecting any falling below the minimum standard required. The remaining unsatisfactory samples were followed up and all proved satisfactory.
- (6) Pie Filling—small winged insect found in the folds of the wrapper.
- (7) Two minor labelling infringements.

The average standards of the 232 milk samples were:—

	% Fat	% Solids not fat
Untreated milk.....	3.674	8.728
Pasteurised milk.....	3.728	8.714
Channel Island milk.....	5.044	9.153
Sterilised milk.....	3.708	8.786

The Sale of Milk Regulations require milk to contain at least 3% fat and 8.5% solids not fat. The Channel Islands and South Devon Milk Regulations require at least 4% fat.

Sampling has been extended to include the testing of milk for the presence of antibiotics following their use in the treatment of dairy herds, and the County Council has agreed to participate in a planned scheme to determine the extent of contamination of agricultural and horticultural produce by treatment with pesticide and insecticide substances. Twenty-four samples of milk and twelve samples of local grown horticultural produce were taken and were found to be free of any contamination.

Complaints by Purchasers

Only one complaint was received about foreign matter in food and this concerned an air-gun pellet found in an Eccles cake.

There was some delay between the purchase of the cake and the complaint being made and legal proceedings were not instituted. The manufacturer showed deep concern and agreed to strengthen the inspection procedure at the factory.

New Regulations

The following Regulations and Reports were issued during 1965:—

- (1) The Dried Milk Regulations, 1965, which prescribe—
 - (a) the minimum and maximum fat content for different grades of dried milk;
 - (b) a moisture content, and
 - (c) require certain information to be given on labels.

- (2) The Milk (Special Designation) (Amendment Regulations) 1965—These introduce a new designation "Ultra Heat Treated" for milk that will keep for a considerable time if packed under sterile conditions.
- (3) The Food Standards Committee Reports on
- (a) Flavouring and
- (b) Fish and Meat Pastes
- (4) Proposals for Regulations on Food Labelling and Proposals for Regulations on Food Colouring
- } These in general are designed to give better protection to consumers in respect of the composition and labelling of food.

MILK AND DAIRIES REGULATIONS

A total of 1,049 samples of milk were submitted to the Public Health Laboratory for the usual tests for general cleanliness and correct and efficient heat treatment where applicable.

At the end of the year there were 510 dealers' licences in force and six heat treatment plants were operating. Sampling and inspections have been carried out regularly and, on the whole, satisfactory standards are being maintained.

Pasteurising plants received 119 visits of inspection and 539 visits were made to the premises of milk dealers.

The following tables classify the type of sampling and the result:—

HEAT TREATMENT PLANTS

Samples obtained by	Number of Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Test void	Satisfactory	Unsatisfactory
County Council	134	131	—	3	131	3
Bridlington Borough	72	69	—	3	72	—
Totals	206	200	—	6	203	3

LICENSED DEALERS (PRE-PACKED) MILK

Grade	Number of Samples	Methylene Blue Test			Phosphatase Test		Turbidity Test	
		Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated	65	54	10	1	—	—	—	—
Pasteurised	285	276	1	8	283	2	—	—
Sterilised	99	—	—	—	—	—	99	—
Totals	449	330	11	9	283	2	99	—

PRODUCER/RETAILERS

Grade	Number of Samples	Methylene Blue Test		
		Satisfactory	Unsatisfactory	Test void
Untreated	94	89	3	2

Eighty-seven of these samples were also submitted for biological examination, the results of which are shown below.

SCHOOL MILK SUPPLIES

Grade	Number of Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory
Pasteurised	288	283	2	3	287	1
Untreated	8	8	—	—	—	—
Totals	296	291	2	3	287	1

Sixteen samples failed the methylene blue test and thirteen of these were of untreated milk. This follows the pattern of previous years and perhaps indicates that greater care could be exercised, particularly in the cleansing of bottles and utensils on the farm.

HOSPITAL DAIRY FARMS

Four 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 and all were satisfactory. One of the samples was also examined for the presence of tubercle bacilli and brucella abortus with negative results. From October 1965 the milk produced at this farm was sent for heat treatment.

BIOLOGICAL EXAMINATIONS OF MILK

	Number of samples	Tubercle		Brucella abortus	
		Negative	Positive	Negative	Positive
Producer/Retailers	87	87	—	82	5
Schools	5	5	—	5	—
Dealers	44	44	—	42	2
Totals	136	136	—	129	7

Seven samples of untreated milk taken by County Council officers and submitted for biological examination were reported positive for brucella abortus. In addition six samples, taken by officers of neighbouring Authorities, of milk produced in the East Riding, were reported as positive for brucella abortus. In four instances the samples were taken prior to heat treatment, and in the other two instances the milk was untreated. Appropriate remedial action was taken by the District Medical Officers of Health to ensure the isolation of the infected cows and appropriate heat treatment of the milk.

Liquid Egg (Pasteurisation) Regulations, 1963.

There are no egg pasteurising plants in the area.

Once again I would record my thanks to the Sampling Officers, the County Medical Officer and his staff, the Public Analyst, Mr. R. T. Hunter, and Dr. McCoy of the Public Health Laboratory for their co-operation and assistance.

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 information about the inspections of dairy herds which were carried out during the year. He states that 807 herds were inspected involving 23,614 cattle. Unless there are reactors, herds are now submitted to the tuberculin tests in alternate years. If any herd shows the presence of reactors it is however subjected to tests at much shorter intervals.

No cases of tuberculosis have had to be dealt with under the Tuberculosis Order 1938 but three cows were found to be positive for tuberculosis at post mortem. None showed tuberculous lesions of the udder.

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

SMALLPOX

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

TYPHOID AND PARATYPHOID FEVER

One case of paratyphoid fever was reported in 1965. No cases of typhoid were notified.

SCARLET FEVER

Seventy-one cases of this disease were notified during the past year, compared with 62 in the previous year.

DIPHTHERIA

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

PUERPERAL PYREXIA

Four women were reported during the year to be suffering from puerperal pyrexia, compared with 11 in the previous year.

OPHTHALMIA NEONATORUM

No cases of ophthalmia neonatorum were notified during the year, compared with one case in 1964.

MENINGOCOCCAL INFECTION

No cases were notified compared with three in the previous year.

MEASLES

The number of notifications of measles received during the year was 3,543 as compared with 1,268 in 1964.

WHOOPING COUGH

There were 56 notifications of whooping cough during 1965, compared with 169 in 1964.

ACUTE POLIOMYELITIS

No cases of paralytic poliomyelitis were notified during the year, compared with one case in 1964.

NOTIFIABLE INFECTIOUS DISEASES - 1956 to 1965

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

DISEASE	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Scarlet Fever	100	78	141	125	134	68	39	64	62	71
Whooping Cough.....	748	234	83	60	235	60	8	206	169	56
Diphtheria.....	—	—	2	—	—	—	—	—	—	—
Measles	1,000	3,156	1,499	3,549	73	4,107	741	3,409	1,268	3,543
Pneumonia	141	134	104	114	69	111	60	42	45	32
Meningococcal Infection..	9	5	—	2	1	2	4	4	3	—
Acute Poliomyelitis:										
Paralytic	1	1	19	1	1	8	2	—	1	—
Non-Paralytic	—	—	10	—	—	2	—	—	—	—
Encephalitis:										
Infective	—	1	1	—	—	—	1	—	—	—
Post-Infectious	—	—	2	1	—	—	—	—	—	—
Dysentery	482	198	321	471	253	259	277	44	127	157
Ophthalmia Neonatorum .	—	—	1	—	1	1	2	—	1	—
Puerperal Pyrexia	66	39	19	18	13	9	15	3	11	4
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	2	26	4	—	—	1	1	3	1	1
Typhoid Fever	1	1	2	4	—	—	—	4	1	—
Food Poisoning.....	61	67	95	126	42	49	55	41	30	36
Erysipelas	17	22	14	11	11	9	9	9	1	6
Malaria	1	—	—	—	—	1	—	—	1	—
Tuberculosis:										
Pulmonary.....	79	81	38	57	52	41	41	34	38	33
Meninges and C.N.S. . .	2	—	1	1	1	—	—	1	—	2
Other forms	28	19	13	11	10	8	5	9	3	4
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 rehabilitation 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 16 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 202 persons have been vaccinated. This figure includes 22 infants vaccinated soon after birth.

Details of 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:

Anlaby	Holme-upon-Spalding-Moor
Barlby	Hornsea
Beverley	Howden
Bilton	Hunmanby
Bridlington	Hutton Cranswick
Brough	Kirkella
Cottingham	Leconfield (R.A.F. Station)
Driffield	Market Weighton
Escrick	Nafferton
Everthorpe	Norton
(Borstal Institution)	Pocklington
Filey	Riccall
Flamborough	Skidby
Fulford	York University
Hessle	

During the year 13,435 people attended at these sessions, among whom one case of active tuberculosis was diagnosed.

The unit also visited the Brandesburton Hall Hospital, De la Pole Hospital, Naburn Hospital and Winestead Hall Hospital.

NEW CASES

During the year, 39 primary notifications of tuberculosis were received (33 pulmonary and 6 non-pulmonary).

TABLE I

Cases of Infectious Disease Notified during the year 1965

Notifiable Disease	Urban Districts	Rural Districts	Administrative County
Scarlet Fever	21	50	71
Whooping Cough	12	44	56
Diphtheria (including Membranous Croup)	—	—	—
Measles	1,476	2,067	3,543
Pneumonia	8	24	32
Meningococcal Infection	—	—	—
Acute Poliomyelitis:			
Paralytic	—	—	—
Non-paralytic	—	—	—
Encephalitis:			
Infective	—	—	—
Post-infectious	—	—	—
Dysentery	156	1	157
Ophthalmia Neonatorum	—	—	—
Puerperal Pyrexia	4	—	4
Smallpox	—	—	—
Paratyphoid Fevers	1	—	1
Typhoid Fever	—	—	—
Food Poisoning	31	5	36
Erysipelas	1	5	6
Malaria	—	—	—
Tuberculosis:			
Pulmonary	24	9	33
Meninges and C.N.S.	2	—	2
Other forms	2	2	4
Anthrax	—	—	—

TABLE IV

Vital Statistics for the Administrative County, the Divisional Health Areas, and for the several Urban and Rural Districts in the Riding during the year 1965

DISTRICT	POPULATION		BIRTH AND DEATH RATES FROM VARIOUS CAUSES PER 1,000 OF THE POPULATION																		STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE						
	Census 1961	Estimated 1965 mid-year	Live Births				Illegitimate Live Births		Deaths				Principal Epidemic Diseases		Pulmonary Tuberculosis		Other forms of Tuberculosis		Respiratory Disease		Heart Disease		Malignant Disease		No.	Rate per 1,000 total births	No.	Rate per 1,000 live births	
			No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate	No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate					
Administrative County	224,031	241,520	3,984	16.50	1.06	17.49	205	0.85	3,056	12.65	0.88	11.13	7	0.03	11	0.05	—	—	275	1.14	1,065	4.41	596	2.47	56	13.86	72	18.07	
M.B.s and U.D.s	114,086	122,200	1,997	16.34	1.08	17.65	121	0.99	1,795	14.69	0.79	11.61	4	0.03	5	0.04	—	—	159	1.30	634	5.19	346	2.83	23	11.39	36	18.03	
Rural Districts	109,945	119,320	1,987	16.65	1.04	17.32	84	0.70	1,261	10.57	0.97	10.25	3	0.03	6	0.05	—	—	116	0.97	431	3.61	250	2.10	33	16.34	36	18.12	
BUCKROSE DIVISION																													
Bridlington M.B.	26,023	26,250	361	13.75	1.24	17.05	41	1.56	496	18.90	0.63	11.91	—	—	3	0.11	—	—	31	1.18	213	8.11	97	3.70	3	8.24	7	19.39	
Driffield U.D.	6,892	6,920	125	18.06	1.04	18.78	5	0.72	138	19.94	0.55	10.97	—	—	—	—	—	—	6	0.87	33	4.77	21	3.03	3	23.43	2	16.00	
Filey U.D.	4,703	4,830	63	13.04	1.23	16.04	1	0.21	49	10.14	0.81	8.21	—	—	—	—	—	—	3	0.62	18	3.73	6	1.24	1	15.63	—	—	
Bridlington R.D.	8,814	8,900	128	14.38	1.17	16.82	12	1.35	111	12.47	0.85	10.60	—	—	—	—	—	—	6	0.67	41	4.61	25	2.81	2	15.38	5	39.06	
Driffield R.D.	10,862	10,420	168	16.12	1.06	17.09	11	1.06	95	9.12	1.03	9.39	—	—	3	0.29	—	—	7	0.67	27	2.59	16	1.54	6	34.48	—	—	
Totals	57,294	57,320	845	14.74	—	—	70	1.22	889	15.51	—	—	—	—	6	0.10	—	—	53	0.92	332	5.79	165	2.88	15	17.44	14	16.57	
HALTEMPRICE DIVISION																													
Haltemprice U.D.	42,386	48,870	830	16.98	0.99	16.81	38	0.78	569	11.64	0.91	10.59	3	0.06	—	—	—	—	69	1.41	190	3.89	103	2.11	8	9.55	10	12.05	
HOLDERNESS DIVISION																													
Beverly M.B.	16,031	16,730	318	19.01	1.01	19.20	11	0.66	211	12.61	1.03	12.99	1	0.06	—	—	—	—	13	0.78	75	4.48	51	3.05	5	15.48	8	25.16	
Hedon M.B.	2,345	2,530	45	17.78	1.14	20.27	2	0.79	37	14.62	0.95	13.89	—	—	—	—	—	—	4	1.58	15	5.93	6	2.37	—	2	44.44	—	—
Hornsea U.D.	5,955	6,090	81	13.30	1.22	16.23	7	1.15	118	19.38	0.69	13.37	—	—	1	0.16	—	—	14	2.30	33	5.42	31	5.09	—	1	12.35	—	—
Withernsea U.D.	4,981	4,960	90	18.14	1.20	21.77	9	1.81	98	19.76	0.75	14.82	—	—	—	—	—	—	15	3.02	24	4.84	22	4.43	—	3	33.33	—	—
Beverly R.D.	23,213	27,450	459	16.72	0.97	16.22	13	0.47	257	9.36	0.99	9.27	1	0.04	1	0.04	—	—	22	0.80	106	3.86	51	1.86	5	10.78	5	10.89	
Holderness R.D.	20,409	23,090	409	17.71	1.01	17.89	14	0.61	221	9.57	1.02	9.76	1	0.04	—	—	—	—	21	0.91	58	2.51	48	2.08	7	16.83	6	14.67	
Totals	72,934	80,850	1,402	17.34	—	—	56	0.69	942	11.65	—	—	3	0.04	2	0.02	—	—	89	1.10	311	3.85	209	2.58	17	11.98	25	17.83	
HOWDENSHE DIVISION																													
Norton U.D.	4,770	5,020	84	16.73	1.12	18.74	7	1.39	79	15.74	0.98	15.43	—	—	1	0.20	—	—	4	0.80	33	6.57	9	1.79	3	34.48	3	35.71	
Derwent R.D.	13,648	15,450	271	17.54	1.01	17.72	8	0.51	189	12.23	0.86	10.52	—	—	2	0.13	—	—	25	1.62	59	3.82	36	2.33	5	18.11	6	22.14	
Howden R.D.	12,038	12,300	192	15.60	1.06	16.54	9	0.73	121	9.84	0.99	9.74	—	—	—	—	—	—	10	0.81	42	3.41	22	1.79	3	15.38	4	20.83	
Norton R.D.	7,015	6,980	114	16.33	1.09	17.80	3	0.43	92	13.18	1.04	13.71	—	—	—	—	—	—	10	1.43	32	4.58	21	3.01	—	3	26.31	—	—
Pocklington R.D.	13,946	14,730	246	16.70	1.10	18.37	14	0.95	175	11.88	1.00	11.88	1	0.06	—	—	—	—	15	1.02	66	4.48	31	2.10	5	19.92	7	28.46	
Totals	51,417	54,480	907	16.65	—	—	41	0.75	656	12.04	—	—	1	0.02	3	0.06	—	—	64	1.17	232	4.26	119	2.18	16	17.33	23	25.36	

TABLE V**Vital Statistics of Whole District during 1965,
and previous Years**

YEAR	Estimated Population	LIVE BIRTHS		NET DEATHS BELONGING TO THE DISTRICT			
		Number	Rate	Under 1 year of age		At all ages	
				Number	Rate per 1,000 Live Births	Number	Rate
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
1964	237,300	3,956	16.7	72	18	2,894	12.2
1965	241,520	3,984	16.5	72	18	3,056	12.7

TABLE VI
Rainfall Returns, 1965

Station	Height of rain gauge above sea level	Observer	Total Rainfall	Number of days on which one-tenth of an inch or more of rain fell	Average rainfall during the 10 years 1955 to 1964
Hempholme	11 feet	Mr. W. F. Gilbert	inches 34·04	209	inches 25·10
Beverley	34 feet	Mr. B. T. H. Johnson	31·63	191	24·26
North Cave	35 feet	Maj. J. H. Carver, J.P.	33·59	213	24·83
Hornsea	35 feet	Mr. J. H. D. Howlett	30·78	212	24·03
Bridlington	60 feet	Mr. H. Ackroyd	36·31	214	26·66
Lowthorpe	63 feet	Mr. C. Kettlewell	31·40	212	24·07
Scampston	100 feet	Mr. C. Brown	28·97	162	25·17
Filey	122 feet	Mr. J. Hustwit	32·00	205	24·35*
Dalton Holme	150 feet	Mr. R. C. Crossley	37·00	229	26·52
Birdsall	304 feet	Birdsall Estate Co. Ltd.	36·20	231	29·88

* Average for 7 years 1958 to 1964.

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
1965

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 1965.

The full establishment of Medical Officers was maintained but when Dr. Margaret Mulvein retired in November after fifteen years' service in the Howdenshire and Buckrose Divisions it was decided to replace this full-time post by part-time medical officers.

The number of full-time Dental Officers has remained at a satisfactory level, one dental officer resigned in February but this vacancy was subsequently filled.

The total number of pupils attending schools in the County continues to increase and has now reached a total of 34,618. The general health of the children in school has been satisfactory and there have been no serious outbreaks of illness or infectious disease.

The speech therapy service has been staffed by five part-time speech therapists as it has not been possible to make any full-time appointments. Despite this staffing difficulty, facilities for speech therapy have been made available in most parts of the County, and speech therapy sessions have been held regularly at twelve centres throughout the year.

In September a Consultant Child Psychiatrist was appointed by the Regional Hospital Board for the Hull and East Riding area and arrangements were made for him to give one session per week in the Beverley Child Guidance Clinic. This has resulted in an improvement in the service for those children requiring child guidance or psychiatric treatment, and in addition a limited number of beds are now available in local hospitals for the treatment of mentally ill children.

The service for the teaching of deaf children was improved by the appointment of a part-time peripatetic teacher of the deaf who visited deaf children in their homes, thus all children who are found to be deaf or partially deaf receive any necessary help and instruction from an early age. An important part of this teacher's work is to help the parents in training the child to make the best use in any hearing which he possesses.

After a trial period of three years the Education Committee approved a selective form of medical examination in place of the routine examination of pupils in the intermediate age group in all County schools. This change has been accepted with approval by both the teaching staff and the parents. In addition the medical staff found this method more satisfactory as they were able to spend more time with those children who required advice or assistance and less time was wasted in the routine examination of normal healthy pupils. A similar selective form of examination was tried out in a limited number of secondary schools for the older age group of pupils with a view to ascertaining if the selective system has any advantages over routine medical examinations in this age group.

The report of the Principal School Dental Officer is included, as are also 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, 1966.

GENERAL STATISTICS

Number of Schools—Primary	177
Secondary	22
Nursery	1
Special.....	1
Number of Pupils—Primary	21,323
Secondary	13,139
Nursery	40
Special (a) From the County.....	97
(b) From other Authorities....	19
	Total
	34,618
Number of pupils attending schools maintained by other Authorities	1,275

MEDICAL INSPECTIONS

The total number of pupils submitted for routine medical examinations was 8,298 and among these were found 653 defects needing treatment and 2,969 defects requiring observation. In addition to these routine inspections 279 special examinations were carried out, and as a result 78 defects were found which required some form of medical treatment, and 82 defects were noted for which only observation was necessary. Three thousand, eight hundred and sixty-six re-examinations were also carried out making a total of routine and special medical examinations of 12,443.

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

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 ten 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
1964	8,724	3	0.03
1965	8,298	2	0.03

WORK OF SCHOOL NURSES

The school nurses carried out regular routine health surveys in schools and paid follow-up visits where necessary. Their work also includes attendance at routine and special examinations in schools, minor ailment clinics and home visits when required.

The following tables show the total number of visits, the number of children examined, and the number found infested.

Visits to schools:	<u>1964</u>	<u>1965</u>
Number of routine health survey examination sessions	675	602
Number of health survey examinations carried out	62,466	62,091
Number of children found infested.....	567	415
Number of follow-up visits.....	121	114
Visits to homes:		
Number of homes visited.....	1,005	891
Number of children examined for—		
Uncleanliness	488	472
Minor ailments	113	84
General condition.....	52	39
Other reasons.....	614	523
	<u>1,267</u>	<u>1,118</u>
TOTALS		

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
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	1.1
1963	59,868	408	33,635	1.2
1964	62,466	567	33,899	1.7
1965	62,091	415	34,618	1.2

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

A total of 306 children were found at periodic and special medical inspections in schools to be in need of treatment for eye defects. Of these 255 had defective vision, 44 were suffering from squint and seven had other defects. In addition, 968 children were under observation compared with 1,009 in the previous year, and of these, 843 were under observation for defective vision, 109 for squint and 16 for other defects.

Refraction clinics were held at 13 centres in the County, these were staffed by a medical officer appointed by the Regional Hospital Board. The number of individual children seen at these clinics was 1,095 and of these 233 were new cases and 862 were re-examinations. From the new cases 107, i.e., 46%, were recommended for spectacles and from the re-examinations 228, i.e., 26.5%, were found to need their spectacles renewed. Parents took all prescriptions for spectacles to the optician of their choice.

ORTHOPAEDIC AND POSTURAL DEFECTS

Of the children examined at periodic medical inspections, 20 were found to require treatment because of orthopaedic defects. In addition, 180 children examined were referred for observation as it was not considered that treatment was required at that time. Three children were also referred for treatment and six for observation from special medical examinations. Of the 23 children requiring treatment, 1 had a postural defect, 9 defects of the feet and 13 had other orthopaedic defects. Twenty-three children were also admitted to the Adela Shaw Hospital, Kirbymoorside.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

One-hundred-and-ten children were found at routine and special medical examinations to be in need of treatment for defects of the ear. In addition, 259 children were referred for observation.

Special audiometric sessions were held throughout the county and 948 children were examined by means of the pure tone audiometer. Cases in which some degree of deafness was discovered were referred through the family doctor to an ear, nose and throat surgeon.

Towards the end of the year a part-time teacher of the deaf was appointed.

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 who attended the minor ailment clinics and the various types of defects which were treated together with the number of children who received home visits by the school nurses:

Defects	1965		1964	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)....	—	1	—	—
Ringworm (body)....	—	—	—	—
Scabies	—	—	7	—
Impetigo	9	2	13	—
Other skin diseases...	239	32	208	3
Minor eye defects....	81	1	73	—
Minor ear defects and deafness	65	1	64	—
Minor injuries, bruises, etc.....	779	16	682	—
Totals ...	1,173	53	1,047	3

The number of attendances for treatment of minor ailments was 3,147, a slight rise on the previous year's figures of 2,869. In addition, 73 home visits were made to 53 children for the treatment of minor ailments.

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 3,370 children of whom 2,513 (i.e., 74.6%) accepted. A total of 2,272 children were skin tested and of these 1,741 (i.e., 76.6%) showed a negative result and therefore required 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 the members of their families.

The following table gives the details of the B.C.G. vaccinations carried out during the past ten 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
1964	2,276	368 (16.2%)	1,839	1,838
1965	2,272	490 (21.6%)	1,741	1,726

SPEECH THERAPY

In January the only full-time Speech Therapist resigned and I regret that it has not been possible to appoint a full-time officer in her place. At the end of the year the speech therapy staff consisted of five part-time therapists giving the equivalent of 1.4 in full-time service as against an establishment of three full-time speech therapists. Despite the difficult staffing position, most of the clinics have been kept going and sessions have been held at twelve centres as shown on page 82.

A total of 156 children were referred for speech therapy and 136 children were receiving treatment at the year end. One-hundred-and-twenty-seven children were on the waiting list.

The following table shows the various types of speech defects being treated:

Type of speech defect	No. of children receiving treatment at end of the year
Dyslalia	101
Dysphasia	2
Dysarthria	3
Cleft Palate	2
Stammer	27
Other defects	1
Total	136

Two-hundred-and-five children were discharged and this included 43 cases who refused treatment or for whom treatment was not required after the initial examination.

ETTON PASTURE SCHOOL

The School Nurse attends at this school regularly once or twice a week in order to deal with minor ailments or other conditions requiring dressings or treatment. All children in the school are under the care of a General Practitioner who pays a regular weekly visit in order to supervise the health of the children. In addition regular routine medical inspections are carried out on all children at least twice a year. No serious outbreaks of infectious diseases have occurred and apart from minor illnesses and accidents, the health of the children has been satisfactory.

HEALTH EDUCATION

Health Education is now becoming an integral part of the school curriculum. Some of this teaching is undertaken by the School Staff and in addition special talks and discussions are arranged by the staff of the Medical Department.

In one Secondary School arrangements were made for the senior girls to be shown the films "Quarter Million Teenagers" and "Learning to Live". These films deal with the problems of Venereal Disease in the teenage group and from the discussion which followed, which was presided over by a Consultant Venerealologist, it was obvious that a great deal of interest and intelligent thought had been given to this problem by the girls. All parents were approached before these arrangements were made and with only one exception were agreeable to their children seeing the films and taking part in the discussion.

The manikin models for demonstrating mouth to mouth breathing have been used in a number of secondary and primary schools. It is the aim of the Authority to ensure that as many pupils as possible in the county should be taught this life-saving form of resuscitation.

School Nurses have given a number of talks in connection with the Duke of Edinburgh's Awards on Home Safety and Child Welfare.

In addition to the above, the Health Education programme has covered a variety of subjects such as smoking in relation to health, personal hygiene, menstrual hygiene, mothercraft and diet.

INFECTIOUS DISEASES IN SCHOOLS

There were some minor outbreaks of infectious diseases in the County schools. Measles was prevalent during the first quarter of the year. A small outbreak of scarlet fever occurred in two widely separated schools during the fourth quarter. Investigation appeared to suggest that the common link between these two outbreaks was

the central secondary school which elder pupils from both villages attended.

In one infant school there was an outbreak of infective jaundice, which affected some 20 pupils. The condition was relatively severe as some of the children were off school for a number of weeks. The outbreak was not confined to a single class in the school but was distributed without any fixed pattern throughout the school. Unfortunately, as infective jaundice is not a notifiable disease this outbreak was not brought to notice until a number of cases had occurred, so that preventive measures were not as effective as they otherwise might have been.

PROVISION OF MILK AND MEALS

The number of school meals supplied daily to pupils has continued to rise during the year. On a typical school day the number of pupils taking school dinners was 20,576, representing 65·28% of those in attendance compared with 19,458 and 62·59% being the corresponding figures for last year. The average number of free school meals supplied was 1,430.

There was very little change in the total number of pupils taking milk (24,580) compared with the previous year (24,581) but, because of an increase in the number of children in school, the percentage declined to 77·30 against 78·47 for the previous year. The percentage of primary school pupils taking milk rose to 92·31 compared with 92·27 for 1964. In secondary schools the numbers fell from 7,351 in 1964 to 6,830 in 1965, the corresponding percentages falling from 58·16 to 54·17.

All milk supplied was pasteurised with the exception of supplies to one small school with 48 pupils, the milk for which was tuberculin tested. All supplies were in one-third pint bottles except at one school with 38 pupils where milk was distributed from one-pint bottles.

Pasteurised milk in one-third pint bottles was also supplied daily to 1,784 pupils in non-maintained schools.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The year opened with a full establishment of dental officers but by the end of February one dental officer had resigned. While this vacancy was fortunately filled before the end of the year, this situation gives rise to what might be called stop-go dentistry and is something which is not conducive to the building of an efficient and reliable service.

The dental auxiliary has been with the Authority a complete year and there can be little doubt that this type of officer does carry out most useful work. As a dental auxiliary, however, must work under the direct supervision of a Dental Officer, the number employed in a county which is largely rural, must be limited.

Dental Inspection and Treatment

With there being one dental officer less for the greater part of the year there were twenty-three fewer inspection sessions than in the previous year. The number of children inspected was 20,848 and of these 12,789 were found to require treatment.

A new system of documentation came into operation at the beginning of the year. The statistics obtained when taken in conjunction with those provided by the Dental Estimates Board would furnish an overall national picture of the treatment given to school children. A child found to require treatment after an inspection undergoes a course of treatment which is said to be complete when in the opinion of the dental officer the condition of the child's mouth will in no way be detrimental to the child's dental health. A child, therefore, may attend on one or more occasions before the course is completed. Treatment is recorded according to age groups, viz., 5-9 years, 10-14 years and 15 years and over respectively. It will be noted that fewer individual children were treated in the 10-14 age group than in the 5-9 age group, although the older children made a larger number of attendances. The number of courses of treatment completed was 5,032. The degree of conservation achieved shown by the ratio of fillings in permanent teeth to extractions in permanent teeth (excluding extraction for orthodontic purposes) presented a further improvement. This ratio was 5 : 1 in 1963, 7 : 1 in 1964 and 9 : 1 in 1965.

There was an increase in the number of fillings in deciduous teeth. Concomitant with this increase went a fall in the extractions of deciduous teeth. As these comments apply primarily to the youngest age group there is clear indication that not all parents eschew fillings in deciduous teeth and insist only on extractions. A big drop in the number of general anaesthetics administered was recorded. I am grateful to the Medical Officers on the County Council staff, the Consultant Anaesthetist and General Practitioner who have administered between them approximately half of the total number of general anaesthetics.

The six mobile dental units were kept in use throughout the year and 1,262 treatment sessions were carried out in them. The number of sessions worked in the six fixed clinics was 1,662.

Treatment was as usual carried out at the Special School at Etton Pasture and extended to cover the children at the Driffield Training Centre.

Dental Health Education

The infant and junior schools received their annual visit from either the dental auxiliary or dental hygienist, and the secondary schools received a visit from the General Dental Council's mobile van during May. The children showed a surprising interest in the exhibits and it is certain that much good was done by these visits. Two days on average were permitted at each school and this necessitated the rapid turn round of children. The co-operation of Head Teachers was received in full measure for this project.

On the question of the effect of food on dental caries, it is unfortunate that apples are sometimes difficult to come by at a reasonable price and all children do not find that such fibrous foods as celery and carrots are palatable. A "swish and swallow" at the end of a school meal is beneficial but if aided by a piece of apple would help considerably to mitigate the deleterious effects wrought by such sweets as syrup sponge, macaroon tart, jam roll, lemon pudding and crunchy biscuits.

The number of sessions spent on health education by the dental auxiliary and dental hygienist was 324.

Orthodontics

The volume of orthodontic work has not increased to the extent expected. The absence of a dental officer for the greater part of the year obviously affected the amount of work carried out. One gratifying feature is the small number of children discontinuing their treatment. The selection of cases for treatment is of paramount importance and it may be that in this respect a more careful assessment of each case is being made. A small number of cases was referred for consultant opinion to the Hull Royal Infirmary.

Clinics and Equipment

During the latter part of the year a new dental suite was opened in Driffield. The clinic comprises a dental surgery, recovery room and waiting room. The surgery has been well equipped. Children in Driffield and neighbouring villages who previously received their treatment in the mobile unit will now be able to receive regular treatment at this clinic. The dental chair in the Bridlington clinic was replaced, a general anaesthetic machine purchased for one mobile and an X-ray apparatus installed in another mobile unit. A thorough radiographic coverage throughout the county has now been provided.

The liaison between the County Dental Service and the Hospital Authorities has been excellent and I am grateful for the help received from the Consultants at both Beverley Westwood Hospital and Hull Royal Infirmary. I am also grateful to all those who have given support to the service throughout the year.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE

Regular child guidance sessions were conducted by a Senior Assistant Medical Officer. The other members of the child guidance team consist of a part-time Psychiatric Social Worker and a full-time Social Worker. I regret that it has not yet been possible to fill the post of Educational Psychologist which has now been vacant since 1960.

In September the Regional Hospital Board appointed a Consultant Child Psychiatrist for the Hull and East Riding areas who has contracted to give one session each week in the child guidance clinic in Beverley.

This new appointment will substantially improve the facilities at the clinic for the continued diagnosis and treatment of those children requiring guidance. In addition, as beds have been made available for disturbed children in the neighbouring mental hospitals, it will now be possible to obtain in-patient treatment when this is necessary.

A total of 244 clinic sessions were held during the year and the social workers made 82 visits to schools and 267 home visits. One hundred and ten children were referred to the clinic from the following sources:

Educational	24
Medical	54
Parent	21
Social Agency	11
Total	110

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

Diagnostic interviews	Treatment interviews	Parent interviews	Total No. interviews
117	472	525	1,114

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

Habit Disorders	23
Nervous Disorders	6
Behaviour Disorders	69
Educational	11
Organic	1
Total	110

In addition to the cases referred in 1965, a total of 83 cases were carried forward from 1964, making a total case load of 193 children.

Out of this total case load, 26 children attended regularly for treatment and 131 cases were closed during the year. A summary of these is given below. At the end of the year 43 children were being seen by the clinic staff and 19 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment).....	83
Not followed up (lack of co-operation, parents refused treatment, etc.).....	41
Transfer to other area or agency.....	7
	<hr/>
Total	131
	<hr/>

Cases seen at the clinic for the first time were, after diagnosis, placed into the following broad categories according to the type of problem and further clinic work that they would require:

Advisory	School problems	Test only	Not followed up
53	2	2	28

ENURETIC CLINIC

A total of 37 cases were referred to this clinic mainly from infant welfare centres or by medical officers following school medical inspections. Cases were also referred by general practitioners and consultant paediatricians. Twenty-four cases were brought forward from the previous year, making a total case load of 61 children.

No. of attendances made.....	212
No. of cases treated	80
No. of cases completed.....	24
No. of uncompleted cases.....	28
No. of children on the waiting list.....	4
No. of children who failed appointments.....	5

HANDICAPPED PUPILS

Under Section 34 of the Education Act, 1944, it is the duty of 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 teacher or picked out at medical inspections. The total number of children ascertained as handicapped during the year was 75 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	Home Tuition
Blind	—	—	—
Partially Sighted	—	—	—
Deaf	—	—	—
Partially Hearing	1	3	—
Educationally Sub-normal.....	23	21*	—
Epileptic	—	2	—
Maladjusted	4	—	—
Physically Handicapped	1	7	2
Speech	1	—	—
Delicate	4	6	—
Totals	34	39	2

*Included in this figure are 14 children who were recommended for admission to a special class for educationally sub-normal children in an ordinary school.

The total number of children on the Register of Handicapped Pupils at the 31st December, 1965, is shown in the following table:

Category	Recommended for education in special schools			Not recommended for education in special schools		Total		
	Attending Special schools	Attending prim./sec. schools	Not attending school	Attending prim./sec. schools	Not attending school	Boys	Girls	Total
Blind	2	—	—	—	—	—	2	2
Partially-sighted	5	1	—	3	—	8	1	9
Deaf	7	—	1	1	—	8	1	9
Partially-hearing	16	1	—	11	—	14	14	28
Educationally Sub-normal ...	99	57	2	103	—	142	119	261
Epileptic	4	1	—	8	—	6	6	12
Maladjusted	7	5	—	2	—	10	4	14
Physical.....	18	3	3	33	4	27	34	61
Delicate.....	14	5	1	22	1	25	18	43
Speech.....	—	1	—	—	—	1	—	1

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

Category	Special School	Maintained 31.12.64	Admitted during 1965	Discharged during 1965	Maintained 31.12.65
Blind and partially-sighted	Exhall Grange, Coventry	1	—	1	—
	Wold Road, Hull	6	—	2	4
	Sheffield School for the Blind . .	1	—	1	—
	Conover Hall, Shrewsbury	1	—	—	1
	St. Vincent's School, Liverpool . .	1	—	—	1
	Royal College for the Blind, Shrewsbury	—	1	—	1
Deaf and partially-hearing	St. John's School, Boston Spa	2	—	—	2
	Yorks. Res. School, Doncaster	10	—	1	9
	Sutton School, Hull	4	1	—	5
	Burwood Park, Walton-on- Thames	2	—	—	2
	Elmete Hall, Leeds	2	1	—	3
	Northern Counties School	—	1	—	1
	Partially-hearing Unit, York . .	—	1	—	1
Educationally sub-normal	Etton Pasture, Beverley	94	20	21	93
	Fulford Day School, York	1	—	—	1
	Teskey King School, Hull	1	4	1	4
	Wavendon House	—	1	—	1
Epileptic	Sedgwick House, Kendall	1	2	—	3
	Colthurst House, Cheshire . . .	1	—	1	—
	St. Elizabeth's School, Hert- fordshire	—	1	—	1
Physical	Ld. Mayor Treloar College, Froyle	1	—	1	—
	Frederick Holmes School, Hull	8	1	—	9
	Welburn Hall, Kirbymoorside	5	1	2	4
	Bradstock Lockett, Southport	1	—	—	1
	Northfield Open Air School, York	1	—	—	1
	Hospital School, Southport . . .	1	—	—	1
	Halliwick School, London	1	—	1	—
	Ian Tetley School, Killinghall	—	1	—	1
	Thomas Delarue School	—	1	—	1
Maladjusted	Etton Pasture, Beverley	4	—	—	4
	Wm. Hy. Smith School, Brighouse	1	—	—	1
	St. Peter's, Horbury	1	—	—	1
	Wennington Hall	1	—	1	—
	Shotton Hall, Shrewsbury	—	1	—	1
Delicate	Ingleborough Hall	2	2	—	4
	Netherside Hall, Skipton	1	—	1	—
	Northfield Open Air, York	2	—	—	2
	Welburn Hall, Kirbymoorside	3	—	—	3
	Redworth Hall Durham	1	—	—	1
	Linton Residential School, Skipton	—	4	—	4

The number of children attending special schools during the past ten years is as follows:

	Blind and partially- sighted	Deaf and partially hearing	Educ. Sub- normal	Epileptic	Malad- justed	Physically 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
1964	10	20	96	2	7	18	9
1965	7	23	99	4	7	18	14

SPECIAL ASCERTAINMENT EXAMINATION

The school medical officers specially examined 105 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)	14
Recommended for admission to a residential school for educationally sub-normal children.....	23
Recommended for admission to a day special class in an ordinary primary school.....	14
Recommended to remain at ordinary school.....	7
Recommended for remedial teaching.....	20
Not educationally sub-normal.....	12
Decision deferred.....	9
Re-examinations	6
Total	105

PHYSICAL EDUCATION

More new primary schools were opened during the past year and these provide better teaching facilities, especially for physical education, which is so important to children at the primary stage. At this age children are growing rapidly and the indoor accommodation enables them to receive the regular and progressive exercise so necessary for their optimum growth, health and emotional development. Not only do the new schools provide these essential indoor facilities, but also playing fields and playgrounds which allow a programme of games to be included in the time table.

With such a grounding in the primary schools, children can get the most out of the physical education programme which is provided in our secondary schools, which have fully equipped gymnasia and playing fields. Our teachers give willingly of their time and energy in striving to help their children attain a higher standard of performance and to participate in a wide variety of games and activities.

Outdoor pursuits are also provided by many schools and these must usually be taught during weekends and holidays. As a result, many children discover an interest in such activities as walking, climbing, camping, youth hostelling, ski-ing, canoeing and sailing. Our traditional games are played in all our schools and leagues and competitions throughout the year are fostered by the East Riding Schools' Sports Association.

With this wide programme of physical education a school leaver finds it easy to pursue a chosen activity or sport when he joins a youth club or an adult club. Some youth club members find a satisfying outlet for their energies through participation in the Duke of Edinburgh's Award Scheme which operates throughout the East Riding and the facilities for sport at our secondary schools are well used by the youth clubs and adult classes. Youth club leaders and teachers who are concerned with physical education attended courses during the year which covered a wide range of activities.

Four of our schools now have their own swimming pools and the number of children attending those schools who have learned to swim is most encouraging and is ample reward to those parents and teachers who worked hard to raise money to provide the pools. Other schools are in the process of raising funds to build their own pools with the help of grants from the Education Committee. During the past year it was possible to send more children swimming than previously and parents have been most appreciative. Extra facilities were made available to us at the new Pocklington Pool which was built by the Pocklington Swimming Pool Trust, and at the Primrose Valley Estates Pool, Filey.

HYGIENE OF SCHOOL PREMISES

Thirty-nine reports on the sanitary conditions of schools have been made by the Medical Officers, and any defects have been brought to the notice of the Chief Education Officer.

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

A total of 258 candidates for admission to training colleges and 51 entrants to the teaching profession were examined by the medical staff of the school health service.

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

The co-operation of school staffs has again been invaluable in dealing with clerical work in connection with medical inspections, and in weighing children prior to such inspections. For this assistance, and for that given by the School Welfare Officers, I am most grateful.

I also record my appreciation of the help given by the local Inspectors of the National Society for the Prevention of Cruelty to Children.

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 examinations and treatment	Anlaby Clinic.....	2 sessions weekly
	Beverley School Clinic, Lord Roberts Road	5 sessions weekly
	Beverley Longcroft C.S. School	2 sessions weekly
	Bridlington School Clinic, Oxford Street	5 sessions weekly
	Cottingham Clinic	2 sessions weekly
	Etton Pasture (E.S.N.) School	2 sessions weekly
	Hessle C.E. Infants School	2 sessions weekly
	Hessle, Penshurst School	2 sessions weekly
	Hornsea C.S. School	2 sessions weekly
	South Holderness C.S. School	2 sessions weekly
B. Dental *	Anlaby Dental Clinic	9 sessions weekly
	Beverley Dental Clinic	10 sessions weekly
	Bridlington Dental Clinic	10 sessions weekly
	Driffield Dental Clinic	4 sessions weekly
	Pocklington Dental Clinic	4 sessions weekly
	Withernsea Dental Clinic	4 sessions weekly
C. Ophthalmic	Anlaby Clinic	1 session every 2 weeks
	Barlby Clinic	2 sessions every 8 weeks
	Beverley, Lord Roberts Road	3 sessions every 2 weeks
	Bridlington School Clinic, Oxford Street	4 sessions every 5 weeks
	Driffield Clinic	2 sessions every 8 weeks
	Fulford C.S. School	2 sessions every 6 weeks
	Hessle, Penshurst School	1 session every 2 weeks
	Howden C.S. School	2 sessions every 8 weeks
	Market Weighton C.S. School	2 sessions every 8 weeks
	Norton C.S. School	2 sessions every 6 weeks
	Pocklington School Clinic	2 sessions every 8 weeks
	South Holderness C.S. School	2 sessions every 8 weeks
	Withernsea High School	2 sessions every 5 weeks

*In addition six mobile clinics were in use.

Type of clinic	Location	Frequency of sessions
D. Speech therapy	Anlaby Clinic Barlby C.S. School Beverley Clinic Child Guidance Clinic Bridlington, Hilderthorpe Infants School Driffield Clinic Fulford C.S. School Hessle C.E. Junior School Hessle Penshurst School Hornsea County Library Longcroft C.S. School Market Weighton C.S. School South Hunsley C.S. School Withernsea High School	1 session weekly 1 session weekly 1 session weekly 1 session weekly 2 sessions weekly 1 session weekly 1 session weekly 1 session fortnightly 1 session fortnightly 1 session weekly 1 session fortnightly 1 session fortnightly 1 session fortnightly 1 session fortnightly
E. Ultra Violet light	Beverley School Clinic, Lord Roberts Road	As required
F. Enuretic	Child Guidance Clinic	1 session weekly

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1965

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

PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	Number of pupils inspected	Physical condition of pupils inspected		No. of pupils screened but not examined
		Satisfactory	Unsatisfactory	
(1)	(2)	(3)	(4)	(5)
1961 and later	42	42	—	—
1960	1,925	1,925	—	—
1959	1,324	1,324	—	—
1958	833	831	2	—
1957	62	62	—	—
1956	24	24	—	—
1955	1,298	1,298	—	485
1954	410	410	—	196
1953	149	149	—	87
1952	15	15	—	—
1951	1,909	1,909	—	251
1950 and earlier	307	307	—	—
Totals	8,298	8,296	2	1,019

Percentage of total inspected found to be unsatisfactory—0.03%.

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For other conditions	Total individual pupils
(1)	(2)	(3)	(4)
1961 and later	1	1	2
1960	45	135	174
1959	21	75	92
1958	26	62	78
1957	4	4	6
1956	2	—	2
1955	50	34	79
1954	23	24	42
1953	10	7	17
1952	—	1	1
1951	70	54	116
1950 and earlier	3	1	4
Totals	255	398	613

OTHER INSPECTIONS

Number of special inspections.....	279
Number of re-inspections.....	3,866
Total.....	<u>4,145</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons.....	61,399
(b) Total number of individual pupils found to be infested.....	415
(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.

Defect or Disease	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	1	18	15	16	11	10	27	44
Eyes—								
a. Vision	76	315	73	250	106	278	255	843
b. Squint	36	72	—	10	8	27	44	109
c. Other.....	3	10	—	2	4	4	7	16
Ears—								
a. Hearing.....	63	115	5	12	23	50	91	177
b. Otitis Media	—	60	—	1	4	11	4	72
c. Other.....	—	5	—	—	2	1	2	6
Nose and Throat....	41	404	5	38	24	102	70	544
Speech.....	32	61	1	2	5	7	38	70
Lymphatic Glands....	3	110	—	8	1	20	4	138
Heart.....	4	41	4	14	4	13	12	68
Lungs	2	99	1	18	2	61	5	178
Developmental—								
a. Hernia	2	11	2	3	1	3	5	17
b. Other	2	51	1	8	3	34	6	93
Orthopaedic—								
a. Posture	—	10	1	7	—	16	1	33
b. Feet	4	48	2	3	2	29	8	80
c. Other.....	4	29	5	14	2	24	11	67
Nervous System—								
a. Epilepsy	1	10	—	7	1	6	2	23
b. Other	2	5	1	6	—	10	3	21
Psychological—								
a. Development	3	23	—	4	4	29	7	56
b. Stability	12	119	1	15	17	58	30	192
Abdomen	1	14	—	5	1	11	2	30
Other.....	5	28	12	29	2	35	19	92

SPECIAL AND RE-INSPECTIONS

Defect or Disease	Special Inspections		Re-Inspections	
	(T)	(O)	(T)	(O)
Skin	3	6	4	36
Eyes—				
a. Vision	27	37	152	1,065
b. Squint	2	1	13	106
c. Other	—	2	—	5
Ears—				
a. Hearing	13	4	66	91
b. Otitis Media	—	—	3	17
c. Other	—	—	1	—
Nose and Throat	6	4	35	244
Speech	5	4	17	55
Lymphatic Glands	—	1	1	41
Heart	2	—	6	55
Lungs	2	1	1	123
Developmental—				
a. Hernia	—	—	1	4
b. Other	—	1	4	37
Orthopaedic—				
a. Posture	—	1	1	13
b. Feet	1	1	2	42
c. Other	2	4	—	36
Nervous System—				
a. Epilepsy	—	1	3	25
b. Other	—	1	1	22
Psychological—				
a. Development	8	2	22	50
b. Stability	3	6	23	141
Abdomen	—	2	1	25
Other	4	3	5	46

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

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint. . . .	82
Errors of refraction (including squint).	1,095
Total	1,177
Number of pupils for whom spectacles were prescribed.	335

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) For diseases of the ear.	—
(b) For adenoids and chronic tonsillitis	128
(c) For other nose and throat conditions.	8
Received other forms of treatment.	2
Total	138
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1965	1
(b) in previous years	6

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments.	34
(b) Pupils treated at school for postural defects.	—
Total	34

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	1
(b) Body	—
Scabies	—
Impetigo	11
Other skin diseases	271
Total	283

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics.	26

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.....	298

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments.....	1,226
(b) Pupils who received convalescent treatment under School Health Service arrangements.....	—
(c) Pupils who received B.C.G. vaccination.....	1,726
(d) Other than (a), (b) and (c) above.....	—
Total	<u>2,952</u>

DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

I. ATTENDANCES AND TREATMENT	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First Visit.....	2,872	2,419	451	5,742
Subsequent visits.....	2,185	3,389	480	6,054
Total visits	5,057	5,808	931	11,796
Additional courses of treatment commenced	73	142	13	228
Fillings in permanent teeth	2,678	5,552	1,164	9,394
Fillings in deciduous teeth.....	2,565	162	—	2,727
Permanent teeth filled.....	1,951	4,567	1,009	7,527
Deciduous teeth filled.....	2,310	147	—	2,457
Permanent teeth extracted	135	756	129	1,020
Deciduous teeth extracted	2,911	829	—	3,740
General anaesthetics.....	786	373	40	1,199
Emergencies	190	70	22	282

Number of Pupils X-rayed	241
Prophylaxis	1,328
Teeth otherwise conserved.....	559
Number of teeth root filled	15
Inlays	3
Crowns	12
Courses of treatment completed.....	<u>5,032</u>

2. ORTHODONTICS

Cases remaining from previous year	83
New cases commenced during year	82
Cases completed during year.....	25
Cases discontinued during year	13
No. of removable appliances fitted	114
No. of fixed appliances fitted	1
Pupils referred to Hospital Consultant ...	<u>2</u>

3. PROSTHETICS

Pupils supplied with F.U. or F.L.
(first time).....

Pupils supplied with other dentures
(first time).....

Number of dentures supplied

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time).....	—	2	1	3
Pupils supplied with other dentures (first time).....	—	13	1	14
Number of dentures supplied	1	17	4	22

4. ANAESTHETICS

General Anaesthetics administered by Dental Officers .. 621

5. INSPECTIONS

(a) First inspection at school—number of pupils..... 19,919

(b) First inspection at clinic—number of pupils..... 929

Number of (a) + (b) found to require treatment..... 12,789

Number of (a) + (b) offered treatment 12,214

(c) Pupils re-inspected at school clinic..... 645

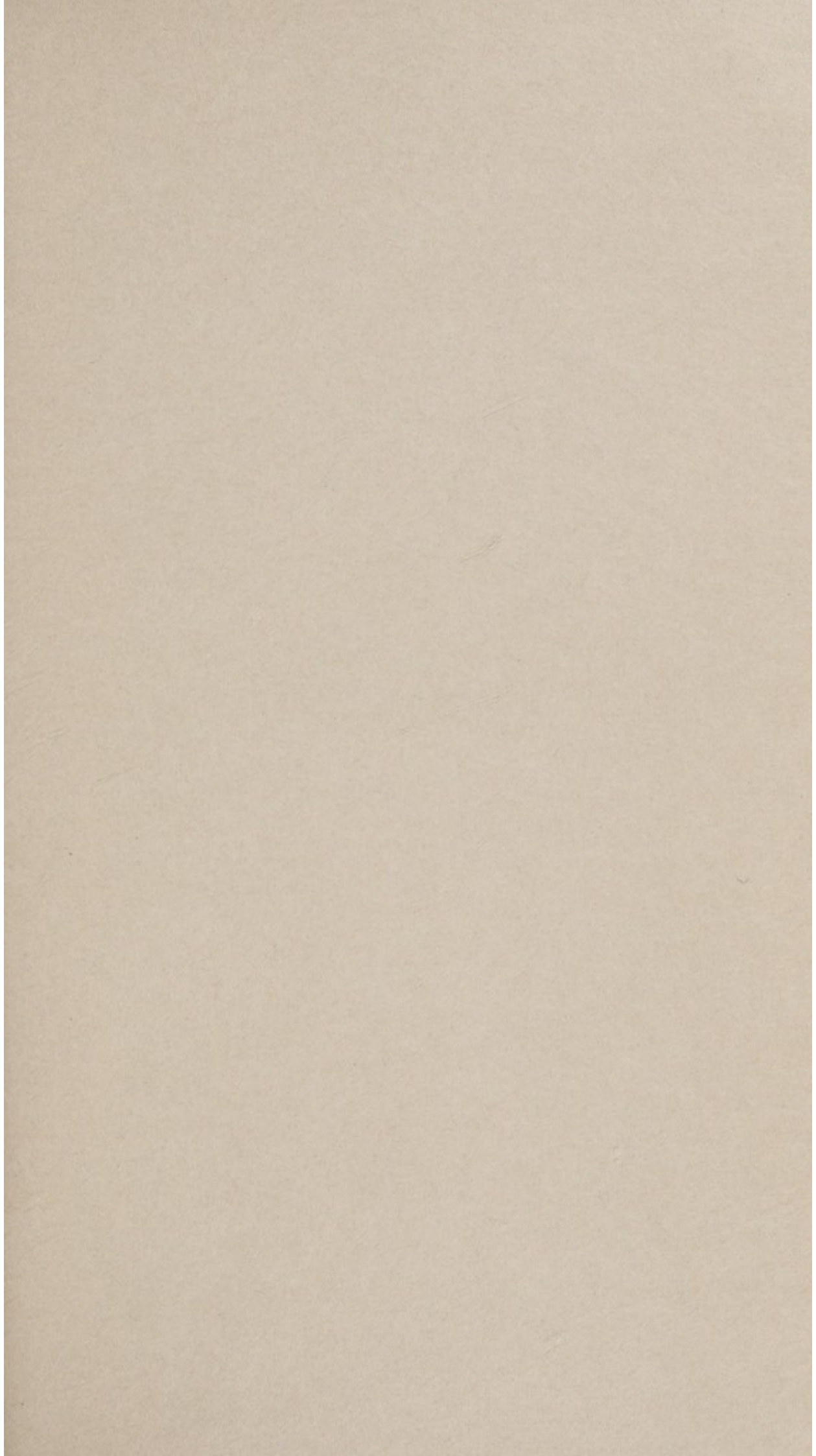
Number of (c) found to require treatment 461

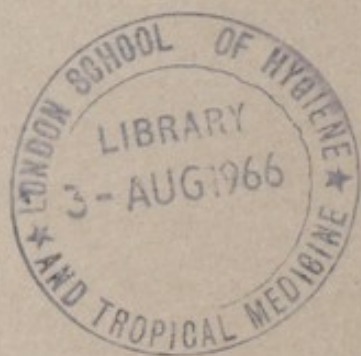
6. SESSIONS

Sessions devoted to treatment..... 2,924

Sessions devoted to inspection 200

Sessions devoted to Dental Health Education 324





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