

[Report 1966] / Medical Officer of Health and School Medical Officer of Health, East Riding of Yorkshire County Council.

Contributors

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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS


of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1966



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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 1966. A perusal of these reports will, I think, show that there has again continued to be a steady development in the health services in the County.

The estimated mid-year population increased by 3,790 to 245,310. This increase was slightly below the average annual increase of 4,250 which has applied since the census in 1961, and over 70% of this year's increase took place in the southern part of the County. For the first time since 1958 there has been a fall in the number of births, but there were still 700 more than there were in that year and it would appear that the peak has now been passed and that the annual number of births can now be expected to remain at about 3,700. There were 3,203 deaths, an increase of 147 on the previous year's figures and the crude death-rate has consequently risen from 12.7 to 13.1.

Outbreaks of infectious diseases did not give rise to any anxiety. Thanks to the continuing high level of immunisation, for the eighth year running there has been no case of diphtheria notified and, for the second year in succession, no case of poliomyelitis.

The main new development has been the further extension of the facilities for the community care of those handicapped by mental subnormality by the opening of the Adult Training Centre and Hostel. It was, however, unfortunate that due to national limitation on capital expenditure the extension at the Junior Training Centre at Driffield has had to be deferred until 1967.

There has been a welcome extension of the development of closer links between general medical practice and the Local Health Authority services by attachment of more health visitors and also of domiciliary nursing sisters to individual practices or practice groups and by a greater use by general practitioners of the county's clinics for maternity and child welfare purposes. Initial steps have also been taken towards the development of Health Centres in several places where new clinics are planned to be built.

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.

By the time that this report is printed I shall have handed over my responsibilities to my successor, Dr. Wm. Ferguson, and, for the last time I wish to record my thanks to the members of the County Council and especially to the members of the Health Committee and the Education Committee for the help and support which they have always extended to me. To all members of the staffs of the General and School Health departments who have served with me since 1943 I also record my gratitude for their loyal and conscientious service.

I have the honour to be,

Your obedient servant,

R. WATSON,

County Medical Officer.

County Hall,
BEVERLEY,
18th May, 1967.

STAFF OF HEALTH AND SCHOOL MEDICAL DEPARTMENTS, 1966

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 656445.

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.

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

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

PART-TIME:

Kathleen Abraham, M.B., Ch.B. (from 18th July, 1966)

P. D. H. Chapman, M.B., B.Ch., M.R.C.S., L.R.C.P.

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.Obst.R.C.O.G.

Margaret McDougale, M.B., Ch.B., D.Obst.R.C.O.G. (from 22nd April, 1966).

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

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

Jean M. West, M.B., Ch.B.

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

PRINCIPAL DENTAL OFFICER.

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

DENTAL OFFICERS.

WHOLE-TIME:

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

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

G. Pearson, L.D.S.

A. Russell, B.D.S.

S. Smullen, L.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.

Mrs. J. L. Stewart, B.D.S.

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

DENTAL AUXILIARY.

Miss K. L. E. Hennessy (from 5th September, 1966)
Mrs. M. Walker (to 31st March, 1966)

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
G. E. Howes.
J. Liptrot.
K. Powls.
A. Sunderland

EDUCATIONAL PSYCHOLOGIST.

R. Elwood, M.A., M.Ed.

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.

PART-TIME:

Mrs. I. M. Alder, L.C.S.T.
Mrs. H. P. Milner, L.C.S.T. (from 24th May, 1966)
Mrs. A. M. Nicholson, L.C.S.T.
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. Hepplestone, 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., Q.N.S.
Miss E. Beal, S.C.M., S.E.N.
Miss P. Bennett, S.R.N., S.C.M.
Mrs. M. Bilton, S.R.N., Q.N.S.

Mrs. W. Blackburn, S.R.N., S.C.M., 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. I. Burrill, S.R.N., S.C.M., Q.N.S. (to 30th September, 1966)
 Miss D. J. Coates, S.R.N., S.C.M. (from 1st December, 1966)
 Mrs. M. Campey, S.R.N., Q.N.S.
 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. (to 24th March, 1966)
 Miss I. Derving, S.C.M., S.E.N.
 Mrs. M. E. C. Dickinson, S.R.N., Q.N.S.
 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. (to 31st August, 1966)
 Miss F. V. Fish, S.R.N., S.C.M.
 Mrs. C. Fisher, S.R.N. (from 1st February to 31st August, 1966)
 Mrs. E. Foster, S.R.N., S.C.M.
 Miss J. E. Found, S.R.N., S.C.M., Q.N.S.
 Mrs. P. French, S.R.N.
 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. (to 11th June, 1966)
 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. (to 3rd October, 1966)
 Miss O. K. Neal, S.R.N., S.C.M., Q.N.S.
 Miss C. J. Peacock, S.R.N., S.C.M., Q.N.S. (from 1st October, 1966)
 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.
 Mrs. E. Rozenbroek, S.R.N., S.C.M.
 Mrs. R. Russell, S.R.N.
 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.
 Mrs. M. Walton, S.R.N., Q.N.S.
 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. D. Weston, S.R.N., S.C.M., Q.N.S. (from 24th August, 1966)
 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. E. Allison, S.R.N. (from 27th June, 1966)
 Mrs. M. Dale, S.R.N., S.C.M.
 Mrs. N. Fisher, S.R.N., S.C.M. (from 14th March, 1966)
 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.
 Miss E. B. Mountain, S.R.N., S.C.M., Q.N.S., H.V.Cert. (from 6th July, 1966)

HEALTH VISITORS AND SCHOOL NURSES.

WHOLE-TIME STAFF:

Mrs. A. Beck, S.R.N., H.V.Cert. (to 30th June, 1966)
 Miss E. Binley, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Blackburn, S.R.N., S.C.M., H.V.Cert.
 Mrs. A. Bramley, S.R.N., S.C.M., H.V.Cert. (from 1st September, 1966)
 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.
 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.
 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 B. Jessop, S.R.N., S.C.M., H.V.Cert. (from 6th July, 1966)
 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. Munday, 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.
 Miss A. E. Sturdy, S.R.N., S.C.M., H.V.Cert. (to 31st December, 1966)
 Mrs. B. I. C. Styles, S.R.N., S.C.M., H.V.Cert.
 Miss M. Taylor, S.R.N., S.C.M., H.V.Cert.
 Miss K. H. Thompson, S.R.N., H.V.Cert. (from 25th August, 1966)
 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.

PART-TIME STAFF:

Mrs. J. M. Cheeseman, S.R.N., H.V.Cert.
 Mrs. L. W. Milner, S.R.N., S.C.M., H.V.Cert.
 Miss P. M. Scales, S.R.N.

STUDENT HEALTH VISITORS—Three.

**Medical Officers of Health of the several Local Authorities
at 31st December, 1966.**

Local Authority	Name of Medical Officer
MUNICIPAL BOROUGHES	
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 1. – Vital Statistics

GENERAL STATISTICS

Area	735,963 acres
Rateable value (as at 1st April, 1966)	£7,417,428
Product of a penny rate	£30,016

POPULATION

Districts	Census, 1961	Estimated	
		1965	1966
Administrative County	224,031	241,520	245,310
Urban Districts	114,086	122,200	123,810
Rural Districts	109,945	119,320	121,500

Since the Census of 1961 the estimated population has shown a rise of 21,279, an average yearly increase of approximately 4,250 persons. This rate of increase is considerably higher than the one which applied for the five years preceding 1961, when the average yearly increase was only approximately 1,250. Only to a limited extent can the growth in the last five years be attributed to the increased number of births; most of it is accounted for by the movement of population into the area, chiefly into those parts of the county which adjoin the cities of Hull and York.

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
1966	15.5	15.7	15.6

*Average rate per 10 year period.

The live birth-rate for the County was 15.6 as compared with 16.5 for 1965. The provisional rate for England and Wales for 1966 was 17.7 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 15.6 the adjusted rate so obtained is 16.6.

There were 3,838 live births and 59 stillbirths registered for the County during the year, making a total of 3,897, a decrease of 143 on the 1965 figures. Of these births, 396 live births and 9 stillbirths took place outside the County.

The number of births notified to my office by hospitals, practitioners and midwives was 6,345 live births and 92 stillbirths, a total of 6,437. In addition, 8 live births were notified by Registrars. Of these births 2,920 live births and 42 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 59, three more than in the previous year. The stillbirth rate was 15.1 per 1,000 total births. In 1965 this rate was 13.9 and in 1964 it was 17.1. The provisional rate for England and Wales for 1966 was 15.4.

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
1966	114	82	196

There were 196 illegitimate live births, 9 less than in 1965.

The illegitimate live birth rate was 0.80 per 1,000 of the population, compared with 0.85 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
1966	14.9	11.1	13.1

*Average rate per 10 year period.

There were 3,203 deaths registered for the County in 1966, an increase of 147 on the figure for the previous year. This gives a death rate of 13.1 per 1,000 of the population, as compared with 12.7 in 1965. The application of the comparability factor to this crude rate gives a rate of 11.2 compared with the provisional rate for England and Wales for 1966 which was 11.7. The rate for England and Wales for 1965 was 11.5.

Of the total deaths, 74% occurred in people aged 65 and over and 48.3% in people aged over 75.

The principal causes of death in the County were heart diseases (1,114), cancer (586) and vascular lesions of the nervous system (459). These three causes accounted for 67.4% of the deaths, as compared with 70.1% in 1965.

The 1,114 deaths due to heart diseases were 49 more than in 1965 and represent a rate of 4.5 per thousand population.

Compared with 1965 the number of deaths attributed to cancer decreased slightly from 596 to 586, the rate per thousand population changing from 2.47 to 2.39. The total number of deaths attributable to cancer of the lungs and bronchus fell to 121 as compared with 143 in 1965. Although the death rate from this cause fell to 0.49 per 1,000 population, it is still very high.

For all other forms of cancer the death rate per thousand has risen from 1.88 to 1.90. The number of deaths from cancer of the stomach fell from 84 to 65; deaths from cancer of the uterus fell from 24 to 22, the deaths from cancer of the breast rose from 60 to 72. Deaths from leukaemia remained the same as in the previous year.

Summary of the results of the investigation of the effect of the concentration of the solution on the rate of the reaction							
Concentration of the solution, g/l	Time, min	Rate of the reaction, g/l·min		Rate of the reaction, g/l·min		Rate of the reaction, g/l·min	
		Initial	Final	Initial	Final	Initial	Final
0.1	10	0.1	0.1	0.1	0.1	0.1	0.1
0.2	10	0.2	0.2	0.2	0.2	0.2	0.2
0.3	10	0.3	0.3	0.3	0.3	0.3	0.3
0.4	10	0.4	0.4	0.4	0.4	0.4	0.4
0.5	10	0.5	0.5	0.5	0.5	0.5	0.5
0.6	10	0.6	0.6	0.6	0.6	0.6	0.6
0.7	10	0.7	0.7	0.7	0.7	0.7	0.7
0.8	10	0.8	0.8	0.8	0.8	0.8	0.8
0.9	10	0.9	0.9	0.9	0.9	0.9	0.9
1.0	10	1.0	1.0	1.0	1.0	1.0	1.0
1.1	10	1.1	1.1	1.1	1.1	1.1	1.1
1.2	10	1.2	1.2	1.2	1.2	1.2	1.2
1.3	10	1.3	1.3	1.3	1.3	1.3	1.3
1.4	10	1.4	1.4	1.4	1.4	1.4	1.4
1.5	10	1.5	1.5	1.5	1.5	1.5	1.5
1.6	10	1.6	1.6	1.6	1.6	1.6	1.6
1.7	10	1.7	1.7	1.7	1.7	1.7	1.7
1.8	10	1.8	1.8	1.8	1.8	1.8	1.8
1.9	10	1.9	1.9	1.9	1.9	1.9	1.9
2.0	10	2.0	2.0	2.0	2.0	2.0	2.0
2.1	10	2.1	2.1	2.1	2.1	2.1	2.1
2.2	10	2.2	2.2	2.2	2.2	2.2	2.2
2.3	10	2.3	2.3	2.3	2.3	2.3	2.3
2.4	10	2.4	2.4	2.4	2.4	2.4	2.4
2.5	10	2.5	2.5	2.5	2.5	2.5	2.5
2.6	10	2.6	2.6	2.6	2.6	2.6	2.6
2.7	10	2.7	2.7	2.7	2.7	2.7	2.7
2.8	10	2.8	2.8	2.8	2.8	2.8	2.8
2.9	10	2.9	2.9	2.9	2.9	2.9	2.9
3.0	10	3.0	3.0	3.0	3.0	3.0	3.0
3.1	10	3.1	3.1	3.1	3.1	3.1	3.1
3.2	10	3.2	3.2	3.2	3.2	3.2	3.2
3.3	10	3.3	3.3	3.3	3.3	3.3	3.3
3.4	10	3.4	3.4	3.4	3.4	3.4	3.4
3.5	10	3.5	3.5	3.5	3.5	3.5	3.5
3.6	10	3.6	3.6	3.6	3.6	3.6	3.6
3.7	10	3.7	3.7	3.7	3.7	3.7	3.7
3.8	10	3.8	3.8	3.8	3.8	3.8	3.8
3.9	10	3.9	3.9	3.9	3.9	3.9	3.9
4.0	10	4.0	4.0	4.0	4.0	4.0	4.0
4.1	10	4.1	4.1	4.1	4.1	4.1	4.1
4.2	10	4.2	4.2	4.2	4.2	4.2	4.2
4.3	10	4.3	4.3	4.3	4.3	4.3	4.3
4.4	10	4.4	4.4	4.4	4.4	4.4	4.4
4.5	10	4.5	4.5	4.5	4.5	4.5	4.5
4.6	10	4.6	4.6	4.6	4.6	4.6	4.6
4.7	10	4.7	4.7	4.7	4.7	4.7	4.7
4.8	10	4.8	4.8	4.8	4.8	4.8	4.8
4.9	10	4.9	4.9	4.9	4.9	4.9	4.9
5.0	10	5.0	5.0	5.0	5.0	5.0	5.0
5.1	10	5.1	5.1	5.1	5.1	5.1	5.1
5.2	10	5.2	5.2	5.2	5.2	5.2	5.2
5.3	10	5.3	5.3	5.3	5.3	5.3	5.3
5.4	10	5.4	5.4	5.4	5.4	5.4	5.4
5.5	10	5.5	5.5	5.5	5.5	5.5	5.5
5.6	10	5.6	5.6	5.6	5.6	5.6	5.6
5.7	10	5.7	5.7	5.7	5.7	5.7	5.7
5.8	10	5.8	5.8	5.8	5.8	5.8	5.8
5.9	10	5.9	5.9	5.9	5.9	5.9	5.9
6.0	10	6.0	6.0	6.0	6.0	6.0	6.0
6.1	10	6.1	6.1	6.1	6.1	6.1	6.1
6.2	10	6.2	6.2	6.2	6.2	6.2	6.2
6.3	10	6.3	6.3	6.3	6.3	6.3	6.3
6.4	10	6.4	6.4	6.4	6.4	6.4	6.4
6.5	10	6.5	6.5	6.5	6.5	6.5	6.5
6.6	10	6.6	6.6	6.6	6.6	6.6	6.6
6.7	10	6.7	6.7	6.7	6.7	6.7	6.7
6.8	10	6.8	6.8	6.8	6.8	6.8	6.8
6.9	10	6.9	6.9	6.9	6.9	6.9	6.9
7.0	10	7.0	7.0	7.0	7.0	7.0	7.0
7.1	10	7.1	7.1	7.1	7.1	7.1	7.1
7.2	10	7.2	7.2	7.2	7.2	7.2	7.2
7.3	10	7.3	7.3	7.3	7.3	7.3	7.3
7.4	10	7.4	7.4	7.4	7.4	7.4	7.4
7.5	10	7.5	7.5	7.5	7.5	7.5	7.5
7.6	10	7.6	7.6	7.6	7.6	7.6	7.6
7.7	10	7.7	7.7	7.7	7.7	7.7	7.7
7.8	10	7.8	7.8	7.8	7.8	7.8	7.8
7.9	10	7.9	7.9	7.9	7.9	7.9	7.9
8.0	10	8.0	8.0	8.0	8.0	8.0	8.0
8.1	10	8.1	8.1	8.1	8.1	8.1	8.1
8.2	10	8.2	8.2	8.2	8.2	8.2	8.2
8.3	10	8.3	8.3	8.3	8.3	8.3	8.3
8.4	10	8.4	8.4	8.4	8.4	8.4	8.4
8.5	10	8.5	8.5	8.5	8.5	8.5	8.5
8.6	10	8.6	8.6	8.6	8.6	8.6	8.6
8.7	10	8.7	8.7	8.7	8.7	8.7	8.7
8.8	10	8.8	8.8	8.8	8.8	8.8	8.8
8.9	10	8.9	8.9	8.9	8.9	8.9	8.9
9.0	10	9.0	9.0	9.0	9.0	9.0	9.0
9.1	10	9.1	9.1	9.1	9.1	9.1	9.1
9.2	10	9.2	9.2	9.2	9.2	9.2	9.2
9.3	10	9.3	9.3	9.3	9.3	9.3	9.3
9.4	10	9.4	9.4	9.4	9.4	9.4	9.4
9.5	10	9.5	9.5	9.5	9.5	9.5	9.5
9.6	10	9.6	9.6	9.6	9.6	9.6	9.6
9.7	10	9.7	9.7	9.7	9.7	9.7	9.7
9.8	10	9.8	9.8	9.8	9.8	9.8	9.8
9.9	10	9.9	9.9	9.9	9.9	9.9	9.9
10.0	10	10.0	10.0	10.0	10.0	10.0	10.0

The following table sets out the deaths from all causes 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—	—	—	—	—	1	0.2	—	—	8	2.2	3	6.8	5	3.4	59	19.0	76	2.4
1—	1	5.9	—	—	—	—	—	—	2	0.5	1	2.3	6	4.1	3	1.0	13	0.4
5—	—	—	—	—	7	1.2	—	—	2	0.5	—	—	6	4.1	2	0.6	17	0.5
15—	—	—	—	—	4	0.7	3	0.2	—	—	—	—	18	12.3	3	1.0	28	0.9
25—	—	—	2	25.0	4	0.7	5	0.3	2	0.5	—	—	9	6.2	5	1.6	27	0.8
35—	—	—	1	12.5	18	3.1	14	0.8	4	1.1	—	—	10	6.9	10	3.2	57	1.8
45—	1	5.9	1	12.5	57	9.7	73	4.2	14	3.8	1	2.3	15	10.3	20	6.4	182	5.7
55—	3	17.6	1	12.5	120	20.5	201	11.7	42	11.4	10	22.7	22	15.1	35	11.2	434	13.6
65—	3	17.7	2	25.0	173	29.5	465	27.0	95	25.7	13	29.5	24	16.4	46	14.8	821	25.6
75—	9	52.9	1	12.5	202	34.4	960	55.8	201	54.3	16	36.4	31	21.2	128	41.2	1,548	48.3
Totals	17	—	8	—	586	—	1,721	—	370	—	44	—	146	—	311	—	3,203	—

Of the 586 deaths due to cancer, 366 occurred in urban areas and 220 in rural areas, corresponding respectively to rates of 2.96 and 1.81 per thousand population.

Motor vehicle and other accidents were responsible for 121 deaths during the year. In 1965 deaths from these two causes numbered 100.

The following table shows the figures for the various causes of death for the year 1966:

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory.....	4	3	7
Tuberculosis, other forms	—	1	1
Syphilitic disease	4	7	11
Diphtheria	—	—	—
Whooping cough	—	—	—
Meningococcal infection	—	1	1
Acute poliomyelitis	—	—	—
Measles	1	—	1
Other infective diseases.....	2	2	4
Cancer of stomach.....	36	29	65
Cancer of lungs, bronchus.....	107	14	121
Cancer of breast.....	2	70	72
Cancer of uterus.....	—	22	22
Cancer, other forms.....	162	129	291
Leukaemia, aleukaemia	7	8	15
Diabetes	10	19	29
Vascular lesions of nervous system...	196	263	459
Coronary disease, angina.....	431	261	692
Hypertension with heart disease	16	22	38
Other heart disease.....	160	224	384
Other circulatory disease.....	61	87	148
Influenza	6	17	23
Pneumonia	63	103	166
Bronchitis	114	47	161
Other diseases of respiratory system..	13	7	20
Ulcer of stomach and duodenum....	12	12	24
Gastritis, enteritis and diarrhoea....	12	8	20
Nephritis and nephrosis.....	12	5	17
Hyperplasia of prostate.....	17	—	17
Pregnancy, childbirth and abortion..	—	—	—
Congenital malformations.....	13	13	26
Other diseases	98	124	222
Motor vehicle accidents.....	26	12	38
All other accidents.....	48	35	83
Suicide	15	9	24
Homicide	1	—	1
Totals	1,649	1,554	3,203

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
1966	18.2	21.4	19.8

*Average rate per 10 year period.

There were 76 deaths of children under the age of one year in 1966, 4 more than in 1965. The infant mortality rate was 19.8 per 1,000 live births. The provisional rate for England and Wales for 1966 was 19.0, the same as in 1965.

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

Primary cause of Death	URBAN DISTRICTS			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
	Age at death		Total	Age at death		Total	Age at death		Total
	Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year		Under 4 weeks	4 weeks to one year	
Malignant diseases	—	1	1	—	—	—	—	1	1
Influenza	—	1	1	—	—	—	—	1	1
Pneumonia	1	1	2	1	3	4	2	4	6
Congenital Malformations	8	4	12	3	1	4	11	5	16
Accidents	—	2	2	1	2	3	1	4	5
Respiratory diseases .	—	—	—	—	1	1	—	1	1
Gastritis, Enteritis and Diarrhoea	—	—	—	1	2	3	1	2	3
Other Causes	22	1	23	20	—	20	42	1	43
Totals	31	10	41	26	9	35	57	19	76

Of the 76 infant deaths 57 occurred in 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 27 cases

death was associated with prematurity, representing 35% 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 1966 the number of these perinatal deaths was 110 (made up of 59 stillbirths and 51 infant deaths) and represented a rate of 28.2 per 1,000 total births. In 1965 this rate was 24.5.

The perinatal death rate for England and Wales in 1966 was 26.3.

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births	
Number	3,838
Rate per 1,000 population	15.65
Illegitimate Live births (per cent of total live births) ..	5.17
Stillbirths	
Number	59
Rate per 1,000 total live and still births	15.14
Total Live and Still Births	3,897
Infant Deaths (deaths under one year)	76
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	19.80
Legitimate infant deaths per 1,000 legitimate live births	20.32
Illegitimate infant deaths per 1,000 illegitimate live births	10.20
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	14.85
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	13.29
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	28.23
Maternal Mortality (including abortion)	
Number of deaths	—
Rate per 1,000 total live and still births	—

Section 2.—Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Women obtain their ante-natal care from hospitals or from their family doctors and the domiciliary midwives, as may be appropriate.

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.

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances
Anlaby.....	52	66	71	478
Barlby.....	45	15	28	182
Beverley.....	81	108	126	891
Bridlington.....	50	29	34	238
Brough.....	47	39	42	217
Cottingham.....	47	67	73	500
Driffield.....	38	16	20	100
Hessle.....	52	69	79	497
Hornsea.....	51	41	49	329
Market Weighton....	20	19	19	115
Norton.....	21	2	3	19
Preston*.....	6	6	6	21
Thorngumbald.....	50	33	36	366
Totals.....	560	510	586	3,953

*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 newborn 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 109 abnormalities were reported affecting 86 infants.

Details of attendances at the various instruction classes which were in operation during the year are shown in the following table:—

Of the 109 congenital defects noted, 22 were defects of the central nervous system and 61 defects of limbs, of these two-thirds being due to minor degrees of club foot.

Of the 86 infants reported as having some congenital defect, 11 were stillborn and 9 have died.

"AT RISK" REGISTER

Since 1963 a register has been 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 in 1963, 1,718 children have been supervised in this way, 1,267 of whom remained on the register at the end of the year.

MATERNAL MORTALITY

No maternal deaths occurred in the County during the year.

ANTE-NATAL AND POST-NATAL HOSTELS

During the year, 23 unmarried mothers have been admitted to accommodation in hostels provided by the York Diocesan Council for Family Welfare and by other Bodies.

DENTAL CARE

The need to interest expectant and nursing mothers in the importance of dental care both for themselves and for their children has continued to be brought specially to the notice of health visitors and midwives. The dental hygienist visits ante-natal instruction and mothercraft classes to give advice and demonstrations.

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

	No. given first inspections	No. requiring treatment	No. of visits for treatment		Treatments completed during year
			First visits	Subsequent visits	
Expectant and Nursing Mothers	16	12	11	19	10
Children under 5	378	158	185	139	126

Forms of the dental treatment provided:

	Expectant and Nursing Mothers	Children under five
Extractions	21	99
General Anaesthetics	2	41
Fillings	28	251
Scalings	1	32
Other conservatory treatment	—	41
Radiographs	—	1
Dentures Provided:		
Full Upper or Lower	1	—
Partial Upper or Lower	5	—
Crowns or Inlays	—	—

INFANT WELFARE CENTRES

Compared with 1965 there have been decreases of 859 in the number of children attending, and 2,779 in the total number of attendances at infant welfare centres. The number of children born in 1966 who attended at centres during the year was 2,365. This represents 61 % of the registered live births in the County.

The mobile clinic which was brought into use in 1965 has continued to give useful service and to be popular with both patients and with the staff. It has been visiting thirty-nine sites usually at monthly, but sometimes at fortnightly, intervals and 1,157 children have paid 5,810 visits to it.

At the end of the year forty-three infant welfare centres were operating in County clinics or in hired halls and the mobile clinic was being used at thirty-four sites. A total of 157 infant welfare sessions were being held each month.

General practitioners are taking an increasing interest in infant welfare work. Six practitioners undertake sessions for the Local Health Authority at Council clinics, the members of two practices take advantage of the Council's offer of clinic premises in which to provide an infant welfare service for their own patients, and several practices arrange for special infant welfare sessions in their own surgeries. Health visitors made 198 attendances at welfare sessions of this type.

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 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.

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	
		1966	1965	1961-1964	Total	Average
Aldbrough	Every 4 weeks	5	11	25	424	33
Anlaby	Twice weekly	129	154	227	4,059	41
Barlby	Fortnightly	35	26	8	459	18
Beverley	Weekly	122	107	83	2,337	45
Bilton	Fortnightly	49	77	44	1,475	59
Bishop Burton	Every 4 weeks	1	3	10	78	6
Brandesburton	Every 4 weeks	13	10	17	237	20
Bridlington	Twice weekly	147	157	75	2,902	29
Bridlington (West Hill) ..	Every 4 weeks	18	16	14	133	11
Brough	Weekly	103	90	25	2,271	45
Cottingham	Twice weekly	182	190	282	5,120	51
Driffield	Weekly	83	51	13	973	19
Driffield(R.A.F.Station) ..	Fortnightly	40	30	8	514	21
Dunnington	Every 4 weeks	18	17	32	214	16
Elvington	Every 4 weeks	22	13	21	179	16
Filey	Fortnightly	63	42	44	902	36
Flamborough	Fortnightly	16	10	9	362	14
Flixton	Every 4 weeks	5	4	3	106	8
Hedon	Fortnightly	9	21	15	339	14
Hemingbrough	Every 4 weeks	7	12	10	174	15
Hessle	Twice weekly	183	192	143	4,891	48
Holme upon Spalding Moor ..	Fortnightly	18	17	15	464	19
Hornsea	Weekly	85	85	122	2,870	60
Howden	Every 4 weeks	9	—	4	92	13
Hunmanby	Fortnightly	38	18	20	499	19
Keyingham	Fortnightly	32	35	24	823	33
Leconfield R.A.F.	Fortnightly	21	28	31	394	16
Leven	Every 4 weeks	23	19	20	327	25
Little Weighton	Every 4 weeks	11	15	9	212	18
Long Riston	Every 4 weeks	2	2	16	82	7
North Cave	Fortnightly	44	21	41	524	21
North Ferriby	Fortnightly	42	55	87	1,086	42
Norton	Fortnightly	49	37	26	875	35
Rillington	Every 4 weeks	9	12	9	187	16
Sherburn	Every 4 weeks	11	10	16	142	12
Skidby	Every 4 weeks	16	18	47	317	24
Stamford Bridge	Every 4 weeks	14	12	5	131	10
Thorngumbald	Weekly	61	101	87	1,810	35
Walkington	Every 4 weeks	7	11	30	200	15
Warter	Every 4 weeks	9	1	3	94	10
Welton	Every 4 weeks	7	16	20	232	18
Willerby	Weekly	135	139	218	3,360	65
Withernsea	Weekly	65	60	83	1,905	37
Woodmansey	Every 4 weeks	6	7	20	102	9
Mobile Clinic		401	419	337	5,810	14
Totals		2,365	2,371	2,398	50,687	—

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 204 premature live births and 36 premature stillbirths have occurred during the year. Of these 179 live births and 34 stillbirths occurred among infants born in hospitals and 25 live births and 2 stillbirths in the mothers' own homes or in private nursing homes. Five of the infants born in their mothers' own homes or in a nursing home were transferred to hospitals.

Of the 204 premature infants born alive, 20 died before they were twenty-four hours old, 15 died when between one and seven days old, and one died before it was four weeks old. Thirty-one who died were 4 lb 6 oz. or less in weight at birth.

Of all births 6.1% were regarded as being premature as compared with 5.3% in 1965. Of the domiciliary births, 4% were premature as compared with 4.5% in the previous year.

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 164 girls and women of whom 148 were new applicants.

In 23 instances admission to a Mother and Baby Hostels was arranged.

128 of the 164 cases seen by the social worker have been completed with the following results:

Mothers returned home with child	71
Babies placed for adoption	50
Babies placed in nursery or foster home	4
Babies died or stillborn	3

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 Royal 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 67 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	17,831 tins
Cod Liver Oil	3,274 bottles
Orange Juice	43,556 bottles
Vitamin Tablets	2,623 packets

HEALTH VISITING

At the end of the year the whole-time staff was made up by 36 health visitor/school nurses, three of whom also undertake district nursing and midwifery work. In addition one health visitor and one stage registered nurse 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 three students in training. Five 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	694
Subsequent visits	425
Visits to infants born in 1966	
First visits	3,700
Subsequent visits	13,929
Visits to children born in 1965	14,339
Visits to children born in 1961 to 1964	26,346
Visits to tuberculosis cases	338
Visits to mentally disordered	248
Visits to aged persons	5,967
Visits for care and after-care	647
Visits for infectious disease	606
Visits for other reasons	2,232

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 3,407 infants during the year. No cases of the condition were found.

The arrangements for the "attachment" of health visitors were extended to the practices in the South Holderness area during the year. These arrangements now, therefore, apply to Beverley, Bridlington, Driffield, Hedon, Withernsea and the South Holderness area.

DOMICILIARY NURSING AND MIDWIFERY SERVICE

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

Whole-time staff

Nurse/midwives	42
Nurse/midwives who also undertake health visiting	3
Midwives	1
Nurses	16
	—
Total:	62

Part-time Staff

Nurse/midwives	1
Nurses	3
	—
Total:	4
	—
Total:	66
	—

There were two 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 four nurses successfully completed this training.

Nine midwives attended refresher courses.

A scheme was introduced in Bridlington whereby the domiciliary nurses in that part of the County were each attached to practices instead of working in their own areas. Although introduced as an experiment the arrangement has proved to be very successful and will be continued on a permanent basis.

At the end of 1966 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	34
Number living in lodgings or with relatives.....	6

Transport

Number using cars provided by the County Council.....	47
Number using their own cars.....	19

District	DOMICILIARY NURSING				DOMICILIARY MIDWIFERY													
	No. of cases	No. of visits	No. of patients 65 or over at first visit *	No. of visits for injections only (no nursing given) †	No. of deliveries attended				No. of cases receiving Trilene		No. of cases receiving Pethidine		No. of cases visited on discharge from hospital before 10th day	No. of visits				
					Dr. not booked		Dr. booked		Dr. present at delivery	Dr. not present at delivery	Dr. present at delivery	Dr. not present at delivery		Ante-natal		Post-natal		
					Dr. present	Dr. not present	Dr. present	Dr. not present						Domiciliary cases	Hospital cases	Domiciliary cases	Hospital cases	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
Aldbrough	71	2,288	40	813	—	—	3	9	4	7	3	5	29	41	5	149	319	
Barby	48	1,235	28	262	1	—	6	19	5	18	2	5	19	660	11	602	183	
Beeford†	93	1,425	62	179	—	—	—	—	—	—	—	—	5	7	5	18	55	
Beverley No. 1	—	31	—	27	1	—	18	9	14	6	2	4	88	327	87	438	124	
Beverley No. 2	20	676	12	71	—	—	3	11	1	7	1	1	11	250	8	166	174	
Beverley No. 3	—	85	—	41	—	—	23	19	22	9	7	2	138	524	289	503	1,194	
Beverley No. 4	138	2,054	94	708	—	—	—	—	—	—	—	—	—	—	—	—	—	
Beverley No. 5	123	2,668	73	878	—	—	—	—	—	—	—	—	—	—	—	—	—	
Beverley No. 6§	18	1,092	6	438	—	—	—	—	—	—	—	—	43	—	50	111	623	
Bilton	70	2,347	37	642	—	—	3	18	2	14	1	11	42	201	40	334	393	
Bishop Burton	63	1,777	35	340	—	2	8	3	8	2	4	—	29	119	33	192	271	
Brandesburton†	29	587	13	247	—	—	2	—	2	—	2	—	29	45	—	86	135	
Bridlington No. 1	95	1,575	66	417	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bridlington No. 2	43	1,644	37	531	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bridlington No. 3	98	2,785	68	1,469	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bridlington No. 4	99	2,834	71	391	—	—	2	—	2	—	1	—	17	37	26	26	135	
Bridlington No. 5	81	2,648	79	793	—	—	—	—	1	—	—	—	16	30	14	20	136	
Bridlington No. 6	87	2,981	62	1,169	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cottingham No. 1	67	3,358	46	752	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cottingham No. 2	87	3,315	52	664	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cottingham No. 3	47	3,274	29	777	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cottingham No. 4	47	2,609	31	689	—	—	13	16	10	13	6	10	23	397	33	318	163	
Cottingham No. 5	24	1,508	17	300	—	—	2	16	2	14	—	16	28	204	—	258	228	
Cottingham No. 6§	33	2,040	14	654	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cottingham No. 7	33	1,531	11	180	—	—	9	18	5	15	6	11	39	817	67	459	361	
Driffield No. 1	50	2,643	28	336	—	1	6	17	6	14	6	17	91	249	4	337	519	
Driffield No. 2	77	2,476	53	652	—	—	2	8	1	6	1	5	10	109	2	214	321	
Driffield No. 3	37	2,280	24	643	—	—	7	3	6	3	6	2	4	97	—	216	19	
Escrick	36	1,250	19	111	—	—	—	—	—	—	—	—	—	—	—	—	—	
Filey	115	2,524	73	838	—	1	11	2	10	2	9	2	20	248	61	243	84	
Fulford	57	1,555	36	270	—	—	21	19	20	16	20	15	13	579	—	67	260	
Hedon	123	2,701	55	830	—	—	—	—	—	—	—	—	31	81	—	—	—	
Hessle No. 1	41	2,707	23	748	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hessle No. 2	20	2,072	19	301	—	—	5	9	3	8	2	7	39	148	58	153	211	
Hessle No. 3	79	3,661	50	1,048	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hessle No. 4	6	64	3	1	—	—	21	5	18	5	15	2	24	469	1	500	551	
Hessle No. 5	44	3,274	32	490	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hessle No. 6	28	1,699	21	192	—	—	11	14	9	11	9	9	30	272	29	257	236	
Holme upon Spalding	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Moor	59	1,248	41	245	—	—	12	12	11	8	11	7	16	202	8	410	131	
Hornsea No. 1	112	2,920	75	1,470	—	—	7	11	7	11	7	8	18	122	18	238	205	
Hornsea No. 2	65	2,311	47	1,323	—	—	2	2	2	1	—	—	27	73	10	429	21	
Hornsea No. 3§	26	1,401	19	527	—	—	—	—	—	—	—	—	—	—	—	—	—	
Howden	26	1,067	15	102	—	—	8	21	7	16	6	9	19	366	6	441	186	
Humby†	58	2,602	35	1,270	1	1	4	4	3	3	3	2	6	128	5	107	32	
Market Weighton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No. 1	34	655	28	4	—	—	12	2	10	2	7	2	21	226	117	237	211	
Market Weighton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No. 2	40	831	20	58	—	—	9	2	9	1	6	1	35	211	146	197	303	
North Cave	46	969	29	212	—	—	16	11	13	9	8	7	32	182	32	333	212	
Norton No. 1	85	1,571	40	312	—	—	11	1	10	1	9	1	27	248	2	177	113	
Norton No. 2	97	2,083	28	387	—	—	6	—	6	—	5	—	9	52	5	63	33	
Norton No. 3	84	1,833	61	233	—	—	—	—	—	—	—	—	—	—	—	—	—	
Patrington No. 1	37	2,090	24	429	—	—	3	10	2	8	3	7	22	116	246	156	322	
Patrington No. 2	28	1,934	15	258	—	—	—	7	3	4	—	5	69	56	47	113	585	
Pocklington No. 1	80	2,004	43	341	—	—	5	1	3	1	4	1	8	100	2	119	47	
Pocklington No. 2	54	1,750	34	238	—	—	6	—	4	—	—	—	89	—	—	88	48	
Riceall	90	2,728	57	381	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rudston	87	1,622	35	582	—	—	—	4	—	4	—	—	3	15	75	3	58	
Sherburn	44	1,366	23	379	—	—	5	4	5	3	5	2	10	65	8	179	73	
South Cave	67	1,343	40	275	—	—	5	23	4	14	5	14	61	130	16	335	290	
Stamford Bridge†	77	2,219	39	312	—	—	—	—	—	—	—	—	—	—	—	—	—	
Weaverthorpe	72	2,389	51	901	—	—	—	—	—	—	—	—	—	—	—	—	—	
Welton	100	2,027	66	309	—	—	2	4	1	2	2	4	31	70	34	105	302	
Wetwang	42	1,800	21	448	—	—	3	2	3	2	2	1	37	169	—	468	5	
Wilberfoss	11	478	7	57	—	—	4	3	4	2	4	—	108	9	165	9	452	
Willerby No. 1	15	691	3	112	—	—	16	7	11	6	6	3	100	458	61	303	452	
Willerby No. 2	88	2,616	49	580	—	—	—	—	—	—	—	—	—	—	—	—	—	
Willerby No. 3	65	3,334	31	616	—	—	—	—	—	—	—	—	6	2	2	7	26	
Willerby No. 4	49	2,829	28	467	—	—	1	—	1	—	1	—	27	3	6	23	208	
Withernsea No. 1	55	1,264	31	366	—	—	—	—	—	—	—	—	—	—	—	—	—	
Withernsea No. 2	54	2,154	36	1,197	—	—	5	1	3	1	3	1	51	126	—	87	170	
Totals	4,084	133,702	2,470	34,283	3	5	319	339	270	270	205	203	1,478	9,239	1,687	11,182	10,803	

* included in column (2)
† included in column (3).

‡ nurses in these areas also act as health visitors/school nurses.
§ part-time appointments.

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 1,816 but that the number of cases which the nurses have attended during the year was 132 less than in 1965.

Approximately 60% of the patients nursed were over 65 years old, and over 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 47% 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 and/or waterproof protective garments and disposable linings. These are used as a nursing aid and no charge is made. During the year about 30,000 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 by midwives employed by the Local Health Authority was 666, a decrease of 207 on the number attended in 1965. The number of ante-natal and lying-in visits for these patients totalled 20,821.

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 are being 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 1,478

patients who had been discharged from hospital before the end of the ten-day lying-in period; of these 598 patients were discharged two days after their confinement. These patients required 1,687 antenatal and 10,803 lying-in visits.

The percentage of domiciliary live and stillbirths for the County as a whole was 17·6%, compared with 21 % in 1965. 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.	338	63	18·6
Bridlington M.B.	357	5	1·4
Driffield U.D.	113	14	12·4
Filey U.D.	87	18	20·7
Haltemprice U.D.	710	150	21·1
Hedon M.B.	31	4	12·9
Hornsea U.D.	92	18	19·6
Norton U.D.	99	10	10·1
Withernsea U.D.	120	7	5·8
Aggregate of U.D.s	1,947	289	14·8
Beverley R.D.	467	86	18·4
Bridlington R.D.	104	14	13·4
Derwent R.D.	289	86	29·8
Driffield R.D.	178	27	15·1
Holderness R.D.	401	56	13·9
Howden R.D.	194	78	40·2
Norton R.D.	96	11	11·4
Pocklington R.D.	221	39	17·6
Aggregate of R.D.s	1,950	397	20·3
Total County	3,897	686	17·6

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, 344 domiciliary births were attended by midwives, no doctor being present. This represents 52 % of the domiciliary births in the County.

In all 193 midwives notified their intention to practise in the East Riding during 1966. At the end of the year there were 157 midwives in practice, 49 of whom were employed in the County service, and 108 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	2	103	105
Notification of infant death	14	—	14
Notification of stillbirth	28	5	33
Liability to be a source of infection..	1	8	9

The number of medical help forms received from midwives in domiciliary practice was equivalent to 30% 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 1966.

Five hundred and fifty-five vaccinations and one hundred and seven re-vaccinations were given at infant welfare centres.

Records of vaccination have only been 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.	336	39	108	59	10	—	216	—	—	1	27	—	28
Bridlington M.B.	354	33	60	18	5	—	116	—	—	—	13	—	13
Driffield U.D.	112	8	91	22	7	—	128	—	—	10	38	—	48
Filey U.D.	87	2	50	13	4	—	69	—	—	—	13	—	13
Haltemprice U.D.	698	118	276	71	57	—	522	—	—	15	145	—	160
Hedon M.B.	31	3	37	4	—	—	44	—	—	—	—	—	—
Hornsea U.D.	91	—	29	1	4	—	34	—	—	—	—	—	—
Norton U.D.	99	1	6	3	—	—	10	—	—	—	—	—	—
Withernsea U.D.	117	15	38	7	7	—	67	—	—	—	11	—	11
Beverley R.D.	460	63	149	62	17	—	291	—	—	6	51	—	57
Bridlington R.D.	99	5	19	7	2	—	33	—	—	—	8	—	8
Derwent R.D.	283	37	123	24	12	—	196	—	—	2	41	—	43
Driffield R.D.	177	4	70	5	2	—	81	—	—	1	7	—	8
Holderness R.D.	394	32	154	37	9	—	232	—	—	1	8	—	9
Howden R.D.	192	79	20	16	9	—	124	—	—	—	—	—	—
Norton R.D.	94	6	36	6	—	—	48	—	—	—	—	1	1
Pocklington R.D.	214	16	62	54	10	—	142	—	—	3	16	—	19
Totals	3,838	461	1,328	409	155	—	2,353	—	—	39	378	1	418

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 ...	2,246	61	2,307	1,773
At Infant Welfare Centres or at Special Sessions	961	318	1,279	3,865
Totals	3,207	379	3,586	5,638

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.	328	34	362	553
Bridlington M.B.	247	45	292	358
Driffield U.D.	134	26	160	123
Filey U.D.	63	—	63	40
Haltemprice U.D.	697	88	785	1,813
Hedon M.B.	38	8	46	104
Hornsea U.D.	70	26	96	179
Norton U.D.	65	9	74	37
Withernsea U.D.	97	23	120	126
Beverley R.D.	344	43	387	839
Bridlington R.D.	65	1	66	81
Derwent R.D.	228	5	233	257
Driffield R.D.	113	8	121	131
Holderness R.D.	349	38	387	658
Howden R.D.	147	10	157	128
Norton R.D.	44	10	54	54
Pocklington R.D.	178	5	183	157
Totals	3,207	379	3,586	5,638

Primary immunisations against diphtheria were 387 less than in 1965 and the number of reinforcement injections was 233 more than the previous year's figures.

So far as immunisation against diphtheria is concerned, the records indicate that by the end of 1966, 79% of the children born in 1965 had been immunised.

As with vaccination against smallpox records of immunisation were only 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, 3,303 children received primary courses of anti-whooping cough injections and 2,433 received "booster" injections. These numbers are made up as follows:—

	Primary	Booster
Combined Diphtheria and Whooping Cough	—	3
Combined Diphtheria, Whooping Cough and Tetanus	3,303	2,430
	<hr/>	<hr/>
Totals	3,303	2,433
	<hr/>	<hr/>

The protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 79% of the children born in 1965 have had prophylactic injections against this disease.

Tetanus

During the year 4,103 children received a primary course of tetanus toxoid injections and 5,057 received "booster" injections. These numbers were made up as follows:—

	Primary	Booster
Tetanus toxoid	542	105
Combined Diphtheria and Tetanus vaccine ..	258	2,522
Combined Diphtheria, Whooping Cough and Tetanus vaccine	3,303	2,430
	<hr/>	<hr/>
Totals	4,103	5,057
	<hr/>	<hr/>

Of the children born in 1965 records show that 78.3% 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.

Letters explaining the scheme and accompanied by consent forms were sent to the parents of 3,557 eligible children. Parents of 2,939 (82.6%) children requested participation in the scheme, and of these acceptors, 2,705 were eventually Mantoux tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 2,151 (79.5%) were negative and therefore required vaccination, and 2,137 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 1966 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 1966.....	29	602	631
Children born in 1965.....	60	2,266	2,326
Children born in 1964.....	20	327	347
Children born in 1963.....	5	134	139
Children born in 1959-62....	17	347	364
Others under 16 years of age.	2	84	86
Totals	133	3,760	3,893

<i>Reinforcing Doses:</i>			
Children born in 1966.....	—	—	—
Children born in 1965.....	27	52	79
Children born in 1964.....	29	41	70
Children born in 1963.....	4	8	12
Children born in 1959-62....	244	2,661	2,905
Others under 16 years of age.	20	331	351
Totals	324	3,093	3,417

By the end of 1966 76% of the children born in 1965 had received a primary course of either Salk or oral vaccine.

AMBULANCE SERVICE

At the end of the year sixty-seven whole-time driver/attendants were being employed, and the Council's fleet of vehicles consisted of 24 ambulances and 23 dual purpose vehicles, the latter being used mainly for sitting case work.

Small increases in the staffs at the Bridlington, Filey and Withernsea Stations were made, and approval was given to the employment of a hospital transport officer for duties at the new Hull Royal Infirmary when this hospital opens in 1967. New stations were opened at Filey and Brough.

A reference to the table printed below will show that, although compared with 1965 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 out-patients. A considerable proportion of this increased work in connection with out-patients is associated with the further development of day centre facilities at geriatric and mental hospitals. 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 approximately 92%, or just over 910,000 miles was covered by the County fleet of 47 vehicles, the average annual mileage per vehicle being just over 19,450.

The following tables give details of the various types of work done by the service as a whole:

Types of case	1965	1966	Increase or decrease in 1966 as compared with 1965
1. Accident	2,574	2,680	+106
2. Acute illness	2,614	2,667	+53
3. General illness	4,429	4,524	+95
4. Maternity	1,119	1,047	-72
5. Tuberculosis	8	4	-4
6. Infectious disease	43	160	+117
7. Mental illness	257	251	-6
Totals (Items 1-7)	11,044	11,333	+289
8. Inter-hospital transfers	2,333	2,075	-258
9. Hospital discharges	5,456	4,804	-652
10. Out-patient and Clinic attendances	80,840	92,860	+12,020
Totals (Items 8-10)	88,629	99,739	+11,110
11. Other Cases	29,386	31,819	+2,433
Grand Totals: Cases	129,059	142,891	+13,832
Journeys	26,725	27,703	+978
Mileage	927,156	998,174	+71,018
Average patients per journey	4.8	5.2	—
Average miles per journey	34.7	36.0	—
Average miles per patient	7.2	7.0	—

Station	Journeys	Patients	Mileage	Average mileage per journey	Average mileage per patient
<i>Ambulances</i>					
Beverley	2,456	16,533	102,191	41.6	6.2
Bridlington	2,764	10,127	59,125	21.4	5.8
*Brough	29	81	857	29.6	10.6
Driffeld	899	2,908	16,424	18.3	5.6
Filey	904	3,621	36,751	40.7	10.1
Hessle	2,770	15,132	83,690	30.2	5.5
Hornsea	472	1,279	14,262	30.2	11.2
Howden	619	2,717	26,574	42.9	9.8
Pocklington	884	4,095	43,981	49.8	10.7
Withernsea	903	5,361	42,689	47.3	8.0
W.R., Selby	1,213	4,896	36,712	30.3	7.5
N.R., Malton....	277	664	6,734	24.3	10.1
York C.B.	224	233	1,944	8.7	8.3
Hull C.B.	163	167	2,155	13.2	12.9
Other Authorities	8	8	388	48.5	48.5
Totals for ambulances	14,585	67,822	474,477	32.5	7.0
<i>Sitting Case Cars</i>					
Beverley	1,642	11,746	52,564	32.0	4.5
Bridlington	2,271	8,469	51,877	22.8	6.1
*Brough	7	36	251	35.9	7.0
Driffeld	1,423	5,638	41,930	29.5	7.4
Filey	823	5,331	46,260	56.2	8.7
Hessle	1,206	10,023	41,222	34.2	4.1
Hornsea	1,480	8,572	70,894	47.9	8.3
Howden	960	6,246	59,747	62.2	9.6
Pocklington	1,048	6,452	62,550	59.7	9.7
Withernsea	1,097	8,785	60,894	55.5	6.9
York C.B.	43	49	353	8.2	7.2
Hull C.B.	10	10	111	11.1	11.1
Voluntary Car Pool	73	231	3,235	44.3	14.0
N.R., Malton....	1,007	3,451	28,334	28.1	8.2
Other Authorities	—	—	—	—	—
Totals for sitting case cars	13,090	75,039	520,222	39.7	6.9
Train	27	29	3,385	125.4	116.7
Helicopters	1	1	90	90.0	90.0
Grand Totals ...	27,703	142,891	998,174	36.0	7.0

*New station at Brough—opened 22nd December 1966.

DOMESTIC HELP SERVICE

The number of cases provided with domestic help during the year has again risen from 1,465 to 1,567. For these cases 278,050 hours of work were given, an increase of 3% on the figure for the previous year. Excluding the confinement cases, 82.5% of the people receiving help were over 65 years old.

The following figures refer to the service given in 1966:

No. of households receiving service at the beginning of 1966	868
New cases helped during the year	699
Total households receiving service	1,567

Reason for requiring domestic help:

Confinements	170
General illness	119
Chronic illnesses or old age	1,273
Mental illness	5

An in-service training course extending over five days was arranged in Beverley and was attended by 24 domestic helps from the Beverley and Haltemprice areas. It is intended that courses of this type shall become a regular feature of the service; they will be held in different parts of the County.

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 1,438 articles were loaned under these arrangements. Hospital type beds and special mattresses, etc. were on loan through this service to 46 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 Royal Voluntary Service and certain other old people's organisations, the service organised by the W.R.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 1966 there were 63 of these services in existence at which 1,600 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.

In the majority of instances the physical conditions of the patients 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 second whole-time chiropodist, and he took up his duties in August 1966.

In all, 2,971 treatments were given, and at the end of the year, 635 patients were being treated by the whole-time chiropodists and 84 by chiropodists in private practice.

CERVICAL CYTOLOGY

For some years, usually as a routine measure, 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 those who attended Family Planning Clinics. In an increasing number of instances specimens are now also being submitted from patients who have attended their general practitioners. A demand still, however, continues to exist for this examination to be provided at clinics which are organised by the County Council and regular sessions have been held in Anlaby, Beverley and Bridlington. Elsewhere, special sessions have been arranged in any part of the County as soon as the number of local requests had reached a level high enough to justify such arrangements.

During the year 138 sessions have been held in 11 centres and 3,047 women attended at these sessions. Among these, in eight cases the examination of the smear showed a positive result.

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. Seventeen such meetings have been held and 48 individual cases dealt with.

EPILEPSY AND SPASTIC PARAPLEGIA

On the register of handicapped persons maintained by the County Welfare Officer there are 31 epileptics and 20 spastics. Of the 31 epileptics, one is in residential accommodation provided by the Welfare Authority and one is in a colony. The 20 spastic cases are living in their own homes.

In addition, there are 29 epileptics and 5 spastics known to the Welfare Department, but who are not registered as handicapped persons.

Among persons ascertained as mentally sub-normal, 29 children and 55 adults are known to be epileptics, and 30 children and 20 adults are known to suffer from a degree of spastic paraplegia. Of these, 8 child and 32 adult epileptics and 9 child and 12 adult spastics are in hospitals.

Among educable children of school age, 16 epileptics and 26 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 includes facilities for domiciliary occupational therapy.

HEALTH EDUCATION

The Deputy Superintendent Nursing Officer has a special responsibility for health education, and she has again further extended the activities in this field.

In addition to the general health education and mothercraft talks given by health visitors and midwives to small groups attending ante-natal instruction classes and infant welfare centres, talks have been given to many other groups of people on various health topics, including the prevention of accidents, of cancer and of venereal diseases; preparation for retirement, and the dangers of smoking. More use has again been made of films, especially the film "To Janet a Son" and displays have been organised on various subjects.

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 420 blind and 87 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	6	1	7
11-15	2	1	3	1	—	1
16-20	2	3	5	2	1	3
21-29	3	1	4	2	3	5
30-39	7	4	11	1	—	1
40-49	19	11	30	4	3	7
50-59	22	10	32	4	1	5
60-64	13	9	22	3	5	8
65-69	18	25	43	3	2	5
70 and over ..	89	179	268	19	26	45
Totals ...	176	244	420	45	42	87

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 1966:

Age Period	Blind			Partially Sighted		
	Males	Females	Total	Males	Females	Total
Under 1	10	12	22	9	5	14
1	1	1	2	}		
2	—	—	—			
3	2	2	4		—	3
4	—	—	—			
5—10	8	5	13	1	3	4
11—15	4	1	5	—	1	1
16—20	6	3	9	—	—	—
21—29	10	7	17	1	—	1
30—39	15	5	20	—	1	1
40—49	17	14	31	5	3	8
50—59	20	23	43	4	4	8
60—64	6	26	32	3	4	7
65—69	13	16	29	5	2	7
70 and over ..	61	127	188	13	18	31
Unknown	3	2	5	1	1	2
Totals ..	176	244	420	45	42	87

During the year a total of 110 persons were examined for the first time and of these 70 were admitted to the register of blind persons, 23 were admitted to the partially sighted register and 15 were not considered to be certifiable. Two persons were certified to be blind but died before registration could be carried out.

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

	0-4	5-15	16-30	31-59	60-69	70-79	80+	Total
Blind	—	—	—	6	10	18	36	70
Partially Sighted	—	1	—	5	2	8	7	23

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

	Blindness	Partial Sight
Cataract and lens opacities	23	6
Retinopathy	1	4
Optic atrophy	1	—
Choroi-retinal degeneration	3	—
Glaucoma	11	5
Macular degeneration	14	6
Keratitis	1	2
Choroiditis	2	—
Choroidal Sclerosis	2	—
Myopia	5	—
Retinal venous obstruction	1	—
Iridocyclitis	1	—
Detachment of retina	2	—
Temporal arteritis	1	—
Trauma	1	—
Chemical Burns	1	—
Totals	70	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	1	3	—	13
(b) (i) Medical treatment...	1	3	—	8
(ii) Surgical treatment...	14	1	—	2
(iii) Optical treatment...	—	—	—	—
(iv) Ophthalmic medical supervision	13	9	—	24
No. of cases shown under (b) above who have received treatment:				
(i) Medical	1	3	—	6
(ii) Surgical	7	1	—	—
(iii) Optical	—	—	—	1

Two of the cases recommended for medical treatment and one of the cases recommended for surgical treatment have since died and in five of the cases recommended for surgical treatment offers of treatment were refused.

Ophthalmia Neonatorum

No cases of ophthalmia neonatorum occurred during the year.

MENTAL HEALTH

MENTALLY SUB-NORMAL PATIENTS

At the end of 1966 there were 731 patients known to be receiving advice or care. Of these 329 were accommodated in hospitals. The remaining 402 were living in the community and to these the mental welfare officers paid 2,339 advisory or supervisory visits during the year.

Patients in hospital

During the year 11 patients made up of 6 children and 5 adults were admitted to hospital on a long stay basis and 23 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 31 cases awaiting admission to hospital of whom 16 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...	158	133	291
Totals	186	143	329

Patients in the community

During the year 52 new cases were notified from various sources, this number being made up as follows:—

	Men & boys	Women & girls	Total
Aged under 16.....	15	14	29
Aged 16 and over.....	13	10	23
Totals	28	24	52

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

	Men & boys	Women & girls	Total
Aged under 16.....	67	42	109
Aged 16 and over.....	153	140	293
Totals	220	182	402

The Driffield Junior Training Centre has continued to be in full use and at the end of the year 52 trainees were attending. As there were no suitable children awaiting admission, 4 of these were trainees who had attained the age of 16 years and who were awaiting transfer to the Adult Training Centre in Beverley.

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 eighteen children were resident in the Hostel.

One assistant supervisor and one trainee assistant on the staff of the Junior Training Centre have been seconded for training for the Diploma for Teachers of the Mentally Handicapped.

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.

The fifty-place Adult Training Centre in Beverley was open to trainees as from the 5th December. Associated with the Centre is a Hostel in which up to eighteen places are available. At the end of the year thirty-five trainees had been accepted at the Centre. For those trainees who could attend daily, places were offered on the understanding that they could, if required, travel on public transport with the minimum of escort care between their homes and Beverley. Three trainees who were unable to attend on a daily basis were resident in the Hostel on a Monday to Friday basis.

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.

In addition to the Centres at Driffield and Beverley 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.

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

Junior Training Centres

Driffield	52
Kingston upon Hull.....	19
York	2
Rawcliffe.....	1
	—
Total	74
	—

Adult Training Centres

Beverley	35
Kingston upon Hull.....	15
York	1
	—
Total	51
	—

Home Training..... 21

Part-time Day Centre..... 9

MENTALLY ILL PATIENTS

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

<i>Home Visits</i>	7,806
<i>Hospital admissions:</i>	
Admissions for observation (Section 25).....	34
Admissions for treatment (Section 26)	3
Emergency admissions (Section 29).....	53
Informal Admissions	285
<i>Attendances at Hospitals or Out-patient clinics...</i>	488

Four hundred and forty new cases were referred to mental welfare officers and at the end of the year 587 patients were receiving supportive visits in their homes.

Arrangements were made for patients recovering from mental illness to attend at a day occupation centre at Snaith which is run by the West Riding County Council. At the end of the year one patient was attending.

At the end of the year 10 patients were attending the Mental Health Social Club at Bridlington.

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 1966 review made certain changes. These were partly due to delays in the implementation of the development programme consequent upon the limitations on capital expenditure resulting from the difficulties in the national economic situation, and partly because of a re-appraisal of priorities and new staff requirements associated with changing demands and population increases.

The amended development programme for the period 1967 to 1977 is set out below.

Year	Staff	Equipment	Buildings
1967/68	2 Health Visitors 2 District Nurses *1 Mental Welfare Officer *1 Transport Officer (Hull Royal Infirmary) *3 Ambulance Driver/ Attendants (for night control staffing) 1 Attendant—Junior Training Centre 1 Chiropodist	—	Driffield—Additional classroom—Junior Training Centre Pocklington—Divisional Health Office and Clinic *Thorngumbald—Small clinic and nurse's flat
1968/69	2 Health Visitors 1 District Nurse	—	Bridlington—Divisional Health Office and Clinic Hessle—Clinic Home for Mentally Disturbed Elderly Persons
1969/70	3 Health Visitors 1 District Nurse 2 Ambulance Driver/ Attendants 1 Mental Welfare Officer	1 Ambulance	Beverley—Divisional Health Office and Clinic Junior Training Centre
1970/71	1 Medical Officer 2 Health Visitors 2 District Nurses 8 Staff for Home for Mentally Disturbed Elderly Persons	—	Willerby—Clinic Brough—Small Clinic and nurse's flat Hornsea—Small Clinic and nurse's flat Hedon—Ambulance Station
1971/72	2 Health Visitors 1 District Nurse 4 Ambulance Driver/ Attendants 4 Staff for Junior Training Centre 1 Chiropodist	2 Ambulances	Norton—Small Clinic and nurse's flat Howden—Small Clinic and nurse's flat Market Weighton— Small Clinic and nurse's flat Home for Mentally Disturbed Elderly Persons
1972/73 to 1976/77	9 Health Visitors 3 District Nurses 2 Mental Welfare Officers 6 Staff for Adult Training Centre 8 Staff for Home for Mentally Disturbed Elderly Persons	—	6 Small Clinics and nurses' flats at South Cave, Hedon, Filey, Hunmanby, North Ferriby & Dunnington Cottingham—Extension of Clinic Adult Training Centre

*Brought forward from programme for 1966/67.

REGISTRATION OF NURSING HOMES

At the end of the year there was one private nursing home registered providing 17 beds, most of which were occupied by chronically ill patients.

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 fifteen nurseries, providing accommodation for 372 children, and eighteen daily minders, offering places for 249 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. The Health Committee has 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 1966, 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 the Water Board 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 sewerage and sewage disposal facilities for the villages of Swanland and North Ferriby. (revised scheme)
Provision of sewerage and sewage disposal facilities for the village of Leconfield.
- Derwent R.D.....Provision of joint sewerage and sewage disposal facilities for the villages of North Duffield and Skipwith.
Extension of 6" diameter sewer in York Road, Elvington.
- Driffield R.D.....Provision of sewerage and sewage disposal facilities for the village of Nafferton (revised scheme).
- Holderness R.D.....Provision of sewerage and sewage disposal facilities for the village of Ganstead.
- Norton R.D.....Provision of sewerage and sewage disposal facilities for the village of Langton.
- East Yorkshire (Wolds Area)
Water Board.....Provision of mains water supply to eight farms at North Newbald.

In the case of two schemes submitted by the Driffield Rural District Council for providing separate sewerage and sewage disposal facilities for the villages of Middleton-on-the-Wolds and for Southburn, Kirkburn and Tibthorpe, the County Council decided, in the light of recommendations made by their Consulting Engineer in his reports on the two schemes, that the District Council should, for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944, be asked to investigate the possibility of dealing at one central disposal works with the sewage from the villages in question.

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 of water supply:

- Beverley M.B.....Provision of piped water supply to the village of Weel (contribution considered annually).
- Beverley R.D.....Lockington, Lund, Kilnwick and Beswick Sewerage and Sewage Disposal Scheme.
Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).
- Bridlington R.D.....Skipsea area Sewerage and Sewage Disposal Scheme.
- Derwent R.D.....Dunnington Sewerage and Sewage Disposal Scheme (extension).

- Driffield R.D.....Regional Water Supply Scheme (contribution considered annually).
- Holderness R.D.....Burton Pidsea Sewerage and Sewage Disposal Scheme.
- Howden R.D.....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).
- 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 properties in Bampton Short Lane, Bridlington.
Provision of mains water supply to eight farms at North Newbald.

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1965-1966, under Section 56(1) of the Local Government Act, 1958, to the Haltemprice Urban District Council, towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme.

Contributions under Section 56(1) of the above Act were, however, made to the Withernsea Urban District Council in respect of the financial years 1964-65 and 1965-66 towards the cost of carrying out the Withernsea Main Drainage Scheme.

The County Council also undertook to consider each year, following the incurring of expenditure by the Beverley Corporation on a proposed sewerage and sewage disposal reconstruction scheme for the Borough, what contribution, if any, the Council would make towards the total rate burden of the Borough.

HOUSING

The number of houses completed during 1966 was 2,033. Of these 287 were built by the District Councils and 1,746 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 1966:

District	Houses Completed		In course of Erection	
	Local Authorities	Private Enterprise	Local Authorities	Private Enterprise
Beverley M.B.	1,088	1,113	12	65
Bridlington M.B.	855	2,056	149	42
Hedon M.B.	144	131	—	—
Driffield U.D.	167	445	—	30
Filey U.D.	315	619	—	11
Haltemprice U.D.	2,040	4,523	106	131
Hornsea U.D.	351	591	—	18
Norton U.D.	287	219	—	51
Withernsea U.D.	329	135	14	13
Beverley R.D.	1,140	2,632	20	157
Bridlington R.D.	355	354	4	22
Derwent R.D.	605	1,758	8	72
Driffield R.D.	372	371	6	28
Holderness R.D.	965	2,065	98	82
Howden R.D.	657	500	—	30
Norton R.D.	438	174	8	5
Pocklington R.D.	994	738	24	47
Totals	11,102	18,424	449	804

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. In carrying out their duties, the sampling officers have submitted 569 samples of foods and drugs for analysis by the Public Analyst. These included 180 samples of milk. In the course of visits to shops and factories, large numbers of pre-packed articles of food have been carefully examined to ensure that they were properly described and labelled.

A summary of the samples is given below:

	No. of samples taken	No. of samples found to be Unsatisfactory
Beverages (including tea, coffee, minerals, fruit juices, squashes)	72	2
Confectionery	57	2
Drugs	25	—
Fats (including butter and cheese)	17	1
Fish and meat products (including sausages) ..	71	11
Fruit and vegetable products, (fresh, canned and frozen)	30	—
Intoxicating Liquor	8	—
Milk	180	17
Milk products	23	—
Pickles	4	—
Preserves	31	5
Seasonings	20	1
Miscellaneous	31	—
Totals	569	39

In connection with the 39 samples which were reported as unsatisfactory, legal proceedings were instituted in three cases. In one case a dairy firm was fined for selling milk deficient in milk fat and in another case a butcher was fined because the sample of sausage meat was deficient in meat content. The third case, which related to a sample of milk showing the presence of extraneous water, was dismissed.

Five prosecutions were also instituted in respect of complaints made by purchasers. Four of these related to pieces of glass in bottles of milk; in two cases the appropriate dairy company was fined, one case was dismissed and the other was withdrawn. The other prosecution concerned sausages which were contaminated with mould; the retailer was fined.

All other infringements, which were of a minor nature, were brought to the notice of the manufacturers concerned, with a view to full compliance with the requirements of the Act and Regulations in the future.

One of these infringements was the presence of penicillin in a sample of milk. Following this finding a letter was sent to all producer-retailers of milk in the County asking for their co-operation in ensuring that milk from cows injected with any anti-biotic substance should be discarded for at least the full period of time recommended by the manufacturer of the anti-biotic used.

The average standards of the 180 milk samples were:—

	% Fat	% Solids not fat
Untreated milk	3.713	8.658
Pasteurised milk	3.656	8.732
Channel Islands milk	4.539	9.004
Sterilised milk	3.658	8.731

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.

Contamination of Foodstuffs by Toxic Chemicals

In July 1965 the County Council agreed, in conjunction with the County Councils Association and other Local Authority Associations, to participate in a scheme of sampling to determine the extent of contamination of foodstuffs by toxic chemicals. For the purpose of the scheme, seven zones were defined and zone No. 4 comprised the North, East and West Ridings of Yorkshire, Durham County and fourteen northern County Boroughs, including Kingston upon Hull. A minimum of 336 samples are to be tested in zone 4 (12 from the East Riding) and more than 2,000 annually from the seven zones.

New Regulations and Reports

The following Regulations and Reports were issued during 1966: The Cheese Regulations—which specify permitted ingredients and other requirements for the composition, description and labelling of various types of cheese.

Antioxidants in Food Regulations—which amend the Regulations of 1958 by—

- (1) prohibiting antioxidants in food for babies and young children;
- (2) permitting certain antioxidants in fruit and food containing relatively large amounts of vitamin 'A'; and
- (3) prescribing specifications for 'permitted' antioxidants.

Salad Cream Regulations—which amend the Salad Cream and Mayonnaise Order, 1945, by specifying requirements for the composition, description and labelling of salad cream.

Colouring Matter in Food Regulations—these supersede the Regulations of 1957 and—

- (1) prescribe certain colouring matter which may be added to food;
- (2) limit the use of colouring matter in certain named foods;
- (3) regulate the amounts of certain minerals contained in colouring matter; and
- (4) revise the advertisement and labelling requirements for colouring matter.

Mineral Hydrocarbons in Food Regulations—which re-enact with amendments the Regulations of 1964 and—

- (1) prescribe a new test for the determination of mineral hydrocarbons;
- (2) amend the specifications of mineral hydrocarbons;
- (3) permit the presence of mineral hydrocarbons in cheese rinds.

Butter Regulations—which revise the compositional standard for butter and the requirements for labelling and advertisement.

The Food Standards Committee's Report on Food Additives and Solvents—The Report recommends—

- (1) that regulations should apply to certain defined solvents and that solvents should be properly labelled;
- (2) that certain additives, subject to standards of purity, should be permitted in food.

The Food Standards Committee's Report on Claims and Misleading Descriptions—

This report follows a previous report on Food Labelling, and recommendations are made in respect of all types of claims and descriptions used in relation to food. These cover specific claims that foods (*a*) are sources of energy vitamins or minerals; (*b*) have restorative or tonic properties or are designed to assist in weight reduction; (*c*) are depicted correctly in words, phrases and pictorial devices and (*d*) that such words as fresh, natural, home-made, butter and cream, are correctly and fairly used in the description of food.

MILK AND DAIRIES REGULATIONS

A total of 1,043 samples of milk were submitted to the Public Health Laboratory for the usual tests for general cleanliness and for correct and efficient heat treatment where applicable.

At the end of the year there were 479 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 95 visits of inspection and 470 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	131	123	—	8	130	1
Bridlington Borough	79	76	—	3	79	—
Totals	210	199	—	11	209	1

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	52	46	6	—	—	—	—	—
Pasteurised	288	269	7	12	287	1	—	—
Sterilised	66	—	—	—	—	—	66	—
Totals	406	315	13	12	287	1	66	—

PRODUCER/RETAILERS

Grade	Number of Samples	Methylene Blue Test		
		Satisfactory	Unsatisfactory	Test void
Untreated	107	88	16	3

Ninety-one of these samples were also submitted for biological examination.

SCHOOL MILK SUPPLIES

Grade	Number of Samples	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory
Pasteurised	307	297	3	7	306	1
Untreated	9	7	1	1	—	—
Totals	316	304	4	8	306	1

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. There were no unsatisfactory reports.

BIOLOGICAL EXAMINATIONS OF MILK

	Number of samples	Tubercle		Brucella abortus	
		Negative	Positive	Negative	Positive
Producer/Retailers	91	91	—	86	5
Schools	4	4	—	4	—
Dealers	37	37	—	37	—
Totals	132	132	—	127	5

Five samples of untreated milk submitted for biological examination were reported positive for brucella abortus.

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. The County officers assisted in the tracing of infected cows by taking 57 individual cow samples at two of the farms concerned.

Discussions have been held with the County Medical Officer of Health, the District Medical Officers of Health and the Director of the Public Health Laboratory, and it has been agreed that as soon as the necessary arrangements can be made, sampling for brucella abortus examination will be undertaken from churn milk at the farms. These samples will be subjected to a milk 'ring' test and/or a culture test as appropriate. Results of these tests, available within approximately one week of sampling, will be notified to the District Medical Officers of Health for remedial action where samples are reported positive.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants in the area.

I wish to record my thanks to the Sampling Officers, the County Medical Officer of Health 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 of Weights and Measures
and Chief Sampling Officer.

Veterinary Inspection of Dairy Herds

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for information about the inspections of dairy herds which were carried out during the year. He states that 700 herds were inspected involving 23,194 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.

Three cases of tuberculosis were found clinically or biologically and four cows were found to be positive for tuberculosis at post mortem. There were no cases of tuberculosis of the udder.

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

SMALLPOX

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

TYPHOID AND PARATYPHOID FEVER

No cases of typhoid or paratyphoid were notified.

SCARLET FEVER

Fifty-one cases of this disease were notified compared with 71 in the previous year.

DIPHTHERIA

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

PUERPERAL PYREXIA

Two women were reported to be suffering from puerperal pyrexia, compared with 4 in the previous year.

OPHTHALMIA NEONATORUM

As in 1965 no cases of ophthalmia neonatorum were notified.

MENINGOCOCCAL INFECTION

Two cases were notified compared with none in the previous year

MEASLES

The number of notifications of measles received was 966 as compared with 3,543 in 1965.

WHOOPING COUGH

There were 65 notifications of whooping cough during 1966 compared with 56 in 1965.

ACUTE POLIOMYELITIS

As in 1965 no cases of paralytic poliomyelitis were notified.

NOTIFIABLE INFECTIOUS DISEASES - 1957 to 1966

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

DISEASE	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Scarlet Fever	78	141	125	134	68	39	64	62	71	51
Whooping Cough	234	83	60	235	60	8	206	169	56	65
Diphtheria	—	2	—	—	—	—	—	—	—	—
Measles	3,156	1,499	3,549	73	4,107	741	3,409	1,268	3,543	966
Pneumonia	134	104	114	69	111	60	42	45	32	28
Meningococcal Infection ..	5	—	2	1	2	4	4	3	—	2
Acute Poliomyelitis:										
Paralytic	1	19	1	1	8	2	—	1	—	—
Non-Paralytic	—	10	—	—	2	—	—	—	—	—
Encephalitis:										
Infective	1	1	—	—	—	1	—	—	—	—
Post-Infectious	—	2	1	—	—	—	—	—	—	—
Dysentery	198	321	471	253	259	277	44	127	157	226
Ophthalmia Neonatorum ..	—	1	—	1	1	2	—	1	—	—
Puerperal Pyrexia	39	19	18	13	9	15	3	11	4	2
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	26	4	—	—	1	1	3	1	1	—
Typhoid Fever	1	2	4	—	—	—	4	1	—	—
Food Poisoning	67	95	126	42	49	55	41	30	36	30
Erysipelas	22	14	11	11	9	9	9	1	6	4
Malaria	—	—	—	—	1	—	—	1	—	1
Tuberculosis:										
Pulmonary	81	38	57	52	41	41	34	38	33	16
Meninges and C.N.S. ..	—	1	1	1	—	—	1	—	2	—
Other forms	19	13	11	10	8	5	9	3	4	2
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 10 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 124 persons have been vaccinated. This figure includes 22 infants vaccinated soon after birth.

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

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

Barlby	Leconfield R.A.F.
Beverley	Market Weighton
Brandesburton	Melton
Bridlington	North Ferriby
Driffield	Norton
Easington	Patrington
Elloughton	Pocklington
Everthorpe	Preston
Filey	Sherburn
Hedon	Skirlaugh
Hessle	Stamford Bridge
Holme-on-Spalding-Moor	University of York
Hornsea	Wilberfoss
Keyingham	Withernsea

A total of 9,519 people attended at these sessions, among whom one case of active tuberculosis was diagnosed.

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

NEW CASES

Eighteen primary notifications of tuberculosis were received (16 pulmonary and 2 non-pulmonary).

TABLE I

Cases of Infectious Disease Notified

Notifiable Disease	Urban Districts	Rural Districts	Administrative County
Scarlet Fever	24	27	51
Whooping Cough	38	27	65
Diphtheria (including Membranous Croup)	—	—	—
Measles	427	539	966
Pneumonia	9	19	28
Meningococcal Infection	2	—	2
Acute Poliomyelitis:			
Paralytic	—	—	—
Non-paralytic	—	—	—
Encephalitis:			
Infective	—	—	—
Post-infectious	—	—	—
Dysentery	179	47	226
Ophthalmia Neonatorum ...	—	—	—
Puerperal Pyrexia	2	—	2
Smallpox	—	—	—
Paratyphoid Fevers	—	—	—
Typhoid Fever	—	—	—
Food Poisoning	28	2	30
Erysipelas	—	4	4
Malaria	—	1	1
Tuberculosis:			
Pulmonary	9	7	16
Meninges and C.N.S.	—	—	—
Other forms	—	2	2
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 1966

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 1966 mid-year	Live Births				Illegitimate Live Births		Deaths				Principal Epidemic Diseases		Pulmonary Tuberculosis		Other forms of Tuberculosis		Respiratory Disease		Heart Disease		Malignant Disease							
			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	No.	Rate per 1,000 total births	No.	Rate per 1,000 live births		
Administrative County	224,031	245,310	3,838	15.65	1.06	16.59	196	0.80	3,203	13.06	0.86	11.23	6	0.02	7	0.03	1	<0.01	347	1.41	1,114	4.54	586	2.39	59	15.14	76	19.80		
M.B.s and U.D.s	114,086	123,810	1,925	15.55	1.09	16.95	114	0.92	1,850	14.94	0.78	11.75	5	0.04	6	0.05	1	0.01	193	1.56	647	5.23	366	2.96	22	11.30	35	18.18		
Rural Districts	109,945	121,500	1,913	15.74	1.04	16.37	82	0.67	1,353	11.14	0.96	10.69	1	0.01	1	0.01	—	—	154	1.27	467	3.84	220	1.81	37	18.97	41	21.43		
BUCKROSE DIVISION																														
Bridlington M.B.	26,023	26,370	354	13.42	1.24	16.64	35	1.33	491	18.62	0.63	11.73	—	—	1	0.04	—	—	31	1.18	211	8.00	101	3.83	3	8.40	6	16.95		
Driffield U.D.	6,892	6,920	112	16.18	1.04	16.83	8	1.16	156	22.54	0.54	12.17	1	0.14	—	—	—	—	22	3.18	43	6.21	25	3.61	1	8.85	—	—		
Filey U.D.	4,703	5,060	87	17.19	1.36	23.38	7	1.38	78	15.42	0.71	10.95	—	—	1	0.20	—	—	6	1.19	28	5.53	15	2.96	—	—	—	—		
Bridlington R.D.	8,814	8,810	99	11.24	1.17	13.15	4	0.45	115	13.05	0.85	11.09	—	—	—	—	—	—	10	1.14	41	4.65	22	2.50	5	48.08	4	40.40		
Driffield R.D.	10,862	10,420	177	16.99	1.06	18.01	10	0.96	118	11.32	1.02	11.55	—	—	—	—	—	—	12	1.15	39	3.74	20	1.92	1	5.62	3	16.95		
Totals	57,294	57,580	829	14.40	—	—	64	1.11	958	16.64	—	—	1	0.02	2	0.03	—	—	81	1.41	362	6.29	183	3.18	10	11.92	13	15.68		
HALTEMPRICE DIVISION																														
Haltemprice U.D.	42,386	49,750	698	14.03	0.99	13.89	27	0.54	625	12.56	0.91	11.43	3	0.06	2	0.04	1	0.02	84	1.69	207	4.16	118	2.37	12	16.90	13	18.62		
HOLDERNESSE DIVISION																														
Beverley M.B.	16,031	17,030	336	19.73	1.01	19.93	18	1.06	187	10.98	1.04	11.42	—	—	—	—	—	—	17	1.00	66	3.88	47	2.76	2	5.92	7	20.83		
Hedon M.B.	2,345	2,530	31	12.25	1.14	13.97	2	0.79	48	18.97	0.91	17.26	1	0.40	1	0.40	—	—	8	3.16	14	5.53	10	3.95	—	—	—	—		
Hornsea U.D.	5,955	6,120	91	14.87	1.22	18.14	5	0.82	91	14.87	0.72	10.71	—	—	1	0.16	—	—	7	1.14	25	4.08	19	3.10	1	10.87	2	21.98		
Withernsea U.D.	4,981	4,970	117	23.54	1.20	28.25	6	1.21	86	17.30	0.76	13.15	—	—	—	—	—	—	9	1.81	18	3.62	15	3.02	3	25.00	5	42.74		
Beverley R.D.	23,213	28,330	460	16.24	0.97	15.75	16	0.56	293	10.34	0.96	9.93	—	—	—	—	—	—	24	0.85	120	4.24	41	1.45	7	14.99	5	10.87		
Holderness R.D.	20,409	23,710	394	16.62	1.01	16.79	9	0.38	215	9.07	1.04	9.43	1	0.04	—	—	—	—	28	1.18	69	2.91	35	1.48	7	17.46	12	30.46		
Totals	72,934	82,690	1,429	17.28	—	—	56	0.68	920	11.13	—	—	2	0.02	2	0.02	—	—	93	1.12	312	3.77	167	2.02	20	13.80	31	21.69		
HOWDENSHIRE DIVISION																														
Norton U.D.	4,770	5,060	99	19.57	1.12	21.92	6	1.19	88	17.39	0.89	15.48	—	—	—	—	—	—	9	1.78	35	6.92	16	3.16	—	—	2	20.20		
Derwent R.D.	13,648	16,040	283	17.64	1.01	17.82	13	0.81	226	14.09	0.78	10.99	—	—	—	—	—	—	46	2.87	68	4.24	34	2.12	6	20.76	11	38.87		
Howden R.D.	12,038	12,450	192	15.42	1.06	16.35	10	0.80	145	11.65	1.04	12.12	—	—	—	—	—	—	12	0.96	56	4.50	23	1.85	2	10.30	3	15.62		
Norton R.D.	7,015	6,960	94	13.51	1.09	14.73	4	0.57	62	8.91	1.04	9.27	—	—	1	0.14	—	—	5	0.72	21	3.02	10	1.44	2	20.83	1	10.64		
Pocklington R.D.	13,946	14,780	214	14.48	1.10	15.93	16	1.08	179	12.11	1.00	12.11	—	—	—	—	—	—	17	1.15	53	3.59	35	2.37	7	31.67	2	9.35		
Totals	51,417	55,290	882	15.95	—	—	49	0.89	700	12.66	—	—	—	—	1	0.02	—	—	89	1.61	233	4.21	118	2.13	17	18.91	19	21.54		

THE UNIVERSITY OF CHICAGO

NAME		RESIDENCE		DATE		REMARKS	
1	1914	1915	1916	1917	1918	1919	1920
2	1921	1922	1923	1924	1925	1926	1927
3	1928	1929	1930	1931	1932	1933	1934
4	1935	1936	1937	1938	1939	1940	1941
5	1942	1943	1944	1945	1946	1947	1948
6	1949	1950	1951	1952	1953	1954	1955
7	1956	1957	1958	1959	1960	1961	1962
8	1963	1964	1965	1966	1967	1968	1969
9	1970	1971	1972	1973	1974	1975	1976
10	1977	1978	1979	1980	1981	1982	1983
11	1984	1985	1986	1987	1988	1989	1990
12	1991	1992	1993	1994	1995	1996	1997
13	1998	1999	2000	2001	2002	2003	2004
14	2005	2006	2007	2008	2009	2010	2011
15	2012	2013	2014	2015	2016	2017	2018
16	2019	2020	2021	2022	2023	2024	2025

TABLE V

**Vital Statistics of Whole District during 1966,
and previous Years**

YEAR	Estimated Population	LIVE BIRTHS		NET DEATHS BELONGING TO THE DISTRICT			
				Under 1 year of age		At all ages	
		Number	Rate	Number	Rate per 1,000 Live Births	Number	Rate
1944	185,940	3,562	19·2	156	44	2,409	13·1
1945	183,450	3,109	17·0	135	43	2,396	13·1
1946	194,720	3,739	19·2	139	37	2,355	12·1
1947	200,110	3,872	19·4	155	40	2,405	12·0
1948	205,900	3,432	16·7	111	32	2,205	10·7
1949	209,343	3,308	16·1	98	30	2,498	12·2
1950	212,070	3,187	15·0	83	26	2,423	11·4
1951	212,900	3,079	14·5	87	28	2,646	12·4
1952	212,600	3,173	14·9	76	24	2,432	11·4
1953	214,000	3,219	15·0	87	27	2,582	12·1
1954	217,000	3,085	14·2	71	23	2,687	12·4
1955	217,100	2,999	13·8	71	24	2,624	12·1
1956	217,500	3,141	14·4	76	24	2,707	12·4
1957	218,500	3,280	15·0	69	21	2,657	12·2
1958	218,900	3,136	14·3	70	22	2,753	12·6
1959	221,200	3,307	15·0	59	18	2,722	12·3
1960	224,470	3,477	15·5	67	19	2,745	12·2
1961	224,510	3,573	15·9	60	17	2,938	13·1
1962	228,530	3,735	16·3	65	17	2,857	12·5
1963	232,170	3,885	16·7	81	21	2,987	12·9
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
1966	245,310	3,838	15·6	76	20	3,203	13·1

TABLE VI

Rainfall Returns, 1966

Station	Height of rain gauge above sea level	Observer	Total Rain-fall	Number of days on which one-tenth of an inch or more of rain fell	Average rainfall during the 10 years 1956 to 1965
Hempholme.....	11 feet	Mr. W. F. Gilbert	inches 31·56	199	inches 26·65
Beverley	34 feet	Mr. B. T. H. Johnson..	34·22	204	25·37
North Cave	35 feet	Maj. J. H. Carver, J.P..	31·59	202	26·06
Hornsea	35 feet	Mr. J. H. D. Howlett .	30·54	217	25·29
Bridlington	60 feet	Mr. H. Ackroyd.....	33·76	208	27·95
Lowthorpe	63 feet	Mr. C. Kettlewell	29·84	207	25·07
Scampston	100 feet	Mr. C. Brown	28·83	159	26·01
Filey	122 feet	Mr. J. Hustwit.....	29·18	188	25·30*
Dalton Holme...	150 feet	Mr. R. C. Crossley ...	34·39	230	28·13
Birdsall.....	304 feet	Birdsall Estate Co. Ltd.	33·28	248	31·01

* Average for 8 years 1958 to 1965.

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
1966

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 1966.

I am pleased to report that after a long interval the vacant post of Educational Psychologist was filled in November. The full establishment of medical staff has been maintained, and the Authority has also been fortunate in having the services of a Principal School Dental Officer, six full-time dental officers and five part-time officers whose combined services provide the equivalent of a further full-time dentist.

Dr. Holroyd retired from the post of County Oculist in July after serving in this capacity since 1944. The Regional Hospital Board has not been able to replace Dr. Holroyd and all children found to require refraction tests have been referred to their general practitioner. A similar arrangement has also been made for those children who have already obtained glasses but who were due for re-examination. In order to improve this rather unsatisfactory position, arrangements have been made with the Regional Hospital Board to train two medical officers on the County staff to undertake refraction work for school children.

A selective form of medical examination has been carried out for the intermediate age group of school children during the past eighteen months following a trial in selected schools over a period of three years. A similar type of selective examination has also been arranged in a number of secondary schools in different parts of the County. The success or otherwise of this trial will no doubt determine the Authority's decision about future trends in this direction.

The total number of routine audiometric examinations has substantially increased as all school children were given a pure tone audiometric screening test before reaching the age of seven years. As a result, an increased number of children have been found to have some degree of deafness and special provision has been made for these children within the educational system.

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, 1967.

GENERAL STATISTICS

Number of Schools—Primary	176
Secondary	21
Nursery	1
Special.....	1
Number of Pupils—Primary	21,958
Secondary	13,276
Nursery	40
Special (a) From the County.....	102
(b) From other Authorities....	14
	<hr/>
Total	35,390
	<hr/>

Number of pupils attending schools maintained by other Authorities	1,576
Number of pupils attending special schools in other Authorities areas	76

MEDICAL INSPECTIONS

The total number of pupils submitted for routine medical examinations was 8,693 and among these were found 651 defects needing treatment and 2,927 defects requiring observation. In addition to these routine inspections 270 special examinations were carried out, and as a result 36 defects were found which required some form of medical treatment, and 37 defects were noted for which only observation was necessary. Four thousand and twenty four re-examinations were also carried out making a total of routine and special medical examinations of 12,717.

The detailed figures relating to routine medical inspections conducted during the year are shown in the table on page 82.

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
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
1966	8,693	5	0.06

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>1965</u>	<u>1966</u>
Number of routine health survey examination sessions	602	543
Number of health survey examinations carried out	62,091	55,740
Number of children found infested.....	415	427
Number of follow-up visits.....	114	91
Visits to homes:		
Number of homes visited.....	891	805
Number of children seen for—		
Uncleanliness	472	357
Minor ailments	84	116
General condition.....	39	26
Other reasons.....	523	558
TOTALS	<u>1,118</u>	<u>1,057</u>

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
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
1966	55,740	427	35,390	1.2

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

A total of 291 children were found at periodic and special medical inspections in schools to be in need of treatment for eye defects. Of these 241 had defective vision, 35 were suffering from squint and 15 had other defects. In addition, 937 children were under observation compared with 968 in the previous year, and of these 820 were under observation for defective vision, 96 for squint and 21 for other defects.

Refraction clinics were held at 13 centres in the County until July when the medical officer appointed by the Regional Hospital Board to staff these clinics retired.

The Regional Hospital Board has been unable to fill this vacancy and as a result those children found at routine medical examinations to require refraction are referred to their general practitioner, who may then refer the child to hospital or in a number of cases direct to an ophthalmic optician. Similarly all children due for re-examination since July have been referred to their family doctor with details of their previous ophthalmic prescription and arrangements for the further testing of these children have been left in his hands.

The position at the present time with regard to the refraction of children is not entirely satisfactory as the number on the waiting lists of hospitals is increasing and children may have to wait a number of weeks before they are seen. Representations have been made to the Regional Hospital Board about this difficulty. In order to improve the local position the Authority has arranged for two of the full-time medical staff to receive training in refraction work so that in due course they may be able to fill at least partially the gap left by the inability of the Regional Hospital Board to fill the vacant post.

ORTHOPAEDIC AND POSTURAL DEFECTS

Of the children examined at periodic medical inspections, 32 were found to require treatment because of orthopaedic defects. In addition, 218 children examined were referred for observation as it was not considered that treatment was required at that time.

One child was also referred for treatment and two for observation from special medical examinations. Of the 33 children requiring treatment, 4 had postural defects, 14 defects of the feet and 14 had other orthopaedic defects. Twelve children were also admitted to the Adela Shaw Hospital, Kirbymoorside.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

One-hundred-and-eighty-one children were found at routine and special medical examinations to be in need of treatment for defects of the ear, nose and throat. In addition, 657 children were referred for observation.

Special audiometric sessions were held throughout the county and 1,982 children were examined by means of the pure tone audiometer. One-hundred-and-twenty-eight cases in which some degree of deafness was discovered were referred to an ear, nose and throat consultant through the family doctor.

A part-time teacher of the deaf was employed by the Authority to visit deaf children in their homes in order to carry out assessment when necessary. In addition all parents of deaf children were instructed by this teacher in the techniques of helping their children who are deaf or partially hearing so that the maximum use can be made of the available hearing. Where a hearing aid has been provided, parents are instructed in its use.

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		1966	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)....	—	1	1	1
Ringworm (body)....	—	—	1	1
Scabies	—	—	3	2
Impetigo	9	2	13	14
Other skin diseases...	239	32	420	24
Minor eye defects....	81	1	83	20
Minor ear defects and deafness	65	1	74	15
Minor injuries, bruises, etc.....	779	16	804	39
Totals ...	1,173	53	1,399	116

The number of attendances for treatment of minor ailments was 3,097 compared with the previous year's figures of 3,147. In addition 135 home visits were made to 116 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 3,557 children of whom 2,939 (i.e. 82.6%) accepted. A total of 2,705 children were skin tested and of these 2,151 (i.e. 79.5%) 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 Skin tested	Positive reactors	Negative reactors	Number vaccinated
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
1966	2,705	488 (18.0%)	2,151	2,137

SPEECH THERAPY

At the end of the year the speech therapy staff consisted of six part-time therapists giving the equivalent of 1.6 in full time service as against an establishment of three full-time speech therapists. The difficult staffing position has resulted in an increased number of children on the waiting list for speech therapy, 187 at the end of 1966 as against 127 at the end of the previous year. Sessions have been held at seventeen centres as shown on page 81.

A total of 257 children were referred for speech therapy and 154 children were receiving treatment at the year end.

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	111
Dysarthria	1
Cleft Palate	5
Stammer	34
Other defects	3
Total	154

One-hundred-and-seventy-nine children were discharged and this included 51 cases who refused treatment or for whom treatment was not required after the initial examination.

ETTON PASTURE SCHOOL

All children in the school are under the care of a general practitioner who pays a regular weekly visit in order to supervise their health and visits more frequently when any of the children are ill. School nurses attend at the school regularly once or twice each week in order to deal with minor ailments or any conditions which require dressings or other types of treatment. In addition regular routine medical inspections are carried out on all children at least twice a year, these include audiometric tests, eye testing, and any other special examinations which may be indicated for individual children.

No serious outbreaks of infectious disease occurred but in January two boys had an attack of infective jaundice and in December one boy developed mumps. Apart from this the health of the children attending the school has been satisfactory.

HEALTH EDUCATION

A considerable amount of Health Education in schools is undertaken by the teaching staff. In addition lectures and discussions have been given by school medical officers and nurses to different age groups of school children on a variety of health topics. These have included, The Prevention of Accidents in the Home, First Aid and Home Nursing, Maternity and Child Care, Smoking and Health, and Venereal Disease.

Lectures have also been given in connection with the Duke of Edinburgh's Award Scheme in a number of secondary schools.

A "Manikin" model for demonstrating mouth to mouth breathing is available for use by all schools in the County and a number of lecture demonstrations have been given on this subject.

INFECTIOUS DISEASES IN SCHOOLS

In January the attention of all teaching staff was drawn to the prevalence of influenza in certain parts of the County. All schools were issued with a circular letter setting out the main symptoms of this illness and its possible course. Directions were given to teaching staff about the best methods of preventing the spread of infection and the appropriate treatment for any children who became ill. In a number of schools the attendance rate dropped as low as 30-40% of pupils. In most cases the illness was relatively mild, the signs and symptoms were those usually associated with influenza, namely, malaise, rise of temperature, respiratory infection with occasional chest complications. In a small number of cases children became seriously ill.

A small outbreak of sonne dysentery occurred in an infant's school in the Howdenshire area during the second half of the Autumn Term. Twenty-seven children and one teacher were infected out of a total school population of 82 children. In the majority of cases the illness was of short duration and the outbreak was confined almost entirely to this infant school. The only other children in the area to become infected were in some instances the older brothers and sisters of these infant school children.

During November and December an outbreak of sonne dysentery occurred in the Haltemprice area, and a total of thirty-one children were affected.

Three children in the Haltemprice area were found to be infected with horse ringworm. The infection was traced back to a riding school where a horse was found to have ringworm, and this was subsequently treated and cleared.

PROVISION OF MILK AND MEALS

An increased number of school meals were supplied to pupils in County schools. This increase has been a consistent feature of this service in recent years. The total rose from 20,576 to 21,901 per day, that is a percentage rise from 65.28 to 67.29. This percentage increase was mainly confined to primary schools which rose from 59.20 to 62.50. In secondary schools the percentage remained static at 74.86. Three new primary school canteens were opened during the year.

There was a small increase in the number of children taking milk in schools. This was mainly accounted for by children in primary schools in which the number rose from 17,750 to 18,318. However, the total percentage of children taking milk declined from 77.30 to 75.39 due to a fall in the number of children in secondary schools who consumed this commodity. This figure dropped from 6,830 to 6,330. In addition milk was supplied to 1,656 pupils in non-maintained schools.

All milk supplied was pasteurised with the exception of one school where it was not possible to obtain pasteurised milk and untreated milk was given to forty-two pupils. The milk was issued in one-third pint bottles with drinking straws, except in the school where raw milk was consumed from one pint bottles.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Over all there was little change in the establishment of dental officers during the year. One part-time dental officer resigned, while one part-time dental officer was appointed. The dental auxiliary resigned in March and the vacancy was filled in September. Nevertheless, another full-time dental officer is needed to provide for the basic requirements of a dental service that is "to make available dental treatment for all school children attending maintained schools or otherwise the responsibility of the Local Education Authority". After this further appointment it would seem that the ministerial advice "that authorities may find it better to work empirically by expanding their dental staff as opportunity offers until the requirements of the Model Scheme are met and maternity and child welfare patients adequately cared for" would be eminently suitable to follow.

The length of service of dental auxiliaries is something which has merited some discussion. The first auxiliary appointed to this Authority resigned after one-and-a-half years to get married and it is possible that frequent appointments and resignations may occur with this category of ancillary in the future. The experimental scheme for dental auxiliaries terminated earlier in the year and the Government have now accepted that dental auxiliaries have a valuable contribution to make to the dental health of the community. This class of ancillary will now be established on a permanent basis in the light of the terms of the Dentists Act, 1967.

Dental Health

There was a continuation of the procedures successfully employed in previous years by the dental hygienist with support from the dental auxiliary. The method of presentation of material requires a great deal of thought from year to year and much depends on the inventiveness of the ancillary in this respect. The programme obviously has to be varied annually for most age groups and it is a little unfortunate that for children at some primary schools films are difficult to show because of lack of facilities. Other visual aids, therefore, have to be relied upon.

The teacher's influence over her scholars is borne out by the fact that those teachers who are enthusiastic about dental health have scholars who will practise the rules of dental health. The corollary that unenthusiastic teaching will result in pupils being less likely to practice the rules of dental health is regrettably true. Head Teachers were notified of the comments on dental health in the report by the Ministry on the Dental Service of the East Riding but more support for the efforts of the dental hygienist, however, could be given at some schools. For the child to be informed of the harm done to their teeth in eating snacks between meals and then to be plied with biscuits and other sweetmeats shortly after, must give rise to confusion in the child's mind. While group teaching of dental health continued throughout the County, individual teaching was also carried out by the dental officers, the auxiliary and hygienist while carrying out their chairside work.

Dental Inspection and Treatment

Generally the figures for 1966 show that a little more was accomplished than in the previous year. The number of children inspected increased and 60% were found to require treatment. The inspection and treatment of children attending special schools in the County continued as before. The figures relating to dental inspections, however, do no more than separate those requiring treatment from those who are dentally fit. The majority of cases under those requiring treatment are for fillings and/or extractions. Children requiring orthodontic treatment account for a further number and an even smaller number for the more unusual cases. Of the more unusual cases one may be briefly quoted to stress the value of regular dental inspections. A child, not receiving dental attention at the time, was observed at a school dental inspection to have a slightly mobile tooth associated with a swelling. Hospitalisation was necessary because of the nature of the condition but operation thankfully proved the swelling to be non-malignant.

The more regular visits by the dental officers coupled with, it is hoped, the dental health teaching would seem to be influencing the trend in treatment. This is marked in the '5-9' age group, where more deciduous teeth were filled than permanent teeth. The fillings in permanent teeth in age groups '10-14' and '15 and over' increased by 457 and 440 respectively. The number of permanent teeth extracted was almost identical with the previous year while nearly 500 less deciduous teeth were extracted. Emergency extractions were again fewer in number. The largest number of emergencies occurred in the youngest age group and it would seem that earlier appreciation by the parents of dental treatment for their children would go some way to reducing this number and at the same time largely remove toothache as one of the causes of sleepless nights. One-thousand-one-hundred-and-three general anaesthetics were administered and doctors, to whom I am indebted, were responsible for 636. The number of sessions devoted to treatment was similar to the previous year but the number of courses of treatment completed was up by 69.

All areas stake an unwelcome claim to the increase in the number of dentures produced. The demand for orthodontic treatment has grown and a slightly increased number of children were referred for consultant advice. The draft Model Scheme for the School Dental Service mentions the part which could be played by an orthodontist. There is undoubted value attached to such an appointment and it is to be hoped that a national agreement which would incorporate such an officer in the staff structure will be shortly forthcoming.

Dental Officers have on occasions attended the Beverley Westwood Hospital when their patients have required dental treatment there. This arrangement could advantageously be extended to the Hull Royal Infirmary and the Bridlington Hospital, both of which have had their quota of referred patients.

All six mobile units were in operation throughout the year and 1,155 treatment sessions were carried out in them. The number shows a drop of 107 sessions on the previous year but this was more than compensated for by an increase of 121 sessions in the fixed clinics.

The completion of new schools has allowed for improved facilities for the mobile units. Older schools are having water and electrical

connections made uniform and this simplified system will make easier the task of those responsible for the setting up of these units.

My thanks are due to all those who have given support to the dental service throughout the year.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE

The clinic staff at the end of the year consisted of a part-time consultant child psychiatrist, a senior assistant medical officer, an educational psychologist and two social workers. Now that the clinic is fully staffed, eight sessions a week are being held regularly in Beverley.

Two-hundred-and-thirty-one clinic sessions were held and the social workers made 69 visits to schools and 289 home visits. One-hundred-and-thirty-nine children were referred to the clinic from the following sources:

Educational	35
Medical	75
Parent	19
Social agency	10
	<hr/>
Total	139
	<hr/>

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

Habit disorders	16
Nervous disorders	8
Behaviour disorders	103
Educational	10
Others	2
	<hr/>
Total	139
	<hr/>

In addition to the cases referred in 1966, a total of 62 cases were carried forward from 1965, making a total case load of 201 children.

Out of this total case load, 38 children attended regularly for treatment and 103 cases were closed during the year. A summary of these is given below. At the end of the year 55 children were being seen by the clinic staff and 43 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment).....	66
Placement (Special School, Children's Homes, etc.)...	4
Not followed up (lack of co-operation, parents refused treatment, etc.).....	16
Transfer to other area or agency.....	17
	<hr/>
Total	103
	<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
69	2	2	17

ENURETIC CLINIC

A total of 38 cases were referred to this clinic mainly from infant welfare centres or by medical officers following school medical inspections. A few cases were referred by general practitioners and consultant paediatricians. Thirty-two cases were also brought forward from the previous year.

No. of attendances made.....	181
No. of cases completed.....	33
No. of uncompleted cases.....	24
No. of children on the waiting list.....	11
No. of children who failed appointments.....	2

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 found at medical inspections. The total number of children ascertained as handicapped during the year was 72 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	1	—	—
Partially Sighted	1	2	—
Deaf	2	—	—
Partially Hearing	1	4	—
Educationally Sub-normal.....	29	11*	—
Epileptic	—	3	—
Maladjusted	2	—	—
Physically Handicapped	4	7	—
Speech	—	—	—
Delicate	1	4	—
Totals	41	31	—

*Included in this figure are 8 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, 1966, is shown in the following table:

Category	Recommended for education in special schools			Not recommended for education in special schools		Totals	
	Attending Special schools	Attending prim./sec. schools	Not attending school	Attending prim./sec. schools	Not attending school	Boys	Girls
Blind	2	—	1	—	—	1	2
Partially-sighted	6	3	—	3	—	10	2
Deaf	7	—	1	1	—	8	1
Partially-hearing	18	1	1	14	—	16	18
Educationally Sub-normal	104	53	3	100	—	149	111
Epileptic	4	—	—	8	—	5	7
Maladjusted	6	6	1	—	—	9	4
Physical.....	22	1	2	36	4	31	34
Delicate.....	9	3	—	29	—	24	17
Speech.....	—	1	—	—	—	1	—

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

Category	Special School	Maintained 31.12.65	Admitted during 1966	Discharged during 1966	Maintained 31.12.66
Blind and partially-sighted	Wold Road, Hull	4	—	—	4
	Conover Hall, Shrewsbury ..	1	—	—	1
	St. Vincent's School, Liverpool	1	1	—	2
	Royal College for the Blind, Shrewsbury	1	—	—	1
Deaf and partially-hearing	St. John's School, Boston Spa	2	—	—	2
	Yorks. Res. School, Doncaster	9	—	1	8
	Sutton School, Hull	5	5	1	9
	Burwood Park, Walton-on- Thames	2	—	1	1
	Elmete Hall, Leeds	3	—	—	3
	Northern Counties School....	1	—	—	1
	Partially-hearing Unit, York ..	1	—	—	1
Educationally sub-normal	Brompton Hall, Nr. Scarborough	—	1	1	—
	Etton Pasture, Beverley	96	19	16	99
	Fulford Day School, York....	1	—	1	—
	Teskey-King School, Hull....	4	—	—	4
	Wavendon House	1	—	1	—
	Woodlands School, Scarborough	—	1	—	1
Epileptic	Sedgwick House, Kendall	3	1	—	4
	St. Elizabeth's School, Hert- fordshire	1	—	1	—
Physical	Frederick Holmes School, Hull	9	3	—	12
	Welburn Hall, Kirbymoorside	5	1	—	6
	Bradstock Lockett, Southport	1	—	—	1
	Northfield Open Air School, York	1	—	1	—
	Hospital School, Southport ..	1	—	—	1
	Ian Tetley School, Killinghall	1	—	1	—
	Wharfedale Hospital School..	—	1	1	—
	Thomas Delarue School.....	1	—	1	—
	Irton Hall, Holmrook	—	1	—	1
	Adela Shaw Hospital School, Kirbymoorside	—	1	—	1
Maladjusted	Etton Pasture, Beverley	4	—	1	3
	Wm. Hy. Smith School, Brighouse	1	—	1	—
	St. Peter's, Horbury	1	—	1	—
	Shotton Hall, Shrewsbury ...	1	—	—	1
	Fairfield Hospital School	—	1	—	1
	Edith Edwards House School, Banstead	—	1	—	1
Delicate	Ingleborough Hall	4	—	2	2
	Netherside Hall, Skipton	—	1	—	1
	Northfield Open Air, York....	2	—	1	1
	Welburn Hall, Kirbymoorside	3	1	1	3
	Redworth Hall Durham	1	—	1	—
	Linton Residential School, Skipton	4	—	2	2

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
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
1966	8	25	104	4	6	22	9

SPECIAL ASCERTAINMENT EXAMINATION

The school medical officers specially examined 89 children and the results of these examinations are shown in the following table:

Recommended for notification to the Local Health Authority under Section 57(4)	13
Recommended for admission to a residential school for educationally sub-normal children.....	29
Recommended for admission to a day special class in an ordinary primary school.....	8
Recommended to remain at ordinary school.....	3
Recommended for remedial teaching.....	12
Not educationally sub-normal.....	12
Decision deferred.....	7
Re-examinations	5
Total	89

PHYSICAL EDUCATION

During the past year the children in our schools enjoyed a full programme of physical activities. These now cover a wide field of indoor and outdoor pursuits. The building of new primary schools continues and so provides us with better facilities for physical education which are much appreciated by pupils and teachers.

There is a growing public demand throughout the country for the provision of more swimming pools in order to cut down the number of drowning tragedies which occur regularly among children and adults. In view of this, it is pleasing to note that, during the past year, it was possible to extend swimming instruction during school hours to more children in our schools. Children from 115 East Riding schools now receive swimming instruction.

New learner pools were opened this summer at Market Weighton County Secondary and Hornsea County Primary schools; both were paid for by funds raised by the schools and grants from the Education

Committee. These pools are used extensively; for example, the pool at Hornsea County Primary School is used by 12 other schools in the area who send children to receive swimming instruction. Six of our schools now have their own swimming pools which are heated and filtered. Five of these are not covered, however, and thus allow swimming only from May until mid-October.

Youth clubs and evening institute classes in physical recreation allow those who wish, on leaving school, to enjoy some kind of physical recreation. Such indoor classes during the winter months numbered 190 and covered 25 activities. In addition to these, many youth clubs organise their own outdoor pursuits and enter teams in various sports leagues.

HYGIENE OF SCHOOL PREMISES

Forty-two 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 242 candidates for admission to training colleges and 31 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

I wish to record my appreciation of the help given by the school staffs in dealing with the clerical work in connection with medical and dental inspections.

For the assistance given by the School Welfare Officers and by the local inspectors of the National Society for the Prevention of Cruelty to Children I am most grateful.

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	8 sessions weekly
	Bridlington Dental Clinic	10 sessions weekly
	Driffeld Dental Clinic	4 sessions weekly
	Pocklington Dental Clinic	4 sessions weekly
C. Speech Therapy	Withernsea Dental Clinic	4 sessions weekly
	Anlaby Clinic	1 session fortnightly
	Beverley Clinic	1 session weekly
	Beverley, Grovehill Road	1 session weekly
	Bridlington, Hilderthorpe Infants School	2 sessions weekly
	Brough C.P. School	1 session weekly
	Cottingham Clinic	1 session fortnightly
	Driffeld Clinic	1 session weekly
	Fulford C.S. School	1 session weekly
	Hessle C.E. Junior School	1 session fortnightly
	Hessle Penshurst School	1 session fortnightly
	Hornsea County Library	1 session weekly
	Howden C.S. School	1 session fortnightly
	Longcroft C.S. School	1 session weekly
	Norton C.P. School	1 session weekly
	Pocklington Clinic	1 session fortnightly
	South Holderness School	1 session weekly
	Withernsea High School	1 session weekly
D. Ultra Violet light	Beverley School Clinic, Lord Roberts Road	As required
E. Enuretic	Child Guidance Clinic	1 session weekly

*In addition six mobile clinics were in use.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1966

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED 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)
1962 and later	39	39	—	—
1961	2,125	2,123	2	—
1960	1,455	1,455	—	—
1959	851	848	3	—
1958	99	99	—	—
1957	71	71	—	—
1956	1,202	1,202	—	558
1955	634	634	—	253
1954	150	150	—	68
1953	7	7	—	—
1952	1,854	1,854	—	213
1951 and earlier	206	206	—	—
Totals	8,693	8,688	5	1,092

Percentage of total inspected found to be unsatisfactory—0.06%.

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)
1962 and later	1	5	4
1961	36	99	123
1960	29	94	108
1959	29	66	86
1958	2	7	7
1957	4	4	7
1956	42	53	94
1955	31	21	52
1954	10	3	13
1953	2	3	5
1952	50	55	100
1951 and earlier	2	3	5
Totals	238	413	604

OTHER INSPECTIONS

Number of special inspections.....	209
Number of re-inspections.....	4,024
Total.....	4,233

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons.....	55,740
(b) Total number of individual pupils found to be infested.....	427
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).....	1
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).....	—

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

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

Defect or Disease	Periodic Inspections								Special Inspection	
	Entrants		Leavers		Others		Total		(T) (O)	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)		
Skin	7	40	10	33	14	25	31	98	—	—
Eyes—										
a. Vision	81	284	53	239	104	286	238	809	3	11
b. Squint	27	57	1	5	7	34	35	96	—	—
c. Other.....	10	8	3	2	1	11	14	21	1	—
Ears—										
a. Hearing	65	152	13	8	24	39	102	199	21	4
b. Otitis Media	3	86	1	2	3	20	7	108	—	2
c. Other.....	1	2	—	1	1	1	2	4	—	—
Nose and Throat.	29	251	6	15	35	80	70	346	—	5
Speech.....	28	63	3	3	9	7	40	73	2	2
Lymphatic Glands	—	73	—	6	—	15	—	94	—	2
Heart.....	6	55	1	8	3	14	10	77	—	—
Lungs	3	100	—	18	2	57	5	175	—	1
Developmental—										
a. Hernia	2	9	1	—	1	5	4	14	1	—
b. Other	3	55	5	5	5	36	13	96	1	1
Orthopaedic—										
a. Posture	1	17	2	10	1	24	4	51	1	1
b. Feet.....	6	59	3	7	5	36	14	102	—	—
c. Other.....	8	34	4	14	2	17	14	65	—	1
Nervous System—										
a. Epilepsy	—	19	—	4	2	7	2	30	—	1
b. Other	1	5	1	2	—	14	2	21	1	—
Psychological—										
a. Development	3	40	1	5	3	37	7	82	—	2
b. Stability	8	163	3	11	13	86	24	260	—	2
Abdomen	5	15	—	6	—	12	5	33	2	1
Other.....	4	31	1	10	2	32	7	73	3	1

TREATMENT OF PUPILS ATTENDING MAINTAINED
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 . . .	47
Errors of refraction (including squint)	708
Total	755
Number of pupils for whom spectacles were prescribed	227

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	157
(c) For other nose and throat conditions	3
Received other forms of treatment	5
Total	165
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966	2
(b) in previous years	5

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	30
(b) Pupils treated at school for postural defects	—
Total	30

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	2
(b) Body	2
Scabies	5
Impetigo	27
Other skin diseases	444
Total	480

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	38

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	282

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,035
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	2,137
(d) Other than (a), (b) and (c) above	—
Total	<u>3,172</u>

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year?
 (b) If not, at what age is the first routine test carried out?

YES	NO
✓	

2. At what age(s) is vision testing repeated during a child's school life?

6	7	8	9	10	11	12	13	14	15	16
	✓			✓				✓		

3. (a) Is colour vision testing undertaken?

YES	NO
✓	

- (b) If so, at what age?

10 and 14 years

- (c) Are both boys and girls tested?

BOYS	GIRLS
✓	

4. (a) By whom is vision testing carried out?

Medical Officers and School Nurses

- (b) By whom is colour vision testing carried out?

Medical Officers and School Nurses

5. (a) Is routine audiometric testing of entrants carried out within their first year at school?

YES	NO
	✓

- (b) If not, at what age is the first routine audiometric test carried out?

7

- (c) By whom is audiometric testing carried out?

Medical Officers and School Nurses

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1. ATTENDANCES AND TREATMENT	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First Visit.....	2,811	2,623	523	5,957
Subsequent visits.....	2,340	3,822	857	7,019
Total visits	5,151	6,445	1,380	12,976
Additional courses of treatment commenced	90	91	12	193
Fillings in permanent teeth	2,242	6,009	1,604	9,855
Fillings in deciduous teeth.....	2,850	164	—	3,014
Permanent teeth filled.....	1,767	5,113	1,363	8,243
Deciduous teeth filled.....	2,634	144	—	2,778
Permanent teeth extracted	136	740	146	1,022
Deciduous teeth extracted	2,613	637	—	3,250
General anaesthetics.....	734	338	31	1,103
Emergencies	178	48	5	231
Number of Pupils x-rayed				377
Prophylaxis				1,502
Teeth otherwise conserved.....				701
Number of teeth root filled				23
Inlays				7
Crowns				18
Courses of treatment completed.....				5,301
2. ORTHODONTICS				
Cases remaining from previous year				88
New cases commenced during year				103
Cases completed during year				52
Cases discontinued during year				23
No. of removable appliances fitted				203
No. of fixed appliances fitted				2
Pupils referred to Hospital Consultant ...				7

3. PROSTHETICS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time).....	—	—	1	1
Pupils supplied with other dentures (first time).....	—	15	13	28
Number of dentures supplied	—	21	13	34

4. ANAESTHETICS

General Anaesthetics administered by Dental Officers .. 467

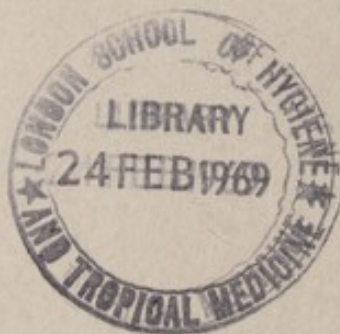
5. INSPECTIONS

(a) First inspection at school—number of pupils..... 24,988
 (b) First inspection at clinic—number of pupils..... 730
 Number of (a) + (b) found to require treatment..... 15,421
 Number of (a) + (b) offered treatment 15,106
 (c) Pupils re-inspected at school clinic..... 150
 Number of (c) found to require treatment 118

6. SESSIONS

Sessions devoted to treatment..... 2,938.5
 Sessions devoted to inspection 188
 Sessions devoted to Dental Health Education 289





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