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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

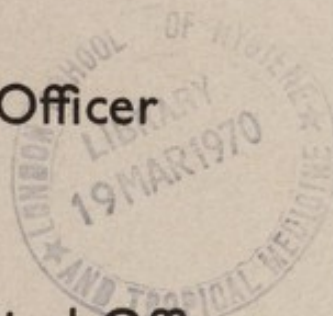
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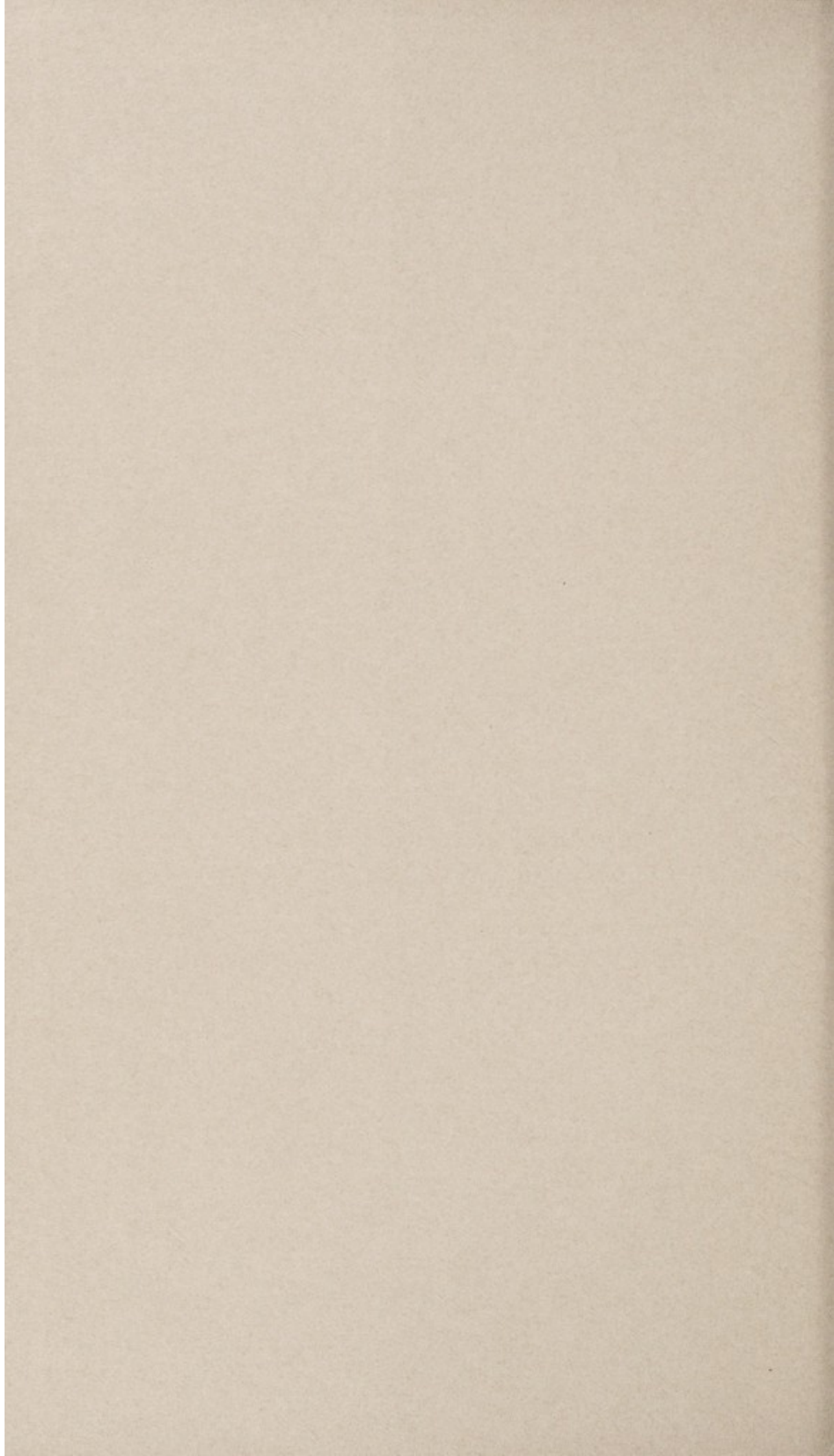
County Medical Officer

and

Principal School Medical Officer

For the Year 1968






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To the Chairman and Members of the County Council

Lord Halifax, Ladies and Gentlemen

I beg to submit my Annual Reports as County Medical Officer of Health and Principal School Medical Officer for the year 1968. These reports show the development in the County Health Services and the work which has been done by the staff during this year.

The final preparatory stages of the Council's first Health Centre were nearing completion at the end of the year to provide a Health Centre and a Divisional Health Office in the Pocklington area.

The Department have also agreed to the Adult Training Centre in Beverley being extended from fifty to seventy-five places, and work was begun on the plans for this extension.

Preliminary negotiations with the general practitioners and dental surgeons have taken place, and agreement has been reached about the site and type of Health Centre which it is hoped to provide in the Hessle area.

The Department has requested that special reference should be made in this report to the progress which has been made in co-ordination and co-operation of the County Health Services with those provided by hospitals and family doctors, including attachment and liaison schemes between the health visiting and domiciliary nursing staff with family doctors. Page 19 of this report gives details of the extent to which the attachment of district nurse/midwives and health visitors has been implemented throughout the County. I am pleased to report that in the last twelve months the majority of health visitors and district nursing sisters have been attached to practices where general practitioners have indicated that they wished to avail themselves of these services.

The County's immunisation rate against diphtheria, whooping cough, tetanus and poliomyelitis has continued at a very satisfactory level, and was above the national average.

Reference is made to the progress of the scheme for the notification of congenital defects which are apparent at birth, and to the increased provision of the chiropody service to meet the needs of the handicapped, and expectant mothers.

I should like to express my thanks to the Chairman and Members of the Health Committee, and all Officers of the Authority with whom it is essential to co-operate in order to administer and develop the County Health Services. I would also like to thank all members of the staff of the Department for their loyal service and hard work during a year in which development of the services has made their task more exacting.

I have the honour to be,

Your obedient servant,

Wm. FERGUSON,
County Medical Officer of Health.

County Hall,
BEVERLEY.

PRINCIPAL OFFICERS 1968

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER
W. Ferguson, M.B., Ch.B., D.P.H.

ACTING DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL
SCHOOL MEDICAL OFFICER
L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Buckrose Health Division, Oxford Street, Bridlington.

R. Schofield, M.D., Ch.B., D.P.H., D.C.H.

Haltemprice Health Division, Anlaby House, Anlaby.

L. N. Gould, M.R.C.S., L.R.C.P., D.P.H.

Holderness Health Division, Manor Road, Beverley.

J. H. Maughan, M.B., B.S., D.P.H.

Howdenshire Health Division, 38 Burnby Lane, Pocklington.

W. Wilson, M.B., B.Ch., D.P.H., B.A.O.

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

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

WHOLE-TIME:

P. Gabb, M.B., Ch.B.

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

PART-TIME:

A. P. M. Dring, M.B., B.S., D.Obst.R.C.O.G., D.P.H.

J. S. Dann, M.B., Ch.B.

S. M. R. Dronfield, M.B., B.S.

G. Hoyle, M.B., Ch.B.

S. K. M. Kell, M.B., B.S., D.Obst.R.C.O.G.

M. McDougale, M.B., Ch.B., D.Obst.R.C.O.G.

S. Morris, M.B., B.S.

E. Mc. V. Redfern, M.B., Ch.B.

O. M. Sparrow, M.D., M.B., B.S.

J. M. West, M.B., Ch.B.

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

PRINCIPAL DENTAL OFFICER

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

DENTAL OFFICERS

WHOLE-TIME:

B. E. Carter, L.D.S.

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

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

P. J. Mordaunt, L.D.S.

G. Pearson, L.D.S.

A. Russell, B.D.S.

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

PART-TIME:

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

U. Coates, L.D.S.

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

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

SUPERINTENDENT NURSING OFFICER/NON-MEDICAL SUPERVISOR OF MIDWIVES

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

DEPUTY SUPERINTENDENT NURSING OFFICERS

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

R. Hepplestone, S.R.N., S.C.M., H.V.Cert. Q.N.S.

AMBULANCE OFFICER

G. R. Gray, M.B.E., F.I.A.O.

ORGANISER OF DOMESTIC HELP SERVICE

J. M. Atkinson

MENTAL WELFARE OFFICERS

S. Bateman

W. Forward

G. E. Howes

J. Liptrot

K. Powls

A. Sunderland

MENTAL HEALTH SOCIAL WORKER

E. McCreddie, R.M.N.

EDUCATIONAL PSYCHOLOGIST

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

PSYCHIATRIC SOCIAL WORKERS

H. Jaspán, A.A.P.S.W.

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

SOCIAL WORKER (CHILD GUIDANCE)

S. Graham, Soc.Dip.

Medical Officers of Health of the several Local Authorities

Local Authority	Name of Medical Officer
MUNICIPAL BOROUGHS	
Beverley	J. H. Maughan.
Bridlington	R. Schofield
Hedon	J. H. Maughan
URBAN DISTRICTS	
Driffeld	R. Schofield
Filey	R. Schofield
Haltemprice	L. N. Gould
Hornsea	J. H. Maughan
Norton	W. Wilson
Withernsea	F. R. Cripps
RURAL DISTRICTS	
Beverley	J. H. Maughan
Bridlington	P. D. H. Chapman
Derwent	W. Wilson
Driffeld	R. Schofield
Holderness	F. R. Cripps
Howden	W. Wilson
Norton	W. Wilson
Pocklington	W. Wilson

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section I. – Vital Statistics

GENERAL STATISTICS

Area	732, 672 acres
Rateable value (as at 1st April, 1968)	£7,997,886
Product of a penny rate	£32,913

POPULATION

Districts	Census, 1961	Estimated	
		1967	1968
Administrative County	224,031	248,330	250,030
Urban Districts	114,086	125,030	127,050
Rural Districts	109,945	123,300	122,980

Only to a limited extent can the growth since 1961 be attributed to the increased number of births; most of it is accounted for by increased building and the movement of population into the area, mainly from Kingston upon Hull C.B.

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
1967	15.1	15.9	15.5
1968	14.0	15.9	14.9

*Average rate per 10 year period.

The live birth-rate for the County was 14.9 as compared with 15.5 for 1967. The provisional rate for England and Wales for 1968 was 16.9 per thousand population, and to compare the East Riding rate with this figure, use has to be made of the comparability factor which takes into consideration the age and sex constitution of the County. When this factor is applied to the crude birth-rate for the County of 14.9, the adjusted rate so obtained is 15.6.

There were 3,759 live births and 66 stillbirths registered for the County during the year, making a total of 3,825, an increase of 84 on the 1967 figures. Of these births, 370 live births and 4 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,843 live births and 95 stillbirths, a total of 6,938. In addition, 7 live births were notified by Registrars. Of these births 3,461 live births and 45 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 66, the same as the previous year. The stillbirth rate was 15.9 per 1,000 total births. In 1967 this rate was 15.1. The provisional rate for England and Wales for 1968 was 14.0.

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
1967	119	87	206
1968	102	108	210

The illegitimate live birth rate was 0.84 per 1,000 of the population, compared with 0.83 in the previous year.

The number of illegitimate live births in the County was 5.6% 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
1967	13.9	10.9	12.4
1968	14.7	11.6	13.5

*Average rate per 10 year period.

There were 3,274 deaths registered for the County in 1968, an increase of 194 on the figure for the previous year. The application of the comparability factor to this crude rate gives a rate of 11.5 compared with the provisional rate for England and Wales for 1968 which was 11.9. The rate for England and Wales for 1967 was 11.2.

Of the total deaths, 74.4% occurred in people aged 65 and over and 49.5% in people aged over 75.

The principal causes of death were heart diseases (1,140), cancer (643) and vascular lesions of the nervous system (660). These three causes accounted for 74.6% of the deaths, as compared with 68.6% in 1967.

The 1,140 deaths due to heart diseases were 55 more than in 1967 and represent a rate of 4.6 per thousand population.

Compared with 1967 the number of deaths attributed to cancer rose from 567 to 643, the rate per thousand population changing from 2.3 to 2.6. The total number of deaths attributable to cancer of the lungs and bronchus was 147 compared with 123 in 1967. The death-rate from this cause was 0.6 per 1,000 population.

The number of deaths from cancer of the stomach increased from 48 to 71; deaths from cancer of the uterus fell from 25 to 15, the deaths from cancer of the breast increased from 49 to 54. Deaths from leukaemia fell from 28 to 22 this year.

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	14.2	—	—	—	—	1	0.1	7	1.9	1	2.9	5	3.6	48	17.9	63	1.9
1—	2	26.6	—	—	2	0.3	—	—	6	1.6	1	2.9	2	1.4	3	1.1	16	0.5
5—	—	—	—	—	—	—	—	—	4	1.1	—	—	3	2.2	2	0.8	9	0.3
15—	2	26.6	—	—	7	1.1	4	0.2	4	1.1	—	—	7	5.1	4	1.5	28	0.8
25—	—	—	—	—	4	0.6	3	0.2	2	0.5	—	—	13	9.4	2	0.8	24	0.7
35—	—	—	—	—	19	2.9	25	1.4	3	0.8	3	8.8	10	7.2	6	2.3	66	2.0
45—	—	—	—	—	63	9.8	69	3.8	13	3.5	—	—	12	8.8	10	3.7	167	5.2
55—	—	—	3	30.0	158	24.6	212	11.8	51	13.6	6	17.7	14	10.1	21	7.8	465	14.2
65—	2	26.6	3	30.0	189	29.4	418	26.7	83	22.2	6	17.7	15	10.9	35	13.0	814	24.9
75—	—	—	4	40.0	201	31.3	1,005	55.8	201	53.7	17	50.0	57	41.3	137	51.1	1,622	49.5
Totals	7	—	10	—	643	—	1,800	—	374	—	34	—	138	—	268	—	3,274	—

Of the 643 deaths due to cancer, 349 occurred in urban areas and 294 in rural areas, corresponding respectively to rates of 2.8 and 2.4 per thousand population.

Motor vehicle and other accidents were responsible for 118 deaths. In 1967 deaths from these two causes numbered 130.

The following table shows the figures for the various causes of death for the year 1968.

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	7	1	8
Tuberculosis, other forms	2	—	2
Meningococcal infection	1	—	1
Other infective diseases	3	3	6
Cancer of stomach	44	27	71
Cancer of lungs, bronchus	117	30	147
Cancer of breast	—	54	54
Cancer of uterus	—	15	15
Cancer, other forms	174	160	334
Leukaemia, aleukaemia	10	12	22
Diabetes	16	14	30
Diseases of nervous system	15	24	39
Rheumatic heart disease	10	22	32
Ischaemic heart disease	491	414	905
Hypertension with heart disease ..	19	23	42
Other heart disease	65	96	161
Other circulatory disease	70	72	142
Cerebral Vascular disease	188	291	479
Influenza	13	7	20
Pneumonia	90	105	195
Bronchitis and emphysema	84	28	112
Asthma	2	2	4
Other diseases of respiratory system	27	16	43
Ulcer of stomach and duodenum ..	14	5	19
Intestinal obstruction and hernia...	6	8	14
Gastritis, enteritis and diarrhoea...	—	1	1
Nephritis and nephrosis	9	3	12
Cirrhosis of liver	5	3	8
Hyperplasia of prostate	15	—	15
Other diseases of digestive system ...	10	15	25
Genito-urinary system	9	10	19
Pregnancy, childbirth and abortion..	—	2	2
Congenital malformations	12	10	22
Other diseases	55	80	135
Motor vehicle accidents	23	12	35
All other accidents	26	57	83
Suicide	10	10	20
Totals	1,642	1,632	3,274

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
1967	14.3	16.8	15.6
1968	21.3	13.1	16.7

*Average rate per 10 year period.

There were 64 deaths of children under the age of one year in 1968, 4 more than in 1967. The infant mortality rate was 16.7 per 1,000 live births. The provisional rate for England and Wales for 1968 was 18.0 compared with 18.3 in 1967.

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	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—
Pneumonia	1	2	3	—	2	2	1	4	5
Congenital	—	—	—	—	—	—	—	—	—
Malformations	2	2	4	4	3	7	6	5	11
Accidents	1	3	4	—	1	1	1	4	5
Respiratory diseases	—	2	2	—	1	1	—	3	3
Gastritis, Enteritis and Diarrhoea	—	—	—	—	—	—	—	—	—
Other Causes	23	2	25	14	1	15	37	3	40
Totals	27	11	38	18	8	26	45	19	64

Of the 64 infant deaths, 44 occurred in the neo-natal period, that is before the baby was four weeks old. In 16 cases death was associated with prematurity, representing 28.7% 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 1968 the number of these perinatal deaths was 105 (made up of 66 stillbirths and 39 infant deaths) and represented a rate of 25.3 per 1,000 total births. In 1967 this rate was 25.1.

The perinatal death-rate for England and Wales in 1968 was 25.0.

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births	
Number	3,759
Rate per 1,000 population	15.6
Illegitimate Live births (per cent of total live births) ..	5.6
Stillbirths	
Number	66
Rate per 1,000 total live and still births	17.2
Total Live and Still Births	3,825
Infant Deaths (deaths under one year)	64
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	16.7
Legitimate infant deaths per 1,000 legitimate live births	17.5
Illegitimate infant deaths per 1,000 illegitimate live births	9.5
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	11.8
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10.4
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	25.3
Maternal Mortality (including abortion)	
Number of deaths	2
Rate per 1,000 total live and still births	0.52

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.

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

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances
Anlaby.....	63	86	91	554
Barlby.....	22	12	12	88
Beverley.....	100	115	138	978
Bridlington.....	59	72	87	455
Brough.....	49	71	78	612
Cottingham.....	50	85	116	595
Driffield.....	36	16	22	132
Hessle.....	50	50	57	410
Hornsea.....	47	36	36	247
Market Weighton....	25	19	22	108
Pocklington.....	30	13	13	93
Thorngumbald.....	48	32	48	312
Totals.....	579	607	720	4,584

POST-NATAL CARE

In most cases post-natal care is provided by family doctors, but post-natal clinics are also held in maternity hospitals for those patients who have been confined in hospital.

CONGENITAL MALFORMATIONS

In order to enable the statistical information about the number of congenital malformations to be comprehensive, arrangements have been made for the appropriate information about any baby showing evidence of malformation when born to be entered on the reverse side of the official notification of birth card. In most instances this information is entered by the midwife, and is usually sufficient to provide the necessary details requested by the Registrar General. However, in certain cases when the terminology or details are ambiguous or insufficient, a routine enquiry is sent to the family doctor for his opinion.

Eighty-nine abnormalities were reported affecting 73 infants. Of these infants 18 were stillborn and 12 are known to have died.

"AT RISK" REGISTER

An 'at risk' register has been kept in each Divisional Health Office since 1963. This register is a record of all those children in whom the ante-natal or confinement history of the mother, or the immediate post-natal history of the child, indicates that one or more condition has existed which could result in the development of some abnormality in the child in later life.

In an endeavour to improve the present system, it was decided that the criteria for including names on the register should be more stringently applied. This has resulted in the number of children 'at risk' being slightly reduced. At the end of 1968 there were 1,409 children scheduled 'at risk', and of these 545 were added to the register and 566 were removed as no longer being 'at risk'.

MATERNAL MORTALITY

Two maternal deaths occurred in the County.

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	21	21	21	16	20
Children under 5	648	208	250	241	175

Forms of the dental treatment provided:

	Expectant and Nursing Mothers	Children under five
Extractions	29	139
General Anaesthetics	3	56
Fillings	36	391
Scalings	8	53
Other conservatory treatment	—	55
Radiographs	1	1
Dentures Provided:		
Full Upper or Lower	1	—
Partial Upper or Lower	2	—
Crowns or Inlays	—	—

FAMILY PLANNING SERVICE

The National Health Family Planning Act of 1967 resulted in a review of this service by the Council, and negotiations were entered into with the Family Planning Association with a view to this body acting as the County Council's agents for the purpose of this Act. Financial agreement was reached and the Association is now the county council's agent for this service.

Family planning clinics are held in four centres in the County, namely, Beverley, Driffield, Bridlington and Pocklington in County clinic premises.

It is envisaged that in addition to these clinics the service will be extended to other areas of the County and arrangements have been made to hold clinics in the Fulford and Haltemprice areas. Additional centres may also be required in Thorngumbald, Withernsea and the Humber Bank areas. This development will obviously be limited by the availability of trained medical and nursing staff and adequate financial provision.

The Council has proposed that an appropriate charge should be made for the prescription and supply of drugs and appliances in non-medical cases except in the case of persons who are in receipt of a supplementary allowance from the Ministry of Social Security or any other individual cases of hardship. All medical cases will receive this service without charge and the decision as to which cases come into this category will be left entirely in the hands of each doctor conducting clinics.

No direction has been given by the Council with regard to advice and treatment for the unmarried, but doctors at clinics will have discretion as to whether appropriate advice and treatment should be provided in such cases.

Health Visitors and District Nurse/Midwives have been asked to give advice about the attendance at family planning clinics in the course of their routine domiciliary work, and when necessary a doctor may be requested to undertake a domiciliary visit in connection with this service when a patient is unable to attend a clinic.

CHILD HEALTH CENTRES

The table on page 17 shows the number of children who have attended at various child health centres throughout the County, including attendance at the mobile clinic. At the end of the year 45 child health centres were operating in County clinics or hired premises, and an average of 153 child health clinics were held each month.

General practitioners are now playing an increasing part in child health work and many now undertake sessions on behalf of the Authority.

Particulars of the work carried out at the Child Health Centres
in the County are given in the following table:

Name of Centre	No. of Sessions held	Frequency of sessions	No. of children who attended and who were born in			No. of attendances	
			1968	1967	1964 -66	Total	Average
Aldbrough	13	Every 4 weeks	8	9	41	393	30
Anlaby	102	Twice weekly	148	148	194	3,515	34
Barlby	25	Fortnightly	41	26	10	468	18
Beverley Coltman	63	Twice weekly	89	48	39	2,025	32
Beverley School Clinic	71	Weekly	82	150	82	1,911	27
Bilton	26	Fortnightly	53	46	86	1,220	47
Bishop Burton	13	Every 4 weeks	1	9	19	103	8
Brandesburton	12	Every 4 weeks	5	6	5	121	10
Bridlington	101	Twice weekly	221	174	126	2,704	27
Bridlington (West Hill) ..	2	Ceased	—	3	—	6	3
Brough	52	Every 4 weeks	99	55	21	2,144	41
Bubwith	13	Once per calen- der month	17	13	2	159	12
Cottingham	103	Twice weekly	192	193	263	4,601	45
Driffield	52	Weekly	67	52	16	1,111	21
Driffield R.A.F.	25	Fortnightly	30	25	6	334	13
Dunnington	13	Every 4 weeks	25	30	30	297	23
Elvington	12	Every 4 weeks	11	17	31	182	15
Filey	25	Fortnightly	51	36	34	823	33
Flamborough	25	Fortnightly	22	24	18	394	16
Flixton	12	Every 4 weeks	5	14	9	193	16
Hedon	25	Fortnightly	18	21	55	374	15
Hemingbrough	12	Every 4 weeks	8	21	5	190	16
Hessle	113	Twice weekly	189	167	140	4,693	42
Holme upon Spalding Moor	25	Fortnightly	21	17	23	423	17
Hornsea	52	Weekly	107	91	135	2,474	48
Howden	12	Every 4 weeks	8	8	5	144	12
Hunmanby	26	Fortnightly	11	17	18	420	16
Keyingham	27	Fortnightly	33	38	47	866	32
Leconfield	24	Fortnightly	36	18	16	405	17
Leven	12	Every 4 weeks	33	27	7	296	25
Little Weighton	12	Every 4 weeks	15	14	17	205	17
North Cave	26	Fortnightly	24	20	35	410	16
North Ferriby	25	Fortnightly	47	44	90	986	40
Norton	25	Fortnightly	36	35	15	630	25
Rillington	12	Every 4 weeks	14	5	21	189	16
Sherburn	13	Every 4 weeks	9	17	13	197	15
Skidby	13	Every 4 weeks	15	15	23	297	23
Thorngumbald	52	Weekly	67	67	117	1,805	35
Walkington	13	Every 4 weeks	9	16	24	183	14
Warter	12	Every 4 weeks	2	7	11	115	10
Wawne	24	Every 2 weeks	34	38	43	398	29
Welton	13	Every 4 weeks	11	11	12	187	14
Willerby	51	Weekly	133	49	160	2,866	56
Withernsea	51	Weekly	49	56	99	1,461	29
Woodmansey	13	Every 4 weeks	12	3	10	122	9
Mobile Clinic	408		446	406	345	6,345	
Totals	1,840		2,554	2,306	2,518	49,385	

PREMATURE INFANTS

If an infant weighs 5½lbs. or less at birth it is presumed to be premature, and on this basis 225 premature live births and 39 premature stillbirths were recorded in the County area. Of these 210 live births and 37 stillbirths occurred in hospital, and 15 live births and 2 stillbirths to mothers at home.

Of the premature infants born alive 23 died within the first twenty-four hours, 7 died during the first seven days, and 1 died between seven and twenty-eight days.

The percentage of all births regarded as premature was 5.9% compared with 6.4% in 1967.

Portable incubators are maintained in Beverley and at the Fulford Maternity Hospital for the transport of premature infants when required. Use is also made of the specially equipped ambulance maintained by the Kingston upon Hull Authority.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

All requests for help for unmarried mothers are referred to the social worker appointed by the York Diocesan Council for Family Welfare who is provided with office accommodation in one of the County Council's clinics. The Association undertakes this work for the County Council and, in all, have helped 234 girls and women of whom 191 were new applicants (45 of the 191 girls were under 18 at the time of referral).

The County Council accepted responsibility for the admission of 13 mothers to Mother and Baby hostels.

188 of the 234 cases seen by the social worker have been completed with the following results:

Mothers returned home with child.....	108
Babies placed for adoption	70
Babies placed in nursery or foster home	1
Babies died or stillborn	2
Mothers left the area before birth of baby.....	6
Taken into care by Childrens Department	1

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, Driffeld, Filey, Hedon, Hessle, Hornsea, Norton, Pocklington and Willerby. The help given by the voluntary distributors in the villages has also been invaluable.

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

National Dried Milk.....	10,314 tins
Cod Liver Oil.....	2,723 bottles
Orange Juice	45,540 bottles
Vitamin Tablets.....	2,228 packets

HEALTH VISITING

The health visiting staff consisted of 38 health visitor/school nurses, three of whom also undertake district nursing and midwifery as part of their routine duties. In addition one health visitor was employed doing part-time work as a health visitor/school nurse.

Two student health visitors received training and 6 health visitors attended refresher courses.

Details of the work done by the health visitors are set out below:

Visits to expectant mothers—	
First visits.....	572
Subsequent visits	198
Visits to infants born in 1968—	
First visits.....	3,638
Subsequent visits	13,144
Visits to children born in 1967	13,995
Visits to children born in 1963 to 1966 ..	24,199
Visits to tuberculosis cases	232
Visits to mentally disordered.....	336
Visits to aged persons.....	10,516
Visits for care and after-care.....	638
Visits for infectious disease	335
Visits for other reasons	1,304

Health visitors have continued the routine testing of the urine of young infants with a view to the early diagnosis of phenylketonuria. Tests were carried out by health visitors on 3,339 infants but no cases of this condition were found.

CO-OPERATION BETWEEN HEALTH VISITING, NURSING STAFF AND GENERAL PRACTITIONERS

It was appreciated some years ago that the future development of the District Nursing services would require increasing co-operation between the nursing staff and general practitioners, and improved training for district nurses. At that time many of the nursing staff had not received special district training, a necessary requisite to provide a satisfactory and efficient domiciliary nursing service. Since then steps have been taken to ensure that all the County nursing staff have received appropriate training so that in general it can now be said that the nursing sisters in this County are adequately qualified, for their community nursing duties.

The attachment of health visitors and district nursing staff to individual group practices commenced approximately five years ago, but a special effort has been made during the past twelve months to extend this facility to all those general practitioners in the County who wished to take advantage of these arrangements.

In order to implement a satisfactory attachment scheme it is essential in the first instance to establish a good liaison between those concerned. All general practitioners were informed that attachment facilities were available whenever they wished, provided

suitable local arrangements could be made. No pressure was brought to bear on individual or groups of doctors to co-operate in attachment schemes. However, during the past twelve months the majority of general practitioners have accepted that the practise of medicine in their area would be improved by closer co-operation with the health visiting and district nursing staff.

The result has been that one by one individual group practices have requested that arrangements should be made for this form of auxiliary help to become available within their practice. This has, of course, resulted in health visitors and district nurses abandoning their previous tidy geographical areas and visiting the families who are on the list of the particular group of general practitioners with whom they work. This arrangement has meant considerable reorganisation, but I am very optimistic about the ultimate results of this for the benefit of both patients and staff. In one or two areas it has been possible to have two health visitors, two district nursing sisters and one nursing auxiliary attached to, and working on a day to day basis with, a group practice of four doctors. This is the ideal type of group attachment, and it is the goal which one would hope to aim for throughout the County. However, enthusiasm must be tempered with patience, as in some areas the necessary arrangements will not be practical until extra nurses are available. The rural nature of this County presents problems which I am sure are equally if not more, difficult than those in urbanised areas, but the job of administration is to make the scheme work.

When a particular group practice has requested attachment it has been a routine procedure for the Chief Nursing Officer and the Divisional Medical Officer or myself to meet the practitioners concerned to discuss the detailed working of attachment and how the particular group of doctors would wish to use the nursing services. As already mentioned, so far as is practicable artificial boundaries between practices are avoided and the health visitor and district nurse visit all the patients in that practice. In actual practice an occasional isolated family may be visited by the nearest member of the nursing staff in order to save time and mileage, but this is done by mutual arrangement.

Only one condition has been laid down in all cases, namely, that the doctors, health visitors and nurses must meet regularly in order to make any scheme viable, the minimum suggested interval being one week. It has been said that Local Health Authority nursing staff may, under these arrangements, become the handmaidens to general practitioners, but I have no evidence that this has happened in this County, although it is appreciated that general practitioners have not always been familiar with the role which the health visitor can play, and it has often been the job of the individual health visitor to prove her worth within the practice.

Group practices vary in their working arrangements, but some of the advantages of attachments are that they provide for better continuity of the care of patients as between doctor and nurse, thus providing a better service for the community as a whole. The general practitioner obtains a better understanding of the work of the health visitor, and with her help in the sphere of health education, vaccination and immunisation within the families of his practice can more easily be maintained at a high level. This has in practice proved its

value as the County as a whole has maintained an immunisation rate above the national average. The value of team work has been appreciated by both doctor, health visitor and district nursing sister, and the pooling of information about families can lead to a better understanding of the problems and of the social services available to help the more backward or difficult families.

Both nursing and health visiting staff have felt that their work has become more varied, stimulating and interesting and they would not like to revert to their previous more circumscribed role within a geographical area. Health Visitors' work in particular amongst the elderly people has substantially increased, as shown by the number of visits made to the elderly, and many general practitioners are using health visitors to save them routine visits to old people when no specific illness is present.

Doctors have also become better aware of the case load of the district nursing sisters with whom they are working. In the past some practitioners were under the misapprehension that district nurses in general were always overworked, and as a result did not request their help in cases where domiciliary nursing services were required.

I would hope that within the foreseeable future all health visitors and district nurses will be working in close association with the practitioners in their area.

Child health clinics have not decreased, as might have been anticipated, but many more general practitioners are now undertaking this work on behalf of the Authority. A number of general practitioners are carrying out child health clinics in their own surgeries, and giving immunisations with the help of the health visitor or district nurse. Occasional difficulties have arisen when the time of a Local Authority clinic clashes with a general practitioner's private session.

In certain cases it has been found necessary to employ State Registered nurses for routine school work in order to enable the health visitors to carry out their duties within the practice to which they are attached, and I have little doubt that this arrangement will have to be extended in the future as the employment of highly trained health visiting staff in some of the routine duties for which they have been used in the past in connection with school medical examinations is no longer justified.

It is always more difficult to arrange the attachment of district nursing sisters to a group practice as each practice must have full coverage for twenty-four hours a day for seven days in the week; therefore at least two trained staff must be allocated to each practice.

The appointment of an increasing number of nursing attendants during the past year has been of invaluable assistance to both general practitioners and nurses, as these ladies have undertaken the routine bathing of sick and elderly patients in their homes and, under the supervision of the nursing staff, other suitable duties which do not require professional skill. It is anticipated that this service will be extended whenever possible.

The present position in the County is that thirty health visitors are attached to group practices, three district nurse/midwives/health visitors carrying out combined duties are attached to group practices and twenty-two district nursing sisters are working with group

practices. In addition, a number of district nurses are working within an organised attachment, as they are visiting patients belonging to a single group of practitioners, so that the overall picture is probably a little better than the figures which I have given.

No new arrangements of this extent and nature can be made without teething troubles and individual difficulties, but by and large these have proved much less than one would have expected, mainly due to the sterling work of the Chief Nursing Officer in maintaining a good relationship among the nursing staff and a good liaison with general practitioners throughout the County. In individual instances some health visitors and nurses have spent more time travelling in the rural areas, but this is a relatively unimportant point when compared with the advantages of a general practitioner/health visitor/nursing team working closely together instead of in isolation.

DOMICILIARY NURSING AND MIDWIFERY SERVICE

In the majority of instances, domiciliary nursing sisters combine the duties of nurse and midwife. The staff employed was as follows:-

Whole-time staff

Nurse/midwives	35
Nurse/midwives who also undertake health visiting	3
Midwives	1
Nurses	18
	<hr/>
Total:	57

Part-time Staff

Nurses	2
Nursing Attendants	7
	<hr/>
Total:	66

Nine midwives and two nurses attended post graduate refresher courses.

NURSING ATTENDANTS

Seven nursing attendants were appointed to assist the home nursing service in various parts of the County. These appointments were the first to be made in the County and their duties are to relieve the qualified nursing staff of the type of nursing care which does not require special nursing skill.

The nursing sisters have appreciated the help of these ancillaries and the scheme has been so successful that it is anticipated that this service will be extended next year. As mentioned elsewhere in my report, the nursing attendants have been allocated to General Practitioner attachment schemes.

A short in-service course was arranged for the nursing attendants and bi-monthly meetings have been held subsequently for discussion and further training. Since the first of these appointments in July, a total of 4,065 visits to patients have been made by the attendants.

Transport

Number using cars provided by the County Council.....	44
Number using their own cars.....	22

Domiciliary Nursing

A comparison of the figures shown in the table with those for the previous year shows that visits paid to patients in their own homes have increased by 3,549, and that the number of cases which the nurses have attended has also increased by 222.

When the need exists domiciliary nursing sisters are authorised to supply patients with incontinence pads and/or waterproof protective garments and disposable linings. These are used as a nursing aid and no charge is made; 43,000 of these pads were issued.

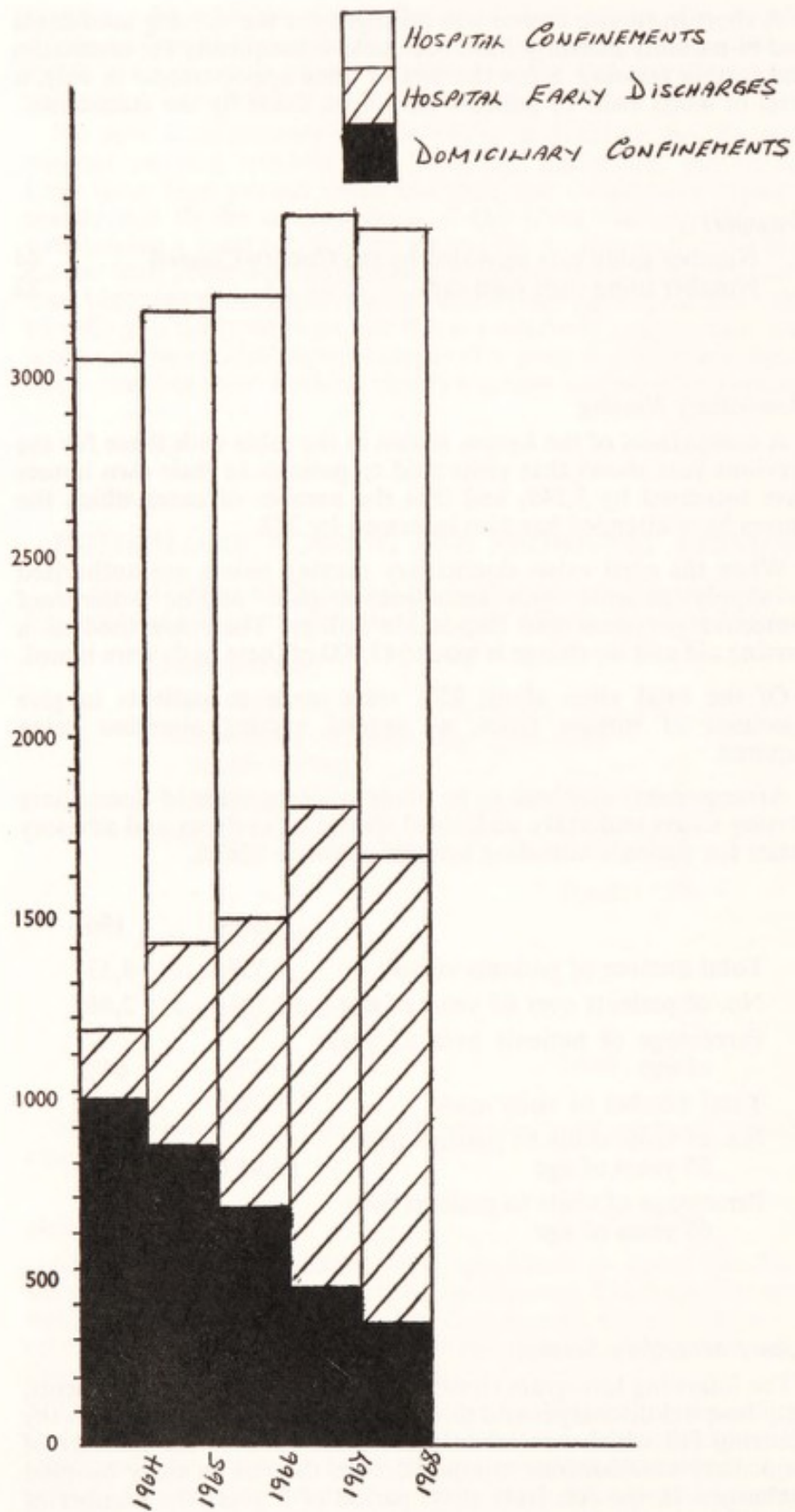
Of the total visits about 25% were made to patients to give injections of various types, no special nursing attention being required.

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

	1968	1967
Total number of patients visited	4,553	4,331
No. of patients over 65 years of age	2,791	2,665
Percentage of patients over 65 years of age	61%	64%
Total number of visits made	139,269	135,720
No. of visits made to patients over 65 years of age	96,957	93,420
Percentage of visits to patients over 65 years of age	70%	69%

County Midwifery Service

The following histogram showing details of hospital confinements, early hospital discharges and domiciliary confinements indicates the recurring fall which has taken place since 1963 in the number of domiciliary confinements compared with the rise in early hospital discharges. In the relatively short period of 5 years the number of domiciliary births has fallen from 985 in 1964 to 352 in 1968.



Following the publication of the Health Services and Public Health Act, 1968, arrangements have already been made in one area of the County for the Local Health Authority midwives to help in the maternity unit especially during sickness and holiday times and in addition, to deliver their own cases when desirable, in this unit.

	1968	1967
No. of domiciliary confinements attended	352	463
No. of cases attended on discharge from hospital—48 hour discharges	552	850
between 48 hours and 10 days	1,094	939
No. of visits—		
Domiciliary confinements: ante-natal	4,596	6,133
post-natal	5,435	7,209
Hospital confinements: ante-natal	1,347	1,843
post-natal	10,141	12,646

The percentage of domiciliary live and stillbirths for the County as a whole was 9.4% compared with 11.8% in 1967. 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.	313	17	5.4
Bridlington M.B.	339	5	1.5
Driffield U.D.	90	—	—
Filey U.D.	59	12	20.3
Haltemprice U.D.	711	79	11.0
Hedon M.B.	30	2	6.6
Hornsea U.D.	88	11	12.5
Norton U.D.	69	3	4.3
Withernsea U.D.	83	2	2.4
Aggregate of U.D.s	1,782	131	7.3
Beverley R.D.	563	40	7.1
Bridlington R.D.	103	4	3.9
Derwent R.D.	274	48	17.5
Driffield R.D.	153	6	4.0
Holderness R.D.	382	36	9.4
Howden R.D.	182	51	28.0
Norton R.D.	107	9	8.4
Pocklington R.D.	213	27	12.7
Aggregate of R.D.s	1,977	221	11.2
Total County	3,759	352	9.4

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

According to the returns received, 193 domiciliary births were attended by midwives, no doctor being present. This represents 55% of the domiciliary births in the County.

In all 218 midwives notified their intention to practise in the East Riding during 1968. At the end of the year there were 178 midwives in practice, 49 of whom were employed in the County service, and 129 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	—	42	42
Notification of infant death	9	—	9
Notification of stillbirth	37	3	40
Liability to be a source of infection..	2	3	5

The number of medical help forms received from midwives in domiciliary practice was equivalent to 22% of the cases which they attended when no doctor was present.

VACCINATION AND IMMUNISATION

The arrangements for the provision of vaccination and immunisation facilities continued as in previous years. The following tables show details of the work carried out in 1968.

SMALLPOX

1,998 vaccinations and 174 re-vaccinations were carried out.

The records indicate that by the end of the year 38% of the children born in 1966 had been protected against smallpox.

Diphtheria

2,738 children received a primary course of vaccination against diphtheria, and 4,803 received "booster" injections. These numbers are made up as follows:

	Primary	Booster
Diphtheria only	10	104
Combined Diphtheria and Tetanus	218	2,842
Combined Diphtheria, Whooping Cough and Tetanus	2,510	1,847
Combined Diphtheria & Pertussis	—	10
Totals	2,738	4,803

The records indicate that by the end of 1968, 85% of the children born in 1967 had been immunised against diphtheria.

Whooping Cough

2,510 children received primary courses of anti-whooping cough injections and 1,851 received "booster" injections. These numbers are made up as follows:

	Primary	Booster
Combined Diphtheria and Whooping Cough	—	10
Combined Diphtheria, Whooping Cough and Tetanus	2,510	1,847
Totals	2,510	1,857

The protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 85% of the children born in 1967 have had prophylactic injections against this disease.

Tetanus

2,855 children received a primary course of tetanus toxoid injections and 5,046 received "booster" injections. These numbers were made up as follows:

	Primary	Booster
Tetanus toxoid	127	357
Combined Diphtheria and Tetanus vaccine	218	2,842
Combined Diphtheria, Whooping Cough and Tetanus vaccine	2,510	1,847
Totals	2,855	5,046

Of the children born in 1967 records show that 85% have received protection against tetanus.

POLIOMYELITIS

2,998 children received a primary course of protection and 3,602 children received reinforcing doses.

	<i>Primary</i>	<i>Booster</i>
Salk vaccine	4	12
Sabin oral vaccine	2,994	3,590
Totals.....	2,998	3,602

These figures indicate that 75% of the children born in 1967 had been protected against this disease by the end of 1968.

MEASLES

A scheme for the protection of children against measles was introduced following the receipt of circular 4/68. Protection was initially offered to the four to six year old children but subsequently extended to all children up to the age of 16 years. Routine vaccination is recommended during the second year of life prior to smallpox vaccination.

The following figures show the number of children born in the various years who have been vaccinated—

1968	30
1967	433
1966	337
1965	326
1961-64	1,629
Others under 16	36
Total.....	2,791

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 3,991 eligible children. Parents of 3,258 children requested participation in the scheme, and of these acceptors, 2,891 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 2,486 were negative and therefore required vaccination, and 2,444 finally completed the process.

All children having a 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 amongst them.

AMBULANCE SERVICE

At the end of the year 70 whole-time driver/attendants were employed, and the Council's fleet of vehicles consisted of 24 ambulances and 23 dual purpose vehicles.

The following tables give details of the type of work carried out by the service:

Types of case	1968	1967	Increase or decrease in 1968 as compared with 1967
1. Accident	2,908	2,979	-70
2. Acute illness	3,068	2,853	+215
3. General illness	4,694	4,657	+37
4. Maternity	933	1,012	-79
5. Tuberculosis	1	8	-7
6. Infectious disease	70	92	-22
7. Mental illness	248	283	-35
Totals (Items 1-7)	11,983	11,884	+99
8. Inter-hospital transfers	2,448	2,218	+230
9. Hospital discharges	4,610	5,180	-570
10. Out-patient and Clinic attendances	107,026	101,490	+5,536
Totals (Items 8-10)	114,084	108,888	+5,196
11. Other Cases	32,288	42,113	-9,825
Grand Totals: Cases	158,355	162,885	-4,530
Mileage	1,106,949	1,094,277	+12,672
Average miles per patient	2.0	6.7	

The following shows the number of patients carried and the mileage involved:—

	<i>Patients carried</i>	<i>Mileage</i>
Direct service	149,251	1,018,505
Hospital car service	955	14,078
Other authorities	8,122	70,919
Train	27	3,447
Totals	158,355	1,106,949

STAFF TRAINING

An additional assistant Ambulance Officer was appointed, whose main duty is responsibility for training the ambulance staff. A number of driver/attendants were sent to the West Riding Training School on six-week residential courses. First Aid training has also been given to the staff of the East Riding Fire Brigade and other outside bodies.

DOMESTIC HELP SERVICE

The number of cases provided with domestic help has risen, from 1,619 to 1,761 an increase of 8·8% on the figure for the previous year. Excluding the confinement cases, 90% of the people receiving help were over 65 years old.

The following figures refer to the service given in 1968:

No. of households receiving service at the beginning of 1968	1,072
New cases helped during the year	689
Total households receiving service	1,761

Reason for requiring domestic help:

Confinements	84
General illness	79
Chronic illnesses or old age	1,592
Mental illness	6

An in-service training course extending over five days was arranged in Withernsea and was attended by 28 domestic helps. Courses of this type are now a regular feature of the service, and are held in different parts of the County every year.

CARE AND AFTER-CARE

MEDICAL LOANS

The British Red Cross Society act as the County's agent for providing a medical loan service, except in the Haltemprice, Filey and Withernsea areas. At the end of the year a total of 42 depots in the County were operating and 1,237 articles were loaned under these arrangements. These articles included such items as hoists, special beds and mattresses, wheel chairs, etc. Whereas in 1948 it was envisaged that these loans would always be of temporary nature, the situation is now changing as many of the patients are elderly and have chronic illness so that many of the loans are now on a more permanent basis. Fire guards are also loaned when necessary, especially for the elderly.

In the areas not covered by the Red Cross Society a direct service is provided by the County Council in Haltemprice and Withernsea Urban Districts. In Filey Urban District arrangements have been made with the W.R.V.S. to administer the service in that area.

CHIROPODY SERVICE

The Health Committee scheme for providing a chiropody service continues to expand. Three full-time chiropodists are now employed and it is hoped to appoint a fourth chiropodist early in 1969. As far as possible these patients provided with this service have been recommended on medical grounds by either a family doctor or one of the County nursing staff. In most cases the patients are elderly and foot disabilities may be associated with other types of illness. Of the 1,514 patients receiving treatment at the end of the year only 137 were under sixty-five years of age. In many cases their physical condition is such that they are unable to travel to clinics for treatment, and a domiciliary service is provided.

In addition, the service provided by the full-time chiropodists is supplemented by a number of private chiropodists who are employed on a payment per case basis.

As a result of the increased demand for chiropody treatment it has been necessary in certain instances to extend the interval between treatments in order to provide a service for all those patients who require it.

The Women's Royal Voluntary Service, in association with the County Welfare Department, provide a 'Foot Comfort Service' for elderly people through the Darby and Joan Clubs. In most areas this service is provided on a monthly basis, but in certain cases treatment sessions are held weekly. At the end of the year 63 W.R.V.S. centres were in operation, providing treatment for 1,625 persons.

CERVICAL CYTOLOGY

Routine cervical cytology has taken place in hospital for a number of years, and also for those women who have attended family planning clinics. An increased number of general practitioners are now undertaking this work in their surgeries. However, a demand continues to exist for this service to be provided by the Council and regular sessions have been held in Anlaby, Beverley and Bridlington. Elsewhere in the County special sessions have been arranged when the number of local requests have been such as to justify holding a clinic. In some cases the mobile clinic has been used for these sessions in conjunction with a local hall which acts as a waiting room for those attending. Seventy-six sessions were held at 15 centres and 1,247 women attended at the sessions. Two cases were reported as positive and required further examination in hospital.

PROBLEM FAMILIES

A co-ordinating committee meets regularly in each of the four Divisional areas in the County under the Chairmanship of the Divisional Medical Officer. The Children's Officer has continued to act as convener and Secretary for the purpose of calling these meetings. Each Committee consists of representatives from the various branches of the social services who may in the course of their duties have to deal with the difficulties created by problem families.

EPILEPSY AND SPASTIC PARAPLEGIA

On the register of handicapped persons maintained by the County Welfare Officer there are 36 epileptics and 31 spastics. Of the 36 epileptics, one is in residential accommodation provided by the Welfare Authority and five are in colonies. Twenty-six of the spastic cases are living in their own homes, and five are in a voluntary home.

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

Most of the day to day work in the field of Health Education was, as usual, undertaken by Health Visitors in the course of their routine duties on a personal level with individual mothers and children. The value of this work should not be under-estimated, as this is the only way in which the health visitor can approach those families who do not wish to attend clinics or mothers' clubs and who would otherwise receive no advice on health education matters.

Mothercraft and Relaxation Classes

These classes continue to provide an excellent service to all expectant mothers. Many appreciative comments have been received about the classes, which consist not only of the exercises which are taught and the talks given, but of informal general discussions which take place at each meeting.

It became necessary to hold a third class in the Beverley area in order to meet the demand; this class was held in the evening and proved very successful. It is also proposed to hold evening classes in Leven and Norton.

In the Howden area young children were invited to attend these classes along with their Mothers, when certain topics were discussed which were of educational value to the children.

Mothers' Clubs

Mothers' clubs were held in Beverley, Thorngumbald, Bubwith and Howden. These clubs helped to fill a very real social need and provide a ready made audience for the teaching of health education. A wide range of subjects was discussed at the different clubs, including first aid, safety in the home, and the importance of nutrition in general health.

Health Education at Child Health Centres

Posters and leaflets on various aspects of health education are displayed as a routine in all centres, and from time to time health visitors prepare special displays. However, the storage and transport of such displays can create a difficult problem in the more rural areas.

Health education films were shown during child health clinics and, when possible, these films were followed by a discussion about the topic. In the smaller type of premises it was sometimes difficult to arrange these sessions, but as far as possible films were shown at all clinics from time to time throughout the year.

Members of the Health Department were asked to give a number of talks to Young Wives' Clubs, Women's Institutes, and other organisations on different aspects of health education.

The Minister requested that information about venereal disease should be given to young people, and a number of talks have been arranged in schools and Youth Clubs on this subject.

In-Service Training

A number of lectures were given to the health visitors as part of their general training, and these included lectures on family planning, legislation in connection with social security, and the dangers and uses of modern drugs.

From time to time health education films were shown to members of the health visiting staff, followed by a discussion in order to assess the value of the film as a health education topic.

Senior nursing staff assisted at the in-service training courses arranged for domestic help and welfare services.

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 433 blind and 121 partially sighted persons on the register. The distribution of these persons according to sex and age is shown in the following table:

Age Group	Blind			Partially Sighted		
	Males	Females	Total	Males	Females	Total
0—4	—	2	2	—	1	1
5—10	3	—	3	4	4	8
11—15	2	2	4	2	1	3
16—20	1	2	3	3	2	5
21—29	4	—	4	2	2	4
30—39	9	4	13	2	1	3
40—49	18	10	28	3	2	5
50—59	20	13	33	7	4	11
60—64	16	10	26	9	5	14
65—69	15	24	39	5	8	13
70 and over ..	90	188	278	15	39	54
Totals ...	178	255	433	52	69	121

A total of 106 persons were examined for the first time and of these 51 were admitted to the register of blind persons, 48 were admitted to the partially sighted register and 7 were not considered to be certifiable.

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

	0-4	5-15	16-30	31-59	60-69	70-79	80+	Total
Blind	1	1	—	2	5	16	26	51
Partially Sighted	1	3	—	6	9	15	14	48

MENTAL HEALTH

Mentally Sub-Normal Patients

At the end of 1968 there were 811 patients known to be receiving advice or care, and of these 351 were in hospitals. The remaining 460 were living in the community and to these the mental welfare officers paid 1,909 advisory or supervisory visits.

Patients in hospital

Eighteen patients (4 children and 14 adults) were admitted to hospital on a long stay basis and 10 patients were admitted for periods of short-term care to give their parents an opportunity for rest or holiday. Seventeen cases were awaiting admission to hospital, of whom 9 were regarded as being in urgent need of hospital care.

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

	Male	Female	Total
Aged under 16	27	5	32
Aged 16 years and over	168	151	319
Totals	195	156	351

Patients in the community

Forty-two new cases were notified from various sources, this number being made up as follows:—

	Male	Female	Total
Aged under 16	11	13	24
Aged 16 and over	7	11	18
Totals	18	24	42

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

	Male	Female	Total
Aged under 16	66	58	124
Aged 16 and over	181	155	336
Totals	247	213	460

Junior Training Centre

The Junior Training Centre was extended by the addition of a classroom/workshop for 15 trainees, making a total of 60 places available. This is a transitional classroom in which the more senior children are prepared for transfer to the Adult Training Centre. Twenty children were resident in the hostel, and one child was admitted for a period of temporary care to allow the parents to take a holiday.

Adult Training Centre

The Department of Health and Social Security has approved an extension to the Centre which will accommodate a further 25 trainees, making a total of 75 available places. It is anticipated that work on this extension will begin early in 1969. The type of work which is now being produced at the Training Centre is more varied than in the early stages.

The workshops have continued to increase the output of completed articles of all types, a number of which have been made to order for various schools in the County. There is no doubt that the provision

of an industrial type of laundry has been fully justified, as this has provided a satisfactory type of work for eight to ten trainees on a regular basis, and no less than 81,000 articles from different County establishments were laundered. Even at the lower end of the scale the less able trainees have been able to satisfy industrial firms with contracts for finished curtains for caravans for the greater part of the year. While one does not wish to introduce a balance sheet in this type of Centre, it is of interest to note that the income from the sale of completed articles amounted to more than £1,900. In addition to routine production work, regular sessions have been allocated each week for educational and social activities.

The Hostel was fully occupied, 14 trainees being resident on a Monday to Friday basis, and the remainder permanent residents, as they have no homes. There is little doubt that the demand for full-time hostel facilities will increase and an additional hostel has already been included in the Health Committee's Development plan. One trainee was admitted to the Hostel for short-term care to enable the parents to have a holiday.

In addition to the Centres at Driffeld 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.

Day Centre

A part-time Day Centre for up to twelve children who are severely mentally subnormal continues to function on three mornings a week at the Health Services Clinic at Cottingham.

Transport

Trainees are transported between their homes and the training centres by hired coaches and the County Ambulance Service. Arrangements are in hand for coach transport to be provided to convey trainees to the centre in Beverley from the Haltemprice area. This will reduce the demand on the Ambulance Service and in addition enable four trainees to be transferred from the Hull Authority's Centre to the one at Beverley.

There has been useful consultation with the Parent's Association and a minibus was donated for social and recreational purposes through the agency of the Bridlington, Driffeld and East Riding Society for Mentally Handicapped Children.

The staff of the centres and the hostels have continued to receive voluntary help from groups of people, especially in the Driffeld and Beverley areas, who are interested in the work of the centres, and many useful gifts have been received.

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

Junior Training Centres

Driffeld	64
Kingston upon Hull.....	15
York	3
Rawcliffe.....	1
Total	83

Adult Training Centres

Beverley	59
Kingston upon Hull.....	11
	—
Total	70
	—
<i>Home Training</i>	15
<i>Part-time Day Centre</i>	7

Mentally Ill Patients

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

<i>Home Visits</i>	10,080
<i>Hospital admissions:</i>	
Admissions for observation (Section 25).....	34
Admissions for treatment (Section 26)	4
Emergency admissions (Section 29).....	53
Informal Admissions	320
<i>Attendances at Hospitals or Out-patient clinics...</i>	607

Four hundred and ninety-nine new cases were referred to mental welfare officers and at the end of the year 732 patients were receiving supportive visits in their homes.

Staff

The field staff of the mental health service consisted of six mental welfare officers, a trainee mental welfare officer and a mental health social worker, with the part-time services of two psychiatric social workers.

FUTURE DEVELOPMENT OF THE HEALTH SERVICES

The Health Committee reviewed the development programme as requested by the Department of Health and Social Security. This review covered in particular the capital building projects envisaged during the next three years, and the Committee also agreed in principle the projects for the decade 1969/70 to 1978/79.

Approval was given by the Department for the building of a health centre at Pocklington, and plans for a health centre at Hessle were well in hand.

The following table gives details of the capital building programme which was agreed:—

Financial year	Project
1969/70	Hessle—Health Centre including a Dental Suite. Beverley—Home for Mentally Disturbed Elderly Persons (35 places)
1970/71	Hessle—Alterations to Ambulance Station. Beverley—Further extension to existing Adult Training Centre (70 places) and separate Hostel (20 places). Hedon—Ambulance Station for four vehicles and staff. Bridlington—Hostel for mentally ill adults (12 places).
1971/72	Beverley—Health Centre, including a Dental Suite, Divisional Health Office, office accommodation for County nursing supervisory and clerical staff and for Mental Welfare Officers, and the Child Guidance Clinic. Junior Training Centre (60 places) and Hostel (20 places) in the southern part of the County. Cottingham—Extensions to existing clinic. Hornsea—Health Service Clinic.
1972/73 to 1978/79 inclusive	Health Service Clinics in the Brough, Hedon, Howden and Norton areas. Home for Mentally Disturbed Elderly Persons. Adult Training Centre (50 places) and Hostel (20 places). Health Centre and Divisional Health Office in Bridlington.

REGISTRATION OF NURSING HOMES

The only private nursing home in the area closed during the year.

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

The Nurseries and Child-Minders Regulation Act, 1948, was substantially amended by the Health Services and Public Health Act, 1968. The criteria for registration were made more stringent with the effect of making more child-minders liable for registration. The Department of Health and Social Security for the first time laid down a comprehensive guide as to the conditions under which registration should normally be made.

In the light of this guide a complete review of existing registrations was commenced before the end of the year. It is pleasing to record that it has not been found necessary to cancel any existing registrations although in some cases amendments have been made to the numbers of children permitted to be received. All persons and premises registered in the County have been visited regularly and continue to provide a good standard of child care.

At the end of the year 28 nurseries, providing accommodation for 684 children, and 18 daily minders, offering places for 301 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 supplied with water from five public water undertakings. This supply comes from a number of differed sources, depending upon the area of the County. The natural flouride content of the water varies between 0.04 and 0.12 parts per million. This compares with one part per million which is regarded as the amount of fluoride necessary to prevent dental decay in children.

Further consideration was given by the Health Committee to the fluoridation of public sources of water supply in the County area, and while the Council is not opposed in principle to the scheme, the technical difficulties, the cost involved, and the position with regard to the views of other authorities in the area would make implementation of the fluoridation extremely difficult at this stage.

Minute of Health Committee 4th October, 1968

“the Committee re-affirm their previous decision that consideration of the question of introducing fluoridation of the public water supplies within the East Riding be deferred until an assessment can be made of the steps which would be required to enable such fluoridation to be generally introduced.”

Rural Water Supplies and Sewerage Acts, 1944-1965

During 1968, 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.C.Extension of existing sewerage and sewage disposal facilities in the parishes of Swanland and North Ferriby (further revised proposals). Provision of sewerage facilities for the villages of Ellerker and Brantingham.
Holderness R.D.C.Provision of sewerage facilities for the villages of Coniston and Ganstead in the parish of Bilton.
Norton R.D.C.Provision of sewerage and sewage disposal facilities for the parish of Wintringham (revised proposals).
Pocklington R.D.C.Extensions to the Pocklington Sewage Treatment Works.
East Yorkshire (Wolds Area) Water Board	Provision of mains water supply to two houses in Bolam Lane, Bempton.

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

- Beverley M.B. Provision of piped water supply to the village of Weel (contribution considered annually).
- Beverley R.D.C. Leconfield Sewerage and Sewage Disposal Scheme. Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).
- Driffield R.D.C. Nafferton Sewerage and Sewage Disposal Scheme. Regional Water Supply Scheme (contribution considered annually).
- Holderness R.D.C. Provision of sewerage facilities for the properties and camps adjacent to Hollym Road, Withernsea, in the parish of Hollym. Withernwick Sewerage and Sewage Disposal Scheme.
- Howden R.D.C. 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.C. 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 two houses in Bolam Lane, Bempton. Provision of mains water supply to four houses and a garage in Beverley Road, Driffield.

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1967/68, under Section 56(1) of the Local Government Act, 1958, to the Beverley Corporation and the Haltemprice and Withernsea Urban District Councils towards the cost of carrying out the Beverley Sewerage and Sewage Disposal Reconstruction Scheme, the West Hull and Haltemprice Joint Main Drainage Scheme and the Withernsea Main Drainage Scheme, respectively.

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 Haltemprice. In carrying out their duties the Sampling Officers have submitted 598 samples including 183 milk and 28 drug samples for analysis by the Public Analyst. In the course of visits to trading premises, large numbers of pre-packed foods have been examined to ensure that they were properly described and labelled.

A summary of the samples submitted for analysis is given below:—

	No. of samples analysed	No. of samples found to be Unsatisfactory
Beverages	45	11
Cheese	14	1
Confectionery	44	—
Drugs	28	—
Fats	27	—
Fish and Meat Products	90	—
Fruit and Vegetable Products	54	—
Ice-cream	16	1
Intoxicating Liquor	14	—
Milk	183	8
Milk Products	9	1
Pickles	4	—
Preserves	19	2
Puddings	7	—
Seasonings	14	—
Miscellaneous	30	5
Totals	598	29

Of the 29 samples found to be unsatisfactory, the necessary advisory, cautionary or administrative action was taken in respect of 28 samples where the infringement was of a minor nature and legal proceedings were instituted against a soft drink manufacturer whose product was deficient in sugar. In addition, 3 prosecutions were instituted in respect of foreign matter found in bottles of school milk. One case was dismissed and in 2 cases fines were imposed.

A meat pie purchased by a member of the County staff was found to be mouldy and the seller was prosecuted by Bridlington Corporation for this offence and fined.

At the request of the Hull Corporation, samples were obtained from an East Riding milk producer consigning milk to a dairy in Hull and subsequently he was prosecuted by the Corporation and fined in respect of 4 samples containing extraneous water.

The average standards of the 183 milk samples were:—

	% Fat	% Solids not fat
Untreated.....	3.714	8.983
Pasteurised.....	3.832	8.718
Channel Island	4.725	8.968
Sterilised.....	3.727	8.667

CONTAMINATION OF FOODSTUFFS BY TOXIC CHEMICALS—COUNTY COUNCILS ASSOCIATION SCHEME OF SAMPLING

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 comprises the North, East and West Ridings of Yorkshire, Durham County and fourteen northern County Boroughs.

The first samples were obtained in August 1966 and subsequently in the 2 years to July, 1968, 680 samples have been tested in Zone 4 (24 from the East Riding) of which 284 were found to contain some pesticide trace and 95 were at or above the significant levels suggested by the Association of Public Analysts as the appropriate limits for report within the experimental scheme, i.e.:

	Parts per thousand million
Milk and Infant Foods	
DDT and allied compounds	20
Other organo-chlorine insecticides.....	2
Organo-phosphorus insecticides (as P)	50
All other Foods	
DDT and allied compounds.....	50
Other organo-chlorine insecticides.....	20
Organo-phosphorus insecticides (as P)	50
Arsenic	100
Lead	100
Mercury	100

These levels are in no sense recommended as 'safe' figures, but are primarily issued in order to give the analysts participating in the scheme an indication of the limits to which they should work. There are, as yet, no officially recommended limits for pesticides in this country, but as a matter of interest a few examples of tolerance levels in other countries are as follows:

Pesticides	Country	Tolerance Parts per thousand million
DDT	U.S.A.	1,000—7,000*
	New Zealand	5,000
	Netherlands	1,000
BHC	U.S.A.	10,000
	New Zealand	5,000
	Netherlands	2,000
Dieldrin	U.S.A.	100—250*
	New Zealand	nil—2,500*
	Netherlands	100

*Limit varies according to commodity.

It is understood that the Association of Public Analysts are preparing a further sampling scheme for the consideration of the Local Authority Associations. In the meantime, it is proposed to continue to include in the East Riding's routine sampling programme, a number of samples for pesticide trace analysis.

NEW REGULATIONS AND REPORTS

The Imported Food Regulations, 1968: these revise and consolidate previous regulations and in particular, provide for the inspection of imported foods in certain circumstances to be deferred until it reaches a specified destination instead of at the port of importation.

The Fish and Meat Spreadable Products Regulations, 1968; these replace the Fish and Meat Paste Orders and specify requirements for the description, composition, labelling and advertisement of meat and fish pastes.

In general—

- (a) meat and fish pastes must contain not less than 70% of meat or fish;
- (b) potted, chopped or minced meat or fish—95% of meat or fish;
- (c) dressed crab—93% crab meat.

The Skimmed Milk and Non-Milk Fat (Amendment) Regulations, 1968; these amending regulations add four specially prepared baby foods to those already exempt from the requirement that they shall be labelled 'unfit for babies'.

The Proposed Regulations for Cream have been issued and in general follow the recommendations of the Food Standards Committee's Report of last year, The proposed compositional requirements are:—

Clotted Cream	at least 55% fat
Double Cream	at least 48% fat
Whipping or Whipped Cream	at least 35% fat
Sterilised Cream	at least 25% fat
Cream (Single)	at least 18% fat
Half-cream	at least 12% fat

The Foods Standards Committee Report on Soups; recommend compositional requirements for most soups with revised Codes of Practice in respect of canned soups and a new Code of Practice for powdered soups (re-named Soup Mix). The report states that six popular types of liquid soup—tomato, vegetable, chicken, oxtail, mushroom and scotch broth—account for over 80% of total production and that over 90% of canned soups are made by three firms.

Of powdered soups, minestrone, chicken noodle and pea are estimated to account for over 60% of total sales.

The report also states that it is believed that many people have an exaggerated idea of the amount of nourishment that can be obtained from soup and quote figures indicating that canned soups normally contain between 55 and 140 calories per average individual portion (2% to 5% of daily calorie requirements), and powdered soups about half these amounts.

It suggests that soups have both psychological and physiological properties and play an important part in modern diets as appetizers and probably serve as a useful adjunct to digestion.

The Medicines Act, 1968; this Act was passed on the 25th October, 1968 and on a day yet to be appointed, will repeal those sections of the Food and Drugs Act relating to drugs. In the future, these will be controlled by the provisions of the Medicines Act.

The County Councils and/or Food and Drugs Authorities will, under the Medicines Act, be given a duty to enforce—or share in the enforcement with Government Departments and the Pharmaceutical Society—specified provisions of the Act together with Regulations and Orders made under it.

In regard to medicinal products (including certain animal feeds containing medicines) these duties are likely to be in respect of:—

- (1) The prohibition of sale, supply or importation of particular products;
- (2) The control of the labelling of containers and packages;
- (3) The regulations governing conditions of sale, storage, handling and disposal;
- (4) The regulations governing advertisements, representations and recommendations;
- (5) The authorisation of officers to enter premises to inspect, take samples and seize goods and documents where these may be required as evidence.

The Trade Descriptions Act, 1968; this Act came into operation on November 30th, 1968, and prohibits false statements about goods, prices or services. Whilst this Act does not directly affect the Food and Drugs legislation, there will be occasions when misdescriptions of foods may be applicable to both Acts. In such cases, the sampling and legal procedures laid down in the Food and Drugs Act have to be implemented.

False or misleading price indications connected with foods will be dealt with under the Trade Descriptions Act.

THE MILK AND DAIRIES REGULATIONS

A total of 4,218 samples of milk have been obtained from farms heat treatment plants, and retailers. These have been submitted to the Public Health Laboratory for tests to be made in respect of (1) general cleanliness and hygiene (methylene blue test), (2) correct and efficient heat treatment where appropriate (phosphatase or turbidity test) and (3) biological or other examination to detect evidence of tubercle or brucellosis.

At the end of the year, there were 527 dealers' licences in force and 8 heat treatment plants were operating. Sampling and inspections have been carried out regularly;—pasteurisation plants received 167 visits of inspection and 306 visits were made to the premises of milk dealers.

During 1968, there were 45 farms in the County with approximately 1,300 cows producing untreated milk for retail sale, in addition approximately 850 other farms produce milk which is heat treated before sale. As agreed with the County Medical Officer of Health,

District Medical Officers of Health and the Director of the Public Health Laboratory, special sampling has been undertaken at these farms in an endeavour to trace herds infected with brucellosis. Wherever possible, samples have been obtained from individual cows at the time of milking.

Nineteen samples were reported positive for brucella abortus from 9 herds. In every case the dairyman took immediate action and removed the infected cows from the herd.

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

Source	Number of Samples		Methylene Blue Test		Phosphatase Test		Turbidity Test	
	Pasteurised	Untreated	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Heat Treatment Plants	211	—	199	2	207	4	—	—
Licensed Dealers	307	47	292	5	307	—	48	—
Producer/Retailers	—	65	52	10	—	—	—	—
Schools	153	10	156	7	153	—	—	—
Totals	671	122	699	24	667	4	48	—

Ultra-Heat Treated Milk (U.H.T.)—6 samples taken and all satisfactory.

Biological and Brucella Abortus Examination of Milk

Source	Number of Samples		Biological Examination		Brucella Abortus Examination			
	Untreated Milk	Tubercle	Brucella Abortus		Milk ring test		Culture test	
		Negative	Positive	Negative	Positive	Negative	Negative	Positive
Farm samples	3,371	—	—	—	—	3,128	243	3,352
Producer/Retailer	56	49	—	49	—	—	—	19
Licensed Dealers	26	25	—	25	—	—	—	—
Schools	4	4	—	4	—	—	—	—
Totals	3,457	78	—	78	8	3,128	243	3,352

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, Ministry of Agriculture, Fisheries and Food for information about the inspections of dairy herds which were carried out during the year. He states that 472 herds were inspected involving 17,048 cattle. Unless there are reactors, herds are now submitted to the tuberculin tests in alternate years. If any herd shows the presence of reactors it is, however, subjected to tests at much shorter intervals.

No cases of tuberculosis have had to be dealt with under the Tuberculosis Order 1938 but 15 cows were found to be positive for tuberculosis at post mortem. None showed tuberculous lesions of the udder.

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

NOTIFIABLE INFECTIOUS DISEASES - 1959 to 1968

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

DISEASE	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Scarlet Fever	125	134	68	39	64	62	71	51	89	137
Whooping Cough.....	60	235	60	8	206	169	56	65	169	41
Diphtheria.....	—	—	—	—	—	—	—	—	—	—
Measles	3,549	73	4,107	741	3,409	1,268	3,543	966	2,953	1,790
Pneumonia	114	69	111	60	42	45	32	28	20	23
Meningococcal Infection..	2	1	2	4	4	3	—	2	2	1
Acute Poliomyelitis:										
Paralytic	1	1	8	2	—	1	—	—	—	—
Non-Paralytic	—	—	2	—	—	—	—	—	—	—
Encephalitis:										
Infective	—	—	—	1	—	—	—	—	—	—
Post-Infectious	1	—	—	—	—	—	—	—	—	—
Dysentery	471	253	259	277	44	127	157	226	166	131
Ophthalmia Neonatorum .	—	1	1	2	—	1	—	—	—	—
Puerperal Pyrexia	18	13	9	15	3	11	4	2	3	1
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	1	1	3	1	1	—	1	1
Typhoid Fever	4	—	—	—	4	1	—	—	—	—
Food Poisoning.....	126	42	49	55	41	30	36	30	48	255
Erysipelas	11	11	9	9	9	1	6	4	3	4
Malaria	—	—	1	—	—	1	—	1	—	—
Tuberculosis:										
Pulmonary.....	57	52	41	41	34	38	33	16	19	24
Meninges and C.N.S. .	1	1	—	—	1	—	2	—	—	—
Other forms	11	10	8	5	9	3	4	2	4	3
Anthrax*	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	—	—	—	—	—	—	—	—	—	64

*Not notifiable until 1960.

Under the Health Services and Public Health Act, 1968, pneumonia, puerperal pyrexia and erysipelas were deleted from the statutory list of notifiable diseases and leptospirosis, yellow fever and tetanus were made notifiable for the first time.

Following Ministry of Health Circular 20/68 infective jaundice was added to the list of notifiable infectious diseases from 15th June, 1968.

TUBERCULOSIS

The consultant chest physicians, with administrative centres in Hull, Pontefract and York and the assistant chest physicians working with them are 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 of any patients resident in the County. Their chief link with the County health services is through the health visitors, all of whom visit cases of Tuberculosis when required.

On the recommendations of the chest physicians, patients being treated in their own homes are supplied with extra milk. Eight 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 111 persons have been vaccinated. This figure includes 21 infants vaccinated soon after birth.

Details of the B.C.G. vaccination of school children against tuberculosis 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:

Acklam	Hornsea
Barlby	Howden
Burythorpe	Keyingham
Beverley	Leavening
Bridlington	Market Weighton
Brough	Melton
Cherry Burton	North Ferriby
Cottingham	Norton
Driffield	Pocklington
Dunswell	Seaton Ross
Everthorpe	Stamford Bridge
Filey	Thorngumbald
Gilberdyke	University of York
Hedon	Withernsea
Hessle	
Holme-on-Spalding Moor	

A total of 9,576 people attended at these sessions, among whom four cases of active tuberculosis have so far been diagnosed. This is a relatively small return for the amount of time and labour spent on this service which is provided by the Regional Hospital Board.

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

New Cases

Twenty-four primary notifications of tuberculosis were received (22 pulmonary and 2 non-pulmonary).

TABLE I

Cases of Infectious Disease Notified amongst County residents

URBAN DISTRICTS

DISEASE	Totals	Beverley	Bridlington	Driffield	Filey	Haltemprice	Hedon	Hornsea	Norton	Withernsea
Scarlet Fever	79	45	2	—	—	32	—	—	—	—
Whooping Cough	12	—	—	—	—	12	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	882	130	269	67	68	226	4	54	29	35
Pneumonia	5	—	—	2	—	3	—	—	—	—
Meningococcal Infection..	1	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis:										
Paralytic	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—
Encephalitis:										
Infective	—	—	—	—	—	—	—	—	—	—
Post-infectious	—	—	—	—	—	—	—	—	—	—
Dysentery	100	2	1	—	—	97	—	—	—	—
Ophthalmia Neonatorum .	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	—	—	—	1	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Food Poisoning	193	1	22	—	—	169	—	1	—	—
Erysipelas	2	—	—	—	—	2	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Tuberculosis:										
Pulmonary	17	4	2	1	—	8	—	1	—	1
Meninges & C.N.S.	—	—	—	—	—	—	—	—	—	—
Other forms	2	—	1	—	—	—	—	1	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	56	1	15	27	—	13	—	—	—	—

TABLE II

Cases of Infectious Disease Notified amongst County residents

RURAL DISTRICTS

DISEASE	Totals	Beverley	Bridlington	Derwent	Driffield	Holderness	Howden	Norton	Pocklington
Scarlet Fever	58	29	1	9	—	1	17	1	—
Whooping Cough	29	7	—	—	—	—	22	—	—
Diphtheria	—	—	—	—	—	—	—	—	—
Measles	908	218	51	173	100	80	142	69	75
Pneumonia	18	5	—	—	4	5	1	—	3
Meningococcal Infection	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis:									
Paralytic	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—
Encephalitis:									
Infective	—	—	—	—	—	—	—	—	—
Post-Infectious	—	—	—	—	—	—	—	—	—
Dysentery	31	26	1	1	—	2	—	—	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	1	—	—	—	—	—	1	—	—
Smallpox	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—
Food Poisoning	62	26	—	—	—	22	—	1	13
Erysipelas	2	—	—	—	1	—	—	—	1
Malaria	—	—	—	—	—	—	—	—	—
Tuberculosis:									
Pulmonary	7	2	—	—	1	2	—	—	1
Meninges & C.N.S.	—	—	—	—	—	—	—	—	—
Other forms	1	—	—	—	—	—	—	—	1
Anthrax	—	—	—	—	—	—	—	—	—
Infective Jaundice	8	1	—	1	2	1	—	—	3

TABLE III

Vital Statistics for the Administrative County, the Divisional Health Areas, and for the Urban and Rural Districts in the Riding during the year 1968

DISTRICT	POPULATION		BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION											STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE	
	Census 1961	Estimated 1968 mid-year	Live births				Illegitimate Live Births		Deaths								
			No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate	No.	Crude Rate	Comparability factor	Adjusted Rate	No.	Rate per 1,000 total births	No.	Rate per 1,000 live births	
Administrative County	224,031	250,840	3,759	14.9	1.05	15.6	210	0.8	3,275	13.1	0.88	11.5	66	17.2	64	16.7	
M.B.'s and U.D.'s	114,086	127,050	1,782	14.0	1.09	15.3	102	0.8	1,853	14.6	0.80	11.7	29	16.0	38	21.3	
Rural Districts	109,945	123,790	1,977	15.9	1.03	16.3	108	0.8	1,422	11.5	0.99	11.4	37	18.4	26	13.1	
BUCKROSE DIVISION																	
Bridlington M.B.	26,023	26,420	339	12.8	1.24	15.9	30	1.1	556	21.0	0.62	13.0	4	11.7	14	41.0	
Driffield U.D.	6,892	6,930	90	12.9	1.04	13.4	5	0.7	147	21.2	0.51	10.8	2	21.6	4	44.4	
Filey U.D.	4,703	5,140	59	11.4	1.36	15.5	4	0.8	87	16.9	0.71	12.0	2	32.8	2	33.9	
Bridlington R.D.	8,814	8,930	103	11.5	1.17	13.5	10	1.1	109	12.2	0.86	10.5	2	19.0	2	19.4	
Driffield R.D.	10,862	10,370	153	14.8	1.06	15.7	6	0.6	124	11.9	1.04	12.4	3	19.2	3	19.6	
Totals	57,294	57,790	744	12.9	—	—	55	0.9	1,023	17.7	—	—	13	17.2	25	33.6	
HALTEMPRICE DIVISION																	
Haltemprice U.D.	42,386	51,150	711	13.9	0.98	13.6	30	0.6	580	11.3	1.00	11.3	12	16.6	5	7.0	
HOLDERNESS DIVISION																	
Beverley M.B.	16,031	17,300	313	18.0	1.01	18.2	18	1.1	195	11.3	1.03	11.6	7	21.9	2	6.4	
Hedon M.B.	2,345	2,530	30	11.8	1.14	13.5	1	0.4	27	10.5	0.89	9.3	—	—	1	33.3	
Hornsea U.D.	5,955	6,580	88	13.4	1.17	15.7	7	1.1	104	15.8	0.72	11.3	—	—	2	22.7	
Withernsea U.D.	4,981	5,720	83	14.6	1.15	16.8	6	1.1	93	16.3	0.77	12.6	—	—	4	48.2	
Beverley R.D.	23,213	30,730	563	18.3	0.97	15.8	21	0.7	326	10.6	0.99	10.5	8	14.0	7	12.4	
Holderness R.D.	20,409	23,790	382	16.1	1.00	16.1	28	1.2	256	10.8	1.07	11.6	5	12.9	4	10.5	
Totals	72,934	86,650	1,459	16.8	—	—	81	0.9	1,001	11.6	—	—	20	13.5	20	13.7	
HOWDENSHERE DIVISION																	
Norton U.D.	4,770	5,280	69	13.1	1.12	14.7	1	0.2	64	12.1	0.78	9.4	2	27.2	4	57.9	
Derwent R.D.	13,648	15,270	274	17.9	1.02	18.2	7	0.5	197	12.9	0.86	11.1	7	24.9	2	7.3	
Howden R.D.	12,038	12,610	182	14.4	1.06	15.3	12	0.9	133	10.6	0.99	10.5	4	21.5	2	11.0	
Norton R.D.	7,015	7,050	107	15.2	1.09	16.6	6	0.8	92	13.0	1.04	13.5	—	—	3	28.0	
Pocklington R.D.	13,946	15,040	213	14.2	1.10	15.6	18	1.2	185	12.3	1.01	12.4	8	36.2	3	14.1	
Totals	54,417	55,250	845	15.2	—	—	44	0.8	671	12.7	—	—	21	24.2	14	16.6	

TABLE IV

Vital Statistics of Whole District during 1968,
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
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
1967	248,330	3,850	15.5	60	16	3,080	12.4
1968	250,840	3,759	14.9	63	17	3,274	13.1

TABLE V

Rainfall Returns, 1968

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 1958 to 1967
			inches		inches
Hempholme.....	11 feet	Mr. W. F. Gilbert	29·69	156	26·92
Beverley	34 feet	Mr. B. T. H. Johnson..	30·30	193	26·55
North Cave	35 feet	Maj. J. H. Carver, J.P..	27·93	136	26·56
Hornsea	35 feet	Mr. J. H. D. Howlett ..	27·85	181	26·25
Bridlington	60 feet	Mr. H. Ackroyd.....	29·60	207	28·74
Lowthorpe	63 feet	Mr. C. Kettlewell	24·51	186	25·01
Scampston	100 feet	Mr. C. Brown	29·11	217	25·95
Filey	122 feet	Mr. J. Hustwit.....	26·93	182	25·86
Dalton Holme...	150 feet	Lord Hotham Estate ..	31·86	185	28·04
Birdsall.....	304 feet	Birdsall Estate Co. Ltd.	30·82	206	30·79

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
1968

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 1968.

Two of the medical staff completed eighteen months' part-time training in ophthalmic work, and were approved by the Regional Hospital Board as competent to undertake refraction clinics for school children in the County area.

The Speech Therapy Service has been staffed by part-time speech therapists, up to the equivalent of two full-time officers, and although a reasonably satisfactory service has been maintained in most parts of the County, the waiting list of children for speech therapy continues to increase.

Special audiometric sessions have been held in all parts of the County. These sessions have been conducted by school nurses who have been specially trained in the use of the pure tone audiometer. Fifty-one pupils were found to have some degree of deafness and were referred to hospital consultants for more detailed information and examination.

The pilot scheme for the screening of the school leaving age group of children has been completed. This scheme has undoubtedly been successful in the selected schools and those primarily concerned in implementing this scheme, namely medical and teaching staff, have expressed the view that it has been an improvement on the existing arrangement whereby the routine medical examination of all school leavers is carried out. No complaints have been received from parents. It is now proposed to consider extending this form of selective examination to all secondary schools in the County.

I am indebted to the Chairman and Members of the Committee, the Chief Education Officer and his staff and the Head Teachers for their continued encouragement and support.

W. FERGUSON
Principal School Medical Officer

April, 1969.

GENERAL STATISTICS

Number of Schools—Primary	154
Secondary	21
Nursery	1
Special.....	1
Number of Pupils—Primary	23,947
Secondary	14,116
Nursery	40
Special (a) From the County.....	102
(b) From other Authorities....	8
	<hr/>
	Total 38,213

Number of pupils attending special schools in other Authorities areas	102
--	-----

MEDICAL INSPECTIONS

In recent years part-time medical staff have been employed on a sessional basis to undertake routine and special medical examinations in schools. As a result of the retirement of the full-time medical officer in Haltemprice, at the end of March, it was necessary to obtain the services of further part-time officers in that area.

Although occasional administrative difficulties have been encountered in the use of part-time staff, the advantages on balance have outweighed the disadvantages. This system permits more school medical examinations to be held at the same time, and during school holidays it is not necessary to employ more medical officers than are required to cover the reduced amount of school medical work.

The number of pupils who received a full medical examination was 8,126 compared with 7,416 in 1967. In addition 1,353 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 74.

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:

Year	No. of pupils inspected	No. found in "unsatisfactory" condition	Percentage
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
1967	7,416	1	0.01
1968	8,126	3	0.03

WORK OF SCHOOL NURSES

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

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

Visits to schools:	1967	1968
Number of routine health survey examination sessions	518	520
Number of health survey examinations carried out	60,607	61,236
Number of children found infested	404	277
Number of follow-up visits	89	43
Visits to homes:		
Number of homes visited	836	869
Number of children seen for—		
Uncleanliness	444	294
Minor ailments	107	95
General condition	18	19
Other reasons	503	663
TOTALS	1,072	1,071

The following table gives particulars of cleanliness inspections carried out over the last 10 years:

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
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
1967	60,607	404	36,839	1.09
1968	61,236	277	38,214	0.72

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

The two school medical officers who have been undergoing instruction in refraction work completed their training towards the end of the year and they have been accepted by the Regional Hospital Board as competent to carry out refraction tests on school children. Arrangements have been made for a small number of school ophthalmic clinics to re-open early in the new year.

Throughout 1968 it has been necessary once again to refer all children found to have defective vision to their general practitioner for treatment at either the nearest hospital or by a local optician. A total of 243 children were found at periodic and special medical inspections to be in need of treatment for visual defects and a further 1,008 children were recorded for observation.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

One hundred and seventy-nine 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, 820 children were referred for observation.

Special audiometric sessions were held throughout the county and 2,571 children were examined by means of the pure tone audiometer. Fifty-one cases in which some degree of deafness was discovered were referred to ear, nose and throat consultants through the family doctor.

A part-time teacher of the deaf is 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	1967		1968	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (body) . . .	5	5	1	2
Scabies	3	5	31	21
Impetigo	34	8	39	10
Other skin diseases . .	641	20	371	7
Minor eye defects . . .	90	10	88	9
Minor ear defects and deafness	41	6	81	1
Minor injuries, bruises, etc.	1,292	40	777	22
Totals . . .	2,106	94	1,388	72

The number of attendances for treatment of minor ailments was 2,993 compared with the previous year's figure of 4,357. In addition, 101 home visits were made.

CHIROPODY

A chiropody service has been developed for school children in the Beverley area. A weekly foot clinic is held by one of the Authority's full-time chiropodists to which some 95 children have made 380 visits for treatment. Seventy of these children received treatment for verrucas and 25 children were treated for corns.

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 universities and training colleges.

Vaccination was offered to 3,991 children of whom 3,258 (i.e. 81.6%) accepted. A total of 2,891 children were skin tested and of these, 2,486 (i.e. 86%) 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
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
1967	1,874	260 (13.8%)	1,581	1,573
1968	2,891	308 (10.7%)	2,486	2,444

SPEECH THERAPY

Two part-time speech therapists resigned and the total sessions provided by the remaining five officers was equivalent to 2.0 in full-time service. The establishment is three full-time therapists.

A total of 250 children were referred for speech therapy and although every effort was made to see these children for assessment purposes the backlog of cases prevented the completion of this task.

The treatment of 123 children was completed and at the end of the year 182 children were receiving attention from the speech therapists. Sixty-three children were on the observation list and 204 children were awaiting treatment.

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

Type of speech defect	No. of children receiving treatment at end of the year	No. of children whose treatment was completed
Dyslalia	139	92
Dysarthria	4	1
Dysphasia	2	1
Dyspraxia	1	1
Cleft Palate	5	1
Retarded speech development	11	9
Stammer	20	14
Other defects	—	4
	—	—
Total	182	123
	—	—

HEALTH EDUCATION

All requests from teachers for talks to be given in schools have been met. The subject matter included "The National Health Service", "Menstruation", "Venereal Diseases", "The Work of the Health Visitor", "The Spread of Infection", "First Aid", "Mothercraft" and "Drug Addiction".

A considerable amount of work with school children was done in connection with the Duke of Edinburgh Award Scheme. In addition health education sessions have been held for members of the Junior Red Cross, Brownie and Girl Guide Groups, and members of the Youth Clubs.

INFECTIOUS DISEASES IN SCHOOLS

During January and the early part of February, the attendance at two infant schools in the Haltemprice area was seriously affected due to a large number of cases of upper respiratory infection. Throat swabs were taken but no particular causative organism was found.

An outbreak of infective hepatitis occurred at two schools in the Driffield area during May and June which affected a total of thirty-seven children and five other persons. Arrangements were made for general hygienic and precautionary measures to be carried out within the schools. A few additional cases occurred at one of the schools after the summer holiday.

In December, eighteen children at a primary school in the Haltemprice area were affected by conjunctivitis. This was found to be caused by an organism called *Streptococcus viridans* which fortunately proved to be sensitive to penicillin and the outbreak was consequently soon controlled.

PROVISION OF MILK AND MEALS

The number of children taking milk in the primary schools increased slightly during the year from 19,108 to 19,475 but the percentage declined from 92.63 to 88.04 because of an increase in the number of children in the schools. Supplies to children in secondary schools ceased in September in accordance with Government policy, previous to which approximately 6,200 children had been taking milk regularly.

All supplies were in one-third pint bottles with drinking straws and all milk was pasteurised except for supplies to one small rural school with 36 pupils.

The number of pupils taking school meals continued to increase notwithstanding the increased price charged from April. The decline which was expected as a result of this increase was offset by the scheme for the provision of free meals to the eldest child in large families and by the increase in the school population. The number of meals taken increased from 23,874 to 24,190 per day but the percentage of children taking meals fell from 71.31 to 69.28.

Eleven new school kitchens were opened during the year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

No changes of dental staff took place during the year. As the present establishment of eight dental officers could only inspect about two-thirds of the school children, it would seem that consideration should be given to increasing the number of dental officers. It is of interest that since the establishment was last increased in 1963, the number of school children has risen sufficiently to provide work for an additional officer.

The Auxiliary Dental Workers' Regulations were laid before Parliament in March, 1968, and come into operation on 1st September, 1969. These regulations provide for the establishment of dental auxiliaries as a class of ancillary dental workers under the Dentists Act, 1957. There is no doubt that the auxiliaries produce excellent work and consequently have a useful part to play in the School Dental Service, but careful thought will have to be given to the planning of their work.

The provision of water and electricity fixtures on an outside wall at schools has proceeded apace and the number of schools still waiting attention has dropped to under twenty. A new mobile unit was received in May and put into immediate operation in the Northern part of the County. The six other mobiles were in continuous use.

Health Education

The report from the Department of Education and Science in 1965 said that "they also welcome the reduction in tuck shop sales of sweets and biscuits which shows an enlightened attitude by teachers to the problems of dental decay". But what has happened to this enlightened attitude during the last three years? It must be

admitted that there has been some pandering to the tastes of the children and additions made by head teachers to the lists of foods circularised to them as being less likely to cause caries, run counter to the accepted teaching on the prevention of caries and are much to be deplored. The figures for 1968 revealed that 888 permanent teeth were extracted out of a total of 2,899 children between age ten and school leaving age who attended the clinics. The comparative figures for 1967 were 646 teeth extracted out of a total of 3,009 children. A re-appraisal of the confections sold at some schools is most urgently required.

Parent/teacher associations have received talks and it is gratifying that more requests have been made for speakers. Secondary school head teachers have been advised that dental staff will be available at any time to show films or give talks on dental health to their pupils.

Inspection and Treatment

The number of children inspected, 22,903, falls far short of the total school population, 38,213, and was also less than the children inspected during the previous year, despite the fact that twenty more sessions were devoted to inspections. The number of pupils re-inspected (675) showed an improvement on the 1967 figure, and of these, 447 commenced an additional course of treatment. The number of courses of treatment completed dropped by 625.

With regard to work carried out, the number of fillings in permanent teeth showed a slight increase on the previous year's figures, but fillings in deciduous teeth were lower. It is of interest that although only slightly more children in the age fifteen and over group were seen, a greater volume of work was required for these children. Unfortunately, extractions both of permanent and deciduous teeth showed a marked increase with all age groups contributing to the additional 324 permanent teeth extracted. As expected, therefore, the number of general anaesthetics administered rose and a greater number were credited to dental officers. Emergencies numbered 110 fewer.

The number of dentures provided rose from twenty-two to thirty-one, although the number of pupils receiving dentures remained much the same.

The orthodontic service continued to develop. The case load has moved up and the number of completed cases during the year was considerably more, while the number of cases carried over for continuation of treatment into 1969 remained much the same. The number of cases discontinued showed an unwelcome rise, but it would appear that many of these children moved to other Authorities during the course of treatment. The number of children referred to the hospital consultant rose by five.

Various hospital bodies provided necessary services when required and I am grateful to them. I wish to record thanks to all colleagues for their continued support and head teachers for their help especially on the occasions of dental inspections.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

Early in the year improved and more spacious clinic facilities were provided, and in particular a separate play therapy room was much appreciated by the children undergoing treatment.

Mrs. Jaspán, a part-time psychiatric social worker, joined the clinic team in January, and later on became a full-time officer.

In 1967 the establishment of a number of outlying clinics to serve the rural areas was suggested. These clinics have now been established and are held regularly at Bridington, Barlby and Pocklington.

Referrals to the clinic have risen by 40%, but the total number of referrals is still below the national average. This may be accounted for by the existence of two separate forms of child psychiatric service, i.e. Hospital and Local Authority, both served by the same consultant. This can, from time to time, result in some duplication, and occasional confusion, and there would appear to be considerable benefit in defining more clearly the role of each type of service if they are to continue in their present form, in order to avoid overlapping and conserve the use of highly skilled and scarce professional staff.

Three hundred and sixty-nine sessions were held and the Educational Psychologist and social workers made 183 visits to schools and 314 home visits. One hundred and seventy-five children were referred to the clinic from the following sources:

Educational	62
Medical	80
Parent	18
Social agency	15
	<hr/>
Total	175
	<hr/>

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

Habit disorders	18
Nervous disorders	4
Behaviour disorders	145
Educational	8
	<hr/>
Total	175
	<hr/>

In addition to the cases referred in 1968, a total of 87 cases were carried forward from 1967 making a total case load of 262 children. Out of this case load, 87 children attended regularly for treatment, 158 cases were closed during the year and a summary of these is given below. At the end of the year, 90 children were being seen by the clinic staff and 14 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment).....	126
Placement (Special School, Children's Homes, etc.)...	2
Not followed up (lack of co-operation, parents refused treatment, etc.).....	24
Transfer to other area or agency.....	6
Total	158

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:

Clinic Advisory	School Advisory	Home Advisory	Not followed up
138	4	18	24

ENURETIC CLINIC

A total of 41 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. Twenty-nine cases were also brought forward from the previous year.

No. of attendances made.....	139
No. of cases completed.....	30
No. of uncompleted cases.....	26
No. of children on the waiting list.....	13
No. of children who failed appointments.....	1

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 school medical officers by head teachers or are found at medical inspections. The total number of children ascertained as handicapped during the year was 74 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	2	—	—
Partially Sighted	3	1	—
Deaf	2	1	—
Partially Hearing	6	3	—
Educationally Sub-normal.....	25	6*	—
Epileptic	1	—	—
Maladjusted	1	—	—
Physically Handicapped	6	9	2
Speech	1	—	—
Delicate	3	2	—
Totals	50	22	2

*Included in this figure are 3 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, 1968, 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	Total
Blind	3	1	1	—	—	2	3	5
Partially-sighted	12	1	—	4	—	10	7	17
Deaf	16	—	—	1	—	12	5	17
Partially-hearing	19	4	1	18	—	23	19	42
Educationally Sub-normal ...	108	55	3	79	1	146	100	246
Epileptic	2	1	—	5	—	3	5	8
Maladjusted	9	6	—	—	—	11	4	15
Physical	27	2	5	40	13	46	41	87
Delicate	7	7	—	30	—	27	17	44
Speech	1	1	—	—	—	2	—	2

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

Category	Special School	Maintained 31.12.67	Admitted during 1968	Discharged during 1968	Maintained 31.12.68
Blind and Partially Sighted	Wold Road, Hull	4	4	1	7
	Condover Hall, Shrewsbury ..	1	—	—	1
	St. Vincents School, Liverpool	2	—	—	2
	Royal College for the Blind, Shrewsbury	1	—	—	1
	Northfield Open Air, York ..	2	—	—	2
	Sheffield School for Blind Children	—	2	—	2
Deaf and Partially Hearing	St. John's School, Boston Spa	2	2	1	3
	Yorks. Res. School, Doncaster	9	1	1	9
	Sutton School, Hull	14	5	1	18
	Burwood Park, Walton-on- Thames	1	—	—	1
	Elmete Hall, Leeds	2	1	2	1
	Partially-hearing Unit, York	2	—	—	2
	Mary Hare Grammar School for the Deaf, Newbury.....	—	1	—	1
Educationally sub-normal	Etton Pasture, Beverley	105	19	23	101
	Teskey-King School, Hull ...	4	1	—	5
	Woodlands School, Scarborough	2	—	1	1
	Fulford Cross School, York ..	—	2	1	1
Epileptic					
	Sedgwick House, Kendal	3	—	1	2
Maladjusted	Etton Pasture, Beverley	2	—	1	1
	Shotton Hall, Shrewsbury ...	1	—	—	1
	Fairfield Hospital School.....	1	—	1	—
	Edith Edwards House School, Banstead	1	—	1	—
	Chelfham Mill School, Nr. Barnstable	1	—	—	1
	Breckenbrough School, Thirsk	1	—	—	1
	St. Mary's School, Bexhill on Sea	1	—	1	—
	Edward Rudolph Memorial School, London	1	—	—	1
	Cliff House School, Leeds ...	—	1	—	1
	Conyboro School, Cooksbridge, Sussex	—	1	—	1
	Moor Top School, Ackworth	—	1	—	1
	Peredur House School, East Grinstead.....	—	1	—	1
Physical	Frederick Holmes School, Hull	16	3	4	15
	Welburn Hall, Kirbymoorside	4	2	2	4
	Bradstock Lockett, Southport	1	—	1	—
	Hawkshead Hospital School, Southport	1	1	—	2
	Irton Hall, Holmrook	1	—	—	1
	Adela Shaw Hospital School, Kirbymoorside	1	—	—	1
	Langley Res. School, Baildon	1	—	1	—
	Bethesda Special School, Cheadle	—	2	—	2
	Cottingham Rd. Special School, Hull	—	1	—	1
	Valence School, Westerham ..	—	1	—	1
Delicate	Ingleborough Hall	1	2	3	—
	Northfield Open Air School, York	2	—	1	1
	Welburn Hall, Kirbymoorside	4	1	—	5
	Linton Residential School, Skipton	3	—	3	—
	Cottingham Road Special School, Hull.....	—	1	—	1
Speech	Moor House School, Oxted	—	1	—	1

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	Speech
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	—
1967	10	30	111	3	9	25	10	—
1968	15	35	108	2	9	27	7	1

SPECIAL ASCERTAINMENT EXAMINATION

The school medical officers specially examined 62 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)	17
Recommended for admission to a special school for educationally sub-normal children	25
Recommended for admission to a day special class in an ordinary primary school	3
Recommended to remain at ordinary school	1
Recommended for remedial teaching	2
Not educationally sub-normal	5
Decision deferred	7
Re-examinations	2
Total	62

PHYSICAL EDUCATION

The secondary schools were adequately staffed for most of the year, though during the autumn term a few schools were handicapped in the girls' physical education programme because of staff resignations. The turnover of women teachers of physical education is high and replacements difficult to find. It is encouraging to find so many teachers attending courses and trying to broaden the scope of the physical education programme. Two schools now rent buildings in the North Riding where studies and outdoor pursuits were carried out during weekends and school holidays.

Middlehead Farm was put to good use by youth organisations for training in expedition work linked to the Duke of Edinburgh's Award Scheme. This year more primary and secondary schools sent groups to this centre during mid-week when youth organisations do not normally use the facilities. A visiting party of German youths also used Middlehead Farm whilst guests of the East Riding youth service.

Schools and youth clubs had a varied programme of physical activities, although swimming instruction was somewhat curtailed because of the economy cuts. However, no school which could attend a pool lost its swimming instruction.

HYGIENE IN SCHOOL PREMISES

Fifty-three reports on the sanitary conditions at 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 267 candidates for admission to training colleges and 54 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

As in past years, the co-operation of school staffs has been invaluable in dealing with the clerical work in connection with medical and dental inspections. For this assistance and for that given by the school welfare officers, I would like to record my appreciation.

The local inspectors of the National Society for the Prevention of Cruelty to Children continue to be most helpful.

CLINICS

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

Type of clinic	Location	Frequency of sessions
A. Minor Ailment and other non-specialist 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	3 sessions weekly
	Hessle C.E. Infants School	2 sessions weekly
	Hessle, Penshurst School	2 sessions weekly
	South Holderness C.S. School	2 sessions weekly
B. Dental	Anlaby Dental Clinic	6 sessions weekly
	Beverley Dental Clinic	6 sessions weekly
	Bridlington Dental Clinic	10 sessions weekly
	Driffeld Dental Clinic	4 sessions weekly
	Pocklington Dental Clinic	2 sessions weekly
C. Speech Therapy	Withernsea Dental Clinic	4 sessions weekly
	Anlaby Clinic	1 session fortnightly
	Beverley Clinic, (County Hall)	1 session weekly
	Beverley, Coltman Avenue Clinic	1 session weekly
	Bridlington, Burlington Junior School	1 session weekly
	Bridlington, Hilderthorpe Infants School	1 session weekly
	Bridlington, Oxford Street Clinic	1 session weekly
	Brough C.P. School	2 sessions weekly
	Cottingham Clinic	1 session weekly
	Driffeld Clinic	2 sessions weekly
	Fulford C.S. School	1 session weekly
	Hessle Penshurst School	1 session fortnightly
	Hornsea County Library	1 session weekly
	Market Weighton C.E. School	1 session weekly
	Pocklington Clinic	1 session weekly
	Withernsea Infant and Junior Schools	1 session weekly
D. Ultra Violet light	Beverley School Clinic, Lord Robert's Road	As required
E. Enuretic	Child Guidance Clinic	1 session weekly
F. Chiropody	Beverley School Clinic, Lord Robert's Road	1 session weekly

*In addition six mobile clinics were in use.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1968

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)
1964 and later	114	114	—	—
1963	2,458	2,458	—	—
1962	1,320	1,319	1	—
1961	543	542	1	139
1960	134	134	—	16
1959	100	100	—	—
1958	608	607	1	354
1957	883	883	—	512
1956	234	234	—	130
1955	24	24	—	—
1954	1,075	1,075	—	202
1953 and earlier	633	633	—	—
Totals	8,126	8,123	3	1,353

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)
1964 and later	—	7	7
1963	47	137	176
1962	27	97	116
1961	16	44	54
1960	5	19	22
1959	2	1	3
1958	19	50	64
1957	31	32	62
1956	12	12	23
1955	3	—	3
1954	36	32	68
1953 and earlier	10	9	18
Totals	208	440	616

OTHER INSPECTIONS

Number of special inspections	178
Number of re-inspections	3,138
Total	<u>3,316</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	61,236
(b) Total number of individual pupils found to be infested	277
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

DEFECTS FOUND BY 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	9	115	6	17	10	40	25	172	1	2
Eyes—										
a. Vision	83	417	47	166	78	270	208	853	2	18
b. Squint	21	96	—	3	3	29	24	128	—	1
c. Other	6	11	1	13	2	3	9	27	—	—
Ears—										
a. Hearing	46	196	9	9	23	53	78	258	—	6
b. Otitis Media	2	108	1	3	4	18	7	129	1	—
c. Other	1	16	—	1	4	2	5	19	—	—
Nose and Throat	47	323	4	17	36	67	87	407	1	1
Speech	32	95	1	3	9	18	42	116	—	3
Lymphatic Glands	1	173	—	3	1	28	2	204	—	—
Heart	1	58	1	11	4	17	6	86	—	2
Lungs	8	139	—	19	3	61	11	219	—	—
Developmental—										
a. Hernia	11	23	3	—	—	6	14	29	—	—
b. Other	22	84	7	5	15	38	44	127	1	1
Orthopaedic—										
a. Posture	2	33	2	25	—	19	4	77	—	5
b. Feet	2	153	2	17	5	35	9	205	—	2
c. Other	7	66	1	22	4	11	12	99	—	8
Nervous System—										
a. Epilepsy	1	8	—	2	—	9	1	19	—	2
b. Other	1	10	—	3	3	20	4	33	—	1
Psychological—										
a. Development	6	75	—	3	7	38	13	116	—	1
b. Stability	8	159	—	8	17	76	25	243	1	—
Abdomen	3	16	1	6	2	13	6	35	—	1
Other	7	39	1	23	4	35	12	97	—	—

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 . . .	9
Errors of refraction (including squint)	234
Total	<u>243</u>

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	9
(b) For adenoids and chronic tonsillitis	35
(c) For other nose and throat conditions	4
Received other forms of treatment	12
Total	<u>60</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1968	3
(b) in previous years	9

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	25
(b) Pupils treated at school for postural defects	—
Total	<u>25</u>

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	—
(b) Body	3
Scabies	52
Impetigo	49
Other skin diseases	378
Total	<u>482</u>

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	87

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.....	305

OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments.....	1,460
(b) Pupils who received convalescent treatment under School Health Service arrangements.....	—
(c) Pupils who received B.C.G. vaccination.....	2,444
(d) Other than (a), (b) and (c) above Chiropody.....	95
Total	<u>3,999</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?

14 years

- (c) Are both boys and girls tested?

BOYS	GIRLS
✓	

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

Health Visitors and School Nurses

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

Health Visitors 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?

Health Visitors 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.....	2,916	2,442	457	5,815
Subsequent visits.....	2,985	5,009	947	8,941
Total visits.....	5,901	7,451	1,404	14,756
Additional courses of treatment commenced.....	208	199	40	447
Fillings in permanent teeth.....	2,639	6,755	1,436	10,830
Fillings in deciduous teeth.....	2,743	278	—	3,021
Permanent teeth filled.....	2,034	5,628	1,271	8,933
Deciduous teeth filled.....	2,571	260	—	2,831
Permanent teeth extracted.....	172	745	143	1,060
Deciduous teeth extracted.....	3,398	953	—	4,351
General anaesthetics.....	901	341	18	1,260
Emergencies.....	103	36	9	148
Number of Pupils x-rayed.....				261
Prophylaxis.....				2,362
Teeth otherwise conserved.....				573
Number of teeth root filled.....				12
Inlays.....				2
Crowns.....				28
Courses of treatment completed.....				5,416
2. ORTHODONTICS				
Cases remaining from previous year.....				126
New cases commenced during year.....				122
Cases completed during year.....				96
Cases discontinued during year.....				25
No. of removable appliances fitted.....				187
No. of fixed appliances fitted.....				1
Pupils referred to Hospital Consultant...				8

3. PROSTHETICS

Pupils supplied with F.U. or F.L.
(first time).....
Pupils supplied with other dentures
(first time).....
Number of dentures supplied

Ages 5-9	Ages 10-14	Ages 15 and over	Total
—	—	—	—
—	15	6	21
—	18	13	31

4. ANAESTHETICS

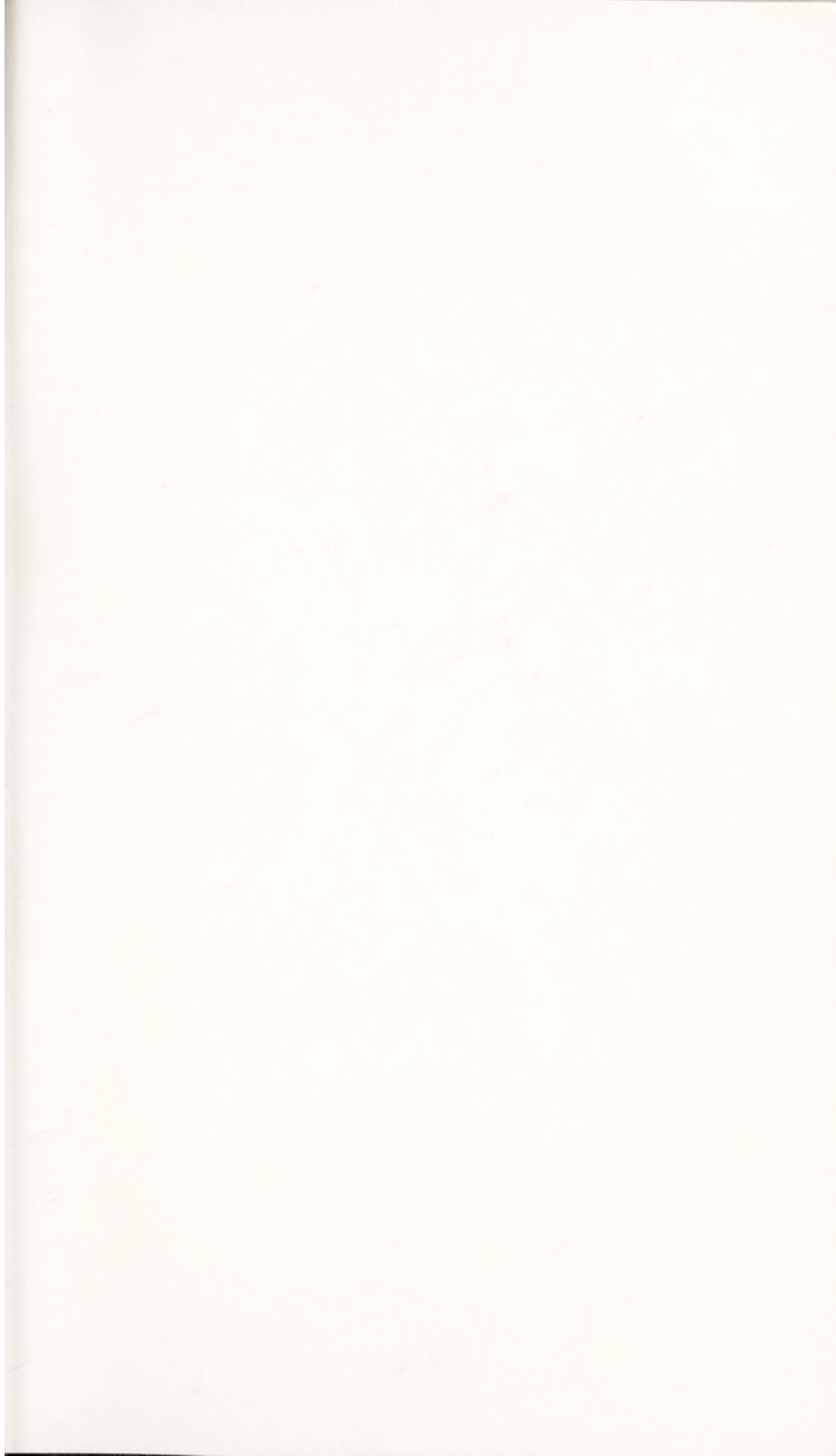
General Anaesthetics administered by Dental Officers .. 615

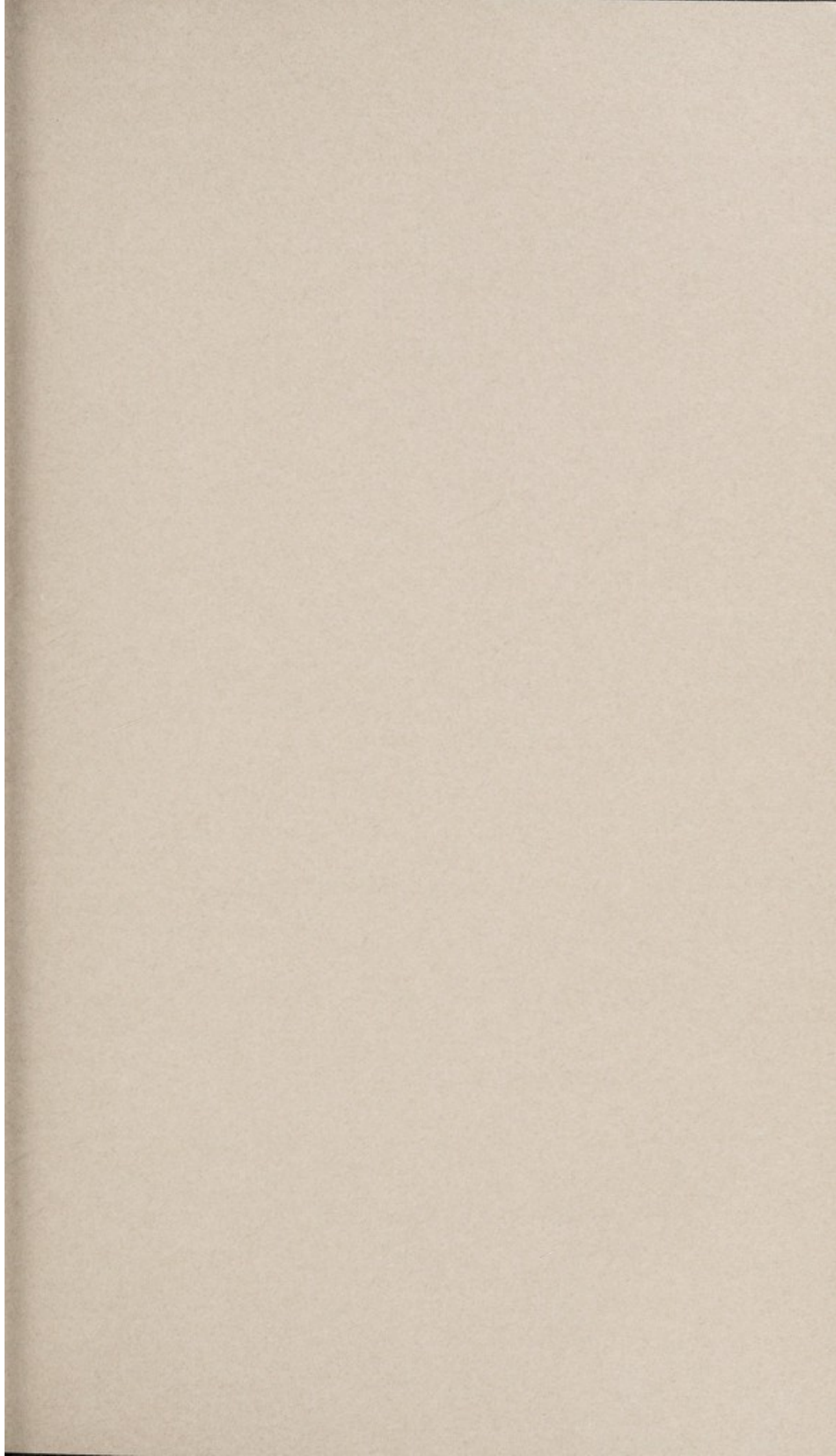
5. INSPECTIONS

(a) First inspection at school—number of pupils..... 22,903
(b) First inspection at clinic—number of pupils..... 840
Number of (a) + (b) found to require treatment..... 13,419
Number of (a) + (b) offered treatment 13,144
(c) Pupils re-inspected at school or clinic 675
Number of (c) found to require treatment 508

6. SESSIONS

Sessions devoted to treatment..... 3,542.0
Sessions devoted to inspection 210.5
Sessions devoted to Dental Health Education 238.5







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