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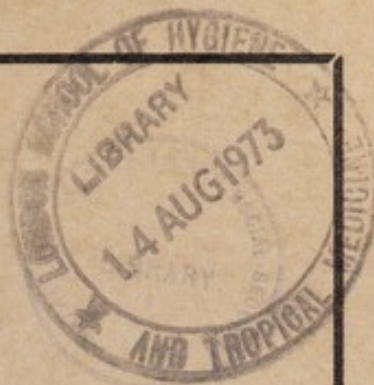
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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS

of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1969



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To the Chairman and Members of the County Council.

Lord Halifax, Ladies and Gentlemen:

I herewith submit my annual reports as County Medical Officer of Health and Principal School Medical Officer for the year 1969.

At the time of writing these reports there is considerable discussion and some doubt about the future development of the Health and Social Services in general, and in particular the possibility of the integration of the three branches of the National Health Service under Area Health Boards. However, as changes of the type envisaged tend to take much longer to be implemented than is considered likely in the planning stages, this report will deal with developments which have taken place during 1969 and the immediate prospects for the betterment of the service in the foreseeable future.

Heart disease and cancer continue to be the principle causes of death. The steadily increasing incidence of coronary artery disease due to degenerative changes in these blood vessels continues. However, no single specific cause can be attributed to this condition which has now become so prevalent. In general it has been accepted that coronary disease is frequently associated with over weight, high blood pressure, heavy cigarette smoking and insufficient exercise in the middle aged who are mainly affected by this condition. Health Education must play an increasing part in teaching this age group how to live a more active and healthy life.

No special comment is called for regarding the incidence of notifiable infectious diseases, although in the last few weeks of the year there was a substantial outbreak of influenza throughout the district which resulted in a high rate of absenteeism from both work and schools.

Further progress has been made in the attachment of the district nursing and health visiting staff to general practitioners throughout the County. In general the community nursing staff are now working in as close association with the general practitioners as is practicable, and the old idea of nurses working within a defined geographical area has now been completely abandoned. This development has undoubtedly increased the work of both nursing sisters and health visitors, and this in turn will result in a need for more staff.

The Family Planning Association continued to provide a service on an agency basis at seven centres throughout the County, but towards the end of the year discussions took place about renewing the agency arrangement, and in the light of these meetings it would appear likely that the Council will decide to provide a direct family planning service.

Following receipt of a letter from the Department, the question of fluoridating the water supply in the County was again considered. On this occasion I am happy to report that the Health Committee, by a small majority, agreed in principle to the fluoridation of the water supply. However, this decision was reversed by the full Council after considerable discussion. The arguments for and against fluoridation are now too well known to justify further comment.

I am pleased to report that building has commenced on the first Health Centre. This is being built in Pocklington and will accommodate all the practitioners in this area, together with the Local Health Authority services and also provide Divisional Health Office accommodation. It is anticipated that the Centre will be functioning by the early autumn of 1970.

Plans have also been prepared and agreed for the erection of a Health Centre in Hessle which will serve a population of approximately 14,000 and at the time of writing I am hopeful that the acquisition of the land, the negotiations for which have been rather protracted, will be successfully completed.

Groups of general practitioners in both Beverley and Bridlington have also agreed to participate in Health Centres which are planned for these two towns, and which are included in the Council's three year capital building programme.

Certain new projects were begun at the Adult Training Centre, notably the production of incontinence pads by the more severely handicapped group of trainees, seven or eight of whom by using a conveyor belt system can produce as many incontinence pads as the authority require. The introduction of this new project has provided both a useful and gainful method of employing those who are severely handicapped both physically and mentally. The success of this project has been due to the ingenuity of the staff of the training centre who invented a simple and safe method of manufacture.

Arrangements were completed by the end of the year to provide a training type of swimming pool at the Junior Training Centre. Two-thirds of the funds required to build this pool will be provided by the Parent/Teacher Association, and the balance by the Authority. This will be an extremely valuable addition to the training facilities at this centre, especially for those children who have some degree of physical handicap, as lessons in swimming can be of inestimable value in increasing the confidence and improving the muscular power of the physically handicapped child.

Arrangements were made to convert a house in the Bridlington area for home renal dialysis of a patient who had been attending the Dialysis Centre at the Hull Royal Infirmary (Sutton). This was the first home conversion carried out by the Authority under the terms of Circular 2/68 (4th January 1968).

The Ambulance Service has been re-organised, and arrangements have been made for a twenty-four hour control system to operate from the Headquarters in Beverley. This should result in a more efficient use of ambulances throughout the County.

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 the County Health Services have continued to develop.

I have the honour to be,

Your obedient servant,

Wm. FERGUSON,

County Medical Officer of Health.

County Hall,
Beverley.

PRINCIPAL OFFICERS 1969

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

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

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER (PART-TIME)

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

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Buckrose Health Division, 4 St. John's Avenue, 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 MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

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

M. L. Walker, M.B., B.S., D.P.H.

MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Whole-time:

J. J. Bagnall, M.B., B.S., M.R.C.S., L.R.C.P.

B. Brumby, M.B., Ch.B., D.Opst. R.C.O.G., D.P.M.

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

Part-time:

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

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

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

C. N. Robinson, M.B., Ch.B.

C. M. Rosen, M.B., Ch.B.

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. Russel, 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.

CHIEF NURSING OFFICER

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

DEPUTY CHIEF NURSING OFFICER

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

ASSISTANT NURSING OFFICER

M. Shilleto, 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 WORKERS

E. McCreadie, R.M.N.

EDUCATIONAL PSYCHOLOGIST

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

PSYCHIATRIC SOCIAL WORKERS

H. Jaspan, 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	J. H. Maughan
RURAL DISTRICTS	
Beverley	J. H. Maughan
Bridlington	R. Schofield
Derwent	W. Wilson
Driffeld	R. Schofield
Holderness	J. H. Maughan
Howden	W. Wilson
Norton	W. Wilson
Pocklington	W. Wilson

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1. – Vital Statistics

GENERAL STATISTICS

Area	732,704 acres
Rateable value (as at 1st April, 1969)	£8,413,210
Product of a penny rate	£34,106

POPULATION

Districts	Census 1961	Estimated	
		1968	1969
Administrative County	224,031	250,030	252,830
Urban Districts	114,086	127,050	128,050
Rural Districts	109,945	122,980	124,780

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
1951–1960	14.5	14.8	14.7
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
1969	14.7	15.1	14.9

*Average rate per 10 year period

The birth rate for England and Wales in 1969 was 16.3

There were 3,766 live births and 50 stillbirths registered making a total of 3,816 a decrease of 9 on the 1968 figures. Of these births 367 live births and 9 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,859 live births and 83 stillbirths, a total of 6,942. Only one live birth was notified by a Registrar. Of the total births 3,522 live births and 53 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 50, compared with 66 in 1968. The stillbirth rate was 13.0 per 1,000 total births, the same as the rate for England and Wales.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Urban Districts	Rural Districts	Administrative County
1951-1960	60	62	122
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
1969	116	99	215

The illegitimate live birth rate was 0.85 per 1,000 of the population, compared with 0.84 in the previous year.

The number of illegitimate live births in the County was 5.7% of the total live births,

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
1951-1960	24	22	23
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
1969	17.0	14.0	16.0

*Average rate per 10 year period.

There were 59 deaths of children under the age of one year in 1969, 5 less than in 1968. The infant mortality rate was 16.0 per 1,000 live births. The rate for England and Wales for 1969 was 18.0 the same as in 1968.

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

	URBAN DISTRICTS			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
Primary cause of death	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	
Pneumonia	—	2	2	—	1	1	—	3	
Congenital Malformations	5	1	6	3	—	3	8	1	
Accidents	—	1	1	—	3	3	—	4	
Respiratory diseases	1	1	2	—	2	2	1	3	
Gastritis, Enteritis and Diarrhoea	—	2	2	—	—	—	—	2	
Other Causes	17	2	19	17	1	18	34	3	
Totals	23	9	32	20	7	27	43	16	

Of the 59 infant deaths 43 occurred in the neo-natal period, that is before the baby was four weeks old. In 30 cases death was associated with prematurity.

The number of perinatal deaths, i.e. within first week after birth was 90 a decrease of 15 from 1968.

The perinatal death-rate was 24 per 1,000 total births compared with 23 in England and Wales.

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births	
Number	3,766
Rate per 1,000 of population	15.6
Illegitimate Live births (per cent of total births)	5.7
Stillbirths	
Number	50
Rate per 1,000 total live and stillbirths	13.0
Total Live and Stillbirths	3,816
Infant Deaths (deaths under one year)	59
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	16.0
Legitimate infant deaths per 1,000 legitimate live births	13.6
Illegitimate infant deaths per 1,000 illegitimate live births	37.2
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	11.4
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	10.6
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	23.9
Maternal Mortality (including abortion)	
Number of deaths	—
Rate per 1,000 total live and stillbirths	—

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
1951-1960	13.5	10.9	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
1969	14.4	11.6	13.0

*Average rate per 10 year period

There were 3,299 deaths registered for the County in 1969, an increase of 25 on the figure for the previous year. The adjusted death rate for the County was 11.4 compared with a rate of 11.9 for England and Wales.

Of the total deaths, 75% occurred in people aged 65 and over and 47.9% in people aged over 75.

The principal causes of death were heart disease (1,158) cancer (621) and vascular lesions of the nervous system (669). These three causes accounted for 74.2% of the deaths, compared with 68.6% in 1968.

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	11.1	–	–	–	–	–	–	6	1.5	3	8.6	4	2.9	45	15.5	59	1.8
1–	1	11.1	–	–	2	0.3	–	–	1	0.1	1	2.8	4	2.9	2	0.7	11	0.3
5–	–	–	–	–	3	0.4	–	–	2	0.2	–	–	3	2.2	2	0.7	10	0.3
15–	–	–	–	–	4	0.6	–	–	2	0.2	1	2.8	18	13.0	7	2.4	32	1.0
25–	–	–	–	–	11	1.7	4	0.2	2	0.2	1	2.8	12	8.5	7	2.4	37	1.1
35–	–	–	–	–	16	2.5	12	0.6	8	2.0	1	2.8	9	6.5	7	2.4	53	1.6
45–	1	11.1	–	–	65	10.3	60	3.3	11	2.7	–	–	13	9.2	11	3.7	161	4.9
55–	2	22.2	–	–	148	23.2	212	11.8	43	10.7	3	8.6	19	13.5	30	10.4	457	13.9
65–	1	11.1	4	80.0	211	34.0	464	25.5	134	33.4	12	34.3	18	13.0	58	20.5	902	27.4
75–	3	33.4	1	20.0	170	27.0	1,040	58.6	192	49.0	13	37.3	38	28.3	120	41.3	1,577	47.7
Totals . . .	9	–	5	–	630	–	1,792	–	401	–	35	–	138	–	289	–	3,299	–

The following table shows the figures for the various causes of death for the year 1969.

Cause of Death	No. of deaths			
	Male	Female	Totals 1969	Totals 1968
Tuberculosis, respiratory	3	2	5	8
Tuberculosis, other forms	—	—	—	2
Meningococcal infection	2	1	3	1
Other infective diseases	4	5	9	6
Cancer of stomach	39	22	61	71
Cancer of lungs, bronchus	125	34	159	147
Cancer of breast	—	56	56	54
Cancer of uterus	—	17	17	15
Cancer, other forms	168	142	310	334
Leukaemia, aleukaemia	15	12	27	22
Diabetes	18	17	35	30
Diseases of nervous system	16	19	35	39
Rheumatic heart disease	7	21	28	32
Ischaemic heart disease	486	438	924	905
Hypertension with heart disease	28	22	50	42
Other heart disease	65	91	156	161
Other circulatory disease	75	74	149	142
Cerebral Vascular disease	200	285	485	479
Influenza	16	17	33	20
Pneumonia	95	94	189	195
Bronchitis and emphysema	94	37	131	112
Asthma	3	6	9	4
Other diseases of respiratory system	17	22	39	43
Ulcer of stomach and duodenum	12	4	16	19
Intestinal obstruction and hernia	6	8	14	14
Gastritis, enteritis and diarrhoea	2	1	3	1
Nephritis and nephrosis	10	7	17	12
Cirrhosis of liver	6	6	12	8
Hyperplasia of prostate	8	—	8	15
Other diseases of digestive system	13	26	39	25
Genito-urinary system	7	10	17	19
Appendicitis	—	2	2	—
Congenital malformations	7	9	16	22
Other diseases	57	63	120	135
Motor vehicle accidents	22	11	33	35
All other accidents	32	35	67	83
Suicide	15	10	25	20
Totals	1673	1626	3299	3274

Section 2. — Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Ante-natal care is provided by hospitals, family doctors and domiciliary midwives as may be appropriate. All expectant mothers can attend ante-natal and mothercraft instruction classes, including the teaching of relaxation, in various parts of the County.

Details of attendances at the relaxation classes are shown in the following table:

Clinic	No. of sessions	No. of new attenders	No. of women attending	No of attendances
Anlaby	50	64	73	459
Barlby	11	10	10	41
Beverley	95	108	121	823
Brough	44	63	69	408
Bridlington	66	79	99	645
Cottingham	49	67	70	492
Driffield	40	24	26	147
Hessle	56	57	62	446
Hornsea	42	26	29	209
Howden	13	17	17	61
Leven	18	25	25	118
Market Weighton	13	11	11	53
Norton	11	6	8	45
Pocklington	14	5	7	33
Thorngumbald	49	40	44	301
Totals	571	602	671	4,281

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

Information about any baby showing evidence of malformation at birth is 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 for completing the statistical returns to the Registrar General.

Eighty six abnormalities were reported affecting 72 infants. Of these infants 9 were stillborn and 7 are known to have died.

MATERNAL MORTALITY

It is pleasing to report that no maternal deaths occurred in the County.

"AT RISK" REGISTER

An "at risk" register has been kept in each Divisional Health Office since 1963 on which is recorded the names of all children in whom the ante-natal or confinement history of the mother, or the immediate post-natal history of the child indicates the possibility of the child developing some abnormality in later life.

A questionnaire based on the criteria outlined by Dr. Sheridan is completed for each child born in the County, and this has resulted in 20% of the children being classified as "at risk", but a follow up of cases has shown that only a relatively small proportion of these children develop subsequent symptoms. Doubt has been expressed about the value of this form of "at risk" register. However, in the absence of any useful alternative it is probably a safeguard to have records of more children who are considered to be "at risk" rather than miss some potential cases.

At the end of 1969 there were 1,653 children scheduled "at risk" and of these 752 were added to the register and 508 were removed as no longer being "at risk".

SCREENING FOR PHENYLKETONURIA

Following the receipts of circular 15/69 from the Department of Health and Social Security arrangements were made for the Guthrie blood test to be introduced in place of the phenistix test for the early detection of phenylketonuria. For babies discharged from hospital before the sixth day and domiciliary births this is carried out by the District Nursing staff. Babies born in hospital have this test carried out by the hospital staff on or after the sixth day of life.

DENTAL TREATMENT

The importance of dental care both for mothers and their children has been promoted by health visitors and midwives. The dental hygienist also 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	15	15	17	19	14
Children under 5	727	252	284	196	216

Type of Dental Treatment provided:

	Expectant and Nursing Mothers	Children under Five
Extractions	29	179
General Anaesthetics	4	65
Fillings	19	434
Scalings	2	49
Other conservatory treatment	—	38
Radiographs	6	3
Dentures Provided:		
Full upper or lower	1	—
Partial upper or lower	—	—
Crowns or Inlays	1	—

FAMILY PLANNING SERVICE

The Family Planning Association continues to provide a service on an agency basis throughout the County. At the end of the year family planning clinics were held at Anlaby, Fulford, Pocklington, Beverley, Hornsea, Driffield and Bridlington.

All medical cases received this service without charge and the decision as to which cases come into this category is left entirely in the hands of the doctor conducting each clinic. An appropriate charge is made for the supply of drugs and appliances for non medical cases, but for persons who are in receipt of a supplementary allowance from the Ministry of Social Security or any other socially needy cases this charge is waived. Advice and treatment for the unmarried is left to the discretion of clinic doctors.

Health Visitors and District Nurse/Midwives continue to give advice about the attendance at family planning clinics, 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 the clinic.

Discussions with representatives of the Family Planning Association took place towards the end of the year about the possibility of the Council providing a direct family planning service.

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 attendances at the mobile clinic. At the end of the year 46 child health centres were operating in County Council clinics or hired premises and an average of 120 child health clinics were held each month.

General Practitioners continue to play an increasing part in child health work and many undertake sessions on behalf of the Authority.

ANNUAL CHILD HEALTH CENTRE FIGURES — 1969

Name of Centre	No. of Sessions held	Frequency of sessions	No. of children who attended and who were born in			No. of attendances	
			1969	1968	1965-67	Total	Average
Aldbrough	13	Every 4 weeks	19	9	51	406	31
Anlaby	100	Twice weekly	126	146	296	3,430	34
Barby	25	Fortnightly	44	20	14	557	22
Beverley Coltman	114	Twice weekly	151	124	162	3,211	28
Beverley School Clinic	51	Weekly	65	88	98	1,315	26
Bilton	25	Fortnightly	38	61	80	894	35
Brandesburton	13	Every 4 weeks	17	5	8	172	13
Bishop Burton	3	Every 4 weeks	—	2	—	6	2
Bridlington	100	Twice weekly	211	153	108	2,659	27
Brough	51	Weekly	104	97	17	2,267	45
Buswith	12	Every 4 weeks	14	19	16	273	23
Cottingham	103	Twice weekly	182	201	421	4,803	47
Driffield	51	Weekly	68	55	20	1,163	23
Driffield R.A.F.	25	Fortnightly	35	40	7	423	17
Dunnington	13	Every 4 weeks	34	25	25	318	24
Elvington	12	Every 4 weeks	16	22	32	248	21
Filey	26	Fortnightly	46	59	52	977	38
Flamborough	26	Fortnightly	11	21	22	400	15
Flixton	12	Every 4 weeks	3	4	12	89	7
Fedon	24	Fortnightly	11	19	70	235	10
Flemingbrough	13	Every 4 weeks	15	7	6	174	13
Fessle	104	Twice weekly	177	143	273	4,589	44
Holme upon Spalding Moor	25	Fortnightly	17	19	9	355	14
Hornsea	50	Weekly	89	134	74	2,240	45
Howden	12	Every 4 weeks	18	8	14	157	13
Hunmanby	27	Fortnightly	12	12	19	355	13
Leyingham	26	Fortnightly	47	32	53	907	35
Leconfield	22	Fortnightly	31	21	17	443	20
Leven	13	Every 4 weeks	34	32	16	496	38
Little Weighton	14	Every 4 weeks	9	8	6	110	8
North Cave	26	Fortnightly	23	25	33	515	20
North Ferriby	26	Fortnightly	39	32	25	825	32
Norton	24	Fortnightly	63	39	11	837	35
Rillington	13	Every 4 weeks	11	21	10	261	20
Rherburn	13	Every 4 weeks	8	8	16	183	14
Skidby	13	Every 4 weeks	9	13	19	196	15
Stamford Bridge	3	Every 4 weeks	5	1	4	81	
Swanland	12	Every 4 weeks	16	15	10	241	20
Thornthorpe	51	Weekly	78	52	110	2,187	43
Walkington	14	Every 4 weeks	18	6	6	162	12
Wawne	23	Twice monthly	23	28	27	451	20
Wartar	5	Every 4 weeks	—	2	8	28	6
Welton	13	Every 4 weeks	11	11	14	121	10
Willerby	52	Weekly	140	146	298	3,174	52
Withernsea	102	Twice weekly	85	70	143	1,962	20
Woodmansey	10	Every 4 weeks	5	7	2	82	8
Mobile Clinic	424		396	391	385	5,814	
	1,929		2,574	2,453	3,119	50,592	

*Closed during year

+Transferred from mobile clinic

PREMATURE INFANTS

Infants weighing 5½ lbs. or less at birth are presumed to be premature. and on this basis 216 premature live births and 30 premature stillbirths were recorded in the County area. Of these 203 live births, and 29 stillbirths occurred in hospital, and 11 live births and 1 stillbirth to mothers at home. Of the premature infants born alive 22 died within the first twenty-four hours, 11 died during the first seven days, and no deaths occurred between seven and twenty-eight days.

The percentage of all births regarded as premature was 5.7% compared with 5.9% in 1968.

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

Help for the unmarried mothers is given on behalf of the County Council by the York Diocesan Council for Family Welfare and one of their social workers is provided with office accommodation in Beverley. The association has helped 197 cases of whom 145 were new applicants (30 of these were girls under 18 years of age).

The County Council accepted responsibility for the admission of 18 mothers to Mother and Baby hostels.

One hundred and seventy two of the 197 cases seen by the social worker have been completed, with the following results:

Mothers returned home with child	89
Babies placed for adoption	62
Babies placed in nursery or foster home	3
Babies died or stillborn	4
Mothers left the area before birth of baby	4
Taken into care by voluntary societies	2
Mothers married putative father after birth of baby	8

DISTRIBUTION OF WELFARE FOODS

The sale of national dried milk has again fallen from 10,314 tins in 1968 to 7,433 tins in 1969. A small rise occurred in the sale of cod liver oil, whilst the demand for vitamin tablets remained fairly constant. The sale of orange juice has, however, shown an increase from 45,540 bottles in 1968 to 52,744 bottles in 1969.

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

National dried milk	7,433 tins
Cod liver oil	3,208 bottles
Vitamin tablets	2,180 packets
Orange juice	52,744 bottles

The running of the service continues to involve a considerable amount of work, and the help given by the Women's Royal Voluntary Service has again been extremely reliable and valuable. This organisation has dealt with the distribution of foods at Anlaby, Cottingham, Driffield, Filey, Hedon Hessle, Hornsea, Norton, Pocklington and Willerby. Voluntary distributors in the villages throughout the County have continued to assist where required.

The W.R.V.S. have complained about the weight of the cartons of orange juice, containing 40 bottles, which they have to handle. This matter was referred to the Department of Health and Social Security, and it is understood that the size of the cartons is being reduced during 1970 so that they will only contain 30 bottles.

HEALTH VISITING

The health visiting staff consisted of 39 health visitor/school nurses, four of whom also undertake district nursing and midwifery as part of their routine duties. In addition, two health visitors were employed doing part-time work as health visitor/school nurses. Two vacancies for whole-time visitor/school nurses existed at the end of the year.

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

Visits to expectant mothers —	
First visits	523
Subsequent visits	225
Visits to infants born in 1969 —	
First visits	3,742
Subsequent visits	13,881
Visits to children born in 1968	17,260
Visits to children born in 1964 to 1967	23,074
Visits to tuberculosis cases	153
Visits to mentally disordered	342
Visits to aged persons	10,244
Visits for care and after care	494
Visits for infectious disease	97

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

The attachment of health visitors and nursing staff to group practices which commenced approximately six years ago has continued. With the exception of one or two areas the community nursing staff are now working in close association with the general practitioners as is practicable. Many of the doctors have expressed their appreciation of the contribution which is being made to the work in their practice by the health visitors and district nurses. There is no doubt that the development of attachments has increased the work of both health visitors and nursing staff. Additional staff will be required as the scheme continues to develop and practitioners realise how useful a community nurse or health visitor can be.

DOMICILIARY NURSING AND MIDWIFERY SERVICES

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	4
Midwives	1
Nurses	19
Total:	59
Part-time Staff	
Nurses	2
Nursing Attendants	14
Total:	75

The County Council has been fortunate during the last few years in maintaining a full complement of staff. It has not always been possible to fill vacancies immediately in the larger rural areas where the district nursing sister should also be a midwife.

The continued reduction in the number of domiciliary births is likely to add to the difficulty of recruiting staff as it would appear that many midwives now prefer to work in hospital. A decrease in the number of midwives may mean that larger areas will have to be covered by the existing staff, both for home deliveries and early hospital discharges. As a result the case load of general work must be reduced.

The reduction in midwifery staff may also precipitate a further reduction in domiciliary births as the general practitioners who have previously had the services of a midwife within easy reach, may not be so willing to accept home confinements when the midwife has to travel longer distances to the patient's home.

Nine midwives and three nurses attended post-graduate refresher courses

DOMICILIARY NURSING

A comparison of the figures shown in the following table with those for last year shows that the visits made to patients in their homes increased by 1,933 and that the number of cases which nurses have attended has also increased by 450.

Domiciliary nursing sisters are authorised to supply patients with incontinence pads, which are used as a nursing aid. A total of 58,000 pads was issued last year. From July the manufacture of these pads was undertaken by the Adult Training Centre in Beverley and this has proved a very satisfactory and economical arrangement.

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

Total number of patients visited	4,903
Number of patients over 65 years of age	3,092
Percentage of patients over 65 years of age	61%
Number of visits made:-	
Nursing Sisters	141,202
Nursing Attendants	12,759
Number of visits made to patients over	
65 years of age:-	
Nursing Sisters	102,201
Nursing Attendants	10,780

NURSING ATTENDANTS

The nursing attendants' scheme continues to be very successful. A further seven attendants were appointed in various parts of the County. Their duties consist of helping and relieving the district nurses with such non specialised nursing work as bed baths, washing patients, etc. Suitable in-service training courses have been arranged for all nursing attendants by the Chief Nursing Officer. It is anticipated that this auxiliary nursing service will be further extended in 1970.

COUNTY MIDWIFERY SERVICE

The number of domiciliary births attended by midwives throughout the County has again decreased from 352 in 1968 to 249 in 1969. The number of ante-natal and lying-in visits to these patients totalled 6,778.

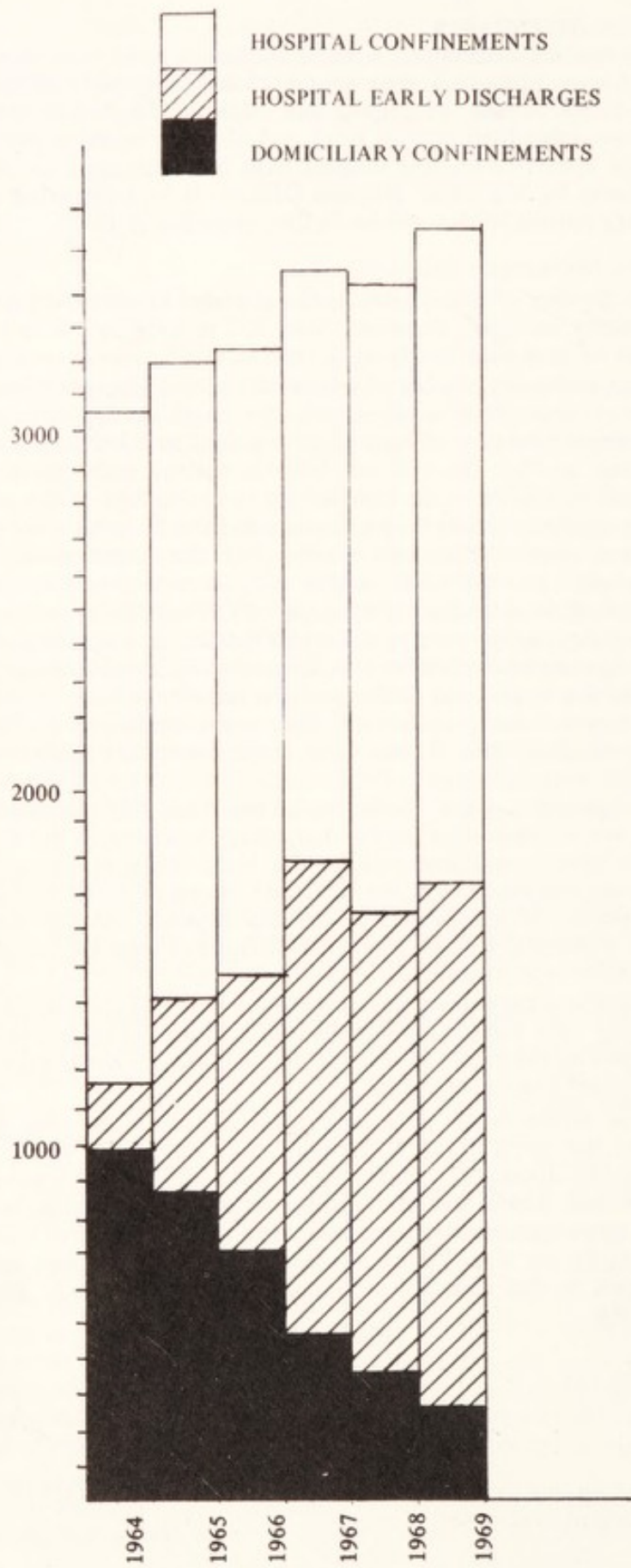
As an increasing number of women are now discharged from hospital 48 hours after their confinement, the chief nursing officer has an arrangement whereby all such discharges are notified to her office by telephone so that there is no delay in district midwives visiting. In addition, all midwives are notified at an early stage of the pregnancy when a mother is likely to be discharged from hospital after 48 hours, and this enables them to ensure that the home conditions are satisfactory. In any case where this is not so, the patient is recommended for a longer lying-in period in hospital.

The histogram on page 22 illustrates the decline over the past 6 years in the number of domiciliary confinements which contrasts significantly with the rise in 48 hour discharges. The number of home confinements has fallen to such an extent that some midwives are becoming concerned about their future. Only seven domiciliary midwives attended ten or more deliveries in 1969.

Arrangements were made with the Hull 'A' Group Hospital Management Committee for the domiciliary midwives in the Withernsea area to attend confinements in the local maternity hospital. This agreement was made with the Hospital Committee on an informal basis for a period of six months in the first instance. As the trial period proved successful and no particular difficulties were encountered, this arrangement was confirmed.

A similar arrangement was made in the Driffield area where the local Maternity Unit is from time to time short of staff. This was particularly welcomed by the local midwives as the incidence of home confinements in this area has been very small.

These arrangements anticipate what is both likely and desirable, namely, the unification of the midwifery service. It would then be possible for domiciliary midwives to work either on the district or in hospital and would also allow those working primarily in hospital to obtain more community experience. The great majority of midwives in this County are also district nursing sisters and have been more fully employed in this capacity as a result of the decline in domiciliary midwifery.



	Midwives in Institutions	County Midwives	Total
Sending for medical help	—	23	23
Notification of infant death	17	—	17
Notification of stillbirth	35	—	35
Liability to be a source of infection	—	1	1

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 1969.

SMALLPOX

2,041 vaccinations and 523 re-vaccinations were carried out.

By the end of the year 33% of the children born in 1967 had been protected against smallpox.

DIPHTHERIA

2,836 children received a primary course of vaccination against diphtheria, and 3,981 received "booster" injections. These numbers are made up as follows:-

	Primary	Booster
Diphtheria only	2	65
Combined Diphtheria and Tetanus	87	2,538
Combined Diphtheria, Whooping Cough and Tetanus	2,746	1,377
Combined Diphtheria and Pertussis	1	1
Totals	<u>2,836</u>	<u>3,981</u>

At the end of 1969, 73% of the children born in 1968 had been immunised against diphtheria.

WHOOPING COUGH

2,747 children received primary courses of anti-whooping cough injections and 1,378 received "booster" injections. These numbers are made up as follows:-

	Primary	Booster
Combined Diphtheria and Whooping Cough	1	1
Combined Diphtheria, Whooping Cough and Tetanus	2,746	1,377
Totals	<u>2,747</u>	<u>1,378</u>

Protection against whooping cough is most important in the first two years of life and it is satisfactory to note that 73% of the children born in 1968 have had prophylactic injections against this disease.

TETANUS

3,012 children received a primary course of tetanus toxoid injections and 5,894 received "booster" injections. These numbers were made up as follows:-

	Primary	Booster
Tetanus toxoid	179	1,979
Combined Diphtheria and Tetanus vaccine	87	2,538
Combined Diphtheria, Whooping Cough and Tetanus vaccine	2,746	1,377
Totals	<u>3,012</u>	<u>5,894</u>

Of the children born in 1968 records show that 73% have received protection against tetanus.

POLIOMYELITIS

3,115 children received a primary course of protection and 5,945 children received reinforcing doses.

	Primary	Booster
Salk vaccine	-	7
Sabin oral vaccine	3,115	5,938
Totals	<u>3,115</u>	<u>5,945</u>

These figures indicate that 70% of the children born in 1968 had been protected against this disease by the end of 1969.

MEASLES

The vaccination campaign against measles was seriously interrupted by the withdrawal of some measles vaccine on the advice of the Joint Committee on Vaccination and Immunisation. This will result in a relatively low immunisation rate against measles being attained within the next two years. This view is substantiated by the fact that the acceptance rate for measles vaccination even before the interruption in the availability of vaccine was only approximately 20% of those children in the priority group.

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

1969	17
1968	485
1967	521
1966	277
1965	473
Others under 16	85
	<u>1,858</u>

B.C.G. VACCINATION AGAINST TUBERCULOSIS

B.C.G. vaccination is available to students attending universities, teachers' training colleges, or other establishments of further education and to school children of thirteen years of age or older, and those children approaching thirteen years who can conveniently be vaccinated along with others of that age.

Parents of 2,013 out of a total of 2,490 eligible children requested participation in the scheme, and of these acceptors, 1,831 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,694 were negative and, therefore, required vaccination, and 1,683 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.

COMPUTERISATION OF VACCINATION & IMMUNISATION PROGRAMME

Preliminary arrangements have been made to computerise the vaccination and immunisation programme. Although the immunisation rate in the County is substantially above the national average, it is unlikely that this rate can be increased further without the use of a computerised approach in order to obtain optimum efficiency.

It is difficult to evaluate adequately the amount of time and the cost involved in the present procedure whereby health visitors and nursing staff visit hundreds of families in their homes to ensure their attendance at surgeries or clinics for the immunisation of their children. However, there is no doubt that this will amount to a substantial sum if it could be evaluated.

Discussions have taken place with the Local Medical Committee and the suggestion that immunisation procedures should be dealt with by the computer has been favourably accepted by this Committee. The scheme envisaged will save considerable clerical work by those practitioners who participate. It is anticipated that the scheme will incorporate early consent from the parents of newborn babies for a full or modified programme of immunisation, and at the same time ascertain whether the parent wishes protection to be given by the family doctor or at a Local Health Authority clinic. This information will be fed into the computer along with the times of immunisation sessions at doctors' surgeries or child health clinics. The computer will then print out postcard appointments for parents and at the same time inform the doctors or nurses who will be carrying out immunisation. The system will be arranged to ensure that there is effective follow up for those who fail to present themselves for immunisation on the appropriate date.

Arrangements have also been made with the Executive Council for the returns completed by the general practitioners to be used for the payment by the Executive Council of fees due to general practitioners for immunisations carried out.

Although the introduction of this system will entail a considerable amount of initial work and organisation, it is hoped that the results will be justified.

AMBULANCE SERVICE

Seventy four 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 service:—

Types of case	1968	1969
1. Accident	2,908	3,020
2. Acute illness	3,068	2,995
3. General illness	4,694	5,122
4. Maternity	933	998
5. Tuberculosis	1	5
6. Infectious disease	70	59
7. Mental illness	248	216
Totals (Item 1-7)	11,922	12,415
8. Inter-hospital transfers	2,448	2,797
9. Hospital discharges	4,610	4,521
10. Out-patient and Clinic attendances	107,026	108,568
Totals (Items 8-10)	114,084	115,886
11. Other cases	32,288	27,353
Grand Totals- Cases	158,294	155,653
Mileage	1,106,949	1,112,277
Average miles per patient	7.0	7.0

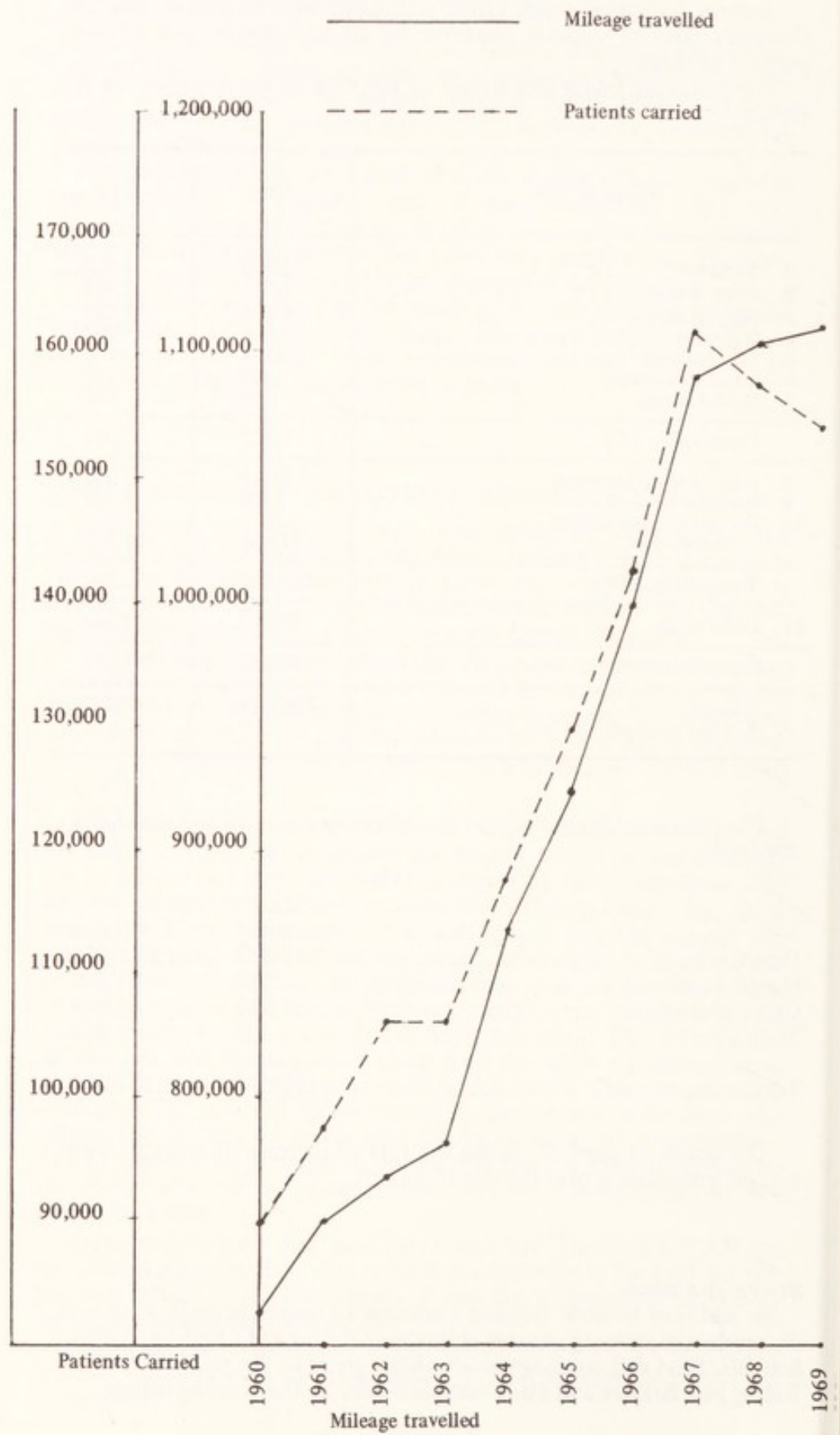
The following shows the number of patients carried and the mileage involved:-

	<i>Patients carried</i>	<i>Mileage</i>
Direct service	146,882	1,011,324
Hospital car service	925	15,005
Other authorities	7,823	82,893
Train	23	3,055
Totals	<u>155,653</u>	<u>1,112,277</u>

The graph of page 28 shows the rate of increase of miles travelled and patients carried over the last 10 years.

STAFF TRAINING

In addition to local training a number of ambulancemen were sent on residential training courses at the West Riding and Cheshire Training Schools. First Aid training has also been given to the staff of the East Riding Fire Brigade and other outside bodies by the training officer.



REORGANISATION OF THE SERVICE

With the steady growth in demands on the Ambulance Service, it has become more difficult to maintain as efficient a service as has in the past been provided, and it was, therefore, necessary to reconsider the organisation in the light of these circumstances.

It was decided that the provision of a twenty-four hour central control at the Beverley Station would ensure the necessary correlation throughout the County. In addition, the service has been reorganised into operational areas which are now under central control.

In order to improve the overall efficiency of the service, the establishment and grading of the posts of the staff concerned were reviewed, bearing in mind the implications of the pay award which took effect on the 30th June. The following schedule shows the revised establishment of the various posts in the Ambulance Service which has been adopted as a result of this review:-

- | | |
|----|-----------------------------------|
| 1 | Ambulance Officer |
| 2 | Assistant Ambulance Officers |
| 4 | Sub-Controllers |
| 2 | Control Assistants |
| 2 | Clerk Typists |
| | |
| 1 | Ambulance Transport Officer |
| 3 | Senior Ambulance Station Officers |
| 8 | Ambulance Station Officers |
| 54 | Ambulancemen |
| 11 | Leading Ambulancemen |

Although this new operational and control system has only been functioning for a few months, there is every indication that it has resulted in considerable improvement in the overall efficiency of the service, in addition to saving ambulance vehicle mileage and the payment of a certain amount of overtime to ambulance personnel. This can be accounted for by the fact that the central control office is now aware of the relative position at any particular time of all vehicles and staff throughout the area of the County, and vehicles are thus more easily deployed to deal with emergency calls. In addition, the staff on all ambulance vehicles can now more readily obtain any necessary help and advice from the central control office. It has also been possible to provide the hospitals in the area with more warning and information about emergency cases which are being transported to them.

RADIO SERVICE FOR GENERAL PRACTITIONERS

A pilot scheme has been introduced whereby up to seven practitioners will be provided with radios in their cars on the ambulance service network. At the time of writing four doctors have been using these radios, and as a result have been able to attend accidents or other emergencies along the busy Boothferry Road as a result of calls made by the ambulance service. In some instances it has been possible for the general practitioner to reach the site of an accident before the ambulance service as he was already in that vicinity. There is substantial evidence that on at least one occasion this almost certainly resulted in the saving of the patient's life.

In addition to these general practitioners being available to help the ambulance service, the installation of radios in their cars has also enabled the service to assist the general practitioner by passing to him any emergency messages or calls while he has been on his daily rounds which he would not otherwise have received so promptly.

It is anticipated that this service will be extended to other parts of the County where there are busy highways where more than the average number of motor accidents take place. This emergency scheme is under the auspices of a local voluntary committee which has been set up to provide the necessary finance for the continuance and expansion of the scheme. This committee, which is mainly a medical one, has representatives from hospital consultants, general practitioners and the local Health Authority and has been registered as a charity by the Charity Commissioners.

DOMESTIC HELP SERVICE

The total number of households provided with domestic help in 1969 was 1,866 compared with 1,761 in 1968, an increase of 5.9%. Of the help provided 90% was given to persons over 65 years of age and 1,699 cases come within this category. At the end of the year 247 part time domestic helps were employed.

The reasons for which domestic help was provided were as follows:-

Confinements	68
General illness	35
Chronic illness and old age	1755
Mental disorder	8

In many of the more isolated parts of the County, where little or no public transport is available difficulty has from time to time been experienced in providing an efficient service, unless local help could be found. In 1969, however, approval was obtained for certain home helps to be paid a mileage allowance for using their own cars for visiting these areas.

It has been usual for some years now to hold a course of inservice training in different parts of the County for approximately 30 domestic helps. This annual event, which this year was held in Hornsea, has proved extremely popular and useful for the members of the service and helps to give new recruits an insight into the part they are expected to play in serving the public. It also provides an opportunity for teaching home helps about other types of statutory and voluntary services which are available for patients in their own homes.

CARE AND AFTER CARE

MEDICAL LOANS

The British Red Cross Society act as the County Council's agent for the provision of a medical loan service throughout the County, and also supplement the direct service which has been provided in the Haltemprice, Filey and Withernsea areas. Forty-two Red Cross Depots operated throughout the County and the total number of issues made was as follows:—

British Red Cross Society	1,318
Filey	51
Haltemprice	235
Withernsea	57
	<hr/>
	1,661

Expenditure on medical loans continues to increase for two main reasons; firstly, because equipment is now loaned on a more permanent basis, hence it is necessary to carry a larger stock. Secondly, the type of equipment which is provided, such as hoists and air mattresses, has become more sophisticated.

There has been a growing demand on the service for the provision of medical equipment for terminal cases who are nursed at home. This provision in addition to those mentioned, has resulted in a steady increase in demand on this service.

CHIROPODY SERVICE

Chiropody under the County Council's scheme is provided on medical grounds and patients are recommended for treatment by their family doctor or the medical and nursing staff of the Health Department. In most cases the patients are elderly and foot disabilities may be associated with other types of illness. In 1969 590 new patients were referred for treatment, of which 98 (approximately 17%) were able to attend a County Council clinic. For the remainder it was necessary to provide a domiciliary service. A number of patients died and in addition others were discharged; the resultant net increase of patients on the chiropody register was 278. A total of 1,952 patients received treatment in 1969 of which 141 (approximately 7%) were under 65 years of age. The following table shows the number and location of treatments given:—

In County Council clinics	1,252
In patient's homes	5,427
In old people's Homes	115
In chiropodists' surgeries	495
	<hr/>
	7,289

Three whole-time chiropodists are at present employed and it was not possible to fill the fourth whole-time vacancy last year, but in September part-time appointments were made to work a total of seven sessions per week. In addition, the service is supplemented by a number of private chiropodists who are employed on a payment per case basis.

Difficulty has been experienced in providing chiropody treatment as frequently as is desirable. The interval between treatment has increased, in some cases to ten weeks. It is obviously very desirable that this interval should be reduced if lasting improvement in the patients' condition is to be achieved. In addition, there are a number of patients who require more frequent treatment than it has been possible to provide with the existing staff. The establishment has been increased by one whole-time chiropidist, who will be appointed as soon as possible.

A "Foot Comfort Service" for elderly people is provided through the Derby and Joan Clubs of the Women's Royal Voluntary Service in association with the County Welfare Department. In most areas this service is provided on a monthly basis and in certain cases treatment sessions are held more frequently. A total of 1,650 persons received treatment in 1969 from 64 W.R.V.S. centres.

CERVICAL CYTOLOGY

Requests for cervical cytology are received by the Divisional Medical Officer or the nursing service. Regular clinics in County Council premises have been held in Anlaby, Cottingham, Beverley, Driffield and Bridlington. Elsewhere in the County special sessions have been arranged when the number of local requests has been sufficient to justify the holding of a clinic. In some cases the mobile clinic has been used for these sessions. A total of 58 sessions were held in 1969 of which 861 first attendances were made. Three cases were reported as positive.

Arrangements are now being made for women who underwent this test five years ago to be recalled for routine re-testing.

PROBLEM FAMILIES

The County Children's Officer has continued to act as convener and secretary of Co-ordinating Committees which meet regularly in each of the four divisional areas. The Committee is under the chairmanship of the respective Divisional Medical Officer and consists of representatives of 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.

RENAL DIALYSIS

The Council agreed to implement the recommendations of the Department in Circular 2/68, and as a result the first conversion of a home for a patient in the Bridlington area was undertaken in November, and it is anticipated that a second case will be completed before the end of the year.

From the information which I have obtained from the Consultant in charge of the Renal Dialysis Unit it would appear that three to four new cases are likely to occur each year in the County area. This will obviously result in a steady increase in the number of patients in the community receiving renal dialysis at any given time.

VENEREAL DISEASE

Clinics for diagnosis and treatment of venereal disease are held under the auspices of the hospitals in Hull, York and Scarborough. The following figures show the number of East Riding residents attending these clinics and the type of cases dealt with:-

	Gonorrhoea	Other Venereal Conditions
Mill Street Clinic, Hull	19	144
County Hospital, York	8	32
St. Mary's Hospital, Scarborough	5	18

HEALTH EDUCATION

There are two main facets of health education, namely, individual teaching, which is carried out by health visitors and nurses visiting homes, and group teaching, which is arranged in association with clinics, relaxation classes, mothercraft classes and other organised meetings of both young and old.

Health education is likely to have its greatest impact on the younger age group if it is presented in a sufficiently stimulating and interesting manner. A considerable amount of health education work has been carried out in schools on a large variety of subjects. These have included talks on home safety, the work of the Public Health Inspector, and Health Visitor, School Health Service, personal hygiene, including special talks on the care of skin. A number of health visiting staff have taken part in courses for the training of schoolgirls for the Duke of Edinburgh's Award in Child Care.

In the field of maternal and child health, mothercraft and relaxation classes are extremely popular and have been held in fifteen centres throughout the County. A new evening session was begun in the Norton area, which has been very well attended.

Mothers' clubs continue to thrive in Beverley and Thorngumbald areas, and in the north of the County under the auspices of the Red Cross, when the health visitor attends regularly in order to give talks and take part in discussion groups.

Space does not permit a detailed account of the various health education topics which have been discussed and displayed in all parts of the County, but continuous use is made of poster displays and special exhibitions in child health clinics.

Many women's organisations have received talks on health education subjects from various members of the Department, and arrangements are made annually to get in touch with such organisations locally in order to offer these services.

FUTURE DEVELOPMENT OF THE HEALTH SERVICES

The Health Committee reviewed the Capital Building Programme for the next three years as requested by the Department of Health and Social Security and in addition approval in principle was given to the development programme for the ten year period covering 1970/71 to 1979/80.

The following table gives details of this programme together with the anticipated development between 1973 and 1980:—

Financial Year	Project
1970/71	Beverley – Further extension to existing Adult Training Centre (70 places) and separate Hostel (20 places). Preston – Ambulance Station for four vehicles and staff. Bridlington – Hostel for mentally ill adults (12 places) 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.
1971/72	Junior Training Centre (60 places) and Hostel (20 places) in the southern part of the County. Beverley – Home for Mentally Disturbed Elderly Persons (35 places). Cottingham – Extension to existing clinic.
1972/73	Bridlington – Health Centre including Divisional Health Office and office accommodation for Welfare Officers and Children's Officers. Withernsea – Day Centre (30 places) and Hostel (15 places) for mentally ill adults. Hornsea – Health Services Clinic. Willerby – Health Services Clinic.
1973/74 to 1979/80	Health Services Clinics in the Brough, Hedon, Howden and Norton areas. Home for Mentally Disturbed Elderly Persons. Adult Training Centre (50 places) and Hostel (20 places)

REGISTRATION OF NURSING HOMES

No private nursing homes are registered in the area. However, the powers and duties under the Public Health Act 1936 have been delegated to the Bridlington Corporation in respect of the Borough of Bridlington where one private Nursing Home is registered offering eighteen beds, all of which are for medical cases.

A second Home in Bridlington closed in November.

NURSERIES AND CHILD-MINDERS REGULATION ACT 1948

There has been a steady increase in the number of registered premises and persons. At the end of the year 46 nurseries, offering 1,153 places and 49 daily minders providing 305 places, were registered. Of these 2 nurseries and 25 persons provided full day care facilities.

Much of the increase in registrations, particularly in respect of persons, can be attributed to the amendments introduced by the Health Services and Public Health Act 1968. There are 30 registered persons who receive three or less children into their homes.

All persons and premises registered in the County have been visited regularly and continue to provide a good standard of child care. In no case was it found necessary for any registration to be cancelled.

MENTAL HEALTH

MENTALLY SUB-NORMAL PATIENTS

A total of 829 sub-normal patients were receiving hospital treatment or community care at the end of 1969, and of these 351 were in hospital and 478 were living in the community. These patients were supervised by the Mental Welfare Officers who visited them on 1,844 different occasions.

The age and sex of the patients was as follows:-

	Male	Female	Total
Aged under 16 years	69	64	133
Aged 16 years and over	189	156	345
	<u>258</u>	<u>220</u>	<u>478</u>

Forty-three new cases were notified from various sources as follows:-

	Male	Female	Total
Aged under 16 years	16	9	25
Aged 16 years and over	13	5	18
	<u>29</u>	<u>14</u>	<u>43</u>

One adult was admitted to hospital on a long stay basis and 11 patients were admitted for periods of short term care to give their parents an opportunity for a rest or holiday. Sixteen cases were awaiting admission to hospital, eight of whom were regarded as being in urgent need of hospital care.

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

	Male	Female	Total
Aged under 16 years	22	4	26
Aged 16 years and over	179	146	325
	<u>201</u>	<u>150</u>	<u>351</u>

JUNIOR TRAINING CENTRE

The total number of children attending the centre has increased to 68 and of these 20 children were resident in the hostel on a five day basis. Arrangements were made for a small number of children who attend the centre daily to be admitted to the hostel for occasional weekends to enable the parents to have one or two free nights.

Several meetings between representatives of the Health Committee and the Parent Teacher Association were held and these proved very helpful in gaining the confidence of the parents in the work of the centre, and at the same time the opportunity was taken of advising parents how they could help the centre on a voluntary basis.

The Parent Teacher Association have raised a substantial sum of money towards the cost of building a small swimming pool at the centre and the County Council have agreed to build a suitable type of pool which will be used for training the children to swim.

In addition to the centres provided by the Council, use continues to be made of a number of places in the Junior and Adult Centres provided by Hull, York and the West Riding County Council.

A part-time day centre for up to 12 children who are severely mentally subnormal continues to function on three mornings a week at the Health Services Clinic at Cottingham. It is intended to improve this service by running the centre for two full days per week instead of three mornings.

ADULT TRAINING CENTRE

An extension to the Adult Training Centre to provide 25 additional places making a total of 75 places was almost completed by the end of the year. This additional accommodation will provide workshops for metal work and handicrafts and an extension to the laundry. The dining hall has also been substantially increased in size and will now also be used as a recreation hall for the trainees.

Seventeen trainees were resident in the hostel at the 31st December and 4 of these are permanent residents who have no alternative home, the others remain in the hostel on a five day basis and return home each weekend. Arrangements have also been made for any trainees who normally attend on a daily basis to spend a weekend in the hostel in order to enable the parents to have a short holiday.

The work undertaken in the centre has become more varied and now includes making various items of furniture and equipment for the schools in the County. The more severely sub-normal trainees are taught cane work, sewing and simple types of knitting.

The horticultural work of the centre has been expanded by providing more glass and the income from the sale of plants and vegetables has again been increased.

The work of the laundry continues to provide suitable employment for approximately a dozen trainees and the number of articles laundered has increased substantially up to a total of 76,481. The extension of the laundry will include the installation of a steam press and additional drying facilities and these should enable a further increase in output to be achieved.

A development which has been of considerable interest is the production of incontinence pads which has been undertaken by a small group of severely subnormal trainees who have to be employed in sedentary type of work. This production began in September and up to the end of the year a total of 20,600 incontinence pads has been produced at a substantially less cost than the normal purchase price. It is anticipated that sufficient incontinence pads can be manufactured at the centre to meet the annual demand of 60,000 to 70,000 which will be required by the general practitioners and nursing service in the County.

TRANSPORT

The mini bus donated through the agency of the Bridlington, Driffield and East Riding Society for Mentally Handicapped Children has been in regular use throughout the year conveying trainees from both centres on educational visits and also to social functions organised by voluntary agencies.

The following table shows the total number receiving training:-

JUNIOR TRAINING CENTRES		ADULT TRAINING CENTRES		OTHER CARE	
Driffield	68	Beverley	72	Home Training	16
Kingston upon Hull		Kingston upon Hull		Part time day centre	
County Borough	15	County Borough	9	for special care	12
York County Borough	3			Halifax Hostel	1
West Riding County				West Riding day centre	
Council (Rawcliffe)	1			for mentally ill	1
	87		81		30

MENTALLY ILL PATIENTS

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

Home visits	10,042
Hospital Admissions	
Admission for observation (section 25)	24
Admission for treatment (section 26)	12
Emergency admissions (section 29)	32
Informal admissions	296
Attendances at hospitals or out-patients clinics	495

The increasing number of both adults and children requiring training from the more rural areas of the County makes the provision of daily transport a continuous problem. Arrangements were made for all trainees from the Filey, Bridlington, Driffield, Beverley and Haltemprice areas to be conveyed by coach to their respective Adult and Junior Centres in Beverley and Driffield. This relieved the ambulance service of a task which was becoming an unbearable burden. There is little doubt that increasing use will have to be made of hired transport in order to ensure that trainees can attend centres regularly, but this becomes not only a costly but difficult service to arrange in a large rural area.

A survey of the mental welfare officer duties in 1965 for persons in the County suffering from psychiatric disorders was undertaken and a report on this is being prepared by the Department of Social Administration at Hull University. A grant of £150 to enable this work was kindly donated by the Bridlington Driffield and East Riding Society for Mentally Handicapped Children.

Section 3. – Sanitary Circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

FLUORIDATION OF WATER SUPPLIES

The report entitled "The fluoridation studies in the United Kingdom and the results achieved after 11 years" was considered by the Health Committee who resolved "That the Committee do accept the principle of the fluoridation of public water supplies in the East Riding".

The resolution was discussed in open Council when all the relevant facts on both sides were presented. However, despite this the Council by a majority vote did not accept the Health Committee's resolution, and it was decided that the matter should be postponed for three years.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1965

During 1969, 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:-

Bridlington R.D.C.	Provision of joint sewerage and sewage disposal facilities for the villages of Folkton, Flixton, Muston and Hunmanby.
Derwent R.D.C.	Extension of existing sewerage facilities in the parish of Dunnington.
Driffield R.D.C.	Provision of sewerage facilities for the village of Bainton. Provision of sewerage facilities for the village of Hutton, the carrying out of works in the village of Cranswick to overcome infiltration and the replacement of existing sewage disposal works at Watton. Extension of existing sewerage facilities in the parish of Nafferton.
East Yorkshire (Wolds Area) Water Board	Provision of mains water supply to four properties at North Frodingham. Provision of mains water supply to four properties at Kellythorpe.

In the case of a scheme submitted by the Derwent Rural District Council for providing joint sewerage and sewage disposal facilities for the villages of Lund, Cliffe, South Duffield and Hemingbrough, the County Council informed the District Council that, for the purposes of the 1944 Act, they were of the opinion that sewage brought to Hemingbrough under the proposals should receive full, and not partial treatment at the Hemingbrough sewage disposal works, and also that the main sewers to be laid between Lund and the Hemingbrough works should be of a size large enough to accept also the sewage from Barlby and Osgodby, in case this should prove to be the best way of serving those two areas.

The County Council undertook to make contributions under these Acts to the undermentioned 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.	Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).
Drifffield R.D.C.	Southburn, Kirkburn and Tibthorpe Sewerage and Sewage Disposal Scheme. Middleton-on-the-Wolds Sewerage and Sewage Disposal Scheme. Regional Water Supply Scheme (contribution considered annually).
Holderness R.D.C.	Preston and Paull Sewerage and Sewage Disposal Scheme. Sproatley Sewerage 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).
Norton R.D.C.	Wintringham Sewerage and Sewage Disposal Scheme.
Pocklington R.D.C.	Water Supplies Co-ordination Scheme (contribution considered annually). War main extension in the parish of Kirby Underdale (contribution considered annually).

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1968/69 under Section 56 (1) of the Local Government Act, 1958, to the Haltemprice Urban District Council towards the cost of carrying out the West Hull and Haltemprice Joint Main Drainage Scheme.

Contributions under Section 56 (1) of the above Act were, however, made to the Beverley Corporation, the Hedon Corporation and the Withernsea Urban District Council in respect of the financial year 1968/69 towards the cost of providing sewerage and sewage disposal facilities.

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 submitted 518 samples (including 178 milk and 3 drug samples) for analysis by the Public Analyst, and during the course of routine visits to trade premises, they examined an ever widening range of food products to ensure that they were accurately 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	25	3
Bread	22	2
Cheese	10	2
Confectionery	16	1
Drugs	3	-
Fats	31	-
Fish and Meat Products	100	10
Fruit and Vegetables	44	-
Ice-cream	20	-
Intoxicating Liquor	12	-
Milk	178	5
Milk Products	3	-
Preserves	14	1
Puddings	3	-
Seasonings	14	-
Miscellaneous	23	-
	518	24

Of the 24 samples found unsatisfactory, the appropriate advisory or administrative action has been taken in respect of 21 samples where the infringement was of a minor nature, and legal proceedings were instituted against three butchers whose sausages were found deficient in meat content. In each case, fines were imposed by the magistrate.

The 21 samples concerned:-

- 4 milk samples containing slight quantities of extraneous water;
- 1 milk sample slightly deficient in fat;
- 1 sample of shandy deficient in proof spirit;
- 3 samples of potted meat deficient in meat;
- 4 samples of fish fingers deficient in fish;
- 1 sample of dextrose sweets excess in lead content;
- 2 samples of cheese (1) deficient in fat (1) misdescribed as vegetarian cheese;

2 samples of soft drinks—minor labelling offences;
2 samples of bread (1) misleading claims as to enrichment (1) Calorie content;

1 sample of marmalade—misleading method of stating carbohydrate content;

One complaint only was received from a purchaser and this concerned tomato juice which was alleged to be unpalatable. Extensive laboratory tests did not establish any positive lack in quality.

The average standards of the 178 milk samples were:-

	% fat	% solids not fat
Untreated	3.867	8.722
Pasteurised	3.808	8.730
Channel Island	4.706	9.137
Sterilised	3.688	8.825

CONTAMINATION OF FOODSTUFFS BY TOXIC CHEMICALS

A two year planned scheme of sampling to determine the extent of contamination of foodstuffs by toxic chemicals ended in July, 1968.

It is understood that the Association of Public Analysts is preparing a further scheme for the consideration of the Local Authority Associations, but details have not yet been announced. During 1969, as part of the normal sampling in the East Riding, 55 samples were submitted to the Public Analyst for testing for pesticide residues, and these were of foods found in the 2 year survey to be the most likely to contain pesticide residue, viz, fresh fruit and vegetables and certain meat products. 9 of these samples were found to contain slight traces of pesticide residue but at a level thought to be acceptable within existing and future legal requirements.

NEW REGULATIONS AND REPORTS

The Food (Control of Irradiation) (Amendment) Regulations, 1969.

These amending regulations are designed to permit food which has been subjected to radiation to be used in the treatment of patients if prescribed by a medical practitioner and records are kept of any food so subjected.

The Cheese Regulations, 1970, (Proposed Amendment and Consolidation.)

These amendments provide for:

(1) The addition of the following varieties of foreign cheeses for which international standards have been agreed, viz—

Variety	Minimum Milk Fat	Maximum Water Content
Tilsiter or Tilsit or Tylzcki	45%	47%
Limburger	50%	50%
Saint Paulin	40%	56%
Svecia	45%	41%
Provolone	45%	47%

(2) Calcium hydroxide to be a permitted ingredient of cheese in addition to calcium chloride.

(3) Changes in the manner in which cheeses should be labelled.

The Artificial Sweeteners in Food Regulations, 1969.
The Soft Drinks (Amendment) Regulations, 1969.

On 23rd October last, the Minister of Agriculture, Fisheries and Food indicated that the use of cyclamates in food would be prohibited from 1st January, 1970.

This followed new evidence from the U.S.A. of carcinogenesis in animals after being fed 'massive' doses of cyclamates over a long period. Cyclamates (calcium cyclamate, sodium cyclamate or cyclanic acid or any mixture of these) have been a permitted artificial sweetener since 1967. Their main use—apart from use as a direct sweetening tablet—has been in soft drinks. It was thought, in 1967, that they would also be used in such foods as canned fruit and vegetables, pickles and sauces, and in some types of sweet confectionery, but, possibly because of continual adverse publicity, this does not appear to have happened to any great extent.

The Food Standards Committee have issued a report on Jams and Other Preserves and recommend close and detailed control in respect of the composition and labelling of these products by amending and extending the Food Standards (Preserves) Order, 1953. The Report suggests higher fruit standards for many jams and jellies and also proposes new definitions for jam, jelly, marmalade and jelly marmalade.

The Food Standards Committee have reviewed the Condensed Milk Regulations, 1959, (these Regulations defined 'condensed milk' as including the article commonly known as evaporated milk) and this time, recommend a separate definition for each of the products, condensed milk (concentrated milk with the addition of sugar) and evaporated milk (concentrated milk unsweetened).

With minor differences in classification, it is recommended that Condensed Milk and Evaporated Milk should have compositional standards as before, i.e.

	Min. Fat	Min Solids (Inc. Fat.)	Max. Fat
Full Cream Evaporated or Condensed Milk	9.0%	31%	
Partly Skimmed Evaporated or Condensed Milk	4.5%	26.5%	
Evaporated Skimmed Milk		22%	0.5%
Condensed Skimmed Milk		26%	0.5%

The Local Authorities Joint Advisory Committee on Food Standards (LAJAC) have agreed a Code of Practice for Marzipan, Almond Paste and Almond Icing and this requires these products to contain not less than 23.5% dry almond substance and no other nut ingredient.

The Milk and Dairies Regulations

A total of 4,381 samples of milk were obtained from farms, heat treatment plants and retailers. These samples were submitted to the Public Health Laboratory for tests to be made in respect of:-

General cleanliness and hygiene (methylene blue test).

Correct and efficient heat treatment (phosphatase and turbidity tests) biological or other examination to detect evidence of tubercle or brucellosis

At the end of the year, there were 532 dealers' licences in force and 8 heat treatment plants were operating. Sampling and inspection have been carried out regularly—pasteurisation plants received 189 visits of inspection and 310 visits were made to the premises of milk dealers.

Source	Number of Samples				Methylene Blue Test		Phosphate Test		Turbidity Test	
	Pasteurised	Untreated	Sterilised	Satisfactory	Unsatisfactory	Test void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Heat Treatment Plants	211	—	—	192	1	18	206	5	—	—
Licensed Dealers	287	30	55	259	5	23	285	2	55	—
Producer/Retailer	—	80	—	62	14	4	—	—	—	—
Schools	169	6	—	158	2	15	169	—	—	—
Totals	667	116	55	671	22	60	660	7	55	—

Biological and Brucella Abortus Examination of Milk

Source	Number of Samples		Biological Examination			Brucella abortus Examination				
	Untreated Milk	Tubercle Negative	Positive	Brucella Abortus Negative	Positive	Milk ring test		Culture test		Positive
						Test void	Negative	Positive	Negative	
Farm sample	3909	—	—	—	—	—	3703	206	3901	8
Producer/Retailer	62	62	—	55	2	5	—	—	—	—
Licensed Dealers	17	17	—	16	1	—	—	—	—	—
Schools	5	5	—	5	—	—	—	—	—	—
Totals	3993	84	—	76	3	5	3703	206	3901	8

Only 1 sample taken directly from heat treatment plants failed the methylene blue test. 5 samples had not been properly heat treated and failed the phosphatase test, but 3 of these were from the same dairy and were caused by instrument failure. 18% of farm bottled (or cartoned) milk failed the methylene blue test but these were single failures from 14 separate farms and mainly arose in the hot weather in July/August, 1969.

During 1969, there were 45 farms in the County with approximately 1,350 cows producing untreated milk for retail sale (approximately 800 other farms produce milk which is heat treated before sale), and 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. 8 samples were reported positive for *brucella abortus* and these were from 6 herds. In every case, the dairyman took immediate action and removed the infected cow(s) from the herd.

The results over the last 3 years provide a very interesting picture of the incidence of *brucella abortus* in herds producing 'untreated' milk in the East Riding. 10 out of 45 herds have had one or more infected animals and these have—with the ready co-operation of the owners—been slaughtered.

This sampling has led to the early recognition of infected cows and in most cases has enabled them to be removed before serious infection of the rest of the herd could take place. One exception appears to have occurred in a herd comprising about 20 cows which had been clear up to September, 1969, when the milk from one cow was reported positive to the culture test. On notification the animal was removed from the herd, but subsequently 2 other animals gave similar infected milk and 15 cows produced milk which gave a positive ring test result. Thirty of the 35 'clear' herds have produced positive ring test results and only 5 herds have consistently produced milk with totally negative results to both the 'milk ring' and 'culture' tests.

For practical purposes, milk ring results are ignored and positives are treated as false and due to the previous vaccination of the animal.

The results of all samples are made available to producers to assist with the preparation for registration under the Brucellosis (Accredited Herd) Scheme of the Ministry of Agriculture, Fisheries and Food.

The table on page 43 classifies the type of sampling and the result:—

(The methylene blue test is not applied to milk which has been subjected to an atmospheric shade temperature in excess of 70°F. and such samples are shown in the tables under the columns headed 'test void'.

Most of the 60 'void' samples were obtained in July/August, 1969).

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.

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

NOTIFIABLE INFECTIOUS DISEASES – 1960 to 1969

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

Disease	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever	134	68	39	64	62	71	51	89	137	143
Whooping Cough	235	60	8	206	169	56	65	169	41	6
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	73	4,107	741	3,409	1,268	3,543	966	2,953	1,790	94
Meningococcal Infection	1	2	4	4	3	—	2	2	1	20
Acute Poliomyelitis:										
Paralytic	1	8	2	—	1	—	—	—	—	—
Non-Paralytic	—	2	—	—	—	—	—	—	—	—
Encephalitis:										
Infective	—	—	1	—	—	—	—	—	—	—
Post-Infectious	—	—	—	—	—	—	—	—	—	—
Dysentery	253	259	277	44	127	157	226	166	131	103
Ophthalmia Neonatorum	1	1	2	—	1	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	1	1	3	1	1	—	1	1	—
Typhoid Fever	—	—	—	4	1	—	—	—	—	—
Food Poisoning	42	49	55	41	30	36	30	48	255	138
Malaria	—	1	—	—	1	—	1	—	—	—
Tuberculosis:										
Pulmonary	52	41	41	34	38	33	16	19	24	25
Meninges and C.N.S.	1	—	—	1	—	2	—	—	—	—
Other forms	10	8	5	9	3	4	2	4	3	4
Anthrax	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	—	—	—	—	—	—	—	—	64	121
Leptospirosis*	—	—	—	—	—	—	—	—	—	—
Tetanus*	—	—	—	—	—	—	—	—	—	—

*Not notifiable until 1969

TUBERCULOSIS

The consultant chest physicians, with administrative centres in Hull, Pontefract and York and the assistant chest physicians working with them are responsible 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. Six 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 149 persons have been vaccinated. This figure includes 18 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,

Anlaby	Hornsea
Beverley	Howden
Bridlington	Market Weighton
Brough	Preston
Cottingham	Pocklington
Driffield	University of York
Filey	Withernsea

A total of 4,677 people attended at these sessions among whom 4 cases of active tuberculosis have so far been diagnosed.

The unit also visited the Brandesburton Hall Hospital, Tilworth Grange and Winestead Hall Hospital.

NEW CASES

Twenty-nine primary notifications of tuberculosis were received (25 pulmonary and 4 non-pulmonary).

TABLE I

Cases of Infectious Disease Notified amongst County residents

URBAN DISTRICTS

[illegible]

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 1969

DISTRICT	POPULATION		BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION										STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE	
	Census 1961	Estimated 1969 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	252,830	3,766	14.9	1.05	15.6	215	0.85	3,299	13.0	0.88	11.4	50	13	59	16
M.B.'s and U.D.'s	114,086	128,050	1,876	14.7	1.07	15.7	116	0.91	1,850	14.4	0.81	11.7	26	14	32	17
Rural Districts	109,945	124,780	1,890	15.1	1.03	15.6	99	0.79	1,449	11.6	0.97	11.3	24	13	27	14
BUCKROSE DIVISION																
Bridlington M.B.	26,023	26,430	330	12.5	1.24	15.5	29	1.09	511	19.3	0.64	12.4	7	21	11	33
Driffield U.D.	6,892	6,940	136	19.6	1.04	20.4	12	1.73	135	19.5	0.57	11.1	3	22	4	29
Filey U.D.	4,703	5,140	59	11.5	1.36	15.6	1	0.19	99	19.3	0.69	13.3	2	33	1	17
Bridlington R.D.	8,814	8,870	109	12.3	1.17	14.4	9	0.68	116	13.1	0.84	11.0	1	9	4	37
Driffield R.D.	10,862	10,280	136	13.2	1.06	14.0	9	0.49	118	11.5	1.03	11.8	2	14	2	15
Totals	57,294	57,660	770	13.4	—	—	60	1.04	979	16.8	—	—	15	19	22	29
HALTEMPRICE DIVISION																
Haltemprice U.D.	42,386	51,790	706	13.6	0.98	13.3	29	0.56	589	11.4	0.98	11.2	12	17	8	11
HOLDERNESS DIVISION																
Beverley M.B.	16,031	17,320	320	18.5	1.01	18.7	26	1.44	215	12.4	1.01	12.5	2	6	5	16
Hedon M.B.	2,345	2,600	32	12.3	1.14	14.0	1	0.31	39	15.0	0.90	13.5	—	—	—	—
Hornsea U.D.	5,955	6,670	105	15.7	1.17	18.4	2	0.30	103	15.4	0.73	11.2	—	—	1	10
Withernsea U.D.	4,981	5,690	79	13.9	1.15	16.0	9	1.58	91	16.0	0.75	12.0	—	—	—	—
Beverley R.D.	23,213	31,510	514	16.3	0.96	15.6	17	0.54	321	10.2	1.05	10.7	9	17	7	14
Holderness R.D.	20,409	24,030	407	16.9	1.00	16.9	15	0.62	262	10.9	1.07	11.7	7	17	4	10
Totals	72,934	87,820	1,457	16.6	—	—	70	0.79	1,031	11.7	—	—	18	12	17	12
HOWDENSHERE DIVISION																
Norton U.D.	4,770	5,470	109	19.9	1.12	22.3	7	1.28	68	12.4	0.82	10.2	—	—	2	18
Derwent R.D.	13,648	15,060	230	15.3	1.02	15.6	12	0.46	216	14.3	0.74	10.6	1	4	3	13
Howden R.D.	12,038	12,760	187	14.7	1.06	15.6	11	0.86	156	12.2	0.96	11.7	2	11	4	21
Norton R.D.	7,015	7,030	96	13.7	1.09	14.9	7	0.99	66	9.4	1.01	9.5	1	10	1	10
Pocklington R.D.	13,946	15,240	211	13.8	1.10	15.2	19	1.21	194	12.7	1.02	13.0	1	5	2	9
Totals	51,417	55,560	833	14.9	—	—	56	1.01	700	12.6	—	—	5	6	12	14

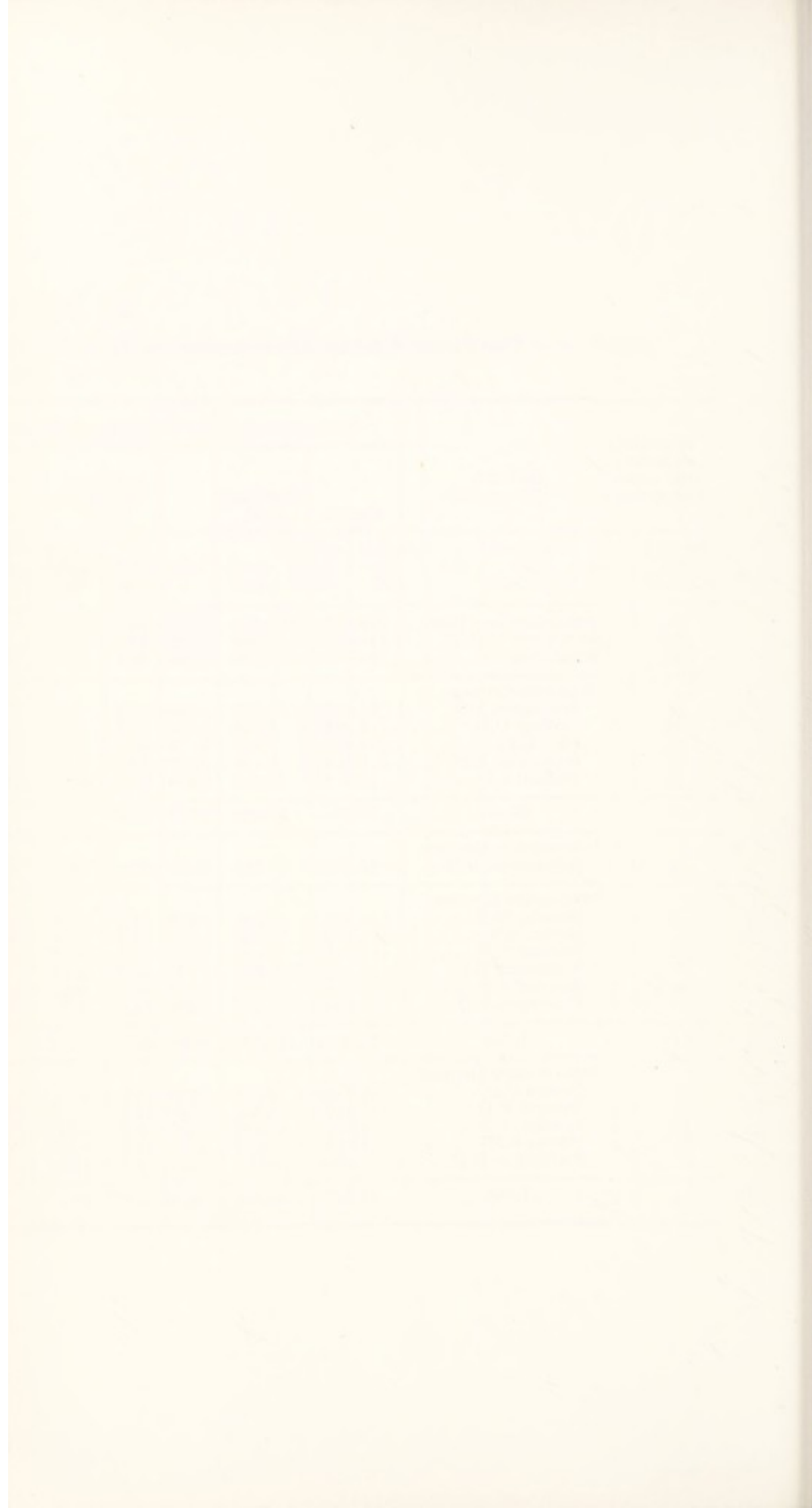


TABLE IV

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
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	217,000	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
1969	252,830	3766	14.9	59	16	3,299	13.0

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 1959-1968
			inches		inches
Hempholme	11 feet	Mrs. W. F. Gilbert	32.22	177	27.1
Beverley . . .	34 feet	Mr. B. T. H. Johnson	30.19	168	26.2
North Cave . .	35 feet	Maj. J. H. Caver, J.P.	31.21	186	26.1
Hornsea . . .	35 feet	Mr. J. H. D. Howlett	33.30	197	26.1
Bridlington . .	60 feet	Mr. H. Ackroyd	29.79	18	28.8
Lowthorpe . .	63 feet	Mr. C. Kettlewell	29.09	204	25.2
Scampston . .	100 feet	Mr. C. Brown	34.05	191	25.0
Filey	122 feet	Mr. J. Hustwit	21.22	204	26.1
Dalton Holme .	150 feet	Lord Hotham Estate	30.46	189	28.1
Birdsall . . .	304 feet	Birdsall Estate Co. Ltd.	28.59	208	30.0

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







EAST RIDING OF YORKSHIRE COUNTY COUNCIL

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1969



UNITED STATES DEPARTMENT OF THE ARMY

ANNUAL REPORT

OF THE

PHILIPPINE ISLANDS MILITARY DISTRICT

1901

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 1969.

The permanent medical staff was increased by the appointment of three whole-time Medical Officers in September and October.

I am pleased to record that after an interval of four years refraction clinics were recommenced in various parts of the County for school children. This has been made possible by training two of the School Medical Officers in refraction work. In addition the Regional Hospital Board has made the service of one of their Medical Assistants in ophthalmology available to the County for up to three sessions a week in the Beverley area.

In 1963 the Education Committee agreed to vary the procedure in carrying out routine School Medical Examinations of the school leaving group. This was introduced for a trial period in five of the large secondary schools in the County. The scheme consists of sending a detailed medical questionnaire to each parent for completion and from the information given on this form the Medical Officer decides which children require a full medical examination.

As this form of selective examination has now been operating satisfactorily in those five schools for four years, it has been decided to extend it to all secondary schools throughout the County. Before reaching this decision the Headmasters of the five schools concerned in the trial were asked to give their comments about the selective system as compared with the routine examination of all school leavers. The Headmasters, without exception, were in favour of continuing the selective system.

Parents have co-operated extremely well by completing the questionnaire about their children and there have been no adverse comments from the parents during the four years of the pilot scheme. In the event of the questionnaire not being completed a full medical examination of the child is carried out. The selective method of examination is, of course, preferred by the Medical Staff as it allows them to spend more time examining and giving advice to those children who require it most.

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 in the work of the School Health Service.

W. FERGUSON
Principal School Medical Officer

May, 1970.

GENERAL STATISTICS

Number of Schools —	Primary	153
	Secondary	21
	Nursery	1
	Special	1
Number of Pupils —	Primary	24,741
	Secondary	14,852
	Nursery	40
	Special (a) From the County . .	100
	(b) From other Authorities . .	6
Total		39,739

Number of pupils attending special schools in other Authorities areas	97
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MEDICAL INSPECTIONS

The number of pupils who received a full medical examination was 7,949 compared with 8,126 in 1968. In addition 2,539 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 72.

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
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
1969	7,949	1	0.01

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 included 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:	1968	1969
Number of routine health survey examination sessions	520	456
Number of health survey examinations carried out	61,236	60,941
Number of children found infested	277	372
Number of follow-up visits	43	58
Visits to homes:		
Number of homes visited	869	885
Number of children seen for -		
Uncleanliness	294	360
Minor ailments	95	94
General condition	19	5
Other reasons	663	625
Totals	1,071	1,085

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

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
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
1969	60,941	372	39,739	0.94

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Refraction clinics were opened early in the year at Beverley, Howden and Pocklington and were staffed by two School Medical Officers who had been specially trained in refraction work by Consultant Ophthalmologists at Hull and York.

The Medical Officer at the Beverley Clinic resigned at the end of March but fortunately the clinic was able to continue because the Regional Hospital Board appointed a Medical Assistant who has given up to 3 sessions per week to the School Ophthalmic Service.

The total number of children seen at the three clinics was 154 and of these 100 were given prescriptions to obtain spectacles from opticians of their own choice.

In those areas of the County where it has not been possible to hold clinics children have continued to be referred to hospital consultants through their family doctors.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

One hundred and nineteen 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, 800 children were referred for observation.

Special audiometric sessions were held throughout the County and 4,032 children were examined by means of the pure tone audiometer. In addition 137 children were tested by other means. Eighty five 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	1968		1969	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (body)	1	2	5	3
Scabies	31	21	8	8
Impetigo	39	10	34	4
Other skin diseases	371	7	236	12
Minor eye defects	88	9	76	9
Minor ear defects and deafness	81	1	35	5
Minor injuries, bruises etc.	777	22	677	33
Totals	1,388	72	1,071	74

The number of attendances for treatment of minor ailments was 2,136 compared with the previous year's figures of 2,993. In addition, 98 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 93 children made 323 visits for treatment. The chiropodist's services were required mainly for the treatment of verrucae.

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 2,490 children of whom 2,013 (i.e. 80.8%) accepted. A total of 1,831 children were skin tested and of these 1,694 (i.e. 92.5%) showed a negative result and, therefore, required vaccination. Arrangements were made as far as possible for all children who had a positive skin test to be x-rayed and for this facility to be extended to the members of their families.

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

Year	No. of school children skin tested	Positive reactors	Negative reactors	Number vaccinated
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
1969	1,831	86 (4.7%)	1,694	1,683

SPEECH THERAPY

Two part-time speech therapists, who worked a total of 5 sessions a week, resigned during the year and one whole-time officer was appointed. This appointment filled the establishment for the first time in more than six years.

Approval has been obtained for the appointment of a further speech therapist on the senior grade and it is hoped to fill this new post early in 1970.

A total of 487 children were referred for speech therapy, which with the 204 cases brought forward from the previous year, gave a total case load of 691 children to be seen by the speech therapists.

The treatment of 243 children was completed and the names of a further 65 children were removed from the waiting list without receiving treatment. At the end of the year 225 children were receiving attention from the speech therapists, 86 were on the observation list and 173 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
Articulation defects	124	179
Delayed speech	63	38
Dysphasia	8	1
Voice disorder	1	1
Cleft palate	8	—
Cerebral palsy	3	3
Stammer	17	17
Other defects	1	4
Totals	225	243

HEALTH EDUCATION

The staff of the Department received a number of requests to give talks in schools on various Health Education topics. These have included subjects such as menstruation, personal hygiene and venereal disease.

Talks and discussion groups have also been arranged in a number of schools on the use and abuse of drugs and the increased incidence of drug taking generally by young people in this country.

The general impression has been formed that more health education is probably provided for senior girls than senior boys, this may be associated with the fact that teenage girls are more hygiene-conscious than the corresponding age group of boys, or it may be that the female staff in senior girls schools are more interested in health education projects than the teaching staff in senior boys schools. However, whatever the reason there is little doubt that more attention is paid to health education as a subject in the senior girls schools and the health education programme is usually associated with classes in biology and home economics.

Several members of the staff have undertaken a considerable amount of work in connection with the Duke of Edinburgh award scheme for children. This has been done in association with girl guides, boy scouts, Red Cross, St. John Ambulance Cadets, and various youth clubs. One of the senior nursing officers continues to give lectures each week to the female students attending the East Riding College of Agriculture in connection with their liberal studies programme.

INFECTIOUS DISEASE IN SCHOOLS

A small outbreak of dysentery (Sonne) occurred in the Market Weighton area during the latter part of June and early July. Eight children from schools in the town were infected.

On the 25th September an outbreak of epidemic vomiting commenced in the Cottingham Infant School, Hallgate. The predominating symptom was spontaneous projectile vomiting, diarrhoea was completely absent. Bacteriological examination of stools was carried out but no pathogens were detected. Altogether a total of 70 children were affected and the outbreak was considered to be due to Winter Vomiting Disease, and terminated abruptly on the 6th October.

PROVISION OF MILK AND MEALS

There was an increase of 854 in the number of children taking milk in Primary Schools and the total number rose from 19,474 to 20,329. In spite of an increase in the number of children in school the percentage also increased from 88.04 to 89.02.

When the Government scheme for the provisions of free meals to the eldest children in large families ended in April there was a considerable reduction in the number of children receiving free meals. This figure fell by 1,021 per day, but at the same time the number of paid meals increased by 2,639. The overall daily average total increased from 24,190 to 25,808 and the percentage of children in school taking meals rose from 69.28 to 70.58.

During the year four new school kitchens were opened.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The full complement of dental officers was retained throughout the year. In previous years absence through illness has not been considerable but in the year under discussion approximately 400 sessions were lost through this cause. The effect of these absences on returns of work was marked.

In previous annual reports it has been remarked that a further appointment of a dental officer would provide more adequate coverage for the school population. The report from the Department of Health and Social Security following a visit by one of their dental officers confirmed that an additional appointment would be advisable. It is expected that this increase in establishment would enable the bulk of the school children to receive an annual inspection.

Regulations which came into force in September, 1969, governing the work performed by auxiliaries permitted a more efficient use of their services. Personal supervision is no longer essential but it is necessary for the specific treatment required to be prescribed in writing by the directing dental officer.

The fully equipped mobile unit which came into service in the Hornsea area brought the total number of mobile clinics up to seven.

Dental Health

The work of the dental auxiliary and dental hygienist again calls for mention particularly in respect of their efforts in initiating a number of demonstrations in the fixed clinics before the end of the autumn term. Children from certain schools attended these demonstrations and reports indicate that this method of approach made a favourable impact.

Routine visits to schools have been maintained for dental health education purposes and where additional encouragement has been given by the head teachers to the children it would seem that from the study of inspection returns fewer children were found to require treatment.

The beneficial effect of water containing up to one part per million of fluoride on the developing dentitions has been well established. With this consideration in mind the County Health Committee approved the proposal to adjust the fluoride content in the water supplies to the level required to reduce considerably the incidence of caries. Although assured of the safety of this valuable preventive measure the County Council turned down this proposal.

Inspection and Treatment

The number of children given a first inspection in school or clinic was higher by nearly 4,000 than in the previous year but the number re-inspected fell slightly. The percentage of children requiring treatment was down by approximately 6%. The figures show that greater emphasis has been placed on treatment for the children in the age group 5 to 9. In this group 3,430 children made a total of 6,584 visits compared with 2,916 children with a total 5,901 visits the previous year. More conservative work was attempted with an increase of almost 1,000 fillings. The number of permanent teeth extracted showed a reduction.

With the 10 to 14 age group approximately the same number as in the age group 5 to 9 received a first visit but fewer total visits were necessary and the amount of work carried out was less. In the age 15 and over group the same remarks apply. Over all age groups 255 more cases of treatment were completed.

With regard to orthodontics, the number of cases completed varied by one from the previous year but fewer cases were commenced and fewer were discontinued. Four were referred to the hospital consultant.

The services of an additional medical anaesthetist reduced the number of occasions on which dental officers were required to administer general anaesthetics. The number of anaesthetics fell from 615 to 392, but the total number of general anaesthetics remained similar.

Since 1964 there has been a full establishment of dental officers and it is interesting to record that the number of dentures supplied was the lowest since that year.

It used to be that extractions of anterior teeth as a result of either caries or accident were commonplace. Crowning of teeth is becoming more acceptable and many of the teeth which may have been lost through either cause are now repaired this way.

My thanks are due to all who have contributed to the development of the dental service.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

It has been possible to continue with sub-clinics at Bridlington, Barby, Pocklington and Thorgumbald, though it has considerably strained the staffing resources. The Thorgumbald Clinic which had been discontinued was started again to cope with several referrals from the Holderness area.

One of the Social Workers now works in conjunction with the Consultant Child Psychiatrist at Westwood Hospital for up to three sessions per month.

Overall, the number of new referrals during the year were slightly lower than those of 1968, but even so the waiting list was twice the number than at the end of 1968.

There has been a closer co-operation with the speech therapists since a speech therapy session is now held at the Child Guidance Clinic once a week.

Four hundred and twenty-four sessions were held and the Educational Psychologist and social workers made 198 visits to schools and 249 home visits. One hundred and fifty-eight children were referred to the clinic from the following sources:

Educational	53
Medical	67
Parent	20
Social agency	18
Total	<u>158</u>

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

Habit disorders	9
Nervous disorders	9
Behaviour disorders	123
Educational	15
Organic	2
Total	<u>158</u>

In addition to the cases referred in 1969, a total of 104 cases were carried forward from 1968 making a total case load of 262 children. Out of this case load, 59 children attended regularly for treatment, 150 cases were closed during the year and a summary of these is given below. At the end of the year 84 children were being seen by the clinic staff and 28 cases were on the waiting list.

Cases Closed

Improved or completed (advice or treatment)	118
Placement (Special School, Children's Homes etc.)	3
Not followed up (lack of co-operation, parents refused treatment etc.)	18
Transfer to other areas or agency	11
Total	<u>150</u>

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
116	7	6	17

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. Forty cases were also brought forward from the previous year.

No. of attendances made	130
No. of cases completed	37
No. of uncompleted cases	22
No. of children on the waiting list	15
No. of children who failed appointments	7

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 brought to the notice of the school medical officers by head teachers or are found at medical inspections. The total number of children ascertained as handicapped was 78 and includes 20 informal cases. 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
Blind	—	—
Partially Sighted	—	3
Deaf	2	2
Partially Hearing	2	2
Educationally sub-normal	26	23*
Epileptic	2	—
Maladjusted	5	—
Physically Handicapped	3	5
Speech	—	—
Delicate	3	4
Totals	41	37

*Included in this figure are 18 children who were recommended for admission to special classes for educationally sub-normal children in ordinary schools.

In November a special class for E.S.N. children was opened in Bridlington. The unit can accommodate 30 children in the 5-11 age range and at the end of the year 18 children were attending.

The total number of children on the Register of Handicapped Pupils at the 31st December, 1969 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	4	—	1	—	—	2	3	5
Partially-sighted	10	1	—	8	—	10	9	19
Deaf	16	—	—	—	—	12	4	16
Partially-hearing	20	2	—	22	—	24	20	44
Educationally Subnormal	106	62	4	72	—	151	92	243
Epileptic	2	2	—	6	—	3	7	10
Maladjusted	8	5	4	—	—	12	5	17
Physical	26	3	4	43	10	50	36	86
Delicate	6	5	—	37	—	28	20	48
Speech	2	—	—	—	—	2	—	2

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

Category	Special School	Maintained 31.12.68	Admitted during 1969	Discharged during 1969	Maintained 31.12.69
Blind and Partially Sighted	Wold Road, Hull	7	-	2	5
	Conover Hall, Shrewsbury	1	-	-	1
	St. Vincents School, Liverpool	2	-	-	2
	Royal College for the Blind Shrewsbury	1	-	-	1
	Northfield Open Air, York	2	-	-	2
	Tapton Mount Sc, Sheffield	2	-	-	2
	Exhall Grange	-	1	-	1
Deaf and Partially Hearing	St. John's School, Boston Spa	3	-	-	3
	Yorks. Res. School, Doncaster	9	-	3	7
	Sutton School, Hull	18	5	3	20
	Burwood Park, Walton-on- Thames	1	-	1	-
	Elmete Hall, Leeds	1	2	1	2
	Partially-hearing Unit, York	2	-	-	2
	Mary Hare Grammar School for the Deaf, Newbury	1	-	-	1
Educationally Sub-normal	Etton Pasture, Beverley	101	19	20	100
	Teskey-King School, Hull	5	-	2	3
	Woodlands School, Scarboro	1	1	-	2
	Fulford Cross School, York	1	-	-	1
Epileptic	Sedgwick House, Kendal	2	-	-	2
	Chilton School, Maghull	-	1	1	-
Maladjusted	Etton Pasture, Beverley	1	-	1	-
	Shotton Hall, Shrewsbury	1	-	1	-
	Chelfham Mill School, Nr. Barnstable	1	-	-	1
	Breckenbrough School, Thirsk	1	-	-	1
	Edward Rudolph Memorial School, London	1	-	-	1
	Cliff House School, Leeds	1	1	-	2
	Conyboro School, Cooksbridge, Sussex	1	-	-	1
	Moor Top School, Ackworth	1	-	-	1
	Peredur House School, East Grinstead	1	-	-	1
Physical	Larchfield School, Harrogate	-	1	-	1
	Frederick Holmes School, Hull	15	1	2	14
	Welburn Hall, Kirbymoorside	9	-	3	6
	Hawkshead Hospital School, Southport	2	-	-	2
	Irton Hall, Holmrook	1	1	1	1
	Adela Shaw Hospital School Kirbymoorside	1	-	-	1
	Bethesda Special School, Cheadle	2	-	-	2
	Cottingham Rd. Special School, Hull	1	-	-	1
	Valence School, Westerham	1	-	-	1
Delicate	Abbots Lea School, Liverpool	-	1	-	1
	Northfield Open Air School, York	1	-	1	-
	Welburn Hall, Kirbymoorside	5	-	2	3
	Cottingham Road Special School, Hull	1	-	-	1
	Windlestone Hall, Durham	-	1	-	1
Speech	Moor House School, Oxted	1	1	-	2

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

	Blind & Partially Sighted	Deaf and Partially hearing	Educ. Sub- normal	Epileptic	Mala- justed	Physically handi- capped	Delicate	Speech
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	86	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
1969	14	35	106	2	8	29	6	2

SPECIAL ASCERTAINMENT EXAMINATIONS

The school medical officers specially examined 76 children and the results of these examinations are shown in the following table:—

Recommended for notification to the Local Health Authority under Section 57 (4)	13
Recommended for admission to a special school for educationally sub-normal children	26
Recommended for admission to a day special class in an ordinary primary school	7
Recommended to remain at ordinary school	3
Recommended for remedial teaching	7
Not educationally sub-normal	10
Decision deferred	6
Re-examination	3
Total	<u>76</u>

PHYSICAL EDUCATION

During the past year there were exceptionally long spells of dry, sunny weather and these were greatly appreciated by the children in our schools. They were able to enjoy more of their exercise and activities outdoors in the sun. The fine weather encouraged more schools to get together for communal activities, such as athletics meetings, and this is to be encouraged because children derive much benefit from visiting other schools.

Gymnasia and playing fields continued to be fully used, not only by school children but by youth club members and adults.

Parents are still raising money to help build swimming pools at some of our schools and it was pleasing to see a large pool at South Hunsley School opened last May. The pool has been used during school hours and children from the six contributory schools received swimming instruction. The pool was also used by other organisations after school hours, at weekends and during the summer holidays. One country school was awarded the Lady Prince Smith trophy for their efforts in the field of water safety and another country school won four awards from the National Water Safety Committee.

HYGIENE IN SCHOOL PREMISES

Seventy-nine 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 330 candidates for admission to training colleges and 47 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 the 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.

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 Beverley Coltman Avenue Clinic Beverley School Clinic, Lord Roberts Road Beverley Longcroft C.S. School Bridlington School Clinic, Oxford Street Cottingham Clinic Etton Pasture (E.S.N.) School Hessle C.E. Infants School . . . Hessle Penshurst School Hornsea C.S. School South Holderness C.S. School . Thorgumbald Clinic	2 sessions weekly 5 sessions weekly 5 sessions weekly 2 sessions weekly 5 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly 2 sessions weekly
B. Dental *	Anlaby Dental Clinic Beverley Dental Clinic Bridlington Dental Clinic Driffield Dental Clinic Pocklington Dental Clinic Withernsea Dental Clinic	6 sessions weekly 6 sessions weekly 10 sessions weekly 2 sessions weekly 4 sessions weekly 4 sessions weekly
C. Speech Therapy +	Anlaby Clinic Beverley Clinic (County Hall) Beverley Swinemoor I & J. Sc. Beverley Child Guidance Clinic Bridlington, Oxford St Clinic Brough C.P. School Cottingham Clinic Driffield Clinic Etton Pasture School Fulford C.S. School Hessle C.E. School Hessle Penshurst School Hornsea County Library Howden C.S. School Market Weighton C.E. School Pocklington Clinic	1 session weekly 1 session weekly 1 session weekly 1 sessions weekly 3 sessions weekly 1 sessions weekly 1 sessions weekly 3 sessions weekly 1 sessions weekly 1 sessions weekly 1 sessions weekly 1 sessions weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly 1 session weekly
D. Ultra Violet Light	Beverley School Clinic, Lord Roberts Road	As required
E. Enuretic	Child Guidance Clinic	1 session weekly
F. Chiropody	Beverley School Clinic, Lord Roberts Road	1 session weekly

* In addition 7 mobile clinics were in use

+ In addition, the speech therapists regularly visited 21 village schools.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1969

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) (1)	Number of pupils inspected (2)	Physical condition of pupils inspected		No. of pupils screened but not examined (5)
		Satisfactory (3)	Unsatisfactory (4)	
1965 and later	105	105	—	—
1964	2,283	2,283	—	—
1963	1,383	1,383	—	—
1962	598	598	—	—
1961	92	92	—	—
1960	64	64	—	—
1959	523	523	—	549
1958	776	776	—	322
1957	292	292	—	261
1956	32	32	—	101
1955	842	842	—	924
1954 and earlier	959	958	1	382
Totals	7,949	7,948	1	2,539

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

age groups inspected (by year of birth) (1)	For defective Vision (excluding squint) (2)	For other conditions (3)	Total Individual pupils (4)
1965 and later		4	4
1964	28	70	92
1963	24	67	77
1962	16	51	58
1961	1	—	1
1960	5	1	6
1959	41	30	67
1958	35	44	78
1957	8	14	22
1956	1	1	2
1955	26	32	58
1954 and earlier	34	30	63
Totals	219	344	528

OTHER INSPECTIONS

Number of special inspections	234
Number of re-inspections	3,611
Total	<u>3,845</u>

INFESTATION WITH VERMIN

(a) Total number of individual examination of pupils in schools by the school nurses or other authorised persons	60,941
(b) Total number of individual pupils found to be infested	372
(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 Inspections	
	Entrants		Leavers		Others		Total			
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	4	60	6	58	7	42	17	160	1	3
Eyes—										
a. Vision	63	322	60	231	96	217	219	770	14	12
b. Squint	15	89	1	12	9	25	25	126	2	2
c. Other	4	10	-	-	1	13	5	23	-	1
Ears—										
a. Hearing	21	181	6	34	25	63	52	278	2	8
b. Otitis Media	5	102	-	7	1	18	6	127	-	1
c. Other	3	6	1	3	-	4	4	13	-	3
Nose and Throat	27	228	5	61	23	81	55	370	-	-
Speech	30	89	5	2	5	11	40	102	1	2
Lymphatic Glands	1	84	-	28	1	34	2	146	-	3
Heart	3	47	4	15	3	29	10	91	-	3
Lungs	7	93	1	40	4	36	12	169	-	9
Developmental—										
a. Hernia	3	30	1	1	3	7	7	38	-	-
b. Other	9	65	3	6	8	26	20	97	2	2
Orthopaedic—										
a. Posture	-	26	2	24	-	16	2	66	1	-
b. Feet	7	130	8	22	7	27	22	179	2	1
c. Other	3	57	5	19	-	15	8	91	1	2
Nervous system—										
a. Epilepsy	-	8	2	6	-	5	2	19	-	1
b. Other	1	16	1	15	5	10	6	41	-	-
Psychological—										
a. Development	3	60	1	8	3	38	7	106	-	5
b. Stability	14	95	3	20	8	55	25	170	-	7
Abdomen	2	16	1	7	1	16	4	39	1	3
Other	2	28	5	35	6	21	13	84	-	7

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 . . .	5
Errors of refraction (including squint)	<u>154</u>
Total	<u>159</u>
Number of pupils for whom spectacles were prescribed	<u>100</u>

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been treated
Received operative treatment—	
(a) For diseases of the ear	18
(b) For adenoids and chronic tonsillitis	34
(c) For other nose and throat conditions	6
Received other forms of treatment	<u>17</u>
Total	<u>75</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1969	3
(b) in previous years	12

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	19
(b) Pupils treated at school for postural defects	—
Total	<u>19</u>

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	4
(b) Body	8
Scabies	16
Impetigo	38
Other skin diseases	248
Total	<u>314</u>

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	59

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	533

OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	1,149
(b) Pupils who received convalescent treatment under School Health Service arrangements	
(c) Pupils who received B.C.G. vaccination	1,683
(d) Other than (a), (b) or (c) above, Chiroprody	93
Total	<u>2,925</u>

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	3,430	2,467	436	6,333
Subsequent visits	3,154	3,946	670	7,770
Total visits	6,584	6,413	1,106	14,103
Additional courses of treatment commenced	108	111	30	249
Fillings in permanent teeth	2,998	5,520	1,067	9,585
Fillings in deciduous teeth	3,471	351		3,822
Permanent teeth filled	2,314	4,681	982	7,977
Deciduous teeth filled	3,179	320		3,499
Permanent teeth extracted	142	633	118	893
Deciduous teeth extracted	3,490	782		4,272
General anaesthetics	902	284	22	1,208
Emergencies	151	75	10	236

Number of pupils x-rayed	255
Prophylaxis	2,294
Teeth otherwise conserved	418
Number of teeth root filled	13
Inlays	7
Crowns	21
Courses of treatment completed	5,671

2. ORTHODONTICS

Cases remaining from previous year	126
New cases commenced during year	86
Cases completed during year	95
Cases discontinued during year	17
No. of removable appliances fitted	137
No. of fixed appliances fitted	8
Pupils referred to Hospital Consultant	4

3. PROSTHETICS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	6	7	14
Number of dentures supplied	1	8	9	18

4. ANAESTHETICS

General Anaesthetics administered by Dental Officers 392

5. INSPECTIONS

(a) First inspection at school - number of pupils . . 25,705
 (b) First inspection at clinic - number of pupils . . 1,926
 Number of (a) + (b) found to require treatment 13,890
 Number of (a) + (b) offered treatment 13,660
 (c) Pupils re-inspected at school or clinic 356
 Number of (c) found to require treatment . . . 286

6. SESSIONS

Sessions devoted to treatment 3,332
 Sessions devoted to inspection 213
 Sessions devoted to Dental Health Education . 295





