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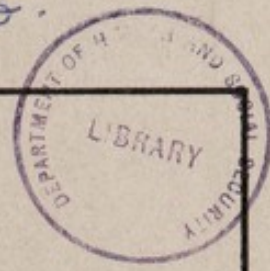


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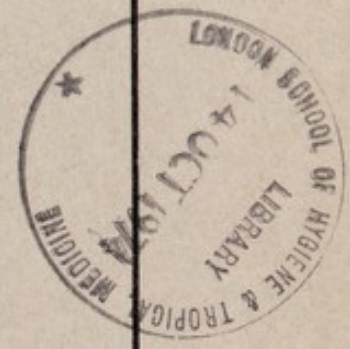
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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL



ANNUAL REPORTS

of the


County Medical Officer

and

Principal School Medical Officer

For the Year 1970

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To the Chairman and Members of the County Council

Lord Halifax, Ladies and Gentlemen

I have pleasure in submitting my Annual Reports as County Medical Officer of Health and Principal School Medical Officer for the year 1970.

Following the publication of two Green Papers on the reorganisation of the National Health Service, I suggested in my last report that the proposed changes would no doubt take longer to be implemented than was forecast at the time of these publications. This has proved to be the case, and another consultative document on the reorganisation of the National Health Service is anticipated early in 1971.

The Social Services Bill became law in July 1970, and this will result in the non-medically orientated social services now administered by the Health Department passing to a new Social Services Department.

The principal causes of death, as in previous years were, heart disease, diseases of the circulatory system and cancer. Considerable publicity has been given in recent years to the relationship between smoking and the incidence of lung cancer and other chest and heart conditions. During the past twenty years there has been a steady increase in deaths from lung cancer in the County from 42 in 1950 to 130 in 1970. Medical opinion is almost unanimous in accepting that cigarette smoking is a direct cause of the increased incidence of deaths due to this condition. This has been reflected in the relatively large proportion of the medical profession who have now discontinued the smoking habit.

The substantial amount of time and work which has been given to the organisation of the attachment of health visitors and district nursing sisters to general practices throughout the County is now bearing fruit. Many general practitioners who in the first instance were sceptical about the value of health visitors in their day to day practice have now accepted without reservation that these officers have a useful contribution to make. Certain practitioners are now asking for additional nursing help which, unfortunately, is not always readily available. Twenty nursing attendants are employed in various parts of the County to assist the district nursing sisters in the less skilled nursing duties required in the community.

A direct Family Planning Service has been provided by the Council since the beginning of April. All the clinics which had previously been arranged by the Family Planning Association were continued and new clinics were opened in Cottingham and Thorgumbald in health service clinic premises. All advice, examinations and treatment are provided free of charge to the patient, but a charge is made for prescriptions ordered by the doctor, except for purely medical reasons or in socially needy cases. A smooth change-over was facilitated by full consultation with all those concerned with the service, and as far as possible all voluntary workers who wished to continue helping in Family Planning clinics were employed. The total number of patients attending during the nine months in which the direct service has been provided shows a substantial increase over the previous year.

A new purpose built Health Centre was opened in Pocklington in October. This provides main surgery accommodation for the five general practitioners in the area, together with office accommodation for all the Local Health Authority staff, including the Divisional Health staff and Area Social Workers. Whether Health Centres will be the future answer to primary medical care in the community is still a controversial question, but there is little doubt that the facilities provided in this new Centre are appreciated by patients, medical, and nursing staff.

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 have the honour to be,
Your obedient servant,
Wm. FERGUSON,
County Medical Officer of Health.

County Hall,
Beverley.

PRINCIPAL OFFICERS 1970

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, Health Centre, 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.Obst.R.C.O.G., D.P.M. (resigned 13.11.70)

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.

R. Jones, M.B., B.Ch. (appointed 16.11.70)

PRINCIPAL DENTAL OFFICER

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

DENTAL OFFICERS

WHOLE-TIME:

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

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

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

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

G. Pearson, L.D.S.

A. Russell, B.D.S.

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

PART-TIME:

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

U. Coates, L.D.S.

R. I. Dunhill, L.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. (resigned
31.10.70)

M. Shilleto, S.R.N., S.C.M., H.V.Cert., Q.N.S. (appointed 1.11.70)

ASSISTANT NURSING OFFICER

M. Shilleto, S.R.N., S.C.M., H.V.Cert., Q.N.S. (up to 31.10.70)

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 (deceased 8.7.70)

T. W. Harker (appointed 1.9.70)

G. E. Howes (retired 24.7.70)

J. Liptrot

K. Powls

A. Sunderland

T. Szumowska (appointed 13.7.70)

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 for 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	
Driffield	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
Driffield	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 1970) ..	£8,702,695
Product of a penny rate	£35,294

POPULATION

Districts	Census 1961	Estimated	
		1969	1970
Administrative County	224,031	252,830	255,410
Urban Districts	114,086	128,050	128,560
Rural Districts	109,945	124,780	126,850

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
1970	13.1	15.3	14.2

*Average rate per 10 years period.

The birth rate for England and Wales in 1970 was 16.0.

There was 3,627 live births and 51 stillbirths registered making a total of 3,678, a decrease of 138 on the 1969 figures. Of these births 369 live births and 12 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,759 live births and 77 stillbirths, a total of 6,836. Of the total births, 3,524 live births and 39 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 51, compared with 50 in 1969. The stillbirth rate was 14.0 per 1,000 total births, compared with a rate of 13.0 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
1970	96	72	168

The illegitimate live birth rate was 0.66 per 1,000 of the population, compared with 0.85 in the previous year. The reduction in illegitimate births is a reversal of the trend over the last few years.

The number of illegitimate live births in the County was 5%. The rate for England and Wales was 8%.

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
1970	10.0	13.0	12.0

*Average rate per 10 year period

There were 43 deaths of children under the age of one year in 1970, 16 less than in 1969. The infant mortality rate was 12 per 1,000 live births. The rate for England and Wales for 1970 was 18.

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

Primary cause of Death	URBAN DISTRICTS			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
	Age at death			Age at death			Age at death		
	Under 4 weeks	4 weeks to one year	Total	Under 4 weeks	4 weeks to one year	Total	Under 4 weeks	4 weeks to one year	Total
Pneumonia	—	—	—	—	2	2	—	2	2
Respiratory diseases ..	—	1	1	—	—	—	—	1	1
Infectious diseases	—	1	1	—	—	—	—	1	1
Gastritis, Enteritis	—	—	—	—	2	2	—	2	2
Congenital									
Malformations	6	3	9	3	3	6	9	6	15
Other Causes	6	—	6	15	1	16	21	1	22
Totals	12	5	17	18	8	26	30	13	43

Of the 43 infant deaths 30 occurred in the neo-natal period, that is before the baby was four weeks old. In 24 cases death was associated with prematurity.

The number of perinatal deaths, i.e. within the first week after birth, and stillbirths was 76 compared with 90 in 1969.

The perinatal death-rate was 21 per 1,000 births. The rate for England and Wales was 23.



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

Age Group	Infectious Diseases (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	7.7	—	—	—	—	1	0.05	3	0.9	3	4.4	—	—	35	15.4	43	1.4
1—	—	—	—	—	—	—	—	—	2	0.6	2	2.9	—	—	4	1.8	8	0.3
5—	2	15.4	—	—	3	0.5	—	—	3	0.9	—	—	2	1.9	3	1.3	13	0.4
15—	—	—	—	—	3	0.5	2	0.1	8	2.2	1	1.4	22	20.7	7	3.1	43	1.4
25—	1	7.7	—	—	7	1.2	4	0.2	2	0.6	1	1.4	7	6.6	2	0.9	24	0.8
35—	1	7.7	1	10.0	21	3.5	16	0.8	7	1.9	—	—	4	3.8	6	2.6	56	1.8
45—	1	7.7	1	10.0	48	8.0	74	4.4	10	2.8	6	8.7	9	8.5	5	2.2	154	5.0
55—	4	30.7	3	30.0	147	24.4	185	11.1	26	7.3	6	8.7	15	14.2	30	13.1	416	13.6
65—	2	15.4	—	—	197	32.7	441	26.4	89	25.1	22	31.9	12	11.3	41	18.0	804	26.4
75—	1	7.7	5	50.0	176	29.2	946	56.95	205	57.7	28	40.6	35	33.0	95	41.6	1,492	48.9
Totals	13	—	10	—	602	—	1,669	—	355	—	69	—	106	—	228	—	3,053	—

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births

Number	3,627
Rate per 1,000 of population (adjusted)	14·9

Illegitimate Live births (per cent of total births) 4·6

Stillbirths

Number	51
Rate per 1,000 total live and stillbirths	14·0

Total Live and Stillbirths..... 3,678

Infant Deaths (deaths under one year) 43

Infant Mortality Rates

Total infant deaths per 1,000 total live births	11·9
Legitimate infant deaths per 1,000 legitimate live births	10·9

Illegitimate infant deaths per 1,000 illegitimate live births 29·8

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) 8·3

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) 6·9

Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and still births) 20·7

Maternal Mortality (including abortion)

Number of deaths	0
Rate per 1,000 total live and stillbirths	0

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
1970	13.5	10.4	12.0

*Average rate per 10 year period

There were 3,053 deaths registered for the County in 1969, a decrease of 246 on the figure for the previous year. The adjusted death rate for the County was 10.7 compared with a rate of 11.7 for England and Wales.

Of the total deaths, 75.2% occurred in people aged 65 and over and 48.7% in people aged over 75.

The principal causes of death were heart disease (1,087) cancer (591) and vascular lesions of the nervous system (607). These three causes accounted for 74.5% of the deaths, compared with 74.2% in 1969.

The following table shows the figures for the various causes of death for the year 1970.

Cause of Death	No. of deaths		
	Male	Female	Total
Tuberculosis, respiratory	6	1	7
Tuberculosis, other forms	2	1	3
Meningococcal infection	—	1	1
Measles	1	—	1
Other infective diseases	7	5	12
Cancer of stomach	72	78	150
Cancer of lungs, bronchus	111	19	130
Cancer of breast	—	65	65
Cancer of uterus	—	20	20
Cancer, other forms	127	99	226
Leukaemia, aleukaemia	3	8	11
Diabetes	8	17	25
Diseases of nervous system	13	12	25
Rheumatic heart disease	10	16	26
Ischaemic heart disease	522	395	917
Hypertension with heart disease	11	14	25
Other heart diseases	60	59	119
Other circulatory disease	82	82	164
Cerebral Vascular disease	173	245	418
Anaemia and blood disorders	4	5	9
Influenza	13	19	32
Pneumonia	82	106	188
Bronchitis and emphysema	78	33	111
Asthma	2	4	6
Other diseases of respiratory system	8	10	18
Ulcer of stomach and duodenum	9	7	16
Intestinal obstruction and hernia	7	4	11
Gastritis, enteritis and diarrhoea	4	—	4
Nephritis and nephrosis	7	4	11
Cirrhosis of liver	4	6	10
Hyperplasia of prostate	7	—	7
Other diseases of digestive system	15	23	38
Genito-urinary system	10	18	28
Congenital malformations	11	8	19
Mental disorders	2	4	6
Multiple Sclerosis	3	1	4
Other diseases	36	48	84
Motor vehicle accidents	27	10	37
All other accidents	17	33	50
Suicide	13	6	19
Total	1,567	1,486	3,053

Section 2. — Local Health and other Services

THE CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE

Ante-natal care continues to be provided by hospitals, family doctors and domiciliary midwives as may be appropriate. All expectant mothers can attend ante-natal and mothercraft instruction classes, these classes include the teaching of relaxation, in various parts of the County. New classes were opened at North Ferriby, Withernsea, Gilberdyke and Stamford Bridge.

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

Clinic	No. of sessions	No. of new attenders	No. of women attending	No. of attendances
Anlaby.....	49	58	65	384
Barlby.....	11	7	7	57
Beverley.....	110	135	152	952
Brough.....	47	82	84	511
Bridlington.....	77	100	109	590
Cottingham.....	48	57	68	422
Driffield.....	40	21	24	162
Gilberdyke.....	7	5	5	18
Hessle.....	52	52	63	430
Hornsea.....	48	32	38	187
Howden.....	6	1	8	31
Leven.....	45	33	45	270
Market Weighton....	5	11	11	24
North Ferriby.....	40	36	36	191
Norton.....	16	13	15	73
Thorngumbald.....	48	43	55	292
Stamford Bridge.....	10	6	6	31
Withernsea.....	36	21	24	90
Totals....	695	713	815	4,715

POST-NATAL CARE

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

CONGENITAL MALFORMATIONS

Information about babies showing evidence of malformations at birth is obtained from the reverse side of the birth notification card. The information is entered by the midwife and is usually sufficient to provide the necessary details for completing the statistical returns to the Registrar General.

Seventy six abnormalities were reported affecting 67 infants. Of these infants eight were stillborn and eight are known to have died.

MATERNAL MORTALITY

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

"AT RISK" REGISTER

An "at risk" register has been kept in each Divisional Office since 1963 on which is recorded the names of all children whom it is thought may develop some abnormality in later life. Information is received by the completion of a questionnaire in respect of each child born in the County.

During 1970, 763 children were added to the "at risk" register and 597 were removed. At the end of the year there were 1,819 children in the County scheduled "at risk".

SCREENING FOR PHENYLKETONURIA

Screening for phenylketonuria continues to be carried out and the Guthrie blood test is now used exclusively for this purpose. For babies born in hospital this test is carried out by the hospital staff on or before the sixth day of life. For babies discharged from hospital before the sixth day and for domiciliary births, this test is carried out by the district nursing staff.

DENTAL TREATMENT

Health visitors and midwives continue to emphasise the importance of dental care for both mothers and their children. The dental hygienist visited ante-natal instruction and mothercraft classes to give advice and demonstrations on oral hygiene.

Details of dental treatment for mothers and young children carried out 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.....	7	7	4	22	4
Children under 5.....	744	229	225	236	227

Type of Dental Treatment provided:—

	Expectant and Nursing Mothers	Children under five
Extractions.....	7	141
General Anaesthetics.....	3	51
Fillings.....	21	512
Scalings.....	1	41
Other conservatory treatment.....	—	47
Radiographs.....	—	1
Dentures provided:		
Full upper or lower.....	1	—
Partial upper or lower.....	2	—
Crowns or Inlays.....	—	—

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 191 cases of whom 131 were new applicants (11 of these were girls under 18 years of age).

The County Council accepted responsibility for the admission of 8 mothers to Mother and Baby hostels.

One hundred and sixty of the 191 cases seen by the social worker have been completed, with the following results:—

Mothers returned home with child	96
Babies placed for adoption	32
Babies placed in nursery or foster home	5
Babies died or stillborn	4
Mothers left the area before birth of baby	10
Taken into care by voluntary societies	3
Mothers married putative father after birth of baby	10

Towards the end of 1970 comment was made by several adoption societies that there had been a marked fall in the number of babies placed with their associations for adoption. It is interesting to note that the number of babies of unmarried mothers in the East Riding who were placed for adoption fell from 62 in 1969 to 32 in 1970.

With the introduction of the new Social Services Department, responsibility for the care of the unmarried mother and her child ceased to be the responsibility of the Health Department on the 31st December, 1970.

CHILD HEALTH CENTRES

The table on page 16 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 45 centres were operating in County Council clinics or hired premises and an average of 127 clinics were held each month.

It is interesting to note that the number of children born in the current year who attended child health centres increased from 2,574 in 1969 to 3,000 in 1970 and the total number of children attending increased by 824 to a total of 8,970. The total attendances made by these children was 56,084.

ANNUAL CHILD HEALTH CENTRE FIGURES—1970

Name of Centre	No. of Sessions held	Frequency of sessions	No. of children who attended and who were born in			No. of attendances	
			1968	1967	1964-66	Total	Average
Ldbrough	13	Every 4 weeks	12	22	48	423	33
nlaby	104	Twice weekly	112	138	347	2,961	28
arlby	26	Fortnightly	41	15	8	525	20
everley, Coltman Ave.	147	3 x weekly	240	163	244	5,644	38
everley, School clinic	53	Weekly	64	82	81	1,526	28
everley, G.P.	52	Weekly	123	101	92	2,115	40
ilton	25	Fortnightly	43	17	51	1,035	42
randesburton	14	Every 4 weeks	6	8	7	188	12
ridlington	99	Twice weekly	233	163	137	2,674	27
rough	52	Weekly	104	102	25	2,220	43
abwith	14	Every 4 weeks	13	14	10	244	17
ottingham	105	Twice weekly	200	190	464	4,643	44
riffield	52	Weekly	189	69	24	1,373	25
riffield R.A.F.	25	Fortnightly	20	31	14	418	17
unnington	13	Every 4 weeks	46	32	24	381	29
lvington	13	Every 4 weeks	42	21	21	285	22
iley	26	Fortnightly	48	39	33	821	31
lamborough	26	Fortnightly	22	13	26	392	16
lixton	12	Every 4 weeks	5	2	6	55	5
edon	24	Fortnightly	5	17	29	161	7
emingbrough	13	Every 4 weeks	12	16	13	320	25
essle	100	Twice weekly	170	169	334	4,539	45
olme on Spalding							
Moor	26	Fortnightly	33	13	19	511	19
ornsea	47	Weekly	88	119	111	2,854	61
owden	12	Every 4 weeks	18	13	8	220	19
unmanby	26	Fortnightly	14	15	19	318	12
eyingham	26	Fortnightly	34	42	39	870	33
econfield	24	Fortnightly	32	22	18	435	18
even	12	Every 4 weeks	30	32	26	496	41
ittle Weighton	13	Every 4 weeks	11	6	5	141	11
orth Cave	27	Fortnightly	19	16	20	397	15
orth Ferriby	25	Fortnightly	34	43	32	817	32
orton	25	Fortnightly	46	53	17	791	31
illington	13	Every 4 weeks	9	15	20	193	15
oos*	12	Every 4 weeks	4	4	4	85	7
erburn	13	Every 4 weeks	13	7	13	199	15
kidby	13	Every 4 weeks	5	9	29	175	13
outh Cave†	9	Every 4 weeks	18	2	2	240	27
tamford Bridge	13	Every 4 weeks	36	19	24	372	28
wanland	13	Every 4 weeks	15	15	24	292	22
horngumbald	53	Weekly	87	84	114	2,226	42
/alkington	23	Every 4 weeks	13	19	3	173	8
/awne	26	Fortnightly	29	25	32	641	24
/elton	12	Every 4 weeks	3	2	3	56	5
/illerby	52	Weekly	125	159	279	2,841	55
/ithersea	105	Twice weekly	84	81	130	1,971	19
/oodmansey	12	Every 4 weeks	3	6	5	88	7
obile Clinic	401		447	388	303	5,739	14
	2,054		3,000	2,633	3,337	56,084	50

Roos clinic held in G.P. premises from October.

South Cave commenced May, 1970.

PREMATURE INFANTS

Infants weighing $5\frac{1}{2}$ lbs. or less at birth are presumed to be premature, and on this basis 201 premature live births and 29 premature stillbirths were recorded in the County area. Of these 195 live births and all stillbirths occurred in hospital, and 4 live births to mothers at home. Of the premature infants born alive 14 died within the first twenty-four hours, 9 died during the first seven days, and 1 died between seven and twenty-eight days.

The percentage of all births regarded as premature was 5.5% compared with 5.7% in 1969.

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.

DAY CARE OF YOUNG CHILDREN

Towards the end of 1968 a circular was issued to Local Authorities about the provision of day care facilities for young children under 5. This may arise from one or more of a variety of circumstances in which a child or family need help. The circular stated that priority would normally be given to children with only one parent but there would be others who needed day care on either a full-time or part-time basis. These children would include:—

Those who need temporary care on account of the mother's illness.

Those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need.

Those for whom day care might prevent the breakdown of the mother or the breakup of the family.

Those whose home conditions constitute a hazard to their health and welfare.

Those whose health and welfare may be seriously affected by a lack of opportunity for playing with other children.

The Minister asked for a survey to be carried out on all cases who might come within this category and for a report on the proposals for dealing with them to be submitted to him by the 30th June, 1969.

This Authority proposed that children in need of day care facilities as outlined above should be placed with nurseries or child-minders registered under the Nurseries and Child-Minders Regulation Act, as amended, and that the parent or parents should be assessed as to their ability to make a contribution towards the provision of this service. The scheme submitted to the Department was finally approved on the 9th January, 1970, and at the end of the year 5 children who had been placed by the Authority were in the care of child-minders.

DISTRIBUTION OF WELFARE FOODS

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

I should again like to thank the Women's Royal Voluntary Service for dealing with the distribution of foods in various parts of the County including the Haltemprice area. Distributors in the villages have continued to assist where required.

FAMILY PLANNING SERVICE

Following the passing of the Family Planning Act, 1967, the County Council made arrangements with the Family Planning Association to act as their agents in providing a family planning service. These arrangements commenced in October, 1968, when it was agreed that a fixed annual sum would be paid by the Council to the Family Planning Association for this service. However, when this agreement came up for renewal in October, 1969, the Family Planning Association wished to charge a per capita fee for each patient seen at one of their clinics. As this would have substantially increased the overall cost of this service the County Council decided to provide a direct service as from the 1st April, 1970, which replaced the agency arrangements provided by the Association.

Before the direct service was introduced a number of consultatory meetings with all the medical and nursing staff running family planning clinics was held in order to determine the minimum equipment which would be required and the types of records, forms and instruction leaflets which should be printed, as this was considered to be a key factor in the success of any scheme. A smooth changeover was facilitated by the care taken in planning documentation and detailed arrangements.

Prior to deciding to provide a direct service it was obviously a prerequisite to determine the availability of appropriately trained medical staff in sufficient numbers to ensure continuity of clinics, particularly during holidays and periods of sickness. The medical staff have complete clinical freedom in deciding which patients they shall see and advise at clinics, and are responsible for local arrangements within each clinic. In addition to the doctor in charge of the clinic a minimum of one trained nurse, one clerk, and one or two voluntary helpers is required. However, experience has shown that in running an I.U.D. clinic it is essential to have at least two trained nurses at each session.

All the clinics which had been held by the Association were continued and, in addition, new clinics were opened at Cottingham, and Thorngumbald in health service clinic premises.

Since the direct service began there has been an increased attendance at I.U.D. clinics where regular sessions for this purpose are held at Beverley, Bridlington and occasionally at Driffield. The indications are that additional I.U.D. clinics will be required in other areas during the next twelve months.

In order to avoid duplication of cervical smears an arrangement was made whereby the results of any smears taken during the course of a family planning examination are included in the patient's ordinary cytology record for subsequent recall in five years.

The following table shows the number of sessions held and the attendances made at various clinics:—

	No. of sessions held	No. of new attenders	Total No. of attendances
Anlaby	37	122	565
Beverley	82	244	1,340
Bridlington	21	83	381
Cottingham	39	120	272
Driffeld	10	33	202
Fulford	10	26	254
Hornsea	21	61	150
Pocklington	8	32	206
Thorngumbald	9	42	117
Totals	237	763	3,487

HEALTH VISITING

The health visiting staff consisted of 41 whole-time health visitors, school nurses, four of whom also undertook district nursing and midwifery as part of their duties. In addition three health visitors were employed on a part-time basis.

Four whole-time and two part-time staff were appointed during 1970, two of whom have recently completed training sponsored by the Authority. Difficulty has been experienced in appointing health visitors and there were two vacancies at the end of the year, one of which remained unfilled throughout the year. To help overcome this problem two additional part-time school nurses were appointed. This allowed certain health visitors to relinquish part of their routine school work and spend a higher proportion of their time on health visiting.

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

Visits to expectant mothers:—	
First visits	700
Subsequent visits	306
Visits to infants born in 1970:—	
First visits	3,587
Subsequent visits	14,246
Visits to children born in 1969	12,528
Visits to children born in 1965 to 1968	22,224
Visits to tuberculosis cases	134
Visits to mentally disordered	378
Visits to aged persons	12,811
Visits for care and after care	570
Visits for infectious disease	340

With the continuing dearth of Health Visitors it will be increasingly necessary to use trained nurses to take over some of the health visiting duties such as in the school nursing field, which do not require her special skill. This change will be a gradual one but it has been noticeable that in recent years more health visitors who in the past were reluctant to lose their school work, are now asking for help in this direction, and the appointment of more part-time school nurses to work in close liaison with the health visitors will undoubtedly be a future development. The health visitors will still be primarily responsible for school nursing in her area but the part-time school nurse can take over many of her routine duties.

ATTACHMENT TO GENERAL PRACTICE

A questionnaire was completed by all the health visiting staff in order to assess their views and reactions to the attachment schemes which have now been operating throughout the County since 1963. While the results of this survey are still being analysed, it is obvious that to attain the ideal, more staff will be required in certain areas.

Some health visitors employed in association with general practitioners are having difficulty in finding time to carry out all their essential work, but throughout the nursing service there is undoubted enthusiasm for working with group practices. In a number of areas it has been necessary to appoint part-time health visiting staff. In most cases these are married women, and this arrangement has proved entirely satisfactory and has given valuable help to the service as a whole. Experience has undoubtedly shown that a visit by a senior medical officer, together with the Chief Nursing Officer in order to discuss the working of attachment to a group practice pays dividends, and is an essential basis for a successful working arrangement.

When the suggested new management structure for the nursing service has been implemented, it will be easier to arrange frequent meetings of health visitors and district nursing sisters in order to ensure that their work is co-ordinated with the local general practitioners.

The substantial amount of time and work which has been put into the organisation of group attachments throughout this County is now bearing fruit, and there is no doubt that the general practitioners and nursing staff who are now working together in a harmonious and close relationship are finding this a very satisfactory arrangement. Many general practitioners who in the first instance were sceptical about the value of health visitors in their practice have now accepted this without reservation and are now asking for additional help in this sphere which unfortunately is not always readily available.

In addition, the health visiting and nursing staff have found a new stimulus in their every day work, and health visitors are no longer worried about the implications of the Social Services Act on their career prospects.

DOMICILIARY NURSING AND MIDWIFERY SERVICES

The Health Committee considered Circular 13/70 from the Department of Health and Social Security about the future management structure of local authority nursing services. This Circular stresses that in view of the anticipated increase in the demands on the community nursing service, a sound management structure is essential to ensure better patient care. It is emphasised that a comparable management structure should exist in both the community nursing service and the hospital service and it was suggested that the Salmon Report on the grading structure of the hospital nursing staff would provide such a basis. The Council accepted the principles laid down in this report and it is anticipated that the future management structure of the East Riding Nursing Service will consist of one Chief Nursing Officer and three Area Nursing Officers.

DOMICILIARY NURSING

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	34
Nurse/Midwives who also undertake health visiting	4
Midwives	1
Nurses	23

Total: 62

Part-time staff

Nurses	3
Nursing attendants	20

Total: 85

At the end of the year one vacancy existed for a district nurse/midwife.

Six midwives and five district nurses attended postgraduate refresher courses.

It is interesting to note that although the total number of patients nursed during 1970 was 160 less than the previous year, there has been an increase of 18,337 in the total number of visits to patients and the number of visits to patients of 65 years or more has increased by 18,214. In addition there has been an increase of 12,410 in the number of visits made to patients receiving 25 visits or more in the one year. This picture gives some indication of the increasing amount of domiciliary nursing work which is being carried out amongst elderly patients in their homes. It would appear also that because of the availability of the nursing attendant service, district nursing sisters now have time to visit elderly people more frequently. There is no doubt that general practitioners are now asking for more of their elderly patients to be nursed and visited at home, and without the help of the ancillary staff it would not have been possible for the nursing service to undertake this overall increase in their work.

Nursing sisters are authorised to supply patients with incontinence pads which are used as a nursing aid. A total of 59,000 pads was issued last year. The manufacture of these pads continues to be undertaken by the Adult Training Centre and this has proved to be very satisfactory.

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

	1970
Total number of patients visited	4,743
Number of patients over 65 years of age	3,089
Percentage of patients over 65 years of age	65%
Number of visits made:—	
Nursing sisters	150,916
Nursing attendants	21,382
Number of visits made to patients over 65 years of age	
Nursing sisters	110,777
Nursing attendants	20,418

LIAISON WITH HOSPITALS

Following talks given by the Chief Nursing Officer to the sisters in one of the local hospitals on Community Care, arrangements have been made with the Matron for senior nursing staff to gain experience on the district. Up to the end of the year eight sisters from the general wards and fifteen from the midwifery department have spent at least one day in the community in order to provide them with some insight into the administrative requirements of a domiciliary nursing and midwifery service. Their programme consisted of a morning with a district nursing sister and an afternoon with a health visitor. Although this is a relatively small beginning, it would appear from letters received from the hospital staff that they have found this limited experience of some benefit, and I can only hope that this will lead to an improved liaison between the hospital and Local Authority nursing staff.

NURSING ATTENDANTS

Twenty nursing attendants are now employed on a part-time basis in various areas of the County and the district nursing sisters have found this service especially beneficial to their patients. It would now seem almost impossible to continue the nursing service without the help of these attendants, who are engaged on non-specialised nursing duties. In-service training courses have again been arranged for all nursing attendants by the Chief Nursing Officer.

COUNTY MIDWIFERY SERVICE

There has been a further decrease in the number of domiciliary confinements and 28 midwives in the County have had less than six deliveries during the year. The histogram on page 24 illustrates the continued decline in domiciliary confinements compared with the increases in 48 hour discharges and hospital confinements.

Arrangements have already been made with two of the smaller maternity units in the County for midwives employed by the local authority to help in these units from time to time. It would appear that it will become increasingly necessary for domiciliary midwives to be seconded to work in hospital in order to maintain their competency as midwives. As practically all midwives in the County are also district nursing sisters, there may be some difficulty in making such arrangements because of the general increase in domiciliary nursing work. Until such time as the midwifery service is reorganised it will be necessary to retain a number of midwives, particularly in the relatively large rural areas, in order to provide for any domiciliary confinements. In addition all early hospital discharges have to be visited by a practising midwife.

The Chief Nursing Officer has an arrangement whereby all early hospital 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. This enables them to ensure that the home conditions are satisfactory and in any case where this is not so, the patient is recommended for a longer lying-in period in hospital.

No. of domiciliary confinements attended	188
No. of cases attended on discharge from	
hospital—48 hour discharges	628
between 48 hours and 10 days	1,270
No. of visits—	
Domiciliary confinements—ante-natal..	2,332
post-natal..	2,676
Hospital confinements —ante-natal..	945
post-natal..	11,775

The percentage of domiciliary live and still-births in the County was 5.2% compared with 6.6% in 1969. The number of births in the various County districts can be seen from the following table:—

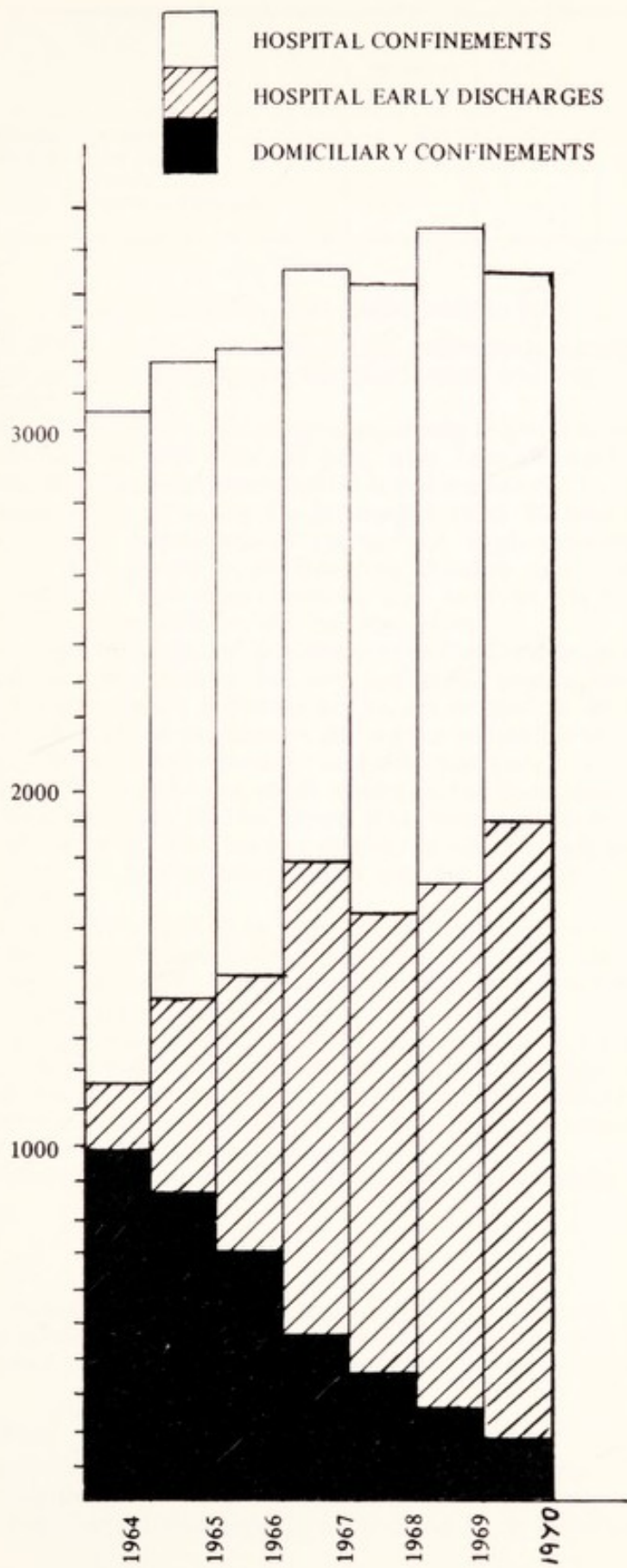
District	Registered Total Births (Live and Still)	Domiciliary Births as Notified (Live and Still)
Beverley M.B.	287	7
Bridlington M.B.	308	1
Driffield U.D.	107	1
Filey U.D.	53	2
Haltemprice U.D.	631	37
Hedon M.B.	42	1
Hornsea U.D.	100	10
Norton U.D.	79	2
Withernsea U.D.	74	—
Aggregate of U.D.s	1681	61
Beverley R.D.	491	24
Bridlington R.D.	104	1
Derwent R.D.	276	25
Driffield R.D.	149	2
Holderness R.D.	390	16
Howden R.D.	205	38
Norton R.D.	81	4
Pocklington R.D.	250	17
Aggregate of R.D.s	1946	127
Total County	3627	188

Packs containing sterilised maternity outfits are available free of charge for every domiciliary confinement.

According to the records received 98 domiciliary births were attended by midwives, no doctor being present. This represents 52% of all domiciliary births in the County.

A total of 207 midwives notified their intention to practise in the East Riding during 1970. At the end of the year there were 176 midwives in practice, 51 of whom were employed in the County Service and 125 were employed in hospitals.

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





	Hospital Midwives	County Midwives	Total
Sending for medical help.....	4	21	25
Notification of infant death.....	9	—	9
Notification of stillbirth.....	23	—	23
Liability to be a source of infection.....	—	—	—

VACCINATION AND IMMUNISATION

In last year's report I mentioned that preliminary arrangements had been made to computerise the vaccination and immunisation programme.

Work on this scheme has progressed satisfactorily. The births of all babies born on and after 1st July, have been recorded on the computer, and these children received appointments for vaccination and immunisation from the 1st November 1970. In addition the vaccination and immunisation records of approximately eight thousand of the children in the Buckrose Division were transferred to the computer and these children also received appointments made by the computer from the 1st November.

Only a few of the general practitioners in the County have opted out of the computer scheme. The vaccination and immunisation procedures for all patients, including adults, are notified to the County Council on one of the vaccination and immunisation forms used for children. The computer records these and produces a list of fees due to general practitioners which is sent to the Executive Council for payment purposes. By this means it has been possible to obviate the use of forms EC 73. This has resulted in considerable saving in clerical work for general practitioners and the Executive Council's clerical staff.

At this stage it is difficult to forecast how long it will be before the vaccination and immunisation records of all children in the County have been transferred to the computer but it is anticipated that this will take approximately two years.

As a result of the introduction of the computer scheme it is already evident that a higher vaccination rate against smallpox will be obtained, but it is yet too early to say what the effect will be on the other immunisation rates for the County as these are already substantially above the national average.

The following tables give the details of the work carried out in 1970:—

SMALLPOX

Two thousand, three hundred and forty-five vaccinations and 673 re-vaccinations were carried out and by the end of the year 40% of the children born in 1968 had been protected against smallpox.

DIPHTHERIA

Three thousand, seven hundred and sixty-one children received a primary course of vaccination against diphtheria and 4,114 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Diphtheria	—	31
Combined Diphtheria/Tetanus	80	3,177
Combined Diphtheria/Whooping Cough/ Tetanus	3,679	906
Combined Diphtheria/Pertussis	2	—
Total	3,761	4,114

At the end of 1970 89% of the children born in 1969 had been immunised against Diphtheria.

WHOOPIING COUGH

Three thousand, six hundred and eight-one children received primary courses of anti-whooping cough injections and 920 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Whooping cough	—	14
Combined Diphtheria/whooping cough....	2	—
Combined Diph/whooping cough/tetanus..	3,679	906
Totals	3,681	920

Protection against whooping cough is most important in the first two years of life and 89% of the children born in 1969 have been protected against this disease.

TETANUS

Three thousand, nine hundred and thirty-five children received a primary course of tetanus injections and 5,167 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Tetanus	176	1,084
Combined Diphtheria/Tetanus	80	3,177
Combined Diph/Whooping cough/tetanus	3,679	906
Totals	3,935	5,167

Of the children born in 1969 records show that 89% have received protection against tetanus.

POLIOMYELITIS

Four thousand and fifty eight children received a primary course of protection and 4,372 children received reinforcing doses.

	Primary	Booster
Salk vaccine	16	9
Sabin oral vaccine.....	4,042	4,363
Totals	4,058	4,372

These figures indicate that 90% of the children born in 1969 had been protected against this disease by the end of 1970.

MEASLES

The supply of measles vaccine continued uninterrupted during 1970, although the supply of vaccine was still controlled by the Department of Health and Social Security. As a result an out-break

of measles during the summer months and the announcements made by the Minister about protection against this disease there was a considerable upsurge in the demand for vaccination and by the end of the year there had been an increase of 36% in the number of vaccinations given during 1970 compared with the previous year.

The following figures show the number of children, divided into years of birth, who have been vaccinated.

1970	12
1969	845
1968	782
1967	317
1966	521
Others under 16	60
Total	<u>2,537</u>

RUBELLA

On the 29th July, 1970, circular 11/70 was issued by the Department of Health and Social Security, stating that the Joint Committee on Vaccination and Immunisation had recommended that vaccination against rubella should be offered to all girls between their eleventh and fourteenth birthdays.

The Minister asked all local authorities to make such arrangements as were necessary for a scheme of vaccination to be introduced as soon as possible, but that in the initial stages priority should be given to girls in their fourteenth year in order to ensure that as many as possible are offered protection against rubella before reaching child bearing age because of the known association of certain abnormalities and rubella infection in pregnancy.

The supply of vaccine will be issued by the Department free of charge until the 31st March, 1971, whereupon local authorities will be responsible for the purchase of vaccine required by them.

By the end of the year 878, approximately half the total number of girls in the 14 year old age group had received protection and it is estimated that the final programme will be completed early in 1971.

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 2,495 out of a total of 2,904 eligible children requested participation in the scheme, and of these acceptors 2,119 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 1,828 were negative and, therefore, required vaccination, and 1,806 finally completed the process.

All children having a positive result to the test are offered special examinations, including chest x-ray. The adult members of their families are also offered x-ray examination in case there may be undetected cases of the disease amongst them.

AMBULANCE SERVICE

The following staff was employed in the Ambulance Service:—

Ambulance Officer	—	1
Assistant Ambulance Officers	—	2
Sub-Control Staff	—	4
Station Officers	—	11
Driver Attendants	—	71

The Council's fleet of vehicles consists of 27 ambulances, 22 dual purpose vehicles and one emergency incident vehicle.

Within the scope of the present premises many improvements have been made in the ambulance headquarters, including the installation of a new telephone switchboard and message recording apparatus for emergency calls.

The following table gives details of the work carried out by the service.

Types of case	1969	1970
1. Accident.....	3,020	3,391
2. Acute illness.....	2,995	3,284
3. General illness.....	5,122	4,751
4. Maternity.....	998	902
5. Tuberculosis.....	5	—
6. Infectious disease.....	59	51
7. Mental illness.....	216	293
Total (items 1-7).....	12,415	12,672
8. Inter-hospital transfers.....	2,797	2,839
9. Hospital discharges.....	4,521	4,350
10. Out-patient and clinic attendances.....	108,568	103,213
Total (items 8-10).....	115,886	110,402
11. Other cases.....	27,353	26,940
Grand Totals — Cases.....	155,653	150,014
Mileage.....	1,112,277	1,148,430
Average miles per patient.....	7	8

The number of patients carried and the mileage involved was as follows:—

	<i>Patients carried</i>	<i>Mileage</i>
Direct service.....	139,759	1,036,884
Hospital car service.....	2,333	42,191
Other authorities.....	7,916	68,055
Train.....	6	1,300
Totals.....	150,014	1,148,430

STAFF TRAINING AND EQUIPMENT

All new entrants to the service, after initial basic training, are sent on a six weeks' residential course to the West Riding or Cheshire training schools. Eight ambulancemen attended such courses in 1970. In addition all ambulance staff are given continuous refresher training by the training staff, and spend some time in the casualty

department of Hull Royal Infirmary receiving further instruction and training. A number of members of staff have taken an interest, on a voluntary basis, in courses connected with their work and have already passed some examinations.

Authority was given for two sets of entonox gas analgesia equipment to evaluate the benefit to patients travelling in ambulances. All the indications are that this has proved satisfactory from the patients' point of view and consultant surgeons at hospitals have commented on the favourable effect it has had in reducing shock in injured patients. It is intended to purchase several more sets of this equipment.

CADET SCHEME

The Council in 1969, as part of the general reorganisation put forward for the Ambulance Service, approved the introduction of a cadet scheme and an establishment of three cadets a year was agreed as from October, 1970. So far, however, no suitable applicants have been appointed. It is hoped that it will be possible to recruit cadets from areas in which retirements are imminent so that fully trained cadets will be available to replace retiring ambulancemen.

Training will be carefully programmed to include all aspects of ambulance work including control, administration and the work of a hospital casualty department. The training programme envisaged would be planned to fit a two to three year cycle and the cadets will be assessed from time to time during their training.

The advantages of such a training scheme will be a flow of ambulancemen of a relatively high calibre, trained in all aspects of modern ambulance work before becoming full members of the operational service. It is hoped that the scheme will also help to reduce the risk of a relatively untrained man having to deal with an emergency and would also lower the average age of the service.

LIAISON COMMITTEE

Following the publication of the McCarthy report on the Ambulance Service, a liaison committee representing all ranks of the ambulance service has been formed to discuss any matters affecting the running of the service. It is anticipated that this Committee, which will meet quarterly, will give the ambulanceman an insight into the problems connected with the running of the service, and at the same time enable those in charge to hear the ambulancemen's day to day problems. It is not intended that this Committee should consider matters properly dealt with by Trade Unions.

The usefulness of this Committee has already been proved in that a number of ideas and suggestions have been put forward and these have resulted in improvements in the day to day running of the service.

VOLUNTARY ACCIDENT AND EMERGENCY SERVICE

This service was set up in 1969 and has continued to develop during last year. At the beginning of 1970, the scheme consisted of the five general practitioners in the original pilot scheme operating four radio sets. By the end of the year the service included general practitioners, one consultant and the Deputy County Medical Officer of Health, 13 of whom had radio sets in their cars. It is envisaged that more doctors will be brought into the scheme next year.

During 1970, members of the scheme have attended:—

	114 road accidents
	26 other accidents
	36 medical emergencies
Total	176

On six occasions the general practitioner in question has accompanied the patient to hospital.

ACCIDENTS

The table below shows a steady increase in emergency calls made to all types of accidents. Home accidents have increased due partly to the number of cases of overdose, which have included several adolescents. The total number of accidents at work has shown little alteration, but the decrease in tractor mishaps has been offset by an increase in factory accidents. The increase in accidents classified as 'other' has been due to a rise in the number of holiday accidents, on the beaches, and during diving, riding, and other sports.

While there has been no significant increase in the number of road traffic accident cases, the number of road deaths reached the record level of 60 during the year. The overall increase in the number of casualties dealt with by the Ambulance Service is due in part to 1,458 additional road traffic casualties.

The new central control system has been in operation throughout 1970, and there is no doubt that this has improved the efficiency of the service, especially with regard to emergency work. This was well illustrated by two major accidents in the County, one of which involved a large container lorry which had run out of control down a hill and crashed into parked vehicles. Altogether 11 vehicles were involved in the accident and a photograph of the scene is reproduced on page 31. The accident was attended by two general practitioners taking part in the accident and emergency service; four ambulances and three sitting case vehicles.

Year	Number of Accident Calls					Total number of Casualties involved
	Road	Home	Work	Other	Total	
1964	922	603	157	453	2,135	2,450
1965	912	649	215	473	2,249	2,574
1966	921	716	180	505	2,322	2,680
1967	955	831	228	570	2,584	2,979
1968	962	826	202	538	2,528	2,907
1969	904	886	211	586	2,587	2,920
1970	1,010	929	189	643	2,771	3,378

DOMESTIC HELP SERVICE

The Domestic help service has continued to grow during 1970.

There has been an increase both in the number of households visited and the number of home helps employed. The total number of households provided with domestic help in 1970 was 1,945



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compared with 1,866 in 1969. Of the help provided 88 per cent was given to persons over 65 years of age and 1,711 cases came within this category. At the end of the year 273 part-time domestic helps were employed, an increase of 26 over the previous year.

The reasons for providing domestic help were as follows:—

Confinements.....	73
General illness.....	49
Mental disorder.....	7
Chronic illness and old age.....	1,816

An in-service training course was held in the High School at Hessle from the 5th to the 9th August and 24 home helps attended from the surrounding area.

CARE AND AFTER-CARE

MEDICAL LOAN SERVICE

The medical loan service was organised throughout the County by the British Red Cross Society acting as the County Council's agent. The Society also supplement the direct service which is provided in the Haltemprice, Filey and Withernsea areas. Red Cross Depots operated in the County and the total number of issues made was as follows:—

British Red Cross Society.....	1,317
Filey.....	46
Haltemprice.....	349
Withernsea.....	47

The medical loan service has been increased and additional equipment has been provided for patients including sheepskin pads which have been very successful in preventing bed sores. The number of people discharged from hospital to the care of the home nursing service continues to grow, and this has placed an increasing demand on the service particularly in the provision of commodes.

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. Most of the patients who receive treatment are elderly and their foot disabilities are associated with other types of illness.

In 1970, 538 new patients were referred for treatment. Taking into account the number of patients who died or were discharged the net increase on the chiropody register was 304. A total of 2,378 patients received treatment in 1970 of which only 234 (approximately 9 per cent) were under 65 years of age.

The following table shows the number and location of treatments given:—

In County Council clinics.....	1,553
In patient's homes.....	7,291
In old people's homes.....	169
In chiropodists' surgeries.....	496
	<hr/>
	9,509

As the number of patients requiring chiropody treatment continues to rise and the establishment of chiropodists was increased. Four whole-time and 4 part-time chiropodists are now employed.

A "Foot Comfort Service" for elderly people was provided through the Derby and Joan Clubs of the Women's Royal Voluntary Service. A total of 1,670 persons received treatment in 1970 from 66 W.R.V.S. centres.

CERVICAL CYTOLOGY

Clinics for cervical cytology are held in County Council premises in Anlaby, Cottingham, Beverley, Driffield and Bridlington and in the newly-opened Health Centre at Pocklington. Elsewhere in the County special sessions have been arranged where 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 this purpose. A total of 78 sessions were held at which 623 first attendances were made. Two cases were reported as positive. Seven hundred and twenty-eight women who underwent this test 5 years ago were recalled for routine re-testing.

Arrangements were also made for cervical cytology to be undertaken at family planning clinics where this was requested and a total of 510 such tests were carried out in these clinics.

PROBLEM FAMILIES

A Committee on problem families under the chairmanship of the respective Divisional Medical Officer was convened at regular intervals by the County Children's Officer who acts as secretary of the Co-ordinating Committee. The Committee 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

Two patients were discharged from the Renal Dialysis Unit in Hull, one in April and one in September. The homes of both these patients were adapted to accommodate the equipment required for home dialysis. It is anticipated that 3 to 4 patients will be discharged from the Unit each year.

VENEREAL DISEASE

Clinics for the 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:—

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Venereal Conditions</i>
Mill Street Clinic, Hull	2	33	165
County Hospital, York	—	4	28
St. Mary's Hospital, Scarborough	1	9	25

The total number of patients attending for treatment of these diseases was 267 compared with 226 in 1969.

There is a close liaison between the Local Authority and the Consultant Venereologist responsible for the treatment of venereal disease. In any case where difficulty arises in the tracing of contacts, the Local Authority will give whatever assistance is requested.

HEALTH EDUCATION

The medical and health visiting staff have given a number of talks covering a wide range of topics and incorporating films and film strips. Health visitors have attended various women's clubs and study groups giving talks and instruction on diet, the work of a health visitor, the Social Services and cancer education. Other organised groups which have been addressed on health education subjects include Girl Guides, Youth Clubs, Mothers' Clubs and Church Groups. Mothercraft and relaxation classes have been well attended throughout the year and are proving increasingly popular, especially in developing areas where there are large new housing estates.

One of the County chiropodists gave a series of films and talks to members of a Young Wives Group on the care of the feet with particular reference to children's and teenagers' feet.

Continuous use has been made of poster displays in relation to immunisation, dental care and smoking in all Child Health Centres. Similar posters have also been made available for display in general practitioners' surgeries when requested.

In the schools a considerable number of lectures on health education subjects was given to pupils in different age groups. The subjects discussed include personal hygiene, menstruation, health and first aid in connection with the Duke of Edinburgh Award Scheme.

Arrangements were made for a number of schools to be addressed on the dangers of drugs, the speaker being a senior member of the Yorkshire, North and East Ridings Police Drug Squad.

In addition to visits by members of the Health Department, a substantial amount of health education is undertaken in schools by the teaching staff, and all requests by teachers for literature and visual aids were complied with.

REGISTRATION OF NURSING HOMES

No private nursing homes are registered in the area. The powers and duties under the Public Health Act, 1936 have, however, been delegated to the Bridlington Corporation in respect of the Borough of Bridlington. One private nursing home is registered there offering 18 beds all of which are for medical cases.

NURSERIES AND CHILD-MINDERS

The total number of premises registered during 1970 increased by 20 and at the end of the year 66 premises were registered offering 1,581 places. Only 3 of these nurseries (68 places) provided full day care.

The number of child-minders increased by only one and 50 persons offering 299 places were registered at the end of the year. Of these 20 persons (85 places) offered full day care.

All persons and premises registered in the County have been visited regularly and continue to provide a good standard of child care. In no cases was it found necessary for any registration to be cancelled. Declaration of health forms are completed by each person engaged in looking after these children and where necessary an up-to-date x-ray examination of the chest is obtained.

FUTURE DEVELOPMENT OF HEALTH SERVICES

Following the Secretary of State's request for a detailed three year programme of capital projects, the County Council agreed the following programme for the years 1971-74, inclusive:—

Financial year	Project
1971/72	Bridlington—Health Centre including accommodation for Divisional Health Office staff. Cottingham—Extension to existing Clinic to provide a Health Centre.
1972/73	Southern part of County—Junior Training Centre (60 places). Southern part of County—Hostel for Junior Training Centre (20 places). Beverley—Home for Mentally Disturbed Elderly Persons (35 places).
1973/74	Hornsea—Health Service Clinic. Brough—Health Service Clinic. Hedon—Health Service Clinic. Willerby—Health Service Clinic.

The proposed Bridlington Health Centre was brought forward from 1972-73 to 1971-72 in view of the increased interest by the general practitioners.

However, it is unlikely that the extension to the Cottingham clinic will become a Health centre under Section 21 of the National Health Service Act as the local general practitioners who in the first instance were interested in having main surgery facilities in this clinic have now indicated that they do not require this facility. It is, therefore, likely that the clinic will be extended to provide branch surgery facilities for one practice, and to increase the accommodation required for the Local Authority services.

The Health Services Clinic for Willerby was put back from 1972-73 to 1973-74 to spread the capital projects equally over the three years of the programme, as suggested by the Department of Health and Social Security.

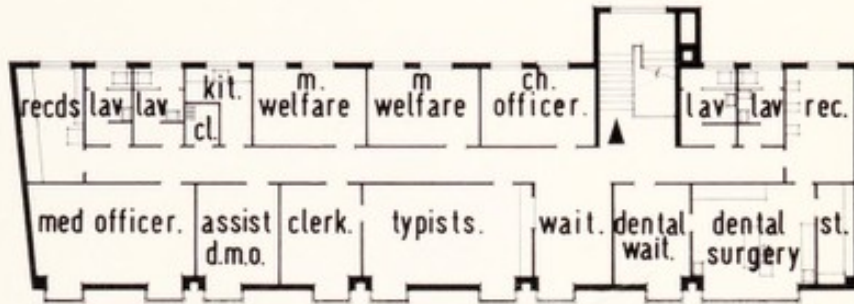
With the transfer of functions to the Social Services Committee from 1st January, 1971, the project for a Beverley Home for Mentally Disturbed Elderly will be undertaken by that Committee, whilst the proposed Junior Training Centre and Hostel will become the responsibility of the Education Committee which takes over responsibility for Junior Training Centres from 1st April, 1971.

POCKLINGTON HEALTH CENTRE

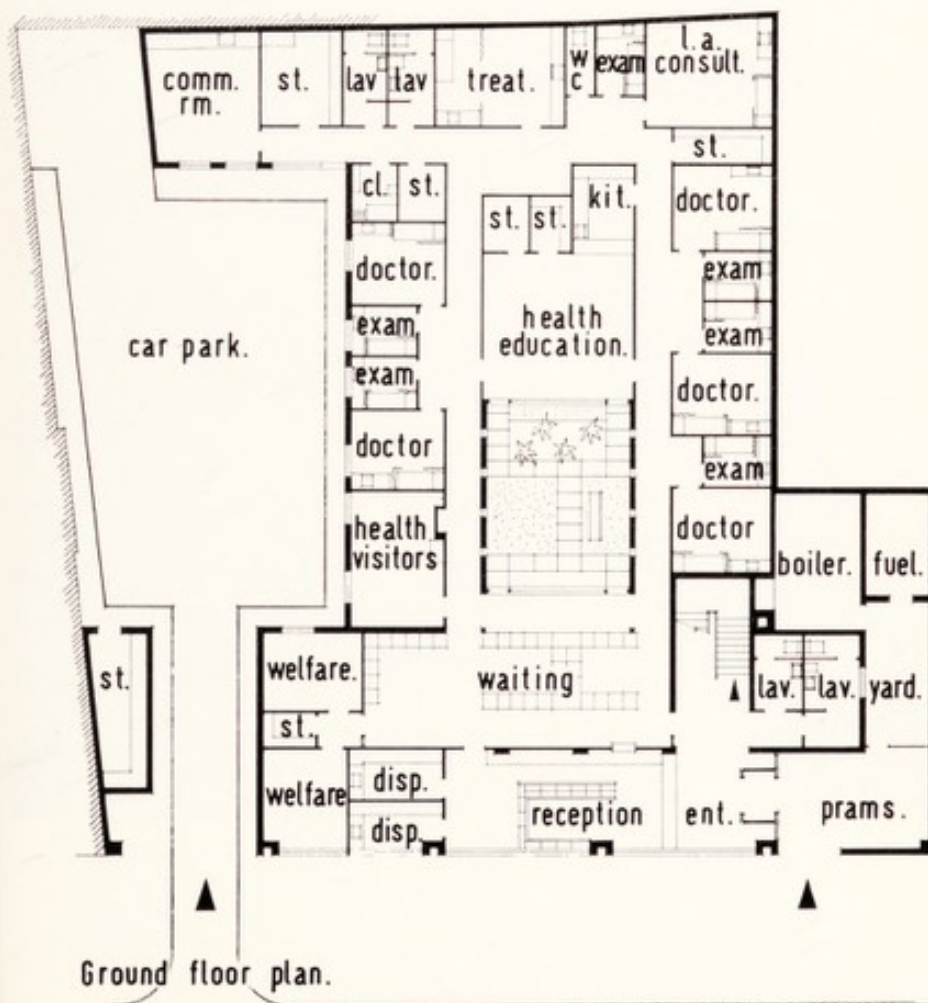
A new Health Centre was opened in George Street, Pocklington, during October. As the building is in the centre of the town, the exterior has been designed to blend with the surrounding properties.

There is accommodation for all the five general practitioners, with a consulting and examination room for each doctor, a dispensary, a treatment room and a comfortable waiting area.

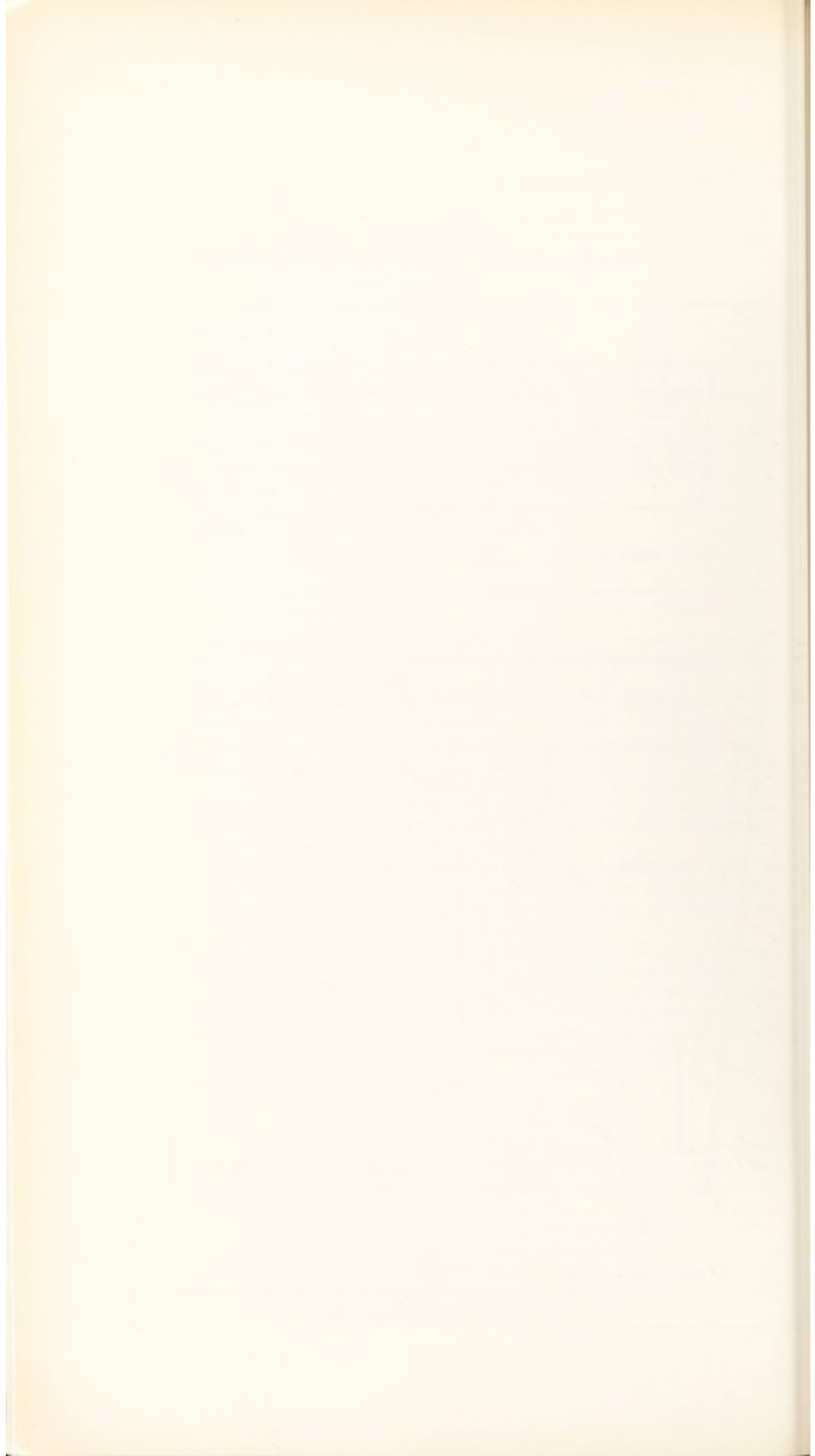
There are facilities for all the Local Health Authority Clinics, and in addition the family planning clinic has benefited from the transfer to these more suitable premises.



First floor plan.

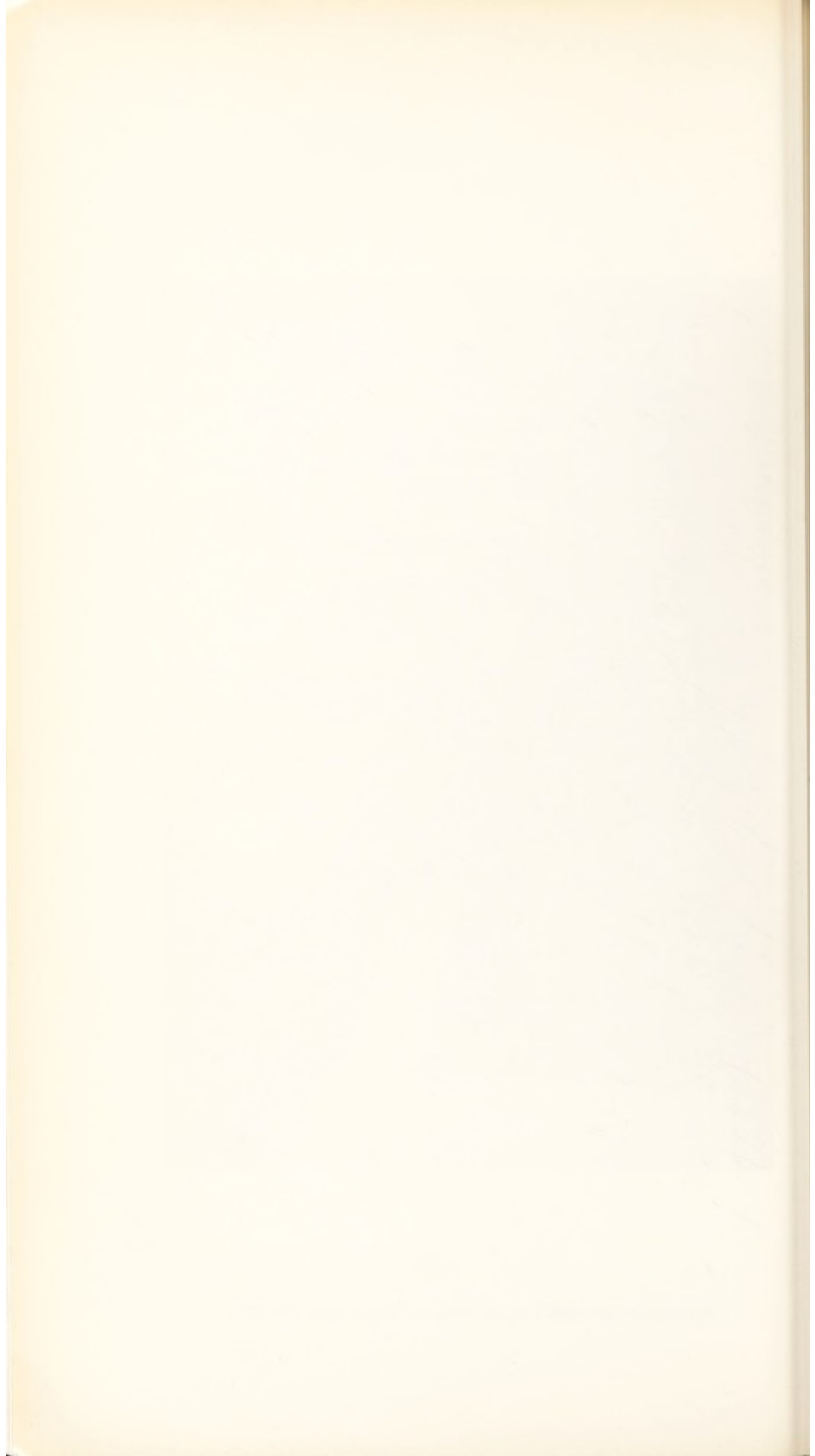


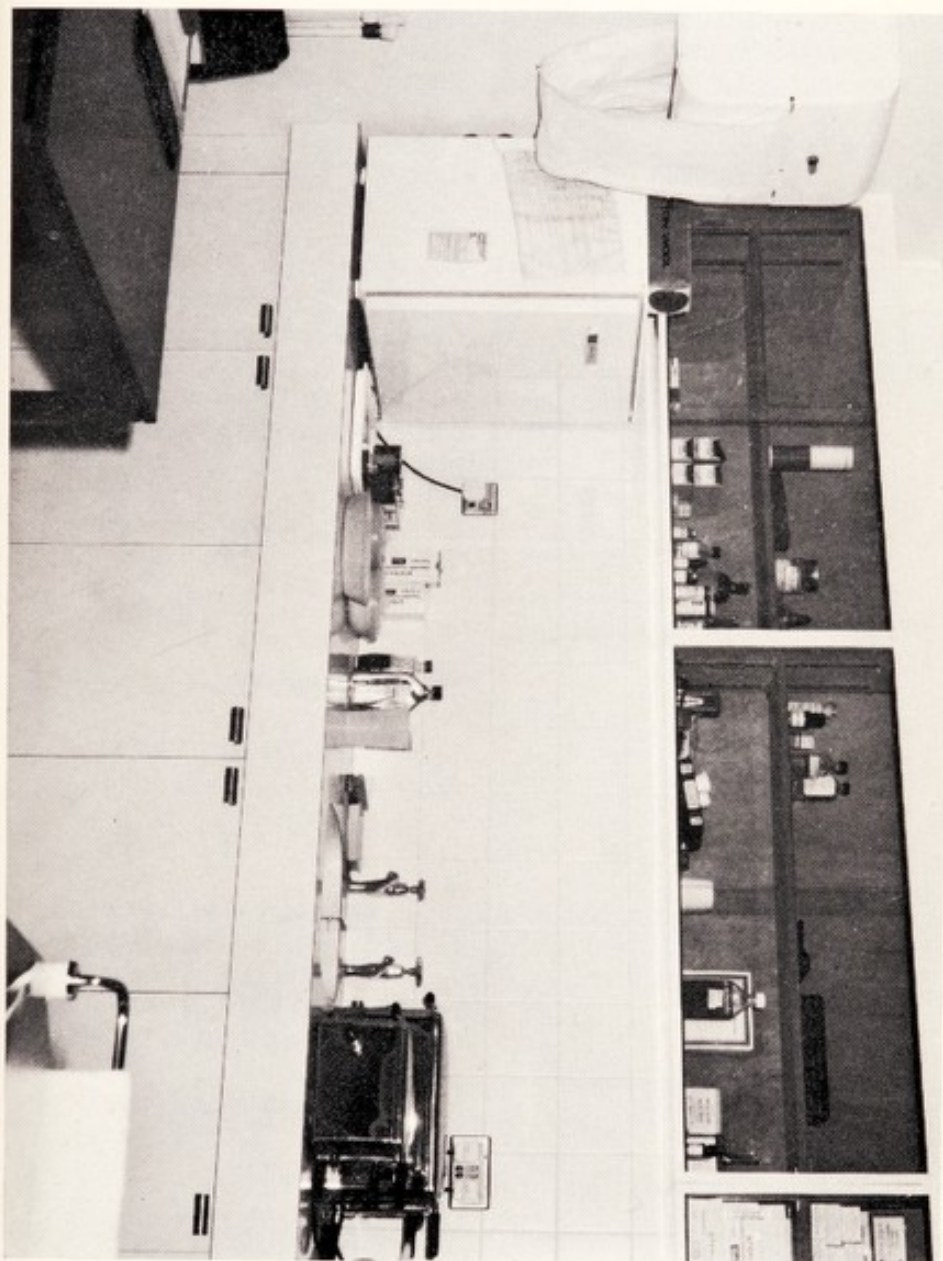
Ground floor plan.





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Photograph reproduced by permission of the Beverley Guardian.



The Divisional Health Office which previously occupied an overcrowded building has been transferred to the first floor, where there is also a dental surgery with provision for anaesthetic cases. In addition a private dentist utilises the dental suite on a sessional basis.

The Area Social Services Officer and staff, District Nurses, and Health Visitors who are attached to the general practices all work from this Centre. There is a Common Room where joint meetings can be held and a House Committee has been formed to take care of the day-to-day running of the Centre.

An outline plan of the centre is reproduced on page 36 and the photographs on pages 37 and 38 show the exterior of the building and the treatment room.

MENTAL HEALTH

MENTALLY SUBNORMAL

Eight hundred and fifty-one subnormal patients were receiving hospital treatment or community care at the end of 1970 and of these 361 were in hospital and 490 in the community. The mental welfare officers made 1,828 visits to these patients.

The age and sex of the patients were as follows:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 16 years.....	71	57	128
16 and over.....	196	166	362
	<hr/> 267	<hr/> 223	<hr/> 490

Thirty new cases were notified

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 16 years.....	9	8	17
16 and over.....	7	6	13
	<hr/> 16	<hr/> 14	<hr/> 30

Eight children and three adults were admitted to hospital on a long stay basis and four were admitted for periods of short term care. Eight cases were on the waiting list for admission; five of these were regarded as in need of urgent care.

Patients in hospital

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 16 years.....	18	11	29
16 and over.....	179	153	332
	<hr/> 197	<hr/> 164	<hr/> 361

JUNIOR TRAINING CENTRE

Sixty-eight children were attending at the end of the year, of these 19 resided in the hostel on a Monday to Friday basis and 2 resided on a full-time basis.

A few children were admitted for occasional weekends in order to provide parents with some relief.

Representatives of the Health Committee met members of the Parent Teacher Association at regular intervals and any matters relevant to the children attending the Centre were discussed at these meetings.

The use of a number of places at the training centres in Hull, York and the West Riding Authorities continues.

The Cottingham Day Centre now operates for two full days a week instead of three morning sessions.

THE ADULT TRAINING CENTRE

The intermediate extension of 25 places was completed providing a metalwork shop, handicrafts room and extensions to the laundry and dining hall.

Ninety-four trainees were attending at the end of the year, of these 12 reside in the hostel from Monday to Friday and 7 are full-time residents.

A number of trainees were admitted to the hostel for short periods to allow their parents to have a holiday.

The income from the various work-shops at the year end was as follows:—

	£
Woodwork.....	329.97
Horticulture.....	103.21
Incontinence Pad manufacture..	407.50
Handicrafts.....	148.35
Metalwork.....	31.09
	<hr/>
	1,020.12

The laundry dealt with 76,481 articles during the year. 71,400 incontinence pads were produced by the more severely handicapped trainees. This has proved an extremely useful source of employment for this group. An attendant was appointed to care for the more severely handicapped.

The table below shows the number of persons receiving training:—

Junior Training Centres		Adult Training Centres	
Driffield.....	68	Beverley.....	94
Kingston upon Hull.....	15	Kingston upon Hull.....	9
York.....	3		
West Riding (Rawcliffe) ..	1		
Rudolf Steiner School....	1		
	<hr/>		<hr/>
	88		103

Other Care

Home Training.....	12
Part-time Day Centre for special care.....	12
Halifax Hostel.....	1
Hull Day Centre for the mentally ill.....	1
	<hr/>
	26

Mental Welfare Officers—work carried out:—

Home visits.....	9,673
Hospital admissions for observation, Section 25...	25
Hospital admission for treatment, Section 26.....	6
Emergency admissions, Section 29.....	72
Informal admissions.....	325
Attendances at clinics and hospitals.....	466

Section 3. — Sanitary circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

FLUORIDATION OF WATER SUPPLIES

Following the decision of the County Council to postpone the question of fluoridation of water supplies until 1972, no further consideration has been given to this matter.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1965

During 1970, the following schemes of sewerage and sewage disposal were submitted to the County Council and in each case it was possible to inform the District Councils concerned that it was not desired to offer any observations for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944:—

- | | |
|-----------------------|---|
| Filey U.D.C..... | Provision of sewerage facilities for the Royal Oak area in the south-western part of the Filey Urban District, by way of an extension to the sewerage and sewage disposal scheme for Folkton, Flixton, Muston and Hunmanby previously submitted by the Bridlington R.D.C. |
| Beverley R.D.C..... | Provision of sewerage facilities for the village of Arram.
Provision of sewerage facilities for the villages of Kilnwick and Beswick. |
| Derwent R.D.C..... | Construction of sewage treatment works at Angram Lane, Barlby, and the laying of a rising main from the existing pumping station at Barlby to the proposed treatment works.
Provision of new surface water sewers in the village of Dunnington. |
| Holderness R.D.C..... | Provision of joint sewerage and sewage disposal facilities for the villages of Brandesburton, Catwick, Seaton and Sigglesthorpe (Revised proposals). |
| Howden R.D.C..... | Provision of sewerage facilities for the village of Broomfleet. |

In the case of a scheme for extending the capacity of the Bow Bridge treatment works west of Ellerker to provide sewage disposal facilities for Ellerker and Brantingham in the Beverley Rural District and for Broomfleet in the Howden Rural District, and for lowering the outfall sewer where it passed beneath the Mill Beck, the County Council informed the Beverley Rural District Council that, for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944, they were concerned to note the comments of their Consulting Engineer that excessive infiltration water was to be permitted in the sewers serving the several villages in the Joint Scheme with the result that the Bow Bridge treatment works would be incapable of serving proposed new development at Newport and Gilberdyke.

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).
- Bridlington R.D.C....Reighton and Speeton Sewerage and Sewage Disposal Scheme.
- Derwent R.D.C.....Provision of sewerage facilities for the north western part of Dunnington.
- Driffield R.D.C.....Regional Water Supply Scheme (contribution considered annually).
- Holderness R.D.C....Aldbrough Sewerage and Sewage Disposal Scheme.
- Howden R.D.C.....Trunk line main from Spaldington Water Tower to Howden (contribution considered annually).
- Water main extensions in ten parishes in the Rural District (contribution considered annually).
- Water Supplies Co-ordination Scheme (contribution considered annually).
- Pocklington R.D.C....Water Supplies Co-ordination Scheme (contribution considered annually).
- Water main extensions in the parish of Kirby Underdale (contribution considered annually).
- East Yorkshire (Wolds Area) Water Board..Provision of a mains water supply to five properties at North Frodingham.

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1969·70, 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 1969·70 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 Food and Drugs Act endeavours to ensure that foods and drugs on sale to the public are not harmful to life or health, and that their nature, substance and quality conform to standards that purchasers are entitled to demand and expect. Foods must be fairly and accurately labelled and described so as not to mislead, and in many cases, they must comply with statutory standards of composition. Claims for nutritional or dietary attributes must be justified, and colouring, flavouring or preservative substances must be approved and in quantities not in excess of those permitted.

The County Council is the Food and Drugs Authority for all areas of the County except Haltemprice. During 1970, the Sampling Officers submitted 508 samples for analysis by the Public Analyst, and in the course of visits to trading premises, examined practically every conceivable kind of pre-packed and other foods to ensure that they were correctly 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.....	60	16
Bread.....	1	
Cheese.....	14	3
Confectionery.....	11	1
Drugs.....	7	
Fats.....	20	
Fish and Meat Products.....	100	7
Fruit and Vegetables.....	38	
Fruit and Vegetables (canned or processed) . . .	3	
Ice-cream.....	24	
Milk.....	160	5
Milk Products.....	13	
Pickles.....	1	
Preservatives.....	14	1
Puddings.....	3	
Seasonings.....	14	
Miscellaneous.....	25	3
	508	36

Of the 36 samples found to be unsatisfactory, the appropriate advisory or administrative action was taken in respect of 31 samples where the irregularity was of a minor nature.

Arising from routine sampling, legal proceedings were instituted against a retailer in respect of the sale of lemonade which contained cyclamates, an artificial sweetener prohibited in food from 1st January, 1970. The retailer had previously been cautioned for a similar offence.

Arising from complaints received from purchasers, 4 samples of milk were found to contain extraneous water and as these were from the same day's production, legal proceedings were instituted in respect of one sample only and the producer was fined £17. This

offence was said to have been caused by a dairy employee inadvertently leaving on an electric motor switch which caused water to be pumped into a milk holding tank.

Five complaints were received concerning one third pint bottles of "school milk". Two concerning glass in the milk and three concerning foreign matter found in the bottle.

Legal proceedings were instituted in one case concerning glass and the dairy firm were fined £20. The second glass case was dealt with by caution as this was the first complaint against this firm. The foreign matter cases were referred to the Hull and York Corporations as these offences concerned the filling of uncleansed bottles and arose at the premises of the dairy firm.

Hull prosecuted in one case and a fine of £25 was imposed. The two other cases were dealt with without recourse to prosecution.

The irregularities in the samples concerned:—

Soft drinks—containing cyclamates (12)

Soft drinks—sweetener not declared (3)

Meat Products—deficiencies in meat content (7)

Cheese—incorrectly labelled (3)

Milk—deficient in fat (1)

Jelly—unsatisfactory setting property (1)

Lemon Curd—deficient in egg (1)

Flour—deficient in carbon dioxide and chalk (1)

Cherry Syrup—deficient in 'vitamin C' (1)

Chocolate Figurine—rancid—old stock (1)

Other matters investigated concerned—

(1) Evaporated milk containing what appeared to be solid particles—these were found to be sterile with no bacteriological deterioration and were caused by some slight defect in processing;

(2) A tinned meat product that appeared to be discoloured. This was examined at the Public Health Laboratory and no other lack in quality could be found.

The average standards of the 160 milk samples were:—

	%-age fat	solids %-age not fat
Untreated	3.69	8.73
Pasteurised	3.69	8.54
Channel Island	4.51	9.13
Sterilised	3.66	8.75

Seventy-six samples were tested for antibiotic residues and these were all found to be clear.

CONTAMINATION OF FOODSTUFFS BY TOXIC CHEMICALS

During 1970, as part of the normal sampling in the East Riding, 50 samples were submitted to the Public Analyst for testing for pesticide residues. 19 of these samples were found to contain slight traces of pesticide residue but at a level thought to be acceptable within existing legal requirements.

Six samples of Tuna Fish were sampled to determine the mercury content and these were reported as 0.45 parts per million, 0.45 p.p.m., 0.60 p.p.m., 0.55 p.p.m., 1.30 p.p.m. and 0.45 p.p.m. These results correspond with those reported by the American authorities and the Government Chemist for similar products. There is no statutory

limit or standard, some countries are known to stipulate 0.5 p.p.m. as a maximum, but Japan and Sweden permit 1.0 p.p.m.

Further sampling programmes will ensure that samples of Tuna and other kinds of fish are submitted for analysis.

NEW REGULATIONS AND REPORTS

Food and Drugs (Milk) Act, 1970

The Food and Drugs Act has been amended to permit the heat treatment of milk by the direct application of steam. (Section 32 of the 1955 Act prohibited the addition of water to milk and this method of heat treatment would infringe that section).

It is a condition that any milk treated shall conform to special regulations and that the milk-fat and other milk solids are the same after treatment as before.

Labelling of Food Regulations, 1970

These amend and extend the Labelling of Food Regulations, 1967.

Cream Regulations, 1970

These supercede the Food Standards (Cream) Order, 1951, and specify requirements for the description, composition, labelling and advertisement of cream.

The Emulsifiers and Stabilisers in Food (Amendment) Regulations, 1970.

These remove 'Brominated edible vegetable' oils from the list of permitted emulsifiers and stabilisers. U.K. research has indicated the possibility of adverse effects from this substance and its use in food has been banned.

The Colouring Matter in Food (Amendment) Regulations, 1970

These remove 'Ponceau MX' from the list of permitted colours. This is red colour currently used in a variety of foods and it has been banned as a food colouring agent because U.K. research has thrown doubt on its complete safety.

The Food Hygiene (General) Regulations, 1970

These regulations replace previous Hygiene Regulations of 1960 and 1962 and they deal with general hygiene standards in regard to the handling and storage of food and in the disposal of waste materials.

Food Additives and Contaminants

The Food Additives and Contaminants Committee have issued—

- (a) A report on the Leaching of Substances from Packing Materials in to Foods—envisages a system of control over packaging materials in conjunction with statutory permitted ingredients.
- (b) A review of the Emulsifiers and Stabilisers in Food Regulations, 1962—this review recommends strict control over certain substances used in food.

The Milk and Dairies Regulations

A total of 3,918 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 (phosphate and turbidity tests).

Biological or other examination to detect evidence of tubercle or brucellosis.

At the end of the year, there were 547 dealers' licences in force and 8 heat treatment plants were operating. Sampling and inspections have been carried out regularly—pasteurisation plants received 161 visits of inspection and 249 visits were made to the premises of milk dealers.

Three samples (from two heat treatment plants) failed the phosphatase test indicating incorrect heat treatment—investigations revealed that instrument faults were the likely cause of these and when they were corrected, the process was satisfactory.

Seven samples (5 untreated milk) failed the methylene blue test. These were isolated instances and repeat samples gave satisfactory results indicating no problems if proper care was exercised at all stages of production, packing, storing and distribution.

Special sampling has continued at the 40 farms in the County where 'untreated' milk is produced for retail sale (1,200 cows). 5 samples were reported positive for *brucella abortus* and these were from 3 herds. The 5 infected animals were slaughtered.

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

Weights & Measures Department,

SOURCE	Pasteurised	Number of Samples			Methylene Blue Test		Phosphatase Test		Turbidity Test	
		Untreated	Sterilised	Satisfactory	Unsatisfactory	Test Void	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Heat Treatment Plants.....	181	—	—	161	1	19	178	3	—	—
Licensed Dealers.....	293	21	69	282	3	29	293	—	69	—
Producer/Retailers.....	—	51	—	44	2	5	—	—	—	—
Schools.....	167	—	—	159	1	7	167	—	—	—
Totals.....	641	72	69	646	7	60	638	3	69	—

UHT—3 samples satisfactory.

Biological and Brucella Abortus Examination of Milk

SOURCE	Number Samples	Biological Examination				Brucella Abortus Examination			
		Tubercle		Brucella Abortus		Milk ring test		Culture test	
		Negative	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Farm samples.....	3,076	—	—	—	—	2,949	127	3,071	5
Producer/Retailer.....	47	45	—	43	2	—	—	—	—
Licensed Dealers.....	13	13	—	13	—	—	—	—	—
Schools.....	—	—	—	—	—	—	—	—	—
Totals.....	3,136	58	—	56	2	2,949	127	3,071	5

VETERINARY INSPECTION OF DAIRY HERDS

I am indebted to the Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food for information about the inspection of dairy herds which were carried out during the year. He states that 374 herds were inspected involving 10,909 cattle. No cases of tuberculosis have been dealt with under the tuberculosis order 1938 but 12 cows were found to be positive for tuberculosis at a post mortem. None showed tuberculous lesions of the udder.

AGRICULTURAL EFFLUENTS

The disposal of agricultural effluents from the intensive rearing of animals is an increasing problem throughout the East Riding. The number of pigs per acre is now higher in the East Riding than in any other county. The traditional method of disposal by spreading on nearby land is only suitable for relatively small quantities of effluent and storage in lagoons results in an ever-present risk of pollution of water supplies. Satisfactory treatment is both difficult and expensive, and few Local Authorities have the necessary sewage works capacity to spare. The problem is one which deserves serious and urgent consideration at national level.

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

NOTIFIABLE INFECTIOUS DISEASES — 1961 to 1970

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

Disease	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever.....	68	39	64	62	71	51	89	137	143	151
Whooping Cough.....	60	8	206	169	56	65	169	41	6	—
Diphtheria.....	—	—	—	—	—	—	—	—	—	—
Measles.....	4,107	741	3,409	1,268	3,543	966	2,953	1,790	94	2,700
Meningococcal Infection.	2	4	4	3	—	2	2	1	20	—
Acute Poliomyelitis:										
Paralytic.....	8	2	—	1	—	—	—	—	—	—
Non-Paralytic.....	2	—	—	—	—	—	—	—	—	—
Enccephalitis:										
Infective.....	—	1	—	—	—	—	—	—	—	—
Post-Infectious.....	—	—	—	—	—	—	—	—	—	—
Dysentery.....	259	277	44	127	157	226	166	131	103	—
Ophthalmia Neonatorum.	1	2	—	1	—	—	—	—	—	—
Smallpox.....	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever.....	1	1	3	1	1	—	1	1	—	—
Typhoid Fever.....	—	—	4	1	—	—	—	—	—	—
Food Poisoning.....	49	55	41	30	36	30	48	255	138	—
Malaria.....	1	—	—	1	—	1	—	—	—	—
Tuberculosis:										
Pulmonary.....	41	41	34	38	33	16	19	24	25	—
Meninges and C.N.S....	—	—	1	—	2	—	—	—	—	—
Other Forms.....	8	5	9	3	4	2	4	3	4	—
Anthrax.....	—	—	—	—	—	—	—	—	—	—
Infective Jaundice.....	—	—	—	—	—	—	—	64	121	—
Leptospirosis*.....	—	—	—	—	—	—	—	—	—	—
Tetanus*.....	—	—	—	—	—	—	—	—	—	—
Scabies.....	—	—	—	—	—	—	—	—	—	—

* 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 and for dealing with special problems associated with care and after-care and the rehabilitation of any patient resident in the County. Their chief link with the County health service is through the health visitor, 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 such patients were supplied with milk for varying periods.

The chest physicians have also been responsible for arranging B.C.G. vaccination for contacts where they consider this to be advisable and 162 persons have been vaccinated. This figure includes 19 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 Radiography Unit based in Hull has visited various places in the County, at regular intervals.

A total of 8,768 people attended at these sessions amongst whom 4 cases of active tuberculosis have so far been diagnosed.

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

NEW CASES

Twenty-five primary notifications of tuberculosis were received (24 pulmonary and 1 non-pulmonary).

Table I.
Cases of Infectious Disease Notified Amongst County Residents
URBAN DISTRICTS

DISEASE	Total	Beverley	Bridlington	Driffield	Filey	Haltemprice	Hedon	Hornsea	Norton
Measles	1,580	318	269	99	4	708	34	51	36
Dysentery	69	1	1	—	—	67	—	—	—
Scarlet Fever	45	13	—	1	—	21	—	10	—
Whooping Cough	38	3	—	—	—	12	—	—	—
Infective Jaundice	19	5	—	—	—	7	—	—	—
Resp. T.B.	18	2	3	—	—	12	1	—	—
Meninges T.B.	—	—	—	—	—	—	—	—	—
Other Forms T.B.	1	—	—	—	—	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—
Acute Meningitis	9	—	2	—	—	5	—	1	—
Acute Encephalitis Inf.	—	—	—	—	—	—	—	—	—
Post Infective	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—
Polio Paralytic	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—
Food Poisoning	89	4	2	—	—	83	—	—	—
Malaria	—	—	—	—	—	—	—	—	—
Plague, Cholera, Anthrax, Smallpox, Pyphus, Relapsing Fever, Yellow Fever	—	—	—	—	—	—	—	—	—
Scabies	52	—	—	—	—	52	—	—	—



Table III.

Vital Statistics for the Administrative County, the Divisional Health Areas, and for Urban and Rural Districts in the East Riding during 1970

DISTRICT	POPULATION		BIRTH AND DEATH RATES PER 1,000 OF THE POPULATION											STILLBIRTHS		DEATHS OF CHILDREN UNDER ONE YEAR OF AGE	
	Census 1961	Estimated 1970 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	255,410	3,627	14.2	1.05	14.9	168	5.0	3,053	12.0	0.89	10.7	51	14	43	12	
M.B.'s and U.D.'s	114,086	128,560	1,681	13.1	1.07	14.0	96	6.0	1,735	13.5	0.80	10.8	23	13	17	10	
Rural Districts	109,945	126,850	1,946	15.3	1.03	15.8	72	4.0	1,318	10.4	0.99	10.3	28	14	26	13	
BUCKROSE DIVISION																	
Bridlington M.B.	26,023	26,420	308	11.7	1.24	14.5	31	10.0	442	16.7	0.64	10.7	7	22	5	16	
Driffield U.D.	6,892	7,050	107	15.2	1.04	15.8	3	3.0	129	18.3	0.61	11.2	1	9	—	—	
Filey U.D.	4,703	5,070	53	10.5	1.36	14.3	4	8.0	88	17.4	0.67	11.7	1	19	—	—	
Bridlington R.D.	8,814	8,870	104	11.7	1.17	13.7	5	5.0	120	13.5	0.84	11.3	2	19	2	19	
Driffield R.D.	10,862	10,230	149	14.6	1.06	15.5	10	7.0	118	11.5	1.02	11.7	2	13	1	7	
Totals	57,294	57,640	721	12.5	—	—	53	0.9	897	15.5	—	—	13	18	8	11	
HALTEMPRICE DIVISION																	
Haltemprice U.D.	42,386	52,210	631	12.1	0.98	11.9	26	4.0	590	11.3	0.94	10.6	10	16	7	11	
HOLDERNESS DIVISION																	
Beverley M.B.	16,031	17,220	287	16.7	1.01	16.9	16	6.0	200	11.6	1.02	11.8	2	7	3	10	
Hedon M.B.	2,345	2,600	42	16.2	1.14	18.5	2	5.0	35	13.5	0.87	11.7	—	—	—	—	
Hornsea U.D.	5,955	6,710	100	14.9	1.17	17.4	5	5.0	118	17.6	0.71	12.5	1	10	1	10	
Withernsea U.D.	4,981	5,810	74	12.7	1.15	14.6	4	5.0	64	11.0	0.78	8.6	—	—	1	14	
Beverley R.D.	23,213	32,430	491	15.1	0.96	14.5	11	2.0	298	9.2	0.99	9.1	5	10	5	10	
Holderness R.D.	20,409	24,390	390	16.0	1.00	16.0	12	3.0	201	8.2	1.07	8.8	3	8	4	10	
Totals	72,934	89,160	1,384	15.5	—	—	50	0.5	916	10.3	—	—	11	8	14	10	
HOWDENSHERE DIVISION																	
Norton U.D.	4,770	5,470	79	14.4	1.12	16.1	5	6.0	69	12.6	0.81	10.2	1	13	—	—	
Derwent R.D.	13,648	15,600	276	17.7	1.02	18.1	14	5.0	188	12.1	0.87	10.5	5	18	5	18	
Howden R.D.	12,038	12,920	205	15.9	1.06	16.9	7	3.0	126	9.8	0.99	9.7	3	16	4	20	
Norton R.D.	7,015	6,980	81	11.6	1.09	12.6	—	—	74	10.6	1.03	10.9	5	58	3	37	
Pocklington R.D.	13,946	15,430	250	16.2	1.10	17.8	13	5.0	193	12.5	1.01	12.6	3	12	2	8	
Totals	51,417	56,400	891	15.7	—	—	39	0.7	650	11.5	—	—	17	19	14	16	

Table IV.**VITAL STATISTICS OF WHOLE DISTRICT DURING 1970,
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	13.3
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	3,766	14.9	59	16	3,299	13.0
1970	255,410	3,762	14.2	43	12	3,053	12.0

Table V.**Rainfall Returns, 1970**

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 to 1968
			inches		inches
Empholme	11 feet	Mr. D. M. Ward	25.85	167	28.45
Everley	34 feet	Mr. B. T. H. Johnson . . .	24.34	200	27.57
North Cave	35 feet	Maj. J. H. Caver, J.P. . .	24.84		28.37
Ornsea	35 feet	Mr. W. C. Archer	23.91	192	27.25
Ridlington	60 feet	Mr. R. Williamson	27.85	205	29.99
Southorpe	63 feet	Mr. C. Kettlewell	27.34	198	26.20
Wampston	100 feet	Mr. F. Hodgson	23.95	210	25.99
Witley	122 feet	Mr. J. Hustwit	26.09	207	26.34
Wilton Holme	150 feet	Lord Hotham Estate . . .	26.97	197	29.62
Widsall	304 feet	Birdsall Estate Co. Ltd. .	26.27	185	30.67

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

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1970



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 1970.

The establishment of dental officers was increased by one, making a total of nine dental officers, in addition to the Principal Dental Officer. With this very satisfactory staffing ratio it is possible to provide dental treatment for every school child in the County who is willing to accept it.

A senior speech therapist was appointed in November from among the existing staff, but despite repeated advertisements it has not been possible to increase the number of speech therapists. In the absence of a full establishment of speech therapists the Authority has accepted the principle that treatment should be given to those children who will benefit most from this service.

Refraction clinics continue to be held at Beverley, Howden and Pocklington, and in addition two new clinics were opened early in the year at Anlaby and Fulford. A doctor seconded by the Regional Hospital Board staffs the clinics at Anlaby and Beverley, and one of the senior school medical staff, who has been specially trained in refraction work, is in charge of the clinics at Howden, Pocklington and Fulford. It has thus been possible to refer a higher proportion of children to these clinics, and this has substantially reduced the time between referral and examination. As a corollary, the number of children referred to the family doctor or to out-patient departments has been correspondingly reduced.

A 16 m.m. sound projector for use in the health and dental services was purchased and has proved to be a useful addition in the field of health education.

The value of minor ailment clinics has been gradually diminishing, but there is undoubtedly still a need for school nurses to hold clinic sessions in the larger schools in order to save children spending

unnecessary time away from school. As a total of only 1,611 new and old cases were seen in 363 sessions, this is a service which should be constantly reviewed.

Through the monthly circular to schools the attention of all Head Teachers in Primary schools was drawn to the continuing need to ascertain as soon as possible in their school life those children who are not progressing satisfactorily in their school work in order that, where necessary, adequate special education facilities can be provided for them. This has resulted in a relatively large number of children from certain areas of the County being referred to the School Health Department for examination. It is hoped by bringing this matter to the attention of Head Teachers at least once per year that as far as possible all children requiring a special examination will be seen before they have progressed beyond the junior school stage.

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.

March 1971

GENERAL STATISTICS

Number of Schools—Primary.....	151
Secondary.....	21
Nursery.....	1
Special.....	1
Number of Pupils—Primary.....	25,566
Secondary.....	15,489
Nursery.....	40
Special (a) From the County.....	92
(b) From other Authorities...	8
	<hr/>
Total	41,195

Number of pupils attending special schools in other Authorities areas.....	101
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MEDICAL INSPECTIONS

The number of pupils who received a full medical examination was 7,939 compared with 7,949 in 1969. In addition 2,552 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 19.

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
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
1970	7,939	—	0.00

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:	1969	1970
Number of routine health survey examination sessions.....	456	549
Number of health survey examinations carried out.....	60,941	71,245
Number of children found infested.....	372	533
Number of follow-up visits.....	58	94
Visits to homes:		
Number of homes visited.....	885	907
Number of children seen for:—		
Uncleanliness.....	360	488
Minor ailments.....	94	72
General condition.....	5	9
Other reasons.....	625	539
Totals	1,084	1,108

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
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
1970	71,245	533	41,195	1.3

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Refraction clinics were opened early in the year at Anlaby and Fulford. Clinics continued to be held at Beverley, Howden and Pocklington and it is now possible for most school children in the southern half of the County to have their eyes tested for visual defects at County ophthalmic clinics.

A doctor seconded by the Regional Hospital Board staffs the Anlaby and Beverley clinics and a school medical officer, who has been specially trained in refraction work, staffs the clinics in the Howdenshire area.

The total number of children seen at the five clinics was 366 and of these 172 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 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, 1,373 children were referred for observation.

Special audiometric sessions were held throughout the County and 2,935 children were examined by means of the pure tone audiometer. In addition 20 children were tested by other means. Forty four 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 overleaf 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	1969		1970	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)	—	—	2	8
Ringworm (body)	5	3	3	1
Scabies	8	8	22	22
Impetigo	34	4	12	5
Other skin diseases . . .	236	12	181	15
Minor eye defects	76	9	47	3
Minor ear defects and deafness	35	5	31	1
Minor injuries, bruises, etc	677	33	514	1
Totals	1,071	74	812	56

The number of attendances for treatment of minor ailments was 1,711 compared with the previous year's figure of 2,136. In addition, 72 home visits were made.

CHIROPODY

A chiropody service has continued to be provided 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 96 children made 339 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 2,904 children of whom 2,495 (i.e. 85.9%) accepted. A total of 2,119 children were skin tested and of these 1,828 (i.e. 86.2%) 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
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
1970	2,119	258 (12.2%)	1,828	1,806

SPEECH THERAPY

Towards the end of the year a senior speech therapist was appointed from the existing staff. One full-time therapist resigned at the end of September but it was possible to appoint an additional part-time officer for two sessions a week. At the end of the year there was the full-time equivalent of 2.5 officers against an establishment of 4 full-time speech therapists.

A total of 530 children were referred for speech therapy, mainly by headteachers and school medical officers. The treatment of 446 children was completed and at the end of the year 168 children were receiving attention from the speech therapists, 138 were on the observation list and 142 children were awaiting treatment. A total of 7,312 attendances were made by children during the year.

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

Type of speech defect	No. of children receiving treatment at end of year	No. of children whose treatment was completed
Articulation defects	67	268
Delayed speech	64	105
Dysphasia	13	1
Voice disorder	—	5
Cleft palate	3	5
Cerebral palsy	2	4
Stammer	17	27
Other defects	2	31
Totals	168	446

PROVISION OF MILK AND MEALS

The number of primary school children taking school milk rose during the year in direct proportion to the increased number of children in attendance. The number taking milk was 20,766, an average of 90%.

The number taking school meals remained static at 25,816 but the percentage fell slightly from 70.58 to 68.82.

Five new school kitchens were opened during the year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The dental staff was increased in June by the appointment of a dental officer based at Anlaby. This brought the strength of dental officers up to 8 full-time and 4 part-time and enabled the service to provide more effective coverage for the children in the southern part of the County. At the same time it was possible to reduce the itineraries of 3 dental officers. However, this satisfactory position was short-lived by the departure south of the recently appointed officer. It is expected that the vacancy will be filled by spring of 1971.

Severe weather conditions in January were responsible for damage to equipment in many of the mobile dental units despite every precaution being taken. Cancellation of 10 treatment sessions was necessary. Electrical power failures during December caused a reduction in output of work, but these failures were outwith the province of the Local Authority to rectify.

A new Health Centre was opened in Pocklington in October. The dental suite is being used by both the school dental service and private practitioner service, and provides much benefit for the community in this area.

A new dental unit was installed in the Beverley clinic. It is expected that further replacements of equipment next year will bring this clinic more into line with modern requirements. Aspirators are now in use in most of the fixed clinics.

Dental Health

A full programme of dental health education has been carried out. A film projector was obtained in the latter part of the year and provided additional means whereby dental health education could be brought before the children in smaller primary schools. Before the end of the autumn term the dental auxiliary and dental hygienist carried out demonstrations at the fixed clinics for children from selected schools. It is intended to extend this method of approach and further demonstrations will become a yearly occurrence. These informal get-togethers help the children to lose some of their apprehension of both dental procedures and equipment and also permit a better understanding of the causation of dental caries and what is required to reduce its incidence.

Inspection and Treatment

Compared with the figures for 1969, 1,164 more children were inspected and 1,860 children had their teeth re-inspected. The number of first visits made by children for treatment corresponded to the previous year's figures, but 1,577 more children completed a course of treatment.

The percentage number of children found to require dental treatment in most of the county secondary schools was between 30% and 40%. Some schools were well outside these limits. Unfortunately 3 showed a percentage of 70 or upwards and it is distressing that at these schools pupils requiring treatment and accepting was as low as 30%. At one secondary school, however, the percentage requiring treatment was 20%.

A marked increase in the number of fillings was noted. Most of the additional fillings inserted (3,466) involved permanent teeth, but it was also encouraging to find that fillings in deciduous teeth were becoming more acceptable. I remarked in the previous year's report that dentures to replace lost anterior teeth were not so commonplace. This year's figures show that this trend continued and an increase of 20 crowns was recorded. A drop (174 compared with 236 in 1969) in the number of emergency treatments was most welcome. Perhaps the more frequent inspections have some bearing on this.

Although the medical practitioners continued to assist during general anaesthetic sessions, dental officers were responsible for an additional 157 anaesthetics out of a total of 1,206, which was 2 less than in 1969. The total number of extractions fell by 218.

The special schools at Driffield and Etton Pasture received regular visits and children were always able to reach the fixed clinics in Driffield and Beverley should the necessity arise.

Little change took place with regard to orthodontics and the case load remained similar. Three cases were referred to hospital consultants.

I wish to thank all those who by their efforts contributed to the dental wellbeing of the children.

G. R. SMITH.
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

The Education Committee have agreed an increase in establishment of two educational psychologists and three social workers when these psychologists can be appointed. If these appointments can be made the work of the Child Guidance Service will be extended substantially, and should be adequate to cover the County requirements.

The various peripheral clinics continue to serve a useful role. An additional clinic at Norton was established in August to deal

with the increased referrals in that area. The number of sessions held at the clinics is as follows:

Barlby	20
Pocklington	16
Thorngumbald	14
Bridlington	11
Norton	7

The total of 152 cases referred during the year remains much the same as for 1969. The referrals were mainly from medical and educational sources. Four hundred and seventeen clinic sessions were held. The educational psychologist and the social workers also made 208 visits to schools and 257 home visits. Eighty-four children attended the various clinics regularly for treatment and 168 cases were closed during the year. A summary of closed cases is given below. At the end of the year 76 children were being seen by the clinic staff and 20 cases were on the waiting list.

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

Habit disorders	16
Nervous disorders	11
Behaviour disorders	113
Educational	12
Total	152

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
90	5	6	11

Summary of Cases Closed

Improved or completed (advice or treatment)	101
Placement (Special School, Children's Homes etc.)	9
Not followed up (lack of co-operation, parents refused treatment etc.)	29
Transfer to other areas or agency	29
Total	168

ENURETIC CLINIC

A total of 36 cases were referred to this clinic mainly from child health centres or by medical officers following school medical inspections. A few cases were referred by general practitioners and consultant paediatricians. Thirty seven cases were also brought forward from the previous year.

No. of attendances made	152
No. of cases completed	51
No. of uncompleted cases	15
No. of children on the waiting list	2
No. of children who failed appointments	5

HANDICAPPED PUPILS

Under Section 34 of the Education Act, 1944, it is the duty of Local Education Authorities to ascertain which children in their areas require special educational treatment. These children are usually 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 73 and includes 14 informal E.S.N. 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	Recommended for home tuition
Blind	—	—	—
Partially Sighted	3	5	—
Deaf	1	—	—
Partially Hearing	3	—	—
Educationally Sub-normal	17	16*	—
Epileptic	—	—	—
Maladjusted	5	—	—
Physically Handicapped	5	6	1
Speech	1	—	—
Delicate	1	8	1
Totals	36	35	2

*Included in this figure are 11 children who were recommended for admission to special classes for educationally sub-normal children in ordinary schools.

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

Category	Special School	Maintained 31.12.69	Admitted during 1970	Discharged during 1970	Maintained 31.12.70
Blind and Partially Sighted	Wold Road, Hull	5	—	—	5
	Condoval Hall, Shrewsbury . . .	1	—	—	1
	St. Vincents School, Liverpool . .	2	—	—	2
	Royal College for the Blind, Shrewsbury	1	—	—	1
	Northfield Open Air, York	2	1	—	3
	Tapton Mount Sc., Sheffield . . .	2	1	—	3
	Exhall Grange	1	—	—	1
Deaf and Partially Hearing	St. John's School, Boston Spa . . .	3	—	1	2
	York. Res. School, Doncaster	7	—	3	4
	Sutton School, Hull	20	6	5	21
	Royal School for the Deaf, Cheadle Hulme	—	1	—	1
	Elmete Hall, Leeds	2	1	—	3
	Partially-hearing Unit, York . . .	2	—	—	2
	Mary Hare Grammar School for the Deaf, Newbury	1	—	—	1
	Bridge House School, Harewood	—	1	—	1
Educationally Sub-normal	Etton Pasture, Beverley	100	14	22	92
	Teskey-King School, Hull	3	—	1	2
	Woodlands School, Scarborough	2	—	1	1
	Fulford Cross School, York	1	1	—	2
	Rossington Hall, near Doncaster	—	1	—	1
	Holmwood Day School, Middlesbrough	—	1	—	1
Epileptic	Sedgwick House, Kendal	2	1	—	3
Maladjusted	Friends' Sch., Gt. Ayton	—	1	—	1
	Pitt House, School, Torquay . . .	—	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	2	—	2	—
	Conyboro School, Cooksbridge, Sussex	1	—	—	1
	Moor Top School, Ackworth	1	1	1	1
	Peredur Home School, East Grinstead	1	—	—	1
Physical	Larchfield School, Harrogate . . .	1	—	—	1
	Frederick Holmes School, Hull	14	4	2	16
	Welburn Hall, Kirbymoorside . . .	3	—	1	2
	Hawkshead Hospital School, Southport	2	—	—	2
	Irton Hall, Holmrook	1	—	—	1
	Adela Shaw Hospital School, Kirbymoorside	1	—	1	—
	Bethesda Special School, Cheadle	2	—	—	2
	Cottingham Road Special School, Hull	1	—	—	1
	Valence School, Westerham	1	—	—	1
	Thieves Wood School, Nr. Mansfield	—	1	—	1
	Chantrey School, Sheffield	—	2	—	2
Delicate	Abbots Lea School, Liverpool . . .	1	—	—	1
	Welburn Hall, Kirbymoorside . . .	3	—	1	2
	Cottingham Road Special School, Hull	1	1	1	1
	Windlestone Hall, Durham	1	—	1	—
Speech					
	Moor House School, Oxted	2	—	1	1

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

	Blind and partially sighted	Deaf and partially hearing	Educ. Sub- normal	Epileptic	Malad- justed	Physi- cally handi- capped	Delicate	Speech
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
1970	16	35	99	3	6	29	4	1

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).....	15
Recommended for admission to a special school for educationally sub-normal children.....	15
Recommended for admission to day special classes in ordinary primary schools.....	11
Recommended to remain at ordinary school.....	5
Recommended for remedial teaching.....	6
Not educationally sub-normal.....	11
Decision deferred.....	6
Re-examination.....	7
Total.....	76

PHYSICAL EDUCATION

Staffing in the secondary schools of physical education teachers was good with one exception, where a school was without two women teachers for more than a term. Thanks are due to other members of the staff concerned who did their best to help with games lessons.

Two new sports halls are nearing completion at Withernsea High and Wolfreton Schools. These will prove a great boon in making more effective the work in both schools and evening classes. A trend which is being encouraged in the secondary schools is for older pupils to choose activities in physical education with a view to their continuing with a chosen activity when they leave school.

It is pleasing to note that schools reverted to their normal season of swimming instruction this year after the curtailed swimming programme of the previous two years.

During the past year another school swimming pool was built at the Fulford School and ten schools began using it in May for swimming instruction. Parent Teacher Associations are at present raising money to build pools at primary and secondary schools. Although the primary schools are scattered in a rural county, 120 now receive swimming instruction. We were unable to provide swimming instruction for only 18 primary schools during the year, and some of these will be catered for next year if the projected new pools are built. Of the 21 secondary schools, only 5 do not have swimming on their curriculum.

HYGIENE IN SCHOOL PREMISES

Seventy seven 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 450 candidates for admission to training colleges and 38 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	2 sessions weekly
	Beverley, Coltman Avenue Clinic	5 sessions weekly
	Beverley, School Clinic, Lord Roberts Road	5 sessions weekly
	Beverley Longcroft School	2 sessions weekly
	Bridlington, Oxford Street Clinic	5 sessions weekly
	Cottingham Clinic	2 sessions weekly
	Etton Pasture (E.S.N.) School	2 sessions weekly
	Hessle C.E. Infants School	2 sessions weekly
	Hessle Penshurst School	2 sessions weekly
	Hornsea C.S. School	2 sessions weekly
	South Holderness C.S. School	2 sessions weekly
	Thornumbald Clinic	2 sessions weekly
B. Dental *	Anlaby Dental Clinic	4 sessions weekly
	Beverley Dental Clinic	6 sessions weekly
	Bridlington Dental Clinic	10 sessions weekly
	Driffield Dental Clinic	2 sessions weekly
	Pocklington Dental Clinic	4 sessions weekly
C. Speech Therapy †	Withernsea Dental Clinic	4 sessions weekly
	Anlaby Clinic	1 session weekly
	Beverley Clinic	3 sessions weekly
	Bridlington, Oxford Street Clinic	3 sessions weekly
	Brough C.P. School	1 session weekly
	Driffield Clinic	2 sessions weekly
	Hessle C.E. School	1 session weekly
	Hessle Penshurst School	1 session weekly
	Hornsea County Library	1 session weekly
	Pocklington Clinic	1 session weekly
D. Ultra Violet Light	Thornumbald Clinic	1 session weekly
	Withernsea Clinic	1 session weekly
E. Enuretic	Beverley School Clinic, Lord Roberts Road	As required
	Child Guidance Clinic, Beverley	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 16 village schools.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1970

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

PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	Number of pupils inspected	Physical condition of pupils inspected		No. of pupils screened but not examined
		Satisfactory	Unsatisfactory	
(1)	(2)	(3)	(4)	(5)
1966 and later	41	41	—	—
1965	2,422	2,422	—	—
1964	1,731	1,731	—	—
1963	861	861	—	—
1962	492	492	—	—
1961	104	104	—	—
1960	513	513	—	400
1959	791	791	—	897
1958	281	281	—	231
1957	18	18	—	—
1956	433	433	—	529
1955 and earlier	252	252	—	495
Totals	7,939	7,939	—	2,552

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth)	For defective vision (excluding squint)	For other conditions	Total individual pupils
(1)	(2)	(3)	(4)
1966 and later	—	—	—
1965	24	58	81
1964	34	76	102
1963	24	50	68
1962	10	17	26
1961	3	1	4
1960	20	23	42
1959	16	25	41
1958	7	7	12
1957	—	1	1
1956	17	19	36
1955 and earlier	10	8	17
Totals	165	285	430

OTHER INSPECTIONS

Number of special inspections	152
Number of re-inspections	3,274
Total	<u>3,426</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	71,245
(b) Total number of individual pupils found to be infested	533
(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 Code No.	Defect or Disease		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	6	3	8	17	—
		O	213	15	107	335	2
5	Eyes—						
	a. Vision	T	100	45	189	334	9
		O	390	81	273	744	14
	b. Squint	T	9	—	5	14	—
		O	111	3	39	153	—
6	c. Other	T	1	—	—	1	—
		O	21	5	11	37	1
	Ears—						
	a. Hearing	T	14	9	9	32	—
		O	324	10	111	445	8
7	b. Otitis Media	T	4	—	1	5	—
		O	132	3	14	149	—
	c. Other	T	2	—	—	2	—
		O	7	1	5	13	—
8	Nose and Throat	T	39	2	19	60	1
		O	562	16	178	756	1
9	Speech	T	24	1	4	29	—
		O	147	2	27	176	5
10	Lymphatic Glands	T	1	—	—	1	—
		O	156	—	34	190	—
11	Heart	T	1	1	1	3	—
		O	90	11	23	124	2
12	Lungs	T	1	1	2	4	—
		O	191	12	91	294	4
13	Developmental—						
	a. Hernia	T	3	—	1	4	—
		O	18	—	6	24	—
	b. Other	T	8	1	12	21	—
		O	137	2	36	175	5
14	Orthopaedic—						
	a. Posture	T	2	—	—	2	—
		O	36	20	12	68	1
	b. Feet	T	1	2	2	5	2
		O	220	3	59	282	—
15	c. Other	T	4	—	—	4	—
		O	92	11	26	129	1
	Nervous System—						
	a. Epilepsy	T	—	—	1	1	—
		O	12	1	8	21	2
16	b. Other	T	2	—	2	4	—
		O	23	4	22	49	2
	Psychological—						
	a. Development	T	3	—	1	4	—
		O	58	5	36	99	8
17	b. Stability	T	10	6	13	29	—
		O	232	7	107	346	4
	Abdomen	T	2	—	—	2	—
		O	38	3	28	69	—
	Other	T	28	—	10	38	—
		O	63	12	46	121	—

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....	1
Errors of refraction (including squint).....	366
Total.....	367
Number of pupils for whom spectacles were prescribed.....	172

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.....	5
(b) For adenoids and chronic tonsillitis.....	50
(c) For other nose and throat conditions.....	6
Received other forms of treatment.....	9
Total.....	70
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1970.....	4
(b) In previous years.....	8

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments.....	13
(b) Pupils treated at school for postural defects.....	—
Total.....	13

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp.....	10
(b) Body.....	4
Scabies.....	44
Impetigo.....	17
Other skin diseases.....	196
Total.....	271

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics.....	84

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.....	446

OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	868
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,806
(d) Other than (a), (b) or (c) above, Chiropody	96
Total	2,770

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Number of pupils	
	Inspected	Offered treatment
1. INSPECTIONS		
(a) First inspection—school	27,640	13,493
(b) First inspection—clinic	1,135	
(c) Re-inspection—school or clinic	2,216	997
Totals	30,991	14,786

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
2. VISITS				
First visit in the calendar year	3,723	2,386	413	6,522
Subsequent visits	3,443	4,412	936	8,791
Total visits	7,166	6,798	1,349	15,313
3. COURSES OF TREATMENT				
Additional courses commenced	308	273	57	638
Total courses commenced	4,031	2,659	470	7,160
Courses completed	—	—	—	6,361
4. TREATMENT				
Fillings in permanent teeth	3,807	6,877	1,820	12,504
Fillings in deciduous teeth	4,123	246	—	4,369
Permanent teeth filled	2,880	5,743	1,574	10,197
Deciduous teeth filled	3,759	232	—	3,991
Permanent teeth extracted	171	629	101	901
Deciduous teeth extracted	3,252	794	—	4,046
Number of general anaesthetics	895	291	20	1,206
Number of emergencies	108	56	10	174

Number of pupils X-rayed	273
Prophylaxis	2,731
Teeth otherwise conserved	321
Teeth root filled	26
Inlays	2
Crowns	41

5. ORTHODONTICS

New cases commenced during the year	82
Cases completed during the year	86
Cases discontinued during the year . . .	19
Number of removable appliances fitted	118
Number of fixed appliances fitted	1
Number of pupils referred to Hospital Consultants	3

6. DENTURES

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time—				
(a) with full denture	1	1	—	2
(b) with other dentures	—	6	6	12
Total	1	7	6	14
Number of dentures supplied (first or or subsequent time)	1	10	12	23

7. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	549
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8. SESSIONS

	Admini- strative sessions	Number of clinical sessions worked in the year					Total sessions
		School Service			M. & C.W. Service		
		Inspection at school	Treatment	Dental Health Education	Treatment	Dental Health Education	
Dental Officers (inc. P.S.D.O.)	290	231	3,252	3	35	67	3,878
Dental Auxiliaries	—	—	319	68	57	4	448
Dental Hygienists	—	—	220	175	—	13	408
Total	290	231	3,791	246	92	84	4,734

DENTAL AUXILIARIES

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
1. VISITS				
First visit in the calendar year.....	79	78	2	159
Subsequent visit	338	286	8	632
Total visits.....	417	364	10	791
2. COURSES OF TREATMENT				
Additional courses commenced.....	—	—	—	—
Total courses commenced.....	79	78	2	159
Courses completed.....	—	—	—	173
3. TREATMENT				
Fillings in permanent teeth.....	162	483	12	657
Fillings in deciduous teeth.....	308	9	—	317
Permanent teeth filled.....	120	395	10	525
Deciduous teeth filled.....	278	9	—	287
Deciduous teeth extracted.....	27	15	—	42
Prophylaxis.....	—	—	—	168

DENTAL HYGIENISTS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
1. VISITS				
First visit in the calendar year.....	227	446	88	761
Subsequent visits.....	30	25	4	59
Total visits.....	257	471	92	820
2. COURSES OF TREATMENT				
Additional courses commenced.....	17	35	17	69
Total courses commenced.....	244	481	105	830
Courses completed.....	—	—	—	887
3. TREATMENT				
Prophylaxis.....	—	—	—	935



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