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Contributors

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EAST RIDING OF YORKSHIRE
COUNTY COUNCIL

ANNUAL REPORTS


of the

County Medical Officer

and

Principal School Medical Officer

For the Year 1972



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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 1972.

The reorganisation of the Health Service will take place in April 1974, and the present tripartite structure will be replaced by a new integrated Health Service. The country will be divided into regions and areas and a new Area Health Authority will be formed in Humberside whose boundaries will be coterminous with the new County of Humberside. Each Area Health Authority will consist of a Chairman and approximately fourteen members, four of whom will be members of the corresponding Local Authority, three will represent the professions, and the remainder will be selected by Region. It is suggested that members of Area Health Authorities will be chosen for their managerial experience and ability. The primary duty of the Area Health Authority will be to plan the Health Service within the area, decide on priorities and allocate resources. A clear message has been spelt out by the Department that resources will continue to be limited and are unlikely to be increased after 1974.

In the various management documents which have been published, strong emphasis is placed on planning by multi-disciplinary terms within an overall cost limit. The concept of the multi-disciplinary team managing the Health Services is a new one and will require careful assessment as the integrated service develops.

The additional work and volume of paper created by the preparation for reorganisation escalated during 1972, and apart from the White Paper¹ and the Bill², papers dealing with different aspects of reorganisation were published, including the Management Document³ and the Hunter Report⁴.

The work of preparing for reorganisation was placed on the shoulders of a Joint Liaison Committee which was formed from representative officers of the constituent Hospital Management Committees, Local Health Authorities and Executive Councils. The main function of this body is to collect all the necessary information in order to prepare a complete health profile of Humberside to present to the new Area Health Authority, and at the same time to suggest options and priorities for the new service when the Area Health Board takes office.

It is probably not appreciated by the general public how radical the changes will be when the new Health Service begins in 1974. Regional Hospital Boards, and Hospital Management Committees will disappear and the new service will be managed by 14 Regional Health Authorities and 90 Area Health Authorities. The posts of Medical Officer of Health will disappear and will be replaced by Community Physicians, and this is, therefore, likely to be the last of the statutory health reports which will be submitted to the East Riding County Council.

¹National Health Service Reorganisation: England. HMSO. 1972

²National Health Service Reorganisation Bill. HMSO. 1972.

³Management Arrangements for the Reorganised National Health Service. HMSO. 1972.

⁴Report of the Working Party on Medical Administrators. HMSO. 1972.

The health services of the East Riding County Council will be absorbed into a new and larger authority, but they will be taken over in a very satisfactory state of development as the health care provisions for which the County Council is responsible compare favourably with most other authorities. In recent years considerable improvements have been introduced by the Health Committee, among which have been the reorganisation of the management structure and the introduction of central control to the Ambulance Service. The district nursing, midwifery and health visiting service has been re-structured to enable the formation of "Primary Care Teams" so that nurses, midwives and health visitors work with groups of general practitioners. The vaccination and immunisation scheme has been computerised, and the Family Planning Service has been developed as a direct service. The recent appointment of nursing officers to improve liaison between the hospital and community service will further benefit the patient.

In view of the national shortage of clinical medical staff this department has been fortunate in maintaining an adequate number of medical and dental staff to deal with the day to day clinical work.

The estimated mid-year population increased by 4,470 to 263,980. This increase was slightly higher than the average increase which has applied in recent years. A total of 3,638 births were notified, 176 less than in 1971. There were 3,339 deaths, an increase of 161 on the previous year's figure, which resulted in the crude death rate rising from 12.2 to 12.6.

The Council's computer scheme for vaccination and immunisation of children has now been functioning successfully since 1969, and the statistical returns prepared by the Department showed that 93% of the children born in 1970 had been vaccinated against Whooping Cough, 94% against Diphtheria, and 96% against Poliomyelitis by the end of 1972. These figures fully justify the work involved in changing from a manual to a computerised system, and reflects considerable credit on the staff who have been concerned in this changeover.

There have been no special problems in connection with outbreaks of notifiable infectious disease, but there was a considerable increase in the notification of measles. The incidence of dysentery, scabies and infective jaundice have also shown a significant rise.

I should like to express my thanks to the Chairman and members of the Health Committee for their help and support in developing the County Health Services. I would likewise wish to thank all the officers of the Council for their co-operation and the staff of the Health Department for their continuing hard work during this period of some uncertainty as to how reorganisation will affect their future.

I have the honour to be,

Your obedient servant,

Wm. FERGUSON,

County Medical Officer of Health.

County Hall,
Beverley.

PRINCIPAL OFFICERS 1972

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

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

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DIVISIONAL MEDICAL OFFICER

Haltemprice Division,

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

DIVISIONAL MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

Buckrose Health Division:

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

Holderness Health Division,

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

Howdenshire Health Division,

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

SENIOR MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

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

M. L. Walker, M.B., B.S., M.F.C.M., 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.

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

P. P. Tiwari, M.B., B.S., D.C.H. (appointed 1.2.72)

PART-TIME:

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

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

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

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

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

PRINCIPAL DENTAL OFFICER

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

SENIOR DENTAL OFFICERS

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

G. Pearson, L.D.S.

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

J. M. Cripps, L.D.S. (Part-time)

DENTAL OFFICERS

WHOLE-TIME:

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

J. M. Fletcher, B.Ch.D., L.D.S.

D. Mathews, B.Ch.D. (resigned 31.5.72)

A. Russell, B.D.S.

PART-TIME:

J. A. Bodenham, L.D.S.

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

U. Coates, L.D.S.

R. I. Dunill, L.D.S.

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

Members of the Health Committee

The Rt. Hon. The Earl of Halifax (Chairman of the Council)	Garrowby Hall, York.
Bisby, N. (Vice-Chairman of the Council)	13, Harland Way, Cottingham, Yorkshire.
Hewson, J., J.P. (Chairman)	30 Thorpe Road, Howden, Goole, Yorkshire.
Boyce, C. (Vice-Chairman)	30 Newgate Street, Cottingham, Yorkshire.

ALDERMEN

Crawforth, G.	Bale House, Garton, Aldbrough, Hull, Yorkshire.
Freeman, T. H.	The Bungalow, 80 Welton Road, Brough, Yorkshire.
Nielson, Mrs. M. W., B.E.M.	Swept Valleys, Belvedere Grove, Bridlington, Yorkshire.

COUNCILLORS

Brocklebank, G. C.	106 Station Road, Preston, Hull, Yorkshire.
Carr, E. T., M.B.E.	Lyncroft, Wold View Road South, Driffield, Yorkshire.
Carver, P. J.	The Croft, North Cave, Brough, Yorkshire.
Cherry, J. M. S.	11 York Road, Beverley.
Clapp, O. W., W/Cdr. (Rtd.)	May Lodge, 19 St. Anne's Road, Bridlington, Yorkshire.
Clappison, L.	Canada House Farm, Patrington, Hull, Yorkshire.
Cook, Mrs. P. A., J.P.	The White House, Main Street, Fulford, York.
Hardy, W. H.	24 Kings Mill Road, Driffield, Yorkshire.
Hornshaw, Miss A. M.	4 Ashdale Road, Dunnington, York.
Jarvis, J. H.	Parklands, Park Lane, Cottingham, Yorkshire.
Kinloch, Mrs. A. R.	16 Newbegin, Beverley, Yorkshire.
Land, E. G. E.	Fairlight, Eastfield Road, Keyingham, Hull.
Martin, Mrs. M.	38 Southfield, Hessle, Yorkshire.
Moore, W.	The Milestone, Selby Road, Holme-on- Spalding-Moor, York.
Sawden, J.	1 Kent Square, Bridlington, Yorkshire.
Simpson, Miss H. P.	92 Queensgate, Bridlington, Yorkshire.
Wrigley, Mrs. A. M.	Ganton Hall, Scarborough, Yorkshire.

ADDED MEMBERS

Mrs. I. Allison, B.E.M., J.P.	Wyngarth, Algarth, Pocklington, York.
Mrs. M. D. Brown, J.P.	18 Wolfreton Garth, Kirk Ella, Hull.

MEDICAL MEMBERS

Dr. H. P. Player	The Rectory, Beeford, Driffield, Yorkshire.
Dr. A. D. Rose	8 New Walk, Beverley, Yorkshire.

**Members Appointed By or on Behalf of County
District Councils**

Beverley M.B.	H. R. Godbold, Esq., 163 Grovehill Road, Beverley, Yorkshire.
Bridlington M.B.	S. Pearson, Esq., 6 Belvedere Parade, Bridlington, Yorkshire.
Haltemprice U.D.C.	C. H. Hudson, Esq., J.P., Flat 14, Grove House, Hull Road, Anlaby, Hull.
Urban District Councils	H. G. Turner, Esq., 26 Hollym Road, Withernsea, Yorkshire. R. C. O. Willis, Esq., 32 Mitford Street, Filey, Yorkshire.
Rural District Councils	Mrs. M. Charter, 85 St. Hilda's Street, Sherburn, Malton. Mrs. N. Todd, Shrubbery Farm, Sunk Island, Ottringham, Hull. E. Cherry, Esq., Amherst, The Park, Hunmanby, Filey, Yorkshire.

Medical Officers of Health for the Several Local Authorities

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

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

Section 1. — Vital Statistics

GENERAL STATISTICS

Area.....	732,704 acres
Rateable value (as at 1st April, 1972)	£9,219,267
Product of a new penny rate.....	£90,151

POPULATION

Districts	Census 1961	Estimated	
		1971	1972
Administrative County.....	224,031	259,510	263,980
Urban Districts.....	114,086	131,410	132,920
Rural Districts.....	109,945	128,100	131,060

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
1971	13.3	15.8	14.5
1972	14.2	14.5	14.3

*Average rate per 10 years period

The birth rate for England and Wales in 1972 was 14.8.

There were 3,593 live births and 45 stillbirths registered making a total of 3,638, a decrease of 176 on the 1971 figures. Of these births 408 live births and 5 stillbirths took place outside the County.

The number of births notified by hospitals, practitioners and midwives was 6,495 live births and 99 stillbirths, a total of 6,594. Of the total births, 3,310 live births and 59 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 registered in the County numbered 45, compared with 42 in 1971. The stillbirth rate was 12.0 per 1,000 total births, the same as the rate for England and Wales.

ILLEGITIMATE LIVE BIRTHS

Number of Illegitimate Live Births in the County:

Year	Urban Districts	Rural Districts	Administrative County
1951—1960	60	62	122
1961	65	72	137
1962	83	82	165
1963	85	90	175
1964	83	82	165
1965	121	84	205
1966	114	82	196
1967	119	87	206
1968	102	108	210
1969	116	99	215
1970	96	72	168
1971	111	82	193
1972	100	79	179

The illegitimate live birth rate was 0.67 per 1,000 of the population, compared with 0.74 in the previous year.

The number of illegitimate live births in the County was 5%. The rate for England and Wales was 9%.

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
1971	14.0	14.0	14.0
1972	13.0	10.0	12.0

*Average rate per 10 year period



There were 42 deaths of children under the age of one year in 1972, 11 less than in 1971. The infant mortality rate was 12 per 1,000 live births. The rate for England and Wales for 1972 was 17.

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

Primary cause of Death	URBAN DISTRICT			RURAL DISTRICTS			ADMINISTRATIVE COUNTY		
	Age at Death			Age at Death			Age at Death		
	Under 4 weeks	4 weeks to 1 year	Total	Under 4 weeks	4 weeks to 1 year	Total	Under 4 weeks	4 weeks to 1 year	Total
Malignant disease	—	—	—	—	1	1	—	1	1
Pneumonia	—	2	2	—	1	1	—	3	3
Respiratory diseases	—	—	—	—	1	1	—	1	1
Gastritis, Enteritis	—	1	1	—	—	—	—	1	1
Congenital Malformations	4	1	5	5	—	5	9	1	10
Other causes	12	2	14	9	3	12	21	5	26
Totals	16	6	22	14	6	20	30	12	42

Of the 42 infant deaths 30 occurred in the neo-natal period, that is before the baby was four weeks old. In 26 cases death was associated with prematurity.

The number of perinatal deaths, i.e. within the first week after birth, and stillbirths was 71 which was the same as the figure for 1971.

The perinatal death-rate was 20 per 1,000 births. The rate for England and Wales was 22.

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	0.1	4	1.0	1	2.6	1	0.9	35	14.7	42	1.3
1—	1	16.6	—	—	—	—	—	—	2	0.5	—	—	4	3.5	2	0.9	9	0.3
5—	1	16.6	—	—	4	0.7	—	—	2	0.5	—	—	4	3.5	6	2.6	17	0.5
15—	—	—	—	—	2	0.4	—	—	2	0.5	1	2.6	15	13.3	4	1.7	24	0.7
25—	1	16.7	—	—	9	1.4	4	0.2	4	1.0	—	—	12	10.6	3	1.3	33	1.0
35—	—	—	—	—	21	3.3	17	0.9	4	1.0	—	—	5	4.5	4	1.7	51	1.5
45—	1	16.7	—	—	41	6.5	57	2.9	8	2.0	3	7.7	13	11.6	13	5.5	136	4.0
55—	—	—	2	50.0	127	20.1	228	11.9	37	9.0	3	7.7	17	14.9	24	10.0	438	13.1
65—	1	16.7	1	25.0	222	35.3	515	27.2	92	22.5	13	33.3	18	15.9	60	25.0	922	27.6
75—	1	16.7	1	25.0	203	32.3	1,080	56.8	253	62.0	18	46.1	24	21.3	87	36.6	1,667	50.0
Totals...	6	—	4	—	629	—	1,902	—	408	—	39	—	113	—	238	—	3,339	—

STATISTICS RELATING TO MOTHERS AND INFANTS

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

Live Births	
Number	3,593
Rate per 1,000 of population (adjusted)	14.3
Illegitimate Live Births (per cent of total births)	5.0
Stillbirths	
Number	45
Rate per 1,000 live and stillbirths	12.0
Total Live and Stillbirths	3,638
Infant Deaths (deaths under one year)	42
Infant Mortality Rates	
Total infant deaths per 1,000 total live births	12.0
Legitimate infant deaths per 1,000 legitimate live births	11.0
Illegitimate infant deaths per 1,000 illegitimate live births	34.0
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	8.0
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	7.0
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	20.0
Maternal Mortality (including abortion)	
Number of deaths	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
1971	13.9	10.6	12.2
1972	14.7	10.6	12.6

*Average rate per 10 year period

There were 3,339 deaths registered for the County in 1972, an increase of 161 on the figure for the previous year. The adjusted death rate for the County was 10.6 compared with a rate of 12.1 for England and Wales.

Of the total deaths, 77.6% occurred in people aged 65 and over and 50% in people aged over 75.

The principal causes of death were heart disease (1,393), cancer (629) and vascular lesions of the nervous system (509). These three causes accounted for 75.8% of the deaths, compared with 75.2% in 1971.

The following table shows the figures for the various causes of death for the year 1972:—

Cause of Death	Number of Deaths		
	Male	Female	Total
Enteritis and other diarrhoeal diseases....	1	2	3
Tuberculosis, respiratory.....	2	—	2
Late effects of respiratory tuberculosis....	2	—	2
Measles.....	—	1	1
Syphilis and sequelae.....	1	—	1
Other infective and parasitic diseases.....	4	—	4
Cancer of buccal cavity, etc.....	9	4	13
Cancer of the oesophagus.....	10	8	18
Cancer of the stomach.....	48	27	75
Cancer of the intestine.....	37	51	88
Cancer of the larynx.....	3	—	3
Cancer of the lungs, bronchus.....	111	33	144
Cancer of the breast.....	—	40	40
Cancer of the uterus.....	—	23	23
Cancer of the prostate.....	18	—	18
Cancer, other forms.....	92	98	190
Leukaemia.....	11	6	17
Benign and unspecified neoplasms.....	2	4	6
Diabetes.....	13	17	30
Other endocrine diseases.....	5	6	11
Anaemia and blood disorders.....	5	5	10
Mental disorders.....	1	4	5
Meningitis.....	1	2	3
Multiple sclerosis.....	—	6	6
Other diseases of the nervous system.....	12	17	29
Rheumatic heart disease.....	11	13	24
Hypertensive disease.....	15	19	34
Ischaemic heart disease.....	579	435	1,014
Other heart diseases.....	62	98	160
Cerebrovascular disease.....	183	326	509
Other circulatory diseases.....	79	82	161
Influenza.....	11	6	17
Pneumonia.....	97	150	247
Bronchitis and emphysema.....	84	21	105
Asthma.....	3	5	8
Other diseases of the respiratory system..	13	18	31
Peptic ulcer.....	9	9	18
Appendicitis.....	1	2	3
Intestinal obstruction and hernia.....	5	2	7
Cirrhosis of the liver.....	5	3	8
Other diseases of the digestive system....	10	24	34
Nephritis and nephrosis.....	4	9	13
Hyperplasia of prostate.....	7	—	7
Other diseases of the genito-urinary system	6	8	14
Diseases of skin, subcutaneous tissue....	2	1	3
Diseases of musculo-skeletal system.....	2	8	10
Congenital anomalies.....	8	11	19
Childbirth.....	3	5	8
Other causes of perinatal mortality.....	7	4	11
Other diseases.....	6	7	13
Motor vehicle accidents.....	33	12	45
All other accidents.....	18	25	43
Suicide and self inflicted injuries.....	13	12	25
All other external causes.....	3	3	6
Total.....	1,667	1,672	3,339

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.

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	50	65	101	466
Beverley				
Coltman Avenue . . .	59	63	93	413
Lord Roberts Road . .	40	38	59	329
Bridlington	58	83	125	553
Brough	44	45	66	309
Cottingham	48	85	126	449
Driffeld	36	27	47	202
Hessle	50	58	91	425
Hornsea	45	31	46	222
Howden	17	11	16	81
Leven	41	53	82	304
Market Weighton	13	14	14	57
North Ferriby	33	23	33	166
Norton	35	28	42	171
Pocklington	18	28	29	126
South Cave	37	37	51	190
Thornthorpe	48	47	74	334
Withernsea	44	42	53	257
Totals	716	778	1,148	5,054

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.

Eighty-nine abnormalities were reported affecting 83 infants. Of these infants 9 were stillborn and 6 are known to have died.

SCREENING FOR PHENYLKETONURIA

Screening for phenylketonuria continues to be carried out and the Guthrie blood test is 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 health visitors are informed of the location of mobile dental units. 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 . . .	13	10	16	43	15
Children under 5	782	334	338	229	364

Type of Dental Treatment provided:—

	Expectant and Nursing Mothers	Children under five
Extractions	7	210
General Anaesthetics	1	82
Fillings	68	588
Scalings	7	152
Other conservatory treatment	—	41
Radiographs	4	—
Dentures provided:		
Full upper or lower	1	—
Partial upper or lower	3	—
Crowns or Inlays	—	—

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 135 clinics were held each month. There was an increase of 15 in the number of sessions held but the total number of attendances dropped by 5,434 compared to 1971. In 1972 8,653 children made a total of 49,943 attendances.

PREMATURE INFANTS

Infants weighing 5½ lbs or less at birth are presumed to be premature and on this basis 183 premature live births and 31 stillbirths were recorded in the County area. Of these, 181 live births and all stillbirths occurred in hospital, and 2 live births were delivered at home. Of the premature infants born alive 12 died within the first twenty-four hours, 2 died during the first seven days, and 1 died between seven and twenty-eight days.

The percentage of all births recorded as premature was 5.0%, the same as the figure for 1971.

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

DISTRIBUTION OF WELFARE FOODS

The amounts of various foods distributed during the year were

National Dried Milk	6,807 tins
Cod Liver Oil	30 bottles
Vitamin Tablets	3,062 packs
Orange Juice	5,838 bottles
AD & C Drops	8,374 bottles

It is interesting to note that with the exception of orange juice (which was withdrawn early in the year) and cod liver oil, the sales of welfare foods has shown a considerable increase. This is contrary to the trend of the previous year when sales tended to be on the decrease.

ANNUAL CHILD HEALTH CENTRE FIGURES—1972

Name of Centre	No. of Sessions held	Frequency of sessions	No. of children who attended and who were born in			No. of attendances	
			1972	1971	1967-70	Total	Av'age
Adsbrough	13	Four weekly	6	12	30	332	26
Ansby	103	Twice weekly	147	148	319	2,647	26
Barby	26	Two weekly	34	—	3	443	17
Beverley							
Lord Roberts Road . . .	104	Twice weekly	223	195	130	2,950	28
Coltman Avenue	156	3 times weekly	204	175	215	2,720	25
Bewholme	3	Four weekly					
		discont. May 1972	2	2	5	11	4
Bilton	23	Two weekly	47	37	58	911	40
Brandsburton	13	Four weekly	11	1	—	165	13
Bridlington	101	Twice weekly	247	187	122	2,936	29
Brough	52	Once weekly	90	93	40	1,955	37
Bubwith	13	Four weekly	26	13	1	268	21
Bottingham	100	Twice weekly	186	236	491	4,071	40
Driffield	51	Once weekly	110	81	23	1,816	36
Driffield R.A.F.	26	Two weekly	28	29	13	509	20
Dunnington	13	Four weekly	4	14	12	144	11
Elvington	8	Four weekly					
		discont. Dec. 1972	13	3	—	117	15
Filey	26	Two weekly	62	63	46	1,033	39
Flamborough	26	Two weekly	11	18	13	306	12
Flixton	13	Four weekly	3	6	6	87	6
Gilberdyke	10	Four weekly	14	—	1	259	26
Hemingborough	13	Four weekly	12	4	10	206	16
Hessle	104	Twice weekly	196	204	308	3,903	38
Holme on Spalding Moor	26	Two weekly	34	29	32	508	19
Hornsea							
Catholic Church Hall .	49	Once weekly	72	116	115	1,312	27
St. Nicholas	50	Once weekly	44	66	66	861	17
Howden	13	Four weekly	10	10	12	207	16
Hunmanby	26	Two weekly	12	15	19	283	11
Keyingham	26	Two weekly	32	32	45	740	28
Leconfield R.A.F.	25	Two weekly	22	17	9	402	16
Little Weighton	13	Four weekly	6	13	7	152	12
Leven	13	Four weekly	35	4	1	457	35
North Cave	25	Two weekly	10	13	4	227	9
North Ferriby	26	Two weekly	41	24	35	654	25
Norton	25	Two weekly	55	44	12	761	26
Pillington	13	Four weekly	15	9	19	229	18
Roos	13	Four weekly	10	8	6	133	10
Rotherburn	12	Four weekly	14	20	32	243	20
Ridby	13	Four weekly	10	19	21	265	20
South Cave							
Church Hall	13	Four weekly	22	34	10	453	35
G.P. Surgery	13	Four weekly	34	15	15	453	35
Stamford Bridge	12	Four weekly	32	24	21	375	31
Swanland	11	Four weekly	12	12	15	122	11
Thorngumbald	51	Once weekly	70	90	140	2,138	42
Walkington	12	Four weekly	36	19	4	211	18
Wawne	25	Two weekly	56	18	32	481	20
Willerby	53	Once weekly	97	121	254	2,450	46
Withernsea	105	Twice weekly	109	107	137	2,360	22
Mobile Clinic	373	Monthly	315	234	238	4,655	13
	2,030		2,879	2,632	3,142	49,943	25

FAMILY PLANNING SERVICE

The family planning service has been expanded and the following clinics are available to residents of the East Riding by appointment:

Place	Day	Time
ANLABY The Clinic, First Lane	Mondays Last Tuesday each month, I.U.D.	7.0-8.30 p.m.
BEVERLEY The Clinic, Lord Roberts Road	1st, 2nd, 3rd and 4th Wednesdays each month Fridays 3rd Weds. and 4th Thurs. each month I.U.D.	7.0-8.30 p.m. 10.30-11.30 a.m. 6.30-8.30 p.m.
The Clinic, Coltman Avenue	Tuesdays	9.30-11.30 a.m.
BRIDLINGTON The Clinic, Oxford Street	Wednesdays 2nd Wednesday, I.U.D.	7.0-9.0 p.m.
BROUGH/ NORTH FERRIBY Woodgates Maternity Home, Woodgates Lane	Thursdays	2.0-4.0 p.m.
COTTINGHAM The Clinic, King Street	Tuesdays	7.0-8.30 p.m.
DRIFFIELD The Clinic, Church Street	2nd Thursday each month I.U.D. as required	7.0-8.30 p.m.
FULFORD The Medical Room, Fulford County Secondary School	Wednesdays	6.30-7.30 p.m.
HESSLE The Health Centre, The Square	Wednesdays	6.30-8.30 p.m.
HORNSEA The Cottage Hospital	Alternate Wednesdays	7.30-9.0 p.m.
MARKET WEIGHTON The Surgery Londesborough Road	1st Wednesday each month	7.0 p.m.
POCKLINGTON Health Centre, George Street	Last Tuesday each month I.U.D. as required	7.0-8.30 p.m.
THORNGUMBALD The Clinic	1st Friday each month	2.0-4.0 p.m.

New clinics were opened at Hessle in March and Beverley, Coltman Avenue in September. In January I.U.D. clinics were started at Anlaby.

The Medical Staff have complete clinical freedom in deciding which patients they wish to see and advise at clinics, and are responsible for the 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 attend. At I.U.D. clinics, however, it is essential to have at least two trained nurses at each session.

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

	No. of sessions held	No. of new attenders	Total No. of persons attending	Total No. of attendances
Anlaby.....	57	103	248	527
Beverley				
Lord Roberts Road...	110	209	666	1,837
Coltman Avenue.....	13	14	16	52
Bridlington.....	48	97	275	633
Brough.....	34	68	79	164
Cottingham.....	52	102	198	604
Driffield.....	19	60	137	278
Fulford.....	47	139	312	888
Hessle.....	44	132	145	312
Hornsea.....	25	35	102	257
Market Weighton.....	10	33	61	82
Pocklington.....	14	52	139	320
Thorngumbald.....	12	37	71	177
Totals.....	485	1,081	2,449	6,131

With the agreement of the North Riding County Council arrangements have been made for East Riding residents living in the Norton area to attend the family planning clinic in Malton.

HEALTH VISITING AND NURSING SERVICES

ATTACHMENT TO GENERAL PRACTICE

The attachment of health visitors and district nursing sisters to general practices throughout the county continues to contribute to a more efficient and comprehensive service for patients. Agreement has been reached for health visitors and district nurses working with group practices in areas adjacent to the North Riding County Council to go over the county boundary. A similar arrangement has also been made with the Hull County Borough.

The appointment of an additional Area Nursing Officer has allowed all three Area Nursing Officers more time in which to visit group practices to establish a satisfactory working relationship between the general practitioners and the nursing staff. One group practice in the county has the full complement of Health Visitor, District Nurse/Midwife, District Nurse, State Enrolled Nurse and Nursing Attendant, thus fulfilling the concept of a "Primary Care Team" which should be able to provide all necessary treatment, care and advice for the patient in this practice. Although not so long ago many general practitioners were doubtful about the contribution which health visitors could make to general practice it is now interesting to note that each year two or three additional practitioners request that health visitors should be allowed to use an office in their surgery premises. This close day to day working relationship must be of benefit to the health service.

HEALTH VISITING

The health visiting staff consisted of 40 whole-time health visitors/school nurses, three of whom also undertook district nursing and midwifery as part of their duties. Eight health visitors were also employed on a part-time basis.

The policy of appointing trained nurses to undertake school nursing duties has been continued thus relieving health visitors of the more routine type of school work which does not require their special skills.

Details of the work carried out by health visitors during 1972 are set out below:—

Visits to expectant mothers:	
First visits.....	754
Subsequent visits.....	341
Visits to infants born in 1972:	
First visits.....	3,410
Subsequent visits.....	13,411
Visits to other children under 5:	
First visits.....	10,965
Subsequent visits.....	20,926
Visits to aged persons.....	15,465
Visits to tuberculosis cases.....	42
Visits to mentally disordered.....	691
(included in above figures)	
Visits for infectious diseases.....	196
Visits for care and after care.....	431

LIAISON WITH HOSPITALS

A good relationship has always existed between the Local Health Authority and the Hospitals which it serves, but in order to improve the overall situation it was decided to appoint three Nursing Officers whose prime responsibility would be hospital liaison. It is thus expected that all the essential arrangements required by a patient in the community will be provided before they are admitted to hospital and after discharge from hospital. It is hoped that this arrangement will go a long way towards ensuring that no patients fail to receive any necessary treatment or service as a result of poor communication between the hospitals and the community health services. I am confident that when the Nursing Officers have established a day to day working relationship with the ward sisters this will ensure that all the appropriate health and social services are adequately mobilized for the patient's benefit whenever they are required.

SPECIALISED NURSING SERVICES

During 1972 five district nursing sisters were specially trained in the Haemodialysis Unit at the Hull Royal Infirmary (Sutton). In addition, one male S.R.N. attends the Genito-Urology Unit in this hospital on two mornings each week and accompanies the consultants on their ward rounds. He is thus better able to look after the patients discharged from this unit. The tuberculosis visitor employed by the Kingston upon Hull Local Health Authority attends all tuberculosis clinics held at the Hull Royal Infirmary.

HOME NURSING

In the majority of cases domiciliary nursing sisters combine the duties of nurse and midwife. The staff employed are as follows:—

Whole-time Staff

Nurse/Midwives	40
Nurse/Midwives who also undertake health visiting	2
Midwives	—
Nurses	29
Total:	71

Part-time Staff

Nurse/Midwife	1
Nurses	7
Nursing Attendants	28
Total:	107

Eleven midwives and district nurses attended postgraduate refresher courses during the year.

As in previous years the number of patients visited in their homes and the total number of visits made showed a considerable increase compared with the previous year's figures. It is recognised that the amount of domiciliary nursing work is steadily increasing.

There has in addition been a corresponding increase in the demand for home nursing equipment such as patient lifting hoists, special beds and, in particular, incontinence pads. The scheme for the supply of incontinence pads by the Adult Training Centre continues successfully and during 1972, 80,700 incontinence pads were made at the Centre. Great credit is due to the staff and the trainees who are involved in manufacturing these pads. Fourteen handicapped children were also supplied with 15,000 incontinence pant liners.

The district nursing sisters are spending more time carrying out nursing duties in the Health Centres at Hessle and Pocklington on behalf of the general practitioners. During 1972, 2,186 patients were treated in Health Centres and a further 1,384 received treatment by the district nursing staff in general practitioner's premises.

In compliance with the recommended policy of the Department of Health and Social Security one State Enrolled Nurse was appointed in 1972, and it is hoped to increase this type of appointment in 1973 to enable State Registered Nurses to use their skills more effectively.

Auxiliary nursing help in the community continues to be provided by twenty-eight part-time nursing attendants; these attendants work closely with the district nursing sisters under their overall supervision. In-service training was provided for the nursing attendants, consisting of a course of seven sessions.

Statistics of the work carried out by the home nursing service during 1972 are as follows:—

Total number of patients visited.....	5,727
Number of patients over 65 years of age...	3,832
Percentage of patients over 65 years of age	66.8
Number of visits made:—	
Nursing sisters.....	166,590
Nursing attendants.....	31,182
Number of visits made to patients over 65 years of age:—	
Nursing Sisters.....	108,490
Nursing Attendants.....	27,565

DOMICILIARY MIDWIFERY SERVICE

The trend which has been established for several years continued as the number of domiciliary confinements showed a further decrease of 47, resulting in the lowest number of domiciliary confinements ever recorded in the county, namely 92, and 17 midwives had no domiciliary deliveries. Two thousand eight hundred and twenty mothers and babies were discharged between 48 hours and ten days. These discharges must be visited by a practising midwife up to and including the tenth day. Three maternity hospitals, namely Westwood Hospital, Beverley, East Riding General Hospital, Driffield, and Woodgates Maternity Hospital, North Ferriby, were contacted daily to enable the early hospital discharge scheme to run efficiently. In addition, four more maternity hospitals in the area contacted the nursing officers as and when necessary. The Nursing Officer on duty contacts the maternity hospitals at week-ends and on all public holidays.

Liaison between the domiciliary nursing staff and the local maternity hospitals continued to improve. During periods of shortage of staff, domiciliary midwives were requested to assist at the Hull and East Riding General Hospital at Withernsea. In March a scheme was started at the Fulford Maternity Hospital under which arrangements were made for domiciliary midwives to deliver patients booked for 48 hour discharge in the general practitioner unit at the hospital. Five midwives were concerned in this scheme.

The statistics relating to the domiciliary midwifery services for 1972 are:—

Number of domiciliary confinements attended—.....	92
Number of cases attended on discharge from hospital	
48 hour discharges.....	373
between 48 hours and 10 days.....	2,447
Number of visits—	
Domiciliary confinements—ante-natal.....	826
post-natal.....	1,127
Hospital confinements ante-natal.....	863
post-natal.....	12,101

The percentage of domiciliary live and still-births in the County was 2.6 compared with 3.7 in 1971. 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.	275	7
Bridlington M.B.	295	—
Drifffield U.D.	135	1
Filey U.D.	58	4
Haltemprice U.D.	648	15
Hedon M.B.	55	—
Hornsea U.D.	75	2
Norton U.D.	81	2
Withernsea U.D.	84	—
Aggregate of U.D.s.....	1,706	31
Beverley R.D.	509	17
Bridlington R.D.	85	—
Derwent R.D.	239	10
Drifffield R.D.	124	—
Holderness R.D.	422	10
Howden R.D.	197	13
Norton R.D.	87	4
Pocklington R.D.	269	7
Aggregate of R.D.s.....	2,053	61
Total County	3,638	92

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

A total of 214 midwives notified their intention to practise in the East Riding during 1972. At the end of the year there were 171 midwives in practice, 56 of whom were employed in the County Service and 115 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	—	14	14
Notification of infant death	12	—	12
Notification of stillbirth	26	1	27
Liability to be a source of infection.....	—	2	2

VACCINATION AND IMMUNISATION

The work of transferring the vaccination and immunisation records to the computer continued and at the end of the year some 40,000 records were on the computer.

Vaccination statistics are forwarded annually to the Department of Health who then issue a table showing the percentages vaccinated by local authorities together with the equivalent national figures. Details of the figures for England as a whole and for the Authority are shown below:—

	Children born in 1970 and vaccinated by 31.12.72		
	Whooping Cough	Diphtheria	Poliomyelitis
England	79 %	81 %	80 %
East Riding	93 %	94 %	96 %

The figures for the Authority show the wisdom of computerising the vaccination and immunisation scheme and also reflects creditably on the hard work of the staff involved. In 1969, the last year before the scheme was introduced the corresponding figures were:—

Whooping Cough	89 %
Diphtheria	89 %
Poliomyelitis	90 %

The following tables give details of work carried out in 1972:

DIPHTHERIA

Three thousand five hundred and forty two children received a primary course of vaccination against diphtheria and 2,831 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Diphtheria	—	6
Combined Diphtheria/Tetanus	39	2,806
Combined Diphtheria/Whooping Cough/ Tetanus	3,503	19
Combined Diphtheria/Pertussis	—	—
Total	3,542	2,831

At the end of 1972, 94% of the children born in 1970 had been immunised against Diphtheria.

WHOOPING COUGH

Three thousand five hundred and eighteen children received primary courses of anti-whooping cough injections and 19 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Whooping Cough	15	—
Combined Diphtheria/Whooping Cough—	—	—
Combined Diphtheria/Whooping Cough/ Tetanus	3,503	19
Total	<u>3,518</u>	<u>19</u>

Protection against whooping cough is most important in the first two years of life and 93% of the children born in 1970 have been protected against this disease.

TETANUS

Three thousand five hundred and fifty six children received a primary course of tetanus injections and 4,403 received booster injections. These numbers were made up as follows:—

	Primary	Booster
Tetanus	14	1,578
Combined Diphtheria/Tetanus	39	2,806
Combined Diphtheria/Whooping Cough/ Tetanus	3,503	19
Total	<u>3,556</u>	<u>4,403</u>

Of the children born in 1970 records show that 94% have received protection against tetanus.

POLIOMYELITIS

Three thousand five hundred and ninety one children received a primary course of protection and 4,616 children received reinforcing doses.

	Primary	Booster
Salk vaccine	—	—
Sabin oral vaccine	3,591	4,616
Total	<u>3,591</u>	<u>4,616</u>

These figures indicate that 96% of the children born in 1970 have been protected against this disease by the end of 1972.

MEASLES

Vaccination against measles is recommended in the second year of life and during 1972, 1,337 vaccinations were given to children born in 1970, an increase of 521 over the previous year.

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

1972.....	9
1971.....	1,339
1970.....	1,337
1969.....	142
1968.....	183
Others under 16.....	1
Total.....	<hr/> 3,011 <hr/>

RUBELLA

The initial programme for vaccination against rubella was aimed at the 14 year old age group. This programme was completed early in 1971. Arrangements were subsequently made for offering vaccination to all remaining girls between their eleventh and fourteenth birthdays and by the end of 1972 a further 2,914 girls had been protected against this disease.

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 5,905 out of a total of 7,077 eligible children requested participation in the scheme, and of these acceptors 5,114 were eventually skin tested to find out if B.C.G. vaccination was necessary. The result of the tests showed that 4,300 were negative and, therefore, required vaccination, and 4,241 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

STAFF

The following staff were employed in the Ambulance Service:—

Ambulance Officer.....	1
Assistant Ambulance Officers.....	2
Transport Officer.....	1
Control Staff.....	10
Station Officers.....	11
Ambulancemen.....	77
Cadets.....	6
	<hr/> 108 <hr/>

The Council's fleet of vehicles consists of 30 ambulances, 22 dual purpose vehicles and one emergency incident vehicle.

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

Types of Cases	1972	1971
1. Accidents	3,543	3,414
2. Acute Illness	4,050	3,577
3. General Illness	4,641	4,620
4. Maternity	751	876
5. Tuberculosis	—	—
6. Infectious diseases	21	33
7. Mental Illness	446	336
Total (items 1-7)	13,452	12,856
8. Inter hospital transfers	3,011	3,157
9. Hospital discharges	4,411	4,196
10. Out-patient and clinic attendances . .	108,564	104,985
Total (items 8-10)	115,986	112,338
11. Other cases	12,296	23,683
Grand total—Cases	141,734	148,877
Mileage	1,174,484	1,195,121
Average miles per patient	8	8

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

	<i>Patients Carried</i>	<i>Mileage</i>
Direct Service	131,668	1,085,370
Hospital Car Service	1,056	20,840
Other Authorities	9,001	66,224
Train	9	2,050
	<u>141,734</u>	<u>1,174,484</u>

TRAINING

All new entrants to the Ambulance Service receive training locally consisting of an induction course on which they are required to obtain a satisfactory minimum standard. When this has been achieved they are sent to a residential school for the six weeks course of training provided for all new ambulancemen before they are accepted as qualified. Following a recommendation of the Ambulance Service Advisory Committee it was agreed that all members of the Ambulance staff would be sent on a two week refresher course every three years.

Six new entrants completed induction courses at the Council's Training Centre and seven ambulancemen successfully completed the six week training course at the West Riding County Council Training Centre; in addition 22 ambulancemen received refresher training. A continuous programme of in-service training was arranged by the Training Officer.

In accordance with the recommendations made by the Department of Health and Social Security a programme of hospital training was arranged and ambulancemen attended one of the major hospitals for one week in order to gain experience in the hospital environment.

Thirty-nine members of the ambulance service studied for advanced qualifications under the auspices of the Institute of Ambulance Officers and the Institute of Certified Ambulance Personnel. Seven men obtained the Fellowship Diploma and three the Associateship of the Institute of Certified Ambulance Personnel.

In December a senior Station Officer attended Sheffield University on a pilot first line management course organised by the Local Government Training Board and the West Riding County Council. Arrangements have been made for a course in management to be held at the Kingston Upon Hull College of Commerce during the early part of 1973 for all junior officers in the service.

CADETS

The introduction of a cadet scheme in 1971 proved so successful that the establishment was increased to six in 1972. Of the three cadets appointed in 1971 all attended Regional Training Schools and achieved a high standard of attainment in their course. Two of the cadets have already graduated to full ambulance duties and the third will do so early in 1973. The four new cadets appointed in 1972 all made very satisfactory progress. An arrangement has been made with the Principal Nursing Officer and Senior Medical Staff at Hull Royal Infirmary which will enable each cadet to undergo eight weeks hospital training.

CONTROL

Since my last report, further steps have been taken towards the introduction of a central control system. This has resulted in greater flexibility in the use of manpower and vehicles, improvements in emergency cover, and the general out-patient service. This more effective use of resources has resulted in savings in other parts of the service, and it is hoped that even greater efficiency will be achieved when the final phase is complete and the service becomes fully centrally controlled during 1973.

AMBULANCE STATIONS

The anticipated improvements at the ambulance stations at Bridlington, Hornsea, Howden and Pocklington have not yet been carried out due to the difficulties in obtaining acceptable tenders, it is hoped to complete them during 1973.

EAST RIDING VOLUNTARY ACCIDENT AND EMERGENCY SERVICE

The doctors taking part in the Scheme gave their services on a voluntary basis and have devoted considerable time to this work. They attended a total of 392 incidents which included 221 road traffic accidents, 117 medical emergencies and 54 other types of accidents. The County Council provided six additional mobile radios for use in doctors cars, thus a total of 19 cars were equipped with radio at the end of the year.

ACCIDENTS

The table below shows the number of emergency calls made to all types of accidents. There was a decrease in the total number of accidents in 1972 due to a significant and welcome decrease of road accidents and a small reduction in accidents occurring at work. Accidents occurring in the home, however, showed a significant increase. Although the total number of accidents was less than 1971, the number of casualties involved was considerably more.

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	423	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
1971	1,056	732	168	777	2,733	3,414
1972	773	805	142	824	2,544	3,543

CARE AND AFTER-CARE

MEDICAL LOANS SERVICE

A comprehensive medical loans service is provided by the County Council. The British Red Cross Society acting on an agency basis administers the service in most parts of the County area. A direct service has been provided in the Haltemprice, Filey and Withernsea areas which when necessary is supplemented through the British Red Cross Society. The total number of issues of equipment was as follows:—

British Red Cross Society	1,347
Filey	74
Haltemprice	383
Withernsea	116

Hospital beds and mattresses are available for patients requiring these and during 1972, 47 issues of this type of equipment were made. During the last two years over £5,000 has been spent on medical loans equipment and the service is now benefitting from this expenditure. The stock and standard of equipment is now at a much more acceptable level and the budget for equipment for 1973/74 will ensure that this high standard is maintained.

CHIROPODY SERVICE

Chiropody under the County Council Scheme is provided on medical grounds and patients are recommended for treatment by their family doctor or by 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 1972, 651 new patients were referred for treatment. The number of patients who died or were discharged was 352, leaving a net increase of patients on the chiropody register of 299. A total of 2,088 patients received treatment of which 92 (approximately 4%) were under 65 years of age. The number of patients under 65 shows a considerable decrease over the previous year.

The following table shows the number of treatments given:—

In County Council Clinics	2,264
In Patients' Homes	6,940
In Old Peoples' Homes	143
In Chiropodists' Surgeries	571

The Authority was fortunate in retaining a full complement of chiropodists during 1972. In April the establishment was increased to seven whole-time chiropodists, and at the end of the year five whole-time chiropodists and six part-time chiropodists, equivalent to two whole-time officers, were employed.

Experience has shown that a whole-time chiropodist can deal with approximately 400 patients on an eight week cycle depending on their location and the ratio of clinic to domiciliary treatment.

CERVICAL CYTOLOGY

Clinics for cervical cytology are held in County Council premises at Anlaby, Cottingham, Beverley, Driffield, Bridlington and Pocklington Health Centre; elsewhere 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 58 sessions were held at which 341 first attendances were made; three positive cases were reported. Six hundred and sixty one women who underwent this test five years ago were recalled for routine testing.

The number of women attending Cytology Clinics dropped again in 1972 but as arrangements were also made for this test to be undertaken at Family Planning Clinics this must be taken into account in the overall picture. A total of 1,114 such tests were carried out in these clinics, an increase of 288 over 1971.

RENAL DIALYSIS

Two patients were discharged from the Renal Dialysis Unit in Hull for home dialysis and there are now four patients on regular home dialysis in the County. The homes of both these patients were adapted to accommodate the equipment required. Towards the end of the year the Authority was notified of two further patients who will shortly be discharged from Hospital and in both cases the homes are being adapted to accommodate the necessary equipment.

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 who attended these clinics and the type of condition dealt with.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Venereal Conditions</i>
Mill Street Clinic, Hull.	—	48	248
County Hospital, York.	—	5	46
St. Mary's Hospital, Scarborough.....	—	8	21

The total number of patients attending for treatment was 376 compared with 265 in 1971.

There is a close liaison between the Local Authority and the Consultant Venereologists. Every assistance is given when required in the tracing of contacts.

HEALTH EDUCATION

Health Education activities have continued on similar lines to previous years under the day to day direction of the Divisional Medical Officers. Talks, exhibitions and displays have been arranged in all Child Health Centres covering a variety of subjects and special sessions have been held in a number of areas, to which mothers have been invited.

Many requests were received from organisations to give talks on various aspects of health. The subject matter of these talks has been diverse and has included the work of the district nurse, the work of the health visitor, home safety, cancer education, venereal disease, smoking and health, nutrition and diet, etc. Films were shown including "To Janet a Son", "Quarter of a Million Teenagers" and also a film strip regarding smoking and health.

In addition the usual demand for posters and leaflets has been met.

The "Learning to Live" course was given throughout the academic year to female students at the East Riding College of Agriculture and proved very popular with the students.

A number of young people in schools in the Bridlington area received instruction on resuscitation.

Lectures were also given by the nursing staff to pupils in senior schools in connection with the Duke of Edinburgh's Award Scheme, the subjects covered in these sessions were child care and mothercraft.

REGISTRATION OF NURSING HOMES

One private nursing home is registered in the area. The powers and duties under the Public Health Act have been delegated to the Bridlington Corporation in respect of the Borough of Bridlington. One private nursing home is registered there offering 18 beds for medical cases.

MEDICAL EXAMINATION OF FIREMEN

Revised medical standards for full-time members of the Fire Service were introduced by the Home Office. These standards included the introduction of a periodic examination of all members of the service over 40 years of age. These proposals were accepted by the Council and a medical examination was carried out on all those members of the Service who were over the age limit.

CAPITAL BUILDING PROGRAMME

The Authority continues to pursue its policy of establishing health centres and at present two centres, one at Hessle and one at Pocklington, are operational. Construction of the Beverley Health Centre is now well advanced and in addition four more health centres have been included in the three year capital building programme submitted to the Department of Health and Social Security. Full details of this building programme are shown below:—

Financial Year		Project
1973/74	Elloughton Gilberdyke Hornsea Leven	Health Centre Health Centre Health Services Clinic Health Centre
1974/75	Beverley Withernsea	New Ambulance H.Q. Health Centre
1975/76	Hedon Willerby	Health Services Clinic Health Services Clinic

It is anticipated that the major extensions to the Cottingham Clinic and the Beverley Health Centre should be completed during 1973.

Section 3. — Sanitary circumstances of the Area

WATER SUPPLIES, SEWERAGE AND SEWAGE DISPOSAL

FLUORIDATION OF THE PUBLIC WATER SUPPLIES

Further consideration was given to the question of the fluoridation of water supplies in the East Riding following the receipt of a letter from the Pontefract, Goole and Selby Water Board regarding the fluoridation of water supplied in the Board's area which included a part of the Derwent Rural District. However, the County Council decided that no action should be taken in this matter.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1971

During 1972, the following schemes of sewerage and sewage disposal and water supply were submitted to the County Council and in each case it was possible to inform the District Councils and the Water Board concerned that it was not desired to offer any observations for the purposes of Section 2(2) of the Rural Water Supplies and Sewerage Act, 1944:—

Norton R.D.C. Extension of the existing sewerage system and the construction of a new sewage disposal works at West Lutton.

Pocklington R.D.C. . . . Provision of sewerage facilities for the village of Millington.

East Yorkshire (Wolds

Area) Water Board. . . Provision of a mains water supply to Moorfield Farm, Lockington.

Provision of a mains water supply to three properties at Emmotland, North Frodingham.

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

Beverley M.B. Provision of piped water supply to the village of Weel (contribution considered annually).

Beverley R.D.C. Increased reservoir capacity at High Hunsley and South Cave (contribution considered annually).

Beswick and Kilnwick Sewerage Scheme.
Swanland and North Ferriby Sewerage and Sewage Disposal Scheme.

Derwent R.D.C. Southern Area Sewerage and Sewage Disposal Scheme.

Driffield R.D.C. Regional Water Supply Scheme (contribution considered annually).

Watton, Cranswick and Hutton Sewerage and Sewage Disposal Scheme.

Holderness R.D.C. . . . Brandesburton, Catwick, Seaton and Siggles-thorne Sewerage and Sewage Disposal Scheme.

Howden R.D.C. Trunk link main from Spaldington Water Tower to Howden (contribution considered annually).

Water main extensions in ten parishes in the Rural District (contribution considered annually).

Water Supplies Co-ordination Scheme (contribution considered annually).

Pocklington R.D.C. . . . Water Supplies Co-ordination Scheme (contribution considered annually).

Water main 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 Etton.

LOCAL GOVERNMENT ACT, 1958

The County Council decided to make no contribution in respect of the financial year 1971/72 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 1971/72 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

As the Food and Drugs Authority for the Administrative County of the East Riding, (except Haltemprice Urban District), the County Council has the responsibility of ensuring that food which is on sale or is produced in the area, meets all statutory compositional standards and that information given on labels is accurate and fair, and does not mislead prospective purchasers.

To this end the sampling officers, in addition to taking samples, were called upon to offer advice to the food packers, manufacturers, and the retail trade. During the course of the year they examined the labels of a substantial number of packs of food.

During 1972 a total of 499 food samples were taken of which 15 were unsatisfactory. A summary of this work is given below:—

	No. of samples analysed	No. of samples found to be unsatisfactory
Beverages	20	
Bread	3	
Cheese	10	
Confectionery	14	
Fats	24	
Fish and Meat Products	106	3
Fruit and Vegetables (fresh)	37	
Fruit and Vegetables (canned or processed)	13	
Ice cream	5	
Intoxicating Liquor	4	
Milk	164	11
Milk products	8	
Preserves	14	
Seasonings	15	1
Miscellaneous	62	
	499	15

As a result of unsatisfactory samples, legal proceedings were instituted against a dairy company, when three samples of pasteurised milk taken at three different retail outlet points were all found to contain added water; and against a butcher, whose pork sausage on sale during the Christmas period was found to be well below the statutory standard with regard to the meat content; in each case fines were imposed.

The infringements insofar as the remaining eleven unsatisfactory samples were concerned, were of a minor nature and the appropriate advisory or administrative action was taken. These eleven samples concerned:—

- Milk—contained added water (1)
- Milk—contained antibiotics (2)
- Milk—deficient in fat (5)
- Meat Products—deficient in meat content (2)
- Raspberry Sauce—minor labelling infringements (1)

On seven occasions minor labelling infringements on pre-packed foods were discerned and the packers were advised accordingly. The foods involved were sausages, dripping, whisky, rum, liqueur, honey and biscuits.

Following a complaint a brewery company was fined £25 with £15 costs for causing a publican to sell a bottle of brown ale which contained a dead insect.

Other complaints received during the year concerned:—

Lime and Lager—foreign matter in a bottle of lime and lager was found to be particles of graphite. Investigations revealed faults in both the manufacture of the bottle and the bottle washing process of the producers and both parties undertook to strengthen their inspection systems.

Untreated Milk—foreign matter in a carton of milk was identified as “insect larvae” but the evidence concerning this complaint was insufficient, and no action was taken other than to notify the Ministry’s Milk Advisory Officer.

Jam—what appeared to be foreign matter found in a jar of jam was found to be vegetable matter only and no further action was taken.

Rum (2)—two complaints were received in respect of the quality of rum served in hotels but test purchases submitted for analysis were reported as genuine.

Toffee Apple—a toffee apple bought at a fair was most unappealing in appearance and was thought to be “not fit for human consumption”. However, the public analyst reported that it contained no deleterious ingredients and that the colours used were on the permitted list of food colours.

Almonds, bread, liquorice toffee—Three complaints concerning food unfit for human consumption were referred to the Beverley Corporation Public Health Department, who took legal proceedings against the manufacturer in the case of the liquorice toffee which contained a piece of hacksaw blade.

Scampi—Scampi, served as part of a meal in a hotel, was suspected to be a fish of another variety. Test purchases and investigations carried out did not confirm that the complaint was justified.

The average standard of the 164 milk samples were:—

	<i>Fat</i>	<i>Solids— not fat</i>
Untreated Milk	3.51	8.75
Pasteurised Milk	3.83	8.76
Channel Island Milk .	4.66	9.19
Sterilised Milk	3.81	8.80

CONTAMINATION OF FOODSTUFFS BY TOXIC CHEMICALS

Of 13 samples which were taken as part of the national survey, 5 were completely free from pesticide residues, whilst the remainder contained pesticide residues but at a level considered to be acceptable within existing legal requirements.

In addition to the samples which were submitted under the national scheme, 25 samples were taken as part of the normal sampling procedure, of which 9 contained pesticide residues at an acceptable level, the remainder being completely free of any such residues.

A total of 83 samples were submitted for examination for lead content. The majority of these were in connection with the investigations into the extent of lead contamination in the Humber Bank area, following the setting up of a working party consisting of officers of the Ministry, the Public Health Departments of Beverley Rural District Council and Haltemprice Urban District Council, the County Weights and Measures Department and the Public Analyst. In no case was the level of lead in any of the samples found to be above the standard laid down by the Lead in Food Regulations.

Enquiries were also conducted into the lead content of animal and poultry feeding stuffs. The evidence suggests that whilst a substantial number of feeding stuffs do contain lead, the amounts are such that there will not be any significant lead content in the human food produced from the animals or birds.

A substantial amount of publicity was given to "Ladybird" beads which were found in the Bristol area and which had been made from a toxic seed originating in Africa, Asia or Mexico. Following this publicity inspection visits were made to all shops likely to sell them, to advise traders and to check their stocks, but none were found. In addition 49 strings of beads were submitted to the Department by their owners. Seven of these were identified as being non-poisonous, but the remainder were all identified as being of the poisonous variety and were, with the permission of their owners, destroyed.

NEW REGULATIONS AND REPORTS

New Regulations

- (a) The Food (Control of Irradiation) (Amendment) Regulations, 1972. These regulations increased the permitted level of radiation to which food may be subjected, providing it forms part of medical treatment certified by a medical practitioner.
- (b) The Milk (Special Designation) (Amendment) Regulations, 1972. These amending regulations permit the heat treatment of milk by direct application of steam.
- (c) The Bread and Flour (Amendment) Regulations, 1972. These regulations implement the proposals made last year to vary the control over certain additives in flour.
- (d) Labelling of Food (Amendment) Regulations, 1972. These are regulations which amend the Labelling of Food Regulations, 1970.

- (e) The Lead in Food (Amendment) Regulations, 1973. These regulations restrict the amount of lead which may be present in food especially prepared for consumption by babies and young children.

Reports

Date Marking of Food

The Food Standards Committee has issued a report on the date marking of foods. The main recommendation is that a system of open date marking for pre-packed foods should be introduced by regulation in about three years time. Recommendations differentiate between short life foods (recommended to be marked with a date by which goods should be sold), long life foods (recommended to be marked with a date of manufacture) and food subject to special processes (recommended to be marked with a date by which the goods should be opened). It has since been announced that the Government has accepted the recommendations and that there should be regulations on open date marking to come into effect in 1975.

Other reports concerned The Composition and Labelling of Vinegar, The Use of Offals in Meat Products and Preservatives in Food.

In addition it has been announced that the Anti-oxidant in Food Regulations and the Mineral Hydro-carbon in Food Regulations are to be reviewed and also the question of standards and labelling requirements for yoghurt, other cultured milks and cream and milk desserts is to be examined.

Milk and Dairies Regulations/The Milk (Special Designation) Regulations

A total of 5,001 samples of milk were obtained from farms, heat treatment plants and retailers, under the above Regulations, which are designed to ensure the production and sale of clean safe milk. These samples were submitted to the public health laboratory for tests to be made in respect of (1) general cleanliness and hygiene (methylene blue test), (2) correct and efficient heat treatment where appropriate (phosphatase or turbidity test), and (3) biological or other examination to detect evidence of tubercle or brucellosis.

At the end of the year there were 535 dealers' licences in force and eight heat treatment plants were operating. Sampling and inspections have been carried out regularly to pasteurisation plants, which received 180 inspectional visits, and to the premises of milk dealers where 97 visits were made.

Three samples, of which two were from heat treatment plants, failed the phosphatase test indicating incorrect heat treatment. Investigations revealed that instrument faults were the likely cause of these and when the faults had been corrected the process was satisfactory.

A total of 22 samples failed the methylene blue test. In each case repeat samples were found to be satisfactory.

Special sampling has continued at the 40 farms in the County where 'untreated' milk is produced for retail sale (1,450 cows). Nine samples were reported positive for brucella abortus. This is the highest number of positive samples since 1968 and is a departure from the pattern of improved reports which have been obtained since special attention has been paid to this form of sampling.

Six samples of untreated cream examined for brucella abortus were found to be satisfactory but of 103 samples submitted for the methylene blue test, 30 were found to be unsatisfactory. These results have been notified to the Ministry as they would appear to indicate a need for stricter control over the production, storage and sale of cream.

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

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 continued co-operation and assistance.

LEWIS KAYE,

Chief Inspector of Weights and Measures
and Chief Sampling Officer

Source	Number of Samples				Methylene Blue Test			Phosphatase Test		Sterilised Turbidity Test		U.H.T. Colony Count Test	
	U.H.T.	Past.	Unt.	Ster.	Sat.	Unsat.	Test Void	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.
Heat Treatment Plants	—	206	—	—	205	1	—	204	2	—	—	—	—
Licensed Dealers	27	356	12	78	353	9	6	355	1	78	—	27	—
Producer/Retailers	—	—	77	—	66	9	2	—	—	—	—	—	—
Schools	—	132	—	—	128	3	1	132	—	—	—	—	—
Totals	27	694	89	78	752	22	9	691	3	78	—	27	—

Biological and Brucella Abortus Examination of Milk

	Number of Samples	Biological Examination						Brucella Abortus Examination			
		Tubercule		Brucella Abortus		Test Void		Ring Test		Culture Test	
		Negative	Positive	Negative	Positive			Negative	Positive	Negative	Positive
Farm Samples	4,066	—	—	—	—	—	—	3,955	111	4,057	9
Producer/Retailer	66	66	—	66	—	—	—	—	—	—	—
Licensed Dealers	8	8	—	7	1	—	—	—	—	—	—
Schools	—	—	—	—	—	—	—	—	—	—	—
Totals	4,140	74	—	73	1	—	—	3,955	111	4,057	9

VETERINARY INSPECTION OF DAIRY HERDS

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for information about the inspection of dairy herds. He states that 314 herds were inspected involving 9,819 cattle. No cases of tuberculosis have been dealt with under the Tuberculosis Order 1938 but 3 cows were found to be positive for tuberculosis at a post mortem. None showed tuberculous lesions of the udder.

LEAD POLLUTION

In the Beverley Rural District the problem of lead pollution caused by a factory chimney effluent was investigated in considerable detail. Heavy pollution was found in the crops of two farms adjoining this factory, and a series of detailed investigations were carried out in the fall-out area throughout the year. These included the sampling of herbage and grasses at different distances from the factory: this sampling showed the expected pattern as the heaviest contamination was nearest to the factory. Consultation between various departments, including the Department of Health and Social Security, the Ministry of Agriculture, Fisheries and Food and chemists from Leeds University were arranged by the District Medical Officer of Health, and arrangements were made to monitor the local situation continuously. Blood samples were taken from 117 people in the area affected, but only with four exceptions all proved to have an acceptable level of lead. Two of the exceptions had worked in the factory and their lead blood levels were acceptable for lead factory workers. Of the remaining two cases one was a child who had been playing with home-made toys covered with lead paint which appeared to account for his high lead level. The company concerned have made considerable improvements within the factory, and a new high chimney is now fully operational, with the result that discharge of effluent is spread over a much wider area and any contamination is, therefore, disseminated and not concentrated in the areas previously affected. Monitoring of the local situation will continue.

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

NOTIFIABLE INFECTIOUS DISEASES—1963 to 1972

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

Disease	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Scarlet Fever	64	62	71	51	89	137	143	125	62	33
Whooping Cough	206	169	56	65	169	41	6	52	105	4
Diphtheria	—	—	—	—	—	—	—	—	—	—
Measles	3,409	1,268	3,543	966	2,953	1,790	94	2,744	428	1,017
Meningococcal Infection	4	3	—	2	2	1	20	13	15	15
Acute Poliomyelitis:										
Paralytic	—	1	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—
Encephalitis:										
Infective	—	—	—	—	—	—	—	—	—	1
Post-infectious	—	—	—	—	—	—	—	—	—	—
Dysentery	44	127	157	226	166	131	103	135	51	395
Ophthalmia Neonatorum	—	1	—	—	—	—	—	—	1	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	3	1	1	—	1	1	—	—	—	—
Typhoid Fever	4	1	—	—	—	—	—	—	—	—
Food Poisoning	41	30	36	30	48	255	138	100	117	61
Malaria	—	1	—	1	—	—	—	—	—	2
Tuberculosis:										
Pulmonary	34	38	33	16	19	24	25	25	29	16
Meninges and C.N.S.	1	—	2	—	—	—	—	—	1	—
Other forms	9	3	4	2	4	3	4	1	6	1
Anthrax	—	—	—	—	—	—	—	—	—	—
Infective jaundice	—	—	—	—	—	64	121	32	19	52
Leptospirosis*	—	—	—	—	—	—	—	—	—	—
Tetanus*	—	—	—	—	—	—	—	—	—	—
Scabies	—	—	—	—	—	—	—	52	36	82

*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 any special problems associated with care and after care in the rehabilitation of any patient resident in the County. The chief link with the County Health Service is through the health visitor all of whom visit tuberculosis cases when required.

A specialised tuberculosis health visitor has, however, been appointed in conjunction with the County Borough of Kingston upon Hull to visit such patients within the City boundary and the areas of the County immediately surrounding it.

On the recommendation of the chest physicians, patients being treated in their own homes are supplied with extra milk. Seven 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 100 persons have been vaccinated. This figure includes 28 infants vaccinated soon after birth. Details of B.C.G. vaccination of school children against tuberculosis are given elsewhere in this report.



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

DISEASE	Total	Beverley	Bridlington	Driffield	Filey	Haltemprice	Hedon	Hornsea	Norton	Withernsea
Measles	603	174	104	133	73	61	5	43	1	—
Dysentery	393	5	—	—	—	386	—	—	—	—
Scarlet Fever	24	6	2	—	—	12	—	4	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	24	2	1	—	—	20	—	—	—	—
Respiratory T.B.	13	—	3	1	—	4	—	1	2	—
Meninges T.B.	—	—	—	—	—	—	—	—	—	—
Other forms T.B.	1	1	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—
Acute Meningitis	12	—	1	1	2	5	—	2	—	—
Acute Encephalitis Inf.	—	—	—	—	—	—	—	—	—	—
Post Infective	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—
Polio Paralytic	—	—	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—
Food Poisoning	51	—	—	1	—	50	—	—	—	—
Malaria	1	—	—	—	—	1	—	—	—	—
Plague, Cholera, Anthrax, Smallpox, Typhus, Relapsing Fever, Yellow Fever	—	—	—	—	—	—	—	—	—	—
Scabies	82	—	—	—	—	82	—	—	—	—

Table III

Vital Statistics for the Administrative County, the Divisional Health Areas, and for Urban and Rural Districts in the East Riding during 1972.

District	Population	Birth and Death Rate per 1,000 of the Population										Stillbirths		Deaths of children under one year of age	
	Estimated mid-year 1972	Live Births				Illegitimate Live Births		Deaths							
		No.	Crude Rate	Com-parability Factor	Adjusted Rate	No.	% of live births	No.	Crude Rate	Com-parability Factor	Adjusted Rate	No.	Rate per 1000 total births	No.	Rate per 1000 live births
Administrative County	263,980	3,593	13.6	1.05	14.3	179	5	3,339	12.6	0.84	10.6	45	12	42	12
M.B.'s and U.D.'s	132,920	1,686	12.7	1.12	14.2	100	6	1,953	14.7	0.75	11.0	20	12	22	13
Rural Districts	131,060	1,907	14.6	0.99	14.5	79	4	1,386	10.6	0.96	10.2	25	13	20	10
BUCKROSE DIVISION															
Bridlington M.B.	26,740	291	10.9	1.31	14.3	33	11	591	22.1	0.55	12.2	4	14	8	27
Driffield	8,170	134	16.4	1.01	16.6	5	4	125	15.3	0.61	9.3	1	7	—	—
Filey U.D.	5,390	58	10.8	1.48	16.0	3	5	114	21.2	0.55	11.7	—	—	1	17
Bridlington R.D.	8,640	83	9.6	1.29	12.4	7	8	104	12.0	0.79	9.5	2	24	1	12
Driffield R.D.	9,560	122	12.8	1.09	14.0	4	3	110	11.5	0.97	11.2	2	16	3	25
Totals	58,500	688	12.1	—	—	52	6	1,044	14.4	—	—	9	12	13	16
HALTEMPRICE DIVISION															
Haltemprice U.D.	53,870	636	11.8	1.08	12.7	21	3	585	10.9	0.88	9.6	12	19	9	14
HOLDERNESS DIVISION															
Beverley M.B.	17,050	275	16.1	1.01	16.3	19	7	213	12.5	0.98	12.3	—	—	2	7
Hedon M.B.	2,670	54	20.2	1.03	20.8	1	2	51	19.1	0.95	18.1	1	18	—	—
Hornsea U.D.	7,310	74	10.1	1.21	12.2	6	8	111	15.2	0.70	10.6	1	13	1	14
Withernsea U.D.	6,230	84	13.5	1.13	15.3	8	10	84	13.5	0.83	11.2	—	—	—	—
Beverley R.D.	33,620	503	15.0	0.97	14.6	16	3	311	9.3	1.01	9.4	6	12	7	14
Holderness R.D.	25,340	420	16.6	0.94	15.6	11	3	236	9.3	1.08	10.0	2	5	1	2
Totals	92,220	1,410	16.9	—	—	61	5	1,006	13.1	—	—	10	8	11	6
HOWDENSHIRE DIVISION															
Norton U.D.	5,490	80	14.6	0.99	14.5	4	5	79	14.4	0.80	11.5	1	12	1	13
Derwent R.D.	18,770	235	12.5	0.83	10.4	10	4	230	12.3	0.75	9.2	4	17	2	9
Howden R.D.	12,550	193	15.4	1.06	16.3	15	8	149	11.9	0.97	11.5	4	20	3	16
Norton R.D.	6,460	86	13.3	1.18	15.7	5	6	63	9.8	0.98	9.6	1	11	1	12
Pocklington R.D.	16,120	265	16.4	1.04	17.1	11	4	183	11.4	1.02	11.6	4	15	2	8
Totals	59,390	859	14.5	—	—	45	5	704	12.0	—	—	14	15	9	11



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Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Table IV
VITAL STATISTICS OF WHOLE DISTRICT DURING 1972,
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
*1950/59	216,167	3,153	14.6	75	24	2,623	12.1
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
1971	259,510	3,772	14.5	53	14	3,178	12.2
1972	263,980	3,593	13.6	42	12	3,339	12.6

*Average rate for 10 years

Table V
Rainfall Returns 1972

Station	Height of rain gauge above sea level	Observer	Total Rainfall	Number of days on which one-tenth of an inch or more of rain fell	Average rainfall during the 10 years 1961 to 1970
Hempholme	11 feet	Mr. D. M. Ward	inches 20.81	155	inches 27.01
Beverley	34 feet	Municipal Offices Beverley	22.09	143	26.53
North Cave	35 feet	Meteorological Office (Leeds)	22.05	170	26.19
Hornsea	35 feet	Mr. W. C. Archer	21.69	197	25.60
Bridlington	60 feet	Mr. R. Williamson	21.22	206	28.30
Lowthorpe	63 feet	Mr. C. Kettlewell	22.75	185	25.13
Scampston	100 feet	Mr. F. Hodgson	20.15	163	24.74
Filey	122 feet	Filey U.D.C. Offices	19.65	183	25.20
Dalton Holme . .	150 feet	Lord Hotham Estate	24.17	192	28.70
Birdsall	304 feet	Birdsall Estate Co. Ltd.	24.68	189	28.48

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



EAST RIDING OF YORKSHIRE COUNTY COUNCIL

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1972

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 1972.

There have been a number of staff changes in the Department; Dr. P. P. Tiwari was appointed as Medical Officer in February, and Dr. S. Donohue as part-time Medical Officer in September. Dr. R. Jones resigned from her full-time appointment as Medical Officer in the Haltemprice area in June. Mr. D. Mathews, full-time Dental Officer, resigned in May and so far it has only been possible to replace him with a part-time officer. Mrs. A. M. Gough resigned as Senior Speech Therapist in July, and her post was taken over by Mrs. M. R. Lee, who was already a member of the speech therapy staff. One full-time and two part-time speech therapists were appointed thus completing the establishment of speech therapists for the first time in three years. Mrs. A. B. Godfrey, Psychiatric Social Worker, who had been with the Authority since December, 1962, resigned on the 30th April and her position has been taken by Miss P. C. West, a recently qualified social worker, who took up her appointment on the 1st August.

There is considerable uncertainty about the future among the staff of child guidance clinics, particularly social workers, due to the absence of a clearly defined staffing structure for this service. After re-organisation in April, 1974, it is to be hoped that the child guidance service will continue to be staffed on a multi-disciplinary team basis with properly trained and experienced professional workers, on similar lines to those which have been developed in recent years.

An intensive residential course, of two weeks duration, for children who stammer was held in the Driffield Special School during the Easter holiday. As this was the first occasion on which this type of course had been held, all the children attending were carefully assessed both during and after the course to ascertain the extent of the benefit, if any, which resulted from this intensive therapy. The experiment proved worthwhile as most of the children's speech improved, and a follow-up showed that in many cases this improvement was maintained.

As a result of the increasing integration of health visiting staff with the general practitioner services to create "Primary Care Teams" in the community, it has been necessary to appoint a number of part-time school nurses to carry out the more routine school nursing duties, such as inspection for infestation, routine eye testing, and to help at routine medical examinations in schools. However, this policy is not intended to divorce the health visitor entirely from school work, and each health visitor is encouraged to keep in touch with the schools in the practice area in which she works. An in-service training course for all school nurses was held in Beverley at which various aspects of school health service work were considered. This course was appreciated by the staff, many of whom were recently appointed part-time school nurses.

In order to improve the facilities for several subnormal children, the Authority agreed to open two additional centres, both of these in recently vacated school premises, one in the Hedon area and the other in Beverley. These improved facilities, while not ideal, at least made it possible for the children to be taught and looked after in smaller groups with resultant benefits to both the children and staff.

I am indebted to the Chairman and Members of the Committee, and the Chief Education Officer and his staff, for their continued encouragement and support in the work of the School Health Service.

W. FERGUSON
Principal School Medical Officer

May, 1973.

GENERAL STATISTICS

Number of Schools—	Primary.....	151
	Secondary.....	21
	Nursery.....	1
	Special.....	3
Number of Pupils—	Primary.....	27,079
	Secondary.....	17,133
	Nursery.....	40
	Special (a) From the County.....	209
	(b) From other Authorities..	24
Total		44,485

Number of pupils attending special schools in other Authorities areas.....	125
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MEDICAL INSPECTIONS

The number of pupils who received a full medical examination was 8,012 compared with 7,789 in 1971. In addition 4,694 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 71.

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
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
1971	7,789	—	0.00
1972	8,012	—	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:	1971	1972
Number of routine health survey examination sessions	548	566
Number of health survey examinations carried out	67,261	76,770
Number of children found infested	427	513
Number of follow-up visits	77	65
Visits to homes:		
Number of homes visited	764	725
Number of children seen for:—		
Uncleanliness	382	534
Minor ailments	96	88
General condition	5	4
Other reasons	474	294
Totals	957	920

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
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	1.72
1969	60,941	372	39,739	0.94
1970	71,245	533	41,195	1.3
1971	67,261	427	43,003	0.99
1972	76,770	513	44,485	1.15

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Refraction clinics continued to be held regularly at Anlaby, Beverley, Fulford, Howden, Pocklington and occasionally at Market Weighton.

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 clinics was 663, and the prescriptions issued totalled 291 of which 248 were for complete spectacles.

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

Forty-six 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 1,067 children were referred for observation.

Special audiometric sessions were held throughout the County and 3,632 children were examined by means of the pure tone audiometer. Sixty-two 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 hearing impaired children in their homes in order to carry out assessment when necessary. In addition, parents of these children are instructed by this teacher in the techniques necessary to help their children so that 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 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	1971		1972	
	No. of children		No. of children	
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)	—	2	—	—
Ringworm (body)	—	—	2	—
Scabies	25	9	20	4
Impetigo	11	4	35	8
Other skin diseases	111	5	202	12
Minor eye defects	43	21	44	14
Minor ear defects and deafness	21	9	24	6
Minor injuries bruises etc	542	4	385	9
Totals	753	54	712	53

The number of attendances for treatment of minor ailments was 1,570 compared with the previous year's figure of 1,486. In addition, school nurses made 106 home visits.

CHIROPODY

In the Beverley area a chiropody service was provided for school children in the form of a weekly foot clinic held by one of the Authority's full-time chiropodists to which some 176 children made 717 visits for treatment. The chiropodist's services were required mainly for the treatment of verrucae.

An additional foot clinic was opened in February at the Hessle Health Centre and 20 children made 59 visits for treatment. However, the clinic had to be closed temporarily in September when the chiropodist became ill.

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 7,077 children of whom 5,905 (i.e. 83.4%) accepted. A total of 5,114 children were skin tested and of these 4,300 (i.e. 84%) 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.

It is noteworthy that there was a substantial increase in the total number of skin tests and B.C.G. vaccinations carried out as compared with recent years.

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
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
1971	1,642	339 (20.6%)	1,298	1,298
1972	5,114	814 (15.9%)	4,300	4,247

SPEECH THERAPY

The newly appointed Speech Therapists helped considerably in reducing the waiting list and for the first time in several years the number of children awaiting treatment at the end of the year fell below one hundred.

The number of children awaiting and receiving treatment over the past three years reflects the gradually improving staffing position. At the end of 1970, 1971 and 1972 the number of children on the waiting list was 142, 142 and 92 respectively. The number of children who received treatment in the various categories of speech defect is shown in the following table:—

Type of Speech Defect	No. of children receiving treatment at end of year			No. of children whose treatment was completed		
	1970	1971	1972	1970	1971	1972
Articulation defects..	67	56	120	268	120	149
Delayed speech.....	64	73	106	105	83	147
Dysphasia.....	13	9	8	1	2	5
Voice disorder.....	—	1	—	5	3	3
Cleft palate.....	3	6	3	5	2	2
Cerebral palsy.....	2	—	4	4	3	—
Stammer.....	17	13	14	27	22	28
Other defects.....	2	7	—	31	9	16
Totals.....	168	165	255	446	244	350

A residential intensive course for stammerers was held at the Driffeld Special School for two weeks during the Easter holiday and nine children in the 11 to 14 year old age group attended. In most cases fluency of communication was improved. The individual problems which these stammerers experienced was observed and appropriate courses of action were taken. The treatment was based on the use of the electronic metronome and during the remainder of the year considerable follow-up work was done with the children in their own schools.

PROVISION OF MILK AND MEALS

Of those pupils eligible to receive free school milk 8,795 were taking it compared with 8,694 in 1971.

The number of children taking school meals continued to recover from the set-back caused by the price increase in 1971 and at the end of 1972 a total of 26,064 meals a day were being supplied. 64.5% of the pupils are now taking school meals compared with 61% at the end of 1971.

HEALTH EDUCATION

Health education talks on a variety of subjects were given by school medical and nursing staff in schools throughout the County.

The following topics are worthy of special mention:—

During the summer term the Headmasters of two secondary schools in the Haltemprice area requested talks on venereal disease to be given to their senior pupils of both sexes. The talks were illustrated with a film strip and each session finished with a discussion and questions. A total of 235 pupils were present and judging by the number and variety of questions put forward there can be little doubt such talks on this subject are fulfilling a need for teenage pupils.

Lectures and demonstrations on mouth to mouth resuscitation were given in a number of schools. Both teaching staff and parents attended for these sessions, and practical instruction on the training model was included. It is hoped that in future more schools, especially those with swimming pools, will take advantage of this type of instruction.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

A full-time Officer who had been with the Authority for a year after qualification decided to move to private practice. However, the staffing situation was partially restored by a private practitioner wishing to assist for five sessions a week.

The vacancy for an Auxiliary still exists and as the demand for this category of ancillary is high, the prospects of filling the post are remote.

The Hessle Health Centre opened in January and while providing first class working conditions for the Dental Officer, also makes attendance for the patients much less of a problem. A start was made to the Health Centre in Beverley but completion is not expected before the autumn of 1973. It is unlikely that work on the Health Centre at Bridlington will be started before the end of 1973.

The process of modernisation of equipment continued.

Dental Health Education

The publicity given to preventive dentistry during the past year, especially on television, has resulted in a further show of interest in methods designed to protect teeth from caries. Requests for topical application of fluoride have increased and many parents have enquired about fissure sealants. It is too early to assess the value of fissure sealants but it is expected that some workers in this field will claim high reductions in the caries rate. Topical application of fluoride produces a certain amount of benefit but it would seem that some claims may be a trifle optimistic. However, while fluoridation of water supplies is not acceptable to this Authority it is advisable to try out these other measures.

Children at a number of clinics have received topical application of fluoride but unfortunately one application does not make for sound teeth and it is, therefore, a recurrent and time consuming method of prevention. The application of topical fluoride to teeth has provided the Dental Hygienist with a further clinical interest and her returns of work have shown that 27 children under the age of five and 181 children in the five to nine age group, underwent this course of prevention.

For satisfactory reduction of caries, ingestion of fluoride tablets must be commenced during infancy and continued throughout most of school life. It cannot be expected that many parents will supervise the taking of tablets for the greater part of this time but no doubt such children as are at present receiving the tablets will eventually show that some of their teeth are more resistant to caries than others. As a community health measure, water fluoridation is the one certain measure of reducing the incidence of caries and one on which most observers are in agreement as to effectiveness and safety.

The Dental Hygienist continues to spend a proportion of her time visiting schools for the purposes of dental health education. At one large County Primary School the Headmistress arranges for the parents to attend a meeting at the beginning of each term on educational matters but sets time aside for a talk on dental health from a Dental Officer. This co-operation is much appreciated and the response has shown the worthwhile nature of this venture.

Inspection and Treatment

Inspection figures revealed little change from the previous year but the number of children requiring treatment dropped by 643.

A sizeable increase in the volume of work was shown in the age group five to nine. In this age group 232 additional children began a course of treatment compared with the previous year but particular reference must be made to an increase of 1,243 for fillings in deciduous teeth. Treatment commenced at an early age is most desirable and it is hoped that these figures indicate a greater awareness on the part of the parents to seek treatment on behalf of their young families. A satisfactory increase of almost 2,000 was shown in the number of fillings for the age group 10 to 14. Extractions for age group five to nine for both deciduous and permanent teeth remained much as before but the extractions for permanent teeth in the age group 10 to 14 increased by 241 and extractions in the age group 15 and over went up by 66. Not surprisingly, therefore, the number of general anaesthetics administered showed an increase of 195 with a larger contribution being made by the dental officers. Courses completed rose from 6,513 to 7,207 and crowns from 42 to 64. Orthodontic returns provided similar figures to last year.

With the staff having remained constant over a period of years and dental visits occurring annually in most areas, parents are placing more reliance on the school service. Clinics for the most part are excellently equipped and with a conscientious staff it is to be expected that a greater number of children will come under the care of the service. The figures for the past year indicate that of the number of children requiring treatment more are accepting the school dental service.

There has been excellent support from the consultants, both surgical and orthodontic. It would seem that the case load, as evidenced by the delays in obtaining appointments, for one orthodontist is becoming increasingly heavy and that further assistance may be indicated. Medical anaesthetists have again been most helpful.

Support from Head Teachers has been maintained and my thanks are due to them.

G. R. SMITH,
Principal School Dental Officer.

CHILD GUIDANCE CLINIC

Mrs. Godfrey, a part-time Psychiatric Social Worker, resigned in April because she was leaving the district. In August Miss West was appointed as a Social Worker.

The psychiatric cover to the Child Guidance Clinic continues to be inadequate because of the inability to fill a vacant Consultant

post; the Regional Hospital Board provides only $1\frac{1}{2}$ sessions per week.

No additional clinics were started but the clinic in Bridlington was extended to a regular weekly session. It has been possible to contain the waiting list, undertake intensive treatment in a reasonable number of cases, and offer a diagnostic service without too much delay in the majority of cases.

Close liaison has been maintained with the local hospital in-patient units for disturbed children and adolescents. It is presumed that this liaison will increase with the re-organisation of the Health Services in 1974.

A total of 159 cases were referred for child guidance, these being mainly from medical and educational sources. Four hundred and ten clinic sessions were held. The Medical Officer, Educational Psychologists and the Social Workers also made 581 visits to schools and 374 home visits. Of the 159 children referred 83 attended the various clinics regularly for treatment. One hundred and eighty-three cases were closed, and a summary of these cases is given below. At the end of the year 64 children were attending clinics for treatment and 27 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	11
Nervous disorders	17
Behaviour disorders	127
Educational problems	4
<hr/>	
Total	159

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
122	10	3	35

Summary of cases closed

Improved or completed (advice or treatment)	121
Placement (Special School, Children's Homes etc.)	3
Not followed up (lack of co-operation, parents refused treatment, etc.)	35
Transfer to other areas or agency	24
<hr/>	
Total	183

ENURETIC CLINIC

A total of 3 cases were referred to this clinic during the year. Twenty-four cases were also brought forward from the previous year.

No. of attendances made.....	53
No. of cases completed.....	19
No. of uncompleted cases.....	7
No. of children on the waiting list.....	—
No. of children who failed appointments.....	1

INFECTIOUS DISEASES IN SCHOOLS

An outbreak of dysentery occurred at an Infants' School in the Haltemprice area during March. It commenced with ten children complaining of gastro-intestinal symptoms and, following submission of specimens to the Public Health Laboratory in Hull, it was confirmed that all were suffering from *Shigella Sonne* infection. Over the next five weeks a total of 236 cases were reported; these were mainly school children but 16 adults were also affected.

An outbreak of plantar warts occurred at a primary school in the Haltemprice area. A foot inspection of all the children was arranged and as a result 20 plantar warts and 5 athlete's foot were detected out of 620 on the roll. All cases were referred to their family doctor for treatment, and the school was advised about preventive steps to minimise this foot infection, including the correct use of footbaths, and a suggestion that all children should wear thin nylon socks when using the swimming pool.

Cases of head infestation continue to occur, but this is controlled by the vigilance of the school nursing staff during routine head inspections.

HANDICAPPED PUPILS

The appointment of two additional Educational Psychologists last year enabled many more backward children to be tested during 1972, and as a result there has been a considerable increase in the number of children found to be in need of special education.

The demand for places at the Driffield and Etton Pasture Special Schools continued to exceed the number available. To alleviate the position and also to provide much needed special educational facilities in the south eastern part of the County, a special class was opened in September at Hedon; this centre can accommodate 25 pupils and at the end of the year 17 children were attending.

The premises provided by the Brandesburton Hospital authorities to enable their patients of school age to receive education presented considerable difficulties from an educational point of view and, in November, arrangements were made for the children to be conveyed daily to Beverley where a recently vacated infants' school was

placed at their disposal. These premises enable the children to be taught in small groups which is advantageous to both staff and pupils. The children also gain by being in the community and the many visitors to the school, including children from nearby secondary schools, provide a much needed stimulus. There are 48 children on the Brandesburton Hospital School roll and at the end of the year 40 pupils were attending regularly.

The special class for severely mentally handicapped children held in the Cottingham Health Services Clinic was, owing to other clinic activities, limited to only two days a week. To enable the class to operate on a five-day week basis, alternative premises were obtained in May at Sutton Manor near Wawne. Ten children were in full-time attendance at the end of the year.

The total number of children ascertained as handicapped during 1972 was 110 and the following table shows the various categories in which they were placed together with the recommendations for their education:—

Category	Recommended for education in special schools	Recommended for education in prim./sec. schools	Recommended for home tuition
Blind.....	—	—	—
Partially sighted.....	—	1	—
Deaf.....	3	—	—
Partially Hearing.....	—	1	—
Educationally Sub-normal.....	37	44*	—
Epileptic.....	—	2	—
Maladjusted.....	7	—	—
Physically Handicapped.....	3	8	—
Delicate.....	—	3	1
Speech.....	—	—	—
Totals.....	50	59	1

*Included in this figure are 37 children who were recommended for admission to special classes for educationally sub-normal children.

SPECIAL ASCERTAINMENT EXAMINATIONS

During the year 94 children were specially examined and results of these examinations are shown in the following table:—

Recommended for admission to a special school for educationally subnormal children.....	37
Recommended for admission to day special classes.....	37
Recommended to remain at ordinary school.....	7
Recommended for remedial teaching.....	1
Not educationally sub-normal.....	8
Decision deferred.....	—
Re-examination.....	4
Total.....	94

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

Category	Special School	Maintained 31.12.71	Admitted during 1972	Discharged during 1972	Maintained 31.12.72
Blind and Partially Sighted	Conover Hall, Shrewsbury...	1	—	—	1
	Exhall Grange, Warwickshire...	1	1	—	2
	Henshaw's School, Harrogate...	—	1	—	1
	Northfield Open Air, York...	4	—	—	4
	Royal College for the Blind, Shrewsbury...	1	—	—	1
	St. Vincent's School, Liverpool	2	—	—	2
	Tapton Mount School, Sheffield...	3	—	1	2
	Wold Road, Hull...	6	1	3	4
Deaf and Partially Hearing	Bridge House School, Harewood...	2	—	—	2
	Elmete Hall, Leeds...	3	1	2	2
	Mary Hare Grammar School for the Deaf, Newbury...	—	1	—	1
	Partially-hearing Unit, York...	1	2	—	3
	St. John's School, Boston Spa...	1	—	—	1
	Sutton School, Hull...	24	4	5	23
	Yorks. Res. School, Doncaster...	4	—	—	4
Educationally Sub-normal	Aycliffe Hospital Special School...	—	1	—	1
	Brandesburton Hosp. Special School...	21	6	1	26
	Driffeld Special School...	65	15	10	70
	Etton Pasture, Beverley...	106	22	15	113
	Fulford Cross School, York...	2	2	—	4
	Holden Spec. Sc., Hull...	15	1	3	13
	Lidgett Grove, York...	3	—	1	2
	Rawcliffe Spec. Sc.	1	—	—	1
	Rossington Hall, near Doncaster...	1	—	—	1
	Rudolf Steiner, Aberdeen...	1	—	—	1
	St. Catherine's Hosp. Spec. School, Doncaster...	1	—	1	—
	Teskey-King Sc., Hull...	3	—	1	2
	Woodlands School, Scarborough...	1	—	—	1
Epileptic	Sedgwick House, Kendal...	3	—	1	2
Maladjusted	Bladon House, Newton Solney...	2	—	—	2
	Cliff House School, Leeds...	1	1	—	2
	Combs Hill Res. School, Dewsbury...	—	1	—	1
	Conyboro School, Cooksbridge, Sussex...	1	—	1	—
	Dedisham School for Autistic Children, Slinfold...	1	—	—	1
	Dennington College, Swimbridge...	1	—	—	1
	Eden Grove, Bolton, Nr. Appleby...	1	—	—	1
	Friend's Sc., Gt. Ayton...	1	—	—	1
	Knoll School, Woburn Sands, Bletchley...	1	—	—	1
	Monken Hadley School, Newton Stewart...	1	—	—	1
	Moor Top School, Ackworth...	2	—	1	1
	Peredur Home School, East Grinstead...	1	—	—	1
	Pitt House School, Torquay...	1	—	1	—
	Rudolf Steiner, Aberdeen...	1	—	—	1

Physical	Bethesda Special Sc., Cheadle.	1	—	—	1
	Chailey Heritage Craft School, Lewes, Sussex.	—	1	—	1
	Chantrey School, Sheffield.	3	—	1	2
	Frederick Holmes Sc., Hull.	19	1	5	15
	Ian Tetley Memorial Sc., Killinghall.	—	1	—	1
	Irton Hall, Holmrook.	1	1	—	2
	Larchfield School, Harrogate.	1	—	—	1
	Northfield Special School, York.	—	1	—	1
	Welburn Hall, Kirbymoorside.	3	—	1	2
	Wilfred Pickles Sc., Tixover Grange, Lincs.	—	1	—	1
	Valence School, Westerham.	1	—	1	—
Delicate	Abbots Lea School, Liverpool.	1	—	—	1
	Children's Convalescent Home and School, West Kirby.	1	—	—	1
	Cottingham Road Sp. Sc., Hull.	1	—	1	—
	Welburn Hall, Kirbymoorside.	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
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
1971	18	35	219	3	15	29	5	—
1972	17	36	235	2	14	27	3	—

PHYSICAL EDUCATION

The pupils enjoyed a full programme of physical education and they were fortunate in having qualified teachers in all schools. The total number of pupils in the County continues to grow and some of the large comprehensive schools are now being provided with facilities such as sports halls, which enable the physical education programme to be wider in concept and more satisfying to the older pupils.

These sports halls are fully used by the public in the evenings and at weekends, as are the larger swimming pools. This usage goes part of the way towards achieving the aim of the Sports Council to see established sports centres, which include social amenities, throughout the country. Such a centre is being built by the Haltemprice

U.D.C. and, when ready in 1973, will not only provide the public with recreational facilities, but their swimming pool, sports hall and squash courts will be used during the daytime by some of the neighbouring schools.

It is interesting to note that television coverage of the 1972 Olympic Games has stimulated the interest of pupils in volleyball and gymnastics which were given more viewing time than on previous occasions.

HYGIENE IN SCHOOL PREMISES

Sixty one 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 375 candidates for admission to training colleges and 47 entrants to the teaching profession were examined by the medical staff of the School Health Service.

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

As in 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.....	Health Visitors use most of the premises mentioned in the previous column as their offices and they are available for about one hour each week-day for the treatment of minor ailments
	Beverley, Coltman Avenue Clinic.....	
	Beverley School Clinic, Lord Roberts Road.....	
	Beverley, Longcroft School.....	
	Bridlington, Oxford Street Clinic.....	
	Cottingham Clinic.....	
	Etton Pasture (E.S.N.) School..	
	Hornsea School.....	
	South Holderness School.....	
	Thorngumbald Clinic.....	
	Withernsea Clinic.....	
B. Dental *	Anlaby Dental Clinic.....	8 sessions weekly
	Beverley Dental Clinic.....	6 sessions weekly
	Bridlington Dental Clinic.....	10 sessions weekly
	Driffield Dental Clinic.....	2 sessions weekly
	Pocklington Health Centre....	6 sessions weekly
	Withernsea Dental Clinic.....	4 sessions weekly
C. Speech Therapy †	Hessle Health Centre.....	4 sessions weekly
	Anlaby Clinic.....	1 session weekly
	Beverley Clinic.....	4 sessions weekly
	Beverley, Coltman Avenue Clinic.....	1 session weekly
	Brandesburton Hospital	
	Spec. School.....	1 session weekly
	Bridlington, Oxford St. Clinic..	6 sessions weekly
	Cottingham Clinic.....	2 sessions weekly
	Driffield Clinic.....	2 sessions weekly
	Driffield Special School.....	3 sessions weekly
	Etton Pasture Special School...	1 session weekly
	Hessle C.E. School.....	2 sessions weekly
	Hessle Penshurst School.....	1 session weekly
	Hilderthorpe E.S.N. Centre....	1 session weekly
	Hornsea County Library.....	1 session weekly
	Kirkella C.E. School.....	1 session weekly
	Pocklington Health Centre....	2 sessions weekly
	Withernsea Infants' School....	2 sessions weekly
	Willerby Carr Lane C.P. School.....	1 session weekly
D. Ophthalmic	Anlaby Clinic.....	1 session weekly
	Beverley School Clinic, Lord Roberts Road.....	1 session weekly
	Fulford School.....	1 session monthly
	Howden School.....	1 session fortnightly
	Market Weighton C.S. School..	1 session quarterly
	Pocklington Health Centre....	1 session monthly
E. Ultra Violet Light	Beverley School Clinic, Lord Roberts Road.....	As required
F. Enuretic	Child Guidance Clinic, Beverley.....	1 session weekly
G. 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 14 village schools.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1972

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)
1968 and later	72	72	—	—
1967	2,733	2,733	—	—
1966	1,699	1,699	—	18
1965	669	669	—	273
1964	190	190	—	208
1963	74	74	—	54
1962	568	568	—	833
1961	829	829	—	957
1960	315	315	—	272
1959	23	23	—	3
1958	472	472	—	1,023
1957 and earlier	368	368	—	1,053
Totals	8,012	8,012	—	4,694

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)
1968 and later	—	—	—
1967	17	60	76
1966	22	48	70
1965	21	24	45
1964	7	14	21
1963	6	3	9
1962	18	22	40
1961	25	18	43
1960	8	8	16
1959	—	3	3
1958	15	18	33
1957 and earlier	17	9	26
Totals	156	227	382

OTHER INSPECTIONS

Number of special inspections	154
Number of re-inspections	3,787
Total	<u>3,941</u>

INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	76,770
(b) Total number of individual pupils found to be infested	513
(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)	—

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 ..	7
Errors of refraction (including squint)	663
Total	<u>670</u>
Number of pupils for whom spectacles were prescribed	248

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	6
(b) For adenoids and chronic tonsillitis	49
(c) For other nose and throat conditions	11
Received other forms of treatment	31
Total	<u>97</u>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1972	2
(b) In previous years	14

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments.....	6
(b) Pupils treated at school for postural defects.....	12
Total.....	<u>18</u>

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp.....	—
(b) Body.....	2
Scabies.....	24
Impetigo.....	43
Other skin diseases.....	214
Total.....	<u>283</u>

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics.....	83

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists.....	350

OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments.....	765
(b) Pupils who received convalescent treatment under School Health Service arrangements.....	—
(c) Pupils who received B.C.G. vaccination.....	3,899
(d) Other than (a), (b) or (c) above, Chiropody.....	196
Total.....	<u>4,860</u>

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Number of pupils		
	Inspected	Requiring treatment	Offered treatment
1. INSPECTIONS			
(a) First inspection—school...	33,837	16,812	16,498
(b) First inspection—clinic....	2,967		
(c) Re-inspection—school or clinic.....	2,539	1,341	1,336
Totals.....	39,343	18,153	17,834

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
2. VISITS				
First visit in the calendar year.....	3,987	2,896	534	7,417
Subsequent visits.....	4,259	4,699	1,141	10,099
Total visits.....	8,246	7,595	1,675	17,516
3. COURSES OF TREATMENT				
Additional courses commenced.....	374	325	76	775
Total courses commenced.....	4,361	3,221	610	8,192
Courses completed.....	—	—	—	7,207
4. TREATMENT				
Fillings in permanent teeth.....	4,959	8,963	2,217	16,139
Fillings in deciduous teeth.....	6,221	458	—	6,679
Permanent teeth filled.....	3,371	7,064	1,867	12,302
Deciduous teeth filled.....	5,307	396	—	5,703
Permanent teeth extracted.....	160	829	170	1,159
Deciduous teeth extracted.....	2,925	919	—	3,844
Number of general anaesthetics.....	936	364	34	1,334
Number of emergencies.....	192	72	21	285

Number of pupils X-rayed.....	351
Prophylaxis.....	2,906
Teeth otherwise conserved.....	208
Teeth root filled.....	31
Inlays.....	2
Crowns.....	64

5. ORTHODONTICS

New cases commenced during the year..	104
Cases completed during the year.....	90
Cases discontinued during the year.....	12
Number of removable appliances fitted..	148
Number of fixed appliances fitted.....	1
Number of pupils referred to Hospital Consultants.....	19

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
(b) with other dentures	1	11	6	18
Total	1	11	7	19
Number of dentures supplied (first or subsequent time)	2	14	12	28

7. ANAESTHETICS

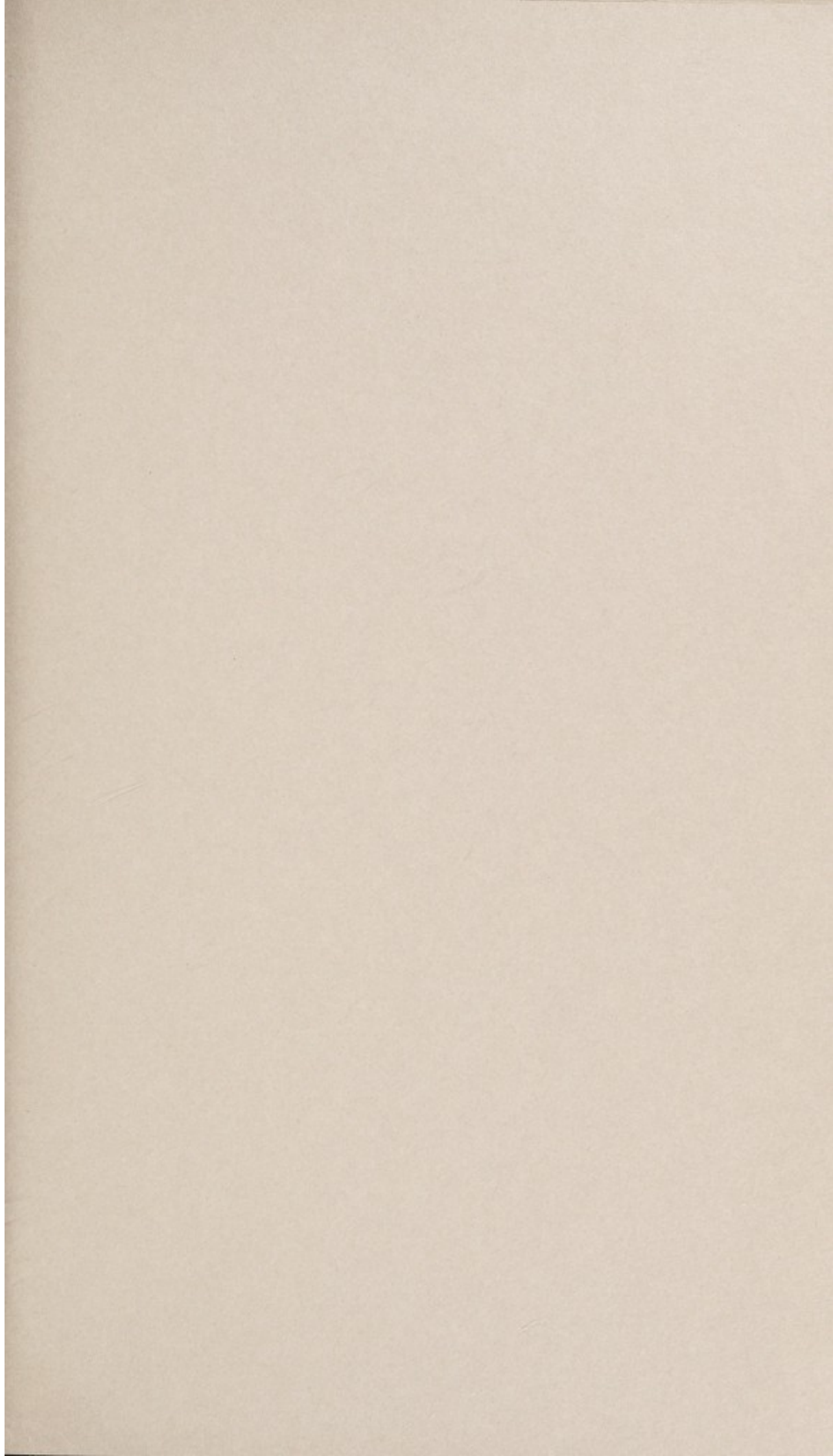
Number of general anaesthetics administered by Dental Officers 731

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.)	279	242	3,415	4	85	59	4,084
Dental Auxiliaries	—	—	—	—	—	—	—
Dental Hygienists	—	—	227	206	10	13	456
Total	279	242	3,642	210	95	72	4,540

DENTAL HYGIENISTS

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
1. VISITS				
First visit in the calendar year	329	370	126	825
Subsequent visits	—	—	—	—
Total visits	329	370	126	825
2. COURSES OF TREATMENT				
Additional courses commenced	64	49	28	141
Total courses commenced	393	419	154	966
Courses completed	—	—	—	966
3. TREATMENT				
Prophylaxis	—	—	—	966



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