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# **SELBY RURAL DISTRICT COUNCIL**

## **ANNUAL REPORT**

of the

**Medical Officer of Health**


and the

**Senior Public Health Inspector**

**1971**

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## SELBY RURAL DISTRICT COUNCIL

Chairman :

Councillor H. STOCKDALE, J.P.

Vice-Chairman :

Councillor J. STOKER

### HOUSING, FINANCE AND PUBLIC HEALTH COMMITTEE

Chairman :

Councillor J. M. SEAMAN

Vice-Chairman :

Councillor H. STOCKDALE, J.P.

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Medical Officer of Health :

MURIEL J. LOWE

M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., M.F.C.M.

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Senior Public Health Inspector :

J. R. BLACKLEDGE

Cert. S.I. Board, Cert. Meat and Food Inspection R.S.I.

Additional Public Health Inspector :

N. A. CURREY

M.A.P.H.I.

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Clerks :

D. TUNE and Miss J. DYSON



## **To The Chairman and Members of the Selby Rural District Council**

LADIES and GENTLEMEN,

I have the honour to present to you my third Annual Report on the Health of the Selby Rural District and the work of the Health Department for the year 1971.

### **VITAL STATISTICS**

186 Live Births were registered, 3 less than in 1970, giving a Birth Rate of 18.2 per thousand population. (Adjusted Birth Rate 22.0). The West Riding Aggregate of Rural Districts was 17.4 and the National Rate was 16.0. There were nine still births giving a very high rate indeed of 46.2. The West Riding Rural Aggregate was 11.2 and for England and Wales the Rate was 12.5. I have added a further table this year, after the causes of deaths, giving details of these still births and it will be seen from the breakdown, that all these cases had factors which are known to be causes of still births. Prematurity is at maximal incidence in mothers under 20 and over 40 years, in Social Class V mothers and in unmarried mothers. At special risk are babies born before 36 weeks. Maturity of pregnancy is of great importance, even slight variations from term are dangerous to the foetus. Toxaemia of pregnancy leads to a higher mortality experience. There is an above average risk to a first baby and then the risk rises with the fourth baby onwards. Perinatal Mortality doubles from Social Class I to Class V. Congenital malformations have a high mortality rate.

Two infant deaths occurred; one was due to bilateral atelectasis and meconium aspiration at under one week, and the other occurred at 4 months due to "sudden death in infancy syndrome". This gives an Infant Mortality Rate of 10.8 (W.R. Aggregate of Rural Districts 17.8 and England and Wales 17.5), and a Neonatal Mortality Rate (Deaths in the first week of life) of 5.4, which is low. The Perinatal Mortality Rate, however, reflects the large number of still births (still births plus deaths in the first week of life per 1000 total births) and this gives the very high rate of 51.3 (W.R. Aggregate of Rural Districts 21.4 and E and W 22.3).

No maternal deaths occurred for the fourteenth year in succession; the last death was recorded in 1957. I would hope that this will continue to be the pattern in the years to come, as it is a good indication of the standard of ante-natal and obstetric care.

There were 89 deaths giving a Crude Death Rate of 8.7 (Adjusted Death Rate 11.3). Births exceeded deaths by 97. The most important cause of death was ischaemic heart disease, there being



24 deaths, 6 more than in 1970. Cerebrovascular disease, that other common cause of death claimed 15 deaths. There were 3 deaths from cancer of the lung, all in males.

Ischaemic heart disease affects both males and females although usually there is a preponderance of males, particularly in middle life. There is much that is incompletely understood about this disease which claims so many lives and on which a vast amount of research has been done; and although there may be a number of causes and not one alone, there are various closely correlated factors:—

1. Smoking.
2. A high consumption of saturated fats and cholesterol, derived from animal fats.
3. A high consumption of sugar which leads to fat deposition in the body.
4. A diminishing amount of exercise particularly in relation to the intake of energy-giving foods, such as fats and carbohydrates, over and above need.

So I would commend to all men, especially those who are coming up to middle age to stop smoking, to eat margarine containing unsaturated vegetable oils instead of butter, to reduce their sugar intake, and to exercise regularly to a reasonable degree commensurate with their age. To younger people I would say that it is much better never to start smoking, and to keep their carbohydrate intake, particularly sugar, in check. To them, as to older people, my advice is that the car should be their servant and not their master.

## INFECTIOUS DISEASES

Only 4 cases of infectious disease were notified during 1971. There were 2 cases of food poisoning, 1 case of measles and 1 of whooping cough.

Over many years measles has been the commonest infectious disease notified and recently whooping cough and scarlet fever have been much less in evidence. In 1970 there were 14 cases of measles notified, a greater number usually occurring in alternate years. It is to be hoped that measles vaccination will change the familiar pattern and prevent this cause of morbidity in the future.

No new cases of tuberculosis were notified during 1971.

Dr. J. Stevenson, Consultant in infectious Diseases at Leeds has said in the West Riding's 'Health Notes' Supplement No. 26, that "in the United Kingdom today there is virtually no endemic infectious disease capable of striking terror into a mother's heart."



But despite the diminished virulence of scarlet fever and the rarity of diphtheria and poliomyelitis in the U.K. (thanks to immunisation) he advises us not to become complacent. Diphtheria, he states, is still relatively common in Eastern Europe and the Eastern Mediterranean and this is a hazard to holiday makers themselves and to those at home to whom they may carry the disease. A good immunity before travelling to these parts is, therefore, a wise precaution.

### **SMALLPOX VACCINATION**

In September, 1971, the Secretary of State for Health and the Social Services decided to accept the advice of the Joint Committee on Vaccination and Immunisation that routine vaccination of children against smallpox need no longer be recommended. This step was not taken lightly, but the areas of the world where smallpox is endemic has contracted greatly in recent years and introduction of the disease into this country by foreign travellers and immigrants is less likely. The stage had also been reached where the numbers of deaths and serious sequelae from vaccination had exceeded the deaths from the disease itself.

It has, therefore, become County policy to cease to offer routine vaccination against smallpox to children in the second year of life.

It must be emphasized, however, that persons travelling to places abroad where smallpox is endemic, must have adequate protection, and it is sensible that those who might come into contact with imported cases, such as those working in the Health Services, should be vaccinated at frequent intervals.

### **IMMUNISATION AND VACCINATION**

In addition to diphtheria, whooping cough, tetanus, poliomyelitis, measles and tuberculosis protection, vaccination against german measles is now offered to girls between 11 and 12 years of age. This, we hope, will eliminate congenital defects in the foetus, caused by women of child-bearing age contracting the disease during early pregnancy.

### **FOOD HANDLING AND THE HOUSEWIFE**

Two cases of food poisoning were notified during 1971 ; both were in one family which contracted a salmonella infection, probably from eating infected chicken, while abroad on holiday. On the face of it this is a very satisfactory state of affairs, but can we be sure that there were no other cases of food poisoning in the Rural District during this period of time. Many people do not report to their doctors with symptoms of diarrhoea, abdominal pains and/or vomiting, which might be associated with the eating of infected food.



I am well aware that the Council's Public Health Inspectors do a really excellent job in supervising and advising food shops and abattoirs and this is an important service, very similar to that of the Factory Inspector's with his advice on safety. But on one is directly responsible for advising the housewife whose job it is to serve safe food to her family.

She should remember that raw meat and poultry are potentially infected with food poisoning organisms. Therefore, they should be handled as little as possible, kept in a refrigerator (but only for short periods—1 to 3 days) and cooked WELL as soon as possible. Cooked and raw meat, and vegetables should be kept separate in storage. Joints should be kept to under 6 lbs. in weight so that they can be cooled after cooking, within  $1\frac{1}{2}$  hours in a current of cool air (if possible) and then refrigerated. Frozen poultry should be properly defrosted, preferably in a refrigerator, and particular attention paid to thawing out in the centre of the carcass.

If refrigeration is not available, only enough meat, fish or poultry should be purchased for immediate use. The re-heating of food should be avoided, but if food has to be used up, then it should be re-cooked thoroughly. Pet foods should be stored separately and separate utensils should be used for them. Dish-cloths and tea-cloths can be a harbour for germs. It is much better to use kitchen paper for all wiping jobs and to use plate racks for drying crockery.

And above all, good personal hygiene is essential, remembering that it is just as important to wash one's hands AFTER, as well as BEFORE, and DURING the preparation of food, and to use a nail brush.

## CENSUS

1971 was a census year and showed the large increase of 3,630 in population on the census of 1961. The Registrar General's estimated mid-year population of 10,230 was only 66 over-estimated.

1891	5,873		
1901	5,822	decrease	51
1911	5,923	increase	101
1921	6,155	"	212
1931	5,942	decrease	213
1951	6,428	increase	486
1961	6,540	"	112
1971	10,164	"	3,630

## FLUORIDATION OF WATER SUPPLIES

It is now fifteen years since fluoridation of public water supplies was first started in the United Kingdom, as an inexpensive and safe method of improving dental decay. Trials in certain areas of Britain have shown that tooth decay in the temporary teeth of



children aged 3 to 7 has been reduced by half, and the number of children free from decay more than doubled. In the permanent teeth of children aged 8 to 10, the reduction in the amount of decay has been about one third, and again there was a substantial increase in the proportion with no dental decay—I quote from "Our Teeth", a Health Education Council publication, which is a summary of the 1969 report on eleven years of fluoridation in the U.K. These figures are precisely similar to figures throughout the world, wherever fluoridation has been carried out.

Fluoride is a natural substance present in nearly all foods and water. Some water supplies have enough natural fluoride already present and do not need the addition of more fluoride. It was the remarkably healthy teeth of the children in these areas — South Shields is one — that first attracted medical attention. Mortality and morbidity experience in areas with high fluoride in the water, is no different from those in fluoride deficient areas.

Fluoridation means the addition of a minute amount of fluoride to public water supplies so that the natural fluoride content is raised to 1 part per million. This is the level at which it can effectively provide permanent resistance to tooth decay.

"The World Health Organisation, through its Assembly in 1969, adopted a resolution calling for the implementation of fluoridation throughout the world, a resolution which was passed unanimously by all member states, including the United Kingdom", states the Fluoridation Society's pamphlet. Canada and the United States have used the process for a quarter of a century. We have the long term experience in the natural fluoride areas so why do we not take action NOW. Our children have, on average, as many decayed teeth as years of age.

This Division of the West Riding is a typical non-fluoride area. A careful survey of children's teeth was carried out in 1963 by the School Dental Services throughout the County. The following table shows the results obtained in this area.

No. of Children Examined	No. of Children showing no *D.M.F. teeth	No. of *D.M.F. teeth	Percentage of children showing no *D.M.F. teeth	Average No. of *D.M.F. teeth per child
	<b>5 YEAR OLDS</b>			
181	19	1187	10.5	6.5
	<b>12 YEAR OLDS</b>			
100	NIL	714	NIL	7.14

\* D.M.F. = Decayed, missing or filled teeth.



Fluoridation does not obviate the need for good dental hygiene and a sensible diet, but there is no doubt that dental decay is drastically reduced. I believe that the time is now ripe, when our water undertakings are being re-organised, to make this change now. The annual cost of dental treatment in Britain is more than £1 per head ; the annual cost of fluoridation is not more than 5p. per head. Let us protect our children's teeth and at the same time reduce the cost of our dental services.

### **PERMANENT GIPSY SITES**

In the Rural District we have, over many years, had a number of gipsy caravans parked in certain areas of the countryside. Inevitably there is pollution in an area where there are no modern conveniences and no water laid on. The children of these families are often exposed to infections due to the lack of a plentiful supply of piped water and proper sewage disposal, and some of them have been in and out of hospital with gastro-enteritis.

'Wild' holiday camping is no longer permissible on a wide scale. Most informal camp sites provide a good clean water supply and refuse and sewage disposal points. If gipsies are provided with permanent sites they will tend, more than ever, to stay in one place where they are not moved on, and their children will attend the local school. In several generations it is inevitable, that with education, these people will eventually be assimilated into the general population. I would hope that with the passing of the Caravan Sites Act, 1968, agreement will be found between the County and the Rural District, and that a start will be made on the first gipsy site in this area.

### **RE-ORGANISATION**

In my report last year I was looking forward to changes which were mooted, but which were indefinite and vast. These changes are now almost upon us and yet a tremendous amount of preparatory work has still to be done before the 1st April, 1974. The anxiety and suspense resulting from our ignorance of the future must surely end soon and enable us all to do our utmost to make the great changes a success.

IN CONCLUSION, I wish to thank my Deputy M.O.H., Dr. Eileen Bell-Syer, once again for her loyal support and help during the past year; for the interest and kindness shown to me by the members and other officers of the Council ; the excellent assistance and most helpful services of the Public Health and Divisional Health Staffs, and for the service, so willingly given, by the voluntary helpers at the clinic.

I remain,

Your obedient servant,

MURIEL J. LOWE,

*Medical Officer of Health.*

August, 1972.



## GENERAL STATISTICS, 1971

Area of Rural District	.. .. .	33,304 acres
Population (estimated mid 1971)	..	10,230
Number of Houses	.. .. .	3,512
Rateable Value	.. .. .	£258,228 (Apr. 1972)
Product of Penny Rate (estimated)	..	£2,451 (Apr. 1972)

	SELBY R.D.	Aggre- gate West Riding R.D.s	West Riding Admin. County	England and Wales (Provi- sional)
BIRTH RATE (per 1,000 estimated population)	18.2	17.4	17.0	16.0
DEATH RATES (all per 1,000 estimated population)	8.7	10.1	11.4	11.6
All causes (Crude D.R.)				
Infective and Parasitic Diseases	0.00	0	0	0
Respiratory Tuberculosis	0.00	0.02	0.02	0.02
Other forms of Tuberculosis	0.00	0.01	0.01	0.01
Respiratory Diseases (excluding Tuberculosis)	0.88	1.16	1.42	0
Malignant Neoplasms	2.15	1.94	2.16	2.39
Heart and Circulatory Diseases	3.03	3.92	4.41	0
Vascular Lesions of Nervous System	1.47	1.46	1.75	0
INFANT MORTALITY (Deaths under one year per 1,000 live births)	10.8	17.8	18.4	17.5
STILLBIRTHS	46.2	11.2	12.3	12.5
PERINATAL MORTALITY	51.3	21.4	21.7	22.3
MATERNAL MORTALITY (Deaths of mothers in childbirth per 1,000 total births)	0.00	0.11	0.10	0.17

### Comparability Factors:

For Births, 1.21.                      Adjusted Birth Rate, 22.0.

For Deaths, 1.30.                      Adjusted Death Rate, 11.3.

0 Figures not available

# **BIRTH AND DEATH RATES, 1971 AND MEAN RATES FOR DECENNIAL PERIODS**

## **BIRTH RATE = 18.2**

(per 1,000 population)

1901-1910	..	..	26.0	1941-1950	..	..	17.6
1911-1920	..	..	22.9	1951-1960	..	..	14.3
1921-1930	..	..	19.6	1961-1970	..	..	18.7
1931-1940	..	..	14.5				

## **STILLBIRTHS = 46.2**

(per 1,000 total births)

1901-1910	..	..	—	1941-1950	..	..	30.0
1911-1920	..	..	—	1951-1960	..	..	32.2
1921-1930	..	..	—	1961-1970	..	..	8.1
1931-1940	..	..	34.5				

## **ILLEGITIMATE BIRTHS = 71.8**

(per 1,000 total births)

1901-1910	..	..	—	1941-1950	..	..	82.9
1911-1920	..	..	65.0	1951-1960	..	..	61.4
1921-1930	..	..	69.8	1961-1970	..	..	63.9
1931-1940	..	..	54.7				

## **INFANTILE MORTALITY = 10.8**

(per 1,000 live births)

1901-1910	..	..	98.3	1941-1950	..	..	34.5
1911-1920	..	..	83.3	1951-1960	..	..	20.1
1921-1930	..	..	68.9	1961-1970	..	..	14.8
1931-1940	..	..	41.8				

## **NEONATAL MORTALITY = 5.4**

(Deaths in first month per 1,000 live births)

1901-1910	..	..	—	1941-1950	..	..	18.2
1911-1920	..	..	44.7	1951-1960	..	..	13.8
1921-1930	..	..	42.7	1961-1970	..	..	10.6
1931-1940	..	..	22.0				

## **PERINATAL MORTALITY = 51.3**

(Stillbirths and first week deaths per 1,000 total births)

1921-1930	..	..	—	1951-1960	..	..	43.5
1931-1940	..	..	51.2	1961-1970	..	..	19.3
1941-1950	..	..	44.0				

## **TOTAL DEATH RATE = 8.7**

(per 1,000 population)

1901-1910	..	..	15.6	1941-1950	..	..	12.0
1911-1920	..	..	13.2	1951-1960	..	..	10.8
1921-1930	..	..	12.4	1961-1970	..	..	9.1
1931-1940	..	..	12.2				



### DISEASES OF HEART AND CIRCULATION = 3.03

1901-1910	..	..	1.36	1941-1950	..	..	3.18
1911-1920	..	..	1.51	1951-1960	..	..	3.37
1921-1930	..	..	1.96	1961-1970	..	..	3.20
1931-1940	..	..	2.95				

### VASCULAR DISEASES OF CENTRAL NERVOUS SYSTEM = 1.47

1901-1910	..	..	—	1941-1950	..	..	1.95
1911-1920	..	..	—	1951-1960	..	..	1.68
1921-1930	..	..	1.25	1961-1970	..	..	1.53
1931-1940	..	..	0.91				

### MALIGNANT NEOPLASMS = 2.15

1901-1910	..	..	1.16	1941-1950	..	..	1.91
1911-1920	..	..	1.04	1951-1960	..	..	1.78
1921-1930	..	..	1.77	1961-1970	..	..	1.99
1931-1940	..	..	1.73				

### RESPIRATORY DISEASES = 0.88

1901-1910	..	..	1.86	1941-1950	..	..	1.32
1911-1920	..	..	1.66	1951-1960	..	..	1.17
1921-1930	..	..	1.60	1961-1970	..	..	1.05
1931-1940	..	..	1.28				

### INFECTIVE AND PARASITIC DISEASES = 0

1901-1910	..	..	1.17	1941-1950	..	..	0.05
1911-1920	..	..	0.51	1951-1960	..	..	0.03
1921-1930	..	..	0.28	1961-1970	..	..	0.02
1931-1940	..	..	0.19				

### RESPIRATORY TUBERCULOSIS = 0

1901-1910	..	..	0.91	1941-1950	..	..	0.34
1911-1920	..	..	0.68	1951-1960	..	..	0.06
1921-1930	..	..	0.36	1961-1970	..	..	0.06
1931-1940	..	..	0.36				

### NON-RESPIRATORY TUBERCULOSIS = 0

1901-1910	..	..	0.72	1941-1950	..	..	0.14
1911-1920	..	..	0.21	1951-1960	..	..	0.05
1921-1930	..	..	0.16	1961-1970	..	..	0.00
1931-1940	..	..	0.12				

### MATERNAL MORTALITY = 0

(per 1,000 total births)

1901-1910	..	..	1.39	1941-1950	..	..	1.03
1911-1920	..	..	2.17	1951-1960	..	..	1.85
1921-1930	..	..	2.56	1961-1970	..	..	0.00
1931-1940	..	..	2.28				

## BIRTHS, 1971

	Male	Female	Total
Live Births.—Legitimate .. .. .	87	85	172
Illegitimate .. .. .	6	8	14
	—	—	—
Total	93	93	186
Stillbirths .. .. .	5	4	9
Premature Births.—Babies weighing 5½ lbs. or less at birth.			
	Live	Still	Total
Born at home .. .. .	0	0	0
Born in hospital .. .. .	7	3	10

## CAUSES OF DEATH, 1971

	Male	Female	Total
Malignant Neoplasm, Stomach ..	1	2	3
Malignant Neoplasm, Intestine ..	2	3	5
Malignant Neoplasm, Lung, Bronchus ..	3	—	3
Malignant Neoplasm, Breast ..	—	2	2
Malignant Neoplasm, Uterus ..	—	1	1
Malignant Neoplasm, Prostate .. ..	1	—	1
Leukaemia .. .. .	2	—	2
Other Malignant Neoplasms .. ..	3	2	5
Benign and Unspecified Neoplasms ..	1	—	1
Other Diseases of Nervous System ..	1	1	2
Hypertensive Disease .. .. .	—	1	1
Ischaemic Heart Disease .. .. .	15	9	24
Other forms of Heart Disease .. ..	1	—	1
Cerebrovascular Disease .. .. .	6	9	15
Other Diseases of Circulatory System ..	4	1	5
Pneumonia .. .. .	4	3	7
Bronchitis and Emphysema .. ..	1	—	1
Other Diseases of Respiratory System ..	1	—	1
Peptic Ulcer .. .. .	2	—	2
Other Diseases of Digestive System ..	1	—	1
Other diseases, Genito-Urinary System ..	—	1	1
Birth Injury, difficult labour, etc. ..	—	1	1
Symptoms and ill defined Conditions ..	1	—	1
Motor Vehicle Accidents .. .. .	—	1	1
All Other Accidents .. .. .	1	1	2
	—	—	—
TOTAL ALL CAUSES .. .. .	51	38	89



# STILL BIRTHS

Sex	Age of Mother	Age of Foetus (in weeks)	Number of previous births	Birth Weight (lbs. ozs.)	Cause of Death	Place of Birth
F	21	41	Nil	6 9 $\frac{1}{4}$	Placental insufficiency	Hospital
M	20	42	Nil	6 7	Anencephalic monster	"
M	42	35	2	2 8	Twin 2. Placental insufficiency with twin pregnancy.	"
M	26	36	4	7 10	Accidental haemorrhage	"
M	18	32	3	3 7	Prematurity (illegitimate)	"
F	26	38	Nil	5 13	Placental insufficiency Cord round neck	"
F	38	36	2	6 13	Placental Insufficiency	"
F	34	35	Nil	3 6	Macerated foetus Placental insufficiency Cause unknown	"
M	26	40	Nil	7 12	Pre-eclamptic-toxaemia	"

## INFANTILE MORTALITY

### Causes of Death in Age Groups

	Under 1 week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	TOTAL
Atelectasis ..	1	..	..	..	..	..	..	..	1
Sudden Death in Infancy Syndrome ..	..	..	..	..	..	1	..	..	1
Hydrocephalus	..	..	..	..	..	..	..	..	..
Encephalocoele	..	..	..	..	..	..	..	..	..
Congenital heart disease	..	..	..	..	..	..	..	..	..
Intestinal Obstruction	..	..	..	..	..	..	..	..	..
Congenital anomalies ..	..	..	..	..	..	..	..	..	..
	1	..	..	..	..	1	..	..	2

### TUBERCULOSIS

#### New cases in 1971

					Male	Female	Total
Pulmonary ..	..	..	..	..	0	0	0
Non-Pulmonary	..	..	..	..	0	0	0
					<hr/>	<hr/>	<hr/>
				Total	0	0	0

#### Total Cases on Register

Pulmonary ..	..	..	..	..	6	6	12
Non-Pulmonary	..	..	..	..	0	1	1
					<hr/>	<hr/>	<hr/>
				Total	6	7	13

### National Assistance Acts, 1948-51.

No cases were dealt with under these Acts during 1971.



# CASES OF INFECTIOUS DISEASE

## notified during the year 1971

Notifiable Disease	Number of Cases Notified							
	At all Ages	According to Age						
		Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	Over 65
Small-pox .. .. .	..	..	..	..	..	..	..	..
Food Poisoning .. .. .	2	..	..	1	..	1	..	..
Diphtheria .. .. .	..	..	..	..	..	..	..	..
Scarlet Fever .. .. .	..	..	..	..	..	..	..	..
Typhoid Fever .. .. .	..	..	..	..	..	..	..	..
Acute Meningitis .. .. .	..	..	..	..	..	..	..	..
Acute Poliomyelitis, paralytic .. .. .	..	..	..	..	..	..	..	..
"                non-paralytic .. .. .	..	..	..	..	..	..	..	..
Acute Encephalitis .. .. .	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum .. .. .	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis .. .. .	..	..	..	..	..	..	..	..
Other forms of Tuberculosis .. .. .	..	..	..	..	..	..	..	..
Measles .. .. .	1	..	1	..	..	..	..	..
Tetanus .. .. .	..	..	..	..	..	..	..	..
Whooping Cough .. .. .	1	..	..	1	..	..	..	..
Dysentery .. .. .	..	..	..	..	..	..	..	..
Encephalitis Lethargica .. .. .	..	..	..	..	..	..	..	..
Infective Jaundice .. .. .	..	..	..	..	..	..	..	..
Malaria .. .. .	..	..	..	..	..	..	..	..
Totals .. .. .	4	0	1	2	0	1	0	0

# WEST RIDING COUNTY DIVISIONAL HEALTH SERVICES 1971

The Public Health Nursing Staff in this Division no longer works according to County District boundaries. Most of the figures in the following summaries refer to Selby R.D. but in a few cases the figures are those for the Rural and Urban Districts combined or for Division No. 10 as a whole.

## 1. HEALTH VISITING (Division No. 10 as a whole).

	First Visits
Children under 1 .. .. .	852
Children between 1 and 5 .. .. .	2277
Other cases .. .. .	909
	<hr/>
Total	4038

## 2. SCHOOL HEALTH SERVICE.—Divisional figures.

Attendances at Clinics .. .. .	269
Number attending Speech Therapy .. .. .	52
Number inspected in School by School M.O. ..	1288
Number inspected in School by School Nurse ..	6838
Primary tests for Subnormality .. .. .	30
Re-examinations for Subnormality .. .. .	35
Recommended for Special Schools .. .. .	12
Attending Special Schools .. .. .	75
Reported for care and guidance .. .. .	3
Audiometry tests by School Nurse .. .. .	1075
Audiometry tests by School M.O. .. .. .	106

### County Occulist:

Number of cases seen .. .. .	570
Number of spectacles prescribed .. .. .	161



The following defects were found at medical inspections:

					Requiring treatment	For ob- servation
Verminous heads	..	..	..	..	189	0
Skin	..	..	..	..	24	11
Vision	..	..	..	..	74	3
Other eye conditions	..	..	..	..	8	12
Hearing	..	..	..	..	31	24
Other ear defects	..	..	..	..	5	7
Nose and throat	..	..	..	..	31	42
Speech	..	..	..	..	10	3
Cervical glands	..	..	..	..	1	13
Heart and circulation	..	..	..	..	15	4
Lungs	..	..	..	..	14	4
Developmental	..	..	..	..	14	9
Orthopaedic	..	..	..	..	15	16
Nervous System	..	..	..	..	7	7
Psychological	..	..	..	..	15	15
Enuresis	..	..	..	..	46	13
Other conditions	..	..	..	..	6	1

### 3. PAEDIATRIC CLINIC

No. of individual patients seen:

Pre-school	..	..	..	..	..	..	44
School	..	..	..	..	..	..	66

Total attendances:

Pre-school	..	..	..	..	..	..	48
School	..	..	..	..	..	..	78

### 4. MATERNITY SERVICES.

Confined in Hospital:

Goole Maternity Hospital	..	..	..	..	..	218
Fulford Maternity Hospital	..	..	..	..	..	310
Wakefield—Manygates	..	..	..	..	..	171
Leeds Hospitals	..	..	..	..	..	4
Other Maternity Homes	..	..	..	..	..	14

Total 717

# County Midwives :

There were 167 domiciliary confinements in the division.

The following summary of the work of the County Midwives is for Division 10 as a whole :—

Number of Midwives	..	..	7
Number of cases	..	..	167
Gas and air analgesia	..	..	0
Trilene analgesia	..	..	103

## 5. HOME NURSING (Division 10 as a whole).

Number of Nurses	..	..	7
Number of cases completed	..	..	625
Number of visits	..	..	16,095

## 6. IMMUNISATION AND VACCINATION. This has now been placed on the computer and the figures given below are for the Division as a whole for the year 1971.

### (a) Total Injections given

Diphtheria, Tetanus and Whooping Cough	..	984
Diphtheria and Tetanus	.. ..	321
Measles	.. ..	684
Polio	.. ..	1734
Rubella	.. ..	527
Tetanus	.. ..	1380

### (b) Primary Doses

Diphtheria	.. ..	701
Measles	.. ..	684
Polio	.. ..	740
Rubella	.. ..	527
Tetanus	.. ..	702
Whooping Cough	.. ..	697

### (c) Reinforcing Doses

Diphtheria	.. ..	514
Polio	.. ..	994
Tetanus	.. ..	578
Whooping Cough	.. ..	496



7. B.C.G. VACCINATION OF SCHOOL CHILDREN  
(12 years of age).

Number of acceptances in 1971	..	776	
Pre-vaccination Tuberculin Tests:			
Positive (not requiring vaccination)	..	66	(8.96%)
Negative (requiring vaccination)	..	671	(91.04%)
Number vaccinated with B.C.G.	..	737	

8. CHILD GUIDANCE.

No. of new cases	..	..	..	12
No. of cases discharged	..	..	..	20

9. MASS RADIOGRAPHY SURVEY, 1971.

The Unit visits Selby and Goole twice per month,  
383 were examined at Goole and 185 at Selby. A further  
431 were examined in a Survey at Goole and 717 at Selby.

## PUBLIC HEALTH DIVISION No. 10

The County Districts forming Division No. 10 are :—

Goole Borough (1,267 acres) Selby Urban (3,883 acres)

Goole Rural (38,238 acres) Selby Rural (33,304 acres)

Area of the Division . . . . . 76,692 acres

Population (Estimated mid-1971) 49,320

(Census 1971) . . . . . 49,570

### DIVISIONAL HEALTH OFFICE AND STAFF

6/7 Belgravia, Goole. Telephone Goole 4216 & 2923.

Divisional Medical Officer and Divisional School Medical Officer:

MURIEL J. LOWE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H., M.F.C.M.

Senior Clinical Departmental Medical Officer and School Medical Officer:

EILEEN M. R. BELL-SYER, M.B., B.S.

Departmental Medical Officer and School Medical Officer:

J. N. LAMBTON, M.B., Ch.B.

Area Dental Officers:

P. F. A. ELTOME, L.D.S. (Goole). J. R. CLAYTON, B.Ch.D., L.D.S. (Selby).

Divisional Nursing Officer: Miss C. J. BADCOCK.

Nursing Officers: Mrs. C. M. PARRY (Heath Visitors),

Miss H. ELLIS (Midwives), Mrs. P. Moulds (Home Nurses).

Health Visitors and School Nurses: Miss D. M. BUTLER, Mrs. M. DODSON,

Mrs M. D. GARDNER, Mrs. M. H. HARROLD, Miss M. MITCHELL,

Miss R. PENISTON, Miss D. M. ROBINSON, Mrs. K. M. TAIT (part-time).

Assistants: Mrs. E. M. HOWARD (part-time), Mrs. F. JARY,

Home Nursing Sisters: Mrs. M. B. BRAMLEY (part-time) Mrs. M.

CHAPMAN, Mrs. W. E. DUFFIN, Mrs. S. E. HERRON, Mrs. E.

HIGGINS, Mrs. D. L. HUTTON, Mrs. B. ROSS (part-time), Mrs. J. M.

SAWDON, Mrs. M. S. TWINEHAM.

Domiciliary Midwives: Mrs. M. M. APPLEBY, Miss I. CAMPBELL, Miss E.

CLAYTON, Mrs. J. COOK, Miss M. ELLIOTT, Mrs. D. FRANKLIN,

Mrs. A. G. HORSFIELD.

Divisional Administrative Officer: Mr. R. TOWELL, A.M.R.S.H.

Senior Clerk: Mr. G. N. NOWILL. Staff: Mrs. N. ALMOND, Miss C. L.

ALLOTT, Miss. S. L. BRAMHAM, Mrs. M. E. BRYARS (part-time),

Miss S. H. MILEHAM, Mrs. M. READSHAW (part-time), Mrs. J. E.

TAYLOR.



## **To The Chairman and Members of Selby Rural District Council.**

LADIES AND GENTLEMEN,

I beg to present to you the Annual Report on the environment in Selby Rural District for 1971.

### **WATER SUPPLY**

A satisfactory supply of water was maintained throughout the district by the Pontefract, Goole and Selby Water Board. Three samples were taken on request by householders and all proved satisfactory. The water board also carry out routine sampling for chemical and bacteriological analysis.

No. of dwelling houses on piped public supply 3,511.

No. of dwelling houses having satisfactory private piped supply 1.

### **SEWERAGE AND SEWAGE DISPOSAL**

Thorpe Willoughby, Carlton, Camblesforth, Barlow and Brayton are provided with sewerage systems. A new treatment works for Hambleton and Thorpe Willoughby, replacing the existing works at Thorpe Willoughby, and a sewerage system for Hambleton was almost complete at the end of the year, and house connections will be commenced early in 1972.

A scheme for a sewerage system and treatment plan for Drax, and for extensions to the Carlton treatment works, together with alterations to the Carlton and Camblesforth Sewerage system, and a new sewerage system to serve the land Settlement Association holdings at West Bank are now awaiting approval by the Department of the Environment.

Further properties have been provided with septic tank drainage in those parishes not served by main sewers.

### **REFUSE COLLECTION AND DISPOSAL**

A regular weekly collection of household refuse was maintained, trade refuse and bulky household goods also being dealt with.

Disposal is by tipping at the Council owned tips at Carlton, Cawood and Gateforth, the latter being now used by the Selby Urban District Council, which provides a bulldozer, thus improving the standards of tipping.

The tips are available to and increasingly used by, members of the public disposing of their own refuse, and unfortunately this results in indiscriminate tipping, and ready access to the tip for



contractors' waste from building sites. Valuable space, particularly at the Gateforth tip is thus being used, and a site for another tip will have to be sought in the near future.

It has not been necessary to take formal action for removal of abandoned vehicles from the highway, but several vehicles have been disposed of on the tips by members of the public.

## **NUISANCES AND COMPLAINTS**

The majority of complaints investigated during the year were in connection with farms which are now in predominantly residential areas. Intensive farming methods are giving rise to an increasing number of complaints some of which are unresolved.

Other sources of complaint have been the burning of large quantities of refuse on commercial premises adjacent to dwellings, and drainage ditches taking effluent from septic tanks. The Town Dyke at Hambleton is one source of complaint which should be eliminated early in 1972 with the completion of Hambleton sewerage system.

## **FOOD HYGIENE (GENERAL) REGULATIONS, 1970**

There are 42 premises in the district where food is prepared or sold. A satisfactory standard of hygiene has been maintained generally, and the standard of equipment and fittings continues to improve although it is unfortunate that some food handlers, despite modern premises, are surprisingly ignorant of the possible effect of a poor standard of hygiene.

The following is a summary of meat inspected and meat and other foodstuffs condemned.

### *Meat Inspection*

Bullocks and Heifers	222
Sheep and Lambs	641
Pigs	490

### *Food Condemned*

Meat at slaughterhouse	237 lbs.
Tinned Meat	22 lbs.
Bacon	25½ lbs.

## **FOOD HYGIENE (MARKET STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966**

The number of delivery vehicles and mobile shops serving the district continues to increase. Standards of hygiene are generally satisfactory, which is due largely to the fact that specialised equipment and purpose made vehicles are being used to a greater extent.



## FOOD AND DRUGS ACT, 1955

Food premises manufacturing or selling ice-cream or manufacturing sausages and meat products, are registered with the authority.

The 41 such premises, have maintained satisfactory standards throughout the year, and no complaint was received. There is no ice-cream manufactured within the district.

## HOUSING INSPECTIONS

Inspection of housing within the district was carried out, including inspections for the increasing numbers of householders interested in house improvements, and the inspection of 75 immediate post-war Council properties.

Defects of repair have been dealt with by informal action.

Four houses were represented as unfit during the year, an undertaking was accepted for one, and the other three will be demolished.

## IMPROVEMENT GRANTS

Sixteen applications for Standard Grants were approved during the year, and five improvement Grants were made, including 2 for conversion of 2 properties into one dwelling. Interest in the Improvement Grant is increasing, and there is no doubt that applicants are being delayed due to the shortage of contractors willing to undertake such work.

One grant for an earth closet conversion was approved.

## NEW HOUSING

New houses were erected within the district as follows:—

by Local Authority	51
by Private Developers	81

Work was also commenced on aged persons' bungalows at Brayton (12), Carlton (12), and Hirst Courtney (2), and 3 bedroom houses at Cawood (2) and Thorpe Willoughby (4).

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Premises registered at the end of the year totalled:—

		<i>Employees</i>
Offices .. .. .	28	116
Retail Shops .. .. .	14	31
Wholesale departments, warehouses .. .. .	4	16
Catering establishments open to the public,		
Canteens .. .. .	2	8
Fuel Storage Depots .. .. .	—	—
	—	—
Total .. .. .	48	171

Routine inspections of premises have been carried out during the year and only minor infringements of the Act have been noted, and remedied by informal action. Two premises were improved during the year.

There were no accidents notified during the year.

## FACTORIES ACT, 1961

### PART 1 OF THE ACT — INSPECTIONS.

Premises	No. on Register	Number of		
		Inspection	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	2	2	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority .. .. .	56	20	0	0
(iii) Other premises in which Sec. 7 is enforced by the Local Authority (excl. out-workers premises) .. .. .	0	0	0	0
Total .. .. .	58	22	0	0

### PART 2 — Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				No. of cases prosecutions instituted
	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	2	2	0	0	0
Overcrowding (S.2) ..	0	0	0	0	0
Unreasonable temp. (S.3)	0	0	0	0	0
Inadequate ventilation (S.4) .. .. .	0	0	0	0	0
Ineffective drainage of floors (S.6) .. .. .	0	0	0	0	0
Sanitary Conveniences insufficient, unsuitable or defective (S.7) .. .. .	2	1	0	2	0
Other offences .. .. .	0	0	0	0	0
Total .. .. .	4	3	0	2	0



## RODENT AND OTHER PESTS

89 farmers and businesses in the district had contracts with the Council for control work during the year. Private dwellings are treated free of charge, but a charge is made for any work done on business premises.

Refuse tips and other sources of infestation are inspected and treated regularly. No large scale infestations were discovered during the year.

There were again complaints of insect infestation, in particular by wasps, ants and earwigs from householders in the district.

Advice was given on remedial treatment, and in cases of severe infestation, this work was carried out by my department.





