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CITY OF YORK

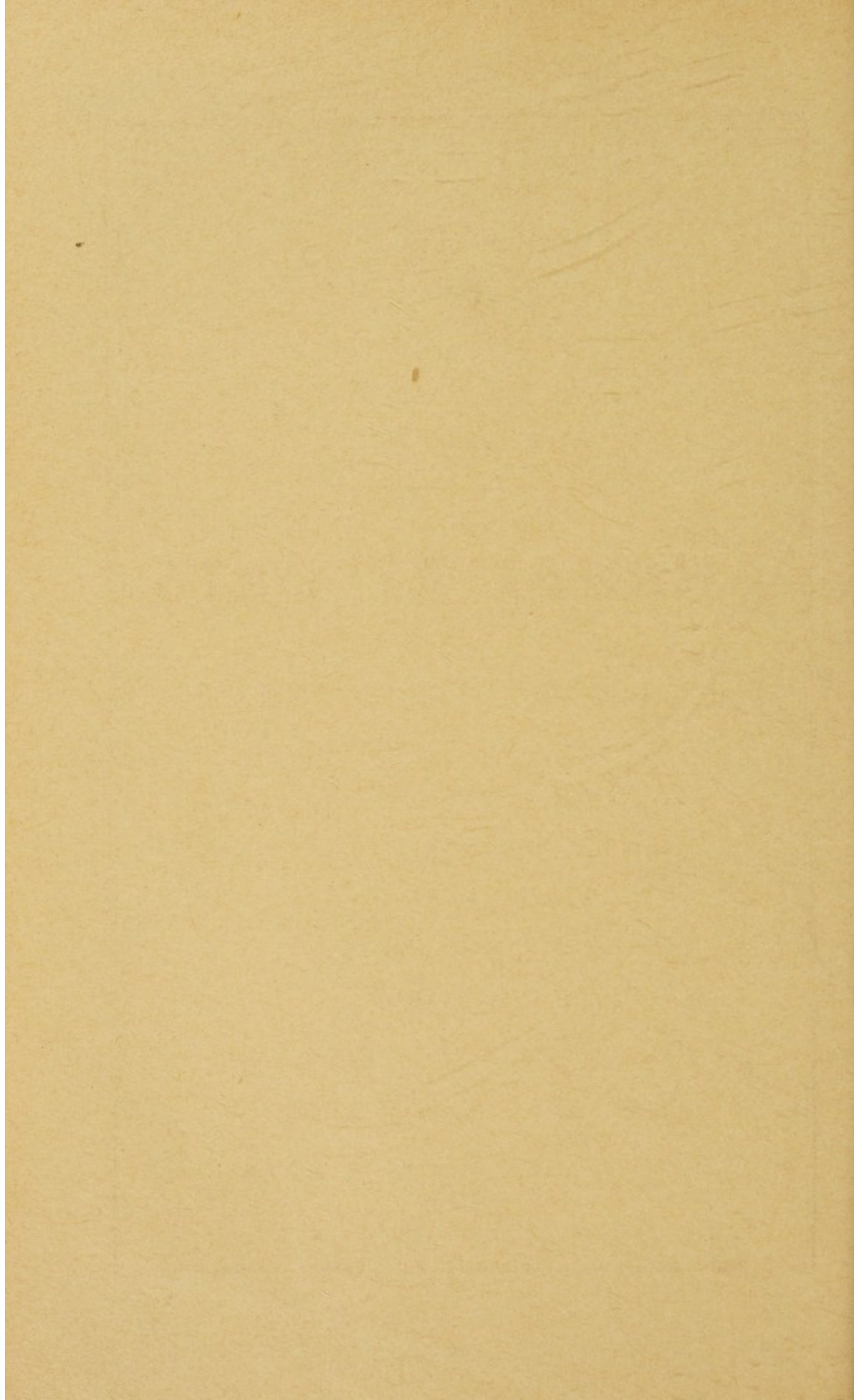
ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1948





CITY OF YORK,
1948.

ANNUAL REPORTS

OF

THE MEDICAL OFFICER OF HEALTH,

ADMINISTRATIVE

TUBERCULOSIS OFFICER, and

CHIEF MEDICAL OFFICER

(WELFARE COMMITTEE),

THE CHIEF SANITARY INSPECTOR,

THE PUBLIC ANALYST,

CANAL BOATS INSPECTOR, and

TUBERCULOSIS CRUSADE COMMITTEE.

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THE HEALTH SERVICES COMMITTEE.

THE LORD MAYOR

(ALDERMAN W. DOBBIE, C.B.E., M.P.).

Chairman:—COUNCILLOR DR. W. W. A. KELLY.

Vice-Chairman:—COUNCILLOR F. WRIGHT.

Ald. Crichton.	Coun. J. E. Brown.	Coun. Hall.
„ Hargrave	„ Franks.	„ Oloman.
„ Gaines.	„ Bosworth.	„ Hobson.
„ Hammond.	„ Audaer.	„ Wightman.
„ Smithson.	„ De Burgh.	

Drs. D. Laing and G. A. Haydock, Mr. F. Grindrod, Misses Southam and Smithson.

MATERNITY AND GENERAL WELFARE SUB-COMMITTEE.

Chairman.	Coun. Bosworth.	Dr. Laing.
Vice-Chairman.	„ De Burgh.	Miss Southam.
Ald. Crichton.	„ Wightman.	„ Smithson.
„ Hammond.		

MENTAL HEALTH SUB-COMMITTEE.

Chairman.	Ald. Hargrave.	Coun. Oloman.
Vice-Chairman.	„ Gaines.	„ Hall.
	„ Smithson.	„ De Burgh.

SANITARY SERVICES SUB-COMMITTEE.

Chairman.	Coun. J. E. Brown.	Coun. Oloman.
Vice-Chairman.	„ Franks.	„ Hall.
Ald. Hammond.	„ Bosworth.	„ Hobson.
	Dr. Haydock.	

HEALTH CENTRES SUB-COMMITTEE.

Chairman.	Ald. Smithson.	Coun. Audaer.
Vice-Chairman.	„ Hargrave.	„ Wightman.
Ald. Crichton.	Coun. J. E. Brown.	„ Hobson.
	„ Franks.	

Drs. Haydock and Royle. Messrs. Grindrod and Neame.

AMBULANCE SERVICE SUB-COMMITTEE.

Chairman.	Ald. Hargrave.	Coun. Bosworth.
Vice-Chairman.	Coun. Franks.	„ Oloman.
	Dr. Haydock.	

APPOINTMENTS SUB-COMMITTEE.

Ald. Crichton.	Coun. Bosworth.	Miss Smithson.
	„ De Burgh.	

PUBLICITY SUB-COMMITTEE.

Chairman.	Coun. Oloman.	Dr. D. Laing.
Vice-Chairman.	„ Wightman.	

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

*Medical Officer of Health, School Medical Officer and Chief Medical Officer,
Social Welfare Committee:—*

CATHERINE B. CRANE, M.B., B.S., D.P.H. (London).

Senior Medical Officer for Maternity and Child Welfare :—

EMILY L. SIMON, M.D., B.S., D.P.H., D.C.H.

Resident Medical Officer, Maternity Hospital:—

†G. B. CHAMBERLAIN, M.R.C.S., L.R.C.P., M.B., B.S.

*Medical Superintendent, General Hospital and Fever Hospital, Medical Officer
to "The Grange" :—*

†D. V. MARSHALL, M.B., Ch.B., F.R.C.S. (Edin.), F.R.F.P.S.
(Glas.).

Deputy Medical Superintendent:—

†NICHOLAS J. M. HESSON, M.B., Ch.B. (Ireland), B.A.O.

Resident Medical Officers:—

†G. FREED, M.B., Ch.B. (to 10-5-48).

†S. SCHWARZ, M.D. (Prague).

†T. DEBNEY, M.B., Ch.B. (to 14-4-48).

†L. D. C. HALLIDAY, M.B., Ch.B. (from 14-4-48).

†R. F. H. McELLIGOTT, M.B., Ch.B., B.A.O. (from 1-4-48).

Resident Medical Officer, Fairfield Sanatorium:—

A. MARION KAYE, M.B., B.S., M.R.C.S., L.R.C.P. (to 31-3-48).

†D. K. STEVENSON, M.R.C.P.E., M.B., Ch.B. (from 8-3-48).

†*Consultants (part time).*

Anaesthetics	-	-	G. A. HAYDOCK, M.B., B.S.
Dermatology	-	-	C. W. MACKENZIE, B.M., B.Ch. (Oxon.), M.R.C.P. (London).
Ear, Nose and Throat			R. THOMAS, B.M., B.Ch., D.L.O. (Eng.). A. BAIRD, M.B., Ch.B.
Gynaecology	-	-	JANE B. ROY, M.B., Ch.B., M.R.C.O.G.
Medicine	-	-	D. R. CAMERON, M.D. (St. And.), M.R.C.P. (London).
Obstetrics	-	-	A. R. LISTER, M.B., B.Ch., F.R.C.S.
Ophthalmology	-	-	J. A. MAGNUS, M.D., F.R.C.S., D.O.M.S.
Orthopaedics	-	-	A. MacGOWAN, Ch.M., M.B., Ch.B., F.R.C.S. H. L. CROCKATT, M.B., Ch.B.
Paediatrics	-	-	W. HENDERSON, M.D., D.C.H.
Neuro Surgery	-	-	W. R. HENDERSON, F.R.C.S.
Thoracic Surgery	-	-	P. R. ALLISON, F.R.C.S.
Psychiatry	-	-	D. ROBERTSON, M.D.
Radiology	-	-	C. N. PULVERTAFT, M.B., B.Ch., D.M.R.E. R. F. ASHWIN, M.B., B.Ch., D.M.R.D.
Surgery	-	-	J. H. CONYERS, M.B., B.Ch., F.R.C.S. A. H. C. VISICK, M.B., D.S., F.R.C.S.

Senior Assistant School Medical Officer:—

F. B. SHEVLIN, M.B., Ch.B. (Liverpool).

Assistant School Medical Officers:—

K. R. JONES, M.B., Ch.B., D.P.H.

G. H. BALL, M.B., Ch.B., D.P.H. (to 23-4-48).

G. F. BOYLE, M.B., Ch.B., D.P.H. (from 10-5-48).

‡Medical Superintendent, City Mental Hospital:—

R. A. HOOPER, M.B., B.S.

‡Assistant Medical Superintendent, City Mental Hospital:—

W. R. WRIGHT, M.B., B.S.

District Medical Officers (Social Welfare) (part-time):—

North and Central Districts—JENNIE P. STEWART, M.B., Ch.B.

East District—A. K. TATESON, M.D., Ch.B., L.R.C.P. & S.

West District—J. T. WOODHEAD, M.A., M.R.C.S., L.R.C.P.

Public Vaccinator (part-time):—

A. K. TATESON, M.D., Ch.B., L.R.C.P. & S. (to 4-7-48).

Medical Officer, Venereal Diseases Clinic, Pathologist and Bacteriologist (part-time):—

S. GOODMAN PLATTS, M.B., Ch.B.

Assistant Medical Officer, Venereal Diseases Clinic (part-time):—

K. R. JONES, M.B., Ch.B., D.P.H.

Dental Officers:—

Miss A. RAMSDEN, L.D.S. (to 14-12-48).

Miss L. RITCHIE, L.D.S.

F. GRINDROD, L.D.S. (Orthodontic Clinic) (part-time).

Chief Sanitary Inspector:—

F. FISHBURN, C.R. San. Inst. and Certified Meat Inspector.

Deputy Chief Sanitary Inspector:—

C. SIMPSON, A.R. San. Inst. and Certified Meat Inspector.

Veterinary Surgeon:—

J. W. PROCTER, M.R.C.V.S. (part-time).

Public Analyst:—

HUGH CHILDS, B.Sc., F.I.C., Sheffield (part-time).

Housing and Drainage Inspector:—

J. WILSON, C.R. San. Inst., Cert. San. Sc., Cert. Meat Inspector and
Cert. Smoke Inspector.

Assistant Inspectors:—

G. A. COLLEY, C.S.I.J.B., Cert. Meat Inspector and Smoke Inspector.
A. COOKE, C.S.I.J.B. and Cert. Meat Inspector.
F. WALLS, C.S.I.J.B. and Cert. Meat Inspector.
C. HARRISON, C.S.I.J.B. (to 30-6-48).
H. HALL, C.S.I.J.B. and Cert. Meat Inspector.
A. M. ALLAN, C.S.I.J.B.
S. WRIGGLESWORTH (from 5-4-48 to 2-10-48).
A. HUGHES (from 20-9-48).
A. N. ERRINGTON (from 13-9-48).

Rodent Officer:—

S. J. C. NORRIS.

Vaccination Officer:—

R. A. WILKINSON (to 4-7-48).

Ambulance Officer:—

L. P. SAWYER (from 30-9-48).

Teacher, Fairfield Sanatorium School:—

‡Miss A. MANNING.

Matron, Fever Hospital:—

‡Miss C. W. MACKINTOSH, S.R.N. (Fever).

Matron, Fairfield Sanatorium:—

‡Miss M. N. JAMES, S.R.N., S.C.M.

Matron, York Maternity Hospital:—

‡Miss G. WOLLASTON, S.R.N., S.C.M., R.F.N., M.T.D.

Matron, City General Hospital and Supt. Nurse, City Infirmary (Social Welfare): —

‡Miss M. C. FISHER, S.R.N., S.C.M.

Matron, Mental Hospital:—

‡Miss S. E. CONNOLLY, S.R.N., Certif. R.M.P.A., S.C.M.

Ante-Natal Clinic Sister and Non-Medical Supervisor of Midwives:—

‡Miss F. V. CURTIS, S.R.N., S.C.M., H.V. Certificate.

Health and Tuberculosis Visitors:—

Miss M. J. MARSHALL, S.R.N., S.C.M., H.V. Certificate
(Senior Health Visitor).
Mrs. E. JACKSON, S.R.N., S.C.M., H.V. Certificate.
Miss F. SMITH, S.R.N., S.C.M., H.V. Certificate (to 10-11-48).
Miss H. K. CARR, S.R.N., S.C.M., H.V. Certificate (to 30-4-48).
Miss A. DUNLAVEY, S.R.N., S.C.M., H.V. Certificate (from 2-2-48).
Mrs. A. E. WITHEY, S.R.N., S.C.M., H.V. Certificate (from 5-7-48).
Mrs. T. NIXON (Temp.), S.R.N., S.C.M., H.V. Certificate.

Assistant Health and Tuberculosis Visitors:—

MISS E. HODGSON, S.R.N., S.C.M. (to 30-9-48).
MRS. E. LEONARD, S.R.N., S.C.M.

District Nurses:— (from 5-7-48).

MISS M. SEED, S.R.N., S.R.F.N., Q.N.
MISS D. M. PAGE, S.R.N., Q.N.
MRS. E. K. D'ARCY, S.E.A.N.
MRS. M. A. LIGHTOWLER, S.E.A.N.
MRS. A. BALGUE, S.R.N.
MISS I. H. TRUELOVE, S.R.N.
MRS. I. M. RICHARDSON, S.R.N.
MISS H. DYSON, S.R.N. (from 12-7-48).
MISS J. F. GRETTON, S.R.N., S.C.M. (from 6-9-48).

Tuberculosis Almoner:—

MISS W. MELLOR, Diploma in Social Science and Certificate of
Institute Almoners.

Welfare Officer:—

MISS D. G. WALKER, Certificate of Institute of Almoners
(from 16-2-49).

Organiser of Home Helps:—

MRS. P. HART (from 3-8-48).

Municipal Midwives:—

MRS. B. BURKE, S.R.N., S.C.M.	MISS J. S. R. MacGREGOR (temp.)
MRS. A. D. COULSON, S.C.M.	MISS E. M. THORNTON, S.R.N.,
MRS. E. RICHMOND, S.R.N.,	S.C.M. (to 28-7-48).
S.C.M.	MISS L. M. WALKER, S.R.N.,
MISS B. A. CONRICODE, S.C.M.	S.C.M.
MISS D. M. COOPER, S.C.M.	MISS F. H. HICKES, S.C.M.
MRS. M. C. SKELTON, S.R.N.,	
S.C.M. (from 5-7-48).	

School Nurses:—

MISS L. EGAN, S.R.N.
MISS E. STODDART, S.R.N., S.C.M.
MRS. E. M. DALTON, S.R.N., S.C.M.
MISS R. E. ROWNTREE, S.R.N.
MISS M. CHETWYND, S.R.N.

Dental Nurse:—

MISS M. LOCKER, S.R.F.N.

Dental Attendant:—

MISS R. E. GLEW (Dental Nurse's Certificate).

Orthopædic Nurse:—

MISS B. M. HALL, S.R.N., S.C.M.

Skin Clinic Nurse:—

MRS. A. BATTLE.

CLERICAL STAFFS

(a) *Health Department*:—

Chief Clerk:—C. W. PRIME.

Senior Clerks:—*L. P. SAWYER (to 20-9-48) M.R.I.P.H., L. W. RICHMAN, R. A. WILKINSON.

General Clerks:—P. D. BEADLE; W. H. BLACKBURN; W. V. HADLEY;
†D. A. HURST (to 3-11-48); J. D. COOPER (to 21-11-48);
MISS E. M. BADGER (to 23-10-48).
MRS. F. GOTT (temp.) (from 25-10-48).
MRS. W. I. TIPLADY.
MISS A. M. HALL.
J. McELHERAN (temp.) (from 18-10-48).

(b) *Tuberculosis Dispensary*:—

‡Clerk:—Miss M. MOORE.

(c) *Child Welfare Centre*:—

Clerks:—Miss E. M. MILBURN; Miss E. GELDART.

(d) *Mental Welfare Department*:—(from 5-7-48).

Senior Mental Welfare Officer:—Miss N. FULLER (from 22-11-48).

Assistant Mental Welfare Officers:—H. BRITTON.

R. L. REDDISH (from 22-7-48).

Clerks:—F. KAYE (from 23-8-48); J. WEDGWOOD (from 20-9-48).
T. B. HARE (from 4-10-48).

(e) *School Clinic*:—

Chief Clerk:—Miss J. MASTERMAN.

Assistant Clerks:—Miss M. SOWRAY; Miss M. J. WALKER; Miss
V. MARSHALL (to 3-7-48); Miss H. F. MILBURN; Miss D. BLAKER (from 9-8-48); B.
DEAN.

(f) *City General Hospital*:—

‡Clerk and Steward:—L. WATSON, A.C.C.S.

‡Asst. Clerk and Steward:—P. CONVEY.

‡Medical Superintendent's Secretary:—C. R. REED.

‡Clerks:—†D. C. SHARPE; †D. SMITH; G. RINGROSE. Miss
M. C. WRAY; P. WARNER.

‡Appointments Officer:—MRS. G. D. FEARN.

‡Financial Assessment Officer:—MRS. L. M. DRISCOLL.

‡Clerk:—Miss A. BAIN.

‡Receptionist:—Miss N. THOMPSON.

† Serving with H.M. Forces.

* Appointed Ambulance Officer from 30-9-48.

‡ Transferred to York "A" and Tadcaster Group Hospital Management Committee as from 5-7-48.

ANNUAL REPORT FOR 1948.

To the Right Hon. The Lord Mayor, Aldermen and Councillors of the City of York.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit my report on the Health of the City of York for the year 1948. The year was memorable for the implementation of the National Health Service Act, the National Assistance Act and the Children Act. Under the National Health Service Act the local authority lost the administration of the hospitals, which passed to the Regional Hospital Board, and took over new duties under Part III and Part V of the Act. These included responsibility for a complete ambulance service, the setting up of a domiciliary nursing service, and the establishment of a mental health service. In addition, existing services were considerably extended. Plans which have been approved by the Minister are included as an appendix to this report.

After one year's working of the Act, I should like to record the following impressions:—

The value to the public of realising that adequate medical treatment is available to all through National Insurance, cannot be over-estimated. The Act has missed a great opportunity, however, for strengthening the liaison between preventive and curative medicine, and the inevitable result of a curtailment of some branches of the preventive medicine service is to be deplored. The School Dental Service in this City has been killed, the opportunities for ante-natal care and teaching lessened, and the appointment of medical officers in the tuberculosis service are now primarily hospital appointments so that preventive work is relegated to a very minor second place. The effect will be seen perhaps, in increased maternal mortality, infant mortality and tuberculosis rates within the next few years.

The hospitals are not in my opinion, giving a better service to the people than they were under the local authority and voluntary administration. Waiting times for admission and waiting times for out-patient appointments have increased. In some out-patient departments there is three months delay before an appointment can be made to see a specialist. This is doubtless due to the increased demand for hospital appointments without a corresponding increase of facilities, but is a problem which should be given high priority by those responsible for the hospital service.

To facilitate easy working in the early stages, administration should, as far as possible have been decentralised, the maximum responsibility for routine work being given to the officers working in the hospitals. Instead of this, their powers have been curtailed and central control of much routine work enforced.

The maternity services of the district have, in my opinion, been impaired by the National Health Service Act. The triple control, i.e. Regional Hospital

Board for the Maternity Hospital, the Executive Council for the General Practitioner Obstetrician, and the Local Authority for the Domiciliary Midwifery Service, is cumbersome. Although one hesitates to suggest adding to the number of committees already established, there would appear to be a good case for a joint committee to deal with domiciliary and institutional midwifery. Difficulties have, in my opinion, been created between doctor and midwife by the repeated emphasis which has been placed on the difference between a midwife and a maternity nurse. The time is ripe perhaps, for dropping this differentiation in domiciliary midwifery and retaining the term midwife only.

The increased maternal mortality rate for the City of York for 1948 was disappointing, being 1.02 compared with .86 in 1947, and nil for 1946 and 1945. Infant mortality was slightly lower than the previous year, being 32.9 compared with 34.6 in 1947.

There were no major epidemics in the City during 1948, and no deaths from either diphtheria or scarlet fever, only 8 cases of diphtheria being notified during the year. There has been very little fluctuation in the tuberculosis notification rate during the past 5 years.

A report on the School Medical Service is published under separate cover.

I am indebted to the Chairman, members of the Health Committee, my medical colleagues in the City, colleagues in other Departments, and the staff of the Health Department, for their unfailing help during the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

C. B. CRANE,

Medical Officer of Health.

CITY OF YORK

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres: 6,456.

Population (Census, 1931), 84,813.

Civilian population, mid-1948 (Registrar-General's Estimate), 103,700.

Number of inhabited houses (Census, 1931), 20,120.

Number of inhabited houses (end of 1948) according to the rate-books, 27,872.

Average number of persons per inhabited house, 3.7.

Rateable value (April, 1948), £677,554.

Actual net produce of a penny rate, £2,690.

We have no evidence that there are any occupations in the City harmful to the public health.

MARRIAGES.

Year					Marriage rate per 1,000 of total population.		
					York.	England & Wales	
1944	...	889	...	...	18.4	...	14.6
„ 1945	...	1184	...	...	24.5	...	18.6
„ 1946	...	1003	...	...	19.6	...	17.9
„ 1947	...	1168	...	...	22.2	...	18.5
„ 1948	...	978	...	...	18.8	...	18.1

Poor-Law Relief:	1944.	1945.	1946.	1947.	1948.
Total persons in receipt of indoor poor-law relief at 4th July ...	413	432	495	521	557
Total persons in receipt of out-door poor-law relief at 4th July ...	616	656	689	684	401

VITAL STATISTICS, 1948.
(Registrar-General's Figures).

			Total.	M.	F.	
Live Births	{	Leg. ...	1,780	932	848	} Birth-rate ... 18.4 per 1,000.
		Illeg. ...	130	73	57	
Stillbirths	{	Leg. ...	35	18	17	} Rate per 1,000 total births 19.8.
		Illeg. ...	3	—	3	
Deaths ...			1,124	586	538	Death-rate ... 10.8 per 1,000.

Deaths from Puerperal causes:—			Deaths.	Rate per 1,000 total (live and still) births.
	Puerperal Sepsis ...	...	1	0.51
	Other Puerperal causes ...	...	1	0.51
	Total	...	2	1.02

Deaths of infants under 1 year of age:—				Legitimate.	Illegitimate.	Total.
Number	...	...	...	57	6	63
Rate per 1,000 live births	...	...	...	29.8	46.6	32.9

Deaths from Cancer (all ages)	...	...	...	...	...	209
„ „ Measles (all ages)	...	...	...	...	...	—
„ „ Whooping Cough (all ages)	...	...	...	...	...	1
„ „ Diarrhoea (under 2 years of age)	...	...	...	...	...	2

Death-rate of Diarrhoea and Enteritis (under 2 years)	0.01	} per 1,000 living at all ages.
Death-rate of Bronchitis and Pneumonia and other Respiratory Diseases	1.22	
Pulmonary Tuberculosis death-rate	0.41	
Total Tuberculosis death-rate	0.45	
Cancer death-rate	2.01	
Epidemic Influenza death-rate	0.01	

Year.	Estimated Population.	Total (Nett) BIRTHS.	Birth- rate.	Total (Nett) DEATHS.	Death- rate.	Excess of Births over Deaths.
1944	94740*	2010	21.2	1214	12.8	796
1945	96700*	1828	18.9	1176	12.1	652
1946	102050*	2121	20.8	1088	10.7	1033
1947	104400*	2309	22.1	1140	10.9	1169
1948	103700*	1910	18.4	1124	10.8	786
AVERAGE	...	2035	20.2	1148	11.4	887

* Civilian population.

CAUSES OF DEATH DURING 10 YEARS, 1939-1948.

CAUSE OF DEATH.	YEARS :									
	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—	—
typhus	—	—	—	—	—	—	—	—	—	—
typho-spinal fever	—	4	10	5	2	—	3	3	1	1
typhoid fever	—	—	—	—	—	1	—	—	—	—
whooping Cough	7	1	6	7	8	1	1	—	1	1
diphtheria	1	4	3	15	10	16	2	—	—	—
tuberculosis of the respiratory	—	—	—	—	—	—	—	—	—	—
system	46	32	46	37	37	49	27	34	35	43
all forms of tuberculosis ...	12	17	6	7	9	13	13	7	7	4
illitic disease	11	9	11	9	8	9	5	7	5	4
influenza	12	36	17	6	28	6	5	5	4	1
measles	—	3	2	2	2	—	—	—	1	—
acute poliomyelitis and polio-	—	—	—	—	—	—	—	—	—	—
encephalitis	1	2	1	—	1	1	—	—	1	—
acute infectious encephalitis ...	3	2	—	—	1	—	2	1	1	—
scarlet fever	147	147	166	176	168	179	182	153	183	209
dysentery	18	16	16	15	4	15	8	7	4	9
intracranial vascular lesions	69	124	137	123	135	137	132	125	150	130
heart disease	270	359	264	287	290	327	319	313	330	323
other diseases of the circula-	—	—	—	—	—	—	—	—	—	—
tory system	49	35	23	24	41	30	47	51	54	62
chickenpox	37	131	84	57	66	51	73	46	62	67
pneumonia	36	55	46	40	47	36	40	30	42	39
other Respiratory diseases ...	13	30	13	12	16	12	11	15	12	9
dyspepsia of the stomach or	—	—	—	—	—	—	—	—	—	—
intestine	9	15	20	11	15	14	8	14	11	8
haematemesis (under 2 years of age)	3	7	8	15	8	21	9	4	4	2
pancreatitis	5	7	5	4	1	5	4	2	4	—
other digestive diseases ...	31	36	31	28	25	22	28	18	15	20
colitis	47	36	35	50	48	32	37	32	33	26
sepsis and post-abortive	—	—	—	—	—	—	—	—	—	—
sepsis	3	3	—	2	2	1	—	—	1	1
other maternal causes ...	6	4	3	1	5	2	—	—	1	1
premature birth	—	23	21	24	13	24	12	17	17	16
congenital malformations,	—	—	—	—	—	—	—	—	—	—
birth injury, infantile disease	48	29	27	25	22	27	33	33	37	28
other	16	6	8	15	12	10	15	13	9	14
road traffic accidents ...	—	15	16	13	5	8	14	14	9	12
other violent causes	46	42	42	102	14	18	19	28	16	23
other causes	155	155	148	131	125	147	127	116	90	71
CAUSES—TOTALS ...	1,101	1,385	1,215	1,243	1,168	1,214	1,176	1,088	1,140	1,124

* Combined prior to 1940.

† Included with "Other violent causes" prior to 1940.

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY.

	Average for England and Wales	Average for the 126 County Boro's and great towns including York.	Average for the 148 smaller towns	YORK
Rate per 1,000 of total population:—				
BIRTH-Rate	17.9	20.0	19.2	18.4
DEATH-Rate (all causes)	10.8	11.6	10.7	10.8
From Enteric Fever	0.00	0.00	0.00	0.00
Small-pox	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.01
Diphtheria	0.00	0.00	0.00	0.00
Influenza	0.03	0.03	0.04	0.01
Rate per 1,000 Births:—				
Diarrhoea (under 2 years)	3.3	4.5	2.1	1.04
Total deaths under one year	34	39	32	32

MATERNAL AND INFANT MORTALITY, 1944-1948.

	1944	1945	1946	1947	1948
(a) MATERNAL MORTALITY:					
No. of deaths (YORK)	3	—	—	2	2
Rate per 1,000 births :					
York	1.49	—	—*	0.86	1.02
England and Wales	1.93	1.79	1.43	1.17*	1.02
(b) INFANT MORTALITY :					
Deaths under 1 year (YORK)... ..	95	76	67	80	63
Rate per 1,000 births :					
York	47.2	41.5	31.6*	34.6	32.9
England and Wales	46	46	43	41*	34

* Lowest on record.

INFECTIOUS DISEASES—CASE-RATES AND DEATH-RATES.

Diseases.	Case-rates.		Death-rates.	
	York.	England and Wales.	York.	England and Wales.
Diphtheria (per 100,000 population) ...	8	8	Nil.	Nil.
Scarlet Fever do. ...	378	173	Nil.	Nil.
Enteric Fever do. ...	3	Nil.	Nil.	Nil.

There was a slight decrease in the number of cases of Diphtheria in the City during the year, and a marked increase in the number of cases of Scarlet Fever; 8 cases of Diphtheria compared with 12 in 1947, and 378 cases of Scarlet Fever compared with 188 in 1947 being notified.

TUBERCULOSIS MORTALITY, 1944-1948.

(Registrar-General's figures.)

Year.	PULMONARY.		NON-PULMONARY.		TOTAL.	
	Deaths.	Death-rate.	Deaths.	Death-rate.	Deaths.	Death-rate.
1944	49	0.50	13	0.13	62	0.63
1945	27	0.28*	13	0.13	40	0.41
1946	34	0.33	7	0.07	41	0.40*
1947	35	0.33	7	0.06	42	0.40*
1948	43	0.41	4	0.03*	47	0.45
Average ...	37	0.37	9	0.08	46	0.46

* Lowest on record.

TOTAL NEW CASES OF TUBERCULOSIS notified per Public Health (Tuberculosis) Regulations:—

		1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.	1948.
Pulmonary Tuberculosis	...	45*	48	53	61	66	63	56	72	89	81
Non-Pulmonary Tuberculosis	...	30	38	27	30	29	52	34	29	30	29
Total	...	75*	86	80	91	95	115	90	101	119	110

* Lowest on record.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Number of cases of Tuberculosis remaining on the Register of Notifications kept by the Medical Officer of Health on the 31st December, 1948:—

Pulmonary.			Non-Pulmonary.			Total Cases.
Males.	Females.	Total.	Males.	Females.	Total.	
211	141	352	74	122	196	548

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES

The bacteriological work of the Local Authority was carried out by Dr. S. Goodman Platts, at the County Hospital Laboratory, York, assistance during epidemics being given by the Public Health Laboratory Service, Northallerton. Responsibility for the provision of Pathological Laboratory Services ceased to be a function of the Local Authority on 5th July but passed to the Regional Hospital Board.

The Public Analyst is Mr. Hugh Childs, B.Sc., F.I.C. of Sheffield.

HOME NURSING SERVICE

On 5th July, the Local Authority became responsible for a Domiciliary Nursing Service. The staff of the District Nursing Association previously operating from the Purey Cust Nursing Home was transferred to the Local Authority. Headquarters were provided at the Dispensary, Duncombe Place. At the end of the year the Authority employed 9 full time nurses, including one male nurse. It was hoped to employ Queen's Nurses as far as possible, and to send transferred staff for Queen's training in rotation. This, however, has not been possible to date owing to the necessary negotiations with the Institute not being completed, and to shortage of personnel. The Authority have agreed however to release staff for training, and we hope that a steadily increasing proportion of our nurses will be Queen's trained.

TREATMENT CENTRES AND CLINICS

Infant Welfare.

St. Saviourgate—Daily at 2 p.m. Parish Hall, Acomb—Thursday and Friday at 2 p.m. Methodist Chapel, Clifton—Tuesday, 2 p.m. Social Hall, Huntington Road—Wednesday at 2 p.m. Methodist Church Hall, Millfield Lane, Wednesday at 2 p.m. Dringhouses Church Hall, Tuesday at 2 p.m. Two additional Child Welfare Sessions were opened during the year, one on the Tang Hall Estate, and one at Dringhouses.

Toddlers.

St. Saviourgate—Tuesday at 10 a.m. or any other Infant Welfare Clinic.

Ante-Natal (Midwives' Cases).

Health Services Centre, Duncombe Place—Wednesday at 10 a.m.

Parish Hall, Acomb—Thursday at 10 a.m.

The Ante-natal and Post-natal work has been entirely transferred to the Medical Officers working from the Maternity Hospital.

Post-Natal.

Health Services Centre, Duncombe Place—Monday at 2 p.m.

Birth-Control.

St. Saviourgate—Thursday at 10 a.m. (By appointment only).

Dental.

Expectant and Nursing Mothers and Toddlers. 24 St. Saviourgate—By appointment.

AMBULANCE SERVICE

Prior to the 5th July, 1948, the Service operated four ambulances for non-infectious cases and accidents other than in the street, manned throughout the twenty-four hours by a staff of twelve driver/attendants based at The Grange, Huntington Road; two ambulances for cases of infectious disease, based at the Fever Hospital and manned by the staff of the disinfection station; and a utility car based at the Health Department for the conveyance of sitting cases to and from hospitals.

The charge for use of the sickness section was 5/- per journey within the City's boundary, 1/6d. per mile run for ex-City cases, and 3d. per mile run for conveyance of hospital patients by car.

The following Table shows the usage of these Services from the 1st January to 4th July, 1948:—

CALLS ACCEPTED

Sickness	...	...City	1,169	Ex-City	262	Total	1,431
Infectious Diseases		City	486	Ex-City	79	Total	565
							Total: 1,996

PATIENTS CONVEYED

Sickness	...	...	...	...	...	...	1,562
Infectious Diseases		...	...	...	...	...	1,273
Car cases	...	...	...	...	...	...	1,650
							Total: 4,485

MILEAGES INCURRED

Sickness	...	... City	5,356	Ex-City	6,116	Total	11,472
Infectious Diseases		City	4,734	Ex-City	2,256	Total	6,990
Car cases	...	...	...	...	...	...	9,670
							Total: 28,132

As from the 5th July, 1948 the Health Committee provided a complete ambulance service for the City. The service for accidents and illnesses occurring in the street, formerly operated by the police was transferred to the Health Committee. Agreements were reached with the neighbouring East and West Riding County Councils for the City to provide full ambulance services for transporting patients from certain parishes within their areas to hospitals within the City. A relief service for accidents and sickness, and a complete service for all cases of infectious disease within the Flaxton Rural District of the North Riding was also provided. A reciprocal agreement with these Authorities and with the Cities of Leeds and Wakefield for the co-ordination of services also operates.

On the 31st December, 1948, the Ambulance Service was operating six ambulances and three cars for sitting cases by a staff of 31 (Ambulance Officer, three telephonists, twelve crews of driver/attendants and three car drivers), based at The Grange and operating throughout the twenty-four hours. Lack of adequate garage accommodation make it necessary to utilize additional garages, some distance from the ambulance station.

The following table shows the usage of the Service from the 5th July to 31st December, 1948.

	CALLS		PATIENTS		MILEAGE	
	City	Ex-City	City	Ex-City	City	Ex-City
Accidents ...	213	28	209	35	1027	418
Acute illness ...	337	17	335	16	1780	206
General Illness ...	696	52	696	54	4222	1013
Infectious diseases	321	43	448	49	2576	836
Mental cases ...	47	4	49	4	728	206
Hospital transfers	321	94	513	164	3141	1409
Hospital discharges	309	20	505	23	6331	585
Hospital out-patient attendance.	1445	300	3885	349	18048	2783
	3689	558	6640	694	37853	7456

The most significant increase in the demands on the service since the 5th July, 1948, is in the sitting car section for the conveyance of patients from home to hospital and return.

Diphtheria Immunisation.

School Clinic, Rougier Street—Monday and Wednesday, 2 p.m.; or by appointment; Parish Hall, Acomb—by arrangement.

Immunisation sessions have been increased to 10 monthly. Whooping cough vaccine is given on request.

(1) MUNICIPAL GENERAL HOSPITAL (to 5th July 1948).

(180 beds + Poppleton Gate 40 beds and Poppleton Hall 28 beds).

Admissions.—Men 939, Women 1,417, Children 971, Annexes 176.
Total 3,503.

Discharges.—3,299. **Deaths.**—176

Average stay in Hospital—16 days.

Operations performed—2,232.

X-Ray Department.

Number of patients attending for X-ray examination—7,196.

Physiotherapy Department.

Number of in-patients treated 620, attendances 4,755.

Number of out-patients treated 1,611, attendances 8,782.

Out-Patient Department.

Total number of out-patients, 6,560.

Total number of out-patients' attendances, 25,667.

(2) THE GRANGE, YORK.

On the 4th July, 1948, the total number of beds provided for sick and mental cases at The Grange was as follows:—

(a) for men	...	...	...	...	...	...	125
(b) for women	...	...	...	...	...	...	133
						Total	258

IN-PATIENTS.

1. Total number of admissions	...	...	...	...	...	601
2. Total number of deaths	...	...	...	...	...	206
3. Number of patients discharged	...	...	...	...	...	385
4. Duration of stay of patients included in 2 and 3 above—						
(a) Under 4 weeks	...	...	...	...	...	299
(b) 4 weeks and under 13 weeks	...	...	...	...	...	155
(c) 13 weeks or more	...	...	...	...	...	137

MENTAL WELFARE DEPARTMENT

REPORT ON THE WORKING OF THE DEPARTMENT FOR THE HALF YEAR ENDED 31st DECEMBER, 1948.

With the introduction of the National Health Service Act, the Mental Deficiency Department was transferred to the Health Department. The work was extended to include responsibility for the prevention, ascertainment, and after-care of the mentally ill. Previously existing duties had been dealt with by the Relieving Officers under the Poor Law Administration.

The Council agreed to an establishment of a Senior Mental Welfare Officer, two Assistant Mental Welfare Officers and the appropriate clerical staff. Dr. Hooper, Medical Superintendent, Naburn Hospital acts as Medical Adviser to the Mental Welfare Sub-Committee. The three Mental Welfare Officers act as Duly Authorised Officers under the Lunacy Acts, and Petitioning Officers under the Mental Deficiency Acts.

Staff.

Many changes have taken place in staffing during the six months ended 31st December, which has increased the difficulty of establishing a new department.

Course of Lectures.

Mr. R. L. Reddish, Assistant Mental Welfare Officer attended a Course of Lectures on Mental Health Services under the National Health Service Act, 1946, at Leeds University, from Monday 27th September to Friday 5th November. The Health Committee agreed that his report on the Course should be forwarded to the organisers of the lectures.

Special Bus to Brandesburton.

It had been the practice for some time to provide a special bus for the transport of parents and relatives to Brandesburton Institution, on the first Saturday of each month, but under the new administration, the Committee decided to discontinue this service.

Occupation Centre premises.

The Education Committee agreed to the appropriation of No. 24 St. Saviourgate, for use as an Occupation Centre for mental defectives, and the cost of adaptation and decoration was estimated to be £1450.

Pending the opening of the Occupation Centre, a Home Teacher for Mental Defectives was appointed. We were fortunate in securing the services of Mrs. Downey for this work, who came to us from Leeds Occupation Centre.

MENTAL DEFICIENCY STATISTICS

Visits were made during the half-year as follows:—

Statutory Supervision, 125.

Guardianship, 15.

Licence cases, 24.

New Cases reported, 9.

Petitions presented and Orders secured, 5.

Statutory Supervision (New Cases), 2.

New Licences issued (as distinct from renewal of licences), 4.

Transfers of Licence, 4.

Institutional Transfers. Two patients were transferred from Claypenny Colony to Brandesburton.

Place of Safety Orders. Nine patients were placed in The Grange on Place of Safety Orders (5 males and 4 females).

Births. Two mental defectives gave birth to children during this period.

Deaths. Two defectives died, including one who had given birth to a child.

Rudolph Steiner School, Scotland. One patient under Statutory Supervision was admitted to the Rudolph Steiner School.

Final figures of Defectives. At the end of December the following cases were on the Register:—

Statutory Supervision, 96.

In Institutions, 121.

Voluntary Supervision, 60.

On Licence from Institutions, 21.

Under Guardianship, 9.

In Places of Safety, 9.

MENTAL TREATMENT

The following cases have been dealt with under the Lunacy Acts.

Patients admitted to The Grange on 3 Day Orders, 46.

Patients admitted to City Mental Hospital:—

Voluntary, 27.

Certified, 19.

Temporary patients, 2.

Left of own volition or discharged, 41.

Deaths. Certified patients, 3.

Temporary patients, 1.

The most difficult branch of the Mental Welfare work to organise, is the after-care of patients discharged from Mental Hospitals. Our Welfare Workers can only visit if the written consent of the patient has been obtained prior to discharge. The active co-operation of those working in the hospitals is essential for the development of this branch of the service but we have not had a single case referred to us for after-care to date. In view of the high incidence of relapse among patients discharged from Mental Hospitals this lack of after-care in the City is to be deplored.

MIDWIFERY SERVICE.

MIDWIVES ACT, 1936.

To carry out the requirements of the Midwives Act, 1936, the City is divided into two areas, with four municipal midwives to each area. An additional midwife undertakes relief duties, and there is also one Clinic Sister. Mothers select their own midwives except when an individual midwife is already overbooked for the month.

	Domiciliary Midwives.	Midwives in Institutions.	Totals
(a) Total number of midwives practising at the end of the year in the area of the Local Supervising Authority—			
(i) Employed by the Council ...	9	Nil.	29
(ii) In private practice ...	1	21	22
	—	—	—
	10	21	51
	—	—	—
	Domiciliary Cases.	* Cases in Institutions.	Totals
(b) Number of cases in the area of the Local Supervising Authority attended during the year by midwives—			
(i) Employed by the Council—			
As Midwives ...	516	387	903
As Maternity Nurses ...	170	49	219
(ii) In private practice—			
As Midwives ...	23	2	25
As Maternity Nurses ...	9	663	672
Totals—As Midwives ...	539	389	928
As Maternity Nurses ...	179	712	891

* To 4-7-49.

- (c) Number of cases in which medical aid was summoned during the year under Section 14 (i) of the Midwives Act, 1918, by a midwife—
- | | | |
|---|-----|---------------|
| (i) Engaged in domiciliary practice ... | 246 | } Total, 246. |
| (ii) In Institutional practice ... | — | |
- (Not including Maternity Hospital).

The midwives are supervised by the Medical Officer of Health, the Senior Medical Officer for Maternity and Child Welfare and the Matron of the Maternity Hospital. The ante-natal clinic Sister acts as non-medical supervisor for private midwives.

YORK MATERNITY HOSPITAL.

(Statistics for half-year to 4th July, 1948)

- No. of Beds, 44 (plus 2 isolation).
- No. of Beds reserved for expectant mothers in need of hospital treatment (included under 1), 6.
- No. of admissions, 472 (York 423).
- No. of women admitted for ante-natal treatment, 80.
- Average duration of stay, 8 days. (Expectant mothers, 12 days).

6. Number of cases delivered by:—
 - (a) Midwives, 387.
 - (b) Doctors, 49.
 Admitted after delivery, 6.
7. No. of cases in which medical assistance was sought by a midwife in emergency, 25.
8. No. of cases notified as puerperal pyrexia, 1.
9. No. of infants (a) not entirely breast-fed while in the Institution, 17.
 - (b) wholly breast-fed on discharge, 389.
 - (c) completely artificially fed, 6.
10. No. of cases notified as ophthalmia neonatorum, Nil.
11. No. of cases of pemphigus neonatorum, Nil.
12. No. of maternal deaths, Nil.
13. No. of still-births, 14.
14. No. of infant deaths within 10 days of birth, 18.

During the year the Hospital trained for certification 30 pupil midwives. 30 were entered for the examination and all were successful.

MATERNITY AND CHILD WELFARE SERVICES.

1. Number of births notified in the area during the year under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications:
 - (a) Live births, 1,910; (b) Still-births, 38; (c) Total, 1,948.
2. Health Visiting—
 - (a) Number of officers employed for health visiting at the end of the year:

(i) By the Council	...	...	...	...	...	6
(ii) By Voluntary Associations (Military Families)	...	...	...	...	...	1
 - (b) Number of visits paid during the year by all Health Visitors:

(i) To expectant mothers—First visits	...	...	...	72
Total visits	...	...	...	130
(ii) To children under 1 year of age—First visits	...	...	...	1,765
Total visits...	...	...	...	7,468
(iii) To children between the ages of 1 and 5 years—	...	...	...	...
Total visits	20,171
3. Infant Welfare Centres—
 - (a) Number of Centres provided and maintained by the Council ... 5
 - (b) Number of Centres provided and maintained by Voluntary Associations—(Military Families) ... 1
 - (c) Total number of children who first attended at the Centres during the year and who, on the date of the first attendance were—

(i) Under 1 year of age	...	...	...	...	1,214
(ii) Between the ages of 1 and 5 years	...	...	...	...	179

(d) Total number of children under five years of age who attended at the Centres during the year and who, at the end of year, were—

(i) Under 1 year of age	...	...	...	...	...	1,051
(ii) Over 1 year of age	...	...	...	...	...	1,123

4. Ante-natal and Post-natal Clinics:

					Ante-natal.	Post-natal.
(i) Number of Clinics provided and maintained by the Council	...	...	...	...	2	1
(ii) Number of Clinics provided and maintained by Voluntary Associations (Military Families)	...				1	1
(iii) Total number of Women who attended at the Clinics during the year	...	...	...	...	1,209	740

5. Care of illegitimate children.

The Council have appointed a Social Worker for the purposes of Circular 2866.

6. Care of premature infants (Circular 20/44).

During the year the Council decided to appoint a domiciliary midwife specially trained in the care of the premature baby.

The number of premature babies notified during 1948 was 113.

Total number of above who were born :—

(i) at home	...	...	...	...	...	35
(ii) in hospital or nursing home	...	...	...	...	...	78

The number of those born at home :—

(i) who were nursed entirely at home	...	...	...	...	30
(ii) who died during the first 24 hours	...	...	...	...	7
(iii) who survived at the end of one month	...	...	...	...	22

The number of those born in hospital or nursing home :—

(i) who died during the first 24 hours	...	...	...	...	13
(ii) who survived at the end of one month	...	...	...	...	61

7. Supply of Meals and Milk and Food (otherwise than under the National Milk and Vitamins Scheme):

Proprietary preparations, dried milk and vitamins are supplied to nursing mothers and children under 5 years of age free or at less than cost price in necessitous cases and at cost price in other cases.

8. Maternity Homes and Hospitals provided by the Council:

York Maternity Hospital (44 beds).

9. Twenty-one full-time Home Helps are employed and are available for confinements and cases of civil sickness.

Cases attended during the year, 224.

10. Day Nurseries.

Nursery.	Date of Opening.	Approved Accommodation.	Average Daily Attendance.	
			0—2	2—5
Crombie Avenue ...	12. 2.42	34	7	17
Layerthorpe ...	6.11.42	45	9	25

11. Infectious Diseases.

Disease.	Number of cases notified during the year.	Number of cases visited by officers of the Council.	Number of cases removed to Hospitals.
(1) Ophthalmia Neonatorum ...	2	2	1
(2) Pemphigus Neonatorum ...	—	—	—
(3) Puerperal Pyrexia ...	7	7	6

12. Maternal Deaths.

There were two maternal deaths during the year. Of these one was due to obstetric shock in a girl of 16 who was a certified mental defective. The second was a patient aged 37, death being due to sepsis following an abortion after $4\frac{1}{2}$ months pregnancy.

13. Child Life Protection (Section 206 to 220 of the Public Health Act, 1936).

(a) Number of persons receiving children for reward at the end of the year...	12
(b) Number of children received during year ...	—
(c) Number of children on register at end of year ...	12
(d) Number of Child Protection Visitors at the end of the year who were—	
(i) Health Visitors ...	7
(ii) Female, other than Health Visitors ...	2
(iii) Male ...	2

14. Adoption of Children (Regulations) Act, 1939.

Six Notices under Section 7 (3) were received during the year.

INSTITUTIONAL PROVISION FOR MOTHERS OR CHILDREN.

(a) YORK MOTHER AND BABY HOME.

Heworth Moor House, York.

(Superintendent and Outdoor Worker:—MISS A. HATFIELD).

This Home is carried on by the York Diocesan Association for Moral Welfare. It receives unmarried mothers before confinement and unmarried mothers with their babies after confinement, without limit of stay, until the mother obtains employment and the baby a home with relatives or foster-mother. There are 14 beds and 10 cots in the Home. The expectant mothers are sent for their confinement to a maternity home or hospital. The length of stay averages from a few days to six months, two to twelve weeks before and six to twelve weeks after the birth of the child.

Nine York mothers were received during 1948. Eight confinements took place in hospital—one mother returned home before confinement.

(b) SOCIAL WELFARE COMMITTEE'S INSTITUTIONS

Children are maintained in "The Grange" up to the age of one year, when, if in good health, they are boarded-out in suitable private homes in and around the city boundaries, or admitted to "The Elms," Hull Road.

The present accommodation in the Children's Homes is as follows:—

	Beds.
St. Hilda's, Lowther Street	40 (girls and boys).
4 Feversham Crescent	18 (boys).
120 Haxby Road	12 (boys).
"The Elms", Residential Nursery, Hull Road.	28 (girls and boys).

The number of children boarded-out is 70.

(c) ST. STEPHEN'S ORPHANAGE, THE MOUNT.

(Matron:—Mrs. E. Cobb).

This Orphanage accommodates 23 girls, the age of admission being from 2 to 16 years.

HEALTH VISITORS.

The scope of the work of the health visitor has been considerably enlarged during the year. The establishment has been correspondingly increased from 7 to 13.

A health visitor was allocated to attend a child welfare clinic held by a general practitioner for her own patients. It is hoped that general practitioners will be able increasingly to take a more active interest in preventive medicine, as the value of their help cannot be over estimated.

A health visitor was allocated for Tuberculosis Dispensary work only, another for gastric and diabetic after-care, and a third to work part-time in Venereal Disease after-care and contact tracing.

A liaison with the almoner of the General Hospital has been established and cases referred by her are followed up as necessary.

CHILD LIFE PROTECTION.

The duties under Part VII of the Public Health Act 1936 ceased to be the responsibility of the Health Committee on 5th July, the work passing to the newly formed Children Committee. The Health Department however continued with this work for some time after 5th July under the Ministry's Agency Arrangements.

DENTAL TREATMENT.

The dental surgeon, Miss Ritchie, gives two half-days weekly to Maternity and Child Welfare work. She reports as follows.

The numbers treated during 1948 were:—

Expectant and Nursing Mothers.				Children of Pre-School Age.	
Number treated ...	...	...	730	220	
Number of attendances ...	...	...	1,614	400	
Number of fillings ...	...	...	960	199	
Number of extractions—					
With local anæsthetic ...	...	...	3	—	
With general anæsthetic ...	...	...	629	137	
Number of scalings, gum treatments, etc. ...	...	...	881	131	

The number of mothers discharged dentally fit was 370.

ORTHOPÆDIC TREATMENT.

An Orthopædic Clinic is held monthly by Dr. H. L. Crockatt, at the School Clinic. The number of attendances were as follows:—York 288, North Riding 46, East Riding 55, West Riding 9; Total 398.

Out-patient sessions are held at the County and City General Hospitals and are under the charge of Mr. Arnott MacGowan and Mr. D. V. Marshall respectively.

Seven children were treated at the Adela Shaw Orthopædic Hospital.

Mr. MacGowan visits Fairfield Sanatorium to supervise the orthopædic cases in residence there and is Orthopædic Consultant for the City.

REGISTRATION OF NURSING HOMES.

(1) Total Nursing Homes in the City 4					
viz.:—					
				No. of Beds.	
				Maternity.	Other.
No. 16 Mount Parade ... ..	...	...	...	5	—
*Holgate Nursing Home, St. Paul's Lodge, Holgate ...	...	...	...	12	—
Purey Cust Nursing Home ... ..	...	...	...	14	18
"Ivy Dene," Front Street, Acomb ... ..	...	...	...	—	12
Nunthorpe Nursing Home, Nunthorpe Avenue ...	...	...	...	8	—

*Closed:—30-8-48.

- (2) The supervision of nursing homes, including maternity homes, is carried out by the Medical Officer of Health, the Senior Medical Officer for Maternity and Child Welfare and the Chief Sanitary Inspector.

SECTION C.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

SMALLPOX.

No cases of this disease were reported during the year, and no suspect cases were seen for diagnosis.

One contact from an infected ship was kept under surveillance.

VACCINATION

I am indebted to the Vaccination Officer for the following information:—

1. Year.	2. Successfully Vaccinated.	3. *Percentage of total births.	4. Vaccination postponed or certified as insusceptible of vaccination	5. Died or removed from York unvaccinated.	6. Declaration of "Conscientious Objection."		7. Persons Re- vaccinated by Public Vaccinators.
					Number	*Per- centage.	
1944	1125	49.2	7	169	750	32.7	—
1945	1074	57.5	24	232	679	36.3	—
1946	1238	57.9	56	255	750	35.0	—
1947	1340	58.8	91	284	700	30.7	27
†1948	662	62.4	50	108	368	34.7	10

* Percentage of total births less figures in columns 4 and 5

† To 4th July, 1948.

It will be noted that the vaccination figures are given for the first half year only. The number for the second half was 205, i.e., 147 by general practitioners and 58 at clinics. This made the total for the year 811, compared with 1,340 for 1947, and is a most serious decrease. The danger of allowing the development of an unvaccinated child population is obvious, and every effort should be made both nationally and locally to prevent this occurring.

DIPHTHERIA AND MEMBRANOUS CROUP

Year.	Total cases notified.	Persons attacked per 1,000 of Population.	Total Deaths.	Death-rate per 100,000 living.	Mortality per cent. of cases.	Total cases removed to Hospital.	Percentage of total cases removed to Hospital.
1944	295	3.11	16	16.8	5.4	295	100.0
1945	123	1.30	2	2.1	1.6	123	100.0
1946	32	0.31	—	—	—	32	100.0
1947	12	0.11	—	—	—	11	91.6
1948	*8	0.07	—	—	—	8	100.0

* Lowest on record.

Diagnostic Swabs.—All of the 8 cases notified were verified to be Diphtheria by bacteriological examination.

The free supply of anti-toxin to medical practitioners for use in necessitous cases was continued.

Immunisation against Diphtheria.

The number of children who were immunised during 1948 was 1,701, compared with 1,331 in the previous year. Of the children immunised during 1948, 1,550 were children aged under 5 years.

The total number of children who have been immunised since the scheme commenced in 1934 is now 13,655, representing 47·2% of children from 1-5 years of age and 64·3% of children from 5-15 years of age.

During 1948, two children under the age of 15 years were notified as suffering from diphtheria, and had been immunised. Of the total cases of diphtheria (8), three had been immunised. There were no deaths from diphtheria.

SCARLET FEVER

Year.	Total cases notified.	Persons attacked per 1,000 of population.	Total Deaths.	Total cases removed to Fever Hospital.	Percentage of total cases removed to Hospital.
1944 ...	360	3·78	—	303	84·1
1945 ...	250	2·64	—	200	79·6
1946 ...	215	2·10	—	178	82·7
1947 ...	188	1·80	—	153	81·3
1948 ...	378	3·64	—	357	94·4

Highest yearly total record—722 (1929).

The number of school children was 256.

ENTERIC FEVER

Year.	Total cases.	Persons attacked per 1,000 of population.	Total Deaths.	Total cases removed to County or Fever Hospital.	Percentage of total cases removed to Hospitals.
1944 ...	2	0·02	—	2	100·0
1945 ...	—	—	—	—	—
1946 ...	—	—	—	—	—
1947 ...	2	0·02	—	2	100·0
1948 ...	3	0·02	—	3	100·0

	1944.	1945.	1946.	1947.	1948.
PUERPERAL PYREXIA.					
Cases notified	26	30	19	13	7
PUERPERAL SEPSIS.					
Deaths	1	—	—	1	1

Puerperal pyrexia cases notified were probably due to:—

Uterine Sepsis and Sæpæmia	...	...	...	...	2
Infections of Urinary Tract	...	...	...	...	1
Mastitis	...	...	...	...	—
Other causes	...	...	...	...	3
Unknown	...	...	...	...	1
					—
					7
					—

INFLUENZA AND PNEUMONIA.

Cases notified:—	1944.	1945.	1946.	1947.	1948.
Acute Primary Pneumonia	... 30	40	28	20	23
Acute Influenzal Pneumonia	... 11	4	9	2	3
Deaths from Influenza	... 7	5	5	4	1
Deaths from Pneumonia (all forms)	... 28	40	30	42	39

OPHTHALMIA NEONATORUM.

Year			CASES			Vision unimpaired
			Notified	Treated		
				At Home	In Hospital	
1944	...	...	5	3	2	5
1945	...	...	—	—	—	—
1946	...	...	4	1	3	4
1947	...	...	3	1	2	3
1948	...	...	2	1	1	2

NUMBER OF CASES NOTIFIED

	1944	1945	1946	1947	1948
Erysipelas	21	21	31	12	20
Cerebro-spinal Fever	6	8	7	10	4
Dysentery	5	10	5	19	7
Malaria	12	1	6	1	1
Acute Poliomyelitis	4	1	1	7	2
Acute Polio-Encephalitis	—	—	—	1	—
Encephalitis Lethargica	1	1	—	—	—
Measles	170	1,322	203	1061	630
Whooping Cough	113	280	260	270	190
Scabies	674	281	230	130	46

MUMPS, CHICKENPOX, GERMAN MEASLES

The following figures represent the numbers of cases of school children reported to the School Clinic as suffering from mumps, chickenpox or German measles.

Year	Mumps.	Chickenpox.	German Measles.
	<i>Cases</i>	<i>Cases</i>	<i>Cases</i>
1944	57	410	243
1945	373	67	11
1946	9	134	11
1947	43	79	15
1948	521	269	17

SCABIES, LICE, IMPETIGO.

Scabies cases and contacts treated at the City General Hospital Cleansing Centre numbered 205, adults 94, school children 84, and children under 5 years 27.

Cases of verminous infestation, chiefly of the head are also dealt with in the department and 38 persons were cleansed.

In addition treatment was given to 29 cases of impetigo, 23 cases of dermatitis, 3 cases of ringworm, 42 cases of psoriasis and 15 cases of eczema.

CLEANSING AND DISINFECTION.

A Steam Disinfecting Station is situated at the Fever Hospital, Yearsley Bridge. It contains the apparatus known as the "Washington Lyon," built by Messrs. Manlove & Alliott. The staff consists of four disinfectors, who are employed in the removal of infectious cases and the disinfection of infected premises, bedding, and other articles.

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, is carried out where necessary. The following figures represent the disinfecting work carried out during recent years:—

	1944.	1945.	1946.	1947.	1948.
Rooms disinfected by fumigation or spraying	1,379	1,346	1,138	1,084	1,166
Articles disinfected by steam disinfectors	27,522	21,367	19,606	20,122	19,315
Library and other books disinfected	704	274	218	149	379

CANCER (to 4th July, 1948).

Facilities for radiological treatment are available at the General Infirmary, Leeds. The Health Committee agreed to pay for the treatment of certain cases as from 1st January, 1938.

Thirty-six patients were provided with advice or treatment at Leeds Infirmary under arrangements made by the Council.

The Fever Hospital ambulance conveys patients between York and Leeds Infirmary for radium treatment, in necessitous cases, or when the patient is unable to travel by bus or train.

The National Society for Cancer Relief commenced work in the City during 1932, and the General Secretary of the Society (Mr. R. F. Gollop) has supplied me with the following report from Miss Woollcombe, the Society's local visitor.

REPORT ON WORK IN YORK IN 1948

"At the beginning of 1948, there were 97 patients on our books, during the year 47 new patients have been added, and there were 23 deaths, leaving a total of 121 for December 1948.

In January 1948 there were 19 patients receiving financial assistance, there have been 12 additional patients, and eleven deaths. Eighteen patients have been provided with relief in kind, comforts, appliances and dressings.

During the year, I paid 684 visits within the City, 103 of which were to Almoners, Doctors, and patients' relatives, and 34 visits to patients in the villages of Moor Monkton, Tockwith and Haxby. I also made 34 attendances at Dr. Pulvertaft's clinic at the York County Hospital. I have made five car journeys with patients to York Hospitals, and accompanied 32 patients to Leeds, 12 of whom were In-patients, and 20 were Out-patients for treatment.

May I take this opportunity to thank the staff of the York Ambulance Service, the Almoners and staff of the York County and City General Hospitals for the kindness shown to me in my work."

TUBERCULOSIS.

NEW CASES AND MORTALITY.

Age Periods.	NEW CASES. *				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	P.
0- 1	—	—	—	—	—	—	1	—
1- 5	—	—	1	—	—	—	—	1
5-15	2	3	3	9	—	1	—	—
15-25	6	18	1	7	—	4	—	1
25-35	9	10	3	3	5	2	—	—
35-45	8	7	—	—	6	4	—	—
45-55	10	1	—	1	10	2	—	—
55-65	5	—	—	—	6	1	—	—
65 and over ...	2	—	1	—	2	—	—	1
Totals ...	42	39	9	20	29	14	1	3

* Including 40 new cases which came to the knowledge of the Medical Officer of Health otherwise than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations.

Of the 29 cases of Non-Pulmonary Tuberculosis, 6 were classified as bones and joints, 4 as abdominal, 11 peripheral glands, 4 genito-urinary system, 1 meninges, 2 skin, and 1 miliary.

THE YORK TUBERCULOSIS SCHEME.

Clinics are held at the Chest Clinic, 11 Castlegate, for City cases on Fridays at 10-0 a.m. and for North and East Riding patients on the second and fourth Thursday in each month at the same hour. A contact and chest diagnosis clinic is held at the City General Hospital on Wednesdays, at 12 noon, and an artificial pneumothorax refill clinic on Mondays at 11-0 a.m.

On notification each case is visited by a Health and Tuberculosis Visitor and re-visited as necessary. The number of visits paid during the year was 1,057.

178 new cases, exclusive of contacts, were examined, 113 of whom were found to be tuberculous.

During 1948, 1,963 X-ray examinations and 1,226 screening examinations were made at the City General Hospital, 977 patients attending the contact clinic.

Patients were treated by artificial pneumothorax at the City General Hospital. 1,120 refills were given and 1,028 attendances were made at the refill clinic.

327 screening examinations and 228 pneumothorax refills were carried out at Fairfield Sanatorium.

One hundred and twenty patients received free milk.

Seventeen cases were sent to Pinderfields for thoracic surgery.

Non-pulmonary cases treated at the City General Hospital numbered 12.

CONTACTS.

Seventeen of the 233 contacts examined were found to be tuberculous.

It is hoped that the establishment of the Chest Diagnosis Clinic at the City General Hospital will encourage more contacts to attend for examination.

PULMONARY TUBERCULOSIS MAINTENANCE ALLOWANCES.

Twelve applications were granted for the Pulmonary Tuberculosis Maintenance Allowance up to the 4th July, 1948, after which administration of the Tuberculosis Allowances was taken over by the National Assistance Board.

THORACIC SURGERY.

Arrangements were made for Mr. P. R. Allison, F.R.C.S., to hold regular clinics at the City General Hospital at six-weekly intervals to see pulmonary and cardiac cases possibly needing surgical treatment. The appointment is a joint one with the County Hospital, Mr. Allison seeing at the same time cases referred by the County Hospital consultant staff. Cases requiring surgical treatment are transferred to Pinderfields Hospital for operation.

Mr. Allison during 1948 saw 58 patients for the City Council.

YORK TUBERCULOSIS CRUSADE COMMITTEE.

THIRTY-FOURTH ANNUAL REPORT FOR THE YEAR 1948

During the year the work of the Committee continued and expanded. Tuberculous patients and their families were helped in a variety of ways: in one instance payment was made weekly over several months for domestic help for a bedridden patient: others were helped by the provision of grants for clothing and occupational therapy. Pocket money was provided for a patient in hospital, and in another case help was given towards funeral expenses. We continued to provide cinema shows and concerts at Fairfield Sanatorium, and also made a grant to help to buy extra comforts for the patients at Christmas.

The lending of sickroom and other comforts was continued as in former years, and bedding, air-rings and deck chairs were amongst the items provided for patients' use. In all, 14 patients were lent equipment, and 14 helped by the Committee in other ways.

Two outings were to be arranged during the summer, but unfortunately owing to bad weather the children's outing to Bishopthorpe had to be cancelled. However, a film show was substituted and much enjoyed by the children. For the adults, a tour of North Yorkshire was arranged and was a great success.

In July, the National Health Service came into operation, bringing with it many changes from the past system. Much of the financial anxiety connected with illness has been removed by the Act, but six months experience of its working left no doubt that there is still great scope and opportunity for voluntary organisations in promoting individual welfare, and in giving assistance in more imaginative ways than statutory authorities are able to.

Early this year we were sorry to say goodbye to Miss Mellor, our Honorary Secretary and Treasurer since March, 1947, who gave up her post as Almoner at the Chest Clinic on her marriage. The excellent work she did was warmly appreciated, both by the Committee and by the patients she helped.

Our thanks are due to the York Hospitals Contributory Scheme, patients and staff at Fairfield, Rowntrees Charitable Institutions Committee, Mrs. Baum, Mrs. Reid and the East Riding County Council for donations to our fund, and to Mrs. Grisdale, Miss Mellor, Miss Moore and Miss Kilvington for gifts of magazines.

Messrs. Peat, Marwick and Mitchell have again audited our accounts, and we are grateful to them for their kindness and interest.

J. ELSEY,

Hon. Secretary and Treasurer.

FAIRFIELD SANATORIUM SPECIAL SCHOOL

(Recognised under the Education Act, 1944, as a boarding Special School for delicate and physically handicapped pupils. Accommodation, mixed, 24).

I am indebted to Miss Manning, teacher-in-charge, for the following report:—

	Boys	Girls	Total
"Admitted during 1948	10	8	18
Discharged during 1948	9	10	19
In School on 31st December	7	3	10

Owing to my illness the school did not re-open after Christmas until February 2nd.

The ages and capabilities of the children were very varied and included two from Grammar Schools. These two were helped to do such work as far as possible, as they would have done at their normal school.

On 5th April, Miss Ritchie inspected the children's teeth, and carried out the necessary treatment.

On 30th June, Dr. Jones of the School Clinic, carried out the routine annual medical inspection for the Education Committee.

On 14th October, Miss O. Smith, the Physical Training Organiser started her scheme of remedial and breathing exercises for the children."

SANATORIA AND HOSPITALS.

Admissions and Discharges, 1st January to 31st December, 1948.

Institution.	No. of Cases in Residence on 31st Dec., 1947.			No. of Cases Admitted during 1948.			No. of Cases Discharged during 1948.			No. of Cases Dying in Hospital during 1948.			No. of Cases in Residence on 31st Dec., 1948.		
	M.	F.	Child- ren under 16.	Total.	M.	F.	Child- ren under 16.	Total.	M.	F.	Child- ren under 16.	Total.	M.	F.	Child- ren under 16.
Fairfield (City Cases ... (63 beds) (County do....)	16	10	5	31	35	22	5	62	31	17	7	55	5	4	1
	—	4	8	12	7	9	16	32	2	8	12	22	—	1	—
Orthopaedic Hospital, Kirbymoorside ...	—	—	6	6	—	—	4	4	—	—	3	3	—	—	—
City Hospital & Annexes	10	8	2	20	35	22	4	61	33	21	5	59	1	2	1
Pinderfields E.M.S. Hospital ...	2	—	—	2	15	1	—	16	14	1	—	15	—	—	—
Totals ...	28	22	21	71	92	54	29	175	80	47	27	154	6	7	2
													15	34	21
													22	22	77

Return showing the work of the Tuberculosis Dispensary during the year 1948.

Diagnosis.	Pulmonary.						Non-Pulmonary.						Total.				Total.
	Adults.			Children.			Adults.			Children.			Adults.		Children.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.		
A.—(1) On Register 1st January ... (2) Transfers from other areas (3) Lost Sight of cases returned	175 7 7	98 7 3	16 — —	9 2 —	34 1 —	52 — 2	46 — —	64 — —	209 8 7	150 7 5	62 — —	73 2 —	494 17 12				
B.—New Cases diagnosed as:— (1) Class T. B. Minus ... (2) Class T.B. Plus ...	21 34	21 29	3 —	3 2	2 4	6 6	3 1	10 2	23 38	27 35	6 1	13 4	69 78				
C.—Cases written off:— (1) Recovered ... (2) Dead (all causes) ... (3) Removed to other areas ... (4) For other reasons ...	— 33 6 4	— 15 7 —	— 1 1 —	— 1 1 —	— — 1 —	1 2 2 —	15 — — —	12 1 — 2	— 33 7 4	1 17 9 —	15 1 1 —	12 2 1 2	28 53 18 6				
D.—On Register 31st December ...	201	136	17	14	40	61	35	61	241	197	52	75	565				

VENEREAL DISEASES.

I am indebted to Dr. Fowler for the following report:—

"The venereal diseases centre for York and the adjoining districts is situated at the York County Hospital.

During 1948 the number of clinic sessions was increased and clinics are now held at the following hours.

MALE		FEMALE	
Monday	2 p.m. to 4-30 p.m.	Tuesday	2 p.m. to 5 p.m.
Thursday	5 p.m. to 8 p.m.	Wednesday	12-30 to 1-30 p.m.
Friday	10 a.m. to 12-30 p.m.	Friday	5 to 7-30 p.m.
Saturday	10 a.m. to 11 a.m.		
(by appointment only).			

A diagnostic clinic for ante-natal cases only is held at Duncombe Place on Mondays at 4-30 p.m.

Daily treatments are given in the clinic at times convenient for the individual patient.

The following table summarises the work carried out in the clinic during 1948.

	Syphilis.		Gonorrhœa.		Non-Venereal.		Total.
New patients	114		146		330		590
Total attendances at clinics.	Male. 1,934	Female. 2,252	Male. 1,172	Female. 898	Male. 1,093	Female. 376	7,725
Attendances for treatment only.	510	349	425	221	650	157	2,312
No. of cases treated with penicillin.	91	45	119	36	22	5	318

PATHOLOGICAL WORK

	Microscopical.		Serum.		Cerebro-spinal fluid.	Non-venereal or undiagnosed conditions.
	Syphilis.	Gonorrhœa.	Syph.	Gon.		
Number of specimens examined by Medical Officer of treatment centre in Pathological laboratory.	31	312	—	—	—	150
Number of specimens sent to an approved laboratory for examination.	115	878	1620	21	153	101

Venereal Disease in York in 1948.

During the year there were 45 new cases of syphilis and 65 fresh cases of gonorrhoea, compared with 66 new cases of syphilis and 92 fresh cases of gonorrhoea in 1947. This fall in the incidence of these diseases is general in Britain and there is good reason to believe that the incidence will fall fairly rapidly below that of 1938.

Included in the 45 new cases of syphilis were six cases of congenital infection. Three of these cases were less than a year old. It would appear to be still insufficiently realised that congenital syphilis can be prevented by treating the mother, and endeavours must be made to ensure that carrying out blood tests for syphilis becomes a routine part of the antenatal care of every woman.

Penicillin in Gonorrhoea—Syphilis.

During the past year procaine penicillin has come into general use and preparation of penicillin in oil wax media, which are easy to use, have become available. Following injection these products release penicillin slowly into the circulation and active amounts of penicillin remain in the blood stream for at least 24 hours. This has resulted in a great saving of both the patients' and the clinics' time as patients receiving penicillin treatment are only required to visit the clinic once during the day, and it is no longer necessary to admit patients with early syphilis to hospital.

Five years ago the remarkable results shown by penicillin in the treatment of gonorrhoea were viewed with caution, and it was feared that the responsible organisms might develop some resistance to penicillin, as had happened with the sulphonamides. So far there is no evidence of this and at least 96% of acute cases of gonorrhoea are cured with one injection at 300,000 units of penicillin. These signs demonstrate clearly the value of penicillin in the treatment of gonorrhoea.

It is less easy to define the position of penicillin in the treatment of syphilis, and many more years must elapse before this is possible. In syphilis of the nervous system there is much evidence that penicillin is the most effective treatment agent we have, and that in the majority of such cases other sources of treatment are unnecessary.

The lesions in early syphilis heal rapidly following penicillin treatment, but penicillin treatment alone fails to cure some 7% to 15% of cases, and in this, as in most clinics, treatment with arsenical and bismuth drugs is given in addition to penicillin.

Case Holding and Contact Tracing.

Since 5th July, 1948, the treatment of venereal diseases has become the responsibility of the Regional Hospital Board. Case holding and contact tracing remains within the province of public health authorities.

It is obvious that if any real progress is to be made in eliminating venereal diseases, it is necessary that all contacts of infected persons be examined, and that the source of infection be discovered wherever possible. Now that the population generally has become static, contact tracing should prove more successful than it was during the war and immediate post-war years.

Infected persons are so quickly rendered non-infectious by penicillin therapy, that patients who cease to attend the clinic after the completion of penicillin treatment present little danger to the public health. However, as has been mentioned above a few cases will become infectious again. Another few will in later years develop crippling lesions and become a burden to themselves and the community. For these reasons it is felt that every endeavour must be made to get patients who default to attend the clinic until it is certain that cure has been obtained.

The problem of case holding and contact tracing is being actively pursued, a Health Visitor from the staff of the Medical Officer of Health being detailed for this work, and working under the direction of the Medical Officer in charge of the V.D. centre.

Medical Staff of the Treatment Centre.

Dr. Sidney Goodman Platts, for many years Medical Officer in charge of the centre resigned in March, 1948, and Dr. W. Fowler, was appointed to succeed him.

Dr. Katherine Jones is the Assistant Medical Officer."

SECTION D.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

I am indebted to Mr. H. Whitehouse, Engineer of the York Waterworks Company, for the following information:—

The total quantity of water pumped and distributed in 1948 to the City and the 12 neighbouring parishes which together make up the Company's statutory area of supply, was 2,352 million gallons. The average daily supply was 6,426,000 gallons, and after subtracting trade, bulk and other metered supplies, the daily consumption for domestic and public purposes was estimated to be 29.82 gallons per head.

Beyond the statutory limits the Company furnishes bulk supplies to parts of Derwent, Flaxton and Tadcaster rural districts, not included in the foregoing particulars.

The water supply is derived by direct intake from the River Ouse at the Company's Waterworks above the City, where a plentiful flow passes the works from a drainage area of nearly 1,200 square miles.

Purification treatment of the water comprises chemical precipitation, double filtration (through rapid gravity and slow sand filters) and chlorination.

A constant supply of a high standard of purity was maintained to the City and district, and no restrictions were imposed at any time as to the quantity taken by consumers.

Results of the regular bacteriological and chemical examinations and tests of Towns water made during the year are summarised below.

Bacteriological Examinations

Number of Colonies per millilitre developing on Agar.

in 3 days at 20°C., average of 297 samples—2.17.

in 48 hours at 37°C., average of 297 samples—1.74.

Tests for Presumptive Coli Organisms.

1485 tests with 10 millilitres. 1484 tests negative, 1 test positive.*

297 tests with 50 millilitres. 296 tests negative, 1 test positive.†

Public Analysts' Remarks:—* Satisfactory. The one coliform organism present is non-faecal.

† Satisfactory. The two coliform organisms present are non-faecal.

Tests for *Clostridium Welchii*.

103 tests with 100 millilitres. 102 tests negative, 1 test positive†.

Public Analysts' Remarks:—† The presence of *B. Welchii* is unusual but *B. Coli* is absent in 100 mls showing the water to be satisfactory.

CHEMICAL ANALYSES

Twelve chemical tests (one each month) were made by the Public Analysts.

Physical Characters.					Average of the 12 samples.
Suspended Matter	...	...	...	...	None.
Appearance of a column 2ft. long	...	...	...	...	Clear; faintly yellowish.
Hazen colour	...	...	...	...	7.2.
Taste	...	...	...	...	Normal.
Odour	...	...	...	...	None.

Chemical Examination.					Parts per 100,000
Total Solids dried at 180°C.					24.69.
Chlorides in terms of Chlorine	...	...	...	...	1.68.
Equivalent to Sodium Chloride	...	...	...	...	2.77.
Nitrites	...	...	...	...	None.
Nitrates as Nitrogen	...	...	...	...	0.14.
Poisonous Metals (Lead, etc.).	...	...	...	...	None.
Total Hardness	...	...	...	...	15.34.
Temporary Hardness	...	...	...	...	10.53.
Permanent Hardness	...	...	...	...	4.81.
Oxygen Absorbed in 4 hours at 80°F.	...	...	...	...	0.102.
Ammoniacal Nitrogen	...	...	...	...	0.0012.
Albuminoid Nitrogen	...	...	...	...	0.0057.
Free Chlorine	...	...	...	...	0.024 parts per million.
pH Value	...	...	...	...	7.4.

B. Coli Test of each of the 12 samples:—

Probable number of coliform organisms per 100 millilitres 0

Public Analysts' remarks on each of the 12 reports:—

Satisfactory, both chemically and bacteriologically.

Regular bacteriological tests of samples drawn within the Company's works are also made as a measure to secure efficient operation of the purification processes; 493 such samples were dealt with during the year.

Mains were extended to serve new houses built by York Corporation at Muncaster, Carr Lane, St. Helen's Road, and Rawcliffe Lane Estates, and a few erected by private builders. The total length of the extensions was 3,839 yards. All the new mains were sterilised before being put into service.

Five chemical and bacteriological examinations of Town's water were carried out by the Public Analyst during the year on behalf of the Health Department. All were satisfactory. No B. Coli were found in 100 ml.

CLOSET ACCOMMODATION

The City Engineer has kindly supplied the following information:—

"At the end of 1948 there were 12 privies and 7 pail-closets, all being on the outskirts of the City.

There are 34,128 water-closets and 1,732 waste-water closets."

PUBLIC CLEANSING

This is under the control of the City Engineer, and I am obliged to him for the following information:—

The method of collecting dry house refuse.

All domestic refuse is placed in bins by householders and collected by the Corporation motor-vehicles, which are provided with covers to prevent the escape of dust.

Approximately 800 bins for the collection of food salvage are distributed in the public streets, and since June, 1940, the period between collections of domestic refuse has been increased from one week to a fortnight, with an intervening fortnightly collection of salvage only.

The value of salvage collected during the year 1948 has been as follows:—

Food	...	...	...	...	£ 6,498
Paper	...	...	...	...	6,955
Metals	...	...	...	...	2,814
*General	...	...	...	...	3,368
					<hr/>
					£19,635

* Glass, Textiles, Bones and Miscellaneous.

There are now 21 dry ashpits, 12 wet ashpits and 33,498 ashbins in use in the City.

The method of collecting refuse from earth-closets and privies.

The contents of earth-closets, pail-closets and privies are collected by motor vehicles between 6 a.m. and 7 a.m.

The method of disposing of dry house refuse.

About 72% is dealt with by controlled tipping; the remainder, which is usually objectionable material, is dealt with at the Destructor. The average amount of domestic refuse destroyed amounts to approximately 20 tons per day.

The method of disposing of refuse from earth-closets and privies.

This is disposed of at the Destructor.

The method of cleansing cesspools.

There are eleven cesspools in the City. These are cleansed by the Corporation, using a cesspool and gully emptier.

Arrangements for disposal of cesspool contents.

The contents are emptied by the Corporation and tipped into the sewer in convenient main sewer manholes, which are afterwards flushed.

SANITARY INSPECTION OF THE AREA
SHOPS AND OFFICES
CAMPING SITES—NIL
SMOKE ABATEMENT

} See the Report
of the Chief
Sanitary
Inspector,
appended.

SWIMMING BATH WATER

Three samples taken from St. George's Baths.

Two samples taken from Rowntree Park Baths.

One of the samples from Rowntree Park Baths was found to be unsatisfactory owing to the presence of Coliform Organisms.

ERADICATION OF BED BUGS

(a)	(i)	Number of Council Houses found to be infested	13
	(ii)	Number of Council Houses disinfested (with H.C.N. gas)	12
	(iii)	Disinfested with insecticidal fluid	1
(b)	(i)	Number of other houses found to be infested ...	15
	(ii)	Number of other houses disinfested (with H.C.N. gas)	—
		(Fumigated with sulphur and insecticidal fluid) ...	15

For the disinfestation of verminous houses on the Council's estates H.C.N. gas is used. Usually it is necessary to disinfest at least two houses or sometimes all the block. The tenants of all the houses in the block are asked to sleep out for one night, and are made an allowance of 5/- per adult and 2/6 per child under 14.

After carefully sealing the houses the gas is introduced and the houses are left for six hours, afterwards being opened up and ventilated for at least 24 hours.

In other cases sulphur and insecticidal fluids are used. The tenants are instructed to strip all wallpapers prior to the use of sulphur and fluids.

Steam disinfestation of all bedding is carried out in both instances.

If the house of a prospective municipal tenant is found to be in a verminous condition, and in every case where a tenant is being removed from either a Clearance Area or an Individual Unfit House, a Council house is not granted until the occupier has signed an agreement that he will allow his furniture to be removed for disinfestation at the Hydrogen Cyanide Gas Plant, Foss Islands, and his bedding, etc., removed separately for steam disinfection. After treatment, all bedding, furniture, etc., is delivered the same day at the new address. The Local Authority carry out the disinfestation of furniture, but a contractor is employed for the disinfestation of houses.

During 1948, 28 loads of furniture from 60 houses were dealt with on behalf of tenants taking over houses on the Corporation Building Estates.

Seven loads of furniture and 91 single articles of furniture were disinfested for private owners at their own expense.

SCHOOLS

See the separate report of the Senior Assistant School Medical Officer published by the Education Committee.

SECTION E.

HOUSING.

1. Inspection of dwelling-houses during the year:—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	2,464
(b)	Number of inspections made for the purpose	...	...	...	2,470
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Section 5, Housing Act, 1936	...	...	...	Nil.
(b)	Number of inspections made for the purpose	...	...	...	Nil.
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	10
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	642

2. Remedy of defects during the year without service of formal notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	600
---	-----	-----

3. Action under Statutory Powers during the year:—

(a)	<i>Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—</i>	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	50
(2)	Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a)	By owners	102
(b)	By local authority in default of owners	1
(b)	<i>Proceedings under Public Health Acts:—</i>	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	52
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a)	By owners	116
(b)	By local authority in default of owners	3
(c)	<i>Proceedings under Sections 11 and 13 of the Housing Act, 1936:—</i>	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	1
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	34

(d) *Proceedings under Section 12 of the Housing Act, 1936:—*

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	8
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	—

(e)	(1)	Number of houses allocated under 10% Scheme from houses subject to Demolition and Closing Orders and Undertakings.	46
	(2)	Number of houses allocated to tuberculous patients	16

4. Housing Act, 1936, Part IV—Overcrowding:—

(a)	(1)	Number of dwellings known to be overcrowded at the end of the year	...	...	...	...	...	48
	(2)	Number of families dwelling therein	...	...	...	...	...	109
	(3)	Number of persons dwelling therein	...	...	...	...	...	541
(b)		Number of new cases of overcrowding reported during the year						6
(c)	(1)	Number of cases of overcrowding relieved during the year						16
	(2)	Number of persons concerned in such cases	...	...	...	...	...	81
(d)		Cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	...	...	...	...	Nil.

Under Section 11 of the Housing Act, 1936, during 1948, 1 dwelling was represented as being unfit for human habitation.

Under Section 12 of the Housing Act, 1936, during 1948, parts of eight buildings were represented as being unfit for human habitation.

An undertaking was accepted in respect of one house that it would not be used for human habitation when it had been vacated.

Under Circular 2156 of the Ministry of Health, which allows a condemned house to be re-opened during the period of the emergency, the Council, in November, 1940, resolved that the net rent of any condemned house licensed for occupation should not exceed two-thirds of the normal rent prior to the house being condemned.

Two dwelling-houses dealt with under Section 11 and one under Section 12 of the Housing Act, 1936, have been re-opened for human habitation with the consent of the Health Committee.

Sufficiency of Supply of Houses.

In December, 1948, the number of applicants for Corporation houses was 3,000. Of these 901 were couples without children, 1,274 couples with one child, 503 couples with two children, 200 with three children, and 122 couples with over three children.

SECTION F.

INSPECTION AND SUPERVISION OF FOOD.

- (a) Milk Supply: (See Reports of Chief Sanitary Inspector and Public Analyst, Sections H and I).
- (b) Meat and Other Foods: Ditto ditto ditto
- (c) Adulteration, etc.: Ditto ditto ditto
- (d) Chemical and Bacteriological Examination of Food: ditto

(See also Section B—Laboratory Facilities).

MILK IN SCHOOLS SCHEME.

I am indebted to the Chief Education Officer for the following figures:—

	1944	1945	1946	1947	1948
No. of children eligible to participate	11,844	13,403	13,228	13,469	14,782
No. of children receiving Milk	8,859	9,768	10,196	10,790	11,987
Percentage	75·6	70·2	77·1	79·8	80·5

Food Poisoning.

Four isolated cases of suspected food poisoning were notified during the year. In 3 cases *Salmonella typhi-murium* was isolated from the stools, but in the fourth the diagnosis was not confirmed. Of the 3 positive cases, two were notified in July, and one at the end of August. The source of the infection was not traced in any case.

SECTION G.

(i) HEALTH EDUCATION, ETC.

Arrangements have been made with the Central Council for Health Education to display suitable posters dealing with health subjects on frames previously used by the Empire Marketing Board. These are changed monthly.

Lectures on health topics were given to members of the Forces and various local organisations by Drs. Crane and Simon, and by members of the health visiting and day nursery staffs.

Organised visits for groups from the A.T.S. and W.A.A.F. were also arranged on several occasions to the Child Welfare Clinics, Maternity Hospital, and Nurseries.

The co-operation of the Central Council for Health Education throughout the year was much appreciated. Leaflets were distributed and posters displayed as part of the regular health campaign.

(ii) NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL

for the

COUNTY BOROUGH OF YORK

Chairman:—Mr. S. B. Bird.

Vice-Chairman:—Councillor Dr. W. W. A. Kelly, J.P.

Aldermen F. Gaines, J.P.; J. Hargrave, J.P.; and F. Smithson, J.P.; Councillors Miss D. Audaer; J. E. Brown; W. Dawson and A. Franks; Drs. C. C. Cobb; C. D. Hanham; R. P. McGarrigle; A. Reid; P. Rowntree; H. Royle and J. L. Wightman; Mrs. J. N. Mercer, J.P. and Messrs. B. Brooke; F. H. Morgan Cave; V. B. Ditcham; G. Y. Johnson, J.P.; C. S. Neame; G. O. Nelson; F. W. Nicholson and J. Saville.

Clerk of the Council:—Mr. H. Bell, F.C.I.I.

Offices, 133 Holgate Road. Tel. 2542.

At the end of the year, the Council's List contained the names of 49 Doctors (three of whom employ an Assistant), 22 Dentists, 3 Ophthalmic Medical Practitioners, 16 Ophthalmic Opticians, 1 Dispensing Optician and 40 Chemists, etc., involving 47 shops.

The number of persons on doctors' lists at 31st December, 1948, was 102,089.

The number of prescriptions dispensed during the period 5th July to 31st December, 1948, was 243,449.

7,225 persons received dental treatment under the National Health Service during the period 5th July to 31st December, 1948, and 14,201 persons had their eyes tested during the same period.

(iii) MEDICAL EXAMINATIONS, ETC.

Medical examinations were carried out by the Medical Officer of Health of 65 contacts of infectious disease, or persons convalescent after discharge from the Fever Hospital.

Routine Staff Examinations:—

Department	No.
Health	62
City Engineer's	13
Housing	4
Town Clerk's	4
City Treasurer's	5
Castle Museum	3
Fire Service	21
Children Department	1
Social Welfare Department	1
Police	6
Other districts	3
	<hr/>
	123
	<hr/>
Referred to Specialists	13
Rejects or deferred appointments	5

SECTION H.

**ANNUAL REPORT of the CHIEF SANITARY INSPECTOR
FOR THE YEAR 1948.**

MR. F. FISHBURN, F.S.I.A.

To the Right Hon. The Lord Mayor, Aldermen and Councillors of the City of York.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to submit for your consideration a report of the work carried out in the Sanitary Section of the Health Department during 1948.

As requested by the Ministry of Health, the Report is presented mostly in tabular form, with short reports on the administration of the various Acts and Orders relating to food supply, etc.

During the year the following Assistant Inspectors tendered their resignations in order to take up duties with other authorities:—

30th June. C. Harrison—Borough of Scarborough.

2nd October. S. Wrigglesworth—Driffield R.D.C.

The following appointments were made:—

5th April. S. Wrigglesworth—Assistant Inspector.

13th September. A. N. Errington—Assistant Inspector.

20th September. A. Hughes—Assistant Inspector.

I desire to acknowledge, with many thanks, the cordial support which I have received from the Members of the Health Committee, the Medical Officer of Health and Members of the Staff generally.

I am, my Lord Mayor, Ladies and Gentlemen,

Yours obediently,

F. FISHBURN,
Chief Sanitary Inspector.

DETAILS OF INSPECTIONS, Etc.

Dwelling Houses:—	Inspections.	Re-inspections
Notifiable Diseases	444	—
Other Diseases	1	—
Verminous	111	42
Dirty	52	29
Re suspected Overcrowding	111	34
Re prospective Corporation Tenants	1,002	—
Other conditions	940	3,234
Common Lodging Houses	149	—
Houses-let-in-lodgings	15	—
Offices	1	—
Factories, with Power	310	—
Factories, without Power	237	—
Bakehouses	69	—
Factory Bakehouses	170	—
Outworkers' Premises	79	—
Shops, re Sanitary conditions	32	1
Smoke Observations	7	—
Drains Tested	270	—
Drains Inspected	462	83
Premises re Swine, Fowls, and other Animals	53	23
Stables re Accumulation of Manure	7	2
Offensive Trades	17	—
Tents, Vans and Sheds	92	—
Plots of waste ground	49	9
Sewers, Ventilators, Street Gullies, Back Roads, etc.	29	6
Premises infested with Rats or Mice	44	—
Miscellaneous Visits not classified	2,944	—

FOOD INSPECTIONS:—

Meat and Food Inspections	22,704	—
Slaughter-houses	581	—
English Meat Shops	4	—
Foreign Meat Shops	2	—
General Provision Shops	3	—
Fish Shops	19	—
Fried Fish and Chip Shops	154	—
Ice Cream Premises	139	—
Dairies and Milkshops	117	—
Markets	63	—
Cowsheds	16	—

MISCELLANEOUS:—

Interviews with Owners or Tradesmen	419
No. of Notices served... ..	177
No. of Letters sent	1,262
No. of Certificates issued under Land Charges Act, 1925	1,179
No. of Notices under S. 4 and 62, Housing Act, 1936	29
No. of "permitted numbers" issued under S. 62, Housing Act, 1936... ..	27
No. of Complaints received, general	779
Ditto, re Rats	169
No. of Housing Cards compiled since 1911	12,473

NUISANCES ABATED, DEFECTS REMEDIED, etc.

Houses:—

Provided with damp-proof courses	...	...	...	...	...	...	25
New floors laid or repaired	...	...	...	...	...	...	70
Overcrowding abated	...	...	...	...	...	...	16
Cleansed and limewashed	...	...	...	...	...	...	38
Means of ventilation improved	...	...	...	...	...	...	167
Plasterwork repaired	...	...	...	...	...	...	189
Roofs, etc., repaired	...	...	...	...	...	...	288
Walls re-pointed	...	...	...	...	...	...	177
Fireplaces repaired	...	...	...	...	...	...	106
Water spouts fixed or repaired...	...	...	...	...	...	...	279
Downspouts disconnected from drain	...	...	...	...	...	...	—
Yard pavements repaired	...	...	...	...	...	...	37
Yards repaved	...	...	...	...	...	...	22
Nuisances abated from keeping of swine and other animals	...	...	...	...	...	...	12
Accumulations of manure or refuse removed...	...	...	...	...	...	...	26

Drainage:—

Cleansed or repaired	...	...	...	...	...	...	113
Reconstructed	...	...	...	...	...	...	7
New drains constructed	...	...	...	...	...	...	149
Disconnected from sewer	...	...	...	...	...	...	55
Ventilated...	...	...	...	...	...	...	58
Drain-openings removed from inside buildings	...	...	...	...	...	...	—
New sinks fixed	...	...	...	...	...	...	22
Waste pipes of sinks trapped or renewed	...	...	...	...	...	...	63

Water-closets:—

Lime-washed or cleansed	...	...	...	...	...	...	5
Repaired	...	...	...	...	...	...	151
Reconstructed	...	...	...	...	...	...	8
Light and ventilation provided or improved	...	...	...	...	...	...	2
Additional provided	...	...	...	...	...	...	7
Provided with sufficient supply of water	...	...	...	...	...	...	5
Soil pipes repaired or renewed	...	...	...	...	...	...	4
New flush pipes fixed	...	...	...	...	...	...	3
"Wash-down" water-closets provided in lieu of "waste water" closets	...	...	...	...	...	...	60
Privies converted	...	...	...	...	...	...	2

Refuse accommodation:—

Portable ashbins provided	94
Ashpits abolished	2

Miscellaneous (not classified above)	183
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ADMINISTRATION OF THE FACTORIES ACT, 1937.

During the year 407 factories were on the register, including:—

Retail Bakehouses	...	28	Tinsmiths	...	...	...	3
Factory Bakehouses	...	48	Watch Repairing	...	...	...	5
Boot and Shoe Repairing	...	41	Restaurants	...	...	...	31
Dressmaking	...	16	Cabinet Making	and	...	...
Millinery	...	10	Upholstery	...	...	...	16
Tailoring	...	11	Laundries	...	...	...	6
Joinery	...	19	Cycle Making	and	Re-	...	
Plumbing	...	11	pairing	...	...	...	14
Saddlery	...	5	Miscellaneous	...	...	...	143

On the whole the factories, retail bakehouses, etc., were found to be in a satisfactory condition. During the Year 31 notices to cleanse and lime-wash, and 19 notices to carry out repairs were served. These notices were all complied with. No legal proceedings had to be instituted.

Full details of the factories and of our inspections were placed on record in accordance with the Act.

COMMON LODGING HOUSES.

						Jan., 1948.	Dec., 1948.
No. of keepers...	...	...	...	...	...	3	3
No. of houses	...	...	...	...	...	4	4
No. of rooms used for sleeping	...	...	...	...	...	19	19
No. of lodgers accommodated nightly	...	...	...	...	...	75	75
No. of applications for registration	...	...	...	...	...	...	4
No. of notices to limewash (under Bye-laws)	...	...	...	...	...	...	8

Under the provisions of Section 80, York Corporation Act, 1902, all Common Lodging Houses are re-registered annually.

The premises have been kept in a satisfactory condition.

HOUSES-LET-IN-LODGINGS.

						Jan., 1948.	Dec., 1948.
No. of landlords	...	...	...	...	...	1	1
No. of houses	...	...	...	...	...	3	3
No. of separate families	...	...	...	...	...	3	3
No. of notices to limewash (under Bye-laws)	...	...	...	...	...	...	3

The premises and bedding were invariably found in a clean and satisfactory condition.

FOODS.

MEAT AND OTHER FOODS.

TABLE I.

TOTAL WEIGHT OF UNSOUND MEAT DESTROYED.

<i>Year.</i>							<i>Stones.</i>
1948							12,169
1947							13,571
1946							13,677

TABLE II.

CARCASES INSPECTED AND CONDEMNED.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	3,814	678	3,007	14,069	759
Number inspected... ..	3,814	678	3,007	14,069	759
ALL DISEASES EXCEPT TUBERCULOSIS.					
Whole carcasses condemned ...	18	15	20	28	12
Carcasses of which some part or organ was condemned ...	2,345	192	68	2,285	152
Percentage of the number in- spected affected with disease other than Tuberculosis ...	61.95	30.53	2.93	16.44	21.61
TUBERCULOSIS ONLY.					
Whole carcasses condemned ...	31	43	17	—	15
Carcasses of which some part or organ was condemned ...	836	300	18	—	157
Percentage of the number in- spected affected with Tuber- culosis	22.73	50.59	1.16	—	22.66

OTHER FOODS INSPECTED, CONDEMNED AND REMOVED FOR SALVAGE

A large quantity of tinned meat, glass and packet goods, fish, fruit, vegetables, eggs, sweets, cakes and biscuits, etc., were inspected, and a total weight of 4,326 stones were found to be in an unsound condition. The foodstuffs, where suitable, were removed to the Pig Salvage Department, and the remainder to the Destructor, Foss Islands, and destroyed.

COWSHEDS

No. of registered keepers, January, 1948	...	...	...	8
No. discontinued since January, 1948	...	...	...	—
No. of registered keepers, December, 1948	...	...	...	8
No. of cows kept in City	...	...	...	126
No. of notices to limewash (under Bye-laws)	...	...	...	16

The premises generally were found in a clean and satisfactory condition.

TABLE III
BACTERIOLOGICAL EXAMINATION

Designated Milk:

The Milk (Special Designations) Order, 1936 and 1946, prescribes the following designations and standards for milk:—

Designation.	Standards.	
Tuberculin Tested Milk	Must satisfy the prescribed Methylene Blue Reduction Test	No coliform bacillus in one-hundredth of a millilitre.
Accredited Milk ...	Ditto ...	Ditto
Pasteurised Milk ...	Ditto	—

A sample of T.T. or Accredited milk taken at any date from the 1st May to the 31st October is regarded as satisfying the Methylene-Blue Test if it fails to decolourise the Methylene-Blue in $4\frac{1}{2}$ hours, and a sample taken at any date from the 1st November to the 30th April is regarded as satisfying the test if it fails to decolourise the Methylene-Blue in $5\frac{1}{2}$ hours. Pasteurised milk is said to have satisfied the Methylene-Blue Test if it fails to decolourise in thirty minutes after the milk has been kept from time of sampling to following day between the hours of 9-0 a.m. and 10-0 a.m. at atmospheric temperature.

Designation.	No. of samples.	Complied with prescribed conditions.	Did not comply with prescribed conditions.	Coliform Bacilli present.
Tuberculin Tested ...	33	24	9	8
Tuberculin Tested Pasteurised ...	14	14	—	—
Accredited ...	—	—	—	—
Pasteurised ...	178	172	6	—
Heat Treated ...	52	49	3	—
Sterilized ...	2	2	—	—

Ungraded Milk:

No. of Samples.	Methylene-blue Test.		Coliform Test.	
	Satisfactory.	Unsatisfactory.	B. Coli absent.	B. Coli present.
13	5	8	5	8

Biological Test:

Type of Milk.	Number	Positive.	Negative.
Tuberculin Tested	16	—	16
Tuberculin Tested Pasteurised	3	—	3
Accredited	—	—	—
Pasteurised	15	—	15
Heat Treated	5	—	5
Ungraded Milk	13	1	12
Totals	52	1	51

In the case where the positive result to the biological test was obtained, and where the milk is otherwise adversely reported upon by the Bacteriologist, particulars are sent to the County Authorities and to the Medical Officer of Health and the Sanitary Inspector of the district in which the premises are situated.

Phosphatase Test :

Type of Milk	Number	Positive	Negative
T.T. Pasteurised	14	—	14
Pasteurised	178	3	175
Heat Treated	52	4	48
Sterilized	2	1	1

Ice Cream:

Although there is no standard of cleanliness for ice cream, the Bacteriologist is of the opinion that this commodity should not contain more than 100,000 organisms in one millilitre and that B. Coli should not be present.

Where an adverse report is received from the Bacteriologist, the attention of the vendor is called and an inspection of his premises, as well as a check of his ingredients and methods, is made. Further samples are taken until a satisfactory report is obtained.

For the result of Chemical Analysis see Report of Public Analyst.

No. of Samples	Organisms.		Coliform Test.	
	Under 100,000	Over 100,000	B. Coli absent.	B. Coli present.
31	24	7	23	8

The Methylene-Blue Test, as described in the Ministry of Health's Monthly Bulletin for March, 1947, was also applied to twenty-nine of the samples. The following are the results of this test:— seven grade 1, nine grade 2, ten grade 3, and three grade 4.

FOOD AND DRUGS ACT, 1938

The number of samples of food and drugs submitted to the Public Analyst under the above Act during 1948 was 285 (247 informal and 38 formal). This number represents 2.74 samples for each 1,000 of the population of the City (103,700). The proportion suggested by the Ministry of Health is 3 per 1,000.

The following table shows the percentage of adulterated samples for the last five years:—

TABLE IV

Year.	Total Samples.			Milk Samples only.		
	Number examined	Number adulterated	Percentage adulterated	Number examined	Number adulterated	Percentage adulterated
1944 ...	227	12	5.3	191	12	6.3
1945 ...	296	41	13.9	280	41	14.6
1946 ...	303	19	6.3	254	18	7.1
1947 ...	312	23	7.4	274	23	8.4
1948 ...	285	46	16.1	226	46	20.3

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1938

For the classification of samples taken see the report of the Public Analyst.

Manufacturers of and Wholesale Dealers in Margarine

No. of manufacturers of margarine	...	...	...	...	0
No. of wholesale dealers in margarine	...	...	...	...	15
No. of premises on register	...	...	...	...	19

The premises are registered in accordance with the provisions of Section 34 of the Food and Drugs Act, 1938.

Rats and Mice (Destruction) Act, 1919, and Infestation Order, 1946

During the year 169 complaints were received of infestation of premises by rats or mice. All of these premises were treated by the Rodent Operatives. The number of rat bodies collected after treatment was 1,635, while the Estimated Kill was 4,958. In addition 918 bodies of mice were collected.

During the year the Department of the City Engineer carried out the required maintenance treatment of the sewers.

Theatre, Music Halls, etc.

Periodical inspections were made of the local theatres and cinemas.

Certain minor defects were found, but these were remedied by verbal notices to the managements.

Waste Water-closet Replacements

Public Health Act, 1936—Section 47 (4).

The City Council, on the 6th October, 1947, passed the following resolution:—

“That the Chief Sanitary Inspector be instructed to investigate all applications for replacement of waste water-closets by water-closets; to ask for an estimate of the cost and to authorise a payment of half the cost thereof provided such half cost does not exceed £15 0s. 0d.”

As will be seen from the tabular statement (page 58), 60 water-closets have been provided in lieu of waste water-closets. In addition two privies and ashpits were converted into water-closets.

SECTION I.

REPORT OF THE PUBLIC ANALYST FOR 1948.

Public Analyst's Laboratory,
67 Surrey Street,
Sheffield, 1.

2nd November, 1949.

To the Right Honourable the Lord Mayor, the Aldermen and Councillors of
the City of York.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present the following Report of my work as Public Analyst for the City of York during the Year ending 31st December, 1948.

During the year 285 samples were submitted for analysis.

The following Table shows the number and nature of the samples submitted:—

Article	Number submitted
Milk	226
Apricot Pulp	1
Aspirin Tablets	2
Baking Powder	1
Bicarbonate of Soda	1
Coffee	1
Curry Powder	1
Epsom Salts... ..	1
Essence of Vanilla Flavouring	1
Fruit Cake	1
Ground Ginger	1
Ice Cream	29
Ice Cream (Chocolate)	2
Ice Cream Powder	1
Malt Vinegar	1
Milk Albumen Compound	1
National Dried Milk	1
Olive Oil	1
Pressed Beef	1
Raspberry Jam	1
Saccharin Tablets	1
Skimmed Milk Powder	2
Strawberry Flavour	1
Strawberry Pulp	3
Sugar	1
Sweetening Tablets... ..	1
Tea	1

MILK.

During the Year 226 samples of Milk were examined, of these: —

180 samples were genuine.

10 samples were slightly deficient in Milk-Fat.

12 samples were deficient in Milk-Fat in proportions varying from 6 per cent to 24 per cent.

1 sample was deficient in Milk-Fat 6·6 per cent and also slightly deficient in Milk-Solids other than Milk-Fat.

The Freezing Point (Hortvet) $-0\cdot530^{\circ}\text{C}$. was normal.

1 sample was deficient in Milk-Fat 19·3 per cent and also slightly deficient in Milk-Solids other than Milk-Fat. The Freezing Point (Hortvet) $-0\cdot541^{\circ}\text{C}$. was normal.

1 sample was deficient in Milk-Fat 43·6 per cent and also slightly deficient in Milk-Solids other than Milk-Fat. The Freezing Point (Hortvet) $-0\cdot534^{\circ}\text{C}$. was normal.

3 samples were slightly deficient in Milk-Fat and also slightly deficient in Milk-Solids other than Milk-Fat. Their Freezing Points (Hortvet) $-0\cdot541^{\circ}\text{C}$., $-0\cdot538^{\circ}\text{C}$. and $-0\cdot562^{\circ}\text{C}$. were normal.

4 samples were slightly deficient in Milk-Solids other than Milk-Fat. Their Freezing Points (Hortvet) $-0\cdot526^{\circ}\text{C}$., $-0\cdot524^{\circ}\text{C}$., $-0\cdot519^{\circ}\text{C}$. and $-0\cdot517^{\circ}\text{C}$. showed the presence of small amounts of Added Water.

3 samples were slightly deficient in Milk-Solids other than Milk-Fat. They were too sour for the determination of the Freezing Point.

1 sample was deficient in Milk-Fat 9 per cent and in Milk-Solids other than Milk-Fat 3·6 per cent. The Freezing Point (Hortvet) $-0\cdot492^{\circ}\text{C}$. showed the presence of 7 per cent of Added Water.

1 sample was deficient in Milk-Solids other than Milk-Fat 3·7 per cent. The Freezing Point (Hortvet) $-0\cdot517^{\circ}\text{C}$. showed the presence of Added Water.

1 sample was deficient in Milk-Solids other than Milk-Fat 2·5 per cent. The Freezing Point (Hortvet) $-0\cdot503^{\circ}\text{C}$. showed the presence of 5 per cent of Added Water.

1 sample was deficient in Milk-Solids other than Milk-Fat 2·0 per cent. The Freezing Point (Hortvet) $-0\cdot497^{\circ}\text{C}$. showed the presence of 6 per cent of Added Water.

1 sample was deficient in Milk-Solids other than Milk-Fat 3·0 per cent. The Freezing Point (Hortvet) $-0\cdot496^{\circ}\text{C}$. showed the presence of 6 per cent of Added Water.

6 samples contained Added Water in proportions varying from 5·5 per cent to 13·5 per cent.

The following Table shows the average monthly composition of the Milk Samples: —

Month.	No. of Samples.	Analytical Data.	
		Milk-Fat %	Milk-Solids other than Milk-Fat %
January	9	3.51	8.72
February	21	3.48	8.72
March	38	3.22	8.62
April	20	3.51	8.74
May	38	3.50	8.77
June	8	3.12	8.34
July	4	3.52	8.60
August	20	3.51	8.32
September	20	3.69	8.82
October	20	3.80	8.90
November	20	3.81	8.72
December	8	3.53	8.67
Average for the year 1948		3.51	8.69
Average for the year 1947		3.68	8.77
Requirements of the Sale of Milk Regulations, 1939		3.00	8.50

The following Table shows the composition of the samples not complying with the requirements of the Sale of Milk Regulations, 1939: —

Mark.	Date.	Analytical Data.		Freezing Point (Hortvet) °C.	Remarks.
		Milk-Fat %	Milk-Solids other than Milk-Fat %		
40	Mar. 3	2.95	8.75		Slightly deficient in Milk-Fat. Informal.
51	Mar. 10	2.87	8.56		Slightly deficient in Milk-Fat. Informal.
54	Mar. 10	2.95	8.57		Slightly deficient in Milk-Fat. Informal.
76	Apl. 29	2.90	8.73		Slightly deficient in Milk-Fat. Informal.
82	Apl. 29	2.95	8.69		Slightly deficient in Milk-Fat. Informal.
110	May 19	2.88	8.89		Slightly deficient in Milk-Fat. Informal.
112	May 19	2.95	8.75		Slightly deficient in Milk-Fat. Informal.
126	May 21	2.95	8.76		Slightly deficient in Milk-Fat. Informal.

Mark.	Date.	Analytical Data.		Freezing Point (Hortvet) °C.	Remarks.
		Milk-Fat. %	Milk-Solids other than Milk-Fat %		
142	May 21	2.90	8.81		Slightly deficient in Milk-Fat. Informal.
236	Oct. 27	2.90	8.79		Slightly deficient in Milk Fat. Informal.
13	Feb. 26	2.67	8.79		Deficient in Milk Fat 11% Formal.
46	Mar. 10	2.28	9.17		Deficient in Milk-Fat 24%. Informal.
55	Mar. 10	2.71	8.64		Deficient in Milk-Fat 9.6%. Informal.
57	Mar. 10	2.52	8.64		Deficient in Milk-Fat 16%. Informal.
65	Mar. 18	2.37	8.66		Deficient in Milk-Fat 21%. Formal. Refers to Nos. 53, 54 and 55.
71	Mar. 20	2.64	8.54		Deficient in Milk-Fat 12%. "Appeal to Cow" and refers to Nos. 65, 66 and 67.
87	Apl. 29	2.72	9.01		Deficient in Milk-Fat 9.3%. Informal.
114	May 19	2.78	8.69		Deficient in Milk-Fat 7.3%. Informal.
143	May 21	2.79	8.85		Deficient in Milk-Fat 7%. Informal.
150	June 5	2.82	8.85	-0.537	Deficient in Milk-Fat 6%. Refers to Nos. 144, 145, 146 and 147.
173	Aug. 11	2.56	8.59		Deficient in Milk-Fat 14.6%. Informal.
178	Aug. 11	2.76	8.54		Deficient in Milk-Fat 8%. Informal.
53	Mar. 10	2.42	8.35	-0.541	Deficient in Milk-Fat 19.3%. and slightly deficient in Milk-Solids other than Milk-Fat F.Pt. (Hortvet) normal. Informal.
67	Mar. 18	1.69	8.36	-0.534	Deficient in Milk-Fat 43.6% and slightly deficient in Milk-Solids other than Milk-Fat. F.Pt. (Hortvet) normal. Refers to Nos. 53, 54 and 55.
70	Mar. 20	2.80	8.40	-0.530	Deficient in Milk-Fat 6.6% and slightly deficient in Milk-Solids other than Milk-Fat. F.Pt. (Hortvet) normal. Refers to Nos. 64, 65, 66 and 67. "Appeal to Cow".

Mark.	Date.	Analytical Data.		Freezing Point (Hortvet) °C.	Remarks.
		Milk-Fat. %	Milk-Solids other than Milk-Fat %		
6	Jan. 31	2.95	8.37	-0.541	Slightly deficient in Milk-Fat and in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) normal. Informal.
52	Mar. 10	2.87	8.20	-0.538	Slightly deficient in Milk-Fat and in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) normal. Informal.
170	Aug. 11	2.95	8.41	-0.562	Slightly deficient in Milk-Fat and in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) normal. Informal.
1	Jan. 31	3.55	8.40	-0.526	Slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a small amount of Added Water. Informal.
18	Feb. 28	3.25	8.30	-0.519	Slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a small amount of Added Water. Informal.
20	Feb. 28	3.10	8.39	-0.517	Slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a small amount of Added Water. Informal.
270	Nov. 30	3.70	8.48	-0.524	Slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a small amount of Added Water. Informal.
56	Mar. 10	3.40	8.40		Slightly deficient in Milk-Solids other than Milk-Fat. Too sour for the determination of the Freezing Point. Informal.
153	July 27	3.38	8.40		Slightly deficient in Milk-Solids other than Milk-Fat. Too sour for the determination of the Freezing Point.
175	Aug. 11	3.10	8.28		Slightly deficient in Milk-Solids other than Milk-Fat. Too sour for the determination of the Freezing Point. Informal.

Mark.	Date.	Analytical Data.		Freezing Point (Hortvet) °C.	Remarks.
		Milk-Fat %	Milk-Solids other than Milk-Fat %		
146	June 1	2.73	8.19	-0.492	Deficient in Milk-Fat 9% and in Milk-Solids other than Milk-Fat 3.6%. F. Pt. (Hortvet) showed the presence of 7% of Added Water. Informal.
103	May 19	4.00	8.18	-0.517	Deficient in Milk-Solids other than Milk-Fat 3.7%. F. Pt. (Hortvet) showed the presence of Added Water. Informal.
145	June 1	3.40	8.28	-0.503	Deficient in Milk-Solids other than Milk-Fat 2.5%. F. Pt. (Hortvet) showed the presence of 5% of Added Water. Informal.
148	June 5	3.32	8.33	-0.497	Deficient in Milk-Solids other than Milk-Fat 2.0%. F. Pt. (Hortvet) showed the presence of 6% of Added Water. Refers to Nos. 144, 145, 146 and 147.
149	June 5	3.02	8.24	-0.496	Deficient in Milk-Solids other than Milk-Fat 3% F. Pt. (Hortvet) showed the presence of 6% of Added Water. Refers to Nos. 144, 145, 146 and 147.
73	Apl. 13	2.93	7.64	-0.475	Added Water 10.1%
144	June 1	3.35	7.94	-0.491	Added Water 6.5%. Informal.
147	June 1	3.20	8.03	-0.492	Added Water 5.5%. Informal.
159	Aug. 11	3.55	7.63	-0.497	Added Water 10.2%. Informal.
160	Aug. 11	3.00	7.77	-0.487	Added Water 8.5%. Informal.
161	Aug. 11	3.30	7.35	-0.464	Added Water 13.5%. Informal.

Of the 226 samples of Milk submitted during the year, 180 samples were genuine and 46 samples of 20.3 per cent were adulterated or below standard.

Twenty-nine samples showed deficiencies in fat, sixteen of these deficiencies being more than 5 per cent. Of these twenty-nine samples showing fat deficiencies, five samples were also deficient in non-fatty solids, but in only one of these samples was the deficiency due to Added Water.

Of the remaining seventeen samples found to be below standard, nine samples contained Added Water in amounts varying from 5 per cent to 13.5 per cent, five samples showed slight deficiencies in non-fatty solids due to small amounts of Added Water and three samples showed slight deficiencies in non-fatty solids but were too sour on arrival for the determination of the Freezing Points.

ICE CREAM.

Thirty-one samples of ice cream, including two samples of chocolate covered ice cream, were examined during the year for Total Solids and Fat contents. Nineteen samples contained more than 5 per cent of Fat, eight samples contained between 3 per cent and 5 per cent of Fat, two samples contained between 2.5 per cent and 3 per cent, and two samples contained less than 2 per cent of Fat. These figures show considerable improvement in the quality of the samples submitted and only two samples can be regarded as unsatisfactory.

All the samples were free from preservatives and none contained any deleterious ingredients.

FRUIT PULP.

One sample of Apricot Pulp and three samples of Strawberry Pulp were submitted during the year owing to complaints that jam made from them was unpalatable.

All four samples had an unpleasant taste after removal of the sulphur dioxide and jam made from them was unpalatable. None of the samples could be regarded as suitable for the manufacture of jam.

DRIED MILK.

One sample of Full Cream Dried Milk was submitted owing to its having been alleged to be the cause of a child's death and owing to its having allegedly caused sickness in the child's parents.

The sample was normal full cream dried milk and contained no injurious ingredient, nor was there any excessive acidity. No ill effects were felt after consuming about 2/3rds of a pint of milk made from the sample. I could find no reason why this milk should have caused illness,

Two samples of Skimmed Milk Powder were submitted owing to complaints. One sample had an acidity of 3.28 per cent (expressed as Lactic Acid). Such a milk would be liable to curdle on boiling owing to excessive acidity and the sample was unsuitable for human consumption.

The second sample contained a number of hard lumps, some of them dark brown in colour owing to their having become caramelised. This sample also had a high acidity (2.95 per cent Lactic Acid) and was not, in my opinion, fit for human consumption.

MILK ALBUMEN COMPOUND.

This compound which contained dried milk, lactose, salt and a stabiliser (probably sodium alginate) was slightly decomposed. It was not, in my opinion, suitable for ice cream manufacture without previous heat treatment.

PRESSED BEEF.

This sample, which had been used for the making of pressed beef sandwiches, was found on examination to consist entirely of cooked and pressed horseflesh.

RASPBERRY JAM, SUGAR AND TEA.

These three samples were submitted owing to a complaint that they tasted of phenols. The sugar and the raspberry jam had no taste or odour of phenol and the amounts contained in them, 3 parts per million and 2·3 parts per million, were not, in my opinion, detrimental to health.

The sample of tea contained 20 parts per million of phenols and an infusion made from it had a most unpleasant phenolic taste. In my opinion, this sample was unfit for human consumption.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

No samples were received under the above Act during the year 1948.

I am, Ladies and Gentlemen,

Your obedient Servant,

(Signed) HUGH CHILDS.

Public Analyst.

SECTION J.

REPORT OF THE CANAL BOATS INSPECTOR.

Ouse Navigation Offices,
Naburn Locks,
York,
8th March, 1949.

The Chairman and Members of the Health Committee.

Ladies and Gentlemen,

I beg to submit my Annual Report as Inspector of Canal Boats for the year ended December, 1948.

There has been no change in the number of Canal Boats on the register, neither has any Certificate or Duplicate been issued.

The number of Canal Boats on my register at 31st December, 1948, was 305. Of these 220 have been broken up, transferred to other districts or are not now used as dwellings. Fifty-one vessels are not now traceable and 34 of the registered vessels are regularly employed in this district.

Twenty-nine canal boat inspections were made during the year.

The number of male persons on board as crews was 50. No women or children were on board the vessels.

The vessels were in good condition as regards repairs and cleanliness, except for a slight deterioration in paint work.

No cases of infectious disease were on board or have been reported. No contraventions of the regulations were observed, and their equipment complied with the requirements applicable to canal craft.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. D. FEWSTER.

SECTION K.

APPENDIX.

NATIONAL HEALTH SERVICE ACT. 1946
SCHEME

for the carrying out of duties under:—

Section	22	CARE OF MOTHERS AND YOUNG CHILDREN
„	23	MIDWIFERY SERVICE
„	24	HEALTH VISITING
„	25	HOME NURSING
„	29	DOMESTIC HELPS
„	26	IMMUNISATION AND VACCINATION
„	27	AMBULANCE SERVICE
„	28	PREVENTION OF ILLNESS, CARE AND AFTER-CARE
„	51	MENTAL HEALTH SERVICES

Approved by the Minister of Health

CARE OF MOTHERS AND YOUNG CHILDREN

Section 22

PART I

General Statistical Data:

Mid-1946 population.

Registrar General's estimate	...	...	...	...	102,050
Mid-1946 number of children under 5	...	...	...	...	7,850

Number of registered live births.

	<i>Legimate</i>	<i>Illegitimate</i>	<i>Total</i>
1945	1,585	243	1,828
1946	1,926	195	2,121

Existing Service.

Ante-natal Clinics (These include clinics run in connection with York Maternity Hospital):

Number of clinic premises	...	...	...	4 (Including 1 Military Families)
Number of expectant mothers who attended in 1946	1,417			
Number of sessions held weekly	...	...	...	5

Post-natal Clinics:

Number of clinics	...	...	...	...	3 (Including 1 Military Families)
Number of sessions held weekly	...	...	...	...	2

Child Welfare Clinics:

Number of clinics	...	...	...	...	4
Number of sessions held weekly	...	...	...	...	9

Day Nurseries:

Number	...	...	...	...	...	2
Number of places for children	...	...	...	...	...	79

Residential Nurseries provided under maternity and child welfare powers:

Number	...	...	...	...	...	Nil
Mother and baby homes	...	...	...	...	...	Nil
(Four beds reserved in Yorkshire Home for Mothers and Babies for York cases).						

Dental treatment given in 1946:

To expectant or nursing mothers	...	...	272
To children under 5	...	...	160

Additional Data:

			<i>Expectant and Nursing Mothers</i>	<i>Children of Pre-School Age</i>
Number of attendances	...	...	886	291
Number of fillings	...	...	498	104
Number of extractions:				
With local anaesthetic	...	...	2	—
With general anaesthetic	...	...	643	210
Number of scalings, gum treatment, etc.	...	...	425	76

Number of mothers discharged dentally fit was 226.

Number of women fitted with dentures under Local Health Authority's Scheme was 33.

PART II

A. General Arrangements

PREAMBLE

Present Administrative Arrangements

The present administration consists of a central health department with subsidiary maternity and child welfare, school medical, tuberculosis, venereal disease and skin departments, each with a medical officer in charge who is directly responsible to the Medical Officer of Health.

The Senior Medical Officer for Maternity and Child Welfare does mainly child welfare but a little obstetrics. Similarly, the Resident Medical Officer at the Maternity Hospital does mainly obstetrics with occasional child welfare clinics. The Paediatrician to the Maternity Hospital is also on the child welfare staff and takes one consultant session per week at the Child Welfare Centre. The Medical Officer of Health also administers the municipal hospitals, i.e., General Hospital, 180 beds, Infectious Diseases Hospital, 86 beds, Tuberculosis Sanatorium, 63 beds, and Maternity Hospital, 36 beds. Each hospital has a medical officer in charge and appropriate medical staff.

1. Administration from the appointed day.

The present Senior Medical Officer for Maternity and Child Welfare will become Medical Officer for Child Welfare only. This will be a joint appointment with the Regional Hospital Board, part-time services being given for the babies at the Maternity Hospital and/or in the Children's Department of the General Hospitals.

The Child Welfare Medical Officer will be assisted by part-time medical officers and medical officers of the school medical service as necessary. The paediatrician on the staff of the General Hospital and the Maternity Hospital will continue as at present to be paediatrician to the Child Welfare Service, holding consultative clinics as necessary at the Authority's centres. He will also be available for domiciliary visits in consultation with general practitioners.

The ante-natal and post-natal clinics will be staffed by medical officers from the Maternity Hospital, the arrangements to be agreed between the Regional Hospital Board and the Authority, this work passing away from the previous Maternity and Child Welfare Officers.

The birth control clinic will be staffed by a Child Welfare Medical Officer. The medical staff of the School Medical Service are at present housed in separate premises and are independent of the Child Welfare Service. It is proposed that a closer liaison shall be developed between the two, suitably qualified school medical officers taking a share of the child welfare work.

2. Joint arrangements with other local health authorities.

The present joint Child Welfare Clinic with the North Riding is to continue on the Huntington Road Estate.

The Local Health Authority have agreed to permit East Riding patients to attend the York Birth Control Clinics and Dental Clinics so far as the Local Authority services are able to deal with the demand.

The Local Health Authority are prepared to offer facilities if necessary to the West Riding County Council for the care of Mothers and Young Children in Bishopthorpe, Copmanthorpe and Knapton and that part of Dringhouses within the administrative County of the West Riding and adjoining the City Boundary.

3. Arrangements with voluntary organisations.

The Authority propose to continue their contributions to the Yorkshire Homes for Mothers and Babies. It has been possible in the past to send four mothers and four babies per fortnight during the summer months for holidays. It is proposed to expand the holiday facilities for mothers and toddlers as soon as suitable accommodation can be found.

4. Liaison with other bodies.

Joint appointments of medical officers for Child Welfare, who will also work in the Maternity and/or General Hospital, have been indicated in para. 1. If the paediatrician is primarily a full-time Regional Hospital Board appointment, an agreement will be reached for him to hold such clinics as are necessary on Child Welfare premises and to pay domiciliary consultative visits. It is also proposed that he should be on the staff of the Infectious Diseases Hospital.

All out-patient specialist sessions at the general hospitals will be available for children referred direct from child welfare clinics as well as by general practitioners.

It is proposed before the appointed day to ascertain from the Regional Hospital Board whether all the facilities referred to in the preceding paragraph will be taken over and provided by the Board from the appointed day. The Local Health Authority propose to continue to provide such of these facilities as are not taken over by the Board and to provide such additional similar facilities as may be found necessary.

The Regional Hospital Board will be asked to permit the Local Health Authority's Dental Officer to be on the staff of the Maternity Hospital.

B. Particular arrangements which it is proposed to operate on the appointed day.

1. Clinics.

(a) Ante-natal Clinics.

It is assumed that the local authority will not be responsible for running ante-natal clinics for patients who are being confined in the Maternity Hospital or in nursing homes. Two ante-natal sessions per week will be held for domiciliary midwives' cases, one in the centre of the City and one out-lying clinic. An agreement will be made with the Regional Hospital Board in regard to the medical staffing of these clinics and for referring patients to consultants attending maternity hospital ante-natal clinics.

(b) Post-natal Clinics.

One post-natal session per week will be held for domiciliary midwives' cases.

(c) Infant Welfare Clinics.

There will be four infant welfare centres with five sessions per week at the central clinic and four sessions per week at out-lying clinics, two at Acomb, one

at Clifton and one on the Huntington Road Estate. An additional session will be held on the Tang Hall Estate and in the Dringhouses district, when suitable premises can be found.

2. Care of Premature Infants.

All babies having a birth weight of $5\frac{1}{2}$ lbs. or less will be regarded as premature. Agreement will be made with the Regional Hospital Board for admission of cases as necessary to the premature baby ward at the Maternity Hospital. One specially trained municipal midwife, who will also act as relief midwife, will be appointed for the care of premature babies. She will attend cases for 28 days or longer if necessary.

Sets of loan equipment will be available at any hour for the treatment of premature infants at home and a home help will be provided where necessary.

The authority owns an electrically heated carrier which can be plugged into the ambulance batteries for conveying premature infants to hospital. The paediatrician will be notified of all premature births and may be called in direct by a midwife or by a general practitioner.

(N.B.—The formation of a breast milk bank is not practicable with the present small hospital of 36 beds. A bank will be established, however, if the Regional Hospital Board agree, as soon as the suggested new hospital can be built. Breast milk will be supplied from other banks, e.g., London, pending the setting up of a York bank).

3. Dental Care.

(i) (a) Expectant and Nursing Mothers.

Every woman will have the opportunity of being referred for inspection, and treatment as necessary when she books a bed at the Maternity Hospital or books a midwife for domiciliary confinement. The inspection or treatment will be carried out at the Dental Clinic or if the patient so desires by her own dental practitioner under the facilities provided under Part IV of the Act.

Dental sessions will be held at the Child Welfare Clinic for expectant and nursing mothers. Gas sessions will be held for extractions as necessary.

There will be an agreement with the Regional Hospital Board concerning dental treatment of mothers admitted to the ante-natal ward or after delivery at hospital.

(b) Young Children.

The dental department at the central Child Welfare Clinic will be available for inspection and treatment of children under the age of five. Children under that age, but on the registers of maintained schools, will be inspected at routine school dental inspections and treated with the older children. Toddlers attending clinics with other school children will be automatically referred for dental inspection and treatment and health visitors will impress the need for dental care on parents. Gas sessions will be held as necessary for extractions. Young children may be referred to the dentist or orthodontist by the Authority's officers or direct by general practitioners. Orthodontic appliances will be made in the workshop of the local dentist conducting the clinic until the authority sets up its own workshop and employs a full-time officer who will do orthodontics.

(ii) Number of dentists to be employed.

The equivalent of one half-time dentist will be employed. This, as at present, will be a joint appointment with the Local Education Authority.

(iii) Number of sessions to be held each week.

Four sessions will be held each week with a gap session on alternate weeks. Orthodontic sessions referred to in paragraph 3 (i) (b) will be held weekly for school children.

(iv) Arrangements for patients requiring dentures.

All forms of dental treatment, including dentures where necessary, will be provided by the Authority's dental officers. All dentures will be made in the Authority's own dental workshop, or by mechanics to the profession, or, if the dental officer concerned is a part-time officer of the Authority, by any mechanic employed by him in his private practice. It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic; for the periodical examination of children under the age of five; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment.

4. Supply of Welfare Foods.

Certain proprietary foods apart from those welfare foods which are included in the Government's Welfare Food Scheme will be supplied from the Child Welfare Clinic and may be obtained during any session. They will only be available to mothers attending the clinics. It will be possible to obtain any food not in stock at the clinic for a special case if so recommended by the clinic's medical officer on production of a standard order form to a local chemist if supplies are available.

5. Provision of maternity outfits.

Maternity outfits in all domiciliary cases will be available from the Child Welfare Centre.

6. Nursery provisions.

(a) Day Nurseries.

The Authority have agreed to set up day nurseries wherever a genuine demand may justify and suitable premises can be found. There are two day nurseries at present, accommodating 79 children. These nurseries will be recognised as training schools for part of the training for the Nursery Nurses' Diploma. This nursery accommodation is in addition to the nursery schools and classes proposed in the Local Education Authority's Development Plan for Primary and Secondary Education.

(b) Residential Nurseries.

One residential nursery is at present administered by the Social Welfare Committee and a second is to be opened shortly which will be under the control of the Health Committee. The total number of places for children under 5 will be 48. It is intended that these nurseries, both long and short-stay, shall be provided in discharge of the duty placed on the City Council by the Children Act, 1948, and shall be administered in the manner provided in that Act and the Regulations made thereunder.

(c) Other provisions for the care of children during the day.

The Authority have a home guardian scheme, but it is not proposed to set up creches at the Welfare Centres by the appointed day, as there is no suitable accommodation.

7. Care of unmarried mothers and their children.

The Authority employ a Welfare Officer, who is a qualified almoner, primarily for the care of the unmarried mother and her child. This officer attends the Maternity Hospital Booking Committee, the women's venereal disease sessions at the County Hospital, children's out-patients at the City General Hospital, and works in close co-operation with the health visitors, midwives and sisters-in-charge of the Diocesan Homes. By this means she knows each case individually and is able to follow it up.

Arrangements are made for cases to be admitted to the Diocesan Sheltering Home before and after confinement as necessary. There are not sufficient cases at present to warrant the Authority opening a separate home under their own administration, but should the need arise, the Authority would consider so doing.

PART III.

Development Plan.

There will be an adequate number of medical officers on the appointed day, but as the service expands, additional full-time and part-time medical officers will be appointed as necessary. The Authority will, if it appears advisable, consult with the Executive Council on the integration of their services for children with the General Medical Services.

The following developments will take place in the service as soon as practicable:

1. Establishment of parent associations, and development of parent-craft training classes in so far as these classes are not provided by the Local Education Authority.
2. Establishment of child welfare clinics in temporary premises on the Tang Hall Estate, at South Bank, Leeman Road and in the Dringhouses area.
3. Establishment of breast feeding clinic.
4. Provision of ultra violet light treatment at out-lying clinics (at present, cases needing ultra violet light attend the City General Hospital).
5. Opening of day nurseries as the demand arises.
6. Provision of regional holiday homes, in conjunction with neighbouring authorities, for mothers and babies, and children under the age of 5 years.

Long Term Policy.

All the Authority's clinics are at present held in adapted buildings. As a long term policy, the Authority proposes to build the following clinics as soon as practicable:—

One central clinic,

Four out-lying clinics,

that is, approximately one clinic to every two community units.

It is impossible, at the present juncture, to forecast with any degree of accuracy, the dates by which the Authority expect to be able to build, but the suggested dates are 1950 to 1960 for the complete scheme.

MIDWIFERY SERVICE

(Section 23)

PART I

Statistical Data:

Total number of domiciliary births in the Authority's area:—

(a) 1945 : 657.

(b) 1946 : 826.

Existing Service:

The Local Authority employ 10 municipal midwives, one of whom is in charge of the ante-natal and post-natal clinics for York Maternity Hospital and ante-natal home visiting of hospital cases. The remaining nine work in two groups, five east of the river, and four west of the river, one from each group acting as relief midwife. There are, in addition, two private midwives in domiciliary practice, who delivered 44 cases between them during 1946. One of these midwives is employed by a local private maternity home, and works in the home when not on district. The largest private nursing home in the City (The Purey Cust) also runs a co-operative nursing agency for the supply of residential nurses and maternity nurses. There are five maternity nurses so employed, but their services are not restricted to York, and their work in the City is negligible.

York Maternity Hospital is recognised as a training school for Part II of the certificate of the Central Midwives Board, pupils working for three months in the hospital and for three months with the municipal midwives. The hospital is recognised for 14 pupils, 7 to be in hospital and 7 on district. Eight midwives are recognised by the Board for the training of pupils.

PART II

Description of the Service which will operate on the appointed day.

1 and 2. The service will vary very little from the existing service. It is assumed that it will not be part of the Authority's duty to provide resident maternity nurses. The number of midwives employed will be increased by one, who will have special knowledge of the care of the premature infant, and will act as relief midwife. It is not proposed to employ part-time midwives so long as an adequate supply of full-time employees can be obtained, but the equivalent part-time staff to replace full-time staff will be employed if necessary. All cases booked by midwives will attend the Authority's ante-natal clinics as necessary or receive a full medical examination from a general practitioner obstetrician. An agreement will be reached with the Regional Hospital Board for cases needing a consultant's opinion to attend the specialist ante-natal sessions run in connection with York Maternity Hospital, and for the Medical Officer of Health to have permission to send cases into hospital for confinement on grounds of social emergency, or medical emergency if the midwife has failed to obtain the services of a general practitioner obstetrician. Unsatisfactory home conditions for domiciliary confinement will be assessed by the general practitioner obstetrician, midwife and welfare worker (who is a qualified almoner).

Domiciliary nursing of cases of infection occurring in the home during the puerperium not severe enough to warrant admission to hospital will be undertaken by a member of the home nursing staff who holds the certificate of the Central Midwives Board.

The midwife booked will be primarily responsible for domiciliary confinements, a general practitioner obstetrician only being booked if this is the patient's express wish.

Agreements will be made with the Regional Hospital Board, or direct with the consultant obstetricians for attendance in cases of domiciliary emergencies, midwives to have power to call consultants through the Resident Medical Officer at the Maternity Hospital or through a general practitioner obstetrician.

Agreements will also be made with the Regional Hospital Board for an emergency domiciliary blood transfusion service.

3. Arrangements with Voluntary Bodies. The Authority do not propose to contract out to any voluntary bodies.

The District Nursing Service, which will be taken over by the Authority, will include a midwife for certain puerperal cases. This is the only existing voluntary service connected with these proposals.

4. Joint arrangements with other Local Health Authorities.

No applications have been received from neighbouring County Health authorities for joint midwifery services, but they will be urged to allow women living on or near Corporation estates, but outside the City, to attend City of York Clinics.

Arrangements for the Supervision of Midwives.

The medical supervisor of midwives is at present the Senior Medical Officer for Maternity and Child Welfare, but as this officer will be doing Child Welfare only, it is proposed to consult the Regional Hospital Board regarding medical supervision. The nursing supervision is at present allocated to the Matron of the Maternity Hospital. This is a satisfactory arrangement, as it gives continuity of supervision of pupil midwives during their hospital and district training. It may be advisable for the Medical Officer of Health to continue as Medical Supervisor in order to facilitate liaison with the Regional Hospital Board.

It is proposed to appoint a Superintendent Nursing Officer, but it is not proposed that she shall be responsible for the Midwifery Service as this is specialised work. The supervision of home nursing, health visitors and school nurses, will be a full-time post for a superintendent nursing officer. The Board will be advised to establish central premises in the City, with the Local Authority, for ante-natal clinics, pupil midwives, district headquarters, and domiciliary midwives administration.

Transport. Midwives will be given the option of a car allowance and a loan to enable them to purchase their own cars or auto-cycles or to use taxis for conveying them to urgent cases where equipment other than a visiting bag is needed. Bicycles will be provided for midwives not owning cars or auto-cycles.

Analgesia. It is proposed that each midwife shall be provided with approved analgesia apparatus. All are at present trained in its administration or will be trained by the appointed day.

Equipment. It is proposed that midwives' equipment shall be issued from a central store. This is at present situate at the Dispensary, Duncombe Place, and midwives attend weekly for replacements.

Sterilization of drums. Each midwife is provided with two drums, which she packs herself. An agreement will be reached with the Regional Hospital Board for those which need sterilization to be collected daily from the central clinic head-quarters, and sterilized at the Maternity Hospital until a central sterilizer is provided.

Disinfection. Midwives' clothing and equipment will be disinfected at the Authority's disinfecting station which is in the same curtilage as the Infectious Diseases Hospital. If this station is taken over by the Regional Hospital Board, an agreement will be reached with the Board over this point.

Neo-natal deaths and stillbirth Investigations. The Senior Medical Officer for Maternity and Child Welfare is at present responsible for reporting on all cases of puerperal pyrexia, maternal deaths, neo-natal deaths and stillbirths. The Regional Hospital Board will be asked to continue hospital facilities for this and other research purposes.

PART III

Development Plan.

The service will be staffed on the appointed day on the basis of 70-80 domiciliary births per midwife per annum. An additional midwife to specialise in the care of premature babies and to do relief work will be appointed, and any independent midwives practising in the City who are willing and able to participate in the service will be encouraged to do so. Other staff will be appointed as necessary, on the basis of one midwife to every 70 domiciliary births, together with adequate relief staff.

A loan system to enable midwives to purchase cars, if they wish to do so, will be formulated, and there will be an adequate allowance to cover running expenses for those midwives owning cars or auto-cycles.

The recommendation of the National Joint Council re allowances for the provision of cars and running expenses will be implemented. Taxi transport will be available for midwives not owning cars.

A central midwifery hostel, primarily for pupil midwives doing district work, will be established as soon as practicable, in conjunction with the Regional Hospital Board.

HEALTH VISITING

(Section 24)

PART I

Statistical Data:

1. Area in square miles of Local Health Authority's area	...	10
2. Total mid-1946 population	... ..	102,050
3. Number of births in 1946	... ..	2,121

Existing Service.

The authority employ eight full-time health visitors. Of these, one acts as Senior Health Visitor and one is an assistant health visitor, being a state registered nurse and state certified midwife, but not holding the health visitor's certificate. In addition, the Authority employ a welfare officer who is a qualified almoner, for work under Regulation 33b and for the care of the unmarried mother.

The Staff of the scabies clinic and disinfection centre are responsible for home visits connected with the work of the centre.

All health visitors are responsible for home visits under the Authority's maternity and child welfare service, tuberculosis service, infectious diseases service, and act as child life protection visitors. Each health visitor also acts as guardian ad litem under the Adoption of Children Regulations in her own district.

The health visitors have their headquarters at the central child welfare clinic, attend the child welfare, birth control, ante-natal and post-natal clinics for domiciliary midwifery cases, tuberculosis dispensary clinics and dental clinic gas sessions for expectant mothers.

There is close co-operation between the health visitors, the welfare officer, the officer appointed by the Education Committee for the care of boarded-out children, the almoners of the City General and County Hospitals, the midwives and school nurses.

The health visitors do not act as school nurses. The Authority employ seven state registered nurses, who do not hold the health visitor's certificate, for this work. This means that one nurse is not responsible for the health of the household as a whole, but with the present inadequate clinic premises it is impracticable to combine the work of the health visitor and the school nurse.

The health visitor is responsible for health education in the home, and at clinics. Lectures are also given by health visitors to groups of girls attending the clinics, members of the British Red Cross, St. John Ambulance Brigade, etc., as opportunity occurs.

The Authority have an arrangement whereby health visitors attend a "refresher" course at least once every five years, and a health visitor is also included in the delegates attending the Annual Congress of the Royal Sanitary Institute or the Annual Conference of the National Association for Maternity and Child Welfare.

Bicycles are provided or 'bus fares paid. There are, at the moment, no arrangements for the provision of cars, auto-cycles, or an allowance for running expenses.

PARTS II and III

Description of the Service which will operate on the Appointed Day, and Development Plan.

The service will be administered by the Authority's Health Committee and its officers. Arrangements as described under existing service will continue to operate on the appointed day, but the establishment of health visitors will be increased as the need becomes evident.

In pursuance of the Act, the scope of the service will be the visiting of persons in their own homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

It is difficult to estimate the staff necessary to deal with "mental illness and any injury or disability requiring medical or dental treatment or nursing," as no statistics are available on which to work. It is suggested, however, that all cases should be visited after discharge from hospital, and additional work will be undertaken by health visitors as indicated in plans submitted under Section 28. It is proposed to increase the establishment to sixteen if necessary.

A superintendent nursing officer will be appointed, who will be responsible for the health visiting and home nursing service. It is not intended that this officer should be responsible in addition for the supervision of the Midwifery Service and the Domestic Helps Service.

The Local Health Authority will endeavour to carry out the suggestions of the Minister so that the health visitor "is concerned with the health of the whole house-hold" and bring about the amalgamation of the Health Visiting and School Nursing Services. Health Visitors will continue to be responsible for all children under the age of five, whether attending school or not.

Similar facilities to those provided for midwives will be available to health visitors for the purchase and running of cars or auto-cycles. Bicycles will be provided or 'bus fares paid for those not owning cars.

It is not proposed to enter into any agreements with voluntary organisations. The Authority would welcome responsibility for the health work on all York Corporation housing estates.

Long Term Policy.

When the Authority's long term policy for central and outlying clinics materialises, health visitors will be allocated to work at one special clinic and in the community units which that clinic serves.

HOME NURSING

(Section 25)

PART I

Statistical Data:

1. Area in square miles of Local Health Authority's area ...	10
2. Total mid-1946 population	102,050

PARTS II and III

Present Home Nursing Service.

The home nursing in the City is at present undertaken by the York District Nursing Association, affiliated to the Queen's Institute of District Nursing, run in connection with the Purey Cust Nursing Home. Eight full-time nurses are employed, one of whom acts as senior (runs a district herself, and supervises records) and three of whom are Queen's Nurses. In addition, there is a nursing co-operative supplying nurses to any part of the country, the Purey Cust Nursing Home acting as an employment agency only.

District Nursing Association.

The Association is willing to be taken over by the Local Authority, but the date of transfer is dependent upon the acquisition of suitable premises as headquarters which will provide a 24-hour telephone service, facilities for sterilisation of equipment, etc.

It is proposed to negotiate for the purchase of suitable premises as headquarters for their health visiting, home nursing, domestic help and domiciliary midwifery service.

Subject to availability it is proposed to employ ten full-time home nurses on the appointed day, to be increased to twenty if necessary, as the service develops. A proportion of these will be male nurses. Nurses resident in the City who can give part-time service will be encouraged to do so if suitably qualified.

It is proposed to organise this service in districts similar to the domiciliary midwifery visiting districts and for nurses to be given off duty and holidays on the same basis as the midwives.

It is proposed to make arrangements as soon as practicable for the provision of cars or auto-cycles according to the recommendations of the National Joint Council. The Authority would welcome agreements with neighbouring authorities to be responsible for all cases living on Corporation housing estates.

If suitable premises cannot be obtained before the appointed day, arrangements will be made with the Purey Cust Nursing Home to act as agents for the Authority on such terms as may be agreed until such premises can be obtained, and to develop the service on the lines already indicated.

It is not proposed to negotiate for the transfer of the nursing co-operative to the Authority, as responsibility for the provision of resident nurses in the home of the patient does not attach to the Local Health Authority.

DOMESTIC HELPS

(Section 29)

PART I

Area in square miles of Local Health Authority's area	...	...	10
Mid-1946 population	...	...	102,050

Existing Service.

The Authority employs 10 women full-time, who act as Home Helps and Domestic Helps. The women are fully employed, the demand being greater than the supply. Attempts to establish a panel of part-time Home Helps have not been successful.

Arrangements were made when the Scheme was inaugurated for women to work in Day Nurseries or Hospitals when there were insufficient calls for Home Helps to keep them fully occupied. This arrangement still holds, but there are now more calls than the service can meet.

Home Helps work under the direction of the Ante-Natal Clinic Sister, who lives in a central Clinic, books and allocates cases, signs the weekly time sheets, and is responsible to the Medical Officer of Health. The Council are considering the appointment of a full-time organiser to supervise the work of the Home Helps, and to expand the service.

Home Helps are paid at a rate equivalent to Group 6 of the recommendations of the National Joint Council for Staffs of Hospitals and Allied Institutions.

PARTS II and III

Description of the Service which will operate on the Appointed Day, and Development Plan.

The organiser will be responsible to the Authority's Health Committee, through the Medical Officer of Health.

The Home Help establishment on the appointed day is dependent on the date by which the Authority appoint an organiser, and will be increased up to 40 if necessary to meet the demand.

A panel of part-time helpers will also be recruited, and clerical assistance provided as necessary.

Charges will be recovered from users of the service according to income, and the Authority's prevailing assessment scale.

Outdoor uniform and overalls will be provided. Members of the service will be encouraged to attend courses from time to time which may be organised by the National Union of Houseworkers.

IMMUNISATION AND VACCINATION

(Section 26)

PART I

Statistical Data:

Mid-1946 population.

Registrar General's estimate	102,050
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Mid-1946 child population.

Under 5	7,850
5—15	14,250

Number of registered live births.

1945	...	...	...	...	...	1,828
1946	...	...	...	...	...	2,121

Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946.

Under 5	...	...	...	...	...	41.0%
5—15	...	...	...	...	...	68.1%

Estimated number of vaccinations against smallpox and immunisation against diphtheria of children aged 0—15 years which are likely to be undertaken in the year to 31st March, 1949.

Vaccination	...	...	...	...	...	1,500
Immunisation	...	...	...	...	...	2,100

PART II

DIPHTHERIA IMMUNISATION.

Children under 5.

(a) In order to ensure that as many infants and young children as possible are immunised facilities will be provided at Child Welfare Clinics and at such other centres as may be necessary; and at all such clinics or other centres special sessions will be arranged for the performance of immunisation.

Arrangements will also be made for the carrying out of immunisation in individual cases by general practitioners taking part in the Authority's scheme.

Steps will be taken to ensure that the advisability of immunisation during the first year of every infant's life is brought to the notice of parents, and that this action is appropriately followed up.

(b) Sessional arrangements will be planned at such clinics or other centres as will make these facilities as readily accessible as possible to persons living in any part of the Authority's area, and it will be ensured that sessions are held with sufficient frequency and at such hours as will meet local requirements without delay or difficulty for those wishing to take advantage of them.

Children of school age.

(a) Sessional arrangements will be made for immunisation to be carried out at schools, and at such other centres (in conjunction, where appropriate, with arrangements for immunising children under school age also) as may be necessary. The same arrangements as for children under 5 will apply to children of school age as regards individual immunisation by general practitioners taking part in the Authority's scheme.

(b) Such sessional arrangements will be made at schools or other centres as shall be adequate to meet local needs and to cause as little delay as possible after immunisation has been asked for by the parents.

(c) In particular, school teachers and persons engaged in the school medical service, as well as others whose duties afford them appropriate opportunity, will be expressly urged to encourage immunisation.

(d) In connection with the above arrangements for the immunisation of children of school age, systematic provision will be made for the administration of reinforcing injections as required.

Records and Payment of Fees. Medical officers and general practitioners taking part in the Authority's arrangements will be required to furnish particulars for record purposes in such standard form as may be recommended by the Ministry. On the basis of receiving such particulars, fees will be paid to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

Medical Arrangements. An opportunity will be given to every practitioner providing general services in the Authority's area under Part IV of the Act to provide services also under the Authority's arrangements for diphtheria immunisation. This opportunity will also be given to general practitioners who do not intend to provide services under Part IV.

All necessary use will be made of the services of the Authority's own Medical Officers in administering its arrangements and in the carrying out of immunisation at clinics or other centres.

Propaganda. The public will be kept constantly informed by appropriate means of publicity of all the facilities provided for free immunisation, including the places and times at which sessions are held. Continuous propaganda will be undertaken at the Child Welfare Clinics, and by health visitors and midwives during home visits. An individual invitation will be given to each mother when her child reaches the age of nine months, to attend for immunisation, and a birthday card sent on the first birthday to all who have not been so immunised. Each health visitor now keeps a separate register in which the names of all children in her district are recorded on notification of birth, and deleted as they are immunised. Cases who have not been immunised can thus be readily traced and a drive made each year to visit all unimmunised children. In addition the Local Health Authority will continue to co-operate with the Local Education Authority and the teachers to encourage immunisation.

Midwives are encouraged to impress the need for immunisation on the parent before leaving the case. A card will be printed, showing addresses and times of sessions of Child Welfare Clinics, immunisation and vaccination clinics, the ages at which children should be immunised and vaccinated, and urging the

mother to attend as necessary. These will be given to all mothers when they leave the Maternity Hospital, or when the midwife finishes the domiciliary case. It is also suggested that the Registrar of Births be asked to hand this card to every parent registering a birth. The health visitor will draw attention to the facilities available on her first visit and subsequent visits as necessary.

Publicity Campaign. A special campaign to be held for one month each year, during which time publicity will be given by means of press notices and articles, cinema slides and films, posters, loud speaker vans touring the city, etc. Poster or essay competitions might also be organised in the schools as a means of propaganda during the term preceding the month of the special drive. An immunisation van to be stationed in the Market, or Exhibition Square, with a health visitor in attendance, inviting questions and making appointments for immunisation.

The Authority will also make use of publicity material issued centrally by or in co-operation with the Ministry of Health.

SMALLPOX.

Infant Vaccination.

(a) Arrangements will be made for the performance of infant vaccination in individual cases by general practitioners taking part in the Authority's scheme.

Arrangements will also be made, if necessary, for special sessions for infant vaccination to be held at child welfare clinics or other centres.

(b) If sessional arrangements are found to be required they will be made in the light of local needs and circumstances.

(c) Administrative arrangements will be made with a view to relating the action taken towards securing vaccination to the registration of births.

(d) The public will be kept constantly informed of the facilities provided for free vaccination.

(e) Such measures of health education will be adopted in the matter of infant vaccination as may be appropriate, and regard will be had in this respect to such advice as may be given by the Minister.

Records and payment of fees. Medical officers and general practitioners taking part in the Authority's arrangements will be required to furnish particulars for record purposes in such standard form as may be recommended by the Ministry of Health. On the basis of receiving such particulars, fees will be paid to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

Medical arrangements. The same arrangements will apply as referred to under "Diphtheria Immunisation."

Arrangements in the event of an outbreak of Smallpox. To meet the public demand for vaccination in the event of the occurrence of smallpox in a locality the Authority will have arrangements in readiness for setting up emergency vaccination stations and for the medical staffing of them. They will also arrange for the public to be advised about vaccination (or re-vaccination) as a precaution, and to be fully informed of all the facilities available, including the services of the family doctor.

WHOOPING-COUGH.

The Authority will provide facilities for inoculation against whooping-cough to such extent as may be recommended by the Medical Officer of Health, who will be responsible for deciding the antigen(s) to be used, and for maintaining such records as will enable the results of this type of inoculation to be assessed.

OTHER DISEASES.

If in exceptional circumstances it is considered expedient by the Authority's Medical Officer of Health, and he so advises the Authority, temporary arrangements may be made under his direction for group inoculation against a disease other than those referred to in the preceding proposals as regards persons to whom it is thought advisable to offer this inoculation to protect them against exceptional risk.

AMBULANCE SERVICE (Section 27)

PART I

1. Total Mid-1946 Population of Authority's Area:—102,340.
2. Area in square miles:—10
3. Particulars of existing Ambulance Services.

	LOCAL AUTHORITY		POLICE	VOLUNTARY ORGANISATIONS		HOSPITALS	INDUSTRIAL	COMMERCIAL
	Civil Sickness Service	Infectious Diseases Service		St. John Ambulance Brigade	British Red Cross Society			
A. District Served	York C.B. Bishopthorpe, West Riding Flaxton R.D. Easingwold R.D. Malton R.D. Norton R.D. East Riding area privately	York C.B. Malton R.D. Easingwold R.D. Flaxton R.D.	York C.B. ACCIDENTS—From approx. 12 miles radius STREET ILLNESS—City only	York C.B. and long distance	York C.B. and anywhere called upon by hospitals	Not yet operating	York C.B. or immediate surrounding district—limited to employees	Newton's (York) Ltd. York C.B. and long distance
B. No., type and carrying capacity of existing ambulances	2 Ford V.8 and 1 Ford Thames, each carrying 1 stretcher and 4 sitting cases, 1 Bedford ex-W.D. heavy type carrying 4 stretcher or 2 stretcher and 6 sitting cases. TOTAL—4	2 Saloon type Fordsons, each carrying 2 stretcher cases	2 Saloon coach type, each carrying 1 stretcher and 4 sitting cases or 2 stretcher cases	2 Saloon coach type; 1 four-stretcher type; 1 one-stretcher and 4 sitting cases	Nil	1 American Red Cross, for 4 stretcher cases	1 Ford, for 4 stretcher cases	1 Bedford, for two stretcher cases
C. No., type and carrying capacity of existing sitting-case cars	Nil	Nil	Nil	Nil	Pool of privately owned cars loaned by Rotary and Inner Wheel members	Nil	Nil	Nil

	LOCAL AUTHORITY		POLICE	VOLUNTARY ORGANISATIONS		HOSPITALS	INDUSTRIAL	COMMERCIAL
	Civil Sickness Service	Infectious Diseases Service		St. John Ambulance Brigade	British Red Cross Society			
D. No., type and carrying capacity of other vehicles (if any)	Nil	5 vans—2 Ford 2 Utility and 1 Renault for infected bedding and other purposes	Nil	Nil	1 Utility, used in emergency for sitting cases up to 6.	Nil	Nil	Nil
Note regarding replace- ments	All require replacing as early as possible	Both ambu- lances require overhauling and repainting and all vans require replacing	1 ambulance needs replacing					
E. Ambulance Stations, by whom controlled and whether any joint user	City General Hospital, Haxby Road. Health Com- mittee. No joint user	City Fever Hospital, Huntington Road Health Committee. No joint user	City Police H.Q., Clifford Street. Watch Committee. No joint user	Scobey's Garage, Bootham. Public Garage, S.J.A.B. No joint user	Utilecon at City Garage, Blake Street. Public Garage, B.R.C.S. No joint user	—	Rowntree's Fire Station, Haxby Road By firm, No joint user	Private Garage, Toft Green, Micklegate. By owner. No joint user
F. Arrange- ments for servicing and main- tenance	Unwins (York) Ltd., Piccadilly, York	Unwins (York) Ltd., Piccadilly, York	City Police Traffic Dept.	Voluntary Mechanic	City Garage, Blake Street, York	—	Firm's Staff	Own Staff

	LOCAL AUTHORITY		POLICE	VOLUNTARY ORGANISATIONS		HOSPITALS	INDUSTRIAL	COMMERCIAL
	Civil Sickness Service	Infectious Diseases Service		St. John Ambulance Brigade	British Red Cross Society			
G. STAFF—								
Full-time								
Adminis- trative	Nil	Nil	Nil	Nil	Nil	—	Nil	Newton's (York) Ltd.
Drivers/ Attendants	9 (5 M., 4 F.)	Drivers: *6 inc. Fore- man Hospital Nurses act	Nil	Nil	Nil	—	Nil	The family of 4 operate this service
Attendants	3 (1 M., 2 F.)							
Other Operational Staff	Nil	Nil	Nil	Nil	Nil	—	Nil	—
Part-time								
Adminis- trative	1 Controller 1 Supervisor, and Clerical Nil	1 Controller 1 Clerical	1 Chief Constable	Nil	Nil	—	1 Medical Officer	Nil
Drivers	Nil	2.—Evenings and week-ends Nil	Emergency Duty Staff	Nil	Nil	—	1 Member of Fire Brigade 1 Nurse, Medical Dpt.	Nil
Attendants	Nil							Nil
Other Operational Staff	Nil	Nil	Nil	Nil	Nil	—	Nil	Nil
Voluntary								
Adminis- trative	Nil	Nil	Nil	1. Corps Supt. On call as required do.	1 Ambulance Officer Members of voluntary car pool and one member of the Society	—	Nil	Nil
Drivers	Nil	Nil	Nil			—	Nil	Nil
Attendants	Nil	Nil	Nil			—	Nil	Nil
Other Operational Staff	Nil	Nil	Nil	Nil		—	Nil	Nil

	LOCAL AUTHORITY		POLICE	VOLUNTARY ORGANISATIONS		HOSPITALS	INDUSTRIAL	COMMERCIAL
	Civil Sickness Service	Infectious Diseases Service		St. John Ambulance Brigade	British Red Cross Society			
H. Number of Calls over a period of one year—								
Ambulances	2,674 calls	351	260	Not available	Nil	—	130	103
Sitting-case Cars	2,839 patients							
Other Vehicles	Nil	Nil	Nil	Nil	1,563	—	Nil	Nil
	Nil	392 (re-infected bedding)	Nil	Nil	Nil	—	Nil	Nil
I. Total mileage in same period—								
Ambulances	20,612	12,071	1,008	Not available	Nil	—	500	12,300
Sitting-case Cars	Nil	Nil	Nil	Nil	13,841	—	Nil	Nil
Other Vehicles	Nil	30,000 (re-infected bedding)	Nil	Nil	Nil	—	Nil	Nil

* Act as Ambulance Drivers

Bedding Van Drivers

Disinfectors of Houses and Bedding at the Disinfecting Station

Slum Clearance Removals

All work connected with Fairfield, Maternity Hospital, City General, etc.

PART II (Ambulance Service)

Services which will operate from the appointed day.

A complete ambulance service will be under the direct control of the Local Authority. St. John Ambulance Brigade will retain one ambulance which will be used only for attendance at race meetings, local shows, etc. They do not wish, however, to participate in the Authority's scheme.

The County Hospital at present also owns an ambulance, which will continue to be administered by them for running between the main hospital and Deighton Grove Annexe (3 miles out of York).

It is not known to what extent the pool of privately owned cars loaned by Rotary and Inner Wheel members will continue to function. The Council will, if necessary, enter into arrangements with the organisers of this service for its participation in the Council's ambulance service, on such terms as may be agreed. The Authority only intend, at present, to purchase one car for sitting cases, but this may need to be augmented if the voluntary service lapses.

The industrial and privately owned ambulances will continue to operate independently after the appointed day, but the police service, for accident cases, will pass to the Authority's general pool.

The present garage facilities will continue to operate from the appointed day, but plans have been submitted for building a central ambulance depot on a slum clearance site in the centre of the City. The present arrangements for servicing and maintenance will continue until such a depot can be built, or the Authority establishes a central transport department.

A plan for replacing existing ambulances by a standard type of vehicle has been agreed, two to be purchased during the first year if possible and then one each succeeding year.

Consultation with other Local Health Authorities in regard to joint arrangements.

Consultations have been held, and agreements reached with the following neighbouring Authorities:—

North Riding County Council.
East Riding County Council.
West Riding County Council.
City of Leeds.
City of Wakefield.

West Riding. The City of York to provide a full ambulance service for the parishes of Bishopthorpe, Upper Poppleton, Nether Poppleton, Rufforth, Copmanthorpe, Knapton, Askham Richard and Askham Bryan, Acaster Malbis and Hessay, such services, however, only to be used by the County Council for the purpose of transporting patients from these parishes to hospitals within the City of York.

East Riding. The City of York to provide a full ambulance service for the parishes of Kexby, Dunnington, Elvington, Heslington, Fulford, Wheldrake, Deighton, Naburn, Stillingfleet, Thorganby, Kelfield and Escrick, such services, however, only to be used by the County Council for the purpose of transporting patients from these parishes to hospitals within the City of York.

North Riding. The City of York to provide relief services only to cover accident and civil sickness for Flaxton Rural District when the Flaxton ambulance is not available, and to provide transport for all cases of infectious disease within the area at all times.

North Riding.

East Riding.

West Riding.

The financial arrangements to be left to the City and County Treasurers for settlement.

The only persons entitled to call out the City Ambulance shall be persons connected with the medical services and the police, or, in extreme emergency, a member of the general public.

If an ambulance is urgently required in a parish other than, but adjoining the parishes specified in the agreements with the three Ridings, and the County Council concerned cannot immediately provide transport, then York City will render assistance, and leave the settlement of the cost until after the event, a reciprocal agreement for the relief of York cases in a major emergency to stand.

All long distance cases are to be the responsibility of the County Council concerned.

City of Wakefield.

City of Leeds.

On each occasion when an ambulance owned by the City of York goes to the City of Leeds or the City of Wakefield, the appropriate ambulance station shall be contacted beforehand to ascertain whether a patient from that Authority can be conveyed by the ambulance on its return journey. This agreement to be reciprocal.

There shall be mutual assistance in major emergencies, this to be a free service between one Authority and the other.

There shall be a mutual arrangement for the loan of an ambulance if necessary and practicable at the time, following the breakdown of one Authority's ambulance.

Staff.

The suggested staffing of the Authority's service from the appointed day to cover a complete civil sickness, infectious disease and accident service for the City of York, and those Authorities with whom agreements have been-reached, is as follows:—

1 Ambulance officer.

25 Driver/Attendants, of whom 13 shall be men, and 12 women.

3 Telephonists.

It is calculated that this will enable the Authority to man four ambulances for two 8-hour shifts, two ambulances for one 8-hour shift (night shift) and a car for sitting cases for one 8-hour shift.

The Council will make arrangements for securing that, as far as possible:

(i) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health;

(ii) all such drivers and attendants shall be so trained as to be interchangeable in their duties.

The infectious disease service, except for disinfection vans and civil sickness ambulance services, which at present are run independently, shall be run as one service from the appointed day.

Development Plan.

Conveyance of patients by railway.

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way, involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

Call Out Arrangements.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough informed of the action to be taken to call an ambulance.

It is estimated that, in order to provide adequately for the conveyance where necessary at any time of the day or night of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of eight to ten ambulances, one to three sitting-case cars, and 25 to 40 whole-time drivers and attendants. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit, and hope to be able to achieve this development by the appointed day.

The requirements of the ambulance service will be kept under constant review, and such increases, as experience shows to be required, will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting-case cars and staff.

The building of the Central Ambulance Station, and the delivery of new vehicles, are the only items, it is hoped, which it will not be possible to implement by the appointed day.

Plans for the station have been submitted to the Health Committee, and a site agreed.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

PART I

A. Tuberculosis.

Workshops and Settlements.

The Authority have not at present any workshops or settlements for tuberculous patients, but will continue to send patients to village settlements in other parts of the country as necessary. They would also welcome the establishment of a regional Village Settlement, the Authority to be joint owners with neighbouring authorities, and are prepared to negotiate for this.

The Authority will seek an agreement with the Regional Hospital Board for the part-time service of one or more of their occupational therapists as home teachers.

Night Sanatoria.

The Authority propose, when circumstances permit and subject to approval by the Minister of a detailed scheme, to establish Night Sanatoria as part of their general preventive and convalescent service.

Care Committee.

The Authority employ a qualified almoner, who is responsible for the after-care of patients, and who acts as secretary to the Voluntary Tuberculosis Crusade Committee. The Authority will continue to use the services of this after-care organisation, and health visitors will continue to act as tuberculosis visitors. Arrangements will be made for affording all necessary care and after-care to persons suffering from tuberculosis and their families in general accordance with the functions of a care and after-care organisation as described in Ministry of Health Circular 118/47 (Paragraph 42).

Integration with other parts of the National Health Service.

The Authority will seek arrangements with the Regional Hospital Board for the joint appointment of medical specialists concerned in diagnostic and curative work under the Board, and in preventive and care work under the Authority: and for staff of the Authority who visit the tuberculous in their homes to work in close co-operation with the medical specialists at tuberculosis clinics.

Return to Employment.

The Authority will negotiate with local industrialists and Trade Union officials re suitable part-time or full-time employment for patients after discharge from Sanatoria. They will also co-operate with the Ministry of Labour and National Service under the Disabled Persons (Employment) Act.

Mass Radiography.

The Authority will co-operate in such arrangements for mass radiography in the City as may be made by the Regional Hospital Board.

B.C.G. Vaccination.

The Authority will provide for B.C.G. vaccination by and at the instance of a physician with specialist knowledge and experience of tuberculosis as regards persons to whom it is judged medically expedient subject to the necessary preliminary tests, to offer such vaccination in view of their known contact with tuberculous infection. Records of B.C.G. vaccinations will be kept in such standard form as may be recommended by the Ministry, and information concerning these records will be supplied to the Ministry on request.

B. Mental Illness or Defectiveness.

The Authority's proposals for the care and after-care of mental illness or defectiveness have been submitted in reply to Circular 100/47. The service will be under the direction of a Mental Welfare Officer, who, with her staff, will act as Duly Authorised Officers, Petitions Officers under the Mental Deficiency Acts, be responsible for the visitation of cases boarded-out, on licence, or in Institutions away from the City, the follow-up of cases after discharge, will organise Occupation Centres and Home Teaching, and will be responsible for the general organisation of the Department. Health visitors will assist in this work if required to do so.

C. Other Types of Illness.

1. Patients discharged from hospital or under the care of general practitioners.

The Regional Hospital Board will be asked to notify the Local Authority of patients discharged from hospital who are considered to need after-care and the health visitors will follow up these cases and arrange for suitable after-care where necessary. General practitioners will also be asked to call in the health visitor to advise on facilities available for patients at home. Practitioners will be circularised as to such facilities.

The health visitors will make routine visits to homes from which there have been notifications of infectious disease and to children who are absent from school owing to illness.

2. Health Education.

The major part of the health visitors' work will be concerned with health education in the home and at clinics. The Authority will continue to subscribe to the funds of the Central Council for Health Education and will use such media as posters, cinemas, the local press, leaflets for distribution, etc., for Health Education purposes. In addition they will organise Health Weeks at intervals and continue to co-operate with the Local Education Authority and the teachers on health education in schools.

3. Venereal Disease.

So far as the Authority may have arrangements with the Regional Hospital Board for the follow-up of persons under treatment for, or known or believed to be suffering from, venereal disease, such arrangements will be carried out in co-operation with the Medical Officers of the treatment centres of the Regional Hospital Board.

4. Cancer.

The local branch of the National Society for Cancer Relief employ a half-time worker, whose area includes York and district. Cases needing relief are notified to her by general practitioners and the almoners of hospitals. The Local Authority pay for radio-therapeutic treatment at Leeds Infirmary and provide ambulances for conveying patients between York and Leeds.

The Authority will continue to contribute to the National Society for Cancer Relief, and recommend that the voluntary work connected with the after-care of all diseases, except mental illness, including tuberculosis and cancer, should be undertaken by a joint committee representing the organisations at present undertaking after-care work. There were 153 deaths from cancer in the City during 1946 and 182 in 1945. This is second only to deaths from heart disease. The general practitioners, through the Executive Council, will be asked to co-operate by notifying the Local Authority of cases of cancer in which the services of a health visitor to advise re care and after-care would be helpful. The Authority will also co-operate with the Regional Hospital Board on home services for all cases attending out-patient clinics at their hospitals, or being treated as in-patients. The most valuable work which can be carried out, however, will be the education of the public as to the advantages of early diagnosis, and the value of routine examination.

The Authority propose that as soon as is possible, one health visitor shall be responsible for all the care and after-care work of a household.

5. Welfare Services for handicapped persons.

The Authority's arrangements concerning the care and after-care of persons other than those suffering from tuberculosis will be such as will not fall within the scope of the hospital and specialist services or of provisions of Part III of the National Assistance Act.

Prevention of Accidents.

The Authority will continue to include in their Health Education Programme propaganda for "Safety First," not only as it affects road users, but in the home and at work.

Morbidity Statistics.

The help of all Health Workers is essential if the Health Committee is to have a correct picture of the health of the community and to do work which is effective in preventive medicine. Representatives of the medical, dental and nursing professions have been co-opted on to the Health Committee to assist in effecting this essential liaison.

D. Provision of Nursing Equipment and Apparatus.

Nursing equipment and apparatus will be supplied on loan through the Home Nursing Service, to supplement the present loan services run by voluntary organisations. The Tuberculosis Crusade Committee and the British Red Cross are the two voluntary organisations at present supplying equipment on loan.

MENTAL HEALTH SERVICES

(Section 51)

PART I

Statistical Data:

Population of the area	...	...	...	...	...	102,050
(a) Number of patients chargeable to L.A. under Lunacy and M.T.A.	...	...	...	...	...	328
(b) Number of patients dealt with by Relieving Officers under those Acts (1946)	...	...	...	...	...	109
(c) Number of defectives ascertained as subject to be dealt with under Mental Deficiency Acts (1946)					261 plus 70 under voluntary supervision	
(d) Number of persons reported to the Authority as mentally defective (1946)	...	...	...	...	...	24

PART II

Existing Arrangements.

Lunacy and Mental Treatment. The City of York Mental Hospital of 393 beds is situated at Naburn, 3 miles from the centre of the City. It is under the control of the Medical Superintendent who is also Medical Adviser to the York Mental Deficiency Committee, and is responsible to the Mental Hospital Committee and Mental Deficiency Committee of the County Borough Council.

There is at present no follow-up work organised by the Authority for patients after discharge, and the Authority do not employ a psychiatric social worker except for Child Guidance work. The York and North Riding Branch of the Mental After-Care Association, however, follow up cases, and help with grants, provision of food, tools, finding of suitable employment, etc.

The Authority have agreed to establish an out-patient clinic at the City General Hospital, and it is hoped that this will be open before the appointed day. (This, of course, will be under the administration of the Regional Hospital Board.)

Mental Deficiency. The work is administered by the Authority's Mental Deficiency Committee. The Authority employ an Executive Officer to the Mental Deficiency Committee jointly with the East Riding County Council.

Accommodation for defectives is normally provided at Whixley Institution and Brandesburton Hall Institution. At the latter the Authority have 87 beds. The Hall has been de-requisitioned by the Air Ministry, and is partially re-opened.

A general practitioner who has a special knowledge of the work is responsible for the medical care of the patients. There is no Resident Medical Officer.

There is at present no Occupation Centre in the City of York, and the Authority do not employ any Home Teachers.

Proposals A and B.

1 and 2. General. The service will be under the control of the Authority's Health Committee, who will appoint a Mental Health Services Sub-Committee. The Medical Officer of Health, who is also School Medical Officer, will supervise and co-ordinate the service, and the Regional Hospital Board will be asked to continue the arrangements whereby the Medical Superintendent of York City Mental Hospital also acts as Medical Adviser to the City of York Mental Health Services Sub-Committee. There is not sufficient work to justify the appointment of a full-time psychiatrist for Mental Health work.

Proposal C.

3. Non-medical. The Authority will employ a full-time Mental Welfare Officer who will act as Executive Officer for Mental Deficiency, and be the co-ordinating officer for the Department. He or she will be a Duly Authorised Officer, will be a Petitions Officer under the Mental Deficiency Acts, will assist other officers in periodical visitation of cases boarded-out and on licence, cases in Institutions outside the City of York, will organise Occupation Centres and Home Teaching, and be responsible for general organisation of the department.

4. The Mental Welfare Officer will have two assistants, who will be suitably trained and also recognised as "Duly Authorised Officers" and will be able to deal with the administration of patients' estates—work which is at present undertaken by the Director of Social Welfare. It is recommended that two Relieving Officers (one of each sex) be transferred to the Health Department as assistants to the Mental Welfare Officer.

5. Training of Defectives. Two centres will be required, one for children and one for adults.

(a) **Training at home.** There are at present 6 cases who would not be able to travel to and from an Occupation Centre, but who would benefit from home training. The Authority propose to employ one of the assistants working from the adult Occupation Centre for this purpose during the mornings.

(b) **Training in Centres.**

Children's Centre: A full-time centre accommodating 15-20 children up to 16 years of age will be required, with a supervisor and one assistant. The help of the Education Committee will be sought for such subjects as physical training and speech therapy, it being hoped that a specialist in these subjects will visit the centre for regular weekly sessions. Transport will be provided for the children to and from their homes.

Adults' Centre: A centre providing morning classes for 7-10 males, and afternoon classes for 15-20 female patients, is needed. The centre would be staffed by one supervisor and one assistant, the assistant only being needed during the afternoons, and to be employed as Home Teacher during the mornings. Visiting teachers for special subjects, e.g., Boot repairing, would be obtained as necessary.

Joint Arrangements with other Authorities. (1) The Authority would welcome responsibility for the Community Care of all patients living on Corporation Housing Estates. (2) The continued use and extension of Brandesburton Hall is recommended.

Proposed Total Establishment (Non-medical).

1 Mental Welfare Officer.	}	To act as Duly Authorised Persons
2 Assistant Mental Welfare Officers (one of each sex)		
1 Senior Clerk.		
1 Shorthand typist.	2 Junior Clerks.	
Plus staff of occupation centres when established.		

Voluntary Organisations. The National Association for Mental Health have at present 32 York cases whom they visit from Leeds. The Authority will contribute to the funds of the Association and use their services pending the appointment of an adequate full-time staff.

The Authority will welcome help from the York and North Riding Branch of the Mental After-care Association, and will contribute to its funds.

D. Ambulance Service. The Authority's Ambulance Service will be available for transport. The Duly Authorised Officer will accompany the patient to hospital with attendants from the hospital, if necessary. The East Riding have asked for York ambulance facilities for patients coming into York hospitals. It is recommended that these facilities be granted providing the Riding arrange for suitable attendants.

Cars for sitting cases will be available for moving Mental Defectives, and will be used where practicable rather than ambulances.

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