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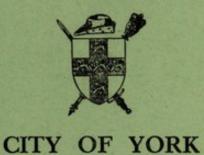
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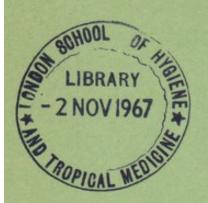
ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1952



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THE HEALTH COMMITTEE.

THE LORD MAYOR

(ALDERMAN C. W. WRIGHT, J.P.)

Chairman-ALDERMAN FRANK WRIGHT

Vice-Chairman-ALDERMAN Rev. R. V. BAINTON

Ald. CRICHTON Counc. HOPPER Counc. BURKE
Counc. DE BURGH ,, W. M. BROWN ,, KIRK
,, WIGHTMAN ,, LEARMONTH ,, JAMES
,, MARKS ,, SPOFFORTH ,, WOOD

Co-opted Members—Drs. S. A. UNDERWOOD and F. C. NAISH, Miss H. M. SMITHSON, Mrs. M. C. TUTE and W. BEDFORD, Esq.

MATERNITY AND GENERAL WELFARE SUB-COMMITTEE.

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,, REV. BAINTON ,, WOOD
Counc. DE BURGH ,, JAMES

" WIGHTMAN Miss H. M. SMITHSON, Dr. F. C. NAISH and Mrs. M. C. TUTE

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Counc. DE BURGH ,, KIRK ,, WIGHTMAN ,, WOOD

" SPOFFORTH

SANITARY SERVICES AND UNHEALTHY AREAS SUB-COMMITTEE.

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" REV. BAINTON " W. M. BROWN

Counc. MARKS

Counc. MARKS ,, BURKE ,, HOPPER ,, Dr. S. A. UNDERWOOD

HEALTH CENTRES SUB-COMMITTEE.

Ald. FRANK WRIGHT (Chairman) Counc. DE BURGH
,, REV. BAINTON ,, LEARMONTH

CRICHTON ,, JAMES

Counc. WIGHTMAN

Drs. UNDERWOOD and NAISH, Miss H. M. SMITHSON and W. BEDFORD, Esq.

AMBULANCE SERVICE SUB-COMMITTEE.

Ald. FRANK WRIGHT (Chairman) Counc. MARKS ,, REV. BAINTON ,, WOOD

Counc. LEARMONTH Dr. S. A. UNDERWOOD

.. HOPPER

APPOINTMENTS SUB-COMMITTEE.

Ald. FRANK WRIGHT (Chairman) Counc. DE BURGH
,, CRICHTON Miss H. M. SMITHSON

" Rev. BAINTON

JOINT ADVISORY SUB-COMMITTEE WITH YORK EXECUTIVE COUNCIL AND YORK "A" AND TADCASTER HOSPITAL MANAGEMENT COMMITTEE.

Ald. FRANK WRIGHT
.. REV. BAINTON

Counc. LEARMONTH

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

Medical Officer of Health, School Medical Officer and Chief Medical Officer, 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.G.H.

Part-time Medical Officers for Maternity and Child Welfare-

Dr. ISABELLA M. B. HESSION, M.B., CH.B., D.P.H.

Dr. ALLISON THOMAS, M.R.C.S., L.R.C.P.

Consultants-

Child Health W. HENDERSON, M.D., D.C.H.

Dermatology C. W. MACKENZIE, B.M., B.CH. (Oxon), M.R.C.P. (London).

Infectious Diseases .. N. J. M. HESSION, M.B., CH.B., (Ireland), B.A.O.

Obstetrics A. R. LISTER, M.B., B.CH., F.R.C.S. J. B. ROY, M.B., CH.B., M.R.C.O.G.

Orthopaedics H. L. CROCKATT, M.B., CH.B.

Psychiatry W. A. L. BOWEN, L.R.C.P., M.R.C.S., D.P.H.

Tuberculosis S. P. WILSON, M.D., CH.B., D.P.H.

Venereal Diseases .. E. H. T. RUTHERFORD, F.R.C.S., M.B., CH.B.

Senior Assistant School Medical Officer-

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

Assistant Medical Officers-

N. M. DURCAN, M.B., B.CH., B.A.O.

G. F. BOYLE, M.B., CH.B., D.P.H. (to 3-5-52)

L. J. LETTY, M.B., B.S., D.C.H. (from 15.9.52) (temp.).

J. S. ROBERTSON, M.B., CH.B., M.R.C.S., L.R.C.P. (from 6.10.52) (temp.)

Dental Officers-

G. TURNER, L.D.S.

Miss L. RITCHIE, L.D.S. (part-time)

Assistant Dental Officer-

Mrs. M. B. BARNITT, L.D.S. (part-time)

Chief Sanitary Inspector-

NORMAN HANCOCK, F.R. San. Inst., Cert. Meat Inspector, Cert. San. Science and Cert. Smoke Inspector.

Deputy Chief Sanitary Inspector-

C. SIMPSON, A.R. San. Inst. and Certified Meat Inspector (to 8.6.52)

Senior Assistant Sanitary Inspector-

L. C. BRYAN, c.s.i.j.b., Cert. San. Sc., Cert. Meat Inspector and Cert. Smoke Inspector (from 5.8.52) 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.

Special Inspector for Food Hygiene-

H. HALL, c.s.i.j.B. and Cert. Meat Inspector

Special Inspector for Meat-

F. WALLS, c.s.i.j.b. and Cert. Meat Inspector

Assistant Inspectors-

*A. COOKE, c.s.1.J.B. and Cert. Meat Inspector

A. M. ALLAN, C.S.I.J.B.

P. D. BEADLE, C.S.I.J.B.

J. N. ADDISON, c.s.I.J.B. and Cert. Meat Inspector (to 6.7.52)

W. H. BLACKBURN, c.s.I.J.B. and Cert. Meat Inspector

G. BAILLIE, C.S.I.J.B (from 1.1.52)

G. W. LILLEY, c.s.I.J.B. and Cert. Meat Inspector (from 8.12.52)

Rodent Operative-

S. J. C. NORRIS

AMBULANCE SERVICE-

Ambulance Officer-L. P. SAWYER, M.R.I.P.H.H.

Assistant Ambulance Officer-H. BASTICK

Clerk-J. A. CROFT

DAY NURSERIES-

Supervising Matron and Matron, Crombie Avenue Nursery-

Miss M. K. VOLANS, S.R.N., S.C.M.

Matron, Heworth Nursery-

Mrs. R. PICKERING, Cert. of Nursery Training College, A.R.S.I. (to 2.8.52)

Miss E. C. OTTER, Certified Nursery Nurse (from 20.11.52)

Health Visitors-

Miss M. J. MARSHALL, s.R.N., s.C.M., H.V. Certificate (Superintendent Health Visitor)

Mrs. E. JACKSON, s.R.N., s.C.M., H.V. Certificate (to 23.11.52)

Miss A. DUNLAVEY, s.R.N., s.C.M., H.V. Certificate

Mrs. A. E. WITHEY, s.R.N., s.C.M., H.V. Certificate (to 31.3.52)

Mrs. T. NIXON (Temp.), s.R.N., s.C.M., H.V. Certificate

Miss M. C. KELLY, S.R.N., S.C.M., H.V. Certificate

Miss D. ROBINSON, s.R.N., s.C.M., H.V. Certificate

Miss M. E. GRIFFIN, s.R.N., s.C.M., H.V. Certificate

Mrs. L. AARON, s.r.n., s.c.m., H.V. Certificate (to 15.5.52)

Miss A. W. MATHER, S.R.N., S.C.M., H.V. Certificate

Miss G. M. WINTERBURN, S.R.N., S.C.M., H.V. Certificate

Mrs. M. J. BANKS, s.R.N., s.C.M., H.V. Certificate (part-time)

*—Transferred to Civil Defence Department as full-time Civil Defence Officer as from 2.10.50.

†-Transfer.

Assistant Health Visitors-

Mrs. E. LEONARD, S.R.N., S.C.M.

Mrs. D. E. JOBLING, s.R.N., s.C.M., Q.N. (part-time)

District Nurses-

Miss J. DOUGLAS, s.R.N., s.C.M., Q.N. (Senior District Nurse) (from 1.5.52)

Miss D. M. PAGE, s.R.N., Q.N.

Mrs. E. K. D'ARCY, s.e.a.n. (to 9.7.52)

Mrs. M. A LIGHTOWLER, S.E.A.N.

Miss I. H. TRUELOVE, s.R.N.

Mrs. I. M. RICHARDSON, S.R.N.

Miss H. DYSON, S.R.N.

Miss J. F. GRETTON, S.R.N., S.C.M.

Mrs. A. KIDD, S.R.N.

Miss V. HARRISON, s.R.N., s.C.M., Q.N.

Mr. D. H. ROWE, s.R.N., Q.N.

Mr. J. CARROLL, S.R.N., Q.N., R.M.P.A.

Miss J. NOBLE, s.r.n., s.c.m., q.n. (from 27.6.52)

Mrs. L. HARDIE, S.R.N., S.C.M., Q.N.

Mrs. V. WHILEY, S.R.N., S.C.M.

Mrs. W. LEWIS, s.R.N. (temp.) (to 17.5.52)

Mrs. E. K. D'ARCY, s.E.A.N. (temp.)

Visitor for Gastric Follow-up Work-

Mrs. C. M. DENT (part-time)

Tuberculosis Visitors-

Miss G. THOMSON, s.R.N., s.C.M., H.V. Certificate

†Mrs. A. E. WITHEY, s.R.N., s.C.M., H.V. Certificate (from 1.4.52)

Health Welfare Officer-

Mrs. M. E. JOHNSON

Organiser of Home Helps-

Mrs. N. HAKIM

Part-time Non-Medical Supervisor of Midwives-

Miss G. WOLLASTON, S.R.N., S.C.M., R.F.N., M.T.D. (to 31.8.52)

Municipal Midwives-

Mrs. B. BURKE, S.R.N., S.C.M.

Mrs. A. D. COULSON, S.C.M.

Mrs. E. RICHMOND, S.R.N., S.C.M.

Miss B. A. CONRICODE, s.c.m.

Mrs. M. C. SKELTON, s.r.n., s.c.m.

Mrs. M. J. D. ROBERTSON (from 6.10.52).

Miss D. M. COOPER, s.c.m.

Miss L. M. WALKER, S.R.N., S.G.M.

Miss F. H. HICKES, s.c.m.

Miss A. E. BLACK, s.r.n., s.c.m. (to 31.7.52)

Miss W. D. MARTIN, s.r.n., s.c.m. (to 10.5.52)

Mrs. D. M. FORTUNE (from 18.8.52)

† Transfer.

School Nurses-

Mrs. E. M. DALTON, s.R.N., s.C.M.

Miss E. STODDART, s.R.N., s.C.M.

Miss M. CHETWYND, s.R.N.

Miss D. A. NAIRN, S.R.N., S.C.M., H.V. Certificate

Mrs. L. REYNOLDS, s.R.N.

Dental Attendants-

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

Miss C. M. HAYCOCK (to 15.7.52)

Miss A. PEARSON (from 31.10.52)

Orthopaedic Nurse-

Miss B. M. HALL, s.R.N., s.C.M., Orthopaedic Certificate

Skin Clinic Nurse-

Mrs. A. BATTLE, s.E.A.N.

Senior Mental Welfare Officer-

G. A. BRADLEY

Assistant Mental Welfare Officers-

H. BRITTON; A. MASKILL

Home Teacher and Supervisor of Occupation Centre-

Miss P. M. DOWNEY

Assistant Supervisors-

Mrs. M. BESTLEY

Miss A. NEWSOME

Miss R. BROOKS

Miss A. M. C. SAXBY (temp.) (from 1.9.52)

Clerical Staffs.

(a) Health Department-

Chief Clerk-C. W. PRIME

Senior Clerks—L. W. RICHMAN, R. A. WILKINSON, G. J. MURPHY General Clerks—W. V. HADLEY, Mrs. W. I. TIPLADY, Miss M. BEILBY, G. BILTON, †J. HENDERSON (to 30.6.52), G. BRIGGS, (to 17.12.52), J. COCKERILL (from 1.4.52)

(b) Child Welfare Centre-

Senior Clerk—Miss M. ATKINSON

Clerks-Miss E. HARWOOD, Miss E. A. KIRBY

(c) Mental Welfare Department-

Senior Clerk-P. HODGSON

Clerks—J. WEDGWOOD (to 17.2.52), Miss G. SNOWBALL, †J. HENDERSON (from 3.7.52)

(d) School Clinic-

Chief Clerk-Miss D. BLAKER

Clerks—Miss M. SOWRAY, Miss H. F. MILBURN, Mrs. R. STIRK (to 29.1.52), Miss C. M. LONSDALE, Miss M. H. WEST (from 15.12.52)

Clinical Clerks—Miss A. JOHNSON (to 31.12.52), Miss E. J. FARR (to 29.3.52), Miss M. H. WEST (from 15.4.52 to 14.12.52), Miss B. ASHFORD (from 15.12.52)

† Transfer.

ANNUAL REPORT FOR 1952

My Lord Mayor, Ladies and Gentlemen,

It is with pleasure that I present my Annual Report for the year 1952.

Survey of Health Services.

In accordance with Ministry of Health Circular 29/52, a Survey of the Local Authority Health Services under the National Health Service Act is included as an appendix to this report.

Vital Statistics.

These were on the whole satisfactory, the maternal mortality, infant mortality and tuberculosis mortality rates being lower than the average for England and Wales. The stillbirth rate of 28.3 per 1,000 total births, however, is higher than the average.

Maternity and Child Welfare.

Plans approved by the Ministry of Health for a Maternity and Child Welfare Clinic on the Gale Lane Estate were deferred for reasons of economy, but it is hoped to commence building during the current financial year.

We were sorry to lose two of our health visitors for domestic reasons, particularly Mrs. Jackson, who had been on our staff for 21 years. A health visitor's most effective work is done when she is well known and established on her district, so that frequent changes, even with an adequate staff, are unsatisfactory.

Home Nursing.

The Council resolution to extend the Home Nursing Service was implemented, and we welcomed the appointment of Miss Douglas as Senior District Nurse.

Ambulance Service.

The increasing demands on the service continued during the year, but there is now evidence of work becoming stabilized. There is good co-operation with the hospitals and neighbouring authorities, and very little abuse so far as unnecessary calls are concerned. Considerable economy would be effected however if patients could be grouped for out-patient attendances according to the district of the City in which they live. This would also avoid some of the long waiting times which at present are unavoidable for patients conveyed by ambulance both before and after their appointments.

Mental Welfare.

The number of York cases admitted annually to mental hospitals has increased steadily since the National Health Service Act became operative. Of the increase of 33 during the year under review, 23 were admitted as voluntary patients, 11 as temporary patients, and there was one fewer certification. This suggests that patients are more willing to go in voluntarily for early treatment, and if so, is a good sign.

The figures again focus attention on the need to develop a comprehensive mental health service in the City. Such a service would link all authorities providing facilities for the care of the mentally sick, and would establish a unit to include preventive treatment and after-care. The shortage of qualified mental health workers throughout the country is a serious problem, and it is only by co-ordinated schemes at local level that available workers can be used to the best advantage.

The proposed adaptation of premises for use as an adult industry centre for male defectives was deferred for reasons of economy. It is hoped to commence work during 1953.

Tuberculosis.

The average waiting time of cases for admission to sanatoria dropped from 18 to 12 weeks, and the death rate was the lowest on record. The notification rate however has varied very little over the past 15 years. The introduction of Mass Radiography has probably contributed to the continued high notification rate, but there are still too many cases which are only diagnosed after death, or very late in the illness. They are a constant source of danger to the community, and every effort must be made to discover unknown sources of infection.

The Education Committee have agreed to a scheme for the tuberculin testing of school entrants, which will be implemented in 1953.

Cancer Education.

A scheme to educate the public regarding the signs and symptoms of cancer in certain sites, and the value of early treatment, was launched during the year. Lectures were given to all health workers undertaking domiciliary visiting and to various voluntary organisations. Arrangements were made by the Yorkshire Council of the British Empire Cancer Campaign, for an office to be opened in York early in 1953, and for Dr. Malcolm Donaldson to be full-time director of an education campaign in York and the East Riding.

Food Hygiene.

The Clean Food Campaign was continued, special attention being paid to the control of food sold in the open air, and the observance of byelaws covering such sale which became operative in 1950.

Meat inspection showed a disturbingly high incidence of disease, including tuberculosis. Relevant figures are included in the body of the report and indicate the extent of the work undertaken by the department to protect the public against diseases which might be conveyed by meat.

Refuse Collection.

It was agreed during the year to extend the weekly collection of household refuse to all parts of the City. This is only one factor materially contributing to the health of the people which is under the control of committees other than the Health Committee. For willing co-operation from other committees we are most grateful.

To the Chairman and members of the Health Committee, to my professional colleagues in the City, my colleagues in other departments and to the staff of my own department, I tender my sincere thanks 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 and School

Medical Officer.

CITY OF YORK

Section A.

Statistics and Social Conditions of the Area.

Area in acres: 6,474.

Population (Census, 1951), 105,336.

Total population, mid 1951 (Registrar-General's Estimate), 105,800.

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

Number of inhabited houses (end of 1952) according to the rate-books, 30,950 (including retail shops occupied as dwellings).

Average number of persons per inhabited house, 3.4.

Rateable value (April, 1952), £736,870.

Estimated net produce of a penny rate, £2,998.

MARRIAGES.

			Ma	arriage ra	te per 1,0 York	000 of to Eng	al population. and & Wales	
Year	1948	 978			18.8		18.1	
,,	1949	 1047			19.2		17.0	
>>	1950	 937			17.4		16.3	
,,	1951	 977			18.5		16.4	
,,	1952	 986		*	18.6		15.9	

VITAL STATISTICS, 1952.

(Registrar-General's Figures).

		1			-9			
Live Births	Leg	Total 1,482	м. 739	F. 743	Birth-rate 14.6 per 1,000			
22770 22771110	(Illeg	79	42	37	Diren-rate 14.0 per 1,000			
Stillbirths	Leg	44	28	16	Rate per 1,000 total births 28.			
	l Illeg	2	1	1	Rate per 1,000 total births 28.3			
Deaths		1,202	633	569	Death-rate 11.9 per 1,000			
			1	0				

Deaths f	from Puerpera	ıl causes:—		Deaths (Rate per 1,0	00 total births.
	Puerpera	al Sepsis		-	-	
	Other P	uerperal cause	es	1	0.65	
		Total		1	0.65	
Deaths	of infants und	er I year of a	ge:—			
N	mber		Legitima			Total
		1.11	31	2		33
Kai	te per 1,000 li	ve births	21.9	26	.5	22.2
Deaths	of infants und	er 4 weeks of	age:—			
Nu	mber		22	-		22
Rat	te per 1,000 li	ve births	15.5	-		14.7
Stil	lbirths:—					
	Number		44	2		46
	Rate		28.5	24	.3	28.3
Deaths	from Cancer	(all ages)				202
		(all ages)				
		ng Cough (all				1
		ea (under 2 ye				1
Death-ra	ate of Diarrho	ea and Enterit	is (unde	r 2 years)	0.00	
Death-ra	ate of Bronch	itis and Pneu	monia a	and other		
Res	spiratory Dise	ases			1.08 per	1,000 living
Pulmon	ary Tuberculo	osis death-rate				t all ages.
Total T	uberculosis de	eath-rate			0.18	
Cancer	death-rate				2.00	
Epidemi	ic Influenza d	eath-rate			0.02	
Year.	Estimated Population	Total (Nett) BIRTHS	Birth- rate	Total (Nett) DEATHS	Death- rate	Excess of Births over Deaths
1948	103700*	1910	18.4	1124	10.8	786
1949	104600*	1815	17.3	1249	12.4	566
1950	107700	1725	15.8	1216	11.8	509

AVERAGE

14.6

14.6

16.1

12.8 11.9

11.8

^{*—}Civilian only.

CAUSES OF DEATH, 1950-1952.

(Revised International Table of Causes).

C		Years				
Cause of Dear	th	1950	1951	1952		
Tuberculosis, respiratory		 34	19	15		
Tuberculosis, other		 2	1	5		
Syphilitic disease		 6	6			
Diphtheria		 _	_	-		
Whooping Cough		 _	2	1		
Meningococcal infections		 1		_		
Acute poliomyelitis		 2	_	1		
Measles		 1	1	_		
Other infective and parasitic diseases		 1	3	-		
Malignant neoplasm, stomach		 40	42	24		
Malignant neoplasm, lung, bronchus		 29	24	41		
Malignant neoplasm, breast		 20	21	14		
Malignant neoplasm, uterus		 13	12	19		
Other malignant and lymphatic neople	asms	 127	105	104		
Leukaemia, aleukaemia		 7	4	6		
Diabetes		 11	12	13		
Vascular lesions of nervous system		 152	170	188		
Coronary disease, angina		 149	178	169		
Hypertension with heart disease		 41	31	24		
Other heart disease		 194	232	199		
Other circulatory diseases		 45	50	63		
Influenza		 8	31	2		
Pneumonia		 33	52	32		
Bronchitis		 62	72	65		
Other diseases of respiratory system		 15	7	12		
Ulcer of stomach and duodenum		 12	24	16		
Gastritis, enteritis and diarrhoea		 7	2	3		
Nephritis and nephrosis		 15	15	10		
Hyperplasia of prostate		 8	14	12		
Pregnancy, childbirth, abortion		 3	2	1		
Congenital malformations		 13	11	5		
Other defined and ill-defined diseases		 121	102	110		
Motor vehicle accidents		 8	7	11		
All other accidents		 21	22	18		
Suicide		 14	8	14		
Homicide and operations of war		 1	4	2		
All Causes—TOT	ALS	 1216	1286	1202		

Comparison of Certain Rates in York with similar Rates for Great Towns and for England and Wales.

			England and Wales	126 County Boroughs and Great Towns including York	York
Births		 	15.3	16.9	14.6
Deaths		 	11.3	12.1	11.9
Maternal Mortality		 	0.72	Not available	0.65
Infant Mortality		 	27.6	31.2	22.2
Stillbirths		 	22.6	24.6	28.3
Tuberculosis Mortality	,	 	0.24	0.28	0.18
Poliomyelitis notificati Paralytic		ed)	0.06	0.06	0.24
Non-Paralytic		 	0.03	0.03	0.07
Food poisoning notific	ations	 	0.13	0.16	0.26

MATERNAL AND INFANT MORTALITY, 1948-1952

		1948	1949	1950	1951	1952
(a)	MATERNAL MORTALITY:					
	No. of deaths (YORK) Rate per 1,000 births:	 2	5	3	2	1
	York	 1.02	2.7	1.8	1.3	0.65
	England and Wales	 1.02	0.98	0.86	0.79	0.72*
(b)	INFANT MORTALITY:					
	Deaths under 1 year (YORK)	 63	39	39	40	33
	Rate per 1,000 live births:	22.0	01.44	00.7	00.0	00.0
	York	 32.9	21.4*	23.7	26.9	22.2
	England and Wales	 34	32	29	29.6	27.6*

^{*} Lowest on record.

TUBERCULOSIS MORTALITY, 1948-1952.

(Registrar-General's figures).

V	Puln	nonary	Non-Pt	llmonary	Т	otal
Year -	Deaths	Death-rate	Deaths	Death-rate	Deaths	Death-rate
1948	43	0.41	4	0.04	47	0.45
1949	26	0.25	4	0.04	30	0.29
1950	34	0.33	2	0.02	36	0.35
1951	19	0.18	1	0.00*	20	0.19
1952	15	0.15*	3	0.03	18	0.18*
Average	27	0.26	3	0.02	30	0.29

^{*} Lowest on record.

NEW CASES OF TUBERCULOSIS notified:

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Pulmonary Tuberculosis	66	63	56	72	89	81	84	66	78	67
Non-Pulmonary Tuberculosis	29	52	34	29	30	29	27	23	23	23
Total	95	115	90	101	119	110	111	89	101	90

NUMBER OF CASES OF TUBERCULOSIS ON REGISTER at 31st December, 1952.

	Males	Females	Total
Non-Pulmonagu	. 244 56	182 74	426 130
TOTAL	. 300	256	556

Section B.

General Provision of Health Services for the Area.

National Health Service Act, 1946—Sections 22, 23, 24, 25, 27, 29 and 51.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

- 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, 1,504; (b) Still-births, 46; (c) Total, 1,550.

Infant Welfare Centres 2.

3.

Imai	it wenare centres—	
(a)	Number of Centres provided and maintained by the Council	6
(b)	Number of Centres provided and maintained by Voluntary Associations	
(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	915
	(ii) Between the ages of 1 and 5 years	87
(d)	Total number of children under five years of age who attended at the Centres during the year and who, at the end of the year, were—	
	(i) Under 1 year of age	786
	(ii) Over 1 year of age	1,037
Ante	e-natal and Post-natal Clinics: Ante-natal. Po	st-natal.
	(i) Number of Clinics provided and maintained by the Council 2	1
	(ii) Total number of Women who attended at the Clinics during the year 170	29

4. Care of Unmarried Mothers and Illegitimate Children.

The Council have appointed a Social Worker for the purposes of Circular 2866 and have an arrangement whereby girls are admitted to Heworth Moor House (Diocesan Moral Welfare Hostel) or to other institutions before and after confinement.

Three hundred and eighty-eight interviews were made by the Social Worker, and 278 home visits paid. Eleven babies were placed for adoption, 3 in residential nurseries or homes, and 1 went with its mother to a residential domestic post.

Twelve mothers continued to live with their parents, 11 lived in lodgings, 33 were living with the father as if married, and 3 were married but separated from their husbands.

Seven affiliation orders were taken out during the year, and in 4 cases private arrangements were made regarding payments.

Thirteen girls were admitted to mother and baby homes before and after their confinement.

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

The Council employ a domiciliary midwife specially trained in the care of the premature baby. She undertakes the care of premature babies born at home, and is also notified of the impending discharge of all premature babies from hospital. She undertakes the necessary after-care until the case is handed over to the Health Visitor.

The number of premature babies notified during 1952 was:—99 Total number of above who were born:—

(i) at home				38
(ii) in hospital or nursing home			,	61
The number of those born at home:-				
(i) who were nursed entirely at home				22
(ii) who died during the first 24 hours				-
(iii) who survived at the end of 28 days				22
The number of those born in hospital or nursing	g home	:		
(i) who died during the first 24 hours				6
(ii) who survived at the end of 28 days				80

The following is an analysis of the weights of premature babies born at home, based on the Ministry of Health's classification:—

2 lbs. 3 ozs. or less	 2
Over 2 lb. 3 ozs. up to and including 3 lbs. 4 ozs.	 3
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	 9
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	 5
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	19

6. Day Nurseries.

Nursery	Date of Opening	Approved Accommo- dation	Average Daily Attendance		Number on Register at 31.12.52	
			0—2	2-5	0—2	2—5
Crombie Avenue	 12.2.42	34	6	17	8	24
Heworth	 11.12.50	45	10	17	14	29

7. Infectious Diseases of Infants and Puerperal Pyrexia.

	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	 	1	1	_
(2)	Pemphigus Neonatorum	 	_		-
(3)	Puerperal Pyrexia	 	28		

One death of an infant due to pneumonia during the neo-natal period was reported to the Health Department during the year.

8. Maternal Deaths.

There was one maternal death during the year, the cause of death being ascribed to (a) Intraperitoneal haemorrhage, (b) rupture of a uterine vein in right broad ligament during second stage of labour.

9. Institutional Provision for Mothers or Children.

This includes voluntary homes, and homes administered by the Local Authority Children Committee.

(a) YORK DIOCESAN MOTHER AND BABY HOME, HEWORTH MOOR HOUSE, YORK

Chairman: Lady Celia Milnes Coates. Hon. Sec., Mrs. J. L. Henderson. Superintendent, Miss A. Hatfield.

This Home receives unmarried (and in some cases, married) mothers expecting illegitimate babies, before and after confinement, without limit of stay, until the mother obtains employment, and the baby a home with relatives, foster mother, or adoptive parents.

There are 14 beds and 10 cots, and expectant mothers are sent to a Maternity Home or Hospital for their confinement.

The average length of stay is three to six months, of which four to twelve weeks are before, and six to twelve weeks after the birth of the child.

A doctor attends weekly to supervise the health of mothers and babies, and at any time for emergencies.

The health of mothers and babies has been good, and although at one time three or four expectant mothers were in bed with toxaemia of pregnancy, all returned home in a better state of health than when they came to us.

The year 1952 has been our busiest for the past five years. We admitted 57 cases, 4 of which were from the City of York. Of these 4 two mothers had their babies adopted, one returned home and had her child admitted to a Children's Home until such time as she could have him with her, the other returned to her previous employment and had baby fostered.

The Home was inspected by officers from the Ministry of Health and a good report received.

Students and probationer nurses have visited the home during the year, and prospective Nursery Nurses given instruction in the art of breast feeding.

(b) WEST GARTH CHURCH OF ENGLAND CHILDREN'S SOCIETY NURSERY

This Nursery has accommodation for 20 children under the age of 5 and is recognised as a training centre for the Certificate of the National Nursery Examination Board.

(c) ST. STEPHEN'S HOME, THE MOUNT. (Matron—Mrs. E. Cobb)

This Home accommodates 23 girls from 2 to 16 years. Good liaison is maintained with the Local Health Authority, a Health Visitor visiting at regular intervals, and reporting as necessary to the Authority. St. Stephen's aims to bring up the children in an atmosphere as much like a real home as possible, with a Christian background; and helps them to train for a career when they leave.

(d) CHILDREN COMMITTEE'S HOMES.

Children are cared for in the following Homes, Nurseries and Foster Homes:—

Residential Nurseries-

- "The Glen" Nursery 24 Boys and Girls—up to 5 years.
 (Bull Lane, Heworth, York)
- "The Elms" Nursery ... 25 Boys and Girls—up to 5 years. (160, Hull Road, York)

Children's Homes-

- "St. Hilda's" Home ... 40 Boys and Girls—5 to 16 years. (84, Lowther Street, York)
- 120, Haxby Road, York ... 12 Boys. (Scattered Home)
- 4, Feversham Crescent, York ... 18 Boys. (Scattered Home)
- 103a, Danebury Drive, Acomb ... 12 Boys and Girls. (Family Group Home)

Children are also placed in Voluntary Homes at-

- Hull, Leeds, Boston Spa, Benson, nr. Oxford, and York—17 Boys and Girls.
- In addition the following children are boarded out under the care of the Children Committee—
 - Boarded-out in York and surrounding villages-77 Boys and Girls.
 - Boarded-out in York supervised for other Authorities—23 Boys and Girls.
 - Supervised under Child Life Protection Regulations—(Living apart from their parents)—20 Boys and Girls.
 - Supervised under Adoption Regulations—13 Boys and Girls.

Temporary accommodation is provided in emergencies for children during the absence of their parents, who are unable to make arrangements for their care, and during the year ended 1952, 136 such were accommodated.

Health of Children in Residential Nurseries.

The health of the children at the Elms has been good. There were catarrhal upper respiratory infections during the winter months, and 15 children had German measles in May.

At the Glen, upper respiratory infections occurred mainly during the winter months, and recurrent bouts of pyrexia of unknown origin occurred from July to October. Investigations failed to reveal the organism or carrier and, therefore, the nursery was closed and stoved for one week, then re-opened. No further cases occurred.

A child with a congenital malformation was admitted for three months because she required specialised management in which the mother was not skilled.

One child was cared for in the nursery after B.C.G. vaccination until he had become tuberculin positive.

10. Dental Treatment.

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

(a) Numbers attended-

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	791	313	298	287
Children under five	229	190	190	190

(b) Forms of dental treatment provided.

	Extrac-			Fillings	Dressings	Scalings or Scaling and gum	Silver Nitrate treat-	Dentures Supplied
	tions	Local	General	- mings	Diessings	treatment	ment	Барриса
Expectant and Nursing Mothers	239	3	236	341	295	204		10
Children under five	101	_	101	126	55		168	

11. Parent's Club.

A parents club was formed in September, 1951, and meets fortnightly at the Health Services Centre. The Club seems now well established, with an average attendance of 25 to 30 and a membership of 50.

The club is run by a Committee of parents; meetings, which include talks and discussions on subjects chosen by the parents, and social meetings are held.

A clothing exchange market and a library of knitting books, etc., has been organised, and an entry for the Health Education competition at the Mothercraft Exhibition in London won second prize for the whole country. The entry was an appliqué entitled "Do's and Don'ts" in the matter of bringing up your children. It was designed by one of the members, and executed by all the mothers attending the club at the time (25 to 30 members contributing).

12. Family Service Unit.

The initial difficulties of establishing a unit in the City have been overcome, and there were at the end of the year two field workers. During the year the unit worked with 30 families and some encouraging results have been reported. The appointment of a third worker has been agreed and it is hoped that residential headquarters will be obtained for the unit in the near future.

MIDWIFERY SERVICE.

(Section 23)

The Authority employ 10 domiciliary midwives including 1 premature baby midwife, the City being divided into two areas, with four midwives to each area. An additional midwife undertakes relief duties. Mothers select their own midwives except when an individual midwife is already fully booked for the month.

All midwives are trained in the use of gas and air analgesia, and are supplied with the necessary equipment and transport for administering same.

Lectures for expectant mothers by Miss Wollaston, Supervisor of Midwives, have been given during the year. A course of 3 lectures at weekly intervals is given every 3 months. They cover ante-natal care, procedure during confinement and the puerperium, and include a practical demonstration of the use of gas and air apparatus.

		Domiciliary	Midwives in	
	Total number of midwives practising at he end of the year in the area of the	Midwives	Institutions	Totals
	Local Supervising Authority—			
	(i) Employed by the Council	10	Nil.	10
	(ii) In private practice	1	10	11
		_	_	_
		11	10	21
		-	_	-
		Domiciliary Cases	Cases in Institutions	Totals
S	Number of cases in the area of the Local Supervising Authority attended during the year by midwives—			
	(i) Employed by the Council—			
	As Midwives	450	_	450
	As Maternity Nurses	176	-	176
	(ii) In private practice—			
	As Midwives	_	_	_
	As Maternity Nurses	_	526	526
	Totals—As Midwives	450		450
	As Maternity Nurses	176	526	702

The proportion of domiciliary compared with institutional confinements over the past 5 years has remained fairly constant, but the actual number of deliveries in both cases has fallen, owing to the falling birth rate. The following table illustrates these points—

	1948	1949	1950	1951	1952
Domiciliary Confinements	. 718	703	729	634	626
Percentage of Total Confinements .	. 36.8	37.9	41.4	39.6	40.4
Institutional Confinements	. 1230	1152	1031	968	924
Percentage of Total	. 63.2	62.1	58.6	60.4	59.6
Percentage of domiciliary confinements					
receiving G. and A. analgesia		50.9	62.4	56.5	60.3

Number of cases in which Medical Aid was summoned during the year under Section 14 (i) of the Midwives Act, 1918, by a midwife:—

(a) For domiciliary cases:-

(i) Where the Medical Practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service:—

(ii) Others 18 Total 34

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 who acts for the Local Authority as non-medical supervisor.

Pupil Midwives.

York Maternity Hospital is recognised as a training school for Part II of the certificate of the Central Midwives Board. Pupils spend 3 months in hospital, and 3 months on district with the Authority's midwives.

50, Bootham is rented to the Hospital Management Committee, as a central hostel for pupil midwives doing district work. There is accommodation for 10 pupils and 2 resident staff.

York Maternity Hospital.

I am indebted to the Secretary of the York "A" and Tadcaster Hospital Management Committee for the following statistics relating to the Maternity Hospital:—

(b) Other Areas	50 761 114 92
Ante-natal treatment beds	761 114 92
2. Number of admissions—	114 92
(a) York	114 92
(b) Other Areas	114 92
Number of women admitted for ante-natal treatment Average duration of stay Number of days 1 Number of cases delivered by— (a) Midwives (b) Doctors (c) Number of cases admitted after delivery—	92
4. Average duration of stay Number of days 1 5. Number of cases delivered by— (a) Midwives (b) Doctors (c) Number of cases admitted after delivery— Mothers and Babies	
5. Number of cases delivered by— (a) Midwives (b) Doctors (c) Number of cases admitted after delivery— Mothers and Babies	27
(a) Midwives (b) Doctors	3.7
(b) Doctors	
(c) Number of cases admitted after delivery— Mothers and Babies	671
Mothers and Babies	123
Mothers and Babies	
Babies only	15
	23
6. Number of Live Births	760
7. Number of Still Births	34
8. Number of cases notified as puerperal pyrexia	14
9. Number of infants wholly breast fed on discharge 6	528
10. Number of maternal deaths	1
11. Number of infant deaths within 10 days of birth	31
12. Number of pupils trained during 1952	29
13. Number entered for examination of Central Midwives Board	24
14. Number successful	23

HEALTH VISITING

(Section 24)

- (a) Number of officers employed for health visiting at the end of the year: 11.
- (b) Number of visits paid during the year by all health visitors:—
 - (i) To expectant mothers—First visits 416 Total visits 471
 - (ii) To children under 1 year of age—First visits 1,353 Total visits 8,767
 - (iii) To children between the ages of 1 and 5 years—Total visits 16,665

The Council award bursaries for training to suitable applicants who are state registered nurses and hold the first part of the certificate of the Central Midwives Board. During training, three-quarters salary is paid and an additional £100 is available on loan if needed, to be repaid during the candidate's two years' service for the Corporation after qualification. Five nurses have been sent for training under this scheme to Leeds or Bradford, all of whom have qualified as Health Visitors.

A health visitor attends a child welfare clinic run by a general practitioner for her own patients; an average of 30 mothers and babies attending this clinic weekly. A Parents' Club is also run by the practitioner in charge of this clinic.

Arrangements have been reached with the North and East Ridings for the health visitor undertaking venereal disease social work for the City, to include cases from the Ridings attending York County Hospital for treatment.

The follow-up clinic for gastric cases at the County Hospital is staffed by a team of specialists, the hospital almoner and an assistant health visitor to undertake home visiting. A health visitor is also allocated for the care of diabetics and works closely with the hospital consultants and general practitioners. She attends the special diabetic clinic at the hospital.

The decision to appoint health visitors for tuberculosis rather than divide the work among the general health visitors has resulted in an increase of attendances of contacts for examination.

A health visitor has been allocated part-time for the after-care of cases of heart disease discharged from hospital, and home visits are paid at the request of the consultant concerned.

HOME NURSING SERVICE

(Section 25)

The York Home Nursing Service developed from the Purey Cust District Nursing Service which was taken over by the Local Authority under the National Health Service Act.

It is hoped eventually to have all the home nursing staff trained in district work, but at the end of the year only 7 were Queen's trained.

The Council do not at present provide a night nursing service and there has been no demand for this to date. The night attendants' branch of the Home Help service appears adequate, and is well used. The attendants undertake duties which would normally be undertaken by the housewife, but not nursing duties.

The following table shows work undertaken by the Home Nursing Service during the year—

Number of Nurses em	Number of Nurses employed						
New cases attended					3,256		
Cases discharged					3,208		
Visits paid					55,570		
Analysis of Cases—							
Referred by general p	Referred by general practitioners						
Referred by hospitals					177		
Applied direct					69		
Other agencies					59		

The home nursing equipment loan service operates from the Health Services Centre. No charge is made for the loan of equipment, unless its value exceeds £10, when there is a charge of 1/- per week.

The Council's decision to expand the service and appoint a Senior District Nurse was implemented by the appointment of Miss J. Douglas, S.R.N., Q.N.

IMMUNISATION AND VACCINATION.

(Section 26).

Immunisation.

The number of children immunised against diphtheria decreased, there being 853 compared with 1,212 during the previous year. 809 were under the age of 5 years.

438 cases were immunised at Local Authority Clinics, and 415 by General Practitioners.

292 boosting doses were given at Local Authority Clinics, and 147 by General Practitioners.

The total number of children at 31st December, 1952, who had completed a course of immunisation since 1st January, 1938, is 14,402. This represents 45.5 per cent of children aged 1—5 years, and 70.0 per cent of children from 5—15.

Combined Diphtheria and Whooping Cough Immunisation.

641 children were given combined injections, 366 at Local Authority Clinics and 275 by General Practitioners.

Whooping Cough.—35 cases were immunised against whooping cough only—24 at Local Authority Clinics and 11 by General Practitioners.

Vaccination.

Of the 773 vaccinations during the year, 606 were notified by general practitioners and 167 from the Authority Clinics.

AMBULANCE SERVICE.

(Section 27).

I am indebted to my Chief Ambulance Officer, Mr. L. P. Sawyer, for

the following report:-

The demands on the service at the time of writing this report have steadily increased since its inception, but there is evidence of the position becoming stabilized.

		J	ourneys made	Patients and other persons conveyed	Miles travelled
1952			11,936	47,387	160,655
*1951			17,419	41,303	156,425
1950			21,544	38,373	152,429
1949			19,988	31,337	140,074
1948			4,247	7,334	45,309
(July t	to Dec.)			

Journeys made, persons carried, and mileage for year.

		10			Journeys made	Persons carried	Mileage
PATIENT CARRYING:				100	Ehill (1973)		
Ambulances					7,745	13,252	78,019
Sitting-case Vehicles					2,743	22,277	69,090
То	tal				10,488	35,529	147,109
Work for Hospital Manageme	ent Co	ommi	ttee		108	44	912
Conveyance of Midwives					468	540	2,822
Conveyance of Children to and from Occupation Centre for Mental Welfare Committee					393	11,249	7,611
Home Help Service—Conveyance of Supervisor					24	24	325
Service of Vehicles, Civil Def Miscellaneous	ence I	Recru	itment	and	455	1	1,876

^{*}Alteration in definition of "Journey".

CLASSIFICATION OF CASES:-

CLASSIFICATION OF CASES		
(a) Accident or Emergency—		(b) Others—
Road Accident	214	General Illness 2,288
Home Accident	98	Maternity 265
Industrial Accident	142	Tuberculosis 30
Other Accidents	253	Other Infectious Disease 408
Acute Illness	343	Mental 63
Emergency Maternity	11	Inter-Hospital
		Transfer 2,090
		Hospital Discharge 1,648
		Out-Patient Attend-
		ance 27,677

Financial responsibility for cases was allocated as follows:-

		No. of Cases	Mileage
York C.B		32,956	122,577
North Riding C.C.		161	2,104
East Riding C.C.		1,145	8,644
West Riding C.C.		1,231	12,128
Leeds C.B		6	14
Birmingham C.B.		1	87
Cornwall C.B		1	59
Essex C.C		1	8
Hampshire C.C.		1	38
Hull C.B		17	938
Kent C.C		1	16
Liverpool C.B		1	16
London C.C		3	205
Manchester C.B.		1	5
Pembroke, Wales, C.	C.	1	37
Salford C.B		1	142
West Sussex C.C.		1	91

Observations on the Year's Statistics.

2,549 more patients, involving 2,770 more miles, were carried during 1952 than during 1951, due to increase in demand for sitting case vehicles in connection with out-patient attendances (2,369 more than in the previous year).

201 more midwives were conveyed incurring an increase of 1,017 miles.

3,382 more child units involving 1,005 more miles, were conveyed to and from the Occupation Centre.

The reduction in journeys and mileage in the servicing of vehicles is due to the installation of the petrol pump in June, 1951.

CO-OPERATION WITH OTHER AMBULANCE SERVICES.

Agency Arrangements.—See 1951 report.

The extent to which the link with the County Services was used during the year is shown below:—

IN—					Total for Year
Stand-by requests by		Riding	 	 	51
	East	,,	 	 	-
	West	,,	 	 	-
Reporting in by	North	Riding	 	 	414
The state of the s	East	,,	 	 	351
	West	,,	 	 	453
Calls handed over to	North	Riding	 	 	469
	East	,,	 	 	295
	West	,,	 	 	571
Calls passed to York	North	Riding	 	 	20
by	East	,,	 	 	6
	West	,,	 	 	109

OUT—				
Stand-by requests to	North Riding	 	 	18
	East ,,	 	 	-
	West ,,	 	 	-
Cases handed over du		 ***	 	70
to pressure of work		 	 	12
to:	West ,,	 	 	13
Other cases handed	North Riding	 	 	96
over to:	East ,,	 	 	13
over to.	West ,,	 	 	17
	North Riding	 	 	13
Cases given to York b	y East ,,	 	 	1
	West ,,	 	 	2
	Leeds City	 	 	5

Several requests were accepted to meet trains at York Railway Station, some to transfer patients to connecting trains, others to convey patients by road to their destination.

Emergency Calls.

By the "999" telephone call system, 496 calls were received by the Ambulance Service from the City area, and 31 from rural areas linked with the York Exchange. In addition, 17 calls made to the Police were subsequently transferred to the Ambulance Service.

The siting of the Ambulance Station on the northern perimeter of the City and the traffic congestion in the City's narrow streets, result in unavoidable delays in reaching incidents to the south and west. The average time from leaving the Ambulance Station to reaching the scene in these areas, and, in brackets, the longest time taken, are given below:—

South Bank area					 10 (15) minutes
Dringhouses area					 11 (15) ,,
Acomb area					 12 (23) ,,
West Riding area	via Bish	opthor	rpe Ro	ad	 18 (25	
Do.			Road		 14 (16	
Do.	Wet	therby	Road		 22 (29	
Do.	Bor	oughbr	idge R	oad	 18 (30	

Agency arrangements for W. Riding extend for 10 miles.

No unavoidable delays have occurred in the immediate answering of emergency calls.

Long-Distance Journeys.

- (a) By Road.—During the year 484 journeys of 50 miles and over were undertaken, 58 of these being over 100 miles.
- (b) By Rail.—Arrangements were made for twelve patients to be conveyed by rail to Beaconsfield, Birchington, Dorchester, Durham, Frinton-on-Sca, London (3), Newcastle-upon-Tyne, Oxford, Pensarn and Sleaford. The co-operation of the staff of British Railways in suggesting and reserving accommodation on suitable trains, and in giving assistance at stations where changes have to be made, is much appreciated.

Fleet of Vehicles at 31st December, 1952.

The fleet comprises 15 vehicles, viz.:-

6 28 h.p. Bedford/Lomas ambulances;

- 5 10-12 cwt. Bedford vans, two adapted for single stretchers, two for one stretcher or 9 sitting patients, one for 9 sitting patients with no stretcher.
- 1 Vauxhall "Wyvern" saloon car; 1 Bedford 30-seater coach; also
- 2 redundant ambulances retained for Civil Defence purposes.

Equipment.—Eight ambulances are equipped with oxygen rescusitation apparatus and all vehicles with a first-aid outfit. Crews are each issued with and held responsible for the following:—

10 blankets, 1 carrying sheet, 2 pillows and cases, and 2 hot water bottles with covers.

The Health Committee agreed to fit emergency medical boxes similar to those carried by the M.C.C. and found of such use in the Harrow and Wealdstone train disaster.

Maintenance.—The servicing and minor repairs of all vehicles, and their cleaning, are carried out by the driving staff. Major repairs are carried out by the Bedford main dealers.

Staff.

Administrative (3):-

Ambulance Officer;

Assistant Ambulance Officer;

Clerk.

Operational (32):-

Males:

1 Telephonist;

4 Shift Leaders;

20 Driver/attendants;

Females:

5 Driver/attendants:

2 Attendants (non-drivers).

The re-organisation of the operational staff with the appointment of shift leaders has resulted in greater efficiency of the Service.

Four male driver/attendants were selected as Leaders, on rotary shifts, to man the Control Room and supervise the staff outside office hours. The services of one telephonist became redundant.

Revised duty rotas allow for manning of 4 ambulances and 5 vehicles for sitting patients during the day, 3 ambulances during the evening and 2 ambulances at night and on Sundays.

The operational staff re-qualified in first-aid and attended the Mass Radiography Unit on its visit to the City for X-ray.

Through the courtesy of the Commanding Officer, R.A.F. Station, Church Fenton, the staff attended the aerodrome for instruction on releasing crews from crashed aircraft, with particular reference to the Martin-Baker ejection seats.

Two female driver/attendants resigned during the year and were replaced by one male and one female.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE. (Section 28).

(a) TUBERCULOSIS.

The tuberculosis service for the City is centred on the Chest Clinic in Castlegate. Two health visitors are under the immediate supervision of the Chest Physician; act as clinic nurses and visit the patients in their own homes. They report regularly to the Superintendent Health Visitor thereby maintaining liaison with the general duty health visitors.

A handicraft instructor also works half time for the Health Committee. Her headquarters are at the Chest Clinic, and she visits patients in their own homes.

The after-care work is delegated to the York Tuberculosis Committee, which is a voluntary committee with adequate Health Committee representation. A grant of £100 was made by the Authority to this committee during the year. The report on their work is as follows:—

York Tuberculosis Committee.

The Thirty-Eighth Annual Report for Year 1952.

The National Health Service Act, 1946, makes it compulsory for local authorities to provide suitable after-care facilities, some appointing "Statutory" Committees to do this work, and others using Voluntary Care Committees as their agents. The latter is the case in our City, and the York Tuber-culosis Committee is cognizant of the confidence placed in its work by the York Corporation, and tries always to vindicate this trust.

During the year ending 31st March, 1953, 21 patients and their families were assisted financially or in kind. One young patient wishing to take up journalism needed a typewriter. He was already having articles accepted for publication, and with difficulty had managed to save some money towards the purchase of this most necessary implement of his trade. The Tuberculosis Committee paid the balance of the amount required, and received the most grateful thanks of the budding author. Through the help and co-operation of a Serviceman's Association one patient was sent for prolonged convalescence, and the British Legion have made grants on various occasions to help ex-Servicemen. In some cases where statutory assistance was not available the W.V.S. have given clothing, which has helped in many a difficult situation. Our thanks are due also to the National Assistance Board for their frequent help.

Four wireless sets are out on loan, and these are greatly appreciated by housebound patients. The library service provided by the British Red Cross Society and paid for by the Committee is still being widely used. An appeal made through the Press for jig-saw puzzles met with good response and we are now forming a jig-saw library for patients confined to the home. The Hospital Management Committee continues to provide magazines for the clinic waiting-room.

The Annual General Meeting was held at the Mansion House on 30th October, and a representative gathering was addressed by Miss Nancy Overend, Secretary of the National Association for the Prevention of Tuberculosis.

We thank the Lord Mayor and Lady Mayoress for their hospitality, and the Lord Mayor for presiding.

We are indebted to Mrs. Irving and friends for the proceeds of Bridge Drives which they so generously arranged.

In conclusion, the Committee wishes to thank Dr. Wilson, Miss Thomson and Mrs. Withey, After-Care Visitors, Miss Hobbs, Occupational Therapist, and Miss Moore, Hon. Treasurer, for their most excellent and untiring work; also the York Community Council for undertaking the secretarial work.

It would not be fitting to close this report without expressing thanks also to those people who, though unnamed, have during the past year been so helpful and co-operative in assisting the Committee to continue this most necessary social service.

We are indebted, as we have been for so many years, to Messrs. Peat, Marwick and Mitchell for auditing the accounts.

Clinics.

Clinics are held at the Chest Clinic, 11, Castlegate, for cases from the City on Tuesdays at 2 p.m. and Fridays at 9-30 a.m. and for the surrounding areas on each Thursday morning in the month (excluding the first) at 9-30 a.m. A chest diagnostic clinic is held at the City Hospital on Wednesdays at 1 p.m. and artificial pneumothorax refill clinics on Mondays at 10-30 a.m. and 5-30 p.m. Special clinics for B.C.G. vaccination are held on the first Thursday afternoon in each month.

Arrangements are in hand for the Hospital Management Committee to transfer the artificial pneumothorax refill clinic to the Castlegate centre.

On notification each case is visited by a Tuberculosis Visitor and revisited as necessary. The number of visits paid during the year was 3,425.

During 1952, 2,555 attendances were made at the Chest Clinic at 11, Castlegate, 475 new cases, exclusive of contacts were examined, 111 of whom were found to be tuberculous.

Contacts.

Twelve of the 289 contacts examined were found to be tuberculous.

Thoracic Surgery.

Mr. J. E. Wilson, F.R.C.S., holds regular clinics at the City Hospital to see pulmonary and cardiac cases possibly needing surgical treatment. Cases requiring such treatment are transferred to Castle Hill Sanatorium, Cottingham.

B.C.G. Vaccination.

Sixty-seven children who were contacts of known cases of tuberculosis were vaccinated with B.C.G. during the year. Three nurses from the County Hospital also received vaccination.

Mass Radiography.

The Mass Radiography Unit visited York during the year.

The survey was carried out from 10th July to 4th November, 1952, inclusive.

Groups examined included School Leavers; District Nurses; Health Visitors; Health Department Staff; Nursing, Domestic and Administrative Staffs of Hospital Management Committees; Home Helps; Day Nursery Attendants; Mental Hospital Staffs and Patients; Police; Firemen; Other Corporation and Government Employees; Factory Groups and the Public.

Results of the Survey.

	Group			Number of Examinees	Total Cases requiring Chest Clinic Supervision
١.	Mental Hospitals:				
	X-City		4.4	916	15
	City—				
	Staff			202	3
	Patients			106	1
2.	Other York Hospitals.				
	Nurses			336	_
	Domestic Staff			88	_
	Administrative Staff			29	_
	Others			23	-
3.	Corporation Employees.				
	Health Visitors			9	-
	Day Nursery Staffs			20	
	Home Helps			54	
	Other Corporation Emplo	oyees		311	-
	Government Departmen	ts		145	4
	Public Sessions.				
	July			385	- 17
	September		4.1	825	13
	October		4.1	2	-
).	Factories			7,447	29
	Schools			1,417	13
3.	Other Institutions	1.		221	3
				12,536	81

Tuberculosis-New Cases and Mortality.

		New	Cases*			Dea	aths	
Age Periods	Pulm	onary	Non-Pul	monary	Pulm	onary	Non-Pu	lmonary
	M.	F.	M.	F.	M.	F.	M.	F.
0 1	-	_	_	_	_	_		-
1 5		1	_	2	_		_	1
5—15	5	-	3	5	_	-	-	1
15-25	7	15	_	- 4	-	-	-	
25-35	8	10	1	3		-	_	
35-45	12	3	1	1	2		_	-
4555	8	_	_	1	5		_	_
5565	12	2	-	4	7	1	1	_
55 and over	2	_	-	-	-	_	-	-
TOTALS	54	31	5	20	14	1	1	2

^{* (}Including 20 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 25 cases of Non-Pulmonary Tuberculosis, 3 were classified as bones and joints, 2 as abdominal, 10 peripheral glands, 3 genito-urinary system, 3 meninges and 4 other organs.

Hospital Admissions.

Of 60 cases admitted to Fairfield Sanatorium during the year, 34 were York cases, and the average waiting time for admission to a Sanatorium for York cases was 12 weeks.

ADMISSIONS AND DISCHARGES TO SANATORIA AND HOSPITALS.

	0	No. in R in 1st	No. of Cases in Residence on 1st Jan., 1952	s e 952		No. Ac duri	No. of Cases Admitted during 1952	100		No. Dis	No. of Cases Discharged during 1952	8-0	Д	No.	No. of Cases Dying in Hospital during 1952	s ital	on	No. in R	No. of Cases in Residence 31st Dec., 1952	s e 952
Institution	M.	E.	Child- ren under 16	Total	M.	표.	Child- ren under 16	Total	M.	표.	Child- ren under 16	Total	M.	H.	Child- ren under 16	Total	M.	E.	Child- ren under 16	Total
Fairfield Sanatorium	10	=	2	23	16	Ξ	2	29	21	15	60	39	1	1	1	1	5	7	1	13
Orthopaedic Hospital, Kirbymoorside	1	-	6	6	1		1	-	1	-	2	2	1	1	1	1	1	1	00	00
City Hospital & Annexes	3	9	-	12	15	19	5	39	12	20	4	36	4	1	2	9	2	5	1	7
Castle Hill Sanatorium, Cottingham	2	1	-1	2	80	4	1	12	5	1	1	9	1	- 1	1	1	5	60	-1	00
Northfield Sanatorium, Driffield	1	00	1	00	1	2	1	2	1	8	1	00	1	1	1	1	1	2	1	2
Raywell Sanatorium, Hull	-		1	-	1	1	1	1	1	1		1	1	1	1	1	1	1	1	-
Davos Sanatorium, Switzerland	1	1	1	П	1	1	1	1	-	1	1	-	1	1	1	1	1	1	1	1
Mowbray Grange Sanatorium, Bedale	1	2	1	2	1	4	1	4	1	4	1	4	1	1	1	1		2	1	2
Thorton Lodge Sanatorium	1	-	2	1	1	1	1		1	1	2	2	1	1	1	1	1	1	1	1
Totals	17	27	14	58	39	40	80	87	39	48	Ξ	86	4	1	2	9	13	19	6	41

SUMMARY OF WORK OF THE CHEST CLINIC.

		Pulmonary	onary		Ž	on-Pul	Non-Pulmonary	y		Total	tal		
Diagnosis	Ad	Adults	Children	lren	Adı	Adults	Chil	Children	Adı	Adults	Children	dren	Total
	M.	F.	M.	H.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—(1) On Register, 1st January (2) Transfers from other areas	193	140	37	24	34	39	24	28	227	179	19	52	519
:	1	1	1-	1	1	1	1	1	1	1	-		-
B.—New Cases diagnosed as:— (1) Class T.B. Minus	7	7	52	1.	2	00 -	-	1	6	15	9	1	30
(2) Class 1.B. Plus	33	17	1	-	1	4	1	9	33	16	1	1	96
C.—Cases written off:— (1) Recovered	cc	4	-	6	-	er	4	4	0	1-	ıc	4	97
(2) Dead (all causes)	18	-	. 1	1	.	,	. 1	2 -	18	-	1	2	21
(3) Removed to other areas	7	4	1	1	1	1	1	2	7	4	1	2	13
(4) For other reasons	-	1	-	1	1	1	1	1	-	1	1	1	00
D.—On Register, 31st December	204	159	40	23	35	48	21	26	2 39	207	19	49	556
					- 0								

(b) CANCER.

The Health Committee have for many years contributed to the National Society for Cancer Relief, and have in addition this year contributed to the Yorkshire Council of the British Empire Cancer Campaign, thereby linking the City of York with the work of this organisation.

The Secretary of the National Society for Cancer Relief sends the following report by Miss P. O'Callaghan on work in the York area during 1952:—

"At the beginning of 1952 there were 120 patients on our books, of whom 18 were receiving financial assistance. There were 13 deaths during the year, and 30 new patients, making a total of 137 patients on our books at the end of the year, 19 of whom were receiving financial assistance.

During the year 765 visits were paid, 702 to patients within the City, and 63 to ex-City cases. Five patients were visited in hospital.

There were 58 visits to Doctors, Institutions and patients' relations, etc.

I should like to express my thanks to the W.V.S., the York Red Cross, the staff of the York County Hospital and numerous other friends, for the sympathy and help extended to me in my work."

(c) PATIENTS DISCHARGED FROM HOSPITAL UNDER THE CARE OF GENERAL PRACTITIONERS.

The after-care service is developing satisfactorily as regards cases discharged from general hospitals, infectious disease, maternity hospitals and sanatoria, but after-care is still inadequate for patients discharged from mental hospitals. Details of after-care arrangements are given in the Annual Report for 1950.

(d) CONVALESCENT HOLIDAYS.

89 patients were sent to Convalescent Homes during 1952. They were sent on a doctor's recommendation as needing a period of rest convalescence for medical and social reasons.

The convalescent homes used which have all been visited and approved, are at Barrow-in-Furness, Heswall, Hoylake, Pensarn, Southport, West Kirby, Lancaster, Grange, St. Anne's-on-Sea, Windermere, Ambleside, Chathill (Northumberland), Buxton, Ilkley, Bridlington and Scarborough.

Patients are seen by health visitors before and after the holidays, and in almost all cases improved health and a brighter outlook have been noted.

The ages of patients have ranged from 3 years to 81 years.

Efforts are made to solve home difficulties contributing to ill-health, so that improvement may be maintained on the patient's return.

The Authority's Convalescent Scheme was generously supplemented by a grant from the Purey Cust District Nursing Fund. This enabled us to help an additional 22 cases who were not eligible under the Authority's scheme. They were mostly advanced incurable cases, and the benefit of the change to the morale of the patient, and the relief to the relatives after long periods of difficult nursing, was very great.

(e) HEALTH EDUCATION.

Health Education is one of the most important aspects of the work of the Health Department, and the value of teaching given by members of the staff during their routine duties, cannot be easily assessed.

Posters dealing with health topics, and supplied by the Central Council for Health Education, are displayed in prominent sites in the City and changed regularly. A folding metal stand suitable for display in public buildings, large stores, etc., is used for various health topics. Posters and leaflets of the Central Council and of our own department are distributed as opportunities arise.

A two-day course on "The Theory and Practice of Health Education" was well attended by public health workers from York and adjoining areas. It was organised by the Central Council.

Lectures on health topics were given to various local organisations by the Medical Officer of Health, the Chief Sanitary Inspector, the Health Welfare Officer, and various members of the Health Committee staff.

A cancer education scheme was launched, lectures being given to health workers who undertake domiciliary visiting by Mr. Nuttall of Leeds, and to various voluntary organisations by the Medical Officer of Health. Arrangements were made by the Yorkshire Council of the British Empire Cancer Campaign for an office to be opened in York in January, 1953, and for Mr. Malcolm Donaldson to be full-time director of an education campaign in York and the East Riding.

The co-operation of the Press in health education matters was much appreciated.

DOMESTIC HELPS.

(Section 29).

The work of the Home Help Service has increased steadily, and the formation of a Night Attendants' Service and special branch for cases of tuberculosis has been well justified. A register of women who are competent to undertake last offices is kept by the Organiser, arrangements for payment being made direct between the relatives of the deceased and the women who are registered. The list is circulated to undertakers.

At 31st December, 1952, the following Home Helps were employed:-

Number of Fermi	anen	LITOME	ricibs		***	1.1
Number of Part-	Γime	Home	Helps			33
No. of Temporar				l-time)		26
No. of T.B. Hom	e He	lps				5
No. of Sitters-up						9
						-
	Tot	al				84
During the year the follo	owing	g cases	were at	tended	:	_
Maternity cases						155
General Śickness					d)	572
Tuberculosis						21
Total						748

Number of Permanent Home Helps

Of these, 616 were new cases, compared with 518 in 1951. The average number of cases visited weekly was 150.

The National Wage Award included a reduction in working hours for our Home Helps from 48 to 44 per week, and led to a revision of the agreed scale of assessment. The 25% reduction for long term cases was cancelled, and 20% surcharge added to all cases. The cost of the service rose from 2/to 2/4½ per hour during the year.

MENTAL HEALTH SERVICE.

(Section 51).

I am indebted to my Senior Mental Welfare Officer, Mr. Bradley, for the following report:—

1. Administration.

(See also appendix "Survey of Local Health Services").

Miss Newsome, Assistant Supervisor, Occupation Centre, was released to attend a year's course organised by the National Association of Mental Health.

2. Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946.

Close liaison with the National Assistance Board and with the Ministry of National Insurance has been maintained, but it was not possible during 1952 to develop the after-care service as had been hoped.

(b) Under the Lunacy and Mental Treatment Acts 1890-1930 by Duly Authorised Officers.

Patients admitted to and Discharged from Hospitals.

Hospita	Hospital			Voluntary				Temporary				Cer	tified	
				52 Dis	100	51 Dis	1000	52 Dis	19 Ad	51 Dis	1000000	52 Dis	10780	51 Dis
Naburn			66	59	57	51	6	3	3	_	29	11	37	24
Clifton			3	2	9	10	-	_	-		11	3	6	4
Bootham Park			20	1	3	1	8	1		_	6	2	10	1
Broadgate			2	_	-	-		_		_	_	_	2	_
Retreat				-	_	-	-	_	_	-	5	1	2	-
Stanley Royd				_		_	-	_		-	2	-	-	-
St. James, Leeds			1	-		-	-	-	-	-	-	-	_	-
Storthes Hall			-	_		-	-	-	-	-	1	-	-	-
Menston			_	-		-	-	-	-	-	1	-	-	-
Friern Hospital			-	-	-	-	-	-	-	-	1	-	-	-
Total			92	62	69	62	14	4	3	_	56	17	57	29

Three Day Orders, Section 20.

136 patients were admitted to The Grange Hospital on three day orders, the same number as in 1951. Of these 38 were over 70, as compared with 47 last year.

Subsequent Disposal.

26 were certified

21 became voluntary patients

8 became temporary patients 28 were admitted to Chronic Sick Wards 1 was admitted to Part III Accommodation

40 were allowed to return home

9 were admitted to General Hospitals

3 patients died

136

Deaths.—There were 26 deaths during 1952, as compared with 30 in 1951.

- Mental Deficiency Acts 1913-1938. (c)
- (i) Ascertainment, including number of defectives awaiting vacancies in institutions at the end of the year.

During 1952 there were 28 cases ascertained and found subject to be dealt with under the Mental Deficiency Acts as compared with 33 cases last year. These were made up as follows:-

Reported by Local Education Authority—

Under Section 57 (3) of th	e Educ	ation A	ct 1944	9
Under Section 57 (4	A. Contract of the Contract of				 2
Under Section 57 (5					 11
Other Sources					 6
1000					_
Total					 28
					_
These were disposed of	as foll	ows:			
Institutions					 5
Statutory Supervisio					 17
Voluntary Supervisi	on				 1
Place of Safety					 2 3
Action Pending					 3
					_
Total					 28

Five defectives were awaiting vacancies for admission to hospital on 31st December, 1952.

(ii) Guardianship and Supervision.

Five cases have been discharged from Guardianship Orders during 1952, leaving 3 cases still under Guardianship.

(iii) Certificates of exemption from payment of National Insurance have been obtained in all appropriate cases.

(iv) Training.

(a) Occupation Centre, St. Saviourgate.

The number of pupils on the register is 47, including 4 Riding Cases.

The possibility of keeping the Centre open all the year round, rather than following primary school terms, was considered by the Committee but found to be impracticable.

Four children attending the Centre were certified and admitted to Mental Deficiency colonies during the year. Their ages were 7, 10, and two of 15. All were boys.

Miss B. Z. Black, Speech Therapist, gives one session per fortnight to work at the Centre.

(b) Parent-Teachers' Association.

The Parent-Teachers Association continues to do good work. During the year lectures were given by Dr. W. Fraser, Medical Superintendent of Clifton Hospital, Mr. H. Hall, Sanitary Inspector, Miss B. Z. Black, Speech Therapist and Mr. R. P. Smith, Head of Castle Howard School. Educational films have been shown and whist drives held weekly.

A Bring and Buy Sale, and Jumble Sale were also held during the year.

Many amenities have been provided for the children by the Parent-Teachers' Association, including an outing to Filey in the Summer and a visit to the pantomime.

The Christmas Party was an outstanding success, and special thanks are due to the Retreat for the puppet show which they provided.

Mental Deficiency.

In Institutions (including	cases o	on licer	ice)	 167
Under Guardiandship				 3
In "Places of Safety"				 3
Under Statutory Supervision	on			 132
Under Voluntary Supervis	ion			 10
Action Pending				 3
				318
Grading.				
High Grade Cases				 43
Medium Grade Cases				 44
Low Grade Cases				 41
Cot and Chair Cases				 10
Total				 138

Cases considered suitable for:-

Occupation Centre	 	 	 45
Industry Centre	 	 	 10
Home Training	 	 	 1
Total	 	 	 56

Of these, 43 are being trained at the Occupation Centre, and 1 at home. This emphasises the need for an adult centre for male defectives.

Fifteen cases were discharged from Statutory Supervision during the year.

During 1952, 23 cases ceased to be under care, and of these 3 died, and 2 removed from the York area.

Section C.

Prevalence of, and Control Over, Infectious and Other Diseases.

NOTIFICATION TABLE.

CONFIRMED CASES.

					1948	1949	1950	1951	1952
Cerebro Spinal Fev	er				4	2	_	1	2
Diphtheria				4.1	8	2	-	-	-
Dysentery					7	2	25	23	8
Encephalitis Lethar	gica				_	_	-	-	_
Enteric Fever					3	_	1	1	1
Erysipelas					20	14	7	5	11
Food Poisoning					4	7	41	5	28
Malaria					1	3	3		3
Measles					630	1379	1715	997	2310
Ophthalmia Neona	torum				2	1	_	7	1
Pneumonia Acute	Prim	arv			23	31	18	18	38
Pneumonia Influe	enzal				3	11	3	17	3
Polio Encephalitis,					_	1	2	4	1
-					_	20	31	3	26
Poliomyelitis, Acut	e No	n-Para	alvtic		2	6	17	10	7
Puerperal Pyrexia					7	4	4	39	28
Scabies					46	24	1	6	6
Scarlet Fever					378	271	360	269	311
Smallpox					_	_	_		_
Whooping Cough					190	564	321	658	528

Poliomyelitis and Polio-Encephalitis.

The incidence during the past five years is seen in the above table. The age distribution during 1952 was similar to other years, with the heaviest incidence in the under 5, 5-10 and 20-30 age groups.

Age Group	Under 5	5-10	10–15	15-20	20-30	Over 30	Total
Cases	16	8	1	1	7	1	34

In two instances this year more than one case was notified in the same family. A child of 4, and an infant of 6 months were notified from one family during July and another child of 4 with his mother during August. All four cases were paralytic. It is probable that more than one case had occurred in other families, but owing to the mildness of the attack been undiagnosed or not notified.

There was no undue incidence in any one section of the City, but the Tang Hall Estate was comparatively free from infection.

The seasonal incidence was as follows:-

June, 4 cases; July, 1; August, 10; September, 5; October, 5; November, 4. This showed a shift to one month earlier in the year compared with 1951.

Dysentery.

Only 8 cases were notified during the year. Six were Sonnei dysentery and in the other two the organism was not identified. Three cases occurred in one household, a visitor who was staying with the family being the first case. Two cases occurred in a second household, two in a third, and the last was an isolated case. Six cases were notified in January and two in September.

Diphtheria.

There have been no cases of diphtheria in the City since 1949.

Whooping Cough.

528 cases were notified during the year compared with 658 in 1951. There was one death. This was a child of 8 months, the cause of death being certified as due to (a) atelectasis, (b) whooping cough.

Smallpox.

No case or suspected case of this disease was reported.

Scarlet Fever.

311 cases were notified during the year, 209 of which were school children. 255 cases were removed to hospital. This admission rate of 81.9% is high. The illness was of a mild type.

Influenza and Pneumonia.

Cases Notified:—	1948	1949	1950	1951	1952
Acute Primary Pneumonia	23	31	18	18	38
Acute Influenzal Pneumonia	3	11	3	17	3
Deaths from Influenza (notified cases) Deaths from Pneumonia (Registrar-	-	-	1	2	-
General's figures)	39	34	43	52	32

Enteric Fever.

A case of paratyphoid B was notified in September. The origin of the infection was not traced. The child had been on holiday during the last fortnight of August, and developed symptoms on 9th September. It is probable therefore that the infection was contracted out of York.

Puerperal Pyrexia.

28 cases were notified during the year, compared with 39 during 1951. An analysis of cases showed the causes to be:—

Mastitis (including	flushed	or	engorged	breasts)		9
Infections of urinary	tract					4
Uterine sepsis						8
Sepsis of episiotomy						3
Upper respiratory in	nfection					-
Other causes						3
Cause unknown						1
						-
Total						28

Ophthalmia Neonatorum.

One case was notified during the year. It occurred in hospital and cleared completely.

Measles.

1952 was an epidemic year for measles, 2,310 cases being notified, compared with 997 in 1951. The incidence was the highest recorded since measles became notifiable in 1939. There were no deaths.

Mumps, Chickenpox, German Measles.

284 cases of mumps, 199 cases of chickenpox and 83 cases of German measles were reported to the school clinic.

Scabies.

Only two cases of scabies were treated at the cleansing centre during the year. One was an adult and one a child under 5.

Venereal Diseases.

A Health Visitor is detailed for case holding and contact tracing and works under the direction of the Medical Officer in charge of the V.D. centre. This health visitor also works part-time for the Ridings, and does work as necessary for their cases attending the York Centre.

The following table summarises the work carried out in the clinic at the County Hospital during 1952:—

	Syphilis		Gono	rrhœa	Non-V	Total	
New patients	3	36		22	15	253	
Tetal	Male	Female	Male	Female	Male	Female	
Total attendances at clinics	1034	1043	173	102	667	513	3532
Attendances for treat- ment only	512	526	9	24	62	41	1174

PATHOLOGICAL WORK

	Microscopical		Cultural	Serum		Cerebro- spinal fluid	Non- venereal or undiagnosed conditions
Number of specimens examined by Medical Officer of treatment centre in Pathological		Gonorr- hœa		Syph.	Gon.		
laboratory	28	675	4	-		-	243
Number of specimens sent to an approved laboratory for exam-							
ination		-	290	667	13	36	76

Cleansing and Disinfection.

Work is carried out as necessary for the Local Authority at the Steam Disinfecting Station, Yearsley Bridge.

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

	1947	1948	1949	1950	1951	1952
Rooms disinfected by fumigation or spray-						
ing	1,084	1,166	820	1,075	865	1,045
Articles disinfected by steam disinfector Library and other	20,122	19,315	12,186	15,159	18,464	14,024
books disinfected	149	379	162	292	226	222

The most effective cleansing of rooms after infection is efficient cleansing carried out by the householder.

Section D.

Sanitary Circumstances of the Area.

The main report on Sanitary Circumstances of the Area is included in the section dealing with the work of the sanitary inspectors. (Section G.).

Water Supply.

I am indebted to Mr. J. Dunkley, Acting Engineer of the York Waterworks Company, for the following information:—

During the year ended 31st December, 1952, the total quantity of water supplied to consumers within the Company's area of direct supply was 2,443,338,000 gallons, representing an average daily consumption of 6,675,787 gallons, which is a slight decrease on the previous year's average of 6,740,813 gallons per day.

The average daily consumption for domestic and public purposes (unmetered supplies) was 3,965,112 gallons, an increase of 163,852 on the year 1951, whereas that for metered supplies to Industries, etc. (non-domestic) was 2,710,675 gallons—a decrease of 228,878 gallons on the previous year.

With an estimated population of 129,500 within the statutory area supplied by York Waterworks Company, the average domestic supply per person was 30.61 gallons per day—as compared with 29.35 gallons for the previous year). No restrictions were imposed on the supply at any time.

The area within the Company's Statutory limits is approximately 35 square miles. It embraces York County Borough with the 13 neighbouring parishes of Clifton Without, New Earswick, Huntington, Earswick, Towthorpe, Heworth Without, Osbaldwick, Heslington, Fulford, Bishopthorpe, Knapton, Upper Poppleton and Nether Poppleton.

In addition to the area directly served, bulk supplies are afforded to three neighbouring authorities, the Flaxton, Derwent and Tadcaster Rural District Councils who distribute it in 25 parishes outside the Company's limits. The quantity supplied during the year was 369,213 gallons—being an increase of 66,356 on the previous year.

All water supplied by the Company is derived from the River Ouse at Acomb Landing Works above the City. Purification processes are employed in the following sequence:—Chemical pre-treatment with coagulant and prechlorination, sedimentation, dual filtration by rapid gravity and slow sand filters, and finally post chlorination.

The results of regular bacteriological and chemical examinations of samples taken throughout the year show that the water supplied to consumers was of the usual consistently high standard.

Bacteriological Examinations.

303 samples of water leaving the waterworks and passing into the distribution system, and from premises in the City and near the outskirts were submitted to the Analysts for bacteriological examination during the year; the results are summarised below:—

Number of colonies per millilitre developing on Agar.—

3 days at 20 °C. Average of 303 samples ... 3.25 48 hrs. at 37 °C. Average of 303 samples ... 1.21

Presumptive Coli Organisms—

1515 tests with 10 millilitres ... All negative 303 ,, ,, 50 ,, ... ,,

Clostridium Welchii-

104 tests with 100 millilitres ... All negative

CHEMICAL ANALYSES.

Once a month a chemical analysis of town's water is made by the Public Analyst, the average of the results of the 12 samples examined in 1952 were as follows:—

Physical Charact	ters.			Average of the 12 samples.
Suspended ma				none
Appearance of	a col	umn 2	ft. long	{7—clear; colourless 5—clear; very faintly yellow.
Hazen colour				2.1
Taste				Normal
Odour				None

Chemical Examinations. Parts per million.

Total Solids dried at 180°C.		 	 271.7
Chlorides in terms of Chlorin	e	 	 18
Equivalent to Sodium Chlori	de	 	 29.7
Nitrites		 	 None
Nitrates as Nitrogen		 	 1.29
		 	 None
Total hardness		 	 193.5
Temporary Hardness		 	 127.6
Permanent Hardness		 	 65.9
Oxygen absorbed in 4 hours	at 80°I		 0.85
Ammoniacal Nitrogen		 	 0.011
Albuminoid Nitrogen		 	 0.044
Free Chlorine		 	 0.06
pH value			 7.5
pri varac		 	

B. Coli test of each of the 12 samples.

Probable number of coliform organisms per 100 millilitres—0

Public Analyst's remark on each of the 12 reports:-Satisfactory.

In addition to the above examinations, samples were regularly and frequently taken from the various treatment and filtration plants at the Waterworks and bacteriologically examined to ensure proper plant control and efficiency. The total number was 727.

Six samples taken by the Health Authority from taps in the City were also satisfactory.

A total length of 3 miles 1,249 yards of new mains were laid during the year to improve distribution, to supply the new housing developments of the Corporation at Askham Lane, Acomb, and Moor Lane, Dringhouses, and also private development at various housing estates.

Towards the end of the year the Company were authorised by the Ministry of Housing and Local Government to commence the foundation work for an elevated water tower near Siward How to the south-east of the City for the further improvement of storage and pressure.

Closet Accommodation.

The City Engineer has kindly supplied the following information:-

At the end of 1952 there were 4 pail closets, all being on the outskirts of the City.

There are 36,232 water-closets and 1,421 waste-water closets.

Public Cleansing.

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

(a) 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 450 bins for the collection of food salvage are distributed in the public streets, also 8,200 individual pail containers for pig food have been issued to householders in certain districts of the City. The communal bins are emptied daily, and the household pails are emptied twice weekly.

Refuse and salvage from premises in the City Centre is collected weekly, and the period between collections of domestic refuse in other parts of the City (since 1940) is once a fortnight, with an intervening fortnightly collection of salvage (waste paper, tins, glass, etc.) only. It was agreed during the year to extend the weekly collection of domestic refuse to all parts of the City.

The value of salvage collected during the year 1952 has been as follows:-

Food (for p	nies)	 £ 13,253
Paper		 15,277
Metals		 3,931
*General		 2,220
		34,681

^{*} Glass, textiles, bones and miscellaneous.

There are now 9 dry ashpits, and 35,100 ashbins in use in the City. The whole of the dry refuse collected is dealt with by controlled tipping.

(b) Earth-closets and Privies.

The contents of pail-closets are collected by motor vehicles and buried at the refuse tips.

(c) Cesspools.

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

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

Swimming Bath Water.

Five samples were taken from St. George's Baths, all of which were certified to be satisfactory.

One sample was taken from Rowntree Park Bath, which was certified as satisfactory, although the free chlorine was slightly excessive.

One sample was taken from Yearsley Bath, which was certified as satisfactory, although the free chlorine was slightly excessive.

Eradication of Bed Bugs.

(a)	(i)	Number of Council Houses found to be infested	2
	(ii)	Number of Council Houses disinfested (with H.C.N.	
		gas)	2
	(iii)	Disinfested with insecticidal fluid	1
(b)	(i)	Number of other houses found to be infested	2
	(ii)	Number of other houses disinfested (with H.C.N.	
	(-)	gas) by the Local Authority	
		(Fumigated with sulphur and insecticidal fluid)	
		by Occupier	2

During 1952, 22½ loads of furniture from 44 houses were dealt with on behalf of tenants taking over houses on the Corporation Building Estates.

Two loads of furniture and 80 single articles of furniture were disinfected for private owners at their own expense.

Section E.

Housing.

	1. Inspection of dwelling-houses during the year:	
/11		
(1)	(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2,797
	(b) Number of inspections made for the purpose	2,822
(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	37
(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	243
	2. Remedy of defects during the year without service of fe	ormal
	notices:—	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	205
	3. Action under Statutory Powers during the year:-	
(a)	Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:-	
()	(1) Number of dwelling-houses in respect of which notices were served requiring repairs	5
	(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
	(a) By owners	20
	(b) By local authority in default of owners	_
(b)	Proceedings under Public Health Acts:—	
207	(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	30
	(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
	(a) By owners	35 2
	(b) By local authority in delault of owners	-
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
	(1) Number of dwelling-houses in respect of which Demolition Orders were made	19
	(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	10
	(3) Number of Dwelling Houses in respect of which Closing Orders were made under Section 3, Housing Act, 1949	8

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	4
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	
(1) Number of houses allocated under 20% Scheme from houses subject to Demolition and Closing Orders and Undertakings	25
(2) Number of houses allocated to tuberculous patients	12
4. Housing Act, 1936, Part IV-Overcrowding:-	
(1) Number of dwellings known to be overcrowded at the end of the year	17
(2) Number of families dwelling therein	32
(3) Number of persons dwelling therein	114
Number of new cases of overcrowding reported during the year	7
(1) Number of cases of overcrowding relieved during the year	12
(2) Number of persons concerned in such cases	53
Cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	_
	 Number of separate tenements or underground rooms in respect of which Closing Orders were made

Under Section 11 of the Housing Act, 1936, during 1952 33 dwellings were represented as being unfit for human habitation.

Under Section 12 of the Housing Act, 1936, during 1952 parts of four buildings were represented as being unfit for human habitation.

Undertakings were accepted in respect of six houses that they would not be used for human habitation when they had been vacated.

Circular 2156 of the Ministry of Health allowed a condemned house to be re-opened during the period of the Emergency, and the last dwellinghouse dealt with under Section 11 of the Housing Act, 1936, which was reopened for human habitation with the consent of the Health Committee, has now had the licence withdrawn.

Sufficiency of Supply of Houses.

In December, 1952, the number of applicants for Corporation houses was 3,194.

There are at present, no accurate figures indicating the extent of overcrowding, and an attempt can only be made to adjust the figures disclosed by the Overcrowding Survey, made many years ago, by new cases which are brought to notice, and old cases which are rehoused. A new survey is urgently needed to provide exact information of the housing needs, related to unfit houses and to overcrowding not only in this City, but of the country as a whole.

Section F.

Inspection and Supervision of Food.

(a)	Milk Supply: (See Section	s G and H)
(b)	Meat and Other Foods:	Do.	do.
(c)	Adulteration, etc.:	Do.	do.
(d)	Chemical and Bacteriological Examination of Food	1: Do.	do.

Food Premises.

A total of 2,329 re-inspections were made to food premises during the year, in addition to many inspections of stalls in the open Market and other places where food was sold in the open air, including the York Racecourse.

At the end of the year the number of premises regarded as being satisfactory in ALL respects was 985, and the number requiring further consideration or attention was 338. There were 11 new premises recorded and 18 premises were discontinued, giving a total of 1,323.

The following table indicates the improvements which have been made as a result of inspectors' requirements during the year:—

Washing facilities improved-

	Pre	emises
	1952	1951
(a) by provision of instantaneous water heaters at .	. 74	174
(b) by replacement of defective sinks at	. 8	13
(c) by provision of additional sinks at	. 9	27
Sanitary accommodation improved at	. 20	34
Ventilation improved at	. 15	31
Drainage works executed at	. 19	32
Cleanliness improved—		
(a) by cleansing of wall surfaces at	. 58	110
(b) by cleansing of ceiling surfaces at	. 58	109
Floor surfaces repaired at	. 13	18
Structural and other improvements at	. 72	27
Improvement in general conditions at	. 94	57

The work of inspection was supplemented by addresses at several meetings which were organised during the year to focus public attention on the subject of clean food.

Food Poisoning.

Twenty-eight cases of food poisoning were notified during 1952. Of these, 4 were apparently isolated cases and 3 cases formed a group occurring in one household.

The source of the infection was not identified in any of these 7 cases owing to the lateness of the notifications, and specimens of suspected food being unobtainable.

The group of 21 cases were among employees of a Burton-on-Trent brewery who were on a day's outing to Scarborough. They left Burton at 7-30 a.m. and were taken ill before they reached York from 11-30 onwards.

Three parties left Burton-on-Trent that day, for Scarborough, the Dukeries and Battersea Pleasure Gardens. All were supplied with sandwiches from the same caterers and all parties reported cases of food poisoning. Refreshments carried for the coach party included ham sandwiches, cheese sandwiches, tomatoes, port wine, barrel beer and lemonade.

The cause was traced to the ham sandwiches which were heavily infected with staphylococcus aureus. The same organism was recovered from three kitchen workers where the sandwiches had been prepared, one of whom had recently undergone a nasal operation for a chronic condition. This worker had boiled and set the ham to cool, leaving it on the table of a hot room overnight. It was cut for sandwiches by a second employee from whom the organism was recovered on swabbing under the finger nails. The sandwiches having been made up early on Friday afternoon, were stored in the sitting-room of the leader of the party overnight. The weather at the time was warm and "muggy".

The history is a typical one of an outbreak of staphylococcal food poisoning.

Milk in Schools Scheme.

Periodic samples are taken of milk supplied to schools, and these have been satisfactory.

The demand for school milk is shown in the following table:-

Ton Sohn dama Sales	1948	1949	1950	1951	1952
No. of children eligible to participate	14,782	15,191	15,490	15,740	16,205
No. of children receiving Milk	11,987	12,475	12,426	12,188	12,520
Percentage	80.5	82.0	80.1	77.39	77.45

(Figures kindly supplied by Chief Education Officer).

Section G.

Report on the Work of the Sanitary Section of the Health Department.

I am indebted to my Chief Sanitary Inspector, Mr. Norman Hancock, F.R.S.I., F.S.I.A., for the following report:

The year under review has been one of consolidation, and, although there have been disturbances by staff changes, there has been steady progress in all aspects of environmental sanitation. A start has been made with slum clearance in a limited way, by closing and demolition of certain small blocks of unfit property. Much work of inspection and recording has been done, in preparation for the time when further large-scale action can be taken as replacement housing accommodation becomes available.

The supervision of premises where food is stored, sold or prepared is part of the routine work of the department, and requires constant vigilance, not only on the part of inspectors but also all persons who handle food. Attention was focused on this by certain prosecutions during the year, all of which were successful. The sale of food in the open air is an aspect of the clean food campaign where much still remains to be done.

By a re-arrangement of duties of certain members of the staff, special attention has been given to the subject of smoke abatement. This is a field where striking results can be obtained, but considerable patience and persistence are required, as well as the technical knowledge to enable advice and guidance to be given.

In the pages which follow an attempt is made to show, by means of statistical information, some of the work done by the Sanitary Inspectors.

NUMBER AND TYPE OF INSPECTIONS.

Houses for general conditions					 	2,148
Houses for infectious diseases					 	414
Houses for verminous condition	ns				 	133
Houses for filthy conditions					 	50
Houses for prospective corporate	tion ten	ants			 	748
Houses-let-in-lodgings					 	2
Common lodging houses					 	88
Factories with mechanical pow-	er				 	135
Factories without mechanical p	ower			>	 	79
Outworkers Premises					 	54
Shops and sanitary conditions					 	282
Smoke Observations					 	15
Drains tested					 	292
Drains inspected					 	974
Pigs, poultry and other animals	s				 	30
Accumulation of offensive mate	erial				 	3
Offensive Trades					 	27
Tents, Vans and Sheds					 	25
Plots of waste land					 	27
Complaints as to sewers, street	gulleys,	etc.			 	7
Premises for rodent infestations					 	96
Other visits, not classified					 	2,229
Meat and Food Inspections					 	36,005
Slaughterhouses					 	477
Meat Shops					 	168
Fruit and Vegetable Shops					 	136
General Provision Shops					 	448
Fish Shops					 	46
Fried Fish and Chip Shops					 	74
Ice-cream premises					 	234
Dairies and Milkshops					 	114
Bakehouses					 	165
Market Inspections					 	*67
Licensed premises					 	128
Canteens					 	36
Number of Statutory Notices					 	198
Number of Informal Notices an	nd Lette				 	2,026
Number of Certificates under I	and Cl	harges .	Act, 19	25	 	1,555
Number of Complaints recorde					 	257
Number of Housing Cards com		ince 19	11		 	12,521

NUISANCES ABATED, DEFECTS REMEDIED, etc.

Houses:—							
Provided with damp-proof c	ourses						1
New floors laid or repaired							15
Overcrowding abated							12
Cleansed and limewashed							10
Means of ventilation improv	ed						62
Plasterwork repaired							46
Roofs, etc., repaired							97
Walls re-pointed							57
Fireplaces repaired							53
Water spouts fixed or repair	ed						119
Downspouts disconnected from		in					5
Yard pavements repaired							3
Yards repaved							4
Nuisances abated from keep	ing of	pigs an	d othe	r anim	als		2
Accumulations of manure or							15
Drainage:—							
Cleansed or repaired							36
Reconstructed							2
New drains constructed							188
Disconnected from sewer							72
Ventilated							78
Drain-openings removed from		le build					2
New sinks fixed							4
Waste pipes of sinks trapped							9
11 11							
Water-closets:—							
Lime-washed or cleansed							4
							54
Repaired							
Reconstructed							3
Light and ventilation provided		-					2
Additional provided Provided with sufficient supp		···					13
							2
Soil pipes repaired or renew New flush pipes fixed							1 4
"Wash-down" water-closets				of 11			4
1					aste wa		75
*							3
Times continued	***	***					3
Refuse accommodation:—							
Portable ashbins provided							25
Ashpits abolished							3
						In the	LI LI
Miscellaneous (not classified above	ve)						111

ADMINISTRATION OF THE FACTORIES ACT, 1937.

During the year 447 factories were on the register, including:—

Bakehouses	69	Glass Manufacturers	1
Restaurants and Cafes		Cabinet Makers and Upholsterers	s 6
Chocolate and Sweet Manufac-		Organ and Piano Builders	3
turing	7	French Polishers, Painters and	
Brewers, Mineral Water Manu-		Decorators	9
	10	Carpet Makers	5
Manufacturing Chemists	4	Watch Repairers	4
Boot and Shoe Repairers	46	Scientific Instrument Makers	
Dressmakers	13	and Opticians	3
Milliners	10	General Engineers	15
	12	Electrical Engineers	9
	2	Motor Engineers	36
Laundries, Dry Cleaners	12	Cycle Repairers	15
Saddlers	3	Printers	11
	28		5
	14	Warehouses	
Tinsmiths	_ 3	Miscellaneous Small Factories	50
Blacksmiths	4		

During the year 13 notices were served. Four were in respect of insufficient heating and ventilation, one notice was to cleanse and limewash, and eight were for insufficient or unsuitable sanitary conveniences.

No legal proceedings were instituted.

COMMON LODGING HOUSES.

					Ja	an., 1952	De	ec., 1952
No. of keepers						3		3
No. of houses						4		4
No. of rooms use	d for sle	eping				20		20
No. of lodgers ac	commod	lated n	ightly			66		67
No. of applicatio	ns for re	gistrati	ion					4
No. of notices to	limewas	h (und	ler Bye-	laws)				8
The premises have	ve been	kept in	a satis	factory	condit	ion.		

FOODS.

(See also Section F).

Meat and other Foods.

Table I.

Total Weight of Unsound Meat Destroyed.

Year.			Stones.
1952	 	 	14,776
1951	 	 	19,420
1950	 	 	19,079

Table II.
Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4,836	862	2,155	19,450	6,216
Number inspected	4,836	862	2,155	19,450	6,216
All Diseases except Tuberculosis—					
Whole carcases condemned	14	13	30	89	50
Carcases of which some part or organ	ST. EL				
was condemned	2,193	420	119	4,121	2,055
Percentage of the number inspected affected with disease other than Tuberculosis	45.63	50.23	6.91	21.13	33 86
Tuberculosis only—					-
Whole carcases condemned	20	58	20	_	29
Carcases of which some part or organ	1				
was condemned	1,000	354	11	_	1333
Percentage of the number inspected					
affected with Tuberculosis	21.09	47.80	0.88	_	21.91

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 2,452 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.

Table III.

Bacteriological Examination.

For designations and standards for milk see 1951 Report.

	Design	ation		No. of samples	Complied with prescribed conditions	Did not comply with prescribed conditions	Coliform Bacilli present
Tuberculin	Tested			 30	19	11	7
Tuberculin	Tested	Paster	irised	 57	57	_	_
Accredited				 _	_		_
Pasteurised				 234	229	5	_
Sterilised				 41	41	_	_

Ungraded Milk-

No. of Methyler		Methylene-blue Test		m Test
Samples	Satisfactory	Unsatisfactory	B. Coli absent	B. Coli present
25	18	7	14	11

Biological Test-

Type of	Milk		Number	Positive	Negative
Tuberculin Tested			11	-	11
Tuberculin Tested	Pasteurise	d	-	-	-
Accredited			-	_	-
Pasteurised			_	-	_
Ungraded Milk			10	_	10
Sterilized			-	-	-
Totals .			21	_	21

In the case where a positive result to the biological test is 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	57		57
Pasteurised	234	5	229

Turbidity Test-

Type of Milk				132	Number	Satisfactory	Unsatisfactory
Sterilised					41	41	_

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.

NC	Orgai	nisms	Colifor	m Test
No. of Samples	Under 100,000	Over 100,000	B. Coli absent	B. Coli present
86	81	5	56	30

The Methylene-Blue Test, as described in the Ministry of Health's Monthly Bulletin for March, 1947, was applied to the 86 Ice Cream samples. The following are the results of this test:—56 group 1; 13, group 2; 8 group 3; and 9, group 4.

Food and Drugs Act, 1938.

The number of samples of food and drugs submitted to the Public Analyst under the above Act during 1952 was 350 (344 informal and 6 formal). This number represents 3.33 samples for each 1,000 of the population of the City (105,200). 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 Sample	S	Milk Samples only			
rear	Number examined	Number adulterated	Percentage adulterated	Number examined	Number adulterated	Percentage adulterated	
1948	 285	46	16.1	226	46	20.3	
1949	 371	28	7.5	319	25	7.8	
1950	 367	38	10.4	288	38	13.2	
1951	 404	35	8.6	283	32	11.3	
1952	 350	25	7.1	228	17	7.5	

Samples taken under the Food and Drugs Act, 1938.

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

Manufacturers and Sellers of Ice-Cream.

Number of Manufacturers			 8
Number of premises registered	for sa	ale	 202
Number of premises on registe	r		 210

The premises are registered in accordance with the provisions of Section 14 of the Food and Drugs Act, 1938.

Prevention of Damage by Pests Act, 1949.

During the year 257 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 and mice bodies collected after treatment were 881 and 1075 respectively.

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 Health Committee pay half the cost of replacement of waste-water closets by water closets, provided that half cost does not exceed £25.

As will be seen from the tabular statement (page 56), 75 water-closets have been provided in lieu of waste water-closets. In addition 3 privies and ashpits were converted into water-closets.

There are 1,421 waste water-closets in the City.

ATMOSPHERIC POLLUTION.

During the year two deposit gauges have been maintained at sites in the City, for the investigation of atmospheric pollution and to provide information to the Fuel Research Station of the Department of Scientific and Industrial Research. The contents of the gauges are examined at monthly intervals by the City Analyst, and the following table shows the results which were obtained:

Recording Station	Month		Rainfall (in inches.)	Total Solids Deposited (tons per square mile)
Foss Bank	January		1.65	18.91
	February		0.32	13.41
	March		2.44	21.18
	April		1.18	14.44
	May		0.83	13.76
	June		2.21	12.21
	July		1.50	15.96
	August		1.93	13.41
	September		3.51	14.82
	October		2.88	15.82
	November		1.54	13.48
	December		1.69	19.98
	Actual Total		21.68	187.38
	Monthly Avera	age	1.81	15.61
		59		

Castle Museum	January	1.22 0.28 2.21	10.64 8.08 11.50
	Actual Total Estimated Total	3.71 14.88	30.22 120.84
	Average	1.24	10.07
Queen Anne Gram-			
mar School	April	1.10	11.02
	May	0.83	8.62
	June	2.01	10.88
	July	1.34	11.33
	August	1.73	12.70
	September	3.39	11.53
	October	2.64	11.81
	November	1.34	8.14
	December	1.46	13.21
	Actual Total	15.84	99.24
	Estimated Total	21.12	132.36
	Average	1.76	11.03

Section H.

Report of the Public Analyst for 1952.

Hugh Childs, B.SC., F.R.I.C.

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

May 15th, 1953.

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, 1952.

During the year 350 samples were submitted for analysis.

The following Table shows the number and nature of the samples sub-mitted:—

Milk 228 Aspirin Tablets 2 Bicarbonate of Soda 1 Blackcurrant Jelly 1 Coconut Cut Peel (Mixed) Desiccated Coconut Dried Figs Dried Mint Dried Thyme Epsom Salts Fish Cakes Flavouring Essence (Almond) Gelatine	Article			Numbe	er submitted
Aspirin Tablets 2 Bicarbonate of Soda 1 Blackcurrant Jelly 1 Coconut 1 Cut Peel (Mixed) 1 Desiccated Coconut 1 Dried Figs 1 Dried Mint 1 Dried Thyme 1 Epsom Salts 1 Fish Cakes 2 Flavouring Essence (Almond) 1	Milk			 	228
Blackcurrant Jelly 1 Coconut 1 Cut Peel (Mixed) 1 Desiccated Coconut 1 Dried Figs 1 Dried Mint 1 Dried Thyme 1 Epsom Salts 2 Flavouring Essence (Almond) 1				 	2
Coconut 1 Cut Peel (Mixed) 1 Desiccated Coconut 1 Dried Figs 1 Dried Mint 1 Dried Thyme 1 Epsom Salts 2 Flavouring Essence (Almond)	Bicarbonate of Sod	a		 	1
Cut Peel (Mixed) 1 Desiccated Coconut 1 Dried Figs 1 Dried Mint 1 Dried Thyme 1 Epsom Salts 1 Fish Cakes 2 Flavouring Essence (Almond) 1	Blackcurrant Jelly			 	1
Desiccated Coconut </td <td>Coconut</td> <td></td> <td></td> <td> </td> <td>1</td>	Coconut			 	1
Dried Figs	Cut Peel (Mixed)			 	1
Dried Mint	Desiccated Coconu	t		 	1
Dried Thyme	Dried Figs			 	1
Epsom Salts 1 Fish Cakes 2 Flavouring Essence (Almond) 1	Dried Mint			 	1
Fish Cakes	Dried Thyme			 	1
Flavouring Essence (Almond) 1	Epsom Salts			 	1
G-latina 1	Fish Cakes			 	2
Gelatine	Flavouring Essence	(Almo	ond)	 	1
	Gelatine			 	1
Glycerine (Pure) 1	Glycerine (Pure)			 	1
Ground Almonds l	Ground Almonds			 	1
Ice Cream 71	Ice Cream			 	71

Article			Number	submitted
Ice Lollie		 		2
Luncheon Meat		 		1
Marmalade		 		1
Minced Beef		 		1
Mincemeat		 		2
Mixed Spice		 		1
Olive Oil		 		1
Orange Jelly		 		1
Orange Peel		 		1
Pepper		 		1
Potted Meat		 		2
Sage		 		1
Sausage (Beef)		 		7
Sausage (Pork)		 		7
Sponge Mixture		 		1
Table Jelly (Rasp	berry)	 		1
Tapioca Dessert (1
Vinegar (Malt)		 		1
White Pepper		 		1

Milk.

During the year 228 samples of Milk were examined; of these:-

211 samples were genuine.

3 samples were slightly deficient in Milk-Fat.

2 samples were deficient in Milk-Fat to the extent of 12 per cent and 14.3 per cent respectively.

l sample was slightly deficient in Milk-Solids other than Milk-Fat. The Freezing Point (Hortvet)—0.527°C showed the presence of a trace of Added Water.

4 samples were slightly deficient in both Milk-Fat and Milk-Solids other than Milk-Fat, Their Freezing Points (Hortvet)—0.546°C, —0.542°C, 0.533°C, —0.533°C, were normal.

3 samples were deficient in Milk-Fat in proportions varying from 6.6 per cent to 22 per cent, and also slightly deficient in Milk-Solids other than Milk-Fat. Their Freezing Points (Hortvet)—0.540°C, —0.538°C and —0.534°C were normal.

l sample was deficient in Milk-Fat to the extent of 11.3 per cent and also slightly deficient in Milk-Solids other than Milk-Fat. The Freezing Point (Hortvet) —0.526°C, showed the presence of a small amount of Added Water.

3 samples contained Added Water in proportions varying from 4.8 per cent to 25 per cent.

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

	Mo	nth			No of samples	Analyt	tical Data
	MO	ntn			No. of samples	Milk-Fat %	Milk Solids other than Milk-Fat %
January					26	3.75	8.53
February					23	3.54	8.58
March					21	3.81	8.93
April					22	3.61	8.52
May					31	3.29	8.45
June					_		_
July					_	_	_
August					_	_	_
September					12	3.80	8.95
October					12	3.87	8.71
November					56	3.86	8.70
December					25	3.72	8.61
Average for	the	Year 1	952			3.69	8.64
Average for						3.61	8.72
				filk R	egulations, 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:—

		Ana	lytical Data					
Mark	Mark Date Milk- Milk-Solids Fat other than % Milk-Fat %		Point (Hortvet) °C	REMARKS				
33	Feb. 7	2.87	8.50		Slightly deficient in Milk-Fat. Informal.			
61	Mar. 11	2.95	9.02		Slightly deficient in Milk-Fat. Informal.			
147	May 15	2.90	8.54		Slightly deficient in Milk-Fat. Informal. Refers to Nos. 126 to 133.			
126	May 1	2.57	8.56		Deficient in Milk-Fat 14.3%. Informal.			
140	May 15	2.64	8.69		Deficient in Milk-Fat 12%. Informal. Refers to Nos. 126 to 133.			
18	Jan. 2	3.80	8.47	0.527	Slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a trace of Added Water. Informal.			
90	Apl. 3	2.90	8.30	0.546	Slightly deficient in both Milk-Fat and Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) was normal. Informal.			

		Ana	lytical Data	17	de vigenie slate				
Mark	Date	Milk-Fat other than Milk-Fat %		Freezing Point (Hortvet) °C.	REMARKS				
131	May 1	2.90	8.22	0.533	Slightly deficient in both Milk-Fat and Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) was normal. Informal.				
133	May 1	2.95	8.41	0.533	Slightly deficient in both Milk-Fat and Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) was normal. Informal.				
144	May 15	2.95	8.30	0.542	Slightly deficient in both Milk-Fat and Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) was normal. Informal, Refers to Nos, 126 to 133.				
143	May 15	2.34	8.22	0.534	Deficient in Milk-Fat 22% and also slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hort- vet) was normal. Informal. Refers to Nos. 126 to 133.				
145	May 15	2.80	8.35	0.540	Deficient in Milk-Fat 6.6% and also slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hort- vet) was normal. Informal. Refers to Nos. 126 to 133.				
188	Dec. 3	2.79	8.21	0.538	Deficient in Milk-Fat 7% and also slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hort- vet) was normal. Informal.				
127	May 1	2.66	8.37	0.526	Deficient in Milk-Fat 11.3% and also slightly deficient in Milk-Solids other than Milk-Fat. F. Pt. (Hortvet) showed the presence of a small amount of Added Water. Informal.				
22	Jan. 26	3.10	8.04	0.500	Added Water 5.4%. Informal.				
25 26	Jan. 30 Jan. 30	2.98 2.54	8.09 6.37	0.498 0.393	Added Water 4.8%. Refers to No. 22. Added Water 25%. Refers to No. 22.				

All the Milk samples were free from preservatives.

Of the 228 samples of milk received and reported on during the year, 211 were genuine and 17 (7.4 per cent) adulterated or below standard.

Only three samples contained any considerable amount of added water, the amounts being 4.8 per cent, 5.4 per cent and 25 per cent.

Six samples showed deficiencies in fat in amounts varying from 6.6 per cent to 22 per cent, and seven samples showed slight deficiencies in fat.

Of the thirteen samples showing deficiencies in fat, eight samples also showed slight deficiencies in non-fatty solids, but only one of these deficiencies was found on further examination by the Freezing Point Test to be due to a trace of added water.

The remaining sample which was classed as below standard showed 3.80 per cent of fat and 8.47 per cent of non-fatty solids. The Freezing Point Test showed that the deficiency in this case was due to a trace of added water.

Ice Cream.

Seventy-one samples of ice cream were submitted for chemical test during the year. Of these, 68 samples conformed in all respects to the Food Standards (Ice Cream) Orders in force at the time the samples were submitted, whilst three samples though conforming to the Orders in respect of fat and sugar, showed deficiencies in milk-solids amounting to 30 per cent, 41 per cent and 44 per cent respectively.

The fat contents of the 71 samples varied from 6.03 per cent to 12.81 per cent. The standard for fat in the Food Standards (Ice Cream) Order, 1951 was 5 per cent but this was reduced in July, 1952, by the Food Standards (Ice Cream) (Amendment) Order, 1952 to 4 per cent. It will be seen that the fat contents of the samples taken in York was well above the standard; in fact in only two samples out of seventy-one was the fat content below 7 per cent.

Meat and Fish Products.

Fourteen samples of sausage (seven beef and seven pork), two samples of potted meat, two samples of fish cakes and one sample each of luncheon meat, and minced beef were examined during the year.

Three samples of pork sausage contained only 48.3 per cent, 49.7 per cent and 59 per cent of meat respectively instead of 65 per cent required by the Meat Products Order, 1952. These three samples thus showed deficiencies of 25.6 per cent, 23.5 per cent and 9.2 per cent.

One sample of beef sausage contained 45.4 per cent of meat instead of 50 per cent as required by the Meat Products Order, 1952. This sample showed a deficiency of 9.2 per cent.

The remaining ten samples of sausage conformed to the Order.

The two samples described as potted meat contained 56.9 per cent and 58.3 per cent respectively of meat, the remainder being excess water and cereal filler. Potted meat should consist of meat only, and should not contain cereal or excess water. Both of these samples should have been described as potted meat paste.

One sample of fish cakes contained only 30 per cent of fish instead of the 35 per cent prescribed in the Food Standards (Fish Cakes) Order, 1950, and showed a deficiency in fish of 14.2 per cent.

The remaining samples of meat and fish products were genuine and all conformed to the Public Health (Preservatives in Food) Regulations, 1925 to 1940.

Ice Lollies.

Two samples of ice lollies were examined during the year. One sample made from orange squash and sugar was genuine and was free from any deleterious ingredients. The other sample was also made from orange squash and sugar but contained 3.84 per cent of calcium chloride (an extraneous ingredient derived from the brine used for cooling) and was, in my opinion, unfit for human consumption.

Marmalade.

This sample was submitted owing to complaints of black specks in it. The sample on examination was found to contain numerous small specks of copper oxide. The amount of copper present was 20 parts per million. Such an amount of copper, although not definitely injurious, is more than should be present in an article such as marmalade, and this sample must be regarded as unsatisfactory.

Fertilisers and Feeding Stuffs Act, 1926.

Twenty-two samples were received under the above Act during the year. They consisted of:—

1 sample of Basic Albion Slag

1 sample of Basic Slag

1 sample of Clays Fertiliser

l sample of Co. Hop Manure

2 sample of Dried Blood Fertilisers

1 sample of Eclipse Fish Manure

l sample of Garden and Allotment Fertiliser

1 sample of National Comp. Fertiliser No. 1A Granulated

1 sample of Nitro Chalk Fertiliser

1 sample of Pure Raw Bone Meal

1 sample of Sangral Ten Day Fertiliser

1 sample of Superphosphate of Lime

1 sample of Tomato Manure

1 sample of B.O.C.M. Battery Hen Pellets

1 sample of B.O.C.M. Dairy National Cattle Food No. 1 Dairy Nuts

1 sample of Feeding Fish Meal

1 sample of National Pig Food No. 2

l sample of National Poultry Balancer Meal

1 sample of No. 1A Layers B.O.C.M. Pellets

1 sample of Phillips Poultry Yeast

l sample of Spiller's Coarse Dairy Meal

One sample of Feeding Fish Meal contained only 2.84 per cent of oil instead of 4 per cent stated in the guarantee, showing a considerable deficiency in this ingredient.

One sample of National Pig Food No. 2 contained only 3.08 per cent of oil instead of 3.75 per cent given in the guarantee. This sample showed a deficiency in oil of 17.8 per cent of the amount guaranteed.

A sample of Spiller's Coarse Dairy Meal contained a very slight excess of oil and a sample of Phillips Poultry Yeast contained a slight excess of albuminoids.

The remaining samples of feeding stuffs conformed, or practically conformed, to their respective guarantees.

One sample of Superphosphate of Lime contained only 9.19 per cent of water soluble phosphoric acid. The statutory statement gave the figures 16-18 per cent water soluble phosphoric acid. According to the First Schedule to the Fertilisers and Feeding Stuffs Act, 1926, the amount of any ingredient must be stated as a definite percentage and not as a range of percentages. Assuming the guarantee to be 16 per cent, the sample showed a deficiency of 6.81 per cent or 42.5 per cent of the amount guaranteed.

Apart from this deficiency and excesses of insoluble phosphoric acid in a Fish Manure and potash in a Tomato manure, the samples of fertilisers conformed, or practically conformed, to their respective guarantees.

A sample of Dried Blood was guaranteed 13.3 per cent ammonia. This is equivalent to 10.94 per cent of nitrogen. Under the Fertilisers and Feeding Stuffs Act, 1926, nitrogen must be stated in terms of nitrogen and not in terms of ammonia. The amount of nitrogen in the sample showed it, however, to conform to the Statutory Statement.

I am, Ladies and Gentlemen,
Your obedient Servant,
HUGH CHILDS,
Public Analyst.

Section I.

Report of the Canal Boats Inspector.

Ouse Navigation Offices,

Naburn Locks,

York.

22nd February, 1953.

The Chairman and Members of the Health Committee.

Gentlemen,

I beg to submit my Annual Report as Inspector of Canal Boats for the City of York, for the year ended December, 1952.

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

The number of Canal Boats on the Register on December 31st, 1952, was 305. Of these, 209 have been broken up, transferred to other districts, or are not now used as dwellings. 51 vessels are not now traceable, and 35 of the registered vessels are regularly employed in this district.

The number of Canal Boat Inspections made during the year was 32.

The number of male persons on board as crew was 58. No women or children were aboard the inspected vessels.

The vessels were in uniformly good condition as regards repairs and cleanliness, except for deterioration in paintwork. No cases of infectious diseases were on board, or have been reported.

No contraventions of the Regulations were observed, and the vessels' equipment complied with the requirements regarding Canal Craft.

I am, Gentlemen,

Your obedient Servant,

W. D. FEWSTER.

Section J.

Miscellaneous.

(i) Registration of Nursing Homes.

Total Nursing Homes in the City				- 5
			No. of Maternity	Beds Other
No. 16 Mount Parade			5	
Purey Cust Nursing Home			14	18
"Ivy Dene", Front Street, Acomb				12
Nunthorpe Nursing Home, Nunthorpe	Avenu	е	8	_
"Howe Hill" Nursing Home			6	4
"Oakdene" Nursing Home			_	13

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.

(ii) National Health Service Executive Council for the County Borough of York.

I am indebted to the Clerk of the Council for the following information:

Chairman:—Alderman Frank Wright.

Vice-Chairman-Mr. J. Saville, J.P.

Alderman R. V. Bainton, Councillors A. E. Hopper, W. Miles Brown, C. M. Learmonth, C. T. Marks, R. Stavers Oloman and Mrs. I. G. Wightman, Drs. D. A. Geddes-Brown, C. D. Hanham, R. P. McGarrigle, F. W. J. Platts, S. J. Smith, H. Royle and J. L. Wightman, Miss J. H. Aspden, Mrs. J. N. Mercer, J.P., and Messrs. B. Brooke, F. H. Morgan Cave, V. B. Ditcham, G. O. Nelson, F. W. Nicholson and B. Philip Rowntree.

Clerk of the Council:—Mr. J. Pearson.

Offices:—133, Holgate Road. Tel. 2542.

At the end of the year the Council's List contained the names of 54 Doctors (1 of whom employs an assistant), 26 Dentists, 2 Ophthalmic Medical Practitioners, 23 Ophthalmic Opticians, 1 Dispensing Optician and 43 Chemists, etc., involving 51 shops.

The number of persons on doctors' lists at 31st December, 1952, was 102,665.

The number of prescriptions dispensed during the period 1st January to 31st December, 1952, was 648,212.

27,432 persons received dental treatment under the National Health Service during the period 1st January to 31st December, 1952, and 11,946 persons had their eyes tested during the same period.

Maternity Medical Services provided, 1st January, 1952, to 31st December, 1952.

	Description of Services Provided		By other G.P.'s to per- sons on their lists	Total
	No. of cases in which complete maternity medical services provided	698	18	716
(D	No. of such cases in which the doctor providing the services was in attendance at the confinement	558	17	575
2	No. of cases in which Period I only provided	202	2	204
3 (a	No. of cases in which Period II only provided	25		25
(b	No. of such cases in which the doctor pro- viding the services was in attendance at the confinement	17		17

(iii) Medical Examinations.

Medical examinations were carried out by the Medical Officer of Health of 73 contacts of infectious disease, who were food workers.

Routine Staff Examinations:-

Department		No.
Health	 	27
City Engineer's	 	4
Children	 	18
Public Library	 	2
Welfare	 	37
Police	 	9
Town Clerk's	 	
Housing and Estates	 	2
Treasury	 	8
Castle Museum		2
City Architect's		5
Art Gallery	 	2
Appointments with other A		4 2 8 2 5 2 5
		125
Referred to Specialists	 	1
Rejects or deferred appoint		4

(iv) Meteorology.

The following report has been furnished by the Yorkshire Philosophical Society:—

Meteorology.—Honorary Curator: Mr. A. Wentworth Ping, M.A., F.R.Met.Soc.

Recorder: Mr. A. Colley.

Statistics of Station: Longitude 1° 5. W.; Latitude 53° 57. N.; height above mean sea level 56 feet.

Rainfall.—Rain or snow fell to the amount of 21.20 inches as against 31.10 inches for 1951, a decrease of 9.90 inches, and 3.43 inches below the average of 24.63 inches for the preceding 50 years. The wettest months of the year were September 3.72 inches and October 2.44 inches. The driest months were February 0.38 inch and April 1.19 inches. The heaviest fall of the year occurred on 28th September, when 1.02 inches were recorded.

Temperature.—Temperature ranged from 81° F. on 17th and 18th May to 20° F. on 29th November; the range of temperature for 1952 being 61° F. as against 56° F. for 1951.

The mean temperature for the year (mean of max. and min.) was 48.8° F. as against 48.6°F for 1951. July gave the highest mean with 62.1° F., then August with 61.0° F. January and December were lowest with 36.7° F. and 37.5° F. respectively.

Barometer.—A mean pressure of 1014.4 millibars (29.96 inches) (1,000 millibars—29.531 inches of mercury) at M.S.I. (corrected for diurnal variations) has been recorded, as against 1010.9 millibars (29.85 inches) for 1951. February and July gave the highest mean with 1019.3 millibars (30.10 inches) and January the lowest with 1009.5 millibars (29.81 inches). The highest reading of the barometer of 1038.5 millibars (30.68 inches) was taken on 5th February, and the lowest 974.4 millibars (28.77 inches) on 17th December. The extreme range was, therefore, 64.1 millibars (1.91 inches) as compared with 69.4 millibars (2.05 inches) in 1951. All readings corrected to M.S.I.

Winds.—Observations of winds at 9 a.m. G.M.T. show that during 1952 "strong" winds (force 4-8 Beaufort Scale) were recorded on 51 days, as against 63 days in 1951. The winds observed were N.W.87; W.77; S.W.65; S.36; S.E.31; N.E.31; N.21; E.18.

Thunder, Snow and Hail.—Thunder was heard on 14 days as against 10 days in 1951; snow or sleet fell on 23 days as against 18 days, and hail was recorded on 2 days as against 4 days the previous year.

Sunshine.—Sunshine recorded at Bootham School amounted to 1367.4 hours as against 1331.5 hours in 1951, an increase of 35.9 hours. The daily mean was 3.73 hours.

Purey Cust Funds.

The grant from the Purey Cust District Nursing Funds was used to run a chiropody clinic for aged and necessitous cases, and to provide a convalescent holiday for some for whom no facilities were available under other schemes.

Chiropody.

Sixty-seven sessions were held during the year, at which 739 patients were treated. There were also 29 home visits to cases unable to attend the centre. The following are typical examples of patients treated:—

Mrs. X, aged 86.—Almost blind, nearest relative 100 miles away. Patient very bright and active, fond of meeting people and popular with all who know her, her feet were in such a bad condition she dare not attempt to cross the road and found great difficulty in getting to the nearest shops. The streets in the district where she lives are paved with cobblestones. Since treatment Mrs. X has been able to do her own shopping and venture further afield.

Mr. Y., aged 82.—This man had been active, was unable to get out every day because his feet were so painful he could scarcely walk. He was getting depressed and apathetic. After treatment by the chiropodist he is again able to take his daily walk, and has regained his former brightness.

Convalescent Scheme.

Twenty-four cases were sent for convalescent holidays under the Purey Cust Scheme. It has proved of great value to have access to a voluntary fund for sick people who are not eligible under the Authorities scheme. Almost all these cases are incurable, and mostly live in depressing houses. Even the kindest of relatives become fatigued with years of nursing, and they benefit as much as the patient by being relieved of their charge for a short time.

We should again like to express our thanks to the Purey Cust Committee for their help.

(vi) National Assistance Act, 1948, Section 47.

Two case were dealt with under the above section during the year.

Section K.

Survey of Local Health Services Provided Under National Health Service Act, 1946.

1. Administration.

The Authority's schemes under Part III and Part V of the National Health Service Act are administered by the Health Committee. Certain duties are delegated to Voluntary Bodies who receive grants from the Local Health Authority and have adequate Local Authority representation on their committees.

Constitution of Health Committee.

- (a) The Rt. Hon. The Lord Mayor of York.
- (b) 16 members of the City Council.
- (c) 5 co-opted members, i.e.:-

1 representative of the Local Medical Committee.

1 representative of the B.M.A.

1 representative of the Local Dental Committee.

1 representative of the Royal College of Nursing.

1 representative of the Royal College of Midwives.

Co-opted members attend regularly, and have made valuable contributions to the work of the committee. Their membership materialy facilitates liaison with the bodies they represent.

The following Sub-Committees are appointed annually:-

(1) Maternity and General Welfare.

Meets monthly and deals with duties under Sections 22, 23, 24, 25, 26, 28 and 29 of the Act.

(2) Mental Health.

Meets in alternate months and deals with duties under Section 51 and Section 28 so far as they affect Mental Health. The Medical Superintendent of the Local Mental Hospital is Mental Health Adviser to the Council, and attends meetings of this Committee.

(3) Ambulance Service.

Meets in alternate months and deals with duties under Section 27.

(4) Health Centres.

Meets as necessary.

(5) Appointments.

Meets as necessary.

(Sanitary Services Sub-Committee meets monthly but the work is not concerned with duties under the National Health Service Act).

The following duties are delegated to Voluntary Bodies:-

(6) Tuberculosis After-care delegated to York Tuberculosis Committee.

- (7) Care of certain Problem Families is delegated to the York Family Service Unit.
- (8) The Authority is affiliated to the Yorkshire Council of the British Empire Cancer Campaign for Cancer Education purposes.
- (9) The Purey Cust Fund is administered by a special committee and covers chiropody service and convalescence for certain cases.

Control, supervision and co-ordination of services at officer level.

Regular weekly or fortnightly meetings are held between the Medical Officer of Health and heads of sections.

Monthly staff meetings are held (at present in abeyance) one aspect of the service being discussed at each meeting. (For details of staff see pages 3, 4, 5 and 6 of Annual Report).

Joint arrangements with other Local Health Authorities.

York is in the peculiar position of being a County Borough with three adjoining counties—North, East and West Ridings of Yorkshire.

(a) Ambulance Service.

The Authority operate a full ambulance service for parts of the North and East Ridings to hospitals in the City.

(b) Child Welfare.

There is a joint clinic with the Flaxton Division of the North Riding run on a York Housing Estate.

(c) Certain Specialist Health Visiting Services.

The Venereal Diseases Health Visitor works from the Hospital Clinic and does contact tracing and follow-up work for area served by the hospital, *i.e.*, City of York with parts of North, East and West Ridings.

(d) Day Nurseries.

Certain North Riding cases are admitted.

(e) Occupation Centre for Mental Defectives.

Agreements with the North and East Ridings for the admission of certain cases.

2. Co-ordination and co-operation with other parts of the National Health Service.

(a) At Regional Level.

Liaison Committee of Regional Hospital Board and Local Authority Representatives.

Liaison Committee of Officers of Regional Hospital Board and Medical Officers of Health.

Medical Officer of Health and General Practitioner representation on certain Technical Advisory Panels of the Board.

Establishment of a Technical Advisory Panel on General Practice.

Local Authority and Medical Officer of Health representation on Cancer Advisory Committee of Regional Board.

(b) At Local level.

(Classification as in Central Health Services Council Report on methods tried. All references to the Hospital Management Committee are to York "A" and Tadcaster Group and to the Local Authority are to York County Borough Council).

- (a) Interlocking membership between different statutory authorities.
- (1) Local Authority and Executive Council.

The liaison is good as the representation is defined by statute. The Chairman of the Local Authority Health Committee is also Chairman of the Executive Council. The Medical Officer of Health attends Executive Council meetings and is a member of the Local Medical Committee and of the Obstetric Committee.

(2) Local Authority and Hospital Management Committee.

Whereas five members of the Local Authority were appointed members of the original Hospital Management Committee, the number has steadily decreased and there are now only two City Councillors on the Hospital Management Committee. The Medical Officer of Health is a member of the Medical Advisory Committee and of the Senior Medical Staff Committee. She also attends meetings of the Hospital Management Committee.

(3) Hospital Management Committee and Executive Council.

There is only one member of the Executive Council serving on the Hospital Management Committee. A representative of the Local Medical Committee serves on the Medical Advisory Committee.

(b) Exchange of papers between authorities.

Implemented, but in our opinion is of little use.

(c) Ad. hoc. Ministry Circulars.

These could be of great use, as giving an authoritative basis for joint discussion. One officer, however, needs to initiate such discussions, otherwise scant attention is paid to the circulars except by the authority chiefly involved.

(d) Ad. hoc. co-operation among officers.

We agree with the Central Health Services Council report: "This is the greatest need and yet the hardest to achieve. If there were always close co-operation between officers, few difficulties would arise."

This co-operation must of necessity take some time to develop, and is improving steadily as the work of one becomes known to the other.

(e) Ad. hoc. meetings between members or officers of the various authorities.

The meetings are useful when called, but rarely used.

(f) Standing joint liaison committee on special subjects.

Not tried at local level.

(g) Standing joint liaison committees for general liaison purposes.

Not tried at local level.

Co-operation in the Care of Patients under Treatment.

(a) At Hospitals.

The Senior Assistant for Maternity and Child Welfare holds the appointment of Clinical Assistant to the Paediatrician at the General and Maternity Hospitals.

The Assistant School Medical Officers have attended ward rounds with the Paediatrician, Skin department out-patients or E.N.T. out-patients as necessary.

The Superintendent Health Visitor has a regular weekly meeting with the Almoner at the General Hospital to discuss cases.

A special health visitor is allocated part-time for diabetics and attends the diabetic clinic at the hospital. She works closely with the Consultant and General Practitioners. There is a similar special health visitor for Venereal Diseases who attends the V.D. clinics at hospital and undertakes contact tracing and follow-up work.

The health visitors for tuberculosis do tuberculosis only, and work under the immediate direction of the Chest Physician from the Chest Clinic. They visit patients in the sanatorium as necessary and report weekly to the Superintendent Health Visitor.

The Consultant Paediatrician holds a weekly child welfare clinic with health visitors on Local Authority premises, and a health visitor attends a child welfare clinic run by a general practitioner in her own surgery for her own patients.

The Matron of the Maternity Hospital (which is a Part II training school) acts as non-medical supervisor of midwives for the Local Authority.

A district midwife specially trained in the care of the premature baby is notified of all cases before they are discharged from hospital and tends them in their own homes. She works closely with the paediatrician and the general practitioners.

The Welfare Officer appointed for the care of the unmarried mother and her child pays regular visits to the Maternity Hospital, and attends the Maternity Hospital booking committee and clinics as necessary.

(b) General Practitioners.

The routine work of the Domiciliary Midwife and District Nurse necessitates close liaison with the general practitioners. The difficult liaison to establish is with the Health Visitor. The following methods have been tried:—

In 1949 it was agreed:-

- (a) That general practitionrrs be offered facilities for running their own ante-natal clinics on local authority premises if they so wish, and be given the services of a Health Visitor at such clinics.
- (b) That minor surgery facilities with the necessary nursing help be provided for general practitioners in present local authority clinics pending the establishment of health centres.
- (c) That health visitors be available to assist general practitioners in certain specific cases, e.g., a measles epidemic where it might be possible for the general practitioner to pay the first visit and the Health Visitor to pay intermediate visits to selected cases, reporting progress.

The Local Medical Committee and Executive Council approved (a) and (b) but have not made use of the facilities. They did not approve (c).

It was subsequently agreed that each health visitor should be allocated a small group of doctors whom she would 'phone or visit weekly to discuss points of mutual interest. The scheme was not successful because it was repeatedly reported that there was nothing of interest to discuss and it was wasting the time of the general practitioners.

We have come to the conclusion that co-operation must develop gradually as the practitioner comes to know the work of the health visitor, and the health visitor has clearly defined in her own mind the ways in which she may be of use to the practitioner. We have found a certain diffidence on the part of health visitors to contact practitioners. An increasing number of practitioners are, however, now 'phoning health visitors about cases and making use of their services.

Midwives.

Three general practitioners have asked for midwives to be allocated to attend ante-natal clinics run for their own patients in their own surgeries. This has been arranged.

Steps taken to inform (a) General Practitioners of services available.

The most useful method we think is by circular letter to individual practitioners, and by discussion at the Local Medical Committee, the minutes of this committee being circulated to all practitioners.

(c) The Public.

Information is given verbally by all health workers visiting homes, or in clinics. Press notices and cinema slides for special propaganda.

It is considered inadvisable to advertise certain services, as the demand is already greater than we are able to meet, e.g., Home Help Service—Convalescent Scheme.

3. Joint Use of Staff.

Practitioners other than full-time employees of the authority are engaged for the following work:—

- (a) Four Infant Welfare Clinics weekly. Two doctors are employed for this work, one of whom is in general practice.
- (b) General Medical Services for the children in residential nurseries and for the old people in Welfare Committee homes. These services are provided by general practitioners, the overall medical supervision of the homes, and routine examinations of the children, being carried out by the School Medical and Maternity and Child Welfare Assistants.

Local Authority Officers work part-time for the Regional Hospital Board or Hospital Management Committee as follows:—

In addition to appointments detailed under para. 2 the Resident Medical Officers of the Maternity Hospital run ante-natal clinics for the Local Authority under the direction of the Consultant Obstetricians.

The post of House Physician in the Children's Department of the General Hospital is recognised as training for the Diploma in Child Health. By agreement with the Hospital Management Committee, the necessary child welfare experience for this Diploma is obtained in the Local Authority clinics.

Student nurses from the City Hospital spend one week attending local authority clinics and visiting on district with Health Visitors, District Nurses and Midwives.

The following Voluntary Organisations are used by the Local Authority:—

The Authority work closely with both national and local voluntary organisations. Adequate representation on the controlling committee is a condition whenever a contribution is made to a local voluntary committee.

The Authority is affiliated to, or works closely, with the following organisations:—

- York Tuberculosis Care Committee (affiliated to the National Association for the Prevention of Tuberculosis).
- (2) York Family Service Unit.
- (3) York Adoption Society.
- (4) York Diocesan Mother and Baby Home and other voluntary homes for the care of the unmarried mother.
- (5) Rehabilitation centres, e.g., Spofforth Hall and Brentwood.
- (6) North Eastern Federation of the Queen's Institute of District Nursing.
- (7) National Society for the Prevention of Cruelty to Children.(8) Yorkshire Council of the British Empire Cancer Campaign.
- (9) National Society for Cancer Relief.
- (10) National Baby Welfare Council.
- (11) National Association for Maternity and Child Welfare.
- (12) Central Council for Health Education.(13) National Association for Mental Health.
- (14) National Society of Children's Nurseries.

In addition, the Local Authority administer certain Purey Cust district nursing funds which have been released by the Charity Commissioners. These funds are administered by a joint committee and enable the authority to run a Chiropody Clinic and a convalescent scheme for cases who would not be eligible under the Section 28 scheme. Funds are also available for amenities for sick patients in their own homes.

A parents' club is run in connection with the Child Welfare Clinics, and a parent-teachers' association for the Occupation Centre for Mental Defectives.

Particular Services.

Care of Expectant and Nursing Mothers and Children under School Age.

By agreement with the Hospital Management Committee, ante-natal and post-natal clinics for the Authority are staffed by the Senior Resident Medical Officer of the Maternity Hospital. The clinics are held on Local Authority premises, and the Obstetric Consultants see cases as necessary.

Domiciliary midwives hold clinics for their own patients on Local Authority premises.

Three general practitioners have asked for midwives to attend clinics held for their own patients in their own surgeries. This has been arranged, Practitioners refer expectant mothers to the clinic for blood tests only, and make considerable use of these facilities.

A course of four talks for expectant mothers is held every three months. Three are given by the non-medical Supervisor of Midwives, and one by a Health Visitor. They are attended by patients entering the Maternity Hospital for their confinement, and by domiciliary cases referred by either general practitioner or midwife. Midwives and Health Visitors also carry out routine education during their visits to expectant mothers.

A special worker has been appointed for the care of the unmarried mother and her child. This worker attends ante-natal clinics with patients as necessary, makes arrangements for the girl's admission to a hostel, or for her confinement, and follows up the cases after discharge.

Maternity outfits are stocked at the ante-natal clinics and issued on booking a domiciliary midwife. They are not supplied to women entering nursing homes for their confinement.

The attendances at Local Authority ante-natal and post-natal clinics is falling markedly. The 1952 attendances were only 41 per cent of the 1950 figure for ante-natal clinics, and 64 per cent for post-natal. Extension of the experiment of running courses of set lectures for expectant mothers will be considered.

Child Welfare.

Child Welfare sessions are held at the central clinic daily, and at outlying clinics in church halls in four centres. A fifth outlying clinic is run jointly with the North Riding in a social hall on a housing estate. One consultant clinic is held weekly on Local Authority premises by the Consultant Paediatrician. This is run primarily for the follow-up of premature babies born at home or in hospital, but cases presenting special problems are also referred from other child welfare clinics.

The fall in attendances at child welfare clinics is negligible in comparison with the fall in attendances at ante-natal and post-natal clinics.

		Child	Ante-	Post
		Welfare	Natal	Natal
1949	 	 13,680	518	63
1950	 	 14,503	411	45
1951	 	 13,464	349	27
1952	 	 13,708	170	29

The Authority provide a health visitor for one session weekly to work in a child welfare clinic run by a general practitioner for her own patients on her own premises. There is no charge to the practitioner for the services of the health visitor or to the Local Authority for the services of the practitioner. Monthly returns of attendances and new cases are made as for the Authority's clinics.

Care of Premature Infants.

A midwife specially trained in the care of premature babies (Newcastle) is employed by the Authority. She takes over all cases from the domiciliary midwife when the birth weight is less than 5½ lbs. and cares for premature babies discharged from the special unit at the Maternity Hospital until they weight 6 lbs.

Equipment.—This midwife has her own car, is graded as an essential user, and is provided with the following equipment for the care of premature babies:—

Cots (wicker and sailcloth)

Bedding

Hot water bottles

Premature baby gamgee gowns with hoods

Belcroy feeders

Balance weight scales (ordinary midwives carry spring balances).

Drugs

Oxygen

Breast pumps.

It has not been found necessary to have specially heated ambulances for conveying premature babies to hospital (all the Authority's ambulances are heated) but distances in York are short, and the usual practice if the baby must be transferred to hospital, is for the midwife or general practitioner to take it in the special cot in his or her own car.

Liaison with Hospitals.

There has been no difficulty in securing admission of premature babies to hospital. The special midwife visits the hospital, and is notified by telephone daily of the pending discharge of any premature baby. The paediatrician who runs the premature baby unit and the weekly infant Welfare session, is also available for domiciliary consultations as necessary. The liaison with general practitioners is also good.

Supply of Dried Milks, etc.

National dried milk, orange juice, cod liver oil and vitamin tablets are issued from the Food Office and a Food Office representative also attends with supplies at most of the outlying clinics.

On the order of a medical officer, Trufood and Cow and Gate Half Cream Milk are sold at the Health Services Centre and outside clinics chiefly for premature babies.

The following foods and vitamins are also sold to selected cases at the Health Services Centre and outside clinics on the order of a doctor or a health visitor:—

Farex, Virol, Virolax, Robrex, Groats, Twinpack, Condensed Milk, Collact, Lactogol, Scotts M.O.F., Rob Soup, Magnesia, Minadex, Marmite, Allergolac and N.R.B. c Vitamin.

Dental Care.

The Authority employ a private dental practitioner for five sessions weekly for the priority classes. She was formerly in the School Dental Service. During the year the service has been expanded to provide dentures free of cost as necessary to expectant and nursing mothers. Impressions are taken at the Authority's clinic, and the dentures made by a private dental mechanic. The dental service for expectant and nursing mothers and children under five is adequate and has continued without a break since the National Health Service Act became operative.

Other Provision.

(a) Day Nurseries.

The Authority runs two day nurseries with a total of 79 places.

The nurseries are recognised training centres for the Certificate of the National Nursery Examination Board and the Education Authority organise courses of training in the City in alternate years.

Admissions are limited strictly to the children of mothers who must work, and the majority are children of unmarried mothers. The applications for admission are diminishing and one nursery is not at present filled to capacity.

(b) Parents' Club.

A parents' club meets fortnightly at the central clinic.

- (c) The Authority's medical officers are medical officers to residential nurseries under the control of the Children Committee.
 - (d) Convalescent Scheme.

The convalescent scheme under Section 28 is available for these priority classes on production of a medical certificate.

- (e) An orthopaedic consultant attends the School Clinic once monthly and an orthopaedic nurse every week. Cases are referred to this clinic from the Child Welfare centres.
- (f) B.C.G. vaccination is used for contacts of cases of tuberculosis as necessary.

6. Domiciliary Midwifery.

The Authority employ 10 domiciliary midwives, one being specially trained in the care of the premature baby. The remaining nine work in two groups, four east of the river and four west of the river, one acting as relief. All are trained in the administration of gas and air analgesia and nine are recognised by the Central Midwives Board for the training of pupil midwives for Part II of the Board's Certificate.

The Senior Assistant Medical Officer for Maternity and Child Welfare acts as medical supervisor of midwives, and the Matron of York Maternity Hospital as non-medical supervisor.

One private midwife notified her intention to practice in 1952, but had no cases. Maternity homes are inspected by the Medical Supervisor of Midwives, and the Maternity Hospital by both medical and non-medical supervisors.

All domiciliary midwives are qualified to administer gas and air analgesia, and are supplied with the necessary equipment and transport for same. Gas and air analgesia was administered in 63 per cent of domiciliary confinements in 1952.

Midwives hold ante-natal sessions for their own patients at the Authority's central clinic, and examine patients at home. They are also encouraged to attend at general practitioners' surgeries, when their own patients are being examined. Apart from arrangements whereby certain midwives attend regularly at ante-natal clinics run by doctors for their own patients on their own premises, however, midwives rarely attend doctors' surgeries. The general liaison is good.

Women whose confinement in hospital is recommended on social grounds attend the booking committee with other applicants. They are interviewed by the Health Welfare Officer and the Matron of the Maternity Hospital, domiciliary reports being received from health visitors and midwives.

Two domiciliary midwives attend refresher courses each year at the Authority's expense.

York Maternity Hospital is recognised as a training school for Part II of the Certificate of the Central Midwives Board, 3 months being spent by the pupil in hospital, and 3 months working with the Authority's domiciliary midwives. The pupils live in a central hostel owned by the Local Authority. but administered by the Hospital Management Committee during their 3 months district work.

7. Health Visiting.

The Authority had 13 health visitors at the end of the year, two of whom are working full time as Tuberculosis Health Visitors. There are two vacancies in the establishment. The School Nursing Service is a separate department. The health visitors have their headquarters at the central Health Services Centre, the tuberculosis nurses working from the chest clinic, and reporting weekly to the Superintendent Health Visitor.

The following is an analysis of visits paid by health visitors excluding visits to expectant and nursing mothers, infants and children under school age, during 1952:—

Asthmatics					26
Diabetics					485
Cardiacs (Low sodium					51
Gastrics					392
Aged persons					364
Hospital follow-up, oth	er than	above			200
Re convalescent holida	vs				130
Discharges from Infects					154
Re adoptions					43
Infectious diseases					240
Homes administered b	v City	Council	l. e.g.,	Old	
Peoples' Homes, Chi	ldren's	Homes,	Day	Nur-	
series, etc					124
Foster children					30
Tuberculosis first visits					111
Tuberculosis re-visits					3,319
Miscellaneous					47

The Authority award bursaries for training health visitors, training being undertaken in Leeds or Bradford. The student receives three-quarters of the minimum assistant health visitor's salary during training, and a further £100 is available on loan if needed, to be repaid during the candidate's compulsory 2 years' service with the Corporation after qualification.

The Authority send two health visitors each year on refresher courses, and one representative to the Annual Conference of the National Association for Maternity and Child Welfare.

The Central Council for Health Education have held two 3-day courses in the City since the National Health Service Act became operative.

8. Home Nursing.

The Authority were employing 14 district nurses at the end of the year, one of whom acts as senior, and is responsible to the Superintendent Health Visitor. Their headquarters is at the Central Health Services Centre, and seven hold the qualification of the Queen's Institute of District Nursing.

Co-operation with general practitioners is good.

Cases needing home nursing after discharge from hospital are referred to the Senior Nurse by the hospital almoner.

The only classification of cases kept during 1952 was medical and surgical, the following being attended:—

Medical 2,446 Surgical 816

The Authority do not run a home nursing night service, but have a service of "Sitters-Up" or "Night Attendants" administered as a branch of the Home Help Service.

Refresher courses for Home Nurses are not so well developed as courses for midwives and health visitors, but the Authority have sent nurses when notices of such courses have been received. To combat the shortage of recognises refresher courses for district nurses, the Authority organised a successful week-end refresher course in York. The average attendance from York and the surrounding area was 40, and it would appear that there is a need for more refresher courses of this type.

The Authority send suitable applicants for training as Queen's nurses, but there is no Queen's Home in the City.

9. Vaccination and Immunisation.

Education of parents regarding vaccination and immunisation of the child population is regarded as one of the main functions of the health visitor, and is undertaken by all workers in the health service as opportunity occurs. Health visitors keep special records of all babies born in their district with date of vaccination and immunisation. The list is reviewed periodically and defaulters followed up.

A special campaign is held in the City for one week of each year.

School entrants are given "boosting" injections of diphtheria prophylactic at their first school medical inspection, or offered primary immunisation if not previously immunised. Parents are advised that a second boosting dose should be given at the age of 10 or 11 years.

Immunisation against whooping cough has been given at clinics when children have been immunised against diphtheria if the parents have specifically asked for this. Now that a reliable antigen is available in this country, however, parents are being encouraged to have their babies immunised against whooping cough. The Authority are negotiating with the Paediatric Consultant regarding the advisability of having babies immunised against whooping cough at an early age, possibly before leaving the Maternity Hospital.

B.C.G. vaccination of susceptible contacts, and of hospital nurses, is encouraged, and is carried out by the chest physician.

10. Ambulance Service.

The service is under the control of an Ambulance Officer who is responsible to the Medical Officer of Health. The demands on the service increased steadily until 1951, but there is evidence that the service is now becoming stabilized.

Ambulances can only be ordered on the authority of a medical officer, and if the order involves repeated regular attendances at hospital, it must be renewed every four weeks. Both hospital staffs and general practitioners are reminded at intervals of the danger of abuse. Every reported case of abuse is investigated and we are of the opinion that very little exists.

The chief difficulties encountered arise through lack of a national agreement regarding charges to other authorities and unequal division of financial responsibility. It is felt that an unfair financial liability falls on urban areas which are hospital centres. Administrative difficulties are perhaps more marked in York than in some areas, as the City adjoins three County authorities, each having their individual charges, and York undertaking various work on an agency agreement basis for them.

The Authority own Bedford ambulances of the two-stretcher type, and small utility Bedford vans converted for use as single stretcher ambulances, or as cars for sitting cases. They also own one Vauxhall car. Ambulances are to be fitted with emergency medical boxes similar to those carried by the M.C.C. and found of such use in the Harrow and Wealdstone train disaster. All ambulances carry oxygen in addition to the custumory first-aid equipment. All ambulance crews are appointed as Driver/Attendants and hold First-Aid qualifications.

11. Prevention, Care and After-Care.

(a) Tuberculosis.

The tuberculosis preventive service is centred on the Chest Clinic, and is under the immediate supervision of the Chest Physician, who is responsible for this part of his work to the Medical Officer of Health.

Two health visitors are allocated for full-time work as tuberculosis visitors and act as chest clinic nurses in addition to their domiciliary visiting. They report weekly to the Superintendent Health Visitor. It is found that there is a better follow-up and attendance of contacts for examination than there was when all health visitors were responsible for the tuberculosis on their own districts.

After-care is undertaken for the Authority by the York Tuberculosis Committee. This is a voluntary committee with adequate local authority representation, and receiving a grant from the Authority. It meets monthly at the Chest Clinic and is attended by the tuberculosis nurses as necessary. This agency arrangement is a satisfactory one, and encourages voluntary effort.

Authority has been given by the City Council to undertake tuberculin testing of school entrants in an attempt to find previously unknown sources of infection.

Cases are notified to the Local Authority before discharge from sanatoria or hospitals in order that the tuberculosis nurse may make the necessary domiciliary arrangements and ensure adequate after-care.

There is no mass radiography unit centred in the City, but a unit visits approximately once a year, and groups to be examined are arranged in consultation with the Medical Officer of Health.

(b) Illness generally.

Arrangements for the after-care of school children, and of babies and children under school age who are discharged from hospital, are good. We are notified of all such cases and the appropriate after-care arranged. We are rarely asked, however, for environmental reports on children admitted to hospital.

The notification to the Local Authority and after-care of patients discharged from the Infectious Diseases Hospital and Maternity Hospital is also satisfactory.

There are two general hospitals in the City. The Superintendent Health Visitor visits one and consults with the Almoner weekly. This arrangement works well, and there is a reasonably good selection and variety of cases referred for after-care.

Arrangements are less satisfactory in the second general hospital, where no arrangements obtain for regular consultations between the Almoner and Superintendent Health Visitor.

Liaison with the hospital for the chronic sick is satisfactory. The Medical Officer of Health and Chief Welfare Officer are notified by general practitioners or the hospital authority of applications for admission. All cases are visited by the Welfare Officer, and priority arranged in consultation with the Medical Officer of Health, who also visits as necessary. Health visitors visit weekly pending admission, and report if cases become more urgent.

The Consultants and Resident Medical Officers in charge of the beds for the chronic sick have visited the Local Authority Part III accommodation and liaison is good. We are notified of most cases before discharge.

Action has been taken in three cases under Section 47 of the National Assistance Act.

It is the policy of the Regional Hospital Board to appoint Geriatricians who will also be responsible for home visiting in due course.

Venereal Diseases
Diabetics
Health visitors are allocated part-time to attend
these special clinics at hospital, and to undertake the necessary domiciliary visiting.

12. Domestic Help.

The domestic help service is under the direct control of an Organiser who is responsible to the Medical Officer of Health. There is a special tuberculosis branch and the "Sitters-up" service is also under the control of the Organiser of Home Helps. A register is kept of women who are willing to undertake last offices.

Both full-time and part-time domestic helps are employed, but they work on a regular basis and there is no arrangement for a retaining fee for casual workers. Overalls and aprons are provided for all home helps, and out-door uniforms for permanent members of the full-time staff. There are no facilities for training.

13. Health Education.

Health Education is recognised as a major function of all Health Department staff engaged in domiciliary visiting. This constant teaching at home and in clinics is of more value than the occasional "special effort".

The Authority contribute to the funds of the Central Council for Health Education and have sites reserved on hoardings for poster displays on current health topics. Posters are also used widely in clinics, hospitals, public library and other public places.

The Central Council for Health Education have twice held three-day courses in the City for Public Health workers, and members of the Health Department staff address various organisations on health topics whenever opportunity occurs. Talks are also given in schools by school nurses, and parent-teacher associations are visited whenever possible.

A series of four lectures is given every three months for expectant mothers.

The Authority have no Health Education Officer at present, this officer having been seconded for full-time Civil Defence duties.

14. Mental Health.

(i) Administration.

- (a) Committee responsible for service (See Section 1).
- (b) Staff.—The Mental Health Service is under the general direction of the Medical Officer of Health, but a consultant psychiatrist on the staff of the Regional Hospital Board, who is Medical Superintendent of the local mental hospitals, acts as Medical Adviser to the Authority's Mental Health Committee.

There is no psychiatric social worker or qualified mental health worker in the service. The Authority have agreed to employ such staff, but have been unable to obtain suitable applicants.

There are three Duly Authorised Officers, 1 Senior and 2 Assistants, all of whom have attended the six weeks' course run by the National Association for Mental Health.

The staff of the Occupation Centre for mental defectives is as follows:—

1 Supervisor.

3 Assistants.

The Supervisor has completed one year's teachers, training in Newcastle, one assistant is at present attending the one year's course organised by the National Association for Mental Health, and a second is to attend the course commencing next October.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees. See Section 14 (i) (b).

The Duly Authorised Officers supervise patients on licence from Institutions for Mental Defectives, but there have been no applications for supervision of patients on trial from mental hospitals. Cases have not been notified to the Local Authority on discharge to date, but the hospitals have been without a Medical Superintendent for some considerable time and their administration has only recently been re-organised. The Superintendent recently appointed, who is also Consultant in Mental Health to the Local Authority, hopes to develop an integrated service for hospital and home care.

(d) Duties delegated to Voluntary Associations.

The Authority contributed to the York and North Riding Mental After-Care Committee, but have not had cases for after-care referred to them by the hospitals.

(e) Arrangements for the training of staff. See Section 14 (i) b.

The Authority send staff to refresher courses or members of the Occupation Centre staff to various courses on special aspects of teaching whenever opportunity occurs.

Staff have also been sent to the East Leeds Occupation Centre for short periods pending attendance at the year's course run by the National Association for Mental Health.

(ii) Account of work undertaken in the community. See Section 14 (i) c.

(a) Under Section 28, National Health Service Act, 1946.

Close liaison with the National Assistance Board and with the Ministry of National Insurance Officers has been maintained and the appropriate benefits obtained.

It is the practice in this area for general practitioners to send their patients to psychiatric clinics at the hospitals and assistance has been given by the Local Authority in getting patients to the clinics when necessary.

A grant of £30 is made by the Local Authority to the North Riding Mental After-Care Association. No patients have been sent by the Local Authority to mental after-care homes during the period under review.

The after-care of mentally ill patients leaving hospital is undertaken by the Psychiatric Social Worker attached to Naburn and Bootham Park Hospitals. In a few instances relatives of patients have called at the office for advice and assistance.

(b) Under the Lunacy and Mental Treatment Acts 1890-1930 by Duly Authorised Officers.

Voluntary Patients.—There have been 92 voluntary patients admitted to York hospitals during 1952. This is an increase of 23 over the preceding year. The number of voluntary patients who left hospital was 62.

Temporary Patients.—Fourteen temporary patients were admitted to hospital during 1952, compared with 3 during 1951.

Certified Patients.—Fifty-six patients were admitted to hospital during 1952, compared with 57 in 1951.

Three Day Orders—Section 20.—136 patients were admitted to Section 20 beds at The Grange on Three Day Orders, the same number as in 1951. Of these, 38 were over 70, as compared with 47 last year.

Deaths.—There were 26 deaths during 1952, compared with 30 in 1951.

- (c) Mental Deficiency Acts, 1913-1938.
- (i) Ascertainment, including number of defectives awaiting vacancies in institutions at the end of 1952.

During 1952 there were 28 cases ascertained and found subject to be dealt with under the Mental Deficiency Acts as compared with 33 cases last year. These were made up as follows:—

Reported by Local Educa	tion A	Author	rity:-			
Under Section 57 (3)	of the	Educa	ation A	ct, 194	4	9
Under Section 57 (4)	of the	Educa	ation A	ct, 194	4	2
Under Section 57 (5)	of the	Educa	ation A	ct, 194	4	11
Other Sources						6
Total						28
Total	• •					_
771 ' 1' 1 A 11						
Their disposal was as follows:	ows:-					The same
Institutions						5
Statutory Supervision						17
Voluntary Supervision	n					1
Place of Safety						2
Action Pending						3
Total						28
						_
The total number at 31st	Dece	mber,	1952,	was as	follow	s:
In Institutions						167
Statutory Supervision						132
Voluntary Supervision	1					10
Place of Safety						3
Action Pending						3
Guardianship						3
						318

The majority of mental defectives are ascertained by approved doctors through the school health service. During 1952 this method accounted for 22 cases. From other sources 6 cases were ascertained, one from a general practitioner, 2 through the maternity and child welfare service and the rest transfers from other authorities.

The supervision of mental defectives is undertaken by the three mental health workers who are Duly Authorised Officers. Several cases have been visited at home by the Medical Adviser to the Mental Health Sub-Committee. Certificates of exception from the National Health Insurance have been obtained where necessary, and also N.S. 312 Form for exemption from Military Service. Assistance has been given to all defectives in obtaining suitable employment.

(ii) Guardianship and Supervision.

The number of Guardianship cases is three. Certificates of exemption from payment of National Insurance have been obtained in all appropriate cases.

(iii) Occupation Centre-Training.

The Local Authority provides an occupation centre for 43 York cases. There is no industry centre for male adults, but premises have been obtained for this purpose, and it is hoped to open the centre during 1953. One mental defective is receiving home training.

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