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Contributors

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COUNTY COUNCIL OF THE WEST RIDING
OF YORKSHIRE

SIXTY-THIRD
ANNUAL REPORT

OF THE

County Medical Officer

AND FORTY-FOURTH ANNUAL REPORT

OF THE

School Medical Officer

YEAR 1951

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(as at 1.10.52.)

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INTRODUCTION

At the time of writing this there is no County Medical Officer to present the report on the public health and preventive medical services in the West Riding Administrative Area for the year 1951. Dr. Fraser Brockington was County Medical Officer for most of the year, leaving in August to take up his appointment as Professor of Social and Preventive Medicine in the University of Manchester.

The Minister of Health has requested that the Annual Report for 1951 should follow the lines of that for 1950 and that special mention should be made of Local Health Services under Part III of the National Health Service Act, 1946. This has been done and the report, therefore, follows in the main the pattern of the previous year.

Mention should be made of the year 1951 being a census year after a period of 20 years since the previous one in 1931. A few of the interesting facts which have already been obtained are that the population of the Administrative County has increased by 5.6 per cent. but this is considerably less than the average increase for all the Administrative Counties in England and Wales; the population in the age groups 5 to 35 years has fallen and there is a great increase in the older population from 35 years upwards. The last is but one further reminder that this country has an ageing population.

Once again it is pleasant to report that the infant mortality rate has reached a new record low figure of 32 compared with 35 for 1950. The birth rate is also falling but this is a trend to be expected following an increase during and immediately after the war years. The death rate has increased to 12.7 from 11.8 in 1950, the main causes being in the rates for heart and circulatory diseases, influenza and pneumonia, bronchitis and other diseases of the respiratory system. It is of interest to note that the death rate from cancer has declined from 1.83 to 1.80. No conclusion should be drawn from this at this stage.

The table setting out Child Mortality for the years 1937 to 1951 should be studied, particularly as regards the number of accidents. In 1937 the three main causes of deaths of children between 1 and 5 years were—pneumonia 141, infective and parasitic diseases (excluding tuberculosis) 114, accidents 57. In 1951 these three had fallen to 22, 30 and 29 respectively, showing that the rate of decrease has not been so rapid in the case of accidents. Prevention of accidents in the home and the general safety of children are matters which should be actively pursued, for there is scope for reducing the number of deaths apart from the saving in suffering of injured children.

In Mental Health progress has been made by a realisation that facilities for the training of mental defectives not in institutions must be increased. During the year the Council's scheme under Section 51 of the National Health Service Act, 1946, has been amended and now the aim is for the establishment of 15 occupation or industry centres in densely populated districts, group training by Home Teachers in sparsely populated areas, and home training in isolated parts of the county. Group training, commenced during the year, has proved very popular and there is an increasing demand from parents for the training of defective children which has been difficult to satisfy owing to shortage of trained staff.

In the large and fruitful field of child welfare the supervision of the health of the growing baby and toddler continues with the work of the health visitors in the homes and in the infant welfare centres. Six new centres were opened during the year and approval in principle was given by the Ministry of Health to the building of a multiple clinic in Morley and a satellite clinic in Hemsworth, and the provision of a mobile clinic to be used in the northern part of the county. Thus, slowly, we are progressing in the establishment of our services in suitable buildings, designed and equipped for the purposes of our work in the community. Although the mobile clinic is, in the first place, experimental, I think it will soon prove its value and lead to the provision of another, for there are also sparsely populated communities in the southern part of the county.

During the year the demand for the services of Home Helps increased considerably and towards the end of the year the full establishment of 500 was in use. The care of the aged is one of our expanding commitments for the use of this service and note has been made of the need for a further increase in the establishment of Home Helps.

I am,

Yours faithfully,

J. WOOD-WILSON

DEPUTY COUNTY MEDICAL OFFICER

PART I

VITAL STATISTICS

Area and Population

On the 1st April, 1951, 570 acres with a population of 282 as at the 1951 Census was taken from the Doncaster Rural District and added to the County Borough of Doncaster, also 500 acres with a population of 122 as at the 1951 Census from the Wakefield Rural District and added to the County Borough of Wakefield.

After the above changes, the area and population of the Administrative County and the aggregates of the Urban and Rural Districts therein are as under:—

Area (acres)—Urban, 380,334; Rural, 1,229,425; County, 1,609,759

Estimated Population (Mid-1951)—Urban, 1,157,200; Rural, 429,100; County, 1,586,300

Number of Municipal Boroughs 10; Urban Districts 58; Rural Districts 21; Total 89

Summary for 1951

The birth rate was 15.8; the stillbirth rate per 1,000 live and still births 26; the live premature birth rate per 1,000 live births 48. The death rate from all causes was 12.7; diphtheria nil; whooping cough 0.01; measles 0.01; meningococcal infections (cerebral spinal or spotted fever etc.) 0.01; acute poliomyelitis (infantile paralysis) 0.01; tuberculosis of the lungs 0.24; other forms of tuberculosis 0.04; respiratory diseases 1.48; cancer 1.80; heart and circulatory diseases 4.72. Infant mortality was 32 and maternal mortality per 1,000 live and still births 0.93.

A comparison with the figures for the past 62 years is given in the following table:—

Year	Birth Rate	Death Rate All Causes	Zymotic Death Rate	Tuberculosis of lungs Death Rate	Other Tuberculosis Diseases Death Rate	Respiratory Diseases Death Rate	Cancer Death Rate	Still Births per 1,000 total births	Maternal Mortality per 1,000 live births	Infant Mortality
1890-1909	28.9	16.7	1.89	1.19	0.52*	3.20	0.77*	†	†	147
1910-1919	22.5	14.5	1.26	0.84	0.41	2.58	0.98	†	4.81	112
1920	25.1	12.6	0.94	0.71	0.28	2.26	1.07	†	5.26	92
1921	23.3	12.6	0.78	0.74	0.29	2.20	1.11	†	5.04	97
1922	20.9	12.2	0.58	0.68	0.30	2.07	1.15	†	4.16	81
1923	20.6	12.2	0.53	0.71	0.28	2.11	1.16	†	4.32	81
1924	20.4	12.8	0.48	0.70	0.25	2.43	1.19	†	4.57	83
1925	20.1	12.3	0.53	0.70	0.26	2.15	1.22	†	5.12	81
1926	19.4	11.6	0.46	0.62	0.22	1.78	1.24	†	4.82	73
1927	17.7	12.6	0.51	0.65	0.21	2.12	1.28	†	5.18	79
1928	17.7	11.5	0.28	0.61	0.22	1.46	1.29	†	5.45	62
1929	16.7	13.6	0.54	0.66	0.21	2.22	1.28	47	5.24	89
1930	16.9	11.4	0.33	0.57	0.20	1.35	1.33	45	6.25	65
1931	16.1	12.4	0.38	0.57	0.16	1.64	1.32	45	5.82	74
1932	15.8	12.1	0.39	0.52	0.17	1.33	1.46	48	5.22	70
1933	15.0	12.2	0.30	0.49	0.14	1.36	1.42	47	6.24	70
1934	15.2	11.7	0.41	0.44	0.12	1.16	1.44	48	5.81	58
1935	15.0	11.9	0.28	0.48	0.10	1.13	1.48	47	4.55	58
1936	15.1	12.3	0.29	0.44	0.12	1.25	1.51	45	4.35	63
1937	15.2	12.7	0.21	0.46	0.11	1.23	1.60	45	3.92	60
1938	15.5	11.6	0.23	0.38	0.11	0.99	1.55	44	3.74	51
1939	15.2	12.2	0.18	0.41	0.10	1.01	1.52	42	3.05	54
1940	15.3	13.4	0.18	0.42	0.11	1.94	1.58	40	3.26	56
1941	15.4	12.3	0.22	0.42	0.12	1.43	1.68	39	2.72	57
1942	17.0	11.7	0.18	0.42	0.12	1.26	1.65	36	3.36	49
1943	17.8	12.7	0.19	0.43	0.12	1.63	1.72	34	2.48	50
1944	20.2	12.1	0.12	0.37	0.09	1.32	1.79	31	1.98	44
1945	17.9	12.3	0.19	0.38	0.09	1.36	1.80	30	1.78	51
1946	19.7	11.9	0.13	0.36	0.08	1.31	1.72	29	1.86	44
1947	21.5	12.3	0.16	0.39	0.09	1.37	1.80	26	1.31	45
1948	18.5	11.3	0.12	0.37	0.07	1.29	1.74	24	1.17	39
1949	17.2	12.1	0.08	0.32	0.05	1.44	1.81	24	0.85	38
1950	16.3	11.8	0.10	0.25	0.04	1.18	1.83	24	1.00	35
1951	15.8	12.7	0.10	0.24	0.04	1.48	1.80	26	0.96	32

* This rate is for the 10 years 1900—1909.

† Figures not available.

Birth and death rates are per 1,000 estimated population; diseases, injuries, and causes of death are classified at international level so that the official statistics relating to mortality and diseases of each country adopting the international classification are comparable. The classified lists are known as "The International Statistical Classification of Diseases, Injuries, and Causes of Death" and the Sixth Decennial Revision thereof has been made by an International Expert Committee appointed by the World Health Organisation. The reason for revision of classification from time to time is so that the statistics conform to modern knowledge and usage. The Sixth Revised Classification came into operation in England and Wales in connection with the statistics for the year 1950. The death rate from infectious diseases is, therefore, now shown on a new basis. Prior to 1950 it was the combined death rate (known as the zymotic diseases death rate) from what were formerly the principal infectious diseases, namely, scarlet fever, enteric fever, smallpox, diphtheria, measles, whooping cough, and diarrhoea under two years of age. Due to the public health services and advances in medical knowledge, the mortality from these diseases as compared with other infectious diseases is now almost negligible, as is also the incidence of some of them. The mortality from infectious diseases is now best expressed by a combined death rate from all infective and parasitic diseases excluding tuberculosis, influenza, pneumonia, enteritis, and certain localised infections; the rates from 1950 are shown on this new basis. The respiratory diseases death rate is the combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis of the lungs; the premature birth rate and the infant mortality rate are per 1,000 live births. The maternal mortality rate is stated in two ways (a) per 1,000 live births; (b) per 1,000 live and still births. The latter is obviously the more correct way but the number of still births has been available only since 1929, therefore the rates in the foregoing table are per 1,000 live births in order that a correct statistical comparison is shown between the size of the rates since 1929 with those for previous years.

Census, 1951

The Fifteenth Census of the population of England and Wales was taken on the 8th April, 1951. The previous (Fourteenth) Census was taken in April, 1931, and as the Registrar-General remarks "There was thus, for the first time since the series began in 1801, an interval of twenty years instead of the customary ten." The Registrar-General issued his Preliminary Report on the 1951 Census later in that year. The figures given therein are provisional and subject to confirmation in the substantive Census reports which are based upon a central check of the actual Census returns. The Registrar-General states that "Judging by past experience, although the figures are provisional, material discrepancies are unlikely." The figures below are compiled from the Preliminary Report and are based on the areas as constituted at the 8th April, 1951 (that is, as at present constituted) and the population figures shown for 1931 are adjusted for changes in boundary which have taken place since the 1931 Census, except for a small change, involving a loss to the Administrative County of less than 500 population, which took place on the 1st April, 1951, in connection with the Doncaster and Wakefield Rural Districts.

District	Area in Acres (2)	Census Population						Censal Increase or Decrease 1931-1951 (Persons)			
		1931			1951			Numbers		Percentage of 1931 Population	
		Persons† (3)	Males (4)	Females (5)	Persons (6)	Males (7)	Females (8)	Increase (9)	Decrease (10)	Increase (11)	Decrease (12)
WEST RIDING											
Admin. County and Associated County Boroughs*	1,779,353	3,352,411	1,614,540	1,737,871	3,480,066	1,670,674	1,809,392	127,655	—	3.8	—
County Boroughs	169,594	1,848,354	877,295	971,059	1,891,290	899,606	991,684	42,936	—	2.3	—
Admin. County	1,609,759	1,504,057	737,245	766,812	1,588,776	771,068	817,708	84,719	—	5.6	—
Municipal Boroughs and Urban Districts	380,334	1,198,519	545,431	583,088	1,161,305	555,485	605,820	32,786	—	2.9	—
Rural Districts	1,229,425	375,538	191,814	183,724	427,471	215,583	211,888	51,933	—	13.8	—

*Barnsley, Bradford, Dewsbury, Doncaster, Halifax, Huddersfield, Leeds, Rotherham, Sheffield and Wakefield are the Associated County Boroughs.

†The corresponding figures as at the 1921 Census were:—

Admin. County and Associated County Boroughs	...	...	...	3,181,254
County Boroughs	...	...	...	1,794,564
Admin. County	...	...	...	1,386,690
Municipal Boroughs and Urban Districts	...	...	...	1,079,286
Rural Districts	...	...	...	307,404

It will be noted from column (11) of the preceding table that the percentage increase of population in the Administrative County (5.6) is nearly $2\frac{1}{2}$ times greater than the corresponding figure for the Associated County Boroughs (2.3). This is largely due to the increase of population in the Rural Districts (percentage increase 13.8). The percentage increase of 5.6 for the Administrative County is considerably less than that for all the 62 Administrative Counties in England and Wales, namely 13.5, and less than that for any of the 49 Administrative Counties in England with the exception of Cumberland (5.6), Durham (2.0 decrease), London (23.8 decrease), East Suffolk (4.7) and Westmorland (3.0).

The increase of 32,786 in the 1951 population of the Boroughs and Urban Districts, and of 51,933 in that of the Rural Districts of the West Riding Administrative County, shown in column (9) of the preceding table, are the nett figures. Some districts had an increase and others a decrease as will be seen from the table below:—

Intercensal Increase or Decrease of Population, 1931-51.

	Number of Areas	Population Increase	Number of Areas	Population Decrease	Nett Population Increase
Boroughs and Urban Districts	39	57,956	29	25,170	32,786
Rural Districts	17	53,813	4	1,880	51,933
Admin. County	56	111,769	33	27,050	84,719

The Districts in the Administrative County with the largest numerical increase of population for 1951 over that for 1931 (i.e. 4,000 or more) are Aireborough U.D. 7,101; Harrogate B. 6,696; Pudsey B. 5,702; Wortley R.D. 16,135; Rotherham R.D. 11,672; Doncaster R.D. 6,242; Tadcaster R.D. 4,354; and Wetherby R.D. 4,007. Those with the largest numerical decrease for 1951 (i.e. 1,500 or more) are Todmorden B. 3,194; Colne Valley U.D. 2,211; Sowerby Bridge U.D. 1,788; Conisbrough U.D. 1,762; Barnoldswick U.D. 1,632; Normanton U.D. 1,578; and Batley B. 1,585.

The County Districts with the largest percentage increase of population for 1951 over that for 1931 (i.e. 15.0 or more) are:—*Boroughs*:—Pudsey 23.2; Pontefract 16.6; Harrogate 15.3. *Urban Districts*:—Aireborough 34.8; Baildon 29.9; Knaresborough 25.8; Maltby 24.7; Bentley-with-Arksey 20.5; Horsforth 19.8; Silsden 19.0; Darfield 18.6; Knottingley 17.7. *Rural Districts*:—Wortley 55.6; Rotherham 32.1; Wharfedale 25.2; Wetherby 24.5; Tadcaster 19.3; Nidderdale 17.2.

Those County Districts with the largest percentage decrease (i.e. 5.0 or more) are:—*Boroughs*:—Todmorden 14.3; Goole 5.0. *Urban Districts*:—Barnoldswick 13.7; Conisbrough 9.7; Colne Valley 9.1; Denby Dale 8.9; Sowerby Bridge 8.7; Normanton 7.6; Meltham 7.5; Adwick-le-Street 7.2; Featherstone 6.9; Cudworth 6.6; Holmfirth 5.6; Hebden Royd 5.1. *Rural Districts*:—Hepton 15.9; Bowland 9.5.

A large percentage increase is shown by Doncaster C.B. (26.6) and Rotherham C.B. (9.5) compared with the other West Riding County Boroughs and three have a slight decrease, viz., Bradford C.B. (2.1), Dewsbury C.B. (1.5) and Sheffield C.B. (1.0). The percentage increase for all the 83 County Boroughs in England and Wales is 1.6, compared with 2.3 for the ten West Riding County Boroughs.

The table below shows the Boroughs and Urban Districts in the Administrative County graded according to population:—

Population of County Districts	No. of Areas	Aggregate Population, 1951	Aggregate Population of same Areas, 1931	Mean percentage increase or decrease, 1931-51
<i>Boroughs and Urban Districts.</i>				
60,000 and over	None	—	—	—
50,000 and under 60,000	2	107,392	100,295	+7.1
40,000 " " 50,000	2	83,368	85,767	-2.9
30,000 " " 40,000	5	170,208	161,080	+5.7
20,000 " " 30,000	6	142,992	134,712	+6.1
15,000 " " 20,000	17	310,510	316,935	-2.0
10,000 " " 15,000	18	223,310	211,749	+5.5
5,000 " " 10,000	15	114,187	108,781	+5.0
4,000 " " 5,000	1	4,262	4,241	+0.5
3,000 " " 4,000	None	—	—	—
2,000 " " 3,000	2	5,136	4,959	+3.6
Under 2,000	None	—	—	—
	68	1,161,305	1,128,519	+2.9

"The growth of the population of a community is determined by the excess of births over deaths (natural increase) and by the balance of immigration and emigration." (*Sir Arthur Newsholme, formerly Principal M.O., Local Govt. Board*). The statistics for the West Riding Administrative County for the intercensal period 1931-1951 are shown below:—

(1)	Estimated number of		Estimated natural increase of population 1931-51	Actual Censal increase of population as shown by Census 1951	Estimated loss of population due to migration in intercensal period 1931-51
	Births 1931-51	Deaths 1931-51			
(2)	(3)	(4)	(5)	(6)	
Admin. County	502,280	364,890	137,390	84,719	52,671
Municipal Boroughs and Urban Districts	362,195	282,560	79,635	32,786	46,849
Rural Districts	140,085	82,330	57,755	51,933	5,822

In calculating the above figures, account has been taken of changes in boundary which have been made since the 1931 Census. Column 5 shows the actual increase which has taken place in the population since the 1931 Census, Column 4 shows the increase which would have been recorded if there had been no loss (or gain) due to migration whilst the figures in Column 6 (obtained by subtracting those in Column 5 from Column 4) show the estimated loss of population due to migration.

Although, in the intercensal period, there was a loss of population by migration in the Administrative County as a whole, and in the aggregate of Municipal Boroughs and Urban Districts, and that of the Rural Districts, that does not signify that every County District has experienced such a loss. Some Districts will have gained by immigration, others lost by emigration and in others the two movements in and out will probably have nearly balanced each other. In 1951, the General Register Office published a report on "Internal Migration—Some Aspects of Population Movements within England and Wales." The information and statistics therein are based on the National Registration statistics and among the areas selected for detailed study two, namely Batley Borough and the Wortley Rural District, are situate in the West Riding Administrative County. The figures relating to these two Districts which are shown below have been taken from the report. In the case of Batley B., the figures are for the 12 months ended 30th September, 1950 and in that of the Wortley R.D. they are for the 12 months ended 30th September, 1949.

	Age Group	Batley B.		Wortley R.D.	
		Ins	Outs	Ins	Outs
<i>Numbers.</i>					
Persons.		1,871	1,971	5,401	3,659
Percentage Distribution.	0—4	12.5	11.1	19.7	18.5
	5—9	4.6	5.6	8.5	8.1
	10—14	3.3	3.0	4.5	4.1
	15—19	6.4	6.7	4.2	5.5
	20—29	36.5	33.4	28.7	31.1
	30—39	16.4	15.6	17.6	16.3
	40—49	8.5	9.6	7.7	7.2
	50—59	5.4	5.5	3.3	3.6
	59+	6.4	9.5	5.8	5.6
	Total	100	100	100	100

The report remarks with regard to these two areas:—

"Batley is one of the centres of the heavy woollen trade in the West Yorkshire wool textile area. It lies in the southern part of this area and is contiguous with Dewsbury. It is within easy reach of Wakefield, Leeds and Bradford. The growth of Batley as an urban settlement seems to have been hindered rather than helped by the proximity of these larger towns, and it has not attracted immigrants in large numbers."

"Wortley R.D. covers about 100 square miles on the eastern margins of the Pennines immediately north of Sheffield. Much of the area is sparsely populated moorland, but towards the east there is some agricultural, industrial and mining development. There is a common boundary with Sheffield for 12 or 13 miles. It is the expansion of Sheffield across this boundary that is the cause of the rapid increase in the population of Wortley R.D. which has taken place in the last two or three years."

The table below shows the population of the Administrative County in age groups:—

Age Group	Population		Percentage to total population	
	Census 1931	Census 1951	Census 1931	Census 1951
Under 5	117,587	139,900	7.82	8.81
5 and under 15	259,430	227,700	17.25	14.33
15 " " 20	127,652	97,200	8.49	6.12
20 " " 25	126,808	104,600	8.43	6.58
25 " " 35	244,609	231,500	16.26	14.57
35 " " 45	207,437	233,900	13.79	14.72
45 " " 55	184,806	220,400	12.29	13.87
55 " " 65	138,112	165,400	9.18	10.41
65 " " 75	73,558	117,900	4.89	7.42
75 " " 85	21,900	44,400	1.46	2.80
85 and over	2,158	5,900	0.14	0.37
Total	1,504,057	1,588,800	100.00	100.00

The following observations can be made on the figures in the above table. The increase in the population of the "under fives" from 117,587 in 1931 to 139,900 is due (a) mainly to the increase in the number of births which took place during and since the war, and (b) to a much smaller extent to the decrease in mortality in this age-group. The most striking feature of the figures is the decrease (by 97,499) in the population between the ages of 5 and 35 and the increase (by 159,929) in that at older ages from 35 and upwards. The decrease in population in the age groups 15 to 20, 20 to 25 and 25 to 35 is due mainly to the decline in the birth rate.

In the age group 35 and under 45 and all those at higher ages, the population has increased. These people were born in a period when the birth rate was much higher. In addition there is the increased and increasing longevity of the present day. In this connection, it will be noted from the figures that the number of persons aged 75 and over has more than doubled since 1931.

In 1931 the percentage of males and females in the overall population was 49 and 51 respectively, the corresponding percentages for 1951 being almost the same, viz., 48 and 52.

Births and Infant Mortality

Live births in 1951 numbered 25,113 (13,026 males, 12,087 females) which is at the rate of 15.8 per thousand of the estimated population, compared with 25,898 (16.3 per thousand population) in 1950, 27,176 (17.2) in 1949, 28,966 (18.5) in 1948 and 32,747 (21.5) in 1947. The birth rate has not been maintained at the higher level which it reached during the war years and the years immediately following. The decline therefrom had its onset in 1948, and it is probable that it will continue until the rate is down to the level it was at in the years immediately prior to the war, i.e. 15.0 to 15.5. As is well-known, the decline in the birth rate is no new feature of the vital statistics, either nationally or locally. Its effect on the maintenance of the numerical strength of the population has, however, been offset to a limited extent by the greater expectation of life consequent on a coincidental decline in the death rate. For example, in the West Riding Administrative County coincident with a decline in the crude birth rate from 31.1 in 1890 to 15.8 in 1951, the general death rate has declined from 19.9 to 12.7, and the infant mortality rate from 149 to 32. The Registrar-General has published an abridged life table for 1950 for England and Wales. From this, and life tables for England and Wales for previous years, it has been possible to construct the following statistical table. Being based, as it is, on life tables for England and Wales in the absence of corresponding tables for the Administrative County, it should be stated that, deducing from statistics which are available, the expectation of life in the Administrative County does not appear to be quite so favourable as that for England and Wales as a whole, but the difference is too small to have any effect on the value of the figures given in the statistical table. The table shows how many, approximately, of the 25,113 babies born in the Administrative County in 1951 would be alive at certain ages if the expectation of life of the periods shown in the first column had applied in 1951:—

Period	Number of Survivors at following ages (in years).			
	1	15	45	70
1838-54	21,354	17,188	12,627	5,971
1871-80	21,491	17,835	13,575	6,244
1891-1900	21,174	18,581	15,000	6,950
1930-32	23,518	22,439	20,077	12,072
1950	24,360	24,093	22,852	15,033

It will be seen, for example, that of the 25,113 babies born in 1951, 22,852 would be alive at the age of 45 on the expectation of life for 1950, but only 12,627 on that for 1838-54. To put it another way, the birth rate of 1851 (38.4) when applied to the present day population figure of the Administrative County gives a hypothetical figure of 60,914 births, or 35,801 more than the actual number of births in 1951. The figure of 60,914 births would produce 30,651 survivors at age 45 on the expectation of life of 1838-54. This is only 7,799 more than with the present actual number of births on the 1950 expectation.

In 1951, 798 infants died under one year of age, the rate per thousand live births being 32 (35 in 1950). It is pleasing to be able to remark for the fourth year in succession that this is the lowest infant death rate ever recorded for the Administrative County. A rate at this level seemed almost the ideal of attainment twenty years ago when the figure was round about 70. It is, however, higher than that for England and Wales, namely 30, and there is still room for improvement. The level of the infant mortality rate varies from 35 to 39 in the northern parts of England and Wales down to 24 to 27 in agricultural East Anglia and the southern parts. The Administrative County rate occupies almost a midway position.

In the Administrative County there was no great variation in the rate of infant mortality from the various causes in 1951 as compared with 1950. Comparisons with the mortality experience from specific causes of death in the years prior to 1950 can only be generalised owing to the coming into use with 1950 of a revised International Classification of Causes of Death. It can be said, however, that the mortality of infants from the commoner infections and respiratory diseases is now less than a fifth what it was thirty to forty years ago, and constitutes 26.3 per cent. of the total mortality compared with 42.1 per cent. in the earlier period. The group of causes of death which is the hard core of the infant mortality contains the developmental and wasting diseases—e.g., congenital malformations; premature birth; and atelectasis. The infant mortality from this group was about 35 per thousand live births in 1921, had dropped to only about 33 by 1931, and remained between 22 and 29 from 1939 to 1946, since when it has declined to something under 19. It is hoped that the more definite decline in mortality from this group, which has now commenced apparently, will continue. The infant mortality from one cause, injury at birth, although small, has been at the same level or somewhat higher since 1935—in point of fact it increased to that level whilst the mortality from other causes showed a tendency to decline. The exact mortality rate in the Administrative County from this cause is not known, but there can be little variation from that for England and Wales, namely 1.39 per thousand births in 1921, 2.11 in 1931, 2.55 in 1941 and 2.61 in 1950.

The mortality of infants at various periods in the first year of life is shown below for the past seven years for the Administrative County—

	Number of Deaths							Deaths per 1,000 Live Births						
	1945	1946	1947	1948	1949	1950	1951	1945	1946	1947	1948	1949	1950	1951
<i>Male Infants</i>														
Under 4 weeks ...	407	455	450	339	323	319	297	30.3	29.6	26.7	22.9	23.1	23.8	22.8
4 weeks—3 months ...	130	124	147	112	94	88	72	9.7	8.1	8.7	7.6	6.7	6.6	5.5
3—6 months ...	116	104	130	99	94	75	61	8.6	6.8	7.7	6.7	6.7	5.6	4.7
6—12 months ...	107	75	117	80	73	48	53	7.9	4.9	7.0	5.4	5.2	3.6	4.1
Total under 1 year	760	758	844	630	584	530	483	56.5	49.4	50.1	42.6	41.7	39.6	37.1
<i>Female Infants</i>														
Under 4 weeks ...	273	317	353	266	259	202	176	22.0	22.2	22.2	18.8	19.7	16.1	14.6
4 weeks—3 months ...	76	82	82	84	68	58	51	6.1	5.8	5.1	5.9	5.2	4.7	4.2
3—6 months ...	103	82	103	85	61	70	54	8.3	5.8	6.5	6.0	4.6	5.6	4.5
6—12 months ...	101	65	80	64	65	44	34	8.2	4.6	5.0	4.5	4.9	3.5	2.8
Total under 1 year	553	546	618	499	453	374	315	44.6	38.4	38.8	35.2	34.4	29.9	26.1
<i>All Infants</i>														
Under 4 weeks ...	680	772	803	605	582	521	473	26.3	26.1	24.5	20.9	21.4	20.1	18.8
4 weeks—3 months ...	206	206	229	196	162	146	123	8.0	7.0	7.0	6.8	6.0	5.6	4.9
3—6 months ...	219	186	233	184	155	145	115	8.5	6.3	7.1	6.3	5.7	5.6	4.6
6—12 months ...	208	140	197	144	138	92	87	8.0	4.7	6.0	5.0	5.1	3.6	3.5
Total under 1 year	1313	1304	1462	1129	1037	904	798	50.8	44.1	44.6	39.0	38.2	34.9	31.8

The neo-natal mortality rate (that is deaths of infants within four weeks of birth) in 1951 was 18.8 per thousand live births, the same rate as that for England and Wales. The neo-natal mortality rate in the Administrative County and the country as a whole has been on the decline for a number of years. The decline since 1939 in this and the rates at other ages under one year is shown below for the Administrative County:—

	Deaths per thousand live births.			Percentage decrease (—) or increase (+)		
	1939	1945	1951	1945 on 1939	1951 on 1945	1951 on 1939
Under 4 weeks ...	31.6	26.3	18.8	—16.8	—28.5	—40.5
4 weeks—3 months ...	8.5	8.0	4.9	—5.9	—38.8	—42.4
3 months—6 months ...	7.4	8.5	4.6	+12.2	—45.9	—37.8
6 months—12 months ...	6.7	8.0	3.5	+19.4	—56.3	—47.8
Total ...	54.2	50.8	31.8	—6.3	—37.4	—41.3

It will be observed from the above that the rate of decline in the six years 1945 to 1951 was considerably higher than that in the six years 1939 to 1945. In the latter period, the rates of mortality at ages 3 to 6 months and 6 to 9 months actually increased, but, for the whole of the twelve years 1939 to 1951, the extent of the decline is almost the same in all infant age groups as will be seen from the last column of the table. It follows from this that the rates for 1951 under the several age groups occupy approximately the same relative position to the total infant mortality rate of which they form a part as did those for the year 1939 as will be seen from the figures in the last two columns below:—

	Deaths per 1,000 live births.		Percentage of total rate.	
	1939	1951	1939	1951
Under 4 weeks ...	31.6	18.8	58.3	59.1
4 weeks—3 months ...	8.5	4.9	15.7	15.4
3 months—6 months ...	7.4	4.6	13.6	14.5
6 months—12 months ...	6.7	3.5	12.4	11.0
Total ...	54.2	31.8	100.0	100.0

Decline in the rate of infant mortality has taken place in all Districts in the Administrative County and this is demonstrated, albeit in a somewhat limited manner, by the figures below for the three years 1939, 1945 and 1951:—

Infant Mortality per 1,000 live births	Percentage of Districts with rates shown in Column (1)		
(1)	1939 (2)	1945 (3)	1951 (4)
Less than 20 per 1,000 live births ...	7.9	4.5	20.2
20 and less than 40 per 1,000 live births ...	22.5	36.0	57.3
40 " 60 " ...	38.2	37.1	19.1
60 " 80 " ...	21.3	15.7	3.4
80 " 100 " ...	6.7	5.6	—
100 and over per 1,000 live births ...	3.4	1.1	—
Total ...	100.0	100.0	100.0

It will be seen that 10.1 per cent. (6.7+3.4) had an infant mortality rate of over 80 in 1939, 6.7 per cent. in 1945 and none in 1951; also that 77.5 per cent. (20.2+57.3) in 1951 had a rate of less than 40, but only 30.4 per cent. (7.9+22.5) in 1939. The County Districts with rates of 40 or over in 1951 are shown below, the average rates for the previous five years also being given:—

Boroughs and Urban Districts:—		1946-50.	1951.
Baildon ...	...	33	52.6*
Bentley-with-Arksey ...	...	46	43.2
Conisbrough ...	...	50	46.8
Denby Dale ...	...	38	40.7*
Garforth ...	...	27	46.9*
Heckmondwike ...	...	49	51.1*
Knaresborough ...	...	32	45.5*
Knottingley ...	...	39	41.9*
Mexborough ...	...	47	54.8
Morley B. ...	...	43	43.5
Normanton ...	...	40	40.3
Ripponden ...	...	33	57.1*
Silsden ...	...	34	46.5*
Worsborough ...	...	39	52.4
Rural Districts:—			
Doncaster ...	...	52	47.8
Goole ...	...	48	63.3
Hepton ...	...	26	71.4*
Osgoldcross ...	...	36	44.2*
Settle ...	...	31	64.3
Thorne ...	...	56	41.4

The County Districts with the lowest infant mortality rates in 1951 are shown below along with the average rates for 1946-50:—

Boroughs and Urban Districts:—		1946-50.	1951.
Barnoldswick ...	...	39	—*
Dodworth ...	...	31	13.5*
Earby ...	...	17	13.9*
Elland ...	...	36	19.8*
Featherstone ...	...	43	7.5*

<i>Boroughs and Urban Districts:—(continued)</i>					1946-50.	1951.
Hoyland Nether	...	...	...	...	38	19.2*
Kirkburton	...	...	...	...	40	14.2*
Meltham	...	...	...	...	15	12.8*
Otley	...	...	...	...	23	6.4*
Pudsey B.	...	...	...	...	32	16.4*
Stocksbridge	...	...	...	...	35	18.9*
Tickhill	...	...	...	...	32	— *
<i>Rural Districts:—</i>						
Selby	...	...	...	...	33	10.1*
Skipton	...	...	...	...	33	17.9*
Tadcaster	...	...	...	...	32	18.8*
Wakefield	...	...	...	...	41	15.3*
Wetherby	...	...	...	...	28	10.8*
Wharfedale	...	...	...	...	40	— *

The County District rates for 1951 quoted above which are marked with an asterisk are based on less than 10 deaths. Rates of infant mortality based on very small numbers, e.g. less than 10 deaths, should not have much importance ascribed to them without some further test of their significance. Such rates are frequently found in connection with districts with a small population and consequently a small number of births among which only one infant death makes a considerable addition to the infant mortality rate, for instance, one infant death in a district with 100 births means an addition to the infant mortality rate of 10 per thousand births. The converse, of course, operates, that is one infant death the less reduces the rate by 10.

Taking the infant mortality rate for the Administrative County as the average for all the County Districts in the County, no deviation of a County District infant mortality rate therefrom would be regarded as statistically or hygienically significant unless it equalled or exceeded twice the standard error obtained by dividing the infant mortality rate of the District by the square root of the number of births on which that County District rate is based. This test of significance has been applied to all the rates for 1951 for County Districts quoted above, including those marked with an asterisk, and in every case the deviation of the District rate from that of the Administrative County is significant.

Deaths

Deaths in 1951 numbered 20,205 (10,538 males, 9,667 females) compared with 18,791 (9,646 males, 9,145 females) in 1950, the crude death rate per thousand of the estimated population being 12.7 (12.5 England and Wales) in 1951, and 11.8 (11.6 England and Wales) in 1950. The rate of 12.7 for 1951 is the highest since 1943 when it was also 12.7. The increase in the rate for 1951 (0.9) over that for the previous year is mainly accounted for as under:—

Cause of death.	Number of deaths.		Death Rate.		Increase.
	1950	1951	1950	1951	
Heart and circulatory diseases	6,981	7,495	4.39	4.72	0.33
Influenza	99	529	0.06	0.33	0.27
Pneumonia, Bronchitis, etc.	1,877	2,340	1.18	1.48	0.30
	8,957	10,364	5.63	6.53	0.90

The figures below show the percentages of deaths at different ages:—

	1930	1951
Number of deaths.	17,480	20,205
Percentage of deaths at following ages:—		
Under 1 year.	9.7	3.9
1 and under 5 years	4.1	0.9
5 " " 15 "	3.4	0.7
15 " " 25 "	4.1	1.0
25 " " 45 "	11.0	4.8
45 " " 65 "	26.5	22.4
65 " " 75 "	22.2	29.0
75 and over.	19.0	37.3
	100.0	100.0

The decrease in the percentage of deaths in the age groups up to 45, apparently reflects two trends (a) the decrease in the rate of mortality since 1930 in the earlier years of life and (b) the increasing proportion of persons of 45 years of age or over in the population (e.g. 280 per 1,000 population at the 1931 Census to 349 per 1,000 at the Census for 1951) with, consequently, a greater percentage of deaths at the later years of life.

The death rates per thousand population from the main groups of causes of death are shown below:—

	1950.	1951.
Infective and parasitic diseases including tuberculosis.	0.40	0.38
Cancer.	1.83	1.80
Vascular lesions of central nervous system (i.e. cerebral haemorrhage etc.).	1.59	1.72
Heart and circulatory diseases.	4.39	4.72
Influenza, bronchitis, pneumonia and other diseases of respiratory system excluding tuberculosis.	1.24	1.81

The number of deaths and causes in 1951 are shown below:—

Cause of Death	Age at Death									Total
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over		
1. Tuberculosis, respiratory	1	3	3	37	114	148	59	8	373	
2. Tuberculosis, other	3	16	10	15	7	11	1	2	65	
3. Syphilitic disease	1	—	—	—	8	19	14	4	46	
4. Diphtheria	—	—	—	—	—	—	—	—	—	
5. Whooping Cough	9	10	1	—	—	—	1	—	21	
6. Meningococcal infections	6	6	1	—	—	—	—	—	13	
7. Acute poliomyelitis	—	2	1	—	7	—	—	—	10	
8. Measles	6	8	2	—	1	—	—	—	17	
9. Other infective and parasitic diseases	6	4	2	4	7	14	9	8	54	
Total-Infective and Parasitic Diseases exc. Tub.	28	30	7	4	23	33	24	12	161	
10. Malignant neoplasm, stomach	—	—	—	—	26	177	183	144	530	
11. Malignant neoplasm, lung, bronchus	—	1	—	—	24	209	95	31	360	
12. Malignant neoplasm, breast	—	—	—	—	20	118	62	53	253	
13. Malignant neoplasm, uterus	—	—	—	—	14	80	50	22	166	
14. Other malignant and lymphatic neoplasms	1	5	7	11	102	494	488	383	1491	
15. Leukaemia, aleukaemia	1	6	7	1	9	21	8	4	57	
Total—All forms of Cancer	2	12	14	12	195	1099	886	637	2857	
16. Diabetes	—	1	1	2	9	46	48	54	161	
17. Vascular lesions of nervous system	1	1	1	1	36	474	942	1273	2729	
18. Coronary disease, angina	—	—	—	1	42	674	904	613	2234	
19. Hypertension with heart disease	—	—	—	—	7	129	196	179	511	
20. Other heart disease	1	—	7	15	111	478	1079	2326	4017	
21. Other circulatory disease	—	—	—	2	11	91	204	425	733	
Total—Heart and Circulatory diseases	1	—	7	18	171	1372	2383	3543	7495	
22. Influenza	4	2	2	4	15	91	168	243	529	
23. Pneumonia	116	22	7	8	25	106	173	193	650	
24. Bronchitis	22	8	—	—	16	352	512	589	1409	
25. Other diseases of respiratory system	5	1	2	2	20	72	52	37	191	
Total—Diseases of the Res. Sys. incl. Influenza	147	33	11	14	76	621	905	1062	2869	
26. Ulcer of stomach and duodenum	1	—	—	—	16	59	47	34	157	
27. Gastritis, enteritis and diarrhoea	48	3	2	2	10	16	22	26	129	
28. Nephritis and nephrosis	—	—	6	6	33	88	77	86	296	
29. Hyperplasia of prostate	—	—	—	—	—	10	44	73	127	
30. Pregnancy, childbirth, abortion	—	—	—	2	22	—	—	—	24	
31. Congenital malformations	106	21	8	2	10	9	2	—	158	
32. Other defined and ill-defined diseases	426	26	27	37	114	337	303	568	1838	
33. Motor vehicle accidents	—	9	21	33	34	44	20	15	176	
34. All other accidents	33	20	17	15	57	75	66	145	428	
35. Suicide	—	—	—	6	33	78	23	14	154	
36. Homicide and operations of war	1	—	—	—	4	1	1	1	8	
Total—Accidents, Suicide and Violence	34	29	38	54	128	198	110	175	766	
Total—All Causes	798	175	135	206	964	4521	5853	7553	20205	

In addition to environment, nutritional and other conditions of a similar nature conducing to good or bad health, and thus to longer or shorter life (that is, the conditions the betterment or amelioration of which is the chief concern of the preventive medical service) there are other factors, what might be termed arithmetical factors, affecting the level of the crude death rate, namely the age and sex constitution of the population which differ in different areas. Broadly speaking, the death rate among males is higher than among females; the death rate among young people is lower than among old people and, conversely, the death rate among old people is higher than among young people; hence the sex and age constitution of a given population affects the level of its crude death rate. Thus a high proportion of young people in the population of District "A" will tend to lower its crude death rate, whilst a high proportion of old persons in the population of District "B" will tend to higher its crude death rate. The proportion of old people in the population of District "B" might be so much greater than in District "A" that its crude death rate is higher although its environmental and other conditions conducing to good health are much better than those of District "A". To make a really equitable comparison of the death rates of different areas then, these arithmetical "advantages" or "disadvantages" ought to be allowed for. They are allowed for in the Adjusted Death Rate which for any particular area is arrived at by multiplying the crude death rate of the area by what is termed its areal comparability factor. The factor is only available for death rates from all causes. This factor is calculated for each area by a somewhat involved mathematical process. The Adjusted Death Rate of an area is comparable with the death rate for that year, similarly adjusted, of any other area in England and Wales and the crude death rate for England and Wales. The adjusted death rates from all causes for 1950 and 1951 for the Administrative County and the aggregates of Urban and Rural Districts along with the crude death rates for England and Wales are shown below:—

Year.	Urban Districts.	Rural Districts.	Administrative County.	England and Wales.
1950	12.6	11.1	*	11.6
1951	13.6	11.9	13.2	12.5

* Not available.

Excluding County Districts with less than 3,000 population, the Districts with the highest adjusted death rates in 1951 are:—Batley B. 15.1, Bingley U. 15.3, Dearne U. 15.0, Heckmondwike U. 15.9, Horbury U. 15.4, Morley B. 15.2, Ossett B. 16.4, Sowerby Bridge U. 15.2 and Todmorden B. 15.3. Those with the lowest adjusted death rates are:—Featherstone U. 8.6, Ilkley U. 10.8, Kirkburton U. 11.2, Nidderdale R. 11.1, Osgoldcross R. 10.5, Penistone R. 10.4, Ripon and Pateley Bridge R. 8.8, Tadcaster R. 10.9, Wakefield R. 11.1 and Wortley R. 9.6.

Child Mortality

In 1951, 175 children died between the ages of 1 and 5 years compared with 161 in 1950, the corresponding mortality rates being 1.52 (1951) and 1.41 (1950). The rate for 1950 showed a considerable reduction on that for previous years and it is disappointing that for 1951 the rate has not remained at that new low level. Nevertheless it is considerably less than the rates for the years prior to 1950. Ignoring minor fluctuations, the increase in 1951 over the figure for 1950 can be accounted for as follows:—deaths from congenital malformations numbered 21 in 1951 as compared with 9 in 1950, and those from whooping cough and measles 18 against 6 in 1950, but on the other hand, deaths from accidents decreased from 39 in 1950 to 29 in 1951.

The number of deaths of children aged 1 to 5 years from the various causes in the past 15 years is shown in the table below:—

	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Infective and parasitic diseases, excluding tuberculosis ...	114	118	94	90	123	77	85	40	48	25	46	26	20	20	30
Tuberculosis, respiratory ...	6	3	2	4	4	4	2	5	8	1	2	7	2	1	3
Tuberculosis, other ...	36	32	41	37	39	48	44	25	33	20	42	28	24	15	16
Cancer ...	2	4	2	2	7	7	6	8	3	4	6	3	5	8	12
Heart and circulatory diseases ...	3	1	2	—	2	2	—	1	2	1	—	2	2	—	—
Influenza ...	17	6	9	27	5	8	12	5	3	7	4	1	4	2	2
Pneumonia ...	141	114	82	111	94	82	80	56	56	40	36	40	39	24	22
Bronchitis ...	11	10	7	25	21	14	17	7	11	7	11	9	7	2	8
Other diseases of respiratory system ...	4	3	5	2	7	4	7	4	4	2	1	6	4	6	1
Diarrhoea and other digestive diseases*	41	38	28	19	17	31	28	22	21	18	16	18	13	3	3
Congenital debility, malformations, premature birth, etc. † ...	4	9	10	12	14	9	4	12	8	16	8	14	15	9	21
Accidents ...	57	50	41	44	55	68	42	28	52	31	36	31	37	39	29
Other Causes ...	48	57	42	55	57	38	38	35	43	32	34	21	19	32	28
Totals ...	484	445	365	428	445	392	365	248	292	204	242	206	191	161	175

* From 1950, includes only gastritis, enteritis and diarrhoea.

† From 1950, includes only congenital malformations.

The deaths of children aged 1 to 5 years per 1,000 living in that age group are shown below:—

Year.	West Riding.	England and Wales.
1937	5.28	5.11
1938	4.89	4.59
1939	4.04	3.49
1940	4.74	4.83
1941	4.93	5.30
1942	4.35	3.42
1943	4.05	3.34
1944	2.76	2.71
1945	3.08	2.64
1946	2.19	2.08
1947	2.44	2.18
1948	2.07	1.75
1949	1.70	1.56
1950	1.41	1.33
1951	1.52	1.36

Maternal Mortality

The number of deaths of mothers ascribed to complications of pregnancy, childbirth and abortion was 24 in 1951, the mortality rate per 1,000 live and stillbirths being 0.93 compared with 0.98 in 1950. Twenty years ago, the tendency was for the rate to increase, but about 1934-35 decline set in and has continued almost without remission ever since. The number of mothers dying in childbirth in 1951 is a sixth of what it was in 1933. The rate for the Administrative County is higher than that for England and Wales, the figures for the past five years being as under:—

	<i>Administrative County.</i>	<i>England and Wales.</i>
1947.	1.28	1.18
1948.	1.15	1.02
1949.	0.83	0.97
1950.	0.98	0.86
1951.	0.93	0.79

The County rate has declined by 27 per cent. whereas that for England and Wales has declined by 33 per cent. since 1947. It can be said, however, that the rate for the County compares more than favourably with that for areas similar in character in other parts of the country.

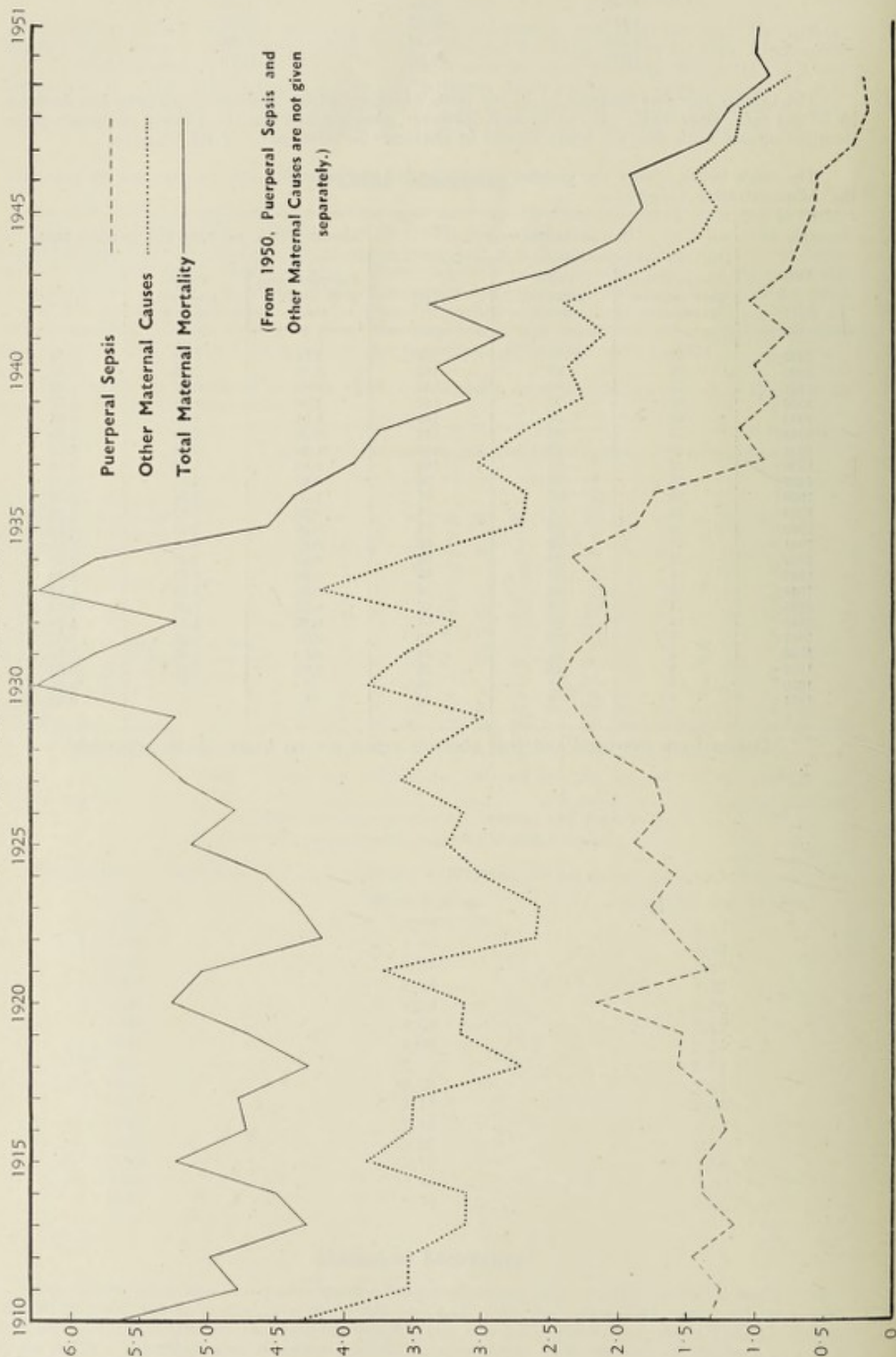
The table below shows the number of deaths and the mortality rate for the past 23 years for the Administrative County:—

Year	No. of deaths from			Mortality Rate per 1,000 live and still births		
	Puerperal and post abortive sepsis	Other maternal causes	Total	Puerperal and post abortive sepsis	Other maternal causes	Total
1929	58	76	134	2.16	2.83	4.99
1930	63	99	162	2.32	3.64	5.96
1931	57	88	145	2.19	3.37	5.56
1932	50	77	127	1.96	3.01	4.97
1933	48	96	144	1.98	3.96	5.94
1934	54	82	136	2.20	3.33	5.53
1935	43	62	105	1.78	2.56	4.34
1936	39	61	100	1.62	2.54	4.16
1937	21	69	90	0.87	2.87	3.74
1938	25	62	87	1.03	2.55	3.58
1939	19	51	70	0.79	2.13	2.92
1940	22	53	75	0.92	2.21	3.13
1941	17	48	65	0.68	1.93	2.61
1942	25	59	84	0.96	2.27	3.23
1943	18	46	64	0.68	1.72	2.40
1944	18	40	58	0.60	1.32	1.92
1945	14	32	46	0.53	1.20	1.73
1946	14	41	55	0.46	1.34	1.80
1947	7	36	43	0.21	1.07	1.28
1948	3	31	34	0.10	1.05	1.15
1949	4	19	23	0.15	0.68	0.83
1950	*	*	26	*	*	0.98
1951	*	*	24	*	*	0.93

* Deaths from puerperal and post abortive sepsis are no longer given separately.

WEST RIDING ADMINISTRATIVE COUNTY—MATERNAL MORTALITY IN THE 42 YEARS 1910-1951

(per 1,000 live births)



PART II

EPIDEMIOLOGY

Incidence and Notification of Infectious Disease

Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, and the fevers known by any of the following names, typhus, typhoid, enteric, or relapsing, are compulsorily notifiable under Section 144 of the Public Health Act, 1936; chickenpox is notifiable under Section 147 of the same Act in some West Riding County Districts; food poisoning under Section 17 of the Food and Drugs Act, 1938. The following communicable diseases are compulsorily notifiable under the regulations stated in brackets—measles and whooping cough (Measles and Whooping Cough Regulations, 1940); meningococcal infection; acute poliomyelitis—paralytic and non-paralytic; and acute encephalitis—infective and post infectious (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection Regulations, 1949); ophthalmia neonatorum (Ophthalmia Neonatorum Regulations, 1926, 1928 and 1937); puerperal pyrexia (Puerperal Pyrexia Regulations, 1939); tuberculosis, now the (Tuberculosis Regulations, 1952); malaria, dysentery and acute primary and influenzal pneumonia (Infectious Diseases Regulations, 1927); plague (Notification of Case of Plague (General) Regulations, 1900). The contagious diseases of syphilis, gonorrhoea and soft chancre (classed under the term venereal diseases) and scabies are not compulsorily notifiable.

The following table shows the number of cases in 1951 of each "notifiable" disease, being the numbers of cases originally notified and the final numbers after corrections subsequently made by the notifying medical practitioner or by the Medical Superintendent of the infectious diseases hospital, because of revised diagnosis as a result of bacteriological reports or further observation of cases since notification:—

AGE GROUP	Scarlet Fever		Whooping Cough		Acute Poliomyelitis (Paralytic)		Acute Poliomyelitis (Non-Paralytic)		Measles		Diphtheria	
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified (All Ages)	928	917	3319	3630	49	52	39	33	12954	12267	33	26
	1845		6949		101		72		25221		59	
Final numbers after correction												
Under 1 year ...	5	3	277	307	4	4	—	—	491	504	—	—
1—2 years ...	74	67	895	928	11	18	2	2	3147	2903	—	—
3—4 " ...	247	196	1097	1240	10	6	8	4	4538	4275	2	—
5—9 " ...	423	434	956	1014	7	6	6	7	4444	4215	3	—
10—14 " ...	85	124	54	55	2	3	6	1	170	200	—	—
15—24 " ...	44	38	10	15	2	3	3	2	83	73	1	1
25 and over ...	19	29	15	58	6	8	9	8	34	60	2	1
Age unknown ...	2	2	8	4	—	—	—	—	34	23	—	—
Totals (all ages)	899	893	3312	3621	42	48	34	24	12941	12253	8	2
	1792		6933		90		58		25194		10	
AGE GROUP	Acute Pneumonia		Acute Encephalitis		Dysentery		Typhoid and Paratyphoid Fever		Erysipelas		Meningococcal Infection	
	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified (All Ages)	992	754	15	2	420	445	21	46	145	170	41	30
	1746		17		865		67		315		71	
Final numbers after correction												
Under 5 years ...	177	149	1	—	136	102	1	2	4	1	13	16
5—14 years ...	99	84	14	2	115	107	7	29	9	3	8	6
15—44 " ...	235	166	1	—	104	149	9	8	38	39	6	3
45—64 " ...	296	164	—	1	28	49	1	2	57	87	3	2
65 and over ...	172	183	—	—	14	20	1	1	32	37	—	—
Age unknown ...	10	4	—	—	7	6	—	1	3	2	—	—
Totals (all ages)	989	750	16	3	404	433	19	43	143	169	30	27
	1739		19		837		62		312		57	

	Number Originally Notified	Number After Correction
Smallpox ...	—	—
Puerperal Pyrexia ...	132	128
Ophthalmia Neonatorum ...	29	29
Chicken Pox ...	797	† not corrected
Malaria ...	1	2

† Chicken pox is compulsorily notifiable only in certain County Districts.

The table below affords a comparison with the preceding six years:—

Disease	1945	1946	1947	1948	1949	1950	1951
Scarlet Fever ...	3,109	2,369	2,764	3,863	3,191	2,506	1,792
Whooping Cough ...	2,844	4,451	3,424	6,201	3,947	7,669	6,933
Diphtheria ...	862	551	221	153	66	32	10
Measles ...	24,904	1,883	21,739	16,545	16,489	15,763	25,194
Acute Pneumonia (primary or influenzal) ...	1,347	1,324	1,188	1,308	1,456	1,207	1,739
*Meningococcal Infection ...	67	71	78	56	60	55	57
Acute Poliomyelitis (paralytic) ...	8	1	351	46	224	150	90
Acute Poliomyelitis (non-paralytic) ...	3	2	2	1	2	41	58
*Acute Encephalitis (infective) ...	3	2	2	1	2	6	5
*Acute Encephalitis (post infectious) ...	—	—	—	—	—	3	14
Dysentery ...	411	127	108	208	73	1,117	837
Ophthalmia Neonatorum ...	46	46	82	51	37	39	29
Puerperal Pyrexia ...	81	104	85	98	98	125	128
Smallpox ...	—	—	—	—	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) ...	9	14	9	18	3	9	—
Paratyphoid Fevers ...	7	50	16	10	11	4	62
Erysipelas ...	383	366	347	409	429	405	312
†Chicken Pox ...	310	443	550	432	827	465	797
Typhus Fever ...	1	—	—	—	—	—	—
‡Malaria ...	36	28	11	6	2	1	2
§Food Poisoning ...	8	8	8	8	329	346	138
Tuberculosis:—							
Respiratory ...	1,229	1,244	1,288	1,372	1,526	1,414	1,446
Other Forms ...	457	437	400	424	456	372	308
Total (Tuberculosis) ...	1,686	1,681	1,688	1,796	1,982	1,786	1,754

* These terms replace others in use before 1st January, 1950 for certain groups of diseases and are consistent with the international standard classification of diseases which was brought into general use on 1st January, 1950. More or less, the term "meningococcal infection" covers the same disease as the former term "cerebro-spinal fever", but also covers a somewhat wider group of diseases; "acute encephalitis (infective)" replaces the former term "encephalitis lethargica"; "acute encephalitis (post infectious)" covers the forms of encephalitis occasionally following or associated with certain well defined infections, e.g. chickenpox, measles, mumps and vaccinia and is to bring about the notification of cases showing late effects of acute encephalitis (infective). The figures in italics in the above table show the number of cases notified under the former terms.

† Chickenpox is compulsorily notifiable only in certain County Districts, and the figures given do not, therefore, represent the full number of cases occurring in the Administrative County.

‡ All the cases of malaria shown in the above table were believed to be contracted abroad except for one in 1947.

§ Notification of cases of food poisoning, or suspected food poisoning, only became generally in operation as from 1st January, 1949.

There was a considerable fall in 1951 in incidence of scarlet fever (1,792 cases) compared with 1950 (2,506 cases) and the average annual number of cases in the ten years 1941-50 (3,510) and the ten years 1931-40 (4,332). Only 10 cases of diphtheria occurred in 1951, the lowest number ever recorded, compared with an annual average of 830 in the ten years 1941-50, and 1,740 in the twenty years 1921-40. There were nearly 10,000 more cases of measles in 1951 than in 1950. The number of cases of acute poliomyelitis (infantile paralysis) dropped from 191 in 1950 to 148 in 1951 and, of the latter, only 90 showed symptoms of paralysis compared with 150 in 1950. The incidence of this disease shows a seasonal trend, that is it increases from approximately March—May to a maximum in September—October, and decreases during autumn and part of winter. This is demonstrated by the following figures showing the number of cases notified each month which, although based on original notifications that have not been corrected for final diagnosis, are effective for the purpose:—

Year	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1949	2	1	3	—	4	1	39	61	48	67	36	27	289
1950	16	7	3	1	10	9	20	41	57	38	18	11	231
1951	—	3	2	1	4	14	31	27	30	25	25	11	173

The incidence of dysentery in 1951 (837 cases) although appreciably lower than in 1950 (1,117 cases) was nevertheless much higher than the annual average of 129 cases in the four years immediately prior to 1950. The number of cases in 1950 was the highest annual figure ever recorded for the Administrative County, that for 1951 being the second highest. As will be seen from the figures below, the rise in the incidence of the disease commenced in the first quarter of 1950 and continued in the second quarter of 1951 after which there was a considerable decrease in the remaining two quarters, leading one to hope that the incidence has now become more quiescent for the future:—

Quarterly Incidence of Cases.

Year.	First.	Second.	Third.	Fourth.	Total.
1949	13	25	14	21	73
1950	123	311	201	482	1,117
1951	423	300	75	39	837

In 1951, 55 per cent. of the cases were in children under 15 years of age against 66 per cent. in 1950.

Nearly 700 of the 837 cases of dysentery occurring in 1951 were in four regions of the Administrative County (1) Brighouse with smaller numbers in the adjacent districts, (2) Kirkburton, westwards towards Saddleworth, (3) Shipley and adjacent districts and (4) Skipton Urban and Rural Districts and Earby.

Only 2 cases were reported from the Settle Rural District yet there were 22 in Sedburgh Rural District. This follows fairly closely the regional distribution of the cases occurring in 1950.

There was a small number of cases of suspected smallpox, but none of these was confirmed after examination by a consultant. No case of enteric fever occurred compared with an annual average of 24 in the fifteen years 1936-50, and 199 in the fifteen years 1921-35. There were, however, 62 cases of the allied disease of paratyphoid fever; of these, 29 were part of an outbreak among children attending a school in Bradford and 19 were part of an outbreak originating in connection with a bakery and confectionery in Barnsley where a carrier of the disease was found among the employees; the remaining 14 cases were sporadic cases scattered over the Administrative County.

Bornholme Disease (or Epidemic Myalgia) is an infectious disease which is not compulsorily notifiable in this country. The symptoms of the disease could be mistaken for the onset of pleurisy, pneumonia or some acute abdominal disorder. It attacks children usually, but older people also fall victims. Considerable epidemics have occurred in the Scandinavian countries as can be gathered from its popular designation "Bornholme" which is the name of an island in Denmark. There is little doubt that a number of outbreaks have taken place in this country in the past but the condition was not recognised. Mention of the disease in this country is invariably associated with the name of Dr. W. N. Pickles, a general practitioner in Wensleydale, who, in his remarkable book, "Epidemiology in Country Practice", describes outbreaks which occurred in that area, in the summer of 1933, and which would have gone unrecognised but for his perspicacity. Two outbreaks came to notice in the West Riding Administrative County in 1951, one in Shipley and the other in Saddleworth.

Dr. H. S. Bury, the Medical Officer of Health for Saddleworth, writes that:—

"In July, 1951, seven children attending the infant class of a school in the district were taken ill with acute abdominal pain. Investigations were made with the assistance of general practitioners in the area, and during the next two weeks, several similar cases occurred in the surrounding district including older children and adults. Specimens of stools were collected and yielded a Coxsackie type of virus. Symptoms were acute upper abdominal pain with pyrexia as described by Pickles and others, but other cases of acute febrile illness of short duration, some characterised by pains in the limbs and headache etc., occurred on the same district at the same time. Circumstantial evidence indicated an incubation period of three days."

Dr. J. Battersby, Medical Officer of Health for Shipley, has provided the following information as to the outbreak in that area:—

"During June 1951, a number of suspected cases of Bornholme Disease occurred in Shipley, 26 of which were investigated. Children attending Clarence Road Nursery School which had been free from all types of epidemic disease for many years were principally affected. Clinical features were the very sudden onset of pain either abdominal (right iliac fossa or epigastric) or pain referred to the chest centering on the diaphragm. Apart from the sudden onset of pain there was anorexia, nausea, fever with profuse perspiration and frequent headache. Sore throat was present in some cases, but there was no evidence of diarrhoea, blood, mucus in stool, nor were pathogens isolated from faeces submitted to the Laboratory at Bradford. Breathing was notably shallow in a few cases, and there was peculiarly offensive breath. Recovery occurred in a few days, the patient looking ill and exhausted during a brief convalescence. Aspirin seemed to be the most useful drug in treatment. Multiple cases were reported in several households, and no common vehicle of spread was detected. It was ascertained that at this period there were cases in Bradford and elsewhere in the West Riding, and the infection was also prevalent in Manchester. The Coxsackie virus was not found in specimens submitted for examination."

Diphtheria

The number of cases of diphtheria in children under 15 years of age notified during 1951 was only 5 in a child population of approximately 368,000. In no case had the child been immunised against the disease. There were no deaths from diphtheria during the year.

The exceptionally low figure of notifications is undoubtedly attributable to the outstanding success of the vigorous immunisation campaigns of the last 15 years or so. If, however, the present low incidence of diphtheria is to continue it is of the utmost importance that a high level of immunity amongst the child population must be maintained. In the Report for the year 1950 attention was drawn to the sharp decline in the number of children immunised during that year as compared with previous years, and one of the reasons advanced for the decline was the apparent increased apathy on the part of parents towards immunisation, probably because each year there are fewer and fewer parents who have any direct knowledge or experience of diphtheria. If this apathy is to be overcome we must do everything in our power to convince parents of the necessity to have their children immunised at an early age, and for reinforcement injections to be given when they first enter school and again about the age of 10 years. An increasing use must be made of publicity posters and leaflets, and advertisements in the local press, but above all the interest of the health visitors must be maintained for they can do much by personal contact to persuade parents that immunisation against diphtheria is worthwhile. Some progress has been achieved during 1951, when 22,173 children received a primary course of immunisation, and 17,092 received a reinforcing injection. A comparison with the figures for previous years is given below:—

Year	No. of children who received a full course of primary immunisation			No. who received reinforcing injections
	0—4	5—14	Total	
1945	14,360	4,287	18,647	*
1946	18,362	9,106	27,558	*
1947	15,081	5,997	21,078	14,644
1948	20,958	6,220	27,178	19,274
1949	20,728	7,162	27,890	18,071
1950	14,836	3,961	18,797	13,929
1951	16,606	5,567	22,173	17,092

* Figures not available.

The following table shows the immunisation state of the child population in the Administrative County for the years 1948 to 1951.

Number Immunised.

Year	Age at 31st December										
	1 Under	1	2	3	4	Total under 5	% of child popul- ation 0—4	5—14	% of child popul- ation 5—14	Total under 15	% of child popul- ation 0—14
1948	2,457	14,546	14,539	14,453	13,800	59,795	44.1	139,194	65.0	198,989	56.9
1949	1,868	13,541	17,905	16,485	15,012	64,811	46.7	143,966	65.8	208,777	58.4
1950	1,391	11,756	15,991	20,704	16,642	66,484	47.9	150,179	67.1	216,663	59.7
1951	1,564	11,664	14,561	17,131	21,157	66,077	47.4	150,177	70.1	216,254	61.5

While the percentage of children immunised in the 5—14 age group can be regarded as reasonably satisfactory, the figures under 5 years of age are disappointingly low. Our constant aim should be to achieve 75% immunisation of all babies before reaching the first birthday, but it is apparent from a study of the above table that in recent years little more than 5% are being immunised (live births being approximately 25,000 per year). Assuming that the number of children between the ages of 1 and 2 is slightly less than the number of live births for the previous year, it is also apparent that less than 50% of the children in this age group are being immunised.

Food Poisoning

After correction for revised diagnoses, only 138 cases of food poisoning were notified in 1951 compared with 346 in 1950 and 329 in 1949. The 138 cases in 1951 occurred in persons coming within the following age groups:—

Age last birthday.	Number of		Total.
	Males.	Females.	
Under 5 years	13	12	25
5—14 years	9	10	19
15—44 „	26	27	53
45—64 „	14	16	30
65 and over	4	5	9
Age not known	2	—	2
Totals	68	70	138

The following statistical summary of the cases and outbreaks in 1951 is compiled from returns which Medical Officers of Health are asked to submit to the Ministry of Health:—

Division No.	Food Poisoning Notifications returned to R.G. (Corrected).					Number of outbreaks due to Identified Agents.						Outbreaks of Undiscovered Cause		Single Cases		
	Quarter of year				Total	Chemical Poisoning	Salmonella Organisms	Staphylococci (inc. Toxin)	Cl. botulinum	Other bacteria	Cases	No. of outbreaks	No. of Cases	Agent Identified	Unknown Cause	Total
	1st	2nd	3rd	4th												
1	2	—	1	1	4	—	—	—	—	—	—	—	—	—	4	4
2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	2	—	—	—	2	—	—	—	—	—	—	—	—	—	2	2
4	—	—	3	—	3	—	—	—	—	—	—	—	—	3	—	3
5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	3	3	2	27	35	—	—	—	—	—	—	—	—	—	35	35
7	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	1
8	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1
9	—	—	2	14	16	—	1	—	—	—	6	1	5	3	2	5
10	—	—	5	—	5	—	—	—	—	—	—	1	19*	—	—	—
11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	1	5	—	1	7	—	—	—	—	—	—	1	5	—	2	2
13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	1	—	5	2	8	—	—	—	—	—	—	—	—	2	6	8
19	—	—	6	—	6	—	1	—	—	—	6	—	—	—	—	—
20	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	1
21	—	—	—	4	4	—	1	—	—	—	2	—	—	2	—	2
22	—	—	1	4	5	—	—	—	—	—	—	1	4	—	1	1
23	—	—	2	—	2	—	—	—	—	—	—	—	—	2	—	2
24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	—	—	5	—	5	—	—	—	—	—	—	—	—	5	—	5
26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29	—	—	5	—	5	—	1	—	—	—	4	—	—	—	1	1
30	1	6	1	19	27	—	—	—	—	—	—	—	—	—	27	27
31	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	1
Total	11	17	38	73	138	—	4	—	—	—	18	4	33*	19	83	101

* Includes 14 cases not notified, but ascertained in the course of investigations.

Smallpox

The following table sets out the figures relating to vaccinations against smallpox performed during 1951:—

	Ages—years					Total
	Under 1	1	2 to 4	5 to 14	15 or over	
Vaccinated ...	3,531	1,857	719	496	961	7,564
Re-vaccinated	25	23	56	160	2,038	2,302
Totals ...	3,556	1,880	775	656	2,999	9,866

No cases of generalised vaccinia, post-vaccinal encephalomyelitis, or deaths from complication of vaccination were notified during the year.

The number of vaccinations and re-vaccinations is considerably less than in 1950, when three cases of suspected smallpox were reported, but on the other hand 4,764 more vaccinations and re-vaccinations were performed in 1951 than in 1949, which may be regarded as a 'normal' year.

The general arrangements as reported in previous reports to secure that as many children as possible are vaccinated were continued during the year.

Ophthalmia Neonatorum

29 cases of ophthalmia neonatorum were notified (39 in 1950; 37 in 1949 and 51 in 1948), 23 of which were treated at home and 6 in hospital. In none was the vision impaired.

The need for continuation of the traditional methods of prevention and treatment of ophthalmia neonatorum is the subject of an enquiry instituted by the Ministry of Health, and there is likely to be revision of present conceptions of prevention and treatment.

Library Books

During 1951, 871 books, which had been in contact with infectious disease, were disinfected for the County Library.

New Claims to Sickness Benefit

Fluctuations in the weekly figures representing the total number of new claims to sickness benefit, compiled in each of the Local Offices of the Ministry of National Insurance, give some index of the general health of the population using each Office, notably, say, in indicating the onset or progress of seasonal or epidemic influenza. The weekly number of new claims to sickness benefit received at some 80 Ministry of National Insurance Local Offices used by residents of the West Riding Administrative County are supplied to me week by week by arrangement with the respective Regional Controllers of the Ministry of National Insurance and those appropriate to each County Public Health Division are sent on to the Divisional Medical Officer. Moreover, when the sickness benefit claims from a National Insurance Local Office first show a sharp rise immediate intimation of the fact is given by the Office, usually by telephone, to the Divisional Medical Officer of the area in which the Office is situate. There are other sources of information which, taken in conjunction, give indication of a sudden rise in the incidence of influenza and similar diseases in an area, e.g. a sudden increase in the number of attendances and visits in the practices of general practitioners and a little later on a rise in the notifications of pneumonia or certifications of death from that disease. The Registrar-General has agreed that Medical Officers of Health may ask local registrars to provide daily reports of total deaths and deaths from pneumonia, bronchitis and influenza during an emergency period. The differential diagnosis of epidemic influenza from other infections of the upper respiratory tract is largely a laboratory procedure and Divisional Medical Officers, as Medical Officers of Health in their respective areas, collaborate with general practitioners in providing specimens for the Laboratory from suspected cases on the very first indications of an outbreak.

Tuberculosis

In previous years reference has been made to the difficulties experienced, since July 1948, due to the failure to reach agreement on the joint service of the chest physicians with the Regional Hospital Boards and the County Council. It is now possible to report progress in the Sheffield Region as a result of which the whole-time Senior Chest Physicians of the Board have undertaken certain responsibilities in connection with the services provided by the County Council for the prevention, care, and after-care of tuberculosis under Section 28 of the National Health Service Act, 1946. The agreement covers the Senior Chest Physician of each area impersonally and includes the services of the team under his charge. It does not include the X-ray examination of staff as such (e.g. under Circular 64/50) but with this exception the duties to be undertaken are as previously outlined. It has been agreed that the Senior Chest Physician will devote three elevenths of his time to such duties and this proportion is subdivided between the Local Health Authorities of the area, thus providing for the County Council—in the Barnsley area, two elevenths (Divisions 24, 25 and part 22); Doncaster area, two elevenths (Divisions 27, 28, 29, 30 and part 26); Rotherham area, one-and-a-half elevenths (Divisions 31 and part 26) and Sheffield area, one-half eleventh (part Division 22). The conclusion of this agreement is expected to lead to a closer integration of the divorced parts of the Tuberculosis Service with consequent benefit to the community. In the Leeds Region the position remains unsettled although there is evidence of co-operation and good-will on the part of the individual Chest Physicians.

Attention was focused on a supremely important aspect of preventive work when, in July 1950, the Ministry of Health in Circular 64/50, drew attention to the desirability of Local Authorities arranging for staff employed in close contact with groups of children to be examined by X-ray on appointment and re-examined at yearly intervals so as to exclude the possibility of employing in such a capacity a person suffering from respiratory tuberculosis who may thereby be a source of infection to the children. It was unfortunate that the largest group of such employees, the school teachers, declined to participate in the scheme although at the time of writing the Ministry of Education has issued instructions designed to close this gap in the course of time. It was equally unfortunate that there remained the impasse whereby X-ray examinations and interpretations, the joint work of the hospital authorities, the chest physicians and the radiographers could be arranged only on the basis of the payment of fees by the County Council. In this situation the County Council has had recourse to the use of mass radiography. Suitable arrangements have been made with the two Regional Hospital Boards but it is evident that this limited scheme will give rise to difficulties.

Mention should also be made of the need for safeguarding the health of home helps who volunteer to work in the homes of tuberculous patients by initial and periodic X-ray examination. Here the situation is reversed in that in the Leeds Region it has been agreed to examine such personnel as potential contacts whereas in the Sheffield Region, except by grace of the individual Chest Physician, the same examinations are recognised only as staff examinations to be made only on payment of a fee, which view is not acceptable to the County Council.

DEATHS FROM TUBERCULOSIS

The downward trend in tuberculosis deaths continues to be a most satisfactory feature so that each year from 1947 it has been possible to report fewer deaths and record low death rates; within that period mortality has been reduced by almost 40%. There were 438 deaths from tuberculosis representing death rates of 0.24 respiratory and 0.04 non-respiratory (England and Wales 0.28 and 0.04), as follows:—

Classification.	AGE AT DEATH																Total	Grand Total	
	0—		1—		5—		15—		25—		45—		65—		75—				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Respiratory	—	1	3	—	2	1	18	19	68	46	116	32	51	8	7	1	265	108	373
Non-Respiratory	1	2	11	5	8	2	8	7	2	5	4	7	1	—	—	2	35	30	65
Total	1	3	14	5	10	3	26	26	70	51	120	39	52	8	7	3	300	138	438

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS 1930.

1,754 new cases of tuberculosis were notified during the year compared with 1,786 in 1950. There were 1,446 respiratory (1,414 in 1950) and 308 non-respiratory (372 in 1950) cases; details are summarised in the following table:—

	AGE PERIODS														Total (all ages)
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—		
FORMAL															
NOTIFICATIONS :-															
Respiratory, Males	1	6	21	25	17	54	62	143	128	107	100	47	8	719	
Respiratory, Females	3	5	16	16	28	89	103	144	63	22	20	13	2	524	
Non-Respiratory, Males	2	2	20	31	18	8	8	7	13	5	3	1	1	119	
Non-Respiratory, Females	1	—	24	29	18	23	14	18	11	6	1	3	1	156	
SUPPLEMENTAL															
NOTIFICATIONS :-														1,518	
Respiratory, Males	—	1	1	5	2	5	5	33	18	21	9	18	3	121	
Respiratory, Females	1	—	2	1	4	6	12	37	6	5	6	2	—	82	
Non-Respiratory, Males	—	—	3	1	5	1	1	3	—	2	—	—	—	16	
Non-Respiratory, Females	1	—	3	2	—	1	1	2	2	2	3	—	—	17	
														236	

The sources of information of the supplemental notifications were:—

Local Registrars (35 respiratory, 4 non-respiratory); transferable deaths from the Registrar General (13 respiratory, 2 non-respiratory); posthumous notification (5 respiratory, 4 non-respiratory); transfers from other areas (143 respiratory, 21 non-respiratory); other sources 9 (7 respiratory, 2 non-respiratory).

After adjustment for removals, recoveries and deaths, the total number of cases on our registers at the end of the year was 9,400, a decrease of 186 compared with the previous year. The following table summarises the revision of the registers in the respective divisional areas.

Division No.	Number of cases on register 1/1/51.				Number of cases added to register.				Number of cases removed from register.				Number of cases remaining on register 31/12/51.			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.		Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	171	115	51	63	28	21	9	10	67	55	20	20	132	81	40	53
2	51	24	13	18	10	12	2	4	5	5	3	1	56	31	12	21
3	122	91	44	26	31	23	4	2	8	—	1	1	145	114	47	27
4	184	160	70	73	41	21	2	7	55	59	39	36	170	122	33	44
5	201	138	53	61	39	21	4	5	71	44	4	7	169	115	53	59
6	195	115	64	68	21	20	3	2	98	65	38	42	118	70	29	28
7	38	24	15	15	11	6	1	—	8	8	1	2	41	22	15	13
8	212	167	65	92	36	21	6	12	57	60	31	42	191	128	40	62
9	58	64	40	29	15	13	7	3	9	13	10	7	64	64	37	25
10	114	88	48	44	25	18	2	11	13	15	7	6	126	91	43	49
11	196	150	46	47	37	22	2	6	19	17	7	5	214	155	41	48
12	174	128	53	68	36	25	5	11	21	20	5	4	189	133	53	75
13	71	40	22	22	21	12	1	6	11	9	2	—	81	43	21	28
14	72	36	14	35	10	8	2	3	9	4	1	1	73	40	15	37
15	59	56	33	33	15	10	6	8	13	10	9	13	61	56	30	28
16	127	114	39	37	22	12	4	3	19	8	4	3	130	118	39	37
17	160	99	66	69	16	9	6	11	19	10	7	10	157	98	65	70
18	144	76	38	29	30	32	7	3	16	17	2	—	158	91	43	32
19	131	83	62	46	48	27	5	8	35	24	13	15	144	86	54	39
20	106	77	54	59	40	22	11	11	23	10	14	18	123	89	51	52
21	23	13	8	16	4	4	2	6	2	—	—	—	25	17	10	21
22	229	168	94	62	55	37	13	14	22	7	4	5	262	198	103	71
23	197	150	39	48	38	23	6	6	34	36	6	13	201	137	39	41
24	65	51	22	13	19	13	4	2	12	10	8	1	72	54	18	14
25	136	104	25	35	45	22	4	4	41	15	10	14	140	111	19	25
26	91	43	27	27	24	18	5	4	22	4	—	5	93	57	32	26
27	114	83	55	44	28	26	1	1	22	15	6	2	120	94	50	43
28	129	106	72	61	23	33	7	7	19	25	10	11	133	114	69	57
29	98	91	25	24	16	22	2	3	12	7	2	2	102	106	25	25
30	188	142	46	30	37	38	2	7	35	21	7	6	190	159	41	31
31	161	97	47	33	46	27	7	9	22	14	10	3	185	110	44	39
Total	4017	2893	1350	1326	867	618	142	189	819	607	281	295	4065	2904	1211	1220

Divisional Medical Officers have received 2,306 notifications (1,244 admissions and 1,062 discharges) relating to patients admitted to, or discharged from, treatment in 80 hospitals. Details are given in the following table which illustrates the variety of hospitals, including those in Switzerland, which are available for the treatment of tuberculosis occurring in patients from the County Area:—

INSTITUTION	RESPIRATORY								NON-RESPIRATORY							
	Admitted				Discharged				Admitted				Discharged			
	Adults		Children		Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Aitken Sanatorium, Holcombe	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Benenden Sanatorium, Kent	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Bierley Hall Hospital, Bradford	2	19	—	—	3	10	—	—	—	—	—	—	2	—	—	—
Bradford Royal Infirmary	2	—	—	—	3	—	—	—	2	—	—	—	1	—	—	—
Bradley Wood Sanatorium, Huddersfield	13	14	1	1	10	9	—	4	—	—	1	—	—	—	2	—
Castle Hill Sanatorium, Cottingham	3	6	—	1	5	5	—	—	—	—	—	—	—	—	—	1
Children's Hospital, Grindley	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—
City General Hospital, Sheffield	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Cleaver Hospital, Heswall	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Commonside Sanatorium, Sheffield	—	6	—	—	—	6	—	—	—	—	—	—	—	—	—	—
Connaught Military Hospital, Hindhead, Surrey	3	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Crimicar Lane Hospital, Sheffield	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Crookhill Hall Sanatorium, Conisbrough	75	—	—	—	73	—	—	—	—	—	—	—	—	—	—	—
Dewsbury General Hospital	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Doncaster Gate Hospital, Rotherham	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Douglas House, Bournemouth	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
Dronfield Hospital, Sheffield	—	1	—	—	—	—	—	—	—	2	—	—	—	—	2	1
Enham Alamein Village Settlement, Andover, Hants.	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Fairfield Sanatorium, York	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Gateforth Sanatorium, Hambleton, Nr. Selby	35	—	5	—	19	—	2	—	—	—	—	—	—	—	—	—
Halifax General Hospital	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Hallewick Cripples School, London	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Harefield Hospital, Harefield, Middlesex	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate General Hospital	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Huddersfield Royal Infirmary	6	1	1	—	5	1	1	—	3	6	5	2	3	7	5	2
Iscold Park Colony, Shropshire	3	1	—	—	3	3	—	—	—	—	—	—	—	—	—	—
Kendray Hospital, Barnsley	—	—	1	1	—	—	—	—	—	1	1	—	—	1	1	1
Killingbeck Hospital, Leeds	42	31	1	1	35	20	2	—	—	—	—	—	—	—	—	—
King Edward VII Sanatorium, Eastbourne, Sussex	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
King Edward VII Hospital, Rivelin Valley Road, Sheffield	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
Leeds General Infirmary	—	—	—	—	—	—	—	—	—	1	2	4	1	2	2	2
Leeds Road Hospital, Bradford	1	16	—	—	14	—	—	—	—	—	—	—	—	—	—	—
Liverpool Open-Air Hospital, Leasowe, Cheshire	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—
Lodge Moor Hospital, Sheffield	2	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—
Marguerite Hepton Memorial Orth. Hosp., Thorp Arch	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
Menston Mental Hospital	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mill Hill Isolation Hospital, Huddersfield	11	5	2	2	7	4	1	—	—	1	—	—	—	1	—	—
Ministry of Pensions Hospital, Chapel Allerton	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mitchell Laithes Hospital	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moorgate General Hospital, Rotherham	2	2	—	1	—	1	—	1	—	1	1	1	—	—	—	—
Mount Vernon Sanatorium, Barnsley	7	7	—	—	8	6	—	—	—	1	—	—	—	1	—	—
Mowbray Grange Sanatorium, Bedale	—	5	—	—	—	8	—	—	—	—	—	—	—	—	—	—
Nether Edge Hospital, Sheffield	1	4	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Oakwood Hall Sanatorium, Moorgate, Rotherham	15	23	3	1	9	15	2	2	—	—	—	—	—	2	1	2
Oldham Royal Infirmary	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Osgodby Hospital, Lincoln	4	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Otley General Hospital	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Papworth Hospital, Cambridge	4	2	—	—	2	2	—	—	—	—	—	—	—	—	—	—
Pinderfields General Hospital, Wakefield	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Pontefract General Infirmary	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1
Preston Hall Hospital, Maidstone, Kent	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
R.A.F. Hospital, Padgate	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Ransom Sanatorium, Rainworth, Mansfield, Notts.	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Raywell Sanatorium, Cottingham	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Robert Jones and Agnes Hunt Orth. Hosp., Oswestry	—	—	—	—	—	—	—	—	3	11	—	—	2	10	1	—
Royal Hospital, Sheffield	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Royal Infirmary, Sheffield	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Royal Manchester Children's Hospital, Pendlebury	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Sanatorium Angletorre, Davos-Platz, Switzerland	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotton Banks Sanatorium, Knaresborough	—	113	8	10	—	119	7	14	1	6	—	4	—	5	2	2
Seacroft Hospital, Leeds	10	—	—	—	6	—	—	—	—	—	1	—	—	—	1	—
Sheffield Children's Hospital	—	—	4	4	—	—	—	—	—	4	5	—	—	—	1	—
Shelf Sanatorium, Nr. Halifax	27	29	—	—	27	22	—	—	—	1	—	—	—	—	—	—
Snapethorpe Hospital, Wakefield	14	13	—	—	8	4	—	—	—	—	—	—	—	—	—	—
Stanley Royd Hospital, Wakefield	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
St. Andrew's Hospital, Billericay, Essex	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. George's Hospital, Rothwell	—	18	—	—	—	14	—	—	—	—	—	—	—	—	—	—
St. Helen's Hospital, Barnsley	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
St. James' Hospital, Leeds	1	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—
The Hospital, Middleton-in-Wharfedale	160	99	18	14	170	97	17	11	11	3	2	8	8	2	10	8
The Hospital, Grassington, Nr. Skipton	45	34	—	—	25	17	—	1	—	1	1	—	—	1	1	—
Thornton Lodge Sanatorium, Aysgarth	1	—	9	4	—	—	6	6	—	—	—	—	—	—	—	—
Tickhill Road Isolation Hosp. and Sanatorium, Doncaster	10	17	2	—	8	17	—	—	—	—	—	—	—	—	—	—
Wesmorland Sanatorium, Meathop, Grange-over-Sands	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—
Wharfedale Hospital, Sheffield	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whitley Grange Sanatorium, Dewsbury	9	9	1	—	11	5	—	—	—	—	—	—	—	—	—	—
Winter Street Hospital, Sheffield	3	1	1	1	2	2	1	2	—	1	2	—	—	—	2	—
Yearsley Bridge Hospital, York	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
York City General Hospital	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—
York County Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Totals	540	486	59	42	468	408	39	42	20	39	29	29	15	34	36	20

B.C.G. Vaccination—The work of seeking to protect from tuberculous infection, by B.C.G. vaccination, those children and other persons exposed to special risk was accelerated during the year when 697 were vaccinated as compared with 143 in 1950, the first year of operation. The cases, evenly distributed between the sexes and comprising 390 pre-school children, 295 under and 12 over compulsory school leaving age, were distributed in Divisions 1 (45), 2 (5), 3 (13), 4 (8), 6 (23), 7 (9), 8 (27), 9 (3), 10 (9), 11 (53), 12 (46), 13 (16), 14 (4), 15 (23), 16 (8), 17 (18), 18 (13), 19 (22), 21 (11), 22 (56), 23 (26), 24 (15), 25 (26), 26 (23), 27 (24), 28 (17), 29 (32), 30 (77), 31 (45).

Vaccination is undertaken by the Chest Physician for the area and it is probably in consequence of the failure to reach agreement for their services, in the Leeds Region, that we have no information of vaccinations having been undertaken in Divisions No. 5 (Aireborough) and 20 (Colne Valley). With these two exceptions there is now evidence of a more widespread recognition of the value of this new weapon than was demonstrated last year with returns from 16 divisional areas only.

ANALYSIS OF B.C.G. VACCINATION DURING 1951

	AGE GROUPS.													All Ages.
	Under 1 year Months.				Years.									
	0—	1—	3—	6—	1—	2—	3—	4—	5—	10—	15—	20—40		
Vaccinated :—														
Male	3	15	16	22	36	32	33	33	109	55	1	—	355	
Female	10	10	11	25	39	33	30	42	91	40	10	1	342	
Total	13	25	27	47	75	65	63	75	200	95	11	1	697	
Result of Vaccination														
Successful														
Male	3	14	14	20	34	32	32	32	106	54	—	—	341	
Female	9	10	10	25	37	31	30	39	87	37	10	1	326	
Total	12	24	24	45	71	63	62	71	193	91	10	1	667	
Unsuccessful	—	—	—	2	2	1	—	1	1	2	—	—	9	
Not finally ascertained	1	1	3	—	2	1	1	3	6	2	1	—	21	

Mass Radiography—The table below gives details of the examinations undertaken in the administrative area by the Mass Radiography Units of the Regional Hospital Boards. While recognising the value of this method of case finding the use of mass radiography as a preventative weapon is greatly diminished because of considerations which prevent the free transmission of information to the Divisional Medical Officer; he is at present given a statistical summary of the results of a survey in his area and details of detected cases are not brought to his notice except through the patient's family doctor. Under the most advantageous circumstances delay is caused which inhibits the preventative measures which might otherwise have been used; there is need for closer co-operation in the planning of surveys and in the more free and speedy interchange of information as between the Medical Director, Chest Physician, General Practitioner and Divisional Medical Officer of Health.

Mention has been made elsewhere of the facilities which have been afforded by the Mass Radiography Units for the X-ray examination of staff brought into close contact with groups of children.

A. LEEDS UNIT.

Surveys undertaken at	No. Examined.	Abnormalities Discovered.			Total.
		Tuberculosis.		Others.	
		Active.	Inactive		
Lister & Co. Ltd., Addingham	170	3	11	13	27
Addingham	252				
Gargrave	313	—	5	3	8
Johnson & Johnson, Gargrave					
Grassington	198	1	1	11	13
Silsden	997	2	13	19	34
Skipton	1,236	4	16	29	49
Barnoldswick	1,058	1	19	18	38
Earby	1,152	4	19	22	45
Rolls Royce, Barnoldswick	1,118	3	18	21	42
Sedburgh	480	1	2	7	10
Long Preston	133	1	—	7	8
Hellifield	259	—	4	11	15
Castleberg Hospital, Giggleswick	151	1	—	7	8
Clapham	115	1	1	8	9
Bentham	812	5	13	13	31
Settle	916	1	12	25	38
Keighley	2,425	5	41	42	88
Shipley	3,110	9	49	56	114
Menston Mental Hospital	391	6	7	19	32
Ilkley	439	2	12	25	39
Otley	1,505	11	21	67	99
Ripon	751	1	5	15	21
Pateley Bridge	195	—	3	7	10
Harrogate	3,997	3	39	67	109
Boroughbridge	260	1	—	3	4
Knaresborough	445	1	6	5	12
Montagu Burton's, Goole	453	2	5	—	7
Goole	321	1	6	2	9
Other Groups, Goole	1,245	5	6	4	15
Castleford	2,234	17	34	97	148
Ackton Hall Collieries, Featherstone	515	1	8	27	36
Pontefract	1,782	5	10	27	42
Morley	3,593	11	9	110	130
David Brown Tractors Ltd., Meltham	1,137	1	26	22	49
	34,158	109	421	809	1,339

B. SHEFFIELD UNIT.

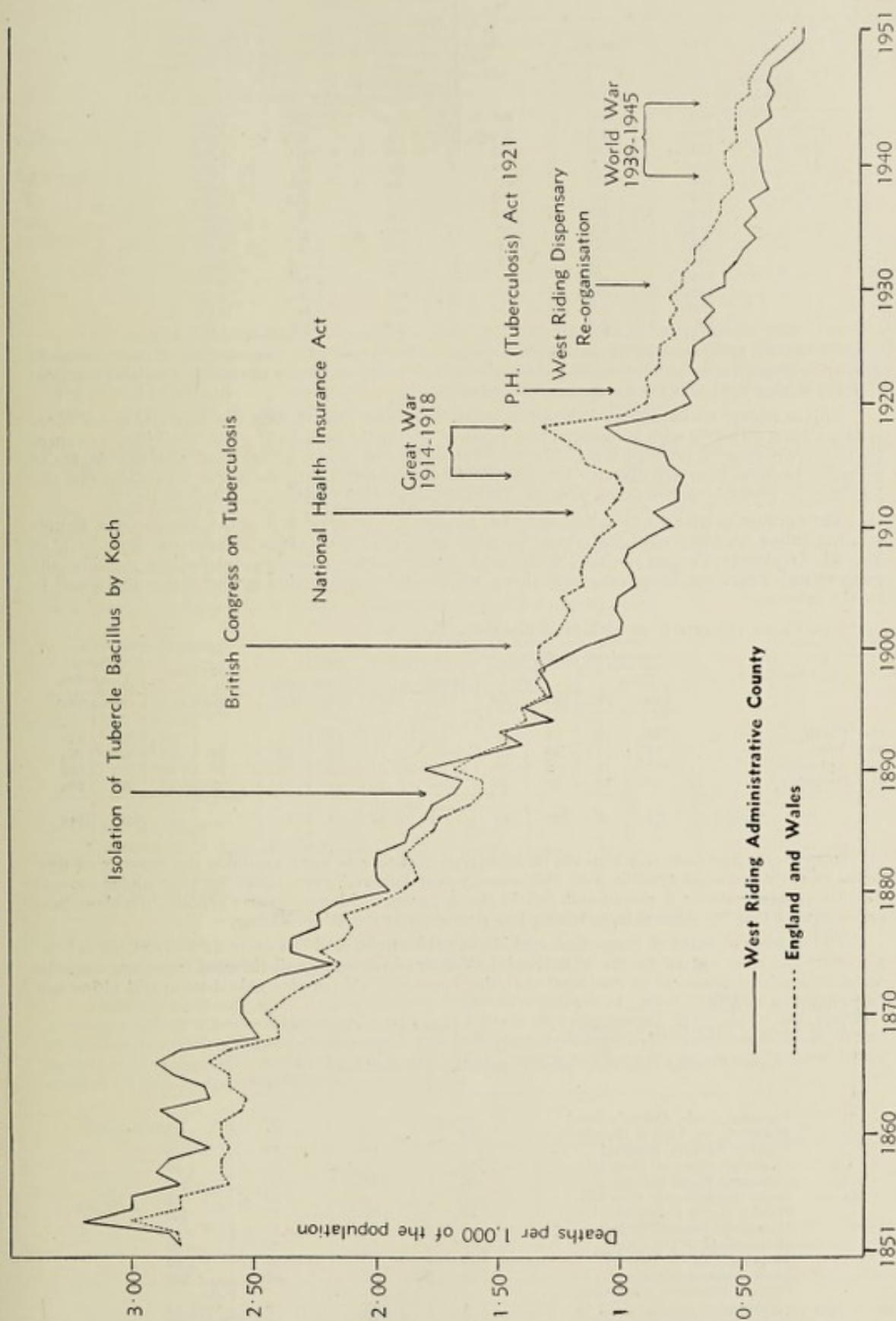
Barnsley * ...	—	5	14	10	29
Wombwell ...	4,500	15	15	26	56
Manvers Main Colliery, Wath-on-Dearne ...					
Wath Main Colliery, Wath-on-Dearne ...	4,204	5	52	104	161
Wath-on-Dearne ...					
Askern ...	1,659				
Armthorpe ...	2,036	2	37	126	165
Edlington ...	1,073				
Stainforth ...	1,898				
Moorends ...	1,530	8	33	103	144
Thorne ...	1,469				
Dalton ...	1,996	8	2	52	62
	20,365	43	153	421	617
Total for the County area ...	54,523	152	574	1,230	1,956

* The details given refer to West Riding patients who attended the Unit when operating in the County Borough area. The numbers examined are not recorded.

The 1,230 non-tuberculous abnormalities revealed by the Sheffield Surveys are classified as follows:—

Abnormalities of bony thorax and lungs ...	90
Chronic bronchitis and emphysema ...	65
Pneumonia ...	12
Bronchopneumonia ...	4
Consolidation of unknown cause ...	8
Bronchiectasis ...	45
Pulmonary fibrosis (e.g. post pneumonic) ...	87
Pneumoconiosis (silicosis, asbestosis, etc.) ...	259
Pneumoconiosis accompanied by T.B. ...	24
Basal fibrosis ...	41
Pleural thickening ...	45
Pleural and interlobar effusion ...	7
Spontaneous pneumothorax ...	4
Intra-thoracic new growth ...	12
Cardio-vascular lesions—congenital ...	28
Cardio-vascular lesions—acquired ...	113
Miscellaneous ...	382
Still under observation ...	4

THE DECLINE OF MORTALITY FROM PULMONARY TUBERCULOSIS 1851-1951



Venereal Diseases

New Cases (compared with previous years). Table A.

Year	Syphilis	Gonorrhoea	Total new cases of Syphilis and Gonorrhoea	Other conditions	Total new patients
1938	346	650	996	503	1,499
1939	403	678	1,081	593	1,674
1940	299	499	798	497	1,295
1941	331	552	883	587	1,470
1942	423	479	902	735	1,637
1943	487	654	1,141	1,344	2,485
1944	413	569	973	1,383	2,356
1945	473	767	1,240	1,419	2,659
1946	723	1,140	1,863	1,859	3,722
1947	573	729	1,302	1,511	2,813
1948	463	550	1,013	1,403	2,416
1949	435	383	818	1,360	2,178
1950	357	304	661	1,447	2,108
1951	247	171	418	1,212	1,630

The above table is of particular interest because it reveals that the number of new cases of gonorrhoea diagnosed in West Riding Administrative County residents attending Special Treatment Centres during 1951 was the lowest ever recorded.

This is highly encouraging, although it must be stated that during the last few years more patients than formerly with symptoms and signs of urethritis have been given Penicillin treatment by their own general practitioners. The number so treated cannot be assessed with any degree of accuracy because venereal diseases are not notifiable; nevertheless it seems fair to assume that the incidence of gonorrhoea has fallen very considerably since the immediate post war years.

The number of patients classified as 'other conditions' remains well above the pre-war figures but has fallen by more than 600 since the peak year of 1946. Other conditions dealt with at Special Treatment Centres include those with genito-urinary diseases (excluding syphilis and gonorrhoea) requiring treatment, and those who have been examined at the centre and found to be not infected.

New Cases (Quarterly and stage of disease). Table B.

Quarter ended	Acquired Syphilis				Congenital Syphilis				Gonorrhoea		Other Conditions		
	Early		Late		Under 1 yr.		Over 1 yr.		1950	1951	1950	1951	
	1950	1951	1950	1951	1950	1951	1950	1951					
31st March ...	20	13	71	45	—	1	15	5	87	40	394	310	
30th June ...	17	11	50	28	1	1	19	12	79	41	379	321	
30th September ...	17	19	52	29	3	1	12	12	79	51	337	297	
31st December ...	22	15	48	42	—	1	10	12	59	39	337	284	
Total ...	76	58	221	144	4	4	56	41	304	171	1447	1212	

In 1949, the first year in which the details given in Table B were available the number of new cases of early acquired syphilis was 158, exactly one hundred more than the year under review. The latest figure shows a remarkable fall in the apparent incidence of early syphilis in a short time and suggests that the disease is becoming less prevalent in the West Riding.

The number of cases of congenital syphilis in babies remained the same as in 1950, namely 4. No effort has been spared by the V.D. Social Workers in bringing all infected expectant mothers under immediate treatment in the hope that the figures for this preventable disease will ultimately be brought to nought.

New Cases (Treatment Centres). Table C.

Name of Special Treatment Centre	Syphilis	Gonorrhoea	Other conditions	Total
Barnsley Clinic, Queen's Road ...	8	4	89	101
Bradford, St. Luke's Hospital ...	15	14	91	120
Burnley Victoria Hospital ...	5	—	13	18
Dewsbury General Hospital ...	16	5	74	95
Doncaster Royal Infirmary ...	36	40	67	143
Goole Bartholomew Hospital ...	2	4	19	25
Halifax Royal Infirmary ...	13	10	77	100
Harrogate General Hospital ...	4	6	43	53
Huddersfield V.D. Centre ...	7	10	82	99
Keighley Victoria Hospital ...	19	7	67	93
Leeds General Infirmary ...	24	21	191	236
Oldham Boundary Park General Hospital ...	4	1	9	14
Rotherham W.R. Medical Centre ...	11	10	78	99
Sheffield Jessop Hospital ...	1	1	14	16
Sheffield Royal Hospital ...	5	1	18	24
Sheffield Royal Infirmary ...	3	2	9	14
Sheffield City General Hospital ...	—	—	1	1
Wakefield Clayton Hospital ...	68	32	258	358
York County Hospital ...	6	3	12	21
	247	171	1,212	1,630

Table C gives details of the distribution of new cases at the clinics serving the West Riding.

General Practitioner V.D. Service

Table D.

	1950				1951			
	Cases under treatment at 1st Jan. 1950	New Cases	Cases transferred to the General Practitioner	Total Attendances	Cases under treatment at 1st Jan. 1951	New Cases	Cases transferred to the General Practitioner	Total Attendances
Syphilis ...	81	15	8	1,272	70	16	7	1,132
Gonorrhoea ...	2	14	1	191	5	6	—	65
Other conditions ...	21	88	—	313	11	37	1	152
Totals ...	104	117	9	1,686	86	59	8	1,349

This service has continued unchanged and provides patients in rural areas with treatment facilities within a reasonable distance of their homes. Fourteen doctors work in this scheme and a Consultant is available to advise on difficulties in diagnosis and treatment. In common with other parts of the Administrative County the total number of new cases (Table D) in the rural districts shows a considerable decline which is also reflected in the total attendances.

V.D. Social Work—The staff consists of one confidential clerk-typist and four whole-time Health Visitors who are trained nurses with special experience in V.D. work. They have three main tasks. First, case finding. Information about suspected cases of venereal disease is obtained from a large number of sources, including patients known to have the disease, moral welfare workers, clinics, laboratories, etc. The V.D. Social Worker interviews the patient in private and arranges examination by a Venereologist at a convenient time, or may advise the individual to discuss the matter with his or her own doctor. Case finding includes contact tracing (Table E) in which the information comes mainly from patients with venereal disease, who are unable or unwilling to ask their contact to attend at a Special Treatment Centre for examination.

Contact Tracing.

Table E.

Total number of contacts reported ...	109				
Located and examined ...		82			
Not infected ...			70		
Infected ...			12		
Already under treatment ...				—	
Brought under treatment ...				12	
Syphilis ...					9
Gonorrhoea ...					3
Located ...		18			
Not examined ...			18		
Transferred to other authority ...			—		
Not Located ...		9			
Insufficient information ...			7		
Unable to locate ...			2		

Total number of re-visits by Social Workers to contacts ... 138

Total number of ineffective visits by Social Workers to contacts ... 56

Secondly, case holding. Known cases of venereal disease may, for a variety of reasons, cease attending before treatment has been completed or tests of cure carried out. They are known as defaulters (see Table F). In these cases the V.D. Social Workers communicate with the patients by letter or personal visit, find out their difficulties, explain the position in respect of missed treatment, and help the patients to resume attendance.

Defaulters.

Table F.

Total No. of defaulters.	Returned to clinic after visiting.	Failed to return.	Removed unable to locate.	Transferred.	No. of ineffective visits.	No. of re-visits.
418	267	85	32	34	603	396

Thirdly, social work. This heading covers a wide field, both within and without the clinic. V.D. patients, unlike most other patients, cannot discuss their difficulties with neighbours or friends, so that the social aspects of this work become of almost equal importance with the medical. The V.D. Social Workers by personal interviews help patients with their various problems of social relationship at home and at work. By so doing they smooth the way to regular attendances and provide patients with a much needed confidant and advisor.

During the year the V.D. Social Workers had 424 interviews with doctors and 1,037 miscellaneous interviews quite apart from the social work in the clinics for which no statistics are available.

Positive Blood Tests for Syphilis—The Pathologists in charge of the main laboratories serving the county have continued to give the Consultant Venereologist the names of doctors sending in specimens of blood which on examination have proved to be positive for syphilis. The initial classification of these reports has been (a) ante-natal cases and (b) all other cases.

Ante-Natal Cases.

Table G.

Patients.					Contacts of Patients.		
No. of positive reports on specimens received from Ante-natal clinics	No. investigated by Social Workers	No. referred direct to Special Treatment Centres	No. found to have Syphilis	No. found to be not infected	No. of contacts examined	No. of contacts infected*	No. not infected
53	45	8	50	3	64	10	54

* Of the 10 contacts found to be infected 5 were children, 2 of them being under 1 year of age.

In order to avoid delay the V.D. Social Workers have, on receipt of a positive report, been asked to offer immediately their help to the Clinic Medical Officer or General Practitioner. Unless the expectant mother has had a history or clinical signs of syphilis arrangements have been made for a repeat blood sample to be taken before referring her to a Special Treatment Centre. In addition, on receiving confirmation of the provisional diagnosis, the examination of the patient's contacts (including husband, children, etc.) has been arranged.

All other cases.

Table H.

Number reported from Laboratory	174				
No action necessary		127			
Action taken		47			
Not requiring follow-up			22		
Referred to Special Treatment Centre ...			25		
Contacts examined				31	
.. not infected					23
.. infected					8

In all other cases (Table H) the Consultant Venereologist having considered each one individually on the information available, has decided whether the doctor should be communicated with or not. In the majority of cases no action has been taken because subsequent to the receipt of a positive report the doctor has sent the patient to a Special Treatment Centre at which the contact follow-up is performed as a routine. In the remainder the procedure has been to write to the doctor concerned offering the services of one of the V.D. Social Workers to assist in the socio-medical aspects of the case and the tracing of contacts.

In some cases, especially where the disease is of long standing, the doctor may consider that no socio-medical assistance is necessary. In others, particularly early acquired syphilis and early congenital syphilis experience has shown that practitioners have appreciated the value of the service to both patients and contacts.

I am particularly grateful to the Pathologists for their co-operation and to all the Venereologists for their willing help.

PART III

MIDWIFERY AND MATERNITY SERVICES

The effect of social legislation has been to bring untold benefits through the health services to the population generally and to women and children in particular. Many of the teething troubles met with in the application of the National Health Service Act have been surmounted; excellent work has been done by those employed in the several branches of the health service, and the smoothness by which such drastic changes have been effected has been obtained by their good will. Such testimony would seem to suggest that the service as a whole is being administered efficiently; this may be so, but it is no indication of effective planning.

The maternity services are an example of this and so long as there exists a service in which administration is vested in three separate authorities, without unification of control, it cannot produce the benefits which were intended. Too much has been left to chance; the probability that those responsible for the tripartite service will co-operate to produce an efficient whole; the frailties of human nature have been overlooked and in some instances the patient forgotten.

Institutional Midwifery

There is every indication of the continued upward trend of institutional deliveries, there being 56.3% as compared with 53% in 1950. Accommodation was provided for 10,520 confinements in respect of the area controlled by the Leeds Regional Hospital Board and for 3,797 in the Sheffield Board area, this represents 62.1% and 44.7% of the total births of the respective areas.

Domiciliary Midwifery

There were 500 midwives who in accordance with the requirement of the Central Midwives Board gave notice of their intention to practise; of these 305 were whole time midwives in the employ of the County Council, 73 of whom undertook the combined duties of midwifery and home nursing; 145 were employed in institutions and 50 in private practice. The supervision of the professional standards of practising midwives is undertaken by two Supervisors of Midwives and two Superintendents of home nurses and midwives; the duties of the former are in relation to the supervision of the work undertaken by whole time midwives, and of the latter, of that work carried out by nursing staff engaged in combined duties of home nursing and midwifery, thereby eliminating the duplication of supervision which had hitherto been undertaken. The duties of the Supervisors are those of maintaining an efficient midwifery service by ensuring high professional standards of practice; they work in close co-operation with the Divisional Medical Officers who are the medical supervisors for their respective areas and although responsible for the administration of the service receive a great deal of assistance in the planning of districts etc. from the Supervisors.

Special investigations were undertaken in relation to puerperal pyrexia 41: ophthalmia neonatorum 22: pemphigus neonatorum 1: visits for the purpose of supervision of professional standards 585: tutorials to pupil midwives 60: attendances at cases of labour 7: inspection of registered nursing homes 24: consultations with Divisional Medical Officers 155.

The following tables summarise the cases for which medical aid was sought by midwives in accordance with the rules of the Central Midwives Board:—

PREGNANCY (756)

Abdominal pain	21	High blood pressure	33	Premature labour	1
Abortion	106	Hydramnios	4	Renal condition	6
Ante-Natal Examination	2	Low blood pressure	1	Ruptured membranes	8
Ante-Partum Haemorrhage	165	Malpresentation	16	Skin condition	2
Albuminuria	47	Mental symptoms	2	Threatened abortion	173
Blood Test	4	Miscarriage	37	Thrombosis	1
Chest Condition	5	Multiple pregnancy	3	Toxaemia	30
Debility	38	Oedema	24	Vaginal discharge	2
Disproportion	5	Post maturity	4	Varicose veins	3
Foetal death	1	Pre-eclampsia	3	Vomiting	5
Foetal distress	4				

LABOUR (2479)

Abdominal pain	2	Maternal distress	27	Prolonged labour	350
Ante-Partum Haemorrhage	9	Multiple pregnancy	4	Pyrexia	7
Cord presentation	8	Notification of labour	7	Retained membranes	8
Episiotomy	8	Obstetric shock	5	Retained placenta	82
Foetal distress	21	Obstructed labour	16	Ruptured perineum	1503
Hydatidiform Mole	1	Placenta praevia	8	Stillbirth	6
Induction	1	Post Partum haemorrhage	117	Toxaemia	2
Instrumental delivery	5	Precipitate labour	26	Uterine inertia	62
Malpresentation	125	Premature labour	42	Vaginal laceration	27

LYING-IN (411)

Abdominal pain	8	Haemorrhoids	5	Rapid pulse	3
Anaemia	8	Headache	5	Retention of urine	1
Blood test	7	Oedema	4	Secondary P.P.H.	14
Breast condition—		Offensive lochia	6	Severe Chill	7
Mastitis	23	Pain—		Shock	2
Other	54	Legs	14	Skin condition	6
Chest condition	22	Arms	2	Sub-involution	2
Debility	29	Phlebitis	47	Thrombosis	8
Eclampsia	2	Post-natal examination	3	Varicose veins	9
Eye infection	2	Pyrexia	113	Vomiting	4
Facial paralysis	1				

THE CHILD (642)

Abscess	2	Deformity	33	Prematurity	97
Anal growth	1	Diarrhoea	3	Projectile vomiting	18
Asphyxia	27	Discharging eyes	177	Pyrexia	4
Birth injury	1	Discharging ears	3	Rhesus investigation	2
Born before arrival	2	General condition	98	Skin condition	30
Chest conditions	11	Haemorrhage	13	Snuffles	2
Cleft palate	1	Hare lip	5	Still birth	4
Collapse	2	Jaundice	44	Talipes	8
Convulsions	4	Melaena	7	Tongue tie	3
Coryza	4	Oedema	3	Unsatisfactory umbilicus	6
Cyanosis	21	Phimosis	5	Vulval cyst	1

Other notifications were maternal deaths 3: infant deaths 108: still births 202: laying out of the dead 47: liability to be a source of infection 148: substitution of artificial for breast feeding 891.

A view is held that where the private practitioner attends normal confinements thereby relegating the midwife to the role of maternity nurse, there is a danger of this becoming common practice owing to demands of the patients which will seriously prejudice the status of the midwife. Examination of the returns for the County area does not indicate that the status of the midwife is being jeopardised by the advent of the maternity medical services, in fact 87% of the domiciliary confinements were undertaken by midwives as against 85% in 1950. It will be recalled that where a practitioner has contracted to give maternity medical service to the patient he need not be in attendance during labour unless he or the midwife deems it to be necessary, and it would appear that transition has now been effected so that this section of the service is working as legislation intended.

The actual number of confinements attended by midwives varies from year to year according to fluctuations in the birth rate, it is also influenced by the number of lying-in beds provided by the Regional Hospital Board; in some of the Divisional areas as many as 70% of the total births take place in hospital. The number of deliveries undertaken by the midwife today is not a true guide in determining her case load, for she is having to assume responsibility for the nursing of mothers discharged from hospital before the termination of the lying-in period, the minimum of which is 14 days; 2,685 post-hospital nursings were carried out over varying periods of six to eight days.

Flying Squad—Arrangements are in operation from the undermentioned hospitals whereby emergency units are available for the domiciliary treatment of maternity patients whose condition is too grave to justify immediate transfer to hospital:—

St. Helen's Hospital, Barnsley.
General Hospital, Halifax.
Royal Infirmary, Huddersfield.
Jessop Hospital, Sheffield.

St. Luke's Maternity Home, Bradford.
General Hospital, Harrogate.
Maternity Hospital, Leeds.
General Hospital, Wakefield.

Gas and Air Analgesia—The administration of gas and air is now recognised as being an essential part of the training of pupil midwives, so that we have now attained the position of having a completely trained staff for this purpose. Great publicity was given in the press a few years ago to the lack of facilities in certain parts of the country for the relief of pain in childbirth, but the response which has been made for such relief has not been as popular as anticipated. There is still a varying demand in Divisional Areas and the percentage of cases to which gas and air was administered was 46, an increase of 3% over the preceding year.

Post-Certificate Instruction and Pupil Training—Although the Central Midwives Board make a requirement for the post-certificate instruction by means of residential courses for practising midwives every seven years, the County Council takes an even more enlightened view of the need to keep midwives up-to-date in recent trends by such instruction. For the second year in succession it was arranged for sixty midwives to attend courses held at Oxford and Bristol.

Two training schemes for pupil midwives are in operation in the County, one in association with Nether Edge Hospital, Sheffield, and the other with Hazlewood Maternity Home, near Tadcaster, whereby the district work required of the pupils is supervised by selected midwives from the staff of this department.

Ante- and Post-Natal Services

The continued downward trend in the number of deaths of mothers associated with childbirth is gratifying and is attributable to the conscious intervention of all those engaged in the work of the maternity services; there still remains however the field for research into the possible extent in which the ante-natal period is associated with still-births and the deaths of infants under one month of age. Careful ante-natal supervision throughout pregnancy is essential to the maintenance of health which determines reproductive efficiency. There is the continued need for health propaganda and the local health authority service offers the means whereby collective and individual instruction, health talks, demonstrations etc., can best be given by staffs which, not only have the time to devote to such work, but which are trained for the purpose; too little regard is given to the value of educational work in relation to ante-natal care which is fundamental to an efficient maternity service; ante-natal care not only requires the clinical assessment of the condition of the patient, but also the observation of the patient's home and study of the conditions under which she is living, she must be advised on the principles of hygiene and management in the interest of herself and also that of her infant when it is born.

There were 149 ante- and post-natal clinics in operation at the end of the year in which 519 sessions were held each month and the total attendances were 63,746 ante-natal and 2,785 post-natal. Generally speaking co-operation between the Hospital Board and Executive Council sections of the service has been good although there has been a fall in attendance of 1% representing approximately 125 new cases. Instances of lack of co-operation exist in isolation and since 1948 ten clinics have been closed mainly in the north and north-west areas of the County; the following are the figures of attendances over the County as a whole during the past three years.

Year.	Births.	1st Clinic Attendance.	Percentage Attendance.
1949	27,234	13,839	50
1950	25,819	12,733	49
1951	24,844	12,009	48

Maternal Deaths: Sixteen maternal deaths were reported during the year, of these fifteen took place in hospital, and one on the district.

PART IV

CHILD WELFARE

Statutory interest in the welfare of children under the age of five years took effect from the passing of the Maternity and Child Welfare Act of 1918; voluntary effort however had been exercised for a number of years prior to this, and it was due to the work of voluntary organisations up and down the country that public interest in the preservation of infant life was stimulated to the extent that the government of the day took the necessary action. We have come a long way since the horrors of an infant mortality rate of 163 at the beginning of the century.

Looking back over the thirty-three years since the passing of the Maternity and Child Welfare Act, when out of every thousand children born, ninety-seven never attained their first birthday, the preventive medical services have much to their credit. Excluding some slight upward movement in single years there has been a steady decline in infant mortality so that in 1951 the national rate stood at the low figure of 30 with which the County figure of 32 compared favourably. There is little doubt that the local authority health services, in which I would include the County district services, have made a great contribution towards the obtaining and maintenance of a low infant mortality rate; how much more they can offer seems to be open to doubt, for the administrative machinery set up by the National Health Service Act has divided the control of services which offer the greatest scope for further reduction. Examination of our infant mortality rate shows that 59% of deaths took place during the first four weeks of life and that they were mainly preventable; in tackling the problem, success can only be attained by the concerted action of those engaged in the Hospital, General Practitioner and Local Health Authority services.

Whilst our object in dealing with infants under the age of one year is the saving of life, the picture changes somewhat as this aim has been achieved, for we have then to concern ourselves with the maintenance of good health. Although the Child Welfare Services are available to all infants up to the age of five years, it is commonplace to find a general tendency among mothers to cease taking their infants to Welfare Centres after the child has attained its first birthday; this is borne out by the annual returns from the divisional areas, for of a total number of infant welfare centre attendances of 422,313 only 34% were in respect of children between the ages of one and five years. Granted that many of the children in the latter group would have been in attendance at nursery schools and classes and thereby obtained supervision through the school health service, the fact remains that of 25,806 entrant school children medically examined, 4,671 of them suffered from defects requiring treatment which may have been obtained before school entry.

There were 218 infant welfare centres in operation at the end of the year at which 422,313 attendances were made; of these 280,545 were in respect of infants under the age of one year, and 141,768 by children between the ages of one and five years; these figures show an increase in attendances over the previous year of 4,386, being made up by 528 infants under one year of age and 3,858 between the ages of one and five years. New centres were opened in six of the divisional areas at Batley Carr, Beal, Emley, Harrogate, Kilmhurst, Poole-in-Wharfedale; three centres were transferred to more suitable premises, whilst the Snaith centre was temporarily closed owing to expiry of the tenancy and pending adaptation of a new property purchased by the County Council. The Ministry of Health approved in principle the building of a multiple clinic in Morley, and a satellite clinic at Hemsworth, together with the provision of a mobile clinic to service communities in the Northern part of the County.

The work carried out at these centres has been maintained at a high level with a strong educational bias, any treatment effected is mainly in respect of minor ailments; conditions requiring extended treatment are referred to the private practitioner. Attendance at a centre entails the regular weighing and observation of the infant with professional advice by the medical officer being available as required. Mothers receive instruction in mothercraft and visual aids may be employed; often the medical officer gives group talks, whilst his services are also available for the prophylactic treatment of diphtheria.

Illegitimate Children—Illegitimacy appears to be on the downward trend, there being 974 as compared with 1170 in 1950 and 1323 in 1949. It is well known that deaths amongst illegitimate babies are much higher than those born in wedlock. There are many reasons which would creditably account for this factor; the baby is unwanted, coupled with this is the inclination to secrecy so that ante-natal care is very often unsought. Following birth there is often a disinclination to breast feed and a general lack of care which is necessary to assure the child's survival.

Of the Registrar's return of 974 births, 617 were dealt with as requiring special assistance through the County Scheme for the care of the mother and her illegitimate child. There is no requirement to notify an illegitimate birth as such, in consequence of which we are unaware of a number of these births; divisional returns however indicate that only a small proportion do not obtain help in one way or another through the infant welfare services.

Day Nurseries

There is little doubt that nursery facilities provide an important social service, particularly in this country where emphasis is made on the admission of children whose home circumstances are such that in the absence of nursery care their health and well-being would be adversely affected.

Hitherto the function of a nursery seems to have been that of providing accommodation for children whose mothers wished to obtain employment. It is now rightly accepted that this service is an adequate means of dealing with certain distressing social problems, namely the care of the illegitimate and fatherless child, whose mothers must work to support them; then there are the children whose home conditions are not entirely suitable; the mother who is ill and cannot cope with her child throughout the day, or who may be caring for other persons in the family suffering from illness. Bearing in mind that it should be our aim to maintain the family unit as far as is possible, the nursery service therefore offers a form of care without separation of the child from complete parental influence.

There has been no material change in the day nursery service although a continued improvement in the quality of the service has been effected by the engagement of trained staff through the efforts of the County Training Scheme. There has not been any serious outbreak of infectious disease and attendances have been maintained at a high level.

Many internal improvements have been made to nursery premises and through the efforts of Park Committees of various authorities the standard of the grounds and gardens surrounding the nurseries has had the effect of enhancing the appearance and attractiveness of the premises.

Training of Nursery Nurses—The training of nursery nurses for the National Nursery Examination Board Certificate has continued at the following centres—Shipley 54, Dewsbury 38, South Kirkby 16, Castleford 14, Ilkley 28, Rotherham 15, Halifax 5, Oldham 2. The Hostel at Ilkley has been fully utilised as a training centre providing residential accommodation and proves a valuable asset to the training scheme.

Premature Babies

The number of live premature births (i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth) born to mothers normally resident in the Administrative County was 1,549 (6.2 per cent. of corresponding total live births) compared with 1,687 (6.5 per cent.) in 1950. The percentage of these babies surviving for over 28 days was 82.7 in 1951 and 83.3 in 1950 as will be seen from the last two columns of Table 1 on page 37. The lower percentage for 1951 as compared with the previous year is mainly accounted for by the lower survival rate in that year among premature babies of 4 to $5\frac{1}{2}$ lbs. in weight and to a smaller extent that among babies in the $3\frac{1}{2}$ lbs. to 4 lbs. weight group. The statistics below show where the babies were born:—

	At home or domiciliary		Private Nursing Homes		Institutions in the National Health Service				Total	
	1950	1951	1950	1951	Maternity Homes		General Hospitals		1950	1951
Born in the Administrative County	557	460	4	6	227	245	235	191	1,023	962
Percentage ...	54.4	51.0	0.4	0.7	22.2	27.1	23.0	21.2	100.0	100.0
Born outside the Administrative County	6	5	19	24	136	122	503	496	664	647
Percentage ...	0.9	0.8	2.9	3.7	20.5	18.8	75.7	76.7	100.0	100.0
Total ...	563	465	23	30	363	367	738	687	1,687	1,549
Percentage ...	33.4	30.0	1.4	1.9	21.5	23.7	43.7	44.4	100.0	100.0

From the last line of the above table it will be observed that in 1951 30 per cent. of the premature babies born alive were domiciliary births. It can be said that the majority of these were born at home. 23.7 per cent. were born in Maternity Homes in the National Health Service Scheme and 44.4 per cent. in General Hospitals in the same Scheme. A number of the General Hospitals have maternity wards or blocks providing similar facilities to those at Maternity Homes and the percentage born therein is no criterion of the extent of admission of mothers because of complications associated with the confinement.

Table 2 on page 38 shows the fate of the 935 premature babies born alive in the Administrative County. (This includes 33 born to mothers not normally resident in the County). The percentage survival of these babies (84.7) was a slight improvement on that for the previous year and a considerable one on that for 1945 (77.1), the first year for which figures of survival were compiled. The improvement represents a saving of 71 babies. The improvement took place almost entirely in the middle weight groups where viability can be expected to be less than in the higher weight groups.

Table 3 on page 39 shows the rate of survival among the 462 premature babies born alive in the Administrative County in the domiciliary practice of midwives. It will be observed that in the County as a whole the percentage survival (81.0) among these babies was not so good as in 1950 (82.2) and 1949 (81.7) and this is due to the experience in Urban Districts where the rate has deteriorated from 84.1 in 1949 to 82.3 in 1950 and 79.8 in 1951, in contrast to that in the Rural Districts where the rate has improved from 77.0 in 1949 to 81.9 in 1950 and 83.6 in 1951.

Table 4 on page 40 shows the fate of the 473 premature babies born in hospitals, maternity homes and private nursing homes situate in the Administrative County. It will be noted that the percentage surviving over 28 days has progressively increased from 83.4 in 1945 to 88.4 in 1951. This survival rate for 1951 compares very favourably with that of 79.9 for the 642 premature babies born in similar institutions situate outside the Administrative County (chiefly in the West Riding County Boroughs) to mothers normally resident in the Administrative County.

A premature baby, for statistical purposes, is considered to have survived if it is alive one month from birth. Some interest attaches to learning more about survival rates after this date and to determine this we are now following up year by year the premature babies born in 1949 to mothers normally resident in the Administrative County. The results so far are shown in Table 5.

THE FATE OF PREMATURE BABIES BORN IN THE YEAR 1951, TO MOTHERS NORMALLY RESIDING IN THE WEST RIDING ADMINISTRATIVE COUNTY AREA WHEREVER THE BIRTH TOOK PLACE

Total adjusted live births—24,844										Number of live premature births—1,549										Percentage of total live births—6.2									
										Number born dead—252																			
Weight Group	No. of Premature Births.						Number Dying (Days of Survival)														Number Surviving over 28 days.				Percentage Survival		Percentage Survival		
	Born Alive					Born Dead	First Week.							Second Week.														Over 14 up to 28 days	
	A	B1	B2	C	Total		1	2	3	4	5	6	7	8	9	10	11	12	13	14									
	lbs.																					A	B1	B2	C	Total			
5-5½	186	16	160	283	645	25	7	4	6	1	1	3	1	—	—	3	1	—	—	—	2	176	16	153	271	616	95.5	96.3	
4½-5	114	7	95	141	357	28	13	5	4	2	—	—	—	1	—	—	—	—	—	2	104	6	89	190	329	92.2	93.0		
4-4½	51	3	52	96	202	30	12	8	1	2	2	2	—	—	—	—	1	—	—	3	42	3	43	83	171	84.7	87.0		
3½-4	47	4	24	61	136	41	16	7	2	2	3	3	1	—	1	1	—	—	—	2	33	1	20	44	98	72.1	78.0		
3-3½	23	—	15	39	77	31	13	7	2	—	3	—	—	1	2	—	1	1	1	1	14	—	7	24	45	58.4	55.2		
2½-2	13	—	8	25	46	31	16	4	4	—	1	2	—	1	1	—	—	—	—	1	5	—	2	9	16	34.8	36.1		
2-2½	10	—	6	18	34	25	16	3	3	2	—	3	—	—	—	—	—	—	—	2	2	—	1	2	5	14.7	9.8		
1½-2	13	—	6	17	36	15	23	6	4	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	1	2.8	5.9		
1½ and under	8	—	1	7	16	17	9	4	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8.3		
	465	30	367	687	1549	252	125	48	27	11	10	14	2	4	4	2	3	3	1	1	13	377	26	315	563	1281	82.7	83.3	

A—Born in Domiciliary Practice.
B1—Born in a Private Nursing Home.
B2—Born in a Maternity Home.
C—Born in a General Hospital.

THE FATE OF PREMATURE BABIES BORN IN THE YEAR 1951, IN THE WEST RIDING ADMINISTRATIVE COUNTY AREA

TABLE 2

Total unadjusted live births—19,389

Number of live premature births—935

Percentage of total live births—4.8

Number born dead—128

Weight group	Number of Premature Births					Number Dying (Days of Survival)														Number surviving over 28 days					Percentage Survival in 1951	Percentage Survival in previous years.							
	Born Alive				Born Dead	First Week							Second Week							Over 14 up to 28 days	Number surviving over 28 days												
	A	B1	B2	C		Total	1	2	3	4	5	6	7	8	9	10	11	12	13		14	A	B1	B2		C	Total						
lbs.						5	4	4	4	1	1	1	1	—	—	—	2	1	—	—	1	175	3	124	81	383	94.8	95.2	91.7	94.0	95.8	95.8	97.2
5—6½	185	4	130	85	404	9																				80.8	87.0	86.2	90.9	91.6	92.3		
4½—5	112	2	65	55	234	19	10	3	1	1	—	—	—	—	—	—	—	—	—	—	2	102	2	61	52	217	92.7						
4—4½	52	1	39	29	121	23	5	2	1	2	2	1	—	—	—	—	1	—	—	—	3	43	1	33	27	104	86.0	70.6	71.7	70.1	80.6	84.6	87.4
3½—4	46	1	13	13	73	21	8	3	2	1	3	1	—	—	1	—	—	—	—	—	2	32	—	10	10	52	71.2	58.9	58.9	54.3	63.1	59.3	77.9
3—3½	23	—	9	9	41	15	6	5	1	—	—	—	—	2	—	—	—	—	—	—	14	—	5	8	27	65.9	38.8	35.8	37.0	55.6	60.4	56.0	
2½—3	13	—	3	2	18	17	6	1	2	—	1	—	—	1	—	—	—	—	—	—	1	5	—	—	1	6	33.3	20.7	25.0	12.9	21.7	25.0	36.4
2—2½	10	—	3	2	15	7	7	1	1	1	1	—	—	—	—	—	—	—	—	—	2	2	—	—	—	2	13.3	6.7	—	12.9	—	—	9.5
1½—2	13	—	1	5	19	7	13	3	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	5.3	—	—	—	16.7	—	4.8
1½ and under	8	—	—	2	10	10	6	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25.0	—	—	—
	402	8	263	202	935	128	66	25	15	6	6	5	1	—	3	1	2	2	—	11	374	6	333	179	792	84.7	77.1	75.9	77.8	83.6	83.8	84.5	

A—Born at home.
B1—Born in a Private Nursing Home.
B2—Born in a Maternity Home.
C—Born in a General Hospital.

TABLE 4
THE FATE OF PREMATURE BABIES BORN IN THE YEAR 1951, IN INSTITUTIONS* SITUATE IN THE
WEST RIDING ADMINISTRATIVE COUNTY AREA

Percentage of total live births—5.6

Number of live premature births—473

Total unadjusted live births—8,382

Number born dead—61

Weight Group lbs.	No. of Premature Births.		Number dying (days of survival).														Number Surviving over 28 days.	Percentage Survival 1951	Percentage Survival in previous years.						
	Born Alive	Born Dead	First Week.							Second Week.									Over 14 up to 28 days						
			1	2	3	4	5	6	7	8	9	10	11	12	13	14									
5-5½	219	5	4	1	1	1	1	—	1	—	—	—	—	—	—	—	1	208	95.0	96.4	91.5	95.0	95.2	96.9	97.6
4½-5	122	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2	115	94.3	90.5	93.8	92.1	92.0	88.5	93.1
4-4½	69	12	4	1	1	1	—	—	—	—	—	—	—	—	—	—	1	61	88.4	70.6	75.6	76.5	86.2	86.2	85.5
3½-4	27	13	2	2	—	—	2	—	—	—	—	—	—	—	—	—	1	20	74.1	65.2	64.9	71.4	65.4	66.7	78.1
3-3½	18	7	1	3	—	—	—	—	—	—	1	—	—	—	—	—	—	13	72.2	41.2	45.5	52.9	61.1	86.7	47.8
2½-3	5	9	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	20.0	37.5	66.7	—	25.0	16.7	41.7
2-2½	5	2	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14.3
1½-2	6	2	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1½ and under	2	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	473	61	27	10	2	3	3	1	1	—	1	—	1	—	—	—	6	418	88.4	83.4	81.4	84.6	85.3	86.4	87.2

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* Hospitals, Maternity Homes and Private Nursing Homes.

TABLE 5
FOLLOW-UP OF PREMATURE BABIES BORN IN 1949 TO MOTHERS NORMALLY RESIDENT IN THE
WEST RIDING ADMINISTRATIVE COUNTY AREA

Total born 1,406
Number who have removed
outside Administrative County ... 126
1,280

Weight Group, lbs.	Months of Survival—Number Dying at following periods of life													Surviving over 2 years
	Under 12 months	12 and under 13 months	13 and under 14 months	14 and under 15 months	15 and under 16 months	16 and under 17 months	17 and under 18 months	18 and under 19 months	19 and under 20 months	20 and under 21 months	21 and under 22 months	22 and under 23 months	23 months and under 2 years	
5-5½	47	—	—	1	—	—	—	—	—	1	—	—	—	527
4½-5	31	—	—	—	1	—	—	—	—	—	—	—	—	238
4-4½	35	—	—	—	—	—	—	—	—	1	—	1	—	133
3½-4	38	—	—	—	—	—	—	—	—	—	—	—	—	71
3-3½	27	—	—	—	—	—	—	—	—	—	—	—	—	32
2½-3	29	—	—	—	—	—	—	—	—	—	—	—	—	15
2-2½	30	—	—	—	—	—	—	—	—	—	—	—	—	3
1½-2	12	—	—	—	—	—	—	—	—	—	—	—	—	—
1½ and under	7	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	256	—	—	1	1	—	—	—	—	2	—	1	—	1,019
Percentage Survival	80.0	80.0	80.0	79.9	79.8	79.8	79.8	79.8	79.8	79.7	79.7	79.6	79.6	79.6

PART V

THE HEALTH OF THE SCHOOL CHILD

(This, together with the following part VI on the County Dental Service constitutes the report for the year 1951 on the School Health Service, being the 44th Annual Report of the School Medical Officer).

Introduction

During recent years the nature and character of the School Health Service have undergone considerable changes as a result of the Education Act, 1944, and the National Health Service Act, 1946. Prior to the passing of the Education Act, the Service was largely one of medical inspection and detection of defects, with a small measure of treatment at minor ailment clinics. The new Act made local education authorities responsible, for the first time, for ensuring that a child found to be suffering from any medical defect received appropriate treatment, if necessary, by providing the treatment themselves. This greatly expanded the scope of the School Health Service and in the West Riding led to the establishment of consultant ear, nose and throat, and orthopaedic services, a comprehensive ophthalmic service and a scheme whereby financial responsibility was accepted by the Authority for all in-patient and out-patient treatment of children at hospitals.

The Education Act also introduced far reaching measures for dealing with the ascertainment of, and provision of special educational treatment for the handicapped child—a branch of the School Health Service which has rapidly expanded and occupies a large proportion of the time of the School Health Service staff.

With the introduction of the National Health Service Act, 1946, these services have again undergone major changes. The Regional Hospital Boards now provide the consultant services and have assumed responsibility for the ophthalmic service, although clinics are still arranged and administered through the School Health Service.

The year 1951 can be regarded as the first of recent years in which no major changes in the character of the School Health Service have taken place and in which it has been possible to make some assessment of the effects on the Service of post war legislation. The tendency to place children's specialist clinics back in hospitals appears to have been halted, except in those areas where the Authority have no suitable premises and in most cases it has been possible, through co-operation with the Regional Hospital Boards, to arrange out-patient sessions for children only. The school ophthalmic service, although not considered to be as smoothly efficient as it was, is improving and there are developments contemplated by the Regional Hospital Boards which will provide a comprehensive service for children including the provision of adequate facilities for orthoptic treatment and the speedier supply of glasses.

Real progress has been made in providing for the handicapped child. An increasing number of cases is now coming to the notice of the Authority's medical officers at pre-school age and the least possible delay arises in eventually placing them in suitable special schools. In the provision of facilities for special educational treatment the Education Committee have established since 1947 two residential schools for the delicate, one school for the deaf with additional handicap, three schools for the educationally sub-normal, and two hostels for the maladjusted.

While provision for all the handicapped categories cannot be regarded as adequate, the placing of children generally presents no real problem, except with regard to the educationally sub-normal, the spastic, and the epileptic. There is an urgent need for the establishment of more special classes in the ordinary school for educationally sub-normal pupils, but the shortage of suitable teachers renders this difficult.

The disappointment expressed in earlier reports of the delay in the establishment of a comprehensive child guidance service must again be mentioned. Some progress can be reported, however, in the appointment during the year of Dr. Mary MacTaggart as child guidance psychologist. Dr. MacTaggart gives her services unstintingly and her appointment is proving most valuable in our efforts on behalf of the maladjusted child. The need for a child guidance psychiatrist and psychiatric social workers is, nevertheless, pressing, and negotiations are proceeding with the Leeds University for the joint appointment of a psychiatrist. The mental health of our school children is equally as important as their physical health and while the work of the Assistant County Medical Officers touches daily upon some aspect of mental health (indeed, much of the advice given to parents and teachers is child guidance), facilities for referring more difficult cases to a team of experts in this field is as necessary as facilities for obtaining specialist opinion and treatment for a physical defect.

The position regarding medical staff is most difficult. During the year three Assistant County Medical Officers resigned their appointments and since the end of the year to the time of writing we have lost a further five. We have not been able to make any new appointments and unless conditions make it possible to recruit new staff in the immediate future, the health and education of our children which have received such close and painstaking attention in recent years will seriously suffer. The resignations which occurred during 1951 were towards the end of the year and are not reflected in the statistics shown later in this Report and so far as the year's work is concerned, it may be said that the health of the school child has been fully maintained and in many ways improved.

The Medical Inspection of School Children

The average number of pupils on the registers at the end of the year was as follows:—

	Boys.	Girls.	Total.
Nursery	298	247	545
Primary (County)	62,844	59,839	122,683
Primary (Voluntary)	22,615	21,800	44,415
Secondary Modern (County)	21,705	20,559	42,264
Secondary Modern (Voluntary)	655	905	1,560
Secondary Grammar	11,046	11,430	22,476
Secondary Technical	1,037	787	1,824
	120,200	115,567	235,767

64,676 periodic medical inspections and 38,835 special inspections and re-examinations were made during the year compared with 61,977 and 40,119 for the year 1950.

Under the School Health Service and Handicapped Pupils Regulations a child is required to be medically examined three times during its school life—as an entrant, in the last year at a primary school and in the last year at a secondary school. These, with the possible addition of examination at 8 years of age may be regarded as adequate provided the child's health and well being are under continuous supervision in the intervening period by the school nurse and facilities are available for additional special medical examinations which may be required. Teachers also can play an important role in this as they are in daily contact with the children and know their habits and general behaviour under normal conditions. It has been said that in the present day circumstances the periodic medical inspection has ceased to serve any useful purpose. Those engaged in the School Health Service know how very far from the truth this statement is. The majority of parents do not consult their own medical attendant regarding their children unless they are obviously ill and suffering and in need of immediate treatment. The work of the school medical officer, on the other hand, is essentially preventive in outlook and only by constant supervision of our children can defects be discovered at the earliest stage and appropriate measures be taken to prevent serious ill health or handicap later in life. Constant attention to a child's physical health also helps to ensure that the maximum benefit is derived from the education provided.

Periodic medical inspections are still being carried out under difficult conditions in many of our schools where due to pressure on accommodation for class room purposes, makeshift accommodation only can be provided for the medical officer. Indeed in many instances, not even makeshift accommodation is possible and some nearby church hall or village institute has to be hired to enable the medical examinations to be carried out at all. The medical inspection is an occasion when the parent, doctor, school nurse, and teacher should be able to meet freely and discuss what measures are best in the child's interests but how very difficult it is to achieve this when the medical inspection is carried out under such adverse conditions.

The following tables give details of the numbers of medical inspections made in the various age groups and the numbers found to require treatment:—

Table I
Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools
(including Special Schools)

A. PERIODIC MEDICAL INSPECTIONS			
Number of Inspections in the prescribed Groups			
Entrants ... ..	...	...	25,806
Second Age Group ... ..	...	...	19,293
Third Age Group ... ..	...	...	15,841
	Total ... ..	...	60,940
Number of other Periodic Inspections ... ..	...	...	3,736
	Grand Total ... ..	...	64,676
B. OTHER INSPECTIONS			
Number of Special Inspections ... ..	...	...	21,872
Number of Re-Inspections ... ..	...	...	16,963
	Total ... ..	...	38,835

C. PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II A (3)	Total Individual Pupils (4)
Entrants	486	4,456	4,671
Second Age Group	1,519	2,654	3,914
Third Age Group	1,330	1,703	2,851
Total (prescribed groups)	3,335	8,813	11,436
Other Periodic Inspections	295	556	806
Grand Total	3,630	9,369	12,242

Table II

A. DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951.

Note: All defects noted at medical inspection as requiring treatment are included in this table, whether or not this treatment was begun before the date of the inspection.

Defect or Disease (1)	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Skin	980	379	1,156	195
Eyes—				
a. Vision	3,630	2,052	1,518	1,847
b. Squint	616	438	194	218
c. Other	271	121	292	108
Ears—				
a. Hearing	162	219	165	112
b. Otitis Media	314	206	166	93
c. Other	313	120	153	44
Nose or Throat	2,035	3,241	982	1,124
Speech	253	297	210	116
Cervical Glands	153	824	111	243
Heart and Circulation	196	761	91	321
Lungs	473	1,072	262	413
Developmental—				
a. Hernia	77	103	11	37
b. Other	75	249	20	89
Orthopaedic—				
a. Posture	488	387	112	96
b. Flat foot	777	610	170	176
c. Other	671	676	271	229
Nervous system—				
a. Epilepsy	51	56	33	50
b. Other	113	227	195	74
Psychological—				
a. Development	82	157	194	133
b. Stability	111	243	96	82
Other	1,290	690	1,636	515

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR

Age Groups (1)	Number of pupils inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants	25,806	11,628	45.06	13,465	52.18	713	2.76
Second Age Group	19,293	8,572	44.43	10,216	52.95	505	2.62
Third Age Group	15,841	7,461	47.10	8,097	51.11	283	1.79
Other periodic Inspections	3,736	1,791	47.94	1,820	48.71	125	3.35
Total	64,676	29,452	45.54	33,598	51.95	1,626	2.51

Table III

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorised persons	559,388
(ii) Total number of individual pupils found to be infested	18,599
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1,585
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	76

NOTES

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided including treatment undertaken in school clinics by the Regional Hospital Board.

Number of cases treated or under treatment during the year

		By the Authority.				Otherwise.
Ringworm—(i)	Scalp	...	...	...	303	4
	(ii) Body	...	...	...	139	24
Scabies	...	...	...	...	121	22
Impetigo	...	...	...	...	2,673	107
Other skin diseases	...	...	...	...	4,580	182
Total		...	...	...	7,816	339

Number of cases dealt with	
By the Authority.	Otherwise.
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
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20	20
21	21
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

External and other, excluding errors of refraction and squint	2,835	179
Errors of refraction (including squint)	224*	12,514
Total	3,059	12,693

(a) Prescribed	...	...	...	...	...	102*	6,970
(b) Obtained	...	...	...	...	...	Not known	Not known

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Received operative treatment—	Number of cases treated	
	By the Authority.	Otherwise.
(a) for diseases of the ear	—	68
(b) for adenoids and chronic tonsillitis ...	—	2,261
(c) for other nose and throat conditions ...	—	107
Received other forms of treatment	3,161	242
Total	3,161	2,678

(a) Number treated as in-patients in hospitals	469	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patient departments	2,948	281

Number of cases treated	
In the Authority's Child Guidance Clinics.	Elsewhere.
1931-32	1931-32
1932-33	1932-33
1933-34	1933-34
1934-35	1934-35
1935-36	1935-36
1936-37	1936-37
1937-38	1937-38
1938-39	1938-39
1939-40	1939-40
1940-41	1940-41
1941-42	1941-42
1942-43	1942-43
1943-44	1943-44
1944-45	1944-45
1945-46	1945-46
1946-47	1946-47
1947-48	1947-48
1948-49	1948-49
1949-50	1949-50
1950-51	1950-51
1951-52	1951-52
1952-53	1952-53
1953-54	1953-54
1954-55	1954-55
1955-56	1955-56
1956-57	1956-57
1957-58	1957-58
1958-59	1958-59
1959-60	1959-60
1960-61	1960-61
1961-62	1961-62
1962-63	1962-63
1963-64	1963-64
1964-65	1964-65
1965-66	1965-66
1966-67	1966-67
1967-68	1967-68
1968-69	1968-69
1969-70	1969-70
1970-71	1970-71
1971-72	1971-72
1972-73	1972-73
1973-74	1973-74
1974-75	1974-75
1975-76	1975-76
1976-77	1976-77
1977-78	1977-78
1978-79	1978-79
1979-80	1979-80
1980-81	1980-81
1981-82	1981-82
1982-83	1982-83
1983-84	1983-84
1984-85	1984-85
1985-86	1985-86
1986-87	1986-87
1987-88	1987-88
1988-89	1988-89
1989-90	1989-90
1990-91	1990-91
1991-92	1991-92
1992-93	1992-93
1993-94	1993-94
1994-95	1994-95
1995-96	1995-96
1996-97	1996-97
1997-98	1997-98
1998-99	1998-99
1999-00	1999-00
2000-01	2000-01
2001-02	2001-02
2002-03	2002-03
2003-04	2003-04
2004-05	2004-05
2005-06	2005-06
2006-07	2006-07
2007-08	2007-08
2008-09	2008-09
2009-10	2009-10
2010-11	2010-11
2011-12	2011-12
2012-13	2012-13
2013-14	2013-14
2014-15	2014-15
2015-16	2015-16
2016-17	2016-17
2017-18	2017-18
2018-19	2018-19
2019-20	2019-20
2020-21	2020-21
2021-22	2021-22
2022-23	2022-23
2023-24	2023-24
2024-25	2024-25
2025-26	2025-26
2026-27	2026-27
2027-28	2027-28
2028-29	2028-29
2029-30	2029-30
2030-31	2030-31
2031-32	2031-32
2032-33	2032-33
2033-34	2033-34
2034-35	2034-35
2035-36	2035-36
2036-37	2036-37
2037-38	2037-38
2038-39	2038-39
2039-40	2039-40
2040-41	2040-41
2041-42	2041-42
2042-43	2042-43
2043-44	2043-44
2044-45	2044-45
2045-46	2045-46
2046-47	2046-47
2047-48	2047-48
2048-49	2048-49
2049-50	2049-50
2050-51	2050-51
2051-52	2051-52
2052-53	2052-53
2	

Number of pupils treated at Child Guidance Clinics	367	73
--	-----	----

Number of cases treated	
By the Authority.	Otherwise.
1,441	16

GROUP 7.—OTHER TREATMENT GIVEN.

Number of cases treated	
By the Authority.	Otherwise.
48,535	767

(a) Miscellaneous minor ailments	...	...	13,659	100
(b) Other				
1. Ultra Violet Light Treatment	...	...	4,148	35
2. Chiroprody	...	...	616	—
Total	...	...	53,299	802

Table V

Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups	...	70,516
(b) Specials	...	7,422
	Total	77,938
(2) Number found to require treatment	...	53,636
(3) Number referred for treatment	...	47,459
(4) Number actually treated	...	42,389
(5) Attendances made by pupils for treatment	...	84,525
(6) Half-days devoted to:		
Inspection	...	828
Treatment	...	12,427
	Total (6)	13,255
(7) Fillings:—Permanent Teeth	...	43,355
Temporary Teeth	...	2,824
	Total (7)	46,179
(8) Number of teeth filled:—Permanent Teeth	...	38,895
Temporary Teeth	...	2,802
	Total (8)	41,697
(9) Extractions:—Permanent Teeth	...	9,946
Temporary Teeth	...	63,696
	Total (9)	73,642
(10) Administration of general anaesthetics for extraction	...	14,097
(11) Other Operations:—Permanent Teeth	...	23,336
Temporary Teeth	...	3,893
	Total (11)	27,229

The Care of the Handicapped Child

A large part of the work of the staff of the School Health Service has again been concerned with the handicapped child. Cases on the register as physically handicapped have again been thoroughly reviewed to ensure that the register does not become overloaded with the names of children who can be accommodated in ordinary schools satisfactorily. The case files of children in the educationally sub-normal category have also received close scrutiny in connection with the selection of cases for the new special schools at Sedbergh, Meltham and Horsforth.

Increased experience in dealing with the welfare of the handicapped child tends to indicate that the time has come for a revision of the definitions of the various categories of handicap as set out in the Handicapped Pupils and School Health Service Regulations of 1945. According to the Regulations any child whose name is on the Register is deemed to be in need of special educational treatment, but this has not proved to be true in practice so far as the physically handicapped and delicate categories are concerned. There are numerous children with physical defects such as those resulting from poliomyelitis, or the less severe spastics, who are able to attend ordinary schools and take full advantage of the education provided, their only limitations being in the matter of physical training and games. Such children should not be regarded as requiring special educational treatment, but they should be looked upon as physically handicapped children needing close and frequent medical supervision to ensure that their needs, both physically and educationally, are fully met, and their names should be on the Register.

The total number of new examinations and re-examinations of handicapped pupils on the Register made by the School Medical Officers during the year was as follows:—

Category.	No. of examinations.
Educationally sub-normal	832
Physically handicapped	325
Delicate	581
Diabetic	1
Deaf	39
Partially deaf	21
Epileptic	41
Speech (Requiring special school)	4
Maladjusted	41
Blind	10
Partially sighted	17
Double defect	31
Total	1,943

The following table gives details of handicapped pupils and placings in special schools and hostels during the year, and particulars of the number of children in residence in special schools at the end of the year.

Category	New Ascertain-ments	New placings in Special Schools	Total No. attending Special Schools:—		No. Boarded in Homes	No. Attending Assisted Schools	No. awaiting placement in Special Schools	No. receiving Home Tuition
			Day	Boarding				
Blind	6	3	—	37	4	1	6	—
Partially Sighted	18	37	9	49	—	—	16	1
Deaf	27	12	17	107	—	1	36	—
Partially Deaf	11	10	5	40	—	—	17	—
Delicate	215	262	266	107	2	—	85	1
Physically Handicapped	41	29	5	60	—	3	56	49
Educationally sub-normal	282	102	18	105	3	6	606	—
Maladjusted	45	33	—	2	41	1	37	—
Epileptic	8	7	—	25	—	1	8	—
Diabetic	—	—	—	—	1	—	—	—
Totals ...	653	495	320	532	51	13	927	51

The figures in the foregoing table relating to physically handicapped children do not include cases sent to or awaiting places at Hospital Special Schools.

The Physically Handicapped Child—The following table sets out in detail particulars of the physically handicapped children in the West Riding at the time of writing:—

Physical Handicap	No. on register	No. attending ordinary school		No. attending day Special Schools	No. attending Special Residential Schools	Total No. awaiting placement in Special Schools	No. at Home	
		Satisfactorily	Needing placement in Special Schools				Receiving Home Tuition	Not receiving Home Tuition
<i>Diseases of the Central Nervous System.</i>								
Spastic Paralysis	131	25	20	5	36	40	15	21
Infantile Paralysis	53	31	4	—	10	5	3	5
Encephalitis	3	—	—	—	2	—	1	—
Disseminated Sclerosis	1	—	—	—	—	—	—	1
Hydrocephalus	3	—	—	—	—	2	—	3
Friedreich's Ataxia	3	—	—	—	3	—	—	—
<i>Heart Diseases.</i>								
Rheumatic Infections	40	23	2	2	7	6	2	4
Congenital Defects	27	10	1	1	3	4	8	4
<i>Congenital Deformities.</i>								
Talipes and Club Foot	4	3	—	1	—	—	—	—
Other deformities of leg and foot	3	1	—	—	2	—	—	—
Deformities of arms and hands	3	1	—	—	2	—	—	—
Deformities of ribs	2	2	—	—	—	—	—	—
Spina Bifida	12	1	—	—	3	1	6	2
Hypospadias and Ectopia Vesicae	1	—	—	—	—	—	—	1
Congenital dislocation of Hip ...	7	4	—	—	3	—	—	—
Absence of Rectum	1	—	1	—	—	1	—	—
Pseudo Hermaphrodite	1	1	—	—	—	—	—	—
Multiple congenital deformities all limbs	2	2	—	—	—	—	—	—
Torticollis	1	1	—	—	—	—	—	—
<i>Diseases of Bones and Joints.</i>								
Tuberculosis of Spine	11	7	1	—	2	1	—	1
.. .. Hip	12	5	1	—	3	1	3	—
.. .. Knee	12	6	1	1	3	1	1	—
Osteomyelitis	5	1	—	—	4	—	—	—
Achondroplasia	1	1	—	—	—	—	—	—
Perthe's Disease	16	7	1	—	4	—	2	2
Still's Disease	3	2	—	—	1	—	—	—
Kyphosis and Scoliosis	1	—	—	—	1	—	—	—
Fragilatis Ossium	2	—	1	—	1	1	—	—
Arthrogryphosis	1	—	—	—	1	—	—	—
Pseudo Coxalgia	3	2	1	—	—	1	—	—
Arthritic Knee	1	1	—	—	—	—	—	—
Polyarthritis	2	—	—	—	1	—	—	1
Osteogenesis Imperfecta	1	—	—	—	1	—	—	—
Amputation of Leg	1	1	—	—	—	—	—	—
Osteochondritis	1	—	—	—	—	—	—	1
<i>Diseases of Muscles.</i>								
Progressive Muscular Dystrophies	16	4	1	—	3	4	3	5
<i>Blood Diseases.</i>								
Haemophilia	6	1	—	—	—	2	1	4
<i>Accidents.</i>								
Skull Injury	1	—	—	—	1	—	—	—
Extensive Burns	1	—	—	—	1	—	—	—
Multiple fracture of legs	2	—	—	—	1	—	1	—
<i>Others.</i>								
Nephritis	2	1	—	—	—	—	1	—
Dermatomyositis	1	1	—	—	—	—	—	—
Adiposity	1	1	—	—	—	—	—	—
Hydronephrosis	1	—	—	—	—	—	1	—
Gaucher's Disease	1	—	—	—	—	—	1	—
Totals	403	146	44	10	99	70	49	55

Spastics, children with heart defects, and children suffering physical handicap resulting from poliomyelitis continue to form a large proportion of the total of physically handicapped children. By far the largest problem is that of catering for the needs of the spastic. Even though we were fortunate enough to be able to provide places for all other categories of handicapped children, the problem as to how far educational facilities should be provided for the spastic would require considerable thought and prolonged study. A large proportion of spastics are also severely educationally sub-normal and reports tend to indicate that even with special educational facilities the educationally sub-normal spastic with an intelligence quotient of less than 85 is likely to make little or no progress educationally (progress is more noticeable in young children). There is little doubt, however, that a considerable number of spastics remain who would benefit in some measure from special educational treatment.

The problem is both medical and educational. Ascertainment and a decision on the most appropriate form of education, i.e., special school (day or residential), ordinary school, or home tuition, together with advice on medical treatment, is primarily the function of the school medical officer, who may call on the specialist advice of an orthopaedic consultant or educational psychologist. At present the placement of many children is a compromise falling short of the ideal. A spastic child may receive the education suited to its needs but lack the necessary physiotherapeutic care, and vice versa, due to the lack of adequate provision of special school accommodation.

Particulars relating to educable spastics in the County are shown below. The figures include children of pre-school age and many who are not handicapped to such an extent that they need to be officially ascertained as handicapped children. The figures will not, therefore, agree with those shown for spastics in the table relating to physically handicapped children.

Total No. of Educable Spastics.	No. accommodated in Special Schools	No. attending ordinary schools.		No. receiving Home Tuition	No. receiving no education.
		Satisfactorily	Needing placement in Special Schools		
180	41 *	68	29	15	27

*Accommodated as follows:—

St. Margaret's School, Croydon	...	...	...	...	1
St. Chad's School, Prestatyn	...	...	...	...	1
Springfield, Horsforth	...	...	...	...	1
Royd Edge, Meltham	...	...	...	...	1
Heritage Craft Schools, Chailey	...	...	...	...	1
Queen Mary's Hospital, Carshalton	...	...	...	...	1
Welburn Hall, Kirbymoorside	...	...	...	...	1
Pinderfields Hospital, Wakefield	...	...	...	...	2
Halliwick Cripples Home, Edmonton	...	...	...	...	4
Brighouse Open Air School	...	...	...	...	3
Shipley Open Air School	...	...	...	...	1
Todmorden Open Air School	...	...	...	...	1
Chipping Norton Children's Home	...	...	...	...	2
Ian Tetley Memorial Home, Hampsthwaite	...	...	...	...	2
Hesley Hall, Tickhill	...	...	...	...	5
Bradstock Lockett Hospital School, Southport	...	...	...	...	1
Adela Shaw Orthopaedic Hospital, Kirbymoorside	...	...	...	...	2
Burton Hill House Special School, Malmesbury	...	...	...	...	2
Exhall Grange, Coventry	...	...	...	...	7
Hinwick Hall School, Wellinborough	...	...	...	...	1
Camphill Rudolf-Steiner School	...	...	...	...	1

It will be seen from the above table that 68 educable spastics are well accommodated in ordinary schools. Many of these will obtain the necessary physiotherapy treatment at County clinics or hospital out-patient departments and some will attend our speech therapy clinics. 29 children are attending ordinary schools, but are not correctly placed there and in the absence of places in special schools for these children and for those receiving home tuition, this situation must, for the present, be accepted as inevitable. 27 children are receiving no education, but it should be borne in mind that the majority of these are of pre-school age. The remainder are children whose physical defect is so severe or is accompanied by other defects such as epilepsy, etc., that placement in a special school is virtually impossible, and even the provision of home tuition can hardly be justified. Of the 41 children accommodated in special schools, many cannot be said to be satisfactorily placed in special schools which are able to provide comprehensive facilities for the physical and educational well-being of the spastic.

The Delicate Child—It has been thought for some time that the register of delicate children contained the names of many children who had long ceased to be suffering from any defect which warranted their retention on the register as ascertained delicate pupils, and a start was made during the year to review all cases in this category. It was found that many children recommended at some time for admission to a special school had, without ever receiving special educational treatment, eventually improved to such an extent that they were capable of benefiting from the education provided in the ordinary school, providing they were kept under regular and periodic

supervision by the school medical officer. In many other cases labelled as suffering from "general debility" it was found on fuller investigation that the underlying cause could be traced to the atmosphere at home and remedial measures could be taken without the necessity of removing the children from the ordinary school. Some cases, particularly in the south of the County, such as the less severe asthmatics and bronchitics have been referred to Dr. Harvey, the County Council's Paediatrician and full investigation and treatment given locally has led to such an improvement as to warrant the removal of the names of many of these children from the register.

There will always be a considerable number of children who are temporarily below par in physical health, usually as a result of a temporary illness and whose needs can best be met by admission to short-stay convalescent homes where, in an atmosphere of healthy surroundings with good food, fresh air, and rest, they are soon restored to full strength and vigour, and are able to take once again their place in the ordinary school. An increasing use was made of convalescent homes during the year, 263 children being admitted for periods ranging from 2 weeks to 3 months, as against 214 cases in the year 1950.

The results obtained at the Authority's special residential school for the delicate at Ingleborough Hall, Clapham, continue to be most gratifying. There were 41 new admissions during the year and 38 discharges. The latter have been closely followed up since their return to normal school life and the names of the majority have been removed from the register. Periodical visits are paid to the school by Dr. Harvey and the advice tendered by him has proved invaluable in the selection of cases for admission to ensure that the best possible use is being made of the accommodation provided.

Existing provision of special school accommodation for the delicate was supplemented during the year with the opening in October, 1951, of the Netherside Hall Special Residential School, near Skipton for delicate boys in the 11 to 15 age range. There will eventually be places for 40 boys and by the end of the year 12 were in residence.

The Blind and Partially Sighted Child—With increased accommodation now available in special schools established by other Local Education Authorities, the placing of blind and partially sighted children no longer constitutes a problem and comparatively few children are on the waiting list.

The Deaf and Partially Deaf Child—Children are having to wait a little longer than formerly for admission to special schools for the deaf, but it cannot be said that there is yet any real difficulty in placing children in these categories, except so far as girls who are deaf and have an additional handicap, either physical or of educational sub-normality, are concerned; fortunately, they are few in number. Boys with similar defects are being admitted to the Authority's special school at Bridge House, Harewood, where the number of places has recently been increased from 15 to 26.

The Bridge House School is in need of the services of an ear, nose and throat consultant who would periodically visit the school to examine and advise upon the children in residence, and it is expected that arrangements for this will be made in the near future. At the present time children needing consultant opinion are having to be escorted to hospital out-patient departments at Leeds, which is inconvenient and also involves loss of valuable educational time.

Arrangements for the group testing of children with the two gramophone audiometers were continued during the year. A preliminary survey was completed in Mexborough (No. 30) Division and Dr. Leiper, the Divisional Medical Officer, reports as follows:—

"During 1951 a survey of the hearing of all children in the Junior Mixed Departments of schools in this Division was tested by means of a gramophone audiometer, and the detailed results of these tests, together with the schools concerned, are available, if required.

The test was applied to each ear in turn, and a specified level of hearing loss was used as a basis for pass or fail. In these tests care was taken to ensure that the children were fully aware of the testing procedure, and in order to eliminate any doubt on this point, it was decided that any children who failed to pass their initial test should undergo a further test to confirm any hearing loss.

The standard of hearing loss was set at 20 decibels and the results were taken on the best hearing level from either ear. I give below a resumé of the results, and percentages of children who passed:—

	No. Tested	No. Passed	No. Failed	Passed Percentage
Primary Test	3,530	2,746	784	77.8
Secondary Test	784	523	261	66.7

It will be seen from an examination of these figures that after the re-test 261 of the 3,530 children tested subsequently failed, i.e., 7.4%, and these cases of children with varying degrees of deafness were referred to my Assistant County Medical Officers for careful screening.

At the time of writing this Report, 146 of these children have been screened, and as a result of these examinations, 76 have received minor clinical treatment and the remaining 70 have been referred to the Aural Consultant at the Montagu Hospital, Mexborough. These children are being examined by the Consultant with a view to recommendations for operative or other treatment, the provision of Hearing Aids, and in less severe cases, recommendations for special positioning in their school classrooms.

A further report when the whole results are available will be sent.

I feel the incidence of deafness among school children in this Division may have been underestimated in the past."

The Diabetic Child—There are now only three children in this category on the Handicapped Pupils Register, one of these being accommodated in a home for diabetics due to unreliable supervision of the child's diet and administration of insulin at home. There are, of course, numerous diabetic children in the County but they are under the care of their own doctors or attend hospital diabetic clinics regularly. They are well able to attend the ordinary school and are not in need of special placement. Experience tends to show that there are insufficient diabetics who require residential care to justify them being made the subject of a separate category under the Handicapped Pupils Regulations.

The Epileptic Child—A full account on the welfare and management of the epileptic child was given in the Report for the year 1950. The arrangements outlined therein for continuous supervision and follow-up were continued during 1951.

Placement in special schools of the educationally sub-normal epileptic child still constitutes a problem as most special schools demand that children admitted should be of average intelligence. All that can be done in these cases is to try, so far as possible, to ensure that the children are receiving regular and appropriate treatment for the suppression of fits and persuade teachers in the ordinary schools to regard them sympathetically and retain them as long as possible. In a few cases where the epilepsy is stabilised children have been given places in our own residential schools for the educationally sub-normal.

The Educationally Sub-Normal Child—During the year the Authority opened their first residential schools for the educationally sub-normal, one at Baliol, Sedburgh, with 48 places for senior boys, and one at Royd Edge, Meltham, with 54 places for senior girls. A further residential school with 60 places for junior mixed pupils and situated at Springfield, Horsforth, will be ready to admit pupils early in 1952. Welcome as this is, the provision of special educational treatment facilities for the educationally sub-normal still remains one of our major problems in providing for the handicapped child. At the end of the year there were approximately 1,350 children in this category on the register, 800 of whom were considered to be in need of day or residential special school placement, the remaining 500 being recommended special educational treatment in a special class in the ordinary school. In such a complex County as the West Riding the creation of special classes is not possible in many areas but the Education Committee are doing everything possible to form special classes in the larger schools in urban areas where there are sufficient numbers of educationally sub-normal pupils to justify the establishment of a special class. Difficulty is being experienced in finding teachers suitably qualified for this specialised form of tuition.

In view of the large numbers of children recommended residential placement careful thought has had to be exercised in the selection of cases for admission to Royd Edge and Baliol to ensure that the best use is made of the schools both now and in the future. It was also realised that a high proportion of the vacancies arising would be taken up by the transfer of children from the junior school at Springfield. Having regard to all the circumstances it was decided that children with an Intelligence Quotient of 75 to 80 plus would not normally be considered for admission to special schools as they could be appropriately dealt with in special classes in the ordinary schools. It was also decided that as a general rule children of 14 years and over would not be given places as they could not be expected to make much progress educationally before attaining school leaving age. The aim, therefore, is that the majority of the places in our special schools will be occupied by inherently backward children with Intelligence Quotients ranging from the mid 50's to 70.

The Maladjusted Child—Proposals approved by the County Council so long ago as 1947 for the establishment of a child guidance service have still not been implemented due mainly to our inability to obtain the appointments of a psychiatrist and psychiatric social workers. The employment of the full team of psychiatrist, educational psychologist and psychiatric social worker is essential to an efficient child guidance service and there should be close integration with the paediatric and speech therapy services. For many years the West Riding has relied largely on the contained County Boroughs for all services relating to child guidance, but in recent years the growing demand on these services within the areas of these Authorities has led to less West Riding children being seen. In order that a start could be made towards the establishment of our own service, the Education Committee agreed in 1951 to the appointment of Dr. Mary MacTaggart as Child Guidance Psychologist, and she commenced duties on the 1st May. Dr. MacTaggart is well known for her work in child guidance over many years and we are very fortunate in having been able to obtain the services of such an experienced person. With Dr. MacTaggart's appointment, child guidance centres were established at Wakefield (2 days per week), Rawmarsh (one day per week), Shipley (2 days per week), Skipton (one day per month) and Brighouse (one session per month). In addition to her work in the centres, Dr. MacTaggart advises on admissions and discharges from the Authority's hostel for maladjusted girls at Hooper House, Wentworth, and pays periodical visits to the Authority's residential special school for educationally sub-normal girls at Meltham.

During the year, 367 children attended the child guidance centres for initial interview and subsequent follow-up treatment.

The two hostels for maladjusted pupils have continued to play an important role in the treatment of the more severely maladjusted child and the results obtained in most cases have been gratifying. In a high proportion of the cases admitted to hostels the underlying cause of the maladjustment is to be found in the child's home. Children in this category usually respond readily to

treatment in a hostel and after a period there of say, a year, will have become sufficiently well adjusted to return home. If the treatment is to be of lasting benefit it is important that during the child's absence in the hostel every attempt should be made to remedy the socio-medical factors in the home, which are the cause of the maladjustment, and this aspect of the problem is causing some concern in our efforts on behalf of the maladjusted child. Invaluable work in remedying the home conditions can be done during the child's absence by experienced psychiatric social workers, but the shortage of these persons is so acute that the work has had to fall on the health visitor, who has already many duties to perform. In some cases the benefit derived from hostel placement has proved lasting, but in others there has been a relapse which has demanded constant surveillance by all those concerned in the child's welfare, to preserve as much as possible of the benefits derived from hostel placement.

Children with Speech Defects—In July of 1951 further students trained under special awards granted by the Authority qualified as speech therapists and by September we were able to complete our establishment of 10 therapists and provide a service in all parts of the County. Approval was given to the establishment of additional clinics and by the end of the year there were 24 fully equipped clinics and 12 subsidiary clinics (chiefly in remote areas of the County) in existence.

The following table gives details of the number of children dealt with at the clinics during the year, together with the numbers awaiting treatment:—

1. No. of sessions held during the year	...	...	...	2,891
	Stammers	Speech Defects		Total
2. No. of new cases admitted for treatment during year	372	792		1,164
3. No. of cases continuing treatment from previous year	169	269		438
4. Total No. of cases treated during year	541	1,061		1,602
5. No. of cases discharged during year:—				
(a) Speech normal	65	166		231
(b) Unsuited for treatment	18	98		116
(c) Left school	18	18		36
(d) By reason of non-attendance	42	51		93
(e) Left the Authority's area	1	15		16
6. No. of cases awaiting treatment at end of year	350	544		894
7. No. of visits made to schools	248	39		287
8. No. of home visits	52	34		86

It will be noted from the above figures that 894 children were awaiting treatment at the end of the year which would tend to indicate that the establishment of speech therapists is insufficient to deal with defects arising out of the total school population. This may well prove to be the case but it should be remembered that this is the first time it has been possible to provide a service over the whole of the County, and in some areas where there has never been a service in the past long waiting lists had accrued which will take a considerable time to clear. If the list of cases awaiting treatment remains more or less stationary it may be assumed that an establishment of 10 speech therapists is sufficient to meet the needs of the County as a whole. At the same time we should not lose sight of the fact that the speech therapist should have sufficient time at her disposal to visit schools and discuss individual cases with the teachers. The establishment of 10 gives a basis of approximately one speech therapist to 23,000 school children. Various estimates have been given of the number of children who can be effectively dealt with by one speech therapist, a figure of one per 10,000 being suggested by the Chief Medical Officer of the Ministry of Education in his 1939-45 Report. This figure is also recommended by the College of Speech Therapists. Such provision would appear to be a little too generous but it should be possible to make a reliable estimate when our service has been operating a little longer.

The School Ophthalmic Service

There have been no further changes in the administration of the School Ophthalmic Service during the year and there is little to report. 12,738 examinations were carried out by the ophthalmologists during the year in the Authority's clinics, and in 7,072 cases glasses were prescribed. With the introduction in 1948 of the Supplementary Ophthalmic Services under the National Health Service Act, 1946, it was feared that there would be a decrease in the number of children dealt with through the Authority's clinics. The figures given below show that the number of examinations has actually increased although there has been a gradual decrease in the number prescribed glasses. The reason for the maintenance of the high level of cases dealt with through our own clinics may well be due to the high reputation the West Riding school ophthalmic service achieved in the years prior to 1948.

Year	No. of children examined (including re-examination)	No. prescribed glasses
1948	10,755	8,113
1949	12,345	7,830
1950	12,341	7,289
1951	12,738	7,072

Medical Treatment at Hospitals and Elsewhere

As part of the Authority's arrangements under Section 48 of the Education Act, 1944, for the medical treatment of school children, the following clinics were in operation at the 31st December, 1951:—

TYPE OF CLINIC.	NUMBER.	
	Provided directly by the Authority	Under arrangements made with Regional Hospital Boards
Minor Ailment	203	—
Dental	23	—
Ophthalmic	—	83
Speech Therapy	36	—
Orthopaedic Treatment Centres	27	—
Ultra Violet Light	45	—
Paediatric	—	18
Chiropody	2	—
Consultant E.N.T.	—	21
Consultant Orthopaedic	—	16
Consultant Dermatology	—	1
Consultant Cardiac	—	1

Consultant E.N.T. Service

CONSULTANT CLINIC

1. No. of sessions held during the year	341		
	<i>Pre-school Children.</i>	<i>School Children.</i>	<i>Total.</i>
2. No. of individual children seen by consultant, including those continuing attendance from previous year	337	2,998	3,335
3. No. of (2) above referred for operative treatment	209	1,964	2,173
4. No. of children—			
(a) who obtained operative treatment during the year	209	2,436	2,645
(b) treated at school clinics	10	3,161	3,171
5. Total number of attendances at consultant clinic	360	3,668	4,028

Consultant Orthopaedic Service

A. CONSULTANT CLINIC

1. No. of Sessions held during the year.	304		
2. No. of individual patients seen by consultant, including those continuing attendance from previous year	789	1,669	2,458
3. No. of (2) above—			
(a) referred for operative treatment as short-stay cases only	9	75	84
(b) recommended long-stay hospital school	—	9	9
(c) recommended treatment by orthopaedic nurse or physiotherapist—			
(i) at treatment centres.	147	373	520
(ii) domiciliary.	17	33	50
4. No. of children who obtained operative treatment during the year	9	65	74
5. Total number of attendances at consultant clinic	1,165	2,302	3,467

B. TREATMENT CENTRES.

1. No. of sessions held during the year	1,301		
2. Total No. of patients treated (including cases continuing treatment from previous year)	297	2,948	3,245
3. Total number of attendances	2,336	12,565	14,901

C. DOMICILIARY TREATMENT.

1. Total number treated	28	55	83
2. Total number of visits to patients' homes	403	517	920

D. APPLIANCES.

1. No. of appliances—			
(a) recommended	92	248	340
(b) obtained	79	193	272

Paediatric Service

CONSULTANT CLINICS.

1. No. of sessions held during the year	171		
2. No. of individual patients seen	160	658	818
3. Total number of attendances	250	882	1,132

The following table gives details of the various types of defect or disease for which children were referred for consultant opinion:—

Defect or Disease.	Number of Children.		
	Pre-school Children	School Children	Total
Central Nervous System	14	59	73
Heart	28	198	226
Respiratory System and E.N.T. Defects	18	111	129
Speech	2	5	7
Muscles	1	5	6
Skin	2	6	8
Psychological	11	10	21
Bones, Joints, etc.	—	11	11
Mental Defect, including educational sub-normality	17	24	41
Congenital Deformities	8	8	16
Digestive Diseases	4	11	15
Epilepsy	15	41	56
Genito-urinary	—	9	9
Blood	1	6	7
Glands	3	16	19
Nutritional	6	5	11
Developmental	8	51	59
Habit Spasms	4	4	8
Enuresis	2	32	34
Other	16	46	62
	160	658	818

Diphtheria Immunisation

Particulars relating to the numbers of school children immunised during the year and the immunisation state of the population of children of school age will be found in the section of the Report dealing with Epidemiology. The schools have continued to play their essential role in furthering this valuable work and our thanks are due to all teachers for their collaboration.

The After-Care of Children Leaving Hospital

Although there has been a definite improvement during the year in the liaison between the Hospital Service and the School Health Service we are still in the position of knowing little or nothing about the diagnosis and treatment of conditions in many of our school children in hospital. Quite apart from the fact that this leads to incomplete health dossiers, the Authority's medical officers are left without what may well be important information in deciding the most appropriate form of action which should be taken in the matter of the child's education, i.e., information which could influence a decision as to whether a child can re-enter the ordinary school or whether it should be provided with special educational treatment. I should mention that there is good co-operation with most paediatricians who are generally ready to communicate information to the Authority in the child's educational interests.

There have also been definite signs during the year of a closer working relationship with the general practitioners, many of whom now appreciate that the Local Health Authority has much to offer through its services and there appears to be a greater readiness to co-operate. There is little doubt that the Divisional Medical Officers at local level have done much to foster better relationships.

Cleanliness

The following figures show the number of children found to be infested during the year compared with previous years:—

Year	Total No. of examinations made by school nurses	No. of individual children found to be infested
1947	368,670	24,862
1948	560,631	27,361
1949	574,968	23,457
1950	523,473	20,214
1951	559,388	18,599

The improvement shown over the last few years is too slight to give any grounds for complacency. The realization that almost 8% of our school population is found to be infested (mainly infestation from head lice) to some degree each year is most disheartening. A considerable time is devoted to this work by the school nurses, who carry out approximately half a million examinations during the year, and make countless visits to parents offering advice on the best method of cleansing, including the provision from the clinics, free of charge, of effective preparations for cleansing heads. Any real improvement leading to a rapid decline in the future of the incidence of infestation can only be achieved by intensive teaching of health education to the parents.

Nutrition

Figures of the general condition of children examined at periodic medical inspections are given below for 1951 with a comparison of the figures for previous years. It will be noted that there is an appreciable increase in the number of children in the category "Good."

Year	Total number of pupils inspected	Classification					
		A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1947	50,277	19,497	38.8	28,343	56.4	2,437	4.8
1948	71,858	26,077	36.3	41,876	58.3	3,905	5.4
1949	64,998	23,467	36.1	39,335	60.5	2,196	3.4
1950	61,977	26,820	43.3	33,528	54.1	1,629	2.6
1951	64,676	29,452	45.5	33,598	52.0	1,626	2.5

Sanitary Conditions of School Premises

For many years the standard of sanitary accommodation in many of our older schools has been deplorably low and attention of the Chief Education Officer has been drawn to the worst cases. There has been an understandable reluctance to undertake major schemes of improvements in view of building difficulties and also having regard to the Authority's Development Plan under which many schools are scheduled for eventual closure.

The position became so acute, however, that in 1951 a survey of the sanitary conditions in the schools was made through the Divisional Education Officers and the Divisional Medical Officers. This revealed a state of affairs worse than had been generally realized. A report on the survey was submitted to the Education Committee towards the end of the year as a matter of urgency, and a sum of approximately £7,000 has now been voted for immediate works of repair and replacements, £25,000 for similar works to be done in the year 1952/53, and £10,000 for capital works of conversion of existing accommodation and additional works in 1952/53. It was further agreed that a meeting of a special Sub-Committee of the Education Committee be held after a period of nine months to consider a further programme for the year 1953/54.

The Work of a Children's Specialist in the School Health and Child Welfare Services

Dr. C. C. Harvey, Paediatrician, submits the following notes on his work. It will be appreciated that these cover the whole range of the child population and are not concerned solely with school children:—

We commenced 1951 with a refreshed outlook, upon the completion of arrangements for joint services with Sheffield Regional Hospital Board, and the assumption of duties in the two Rotherham Hospitals instead of Wakefield General Hospital. My time-table shows a theoretical partition of hours in which seven-elevenths of the time is devoted to Hospital services and four-elevenths to County work. The County, however, benefits to the extent that the time of my nine monthly divisional clinics on our own territory is given by the Regional Hospital Board; and over 80% of my time is spent in the interests of West Riding children. I acknowledge the helpful interest of Dr. Ramsay and Dr. Shone, for the Regional Board, in working out the final pattern of the service. We are indebted to the keen interest of nursing and medical staff in the hospitals and Maternity Homes, for their contribution to the welfare of our children.

Our close link with Professor Illingworth and Mr. Zachary and their colleagues at the Children's Hospital remains the most valuable element in our scheme, both for prompt acceptance of emergency cases and for elucidating advanced problems.

A selection of representative heart problems has been referred to Professor Wayne at Sheffield Royal Infirmary, and the operative relief of suitable malformations has been arranged.

I appreciate the monthly opportunities for conference and acquiring fresh view points at County Hall and at visits to Divisional Health Offices, and occasional visits to our Residential Schools. This principle is at present being extended in a series of meetings with Divisional doctors, Midwives and Health Visitors over the Guy's Hospital teaching film strips on Breast Feeding.

During the year much thought was given to the Infant Birth and Death Survey, planned by Dr. Brockington with Dr. Alice Stewart at the Institute of Social Medicine at Oxford, to run for the year of 1952. Our hope is that this Survey will give us valid base-line data for studying our infant mortality in future years. Only by such rigorous inquiry can we be sure of learning these costliest of all lessons from lost infant lives.

During 1951 we reaped the advantage of the appointment of Miss A. Watson as full-time personal secretary for Paediatric work. Our case reports from clinics have gone out promptly, with copies to all parties concerned, and with regular indexing of special problems for future reference. We have also completed a filing system for immediate reference to original publications upon matters of Paediatric concern. I am indebted to Miss Watson for her keen interest and initiative in establishing this work.

Special problems coming into sharp focus during 1951 include the following:—

HOSPITAL AFTER-CARE. Professor Watkins' report (1951 *Brit. Med. J.* i.1075) on liaison work of health visitors illustrates what can be done in a compact urban community. Rotherham County Borough had already established a parallel but less comprehensive scheme at the two Rotherham Hospitals, and the County Health Division No. 31 now shares in this.

CHILDREN'S CONVALESCENT HOMES. We could benefit much by having Convalescent Homes available nearer home than are the majority for school children: these are often so distant that it seems scarcely worth while to recommend admission for a few weeks especially in view of the mental commotion occasioned to parents on account of distance. Convalescent Homes could often replace the need for admission to residential schools, for short-term cases. In particular we could benefit by convalescent facilities below school age, with some provision for mother and baby together, and not too far from home. (Falkner, F. 1952 *Lancet* i.657).

TUBERCULIN TESTING has during the year been brought to the status of essential routine investigation, as a means of locating infective cases, and for differential diagnosis of childhood symptoms. It is comparable with the growth-chart in its importance in individual children. I look forward to working by stages towards routine Tuberculin testing of children of all age groups.

ANTE-NATAL CARE. We face the fragmentation of the service, with mothers drifting away from the zone of regular supervision and positive health instruction, just at the time when we have more to offer than ever before. The value of relaxation exercises, breast and nipple care according to Waller's teaching, and maternal nutrition and Rhesus testing, will all be lost for our newborn babies unless all who give ante-natal supervision are able to do so at a high standard. Mothercraft will suffer. And we've not yet begun to tackle Fathercraft.

One particular aspect of ante-natal supervision could profitably be taken up with Chest Physicians and Maternity Hospitals; the precise ascertainment of the clinical state, infectivity and need for segregation or B.C.G. in the case of tuberculous women in advance of their confinement.

DOMICILIARY MIDWIFERY. Personal experience during the year impresses me with the naturalness, relaxed tension and desirability of home versus hospital confinement. If sufficient resolution were devoted to making homes fit for babies to be born in, and affording the temporary help necessary, more mothers might be prepared to add to their families.

BIRTH RATE. Many times in the year I encountered, in the parent of a tidy, only, problem child, an attitude of finding something faintly indecent about the grossness of other parents letting themselves have two or more offspring.

"CAN EDUCATION BE CUT?" The value of nursery classes is increasingly obvious on medical grounds, especially for the only child. The recent broadcast and parliamentary discussions prompt me to observe that it would be a profound pity for Britannia to waive the rules in the dis-interest of the nursery classes, under threat of the passing Bulge in the Birth Rate of the victory years. The fifteen-year-olds are needy, but it would be sad indeed to throw the under-fives to the economic wolves.

AIMLESS SCHOOL LEAVERS. Particularly among girls approaching fifteen, and most acutely in villages remotely east of Doncaster, there is despondent apathy and lack of eagerness and drive, due apparently to absence of attractive choice of employment on leaving school. The effect on health problems is discouraging.

"THE DELICATE CHILD" I am coming to regard more and more as an *iatrogenic artefact*. By the hesitancy and caution of our pronouncements, by our emphasising the wrong aspect of a situation, or by the failure of inadequate treatment, we easily confirm parents' worst fears. Behind our backs they are also subjected to morbid grandparental gossip and the cryptic hints of the lady in the bus queue. At our best we wage a defensive struggle against the scorn of dogmatic parents, loth to lose the glamour of abnormality and disease which they have cast over their children. Symptoms grow up round a supposed defect discovered casually, such as the "breathlessness on effort since infancy, with lips going blue on exercise" pinned upon a normal child with innocent heart murmur and full effort tolerance. There was also the twelve year old boy with postural (not rheumatic) pains due to crouching permanently over a television set procured to keep his (innocent) heart murmur away from football fields. My records of innocent heart murmurs still out-number the rheumatic hearts. If we consider the wastage of school time between 7 and 11, which is educationally irremediable, we need to review the fallacy that "health is more important than success." Scores of children are kept off school months at a stretch, instead of half-days, with "bronchitis": I assume it is because we cannot trust ourselves to ascertain that it is non-tuberculous. In nearly all such cases, lengthy absence contributes nothing to health, while precluding scholastic success. Such children, adequately handled, could usually enjoy both health and success. Bransby (1951 *Med. Officer* 86.223-237) has drawn attention to the wide local variations in standards for absenteeism, standards which are set partly by the medical profession. Prompter use of the available varied consultant services could arrest and prevent part of this problem. We need to establish that normal people are entitled to certain normal pains, among which stomach ache can be a respectable diagnosis, once organic causes are fairly eliminated. One Grammar School girl lost five weeks with a sick dizzy sinking feeling on rising, which amounted to healthy hunger contractions.

CHILD GUIDANCE AND PSYCHOLOGY. I find Divisional Medical Officers sharing my sense of the deep emotional squalor in which many families live. The children are "not even actively bad," just negatively miserable and sour. This essentially seems to be a spiritual pandemic, beyond help of

any material relief programme. Despite the unfavourable background of so many cases, our indebtedness to Dr. M. M. MacTaggart has grown with the increasing number of our problems she has been able to tackle, especially the intelligence rating of handicapped children. The perennial crop of habit spasms keep reminding me of a modern translation of St. Paul: "Fathers, don't over-correct your children or they will grow up feeling inferior and frustrated." Just occasionally I meet an embodiment of the adage, that the trouble with some of today's smart children is that they don't smart in the right place.

The most fascinating minor child guidance problem this year was a friendly, intelligent only girl aged 8, with "shocking nerves for the last year" who literally would not let her mother or grandmother out of her sight for a moment. Yet she enjoyed thunderstorms. It transpired that she had overheard discussion of her widowed mother's possibly re-marrying, and she feared desertion.

MENTAL DEFECT. "But, doctor, he's not MENTAL, is he?" This common query displays the general misunderstanding of mental defect, as a state qualitatively apart entirely from human intellectual processes. Parents would be comforted often to realise that it is rather a quantitative shortage of endowment.

Too often still I meet parents, referred for opinion, with no forewarning of the seriousness of the verdict to come: e.g., a Mongol child twelve months old, sent up with supposed weakness of spine and limbs. It would only be fair to get the husband to accompany the wife when heavy news is to be broken.

EPILEPSY. We still find some children uncontrolled on inadequate dosage of drugs. This means avoidable loss of school attendance, and consternation to teachers. Closer contact with parents and family doctors might clear the defeatism which besets some families.

During the year a Grammar School Headmistress took a helpful line of initiative for one of her girls who was so despondent that she wished to leave without attempting her General Certificate.

ENURESIS. We have no brilliant results to report at night, considering that time is on our side. One twelve year old girl, from an over-refined home, was shattered by failing her Grammar School entrance after moving into Yorkshire, and developed intractable bed wetting.

Bowel control by day in school entrants is sometimes hindered by too great a rush between waking at 8.15 a.m., and starting school at 9.

HEART DISEASE. At school leaving age rheumatic hearts need critical classification for advising suitable careers, and also to pick out pure Mitral Stenosis cases which might later benefit by the new operation for valvulotomy.

Patent Ductus Arteriosus needs assessment at toddler age, so that if ligation be indicated this can be completed before self-conscious school years.

Innocent murmurs still leave a trail of sorrow and restriction of normal activity.

SCHOOLDAY MISCELLANY:

Measles Encephalomyelitis: girl 5, with widespread paralytic signs gradually recovering, and "bomb-happy" temperament for 9 months before return to normal.

Hypertensive Encephalopathy in acute nephritis: two cases, girl 11 and boy 8, with stormy convulsions and coma for 2 days ending in recovery.

Erythema Nodosum and limb pains in girl aged 13 proving eventually due to tuberculosis localised in abdomen.

HIGHLIGHTS OF INFANCY.

When weaning to solid diet, babies may refuse because we've not let them slake their thirst. They may resent not being allowed to guide the mug or spoon. And why are mothers afraid of the WHITE of egg?

The "Second-only" child makes more problems than the "only": he wears out his ageing mother, who has forgotten the energy of the older children ten years before.

Ritual purges and powders are still given by many grandmothers. Mercurial "teething powders" have been convicted of a fresh danger this year of causing serious kidney damage (mercurial nephrosis) in some infants.

The limpness of unrecognised Pink Disease led to one scare of mental backwardness—happily unfounded.

One rapidly fatal tuberculous meningitis, resistant to streptomycin, was traced to infection from an uncle who had had two sanatorium courses of Streptomycin for lung disease.

Recent experience in a neighbouring Borough shows the value of following up all premature babies, say at 6, 12 and 18 months, since the majority develop iron-deficiency anaemia. Haemoglobin checks are thus important.

Five cases of major breath-holding convulsions were found in spoilt babies and toddlers in the year. Anxiety was relieved when epilepsy was ruled out.

Sinusitis-Bronchitis seems to be the commonest respiratory ailment, with antrum involvement right back into babyhood, and commonly gives gratifying response to Ephedrine $\frac{1}{2}\%$ in Saline nose drops. The classical simple adenoid child "with mouth wide open like Fingal's Cave" is a problem of lesser magnitude.

Lastly, the contributions of Paediatric Surgery towards lowering neo-natal mortality need to be remembered, so that certain malformations can be recognised at birth and admitted to surgical care without a day's delay. One huge mesenteric (ileal) cyst in a premature baby was referred by the family doctor when only 2 hours old. The cyst, weighing nearly 1 lb. was successfully removed, leaving a baby only $3\frac{1}{4}$ lb. who made a good recovery.

We still wait a concerted drive towards safety precautions against burns, in open or electric and gas fires, and non-inflammable clothing for children.

This year's work has been, I believe, as profitable as any before, and I look forward to further progress with our widening contacts in the coming year.

Keighley Excepted District

The following report on the year's work is submitted by Dr. H. M. Holt, the School Medical Officer to the Keighley Excepted District:—

I. Co-ordination

The scheme for co-ordination continues between the local Maternity and Child Welfare Service much on the same lines as hitherto, that is to say School Clinic facilities are at the disposal of mothers and children under five years of age by arrangement with the Assistant School Medical Officer and the School Dental Surgeons—Specialist Services are available for appropriate cases which may be referred at any time to the consultants at the Keighley Victoria Hospital—Institutional treatment for cases of Tuberculosis is provided by the Regional Hospital Board and the West Riding County Council provides for the training and treatment of Handicapped children.

II. School Hygiene

Routine painting and decorating goes on throughout the year—Lavatory and W.C. accommodation has been renewed at Holycroft School and several school playgrounds have been re-surfaced during the year.

III. School Medical Inspection

During the year the usual routine and special inspections in the Schools and Clinics were carried out. The details are given below:—

Routine Medical Inspections by the School Medical Officers	92
Routine Inspections by School Nurses	92
Special Inspections by Medical Officers	46
Special Inspections by School Nurses	158
Home Visits by School Nurses	1,026

Number of children examined:—

Number of entrants	540
Number of Intermediates	465
Number of Leavers	611
Number of Special Inspections	1,939
Number of re-inspections	1,189
Number of other periodic inspections	346

IV. Findings of Medical Inspection

(a) *Malnutrition.* Detailed figures regarding nutrition found during the year, at medical inspection of the routine code groups are shown in Table II.

(b) *Uncleanliness.* In 1951 the school nurses carried out 19,848 examinations, and of these 538 individual children were found to be unclean.

(c) *Minor Ailments and Diseases of the Skin.* As is usual, the treatment of cuts, abrasions, septic fingers and skin diseases forms a large part of the work carried out at the school clinic.

The number of cases of scabies among school children, has fallen considerably, as indicated by the figures for the past five years:—

1947	58	School children were treated.
1948	20	"
1949	18	"
1950	3	"
1951	NIL.	

(d) *Visual Defects and External Eye Diseases.* During 1951, 128 cases of defective vision and 48 cases of strabismus found at routine and special inspections were referred for refraction. 12 cases of Blepharitis, 10 of Conjunctivitis and 16 of other eye conditions were found to require treatment.

(e) *Ear, Nose and Throat Defects.* 38 children suffering from Otitis Media and 36 children suffering from other ear diseases were found to require treatment during the year. 39 children with Nose and Throat defects were referred for treatment and a further 106 cases kept under observation.

- (f) *Dental Defects.* The report of the School Dental Surgeons is given in Section (VI).
- (g) *Orthopaedic and Postural Defects.* The orthopaedic and postural defects found at the routine and special inspections for which treatment was advised, are given in Section (VIII).
- (h) *Tuberculosis.* No cases of pulmonary tuberculosis were notified during the year as occurring amongst school children, there were, however, five cases of non-pulmonary tuberculosis, one of which proved to be fatal.
- (i) *Speech Defects.* 64 children suffering from speech defects received treatment during the year.
- (j) *Child Guidance.* During the year nine children were referred to the Shipley Child Guidance Clinic.
- (k) *Other Defects and Diseases.* 689 such cases examined at the school clinics and in schools were found to require treatment and a further 79 were kept under observation.

V. Follow-up

The arrangements for the following-up of children suffering from the various defects remains as previously described.

VI. Arrangements for Treatment

- (i) *Malnutrition.* All cases of malnutrition are investigated and parents advised on the care and feeding of these children and always the necessity of adequate sleep is emphasised; severe cases being referred to the Open Air School. The provision of free milk and mid-day meals at school has done much to lessen the incidence of malnutrition. During the year the issue of branded foods came into operation at the School Clinic.
- (ii) *Uncleanliness.* The number of individual children found unclean has decreased slightly during the year, the same families, however, offend repeatedly, all cases being treated with D.D.T. hair lotion.
- (iii) *Minor Ailments and Diseases of the Skin.* The great majority of skin conditions treated at the School Clinics comprise, impetigo, scabies and ringworm.
- (iv) *Visual Defects and External Eye Disease.* The number of cases refracted during 1951 was:—

Defective Vision—128

Hypermetropia	15
Hypermetropic Astigmatism	59
Amblyopia	1
Mixed Astigmatism	12
Myopia	13
Myopic Astigmatism	22
Emmetropia	6

Squint—48

Hypermetropia	15
Hypermetropic Astigmatism	19
Myopic Astigmatism	1
Emmetropia	13

Other Eye Conditions 16

Number of children for whom glasses were prescribed 153

Number of children who obtained glasses 126

Number of repairs to glasses 154

After testing

Glasses not prescribed	17
Own glasses satisfactory	10

A further 12 cases were referred to Bradford Eye and Ear Hospital.

- (v) *Ear, Nose and Throat Defects.* The report from Keighley and District Victoria Hospital is as follows:—

	Pre-school Children	School Children
1. No. of sessions held during year	40	
2. No. of individual children referred	98	296
3. No. of (2) above—		
(a) referred for operative treatment	81	288
(b) who obtained operative treatment	121	422

- (vi) *Dental Defects.*

1. No. of Pupils inspected—	
(a) periodic age groups	4,975
(b) specials	205
	<hr/>
	Total 5,180
2. No. found to require treatment	2,622
3. No. referred for treatment	2,622
4. No. actually treated	2,483
5. Attendances made by pupils for treatment	4,107
6. Half days devoted to:—	
Inspection	50
Treatment	700
	<hr/>
	Total 750

School Children

7. Fillings :—									
Permanent Teeth	...	...	...	...	...	...	...	...	2,639
Temporary Teeth	...	...	...	...	...	...	...	...	152
								Total	2,791
8. No. of Teeth filled :—									
Permanent Teeth	...	...	...	...	...	...	...	...	2,406
Temporary Teeth	...	...	...	...	...	...	...	...	151
								Total	2,557
9. Extractions :—									
Permanent Teeth	...	...	...	...	...	...	...	...	618
Temporary Teeth	...	...	...	...	...	...	...	...	4,064
								Total	4,682
10. Administration of General Anaesthetics for Extraction	...	...	...	...	...	...	...	...	823
11. Other Operations :—									
Permanent Teeth	...	...	...	...	...	...	...	...	1,146
Temporary Teeth	...	...	...	...	...	...	...	...	32
								Total	1,178

(vii) *Orthopaedic and Postural Defects.* Cases are referred to Mr. Naylor at the Keighley Victoria Hospital. A good deal of difficulty has been experienced as a result of staff changes but this has been met as far as possible by the generous co-operation of the Keighley Victoria Hospital, particularly in respect of post operative remedial work and preventive exercises normally carried out at the School Clinic.

It is not generally realised that the scope of the Medical Gymnast appointed to the School Medical Service is very much wider than that of the same officer attached to the Hospital. We are concerned with orthopaedic defects which would not be noticed but for the vigilance of the teacher or their discovery in the course of Routine Medical Inspection; these cases are rarely in need of the services of the Orthopaedic Surgeon, their need is rehabilitation of normal physical function. If they are neglected then they become predisposed to permanent disease and crippledom.

In order to carry out such work successfully, the co-operation of both parent and teacher is essential and it is seldom we find this difficult to obtain. It is gratifying to record that excellent liaison exists between the School Medical Service and the Orthopaedic Department at the Keighley Victoria Hospital, but it cannot be expected that we can rely on their assistance indefinitely.

I am anxious that this work should develop, it is a particularly useful feature in the preventive medical services and fitted in well with organised physical education. A child may lose much, sitting out during the P.E. Class, because of some simple defect which could be readily remedied by regular attendance at our physiotherapy clinic.

ORTHOPAEDIC TREATMENTS :—

Case	No. of cases	Attendances
Pes planus ...	10	21
Malformed chest ...	3	18
Claw foot ...	1	5
Valgus ankles ...	1	5
Congenital short neck ...	1	6
Erb's Palsy ...	1	9
Genu valgum ...	2	6
Posture ...	4	26
Knock knee ...	1	6
Asthma ...	7	56
Breathing, Bronchiectasis ...	20	100
Curly toe ...	4	24
Scoliosis ...	2	18
Spina bifida ...	2	10
Hemiplegia ...	3	13
A.P.M. ...	2	10
Minor injuries ...	23	36
	87	369

236 Attendances were made at the Orthopaedic Swimming Class.

(viii) *Tuberculosis.* All cases of Tuberculosis are referred to the T.B. Dispensary who supervise and follow up such cases.

(ix) *Speech Defects.* The following is a summary of the work carried out by the Speech Therapist during the year:—

1. Total number of sessions held during the year—64.

	Stammers	Speech Defects
2. (a) No. of new cases admitted for treatment during year	6	39
(b) No. of cases already attending for treatment from previous year ...	—	19
(c) Total number of cases treated	6	58
3. No. of cases discharged during year:—		
(a) Speech normal	2	2
(b) Unsuitable for treatment	—	7
(c) Left the district	—	2
(d) By reason of non-attendance	—	3
4. No. of cases awaiting treatment at end of year	12	—
5. No. of visits made to schools	10	—
6. No. of home visits	Nil	Nil

(x) *Child Guidance.* Cases who are in need of attention under this category are referred to the Shipley Child Guidance Clinic and are there examined by Dr. M. M. MacTaggart, further appointments for attendance being made as required.

(xi) *Other Defects and Diseases.* All cases are initially examined by the Assistant School Medical Officer, treatment being provided at the School Clinic where necessary. Patients in need of the Consultant Service are referred to the appropriate consultant, other cases being kept under observation.

(xii) *Ultra Violet Light Treatment.* During 1951, 92 School Children received Ultra Violet Light Treatment at the Central School Clinic. Of these 32 were still under treatment at the end of the year. The results of the treatment are classified below.

Disease	No.	Result			Still under treatment 31st Dec, 1951
		Cured	Improved	No Change	
Alopecia	1	—	1	—	—
Anaemia	3	—	2	1	—
Coughs and colds	30	5	23	2	10
Bronchitis	22	2	18	2	5
Bronchial Catarrh	2	—	2	—	—
Debility	25	10	14	1	15
Boils	4	2	2	—	1
Enlarged glands	2	1	1	—	—
Nasal obstruction	1	1	—	—	—
Malnutrition	2	—	2	—	1
Total	92	21	65	6	32

Through the interavailability of Clinics 60 children from the Infant Welfare Department received Ultra Violet Light Treatment and of these 46 were improved, 12 no change and 2 cured. 21 were still under treatment at the end of the year.

(xiii) *Infectious Disease.* The following cases of infectious disease amongst the school population have been notified to the Public Health Department in 1951:—

Disease	Children attending Keighley schools	Children attending other schools	No. of fatal cases
Scarlet Fever	20	—	—
Diphtheria	—	—	—
Pneumonia	4	—	—
Meningococcal Infection	1	—	1
Encephalitis	1	—	—
Dysentery	5	—	—
Para Typhoid Fever	—	7	—
Chicken Pox	2	—	—
Glandular Fever	1	—	—
German Measles	2	—	—
Perthe's Disease	1	—	—
Whooping Cough	48	—	—
Measles	309	—	—

(xiv) *Immunisation against Diphtheria.* 19 school children were immunised in 1951 and a further 175 had single doses, most of these being 5 year old children who had previously been immunised in their first year.

VII. Provision of Meals and Milk

The following are particulars of the number of meals and milk provided at Primary and Secondary Modern Schools on two days in the year:—

Date	Free Meals	Meals for payment	Free Milk
17/2/51	268	2,834	4,836
17/10/51	250	3,033	5,456

VIII. Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies

(a) *Parents.* Every effort is made to ensure the co-operation of the parents and as the following table shows, a good proportion of parents attend at the routine inspections.

Presence of Parents

Department	No. of Children	No. of Parents	Percentage
Entrants	540	509	94.2
2nd age group	465	206	44.3
3rd age group	611	46	0.8
Other periodic inspections ...	346	31	8.9
Total ...	1,962	792	40.5

(b) *Teachers.* Teachers assist the work of the school clinic by selecting the children suffering from defects and by referring them to the clinic for treatment.

(c) *School Attendance Officers.* As formerly, the Attendance Officers meet with mentally and physically defective children during the course of their home visits, and by referring them to the school clinic greatly assist the School Medical Officer in treating them.

(d) *Voluntary Bodies.*

(1) THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

The report of the local Inspector is as follows:—

"During the year 1951, 39 verminous children were dealt with, 5 requiring dental treatment and 19 miscellaneous complaints.

I would like to express my sincere thanks for the co-operation from all members of the Health Services. In my many very difficult cases I have never found them wanting and absolutely loyal. Yourself, you have always been an inspiration to me.

When I was appointed to the Craven Branch in 1928, I used to accompany 6 and 8 children, suffering from malnutrition and requiring orthopaedic operation or treatment, to Liverpool for operation or treatment by Sir Robert Jones. With the improvement in the Health Services, this ceased after a few years, and it is now very rare that we have such cases. This no doubt is due to the excellent service of the Baby and School Clinics and the following up by the Visitors concerned."

(2) THE KEIGHLEY INFANT AID SOCIETY.

The Keighley Infant Aid Society provides assistance in such cases as are appropriate to its sphere of activity.

(3) HOME NURSING SERVICE.

The Home Nurses are always ready to assist where children require nursing treatment at home.

(4) THE OPEN AIR SCHOOL FOR DELICATE CHILDREN.

The Open Air School at Braithwaite has accommodation for 50 boys and 50 girls.

The children who attend this school are selected from the secondary modern and primary schools by the School Medical Officer at the routine inspections and at the School Clinics. Many children are referred, too, by their family doctor, by their teachers and by their parents, who find that the children are not progressing well at these schools.

After admission each child is examined by the School Medical Officer at least once each term and the parents are invited to be present at these examinations to discuss their child's health and progress.

The relevant figures for 1951 are given below:—

	Number.
Admissions	48
Re-admissions	8
Discharged as physically fit to attend ordinary schools	38
Discharged at 15 years for employment	2
Removed to Technical School	1
Removed to Boys' Grammar School, Keighley	1
Removed to Art School, Keighley	1
Removed from District	Nil
Removed to Special Schools	2

Miscellaneous

SWIMMING INSTRUCTION.

THE REPORT OF THE BATHS SUPERINTENDENT—ELEMENTARY SCHOOLS SWIMMING, 1951

Class Attendances.	Attendances by individuals on 1d. tickets.
Boys 9,175	Boys 8,656
Girls 7,717	Girls 5,071

RESULTS OF INSTRUCTION.

Proficiency Certificate	147
Elementary Certificate	315
Advanced Certificate	50

The children passing for the Borough Elementary Swimming Certificate also receive a free pass to the 2nd Class Swimming Bath for twelve months.

The drop in the number of Advanced Certificates was due to economy measures whereby only children between the ages of 11 and 13 were able to attend the Baths, the older age group being the ones who take the Advanced Certificate.

Table I

MEDICAL INSPECTION OF CHILDREN ATTENDING GRAMMAR SCHOOLS, SECONDARY MODERN AND PRIMARY SCHOOLS

A. ROUTINE MEDICAL INSPECTIONS.

(1) No. of Inspections in the prescribed groups:—

Entrants	...	...	...	...	...	...	...	...	540
Second Age Group	...	...	...	...	...	...	...	...	465
Third Age Group	...	...	...	...	...	...	...	...	611
									Total 1,616
(2) No. of other Routine Inspections	...	...	...	...	...	...	...	...	346
									Total 1,962

B. OTHER INSPECTIONS.

No. of Special Inspections and Re-Inspections	3,128
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Table II

CLASSIFICATION OF THE GENERAL CONDITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

No. of children inspected	A. (Good)		B. (Fair)		C. (Poor)	
	No.	%	No.	%	No.	%
1,962	1,203	61.3	747	38.1	12	0.6

Table III ...

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS FOR WHICH SEE TABLE IV).

Disease or Defect	No. of defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp			
(a) X-ray Treatment	—	—	—
(b) Other	2	—	2
Ringworm Body—	20	—	20
Scabies	—	—	—
Impetigo	59	—	59
Other Skin Diseases	129	—	129
Minor Eye Defects	32	—	32
(external and other, but excluding cases falling in Group II)			
Minor Ear Defects	61	—	61
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	398	—	398
Total	701	—	701

GROUP II. TREATMENT OF DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS).

Defect or Disease	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including squint)	176	—	176
Other Defects or Diseases of the eye (excluding those recorded in Group I)	16	—	16
Total	192	—	192

Table IV

VERMINOUS CONDITIONS.

(i)	Average number of visits made to schools during the year by School Nurses	...	8
(ii)	Total number of examinations in the schools by School Nurses	...	19,848
(iii)	Number of individual children found unclean	...	538
(iv)	Number of individual children cleansed under Section 54 of the Education Act, 1944	...	Nil
(v)	Number of cases in which Legal Proceedings were taken under the Education Act, 1944	...	Nil

Table V

HANDICAPPED PUPILS.

	At a Special School	At an Ordinary School	At no School	Not receiving suitable education
Blind pupils	3	—	—	—
Partially sighted	2	1	—	1
Deaf pupils	4	—	—	—
Partially deaf pupils	1	1	—	1
Delicate pupils	148	27	—	27
Diabetic pupils	1	1	—	—
Epileptic pupils	—	5	2	7
Maladjusted pupils	2	5	—	5
Other physically handicapped pupils	2	4	1	5
Educationally sub-normal pupils	4	12	1	13
Total	167	56	4	59

There are a further 17 Educationally Sub-normal Children who require education in a special class of an ordinary school, and who are not receiving education suitable to their needs.

MENTALLY DEFECTIVE CHILDREN.

Total number of children notified during the year ended 31st December, 1951, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928 ... 7

PART VI

County Dental Service

The following is the Report of the Chief Dental Officer, Mr. B. R. Townend, F.D.S., R.C.S. (Eng.) L.D.S. (Liv.).

The year under review has presented no special features in the development of the dental services of the County and it is therefore proposed to devote a considerable part of this report to an endeavour to point out some of the technical details of dental disease and their influence upon the principles upon which, in the writer's opinion, an efficient dental service should be constructed and maintained.

It is felt that by so doing we shall give members of the lay public a better insight into our difficulties and stimulate their interest in a somewhat neglected branch of public health service.

Dental disease differs from most other diseases of the body in the fact that the teeth have little or no power of self-repair. If we cut ourselves, or break a bone, unless the damage is very great or the wound becomes infected, our flesh usually heals and our bones knit together. The teeth are different. If disease attacks them unless the diseased portion is cut away and replaced with some artificial substitute or as we say "filled," the process of decay continues until the tooth is lost. The early stages of the process are very insidious and the individual may not be aware that anything is wrong until the tooth is very badly damaged or maybe unsalvageable. This being so it is obvious that the only way we can control this disease of dental caries is by inspecting the teeth very soon after they erupt and continuing to inspect them at regular and fairly frequent intervals throughout life so that the carious process can be detected in its very early stages and the necessary steps taken to arrest it.

We do not know the cause of dental caries. It is probably associated with the food we eat and the artificial way in which it is prepared. Excess of sugar and a high intake of sticky, easily fermentable starchy foods such as cakes and biscuits seem to play a considerable part in the production of dental caries, but this is not the complete picture, and the whole matter is so complicated that it would be out of place to deal with it in a report such as this. There is however a very small proportion of people in this country—probably not more than 5%—who have a natural immunity to dental caries. It does not seem to matter what these fortunate people eat, they do not develop the disease. If we could find out the mechanism of this immunity we should have the answer to many of our troubles but so far it has defied discovery.

The formation of the teeth themselves seems to play some part in the relative freedom from caries in the mouths of people who are not entirely immune and care should be taken that the food of expectant mothers, infants and young children should contain adequate tooth building materials and accessory food substances in the form of vitamins to ensure that the appropriate foods are properly utilized. Certain parts of the teeth are more vulnerable than others, such as the deep pits and fissures in the back teeth. We can take advantage of this fact and anticipate the probability of caries developing in these places by cutting them out in the pre-carious state, that is before the carious process has commenced, or in the very early stages of decay before much damage has been done to the tooth. Such a procedure can be likened to the action of the good housewife who will patch a garment in a thin place rather than wait until the hole is a big one. This is the best we can do in the present state of our knowledge to approach our ideal of preventive dentistry and it is a procedure which should form the basis of all children's dentistry. There then, very briefly, are the facts of the nature of the problems which face us. If we are to be successful in our struggles against this almost universal scourge, our campaign should be a well thought out one with a considerable degree of uniformity throughout the Kingdom. The problem is the same at Land's End and at John O'Groats and therefore the method of attack should be the same. This is why it is my considered and very sincere opinion that a whole time salaried service is the only way of tackling the problem because this is the only way by which some degree of uniformity of attack can be achieved. We are fighting a war. Can anyone conceive a war being waged by private practitioner soldiers? Planning must come from the top and the individual dental officer must work to the general plan otherwise the scheme will be uneconomic and scientifically indefensible.

This planning must contain within its ambit not only the actual treatment which must be provided but the constant educative efforts which are required to maintain a state of tooth consciousness in the mind of the population. This must be a part of general education and where can its efforts be more easily and effectively applied than in the schools? The fact that the school dental officer and the dental attendant have become an integral and accepted part of the school life of the child has done a great deal to break down the prejudices which have always existed against dental treatment, and any scheme which proposes to take this influence out of the fabric of the educative system of this Country would be nothing short of disaster.

Considerable interest has been evinced during the past year or two in the system which has been developed in New Zealand of using nurses with a shorter and more limited training in certain dental operations than the training required by a fully qualified dental surgeon. These women carry out fillings and extractions in the baby teeth of their child patients and a certain but limited amount of similar work in the teeth of the permanent dentition. A commission from this Country which visited New Zealand a year or two ago reported favourably on the quality of the operations performed by these women and there is no doubt in my mind that they might fill a useful purpose

in this Country carrying out that rather monotonous and repetitive work of conserving the precarious or very early carious pits and fissures in the back teeth, which procedure I have described as being the most effective and scientific way of tackling our problem. The dental profession as a whole is opposed to the introduction of such ancillary workers, but it seems likely that future legislation will legalise the training and utilization of these nurses in some way.

A considerable amount of publicity has been given to claims which have been made during recent years that painting teeth with fluorine containing substances or by drinking water containing small traces of fluorine afforded a simple way of reducing the incidence of dental caries in the teeth of children. This method of control has been and is practised very extensively in the U.S.A. but we in this country have adopted a more cautious attitude and an experiment on several thousand school children is now taking place. Whatever may be the outcome of this experiment, the use of fluorine can be no more than a partial answer to our problem and it will not affect the principles which we have outlined above.

The technical problems and underlying principles which affect the provision of schemes for the treatment of irregularity of the teeth (orthodontics) are quite different from those which are concerned with the treatment of dental caries. The recognition of dental caries is a relatively simple matter as is the recognition of an irregularity of the teeth, but the causes of irregularity are many and in order to be at all sure of a permanent result of treatment it is very important that the cause of malocclusion should be diagnosed. It is also necessary that the practitioner of orthodontics should have an accurate and precise knowledge of the normal at different ages because many conditions which appear abnormal may only be transitional manifestations which will right themselves as the child matures.

There are three important factors which cause malocclusions:—

(1) Interferences with growth caused by the prolonged retention of baby teeth which cause the permanent successors to erupt in a crooked fashion, or premature loss of baby teeth which may allow the permanent teeth to drift into incorrect positions.

(2) Habits such as thumb-sucking, nail biting, mouth breathing, incorrect swallowing habits all of which can create abnormal pressures on the developing jaws and so cause very serious defects.

(3) Lack of room for the teeth in the jaws. Such crowding may be due to a child inheriting large teeth from one parent and small jaws from the other. It may be due to an underdevelopment of the jaws due to ill-health or disease. It is in effect the old story of the impossibility of putting a quart into a pint pot. The unfortunate child has a pint jaw and a quart of teeth.

It will be seen from this very much simplified review that malocclusion of the teeth can be and often is a highly complicated matter requiring the attention of a dental surgeon who has specialized in this work as considerable harm can be done by uninformed treatment. The treatment also takes time. We cannot hurry growth and we are doing no more than guiding and assisting growth in the right direction. The treatment of habit cases such as thumb-sucking, etc., calls for a great deal of tact and patience on the part of the operator. He has to be more than a dentist. He has to be a psychologist as well. It is very gratifying to be able to report in this respect some quite spectacular results which have come about as side effects in the treatment of malocclusions. A number of our cases have lost other unpleasant habits such as bed wetting. Several have made very marked improvement in their work at schools while many have lost the inhibitions and unhappiness brought about by being teased for their ugly teeth. We do feel with no little pleasure that we are doing something more than dentistry. We are making some contribution to the happiness and mental well-being of the individual.

The delay in implementing the Whitley Council Award to Dental Officers has precluded us from advertising for appointments during the year under review so it has not been possible to make any increases in the number of staff. This state of affairs has naturally aggravated the unhappy conditions in areas where we have been unable to provide a dental service. It is hoped under the conditions which now prevail that a more favourable position will develop.

The Dental Treatment of Expectant and Nursing Mothers and Pre-School Children—

No developments have taken place in this scheme during the year except that a certain amount of work on this group has been carried out at the new clinics which have been established. The following table indicates the work which has been carried out for expectant and nursing mothers by your own dental officers and private practitioners under the County Scheme:—

	County Dental Officers.	Private Practitioners.	Total.
No. of cases examined ...	769	591	1360
No. found to require treatment ...	636	566	1202
No. treated ...	481	318	799
No. made dentally fit ...	435	313	748
No. of extractions ...	2505	2986	5491
No. of teeth conserved ...	607	532	1139
No. of Local Anaesthetics ...	177	110	287
No. of General Anaesthetics ...	272	226	498
No. of Scalings ...	289	282	571
No. of dentures. { Complete ...	174	260	434
{ Partial ...	90	169	259

Establishment of Dental Clinics—During the year we have opened and put into operation at Knottingley, Rothwell and Rossington three of the dental clinics which have been adapted from former Decontamination Stations. These have proved to be very convenient and pleasant clinics to work in and the Architect's Department is to be congratulated on producing a first class clinic out of difficult and unpromising materials.

Orthodontic Scheme—This scheme continues to flourish and it is with great pleasure that I have to inform the County Council that I have been asked to serve as the sole representative of the School Dental Service on a Committee on Orthodontics set up by the British Dental Association to consider the whole matter from every angle.

The Work of the Dental Laboratory—The following table indicates the work carried out by this Department during the year:—

Full Dentures	Partial Dentures	Repairs	Orthodontic Appliances	Crowns, Inlays, etc.
179	384	82	1,171	124

Analysis of the Work carried out during the Year—The information concerning dental treatment provided for in Table V of the Ministry of Education's returns (see Page 46), gives a very limited picture of the actual work done and the following implementations and refinements to the Table may be of interest. *Extractions*:—The total of 63,696 temporary teeth and 9,946 permanent teeth extracted does not represent as might be thought so many teeth which it has been found impossible to save. No less than 9,421 temporary teeth and 2,573 permanent teeth have been extracted with a view to making room for the other teeth or to ensure in various ways that succeeding teeth shall grow in a regular order. Nearly 1 tooth in 6 is extracted with the object of preventing irregularity and ensuring the satisfactory future of the dentition. *Fillings*:—2,802 temporary teeth were conserved by the following means:—841 cement fillings, 560 amalgam fillings, 1,423 combined cement and amalgam fillings. 26,069 first permanent molars and 12,826 other teeth; a total of 38,895 permanent teeth were conserved by the following means:—983 cement fillings, 10,658 amalgam fillings, 27,468 combined cement and amalgam fillings, 4,246 silicate (porcelain) fillings. Other treatments of a varied nature include 122 root fillings, 3,857 dressings, 157 crowns, inlays, etc., 5,239 scalings and gum treatments. Dentures were provided in 312 cases to replace teeth lost by accident or disease, 890 attendances being made for the necessary work incurred in the fitting of these dentures.

During the year I have once more been sustained by the loyalty of my staff, by the good will of the Dental Services Sub-Committee and by the helpful co-operation of members of the other branches of the West Riding County Council's service with whom I have come in contact. Without these pleasures life would be a dull and empty thing.

PART VII CARE AND AFTER-CARE

Care and After-Care of the Hospital Patient

Arrangements for local liaison with the hospital service have been consolidated during the year although it has not been possible to extend to more hospitals as had been hoped. There is cause for congratulation as will be seen from the accompanying details, in the increasing number of cases being referred to the Local Health Authority even from those hospitals where a health visitor does not normally attend.

Special mention should be made of the service in connection with the Knaresborough Hospital (chronic sick) where the health visitor (Miss D. T. Smith) continues to investigate all cases recommended for admission or discharge. Miss Smith writes:—

"During the past twelve months my work has increased considerably and I have dealt with 159 more cases than in the previous year. I am of the opinion that much of this increase is due to the greater co-operation I have received from the General Practitioners (with whom she records 530 interviews and telephone calls). The figures show that much more use is being made of my services and as the scheme becomes more fully operative, temporary difficulties tend to disappear. I note that the difference between Welfare and Hospital work has not always been appreciated, so that from time to time I have been given work more proper to the Welfare Officer and have subsequently referred the cases to him. From my experience over the period during which I have undertaken this work, I feel that it would be a substantial help if separate accommodation could be made available for Senile Dementia cases so as to avoid having to admit them into the Geriatric Ward. Over a period of twelve months, I find that there has been a longer waiting period for male beds due, no doubt, to the fact that there are twenty less male beds than female beds."

Health Visitors directly associated with the hospitals spent 708 sessions at, and made 470 special visits to, the hospitals. Background reports were asked for in respect of 2,173 patients, 4,373 patients were interviewed in the hospitals and 2,175 were referred to the Health Visitor as being in need of after-care on discharge. From this human material cases were referred to:—Midwife (735), Home Nurse (286), Health Visitor (1,526), Children's Officer and Adoption Societies (2), Welfare Officer (11), National Assistance Board (7), Ministry of Pensions (1). Nursing equipment (30), and home helps (188) were provided; rehabilitation (41), convalescence (720) and transfers (568) were arranged; the health visitor made environmental investigations (640), special home visits (444) and follow-up visits (276).

From other hospitals we have received requests for background histories (520) and after-care (1,058). Patients were referred to the midwife (500), home nurse (290), health visitor (402). Nursing equipment (204) and home helps (46) have been provided; arrangements have been made for rehabilitation (11) and convalescence (4); the health visitors have undertaken environmental investigations (381) and special home visits (80).

Tuberculosis

The year was marked by the resumption of activities by the Doncaster After-Care Committee, serving the area of the Doncaster County Borough and Divisions 27, 28, 29, 30 and part 26 in the County area. In reporting on the activities of the Committee the Secretary mentioned the nature of assistance which could be afforded and which would not otherwise be readily available through statutory sources of aid, for example, holidays for contacts, especially children, and chronic patients; fares for such holidays; assistance in financing home occupations, occupational therapy and correspondence courses; loans to meet special emergencies where the regular channels are too slow; immediate grants of food in an emergency; wireless licences and repairs; installation of wicket gates to keep infants out of patient's room; protective clothing to enable a patient to start work or change occupations; extra-nourishment for patient and family where not eligible under County Regulations. In furtherance of the work of the Committee the County Council made a grant of £60 towards expenses likely to be incurred on behalf of County patients during the financial year.

There was again an increase in the number of patients with active tuberculosis receiving extra nourishment (two pints of milk daily). Each grant, on the recommendation of the Chest Physician, authorises supplies for a maximum period of two months and 7,270 grants were made to 1,853 patients during the year. The 195 domiciliary open-air shelters purchased by the County Council between 1913 and 1936 are now reduced to a total of 35, some of which are rapidly becoming obsolete and 11 of which are at present in storage and available for issue. In some cases they are being used not for the ambulant post-sanatorium patient but to relieve overcrowding and for the home nursing of the chronic case. In such changed circumstances authority has been given to approve amenities by the installation of electric points and lighting and the replacement of canvas shutters with a more attractive and permanent type of window. Suitable patients continue to trickle through to the institutional training and resettlement centres, where 9 were admitted during the year at the end of which there remained 12, at Papworth Village Settlement, Cambridge (7), British Legion Village Settlement, Preston Hall (3), Enham Alamein Village Centre, Andover (1), Sherwood Village Settlement, Rainworth (1).

The County Welfare Officer generously made available the services of his occupational therapist to teach and assist non-infectious cases in occupational therapy at home. Nursing equipment was provided for use in the open-air shelters, to provide for the segregation of an infectious patient, or for sick-nursing in the home. Grants have been obtained from the West Riding Distress Fund, primarily for the payment of travelling fares of necessitous relatives to visit patients in hospitals and sanatoria.

Recuperative Homes

575 applications were received, supported by medical certificates, for admission to recuperative homes, generally for periods of two weeks, but longer where necessary. In 169 cases (29%) the applications were cancelled, 14 remained on the waiting list at the end of the year and 392 (109 men, 273 women and 10 children) were admitted to—Barrow War Memorial Convalescent Home, Barrow-in-Furness; Blackburn and District Convalescent Home, St. Annes-on-Sea; Brentwood Recuperative Centre, Marple; Hillsborough Nursery, Sheffield; Hunstanton Convalescent Home, Hunstanton; Kelsale Court, Saxmundham, Suffolk; Men's Convalescent Home, Rhyl; N.E.C.F.S. Convalescent Home, St. Annes-on-Sea; Peveril House, Buxton; Rechabites Memorial Home, St. Annes-on-Sea; Rockfield Convalescent Home, Grange-over-Sands; Royal Oak House, Westgate-on-Sea; Semon Convalescents' Home, Ilkley; Silloth Convalescent Home, Silloth, Cumberland; St. Joseph's Convalescent Home, Freshfield; Swanscoe House, Macclesfield; West Hill Convalescent Home, Southport.

Health Visiting

The health visitors made in total 512,504 domiciliary visits; this number included 13,244 prenatal visits to 6,667 expectant mothers, 25,483 first and 151,217 subsequent visits to children under one year, 217,816 to children between 1 and 5, and 104,744 visits to other categories; this last figure includes 41,984 visits in connection with the Home Help Service (an increase of 8,542 over those for the previous year), 29,020 visits to the aged (8,418 more than in 1950), 1,228 visits to cases referred by the Home Nurses, 8,608 in connection with care and after-care of patients in or being discharged from hospitals.

Health Visiting has changed considerably during the year 1951. More work is being done with the aged and whilst most of the Health Visitors do not like checking up time sheets for Home Helps they do feel that it is time well spent and they are often able to give advice before there is a complete breakdown in the health of the aged person. More Health Visitors are in direct contact with Hospital Almoners and more help is being asked for by the latter (see separate account elsewhere), but a great deal of educational work in relation to public health is needed amongst the hospital, nursing, and medical staff. Because of these extra duties selective visiting to families needing most attention is being done. Mothers are not solely reliant on the Health Visitor for information and help as in previous years as they now acquire knowledge by radio, press, women's magazines, and in other different ways. It is still thought, however, that better teaching and more help is given by home visiting rather than attendance at clinics, but owing to the shortage of staff and the large number of clinics this is not possible. Mothercraft teaching both in schools and clinics is growing slowly and it is hoped that an extensive programme will be carried out in 1952. Superintendent Health Visitors state that the work in Minor Ailments Clinics is changing; in actual fact the ailments are very minor and in some instances it has been possible to close down some school clinics.

Staff—There is a little improvement in staffing problems but progress is slow—the establishment of Public Health Nurses is 351, and it is made up of 319 Health Visitors, 22 Tuberculosis Nurses, 4 Venereal Disease Social Workers and 6 Orthopaedic Nurses. The nursing staff employed on December 1st, 1952 was:—

Qualified Health Visitors—230, Assistant Health Visitors—31, Clinic Nurses—20, Tuberculosis Nurses—15, Full-time School Nurses—10, Orthopaedic Nurses—6, Total 312. The number of Qualified Health Visitors has increased by 23 from 208 to 231. The number of students from Leeds University was 31—from other authorities—14, Total 45. Losses were 13 to other authorities, 5 retired, 1 married, 3 resigned—personal reasons—Total 22.

Week-end Refresher Course, Grantley Hall—A very successful week-end course was arranged for Health Visitors for April 1951. The subject covered was Mental Health and was taken by a team of lecturers from Leeds University, led by Professor MacCalman; the specialists, Dr. Ironside, Mrs. Ottoway, Senior Psychiatric Social Worker and Mr. Martin, B.A., co-operating. A special lecture on "The Generations" was given by Dr. J. W. Affleck of the Regional Hospital Board; the subject was a large one, but very adequately covered. The Health Visitors were refreshed by the reassurance which the lecturers gave that people mattered, and that they as Health Visitors had an immense contribution to make to families with whom they came in contact. The team suggested that Health Visitors working in the realm of health should be able to help the Psychiatric workers to discover the principles of living on which sound mental health is based.

Post-Certificate Courses—Health Visitors (32) attended Refresher Courses during 1951—Women Public Health Officers' Association, London—6, Cambridge—10, Exeter—11, Royal College of Nursing, London—5. These courses were much appreciated by the health visitors. Monthly conferences were well attended throughout the year—the average attendance being 200. The lecture programme was as follows:—February: Mrs. Morrison, Home Help Organiser; March: Work amongst the Deaf—Mr. J. F. Hudson, Superintendent, Wakefield Society of the Deaf and Dumb; April: The Work of the N.S.P.C.C.—Mr. E. J. Wrigg, Organiser of the N.S.P.C.C.; May: Footwear and Foot Care—Mr. M. D. England, Senior Lecturer, London Foot Hospital; June: Discussion Group; September: Moral Welfare Work—Miss Russell-Wells, Moral Welfare Worker; October: The Work of the Council of Social Service—Miss Mason, Secretary, Council of Social Service, Leeds; November: Present and Future of Health Visiting—Discussion led by Miss Metcalf, Mrs. Sheldon, Miss Rutledge and Miss Pepper.

Supervisory Staff—Miss Clarke has continued as Health Visitor Tutor for the West Riding students at the University of Leeds; in addition she has been responsible for the arrangements made with Divisional Medical Officers for practical work in the field for all the Leeds Students. Miss O'Brien has continued working with Problem Families mainly assessing which come in that category, 76 of these families were visited by her during 1951. In addition to this Miss O'Brien did 334 Home Visits with Health Visitors, 114 visits to Infant Welfare Centres, 40 to Ante-Natal Clinics, 32 to Minor Ailments Clinics, 6 to Ultra Violet Light Clinics and 3 to Tuberculosis Clinics. Interviews with Divisional Medical Officers in order to discuss Health Visiting surveys—14. Special visits (15) were paid to Divisional Medical Officers on problems peculiar to their area. Miss O'Brien has also interviewed students for the pre-nursing course at Mexborough, and at Leeds University for the appointment of student Health Visitors. Miss Carey has done surveys of Health Visitors' work in four divisions and one re-inspection. 98 Home Visits with the Health Visitors, 23 visits to Infant Welfare Centres, 11 to ante-natal clinics and 9 visits to school clinics and 5 to Ultra-Violet Ray Clinics, school medical inspections—5, school cleanliness inspections—13, Tuberculosis Clinics—3. In addition to this Miss Carey has attended 9 Divisional Offices for appointment of staff and has paid 6 special visits to Hospitals in relation to liaison. Special work was allocated to Miss Carey in connection with epileptic and educationally sub-normal children, poliomyelitis patients and the after-care of premature babies in co-operation with Professor Craig at Leeds Maternity Hospital. The visits paid were as follows—39 Epileptic children had 52 Home Visits and 43 School Visits and 20 Health Visitors were seen in connection with these children. 27 Home Visits were paid to educationally subnormal children and 35 school visits. 8 interviews at the Youth Employment Office in connection with the employment of epileptics and educationally subnormal. 14 visits to Divisional Medical Officers in relation to epileptics and Poliomyelitis, 10 Home Visits were paid to Poliomyelitis cases, 4 School visits and 7 to Health Visitors.

In connection with the physically handicapped, Miss Carey paid 5 visits to hospitals; she found the supervision and care of handicapped children well in hand at divisional level. Children were seen by the Assistant County Medical Officer according to their need and in most cases Health Visitors were kept informed of progress and treatment advised.

After-Care of Premature Babies—Miss Carey paid 23 routine visits to Leeds Maternity Hospital and 6 special visits at the request of the Hospital Registrar, she had interviews with Professor Craig. There were 39 premature babies discharged from Leeds Maternity Hospital in 1951, requests for special supervision were made in four cases. Other visits in regard to this were 25 to Health Visitors, 7 visits to homes and 13 to Divisional Medical Officers. St. James Hospital also asked for care to be arranged for two premature babies.

Miscellaneous—Three monthly conferences of supervisory staff and four conferences relating to Preparation of Programmes for Foreign Visitors were held in Central Office. Students were sponsored by the World Health Organisation and the programmes planned for them were much appreciated. On the nursing side, Miss Janice Mickey, Associate Professor of Public Health Nursing, Pittsburgh University, Pennsylvania, spent a week in the County observing the Public Health Nursing Service.

Health Visitor Students—32 Students completed their training at Leeds University and 30 were successful in passing their examinations. Two students commenced training at Hull University College, 25 at Leeds University and 2 at Bradford Technical College.

Home Nursing

The work of Home Nurses is still growing, so much so that it is felt that in many areas there is need for consideration of an increase in establishment. There has been a merging of Home Nursing and Midwifery in some of the rural areas, where separation of these services had proved both impractical and uneconomic. At the end of the year whole-time staff, including relief nurses, was 274—196 on general work, 72 on General and Midwifery, 1 on Home Nursing and Health Visiting and 5 on triple duties (Health Visiting, Home Nursing and Midwifery); additionally there were 24 part-time nurses employed on holiday or other relief duty. There were 716,996 visits to 31,603 patients whose conditions are classified as under:—

MEDICAL (20,843)

Acute Abdominal	237	Diss. and Art. Sclerosis	105	Parkinson's Disease	39
Anaemia	837	Fractures	348	Phlebitis	146
Appendicitis	24	Gastric and Duodenal Ulcer	36	Pneumonia and Pleurisy	1,715
Bronchitis and Asthma	1,832	General Debility	132	Poliomyelitis	4
Carcinoma—		Gynaecological	1,134	Prolapsed Vert. Disc	20
Breast	92	Hernia	57	Pyrexia	109
Colon and Rectum	134	Hypertension	81	Rheumatism and Arthritis	683
Uterus and Cervix	135	Infectious Diseases	124	Scunility	1,852
Other Sites	913	Influenza	422	Shingles	70
Cardiac	2,421	Intestinal	450	Skin Conditions	340
Cerebral	2,022	Jaundice	23	Threadworms	235
Cholecystitis	45	Kidney and Bladder Condition	324	Tuberculosis	317
Constipation	1,320	Mental and Nervous Condition	82	X-Ray preparation	123
Diabetes	703	Miscarriage and Abortion	84	Miscellaneous	1,073

SURGICAL (9,388)

Bed Sores	60	Gangrene	83	Supra Pubic	190
Burns and Scalds	834	Minor Accidents	1,139	Tuberculosis	24
Circumcision	510	Post Operative	1,733	Varicose Veins, Ulcers	519
Colotomy	181	Septic or Inflamm.		Miscellaneous	109
Empyema	24	(Abscesses, Boils, etc.)	3,982		

EAR, EYE, NOSE AND THROAT CONDITION (1,591)

Eyes	143	Ear, nose and throat	1,448
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It will be noted that the case load is a little lower than that of the previous year but the number of visits per patient has increased, and in consequence a higher standard of nursing care is being achieved. The average number of visits per nurse in 1951 was 2,800. The type of work differs in each area according to both the need and the attitude of General Practitioners. More time is being spent on giving injections since the trend for treatment is in that direction.

Seven students entered for Queen's District Nurses training during 1951 and 3 students completed training. Every effort is being made to give existing District Nurses the training of the Queen's Institute.

Supervisory Staff—Miss Jones and Mrs. Taylor have continued to maintain the high standard of work in the field and during 1951 they paid 289 visits of inspection, 97 special visits to nurses and 99 visits to Divisional Medical Officers.

Home Help Service

In the course of the year the number of cases being provided with a Home Help increased by 721 from 1,495 to 2,216. An examination shows that this expansion is related solely to the needs of the aged in respect of whom there was an increase of 748 cases or 55%, and 58% (from 145 to 246) in the equivalent number of home helps working in the homes of the aged. This brief summary alone is a clear indication of the need for the greater establishment approved by the County Council in July 1950. By November 1951 the service was being used at a rate in excess of the approved establishment of 500 and it has been only by the combination of accumulated reserves together with the strictest economy in the use of the service that a much greater expansion is not recorded.

It will be seen from the table and graph on the next page that in present circumstances the needs of other categories of beneficiaries has been largely stabilised; this situation is likely to vary only in the event of there being an increase of domiciliary confinements or a change in the scale or methods of assessment; on this latter aspect there are many instances in which the service has been necessary but has been refused or discontinued on the grounds of inability to pay or because other members of the household have declined to accept responsibility for payment. The field worker is only too well aware of the strains and difficulties associated with such cases and at times cannot but deplore that remedial measures must be subordinated to ability to pay.

The care of the aged is seldom disturbed by considerations of payments; in all too many cases the sole income is that of a pension supplemented by National Assistance. A superficial appraisal would suggest that the service now being provided is something the aged have not previously enjoyed; on reflection, however, it may be that there should be offset the family care which is now becoming more rare. Wherever possible we seek to maintain this sense of family care and responsibility but, much though we may deplore the explanations which seek to excuse its passing, the primary consideration is that of the aged person in need of help. Since the birth of new legislation directed towards the care of the aged there has been an increasing awareness of the needs of many who silently endured neglect, penury and distress in what should have been the contentment and serenity of old age. Much has been done to help these cases although the evidence suggests that all are not yet known. In these circumstances and in face of an ever-ageing population it is probable that we are yet to see a marked expansion of the home help service. To emphasise too much the financial aspect would be to overlook not only the benefit in human happiness but the economies in capital and maintenance costs on hospital beds, old people's and children's homes which would otherwise be needed.

Number of Domestic Helps employed at 31st December

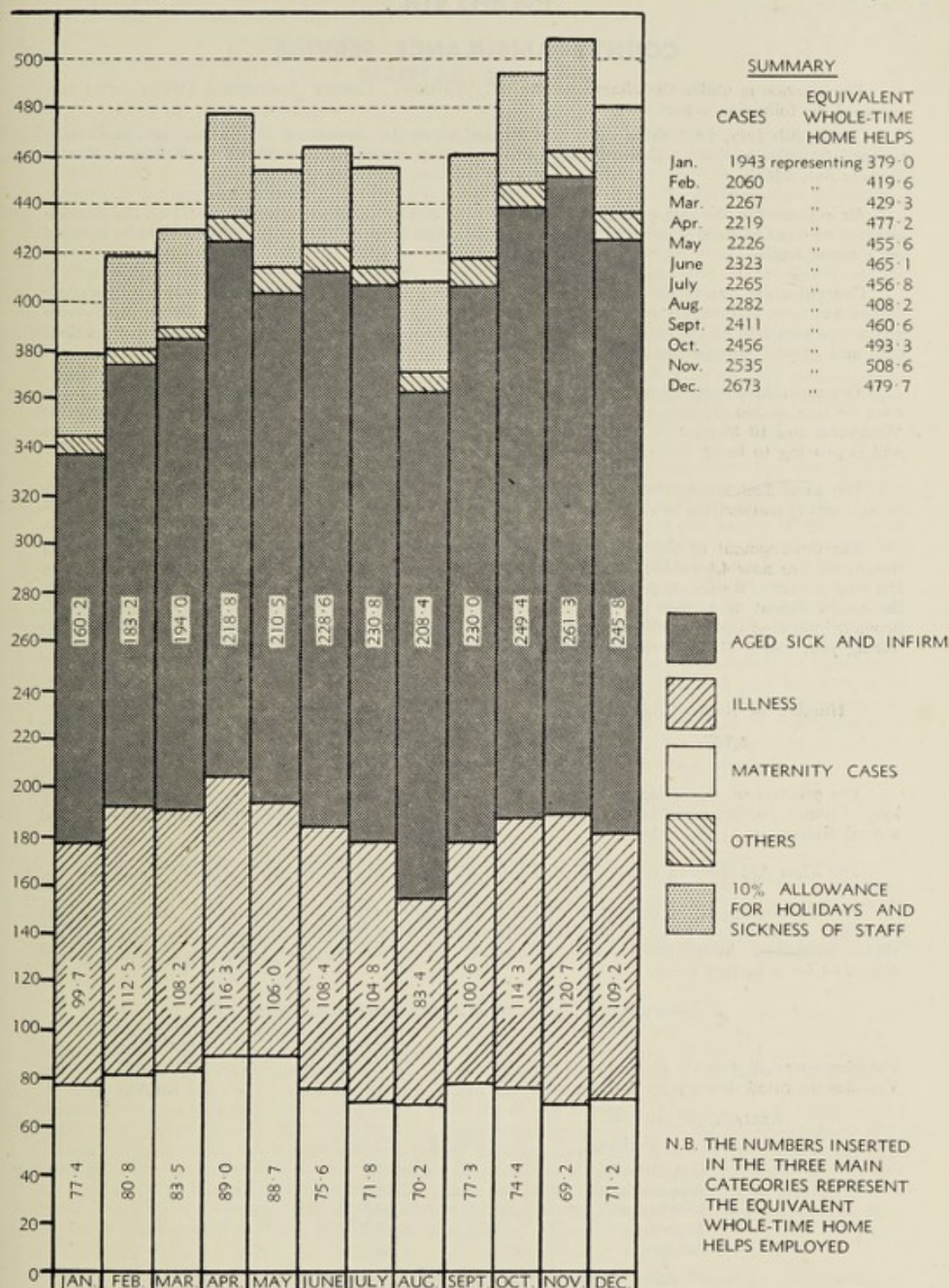
	1950.	1951.
(i) Whole-time	199	196
(ii) Part-time	577	790
(iii) Total	776	986
(iv) Equivalent whole-time service	309.5	452.7

Cases provided with Domestic Helps during the year

	1950.		1951.	
	No. of Cases	Hours Employed	No. of Cases	Hours Employed
(i) Illness (excl. aged) (a) Tuberculosis	76	22,668	75	16,878
(b) Other	1,844	203,743	1,571	227,012
(ii) Lying-in	2,359	177,658	2,021	151,925
(iii) Expectant Mothers	201	19,542	239	27,327
(iv) Mentally defective	18	1,707	13	1,976
(v) Aged (a) Illness	1,301	159,712	1,836	328,577
(b) Infirmary	1,053	108,543	1,035	170,460
(vi) Children of School age	82	14,803	120	17,731
Totals	6,934	708,376	6,910	941,886

	Lying-in etc.		Aged.		Other.		Total.	
	Illness.							
Cases on Register 31.12.50.	384	174	911	26			1,495	
New Cases	1,262	2,086	1,960	107			5,415	
Cases discontinued	1,221	2,155	1,212	106			4,694	
Cases on Register 31.12.51.	425	105	1,659	27			2,216	

Graph shewing how the Home Helps were employed within the various categories



Removal to Suitable Premises of Persons in Need of Care and Attention

Section 47 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951, provides that where a person is suffering from a grave chronic disease or being aged, infirm or physically incapacitated, is living in insanitary conditions and is unable to devote to himself, or herself, and is not receiving from other persons, proper care and attention, steps can be taken by the Medical Officer of Health for the removal of the person to a suitable hospital or other place and maintenance there. These provisions are only used in those cases where other suitable steps cannot be taken, or have failed. Five men and 6 women were removed in 1951.

PART VIII

COUNTY AMBULANCE SERVICE

The Service is under the charge of Mr. V. Whitaker, County Ambulance Officer, who has supplied the following report:—

On the 5th July, 1951 three years had elapsed since the Appointed Day when the full County Council Ambulance Service Scheme came into operation under Section 27 of the National Health Service Act, 1946.

As indicated in the last report the past year has confirmed that patient demand on the Service appears to have become stabilised, which factor has enabled development and planning to be effected on a sound basis.

Concentration has again been placed on improving operational efficiency to which end a close liaison has been maintained with hospital staffs in relation to patient welfare, and within the Service stress has been laid on the instruction of the Depot Superintendents, with a view to improved patient care and greater operational efficiency in their local areas.

The main development during the past year has been the establishment of a Vehicle Maintenance Section within the Service consisting of a Maintenance Engineer, one Supervisor, 3 Inspector Mechanics and 10 Mechanics. This organisation is vital to the requirements of a 24 hour service and is proving to be of the utmost importance in maintaining fleet efficiency.

The total fleet strength is now 143 ambulances including 37 Sitting Case Buses, the latter being quickly convertible to carry stretcher cases.

The development of the Radio-Telephone system for Ambulance Control has gone ahead in that there are now 48 vehicles fitted with radio equipment and a further 25 are to be installed in the near future. Radio cover has been increased in the Northern Section of the County area by the establishment of a more efficient remote control station, and research is being carried out to provide increased cover in the Southern Section. The use of radio effected the following saving during year ended 31st March, 1952.

Number of Radio Re-directions.	Miles Saved.	Time Saved.
3,787	35,777	1,891 hrs.

The practice of conveying patients, both stretcher and sitting cases, by train for out of County long distance journeys has been continued, and during the past year 139 patients were so conveyed a total distance of 17,243 miles.

The First Aid training of personnel, except for new entrants, remains at 100% qualified.

The building plan, including adaptations to secure better accommodation, has progressed steadily. At Headquarters, Birkenshaw, adaptations to double the original accommodation are almost complete. Work has commenced on the erection of one new Depot and plans are well advanced for a further three.

Operational Data. Year ended 31st March, 1952.

	Total Patients.	Total Miles.
Vehicles operated directly by County Council ...	370,606	2,538,091
Vehicles operated directly by Agencies ...	16,354	255,767

Analysis of calls:—

Patients.	W.R.C.C. Depots.
Out Patients ...	270,374
Admissions ...	33,154
Discharges ...	28,981
Transfers ...	6,177
Accidents ...	4,896
	<hr/>
	343,582
M.D. Children ...	27,025
	<hr/>
	370,606

The patient figure is based on the method of registration as required for the Ministry of Health Statistical and Costing Return. Whereas in previous years each patient has been recorded as a single registration irrespective of one way or return journeys the present method calls for patients who are returned on the same ambulance during the same journey being counted as two.

PART IX

MENTAL HEALTH

There has been little change in the nature of the work on Mental Health during the year. Meetings have been held with the Medical Superintendents of the Mental Hospitals in the Riding with a view to tightening the link between the Health Department and the Hospitals and out-patient clinics, for the ultimate benefit of the patients. Certain of the Mental Hospitals are making increasing use of our Mental Health Social Workers in providing background information relating to new admissions, but there is still need for a complete integration of the service between the Mental Hospitals and the Health Department. The care and after-care work undertaken by the Mental Health Social Worker is increasing rapidly in some areas and the Social Workers are assisting at a few out-patient clinics.

As is general throughout the country, there is urgent need for considerable additional Mental Hospital accommodation and for accommodation for mentally defective persons. Some Mental Hospitals have had to refuse the admission of voluntary patients and often certified patients have had to wait until accommodation could be found for them. The Duly Authorised Officers have experienced difficulty in placing old people suffering from senility in the Mental Hospitals.

Accommodation for the mentally defective is totally inadequate to meet the demands for Institutional care and training and we have many distressing cases on our waiting list, for whom there is no immediate prospect of early admission, where the continued presence of a mentally defective child is causing friction in the family or suffering in the health of one or both parents. On the other hand we are often forced to obtain accommodation for an older defective, owing to the death of a remaining parent or guardian, simply because he or she is unable to live alone and manage his or her own affairs yet whose conduct is satisfactory. To admit such a person of say 50 years or over to an Institution is a complete change in the mode of life and hostels could be provided for this type of defective which would meet his needs better than the more restricted life in an Institution and help to reserve the Institutional accommodation for defectives of unsatisfactory conduct. Guardianship would meet the needs of most of these older defectives and before Institutional accommodation is sought efforts are made to persuade relatives and neighbours to accept responsibility for the patients under guardianship but with little result. The present housing position and overcrowding does not help a Guardianship scheme but I hope that we shall eventually be able to place most of these older docile patients of good clean habits in the care of suitable guardians and also many of the mongolian children now admitted to Institutions.

Action taken by the Duly Authorised Officers during 1951 was as follows:—

Under Section 16—420; Section 20—180 and Section 21—71, a total of 671. In addition the Duly Authorised Officers assisted with 209 voluntary admissions and 19 temporary admissions under Sections 1 and 5 respectively of the Mental Treatment Act 1930; in 3 cases relatives were assisted with Petitions and in 3 cases assistance was given with patients dealt with under the Criminal Justice Act 1948. This gives a total of 905 or 83 more cases dealt with or assisted than the previous year.

Of the 180 patients dealt with under Section 20 approximately four-fifths were either certified or admitted to Hospital as voluntary patients, the remaining one-fifth were about equally discharged or admitted to sick wards in general hospitals. There were, however, 182 further cases where the Duly Authorised Officers were called in, where statutory action under the Lunacy and Mental Treatment Acts was not necessary. Most of these were older senile patients some of whom were admitted to accommodation provided under Part III of the National Assistance Act, 1948; others were admitted to Chronic Sick and General Hospitals; some were referred to Psychiatric Out-Patient Clinics whilst arrangements were made in other cases for relatives to provide the care needed. The problem of these old senile people is still very difficult and many would be admitted to Chronic Sick Hospitals if accommodation were available. In a few cases these old people have been found to be suffering from debility and malnutrition and after a short stay in hospital have returned home where a Home Help has been provided.

On the whole the Catchment areas of the Leeds Regional Hospital Board for admissions to specified Mental Hospitals is working satisfactorily although in some cases it does mean that the patient is not admitted to the Hospital nearest his or her home, with subsequent inconvenience to visitors.

The time seems far distant when the National Health Service will become national in character and artificial barriers such as Regional areas, Hospital Management Committee areas and Catchment areas can be done away with. If this were possible, we should not have the position of the Medical Staff of one Mental Hospital providing Psychiatric Out-Patient facilities in a district yet when the patients need in-patient treatment from that Area they are admitted to another Mental Hospital.

Details of the work under the Mental Deficiency Acts during the year, are as follows:—

277 alleged mentally defective persons reported to the Local Health Authority or otherwise ascertained during 1951 of whom 101 were reported by the Local Education Authority under Section 57(3) of the Education Act 1944 and 90 under Section 57(5); 11 were reported by the Police or by Courts and 44 were otherwise ascertained. 31 alleged defectives reported during the year were found to be not "subject to be dealt with". The 246 defectives found "subject to be dealt with" were dealt with as follows:—Placed under Statutory Supervision—194; Admitted to a "Place of Safety"—1; Placed under Guardianship—1; Admitted to Institutions—18; Died or removed from the area—12; Action not yet completed—20. Of the 31 alleged defectives found not "subject to be dealt with" 5 were placed under Voluntary Supervision; 7 were found not to be mentally defective within the meaning of the Acts; 2 died or removed from the area; in 6 cases no action was necessary and in 11 cases action had not been completed by the end of the year. At the 31st December, 1951, the total number of defectives in the West Riding ascertained to be "subject to be dealt with" or where voluntary action was agreed was as follows:—In Institutions for defectives or on licence therefrom—1545; Under Guardianship—129; In "Places of Safety"—7; Under Statutory Supervision—1842; Under Voluntary Supervision—351; Action not yet completed—28, making a total of 3902 defectives. During 1951, 94 defectives were admitted to Institutions as against 134 during 1950. This reduction in the number of admissions was not due to a slackening of the demand for Institutional care but solely to the lack of such accommodation. The 94 patients dealt with in this way during 1951 were as follows:—By Orders on Petition—81; By Orders under Section 8—8; By Orders under Section 9—3 and by Varying Order from Guardianship—2. 64 of these patients were admitted to Institutions under the Leeds Regional Hospital Board; 28 to Institutions under the Sheffield Regional Board and 2 to Institutions in other Regions.

The County Council's scheme under Section 51 of the National Health Service Act, 1946, approved by the Minister of Health on the 19th May 1948 has been amended, so far as it relates to the training of defectives, as follows:—

- (i) By establishing approximately 15 Occupation and/or Industry Centres of various sizes in the more densely populated areas in the County. It may be necessary to adapt and use existing buildings in the place of new Centres.
- (ii) By co-operating with adjacent Local Health Authorities in the provision of joint Occupation or Industry Centres.
- (iii) The Council have arranged and will continue to send pupils to Centres established by other Local Health Authorities prepared to accept them. The Council will be responsible for the cost.
- (iv) In the more sparsely populated areas of the County, Home Teachers are and will be provided and their number increased as suitable applicants become available. Home Teachers will visit defectives in their own homes but will also undertake group training where premises are available and a small class can be formed.
- (v) In isolated areas where there are difficulties of travel, some home training will be provided by Mental Health Social Workers who have attended Courses and visited Occupation Centres and Institutions to acquire knowledge of the methods employed in the training of mentally defective persons.
- (vi) In a few cases it may be necessary to provide a Teacher on a part-time basis for an individual patient.

On the 9th January 1951 a temporary Occupation Centre was opened in premises in Bingley until the adaptations at Branshaw View, Keighley are completed, when the children will be transferred from the Bingley premises to the new Centre at Keighley. There is an active branch of the National Association of Parents of Backward Children in this area whose interest in the Centre is very welcome. By the end of the year training and occupations were being provided as follows, the figures for 1950 being given in brackets:—In Occupation Centres 153 (90); Home Teaching 140 (201); Group Training in small classes by Home Teacher 100 (—). This group training by the Home Teachers of small classes of an average of six patients is being developed wherever suitable premises can be obtained, such as clinic premises, rooms in private houses etc., for a day or half day each week. This gets the children away from the home; enables them to mix with other children like themselves and also gives greater scope to the Home Teacher. These small classes are proving very popular.

Reports by the Divisional Medical Officers on the Castleford and Bingley Occupation Centres are appended.

CASTLEFORD OCCUPATION CENTRE

(Dr. J. M. Paterson, Divisional Medical Officer)

The Occupation Centre in Castleford catering for the needs of Castleford and of surrounding divisions, has had a most successful year, with an average attendance of 30. From past experience, it has been found that the most popular subjects are country dancing, music, movement and handwork, but undue emphasis is not placed on any one subject. Handwork, of which neatness is the keynote, has shown a marked improvement, and on more than one occasion parents have expressed surprise that their children were capable of executing movements and exercises of this nature.

As it was thought desirable to have some measure of control over the physical condition of these children, medical examinations were instituted in May, and from the parents' point of view, proved a most popular feature. I am pleased to be able to report that as a result of the persistent and painstaking efforts on the part of my nursing staff, the number of head infestations has been reduced during the year.

On the 28th June, the annual outing took the form of a 'bus trip to Knaresborough and as the weather was fine it was much appreciated by the children. Their behaviour at this outing was particularly good. As it was impossible for all the children to go on this trip, a later half-day trip was arranged for July 19th, when a most enjoyable outing took place to Temple Newsam to see the flowers and gardens. Later on in the year, the County Council made a further contribution towards the Christmas Party and this, augmented by toys from the *Yorkshire Evening Post* Fund, gladdened the hearts of many of these children. Previous experience proved the worth of holding Parents' Days, when it was found possible to clear up with the mothers various points as regards the welfare of their children and, in addition, the parents appreciated the opportunities afforded them of getting to know what their children were being taught to do. It is being realised more and more by these parents that the County Council have the welfare of their loved ones at heart, and this realisation has acted as a spur in intensifying co-operation with us.

Broadly speaking, there has been an all-round improvement in the general behaviour of the children and the establishment of more pronounced cleanly habits has been a most noticeable feature. Prior to their admission to the Occupation Centre, these children, of necessity, lived in a world comprised almost solely of themselves and their family, but since their attendance at the Centre, where their contacts are on a much wider scale, they have made considerable forward strides socially, and the graduated teaching which they receive has established a noticeable all-round improvement in their self-confidence.

It is a real joy to watch the improvement made by individual children as a result of their attendance at the Centre, and to those sceptics who maintain that these Centres can do little or nothing to effect any material improvement in the condition of these children, I would again issue an invitation to come along and see for themselves what can be, and is being, done.

BINGLEY OCCUPATION CENTRE

Mornington Road Technical Institute

(*Dr. J. Battersby, Divisional Medical Officer*)

This Centre was opened on January 9th, 1951, with eight children and four staff. None of the children had been to school for any length of time. The staff were very keen and soon adapted themselves and became attached to the children who slowly responded to their training.

In the beginning of the second week the number increased to twelve children.

As the numbers gradually increased the children were graded into three groups—babies, juniors and seniors. They had their own classrooms and worked according to time tables. The morning lessons consisted of speech training, and physical training. Other lessons included sense training—recognition of colours and shapes—counting, drawing, reading and writing, and picture making. Handicrafts, especially for the seniors consisted of cane work (baskets, trays and mats), rugmaking and embroidery, dog leads, ash trays and stools. Leather work was included and the children made purses and comb cases. Their latest venture has been making their own moulds out of Fleximould.

By means of a shop (we have collected various packets and tins of all shapes and sizes for this) the children are encouraged to go shopping and to know the value of money. Road sense is brought into this, as the children are supposed to cross a busy road. Plasticine modelling and jig-saw puzzles also come in the time table.

In the baby class are the new comers and low grade children. They too are taught physical training; sense training apparatus is used for their lessons, also buttoning of coats—tying of shoe laces and dressing and washing themselves. They also like dressing up and have sand play and water play. Good habits are an essential part of the training and much time is spent by the staff in teaching this.

In June, 1951 we had our first open day when the children gave a short display and a sale of handicrafts was held.

Another successful open day was held in December, to which parents and friends were invited.

There are now thirty-five children on the register. They come from Barnoldswick, Carleton, Oxenhope, Haworth, Keighley, Bingley, Shipley, Baildon and Saltaire.

PART X

ENVIRONMENTAL HYGIENE

Milk

The County Council, as a Food and Drugs Authority (Section 64 of the Food and Drugs Act, 1938), has completed another year as a Licensing Authority for the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

The following list gives the names and addresses of the licencees:—

PASTEURISED MILK.

1. Busfield & Hargreaves, Rawson Dairy, Rawson Street, Old Fold, Farsley; 2. Herbert Arnold Button, York Road, Wetherby; 3. Co-operative Wholesale Society Ltd., Maxwell Street, Morley; 4. Dobsons Dairies Ltd., Coates Factory, Coates, Barnoldswick, Via Colne; 5. Doncaster Co-operative Society Ltd., Dairy Dept., York Road, Doncaster; 6. Goole Co-operative Society Ltd., Centenary Road, Goole; 7. Richard Harold Harrison, Manor Farm, Conisbrough, Doncaster; 8. Kirkby Malzeard Dairy Co. Ltd., Kirkby Malzeard, Ripon; 9. Knowles Bros., 59, Strawberry Avenue, Garforth, Near Leeds; 10. Laurence Bros., The Dairy, Breary Lane, Bramhope, Near Leeds; 11. James Mawer & Leonard Mawer, trading together as "J. Mawer & Son," Glentworth House, Skellow, Near Doncaster; 12. Albert Edward Maxfield, Ivanhoe Dairy, Church Street, Conisbrough; 13. Miss Betsy Jane Mudd, Aldborough Dairy, Aldborough, Near Boroughbridge; 14. J. E. & E. Oates Ltd., North Eastern Road, Thorne; 15. Elijah O'Shaughnessy, Normanton Dairy, Benson Lane, Normanton; 16. Paley's Dairies Ltd., Brandon Nook Farm, Shadwell, Near Leeds; 17. Harry Deighton Peirson, Victoria Road Dairy, Burley-in-Wharfedale, Leeds; 18. Pontefract Industrial Co-operative Society Ltd., Dairy Dept., Horsefair, Pontefract; 19. Lawrence William Roberts, Eastfield Dairies, Normanton; 20. Patrick Salmon, Orchard House, Littlethorpe, Ripon; 21. Skipton District Dairy Farmers Ltd., Broughton Road, Skipton; 22. Stocksbridge Co-operative Society Ltd., Shay House Lane, Stocksbridge, Near Sheffield; 23. West Marton Dairies Ltd., West Marton, Skipton; 24. West Riding Dairy Farmers (Wholesale) Ltd., Allan Park Dairy, Sowerby Bridge; 25. Wharfedale Creamery Co. Ltd., 11, Bolton Bridge Road, Ilkley; 26. Whittakers Wholesale Dairies Ltd., 77, Tenterbalk Lane, Adwick-le-Street, Near Doncaster; 27. Wholesale Dairies (Rotherham & District) Ltd., Claypit Lane, Rawmarsh, Near Rotherham; 28. Albert Wild, Prospect Farm, Grotton, Near Oldham; 29. Windhill Co-operative Society Ltd., The Dairy, Thomas Place, Windhill, Shipley; 30. Allan Yates, 822/824, Halifax Road, Hightown, Liversedge.

STERILISED MILK.

Wholesale Dairies (Rotherham & District) Ltd., Claypit Lane, Rawmarsh, Near Rotherham.

Regular visits were made to these premises by the County Sanitary Inspectors in order to ascertain whether the conditions attached to the licences were being observed and for the purpose of checking the temperatures of milk under treatment, cleanliness of premises etc. and, in general, to see that plant and equipment were satisfactory.

The following conditions apply to milk in relation to which the special designation "Pasteurised" is used:—The milk shall be pasteurised, i.e.:—(a) retained at a temperature of not less than 145°F. and not more than 150°F. for at least thirty minutes and be immediately cooled to a temperature of not more than 50°F., or (b) retained at a temperature of not less than 161°F. for at least fifteen seconds and be immediately cooled to a temperature of not more than 50°F., or (c) retained at such temperature for such period as may be specified by the licensing authority, with the approval of the Minister.

"Sterilised" milk shall be filtered or clarified, homogenised and heated to and maintained at such a temperature, not less than 212°F., for such a period as to ensure that it will comply with the prescribed turbidity test.

Samples of pasteurised milk are subject to the phosphatase and methylene blue tests. The former is to prove the efficiency of the treatment as to whether or not the milk has been properly pasteurised, or whether any raw milk has been added after treatment. The methylene blue test shows the keeping quality of the milk.

The test for sterilised milk shall be satisfied by milk which shows no sign of turbidity.

Samples obtained during the year, with results of the examinations are as set out below:—

PASTEURISED MILK SAMPLES

Number	Phosphatase Test			Methylene Blue Test		
	Satisfactory	Unsatisfactory	No result	Satisfactory	Unsatisfactory	No result
1,016	982 (96.6%)	31	3	976 (96%)	7	33

STERILISED MILK SAMPLES

25

Satisfactory 25;

Unsatisfactory —

Two licencees appeared before a special Sub-Committee to show cause as to why their licences should not be revoked and, in one case, in view of new dairy premises about to be erected and a promise that the highest standards of hygiene at the dairy would be maintained, the licence was not revoked. In the other case, the Company was informed of the views of the special Committee regarding several matters not considered satisfactory, certain recommendations were made and the licence was not revoked. Special attention has been given at both these dairies by the County Sanitary Inspectors.

The following details have been kindly supplied by the Director of the Public Health Laboratory, Wakefield, and, although not wholly representative of the West Riding County Administrative Area, show the results of examinations carried out on raw milks and on milks which had been heat-treated:—

<i>Raw Milks.</i>	<i>Total Number Tested</i>	<i>Number found to be T.B. Positive by Guinea Pig Test</i>
Ordinary herds	1,266	80
Accredited herds	71	6
Tanker Ordinary	47	11
"T.T." Herds	107	1
<i>Heat-treated Milks.</i>		
"Holder" pasteurised	2	—
"High Temperature—Short Time" pasteurised	59	—
"T.T." pasteurised (either above methods) ...	3	—
Method unknown	4	—
Sterilised	3	—

Sampling of Milk from Hospital Farms—On behalf of the Ministry of Health, samples of milk were obtained from the following farms:—Menston, Near Leeds; Middleton Sanatorium, Ilkley; Middlewood, Near Sheffield; Scalebor Park, Burley-in-Wharfedale; Stanley Royd, Near Wakefield; Stansfield View, Todmorden; Storches Hall, Kirkburton; Wheathead, Keighley.

Results of the examinations are as set out below:—

	Number	Satisfactory	Unsatisfactory	Positive	Negative
Methylene blue test	77	64	13	—	—
Tubercle	29	—	—	1	28
Brucella Abortus	24	—	—	2	22

Copies of laboratory reports were forwarded to the Ministry of Health and to the Hospital Boards and immediate notification given to the Ministry of Agriculture and Fisheries in cases of any reports showing positive tubercle bacilli or Brucella Abortus.

Supply of Milk to School Children—The Provision of Milk and Meals Regulations dated 6th June, 1945, state:—"1. The source and quality of the milk supplied for drinking shall be approved by the Medical Officer of Health for the County or County Borough concerned, after consultation with the Medical Officer of Health for any County District concerned, and, if the School Medical Officer is a person other than either of the two officers first mentioned, with that officer. 2. If milk which satisfies the requirements (1) of this Regulation is not available, the Minister may approve the substitution therefor of an equivalent quantity of full-cream dried milk suitably prepared for drinking and if he so approves, the Authority shall make that substitution."

Under the existing scheme milk is supplied to school children in one-third pint bottles. The only exceptions to this arrangement are a few isolated schools, which, of necessity, must be supplied with liquid milk in bulk.

The amount of milk supplied during the year is estimated at 34 to 35 million bottles.

Approximately 95% of the milk supplied to school departments is pasteurised, the remainder being produced at Tuberculin Tested milk farms and a small number of ordinary milk farms.

128 visits were made to school milk contractors' premises.

During the year samples of school milks were obtained as follows:—

	Total	Satisfactory	Unsatisfactory
Pasteurised	563	549 (97.5%)	14
Raw	211	173 (82%)	38
Total	774	722 (93.28%)	52

Food and Drugs Acts, 1938—50

All County Inspectors of Weights and Measures are appointed Sampling Officers for the purpose of the above Acts, and the work of sampling is carried out under control of the Chief Inspector of Weights and Measures, Mr. J. W. Hopkinson, who has given me details for this report.

In 1951, 4,202 formal samples were taken and submitted to the Public Analyst who certified 3,983 as genuine and 219 not genuine. 167 samples were taken informally of which 143 were satisfactory and 24 unsatisfactory. 77 "Appeal to Cow" samples were also procured.

A brief summary and classification of the samples are given hereunder:—

Milk	...	...	...	...	3,278
Milk Products	...	...	...	...	25
Ice cream	...	...	...	...	171
Meat Products	...	...	...	...	177
Soup and Vegetable Products	...	...	...	...	16
Sauces and Condiments	...	...	...	...	113
Beverages	...	...	...	...	108
Fruits, Preserves and Sugars	...	...	...	...	133
Oil and Fat Products	...	...	...	...	25
Cereals and Confectionery	...	...	...	...	179
Miscellaneous Products	...	...	...	...	31
Drugs	...	...	...	...	113
Total					4,369

Of the 243 samples classified by the Public Analyst as not genuine or unsatisfactory 167 were in relation to milk which was low in the fat content or in which there was present added water. Proceedings were taken in respect of 30 cases. Cautions were administered to 109 persons by the Clerk of the County Council in those cases where samples reported not genuine were not sufficiently serious to warrant proceedings.

Periodical visits were made to licensed pasteurisation depots in the County for the purpose of sampling incoming raw milk from churns before they were accepted by the dairy proprietors. It is desirable that all pasteurisation depots should possess apparatus to check the quality of incoming raw milk. At one depot where no such facilities existed I arranged for informal samples to be taken from numerous churns. Subsequent sampling was done from churns as the milk left the farms and the Analyst reporting on 11 samples as containing added water from 5.1% to 16.9%. As a result four of the farmers, all in one area, were prosecuted. Fines, including costs, totalling £87 9s. 6d. were imposed. This action has had a salutary effect. In industrial areas where almost all milk retailed is pasteurised, sales direct to the public by farmers are almost eliminated, hence the possibility of immense duplicity in sampling milk bottled from the same depot and delivered over wide areas by perhaps no more than two or three distributors. For this reason, therefore, sampling from churns whilst exposed for sale or before leaving the possession of the farmer is the surest method of ascertaining the quality of milk as it is produced.

The new arrangement of using one-third pint milk bottles with embossed overseals marked "West Riding County Council" has been acclaimed by Sampling Officers of this Department as a great improvement on the division of samples into medicine type bottles and sealing wax methods. The refrigeration for storage for third portions is an advance on the old method of producing decomposed samples in Court, or of having to withdraw cases because milk bottles burst. The metal (felt lined) containers in which samples are sent to the Public Analyst and to Headquarters for refrigeration are proving satisfactory and very few samples have been broken in transit. Moreover the large number of bottles which are used annually can readily be cleaned and sterilised for further use.

Ice cream sampling has been carried out in all districts. Seven vendors were prosecuted for fat deficiencies.

One trader was prosecuted for falsely describing a concoction of dried fruit and sugar, being retailed at 2/- a pound, as mincemeat and was convicted of an offence under No. 1 of the Defence (Sale of Food) Regulations 1943-45 and fined £5 and ordered to pay £2 2s. 0d. costs.

A scheme is in operation whereby the County Council pays the fees of the Public Analyst for all samples of milk taken by Sampling Officers of West Riding County District Councils in accordance with regulations made under the scheme and also conducts all legal proceedings and defrays all consequential legal expenses. The number of samples of milk submitted for analysis under the scheme in 1951 was 472 of which 17 were found to be adulterated.

Sanitary Circumstances

Housing—In the Municipal Boroughs and Urban Districts there were 366,395 dwelling houses and in the Rural Districts 120,757. The following figures have been extracted from details supplied by the County Districts regarding new houses provided:—

	<i>Provided by Local Authority.</i>		<i>Provided by Private Enterprise</i>	<i>Totals</i>
	<i>Permanent</i>	<i>Temporary</i>		
Municipal Boroughs and Urban Districts	2,963 + 2 Police Houses	61	408	3,434
Rural Districts	1,273	48	448 (240 by Sheffield Corporation in one Rural District adjoining)	1,769

HOUSING ACT, 1949. During the year 56 applications were made for grants under the above Act, 18 being approved. The remainder were either under review, refused, deferred or withdrawn.

HOUSING CONDITIONS. Many families are still living under very unsatisfactory conditions, as evidenced by the receipt of 162 letters by the County Medical Officer from tenants and sub-tenants and by personal visits to the Department, requesting assistance in the alleviation of the unsatisfactory conditions. Every request for assistance was referred to the Medical Officer of Health for the County District concerned and particular emphasis was paid to those cases where any members of a family were suffering from the effects of tuberculosis. As mentioned in previous reports, overcrowding is apparently still a major problem to be dealt with.

The following details have been extracted from the Housing Returns of the County Districts and give the position regarding unfit houses, houses not in all respects fit for human habitation, Demolition and Closing Orders, houses demolished and overcrowding, viz:—

Total Number of Municipal Boroughs and Urban Districts	Number of Districts giving details	Unfit houses	Houses not in all respects reasonably fit for habitation	Demolition Orders Made	Houses demolished following Demolition Orders	Closing Orders made	Closing Orders determined	Number of Cases of Overcrowding at end of year	Cases of overcrowding relieved during the year
68	53	1,132							
	55		14,222						
	28			152	73				
	10					42	5		
	37							3,595	
	46								895
Total Number of Rural Districts 21	16	2,360							
	20		8,370						
	11			43	24				
	3					3			
	15							1,687	
	13								99

The number of back-to-back houses in the County Administrative Area is approximately 30,000.

HOUSING (RURAL WORKERS) ACTS, 1926-1942. The number of cottages inspected by the County Sanitary Inspectors during the year was 252. These visits were made to cottages for which grants have been given under the above Acts. The cottages were inspected regarding their structural conditions, tenancies, rents paid etc. and full detailed reports were forwarded by the County Medical Officer to the Clerk of the County Council, who notifies the owner regarding any matters requiring attention. In one instance, it was necessary to request the local authority concerned to deal with a cottage under the Housing Act, 1936. The work entailed in carrying out the above duties necessitated visits in the following rural districts:—Selby, Tadcaster, Ripon and Pateley Bridge, Nidderdale, Bowland, Wetherby, Kiveton Park, Hepton, Doncaster, Wakefield, Hemsworth, Rotherham, Wharfedale, Settle, Penistone and Goole. Other cottages are situated in the outlying parts of Todmorden and Bingley.

Closet Accommodation. From details furnished by the County Districts, the number of closets on the water carriage system is as follows:—

	Total Number of Closets of all Types.	Number of Closets on the Water Carriage System.	Percentage.
Municipal Boroughs and Urban Districts	398,069	385,275	96.7
Rural Districts	130,729	110,292	84.4
Whole Area	528,798	495,567	93.7

Scavenging and Refuse Disposal. The following tables show the methods in use during the year:—

Municipal Boroughs and Urban Districts	100% Controlled tipping	Non-Controlled tipping	Part Controlled tipping, destruction and disposal to farmers.	Part Controlled tipping and part non-controlled	Controlled tipping, separation, and salvage	Controlled tipping and destruction	Controlled tipping and disposal to farmers.	Controlled tipping and salvage
68	48	1	1	2	1	6	7	2

Rural Districts	100% controlled tipping	Non-controlled tipping	Part controlled and part non-controlled	Partly controlled tipping	Controlled tipping and disposal to farmers	Non-controlled tipping or part controlled and disposal to farmers
21	10	1	2	2	1	5

Water Supplies.—The approximate percentage of dwelling houses on public water supplies was 97 in the Municipal Boroughs and Urban Districts and 91 in the Rural Districts.

	Municipal Boroughs and Urban Districts	Rural Districts	Total
No. of dwelling houses ...	366,395	120,757	487,152
No. of above on public supply ...	354,770	109,572	464,342
Percentage on public supply ...	Approx. 97	Approx. 91	Approx. 95

Houses not on public supplies in the Municipal Boroughs and Urban Districts are mainly in the outlying parts of the districts, and in the Rural Districts, in the isolated areas, away from any public supplies. Regular sampling of water supplies is carried out by the officials of the County Districts and, in cases of pollution etc., action is taken to remedy matters. The number of samples obtained during the year, with results, is as follows:—

	Chemical Analysis			Bacteriological Examination		
	Number obtained	Satisfactory	Unsatisfactory	Number obtained	Satisfactory	Unsatisfactory
Municipal Boroughs and Urban Districts	562	538 (95.7%)	24	2,746	2,323 (84.6%)	423
Rural Districts	103	95 (92%)	8	1,245	909 (73%)	336

PLUMBO-SOLVENT WATER SUPPLIES. The periodical examination of water supplies which are known or suspected to possess plumbo-solvent properties has been carried out. There are 64 such supplies. The samples were obtained in pairs:— (a) after standing for 30 minutes in a lead service pipe and (b) after standing all night in such pipes. Examinations were made to determine the presence or absence of lead. It is generally considered that a water supply which is plumbo-solvent to the extent of taking up 1/10th of a grain or more of lead per gallon is dangerous to health and that the plumbo-solvent property of such water should be neutralised. During the year 264 samples were obtained from the 64 supplies and in the case of 2 supplies lead was found to be present in quantities considered to be injurious to health and appropriate action was taken to control these supplies.

Drainage and Sewerage—In the Municipal Boroughs and Urban Districts there are approximately 9,000 houses (2.18%) not connected to sewers, the reasons being as follows:—

- (a) No available sewers.
- (b) Outlying farms, houses and smallholdings.
- (c) Houses below sewer level.

In the Rural Districts the approximate number is 11,500 (9.5%). Sewage Disposal works extensions and improvements have been carried out in eight districts during the year.

Nuisance Inspections and Action Taken

	Number of inspections made in 1951	Nuisances found in 1951	Nuisances in hand at end of 1950	Total needing abatement	Abated during 1951	Outstanding nuisances at end of 1951	Informal notices served	Statutory notices served
Municipal Boroughs and Urban Districts	90,815	27,329	7,348	34,677	27,856	6,821	18,530	2,448
Rural Districts	9,397	4,591	1,064	5,655	4,743	912	3,619	455
Totals	100,212	31,920	8,412	40,332	32,599	7,733	22,149	2,903

Prevention of Damage by Pests Act, 1949—During the year the County Sanitary Inspectors made 50 visits to schools and school canteens, regarding infestations by rats and mice. These visits were made jointly with the Sanitary Inspectors of the County Districts. Reports on the structural condition of the buildings were prepared and forwarded to the Chief Education Officer. Disinfestation treatment was carried out by the district Sanitary Inspectors and their staffs. I wish to express my appreciation to the Sanitary Inspectors in the County Districts who have so willingly co-operated with my staff in dealing with these infestations. Such co-operation has obviated the serving of notices upon the County Council, as the owners or occupiers of the premises concerned.

Rural Water Supplies and Sewerage Act, 1944—During the year applications were made as follows for grants in aid of schemes:—

Name of Authority	Description of Scheme	Date of Application	Estimated cost of scheme
Kiveton Park R.D.C.	Anston Sewerage and Sewage Disposal.	28.9.51.	£32,300
Nidderdale R.D.C.	Grayston Alain Water Supply.	28.2.51.	£6,000
Penistone U.D.C.	Hoylandswaine Sewerage and Sewage Disposal.	Amended Scheme 21.12.51.	Not stated
Ripon M.B.	Mains extension, Copt Hewick.	11.1.51.	£2,210
Ripon and Pateley Bridge R.D.C.	Shaw Mills Sewage Disposal Works.	29.10.51.	£3,465
Tadcaster R.D.C.	Tadcaster and Stutton Sewerage and Sewage Disposal.	22.6.51.	£130,000 (Revised)
do.	Augmenting supply to Micklefield and Sherburn (Kippax and Barwick Water Areas).	Revised 9.3.51.	£71,110 (Revised)
do.	Towton Sewerage and Sewage Disposal.	25.1.51.	£1,886
do.	Water Supply to Farms at Healaugh.	9.8.51.	£1,636
Wakefield R.D.C.	Reconstruction of Horbury Bridge Sewage Works.	15.11.51.	£34,350
do.	Crigglistone Sewerage—Great Cliffe and Dennington Area.	22.2.51.	£19,490
do.	Sharlston—reconstruction of Sewage Disposal Works.	6.9.51.	£16,000
Wetherby R.D.C.	Wothersome Water Scheme.	21.2.51.	£6,000

Ministry Inquiries etc. Attended by the County Sanitary Inspectors

Date	Sanitary Authority	Locality.	Purpose	Amount
3rd January	Settle R.D.	Horton-in-Ribblesdale.	Sewerage and Sewage Disposal.	£15,000
17th January	Doncaster C.B. Doncaster R.D.	Parish of Cantley.	Construction of a sewer in land in the parish by the Doncaster C.B. in exercise of their powers conferred on them by Sections 15 and 16 of the Public Health Act, 1936.	—
1st February	Sedburgh R.D.	Parish of Dent.	Meeting presided over by an Engineering Inspector of the Ministry of Health regarding a scheme for improving the sewerage and sewage disposal arrangements in the parish.	Estimated cost of scheme £6,485
3rd April	Wetherby R.D.	Parish of East Keswick.	Public Inquiry regarding an application by Wetherby R.D.C. for confirmation of a compulsory Purchase Order in respect of Shires Quarry for use as a refuse tip.	—
12th April	Tadcaster R.D.	Parishes of Barkston, Church Fenton and Saxton.	Sewerage and Sewage Disposal.	£65,000
3rd May	Thorne R.D.	Parish of Hatfield.	Sewerage and Sewage Disposal.	£6,350
11th October	Hemsworth R.D.	Parishes of Havercroft and Ryhill.	Sewerage and Sewage Disposal.	£52,200

SUMMARY OF VISITS AND DUTIES CARRIED OUT BY THE COUNTY SANITARY INSPECTORS. Inspections of dairies under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 900; samples of milk obtained at pasteurised milk dairies for biological examination, on behalf of the Medical Research Council (before and after pasteurisation by the H.T.S.T. method) 100; applications for pasteurised and sterilised milk licences 2; visits to school milk contractors' premises 128; samples of school milk obtained 774; enquiries regarding T.B. milks 6; enquiries regarding Brucella Abortus 2; investigations in connection with housing matters 7; inspections carried out under the Housing (Rural Workers) Acts 252; investigations regarding complaints of insanitary conditions 8; schools, sanitary accommodation 3; schools, water supplies and samples 6; schools, investigations regarding infestation by rats and mice 50; schools, investigations regarding grit nuisances 3; schools, investigations regarding kitchen hygiene 40; schools, lectures on kitchen hygiene (Supervisors' Training Courses) 3; schools, swimming baths and samples 5; Ministry Inquiries attended regarding water supplies and sewerage 7; smoke nuisances investigated 6; surveys in connection with smoke deposit gauge sites 2; investigations regarding complaints at an abattoir 2; surveys regarding poliomyelitis 2; attendance at meetings of the West Riding of Yorkshire Regional Smoke Abatement Committee 8; meetings with Divisional Medical Officers and Sanitary Inspectors, regarding general sanitary matters in the County Districts 60; visit regarding registration of premises for wholesale dealing in margarine 1.

Atmospheric Pollution

The measurement of Atmospheric Pollution is done throughout the County in co-operation with the Department of Scientific and Industrial Research. The deposit gauges and other instruments are of standard pattern, in connection with which analyses are made at monthly intervals. The deposit gauge is for measuring the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur pollution (SO_2), and the smoke filter the amount of suspended impurity. There are now 37 deposit gauges, 38 lead peroxide instruments and 26 smoke filters in operation, but not all of these have been in operation during the whole of 1951. The results of the analyses for these instruments are shown in the following table:—

Situation of Instruments	Deposit Gauge			Sulphur Measurements by Lead Peroxide Method (Milligrammes SO ₂) per 100 sq. cms. per day Average*	Situation of Daily Smoke Filter	Average Daily Suspended Impurity (Milligrammes per cubic metre) Average*	
	Rainfall in inches		Total solids deposited in Tons per sq. mile				
	Monthly Average	Total*	Monthly Average	Total*			
Skipton—Behind Town Hall in industrial and residential area.	3.35	30.18 for 9 months	15.63	140.68 for 9 months	0.53	On top floor of Town Hall, in industrial and residential area.	0.153
Keighley—Abattoir, Hardings Road in mainly open country.	2.85	34.21	14.43	173.14	1.25	First floor of Public Health Dept., in a built-up area in centre of town.	0.341
Keighley—Oldfield, Oakworth in windy, moorland country.	2.82	33.85	9.55	114.58	1.21		
Keighley—Low Bridge, dense industrial area.	3.13	37.53	17.10	205.25	1.14		
Keighley—Library, built-up area in centre of town.	3.20	38.34	22.26	267.10	1.45		
Bingley—St. Ives Research Station in parkland and residential area.	3.38	40.55	12.24	146.88	0.94	In grounds of St. Ives Research Station, in parkland and residential area.	0.116
Bingley—Town Hall in manufacturing and residential area.	3.26	35.91 for 11 months	11.13	122.41 for 11 months	0.59		
Shipley—Somerset House Clinic in manufacturing and semi-residential area.	3.23	38.76	15.60	187.16	0.98		
Horsforth—Broadgate Walk, residential area.	3.03	36.33	15.31	183.71	1.10		
Aireborough—Yeadon Moor, Yeadon Waterworks, Agricultural N.W. to S.E., manufacturing S.E. to W.	—	—	—	—	1.42		
Otley—Nursery Gardens, Westgate, Manufacturing and semi-residential.	3.07	36.80	12.06	151.95	0.89	First floor of Council Offices, in town centre, mainly manufacturing.	0.140 for 9 months
Ripon—Engineer's Depot, residential area.	3.04	33.46 for 11 months	10.95	120.48 for 11 months	1.20	Health Dept., High Skellgate, in centre of country town.	0.153
Wetherby—Council Offices, residential, surrounded by open country from ½ to ¾ mile distant.	2.84	34.05	9.35	112.14	0.63	Council Offices, residential, surrounded by open country from ½ to ¾ mile distant.	0.260
Goole—Health Centre, Bartholomew Avenue, residential and industrial.	2.42	29.00	10.36	124.33	0.87	Div. Health Office, in residential and industrial area.	0.208
Castleford—Roof of Marks and Spencer's shop, Carlton Street, in centre of industrial town.	2.60	31.15	20.18	242.15	1.72	First floor of Div. Health Office, in residential area.	0.219 for 11 months
Castleford—Roof of Cleansing Station, Cinder Lane, Manufacturing area.	2.47	29.66	18.02	216.27	1.81		
Castleford—U.D.C. Pumping Station, Ings Lane, Manufacturing area.	2.17	26.02	23.81	285.75	1.50		
Castleford—U.D.C. Housing Depot, Redhill Road, Airedale, Industrial and residential area.	2.49	29.82	12.95	155.43	1.55		

* For period of full year unless stated otherwise.

Situation of Instruments	Deposit Gauge			Sulphur Measurements by Lead Peroxide Method SO(3) per 100 sq. cms. per day	Average*	Situation of Daily Smoke Filter	Average†
	Rainfall in inches		Total solids deposited in Tons per sq. mile				
	Monthly Average	Total*					
Horbury—Carr Lodge Park, residential and manufacturing to north, open country to south.	2.82	30.82 for 11 months	15.20	167.18 for 11 months	1.22	Sewage Works, $\frac{1}{2}$ mile south of town centre, north manufacturing and residential, south open country.	0.159
Morley—Flat roof of Co-operative Society premises, residential, commercial and manufacturing.	3.14	34.53 for 11 months	20.24	222.61 for 11 months	1.53	Ground floor Public Health Dept., in centre of mixed residential, commercial & manufacturing town.	0.235
Batley—Flat roof of one storied building at rear of P. H. Dept., Market Place. Centre of town.	2.88	34.57 for 11 months	19.32	231.83 for 11 months	1.31	Public Health Dept., Market Place, in centre of mixed residential, commercial and manufacturing area.	0.241
Mixed residential, commercial and manufacturing.							
Rothwell—Central Clinic, Oulton Lane, residential.	2.80	33.61 for 11 months	13.13	157.53 for 11 months	1.32	Div. Health Office, Oulton Lane, in residential district.	0.175
Spennborough—Council's Depot, Marsh. North, south and west—manufacturing area, open country to east.	2.71	29.86 for 11 months	14.41	158.54 for 11 months	1.42 for 11 months	Div. Health Office, Elm Bank, in industrial and manufacturing area.	0.182 for 10 months
Elland—"Ellen Royd," Public Library in manufacturing area.	3.62	43.43 for 11 months	15.24	182.87 for 11 months	1.39	First floor of Council Offices in manufacturing area.	0.223
Helsden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area.	3.95	47.42 for 11 months	19.07	228.79 for 11 months	1.04	Redacre Sewage Works, Mytholmroyd, residential and manufacturing area.	0.127 for 10 months
Cole Valley—Marsden Park, residential and manufacturing area.	4.28	51.32 for 11 months	16.76	201.20 for 11 months	1.29	Town Hall, Slaithwaite, in mixed residential and textile manufacturing district.	0.173
Cole Valley—Sewage Works, Slaithwaite.	3.69	44.23 for 11 months	12.71	152.57 for 11 months	1.44		
Holmfirth—Sewage Works, Nailley, Brockholes, residential and manufacturing.	3.48	41.73 for 11 months	12.16	145.96 for 11 months	0.74		
Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield. Open country.	3.60	36.88 for 10 months	16.25	162.50 for 10 months	1.22 for 10 months	Sewage Works, Shaw Hall Bank, Greenfield. Open country.	0.096 for 7 months
Wortley—Hallwood Hospital Grounds, Grenoside, open country and woodland.	2.86	34.30 for 10 months	10.20	122.33 for 10 months	0.73	Div. Health Office, Mortonley Hall, Grenoside, industrial and manufacturing area.	0.144 for 9 months
Hemsworth—Vale Head Park, parkland, surrounded by open country.	2.38	28.52 for 10 months	11.89	142.64 for 10 months	1.08 for 11 months	Div. Health Office, Addiscombe House in residential district.	0.169 for 6 months
Darton—Grounds of Council Offices, semi-residential, colliery district.	2.88	34.58 for 10 months	13.96	167.57 for 10 months	0.75	Council Offices, semi-residential, colliery district.	0.273 for 10 months
Wombwell—Grounds of Divisional Public Health Office, The Gables, semi-residential, colliery district.	2.60	31.22 for 10 months	16.22	194.62 for 10 months	1.02	Div. Health Office, semi-residential, colliery district.	0.434 for 11 months
Rawmarsh—Nursery School, Barbers Avenue, residential and industrial.	1.85	22.22 for 10 months	19.16	229.97 for 10 months	1.42	Sanitary Inspector's Office, in centre of residential and industrial area.	0.329
Rawmarsh—Grounds of Granby House, Aldwarke Road. Blast furnaces 200-300 yards distant.	2.68	8.03 for 3 months	287.63 for 3 months	862.90 for 3 months	2.95 for 3 months	Council Offices in centre of semi-residential area, colliery district.	0.239
Bentley-with-Arkeley—Bentley Park, Askern Road, semi-residential, colliery district.	2.32	25.55 for 11 months	14.07 for 11 months	154.82 for 11 months	0.87	Council's Depot, Kirk Sandall, in open country, with large glassworks approx. 1 mile to north.	0.236
+Doncaster—Between Church and Vicarage, Askern. Industrial and residential. Colliery district.	2.20	26.39 for 11 months	40.47 for 11 months	485.61 for 11 months	1.00	Council Offices, town centre in semi-residential and colliery district.	0.180
Thorne—Grounds of Council Offices, semi-residential, colliery district.	2.24	24.67 for 11 months	11.26 for 11 months	123.90 for 11 months	0.62	Maltby—Council Offices, one mile west of town centre, semi-residential, colliery district.	0.122

* For period of full year unless stated otherwise.
† The instruments were previously at Council's Depot, Kirk Sandall and were moved to their present site on 1st April, 1951.

Sulphur Measurements by Volumetric Method	
Situation of Volumetric Sulphur Dioxide Apparatus	SO ₂ in parts per million
Average†	
Helsden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area.	0.096 for 10 months

PART XI

OTHER PUBLIC HEALTH SERVICES

Health Centres

Once again it is necessary to report that progress in the provision of Health Centres is practically non-existent. The Report on Health Centres prepared by the Central Health Services Council was sent to Local Health Authorities during the year and a circular dealing with the recommendations and various important questions arising from the Report is awaited from the Ministry of Health.

Although guidance from the Ministry must be to hand before the Report is considered in detail, it is of interest to mention some of the suggestions and recommendations at this stage. The Report was limited to inquiry in regard to health centres in urban areas and the view is expressed that there is likely to be a very limited scope for health centres of a comprehensive type in country districts. The opinion is expressed that the comprehensive type of health centre, that is, with a building bringing together all workers in the curative and preventive services in a neighbourhood, is the most advantageous. As regards location, the health centre should be sited so as to serve a population of 15,000 to 20,000 (never less than 10,000) living within roughly half a mile of the centre. All local health authority services should be provided for at a health centre, with the exception of the Ambulance Service.

Until more information is available it would be unwise to prepare plans in any detail. Meantime, action has been limited to endeavouring to secure or earmark sufficient land on the sites of new multi-clinics to enable extensions to take place in due course.

Health Education

During the year 55,248 leaflets were distributed through the Health Visitors, Infant Welfare Clinics and other agencies to the general public. The leaflets were mainly those of the Central Council for Health Education and the Central Office of Information and the Ministry of Health, but included a number from the National Baby Welfare Council, the Royal Society for the Prevention of Accidents, the National Association for the Prevention of Tuberculosis and others. Posters were also displayed at Clinics and on hoardings.

Three Health News Stands on loan from the Central Council for Health Education, the health topics on which were changed every two months, were on display in various parts of Divisions 17, 19 and 30. These were withdrawn early in the year and six display frames lighter in construction were lent by the Central Council and issued to Divisions 1, 6, 9, 16, 17 and 18. Interchange of topics on these takes place every three months. Topics so far displayed have included the following subjects:—Care of the Teeth, Head Lice, Care of the Feet, the Health Visitor, Milk, and Food and Drink Infections.

Ministry of Health and Central Office of Information picture display sets on You and Your Baby, Food Poisoning, Caught in Time—a Case of T.B., Coughs and Sneezes, and 7 Rules of Health have been obtained as issued and circulated amongst the 31 Divisions for display.

In collaboration with the Central Office of Information advertisements with regard to immunisation against diphtheria have been inserted in certain "local" West Riding newspapers.

Talks, illustrated in some cases by films or film strips, have been given at schools, clinics or other places by Divisional or other Medical Officers, Health Visitors and other staff. Exhibitions have been held in various parts of the County. Large display photographs on the subject of clean food were obtained from the Central Council for Health Education and lent out for use in connection with clean food exhibitions organised chiefly by Divisional Medical Officers and local Sanitary Inspectors.

The County Council made the following grants:—The Central Council for Health Education £750, the British Empire Cancer Campaign (Yorkshire Council) £500, and the Royal Society for the Prevention of Accidents (Home Safety Section) £10 10s. 0d.

Registration and Inspection of Disabled and Old Persons' Homes

(National Assistance Act, 1948)

The undermentioned premises, which are inspected in conjunction with officers of the Welfare Department, are registered as Disabled and Old Persons' Homes:—

	Number of Residents.	Type of Home. *(Part I, II or III).
Congregation of Sisters of Charity of Our Lady of Good and Perpetual Succour, St. Anne's Convent, Burghwallis.	14 females	I
Mrs. Bessie Fox and Mrs. Dorothy Oldfield, "Moor Lane House," Moor Lane, Gomersal.	10	I
Harrogate Old Peoples Home, 66-68, Cold Bath Road, Harrogate.	26	I
Cotterhill Woods Home for Aged Persons, Woodsetts, nr. Worksop.	4	I
Skelldale Housing Society Ltd., Borrage House, Ripon.	11	I
Ernest Ayliffe Home for Deaf and Dumb Men, Fulford Grange, Rawdon.	18 males	II
North Regional Association for the Blind, "Oaklands," Huddersfield Road, Holmfirth.	20 females	II
Keighley and District Institute for the Blind, 13-15 Scott Street, Keighley.	12	II
Misses Mary Emily and Elizabeth North, The Woodlands, Farrar Lane, Oulton.	15	I
Mrs. Evelyn Berry, 23 Ash Mount, Keighley.	3	III
Methodist Homes for the Aged, Glen Rosa, Grove Road, Ilkley.	32	I
Methodist Homes for the Aged, Berwick Grange, 5 Otley Road, Harrogate.	28	I
Highfield Home for the Blind, Soothill Lane, Batley.	14	II
Miss Rose Seery, Mayfield, 18 Beech Grove, Harrogate.	11	I

* Part I—Homes for Old Persons.

Part II—Homes for Disabled Persons.

Part III—Homes for Old and Disabled Persons.

Registration of Nursing Homes

(Public Health Act, 1936, Sections 187—195)

Four Homes were first registered during the year. The number of Homes on the register at the end of the year was 36 providing 41 beds for maternity cases and 264 for other cases.

Agencies for the supply of Nurses

The Nurses Acts 1943 and 1945 provide that no person shall carry on, on any premises in the Administrative County, an agency for the supply of nurses, unless he is the holder of a licence from the County Council authorising him to do so on those premises. Licences are granted on conditions regulating the suitability of the premises and the conduct of the agency. Only one agency is established in the Administrative County and it has been carried on satisfactorily during the year.

Medical Examination of County Staff

An appointment to a superannuable post is subject to the applicant providing a satisfactory medical certificate, completed on the prescribed form by his or her family doctor, and submitted to the County Medical Officer for approval. Any fee for this examination is payable by the person examined. Should the medical certificate prove inconclusive a specialist's opinion is obtained at the expense of the County Council and the findings are made available to the family doctor. During the year 1,338 medical certificates were submitted for approval and, of these, 37 were not approved. In 24 cases, further enquiries were made from the medical practitioner completing the certificate and 62 cases were referred for a specialist's opinion.

In addition, 70 special medical examinations of staff were arranged at the request of employing departments.

PART XII

STAFF

(December, 1951)

Vacancy.

(County Medical Officer and School Medical Officer).

HEADQUARTERS

J. Wood-Wilson, T.D., M.D., Ch.B., D.P.H.	Deputy County Medical Officer.
J. M. Anderson, M.R.C.S., L.R.C.P.	Senior Medical Officer for Maternity and Child Welfare.
Vacancy	Senior Medical Officer for School Health.
G. S. Johnston, M.D., Ch.B., D.P.H.	Tuberculosis—Prevention and After-Care. (Part-time).
J. A. Burgess, M.D., Ch.B., D.P.H.	Venereologist (Part-time).
C. C. Harvey, B.Sc., M.D., B.S., F.R.C.S., M.R.C.P.	Paediatrician (Part-time).
B. R. Townend, F.D.S.R.C.S., L.D.S.	Chief Dental Officer.
Vacancy	Psychiatrist.
M. M. MacTaggart, M.A., B.Ed., Ph.D.	Child Guidance Psychologist.
Miss D. Walker	Superintendent Nursing Officer.
Miss A. Carey	Superintendent Health Visitor.
Miss A. M. Clarke	do.
Miss R. O'Brien	do.
Vacancy	do.
Miss E. M. Taylor	Supervisor of Midwives.
Miss N. M. Everitt	do.
Miss G. Jones	Supervisor of Home Nurses and Midwives.
Mrs. W. Taylor	do.
Miss C. Bellamy	Supervisor of Day Nurseries and Child Minders.
Vacancy	Nursery Nurse Tutor.
Vacancy	Chief Speech Therapist.
Mrs. M. I. Morrison	Domestic Help Organiser.
L. Butterworth (1), (2), (4), (5), (11)	Acting Chief County Sanitary Inspector.
H. Tayler (1), (2), (6)	County Sanitary Inspector.
R. D. Irving (1), (2), (7), (9), (10)	do.
F. C. Brookes (1), (2)	do.

CLERICAL STAFF

J. Colman (1), (3), (8)—Chief Clerk

Sectional Senior Clerks—J. W. Beaumont⁽¹⁾, H. Bywater, G. Richardson⁽⁷⁾, A. Charlesworth, J. H. Milne⁽⁷⁾

DIVISIONAL MEDICAL OFFICERS (25% School Health)

M. Hunter, M.B.E., M.D., Ch.B., D.P.H.	Division No. 1 (Skipton).
D. P. Lambert, M.D., Ch.B., D.P.H., D.T.M. & H.	„ No. 2 (Settle).
H. M. Holt, T.D., M.B., B.S. (Lond.), M.B., Ch.B. (Leeds), D.P.H.	„ No. 3 (Keighley).
J. Battersby, M.B., Ch.B., D.P.H.	„ No. 4 (Shipley).
G. P. Holderness, M.B., Ch.B., D.P.H.	„ No. 5 (Pudsey).
R. A. W. Procter, M.C., M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.	„ No. 6 (Otley).
N. V. Hepple, M.D., B.S., B.Hy., D.P.H.	„ No. 7 (Ripon).
D. D. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	„ No. 8 (Harrogate).
R. G. Smithson, M.D., Ch.B., D.P.H.	„ No. 9 (Wetherby).
S. K. Appleton, M.D., Ch.B., D.P.H., D.T.M.	„ No. 10 (Goole).
J. M. Paterson, M.B., Ch.B., D.P.H.	„ No. 11 (Castleford).
J. F. Fraser, M.B., B.S., D.P.H., D.Obst.R.C.O.G.	„ No. 12 (Pontefract).

(1) Sanitary Inspectors' Cert, Royal Sanitary Inst.

(2) Cert. as Inspector of Meat and Other Foods, Royal Sanitary Inst.

(3) Exam. in Sanitary Science as applied to Buildings and Public Works, Royal Sanitary Inst.

(4) Final Cert. Builders' Quantities, London City and Guilds.

(5) Final Cert. (Distinction) Builders' Quantities, Lancashire and Cheshire Inst.

(6) Testamur—Inst. of Municipal and County Engineers.

(7) Diploma in Public Administration.

(8) Associate Chartered Inst. of Secretaries.

(9) Sanitary Science Cert. (Liverpool University).

(10) Cert. in Advanced Knowledge of Sanitary Inspectors' Duties, Royal Sanitary Inst.

(11) Building Trades Course Certificate, Lancashire and Cheshire Inst.

DIVISIONAL MEDICAL OFFICERS—continued

W. G. Evans, M.A., M.B., B.Chir. M.R.C.S., L.R.C.P., D.P.H.	Division No. 13 (Ossett).
F. G. E. Hill, D.S.O., M.B., Ch.B., D.P.H.	No. 14 (Morley).
J. F. Caithness, M.B., Ch.B., D.P.H.	No. 15 (Batley).
A. L. Taylor, M.D., Ch.B., D.P.H., L.D.S.	No. 16 (Rothwell).
W. M. Douglas, M.B., Ch.B., D.P.H.	No. 17 (Mirfield).
F. Appleton, M.B., Ch.B., D.P.H.	No. 18 (Brighouse).
J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	No. 19 (Todmorden).
E. Ward, M.R.C.S., L.R.C.P., D.P.H.	No. 20 (Colne Valley).
H. S. Bury, M.R.C.S., L.R.C.P., D.P.H.	No. 21 (Saddleworth).
J. Main Russell, M.B., Ch.B., B.Hy., D.P.H.	No. 22 (Wortley).
J. S. Walters, M.C., M.B., Ch.B., D.P.H.	No. 23 (Hemsworth).
J. R. Murdock, B.A., M.D., B.Ch., B.A.O., D.P.H.	No. 24 (Cudworth).
R. S. Hynd, M.B., Ch.B., D.P.H.	No. 25 (Wombwell).
D. J. Cusiter, M.B., Ch.B., D.P.H., D.T.M. & H.	No. 26 (Wath).
J. Ferguson, M.B., Ch.B., D.P.H.	No. 27 (Adwick-le-Street).
A. Penman, M.D., Ch.B., D.P.H.	No. 28 (Doncaster).
G. Higgins, B.Sc., M.B., Ch.B., D.P.H.,	No. 29 (Thorne).
J. Leiper, M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	No. 30 (Mexborough).
J. M. Watt, M.D., Ch.B., D.P.H., D.C.H., D.Obst.R.C.O.G.	No. 31 (Rotherham).

ASSISTANT COUNTY MEDICAL OFFICERS (50% School Health)

P. A. G. M. Ashmore, M.R.C.S., L.R.C.P.	(Division No. 7)
E. M. R. Bell-Syer, M.B., B.S.	No. 10
R. M. Bowker, B.A., M.B., Ch.B.	No. 16
G. Buckle, M.B., B.S.	No. 4
P. S. R. Burrell, M.B., Ch.B., D.P.H.	No. 8
F. M. Cox, M.R.C.S., L.R.C.P.	No. 15
E. E. Crompton, M.B., Ch.B., D.P.H.	No. 23
B. R. A. Demaine, M.B., Ch.B., D.P.H.	No. 30
C. M. Dornan, M.B., B.Ch.	No. 28
D. E. Gledhill, M.B., Ch.B.	No. 3
*A. P. Gorrie, M.B., Ch.B.	No. 31
*H. Gray, M.D., Ch.B., D.P.H.	No. 4
J. K. Hardy, M.B., Ch.B.	No. 18
I. Hargreaves, M.B., Ch.B.	No. 13
S. G. A. Henriques, M.B., Ch.B.	No. 24
M. A. Hillis, M.B., Ch.B.	No. 6
A. Kropacz, L.R.C.P., L.R.C.S.	No. 27
R. B. Laidlaw-Becker, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.M.	No. 29
B. M. Leakey, M.B., B.S.	No. 1
H. F. Lindsay, M.B., Ch.B.	No. 30
S. Lindsay, M.B., Ch.B.	No. 22
M. J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.	No. 10
*A. Marshall, M.B., Ch.B.	No. 18
E. G. Matthews, M.R.C.S., L.R.C.P.	No. 25
G. M. Mayhall, M.R.C.S., L.R.C.P.	No. 12
M. R. Menzies, M.B., Ch.B.	No. 26
*H. C. Milligan, M.B., Ch.B., D.P.H.	No. 20
H. M. Mitchell, M.B., Ch.B.	No. 5
M. M. Neil, M.B., Ch.B.	No. 4
J. J. Pienkowski, M.B., Ch.B.	No. 23
A. Seelig, M.D. (Strasbourg).	No. 19
J. J. Smith, M.B., Ch.B., D.P.H.	No. 23
R. R. Stoakley, M.B., Ch.B., B.A.O.	No. 2
D. M. Summers, M.B., Ch.B.	No. 16
*J. M. Taggart, M.B., Ch.B., B.A.O., D.P.H.	No. 22
N. M. Whalley, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.	No. 17
E. M. Whitehead, M.B., Ch.B.	No. 17
*G. A. Wilthew, B.Sc., M.B., B.S.	No. 19
M. H. Witt, L.R.C.P., L.R.C.S.	No. 14

* Deputy Divisional Medical Officer

OBSTETRICIAN (Joint Appointment with Hospital Services).

Vacancy

Castleford. Staff—1 Supervisor; 1 Assistant Supervisor and 2 Nursery Assistants.
Bingley. Staff—1 Supervisor; 1 Assistant Supervisor and 1 Nursery Assistant.

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