[Report 1961] / Medical Officer of Health and School Medical Officer of Health, West Riding of Yorkshire County Council.

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER

and the

PRINCIPAL SCHOOL MEDICAL OFFICER

YEAR 1961

RONALD W. ELLIOTT, M.D., M.SC., D.P.H.
HEALTH DEPARTMENT, COUNTY HALL, WAKEFIELD
TELEPHONE 3781

WEST RIDING HEALTH COMMITTEE

(as at 31.12.61)

CHAIRMAN

County Alderman J. W. Trickett

VICE-CHAIRMAN

County Alderman N. Carter

COUNTY ALDERMEN

Baynham, T.
Cheetham, T.
Clarney, H.
Hanson, G. M., B.E.M.
Hudson, Major J. H., C.B.E., M.C., D.L.
(*Vice-Chairman of the County Council*)
Hyman, W. M.
(*Chairman of the County Council*)
Mellor, J. W.
Morris, W. A.
Roberts, B.
Smith, Mrs. E. E.
Sutcliffe, H.
Thackray, C., B.A.
Whittock, M.

COUNTY COUNCILLORS

Atkinson, D. W.
Balfour, Miss M. E.
Barnes, Mrs. M. L.
Bateman, B.
Beachill, F.
Benbow, G. A.
Cutts, W.
Egan, R.
Fisher, Mrs. D. J.
Fitzpatrick, Mrs. L. I.
Fortune, Mrs. N.
Goldthorp, S. D.
Grenshaw, C.
Hardaker, Mrs. L.
Hardwick, Mrs. D.
Hardy, J.
Hoyle, E.
Hudson, W.
Illingsworth, S
Kenny, G. W.
Kitchin, T.
Middleton, D., M.A.
Newsam, A.
Parker, J.
Pickersgill, A.
Prendergast, J.
Rankin, H.
Rhodes, Miss M. E.
Smith, C. A.
Stephens, Dr. J. A.
Tennant, J. S., M.A.
Thompson, M., B.E.M.
Walshaw, Mrs. M. I.
Whitehead, H.
Whitfield, Mrs. M. R.

WEST RIDING EDUCATION COMMITTEE

(as at 31.12.61)

CHAIRMAN

County Councillor C. T. Broughton

VICE-CHAIRMAN

County Alderman J. Fuller Smith

Representative Members:—

COUNTY ALDERMEN

Anson, C. E.
Boland, C. W.
Geldard, Col. N., D.S.O., M.C.
Hudson, Major J. H., C.B.E., M.C., D.L.
(Vice-Chairman of the County Council)
Hyman, W. M.
(Chairman of the County Council)
Nicholson, G. H.
Payne, J. E.
Smith, Mrs. J.
(Chairman of the Finance Committee)
Taylor, E., M.B.E.
Thackray, C., B.A.

COUNTY COUNCILLORS

Bennett, H. V.
Berry, F.
Blackburn, J., O.B.E.
Clegg, A. H.
Cowgill, J. O.
Craven, A.
Crowther, A. C.
Dews, C.
Fitton, Mrs. C.
Fitzpatrick, Mrs. L. I.
Fortune, Mrs. N.
Hardaker, Mrs. L.
Harrison, H.
Jones, C.
Lawton, J. A., M.A., B.SC., M.ED.
Mann, C.
Martinson, J.
Miles, H.
Mitchell, Mrs. M. R.
Morton, F.
Palmer, S.
Ratcliffe, Mrs. E.
Ray, G. F.
Smith, H.
Sykes, Mrs. E. M.
Yorke, J.
(1 vacancy)

Added Members:—

Bouskill, J. W.
Clayton, W., M.B.E.
Haigh, R. H.
Isles, F.B.
Martin, Mrs. M., LL.B.
Morris, Sir Charles, M.A.
Roberts, Mrs. E.
Warren, R. A. D., B.A.
White, Mrs. D. M., B.A.
Whittaker, Dr. J. M., F.R.S.

STANDING SUB-COMMITTEES OF THE WEST RIDING HEALTH COMMITTEE

Ambulance Sub-Committee.—All matters relating to the County Ambulance Service. (Section 27, National Health Service Act, 1946.)

Public Health Sub-Committee.—Matters relating to the Pharmacy and Poisons Act, 1933; Housing (Rural Workers) Acts, 1926 and 1942; Housing Acts; Rural Water Supplies and Sewerage Acts, 1944-61; Nurses' Act, 1957; Vaccination and Immunisation (Section 26), Venereal Diseases, Public Health Propaganda (Section 28), under the National Health Service Act, 1946; Food and Drugs Act, 1955; Milk (Special Designation) Regulations, 1960; Shops Act, 1950; and all other powers and duties of the Health Authority not delegated to another Standing Sub-Committee.

Mental Health Sub-Committee.—All matters relating to the duties of the Local Health Authority under the Mental Health Act, 1959, and the care and after-care of persons suffering from mental disorder. (Section 28, National Health Service Act, 1946.)

Welfare Sub-Committee.—Arrangements for the prevention of illness, the care of persons suffering from illness other than mental illness, or the after-care of such persons. (Section 28, National Health Service Act, 1946, and the Public Health (Tuberculosis) Regulations, 1952.)

Arrangements for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister of Health, and arrangements with Voluntary Organisations therefor. (Sections 29 and 30, National Assistance Act, 1948.)

Assistance grants to Voluntary Organisations providing meals or recreational facilities for old people. (Section 31, National Assistance Act, 1948.)

Arrangements for the protection of property of persons admitted to hospitals, etc. (Section 48, National Assistance Act, 1948.)

The recovery of charges and expenses where permissible in respect of all services provided by the Health Committee.

The West Riding Distress Fund.

Welfare Accommodation Sub-Committee.—The provision and management of residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them. (Sections 21-24, National Assistance Act, 1948.)

Arrangements with Voluntary Organisations and other Local Authorities for the provision of accommodation in property maintained by them. (Section 26, National Assistance Act, 1948.)

The registration of disabled persons' or aged persons' homes. (Sections 37-39, National Assistance Act, 1948.)

Registration of charities for disabled persons. (Section 41, National Assistance Act, 1948.)

Care of Mothers and Young Children and Nursing Services Sub-Committee.—The duties of the County Council in respect of Nursing Homes (Sections 187-195) and Notification of Births (Section 203), under the Public Health Act, 1936; the care of mothers and young children (Section 22), domiciliary midwifery (Section 23), health visiting (Section 24), home nursing (Section 25) and domestic help (Section 29) services under the National Health Service Act, 1946; the Nursery and Child Minders Regulation Act, 1948; and the Midwives Act, 1951.

JOINT STANDING SUB-COMMITTEE OF THE WEST RIDING HEALTH AND EDUCATION COMMITTEES

Divisional, School Health and Dental Services Sub-Committee.—All matters appertaining to the Divisional Health Administration (Section 111, Local Government Act, 1933); and the School Health and County Dental Services. (Education Act, 1944.)

STANDING SUB-COMMITTEE OF THE WEST RIDING EDUCATION COMMITTEE

Special Services Sub-Committee.—All matters appertaining to the ascertainment of handicapped pupils and the provision of special educational treatment. (Education Act, 1944.)

Table of Contents

Part IV

Part V

Part VI

Part VII

INTRODUCTION

In order to give some measure of continuity with the report of 1960 it is probably as well to look at the problems which were posed in that report and see how they have been dealt with during the past year. Certain promises were made and I think it is reasonable to say that the majority of them have been fulfilled.

The complete local agreement which was reported last year on the health centre scheme at Cleckheaton has now been translated into a firm project by reason of full agreement by all the statutory bodies concerned and the general practitioners. Added to that there is provisional Ministry approval and it is hoped to seek tenders for the commencement of building not later than January, 1963.

I promised to review the method of sterilising syringes in the light of the interim report of the Medical Research Council Committee on this subject. This has been done and experiments have been carried out, and it has now been finally agreed that commercial disposable syringes will be used. All concerned with their use have expressed their great satisfaction with the new scheme, not only because of the added convenience compared with the old method of sterilisation but also because of the considerable saving in time. The final report of the Medical Research Council Committee, which was received in 1962, although not specifically dealing with disposable syringes confirms that our action has been in accordance with modern procedure and conforms with full safety measures.

The re-organised scheme for the training of home nurses, mentioned in last year's report, is now completely operative. Full agreement was reached with the Ministry and with the Queen's Institute of District Nursing, so that the practical training is now within our own service, using specially selected members of the staff, and the theoretical training is carried out in conjunction with the health departments of Bradford and Sheffield. This new scheme will add greatly to the interest of the staff and at the same time will retain the services of our pupils throughout the training period rather than having to send them to another training authority.

The interest which was expressed last year in the survival of premature infants, and which was brought into focus by the report of a Standing Committee of the Ministry, has been followed up and a study of the implications of the report has led us to conclude that first, we must improve our methods of transporting premature infants to hospital by the use of specially built cots, and secondly to improve the training of all our midwives in the care of the premature infant. Both these ideas have been put into operation and it is hoped will bring fruitful results.

In conjunction with the Clerk and the Treasurer a careful evaluation has been made of the scheme of medical examinations of persons applying for posts with the County Council. It was stated last year that there was some dissatisfaction with the method then in use and that too many unnecessary examinations were being carried out. The new scheme resulting from these deliberations is given in full elsewhere in the report and has been put into use. There is every reason to believe that the scheme will be successful.

The training of ambulance personnel in advanced methods of first aid, which was in the planning stage last year, has now been started. The arrangements between the Leeds Regional Hospital Board and the Leeds General Infirmary have resulted in a number of senior ambulance officers and assistant county medical officers receiving a short intensive period of instruction in, amongst other things, direct artificial respiration and external cardiac massage. Two courses have been held by the consultants of the Leeds General Infirmary and the senior ambulance officers will carry out training for the rest of the staff. The assistant county medical officers who were present on the short course are now able to guide the ambulance officers in the dissemination of this training throughout all the depots in the County. It would appear that this idea is working very well, using all the necessary apparatus and films.

On looking through last year's list of problems which it was thought worthy of consideration, I find that only three have not been fully dealt with. First we have not yet considered the re-organisation of the public health inspectors' section of the department, secondly, we have not put into operation the scheme for the complete nursing of severe cases of cancer and other diseases in patients' own homes in conjunction with the Marie Curie Foundation, although everything is now in readiness for this scheme to start, and finally, consultations on the future of tuck shops in schools and their effect on dental health have not reached any final or satisfactory conclusion.

Having dealt with the outstanding matters of last year's report I would like to comment on the current one. First of all a few impressions of the mass of statistics to be found in the body of the report. It will be noted that the infant mortality rate has actually increased from 22 to 25 per 1,000 live births. This is a reverse of a downward trend which has been going on for very many years and in the normal course of events would be somewhat disturbing. However, if we look at the position carefully it will be seen that the situation has not deteriorated. In actual fact the still birth rate and the perinatal mortality rate have both fallen, so that in spite of an increased infant mortality rate the total loss of life has not increased, rather has there been a slight improvement. What has happened is that more babies have been born alive who would hitherto have been still births, and so suggesting that some improvement in maternal care has been responsible. Some of these children, however, having been born alive go on to live only a short time, a good number of them have been found to die of congenital defects, thus artificially inflating the infant mortality rate. Much more information is required on the causes of still births and neonatal deaths before we understand the reasons for many of these phenomena. It is hoped that the new Population (Statistics) Act of 1960, which came into force late in 1960, will go some way towards improving our knowledge. The Act asks for more information from doctors and midwives about the circumstances and causes of still births.

The birth rate of 17·4 per 1,000 population is the highest since the post war bulge and is identical with that of England and Wales as a whole. Usually the County has had a slightly higher birth rate than England and Wales.

The illegitimate birth rate amounts to 4·2 per cent. of all live births. This is the highest rate since 1950 and is disturbing since it might well have been hoped that the decline to 3·6 per cent. which was seen after the high peak of the war years, might have been maintained. The number of illegitimate still births has also risen.

From a social point of view one might link this subject with that of venereal disease, a full description of which appears in the report. Although contrary to the experience of the country as a whole there would appear to have been no increase in either new cases of gonorrhoea or syphilis. On the other hand there has been a tremendous increase in the number of cases attending at the clinics for " other conditions ", of which about 44 per cent. were found to have either nothing wrong with them or conditions which were not venereal in origin. Although we must use some caution in interpreting these figures it would appear that the large increase in the numbers of persons attending at the V.D. clinics, plus the increase in illegitimate births, are a sad reflection on the morals and social activities of the times.

On a more progressive note I would like to mention the considerable amount of research undertaken during 1961 and to thank all those who have given freely of their time and energy towards the successful completion of a number of projects. There was the large scale trial of oral poliomyelitis vaccine which was later to be issued for general use. This work was done in conjunction with Professor Stuart Harris and his research team at Sheffield University. It involved the use of several hundred volunteers from the County Hall staff including the police and from schools in Wombwell and Morley and from Bingley Training College. All were put to a considerable amount of inconvenience by way of producing various samples for laboratory testing. The results have been extremely useful and have had some bearing on the subsequent method of usage of the oral vaccine when it was put into general use in 1962.

Another research project which was completed was an investigation into the causes of leukaemia and childhood cancer in association with Dr. Alice Stewart of the Department of Social Medicine at Oxford University. Some 240 very detailed interviews were involved. The subject is a complex one and it will be some considerable time before the full results are known.

The third project is an investigation into the cause of thyroid gland enlargement being conducted by Professor Knowelden of the Department of Preventive Medicine at Sheffield University, and involving several hundred senior girls at a number of County grammar schools. This work will take a year to complete, but only involves brief visits to the schools.

Finally, a new project is being considered at the request of the Ministry of Education which aims to look into the level of immunity against tuberculosis in certain age groups of school children.

On the subject of infectious diseases some interesting facts emerge. Although there has been no case of diphtheria for two years, past experience shows that the odd case is likely to crop up from time to time, as indeed did occur in some parts of the country in 1961, usually in the unimmunised. Consequently we have concentrated on the immunisation of the child under the age of one year and have reached the highest number yet attained representing 62·8 per cent. of the age group. This is largely due to our commencing diphtheria immunisation at a much earlier age than we used to. The percentage immunity for the whole child population is, of course, much higher (82 per cent.). New cases of tuberculosis continue to fall in number and so continue the trend of recent years. There has been a considerable fall in the number of cases of food poisoning, a pleasing fact after the experience of recent years when the upward trend was unbroken. We find that only 10 per cent. of the notified cases of whooping cough are in children who have been immunised. This speaks highly of the protective value of whooping cough immunisation and therefore it is pleasing to see that over 70 per cent. of young children are so immunised.

As a result of recent experience of persons coming back from holidays abroad and having typhoid or paratyphoid fever, we have decided to recommend schools, where organised parties may be formed, to seriously consider having all the children immunised before the holiday, and we have offered our assistance in this direction.

Tetanus immunisation has received considerable attention in recent years and we now include it in our routine procedure for young children. Over 31,800 children were immunised during 1961. This is extremely satisfactory and it is hoped that the hospitals will be able to make full use of this situation and so avoid the use of anti-tetanic serum in cases of injury. To assist the hospitals staff each immunised person is issued with a record card to produce at the hospital should such an accident occur. Anti-tetanic serum can be dangerous, particularly if a repeat dose has to be given. Effective immunisation prevents this danger and to this end we have started a scheme in conjunction with the hospitals of actively immunising all cases who have received anti-tetanic serum in hospital in order to avoid the necessity of a second dose. The hospitals have agreed to instruct such patients to seek active immunisation either from a family doctor or from the local clinic. Medical Officers of the Coal Board are becoming interested in this idea as it affects injuries to miners, and the possibility of our giving assistance in this direction is being pursued.

The records show an increase in the incidence of poliomyelitis—40 cases compared with 6 in 1960. However, 1960 was an exceptionally good year and the current figures are comparatively reasonable when compared with previous years. Greater progress has been made in the number of immunisation injections given as compared with 1960. It will be interesting to see whether the use of oral vaccine increases the response of the public, although initial indications are against this. It would appear that some dramatic scare is necessary in order to cause the public as a whole to seek protection.

This year a special effort has been made in the body of the report to indicate the considerable degree of liaison between the health department staff and general practitioners and hospitals. This is an evergreen subject for discussion and one which has created increasing interest since the advent of the National Health Service. On the administrative side, liaison committees with the Hospital Boards and the Standing Sub-Committee on Co-operation with General Practitioners have continued their good work and have produced valuable results. This type of activity, however, has been recorded repeatedly over the years but no special effort has been made to publicise the much more important liaison work between the field workers. I think the information given is illuminating, not only with regard to its variety of effort but also for its volume. The degree of co-operation varies in different parts of the County and although we cannot expect everywhere the intense degree of co-operation that we have on geriatrics in the Ripon and Knaresborough areas, it is quite obvious that very much close work is usefully carried out. In this connection it will be interesting to watch the development of the pilot scheme being conducted in Mexborough where special arrangements have been made for a health visitor to work in close association with a group of general practitioners on a part-time basis in their own surgery premises.

In the field of environmental hygiene two important developments have taken place. The Milk (Special Designation) Regulations of 1960 places the duty of the licencing of dealers on the shoulders of the County Council, except in four areas which are autonomous Food and Drugs authorities. The re-organisation of this section of the department has already been mentioned and it will be necessary to give serious consideration to it soon and one of the reasons for

this is the introduction of these new regulations and the effect on a department which has not been geared to this work.

Another important development is in the field of smoke control. The County Council have taken a considerable interest in this for many years and have assisted and encouraged district councils, particularly in connection with the measurement of pollution. Following on a report of the Department of Scientific and Industrial Research the County Council decided to bring up to date the apparatus for which they had assumed responsibility and to introduce volumetric methods of measurement in place of the older deposit gauges and lead peroxide candles. This opportunity has enabled us to participate in the national survey being carried out by the D.S.I.R. and at the same time bring our own apparatus up to date. The County Council will continue to support the districts in this way, and most district councils have accepted the assistance offered under the new scheme.

Much of the effort of the department is directed to the care and attention of old people. The home nursing and home help services have been particularly involved. Home help provision has been increased from the equivalent of 1,000 full time helpers to 1,050 and the method of allocation of the helpers to divisions has been changed. No longer is it dependent upon an automatic percentage increase of helpers with each increase in establishment—it is now based upon the population of the division concerned. It may well be changed again when the new scheme has had time to settle down to take into account the actual population of old people in the division. The success of the Warden scheme in Council houses for old people has so impressed the County Council that a pilot scheme is being put into operation in one division for a similar service to be available for old people in private houses. This experiment will be watched with great interest.

The problem of the elderly will continue to grow as the population ages, and although the health authorities do all they can to care for these people in the community by way of Part III accommodation, home nurses, home helps, night attendants, chiropody, wardens schemes and many other devices, we are frequently facing the situation that this is not enough. At some period in an old person's life there is a need for constant attention which is beyond the resources of a community service as at present organised. The only alternative would appear to be hospital care, although it is realised that the hospital can do little more for them than custodial care since active treatment is not involved. In the opinion of the medical staff this type of case creates the greatest problem of all, particularly with the acute shortage of hospital beds which is not likely to improve under the hospital development plan. Whether accommodation for this type of case should be provided in special hostels, either by the hospitals or the local health authorities, should be the subject of serious consideration. Certainly the local health authority is embarrassed frequently when it has such cases on its hands and knows full well that its present resources are insufficient, and yet it still has the responsibility of looking after these people whilst ever they remain in the community.

The provision of chiropody by the authority has continued to prosper and particularly, as might be expected, on behalf of old people. Over 31,500 persons were treated during 1961, and only 732 of these were physically handicapped and 67 expectant mothers, the rest were old people. These figures represent 13·3 per cent. of the aged given chiropody treatment compared with 8·6 per cent. in 1960. This percentage varies considerably in different parts of the County and may be as high as 25 per cent. in some areas and very low in others. It

was the authority's declared intention at the beginning to have as much flexibility as possible in this scheme and this has been very valuable in the development stage, as can be seen from the results. The time is coming, however, when a review will be necessary in order to look once again at some of the problems we have encountered. For instance it would appear that our standard 9 cases per chiropody session, which was originally unpopular, is now accepted, and there is certainly no hardship over the standard of 6 treatments per year as a maximum, unless specially recommended. Both these factors were quite forcibly argued at one time. The rate of domiciliary treatment is high and this again needs attention, but perhaps the best time to consider these matters would be when the long expected Whitley Council award for chiropodists is published, and which is expected very soon.

Over the past few years the Health Committee have made impressive progress with the Capital Building programme—full details are given in the report. Some indication of the extent of it is that the current approved Capital Building programme amounts to £1,200,000. This does not take into account ambulance or welfare services programmes nor the considerable amount of work which had been completed before the current list. In addition, the Committee have spent considerable sums in the up-grading of rented premises, and a Special Sub-Committee which dealt with this arduous task is now engaged on a similar programme for the up-grading of nurses' homes. With the near completion of the programme for training centres and traditional clinics it will be possible to look to the provision of smaller types of premises such as multi-purpose buildings for joint use with other departments, plus nurses' residential accommodation in the less populated areas where a traditional clinic would not be justified. Hostels and clubs for mental health purposes may also need to be provided.

There are many nursing homes registered with the authority, and an agreed standard of accommodation and staffing has been drawn up. Although not having the force of the law this has helped in achieving some degree of uniformity. The translation of these standards into legal requirements through a local Act is a possibility and will be extremely useful.

Last year I said that as far as the Administrative County was concerned the lung cancer death rate had not increased, and expressed the fear that this was merely a temporary lull in the general upward trend. This has proved to be correct and the lung cancer mortality rate has increased once again during 1961. This is an added incentive to push ahead rapidly with the anti-smoking campaign which we are conducting amongst school children as vigorously as possible.

A number of interesting points has arisen in connection with mother and child care. The trend for more mothers to be confined in hospitals has continued and less ante natal care is being given in our own clinics, more being done by the hospitals and the general practitioners. To make sure that mothers do not lose the benefits to be gained by the authority's services we have stepped up the volume of our efforts in the clinics towards mothercraft training, and at the same time have had an agreement from the hospitals that they would encourage mothers attending hospital clinics to come to our clinics for mothercraft training where that could not be done in the hospital. It has also been agreed that a joint effort should be made to encourage mothers attending hospital ante natal clinics to come to us for poliomyelitis immunisation and that the services of the County staff will be made available for the tracing of defaulters at hospital ante natal clinics in an effort to ensure continuity of ante natal care.

Now that we have had a year's experience of the improved trilene anaesthesia available to mothers through our midwives it is interesting to see how rapidly this has become popular. Within a period of twelve months there has been an increase of nearly 5,000 mothers who have had trilene anaesthesia. At the same time the use of the older gas and air anaesthesia has dropped to less than half. I have no doubt this trend will continue.

There has been a rapid fall in the take up of national welfare foods, particularly since the introduction of increased charges about the middle of the year. This should not give cause for alarm since there is no evidence of malnutrition and certainly the babies are healthier than ever.

We have continued to test the urine of each baby, after a few weeks of life, for phenylketones with the objective of obtaining early treatment for those found positive and so preventing the development of mental subnormality. The number of tests carried out is over 48,000 and so far 2 true positive cases have been found and another possible one is being investigated at the time of writing. Statistically it seems a very cumbersome way of case finding but unfortunately it is the only one. Once embarked upon a project of this kind it is difficult to stop. One feels morally obliged to continue for the sake of the rare case discovered. Fortunately the test is not time consuming and can usually be taken in with a routine visit by a health visitor.

In the field of mental health the expanding programme has continued and one of the most successful and pleasing developments has been the work carried out by the tutor jointly appointed between the authority and the National Association for Mental Health for in-service training of staff. This has been highly successful and the authority will reap a rich reward. In other spheres the mental health section has been developing social clubs for the rehabilitation of the mentally ill. The provision of hostels has gone a stage further so that at least one will be provided during the coming year. Liaison with hospitals and out-patient clinics has progressed, and we have had our first experience of providing summer holidays for some of our trainees in the centres. Particular attention is being given to the position of home teachers and it it has been agreed that their services will be retained for this purpose in spite of the development of training centres, and that their work may be expected to include the mentally ill. They will also assist in the training centres at suitable times. Another problem has been the provision of meals in the centres hitherto supplied through the schools meals service. Developments in the Education department have made it necessary to formulate our own plans for self sufficiency, and these are going ahead rapidly.

One of the most pleasing developments of the year has been the rapid increase in the department's health education activities under the stimulus of the deputy county nursing officer. This is of such fundamental importance that it could well be said that it is the most important function of the department. This expansion, therefore, is very timely and welcome and will need to be reviewed soon regarding the staffing needs. Already it needs the full time efforts of one senior officer at County Hall. Technical assistance in the production of educational material has also become urgent and necessary.

The various training schemes for mental health staff, health visitors, home nurses, handicraft teachers, psychiatric social workers and children's officers have been rationalised and brought into line with each other. Previously the difference of conditions and salaries was complicated and to some extent unjust. Now the policy is for any of the members of the staff mentioned above to be

sent for training with a loan of full salary, which is not repayable providing the officer serves with the County afterwards for a period of twice the length of the course or a maximum of two years. This has been a very welcome innovation.

The assistance given by the County Council to district councils in connection with families likely to be evicted has had a surprisingly beneficial effect. The keeping together of families in their own homes and the deployment of all the County's resources has had the effect of reducing the number of children taken into care as the result of eviction to two-thirds compared with the previous year. This effort has been very well worth while.

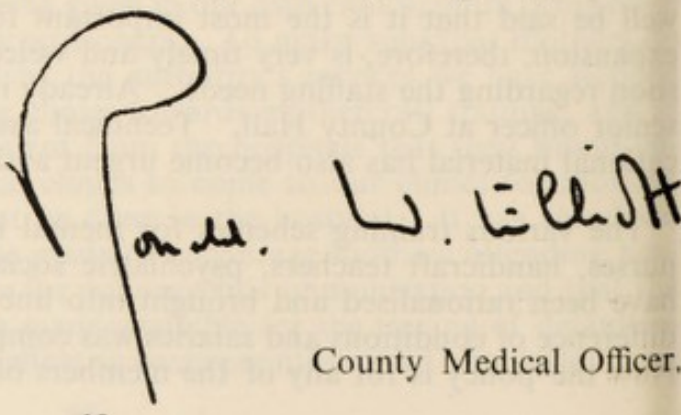
In the school health field the two audiology clinics developed at Horsforth and Doncaster continue to flourish and give good service. They are an extremely useful addition to our armoury for the early detection of deafness and augment our existing methods to a considerable extent. The provision of child guidance clinics has been extremely difficult during the year because of the shortage of child psychiatrists, particularly in the Leeds Regional area. However, we have been fortunate in appointing to our staff a doctor experienced and qualified in child guidance who, together with others who have received additional training, will help to filter the cases sent to the clinics in order that the precious time of child psychiatrists may be used to the best advantage.

A very useful meeting with chest physicians was held during the year, a full report of which is given in the following pages. The decisions reached have been beneficial and it is intended to use this method of co-operation still further. Tuberculosis continues its falling trend and more concentrated action between consultants and ourselves may assist in getting nearer to the goal of complete eradication. Efforts in this direction will be made during the coming year.

On the administrative side the Council have agreed in conjunction with the district councils to the appointment of senior assistant medical officers as deputies in all divisions except one. Previously they have been limited to divisions with a population over 50,000. This development has been universally welcomed.

It was with the deepest regret that we were made to suffer the loss of an old colleague, namely, Dr. Anderson, who died suddenly whilst in harness in January, 1962. I would like to pay this tribute to his loyalty and to his many years of work in the health department on behalf of mothers and young children. He has been missed very much by his colleagues.

Retirement will deprive us of another old colleague, Dr. Marshall, who will be leaving at the end of July, 1962, after 30 years service in the department. During the latter years she has been in charge of the school health service. I would like to wish her good health and happiness in her retirement and to the rest of my colleagues in the department and in other departments of the County Council my thanks for their assistance and support during the past year.



Health Department,
Wood Street,
Wakefield.

July, 1962.

County Medical Officer.

STAFF OF THE HEALTH DEPARTMENT

as at 31st December, 1961

MEDICAL STAFF

County Medical Officer and Principal School Medical Officer	Ronald W. Elliott, M.D., M.SC., D.P.H.
Deputy County Medical Officer	J. Lyons, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.
Senior Administrative Medical Officer	D. E. Jeremiah, M.B., B.S., D.T.M. and H., D.P.H.
Senior Medical Officers	J. M. Anderson, M.R.C.S., L.R.C.P. Annabella Marshall, M.B., CH.B.
Venereologist (part-time) ...	J. A. Burgess, M.D., CH.B., D.P.H.
Paediatrician (part-time)	C. C. Harvey, B.SC., M.D., B.S., F.R.C.S., M.R.C.P.
Obstetrician (Joint appointment with Hospital Services)	J. C. MacWilliam, L.R.C.P., L.R.C.S., L.R.F.P.S., D.OBST.R.C.O.G.

Divisional Medical Officers—

Division No.	
1 (Skipton)	M. Hunter, M.B.E., M.D., CH.B., D.P.H.
3 (Keighley)	V. P. McDonagh, M.B., CH.B., D.P.H.
4 (Shipley)	J. Battersby, M.B., CH.B., D.P.H.
5 (Horsforth)	A. Telford Burn, M.B., B.S., D.P.H.
7 (Harrogate)	N. V. Hepple, M.D., B.S., B.HY., D.P.H.
9 (Wetherby)	R. G. Smithson, M.D., CH.B., D.P.H.
10 (Goole)	S. K. Appleton, M.D., CH.B., D.P.H., D.T.M.
11 (Castleford)	J. M. Paterson, M.B., CH.B., D.P.H.
12 (Pontefract)	J. F. Fraser, M.B., B.S., D.P.H., D.OBST.R.C.O.G.
13 (Morley)	A. Withnell, B.SC., M.D., CH.B., D.P.H.
15 (Batley)	J. F. Caithness, M.B., CH.B., D.P.H.
16 (Rothwell)	A. L. Taylor, M.D., CH.B., D.P.H., L.D.S.
17 (Spenborough) ...	W. M. Douglas, M.B., CH.B., D.P.H.
18 (Brighouse)	F. Appleton, M.B., CH.B., D.P.H.
19 (Todmorden) ...	N. E. Gordon, M.B., CH.B., D.P.H.
20 (Colne Valley) ...	E. Ward, M.R.C.S., L.R.C.P., D.P.H.
22 (Wortley)	J. Main Russell, M.B., CH.B., B.HY., D.P.H.
23 (Hemsworth) ...	J. S. Walters, M.C., M.B., CH.B., D.P.H.
25 (Barnsley)	R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.
26 (Wath upon Dearne)	D. J. Cusiter, M.B., CH.B., D.P.H., D.T.M. and H.
27 (Doncaster)	J. Ferguson, M.B., CH.B., D.P.H.
29 (Thorne)	G. Higgins, B.SC., M.B., CH.B., D.P.H.
31 (Rotherham) ...	J. M. Watt, M.D., CH.B., D.P.H., D.C.H., D.OBST.R.C.O.G.

Assistant County Medical Officers and School Medical Officers—

Division No.	
1 (Skipton)	*Helen M. Dean, M.B., CH.B., D.P.H.
	*J. A. Farrer, M.B., B.S.
	Ruth R. Stoakley, M.B., B.CH., B.A.O., D.P.H.
3 (Keighley)	*Barbara M. Leakey, M.B., B.S.
	Doreen E. Gledhill, M.B, CH.B.
4 (Shipley)	*Gwendolen Buckle, M.B., B.S.
	F. S. Rogers, M.B., CH.B., D.P.H.
5 (Horsforth)	*G. Firth, M.B., CH.B., D.P.H.
	*Helen M. Mitchell, M.B., CH.B.
	Kathleen A. S. Brosnan, M.B., B.CH., D.OBST.R.C.O.G. D.P.H.
	A. Elsworth, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
7 (Harrogate)	*Gertrude M. Pullan, B.SC., M.B., CH.B., D.OBST.R.C.O.G.
	*Sheila F. Schofield, M.B., CH.B., D.P.H., D.C.H.
	P. A. G. M. Ashmore, M.R.C.S., L.R.C.P.
	A. W. I. Hall, M.B., B.CHIR.
9 (Wetherby)	Elizabeth M. Hargreaves, M.B., CH.B., D.P.H.
	Gillian M. Harrison, M.B., CH.B.
10 (Goole)	*Muriel J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.
	Eileen M. R. Bell-Syer, M.B., B.S.
11 (Castleford)	*J. M. B. Carr, M.B., CH.B.
	Bessie J. Catton, M.B., CH.B.
12 (Pontefract)	*Eileen Atkinson, M.B., CH.B., D.OBST.R.C.O.G., D.P.M.
	Mercia Obadiah, M.B., B.S., D.OBST.R.C.O.G.
13 (Morley)	*Barbara Briggs, M.B., CH.B., D.P.H.
	Irene Hargreaves, M.B., CH.B.
	Mary K. Shaw, M.R.C.S., L.R.C.P.
15 (Batley)	Freda M. Cox, M.R.C.S., L.R.C.P.
	J. E. Lee, M.R.C.S., L.R.C.P.
16 (Rothwell)	*Ruth M. Bowker, B.A., M.B., CH.B., D.P.H.
	Sheila M. Dick, L.R.C.P., L.R.C.S.
17 (Spenborough) ...	Shirley Jessop, M.B., CH.B., D.P.H.
	R. Stalker, M.B., CH.B., D.P.H.
18 (Brighouse)	*Marie P. Milligan, B.SC., M.B., CH.B., D.P.H.
	D. B. Reynolds, M.R.C.S., L.R.C.P., D.P.H.
19 (Todmorden) ...	*Gladys V. Bradshaw, M.B., B.S., D.OBST.R.C.O.G., D.P.H.
	J. J. G. Kneafsey, M.B., B.CH.
20 (Colne Valley) ...	*D. S. Pickup, M.B., B.S., L.M.S.S.A., D.P.H.
	*W. P. B. Stonehouse, M.A., M.R.C.S., L.R.C.P., D.P.H.
	Charlotte N. Capes, M.B., CH.B.
	Ethel D. Shaw, M.B., B.CH., B.A.O.
22 (Wortley)	*F. C. Armstrong, M.B., B.CH., D.P.H.
	S. Lindsay, M.B., CH.B.
23 (Hemsworth) ...	*Edith E. Cromb, M.B., CH.B., D.P.H.
	Josephine Hayes, M.B., CH.B.
25 (Barnsley)	*P. H. Brewin, M.B., CH.B., D.P.H.
	Stella G. A. Henriques, M.B., CH.B.
26 (Wath upon Dearne)	*Barbara R. A. Demaine, M.B., CH.B., D.P.H.
	*J. D. Hall, M.R.C.S., L.R.C.P., D.P.H.
	Mary R. Menzies, M.B., CH.B., D.C.H.

Assistant County Medical Officers and School Medical Officers—continued

27 (Doncaster) ...	... *P. O. Nicholas, M.B., CH.B., D.P.H., D.C.H. Margaret T. Burton, B.A., L.M.S.S.A., L.M. Christina M. Dornan, M.B., B.CH., B.A.O. Amy Kropacz, L.R.C.P., L.R.C.S.
29 (Thorne) ...	... Rose B. Laidlaw-Becker, M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
31 (Rotherham)	... *M. E. O'Neill, M.B., CH.B., D.P.H. Margaret J. Hallinan, M.R.C.S., L.R.C.P.

96 General Medical Practitioners who act as Child Welfare Centre Medical Officers and are employed on a sessional basis. This is the equivalent of 11·84 whole-time Assistant County Medical Officers.

* Senior Assistant County Medical Officer and School Medical Officer.

Chest Physicians—(Joint Appointments with Hospital Services)—

SHEFFIELD REGION

D. H. Anderson, V.R.D., M.D., B.CH., B.A.O., D.P.H.
F. C. N. Holden, M.D., B.S., M.R.C.S., L.R.C.P.
A. C. Morrison, M.D., CH.B., D.P.H.

LEEDS REGION

J. Charley, M.D., B.S., M.R.C.P., M.R.C.S.
R. S. Donaldson, M.D., CH.B., D.T.M., D.P.H.
G. F. Edwards, M.B.E., M.B., B.S., M.R.C.P., M.R.C.S.
H. Grunwald, M.D. (Vienna)
W. D. Hamilton, M.B., B.CH., B.A.O., D.P.H.
W. H. Helm, M.R.C.S., M.R.C.P.
G. Henry, M.B., B.CH., B.A.O.
D. A. Herd, L.R.C.P., L.R.C.S., L.R.F.P.S.
J. W. Jordan, M.D., B.S., M.R.C.P., M.R.C.S.
B. T. Mann, B.SC., M.D., CH.B., D.P.H.
Marjorie S. Oxley, M.B., CH.B., T.D.D.
H. E. Raeburn, M.D., B.S., L.M.S.S.A., D.P.H.
J. K. Scott, M.B., CH.B., M.R.C.P., D.P.H.
D. K. Stevenson, M.B., CH.B., M.R.C.P.
J. Viner, M.B., CH.B.
J. Y. Walker, M.B., CH.B., D.P.H.
R. N. Walker, M.B., CH.B., D.P.H.
A. Weleminsky, M.D. (Prague)

Other Medical Specialists in the School Health Service (Regional Hospital Board and University Appointments)—

OPHTHALMIC

H. C. Black, M.B., B.CH., B.A.O.
S. M. Kamaluddin, M.B., B.S., D.O.M.S.
J. V. Kirkwood, M.B., CH.B., D.P.H.
B. A. Marshall, M.B., CH.B.
N. L. McNeill, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
K. H. Mehta, M.B., B.S., M.R.C.S., L.R.C.P., D.O.
M. A. Mirza, D.O.
S. Robertson, M.B., CH.B., D.O.M.S.
T. S. Severs, M.D., B.S., M.R.C.S., L.R.C.P.
E. S. Tan, M.B., CH.B., D.O.M.S.
W. C. Thornhill, F.R.C.S., L.R.C.P. and L.M., L.R.C.S.I. and L.M., D.O.
J. L. Wood, M.R.C.S., L.R.C.P.
P. M. Wood, M.B., CH.B., F.R.C.P., D.O.M.S.
L. Wittels, M.D. (Vienna), D.O.

ORTHOPAEDIC

H. N. Burwell, M.B., CH.B.
A. J. S. Bell-Tawse, B.A., M.B., F.R.C.S.
R. W. L. Calderwood, F.R.C.S.
G. F. Hird, F.R.C.S., L.R.C.P.
J. Hunter-Annan, M.B., CH.B., F.R.C.S.
G. Hyman, M.B., CH.B., F.R.C.S.
P. Kilburn, M.B., CH.B., F.R.C.S.
W. H. Maitland-Smith, M.B., CH.B., F.R.C.S., M.CH.
A. Naylor, M.SC., M.B., CH.M., F.R.C.S.
Miss M. A. Pearson, M.B., CH.B., F.R.C.S.
H. Petty, M.B., CH.B., F.R.C.S.
E. R. Price, M.B., B.S., F.R.C.S., M.R.C.P.
I. M. Whitwam, M.B., CH.B.
J. Wishart, M.B., CH.B., F.R.C.S.

E.N.T.

P. H. Beales, M.B., B.S., F.R.C.S.
W. M. S. Ironside, M.B., CH.B., F.R.C.S.
H. Morus-Jones, M.C., M.B., B.S., F.R.C.S., L.R.C.P., D.L.O.
S. Kavanagh, L.R.C.P.I. and L.M., F.R.C.S., D.L.O.
K. M. Mayhall, M.A., M.B., B.CHIR., F.R.F.P.S., M.R.C.S., L.R.C.P., D.L.O.
H. M. Petty, M.B., CH.B., D.L.O., R.C.P.S.
J. E. Rees, M.R.C.S., D.L.O.
W. L. Rowe, M.B., CH.B., F.R.C.S.
C. Smith, M.B., B.S., F.R.C.S., L.R.C.P., D.L.O.

PAEDIATRIC

M. W. Arthurton, M.R.C.S., M.R.C.P., M.B., B.S.
M. F. G. Buchanan, M.B., CH.B., D.C.H.
G. M. Lewis, M.B., CH.B., D.C.H.
J. D. Pickup, M.D., CH.B., D.C.H.
L. J. Prosser, M.B., CH.B,, D.C.H.
R. J. Pugh, M.B., CH.B., M.R.C.P., M.R.C.S.

CARDIAC

J. R. Fountain, M.D., M.R.C.P., M.B., CH.B.
L. J. Prosser, M.B., CH.B., D.C.H.
P. C. Reynell, D.M., B.M., B.CH., M.R.C.P.
W. S. Suffern, M.B., D.C.H.

DERMATOLOGICAL

W. E. Alderson, M.A., B.M., B.CH.

PSYCHIATRISTS

Winifred M. Burbury, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.
P. J. Crowley, M.A., M.D., D.C.H., D.P.M.
Elizabeth Gore, M.D., CH.B., D.OBST.R.C.O.G., D.P.M.
Stephanie M. Leese, B.SC., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.
J. D. Orme, M.R.C.S., L.R.C.P., D.P.M.

NURSING AND MIDWIFERY

County Nursing Officer	Doris Walker, S.R.N., S.C.M., H.V.CERT.
Deputy County Nursing Officer	Mary G. Edwards, S.R.N., S.C.M. (Part I), H.V.CERT., H.V. TUTOR'S CERT.
Area Nursing Officers	Gladys Jones, S.R.N., S.C.M., H.V.CERT., Q.I.D.N.S.
	Winnie Taylor, S.R.N., S.C.M., H.V.CERT., Q.I.D.N.S.
Non-Medical Supervisors of Midwives	Norena M. Everitt, S.R.N., S.C.M., M.T.D.
	Winifred Williamson, S.R.N., S.C.M., M.T.D.
Health Visitor Tutor	Rona E. Chambers, S.R.N., S.C.M. (Part I), H.V.CERT., H.V. TUTOR'S CERT.

15 Divisional Nursing Officers.
324 Health Visitors and School Nurses (34 part-time).
6 Orthopædic Nurses and Physiotherapists (4 part-time).
8 Tuberculosis Visitors.
4 Venereal Diseases Social Workers (Qualified Health Visitors).
297 Home Nurses and Home Nurse/Midwives (11 part-time).
195 Midwives (3 part-time).
5 Matrons and 25 other nursing staff at 5 Day Nurseries.

MENTAL HEALTH SERVICE

Psychiatric Social Worker-Tutor	Maria Farrow
Senior Mental Welfare Officers	Margaret M. de la Cour
	A. Emmerson
	J. H. Hope
	J. G. Jarvis
	S. Parkinson
	Hilda Wallace
	Constance M. Webster

39 Mental Welfare Officers.
4 Trainee Mental Welfare Officers.
Organiser of Training ... Frances E. Woolley, DIP.N.A.M.H.
12 Supervisors in Mental Health Training Centres.
55 Assistant Supervisors and other assistant staff.
9 Home Teachers for (Mentally) Subnormal Children (1 part-time).

CHILD GUIDANCE SERVICE

Psychologists ... ... D. G. Pickles, M.A.
H. B. Valentine, M.A.

3 Psychiatric Social Workers (part-time).

SPEECH THERAPY SERVICE

Chief Speech Therapist ... Vacancy.

18 Speech Therapists (3 part-time).

DENTAL SERVICE

Chief Dental Officer, Principal School Dental Officer — D. Davies, M.B., CH.B., B.D.S.

Orthodontic Consultant ... Rachel Sclare, DIP.ORTH.R.C.S.(Eng.), L.D.S.

Senior Dental Officers ... W. A. Allen, B.D.S.,
J. M. Enderby, L.D.S.
H. Taylor, L.D.S.
G. A. Thompson, B.CH.D.

School Dental Officers—

I. F. Ash, B.CH.D.
G. H. Bulcock, L.D.S.
Joan M. Davison, L.D.S.
W. H. Dyke, L.D.S.
C. H. Elphick, L.D.S.
P. F. A. Eltome, L.D.S.
J. D. Franks, L.D.S.
Mary M. Gibson, L.D.S.
R. K. L. Gilchrist, B.CH.D.
Kathleen M. Golding, L.D.S.
P. E. Goward, B.D.S.
J. F. Gravely, L.D.S.
M. Hattan, L.D.S.
S. Henry, L.D.S.
Asenath M. Holburn, L.D.S.
F. Kershaw, L.D.S.
S. Levinson, L.D.S.
Valerie P. Lindsay, L.D.S.
F. Lister.
Margaret Lord, B.D.S.
E. S. Midgley, L.D.S.
S. Mitchinson, L.D.S.
Joyce Neden, B.D.S.
D. B. Owen, L.D.S.
G. B. Reid, L.D.S.
Jessie Rothera, L.D.S.
F. H. Sanderson, L.D.S.
Susanne E. Schloss, L.D.S.
B. Sleight, B.CH.D.
P. Smith, L.D.S.
Marian M. Thom, L.D.S.
E. Thornton, L.D.S.
P. W. Thornton, L.D.S.
J. Todd, L.D.S.
Phyllis M. Wilkinson, B.D.S.
H. M. Yuile, L.D.S

24 part-time

Senior Dental Technician ... ... J. O. Ford.

9 Technicians.
2 Boy Dental Apprentices.
53 Dental Surgery Assistants

PUBLIC HEALTH INSPECTORS

Chief County Public Health Inspector ... L. Butterworth.

County Public Health Inspector ... ... D. Greenwood.

ADMINISTRATIVE AND CLERICAL

Chief Clerk	G. Richardson, D.P.A.
Sectional Clerks	J. H. Milne, D.P.A. W. J. Battye. H. Beatson. T. Myton, D.P.A. R. S. Marshall. T. R. Schofield, D.P.A.
Senior Clerk	E. Brown.

26 Divisional Senior Clerks
322 Other Clerical Staff (including part-time staff)

DOMESTIC HELPS

2,404 Domestic Helps (5 whole-time).

ANALYST

County Analyst	R. Mallinder, B.SC., F.R.I.C. (part-time).
Deputy County Analyst	J. C. Harrel, F.R.I.C. (part-time).

PART I

VITAL STATISTICS

Area and Population

Births

Deaths

VITAL STATISTICS

Area and Population:

The area and population of the aggregates of Municipal Boroughs and Urban Districts, Rural Districts, and the Administrative County are appended:—

	Municipal Boroughs and Urban Districts	Rural Districts	Administrative County
Area (acres)	380,318	1,226,601	1,606,919
Population:			
Census, 1961 ... (Preliminary Report)	1,185,461	463,674	1,649,135
Estimated (mid-1961)	1,189,510	468,300	1,657,810

Number of Municipal Boroughs, 13; Urban Districts, 55; Rural Districts, 21; Total 89.

Summary for 1961:

The live birth rate was 17·2; the still birth rate per 1,000 total births 20; the live premature birth rate per 1,000 live births was 69. The death rate from all causes was 12·1; diphtheria nil; whooping cough 0·001; measles 0·005; meningococcal infections 0·003; acute poliomyelitis 0·004; tuberculosis, respiratory 0·064; tuberculosis, other forms 0·001; respiratory diseases 1·44; cancer 1·98; heart and circulatory diseases 4·50 per 1,000 population. Infant mortality was 25; and maternal mortality 0·27 per 1,000 total births.

A comparison of the figures for the past 72 years is given in the following table:—

Year	Live Birth Rate	Still Births per 1,000 total births	Death Rates							
			All Causes	Infective and Parasitic Diseases	Tuberculosis, Respiratory	Tuberculosis, Other Forms	*Respiratory Diseases	Cancer	Maternal Mortality per 1,000 total 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	†	112
1920–1929	20·2	†	12·4	0·56	0·68	0·25	2·08	1·20	†	82
1930–1939	15·5	46	12·1	0·30	0·48	0·13	1·24	1·46	4·70	62
1940–1949	18·1	31	12·2	0·16	0·39	0·09	1·43	1·73	1·95	47
1950	16·3	24	11·8	0·10	0·25	0·04	1·18	1·83	0·98	35
1951	15·8	26	12·7	0·10	0·24	0·04	1·48	1·80	0·93	32
1952	15·4	25	11·5	0·07	0·16	0·03	1·11	1·92	0·80	30
1953	15·7	25	11·6	0·08	0·16	0·02	1·20	1·88	0·51	29
1954	15·1	26	11·9	0·08	0·16	0·02	1·16	2·01	0·89	28
1955	15·3	26	11·7	0·07	0·11	0·01	1·17	1·90	0·67	26
1956	16·4	23	11·8	0·07	0·11	0·02	1·22	1·89	0·52	27
1957	16·6	24	11·7	0·07	0·08	0·01	1·22	1·87	0·51	26
1958	16·7	23	11·9	0·05	0·09	0·01	1·29	1·97	0·43	24
1959	16·5	20	11·6	0·04	0·07	0·01	1·26	1·99	0·36	24
1960	16·9	22	11·5	0·06	0·06	0·01	1·15	1·98	0·73	22
1961	17·2	[20	12·1	0·05	0·06	0·00	1·44	1·98	0·27	25

* Combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis and influenza.

† Figures not available.

‡ This rate is for the 10 years 1900-1909.

Births:

The number of registered live births was 28,553, the resultant birth rate per 1,000 population being 17·2. Still births registered during the year totalled 590 equivalent to a rate of 20·2 per 1,000 total births. Further reference to these vital events appears on page 80.

Deaths:

There were 19,995 registered deaths allocated to the Administrative County representing a crude rate of 12·1 per 1,000 of the population. This is the highest rate recorded since 1951 and corresponds to a rate of 11·5 in 1960 and 11·7 in the quinquennium 1956-60. Much of this increased mortality resulted from the influenza epidemic during the first Quarter.

The age-sex distribution of the population differs from area to area throughout the country and crude death rates, although based on actual occurrences, do not provide an accurate comparative mortality index. To enable more realistic comparisons of the mortality between different areas to be made, weighting factors are applied to the crude rates. The deaths rates from all causes for the past eight years, adjusted by the appropriate factors, for the aggregates of Boroughs and Urban Districts, Rural Districts, the Administrative County, also the rates for England and Wales are given below.

Year	Boroughs and Urban Districts	Rural Districts	Administrative County	England and Wales
1954	12·8	11·4	12·5	11·3
1955	12·7	11·0	12·3	11·7
1956	13·1	12·0	12·9	11·7
1957	12·9	12·0	12·7	11·5
1958	13·3	12·1	13·0	11·7
1959	13·0	11·6	12·7	11·6
1960	12·9	11·9	12·6	11·5
1961	13·7	12·8	13·4	12·0

PERINATAL MORTALITY:

This term is a measure of the hazards to the fœtus and newborn baby which are present during the latter months of pregnancy, at birth, and in the period immediately following. It is used to describe the combination of still births and deaths in the first week of life with the resultant rate expressed per 1,000 total

births. The 1961 rate of 34·2 was 1·7 per 1,000 less than in the previous year and was the second lowest rate recorded in the period since 1951 when these statistics were introduced. At ages 1 week up to 1 year the resultant rate was 10·1 per 1,000 total births which, although higher than in 1960, compares favourably with the annual average for the remaining years for which statistics are available. This group mortality is discussed further on page 86.

INFANT MORTALITY:

The number of infants who died during the first year of life was 703, equivalent to a rate of 24·6 per 1,000 live births. The rate is the highest registered since 1957 and while it is disappointing having to record a setback it is considered that this is merely a temporary fluctuation in the downward trend. Details of the cause of the deaths and death rates at various periods under 1 year are given on page 82.

PRINCIPAL CAUSES OF DEATH:

The commonest causes, or cause groups, of death were in descending order, heart and circulatory diseases (7,455); malignant neoplasms (3,283); vascular lesions of the nervous system (3,045); diseases of the respiratory system (2,717); accidents, suicide and violence (906). In aggregate these diseases accounted for 17,406 deaths or 87 per cent. of the total mortality; their relative frequency during the past five years is indicated in the table appended:—

Percentage contribution of the five principal cause groups of death to all causes

	1957	1958	1959	1960	1961
Malignant neoplasms	16·1	16·5	17·1	17·3	16·4
Vascular lesions of nervous system ..	16·8	16·2	15·7	16·1	15·2
Heart and circulatory diseases	36·9	38·5	37·2	37·9	37·3
Diseases of respiratory system ..	11·7	11·1	12·4	10·2	13·6
Accidents, suicide and violence ..	4·6	4·6	4·8	4·8	4·5

The number of deaths classified according to cause and age appears below:—

	1 Year	under 5	under 15	under 25	under 45	under 65	under 75	over	Total
1. Tuberculosis, respiratory	1	1	—	2	12	49	30	11	106
2. Tuberculosis, other	1	—	—	—	—	1	—	—	2
3. Syphilitic disease	—	—	—	—	2	6	10	6	24
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	1	—	—	—	—	—	—	—	1
6. Meningococcal infections	3	1	1	—	—	—	—	—	5
7. Acute poliomyelitis	1	2	—	2	1	—	—	—	6
8. Measles	2	4	2	—	—	—	—	—	8
9. Other infective and parasitic diseases ...	6	—	4	—	3	11	7	4	35
Total–Infective & Parasitic Diseases excl. Tub.	*13*	*7*	*7*	*2*	*6*	*17*	*17*	*10*	*79*
10. Malignant neoplasm, stomach	—	—	—	—	15	173	184	141	513
11. Malignant neoplasm, lung, bronchus ...	—	—	—	1	32	332	214	88	667
12. Malignant neoplasm, breast	—	—	—	—	13	154	80	68	315
13. Malignant neoplasm, uterus	—	—	—	—	11	65	45	25	146
14. Other malignant and lymphatic neoplasms	1	5	16	18	71	528	457	469	1,565
15. Leukæmia, aleukæmia	—	6	5	4	7	20	21	14	77
Total—All forms of Cancer	*1*	*11*	*21*	*23*	*149*	*1,272*	*1,001*	*805*	*3,283*
16. Diabetes	—	—	2	1	6	39	58	62	168
17. Vascular lesions of nervous system ...	—	—	1	5	36	453	855	1,695	3,045
18. Coronary disease, angina	—	—	—	—	69	1,076	1,283	1,167	3,595
19. Hypertension with heart disease	—	—	—	—	1	66	132	206	405
20. Other heart disease	1	1	—	8	55	326	546	1,586	2,523
21. Other circulatory disease	—	—	—	1	17	123	199	592	932
Total—Heart and Circulatory Diseases	*1*	*1*	—	*9*	*142*	*1,591*	*2,160*	*3,551*	*7,455*
22. Influenza	3	2	—	5	14	66	88	149	327
23. Pneumonia	87	14	1	3	20	115	206	493	939
24. Bronchitis	24	10	1	3	14	363	421	442	1,278
25. Other diseases of respiratory system ...	6	—	2	1	14	61	42	47	173
Total—Diseases of the Respiratory System incl. Influenza and excluding Tuberculosis	*120*	*26*	*4*	*12*	*62*	*605*	*757*	*1,131*	*2,717*
26. Ulcer of stomach and duodenum ...	—	—	—	—	7	39	52	51	149
27. Gastritis, enteritis and diarrhœa	24	3	1	1	6	17	22	28	102
28. Nephritis and nephrosis	—	1	4	3	16	44	30	41	139
29. Hyperplasia of prostate	—	—	—	—	—	3	27	68	98
30. Pregnancy, childbirth, abortion	—	—	—	2	6	—	—	—	8
31. Congenital malformations	139	10	11	2	6	15	3	4	190
32. Other defined and ill-defined diseases ...	388	20	8	16	53	231	263	569	1,548
33. Motor vehicle accidents	1	13	14	64	53	52	34	35	266
34. All other accidents	14	12	17	17	57	84	62	187	450
35. Suicide	—	—	1	6	42	99	25	10	183
36. Homicide and operations of war	—	—	—	2	1	3	1	—	7
Total—Accidents, Suicide and Violence	*15*	*25*	*32*	*89*	*153*	*238*	*122*	*232*	*906*
Total—All Causes	703	105	91	167	660	4,614	5,397	8.258	19,995

TUBERCULOSIS:

Deaths from all forms of tuberculosis continued to fall to a new record low level; there were 108 deaths compared with 117 in 1960 and an annual average of 152 in the period 1956-60. The corresponding death rates per 1,000 population were 0·07, 0·07 and 0·09 respectively. Apart from temporary setbacks during the two world wars and the years immediately following the second mortality has progressively declined and the end of epidemic prevalence appears an attainable object.

Mortality from the respiratory forms of the disease numbered 106 representing a death rate of 0·06 compared with 101 (0·06) in 1960 and an annual average of 133 (0·08) in the quinquennium 1956-60. The age and sex distribution followed the pattern of recent years with a preponderance of males in the ratio of 5: 1 and males 45 years or over making the major contribution to total mortality. Chemotherapy intensively applied, also alert contact tracing, B.C.G. vaccination, diagnostic radiological services, improved nutrition and environmental conditions have effected remarkable improvements in incidence and mortality yet their success must not permit any relaxation of effort towards eradication of the disease.

Deaths from other forms fell to the record low total of 2, both females, aged 9 months and 54 years. The equivalent death rate was 0·001 per 1,000 population compared with a rate of 0·010 based on 16 deaths in 1960 and an annual average of 0·011 from 18 deaths in 1956-60. The infant death was a posthumous notification of tuberculous meningitis and the other from tuberculosis of the spine, this case having been on the tuberculosis register since 1948. The whole of he Administrative County is included in " Specified Areas " which means that all retailed milk is now restricted to pasteurised, sterilised or tuberculin tested. This specification of milk supplies, which began in 1953 and was completed in 1960, together with the general scheme of elimination of bovine tubercle in herds, should eliminate the risk of infection from bovine sources.

INFECTIVE AND PARASITIC DISEASES:

Deaths assigned to this group totalled 79 compared with 95 in the previous year and an annual average of 92 in the years 1956-60; the equivalent death rates were 0·05, 0·06 and 0·06 respectively.

Compared with the previous year there were minor fluctuations in mortality; syphilitic disease fell from 38 to 24, whooping cough from 2 to 1, and the residual group " other infective and parasitic diseases " from 50 to 35. These gains were partially offset by increases due to measles from nil to 8, acute poliomyelitis from 1 to 6, and meningococcal infections from 4 to 5, while for the seventh successive year there was no death from diphtheria.

Syphilitic disease remains a public health problem but it is satisfactory that during the past decade there has been no death under 1 year; the majority of the deaths was of elderly persons. The single death from whooping cough was of a boy of 3 months who had not commenced his course of immunisation. Although the case fatality ratio of meningococcal infections has decreased appreciably in recent years the disease remains the most fatal among the common infectious diseases. Of the 5 deaths, 3 related to infants under 1 year, the age at which it is notoriously difficult to diagnose. The deaths from poliomyelitis all related to cases notified during the year. There were 3 male deaths aged 20, 22 and 36; also 3 of females aged 9 months, 1 year and 3 years. Regarding the males, the youngest died within three days of onset and it is interesting that

although no further cases arose among his fellow workpeople, the daughter of one employee developed the illness shortly afterwards but fortunately recovered. It is presumed that the eldest male was infected from a concurrent outbreak in a neighbouring County Borough but the other male and female fatalities had no apparent connection with any other case. Following the introduction of antibiotics the case fatality ratio of measles has fallen considerably; it was, of course, a measles year with notifications totalling 29,225 which, when related to the 8 deaths, is equivalent to a mortality ratio of 0·03 per cent.

CANCER:

Deaths from this group of diseases, including leukæmia, numbered 3,283 equivalent to a death rate of 1·98 per 1,000 population compared with 3,273 deaths (1·98) in 1960 and an annual average of 3,170 (1·94) in the period 1956-60. In total, deaths from malignant disease show a slightly rising trend; this, of course, is to be expected in an ageing population and in 1961 an average of 63 persons died each week from this cause. Reductions in mortality were recorded from certain sites but these gains were exceeded by the increase from lung and bronchus.

As will be seen in the table below, the relative contribution to mortality from the separately classified sites has not changed during the past 6 years; lung and bronchus was the leading site followed by, in descending order, stomach, breast and uterus.

Year		Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukæmia, Aleukæmia	Total all Sites
1956	M.	298	439	5	—	773	38	1,553
	F.	203	80	272	145	780	33	1,513
	T.	501	519	277	145	1,553	71	3,066
1957	M.	301	473	2	—	832	39	1,647
	F.	216	66	296	144	638	38	1,398
	T.	517	539	298	144	1,470	77	3,045
1958	M.	307	467	2	—	823	57	1,656
	F.	228	82	315	178	721	32	1,556
	T.	535	549	317	178	1,544	89	3,212
1959	M.	318	556	1	—	839	46	1,760
	F.	250	62	263	161	729	30	1,495
	T.	568	618	264	161	1,568	76	3,255
1960	M.	295	505	3	—	905	48	1,756
	F.	225	77	316	152	707	40	1,517
	T.	520	582	319	152	1,612	88	3,273
1961	M.	300	564	6	—	804	44	1,718
	F.	213	103	309	146	761	33	1,565
	T.	513	667	315	146	1,565	77	3,283

Mortality from lung cancer continued its upward trend; there were 667 deaths which again is the highest annual total recorded. Compared with the previous year deaths from this site increased by 14·6 per cent. and were 97·9 per cent. higher than in 1950. Pronounced male excess mortality was again in evidence in the ratio 5 : 1 but it is interesting to note that although this ratio tends to fluctuate slightly from year to year it is the lowest recorded since 1955. No reasonable person is now in any doubt that cigarette smoking is a contributory

factor in the increase in incidence of lung cancer. As the time-lag between cause and effect is probably not less than 20 years the impact of increased smoking of cigarettes by women which commenced during the war years is becoming apparent. Latterly, research has been directed to the smoking habits of the population generally and in particular to those of young people. In adults the smoking habit is often firmly ingrained and our propaganda is therefore being focussed at young people so that the acquisition of the habit may be avoided. Although other avenues for further investigation, especially in regard to atmospheric pollution, are being pursued none so far has cast any serious doubt as to the prime causative factor.

It has often been said that we cannot buy good health but in respect of lung cancer it is suggestive that we can indeed buy ill-health and pay dearly for it. Deaths debited to suicide already average 180 to 200 a year; should we not add the majority of lung cancer deaths too ?

The number of deaths from the other separately classified sites remained relatively stable around the average level of the past decade, so too did deaths from leukæmia. Research into the hazard associated with radiation proceeds at national level as does the survey into the ætiology of childhood malignancies in conjunction with the Department of Social Medicine at Oxford University, referred to on page 165.

Vascular Lesions of the Nervous System:

In this group there were 3,045 deaths which represent 15·2 per cent. of total deaths all causes and a death rate of 1·84 per 1,000 population. Slight variations in mortality are recorded from year to year but an upward trend is apparent and it is significant that 84 per cent. of the deaths related to persons aged 65 years or over. Indeed mortality increased progressively with age; at ages under 45 years deaths numbered 42, in the age group 45-64 years 453 (14·9 per cent. of the total deaths from this group of diseases), at ages 65-74 years 855 (28·1 per cent.) and 75 years or over 1,695 (55·7 per cent.). Excess female mortality was in evidence at ages 25 years and upwards which was especially pronounced at ages of 75 years and over.

Heart and Circulatory Diseases:

This group continued to exact its high toll; deaths totalled 7,455 compared with 7,187 in the previous year the same as the annual average for the period 1956-60; the resultant death rates per 1,000 population being 4·50, 4·35 and 4·40 respectively. The majority of the deaths were of middle aged and elderly people, 76·6 per cent. were aged 65 years or over and 21·3 per cent. in the 45-64 years age group. At ages under 75 years there was an excess of male mortality which was significantly greater in the 45-64 years age group while at ages 75 years and upwards female deaths predominated.

Coronary disease and angina again carried a higher mortality than any other disease. This group was responsible for 3,595 deaths, 79 greater than in the previous year and 374 more than the annual average for 1956-60. There was the familiar male excess of mortality in all age groups to 74 years; this was especially evident at ages 45-64 years; indeed, these deaths represented 29 per cent. of the total male mortality at these ages.

The number of deaths from the other separately classified causes tends to fluctuate with no trend apparent. Mortality from hypertension with heart disease decreased slightly but other heart and circulatory diseases increased

appreciably and it may be that the influenza epidemic was a contributory factor. The number of deaths and mortality rates per 1,000 population in the past 7 years are given below:

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Other circulatory disease		Total	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1955	2,721	1·69	503	0·31	2,989	1·86	862	0·54	7,075	4·39
1956	2,960	1·83	471	0·29	2,964	1·83	835	0·52	7,230	4·47
1957	3,024	1·86	433	0·27	2,748	1·69	773	0·48	6,978	4·30
1958	3,367	2·07	508	0·31	2,765	1·70	844	0·52	7,484	4·59
1959	3,238	1·98	413	0·25	2,582	1·58	823	0·50	7,056	4·31
1960	3,516	2·13	415	0·25	2,351	1·42	905	0·55	7,187	4·35
1961	3,595	2·17	405	0·24	2,523	1·52	932	0·56	7,455	4·50

DISEASES OF THE RESPIRATORY SYSTEM:

The two outbreaks of influenza, in January/February which affected most parts of the County and in November/December in the northern parts, considerably influenced mortality in this group. The number of deaths increased from 1,933 in 1960 and an annual average of 2,151 in the quinquennium 1956-60 to 2,717, the highest recorded total since 1951, also an influenza year. The corresponding mortality rates per 1,000 population were 1·17, 1·32 and 1·64 respectively. Deaths from the individual causes were influenza 327 (30 in 1960), pneumonia 939 (682), bronchitis 1,278 (1,061), and other diseases of the respiratory system 173 (160).

Mortality from influenza increased to the highest recorded since 1951, and it is significant that while mortality occurred in most age groups it was heaviest at ages 65 years and over. In total there was only a slight excess female mortality but at ages 75 years upwards it was pronounced.

Pneumonia was again prevalent during the first quarter of the year and, although continuing as a major cause of death, was unrelated to notifications and was a secondary rather than primary cause of death in many instances. Mortality was heavy among infants under 1 year (9 per cent.), at ages 65-74 years (22 per cent.) and ages 75 years or over (52 per cent.).

For a number of years mortality from chronic bronchitis, aptly referred to as the " English disease " has remained relatively constant around 1,100 deaths per annum; in 1961, it increased to 1,278 the highest total since 1951. The age/sex distribution closely followed the pattern established in recent years, mortality being relatively high in infants under 1 year, fairly low at ages to 44 years, thereafter progressively increasing. Overall there was the usual excess male mortality at approximately 3 : 1.

In the Report of the Medical Research Council published in 1961, reference is made that in middle-aged and elderly men the recorded mortality from

bronchitis is 40 times greater in Britain than in Scandinavia or the United States and has not declined in the past 20 years. Intensive research into this problem has been continued over the past decade and field studies have clarified many problems and provided new techniques for wider and more intensive study. According to the Report " while much further research is needed it is already clear that cigarette smoking and air pollution are two important factors in the causation of the disease. There is little doubt that effective measures taken against these hazards could prevent much of the ill-health, suffering, and premature mortality which chronic bronchitis at present inflicts on the population of this country ".

The Report strengthens the hands of Medical Officers of Health who are persisting with the task of enforcing and introducing further smoke control areas and providing yet further evidence in our propaganda efforts to wean the cigarette smoker from his addiction.

MATERNAL MORTALITY:

The number of deaths from the group, pregnancy, childbirth and abortion, decreased to 8, equivalent to a rate of 0·27 per 1,000 live and still births; both mortality and rate are the lowest yet recorded in the Administrative County. In comparison with the previous year there were fluctuations in the individual causes of maternal deaths, details of which appear on page 88.

VIOLENCE:

Mortality from this group, accidents, suicide and other violent causes, continued at a high level. A total of 906 deaths was recorded compared with 908 in 1960 and an annual average of 894 in the period 1956-60. Deaths from the separately classified causes were motor vehicle accidents 266, other accidents 450, suicide 183, and homicide and operations of war 7.

For the past eight years, with the co-operation of Medical Officers of Health, statistics of accidental deaths in the home have been compiled; the relative frequency of these deaths and others assigned to the various violent causes are given in the subjoined table:—

Year	Motor Vehicle Accidents	Accidents in the Home	All other Accidents	Suicide	Homicide and Operations of War	Total Accidents, Suicide, Homicide
1954	167	238	236	157	11	809
1955	177	240	267	183	12	879
1956	188	244	258	182	8	880
1957	175	245	228	214	15	877
1958	205	237	256	186	3	887
1959	204	264	252	186	13	919
1960	241	255	209	192	11	908
1961	266	248	202	183	7	906

Mortality from motor vehicle accidents again increased to the highest annual total recorded since statistics for this group have been separately classified. A heavier toll was taken of the male population in the ratio of 3 : 1 and, following the experience of recent years, the majority of deaths were in the 15-44 years age group. That these deaths constitute a major problem cannot be emphasised too frequently; it is indeed a sombre thought that at ages 15-24 years half the total male deaths in the age group were due to motor vehicle accidents.

Other deaths by accident decreased slightly to the lowest total recorded since 1952 but remain a major cause of disability and mortality. Fatalities from

home accidents far exceed the number of deaths from certain diseases which create apprehension in the minds of the public but, whether it be apathy or because the average home accident involves a small group or, more usually, an individual, public opinion seems largely oblivious to this toll of lives, which to a large extent, is preventable. Mortality in itself is formidable indeed and in combination with non-fatal accidents the justification of intensification of our propaganda measures is clearly underlined.

The principal causes of fatal home accidents are indicated in the following table:—

Cause of Death		Age at Death — Years						
		Under 1	1–4	5–44	45–64	65–74	75 and over	All Ages
Accidental poisoning by solid and liquid substances ...	M.	—	—	3	4	2	—	9
	F.	—	1	3	2	—	2	8
Accidental poisoning by gases and vapours	M.	—	—	1	2	3	5	11
	F.	—	—	—	1	6	7	14
Accidental falls	M.	1	—	—	4	10	33	48
	F.	1	—	1	7	18	92	119
Accidents caused by burns ...	M.	—	—	2	—	2	3	7
	F.	—	—	4	1	—	2	7
Inhalation of food or vomit ...	M.	2	1	4	—	—	—	7
	F.	—	—	—	1	2	—	3
Accidental mechanical suffocation	M.	4	—	1	—	—	—	5
	F.	2	1	—	—	—	—	3
Other and unspecified accidents	M.	1	—	2	—	—	1	4
	F.	—	—	1	—	—	2	3
Total	M.	8	1	13	10	17	42	91
	F.	3	2	9	12	26	105	157

Mortality was heaviest at ages 65 years or over and, with an increasing proportion of the population, particularly women, reaching these older ages it is to be expected that fatalities will continue at a high level.

Accidental falls made the major contribution, being responsible for 167 deaths or 67 per cent. of the total fatal home accidents. Females were more vulnerable, especially at ages 75 years and over. Approximately a third of the total falls were returned as " unspecified " which is a reflection of the high proportion of these old people who lived alone.

The second highest cause was accidental poisoning by gases and vapours which contributed 25 deaths. Old people were most frequently concerned, dying from coal gas poisoning. This is a special problem for temporary loss of memory or impaired sense of smell were probably the underlying causes of many of these tragedies. Extracting the carbon monoxide, the poisonous element, from domestic gas is relatively simple in the laboratory but on the industrial scale it is a complicated matter. Research is proceeding on various fronts and while the results of the large-scale trials now being conducted by the Gas Council have not yet been evaluated the production of a non-toxic domestic gas appears to have taken a decisive step forward.

Fatalities from accidental poisoning by solid and liquid substances, 17, were the next heaviest contributor; barbiturates and their derivatives were incriminated in 12 cases and the remainder from various substances ranging from aspirin to weed-killer.

Burns and scalds caused fewer deaths than in recent years; fatal burns fell from 21 in 1960 to 14 and scalds from 6 to nil. Coal fires were responsible for 3 deaths, electric fires 2, electrocution 3, oil heater 1, and unspecified burns 5.

There were 10 deaths from inhalation of food or vomit and 8 from accidental mechanical suffocation. Of these latter deaths 6 were of infants in the first year of life, all being suffocated in their cots in association with bedclothes or rubber sheets. While it is distressing having to report the continued high level of these fatalities it is satisfactory that for the first time for a number of years there was no death of an infant from overlaying whilst in bed with parents.

Suicides numbered 183 compared with 192 in 1960 and an annual average during the period 1956-60 of 192. The distribution by age, sex, and external agent employed is given in the following table:—

External Agent		Age at Death — Years						
		Under 15	15-24	25-44	45-64	65-74	75 and over	All ages
Domestic Gas Poisoning ...	M.	—	2	13	27	4	1	47
	F.	—	—	6	11	12	3	32
Other Poisoning	M.	—	3	6	7	—	1	17
	F.	1	—	7	12	3	1	24
Hanging or Strangulation ...	M.	—	—	2	16	—	1	19
	F.	—	—	—	2	—	—	2
Drowning	M.	—	1	—	7	2	1	11
	F.	—	—	2	6	2	1	11
Firearms	M.	—	—	3	3	—	—	6
	F.	—	—	—	1	—	—	1
Cutting or Piercing Instruments	M.	—	—	1	2	1	—	4
	F.	—	—	—	2	1	—	3
Jumping from High Places ...	M.	—	—	1	1	—	1	3
	F.	—	—	—	1	—	—	1
Other Agents	M.	—	—	1	1	—	—	2
	F.	—	—	—	—	—	—	—
Total—All Agents ...	M.	—	6	27	64	7	5	109
	F.	1	—	15	35	18	5	74

Domestic gas was by far the most frequent agent employed being incriminated in 79 cases or 43 per cent. of total suicides. Other forms of poisoning accounted for 41 deaths; 27 from barbiturates and their derivatives and 10 from aspirin. Drowning claimed 22 deaths and hanging or strangulation 21; the majority of these deaths being of persons 45 to 64 years.

It is recognised that social isolation influences the incidence of successful suicides and although information is not available as to the number of suicides who lived alone 16 of the females were spinsters over the age of 40 years and 2 were widows.

CHILD MORTALITY:

Mortality among children aged 1-4 years again increased to the highest total recorded since 1955; deaths numbered 105 compared with 97 in the previous year and an annual average of 94 in the period 1956-60. The equivalent death rates per 1,000 children living in the age group were 0·98; 0·92 and 0·94 respectively.

The table overleaf gives, for certain periods, the number of childhood deaths allocated to the various major causes also the corresponding age group death rates.

Considerable improvements in mortality at these ages have been achieved in the period covered by the table; the deaths of 1961 represent only 4·5 per cent. of the annual average recorded in 1911-15. Deaths from accidents, pneumonia and cancer continued at a relatively high level while loss of child life from infective and parasitic diseases, tuberculosis, diarrhœa and many of the less common diseases has reached minimal proportions and further permanent reductions in mortality, although possible, will be difficult to achieve. Of the 25 accidental deaths, 13 were caused by motor vehicles and 3 resulted from accidents at home. Deaths from cancer numbered 11 of which 6 were from leukæmia.

Cause of Death	Annual Averages for Quinquennia						1955	1956	1957	1958	1959	1960	1961
	1911–15	1927–31	1935–39	1940–44	1945–49	1950–54							
Measles	439	107	27	18	10	4	4	1	1	—	2	—	4
Whooping cough	167	67	29	20	11	5	1	2	—	—	2	1	—
Diphtheria	110	47	51	32	5	1	—	—	—	—	—	—	—
Other infective and parasitic diseases, excluding tuberculosis	54	45	18	13	7	9	7	5	15	5	4	5	3
Tuberculosis, respiratory	47	13	5	4	4	1	—	—	—	—	—	—	1
Tuberculosis, other	201	82	37	39	30	11	3	3	2	—	2	1	—
Cancer	3	5	4	6	4	9	12	7	10	7	10	7	11
Heart and circulatory diseases	4	3	2	1	1	—	—	1	—	—	1	1	1
Influenza	6	43	10	11	4	2	—	—	6	2	—	—	2
Pneumonia	457	321	121	85	42	19	11	14	15	15	11	9	14
Bronchitis	150	42	10	17	9	6	5	7	5	7	4	5	10
Other diseases of respiratory system	49	15	6	5	3	2	4	1	—	3	1	2	—
Diarrhœa and other digestive diseases	248	45	38	23	17	4	6	2	4	4	4	2	3
Congenital debility, malformations	12	9	7	10	12	13	20	8	10	7	12	12	10
Accidents	82	54	50	47	38	27	24	30	20	21	19	29	25
Other causes	323	119	52	45	30	23	18	2	12	13	15	23	21
All causes	2,352	1,017	467	376	227	136	115	101	100	84	87	97	105
Death rate per 1,000 living in the age group ...	17·13	10·62	5·09	4·17	2·23	1·29	1·17	1·05	1·02	0·85	0·86	0·92	0·98

PART II

DIVISIONAL ADMINISTRATION

DIVISIONAL ADMINISTRATION

In my last Report I stated that the number of divisions had been reduced from 31 to 23 in accordance with the policy of the County Council. No further amalgamations were effected during the year under review and the following table gives details of each division:—

Div. No.	County Districts	Population (Estimated Mid. 1961)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional or Area Nursing Officer	Address of Divisional Health Office
1	Barnoldswick U.	10,250	2,764	Dr. M. Hunter Mr. K. A. Knowles Miss F. Stevenson	Water Street, Skipton Tel. Skipton 2438/9
	Earby U.	5,140	3,519		
	Silsden U.	5,230	7,101		
	Skipton U.	12,990	4,211		
	Bowland R.	4,720	83,327		
	Sedbergh R.	3,700	52,674		
	Settle R.	13,790	152,087		
	Skipton R.	23,750	146,071		
		79,570	451,754		
3	Keighley B.	56,060	23,611	Dr. V. P. McDonagh Mr. A. S. Sanderson Miss J. Butterworth	3, Bow Street, Keighley Tel. Keighley 2244/5
4	Baildon U.	12,090	2,831	Dr. J. Battersby Mr. F. G. Falkingham Miss M. Tattersall	P.O. Box 24, Town Hall, Shipley Tel. Shipley 51363
	Bingley U.	22,430	11,418		
	Denholme U.	2,560	2,536		
	Shipley U.	29,880	2,184		
		66,960	18,969		
5	Pudsey B.	34,980	5,323	Dr. A. Telford Burn Mr. A. Hartley Miss D. Topley	The Green, Horsforth Tel. Horsforth 2252
	Aireborough U.	27,690	6,856		
	Horsforth U.	15,340	2,706		
	Ilkley U.	18,110	8,610		
	Otley U.	11,750	2,934		
	Wharfedale R.	7,190	39,378		
		115,060	65,807		
7	Ripon City	10,490	1,812	Dr. N. V. Hepple Mr. L. R. Wilkinson Mrs. E. R. Beard	Municipal Offices, Harrogate Tel. Harrogate 5031
	Harrogate B.	56,350	8,320		
	Knaresborough U.	9,150	2,494		
	Nidderdale R.	15,230	75,009		
	Ripon and Pateley Bridge R.	13,280	124,861		
		104,500	212,496		
9	Tadcaster R.	27,360	72,987	Dr. R. G. Smithson Mr. F. H. Atack Miss G. Jones	Hallfield Lane, Wetherby Tel. Wetherby 2738
	Wetherby R.	21,980	64,424		
		49,340	137,411		
10	Goole B.	18,830	1,267	Dr. S. K. Appleton Mr. R. Towell Mrs. W. Taylor	6/7, Belgravia, Goole Tel. Goole 936/7
	Selby U.	10,440	3,848		
	Goole R.	8,640	36,776		
	Selby R.	6,540	32,909		
		44,450	74,800		

Div. No.	County Districts	Population (Estimated Mid. 1961)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional or Area Nursing Officer	Address of Divisional Health Office
11	Castleford B.	40,400	4,394	Dr. J. M. Paterson Mr. C. R. Pickering Miss M. E. Thomas	"Castledene," Pontefract Road, Castleford Tel. Castleford 4201
	Normanton U.	18,390	3,066		
		58,890	7,460		
12	Pontefract B.	27,190	4,865	Dr. J. F. Fraser Mr. W. Carver Mrs. W. Taylor	Baghill House, Walkergate, Pontefract Tel. Pontefract 3291
	Featherstone U.	14,710	4,424		
	Knottingley U.	11,160	2,835		
	Osgoldcross R.	7,950	33,954		
		61,010	46,078		
13	Morley B.	40,750	9,494	Dr. A. Withnell Mr. A. Wright Miss A. M. Seelig	Windsor House, Morley Tel. Morley 4281/2
	Ossett B.	14,860	3,333		
	Horbury U.	8,660	1,280		
	Wakefield R.	20,580	21,344		
		84,850	35,451		
15	Batley B.	39,720	4,457	Dr. J. F. Caithness Miss K. Lister Miss G. Jones	Market Place, Batley Tel. Batley 666
	Heckmondwike U.	8,490	696		
		48,210	5,153		
16	Garforth U.	14,690	4,020	Dr. A. L. Taylor Mr. S. Hobson Miss G. Jones	Oulton Lane, Rothwell Tel. Rothwell 2326/7
	Rothwell U.	25,530	10,698		
	Stanley U.	16,960	4,866		
		57,180	19,584		
17	Spenborough B.	36,680	8,251	Dr. W. M. Douglas Mr. P. Marshall Miss G. Jones	Elm Bank, Bradford Road, Cleckheaton Tel. Cleckheaton 2331/2
	Mirfield U.	12,390	3,394		
		49,070	11,645		
18	Brighouse B.	30,980	7,873	Dr. F. Appleton Mr. G. O. Richardson Miss C. J. Barker	Mill House, Huddersfield Road, Brighouse Tel. Brighouse 796
	Elland U.	18,360	5,946		
	Queensbury and Shelf U.	9,290	2,795		
		58,630	16,614		
19	Todmorden B.	17,420	12,789	Dr. N. E. Gordon Mr. H. Marshall Miss D. M. E. Goldthorpe	Abraham Ormerod Medical Centre, Todmorden Tel. Todmorden 382
	Hebden Royd U.	9,440	7,084		
	Ripponden U.	5,920	13,289		
	Sowerby Bridge U.	16,280	5,763		
	Hepton R.	3,680	21,758		
		52,740	60,683		
20	Colne Valley U.	21,330	16,054	Dr. E. Ward Mr. G. A. Beatson Vacancy	"Woodville," Scar Lane, Golcar Tel. Milnsbridge 933/4
	Denby Dale U.	9,340	10,165		
	Holmfirth U.	18,400	17,648		
	Kirkburton U.	18,080	13,847		
	Meltham U.	5,450	5,906		
	Saddleworth U.	17,110	18,485		
		89,710	82,105		

Div. No.	County Districts	Population (Estimated Mid. 1961)	Acreage	Divisional Medical Officer, Senior Clerk and Divisional or Area Nursing Officer	Address of Divisional Health Office
22	Hoyland Nether U.	15,880	1,998	Dr. J. Main Russell Mr. T. D. Lund Mrs. M. Craig	Mortomley Hall, High Green, nr. Sheffield Tel. High Green 292
	Penistone U.	7,070	5,593		
	Stocksbridge U.	10,990	4,630		
	Penistone R.	7,310	29,003		
	Wortley R.	49,460	48,698		
		90,630	89,922		
23	Hemsworth U.	14,430	4,163	Dr. J. S. Walters Mr. G. Ellis Miss S. Willett	Adiscombe House, Barnsley Road, Hemsworth Tel. Hemsworth 377
	Hemsworth R.	52,240	29,019		
		66,670	33,182		
25	Cudworth U.	9,040	1,746	Dr. R. Barnes Mr. L. S. Wrigg Miss C. Janse	33 Queen's Road, Barnsley Tel. Barnsley 2247/8
	Darfield U.	6,890	2,018		
	Darton U.	14,090	4,717		
	Dodworth U.	4,140	1,857		
	Royston U.	8,550	1,423		
	Wombwell U.	18,810	3,838		
	Worsbrough U.	14,660	3,420		
		76,180	19,019		
26	Conisbrough U.	17,650	1,593	Dr. D. J. Cusiter Mr. P. Goddard Miss V. Dunford	Dunford House, Wath upon Dearne Tel. Wath 2251/2
	Dearne U.	26,510	3,888		
	Mexborough U.	16,990	1,452		
	Rawmarsh U.	19,680	2,602		
	Swinton U.	13,440	1,718		
	Wath upon Dearne U.	15,190	2,677		
		109,460	13,930		
27	Adwick le Street U.	18,180	3,605	Dr. J. Ferguson Mr. W. S. Knivett Mrs. A. Corless	Station Road, Doncaster Tel. Doncaster 61571
	Bentley with Arksey U.	22,980	4,950		
	Tickhill U.	2,590	5,580		
	Doncaster R.	66,150	75,092		
		109,900	89,227		
29	Thorne R.	35,210	38,419	Dr. G. Higgins Mr. J. T. Howitt Mrs. W. Taylor	Council Offices, P.O. Box 4, Thorne Tel. Thorne 3130
31	Maltby U.	13,990	4,788	Dr. J. M. Watt Mr. A. Hill Miss F. Keynes	"Edenthorpe," Grove Road, Rotherham Tel. Rotherham 3131/2
	Kiveton Park R.	19,740	20,070		
	Rotherham R.	59,800	28,741		
		93,530	53,599		

Administrative liaison is an important feature not only within the scheme of Divisional Administration but also of co-operation with general medical practitioners. Too much importance cannot be attached to the monthly meetings of Divisional Medical Officers at which matters of topical interest are discussed, where information can be disseminated, where constructive comment on existing schemes can be made and where the expansion of existing services or the introduction of new schemes can be considered with the advantage of securing a measure of uniformity throughout the County without in any way restricting local initiative. The matters discussed are too numerous to set out in detail as they cover the whole field of the preventive medical services but the importance of these meetings, to which the Chairman of the West Riding Health Committee is always invited, may be stressed further by reference to the fact that on occasions representatives of other Departments and of other organisations have attended meetings to submit their views on specific matters. The Director of the Public Health Laboratory, Wakefield, the County Ambulance Officer, the County Welfare Officer, and representatives of the N.S.P.C.C. have all been made welcome.

Liaison is not only a matter of internal administration. Many of the matters discussed at the conferences of Divisional Medical Officers are of extreme importance to general practitioners and, through the medium of the Standing Sub-Committee on Co-operation— a Sub-Committee composed of representatives of the general practitioners and of the Health Department—such matters are brought to the notice of general practitioners. This does not mean that such liaison is merely one sided. General practitioners can themselves, and indeed do so, raise matters for discussion at the meetings. Three such meetings were arranged during the course of the year at which the following matters were discussed:—

February

Mental Health Act. Payment of Fees for Certification.

Immunisation Record Cards.

Influenza Immunisation.

Midwives Act, 1951. Role of Midwife in relation to blood tests taken by General Practitioners.

Poliomyelitis Vaccination of Non-Priority Groups.

Rheumatic Fever.

Diphtheria Swabbing.

Relationship between General Practitioners and Mental Welfare Officers.

May

Tetanus and Diphtheria Immunisation of School Children—Report of Antigen Working Party.

Telephone Directory Entries for Nursing Staff.

Poliomyelitis Vaccination in pregnancy.

Hospital Ante natal Clinic Defaulters.

Notification Form for Commencement of Labour.

Oral Poliomyelitis Vaccine.

Mental Health Service—Payment of Medical Recommendation in Court Cases.

Use of Stuart's Medium in V.D. work.

Cleckheaton Health Centre.

Halibut Liver Oil Capsules for School Children.

Research into Leukæmia and Cancer.

Human Relations in Obstetrics.

November

Certification of Still Births.

Supplies of Oxygen for Emergencies.

A.T.S. Administration by District Nurses.

Early Notification of Poliomyelitis.

Disposable Syringes.

Ascertainment of Blind and Partially Sighted Persons.

Attempted Suicide—Ministry of Health Circular 24/61.

Assessment of Hearing Defects in Young Children.

Immunisation Schedules—Ministry of Health Circulars E.C.N.379 (E.C.L. 88/61).

Vaccination against Influenza.

Nursing of patients dying from Cancer and other causes.

Training of County Council Ambulance Crews.

Divisional Medical Officers have a fund of knowledge on all matters affecting the preventive medical services and they are encouraged in their capacity of Medical Officers of Health, to give such information as may be reasonably made available to County District Councils.

PART III

EPIDEMIOLOGY

Notification of Infectious Disease

Vaccination and Immunisation

TUBERCULOSIS

VENEREAL DISEASES

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; *chicken-pox* is notifiable under Section 147 of the same Act in some West Riding County Districts; *food poisoning* under Section 26 of the Food and Drugs Act, 1955. The following communicable diseases are compulsorily notifiable under the regulations stated in parentheses—*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 (Amendment) Regulations, 1954); *tuberculosis* (Tuberculosis Regulations, 1952); *malaria*, *dysentery and acute primary and influenzal pneumonia* (Infectious Diseases Regulations, 1953); *plague* (Notification of Case of Plague (General) Regulations, 1900). *Anthrax* became notifiable as from 1st December, 1960, under the provisions of the Public Health (Infectious Diseases) Amendment Regulations, 1960. The contagious diseases of syphilis, gonorrhoea and soft chancre (classed under the term venereal diseases) and scabies are not compulsorily notifiable.

The following summary shows the number of notifications in 1961 of each notifiable disease, being the number of cases originally notified and the final numbers after revision of diagnosis.

AGE GROUP	[illegible] FEVER		[illegible] COUGH		(PARALYTIC)		(NON-PARALYTIC)								INFECTION	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	468	445	380	461	20	19	3	3	14,931	14,273	—	—	707	694	21	13
(All ages)	913		841		39		6		29,204		—		1,401		34	
Final numbers after correction																
Under 1 year	3	2	50	50	1	2	—	—	506	533	—	—	37	28	3	5
1—2 years	11	12	26	39	2	2	—	—	1,485	1,386	—	—	42	50	1	1
2—3 „	31	29	51	58	1	1	1	—	1,954	1,835	—	—	42	36	1	1
3—4 „	50	38	45	55	1	1	—	—	2,055	2,069	—	—	35	35	4	—
4—5 „	70	61	53	54	1	3	—	—	2,105	2,030	—	—	50	28	1	—
5—9 „	238	233	128	166	4	5	2	2	6,404	6,000	—	—	159	136	4	2
10—14 „	46	48	21	29	—	1	1	—	281	294	—	—	61	47	—	1
15—24 „	12	12	3	4	3	1	—	—	43	51	—	—	34	54	1	—
25 and over	5	6	1	2	3	2	—	—	33	34	—	—	124	150	3	3
Age unknown	—	4	2	1	—	—	—	—	68	59	—	—	8	10	1	—
	466	445	380	458	16	18	4	2	14,934	14,291	—	—	592	574	19	13
Total (all ages)	911		838		34		6		29,225		—		1,166		32	

AGE GROUP	ACUTE PNEUMONIA		SMALLPOX		ACUTE ENCEPHALITIS (INFECTIVE)		ACUTE ENCEPHALITIS (POST-INFECTIOUS)		ENTERIC OR TYPHOID FEVER		PARATYPHOID FEVERS		ERYSIPELAS		FOOD POISONING	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified ...	436	367	—	—	2	1	2	4	—	2	5	6	33	45	57	41
(All ages)	803		—		3		6		2		11		78		98	
Final numbers after correction																
Under 5 years	38	30	—	—	—	—	—	1	—	—	1	2	1	1	12	3
5—14 „	43	26	—	—	—	—	2	2	—	—	—	1	3	—	7	4
15—44 „	88	78	—	—	1	—	—	1	—	2	1	2	3	14	10	9
45—64 „	162	97	—	—	—	—	—	—	—	—	2	1	14	17	3	2
65 and over	104	131	—	—	—	—	—	—	—	—	1	—	10	13	—	1
Age unknown	—	4	—	—	—	—	—	—	—	—	—	—	2	—	3	4
	435	366	—	—	1	—	2	4	—	2	5	6	33	45	35	23
Total (all ages)	801		—		1		6		2		11		78		58	

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

Disease	*Number of corrected notifications*								
	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever	2,991	1,993	1,633	1,496	1,277	1,949	2,441	1,536	911
Whooping Cough	5,821	3,252	3,112	4,265	2,089	1,226	953	3,227	838
Acute Poliomyelitis (paralytic)	101	44	244	35	78	99	12	6	34
Acute Poliomyelitis (non-paralytic)	25	20	86	28	17	53	8	—	6
Measles	19,853	5,558	29,357	3,281	28,352	6,183	24,480	4,636	29,225
Diphtheria	1	4	—	—	—	2	3	—	—
Dysentery	455	1,454	1,310	2,685	1,377	2,513	1,169	954	1,166
Meningococcal Infection	37	41	39	71	64	48	30	23	32
Acute Pneumonia (primary or influenzal)	1,585	1,144	1,121	1,098	1,324	909	1,007	530	801
Smallpox	14	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	7	4	2	3	8	5	1	5	1
Acute Encephalitis (post-infectious)	3	4	4	2	5	2	1	1	6
Enteric or Typhoid Fever (excluding Paratyphoid)	2	5	5	1	—	—	4	—	2
Paratyphoid Fevers	10	30	25	14	3	3	7	1	11
Erysipelas	302	307	263	186	179	173	167	136	78
Food Poisoning	329	276	346	572	290	135	256	358	58
Ophthalmia Neonatorum	20	17	15	13	7	9	6	5	6
Puerperal Pyrexia	141	131	136	98	77	84	66	61	68
Tuberculosis:									
Respiratory	1,223	1,084	1,033	866	802	763	627	547	550
Other Forms	247	206	205	184	132	117	115	75	89
*Chicken-pox	739	694	370	474	359	712	434	900	278
†Malaria	14	9	2	2	—	1	—	—	1
Anthrax	—	—	—	—	—	—	—	2	1

*Chicken-pox 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.

Tetanus Immunisation:

With the increased use of triple vaccine a large number of infants are now receiving protection against tetanus before they reach their first birthday. Triple vaccine has, however, been in use only since 1957, and the majority of children now at school did not receive protection against tetanus in infancy. The general policy in the County is to give tetanus protection to these children at the same time as giving a diphtheria immunisation booster dose. This is done by using the combined diphtheria/tetanus antigen at appropriate times, as shown in the schedule on page 161.

The number of children who received protection against tetanus during 1961 is as follows:—

Age at Final Injection	
Under 1 year	10,453
1—2 years	8,823
2—3 years	1,635
3—4 years	1,031
4—5 years	751
5—9 years	6,700
10—15 years	2,425
Total	31,818

When a patient has received anti-tetanus serum at a hospital, it is now the accepted practice in the Leeds Hospital Board Region for the hospital authorities to give the patient a letter advising him to go either to his own general practitioner or to the local health authority for active immunisation. This is done to avoid the increased danger of anti-tetanus serum reactions on any future occasion.

Scarlet Fever:

Corrected notifications again decreased markedly to 911 compared with 1,536 in 1960, and an annual average of 1,931 in the decennium 1951-60; indeed, the total for 1961 was the lowest ever recorded. Nationally, incidence was yet lower at 0·43 per 1,000 population compared with the County's 0·55. Following the experience of recent years, notifications were most numerous in young children, only 14·6 per cent. being 10 years or over. The seasonal incidence was, as in former years, greatest in autumn and winter.

The disease continues to be mild and, save for exceptional cases, hospitalization is unnecessary and fatalities are rare.

Whooping Cough:

The high incidence in 1960 appears to have been merely a temporary fluctuation in the downward trend for in 1961 notifications decreased to the record low total of 838. These notifications represent a mere 21·5 per cent. of the average annual number recorded since 1940 when notification was introduced generally. Seasonally, greater prevalence was apparent during the spring and autumn.

Age-sex incidence continued to follow established trends; 11·9 per cent. of the cases were under 1 year, 45·5 per cent. in the 1-4 years age group and only 42·6 per cent. at higher ages, with higher incidence among females persisting throughout.

IMMUNISATION AGAINST WHOOPING COUGH:

Whooping cough vaccine has continued to be available either as a single antigen or in combination with the diphtheria and/or tetanus antigens, but the majority of the children immunised received protection through the combined antigens.

During the year 23,564 children received a full course of immunisation against whooping cough and since facilities were first introduced in 1952 a total of 132,208 children have been immunised under the County scheme. The number of children protected in the 0-4 years age group is 77,386, representing 72·5 per cent. of the total population in this age group.

Of the 825 notifications of whooping cough in the 0-14 years age group, only 95 concerned children who had been immunised against this disease. One death from whooping cough was notified; this was a child under one year who had not been immunised.

Poliomyelitis:

Although incidence was higher than in the two previous years it was the third lowest experienced since 1947 when the disease came into prominence in this country. The diagnosis was confirmed in 40 cases; 34 paralytic, 6 non-paralytic, the age-sex distribution of which appears on page 49. The resultant incidence rate was 2·4 cases per 100,000 population compared with 0·4 in 1960 and an annual average for 1947 onwards of 8·4.

No large outbreaks comparable to those of former years occurred and, although the majority of cases appeared sporadically as isolated incidents, there were three instances of multiple cases in families or small groups of associated persons.

Serological typing was undertaken in 27 cases with the following results:—

Age Group (years)	Type 1		Type 3	
	Paralytic	Non-paralytic	Paralytic	Non-paralytic
Under 1	1	–	2	–
1— 4	8	–	1	–
5— 9	5	3	3	1
10—24	–	–	–	–
25 and over	3	–	–	–
Total ...	17	3	6	1

Seasonally, of the seven cases investigated serologically up to mid-July, six were type 3, the seventh case with type 3 not being notified until mid-November. Serological typing has only been undertaken during the past two or three years but so far type 2 virus has not been isolated from West Riding cases.

It is generally recognised that the inactivated Salk vaccine confers a useful measure of protection against the paralytic form of the disease and the summary below indicates the effective vaccination state of the cases notified.

Injections of vaccine, where the interval between injection and onset of the illness was less than 28 days are excluded from the study.

Age Group (years)	Paralytic					Non-Paralytic				
	Number of Injections					Number of Injections				
	0	1	2	3	4	0	1	2	3	4
Under 1	3	–	–	–	–	–	–	–	–	–
1— 4	9	1	–	2	–	–	–	–	–	1
5— 9	9	–	–	–	–	2	–	1	–	1
10—14	–	–	–	1	–	–	–	–	1	–
15—24	2	–	1	1	–	–	–	–	–	–
25 and over	4	1	–	–	–	–	–	–	–	–
Total ...	27	2	1	4	–	2	–	1	1	2

Although based on relatively small numbers, the excess of cases arising in unvaccinated persons supports the belief that the vaccine provides a considerable degree of protection.

VACCINATION AGAINST POLIOMYELITIS:

There was no further extension of the age groups eligible for vaccination against poliomyelitis during the year, so far as Local Health Authority Schemes were concerned, although the Minister of Health announced that as from 1st January, 1961, poliomyelitis vaccination would be available to persons over the age of 40. In making this announcement the Minister made it clear that the vaccination of persons up to the age of 40, and of certain persons subject to special risk, would continue to be within the Local Health Authority scheme, but that the vaccination of persons outside these groups would be done through the general practitioner service.

Vaccination under the County scheme continued throughout the year, and a total of 313,781 anti-poliomyelitis injections were given. Although this does not compare with the peak year of 1959—when the figure was 533,677–it is a considerable increase on the 266,143 injections given during 1960.

By the end of the year 361,128 children and adolescents under the age of 18 years had been vaccinated with two injections of poliomyelitis vaccine. In the 18-26 year group, 103,972 young people have been protected and in the 27-40 years group the number is 42,640. The number of persons (all groups) who have received a third injection now totals 432,916.

In April, 1961, the Minister of Health announced that, in view of the greater risk of infection to which children in school are exposed, it would be in order to offer a fourth injection of Salk vaccine to children in the 5-12 years age group. A total of 73,026 West Riding children subsequently received a fourth injection of Salk vaccine. The recommended course for all other age groups remained at three injections.

There was some difficulty in obtaining supplies of Salk vaccine towards the end of the year; due, no doubt, to a switch-over from Salk to oral vaccine by the manufacturers in anticipation of the introduction of oral vaccine. Oral vaccine was, in fact, made available to Local Health Authorities in February, 1962, full details being given in Ministry of Health Circular 3/62.

Measles:

The first half of the year was marked by a high prevalence of the disease; notifications, which had begun to increase during the autumn of 1960, increased sharply during February and remained at a high level until June after which they gradually declined and remained low throughout the last four months of the year.

Measles is primarily a disease of childhood and few children escape much beyond their entrance to school without contracting the illness; indeed, 54·6 per cent. of the notifications related to children under the age of 5 years. Fortunately, by far the majority of cases were mild and, as indicated in the following table, fatality ratios in recent years have reached negligible proportions:—

Year	Number of notifications	Number of deaths	Fatality ratio (deaths per 100 notifications)	Year	Number of notifications	Number of deaths	Fatality ratio (deaths per 100 notifications)
1948	16,545	15	0·09	1955	29,357	4	0·01
1949	16,489	18	0·11	1956	3,281	1	0·03
1950	15,763	9	0·06	1957	28,352	5	0·02
1951	25,194	17	0·07	1958	6,183	1	0·02
1952	13,938	7	0·05	1959	24,480	6	0·02
1953	19,853	9	0·05	1960	4,636	—	—
1954	5,558	3	0·05	1961	29,225	8	0·03

Diphtheria:

After the set-backs in 1958 and 1959, when respectively there were 2 and 3 cases, it is pleasing to report that for the second successive year the County was free from this infection.

There is, however, no room for complacency for, while the disease is no longer generally epidemic in this country, small localised outbreaks continue to occur indicating that there is still a hard core of infection. We are now dealing with a generation of parents who have never known the seriousness of the disease or the tragedies for which it was once responsible; consequently there is considerable apathy to be overcome though every artifice of propaganda is used to raise the immunisation state to the highest level.

DIPHTHERIA IMMUNISATION:

The number of children who received immunisation during 1961, together with figures for previous years, are shown in the following table:—

Year	Number of children who completed a full course of immunisation			Number of children who were given a reinforcing injection
	Under 5	5—14	Total	
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
1952	15,798	5,298	21,096	23,390
1953	13,768	4,893	18,661	22,614
1954	15,207	5,013	20,320	22,515
1955	13,566	4,516	18,082	18,663
1956	14,874	4,367	19,241	18,130
1957	15,032	4,803	19,835	15,034
1958	17,273	2,368	19,641	9,541
1959	20,162	2,892	23,054	14,852
1960	23,351	5,363	28,714	21,653
1961	23,982	8,108	32,090	20,557

Over thirty two thousand children completed a primary course of immunisation against diphtheria, this being the largest number yet recorded. A further twenty thousand children received reinforcing injections. Of the children who received primary immunisation, the greatest increase over previous years was in the 5-14 age group. This was partially due to special drives in certain areas and a greater response from parents, stimulated no doubt by the outbreaks of diphtheria occurring in some parts of the country during the early months of 1961. It is also encouraging to note that a good proportion of infants are receiving protection against diphtheria before their first birthday. The following table shows the progress made in this group during recent years:—

Children immunised before first birthday

Year	*Number Immunised*	*Percentage of population in age group*
1955	1,781	7·5
1956	2,623	10·2
1957	9,189	35·9
1958	11,269	42·2
1959	13,732	51·2
1960	17,511	65·8
1961	17,532	62·8

The ultimate aim is to immunise at least 75 per cent. of children before they attain their first birthday.

The following table gives details of the immunisation state at the end of the year of the child population 0-14 years inclusive, compared with previous years:—

Number Immunised

Year	Under 5	Percentage of population under 5	5—14	Percentage of population 5—14	Total under 15	Percentage of population under 15
1948	59,795	44·1	139,194	65·0	198,989	56·9
1949	64,811	46·7	143,966	65·8	208,777	58·4
1950	66,484	47·9	150,179	67·1	216,663	59·7
1951	66,077	47·4	150,177	70·1	216,254	61·5
1952	60,885	46·4	177,875	74·8	238,760	64·7
1953	54,304	42·9	198,151	81·4	252,455	68·2
1954	55,990	45·2	217,052	87·5	273,042	73·4
1955	53,180	43·6	224,126	88·3	277,306	73·8
1956	53,147	43·6	233,120	90·2	286,267	75·2
1957	54,572	44·1	231,100	89·2	285,672	74·6
1958	58,457	46·4	226,593	87·3	285,050	73·9
1959	64,878	50·5	219,178	85·1	284,056	73·6
1960	73,078	55·4	226,566	88·5	299,644	77·3
1961	83,024	61·7	234,805	92·1	318,829	81·9

Dysentery:

Although notifications increased slightly from 954 in 1960, to 1,166, reported incidence compared favourably with an average of 1,740 cases per annum in the period 1956-60. The seasonal incidence differed slightly from the pattern which has come to be associated with dysentery in the country generally in that notifications were progressively lower quarter by quarter.

	Male	*Female*	*Total*	*Percentage of Annual Total*
First Quarter ..	296	256	552	47·3
Second Quarter ..	176	165	341	29·3
Third Quarter ..	66	81	147	12·6
Fourth Quarter ..	54	72	126	10·8
Total ..	592	574	1,166	100·0

Notifications by sex and age groups during the past five years were as follows:—

	Males				Females				Persons			
	All ages	0—	5—	10+	All ages	0—	5—	10+	All ages	0—	5—	10+
1957	733	245	215	273	644	209	142	293	1,377	454	357	566
1958	1,236	380	421	435	1,277	361	387	529	2,513	741	808	964
1959	597	191	168	238	572	173	146	253	1,169	364	314	491
1960	478	181	105	192	476	155	97	224	954	336	202	416
1961	592	206	159	227	574	177	136	261	1,166	383	295	488

The usual tendency of the disease to be prevalent in pre-school and primary school children was again in evidence as was male excess at ages under 10 years.

Sonne dysentery, which is characterised by its mildness and low fatality rate, continues to dominate the picture. Experience indicates that direct and indirect contact with cases or carriers rather than food or food utensils is the main factor in transmission. The practice of young children infecting their hands at visits to the toilets then transferring the infection endorses the need for a high standard of personal hygiene. Only detailed attention to cleanliness and, above all, the simple yet effective measure of thoroughly washing the hands after each visit to the W.C. will prevent its dissemination.

Meningococcal Infection:

Meningococcal infection as distinct from " cerebro-spinal " fever has been notifiable from 1950, since when notifications have fluctuated but have tended to pursue a downward trend. The total of 32, although greater than in the two preceding years, compares favourably with the annual average of 47 in the period 1950-60.

The number of corrected notifications and deaths since 1950 are given below:-

Year	Number of notifications	Number of deaths	Fatality ratio (Deaths per 100 notifications)
1950	55	14	25·5
1951	57	13	22·8
1952	50	6	12·0
1953	37	12	32·4
1954	41	15	36·6
1955	39	10	25·6
1956	71	9	12·7
1957	64	13	20·3
1958	48	7	14·6
1959	30	6	20·0
1960	23	4	17·4
1961	32	5	15·6

Incidence continued to be highest in young children—8 notifications related to infants under 1 year and 9 in the 1-4 years age group—and lowest in those of school age.

The infection is one of the problems in the elimination and control of infectious disease, although providing an early diagnosis is made modern treatment is usually effective.

Smallpox:

No case of smallpox has been reported in the Administrative County since 1953.

The safest method of control in this country is the tightening of international precautionary measures, supplemented by the " ring " vaccination of contacts in those relatively rare instances where a case slips through the defences. An important second line of defence is, of course, the vaccination and regular re-vaccination of all persons who are at special risk, e.g. doctors, nurses, health department staffs, ambulance staffs and possibly also some persons working at airports and seaports. The first case in any smallpox outbreak is rarely diagnosed, and doctors, nurses and others in these priority groups could be exposed to infection without realising it.

During December, Medical Officers of Health throughout the country were alerted following the diagnosis of two cases among Pakistani immigrants and steps were immediately taken in this Department to ensure that the medical and nursing staff were fully protected by re-vaccination. A number of contacts were traced to the North, but, fortunately, they did not contract the disease. This alert was the precursor to an outbreak involving 14 cases in Bradford and district which was to occur in January, 1962.

VACCINATION AGAINST SMALLPOX:

Prior to 1960 vaccination was offered to the parents or guardians of all children during the early months of life, but after considering the whole question of vaccination and immunisation of children against a number of diseases, it was decided to offer vaccination against smallpox to children between the ages of 18 and 24 months, reactions being fewer and less severe at this age. The reduction in the number of vaccinations in the age group " under one " and the fall in the vaccination rate during 1960 and 1961 is no doubt due to this postponement of vaccination to the second year of life.

The following table shows the number of vaccinations and re-vaccinations performed during the years 1958-1961:—

	Vaccinations						Re-Vaccinations					
Year	Under 1	1	2–4	5–14	15 or over	Total	Under 1	1	2–4	5–14	15 or over	Total
1958	9,213	1,009	477	393	669	11,761	45	7	50	200	1,299	1,601
1959	9,563	909	431	365	751	12,019	5	7	56	175	1,237	1,480
1960	6,857	946	480	419	780	9,482	2	5	39	212	1,264	1,522
1961	5,250	2,053	720	502	746	9,271	2	14	79	280	1,497	1,872

One case of generalised vaccinia was reported during the year in a child under one year of age, and the following is a clinical report on the case:—

Generalised maculopapular rash. Rash developed 18.5.61 on arms. Vesicle developed at vaccination area next day. 20.5.61: Generalised rash, some with vesiculation on trunk and back and limbs. Child was peevish but not pyrexial or itchy. Rash disappeared in 2 to 3 days.

Acute Encephalitis:

Cases of the disease are classified as " post-infectious " if associated with an attack of an acute infectious disease and, in instances where no such relationship is established, the classification of " infective " is made. Confirmation of diagnosis was made in 7 cases; 1 infective and 6 post-infectious.

None of the cases had any apparent connection. Of the post-infectious cases, 2 each were associated with chicken-pox, measles and mumps.

Enteric Fevers:

TYPHOID FEVER:

The history of enteric fever goes back many years but it was not until 1941 that typhoid and paratyphoid fevers became separate entities for notification purposes. Since that time the annual number of notifications of typhoid fever has fluctuated within the range of nil to 27; in 1961, the diagnosis was confirmed in 2 cases.

The first case was of an Italian woman who came to this country with her husband to do domestic service. There was a history of a typhoid-like illness before she embarked and it is considered that this was a relapse. Specimens from all contacts gave negative bacteriological results.

Case 2 was of a 16 year old girl who, in an organised party of senior scholars, teachers and friends, had visited Perpignan, Tarragona and Barcelona during August. Towards the end of the visit a number of the party fell ill with gastro-intestinal symptoms, the girl being the most seriously affected. On return home she improved slightly but as she did not appear to be making a recovery to normal the family doctor was called in and later she was admitted to hospital where the diagnosis of typhoid fever was made. All contacts were traced and found to be negative.

During his investigations the Medical Officer of Health was informed that the master who organised the trip took the trouble of communicating with the travel agents regarding the preventive inoculations recommended and he was informed by them that the area to which they were going did not call for such precaution. The risk is, however, not negligible in many countries bordering on the Mediterranean Sea. The question of advising school parties of the possibility of precautions against the danger was discussed with Divisional Medical Officers and subsequently, with the co-operation of the Chief Education Officer, a letter, reproduced below, was circulated to the Heads of all West Riding Secondary Schools.

" The County Medical Officer has raised with me a problem which has come to his notice concerning the danger of school parties contracting typhoid fever and other intestinal infections while travelling abroad. Apparently members of one West Riding party on return from an organised trip to Spain suffered intestinal discomfort of one kind or another and one of the party actually had typhoid fever. In this case the master who organised the trip had been ad-

vised by the travel agents concerned that the area which the party was to visit was not one which called for preventive inoculation. The County Medical Officer, however, emphasises that there is a danger, of differing degrees, around the Mediterranean coast and some other parts of Europe and that the danger is well recognised by the Ministry of Health, who advise all persons going abroad to be vaccinated against typhoid and paratyphoid fevers.

The decision as to whether or not an individual is to be inoculated is, of course, a personal one, but it is thought that Heads should be informed of the situation and be asked to consult the Divisional Medical Officer, who is the best person to advise on the matter in the first instance, for advice on any particular trip. The County Health Department does not normally give inoculations of this type, and presumably the family doctor would be the person involved if it should be thought necessary to inoculate."

PARATYPHOID FEVERS:

Notifications were more numerous than in the four preceding years; eleven cases were confirmed, the age-sex distribution of which appears on page 49. Eight of these cases arose in three families, the remainder being sporadic and unrelated.

Regarding the family outbreaks, two cases were of a 6 months old infant and her 5 year old sister. Members of the family and other contacts were thoroughly investigated but the source of the infection was undiscovered.

Four cases were notified in one week from a County District, three relating to the same family. The outbreak was of a farming family involving the father, mother and son. Milk produced at the farm, which normally was farm bottled, was sent for pasteurisation and, fortunately, the family were very co-operative in assisting the Medical Officer of Health in his enquiries. The farm premises, animals, feeding stuffs, all gave negative results. Isolations of phage type Beccles var. 5 were reported from the family also the fourth case; this prompted investigations to try to discover a common vehicle of infection. Desiccated coconut came under suspicion but was finally eliminated and in spite of intensive enquiries again the sources of the original family infection and of the single case were not traced.

Three notifications, apparently unconnected with any of the other cases, related to another family, of whom the mother, baby boy and the mother's father were found to be infected with phage type Beccles var. 5. Again, extensive questioning, with special reference to confectionery and coconut gave no guide as to the source of the outbreak.

Isolations of phage type Beccles var. 5 were reported about this time also from York, Dewsbury and Leeds County Boroughs and Dr. Shaw of the Medical Research Council visited the areas to try to unearth a common denominator. Enquiries on a wide scale and examination of numerous products, however, failed to reveal a common vehicle of infection.

Food Poisoning:

As in previous years information in regard to the incidence of food poisoning has been obtained from the statutorily notified cases and the reports of Medical Officers of Health on outbreaks and associated investigations. Notifications only numbered 58 but additionally 304 cases were ascertained during the course of investigations, a total of 362 incidents compared with 663 in 1960, and an

annual average of 468 in the period 1956-60. In addition there were 14 single cases of salmonella typhi-murium not food-borne and 3 symptomless excreters reported. The main microbial causes are shown in the table:—

Presumed Causal Agent	Family Outbreaks		Other Outbreaks		Sporadic Cases	Total Cases
	Number	Cases Involved	Number	Cases Involved		
Salmonella Typhi-murium	2	7	—	—	19	26
Other Salmonellæ	—	—	—	—	6	6
Cl. Welchii	—	—	4	66	2	68
Staphylococci	—	—	1	136	16	152
Other organisms	—	—	—	—	20	20
Not discovered	2	8	1	66	16	90
All agents	4	15	6	268	79	362

The number of incidents involving salmonellæ decreased remarkably from the experience of previous years; the foods responsible however were not identified conclusively. The source and mode of spread of salmonellosis continues to be a serious problem and perhaps the decrease in 1961 is a sign that the control measures are beginning to show effect. Studies into the source of contamination of both animal and human foods, also the possible application of even more stringent control measures, are being maintained.

There were 4 outbreaks due to cl. welchii but, fortunately, only 66 cases were involved. As is usual, these outbreaks were due to or were associated with inadequately cooked or re-heated meat and meat products. Infection by cl. welchii could be eliminated if good food hygiene was practised in association with correct cooking technique, refrigeration and kitchen methods.

The largest outbreak of food poisoning which occurred was due to staphylococcus aureus. The ease by which infection can be introduced through carelessness and non-compliance with the Food Hygiene Regulations is underlined in Dr. F. Appleton's report on the outbreak:—

> " On Friday, 13th October, a meal consisting of meat pie, carrots, potatoes, gravy and peas, and sago pudding, eaten at two secondary and a junior and infants school was prepared as usual in the school canteen of one of the secondary schools; the number of persons partaking the meal being 50 infants and 110 juniors and staff, 220 including staff at one secondary school, and 215 including staff at the other secondary school.
>
> Seventy-five children and staff of the school where the meal was prepared were affected with varying degrees of vomiting on the late evening of Friday and early morning of Saturday. On the whole the older children and staff were affected more than the younger ones, possibly because they ate more. At the other secondary school, to which the meal travels in containers, 40 children and 3 staff were involved. Again vomiting occurred in the majority of cases and here too the older ones were particularly affected. Only the Headmaster, 12 infants and 5 juniors were affected at the third school.
>
> The occurrence of symptoms was between eight and fifteen hours after ingestion of the meal.
>
> I was assured that the meat was fresh, having been received on the Thursday, trimmed, put in the refrigerator and minced and cooked on Friday, the day it was eaten.

On examination of the hands of the cooks, one of them had an adhesive dressing on her finger of the ordinary permeable type. This was removed to expose a cut. A swab taken of the finger lesion grew Staphylococcus aureus, coagulase positive. Since my visit the cook has worn a waterproof occlusive dressing and her finger has now healed.

No case of food poisoning was notified and apparently the parents of very few children and none of the staff indeed consulted their doctors."

As is inferred, carelessness makes a major contribution to the incidence of the disease and while observance of the Food Hygiene Regulations will do much to reduce incidence dissemination could be reduced still further if high standards of kitchen and personal hygiene were practised by all persons engaged in the preparation and handling of food.

Opthhalmia Neonatorum:

In the Ophthalmia Neonatorum Regulations the disease is defined as " a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth." Should cases arise it is imperative that treatment should be administered promptly if impaired vision or total blindness is to be prevented. Since 1950 the number of notifications has fallen considerably; in 1961 only 6 cases were notified, each case responding to treatment with no impairment of vision.

Puerperal Pyrexia:

In 1951, revised Regulations were introduced defining puerperal pyrexia as " any febrile condition occurring in a woman in whom a temperature of 100·4°F (38°C) or more has occurred within fourteen days after childbirth or miscarriage." Since then notifications have averaged 107 per annum compared with 68 in 1961.

Anthrax:

Reference was made in last year's Report to the measures taken towards achieving a reduction in incidence and the introduction of the Public Health (Infectious Diseases) Amendment Regulations, 1960, under which the disease became generally notifiable as from 1st December of that year. Since then three cases have been notified, two in 1960 and one in 1961. The latter was a classical case with pustules on back of neck. A week prior to his illness the patient had been laying turf and samples of the raw bone meal which had been used as a fertiliser in his work were sent for examination. The culture was at first negative, but on sub-cultures, following passage through a guinea-pig and mouse, the organism grew satisfactorily. The Director of the Public Health Laboratory reported that the organism was relatively insensitive to penicillin and streptomycin but when serum was administered, the patient progressed satisfactorily.

Influenza:

Although not a notifiable disease, the prevalence of influenza is clearly reflected in the increase in the weekly returns of new claims to sickness benefit issued by the Ministry of Pensions and National Insurance, school absenteeism, notifications of pneumonia and deaths attributed to influenza.

Incidence had remained low throughout 1960, but by mid-January there was a significant increase particularly in the North and West of the Riding and moderate prevalence elsewhere. From then on incidence rose and spread in an intermittent wave southwards and across the Riding from West to East.

Accounts received suggested that the illness generally was of sudden onset with malaise, headache, spasmodic coughs and temperatures up to 104°. For the most part the illness was sharp, lasting for 4 or 5 days and although a number of fatal cases occurred among elderly persons the impression gained was that the infection was not as severe as the 1957 outbreak.

At the outset adults chiefly were affected and there was no appreciable effect on school attendance; later, however, up to 25 per cent. absenteeism was reported at some schools although it was difficult to make a true assessment due to a marked prevalence of measles.

At the height of the epidemic general practitioners were inundated with cases but there was no undue cause for anxiety. From samples taken during the epidemic and examined serologically influenza virus, Type A.2, was isolated and for reference purposes was numbered A/Eng/95/61.

By mid-February the epidemic had subsided and, although a few pockets of infection persisted, generally incidence quickly returned to sub-epidemic proportions.

An unusually late outbreak occurred in a girls' public school in the Harrogate Division. The school has 300 pupils, 140 of whom fell ill during the four weeks ending mid-May. The symptoms included frontal headache, pyrexia, sore throat, laryngitis and tracheitis or bronchitis, and in one case pneumonia was reported.

The illness in uncomplicated cases lasted for 8 to 10 days. Serological tests on several patients showed a high titre of antibody to influenza B, strongly suggestive of current infection. This was an isolated incident and no further associated outbreaks occurred.

Towards the end of November there was considerable incidence in the Ripon area chiefly affecting school children. During December incidence also increased in the neighbouring Harrogate area causing up to 50 per cent. absenteeism in some schools. The illness was characterised by pyrexia, dry cough, anorexia and, in some cases, vomiting. The duration of the illness, however, was about four days with little post-influenzal debility. There was no virological confirmation available but at that time small pockets of infection elsewhere in the country were caused by virus B.

At the year-end, during a period of severe weather, it was apparent that there were a number of incidents, patchy in character in the North of the Riding within a triangle Skipton, Ripon, Harrogate, gravitating to Pudsey. A variety of infections were prevalent including influenza types A and B, Coxsackie and Echo virus, singly and in combination, with influenza B probably the most frequently isolated. This pattern of infection continued in the northern part of the Riding until the end of January, 1962.

TUBERCULOSIS

Deaths from Tuberculosis:

There were 108 deaths from tuberculosis (106 respiratory and 2 non-respiratory), representing a death rate of 0·065 (0·064 respiratory and 0·001 non-respiratory), which corresponds with the England and Wales death rate of 0·072 (0·065 respiratory and 0·007 non-respiratory). Details of deaths are given in the following table:—

Classification	Age at Death in Years																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.	M.	F.	
Respiratory ...	1	–	1	–	–	–	–	2	6	6	43	6	30	–	7	4	88	18	106
Non-respiratory	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	2	2
Totals ...	1	1	1	–	–	–	–	2	6	6	43	7	30	–	7	4	88	20	108

Notification of Tuberculosis:

There were 616 primary notifications of tuberculosis arising during the year and 23 supplemental notifications, a total of 639 as compared with 622 (592 primary and 30 supplemental) notifications in 1960. Details of the new cases 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	2	9	6	8	16	12	31	49	74	70	42	11	331
Respiratory, Females ...	1	2	5	13	13	23	22	46	34	20	14	4	3	200
Non-Respiratory, Males ...	–	–	6	3	2	3	5	7	5	–	4	2	1	38
Non-respiratory, Females ...	–	–	3	5	3	4	7	11	4	2	2	4	2	47
														616
SUPPLEMENTAL NOTIFICATIONS:														
Respiratory, Males ...	1	–	–	–	–	–	–	–	–	3	3	7	1	15
Respiratory, Females ...	–	–	–	–	–	–	–	–	1	–	1	1	2	5
Non-respiratory, Males ...	–	–	–	–	–	–	–	–	–	–	1	–	–	1
Non-respiratory, Females	1	–	–	–	–	–	–	–	–	–	1	–	–	2
														23

The sources of information of the supplemental notifications were Local Registrars (9 respiratory and 1 non-respiratory), transferable deaths from the Registrar General (8 respiratory and 2 non-respiratory), and 3 posthumous notifications (all respiratory).

After adjustments for removals, recoveries and deaths, the total number of notified cases of tuberculosis on our register at the end of the year was 9,565, a decrease of 339 compared with the previous year. The following table summarises the revision of the registers in the respective divisional areas:—

Div. No.	Number of cases on register 1st January, 1961				Number of cases added to register				Number of cases removed from register				Number of cases remaining on register 31st December, 1961						Per 1,000 Population
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1	204	142	33	38	23	13	2	1	13	14	1	3	214	141	34	36	425		5·3
3	238	139	46	35	36	12	1	3	17	11	1	2	257	140	46	36	479		8·5
4	199	128	10	22	21	8	3	2	26	23	2	5	194	113	11	19	337		5·0
5	358	220	50	57	25	32	1	2	41	28	8	9	342	224	43	50	659		5·7
7	237	181	37	49	31	29	3	4	31	25	8	7	237	185	32	46	500		4·8
9	78	59	13	11	10	4	1	1	15	6	1	—	73	57	13	12	155		3·1
10	142	116	20	25	6	3	1	2	5	4	2	1	143	115	19	26	303		6·8
11	221	148	15	19	12	9	—	3	21	12	1	6	212	145	14	16	387		6·6
12	244	162	39	51	9	13	2	2	26	13	3	3	227	162	38	50	477		7·8
13	158	98	11	28	14	8	2	4	36	19	1	1	136	87	12	31	266		3·1
15	61	59	31	18	12	2	6	1	19	11	2	3	54	50	35	16	155		3·2
16	101	100	19	19	15	13	—	—	13	24	3	2	103	89	16	17	225		3·9
17	60	42	8	12	13	6	2	5	13	14	2	4	60	34	8	13	115		2·3
18	214	139	19	4	32	21	1	1	39	29	7	2	207	131	13	3	354		6·0
19	171	136	31	29	15	15	2	4	20	24	13	11	166	127	20	22	335		6·4
20	209	152	27	46	16	13	7	6	34	31	11	12	191	134	23	40	388		4·3
22	345	244	76	54	33	10	5	6	33	41	6	6	345	213	75	54	687		7·6
23	249	182	27	39	29	12	—	2	33	13	—	4	245	181	27	37	490		7·3
25	229	159	37	29	19	8	—	—	24	11	—	2	224	156	37	27	444		5·8
26	402	269	46	59	29	19	4	2	37	25	2	—	394	263	48	61	766		7·0
27	365	308	82	56	36	34	2	6	51	38	1	4	350	304	83	58	795		7·2
29	148	122	35	33	14	12	3	1	24	14	1	—	138	120	37	34	329		9·3
31	274	168	47	32	14	15	1	3	32	13	11	4	256	170	37	31	494		5·3
Totals	4,907	3,473	759	765	464	311	49	61	603	443	87	91	4,768	3,341	721	735	9,565		5·8

Divisional Medical Officers have received 1,184 notifications (619 admission and 565 discharges) relating to patients admitted to, or discharged from treatment in 38 hospitals.

Care and After-Care of the Tuberculous:

The ancillary services provided by the County Council are briefly summarised as follows:—

Extra nourishment, consisting of up to two pints of milk daily, continues to be available for domiciliary patients suffering from active tuberculosis; a total of 1,072 patients were granted free milk during the year and 674 persons were still on the register on 31st December.

Domiciliary open-air shelters, beds, mattresses and bedding are provided to facilitate the segregation of the tuberculous patient who resides at home, but due to better housing conditions, there is now little demand for the foremost.

During 1961, one patient, whose condition did not permit of his return to normal competitive employment, was admitted to the training settlement at Sherwood, and two patients were re-admitted to Papworth Village Settlement after periods of hospital treatment. There were 6 discharges, 3 from each of the two settlements, and, at the end of the year, there were 7 patients still in residence—at Papworth (2) and at Sherwood (5).

CARE COMMITTEES:

Any review of Care and After-Care Services would be incomplete without reference to the work undertaken by Tuberculosis After-Care Committees. The work of a Care Committee is directed at easing the problems, both financial and otherwise, with which the tuberculous patient and his family have to contend. Because of their composition, the Committees are well-fitted for this task, for, in addition to laymen who are sympathetic towards the problems of the tuberculous, there are, serving with the Committees, persons who have specialised knowledge, e.g. Divisional Medical Officers, Chest Physicians, representatives of the National Assistance Board etc., who are able to advise patients in need of help of the facilities available from statutory sources. This "expert" advice does tend to conserve the Committees' funds and ensures that help is given only to those patients and their families who are outside the scope of help provided by the statutory bodies. There are ten such Care Committees active in the West Riding area, three of which serve areas which include a county borough. The Care Committees provide services in sixteen divisional areas and cover approximately half of the County population. Their work is actively encouraged by the County Council who provide grants in aid to supplement the financial resources of the Committees; the grants for this year amounted to £1,005. These grants are distributed amongst the Committees according to the population served and the amount of expenditure upon benefits to patients. Many of the Committees have extended their activities to include the after-care of patients suffering from other chest diseases and heart conditions, and this extension of activity has resulted in an increased demand upon the resources of the Committees.

C.G. Vaccination:

Details of B.C.G. vaccination given to the various categories under Section of the National Health Service Act are shown below:—

) CONTACTS.—A further 1,708 contacts were vaccinated, 11 of them being successful. Full details are shown in the following table:—

	AGE GROUPS												All Ages
	Under 1 year Months				Years								
	0–	1–	3–	6–	1–	2–	3–	4–	5–	10–	15–	20–	
Vaccinated:													
Male	135	109	73	58	54	43	48	38	116	88	36	44	842
Female	115	88	73	51	72	54	49	42	137	99	35	51	866
TOTAL	250	197	146	109	126	97	97	80	253	187	71	95	1,708
Result of Vaccination: Successful:													
Male	107	85	61	49	46	35	35	33	90	67	30	41	679
Female	99	74	64	46	63	47	38	36	109	88	27	44	735
TOTAL	206	159	125	95	109	82	73	69	199	155	57	85	1,414
Unsuccessful	1	1	1	1	—	—	3	—	1	—	1	2	11
Not finally ascertained ...	43	37	20	13	17	15	21	11	53	32	13	8	283

b) SCHOOL CHILDREN.—Twelve thousand two hundred and ninety-five children were vaccinated under the County scheme, and the following is a summary of the work in the 22 divisions involved.

Acceptances:

Number of children offered tuberculin testing and vaccination if necessary	25,115
Number found to have been vaccinated previously	373
Number of acceptances	16,708
Percentage of acceptances	67·5

Pre-vaccination tuberculin test:

Number of children tested	15,941

Result of test:

	Heaf Test	*Mantoux Test*		
Positive	2,489	498		
Negative	9,292	3,176		
Not ascertained	424	62	Total	15,941
Percentage positive	21·1	13·6	...	19·3

Vaccination:

Number vaccinated—

Following negative Heaf Test	9,181		
Following negative Mantoux Test	3,114	Total ...	12,295

Tuberculin test twelve months after vaccination:

Number tuberculin tested after 12 months			4,388
Result of test—			
Positive	4,000		
Negative	243		
Not ascertained	145	Total ...	4,388

(c) STUDENTS ATTENDING UNIVERSITIES, TEACHER-TRAINING COLLEGES, TECHNICAL COLLEGES OR OTHER ESTABLISHMENTS FOR FURTHER EDUCATION.—One hundred and one students were tested and, out of 63 negatives, 60 were vaccinated.

Mass Radiography:

Sixty one thousand four hundred and seven persons from the Administrative County were examined by the Mass Radiography Service: 43,835 by units of the Leeds Regional Hospital Board and 17,572 by units of the Sheffield Regional Hospital Board. It will be seen from the tables below that 74 (0·12 per cent. of the total examined) cases of active tuberculosis, and 326 (0·53 per cent.) cases of inactive tuberculosis were discovered: there were also, 810 (1·32 per cent.) non-tuberculous abnormalities found, 339 (41·85 per cent. of the total non-tuberculous abnormalities) of which were cases of pneumoconiosis. When separated into the two hospital regions, the percentage of cases of pneumoconiosis was 51·96 in the Sheffield Region, and only 19·20 in the Leeds Region.

A.—Leeds Units

Survey undertaken in Division No.	Number Examined	Abnormalities Discovered			
		Tuberculosis		* Other	Total
		Active	Inactive		
1 (Skipton)	4,662	6	23	30	59
3 (Keighley)	5,161	12	46	54	112
5 (Horsforth)	3,270	6	6	13	25
7 (Harrogate)	1,317	—	—	3	3
9 (Wetherby)	3,382	1	12	15	28
10 (Goole)	2,177	2	5	5	12
12 (Pontefract)	3,909	3	3	15	21
13 (Morley)...	3,557	—	1	10	11
16 (Rothwell)	2,207	6	7	21	34
17 (Spenborough)	3,079	3	9	14	26
18 (Brighouse)	5,321	9	13	32	54
19 (Todmorden)	206	—	2	5	7
20 (Colne Valley)	5,587	11	31	33	75
Totals	43,835	59	158	250	467

B.—Sheffield Units

Survey undertaken in Division No.	Number Examined	Abnormalities Discovered			
		Tuberculosis		* Other	Total
		Active	Inactive		
22 (Wortley)	5,780	7	5	17	29
25 (Barnsley)	4,210	3	46	187	236
26 (Wath upon Dearne)	2,006	–	35	83	118
27 (Doncaster)	4,371	4	64	227	295
29 (Thorne)...	1,205	1	18	46	65
Totals	17,572	15	168	560	743
Totals for the County Area ...	61,407	74	326	810	1,210

*Details of the 810 " Other " abnormalities are as follows:—

	Leeds Region	*Sheffield Region*
1. Abnormalities of bony thorax and soft tissues—congenital	3	9
2. Abnormalities of bony thorax and soft tissues—acquired	5	13

3. Tumours of the bony thorax; primary and secondary	—	—
4. Congenital malformation of the lungs	2	1
5. Bacterial and virus infection of the lungs ...	29	14
6. Other infections of the lungs	1	—
7. Bronchiectasis	21	21
8. Honeycomb lung	—	—
9. Emphysema	10	22
10. Pulmonary fibrosis—non-tuberculous	14	65
11. Pneumoconiosis	48	291
12. Spontaneous pneumothorax	—	—
13. Benign tumours of the lungs and mediastinum ...	4	5
14. Carcinoma of the lung and mediastinum ...	8	6
15. Metastases in the lung and mediastinum ...	1	1
16. Enlarged mediastinal and bronchial glands—non-tuberculous	—	—
17. Sarcoidosis and collagenous diseases	5	3
18. Pleural thickening or calcification–non-tuberculous	24	35
19. Abnormalities of the diaphragm and œsophagus—congenital and acquired	13	7
20. Congenital abnormalities of heart and vessels ...	10	4
21. Acquired abnormalities of heart and vessels ...	45	59
22. Miscellaneous	7	4
23. Inquiries not completed	—	—
	250	560

Co-operation with Chest Physicians:

In view of the changes which had taken place in recent years in the tuberculosis service affecting the work of the County Council, a joint discussion took place with the Chest Physicians whose contracts provide for work on behalf of the County Council. The meeting proved most fruitful and the following matters were resolved:—

X-Ray Examination of Ambulance Staffs: In view of the nature of the duties now performed by ambulance personnel, particularly the possibility of in-

fection arising from mouth to mouth resuscitation, it was agreed that it is desirable that ambulance staffs should undergo X-ray examination on appointment and that consideration should also be given to providing B.C.G. vaccination if Ministry approval could be obtained.

Provision of free milk for cases of active tuberculosis: It was felt that there was a need to review the existing scheme which provides for the issue on the Chest Physician's recommendation of a maximum of two pints of milk per day for active cases of tuberculosis. The scheme had been in operation for a considerable number of years and was originally introduced as a therapeutic measure. There was unanimous agreement that milk has no therapeutic value but the scheme does help to ensure the patient's regular attendance at the chest clinic. It was agreed to continue the scheme but that discretion be exercised in the approval of cases and that the scale of issue need not necessarily be as much as two pints of milk per day.

Information on patients discharged from Sanatoria: It was agreed that it is important that the Divisional Medical Officers be informed of patients who are sputum positive and/or drug resistant, whether any special arrangements for after-care are necessary, and of anything relating to the patient which is likely to be of interest or assistance to the Divisional Medical Officers, and that such information be included in the discharge report.

Tuberculosis Register: The number of cases on the registers in different areas of the County appeared to indicate that practice varied regarding the removal of names from the register and it was agreed that, in general, names should be removed following a period of 2 years " quiescent " and 3 years " arrested".

Classification of cases: All Divisional Medical Officers do not receive copies of laboratory reports and are sometimes in doubt as to the classification of new cases, and it was agreed that, in the areas concerned, Chest Physicians would send to Divisional Medical Officers monthly lists of positive cases, details of defaulters, and any special instructions regarding care and after-care of patients receiving domiciliary treatment.

Control measures for drug resistant positive cases: It was agreed that it is important for the hard core of drug resistant or " awkward " cases to be notified direct to the Divisional Medical Officers and that there should be direct consultation between the Chest Physician and the Divisional Medical Officer as to any special measures required, such as selective visiting.

Follow-up of strongly positive Mantoux reactors: In view of the frequent delay in referring positive reactors under the B.C.G. scheme for examination by mobile mass miniature radiography, it was agreed that they should be referred to the Chest Physicians without delay, particularly having regard to the follow-up of contacts.

VENEREAL DISEASES

Contributed by Dr. J. A. Burgess, Consultant Venereologist.

The figures given in the first half of this report have been taken from statistics kindly provided by the medical officers in charge of Special Treatment Centres, at which West Riding Administrative County residents attended during 1961. They do not represent the incidence of venereal diseases and other conditions in the County but they give an indication of the trend of new infections.

Table A.

New patients.

Year	Syphilis	Gonorrhœa	Other Conditions	Total of New Patients
1938	346	650	503	1,499
1939	403	678	593	1,674
1940	299	499	497	1,295
1941	331	552	587	1,470
1942	423	479	735	1,637
1943	487	654	1,344	2,485
1944	413	560	1,383	2,356
1945	473	767	1,419	2,659
1946	723	1,140	1,859	3,722
1947	573	729	1,511	2,813
1948	463	550	1,403	2,416
1949	435	383	1,360	2,178
1950	357	304	1,447	2,108
1951	247	171	1,212	1,630
1952	219	211	1,275	1,705
1953	214	182	1,228	1,624
1954	178	152	1,189	1,519
1955	175	135	1,168	1,478
1956	155	99	1,143	1,397
1957	152	125	1,078	1,355
1958	124	138	1,129	1,391
1959	112	405	1,352	1,869
1960	83	338	1,550	1,971
1961	85	286	1,669	2,040

The number of new patients increased by 69 from 1,971 to 2,040.

Syphilis in the above table includes early infectious, late acquired and congenital syphilis. Cases of syphilis increased in number by two, but the general trend of this disease over the years seems to be downwards.

Gonorrhoea was less prevalent by 52 cases in 1961. After the high peak in 1946, gonococcal infections fell in number until 1956. For the next four years there was a marked increase; but since 1959, unlike some of the West Riding County Boroughs, the numbers of new cases of gonorrhoea diagnosed at Special Treatment Centres have fallen. The 1961 total was less than half the average pre-war figures.

Other conditions rose by 119 to 1,669. From 1946 to 1957 the trend in this category was downwards, but since 1957 there has been a yearly increase. Numerically this group of conditions is by far the most important, comprising 82 per cent. of all the new patients seen at Special Treatment Centres.

The corresponding percentages for syphilis and gonorrhoea in 1961 were 4 per cent. and 14 per cent.

Table B.

Early and Congenital Syphilis.

Year	Early Acquired Syphilis	Congenital Syphilis under 1 year	Total Early Syphilis
1949	158	7	165
1950	76	4	80
1951	58	4	62
1952	19	1	20
1953	9	1	10
1954	7	—	7
1955	6	1	7
1956	9	—	9
1957	1	—	1
1958	5	—	5
1959	12	—	12
1960	—	—	—
1961	4	—	4

There have been no cases of congenital syphilis in infants under one year of age since 1955. Congenital syphilis is a disease which can be prevented by the adequate treatment of infected expectant mothers. This entails thorough examinations and blood testing of all ante natal patients. The excellent results obtained were mainly due to the good team work of doctors, serologists, midwives, health visitors, nurses and social workers in examining, testing and following up these cases (see Table G).

In 1961 there were 4 cases of early (infectious) acquired syphilis. Three were men and one was a woman. One of the men became infected whilst abroad and another acquired the disease on a visit to Scotland.

Analysis of New Cases (quarterly and stage of disease).

Table C.

Quarter ended	Acquired Syphilis				Congenital Syphilis				Gonorrhœa		Other Conditions	
	Early		Late		Under 1 year		Over 1 year					
	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961
31st March ...	—	1	20	17	—	—	—	1	55	64	362	387
30th June ...	—	—	14	22	—	—	3	5	94	71	341	388
30th September	—	—	15	13	—	—	6	4	103	71	426	426
31st December	—	3	24	15	—	—	1	4	86	80	421	468
	—	4	73	67	—	—	10	14	338	286	1,550	1,669

Table C gives the numbers of new cases of both acquired and congenital syphilis in the early and late stages, also gonorrhoea and other conditions diagnosed at Special Treatment Centres during each quarter of 1961. The corresponding figures for 1960 are included for comparison. Late acquired syphilis fell in number by six and congenital syphilis over one year of age increased by four.

There were more cases of gonorrhoea in the last six months of the year than in the first two quarters.

Other conditions increased in number each quarter throughout the year and also increased by 119 compared with 1960.

Distribution of New Cases by Treatment Centres.

Table D.

Special Treatment Centre	Syphilis	Gonorrhœa	Other Conditions	Total
Barnsley Clinic, Queen's Road	6	16	93	115
Bradford St. Luke's Hospital	4	24	111	139
Burnley Victoria Hospital	—	—	2	2
Dewsbury General Hospital	11	22	81	114
Doncaster Royal Infirmary	12	36	277	325
Goole Bartholomew Hospital	1	—	15	16
Halifax Royal Infirmary	8	11	89	108
Harrogate General Hospital	7	18	92	117
Huddersfield Royal Infirmary	4	13	85	102
Keighley Victoria Hospital	1	40	79	120
Leeds General Infirmary	9	56	264	329
Oldham Boundary Park General Hospital	3	1	9	13
Rotherham Moorgate General Hospital	1	12	117	130
Sheffield Jessop Hospital	—	—	7	7
Sheffield Royal Hospital	1	4	27	32
Sheffield Royal Infirmary	—	2	14	16
Sheffield City General Hospital	1	—	2	3
Wakefield Clayton Hospital	13	28	277	318
York County Hospital	3	3	28	34
	85	286	1,669	2,040

The addresses of Special Treatment Centres at which new patients attended during 1961 and the number of cases of each disease diagnosed are given in Table D. These figures exclude patients who were transferred after diagnosis from one clinic to another, also patients who had defaulted from treatment in a previous year and returned during the year under review for treatment of the same disease.

New cases from the Administrative County attended at 19 different Special Treatment Centres during the year. Fourteen of these centres are in West Riding County Boroughs, two in Lancashire and three in West Riding Municipal Boroughs.

Forty-eight per cent. of all the new patients attended Doncaster, Leeds and Wakefield Special Treatment Centres.

Of the cases of gonorrhoea 45 per cent. attended at Doncaster, Keighley and Leeds.

New Cases—Sex Distribution.

Table E.

	Males	Females	Total
Gonorrhoea	204	82	286
Chancroid	—	—	—
Lymphogranuloma Venereum	1	—	1
Granuloma Inguinale	—	—	—
Non-gonnococcal Urethritis	316	—	316
Yaws	1	—	1
Other Conditions requiring treatment	301	306	607
Not requiring treatment	471	263	734
Undiagnosed at 31st December, 1961	7	3	10

The above table shows the sex distribution of new patients with gonorrhoea and other conditions.

Of the patients with gonorrhoea 71 per cent. were males. Each new infection is recorded as a separate case. The 286 cases of gonorrhoea represent a smaller number of infected individuals because some patients acquired the disease on more than one occasion during the year.

Chancroid, lymphogranuloma venereum and granuloma inguinale are uncommon diseases in the West Riding. Yaws is not a venereal disease, but one of the treponematoses with a relatively high incidence in the West Indies and Africa. It is occasionally found in the latent and late stages in coloured immigrants to this country.

Non-gonococcal urethritis is the collective term for a group of conditions, excluding gonorrhoea, in which there is inflammation of the male urethra. Many cases, but by no means all, follow sexual exposure. Trichomoniasis and inclusion blennorrhoea are probably the commonest venereal causes of non-gonococcal urethritis in the West Riding men.

Of the 1,669 total " other conditions " 734 cases (almost 44 per cent.) were found after examination not to be suffering from any disease requiring treatment. Many of these individuals had exposed themselves to the risk of venereal infection, some had false positive serological tests and a few had venereophobia.

V.D. Social Work:

The County Council is responsible for the direction and administration of measures taken to reduce the incidence of new venereal infections. There is little doubt that there is a considerable number of persons in the County who are infected with one or more of the venereal and infectious genito-urinary diseases but who remain untreated. In many individuals who acquire these diseases the symptoms and signs are so slight that medical advice is not sought. These people with asymptomatic genito-urinary infections can be classed as carriers. A few of them may from time to time have exacerbations with acute symptoms. If they are promiscuous they can infect many people before they are brought under examination and treatment. At the present time the most important task of the V.D. social workers is to find these carriers and persuade them to undergo medical examination by a specialist in venereology.

The staff consists of four Social Workers who are all state registered nurses with health visitor's certificates. The work comes under the immediate direction of a Consultant Venereologist who is adviser in venereal diseases to the County Council and is responsible to the County Medical Officer for V.D. prevention and after-care in the Administrative County. A confidential clerk-typist in the central office deals with the clerical and statistical work.

The County has been divided into four areas and each social worker traces the contacts, follows up the defaulters and is on the staff of one or more of the Special Treatment Centres in her area, in order to carry out the clinic social work. Three of the areas are coterminous with the County Boroughs of Dewsbury, Doncaster, Halifax and Wakefield and by arrangement three of the social workers undertake similar duties in these County Boroughs. This scheme operates smoothly and is a much better one for both patients and medical staff at Special Treatment Centres than having two social workers at each centre—one for County Borough patients and one for Administrative County patients.

Case finding is carried out by two main methods, (a) by giving patients found to be suffering from a venereal infection a contact slip which gives the reference number of the patient and the disease in code. The patient is asked to hand the contact slip to the person from whom he or she may have acquired the disease, with instructions that the contact should attend for examination at a Special Treatment Centre. The majority of contacts attending for examination do so as a result of receiving the contact slip. Actual numbers are not available but during the year the social workers had 1,886 miscellaneous interviews and 682 interviews with doctors. (b) If the first method cannot be used or is unsuccessful the social worker tries to obtain sufficient information regarding the contact so that he or she can be interviewed in private in order that the importance of medical examination can be explained. The number of County residents examined as a result of this latter method is comparatively small, detailed figures being given in Table F.

Table F.

Total number of contacts reported ...	65					
Located and examined		51				
Not infected			28			
Infected			23			
Already under treatment ...				1		
Brought under treatment ...				22		
Syphilis					2	
Gonorrhœa					8	
Other conditions					12	
Located		6				
Not examined			5			
Transferred to other authority ...			1			
Not located		8				
Insufficient information .. *...			5			
Unable to locate			3			

ANTE NATAL CASES:

Pathologists working in the region send to the Consultant Venereologist the name and address of any doctor (but not the name of the patient) who has sent in for testing a specimen of blood from an ante natal patient giving positive tests for syphilis. The Venereologist through the V.D. social worker offers assistance to the doctor in arranging the examination and if necessary the treatment of the patient and her contacts. In some cases by this means whole families are examined.

Details of the ante natal cases and their contacts who were investigated by the V.D. social workers are given in Table G.

Table G.

Patients						Contacts		
Total number reported	No action taken	Number remaining	Found to have Syphilis	Found not to be infected	Transferred to other authorities	Number of contacts examined	Found to be infected	Found not to be infected
55	32*	23	8	—	15	20	1	19

* Already on register 21.
False positive 3.
Under care of own general practitioner 8.

It will be seen that at least 8 cases of potential congenital syphilis were prevented from occurring and that a total of 9 new cases with late syphilis were found.

DEFAULTERS:

The V.D. social workers as part of their duties in Special Treatment Centres follow up defaulting patients; that is, those who cease to attend before they are cured of venereal disease. This is done either by letters (enclosed in plain envelopes) to the patients or, if these are unsuccessful, by visits and private talks. No records are available of the number of letters sent. Table H gives details of the patients visited in the follow-up of defaulters from Special Treatment Centres.

Table H.

Total number of defaulters	Returned to clinic after visiting	Failed to return	Removed, unable to locate	Trans-ferred	Number of ineffective visits	Number of re-visits
337	214	66	18	39	514	532

PART IV

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Ambulance

Health Education

Recuperative Home Treatment

Provision of Nursing Equipment

Liaison

Chiropody

Domestic Help

Mental Health

CARE OF MOTHERS AND YOUNG CHILDREN

Vital Statistics:	Administrative County	England and Wales
Live Births		
Number	28,553	
Rate per 1,000 population	17·2	17·4
Illegitimate Live Births per cent. of total live births ...	4·2	
Still Births		
Number	590	
Rate per 1,000 total live and still births	20·2	18·7
Total Live and Still Births	29,143	
Infant Deaths (deaths under 1 year)	703	
Infant Mortality Rates		
Total infant deaths per 1,000 total live births	24·6	21·4
Legitimate infant deaths per 1,000 legitimate live births ...	24·4	
Illegitimate infant deaths per 1,000 illegitimate live births	30·0	
Neonatal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	16·5	15·5
Early Neonatal Mortality Rate (deaths under 1 week per 1,000 total live births)	14·3	
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births) ...	34·2	
Maternal Mortality (including abortion)		
Number of deaths	8	
Rate per 1,000 total live and still births	0·27	0·33

Births:

There were 28,553 live births registered compared with 27,935 in 1960 and an annual average of 27,133 in the quinquennium 1956-60. The corresponding crude birth rates per 1,000 population were 17·2, 16·9 and 16·6 respectively. Apart from a slight recession in 1959 the rate has progressively increased since 1954 and in 1961 the number of births and rate were the highest recorded since 1948. The rate of increase suggests that the peak in the upward trend has not yet been reached.

Comparisons of crude rates of single districts or aggregates are not strictly valid since no regard is made to the varying sex-age composition of the respective populations. To overcome this difficulty an area comparability factor, which

makes due allowance for the proportion of women of child-bearing age in each local population, is applied to the crude birth rates. The live birth rates for the last eight years adjusted by the factors applicable for the aggregates of Boroughs and Urban Districts, Rural Districts, the Administrative County, also the rates for England and Wales are given below:—

Year	Boroughs and Urban Districts	Rural Districts	Administrative County	England and Wales
1954	14·8	16·4	15·3	15·2
1955	14·9	16·8	15·4	15·0
1956	16·0	17·9	16·5	15·7
1957	16·2	17·9	16·7	16·1
1958	16·4	18·0	16·9	16·4
1959	16·2	17·6	16·7	16·5
1960	16·7	17·8	17·1	17·1
1961	16·9	18·5	17·4	17·4

Live births registered as illegitimate numbered 1,200 or 4·2 per cent. of the total live births. The proportion during the inter-war years remained relatively constant around 4 per cent., rising during the last war to a peak of 7·3 per cent. in 1945, thereafter declining to around 3·6 per cent. It is distressing that the proportion in 1961 was the highest recorded since 1950. Reference to the cases dealt with appears on page 95.

The number of still births was 590 which is equivalent to a rate of 20·2 per 1,000 total births, the lowest yet recorded for the Administrative County. In recent years the rate has fluctuated slightly and the reduction achieved can be viewed with satisfaction. The reduction in the number of still births was not accompanied by a fall in the proportion registered as illegitimate. The ratio, 5·9 per cent. of total still births, although based on relatively few occurrences, compares unfavourably with the corresponding ratio of 5·1 in 1960 and an annual average of 4·6 in the period 1956-60; indeed it is the highest ratio recorded since 1954.

Infant Mortality:

The number of infants who died in the first year of life was 703 which provides an infant mortality rate of 24·6 per 1,000 live births the highest recorded since 1957.

Since the turn of the century, apart from minor fluctuations, as indicated in the subjoined table, there has been a progressive decline in the rate and it is to be hoped that the high rate recorded in 1961 is merely a temporary setback:—

Period	Average Infant Mortality Rate	
	England and Wales	Administrative County
1901-1910	128	135
1911-1920	100	109
1921-1930	72	80
1931-1940	59	61
1941-1945	50	50
1946-1950	36	40
1951-1955	27	29

Year	Infant Mortality Rate	
	England and Wales	Administrative County
1956	24	27
1957	23	26
1958	23	24
1959	22	24
1960	22	22
1961	21	25

The following table classifies the number of deaths and death rates by sex and at various ages in the first year of life during the period 1957-61:—

	Number of Deaths					Deaths per 1,000 Live Births				
	1957	1958	1959	1960	1961	1957	1958	1959	1960	1961
Male Infants—										
Under 4 weeks	301	266	256	249	293	21·7	18·8	18·5	17·3	19·9
4 weeks—3 months ...	39	45	67	37	50	2·8	3·2	4·8	2·6	3·4
3—6 months	33	43	30	21	38	2·4	3·0	2·2	1·5	2·6
6—12 months	35	36	35	27	34	2·5	2·6	2·5	1·9	2·3
Total under 1 year ...	408	390	388	334	415	29·4	27·6	28·0	23·3	28·3
Female Infants—										
Under 4 weeks	208	195	183	193	177	16·0	14·8	13·9	14·2	12·8
4 weeks—3 months ...	37	35	32	42	48	2·8	2·6	2·4	3·1	3·5
3—6 months	33	30	22	39	30	2·5	2·3	1·7	2·9	2·2
6—12 months	25	17	24	20	33	1·9	1·3	1·8	1·5	2·4
Total under 1 year ...	303	277	261	294	288	23·2	21·0	19·8	21·6	20·8
All Infants—										
Under 4 weeks	509	461	439	442	470	18·9	16·9	16·2	15·8	16·5
4 weeks—3 months ...	76	80	99	79	98	2·8	2·9	3·7	2·8	3·4
3—6 months	66	73	52	60	68	2·5	2·7	1·9	2·1	2·4
6—12 months	60	53	59	47	67	2·2	1·9	2·2	1·7	2·3
Total under 1 year ...	711	667	649	628	703	26·4	24·4	24·0	22·5	24·6

It will be seen that increases were recorded at all ages and in spite of gains being made by female infants at certain ages, notably in the neonatal period, these were more than offset by appreciable increases among males. Indeed, male deaths under 1 year exceeded those for females in the ratio of 1·4 : 1.

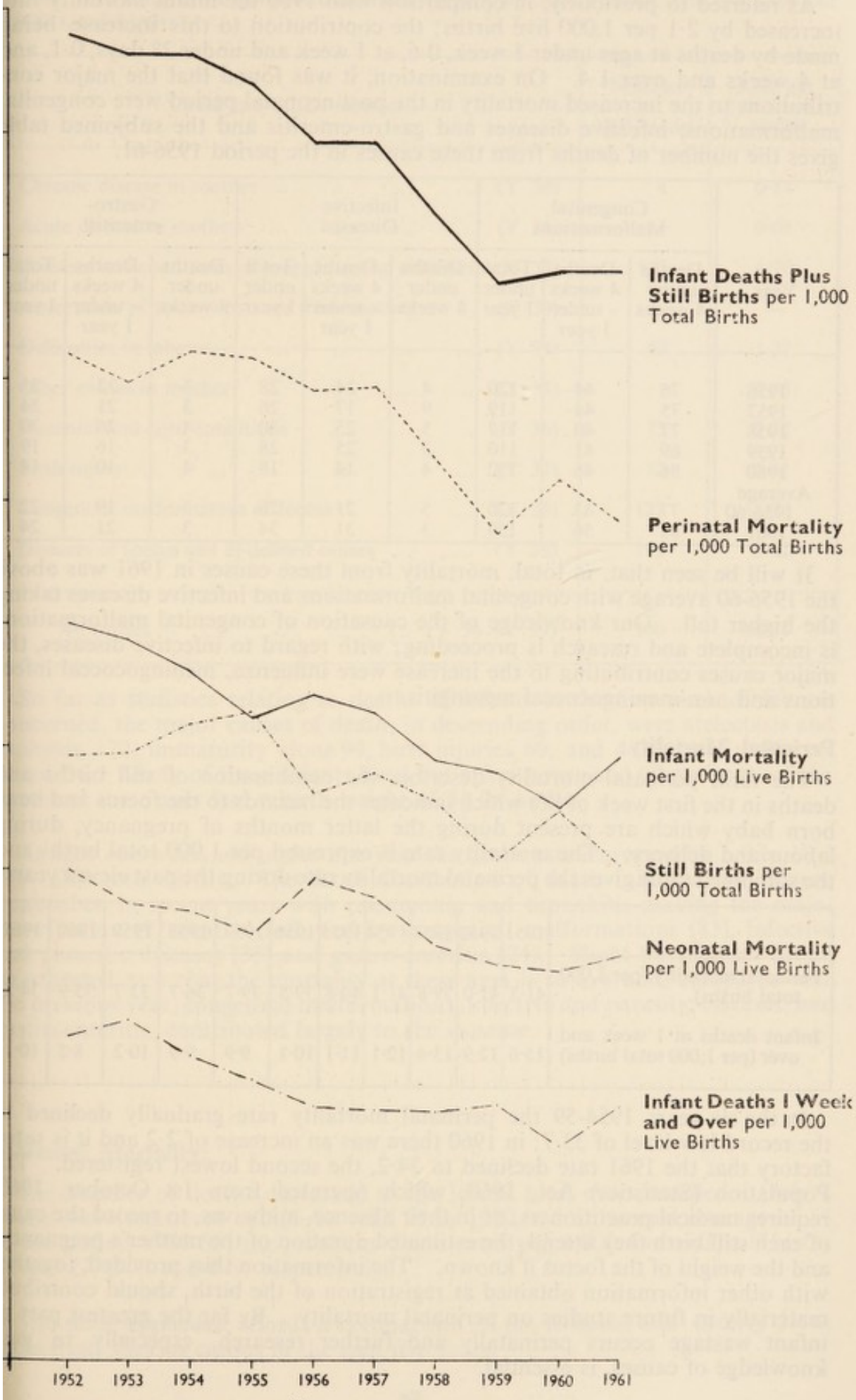
Of the infant deaths, 470 or 67 per cent. occurred within 28 days of birth; the resultant neonatal death rate was 16·5 per 1,000 live births, which, although higher than in the two preceding years, is the third lowest recorded. The sub-joined table gives the number of deaths and death rates at various ages in the neonatal period.

	Number of Deaths							Deaths per 1,000 Live Births						
	1955	1956	1957	1958	1959	1960	1961	1955	1956	1957	1958	1959	1960	1961
Under 1 day ...	185	235	237	216	211	227	238	7·5	8·9	8·8	7·9	7·8	8·1	8·3
1—7 days	180	210	200	175	157	157	170	7·3	7·9	7·4	6·4	5·8	5·6	6·0
1—4 weeks ...	63	76	72	70	71	58	62	2·6	2·9	2·7	2·6	2·6	2·1	2·2
Total under 4 weeks	428	521	509	461	439	442	470	17·4	19·7	18·9	16·9	16·2	15·8	16·5

Deaths in the first day of life were greater than in the remainder of the neonatal period, while deaths under 1 week constituted 87 per cent. of the neonatal and 58 per cent. of the total infant mortality. The number of infant deaths assigned to the groups of diseases comprising the International Short List appears on page 31 but to afford a clearer appreciation of the contributory causes a detailed analysis is appended:—

Ætiological Group	Cause of Death (and International Classification number)	Age at Death						
		Under 1 day	1 day and under 1 week	1 week and under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 1 year	Total under 1 year
ALL CAUSES	All Causes	238	170	62	98	68	67	703
Prenatal and Natal Group (including congenital malformations)	Congenital malformations (750-759)	26	30	27	34	13	9	139
	Total causes mainly of prenatal and natal origin other than congenital malformations	206	120	13	7	—	—	346
	Immaturity alone, or primary to diseases other than of early infancy (774, 776)	76	23	4	1	—	—	104
	Attributed to maternal toxæmia (769)	5	5	—	—	—	—	10
	Ill defined diseases of early infancy (773)	2	2	1	2	—	—	7
	Postnatal asphyxia and atelectasis (762)	81	41	3	3	—	—	128
	Intracranial and spinal injury at birth (760)	31	34	4	1	—	—	70
	Other birth injury (761)	3	1	—	—	—	—	4
	Erythroblastosis (770)	5	6	1	—	—	—	12
	Hæmorrhagic disease of newborn (771)	3	8	—	—	—	—	11
Postnatal Group	Total causes mainly of postnatal origin	3	15	20	49	52	51	190
	Gastro-enteritis (including diarrhœa of newborn) (571, 764)	—	—	3	7	4	10	24
	Pneumonia and bronchitis (490-493, 763, 500-502)	1	13	15	27	35	20	111
	Other diseases of respiratory system (470-475, 510-527)	—	—	—	1	1	4	6
	Causes classified as infective (001-138): others mainly infective in origin (340, 391-393, 480-483, 765-768)	—	1	2	11	5	15	34
	Whooping cough and Measles (056, 085)	—	—	—	—	1	2	3
	Influenza (480-483)	—	—	—	2	—	1	3
	Otitis media and mastoiditis (391-393)	—	—	—	2	1	1	4
	Septicæmia, sepsis of newborn (053, 765-768)	—	—	2	1	—	1	4
	Meningococcal infections and non-meningococcal meningitis (057, 340)	—	1	—	3	3	6	13
	Tuberculosis (001-019)	—	—	—	—	—	2	2
	Causes classified as infective not mentioned above (remainder 001-138)	—	—	—	3	—	2	5
	Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E921-E925)	—	—	—	1	5	2	8
	Lack of care, neglect (including foundlings), infanticide (E926, E980-E985)	2	1	—	—	—	—	3
	Other violent causes (remainder E800-E999)	—	—	—	2	2	—	4
Unclassified	Other remaining causes	3	5	2	8	3	7	28

The increased infant mortality rate, although disappointing, should not be viewed in isolation. Illustrated graphically are the trends of the rates associated with loss of foetal and infant life during the past decade. It will be seen that the total wastage, i.e. deaths under one year plus still births, has fallen appreciably from 53·9 per 1,000 total births in 1952 to 44·4 in 1960 and 1961. Compared with the previous year although infant mortality increased by 2·1 per 1,000 live births this increase was compensated for by the reduction in the still birth rate.


Infant Deaths Plus Still Births per 1,000 Total Births
Perinatal Mortality per 1,000 Total Births
Infant Mortality per 1,000 Live Births
Still Births per 1,000 Total Births
Neonatal Mortality per 1,000 Live Births
Infant Deaths 1 Week and Over per 1,000 Live Births
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961

As referred to previously, in comparison with 1960 the infant mortality rate increased by 2·1 per 1,000 live births; the contribution to this increase being made by deaths at ages under 1 week, 0·6, at 1 week and under 28 days, 0·1, and at 4 weeks and over 1·4. On examination, it was found that the major contributions to the increased mortality in the post neonatal period were congenital malformations, infective diseases and gastro-enteritis and the subjoined table gives the number of deaths from these causes in the period 1956-61.

Year	Congenital Malformations			Infective Diseases			Gastro-enteritis		
	Deaths under 4 weeks	Deaths 4 weeks – under 1 year	Total under 1 year	Deaths under 4 weeks	Deaths 4 weeks – under 1 year	Total under 1 year	Deaths under 4 weeks	Deaths 4 weeks – under 1 year	Total under 1 year
1956	76	44	120	4	24	28	3	22	25
1957	75	44	119	9	17	26	3	21	24
1958	77	40	117	5	25	30	4	26	30
1959	69	41	110	3	25	28	3	16	19
1960	86	46	132	4	14	18	4	10	14
Average 1956/60	77	43	120	5	21	26	3	19	22
1961	83	56	139	3	31	34	3	21	24

It will be seen that, in total, mortality from these causes in 1961 was above the 1956-60 average with congenital malformations and infective diseases taking the higher toll. Our knowledge of the causation of congenital malformations is incomplete and research is proceeding; with regard to infective diseases, the major causes contributing to the increase were influenza, meningococcal infections and non-meningococcal meningitis.

Perinatal Mortality:

The term perinatal mortality describes the combination of still births and deaths in the first week of life which indicates the hazards to the foetus and newborn baby which are present during the latter months of pregnancy, during labour and delivery. The mortality rate is expressed per 1,000 total births and the subjoined table gives the perinatal mortality rate during the past eleven years:

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Perinatal mortality (per 1,000 total births)	41·3	41·0	39·8	41·1	40·8	39·5	39·7	36·7	33·7	35·9	34·2
Infant deaths at 1 week and over (per 1,000 total births)	15·6	12·9	13·4	12·1	11·1	10·1	9·9	9·9	10·2	8·5	10·1

In the six years 1954-59 the perinatal mortality rate gradually declined to the record low level of 33·7; in 1960 there was an increase of 2·2 and it is satisfactory that the 1961 rate declined to 34·2, the second lowest registered. The Population (Statistics) Act, 1960, which operated from 1st October, 1960, requires medical practitioners, or in their absence, midwives, to record the cause of each still birth they attend, the estimated duration of the mother's pregnancy, and the weight of the foetus if known. The information thus provided, together with other information obtained at registration of the birth, should contribute materially in future studies on perinatal mortality. By far the greatest part of infant wastage occurs perinatally and further research, especially to gain knowledge of causes, is essential.

The following table gives the number of still births by cause and the rate per 1,000 total births:

Cause and I.C.D. number	Number of still births	Rate per 1,000 total births
Chronic disease in mother ... ... (Y 30)	4	0·14
Acute disease in mother ... ... (Y 31)	1	0·03
Diseases and conditions of pregnancy and childbirth (Y 32)	137	4·70
Absorption of toxic substance from mother ... (Y 33)	—	—
Difficulties in labour... ... ... (Y 34)	40	1·37
Other causes in mother ... ... (Y 35)	1	0·03
Placental and cord conditions ... ... (Y 36)	75	2·57
Birth injury ... ... (Y 37)	12	0·41
Congenital malformation of foetus ... ... (Y 38)	127	4·36
Diseases of foetus and ill-defined causes ... ... (Y 39)	193	6·62
All causes ... ... (Y 30—Y 39)	590	20·24

So far as statistics relating to deaths of infants in the first week of life are concerned, the major causes of death, in descending order, were atelectasis and asphyxia 122, immaturity alone 99, birth injuries 69, and congenital malformations 56. Many of these infants lived but a few hours and 69 per cent. of the deaths at these ages had a birth weight of 5½ lb. or less.

At ages one week and under one year the death rate increased by 1·6 to 10·1 per 1,000 total births. The cause distribution of death followed the pattern established in recent years with pneumonia and bronchitis making the major contribution (97 deaths) followed by congenital malformations (83), infective and parasitic diseases (33) and gastro-enteritis (24). Slight fluctuations are to be expected now that the mortality at these ages is so low and, compared with the previous year, congenital malformations, infective and parasitic diseases, and gastro-enteritis, contributed largely to the increase.

Maternal Mortality:

The number of deaths decreased to the lowest total ever recorded. Only 8 deaths were registered compared with 21 in 1960 and an annual average of 14 in the period 1956-60; the resultant death rates per 1,000 live and still births were 0·27, 0·73 and 0·51 respectively.

The table appended affords a comparison of the national and county death rates from various causes in the past five years.

Cause of Death	1957		1958		1959		1960		1961	
	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales	Admin. County	England and Wales
Maternal sepsis (not associated with abortion) ...	0·07	0·07	0·04	0·07	0·04	0·06	0·14	0·04	0·03	
Toxæmias of pregnancy and puerperium (not associated with abortion) ...	0·07	0·10	0·14	0·09	0·14	0·07	0·10	0·08	0·07	0·27
Other complications of pregnancy, childbirth and the puerperium	0·29	0·20	0·18	0·19	0·18	0·18	0·31	0·19	0·17	
Abortion (with or without mention of sepsis or toxæmia)	0·07	0·08	0·07	0·08	—	0·06	0·17	0·08	—	0·07
Total Maternal Mortality...	0·51	0·45	0·43	0·43	0·36	0·38	0·73	0·39	0·27	0·33

Compared with the previous year reductions were achieved in all the individual cause groups, the number of deaths being maternal sepsis 1, toxaemias of pregnancy 2, and other complications of pregnancy 5. Deaths of this order were thought, even 10 years ago, to be an ideal achievement, but our thoughts and efforts are now directed to the total elimination of mortality from maternal causes.

Ante and Post Natal Services:

There were 154 ante and post natal clinics in operation at the end of the year, and the number of women who attended, prior to confinement, was 11,082, of which 9,028 were new cases. The total attendances were 36,495 at doctors' sessions and 22,586 at midwives' sessions only, the latter figure including attendances at relaxation classes.

These figures reflect the trend in recent years for more and more patients to receive ante natal care from their own doctors but, at the same time, attend the local health authority clinic for mothercraft training and relaxation exercises, the attendances at midwives' sessions only showing an upward trend.

Post natal attendances continue to be low; 1,234 women attended compared with 1,169 in 1960, and 1,301 in 1959.

Closer relationships were established during the year with the maternity hospitals regarding certain aspects of ante natal care. It was agreed that the hospitals should notify the Divisional Medical Officers of defaulters at hospital ante natal clinics to enable them to be followed up without delay. It was also agreed that mothercraft training in local health authority clinics should be stimulated for hospital ante natal patients where this work was not being undertaken in the hospital clinics. A third point on which agreement was reached was that special efforts should be made to induce patients attending hospital clinics to be immunised against poliomyelitis.

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children:

The Chief Dental Officer reports:—

The 1946 National Health Service Act requires local health authorities to provide free dental treatment to expectant and nursing mothers and children under 5 years of age not attending primary schools.

In the West Riding this obligation has been fulfilled in two ways. Where there was a staffed fixed clinic, inspections and treatment were provided by the Authority's dental officer. Where there were no such facilities the services of local general practitioners were called on. This arrangement has worked well and has resulted in mothers, whom we were not in a position to treat, receiving not only free, but priority treatment from general practitioners.

The distinctive feature of the local authority service was that all treatment was free of charge including the provision of dentures, whereas priority patients treated by the General Dental Service were required to pay a statutory contribution when dentures were provided. The result of this differentiation was that mothers needing artificial teeth preferred the local authority service to the General Dental Service.

A regulation made under the Act, which became effective in May, removed this anomaly, and mothers can now receive complete treatment without charge from a general practitioner.

It will be seen from the figures in this and previous reports that mothers treated under the Authority's service have averaged one denture each. It is expected, therefore, that in time this new regulation may have a profound effect on our service especially on that part of it performed for us by general practitioners which may well suffer a considerable reduction. The patients may well proceed to their own private practitioners.

It is difficult to assess what are the needs of expectant and nursing mothers. The majority of girls leave school at 15 and cease to be eligible for treatment by the school dental service. There is no public dental service available then until they may enter the priority class as an expectant mother which is usually at least 5 years later. If, in the meantime, they have sought the services of a private practitioner they usually prefer to continue to attend his surgery rather than make a change which necessarily must be temporary, for eligibility for the local authority service ceases twelve months after confinement.

It would appear that there is ample scope for development because, during the year, we treated only 2,686 patients while the number of births registered was 29,143. There seems little point, however, in attempting to do more when staff is already fully extended. Also we must wait to see the effect of the new Regulations on the flow of patients to private practitioners, and whether the question of priority treatment by either service has any effect on patient response.

	By County Dentists	By Private Practitioners	Total
Number of cases referred	1,196	1,490	2,686
Number of cases examined	1,077	1,239	2,316
Number of cases found to require treatment	1,067	1,216	2,283
Number treated	863	1,213	2,076

Number made dentally fit	671	1,097	1,768
Number of extractions	5,728	9,651	15,379
Number of fillings	1,502	1,658	3,160
Number of general anæsthetics	504	649	1,153
Number of scalings	443	401	844
Number of complete dentures	961	1,242	2,203
Number of partial dentures	289	272	561
Number of X-rays	95	54	149
Number of crowns/inlays	4	24	28
Number of root treatments	4	2	6
Number of cases treated with Silver Nitrate	0	1	1

The following work has been carried out during the year for pre-school children by school dental officers:—

Number inspected	1,268
Number treated	974
Number of attendances	1,427
Number of extractions	1,603
Number of general anæsthetics	725
Number of teeth filled	394
Number of fillings	446
Number of teeth treated with silver nitrate ...	259
Number of dressings	14
Number of scalings	0
Number of x-rays	4
Number of gum treatments	1

Infant Welfare:

At the end of the year there were 232 static and 2 mobile child welfare centres in operation, at which 506,781 attendances were made—an increase of 32,588 over the previous year. The main increase (20,239) was in respect of children under one year of age. An analysis of the total attendances shows that 87 per cent. of the age group " under one year ", 72 per cent. of the age group " one year but under two years ", and 20 per cent. of the age group " two years but under five years " attended centres during the year.

Details of the progress made in the provision of new purpose-built clinics will be found in another section of the Report dealing with the Department's capital building programme generally.

As part of their arrangements for infant welfare, the County Council continue to have available to them the services of Dr. Harvey, the County Paediatrician, who reports as follows:—

' *You can't help worrying when it's your first.* '

A common modern approach stands for the attitude of setting out to possess without reckoning the cost. Many parents with whom we work are commonly unwilling to ensure discipline for future stability and maturity of their family, by building a disciplinary framework in which the children may rest and grow securely. The point is that to discipline the child involves self-discipline for the parent, which can be intolerable. He feels that to say ' No ' and face the ensuing tantrum would hurt him more than to capitulate endlessly to the ingenious blackmail of the toddler.

The permutations on this theme are many, such as the decision as to whether to provide the nursery with lights or not during sleeping hours; coming downstairs or demanding to be nursed during the night; and exploiting the parental indecision of offering alternative menus at the meal-table. Most parents underestimate the child's uncanny skill in discerning the weak spots in domestic resolve. Most parents in effect, get the sort of behaviour from their offspring that they deserve. Rod-sparing may be sound theory for teachers, but King Solomon knew what was good for parents (Proverbs 13. 24). Lack of discipline leads to poor family morale both for the present and the next generation. For some young parents it is admittedly not easy, if they are living in dependence upon their in-laws, who commonly indulge the young.

This year has seen the usual procession of parents unprepared to pay the price of dietary discipline for their child's obesity. The child's hunger hurts the parents too much. The exceptions are so refreshing, with high morale reinforced by success in treatment, that it still seems worth the effort after all.

Parents often expect health on credit, the while they defer paying their due in attendance for the immunisation of their children. And so we still have needless prolonged whooping cough pneumonia and sometimes death. Panic smallpox vaccination during pregnancy can lead to still birth. And refusal to consent to B.C.G. vaccination for school seniors may prejudice the health of young adults.

Home or Hospital Confinement. The recent fermentation of debate about the best place for a baby to be born and the duration of stay in hospital continues. The obstetricians' ideal of 100 per cent. hospital births is clouded by the fact that from the baby's standpoint some of our overcrowded maternity departments can be dangerous because of antibiotic-resistant cross-infections. The risk is aggravated by the confusion of staffing problems.

On the related question of discharge home at 48 hours for selected normal deliveries, it has been argued that some hazards to the life of the newborn baby may not manifest themselves until three or four days old, such as certain grave malformations or intra-cranial or pulmonary haemorrhage. Such cases are few and mostly incurable. Their seriousness is out-weighed by the increasing danger of cross-infection by keeping babies in hospital longer than 48 hours. The balance may well be in favour of getting the baby out of the hospital danger zone to the domestic environment as quickly as possible. This, however, is a difficult subject and must take into account the dangers such as cold injury and social circumstances of premature discharge from hospital as well as the availability of midwifery nursing at home.

Post-Maturity with Cerebral Anoxia. The opinion of paediatricians and obstetricians is, I think, becoming more clear that post-maturity is a grave hazard to the baby. Each year we meet a few children whose brain development has been ruined apparently through going three weeks over the expected date. This admittedly places an anxious burden of judgement on the obstetrician to rely upon the mother's dates more than he may feel justified, and with the knowledge that premature obstetric intervention can lead to both maternal and foetal dangers.

Retinopathy of Prematurity (*Retrolental Fibroplasia*). I learned this year that milder degrees of damage to the retina can easily be missed. A baby whose weight had been 2¼ lb. was found at four years to have a severe partially-sighted defect. The moral, I think, is to seek examination by a senior ophthalmic consultant for every toddler whose birth weight was extremely low.

Audiology in Infancy. Screening examination for unsuspected hearing loss is worth pursuing in the pre-school child with even more hope of benefit than the administratively easier screening of school children. It will, for instance, probably be more rewarding in results than the phenylketonuria testing of young babies. We already have specially

trained Health Visitors, for this purpose, and two new specially staffed audiology clinics for the assessment of difficult cases.

Cerebral Palsy. This year for the first time we are enjoying rich benefit from the establishment in Professor Illingworth's Department of Child Health at Sheffield Children's Hospital of the new Cerebral Palsy Treatment Centre, directed by Dr. K. S. Holt. The diagnostic and therapeutic teamwork at the Centre, which draws also upon the experience of the orthopaedic, ophthalmic, aural and psychiatric specialities, has given invaluable help already with some of my most puzzling problems. Among these were two severely athetoid, mute non-toddlers, in whom I could form no estimate of intellectual promise. Miss J. Reynell's patient I.Q. estimates of approximately 80, and minimum 85 respectively, have invigorated our treatment greatly.

Parental Co-operation for Handicapped Children. Dr. Hugh Jolly (1962. Practitioner. 188. 223.) recently reported his experience that parents become suspicious and hostile if doctors ascertaining the child's handicap are forbidden to offer a clear explanation at the time of what is wrong and what advice they are giving to the authority. Frank unrestricted discussion at the outset is more likely to carry the parents with the doctors and secure consent for unwelcome recommendation, or recommendation whose implementation will be long delayed.

Infant Feeding. During the year I have been increasingly impressed by the number of unhappy restless babies, thriving poorly, who respond at once to a more generous food intake. This has led to discussion with baby milk manufacturers. There seems to be widespread concern lest feeding schedules published a dozen years ago may now be inadequate to the needs of our present more healthy generation of growing babies. Indeed, were the present schedules ever adequate ? Or were they bedevilled by fears of an outcry from doctors who used to believe that richness of the diet was the cause of vomiting, diarrhoea and loss of weight, in the days before alimentary virus infections were recognised? Half-skim milks have been virtually driven off the market by the full cream alternative, even for the smallest babies. We need now, I think, to influence the climate of opinion among family practitioners and clinic doctors against cutting the strength of the feed whenever the baby is out of sorts, especially in the first few weeks of life. Some mothers evidently need closer supervision about dietary progress after the first few weeks. A four month baby was recently referred to me with colic which I took to be due to unsatisfied hunger. He already weighed 18½ lb. and mother had not thought to offer him egg, meat or milk puddings.

Developmental Diagnosis. During the year I have been able to expand the number of special clinics for babies and toddlers picked out from the busier County and hospital clinics. Children deserving special study of development progress include those who have been victims of cerebral anoxia, children with locomotor or speech delay, children with cerebral palsy, epilepsy and subnormality. At such sessions with a few selected children by appointment, adequate time can be given to record details for each and to discuss the perplexity of parents. We do not weigh, measure or undress the children, to avoid their resentment of the 'natural one-downness of the unclothed'. Any one visit may be inconclusive through either negativism or lack of scoring through outright subnormality. But with repeated examination a forecast can often be made at the age of two to four years which will offer predictive guidance for school days later on, whether for normality or handicap.

The Discouragement of Neighbourly Nattering. Very many mothers are driven to their doctors, and then sent on to me through desperation at the uncharitable and often unfounded gossip of neighbours or in-laws. One pleasant mother I found had been under the family planners for over two years through fear of the shame of having another lean baby after what the neighbours had said about her first born. His healthy undersize is familial, inherited from two tiny parents. He had weighed 4 lb. 7 oz. at birth at full term.

Whenever I have time to think, I try to guess why the doctor has referred this particular child on this particular occasion. The theme has been developed in a recently published lecture by Dr. Simon Yudkin (1961. Lancet ii. 561).

Describing six children with coughs Dr. Yudkin goes behind the symptoms which ostensibly brought the child for consultation to elicit that the parents' real problem was something in the background. In one case the mother-in-law had complained that the child was too thin and was ill cared for. In another case innocent sweating at night made mother fear tuberculosis because this infection had occurred in her own family a generation ago. With a third child the mother was terrified by a long family history of asthma. In

yet another, a mother lacking affection was scheming to be rid of her child for a time to a convalescent home. The fifth instance really turned upon a dietary dispute between mother and child in which mother sought to take advantage of the weight of consultant opinion. And the last was a problem of gross maternal over-protection and keeping a healthy boy excessively off school.

We evidently shall fail in helping families unless we look behind the symptoms to seek the significant underlying problem in so many cases.

One reason for my aversion to the popular clinic ' tonic ' is that to hand out such things to toddlers or school children evades the necessity to seek another explanation of the circumstances in which parents seek tonics for children. Our usual so-called ' tonic ' combines a tendency to over-dosage of vitamins with under-dosage of an ineffectual form of iron. Attention may be drawn to Prescribers' Journal, September, 1961, p. 44, in which the uselessness of ' tonics ' in general is well developed, ending with the summary that ' in fact, there are no controlled clinical trials which demonstrate true tonic properties for any of the pharmaceutical products which are described as tonics '.

Some Cases of Interest in Infancy. Yet another baby came up recently at three months of age with an abscess in front of the right shoulder due to routine B.C.G. vaccination in West Coast Maternity Hospital in the absence of any known tubercle hazard. This apparently had been done contrary to the national policy of reserving routine B.C.G. for senior school children.

A child followed from babyhood had kept me in doubt until 3½ years with a bizarre pattern of stiffening and outward jerking of the arms, before I felt able to decide firmly against epilepsy and in favour of infantile masturbation.

A Caesarean operation for almost total lack of amniotic fluid, only to find that the baby choked and went blue and died a few minutes after birth. The explanation of both aspects of the problem was that the baby had no kidneys and showed the recognised association of merely rudimentary lungs which could never have supported life."

Phenylketonuria:

The scheme, started in March, 1960, whereby the urine of newly born babies is tested by the health visitors, has continued. At the outset the test was undertaken at, or about, six weeks of age but, because of the number of ineffective visits made by the health visitors and the further delay in arranging for laboratory confirmation of positive cases, the scheme was amended in 1961 to provide for the test being done at, or about, 3 to 4 weeks of age. The vast majority of babies were tested by the health visitors during the year, the total being 27,165 out of 28,553 total live births. Details are given below:—

Number of babies tested—	
(a) during the fourth week of age or under ...	19,445
(b) over 4 weeks but less than 6 weeks	4,892
(c) six weeks of age or over	2,828
Total	27,165
Result of test—	
(a) Negative	27,162
(b) Positive	3
(c) No. of (b) confirmed as positive on serum testing at hospital laboratory	2

Of the two positive cases one is not now believed to be a case of phenylketonuria. The child was admitted to hospital but the paediatrician has been unable to confirm the original diagnosis and the child's urine has been repeatedly negative.

The other case was reported upon by the Divisional Medical Officer as follows:—

"I.M.W. was born on 19th September, 1961. His urine was negative to Phenistix at five weeks.

Towards the end of January the family doctor was informed that a sister, aged 12 years, who is a patient in Meanwood Park Hospital, had been found to have phenylketonuria and it was suggested that he investigated the other children in the family. A 6 year old sister was negative, but Ian, then aged 4½ months, had a strongly positive urine.

He was admitted to the Paediatric Unit at Seacroft Hospital on 9th February, and on 12th February his mother was informed that his urine was strongly positive. He is now stated to have had blood tests, and been put on a special diet.

The mother states that he is an alert child, but of course it is not easy to detect any slowness at this age.

He had a definite phenylketonuria on admission with increased serum phenylalinine. He was put on to 'Minasen' and although he took some feeds satisfactorily he vomited others and has also had vomiting between feeds. He now has much less frequent vomiting and he is free of phenylketonuria. His mother is visiting hospital and gives at least one feed daily, and is being instructed in his dietary which is being worked out by a dietitian at Leeds General Infirmary. It is hoped to discharge him home soon."

The health visitor who undertook the original test recalls the case well and there would appear to have been no faulty technique. This case must, therefore, be regarded as a rather disturbing false negative.

Two cases were discovered in 1960 and reported on in the Report for that year, but only one of these cases is regarded as a true case of phenylketonuria.

Thus, out of a total of 48,199 babies tested, there have been 2 true cases of phenylketonuria. The scheme is continuing but one or two Divisional Medical Officers have referred to the amount of time being devoted by the health visitors to this work and have questioned whether this is justified by the results so far obtained.

Welfare Foods:

The arrangements for the distribution of Welfare Foods from Child Welfare Centres, Divisional Health Offices, and to a lesser extent, from private householders and the retail trade, have continued during the year. Following receipt of the Welfare Foods (Great Britain) Amendment Order, 1961, vitamin supplements, other than National Dried Milk, have been sold at prices which cover their cost, as from 1st June, 1961. Concentrated Orange Juice, which was issued at 5d. per bottle, is now sold at 1s. 6d. per bottle, and Cod Liver Oil and Vitamin A & D Tablets, which were issued free, are now sold at 1s. 0d. per bottle and 6d. per packet respectively. The effect of these increased charges is reflected in the table below, which indicates the extent of distribution of welfare foods during 1961 and comparative figures for the year 1960.

Period	National Dried Milk (Tins)		Cod Liver Oil (Bottles)		Vitamin A & D Tablets (Packets)		Orange Juice (Bottles)	
	1960	1961	1960	1961	1960	1961	1960	1961
January-March	48,167	41,341	25,262	30,572	17,679	19,537	148,374	168,455
April-June ...	45,412	37,632	20,685	19,844	16,977	16,361	175,070	127,752
July-September	43,891	35,755	20,335	5,506	16,693	7,069	164,050	47,722
October-December	44,468	35,891	27,151	7,882	17,697	7,958	149,656	47,880
	181,938	150,619	93,433	63,804	69,046	50,925	637,150	391,809

At 31st December, there were 315 distribution centres in the County for the issue of welfare foods, of which 224 were Child Welfare Centres.

Illegitimate Children:

Of the total of 1,200 live illegitimate births, 899 were dealt with as indicated in the table below; 866 of them were of West Riding domicile, the remaining 33 being non-County cases. Of the County cases, 189 were accommodated during the ante or post natal period in moral welfare homes under the scheme of the authority.

	West Riding Cases	Non-County Cases	Total
Number of cases dealt with during the year:			
Referred by Moral Welfare Organisations ...	178	23	201
Ascertained by Staff of the Health Department	538	2	540
Referred by other services	150	8	158
Totals	866	33	899
Analysis of cases:			
Married (with previous illegitimate children	90	1	91
Married (without previous illegitimate children	136	1	137
Unmarried (with previous illegitimate children ...	112	2	114
Unmarried (without previous illegitimate children	500	29	529
Widowed (with previous illegitimate children ...	15	—	15
Widowed (without previous illegitimate children	13	—	13
Totals	866	33	899

Ages			
Under 15 years of age	8	—	8
15—19 years of age	241	19	260
20—24 years of age	292	8	300
25—29 years of age	161	3	164
30—39 years of age	135	3	138
40 years of age and over	29	—	29
Totals	866	33	899
Disposal:			
Cases settled—Marriage	38	—	38
Baby died	33	1	34
Grandparents taking baby ...	34	1	35
Baby adopted	159	19	178
Baby fostered	44	4	48
Mother keeping baby	467	5	472
Cases referred elsewhere	29	2	31
Cases not finally settled	62	1	63
Totals	866	33	899

Accommodation was provided for the 189 cases in moral welfare homes as outlined below:—

	Ante and Post natal	Ante natal only	Post natal only	Governing Body
Blackburn—The Grange, Wilpshire ...	2	—	—	Church of England
Bradford—Oakwell House	16	—	—	Bradford Corporation
Bradford—St. Monica's Home ...	19	—	—	Church of England
Darlington—St. Agnes' Home	1	—	—	Church of England
Halifax—St. Margaret's House	25	1	—	Church of England
Harrogate—St. Monica's Home ...	9	—	—	Church of England
Huddersfield—Queen Street Mission ...	2	—	—	Methodist Church
Huddersfield—St. Katharine's Hostel ...	4	1	—	Church of England
Kendal—St. Monica's Maternity Home	1	—	—	Church of England
Leeds—Browning House	19	1	—	Voluntary Committee
Leeds—Mount Cross, Bramley... ...	3	—	—	Salvation Army
Leeds—St. Margaret's Home	12	1	2	Roman Catholic Church
Lincoln—The Quarry Maternity Home	9	—	—	Church of England
London—Mother & Baby Home, Streatham	3	—	—	Methodist Church
Pontefract—" The Haven "	18	—	—	Church of England
Salisbury—Beckingsale House	1	—	—	Church of England
Sheffield—St. Agatha's Hostel	17	1	—	Church of England
Sutton-on-Hull—Sutton House ...	3	—	—	Church of England
Sutton, Surrey—The Haven	1	—	—	Church of England
York—Heworth Moor House	17	—	—	Church of England
	182	5	2	

With effect from 1st April the period for which financial responsibility may be accepted for the maintenance of unmarried mothers in moral welfare homes was extended from eight to thirteen weeks. The thirteen weeks is exclusive of the lying-in period but where—exceptionally—the confinement takes place in the moral welfare home financial responsibility is accepted for an additional two weeks.

Premature Infants:

According to a nationally agreed definition, a premature infant is one which weighs 5½ lb. or less at birth, irrespective of the length of gestation. There were 2,309 premature births, of which 1,972 were live and 337 still. Of the premature live births, 23 per cent. were born at home and 77 per cent. in hospitals. Of those born at home, 84 per cent. weighed more than 4 lb.

The Fate of Premature Babies born in the Year 1961 to Mothers normally residing in the West Riding Administrative County Area wherever the Birth took place

Total adjusted live births—28,553 Number of live premature births—1,972 Number born dead—337 Percentage of premature live births to total live births—6·9

Weight Group lb.	Number of Premature Births: Born Alive A	B1	B2	C	Total	Born Dead	Number Dying: First Week 1	2	3	4	5	6	7	Second Week 8	9	10	11	12	13	14	over 14 up to 28 days	Number Surviving over 28 days: A	B1	B2	C	Total	Percentage Survival 1961	Percentage Survival in previous years: 1960	1959	1958	1957	1956
5—5½	204	14	229	361	808	44	17	5	2	1	1	—	1	1	—	1	—	—	1	2	5	198	13	220	340	771	95·4	97·2	96·4	95·7	96·0	96·1
4½—5	113	3	123	217	456	28	15	6	3	4	3	1	—	—	—	—	—	—	—	1	3	105	3	116	196	420	92·1	94·8	92·9	92·9	92·1	91·7
4—4½	57	—	72	140	269	38	11	5	5	1	3	1	—	—	—	—	—	—	—	—	—	52	—	65	126	243	90·3	88·7	86·9	89·9	85·7	89·4
3½—4	28	1	42	104	175	45	26	6	3	3	—	—	—	—	—	1	—	—	—	—	1	23	1	34	77	135	77·1	84·1	84·8	79·3	81·0	74·8
3—3½	10	—	21	57	88	44	17	4	4	1	—	—	—	—	1	—	—	1	—	—	—	7	—	16	37	60	68·2	72·6	60·9	65·9	54·8	68·0
2½—3	14	—	9	38	61	48	23	6	2	2	—	—	2	1	1	—	—	—	—	—	—	5	—	4	15	24	39·3	44·3	40·4	40·9	39·4	43·3
2—2½	4	—	7	25	36	38	19	5	1	2	1	—	—	—	—	—	—	—	—	—	1	1	—	3	3	7	19·4	43·9	27·9	26·1	20·0	19·1
1½—2	10	—	10	26	46	34	31	4	2	—	—	—	—	1	—	—	—	1	—	—	—	2	—	1	4	7	15·2	2·3	4·2	10·9	9·8	2·5
1½ and under	5	—	1	27	33	18	30	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3·0	—	—	—	—	—
Total	445	18	514	995	1972	337	189	43	22	14	8	2	3	3	2	2	—	2	1	3	10	393	17	459	799	1,668	84·6	87·1	84·7	84·7	83·3	83·6
																					281											
																					13											
																					304											

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

The weight groups in the first column of this table should be read as under :—
" 5—5½ lb." means " Over 5 lb. up to and including 5½ lb."
" 4½—5 lb." means " Over 4½ lb. up to and including 5 lb."
The remaining weight groups should be read in the same way.

Children Neglected or Ill-treated in their Own Homes—Prevention of Break-up of Families:

Throughout the Administrative County, there were 106 meetings of the Co-ordinating Committees established under the Chairmanship of the Divisional Medical Officer for the area to co-ordinate the activities of the many statutory and voluntary organisations concerned in the welfare of children. In 13 Divisions, meetings were held quarterly or at more frequent intervals, and in 8 Divisions, meetings were held less frequently than quarterly, in 3 instances one meeting only being held; no formal meetings were held in the remaining 2 Divisions but there was consultation between officers as the need arose in dealing with individual cases.

The Co-ordinating Committees include in their membership officers of the local health and education authorities concerned with children, representatives of the housing authorities, and representatives of the various voluntary agencies. The co-ordination of such resources as these can give valuable assistance with problem families to prevent their break-up and, although in many cases little or no improvement is achieved, the efforts of the Committees are considered to be well worthwhile if they can prevent further deterioration in these families.

The arrangements made by the County Council in 1960 to safeguard the interests of housing authorities in selected cases where there was a danger of the families being evicted, broken up, and the children being taken into care, have continued. The scheme was introduced following the issue of the Joint Circular of the Ministry of Housing and Local Government (17/59) and the Ministry of Health (4/59) and after consultation with the housing authorities.

Some anxiety was felt early in the year as to the way the scheme had developed and particularly how it should develop in the future, and the opportunity was taken for the Heads of the Departments concerned to review the arrangements. The following is a summary of their findings which were approved by the Committee:—

" 1. We are not in favour of intermediate accommodation being made available. In some districts this has been tried and failed. Accommodation set aside has been vacant for long periods, as one might expect in a County area. In order for such a scheme to work satisfactorily, there must be a guarantee of re-housing at the right time and in full standard accommodation—this the districts are not always ready to guarantee, particularly where there is a scarcity of houses. Another point is that families put into intermediate accommodation tend to remain there and make no effort to better themselves, the lower rent liability being, of course, a great attraction. Intermediate accommodation might work in a built–up County Borough where the father of the family might not have far to go to work, but we cannot see it being successful in a County area where the family may be required to move to a house far distant from the father's place of work.

2. Although the system of giving assistance to housing authorities may produce some anomalies and abuses we feel that as far as the County Council is concerned it is a well worth project from both the financial and social aspects. Some district councils don't like it because it leads to discontent amongst other tenants. Weighing up the pros and cons we feel on balance that the scheme should be continued.

3. The continuation of the scheme should be made dependent on certain conditions:

(a) Although we are given to understand that most district councils make serious attempts to collect rents when assistance is given by the County Council, there are others who, as a normal practice, rely on the tenant bringing the rent to the central point. We feel that the district councils should be asked to ensure that in all cases in which the County Council are interested specific attempts are made to collect rents.

(b) We feel that the act or threat of eviction is the last link in a long chain of events. Early information to the divisional medical officers is essential if they are to put the machinery into operation which will in a good proportion of cases secure good results before a desperate situation is reached. It is essential too that district councils should keep divisional medical officers informed of all cases where arrears of rent are beginning to accrue and the situation is likely to lead to possible eviction so that they can take immediate action to prevent further deterioration. Rehabilitation may become impossible or extremely difficult when a large sum of arrears has accumulated.

(c) The district councils should be prepared to make their Housing Manager or equivalent officer available to serve on the Children's Co-ordinating Committee whenever that committee is dealing with a problem affecting the housing of tenants in that particular council's district.

4. If the machinery described above works smoothly then the divisional medical officer as Chairman of the Co-ordinating Committee will bring each case, where there is any danger existing that eviction is likely or possible, before that committee so that all interested will know the situation and offer assistance and advice and jointly contribute their knowledge of the family for the benefit of all concerned in an attempt to reach a satisfactory solution.

5. It would also be necessary to use the services of the special home helps, already approved by the County Council, under the general supervision of health visitors in selected cases, but it must be clearly understood that it will be necessary to expect that long periods of assistance in this way will be needed before any possibility of rehabilitation occurs, and also that rehabilitation will fail in quite a percentage of cases.

6. Periodical reports on the progress of rehabilitation or any change of circumstances as a result of local activity will be made to the County Medical Officer in order that the Sub-Committee can be kept fully informed and take any appropriate action.

7. We feel that that the giving of assistance to housing authorities for a short period of three months is not sufficient. We therefore endorse the recent practice of the committee to extending this period to six months. Rehabilitation is a long process and much patience is required, nevertheless the aim, which is primarily that of keeping a family together and at the same time exercising economies by preventing children being taken into care, is one which is both logical and humane. Although it may appear to the uninformed to be extravagant and biased in favour of unthrifty families we have no hesitation in stating that as a long term policy the right course is to continue to persevere until any particular case is either

rehabilitated or reaches the stage when eviction becomes necessary. This period can be quite lengthy and in a similar scheme run by the Kent County Council the impression is given that good results can only be expected over a period of up to a year.

8. Although early information to the divisional medical officer could be quite easily arranged as described above we have also considered whether anything can be done with regard to early information about families evicted from privately owned property, which form the bulk of the cases dealt with by the Welfare and Children's Departments. We are of the opinion that nothing official can be done in this respect and it can only be left to the alertness of the local officers by reading the local press to discover from where danger may be coming. It is unlikely that the Courts will give us any prior information.

9. With regard to the effectiveness of the scheme so far it is difficult to reach any concrete proof on the evidence available. Impressions, however, are very strong that much good has come out of the committee's work. So far one third of the cases dealt with have shown improvement. In addition there is knowledge of the fact that at least three cases have been rehoused from temporary accommodation and, although there has been some increase in eviction from council houses since the scheme started, we are strongly of the opinion, bearing in mind the type of tenants which are now being admitted as tenants of council houses, that the increase would have been very much greater but for the scheme."

Day Nurseries:

The day nurseries which are available provide more than adequate accommodation to meet the established need, for reasons of health and associated socio-medical conditions, of the areas in which they are situated, but applications for admission on purely social grounds are continually being refused by the Divisional Medical Officers concerned to accord with the County Council's policy to admit only the following categories:

(a) The young child whose mother is ill or having a baby.
(b) The illegitimate child whose mother is required to work.
(c) The young child of the widow who must educate and support her family unassisted.
(d) The young child of the mother whose husband is ill.

The Todmorden Day Nursery was closed at the end of March because of falling attendances and, at the end of the year, there were five nurseries in operation, namely:—

Division Number	*Day Nursery*	*Number of Places Provided*	*Average Daily Attendance*
3	Keighley	50	30
4	Shipley	50	34
7	Harrogate	40	25
15	Heckmondwike	40	29
18	Brighouse	40	23

The situation has remained under constant scrutiny by the Day Nurseries Sub-Committee.

The County Council accepted financial responsibility for the accommodation of a further seven children in day nurseries administered by the County Boroughs of Bradford, Huddersfield and Wakefield. At the end of the year six children were in attendance at day nurseries administered by the County Boroughs of Huddersfield and Wakefield.

MIDWIFERY

Institutional Midwifery:

Hospital accommodation was provided for 63 per cent. of the total births, an increase of 1 per cent. since 1960. However, this figure is misleading for, in that part of the County within the administrative control of the Leeds Regional Hospital Board, the percentage was 70 while, in the Sheffield Board area, the percentage was as low as 50. The inequity in the distribution of lying-in beds is illustrated in the following table.

Div. No.	Area	Population (estimated mid 1961)	Total Births (Live and Still)	Place of Birth			
				Hospital		Domiciliary	
				No.	%	No.	%
1	Skipton	79,570	1,263	1,058	84	205	16
3	Keighley	56,060	944	811	86	133	14
4	Shipley	66,960	1,130	885	78	245	22
5	Horsforth	115,060	1,868	1,494	80	374	20
7	Harrogate/Ripon ...	104,500	1,738	1,390	80	348	20
9	Wetherby	49,340	763	429	56	334	44
10	Goole	44,450	746	353	47	393	53
11	Castleford	58,890	961	651	68	310	32
12	Pontefract	61,010	1,192	716	60	476	40
13	Morley	84,850	1,555	985	63	570	37
15	Batley	48,210	866	709	82	157	18
16	Rothwell	57,180	934	490	52	444	48
17	Spenborough	49,070	798	657	82	141	18
18	Brighouse	58,630	972	638	66	334	34
19	Todmorden	52,740	817	477	58	340	42
20	Colne Valley	89,710	1,319	1,010	77	309	23
22	Wortley	90,630	1,485	1,001	67	484	33
23	Hemsworth	66,670	1,394	751	54	643	46
25	Barnsley	76,180	1,302	705	54	597	46
26	Wath/Mexborough ...	109,460	2,036	866	43	1,170	57
27	Doncaster/Adwick ...	109,900	2,452	1,132	46	1,320	54
29	Thorne	35,210	801	328	41	473	59
31	Rotherham	93,530	1,991	959	48	1,032	52
	Leeds Hospital Board Region ...	1,142,900	19,260	13,504	70	5,756	30
	Sheffield Hospital Board Region	514,910	10,067	4,991	50	5,076	50
	West Riding Administrative County	1,657,810	29,327	18,495	63	10,832	37

Domiciliary Midwifery:

At the end of the year there were 432 midwives being employed in the Administrative County, as follows:—

261 by the County Council.

154 by Hospital Management Committees.

17 in private practice.

There were 10,739 deliveries attended by County Council midwives, of which 9,483 cases had contracted with medical practitioners for the provision of maternity medical services.

STAFF CHANGES:

Appointed	29
Resigned	22
Retired	8
Died	—

STAFF SITUATION:

There are few vacancies for whole-time midwives as such but in the rural areas where combined work of home nursing and midwifery is done there are vacancies with few applicants for the posts.

CHANGING PATTERN OF WORK:

The number of women delivered at home has not changed much but the tendency in some areas for mothers to be discharged from hospital after 48 hours to the care of the domiciliary midwife is adding to the case load, as there is a statutory duty for the midwife to attend mothers and babies up to a minimum of 10 days. However, early ambulation, varying from 1st to 3rd day has reduced the actual nursing care required to be given to each mother. Ante natal care is gradually approaching the pattern suggested by the Cranbrook Committee in that more general practitioners are having special sessions for ante natal patients and in many cases the midwife attends. Less mothers attend the local authority clinics in many areas certainly, but the examinations for blood groups etc. are generally being done in higher numbers by general practitioners and local hospitals.

Ante natal education in the form of relaxation classes continues to expand in most areas, where both hospital booked patients and those for delivery at home are encouraged to attend.

Each midwife attends a refresher course every 5 years and the short course at Grantley Hall, which is meant to help the midwives become better qualified to direct the ante natal classes, is held each year. About 30 midwives attend each course.

PREMATURE BABIES:

The annual report of the Central Services Council for 1959 referred to the prevention of prematurity and care of premature infants.

As a result of this an investigation was carried out in the County Area concerning the care of mothers and their premature babies born at home during 1960.

In these selected cases, the haemoglobin estimation was known in only 40 per cent., whether the ante natal care had been undertaken in the local authority clinics or by the general practitioner obstetricians.

Little use had been made of the Sorrento Cot, either for nursing at home or for transport to hospital. These cots are provided with clothing, blankets, hot water bottles and oxygen apparatus. The babies transferred were mostly carried by the midwife or a relative.

The majority of deaths occurred in abnormal babies or in those under 3 lb. in weight.

Hospital liaison with the local authority before the discharge of these premature babies varies from division to division but there were complaints of early discharge of babies under 5½ lb. without prior consultation with the Divisional Medical Officers.

The following statutory notifications were received from midwives:—

Maternal death	1
Death of the infant	34
Still birth	121
Liability to be a source of infection	115

POST-CERTIFICATE INSTRUCTION:

Forty-five midwives attended approved post-certificate courses at the following centres: Harrogate, Hull, Leeds, Oxford, Stoke on Trent and Westcliff on Sea.

TRAINING OF PUPIL MIDWIVES:

Twenty-eight pupil midwives were trained in the practice of domiciliary midwifery in accordance with the regulations of the Central Midwives Board governing second period training.

ANALGESIA:

The provision of apparatus for the administration of trilene as an alternative to gas and air has continued and, at the end of the year, 233 trilene inhalers and 296 gas and air machines were in use. The introduction of trilene has been welcomed by midwives and patients, the number of patients receiving trilene in 1961 being 5,488 as compared with 811 in 1960. There has been a corresponding decrease in the demand for gas and air and the number of patients receiving this analgesic fell from 6,572 in 1960 to 2,684 in 1961.

In addition pethidine was administered alone or in combination with either gas and air or trilene.

The following table indicates the extent to which analgesics as a whole were used within each divisional area.

Div. No.	Area	Percentage receiving Analgesia					
		Pethidine alone	Gas and air alone	Gas and air with Pethidine	Trilene alone	Trilene with Pethidine	Total
1	Skipton	3	9	20	11	17	60
3	Keighley	8	6	7	10	60	91
4	Shipley	4	4	20	17	51	96
5	Horsforth	2	5	4	27	56	94
7	Ripon/Harrogate	6	6	9	29	37	87
9	Wetherby	4	15	41	14	16	90
10	Goole	6	31	16	22	18	93
11	Castleford	—	32	7	43	7	89
12	Pontefract	16	8	25	11	27	87
13	Morley	5	6	11	18	47	87
15	Batley	1	1	5	25	65	97
16	Rothwell	12	9	16	16	34	87
17	Spenborough	4	9	12	23	39	87
18	Brighouse	3	9	26	18	35	91
19	Todmorden	4	9	26	14	41	94
20	Colne Valley	7	10	32	15	25	89
22	Wortley	17	8	5	15	36	81
23	Hemsworth	20	5	9	27	22	82
25	Barnsley	5	14	20	18	31	88
26	Wath/Mexborough	8	8	10	23	29	78
27	Adwick/Doncaster	10	7	25	18	29	89
29	Thorne	26	8	25	5	15	79
31	Rotherham	13	2	4	12	42	73
	Leeds Hospital Board Region	7	10	17	20	33	88
	Sheffield Hospital Board Region	12	7	15	17	31	82
	West Riding Administrative County ...	10	9	16	19	32	86

FLYING SQUAD:

Arrangements are in operation from the undermentioned hospitals whereby emergency units are available for the domiciliary treatment of patients whose condition is too grave to justify immediate transfer to hospital. This service has, over the years, made a valuable contribution towards the reduction of maternal mortality.

St. Helen Hospital, Barnsley.
St. Luke's Hospital, Bradford.
General Hospital, Halifax.
General Hospital, Harrogate.
Royal Infirmary, Huddersfield.
Maternity Hospital, Leeds.
Montagu Hospital, Mexborough.
Jessop Hospital, Sheffield.
General Hospital, Wakefield.

Details are not available of the number of occasions on which the service was called out during the year, but from such information as is available it would appear that the most frequent single emergency condition arising is that of post-partum haemorrhage.

HEALTH VISITING

During the year, new schemes started in 1960 became part of the routine work of the health visitor.

A time-consuming part of the health visitor's work is visiting the aged who have been recommended for chiropody treatment, quite a number of visits being paid to check whether or not chiropody treatment is necessary.

Another branch of the health visitor's work which is also expanding is that of early ascertainment of deafness in young children. There are now two health visitors in each Division who have been specially trained in this aspect of the work and they carry out the tests in any part of the Division where there are children under the age of 5 years who are at risk.

Formal health education is now playing a prominent part in the work of the health visitor. With the help of Miss Edwards, Deputy Nursing Officer, she is now getting proper equipment for doing this work. Requests for help with educational displays are also received from voluntary committees who organise programmes for prevention of accidents etc.

Toddlers' clinics have been organised in more areas and these are thought to be well worth while, inasmuch as they give a birthday examination to each child and so ensure the detection of any defects before school age.

A pilot scheme featuring liaison with general practitioners was instituted by Dr. Cusiter in the Mexborough/Swinton part of his Division. This started in June, 1961, when a joint meeting was held between two general practitioners, the Divisional Nursing Officer and the Assistant Health Visitor; both doctors were very public health minded and most co-operative.

It was decided that the Assistant Health Visitor should pay a weekly visit to the consulting rooms following morning surgery, meet both doctors and discuss and resolve any problems which either side might have. After a period the visits to the surgery became fortnightly and the doctors contacted the Assistant Health Visitor at the clinic when necessary between 9 a.m. and 10 a.m. Monday to Friday, or by telephone to her home at other times. Ambulant patients with problems would also be sent to the clinic at the set times stated.

The Assistant Health Visitor writes:—

" The following is just one example of the type of case referred by the general practitioner:-

The 'X' Family

The doctors referred Mr. 'X' to the clinic for advice. Mrs. 'X' in hospital having had an emergency caesarian delivery. Three other children (of first marriage), two attending school.

Problem— the care of the children.

The health visitor dealt with the case. Provision of the home help was not practicable as Mr. 'X' was on early shift work. It was not advisable to board out the children, as they were settled in their own home at last (their own mother had abandoned them) and they had had several foster mothers.

The health visitor decided with the father that he was the proper person to care for his children in the circumstances. She therefore contacted the National Assistance Board who visited and were extremely helpful, allowing Mr. 'X' sufficient money for three weeks in order that he might stay at home and look after the children himself.

Result—avoidance of introducing different personalities into the home ensured a continuance of normal family life."

The above illustrates the type of work which the health visitor has to do in addition to routine visiting of mothers and babies and, whilst they do try to keep up the standard of visiting, it is almost impossible for them to do as much as they would like. Unless the health visitor can keep in regular contact with her families she will not be fulfilling the role for which she was trained, that of a very special medico-social worker who has, in the past, been the only person who knew her families well enough to be able to assess the state of the family's health and welfare. It is only by this constant visiting that any deviation in the pattern of the individual family life can be noted and dealt with. With all the other work and without extra help, this high standard is not now so easy to attain.

Home visiting in all cases has decreased. This may be due to the extra immunisation sessions held in most Divisions during the first three months of the year; extra clinic sessions; health education sessions in schools (details are given in another part of the Report) and other extraneous duties imposed upon the health visitors.

Visits to children under the age of one year have decreased by 4,323, 1-2 years by 6,890 and 2-5 years by 4,668, whilst the number of families visited has decreased by 4,519. Analysis of the work undertaken is shown below:

Analysis of Visits

Expectant mothers		8,814
Children under 1 year	148,343	
aged 1—2 years	67,102	
aged 2—5 years	105,624	
		321,069
Tuberculous households		7,806
Other cases		176,080
School health		22,842
Ineffective		49,059
Total ...		585,670

Clinic and School Sessions

Maternity and Child Welfare	28,028
Ultra Violet Light	1,602
Parentcraft	1,186
Specialist—Chest	2,039
Other	3,076
School Health	18,477
Total ...	54,408

The present staffing establishment for health visiting, school nursing, and tuberculosis visiting is 341 whole-time officers. At the end of the year, 333 staff (equivalent to 310·5 whole-time officers) were employed on these services (two more than the previous year), made up as follows:—

Qualified health visitors (4 part-time) combining the duties of health visiting and school nursing.	242
Assistant health visitors (30 part-time) without the health visitors' certificate, combining duties in the public health and school health services, 13 of whom also undertake health visiting under dispensation granted by the Ministry.	79
Whole-time school nurses.	3
Home nurse/midwife undertaking duties of health visiting, home nursing, midwifery.	1
Whole-time tuberculosis visitors.	8
	333

There were 38 appointments, 26 resignations, 1 retirement and 9 transferred to other services.

Post Certificate Training:

Thirty-two health visitors attended approved courses organised by the Women Public Health Officers' Association and the Royal College of Nursing. Letters of appreciation from many of these health visitors have been received and they all appear to have benefited from the courses.

Forty-six members of the staff and one from Wakefield County Borough attended an in-service training course at Grantley Hall, the subject on this occasion being the Mental Health Act and its implementation in the West Riding. Dr. Lyons, gave the inaugural lecture and was followed by Dr. McDonald, Physician/Superintendent at Menston Hospital, and Dr. Jeremiah, who spoke on " The Psychiatric Hospital and the Community " and " Preventive Aspects of Mental Health in Local Authority Health Services " respectively. The subjects gave rise to much discussion both in small groups and in the report back sessions. The course ended with a forum under the Chairmanship of Dr. Lyons, whilst Dr. Gore, Consultant Psychiatrist, Harrogate Child Guidance Clinic, Mr. V. J. G. Bosworth, Senior Psychiatric Social Worker, Leeds City, Mr. J. H. Hope, Senior Mental Welfare Officer, Mrs. M. E. Towell, Supervisor, Hemsworth Training Centre, were members of the panel. An observation visit to Menston Hospital was arranged for the final day when Dr. McDonald entertained members of the course to lunch.

Twenty-four health visitors attended a course on screening tests on ascertainment of deafness in young children. This course was held at Hemsworth Clinic and the health visitors there worked very hard getting sufficient numbers of children for testing.

Student Health Visitors:

There were forty-two students taking the course organised by Leeds University and, of these, thirteen were sponsored by the County Council.

A wide range of practical experience was possible, thanks to the co-operation and goodwill of various departments and individuals in the West Riding, Leeds and surrounding Local Authorities. A debt is not only due to those who dealt

with the students personally, but also those who made this possible by good clerical work, relieving the worker so that time could be devoted to the student, and in other ways. However anxious senior members of departments may be to help in the training of students, it is the individual field worker upon whom rests the responsiblity for the details of practical training. Students regard the workers they meet as being representatives of that whole field, and so it is significant that on return from their practical experience they speak highly of what they have been taught and shown.

Many excellent visits of observation were arranged for groups of students. Those in charge of schools, homes, hospitals and other institutions went to much trouble to demonstrate their work to the full. This was enlightening to the students, confirming their theoretical knowledge and helping them in the final examination.

At the conclusion of the course, twelve West Riding students took the examination of the Royal Society of Health. One had been forced by illness to retire, but permission was granted by the Royal Society of Health for her to resume studies during the next course in 1962. One student failed the examination but has since been successful.

One West Riding student took her health visiting training with Bradford County Borough and was successful in passing the examination.

HOME NURSING

Staffing:

Although there has been no difficulty in obtaining home nursing staff during 1961 there has been considerable difficulty in filling vacancies for the combined post of home nurse/midwife; applicants appear to be biased either towards one or the other branch of nursing, and it is these vacancies which may have brought the number of nurses employed to a slighty lower level than in 1960.

The establishment is 290 whole-time nurses and 297 (whole-time equivalent of 257·9) were in employment at the end of 1961, which was a decrease of 13 on the 1960 figures. These were made up as follows:—

Home nurses, S.R.N. (7 part-time)	218
Senior relief home nurses, S.R.N.	1
Senior relief home nurse/midwives, S.R.N.	2
Home nurse/midwives, S.R.N. (1 part-time)	62
Home Nurses, S.E.N. (2 part-time) ...	11
Village nurse/midwives, S.E.N.	3
	297

There were 29 new appointments, 30 resignations, 8 retirements, 4 transferred to other services.

Training:

Seventeen students were trained at Sheffield, Rotherham and Bradford training centres during 1961 and all passed the Queen's Institute examinations.

Arrangements were made for 50 students from training homes to have three days' experience with selected home nurses in rural communities.

Approval in principle was given by the County Council early in the year to revised scheme of district nurse training. Hitherto, the whole of the training has been undertaken at training schools organised in certain of the County Boroughs, either directly or in association with the Queen's Institute. The County Council paid the nurses the appropriate Whitley Council training allowance and recovered an agreed proportion from the County Borough Councils in respect of the value to the latter of the nurses' services.

The revised arrangements provide for the student nurses to attend at selected training schools for a block period of three weeks only for theoretical training. The remainder of the three or four months' course, as the case may be, is to be spent on practical training in the County area under the supervision of selected Queen's nurses already in the County Council's employment. By this means the County Council will have the services of the students during the major part of their training.

This was followed by a visit from Miss Hockey, Tutor in the Education Department of the Queen's Institute of District Nursing, who, with Miss Herron, District Nursing Officer, Queen's Institute of District Nursing, made a tour of some of the areas where it was thought students would be trained. They met the Divisional Medical Officers and Divisional Nursing Officers concerned and discussed with them the possibilities of practical training.

A provisional scheme and programme was submitted to the Queen's Institute of District Nursing and, after consultation with the Ministry of Health and an inspection by Miss Heaney, Public Health Nursing Officer from the Ministry of Health, was approved towards the end of the year. The revised training scheme is expected to commence in May, 1962.

Cars:

Two hundred and sixty-six nurses use cars in connection with their work and in 79 cases the car is provided by the Authority.

Refresher Courses:

A refresher course was held at Grantley Hall in July, when 35 West Riding students, 1 from York City and 1 from Wakefield City attended. The course was on the same lines as the previous year involving lectures from Professor Tunbridge, Department of Medicine, Leeds University, Mr. Wooler, Thoracic Surgeon from Leeds General Infirmary, Dr. Nuttall, Director, Radio Therapy Department, Cookridge Hospital, Leeds, and Dr. Droller, Geriatrician, St. James's Hospital, Leeds. Observation visits were arranged to three hospitals—Leeds General Infirmary where the nurses were shown the latest methods in heart operations and where they also learned something of resuscitation by mouth to mouth breathing and heart massage; the Geriatric Unit at St. James's Hospital; and the cancer unit at Cookridge Hospital. In the latter hospital the students were very impressed by the remarkably cheerful attitudes of nursing staff and patients.

Injection Therapy:

In 1961 the percentage of visits for injections only was 32·5, a similar figure to the previous year. The rates vary throughout the County from the lowest of 13 per cent. in Division No. 10, Goole area, to 49 per cent. in Division No. 31, Rotherham area, whilst in the rural districts of Skipton it is 27 per cent.

Summary of the Work of Home Nurses:

The total number of cases dealt with by the home nurses was 30,946, as compared with 31,305 in 1960, a decrease of 359, whilst the total number of visits to patients has decreased by 8,142—from 787,562 to 779,420. The decrease in the number of cases occurred in all categories except in the 5-64 age group where there was an increase of 105. The number of visits to the 65 and over age group has increased by 6,774. This is the only group where the demand on the service of the home nurse has been high. Dr. Cusiter, Divisional Medical Officer, Wath upon Dearne states:—

> " The Home Nursing Service has been well-staffed during 1961 and, as most nurses are official car users, this has increased the efficiency and mobility of the service. An additional 2,000 visits were recorded and the case load increased by 74. Although the number of patients over the age of 65 was only approximately half of the number in 1961, visits to this category of patients actually increased. Additionally, the length of time spent over each case has been increased.
>
> Increasing use of Home Nurses is being made in the nursing treatment of expectant mothers, generally anaemias associated with pregnancy."

Dr. Ward, Divisional Medical Officer, Golcar, states:—

> " There was a reduction in the number of patients attended and in the number of visits paid, the patients attended being 58 less and the visits paid 3,799 less than in the previous year.
>
> Of the total of 36,924 visits made, 9,254 were for injections only, this figure being 131 more than in 1960. Over half the patients and half the visits were to patients 65 years of age and over.
>
> This year has been particularly unfortunate from the point of view of staffing. Three Home Nurse/Midwives resigned, two on leaving the district and one on marriage. It has been possible to replace only one of these Nurses, with the result that the number of staff hours worked during the year fell from 954 in 1960 to 843 in 1961.
>
> Apart from the actual numerical loss of staff, another result of staff changes is that almost always one loses experienced car drivers who are replaced by non-drivers, for whom work in an area such as this is very difficult from the point of view of travelling."

Towards the end of 1961 District Nurses commenced using disposable syringes. This method ensured that the nurse had a new sterilised syringe to use in every home which was a time saver and also gave the patient the best possible service.

Housing Accommodation for Nurses:

In addition to renting a considerable number of houses from district councils and private landlords for occupation by home nurses and midwives, the County Council own 50 houses, many of which were purchased from the former County Nursing Associations and which, by present day standards, are lacking in certain amenities. An inspection of the houses in certain Divisions was made by the County Nursing Officer and, resulting from her reports, the Committee have appointed a Sub-Committee to inspect all County owned houses and to make recommendations for improvements being undertaken.

Day and Night Nursing Service:

For some years the County Council have co-operated with the Marie Curie Memorial Foundation in the distribution of grants for expenditure on cancer patients in regard to such items as extra nourishment, linen or bedding, toilet necessities etc. In recent years the Foundation have extended the scope of their activities to provide a day and night nursing service in co-operation with local

health authorities, particularly night duty in areas where there is a shortage of qualified and trained nurses, the service being mainly provided for short term cases in the terminal stage of illness. Discussions took place with the Foundation during the year and, in July, the Health Committee agreed to the scheme being introduced in the West Riding.

It is not only the cancer patient who can benefit from a night nursing service and, in considering the scheme, the Committee also agreed that such a service should provide for patients other than cancer patients. So far as cancer patients are concerned, the cost will be met by the Foundation, but for other patients the cost will be borne by the County Council.

It was not possible to introduce the service by the end of 1961 and further details will be included in the Report for 1962.

The following table gives details of the numbers and types of cases visited:—

Types of cases attended	*No. of cases attended*	*No. of visits by Home Nurses*
Medical	23,112	614,914
Surgical	7,078	136,432
Infectious diseases	22	351
Tuberculosis	350	24,255
Maternal complications	384	3,468
Total ...	30,946	779,420
Age Groups		
0—4	1,386	10,535
5—65	12,521	245,634
Over 65 years	17,039	523,251
Total ...	30,946	779,420
Patients included in the above who have had more than 24 visits during the year	5,462	348,824

AMBULANCE SERVICES

The Service is under the charge of Mr. V. Whitaker, O.B.E., and I am indebted to him for supplying the following report:—

	Year ended December 31st		Variations on 1960	
	1960	1961	Increase	Decrease
Admissions	44,729	46,825	2,096	—
Discharges	27,054	25,731	—	1,323
Transfers	11,320	11,009	—	311
Out-patients	385,686	391,605	5,919	—
Accidents and Emergencies ...	11,836	12,612	776	—
Total of Direct Service	480,625	487,782	7,157	—
Total of Direct Service plus Agency and Car Pool Services	511,887	520,453	8,566	—
Mileage of Direct Service	3,100,801	3,159,377	58,576	—
Total Mileage (including Agency and Car Pool Services)	3,414,127	3,509,022	94,895	—

As in past years, there has been an increase in the number of patients conveyed and again the major proportion is in respect of out-patients.

This maintains the trend of increasing demands which have been made on the Service during the last few years. A major contributing factor is due to the development of the Hospital Services by the Regional Hospital Boards in earmarking certain centres for geriatric, accident cases, etc., and by the establishment of Day Hospitals and Day Mental Health Centres involving much extra mileage and time of ambulances in the transportation of patients.

It is now felt that the Service can no longer continue to meet this patient demand without a lessening of efficient service to the public.

Proposals are therefore being made to increase the vehicle establishment by 7, from 143 to 150 vehicles and the staff by 20 from 440 to 460.

A further 17 replacement new ambulances were taken into service during the year, again incorporating the latest in body design and construction.

During the year a new step forward has been taken in regard to the teaching of additional first aid to Ambulance Service personnel. With the full cooperation of the Leeds Regional Hospital Board, the Specialist Hospital Staff at Leeds General Infirmary, and the County Medical Officer, a pilot course was held at Leeds General Infirmary and was attended by Divisional Medical Officers and Ambulance Staff. A second one is to be held, after which lectures will be given at all Ambulance Stations by the County Medical Officer's staff who attended these courses.

The purpose of the scheme is to give Ambulance Staff a deeper background knowledge of certain aspects connected with the rendering of first aid in order to ensure maximum efficient attention to the patient and also a higher standard of liaison between Ambulance Crews and Hospital Casualty Department Staff.

A further major development in the field of first aid has been the adoption of the Mouth-to-Mouth (or Direct) method of artificial respiration. This subject was specially taught by Dr. R. P. Harboard, Consultant Anaesthetist, Leeds General Infirmary, and Mr. M. Elils, Consultant Surgeon, Receiving Room, Leeds General Infirmary, in the above mentioned course at Leeds General Infirmary. With the able assistance of the County Medical Officer's Divisional Staff, a special programme of instruction in this subject will be given to all Ambulance Staff. To assist in this instruction, the Ambulance Sub-Committee purchased the film " That They May Live " and a training manikin " Resusci-Anne." Brook Airways are to be carried on all ambulances.

Consideration is also being given to the possibility of teaching Ambulance Staff the External Cardiac Massage method of resuscitation.

The improvement of accommodation at Ambulance Stations has proceeded by the completion of a new Station at Menston (replacing the old Guiseley Station). Work is well advanced on the building of new Stations at Bramham (on the site of the old building) and at Sherburn in Elmet (to replace Garforth Station). New garage accommodation is near completion at Pudsey Station.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education:

The impetus given to health education in 1960 gained further momentum during 1961. This was made possible by the increased financial allocation for this very important branch of preventive medicine, more equipment and materials being available to divisional medical officers and their staff.

Considerable saving of both time and mileage has been accomplished through the purchase of three extra sound film projectors for permanent use in peripheral areas of the County. From the statistics provided by the divisions it is clear that these projectors are in constant demand and that this is a very popular avenue of health education. The projectors are centred as follows:—

(1) Shipley division for use in Skipton, Keighley, Shipley and Horsforth.

(2) Brighouse division to cover the needs of Todmorden, Colne Valley and Brighouse.

(3) Wath upon Dearne division providing a centre for Doncaster, Rotherham, Barnsley, Wortley and Wath.

(4) Pontefract division for loan to Goole, Wetherby, Castleford and Pontefract.

Two projectors kept at County Hall are available for loan to the divisions lying in close proximity to Wakefield. It is interesting to note that it is always necessary to book projectors well in advance as the demand for them is very high. The provision of these new projectors has also solved another important problem in manpower. Prior to their acquisition it was impossible to borrow a projector for a period long enough to become well acquainted with its mechanism, so, many health visitors were unable to operate the machines and often a second person, competent to do so, went along. Now that projectors are more easily available, most nursing staff have been taught how to operate them and by using them frequently are able to do so without fear of damaging films or projector.

Most divisions book films that are on free loan direct from source but if payment is involved these films are booked through County Hall. It is, therefore, not possible to give a total figure of the films borrowed other than to state that 195 bookings were made through County Hall. In addition to these, numerous requests were received for the films " Childbirth without Fear ", " My True Account ", and " Time Pulls the Trigger" which are 16 mm. sound films in the library of the Health Education Section at County Hall.

In addition to sound films dealing with various health aspects, there have been regular requests for the many film strips available on loan from the increasing accumulation at Central Office. Some of these film strips have an accompanying gramophone record and these cover subjects particularly useful for discussion groups. Consequently, the demand for these has been chiefly from such groups as Parent/Teacher Associations, Mothers' Clubs, and other audiences where time for discussion is available.

The increase in formal health education during 1961 appears to be most marked in the programmes for schools. A number of divisional medical officers report that requests from head teachers have been received for regular health

teaching sessions by the health visitors. A syllabus has been drawn up by divisional nursing officers with guidance from the Deputy County Nursing Officer, and this has been found useful by the nursing staff as well as being acceptable to teaching staffs.

Some examples of the time devoted by health visitors to health education in schools are given in the individual reports from the divisions.

Dr. Walters, Division No. 23, states that:

" A weekly session for school leavers began in Fitzwilliam in June and has continued since. The pupils make folders in which they insert suitable prints illustrating the talk they have had each week. These folders are retained by the scholar when she leaves school. In Hemsworth, the health visitor takes a class of girls for a one hour session each week, whilst in Moorthorpe both the infants and secondary modern schools have regular talks by the health visitor. Health education in schools could, in fact, be much further developed but for the heavy demands upon the health visitor's time.The reception in most schools is very good and staff have all reported how much their work has been appreciated."

From Division No. 25, Dr. Barnes reports:

" A comprehensive course in general health and hygiene, parentcraft, first aid and home nursing was held in Wombwell, Darfield, Darton and Worsbrough schools. Visual aids were used extensively and examinations were held. The papers showed that the children did grasp what they were taught. The main difficulty seems to be lack of time for the health visitors."

The increase in requests for health education in schools is most marked in Division No. 26 where Dr. Cusiter reports:

" The following programmes were undertaken in schools in the division:—

Spring Term - (1) Conisbrough Modern School - 6 x 1½ hr. sessions.
(2) Thurnscoe Modern School - 6 x 2 hr. sessions.
(3) Swinton, The Milton School - 12 x 1 hr. sessions.

Summer Term - As above, plus
(1) Rawmarsh Secondary Modern School.
(2) Mexborough Dolcliffe Road School.
(3) Wath Secondary Modern School - started at mid-term.

Autumn Term - As Summer Term, plus
Dearneside Modern Girls' School.

The health visitors have met at the beginning of each term to discuss their future programmes and exchange views . . . . .

I think the health visitors teaching mothercraft are thoroughly enjoying doing so and all the headmistresses are very co-operative.

Other teaching, though on not so large a scale, is carried out in the Junior and Infants Schools, especially after hygiene inspections. Generally, health visitors doing this have been well received and encouraged by the teaching staff.

In one urban district, all the schools were visited during the summer term when a series of Home Safety lectures was given."

It is interesting to note that in this one area alone the number of school children receiving formal education in health matters was in the region of 4,500.

Dr. Withnell, Division No. 13, is another divisional medical officer who reports that activities in the field of health education have continued to increase and that:

" Health visitors, under the guidance of the divisional nursing officer, who herself takes a weekly class at one of the schools, are now teaching senior girls in all but two of the secondary modern schools in the division. These classes have proved very successful and are much appreciated by head teachers, parents and the girls."

Similar schemes are being undertaken in other, but not all, divisions and it is envisaged that this aspect of the work will continue to expand providing the staff is available for such expansion to take place.

The popularity of Mothers' Clubs continues to grow and during the year several new clubs have been started. Generally speaking, these clubs are held monthly but one which opened in September in South Elmsall has been held weekly with an average attendance of 25 per week. The programmes arranged included " Cookery Demonstrations ", " Cuts of Meat ", " Accidents in the Home ", " Problems of Teenagers ", " Care of Teeth ", "First Aid in the Home", " Hire Purchase on Household Goods " to mention but a few. Other well established Mothers' Clubs also report successful and stimulating meetings and discussions on many varied subjects. Although the Harrogate and Knaresborough clubs are run by the mothers, a health visitor is co-opted on to the working committee and members of both divisional and central office staff have taken part in their educational programmes.

Dr. Hepple, Division No. 7, reports that:

" To health visitors it is very rewarding work to see these young mothers gaining confidence and their ripening of interest in community affairs."

Medical and nursing staffs are asked to give talks to many other groups including Youth Clubs, Red Cross, St. John Ambulance, Pensioners, Rotary and Inner Wheel Clubs, Handicapped Persons Clubs, Scouts and Guides, Training Colleges, Toc H., Church Groups, Business and Professional Women, Parent/Teacher Associations, etc. The topics covered are many and varied but all relate to matters concerned with health and it is encouraging to note the increasing interest that such requests denote.

In addition to the formal talks and more informal discussions and the general day to day advice given, efforts have been made to embrace larger audiences in this field of health education.

To this end, exhibitions have been staged in different divisions and the subjects covered include home safety, preparation for school, mental health and fire prevention.

At the 2-day Mental Health Exhibition held at Swinton in September one room was devoted to " Methods of prevention, care and after-care of mental breakdown "; whilst another depicted the work of children at training centres; and in the third room the products resulting from occupational therapy in psychiatric hospitals were on view. Talks were given, films shown, and on both evenings a panel of medical, nursing and mental welfare officers answered questions put by well-attended audiences.

Early in 1961, a request was received by Dr. Walters, Division No. 23, from the Headmistress of South Elmsall Infants School for an exhibition based on the subject of the young school entrant. With the assistance of the Deputy County Nursing Officer the exhibition " A five year old goes to school " was prepared and in July was staged at South Elmsall school. The exhibition, consisting of a series of stands depicting the various physical and mental needs of the child due

to enter school for the first time, was very well attended. The success of this venture resulted in a request for the exhibition to be shown the following week at Moorthorpe Infants School. The material in this exhibition was also used by other divisions prior to the commencement of the new school year.

Another innovation during the year was the holding of a Home Safety Exhibition at the Annual Show of the Emley and District Agricultural and Horticultural Society.

A report of this from Dr. Ward, Division No. 20, states:

> " This was organised by Miss Edwards, Deputy County Nursing Officer, and members of the divisional health visiting staff. A considerable amount of time, thought and effort went into this production and it was most gratifying to see the interest shown in the marquee ' Home Safe Home.' The puppet show gave animated illustrations of dangers in the home and each showing was very well attended by adults and children."

Most clinics have staged periodic displays illustrating matters of topical interest. There has been much appreciation of the material available for such displays and to quote from Dr. Hepple's report:

> " The establishment in the County of a central store of visual aids and ready-to-be-assembled exhibition material has saved the divisional staff much time and has proved a great help to the less talented members of the team."

From Division No. 15, Dr. Caithness writes of a new approach in his area:

> " A special feature of health education in this division during the year has been the fitting of a large display panel in the window of the Divisional Health Office. The ground floor of this office was formerly a shop and is equipped with a very large plate-glass window. In consultation with a member of the County Architect's Department, and after Committee approval, a five panel display stand was erected extending for more than half the height of the window. The panel is illuminated by strip lighting controlled by a timeswitch. The individual panels are removed and dressed by the health visitors at approximately two weekly intervals. Among the various subjects dealt with on this panel were home safety, fire precautions, head infestation, dental hygiene and immunisation. As the Divisional Health Office occupies a very prominent position in Batley Market Place, this display stand has been of considerable value and has been at all times the object of great interest by persons passing up and down in front of the office. Time-controlled lighting enables the panel to remain illuminated for some three hours in the evenings after the closure of the office. I consider that this display stand has made a valuable contribution to health education in the town."

Education on the dangers associated with cigarette smoking has continued throughout the County and medical officers have given talks on this subject to all school leavers. An excerpt from the report of Dr. Smithson, Division No. 9, stated that:

> " . . . . . we made a special effort to show the film ' Time pulls the Trigger ' to children in senior schools throughout the division and to members of one of the District Councils and members of a Youth Club. This film seemed to make quite an impression on teenage children, even to the extent of producing numbers of children discussing seriously with their parents the necessity for smoking cigarettes at all. Whether the showing of the film has had any lasting results I do not know, but I was encouraged to continue this kind of health education by the response obtained. I should calculate that the film was probably shown to about 1,500 persons while it was in our possession."

Whenever talks are given, films shown, displays, demonstrations or exhibitions staged, leaflets and book-marks pertaining to the subject are distributed to the audiences. The demand for this form of teaching material increased during 1961 with the result that 130,000 leaflets, 21,700 book-marks, 5,590 posters, 75 picture sets, 14 peg-board displays, and 60 flannelgraphs were issued.

The enthusiasm shown by members of the staff in this rapidly expanding field of health education has been most stimulating and every effort will be made during the coming year to provide practical assistance for them in the form of guidance, equipment and materials.

Recuperative Home Treatment:

Four hundred and thirty-five applications for recuperative home treatment were received as compared with 491 in the previous year. Ninety-nine cancellations represented 22·8 per cent. of the applications, and, of the remainder, 336—83 men and 253 women (10 with children)—were admitted to one or other of the undermentioned homes.

Binswood Short Stay Rest Home, Didsbury, Manchester; Blackburn and District Convalescent Home, St. Annes-on-Sea; Boarbank Hall, Grange-over-Sands; Brentwood Recuperative Centre, Marple, Cheshire; Spero Holiday Scheme; Claremont Convalescent Home, Matlock; Elizabeth Fry Home, York; Evelyn Devonshire Convalescent Home, Park Hall, Buxton; Hunstanton Convalescent Home, Hunstanton, Norfolk; Metcalfe Smith House, Harrogate; Shoreston Hall, Seahouses, Northumberland; Stubben Edge Hall, Ashover; Tudor Convalescent Home, Bridlington; Yorkshire Foresters' Convalescent Home, Bridlington.

Provision of Nursing Equipment in the Home:

15,296 items of nursing equipment were issued to patients being nursed in their own homes, an increase of 441 over the 14,855 items issued in 1960. The following schedule shows the wide range of equipment which is now made available and which is being increased each year:—

Item	Number on loan	Number available for issue	Total	Number of issues during year
Bath lift	—	1	1	1
Bath seat	1	1	2	2
Bedding: blankets, pillows and cases, sheets, etc.—pieces	1,320	450	1,770	1,355
Bed blocks	—	155	155	15
Bed cradles	211	142	353	411
Bed pans	947	601	1,548	3,065
Bed rests	474	253	727	1,132
Bed tables	3	13	16	5
Bedsteads: hospital, with self-lifting pole, and other	237	14	251	310
Chairs: geriatric, relaxing, high rest, "Amesbury" play, stairway (carrying) etc.	18	10	28	24
Colostomy sets	2	6	8	4
Commodes: chair and other	311	9	320	532
Cushions: air and "Dunlopillo"	34	20	54	66
Enuresis alarms	152	—	152	366
Fracture boards	37	2	39	45
Hemiplegic Exercisers	2	1	3	2
Hot water bottles	13	96	109	26
Ileostomy sets	4	2	6	4
Lifting hoists	15	—	15	17
Lifting pole and chain	10	—	10	12
Mattresses: air, biscuit, "Dunlopillo," hair, water, "P.C.P.," spring-interior	316	30	346	463
Open-air shelters	6	8	14	7
Pressure rings: air and foam rubber	565	662	1,227	1,846
Rubber/plastic sheets	1,050	476	1,526	2,852
Sputum mugs	43	268	311	64
Tables: "Amesbury," play	1	—	1	1
Urinals: male and female	538	752	1,290	1,457
Walking aids: 'Amesbury,' 'Bonaped,' 'Zimmer,' 'Companion,' crutches,tripod, walking sticks	268	168	436	398
Wheel chairs: bath, folding, junior, self-propelled, spinal, stairway, etc.	365	44	409	750
Miscellaneous: feeding cups, steam kettles, breast pumps etc.	23	140	163	64
	6,966	4,324	11.290	15,296

Laundry Service for Incontinent Patients:

Due to geographical and other difficulties it has not been found possible to extend the scope of this service which was introduced during 1960. At the end of the year a laundry service was operating in only 5 Divisions but negotiations were proceeding to provide facilities in one further Division.

As an alternative to a laundry service, the Committee agreed during the year to the provision of disposable pads for the incontinent and, while this is regarded as a second best, the service is much appreciated by both patient and home nurse. The early indications are that this is a service which can be expected to expand rapidly.

Liaison with the Hospital Service and General Practitioners:

Further progress was made during the year to improve the liaison with hospitals and general practitioners. More health visitors are now visiting the hospitals and information is being passed to and from the hospitals in a more satisfactory way than before. There remains, however, a need to establish a still closer relationship with both the hospitals and general practitioners. Patients need help to become adjusted to their disabilities before leaving hospital and a nurse with health visitor or social worker background is suitable for this particular task; certainly it should be someone conversant with various types of environment.

One pilot scheme with general practitioners and health visitors has got under way at Swinton and Mexborough, of which there is a report in the section on Health Visiting. The greatest use being made of health visitors in this scheme is by asking them to deal with social problems which is, after all, their specialised field. There is still a great need for further liaison with general practitioners other than on the telephone and it would be helpful if more pilot schemes could be started in the County.

GERIATRICS :

In this field of work communications between hospitals, health visiting and home nursing staffs have grown considerably. Liaison work in relation to the care of the aged commenced with the Knaresborough Hospital in 1950 and since then it has expanded to such a degree that it has become almost full-time work for one health visitor, who has sent in the following report:—

" During the past year I have continued the work of geriatric health visitor (Hospital Liaison) in Ripon and Harrogate.

All patients requiring treatment and care in Knaresborough Hospital are referred to me by the general practitioners in these areas. The medical details are supplied by the doctor and all patients are visited in their homes prior to admission. I am responsible for the selection of these cases for admission to the geriatric unit according to the degree of urgency in each case. In certain instances, due mainly to the bed shortage, patients are admitted to private Nursing Homes or Old People's Homes and with the doctor's approval these arrangements are also made by me. At this stage, I may add that I am well acquainted with all the Nursing Homes in this area and give quite a lot of advice and details to relatives and doctors and also help my colleagues with their problems in this connection.

In addition to cases seen from the district, many are referred from Harrogate and other general hospitals, old people's homes etc. and in these cases considerable time is spent in discussion with almoners.

Each year many aged and infirm are cared for in hospitals or Part III accommodation whilst their relatives take a holiday. The same admission procedure is done because some of the holiday admissions become permanent sooner or later.

I accompany Dr. Suffern, the consultant, on his hospital ward round each week and supply the necessary social particulars in respect of the patients. This, I think, is appreciated very much and a relief is more or less expected whilst I am on holiday. Dr. Suffern is indeed very keen on home visits by the health visitor before admission to hospital.

Rehabilitation is our chief aim on the geriatric unit, but the less fortunate are referred to the chronic wards. Of those who are discharged I am requested to arrange for after-care which is done in conjunction with the district health visitor and the particular social service which meets the needs of the individual patient.

There is every opportunity in this area for liaison with the welfare officer and sometimes I am asked by the doctor to do a visit, not necessarily with a view to hospital admission but possibly to Part III accommodation or a private Nursing Home and it is in these cases that the welfare officer and myself can work together.

My other duties include (1) discussion with a visit to relatives, (2) keeping the hospital waiting list and supplying the administrative staff with information they need for their records, e.g. particulars regarding pensions etc., (3) correspondence—letters are typed for me now by the hospital typist—this I find very helpful, (4) telephone calls day and evening, week-ends, bank holidays etc. but some, of course, are more in the nature of a discussion rather than a request for a visit.

Exactly the same work is performed in respect of patients admitted to the Princess Road Hospital in Ripon but to a lesser extent. The Hospital is very small and admissions are arranged by Dr. Anning and myself.

Altogether I would say that this work has undoubtedly expanded during the last three or four years and is full-time although I help my colleagues with schools and visits where possible.

In spite of all the problems which arise, the work appears to be established, almost everyone co-operates and we manage somehow to offer help with the facilities which are available."

In the Barnsley area the Divisional Nursing Officer has started liaison with Mount Vernon and Kendray Hospitals and Dr. Barnes, Divisional Medical Officer reports:—

" Every Thursday afternoon a meeting is held at the hospital to arrange geriatric care and after-care.

This year, short-stay periods have been arranged for chronic sick patients who are nursed at home.

A social report is prepared prior to admission so that patients can be admitted on basis of need. This is done by health visitors.

Prior to discharge after-care is arranged so there is no gap in the services needed."

Dr. Taylor, Divisional Medical Officer, (Rothwell Division) reports:

" In the geriatric field there is a continuing great demand on the service and difficulty is often experienced in obtaining chronic sick accommodation. We have been fortunate during the year in obtaining some few beds at St. George's Hospital, Rothwell, for cases discharged from The Headlands. The position is far from ideal but it is difficult to foresee any immediate improvement owing to the continuing overwhelming demand for geriatric beds.

Geriatric patients often have difficult social poblems, especially those living alone. Increasing attention is being given to this aspect in order to have all the details of the home circumstances known to the Hospital before the patient's return home.

The Consultant Physicians in charge of Geriatric Units are unfailingly helpful and courteous in spite of the fact that they are themselves beset with unsurmountable difficulties."

In the Castleford area appreciation has been shown of the " Short Stay Holiday Scheme " as it is organised at The Headlands Hospital, Pontefract. In this area where the work was so heavy a second health visitor has been allocated to the hospital.

Dr. Paterson, Divisional Medical Officer, (Castleford Division) reports:—

" The patients derive considerable benefit from the ' Short Stay Holiday Scheme' as do the relatives, and the occasions on which a patient has been admitted for other reasons, which called for a ' Short Stay ', have resulted in benefit to patients. It would appear that the patients' apreciation and happy anticipation of a temporary stay in the hospital concerned is more evident than previously. Therefore reluctance on the part of the patient to be admitted, having become less than previously, both patients and relatives have benefited from the increased relaxation they have both enjoyed.

This is an encouraging point and it is good to know that the fullest benefit is being obtained from the service. Not only so, the preventive aspect which has so often prevented relatives from breaking down, under the strain of prolonged nursing, at home, is a factor which may have an indirect saving of the treatment and even hospitalisation, which other members of the family might have required."

These extracts from Divisional Medical Officers' reports illustrate only a small proportion of what is really happening. In every Division there is co-operation of one kind or another, either direct or indirect, through personal contact by the health visitor or by telephone from Almoner to Divisional Medical Officer.

DIABETICS:

In the areas where a proper scheme for the after-care of diabetic patients has been set up, the work is expanding but there are still areas in the West Riding which are not covered by any scheme; this is probably due to the fact that consultants are not aware that we give a service if requested to do so.

Mrs. Driver, liaison health visitor in Morley Division, sent in this report:—

" There have been 23 new cases of diabetes in Division 13, seen by Dr. Fletcher, and passed on to me.

Thirty new cases were in the Hemsworth, Normanton, Rothwell and Barnsley areas. I see these cases in the clinic, and pass on the details of each patient to the Division concerned, by telephone, so that there is no delay between the patient seeing the Consultant and help being given by the health visitor on diet and testing urine.

I have paid 67 visits to diabetics in this Division over the past year.

I have supplied two patients with home helps.

It is a worthwhile job but I find it very time consuming.

I would say that 75 per cent. of patients do not stick to their diet, and need help and encouragement to do so."

Dr. Paterson reports:—

" Diabetic Patients on Register ...	236
Increase over 1960	31
Patients deceased or left area in 1961	14

This service continues to perform very effective work. Appreciation is considerable on the part of both relatives and patients who look forward to the visits made by the specialised health visitor, when helpful advice is made available within their own home sphere. Where there has been a need, the appropriate social service has been contacted to ensure that the patient has the fullest possible opportunity of living as normal a life as can be obtained.

The welfare officer for the blind continues to lend helpful co-operation in the case of partially sighted and blind diabetic patients.

So often, the older age group of diabetic sufferers have the complication of some other disease. They require a lot of encouragement in such cases to remain ambulant, and retain at least a reasonable measure of their independence. In such cases, it is usually possible to ameliorate some circumstance or condition and so make life more comfortable for the patient.

The following is one example of the type of case dealt with by the health visitor:—

'A diabetic of 21 stones was visited. Patient had neglected to visit hospital for such a long time she was now afraid to attend. Complained of 'haziness' at times, not well adjusted to diet and unable to understand requirements for control of condition. The health visitor managed to persuade patient to agree to attend hospital and immediately telephoned the doctor, so that arrangements could be quickly followed up. The hospital has given close attention to this patient and some success has been achieved in reducing weight. The health visitor gives close supervision to ensure that the hospital's instruction is understood and carried out.'"

Maternity:

During 1961 hospital personnel have been more co-operative about environmental reports on early discharges from maternity hospitals. Where a health visitor regularly visits the maternity hospital it would appear to bring better co-operation; though in some instances quite good liaison is maintained by telephone.

Dr. Paterson reports:—

"This service continued to work smoothly and effectively. The Maternity Home is visited weekly by the specialist Health Visitor and she, in turn, passes on to the Health Visitor of the area any information obtained relating to an infant delivered at the Maternity Home. Matron is very co-operative.

On some occasions it has been possible to interview patients and relatives and dissuade patients from taking an early discharge which could have prejudiced the welfare of both mother and baby.

There have been cases where the services of a home help have been obtained for patients who have been unfit to return to normal duties and who had no domestic assistance available. Cases have arisen where there has been infection in the home and it has been possible to control the risk of infection being carried to the Maternity Home as a result of this service.

At the end of the year some requests were received from Manygates Maternity Hospital for environmental reports prior to the discharge of premature babies who have been nursed there. These were given and it is hoped that liaison in this field may be promoted in the coming year."

Premature Babies:

The care of premature babies has received close attention during the year—from the point of view of both domiciliary and institutional care. Liaison work has carried on much as usual, though towards the end of 1961 direct liaison started between the Morley (No. 13) Division, Manygates Maternity Hospital and the County Hospital, Wakefield.

Miss Smith, who continues her liaison work with Professor Craig and hospital nursing staff at Hyde Terrace Maternity Home, Leeds, has this to say:—

"At the ward round all the babies are discussed individually with regard to their medical condition, treatment, now and after discharge, and social conditions at home. After this round I contact the health visitor of the babies concerned, through the Divisional Offices, to obtain reports on the home conditions and notify discharges. Depending on the home report, Professor Craig will accelerate or delay a discharge. In addition to premature babies there are admitted to this unit any abnormality and illness of the neonatal period.

Any baby who has been nursed on Blackburn Ward is asked to come back to the follow-up clinic. These are kept under observation for varying periods, sometimes to make sure development is normal, or where an abnormality is known to be present, the baby is watched until the time comes to refer him to the necessary department or authority. The number of babies attending these clinics from the West Riding is very good, considering the distances some have to travel.

There is a very good relationship between the hospital and district staff."

CHILDREN:

There is, generally speaking, good liaison in this field of work, either by telephone or letter with the general practitioner or the Divisional Medical Officer or both.

Dr. Battersby, Divisional Medical Officer, (Shipley Division) reports:—

"Copy letters of progress reports and findings are sent from the Paediatricians to the Divisional Medical Officers and passed to the appropriate Health Visitor for information or action.

Very little liaison work takes place at Salts Hospital (a General Practitioner Hospital). This may be because General Practitioners establish direct contact with the Department after the patient's discharge requesting Home Helps."

In another Division a speciality is made of following up spastic cases and Dr. Caithness, Divisional Medical Officer, (Batley Division) reports:—

"Co-operation with the Consultant Paediatrician has continued on the lines indicated in a previous year's report. Details of the progress of subnormal children are reported to the Paediatrician and, in reverse direction, information is obtained particularly in respect of some children who are being considered for special educational treatment (e.g. chronic chest conditions, epileptics and mentally subnormal)."

TUBERCULOSIS:

More health visitors are now attending chest clinics for the purpose of liaison and less for clinic work. Indeed the work has completely changed since the hospitals have provided their own clinic nurse.

The examples given below are taken from the report of Dr. Cusiter, Divisional Medical Officer, (Wath upon Dearne) on tuberculosis liaison in his Division:—

"*Female patient aged* 43 *years.* This patient is suffering from bronchiectasis. I had a call from the hospital that stated that the patient had made up her mind to go home before treatment was completed. A special visit was made to the hospital. The patient was worrying unnecessarily about her teenage daughter attending Grammar School and her 4 year old son, also in school. A home visit was made to the patient's mother-in-law who promised to leave her own home to cope with her daughter-in-law's as long as needed. The Area Health Visitor was put in the picture with regard to the 4 year old boy and the teenage daughter was also visited. The patient was thus consoled and stayed in hospital to complete her treatment.

Female patient aged 30 *years.* This patient was to have a lobectomy. She was very worried about her two small boys in Care. The Children's Officer was contacted and he visited the children and wrote an account of the boys' progress to the patient. The two boys were also persuaded to write to their mother. The patient received these three reassuring letters before her operation."

Chiropody Treatment:

The scheme for the provision of chiropody treatment which commenced in February, 1960, became fully established during 1961 and the arrangements have worked surprisingly smoothly. At the outset there were a number of apparent inherent difficulties but in practice few of them have materialised.

The service is administered either through the agencies of the various voluntary associations in the County or directly by the County Council and the high degree of success so far achieved is due in no small measure to the willing co-operation given by the former and by the chiropodists working in the scheme.

By the end of the year there were 107 voluntary associations taking part and, in addition, a direct service was available at 52 clinics and at the premises of 25 chiropodists. During the year the number of patients availing themselves of the

facilities provided, and the number of treatments given, increased considerably. The service is now available in most areas of the County, although the extent to which it is being used varies widely.

During the year, the number of patients treated was 31,526 (30,727 aged, 732 physically handicapped and 67 expectant mothers) compared with 19,918 in 1960 (February to December). The total number of treatments given was 141,410 compared with 69,439 in 1960. These figures illustrate to what extent the service has expanded.

The figure of 30,727 patients in the aged category represents some 13·3 per cent. of the estimated total population of men over 65 years of age and women over 60. The corresponding figure for 1960 was 8·6 per cent. It was anticipated that the scheme would eventually need to provide for some 15 to 20 per cent. of the aged population but it was not envisaged that a figure of 13 per cent. would be reached in so short a period of time. The pattern over the County as a whole, however, varies widely. In the Skipton, Keighley, Brighouse and Barnsley Divisions the percentage of the aged receiving treatment was 22·6, 28·0, 24·7 and 20·5 respectively, whereas in the Horsforth and Harrogate Divisions the percentage was as low as 2·6 and 4·6 respectively. In two Divisions the figure was between 5 and 10 per cent. and in fifteen Divisions between 10 and 20 per cent.

The need or otherwise to provide domiciliary treatment on medical grounds has continued to receive the close attention of the Divisional Medical Officers as this form of treatment is more costly than treatment at a clinic or at the chiropodist's premises. Here again, the pattern varies widely over the County as a whole. In four Divisions the percentage of patients receiving domiciliary treatment was from 10—15, in four Divisions from 16—20 per cent., in three Divisions 21—25 per cent. and in twelve Divisions in excess of 25 per cent., the highest figure in any Division being 31·9 per cent. While some variation amongst Divisions is to be expected in view of the differing assessments likely to be made by general practitioners and by the Authority's own medical and nursing staff, the extent to which domiciliary treatment is being given in some areas would appear to be unduly high, particularly bearing in mind that such treatment should only be approved where a patient is housebound and unable to attend a centre or clinic.

A perusal of the reports on the service submitted by the Divisional Medical Officers indicates that the figure of nine treatments per session, as provided for in the approved scheme, is presenting no difficulty and there would appear to be few chiropodists who consider this number too high.

With regard to frequency of treatment, the approved scheme provides for six treatments in a period of twelve months, but additional treatment can be authorised by the Divisional Medical Officer if considered necessary, after consultations with any particular chiropodist. Again, the reports from the Divisional Medical Officers indicate that six treatments are adequate in the vast majority of cases and that there are no grounds for treatment to be given monthly as a routine. The average number of treatments per patient for the year was four.

The following is a statistical summary showing the extent to which treatment has been given during the year under the agencies of the voluntary associations and directly by the County Council.

	Voluntary Association Schemes	*Direct Service by County Council*	*Total*
Number of sessions held:			
Notional	5,281	1,344	6,625
In voluntary association premises ...	3,369	—	3,369
In clinic premises	—	2,977	2,977
	8,650	4,321	12,971
Number of patients treated:			
Notional sessions:			
Pensioners	9,299	2,253	11,552
Physically handicapped	94	57	151
Expectant mothers	15	16	31
In voluntary association or clinic premises:			
Pensioners	6,408	5,649	12,057
Physically handicapped	79	69	148
Expectant mothers	16	18	34
Domiciliary treatment:			
Pensioners	4,303	2,815	7,118
Physically handicapped	264	169	433
Expectant mothers	—	2	2
Total number of patients treated ...	20,478	11,048	31,526
Total number of treatments given:			
Pensioners	90,952	47,319	138,271
Physically handicapped	1,640	1,391	3,031
Expectant mothers	41	67	108
	92,633	48,777	141,410
Number of patients treated per session:			
Notional	8·5	9·0	8·6
In voluntary association or clinic premises	8·4	8·1	8·3
Percentage of total patients treated receiving domiciliary treatment	22·3	27·0	24·0
Percentage of aged population receiving treatment (men over 65 years and women over 60 years)	8·7	4·7	13·3

DOMESTIC HELP

The year commenced with an establishment of 1,000 equivalent whole-time domestic helps but the continuing and increasing demand for the service at the end of the winter necessitated a further review and the County Council approved a further increase in the establishment to 1,050 from the 1st July.

The opportunity was taken during the year to revise the basis on which the total establishment is allocated to the Divisions. Over the years, any particular Division's establishment has, in the main, been related to the demand for the service and, in consequence, some Divisions have enjoyed a greater share of the establishment than others. It was felt that the service should be equally available to the public in all areas and the only satisfactory way of doing this was to allocate the establishment on the basis of total population thus giving each Division a basic allocation of domestic helps as a right. It was appreciated that some Divisions would be unable to use their full allocation, either because of lack of demand for the service or because of difficulty in recruiting domestic helps and, where this arises, the unused portion of the allocation is added to the reserve " pool " which is maintained centrally and which can be drawn upon by the Divisions according to the demand for the service in any particular area, or to meet any unusual circumstances which may arise.

Over the year as a whole, the equivalent of 954·6 whole-time domestic helps was employed compared with 914·7 for 1960 and 807·7 for 1959. Fourteen thousand, four hundred and seventy cases received 2,084,750 hours' help through the service, an increase of 795 cases when compared with 13,675 cases in 1960. The help provided for the aged and chronic sick represented 77·5 per cent. of cases (1960—75·5 per cent.) and 84·1 per cent. of the total hours (1960—83·2 per cent.).

Classification of Cases Assisted	*No. of Cases*	*Hours employed*
Maternity	1,151	70,198
Tuberculosis	105	18,183
Chronic Sick (a) aged 65 or over ...	11,211	1,754,267
(b) under 65	1,206	168,546
Other	797	73,556
Totals ...	14,470	2,084,750

Night Attendant Service:

Domestic helps can be used in cases where a patient, either in the terminal stages of illness or awaiting admission to hospital, requires attention during the night. This assistance can be valuable in relieving relatives of the strain of constant attendance on the patient. The use of domestic helps for this purpose is approved by the County Medical Officer and later reported to the Committee.

Problem Families:

Selected domestic helps can also be used for concentrated work with problem families. It is possible in some cases for a domestic help of the right type to work alongside the mother, and by example and encouragement, so improve her standards of housecraft, parentcraft and family budgeting to a point where the mother is capable of caring for the home and family effectively. Where the domestic help is used for this work the service is provided without charge and the domestic help also receives a higher rate of pay than normal.

MENTAL HEALTH

The Authority's proposals for carrying out the duties of prevention of mental disorder and the care and after-care of persons suffering from mental disorder detailed in my Report for 1959 on which progress was referred to in brief in the last Report are now largely in operation. The success of the proposals depended on the attitude of the Medical Superintendents of the psychiatric hospitals, the Consultant Psychiatrists, the staffs at the hospitals and the general practitioners and on the facilities we could provide, including the greatest co-operation from Divisional Medical Officers and the Senior Mental Welfare Officers. By the end of the year we had gone a long way towards establishing the new pattern and it has been well received by all concerned. Five of the mental health areas have been fully staffed; unfortunately, however, for the greater part of the year the other two, Storthes Hall and Clifton Hospital Areas, due to resignations and illness, have been operating under some difficulties. One new training centre was opened during the year at Rawcliffe but the greatest development in this field is that we have given some thought to the problem of the provision of training for adults.

During the year a vigorous training programme, both for Mental Welfare Officers and Staffs of Training Centres, has been undertaken so that in addition to filling the establishment we are training the staff recruited.

The activities at the out-patient clinics are included, for although the clinics are provided by the various Hospital Management Committees and staffed by the Regional Hospital Board Consultants, they provide the link between Consultant, general practitioner, mental welfare officer and patient. It is therefore encouraging to have reports of the way the mental welfare officers have been integrated into this service, to note how well the officers have been received at the hospitals and to record how few real difficulties have been met regarding the admissions to psychiatric hospitals. In the case of admissions to hospitals for the subnormal and severely subnormal the position might be better as it is not easy to find permanent places even for the most urgent cases. At the same time " Short stay " care, provided on many occasions at very short notice, has again proved of value in providing a change for the patient and relief for the remainder of the family but the demand for this type of accommodation is still the greatest during the holiday periods and, with the best will in the world, places are not always available.

Dr. Jeremiah commenced duty with the County Council as Senior Administrative Medical Officer for Mental Health on the 16th January, 1961, and Mrs. Farrow took up the appointment of Psychiatric Social Worker/Tutor on the 1st June, 1961. Her appointment is a joint one with the Northern Branch of the National Association for Mental Health and she is available for tutorial work with the Association for four months in the year. This promises to be a most interesting appointment and already we have a good training programme. At two of the training courses held for mental welfare officers, Dr. D. H. Ropschitz, Consultant Psychiatrist, Storthes Hall Hospital, spoke on " Psychiatric Social Clubs " and progress is being made in this field. Three clubs were started before the end of the year. The promotion of the clubs which all meet in the evenings reflects great credit upon the mental welfare officers, particularly as there is already a serious encroachment on their leisure hours by the duty rotas they are obliged to perform.

References are made to case conferences elsewhere in the report but it is as well to mention here that the degree of help afforded by the Hospital Manage-

ment Committees and the Consultant Staff is much appreciated for in addition to the training which is provided for the mental welfare officers the essential co-operation is gradually bringing to fruition the integration which is necessary for a comprehensive service. It must be stressed that whilst case conferences, out-patient clinics and social clubs for the mentally disordered were not dependant on new legislation and in fact were well established in some other areas, we were, except in the matter of clinics, breaking new ground in the promotion of these community activities. The role of the Mental Welfare Officer has materially changed and I have reason to feel satisfied that the change, in itself essential, will be to the ultimate good.

Care of the subnormal in the community:

The ascertainment and care in the community of persons subject to be dealt with under the Mental Deficiency Acts had been a branch of the service which had been well developed prior to the Mental Health Act. In 1948 there were more than 260 patients under guardianship and in November, 1960, no fewer than 16 social workers were engaged in this service. All cases previously under Statutory Supervision were considered with a view to re-classification and need for care and guidance, and where it was considered that a person was managing to live in the community at a reasonably adequate level visiting was discontinued, although advice and guidance is readily available if required. With the rapid expansion of the training at centres the pressure on the families and the mental welfare officers has eased, the officers are able to devote more time to the needs of the mentally subnormal in the community for whom training is not necessary, they are able to give more support and reassurance to the family as a case worker and not as a statutory visitor. In this respect special care has been paid to those unfortunate families where a severely subnormal child of young parents presents so many problems. Further special care has been required by former high grade patients who have returned to the community since the Mental Health Act became operative in November, 1960. A good many of the latter group have spent a considerable time in hospital service hostels. The problems here have been the lack of local authority hostel accommodation in the industrial areas. The local authority hostels when established will cater for these patients who are able to work and support themselves but who will always need a considerable degree of assistance. This accommodation will also provide for those persons who have been in the care of the Children's Officer until the age of eighteen years, and are in need of psychiatric help and support. It is pleasing to read in many cases that mental welfare officers, through their efforts and the contacts they have made, have been able to place many difficult patients in employment. In these days of automation and take overs " Johnnie " is unable to spend his life as Farmer Giles' simple general labourer, helping out with the deliveries, or be employed in the small family business where father has always worked—the sympathetic employer. In the case of women they are no longer content to be the family drudge or go " into service ". It is all very difficult and time consuming but it is an essential part of community service and the help of the officers of the Ministry of Labour and Youth Employment Service is freely given. The officers of the National Assistance Board have a full realisation of the problems of the mentally subnormal in the home and are able to provide a good deal of help.

Training of Mental Welfare Officers:

The National Association for Mental Health promoted two courses during the year in the Riding. Seven officers attended a two weeks induction course planned to orientate new entrants to the service and seven other officers attended

a refresher course for those with at least two years' experience. This latter course is held in three parts, the first part being residential and lasting for 4 weeks, the second consisting of weekly casework seminars and the third part again residential. This aspect of the training is made more interesting for County officers in that the tutor, Mrs. Farrow, provides a close link with the in-service training. Two short residential training courses were held at Grantley Hall, near Ripon in July and September and the University of Sheffield Department of Extra-mural studies arranged a course of twenty lectures and discussions on Community Care of the mentally ill at Rotherham commencing in October, 1961, for which nine mental welfare officers from the South of the Riding were enrolled.

The programme of systematic in-service training is outlined briefly below:—

1. Plans for the immediate future to include the establishment of small teaching groups of not more than 7 mental welfare officers to meet once a fortnight. The aims of these teaching groups to be (a) the teaching of basic principles and practice of social work, professional attitudes etc. by the Seminar method, using Workers' own case material for this purpose, (b) helping to integrate theory taught at courses into practical work, and (c) within the framework of these groups to provide personal supervision or consultation, especially for newly appointed workers or for those who experience special difficulties.

2. To increase the number of short residential courses to enable every mental welfare officer to attend at least two a year.

3. Co-ordination of training with the Refresher Courses of the National Association for Mental Health.

Eventually it is hoped to include in these study groups other workers, e.g. Health Visitors, Probation Officers and Child Care Officers. This will co-ordinate the help given, minimise duplicate visiting and avoid confusing patients by possibly conflicting attitudes of workers. It will help to develop a Health team, in which Mental Health has a vital part to play. It will also impart mental health understanding to other social workers and work towards the building up of a preventive service, so that difficulties and disturbances are detected early enough to be referred for treatment to the appropriate agency and avoid more serious trouble from developing. It will base work where necessary on the family, making sure that the workers involved know of each other and have a chance of meeting and working out plans which will ultimately benefit the whole family.

Training Centres for the Mentally Subnormal:

The Rawcliffe Training Centre opened on the 6th November, 1961, the Harrogate Training Centre was formally taken over from the general contractor on the 8th January, 1962, and by the end of the year work was being undertaken at the following centres: Horsforth, West Ardsley, Adwick le Street (extension for adults), Wath upon Dearne (extension for adults), Wombwell (additional adult block) and Keighley (additional adult block). It is expected that work will commence during 1962 at Airedale (extension for adults and special care unit), Kirkburton Training Centre, Rothwell Training Centre, Maltby Training Centre (extension for adults and special care unit), Ecclesfield Training Centre (Extension for adults and special care unit) and Hemsworth (extension for adults). Sites at Brighouse and Skipton, so far, have not been obtained.

The following is a list of the Training Centres in operation at the end of 1961:

Centre	*No. of Places*
Adwick le Street	76
Airedale (Castleford)	76
Brighouse	27
Ecclesfield...	76
Heckmondwike	68
Hemsworth	43
Horsforth	27
Keighley	50
Maltby	76
Ossett	27
Wath upon Dearne	76
Wombwell	27
Rawcliffe	60

Of the 709 places provided at the end of the year, 468 were for juniors and 241 adults. It will be noted that the planned extensions at the existing comprehensive centres are adult and special care unit accommodation and this will tend to balance the provision for juniors and adults.

It is now desirable that with regard to the training of adults the working hours and holidays generally accepted in the community should be adopted. This will increase the number of weeks per year when Training Centres are open to adults from 40 to 47 and it is proposed to commence this development of training in 1962.

For practical purposes the comprehensive centre will be divided into three main wings, the junior wing, which will continue to operate as a junior centre and the adult male and female wings. A Centre Supervisor will have overall responsibility for the internal administration and be personally responsible for the training in either the junior, adult male or female wing. In a large centre a senior assistant supervisor and/or senior instructor(s) will be in charge of the training in the two wings in which the Centre Supervisor is not engaged and each wing will be afforded the necessary additional instructors or assistant supervisors required. The number of Assistant Supervisors in the Children's wing will be determined by the number of classrooms provided and whether or not there is a special care unit. In the adult wings it is estimated that an instructor will be required for each 12 patients in attendance. Overall there will be one appointment in excess of the ratio represented by these figures, to relieve the centre supervisor and to assist otherwise during periods of absence occasioned by sickness, resignation or attendance of staff at training courses. This supernumary appointment may be filled, in the first instance, by a trainee or by a home teacher not at present required to undertake home teaching duties.

With the reorganisation of the training centres there is likely to be an expansion of the training provided for adults and an experimental move towards productive work of an industrial type.

Briefly the following is the revised establishment salary scales:—

PRESENT		PROPOSED	
Designation	Salary Scale	Designation	Salary Scale
Supervisor	£ N.J.C. Special Scale Q. 665—835 U/Q. 595—765	Centre Supervisor	£ Grade A.P.T.II 815—960
		Senior Instructor	Misc. Grade V Q. 735—760 U/Q. 685—710
Instructors	A.S.C. rates Q. Cl.I. £13.2.8 p.w. or £682.18.8 p.a. U/Q.Cl.II. £12.2.2 p.w. or £630.12.8 p.a.	Instructors	Misc. Grade IV Q. 665—685 U/Q. 625—645
Assistant Supervisors	N.J.C. Special Scale Q. 480—615 U/Q. 410—545	Assistant Supervisors	N.J.C. Special Scale. Q. 480—615 U/Q. 410—545 plus an an additional £50 p.a. if in charge of children's wing
Nursery Assistant	£365—£440	Trainee (Temporary appointment)	380

Officers who elect to retain their present salaries and conditions of service will be allowed to do so.

PROVISION OF MEALS:

At present the meals for all training centres and group training classes are supplied through the Schools Meals Service but the increased demand has placed a serious burden on that service. Further, the policy of the Minister of Education and of the Authority is to prepare meals where they are required and added to this is the fact that school meals will not be available during the extended periods of opening of adult wings in comprehensive centres. It has therefore been decided that cooking and canteen facilities be made available where it is possible at Training Centres and the Minister of Health has agreed in principle to the Authority's proposal to provide kitchen and canteen facilities at the seven training centres where building works are already in hand. The planning of future centres will include full cooking facilities and a canteen for adult patients in addition to a separate dining space for the juniors.

GROUP TRAINING:

This has continued to be provided for subnormal patients, in groups of varying sizes, where training centre facilities have not yet been provided. Full time training has been provided for trainees at the Clinic, Kirkburton, and at the Theosophical Hall, Harrogate, and training for similar groups has been provided on 3 days a week at Skipton and Wetherby and on one day per week at Royston, Wombwell, Worsbrough and Darton. The majority of these groups will cease to operate as the training centre building programme nears completion.

Home Teachers:

In view of the introduction of training centres the need for home teaching has practically ceased and group training classes have diminished in number. The establishment of Home Teachers employed outside Training Centres has been reduced, therefore, from 24 to 12. Hitherto as home training has diminished staff have been offered alternative employment in the new training centres but a different situation is now arising in consequence of the development of the County Council's responsibilities for the after-care of the mentally ill. There is already evidence of the need for the services of home teachers for some of these patients, a need which will no doubt expand as the availability of the service becomes more widely known. In such circumstances it will be unwise to lose the services of trained personnel who are willing to apply their skills in this new field of work. Some of the existing staff may prefer to enter the training centres but for others this new work is a worthwhile adventure.

Training of Staff:

In order to overcome the difficulty in recruiting qualified staff for Training Centres, 10 unqualified teachers commenced attendance at the Diploma Courses of the National Association for Mental Health in September, 1961. This number included four male instructors who attended the Birmingham Course, and as approval has been given in principle to a similar number being seconded annually it will be possible to build up a high ratio of qualified teachers in Training Centres. The County Council's loan scheme for teachers attending Diploma Courses has been amended and they now receive a loan equivalent to their gross salary or wages, the repayment of which is cancelled on their completing a period of service with the County Council of not less than twice the length of the course after their return to duty. Some of the County Council's Centres are recognised by the National Association for Mental Health for the practical training of students and during the year two students have undergone practical training at the Airedale and Ossett Training Centres. Teachers have also attended short refresher courses organised by the National Association for Mental Health and in-service training has been supplemented by courses for training centre staffs held at the W.R.C.C. Adult College at Grantley Hall, near Ripon. It is a pleasure to mention the invaluable assistance given by the Advisers in Art and Physical Education of the West Riding Education Service to the teachers attending these courses. Their influence has certainly had a marked effect on the standard of training in Training Centres.

Holidays for Patients:

From the 29th May to the 9th June a party of 50 trainees, drawn from training centres and group training classes together with volunteers from the training staff, spent a holiday at Whitby. This new venture was a very successful experiment and provision has been made for trainees to have similar holidays at Whitby, Skegness and Orton Park, near Carlisle during 1962. The usual summer outings for all the training centres were held and due to the endeavours of the Teaching staff and the support of the Parent/Teacher Associations other outings to pantomimes, circuses and places of interest were arranged. I am glad to record my sincere appreciation of the services of the Centre staffs in assisting with these outings, and holidays, which, while giving great pleasure and benefit to the patients, are by no means a holiday for those officers taking part.

Psychiatric Social Clubs:

The Authority's proposals included the provision of social clubs and during the year three have been established, another is opening in Morley in January, 1962, and patients in the Brighouse and Todmorden Health Divisions are provided for at the " 4 U's " Club, Halifax. This latter therapeutic social club was formed at the instigation of the Consultant Psychiatrist to the Halifax Area Hospitals Management Committee, Dr. D. H. Ropschitz, This is, of course, the province of the Halifax County Borough but this enlightened approach and excellent club provides a useful point of contact for the West Riding patients and Mental Welfare Officers who attend, and often saves much time which would be spent making domiciliary calls.

The Glen Psychiatric Social Club, Shipley. This Club opened in September and meets each Tuesday evening from approximately 7-15 p.m. to 9-30 p.m. The membership stands at 35 and officers of the club, Chairman, Secretary and Treasurer, have been appointed (from the members). Many of the members prefer to sit and chat or play table games but several features such as film shows, country dancing, music by tape recorder or piano and play reading have been introduced and the interest shown in the venture by other local voluntary societies has led to a broadening of the activities. Canteen facilities are available. The Club provides companionship and the sense of belonging to a group, it is a source of pleasure to the members, and the Divisional Medical Officer and his staff are well pleased with the progress made.

The Sagar Street Psychiatric Club, Castleford. The first meeting was held on the 13th September, when the attendance was 13, but this has now increased to a weekly average of over 20. The Club caters for a wide variety of ages, but the 30/40 group is mainly represented. The members have suffered from a variety of mental illnesses but the majority are chronic schizophrenic patients. It is of interest to note that an average attendance collectively represents almost a hundred years of in-patient treatment, viz.:—

	Present Age	*Approximate Total Periods in Hospital Years*
Miss W.	32	16
Mrs. D.	33	3
Mrs. B.	40	2
Miss C.	35	1
Mrs. M.	60	3
Miss P.	54	1
Mrs. P.	56	1
Miss R.	23	2
Mr. W.	40	2
Mrs. B.	32	8
Mr. F.	38	9
Miss M.	39	12
Mr. S.	40	2
Miss S.	39	6
Mr. T.	67	3
Mrs. E.	51	4
Mr. M.	40	1
Mr. L.	50	2
Mr. R.	46	2

Health Education — Home Safety Exhibits


Please ask for These
Pamphlets on the Nurse

Mr. M.	...	...	41	...	...	2
Mr. P.	...	...	40	...	...	8
Mrs. W.	...	...	40	...	...	2
Mrs. S.	...	...	60	...	...	1
						93

The Club is usually attended by the Senior Mental Welfare Officer and usually by three Mental Welfare Officers, and they are able to help in organising activities, and also to give individual attention to those members who wish to discuss their varied problems. Originally, it was intended to run the Club on orthodox lines with the members forming their own Committee but, the few experiments in giving leadership to various members have suggested that such a course might lead to undue dominance by the more forceful personalities. As a result, no Committee has been formed. Before the formation of the Club, a study of case histories revealed that many patients, by reason of their mental illness, were seriously limited in the activities they could enjoy outside their own homes. In view of this it was decided to place emphasis on entertainment in the hope that recreation in a friendly atmosphere might prove of therapeutic value in itself. The success of this venture has been both surprising and gratifying, with noticeable improvement in the personal relationships of most of the members. For example, one young woman who had become so introverted that she had rarely left the house during the preceding three years, now attends every week and joins in games and dancing.

Rock House Psychiatric Club, Swinton. The Club opened on the 24th August, 1961 and meetings have been held on alternate Thursday evenings, the attendances varying between 6 and 20, females being predominate. Members are encouraged to bring friends and popular activities have included film shows, whist drives and a visit to the theatre. There has been no lack of helpers and help has been offered from other organisations. Again the members have developed a sense of belonging to a group and a new sense of responsibility and confidence in mixing with people has been promoted.

Hostels:

The Authority's scheme to provide one hostel for 25 mentally subnormal adults and one hostel for approximately 20 post-psychotic patients requiring social rehabilitation and support after hospital treatment has now been extended to provide for the erection of two hostels for the accommodation of mentally subnormal children. The latter hostels will accommodate children resident in rural areas who because of transport difficulties are unable to attend a Training Centre. They will live at the hostels from Monday to Friday and will go home at the week-ends. The accommodation will also be available for subnormal children for whom short stay care is required in order to afford some relief to the parents and other members of the family. Each hostel will have accommodation for eight children and suitable sites in or near Harrogate and Skipton are being sought. The sketch plans for the hostel for subnormal adults have been approved by the Minister of Health and the preparation of the working drawings are in hand. A suitable site close to the West Ardsley Training Centre is available. The search for a site for the hostel for post-psychotics continues and it is hoped that this will be in the Morley area. The County Council have supported West Riding patients in hostels provided by the Cities of York and Sheffield and those of the S.O.S. Society at Winston House, Cambridge and Hill House, Elstree. During the year there has been no great demand for hostel

accommodation for post-psychotic patients. It is difficult to forecast the need and though the County Council's proposed hostel has been planned primarily for one Mental Health Area it may well be that it will serve the whole administrative county.

Statistics:

The number of patients referred to the local health authority during the year ended 31st December, 1961, together with the number of patients under local health authority care at that date are shown on the tables at the end of the section. There were two admissions to the guardianship of the local health authority, both patients being severely subnormal women. The total number under guardianship at the end of the year was 6. Mental Welfare Officers were concerned in the admissions of 79 (36) patients to hospitals for the mentally subnormal, as follows: informal admissions 68 (34), Section 26—1 (—), Section 60—10 (2), the figures in brackets relating to patients under the age of 16 years. They were concerned in the admission of 1,681 patients to psychiatric hospitals and of these 829 were informal admissions.

Case Conferences:

The first case conference at *Scalebor Park Hospital* was held in August and mental welfare officers from the Scalebor and Menston catchment areas attended. However, since the inception of case conferences at Menston Hospital the officers attending at Scalebor Park are those who admit patients there and representatives from the Leeds and Bradford Authorities. The case conferences provide a regular opportunity for mental welfare officers to see their patients in hospital and for the hospital staff to give and ask for information. The hospital staff have been most helpful and much assistance and guidance has been given by the Psychiatric Social Worker-Tutor and in many instances she has acted as liaison officer between the mental welfare officers and the hospital staff. A regular weekly case conference is held at *Lancaster Moor Hospital* which is attended by mental welfare officers from all Health Divisions admitting to the hospital and the medical staff. The admissions and discharges of the previous week are discussed, and mental welfare officers are asked to provide social histories and to follow up certain of the patients discharged.

Case conferences began at *Storthes Hall Hospital* towards the end of 1961, but have quickly become a regular feature. Apart from discussing patients actually in the hospital (and occasional demonstrations), mental welfare officers may bring forward any of their cases which present special features provided that the patients have some connection with the hospital or its clinics and reasonable notice is given beforehand so that the necessary notes can be available. Those officers in the Colne Valley Health Division also attend case conferences at Oldham, Lancashire, in connection with the general hospital there. Owing to distance and the limited number of patients involved from the West Riding, prior notice is received in the Division of any case likely to be of interest and the subject of discussion.

Four meetings were held at the *Middlewood Hospital* during the year and were attended by an average of 22 officers (including mental welfare officers from the County Boroughs). The problems discussed were admissions, discharges, domiciliary visits, clinics, the admission of old people, the working of the Mental Health Act and case history taking.

The mental welfare officers were invited to the established case conferences held weekly alternatively at *Naburn* and *Bootham Park Hospitals*.

The Physician Superintendent at *Menston Hospital* commenced a course of case conferences for mental welfare officers at the hospital on the 2nd January, 1962 and the mental welfare officers were also invited to a series of lectures at the hospital during the year.

At the *De la Pole Hospital* a regular monthly meeting between the hospital social worker and the mental welfare officers has taken place. This has worked out very well and the meetings have formed a close link with the hospital, and towards the end of 1961 Dr. A. Morrison, Consultant Psychiatrist, began to attend the meetings and introduced a discussion period when he illustrated a particular patient's symptoms and treatment. These discussion periods were of particular interest to the mental welfare officers.

It is interesting to note that though case conferences have featured prominently in the mental hospital sphere for many years it is only in comparatively recent years that these have been held at general hospitals, this usually occurring where the general hospital has a psychiatric unit.

No case conferences have been held at *Stanley Royd Hospital* as it has been the practice for the Senior Mental Welfare Officer to go round the wards and see the Consultants and ward staff with regard to discharges, and this is supplemented by letters from the Consultants to the senior mental welfare officer when special information about a particular case is required. The officer has held weekly meetings with the Senior Registrar and with the hospital social worker. Several hundred social histories and progress reports have been prepared and the mental welfare officers have assisted the hospital consultants in various investigations such as the effectiveness of electro-convulsive therapy as compared with anti-depressant drugs in the treatment of out-patients; enquiries regarding Huntington's chorea with associate mental illness. A series of case conferences is being arranged early in 1962 in connection with the training of mental welfare officers, and the consultants and staff are willing, as ever, to give every assistance.

Psychiatric Out-patient Clinics:

There are 32 clinics serving the administrative county, two of these being provided by the local health authority. There has been a marked increase in the attendance of mental welfare officers at the clinics and a good relationship between the consultants, general practitioners and mental welfare officers has been developed. In the Halifax area the mental welfare officers prepare a social history prior to the patient's appointment at the clinic and the consultant has a full case history in his possession before seeing the patient. It is the policy for new patients to be seen at hospitals under the Regional Hospital Boards' control so that the two clinics held in local authority premises have to be mainly in the nature of after-care clinics. The Brighouse clinic was established by Dr. F. Appleton, in June, 1955, the other was opened in November, 1961 at Farfield House, Farsley. Dr. H. B. Milne, Consultant Psychiatrist, is in charge of the latter as most of the patients seen at the clinic have been recently discharged from Menston Hospital. The local general practitioners have been circulated and have been invited to visit this after-care clinic in order that they may personally discuss individual patients' psychiatric problems.

After-care:

The mental welfare officers have been given facilities for visiting patients in hospital so that when after-care is required the needs of the patient and his family is known prior to discharge. In most cases when patients leave hospital it is the practice for hospitals to notify the general practitioner and a copy of the letter sent to the practitioner is made available to the Divisional Medical Officer. If after-care is required, note of the fact is contained in the letter to the practitioner who is thus aware of the continued interest of the local health authority in his patient. In most Divisions after-care is allied to the out-patient clinic and a strong link is being forged between Consultants, general practitioners and mental welfare officers. There has been an increase in the number of domiciliary visits and this has prevented quite a number of patients from being admitted to hospital by keeping them under observation on this basis.

Towards the middle of the year the value of the part the mental welfare officers can play in assisting with " problem cases " became accepted more fully by general practitioners and this was due in the main to the contacts made by the officers and the acceptance of social care cases.

Number of patients referred to Local Health Authority during year ended 31st December, 1961.

Referred by	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	M. (19)	F. (20)	(21)
General practitioners	1	3	405	670	1	—	4	—	—	—	1	1	—	—	1	—	2	3	411	671	1087
Hospitals, on discharge from in-patient treatment	1	—	406	581	—	—	5	—	—	—	—	4	—	—	—	1	1	—	411	586	998
Hospitals, after or during out-patient or day treatment...	4	5	169	236	—	—	—	—	—	—	—	—	—	—	—	—	4	5	169	236	414
Local education authorities	—	—	—	—	—	—	—	—	92	52	13	21	34	26	—	—	126	78	13	21	238
Police and courts	1	—	60	65	—	—	—	—	1	—	1	2	—	—	1	—	2	—	62	67	131
Other sources	—	3	152	224	—	—	4	—	3	4	11	8	9	9	—	2	12	16	167	234	429

Number of Patients under L.H.A. care at 31.12.61	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Attending day training centre	—	—	—	1	—	—	—	—	191	173	125	142	96	77	56	63	287	250	181	206	924
Awaiting entry thereto	—	—	2	—	—	—	—	—	15	11	34	38	8	8	15	10	23	19	51	48	141
Resident in a residential training centre... ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	2
Receiving home training	—	—	1	2	—	—	—	—	—	1	1	13	2	—	2	10	2	1	4	25	32
Awaiting home training	—	—	1	3	—	—	—	—	—	3	—	4	2	5	2	10	2	8	3	17	30
Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	2
Awaiting residence in L.A. home/hostel... ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Resident at L.A. expense in other residential homes/hostels	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Receiving home visits and not included above ...	3	4	649	1011	—	—	11	1	62	51	680	628	51	45	96	122	116	100	1436	1762	3414
Others (included not yet visited)	—	—	19	24	—	—	—	—	1	—	4	—	—	1	—	—	1	1	23	24	49
Totals	3	4	672	1041	—	—	11	1	270	239	844	828	159	137	171	215	432	380	1698	2085	4595
Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.61																					
In urgent need of hospital care	—	—	—	2	—	—	—	—	—	4	2	—	10	13	3	3	10	17	5	5	37
Not in urgent need of hospital care	—	—	1	—	—	—	—	—	1	—	2	—	4	7	2	3	5	7	5	3	20
Number of admissions for temporary residential care (e.g. to relieve the family during 1961)																					
to N.H.S. hospitals	1	—	30	33	—	—	2	—	6	5	13	15	52	39	9	5	59	44	54	53	210
Elsewhere...	—	—	—	—	—	—	—	—	—	3	—	—	—	3	1	—	—	6	1	—	7

PART V

ENVIRONMENTAL HYGIENE

Food and Drugs

Sanitary Circumstances

Atmospheric Pollution

ENVIRONMENTAL HYGIENE

Food and Drugs Act, 1955:

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960:

On the 1st January, 1961, the above Regulations came fully into operation conferring upon the County Council, as a Food and Drugs Authority, all duties in connection with the licencing of dealers in milk throughout the Administrative County area, with the exception of Batley M.B., Castleford M.B., Harrogate M.B. and Keighley M.B. which are autonomous Food and Drugs Authorities.

The following table gives details of dealers licences at the end of the year (excluding licenced pasteurised and sterilised milk establishments which are set out later):—

Number of Licence Holders	Bottling of T.T. Milk (Raw)	Pre-packed T.T. Milk (Raw)	T.T. Milk (Pasteurised)	Pasteurised Milk	Sterilised Milk
2,929	21	359	728	908	2,338

The impact upon the County Council in connection with these Regulations is immense having in mind that the duties involved, formerly carried out by 85 County District Councils, are now the responsibility of the County Council. At the present time, with existing staff, very little administration of the Regulations has been possible and extensive re-organisation will be necessary before a regular system of supervision and sampling can be undertaken.

Given below are details of licenced establishments for the pasteurising and sterilising of milk.

PASTEURISED MILK:

Airedale Co-operative Society Ltd., The Dairy, Thomas Place, Shipley.
Crawshaw, J., Blake Lea Dairy, 103, Arksey Lane, Bentley, near Doncaster.
Doncaster Co-operative Society Ltd., Dairy Department, York Road, Doncaster.
Doxey, C., Armthorpe, near Doncaster.
Express Dairies (London) Ltd., Barnoldswick, via Colne, Lancs.
Goole Co-operative Society Ltd., Centenary Road, Goole.
Harrison, R. H., Manor Farm, Conisbrough, near Doncaster.
Mawer's Dairy, Glentworth House, Skellow, near Doncaster.
Maxfield, A. E., Ivanhoe Dairy, 37, Church Street, Conisbrough, near Doncaster.
Oates, J. E. & E., Thorne Dairies, 3, North Eastern Road, Thorne, near Doncaster.
Pontefract Industrial Co-operative Society Ltd., Dairy Department, Horsefair, Pontefract.
Rotherham Co-operative Society Ltd., The Dairy, Progress Drive, Bramley, near Rotherham.
Salmon, P., Ashbrooke, Littlethorpe, Ripon.
Stocksbridge Co-operative Society Ltd., Shay House Lane, Stocksbridge, near Sheffield.
West Marton Dairies Ltd., West Marton, Skipton.
Whittaker's Wholesale Dairies Ltd., 77, Tenter Balk Lane, Adwick le Street, near Doncaster.
Wholesale Dairies (Rotherham and District) Ltd., Meadow Works, Rawmarsh, near Rotherham.

STERILISED MILK:

Wholesale Dairies (Rotherham and District) Ltd., Meadow Works, Rawmarsh, near Rotherham.

These establishments have been regularly inspected during the year to ensure that the conditions attached to the licences were being observed viz:—effectiveness of heat treatment methods, cleanliness of premises and personnel and in general to see that plant and equipment were satisfactory.

Details of samples obtained by the County Council Public Health Inspectors from establishments licenced by the County Council for the heat treatment and bottling of milk, with results of examinations are given below:—

Tuberculin Tested (Pasteurised)				Pasteurised				Sterilised	
Phosphatase Test		Methylene Blue Test		Phosphatase Test		Methylene Blue Test		Satisfactory	Unsatisfactory
Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.		
71	—	71	—	276	2	278	—	23	—

The results indicate the high level of efficiency at the producing establishments.

Details of all samples were furnished to the Ministry of Agriculture, Fisheries and Food; also to the Medical Officers of Health for the County Districts concerned.

Thanks are due to Dr. Little, Director of the Public Health Laboratory, Wakefield, and to Dr. Smith, Director of the Public Health Laboratory, Bradford, for their co-operation in dealing with milk samples.

SPECIFIED AREAS FOR THE SALE OF MILK:

As reported upon in 1960 the whole of the Administrative County area is covered by " Specified Areas " in which only designated milk, i.e. pasteurised, sterilised and tuberculin tested, may legally be sold by retail for human consumption. The time may well be envisaged when all milk will be required to be heat-treated before human consumption. This would be a further major public health achievement.

SUPPLY OF MILK TO SCHOOLS:

The main source of supply in the County area is pasteurised and no complaints were received regarding its quality.

Those few schools who by necessity receive raw tuberculin tested milk were visited and samples obtained for biological examination.

Results of samples were as follows:—

Number obtained	Tubercle		B. abortus (Ring Test)	
	Positive	Negative	Positive	Negative
22	—	22	3	19

Court proceedings were instituted against three contractors who supplied milk not of the substance demanded by the purchasers, contrary to section 2 of the Food and Drugs Act, 1955. Fines of £5 0s. 0d. were imposed in two cases where glass fragments were found in the bottles, and £15 0s. 0d. in the case of a bottle containing a garden snail.

SAMPLING OF MILK AT HOSPITAL FARMS:

Samples were obtained during the prescribed period from two farms. These farms are at Stanley Royd Hospital, Wakefield, and Stansfield View Hospital, Todmorden.

Details of samples are appended:—

	Methylene Blue Test		Biological Examination					
			Tubercle	Brucella abortus				
				Date	Ring Test	Cream Culture	Guinea pig test	
	Sat.	Unsat.					Serum agg.	Spleen Culture
Stanley Royd Hospital Farm	10	—	3 samples all negative	13.5.61	Doubtful	Neg.	Neg.	Neg.
				13.5.61	Pos.++	Neg.	Pos.-1/20	Pos.
				13.5.61	Pos.++	Neg.	Neg.	Neg.
				31.7.61	Pos.+	Neg.	Neg.	Neg.
				30.10.61	Pos.+	Neg.	Neg.	Neg.
Stansfield View Hospital Farm	10	—	3 samples all negative	3 samples — all negative				

Reports regarding the positive Brucella results were forwarded for action to the Ministry of Agriculture, Fisheries and Food (Animal Health Division). Copies of all reports were furnished to the Ministry of Health, Leeds Regional Hospital Board, the appropriate Hospital Management Committee and the Medical Officers of Health concerned.

REPORT OF ANALYST:

All County Inspectors of Weights and Measures are also appointed sampling officers for the purpose of the Food and Drugs Act and the work of sampling is under the control of the Chief Inspector, Mr. J. W. Hopkinson. Details of the work carried out under the Act are referred to in the Annual Report to the County Council of Mr. Mallinder, the County Analyst, who has kindly consented to their inclusion in this Report.

" During the year, 3,314 samples were submitted by your Inspectors under the Food and Drugs Act, 1955, as set out below:—

	Total Samples	*Adulterated or Below Standard*	*Percentage Adulterated or Below Standard*
Milk	1,593	56	3·5
Milk 'Appeal to Cow' ...	25	1	4·0
Milk, Channel Islands	201	11	5·5
Milk, Channel Islands 'Appeal to Cow'	5	1	20·0
Milk, Hot	3	2	66·6
Milk Bottle	1	1	100·0
Other Foods and Drugs ...	1,486	69	4·6
All samples	3,314	141	4·2

Most of the milk samples were ' formal ', but the majority of the ' other foods and drugs were taken informally. This policy allows the Inspector to send the complete package including labels, very important in these days of the growing popularity of prepacked foods.

Notes on adulterated or irregular samples.

The proportion of adulterated, substandard or irregular samples compares favourably with those found by other Authorities.

Milk. During recent years, the number of adulterated milk samples has fallen. There are various factors to account for this, one being that producers are now paid on a quality basis. Out of 1,593 samples of ordinary and sterilised milk, 56 were unsatisfactory; 43 samples were deficient in fat, the worst deficiency being 19·6 per cent., 12 samples contained added water, the most flagrant example contained 63·8 per cent. of extraneous water. Another sample containing added water was also deficient in fat.

Appeals to Cow. 25 of these reference samples were obtained. Theoretically *all* these should be ' genuine ', even though they might be substandard owing to natural causes. But this year we encountered one sample which definitely contained added water (only 0·7 per cent.). In spite of the customary vigilance of the supervising Inspector, a little water had lodged undetected in one of the pipe lines of the automatic milking machine, but even this small accidental adulteration was detected by the Hortvet Freezing Point Test.

Channel Islands Milk should contain at least 4·0 per cent. of fat. Among 201 samples, 6 were below standard in fat, and 5 samples were adulterated with water. Following the substandard samples, 5 ' Appeals to Cow ' were taken; 4 were satisfactory and 1 sample was low in fat, containing only 3·31 per cent. of fat. It is, of course, no excuse with this grade of milk to plead that the cows are yielding milk with less than the special 4 per cent. required for Channel Islands Milk.

Hot Milk. Out of 3 samples, 2 were adversely reported: 1 was 54 per cent. deficient in fat, the other was low in fat and also contained 10·3 per cent. of added water.

Sausages. There are still no legal standards for the meat content of sausages, but Public Analysts continue to expect Pork Sausages to contain 65 per cent. of meat, and Beef Sausages 50 per cent. of meat.

Beef Sausages. Only 1 sample of the 39 analysed contained less than 50 per cent. of meat–namely 46·0 per cent. The average meat content of all 39 samples was 63·4 per cent. 2 samples contained sulphur dioxide preservative without the proper notice being displayed.

Pork Sausages. 36 samples; the average meat content being 66·8 per cent. 8 samples contained less than 65 per cent., the poorest containing only 44·0 per cent. meat. 5 samples contained sulphur dioxide preservative without the statutory notice to that effect.

Potted Beef and Potted Meat. 4 samples were reported as being deficient in meat, the worst sample containing only 51·3 per cent.

Dairy Ice-Cream must be made with butter or cream, and no other type of fat may be present. One sample was unsatisfactory—it was made with vegetable fat and was therefore ordinary Ice-Cream.

Preserves. The composition of Jam, Marmalade, Fruit Curd and Mincemeat is controlled by the Food Standards (Preserves) Order, 1953. 8 samples were below standard in Soluble Solids (mainly the sugary constituents). The keeping qualities of such samples would be greatly impaired.

Cod Liver Oil B.P. 2 samples were below standard in Vitamin A.

Shredded Beef Suet. 2 samples were below standard in Beef Fat, owing to an excess of cereal coating applied to the shreds of suet.

Pork Chops (pre-packed). In a parcel of 2 ' chops ', one was found to be not a real loin chop; it was actually a piece of middle neck pork.

Tinned Rice Pudding. 2 samples were below expectation as regards milk-fat content.

' Rum-Butter ' Sweets. Contained no butter and no appreciable amount of rum. They should have been sold as ' Rum and Butter flavoured ' sweets.

Cream. 1 sample was made with vegetable fat, and was actually Imitation Cream.

Prohibited Colouring Matter.
All coloured foods were tested for artificial colouring matters. 6 samples were found to contain dyes prohibited for use in food.

Labelling. Out of several hundred labels examined and compared with the analytical results, 10 were found to be irregular:—

Cough Mixture. The label attached to the bottle differed from that on the outer wrapper as regards the proportion of one important ingredient.

Tinned Tapioca Pudding, 2 samples of Almond Paste, Lemon Cheese. The lists of ingredients were not in the correct order, that is in descending order according to the proportion, by weight, of each ingredient used.

Borax & Honey B.P., Boric Ointment B.P. These preparations are deleted from the British Pharmacopoeia, but are included in the British Pharmaceutical Codex. Therefore the suffix ' B.P.' is incorrect— it should be ' B.P.C.'.

Fever Mixture. This sample was below declared strength in its main active ingredient, nitric acid; and in the list of ingredients the suffix ' P.B.' (equivalent to 'B.P.') was applied to ' nitric acid ', whereas it should have been ' B.P.C.'.

Halibut Liver Oil Capsules B.P. must now be stamped with the date of preparation. 1 sample was not so stamped.

Parsley Sauce Mix. On the front of the packet was printed ' milk included ', but in the list of ingredients on the other side was the true declaration that the article was made with dried *skimmed* milk.

Samples affected by prolonged or unsuitable storage.

Sugar Cake Decorations were affected by mould; they also contained prohibited colouring matter.

Dried Sliced Onions were damp, discoloured and quite unsuitable for food.

Currants. One sample was ' alive ' with small mites.

Foreign Bodies.
The majority of these iregularities are brought to light as the result of complaints of dissatisfied (and sometimes justifiably shocked) purchasers or consumers.

Loaves of Bread. One sample contained streaks of oil stained with rust—doubtless from a bakery machine; the other contained a piece of thick buff-coloured paper, which bore printed characters and appeared to be a ticket or label.

Bilberry Tart, in which was discovered a sharp fragment of glass 7/8in. long, apparently from a broken jar or bottle. This could have been extremely dangerous if swallowed.

Bottle of Vinegar. The vinegar was cloudy, it contained a dead fly and there was a deposit of yeast cells and bacteria; this growth may have been the cause or the effect of another irregularity—the vinegar was below strength.

Tinned Stewed Steak. This contained an alarming foreign body, which proved to be a piece of bovine skin with black hairs attached.

Bottle of Ginger Beer contained a filmy black deposit. This unsightly substance was a flake of mould growth which had not been removed in the bottle-cleaning process.

Bottle of Stout. The purchaser had consumed most of the contents when he espied a peculiar object in the dark brown bottle. His worst suspicions were confirmed in the Laboratory; it was a dead mouse, three inches long ! It was too large to be extracted and we had to cut off the neck of the bottle to remove it. How the mouse came to be inside the bottle remains a mystery."

The County Council's scheme operated in conjunction with sampling officers of the West Riding County District Councils continued throughout the year. In accordance with regulations made under the scheme, the County Council pays the fees of the County Analyst for all samples of milk taken by the sampling officers, conducts all legal proceedings and defrays consequential legal expenses. The number of samples submitted for analysis was 197 of which two were found to be below standard; one was deficient in fat, the other contained extraneous water. Both samples were only slightly sub-standard and cautions were issued to the vendors by the Clerk of the County Council.

MEAT INSPECTION:

During the war years all slaughtering was under the control of the Ministry of Food and private slaughtering did not recommence until 1954.

The majority of authoritites then allowed the use of many private slaughterhouses which were of varying standards.

Under the Slaughterhouses Act, 1958, the Slaughterhouses (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958, however, action has been taken by local authorities to bring about the closure of many sub-standard premises and the full compliance with regulations in other cases.

At the end of the year 213 slaughter houses were licenced as opposed to 257 at the end of 1960, and further reductions will take place as and when the appointed dates for the implementation of the regulations, recommended by the local authorities, are reached.

It is also very satisfactory to be able to report that only 0·1 per cent. of the 584,504 animals slaughtered were not inspected. In view of the extremely irregular hours of slaughter permitted by current legislation and the consequent burden of evening and week-end work placed upon the County District Public Health Inspectors this is no mean achievement.

Once again it is noted that due to efforts in the field of tuberculosis eradication there has been a reduction in the number of cattle found to be affected with tuberculosis to the low level of 0·3 per cent.

The percentages of animals affected with cysticerci and other diseases have remained similar to those for 1960 at 0·3 per cent. and 7·3 per cent. respectively.

Sanitary Circumstances:

WATER SUPPLIES:

Approximately 97 per cent. of dwelling houses within the Administrative County area are supplied with water from public sources and 2·5 per cent. with satisfactory private supplies.

The increase in the number of new water boards resulting from the reorganisation of many of the water undertakings in the County area continued. The size and financial resources of these Boards will, it is hoped, bring about a quicker solution to the problems of unsatisfactory and insufficient supplies which still obtain in some parts of the County.

EXAMINATION OF WATERS KNOWN TO POSSESS PLUMBO-SOLVENT QUALITY:

Examination of water from those 61 public supplies in the West Riding which are known, or suspected, to possess plumbo-solvent properties has been carried

out at six monthly intervals. In total, 244 samples were examined and in 10 of these lead was found to be present. It is highly satisfactory that in only one case was lead found in excess of the recommended standard of 1/10th grain per gallon.

PRIVATE SUPPLIES OF WATER TO SPECIAL AND OTHER SCHOOLS:

Supervision of private supplies has again been undertaken. Details of the samples obtained are appended :

School	Source of Supply	Bacteriological Examination		
		Number of samples obtained	Sat.	Unsat.
Grantley Hall Adult College, near Ripon	Land springs	11	10	1
Hatfield Levels School, Thorne, near Doncaster	Bore, 202 feet deep	7	7	—
Ingleborough Hall Special School, Clapham, Settle	Lake water	4	4	—
Netherside Hall Special School, Grassington, near Skipton	Land springs	5	4	1

Appropriate action was taken regarding the two unsatisfactory reports and repeat samples proved satisfactory.

The samples from Ingleborough Hall Special School were again obtained by the Chief Public Health Inspector, Settle Rural District Council, to whom thanks are due for his co-operation.

DRAINAGE AND SEWERAGE:

As can be expected in an area as extensive as that covered by the County Council a number of premises are without adequate drainage and sewerage facilities by reason of their scattered situation.

County District Councils are however making continued steady progress with the provision of new sewage disposal works, new sewerage schemes and the improvement of existing works and sewers. Ample evidence of this is shown in the increased number of applications for grant received under the Rural Water Supplies and Sewerage Acts.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-61:

Details of Applications for Grants made during the year:

County District or Other Body	Description of Scheme	Date of Application	Estimated Amount of Scheme
			£
Bowland R.D.	Slaidburn Sewerage Scheme	6th June	27,950
do.	Newton Sewerage Scheme	30th June	13,750
Claro Water Board	Hollins Area Water Supply Scheme	24th May	1,275
do.	High Birstwith Water Supply Scheme	14th June	1,552

County District or Other Body	Description of Scheme	Date of Application	Estimated Amount of Scheme
			£
Craven Water Board	Lawkland Water Scheme	21st March	1,989
do.	Moody Sty Lane, Grassington, Water Scheme	12th June	950
do.	Dark Lane, Kelbrook, Water Scheme	22nd August	1,600
Doncaster C.B.	Shaftholme Water Main, Extension	19th December	2,600 approx.
Doncaster R.D.	Braithwell Sewerage	22nd Sept.	11,050
do.	Austerfield Sewage Works	27th June	4,146
Don Valley Water Board	Hatfield Chase, etc., Water Supply	26th June	23,738
do.	Stainforth, Moor Road Water Supply	5th October	5,500
do.	Dikes Marsh Farm Water Supply	5th October	3,510
Kirkburton U.D.	Lepton Sewerage Scheme (Torr Bottom)	8th August	—
Leeds C.B.	Lumby Lane and South Milford Water Scheme	8th September	—
Nidderdale R.D.	Rufforth Sewerage Scheme—Extension to Knapton and adjoining parishes	4th January	35,000
do.	Boroughbridge Sewage Disposal Works—Enlargement		
	Coneythorpe, Arkendale, etc.	21st October	42,227
	Little and Great Ouseburn, etc.	21st October	73,562
Penistone R.D.	Crowedge Water Mains Extension	4th December	672
Ripon & Pateley Bridge R.D.	Kirkby Malzeard Sewerage Scheme—Revised	24th March	24,440
do.	Studley Roger Sewage Disposal Scheme	7th March	13,038
Settle R.D.	Halton West Sewerage and Sewage Disposal	15th June	2,537
Sowerby Bridge U.D.	Hubberton, Sowerby Water Supply—Extension	9th February	10,521
Tadcaster R.D.	Appleton Roebuck, Bolton Percy, Ulleskelf Sewerage and Sewage Disposal	3rd August	167,250
Wharfedale R.D.	Timble Sewerage and Sewage Disposal Scheme	28th April	7,366
do.	Arthington— laying of sewer near High Ridge Farm	26th October	1,919

HOUSING:

Representations made regarding houses in Clearance Areas and individual unfit houses have gone steadily ahead but the numbers of families rehoused into Council owned dwellings for these and overcrowding reasons dropped by 463 to 2,965 for all County Districts.

The number of new dwellings completed by local authorities also showed a marked decrease—3,032 dwellings in 1961 compared with 3,899 in 1960. Dwellings built by private enterprise increased from 6,230 in 1960 to 7,060 in 1961. Although building by local authorities decreased in total the number of new dwellings completed during 1961 approximated to that of the previous year and was 1,628 greater than in 1959.

Clean Air Act, 1956:

SMOKE CONTROL AREAS:

Given below are details of progress made by the County Districts to date:

	Number	*No. of premises affected*	*Acreage affected*
Smoke Control Areas now in force	40	8,581	3,767·80
Smoke Control Areas declared during year	26	8,889	4,960·87
Smoke Control Areas confirmed during the year	26	9,869	5,056·34

ATMOSPHERIC POLLUTION:

The County Council's scheme for the measurement of atmospheric pollution, which was introduced pre-war and extended in 1949, operated in close collaboration with the Department of Scientific and Industrial Research, Medical Officers of Health and Public Health Inspectors in certain County Districts, the recording instruments employed being deposit gauges, lead peroxide instruments and daily smoke filters.

In November, 1960, the Standing Conference of the Local Authorities and other organisations who co-operate with the Department of Scientific and Industrial Research in the investigation of atmospheric pollution accepted a Report of a Specialist Working Party on the adaptation of the existing schemes of measurements to present-day needs. The main points of the Report were that for present-day national needs a detailed knowledge of the distribution of smoke and sulphur dioxide in varying types of area throughout the country is required both in connection with clean air legislation and for medical studies of the effect of air pollution on health. For this purpose all the existing daily measurements of concentrations of these pollutants are of continuing value but will require to be extended to certain other towns selected on a statistical basis to obtain a yardstick against which pollution in any town or area may be judged. Measurements of grit and dust-fall, made with the deposit gauge, are of local rather than of national or regional value. The rough monthly measurements of sulphur dioxide by the lead peroxide method are not sufficiently precise to meet modern requirements and it is probably only in special circumstances that they will have even local value.

Acting on the Working Party's findings, the Standing Conference, supported by the Ministry of Housing and Local Government and the Department of Scientific and Industrial Research, recommended that a national survey be undertaken to provide national overall figures of pollution by smoke and sulphur dioxide as determined by the daily volumetric method.

A re-appraisal of the County's scheme was clearly indicated and, with the advice of the Department of Scientific and Industrial Research, an amended scheme was prepared to meet local and national requirements. In summary the scheme was on the basis of co-operation in the National Survey of recording smoke and sulphur dioxide as determined by the volumetric method; the exclusion of deposit gauges and lead peroxide instruments from the scheme; and the offer of the County-owned deposit gauges and lead peroxide instruments at nominal cost to County District Councils who wished to record local pollution from individual sources. In the County Districts selected to be included in Part I of the Survey, the yardstick areas, the complement of daily instruments was up to three per District and in other Districts as required. The scheme also provided for the adaptation of the existing daily smoke filters to record sulphur dioxide by the volumetric method.

The revised scheme was agreed by the County Council in July and was submitted to the Minister of Housing and Local Government. The Minister, however, rejected the Council's direct participation in the survey but suggested that consideration might be given to facilitating the participation of County District Councils in the scheme by making contributions to them under Section 56 of the Local Government Act, 1958. An appeal was made to the Minister seeking special dispensation under the Clean Air Act and drawing his attention to the proposed erection of power stations in the area and the resultant problems which may arise requesting, inter alia, that the Council should be permitted to monitor pollution from these and other sources. The Minister declined the appeal and reiterated that the Council might give further consideration to the possibility of participating in a scheme under which air pollution measurements would be carried out by County District Councils, but with the benefit where necessary of financial contributions from the County Council under the Local Government Act, 1958.

Accordingly a revised scheme was prepared based on the same standard instrument and complement as had been approved previously, the participating County District Councils' expenditure to be re-imbursed by County Council grant. This scheme received the approval of the County Council in January, 1962, and implementation is proceeding.

In order that all officers concerned with the operation of the volumetric instrument might be trained in the correct technique of operation and estimation of sulphur dioxide the Department of Scientific and Industrial Research sought our co-operation in arranging a practical training session in Wakefield on November 22nd, 23rd and 24th. Mr. Scott, Chief Constable of the West Riding, kindly permitted the use of a lecture room at his headquarters and, in addition to Public Health Inspectors of West Riding County District Councils, the Public Health Inspectors of certain neighbouring Authorities were invited to attend. The training was undertaken by a member of the staff of the Department of Scientific and Industrial Research and a total of 95 County District Inspectors attended, also 27 visitors.

The instruments comprising the original scheme operated throughout the year and the results of the analyses of the deposit gauges and lead peroxide instruments, also the pollution as measured by the daily smoke filters, are given in the table appended:—

Situation of Instruments	Deposit Gauge			Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity
	Rainfall in inches		Average Deposit of Solids			
	Monthly Average	Total*	Milligrammes per square metre day*	Milligrammes SO_3 per 100 sq. cms. per day—average*		Micro-grammes per cubic metre*
‡Settle—Malham Tarn Field Centre, open country	3·44	24·11 for 7 months	153 for 7 months	0·63 for 7 months	‡Malham Tarn Field Centre, open country	17 for 7 months
Skipton—Behind Town Hall in industrial and residential area	3·24	38·82	221	0·89		
Keighley — Abattoir, Hardings Road in mainly open country	2·88	28·82 for 10 months	236 for 10 months	1·83 for 10 months	First Floor of Public Health Dept., in a built-up area in centre of town	177
Keighley — Oldfield, Oakworth in windy moorland country	2·81	28·11 for 10 months	245 for 10 months	1·77 for 10 months		
Keighley—Low Bridge, dense industrial area	3·23	29·09 for 9 months	284 for 9 months	1·83 for 10 months		
Keighley—Library, built-up area in centre of town	2·30	27·65 for 10 months	232 for 10 months	2·11 for 10 months		
Bingley—St. Ives Research Station in parkland and residential area	2·85	34·22	141	1·44	St. Ives Research Station, in parkland and residential area	67
Bingley—Town Hall in manufacturing and residential area	2·79	33·46	155	1·05		
Shipley—Somerset House Clinic in manufacturing and semi-residential area	2·73	32·74	291	1·21		

Aireborough — Yeadon Moor, Yeadon Waterworks. Agricultural N.W. to S.E., manufacturing S.E. to W.	2·21	26·46	201	1·39	Public Health Inspector's Office, Yeadon High Street, residential to W., open country to E.	95 for 10 months
Horsforth—Broadgate Walk, residential area	2·39	28·63	242	1·62		
Otley—Nursery Gardens, Westgate, manufacturing and semi-residential	3·01	33·14 for 11 months	202 for 11 months	1·02	First floor of Council Offices, in town centre, mainly manufacturing	62
Ripon—Corporation Depot, Low St. Agnesgate, residential and industrial area	2·37	26·02 for 11 months	134 for 11 months	0·84	Health Dept, High Skellgate, in centre of country town	90
Harrogate—Roof of Municipal Offices, residential and commercial. Inland Spa	2·66	31·90	147	1·09	‡Laboratory, Royal Baths. Inland Spa	78 for 9 months
Wetherby—Council Offices, residential, surrounded by open country from ½ to ¾ mile distant	2·07	24·79	163	0·91	Council Offices, residential, surrounded by open country from ½ to ¾ mile distant	79
Goole — Bartholomew Avenue Clinic, residential and industrial	1·64	19·64	165	1·32	Div. Health Office, in residential and industrial area	113
Castleford—Roof of Marks & Spencer's shop, Carlton Street, in centre of industrial town	1·77	21·27	220	2·09 for 11 months	First floor of Div. Health Office, in residential area	291
Castleford—Roof of Cleansing Station, Cinder Lane, manufacturing area. Chemical works immediately adjacent	1·68	16·75 for 10 months	238 for 10 months	2·17		
Castleford — Corpn. Pumping Station, Ings Lane, manufacturing area	1·65	19·85	269	2·09		

* For period of full year unless stated otherwise.

Situation of Instruments	Deposit Gauge			Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity
	Rainfall in inches		Average Deposit of Solids			
	Monthly Average	Total*	Milligrammes per square metre day*	Milligrammes SO_3 per 100 sq. cms. per day—average*		Micro-grammes per cubic metre*
Castleford—Corpn. Housing Depot, Redhill Road, Airedale. Industrial and residential area	1·71	20·49	278	2·21 for 11 months		
Horbury—Carr Lodge Park, residential and manufacturing to north, open country to south	1·90	22·83	161	1·52 for 11 months	Sewage Works, ¾ mile south of town centre, north manufacturing and residential, south open country	109
Morley—Public Health Inspector's Dept., Commercial Street, residential, commercial and manufacturing	2·37	28·46	270	1·28	Public Health Inspector's Dept., Commercial Street, residential, commercial and manufacturing	223
Batley—Public Health Dept., Market Place, in centre of mixed residential, commercial and manufacturing area	2·56	30·72	285	1·74	Public Health Dept., Market Place, in centre of mixed residential, commercial and manufacturing area	240
Rothwell—Central Clinic, Oulton Lane, residential	2·41	28·95	224	1·43	Div. Health Office, Oulton Lane, residential	184
Spenborough—Corpn.'s Depot, Marsh. North, south and west—manufacturing area, open country to east	2·41	28·91	247	1·78	Div. Health Office, Elm Bank, in industrial and manufacturing area	139
Elland—"Ellen Royd," Public Library, in manufacturing area	3·28	36·12 for 11 months	348 for 11 months	1·78	First floor of Council Offices, in manufacturing area	213

Hebden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north	3·58	42·96	241	1·50	Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north	120 for 11 months
Colne Valley—Roof of Fire Station, Slaithwaite, in centre of mixed residential and textile manufacturing district	3·65	43·81	243	1·62 for 10 months	The new Town Hall, Cross Street, Slaithwaite, in mixed residential and textile manufacturing district	147
Colne Valley—Marsden Park, residential and manufacturing area	4·08	48·95	300	1·58 for 10 months		
Holmfirth—Sewage Works, Neiley, Brockholes, residential and manufacturing	2·75	33·03	144	1·27		
Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield, residential, manufacturing and commercial	3·02	36·18	144	1·84 for 11 months	Sewage Works, Shaw Hall Bank, Greenfield, residential, manufacturing and commercial	95
Wortley—Hallwood Hospital Grounds, Grenoside, open country and woodland	2·09	25·12	109	0·92	Health Department, Council Offices, Grenoside, industrial and manufacturing area	96
Hemsworth—Vale Head Park, parkland, surrounded by open country	1·82	21·79	153	1·39	Div. Health Office, Adiscombe House, in residential district	174
Darton—Grounds of Council Offices, semi-residential, colliery district. Coke by-product plant 1 mile to S.E.	1·83	21·99	140	1·13	Council Offices, semi-residential, colliery district. Coke by-product plant 1 mile to S.E.	91
Wombwell—The Gables, semi-residential, colliery district	1·99	23·87	141	1·39	The Gables, semi-residential, colliery district	241 for 11 months
Rawmarsh—Roof of Clinic, Barbers Avenue, residential and industrial	1·74	20·88	330	1·90	Public Health Inspector's Office, in centre of residential and industrial area	293

* For period of full year unless stated otherwise.

Situation of Instruments	Deposit Gauge			Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity
	Rainfall in inches		Average Deposit of Solids			
	Monthly Average	Total*	Milligrammes per square metre day*	Milligrammes SO_3 per 100 sq. cms. per day—average*		Micro-grammes per cubic metre*
Rawmarsh—Grounds of Granby House, Aldwarke Road. Blast furnaces 200-300 yards distant	1·63	17·89 for 11 months	1800 for 11 months	2·66		
Bentley with Arksey—Bentley Park, Askern Road, semi-residential, colliery district	1·12	13·48	133	1·39	†Health Dept., Chapel Street, semi-residential colliery, district	149 for 11 months
Doncaster—Between Church & Vicarage, Askern. Industrial and residential, colliery district	1·94	23·33	337	1·61		
Thorne—Grounds of Council Offices, semi-residential, colliery district	1·82	21·79	264	1·01	Council Offices, semi-residential, colliery district	104
					Maltby—Council Offices, one mile west of town centre, semi-residential, colliery district	97

* For period of full year unless stated otherwise.

† The instrument was previously at Council Offices and was moved to present site on 31st October, 1961.

Situation of Volumetric Sulphur Dioxide Apparatus	Sulphur Measurements by Volumetric Method
	SO_2 in Microgrammes per cubic metre—Daily average*
Hebden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north	125 for 11 months
Aireborough—Public Health Inspector's Office, Yeadon High Street, residential to W., open country to E.	107 for 10 months

PART VI

MISCELLANEOUS

Capital Building Programme

Training of Staff

Research Projects:

Antigen Working Party

Sterilization of Syringes

Seasonal Prevalence of Goitre

Anti-Poliomyelitis Vaccine

Leukaemia Survey

Welfare of the Epileptic and Spastic

Certification and Treatment of Blind and Partially Sighted Persons

National Assistance Act, 1948

Residential Accommodation

Disabled and Old Persons' Homes

Persons in need of Care and Attention

Registration of Nursing Homes

Notification of Births

Nurseries and Child-minders Regulation Act, 1948

Medical Arrangements for County Children's Homes and Residential Nurseries

Medical Examination for Superannuation

West Riding Distress Fund

CAPITAL BUILDING DURING THE POST-WAR PERIOD

The Authority's capital building programme during the post-war period, and in particular since 1954, has been considerable and the results achieved in the erection of new clinics and of training centres merit a section of the Report being devoted to this subject.

Many of the projects have been completed in the last few years when there was an easing in the Government restrictions on capital building.

It is not only in the building of new premises that the Authority have been progressive, as during the same period many schemes of adaptation of existing clinics, or adaptations to premises specially acquired for the purpose, have been completed. Clinics so dealt with number 39 and some £76,000 has been spent on them.

New Clinic Building

The following is the record of post-war clinic building:—

New Clinics Completed

	Type
Morley	Large multiple clinic including dental facilities.
Pontefract	Large multiple clinic including dental facilities.
Selby	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Normanton	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Parson Cross	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Hemsworth	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Wombwell	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Worsbrough	Fairly large clinic including provision for specialist services and incorporating dental clinic.
Horsforth	Smaller type of permanent clinic but also including dental facilities.
South Elmsall	Smaller type of permanent clinic but also including dental facilities.
Thurnscoe	Smaller type of permanent clinic but also including dental facilities.
Dinnington	Smaller type of permanent clinic but also including dental facilities.
Airedale	Smaller type of permanent clinic but without dental facilities.
Grimethorpe	Smaller type of permanent clinic but without dental facilities.
Rawmarsh	Smaller type of permanent clinic but without dental facilities.
Edlington	Smaller type of permanent clinic but without dental facilities.
Rossington	Smaller type of permanent clinic but without dental facilities.
Stainforth	Smaller type of permanent clinic but without dental facilities.
Dodworth	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.
Scawthorpe	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.
Armthorpe	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.

Campsall	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.
Scawsby	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.
Dunscroft	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.
Brinsworth	Small prefabricated type of clinic without dental facilities provided mainly to meet the needs of new housing estates.

Clinics in course of erection or at tender stage at end of 1961

Wath upon Dearne	Askern
Goldthorpe	Darfield
Guiseley	Royston
Cudworth	Baildon
South Kirkby	Outwood
Carcroft	Springhead

Clinics included in programme for 1962/63 or later

Thorne	Stocksbridge
Birdwell	Thurcroft
Brighouse	Kilnhurst
Otley	Castleford
Skipton	Conisbrough
Wickersley	Uppermill

The Skipton Clinic mentioned above will also provide separate accommodation for the Divisional Health Office staff.

New clinic accommodation will also be provided in the Health Centre which is to be built at Cleckheaton and mention of which is made elsewhere in the Report.

The above list of building projects completes the phased programme of the Health Committee but additional new clinics may become necessary in selected areas in the future to meet the particular changing circumstances. This is already apparent and consideration is to be given to the erection of new clinics at Hoyland, Mexborough, Scissett and Garforth.

At the end of 1961, of the 232 clinics in use, 92 were where the Authority has full time usage of the premises, the clinics being purpose-built, leased, or held on licence. With few exceptions, the unsatisfactory rented premises have now been replaced where the range of services was such as to justify the provision of a purpose-built clinic and the vast majority of the rented clinics remaining are in areas where the demand for services is small, e.g. fortnightly or monthly infant welfare sessions.

Following the review by the Committee in 1958 and 1959 of rented premises, many of these have now been improved by the provision of such items as wash-hand basins and running hot and cold water. In one or two instances internal redecoration has also been undertaken where it has been possible to reach agreement with the owners of the premises as to a fair and reasonable apportionment of costs.

Mental Health

Over a similar period of time there has been an even more rapid development of the buildings required for the Mental Health Service as may be seen from the following details:—

1953 — Keighley Training Centre ...	50 places
1955 — Hemsworth Training Centre ...	43 places
1957 — Brighouse Training Centre ...	27 places
1957 — Horsforth Training Centre ...	27 places
1957 — Ossett Training Centre	27 places
1957 — Wombwell Training Centre ...	27 places
1959 — Adwick le Street Training Centre	76 places
1959 — Airedale (Castleford) Training Centre	76 places
1959 — Ecclesfield Training Centre ...	76 places
1959 — Wath upon Dearne Training Centre	76 places
1960 — Heckmondwike Training Centre	68 places
1960 — Maltby Training Centre	76 places
1961 — Rawcliffe Training Centre ...	60 places

Works in Hand

Harrogate Training Centre ...	76 places (handed over January 1962)
Horsforth Training Centre ...	76 places (handed over March 1962)
Adwick le Street Training Centre	Extension for 50 adults
Wath upon Dearne	Extension for 50 adults
West Ardsley	New centre for 76 places
Wombwell	Extension for 60 adults
Wombwell	Adaptations to existing Junior Centre
Airedale	Extension for 24 adults and 4 'special care' patients
Kirkburton	New centre for 76 places
Rothwell	New centre for 50 places
Maltby	Extension for 36 adults and 4 'special care' patients
Keighley	Extension for 50 adults
Ecclesfield	Extension for 22 adults
Hemsworth	Extension for 40 adults

1962/63 Capital Building Programme

Brighouse	New centre for 76 places
Skipton	New centre for 36 places
Skipton	Hostel for mentally subnormal children
Harrogate	Hostel for mentally subnormal children
West Ardsley	Hostel for mentally subnormal patients — 30 places

1963/64 Capital Building Programme

Morley	Hostel for post-psychotic patients — 20 places

Future Projects

Provision of Kitchen & Canteen facilities at the
Heckmondwike Training Centre
Keighley Training Centre
Rawcliffe Training Centre

TRAINING OF STAFF

The Minister of Health in Circular 10/61 dated 10th March, 1961, referred to the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services and expressed the hope that authorities would be prepared to release, on full salary, any officer accepted for the approved course of training. Consideration was given to the existing schemes for the training of Mental Health Staff, Health Visitors, Home Nurses, Psychiatric Social Workers, Social Welfare Officers and Home Teachers of the Blind and also the attendance of officers of the Children's Department at full-time courses organised by the Central Training Council in Child Care, and to the application of the same principles to officers attending training courses as to those proposed for social workers, namely, that officers sent on training should receive a loan equivalent to full salary for the period of the training course. The County Council accepted this principle with the proviso that the loan will be cancelled on the completion by the officer of a period of service twice the length of the training course, with a maximum of two years.

RESEARCH PROJECTS

Vaccination and Immunisation:

An Antigen Working Party, comprised of Central Office Medical Staff and Divisional Medical Officers, set up in 1960, devised a programme of immunisation procedure, based on the use of the triple (diphtheria/tetanus/whooping cough) antigen. This programme was subsequently approved by the Conference of Divisional Medical Officers, and by the Standing Sub-Committee on Co-operation with General Practitioners; it is now being widely used.

It is interesting to note that Ministry of Health Circular 26/61 — "Immunisation in Childhood" recommended a schedule of immunisation, using combined antigens, which approximates very closely to that already adopted by the County Council on the recommendation of their own Working Party, and our own scheme, as set out below, has required only minor adjustment to bring it into line.

Desirable Age	*For Protection Against*	*Number of Injections*
2-6 months	Diphtheria Whooping Cough Tetanus	3
6-10 months	Poliomyelitis	3 doses (oral vaccine)
15-18 months	Diphtheria Whooping Cough Tetanus	1
18-24 months	Smallpox	—

5 years	Diphtheria Tetanus	1
10 years	Diphtheria Tetanus	1
11-13 years	Tuberculosis	—

After the adoption of this programme, there was further discussion to consider some queries which had arisen as to the combination of tetanus immunisation with the diphtheria booster dose. There was also the question as to which antigen (F.T. or T.A.F.) was best for the diphtheria booster dose, one Divisional Medical Officer having reported a few fairly severe reactions when using Formal Toxoid with children over 10 years of age. In view of these reports the Committee considered the advisability of Schick testing the older children who were due for diphtheria immunisation booster doses. After full discussion the following recommendations were finally accepted:

Recommendations for Tetanus (Primary and Booster) and Diphtheria Re-Immunisation in School Children

(a) That routine Schick testing is not practicable.
(b) That the decision as to the choice of antigen (T.A.F. or F.T.) be left to the discretion of the medical officer, in the light of experience.
(c) That the second diphtheria booster dose should preferably be given before the age of ten years, to avoid a high incidence of reaction.

Tetanus Immunisation

(a) That primary immunisation against tetanus be offered at the same time as the diphtheria booster doses.
(b) That the child aged 5-9 years, not previously protected against either diphtheria or tetanus, should receive three injections of diphtheria/tetanus antigen at appropriate intervals, i.e. intervals of not less than four weeks between first and second and approximately 12 months between second and third.
(c) That the child (normally aged 5-9 years) who has had primary immunisation against diphtheria but not against tetanus, and who requires a diphtheria booster dose should receive —

First Injection	*Second Injection*	*Third Injection*
Tetanus only (intervals as in (b) above)	Diphtheria/Tetanus combined	Tetanus only

NOTE — The combined diphtheria/tetanus should not be given as the first injection of this series.

The programme of immunisation, as agreed, is now included on a personal Immunisation Record Card, which provides space for recording each injection given as well as the date of the next appointment. It is retained by the parent but presented for endorsement to the general practitioner or clinic doctor when further injections are given. A note on the card emphasises the importance of producing the record in cases of illness or accident. This is especially important where tetanus immunisation has been given, since it could obviate the need for administering A.T.S. (anti-tetanic serum), which is known to produce reactions, occasionally severe, in some allergic individuals. The antigen used for non-emergency routine immunisation, viz. tetanus toxoid, is, on the other hand,

ntirely innocuous. The card is provided with a transparent protective cover arge enough to hold the child's personal medical card.

The introduction of this programme has resulted in a much larger user of he combined and triple antigens, and a corresponding reduction in the use of ingle antigens. The overall effect of this is that a child is able to receive the ull programme of protective treatment with less visits to the doctor, than pplied when single antigens were in favour.

Although triple and combined antigens are now being used in the majority of ases, the actual choice is left to the discretion of the individual doctors and ingle antigens continue to be available when specifically requested.

Sterilization of Syringes:

In view of increasing evidence that the method of sterilizing syringes and needles by boiling was unsatisfactory, a Working Party consisting of Divisional Medical Officers and Central Office Medical Staff was set up to consider alternative means of sterilization.

Before the Working Party met, Dr. Withnell, Divisional Medical Officer for the Morley Division, carried out an experiment using 2,000 disposable plastic syringes and his report on this experiment was a valuable aid to the Committee in their deliberations. In his report Dr. Withnell listed the advantages of the disposable syringe as follows:—

1. It maintains the important principle of "one syringe — one patient".
2. Each patient has the advantage of a sharp needle.
3. The syringes save time in preparation and clearing away.
4. The syringes are light and readily transportable; being inflamable they are easily disposed of on district.

Other methods of sterilization considered by the Working Party were a Central Syringe Sterilizing Service and Hot-air Sterilization. Transport difficulties appeared to render the Central Syringe Service impracticable, and it was therefore agreed that, for an experimental period of six months disposable syringes be used for all routine work and that one hot-air sterilizer be used in three Health Divisions on a rotation basis.

At the end of the experimental period, reports were considered from the three Divisional Medical Officers who had used hot-air sterilization, these reports were compared with the comments relating to disposable syringes, received from all Divisional Medical Officers, and the consensus of opinion was quite definitely in favour of the continued use of disposable syringes.

Our own experience over the past twelve months is now supported by the recent Report of the Medical Research Council —"The Sterilization, Use and Care of Syringes". This report makes it quite clear that the old method of sterilization by boiling is unsatisfactory and that new methods must be adopted.

It was in the light of this evidence that the Health Committee agreed that the use of disposable syringes be adopted as a permanent policy for both clinical and district work in the County Health Service.

Research into Goitre:

Towards the end of the year a request was received from Professor Knowelden, Department of Preventive Medicine and Public Health, Sheffield University, for assistance in an investigation into the seasonal prevalence of goitre.

There are indications that the normal diet contains substances which have a bearing on the prevalence of goitre. These substances, however, vary in amounts during the year and seem to reach the peak level during the spring. To test this theory, Professor Knowelden sought permission to conduct a simple examination on a group of about 500 adolescent girls. The examination consists merely of inspecting and measuring the neck on three successive occasions, namely January, May and October. Similar surveys have been conducted in Wiltshire and Oxfordshire.

The matter was fully discussed with the County Education Officer and, with his assistance, full co-operation was obtained from the Heads of five Senior Schools.

The survey is now under way and the investigations are being conducted by a team of workers from the University.

Anti-Poliomyelitis Vaccine:

In May, 1961, the Health Committee agreed to a request from the Medical Research Council and the Virus Research Laboratory, Sheffield University, for the co-operation of the County Health Services in an urgent piece of technical research, namely the trial use of oral vaccine against poliomyelitis. The object of the research was:—

(a) To find out whether the oral vaccine is likely to replace injection with Salk vaccine.

(b) Whether the oral vaccine can be used for the fourth administration, the first three having been given by injection.

(c) Probably the most important factor to find out both from the virological and economical point of view what is the maximum dilution which can be used to control an outbreak of poliomyelitis by mass administration.

An appeal to members of the County staff to participate in this scheme met with a most encouraging response and 135 members of the County Council staff took part. The procedure involved submission of a blood sample, which was taken at the same time as a dose of oral vaccine was given, and a sample of faeces two or three days later. A second blood sample was taken approximately one month after receiving the vaccine and a second faecal specimen was brought in at the same time. In addition to County staff, some 270 school children in the Morley and Barnsley Divisions and 100 students at the Bingley Teachers Training College also participated in this trial.

The results were extremely encouraging and it can be said that the findings influenced the Minister of Health in reaching his conclusions, especially insofar as to the suitability of oral vaccine as a reinforcing dose to persons who had already received a partial course of 'Salk' vaccine.

Leukaemia Survey:

As mentioned in my Report for 1960, in co-operation with Dr. Alice Stewart of the Department of Social Medicine at Oxford University, the Department has participated in a national survey of childhood cancers and leukaemias with the object of testing the theory that genetic changes have some bearing on the problem of cancer formation. A somewhat similar survey had been undertaken in 1956/57 which included children under 10 years of age who died of cancers or leukaemias during the years 1953/55, from which certain new facts were discovered and others acquired a new significance.

The current survey included children who died during the years 1956/60 from leukaemias and cancers under the age of 10 years and leukaemias only at ages 10 to 14 years. As in the previous survey each dead child was paired off with a live child of the same age and sex and medical officers interviewed the parents of cases and controls to obtain comprehensive information as to their children's illnesses, x-ray exposures, medical and family histories, concentration being made in obtaining detailed pedigrees and reliable information about ante natal events including exposure to diagnostic x-rays.

A total of 120 cases related to the Administrative County and at the year-end investigations into 39 case/control pairs had been satisfactorily completed.

The work involved by the medical staff is most time consuming; on average at least a full-day session being necessary to successfully investigate each pair. It is, however, considered that the survey is of such importance as to warrant the effort in view of the tendency of the incidence of leukaemia to rise steadily over the years and of the suspected causal relationship between this disease and such factors as undue exposure to radiation and genetic predisposition.

THE WELFARE OF THE EPILEPTIC AND SPASTIC

The following are the particulars of known epileptics and spastics :

	Number	
Adults	*Epileptics*	*Spastics*
Provided with accommodation under Part III of the National Assistance Act, 1948:		
(a) in homes for epileptics	75	
(b) in homes for spastics and other handicapped persons		26
(c) in County establishments and establishments where County Council has " right of user "	50	
Registered under the County Council's scheme of Welfare Services for Handicapped Persons (General Classes)	113	117
Children		
Number ascertained as handicapped:		
(a) Approximate number attending ordinary schools	Not known	110
(b) Attending special schools	22	82
(c) Receiving home tuition	—	2
(d) Attending Training Centres for the Mentally Subnormal	87	58

The register of handicapped persons, including epileptics and spastics, under the approved scheme has been kept up to date and the information recorded includes the medical classification and assessment of their suitability for employ-

ment. Again much thought has been given during the year to furthering the County Council's approved scheme under Sections 29 and 30 of the National Assistance Act, 1948. A few centres are being operated through the County Council and the agency of voluntary organisations in the County Boroughs and these generally serve handicapped persons in the contiguous West Riding areas. Social and handicraft centres have been established at Harrogate, Morley, Pontefract, Wombwell, Ripon, South Kirkby and Rossington. In addition local branches of the National Spastics Society are now operating in several districts of the West Riding, at York, Leeds, Bradford, Halifax, Dewsbury, Huddersfield, Barnsley, Sheffield, Pontefract, Castleford and Goole.

There were seven full-time handicraft instructresses working in the County during the year. From this agency over 785 handicapped persons were actively engaged in home handicraft work and a number were epileptics and spastics. There are numerous avenues for the disposal by sale of the articles produced; some are disposed of by private arrangements of the persons concerned, and assistance is afforded to others to obtain orders and sales. Voluntary organisations and many persons of goodwill have been helpful in providing means of sale and their assistance is gratefully appreciated.

Again advice to handicapped persons on their various problems and assistance and liaison with other statutory bodies is effected through nine Divisional Welfare Officers.

Financial assistance was given to handicapped persons (including a number of spastics) in respect of internal and/or external adaptations to their homes or in respect of the provision of additional facilities designed to secure their greater comfort or convenience.

The County Council made grants to organisations providing voluntary services for handicapped persons and grants were made to the Spastic and Epileptic Societies.

CERTIFICATION AND TREATMENT OF BLIND AND PARTIALLY SIGHTED PERSONS

The following table gives particulars of new registrations during 1961 of blind and partially sighted persons (other than handicapped school children).

	Disability (B.—Blind, P.S.—Partially Sighted)									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
(i) Number of cases registered during the year in respect of which Section F recommends:	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(a) No treatment	126†	47*	13	1	—	—	94	39	233	87
(b) Treatment (medical, surgical, optical or hospital supervision)	140‡	109=	19	16	—	1	59	54	218	180
(ii) Number of cases at (i) (b) above which received treatment ...	98	74	16	15	—	1	47	38	161	128

* Includes 3 cases of cataract with glaucoma.
† Includes 10 „ „ „ „ „
‡ Includes 30 „ „ „ „ „
= Includes 14 „ „ „ „ „

RESIDENTIAL ACCOMMODATION

(National Assistance Act, 1948)

Under the scheme for residential accommodation the County Medical Officer is responsible for the general medical oversight of the following:—

Establishment	*Superintendent/Matron*	*Telephone Number*	*No. of Residents*	
			Men	*Women*
The Shroggs, Skipton Road, Steeton	Miss E. M. Wolstenholme	Steeton 3213	—	20
Farfield Hall, Bolton Road, Addingham	Mrs. H. Otter	Bolton Abbey 241	11	19
Sharow View, Allhallowgate, Ripon	Mr. and Mrs. E. Brook	Ripon 238	43	30
The Beeches, Leeds Road, Tadcaster	Mr. and Mrs. H. G. Jenner	Tadcaster 2113	69	40
*11, Stockwell Road, Knaresborough	Miss W. M. Brown (Matron) Mr. T. K. Hayward (Secretary)	Knaresborough 2283	54	33
Wharfedale Lawn, Westgate, Wetherby	Miss D. E. Pearson	Wetherby 2446	—	23
The Grove, 80, High Street, Starbeck	Mrs. H. Johnson	Harrogate 83980	—	19
Fircroft, Tadcaster	Miss L. E. Wilkes	Tadcaster 3204	11	16
Hillworth Lodge, Oakworth Road, Keighley	Mr. and Mrs. P. Rawlin	Keighley 4014	73	129
Thornton View, Thornton View Road, Pasture Lane, Clayton, Bradford	Mr. and Mrs. F. Innis	Queensbury 2007/8	100	100
Woodville, Spring Gardens Lane, Keighley	Mrs. G. H. French	Keighley 2428	9	11
Crow Trees, Leeds Road, Rawdon	Mrs. H. M. Lewis	Rawdon 908	—	20
Burley Hall, Burley in Wharfedale, near Ilkley	Miss E. S. Atkinson	Burley in Wharfedale 2334	7	20
Park House, 41, Lister Lane, Bolton, Bradford	Mr. and Mrs. G. H. Fletcher	Bradford 39913	22	—

Establishment	*Superintendent/Matron*	*Telephone Number*	*No. of Residents*	
			Men	*Women*
Glenholme, Green Lane, West Vale, Greetland	Mr. and Mrs. H. H. Senior	Elland 2985	20	20
Stoneswood, Oldham Road, Delph	Miss M. C. Murphy	Delph 300	8	12
Longlands, Leeds Road, Lightcliffe, near Halifax ...	Miss A. Dickinson	Halifax 68254	8	12
Scaitcliffe Hall, Burnley Road, Todmorden	Miss L. Holt	Todmorden 114	10	14
Stanley View, Park Lodge Lane, Wakefield	Mr. and Mrs. F. W. Radley	Wakefield 2188	137	93
Beech Towers, Halifax Road, Staincliffe, near Dewsbury	Mr. and Mrs. N. W. Jones	Dewsbury 4051/2	176	135
Walton House, Shay Lane, Walton, near Wakefield ...	Mrs. D. Wright	Wakefield 5242	—	20
Turnsteads, Whitcliffe Road, Cleckheaton	Mrs. J. E. L. Thwaites	Cleckheaton 2972	—	23
Brook Lodge, Brook Street, Selby	Mr. and Mrs. J. E. Whitworth	Selby 15	63	70
Northgate Lodge, Skinner Lane, Pontefract	Mr. and Mrs. C. Borrill	Pontefract 3351/2	100	64
Wadworth Hall, Wadworth, near Doncaster	Miss M. Bakewell	Doncaster 53272	9	18
Don View, 22, Thellusson Avenue, Scawsby, near Doncaster	Mr. and Mrs. C. Storey	Doncaster 2257	15	23
Rolleston House, High Street, Maltby	Mr. and Mrs. G. T. Nutt	Maltby 118	17	26
Oaklands, Oakdale, Worsbrough Bridge	Mr. and Mrs. I. B. MacDonald	Barnsley 5529	18	25
Netherfields, Sheffield and Halifax Road, Penistone ...	Mr. and Mrs. T. W. H. Lambert	Penistone 2144	37	29
Wombwell Grange, Park Street, Wombwell	Mrs. K. M. Smith	Wombwell 2186	—	17
Mortomley House, High Green	Mr. & Mrs. G. A. Smith	High Green 323	18	27

* County Council have " right of user."

REGISTRATION AND INSPECTION OF DISABLED AND OLD PERSONS' HOMES

(*National Assistance Act, 1948*)

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

Establishment	*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, Doncaster	23	I
Mrs. Bessie Fox, Moor Lane House, Moor Lane, Gomersal... ...	10	I
Harrogate Old People's Home, 66-68, Cold Bath Road, Harrogate ...	36	I
Skelldale Housing Society Ltd., Borrage House, Borrage Lane, Ripon	12	I
Ernest Ayliffe Home for the Deaf and Dumb, Fulford Grange, Rawdon	32	II
North Regional Association for the Blind, " Oaklands," Huddersfield Road, Holmfirth	30	II
Keighley & District Institute for the Blind, 13-15, Scott Street, Keighley	27	II
Mrs. M. L. Harris, The Woodlands, Farrer Lane, Oulton	21	I
Methodist Homes for the Aged, " Glen Rosa," Grove Road, Ilkley...	32	I
Methodist Homes for the Aged, Berwick Grange, 5, Otley Rd., Harrogate	34	I
Highfield Home for the Blind, Soothill Lane, Batley	14	II
Catholic Women's League, Clitherow House, 49, Valley Dr., Harrogate	16	I
Miss L. W. Miller, " Greylands," Forest Moor, Knaresborough ...	7	I
Miss Anna F. Schramm, " Moor Top," 43, Harlow Moor Drive, Harrogate	8	I
Mrs. I. Brearley, S.R.N., Haversham Court, Ben Rhydding Road, Ilkley	28	III
Mrs. R. Gratton, Gratton Home for Aged Ladies, 11, East View Terrace, Otley	14	I
Mrs. A. C. Shepley, Batley Hall, Upper Batley	10	I
Harrogate Guild of Help (Avondale Trust Ltd.), " The Avondale," Cold Bath Road, Harrogate	20	I
Mrs. K. D. Clarke, " Newlands," 58, Harlow Moor Drive, Harrogate	5	I
Yorkshire Association for the Care of Cripples, St. George's House, Otley Road, Harrogate	70	II
Mr. William Kneen, The Gables, Norland, Sowerby Bridge	11	I
Mrs. M. Fell, Oakfield, Thwaites Brow, Keighley	5	I
Mrs. B. M. Veall, Lansdown, 46, Kent Road, Harrogate	12	I
Mrs. Rhoda Herrington, 6, Lancaster Park Road, Harrogate ...	3	I
Mrs. Blanche Heal, " Burnlee House," Park Head, Holmfirth ...	17	I
Mrs. Minnie Satariano, " Downside," 15, Otley Road, Harrogate ...	15	I
Mrs. Queenie Mona Marsh, Portland House, 14, Leeds Rd., Harrogate	6	I
Mrs. P. C. Rayfield, The Grange, Woodlesford, near Leeds	5	I
Mrs. Alice McConney, Elm Bank, 242, Park Lane, Keighley ...	8	I
Mrs. June Valentine Minogue, Straygarth, 42, York Place, Harrogate	17	I
Mr. Douglas Kneen, Thorpe House, Triangle, near Halifax	15	I
Mrs. Doreen May Thompson, Brooklands, Harper Lane, Yeadon ...	6	I
W. H. and R. E. Higgins, Housley Manor, Housley Hall Lane, Chapeltown	14	I
Pentecostal Eventide Housing Association, Brooklands, Bakewell, Pentecostal Eventide Home, Bradford Road, Wrenthorpe	30	I
Mrs. Hester Walker, Granville House, Exley Road, Keighley ...	9	III
Mrs. A. G. Turner and Miss G. Carradice, Ghyll Court, The Wells Walk, Ilkley	12	I
Mrs. K. M. Pay, 60, Franklin Road, Harrogate	5	I
Mr. F. Vasey (Kildare Lodge Ltd.), Kildare Lodge, 23, Park Drive, Harrogate	9	I
Mrs. Mary Morrison, Pembury, 44, St. Mark's Avenue, Harrogate ..	4	I
Miss Beatrice Anne Hartley, Hartwell Home, Raincliffe, Thorpe Hesley	18	I
Mrs. Freda Mary Hodge, The Redlands, 21, Grove Road, Harrogate	6	I
Keighley and District Institution for the Blind, Home for the Blind, Westfield, Bromley Road, Bingley	16	II
Mrs. Kathleen Gregg, Huntingdon House, 15, Farnley Road, Menston	3	I
Mr. C. & Mrs. N. A. M. Gould, Hartrigg Guest House, Buckden, via Skipton	10	I
Mrs. M. Roche, St. Alban's Rest Home, 8, South Park Road, Harrogate	5	I
Mr. J. Richardson, Pentecostal Eventide Home, Aismunderby Close, Quarry Moor Lane, Ripon	18	I
Mrs. Dorothy Pearson and Mrs. S. H. Mottram, Thornlea Villas, Holme House Road, Cornholme, Todmorden	4	I
Mrs. L. Lawrence, Fearby House, 77, High Street, Starbeck, Harrogate	5	I

Establishment	*Number of Residents*	*Type of Home *(Part I, II or III*
Mr. Geoffrey Noble and Mrs. Brenda Ainsworth, Bankfield Guest House, Hollins Lane, Sowerby Bridge	8	I
Mrs. S. M. Frankland, Brintcliffe Old Persons' Home, 1, St. Mary's Avenue, Harrogate	5	I
Incorporated by Royal Charter Lister House, Sharow, near Ripon	70 approx.	III (and Hospita cases)

* Part I—Homes for Old Persons
Part II—Homes for Disabled Persons.
Part III—Homes for Old and Disabled Persons.

In 1956, all County District Councils were informed that the County Counci were prepared to consider the making of contributions (now made unde Section 56 of the Local Government Act, 1958) towards the expenses incurred b them in the development of services for aged persons accommodated on Counci estates subject to the submission of schemes containing full details of th proposals and subject also to the aged persons who are to be accommodate being those who are likely to require residential accommodation in the fore seeable future the arrangements being made in conjunction with the Divisiona Medical Officer and the Divisional Welfare Officer.

During the period July, 1957, to January, 1962, 169 schemes have bee approved by the County Council, affecting 49 District Councils.

I am indebted to Mr. F. B. Armstrong, County Welfare Officer, for supplyin most of the foregoing information in this part of the Report.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Section 47 of the National Assistance Act, 1948, enables Medical Officers o Health to initiate proceedings for persons suffering from grave chronic disease o being aged, infirm and living in insanitary conditions to be compulsorily removed to hospital or Part III accommodation. In cases of urgency action may be taken under the National Assistance (Amendment) Act, 1951.

From the reports of Medical Officers of Health it is apparent that these powers are used with the utmost reluctance. The proceedings, resented by the person involved and intensely disliked by every official concerned, are, however, unavoidable in certain instances. It was necessary to remove compulsorily six women and five men to hospital, also two women and one man to accommodation provided under Part III of the National Assistance Act, 1948.

REGISTRATION OF NURSING HOMES

(Public Health Act, 1936 — Sections 187-195, Mental Health Act, 1959 — Section 15 (1))

There were 2 new registrations, 3 cancellations and 5 amended registrations, making a total of 33 homes registered, providing 15 beds for mental cases, 11 beds for maternity cases and 427 beds for other cases. Thirty-three visits of inspection were carried out. The following schedule gives brief details of the nursing homes in the area on the 31st December.

Name and Address of Nursing Home	*No. of Beds Registered*			*Other Information*
	Mental	Maternity	Other	
Brooklands Nursing Home, Long Preston ...	—	3	7	Occasional midwifery cases only
Sunnybank Nursing Home, Braithwaite, Keighley	—	—	6	
Blue Dawn Nursing Home, Priesthorpe Lane, Bingley	—	—	20	
Thornfield Nursing Home, Micklethwaite, Bingley	—	2	8	
Elmhurst Nursing Home, Hall Bank Drive, Bingley	—	—	6	
Jesmond Nursing Home, New Street, Farsley	—	—	7	
St. Joseph's Nursing and Convalescent Home, Outwood Lane, Horsforth	—	—	45	Generally hospital convalescent cases
Fairholme Nursing Home, Hebers Ghyll Drive, Ilkley	—	—	14	
West Leigh Nursing Home, Pool in Wharfedale	—	—	4	
Chevin Hall Nursing Home, Chevin Hall, Otley	15	—	20	
Ure Lodge Nursing Home, Ure Bank Terrace, Ripon	—	—	21	
Clova Nursing Home, Clotherholme Road, Ripon	—	—	21	
Cavendish Nursing Home, 17 Cavendish Avenue, Harrogate	—	—	7	
Alexandra Nursing Home, 7 Alexandra Road, Harrogate	—	—	8	
Alderson Nursing Home, 2 Alderson Square, Harrogate	—	—	6	
Duchy House Clinic, 9 Queen's Road, Harrogate	—	—	22	Operating theatre, X-rays, pathological investigations
Nursing Home, 2 East Park Road, Harrogate	—	—	2	No further admissions to be made
Windermere Nursing Home, 1a Westcliffe Grove, Harrogate	—	—	1	
The Pines Nursing Home, 57 Harlow Moor Drive, Harrogate	—	—	14	
Norman Lodge Nursing Home, 58 Kent Road, Harrogate	—	—	25	
Beech Grove Nursing Home, 1 Beech Grove, Harrogate	—	—	8	
Courtfield Nursing Home, 3 St. James Drive, Harrogate	—	—	14	
Hereford Nursing Home, 16 Hereford Road, Harrogate	—	—	21	
Westfield Nursing Home, Killinghall, Harrogate	—	—	7	
Kingsley Nursing Home, 38 Ripon Road, Harrogate	—	—	12	

Name and Address of Nursing Home	*No. of Beds Registered*			*Other Information*
	Mental	Maternity	Other	
Strathroy Nursing Home, 115 Franklin Road, Harrogate	—	—	8	
Cheshire Foundation Home, Spofforth Hall, Spofforth	—	—	21	
Benton Nursing Home, Benton Hill, Horbury	—	6	—	
Kenmore Nursing Home, Whitcliffe Road, Cleckheaton	—	—	15	
Cross Brook Nursing Home, Burnley Road, Todmorden	—	—	8	
Cheshire Foundation Home, White Windows, Sowerby Bridge	—	—	35	
Woodend Nursing Home, Atherton Street, Springhead	—	—	12	
Glen Haven Nursing Home, 35 Cusworth Lane, Sprotborough	—	—	2	

For some considerable time many local health authorities have been critical of the weakness of the legislation in the Public Health Act, 1936, and the byelaws made thereunder, for the inspection and registration of private nursing homes and some have attempted to remedy the situation by making adequate provision in local Acts.

Under Section 187 of the Public Health Act, an Authority can only refuse to register a nursing home if satisfied that —

(a) the applicant or any employee is not a 'fit person, whether by reason of age or otherwise, to carry on or to be employed at the home', or

(b) the situation, construction, state of repair, accommodation, staffing or equipment are 'not fit to be used for a nursing home' or that the building is to be used for 'purposes which are in any way improper or undesirable', or

(c) the home is not under the charge of a medical practitioner or a qualified nurse resident in the home, or that there is not a 'proper proportion of qualified nurses'.

There is no indication in the Act, or any regulations, as to the precise meaning of the phrases used in Section 187. For example, it is difficult to determine what is meant by the term 'not a fit person, whether by reason of age or otherwise' and it would be equally difficult to prove to a court of summary jurisdiction that a person is unfit.

No set standards have ever been issued by the Ministry for the guidance of local health authorities and the individuals inspecting nursing homes on their behalf which adds to the difficulties and leads to varying levels of standards in different areas.

With the object of examining possible measures for improving measures for the supervision of nursing homes within the existing legislation, a small sub-committee, comprising members of the headquarters staff and two Divisional Medical Officers whose areas contained the majority of private nursing homes in

he County met on two occasions during the year and recommended a set of tandards which were later adopted for the County as a whole. It is hoped that hese standards, which are acceptable to the medical officers, are such that the uthority would be prepared to uphold them in the event of any appeal by a erson where there is a refusal to approve an application for the registration of a articular nursing home.

The approved standards are as follows:—

Bed Space. Subject to adequate ventilation, 80 square feet of available floor space in multi-bedded rooms, with a minimum ceiling height of 8 feet. In single-bedded rooms, the floor space should exceed 80 square feet.

Lighting and Ventilation. These should be adequate, but it is not suggested that any fixed standards should be introduced.

Heating. The heating system should be such as to maintain a minimum room temperature of 65°F. at all times or, where infants are present, 70°F.

Sanitary Accommodation. One W.C., exclusive to patients, for every five beds per floor.

Sluices. Minimum of one.

Bathrooms. One per every 10 patients.

Wash-hand basins. One per room with piped hot and cold water.

Kitchens. The facilities should be adequate for the number of patients and comply with the requirements of the Food Hygiene Regulations. In the case of nursing homes for maternity cases, there should be a separate milk kitchen.

Soiled Dressings. There should be adequate arrangements for disposal by incineration.

Fire Precautions. As recommended by the County Fire Officer and implemented before registration.

Day rooms. It is difficult to lay down any standards because of the different circumstances which will be experienced with nursing homes, but, as a guide, the accommodation should be sufficient to allow 25 square feet per ambulant patient.

Special Standards for Homes admitting midwifery cases. In addition to the standards suggested above for nursing homes generally, a nursing home for maternity cases should provide accommodation on the basis of 90 square feet bed space per patient or 110 square feet where the child is with the mother.

Where the number of beds per room exceeds one, there should be a separate delivery room, the floors, walls and furniture contained therein being capable of being washed down and thoroughly cleansed. Wherever possible, the floor should be impermeable. Adequate piped hot and cold water and elbow taps should be provided. Where deliveries are carried out in single-bedded rooms the standards for delivery rooms should be applied.

There should be a single room for isolation purposes, with separate sluice, sanitary accommodation, and bath or shower.

Staffing. A general practitioner or state registered nurse (or midwife in the case of a maternity home) should be in charge, and a qualified nurse (S.R.N.), or a midwife as the case may be, should be on duty at any time of the day or night. The overall staffing should be adequate to meet the needs of the types of case being nursed, and the following minimum requirements are given for guidance:—

Total Nursing Staff:—	
Acute cases	Two (including matron) to every 3 beds.
Non-acute and Geriatric Long-stay ...	One to every 3 beds.
Maternity	Two to every 3 beds, one half of the staff to be qualified midwives.
Domestic Staff:—	Adequate to ensure a high standard of cleanliness at all times.

Staff Accommodation. Where both maternity and other types of case are accommodated in the same home, the accommodation facilities and staff should not be interchangeable.

The above standards will also be applied to Mental Nursing Homes registered under the Mental Health Act and a standard form for recording the findings of inspections and incorporating the inspecting officer's recommendations has been introduced.

NOTIFICATION OF BIRTHS

(*Public Health Act, 1936, Section 203*)

Notifications were received relating to 20,662 live and still births occurring in the Administrative County Area, and of 11,443 births occurring elsewhere to mothers who were normally resident in the County. The former figure included 2,778 births to mothers not normally resident in the County Area, and the consequent net total of births notified and attributable to the County Area was 29,327. When this figure is compared with the Registrar General's return of 29,143 births (28,553 live and 590 still births) in the County Area, the degree of error is slight and affords satisfactory evidence of the system of notification. Prompt notification makes it possible to arrange for the early visitation of the newly-born babies by health visitors and it is satisfying to record that they paid 28,669 first visits to children under one year of age.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

Applications for the registration of three nurseries and three child-minders were approved, and, at the end of the year, there were eight nurseries registered for the care of 177 children and seventeen child-minders caring for a total of not more than 93 children.

MEDICAL ARRANGEMENTS FOR COUNTY CHILDREN'S HOMES AND RESIDENTIAL NURSERIES

Divisional Medical Officers have submitted periodic reports on the discharge of their responsibilities for the medical arrangements at County Children's Homes and Residential Nurseries; these provide for the medical examination of children on admission and discharge, subsequent routine and special examinations, the keeping of medical records, precautions against the spread of infectious diseases, determining the hours of rest and sleep, the general supervision of health, hygiene and dietary, and the staffing of the nurseries. Routine examinations, which are undertaken monthly in residential nurseries and six-monthly in children's homes, reveal the not-unexpected high proportion of children with physical and mental defects, and with emotional problems.

MEDICAL EXAMINATION FOR SUPERANNUATION

During 1961, an appointment to a superannuable post was subject to the applicant passing a medical examination. The examinations were carried out by Medical Officers on the County Council's staff except where the successful candidate resided far outside the geographical County, when arrangements were made either for examination by another Local Authority on a reciprocal basis or by a medical practitioner, the fee of 37s. 6d. in the latter case being paid by the County Council. In cases where the medical certificate proved inconclusive a consultant's opinion was obtained at the expense of the County Council and the findings were made available to the family doctor.

During the year, 1,614 persons were medically examined as set out in the table below and of these 40 were not considered medically suitable for admission to the Superannuation Scheme.

Examined by County Council Medical Officers	1,491
Examined by Medical Officers of other Local Authorities	46
Examined by general practitioners	77

In 17 cases a consultant's opinion was obtained.

In addition, 52 special medical examinations were arranged at the request of employing departments and 34 medical examinations were undertaken at the request of other Local Authorities.

Towards the end of the year discussions were taking place as to whether it was worthwhile to continue to require preliminary medical examinations for all entrants to Local Government Superannuation Schemes provided that equal protection for the Superannuation fund could be secured by more selective and, where necessary, more thorough medical screening.

The following Tables I and II are the result of investigating the medical examinations undertaken during the years 1948 to 1960 and Table III gives an analysis of applicants 'not approved' for admission to the Superannuation Scheme in 1960.

TABLE I

Medical Examination for admission to the Superannuation Scheme

Year	Number Examined	Number Not Approved	Percentage Not Approved
1960	1,603	47	2·9
1959	1,404	70	4·9
1958	1,418	65	4·5
1957	1,321	68	5·1
1956	1,245	70	5·6
1955	1,179	70	6·0
1954	1,314	66	5·0
1953	1,578	99	6·2
1952	2,030	135	6·6
1951	1,338	37	2·8
1950	1,648	69	4·2
1949	1,973	76	3·8
1948	2,466	46	1·9
Total	20,517	918	4·4

TABLE II

Retirement with Permanent Incapacity 1955-60 (inclusive)
Classified according to Disease and Years of Service

Disease Group	Number of Retirements				
	0-5 yrs.	6-10 yrs.	11-20 yrs.	21 yrs.+	Totals
Cardiovascular	—	18	26	28	72
Chronic Respiratory... ...	—	6	11	18	35
Malignant Disease	1	5	4	3	13
Orthopaedic (including Arthritis) ...	3	4	13	6	26
Skin	—	4	1	—	5
Mental (including Psychoneurosis)	1	3	8	9	21
Renal	—	3	—	—	3
Diabetes	—	1	2	1	4
Peptic Ulcer	2	—	3	5	10
Miscellaneous	—	2	6	3	11
Total	7	46	74	73	200

TABLE III

Analysis of applicants 'not approved' for admission to Superannuation Scheme in 1960

Disease Group	No. of Examinees Rejected
Cardiovascular	26
Chronic Respiratory	5
Renal	4
Mental (including Psychoneurosis) ...	2
Diabetes	2
Miscellaneous	8
Total	47

Of the 200 retirements with permanent incapacity, one in four had less than ten years service and most of these early retirements were of employees who were over the age of 45 at the time of admission to the Superannuation Scheme. It will be seen from Table II that Cardiovascular, Chronic Respiratory, Malignant and Orthopaedic diseases along with Mental Illness were responsible for 36 out of 46 retirements in persons with 6-10 years service and it appeared to be reasonable, provided that a satisfactory questionnaire was available for completion by candidates, to dispense with initial medical examinations in all but the older age groups without diminishing screening efficiency.

A medical questionnaire directed towards discovering any evidence of predisposition towards those diseases commonly responsible for premature retirement was devised accordingly and a revised scheme was approved by the County Council in January, 1962, which provided as follows:

1. All prospective entrants to the Superannuation Scheme to be required to complete a questionnaire dealing with personal and family medical history.

2. The need to complete the questionnaire truthfully to be impressed upon the applicant by the inclusion of a notice indicating that failure to do so may involve dismissal.

3. There to be a full medical examination of:—
   (a) All prospective entrants over the age of 45 years.
   (b) All entrants whose completed questionnaire reveals the need for further medical investigation.
   (c) Applicants whose prospective employment is such that public safety is involved. This group to include all employees driving vehicles in which either the public or other employees are regularly carried as passengers e.g. Fire and Ambulance Service drivers.

4. Existing arrangements for the chest X-Ray examination of certain categories of employees and the special screening of food handlers to continue as before.

5. The questionnaire and/or medical examination to be regarded as a suitable basis for recommendations to Heads of Departments on the eligibility of employees for registration as disabled persons.

6. Applicants already admitted into a Local Government Superannuation Scheme in their previous employment to be automatically admitted to the County Council's Scheme without any form of medical screening provided that superannuable service is continuous.

WEST RIDING DISTRESS FUND

Grants from the West Riding Distress Fund were made in 10 cases, as follows:

2 for travelling expenses to enable relatives to visit patients undergoing hospital treatment;

1 for travelling expenses to enable patient to visit relatives for a period of convalescence;

1 for the employment of sitters-in to care for an old man living alone, prior to his admission to hospital;

1 for the provision of an electric wash-boiler and electric iron for a woman who had been deserted by her husband and whose only income was National Assistance;

1 for the provision of linoleum for a family who had been rehoused;

1 for the provision of furniture and household equipment for a family rehoused by the local district council after being evicted under a Court Order from a private house for non-payment of rent;

1 for the provision of a transistor radio for an elderly couple;

1 for the provision of furniture and household equipment for a family rehoused by the local district council following the mother's discharge from hospital, and

1 for a mentally subnormal woman to have a holiday.

PART VII

THE HEALTH OF THE SCHOOL CHILD

The Annual Report of the Principal School Medical Officer

including

The Report of the Principal School Dental Officer

and

The Report of the School Medical Officer to the Keighley Excepted District

THE HEALTH OF THE SCHOOL CHILD

(Being the 54th Annual Report of the Principal School Medical Officer)

Introduction:

Although the routine medical inspection continues to be the backbone of the School Health Service, there is increasing evidence of the value of the non-routine examination for children in the intermediary age groups. This type of medical examination was introduced in the County on an experimental basis two years ago. In a report on the experimental scheme in the Morley Division, Dr. Withnell, Divisional Medical Officer, summarises the advantages of the non-routine scheme as follows:—

1. The screening efficiency of the Non-routine Scheme appears, in general, to be superior to the older method.
2. With the same complement of medical staff the School Medical Officer is able to devote more time to the children requiring attention.
3. Parents and teachers are made to think more carefully about the children.
4. The Non-routine Scheme is preferred by the majority of Headteachers.
5. Although teachers were always able to refer children to the School Medical Officer, they now feel that they are playing a more responsible role in the School Health Service.
6. Disruption of school routine is less under the Scheme because fewer children are taken out of class for medical examination.

It must be made clear that the non-routine system of medical examinations applies only to the intermediary age groups and that all school children in the areas where this scheme is adopted do receive a routine medical examination in the year of school entry and again during the last year at school.

The non-routine scheme means that instead of the School Medical Officer seeing all the children in a particular age group, he examines only those children who are brought forward through a careful screening process, involving parents, teachers and nurses, as being likely to need a detailed medical examination. Thus instead of examining many healthy children, the doctor is able to devote more time to the examination of children who may be showing slight deviations from the normal.

The results of the experimental scheme proved so satisfactory that the Divisional, School Health and Dental Services Sub-Committee readily agreed that it could be adopted in any Division where the Divisional Medical Officer felt that local conditions made it possible and desirable.

An important development in the field of school hygiene was the welcome decision of the Education Committee, that in general, paper towels be supplied to schools, and that where hanging space can be provided in infants schools individual towels be provided. We can now hope to see the abolition of the communal roller towel, with its constant menace and danger.

Efforts have been made to curtail the sale of sweets and biscuits in schools on the grounds of dental hygiene, and this subject is referred to specifically by the Principal School Dental Officer, Dr. Davies, in the section of this report headed "The School Dental Service". So far the Committee have not seen fit to take positive action to control the tuck shop activitives in schools.

After consultation with the Consultant Paediatrician, Dr. Harvey, it was agreed to recommend that the daily routine distribution of halibut oil capsules to school children under the age of 8 years be discontinued in view of the improvement in children's health generally and the disappearance of dietetic rickets. The Committee agreed that, as a general rule, the issue of halibut oil capsules should be discontinued and that future issues be at the discretion of the Divisional Medical Officer, in the light of local circumstances. This decision received the unanimous support of the Standing Sub-Committee on Co-operation with General Practitioners.

The Child Guidance Service has maintained comprehensive cover of the whole of the County through the ten Child Guidance Clinics, five of which are situated in the Leeds Regional Hospital Board area and five in the Sheffield Regional Hospital Board area. Although the position has remained fairly stable in the area covered by the Sheffield Regional Hospital Board, the question of adequate Consultant cover has given rise to considerable anxiety in that part of the County served by the Leeds Regional Hospital Board. Dr. Burbury, who serves the Skipton Clinic, is due to retire early in 1962 and the Board have stated that they see no hope of replacing her services in the foreseeable future. The Shipley Clinic has the services of Dr. Gore for one half day per week only, and there is a great need for expansion in this clinic; the Mirfield Clinic is covered by Dr. Leese on a locum basis and this cannot be regarded as a permanent arrangement. Dr. Crowley gives one half day per week to the Pontefract Clinic, again on a locum basis. In fact, it can be definitely stated that the only clinic in the Leeds Region at present receiving adequate consultant cover is Harrogate, where Dr. Gore attends on two full days each week. It is in this situation that the County Council have been forced to seek some means of safeguarding the future of the Child Guidance Service and to this end have introduced the use of a Senior Assistant County Medical Officer, Dr. Atkinson, who acts as assistant to the Psychiatrist at the Pontefract Clinic. Dr. Atkinson holds the Diploma in Psychological Medicine and she is able to take some of the load from the Consultant Psychiatrist by screening the cases and eliminating unnecessary referrals to the Consultant. It may well be that this system will be extended to other clinics should circumstances compel such action. Detailed reports on the work at these clinics are given in the section of this report dealing with "The Maladjusted Child".

Probably the most important progress during the year was in the field of audiology. The year 1961 saw the opening of the County's first Audiology Clinics. One clinic, to serve the northern half of the County was established in the Child Welfare Centre at Horsforth. The second serves the south of the County and is held in the Yorkshire Residential School for the Deaf at Doncaster, where, by the courtesy and kindness of the Headmaster, Dr. Greenaway, accommodation and equipment have been made available and a thriving clinic is now well established. Each clinic is fully staffed, the Divisional Medical Officers of the Doncaster and Horsforth areas have both attended special audiology courses and they act as Medical Officer to the respective clinics. In addition to the Medical Officer, the clinic team includes a Consultant Otologist, Teacher of the Deaf, Psychologist, Speech Therapist and a specially trained Health Visitor. Close liaison is maintained with the child's home area and special attention is paid to "follow-up" work. Although these clinics were established before the receipt of Circular 23/61 issued jointly by the Ministers of Health and Education, the contents of this Circular confirmed the action taken and emphasised the urgent need of ascertaining hearing loss in young children at the earliest possible age.

The approved establishment for Speech Therapists was increased from 13 to 18 and this enabled some of the larger Divisions to have the exclusive use of a Speech Therapist's services. There is some fluctuation of staffing in this service, but the staff of 15 whole-time and 4 part-time Speech Therapists at the end of the year was the strongest staffing position yet attained.

With regard to general medical staffing, although resignations and retirements resulted in the loss of seven Assistant County Medical Officers, it was possible to fill each vacancy without undue delay. The facilities offered for taking the Diploma in Public Health on a part-time basis is a factor which obviously attracts some of the younger medical officers who intend to make a career in Public Health.

In conclusion I would pay tribute to the work of Dr. Marshall, Senior Medical Officer, School Health, who is to retire in 1962. Her long association with the County Health Services, and the School Health Service in particular, has brought many improvements. She will be missed very much by her colleagues. I would also record my appreciation of the full co-operation given by the Chief Education Officer and his staff, and the kindly manner in which school teachers everywhere accept the necessary intrusion of the School Health Service.

The Medical Inspection of School Children:

The number of pupils on the registers is as follows:—

	Boys	*Girls*	Total
Nursery	298	276	574
Primary (County)	61,290	57,858	119,148
Primary (Voluntary)	21,031	19,948	40,979
Secondary Modern (County)	31,364	28,484	59,848
Secondary Modern (Voluntary)	1,537	1,612	3,149
Secondary Grammar	13,473	13,604	27,077
Secondary Technical	1,228	1,299	2,527
Comprehensive	3,927	3,847	7,774
Bi and Multi Lateral Secondary	1,689	1,461	3,150
Special Schools	432	334	766
	136,269	128,723	264,992

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—Periodic Medical Inspections

Age groups inspected (by year of birth) and number of pupils examined in each:—

Year of Birth	
1957 and later	1,227
1956	12,366
1955	7,601
1954	3,495
1953	8,836
1952	4,425
1951	2,283
1950	8,312
1949	5,823
1948	1,916
1947	10,286
1946 and earlier	16,368
Total ...	82,938

B.—Other Inspections

Number of Special Inspections ...	16,569
Number of Re-Inspections ...	8,812
Total ...	25,381

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 (Year of Birth)	For defective vision excluding squint	For any of the other conditions recorded in Table III	Total individual pupils
1957 and later	14	106	117
1956	333	1,012	1,304
1955	203	563	742
1954	125	200	311
1953	364	549	875
1952	196	272	457
1951	106	200	296
1950	414	619	990
1949	313	443	736
1948	86	117	195
1947	434	545	942
1946 and earlier	789	956	1,702
Total	3,377	5,582	8,667

D.—Classification of the Physical Condition of Pupils inspected in the Age Groups recorded in Table I.A

Age groups inspected (Year of Birth)	Number of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of Column 2	No.	% of Column 2
1957 and later ...	1,227	1,218	99·27	9	0·73
1956 ...	12,366	12,256	99·11	110	0·89
1955 ...	7,601	7,514	98·86	87	1·14
1954 ...	3,495	3,476	99·46	19	0·54
1953 ...	8,836	8,781	99·38	55	0·62
1952 ...	4,425	4,391	99·23	34	0·77
1951 ...	2,283	2,270	99·43	13	0·57
1950 ...	8,312	8,242	99·16	70	0·84
1949 ...	5,823	5,785	99·35	38	0·65
1948 ...	1,916	1,895	98·90	21	1·10
1947 ...	10,286	10,229	99·45	57	0·55
1946 and earlier...	16,368	16,286	99·50	82	0·50
Total ...	82,938	82,343	99·28	595	0·72

TABLE II

INFESTATION WITH VERMIN

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 462,207

(ii) Total number of *individual* pupils found to be infested ... 9,273

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... 200

(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... 24

TABLE III

DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1961

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 Code No.	Defect or Disease	PERIODIC INSPECTIONS						SPECIAL INSPECTIONS	
		Entrants		Leavers		TOTAL (including all other periodic age groups inspected)		Requiring treatment	Requiring observation
		Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation		
4	Skin	200	332	449	479	1,012	1,284	395	270
5	Eyes— a. Vision ...	603	1,397	1,153	2,750	3,312	7,459	868	2,546
	b. Squint ...	235	386	32	188	378	1,069	107	261
	c. Other ...	41	75	43	126	154	310	66	70
6	Ears— a. Hearing ...	67	215	41	173	206	708	66	294
	b. Otitis Media	68	251	46	184	183	679	55	211
	c. Other ...	42	49	72	44	217	161	47	75
7	Nose and Throat ...	432	1,704	104	444	854	3,397	243	1,040
8	Speech	153	352	19	73	329	672	273	361
9	Lymphatic Glands ...	28	771	8	172	50	1,398	37	259
10	Heart	29	327	37	303	99	1,020	38	354
11	Lungs	114	617	29	291	243	1,563	102	425
12	Developmental—								
	a. Hernia ...	26	80	14	21	63	169	9	56
	b. Other ...	37	514	38	156	182	1,137	59	310
13	Orthopædic—								
	a. Posture ...	22	123	55	252	163	666	63	131
	b. Feet ...	149	460	177	584	527	1,638	192	465
	c. Other ...	68	413	76	372	253	1,282	110	383
14	Nervous System—								
	a. Epilepsy ...	7	27	14	40	45	148	23	65
	b. Other ...	70	158	42	58	195	410	34	149
15	Psychological—								
	a. Development	8	140	13	114	64	461	432	284
	b. Stability ...	28	251	6	125	76	693	80	289
16	Abdomen	16	55	11	62	60	229	14	46
17	Other	178	241	264	192	779	719	603	377

Table IV

Treatment of Pupils

Notes

The figures given under this heading include:—

(i) cases treated or under treatment during the year by members of th Authority's own staff;

(ii) cases treated or under treatment during the year in the Authority's schoo clinics under National Health Service arrangements with the Regiona Hospital Board;

(iii) cases known to the Authority to have been treated or under treatmen elsewhere during the year.

Group 1. *Eye Disease, Defective Vision and Squint*

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	1,391
Errors of refraction (including squint)	18,996
Total ...	20,387
Number of pupils for whom spectacles were prescribed ...	9,542

Group 2. *Diseases and Defects of Ear, Nose and Throat*

	Number of cases know to have been treated
Received operative treatment:—	
(a) for diseases of the ear	13
(b) for adenoids and chronic tonsillitis	845
(c) for other nose and throat conditions	101
Received other forms of treatment	623
Total ...	1,582
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1961	26
(b) in previous years...	183

Group 3. *Orthopædic and Postural Defects*

	Number of cases know to have been treated
(a) Pupils treated at clinics or out-patients departments	748
(b) Pupils treated at school for postural defects ...	8
Total ...	856

Group 4. *Diseases of the Skin (excluding uncleanliness for which see Table I*

Ringworm—(a) Scalp	17
(b) Body	25
Scabies	208
Impetigo	449
Other skin diseases	3,113
Total ...	3,812

Group 5. Child Guidance Treatment

Number of pupils treated at Child Guidance clinics under arrangements made by the Authority	659

Group 6. Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,888

Group 7. Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	16,678
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	97
(c) Pupils who received B.C.G. vaccination ...	12,295
(d) Other:—	
1. Ultra Violet Light Treatment	632
2. Audiology	58
3. Chiropody	150
Total (a)—(d) ...	29,910

Care of the Handicapped Child:

The care of the handicapped child forms a very large part of the work in the School Health Service. The School Medical Officer of the Local Education Authority is the only person recognised by law who can make a recommendation for the special educational treatment of all handicaps, with the exception of blindness and partial sightedness — these latter are dealt with by a consultant ophthalmologist.

From the foregoing statement it is scarcely necessary to add that all School Medical Officers must have very wide experience of the various types of handicap which may occur in childhood as well as a detailed knowledge of the provisions of the Education Act, 1944. This necessitates close liaison with the parent, the general practitioner and in some cases with the consultant.

It will always be necessary for School Medical Officers to attend post-graduate courses in view of the rapid changes in medical knowledge and the Committee usually approve applications for leave of absence and payment of expenses to enable medical officers to attend such courses. It seems that an increase in the attendance of medical officers must be considered in view of the number of new applicants who only have the bare minimum of experience required for these posts.

The number of new ascertainments and re-examinations undertaken during 1961 was 1,691 compared with 1,813 the previous year, details are as follows:—

Category	*No. of examinations and re-examinations*
Educationally sub-normal	1,018
Physically handicapped	295
Delicate	187
Deaf	47
Partially deaf	19
Epileptic	27
Speech (requiring special school)	—
Maladjusted (requiring hostel or special school)	52
Blind	9
Partially sighted	10
Double defect	27
Total ...	1,691

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 Ascertainments	New Placings in Special Schools	Total No. attending Special Schools		No. Boarded in Homes or Hostels	No. Attending Independent Schools	No. Awaiting Placement in Special Schools	No. receiving Home Tuition
			Day	Boarding				
Blind	5	8	—	44	—	—	5	—
Partially Sighted	9	4	17	36	—	—	6	—
Deaf	19	19	46	134	—	—	4	—
Partially Deaf	7	10	17	28	—	—	3	—
Delicate	81	67	53	96	1	—	19	2
*Physically Handicapped ...	52	26	28	94	—	12	41	45
Educationally Sub-normal ...	208	233	601	268	—	6	355	2
Maladjusted	34	21	—	20	22	2	22	1
Epileptic	8	9	—	22	—	—	4	—
Speech Defects	4	2	4	3	—	—	2	—
Totals	427	399	766	745	23	20	461	50

* Excluding children sent to or awaiting places in hospital schools. At the end of the year there were 140 children on the registers of hospital special schools.

THE PHYSICALLY HANDICAPPED CHILD:

Cerebral palsy continues to be a serious cause of physical defect in children. Another defect which appears to be on the increase is the condition called Spina Bifida—the latest surgical techniques are resulting in the survival of a large number of these very handicapped children.

Particulars of educable cerebral palsied children in the County are given below. The figures include children of pre-school age.

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		
195	82	73	37	2	1

THE DELICATE CHILD:

This category has always been a somewhat nebulous one and it has been decreasing over the years but there may be a slight increase from now onwards due to the survival of a very much larger number of small premature babies. Not all premature babies fail to grow normally in physique but occasionally such a one is found and recommended for special educational treatment in one of the Authority's Boarding Open Air Schools.

It is still true to say that the majority of cases admitted to Ingleborough Hall and Netherside Hall suffer from bronchitis, asthma or bronchiectasis. Occasionally there is a compassionate admission where home conditions are bad.

Dr. Harvey, part-time Paediatrician to the West Riding County Council visits Ingleborough Hall and Netherside Hall with the Senior School Medical Officer twice yearly. His help and advice are greatly appreciated by both doctors and teachers.

The Blind and Partially Sighted Child:

Children who may be suffering from either blindness or partial sight must be examined by an Ophthalmologist of consultant status. If, in addition, there is any cause to suspect mental retardation the child is also examined by the School Medical Officer and a Clinical Psychologist before a recommendation is made for special educational treatment.

The Deaf and Partially Deaf Child:

It is of the utmost importance that the question of possible hearing loss should always be borne in mind and cases of suspected loss of hearing should be investigated at the earliest possible age. In the last report it was stated that 24 Health Visitors had attended a course arranged by the Department of the Deaf, Manchester University. A further 24 Health Visitors have now been trained, so there is adequate cover in the Divisions so far as trained Health Visitor personnel is concerned.

In March, 1961, two Audiology Centres were opened in the administrative area of the West Riding County Council; one situated temporarily in the new clinic at Horsforth and staffed by the Divisional Medical Officer, Dr. Burn, as School Medical Officer; the headmaster of the Bridge House Special School, as teacher of the deaf, by the courtesy of the West Riding Education Committee; the Clinical Psychologist; and a visiting Consultant Otologist whose services are paid for by the West Riding County Council. This clinic serves the northern half of the County and the southern half is equally admirably served by a clinic specially constructed for the purpose in the Yorkshire Residential School for the Deaf, Doncaster. This clinic has sound-proof rooms, full testing equipment and one side of the room used for testing has one-way glass so that parents sitting in the next room can see and hear all that is going on without their child being aware that he is under observation. These facilities have been made available by the kindness and courtesy of Dr. Greenaway, Headmaster, who also supplies a trained teacher of the deaf. The West Riding supply a Divisional Medical Officer, Dr. Ferguson, as School Medical Officer, School Nurse, Speech Therapist and Clinical Psychologist.

Dr. Ferguson reports as follows on the *Doncaster Clinic:—*

" The establishment of this clinic has underlined the importance of early diagnosis in any degree of hearing loss in young children, in order that medical and educational treatment may be started as soon as possible.

Initial auditory screening tests are now applied to every child at risk, and have proved of value in sorting out the children requiring further attention. These children can then attend the special Audiology Clinic staffed by a team of experts trained in the audiological assessment of young children.

The initial suggestion of one clinic per month has proved quite inadequate, and as follow-up of all cases seen at this clinic is most important, the problem is how to see new cases and keep in touch with the old cases without having almost weekly clinics."

Dr. Burn has submitted the following report on the *Horsforth Clinic:—*

" The Audiology Clinic at Horsforth was opened in March, 1961, and is staffed by Mr. J. E. Rees, F.R.C.S., Otologist, Mr. D. G. Pickles, Clinical Psychologist, Mr. J. Steel, Headmaster of Bridge House Special School, and the Divisional Medical Officer.

Children have been referred from several Divisions in the northern part of the County, and by general practitioners in the Horsforth Division. They are seen by the Otologist who diagnoses the nature of the deafness, and this is followed by a full audiometric examination. When necessary the Psychologist assesses the intellectual level by special methods appropriate for children with hearing loss. A decision is then made as to the need for any special educational treatment, and an appropriate recommendation made by the Divisional Medical Officer. The Otologist prescribes any special otological treatment and the provision of a hearing aid where necessary. These recommendations are passed to the Divisional Medical Officers for the area from which the child comes, and to his general practitioner as appropriate. The Headmaster of the School for the Deaf gives advice to the parents on the home training of those children who are found to be deaf, and this is supplemented by a pamphlet on this subject.

At the six clinics which were held during the year 20 children were seen, some on more than one occasion. Hearing aids were prescribed for 2 children, and 6 were still under investigation at the end of the year. No children were referred for special school, but 4 were recommended for a favourable place in the class, and speech therapy was advised for 2.

The specially trained Health Visitors carried out screening tests of hearing on 147 children under school age, of whom 12 failed to pass the tests. Five of these were successful at subsequent tests, and 2 others were referred to the Audiology Clinic. The others were awaiting further tests at the end of the year. Of the two referred to the Audiology Clinic one was found to be totally deaf following meningitis, while the other, who has definite hearing loss, is still under investigation."

Audiometry:

By the courtesy of the Committee nine Pure-tone Audiometers were made available for use in 1961 and provision was made to increase this number to eighteen in the following financial year. Until now the children "at risk" are in the main the cases which are investigated. These children at risk include:—

Children with a family history of deafness.

Children with otorrhoea.

Children suffering from athetosis.

Children who had perinatal abnormalities, e.g. asphyxia, rhesus incompatibility, especially Kernicterus.

History of German measles or other virus infection in the first two months of pregnancy.

Prematurity.

Children who had a severe illness, e.g. meningitis or any who have been treated with streptomycin.

Children with speech defects or suffering from delayed onset of speech.

In addition it is hoped that all children failing to make progress at school or all who are found to be educationally sub-normal would have the possibility of hearing loss investigated.

The results of Pure-tone Audiometry vary very much as shown by the following report on the number of children tested during 1961:—

Number of children tested	1,328
Number of children who failed test in one or both ears	172

Results of investigation by School Medical Officer:—

No appreciable hearing loss	129
History of otitis media	54
Wax in external auditory meatus	17
Catarrhal conditions	31
No local cause for failure to respond	37
Unhealthy tonsils and/or adenoids	23
Mental retardation	3
Untraced or left district	2
Referred to Otologist	78
Referred to County Council Audiology Clinic	18
Congenital defect of ear	2
Referred to Eye and Ear Hospital	2
Total	396

Special educational treatment recommended:—

	By Audiologist	*At C.C. Clinic*
Favourable position in class	13	3
Hearing aid provided	2	1
Admission to Special School for Partially Deaf	—	1
Admission to Special School for Deaf Children	—	2
Admission to Special School for Deaf and Educationally Sub-normal Children	—	—
Still under investigation	24	10
Recommended Special School for children with speech defect	—	1

In September, 1961, Circular 23/61 was issued jointly by the Ministry of Health and Ministry of Education. This circular emphasises what has already been said concerning the importance of the early diagnosis of any degree of hearing handicap and it clearly indicates that Local Authority clinics, such as those established in Horsforth and Doncaster are fully fitted to meet the needs of children handicapped by any degree of hearing loss.

The Leeds Regional Hospital Board were kept fully informed of the plans and it is hoped that the Board now realises that the Horsforth Clinic is educationally orientated. The same problem has not arisen in the area of the Sheffield Regional Hospital Board—indeed the latter has offered further help if needed and in view of Dr. Ferguson's report quoted earlier, it may be necessary to establish an Audiology Clinic somewhere in the Barnsley district of the West Riding.

When the full number of 18 Pure-tone Audiometers is available it is intended throughout the County to carry out a routine test of hearing on all children between the ages of 6-7 years. This problem of hearing loss is extremely difficult to assess but constant vigilance on the part of every member of the staff in the School Health Service should do much to prevent any such case from being overlooked.

The change of policy on the part of the Ministry of Education whereby deaf children are all educated together and partially deaf children are separated from the deaf is successful administratively only in so far as independent special schools are concerned. Where a Local Education Authority has an established special school for the deaf, such an authority has been allowed to retain all the partially deaf children in the same school and vice versa. This leads to a certain amount of difficulty in obtaining places for the partially deaf child.

THE EPILEPTIC CHILD:

Although increased medical knowledge in the treatment of epilepsy has resulted in a smaller number of epileptic pupils requiring special educational treatment in special schools, yet the need for such special educational treatment still exists. It is therefore imperative that information concerning epileptic children, which only consultant physicians may have, be passed to the School Medical Officers in order that the presence of such children is known to the Authority.

THE EDUCATIONALLY SUB-NORMAL CHILD:

The educationally sub-normal child belongs to the largest single category of handicapped children. School Medical Officers must attend a special three week course of training before they are allowed to ascertain an educationally sub-normal child.

The number of ascertainments of educationally sub-normal children in 1961 has fallen from 1,148 to 1,018. This can be explained by a decrease in the number of doctors specially trained whose places have been taken by doctors who have not yet attended the special course. The vacancies which have occurred in the staff of Assistant County Medical Officers have not attracted many doctors with as much previous experience as one would like, even in general medicine, and it is extremely rare to appoint a School Medical Officer who has already had experience in ascertaining educationally sub-normal children.

In last year's Annual Report the changes caused by the amendment of Section 57 of the Education Act, 1944, by Section 11 of the Mental Health Act, 1959, were set out so there is no need to repeat these aspects but one or two points require to be re-emphasised.

(a) It must be borne in mind by all concerned that the findings of a medical officer constitute a *recommendation only* and that the final decision rests with the Education Committee. This is particularly necessary in the case of a child who is receiving special educational treatment in a special school and who may be re-examined at the request of the Chief Education Officer during his last year at school. Such a child is expected to remain in the special school until he attains the age of 16 years and only the Committee can decide otherwise.

(b) Another point which needs emphasis is the right of the parent to request a review of a decision that a child has been reported unsuitable for education in school. Each such case is treated individually and a full and comprehensive re-examination is undertaken by a qualified School Medical Officer who has had special experience in this field. The report issued after this re-examination is based entirely on the results of the re-examination and not on previous findings.

(c) *Care of School Leavers.* The Chief Education Officer continues to pass to the County Medical Officer files of all educationally sub-normal children who are due to leave school. These children must be examined by a School Medical Officer and a decision recorded as to whether such children should receive care and guidance after school. This decision depends on several factors including an assessment of the child's I.Q., his level of emotional stability which includes his ability to fit into society, and to a certain extent, his home background. Where care and guidance is recommended this work is undertaken by the Mental Welfare Officers and a recently completed up-to-date Ministry of Education Form 2 H.P. is of very great assistance to the Mental Health Service.

During the year 121 children were reported to the Local Health Authority as being "unsuitable for education in school" and 117 children as requiring care and guidance have been reported informally to the Mental Health Section of the Local Authority.

Educationally sub-normal children usually give little trouble when they take up employment and the variety of work they are found capable of performing is certainly surprising.

Children With Speech Defects:

The establishment of Speech Therapists was increased during the year from 13 to 18. So far we have not had the full complement but at the end of December, 1961, we had 15 whole-time and 4 part-time Speech Therapists which equals 16½ whole-time Therapists. In view of the national shortage of these medical auxiliaries and the rapid loss by marriage, the Authority has been very fortunate to maintain such a strong staffing position.

Children with speech defects are usually referred to the Speech Therapist by the School Medical Officer and, with the increase in the number of Pure-tone Audiometers, it should become an established practice that every child with a speech defect has an audiometric assessment prior to commencing speech therapy.

Two Speech Therapists should be finishing their course this year and be available for service in the West Riding administrative area.

The Maladjusted Child:

It has become more apparent this last year than ever before that the provision of specialists in Child Psychiatry is becoming more and more difficult. In an attempt to find a solution to this problem the matter was discussed with Dr. Peter Henderson, Senior Principal Medical Officer to the Ministry of Education. He was quite in favour of introducing in-service training for certain School Medical Officers who had shown a special interest in this aspect of School Health. Dr. Henderson advised discussion with Dr. O'Connell, Medical Director, Child Psychiatric Unit, Newcastle General Hospital, who mentioned that the National Association of Mental Health were planning a three week advanced course for Medical Officers in the School Health Service in 1962. Accordingly permission of the Committee was obtained to send two Senior Assistant County Medical Officers on this course, the idea being that these two Medical Officers could attend school clinics and select the cases referred which, in their opinion, needed expert psychiatric help.

A further opportunity in this field came when Dr. Atkinson applied for and obtained the post of Senior Assistant County Medical Officer in the Pontefract Division. Dr. Atkinson had been a School Medical Officer in the Brighouse area, and had become so interested in the psychiatric problems of childhood that she left the service of the West Riding County Council and studied for and obtained her Diploma in Psychological Medicine. When she was appointed to the Pontefract Division it was made clear that her interest in psychiatric problems would be utilised to the full and she is attending two sessions of the Pontefract Child Guidance Clinic as an assistant to the Psychiatrist. It may well be that her services will be needed in other parts of the County.

Dr. Leese returned from the United States of America in October, 1961, and she is attending the Mirfield Child Guidance Clinic on a locum basis.

Dr. Burbury ceased to attend the Shipley Child Guidance Clinic in September, 1961, but we were fortunate in obtaining, through the Leeds Regional Hospital Board, the services of Dr. Gore for one half-day per week. The Shipley Clinic is capable of much greater expansion but until we get more psychiatric help this is not possible.

The Skipton Child Guidance Clinic is held one day per week and is attended by Dr. Burbury but she is due to retire in April, 1962.

The position regarding Consultant Psychiatrists in the area of the Sheffield Regional Hospital Board is much more stable and Dr. Crowley and Dr. Orme are attending the various clinics.

The following reports in the work in the various clinics have been submitted by the respective Consultant Psychiatrists:—

Maltby, Woodlands (Doncaster) and Pontefract Clinics—Dr. Crowley reports:—

" *Maltby Clinic*

In the past year the headquarters have been moved from Dalton to Maltby, which is a much better centre of population and communication. To reach the awkward corners, two monthly clinics at Treeton and at Dinnington have been successful in extending the service to children who would not otherwise be likely to attend the main clinic.

Woodlands (Doncaster) Clinic

There is nothing to add to last year's report on this clinic.

Pontefract Clinic

Mr. Coulson left in the early part of the year for the Portman Clinic, London, where he is happily using his talents successfully. He has been a great loss but we were fortunate that Mrs. Harris was able to take his place to cover the Social Work.

Dr. Atkinson joined the clinic in the Autumn as Assistant Psychiatrist and has greatly extended the usefulness of the service. Whereas before we felt like an emergency casualty department, we can now afford the time to deal adequately with every type of problem child."

Swinton, Barnsley and Ecclesfield Clinics—Dr. Orme reports:—

" During 1961, the only change at these clinics occurred when the Psychiatric Social Worker, Mr. Coulson, left for his new post in London; his place was taken at Swinton by Mrs. Bruce, but there has been such an increase in the need for long term treatment that Mr. Valentine, the Psychologist, is involved in many cases to an equal extent, both at Swinton and Ecclesfield. At the Barnsley Clinic the social work is carried out by the Mental Welfare Officer.

It becomes more and more apparent that ' treatment ' frequently involves prolonged psychotherapy, for which further trained personnel (whether lay or medical) are necessary. The great proportion of cases show neurotic disturbances, usually in both child and parent, although these may manifest themselves in a variety of ways.

Treating a neurotic disturbance by a weekly or fortnightly session of Psychotherapy is, of course, only one way of dealing with such a problem. Children can be taught in other ways to overcome their disabilities and for this purpose, daily attendance, full or part-time at a centre, whether run as an educational class or as a day hospital unit would enable great advances to be made. There has been accommodation available for two years for a day class at Rock House, but no staff have yet been appointed. Fifteen children currently attending Swinton Clinic would benefit from such treatment.

Co-operation with Paediatric Departments has been good and a number of children were treated in the City General Hospital. Hospital accommodation is urgently needed, particularly for adolescents, so that investigations can be carried out and intensive psychotherapy and other treatments can be started under conditions which allow adequate supervision but with a much greater degree of activity than is at present possible in the paediatric wards.

Thirty-three cases have been referred from General Practitioners, usually for frank anxiety or with some somatic symptom—tic, incontinence, etc.—though parents are apparently becoming more ready to consult their family doctor about behaviour problems too. Use has been made of the ' Pad and Bell ' apparatus for enuresis, loaned out by the Divisional Medical Officers.

The difficulties of finding residential schools for maladjusted children remains a very great problem.

Clinics have occasionally been held in casual accommodation at Penistone and Stocksbridge as it is otherwise extremely difficult for patients to attend from these areas to the clinics at Ecclesfield or Barnsley. The difficulties of travelling are such that the areas are practically uncovered except by such occasional clinics, or by Mr. Valentine's visits.

Details of nine very severely disturbed children have been reported to Dr. Mildred Creak of Great Ormond Street Hospital for inclusion in her nation wide survey attempting to define more exactly the schizophrenic syndrome of childhood. Further co-operation with this research project will be continued as cases are seen.

No. of new cases seen in 1961	90
Waiting list at 1st January, 1961 ...	16
Waiting list at 31st December, 1961 ...	6."

Harrogate Clinic—Dr. Gore reports:—

" Mrs. Nursten was given leave of absence to study in the United States and left the clinic at the end of May, and at this time we were fortunate to obtain the assistance of Miss H. Wallace, Social Worker.

Dr. M. Frieze, Senior Registrar at the Department of Psychiatry, Leeds University has continued to attend the clinic for one session each week.

105 new cases were seen during the year: 65 boys and 40 girls (18 more girls than last year). As in previous years the larger number of cases came from the Harrogate and Knaresborough Division. The referral figures being as follows:—

Division 7 (Ripon and surrounding area) ...	15	
Division 8 (Harrogate, Knaresborough and district)	57	
Division 9 (Wetherby, Tadcaster area)	15	
Others (including Bridge House School) etc. ...	18	= 105

Sources of referrals from Division 8 were as follows:—

Divisional Medical Officer	26	
Juvenile Court	4	
General Practitioners	11	
Parents	8	
Children's Officer	2	
Head teachers	1	
Others	5	= 57

These figures do not really indicate the degree of interest shown by Heads of schools and other teachers in the emotional and educational problems of their pupils; since they have often been instrumental in bringing the child's name to the notice of the Divisional Medical Officer.

In addition to the 105 cases opened in 1961, 32 were carried over from previous years. Of these 137 cases 26 were seen by the Psychologist for assessment of educational problems only, leaving 111 cases which were seen at the clinic for treatment. These can be analysed as follows:—

Boys	*Girls*	
17	3	attended weekly for treatment
16	14	attended for regular treatment
38	23	attended for occasional visits
71	40	

A most valuable part of the work in the Harrogate Clinic is the remedial teaching class conducted by Miss Blackburn. This class was established in January, 1960 and the 1961 school year began with 13 children on the register, one boy having obtained a place at Scorton Grammar School where he has settled well, and a girl having been transferred to St. Peter's Residential School, Horbury. One boy removed to another authority to whom full reports were sent. Two girls left school at Christmas and one boy of 10 was

discharged and is now attending school full-time. During the last six months we have been able to admit some new cases: 3 girls and a boy—all in a younger age range 7—10 years, and an older boy of 13 is under consideration. Numbers now stand at 14 on roll and one pending. Close liaison with schools and homes is being maintained, and in all cases of children of junior school age progress is very marked. The older boys find it much harder to break through barriers and resentment about their educational failures. The school medical authorities have noted definite improvement as have Heads and class teachers in schools.

The clinic team have continued to lay importance on our lunchtime discussions on Thursdays, and have been pleased that a number of General Practitioners have found time to come and meet us and discuss their cases. We have also had visits from a number of Head-teachers, even though some had to come from outside this Division. We have had regular visits from Dr. Schofield and have welcomed the interest shown by the other Assistant Medical Officers. We have had visits from the staff of the Children's Department, both in this Division and outside, and also from Mr. Rawcliffe, the Divisional Education Officer.

During the year a number of people have come to study the working of the Child Guidance Clinic, including: Dr. J. N. Atkinson from the Regional Hospital Board; Dr. Stoakley from Skipton, and Dr. Jessop from Cleckheaton. Four students from the Institute of Education, Leeds: 2 student Health Visitors, and others.

I will conclude by thanking all the members of the clinic team and also Dr. Hepple for his sustained and benign interest in child guidance work."

Mirfield Clinic

Dr. Leese returned to the Mirfield Clinic late in October, she reports that suitable cases are being referred and she has a regular group of weekly attenders.

The Work of the Psychologists:

The scheme of allocating the Child Guidance Clinics in the northern half of the West Riding to Mr. Pickles and in the southern half to Mr. Valentine has worked extremely well. In addition to their attendance at and work in the Child Guidance Clinics, each Psychologist has attended the new Audiology Clinics in Horsforth and Doncaster. They have also carried out intelligence tests on children with two or more handicaps. The help thus given to the School Medical Officers is invaluable. Mr. Pickles gives very great help in assessing the educability of deaf and educationally sub-normal boys sent to Bridge House Special School and Dr. Greenaway, Headmaster of the Doncaster School for the Deaf, has informed me of the high opinion he has formed of Mr. Valentine's work.

Mr. Pickles reports as follows:

" During the year I attended regularly at the child guidance clinics at Harrogate, Mirfield and Pontefract. Occasional attendances were made to see children at the Shipley Clinic while Dr. Burbury was psychiatrist there; and since October when Dr. Gore took over the clinic, I have attended regularly with her on Monday mornings. The Mirfield Clinic continued to function without a psychiatrist until Dr. Leese returned from America at the end of October. During this period, a few Mirfield children considered to be in urgent need of psychiatric attention were kindly seen by Dr. Crowley at the Pontefract Clinic.

The newly opened Audiology Clinic at Horsforth offered interesting psychological work, and it has been a pleasure to work there as a member of the team.

Work outside the clinics has consisted mainly of visits to schools in order to discuss children referred for child guidance treatment. In addition, a large number of handicapped children have been seen for psychological examination in various local clinics, in their own homes, and occasionally in hospitals, special schools and training centres.

The total number of children seen by me for psychological examination during the year was 268, an increase of 45 over the previous year.

Of this total, 177 were maladjusted children seen in the child guidance clinics as part of the customary diagnostic procedure. The ratio of boys to girls was 124 : 53. Intelligence quotients of these children ranged from 44 to 134, with a mean of 97, and seventy per cent. of them came within the I.Q. range 80 to 119, with nineteen per cent. below this range and eleven per cent. above.

The percentage of these maladjusted children who were retarded educationally, particularly in reading, to the extent of needing special help, was approximately 26 per cent. (40 boys: 7 girls). The Harrogate Clinic has special full-time facilities with Miss Blackburn's class for helping such children, and it has continued to be in heavy demand. At other clinics, only limited help has been possible for the emotionally disturbed child of normal potential who is additionally handicapped by serious educational retardation, and for whom special help is not available in the schools.

Children with particular sensory or physical handicaps, or who, for various reasons, presented ascertainment problems, continued to be referred for psychological examination, and I saw 91 such children during the year. The largest categories were those who could be classified as generally backward, of doubtful educability, and often with poorly developed speech; and those with serious impairment of hearing."

Mr. Valentine reports as follows:

"Work continued on the same general lines as in 1960, the main new feature being attendance at Audiology Clinics at the Yorkshire Residential School for the Deaf, Doncaster, for the psychometric assessment of children referred for suspected hearing loss.

Child Guidance Clinics at Swinton, Ecclesfield, Maltby and Woodlands were attended for the purpose of psychometric assessment of children referred, case conferences, and, in some cases, assistance in the treatment of children and the interviewing of their parents.

Many home and school visits were made in connection with children referred to the clinics. Staffs of schools were very co-operative and it is probable that, in some cases, their sympathetic and understanding attitude towards maladjusted children has helped to make it unnecessary to remove such children from their present school.

A number of children who did not attend the clinics for full diagnosis and treatment were tested. In these cases there had usually been difficulty in assessing the I.Q. because of physical or sensory handicaps. Others were not physically handicapped but were on the borderline between educational sub-normality and ineducability and a decision as to which category they were fitted was required.

Statistics

Number of children referred for full clinic investigation—tested ...	148
Number of children seen at clinics (other than for testing)	81
Parent interviews at clinics	70
School visits	123
Home visits...	25
Children not referred for full clinic investigation tested:—	
Cerebral Palsy	7
Blind/Partially Sighted	1
Deaf/Hard of Hearing	18
Educational Difficulties	13
Total	39

In addition some 30 deaf children were tested for practice purposes."

The School Ophthalmic Service:

The provision of ophthalmologists remains the responsibility of the two Regional Hospital Boards. Some staffing difficulty was experienced in the early part of the year in the area of the Sheffield Regional Hospital Board but this has now been resolved. Any child certified as blind or partially sighted must be seen by an ophthalmologist of consultant status, otherwise the rest of the work, consisting mainly of refractions, is done by Senior Hospital Medical Officers. The clinic premises, equipment and the assistance of a nurse are all provided by the County Council. The clinics are affiliated to the various Hospital Management Committees who are financially responsible for the provision and repair of glasses.

In the case of blind and partially sighted children, it is now customary to send a copy of the consultant's report on Form B.D.8 to the general practitioner concerned.

Large numbers of children continue to attend the School Ophthalmic Clinic and the number of examinations made and the number of children for whom glasses were prescribed during 1961 is given in the following table together with similar details for previous years:—

Year	*No. of children examined (including re-examinations)*	*No. prescribed glasses*
1948	10,755	8,113
1949	12,345	7,830
1950	12,341	7,289
1951	12,514	6,970
1952	14,974	8,941
1953	17,659	9,462
1954	17,691	9,240
1955	17,265	9,926
1956	17,644	9,999
1957	17,662	9,782
1958	18,829	9,472
1959	18,784	9,411
1960	20,651	10,029
1961	20,387	9,542

Medical Treatment at Clinics:

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, 1961:—

Type of Clinic	Number	
	Provided directly by the Authority	Under arrangements with Regional Hospital Boards
Minor Ailment and other non-specialised	184	—
Dental	47	—
Ophthalmic	—	56
Speech Therapy	66	—
Orthopædic Treatment Centres	—	15
Ultra Violet Light	43	—
Pædiatric	5	12
Chiropody	3	—
Consultant E.N.T.	—	14
Consultant Orthopædic	—	15
Consultant Dermatology	—	1
Consultant Cardiac	—	1
Orthoptic	—	1
Remedial exercises	14	—
Audiology	2	—

Consultant E.N.T. Service:

No. of sessions held 112

	Pre-school Children	*School Children*	*Total*
No. of individual children seen by consultant, including those continuing attendance from previous year	76	835	911
No. of above referred for operative treatment ...	55	382	437

	Pre-school Children	*School Children*	*Total*
No. of Children:—			
(a) who obtained operative treatment ...	45	345	390
(b) treated at school clinics	1	30	31
No. of attendances at consultant clinics ...	92	1,242	1,334

Consultant Orthopædic Service:

Consultant Clinics

No. of sessions held 160			
No. of individual patients seen by consultant, including those continuing attendance from previous year	317	783	1,100
No. of above—			
(a) referred for operative treatment as short-stay cases only	8	38	46
(b) recommended long-stay hospital school ...	—	1	1
(c) recommended treatment by orthopædic nurse or physiotherapist—			
(i) at treatment centres	23	60	83
(ii) domiciliary	3	5	8
No. of children who obtained operative treatment during the year.	4	19	23
Total number of attendances at consultant clinics	436	1,018	1,454

Treatment Centres

No. of sessions held 1,094			
Total number of patients treated (including cases continuing treatment from previous year) ...	56	465	521
Total number of attendances	809	5,165	5,974

Domiciliary Treatment

Total number treated	5	2	7
Total number of visits to patients' homes ...	10	2	12

Appliances

No. of appliances—			
(a) recommended	23	65	88
(b) obtained	22	63	85

Consultant Pædiatric Service:

Consultant Clinics

No. of sessions held 193

	Pre-school Children	*School Children*	*Total*
No. of individual patients seen—			
(a) New cases	139	186	325
(b) Cases attending from previous year ...	92	399	491
Total number of attendances at clinics	350	826	1,176

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

Defect or Disease			
Central Nervous System	7	17	24
Heart and Circulatory System	13	116	129
Respiratory System, including E.N.T. Defects ...	18	66	84
Speech	11	6	17
Orthopædic	5	9	14
Skin	1	4	5
Psychological	8	15	23
Mental Defect, including Educational Sub-normality	16	21	37
Congenital Deformities	16	4	20
Gastro-intestinal System	5	10	15
Epilepsy	11	31	42
Genito-urinary System	3	16	19
Glands	—	4	4
Nutritional	5	28	33
Developmental	45	38	83
Muscular Disease	—	5	5
Rheumatism	—	5	5
Habit Spasms	2	6	8
Incontinence	4	63	67
Migraine	5	42	47
Unclassified	50	62	112
	235	568	793

Ultra Violet Light Treatment:

At the end of the year there were 43 ultra violet light clinics in operation and the following are particulars of the children treated:—

Number of sessions held 1,760			
Number of children treated during year	307	632	939
Total number of attendances	3,415	8,571	11,986

Vaccination and Immunisation:

Particulars relating to the numbers of school children immunised against diphtheria during the year and the immunisation state of the population of children of school age will be found on page 55 in the Section of the Report dealing with Epidemiology.

The scheme for the vaccination of school children against poliomyelitis continued throughout the year. Particulars of the scheme will also be found in the Epidemiological Section of the Report, on page 53.

Vaccination and immunisation programmes required a further encroachment on school time and the ready and willing co-operation of the head teachers and their staff is much appreciated.

Cleanliness:

The following figures show the number of children found to be suffering from head infestation compared with previous years:—

Year	Total number of examinations made by school nurses	Number of individual children found to be infested	Percentage of school population
1947	368,370	24,862	11·3
1948	560,631	27,361	12·4
1949	574,968	23,457	10·5
1950	523,473	20,214	8·8
1951	559,388	18,599	7·9
1952	610,201	19,772	8·1
1953	575,645	17,815	7·1
1954	549,961	13,619	5·3
1955	547,369	11,657	4·5
1956	512,868	10,379	3·9
1957	481,239	10,459	3·9
1958	523,353	9,753	3·7
1959	482,874	9,834	3·6
1960	467,937	10,341	3·9
1961	462,207	9,273	3·5

It will be noticed that the number of school children found to be infested is only 3·5 per cent of the total number on roll. This is the best figure ever recorded, and it is pleasing to note that not since 1955 has this figure been above 4 per cent.

Nutrition:

In 1956, the Minister of Education introduced a change in the classification of the general condition of school children. The table below is, therefore, in two parts. It is pleasing to note that continuous improvement has been maintained.

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	51·9	1,626	2·5
1952	62,156	30,506	49·1	30,635	49·3	1,015	1·6
1953	77,803	35,861	46·1	40,772	52·4	1,170	1·5
1954	79,553	40,315	50·7	38,344	48·2	894	1·1
1955	87,520	47,959	54·8	38,872	44·4	689	0·8
		Satisfactory			Unsatisfactory		
		No.	% of Col. 2		No.	% of Col. 2	
1956	89,564	87,318	97·50		2,246	2·50	
1957	83,250	81,524	97·90		1,726	2·10	
1958	84,346	83,025	98·43		1,321	1·57	
1959	88,398	87,484	98·97		914	1·03	
1960	83,630	82,892	99·12		738	0·88	
1961	82,938	82,343	99·28		595	0·72	

SCHOOL MEALS:

The number of meals provided to school children daily according to a check made in October, 1961, was 142,662 compared with 136,122 in October, 1960. This represents 57·71 per cent. of children on the registers.

Medical Examination of Entrants to Training Colleges:

In connection with their applications for entry to Training Colleges, 1,215 students were medically examined during the year by the School Medical Officers, compared with 1,206 for the year 1960 and 1,116 for the year 1959.

Children and Young Persons Act, 1933, Employment of Children:

Under the Authority's bye-laws relating to the employment of children, 1,671 children were examined during the year by the School Medical Officers to determine their fitness for employment. The figure includes children taking part in entertainments. Eleven cases were found unfit.

Youth Employment Service:

The School Health Service maintains close liaison with the Youth Employment Service. The Youth Employment Officers visit schools to discuss with teachers and parents the type and suitability of occupations of those children about to leave school.

Prior to this the leavers will have received their final routine medical inspection and the School Medical Officer will have informed the Youth Employment Officer of those children who are handicapped in such a way that their choice of employment is limited.

After the handicapped child enters employment, the services of the School Medical Officer are still available to advise the Youth Employment Officer if any difficulty is encountered either regarding the actual occupation or from the point of view of the employer.

Protection of School Children Against Tuberculosis:

Tuberculin Testing of Entrants:

Routine tuberculin testing of school entrants was undertaken in five Divisions. A total of 2,810 children were tested of whom 23 gave a positive result. These children were followed up through the Chest Physicians and X-rayed where considered necessary. Investigations were also made into the home contacts. Two new cases of tuberculosis were discovered as a result of these tests, one in a child actually tested and one through following up contacts of positive re-actors.

Particulars of the Authority's scheme for the B.C.G. vaccination of school children and of the number of children dealt with during 1961 will be found on page 67.

The Work of a Children's Specialist in the School Health Service:

The following notes relating to school children are taken from a report submitted by Dr. Harvey, Paediatrician:—

" *Excessive Absence from School*

The damage has been done before I have the opportunity to see the child, too often; and the educational foundations, once lost, cannot with certainty be laid later on. The cause may be a mistaken diagnosis, as with a boy this year kept at home in bed many months with habit-spasms mistakenly regarded as rheumatic chorea. The background to unnecessary absence may be tuberculophobia, to which one mother admitted after wasting eight months of her daughter's school time during two years with a dry dog-bark tracheal cough. A third representative case was a 14 year old boy who had stayed at home for six months before coming to me with school phobia and a deplorable psychiatric home background. Without further delay he was introduced to my colleague at the Child Guidance Clinic.

All three of these and many similar cases might have been brought to light much earlier if teachers habitually referred all problems of absence beyond a fortnight for the School Medical Officer's consideration. How much absence is due to the misery of bullying or the fear of rough gangs might be hard to estimate.

Enuresis—the perennial afterthought

It is a regular pattern that bedwetting is only disclosed at the second or later consultation, or at the very end after some more trivial pretext has been disposed of. In most cases it would suffice for family doctor and school doctor to arrange direct for use of the electric buzzer if simple adjustment of domestic management fails. This depends on two beliefs, that only a negligible proportion of enuretics have urinary tract malformation or disease, and that only a negligible proportion wet their bed through psychiatric stress. One such was the girl who lapsed upon " failing " her 11-plus examination. There is perhaps a passing moral in one recent experience. A mother petitioned the clinic doctor for a buzzer for her child. The doctor found albumen in the urine and referred the mother to the family doctor who referred the case to the hospital consultant physician as " Albuminuria." The latter arranged the three-bottle test which proved the oddity was innocent (postural orthostatic albuminuria) and referred the girl to the paediatrician to deal with the original problem of enuresis. My plea is that any doctor who tests a child's urine and finds albumen should be prepared without going any further to carry out the three-bottle test on bedtime, waking and after-breakfast samples. If waking samples are repeatedly normal, no disease is present. Most cases of albuminuria in school children fall into this category.

I hope before long we shall have worked down to the five year olds for buzzer treatment. But why is the School Medical Record card so excessively modest in having no heading for the commonest defect of all in the table ' Summary of Defects or Diseases ', so that the inspecting doctor may be sure to enquire for it ? Mothers repeatedly tell me that they have never been asked about bed-wetting at repeated school medical inspections.

They thought the skeleton in their cupboard was one with which the school doctor was not concerned. Only last month a ladies' hairdresser was heard giving her client the recipe she needed for mouse pie for a bedwetting daughter. 'First catch your mouse, and skin it . . . .' I am, however, very pleased to note that the form inviting parents to attend the school medical inspection has recently been revised and now includes a questionnaire which makes reference to bed-wetting. This will, I am sure, be a great help to parents and will make it much easier for them to bring this problem to the notice of the examining doctor.

Asthma

I am not happy about the closeness of consultative follow-up contact I am achieving with family doctors and schools. Asthmatic children keep on losing too much time from school between visits. The problem seems to turn on how the child seems to the parent at the pessimistic hour of rising in the morning.

One prolonged asthmatic illness in a toddler 1¾ years old, with lassitude and anorexia, seemed to be due to the harmless necessary domestic cat and cleared up within 48 hours of the tragic disappearance of this four-legged friend.

Many doctors send their children with respiratory allergy for tonsillectomy in the first instance, so that palliative treatment for the allergic constitution is only considered as a reserve treatment many months later.

Catkin fever broke out early last April, after the short winter.

Fits and Faints

I have now six girls indexed with recurring *Hair Brushing Faints*. The mechanism perhaps may be that they braced their ribs and diaphragm with their limb muscles to withstand the drag of mother's brush and comb drill, thus hindering the return blood-flow to the heart.

Precise eye-witness accounts by teachers have in several cases disproved the suspicion of epilepsy with which children have been sent to me. Many doctors still lack a clear distinction between major fits which last minutes and minor fits which are a matter of seconds only.

The Sub-normal Child

Admiration for the prodigious effort expended in special schools and training centres is tempered by a wistful thought of the complacent disregard which prevails for the equally special needs of the highly gifted minority who, as Oliver Wendell Holmes put it, carry in their brains the ovarian eggs of the next generation's or century's civilization.

Tuberculosis

During the year it has been disconcerting to encounter at Mexborough two junior school children with kidney tuberculosis, and a six year old girl with tuberculous erythema nodosum.

Physique Forecasting for Seniors

A worth-while fringe service can be offered at clinic consultation, more easily for girls than for boys. It is based on annual increments of height, in relation to pubertal breast development and the actual age of onset of menstruation. It avoids needless yearning, to know in advance, for instance, that an 11½ year old girl, maturing fast at 4 ft. 8 inches will reach only 5 ft. adult height, or that a tall immature 13 year old girl will probably not menstruate till after 14½ years and will probably exceed 5 ft. 7 inches ultimately."

THE SCHOOL DENTAL SERVICE

The following is the report of the Principal School Dental Officer, Dr. Davies.

No very remarkable changes in the service took place during 1961. It was essentially a year of steady progress and consolidation. The increased salaries awarded to dental officers by the Whitley Council and the cessation of compulsory National Service for male dental surgeons did not produce any striking increase in the staff in spite of the fact that the number of new British graduates on the Dentists Register (587) on January 1st represented an increase of more than 20 per cent. over the average for the previous three years. Only one recently qualified dental surgeon sought employment with the Authority during 1961.

Staff:

At the end of the year there was an increase of two full-time dental officers compared with the previous year. The establishment for dental officers remained unchanged at 1 chief dental officer, 1 orthodontic consultant, 5 senior dental officers and 62 dental officers. On 31st December there were vacancies for 1 senior dental officer and 26 dental officers. Employed in a part-time capacity were 24 dental officers being the equivalent in the number of sessions worked of 7 full-time officers. 983 additional sessions were worked by the full-time staff which represented a theoretical addition of 2 full-time officers.

It had long been realised that the present establishment which was created soon after the war is out of date. The Ministry of Education indicated ten years ago that a ratio of 1 dental officer to every 3,000 children is the minimum staffing need for a complete service. Accordingly the requirement of the West Riding, taking into account the additional commitments under the National Health Service Act for the dental care of expectant and nursing mothers and children under school age, approximates to 100 dental officers. There seems however little urgency in the need to amend the establishment to a more realistic figure while prospects remain remote of ever filling the present one.

The year has revealed a second reason why consideration of the staffing requirement may reasonably be deferred. The General Dental Council has been required by the Privy Council in accordance with section 43 of the Dentists Act 1957 to carry out an experimental scheme for the training and employment of ancillary dental workers permitted to undertake the filling of teeth and the extraction of temporary teeth in the course of the provision of national and local authority health services, in order that their value to the community may be judged. This experiment was initiated in 1960 when 60 students commenced a two-year course of training at a newly established school in south-east London. An annual intake of 60 entrants will continue until the experiment ceases which is likely to be about 1965. An interim report on their work will be called for in October, 1963. The future work of this new class of dental ancillary appears in its definition to constitute a large proportion of the routine work of a school dental officer and it would appear that if the experiment is deemed a success and these workers eventually become available in number the effect on the organisation and working of the school dental service will be revolutionary.

Ancillaries, of course, will never be able to replace dental surgeons, the type of work they will be able to do is limited by law, and they will frequently be able to complete only part of the work required by individual children. They are, in addition, required by law to work only to the prescription of a dental surgeon and under his direction. It is not possible at this stage to say how many and in what proportions dental officers and dental ancillaries will be required to provide a complete service for a given number of children, this can only be assessed when the scheme has been in operation and its precise working becomes apparent.

In August the Authority was asked by the General Dental Council whether it was interested in employing dental ancillaries and if so what would be its immediate requirements. The Sub-Committee considered that the West Riding is favourably placed for accommodating a number of ancillaries having a large number of multiple dental clinics, suitably equipped, where adequate supervision could be exercised and it was decided that the establishment of the dental service should be extended to provide for the employment of up to 10 ancillaries.

Commenting on the fact that the majority of local authorities are much below the desired numerical strength of dental officers the Chief Medical Officer of the Ministry of Health in his annual report for 1960 stated that in the few instances where dental schools have appointed chief dental officers of local authorities to their staffs on a part-time basis much good has resulted. It is therefore a noteworthy step that your Chief Dental Officer was appointed during the year honorary part-time Lecturer in Public Dentistry at Leeds University. This will ensure that senior students at the dental school which is situated in the centre of the Riding are aware of the aims and purposes of the County Dental Service and have some knowledge of its development and organisation.

Clinics and Equipment:

The 44 permanent clinics were all in operation during the year, and at the end of December, 4 new clinics were being equipped in readiness for working early in 1962. Whatever be the reasons for the sparsity of recruits to the county service, there can be no disincentive in the conditions of work provided. The clinics recently erected supply an environment far superior to that of the vast majority of private practitioners. Specially built for the purpose the design and dimensions of the surgeries and subsidiary rooms are as near ideal as can be achieved. Superbly equipped with the most up-to-date apparatus every facility is provided for the practice of the most modern techniques. There is no question nowadays of children attending clinics being given an inferior form of dentistry to that available elsewhere.

The clinic at Batley was replaced during the year by an adapted building in Hanover Street. Extensive alterations were made to the interior to provide a dual surgery clinic, the building was redecorated throughout and the floors covered with Vinyl tiles. Although adapted buildings are rarely completely satisfactory this is a great improvement on the old premises which were rather inaccessible on the second floor of the Divisional Health Office, and presented a somewhat unimpressive frontage to the Market Square.

At the Central Dental Clinic the brown linoleum floor coverings were replaced by Vinyl tiles, and a portion of the car park at the rear was concreted. The general lighting in several surgeries throughout the Riding was improved by the replacement of hanging lights centrally placed by strip lighting situated over and in front of the dental chair. A further 10 surgeries were equipped with the new ultra high speed apparatus.

As a full-time officer became available for the Settle area in April it was possible to replace the mobile surgery there by a more modern version. The three caravans now in use are all of the latest pattern and it is hoped shortly to equip them with high speed instruments.

There are still areas in the West Riding which are not receiving adequate dental cover yet which hardly justify the establishment of permanent fixed clinics by reason of having a scattered population with no easily reached centre. The best way of providing a service for these regions appears to be the use of mobile surgeries and consideration will have to be given to increasing the number of caravans in use, particularly in the north and west of the county.

Inspection and Treatment:

Details of the work carried out during the year are contained in the appended statistical table. A guide to the staffing position more meaningful than the number of officers employed on any one date, is the number of sessions worked.

These amounted to 20,049 an increase over 1960 of 839, the equivalent approximately of 2 full-time officers. The number of attendances for treatment made to the clinics was 132,206 an increase of 3,995 over 1960, yet the number of children treated decreased by 2,246 to 47,064. The number of children inspected in school was 114,777 a decrease of 2,523 and the number of special inspections fell by 1,618 to 7,876. A very considerable increase in fillings was achieved, 10,142 more than in 1960 while extractions were reduced from 69,215 to 64,251. It appears therefore that there has been a change in the pattern of treatment provided, and, as there has been no deliberate alteration of policy it is possible only to speculate on the reason for this. The increase in the number of fillings is very much greater than would have been expected from an increase in staff of the equivalent of two officers and it would appear that the majority of officers have concentrated on this part of their work. It should be noted also that less children were treated but they made more attendances and so it follows that more conservative work was done for each child. This might have been due to children experiencing more decay than in the previous year or to more thorough treatment being carried out. It is likely that the latter explanation is the true one for the use of the newly installed high speed equipment has made thorough and complete treatment much less fatiguing for both patient and operator. The fact that fewer teeth were extracted adds support to this hypothesis.

There is a change this year in the significance of the figures given under the heading of Orthodontics. This heading was introduced by the Ministry in 1956 the aim being to obtain information about those cases in which an orthodontic appliance was used. The sub-heading however left scope for individual interpretation of what exactly constituted an 'orthodontic case', the Ministry specifically allowing the inclusion of 'noteworthy' instances of irregularity treated without appliances. In a developed orthodontic service much is done without the use of appliances. Perhaps the most valuable service that can be provided comes from the power to anticipate irregularities in the developing mouth and by early intervention prevent them. The inclusion of these cases in the orthodontic returns has however been criticised and there is no doubt that the scope afforded for individual interpretation has been sufficient to render the aggregated national figures well-nigh valueless. It has been decided therefore that the returns of orthodontics made by us in the table should be confined to patients treated by appliances. These adjusted figures do not give a true picture of all that is being done in the orthodontic field and it is proposed to supplement them in the body of the report. In addition to those cases included in the tables 1,567 children were seen because of actual or incipient irregularity of the teeth and they made 4,367 attendances at the clinics for these reasons alone. 6,147 temporary teeth and 2,393 permanent teeth were extracted for orthodontic reasons and 3,940 study models were constructed. The orthodontic service has continued to thrive and it is hoped in the near future to develop other specialised services such as crown and bridgework, minor oral surgery and dental health education.

Consideration has been given to two aspects of safety in the dental surgery; the danger from radiological procedures and the danger of respiratory and cardiac arrest during general anaesthesia. Steps have been taken to prevent both and instructions issued as to how to deal with the latter should an emergency arise. Films have been shown and demonstrations of resuscitation provided to make all concerned aware of the correct procedures. A number of dental surgery assistants have attended a course of instruction in radiology.

General Remarks:

It is of importance on occasion to reassess the aims of the school dental service and to measure against these its actual achievements. It was stated in my report for last year that a healthy trend was apparent in that the number of permanent teeth filled had increased while the number of permanent teeth extracted decreased. This year this trend has been even more prominent. The proportion of teeth filled to those extracted is easily ascertained and has been used by many as an index of the effectiveness of treatment and of the adequacy of a dental service. It is in fact a misleading guide to either. This ratio takes no account of the amount of treatment required and there is an obvious difference in effort put forth between one tooth filled and one tooth extracted and 1,000 teeth filled and 1,000 extracted though the ratio is the same in each case. It is an unfortunate implication also that a tooth extracted is necessarily a treatment failure. An extraction is less satisfactory than a filling but the real failure is the untreated tooth and the untreated child.

Of the 114,777 children inspected routinely in school, 79,784 were found to require treatment, a very similar proportion to that found in previous years. The service can hardly be regarded as complete when two thirds of the school population are perpetually in need of treatment and less than half of the children are inspected in any one year. It has been ascertained that the rate of development of decay in children is of the order of one tooth per child per year. There would therefore be approximately 275,000 teeth newly decayed in West Riding school children in 1961. The school service treated 157,392 teeth, 93,141 by filling. It is obvious that there is a need of more dental workers and of more vigorous endeavour in the field of prevention.

An attempt was again made to deal with the problem of tuck shops in schools. The County Medical Officer and the Chief Dental Officer attended a further meeting of the Consultative Committee (Education) to lay before members the scientific basis of arguments against the sale of sweets and biscuits at school, and to arouse an awareness of the dangers involved. There was a full discussion of all aspects of the matter but the committee were again unable to make any recommendation. However a report was called for to reveal the extent of the sale of sweets in schools and the number of schools possessing tuck shops. Future action will depend on the content of this report.

The Education Committee agreed to afford the County Medical Officer an opportunity of conveying to teachers his views on the practice of selling sweets and biscuits in schools and consequently an article on the subject was included in the Schools Bulletin for June.

At the conclusion of my first year as Principal School Dental Officer, I would like to express my appreciation to the staff of the school dental service, both professional and lay, for their loyalty and support, to the Principal School Medical Officer for much help and encouragement, and to the Chairman and Members of the Divisional, School Health and Dental Services Sub-Committee for their patience and understanding. In addition I would like to mention the co-operation of the teachers on whose helpful assistance dental officers must rely for the smooth running of the dental service.

Dental Inspection and Treatment Carried Out during the Year:

Number of Pupils inspected by Authority's Dental Officers—

At Periodic Inspections	114,777
As Specials	7,876
Total ...	122,653

Number found to require treatment	87,208
Number offered treatment	69,881
Number actually treated	47,064
Number of attendances made by pupils for treatment including orthodontics	132,206
Half-days devoted to—	
Periodic School Inspection	1,011
Treatment	19,038
Total ...	20,049
Fillings—	
Permanent	104,025
Temporary	5,057
Total ...	109,082
Number of teeth filled—	
Permanent	88,559
Temporary	4,582
Total ...	93,141
Extractions—	
Permanent	17,695
Temporary	46,556
Total ...	64,251
Administration of General Anæsthetics for Extraction	19,605
Orthodontics—	
Cases commenced during year	1,466
Cases brought forward from previous year...	1,961
Cases completed during the year	852
Cases discontinued during the year	243
Pupils treated by means of appliances	3,427
Removable appliances fitted	2,199
Fixed appliances fitted	266
Total attendances	14,909
Number of pupils supplied with artificial dentures	883
Other operations—	
Permanent	26,013
Temporary	2,909
Total ...	28,922

Orthodontic Report

The following is a report by the Consultant Orthodontist, Miss Sclare:

Orthodontics is one of the most interesting and rewarding branches of dentistry for the results of this treatment are spectacular and in some cases even dramatic. Irregular and misplaced teeth can adversely affect a child's personality and cause distress and unhappiness. The change in the child physically and psychologically as a result of treatment is remarkable and is worth any trouble involved.

Figures published by the Ministry of Health show that the awareness of the benefits of orthodontic treatment by dentists and patients has progressively increased since the inception of the National Health Service in 1948 removed the financial barriers to such treatment. The same trend is seen in the figures produced by the West Riding School Dental Service. Each year more and more dental officers are becoming interested in practising orthodontics. Of the 41 full-time dental officers on the staff 28 did some orthodontic work during 1961 and 8 of these officers, in addition to the Orthodontic Consultant, are doing advanced treatment. These numbers will increase as officers gain more experience. Officers are being encouraged by instruction and guidance by the Orthodontic Consultant, to practise orthodontics not only as a change from the routine of school dentistry but also to help to provide an adequate Orthodontic Service for an authority as large and as widespread as the West Riding.

During 1961, 3,427 children were treated with appliances. This was an increase of 1,031 over the previous year. In addition 1,567 children were kept under observation, some until such time as appliance therapy may become necessary and some to be treated by extraction of teeth at the appropriate time.

We again introduced a number of new techniques and appliances during the year and once again I wish to express our indebtedness to our technicians who co-operate so willingly and so skilfully in this work. They are always prepared to go to endless trouble to help in the designing and making of new appliances.

On three occasions during the year we gave demonstrations of some aspects of our work at dental meetings; in April we demonstrated at the annual meeting of the Public Dental Officers Group of the British Dental Association held in Harrogate; in May at a meeting of the Sheffield Orthodontic Study Groups; and in July at the Annual Conference of the British Dental Association which was held in Harrogate. On every occasion considerable interest was shown in our work.

It is our intention to continue to demonstrate at meetings in 1962 as we believe this to be a valuable method of attracting recruits to the Service.

KEIGHLEY EXCEPTED DISTRICT

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

Introduction:

This report is compiled in accordance with arrangements made by the County Council of the West Riding of Yorkshire as to the School Health Service in the Borough of Keighley and details the work carried out during the year under review.

The selective scheme of medical examination of children continued during the year, and full details will be found in the body of the report. While it is still too early to be dogmatic as to the advantages of this scheme we are very optimistic about it. In general, the work has been carried out with enthusiasm and the relationship which is vital to the success of the scheme between Health Department Staff and School Teachers has been excellent.

During the year much attention has been paid to easing the task of the Health Visitor/School Nurse from routine work so that she might concentrate her efforts on health education, and more and more talks to school children are now being given by them.

Medical Inspection of School Children:

SELECTIVE SCHEME:

Details of the selective scheme given in last year's report are repeated for convenience.

> Full routine medical inspection of all children at the age of five years carried out on each term intake.
>
> Full routine medical inspection of all school leavers. In the case of secondary modern schools, this medical inspection would take place as early as practicable in the child's final year so that there would be adequate time to deal with defects not previously discovered.
>
> Children requiring medical attention would be referred to their private doctor or dealt with at the school clinic as the case required. Children requiring observation only would be followed up at each subsequent visit to the school.
>
> Frequent visits to the school would be carried out by the school medical officers and health visitor/school nurse. On their visits the school medical officers would confer with the head teachers and assistant teachers about any child who appeared to require medical attention or who was not benefiting fully from its education. They would also observe the children at work and play and in the gymnasium, paying close attention to the social maturity and emotional development of the child.

At about the time of transfer from Infant to Junior School, i.e. eight years, a questionnaire, together with an explanatory letter, would be sent to all parents.

Tests of visual acuity would be carried out on all children aged 7, 11 and 13.

An audiometric survey would be carried out on all seven year old children. Those with hearing loss would be examined by the school medical officer and referred to their private doctor or the E.N.T. specialist if a true defect was found.

Health visitor/school nurse would carry out the usual cleanliness inspections and would be on the look-out for any child whose social or medical condition might require the attention of the school medical officer.

Close liaison would be maintained between the medical/nursing and teaching staff.

The physiotherapist would visit schools whenever possible to discuss with the physical education teacher the treatment of minor postural and foot defects. It is considered that a tremendous amount of good could be achieved by properly informed and enthusiastic physical teachers.

There is little to report on the routine medical inspections except that the health of the children continued to be excellent. However, in regard to the eight year old group where the questionnaires were distributed it was again found that many were carelessly and inaccurately completed. The large number of children examined in this group were those who were already on the observation list resulting from the entrant routine examination, or from special examinations by the staff. Again, as in 1960, complaints from the parents were largely confined to the upper respiratory tract and bed wetting. Few of the former proved to be significant. More parents, however, kept the appointments given to attend the examination. 112 parents were invited and 74 of these attended. 236 further children were seen by the school medical officer, as in these cases it was not thought necessary to invite the parents. If, however, at the time of examination it was found that the parents needed to be interviewed an appointment was then made inviting them to attend at the clinic. As would be expected with the diminished number of routine medical inspections more cases were referred to the school medical officers by teachers. Many of these proved to be already on the observation list, but 37 new cases were brought to light. Most of these were of speech, or hearing defects, some of which proved to be significant. This number does not include those children referred by the head teachers for ascertainment, nor those who were sent to the school clinic for examination or treatment. Nor does it include those cases referred by the health visitors, parents or other interested persons.

Although the questionnaire may not have been of great value to the medical officer it has probably been of value to parents who may be concerned about the general health of their child and has given them an opportunity to approach the school health service. Altogether 242 visits were made to schools by school medical officers during the year. These visits were made for the purpose of routine medical examinations, for the examination of children suffering from specific defects and for the purpose of B.C.G. vaccination. Other of these visits were special visits made to observe children at work and at play and to discuss with the head teachers and staff particular children who presented educational, emotional and social problems.

The audiometric survey was also continued and a table showing the findings obtained from this survey since its inception in 1959, is reproduced later in the report.

As reported previously the selective examination scheme is more consuming of time and labour but it is felt that the scheme is more dynamic in nature and more interesting to the medical and nursing staff than that of the ordinary routine medical examination. Nevertheless it is too early yet to come to any firm decision as to the inherent advantages or disadvantages it may have over the procedure of carrying out three or four routine medical examinations throughout the child's school life.

The number of pupils on the registers at the end of the year is shown below together with the figures for the previous year:—

	1961	1960
Nursery	40	40
Primary	4,723	4,889
Secondary Modern	2,332	2,257
Secondary Grammar	1,507	1,511
Secondary Technical	469	470
Special Schools	75	73

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A. Periodic Medical Inspections

Age groups inspected (by year of birth), number of pupils examined together with details of the physical conditions of the pupils inspected.

Age Groups inspected (Year of birth)	Number of pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	Percent. of Col. 2	No.	Percent. of Col. 2
1957 and later ...	65	65	100·0	—	—
1956	457	457	100·0	—	—
1955	182	181	99·45	1	0·55
1954	8	8	100·0	—	—
1953	4	4	100·0	—	—
1952	7	7	100·0	—	—
1951	6	6	100·0	—	—
1950	7	7	100·0	—	—
1949	9	9	100·0	—	—
1948	15	15	100·0	—	—
1947	436	436	100·0	—	—
1946 and earlier ...	445	445	100·0	—	—
Totals	1,641	1,640	99·9	1	0·1

B. Pupils Found to Require Treatment

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

Age Groups Inspected (Year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total Individual Pupils
1957 and later	—	8	8
1956	—	61	61
1955	—	21	21
1954	—	—	—
1953	—	1	1
1952	—	—	—
1951	—	4	4
1950	1	3	4
1949	2	—	2
1948	—	1	1
1947	21	14	34
1946 and earlier	26	32	55
Total	50	145	191

C. Other Inspections

Number of special inspections other than periodic medical inspections and re-inspections which is an inspection subsequent to a periodic medical inspection or special inspection.

Number of Special Inspections	...	2,865
Number of Re-Inspections	...	1,464
Total	...	4,329

Table II

Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	12,664
(ii)	Total number of individual pupils found to be infested ...	361
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	9
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	3

Table III

Defects Found by Medical Inspection in the Year ended 31st December, 1961

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

A. Periodic Inspections

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	6	10	14	19	—	—	20	29
5	Eyes—a. Vision	—	4	44	136	6	4	50	144
	b. Squint	8	10	—	3	1	1	9	14
	c. Other	3	—	1	7	—	—	4	7
6	Ears—a. Hearing	5	7	3	10	—	—	8	17
	b. Otitis Media ...	3	6	1	—	—	—	4	6
	c. Other	—	4	—	—	—	—	—	4
7	Nose and Throat	13	75	2	5	1	—	16	80
8	Speech	17	11	3	1	1	—	21	12
9	Lymphatic Glands	—	7	—	—	—	—	—	7
10	Heart	1	6	1	5	—	—	2	11
11	Lungs	13	9	1	8	—	—	14	17
12	Developmental—a. Hernia ...	1	—	—	—	—	—	1	—
	b. Other ...	1	22	—	1	—	—	1	23
13	Orthopædic—a. Posture ...	4	2	11	7	1	—	16	9
	b. Feet	11	14	8	6	2	—	21	20
	c. Other ...	6	8	—	3	—	—	6	11
14	Nervous System—a. Epilepsy	—	—	—	—	—	—	—	—
	b. Other ...	—	—	—	1	—	—	—	1
15	Psychological—a. Development	—	5	—	1	—	—	—	6
	b. Stability ...	1	7	—	3	—	1	1	11
16	Abdomen	1	1	2	—	—	—	3	1
17	Other	4	10	3	15	—	—	7	25

B. Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	139	22
5	Eyes—a. Vision	220	567
	b. Squint	39	58
	c. Other	29	13
6	Ears—a. Hearing	16	71
	b. Otitis Media	25	25
	c. Other	18	14
7	Nose and Throat	51	108
8	Speech	111	78
9	Lymphatic Glands	1	14
10	Heart	6	51
11	Lungs	50	55
12	Developmental—a. Hernia	1	4
	b. Other	7	27
13	Orthopædic—a. Posture	37	10
	b. Feet	49	36
	c. Other	45	40
14	Nervous System—a. Epilepsy	3	11
	b. Other	2	15
15	Psychological—a. Development	244	68
	b. Stability	14	50
16	Abdomen	6	10
17	Other	108	78

Table IV
Treatment of Pupils

Notes

The figures given under this heading include:—

(i) cases treated or under treatment by members of the Authority's own staff;

(ii) cases treated or under treatment in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and

(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Group 1. *Eye Diseases. Defective Vision and Squint*

	Number of cases known to have been dealt with	
	1961	1960
External and other, excluding errors of refraction and squint ...	100	58
Errors of refraction (including squint)	176	213
Total	276	271
Number of pupils for whom spectacles were prescribed	130	149

During the year 151 cases of defective vision and 25 cases of squint were examined by the visiting Ophthalmic Surgeon, a further 100 cases suffering from other conditions of the eye such as Blepharitis and Conjunctivitis were treated at the Minor Ailments Clinic.

After testing it was found that in 15 cases existing spectacles were considered to be satisfactory, in 46 cases spectacles were not found to be necessary and 16 cases were referred to the Bradford Eye and Ear Hospital.

The number of repairs to and replacements of spectacles amounted to 252.

Group 2. *Diseases and Defects of Ear, Nose and Throat*

	Number of cases known to have been dealt with	
	1961	1960
Received operative treatment:		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	123	180
(c) for other nose and throat conditions	12	14
Received other forms of treatment	77	44
Total	212	238
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1961	—	2
(b) in previous years	3	1

udiometric Survey:

The audiometric survey of the seven year old children attending schools uate within the Borough was continued during the year. Many children were so referred for audiometric tests by the school medical officer or health visitors, d it is interesting to observe that of these a large proportion were found to have fective hearing. It will be interesting to follow in future years the comparative ures between the survey of the seven year old children and those of special oups which have been picked up during visits to school. Attempts were made ring the year also to carry out the survey of younger children, but despite the pert recommendations in this matter we have not had much success, and it is oposed to keep the survey for the present time to seven year old children. As eviously, all cases which were found to have defects were first examined oroughly at the school clinic and then when normal reasons for deafness, for ample, excessive wax, were removed the remainder were referred to the ologist.

Details of the results obtained are set out below:—

rvey of seven year old children:	1961	1960	1959
umber of children tested	638	603	670
umber of initial failures	41	34	48
umber of children subsequently found by individual tests to have normal hearing	20	14	18
umber of children found to have defective hearing	10	11	14
umber of children who failed to keep appointments for individual tests	11	9	16

alysis of children found to have defective hearing:

ready having treatment under Otologist	3	3	7
umber referred to Otologist	7	2	4
umber of children treated at the School Clinic for excessive wax	—	2	3
umber of children referred to own General Practitioner	—	4	—

ildren referred for Audiometric test by the School Medical Officer:

umber of children referred	62	40	—
umber of children subsequently found by individual tests to have normal hearing	44	27	—
umber of children found to have defective hearing	18	13	—

alysis of children found to have defective hearing:

ready having treatment under Otologist	4	—	—
mber referred to Otologist	8	5	—
mber of children treated at the School Clinic for excessive wax	4	6	—
mber of children referred to own General Practitioner for treatment	2	—	—
mber of children who failed to keep appointments for individual test	—	2	—

Analysis of treatment prescribed by Otologist:

Adenoidectomy	2	1	2
Antral lavage	2	—	—
Removal of tonsils and adenoids	5	1	—
Eustation catheterisation	1	1	1
No treatment advised	2	4	—
Hearing aid supplies	—	—	1
Reports not yet available	3	—	—

Orthopaedic and Postural Defects:

	Number of cases known to have been treated	
	1961	1960
(a) Pupils treated at clinics or out-patients departments	210	220
(b) Pupils treated at school for postural defects	—	—
Total	210	220

Consultant Clinic:

Number of sessions held 7

	Pre-school Children	*School Children*
Number of individual patients seen by consultant, including those continuing attendance from previous year	3	12
Number of above—		
(a) referred for operative treatment as short-stay cases only	—	—
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopædic nurse or physiotherapist—		
(i) at treatment centres	—	—
(ii) domiciliary	—	—
Number of children who obtained operative treatment	—	—
Total number of attendances at consultant clinic	27	3

Treatment Centres:

Number of sessions held 500

Total number of patients treated (including cases continuing treatment from previous year)	4	210
Total number of attendances	60	2,494

Domiciliary Treatment:

Total number treated	—	—
Total number of visits to patients' homes	—	—

Appliances:

Number of appliances—(a) recommended	—	—
(b) obtained	—	—

Physiotherapy:

The following shows details of the work undertaken by the Authority's physiotherapist.

School Children	*No. of Cases*	*Attendances*
Asthma	10	183
Breathing	53	555
Bronchitis	3	47
Cerebral Palsy	1	40
General Exercises	1	7
Kyphosis	1	7
Remedial Exercises	5	67
Anterior Poliomyelitis	2	53
Flat feet	61	676
Hemiplegia	2	30
Lordosis back	1	—
Poor chest development	17	240
Posture	28	288
Postural drainage	2	61
Round shoulders	17	112
Scoliosis	2	50
Spastics	2	67
Stoop	2	11
Pre-school Children		
Flat feet	4	60

Towards the end of the year arrangements were finalised for the physiotherapist to pay regular school visits for the purpose of observing children at physical training and selecting those whom he thought would benefit by remedial therapy. Although this has been going on for a short time his relationship with the school teachers has been good and we are hopeful for tangible results from this method of case finding.

Diseases of the Skin (excluding uncleanliness for which see Table II)

	Number of cases known to have have been treated	
	1961	1960
Ringworm—(a) Scalp	—	—
(b) Body	7	—
Scabies	18	62
Impetigo	78	61
Other skin diseases	109	22
Total	212	145

As in previous years a large part of the work carried out at the minor ailments clinic consisted of the treatment of cuts, abrasions, septic fingers and skin diseases.

Child Guidance Treatment:

The undermentioned table shows details of pupils who were referred to th school medical officer for special examination. Approximately 131 sessio were spent examining and treating these children. This time does not inclu writing of reports, telephone conversations and case conferences, which ha been involved in the handling of these cases. Many other cases which receiv special attention including those of nocturnal enuresis are not recorded here they were dealt with at the routine consultation clinics and school medic sessions. It is felt that the selective method of examination which involv more frequent non-routine school visits by the school medical officers h improved the co-operation of teachers and has in this way served to ensure th cases of maladjustment are referred earlier to the school medical officer. Muc valuable help has been given by them and also by the probation officers, paedi tricians, general practitioners and youth employment officers.

During the year 73 new cases were examined at the clinic and 57 old cas carried over from the previous year. It will be seen this is a much great number than for the previous year where the figure for new referrals was on 22. The practice here is for the school medical officer and health visitor t examine the case from its clinical and social aspects, and if it is found capable treatment by them, treatment is carried out. In view of the shortage of expe psychiatric assistance only the severely disturbed were referred for psychiatr opinion. This is obvious when it is seen that of the 73 new cases only 2 we referred for psychiatric opinion, and of the 57 old ones only 5.

The table shows the breakdown of new cases and the reason for referra together with the recommendations. This increased figure emphasises, if suc emphasis is necessary, the changing pattern of school health work and the nee for more training and experience being given to the school medical officers an health visitors to enable them to handle these cases skilfully.

It is often difficult to decide whether a case requires purely medical treatme or purely educational treatment or a combination of both. Close co-operatio between all concerned and discussions of the different manifold aspects of th case is most necessary if we are to come to a right decision in regard to a child educational future.

New cases seen in 1961: 73

Referred by		*Reason for Referral*		*Recommendation*	
Teachers	46	Behaviour disorder	50	Treatment at School Clinic	47
Chest Physician	1	Retarded scholastic attainment	21	Recommended for Special School	18
Consultant Paediatrician	4	Physical defect	2	Observation in Ordinary School	6
Parents	7			Home Tuition	—
School Medical Officer	5			Transfer from Grammar to Secondary Modern	2
General Practitioner	2				
Youth Employment Officer	1				
Magistrate	1				
Probation Officers	3				
Borough Education Officer	2				
Ophthalmic Surgeon	1				

Referred for Psychiatric opinion: 2

Old cases seen in 1961: 57

Referred by		*Reason for Referral*		*Recommendation*	
Teachers	24	Behaviour disorder	26	Treatment at School Clinic	26
Parents	6	Retarded scholastic attainment	13	Recommended for Special School	16
School Medical Officer	24	Physical defect	8	Observation in Ordinary School	1
General Practitioner	1	School leavers	10	Home Tuition	2
Probation Officer	1			Transfer from Grammar to Secondary Modern	-
Consultant Paediatrician	1			Care and guidance on leaving school	10
				Referred to General Practitioner	2

Referred for Psychiatric opinion: 5

Speech Therapy:

	Number of cases known to have been treated	
	1961	1960
Pupils treated by speech therapist	97	90

Details of the work carried out by the Authority's Speech Therapist are set out below:—

Total number of sessions held	267
(a) Number of new cases treated	51
(b) Number of cases already attending for treatment from previous year	46
(c) Total number of cases treated (a + b)	97
Number of cases awaiting treatment at end of year	44
Number of visits made to schools	4
Number of home visits	—

Analysis of Cases Treated:	*Boys*	*Girls*
Stammering	16	5
Defects of articulation—		
(a) Dyslalia	40	14
(b) Sigmatism	4	3
(c) Phinolalia, due to (i) Cleft palate	—	—
(ii) Nasal obstruction	—	—
(d) Dysarthria	1	—
Aphasia	—	—
Defective speech due to (i) Educational sub-normality	11	1
(ii) Deafness and Educational sub-normality	1	1
Retarded speech development	—	—
Dysphonia	—	—
Other defects	—	—

Analysis of cases Discharged:	*Boys*	*Girls*
Number of children discharged	36	8
Speech normal	21	4
Speech improved	10	3
Unsuitable for treatment	—	—
Non-co-operation	2	1
Left school	2	—
Left district	1	—
Other reasons	—	—

Other Treatment Given:

	Number of cases known to have been dealt with	
	196	1960
(a) Pupils with minor ailments	358	217
(b) Pupils who received convalescent treatment under School Health Service arrangements	15	9
(c) Pupils who received B.C.G. vaccination	453	529
(d) Other than a, b and c above—Ultra Violet Light	53	28
Total	879	783

Of the 53 school children who received ultra violet light treatment at th School Clinic, 21 were still under treatment at the end of the year. Through th interavailability of Clinics 9 pre-school children received ultra violet light treat ment and of these two were still under treatment at the end of the year.

Altogether 90 sessions were held at the School Clinic and 1,059 attendance made.

Handicapped Pupils:

Details of the number of handicapped pupils are given in the following table:—

TABLE V

	At a Special School	At an Ordinary School	Receiving Home Tuition	Not receiving suitable education
Blind Pupils	1	—	—	—
Partially Sighted Pupils	2	—	—	—
Deaf Pupils	7	—	—	—
Partially Deaf Pupils	3	3	—	—
Educationally Sub-normal Pupils	66	—	—	—
Epileptic Pupils	—	—	—	—
Maladjusted Pupils	7	3	1	—
Physically Handicapped Pupils ...	4	3	2	—
Pupils suffering from Speech Defect	—	—	—	—
Delicate Pupils	1	—	1	—
Total ...	91	9	4	—

Braithwaite Day Special School:

75 children were attending the Braithwaite Day Special School at the end of the year as against 73 for the previous year. Nine extra district children are now attending this school, the remainder being referred from schools situate in Keighley. There is a waiting list for admission to this school.

The school is satisfying a much felt need and the teachers there are undoubtedly doing valuable work in ensuring that these handicapped children are given as much education as possible to fit them for their future life in the world.

In addition 10 children were examined and found to have I.Qs between 75 and 85 and were recommended to have special education in the ordinary school. It is hoped that by this means further deterioration in their performance will be avoided. Arrangements have, of course, been made for these children to be kept under constant review.

Nocturnal Enuresis:

During the year several children suffering from nocturnal enuresis were provided with an Eastleigh Electric Warning Device on loan. Four children in all, three boys and one girl, were treated. All were continuing under treatment at the end of the year.

Mentally Subnormal Children:

Three children were reported as being "unsuitable for education in school" under the provisions of Section 57(4) of the Education Act, 1944 as amended, and thirteen children as requiring "care and guidance".

Nutrition:

Arrangements were continued for the issue of branded foods free of charge to appropriate cases. The distribution of such foods is made on the authorisation of the School Medical Officer who examines each case prior to an issue being approved. The following foods were distributed during the year:—

	1961	*1960*
Ferromyn (tablets)	112	210
Halibut Liver Oil (capsules) ...	112	322
Maltoline (tins)	8	12
Minadex (bottles)	75	53

Medical Examination of Entrants to Training Colleges:

Twenty-five students were medically examined in connection with their applications for entry to Training Colleges as compared with twenty-seven in the previous year.

Children and Young Persons Act, 1933, Employment of Children:

One hundred and twenty one children were examined by School Medical Officers to determine their fitness for employment under the Authority's bye-laws relating to the employment of children as compared with fifty-one in 1960. The above figures include those children taking part in entertainments. Three children were found to be unfit.

Protection of School Children against Tuberculosis:

TUBERCULIN TESTING OF SCHOOL ENTRANTS:

Tuberculin testing of school entrants was introduced in order that in the case of a positive result it would lead to a search for a source of infection and at the same time secure the placing of the child under medical supervision in order to avoid the risks which follow primary infection.

The following shows details of the work undertaken under the provisions of this scheme:—

No. Invited	Refused	Absent	Previously Examined	Negative	Positive
716	87	127	6	494	2

Of the two cases found to be positive one had been previously vaccinated with B.C.G. and the other was referred for X-ray examination. It was subsequently found that the mother of this child was an active case of tuberculosis.

B.C.G. VACCINATION OF OLDER SCHOOL CHILDREN:

The scheme for the vaccination against tuberculosis of older school children continued during the year, details of which are set out below:—

Number of Medical Officers approved to undertake B.C.G. Vaccination	3
Acceptances—	
Number of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	933
Number found to have been vaccinated previously	—
Number of acceptances	521
Percentage of acceptances	55·84
Pre-vaccination Tuberculin Test—	
Number of children tested	512
Result of Heaf Test:	
(i) Positive 59; (ii) Negative 453; (iii) Not ascertained –	512
Percentage positive	13·02
Vaccination—	
Number vaccinated	453

Dental Inspection and Treatment:

The arrangement as regards the dental inspection of pupils is that:—

(a) Every pupil who is admitted for the first time to a maintained school shall be inspected by a dental officer as soon as possible after the date of admission, and

(b) Every pupil attending a maintained school or County College shall be inspected by a dental officer on such later occasions as may be practicable and necessary.

Details of the inspections and treatment carried out in connection with this service are given in the following table.

Table VI

	1961	1960
Number of pupils inspected—		
At periodic inspections	1,154	1,203
As specials	1,450	1,728
Total ...	2,604	2,931
Number found to require treatment	2,063	2,462
Number offered treatment	2,044	2,374
Number actually treated	1,867	2,156
Number of attendances	5,093	5,798
Half-days devoted to: Periodic (School) Inspection	7	8
Treatment ...	490	619
Total ...	497	627
Fillings: Permanent teeth	3,652	3,836
Temporary teeth	46	64
Total ...	3,698	3,900
Number of teeth filled: Permanent teeth	3,550	3,608
Temporary teeth	42	63
Total ...	3,592	3,671
Extractions: Permanent teeth	957	1,066
Temporary teeth	1,446	1,867
Total ...	2,403	2,933
Administration of general anæsthetics for extraction ...	376	533
Orthodontics—		
Cases commenced during the year	25	46
Cases carried forward from previous year	70	52
Cases completed during the year	30	53
Cases discontinued during the year	22	20
Pupils treated with appliances	95	86
Removable appliances fitted	56	77
Fixed appliances fitted	27	29
Total attendances	567	858
Number of pupils supplied with artificial dentures	65	30
Other operations: Permanent teeth	1,625	1,629
Temporary teeth	274	152
Total ...	1,899	1,781

V. P. McDonagh
Borough School Medical Officer

SUMMARY

In comparing the position in the School Health Service at the close of the year with that which obtained at the end of 1960, it will be seen that some definite progress has been made, although certain items must be kept in mind as essential to the development of a full and comprehensive service. A brief summary of the position is as follows:—

Residental School Accommodation for Maladjusted Children

Although a residential school for maladjusted boys, run by a voluntary body, opened in Brighouse in September, 1961, there is still urgent need for more residential accommodation for maladjusted children, both boys and girls.

Hostel Accommodation for Maladjusted Children

Hostel accommodation for maladjusted boys is available at Nortonthorpe Hall. There is a need for similar accommodation for maladjusted girls.

Child Guidance Service

In view of the increasing evidence of future difficulties in obtaining the services of Consultant Child Psychiatrists, steps have been taken towards providing medical cover for Child Guidance Clinics by seconding specially trained members of the County Medical Staff to this particular work. This action is meant to supplement the work of the Psychiatrists available and to filter off unnecessary cases being referred to the consultant.

Audiology and Audiometry

Two Audiology Clinics are now operating. Further clinics will be opened if the need materialises. The objective is to discover cases of deafness at as early an age as possible.

The number of Pure-tone Audiometers was increased during 1961 and will be further increased in 1962.

All children at special risk will continue to receive audiometry tests, and a routine test will be given to all children in the 6/7 year age group.

Medical Examination of School Children

The system of non-routine medical examinations for children in the intermediary age groups has proved its worth. This system is well established in certain areas and will be extended to other areas as desired.

School Hygiene

Steps towards the abolition of the communal roller towel represent a definite advancement in the field of school hygiene. The question of "Tuck Shops" in schools will continue to receive close attention.

Staffing

It has been possible to make good all staffing losses. Medical Officers continue to attend appropriate refresher courses. The Speech Therapy staffing position is greatly improved.