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Fifty-eighth Annual Report of the County Medical Officer

COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE

1946

COUNTY COUNCIL OF THE WEST RIDING
OF YORKSHIRE

FIFTY-EIGHTH
ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR 1946

Printed by order of the West Riding Health Committee

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INTRODUCTION

The inauguration of a scheme of divisional administration

I have the honour to present the report for the year 1946, a year which has been one of considerable changes in the administrative structure of the Public Health Department. Following upon the Education Act, 1944, and with the requirements of a new National Health Act in mind, the Council accepted the need for divisional administration. It was decided that this should be made to link up the work of local sanitary authorities with that of the County Council to produce areas where all the preventive medical services would be administered together by one medical man or woman acting as Divisional Medical Officer for County Council work and as Medical Officer of Health for the sanitary authorities within the division. General agreement was reached at grouped conferences of local authorities to the inauguration of such a scheme under Section 3 of the Local Government Act, 1933. For this purpose the County has been divided into 31 divisions, as follows —

Division No.	County Districts	Area in Acres	Estimated population mid-1946
1	Barnoldswick U.	2,764	10,030
	Earby U.	3,519	5,019
	Silsden U.	7,101	5,435
	Skipton U.	4,211	13,430
	Skipton R.	146,071	22,470
		163,666	56,384
2	Sedbergh R.	52,674	3,854
	Settle R.	152,087	13,630
	Bowland R.	83,327	4,656
		288,088	22,140
3	Keighley B.	23,611	54,990
4	Baildon U.	2,381	10,000
	Bingley U.	11,418	21,300
	Denholme U.	2,536	2,438
	Shipley U.	2,183	31,100
		18,968	64,838
5	Aireborough U.	6,856	26,060
	Horsforth U.	2,706	13,720
	Pudsey B.	5,323	28,550
		14,885	68,330
6	Ilkley U.	8,610	17,390
	Otley U.	2,934	11,100
	Wharfedale R.	39,378	5,450
		50,922	33,940
7	Ripon City	1,812	9,245
	Ripon and Pateley Bridge R.	124,861	11,470
		126,673	20,715
8	Harrogate B.	8,320	49,320
	Knaresborough U.	2,494	6,920
	Nidderdale R.	75,009	13,180
		85,823	69,420
9	Tadcaster R.	75,833	23,280
	Wetherby R.	64,424	19,380
		140,257	42,660
10	Selby U	3,848	10,260
	Selby R.	32,909	5,790
	Goole B.	1,267	18,690
	Goole R.	36,776	8,500
		74,800	43,240

Division No.	County Districts	Area in Acres	Estimated population mid-1946
11	Castleford U.	4,394	40,910
	Normanton U.	3,066	19,030
		7,460	59,940
12	Featherstone U.	4,424	13,070
	Knottingley U.	2,835	8,964
	Pontefract B.	4,865	21,080
	Osgoldcross R.	33,954	7,480
		46,078	50,594
13	Horbury U.	1,280	7,830
	Ossett B.	3,333	14,110
	Wakefield R.	21,835	17,990
		26,448	39,930
14	Morley B.	9,493	38,400
15	Batley B.	4,461	38,680
	Heckmondwike U.	696	8,335
		5,157	47,015
16	Rothwell U.	10,698	23,880
	Stanley U.	4,866	15,910
	Garforth U.	4,020	12,130
		19,584	51,920
17	Mirfield U.	3,394	11,540
	Spenborough U.	8,251	35,550
		11,645	47,090
18	Brighouse B.	7,873	28,830
	Elland U.	5,946	18,940
	Queensbury and Shelf U.	2,795	8,603
		16,614	56,373
19	Hebden Royd U.	7,084	9,698
	Hepton R.	21,758	3,802
	Ripponden U.	13,289	4,973
	Sowerby Bridge U.	5,763	18,670
	Todmorden B.	12,789	18,400
		60,683	55,543
20	Kirkburton U.	13,847	17,420
	Meltham U.	5,906	4,845
	Denby Dale U.	10,165	9,526
	Holmfirth U.	17,648	18,650
	Colne Valley U.	16,054	21,710
		63,620	72,151

Division No.	County Districts	Area in Acres	Estimated population mid-1946
21	Saddleworth U.	18,485	16,360
22	Hoyland Nether U.	1,998	15,040
	Stocksbridge U.	4,630	9,822
	Wortley R.	48,698	32,400
	Penistone U.	5,593	5,828
	Penistone R.	29,003	6,722
		89,922	69,812
23	Hemsworth U.	4,163	12,660
	Hemsworth R.	29,019	46,410
		33,182	59,070
24	Cudworth U.	1,746	8,389
	Darton U.	4,725	13,930
	Royston U.	1,423	7,778
		7,894	30,097
25	Darfield U.	2,018	5,948
	Wombwell U.	3,838	18,240
	Worsborough U.	3,420	13,470
	Dodworth U.	1,857	4,117
		11,133	41,775
26	Swinton U.	1,718	11,100
	Rawmarsh U.	2,602	18,270
	Wath-upon-Dearne U.	2,677	13,200
		6,997	42,570
27	Adwick-le-Street U.	3,605	19,320
	Bentley-with-Arksey U.	4,956	18,830
		8,561	38,150
28	Doncaster R.	75,656	52,030
	Tickhill U.	5,580	2,393
		81,236	54,423
29	Thorne R.	38,419	30,560
30	Conisbrough U.	1,593	16,120
	Mexborough U.	1,452	18,810
	Dearne U.	3,888	23,330
		6,933	58,260
31	Maltby U.	4,988	11,410
	Kiveton Park R.	20,070	16,200
	Rotherham R.	28,734	43,470
		53,592	71,080

The County Council duties of the Divisional Medical Officer are as follows —

1. To act in the Area for which he is appointed as the Divisional Medical Officer of the County Council under the direction of the County Medical Officer and as the County Medical Officer's representative in all matters connected with Child Health Services and any other medical services for which the County Council are responsible in the Area, and should communicate directly with him. Copies of all relevant circulars and memoranda of the Ministry of Health or Ministry of Education will be made available to him. In particular, he will be responsible to the County Medical Officer for the health and welfare of the child population of the Area and for the efficient and orderly conduct of the School Health and Maternity and Child Welfare Services of the Area, including the administrative direction of the medical, nursing (including health visiting and midwifery staffs), medical auxiliary, clerical and other non-professional staffs of the Area employed by the County Council or by the County Council and the respective County District Councils jointly, and of the dental staff, in so far as may be considered necessary, to co-ordinate the County Dental Service in the Area with the Child Welfare Services. He will be allowed to undertake honorary duties in professional associations and be given study leave for post-graduate courses, subject to the approval of the County Medical Officer and the regulations of the County Council in relation to salary, etc. Generally speaking, the Medical Officer of a Division would not be expected to take part in clinical work, which would be organised into a specialist service on a County basis (see later), but it is not intended to exclude Medical Officers from undertaking clinical work, and in some areas, where the population falls much below 50,000, he will probably need to do so. For the professional staffs, medical, dental and nursing, there will be a County Organisation; such staffs will be interchangeable and also take part in County professional meetings. However, doctors, dentists and nurses, wherever possible, will work wholly within the Divisional Area. Certain types of specialists must work over larger areas and even the whole of the County. It will not be the duty of the Divisional Medical Officer to supervise the professional work of any medical or dental officers, but he will do so in the case of the health visitors in his Area. Dental staff will be supervised professionally, as heretofore, by the Chief Dental Officer, the medical staff by the proposed Child Health Officers.

Without prejudice to the foregoing, the officer appointed would be expected to undertake the following specific duties —

2. To plan the School Medical, Maternity and Child Welfare and Preventive Services of the Area.

3. To attend County meetings of Divisional Medical Officers for planning and discussion.

4. (*a*) To be responsible for the records of children from birth to school leaving.

(*b*) To maintain the records in a complete state, including information from inspections and clinics, and also details of treatment by hospitals and general practitioners (if and when such become available).

(*c*) To furnish such information as is necessary to Juvenile Employment Committees, family medical practitioners and factory medical officers and certifying surgeons.

5. (*a*) To plan the programme of medical inspection of school children and to submit programmes monthly in advance; to be responsible similarly for the staffing of medical clinics within the area.

(*b*) To co-ordinate the clinical work in schools, both medical, nursing and dental, and to agree the dental programme with the Chief Dental Officer of the County.

6. (*a*) To take administrative action on defects found at inspections.

(*b*) To refer to the County Medical Officer cases of children in need of special educational provision or specialist treatment not available in the area, or if available, still in need of centralised direction.

7. To organise health education in the School and Child Welfare Service and for other sections of the population in collaboration with the medical, dental and nursing staffs.

8. To conduct research. This will be a matter of personal decision. To avoid overlap, the Divisional Officer should consult the County Medical Officer. Publication to be unfettered and reference to the County Medical Officer optional.

9. To prepare an annual report for submission to the County Medical Officer. Information regarding the health of the children may be used by the Divisional Medical Officer in so far as seems desirable in connection with his Annual Reports as Medical Officer of Health.

10. To report, if necessary, on day to day matters to the Divisional Executives of Education. The amount reported will be left to the discretion of the Divisional Officer; in general, reporting should have regard to the value of any details in the preparation of an Annual Report. A copy of any report made should be sent in advance to the County Medical Officer. Reporting on matters other than routine will be done in consultation with the County Medical Officer.

11. To arrange for the follow-up of children by the School Nurse after leaving hospital. Particulars of admission and discharge of children to and from hospital will, in appropriate cases, be made direct to the Divisional Officer; in other cases, such information may come through the central office.

12. To submit records of work prepared by nursing staffs to the County Medical Officer with the least possible delay. To receive copies of the work of Dental Officers.

13. To secure the services of suitable medical men and women on a part-time basis to supplement the staffs for work in School Inspection and Infant Welfare.

14. To advise the County Education Officer on the nutritional value of school meals.

15. To administer schemes of diphtheria immunisation and vaccination, and maintain standard records. The birth notifications will be sent direct to the Divisional Officers and should be transmitted by him to the County Medical Officer as required.

16. To investigate epidemiological matters in schools and advise on closure.

17. To maintain a register of handicapped pupils in accordance with the Handicapped Pupils Regulations of 1945, and to ensure that this register is complete, and supply the Divisional Education Officer with details.

18. To administer, if required, any Scheme for the welfare of persons notified under Mental Deficiency Acts.

19. To pay particular attention to the prevention of maternal sickness and death, and the promotion of the health and well-being of infants in the area.

20. To supervise any day or residential nurseries in the area, including hostels for students, with particular regard to the prevention of infection in these nurseries and the maintenance of a high standard of nursing care. This will entail a close working arrangement with the County Nursing Supervisor of Nurseries.

21. To take part in lectures and practical training of nursery nurses attending day and residential nurseries in the area and in lecturing to larger groups of nurses if required.

22. To investigate maternal deaths in collaboration with the Obstetric Consultant appointed by the County Council for this purpose, and take appropriate action for future prevention.

23. To investigate deaths of infants 0–5 years of age and take appropriate action for future prevention.

24. To organise courses in mothercraft training, both at Welfare Centres, and, if required, in schools in the area.

25. To maintain a close professional relationship with all midwives — municipal, independent and attached to County Nursing Associations — with a view to raising the standards of maternal and infant care and the midwives' teaching of health to expectant and nursing mothers and to furthering breast feeding and the use of priority foods. This will call for a close working arrangement with the County Supervisors of Midwives.

26. To receive reports from midwives required under the rules of the Central Midwives Board and take appropriate action in consultation, where necessary, with the County Supervisors of Midwives.

27. To supervise any County Maternity Homes or Hostels in the area with particular regard to the prevention of infection in such homes, and, if required, act as Medical Superintendent.

28. To assist in the organisation of arrangements for the notification of illegitimate pregnancies and to consult with the County Social Worker for illegitimate mothers and babies on the problems arising, including rehabilitation of the mother. To make a register of such pregnancies.

29. To maintain a register of infants fostered for gain, and ensure that, so far as practicable, the register is complete, and to administer the Child Life Protection Scheme through the Health Visitors of the area.

30. To administer the County Scheme for protection of premature babies.

31. To administer the County Scheme for home helps for midwifery.

32. To maintain a register in accordance with any County Schemes for problem families and operate any arrangements for rehabilitation, with a view to protecting the children in such families and maintaining the family as an effective unit.

33. To organise and administer schemes for the distribution of priority foods to expectant and nursing mothers and children 0–5 in collaboration with the local officers of the Ministry of Food, including any schemes for special foods, such as iron, for expectant and nursing mothers.

34. To undertake the dietary surveys of the population as part of a professional team of workers in the area set up by the County Medical Officer.

35. To administer in the area Health Centres proposed in the National Health Service Act, 1946.

36. To supervise the Ambulance Service in the area, paying particular regard to any problems arising on the propriety of the use of the vehicles and making personal contact with medical practitioners connected with such cases in the area. This will entail a close working arrangement with the County Ambulance Officer.

37. To administer a scheme of domestic help for sickness and old age in association with the scheme of home helps for maternity.

38. To organise and administer any scheme of district nursing set up by the County Council as proposed in the National Health Service Act, 1946.

39. To consult as necessary with the County Pathologist on the investigation of epidemics in the area.

40. To inspect nursing homes and report to the County Medical Officer on any applications made for registration of new premises.

41. To advise on the licensing of producers of special designated milks in consultation with the County Sanitary Inspectors, with a view to maintaining a high standard of milk production.

42. To approve milk producers for supplying milk to schools in consultation with the County Sanitary Inspector and advise the County Supplies Department responsible for making the contract.

43. To administer schemes for the prevention of illness envisaged by the National Health Service Act, 1946, including the follow-up of hospital patients.

44. To investigate social diseases.

45. To take steps to eradicate scabies and lice infestation.

46. To administer schemes for the prevention of tuberculosis.

47. To co-operate with the County Medical Officer in administration of the scheme for smoke abatement.

48. To administer schemes for industrial medicine if made the duty of the County Council.

49. To assist the County Medical Officer in housing surveys under the Housing Act, 1936, and any other legislation in which the County Council is made responsible.

50. To maintain and supervise the petty cash imprest account for the Divisional Area.

51. To be responsible for paying, after checking, the travelling expenses and petty cash disbursements of the nursing staffs in the Divisional Area.

52. To be responsible for the checking of accounts for transmission to the County Treasurer.

53. To be responsible for ordering and checking supplies of goods, dried milks, medicaments, etc., to the School Medical and Child Welfare Centres. Requests for supplies provided by the central purchasing department should go direct to the Stores Department. Individual items of equipment costing more than £15 to be ordered only after consultation with the County Medical Officer.

54. To supervise the financial work of the Health Visitors and Nurses in relation to the dried milk scheme.

55. To arrange direct with the appropriate departments of the County Council in Wakefield, or, where the work has been delegated to local officers, with those officers for the execution of minor structural repairs to buildings, furnishings, floor coverings, etc., and to deal with the correspondence arising therefrom.

56. To submit to the County Medical Officer special items of expenditure requiring to be considered in connection with the annual budget estimates.

57. To be responsible for preparing and maintaining inventories of furniture and equipment in the Clinics and Child Welfare Centres and undertaking any necessary stocktaking.

58. To undertake any other work in connection with maintaining the health and preventing sickness and death in mothers and infants or any other sections of the population, which the County Council, through the County Medical Officer, from time to time direct to be done.

The professional staff, Doctors, Dentists, Health Visitors and Midwives, although operating within a division are appointed on a County basis and remain subject to professional supervision by County Headquarters staff. As part of this scheme the decision was taken to appoint a Superintendent Health Visitor for the County in substitution of the vacancy for a fourth Inspectress of Health Visitors.

The appointment of whole time Children's Specialists as Child Health Officers

The second important change to be made resulted from the decision to appoint three Pædiatricians under the title of Child Health Officers. These specialists in children's diseases will each be given one-third of the County area (approximately 10 divisions). They will be the guide, philosopher and friend of the medical staff engaged in clinical work in the School Health and Child Welfare services, and will hold pædiatric clinics at appropriate intervals of time in each division where special cases and handicapped children of all sorts can be seen. Their advice will also be available to general medical practitioners for children in their own homes. Each Child Health Officer will be given the charge of some children's beds in one of the County hospitals in the area and (by agreement with voluntary hospitals) will be available for consultant advice to any other children's units, as well as for problems affecting babies in maternity homes and in day and residential nurseries and children in special schools. Agreement is being sought for each Child Health Officer to hold some position on the staff of the Professor of Child Health at one of the two University centres, Leeds and Sheffield. The appointments have been made with the approval of the Ministries of Health and Education and should continue after 5th July, 1948, jointly with the Sheffield and Leeds Regional Hospital Boards.

Free Treatment for all School Children

Section 48 (3) of the Education Act has been implemented by a decision to give free medical treatment at hospitals to all children on the register of maintained schools from the 1st of January, 1947, subject to the approval of the School Medical Officer. Emergencies are to be covered for one week without such approval to avoid any possible delay in treatment. In order to ensure that general medical practitioners can refer their cases direct to hospital with the least inconvenience, I am proposing to enter into agreements with hospitals as to the treatment which each can undertake and within this agreement no prior approval of the School Medical Officer for treatment will be required. Until such agreements have been made, and these will necessarily take some time to complete, payment for all children at all hospitals will be accepted. Negotiations have taken place with hospitals and agreement has been reached for the submission of particulars of admissions to hospital and confidential reports at the time of the discharge of children to ensure that health visitors can follow up children at school and at home. As the divisional scheme comes into operation this work will be done by divisional School Medical Officers in direct relation with hospitals. It is a far-reaching innovation in social medicine, the benefits of which may be considerable.

In further implementation of the Education Act of 1944 arrangements are being considered for specialist clinics for consultant advice within each division. Such clinics for Ear, Nose and Throat work are now in operation staffed by a specialist Surgeon, who is also in charge of a specialist Ear, Nose and Throat Unit at an approved hospital to which children seen by him can be admitted for treatment. Thus all children thought to be in need of operative treatment and any others for whom a second opinion is sought by Assistant County Medical Officers or general medical practitioners (other than emergencies) will be seen by the Specialist before admission to hospital. The operation of this scheme is proceeding smoothly.

Mention has already been made of the pædiatric clinics. Clinics for orthopædic work have been in operation for some years. In the course of time it is hoped to establish further specialist clinics for child guidance, skin conditions and rheumatic ailments about to fit into the pattern of divisional administration.

The association of all Medical Officers with some Hospital Practice

Important changes have also been authorised in the work of Medical Officers engaged for School Health and Infant Welfare. These officers are now required to take part in work in both services and the name of School Medical Inspector has been changed to Assistant County Medical Officer. Each will be required, as soon as arrangements permit, to spend one session a week in some form of specialist activity for children as, for example, in the care of children in hospital or in special clinics. This will mark the end of the time when the work of these officers was divorced entirely from the treatment of children. The present shortage of staff and the impending re-organisation of administration into divisional areas will inevitably mean that this scheme must come into operation gradually over a period of time.

Increases in Medical Dental and Health Visiting staffs

In 1945 the Council agreed to substantial increases in Medical, Dental and Health Visiting staffs, the establishments being raised to 65 Assistant County Medical Officers, 68 Dental Officers and 286 Health Visitors. The year 1946 saw the beginning of attempts to put this into operation but by the end of the year no great changes had taken place. I feel confident, however, that 1947 will see great improvements in Medical and Dental staffs although it may be some time before the ideal will be reached of one doctor for each 3,500 school children (with the appropriate under school age group) and one dentist for each 2,500 children. Less confidence can be felt in the position of the health visitors. Their existing duties and the addition of new duties under the National Health Service Act, 1946, call urgently for increase in staff but owing to shortage and lack of training facilities the prospect of securing any substantial number is not good. In an attempt to meet the situation an agreement has been reached with Leeds University (which cannot start before October 1947) for the training of 20 pupil health visitors yearly. This number will do little more than replace gaps due to retirement and sickness and every effort must be made to recruit trained health visitors in addition.

Attempts to Reorganise the Pathological Scheme

The provision of up-to-date pathological arrangements is of fundamental importance to preventive medicine and the Council showed their appreciation of this in appointing Dr. J. C. Colbeck to succeed Professor Sutherland and in approving a scheme for divisional public health laboratories in five regions. After much preliminary work in securing the agreement of certain hospitals to the establishment of such laboratories in association with the hospital's own laboratory, this scheme had to be abandoned when the laboratory service was taken over by the National Public Health Laboratory Service under the ægis of the Medical Research Council. By the end of 1947 no further steps had been taken by the Medical Research Council although much preliminary work had already been done. All interested in Public Health in the West Riding will look to the Medical Research Council to expand the service along the lines begun by the County Council and so much needed.

The National Health Service Act, 1946

It is the privilege of the medical officer of health to be able to speak his mind and to philosophise to his Council once a year. It is an innocent pastime and one which has not seldom brought advantages to the welfare of mankind. No occasion could be more appropriate for plain thinking, nor one so clearly demanding indulgence, than on the passing of the greatest of all statutes regulating medical affairs. The Council will be well aware of the main provisions of the Act, and there would be little purpose in dwelling upon them. The possibilities of improvement in the services for safeguarding health are too numerous to be listed and many too obvious to be mentioned. If, as one must now suspect, no single hospital brick is laid during the next five years, the advantages that can come from skilful planning of the existing buildings and use of staff, once all fall under one jurisdiction, should be considerable. Three-quarters of our infectious diseases hospitals could be closed on the appointed day, the patients accommodated in the remainder chosen from the more modern and strategically situated, and the hospitals thus freed could be used for maternity or other special purposes for which we have a most desperate need. Many of our smaller hospitals and sanatoria could be similarly grouped and redundant buildings also used for vital purposes, such as orthopædic hospital schools or rheumatic schools, for which again there is a great need; where two hospitals exist in a small township, one voluntary and one municipal competing with each other, unification will be possible in the new regime with a division of functions capable of effecting great savings in staff and accommodation; the chronic sick beds in public assistance institutions now transferred to the Hospital Boards can be attached to general hospitals and given the full range of medical and surgical facilities; the overall beds for sickness of all sorts can be increased by the purchase and addition of large country houses to be used for convalescence to enable a more rapid turnover of beds at the centre; specialist staffs, previously limited to larger hospitals, can be spread throughout the region so that all hospitals, big and small, infectious, chronic, special or mental have a full range of what is needed. These are but examples of what enlightened administration by the Regional Hospital Boards can achieve, and, be it noted, without great calls upon the building and equipping industries, for the assets that the Government are acquiring are of a very high order representing as they do the best efforts of disinterested public and voluntary enterprise over the past two centuries. The task before the Regional Hospital Boards is almost frightening in its immensity. With so many diversified interests it is imperative that the Boards maintain an impartial outlook over the whole range of institutional life. Their duties are to the chronic equally as to the acute sick, to normal midwifery equally as to abnormal and to the mental defectives and psychotics, the tuberculous, rheumatic and physically handicapped, and to many other special categories. The shortage of normal midwifery accommodation is urgent, as is the need for more children's beds, particularly in South

Yorkshire. As if the task were not great enough, chance has added one more weighty consideration which unless successfully tackled may ruin the prospects of the Regional Boards entirely — staff. Can the Boards secure the necessary staff; can they find nurses, midwives and domestics?

Great improvements, too, are possible in the field of preventive medicine. The possible advantages of a comprehensive ambulance service are far-reaching; indeed, it should now be possible to ensure that the many and varied specialist services which we have been building up in Britain for some years (and which we hope to see greatly extended as a result of the new Act) will be fully used without impediment of time or distance; extensions of district nursing, health visiting and home helps, and the prevention of illness, care and after-care of sickness to all families and the whole family, can have a profound effect in making social medicine a reality; it should now be possible to organise district nursing, health visiting and midwifery as separate professions, equal and parallel but distinct, under the administration of the Medical Officer of Health, thus ensuring even higher professional standards than in the past; much administrative confusion will be eliminated by placing all personal preventive medicine in the hands of the major health authorities; a sharp stimulus should be provided to all fundamental measures of prevention, such as those to deal with problem families, smoke pollution and housing. In short, the fight between curative and preventive medicine is "on"; the work of the local health authorities is to deny the regional hospital boards a job. Part III of the Act is indeed a charter in social medicine, which taken together with the intended National Insurance legislation, may revolutionise the lives of our people. It is now possible for the vision of Sidney and Beatrice Webb to be fully realised. Their advocacy of the public health department rings as true to-day as when expounded in the minority report to the Royal Commission of 1905–09. If this is to be the final "break-up" of the poor law, we should be wise to follow the lead of these two great sociologists, who so clearly believed in the truth of social medicine. The new situation is likely to mean much hard and responsible work for public health departments everywhere, but work which deals with people, lives and the pursuit of happiness for all, long retains its fascination. In the great era before us the medical officer of health will have still greater opportunities to serve the community.

The advantages of the new practitioner service are less easy to gauge, particularly as one essential to success — the building of surgeries for grouped practice, which has been made a function of the local health authority — does not seem possible in the light of present difficulties; no-one now expects to see a health centre built anywhere in the next five years. Nevertheless, the Executive Councils should be able to achieve some form of grouping which will provide leisure, relief and opportunities for postgraduate study, impossible under the present regime; new entrants will not need to buy a practice and in doing so mortgage themselves up to the hilt; a start should also be possible in arrangements for the health visitor to assist the practitioner in his day-to-day work and so help to remedy the outstanding deficiency of private practice in the past — this can only come about gradually in view of the shortage of health visitors and the extension of their work in other directions (in the West Riding we have an establishment of 321 but only 120 full-time members and the deficiency will only slowly be made good by arrangements now being made for training). In many of the mining and industrial areas the shortage of doctors, which contrasts with a relative abundance in residential areas, can be remedied by the process which doctors have named "negative direction", and this in itself should lead to considerable advantages to the nation's health. The development of district nursing dealt with elsewhere in the report, can also have important advantages to the practitioner service. The relationship between practitioners and public health departments must clearly be even closer than in the past. Each will be working in a complementary manner to one end. From this one fact much more may follow. To instance only one thing — so badly needed and so difficult to achieve — the notification of sickness. How little we know of sickness in the community. How much might come from a close regard to the details of the practitioners' work. The doctor, district nurse and health visitor could, in the future set-up, supply this great need by some system of minuting their work. This is something to be worked for in the future of our divisional scheme.

Difficult as undoubtedly is the present time for making large administrative changes, it is heartening indeed to see the great possibilities before us. These are filling most people with sober confidence and a feeling that a courageous effort is going to be made to succeed, whatever may be the immediate obstacles. I have, however, said that I intended to seize this moment to philosophise, and the next few paragraphs are an attempt to redress the balance, showing what seems to me to be fundamental weaknesses in the scheme. Little can be done about these now except in our inimitable British fashion, to overcome them by common-sense, goodwill and compromise. The time will, however, come when action must be taken. There appear to me to be three major objections to the administrative framework of the Act. Firstly, the division of substantially one subject between three separate authorities — the Regional Hospital Boards, the Executive Councils and the Local Health Authorities — is certain to prove awkward. We have had a long experience of such division of functions; a study of health administration during the past fifty years in county areas would be enough to raise feelings of foreboding. Administration is difficult enough without adding gratuitously to its difficulties. Few people of vision can, in fact, see any permanence in the tripartite regime, if for that reason alone.

The second difficulty will arise from the separation of curative and preventive medicine. It is a common fallacy to suppose that a line can be drawn between health and disease; it cannot. Disease is but a part of a larger whole which concerns the entire life of the community; beds in hospitals or institutions should be considered only as an integral part of a much wider problem, how to keep the community healthy; beds for each and every purpose should be made available only after, and as part of, consideration of the wider issues affecting that particular purpose. Thus, general hospital beds must depend to a large extent on the success or otherwise of district nursing and home helps schemes, and the development of pathological and other specialist services to help the work of the general practitioner; beds for chronic sick must depend upon the welfare services in the community for, if not in need of continued treatment only available in hospital, the chronically sick must be better at home; beds for midwifery must depend upon the provision of domiciliary midwives, of home helps, day and residential nurseries, and the steps taken to remedy overcrowding and bad home conditions, and the problems of maternity, including ante and post natal care, are so inter-related that any artificial division of responsibility must reduce the overall efficiency; the arrangements to be made for mental deficiency colonies must be dependent upon ascertainment of mental defectives in the community, and their succour by social workers, home teachers and occupation centres, so that a division of responsibility between the provision of colonies for mental defectives and all other facilities is difficult to justify; the beds provided for children in hospital must be dependent upon the work of the school health service, and the provision of special clinics outside hospital; the provision of beds for infectious disease must be dependent upon the success or otherwise of measures to prevent the occurrence and the spread of infection in the community; orthopædic long-stay hospital schools and rheumatic hospital schools are similarly closely related to the work of the school health service.

The tuberculosis service, perhaps more than any other, shows the close link between hospitals and community services and it is of the utmost significance that the special committee of enquiry, which reported just before the outbreak of war on the high incidence of tuberculosis in Wales, blamed the separation of administration between the King Edward VII Welsh National Memorial Association and the local authorities as the chief cause. The arrangements in Wales, censured by this Committee, with two authorities, one dealing with treatment and the other with prevention, are now, only eight years later, to be reproduced over the whole country; the Committee members must find that their advice has been little heeded. Venereal disease is certainly no less one subject; there is no moment from exposure to infection until the sufferer is once more rehabilitated and living a decent life in the community when it can be truly said that a distinct entity exists for a separate authority to be concerned with. Furthermore, all the specialists and many auxiliary medical personnel must work both in the curative and preventive fields. Preventive medicine is now entering upon a new era. It is idle to pretend that England is now a paradise of good housing, wholesome feeding, pure water and unpolluted air. A visit to the West Riding of Yorkshire would disabuse anyone of such a delusion. Nevertheless, in comparison with the conditions present when medical officers of health were first appointed one hundred years ago, the circumstances of to-day are a paradise. Moreover, the way to continued improvement along these lines is clear and it is plain to see that action on national lines can and will proceed within a short time to completion and progress has gone so far that underlying causes of ill-health of more complex origin have been laid bare. This residue of ill-health requires much more scientific handling. The new era to which I refer is the era of specialism in preventive medicine. The medical officer of health can no longer operate alone but must be reinforced by each and every form of medical specialist and the increasing army of medical auxiliary specialists. He must use all these in their particular spheres of action, the pathologist, bacteriologist, biochemist, obstetrician, gynæcologist, pædiatrician, ear, nose and throat specialist, ophthalmologist, oculist, optician, orthoptist, child psychiatrist, psychiatric social worker, psychologist, orthopædic surgeon, physiotherapist, dietitian, mental health officer, mental deficiency social worker, mental deficiency home teacher, health visitor, sanitary inspector, almoner, tuberculosis officer, tuberculosis nurse, venereal diseases specialist, venereal diseases social worker, home adviser (for problem families), mass radiography radiologist and radiographer, and no doubt many others. Health in the future will be achieved by highly specialised technical machinery; the day of obvious sanitary reform is past. Like all new eras the moment of beginning is seldom sudden and for some years now extensions along these lines have been taking place. How disappointing to all who have watched the development of the new era of specialism in preventive medicine to realise that as the result of one stroke of Parliament's pen, the weapons with which to develop their attack have been taken from the grasp of the health authority and given to a sister body concerned only with the treatment of disease. It is of the utmost importance that the local health authorities should be permitted to retain the right to appoint specialists jointly with the Regional Boards, or otherwise.

Both the intimate connection between hospitals and the community life and also the profound need to devote the mighty new weapons of specialised medical training in all its aspects to prevention of man's ills equally with the humane task of curing them, these two facts together demand that the administration of hospitals and public health should be in the hands of one body. One day, maybe not in my professional career, this situation will again be realised, and the division of health into two unnatural parts will cease, so that health is viewed as one subject and one service created for it.

The third difficulty which I foresee is this. The administrative arrangements to be made under the National Health Service Act consitute a fundamental departure from accepted beliefs of proper government in this country. None of the 20 to 30 members of a Regional Hospital Board is elected for the purpose by the community; each is selected by the Minister and there is a high proportion of professional men and women. By and large, intelligent and responsible people will do their duty — of this I am certain; nevertheless, it is one thing to do one's duty in the secure knowledge that the Minister alone can call for an account, and altogether another to act always with the knowledge that the community voted your service, and the men and women among whom you live will expect to know the why and wherefore; there is something, too, in the outlook of the lay person which must differ fundamentally from that of a professional. I confess to a distrust of the professional when in a position to vote on his own specialty, and I prefer to see decisions taken by lay folk on the advice of technical persons. My prophecy is that the composition of the Regional Hospital Boards cannot long remain on the present basis; they must become elected and the professional must take his chance with the layman as to whether or not he is elected.

Conclusion

A study of the figures to be found in the body of this report will bear out my feeling that the health of the West Riding has been well maintained and, in many respects, advanced. As a newcomer to Yorkshire, I have been frankly dismayed at many of the physical conditions against which this sturdy, energetic and forthright people have to contend. There is far to go to achieve positive health, but given the same dogged determination to secure this desirable state, as in the past has been given to other great objects, I see no reason to doubt that in the next decade or two Yorkshire folk will succeed. Of the many clear indications of progress I give the following, chosen more or less at random. The signs of rickets so obvious in many older folk have disappeared in the last two generations. The infant mortality and child mortality are both little more than half and maternal mortality a third of the average for the years 1925–34; since 1935 the child mortality (aged 1–5) has fallen from 5·44 to 2·19. The average number of cases of diphtheria in 1925–34 was 1,490 and the number of deaths 122; in 1946 the figures were 542 and 17, respectively.

There are other signs of a less encouraging nature; the number of new cases of syphilis in 1946 was over twice the number in 1938; the incidence of outbreaks of food poisoning has been increasing; the number of illegitimate babies, 1,739, or about 7 per cent. of births, remains high, and so does their mortality, which is nearly double that of the legitimate infant; the numbers of children taken from their parents to care and protection (the figure was 98 for 1946), suggests far too many social problem families about which too little is being done. Upwards of 150 tons of soot still fall upon every square mile every year all over this vast county. These are not signs of a truly healthy community, and it is as well not to become complacent in the face of such deep-rooted evils.

I am, Yours faithfully,

FRASER BROCKINGTON

PART I

VITAL STATISTICS

Area (acres) — Urban, 380,334; Rural, 1,230,495 — Total, 1,610,829

Population (mid. 1946) — Urban, 1,119,046; Rural, 388,724 — Total, 1,507,770

	1925–34	1935–44	1945	1946
SUMMARY FOR 1946				
Birth Rate (per 1,000 estimated population)				
Legitimate	16·4	15·4	16·6	18·5
Illegitimate	0·7	0·7	1·3	1·2
Total	17·1	16·1	17·9	19·7
Still Birth Rate (per 1,000 total births)	†	40	30	29
Premature Births (Live) Percentage of unadjusted total live births	†	†	4·0	4·6
Death Rates (all per 1,000 estimated population)				
All causes	12·1	12·3	12·3	11·9
Smallpox	0·00	0·00	Nil	Nil
Enteric fever	0·02	0·00	0·00	0·00
Scarlet fever	0·03	0·01	0·00	0·00
Diphtheria	0·08	0·08	0·02	0·01
Measles	0·10	0·03	0·03	0·00
Whooping cough	0·09	0·03	0·02	0·03
Zymotic diseases (seven principal)	0·41	0·21	0·19	0·13
Tuberculosis of the lungs	0·58	0·42	0·38	0·36
Other forms of tuberculosis	0·19	0·11	0·09	0·08
Respiratory diseases	1·66	1·32	1·36	1·31
Cancer	1·33	1·61	1·80	1·72
Heart disease	2·16	3·12	3·44	3·34
Infant Mortality (i.e. number of deaths under one year per 1,000 live births)	72	54	51	44
Diarrhœa (Deaths in infants under two years of age per 1,000 live births)	5·96	3·56	6·07	4·26
Maternal Mortality (Deaths of mothers in childbirth per 1,000 live births)				
Puerperal sepsis	2·07	1·02	0·54	0·47
Other causes	3·42	2·27	1·24	1·39
Total	5·49	3·29	1·78	1·86

† Figures not available

Births

Births in 1946 numbered 29,577, i.e. 19·7 per thousand of the estimated population (cf. 17·9 for 1945 and 20·2 for 1944). Excepting 1945, the birth rate has increased yearly since 1941; excepting 1944 the rate for 1946 is the highest since 1925. The general death rate has remained comparatively stationary, with the result that the natural increase in population (i.e. the excess of births over deaths) has risen appreciably compared with the years immediately prior to 1942, as will be seen from the following figures —

West Riding Administrative County

	Birth Rate	Number of Births	Number of Deaths	Excess of Births over Deaths (i.e. natural increase)
1938	15·5	23,246	17,430	5,816
1939	15·2	22,841	18,384	4,457
1940	15·3	22,760	19,856	2,904
1941	15·4	23·315	18,507	4,708
1942	17·0	25,035	17,252	7,783
1943	17·8	25,809	18,419	7,390
1944	20·2	29,305	17,589	11,716
1945	17·9	25,846	17,850	7,996
1946	19·7	29,577	17,922	11,655

Although recently higher, the birth rate has not reached the level considered normal 40 to 50 years ago. The net increase of population, however, does not differ so markedly owing to the saving of infant lives. This must have had a profound effect on the health of our women, since the birth of a baby is an exacting process endured to no purpose when the baby dies. The figures are given below for comparison —

Year	Number of Births	Deaths of Infants under one year of age	The addition to the population at end one year
1900	42,057	6,719	35,338
1946	29,577	1,304	28,273

Thus, although the number of births was 12,480 less, nearly half this reduction was saved by our improved infant care.

The Country Districts with the highest or lowest birth rate in 1946 are shown below —

District	Estimated Population	Number of Births	Birth Rate
Highest —			
Conisbrough U.D.	16,080	404	25·1
Dodworth U.D.	4,100	100	24·4
Hemsworth U.D.	12,690	307	24·2
Knaresborough U.D.	6,895	167	24·2
Maltby U.D.	11,420	297	26·0
Tickhill U.D.	2,389	59	24·7
Thorne R.D.	29,520	737	25·0
Lowest —			
Colne Valley U.D.	21,580	348	16·1
Harrogate B.	49,300	818	16·6
Ilkley U.D.	16,890	280	16·6
Mirfield U.D.	11,480	154	13·4
Saddleworth U.D.	16,270	266	16·3
Skipton U.D.	13,380	197	14·7
Hepton R.D.	3,781	54	14·3
Nidderdale R.D.	13,130	185	14·1
Penistone R.D.	6,700	112	16·7
Ripon and Pateley Bridge R.D. ...	11,370	175	15·4
Wharfedale R.D.	5,428	87	16·0

Deaths

The deaths in 1946 numbered 17,922, the death rate from all causes per thousand of the estimated population being 11·9 (cf. England and Wales 11·5), the lowest since 1942. The County Districts with the lowest death rate from all causes in 1946 are —

District	Estimated Population	Number of Deaths	Death Rate
Adwick-le-Street U.D.	19,120	173	9·0
Cudworth U.D.	8,428	75	8·9
Darton U.D.	13,880	117	8·4
Maltby U.D.	11,420	96	8·4
Royston U.D.	7,749	66	8·5
Tickhill U.D.	2,389	21	8·8
Wombwell U.D.	18,180	165	9·1
Worsborough U.D.	13,430	123	9·2
Doncaster R.D.	51,980	410	7·9
Thorne R.D.	29,520	268	9·1

"Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, died in a district other than that in which they resided, e.g. a hospital, nursing home or other institution. If all the deaths of this nature were debited to the district in which they occurred, the mortality rates of a district might be increased out of all proportion if it contained a large hospital or institution, and would not reflect a comparable picture of the mortality experience of the normal residents of the district. A copy of every certificate of death is received in the office of the Registrar-General, and from these it has been possible to adopt a system of transference whereby a transferable death, as defined above, is debited to the district in which the person had a fixed or usual residence. During the year 1946, 4,878 deaths were allocated under this system by the County Medical Officer to the usual district of residence.

The following table shows the mortality, in age groups, from the various causes in the West Riding Administrative County during 1946 —

Causes of Death	Age at Death						
	Under 1 Year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	Total
Typhoid and paratyphoid fevers	—	1	—	1	2	1	5
Cerebro-spinal fever	6	3	3	3	1	1	17
Scarlet fever	—	—	2	—	—	—	2
Whooping cough	27	13	1	—	—	—	41
Diphtheria	1	6	6	4	—	—	17
Tuberculosis — lungs	1	1	4	319	169	43	537
Tuberculosis — other forms	7	20	15	52	16	8	118
Syphilitic diseases	8	—	—	9	39	17	70
Influenza	9	7	1	26	61	113	217
Measles	2	2	1	—	1	—	6
Acute poliomyelitis and polio-encephalitis	—	—	—	2	—	—	2
Acute infectious encephalitis	—	—	—	3	7	1	11
Cancer	1	4	5	186	1005	1385	2586
Diabetes	—	—	4	11	43	120	178
Intracranial vascular lesions	2	—	—	20	472	1695	2189
Heart disease	—	—	12	183	1015	3805	5015
Other diseases of blood vessels	2	1	1	11	90	442	547
Bronchitis	27	7	6	37	290	693	1060
Pneumonia	227	40	7	53	117	239	683
Other respiratory diseases	3	2	—	26	92	105	228
Ulcer of stomach or duodenum	—	—	—	19	59	48	126
Diarrhœa under 2 years	120	6	—	—	—	—	126
Appendicitis	—	5	12	27	11	11	66
Other digestive diseases	14	7	4	43	131	187	386
Nephritis	—	4	3	74	164	281	526
Puerperal sepsis	—	—	—	14	—	—	14
Other maternal causes	—	—	—	39	2	—	41
Premature birth	378	—	—	—	—	—	378
Congenital malformations, birth injury, infantile disease	380	16	7	19	7	7	436
Suicide	—	—	—	43	67	46	156
Road traffic accidents	—	15	31	46	21	30	143
Other violent causes	31	16	19	98	91	130	385
All other causes	61	28	22	176	292	1031	1610
All Causes	1304	204	166	1544	4265	10439	17922

Deaths from various causes during the past quarter of a century are given in the following table —

Year	Birth Rate	Death Rate All Causes	Zymotic Death Rate*	Tuberculosis of Lungs Death Rate	Other Tuberculous Diseases Death Rate	Respiratory Diseases Death Rate†	Cancer Death Rate	Still Births per 1000 total births	Maternal Mortality per 1000 live births	Infant Mortality§
1922	20·9	12·2	0·58	0·68	0·30	2·07	1·15		4·16	81
1923	20·6	12·2	0·53	0·71	0·28	2·11	1·16		4·32	81
1924	20·4	12·8	0·48	0·70	0·25	2·43	1·19		4·57	83
1925	20·1	12·3	0·53	0·70	0·26	2·15	1·22		5·12	81
1926	19·4	11·6	0·46	0·62	0·22	1·78	1·24		4·82	73
1927	17·7	12·6	0·51	0·65	0·21	2·12	1·28		5·18	79
1928	17·7	11·5	0·28	0·61	0·22	1·46	1·29		5·45	62
1929	16·7	13·6	0·54	0·66	0·21	2·22	1·28		5·24	89
1930	16·9	11·4	0·33	0·57	0·20	1·35	1·33	45	6·25	65
1931	16·1	12·4	0·38	0·57	0·16	1·64	1·32	45	5·82	74
1932	15·8	12·1	0·39	0·52	0·17	1·33	1·46	48	5·22	70
1933	15·0	12·2	0·30	0·49	0·14	1·36	1·42	47	6·24	70
1934	15·2	11·7	0·41	0·44	0·12	1·16	1·44	48	5·81	58
1935	15·0	11·9	0·28	0·48	0·10	1·13	1·48	47	4·55	58
1936	15·1	12·3	0·29	0·44	0·12	1·25	1·51	45	4·35	63
1937	15·2	12·7	0·21	0·46	0·11	1·23	1·60	45	3·92	60
1938	15·5	11·6	0·23	0·38	0·11	0·99	1·55	44	3·74	51
1939	15·2	12·2	0·18	0·41	0·10	1·01	1·52	42	3·05	54
1940	15·3	13·4	0·18	0·42	0·11	1·94	1·58	40	3·26	56
1941	15·4	12·3	0·22	0·42	0·12	1·43	1·68	39	2·72	57
1942	17·0	11·7	0·18	0·42	0·12	1·26	1·65	36	3·36	49
1943	17·8	12·7	0·19	0·43	0·12	1·63	1·72	34	2·48	50
1944	20·2	12·1	0·12	0·37	0·09	1·32	1·79	31	1·98	44
1945	17·9	12·3	0·19	0·38	0·09	1·36	1·80	30	1·78	51
1946	19·7	11·9	0·13	0·36	0·08	1·31	1·72	29	1·86	44

* Combined death rate from smallpox, scarlet fever, enteric fever, diphtheria, whooping cough, measles, and diarrhœa in infants under two years of age.

† Combined death rate from bronchitis, pneumonia, and other respiratory diseases excluding tuberculosis of the lungs.

§ Deaths of infants under one year of age per 1000 live births.

The following table gives the deaths in Urban and Rural districts for the past quarter of a century —

Rate	Urban Districts						Rural Districts					
	Quinquennial Periods					Year 1946 for comparison	Quinquennial Periods					Year 1946 for comparison
	1921 to 1925	1926 to 1930	1931 to 1935	1936 to 1940	1941 to 1945		1921 to 1925	1926 to 1930	1931 to 1935	1936 to 1940	1941 to 1945	
Birth rate	20·2	16·7	14·7	14·8	17·1	19·5	23·5	20·3	17·3	16·6	19·0	20·3
*Infant mortality rate ...	86	74	65	57	50	43	82	74	67	57	49	47
Death Rates —												
All classes	12·7	12·5	12·6	13·0	12·7	12·4	11·7	11·2	10·8	11·0	10·8	10·5
Zymotic diseases ...	0·58	0·40	0·33	0·21	0·17	0·12	0·59	0·50	0·39	0·24	0·20	0·16
Smallpox	0·00	0·00	Nil	Nil	Nil	Nil	Nil	0·00	Nil	0·00	Nil	Nil
Scarlet fever	0·03	0·02	0·03	0·01	0·00	0·00	0·03	0·03	0·02	0·01	0·00	Nil
Diphtheria	0·06	0·06	0·12	0·09	0·05	0·01	0·05	0·07	0·10	0·07	0·05	0·02
Enteric fever	0·03	0·02	0·01	0·00	0·00	0·00	0·02	0·02	0·01	0·00	0·00	Nil
Measles	0·12	0·08	0·07	0·03	0·02	0·00	0·11	0·12	0·08	0·04	0·04	0·01
Whooping cough ...	0·13	0·10	0·05	0·03	0·03	0·02	0·16	0·13	0·07	0·04	0·04	0·04
Respiratory diseases ...	2·26	1·83	1·36	1·33	1·44	1·36	2·00	1·68	1·23	1·16	1·27	1·17
Tuberculosis of the lungs	0·74	0·65	0·52	0·43	0·42	0·37	0·61	0·54	0·45	0·40	0·36	0·32
Other tuberculous diseases	0·28	0·21	0·14	0·11	0·10	0·07	0·26	0·21	0·15	0·11	0·12	0·10
Cancer	1·20	1·34	1·52	1·63	1·81	1·82	1·08	1·13	1·19	1·32	1·50	1·43
Heart disease	1·59	2·06	2·81	3·48	3·32	3·53	1·37	1·68	2·13	2·62	2·51	2·78
†Diarrhœa (Deaths in children under 2 years of age)...	10·23	5·94	4·26	3·22	4·14	4·01	9·29	6·31	5·84	4·31	3·98	4·96
†Maternal mortality —												
Puerperal Sepsis	1·56	2·14	2·15	1·04	0·68	0·50	1·74	1·78	2·07	1·21	0·80	0·38
Other causes	3·16	3·70	3·76	2·62	1·73	1·20	2·75	2·59	2·68	2·45	1·72	1·91
Total	4·72	5·84	5·91	3·66	2·41	1·70	4·49	4·37	4·75	3·66	2·52	2·29

* Deaths under one year per 1000 live births.
† Deaths per 1000 live births.

Infant Mortality — The steady fall continues, as seen in the following table —

Year	Number of Deaths under one year per 1000 live births															
	Enteric Fever	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Respiratory Tuberculosis	Other Tuberculous Diseases	Bronchitis	Pneumonia	Other Respiratory Diseases	Diarrhœa	Congenital Debility etc. Prem. Birth	Other Causes	Total (All Causes)
Average for 10 years 1912–1921	0·00	Nil	2·48	0·06	3·65	0·14	1·05	0·25	2·46	9·80	11·92	0·53	12·54	38·48	20·21	103·57
Average for 10 years 1922–1931	0·01	0·02	1·36	0·03	2·71	0·12	0·79	0·18	1·42	5·38	12·63	0·39	5·86	32·95	13·20	77·05
Average for 10 years 1932–1941	0·00	Nil	0·68	0·01	1·35	0·13	0·66	0·06	0·63	2·73	9·69	0·17	3·59	32·89	6·99	59·58
1942	Nil	Nil	0·32	Nil	0·64	0·08	0·08	0·12	0·40	1·88	7·47	0·12	3·91	28·32	5·63	48·97
1943	Nil	Nil	0·50	Nil	1·63	0·23	0·47	0·04	0·54	2·71	10·11	0·16	2·98	25·46	4·84	49·67
1944	Nil	Nil	0·07	Nil	0·48	Nil	0·03	0·10	0·31	2·12	7·64	0·21	2·76	25·93	4·71	44·36
1945	Nil	Nil	0·89	Nil	0·73	Nil	0·42	Nil	0·39	1·78	11·03	0·12	5·88	24·42	5·14	50·80
1946	Nil	Nil	0·07	Nil	0·91	0·03	0·30	0·03	0·24	0·91	7·68	0·10	4·06	25·63	4·13	44·09

Illegitimate Births — Illegitimate live births in 1946 numbered 1,739, compared with 1,892 for the year 1945, and 1,720 for the year 1944. Illegitimate still births in 1946 numbered 63, compared with 68 for the year 1945, and 65 for the year 1944. These figures are as supplied by the Registrar-General, being adjusted for inward and outward transfers, and the number of illegitimate babies actually born in the Administrative County may be substantially different.

The illegitimate still-birth rate per thousand total illegitimate births has remained higher over a number of years than the legitimate still-birth rate, as will be seen from the following —

	Still births per 1,000 total births	
Year	Legitimate	Illegitimate
1937	44	65
1938	44	46
1939	42	51
1940	39	53
1941	38	43
1942	35	47
1943	33	37
1944	30	36
1945	29	35
1946	29	35

The death rate of illegitimate infants under one year of age has also been consistently higher than for legitimate infants, as seen in the following table —

Year	Infant Mortality (i.e. deaths under one year of age per 1,000 live births)	
	Legitimate	Illegitimate
1937	59	84
1938	51	62
1939	54	64
1940	55	82
1941	58	82
1942	48	61
1943	49	64
1944	43	62
1945	49	70
1946	43	64

There is a definite need for a scheme which will provide for the care of the unmarried mother from the earliest stages of pregnancy up to such time as the mother and baby are re-established in the community.

Child Mortality — There has been a steady fall in child mortality within the last decade which must make this period one of remarkable importance to all lovers of children. At last a real advance in the fundamental care of the young child has been made. What may be the cause of such a dramatic change is difficult to say, but it is certain that the war produced a change in parental care, and the priority distribution of food, particularly milk, must have had a profound effect. The mortality figures are given in the following table —

Year	Deaths of infants under 1 year of age per 1000 live births		Deaths of children aged 1–5 years per 1000 living in that age-group	
	West Riding	England and Wales	West Riding	England and Wales
1935	58	57	5·44	5·08
1936	63	59	5·78	5·50
1937	60	58	5·28	5·11
1938	51	53	4·89	4·59
1939	54	51	4·04	3·49
1940	56	57	4·74	4·83
1941	57	60	4·93	5·30
1942	49	51	4·35	3·42
1943	50	49	4·05	3·34
1944	44	45	2·76	2·71
1945	51	46	3·08	2·64
1946	44	43	2·19	2·08

The number of deaths of children aged 1 to 5 years from the various causes is shown below —

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946
Scarlet fever	19	16	8	8	7	3	3	—	3	2	—	—
Typhoid and paratyphoid fevers	—	—	—	—	—	—	—	—	—	—	—	1
Diphtheria	62	57	49	43	41	40	40	37	24	19	10	6
Encephalitis lethargica ...	—	2	—	—	2	—	—	—	—	—	—	—
Cerebro-spinal fever ...	9	4	6	4	3	11	18	6	6	9	4	3
Poliomyelitis and polio-encephalitis	1	2	—	3	—	1	—	—	—	2	—	—
Syphilitic diseases ...	1	—	—	—	—	1	—	—	—	—	—	—
Influenza	9	7	17	6	9	27	5	8	12	5	3	7
Whooping cough	24	39	34	12	37	10	44	15	25	6	12	13
Measles	17	50	17	48	4	24	18	19	27	2	22	2
Bronchitis	9	14	11	10	7	25	21	14	17	7	11	7
Pneumonia	130	136	141	114	82	111	94	82	80	56	56	40
Other respiratory diseases	11	6	4	3	5	2	7	4	7	4	4	2
Respiratory tuberculosis	9	7	6	3	2	4	4	4	2	5	8	1
Other forms of tuberculosis	38	39	36	32	41	37	39	48	44	25	33	20
Heart and circulatory diseases	2	4	3	1	2	—	2	2	—	1	2	1
Diarrhœa and other digestive diseases ...	46	37	41	38	28	19	17	31	28	22	21	18
Nephritis	4	3	5	1	2	1	3	2	5	2	4	4
Diabetes	—	—	2	—	—	—	1	—	—	1	—	—
Cancer	5	5	2	4	2	2	7	7	6	8	3	4
Congenital debility, malformations, prem. births etc.	8	6	4	9	10	12	14	9	4	12	8	16
Violence	49	50	57	50	41	44	55	68	42	28	52	31
Other causes	53	50	41	56	40	54	53	36	33	32	39	28
Totals	506	534	484	445	365	428	445	392	365	248	292	204

Maternal Mortality — The maternal mortality rate of 1·80 per thousand live and still births is slightly higher than 1945 (1·73). Compared with 1945 the rate for puerperal infections decreased by 0·7 offset by an increase of 0·14 in mortality from other causes. As noted elsewhere maternal mortality suddenly fell by half in 1944 and has remained down since. The rate compares unfavourably with that of 1·33 for England and Wales, due no doubt to the industrial nature of a large part of the County area; it should be borne in mind that ten to fifteen years ago the rate was in the region of 5·0 to 6·0. The cause of this reduction is not easy to determine. It is too sudden to be related to medical care in the ordinary sense since this, though steadily improving, has undergone no sudden change. The most likely one cause is the general change in national diet with priorities for expectant and nursing mothers. The rates for previous years are shown below for comparison —

Year	Number of deaths from			Mortality rate per 1000 live and still births		
	Puerperal Sepsis	Other Puerperal Causes	Total	Puerperal Sepsis	Other Puerperal Causes	Total
1929	58	76	134	2·16	2·83	4·99
1930	63	99	162	2·32	3·64	5·96
1931	57	88	145	2·19	3·37	5·56
1932	50	77	127	1·96	3·01	4·97
1933	48	96	144	1·98	3·96	5·94
1934	54	82	136	2·20	3·33	5·53
1935	43	62	105	1·78	2·56	4·34
1936	39	61	100	1·62	2·54	4·16
1937	21	69	90	0·87	2·87	3·74
1938	25	62	87	1·03	2·55	3·58
1939	19	51	70	0·79	2·13	2·92
1940	22	53	75	0·92	2·21	3·13
1941	17	48	65	0·68	1·93	2·61
1942	25	59	84	0·96	2·27	3·23
1943	18	46	64	0·68	1·72	2·40
1944	18	40	58	0·60	1·32	1·92
1945	14	32	46	0·53	1·20	1·73
1946	14	41	55	0·46	1·34	1·80

PART II

EPIDEMIOLOGY

Incidence of Infectious Disease

The following table shows the number of cases during 1946 according to age and sex distribution —

Age Group	Scarlet Fever		Whooping Cough		Diphtheria		Measles		Acute Poliomyelitis and Polio-encephalitis	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0	7	5	233	215	12	1	46	53	—	—
1	102	83	627	645	29	22	219	186	—	—
3	205	249	649	782	42	23	278	300	—	—
5	426	493	576	569	88	87	336	328	—	—
10	212	261	41	51	27	44	35	31	—	—
15	76	110	9	12	27	62	14	20	—	1
25 and over ...	49	69	12	24	29	47	11	19	—	—
Age unknown ...	4	7	4	2	—	2	2	3	—	—
All ages	1081	1277	2151	2300	254	288	941	940	—	1

Age Group	Typhoid and Paratyphoid		Dysentery		Cerebro-Spinal Fever		Acute Pneumonia		Erysipelas	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0	6	9	12	14	11	8	159	116	1	3
5	13	7	29	12	8	14	106	73	5	4
15	2	14	16	12	9	12	242	153	38	52
45	5	5	6	13	3	2	171	108	70	89
65 and over ...	—	2	4	7	—	1	103	77	56	45
Age unknown ...	—	—	—	1	—	1	7	7	—	3
All ages	26	37	67	59	31	38	788	534	170	196

The above figures are compared below with those for 1945 —

	Year 1945	Year 1946
Scarlet fever	3,077	2,358
Whooping cough	2,844	4,451
Diphtheria	824	542
Measles	24,882	1,881
Acute poliomyelitis and polio-encephalitis ...	8	1
Typhoid and paratyphoid	14	63
Dysentery	335	126
Cerebro-spinal fever	64	69
Acute pneumonia	1,332	1,322
Erysipelas	379	366

The only unusual occurrence during the year was an outbreak of paratyphoid fever, mainly affecting the County Borough of Halifax, but to a lesser degree the parts of the County around.

The total number of children immunised against diphtheria in 1946 was 27,558 (0–5 years 18,362, 5–15 years 9,196), an increase over 1945 of 8,911. Untiring efforts are being made by the Health Visitors and School Nurses to bring before parents the great benefit of this service.

During the year 1946, 270 books, belonging to the County Public Library, which had been in contact with infectious disease were either disinfected or destroyed, according to the nature of the disease. On modern evidence, the risk of spread of disease by this means is small, but the measure has been continued for the small safeguard it provides.

Public Vaccination

There are 163 Public Vaccinators under contract to perform vaccinations and re-vaccinations against smallpox in 168 vaccination districts. There are also 46 Vaccination Officers, 13 of whom are paid by salary and 33 by fees. One holds an appointment with a neighbouring County Borough

and 27 are Registrars of Births and Deaths. The table below gives the figures for the past five years —

Year	Number of Births Returned in "Birth List Sheets"	Number of Certificates of Successful Vaccinations	Number of Certificates of Insusceptibility	Number of Statutory Declarations of Conscientious Objection	Others
1941	15,543	3,739 (24·06%)	29	9,083 (58·44%)	2,692
1942	18,624	4,963 (26·64%)	54	10,578 (56·79%)	3,029
1943	22,060	5,710 (25·88%)	33	12,599 (57·11%)	3,718
1944	25,985	6,915 (26·61%)	41	14,421 (55·88%)	4,608
1945	20,775	5,748 (27·66%)	14	11,237 (54·09%)	3,776

Treatment of Scabies

During the war considerable movement of population, chiefly due to evacuation, mobilisation and billeting, and consequently an increase in overcrowding, and the bringing together of large numbers of people in camps and hostels, created the conditions for a considerable increase in the incidence of scabies. In November, 1941, the Scabies Order was made, giving to local authorities, including County Councils, additional powers to deal with scabies and with verminous conditions generally. In 1942, the County Council, with the County District Councils, formulated a scheme for out-patient treatment of scabies and provided facilities for in-patient treatment. Much advance had been made in the method of treatment, cure generally being more quickly effected than was formerly the case. Nearly 28,000 cases have been treated in the past five years, the figures for each year being shown below —

	Cases receiving —	
Year	(*a*) Out-patient Treatment	(*b*) In-patient Treatment
1942	3,685	10
1943	9,436	22
1944	8,174	65
1945	3,549	31
1946	2,569	42

During the war, treatment was provided mainly at First Aid Posts established under the arrangements for Civil Defence; such cleansing stations as are needed and suitable are being acquired for peace-time use linked up with the Divisional Administration Scheme.

Venereal Diseases

The war made venereal diseases more prevalent in the West Riding, and the year 1946 showed that effect of increase in the spread of infection was still marked. The following table gives the figures for the years 1938 on —

Year	Syphilis	Soft Chancre	Gonorrhœa	Total V.D.	Non-Venereal	Total New Patients
1938	346	2	650	998	501	1,499
1939	403	4	678	1,085	589	1,674
1940	299	2	499	800	495	1,295
1941	331	2	552	885	585	1,440
1942	423	1	479	903	734	1,637
1943	487	2	654	1,143	1,342	2,485
1944	413	1	560	974	1,382	2,356
1945	473	2	767	1,242	1,417	2,659
1946	723	2	1,140	1,865	1,857	3,722

Gonorrhœa is about three times as prevalent as syphilis. The actual incidence of the two diseases is, of course, not known accurately, for there is no statutory notification. Much certainly passes unrecorded. The measures to combat the infection have continued and been improved. Dr. Burgess continues as Senior Assistant County Medical Officer for Venereal Diseases, giving half of his time to clinical work. At other clinics serving the County area there are 5 whole-time doctors and 18 part-time doctors working at 20 clinics, and arrangements have continued for the treatment of West Riding patients in neighbouring County Boroughs. The following table gives the attendances at Clinics —

	Number of new patients				Number of in-patient days	Number of out-patient attendances
	Syphilis	Soft Chancre	Gonorrhœa	Non-Venereal		
Barnsley Clinic, Queen's Road	43	—	54	75	—	7,817
Bradford St. Luke's Hospital	61	—	88	128	227	3,565
Burnley Victoria Hospital	10	—	13	11	115	365
Dewsbury General Infirmary	42	—	134	92	10	5,027
Doncaster Royal Infirmary	67	—	118	69	7	6,267
Goole Bartholomew Hospital	5	—	6	14	—	459
Halifax Royal Infirmary	59	—	62	95	131	4,483
Harrogate General Hospital	39	—	63	96	34	2,760
Huddersfield V.D. Centre	42	2	60	94	85	3,015
Keighley Victoria Hospital	40	—	81	177	47	5,201
Leeds General Infirmary	132	—	186	438	536	12,930
Oldham Royal Infirmary	12	—	15	23	—	724
Rotherham W.R. Medical Centre ...	45	—	62	165	64	3,678
Sheffield Jessop Hospital	10	—	14	21	242	1,129
Sheffield Royal Hospital	4	—	11	21	—	310
Sheffield Royal Infirmary	17	—	20	21	—	741
Wakefield Clayton Hospital	87	—	145	264	191	8,658
York County Hospital	5	—	8	37	30	537
Doncaster M. and C.W. Centre	2	—	—	16	—	80
Sheffield City General Hospital	1	—	—	—	—	33
	723	2	1,140	1,857	1,719	67 779

Notifications of in-patient admissions additional to those shown above —

Leeds Fever Hospitals —	
Killingbeck	122
Seacroft	112
West Riding County Hospitals —	
Wakefield	608
Otley	3
Staincliffe	18
Kendray Isolation Hospital	301
Sheffield City General (Herries Road)	119
Halifax General Hospital	290
	1,573

Table giving an analysis of the combined returns of Treatment Centres for the year 1946, compared with previous years —

Year	New patients	Number of in-patient days	Out-patient attendances
1942	1,637	931	43,241
1943	2,485	729	52,569
1944	2,356	726	53,400
1945	2,659	899	53,208
1946	3,722	1,719	67,779

The General Practitioner service has continued satisfactorily. The following table gives details of the work —

	1945				1946			
	Cases under treatment at 1st January 1945	New cases	Cases transferred to the General Practitioner	Total attendances	Cases under treatment at 1st January 1946	New cases	Cases transferred to the General Practitioner	Total attendances
Syphilis	41	56	9	1,463	60	64	15	1,425
Gonorrhœa ...	6	31	3	276	15	50	7	353
Non-Venereal and undiagnosed conditions ...	14	97	4	465	21	143	2	360

In February, 1943, Defence Regulation 33B gave powers of compulsory treatment in cases where any person was twice named to a V.D. specialist as a source of infection. In the four years that have passed the regulation has justified itself, and it is hoped it will continue in some form. Its value is as a source of information on which to base social work of the contact tracing variety shown to be of such value in the United States of America and on the Tyneside. A Social Worker, Miss Senior, was appointed for the work on 1st August, 1943. Two further appointments have been authorised and will be filled early in 1947, enabling the County to be divided into three parts. This work will

remain largely centralised because of the need for secrecy, but Social Workers will make personal contacts with Divisional Medical Officers to discuss details of cases in their areas. The following table gives the figures for 33B notifications in the past two years. These are, of course, not the whole of the social work; one contact leads to another; information is received from other sources; positive Wassermann reactions in hospitals and clinics are followed up.

	1945			1946		
	M.	F.	Total	M.	F.	Total
1. Total number of contacts in respect of whom Form 1 was received	19	156	175	30	121	151
2. Number of cases in (1) in which attempts were made outside the scope of the regulation to persuade the contact to be examined before the latter had been named on a second Form 1.						
Contacts found	19	152	171	30	121	151
Contacts examined or already under treatment	15	132	147	24	99	123
Number transferred before examination ...	1	10	11	2	10	12
3. Number of those in (1) in respect of whom two or more Forms 1 were received	2	24	26	1	16	17
4. Number of those in (3) who were—						
(*a*) Found	2	24	26	1	16	17
(*b*) Examined after persuasion or already under treatment	1	17	18	—	9	9
(*c*) Served with Form 2	1	10	11	1	10	11
(*d*) Examined after service of Form 2 ...	1	3	4	1	6	7
(*e*) Prosecuted for failure—						
(i) To attend for, and submit to medical examination	—	2	2	—	1	1
(ii) To submit to, and continue treatment	—	5	5	—	2	2
(*f*) Transferred to other areas	—	4	4	—	4	4

Table showing number of Forms 1 received in relation to number of new patients—

	Number of Forms 1 received	Number of new patients	Percentage of Forms 1 to new patients
Barnsley Clinic, Queen's Road	11	97	11
Bradford St. Luke's Hospital	3	149	2
Burnley Victoria Hospital	6	23	26
Dewsbury General Infirmary	6	176	3
Doncaster Royal Infirmary	2	185	1
Goole Bartholomew Hospital	—	11	—
Halifax Royal Infirmary	—	121	—
Harrogate General Hospital	4	102	4
Huddersfield V.D. Centre	—	104	—
Keighley Victoria Hospital	29	121	24
Leeds General Infirmary	6	318	2
Oldham Royal Infirmary	—	27	—
Rotherham W.R. Medical Centre	—	107	1
Sheffield Jessop Hospital	—	24	—
Sheffield Royal Hospital	—	15	—
Sheffield Royal Infirmary	—	37	—
Wakefield Clayton Hospital	45	232	19
York County Hospital	—	13	—
Military	32	—	—
Other Authorities	6	—	—

Propaganda against Venereal Disease continues in collaboration with the Central Council for Health Education. During the year 57 propaganda meetings were held in the Administrative County. Attendances varied between 45 and 450 per meeting. Owing to the illness of the Area Organiser of the Central Council for Health Education it was not possible to arrange a full programme of meetings. The majority of meetings were open to the general adult public of both sexes, and a talk on venereal diseases was given by a medical man following a display of films on V.D. and other general health topics. Audiences were invited to ask questions either verbally or in writing. Lunch-time meetings in factories were also held, and one or two meetings were given to special audiences such as Women's Clubs and groups of parents. At all these meetings leaflets on venereal diseases and sex education were distributed free of charge.

PART III

THE WORK OF THE COUNTY LABORATORY

The total number of specimens examined in the County Laboratory during the year 1946 was 141,944. The following tables show the number of specimens of different kinds examined during each month of the year 1946 and during the last six years —

Year 1946 —

Month	Serum Reaction for Enteric Fever	Sputa for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscellaneous	Total
January ...	28	745	1,674	4,821	6,684	13,952
February ...	40	733	1,368	5,317	6,442	13,900
March	20	773	1,242	6,084	4,991	13,110
April	40	635	829	5,526	4,061	11,091
May	32	513	836	6,534	3,971	11,886
June	36	444	561	5,275	3,174	9,490
July	54	469	604	6,341	3,661	11,129
August ...	330	410	590	5,627	4,262	11,219
September ...	756	446	451	5,559	5,400	12,612
October ...	222	536	605	7,310	4,480	13,153
November ...	198	506	609	6,261	3,728	11,302
December ...	30	353	506	5,453	2,758	9,100
	1,786	6,563	9,875	70,108	53,612	141,944

Past six years —

Year	Serum Reaction for Enteric Fever	Sputa for Tubercle Bacilli	Suspected Diphtheria	Venereal Disease	Miscellaneous	Total
1941	1,260	4,308	22,724	18,660	30,969	77,921
1942	1,170	4,962	21,008	20,779	27,374	75,293
1943	958	5,907	20,394	28,420	30,603	86,282
1944	662	5,730	19,060	38,913	43,596	107,961
1945	750	6,877	14,583	45,182	63,913	131,305
1946	1,786	6,563	9,875	70,108	53,612	141,944

The following table gives the result of the examination of Mixed Milks for B. tuberculosis —

Class of Milk tested for Bovine Tuberculosis	West Riding Administrative Area						Other West Riding Authorities			From County Boroughs			Total		
	Milk supplied to schools			Milk collected by W.R. Central Staff											
	Number Examined	Positive	% Positive	Number Examined	Positive	% Positive	Number Examined	Positive	% Positive	Number Examined	Positive	% Positive	Number Examined	Positive	% Positive
Tuberculin tested ...	1	—	—	1	—	—	5	—	—	18	1	5·5	25	1	4·0
Accredited	—	—	—	—	—	—	3	—	—	31	1	3·2	34	1	2·9
Pasteurised	56	—	—	81	1	1·2	255	3	1·1	57	—	—	449	4	0·8
Heat treated	4	—	—	24	—	—	58	1	1·7	28	1	3·5	114	2	1·7
Ordinary	6	1	16·6	7	—	—	702	28	3·9	130	6	4·6	845	35	4·1
	67	1	1·4	113	1	0·8	1023	32	3·1	264	9	3·4	1467	43	2·9

7,506 samples of milk were examined for Bacterial Content, of which 1,437 or 19·1 were unsatisfactory. The following table gives details of such examination —

Classes of Milk for which a Bacterial Count was done	West Riding Administrative Area						Other West Riding Authorities			From County Boroughs			Total		
	Milk supplied to schools			Milk collected by W.R. Central Staff											
		Unsatisfactory			Unsatisfactory			Unsatisfactory			Unsatisfactory			Unsatisfactory	
	Total	Number	Per cent	Total	Number	Per cent	Total	Number	Per cent	Total	Number	Per cent	Total	Number	Per cent
Tuberculin tested ...	8	1	12·5	479	69	14·4	187	32	17·1	111	14	12·6	785	116	14·7
Accredited	—	—	—	1985	422	21·2	324	32	9·8	181	23	12·7	2490	477	19·1
Pasteurised	145	16	11·1	283	12	4·2	592	51	8·6	125	27	21·6	1145	106	9·2
Heat treated	7	2	28·5	71	6	8·4	142	26	18·3	60	11	18·3	280	45	16·0
Ordinary	179	39	21·7	256	45	17·5	2206	553	25·0	165	56	33·9	2806	693	24·6
	339	58	17·1	3074	554	18·0	3451	694	20·1	642	131	20·4	7506	1437	19·1

1,974 samples of water were examined of which 1,408 drinking waters were pure, 314 polluted and 141 of doubtful purity. The remaining 111 were samples of swimming bath waters, of which 96 proved satisfactory and 15 unsatisfactory.

During the year 5,867 Bio-chemical examinations were made. 3,381 specimens were examined biologically involving the use of 5,051 animals (guinea-pigs and rabbits) for diagnostic purposes. 68 post-mortem examinations and 3 examinations for the Police were made during the year.

PART IV

GENERAL HOSPITALS

The Origins of County Hospitals in the West Riding

It is of interest to review briefly what the Council has done in hospital provision since the 1929 Local Government Act. This Act, which came into operation on the 1st April 1930, made provision for separating the treatment of sickness from the Poor Law, and gave the County Council power to provide and "appropriate" hospitals subject to consultation with representatives of the governing bodies, medical and surgical staff of voluntary hospitals within the area.

After preliminary negotiations the first of these statutory consultations with representatives of voluntary hospitals serving the administrative county took place in January 1937, as a result of which the Ministry of Health gave its sanction for appropriation of the sick wards of the County Public Assistance Institutions at Wakefield and Batley for administration under the Public Health Acts. In anticipation of the development of Hospital Administration under the powers conferred upon them by the Local Government Act, 1929, a special Sub-Committee of the County Council made a tour in 1936 of hospitals in England, Scotland, France, Germany, Denmark and Sweden, and afterwards published a report dealing with the problems of hospital construction, equipment and administration. Certain important recommendations relating to future policy were incorporated in this report, and so far as practicable these recommendations have been implemented in the hospital services provided by the County Council.

Of the three existing County General Hospitals the first to be appropriated were the County General Hospital, Wakefield, and the Staincliffe County Hospital, Dewsbury, on the 4th July 1937, then the County General Hospital, Otley, on the 1st April 1941.

The Hospital Survey

In 1945 the Ministry of Health Report of the hospital survey did not speak kindly of the County Council hospitals; one report said "the Staincliffe County Hospital with 349 beds is one of the three Public Assistance Institutions owned by the West Riding County Council which have been appropriated. It should be said that it is the only true general hospital owned by the West Riding County Council. The buildings are neither very modern nor well laid out. The medical staff consists of one Medical Superintendent (non-resident) and two resident Medical Officers. A Consultant Physician from Halifax attends once a fortnight and a Dental Surgeon once weekly. A General Practitioner with special knowledge of ophthalmic surgery attends by appointment. There are no other official consultants, but any consultant may be called in in an emergency." Of the Wakefield County Hospital it said, "Generally speaking, it is an old-fashioned building that requires entire modernisation and in any scheme for enlargement an X-ray department should be provided making it capable of better work. Notwithstanding its architectural defects it is extremely well kept and clean."

Little time has elapsed since these reports were written, but the Surveyors would find a good deal of change. Both hospitals now have a full or nearly full range of consultants in charge of beds. It has not been possible to do much to the buildings, which no doubt remain neither modern nor well laid out and require entire modernisation; any such project has been out of the question in view of building priorities, and it must rest with the Regional Hospital Boards to fulfil this wish of the Surveyors. Many minor improvements, however, have been made (which are mentioned in the body of this report) and many critics of Local Authority Hospitals seem sometimes to have forgotten how long it takes to create a modern hospital apart from the bricks and mortar, and I wish to leave on record that, in my view, the Council can feel satisfied that they are handing over an asset of real value to the new Board, representing a truly remarkable achievement in so short a space of time.

The Impending Transfer

The year 1946, the last but one before the transfer of all hospitals to the Regional Hospital Boards, has been one of considerable activity in our General Hospitals. Every effort is being made to hand over the hospitals in the best possible condition, and much has been achieved despite the frustration of many projects by shortage of labour and materials and the delays which schemes of priority entail.

The Present Bed Provision

Hospital Beds	Emergency Medical Services	Acute Surgical	Acute Medical	Chronic Sick	Maternity	Sick Staff	General	Children	Total
Staincliffe County Hospital, Dewsbury	—	59	40	91	45	5	28	46	314
County General Hospital, Otley	216	—	—	—	9	—	20	—	245
County General Hospital, Wakefield	—	40	40	19	20	2	—	26	147
									706

THE GENERAL WORK OF THE HOSPITALS IN THE YEAR 1946

Class of Disease	Staincliffe						Otley						Wakefield					
	Discharged	Condition on Discharge			Died	Total	Discharged	Condition on Discharge			Died	Total	Discharged	Condition on Discharge			Died	Total
		Cured	Relieved	No change				Cured	Relieved	No change				Cured	Relieved	No change		
Infectious diseases and influenza	37	17	10	10	1	38	9	5	4	—	1	10	18	11	5	2	2	20
Tuberculosis	20	1	7	12	10	30	10	—	9	1	—	10	46	—	33	13	16	62
Malignant diseases	68	—	19	49	56	124	13	—	5	8	5	18	38	4	20	14	24	62
Rheumatism	25	2	22	1	4	29	20	4	11	5	—	20	29	10	19	—	1	30
Venereal disease	12	—	7	5	6	18	3	1	2	—	2	5	69	3	17	49	—	69
Connected with child birth and pregnancy	346	245	74	27	5	351	135	131	2	2	2	137	270	165	79	26	2	272
Mental diseases	31	2	13	16	—	31	18	2	14	2	—	18	5	—	—	5	—	5
Injuries from accidents and other forms of violence	97	55	39	3	15	112	46	39	7	—	2	48	38	30	8	—	1	39
Diseases of the nervous system	50	3	29	18	38	88	19	—	12	7	7	26	34	3	16	15	19	53
Diseases of the eye	28	10	16	2	—	28	—	—	—	—	—	—	5	5	—	—	—	5
Diseases of nose and ear	24	8	12	4	—	24	4	2	1	1	—	4	18	16	2	—	—	18
Diseases of throat	24	19	1	4	—	24	1	—	1	—	—	1	173	172	1	—	—	173
Diseases of respiratory system	165	92	68	5	54	219	64	41	21	2	12	76	106	52	49	5	14	120
Diseases of circulatory system	93	26	54	13	65	158	35	2	31	2	15	50	66	6	58	2	39	105
Diseases of digestive system	177	104	64	9	16	193	47	14	27	6	2	49	246	156	83	7	32	278
Diseases of genito urinary system	176	91	70	15	36	212	27	11	14	2	5	32	292	144	133	15	11	303
Diseases of skin	79	47	30	2	1	80	18	16	2	—	—	18	43	21	22	—	—	43
Diseases of bones and joints	41	16	22	3	—	41	21	12	9	—	—	21	88	41	42	5	—	88
Septic infections	121	104	17	—	2	123	51	51	—	—	—	51	57	47	10	—	—	57
Diseases of the blood	26	4	19	3	4	30	9	4	3	2	1	10	15	2	9	4	2	17
Miscellaneous	74	12	40	22	59	133	150†	105	32	13	1	151†	94	19	53	22	12	106
Normal maternity (mothers)	743	732	4	7	—	743	154	154	—	—	—	154	377	377	—	—	—	377
Normal maternity (infants)	784	106	—	678	6	790	155	155	—	—	—	155	393	393	—	—	26	419
	3241	1696	637	908	378	3619	1009	749	207	53	55	1064	2520	1677	659	184	201	2721
German prisoners of war	—	—	—	—	—	—	989	—	—	—	2	991	—	—	—	—	—	—

† Includes 69 "purely surgical" cases

	Staincliffe	Otley	Wakefield
In-patients	2,803	1,808	2,276
Out-patients	4,993	1,257 (W.R. only)	1,728
Out-patient attendances	9,703	5,746	6,487
Births	808	205	419
Still births	36	1	26
Deaths	378	57†	201
Transfers	198	996*	29
Discharges	3,043	1,002	2,491
Post-mortem examinations	39	13	41
Blood transfusions	71	109	104
Patients resident 31.12.45	195	165	122
Patients resident 31.12.46	187	123	96

* Including 989 prisoners of war. † Including 2 prisoners of war.

Deaths	Staincliffe	Otley	Wakefield
Under 1 year	65	3	58
1 year to 5 years	5	1	6
5 years to 10 years	—	1	—
10 years to 15 years	—	—	2
15 years to 20 years	3	—	4
20 years to 30 years	9	2	7
30 years to 40 years	15	3	10
40 years to 50 years	22	6	19
50 years to 60 years	44	9	23
60 years to 70 years	83	14	29
70 years to 80 years	96	15	34
Over 80 years	36	3	9
Totals	378	57	201

Cause of Deaths under one year	Staincliffe	Otley	Wakefield
Prematurity	25	1	25
Debility from birth	2	—	—
Spina bifida	2	—	2
Broncho-pneumonia	9	1	5
Paraplegia	1	—	—
Circulatory prolapse — asthmatic bronchitis	1	—	—
General debility and hare lip	1	—	—
Total infarction of kidney	1	—	—
Enteritis	4	—	9
Meningitis	1	—	—
Marasmus	3	—	1
Cerebral hæmorrhage	3	—	—
Post-operative shock — obstruction	1	—	—
Severe maternal pre-eclampsia	1	—	—
Prolapse of cord	1	—	—
Congenital atresia of bile duct	1	—	—
Atelectasis	2	—	1
Septic disease of the new born	1	—	1
Tear of tentorum cerebelli	1	—	—
Acute hydrocephalus	1	—	—
Meningo encephalitis	1	—	—
Paralytic ileus	1	—	—
Anterior poliomyelitis	1	—	—
Duodenal atresia	—	1	—
Congenital heart lesion	—	—	4
Sub-intra cranial hæmorrhage	—	—	4
Exophthalmos	—	—	1
Congenital pyloric stenosis	—	—	2
Cellulitis	—	—	1
Atresia of bowel	—	—	1
Inquest — no cause found	—	—	1
Totals	65	3	58

Operations on In-patients and Out-patients

	Staincliffe	Otley	Wakefield
Abdominal	98	81	100
Gynæcological and obstetrical	204	6	298
Genito-urinary	107	102	34
Bones and joints	80	109	120
Ear, nose and throat	30	9	172
Hernia	39	140	44
Breast	22	8	6
Eye	9	—	—
Rectum and anus	66	104	29
Abscesses	39	98	21
Miscellaneous	84	353	87
Amputations	—	12	14
Totals	778	1022	925

Maternity Work

	Staincliffe	Otley	Wakefield
Number of admissions	1093	214	519
Number of deliveries	844	206	471
Number of discharges	1080	223	496
Number of deaths	3	Nil	1
Single deliveries	773	201	437
Multiple deliveries (twins)	16	2	4
Multiple deliveries (triplets)	1	—	—
Still births	36	1	26
Number of new patients to Ante-Natal Department	633	—	299
Number of Ante-Natal Clinic attendances	3251	—	1029

(Ante-Natal supervision not carried out at County General Hospital, Otley)

Complications of Pregnancy

	Staincliffe	Otley	Wakefield
Forceps delivery	18	18	27
Cæsarean section	10	—	29
Disproportion	8	—	—
Obstructed labour	—	1	2
Face presentation	—	—	1
Breech presentation	16	—	33
Internal podalic version	—	—	1
Craniotomy	1	—	2
Persistent occipito posterior	10	—	—
Prolapse of cord	1	1	2
Prolapse of uterus	—	—	2
Primary uterine inertia	—	5	—
Premature labour	55	1	—
Ante-partum hæmorrhage	13	—	20
Post-partum hæmorrhage	24	3	—
Manual removal of placenta	12	4	15
Medical induction	107	4	90
Surgical induction	40	—	39
Fœtal distress	18	—	—
Born before arrival	5	7	1
Episiotomy	83	21	44
Perineal laceration	161	—	74
Examination under anæsthetic	23	—	—
Breast abscess	1	—	—
Puerperal insanity	1	—	—
Toxæmia	64	—	56
Pyelitis	22	—	3
Eclampsia	3	—	—
Thrombophlebitis	—	—	7
Trichomomas vaginitis	—	—	2
Pulmonary tuberculosis	—	—	1
Syphilis	—	—	4
Totals	696	65	455

The following abnormal conditions were found in babies —

	Staincliffe	Otley	Wakefield
Spina bifida	2	—	1
Prematurity	23	1	62
Broncho-pneumonia	2	—	—
Total infarction of kidney	1	—	—
Debility and cleft palate	1	—	—
Ophthalmia	3	—	—
Marasmus	1	—	—
Pemphigus	2	—	—
Paralytic ileus	1	—	—
Congenital duodenal atresia	—	1	—
Anencephalous	—	—	6
Exophthalmos	—	—	1
Undescended testis	—	—	1
Hypospadios	—	—	1
Erythroblastosis	—	—	2
Totals	36	2	74

Special Departmental Services

(a) X-ray

	Staincliffe	Otley	Wakefield
Total number of cases examined	2,345	2,793	1,877
Number of intravenous pyelographies	40	60	20
Number of retrograde pyelographies	8	21	—
Number of cholecystographies	19	39	7
Number of opaque gastro-intest. exams.	143	210	19
Number of cases with iodised oil and other opaque media	10	—	—
Number of aerographies, encephalograms, etc. ...	1	18	5
Number of chests	1,553	1,027	1,355

(b) Physiotherapy

	Staincliffe	Otley	Wakefield
Total number of cases treated during year ...	1,040	473	986
Total number of treatments by —			
Massage	2,263	2,884	2,164
Remedial exercises	636	3,830	1,984
Ultra-violet rays	1,450	1,151	469
Infra-red rays	671	454	1,629
Radiant heat	438	3,184	—
Galvanism, Faradism, Ionisation	476	1,555	1,330
Diathermy	1,945	—	—
Wax	—	715	—
Totals	7,879	13,773	7,576

(c) Pathology — (Adjuncts of the Central Laboratory at Wakefield where much work (other than routine) is performed) —

	Staincliffe	Otley	Wakefield
No. of Specimens —			
Biochemical	813	57	1,410
Urine	1,572	1,082	1,500
Hæmotological	2,300	795	841
Bacteriological	829	1	1,152
Serological	175	—	553
Histological	58	—	164
Cytological	54	—	100
Miscellaneous	186	9	110
Totals	5,987	1,944*	5,830

* In addition, 1519 specimens were sent to County Laboratory, Wakefield.

Extracts from Reports of Medical Superintendents

Dr. N. J. S. Nathan reports as follows about the Staincliffe County Hospital —

Mr D. Engel, Medical Superintendent, left on 31st July and I took up duty as the new Medical Superintendent on 17th October 1946. During the last three months of the year there has been a noticeable increase in the volume of work at the Hospital. The number of in-patients and out-patients has steadily increased owing to the better liaison existing between the Medical Staff of the hospital and medical practitioners. The number of surgical operations has steadily increased. The E.H.S. beds were de-reserved by the Ministry on the 1st September 1946. The establishment of a Resident Anæsthetist was approved and this appointment was filled on the 17th June 1946. The Hospital has been approved by the Examining Board in England for the Diploma in Anæsthetics. The Board also intimated that they would consider the approval of individual candidates for the Diploma in Child Health. Daily visiting of patients by relatives and friends was introduced and this has proved to be a great success. Monthly clinical meetings for General Practitioners began in December 1946; cases were shown by the Consultant Staff followed by a Guest Speaker.

The Consultant Staff is as follows (those with asterisk having been recently appointed)— Dr. C. W. Vining, Pædiatrician; Dr. L. Glick, Physician; Dr. D. Niven, Radiologist; Dr. C. Stuart, Dermatologist; Dr. R. Herley, Ophthalmologist; Mr B. L. Jeaffreson, Gynæcologist and Obstetrician; Dr. E. E. Johnson, Anæsthetist; Mr E. R. Flint*, Senior Consultant Surgeon; Mr R. W. Hendry*, General Surgeon; Mr G. Hyman*, Orthopædic Surgeon; Mr G. S. Seed*, Ear, Nose and Throat Surgeon; Dr. F. E. Chester-Williams*, Radiotherapist.

Shortage of nurses has caused the closure at times during the year of up to 91 beds. The County Council approved the provision of text-books for Student Nurses and the payment of their examination fees. By the re-adjustment of the accommodation for nurses it has been possible to set aside and convert "Uplands" as a Preliminary Training School. On 7th

November 1946 the Annual Reunion for Nurses was held in the Nurses' Home and this Re-union was well attended. Twelve nurses were successful in their preliminary examination and twelve in the final. To alleviate the shortage of nurses additional Nursing Orderlies, both male and female, were appointed, and also a Theatre Orderly. The establishment of the Porter Staff was considered and approved by the County Council. There are now 1 Head Porter, 1 Night Porter, 10 General Duty Porters, 1 Pharmacy Porter and 2 Telephonists.

Certain alterations have been possible. The out-patient department has been divided into curtained cubicles and is a much more satisfactory arrangement; the south lodge has been adapted to take the new telephone switchboard, and an inquiry office will also be set up in this lodge by the main gate; an out-patient waiting room is to be made by enclosing an existing balcony; the Pharmacy is to be enlarged by including and adapting the former gas-cleansing unit; the obsolete unused large centre ward stoves were removed from all the wards. The County Council has also approved the provision of linoleum for the wards and the reconditioning of roads and paths and the provision of two Ambulance circles. The Committee have considered a report concerning the colorphalting of all the hospital corridors, and also reports by the General Nursing Council (which recommended duty rooms, Sisters' offices and modern sanitary annexes on all wards) and the Ministry of Health Dietitian (concerning the catering arrangements at the Hospital).

Approval was given for the purchase of certain items of equipment — (*a*) The provision of a new X-ray department by adapting a ward and equipping it with a modern X-ray apparatus at a total cost of £10,000; (*b*) an Anæsthetic Mushin Absorber; (*c*) a Cambridge Electrocardiograph; (*d*) an Orthopædic Surgical motor; (*e*) 300 steel bedside lockers; (*f*) electric floor polishers.

There was no outbreak of infectious disease except one case of pemphigus neonatorum.

Dr. J. N. Hill reports as follows about the Otley County General Hospital —

I am glad to be able to report a very satisfactory year's work. There have been many more admissions and out-patients treated than ever before. There are now 56 general beds available for West Riding cases in addition to the maternity accommodation. The proportion of cases admitted for investigation continues at a high level, and this is regarded as an index of the usefulness of the hospital, and its reputation amongst the practitioners sending in cases. The West Riding Orthopædic Clinic, formerly held at Ilkley, is now held at this hospital and the Consultant likes this arrangement much better. Maternity bed accommodation has been increased from 8 beds to 20 beds, and we are still booked up completely 7½ months ahead, and have waiting lists for each month in case of cancellations.

Three 36-bed wards are still monopolised by German prisoners of war and, apart from Naburn Military Hospital, this is the only active general hospital engaged on this work in the North Midland Command. In the latter months of the year an appeal was issued by the Assistant Director of Medical Services to three hospitals for help in reducing the surgical waiting list of approximately 100 cases. This hospital volunteered to take the full responsibility and admit 12 surgical cases each week until the list was wiped out. The offer was accepted, the work was done, and we have received a personal letter of appreciation from the Assistant Director of Medical Services. I mention the prisoner-of-war side, which accounts for about half our activities, because it is a side seldom brought to your notice, and we are alone amongst the County hospitals in having this work to do. I should appreciate it if a little more prominence could be given to this aspect.

The following Visiting Specialists have carried out sessions at the Hospital during the year — Mr A. Lawson Light, Visiting Surgeon; Mr A. Bernard Pain, Orthopædic Surgeon; Dr. S. Thompson Rowling, Anæsthetist; Dr. Stanley J. Hartfall, Physician; Dr. J. T. Ingram, Dermatologist; Mr George Black, Ophthalmologist; Dr. C. W. Vining, Pædiatrician; Mr A. M. Claye, Obstetrician; Dr. R. H. B. Adamson, Obstetrician; Mr D. W. Currie, Obstetrician; Mr B. L. Jeaffreson, Obstetrician; Mr R. W. Hendry, Surgeon; Mr H. Agar, Obstetrician. For the most part I have had two assistants during the year under report. The establishment at present is for three, B.1, B.2 and A. The need for a competent Resident Surgical Officer is still felt acutely at times.

In common with most other hospitals, there has been considerable difficulty in obtaining adequate numbers of trained staff. The alterations proposed in the reconstruction plan should help the recruitment of more suitable types when they are completed. The Physiotherapy Department has been run single-handed by Miss Polglase, whose resignation, owing to reasons unconnected with the hospital, caused great regret among patients and staff. The new Physiotherapist, Miss Berry, is proving a very able successor, however. There is still a vacancy for a full-time Assistant in this Department. Attendances top all previous years by a very large margin. Application has been made to have the hospital recognised as a Training School for Assistant Nurses, and this matter still awaits consent.

The X-ray Department has also been worked single-handed by a part-time radiographer. There have been serious difficulties caused by her ill-health, and warm thanks are given to the Tuberculosis Section for their welcome loan of the County Radiographer on two days per week. Under present working conditions regarding out-patients, it has proved impossible adequately to centralise and co-ordinate records for report purposes. The Physiotherapy, X-ray, Orthopædic, Surgical and Casualty out-patients are seen in different places, and the out-patient clerk has no

strategically placed office at which to intercept and document all cases. Improvement is anticipated when the Gate Lodge buildings are converted for this purpose.

The outstanding feature of the year was the installation of central heating in the Nurses' Home in November. The Nurses' Dining Room was redecorated and its floor planed. The kitchen benefitted considerably by the provision of the larger Hobart mixing machine and the chipping machine. A cultivating tractor and a useful selection of implements were supplied early in the year, and the cart shed altered to permit easy entrance of this machine. The appointment of a laundryman has proved to be a great help in the laundry. The new asbestos calender sheeting has proved its superiority over the older type. The boiler was fitted with forced draught machinery to enable the poor quality surface coal, now supplied, to be used. The new operating table has been highly praised by all using it since its arrival in December.

Dr. P. A. Jennings reports as follows about the County General Hospital, Wakefield.

I took up duty at the Hospital on the 17th October 1946. There are two Resident Medical Officers, a B.1 and a B.2. The B.2 post is to be up-graded to a B.1 post. The report for 1946 shows that there has been a rapid increase in the work of all departments, especially in Surgery, Maternity and Out-patient Departments.

	1945	1946
Surgical operations	487	925
Births (including still births)	176	445
Out-patient attendances ...	2,424	6,487

The increased work has taxed the accommodation available to the utmost. There is an urgent need for increased accommodation, especially for the Out-patient Department, Physiotherapy Department, and for the X-ray Department. Accommodation is also required for the General Office staff. Many gifts and letters of appreciation were received during the past year. Cordial relations were maintained with Private Practitioners and with the Wakefield Social Committee and other Hospital Services. There was no outbreak of infectious disease during the year.

The two ambulances operated by the Hospital were taken over by the County Ambulance Service. During the year daily visiting by patients' relatives was instituted and has proved successful. In co-operation with the School Medical Service a successful and very busy Ear, Nose and Throat and Orthopædic Clinic was established. Although the Hospital staff were exceptionally busy, they enthusiastically arranged several social events throughout the year.

Every case is under the clinical care of Visiting Consultants, the full staff being as follows — Dr. R. H. B. Adamson, Gynæcologist and Obstetrician; Mr P. R. Allison, Thoracic Surgeon; Mr E. W. Bain, Ear, Nose and Throat Surgeon; Mr E. R. Flint, Senior Consultant Surgeon; Dr. J. Hellier, Dermatologist; Dr. E. Hicks, Anæsthetist; Dr. E. E. Johnson, Anæsthetist; Mr A. L. Light, General Surgery; Dr. J. B. Lyle, Physician; Mr D. H. Russell, Orthopædic Surgeon; Dr. J. F. Rose, Radiologist; Mr B. Sleight, Dental Surgeon; Dr. C. W. Vining, Pædiatrician; Dr. L. Watson, Physician.

The shortage of nurses, especially trained staff, continues. The Hospital has recently been approved by the General Nursing Council as a *complete* Training School for nurses. We hope that this up-grading of the Hospital will help to relieve the shortage of nurses. A film depicting the life of a Student Nurse was made in co-operation with the West Riding Constabulary, to stimulate the recruitment of Nurses. The results of the nursing examinations were very satisfactory, and no serious illness has occurred amongst the staff. Although short-handed, they have given unsparing service to the patients. An additional shorthand typist was appointed and the Senior Clerk, Mr E. D. Lloyd, was promoted to Assistant Clerk Steward. Two temporary porters were placed on the permanent staff. The additional staff also includes — 1 Theatre Orderly, 5 Male Ward Orderlies and 1 Laboratory Assistant. The work in the Clerk Steward's Department continues to increase, but is handicapped by lack of accommodation. A vacancy is held open for Mr Schofield who is absent on war service, as Senior Hospital Clerk. A full-time Radiographer was appointed. An assistant Male Cook was also appointed. The Maintenance Staff sustained the Hospital service through many difficulties during the year.

The following alterations were carried out — (*a*) reconstruction of the ward kitchens, (*b*) three isolation cubicles were erected on the Children's Ward, (*c*) enlargement of the theatre sterilising room. The following decorations were carried out — Main corridors, Matron's office, Medical Superintendent's office, Doctor's sitting room and bedroom, ward ceilings and window frames, corridors to wards, including back staircases, Wards D.4, E.4, F.4, Physiotherapy and Out-patients' Departments, nurses' dining room and recreation room. This work has made the appearance of the Hospital much brighter and more cheerful, and has a beneficial effect on both patients and staff. No new accommodation was taken over. Many items of equipment were obtained during the year.

General Treatment provided in Non-County Hospitals

It is recognised that the three County Hospitals cannot serve in entirety the whole of the County Administrative Area, and patients are admitted to Voluntary Hospitals and the Hospitals of other Local Authorities. During the financial year 1946–7 the County Council made grants amounting to £29,536 to Voluntary Hospitals under the provisions of the Public Health Act, 1936. In addition, cases have been admitted to Hospitals of other Authorities either for Specialist Services not provided at the County Hospitals or by the location of the patients' residence in the areas of the County inconveniently situated for County Hospital treatment and in close proximity to the hospitals of other authorities.

On the 1st April 1946, 75 beds at the Halifax General Hospital were taken over from the County Welfare Department, and the admission of patients by direct communication of the General Practitioners with the Medical Superintendent has proved of great benefit.

The following table gives details of admissions to the various Hospitals during the year —

Name of Hospital	Type of case treated	Number of cases admitted
Arthington Hall Convalescent Home ...	Convalescent	6
Boundary Park General Hospital, Oldham	General	59
City General Hospital, Sheffield	Thoracic surgery	12
City General Hospital, York	General	56
Halifax General Hospital	General	830
Newcastle General Hospital	Neuro-surgical	3
St. James's Hospital, Leeds	Plastic surgical and per-urethral prostatectomy	84
Miscellaneous	General	5

Treatment of Cancer

During 1946 no further action has been taken regarding the implementation of the various schemes of the Yorkshire Cancer Committee at Leeds and the East Midlands Cancer Committee at Sheffield under the provisions of the Cancer Act, 1939, but treatment of patients suffering from cancer has proceeded satisfactorily and has been carried out at the Leeds, Bradford and Sheffield Radium Institutes. The following table gives details of the patients from the County Area treated at the various Radium Institutes during the year —

Radium Institute	Number of patients admitted	Number of out-patients treated
Bradford	462	96
Leeds...	293	83
Sheffield	132	280

Patients suffering from a disease of a cancerous nature where deep X-ray therapy is indicated are also treated at the Halifax Royal Infirmary, and five cases have been admitted during the year, whilst eighteen patients have been given out-patient treatment.

PUBLIC ASSISTANCE MEDICAL SERVICES

Many of the District Medical Officers were transferred from the former Poor Law Authorities under the Local Government Act, 1929, on the 30th April 1930, but all appointments made subsequently by the County Council are in the nature of temporary appointments from year to year. Each District Medical Officer is required by the regulations of the Ministry of Health to make a fortnightly return of work done in connection with medical out-relief, and the following tabular statement gives a summary of the services rendered during the year. The returns show that 68,311 home visits and consultations were recorded during 1946. It is not possible to compare these figures with those of previous years as in certain cases, where it has not been possible to appoint a District Medical Officer, it has been necessary to resort to the "open choice" method, and for such areas the figures are not available. The table below shows the extent of the work carried out by the District Medical Officers in 1946 —

Guardians' Committee Area	Acreage	Population	Number of District Medical Officers	Number of attendances or assisted persons		
				At home	At surgery	Total visits
1. Ewecross	288,079	23,048	10	646	94	740
2. Staincliffe	159,261	53,721	8	2,930	1,187	4,117
3. Claro	212,662	83,395	13	1,366	375	1,741
4. Barkston Ash	142,409	53,334	7	723	185	908
5. Skyrack	63,336	74,848	4	1,600	87	1,687
6. Worth Valley	39,443	83,876	5	2,625	1,049	3,674
7. East Morley	12,551	63,956	6	174	9	183
8. Calder	78,253	121,685	11	3,420	1,275	4,695
9. Spen Valley	22,177	134,845	10	2,462	1,222	3,684
10. Lower Agbrigg ...	41,345	92,383	14	8,972	4,355	13,327
11. Osgoldcross	88,853	159,220	16	2,257	2,293	4,550
12. Goole and Selby ...	76,299	45,043	4	1,891	1,132	3,023
13. Don Valley	137,061	182,614	19	3,988	5,527	9,515
14. Staincross	114,609	138,988	18	3,490	2,796	6,286
15. Upper Agbrigg... ...	79,564	91,232	16	4,851	1,238	6,089
16. Rother Valley	61,143	112,622	12	2,271	1,821	4,092
TOTALS	1,617,045	1,514,810	173	43,666	24,645	68,311

PART V

MIDWIFERY AND MATERNITY SERVICES

(A) Domiciliary Midwifery

(i) **Midwives** — The County Council is the Local Supervising Authority under the Midwives Acts for the whole of the administrative county. During the year 529 midwives notified their intention to practise; 198 domiciliary and 54 institutional employed by the County Council, 24 institutional by other Welfare Authorities, 169 domiciliary and 26 institutional by voluntary associations and 34 domiciliary and 24 institutional in private practice. The supervision of midwives is carried out by two non-medical supervisors of midwives under the immediate direction of a Senior Assistant County Medical Officer for Maternity and Child Welfare. 304 routine visits were made by the two supervisors to midwives, 771 to lying-in patients together with 61 ante-natal and 32 during labour. They also made inquiries into 45 cases of puerperal pyrexia, 10 cases of pemphigus neonatorum and 12 deaths of mothers. The number of cases attended was —

	Domiciliary	Institutional	Total
By County Council Midwives ...	10,387	4,291	14,678
(As Maternity Nurses)	1,104	461	1,565
By Welfare Councils' Midwives ...	—	1,352	1,352
(As Maternity Nurses)	—	162	162
By Voluntary Associations' Midwives...	2,689	970	3,659
(As Maternity Nurses)	859	396	1,255
By Private Midwives	402	252	654
(As Maternity Nurses)	94	716	810
Totals — As Midwives	13,478	6,865	20,343
As Maternity Nurses ...	2,057	1,735	3,792
	15,535	8,600	24,135

There were 1,128 applications during the year for help towards the payment of a midwife's fee and 11 in respect of a maternity nurse's fee. The financial circumstances of these applicants were investigated and in 103 cases the net family income exceeded the scale of payment and no financial assistance was given. These applications are summarised as follows —

	Whole-time service cases attended as		Part-time service cases attended as		Total
	Midwives	Maternity Nurses	Midwives	Maternity Nurses	
Applications approved ...	934	9	91	2	1,036
Applications refused	93	–	10	–	103
	1,027	9	101	2	1,139
Amount of fees paid or remitted	£936 0s. 0d.	£4 10s. 0d.	£91 10s. 0d.	£1 0s. 0d.	£1033 0s. 0d.

A sum of 15s. 0d. is paid for each patient booked by the midwife and sent into hospital for some abnormality by the medical officer to an ante-natal clinic or a medical practitioner. During 1946 a sum of £30 was paid to independent midwives and District Nursing Associations in compensation for 40 cases so transferred.

(ii) **Ante-Natal and Post-Natal Services** — During 1946, 108 ante- and post-natal clinics were open; 14,056 women attended for ante-natal care (total examinations 58,058), 1,788 for post-natal care (total examinations 2,251). A further 1,086 expectant mothers were referred by midwives during the year under arrangements made with private medical practitioners (total examinations 4,344).

(iii) **Gas and Air Analgesia** — At the end of the year 65 midwives were qualified to administer Gas and Air Analgesia to women in labour, and during the year 126 women had this analgesia administered.

(iv) **Complicated Midwifery** —

(*a*) The following table summarises the records received from midwives during 1946 —

Records of sending for medical aid	8,499
Deaths of (*a*) mothers	12
(*b*) child	194
Still births	337
Laying out the dead	48
Liability to be a source of infection	174
Substitution of artificial feeding	505

(*b*) The 174 cases of liability to be a source of infection are classified as follows — Puerperal pyrexia (99), scarlet fever (2), diphtheria (2), watery blisters on baby (26), erysipelas (2), pneumonia (5), other cases of infection (38).

(*c*) MEDICAL AID NOTICES — The following table is a summary of the notices issued by midwives for medical aid, classified according to the Rules of the Central Midwives Board —

PREGNANCY

Abdominal pains	43	Eclampsia	10	Toxæmia and pyrexia	48
Abnormal presentations	28	Hyperemesis	22	Twin presentation	5
Ante-natal examination	29	Heart condition	9	Transverse presentation	4
Anæmia and debility	230	High blood pressure	69	Breech presentation	15
Abortion	331	Hydramnios	8	Rash	11
Threatened abortion	244	Hæmorrhoids	2	Varicose veins	24
Albuminuria	149	Kidney conditions	30	No fœtal movements	3
Ante-partum hæmorrhage	235	Post-maturity	7	Placenta prævia	17
Chest conditions	53	Purulent discharge	10	Mental condition	5
Disproportion and contracted pelvis	45	Prolapsed uterus	4	Rhesus negative	5
		Œdema	68		

LABOUR

Adherent or retained placenta membranes	193	Malpresentation	25	Rigid cervix or soft parts	17
		Placenta prævia	6	Fœtal distress	37
Collapse and cardiac condition	37	Eclampsia	17	Maternal distress	13
Breech presentation	188	Disproportion and contracted pelvis	45	Multiple pregnancy	19
Face presentation	17	Premature labour	55	Post-partum hæmorrhage	175
Funis presentation	26	Precipitate labour	87	Ruptured perineum	2,623
Hand or arm presentation	8	Prolonged labour	1,059	Labial or vaginal tears	14
Foot or knee presentation	11	Obstructed labour	39	Fractured pelvis	1
Transverse presentation	10	Uterine inertia	144	Embolism	2

LYING-IN

Anæmia and debility	188	Mastitis	143	Secondary post-partum hæmorrhage	12
Cardiac conditions	10	Mental condition	4		
Chest conditions	52	Phlebitis	78	Sub-involution	41
Eclampsia	3	Pyrexia	166	Enteritis	6
Kidney condition	6	Skin conditions	9	Prolapsed uterus	1

THE CHILD

Asphyxia	38	Various malformations	55	Tongue tie	9
Convulsions	18	Spina bifida	24	Twins	14
Cyanosis	25	Icterus neonatorum	40	Unsatisfactory umbilicus	6
Birth injuries	6	Mælena	21	Death of infant	3
Dangerous feebleness	219	Phimosis	57	Vomiting and enteritis	22
Cephalhæmatoma	7	Prematurity	234	Heart condition	2
Hare lip and cleft palate	12	Pemphigus	15	Discharge from eyes	194
Chest condition	33	Rash	63	Hernia	5
Talipes	27	Still births	20		

(*d*) CONSULTANT OBSTETRICAL SERVICE — Consultant obstetricians may be called in by medical practitioners in cases of abnormality occurring during pregnancy, labour or lying-in in the homes of patients or referred by ante-natal Officers to Consultant Clinics. There is no cost to the patient. The fees approved for consultation are £3 3s. 0d. up to 10 miles, £4 4s. 0d. 10 to 15 miles, £5 5s. 0d. 15 to 20 miles, £6 6s. 0d. 20 miles or over, plus operative fee when such is necessary. This scheme applies only to those areas where the County Council is the Authority under the Maternity and Child Welfare Act, thus the following districts, which are autonomous for maternity and child welfare services are excluded — The Boroughs of Batley, Brighouse, Goole, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden; the Urban Districts of Bingley, Castleford, Heckmondwike, Ilkley, Rothwell, Shipley, Spenborough and Wombwell and the Rural District of Hemsworth.

Consultant Clinics are held in the Wakefield County Hospital (180), Staincliffe County Hospital (12), Leeds Maternity Hospital (53), Montagu Hospital (138), in the rooms of four consultant obstetricians in Sheffield and Huddersfield (90), and in Doncaster (580) and Barnsley (37) by agreement with the County Borough Authorities; the number of consultations for the year is given in brackets and, in addition, there were 122 home visits by consultants. The Emergency Squad was called out to 6 patients. As part of the Divisional Scheme it is hoped that a consultant obstetric clinic will be established for each division by agreement with the Regional Hospital Board.

(*e*) STILL BIRTHS AND NEO-NATAL DEATHS — Attention has been directed during the year to the early diagnosis of diseases of the blood and to the discovery of Rh Factor. As a measure to achieve success in this sphere of ante-natal supervision a scheme has been put into operation whereby each ante-natal patient attending the County ante-natal clinics has a sample of her blood subjected to a complete examination in the County Laboratory. There is the closest co-operation with the Venereal Diseases Officer in such a scheme, for it is frequently found that such a blood examination discloses venereal infection. In connection with this scheme 4,000 examinations were carried out on women — including blood counts, Rhesus factor, Wassermann and Kahn.

(*f*) PUERPERAL PYREXIA — During the year, 67 notifications of puerperal pyrexia were received for the County Maternity and Child Welfare Area and 52 from other Welfare Areas, a total of 119 for the whole Administrative County. Of the 67 cases notified in the County Maternity and Child Welfare Area, 47 were in confinements at home and home nursing was provided for 20 of these, and 27 cases were removed to hospital. The remaining 20 cases notified were in connection with institutional confinements and all of these were removed to hospital.

(B) Institutional Midwifery

The County Council sends patients to 40 Maternity Homes and Hospitals belonging to the County Council or to other Municipal, Voluntary, or Private Bodies. Many women made other arrangements with private nursing homes. The following table shows the number of women admitted and confined from the County Maternity and Child Welfare area and also the 19 Welfare Authorities in the West Riding County Administrative area —

	Admissions			Confinements		
	West Riding patients	Other Welfare Authorities	Total	West Riding patients	Other Welfare Authorities	Total
1. County Maternity Homes						
(*a*) Provided by the County Council	1,297	67	1,364	1,198	62	1,260
(*b*) Improvised Maternity Homes taken over from the Ministry of Health on 1.4.46	975	616	1,591	875	582	1,457
2. County General Hospitals	664	1,162	1,826	576	896	1,472
3. County Welfare Institutions	156	403	559	155	401	556
4. Voluntary Hospitals	4,392	1,436	5,828	3,860	1,295	5,155
5. Private Nursing Homes	355	909	1,264	355	909	1,264
6. Homes belonging to other Welfare Authorities	—	1,871	1,871	—	1,824	1,824
	7,839	6,464	14,303	7,019	5,969	12,988
Deduct County Borough patients admitted to County Council Homes and Private Nursing Homes	—	—	449	—	—	449
Total Administrative County	—	—	13,854	—	—	12,539
Per cent of total births ...			**41·1**			

	Admissions			Confinements		
	West Riding patients	Other Welfare Authorities	Total	West Riding patients	Other Welfare Authorities	Total
1. (*a*) *County Maternity Homes*						
Hallamshire	571	2	573	516	2	518
Listerdale	535	3	538	501	3	504
Langroyd Hall	191	62	253	181	57	238
	1,297	67	1,364	1,198	62	1,260
(*b*) *Improvised Maternity Homes*						
Hazlewood, Tadcaster	513	10	523	445	10	455
Stockeld, near Wetherby ...	191	443	634	179	416	595
Walton Hall, near Wakefield ...	271	163	434	251	156	407
	975	616	1,591	875	582	1,457
2. *County General Hospitals*						
Staincliffe	131	962	1,093	98	728	826
Wakefield	319	200	519	273	168	441
Otley	214	—	214	205	—	205
	664	1,162	1,826	576	896	1,472
3. *County Welfare Institutions*						
Clayton	1	5	6	1	3	4
Goole	—	2	2	—	2	2
Keighley	103	363	466	103	363	466
Pontefract	—	33	33	—	33	33
Selby	49	—	49	49	—	49
Tadcaster	3	—	3	2	—	2
	156	403	559	155	401	556
4. **Voluntary Hospitals*	4,392	1,436	5,828	3,860	1,295	5,155
5. *Private Nursing Homes*	355	909	1,264	355	909	1,264
6. Homes administered by other Welfare Authorities	—	1,871	1,871	—	1,824	1,824

* Included under the heading Voluntary Hospitals are the following where the County Council have either guaranteed a number of beds, made substantial grants to capital expenditure on building, or equipped the maternity unit — (1) Hamilton Annexe, Doncaster; (2) Harrogate General Hospital; (3) Montagu Hospital, Mexborough; (4) Skipton and District Hospital.

Other Welfare Authorities with which the County Council agreed to admit cases to the Maternity Homes taken over from the Ministry of Health (see heading 1 (*b*)) were — Leeds County Borough, Harrogate Municipal Borough, Pontefract Borough, Rothwell Urban District, Hemsworth Rural District. Little progress was made during the year for the adaptation of Sandygate House, Wath-upon-Dearne, as a Maternity Home, although tenders were accepted as far back as 1946.

Shortage of Maternity Accommodation — Whilst Welfare Authorities are empowered with the sanction of the Ministry of Health to make provision for the special treatment of women suffering from puerperal pyrexia, inadequacy of accommodation has compelled many Local Authorities to improvise infectious diseases hospitals for the purpose, this practice should cease.

Thirty-five additional beds for the treatment of puerperal cases are needed, 12 of which might be placed at Otley County General Hospital, 12 at the County General Hospital, Wakefield, and the remainder in the southern part of the County. There is, however, little hope of this being done whilst the General Hospitals are called upon to deal with normal midwifery.

In May 1946, the Ministry of Health issued Circular 96/46, dealing with the rise in the birth rate, in which suggestions were made for increasing the turnover of maternity beds and using available midwives, maternity nurses, etc., to the best advantage. The shortage of accommodation was so great that the County Council considered that special emergency steps should be taken. In recent years the need for institutional accommodation for both normal and abnormal midwifery has grown greatly, as, too, the recognition of the need for ante- and post-natal beds in separate hostels or attached to lying-in units.

Approximately 40 per cent. of confinements in the Administrative County are now taking place in institutions, but much of this is in overcrowded, distant, or otherwise unsatisfactory accommodation. Even this figure cannot be taken as an index of requirements and beds have had to be limited to primiparæ or those with unsatisfactory home conditions or some abnormality. To meet fully the County's immediate needs (on the basis of 45 per cent. of confinements), approximately 700 lying-in beds would be needed for some 14,000 confinements. (This is less than that recommended by the Royal College of Obstetricians and Gynæcologists (70 per cent.).

There seemed little chance of bringing about such a great improvement in the difficult circumstances then existing. In particular, the long delay in securing relatively minor alterations to Sandygate House, Wath-upon-Dearne, suggested that there was little purpose in purchasing further properties for adaptation (Sandygate House is still awaiting adaptation — 17th August 1947). The only hope seemed to be to secure the use of redundant fever hospitals and for this purpose the County was divided into 14 areas. Communications were opened with the Authorities of a number of these hospitals, and agreements were finally reached with three, i.e. Crossley Isolation Hospital, Mirfield (20 beds), Rothwell Isolation Hospital (20 beds) and Skipton Isolation Hospital (20 beds). This may resemble a crumb to a starving man, but it was, nevertheless, a very welcome addition assuming that the relatively small amount of adaptations could be carried out.

The Hospital at Crossley is now open and pending completion of full adaptation — six beds are now available. The hospitals at Rothwell and Skipton have been staffed and equipped, but admission of patients is held up pending completion of adaptations. It is earnestly to be hoped that Regional Hospital Boards will take very seriously the need to extend lying-in accommodation, and that they will value the smaller units of 25 to 30 beds in counties to serve areas of population around 50,000 to 75,000.

The provision of ante- and post-natal beds in connection with the Emergency Maternity Homes in use during the War has shown how invaluable is this type of accommodation, giving much-needed rest to the weary and over-taxed mother of the large family and others. Post-natal supervision is a valuable asset, particularly to young mothers, for it is during such a period that they can learn the rudiments of mothercraft, including the need for breast feeding, and be properly rested before returning to the hard task of mothering the family. The recognition of the value of both ante- and post-natal hostels is likely to increase with use so that ultimately a high proportion of mothers may need to be provided for. As a first step the provision should be made for not less than 5 per cent. ante-natal and 5 per cent. post-natal. This is to be secured in the West Riding by three Homes of approximately 100 beds. Various properties in the County have been investigated, but none so far has been found suitable for the purpose.

Abnormal midwifery cases are those in which the patient is suffering from some form of illness arising out of, but distinct from, normal midwifery, which is a physiological process. Beds for these categories and for related gynæcological conditions should be provided, therefore, at General Hospitals, i.e. entirely separate from normal maternity units. Cases of abortion should be included. The total requirements amount to about 10 per cent. of total confinements. This will call for 200 hospital beds, which is much in excess of the present number (approximately 70). With the present shortage of beds for normal midwifery there is little immediate prospect of making this extension of facilities for abnormal midwifery.

Shortage of Midwives — The shortage of beds is only equalled by the shortage of staff. Our Maternity Homes have been operating with such reduced complements that there has been an ever-present risk of closure or breakdown of staff. Despite every effort little success has been achieved in securing staff and the situation remains critical. Arrangements are going forward for the training of midwives at the Harrogate General Hospital and Hazlewood Maternity Home. The County Council have appointed Mr Rutherford Morison, M.R.C.O.G., of Harrogate, as Lecturer to the student midwives. This scheme has been approved by the Central Midwives Board.

PART VI
CHILD WELFARE

In order to secure the early notification of births, every birth must be notified to the Medical Officer of Health of the Maternity and Child Welfare Authority within 36 hours. In connection with the County Council's Maternity and Child Welfare Area the number of live births notified under this arrangement in 1946 was 17,508 compared with 18,874 live births which actually took place. For the whole Administrative County 28,065 live births were notified compared with the number of 29,577 registered births.

The change in the scope of work for health visitors under Section 24 of the National Health Service Act

The mainstay of most schemes to safeguard the health of mothers and young children is the health visitor, who has to visit and give advice in the homes of mothers and assist in work of the infant welfare and ante-natal clinics. For this essential work the numbers of health visitors at present employed are much below what is needed, and are indeed much less than the present approved establishment of 286, again to be increased to 317 under the National Health Service Act, 1946. At the end of the year 101 whole-time and 60 part-time health visitors were employed in the County Council's Maternity and Child Welfare Area. Every effort is being made to increase the staff by advertisement, by granting bursaries and by arranging for additional training facilities, but it must be some time before the health visiting service can be made satisfactory, particularly since the duties and the responsibilities of the health visitor steadily increase and, in the future, will go much beyond the care of mothers and children. This is possibly the moment to review her position.

The health visiting service has grown to its present position by a slow process of evolution over the past sixty to seventy years. Like all institutions that grow up slowly there come times when fairly drastic changes have to be made, the better to fit the service to the needs of the community. The operative date for the National Health Service Act, 1946, may well be such a moment for the health visiting service. This Act virtually gives to the County and County Borough Councils a charter in social medicine, an essential part of which is to increase the scope of work of the health visitor to cover all members of the family. This great extension of her duties demands two things for success—firstly, a close liaison with hospitals and general practitioners, each of which will in their sphere be caring for sick persons to whom the health visitor has to give advice; and secondly, a re-organisation of the health visitors' training to give equal emphasis to the practical care of the sick and social medical work. Each of these requirements deserves a few moments of consideration.

Firstly, then, the closer relationship of health visitors and those responsible for the treatment of the sick in hospital or at home. For long, hospitals have worked in a realm of their own, dealing with people at the moment of sickness when hospital treatment becomes necessary. The time to remedy this relative isolation has arrived, and measures must now be taken to ensure that the work of a hospital is carried out as an integral part of the life of the community. The important first step will be to bring hospitals and health departments together. It is sad that the moment to do this should have coincided with administrative separation; everyone who realises the importance of an integration of hospitals and health departments, must have felt a moment of despair when the proposals of the National Health Service Act became known, but time spent in regret is largely wasted, and the task of knitting together the hospitals and health departments, although made even more difficult of accomplishment, still calls insistently for solution.

The duty of building up this close working relationship is one of the first and most important responsibilities which will fall on the new hospital boards and local health authorities. It is in this perspective that the extension in the work of the health visitor must be seen. The hope is that the health department will provide hospitals with background knowledge of the patient's life in the community to assist medical and nursing staffs in their task of finding out what is the matter and effecting a cure; in turn, it is hoped that the hospital will provide the health department with an account of the findings which will enable the patient to be advised and guided in the community. The job of providing the background picture for the hospital, and later assisting the patient at home is socio-medical work, which will fall to the health visitor as a practical expression of the duty placed upon her in Section 24 of the National Health Service Act, 1946. Much the same integration is now needed between the work of health departments and the general practitioner service, and in this the health visitor can play a great part. It is probably true to say that the family doctor needs the assistance of a social worker with the training of a health visitor even more than the hospital, for he rarely has time to spend in imparting that continued advice and wisdom which alone can set many of his patients along the road to health. Much of his time also is spent in doing work which a nurse could do under his guidance, but this is dealt with elsewhere in this report under "Home Nursing".

Secondly, the problem of adjusting afresh the basic qualification of health visitors to meet the new responsibilities; the qualifying training of a health visitor gives a marked bias to knowledge of sick nursing and her deep appreciation of socio-medical work is gained, not so much in her basic training, as in her practical work as a health visitor. The time has come when the lack of balance needs to be redressed. In suggesting change, however, we must beware that we do not go too far, for there are those who say that the health visitor's work could be performed without any basic knowledge of how to nurse the sick. There is no greater mistake than this, particularly now when the work of the health visitor must be related to the hospital and the general practitioner. The basic training in nursing does two things, for it provides the wherewithal for a common understanding on medical matters between those working in hospital and those working in the community and at the same time it provides an essential fund of knowledge for doing socio-medical work without which the health visitor would be greatly handicapped. We must resolve to keep nursing as the basic training for a health visitor and seek to secure that the time taken to obtain a qualification for State registration as

a nurse be reduced to a period of two years so that ample time remains for the post-graduate training in socio-medical work which might then easily, and with advantage, be extended for six months to two years.

Infant Welfare Centres

During 1946, 136 Infant Welfare Centres were open in the County Maternity and Child Welfare Area (135 rate-aided and 1 voluntary). 124 Medical Officers attend at Infant Welfare and Ante-Natal Clinics — 19 whole-time Assistant County Medical staff, 76 general medical practitioners (59 men and 17 women) and 29 non-practising (2 men and 27 women). The total attendances at Infant Welfare Centres was 291,404; 12,753 children under one year made 184,486 attendances, and 19,272 over one year made 106,918 attendances. Health visitors made 199,576 home visits, 11,399 to expectant mothers, 98,701 to infants under one year (17,084 first visits) and 89,476 to infants over one year.

Care of Children

Child Life Protection — 102 Health visitors are appointed as child life protection visitors. Visits are made periodically and, in cases where the Child Life Protection Officer is not satisfied with the condition of a child or the home, and where any irregularity occurs, the circumstances are reported immediately and investigations made by an Assistant County Medical Officer or an inspectress of health visitors. There were 38 individual foster mothers with 42 children at the end of the year (11 were received during the year); 1 voluntary home (Church of England Waifs and Strays Society, Battyeford, Mirfield) exempted from inspection under Section 219 (1) (*b*) of the Public Health Act, 1936, with 35 children at the end of the year (none were received during the year); 1 voluntary home (National Incorporated Association of Dr. Barnardo's Homes, The Ever Open Door, West Mount, Ripon) exempted from inspection under Section 219 (3) of the Public Health Act, 1936, with 19 children at the end of the year (4 were received during the year); 7 voluntary homes (National Children's Home and Orphanage, Bramhope; St. Gabriel's, Scotland Lane, Horsforth; St. Margaret's Home, Nidd; Convent of Mercy School, Clifford, Boston Spa; Archdeaconry of Richmond, Moral Welfare Committee, 6 Claremont, Ripon; St. Mary's of the Sacred Heart, Church Street, Boston Spa; Dr. Barnardo's Home, Sawley Hall, Ripon) not exempted from inspection, with 89 children at the end of the year (17 were received during the year). The total of children covered by child life protection laws was thus 185 with 32 added during the year. None died and no inquests were held.

Adoption of Children (Regulation) Act, 1939 — This Act came into operation on the 1st June 1943. Section 7 of the Act is the Section with which Welfare Authorities are mainly concerned. It makes it the duty of any person, other than the child's parents or guardian, or the person with whom the child is placed, who participates in the arrangements for the placing of the child, to notify in writing the Welfare Authority of the Area in which the child is to be placed. Twelve persons gave notice under Section 7 (3) of their intention to adopt a child (totalling 21 children). At the end of the year 11 children were under supervision, none died and there were no inquests nor proceedings taken.

Curtis Report — The report of the Committee, under the Chairmanship of Miss Myra Curtis, which was appointed in March 1945 by the Home Secretary and the Ministers of Health and Education to inquire into methods of providing for children deprived of a normal home life has now been issued. Consideration of the report has been adjourned pending the issue of directions to Local Authorities by the Ministries concerned.

Illegitimate Children — In November 1943 the Ministry of Health issued Circular 28/36, drawing the attention of all Welfare Authorities to the difficult problems presented under war-time conditions to the unmarried mother and her child. In the West Riding a scheme has been worked out, but no Social Worker has so far been appointed specially for this purpose. It is hoped that this step will shortly be taken and that, in conjunction with the Scheme of Divisional Administration, the problem of the illegitimate mother and child will receive the careful attention it undoubtedly deserves. Statistics as to illegitimate births in the Administrative County are shown on page 15.

Premature Babies — One-third to one-half of the neo-natal deaths are due to prematurity. In March 1944 the Ministry issued Circular 20/44 drawing the attention of Welfare Authorities to the need for improved facilities for the care of premature infants both in hospitals and in the home. In order to secure information on the occurrence of premature births space is provided on each notification of birth card for birth weight. The following table shows the fate of premature babies born in 1945 and 1946, according to birth weight.

1945

Total unadjusted live births, 18,960. Number of live premature births, 763. Number born dead, 133. Percentage to total live births, 4·0.

Weight group lb.	Number of premature births		Number dying (days of survival)									Number surviving	Percentage survival
			First week							Second week	Over 14 up to 28 days		
	Born alive	Born dead	1	2	3	4	5	6	7				
5–5½	336	22	4	1	1	2	1	–	1	1	5	320	95·2
4½–5	118	19	6	2	–	1	–	–	1	1	1	106	89·0
4–4½	136	21	22	4	2	1	2	2	1	2	4	96	70·6
3½–4	56	18	13	2	1	1	–	2	2	2	–	33	58·9
3–3½	67	26	22	5	6	–	2	–	2	3	1	26	38·8
2½–3	29	11	10	6	1	–	–	2	1	3	–	6	20·7
2–2½	15	12	11	2	–	–	–	1	–	–	–	1	6·7
1½–2	6	2	5	–	–	–	–	–	–	1	–	–	0·0
1–1½	–	2	–	–	–	–	–	–	–	–	–	–	0·0
	763	133	93	22	11	5	5	7	8	13	11	588	77·1

1946

Total unadjusted live births, 22,011. Number of live premature births, 1,012. Number born dead, 167. Percentage of total live births, 4·6.

Weight group lb.	Number of premature births		Number dying (days of survival)									Number surviving	Percentage survival
			First week							Second week	Over 14 up to 28 days		
	Born alive	Born dead	1	2	3	4	5	6	7				
5–5½	492	20	20	7	3	–	2	–	3	2	4	451	91·7
4½–5	184	24	8	3	–	2	3	–	–	2	6	160	87·0
4–4½	120	27	13	6	2	2	–	–	–	7	4	86	71·7
3½–4	73	21	15	3	2	3	–	3	–	–	4	43	58·9
3–3½	53	36	18	4	3	2	1	–	–	4	2	19	35·8
2½–3	36	10	10	4	7	1	1	–	1	2	1	9	25·0
2–2½	37	20	24	5	3	2	–	3	–	–	–	–	0·0
1½–2	15	6	13	1	1	–	–	–	–	–	–	–	0·0
1–1½	2	3	2	–	–	–	–	–	–	–	–	–	0·0
	1012	167	123	33	21	12	7	6	4	17	21	768	75·9

The County Council scheme makes provision for the issue of special equipment for the smaller babies which remain at home, for the services of a pædiatrician in case of need and of a domestic help; a special ambulance is available to transport babies to hospital. It has not been possible to make any of the special premature baby units suggested by the Circular owing to building difficulties, but all hospitals and maternity homes have paid special attention to the problems of individual nursing. It is hoped that the Regional Hospitals Board will give priority to the erection of special units. Arrangements have been made for the exchange of information between hospitals (and maternity homes) and the Health Department to secure that the social medical work of prematurity can be effectively carried out. The proposals for Divisional Administration will have much to offer to the premature baby scheme as will the suggested appointment of three whole-time pædiatricians.

Orthopædic Scheme

An Orthopædic scheme approved by the County Council in 1939, provides for the treatment of orthopædic conditions of children under five years of age, of school children, including continuation treatment after leaving school, of tuberculous patients, and of certain other adults where the condition is not resulting from an accident. It includes (1) the examination of patients by Consultant Orthopædic Surgeons, (2) hospital treatment where necessary, (3) provision of all necessary surgical appliances, (4) after-care and remedial treatment by specially qualified orthopædic nurses. All treatment is given free for tuberculous cases and school children. There is a small recovery charge on a generous assessment scale according to family circumstances for the provision of appliances and hospital treatment in certain other cases. Ten consultant clinics are held every month or two months, 23 treatment centres with weekly or bi-weekly sessions conducted by six part-time Consultant Surgeons and four full-time Orthopædic Sisters. The County Council has an arrangement with 27 voluntary or rate-aided hospitals for the provision of in-patient treatment. Patients are also treated at the three County Hospitals.

The initial examination of patients is carried out by the Assistant County Medical Officers, Medical Officers at Child Welfare Centres and, in the case of tuberculous patients, by the District Tuberculosis Officers. Appropriate cases are referred to an Orthopædic Surgeon for consultation. Any surgical appliances recommended by the Surgeon are then provided through one of the recognised firms of appliance makers, and steps are also taken to arrange admission to Hospital or Special School where necessary. If remedial exercises are recommended, these are carried out under the supervision of the Orthopædic Nurse either at home or at an orthopædic clinic held in conjunction with the local Child Welfare Centre. The Orthopædic Nurse also supervises patients in their homes, supervises the fitting of surgical appliances and is responsible for the after-care of patients discharged from hospital.

The Scheme is becoming more widely known and is expanding rapidly. The following is a summary of the treatment provided during 1946 —

	School children	Under school age	Adults
1. Consultant Clinics			
Number of patients	1,233	315	129
Number of visits by patients	3,182	616	144
2. Hospital Treatment			
Number of patients admitted	50	4	2
3. Provision of Surgical Appliances			
Number of appliances provided	38	—	—
4. Domiciliary Treatment			
Number of patients treated or supervised	631	190	53
5. Treatment Centres			
Number of patients provided with massage and/or treatment at clinics	463	115	1

Day Nurseries, Residential Nurseries, Training of Nursery Workers

With the end of the war an important decision had to be taken whether to continue Day Nurseries. The Ministry of Health issued Circular 221/45 with reference to nursery provision for children under 5, in which it was pointed out that existing arrangements for re-imbursement by the Exchequer of expenditure on war-time Nurseries would cease on 31st March 1946, and that those premises which were continued as Day Nurseries would attract special grant as from 1st April 1946. The Council wisely decided to continue their use on a peace-time basis, and children of the following categories within the age range 0–5 years are now eligible for admission to Day and Residential Nurseries — (1) Children of mothers engaged in essential industries; (2) The young child whose mother is ill or having a baby; (3) The illegitimate child whose mother is seeking work; (4) The illegitimate baby awaiting adoption; (5) Children of parents who cannot find a suitable home or are living in overcrowded and or insanitary dwellings; (6) Children of parents one of whom may be awaiting admission to a Sanatorium and whose presence at home carries grave risks of infection; (7) The young child of the widow who must educate and support her family unassisted.

This change in emphasis of the reasons for admission to a nursery is important since it indicates that the nursery is a part of our health machinery and not primarily for industry. The charge for the maintenance of children in Day Nurseries is 1s. 0d. per day, reduced for a part day to 6d. for a short period with a meal and 3d. for a short period without a meal. Cases of hardship receive special consideration.

The following war-time nurseries have continued as day nurseries —

Nursery	Date of opening	Number of places	Average attendance	
			Period to 1945	1946
Baildon, Nether Hall	23. 8.43	35	16·95	20·95
Guiseley, Oxford Road	3. 3.43	35	28.87	27·33
Hebden Bridge, Feast Ground	16.11.42	35	21·5	24·75
Horsforth, Sunnybank Avenue	12.10.42	35	21·95	20·89
Otley, The Licks, Cattle Market	12.10.42	35	26·42	28·52
Sowerby Bridge, Beech Recreation Ground, Wallace Street	20.12.43	42	33·17	40·51
Yeadon, Whack House Lane	23. 8.43	35	22·47	29·39

The following war-time nursery hutments have been taken over for maternity and child welfare clinics — Boston Spa, Dalton, Earby, Featherstone (Albert Street), Kirk Sandall, Maltby No. 2, Mexborough, Otley No. 2.

In October 1946 the County Council further approved a scheme for the establishment of Residential Nurseries and the training of Nursery Nurses in accordance with the provisions of Circular 126/45 and 59 issued jointly by the Ministries of Health and Education. The residential nursery serves a somewhat different purpose from the day nursery since it is for those children whose parents are wholly unable temporarily to care for them at home. The primary need is for children whose mother is having a baby or whose mother or father is ill. Another important use is for an illegitimate baby awaiting adoption. Two properties have been bought and are awaiting adaptation, i.e. Skellow Hall, near Doncaster (36 places), and Leadhall Grange, near Harrogate (20 places). A third property, Wheatley Lawns, near Ilkley, has been acquired by the County Welfare Department and will be used for long-stay cases.

Training of Nursery Nurses — Courses of training for Nursery Students have been arranged by the County Education Authority jointly with the Public Health Department. It is proposed that the Day Nurseries, the two Short-stay Residential Nurseries and the Nurseries for Long-stay care of children 0–5 years of age, administered by the Deputy County Welfare Officer, shall be utilised for the provision of the necessary practical training. To assist in training students in Day Nurseries two hostels are to be provided, and one building, "One Oak", Ilkley, has duly been purchased for the purpose.

Training courses will consist of — (i) practical work and training in Nurseries, (ii) a course of further education in general and vocational subjects, and will lead to the examination for the Award of the National Nursery Certificate. Holders of this Certificate will be qualified to become Nursery Assistants (Senior Helpers) in Nursery Schools, or Nursery Nurses in Residential Nurseries, Day Nurseries or Children's Hospitals. The Courses will be of two years' duration and the normal age of entry will be 16 years. Accepted candidates who are not already employed in Nursery work will be appointed as Nursery Helpers in one of the Authority's Nursery Schools or Nursery Classes, or Nursery Students (formerly known as Probationers) in a Residential or Day Nursery, where they will do their practical work and training.

A Supervisor of Nurseries has been appointed who will act as tutor for the students in the medical aspects of training, and will interview prospective students jointly with the course warden appointed by the education committee. She is also responsible for ensuring that the standards of all nurseries are maintained on a high level of nursing care and that the students are obtaining a high standard of nursing training.

The Public Health (Ophthalmia Neonatorum) Regulations 1926-1937

The Councy Council is the authority for the administration of these regulations within the maternity and child welfare area only, and details of the cases reported during the year are as follows —

Cases			Vision		Total blindness	Removed from area
Notified	Treated		Unimpaired	Impaired		
	At home	In hospital				
36	21	14	35	—	—	1

PART VII

PREVENTION AND TREATMENT OF TUBERCULOSIS

Introduction

The scheme for the prevention and treatment of tuberculosis in the West Riding Administrative County has grown up over thirty-five years. There is a central office staff under the immediate direction of the Chief Tuberculosis Officer, Dr. G. S. Johnston; five dispensary areas, each under a consultant tuberculosis officer, and four County Sanatoria for observation and treatment; the health visiting staff (with twenty-two tuberculosis nurses) do the social work. Mass radiography is a recent addition.

The State of Tuberculosis in the County

Notifications of Cases of Tuberculosis — 1,244 cases of pulmonary and 437 non-pulmonary were notified, as follows —

NUMBER OF FORMAL PRIMARY NOTIFICATIONS OF NEW CASES (EXCLUDING DUPLICATES) FOR PERIOD 1ST JANUARY — 31ST DECEMBER 1946

	Age periods											Total (all ages)
	0	1	5	10	15	20	25	35	45	55	65	
Pulmonary males	1	4	10	9	50	88	174	105	95	85	28	649
Pulmonary females ...	1	4	12	9	75	85	140	38	25	13	7	409
Non-pulmonary males ...	3	31	41	42	17	12	21	8	11	5	7	198
Non-pulmonary females ...	—	28	46	15	19	17	16	28	5	1	1	176

NEW CASES COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH DURING THE ABOVE-MENTIONED PERIOD, OTHERWISE THAN BY FORMAL NOTIFICATION

	Age periods											Total (all ages)
	0	1	5	10	15	20	25	35	45	55	65	
Pulmonary males	—	1	2	2	3	6	21	19	21	27	15	117
Pulmonary females ...	—	1	—	1	9	14	17	8	9	2	8	69
Non-pulmonary males ...	5	12	4	3	3	2	1	2	5	4	6	47
Non-pulmonary females ...	1	2	1	2	2	2	2	3	—	1	—	16

The sources from which the information as to the above-mentioned cases was obtained were —

	Number of cases	
	Pulmonary	Non-pulmonary
Death returns	138	53
Posthumous notifications	8	5
"Transfers" from other areas ...	34	4
Post-mortem reports	6	1
Total	186	63

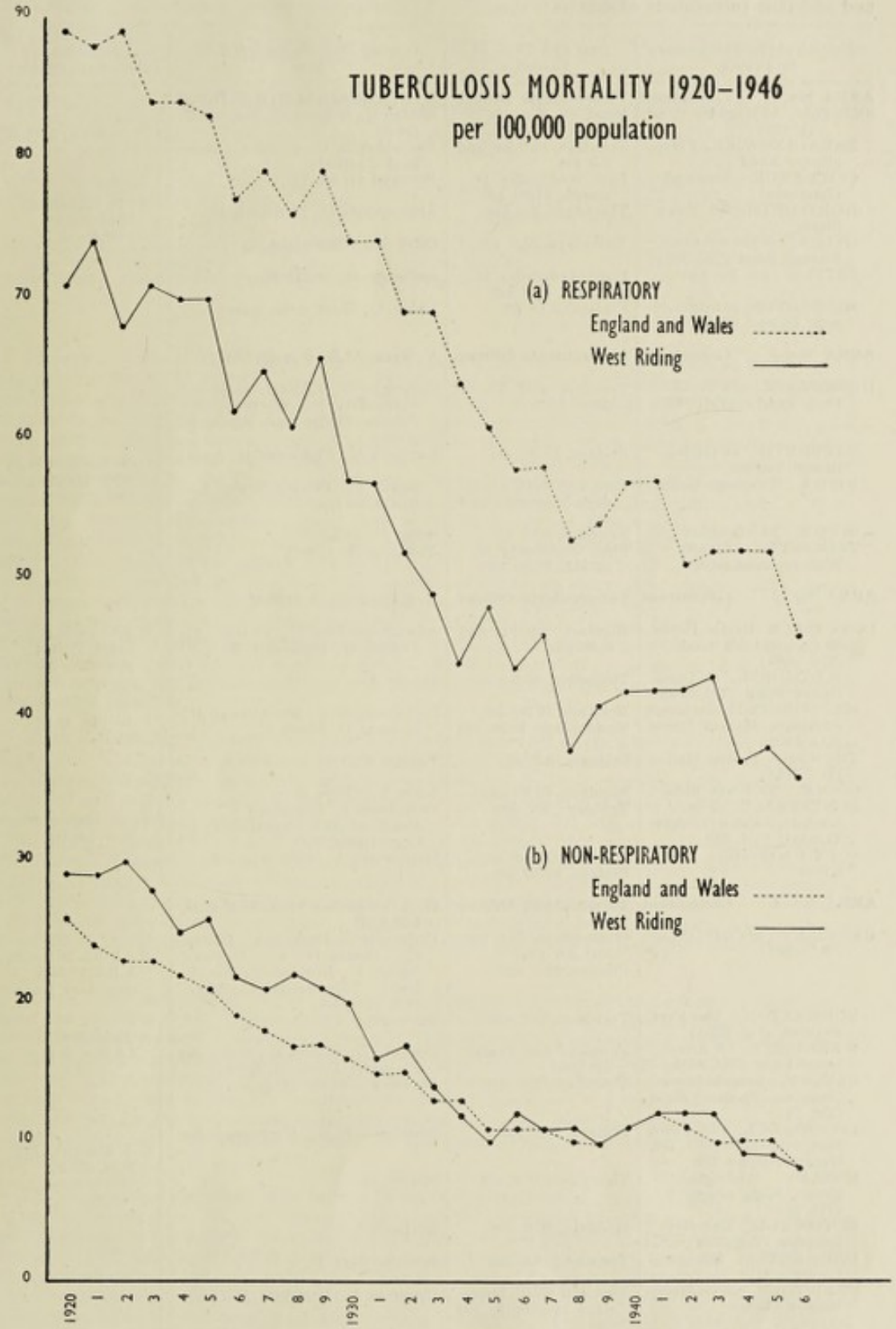
Mortality from Tuberculosis — There were 537 pulmonary and 118 non-pulmonary deaths from tuberculosis. The death rates from tuberculosis in the West Riding Administrative County for 1946 are 0·36 for pulmonary and 0·08 for non-pulmonary conditions. These are the lowest rates recorded and are favourable in comparison with the rates for England and Wales of 0·46 and 0·08, respectively. The trend is illustrated on the mortality graph, which would suggest that the set-back of the war years has now been overcome. It will also be observed that for pulmonary mortality the favourable position of the West Riding in comparison with England and Wales remains reasonably constant over the past 26 years. At the beginning of that period we were less fortunate with non-pulmonary conditions, but the difference has been eliminated and for the past 11 years the two rates have remained comparable. There is, however, no reason for complacency. An analysis of the rates reveals considerable variations in the several Dispensary Areas, varying from 0·26 for Sowerby Bridge to 0·48 for Doncaster. Indeed the latter is the only area to record a rate higher than for 1938, the last year in which such a detailed analysis was published, and this feature is receiving the closest possible attention.

The following table gives the Tuberculosis Deaths in 1946 at different periods of life —

	Sex	Age groups						Total all ages
		Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	
Respiratory tuberculosis —								
Urban Districts	M	1	1	1	104	104	24	235
	F	—	—	3	139	28	7	177
Rural Districts	M	—	—	—	40	27	10	77
	F	—	—	—	36	10	2	48
Administrative County		1	1	4	319	169	43	537
Other tuberculous diseases —								
Urban Districts	M	5	8	5	16	9	3	46
	F	1	2	4	22	5	1	35
Rural Districts	M	1	6	4	6	1	3	21
	F	—	4	2	8	1	1	16
Administrative County		7	20	15	52	16	8	118

The following table compares Tuberculosis Mortality in Dispensary Areas —

	Area in acres	Estimated population (mid-1946)	Deaths in 1946				Death rates per 1000 estimated population	
			Pulmonary		Non-pulmonary			
			Male	Female	Male	Female	Pulmonary	Non-pulmonary
No. 1 (Skipton) ...	512,238	151,273	34	20	9	5	0·36	0·09
No. 2 (Harrogate) ...	393,530	160,807	38	21	7	5	0·37	0·07
No. 3 (Doncaster) ...	261,241	381,882	105	77	18	15	0·48	0·09
No. 4 (Barnsley) ...	233,122	449,380	85	64	21	18	0·33	0·09
No. 5 (Sowerby Bridge)	210,698	359,638	50	43	12	8	0·26	0·06
County totals	1,610,829	1,502,980	312	225	67	51	0·36	0·08


TUBERCULOSIS MORTALITY 1920–1946
per 100,000 population
(a) RESPIRATORY
England and Wales
West Riding
(b) NON-RESPIRATORY
England and Wales
West Riding
90
80
70
60
50
40
30
20
10
0
1920
1
2
3
4
5
6
7
8
9
1930
1
2
3
4
5
6
7
8
9
1940
1
2
3
4
5
6

Diagnosis and the Dispensary Service

(REVISED—JANUARY, 1948)

The following shows the five areas served by each consultant tuberculosis officer, the dispensaries and assistant tuberculosis officers —

Situation of Chief Dispensary or Branch	Day and Time of Session	County Districts included in Area	Assistant Tuberculosis Officers
AREA No. 1 Consultant	**Tuberculosis Officer**	**H. E. Raeburn M.D, B.S, D.P.H**	
SKIPTON. 54 Keighley Road (Tel. 31)	Mondays, 10.0 am Fridays 10.0 am	Silsden U., Skipton U., Skipton R. (part)	W. D. Hamilton M.B, B.Ch, D.P.H
BARNOLDSWICK. 2 Manchester Road	Tuesdays, 10.0 am and 2.0 pm	Barnoldswick U., Earby U., Bowland R. (part)	
CLITHEROE. Bowland Chambers	Last Wednesday in month, 11.30 am	Bowland R. (part)	
HORSFORTH. 95 Town Street	Thursdays, 2.0 pm	Aireborough U., Horsforth U.	
OTLEY. Whiteley Croft, Station Road (Tel. 2621)	Thursdays, 10.0 am	Otley U., Wharfedale R.	
SETTLE. c/o Mr Batty	First Wednesday in month, 11.0 am	Sedbergh R., Settle R.	
MIDDLETON Sanatorium, near Ilkley (Tel. 392)	Fridays, 2.15 pm	Ilkley U., Skipton R. (part)	
AREA No. 2 Consultant	**Tuberculosis Officer**	**V. Ryan M.D, B.A.O, D.P.H**	
HARROGATE. 10 North Park Road (Tel. 5339)	Tuesdays and Thursdays, 2.0 pm	Harrogate B., Knaresborough U., Nidderdale R., Wetherby R., Pateley Bridge and Ripon R. (part)	C. A. Koefoed M.D. (Copenhagen) (temporary)
GARFORTH. 14 Hilderthorpe Terrace	Fridays, 10.30 am	Garforth U., Tadcaster R. (part)	
RIPON. 4 College Road	First and third Thursdays in month, 10.0 am	Ripon C., Pateley Bridge and Ripon R. (part)	
SELBY. 44 Ousegate	Mondays, 10.0 am	Selby U., Selby R.	
TADCASTER. County Welfare Institution	First Wednesday in month, 10.30 am	Tadcaster R. (part)	
AREA No. 3 Consultant	**Tuberculosis Officer**	**E. Ratner M.D, D.P.H**	
DONCASTER. Merton House, 20 Christchurch Road (Tel. 3552)	Mondays, 2.0 pm and 6.30 pm	Adwick-le-Street U., Bentley U., Tickhill U., Doncaster R.	R. J. Vince M.R.C.S, L.R.C.P, B.A (see Area No. 4)
GOLDTHORPE. 8 Goldthorpe Road (Tel. 3142)	Thursdays, 10.0 am	Dearne U.	I. Reubin M.B, Ch.B.
MEXBOROUGH. Exchange Buildings, Market Street (Tel. 2169)	Mondays, 10.30 am Wednesdays, 10.30 am	Conisborough U., Mexborough U., Swinton U., Wath U.	
THORNE. Thorne Hall (Tel. 2147)	Fridays, 10.0 am	Thorne R.	
GOOLE. 37 Hook Road	Mondays, 10.30 am	Goole U., Goole R.	T. W. Ruttledge M.B, Ch.B, D.P.H
PONTEFRACT. The Lindens, Linden Terrace, Tanshelf (Tel. 88)	Tuesdays, 2.0 pm	Pontefract B., Castleford U., Featherstone U., Knottingley U., Osgoldcross R.	
SOUTH KIRKBY. The Green	Thursdays, 10.0 am Fridays, 10.30 am	Hemsworth U., Hemsworth R.	
AREA No. 4 Consultant	**Tuberculosis Officer**	**H. A. Crowther M.A, M.R.C.S, L.R.C.P**	
BARNSLEY. 46 Church Street (Tel. 2802)	Wednesdays, 10.0 am and 2.0 pm Fridays, 10.0 am	Cudworth U., Darfield U., Darton U., Dodworth U., Hoyland Nether U., Royston U., Wombwell U., Worsborough U., Wakefield R. (part)	R. J. Vince M.R.C.S, L.R.C.P, B.A (see Area No. 3)
NORMANTON. The Park Pavilion (Tel. 3292)	Tuesdays, 10.0 am	Normanton U.	S. Keidan M.B. Ch.B, C.P.H
WAKEFIELD. 5 Almshouse Lane (Tel. 3519)	Tuesdays and Fridays, 2.0 pm	Horbury U., Stanley U., Wakefield R. (part), Ossett B. (part)	
BATLEY. Branch House Chambers, Bradford Road (Tel. 73)	Thursdays, 2.0 pm	Batley B., Ossett B. (part)	
LIVERSEDGE. Old Town Hall, Knowler Hill (Tel. Heckmondwike 258)	Fridays, 10.0 am	Spenborough U., Heckmondwike U.	C. J. Martin O.B.E, M.B, B.Ch, (temporary)
MORLEY. Wellington House, High Street (Tel. 22)	Thursdays, 10.0 am	Morley B.	
ROTHWELL. Maternity Hospital (Tel. 2228)	Mondays, 10.0 am	Rothwell U.	
DINNINGTON 162 Lorden's Hill	Tuesdays, 10.0 am	Kiveton Park R.	
PENISTONE. c/o Dr. Harris Weston House	First and third Thursdays in month, 2.0 pm	Penistone U., Penistone R. (part)	
ROTHERHAM. Carnson House, Moorgate Road (Tel. 4059)	Fridays, 10.0 am and 2.0 pm	Maltby U., Rawmarsh U., Rotherham R.	A. M. Janetta M.B, Ch.B
STOCKSBRIDGE. U.D.C. Offices (Tel. 3144)	Mondays, 2.0 pm	Stocksbridge U., Wortley R. (part)	
WADSLEY BRIDGE. 102 Parson Cross Road	Thursdays, 10.30 am	Wortley R. (part)	

Situation of Chief Dispensary or Branch	Day and Time of Session	County Districts included in Area	Assistant Tuberculosis Officers
AREA No. 5 Consultant Tuberculosis Officer B. T. Mann M.D, D.P.H			
SOWERBY BRIDGE. Greenups Terrace (Tel. 81221)	Fridays, 10.0 am Thursdays, 2.0 pm	Brighouse B. (part), Elland U., Queensbury and Shelf U. Ripponden U., Sowerby Bridge U.	
KEIGHLEY. 143 Skipton Road (Tel. 3625)	Mondays, 2.0 pm, and Wednesdays, 2.0 pm	Keighley B., Denholme U., Skipton R. (part)	A. D. Rankin M.B, Ch.B, D.P.H
TODMORDEN. County Offices, Hall Street (Tel. 85)	Fridays, 2.0 pm	Todmorden B., Hebden Royd U., Hepton R.	
HUDDERSFIELD. 1 Peel Street (Tel. 3641, Ext. 8)	Tuesdays, 2.0 pm Fridays, 2.0 pm	Brighouse B. (part), Colne Valley U., Denby Dale U., Kirkburton U., Holmfirth U., Meltham U., Mirfield U., Penistone R. (part)	W. B. Lister M.D
SHIPLEY. Farr Royd, Otley Road (Tel. 1897)	Mondays, 10.0 am	Pudsey B., Baildon U., Bingley U., Shipley U.	
UPPERMILL. Court Street	Thursdays, 10.0 am	Saddleworth U.	

Among a series of staff changes during the year particular mention should be made of the resignation of Dr. S. R. Wilson, Consultant Tuberculosis Officer for the Sowerby Bridge dispensary area, on his appointment as Chest Physician to the Surrey County Council. Dr. Wilson was one of the three Consultants appointed in 1931 when the Dispensary Service was re-organised, and during his fifteen years of office had devoted himself unsparingly for the welfare of his patients and the well-being of the service in his area. He is succeeded by Dr. B. T. Mann, formerly Temporary Consultant Tuberculosis Officer for the Doncaster area, who returned from service in H.M. Forces and recommenced duties on the 1st March 1947. Dr. E. Ratner, Consultant Tuberculosis Officer and Dr. T. W. Ruttledge, Assistant Tuberculosis Officer, both of the Doncaster dispensary area, are also welcomed back from service in H.M. Forces. Dr. G. Henry, appointed as temporary Assistant Tuberculosis Officer in the Harrogate dispensary area in April 1945, was transferred to the permanent establishment. We are grateful for the continued service of three superannuated officers, who agreed to continue with their work until suitable successors were appointed. I refer to Dr. C. J. Martin, O.B.E., formerly Senior Assistant Medical Officer at Middleton Sanatorium, Dr. E. J. C. Groves and Dr. A. Leitch, all of whom have performed valued service as Assistant Tuberculosis Officers. During the year facilities were granted enabling Drs. S. R. Wilson and R. J. Vince to undertake post-graduate refresher courses at Cambridge and London, respectively, the cost thereof being borne by the County Council.

Early in 1946 the Brighouse Corporation requested the return of the premises rented as a branch dispensary. The accommodation was far from satisfactory and, in view of improved communications, etc., closure had already been under active consideration. In these circumstances the dispensary was closed and patients diverted to the dispensaries at Huddersfield and Sowerby Bridge. Continued efforts to find dispensary premises in Pudsey have been fruitless. It will be recalled that the owners of the former premises terminated their lease on 31st December 1943, after which use was made of Civil Defence premises until early 1945, since when it has been necessary for patients from this area to travel to Shipley. In view of the importance of this centre it is most desirable that new premises be obtained and a dispensary service resumed as early as possible. The dispensaries generally present a shabby and dilapidated appearance. Repairs and decorations have been necessarily neglected since 1939. The process of renovation has been approved and the work is gathering impetus during 1947.

It is of more than passing interest to mark the changing character of the work at the dispensaries during the past few years. Up to 1939 it was usual to have referred to the dispensaries only those cases in which a tuberculous lesion was suspect. That attitude has undergone a considerable change, and there is now a growing tendency to regard the dispensaries as chest clinics to which all forms of chest ailments are referred, for opinion and advice. This progressive attitude is greatly welcomed. Not only does it help to find the unsuspected case of tuberculosis, it opens a much wider field of clinical interest for the professional staff and encourages a much closer liaison between them and the general practitioners. A natural corollary of this development is increased attendances at the dispensaries.

The dispensaries continued to be served by six X-ray units which operated during the war with a minimum of attention. A new tube was purchased for the Dean's apparatus at Shipley, and new lead-rubber aprons for the five remaining Schall's units. It was obvious that the Schall's equipment installed in 1932 and shockproofed in 1937, was in urgent need of a thorough overhaul, and this work was approved towards the end of the year. The dark-rooms, for processing the films, were selected when the X-ray work was more leisurely. With the present growth of radiography they are most inefficient both as to site, equipment and working conditions. The County Council has approved the purchase of modern standardised processing units, but before these may be installed it is essential that the dark-rooms be completely re-organised. Until this work is completed the production of first-class X-ray films must still remain a matter of chance.

The X-ray staff has had a period of constant changes; it is hoped that a more stable position has now been reached with the appointment of Miss D. R. Cullen as County Radiographer and Miss

A. Brier as her Assistant. Miss Cullen began work on 1st February 1946 and Miss Brier on 1st May 1946. Approval has been given to the appointment of two dark-room assistants, one of whom commenced duties on 1st November 1946. This appointment has been successful in relieving the Radiographer of much extraneous work.

In June 1941 the Doncaster Corporation asked the County Council to do the tuberculosis work in the Borough for the duration of the war. It was estimated then that this would involve the services of a Tuberculosis Officer on three full days a week. The Consultant Tuberculosis Officer for the Doncaster Area has since given half his time to the work of the Borough (the Corporation pay one half his salary). In October 1944 the County Council agreed to undertake the medical examination (under Circular 33/44) of the nursing and domestic staff employed at the Wakefield Municipal Isolation Hospital, at an inclusive annual fee of 50 guineas. In addition, clinical facilities were made available for the examination of the staffs of residential and war-time nurseries in the Borough.

Since 1st July 1944 dispensary facilities (excluding the home visiting of patients, X-ray examinations) have been provided at the Goole and Selby Clinics for patients from the adjacent East Riding County areas at an inclusive annual charge of £50. At the request of the Home Office, chest X-ray examinations have been carried out on all West Riding police officers returning from war service. 105 officers were so examined, of whom 6 were recalled for further examination. No officer was rejected as unfit for police service. 334 candidates for admission to the West Riding Police Force were similarly examined, 16 being recalled for further examination. Only one candidate was rejected as unfit.

The initial clinical and X-ray examination of workmen eligible for inclusion in the Silicosis and Asbestosis (Medical Arrangements) Scheme 1931, has been undertaken by the Tuberculosis Medical Staff on behalf of the Silicosis Medical Board. A charge of 6s. 0d. is made for a clinical examination, and £1 1s. 0d. where a skiagram is required. Forty-one workmen were examined during the year.

The following is the return of work of the Dispensaries during the year ended 31st December 1946 —

Diagnosis	Pulmonary				Non-pulmonary				Grand total
	Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year	2,316	1,608	199	191	433	506	608	571	6,432
(2) Transfers from other Authorities during the year	48	50	8	1	1	11	2	3	124
(3) Lost sight of cases returned during the year	16	9	—	—	5	1	—	—	31
B. Number of NEW CASES diagnosed as tuberculous during the year as —									
(1) Class T.B. minus	315	233	12	17	—	—	—	—	577
(2) Class T.B. plus	202	139	4	—	—	—	—	—	345
(3) Non-pulmonary	—	—	—	—	54	65	79	63	261
C. Number of cases included in A and B written off the Dispensary Register during the year as —									
(1) Recovered	116	74	8	4	60	71	61	60	454
(2) Dead (all causes)	254	200	3	3	15	14	1	1	491
(3) Removed to other areas	103	100	—	4	15	22	15	9	268
(4) For other reasons	59	36	8	5	12	20	14	8	162
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year	2,365	1,629	204	193	391	456	598	559	6,395

Dr. Ryan writes as follows (30th June 1947) about the Harrogate Dispensary Area, as typical of the Dispensary Service—

The first feature of importance noted in the character of the Dispensary service during the year was that there is a very definite increase in the amount of work being done. There is no doubt that Practitioners are now tending to send all types of chest cases to the Clinics for investigation. All efforts have been made to carry out the necessary investigations for a complete diagnosis at the Dispensary, but in the event of any further investigations, such as Bronchoscopy being required to establish the diagnosis, the Practitioner has been so advised and the results of such investigation then discussed between us. In order to establish in the minds of Practitioners that such cases can, and will be, diagnosed at the Clinic, it has been necessary to see a good number of cases of varying types in which the symptoms were only vaguely related to possible chest disease. This policy, however, is necessary in view of the very diverse nature of symptoms which may occur when the whole field of chest work is taken into consideration.

The Dispensary premises, notably at Selby, are unsuitable, but the difficulty of obtaining new premises is appreciated, and it is hoped that in time better facilities will be available, particularly the provision of further X-ray equipment. The only X-ray apparatus available in the area is that at Scotton Banks Sanatorium, Knaresborough, and considering that the number of X-ray examinations done during the year was 765, the provision of further X-ray equipment appears warranted. It is difficult to ask a patient who has attended the Dispensary, after having seen his or her own doctor, to attend at another Dispensary for further investigation. They do feel, naturally, that having been sent through one doctor to another, the diagnosis should be made without any further travelling.

Co-operation with local Practitioners has been very good, and it is hoped it will remain so. It has been noted that Practitioners are now well aware of the necessity for Sanatorium facilities being, if possible, reserved for cases who are likely to derive benefit from treatment and they have all been quite willing to undertake treatment of hopeless cases rather than try to put the obligation on the Tuberculosis Authorities.

During the year there has been the usual percentage of patients who will not or cannot attend the dispensary frequently enough for proper supervision. If, despite reasonable requests, they still do not attend, it has been the practice to remove their names from the register and to notify their own doctor of this unsatisfactory state of affairs. It has been the practice to notify on Form T.T.3 to the Medical Officer of Health those cases who have ceased to attend, but it would appear that they still, of course, remain on the register of the local Medical Officer of Health. This, of course, does account to some extent for the discrepancy between the number of cases on the dispensary registers and the number of cases on the registers of the Medical Officer of Health.

The following figures show the work of the Harrogate, Garforth, Ripon, Selby and Tadcaster Dispensaries in 1946 —

Diagnosis	Pulmonary				Non-pulmonary				Total				Grand total
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New cases examined during the year (excluding contacts) —													
(*a*) Definitely T.B. ...	59	49	2	1	6	9	14	14	65	58	16	15	154
(*b*) Not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Non-T.B.	—	—	—	—	—	—	—	—	177	172	66	67	482
B. Contacts examined during the year —													
(*a*) Definitely T.B. ...	—	2	1	—	—	—	1	1	—	2	2	1	5
(*b*) Not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(*c*) Non-T.B.	—	—	—	—	—	—	—	—	34	63	44	47	188
C. Cases written off Dispensary Register as —													
(*a*) Recovered	3	4	2	—	3	1	5	3	6	5	7	3	21
(*b*) Non-T.B.	—	—	—	—	—	—	—	—	1	—	—	—	1
D. Number of cases on Dispensary Register on 31st December 1946 —													
(*a*) Definitely T.B. ...	199	170	7	8	45	43	45	46	244	213	52	54	563

The number of — (*a*) cases on Dispensary Register of the above area on 1st January 1946 was 563; (*b*) cases transferred from other areas and cases returned after discharge under (*c*) in previous years was 21; (*c*) cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme and cases "lost sight of" was 57; (*d*) cases written off during the year as dead was 56; (*e*) attendances at Dispensary (including contacts) was 2,008; (*f*) Insured Persons under Domiciliary Treatment was 51; (*g*) consultations with medical practitioners was 100 personal, 382 other; (*h*) visits by Tuberculosis Officers to homes (including personal consultations) was 700; (*i*) visits by Harrogate Nurse was 660; (*j*) specimens of sputum, etc., examined was 227; (*k*) X-ray examinations was 765; (*l*) "recovered" cases restored to Dispensary Register was 1; (*m*) "T.B. plus" cases on Register on 31st December 1946 was 281.

Mass Radiography — Mass Radiography is a recent addition to facilities for diagnosis. The Council has not yet obtained its own plant but during the year borrowed units from Leeds and Sheffield for four months, at an approximate cost of £1,600. 14,027 initial examinations were carried out and 926 were photographed again on large films. Nineteen active and 144 suspected cases of tuberculosis were found; the suspected cases were followed up by the County Tuberculosis Officers and 41 later

diagnosed as having active disease; the remaining 103 suspects remain under observation. 115 examinees were found to have other conditions and were referred to their own doctor. 0·4 per cent. of the total number of persons examined were thus found to have active disease, and a further 0·68 per cent. remain under observation. Brief details of the surveys are as follows —

Date of Survey	Details of Groups Surveyed	Numbers Examined	Recalls	Defects Found		
				Tuberculosis		Other Conditions
				Active	Inactive or Suspect	
	SHEFFIELD UNIT —					
2. 9.46 to 7.11.46	Samuel Fox & Co Ltd, Stocksbridge Maltby Main Colliery Bentley Colliery	7,790	433	32	52	33
	LEEDS UNIT —					
4. 3.46 to 25. 3.46	South Kirkby Colliery Hemsworth Colliery Frickley Colliery Cohen & Wilks	3,174	332	16	38	55
15. 7.46 to 25. 8.46	Newsomes & Sons, Batley J. T. & T. Taylor Ltd, Batley G. & J. Stubley Ltd, Batley Holroyds Ltd, Batley Blackburns Ltd, Batley Batley Corporation Dawson, Payne & Elliott, Otley Waite & Saville, Otley Wm. Ackroyd & Co, Otley Garnett's Paper Mill, Otley W. Lawson, Leather Dressers, Otley Bremner Machinery Co, Otley Whiteley's, Otley Wm. Walkers, Otley Wool Control, Otley Otley U.D.C. Public Session, Otley	3,063	161	12	13	27
		14,027	926	60	103	115

The Sanatoria

In the County area, as throughout all the country, demands for institutional treatment have been much in excess of the accommodation available. This is a problem of the utmost severity, a solution to which is not yet in sight and to which there have been many contributory factors, all of which add to the complexity. In 1939 there were available for treatment some 760 beds, including 592 in the four County Sanatoria. There were also an appreciable number of patients under institutional care in either County Hospitals or in County Welfare Institutions. At that time also many chronic and moribund cases preferred to remain at home, to be cared for by relatives, and other patients with persistent positive sputum enjoyed a reasonable standard of housing which minimised the dangers of infection.

The position has now changed materially. Consider first the County Sanatoria. Although additional accommodation could be made available by using the E.M.S. hutments at Middleton and Scotton Banks, this solution cannot be adopted owing to acute staffing problems. Indeed pre-war accommodation at Middleton cannot be used for this reason. As against the 1939 figures of 302 beds, only 237 were occupied on 31st December 1946. During the war we were required to make accommodation available at these two Sanatoria for patients from the Leeds County Borough and from H.M. Services. These cases are now being reduced, although in total they still numbered 115 at the end of the year. At the smaller County Sanatoria at Cardigan and Crookhill Hall accommodation was reduced by almost 50 per cent. because of staffing difficulties. The cumulative effect of these changes has been to reduce the accommodation for West Riding patients from a mid-1939 figure of 760 to 518 on 31st December 1946.

While this considerable reduction has taken place other factors have operated to further increase the demand for beds. Due to the introduction of more stringent safeguards for the nursing staff, it now becomes increasingly difficult to admit patients to County Hospitals or Welfare Institutions. The chronic and moribund case can no longer be left at home, and overcrowded homes do not permit of the segregation of the chronic infectious patient. The admission of any of these cases, other than the moribund, to Sanatoria not only delays the admission of an early case, but also appreciably slows down the turnover of patients. It also increases the burden on staff already over-worked and aggravates what is already an alarming position. There is also the obvious need to discontinue the use of Cardigan Sanatorium, a project already approved in principle. Its continued use is not economic, and the works necessary to bring the place up to a reasonable standard would involve an expenditure in excess of that required to erect an equal number of beds as an addition to one of the existing Sanatoria. The short-term solution would appear to be the use of the Emergency Medical Service hutments at Middleton or Scotton Banks. This cannot yet be adopted until the staffing situation can be solved. This is not a question of staff alone but also of staff accommodation.

It is on this background that we have to view a waiting list of some 130 women requiring treatment for which all but the most urgent have to wait 3–12 months. Needless to add, their condition deteriorates before admission can be effected, and there is need for a longer period of treatment once they are admitted. In the face of this problem outside beds are hired whenever they can be obtained. Patients who are able to make arrangements for treatment in private sanatoria are encouraged to do so and contributions are made to the cost thereof. Similarly, facilities have been made available for suitable patients to undertake treatment in Switzerland. The numbers availing themselves of this facility must necessarily remain small owing to the exacting clinical, psychological and familial requirements. Each case receives individual consideration and the cost of treatment is met, wholly or in part, by the County Council.

As a step towards rehabilitation, suitable patients are admitted to training centres where, in addition to receiving medical treatment, they are instructed in a trade or craft befitting their physical limitations. Other patients are admitted to Village Settlements, either for training, or with the object of qualifying for permanent residence. There were 12 patients in combined treatment and training centres on the 1st January 1946; one in British Legion Village (Preston Hall), 2 in Derwen Cripples Training College, 7 in Papworth Village Settlement, and 2 in the Heritage Craft Schools. 8 were admitted and 6 discharged during 1946, leaving 14 under training on the 31st December 1946 (3 at Preston Hall, 1 at Derwen, 8 at Papworth and 2 at Heritage Craft).

Since January 1942 Doncaster patients have been admitted to Middleton-in-Wharfedale and Scotton Banks Sanatoria for operative treatment, and West Riding patients have been admitted to the Doncaster Tickhill Road Sanatorium for conservative treatment. When Killingbeck Sanatorium closed on the outbreak of war, accommodation was made available at each of the two main County Sanatoria for fifty Leeds patients (later reduced at Middleton Sanatorium to 40 beds). When the war ended, the Corporation agreed to discontinue this gradually, and at the end of the year there were only four Leeds patients in Middleton Sanatorium and 18 in Scotton Banks Sanatorium. Tuberculous patients from the Dewsbury County Borough are admitted as necessary to County Sanatoria for surgical treatment.

The following table shows the results of Institutional Treatment of West Riding patients during 1946 —

Institution	In residence 1.1.46	Admissions				Discharges				Total on 31.12.46
		M.	W.	C.	Total	M.	W.	C.	Total	
PULMONARY INSTITUTIONS										
Middleton-in-Wharfedale Sanatorium ...	95	230	—	22	252	169	—	21	190	157
Scotton Banks Sanatorium	126	—	162	31	193	—	142	31	173	146
Cardigan Sanatorium	35	—	41	—	41	—	51	—	51	25
Crookhill Hall Sanatorium	36	81	—	—	81	85	—	—	85	32
Balby Institution, Doncaster	2	—	—	—	—	2	—	—	2	—
Benenden Sanatorium, Kent	—	1	—	—	1	—	—	—	—	1
British Legion Sanatorium, Preston Hall	1	2	—	—	2	2	—	—	2	1
Brompton Hospital, London	—	—	1	—	1	—	1	—	1	—
Chandlers Ford County Sanatorium, Southampton	—	1	—	—	1	—	—	—	—	1
County Welfare Institution, Pontefract	3	16	—	—	16	17	—	—	17	2
Commonside Sanatorium, Sheffield ...	—	—	1	—	1	—	1	—	1	—
Cornish Riviera Sanatorium, Penzance...	—	1	—	—	1	—	—	—	—	1
Davos (Switzerland)	—	2	—	—	2	—	—	—	—	2
Exeter Isolation Hospital	1	—	—	—	—	—	1	—	1	—
Fairfield Sanatorium, York	—	—	—	2	2	—	—	2	2	—
Kelling Sanatorium, Norfolk	1	—	—	—	—	1	—	—	1	—
Kettlewell Hospital, Swanley, Kent ...	—	—	1	—	1	—	—	—	—	1
Leysin (Switzerland)	—	1	—	—	1	—	—	—	—	1
Noranside Sanatorium, Forfar	1	—	—	—	—	1	—	—	1	—
Oakwood Hall Sanatorium, Rotherham	18	16	15	4	35	19	13	4	36	17
Papworth Village Settlement	—	2	—	—	2	2	—	—	2	—
Pendyffryn Hall Sanatorium, Wales ...	1	—	—	—	—	1	—	—	1	—
Raywell Sanatorium, Hull	—	2	—	—	2	2	—	—	2	—
Tickhill Road Sanatorium, Doncaster...	9	12	19	—	31	12	17	—	29	11
Vale of Clwyd Sanatorium, Wales ...	—	—	1	—	1	—	—	—	—	1
Westmorland Sanatorium, Meathop ...	6	11	2	—	13	11	2	—	13	6
NON-PULMONARY INSTITUTIONS										
Adela Shaw Orthopædic Hospital, Kirbymoorside	3	—	—	2	2	—	—	3	3	2
County General Hospital, Wakefield ...	14	6	4	10	20	6	5	19	30	4
Crippled Children's Memorial Hospital, Rochdale	1	—	—	—	—	—	—	—	—	1
Harlow Wood Orthopædic Hospital, Mansfield	1	1	—	—	1	1	—	—	1	1
King Edward VII Hospital, Sheffield...	7	—	—	25	25	—	—	9	9	23
Liverpool Open Air Hospital, Leasowe	8	—	11	1	12	—	9	3	12	8
Marguerite Home, Thorp Arch ...	27	—	—	2	2	—	—	4	4	25
Robert Jones & A. Hunt Orthopædic Hospital, Oswestry	28	30	28	2	60	29	25	5	59	29
Royal Cripples' Hospital, Liverpool ...	1	—	—	—	—	—	—	1	1	—
Royal Crippled Children's Hospital, Birmingham	1	—	—	—	—	1	—	—	1	—
St. Michael's Hospital, Cornwall ...	—	1	—	—	1	—	—	—	—	1
Carried forward ...	426	416	286	101	803	361	267	102	730	499

Institution	In residence 1.1.46	Admissions				Discharges				Total on 31.12.46
		M.	W.	C.	Total	M.	W.	C.	Total	
Brought forward	426	416	286	101	803	361	267	102	730	499
MISCELLANEOUS										
Belmont Road Emergency Hospital, Liverpool	—	—	3	—	3	—	3	—	3	—
Boundary Park General Hospital, Oldham	—	—	1	—	1	—	1	—	1	—
Bradford Royal Infirmary	—	—	4	1	5	—	4	1	5	—
Broadgreen Hospital, Liverpool	—	—	2	—	2	—	2	—	2	—
County Welfare Institution, Penistone	—	—	2	—	2	—	2	—	2	—
Clayton Hospital, Wakefield	—	3	—	4	7	3	—	4	7	—
Halifax General Hospital	—	7	3	2	12	7	3	2	12	—
Halifax Royal Infirmary	—	1	—	—	1	1	—	—	1	—
Harrogate & District General Hospital	1	15	8	7	30	14	9	7	30	1
Huddersfield Royal Infirmary	—	7	3	7	17	7	2	7	16	1
Ilkley Coronation Hospital	—	—	1	2	3	—	1	2	3	—
Leeds General Infirmary	3	21	25	28	74	20	23	30	73	4
Leeds Hospital for Women	—	—	2	—	2	—	2	—	2	—
Manchester Royal Infirmary	—	—	1	—	1	—	1	—	1	—
Meanwood Park Emergency Hospital, Leeds	—	—	2	—	2	—	2	—	2	—
Otley County Hospital	—	1	3	—	4	1	3	—	4	—
Pinderfields Emergency Hospital	—	6	1	—	7	5	1	—	6	1
Regional Radium Institute, Bradford	—	—	1	—	1	—	1	—	1	—
Sheffield Children's Hospital	—	—	—	1	1	—	—	1	1	—
Sheffield Royal Infirmary	1	18	3	—	21	15	2	—	17	5
Sheffield City General	—	5	7	—	12	3	4	—	7	5
Skipton & District General Hospital	—	—	1	4	5	—	1	4	5	—
Staincliffe County Hospital	—	6	4	—	10	5	3	—	8	2
St. James' Hospital, Leeds	—	2	2	—	4	2	2	—	4	—
York City General	1	—	1	—	1	2	—	—	2	—
York County Hospital	1	—	1	3	4	1	1	3	5	—
	433	508	367	160	1035	447	340	163	950	518

The following table shows the immediate results of treatment of West Riding patients discharged from Residential Institutions during the year 1946 —

Classification on admission	Condition on discharge	Duration of Treatment												Total
		Under 3 months			3–6 months			6–12 months			Over 12 months			
		M.	W.	C.	M.	W.	C.	M.	W.	C.	M.	W.	C.	
(a) PULMONARY —														
T.B —	Quiescent	14	6	1	20	13	7	5	4	7	3	—	1	81
	Not quiescent	16	4	1	5	3	—	6	2	1	2	—	—	40
	Died	1	—	—	2	1	—	—	—	—	—	—	—	4
I +	Quiescent	4	—	—	6	4	—	—	7	2	1	—	—	24
	Not quiescent	—	4	—	3	—	—	6	—	—	—	—	—	13
	Died	1	—	—	—	—	—	1	—	—	—	—	—	2
II +	Quiescent	1	3	—	9	8	—	5	13	—	3	—	—	42
	Not quiescent	32	6	—	41	9	—	19	17	—	13	3	—	140
	Died	1	—	—	1	—	—	1	—	—	1	—	—	4
III +	Quiescent	1	—	—	—	2	—	—	5	—	—	4	—	12
	Not quiescent	9	9	—	14	9	—	6	24	—	5	14	—	90
	Died	13	13	—	9	9	1	4	5	1	8	8	—	71
		93	45	2	110	58	8	53	77	11	36	29	1	523
(b) NON-PULMONARY														
Bones and Joints	Quiescent	7	5	2	6	4	8	2	4	6	5	10	15	74
	Not quiescent	3	4	4	2	4	4	1	1	1	3	1	4	32
	Died	—	—	—	—	1	—	—	—	—	2	—	—	3
Abdomen	Quiescent	1	—	—	2	—	1	1	—	—	—	—	1	6
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Organs	Quiescent	4	—	1	2	1	1	—	—	1	—	—	—	10
	Not quiescent	1	—	1	2	—	—	1	—	1	—	—	—	6
	Died	—	2	—	—	—	—	—	—	—	—	—	1	3
Peripheral Glands	Quiescent	—	—	8	1	1	5	—	—	2	—	—	—	17
	Not quiescent	—	1	1	—	—	—	—	—	—	—	—	—	2
	Died	—	—	—	—	—	—	—	—	—	—	—	—	—
		16	12	17	15	11	19	5	5	11	10	11	21	153

The results in 252 cases where the period of treatment did not exceed 28 days are excluded from the above tables.

(c) OBSERVATION CASES —

	For Pulmonary T.B.						For Non-pulmonary T.B.						Total		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	W.	C.	M.	W.	C.	M.	W.	C.	M.	W.	C.	M.	W.	C.
Tuberculous	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
Non-T.B.	2	3	—	2	3	2	—	—	2	1	—	3	5	6	7
Doubtful	—	—	—	2	1	—	—	—	—	—	—	—	2	1	—
	2	3	—	5	4	2	—	—	2	1	—	3	8	7	7

The following Institutional Treatment was provided in County Sanatoria during the year ended 31st December 1946 for other than West Riding patients —

Institution	In 1.1.46	Admissions				Discharges				In 31.12.46
		M.	W.	C.	Total	M.	W.	C	Total	
Middleton Sanatorium	78	201	—	—	201	197	—	1	198	81
Scotton Banks Sanatorium	52	—	60	1	61	—	78	1	79	34
Cardigan Sanatorium	—	—	—	—	—	—	—	—	—	—
Crookhill Hall Sanatorium	—	—	—	—	—	—	—	—	—	—
Total ...	130	201	60	1	262	197	78	2	277	115

The following is a summary of the origin of these cases —

Beds provided for	In 1.1.46	Admissions				Discharges				In 31.12.46
		M.	W.	C.	Total	M.	W.	C.	Total	
H.M. Service Cases	52	159	15	—	174	128	12	—	140	86
Leeds C.B. Cases...	70	40	40	—	80	63	64	1	128	22
Other Local Authorities	7	2	5	1	8	6	2	—	8	7
Evacuees, Refugees, etc.	1	—	—	—	—	—	—	1	1	—
Total ...	130	201	60	1	262	197	78	2	277	115

Dr. H. E. Raeburn, Medical Superintendent of Middleton-in-Wharfedale Sanatorium, reports as follows —

Extensive alterations have been carried out in the main kitchen, making it much larger and improving the ventilation. New steamers, ovens and other equipment are to be installed. The shortage of nurses has made it impossible to use the full number of beds provided, an average of 207 being occupied. The difficulty has been partly overcome by training male student nurses for the certificate of the Tuberculosis Association. The shortage of fully trained nurses, however, remains. Four nurses passed the final examination of the Tuberculosis Association.

The number of cases admitted during the year was 453.

Beds provided for	In 1.1.46	Admitted			Discharged			In 31.12.46
		M.	C.	Total	M.	C.	Total	
West Riding Cases	95	230	22	252	169	21	190	157
Service Cases	45	159	—	159	128	—	128	76
Leeds Cases	27	40	—	40	63	—	63	4
Dewsbury Cases	1	1	—	1	1	—	1	1
Doncaster Cases	3	—	—	—	3	—	3	—
York Cases	1	—	—	—	1	—	1	—
Bridlington	—	1	—	1	1	—	1	—
Evacuee	1	—	—	—	—	1	1	—
Total ...	173	431	22	453	366	22	388	238

The following table shows the immediate results of treatment of West Riding patients discharged with tuberculosis in 1946. In fourteen cases the period of residence was less than twenty-eight days; the results of treatment in these cases are not included in the table.

Classification on admission to Institution	Condition at time of discharge	Duration of residence								Totals
		Under 3 months		3–6 months		6–12 months		Over 12 months		
		M	C	M	C	M	C	M	C	
Pulmonary T.B. minus	Quiescent ...	9	1	11	1	2	4	3	—	31
	Not quiescent	5	—	1	—	1	—	—	—	7
	Died ...	—	—	—	—	—	—	—	—	—
T.B. plus Group I	Quiescent ...	2	—	5	—	—	—	1	—	8
	Not quiescent	—	—	2	—	6	—	—	—	8
	Died ...	—	—	—	—	1	—	—	—	1
T.B. plus Group II	Quiescent ...	—	—	6	—	4	—	3	—	13
	Not quiescent	10	—	16	—	12	—	7	—	45
	Died ...	—	—	—	—	1	—	1	—	2
T.B. plus Group III	Quiescent ...	—	—	—	—	—	—	—	—	—
	Not quiescent	1	—	4	—	4	—	2	—	11
	Died ...	6	—	6	—	4	—	5	—	21
	Total ...	33	1	51	1	35	4	22	—	147
Non-pulmonary Bones and joints	Quiescent ...	—	—	1	—	—	—	1	—	2
	Not quiescent	—	—	1	—	—	—	2	1	4
	Died ...	—	—	—	—	—	—	2	—	2
Abdomen	Quiescent ...	1	—	1	—	1	—	—	1	4
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died ...	—	—	—	—	—	—	—	—	—
Other organs	Quiescent ...	—	—	2	—	—	1	—	—	3
	Not quiescent	—	—	1	—	—	1	—	—	2
	Died ...	—	—	—	—	—	—	—	—	—
Peripheral glands	Quiescent ...	—	1	1	4	—	1	—	—	7
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died ...	—	—	—	—	—	—	—	—	—
	Total ...	1	1	7	4	1	3	5	2	24

Observation —

Diagnosis on discharge from observation	Pulmonary				Non-pulmonary				Totals	
	Under 4 weeks		Over 4 weeks		Under 4 weeks		Over 4 weeks			
	M	C	M	C	M	C	M	C	M	C
Tuberculous ...	—	—	1	—	—	—	—	—	1	—
Non-tuberculous	1	—	—	1	—	—	1	1	2	2
Total	1	—	1	1	—	—	1	1	3	2

Rest and graduated exercise formed the basis of treatment assisted in suitable cases by the various forms of collapse therapy. Eight patients had a thoracoplasty. In 5 of these the sputum changed from positive to negative. "Phrenic Evulsion" was performed in 6 cases and "Phrenic Crush" in 12 cases. Artificial Pneumothorax was induced in 28 cases. It was attempted in 14 others but failed owing to adhesions. At the end of 1946, 31 cases were having Artificial Pneumothorax treatment, of these 18 were induced before admission, 10 during 1946 and 3 continued from 1945. 41 patients who had this treatment (13 quiescent, 26 improved and 2 stationary) were discharged. In 12 cases the sputum changed from positive to negative. 1,129 refills were given and 133 aspirations and air replacements were done. In addition 63 refills were given to out-patients at Middleton.

The treatment of non-pulmonary cases varied with the site of the disease. Rest and sunlight formed the basis of the treatment, assisted by splints and plasters in the orthopædic cases. Operative treatment was carried out in 10 cases.

The physiotherapist treated 74 patients and gave 2,651 treatments. In pulmonary cases physiotherapy was used (1) to give breathing and postural training as pre-operative and post-operative measures in connection with major and minor thoracic surgery, (2) to give postural, general toning up and lung re-expansion exercises in the convalescent stages of pleurisy and empyema, (3) to treat bronchiectasis by means of postural and percussion drainage. In orthopædic cases massage and exercises were given to maintain muscle tone and mobility and to prevent foot deformity during the period of recumbency. Re-educational and walking exercises were given during the ambulant stage of the treatment. Several amputation stumps were prepared for artificial limbs. Several cases which may be classified under the broad heading of "Rheumatism" were treated during the winter period.

The following operations were performed during the year — Thoracoplasty (8 cases) 23; Phrenic paralysis-evulsion 6; Phrenic paralysis-crush 12; Thoracoscopy and Adhesiotomy 8; Thoracoscopy 1; Spinal Fusion 7; Suprapubic drainage 1; Removal of adenoids and tonsils 4; Removal of cæcum and colon 1; Orchidectomy 2; Appendicectomy 1; Cystoscopy 4; Turbinectomy 1; Nephrectomy 1; Bronchoscopy 1; Laminectomy 2; Excision glands of neck 3; Intercostal drainage 2; Sub-mucous resection of nasal septum 2; Extra Pleural pneumothorax 1; Removal of stone from kidney 1; Ligature of varicose veins 1. There were 3,330 X-ray films taken, 1,862 in-patients and 1,034 out-patients and 434 staff. The orthopædic surgery was done by Mr Broomhead, the renal operations by Mr Stewart, 39 general and thoracic operations were done by Mr Moir, 4 by Mr Phillips, and 24 by the Medical Superintendent. The ear, nose and throat operations were done by Mr Watson.

Visits of consultant staff have continued to prove of great value. Mr Benson (eyes) visited the Sanatorium on five occasions and saw twenty-six patients. Mr Donald Watson (ear, nose and throat) visited fifteen times and saw 123 patients. Mr Broomhead (orthopædics) visited eight times and saw seventy-eight patients. Mr Moir (general and thoracic) visited eleven times and saw sixty-four patients. Mr Phillips (general and thoracic) visited twice and saw four patients. Mr Stewart (genito-urinary) visited twice and saw six patients. Mr Thornton (the dentist) visited the Sanatorium thirty-two times and gave treatment to 100 patients.

Pathology is an adjunct of the Central County Laboratory. All the routine work was carried out by Mr R. Smith, the Laboratory Technician, who commenced duty on the 1st April 1946. From October 1945 to the end of March 1946, all specimens were sent to the County Laboratory at Wakefield. The total number of examinations for the nine months ending 31st December 1946 was 11,630. The following examinations were made —

(*a*) **Bacteriological** —

Sputa	3,017
Swabs from eyes, ears, nose and throat for B. Diphtheria or other bacteria	23
Swabs, various, for B. Tuberculosis or other bacteria	29
Urines (bacteriology and microscopy)	65
Pleural effusions	35
Fæces	19
Pus from various sources	51
Cultures for B. Tuberculosis	177
Milk	92
Water	3
Penicillin sensitivity test	36
Miscellaneous	7

(*b*) **Blood** —

Enumeration of red and white corpuscles	1,691
Estimation of Hæmoglobin	1,303
Von Bonsdorf count	1,203
Calculation of Houghton's Index	1,203
Sedimentation rates of red corpuscles	1,281
Differential counts	1,265
Blood grouping	4
Malarial parasites	5

(*c*) **Bio-chemical** —

Estimation of blood urea	5
Estimation of blood sugar	76
Estimation of cells, protein, chlorides, sugar and globulin in cerebro-spinal fluid	1
Fractional test meal	1
Fæcal fat content	1
Vitamin C test	32

Specimens taken at regular intervals from swimming pools were examined, and at no time was any dangerous contamination found. All media used were prepared in the Laboratory. All urine specimens are examined for albumen, sugar and reactions, as a routine procedure. Five pathological sections were cut at operations or post-mortems, and during the year eleven post-mortem examinations were undertaken; one at the request of the Coroner.

Occupational therapy has continued with an average number of twenty patients attending daily for instruction. In addition, patients were visited in the wards. The work done consisted of carpentry, rug and raffia work, weaving, fancy leather work, hot metal work, book-binding and cobbling, also gardening. Entertainments have been given as a once-weekly film show in the Recreation Hall, and by film shows given fortnightly on the wards with portable sound apparatus. Concerts were also given from time to time and were much appreciated by the patients.

Ex-patients have been employed to an increasing extent. In the past one of the great difficulties experienced by patients after discharge was finding suitable work. The close liaison which now exists between the Ministry of Labour and the Sanatorium has done much to overcome the difficulty. Help is given to patients not only as regards suitable work but also by arranging training courses to fit them for particular trades. Suitable patients are offered work at the Sanatorium when vacancies exist; and during 1946, 3 nurses, 10 male student nurses, 8 orderlies, 2 clerks, 1 joiner and 1 joiner's apprentice, ex-patients, were employed. It is hoped shortly to begin training ex-patients in gardening.

The Sanatorium farm has continued with a herd of tuberculin-tested cows kept at the Sanatorium farm, which supplied 23,340 gallons of milk to the Sanatorium and 2,762 gallons sold to Wharfedale Creamery. Forty-three stones of pork were also supplied to the Sanatorium. The sale of stock during the year realised £1,237 2s. 11d. During the war years many acres of grassland were ploughed and used for producing crops.

H. E. R.

Dr. Ryan, Medical Superintendent of Scotton Banks Sanatorium, writes —

This Sanatorium of 200 beds, provided by the West Riding of Yorkshire County Council, was completed in 1937. Situated on a plateau, the site of a Roman Camp, 400 feet above sea level and on an estate of 90 acres, including 40 of woodlands, the Sanatorium commands a pleasant view of the valley of the River Nidd and the ancient town of Knaresborough, with Harrogate three miles to the south. It is thus exposed in a degree to the bracing winds from the Yorkshire Moors. The soil is clay.

Though comparatively recently built, the design is old, the Patients' Wards being of the one-storey verandah type. Each of the four wards contains six single, six double and eight four-bedded cubicles, facing south. The Administrative buildings face north. They comprise a Medical Centre, a Nurses' Home and Domestic Quarters. The kitchen is large and airy and well equipped with modern cooking implements (the main cooking is by gas). The personnel is headed by a Chef; there is an Assistant Chef and a full complement of kitchen workers. The Sanatorium runs its own Laundry, which also does the work of other Institutions. Heating, including central heating and electricity, are supplied by two Lancashire boilers, but there is also available a supply of alternating current for the X-ray apparatus and the operating theatre. Building restrictions have naturally prevented many additions such as a Patients' Recreation Hall, a Porter's Lodge, a larger X-ray Department, etc. It is hoped that shortly one of the E.M.S. hutments will be converted for maternity, and other hutments be made available for extra beds for the treatment of Tuberculosis.

In addition to a resident medical staff of three, there is a visiting staff as follows — a Thoracic Surgeon, who operates weekly; an Orthopædic Surgeon and a Gynæcologist attend as required and a Laryngologist holds a monthly clinic. A Pyschiatrist attends weekly and, in addition to seeing patients who have "problems", he advises as to Occupational Therapy, which is now elevated from the mere mechanical tasks of crocheting and rug-making to more intellectual pursuits, following the Adrian Hill example. It is under the immediate control of a full-time Occupational Therapist. Full educational instruction is given to the children by two trained teachers. Special school buildings are provided, but a good deal of teaching is done in the wards, where there are long-term orthopædic cases.

Shortage of staff and pressure of beds have changed many Sanatoria to Chest Hospitals, and this Sanatorium is no exception. Instead of a leisurely period of Sanatorium treatment, beginning with bed rest and finishing with a lengthy period of graduated exercise, the tendency nowadays, regrettable though it may be, is towards more and more collapse therapy, after which the patient is sent home to make way for others. The following list of operations reflects the work done in 1946 in a Hospital of 150 women and 50 children's beds. It may be noted that no figures are given for Artificial Pneumothorax, as this is not regarded as a form of treatment per se, but as a preliminary to assessment by X-ray and eventually by thoracoscopy, as to the possibility of securing a satisfactory Internal Pneumolysis. If a satisfactory Internal Pneumolysis cannot be achieved by Adhesiotomy, resort is made to some other form of collapse therapy.

Thoracoplasties (stages) 42; Extra Pleural Pneumothoraces 3; Thoracoscopies 54; Adhesiotomies 34; Phrenic Nerve Interruptions 50; Pneumoperitoneum Inductions 20; Bronchoscopies 6; Orthopædic operations 4; Gynæcological operations 3; Miscellaneous operations 8.

Analysis of Patients admitted to or discharged from Scotton Banks Sanatorium during 1946

Responsible authority	Patients in residence 1.1.46	Admitted during 1946			Discharged during 1946			Patients in residence 31.12.46
		W	C	Total	W	C	Total	
West Riding C.C.	126	162	31	193	142	31	173	146
Leeds C.B.	43	40	—	40	64	1	65	18
Service authorities	7	15	—	15	12	—	12	10
Doncaster C.B.	1	—	1	1	1	—	1	1
Dewsbury C.B.	—	4	—	4	—	—	—	4
Isle of Arran	1	—	—	—	—	—	—	1
Warrington C.B.	—	1	—	1	1	—	1	—
Total	178	222	32	254	220	32	252	180

Immediate Results of Treatment of West Riding Patients discharged from Scotton Banks Sanatorium during 1946

Classification on admission (Memo. 37/T)	Condition at time of discharge	Duration of Sanatorium Treatment								Total
		Under 3 months		3–6 months		6–12 months		Over 12 months		
		W	C	W	C	W	C	W	C	
(a) *Pulmonary cases*										
Class T.B. minus	Quiescent ...	2	—	7	6	3	2	—	1	21
	Not quiescent	1	—	—	—	1	1	—	—	3
	Died in sanat.	—	—	1	—	—	—	—	—	1
Class T.B. plus Group I	Quiescent ...	—	—	3	—	5	1	—	—	9
	Not quiescent	2	—	—	—	—	—	—	—	2
	Died in sanat.	—	—	—	—	—	—	—	—	—
Class T.B. plus Group II	Quiescent	1	—	—	—	10	—	—	—	11
	Not quiescent	5	—	2	—	1	—	—	—	8
	Died in sanat.	—	—	—	—	—	—	—	—	—
Class T.B. plus Group III	Quiescent ...	1	—	2	—	5	—	4	—	12
	Not quiescent	3	—	5	—	19	—	10	—	37
	Died in sanat.	10	—	7	1	5	1	6	—	30
	*Total	25	—	27	7	49	5	20	1	134
(b) *Non-pulmonary cases*										
Bones and joints	Quiescent	—	—	—	—	1	1	2	5	9
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died in sanat.	—	—	—	—	—	—	—	—	—
Abdomen	Quiescent ...	—	—	—	1	—	—	—	—	1
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died in sanat.	—	—	—	—	—	—	—	—	—
Other organs	Quiescent ...	—	—	—	1	—	—	—	—	1
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died in sanat.	—	—	—	—	—	—	—	—	—
Peripheral glands	Quiescent ...	—	2	—	1	—	1	—	—	4
	Not quiescent	—	—	—	—	—	—	—	—	—
	Died in sanat.	—	—	—	—	—	—	—	—	—
	*Total	—	2	—	3	1	2	2	5	15

* These totals do not include 22 patients whose stay in the sanatorium did not exceed 28 days.

(c) Observation Cases —

Diagnosis on discharge from observation	For pulmonary tuberculosis				For non-pulmonary tuberculosis				Totals	
	Stay under 4 weeks		Stay over 4 weeks		Stay under 4 weeks		Stay over 4 weeks			
	W	C	W	C	W	C	W	C	W	C
Tuberculous ...	—	—	—	—	—	—	—	—	—	—
Non-tuberculous	—	—	—	—	—	—	—	1	—	1
Doubtful	—	—	1	—	—	—	—	—	1	—
Total	—	—	1	—	—	—	—	1	1	1

V. R.

After-Care and Ancillary Services

It is most gratifying to be able to record that, despite numerous other post-war calls upon voluntary assistance, the members of the various Tuberculosis Care Committees have maintained a high level of interest in the Social Welfare of tuberculous patients and their families. Their work includes the boarding out of children exposed to the danger of infection, and the provision of invalid foods, clothing, and similar comforts to patients and their dependants. The total expenditure incurred by these Committees during 1946 was £645. Of this amount £488 was contributed by the County Council, the balance being raised by voluntary efforts.

Tuberculous patients should be encouraged to build up and maintain a high constitutional resistance; suitable patients are therefore provided with the priority allowance authorised by the Ministry of Food in the form of two pints of milk daily. During the year 144 new grants were approved and 112 were discontinued. The total number of grants in operation at the end of the year was 205. In past years, where a patient undertaking dispensary or domiciliary treatment was recommended a surgical appliance in respect of a tuberculous condition, it was the practice of the County Council to inquire into the family's ability to contribute towards the cost before accepting full financial responsibility for its provision. Since February 1946, however, it has been agreed that surgical appliances are an essential part of the patient's treatment, and these are now provided free of cost whether the patient is an out- or in-patient. The cost of the several appliances supplied during 1946 and of miscellaneous repairs was £191. Grants from Approved Societies amounted to £2 10s. 0d., the balance being met by the County Council.

Dispensary patients with abdominal glands, neck glands, lupus or in need of a general tonic, are also provided with free sunlight treatment (including travelling expenses), and are referred to the nearest of the following private or voluntary clinics — Clayton Hospital, Wakefield; County Hospital, Otley; Doncaster Borough U.V. Light Clinic; Miss T. N. Douglas' Clinic, Settle; Dr. J. Grieve, Burnley; Hemsworth School Clinic; Huddersfield Royal Infirmary; Leeds General Infirmary; Manchester and Salford Hospital for Skin Diseases; Oldham Royal Infirmary; Pontefract General Hospital; Rotherham General Hospital; Dr. G. W. Wigg, Doncaster; York County Hospital.

Free dental treatment is given where a patient's progress is likely to be retarded by the presence of carious conditions, and is now available to dispensary and domiciliary as well as Sanatoria patients. Dental fees for the past year amounted to £116 15s. 0d., to which Approved Societies made a contribution of approximately £16. Clothing is now provided free of cost (February 1946) to patients undertaking dispensary and domiciliary treatment. Clothing orders were given for thirteen patients undertaking sanatorium, and one undertaking domiciliary, treatment.

There has been an increasing demand for the loan of open-air sleeping shelters, and from the monthly reports of Tuberculosis Visitors, it is evident that the patients to whom these shelters are supplied make full and regular use of them. The local sanitary authorities have willingly co-operated with the initial inspection of sites, and the periodical disinfection of shelters and equipment.

Reports are occasionally received from the dispensary staff of tuberculous patients, who cannot afford to purchase extra bedding, and are obliged to sleep with other members of their family, thereby increasing the danger of infection. The following articles were purchased through the West Riding Distress Fund, and supplied to such families on loan during the year — 12 bedsteads, 11 mattresses, 1 mattress-cover, 51 blankets, 39 sheets, 17 pillows, 22 pillow-cases and 1 bolster. In addition, certain necessitous cases undertaking sanatorium treatment were provided from the Fund with pocket money, or their relatives with travel fares to enable them to visit the Sanatorium. On three occasions, the relatives of a patient dying in Sanatorium were reimbursed the cost of conveying the body home for burial.

Under the provisions of Memo. 266/T, maintenance allowances have continued to be paid to patients suffering from pulmonary tuberculosis. These are issued, on the recommendation of the Tuberculosis Officer, to patients who have given up paid work, and who may be reasonably expected to work again after treatment. Standard Maintenance Allowances are issued without reference to family means. "Discretionary Allowances" and "Special Payments" may also be made to meet specific commitments, on proof of need. During 1946 the total of Standard Maintenance Allowances, Discretionary Allowances and Special Payments made to Patients in the West Riding was approximately £30,000 made up as follows —

	£	s.	d.
Standard Maintenance Allowances ...	28,979	4	11
Discretionary Allowances	461	12	0
	29,440	16	11
Special Payments — Travel Fares ...	196	18	11
Pocket Money ...	465	11	10
	£30,103	7	8

PART VIII

OTHER PUBLIC HEALTH SERVICES

County Ambulance Services

The Scheme started with Civil Defence. The County Council began to run an Ambulance Service in 1945 with premises and equipment taken over from Civil Defence. These were mostly of an emergency nature. The Service was not intended to be "comprehensive" and supplied only those parts (amounting to approximately 329,709 acres and 515·17 square miles) of the County which were not covered by existing services, by voluntary agencies or other local authorities. Depots are sited at Bentley, Conisborough, Goole, Horsforth, Hoyland, Kiveton Park, Rawmarsh, Tadcaster and Wakefield, and the staff employed is 2 Depot Superintendents, 3 Section Leaders, 4 Telephonists and 35 Drivers, making a total of 44 personnel.

In 1946, owing to the increasing number of night calls, we began a 48-hour week, rotating shift, entailing an increase in the number of drivers. We also began to use the part-time services of nursing auxiliaries of the Civil Nursing Reserve to act as nurse escorts, a panel being attached to each Depot. With the prospect of the National Health Service Act in view, the County Ambulance Officer began to plan a comprehensive service for the whole County early in the year, and has spent since then a large part of his time on this complicated task. Those small improvements and extensions which have been possible in this time of building and staffing difficulties, have all been carried out with the larger plan in mind. Permanent buildings suitable for the service have been secured at Wakefield, Wath-upon-Dearne, Bentley, Goole and Guiseley, and the alterations may be put in hand shortly. Steps were taken early to order new ambulances, and it was anticipated that at least five new ambulances would be delivered before the end of 1946. In November, however, the motor manufacturers said that owing to difficulties in body building and switching over from standard products to the specialised work of ambulance bodies, there would be indefinite delays. The manufacturers promised to deliver ambulance chassis if the County Council could arrange for body construction by Ambulance Body Specialists, which has accordingly been done. By this means sixteen ambulances should be in service by the end of 1947.

In 1946 the Service did 11,444 journeys, conveying 12,973 patients a distance of 305,286 miles. County Committees used the Service for 215,868 miles; private users, local authorities, etc., for 24,093 miles; Hospital Contributory Schemes for 65,325 miles. Details are given in the table on page 61.

Dental Treatment

Details of work carried out on behalf of Committees, other than Education, at the County Dental Clinics at Wakefield, Wath, Rawmarsh and Denaby are given below —

	Committee			
	M. & C.W.	P.A.C.	B.P.A.	M.D.A.
Number of inspections	64	129	8	257
Number treated	57	93	5	135
Number of attendances	349	454	32	212
Number of extractions	730	498	113	369
Number of fillings	12	2	—	—
Number of scalings	7	8	—	3
Number of cases fitted with dentures ...	41	66	3	3
Number of remakes and repairs to dentures...	10	18	—	—

Prevention of Blindness

The arrangements authorised in September, 1937, and dealt with in the report for that year, have continued to operate. During the year 1946, the County Oculists examined 382 persons under the Prevention of Blindness Scheme, and prescriptions for spectacles were issued in 306 cases.

Food and Drugs Act, 1938

4,296 samples were taken in 1946, an increase of 17 per cent. on 1945. The following table compares the yearly figures for 1939–1946 and the percentages found adulterated —

Year	Milks			Drugs			Other Foods		
	Number of samples analysed	Number adulterated	Percentage adulterated	Number of samples analysed	Number adulterated	Percentage adulterated	Number of samples analysed	Number adulterated	Percentage adulterated
1939	3,327	245	7·4	165	10	6·0	1,123	33	2·9
1940	3,082	231	7·4	153	6	3·9	1,036	33	3·1
1941	2,967	356	11·9	115	11	9·5	780	59	7·5
1942	3,168	337	10·6	92	7	7·6	679	44	6·4
1943	3,260	286	8·8	106	6	5·7	629	45	7·2
1944	3,319	282	8·5	105	2	1·9	584	31	5·3
1945	2,938	254	8·6	125	4	3·2	613	38	6·2
1946	3,371	163	4·8	144	3	2·1	656	43	6·6

The quality of milk continued to receive careful attention; the samples taken in 1946 totalled 3,371 (compared with 2,938 in 1945); of these 629 were taken by the Sanitary Inspectors of Local Authorities under a scheme whereby the County Council defray the cost of equipment, analysis and any subsequent legal proceedings. Adverse reports on primary samples led to the taking of 55 "Appeal to Cow" samples at the place of production. The percentage of adulterated samples reported during the year is 4·8 (compared with 8·6 in 1945), and is the lowest recorded. Samples of milk supplied to schools are examined in the County Laboratory for fat content as a matter of routine, and any deficiencies in fat thus revealed are notified to the Food and Drugs Sampling Officers with instructions for further investigatory samples to be taken. This is limited to bottled milks.

656 other foods were sampled during the year; 43 (6·6 per cent.) were adversely reported on, which is much the same result as usual.

Atmospheric Pollution

The results of the examination of the contents of the gauges for the year 1946 are shown below —

Situation of Deposit Gauge*	Average monthly rainfall (inches)	Mean monthly deposits recorded (in tons per sq. mile)		
		Insoluble	Soluble	Total Solids
Keighley M.B. —				
Morton Cemetery	3·03	4·43	7·17	11·60
Black Hill	2·60	2·92	6·42	9·34
Low Bridge	2·87	8·18	7·52	15·70
Library	3·07	7·96	9·50	17·46
Colne Valley U.D.	4·06	6·45	10·33	16·78
Horsforth U.D.	2·76	5·34	8·08	13·42
Otley U.D.	2·95	6·53	7·80	14·33
Skipton U.D.	2·87	6·77	13·84	20·61

* The gauge in the Morton Cemetery is in an open space 1¾ miles from the centre of the town in an easterly direction, the surrounding district being residential and in the path of prevailing winds from industrial area. The gauge at Black Hill is on an embankment of a reservoir in an exposed position with approximately twenty dwelling houses in the neighbourhood, the remainder of the land nearby being farmland. That at Low Bridge is on the flat roof of a textile mill in a built-up area on the north-east side of a dense industrial area, whilst that at the Keighley Public Library is in a built-up area in the centre of the town with no trees, etc., near. The Colne Valley U.D. gauge is in Marsden Park in a residential and manufacturing area, seven miles south of Huddersfield. There are eight major factory chimneys within one mile of the gauge. The Horsforth U.D. gauge is situated at the rear of 78 Broadgate Walk, Horsforth, which is in the centre of the built-up area. The surrounding district is residential. The Otley U.D. gauge is in nursery gardens, 600 yards south-west of the centre of the town. The district is a manufacturing one. The Skipton U.D. gauge is at the rear of the Town Hall in a residential and manufacturing district.

Smoke pollution of the atmosphere over the West Riding continues to be excessive and is discouraging to all workers in the field of public health. The adverse effect on health is generally considered to be great, and it is a contradiction of the principles of positive health when the air that people breathe contains dust and soot capable of causing solid deposits to the amount of upwards of 150 tons per square mile each year; it is the negation of preventive medicine to establish hospitals, a large proportion of whose beds would be redundant in a clear atmosphere. The time has come for a crusade to awake public conscience. Why did we feel so strongly 100 years ago about the devastations of cholera and to-day cannot raise any zeal about smoke where damage to health is greater by far? It is incongruous that we should in England to-day be formulating plans for a National Health Service and yet leave the air we breathe loaded with dust. The remedy is at hand, it is only necessary for us to feel strongly enough about it. From this point of view the shortage of coal has already been of great benefit to the West Riding, but the elimination of smoke by cutting down the quantity of coal burnt cannot itself provide the whole answer. The compulsory use of semi-distilled coal by households and industries alike would have far-reaching effects.

Home Nursing

Although having no statutory duty to provide home nursing for the sick, the County Council has always recognised the need for such services, and has for long helped district nursing associations by making payments for undertaking services for which it has such a duty, namely, midwifery, health visiting, and school nursing. There are 197 district nursing associations covering approximately 85 per cent. of the administrative area of the County; 258 nurses are employed, of whom 100 do home nursing only and the remainder combine the work with midwifery (96), midwifery, health visiting and school nursing (59), midwifery and school nursing (1), health visiting (1), school nursing (1). The standard grants paid yearly have been £16,747 under the Midwives Act, 1936, raised in 1947–48 by the increase in payments under the Rushcliffe Award to £29,000 (approximately). The original standard grant for health visiting and school nursing (£12 per 1,000 population served, amounting to £1,950) has been raised frequently in response to urgent appeals for help and for 1947–48 the grants under this heading amounted to £4,000 (approximately). With the grants under Section 178 of the Public Health Act, 1936, for nursing the sick poor, and payments for motor transport, and the amount paid under the Rushcliffe Award for home nursing by the Ministry of Health, the total sum to be paid in 1947–48 is estimated at £49,800. 115 of the nursing associations are affiliated to the Queen's Institute for District Nurses.

It is against this rather complicated background that we face the future of home nursing. Some parts of the County are uncovered by any service. Many persons to-day do not pay into the association, although no doubt generously served when real need arises. In many parts the work is shared with other onerous duties, such as midwifery and health visiting, which undoubtedly demand a large share of the nurse's time and thought. Very few nurses are doing anything like a comprehensive nursing job and for the most part confine their activities to the chronic sick. This is the way things have grown up. The general practitioner has for long been accustomed to do most things for himself, and much of his work has been that which in hospital would be regarded as within the province of the nurse. On the 5th July 1948, when there is free medical and nursing care for all, it is reasonably certain that many persons now sick in their own homes will seek the assistance of the home nurse, and many doctors will welcome the long-awaited assistance to their overburdened lives. The effects may indeed be far-reaching, when the doctor and the nurse can enter into a full partnership for the benefit of the patient. Furthermore, persons now going to institutions for care may elect to remain at home, thus relieving the desperate situation in which many hospitals now find themselves; particularly may this be the case as the service of home helps and health visitors is built up alongside, further to reinforce the doctor and home nurse. Once again the home may be able to give the sick the comfort they need and the growth of institutionalisation which places a severe burden on the Exchequer and tends to disrupt the home life of the nation will be checked.

What this will mean in numbers of home nurses is not now very easy to understand. In 1946, 19,123 persons were attended. This is not a large number in a population of 1½ millions. The present numbers of sick persons attended at home are likely to be increased steadily as time goes on, and as the doctors and public begin to appreciate to the full the great benefits which the service has to offer. The combination of district nursing with midwifery and health visiting must clearly cease and the home nurse must be a member of the staff of the health department. Only then can district nursing enter truly into its own and the far-seeing ambition of Florence Nightingale be fulfilled.

Registration of Nursing Homes

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

The County Council is the Authority for the whole of the Administrative County, and the following table shows the duties undertaken during the year —

	Number of homes	Number of beds provided for —		
		Maternity	Others	Totals
Homes first registered during the year ...	6	2	58	60
Homes on the register at the end of the year	50	75	174	249

Number of applications for registration refused ...	2
Number of exemptions granted under Section 192 (1) ...	1
Number of inspections	49
Number of registered homes not inspected	6

Home Helps

The County Council began a Home Help Scheme for maternity under their Maternity and Child Welfare Service on 1st April 1938, which was extended to cover sickness at the request of the Ministry of Health (Circular 179) in 1944. The suggestion to use another term, "domestic help", did not commend itself and women are employed under the scheme with the same title, "home help", whether helping in homes where mother is having a baby or in others where sickness prevails. The scheme, such as it is (in 1946, 95 part-time women were employed and attended 233 cases), covers the full range of work suggested, including the aged. It is viewed as being of the utmost importance as a means of combating the present unnatural tendency to institutionalisation. Many mothers have babies in hospital who could have stayed at home to their own benefit and that of father and the rest of the family; many chronic sick for whom no further treatment is possible continue to linger in hospital for want of anyone to assist in their care at home; many persons of all ages go to hospital for relatively unimportant ailments which, with adequate assistance, might have been cared for at home; many old folk are to be found in our institutions for similar lack, and many children are away from their parents in the care of local authorities for substantially the same reason. This is serious, for institutional care is expensive in money and manpower and, with a rapidly ageing population, we cannot expect to extend our institutions in proportion. More than this, however, institutional care helps to destroy the family life of the nation. The aged are better doing their bit, small as it may be, in the family circle; mother is better having her baby in the family circle. Children should remain there, and many ill people recover more rapidly in the family atmosphere.

We can tackle the problem of home helps more seriously. One of the great difficulties is that women cannot be found to do this work when much more lucrative employment is available. The home help is not a char; she should be regarded as part of a service, given a uniform and some training so that she knows where she fits into the picture of public health schemes; she should be superannuable; the service of whole-time helps should be supplemented by a panel of women willing to assist on call at part-time rates of pay. Above all there must be local organisation, for little chance of success is possible where the area covered from one nerve centre is so large as the West Riding. The Scheme of Divisional Administration will do much to solve the difficulties providing each Division has an organiser, either paid or voluntary, with sufficient clerical help to set about vigorously the task of recruitment and management.

Work of the County Sanitary Inspectors

During the year under review, the staff consisted of the acting Chief County Sanitary Inspector and three County Sanitary Inspectors, the normal staff comprising a Chief Inspector and four Inspectors, together with two Milk Sampling Officers. One of these latter officers left the service of the department during July 1946, and the post has not been filled to date, in view of the taking over of the whole of the duties regarding milk production, by the Ministry of Agriculture and Fisheries at an appointed day, yet to be fixed.

The work of the inspectors in connection with the Milk (Special Designations) Regulations occupied a considerable amount of their time. 335 farms were surveyed in connection with applications for "Tuberculin Tested" and "Accredited" milk licences, and in addition, 246 re-visits were made upon the completion of the necessary requirements for issue of licences. The number of "Tuberculin Tested" milk licensees increased by 117 during the year. 968 visits were made to farms licensed to produce Designated Milk. The number of samples of Designated Milk obtained and examined were as follows — "Tuberculin Tested", 558 (86 per cent. satisfactory); "Accredited", 2,148 (80·2 per cent. satisfactory). Inspections and re-inspections etc. carried out show that there is still an undoubted desire on the part of the majority of the licensees in the West Riding to provide the public with a good, clean milk supply, despite the difficulties encountered by shortage of labour and lack of sufficient fuel for use in connection with the steam sterilisation of milking utensils and equipment. The department has given assistance in many instances by helping licensees to obtain additional fuel to enable the above work to be carried out. 13 visits were paid to farms producing non-designated milk. Under the scheme for the supply of milk to school children which was commenced in 1929, milk is supplied in one-third pint bottles, the only exception being six isolated schools where of necessity liquid milk in bulk or dried milk is supplied. The number of bottles supplied has risen from approximately 23,000,000 in 1935 to 36,500,000 in 1946, or a daily average of 188,723. The number of schools supplied was 1,023 (1,017 with bottled milk and 6 with milk in bulk). Samples of "heat treated" milk under Regulation 55G are collected by the County sanitary inspectors on behalf of the Ministry of Food to whom reports are sent monthly, or immediately in the case of unsatisfactory samples.

301 inspections were made in connection with the Housing (Rural Workers) Acts to ascertain whether the conditions under which grants were given were being complied with and to inspect the structural conditions of the dwellings. Other housing investigations numbered 29. Following alleged cases of food poisoning, 19 investigations were made at schools, where samples of food and other specimens were obtained for bacteriological examination. 38 instances of suspected pollution of water supply were investigated, and particular attention has been given to supplies known to be plumbo-solvent. In response to submissions from the Education Department, the sanitary accommodation at 11 schools was inspected and recommendations for improvement were made. 142 conferences with sanitary inspectors or surveyors of County Districts were held. Attendance at Police Courts regarding the keeping of pigs was made in 2 cases. Attendances were made at 5 Ministry of Health Inquiries (4 in connection with water supply and 1 with sewerage), 9 meetings of the West Riding War Agricultural Executive Committee, 2 of the West Riding Regional Smoke Abatement Committee and 2 of the Sanitary Inspectors Association (North-eastern Centre) Rural Housing Committee.

Other investigations or inspections were made on the following matters — Flooding of premises, 1; bathing pool, 1; Police Training College, 1; new public convenience, 1; Civil Defence decontamination stations as to their use for other purposes, 13; Rats and Mice (Destruction) Act, 7; nuisances from pig-keeping, 6; colliery spoilbanks, 7; alleged vermin infestations, 3; refuse disposal, 8; premises to be used by wholesalers for storage of margarine, 3; appointment of sanitary inspectors in County Districts, 20; visit to farm in co-operation with officials of Ministry of Agriculture regarding tubercular glands in children, 1.

Mileage of County Ambulances in the year 1946

Committee or Authority Chargeable	Miles run												
	January	February	March	April	May	June	July	August	September	October	November	December	Total
County Hospitals	2,108	2,171	3,956	2,229	3,030	2,554	2,471	2,925	2,324	2,901	3,024	2,510	32,203
Other Hospitals	265	272	—	—	27	—	—	86	—	—	24	—	674
Treatment of cancer	98	104	421	1,207	2,855	2,370	2,339	1,680	2,231	2,124	924	545	16,898
Treatment of venereal diseases	186	420	611	493	462	114	102	250	178	261	224	184	3,485
Treatment of tuberculosis	3,092	3,458	5,354	4,561	6,607	3,519	5,455	5,230	3,107	4,546	3,604	2,667	51,200
Tuberculosis Dispensaries	119	182	530	255	330	270	478	251	266	453	247	443	3,824
County Welfare Institutions	1,800	2,564	3,304	1,869	886	1,445	1,692	2,397	1,431	1,541	1,198	1,549	21,676
County Welfare District Welfare Officers	932	965	1,162	1,023	1,617	660	1,474	951	1,054	1,485	871	1,545	13,739
County Children's Homes	70	124	69	—	107	94	189	114	134	5	387	—	1,293
Maternity and Child Welfare	2,840	2,258	2,517	2,234	3,029	1,834	2,651	2,941	2,389	2,054	2,538	2,669	29,954
Other Maternity Homes	1,227	1,727	2,231	2,467	1,490	1,873	1,428	2,218	1,907	1,956	1,365	1,786	21,675
Mental Deficiency Act Committee ...	—	—	10	—	171	—	69	—	—	78	—	6	334
Education	181	—	14	38	—	265	—	—	—	44	1,462	387	2,391
Orthopædic	485	376	149	627	903	599	779	653	1,036	877	—	—	6,484
Blind Persons' Officer	24	19	183	267	347	714	568	223	142	237	145	185	3,054
Children and Young Persons' Act Committee	—	—	—	—	10	—	—	—	—	—	—	—	10
Police	2	26	3	37	159	177	155	84	178	148	115	95	1,179
Hospital Contributory Schemes	4,508	4,238	4,270	5,613	6,139	6,226	6,349	5,982	5,583	5,853	5,561	5,003	65,325
Private, etc.	2,300	1,093	1,694	1,825	1,285	1,490	2,413	2,367	1,730	2,470	2,430	2,996	24,093
County Ambulance Service	62	16	—	—	14	—	1,083	989	1,261	950	793	616	5,784
Public Health and Welfare	—	—	—	—	—	—	—	—	—	11	—	—	11
TOTAL	20,299	20,013	26,478	24,745	29,468	24,204	29,695	29,341	24,951	27,994	24,912	23,186	305,286

This shows an increase of 1,650 cases and 106,552 miles on 1945 (based on the six months' running period for that year), accounted for by the increased use for County purposes and for long distance journeys outside the County area

PART IX

STAFF

(November 1947)

C. Fraser Brockington, M.A., M.D., B.Ch., D.P.H., M.R.C.S., L.R.C.P., Barrister-at-Law.
(County Medical Officer and School Medical Officer)

HEADQUARTERS

J. Wood Wilson, M.D., Ch.B., D.P.H. ...	Deputy County Medical Officer
J. C. Colbeck, M.B., B.S., M.R.C.S., L.R.C.P.	Director of Pathological and Laboratory Services (now Medical Research Council)
G. S. Johnston, M.D., Ch.B., D.P.H. ...	Chief Tuberculosis Officer
J. M. Anderson, M.R.C.S., L.R.C.P. ...	Senior Medical Officer for Maternity and Child Welfare
J. A. Burgess, M.D., Ch.B., D.P.H. ...	Senior Medical Officer for Venereal Diseases
A. F. Turner, M.B., B.Ch., D.P.H. ...	Senior Medical Officer for School Health
T. E. D. Beavan, M.B., Ch.B., L.D.S., M.R.C.P., D.C.H.	Pædiatrician
E. C. Allibone, M.D., Ch.B., M.R.C.P., M.R.C.S., D.P.M.	Pædiatrician
B. R. Townend, L.D.S.	Chief Dental Officer
Vacancy	Psychiatrist
E. Campbell, M.B., Ch.B., D.P.H. ...	Venereologist
Miss D. Walker	Superintendent Health Visitor
Miss A. Carey	Area Superintendent Health Visitor
Miss A. M. Clarke	Area Superintendent Health Visitor
Miss R. O'Brien	Area Superintendent Health Visitor
Miss G. M. Harvey	Supervisor of Midwives
Miss E. M. Taylor	Supervisor of Midwives
Miss H. Brooks	Supervisor of Day Nurseries
Miss C. M. Wood	Public Health and Hospitals Dietitian
Miss E. Washington	Public Health and Hospitals Dietitian
Miss M. Barnes	Senior Speech Therapist
Miss D. M. Gostelow	Assistant Speech Therapist
Miss D. M. Cullen	County Radiographer
Miss A. Brier	Assistant Radiographer
L. Butterworth (1), (2), (4), (5)...	Acting Chief County Sanitary Inspector
H. Tayler (1), (2), (6)	County Sanitary Inspector
R. D. Irving (1), (2), (9)	County Sanitary Inspector
F. C. Brookes (1), (2)	County Sanitary Inspector
V. Whitaker	County Ambulance Officer

Clerical Staff

J. Colman (1), (3) (8)— Chief Clerk

Senior Clerks — J. W. Beaumont(1), B. E. Allenby, G. Richardson(7), A. Charlesworth

DIVISIONAL MEDICAL OFFICERS

D. D. Payne, M.D., B.S., D.P.H., M.R.C.S., L.R.C.P.	Division	No. 8 (Harrogate)
J. M. Watt, M.D., Ch.B., D.P.H., D.C.H., D.Obst.R.C.O.G.	,,	No. 31 (Rotherham)
J. Main Russell, M.B., Ch.B., B.Hy., D.P.H. ...	,,	No. 22 (Wortley)
A. Penman, M.D., Ch.B., D.P.H.	,,	No. 28 (Doncaster)
R. G. Smithson, M.D., Ch.B., D.P.H.	,,	No. 9 (Wetherby)
J. Ferguson, M.B., Ch.B., D.P.H.	,,	No. 27 (Adwick-le-Street)
A. L. Taylor, M.D., Ch.B., D.P.H., L.D.S.	,,	No. 16 (Rothwell)
R. A. W. Procter, M.C., M.A., M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.	,,	No. 6 (Otley)
F. Appleton, M.B., Ch.B., D.P.H.	,,	No. 18 (Brighouse)
J. Battersby, M.B., Ch.B., D.P.H.	,,	No. 4 (Shipley)
J. M. Paterson, M.B., Ch.B., D.P.H.	,,	No. 11 (Castleford)
W. G. Evans, M.R.C.S., L.R.C.P., M.B., B.Ch., D.P.H.	,,	No. 13 (Ossett)
R. C. Webster, M.D., B.Ch., D.P.H.	,,	No. 19 (Todmorden)
A. Reeves, M.A., M.B., B.Ch., B.A.O., D.P.H. ...	,,	No. 24 (Cudworth)
S. K. Appleton, M.D., Ch.B., D.P.H., D.T.M. ...	,,	No. 10 (Goole)

CONSULTANT TUBERCULOSIS OFFICERS

H. E. Raeburn, M.D., B.S., D.P.H.	(also Medical Superintendent, Middleton Sanatorium)
V. Ryan, M.D., Ch.B., B.A.O., D.P.H. ...	(also Medical Superintendent, Scotton Banks Sanatorium)
E. Ratner, M.D., Ch.B., D.P.H.	(also Medical Superintendent, Crookhill Hall Sanatorium)

H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
B. T. Mann, M.D., Ch.B., D.P.H., B.Sc.

(1) Sanitary Inspectors' Cert. Royal Sanitary Inst.
(2) Cert. as Inspector of Meat and Other Foods, Royal Sanitary Inst.
(3) Exam. in Sanitary Science as applied to Buildings and Public Works — Royal Sanitary Inst..
(4) Final Cert. Builders' Quantities, London City and Guilds
(5) Final Cert. (Distinction), Builders' Quantities, Lancashire and Cheshire Inst.
(6) Testamur—Inst. of Municipal and County Engineers
(7) Diploma in Public Administration
(8) Associate Chartered Inst. of Secretaries
(9) Sanitary Science Cert. (Liverpool University)

ASSISTANT TUBERCULOSIS OFFICERS

E. J. C. Groves, M.B., Ch.B.
W. D. Hamilton, M.B., Ch.B., D.P.H.
G. Henry, M.B., Ch.B., B.A.O.
C. A. Koefoed, M.D., Ch.B., Ph.B.
A. Leitch, M.B., Ch.B., D.P.H.
W. B. Lister, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
C. J. Martin, O.B.E., M.B., Ch.B.
A. D. Rankin, M.B., Ch.B., D.P.H.
T. W. Ruttledge, M.B., Ch.B., D.P.H.
R. J. Vince, B.A., M.R.C.S., L.R.C.P.

SANATORIA

Middleton-in-Wharfedale Sanatorium

H. E. Raeburn, M.D., B.S., D.P.H. ...	Medical Superintendent
J. Foody, M.B., Ch.B., B.A.O.	Deputy Medical Superintendent
Miss J. Pegg	Matron
H. Corbett	Clerk Steward

Scotton Banks Sanatorium

V. Ryan, M.D., Ch.B., B.A.O., D.P.H. ...	Medical Superintendent
G. B. Royce, M.B., Ch.B., B.Sc.	Deputy Medical Superintendent
Miss N. Smith	Matron
R. Soar	Clerk Steward

Cardigan Sanatorium

G. S. Johnston, M.D., Ch.B., D.P.H. ...	(Chief Tuberculosis Officer) Medical Superintendent
Miss A. Major	Matron

Crookhill Hall Sanatorium

E. Ratner, M.D., Ch.B., D.P.H.	Medical Superintendent
Miss M. Sweeting	Matron

GENERAL HOSPITALS

Staincliffe County Hospital

N. J. S. Nathan, M.R.C.S., L.R.C.P., D.P.H., D.Obst.R.C.O.G.	Medical Superintendent
C. Josephs, M.B., B.S.	Deputy Medical Superintendent
Miss J. Cockburn	Matron
T. Stark	Clerk Steward

Wakefield County General Hospital

L. Rosenthal, M.D., Ch.B. ...	Medical Superintendent
Miss E. J. Burton	Matron
H. Heyes	Clerk Steward

Otley County General Hospital

J. N. Hill, M.B., Ch.B., D.P.H. ...	Medical Superintendent
Miss W. M. Durigan	Matron
W. P. Vann	Clerk Steward

MATERNITY HOMES

Crossley, near Mirfield	Matron	Miss A. G. H. Stephens ...	Nursing Staff		8
Hallamshire, near Sheffield ...	,,	Miss H. E. Lancefield ...	,,	,,	8
Hazlewood, near Tadcaster ...	,,	Miss S. T. Davy	,,	,,	8
Langroyd Hall, Colne	,,	Miss H. Roberts	,,	,,	4
Listerdale, near Rotherham ...	,,	Mrs. D. Firth	,,	,,	9
Rothwell	,,	Miss W. Blakey	,,	,,	5
Skipton	,,	Miss F. Foster	,,	,,	6
Walton Hall, near Wakefield	,,	Miss H. M. Hunter ...	,,	,,	10

DAY NURSERIES

6 Day Nurseries — total nursing staff 50

ASSISTANT COUNTY MEDICAL OFFICERS

K. E. M. Allen, M.R.C.S., L.R.C.P.
P. A. G. M. Ashmore, M.R.C.S., L.R.C.P.
*H. S. Bury, M.R.C.S., L.R.C.P., D.P.H.
M. A. T. J. Curtin, M.B., B.Ch., B.A.O., D.P.H.
R. C. Davison, M.B., B.S.
B. Demaine, M.B., Ch.B., D.P.H.
*W. Ferguson, M.B., Ch.B., D.P.H.
*J. F. Fraser, M.B., B.S., D.Obst.R.C.O.G., D.P.H.
J. C. Goldthorpe, M.R.C.S., L.R.C.P.
A. P. Gorrie, M.B., Ch.B.
R. J. Gourlay, M.D., Ch.B., D.P.H.
H. Gray, M.B., Ch.B., D.P.H.
N. Hamlin, M.B., B.S., D.C.H.
I. Hargreaves, M.B., Ch.B.
M. A. Hillis, M.B., Ch.B.
*G. P. Holderness, M.B., Ch.B., D.P.H.
R. B. Laidlaw-Becker, M.D., Ch.B., D.P.H., M.R.C.S., L.R.C.P., D.P.M.
H. F. Lindsay, M.B., Ch.B.
S. Lindsay, M.B., Ch.B.
J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P.
A. Marshall, M.B., Ch.B.
G. Mayhall, M.R.C.S., L.R.C.P.
*B. Schroeder, M.B., Ch.B., D.P.H.
J. J. Smith, M.B., Ch.B., D.P.H.
F. D. F. Steede, M.B., B.Ch., B.A.O.
D. M. Summers, M.B., Ch.B.
M. Townend, M.B., Ch.B., D.P.H.
J. S. Walters, M.B., Ch.B., D.P.H.
J. E. M. White, M.R.C.S., L.R.C.P.
P. B. Williams, M.B., Ch.B.
*G. A. Wilthew, B.Sc., M.B., B.S.
E. M. Wright, B.A., B.M., B.Ch., D.P.H.

*Deputy Divisional Medical Officers

PART-TIME SCHOOL MEDICAL OFFICERS

E. O. Bowie, L.A.H., D.P.H.
G. Buckle, M.B., B.S.
W. M. Douglas, M.B., Ch.B., D.P.H.
W. J. Frain, M.B., Ch.B., D.P.H.
W. T. Hessel, M.B., Ch.B.
F. G. E. Hill, D.S.O., M.B., Ch.B.
H. M. Holt, M.B., B.S., D.P.H.

SCHOOL OCULISTS

J. V. Kirkwood, M.B., Ch.B., D.P.H.
R. Burns, M.B., B.Ch., B.A.O.

AREA DENTAL OFFICERS

J. M. Enderby, L.D.S.
O. A. Long, L.D.S.
R. Sclare, L.D.S.

SCHOOL DENTAL OFFICERS

E. Ackers, L.D.S.
S. Ackers, L.D.S.
C. M. Armstrong, L.D.S.
H. Barber, L.D.S.
M. Blewitt, L.D.S.
W. H. Blewitt, L.D.S.
M. E. Brechin, L.D.S.
W. J. Brown, L.D.S.
G. H. Bulcock, L.D.S.
T. M. Bulcock, L.D.S.
H. D. Cawthra, L.D.S.
W. H. Dyke, L.D.S.
W. H. Etheridge, L.D.S.
M. M. Gibson, L.D.S.
V. F. H. Golledge, L.D.S.
K. A. Gordon-Ralph, L.D.S.
J. S. Griffiths, L.D.S.
J. Haddon, L.D.S.
M. Hatton, L.D.S.
S. Henry, L.D.S.
E. E. Jackson, L.D.S.
R. Jackson, L.D.S.
G. Kilvington, L.D.S.
S. Levinson, L.D.S.
J. Lynn, L.D.S.
J. Mackay, L.D.S.
R. T. Mosbery, L.D.S.
M. H. Platford, L.D.S.
C. M. Rodger, L.D.S.
F. H. Sanderson, L.D.S.
B. Sleight, L.D.S.
A. N. F. Stannard, L.D.S.
J. Tait, L.D.S.
M. Thom, L.D.S.
J. Todd, L.D.S.
E. Thornton, L.D.S.
J. R. Tuxford, L.D.S.
F. G. B. Wilson, L.D.S.
G. O. Wood, L.D.S.
H. M. Yuile, L.D.S.
A. B. M. Bell, L.D.S.
L. W. G. Fisher, L.D.S. (part-time)
J. Girdwood, L.D.S. (part-time)
W. G. Gray, L.D.S. (part-time)
J. B. Jackson, L.D.S. (part-time)
J. I. Jagger, L.D.S. (part-time)
C. S. W. Sabine, L.D.S. (part-time)
F. Swire, L.D.S. (part-time)
A. Tartelan, L.D.S. (part-time)

HEALTH VISITORS, MIDWIVES, etc.

4 Psychiatric Social Workers
105 Health Visitors and School Nurses
20 School Nurses
4 Orthopædic Nurses
23 Tuberculosis Visitors
3 Venereal Diseases Social Workers
210 Salaried Midwives (directly employed by the County Council)
152 Part-time Midwives (District Nurse Midwives subsidised by the County Council)
48 Dental Attendants (one part-time)

COUNTY ANALYST

F. W. Richardson, F.I.C., F.C.S. (part-time)

DISTRICT MEDICAL OFFICERS (WELFARE) AND PUBLIC VACCINATORS

There are 166 District Medical Officers, 119 of whom are also Public Vaccinators, and there are, in addition, 32 Public Vaccinators only.

C.F.B

INDEX

INDEX — *continued*

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