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Fifty-ninth Annual Report of the County Medical Officer

COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE
1947

COUNTY COUNCIL OF THE WEST RIDING
OF YORKSHIRE

FIFTY-NINTH
ANNUAL REPORT

OF THE

County Medical Officer

FOR THE YEAR 1947

Printed by order of the West Riding Health Committee.

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INTRODUCTION

I have the honour to present the report for the year 1947 which, like its predecessor, has been busy with much administrative reorganisation and with services expanding in many directions to meet the needs of the National Health Service Act, 1946, and the Education Act, 1944.

The progress of the Scheme of Divisional Administration.

The task of creating the framework of divisional administration upon which is to be built the modern organisation of preventive and social medicine has continued unceasingly. This in itself has been a formidable undertaking but, with the completion of the 31 joint appointments of Medical Officers of Health and Divisional Medical Officers expected in the year 1948, there will remain the work of building up the organisation itself in all its intricate details in each of the 31 divisions. These began to come into operation on the 1st April, 1947; new members have been added month by month and the last appointment was made in July, 1948. This slow growth has allowed the change to be made smoothly. The work of organisation of the new service proceeds slowly, every effort being made to maintain all services to the public without check; the amount of detail is so great that the work cannot be completed until well into 1949.

A study of the duties of the Divisional Medical Officers printed in last year's report emphasises the expanding scope of preventive medicine; this wide range of work comes from the ideas which half a century of trial and error have proved to be sound, and for most of which statutory recognition is given under Part III of the National Health Service Act, 1946, and the Education Act, 1944. Under these two great statutes and with the help of the Children Act, 1948, and the National Assistance Act, 1948, social medicine will advance to new heights. We are at the beginning of a new era in which the health department will seek in many and varied ways to produce a community of families physically and mentally healthy. As an equal partner with the new hospital boards and the executive councils in a comprehensive health service, the local health authority will play an important part; possibly and, as time goes on I hope, increasingly, the most important role. In a word, our object as executive body for social medicine will be twofold, to prevent illness and, if this fails, to take all steps possible to make the individual once more able to play a full part in the community life, a function now called rehabilitation.

The hospital a necessary evil.

In the new tripartite administrative arrangement established under the Act there must be a friendly war of rival enthusiasms; I hope that the success of the local health authorities in social medicine will result in a decline in the importance now attached to hospitals and that, indeed, this will eventually place the hospitals in their true perspective as a subsidiary part of the health service representing humanitarian activities to deal with the failure to prevent disease; as part of such a process the general practitioner must become increasingly a partner of the local health authority whose many services will build up his opportunities for home treatment. Operations of preventive medicine have already reduced the need for special hospital accommodation for infectious fevers so greatly that many hospitals can now be closed. As diphtheria has declined so must tuberculosis; orthopaedic long-stay hospital schools, which have been such a measure of our modern care for handicapped children will, it is hoped, follow suit for want of cripples; with proper feeding, ante-natal care and rest homes for pregnant women, there should be a decline in the complications of midwifery. I hope the day will come when the Minister of Health will regard it as one of his most pleasant duties to announce yearly how many fewer hospital beds have been needed.

Collaboration with Regional Hospital Boards and Executive Councils.

Since the appointed day for the National Health Service Act conferences have been taking place between the three types of authority, Hospital Board, Executive Council and Local Health Authority. There is a new spirit abroad, an awareness of the need for unity of medicine to be preserved. General practitioners are showing signs of wanting to work more closely with health authorities and a greater appreciation of what the health visitor, the district nurse, and the home help can do for them; the medical officer of health looks much more like a friend to the general practitioner than ever he did before. This is to some extent due to the virtual disappearance of private practice but it is also born from the spreading appreciation of the meaning of social medicine. Hospital Boards have early realised that their work must be closely related to that of the Health Authority; particularly is such integration necessary in the "socio-medical services" and also in the work of "specialists."

The co-ordination of "Socio-medical" Services.

"Socio-medical services" form an important element of that branch of medicine which seeks to apply medical and scientific knowledge to prevention and rehabilitation of illness; what we now call social medicine. They include functions carried out by auxiliary medical workers for the most part within the community itself. This work has been highly developed in England with social workers of different types and training: the sanitary inspector, the health visitor, the district nurse, the almoner, the

tuberculosis nurse, the V.D. social worker, the school nurse, the boarding-out visitor, the psychiatric social worker and the mental deficiency social worker are examples. The fundamental purpose of such services is to help the doctor by doing things which he has neither time nor opportunity to tackle; health education, the provision of background histories, the solving of personal problems which retard recovery, child guidance, home care of the mental defective, advising tuberculosis patients on how to live, tracing contacts of venereal disease; these time-consuming jobs can often be done by medical auxiliaries.

Owing largely to piecemeal growth of our institutions the socio-medical services within the hospitals have developed independently of those attached to the medical officer of health. The hospital developed the almoner originally to cope with money assessments and recoveries and she is now progressing into an auxiliary to the hospital doctor; concurrently the medical officer of health developed the health visitor first to deal with mothers and babies with duties gradually extended to cover school health, tuberculosis and child life protection, and now statutorily widened (S.24 National Health Service Act) to the whole family. The more progressive hospitals have begun to realise that diagnosis and treatment in hospital is handicapped without a detailed account of the patient's life and circumstances in the community, and, furthermore, that all or much of their time and trouble may be wasted if care is not taken to follow up patients and help them after going home; to obtain background histories and assist rehabilitation they have extended the work of the almoner into the community. The medical officer of health at the same time sees little point in dealing with the family's problems without reference to happenings in hospital and since his department already acts as a bureau of socio-medical information of school health, maternity and child welfare, venereal diseases, housing, etc., with himself as the nerve centre, he naturally considers that he can extend this facility to the hospital. The danger of this dual approach to social work in the community is that there might be a duplication of home visiting; the social workers of the health authority and those of the hospital might be in danger of competing for the same families. Heaven knows how long the Englishman's home would remain his castle.

Regional boards and health authorities must, therefore, agree upon zones of responsibility to avoid double visitation and dual control. The basis of agreement is simple, namely that within the hospital, and its associated special departments and out-patient clinics, the socio-medical services are the responsibility of hospital management committees (exercised on behalf of the regional hospital boards) under the provisions of Sections 11 and 12 of the National Health Service Act, and that in the community the socio-medical services are the concern of the local health authorities, who are responsible under Section 28 of the Act "for the prevention of illness, the care of persons suffering from illness or mental defectiveness and the after-care of such persons"; that the services of the health authority's social workers at the respective clinics of the hospital management committees, i.e., tuberculosis visitors at the tuberculosis dispensaries, V.D. social workers at the venereal diseases clinics, mental health social workers at the psychiatric clinics, should be considered as part of their normal duties. By a curious anomaly of our legislation the supervision of mental defectives on licence from mental deficiency colonies continues to be the responsibility of the management committees. It is hoped that health authorities will agree with the regional boards to do this work on their behalf and also, where possible, that the psychiatric social workers will be jointly employed by both authorities to bring about the greatest possible link-up of the social work within the mental hospital and the community; this can be done under Ministry of Health Circular 100/47.

To sum up, the regional hospital boards should be responsible for the socio-medical work in hospitals and local health authorities for that outside. In the West Riding we have already gained practical experience of such a working partnership between health authorities and hospitals; here the arrangements made for free treatment of school children under the Education Act, 1944, have included an agreement by hospitals to notify the school health authority whenever a child is admitted or discharged, with details of the hospital findings, and similarly by the health authority to furnish the hospital, when necessary, with background information and to follow up each child to ensure that the hospital recommendations are given effect to. But we do not yet know how much information or what sort of detail needs to be interchanged; time will show. It will probably differ in the various types of institution, such as sanatoria, general hospitals, maternity homes, mental deficiency colonies, etc. The usual procedure of sending the patient's own doctor a confidential report will be followed and, in addition, where after-care is needed the almoner will enclose a note to the doctor asking him to make use of the health authority's socio-medical services and suggesting that he send an attached slip asking for this to the medical officer of health; she would send a copy of such note to the medical officer of health himself. Great care will need to be exercised by health authorities to ensure direct contact between health visitors and almoners to avoid ill-effects of what might develop into a bureaucratic procedure.

The place of the Specialist in Preventive Medicine.

There is also need for agreement about the work of specialists in preventive medicine. The long training at a teaching hospital, including a registrarship and a higher qualification in the special subject which he professes, have become accepted avenues of approach to the coveted position of specialist; in order to attain to the highest position in the consultant world registrars have lived in penury and devilled laboriously for years in the teaching hospitals. Yet there is no precise definition of "a specialist" nor is there an official role; he has grown up imperceptibly from the general practitioner who, in the early days, was consulted for his wisdom by his colleagues and elected to the visiting staff of the hospital. It is generally considered that a specialist should not be engaged in general practice but there are many who profess to be specialists today who also run a practice, for example, surgeons in country districts, and not all have a higher qualification or long hospital training. This question of definition is now under close scrutiny in government and professional circles; for the moment at least the decision as to who is a specialist, and who is not, is being left to each regional board to decide. Each board has appointed a Specialist Advisory Committee with a number of technical panels in different specialties and among other things the technical panels can tackle this difficult problem for their own specialty.

Thus, the specialist has grown up out of the hospital system and has been concerned with the cure of disease; very few have played much part in preventive medicine, notwithstanding that Dr. Southwood Smith of the Westminster Hospital sat with Sir Edwin Chadwick and Lord Ashley on the first Board of Health (1848 to 1858) and Dr. Simon of the St. Thomas' Hospital became London's first medical officer of health (1848). The traditional orientation of specialism towards the hospital is now beginning to change. The change may be said to have begun with the establishment of specialist clinics within the school health and maternity and child welfare services, but the medical officer of health feels that much more is needed. The principle which he up-holds is that the place of the specialist in the field of preventive medicine must be equal to that which he holds in curative medicine; in a word, that he must act for his speciality in the preventive service just as he does as a clinical chief in hospital. In this way he can have a professional allegiance to preventive medicine equal to that which he has to curative medicine; he can add his special knowledge to the planning of preventive measures with the medical officer of health; he can be the philosopher, guide and friend to the professional staff engaged in the preventive field in the work of his speciality, and his allegiance to preventive medicine should not fall short of a desire to abolish the need for special institutions for the sick. The extension of the work of specialists to act in this manner in the preventive service should also be an important step towards an affiliation of health departments with the university for teaching purposes.

It is important to ensure that specialists in paediatrics, obstetrics, orthopaedics, oto-laryngology, ophthalmology, dermatology, venereal disease, psychiatry, and mental deficiency, whether or not appointed solely by the regional hospital board, in accordance with the terms of the National Health Service (Appointment of Specialist) Regulations, 1948, should have *duties and responsibilities in regard to the preventive and after-care services of the local health authority clearly defined in the terms of appointment*. It is up to the local health authorities now to push ahead by creating positions of sufficient scope for specialists in the preventive services; the way is open for considerable advances. When the skin specialist is equally concerned with prevention of skin diseases perhaps the number of poor unfortunates who throng the out-patient departments will begin to decline; the orthopaedic surgeon will be able to carry his influence into physical training, remedial exercises and the prevention of physical defects in schools; the paediatrician will find new realms of great interest in the school health service. All pundits have a lot to offer in this way; perhaps the obstetrician is one of the most clear-cut examples. The obstetric specialist in the area allotted to him would be the consultant to the normal and abnormal midwifery units in the area; he would hold specialist clinics to which abnormal cases could be referred from general practitioners or clinic medical officers on the staff of the local health authority; he could help with the teaching of midwives and integration of the work of the midwife, the general practitioner and health department; and he could study with the medical officer of health the special circumstances affecting maternal life in his area and assist in field research. In the West Riding som important steps have been taken to give effect to this ideal; they are perhaps small, but when the whole of medical training for a century has been centred on the hospital and the cure of sickness, the reorientation towards the community and health can only come about slowly.

The progress of the Schemes for improving the quality of the School Medical and Child Welfare Services.

The appointment of Paediatricians in charge of the clinical work of the School Health and Child Welfare Services under the title of Child Health Officers, has been a success although unfortunately, owing to the grave shortage of such children's specialists, only two out of three appointments have so far been filled. Dr. Beavan took up duties in the N.E. third of the County on the 30th June, 1947, and Dr. Harvey in the part of the County South of the Sheffield Hospital line on the 1st March, 1948. In each of the divisions in these two areas specialis paediatric clinics have been organized and

conducted once or twice a month; to these handicapped children, or those in need of special advice, can be referred by any of th assistant County Staff or by general practitioners. This scheme ensures that all the medical staff engaged on preventive children's work have a specialist to whom they can look for advice and guidance and who sustains their interest and knowledge at a high level. The work of the Child Health Officer covers all forms of preventive medicine in relation to children, including such activities as advice on the care of the premature baby, on the care of the young child in day and residential nurseries and babies in maternity homes, and on children in convalescent homes and special schools. Conferences are held between the Paediatricians and Divisional Medical Officers and the County Medical Officer both about details of particular children in need of special education or special forms of treatment, and also about the wider issues of planning preventive medicine for children on the most up-to-date knowledge. These appointments link the School Health and Child Welfare Services with the fountain head of specialist children's medicine; particularly is this the case in the south of the County where there is a link with the University Department of Child Health with Dr. Harvey acting as an assistant on Professor Illingworth's staff; it is hoped later to secure a similar link with the Department of Child Health in the University of Leeds. In those parts of the County where the scheme has come into operation it can now be truly said that we have a Child Health service on modern lines; this does much to knit together school and child welfare services of the Local Authority, the general practitioner services of the Executive Council and the hospital services of the Regional Board. It is no longer possible for Paediatricians occupying these important positions to be appointed wholly by the Local Authority and it will, therefore, be of great importance to secure that their terms of service should include the duties outlined above within the Local Authority School Health and Child Welfare Services.

Owing to the shortage of medical staff, progress has been slow in arranging for the weekly session of our Assistant County Medical Officers in hospital or other specialist children's work: we have a complete scheme in operation in the south of the County in collaboration with Sheffield University to whose staff, particularly Professor Illingworth of the Department of Child Health, I wish to express my thanks. A decision to designate six of the remaining establishment of Assistant County Medical Officers as Assistant Child Health Officers, with additional responsibilities to help the Child Health Officers with work in hospital and in advising practitioners would further raise the standards of school health and child welfare services and should provide a line of advance to specialist children's work for doctors engaging in this form of public service. Six senior posts of a comparable character have been authorised in the dental staff under the title of "area dental officer." In these posts (four of which have been filled) dental officers of senior professional status will be in a position to advise and guide the large staff of dental men and women and also themselves undertake and develop some dental speciality, such as anaesthetics or orthodontics.

The work of organising specialist clinics in each division has developed with the divisional scheme. Every division now has an ear, nose and throat clinic, some being placed in hospital, some in outside clinics as geographical considerations demand and each is attended, as in the case of all our clinics, by a health visitor who can carry back the teaching to the home. A large number of divisions now have a paediatric clinic to which are referred all types of conditions in handicapped and other children requiring specialist advice. An attempt has been made also to extend the range of orthopaedic clinics to cover the individual divisions. One specialist skin clinic has been started and the authority given to establish four child guidance clinics with a whole-time child guidance psychiatrist and four psychiatric social workers. The central orthodontic clinic at Wakefield continues to do most, if not all, of the work of this special character for the County and it has not been possible so far to organise further such clinics; this very necessary development must be tackled as soon as possible within the framework of the divisional scheme. A mental deficiency psychiatrist was appointed before July 5th, 1948, as Medical Superintendent of the Council's mental deficiency colonies with the responsibility of acting as specialist adviser in mental deficiency to the school health and child welfare services (half-time); this has been of great value in the final ascertainment of difficult cases of mental defectives and border line cases of educationally subnormal children and in maintaining high standards of this work in our medical staff. The Education Committee have taken important steps to provide residential schools for handicapped children, notably a school for delicate children at Ingleborough Hall, two residential schools for educationally subnormal children and hostels for maladjusted children to work in conjunction with the child guidance clinics and in the professional care of the psychiatrist; none of these had opened in 1947. Thus, the Child Health Services and the facilities for ascertaining and treating handicapped children have improved and should shortly become notably advanced. The scheme for free hospital treatment of school children has worked smoothly and has now passed into history with the coming into operation of the National Health Service Act, 1946; the discussions with hospitals as to the provision of adequate facilities to meet all parts of the County was postponed until the

advent of the Regional Boards, with whom a general plan will be easier to concert; the year has, however, seen progress in the development of arrangements to link up the hospital treatment with the school service which has been mentioned previously and all hospitals are providing information of admissions and details of treatment on discharge and can seek background information from divisional health offices to aid them in diagnosis.

The separation of the preventive care of the Mother and child.

It is in the light of these developments that the separation of the preventive care of children and that of mothers (in response to Circular 118/47) must be viewed. Preventive paediatrics and preventive obstetrics are to be organised as distinct entities, with doctors specialising in each subject. Such a fundamental change cannot take place over-night; the integration of maternity with child welfare has years of tradition behind it; many doctors combining the two forms of work have a settled way of life. An additional consideration arises out of the National Health Service Act itself, namely that the combination of work in routine ante-natal clinics and practical obstetrics in a hospital or maternity home can only be achieved if doctors are appointed to work for both the local health authority and the regional hospital boards. There are also practical difficulties which arise out of the fact that the routine ante-natal clinic work is relatively much greater in amount than th work of assisting in the complications of midwifery practice in institutions and most hospitals already possess a full complement of junior obstetrical staffs. The practical answer to this problem appears to be mainly in the linking of the routine ante-natal clinic work of an area to a maternity home, or small hospital maternity unit, not previously served by junior obstetrical staff. The medical care of a maternity home of 25 beds admitting normal cases, including general supervision and answering calls for assistance from Matron, can be reckoned as the equivalent of about one-third of a doctor's time and on this basis one doctor should be able to do seven or eight sessions in ante-natal clinics in the area around the home. The conduct of all ante-natal clinics throughout the County, as reorganised under the divisional scheme, requires the equivalent of twelve doctors, making eighteen in all, to be appointed jointly with the management committees. The establisment of 65 Assistant County Medical Officers authorised to cover the whole of the maternity and child welfare and school health services will need to be split to give fifty-three for preventive child welfare and school health and twelve for preventive midwifery. Such a scheme can only come into operation slowly as time and opportunity offer. All those who have been associated with maternity and child welfare and who know the valuable work done by doctors covering the whole period from early gestation to the toddler, must feel a sense of loss at this fundamental change. The old arrangement had many advantages which it is idle to dwell upon; rather must we now look to the advantages of the new method which has been for many years so strongly advocated by specialist obstetricians and paediatricians. Young doctors will be able to enter a service dealing with both preventive and practical obstetrics under the professional wing of a specialist obstetrician of consultant rank just as they now can to the Child Health Services under a paediatrician. Although reluctant to abandon the many advantages of the old system, I feel personally that the linking up of the preventive children's services to specialist children's work and preventive maternity services to specialist obstetrics will have a profound effect in raising the standards of professional work throughout the services of the local health authority and, in consequence, should be welcomed as a truly progressive step. Fundamental changes of this sort are usually distasteful but must be faced with courage.

Schemes under the National Health Service Act.

During the year 1947 much work was put into the preparation of schemes to operate the National Health Service Act from the appointed day. Notable among these was the arrangement to be made for home nursing as a whole-time service under the local health authority. The County Nursing Association and district nursing associations everywhere throughout the County have shown the greatest co-operation in the long negotiations to achieve this end and I wish to put on record my profound appreciation of their public spirit and of the fine work performed by them over many years. We inherit a fine service and offer to the home nurse in her new setting, as an important member of the public health service, a most hearty welcome. For her the future holds prospects of expanding and interesting work for, as indicated in my last report, it is certain that nursing in the home in association with the new practitioner service, is capable of development. The Council have decided that the work of the home nurse shall be separated from midwifery and health visiting. This will be an important step to putting both midwifery and district nursing on a high professional plane. This change, which will effect a little over half the existing nurses, will be made gradually by reorganisation within each division and little advance in this direction can be made before the delivery of the 79 cars which have been ordered for the new service.

Elsewhere in the report an account is given of the progress which has been made in the preparation of schemes for ambulance services (Section 27), health visiting (Section 24), midwifery (Section 23), home helps (Section 29), prevention and after care work (Section 28), vaccination and immunisation (Section 26), and the care of mothers and young children (Section 22). The official preparation of schemes for health centres has been postponed but the department, in collaboration with the County Architect,

is taking the opportunity which this respite provides to delve more deeply into the complicated problem presented by this new public service. In particular, consideration is being given to the plans for multi-clinics which the Council has long cherished and to which effect should be given as soon as possible within the framework of the divisional scheme. In addition to the usual clinics for infant welfare and minor ailments which must be scattered throughout built-up areas, suggestions will be put forward for one main multi-clinic for each division in which can be housed the special clinics to serve a population of 50,000 to 80,000, as for example, child guidance, speech therapy, ophthalmic, orthoptic, orthopaedic, paediatric, permanent dental, orthodontic, consultant obstetric and ultra violet light. These may be provided (under Section 22) separately from the doctors' communal surgeries, which have been styled health centres in the Act, but it will be recommended that wherever a main multi-clinic is provided sufficient land shall be purchased to enable a general practitioner's communal surgery to be placed alongside and so enable a proper measure of integration. The provision of multi-clinics which began before the war at Rawmarsh and Denaby is an urgent necessity; if no new building is possible, we should be wise to seek existing properties in grounds where extensions can be built at a later date. Where space and opportunity allow there will be some advantage in bringing together with the main multi-clinic other divisional services such as the divisional health and welfare offices, the ambulance depots and accommodation for midwives, district nurses and health visitors.

Staffing problems.

Staffing problems have been vigorously attacked during the year. The total of Assistant County Medical Officers has been raised to 35 thus ensuring a minimum staff to each division, which, supplemented by part-time service, is fast bringing up to date arrears of work in the school health and child welfare services. The dentists have suffered some setbacks owing to the resignations to enter private practice under the new Act, but we hope that steps will be taken at the national level to counteract such tendencies. The number of health visitors has unfortunately not been increased despite the arrangement with Leeds University to train twenty bursary students a year; the numbers of health visitors leaving by retirement and sickness still exceed the intake and it is in the decision of the Council, in agreement with Leeds University, to raise the figure of twenty to sixty trainees, that the hope of the future lies; it will be some years before the full complement of 321 is obtained.

The midwifery situation has gone from bad to worse, particularly in institutions. The training scheme inaugurated at Harrogate has scarcely had time to operate. The future in this respect presents a somewhat muddled picture, for it is difficult to see upon whom will rest the responsibility for training midwives. Part I training must be wholly with the Regional Hospital Boards but Part II must be arranged jointly between the boards and the local health authorities, since training takes place partly in approved establishments, such as maternity homes, and partly with the domiciliary midwife. This will be one of the many matters of urgent detail to discuss with the Regional Hospital Boards. The position of domiciliary midwifery may be somewhat eased under the scheme of reorganisation of district nursing, since economies of personnel will be possible with separation of functions, provision of transport and attention to other details. The number of special health visitors appointed for venereal disease social work has been raised to four and this work has in consequence been advanced. There is still a great shortage of nursery nurses for work in both day and residential nurseries and in nursery schools; during the year unfortunately no further progress has been made with the scheme for training nursery nurses in collaboration with the education department, owing to difficulties in securing the necessary adaptations to the three residential nurseries (Harrogate, Doncaster and Wheatley Lawns) and to the proposed hostel at Ilkley from which students can attend day nurseries. Needless to say, the shortage of nurses in general hospitals and sanatoria has remained undiminished despite the complete training schools at Wakefield County, Staincliffe, and the recently inaugurated school for assistant nurses at Otley. A large number of sanatorium beds still remain closed from lack of staff. This particular hospital problem is one which has passed to the Regional Hospital Boards but even so local health authorities should continue to play their part in assisting recruitment to a service which must profoundly affect the maintenance of health in the community. One means of assisting will be through the nursery nursing scheme; it has always been my wish to see the development of nursery nursing as an avenue of approach to general nursing, if only for the reason that a general nurse who has started nursing with the normal infant will benefit from this more natural approach; particularly must this be true for those who wish to become health visitors later. There is, however, a further advantage that nursery nursing can begin at 16 years of age and may recruit girls with a desire for this form of service to humanity who would otherwise be drawn for economic reasons into other forms of work. For this reason, if for no other, we must press on and develop to the full the arrangements for training nursery nurses and justify the trust placed in local authorities for undertaking such important work.

Statistics.

It is over a century since the Registrar General's First Statistical Report (1839). We have gone far since those days; witness the fact that Dr. William Farr in his first letter to the Registrar General grouped together the epidemic, endemic and con-

tagious diseases, which he called a "great class of maladies" constituting "the index of salubrity." The chief of these were cholera, scarletina, small pox, ague, typhus fever, which have all now virtually disappeared as killing diseases in England; putrid sore throat and croup, probably represented by diphtheria, are now almost gone, and deaths from puerperal fever, whooping cough and measles are vastly diminished. In the West Riding of 1839 comprising the Registrar's districts of Bradford, Dewsbury, Doncaster, Ecclesfield, Ecclesall Bierlow, Goole, Halifax, Huddersfield, Keighley, Knaresborough, Leeds, Otley, Pontefract, Ripon, Rotherham, Saddleworth, Selby, Sheffield, Tadcaster, Thorne, Wakefield and Wortley (1,292,050 acres and 908,835 persons) this group of diseases for the six months from July 1st to December 31st caused 1,247 deaths; for six months in 1947, roughly the same group of diseases for the present administrative county, admittedly different geographically and in many other aspects, but covering approximately the same number of acres and including nearly twice the population, caused 214 deaths.

In his introductory remarks William Farr said about the revolutionary step which had been taken to register the exact causes of death "the deaths and causes of death are scientific facts which admit of numerical analysis; and science has nothing to offer more inviting in speculation than the laws of vitality, the variations of those laws in the two sexes at different ages, and the influence of civilisation, occupation, locality, seasons and other physical agencies, either in generating diseases, inducing death or in improving the public health." A century is a long time; a century of accurate figures, of facts rather than speculation. Have we done all we should have done in the prevention of ill-health with this precise weapon? Would William Farr, if he returned to-day commend us? I doubt it. He would see health departments of size and scope beyond his wildest dreams but he would not see many statisticians in them and the great mass of figures which pour into health departments would seem to him largely wasted. It is to be hoped that this important step in the appointing of statisticians to health departments will soon be taken and that the West Riding will be the leader in this matter as in so many others. Farr might also ask why there are still no accurate figures of the causation of sickness; accurate figures of deaths and their causes have proved such a great boon in preventive and curative medicine, surely, he would say, some method of computing the causes of sickness, its duration, geography and epidemiology could have been devised of greater extent than the present limited notification of infectious diseases. Florence Nightingale asked sixty years ago for an accurate account to be kept in hospitals. A few general practitioners notably Pickles of Wensleydale, have kept individual records and so, in a limited way, increased our knowledge. The time has come now, with the National Health Service, to tackle the problem more seriously.

CONCLUSION

Once again I believe that the reader of this report will find reasons for satisfaction in the maintenance and improvement of health in the administrative County of the West Riding. More children have been born, fewer have died in infancy and childhood; fewer mothers have died in childbirth; the mortality of all infectious disease continues its steady decline, as does incidence and severity of fevers generally, with the exception of the great pandemic of infantile paralysis about which we still understand so little. The incidence of tuberculosis and its death rate have again fallen; mortality rates at all ages, even among the aged, have improved. The continued high incidence of venereal diseases and of outbreaks of food poisoning, both of which must be regarded as preventable, is giving cause for anxiety but I see no reason to suppose that these will not also yield to the pressure of applied science. Rheumatism is still rife and cancer continues to exact a heavy toll but even in this realm, so far little penetrated by preventive science, there are encouraging signs that the not too distant future may reveal the secret. Social problem families, the great source of the "homeless child" have yet to be tackled and there remains also the menace of our smoky atmosphere to mock our efforts to produce positive health, yet the progress of ideas of social medicine is now so rapid that I can foresee the time when such curious anomalies in a civilised state will be no more than a memory.

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. 1947)—Urban, 1,137,093, Rural, 395,547—Total, 1,532,640.

Summary for 1947

The birth rate was 21.5; the still birth rate 26; the live premature birth rate 43. The death rate from all causes was 12.3; from enteric fever 0.001; diphtheria 0.003; smallpox and scarlet fever nil; from measles and whooping cough 0.04; from zymotic diseases 0.16; from tuberculosis of the lungs 0.39 and from other forms of tuberculosis 0.09; from respiratory diseases 1.37; from cancer 1.80; from heart disease 3.56; from diarrhoea in infants under 2 years 5.31. Infant mortality was 45 and maternal mortality 1.28. A comparison with the figures for the past 58 years is 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 1,000 total births	Maternal Mortality per 1,000 live births	Infant Mortality
1890-1909	28.9	16.7	1.89	1.19	0.52*	3.20	0.77*	†	†	147
1910-1919	22.5	14.5	1.26	0.84	0.41	2.58	0.98	†	4.81	112
1920	25.1	12.6	0.94	0.71	0.28	2.26	1.07	†	5.26	92
1921	23.3	12.6	0.78	0.74	0.29	2.20	1.11	†	5.04	97
1922	20.9	12.2	0.58	0.68	0.30	2.07	1.15	†	4.16	81
1923	20.6	12.2	0.53	0.71	0.28	2.11	1.16	†	4.32	81
1924	20.4	12.8	0.48	0.70	0.25	2.43	1.19	†	4.57	83
1925	20.1	12.3	0.53	0.70	0.26	2.15	1.22	†	5.12	81
1926	19.4	11.6	0.46	0.62	0.22	1.78	1.24	†	4.82	73
1927	17.7	12.6	0.51	0.65	0.21	2.12	1.28	†	5.18	79
1928	17.7	11.5	0.28	0.61	0.22	1.46	1.29	†	5.45	62
1929	16.7	13.6	0.54	0.66	0.21	2.22	1.28	47	5.24	89
1930	16.9	11.4	0.33	0.57	0.20	1.35	1.33	45	6.25	65
1931	16.1	12.4	0.38	0.57	0.16	1.64	1.32	45	5.82	74
1932	15.8	12.1	0.39	0.52	0.17	1.33	1.46	48	5.22	70
1933	15.0	12.2	0.30	0.49	0.14	1.36	1.42	47	6.24	70
1934	15.2	11.7	0.41	0.44	0.12	1.16	1.44	48	5.81	58
1935	15.0	11.9	0.28	0.48	0.10	1.13	1.48	47	4.55	58
1936	15.1	12.3	0.29	0.44	0.12	1.25	1.51	45	4.35	63
1937	15.2	12.7	0.21	0.46	0.11	1.23	1.60	45	3.92	60
1938	15.5	11.6	0.23	0.38	0.11	0.99	1.55	44	3.74	51
1939	15.2	12.2	0.18	0.41	0.10	1.01	1.52	42	3.05	54
1940	15.3	13.4	0.18	0.42	0.11	1.94	1.58	40	3.26	56
1941	15.4	12.3	0.22	0.42	0.12	1.43	1.68	39	2.72	57
1942	17.0	11.7	0.18	0.42	0.12	1.26	1.65	36	3.36	49
1943	17.8	12.7	0.19	0.43	0.12	1.63	1.72	34	2.48	50
1944	20.2	12.1	0.12	0.37	0.09	1.32	1.79	31	1.98	44
1945	17.9	12.3	0.19	0.38	0.09	1.36	1.80	30	1.78	51
1946	19.7	11.9	0.13	0.36	0.08	1.31	1.72	29	1.86	44
1947	21.5	12.3	0.16	0.39	0.09	1.37	1.80	26	1.31	45

Birth and death rates are per 1,000 estimated population; the zymotic death rate is combined death rate from smallpox, scarlet fever, enteric fever, diphtheria, whooping cough, measles and diarrhoea in infants under 2 years of age (except the rate for 1890—1909 in which deaths from diarrhoea at all ages are included); the respiratory diseases death rate is the combined death rate from bronchitis, pneumonia and other respiratory diseases excluding tuberculosis of the lungs; the premature birth rate, the mortality rate for diarrhoea in infants and the infant mortality rate are per 1,000 live births. The maternal mortality rate is stated in two ways (*a*) per 1,000 live births (*b*) per 1,000 live and still births. The latter is obviously the more correct way but the number of still births has been available only since 1929, therefore the rates in the above table are per 1,000 live births in order that a correct statistical comparison is shown between the size of the rates since 1929 with those for previous years. The rate of 1.28 given in the summary is per 1,000 live and still births.

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

† Figures not available.

Births and Infant Mortality

Live births in 1947 numbered 32,747 (21.5 per thousand); still births numbered 867 (26 per thousand total births). The live birth rate was the highest since 1921 (23.3). The rates have always approximated to those for England and Wales. Adwick-le-Street U.D. (26.6), Conisbrough U.D. (27.7), Knottingley U.D. (27.1), Maltby U.D. (26.6), Pontefract M.B. (26.1) and Thorne R.D. (26.7), were the County Districts with the highest live birth rate and Baildon U.D. (16.9), Kirkburton U.D. (16.9), Ripponden U.D. (15.8), Bowland R.D. (13.9), Hepton R.D. (15.0), Ripon and Pateley Bridge R.D. (16.2) and Skipton R.D. (16.5), were the County Districts with the lowest.

1,462 infants died with an infant mortality rate of 45 compared with 44 last year and 51 two years ago. The rates year by year have differed only by a point or two since the beginning of this century from those for England and Wales. The rates for the past five quinquennial periods have been 81, 73, 63, 55 and 48 in Urban Districts and 76, 75, 64, 56 and 47 in Rural Districts. The highest rates in 1947 were Adwick-le-Street U.D. (71), Conisbrough U.D. (74), Cudworth U.D. (80), Ripponden U.D. (77), Sedbergh R.D. (75) and Wharfedale R.D. (71); the lowest, Darfield U.D. (7), Earby U.D. (9), Horsforth U.D. (21), Meltham U.D. (21), Silsden U.D. (16), Tickhill U.D. (19), Hepton R.D. (nil), Penistone R.D. (16) and Wetherby R.D. (24). The number of births in individual districts is small and these rates are not, therefore, of much value for comparison.

The table below shows the mortality of infants at various periods in the first year of life during the three years 1945-1947. It will be observed that approximately half of the total infant mortality is accounted for by deaths in the first four weeks of life.

	Number of Deaths			Deaths per 1,000 Live Births		
	1945	1946	1947	1945	1946	1947
Male Infants						
Under 4 weeks	407	455	450	30.3	29.6	26.7
4 weeks—3 months	130	124	147	9.7	8.1	8.7
3—6 months	116	104	130	8.6	6.8	7.7
6—12 months	107	75	117	7.9	4.9	7.0
Total under 1 year ...	760	758	844	56.5	49.4	50.1
Female Infants						
Under 4 weeks	273	317	353	22.0	22.2	22.2
4 weeks—3 months	76	82	82	6.1	5.8	5.1
3—6 months	103	82	103	8.3	5.8	6.5
6—12 months	101	65	80	8.2	4.6	5.0
Total under 1 year ...	553	546	618	44.6	38.4	38.8
All Infants						
Under 4 weeks	680	772	803	26.3	26.1	24.5
4 weeks—3 months	206	206	229	8.0	7.0	7.0
3—6 months	219	186	233	8.5	6.3	7.1
6—12 months	208	140	197	8.0	4.7	6.0
Total under 1 year ...	1,313	1,304	1,462	50.8	44.1	44.6

Variations in the rates for different causes of infant deaths are given below for the period since 1912. Improvement in infections has been, as elsewhere, striking, and half the rate is now made up of congenital deformities and premature births. The rate can be further reduced, almost certainly as low as 15 which is the rate for professional classes, but improvements from now on must be more hardly won. The resolute attack on the problems of the premature baby which has now begun should help.

Infant Mortality in the 36 years 1912—1947

Year	Number of Deaths under One Year per 1000 live births from various causes																
	Infections																
	Enteric Fever	Smallpox	Scarlet Fever	Measles	Whooping Cough	Diphtheria	Influenza	Respiratory Tuberculosis	Other Tuberculous Diseases	Bronchitis	Pneumonia	Other Respiratory Diseases	Diarrhœa	Total	Con. Debility Malformations, Premature birth *	Other Causes	TOTAL (All Causes)
1912-21 (Average)	0.00	nil.	0.06	2.48	3.65	0.14	1.05	0.25	2.46	9.80	11.92	0.53	12.54	44.88	38.48	20.21	103.57
1922-31 (Average)	0.01	0.02	0.03	1.36	2.71	0.12	0.79	0.18	1.42	5.38	12.63	0.39	5.86	30.90	32.95	13.20	77.05
1932-41 (Average)	0.00	nil.	0.01	0.68	1.35	0.13	0.66	0.06	0.63	2.73	9.69	0.17	3.59	19.70	32.89	6.99	59.58
1942	nil.	nil.	nil.	0.32	0.64	0.08	0.08	0.12	0.40	1.88	7.47	0.12	3.91	15.02	28.32	5.63	48.97
1943	nil.	nil.	nil.	0.50	1.63	0.23	0.47	0.04	0.54	2.71	10.11	0.16	2.98	19.37	25.46	4.84	49.67
1944	nil.	nil.	nil.	0.07	0.48	nil.	0.03	0.10	0.31	2.12	7.64	0.21	2.76	13.72	25.93	4.71	44.36
1945	nil.	nil.	nil.	0.89	0.73	nil.	0.42	nil.	0.39	1.78	11.03	0.12	5.88	21.24	24.42	5.14	50.80
1946	nil.	nil.	nil.	0.07	0.91	0.03	0.30	0.03	0.24	0.91	7.68	0.10	4.06	14.33	25.63	4.13	44.09
1947	nil.	nil.	nil.	0.52	0.61	nil.	0.37	0.15	0.31	1.10	7.82	0.09	5.13	16.10	24.52	4.03	44.65

* From the year 1942 it is possible to give the infant mortality rate from premature birth separately; the figures are:—1942, 13.54; 1943, 13.41; 1944, 12.35; 1945, 11.30; 1946, 12.78; and 1947, 11.51.

The offset to a decline in the birth rate which lower infant mortality rates have provided, is strikingly shown by a study of the addition to the population at the end of one year.

Period.	Birth rate.	Average annual number of births.	Average Annual number of deaths of infants under one year of age.	The addition to the population at end of one year.
1895-1904	29.4	42,677	6,510	36,167
1905-1914	25.6	39,301	4,840	34,461
1915-1924	21.1	31,748	3,018	28,730
1925-1934	17.1	26,195	1,896	24,299
1935-1944	16.1	24,126	1,303	22,823
1945	17.9	26,637	1,313	25,324
1946	19.7	30,473	1,304	29,169
1947	21.5	33,614	1,462	32,152

The excess of births over deaths, or natural increase of the population, was 14,028 in 1947 compared with 11,655 in 1946, with 7,919 for the 5 years average 1941-45, and with 4,216 for the 5 years average 1936-40.

The illegitimate live birth rate was 1.00, the average rate for the ten years 1937—1946 being 0.83. The infant mortality rate for illegitimate infants as seen in the table below continues to be higher and still calls for a more complete scheme for their welfare.

Year.	Number of illegitimate live births.	Deaths under 1 year of illegitimate infants.	Infant Mortality Rate.	
			Illegitimate infants.	Legitimate infants.
1937	855	72	84	59
1938	870	54	62	51
1939	834	53	64	54
1940	827	68	82	55
1941	1,044	86	82	58
1942	1,181	72	61	48
1943	1,381	88	64	49
1944	1,720	107	62	43
1945	1,892	133	70	49
1946	1,739	112	64	43
Average for 10 years 1937-46	1,234	85	68	50
1947	1,525	99	65	44

Deaths

18,719 persons died in 1947. The death rate of 12.3 per thousand (compared with 12.0 for England and Wales) is roughly the same as for the last twenty-five years. Over the last five quinquennial periods the rate for the Urban Districts has been 12.5, 12.7, 12.6, 13.0 and 12.7, and for the Rural Districts 11.5, 11.3, 10.7, 11.0 and 10.7. The lowest rates in 1947 were Bentley-with-Arksey U.D. (8.1), Darton U.D. (9.6), Dodworth U.D. (9.2), Hemsworth U.D. (9.3), Maltby U.D. (9.3), Wombwell U.D. (9.4), Doncaster R.D. (9.7), Hemsworth R.D. (9.4), Rotherham R.D. (9.7) and Wakefield R.D. (9.5).

There were four deaths from diphtheria compared with an average of 150 per annum for the ten years before the war; 35 deaths from acute poliomyelitis compared with 2 in 1946 which reflects the epidemic of the disease which occurred in 1947; 727 from tuberculosis; 2,739 from cancer; 2,083 from respiratory diseases other than tuberculosis; 2,258 from "strokes" and 5,424 from heart disease. "Strokes", heart disease and cancer increased in absolute and relative importance as causes of death. Infectious diseases are declining so rapidly as to raise hopes of final conquest. These facts are shewn in detail in the following table:—

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
Cerebro-spinal fever	8	9	4	9	—	—	30
Scarlet fever	—	—	—	—	—	—	—
Whooping Cough	20	16	1	—	—	—	37
Diphtheria	—	—	4	—	—	—	4
Tuberculosis—Lungs	5	2	6	337	188	50	588
Do. —other forms	10	42	27	37	18	5	139
Syphilitic disease	1	—	1	8	33	30	73
Influenza	12	4	2	8	28	51	105
Measles	17	16	1	—	—	—	34
Acute poliomyelitis and polio-encephalitis ...	3	5	7	18	2	—	35
Acute infectious encephalitis	—	—	—	2	2	3	7
Cancer	1	6	6	216	1025	1485	2739
Diabetes	—	—	4	14	54	95	167
Intracranial vascular lesions	1	1	—	26	454	1776	2258
Heart disease	—	—	10	196	1145	4073	5424
Other diseases of circulatory system	—	—	—	11	96	525	632
Bronchitis	36	11	5	38	297	793	1180
Pneumonia	256	36	7	52	111	235	697
Other respiratory diseases	3	1	1	23	83	95	206
Ulcer of stomach or duodenum	—	—	—	26	70	47	143
Diarrhoea under 2 years	168	6	—	—	—	—	174
Appendicitis	—	2	12	10	17	13	54
Other digestive diseases	23	8	5	43	100	193	372
Nephritis	2	3	3	70	130	246	454
Puerperal sepsis	—	—	—	7	—	—	7
Other maternal causes	—	—	—	35	1	—	36
Premature birth	377	—	—	—	—	—	377
Congenital malformations, birth injury, infantile disease	426	8	2	17	7	5	465
Suicide	—	—	—	34	69	42	145
Road traffic accidents	—	11	25	70	24	31	161
Other violent causes	35	25	29	93	99	144	425
All other causes	58	30	30	142	278	1012	1550
All Causes ...	1462	242	192	1543	4331	10949	18719

Child Mortality—The mortality rate of children aged 1—5 years was 2.44, slightly higher than the low record of last year (2.19); this slight increase seemed to be due to the outbreak of poliomyelitis and measles. Other infections continued to decline, and for the first time no child between 1 year and 5 years of age died of diphtheria; in this age group there were no deaths from scarlet fever, diphtheria, typhoid and encephalitis lethargica, whereas in 1935 these conditions killed 80 children; 47 children died from pneumonia and bronchitis, whereas in 1935 the deaths were 139. The figures year by year differ only slightly from those for England and Wales as seen in the following table:—

Deaths of children aged 1—5 years per 1,000 living in that age group.

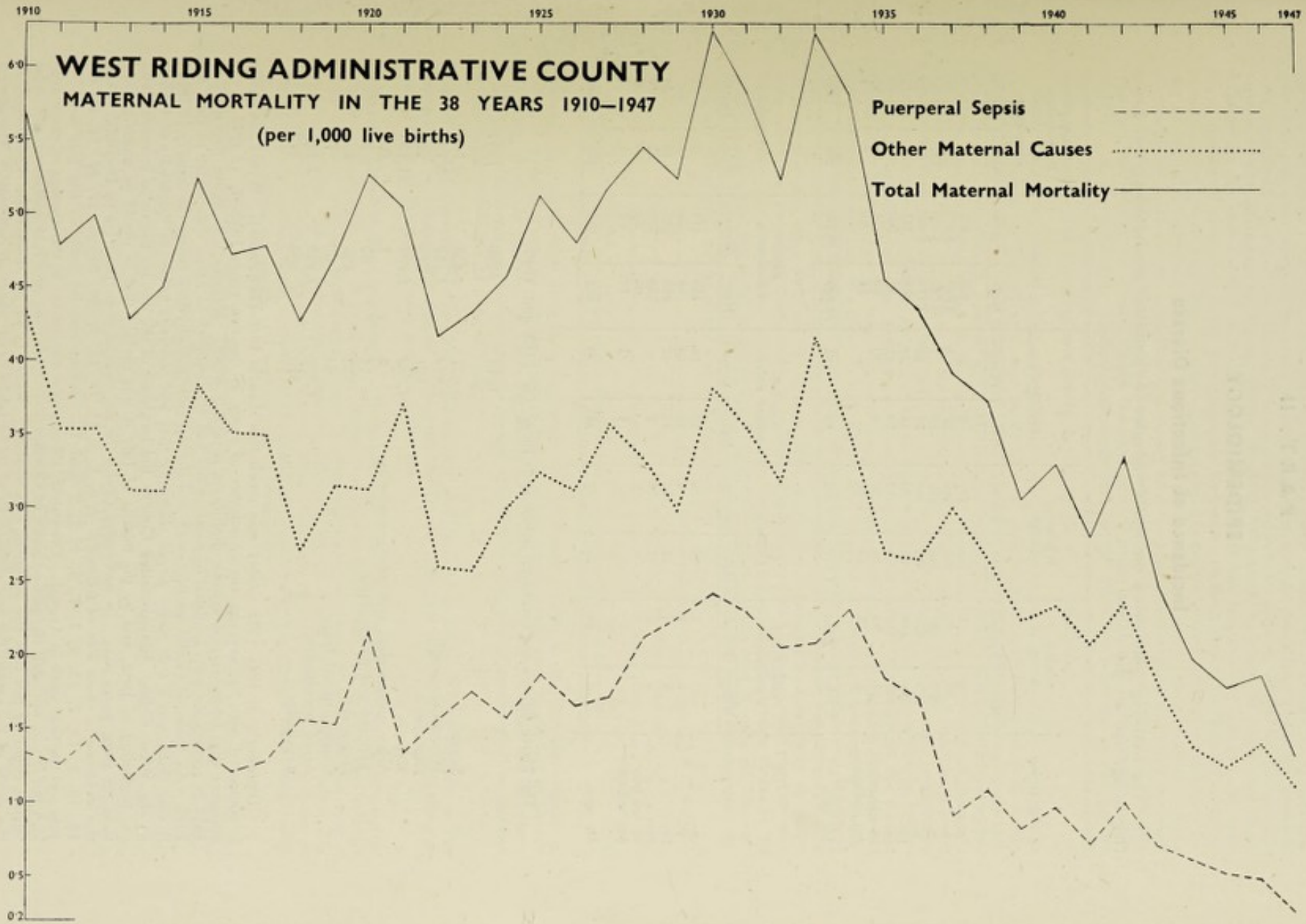
Year.	West Riding.	England and Wales.
1935	5.44	5.08
1936	5.78	5.50
1937	5.28	5.11
1938	4.89	4.59
1939	4.04	3.49
1940	4.74	4.83
1941	4.93	5.30
1942	4.35	3.42
1943	4.05	3.34
1944	2.76	2.71
1945	3.08	2.64
1946	2.19	2.08
1947	2.44	~~1.70~~ 2.18

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	1947
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	9
Poliomyelitis and polio-encephalitis	1	2	—	3	—	1	—	—	—	2	—	—	5
Syphilitic diseases ...	1	—	—	—	—	1	—	—	—	—	—	—	—
Influenza	9	7	17	6	9	27	5	8	12	5	3	7	4
Whooping Cough ...	24	39	34	12	37	10	44	15	25	6	12	13	16
Measles	17	50	17	48	4	24	18	19	27	2	22	2	16
Bronchitis	9	14	11	10	7	25	21	14	17	7	11	7	11
Pneumonia	130	136	141	114	82	111	94	82	80	56	56	40	36
Other respiratory diseases	11	6	4	3	5	2	7	4	7	4	4	2	1
Respiratory tuberculosis	9	7	6	3	2	4	4	4	2	5	8	1	2
Other forms of tuberculosis	38	39	36	32	41	37	39	48	44	25	33	20	42
Heart and circulatory diseases	2	4	3	1	2	—	2	2	—	1	2	1	—
Diarrhoea and other digestive diseases ...	46	37	41	38	28	19	17	31	28	22	21	18	16
Nephritis	4	3	5	1	2	1	3	2	5	2	4	4	3
Diabetes	—	—	2	—	—	—	1	—	—	1	—	—	—
Cancer	5	5	2	4	2	2	7	7	6	8	3	4	6
Congenital debility, malformations, premature births, etc.	8	6	4	9	10	12	14	9	4	12	8	16	8
Violence	49	50	57	50	41	44	55	68	42	28	52	31	36
Other causes	53	50	41	56	40	54	53	36	33	32	39	28	31
Totals ...	506	534	484	445	365	428	445	392	365	248	292	204	242

Maternal Mortality—The maternal mortality rate of 1.28 is the lowest on record (c.f. 1.80 for 1946 and 1.73 for 1945). The maternal mortality rate from puerperal sepsis was in 1947 less than half that for 1946 and only a tenth of the rate of twenty years ago. The rates for previous years are shown below:—

Year	No. of deaths from			Mortality Rate per 1,000 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	0.69	1.32	1.92
1945	14	32	46	0.53	1.20	1.73
1946	14	41	55	0.46	1.34	1.80
1947	7	36	43	0.21	1.07	1.28


WEST RIDING ADMINISTRATIVE COUNTY
MATERNAL MORTALITY IN THE 38 YEARS 1910—1947
(per 1,000 live births)
Puerperal Sepsis
Other Maternal Causes
Total Maternal Mortality
1910
1915
1920
1925
1930
1935
1940
1945
1947
6·0
5·5
5·0
4·5
4·0
3·5
3·0
2·5
2·0
1·5
1·0
0·5
0·2

PART II

EPIDEMIOLOGY

Incidence of Infectious Disease

The following table shows the number of cases of "notifiable" disease during 1947 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—	4	1	154	177	2	—	456	475	7	9
1—	90	80	458	468	17	4	2,620	2,478	35	32
3—	257	249	554	610	12	7	3,755	3,699	37	30
5—	515	610	402	469	19	26	3,714	3,656	29	23
10—	244	348	28	29	12	24	274	247	23	22
15—	107	113	1	12	19	41	88	103	32	49
25 and over ...	52	80	10	26	8	30	52	74	37	33
Age unknown ...	2	12	10	16	—	—	24	24	1	1
All ages ...	1,271	1,493	1,617	1,807	89	132	10,983	10,756	201	199

Age Group	Typhoid and Paratyphoid		Dysentery		Cerebro-Spinal Fever		Acute Pneumonia		Erysipelas	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0—	—	1	16	9	17	14	150	117	2	1
5—	1	1	7	3	13	10	98	75	1	—
15—	6	6	11	14	10	11	168	152	45	54
45—	2	7	11	29	1	—	154	103	82	90
65 and over ...	—	1	6	2	—	—	90	68	36	32
Age unknown ...	—	—	—	—	1	1	12	1	1	3
All ages ...	9	16	51	57	42	36	672	516	167	180

The above figures are compared below with those for 1945 and 1946.

	1945	1946	1947
Scarlet fever	3,077	2,358	2,764
Whooping cough	2,844	4,451	3,424
Diphtheria	824	542	221
Measles	24,882	1,881	21,739
Acute poliomyelitis and polio-encephalitis	8	1	400
Typhoid and paratyphoid	14	63	25
Dysentery	335	126	108
Cerebro-spinal fever	64	69	78
Acute pneumonia	1,332	1,322	1,188
Erysipelas	379	366	347

Diphtheria in 1947 (221 cases) was much less than in 1946 (542 cases). When this figure is compared with the average annual number of cases in the five years 1933-37 (2,497) it is apparent that immunisation against diphtheria is taking effect. Measles was again prevalent in 1947 in accordance with its usual biennial swing and the number of cases was equal to that for 1945. An epidemic (7,800 notifications) of acute anterior poliomyelitis swept the country in 1947; it was three and a half times larger than any that had occurred before in England and Wales. In the West Riding Administrative County the incidence of the disease began to increase about the beginning of June, and by the middle of July it was certain that it would be much greater than for some years past. In successive weeks for six months from June 1st to December 27th, the incidence of cases was as follows:—2, 0, 4, 3, 11, 15, 15, 27, 39, 45, 26, 27, 27, 24, 15, 15, 16, 15, 8, 13, 7, 13, 9, 7, 7, 3, 2, 2, 2 and 1. It reached its peak in the last week in July and the first week in August. Thereafter, there was a diminution in the number of cases arising, but it was not until the second week of October that there was any real recession and confidence could be felt that the outbreak was abating. There is as yet insufficient knowledge of the mode of its spread for any definite steps to be taken to cut short an outbreak. The utmost vigilance was exercised by all Medical Officers of Health in conjunction with general practitioners

in their areas to ensure early diagnosis upon which the success of treatment largely depends. Doctors Beavan and Allibone, Child Health Officers, made themselves available to all doctors, infectious and other hospitals to assist in diagnosis; operations for removal of tonsils and adenoids were postponed wherever the disease was prevalent; additional accommodation for orthopaedic treatment was arranged at Pinder Fields Hospital, Wakefield, to which 94 cases had been admitted by the end of 1947; an inventory was taken of all iron lungs in the County, and these were overhauled and made ready for immediate transport; medical superintendents of isolation hospitals were given authority to secure consultant orthopaedic advice and physiotherapy, for any of the patients in need, at the County Council's expense; the County Council decided to make no charge for in-patient or out-patient treatment; finally, an individual enquiry was made into each case by a doctor from the headquarters staff in conjunction with the Medical Officer of Health. The facilities offered by Pinder Fields Hospital were of great benefit and I express my thanks to Dr. R. A. Russell Taylor, Medical Superintendent, for the good work he put in and for his kind co-operation. Little came out of our enquiry into individual cases to throw any light on the mode of spread. The following is a report thereon by Dr. G. P. Holderness:—

"In June, 1947, it was considered desirable, owing to the increasing incidence of infantile paralysis, that a medical officer should be detailed to undertake an epidemiological field survey of the cases occurring in the County area. The object was to obtain an overall picture of the outbreak and to establish if possible any common epidemiological factor. I was asked to undertake this task, but later, owing to the large number of cases reported, it was found necessary to join Doctors Hillis and Ashmore in the investigation. The procedure adopted was as follows. Medical Officers of Health were requested to notify the County Health Department immediately of any suspected or confirmed cases occurring in their respective areas. The cases were then followed up, and whenever possible were discussed with the Medical Officer of Health of the district concerned. The information from this source was supplemented where necessary by that obtained from Sanitary Inspectors, the patient's own doctor and by visits to the patient or patient's household. Additional information was also supplied in certain cases by Medical Officers of Health of districts outside the County area. Details of the date of onset of the disease, the patient's school or place of work, other members of the household, visitors and persons visited, visits to public entertainments, swimming baths and other places, were recorded on a standard form together with details of any direct or indirect contacts with other known or suspected cases, recent illness in the patient's household and other social and environmental factors. Altogether a total of 331 confirmed cases (174 males, 157 females) were investigated in this way, involving 71 sanitary districts. The age distribution of the cases was as follows:—

Age Group	0—4	5—9	10—14	15—24	Over 25
Number of cases	135	55	36	48	57

As enquiries were made into both suspected and confirmed cases, a considerable amount of effort was devoted to the investigation of cases which subsequently were found out to be not suffering from the disease. In addition owing to the occurrence of further cases several return visits had to be made to districts already visited. The following is a brief summary of the epidemiological characteristics of the outbreak:—

Geographical Distribution of Cases—No pattern of spread of the disease was evident. The cases arose in a haphazard fashion throughout the County area, the highest incidence of the disease falling on the most densely populated districts.

Multiple Cases in Same Household—There were six instances in which two cases occurred in the same household. In three of these the interval between the onset of the cases was twenty-four hours or less, and it is probable that in these particular instances the infection was from a common source. In the remaining cases the intervals were 8, 9 and 16 days respectively. The rarity of multiple cases would seem to indicate either that case to case infection is exceptional or that although infected other members of the family do not develop the disease in a recognisable form owing to the possession of a high degree of immunity.

Abortive or Missed Cases—Routine enquiry was made for any recent case of illness in the patient's household with symptoms suggestive of an abortive attack of poliomyelitis such as respiratory catarrh (sore throat: coryza), gastro-intestinal symptoms (vomiting: diarrhoea), headache, malaise, pains in the limbs and fever. It was found that there had been such an illness in twenty-four instances within a period of three weeks prior or subsequent to the onset of the confirmed case, and medical advice had in several cases not been sought owing to the trivial character of the symptoms. It is probable that many of these were in fact instances of an abortive attack and it was evident from information obtained from Medical Officers of Health and private practitioners that there were numerous similar cases occurring in the population generally.

Contacts—Direct or indirect contact with a previous confirmed case was established in 27 cases only (15 direct: 12 indirect). These findings conform with the generally accepted theory that the disease is spread mainly by healthy contact carriers and mild missed cases, rather than by frank cases.

Social and Environmental Factors—The question of water, milk, ice cream, fruit, etc., as a possible source of infection was considered, but there were no significant findings. 20 of the cases had attended public baths during the three weeks prior to the onset of the disease. Widely diverse social groups and environmental conditions were represented by the cases. The following is an analysis of the cases in relation to the number of other persons in the patient's household.

Number of other persons of all ages in patient's household	1	2	3	4	5	6	Over 6
Percentage of cases of all ages	3.6%	20.0%	25.8%	18.2%	12.7%	8.5%	11.2%

The following table correlates the cases under 15 years of age to the number of children under fifteen in the patient's household.

Number of other children under 15 years in patient's household	0	1	2	3	Over 3
Percentage of cases under 15 years	30.2%	32.5%	19.1%	10.7%	7.5%

(Signed) G. P. Holderness.

Diphtheria Immunisation

Arrangements for protective treatment against diphtheria have been continued as in previous year, 21,078 children (0—5 years, 15,081: 5—15 years, 5,997) being immunised during the year. In addition 14,644 children received refresher injections. The following table gives details of the immunisations carried out in each of the Public Health Divisions:—

Division	Number of Children Immunised			
	Primary Course of Injections			Refresher Injections
	0—5 years	5—15 years	Total	
1 (Skipton)	535	309	844	157
2 (Settle)	116	35	151	21
3 (Keighley)	280	30	310	240
4 (Shipley)	594	66	660	251
5 (Pudsey)	551	60	611	135
6 (Otley)	343	198	541	25
7 (Ripon)	127	35	162	101
8 (Harrogate)	601	217	818	1,576
9 (Wetherby)	254	104	358	11
10 (Goole)	412	167	579	349
11 (Castleford)	884	445	1,329	272
12 (Pontefract)	556	249	805	957
13 (Wakefield)	416	122	538	336
14 (Morley)	336	46	382	119
15 (Batley)	388	33	421	75
16 (Rothwell)	672	141	813	1,014
17 (Spenborough)	549	103	652	1,517
18 (Brighouse)	711	27	738	259
19 (Todmorden)	582	82	664	274
20 (Colne Valley)	716	80	796	1,233
21 (Saddleworth)	72	4	76	143
22 (Wortley)	570	80	650	305
23 (Hemsworth)	541	49	590	23
24 (Barnsley)	332	165	497	215
25 (Wombwell)	473	248	721	402
26 (Wath-upon-Dearne)	1,025	567	1,592	213
27 (Adwick-le-Street)	679	178	857	233
28 (Doncaster)	467	84	551	133
29 (Thorne)	241	948	1,189	1,058
30 (Dearne)	447	636	1,083	462
31 (Rotherham)	611	489	1,100	2,535
TOTAL	15,081	5,997	21,078	14,644

Public Vaccination

There were 163 Public Vaccinators and 44 Vaccination Officers in 1947, the year before this procedure ended. The figures for vaccination are given below:—

Year	Number of Births Returned in "Birth List Sheets"	Number of Certificates of Successful Vaccination	Number of Certificates of Insusceptibility	Number of Statutory Declarations of Conscientious Objection	Others
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
1946	23,058	6,064 (26.29%)	27	12,356 (53.59%)	4,611

Treatment of Scabies

The following figures show the number of cases of scabies treated under the County Council's scheme:—

Year	Cases receiving— (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
1947	1,376	23

These figures do not include cases treated at cleansing stations run by County District Councils (Batley B. and Keighley B.).

Venereal Diseases

New cases of venereal diseases attending Special Treatment Centres were less in 1947 than in the previous year; also for the first time since 1944 there was a decrease in new patients attending the clinics. In 1947 there were more than double the number of new patients compared with 1940, but the out-patient attendances increased by only about one third during the same period. The main reason for this change is that with the introduction of sulphonamide and penicillin therapy the number of out-patient attendances per patient has been reduced.

Year	Syphilis	Soft Chancre	Gonorrhoea	Total V.D.	Non-Venereal	Total new patients	No. of in-patient days	No. of out-patient attendances
1938	346	2	650	998	501	1,499	1,231	67,036
1939	403	4	678	1,085	589	1,674	783	52,771
1940	299	2	499	800	495	1,295	1,013	42,254
1941	331	2	552	885	585	1,440	976	39,865
1942	423	1	479	903	734	1,637	931	43,241
1943	487	2	654	1,143	1,342	2,485	729	52,569
1944	413	1	560	974	1,382	2,356	726	53,400
1945	473	2	767	1,242	1,417	2,659	899	53,208
1946	723	2	1,140	1,865	1,857	3,722	1,719	67,779
1947	573	1	729	1,303	1,510	2,813	1,425	56,838

Dr. E. Campbell began work as Assistant County Venereologist on the 1st May, 1947, acting as Medical Officer in charge of the Goole V.D. Clinic and undertaking clinics at Wakefield and Keighley. There are 6 doctors working whole-time, and 20 part-time, in the 20 Treatment Centres serving the County. The following table gives further details of new patients and attendances at clinics:—

	No. of new patients.				No. of in-patient days	No. of out-patient attendances
	Syphilis	Soft Chancre	Gonorrhoea	Non-Venereal		
Barnsley Clinic, Queen's Road ...	36	—	36	73	—	4,541
Bradford, St. Luke's Hospital ...	39	—	49	123	87	3,532
Burnley Victoria Hospital	3	—	4	7	17	115
Dewsbury General Infirmary ...	48	—	90	77	17	5,428
Doncaster Royal Infirmary	49	—	63	54	—	6,738
Doncaster M. & C.W. Centre ...	—	—	—	29	—	77
Goole Bartholomew Hospital ...	3	—	25	28	—	570
Halifax Royal Infirmary	26	—	45	45	307	3,462
Harrogate General Hospital ...	35	—	24	74	115	2,582
Huddersfield V.D. Centre	27	1	39	55	6	2,647
Keighley Victoria Hospital	25	—	53	110	77	3,624
Leeds General Infirmary	133	—	126	413	466	10,197
Oldham Royal Infirmary	5	—	6	7	—	499
Rotherham W.R. Medical Centre ...	38	—	39	109	64	2,505
Sheffield Jessop Hospital	4	—	8	10	78	662
Sheffield Royal Hospital	5	—	13	12	—	296
Sheffield Royal Infirmary	15	—	7	33	—	818
Sheffield City General Hospital ...	—	—	—	2	75	2
Wakefield Clayton Hospital ...	76	—	88	229	108	8,242
York County Hospital	6	—	14	20	8	391
	573	1	729	1,510	1,425	56,838

Number of in-patient days additional to those shown above:—

Seacroft Fever Hospital, Leeds	254
County General Hospital, Wakefield	104
Staincliffe County Hospital, Dewsbury	647
Kendray Isolation Hospital, Barnsley	249
Halifax General Hospital	364
	1,618

The General Practitioner Service continued satisfactorily. The following table gives details of the work:—

	1946				1947			
	Cases under treatment at 1st Jan. 1946	New Cases	Cases transferred to the General Practitioner	Total Attendances	Cases under treatment at 1st Jan. 1947	New Cases	Cases transferred to the General Practitioner	Total Attendances
Syphilis ...	60	64	15	1,425	64	49	22	1,477
Gonorrhoea ...	15	50	7	353	30	27	2	324
Non-Venereal and undiagnosed conditions ...	21	143	2	360	19	120	1	358

15 General Practitioners work in this service in districts of the County 10 miles or more from the nearest venereal diseases clinic. Patients are examined and treated at the doctor's surgery and the County Venereologist sees patients in consultation with the doctor when required and gives advice on diagnosis, treatment and tests of cure.

The County Venereal Diseases Social Service has been extended by the appointment of two whole-time Venereal Diseases Social Workers (Miss H. Walker and Miss I. Sandford) bringing the number to three. The County has been divided into three areas, northern, central and southern and each Social Worker is responsible for the tracing of contacts, follow-up of defaulters and venereal diseases social work at the clinics under the administrative care of the County Council in her own area. Regulation 33B. which was introduced in February 1933 was annulled at the end of 1947. It had served its purpose in that it provided the impetus for the establishment of an extensive system of contact tracing; follow-up of defaulters and social work in the clinics. Little has been lost by its removal for the possibility of taking legal proceedings was in practice not found often to contribute much to the success of the work. Highly irresponsible individuals in an infectious state were from time to time prosecuted and if imprisoned were treated and cured before release; yet this irresponsibility continued and the fact that they would again become dangerous had not been greatly diminished. At a meeting of Medical Officers of V.D. centres it was unanimously agreed that the work of contact tracing could continue almost equally well without Regulation 33B. The following table gives details of the work done under the Regulation during 1947 and the four previous years:—

	1947			1946	1945	1944	1943	
	M.	F.	Total	Total	Total	Total	Total	Grand Total
1. Total number of contacts in respect of whom Form 1 was received	38	114	152	151	175	141	141	760
2. No. 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	34	106	140	151	171	140	117	719
Contacts examined or already under treatment	29	97	126	123	147	126	88	610
No. transferred before examination	2	3	5	12	11	—	—	28
3. No. of those in (1) in respect of whom two or more Forms 1 were received	2	19	21	17	26	15	6	85
4. No. of those in (3) who were:—								
Found	2	19	21	17	26	13	6	83
Examined after persuasion or already under treatment ...	2	17	19	9	18	10	3	59
Served with Form 2	—	8	8	11	11	3	3	36
Examined after service of Form 2	1	6	6	7	4	—	3	20
Prosecuted for failure:—								
To attend for, and submit to medical examination ...	—	—	—	1	2	2	3	8
To submit to and continue treatment	—	8	8	2	5	2	—	17
Transferred to other areas ...	—	2	2	4	4	—	—	10

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

	No. of Forms 1 received	No. of new patients	Percentage of Forms 1 to new patients
Barnsley Clinic, Queen's Road	20	72	27.7
Bradford, St. Luke's Hospital	31	88	35.2
Burnley Victoria Hospital	—	7	—
Dewsbury General Infirmary	12	138	8.7
Doncaster Royal Infirmary	1	112	0.9
Goole Barthlomew Hospital	5	28	17.8
Halifax Royal Infirmary	1	71	1.4
Harrogate General Hospital	3	59	5.0
Huddersfield V.D. Centre	2	67	2.9
Keighley Victoria Hospital	23	78	29.5
Leeds General Infirmary	2	259	0.7
Oldham Royal Infirmary	—	11	—
Rotherham W.R. Medical Centre	4	77	5.2
Sheffield Jessop Hospital	—	12	—
Sheffield Royal Hospital	5	18	27.7
Sheffield Royal Infirmary	—	22	—
Wakefield Clayton Hospital	39	164	23.7
York County Hospital	—	20	—
Military	1	—	—
Other Authorities	3	—	—

Patients attending General Practitioners or ante-natal clinics, who were found to have repeated positive blood tests for syphilis, were seen by our Social Workers and information about contacts obtained. We write or interview the doctor who has taken the blood specimen and obtain his consent to see his patient. Valuable information which has led to the bringing under treatment of unsuspected cases of syphilis has been obtained in this way. The Social Workers have also assisted Medical Officers by arranging for repeat specimens of blood to be taken with as little delay as possible. 32 such cases from ante-natal clinics and 57 from other sources were investigated after confirmatory tests; 54 were referred to special treatment centres and 35 were treated by their own doctors. Figures are not available of the number of contacts traced through such patients referred to the Special Treatment Centres; 11 contacts were traced from the 35 treated by their own physicians.

Food Poisoning

33 investigations were made at schools, school kitchens and canteens following outbreaks of alleged food poisoning. Samples of food and other specimens obtained in the course of the investigations were submitted to bacteriological examination. Advice and instructions were given to the persons employed in and about the premises regarding the necessity for thorough cleansing of utensils, etc., used in connection with the food and the exercising of attention to personal hygiene. Investigations were made in connection with 6 cases of abortive fever.

PART III

TREATMENT IN GENERAL HOSPITALS

Last year I outlined what the Council had done to provide hospitals since the Local Government Act of 1929, with a Summary of the impressions of the Hospital Surveyors (1945), and a mention of the recent rapid development of the hospitals. A further account of this development is given in the individual reports of the three Medical Superintendents. It has changed the character of the hospitals from institutions for the chronic sick, which they were at the time of appropriation, to fully equipped acute general hospitals with a number of beds for chronic patients. The number of beds for chronic sick is still large but they now have the advantage of a full range of medical investigation. This arrangement is in accord with the modern view that it is wrong to set aside hospitals solely for the accommodation of the chronic sick, and that every general hospital should take a proportion of such cases which would have first passed through the general medical and surgical wards for complete investigation.

Staincliffe County Hospital has 56 surgical, 56 medical, 92 chronic sick, 42 maternity and 35 children's beds. Otley County Hospital has 56 surgical, 72 medical, 40 chronic sick, 20 maternity and 20 children's beds. The County General Hospital, Wakefield, has 40 surgical, 43 medical, 28 chronic sick and 23 maternity beds. Staincliffe County Hospital had 3,128 in-patients, 8,270 out-patients (20,661 attendances), 663 live births, 35 still births, 330 deaths, 64 post-mortems and 175 blood transfusions. Otley County Hospital had 1,559 in-patients, 2,227 out-patients (6,181 attendances), 217 live births, 6 still births, 60 deaths (includes 6 prisoners of war), 7 post-mortems and 75 blood transfusions. Wakefield County General Hospital had 2,229 in-patients, 2,192 out-patients (7,159 attendances), 518 live births, 43 still births, 179 deaths, 41 post-mortems and 61 blood transfusions.

The conditions from which patients suffered and the result are shown below:—

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	45	30	9	6	—	45	10	4	6	—	—	10	22	16	4	2	1	23
Tuberculosis	30	1	12	17	9	39	19	—	13	6	1	20	33	2	22	9	6	39
Malignant diseases	85	8	22	55	59	144	15	5	4	6	13	28	15	2	4	9	25	40
Rheumatism	29	10	15	4	1	30	13	4	8	1	1	14	18	3	15	—	2	20
Venereal disease	46	2	12	32	3	49	2	—	1	1	—	2	10	1	8	1	3	13
Connected with Childbirth and pregnancy	355	262	47	46	5	360	158	154	—	4	2	160	418	377	14	27	3	421
Mental diseases	42	8	9	25	3	45	10	4	4	2	—	10	6	—	3	3	—	6
Accidents and violence	66	51	12	3	14	80	153	136	16	1	4	157	34	30	4	—	5	39
Nervous system	60	15	23	22	48	108	20	2	14	4	6	26	32	4	19	9	10	42
Eye	32	20	8	4	—	32	—	—	—	—	—	—	3	2	1	—	—	3
Nose and Ear	22	18	2	2	—	22	4	2	1	1	—	4	24	19	5	—	—	24
Throat	114	106	3	5	2	116	4	4	—	—	—	4	296	295	1	—	—	296
Respiratory system	162	92	59	11	32	194	76	39	35	2	4	80	113	70	43	—	18	131
Circulatory system	133	50	73	10	66	199	44	6	29	9	15	59	67	12	42	13	40	107
Digestive system	261	186	54	21	21	282	131	97	25	9	2	133	247	192	30	25	17	264
Genito-Urinary System	299	194	67	38	29	328	41	19	19	3	4	45	221	134	66	21	12	233
Skin	49	32	17	—	—	49	12	12	—	—	—	12	32	26	6	—	—	32
Bones and Joints	64	32	25	7	4	68	40	26	11	3	—	40	80	61	17	2	1	81
Septic infections	217	205	9	3	1	218	71	61	9	1	—	71	46	45	1	—	1	47
Blood	18	8	9	1	2	20	6	2	4	—	1	7	37	16	16	5	5	42
Miscellaneous	130	80	41	9	31	161	64	28	17	19	1	65	65	35	25	5	7	72
	2259	1410	528	321	330	2589	893	605	216	72	54	947	1819	1342	346	131	156	1975
German Prisoners of War	—	—	—	—	—	—	528	—	—	—	6	534	—	—	—	—	—	—

The deaths in the three County Hospitals were in the following age groups:— Under 1 year (Staincliffe 46, Otley 3, Wakefield 42); 1 to 5 years (Staincliffe 6, Otley 0, Wakefield 6); 5 to 10 years (Staincliffe and Otley 0, Wakefield 1); 10 to 15 years (Staincliffe 1, Otley 0, Wakefield 2); 15 to 20 years (Staincliffe 3, Otley 1, Wakefield 1); 20 to 30 years (Staincliffe 6, Otley 6, Wakefield 7); 30 to 40 years (Staincliffe 20, Otley 0, Wakefield 11); 40 to 50 years (Staincliffe 26, Otley 6, Wakefield 13); 50 to 60 years (Staincliffe 54, Otley 11, Wakefield 27); 60 to 70 years (Staincliffe 66, Otley 13, Wakefield 24); 70 to 80 years (Staincliffe 66, Otley 14, Wakefield 30); over 80 years (Staincliffe 36, Otley 6, Wakefield 15); total deaths (Staincliffe 330, Otley 60, Wakefield 179).

The causes of death of the infants under one year of age, were as follows:— Prematurity (Staincliffe 17, Wakefield 16); Atelectasis (Wakefield 5); Spina Bifida (Staincliffe 2, Wakefield 1); Congenital heart lesion (Wakefield 2); Bronchitis (Wakefield 1); Broncho-pneumonia (Staincliffe 5, Wakefield 3); Enteritis (Diarrhoeal diseases) (Wakefield 1); Septic disease of the new-born (Wakefield 1); Duodenal Stenosis (Staincliffe 1); Gastro-enteritis (Staincliffe 6); Coeliac disease (Staincliffe 1); Pulmonary collapse (Staincliffe 1); Convulsions and laceration of Dura mata (Staincliffe 1); Examphalos (Staincliffe 1); Cerebral haemorrhage (Staincliffe 4, Wakefield 2); Meningitis (Staincliffe 1, Otley 1, Wakefield 1); Lobar pneumonia (Staincliffe 1); Intracranial haemorrhage (Staincliffe 1, Otley 1); Intussusception (Staincliffe 1); Bronchiolitis (Staincliffe 1); Congenital heart failure: cleft palate (Staincliffe 1); Multiple congenital deformities (Staincliffe 1, Wakefield 1); Hydrocephalus (Otley 1); Asphyxia neonatorum (Wakefield 1); Haemolytic disease of the new-born (Wakefield 4); Cerebral agenens (Wakefield 1); Pulmonary agenisis (Wakefield 1); Duodenal atresia (Wakefield 1).

In the Maternity Departments of the three Hospitals the number of admissions, deliveries, etc., were:— Admissions (Staincliffe 896, Otley 232, Wakefield 637); Deliveries (Staincliffe 687, Otley 220, Wakefield 549); Discharges (Staincliffe 887, Otley 231, Wakefield 643); Maternal deaths (Staincliffe 2, Otley 1, Wakefield 3); Single deliveries (Staincliffe 641, Otley 216, Wakefield 494); Multiple deliveries—twins (Staincliffe 9, Otley 2, Wakefield 12), triplets (none) quads (Staincliffe 1); Still births (Staincliffe 35, Otley 6, Wakefield 43). Ante-natal supervision is carried out only at Staincliffe and Wakefield; at the two latter hospitals the number of new patients to the ante-natal department were, Staincliffe 495 and Wakefield 275, and the number of ante-natal clinic attendances were, Staincliffe 1,957 and Wakefield 1,026.

The following complications of pregnancy and labour occurred:—

	Staincliffe	Otley	Wakefield
ABNORMAL PREGNANCY:—			
Inter uterine death of Foetus	35	6	43
Ectopic pregnancy	1	—	—
Premature Labour	79	2	60
Induction of Labour	68	—	175
Eclampsia	5	—	—
Pyelitis	5	1	3
Toxaemia	66	—	—
Pulmonary T.B.	—	—	2
Syphilis	—	—	4
Mitral Stenosis	—	—	11
Anaemia	—	1	9
Nephritis	—	—	5
Examination under Anaesthetic	2	—	—
ABNORMAL LABOUR:—			
Forceps delivery	46	19	44
Disproportion and Trial Labour	74	6	—
Multiple deliveries	10	2	12
COMPLICATIONS OF LABOUR:—			
Ante-partum haemorrhage	20	1	23
Post-partum haemorrhage	20	2	5
Manual removal of placenta	16	5	2
Mal presentation of Foetus	38	—	10
Foetal distress	39	—	—
Uterine inertia	—	1	—
Infant death	18	—	—
OBSTETRICAL OPERATIONS:—			
Caesarian Section	10	—	29
Episiotomy	90	27	75
Craniotomy	2	—	—
Perineal laceration	141	—	—
ABNORMAL PUERPERIUM:—			
Puerperal Pyrexia	4	—	—
Mental disturbance	3	—	—
	792	73	512

Congenital abnormal conditions found in babies born at the three County Hospitals were intra-uterine deaths (Staincliffe 1), spina bifida (Staincliffe 2, Wakefield 1), prematurity (Staincliffe 7), congenital malformation (Wakefield 1), cleft palate (Wakefield 3), ophthalmia (Staincliffe 1), atelectasis (Wakefield 4), mongol (Wakefield 1), fragillitis ossium (Wakefield 1), hydrocephalus (Wakefield 2), anencephalis (Wakefield 5), hydrocele (Wakefield 1), duodenal stenosis (Staincliffe 1), cerebral haemorrhage (Staincliffe 2, Wakefield 2), asphyxia (Staincliffe 1), capillary bronchiolitis (Staincliffe 1), congenital pyloric stenosis (Otley 1), tumor in occipital region (Otley 1), talipes (Wakefield 1).

At Staincliffe there were 1,406 operations on in-patients and out-patients; 220 abdominal, 514 gynaecological and obstetrical, 163 genito-urinary, 112 bones and joints, 115 ear, nose and throat, 73 hernia, 22 breast, 5 eye, 52 rectum and anus, 37 abscesses, 93 miscellaneous. At Otley there were 1,269 operations; 127 abdominal, 17 gynaecological and obstetrical, 102 genito-urinary, 201 bones and joints, 85 hernia, 19 breast, 86 rectum and anus, 105 abscesses, 510 miscellaneous, 14 amputations. At Wakefield there were 947 operations; 76 abdominal, 255 gynaecological and obstetrical, 48 genito-urinary, 114 bones and joints, 285 ear, nose and throat, 36 hernia, 14 breast, 44 rectum and anus, 17 abscesses, 48 miscellaneous, 10 amputations.

At Staincliffe 3,545 patients were X-rayed including 1,851 chests, 82 pyelographies (61 intravenous, 21 retrograde), 17 cholecystographies, 259 barium meals, 24 iodised oil and other opaque media. At Otley there were 3,385 patients X-rayed including 1,201 chests, 119 pyelographies, (83 intravenous, 36 retrograde), 31 cholecystographies and 174 barium meals. At Wakefield 2,099 patients were X-rayed including 1,593 chests, 24 pyelographies (19 intravenous, 5 retrograde), 11 cholecystographies and 98 iodised oil and other opaque media.

The Health Visitor and the Hospital

With the twofold object of providing Otley Hospital with a social worker for almoning work within the hospital and, as indicated in my introduction, to determine what types and numbers of patients will benefit from a background history, how many need guiding in hospital, and those for whom social work and rehabilitation are needed after leaving hospital, Miss Carey has been seconded for six months from her post as Area Superintendent Health Visitor to act for half her time as hospital social welfare worker and for the remainder as a health visitor dealing with the problem of hospital patients in the community. She has paid attention to the particular aspect of the link up of hospitals with health departments and the manner in which the full operation of the National Health Service Act will affect the work of the health visitors. As in all hospitals in which no almoner has previously been employed the innovation, at first somewhat coldly received, quickly gained in popularity for both medical and nursing staffs in measure as they appreciated the help which could be given to their patients.

During the six months 400 patients were admitted for treatment, 116 children (up to 16), and 284 adults (over 16). Miss Carey found that the medical staff asked for background histories for 40 children (34 per cent.) and 60 adults (21 per cent.) The following is a list of conditions for which such history proved of value:—

Children	*Adults.*
Chorea	Asthma
Asthma	Coma (diabetic)
Enteritis	Tuberculosis
Enuresis	Jaundice
Renal investigation	Anaemia
Malnutrition	Pyrexia? cause
Bronchiectasis	Gastric
T.B. Adenitis	Renal investigations
Convulsion and fainting attacks.	Enteritis

In seeking information it was early found that the medical staff needed to frame their requirements with some precision in order to help the health department to produce an adequate dossier. This in itself presented little difficulty and the chief obstacle to success lay in the relative novelty of the work from the point of view of the health department. Health visitors at first had difficulty in framing reports; this is not unnatural in view of the circumscribed range of work which health visitors until now had been called upon to perform. This difficutly was overcome by Miss Carey making home visits personally with health visitors and it points very clearly to the need for further instruction to all our health visitors in the work. Miss Carey, fresh from her personal experience of hospital requirements, has now begun to travel around the county, division by division, to impart the new doctrine. The dossier from the divisional health office should naturally be provided with the full resources of the health staff and is not limited to that which the health visitor can supply. In some cases the infant welfare and school medical report can be of value and there seems little objection to putting this at the disposal of the hospital for the period of the child's stay, and there arise cases of a special character where a report can usefully be obtained from other specialists in the field as, for example, from one of the school doctors or a dietitian; when the child guidance service is in operation no doubt the psychiatrist or a social psychiatric worker will be able to provide useful background information.

Tuberculosis nurses, V.D. social workers, mental health and mental deficiency social workers, will no doubt likewise assist. In short, the Divisional Medical Officer must use initiative in plumbing the resources of his department to the full in the interests of the patients' treatment in hospital.

A careful study has also been made of the numbers and types of patient who needed guidance while in hospital. Of the 400 in-patients 30% were helped by Miss Carey during their stay in hospital. The sick have many worries and troubles, some arising from the fact of their having fallen ill, others themselves a contributing factor to the illness. Happily it is now fully appreciated that a careful and tactful attention to these worries can do much to place the patient on the road to full recovery. This work has grown up under the somewhat unhappy title of "almoning," for which the training is a social science diploma with practical experience in family case work under the Personal Service League and other bodies. One of Miss Carey's findings must be of interest to all now thinking about the problem of training workers in the socio-medical field; namely, that her own understanding of medical matters assisted her greatly in the work, as did the patient's realisation that she was a nurse; this emphasises the need for a basic training in nursing for those engaged in almoning work. It is my view that the time has come to amalgamate the training of health visitors and almoners to give two years in hospital nursing followed by two years in a course combining the best of the social science diploma and an extended teaching in a social medicine. There would be then one type of social worker in the socio-medical field. In the meantime, I hope that the Council will view sympathetically any requests from the management committees for assistance by health visitors in almoning work. The success of the arrangements at Otley Hospital does not suggest that any practical difficulties will arise from having health visitors working on both sides of the fence.

The remaining problem was how many patients require guidance after leaving hospital—an important consideration in the light of the local health authorities' new responsibilities for after-care. Miss Carey found that this was needed for 118 patients (29 per cent.) and the types are indicated below:—

Old Age Pensioners, Gastric, Diabetic and Kidney cases.

Malnutrition, Pneumonia, Bronchitis and Cardiac cases.

Arrangements for after-care will be undertaken from divisional health offices and Miss Carey was careful to tackle the problem in close consultation with the Divisional Medical Officers of the areas serving the hospital. After-care is, of course, a comprehensive service which must include follow-up by health visitors. The work of the health visitor can never be more than a part of the after-care arrangements but nevertheless an important part. The work to be done by the health visitors in such a scheme is in many ways quite new, since they are only now concerned with children of school age and under and not with adults. It is important that any arrangements made for after-care shall be devised with the general practitioner service in mind. The family doctor is himself vitally concerned in the action to be taken for his patients and if we are to obtain the best results for them he must be fully consulted on all his cases. Dr. Hill and Miss Carey, in consultation with Divisional Medical Officers, have had this important point under the closest examination and have formed the opinion that extension of after-care by the use of health visitors to the types of cases indicated above can be carried out in agreement with the family doctor and constitutes a most valuable reinforcement for his work.

Extracts from Reports of Medical Superintendents

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

During the year 1947, the changes that have taken place at this hospital have been vast and far reaching. It has been a year in which considerable progress has been made in every branch and every department in the hospital. On the 14th June, 1947, members of local councils, health committees, local hospitals and general practitioners were invited to an Open Day at the Hospital. Parties were shown round by the medical staff. All departments were open including a ward with models illustrating the progress made in medicine. The West Riding Health Committee film on recruitment of nurses was also shown. The guests were entertained to tea and were afterwards addressed by County Alderman Bambridge.

The wards in the Hospital have been named after famous Nurses and Doctors. The names will replace the present ward lettering as follows—"A" Ashdown, Female Surgical; "B" Banting, Male Surgical; "D" Cavell, Children's; "D2 "Devine, Male Medical; "E" Eden, Lying in Maternity; "F" Fleming, Female Medical; "G" Gowers, Chronic Sick Block. The Maternity delivery ward will continue to be known as "Maternity."

The patients in the Hospital have been classified into three broad groups. The Medical Unit includes medicine, children, skin, and chronic sick cases. The Surgical Unit comprises all the acute and chronic surgical cases. The Obstetric and Gynaecological Unit deals with all the Maternity cases, both before and after labour and the diseases peculiar to women. Each unit is under the care of a Consultant Staff with doctors of registrar standard and also House Physicians and House Surgeons.

Discharged in-patients are seen at the follow-up clinics. Chronic sick cases are admitted to acute wards and only transferred to the "chronic" block after investigations reveal that no specific treatment can be given. Physiotherapy is continued with all chronic cases while they remain in hospital and everything possible is done to make them fit for discharge. The type of case admitted to the hospital has changed considerably. Patients tend to be admitted earlier in their illness when diagnosis and treatment are of more avail. The amount of surgery has increased considerably. This Hospital has become a centre for the malarial therapy of specific nervous disease. The Regional Blood Transfusion Service agreed to establish a blood bank here. This Bank is replenished each week or more often if required. We also have a stock of dried blood. Many lives have been saved because of transfusions. The Obstetric Unit has been very busy. We take 55 normal bookings each month and abnormal and emergency cases from a wide area. Quadruplets were born here in August but they were very premature; two were stillborn and the remaining two died soon after birth. All booked cases attend classes in the Physiotherapy Department for exercises and all methods of analgesia known are used in an endeavour to ease the pains of childbirth.

The visiting Consultant Medical Staff attached to the Hospital is as follows—Dr. F. E. Chester-Williams, Radiotherapy; Mr. E. R. Flint, Senior General Surgeon; Dr. L. Glick, Physician; Mr. W. R. Henderson, Neuro-surgeon; Mr. R. W. Hendry, General Surgeon; Dr. R. Herley, Ophthalmic; Mr. G. Hyman, Orthopaedic; Mr. B. L. Jeaffreson, Obstetrician and Gynaecologist; Dr. E. E. Johnson, Anaesthetist; Dr. N. J. S. Nathan, Venereology and Obstetric Registrar; Dr. W. Niven, Radiologist; Mr. J. H. Otty, Ear, Nose and Throat Surgeon; Mr. B. Sleight, Dental Surgeon; Dr. C. E. Stuart, Dermatologist; Dr. C. W. Vining, Paediatrician. Medical Staff Committees are held and recommendations made to the County Medical Officer.

There are weekly Consultant out-patient clinics for the following:—sterility (Dr. N. J. S. Nathan); obstetrics—new cases (Dr. N. J. S. Nathan), ear, nose and throat (Mr. J. H. Otty); medical (Dr. L. Glick); ante-natal; orthopaedic (Mr. G. Hyman); diabetes and rheumatoid arthritis (Dr. C. Josephs); ophthalmic (Dr. R. Herley); children (Dr. C. W. Vining); gynaecology and obstetrics (Mr. B. L. Jeaffreson); surgical (Mr. R. W. Hendry); skin (Dr. C. E. Stuart); surgical (Mr. E. R. Flint); radiotherapy (Dr. F. E. Chester-Williams); and post-natal and special clinics (Dr. N. J. S. Nathan).

Excellent relations have been established with our neighbouring Hospitals and there is full co-operation with the various departments of our adjoining local authorities. Letters are sent to doctors when their patients are discharged giving them full details of investigations and treatment. Doctors are invited to attend operations on their patients. We have a firm bond of friendship with the general practitioners who have helped us considerably. At their suggestion we established monthly clinical meetings at which unusual cases of medical interest were discussed. This was then followed by a Paper read by a prominent member of the Profession. These meetings are being revived this winter.

The following new medical appointments were made—Dr. C. Josephs, Deputy Medical Superintendent; Dr. L. Vinegrad, Resident Surgical Officer; Dr. J. Hughes, House Physician to Medical Unit.

The Resident Medical staff is as follows:—Dr. C. Josephs, M.B., B.S., D.C.H., Medical Registrar and Deputy Superintendent; Dr. D. V. Thomas, M.B., Ch.B., D.A., Resident Anaesthetist B.1.; Dr. L. Vinegrad, M.B., Ch.B., Resident Surgical Officer B.2.; Dr. J. Hughes, M.B., Ch.B., House Physician to Medical Unit; Dr. R. Sloman, M.R.C.S., L.R.C.P., House Physician to the Obstetric and Gynaecological Unit; Dr. L. Rosenthal, previously Deputy Medical Superintendent has become Medical Superintendent at the County General Hospital, Wakefield. Dr. B. Eastwood left to take up an appointment as First Anaesthetic Assistant at the Sheffield Royal Infirmary. Dr. J. S. Crawford has been appointed Casualty Officer at Dewsbury General Infirmary. Dr. T. McLeod obtained his M.D. Edinburgh; Dr. B. Eastwood his D.A. London and Dr. D. V. Thomas his D.A. Ireland. The following establishment of office staff, porters and telephonists has been approved:—1 Clerk Steward, 1 Assistant Clerk Steward, 3 clerks, 3 shorthand typists, 1 junior clerk, 1 head porter, 10 porters, 1 night porter, 1 pharmacy porter and 2 telephonists. Mr. R. Weston was appointed Assistant Clerk Steward. He was recently successful in obtaining the Part 1 Final of the Institute of Hospital Administrators Examination.

The telephone switchboard has been moved to the Lodge by the main gates. The room in which the switchboard was previously housed has been adapted as the Clerk Steward's office and an enquiry counter fitted in the General Office. Additional internal extensions have been fitted to the Physiotherapy Department, Children's Ward, Clerk Steward's Office. Two additional external lines are being fitted.

Apart from the vast changes that have taken place at the Hospital the social side of the staff life has not been neglected. The existing Nurses Staff Club has been broadened to embrace the whole staff. Members of all sections of the staff are represented on the executive committee. Sub-Committees deal with the socials, recitals, concerts and sports. We have played three cricket matches, two tennis matches and one football match to successful conclusions, losing only one tennis match to the West Riding Constabulary. A regular football team has been formed and application is to be made to play in the Local League Matches. At first, representative meetings

of individual sections of the staff were held each month. All sections were asked to form representative councils to meet the Matron, the Clerk-Steward and myself. Each section had different meetings. New arrangements were discussed at these meetings and opinions sought. Their own individual troubles and ideas were debated. These staff meetings have done much to interdigitate the various staff sections of the Hospital and I am convinced that without these meetings it would have been impossible for the Hospital to progress. Owing to the diminution in the amount of business these representative council meetings are now only held each third month.

A new complete and concise record system has been introduced. Previously, records were scanty and incomplete. All clinical notes, laboratory, X-ray and other forms of investigations are kept in a special cover foolscap envelope, on the outside of which are printed salient details for the general office. On a patient's discharge the clinical envelope containing a recorded picture of the patient's illness is filed in numerical order. This enables the envelope to be easily obtained when the patient attends the Follow Up Clinic or is re-admitted. All notices and forms relating to the running of an up-to-date hospital have been printed. The recording system of both X-ray and Out-Patients Departments have been revised. Registers, new forms, cross recording and filing have been arranged. Such a system at present in force ensures that the Doctors in charge of the case can always have the exact details of the patient and their own observations whenever required.

The following recommendations have been made in connection with the catering arrangements—(1) That a Food Supervisor be appointed at the Hospital. (2) That the patients' menu be altered so as to include a "substantial supper" at 7-30. (3) That apart from mid-morning lunches and light teas, all meals should come from the central kitchen. (4) That the number of food containers be increased forthwith. (5) That eight electrical food trolleys, complete with containers and an electric truck to deliver the trolleys be obtained. (6) That the erection of a central lift is essential but that although covered ways are desirable, this matter be deferred at present. (7) That the ward kitchens be re-organised, steam hot plates and gas grillers fitted and the floors tiled or colourphalted. These recommendations have been forwarded to the Ministry of Health. The surface air raid shelters are being adapted as stores by the artisan staff to provide a food store and office for the Food Supervisor.

The contract has been let for the conversion of C Ward into the new X-ray Department. This work has been approved by the Ministry of Health who also approved the ordering of the X-ray apparatus and equipment. The new department will consist of two X-ray examination rooms, barium room, dark room, radiologist's room, record room and patients' dressing rooms. Work has commenced on the conversion of the outside balcony as an out-patient waiting room and office. It is hoped that this will be completed in the near future. Three large curtained cubicles have been made in the out-patients' examination room. All patients are thus assured strict privacy. The Ministry of Health has approved the adaptation of the present dispensary and the gas contamination unit as a Pharmacy. The first stage of this work has been done. A communicating door has been made and patients' service hatch fitted. The Ministry of Health has agreed with your resolution that the disused chapel can be converted into a complete nurses' teaching unit. The Bishop of Wakefield has raised no objection. The accommodation will comprise large lecture, theatre and demonstration room and a sister's office. The demonstration room will be fitted with all the necessary equipment required by the General Nursing Council. The establishment of a complete nurses' teaching unit will allow the conversion of the present lecture and demonstration rooms adjacent to the R.M.O.'s quarters as part of their flat. The doctors' kitchen and sitting-room will be moved from the ground floor of the Administration Block to the present lecture and demonstration rooms. The present sitting room will be used as library and committee room. The present R.M.O.'s kitchen on the ground floor of the Administration Block is to be stripped and converted into the Matron's Office. The existing Matron's Office is to become the Assistant Matron's Office.

Drastic changes have been approved in the ward kitchens. The existing coal ranges are to be removed and in their place steam hot closets are to be fitted. The present sinks and drainers are to be replaced with stainless steel sink and drainer units. The floors are to be covered with colourphalt or tiles. The large coal and coke stoves in the centres of the wards have been removed. They were seldom used and when used scattered dirt and soot over the ward. In addition a large amount of floor space was taken up by these stoves. Eleven disused mantelpieces were removed from the duty rooms and the two labour wards. The whole of the Hospital corridors have been covered with colourphalt. This has given the Hospital a pleasant appearance besides being more hygienic. The sanitary annexes on all wards are to be adapted. Additional washbasins are to be fitted and bed pan sterilisers and warming racks are to take the place of the bed pan sinks. Electric football globe lights have been fitted in all corridors and wards. Night lights have been fitted in ward centre lights. The new lighting arrangements are excellent. Large electric refrigerators have been fitted to all wards and have proved to be an excellent acquisition. The bathroom attached to the Children's ward has been adapted for the small patients. A toddlers W.C. and a small bath have been fitted and washbasin replaced. Work has already commenced on adaptations for a bathroom for this nursery. The baby baths and washbasins have been fixed. The steel screen walls are not yet available for fitting. Approval in principle has been given for the provision of an air conditioned premature babies' nursery. The final plan has not yet been submitted to you. The side wards on each floor have been discontinued as wards and are now used as duty rooms. You have recommended that these duty rooms be sub-divided into three by steel glass partitions. The accommodation provided will be used as follows—Wards A, Duty room,

sister's office, linen room; Ward B, Duty room, sister's office; Ward D, Duty room, milk room, central corridor; Ward E, Duty room, milk room, central corridor; Ward F, Duty room, linen room, sister's office. On wards D and E, the sister's office is to be built over the stairs. On wards B, D and E and Maternity Unit, steel partitions are to be fitted on the back landings to form linen rooms. The installation of a central bed lift in the centre of the Hospital has also been approved. There is no dressing room in the theatre and no toilet arrangements. A plan for utilising the adjoining balcony to the theatre and adapting it as a dressing room has been approved. An existing window in the side of the theatre is to be converted into a door. The heat in the theatre has been unbearable owing to the fact that the main autoclave in the hospital is in the theatre sterilising room. It has been agreed that a shed be built by the side of the theatre large enough to take the theatre autoclave and space left so that a second autoclave be fitted if required. Approval has also been given for the existing "Shadowless" lamp to be fitted with a rigid suspension and adjustable harness.

In 1946 the County Council agreed that two ambulance circles should be made, one at each of the two Hospital ambulance bays. Unfortunately it has not yet been possible for this work to be done. The congestion of cars and ambulances still remains. The provision of a tarmac road between Huts 2 and 3 has also been approved but not yet commenced.

In all departments, modern equipment has been introduced. The domestic staff has not been forgotten and electric suction polishers provided. 150 combined aluminium patients' lockers and bed tables have been ordered and are shortly expected. A full size Cambridge Electrocardiograph is on order. We have a modern adult oxygen tent and an infants oxygen tent is due to arrive. The types of medical and surgical equipment have been wide and varied and it would be impossible in this report to enumerate the various items and the great benefit derived by the patients. In the Physiotherapy Department, there is a new short wave therapy unit and a new electric combined table.

The laboratory dealt with the following numbers of specimens during the year:—Biochemical (1,370), Urine (1,413), haemotological (2,756), bacteriological (1,010), serological (1,665), histological (187) and miscellaneous (70): Total—8,471 This is considerably more than in the previous year. The staff consists of Mr. N. Coward, senior technician and two assistants. Mr. Coward has helped me to establish a pathological museum.

The Physiotherapy Department is almost a new one to the Hospital. There have always been some facilities for massage and electric treatment but now we have a well equipped and well staffed department run on modern physiotherapy lines. This department is housed in the old gas decontamination ward. The openings in the walls have been built up and curtain cubicles fitted along one side of the department. In these cubicles there are all the various types of electrical therapy equipment, long wave diathermy, short wave diathermy, infra-red radiant heat, ultra-violet light, galvanism and faradism. The remainder of the department is fitted as a gymnasium. We were extremely fortunate in obtaining from Pinder Fields Physiotherapy Unit, Miss Jean McGregor Exley as our Charge Physiotherapist. The establishment of the staff consists of the Charge Physiotherapist and two Assistant Physiotherapists. Both out-patients and in-patients are treated in the department. Ante-natal classes are held. Here the patients are taught some of the physiology of pregnancy and exercises are given to help them to relax and to enable them to have easier childbirth. Experience has shown that this is true. Physiotherapy is not only confined to the department. Group exercises are held in all the wards apart from individual treatments. Miss Exley has worked unceasingly and untiringly to build up a department which is an essential to modern treatment. 1,544 patients received physiotherapy during the year, the number of treatments being massage (3,728), remedial exercises (5,793), ultra-violet rays (879), infra-red rays (1,844), radiant heat (891), galvanism, faradism or ionisation (1,187), diathermy (2,208), wax (350) and sinusoidal (19), a total of 16,899 treatments.

During the recent outbreak of anterior poliomyelitis, arrangements were made for cases to be transferred here from Dewsbury Joint and Oakwell Isolation Hospitals. These cases, after they had recovered from the acute stage of their illness were admitted for physiotherapy and rehabilitation. 14 were admitted from Isolation Hospitals and 2 from home; 1 died from gastro-enteritis; 2 were discharged to a long stay Orthopaedic School. On Friday, 12th September, the new film produced by the Ministry of Health dealing with Anterior Poliomyelitis was shown at this Hospital. Over 250 doctors and nurses saw the film which was shown three times. All the General Practitioners and members of nursing and medical staffs of Hospitals, school nurses, health visitors and midwives in this area were invited.

This has been our best year for recruitment of student nurses. During the year we have had 24 new students. In spite of this we have had to close between 50 to 90 beds most of the time because of the nursing shortage. Efforts have been made to recruit part-time nursing staff but the response has been very poor indeed. The position has been somewhat relieved by the addition of some displaced persons. The Preliminary Training School has opened and is receiving students. The School is situated in a large detached house away from the Hospital in Healds Road. The students live here, and there are excellent class-rooms and other accommodation. Most of the doctors and consultant staff now give lectures to our nurses and bedside clinics for the nurses are a new innovation. Both the Matron and myself are members of the panel of examiners for the General Nursing Council. 11 students entered Part 1 Preliminary:—7 passed; 8 entered Part 2 Preliminary:—6 passed; 11 entered for their Final Examination:—10 passed.

An excellent sick bay has been provided in the Hospital. It has its own sun balcony and also its own toilet suite. The sick bay can take 5 sick nurses. There has been very little illness amongst the nursing staff. The Nurses' Home has been re-wired and alternating current installed. The Nurses' Home needs re-decoration. Extra sleeping accommodation has been made available in one of the emergency ward huts. The Hospital is grateful to the nursing staff for the excellent work they are doing. We have not been seriously troubled by shortage of domestic staff despite changes: almost the whole staff is non-resident, a satisfactory arrangement, even during the severe winter weather. The chief difficulty of non-resident staff is week-end duty.

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

This year, as expected, the total number of cases dealt with has fallen. This is due to the decreasing number of Prisoners of War requiring hospital treatment—a diminution of 446. There has been an increase in the numbers of West Riding cases admitted, by 201, but not enough to balance the falling-off in Prisoners of War. Late in the year, it became possible to limit the Prisoners of War to two huts of 36 beds each, and so enable us to get all the huts re-decorated internally, by using the empty hut as a shunting device. When the re-decorations were complete preparations were made to open this hut as a children's ward of 20 beds (and cots). The accommodation will then be 28 female beds, 28 male beds, 20 children's beds and cots and a 20 bed maternity unit, all for West Riding cases. There is still a general shortage of trained staff and this puts undue responsibility upon the few trained staff we have.

The Physiotherapy Department has been continuing under great difficulties. Miss Berry worked single-handed until November, when she resigned. She had very considerable periods of off duty owing to various illnesses. Since her resignation the department has been kept going on a few lines of treatment by Miss Hampf, an Estonian. Despite this, the amount of treatment given has not dropped as much as I should have expected. Difficulties arise from the use of accommodation in the Physiotherapy Department for Consultant clinics. The alteration of the North Gate Lodge Buildings is urgently required to provide adequately for all out-patients—this year 970 more out-patients attended than in 1946. 596 patients received physiotherapy during the year, the number of treatments being, massage (2,281), remedial exercises (2,778), ultra-violet rays (850), infra-red rays (795), radiant heat (1,814), galvanism, faradism or ionisation (867), and wax (371), a total of 9,756 treatments.

The X-ray Department shows an increase in work done, due to the fact that we have had Miss Nicholson as whole-time Radiographer all the year. Approximately 600 more patients were X-rayed this year than last year. 1,010 specimens were examined in the laboratory during the year, i.e. Biochemical (20), urine (485), haemotological (487) and bacteriological (18).

The out-patient side of the work has improved considerably since a special clerk was appointed in August. The duty room in the top hut has been turned into an office for her, and documentation of out-patients rendered very much more simple.

The Preliminary Assistant Nurses Training School opened in temporary quarters in September.

The following consultants attended the hospital during the year—Mr. A. Lawson Light, Mr. George Black, Mr. A. Bernard Pain, Mr. H. Agar, Dr. C. W. Vining, Dr. Stanley J. Hartfall, Dr. J. T. Ingram, Dr. S. Thompson Rowling, Dr. G. W. Watson, Dr. Rhoda B. Adamson, Mr. D. W. Currie, Dr. T. E. D. Beavan.

For the first 9 months of the year I had only two assistants. Since the beginning of the year the Hospital has had the advantage of having a Resident Surgical Officer—Capt. A. Hughes ex R.A.M.C. The lack of a Resident Surgical Officer has been one of our most serious deficiencies since the appropriation of the hospital in 1941. Now, for the first time, acute cases can be dealt with immediately without the anxiety and loss of time in contacting the visiting surgeon. The advantage is clearly visible in the figures for operations. This year 509 operations were performed on in-patients compared with 180 last year. Late in the year Dr. Beavan, M.R.C.P., D.C.H., began to visit and conduct children's clinics. In October Dr. Mary Goodson, M.B., Ch.B., D.C.H., D.Obst.R.C.O.G., joined the staff and has since looked after the children and taken an interest in the maternity unit and women patients generally.

Miss Wood, the County Dietitian has visited the hospital regularly and we are very appreciative of her efforts.

Mr. Cracknell, the Hospital Engineer, was awarded the B.E.M. in recognition of his arduous duties during the war period.

The floors of the kitchen annexes and of the labour ward were covered with colourphalt and this has been a considerable improvement. The following major items of equipment were delivered during the year under review:—

K.B.B. Shadowless lamp for the Operating Theatre.
Radio Relay Service for all the Hutments.
Insulated food containers to enable food to be kept hot in transit to the wards.
A Blood Bank refrigerator.
A Cambridge Electrocardiograph apparatus.

As this is probably the last annual report which I shall have the pleasure of presenting to you, I should like to convey my sincere thanks to the County Medical Officer's Department and the various Committees for all the assistance they have given me in building up this Hospital during the last seven years. It may be considered opportune for me to remind you that on appropriation in April, 1941, no general hospital facilities existed here. There were in residence only 64 London chronic sick, and during the remaining eight months of 1941 there were only 134 admissions and 136 out-patients. The present figures afford an agreeable contrast.

Dr. L. Rosenthal reports as follows about the Wakefield County Hospital:—

The Hospital has continued to make excellent progress in fulfilling its function as a General Hospital, but the volume of work has grown to such an extent that the great need of further accommodation, noted in the reports of my predecessors, is of paramount importance if further headway is to be made. Towards the end of the year some alleviation of the pressure was obtained by annexation of an adjoining building and details of this are reported below. The Hospital is very well equipped and only one department, the X-ray Department, with its lack of apparatus to cope with gastro-intestinal work shows any serious deficiency. This is an important matter in the work of the Hospital but I understand that the Ministry of Health will not sanction new apparatus at present. Further attempts will be made to rectify this omission. Meanwhile arrangements have been made for the X-ray equipment at present in use at the Staincliffe County Hospital, Dewsbury, and which will be redundant when their new equipment is installed, to be transferred and installed at this hospital. The Hospital is being equipped with a completely new set of bedsteads, lockers and bed-tables and this, together with the extensive internal decorations now taking place, should further enhance the physical appearance of the Hospital, a not unimportant matter in the life of patients. The Hospital has benefited from the regular visits of Miss Washington, County Dietitian.

Excellent work has been done by the Medical and Nursing Staffs in what has been a very busy year. Increase of both medical and nursing staff complement is necessary if good quality work is to continue and steps are being taken to effect this. The good relationship between General Practitioners and the Hospital was further consolidated by the inauguration of Clinical Meetings. These are proving very popular and help to bring to the notice of practitioners the service that is available.

Medical staff changes during the year include—the resignation of the Visiting Obstetrician and Gynaecologist, Dr. R. Adamson, M.D., M.R.C.O.G. This vacancy was filled by Mr. B. L. Jeaffreson, M.D., F.R.C.S., M.R.C.O.G. Dr. T. E. D. Beavan, M.B., M.R.C.P., D.C.H. was appointed as County Paediatrician with charge of beds in the Paediatric Unit of the Hospital. Dr. L. Rosenthal, M.D., M.B., Ch.B. was appointed as Medical Superintendent to the Hospital to fill the vacancy created by the resignation of Dr. P. A. Jennings on July 21st, 1947, and Dr. B. Isaacs, M.B., Ch.B., D.R.C.O.G., Resident Surgical and Obstetrical Officer resigned to join H.M. Forces. Dr. H. Shapiro, M.R.C.S., L.R.C.P., was appointed to fill this vacancy.

I am pleased to be able to report that the Hospital has been recognised as a full Training School for nurses and that the Preliminary Training School, which was opened in June, 1947, is working well. Great credit is due to our Sister Tutor for her excellent work throughout the year. The Hospital was honoured during the year by a request from the General Nursing Council to hold the Preliminary Examination for State Registration of nurses at this Hospital and the first examination is to take place in February, 1948. The social life of the nursing staff was further augmented during the year by the introduction of regular film shows for their entertainment. These shows are well attended and much appreciated. 8 Nurses entered for their Preliminary State Examination Part I, 6 passed; 3 for Part II, 3 passed; 8 for Final, 7 passed.

During the year there was some re-organisation of the wards. The Female Ward was divided into two units—Surgical and Medical and the ward previously known as "G" separated into Maternity and Gynaecology Units. This has greatly facilitated the method of working and extra Sisters were appointed to take charge of these Units. Towards the end of the year permission was given to annex the building previously known as the Imbecile Block of the Wakefield Welfare Institution in order to relieve the great pressure on accommodation in the main body of the Hospital. It is proposed to use the ground floor of this block for a Physiotherapy Department, a Dispensary and an Out-patients' Hall, and the first floor as a General Office with the ward and kitchen to be used for the treatment of 13 chronic female sick patients. This re-arrangement will, eventually, enable the two rooms in the Hospital occupied at present by the Physiotherapy and Out-patient Departments to be converted into an enlarged laboratory, and the X-ray Department to expand into the adjoining room now housing the Laboratory. Extensive alteration in the Hospital Kitchen was effected during the year. A new "Aga" Cooker and a new Steamer were installed and a refrigerator and bacon slicer fixed. The inauguration of a Non-Resident Staff Canteen proved to be a very popular measure with many of the staff and helped to dispense much vexation and dissatisfaction that was being felt on this subject. The pathways and approaches to the present Out-patient entrance have been altered and relaid providing better facilities for the heavy ambulance traffic serving the hospital. It is recommended that further alterations be made to eliminate a very sharp awkward bend in the roadway at the point where the main drive meets the ambulance circle. The obsolete lighting of the hospital drives was replaced during the year.

558 patients received physiotherapy during the year, the number of treatments being, massage (3,370), remedial exercises (5,172), ultra-violet rays (1,673), infra-red rays (1,640), radiant heat (9), galvanism, faradism or ionisation (1,534), a total of 13,398 treatments.

The laboratory dealt with the following number of specimens during the year:—Biochemical (448), Urine (450), haematological (1,881), bacteriological (1,511), serological (1,173), histological (143) and miscellaneous (137)—Total 5,743.

A case of Scarlet Fever on the Maternity Ward occurred during the year and the Maternity Unit had to be closed for a short while. Towards the end of the year a small outbreak of Whooping Cough occurred in the Children's Unit and the wards affected were closed for 3 weeks. The Hospital played its part in the treatment of cases of Acute Anterior Poliomyelitis that occurred in the district during the epidemic. There were eight of these cases with no fatality.

During the year the following outstanding items of equipment were purchased—Theatre Table, Ward Cabinet, Mortuary Trolley, Hair Dryer, Rubber Floor Covering, Oxygen Tent, 2 Kitchen Metal Cabinets, Double Bowl Stand.

General Treatment in Non-County Hospitals

The County Council made grants amounting to £29,905 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.

There were 1,120 admissions to the 75 beds at the Halifax Municipal General Hospital taken over in 1946 by Agreement with the Halifax Corporation for the admission of West Riding patients under Public Health procedure. Admission to these beds is made by direct communication of the General Practitioner with the Medical Superintendent and the benefits thus derived from this method of admission have prompted your Committee to make similar arrangements with the Rotherham Corporation for the admission of West Riding patients to the Rotherham Municipal General Hospital as from the 1st October, 1947, to which hospital 433 patients were admitted after this date.

The number of admissions to other Non-County Hospitals was Arthington Hall Convalescent Home (11), Boundary Park General, Oldham (75), City General, Sheffield (25), City General, York (57), Pinder Fields Emergency, Wakefield (18), St. James's, Leeds (160) and miscellaneous hospitals (7).

TREATMENT OF CANCER

Under the Cancer Act, 1939, the Bradford Radium Centre has facilities for consultations, admission and treatment, using secondary centres at the Halifax Royal Infirmary, Halifax Municipal General Hospital, Keighley and District Victoria Hospital, Skipton and District Hospital and the Staincliffe County Hospital, Dewsbury The Leeds Radium Centre has continued to provide treatment for West Riding patients with diagnostic and follow-up clinics at the voluntary hospitals at Batley, Dewsbury, Harrogate, Pontefract, Wakefield and York. The Sheffield Radium Centre has provided treatment at the Graves Institute of Radiotherapy, Tree Root Walk, Sheffield. The Bradford Institute treated 121 out-patients and 447 in-patients, the Leeds Institute 342 out-patients and 458 in-patients, the Sheffield Institute 247 out-patients and 154 in-patients.

PART IV

MIDWIFERY AND MATERNITY SERVICES

The County Council is the local supervising authority under the Midwives Acts for the whole of the Administrative County. During the year 513 midwives notified their intention to practise in accordance with the Rules of the Central Midwives Board. Of these 262 were employed by the County Council, 23 by other Welfare Councils, 173 by Voluntary Organisations and 55 in private practice. On the 1st of October the Central Midwives Board published a revision of its rules under Section E. This section is one which regulates, supervises, and restricts within certain limits the practice of midwives. The Board felt that the changes and improvements which had been effected in the midwifery services over the country as a whole required a new code consistent with the improved status and responsibility of the midwife.

(A) DOMICILIARY MIDWIFERY

Draft proposals were prepared for a domiciliary midwifery service for consideration by the Minister of Health under the National Health Service Act of 1946. The scheme formulated was one in which it was suggested that the service would be undertaken throughout the administrative area by whole time midwives employed directly by the County Council and grouped within each of the thirty-one divisions administering the preventive health services and that no arrangements be made with voluntary organisations or other bodies for the employment of midwives; for full operation this scheme will require 310 midwives.

(i) **Midwives**—Of the 513 midwives notifying their intention to practise, 386 were engaged in domiciliary midwifery and the number of cases which they attended was:—

	As midwives	As maternity nurses	Total
County Council Midwives	11,946	1,234	13,180
Voluntary Associations Midwives	3,364	1,067	4,431
Private Midwives	167	42	209
Totals ...	15,477	2,343	17,820

(ii) **Supervision of Midwives**—The supervision of midwives is carried out by two non-medical supervisors under the immediate direction of a Senior Assistant County Medical Officer for Maternity and Child Welfare. Its chief aim is educative, the supervisor being responsible for maintaining the highest standard of efficiency by imparting to the midwife up to date knowledge and modern trends in relation to midwifery. During the year routine visits were made by the supervisors, 683 to lying-in patients, 42 to ante-natal cases and 28 to cases in labour. In addition, enquiries were made in respect of 18 cases of puerperal pyrexia and 14 cases of pemphigus neonatorum.

(iii) **Midwives Fees in Necessitous Cases**—654 applications have been received for financial assistance in the payment of the midwife's fee and 14 in respect of the maternity nurse's fee, and these were dealt with as shown below:—

	Whole time Service		Part time Service		Totals
	Cases attended as:—		Cases attended as:—		
	Midwives	Mat. Nurses	Midwives	Mat. Nurses	
Applications approved	510	13	35	1	559
Applications refused	97	—	12	—	109
	607	13	47	1	668
Amount of Fees paid or remitted	£514 0 0	£7 0 0	£35 10 0	10s. 0	£557 0 0

A sum of 15s. 0d. is paid to an independent midwife or to a Nursing Association employing a midwife for each booked patient sent into hospital for confinement by the medical officer to an ante-natal clinic or a medical practitioner. During 1947 a sum of £22 10s. 0d. was paid to independent midwives and District Nursing Associations in compensation for 30 cases so transferred.

(iv) **Gas and Air Analgesia**—At the end of the year 167 midwives were qualified to administer Gas and Air Analgesia to women in labour, and during the year 445 women had this analgesia administered.

(v) **Complicated Midwifery**—*(a)* The following table summarises the records received from midwives during 1947:—

Records of sending for medical aid	8,467
Deaths of *(a)* mothers	7
(b) child	211
Still-births	274
Laying out the dead	56
Liability to be a source of infection	156
Substitution of artificial feeding	512

(b) The 156 cases of liability to be a source of infection are classified as follows:—

Puerperal Pyrexia	91
Pemphigus and other skin diseases	35
Mastitis	7
Scarlet Fever	9
Erysipelas	2
Other diseases	12

(c) Medical Aid Notices—The following table is a summary of the 8,467 medical aid notices issued by midwives during the year:—

Pregnancy

Abdominal pain	14	Hyperemesis	15	Twin Presentation	4
Ante-natal examination	5	Heart Condition	8	Transverse Presentation	9
Anaemia and Debility	69	High Blood Pressure	67	Breech Presentation	20
Abortion	316	Hydramnios	6	Malpresentation	23
Threatened Abortion	216	Haemorrhoids	6	Rash	7
Albuminuria	156	Kidney Conditions	31	Varicose Veins	22
Ante-partum Haemorrhage	227	Post-maturity	13	Placenta Praevia	8
Chest Condition	24	Purulent Discharge	19	Rhesus Negative	4
Disproportion and Contracted Pelvis	52	Prolapsed Uterus	2	Acute Yellow Atrophy	1
Eclampsia	5	Oedema	85		
		Toxaemia and Pyrexia	74		

Labour

Adherent or Retained Placenta and Membrane	213	Malpresentation	29	Uterine Inertia	114
Collapse and Cardiac Condition	41	Placenta Praevia	5	Rigidity of Soft Parts	7
Breech Presentation	201	Eclampsia	11	Foetal Distress	37
Face Presentation	24	Disproportion and Contracted Pelvis	57	Maternal Distress	49
Funis Presentation	21	Premature Labour	76	Multiple pregnancy	13
Hand or Arm Presentation	8	Precipitate Labour	88	Post-partum Haemorrhage	187
Foot or Knee Presentation	18	Prolonged Labour	1,148	Labial and Vaginal Tears	10
Transverse Presentation	14	Obstructed Labour	44	Ruptured perineum	2,737
				Prolapsed Uterus	2

Lying-in

Anaemia and Debility	118	Phlebitis	91	Abscess	3
Cardiac Condition	16	Pyrexia	166	Bartholin Abscess	2
Chest Condition	50	Rash	6	Prolapsed Uterus	1
Eclampsia	4	Secondary post-partum Haemorrhage	9	Appendicitis	2
Kidney Conditions	11	Sub-involution	33	Embolism	1
Mastitis	112	Enteritis	2		
Mental Condition	2				

The Child

Asphyxia	84	Spina Bifida	24	Twins	6
Convulsions	17	Chest Condition	39	Unsatisfactory Umbilicus	7
Cyanosis	26	Icterus	56	Death of Infant	12
Birth Injuries	5	Maelena neonaturum	31	Vomiting and Enteritis	21
Dangerous Feebleness	229	Phimosis	41	Heart Condition	3
Anencephalic	3	Prematurity	200	Naevus	8
Cephalhaematoma	4	Pemphigus	17	Discharge from Eyes	228
Hare Lip and Cleft Palate	21	Rash or Abscess	71	Hernia	4
Various Malformations	47	Still Births	27	Burns	1
Talipes	23	Tongue Tie	17		

(d) Puerperal Pyrexia—During the year 60 notifications of puerperal pyrexia were received for the County Maternity and Child Welfare Area, and 33 from other Welfare Areas, a total of 93 for the whole Administrative County. Of the 60 cases notified in the County Maternity and Child Welfare Area, 38 were confinements at home and home nursing was provided for 13 of these, and 25 cases were removed to hospital. The remaining 22 cases notified were in connection with institutional confinements and all were treated in 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 shews 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 Administrative County area:—

	Number of admissions from			Number of Confinements		
	County M. & C.W. Area	Other Welfare Authorities	Total	West Riding Patients	Patients of Other Welfare Authorities	Total
1. County Maternity Homes ...	2,548	585	3,133	2,351	526	2,877
2. County General Hospitals ...	780	1,123	1,903	624	833	1,457
3. County Welfare Institutions	178	284	462	178	284	462
4. Municipal and Voluntary Hospitals	4,815	1,009	5,824	4,406	882	5,288
5. Private Nursing Homes ...	394	1,030	1,424	394	1,030	1,424
6. Homes belonging to other Welfare Authorities ...	—	2,196	2,196	—	2,143	2,143
	8,715	6,227	14,942	7,953	5,698	13,651
Deduct County Borough Patients admitted to County Council Homes and Private Nursing Homes	—	—	294	—	—	294
Total Administrative County ...	—	—	14,648	—	—	13,357
Percentage of total births:—			43.6			39.7

	Admissions			Confinements		
	West Riding Patients	Other Welfare Authorities	Total	West Riding Patients	Patients of Other Welfare Authorities	Total
1. *County Maternity Homes*						
Hallamshire	613	—	613	561	—	561
Listerdale	563	—	563	522	—	522
Crossley (Mirfield)	31	94	125	31	81	112
Hazlewood	675	37	712	605	35	640
Langroyd Hall	238	37	275	232	37	269
Walton Hall	365	235	600	340	203	543
Stockeld Park	63	182	245	60	170	230
	2,548	585	3,133	2,351	526	2,877
2. *County General Hospitals*						
Otley	228	—	228	221	—	221
Staincliffe	159	737	896	128	559	687
Wakefield	393	386	779	275	274	549
	780	1,123	1,903	624	833	1,457
3. *County Welfare Institutions*						
Goole	1	—	1	1	—	1
Keighley	139	284	423	139	284	423
Pontefract	38	—	38	38	—	38
	178	284	462	178	284	462
4. **Municipal and Voluntary Hospitals*	4,815	1,009	5,824	4,406	882	5,288
5. *Private Nursing Homes* ...	394	1,030	1,424	394	1,030	1,424
6. Homes administered by other Welfare Authorities ...	—	2,196	2,196	—	2,143	2,143

* Included under the heading Municipal and 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 continue to admit cases to County Hospitals and Maternity Homes are:—Leeds County Borough, Harrogate Municipal Borough, Pontefract Borough, Rothwell Urban District, Hemsworth Rural District.

The average weekly cost per patient during the year ended 31st March, 1947, of the County Maternity Homes was:—Listerdale, 151s. 3d., Hallamshire, 135s. 5d., Langroyd Hall, 148s. 6d., Hazlewood, 155s. 6d., Stockeld Park, 125s. 3d., and Walton Hall, 127s. 4d.

Very little progress was made during the year for the adaptation of Sandygate House, Wath-upon-Dearne, as a maternity home for 19 beds, although tenders were accepted in 1946. During the year it was agreed that the Skipton Isolation Hospital be transferred to the County Council for use as a maternity unit, and at the end of the year tenders had been accepted for its adaptation to accommodate 20 beds.

Dental Treatment of Expectant and Nursing Mothers

The present scheme of Dental Treatment covers expectant and nursing mothers attending Child Welfare Centres and Ante-Natal Clinics, who are not eligible for dental treatment from any other source; such treatment must be certified to be necessary by the Medical Officer of the Child Welfare Centre or Ante-Natal Clinic. Treatment is similarly provided in special cases when recommended by the patient's private medical attendant. Dentures can be provided. Dental Clinics have been established in many parts of the County; they do not prevent patients from obtaining treatment from a dentist of their choice. When the clinics are used there has been a saving to the County Council of at least one third of the total cost charged by private dentists. The cost to the patient for treatment carried out under this scheme is assessed on the same scale as in cases where treatment has been completed by a private dentist, but in necessitous cases the whole or part cost is paid by the County Council according to a scale of payments. During 1947, 165 patients were dealt with under the County Maternity and Child Welfare Scheme, 117 by private dentists and 48 by County dentists. For the future, until the whole of the County area is covered by the establishment of permanent dental clinics, the present system of referring cases, residing in areas not so covered, to private practitioners will have to be continued. On the question of payment we cannot yet say where the responsibility will lie between the Local Health Authority and the Executive Council but this need not affect the working of the scheme. For prosthetic work the Central Dental Laboratory will continue to function and can serve at least all the present County Clinics.

PART V

CHILD WELFARE

The Councils of the following County Districts were autonomous authorities for maternity and child welfare:—

Municipal 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.

Infant Welfare Centres

136 Infant Welfare Centres were open in the County Maternity and Child Welfare area (135 rate-aided and 1 voluntary). 119 Medical Officers attended at Infant Welfare and Ante-natal Clinics, 22 whole-time Assistant County Medical staff (8 men and 14 women), 76 general medical practitioners (56 men and 20 women) and 21 non-practising (all women). The total attendances at Infant Welfare Centres was 295,884; 13,040 children under one made 200,552 attendances, and 18,302 over one year made 95,332 attendances. As compared with 1946 the total numbers of attendances shew an increase of 4,480. The number of children attending under one year increased by 287 and the attendances increased accordingly by 16,066 but in the 1-5 age group, the numbers of children attending decreased by 970, with a consequent reduction in attendances of 11,586. Health Visitors made 174,233 home visits, 10,406 to expectant mothers, 89,809 to infants under one year (21,159 first visits) and 74,018 to infants over one year.

Arrangements have been made with the Hemsworth Rural District Council, and the East Riding, North Riding and Nottinghamshire County Councils for expectant mothers from their areas to attend the County Council Ante-natal Clinics at Cudworth, Selby, Ripon and Bawtry respectively at an agreed charge of 6/- for first examination of an expectant mother and 2/6 for each subsequent attendance.

Additional sessions were arranged at the Askern, Boroughbridge, Glusburn, Horbury, Hoyland, Kippax, Kirkburton, Settle and Woodlands Centres. Higher rents were approved in respect of the following centres:—Dodworth, Grassington, Honley, Pateley Bridge, Snaith, Stainforth, Stanley, Woodlands and Worsborough Bridge. Internal decorations were carried out during the year at the Bawtry, Hemsworth, Knaresborough, Knottingley, Mexborough, and Middlestown Centres. Transfer of Clinics to more commodious premises were made at Gawber (Darton U.D.), Kirk Sandall, and Rossington (Doncaster R.D.) and Tadcaster (Tadcaster R.D.) Telephones were installed at the Knaresborough, Mexborough and Normanton Clinics. The site of the Dalton Clinic hutment containing an area of 2,485 square yards or thereabouts was leased to the County Council from the 24th June, 1947 for a period of 21 years at a rent of £10 per annum, including a right of way from the main gate to the hutment. The site of the Featherstone Clinic hutment, containing an area of 3,802 square yards was purchased from the Featherstone Urban District Council at a price of £570. Adaptations were carried out at the Clinic Hut (formerly War Time Nursery) situate in Albert Street, Featherstone to provide tubular heating and an extension of the perambulator shelter, and at the Maltby Clinic Hut (formerly War Time Nursery) to provide better sanitary accommodation.

In November, 1947, a request was received from the Officer commanding the R.A.F. Station, Lindholme (Thorne R.D.) for the establishment of a Child Welfare Centre and Ante-natal Clinic. The R.A.F. Authorities offered to place a hut at our disposal free of cost, subject to the County Council being responsible for the heating, lighting and cleaning thereof. It was agreed to go forward with the establishment of a Centre at this R.A.F. Station and the Centre is in process of being equipped. Notice having been received from the owner of Prospect House, Swinefleet, (Goole R.D.) to terminate our tenancy, the Centre thereat was closed on the 30th September, 1947. A Clinic will be re-established in this area as soon as convenient accommodation can be obtained. A grant of £15 4s. 5d. was made to the Bentham Voluntary Infant Welfare Committee, being their deficit on the year's working for the year ended 31st March, 1947.

Transport has been provided for an experimental period for mothers and children in certain outlying districts to attend the Centres at Bawtry, Dodworth, Glusburn, Hebden Bridge, Rawdon, Stannington and Settle. A nominal charge of 6d. per journey is made to the mothers. Owing to the small number of mothers availing themselves of this provision, the service to the Bawtry, Dodworth and Settle Centres was suspended.

Multiple Clinics

A multiple clinic, adapted in premises at the County Institution in Tadcaster at a cost of £3,600, was made ready for occupation in November, 1947. Very little progress was made with regard to the adaptations at Alma House, Ripon, but towards the end of the year the Ministry of Health submitted an alternative scheme embodying certain amendments. The amended scheme is estimated to cost £3,530.

Care of Children

Child Life Protection—102 Health Visitors are appointed as child life protection officers. Visits are made pediodically and, in cases where the Health Visitor 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 the Superintendent Health Visitor or Area Superintendent Health Visitors. There were 31 foster mothers, with 34 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 (i)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 25 children at the end of the year (16 were received during the year); 6 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), not exempted from inspection, with 75 children at the end of the year (51 were received during the year). The number of children covered by child life protection laws was thus 169, including 78 received during the year. None died and no inquests were held. In April, 1947, Dr. Barnardo's Home, Sawley Hall, Ripon, was closed.

Adoption of Children (Regulation) Act, 1939—Eighteen persons gave notice under Section 7(3) of the Adoption of Children (Regulation) Act, 1939, of their intention to adopt a child (totalling 19 children). At the end of the year 12 children were under supervision; one child died but no inquest was held, nor were any proceedings taken during the year.

Illegitimate Children—In October, 1943, the Minister of Health in Circular No. 2866 called the attention of Welfare Authorities to the special problems in regard to illegitimate children and the lines on which some of these could be solved. The infant mortality rate among illegitimate infants is considerably higher than among legitimate infants as will be seen from the figures on page 12. At present arrangements are made for unmarried mothers and their babies to receive care, usually through religious societies, namely, Church of England, Catholic, Salvation Army, and others. The following homes in Yorkshire deal with this type of case:—"St. Margaret's" Home, (R.C.), Headingley, Leeds; "St. Katherine's" Hostel, 10, Kings Mill Lane, Huddersfield; "St. Monica's" Home, 11, Belle Vue, Bradford; The Haven, 1, Linden Terrace, Pontefract; "Claremont," Ripon; "St. Agatha's," 22, Broom-Grove Road, Sheffield; St. Margaret's Hostel, 8, Balmoral Place, Halifax; "St. Monica's," 35, Regent Parade, Harrogate; Salvation Army Home, Mount Cross, Broad Lane, Bramley, Nr. Leeds; and Heworth Moor House, Heworth Green, York. The work of these organisations is admirable and will I hope continue. In supplement of this work I hope we shall soon inaugurate a scheme to cover all illegitimate births from the earliest stages of pregnancy up to such a time as the mother is re-established in the community, with her baby under proper care.

The County Council accept financial responsibility for unmarried mothers admitted to Moral Welfare Homes throughout the County Area subject to the following conditions:—(1) That the circumstances of the case make it absolutely necessary for the patient to be admitted to a Moral Welfare Home; (2) that the patient resides in the County Area; (3) that the duration of stay is no longer than two months (including two weeks in the Maternity Home); (4) that payment be made on the ascertained maintenance costs.

Premature Babies—Much interest continues in the care and provision for premature infants outlined in Circular 20/44 of the Ministry of Health, which drew the attention of Welfare Authorities to the need for improved facilities for the care of such infants, both in hospital and in the home. The County Council adopted the suggestion made in this Circular of providing in the birth card a space for the weight at birth when 5½-lbs. or less.

The County scheme makes provision for the issue of special equipment for the smaller babies which remain at home, for the services of a paediatrician in case of need, and of a domestic help; a special ambulance is available to transport babies to hospital. By arrangement with the Birmingham Corporation, two Health Visitors, or Midwives, have been sent on four-weekly courses to the Sorrento Maternity Home, Birmingham, the object being to have at least one nurse who has received this premature baby training for each of the 31 Public Health Divisions who will be available to give advice, whenever necessary, in the homes.

The table below shows the fate of premature babies born in the Administrative County in 1947:—

Total unadjusted live births, 25,028. Number of live premature births, 1,078. Number born dead, 165. Percentage to total live births, 4.3.

Weight group lbs.	Number of premature births		Number dying (days of survival)									Number surviving	Perc'tage survival
			First week							Second week	Over 14 up to 28 days		
	Born alive	Born dead	1	2	3	4	5	6	7				
5—5½	549	51	10	1	4	3	2	1	1	8	3	516	94.0
4½—5	181	19	6	3	5	—	1	—	—	6	4	156	86.2
4—4½	134	33	12	8	4	2	1	1	1	5	6	94	70.1
3½—4	81	15	16	8	2	2	1	1	2	2	3	44	54.3
3—3½	54	23	13	9	4	2	—	2	—	3	1	20	37.0
2½—3	31	9	14	4	2	—	—	1	—	2	4	4	12.9
2—2½	31	12	19	5	1	1	—	—	—	1	—	4	12.9
1½—2	13	2	12	1	—	—	—	—	—	—	—	—	—
1—1½	4	1	3	—	—	—	—	—	—	—	—	1	25.0
	1,078	165	105	39	22	10	5	6	4	27	21	839	77.8

The Public Health (Ophthalmia Neonatorum) Regulations 1926-1937

No. of cases in whole of Administrative County—84.

Details of Cases in County Maternity and Child Welfare Area:—

Cases.			Vision Unimpaired	Vision Impaired	Total blindness	Removed from Area	Died	Still under treatment at end of year
Notified	Treated							
	At home	At hospital						
52	37	15	49	—	—	—	2	1

Health Visiting

The County Council has a health visiting service with a Superintendent health visitor and three assistants. There are 164 health visitors against an approved establishment of 321. This latter figure takes into account the requirements for the whole of the Administrative County Area, when the functions under the National Health Service Act are transferred to the County Council. These health visitors also undertake the duties of school nursing. 31 health visitors have cars. A Revision Course of one week (the seventh since the first held in 1928) was held in the County Council's Training College for Teachers at Bingley. The numbers in residence averaged 140, and, in addition, nurses residing in nearby towns attended the full course of lectures. The Course, which is an extensive one, is also open to Public Health Nurses employed by other Authorities. The lectures cover a wide field of public health matters, and eminent lecturers specialising in their own particular subject are obtained. The County Council has approved a scheme for training suitably qualified nurses in health visiting at the Leeds University. The arrangement is to train 60 annually. In this first year 30 nurses have been entered for training. 5 health visitors were also trained in conjunction with the County of Durham Board, and 6 fully-trained nurses are being trained under the scheme of the Hull Corporation. A loan of one-half of the commencing salary under the Rushcliffe Scale for health visitors is made to students during the six months' course of training, such loan to be cancelled on the completion of twelve months' service as a fully-trained health visitor with the County Council. Student health visitors are required to enter into an Agreement to repay the loan specified above, with prescribed interest upon such terms and conditions as may be approved by the Clerk of the County Council. After qualification, health visitors when appointed to the staff are paid a commencing salary in accordance with the Rushcliffe Scale.

Despite all these arrangements for training, the shortage of health visitors in the West Riding is great and will continue to be for some years. The existing health visitor has a case load far above the number which can be dealt with satisfactorily. In addition to this, extra clinic sessions are needed and there is an inadequate nursing staff to run them. There is also the relief for sickness and holidays which makes the position worse especially as there is less than half of the authorised establishment of health visitors employed. The average amount of time a health visitor spends on the district at the present time is a little over half a day each week. This position is most unsatisfactory, as much real teaching and help is done in the homes. The time spent in

schools is also much less than it should be. In order to give the health visitor more time to work on the district, and so pull up the large arrears of work, and also time to improve the clinics, a scheme has been adopted whereby assistance is given both in schools, infant welfare centres, ante-natal clinics, sunlight clinics, immunisation and school clinics by the employment of state registered nurses to work as school nurses and of assistant or auxiliary nurses as assistants in infant welfare clinics, immunisation clinics, etc. Married state registered nurses who wish to work part-time or full-time in a daytime post to assist the health visitor in minor ailment clinics, immunisation clinics, cleanliness inspections in schools, sunlight clinics, and weighing at Infant Welfare Sessions (thus relieving health visitors to give talks and advice to the mothers) can be of real value and other state registered nurses can be employed if proceeding as Students under the Training Scheme. Assistant or auxiliary nurses can also be of value in the following clinics:—Immunisation, Minor Ailments, Infant Welfare and Ante-Natal and could help in schools with general visiting, head inspections and eye testing. Each Assistant or auxiliary would be attached to a health visitor and be responsible directly to her.

Day and Residential Nurseries

Children 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. The charge for the maintenance of children in Day Nurseries is 1/- 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 received special consideration. The charge for the purpose of recovery from liable relatives in County Residential Nurseries was fixed at the rate of 5/- per day subject to assessment in accordance with the County Council's scheme.

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In December, 1947, the Committee considered their general policy with regard to Day Nursery provision on both health and industrial grounds and, as a matter of general principle, the County Council were prepared to establish Day Nurseries on both health and industrial grounds in areas where it was proved that the need existed, provided that admissions were made through the Divisional Medical Officer or Matron of the Nursery, and that first priority was given to admissions on health grounds and secondly to cases where the mothers were employed in industry contributing to the national emergency. In February, 1947, Miss Hilda Brooks, one of the County Council's Health Visitors was appointed Supervisor of Day and Residential Nurseries.

Day Nurseries—The following table gives particulars of Day Nurseries operating in the County Maternity and Child Welfare area during 1947.

Day Nurseries—Attendance Figures, 1947.

Nursery	Date of Opening	Number of Places	Average Attendance	
			1946	1947
Baildon, Nether Hall	23.8.43	35	20.95	34.7
Guiseley, Oxford Road	3.3.43	35	27.33	23.68
Hebden Bridge, Feast Ground	16.11.42	35	24.75	25.15
Horsforth, Sunnybank Avenue	12.10.42	35	20.89	23.62
Otley, The Licks, Cattle Market	12.10.42	35	28.52	32.40
Sowerby Bridge, Beech Recreation Ground	20.12.43	42	40.51	42.33
Yeadon, Whackhouse Lane	23.8.43	35	29.39	29.20

The nursery at Baildon was closed on the 3rd May, 1947, and the premises were de-requisitioned on that date. Arrangements were made to re-open the Day Nursery at Earby. The hutment at the Modern School, Guiseley, used as a Day Nursery was purchased from the Ministry of Works for the sum of £700. The hutment erected on the Fair Ground, Hebden Bridge, has been rented from the Ministry of Works. The site of the hutment at The Licks, Otley, has been leased for a period of 3½ years with an option to renew for a further period of 3 years at a rent of 1/- per annum. To provide security of tenure of the site of the nursery hutment at the Beech Road Recreation Ground, Sowerby Bridge, an agreement was entered into for the use of the land for 3 years from 1st April, 1947, the agreement therafter being terminable by either side on six months' notice.

Residential Nurseries—Short-stay Residential Nurseries are in course of adaptation from private dwellings at Skellow Hall, near Doncaster (36 places) and Leadhall Grange, near Harrogate (20 places). A third property, Wheatley Lawns, Ilkley, was acquired by the County Welfare Department and is in use for long-stay cases.

Training of Nursery Nurses—The arrangements for the training of nursery students for the National Nursery Examination Board Certificate, outlined by the County Education Officer and the County Medical Officer in reports to their respective Committees, were not fully operative during 1947, owing to delays in the acquisition of hostel accommodation. Our present difficulty is that the field of recruitment is largely in the southern part of the County while the day nurseries are in the north. Since training in day nurseries with children of the 0-2 age group is an essential part of the course the situation can only be met by the provision of hostel accommodation, close to the nurseries. This policy has been initiated by the acquisition of the "One Oak," Ilkley, and its adaptation into a hostel providing accommodation for some 15 students.

PART VI

PREVENTION AND TREATMENT OF TUBERCULOSIS

A Century of Progress

On the 5th July, 1948, some part of the responsibility for the fight against Tuberculosis was transferred from the County Councils to the Regional Hospital Boards. This gives point to a brief survey of what has already been accomplished over the past century compiled from records maintained by successive County Medical Officers. In 1851 the death rate from phthisis in the West Riding was 2.5 per thousand living. This rate rose sharply to 3.4 in 1853 and had receded to 3.0 in 1855, in which year the statistic veiled the passing of Charlotte Bronte. At that time the cause of tuberculosis was not known and the opinion was generally held that it was a hereditary disease and little could be done to combat its ravages. Improvement in sanitary conditions generally, resulted in a gradual decline in the death rate during the next 20 years before the Public Health Act, 1875; throughout that period the West Riding figures were in excess of those for England and Wales as a whole.

A new outlook on the disease began with the discovery of the tubercle bacillus by Koch in 1888; the disease was now clearly shown to be transmissible by infection. At that time the death rate from phthisis in the West Riding was 1.8 per thousand, but it was not for a further 10 years that the significance of Koch's work was appreciated when, in 1898, it was reported "The West Riding Sanitary Committee has promptly associated itself with the work which has been placed at the door of all Sanitary Authorities by the recent development of our knowledge, as to the causes and prevention of consumption." In 1900 The British Congress on Tuberculosis was held in London; this threw into relief the need for Local Authorities to establish sanatoria for the isolation and treatment of tuberculous patients, who were not able to meet the prohibitive cost of treatment in the few private sanatorium beds then available. The succeeding 10 years must be regarded as a period of frustration during which recommendations were made, resolutions passed, and sites inspected all with a view to providing a County Sanatorium, but nothing was accomplished until it became evident that the problem was one requiring legislation on a national scale. Let me quote from the County Medical Officer's annual report for 1910 to the newly constituted Public Health and Housing Committee.

> "The revived consideration of the project for a County Sanatorium took up much time during the year . . . The Committee put forward a definite scheme for . . . . a Sanatorium comprising 100 beds . . . . estimated at £16,000 . . . Many of them (Sanitary Authorities) who were formerly in favour of a a County Sanatorium had changed their views . . . . The whole outlook has recently been changed by the important proposals regarding Sanatoria which are contained in the National Insurance Bill now before Parliament."

In the course of this decade, abortive in regard to the provision of sanatoria, much effective field work was done in the sphere of educating the public on preventive measures agaist infection. In 1909 also, the County Medical Officer recommended to the Sanitary Districts the adoption of voluntary notification of the disease, a move viewed with some measure of suspicion. As from January in that year however the Public Health (Tuberculosis) Regulations required notification of the disease occurring amongst persons under the care of the Poor Law Medical Officers. The advocates of compulsory notification were rewarded by a succession of Regulations, finally consolidated in those of December, 1912, which required the notification of all forms of the disease occurring in all classes of the community. The reward of the County Council in this period was shown in the comparative vital statistics, where the death from phthisis in the West Riding had become reduced to a figure lower than that for England and Wales as a whole.

The second major step, and the foundation stone of the existing Tuberculosis Service was the passing of the National Health Insurance Act, 1911, in which year the phthisis death rate for the West Riding was 0.9 per 1,000. Under the provisions of this Act the Local Insurance Committee contracted with the County Council for the provision of sanatorium accommodation, dispensaries and open-air shelters. The contract provided only for persons insured under the Act and their dependants but the County Council determined that the facilities provided should be made available to all. For dispensary purposes the County was divided into 10 areas under the care of a District Tuberculosis Officer and the first Dispensary was opened at Wakefield in February, 1913. The site for the present Middleton Sanatorium was purchased in 1914 and soon afterwards temporary accommodation in four West Riding Institutions had been utilised for sanatorium purposes as follows:—50 beds in Cardigan Sanatorium, near Wakefield; 40 beds in Morton Banks Sanatorium, near Keighley; 20 beds in Balby Sanatorium, near Doncaster; 10 beds in Brierley Sanatorium, near Hemsworth.

The Annual Report for 1913 recorded the results of treatment of 436 patients who had then received sanatorium treatment. By improvisation and the application of much energy the County Council had rapidly implemented the provisions of the Insurance Act and it seemed that the way was now clear for a planned development of the service. But while the scheme was yet in its

infancy it was overwhelmed by a greater catastrophe in the first World War. A depleted staff struggled to maintain the service and faced also a deluge of ex-servicemen discharged from H.M. Forces with tuberculosis, a feature contributed to in no little degree by patients who in ignorance had volunteered for military service and had thereby fostered the spread of the disease amongst their colleagues in arms. It was during this period that the first block of 100 beds at Middleton Sanatorium was opened, on 10th November, 1915, at a ceremony performed by County Alderman T. Benson P. Ford.

The immediate post-war problem was to revive the service which had been created. This was further necessitated by limitations of local authority expenditure which precluded any proposals for development. The West Riding death rate from phthisis 0.7 per 1,000 in 1914 had risen to 1.1 per 1,000 in 1918 but by 1921 the pre-war figure of 0.7 per 1,000 had been recovered. 1921 was the year in which the responsibility for sanatorium treatment was transferred from the Insurance Committees to the County Council, under the provisions of the Public Health (Tuberculosis) Act, 1921. This major change resulted in the concentration of effort in the hands of one single authority, the County Council. It did not, however, give rise to any startling changes but was the beginning of a period of consolidation. Emphasis was directed to the need of a further sanatorium of 300 beds for women and children, a project which achieved only partial fulfilment 15 years later in the opening of Scotton Banks Sanatorium. The X-ray department, for diagnostic and treatment purposes, was opened at Middleton in 1923 and the total accommodation of 300 beds at this sanatorium was completed in 1925. The less dramatic aspects of the service were reviewed resulting in a growth in the after-care and ancillary services, in the work of publicity and in the establishment of liaison with the Poor Law Institutions. Research was carried out into the after histories of patients who had undergone sanatorium treatment. The year 1925 was marked by the issue by the Ministry of Health of Memorandum 37/T the object of which was to obtain uniform facts of the work of the Tuberculosis Service and to assess the value of the work done throughout the country. In that year also, the use of X-ray examination in the Dispensary Service is first recorded (total examinations—144), arrangements having been made for patients to attend general hospitals and private clinics where such facilities were then available.

A revision of the work done during the preceding years resulted in a special report submitted to the Public Health and Housing Committee in 1930 and reprinted in the Annual Report of that year. A comprehensive review of sanatorium treatment has revealed defects in the organisation of the dispensary service where each District Tuberculosis Officer was working in an isolated area with little or no contact with the work of his colleagues and with the result that the standards of work varied appreciably. Attention was also directed to the paramount need of a full X-ray service for diagnostic purposes and as an aid in the selection of patients for sanatorium treatment. The main recommendations of the report, which were accepted, were that instead of the existing 10 isolated areas the County should be re-divided into 5 areas, each to be under the direction of a senior medical officer, the Consultant Tuberculosis Officer, who would have Assistant Tuberculosis Officers (10 in all) to assist with the clinical work. The areas would each be focused on a Central Dispensary where clerical assistance would be available, and in each area there would be one or more Dispensary X-ray units. The two large rural areas in the north were to have X-ray services at Middleton and Scotton Banks Sanatoria, the Medical Superintendents of which were to be the respective Consultant Tuberculosis Officers. The work of implementing these proposals proceeded rapidly and evaded the general retrogression which followed with the crisis of 1931. With minor modifications in the area boundaries the revised scheme of 1931 is that in operation today. With a dispensary service revitalised the next stage was to apply similar scrutiny of sanatorium accommodation. From the few beds provided in 1912 there were at the end of 1931 a total of 961 beds available for West Riding patients, of which number 459 were provided in the County Sanatoria at Middleton, Cardigan, Eldwick, Mitchell Memorial Home and Crookhill, while the remainder were rented from various authorities. Much of this accommodation had become unsatisfactory as a result of the advances in treatment, and indeed in standards of patient accommodation generally. It was intended that such accommodation should be relinquished when the proposed Sanatorium for women and children was opened at Scotton Banks, Knaresborough. In this general survey of the service, reference to the many aspects of the treatment of the tuberculous patient has been avoided but a feature of major importance should not pass without comment. In 1932 the County Council approved of major thoracic surgery being undertaken as part of the Tuberculosis Service and the first cases were operated upon by Mr. P. J. Moir, F.R.C.S., who still visits Middleton and Scotton Banks Sanatoria as Consultant Thoracic Surgeon, although with a vastly increased amount of work. In 1931 he performed 21 such operations as compared with 101 at Middleton alone in 1947. In 1937 the much heralded Scotton Banks Sanatorium was opened although the original plans had been sadly mutilated. Following the financial crisis of 1931 the accommodation had been reduced from 300 to 200 beds and the work had been reduced to bare essentials. The faults of such austerity have not yet been fully rectified. Nevertheless it became possible to release some of the less desirable accommodation including the Eldwick Sanatorium, provided by the County Council for children. At the same time the diminishing demand for accommodation for men, coupled with the lack of adequate facilities for treatment resulted in the closure of the Mitchell Memorial Home.

We enter now into the final phase. With the shadow of impending war the Chief Tuberculosis Officer had to forsake his normal role of tuberculosis administration and to devote his energies to the preparation of the Medical Services of Civil Defence, necessitating a survey of the whole

of the hospital accommodation in the County, the siting, planning and staffing of First Aid Posts and the like. With the advent of September, 1939, further disruption was caused by depletions of all grades of staff and by the temporary evacuation of the two main sanatoria which were merged into the Emergency Hospitals Service of the Ministry of Health. At each of these two sanatoria new hutments were erected providing accommodation for 288 patients and the necessary ancillary services. Large scale casualties were avoided and it soon became possible to resume the use of the beds for tuberculous patients. The Emergency Medical Service did have one important effect on problems of accommodation. The Leeds authorities had to release sanatorium beds and in consequence the County Council came to their assistance by providing 100 beds for Leeds patients, 50 at Middleton and 50 at Scotton Banks. The Service Departments made their demands on the staff, resulting in the closure of beds, and new staff were not forthcoming. This was repeated throughout the service, and throughout the country, and in consequence the supply of sanatorium beds never approached the demand. We have not yet recovered from the effects of this phase. War-time conditions provide an ideal media for the spread of tuberculosis infection, yet an outstanding feature of the late war was the remarkably low increase in mortality figures, and the comparatively small number of tuberculous patients referred from service in H.M. Forces. The former is believed to be due to the combined effect of a sound Tuberculosis Service added to the measures introduced by the Government in 1943 when Mass Radiography was sponsored for the examination of concentrated groups of the population, and Maintenance Allowances were introduced. The reduced proportion of ex-servicemen was undoubtedly due to a more effective medical examination of recruits prior to entry into H.M. Services. The impact of these changes, the rationing and priority schemes and the changing character of the work of the dispensaries, as indicated in the Annual Report for 1946, have all added to the burden of the Dispensary Service which should now be reviewed and augmented. Changes in treatment, in standards of staffing and in the terms and conditions of service of staff have also necessitated a complete review of the County Sanatoria. Both these problems must now be left to the future.

We have made considerable progress and find some pleasure in the knowledge that we have been in advance of the country as a whole since the time when it was realised that the disease was preventable. There remains room for further progress before we can give the final rejoinder to the challenge implicit in the question posed by the late King Edward VII, when Prince of Wales—"If tuberculosis is preventable why is it not prevented?"

Notifications of Cases of Tuberculosis—1,288 cases of respiratory and 400 non-respiratory were notified during the year. These figures exclude duplicate notifications but include supplemental notifications brought to the knowledge of the Medical Officer of Health otherwise than by formal notification, as follows:—

	Age Periods.											Total (all ages)
	0	1	5	10	15	20	25	35	45	55	65	
FORMAL NOTIFICATIONS:—												
Respiratory Males	3	15	18	8	43	110	149	115	98	75	31	665
Respiratory Females	1	11	15	16	80	101	117	48	28	24	13	454
Non-respiratory Males	4	31	48	26	12	8	14	9	3	—	6	161
Non-respiratory Females	2	23	44	32	22	13	20	11	7	4	—	168
												1448
SUPPLEMENTAL NOTIFICATIONS:—												
Respiratory Males	1	—	—	—	2	4	17	19	13	30	22	108
Respiratory Females	1	1	2	—	6	10	18	10	4	6	3	61
Non-respiratory Males	3	8	6	3	—	3	2	3	—	1	3	32
Non-respiratory Females	1	8	4	3	1	6	4	5	—	4	3	39
												240

The sources of information of the supplemental notifications were:—

Local Registrars (75 respiratory, 21 non-respiratory); transferable deaths from the Registrar-General (24 respiratory, 25 non-respiratory); posthumous notifications (15 respiratory, 14 non-respiratory); transfers from other areas (36 respiratory, 10 non-respiratory); other sources (19 respiratory, 1 non-respiratory).

Mortality from Tuberculosis—There were 588 pulmonary and 139 non-pulmonary deaths from tuberculosis. The death rates from tuberculosis in the West Riding Administrative County for 1947 are 0.39 for pulmonary and 0.09 for non-pulmonary conditions, as compared with rates for England and Wales of 0.47 and 0.08 respectively. Last year I was happy to report that the death rates of 0.36 and 0.08 were the lowest ever recorded, but warned that these figures should not be received with complacency. The retrogression of the 1947 rates represents an additional 72 deaths (51 pulmonary and 21 non-pulmonary). It is as yet too early to attach any particular significance to this feature other than to record with regret that with regard to pulmonary tuberculosis we have not yet re-established the pre-war trend towards a reduction in the mortality rates. It may be that we are now meeting the impact of the increased notifications during the war years; it is also certain that the position has been aggravated by the shortage of nursing staff and the consequent diminution of sanatorium beds.

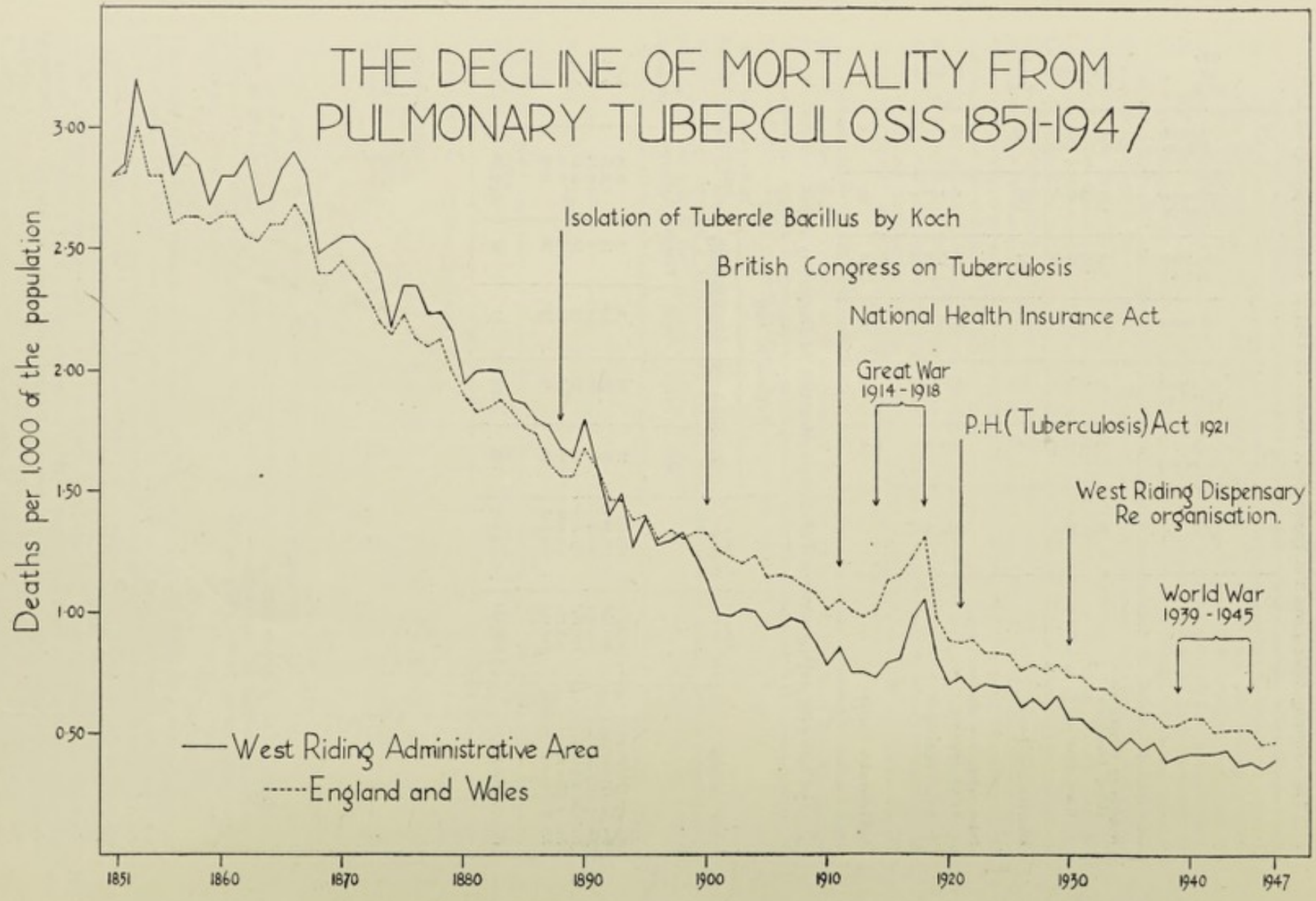
An analysis of the figures again reveals unduly high mortality rates in the Doncaster and Pontefract areas.

The following table gives the Tuberculosis Deaths in 1947 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	2	1	1	104	104	31	243
	F	1	1	4	135	34	7	182
Rural Districts	M	2	—	—	38	43	9	92
	F	—	—	1	60	7	3	71
Administrative County		5	2	6	337	188	50	588
Other tuberculous diseases—								
Urban Districts	M	5	18	14	14	6	3	60
	F	2	9	5	12	8	1	37
Rural Districts	M	3	6	3	6	3	—	21
	F	—	9	5	5	1	1	21
Administrative County		10	42	27	37	18	5	139

The following table compares Tuberculosis Mortality in Dispensary Areas.

	Area in Acres	Estimated Population (mid 1947)	Deaths in 1947				Death rates per 1,000 estimated population	
			Pulmonary		Non-Pulmonary			
			Male	Female	Male	Female	Pulmonary	Non-Pulmonary
No. 1 (Skipton) ...	512,238	152,627	27	28	4	6	0.36	0.07
No. 2 (Harrogate) ...	393,530	161,981	27	20	10	12	0.29	0.14
No. 3 (Doncaster) ...	139,544	206,457	65	56	14	8	0.59	0.11
No. 3a (Pontefract) ...	121,697	179,831	43	38	15	10	0.45	0.14
No. 4 (Barnsley) ...	233,122	457,661	98	57	23	12	0.34	0.08
No. 5 (Sowerby Bridge)	210,698	364,573	75	54	15	10	0.35	0.07
County totals	1,610,829	1,523,130	335	253	81	58	0.39	0.09


THE DECLINE OF MORTALITY FROM PULMONARY TUBERCULOSIS 1851-1947
Deaths per 1,000 of the population
3·00
2·50
2·00
1·50
1·00
0·50
Isolation of Tubercle Bacillus by Koch
British Congress on Tuberculosis
National Health Insurance Act
Great War 1914 - 1918
P.H.(Tuberculosis) Act 1921
West Riding Dispensary Re organisation.
World War 1939 - 1945
West Riding Administrative Area
England and Wales
1851
1860
1870
1880
1890
1900
1910
1920
1930
1940
1947

Diagnosis and Dispensary Service

A list showing the location of the Dispensaries, when Sessions are held thereat and the areas served was given on Page 44 of my Annual Report for 1946.

To bring the series of staff changes up-to-date there has been an overlap into the early months of 1948. Four new Assistant Tuberculosis Officers have been appointed, three to replace the superannuated Officers referred to in the last report and the fourth to fill the vacancy caused by the appointment of Dr. G. Henry as Medical Director of the new Mass Radiography Unit. Dr. Koefoed was transferred from the Wakefield to the Harrogate area and is in turn succeeded by one of the new officers. During the year facilities were granted enabling Dr. Vince and Dr. Mann to undertake post-graduate refresher courses at the County Council's expense at Oxford and Market Drayton respectively.

The Consultant for the Doncaster area has served also as Tuberculosis Officer for the Doncaster Corporation since 1941. This was a war-time arrangement which has been continued in anticipation of impending changes but which imposed an onerous burden on the Consultant. In consequence the Chief Tuberculosis Officer has assumed responsibility for the Pontefract group consisting of the dispensaries at Pontefract, Goole and South Kirkby.

The only material change in premises was the transfer of the Tadcaster Dispensary to more commodious accommodation in the old Welfare Institution which has been converted into a multiple purposes clinic. A number of the dispensaries have been decorated and the work of the remainder is continuing as rapidly as the supply of labour and material permits. An interesting innovation in the Sowerby Bridge Dispensary area has been the establishment of weekly bronchogram sessions, formerly undertaken only at the Sanatoria. An X-ray film is taken after the patients bronchus has been flooded with an opaque liquid. The resultant film clearly portrays the whole of the bronchial tree and any abnormality is clearly indicated. The results of this development have suggested that it would be an additional advantage to have bronchoscopies undertaken more frequently and by a member of the dispensary staff, preferably the Consultant Tuberculosis Officer of the area, who will need to attend a refresher course for that purpose.

The arrangements have continued whereby dispensary facilities were made available to certain East Riding patients; the medical examination of nursing and domestic staff at the Wakefield Municipal Hospital has been undertaken; West Riding Police Candidates, Silicosis cases, and staff candidates have been examined medically and radiologically.

The number of definite cases of tuberculosis on the dispensary register at the beginning of the year was 6,395 (pulmonary 4,391; non-pulmonary 2,004). Additions to the register during the year totalled 1,463 (pulmonary 1,179; non-pulmonary 284) made up of transfers from other local authorities 130, cases lost sight of but who returned 27, new cases diagnosed 1,306. Cases deleted from the register during the year numbered 1,379 (967 pulmonary; 412 non-pulmonary); of these, 436 had recovered, 487 died, 278 had removed to the areas of other Local Authorities, and 178 were deleted for other reasons. The number of definite cases left on the register at the end of the year was 6,479 (4,603 pulmonary; 1,876 non-pulmonary).

In his summary of the work in the Barnsley (No. 4) Dispensary area Dr. Crowther, Consultant Tuberculosis Officer, writes:—"The introduction of the Maintenance Allowances Scheme has not materially affected the number of persons applying for examinations so that it would seem that the extra inducement to leave work and seek advice and treatment was not very marked in its effect and that the total effect in education and propaganda has not brought any larger number of persons to be overhauled." Continuing his report Dr. Crowther draws attention to "One interesting and very encouraging feature of the dispensary effort which emerges is the relative number of contacts examined to the number of patients accepted as suffering from tuberculosis, the proportions to 1 rising from 0.12 in 1919 to 1.1 in 1927 and to 2.0 in 1947." He concludes his report with the following summary of the results of collapse therapy during the year.

78 patients received artificial pneumothorax and three pneumoperitoneum (approximately 1,500 refills were given). In 42 cases the sputum was converted from positive to negative or disappeared. Treatment ceased in 16 cases for the following reasons:—death (in 2 cases), expansion of lung (8), re-admission to sanatorium (2), after 3 years at patient's request (2); 1 case went to Switzerland and 1 was referred for thoracoplasty. Fluid occurred in varying amounts in 10 and adhesiotomy was performed in 35.

In his first report on the work in the Sowerby Bridge (No. 5) Dispensary area the Consultant Tuberculosis Officer, Dr. Mann, writes:—"During the past year 1,065 new and 7,437 old patients were examined in the area and 2,778 X-ray examinations, films or screening, were undertaken. Artificial pneumothorax and pneumoperitoneum refills were given on 781 occasions. The Nursing staff have paid 3,644 visits during the period under review, and have been largely responsible for the excellent case finding and Contact follow-up in the Area. 326 contacts of 305 index cases were, where necessary, Tuberculin tested. This ratio of 1:1.05 compares favourably with similar intensive case finding programmes conducted in other regions of the country. It will be observed that in line with parallel developments throughout England, an ever mounting

number of non-tuberculous chest cases are finding their way to the Dispensaries, and the latter are assuming an increasingly important role as diagnostic chest centres. To enhance the existing diagnostic facilities, Bronchogram Clinics were commenced in April, 1947, by the Medical Staff at the Sowerby Bridge and Shipley Medical Centres. 110 bronchograms have been undertaken during the past 11 months, and this has revealed a considerable number of patients as suffering from minor degrees of segmental or lobar bronchiectasis, who had been previously regarded as cases of "idiopathic lung haemorrhage." Similarly, the diagnostic resources of the Clinics have been supplemented by the greatly extended use of the "Barium Swallow," as a valuable ancillary aid in the diagnosis of such conditions as valvular heart disease, or thoracic tumour—who have been referred for diagnosis by the general practitioners of the Area. The many school children suffering from chronic bronchitis, bronchiectasis, asthma, etc., now have treatment on modern lines by diaphragmatic and general muscle toning exercises.

The work of overhauling the dispensary X-ray units was completed during the year, and all six are now in a satisfactory condition. There has been no progress in the proposed modernisation of the dark room and processing equipment, which still leave much to be desired. A preliminary survey has indicated that this work will involve some considerable alteration in the layout of the dispensaries and must now be left to the future authorities. In addition to the dispensary units patients from the adjacent areas are X-rayed at the County General Hospitals at Staincliffe and Wakefield, at Middleton and Scotton Banks Sanatoria, and, on a fee paying basis, at the Skipton and District Hospital, the County Hospital, Kendal, and the Oldham Royal Infirmary.

In her report on the work of the dispensary units during the year the County Radiographer, Miss Cullen, writes:—"The number of examinations, 9,842, is a considerable increase. Moreover, another branch of Radiography has been undertaken at two of the Dispensaries—Bronchography, and though not great in number, 97 during the year, it must be remembered that each individual case takes some time to complete. There is a considerable amount of extraneous work being sent in to the Dispensaries, as will be seen by the figures, i.e. Police candidates, Maternity Cases, Emigrants, etc. There has been considerable improvement in the standard of the work the past year, but I am not yet able to achieve standardisation which is essential in Chest Radiography. The improvement is attributable largely to the complete overhaul and recalibration of the apparatus in all dispensaries, and to my having trained a Dark Room Assistant to work with me entirely. I find her most reliable and a very great help. I have mentioned a general improvement in the standard of work but I would like to stress very much that whatever improvement is made in the X-ray room itself these films can be completely spoilt through bad Dark Room conditions and technique. The Dark Rooms are quite inadequate for the amount of work being done, they are badly ventilated, and in many cases not very light. It is here that I am at a loss to produce any sort of standardisation, and though there is considerable improvement in the films produced, they are still being produced under many difficulties."

9,842 cases were referred to the dispensaries for X-ray examination, viz., to Barnsley 1,181, Doncaster 2,794, Pontefract 2,261, Rotherham 870, Shipley 1,255 and Sowerby Bridge 1,481. 774 were non-dispensary cases, namely mental defectives 158, West Riding Police candidates 53, intending emigrants 27, County Council staff 23, orthopaedic 313, ante-natal 38, Ministry of Pensions 2, Crookhill Hall Sanatorium patients 154, silicosis 5 and isolation hospital patients 1.

Mass Radiography

During 1947 the County Council continued to make use of the Mass Radiography Units of the Leeds and Sheffield Authorities. Towards the end of the year, however, the Ministry of Health allocated a new set of apparatus for use in the County and immediate steps were taken for the recruitment and training of the necessary staff. The equipment was delivered in April, 1948, since when the Unit has operated with every apparent success under the able direction of Dr. G. Henry who, prior to his appointment as Medical Director of the Unit, was an Assistant Tuberculosis Officer in the County service.

The Sanatoria

A sufficiency of sanatorium accommodation to provide for immediate and effective treatment still is, and for some time must remain, one of the fundamental requirements of any anti-tuberculosis campaign. In my report for 1946 I commented on the inadequacy of the then available accommodation and to the many contributory causes. There was little or no improvement during 1947 and at the end of the year Cardigan Sanatorium was closed, with the remaining patients being transferred to Middleton and Scotton Banks Sanatoria where E.M.S. beds were made available for their reception. Otherwise the situation remains unchanged.

The following table shows the institutional treatment provided for West Riding patients during 1947:—

Institutions	In residence 1.1.47.	Admissions				Discharges				Total in 31.12.47.
		Men	Women	Child'n	Total	Men	Women	Child'n	Total	
Pulmonary Institutions.										
Middleton-in-Wharfedale Sanatorium	157	306	37	41	384	283	3	40	326	215
Scotton Banks Sanatorium	146	—	251	58	309	—	194	60	254	201
Cardigan Sanatorium	25	—	40	—	40	—	62	—	62	3
Crookhill Hall Sanatorium	32	69	—	—	69	69	—	—	69	32
British Legion Sanatorium, Preston Hall	1	1	—	—	1	1	—	—	1	1
Benenden Sanatorium, Kent	1	—	—	—	—	1	—	—	1	—
Chandlers Ford Sanatorium, Southampton	1	—	—	—	—	—	1	—	1	—
Cornish Riviera Sanatorium, Penzance	1	—	—	—	—	1	—	—	1	—
Crossley Sanatorium	—	1	—	—	1	1	—	—	1	—
Davos (Switzerland)	2	—	—	—	—	1	—	—	1	1
Doncaster Sanatorium, Tickhill Road	11	4	14	—	18	6	15	—	21	8
Douglas House, Bournemouth	—	1	—	—	1	1	—	—	1	—
Kettlewell Hospital, Swanley, Kent	1	—	—	—	—	—	—	—	—	1
Leysin (Switzerland)	1	—	1	—	1	1	—	—	1	1
Montana Hall (Switzerland)	—	1	1	—	2	—	—	—	—	2
Mundesley Sanatorium, Norfolk ...	—	1	1	—	2	1	—	—	1	1
Oakwood Hall Sanatorium, Rotherham	17	15	7	6	28	10	11	4	25	20
Pendyffryn Hall Sanatorium	—	—	3	—	3	1	—	—	1	2
Pension Collina, Davos Platz (Switzerland)	—	—	1	—	1	—	—	—	—	1
Royal National Hospital for Diseases of Chest, Ventnor	—	—	1	—	1	—	1	—	1	—
Royal National Sanatorium, Bournemouth	—	—	1	—	1	—	1	—	1	—
Vale of Clwyd Sanatorium, Wales ...	1	2	—	—	2	1	1	—	2	1
Wakefield Muncipal Hospital	—	1	7	—	8	—	5	—	5	3
Westmorland Sanatorium, Grange-over-Sands	6	5	4	—	9	5	4	—	9	6
Non-pulmonary Institutions.										
Adela Shaw, Kirbymoorside	2	—	—	1	1	—	—	—	—	3
Crippled Children's Memorial Hospital, Rochdale	1	—	—	—	—	—	—	1	1	—
Harlow Wood Orthopaedic Hospital, Mansfield	1	1	—	—	1	1	—	—	1	1
King Edward VII Hospital, Sheffield	23	—	—	11	11	—	—	12	12	22
Liverpool Open-Air Hospital, Leasowe	8	—	10	3	13	—	10	1	11	10
Marguerite Home, Thorp Arch ...	25	—	—	3	3	—	—	6	6	22
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry ...	29	19	16	1	36	24	20	2	46	19
St. Michaels, Hale, Cornwall ...	1	1	1	—	2	1	—	—	1	2
Royal Liverpool National Children's Hospital, Liverpool	—	—	—	1	1	—	—	—	—	1
Miscellaneous.										
Alexandra Hospital, Luton	—	—	—	1	1	—	—	—	—	1
Alma Road Hospital, Rotherham ...	—	1	1	—	2	—	—	—	—	2
Bingley Hospital	—	1	4	—	5	1	3	—	4	1
Bradford Children's Hospital	—	—	—	1	1	—	—	1	1	—
Bradford Royal Infirmary	—	1	3	—	4	1	3	—	4	—
Castleford District Hospital	—	1	—	—	1	1	—	—	1	—
Clayton Hospital, Wakefield	—	2	—	—	2	1	—	1	2	—
County Institution, Pontefract ...	2	13	—	—	13	12	—	—	12	3
County General Hospital, Wakefield	4	4	9	8	21	5	8	9	22	3
Dewsbury General Infirmary	—	1	2	—	3	1	2	—	3	—
Doncaster Royal Infirmary	—	—	—	1	1	—	—	1	1	—
Gressenhall P.A. Institution	—	—	1	—	1	—	—	—	—	1
Halifax General Hospital	—	6	—	—	6	6	—	—	6	—
Harrogate and District General Hospital	1	9	8	4	21	8	8	3	19	3
Huddersfield Royal Infirmary	1	3	5	3	11	3	6	2	11	1
Leeds General Infirmary	4	26	9	27	62	23	10	28	61	5
North Middlesex County Hospital ...	—	1	—	—	1	1	—	—	1	—
Otley County General Hospital ...	—	2	—	—	2	2	—	—	2	—
Pinderfields Emergency Hospital ...	1	10	10	1	21	6	2	—	8	14
Pontefract General Infirmary	—	1	—	—	1	1	—	—	1	—
Regional Radium Institute, Bradford	—	1	—	—	1	1	—	—	1	—
Sheffield Children's Hospital	—	—	—	1	1	—	—	—	—	1
Sheffield City General Hospital ...	5	5	11	1	17	7	13	1	21	1
Sheffield Royal Infirmary	5	14	6	1	21	16	5	1	22	4
Skipton and District General Hospital	—	2	2	2	6	2	2	1	5	1
Staincliffe County Hospital	2	5	12	1	18	6	13	1	20	—
York City General	—	1	—	—	1	1	—	—	1	—
York County Hospital	—	1	—	1	2	1	—	—	1	1
	518	539	479	178	1196	515	403	175	1093	621

Immediate Results of Treatment of patients Discharged from Residential Institutions during the year 1947.

Classification on admission	Condition on discharge	Duration of Treatment: Under 3 months			3—6 months			6—12 months			Over 12 months			Total
		Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	
(a) PULMONARY.														
A.	Quiescent	13	6	4	30	5	3	14	5	5	3	1	5	94
	Not Quiescent	15	8	2	11	6	—	2	3	—	—	1	—	48
	Died	—	—	—	—	—	1	1	—	—	1	—	—	3
B.1	Quiescent	1	3	2	8	11	4	1	13	5	—	5	2	55
	Not Quiescent	3	2	—	4	5	—	4	2	—	1	1	—	22
	Died	—	—	—	—	—	—	—	—	—	—	1	—	1
B.2	Quiescent	8	2	1	8	3	1	12	4	—	4	5	—	48
	Not Quiescent	40	14	—	49	13	—	34	31	—	9	5	—	195
	Died	3	1	—	3	3	—	2	—	—	3	2	—	17
B.3	Quiescent	—	—	—	2	—	—	—	2	—	—	2	—	6
	Not Quiescent	14	15	1	17	15	1	7	21	2	3	16	5	117
	Died	17	17	—	13	13	1	6	6	—	2	9	—	84
	Totals	114	68	10	145	74	11	83	87	12	26	48	12	690
(b) NON-PULMONARY														
Bones and Joints	Quiescent	5	2	2	2	1	3	1	2	5	10	10	19	62
	Not Quiescent	4	7	8	2	5	5	2	2	2	2	1	—	40
	Died	1	—	—	—	—	—	1	—	—	—	—	1	3
Abdomen	Quiescent	—	—	2	1	—	2	1	—	3	1	—	1	11
	Not Quiescent	—	—	2	—	—	1	—	—	—	—	—	—	3
	Died	—	—	1	—	—	1	—	—	—	—	—	—	2
Other Organs	Quiescent	—	—	1	—	1	—	1	—	—	1	—	1	5
	Not Quiescent	2	1	—	2	2	—	—	—	—	—	—	—	7
	Died	—	—	—	—	—	—	—	—	—	—	—	—	—
Peri-Glands	Quiescent	2	—	4	2	—	1	—	—	—	—	—	—	9
	Not Quiescent	—	—	—	—	1	2	—	—	—	—	1	—	4
	Died	—	1	—	—	—	—	—	—	—	—	—	—	1
	Totals	4	11	20	9	10	15	6	4	10	14	12	22	147

(c) Observation Cases.

	For Pulmonary T.B.: Stay under 4 weeks			Stay over 4 weeks			For Non-Pulmonary T.B.: Stay under 4 weeks			Stay over 4 weeks			Total		
	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n			
Tuberculous A.	3	—	—	—	—	—	—	—	—	—	—	—	3	—	—
Non-T.B. B.	3	1	—	9	4	8	—	—	1	1	—	2	13	5	11
Doubtful C.	—	—	—	—	2	1	—	—	—	—	—	—	—	2	1
Totals	6	1	—	9	6	9	—	—	1	1	—	2	16	7	12

Institutional Treatment provided in County Sanatoria during the year ended 31st December, 1947, for other than West Riding Patients.

Institution.	In 1.1.47	Admissions: Men	W'n	Ch'n	Total	Discharges: Men	W'n	Ch'n	Total	In 31.12.47
Middleton Sanatorium	81	47	—	—	47	105	—	—	105	23
Scotton Banks Sanatorium	34	—	11	1	12	—	31	3	34	12
Cardigan Sanatorium	—	—	—	—	—	—	—	—	—	—
Crookhill Hall Sanatorium	—	—	—	—	—	—	—	—	—	—
Total	115	47	11	1	59	105	31	3	139	35

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

Beds provided for	In 1.1.47	Admissions				Discharges				In 31.12.47
		Men	W'n	Ch'n	Total	Men	W'n	Ch'n	Total	
H.M. Service Cases	86	42	5	—	47	98	12	—	110	23
Leeds C.B. Cases	22	—	1	—	1	4	13	1	18	5
Other Local Authorities	7	4	5	1	10	3	6	2	11	6
Evacuees, Refugees, etc.	—	1	—	—	1	—	—	—	—	1
Total	115	47	11	1	59	105	31	3	139	35

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

Many improvements have been carried out in the main kitchen and ward kitchens. A Central Linen Store has been established in one of the Emergency Hospital buildings. Roads and paths have been repaired. Beds are still closed for lack of nursing staff but the position has shown improvement during the year. The nursing staff has been increased by employment of ex-patients as student nurses. Three nurses passed the final examination of the Tuberculosis Association and seven passed Part 1.

The number of cases admitted during the year was 435, and the following tables show the immediate results of treatment of West Riding patients in 1947:—

Pulmonary

Classification	Condition at time of discharge	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	
A.	Quiescent ...	10	2	1	28	—	2	10	—	2	3	—	1	59
	Not Quiescent ...	10	—	—	3	—	—	2	—	—	—	—	—	15
	Dead	—	—	—	—	—	—	—	—	—	—	—	—	—
B.1	Quiescent ...	1	—	—	6	—	—	1	—	1	—	—	—	9
	Not Quiescent ...	2	—	—	4	—	—	4	—	—	1	—	—	11
	Dead	—	—	—	—	—	—	—	—	—	—	—	—	—
B.2	Quiescent ...	4	—	—	8	—	—	11	—	—	4	—	—	27
	Not Quiescent ...	17	—	—	32	—	—	22	—	—	7	—	—	78
	Dead	—	—	—	3	—	—	—	—	—	1	—	—	4
B.3	Quiescent ...	—	—	—	2	—	—	—	—	—	—	—	—	2
	Not Quiescent ...	6	—	—	6	—	—	3	—	—	2	—	—	17
	Dead	11	—	—	11	—	1	4	—	—	2	—	—	29
	Total ...	61	2	1	103	—	3	57	—	3	20	—	1	251

Non-Pulmonary

Classification	Condition at time of discharge	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	
Bones and Joints	Quiescent ...	2	—	—	1	—	—	—	—	1	3	—	5	12
	Not Quiescent ...	—	—	1	—	—	1	1	—	—	—	—	—	3
	Dead	—	—	—	—	—	—	1	—	—	—	—	—	1
Abdomen	Quiescent ...	—	—	—	1	—	1	1	—	3	1	—	1	8
	Not Quiescent ...	—	—	1	—	—	1	—	—	—	—	—	—	2
	Dead	—	—	—	—	—	1	—	—	—	—	—	—	1
Other Organs ...	Quiescent ...	—	—	—	—	—	—	1	—	—	1	—	1	3
	Not Quiescent ...	2	—	—	1	—	—	—	—	—	—	—	—	3
	Dead	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands	Quiescent ...	—	—	2	2	—	—	—	—	—	—	—	—	4
	Not Quiescent ...	—	—	—	—	—	1	—	—	—	—	—	—	1
	Dead	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total ...	4	—	4	5	—	5	4	—	4	5	—	7	38

17 patients whose stay in the Sanatorium has not exceeded 28 days are not included in this table.

Observation

Diagnosis	Pulmonary						Non-Pulmonary						Total		
	Under 4 weeks			Over 4 weeks			Under 4 weeks			Over 4 weeks					
	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n	Men	W'n	Ch'n
Tuberculous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Tuberculous ...	—	—	—	3	—	3	—	—	—	—	—	5	3	—	8
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Sanatorium treatment consists of a period of rest, both general to improve the condition of the body and local to promote healing in the affected part, followed by graduated exercise to restore the patient to working capacity. Surgery is a valuable adjunct especially in bringing about more local rest. Artificial Pneumothorax was induced in 80 cases and attempted in 13 others. 62 patients were discharged who had this treatment, the results being:—

Quiescent 16. Improved 40. Stationary 2. Died 4.

In 16 cases the sputum changed from positive to negative. 2,225 refills were given and 59 aspirations and air replacements were done. In addition 83 refills and 3 aspirations were given to out-patients.

The following operations were carried out during the year:—
Thoracic 97; Orthopaedic 3; Genito-urinary 6; Nose and Throat 13; General 9. Of the 20 patients treated by thoracoplasty 8 were converted from a positive to negative sputum. Visiting specialists continued to attend the sanatorium when required and the following consultations are recorded:—
Mr. Benson, ophthalmologist, 10; Mr. Donald Watson, laryngologist, 163; Mr. Broomhead, orthopaedic, 94; Mr. Stewart, genito-urinary, 3; and the general and thoracic surgeons, Mr. Moir, 101; Mr. Phillips, 7; Mr. Allison, 1.

The dental work was carried out by Mr. Thornton, of Ilkley, till April, 1947 when Mr. Levinson of the School Medical Service took over. 153 patients received treatment. 117 patients received physiotherapeutic treatment which is of great value in pre-operative and post-operative treatment.

The total number of pathological examinations done in the Sanatorium Laboratory during the year was 15,022:—

(a) BACTERIOLOGICAL—

Sputa	5,106
Swabs—eyes, ears, nose and throat	28
Urine (Bacteriology and Microscopy)	108
Pleural Effusions	53
Faeces	23
Pus from various sources	66
Cultures for T.B.	307
Milk	132
Water	1
Penicillin Sensitivity	36
Miscellaneous	8

(b) HAEMOTOLOGICAL—

Enumeration of red and white corpuscles	843
Estimation of Haemoglobin	1,707
Differential Counts	1,657
Von Bondsdorf Count	1,606
Blood Sedimentation Rates	1,612
Calculation of Houghtons Index	1,604
Blood Grouping	2

(c) BIO-CHEMICAL—

Estimation of Blood Urea	14
Estimation of Blood Sugar	60
Fractional Test Meal	2

(d) PATHOLOGICAL—

47 Sections were cut from specimens taken at operations of post mortems.

(e) POST-MORTEMS—

During the year 13 post-mortem examinations were undertaken, 3 at the request of the Coroner.

Patients undertaking occupational therapy were taught carpentry, rug and raffia work, weaving, fancy leather work, art metal work, cobbling and gardening. Patients who are fit may take correspondence courses in various educational subjects. Arrangements for these are made by the Education Department of the West Riding County Council. Mr. Crossley, formerly Head Master of Ben Rhydding School has been appointed Supervisor of Studies and visits the Sanatorium regularly to advise patients on the choice of course and to help with any difficulties that may arise. Number taking courses at present are:—English (18), Book-keeping (6), shorthand (7), commercial arithmetic (9), French or German (5).

The usual out-door games were provided during the summer months—bowls, putting and quoits. In addition, motor coach trips were arranged for patients well enough to travel. Cinematograph entertainments were given weekly on the wards and in the Recreation Hall. Concerts were given from time to time and were very much appreciated. The patients' library was taken over by the Order of St. John Ambulance Brigade and British Red Cross Society in November, 1946. The library consists of approximately 1,500 books and includes literature to suit the varied tastes. A loan library exists in London from which it is possible to borrow any specialised or technical book that the patients may desire, that is not in stock at the Sanatorium library. An average of 250 books are issued weekly by a number of Ilkley Associate Members of the O.S.J.A.B. and B.R.C.S. The library service is excellent and forms a valuable adjunct to the treatment.

The Sanatorium Farm has supplied 21,439 gallons of milk to the Sanatorium and sold 4,667½ gallons to the Wharfedale Creamery. The sale of stock during the year realised £1,542.

Dr. Ryan, Medical Superintendent of the *Scotton Banks* Sanatorium, Knaresborough, writes:—

A survey of the work done during the year 1947 shows that the effects of the war still persist to some extent. Although the beds loaned to the Leeds Authority are now available for County cases, a high waiting list continues. Efforts to reduce this have been made by utilising one of the E.M.S. Hutments and a further 22 beds were thus provided by the end of the year making a total of 222 beds. There is no escaping the fact that patients are being admitted in a more advanced stage of disease. This is reflected in the table dealing with operative treatment. The large number of cases treated by Pneumoperitoneum is not a proof of the efficacy of this newly revived form of treatment. On the other hand it can be regarded as an index of the number of cases unfit for major collapse therapy by reason of bilateral disease. It is to be hoped that the year 1948 will show the end of this unhappy state of affairs. Another feature is the persistence of a type of acute tuberculosis in the community. The number of cases who die within one year of notification is still very high and not an inconsiderable number of cases of acute miliary tuberculosis were admitted. While this may be unavoidable in the present state of our ignorance about the incidence and time of primary infection and in our continued state of national conviction of the uselessness of B.C.G. vaccination, there are hopes that in the future chemotherapeutic drugs may give us control over these hitherto fatal forms of tuberculosis. During the year, efforts to obtain streptomycin failed. While one has to accept this, it is permissible to state that it is unfortunate that an Institution recognised for the treatment of tuberculosis should not be given a supply of the drug, while it is available to practitioners who do not specialise in tuberculosis. There have been the following operations:—Artificial Pneumothorax 39 (13 abandoned and 26 maintained); Pneumoperitoneum inductions 26; Thoracoscopies 57; Phrenic Crushes 30; Phrenic Evulsions 8; Thoracoplastics (stages) 22; Extra Pleural Pneumothorax 1; Spinal Fusions 2; Arthrodesis of Knee 1; Amputation of Leg 1; Miscellaneous 5.

The general work of the Sanatorium has been conducted as in previous years. New equipment intended to overcome dietary difficulties has been approved by the Committee. Special food containers and carriers have been designed but not yet supplied. Improvements in the ward kitchens have been carried out in an effort to secure palatable food and to avoid the disadvantages which seem to be inherent in mass cooking. Meanwhile a more liberal dietary for the tuberculous would seem desirable. A gradual improvement in the number of nurses has taken place but it is still much below the approved establishment. The shortage in other staff apparent during the war is now happily remedied. This opportunity is taken to refer to the loyalty, co-operation and excellent work done by all but especially by the nursing staff who, by their efforts, kept all beds available when their numbers were depleted.

Dr. E. Ratner, Medical Superintendent of the *Crookhill Hall* Sanatorium, in submitting his first post-war report, writes:—This hospital is serving a very useful purpose and has fortunately been kept going, though on a reduced scale, throughout the war years. Miss Toogood, Matron, retired on superannuation early in 1946, after many years of able and devoted service. Formerly the Matron of Cardigan Sanatorium, she took charge of Crookhill on its opening in 1927. She was succeeded by Miss James, who, after 18 months service, resigned her appointment to take up similar duties with another Authority. Miss M. Sweeting, formerly of the Otley County Hospital, was appointed Matron and commenced duties in October, 1947. The widespread phenomenon of staffing difficulties has applied equally to Crookhill and it is remarkable that the sanatorium has managed to carry on its work during these diffiuclt years. For some years it has been apparent that the situation here has been aggravated by reason of the sanatorium not being a recognised Training School and by the remote situation. The first difficulty

is unavoidable since, even when fully occupied, the sanatorium has not the number of beds demanded for a training centre. With regard to the second, an unsuccessful attempt has been made to induce the two nearest transport undertakings to modify or extend their routes so as to pass the sanatorium gates. A vacany for a ward sister has existed for several years during which time the matron has been the only State Registered Nurse on the staff. In an effort to remedy this situation the post of ward sister was redesignated as Assistant Matron and Ward Sister and an appointment has been made. For nursing staff generally, the Sanatorium has just carried on with the aid of almost casual recruitment of nurses, occasional suitable displaced persons, and more recently a male orderly. The Porter Engineer, Mr. Jackson, died after a year's illness—he had served the hospital for 20 years. An Assistant Porter Engineer has resigned after 9 years service.

Practically the whole of the building has been repainted. A concrete terrace has been built on the eastern side and a french window cut in the wall of the ground floor; an improvement which enables patients to be wheeled out. The Conservatory has been pulled down and the site is used as a small terrace. A bread cutting machine, a Peerless Mixer and a potato peeling machine have been obtained and a small service lift is being provided to obviate the carrying of meals by hand to the four upstairs wards. Dish-washer and crockery steriliser, sputum mug steriliser, and bed-pan steriliser have all been authorised and are awaiting installation. An ambulance has been purchased, to serve also as a staff "bus" and as a general utility van. The staff accommodation would be inadequate were we able to recruit the full establishment of nurses. Approval has therefore been given to the conversion of the Porter-Engineer's cottage into an annexe to the Nurses' Home, although this scheme is at present held up until the house can be vacated by the present occupant, the widow of Mr. Jackson.

Crookhill has always presented certain difficulties and it is questionable whether or not a small independent hospital is an economic unit to maintain. An undoubted advantage is perhaps greater care in cooking, there being no mass production of meals as occurs in large institutions, and in this respect Crookhill enjoys perhaps the best hospital dietary and cooking. On the other hand frequent entertainments and a more varied communal life is not possible in a small institution. Another difficulty has always been the uncertain future of the Sanatorium. Originally acquired as a nucleus around which a larger hospital was to be built, the policy with changes of circumstances and aims had to be changed. Before the war it was agreed that Crookhill Sanatorium was to be given up when a new County General Hospital was built. Today, after the war, the Hospital will be taken over by the Sheffield Regional Hospital Board, and if the policy suggested in the Hospital Survey Reports of 1945 will be carried out, the Sanatorium will be closed as soon as a new Chest Hospital is built in South Yorkshire which will be a matter of several years. Whether a small institution which has cost much in money and much in labour cannot be utilised in a different way is open to speculation.

I am indebted to Dr. R. J. Vince, Assistant Tuberculosis Officer and Medical Officer at the Sanatorium, for the following notes on the medical work:—"There is accommodation for 26 patients in the sanatorium wards, 16 in double bedded huts and 12 in single huts, a total capacity for 54 patients. Due largely to the shortage of staff the average number of beds occupied during the year was 34. There were 69 admissions, 11 deaths and 62 patients were discharged, 8 of whom were transferred to the Sheffield Royal Infirmary for further treatment. Artificial pneumothorax was successfully induced on 10 patients, 2 of whom were bilateral. Unsuccessful attempts were made on a further 3 patients, one of whom was treated by pneumoperitoneum which was later abandoned in favour of a thoracoplasty with a satisfactory result. Mr. Fawcett, thoracic surgeon, visited the sanatorium twice and, as indicated earlier, 8 patients were transferred to the Sheffield Royal Infirmary for surgical treatment, 6 for thoracoplasty (2 of these died in the Infirmary) and 2 for adhesiotomy. The X-ray examinations, 166 patients and 24 staff, were undertaken at the Doncaster Dispensary."

PART VII

OTHER PUBLIC HEALTH SERVICES

County Ambulance Service

With the end of the war, the County Council instituted an Ambulance Service with premises and equipment taken over from the Civil Defence. Although the Service supplied only those parts of the County not covered by District Council Ambulance Services and Voluntary Agencies, this Service became the nucleus of the County Ambulance Service to be formed under Section 27 of the National Health Service Act, 1946, and with this end in view, a survey of the County Area was carried out and proposals for the establishment of a comprehensive Service for the whole County submitted to the Minister of Health. The Scheme provides for the County Area to be split up into eight divisions, each to be administered from a Divisional Depot, and to be so organised as to be able to transfer personnel and vehicles to any main or sub-depot as the need arises. Each division will have sub-depots responsible to the Divisional Depot, which in turn will be responsible to the Central Administrative Control, situate at the County Headquarters, Wakefield. In the siting of Depots, regard has been given to population, industrial and road accident requirements, and the particular needs of residential and rural areas, whilst the geographical position, road availability and post office telephone areas have also been taken into consideration.

The number of Divisional Depots and Depots is as follows:—

Divisional Depots	8
Other Depots	33

as set out below.

Divisional Depots.	*Other Depots in Division.*
Wakefield.	Rothwell, Morley, Hemsworth.
Skipton.	Grassington, Barnoldswick, Settle, Sedbergh, Clitheroe.
Guiseley.	Pudsey, Shipley, Keighley.
Harrogate.	Pateley Bridge, Ripon, Wetherby, Boroughbridge or Green Hammerton.
Castleford.	Garforth, Pontefract, Selby, Goole.
Brighouse.	Birkenshaw, Huddersfield, Holmfirth, Slaithwaite, Sowerby Bridge, Todmorden, Saddleworth.
Barnsley.	Hoyland Nether, Wath-upon-Dearne, Maltby, Stocksbridge, Penistone.
Bentley.	Thorne, Rossington.

The question of the conveyance of County cases suffering from infectious disease has been left over for further consideration when the respective Regional Hospital Boards have designated the hospitals which are to be available for the treatment of infectious diseases. In anticipation of the day appointed for the operation of the County Council's Ambulance Scheme, it was felt it would be an advantage to the County Council, and ensure smooth working if the Service could, in fact, be brought into operation either in whole or part prior to such date, and County District Councils were approached to consider the transfer to the County Council of their Ambulance Services as from the 1st October, 1947. Apart from the District Council areas already served by the existing County Ambulance Service, 31 District Councils and 1 Miners' Welfare Scheme agreed to transfer their Services to the County Council, and would from that date operate the County Ambulance Scheme free of charge.

The following District Council and Joint Ambulance Committee Services have been absorbed into the County Ambulance Service, viz:—

Brighouse, Keighley, Harrogate, Spenborough, Heckmondwike, Bentley-with-Arksey, Elland.

Huddersfield Hospital Contributory Scheme Ambulance Service.

Don and Dearne Joint Ambulance Committee (serving Mexborough, Wath, Swinton and Dearne).

These transfers have resulted in the re-arrangement of the existing Ambulance Depots more in keeping with the County proposals under the National Health Service Act, 1946, and the schedule below shows the details of existing County Ambulance Depots, and the names of Local Authorities and voluntary organisations acting as agents.

Vehicles in the present Service are made up to emergency Civil Defence vehicles and vehicles transferred from local District Councils. New ambulances are now replacing older type of vehicle gradually. During 1947, 10 new ambulances of the Morris ambulance chassis and bodies specially constructed by ambulance body builders have been taken into commission.

The County Ambulance Service, for the year 1947, undertook 19,358 journeys, conveying 24,174 patients a distance of 478,268 miles. As will be seen from the statistical table on page 57, County Committees used the Service to the extent of 275,002 miles, whilst the work undertaken for private users, etc, accounted for 203,419 miles.

The total number of cases and mileage completed for the year 1947, as compared with 1946, shows an increase of 11,201 cases and 173,135 miles. This is accounted for by the increase of user and physical transfer of Local Authority Ambulance Services.

County Ambulance Depots and Sub-Depots

DEPOT.	*ADDRESS.*	*TELEPHONE NO.*
Bentley	Yarborough Terrace, Doncaster.	Doncaster 2510
Conisbrough (Sub-Depot)	The Priory, Conisbrough.	Through Bentley Depot
Brighouse	N.F.S. Station, Halifax Road, Brighouse.	Brighouse 840
Goole	Highways Yard, Dunhill Road, Goole.	Goole 538
Harrogate	Leadhall Grange, Leadhall Drive, Harrogate.	Harrogate 2203
Horsforth	Upper Bank House, Horsforth.	Horsforth 2923
Hoyland	Swallow's Garage, Hoyland.	Hoyland 2112
Huddersfield	Springwood Street, Huddersfield.	Huddersfield 4966
Keighley	Victoria Hospital, Keighley.	Keighley 3708 Ext. 24
Spenborough	Elm Bank, Bradford Road, Cleckheaton.	Cleckheaton 844-5
Tadcaster	Corcoran's Garage, Tadcaster.	Tadcaster 2255
Wakefield	19, Peterson Road, Wakefield.	Wakefield 3631
Wath	Dunford House, Wath-on-Dearne.	Wath 125
Kiveton Park (Sub-Depot)	45, Wales Road, Kiveton Park.	Through Wath Depot
County Ambulance Control	County Hall, Wakefield.	Wakefield 3631-2

Names of Local Authorities and Voluntary Organisations Acting on an Agency Basis.

Aireborough U.D.C.
Baildon U.D.C.
Barnoldswick U.D.C.
Bingley U.D.C.
Castleford U.D.C.
Cudworth U.D.C.
Darton U.D.C.
Earby U.D.C.
Garforth U.D.C.
Hebden Royd U.D.C.
Hemsworth U.D.C.
Holmfirth U.D.C.
Horbury U.D.C.
Kippax St. John Ambulance Committee.
Knottingley U.D.C.
Otley U.D.C.
Pontefract Borough.
Pudsey Borough.
Rothwell U.D.C.
Shipley U.D.C.
Stanley U.D.C.
Todmorden Borough.
Wombwell U.D.C.
Worsborough U.D.C.
Hemsworth R.D.C.
Hepton R.D.C.
Wharfedale R.D.C.
St. John Ambulance Brigade, Selby.
St. John Ambulance Brigade, Starbeck.

COUNTY AMBULANCE SERVICE

Mileage Completed

Committee or Authority Chargeable	Jan.	Feb.	Mar.	Apl.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
County Hospitals	3,697	2,267	2,602	3,101	3,619	3,419	4,321	3,670	3,849	3,236	3,583	3,297
Other Hospitals	—	58	—	—	—	—	26	57	23	—	—	84
Treatment of Cancer	1,020	3,084	1,683	1,145	130	1,470	4,265	2,679	2,558	2,913	2,116	2,864
Treatment of Venereal Diseases ...	156	—	31	30	30	188	716	167	424	1,017	816	1,015
Treatment of Tuberculosis	3,460	2,840	4,057	5,955	5,791	4,882	3,249	4,595	3,955	7,192	5,324	4,331
Tuberculosis Dispensaries	168	147	183	212	309	346	433	197	409	364	518	451
County Welfare Institutions	1,973	2,478	3,062	2,612	2,538	3,070	2,792	2,255	2,791	2,696	2,154	3,112
County Welfare District Officers ...	1,698	1,460	1,518	1,405	1,751	2,112	1,940	1,538	2,119	1,935	1,296	1,600
County Children's Homes	175	47	251	—	—	—	115	—	34	87	—	—
Maternity and Child Welfare	2,743	2,159	2,155	1,523	3,097	2,654	3,088	2,605	2,806	2,477	2,757	3,548
Other Maternity Homes	1,319	783	1,381	1,411	1,228	1,038	1,544	1,410	2,102	1,586	1,686	2,434
Mental Deficiency Act Committee ...	82	294	462	350	282	—	267	186	46	99	8	732
Education	888	323	1,025	1,485	1,177	1,635	2,239	1,868	3,717	3,958	5,674	4,724
Orthopaedic	—	—	—	—	69	—	12	690	133	126	—	45
Blind Persons Officer	72	194	112	264	243	98	90	158	85	191	274	138
Children and Young Persons Act Committee	—	—	—	—	—	—	—	—	—	—	—	—
Police	132	115	94	118	299	151	316	454	361	515	202	211
Hospital Contributory Schemes ...	5,613	4,495	5,499	5,396	5,538	4,997	5,961	5,627	7,244	13,359	14,103	15,145
Private, etc.	3,334	4,225	4,008	5,471	6,557	6,499	7,028	7,208	9,174	12,905	14,580	15,626
County Ambulance Service	762	1,022	986	1,044	761	1,163	1,255	925	1,100	974	2,532	1,300
Public Health and Welfare	—	—	—	—	—	9	—	903	322	789	834	900
TOTALS ...	27,292	25,991	29,109	31,522	34,239	33,731	39,657	37,192	43,252	56,419	58,457	61,557

COUNTY DENTAL SERVICE

Mr. Townend, the County Chief Dental Officer reports as follows:—

"There has been a steady if somewhat slow development of the Dental Services against considerable difficulties in establishing dental clinics, and in staffing and equipping them. The slow growth may prove a blessing in disguise by making it possible to spend more time in building solid foundations to the service. Three of the six area dental officers have been appointed, and the benefits accruing from these appointments in the closer co-ordination and liaison between the outlying districts and the administrative centre are beginning to make themselves felt. In July, the first Dental Clinic to be established since the war (Bonegate House, Brighouse), was opened by the Chairman of the County Council. A scheme to adapt as Dental Clinics, twelve Decontamination Stations, was prepared, and has received the warm approval of the Ministries of Health and Education, and plans have been prepared for their adaptation. Two Dental Trailer Caravans have been put into commission and are being used in the Skipton Rural and Goole areas. The equipment of these Caravans comprises a well equipped dental surgery with pump chair, electric engine, cabinets, sterilizer and water supply, a small cubicle which can be used for recovery is also provided, the electric engine can be run from a convenient mains supply or failing that from heavy duty storage batteries; the sterilizer can be heated electrically if a supply is available and if not by Calor gas; the water supply, feeding the water to the wash basin under pressure, is contained in a 30 gallon tank. The Caravans are moved from place to place by the West Riding Ambulance Service and the officers using them report very favourably on their value and convenience. We have extended Dental Radiography facilities by installing X-ray equipment at Wath-upon-Dearne and Harrogate in addition to similar equipment incorporated in the clinic at Brighouse, thus bringing into the reach of a considerably larger number of the school population this valuable ancillary service. During the year, 431 cases were radiographed for special purposes, and a large proportion of the orthodontic cases were radiographed as a routine measure.

The Progress of Routine Dental Treatment—The routine dental treatment of the school population has proceeded in a smooth manner throughout the year. The return of dental officers from the Services and new appointments made, have placed us in the happy position that the whole of the Riding is now covered by the service, and it will be our policy to sub-divide the existing areas as further staff becomes available. The acceptance rate for dental treatment has risen during the year, from 81.0 per cent. in 1946, to 84.6 per cent. (91,465 inspected, 55,678 offered treatment, 47,119 treated); this is an indication of the steadily increasing appreciation of the service by parents and children. The figure for extractions, particularly permanent extractions is still high. This is partly accounted for by the fact that large areas of the County were perforce neglected during the war, but it should also be realised that a considerable proportion of the extractions were done to relieve crowding, (12,520 out of 54,424 extractions of deciduous teeth, and 2,656 out of 9,468 permanent teeth). A total of 57,873 fillings were inserted, 12,135 in deciduous teeth and 45,738 in permanent teeth, and by these 11,605 deciduous teeth and 39,082 permanent teeth were conserved. It will be seen from these figures that for every permanent tooth extracted 4.1 permanent teeth have been conserved by filling. There were 21,499 other operations performed.

Orthodontic Services—The orthodontic scheme has made rapid progress and its only limitations are lack of clinic facilities and personnel. Most of the work continues to be done at the Central Dental Clinic, Wakefield, but towards the end of the year an orthodontic clinic was started at Bonegate House, Brighouse. The work was carried out entirely by the Chief Dental Officer and Miss Sclare working a total of nine sessions a week, and during the year, 671 new cases were commenced and 4,379 attendances were made by patients for treatment. 139 fixed and 362 removable appliances were made in the Dental Laboratory. This service is gaining in popularity every day and it is becoming increasingly difficult to meet the demands. Junior staff are accordingly being trained to carry on the work when clinic accommodation becomes available. A number of other authorities have expressed interest in our Scheme and sent dental officers to visit us. As Consultant Orthodontist to the City of Wakefield Education Department, I have treated eight cases for that Authority.

Treatment of Expectant and Nursing Mothers—Dental treatment of expectant and nursing mothers has been continued at the Wakefield, Wath-upon-Dearne, Denaby and Rawmarsh Clinics, where there have been 75 inspections, 59 cases treated, 384 attendances, 748 extractions, 13 fillings and 49 dentures fitted. This service is under-developed in the West Riding and it is hoped to make rapid strides in the near future. A complete dental examination should be given to every woman attending an ante-natal centre, but this is impossible without more clinics and eventually an increase in dentists.

Prosthetic Department—We have established at the Central Clinic, Wakefield, an efficient dental laboratory employing a Senior Technician, two assistant mechanics and two boy apprentices. This laboratory is equipped to carry out all prosthetic operations including the making of dentures orthodontic appliances, inlays, crowns, etc. It is also useful in being able to do minor repairs in renovations to equipment, thus saving a lot of time and money. During the year, the department made 297 full dentures, 139 partial dentures, 501 appliances, 83 repairs and 104 inlays and crowns.

In conclusion I would like to express my appreciation of the loyalty of the dental staff, many of whom have, by force of circumstances, to work under difficult conditions and it is often almost a matter of physical endurance to get through the day's work. They have done this cheerfully and uncomplainingly."

PREVENTION OF BLINDNESS

During the year 1947, the County Oculists examined 276 persons under the Prevention of Blindness Scheme, and prescriptions for spectacles were issued in 196 cases.

ORTHOPAEDIC SCHEME

The Scheme for the treatment of Orthopaedic Defects was outlined fully in my Report for the year 1946. The Service is becoming widely known and expanded rapidly during 1947. There are now 13 Consultant Clinics in operation with a total of 18 sessions per month. In addition there are 25 treatment centres, where weekly or bi-weekly sessions are conducted by full-time orthopaedic nurses. The County Council has an arrangement with 27 Voluntary Hospitals for the provision of in-patient treatment and patients are also treated at the three County Hospitals. The number of patients at Consultant Clinics was 570 children under school age who made 1,239 visits, 1,197 school children (2,860 visits) and 15 adults (15 visits); 58 patients received hospital treatment; 83 surgical appliances were provided. In connection with domiciliary visits by the Orthopaedic Nurses, 642 patients were treated or supervised. 784 patients received massage and/or treatment at the treatment centres mentioned above. In addition 132 tuberculosis patients have been examined by the Orthopaedic Surgeons and supervised by the Orthopaedic Nurses.

The Prevention of Orthopaedic Defects—During routine School Medical Inspections many slight defects are diagnosed which can be remedied by simple exercises and posture education and it was felt that if the remedial gymnasts and the Assistant County Medical Officers could co-operate in selecting suitable cases, and by training teachers in remedial work, that a large number of early cases could be treated quickly and successfully, thus preventing children having to be referred to orthopaedic clinics at a later date with a more severe defect. A scheme to this end for treating minor orthopaedic defects in schools was approved by the Education Committee during the year and has already begun in two Divisional Areas. The physical training organisers have already got the training of teachers well under way in the selected areas and it is hoped to extend the scheme eventually throughout the County. The children are kept under supervision during their treatment and at any time can be referred to the Consultant Orthopaedic Clinic if necessary. As the scheme is at present in the initial stages and is more in the nature of an experiment, it is not possible to report fully upon it. It does seem, however, that it will eventually fill a gap in the general orthopaedic scheme. A further step in fulfilling this design will come if Orthopaedic Surgeons can be appointed as professional heads of defined areas in the County, as indicated in my preface. In this way they can bring their influence to bear in spreading up to date preventive ideas back into the schools. Each Orthopaedic Surgeon so appointed would conduct the appropriate consultant clinics in his area, and would take the County professional staff under his wing to keep them up to date in diagnosis and treatment; he would consult with the Divisional Medical Officers in his area, and if necessary the County Medical Officer about practice and would assist in keeping the physical training organisation in schools up to date in preventive technique.

HOME HELPS

Section 29 (Domestic Help) of the National Health Service Act, 1946, requires the local health authority to make arrangements to supply home helps within its administrative area. We suggested to the Minister the appointment of 310-500 whole time home helps or the equivalent in part-time helps. The Minister approved 310 and these have been divided between the 31 divisions of the County preventive Health Services.

Thus the importance of the home help to the development of social medicine both in relation to the hospital and the general practitioner has now been given statutory recognition. Some account of this was given in my last Annual Report. The home help, the home nurse and the health visitor together can make possible the treatment of patients in their own homes by their own doctors. Here lies one of the means of stemming the present tendency to hospitalisation which is so costly, so destructive of family life and so prejudicial to the maintenance of a high standard of general medical practice. The development of home treatment is of the greatest importance to the national life and indeed to the vitality of medicine itself. We must try hard to build up a home help organisation able to meet this urgent demand. It is perhaps in this humble sphere more than in any other that the personal day to day administration of a medical man in a divisional health office can show its greatest value.

REGISTRATION OF NURSING HOMES
(Public Health Act, 1936, Sections 187-195)

Five Homes were first registered during the year. The number of Homes on the register at the end of the year was 45 providing 111 beds for maternity cases, and 251 for other cases. No applications for registration were refused and one exemption was granted under the provisions of Section 192(1) of the Act. 61 inspections were made of Homes.

FOOD AND DRUGS ACT, 1938

4,234 samples were taken in 1947, which is 63 more than in 1946. The following table compares the yearly figures for 1939-1947 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	1123	33	2.9
1940	3,082	231	7.4	153	6	3.9	1036	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
1947	3,410	151	4.6	114	1	0.9	710	31	4.3

The quality of milk continued to receive careful attention; the samples taken in 1947 totalled 3,410 (compared with 3,371 in 1946); of these 525 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 25 "Appeal to Cow" samples at the place of production. The percentage of adulterated samples reported during the year is 4.6 and is the lowest recorded. Samples of milk supplied to schools are examined in the Medical Research Council Laboratory here 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.

ATMOSPHERIC POLLUTION

The results of the examination of the contents of deposit gauges installed under the arrangement whereby the County Council bears the cost of analyses, were as follows for the year 1947.

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	2.43	6.91	5.47	12.38
Black Hill	2.16	3.43	6.19	9.62
Low Bridge	2.62	9.36	7.49	16.85
Library	2.71	11.55	10.77	22.32
Colne Valley U.D.	3.35	8.38	10.74	19.12
Horsforth U.D.	2.24	7.03	6.77	13.80
Otley U.D.	2.56	7.59	6.64	14.23
Skipton U.D.	2.93	10.77	9.48	20.25

* The gauge in the Morton Cemetery is in an open space 1¼ 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 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.

With the exception of those at Otley and Skipton, the above gauges show an increase, compared with 1946, in the mean monthly deposits of total solids, the highest percentage increases being in connection with the gauges at the Library, Keighley (27.84 per cent.) and Colne Valley U.D. (13.95 per cent.).

WORK OF THE COUNTY SANITARY INSPECTORS

The staff consisted of the acting Chief Sanitary Inspector, three County Sanitary Inspectors, and a Milk Sampling Officer, the normal staff being a Chief Inspector, four Inspectors and two Milk Sampling Officers.

Work in connection with the Milk (Special Designations) Regulations occupied much of their time. 297 farms were surveyed in connection with applications for "Tuberculin Tested" and "Accredited" milk licences, and in addition, 253 re-visits were made upon the completion of the requirements for issue of licences. The number of "Tuberculin Tested" milk licensees increased by 91 during the year, and the number stood at 421 at the end of the year. 1,979 visits were made to farms licensed to produce Designated milk. The number of samples of Designated milk obtained and examined were 403 "Tuberculin Tested" and 948 "Accredited." In general, inspections and re-inspections of the farms revealed a wish on the part of the majority of the licensees to produce clean milk; due to a very hot summer many samples of milk failed to pass the methylene blue test; a shortage of fuel at many farms often prevented the daily steam sterilisation of the milking utensils and equipment. Where possible we have helped to secure extra fuel. There is a shortage of guinea pigs and it was necessary to give local authorities a quota of milk samples which they could submit to the laboratory for examination for tubercle bacillus. Three investigations were made relating to tuberculous milk and, along with officers of the Ministry of Agriculture and Fisheries, into 26 instances where tuberculous glands and cervical adenitis had been found in children; samples of milk were obtained from the farms supplying milk consumed by the children and action taken when any infected milk was discovered. In one instance, there were four children with tuberculous glands. The farm supplying milk was visited by a Veterinary Inspector of the Ministry of Agriculture and Fisheries and a County Sanitary Inspector. An aged cow with chronic cough and induration of the udder was found and microscopic examination showed that the milk therefrom contained tubercle bacilli. The cow was slaughtered without delay. Many milk producers would do well to pay more attention to the health of their cows and avail themselves of the services of a Veterinary Surgeon in cases of abnormal conditions appearing in cows. 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 exceptions to this arrangement are ten isolated schools which have to be supplied with dried milk or liquid milk in bulk. 29,569,467 bottles of milk were supplied in the year, or an average of 159,312 bottles per day; in 172 samples of pasteurised school milk 25 (14.5 per cent.) and in 169 samples of ordinary school milk 49 (29 per cent.) were unsatisfactory. 24 visits were made to farms supplying school milk and also one complaint regarding school milk was investigated. 312 samples of "heat treated" milk were obtained 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.

300 inspections were made in connection with the Housing (Rural Workers) Acts to ensure the observance of conditions under which grants were made. Other housing investigations numbered 10. 47 investigations of water supplies to County Institutional premises and private dwellings were made. A water survey carried out in the years 1937—39 showed that 96.4 per cent. of the houses in Municipal Boroughs and Urban Districts were provided with piped water supply; in the Rural Districts the percentage of houses so served was 86. Over 20,000 houses in the West Riding are without an adequate piped supply—nearly half in Urban Districts. Under Section 28 of the Water Act, 1945, several authorities have already put forward schemes for improved water supplies. Many supplies in the West Riding are known or suspected to be plumbo-solvent and 258 routine samples from 65 supplies were examined for the presence of lead; one district in particular has been specially supervised and here a neutralising plant has been installed.

Other investigations or inspections were made in connection with the following matters—Swimming baths, 3; drainage and sewerage, 7; housing, 10; flooding of houses at Bentley-with-Arksey; refuse disposal, 4; foul smells and air sampling, 2; nuisance from tar fumes; air raid shelters, 1; Rats and Mice Destruction Act, 9; sanitary accommodation at schools, 19; outbreaks of suspected food poisoning, 33; cases of abortive fever, 6; private streets, 26; proposed sites for burial grounds, 2; appointment of County District Sanitary Inspectors, 4; smoke abatement, 5; canals, 5; water supply at County Maternity Homes, 3; various nuisances, 12.

137 conferences with Sanitary Inspectors or other officers of County Districts were held. Attendances were made at 5 Ministry of Health Inquiries (2 in connection with water supply and 3 with sewerage), 10 meetings of the Clean Milk Sub-Committee of the West Riding War Agricultural Executive Committee, 5 of the West Riding Regional Smoke Abatement Committee, 1 of the West Riding Rural Housing Technical Sub-Committee, and at Court in a case relating to the defective roof of a house.

PART VIII

STAFF

(June, 1948).

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 Venerial 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.	Paediatrician.
C. C. Harvey, B.Sc., M.D., B.S., F.R.C.S., M.R.C.P.	Paediatrician.
G. Henry, M.B., Ch.B., B.A.O.	Director of Mass Radiography Unit.
E. Campbell, M.B., Ch.B., D.P.H.	Venereologist.
B. R. Townend, F.D.S.R.C.S., L.D.S. ...	Chief Dental Officer.
Vacancy	Psychiatrist.
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 Hospital Dietitian.
Miss E. Washington	Public Health and Hospital 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.
A. E. C. Todd	Radiographer i/c Mass Radiography Unit.
L. Butterworth (1), (2), (4), (5)	Acting Chief County Sanitary Inspector.
H. Tayler (1), (2), (6)	County Sanitary Inspector.
R. D. Irving (1), (2), (7), (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

M. Hunter, M.B.E., M.D., Ch. B., D.P.H.	Division No. 1 (Skipton).
J. Battersby, M.B., Ch.B., D.P.H.	,, No. 4 (Shipley).
G. P. Holderness, M.B., Ch.B., D.P.H.	,, No. 5 (Pudsey).
R. A. W. Procter, M.C., M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.T.M.	,, No. 6 (Otley).
N. V. Hepple, M.D., B.S., B.Hy., D.P.H. ...	,, No. 7 (Ripon.
D. D. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	,, No. 8 (Harrogate).
R. G. Smithson, M.D., Ch.B., D.P.H.	,, No. 9 (Wetherby).
S. K. Appleton, M.D., Ch.B., D.P.H., D.T.M. ...	,, No. 10 (Goole).
J. M. Paterson, M.B., Ch.B., D.P.H.	,, No. 11 (Castleford).
J. F. Fraser, M.B., B.S., D.P.H., D.Obst.R.C.O.G.	,, No. 12 (Pontefract).
W. G. Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	,, No. 13 (Ossett).
W. J. Frain, M.B., Ch.B., D.P.H.	,, No. 15 (Batley).

(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).

DIVISIONAL MEDICAL OFFICERS—continued.

A. L. Taylor, M.D., Ch.B., D.P.H., L.D.S.	...	No. 16 (Rothwell).
W. M. Douglas, M.B., Ch.B., D.P.H.	...	No. 17 (Mirfield).
F. Appleton, M.B., Ch.B., D.P.H.	...	No. 18 (Brighouse).
R. C. Webster, M.D., B.Ch., D.P.H.	...	No. 19 (Todmorden).
E. Ward, M.R.C.S., L.R.C.P., D.P.H.	...	No. 20 (Colne Valley).
H. S. Bury, M.R.C.S., L.R.C.P., D.P.H.	...	No. 21 (Saddleworth).
J. Main Russell, M.B., Ch.B., B.Hy., D.P.H.	...	No. 22 (Wortley).
J. Warrack, M.B., Ch.B., D.P.H.	...	No. 23 (Hemsworth).
A. Reeves, M.A., M.D., B.Ch., B.A.O., D.P.H.	...	No. 24 (Cudworth).
R. S. Hynd, M.B., Ch.B., D.P.H.	...	No. 25 (Wombwell).
A. Eustace, B.Sc., M.B., B.Ch., B.A.O., L.M., D.P.H.	...	No. 26 (Wath).
J. Ferguson, M.B., Ch.B., D.P.H.	...	No. 27 (Adwick-le-Street).
A. Penman, M.D., Ch.B., D.P.H.	...	No. 28 (Doncaster).
B. Schroeder, M.B., Ch.B., D.P.H.	...	No. 29 (Thorne).
J. Leiper, M.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	...	No. 30 (Mexborough).
J. M. Watt, M.D., Ch.B., D.P.H., D.C.H., D.Obst.R.C.O.G.	...	No. 31 (Rotherham).

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, B.Sc., M.D., Ch.B., D.P.H.	

ASSISTANT TUBERCULOSIS OFFICERS

W. D. Hamilton, M.B., Ch.B., D.P.H.	A. D. Rankin, M.B., Ch.B., D.P.H.
A. M. Jannetta, M.B., B.Ch.	I. Reubin, M.B., B.Ch., B.A.O., D.P.H.
S. Keidan, M.B., Ch.B., C.P.H.	T. W. Ruttledge, M.B., Ch.B., D.P.H.
C. A. Koefoed, M.D., Ch.B., Ph.B.	R. J. Vince, B.A., M.R.C.S., L.R.C.P.
W. B. Lister, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.	J. Viner, M.B., Ch.B.

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, B.Sc., M.B., Ch.B.	Deputy Medical Superintendent.
Miss N. Smith	Matron.
R. Soar.	Clerk Steward.

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., D.C.H.	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
Skipton	,,	Miss W. Blakey	,, ,,	6
Walton Hall, near Wakefield ...	,,	Miss M. S. Siddorn.	,, ,,	10

DAY NURSERIES

6 Day Nurseries—total nursing staff 50.

ASSISTANT COUNTY MEDICAL OFFICERS

K. E. M. Allen, B.A., M.R.C.S., L.R.C.P.
P. A. G. M. Ashmore, M.R.C.S., L.R.C.P.
E. M. R. Bell-Syer, M.B., B.S.
M. A. T. J. Curtin, M.B., Ch.B., B.A.O., D.P.H.
R. C. Davison, M.B., B.S.
B. R. A. Demaine, M.B., Ch.B., D.P.H.
*W. Ferguson, M.B., Ch.B., D.P.H.
J. C. Goldthorpe, M.R.C.S., L.R.C.P.
*H. Gray, M.B., Ch.B., D.P.H.
I. Hargreaves, M.B., Ch.B.
S. G. A. Henriques, M.B., Ch.B.
M. A. Hillis, M.B., Ch.B.
S. Kelly, M.R.C.S., L.R.C.P.
R. B. Laidlaw-Becker, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.M.
D. P. Lambert, M.D., D.P.H., D.T.M., D.T.H.
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.
E. G. Matthews, M.R.C.S., L.R.C.P.
G. M. Mayhall, M.R.C.S., L.R.C.P.
A. Seelig, M.D. (Strasbourg).
J. J. Smith, M.B., Ch.B., D.P.H.
F. D. F. Steede, M.B., Ch.B., B.A.O.
D. M. Summers, M.B., Ch.B.
M. Townend, M.B., Ch.B., D.P.H.
H. J. Twomey, M.D., 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.
*G. A. Wilthew, B.Sc., M.B., B.S.
*E. M. Wright, B.A., B.M., B.Ch., D.P.H.

* Deputy Divisional Medical Officer.

PART-TIME SCHOOL MEDICAL OFFICERS

G. Buckle, M.B., B.S.
F. G. E. Hill, D.S.O., M.B., Ch.B., D.P.H.
H. M. Holt, M.B., B.S., D.P.H.

SCHOOL OCULISTS

R. Burns, M.B., B.Ch., B.A.O.
F. Fischer, M.D. (Vienna).
J. V. Kirkwood, M.B., Ch.B., D.P.H.
L. Wittels, M.D. (Vienna), D.O.

AREA DENTAL OFFICERS

J. M. Enderby, L.D.S.
O. A. Long, L.D.S.
H. Marshall, L.D.S.
R. Sclare, L.D.S.
A. N. F. Stannard, L.D.S.

SCHOOL DENTAL OFFICERS

C. M. Armstrong, L.D.S.
H. Barber, L.D.S.
A. B. M. Bell, 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.
F. W. Buzza, 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.
J. S. Griffiths, L.D.S.
J. Haddow, L.D.S.
M. Hattan, L.D.S.
S. Henry, L.D.S.
E. E. Jackson, L.D.S.
R. Jackson, L.D.S.
G. Kilvington, L.D.S.
D. C. King, L.D.S.
S. Levinson, L.D.S.
J. Lynn, L.D.S.
J. Mackay, L.D.S.
J. D. Manson, L.D.S.
R. T. Mosbery, L.D.S.
M. H. Platford, L.D.S.
L. E. A. Reeve, L.D.S.
C. M. Roger, L.D.S.
F. H. Sanderson, L.D.S.
K. Sissons, L.D.S.
B. Sleight, L.D.S.
H. Taylor, L.D.S.
M. Thom, L.D.S.
E. Thornton, L.D.S.
J. Todd, L.D.S.
C. J. Toon, 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.
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).
F. Swire, L.D.S. (part-time).
A. Tartelan, L.D.S. (part-time).

HEALTH VISITORS, MIDWIVES, etc.

4 Psychiatric Social Workers.
170 Health Visitors and School Nurses.
13 School Nurses.
4 Orthopaedic Nurses.
22 Tuberculosis Visitors.
4 Venereal Diseases Social Workers.
214 Salaried Midwives (directly employed by the County Council).
156 Part-time Midwives (District Nurse Midwives subsidised by the County Council).
53 Dental Attendants (one part-time).
3 Speech Therapists (part-time).

COUNTY ANALYST

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

DISTRICT MEDICAL OFFICERS (WELFARE) AND PUBLIC VACCINATORS

There are 168 District Medical Officers, 119 of whom are also Public Vaccinators, and there are, in addition, 33 Public Vaccinators only.

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