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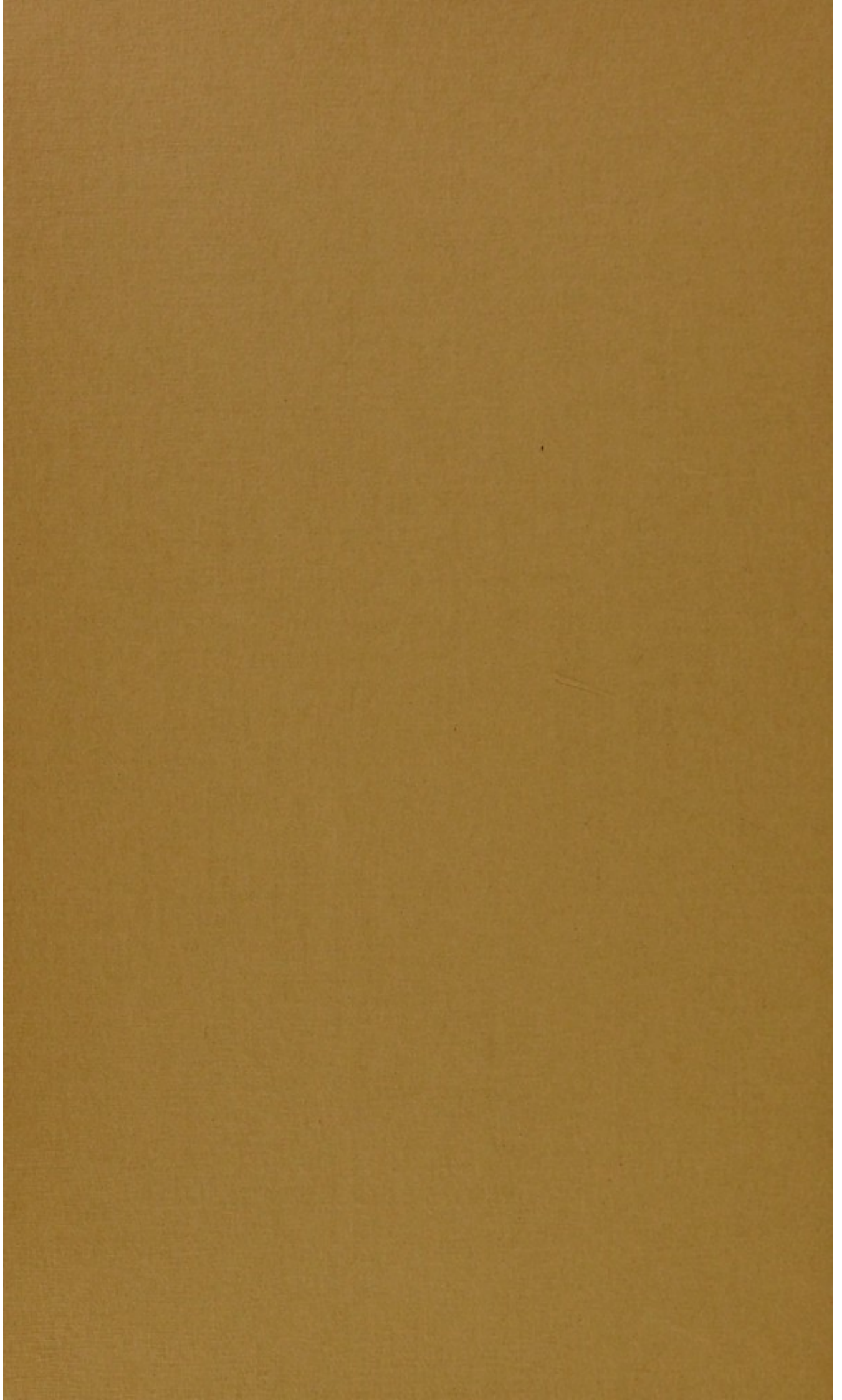


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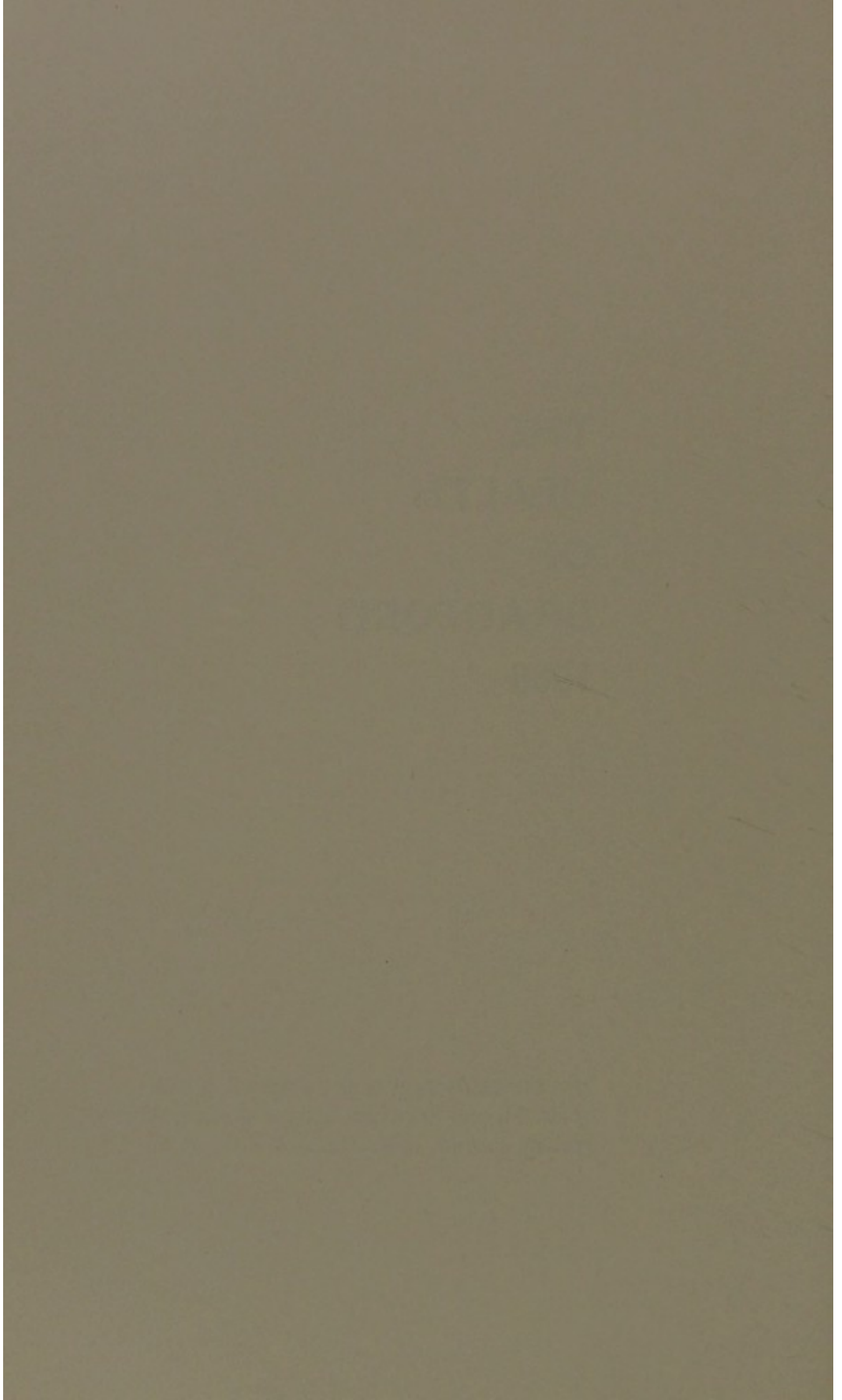
**THE
HEALTH
OF
BRADFORD
1968**

The Annual Report of the Medical Officer
of Health and Principal School Medical Officer
William Turner, M.B., Ch.B., D.P.H., LL.B.



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PREFACE

Changes in the administrative pattern of the Corporation's services took place during 1968. They are now well known but it is necessary for reference to be made for the purpose of formal record. The Bradford Plan became operative in May, 1968. A Social Services Committee was formed to deal with matters concerning the policy of work carried out by the Health, Welfare, Children's, Standards and Cemeteries departments. Chief Officers retained their departmental responsibility and a Public Health Executive Group was set up to deal with day to day problems in the Health Department, outside the scope of increased delegation of powers to the Medical Officer of Health. At the same time the Medical Officer of Health was made responsible for co-ordination of action in the Social Services Committee and was designated a member of the Management Team of officers alongside the Town Clerk, Treasurer, City Development Officer and Director of Educational Services. The Chairman of the Social Services Committee is a member, and the Medical Officer of Health an officer of the Management Committee which concerns itself with overall general and financial policy of the city. Details of responsibility of the Council, the Committees and Executive Groups are published in the Year Book. Matters of house clearance and improvement are now dealt with in the City Development Committee; the School Health Service remains the responsibility of the Educational Services Committee.

The creation of new services and the expansion of existing ones requires complete justification in the light of current financial problems. Two such advances were achieved during 1968. Firstly the new Adult Training Centre at Melville House was completed after a building period of only six months. The city can take pride in this extension to its Mental Health Services which makes it possible to have a comprehensive programme of care for the mentally subnormal in the community from early childhood to adult life. The creation of 120 new places in the social and industrial environment at Melville House releases the overcrowded conditions at Lindley House and enables the latter establishment to develop its junior and adult training functions. In turn this enables children of suitable standard to be transferred to Lindley House from the special care unit at Wedgwood House which can now continue its own development. A smaller improvement, in its way no less significant, was the introduction of personal radio communication in the Domiciliary Midwifery Service. Problems of reception arising from the hilly nature of the city restricted its present operation to areas within the ring road. In these areas the domiciliary work is more concentrated and problems of communication more frequently encountered. The midwife in a situation of potential emergency has immediate contact with those who can support her or call upon further help without her having to leave her patient. Furthermore, with the increasing incidence of hospital delivery, there may be fewer district midwives and it becomes of great administrative importance to have the efficient deployment which is made possible by radio communication. The system is proving so successful that it is intended to expand into other areas as soon as practicable.

There are two important appendices in this document. The first is a report which I made to the Educational Services Committee on the

organisation of the School Health Service in Bradford. It regards that service no longer as a duplication of the general medical facilities provided by the National Health Service but as providing medical advice where needed for educational purposes. Routine examination is retained on first admission to school in order to provide a basic record and to correlate the information already available from general sources. Thereafter certain relevant screening examinations (vision, hearing, etc.) and routine immunisation procedures will be carried out, but there will be no other routine school medical inspections at fixed intervals as in the past. These will be completely replaced by examinations as and when a situation arises when they are considered to be necessary primarily to help in physical, emotional or developmental problems in schools. The new system is expected to commence in September, 1969 and will be reviewed after three years in operation.

The second appendix relates to health problems of the Asian immigrant community in recent years. It is to the great credit of all concerned that so much has been achieved and the facts are published in the appendix in a constructive effort to help all interested people. Infant mortality has fallen to levels comparable with other births in the city; alleged prevalence of mental illnesses or school handicaps is not supported by fact. Venereal disease is decreasing markedly. Some problems of family tuberculosis remain and there is occasional importation of other infectious disease not because of the basic nature of immigration but largely as a consequence of the rapidity of air transport. I believe that with these occasional exceptions there is no health hazard remaining either within the immigrant community or to the general population which either has not already or will not respond rapidly to the provision of routine services and general educational methods.

1968 was a year of steady work and progress by all sections of the Health Department. Marginal changes in the pattern of statistical information receive comment in the text of the report and there are no significant deviations from the averages of the past few years to which I would draw attention. I wish to thank all staff of the Health Department for this work and support, the Chief Officer of the Social Services Committee for their help, and many other officers of the Corporation for their advice and co-operation. I also thank Alderman Mrs. Audrey Firth as Chairman of the Social Services Committee and Councillor J. T. Foers as Convenor of the Public Health Executive Group for their leadership and support, members of Committees for their direction and advice and all members of the Council who have contributed in many ways to the running of the health services.

MATERNITY SERVICES**Births**

In Bradford in 1968 there was a slight fall in the total number of births, 5,609, compared with 5,731 in 1967. Of the 5,609 births, 5,528 were liveborn and 81 stillborn.

The number of hospital births noticeably increased (4,154 in 1968; 3,730 in 1967) and domiciliary births decreased (1,455 in 1968; 2,001 in 1967). This change was mostly due to the opening in May of the new Maternity Hospital at the Bradford Royal Infirmary. The top floor of the new hospital is a General Practitioner Unit staffed by domiciliary midwives. During 1968, 354 babies were born in this Unit, and the number of babies delivered under the care of the general practitioner and domiciliary midwife was therefore 1,809.

The percentage of hospital confinements (including General Practitioner Unit) was 74.1—a marked improvement on previous years (65.1 in 1967 and 61.4 in 1966). The policy of planned early discharge continues, enabling a greater number of actual confinements to take place in hospital and also making beds available for the admission of patients who require antenatal in-patient care.

Stillbirths

There were 81 stillbirths in 1968. This is a significant decrease from the previous years (99 in 1967) and represents a stillbirth rate of 14.3 (14.5 as corrected by G.R.O. figures), and the lowest ever recorded in the City. Of the 81 stillbirths, 74 were born in hospital and seven on the district; 33 were mature babies and 48 were premature. Sixteen (20 per cent.) of these stillborn babies were Asian. During 1968 the risk of an Asian baby being stillborn was therefore not significantly greater than for a non-Asian baby.

Perinatal Mortality

Of all liveborn babies in the City in 1968, 89 died in the first week of life (early neonatal deaths)—an increase of 16 from 1967. The 89 early neonatal deaths with the 81 stillbirths give a perinatal mortality rate of 30.3 (29.9 corrected) per thousand total births in 1968. (30.0 in 1967). The increase in first week deaths is therefore balanced by the decrease in stillbirths, and gives a perinatal mortality rate much the same as in the previous year.

Of the 89 early neonatal deaths 62 were premature and 11 were illegitimate. Twenty-three of these babies were Asian. Eight domiciliary births died in the first week of life (two at home, six in hospital), and details of these are given in the Appendix.

Maternal Deaths

During 1968 there were six deaths of Bradford women in association with childbirth or in the subsequent year. Two of these deaths were due to coronary thrombosis six months after confinement. Both mothers were less than 30

years old and neither had taken an oral contraceptive. A third mother died from a strangulated bowel three weeks after a Caesarean section and repair of a ventral hernia. The other three maternal deaths all occurred at the time of confinement. One of these was due to accidental haemorrhage, and one to acute pulmonary oedema and hypertension. The third death at delivery was a patient who sustained fatal head injuries in a road accident in late pregnancy and whose baby was delivered by Caesarean section at the time of the mother's death. Two of these six maternal deaths were of Asian women.

Illegitimacy

Of the 5,609 births in the City in 1968, 703 were illegitimate. This implies an illegitimacy rate of 12.5 per cent., and is much the same as in 1967 (12.4 per cent). Although there has been little increase in the illegitimacy rate in the City the local figure is still considerably above the national average. Eight illegitimate babies were stillborn and a further 17 died before the end of the year. Thirty-three mothers were 16 years old or under when their babies were born and ten of these became pregnant whilst still attending school. The number of 15 and 16 year old girls having illegitimate babies in 1968 was significantly higher than in the previous year.

15 years: 1967—5 girls; 1968—8 girls

16 years: 1967—15 girls; 1968—23 girls

Schoolgirls: 1967—4; 1968—10

These figures do not include a larger number of 16 year old mothers who married before their babies were born.

Detailed statistics of the illegitimate births are given in the Appendix.

Care of the Unsupported Mother and Her Child

During 1967 there was an exceptionally high number of admissions to the Authority's Mother and Baby Home at Oakwell House. In 1968 the number dropped to 98—a similar figure to that of the previous few years.

Of the 98 mothers, 46 were admitted to the Home after the birth of their babies. In a few instances this was because no arrangements for their care had been made until they were admitted to hospital in labour. In the majority of post-natal cases the mothers did not wish to be admitted until after their confinement because they were having their second or subsequent baby and had other children to care for at home.

Fostering at ten days has continued to be requested by a high percentage of those mothers whose babies are to be ultimately adopted. The number of babies discharged to foster parents was 28, whereas only 12 babies stayed in the Home for six weeks and were discharged directly to their adoptive parents.

It is perhaps an indication of the extent to which unmarried mothers now feel able to keep and care for their babies themselves that of 98 mothers in Oakwell House during the year over half of them (51) returned home with their babies, and this is in a selective group which because of special difficulties required admission to a Mother and Baby Home. In the community at large the percentage of illegitimate babies kept by their mothers is very much higher.

Most patients return from the maternity hospitals to Oakwell House on their second day post-partum. They are then visited by a Local Authority midwife until their tenth day. At all stages there is co-operation and liaison with the welfare workers of the Bradford Diocesan Family Welfare Committee and the Social Worker of the Leeds Diocesan Rescue, Protection and Child Welfare Society (for Roman Catholic mothers). These workers do a great deal of hard work in trying to help unsupported mothers to cope with their many problems and decisions both in pregnancy and after the baby is born.

Of the 98 mothers in Oakwell House during 1968, 81 were Bradford residents, 16 were sponsored by the West Riding County Council and one was from another local authority.

In 1968, of Bradford girls, one was admitted to St. Monica's Home, Bradford, six to St. Margaret's R.C. Home in Leeds and two to the Huddersfield Mother and Baby Home.

Family Planning

During 1968 the Local Authority implemented the National Health Service (Family Planning) Act, 1967 in the following ways:

- (a) By providing the Family Planning Association with the free use of premises at Edmund Street, Eccleshill, Holmewood and Green Lane Clinics.
- (b) By paying to the Family Planning Association a *per capita* fee in respect of medical cases approved by medical officers of the Authority.
- (c) By providing a limited Local Authority family planning service for those persons who require a comprehensive follow-up service for medical and/or special reasons.

The latter provision started in April 1968 and by the end of the year 256 patients had been seen and advised. One session is held each week at Edmund Street Clinic. The initial method of contraception offered was the intra-uterine device in 162 cases and an oral contraceptive in 94 cases. Patients have been referred to this Clinic by health visitors, midwives, social workers, Chest Clinic physicians and general practitioners. A few patients were found to be pregnant at the initial visit and are therefore not included in the 256 cases. Five patients were found to have positive cervical smears and were referred to their general practitioners for follow-up by a gynaecologist.

The Local Authority Clinic sees patients with medical or medico-social problems often associated with an inability to care adequately for their existing children and also coupled with poor motivation to any kind of planning. It is as yet too soon to evaluate the work of this Clinic but by the end of the year 20 patients had already discontinued attendance.

During the year 129 patients were sponsored by the Local Authority to the Family Planning Association. In addition, 53 patients re-attended the Family Planning Association clinics having been first sponsored in the previous year. The Family Planning Association medical officers and clinic secretaries have continued to liaise with the Local Authority in the care of these patients.

Screening for Cancer of Cervix and Breast

During 1968 cervical cytology and breast examination clinics continued for the fourth successive year. As the local policy is to repeat cervical smears every three years, we re-examined 342 women previously checked in 1965. The screening service is programmed for the computer and patients are re-called automatically after three years. The number of patients seen for the first time was 3,026—a noticeable decrease from the previous two years. The fall off in response to cytology clinics has been experienced nationally and it appears that frequent and varying methods of publicity and health education are required to stimulate a response in those women who have not already taken advantage of the tests. During 1968 we were able to see all patients requesting examination, with very little delay. The cytology laboratory is able to examine more smears than it is at present receiving.

Though the total number of patients seen during the year is fewer than previously it is worthwhile noting that the incidence of positive smears has risen. There were 42 women with positive cytology, an incidence of 12 per 1,000 (this compares with ten per thousand in 1967 and six per thousand in 1966). One of these positive cases was a patient who had a normal smear in 1965. In addition to the 42 positive tests there were five patients with suspicious smears still awaiting repeat checks at the end of the year.

In this City any woman aged 25 years or above is eligible for cervical cytology. In view of the present policy of the Department of Health and Social Security to consider only patients of 35 years and above as priority cases for this examination, it is interesting to note that of the 42 women in Bradford in 1968 with positive smears no fewer than 18 (43 per cent.) were less than 35 years old. Twelve of these women were less than 30 years old.

An analysis of the positive cases is given in the Appendix.

SOCIAL CLASS OF PATIENTS ATTENDING SCREENING CLINICS (PERCENTAGE DISTRIBUTION)

Social Class	1	2	3	4	5	Unclassified
1965	9.4	28.0	55.3	4.3	1.7	1.3
1966	7.5	25.2	59.9	5.3	1.0	1.1
1967	2.7	22.3	64.7	6.7	3.1	0.5
1968	2.7	20.1	67.3	7.0	2.3	0.6
% of persons in Bradford in each class (population as at 1961 census)	2.2	24.1	37.1	28.0	8.4	0.2

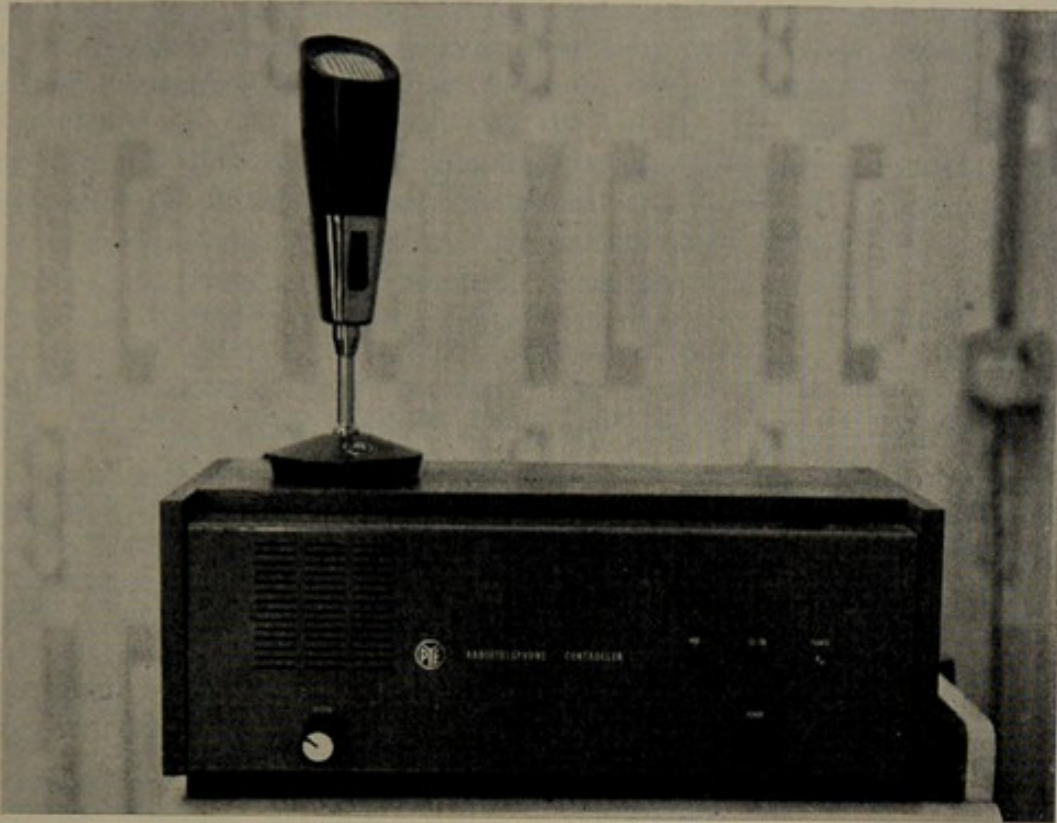
Municipal Midwifery Service

Staff

The Service has been up to full establishment throughout the year. Four full-time midwives left—three due to pregnancy and one to take health visitor training. The number of part-time midwifery staff has remained very stable. Two former full-time midwives have returned to the Service for part-time duties.

Domiciliary Births

The number of patients who wanted to book for home confinement or the General Practitioner Unit was 3,187.



The transmitter and receiver at Edmund Street Clinic



The transmitter and receiver used by a district midwife showing the size relative to the rest of her equipment

**THE RADIOTELEPHONE EQUIPMENT PUT INTO USE IN
THE MUNICIPAL MIDWIFERY SERVICE 1968**

The number of babies born at home was 1,455, including seven stillbirths. Also included are 45 women who had made no arrangements for their confinements (53 emergency calls to women having miscarriages are not included).

Seventy-seven premature babies were born at home. This includes four premature stillbirths. Thirty-one babies were nursed entirely at home, and 42 babies were transferred to hospital.

Analgesia in Labour:	Pethidine	856
	Trilene	949
	Entonox	94

Maternity medical services given by general practitioners, and off-duty periods covered by the Leeds Emergency Medical Service, are very satisfactory.

The Ambulance Service has continued to be a great help to the Midwifery Service. Ambulance control receives all midwifery calls between 5.30 p.m. and 7 a.m. They reassure expectant fathers and relatives. There is a stand-by on the "Pocketfone" ready to summon a doctor or another midwife should one be required. They deal kindly with mothers in labour, and mothers discharged home after confinement, and they take out a heated oxygenaire cot for a premature or sick baby. They also provide transport for midwives in bad weather conditions.

Medical Aid

A record is kept of the reasons for which midwives request medical advice for patients. These totalled 1,099 for the 4,721 mothers who were attended at some stage of their pregnancy by the Midwifery Service.

During the ante-natal period on 596 occasions medical advice was sought, the principal reasons being:—

Toxaemia	...	...	...	...	134
Post-maturity	...	...	...	...	64
Breech presentation	...	...	...	...	66
Anaemia	...	...	...	...	54
Antepartum haemorrhage	...	...	...	...	49
Premature rupture of membranes	...	...	...	...	35
High head at turn	...	...	...	...	34
Others	...	...	...	...	160

When the patient was in labour, on 417 occasions were complications present which caused midwives to seek the doctors' help. The principal reasons were:—

Delay	...	...	...	...	83
Premature labour	...	...	...	...	52
Foetal distress	...	...	...	...	43
Malpresentation	...	...	...	...	32
Repair of episiotomy/torn perineum	...	...	...	...	37
Others	...	...	...	...	170

On 86 occasions during the lying-in period, help had to be sought principally for:—

Pyrexia	...	...	...	...	23
Breast engorgement	...	...	...	...	3
Others	...	...	...	...	40

2,442 mothers were discharged from Hospital or G.P. Unit 48 hours or less after confinement. In only 76 cases did the midwife doing the post-natal nursing care at home find it necessary to seek medical assistance for an abnormality. In most of these cases the abnormality was relatively minor and treatable at home. These figures illustrate effectively the safety of the early discharge scheme in the City.

It is evident also, from this summary of medical aid calls to general practitioners, how essential it is for the benefit of mother and baby that domiciliary midwives should have a good liaison with medical colleagues who can rely upon her to report abnormalities during pregnancy, labour and the post-natal period.

From this list of medical aid calls to the patients' general practitioners, it is evident how essential it is for the benefit of the mother and baby that domiciliary midwives should have good liaison with medical colleagues who can rely on her to report abnormalities during pregnancy, labour and the early post-natal period.

Premature Baby Service

There are four full-time premature baby midwives. Due to the opening of the Special Care Unit at Bradford Royal Infirmary, there has been some easing off of the pressure on the Premature Baby Unit at St. Luke's Maternity Hospital, and small babies are being kept in hospital for a longer period. This has eased the demand for follow-up given by the premature baby midwives to small babies often in poor social conditions.

The Maternity Unit at Bradford Royal Infirmary

The new Maternity Unit of 123 beds opened on 8th May, 1968. The fourth floor of the building is the General Practitioner Unit, M4. To maintain the link between the Domiciliary Midwifery Service and the general practitioner services, Bradford Corporation arranged a contract with the Hospital Service for domiciliary midwives to staff the General Practitioner Unit, which opened on 13th May, 1968.

This Unit is staffed completely by the district midwives, and the patients are attended by their own general practitioners. The Hospital Service provides hotel service for the mothers, and also provides two nursing auxiliaries.

The Unit has two first stage rooms, two labour wards, a recovery room, five four-bedded post-natal rooms, four nurseries, three single rooms, dirty and clean utility room, large day room with television, doctor's office, sister's office, sister's station halfway in the block, and a room with couch for overnight rest for a husband if he elects to stay. There are showers, bidets and bathrooms opposite the post-natal wards.

The district midwives book the mothers in the usual way at the Local Authority clinics, and ante-natal care is given by them and the general practitioners, as is relaxation and mothercraft teaching. When a patient starts in labour she telephones the Unit and an ambulance is sent, or her husband brings her.

The district midwives work in nine groups of four, and two groups of three. They work on a rota of three shifts, and to give continuity to patients,

for seven days consecutively. This occurs once every nine weeks. The shifts are:—

8 a.m. to 3.30 p.m.	} 7 days
3 p.m. to 11 p.m.	

Night duty (11 p.m. to 8 a.m.) is covered by midwives in other groups not working straight shifts on the Unit. Four part-time midwives work regularly on this shift.

In an eight week period the midwives work one seven day shift on day duty, four nights on the Unit, and eight nights on call for district cases. The midwives in the two groups of three do not have a shift on day duty at the Unit.

All staff have alternate weekends (a half day on Friday and days off on Saturday and Sunday). Before the day duty shift, the midwives taking this duty have a half day on Wednesday, a day off on Thursday, work seven days, and on the following Friday begin their weekends.

The bed occupancy averages 18, as the Unit is primarily a delivery centre, but cases from poor social conditions stay 10 days. There is a rapid turnover of patients, as out of 357 cases 330 went home the day after delivery.

On admission the general practitioner is notified and the labour conducted as a home delivery. Delay in labour is treated by the general practitioner who, if necessary, arranges transfer to the Consultant Unit via the admitting obstetric registrar. The patient is moved in her own bed to the Delivery Suite downstairs. After delivery on the Consultant Unit, the patient and baby are transferred back to the General Practitioner Unit if all is well. No patients are admitted to the Unit for ante-natal care.

In addition to the full-time midwives there are 16 part-time midwives who help on the Domiciliary Midwifery Service. Nine work on the Unit as well as doing district nursings and district ante-natal clinics (26 per week). Part-time midwives are welcomed for their services, as the stable hours they can work fit in with the irregular labour calls and emergency type of work undertaken by the full-time midwives.

The district midwives use their own drugs as they would on the district. All Unit records have to be duplicated, as patients delivered in the Unit are counted as hospital deliveries. A ward clerk will shortly commence duty on the Unit. The general practitioners like the scheme. All prescriptions for patients are dispensed on Form EC10 and obtained from a local chemist. A district premature baby midwife calls if there are feeding problems, and a portable incubator is kept on heat on the Unit if a baby should need to be transferred.

All baby feeds, including sterile water, are made up in a central milk kitchen which serves the whole hospital. They are brought to the Unit by milk kitchen staff and stored in the Unit milk room refrigerator. Each baby has its perspex cot with locker containing all it will need whilst in the Unit. The laundry service for mothers and babies is a "topping up" system done daily by hospital ancillary staff throughout the whole hospital. Washing up is a central service in the basement.

Bathing of babies is at birth only and the mothers are taught to use the Infa-care technique and take out the lotion with them. Second day dis-

charge cases have a sterile pack given for the district midwife to continue her work at home.

The C.S.S.D. service operates throughout the hospital, and a "topping up" service comes daily to the Unit. All lotions are made up in the hospital dispensary and those used in the labour ward are kept in hot cupboards so they are ready for use at all times.

Mothers are delivered in their own beds and then wheeled to the ward. Babies stay with the mothers, unless too disturbing at night.

Each day a hospital physiotherapist comes to the Unit. The mothers either go to the day room for exercise or stay in bed if newly confined.

An excellent canteen is used by all staff, and meal tickets are obtainable from machines.

Mothers from out of the area are also booked, and once monthly a small ante-natal clinic with Local Authority doctor in attendance is arranged on the Unit, to introduce the mother to the Unit, to the staff, and to deal with problems. The average attendance is six to eight. The general practitioner is notified about this on the booking letter.

The use of the same chart throughout the whole maternity service has proved its worth once again in a venture like this—all doctors and staff know where to look, and the chart is there if the patient has to be transferred to the Consultant Unit.

As soon as the new hospital was opened it was decided to temporarily discontinue the use of 46 ante-natal beds at St. Luke's Maternity Hospital whilst central heating was being installed in the wards. These beds will come back into use in March, 1969.

The Unit is used as a delivery unit, except for patients with very poor social conditions, who are kept in 10 days. The usual day of discharge is on the second day after delivery. Domiciliary midwives escort home all mothers and babies discharged from the General Practitioner Unit and the Consultant Unit at Bradford Royal Infirmary.

From 13th May to 31st December, 1968, the number of mothers confined in the General Practitioner Unit by domiciliary midwives was 355, including one stillbirth. Of these, 131 were primigravidae. Five from outside the city area were confined in the General Practitioner Unit. In the total number there were 10 premature babies.

Analgesia in Labour:	Pethidine	258
	Trilene	9
	Entonox	229

Discharges from General Practitioner Unit:	
0 — 48 hours	350
3 — 7 days	8
7 — 10 days	42

Co-ordination and Co-operation of the Health Department Service with the Hospital and Family Doctor Services

The Municipal Midwifery Service has an excellent informal liaison with the hospital and the family doctor services.

Liaison with the Family Doctor Service

Expectant mothers are seen weekly, from 26 weeks pregnancy, at the Local Authority ante-natal clinics, by the domiciliary midwives unless they

have an appointment to see their own doctors. Seventy per cent. of family doctors in the area use the General Practitioner Unit for their patients, and doctors who live some distance away make arrangements with doctors living near, to look after their patients who wish to be confined there. Twenty-six family doctors see their patients in the domiciliary midwives ante-natal clinics. Family doctors use the Domiciliary Midwifery Service to trace expectant mothers who default attendance at their surgeries.

Liaison with the Hospital Maternity Service

Many expectant mothers booked for hospital confinement are referred back to family doctors who refer them to the local ante-natal clinic until later in pregnancy. Owing to a shortage of ante-natal beds (due to B. Block, St. Luke's Maternity Hospital being closed for 11 months to put in central heating) there have been numbers of expectant mothers waiting for ante-natal beds. A total of 277 mothers have been visited daily for two to ten days by the domiciliary midwives, who report to the family doctors about the mothers' conditions.

The domiciliary midwives assess home conditions with a view to early discharge six to eight weeks before confinement, for every patient booked for hospital delivery.

They visit to give injections ordered by the hospital doctors, so that these mothers do not need to go back daily to the hospital. Jectofer injections were given daily for 10 days to 444 patients.

Defaulters to the hospital ante-natal clinic, if they default a second appointment, are visited by the domiciliary midwives, and the sister at the hospital ante-natal clinic is notified of the reasons. The number of defaulters visited was 423.

The early discharge scheme operates smoothly from each hospital.

DISCHARGE OF MOTHERS FROM HOSPITAL

Place of Birth	0—48 hours	3—7 days	8—10 days	10+ days	6—7 days
St. Luke's Maternity Hospital	1,537	147	172	33	—
Bradford Royal Infirmery	555	29	35	—	—
General Practitioner Unit	350	8	42	—	—
Shiplely Maternity Home Duke of York Home	—	—	—	—	243
Bradford	—	78	—	—	—
Other Hospitals	—	—	—	—	71

Casenotes

The same record of patients' casenotes is used throughout the Hospital, Family Doctor, and Domiciliary Midwifery Services. This is very helpful and saves much duplication.

Home Help Service

Within the Department, tribute must be paid to the Home Help Service. Often, at a moment's notice, due to arrangements not made or breaking down, a home help has to be supplied to a family.



A premature baby midwife showing baby clothes suitable for this climate to an Asian mother

Mothercraft Classes

Number of patients who attended in 1968	445
Total attendances:	
Physiotherapy	2,674
Parentcraft instruction	2,693
	— 5,367

Fourteen classes were held weekly throughout the City. Some patients who attended were hospital booked cases.

Eighteen fathers have attended "fathers' evenings". These were enjoyed by parents and staff.

Ten patients have made 80 attendances at classes in psychoprophylaxis.

Work of the Section to the Immigrant Population

The Domiciliary Midwifery Service is in very close contact with all sections of the immigrant population. The domiciliary midwives visit the homes, and concern is felt by them on account of the low protein diet of most Asian mothers. When they are in-patients on the General Practitioner Unit, Asian mothers eat very little, even when the food is specially prepared. Consequently many Asian mothers suffer from iron deficiency anaemia. The immigrant expectant mothers seldom fail to attend the Local Authority ante-natal clinics. An interpreter is always present, but most midwives have a few words of Urdu, etc. Much person-to-person teaching is given by the midwives regarding baby clothes, napkins, warmth and cots, and a specimen set of baby clothes is shown to them.

As so much teaching is given in the homes, the midwives have firsthand information about the household duties which small Asian girls have to do. A lot of teaching is needed to the male members of these families.

INFANT HEALTH

The following birth statistics are based on Departmental records. Vital statistics calculated from numbers supplied by the General Register Office, are given in Table 1 in the Appendix.

In 1968, 6,021 babies (live and still) were born in Bradford—639 were 'transferred out' (babies born in the City to non-Bradford mothers) and 238 were 'transferred in' (babies born outside the City to mothers normally resident in Bradford).

Of the 5,609 Bradford babies, 105 died within 28 days of birth, and 89 died in the first week. There were 81 stillbirths and of these 48 were premature. It is interesting to note that of the 89 deaths within the first week, 60 were premature, although prematurity was not always the principal cause of death.

The perinatal mortality rate was 30.3 (29.9 as corrected by G.R.O. figures) per thousand total births and is similar to rates recorded in recent years.

The number of babies dying within the first year of life was 160, and the infant mortality rate was 28.7 per thousand live births; a fractionally higher rate than that for 1967.

Infant welfare clinic facilities have been improved in that the clinic at Muff Field has been transferred from rented church premises to a new multi-purpose health centre at New Cross Street, incorporating general and preventive medical facilities. The clinics in the City continue to be generally popular and attendances have remained high. During the year immunisation against measles has been given to infants and a new schedule of immunisation and vaccination procedures recommended by the Department of Health and Social Security has been adopted. The total number of children who, for various reasons, are deprived of a normal home life and require reception into the care of the Local Authority continues to gradually increase. Generally speaking the standard of health of this group of children at the time when they leave home is not satisfactory, and is in marked contrast to that of the great majority of children receiving a normal upbringing throughout the City.

Infant Mortality

The following table classifies the causes of death in children under the age of one year:—

	1967	1968
1. Bronchopneumonia	44	34
2. Prematurity	49	63
3. Atelactasis	8	6
4. Congenital anomalies	28	23
5. Deaths associated with delivery	10	20
6. Infectious fevers	12	12
7. Misadventure and violence	4	2
8. Others	7	6
	162	166

We are again concerned at the number of children in whom gastro-enteritis was the cause of death. This year, there were six children under one year who died from gastro-enteritis, and two children aged 17 months and four

years respectively. In addition there were two children in whom gastro-enteritis, although not the principal cause of death, was an associated cause. The youngest child to die from the condition was two weeks old and the oldest four years of age. Three of the children were illegitimate, and in three cases the home standards were thought to be unsatisfactory.

Bronchopneumonia

During 1968, 43 children died from bronchopneumonia, this is only one less than in 1967. In several cases the children were found dead in their cots without having shown any suspicious symptoms.

Deaths of Children 1—5 years

There were 22 deaths occurring in children in the 1—5-year-old group, and the causes of death were as follows:—

Misadventure	...	...	...	...	12
Infections					
Bronchopneumonia	...	4			
Gastro-enteritis	...	2			
					6
Malignancy	...	...	...	...	3
Congenital anomalies	...	...	...	...	1
					<hr/> 22

Accidental Deaths in Children 0—15 years

After the first year, accidental death is the main risk to life, and the following table shows the incidence during recent years. The numbers have tended to increase, and road accidents this year show a sharp increase and have caused more than half of the deaths due to misadventure or violence.

	1965	1966	1967	1968	
Road Accidents	1	6	3	13	
Burns	1	3	3	—	
Asphyxia	3	—	8	5	
(asphyxia due to house fire and included in the above)	(—)	(—)	(6)	(4)	
Inhalation of vomit	—	2	2	—	
Poisoning					
Tablets	2	—	—	1	(manslaughter)
Gas	1	—	—	—	
Lead	—	—	2	—	
Drowning	1	—	1	—	
Others	1	2	2	—	
	<hr/> 10	<hr/> 13	<hr/> 21	<hr/> 19	

Congenital Malformations

During the year, 80 infants were reported as having congenital defects; 73 of these were live born and seven stillborn. The most common defect was talipes, of which there were 24 cases.

The following table shows the defects found:—

Defects	
24	talipes
6	congenital dislocation of hip
17	central nervous system

The 17 defects of the central nervous system were as follows:—

hydrocephaly	...	...	5
anencephaly	...	...	5
spina bifida	...	...	5
encephalocele	...	...	1
microcephaly	...	...	1

Child Welfare Clinics

During the year, 56,257 attendances were made at the 25 child welfare clinics throughout the City. A total of 1,427 sessions was held. The general reasons for attendance of children were outlined in the report for last year.

Although free medical advice has been available for all people from medical practitioners during the past 20 years, infant welfare clinic consultations have continued to be popular and indeed, there is some evidence that demand is increasing. This may be a reflection on the considerable pressures experienced by general practitioners in industrial areas. Demands for the purchase of welfare and other infant foods from the clinics has continued. A selective range of infant foods is sold at the clinics at purchase cost plus 10 per cent. to cover administrative costs. Although similar foods can be bought in supermarkets at comparable prices, many mothers still prefer to obtain their infant foods from child welfare clinics. This enables the clinic staffs to give suitable advice about the various preparations available for infant feeding. The range of foods is limited, of necessity, because of stock keeping difficulties.

In a high proportion of the total number of children receiving immunisation in the City, the procedure was carried out in one of the clinics. The system of sending reminders, which is based on the use of the computer, has been helpful in maintaining a reasonable level of immunity, and it is hoped that this will continue with the new immunisation schedules which have been introduced.

Day Nurseries

The six day nurseries maintained by the Authority continue to provide for those children who for some medical or social reason require day care, and in addition some children are admitted who require individual attention and stimulus. The average attendance for all nurseries is 236.72 for the 290 places available—a considerable improvement on last year.

The policy of registering more children at each nursery than there are places in that nursery has continued, and this has not caused any difficulty; the average attendance at each clinic being below the number of places available.

Nursery	Places	Children on Register	Average Attendance (per cent of children on register)
Albion Road	30	39	69.7
Brownroyd	50	56	68.5
Canterbury	40	44	80.2
Farcliffe	70	78	74.1
Greaves Street	60	73	62.4
Thornbury	40	46	70.8

At Risk

At risk registers were introduced so that special attention could be given to children who were thought to be more likely to become handicapped by reason of their inheritance, of the antenatal care of their mothers or of natal, postnatal or social factors. Although the concept has been criticised in the medical press it is still considered to have a limited usefulness. In Bradford we have dispensed with the compilation of formal registers, but children known to be at risk are noted by health visitors who have specific instructions concerning the minimum number of visits and the types of enquiry to be made in each case. We consider that it is a useful means of focusing attention upon these children and the method used is intended to reduce to a minimum the amount of clerical and administrative work involved. A formal register of handicapped children is kept by the Authority and the main usefulness of this is in connection with the provision of special education and the supervision of handicapped children who attend normal schools or nursery classes. The policy of giving priority admission to day nurseries for children who have handicaps or whose development is suspected to be abnormal has continued.

Nutritional Problems

The most common nutritional problem in this City is the over-feeding of infants, often because of the too early introduction of cereal foods by well intentioned parents. This leads to obesity and children over-fed in infancy often become the fat in later childhood. Not only does this invoke ridicule from their fellows, but also leads to a shortened expectation of life due to a predisposition to arterio-sclerotic disease in later life.

Nutritional deficiency diseases are relatively uncommon; occasional cases of scurvy and rickets are seen but few of them are severe. During the year, there was some evidence arising from the incident of lead poisoning that children in "twilight" areas of the city were having less than the normal requirements of Vitamin D. As a result of the use of X-ray screening for lead poisoning, a number of children were found to have radiological changes consistent with rickets and in some cases this was confirmed by bio-chemical examinations. A special clinic was established at Usher Street to deal with this problem and suitable vitamin therapy was prescribed.

The evidence is, therefore, that although the majority of children are receiving good nutritious food, a number are unwisely fed and others among the very poor may be deficient in essential nutrients.

Attention has been paid to the nutrition of infants born to immigrant mothers, and in general their physique is superior to that of siblings born before their parents came to this country. Iron deficiency anaemias common in infants in the Indian sub-continent are not seen with great frequency in Bradford, and infant feeding practices correspond to those of the indigenous population. The absence of serious iron deficiency anaemias in this group of people may be partly due to the increased intake of meat products among non-vegetarian mothers, to the absence of hookworm in this country and the use of iron-containing weaning foods. Nutritional megaloblastic anaemia of infancy seen in breast fed infants of vegetarian mothers in India is unusual here.

Phenylketonuria

At the moment, the practice of testing for phenylketonuria by the Phenistix method is still used. The health visitors perform this test when the babies are three and six weeks of age. In recent years, a number of children with phenylketonuria have been detected in early infancy and dietetic treatment to prevent mental subnormality has been instituted early. It is now known that this test is not very reliable and consideration has been given to the use of alternative screening methods. These will be introduced as soon as necessary facilities are available.

Health Visiting Service

At the end of 1968 there were 54 health visitors on the staff—40 full-time and 14 part-time. The pattern changes from year to year, more staff working part-time each year with a variety of hours, varying from four mornings per week to almost full-time, dependent on domestic circumstances, (e.g. being at home when children return from school). This is obviously the pattern of the future where the Service depends upon an increasing number of married women and staff can only work part-time. For many years we had only two members of staff working part-time compared with 14 in 1968.

We lost 10 health visitors in 1968; the largest number ever to leave the Service in any one year. Resignations were due to retirement, marriage, pregnancy and removal from the area. It was unfortunate that the Health Visitor Training School could only replace two vacancies. Two of the resignations were from centre superintendents, and one vacancy was filled from the existing health visitor staff. Miss Rennie, Geriatric Health Visitor, retired after being in post for twelve years. She is missed in the geriatric services and by the health visiting staff as liaison officer with the hospital services.

The Diabetic After-care Service continued as in previous years, with Miss Wolstenholme co-ordinating the Service, and three health visitors combining this work with general duties. All attend out-patient clinics at the Royal Infirmary on a rota system.

The Tuberculosis Service remains as in previous years, with Mrs. Bell, stationed at the Chest Clinic, responsible for co-ordination, and three health visitors combining after-care visiting with general duties.

In the Geriatric Service, hospital after-care visits are made by area or general practitioner attached health visitors, to patients discharged from hospital geriatric units. They continue to visit as and when necessary; a list of discharges being received weekly from St. Luke's, Bierley Hall and Stoney Ridge hospitals. Other discharges of the elderly are made known to the health visitors through medico-social workers or ward sisters for after-care visits as required.

Miss Cox continued to act as Venereal Disease Social Worker, stationed at St. Luke's Special Diseases Clinic. She keeps in contact with the general health visitors in the field.

The follow-up of infectious diseases continued to be carried out by two state registered nurses; one full-time and one part-time, stationed at the

Central Offices of the Health Department. Visiting in connection with scabies, whooping cough and measles is carried out by the area health visitors.

Our work with the immigrant population has been helped by having a Pakistani health visitor and a trained nurse on the staff. Interpreters at the child welfare centres, in the three main areas where most Asian immigrants live, helped by assisting the health visitors in their supervision of child care, and by giving advice and counsel on their problems. Miss Hussain, our Pakistani health visitor, has her own area of work and acts as advisor to the health visitors in the central area who have any difficulties that arise in immigrant families. She attends the child welfare sessions at the Edmund Street and New Cross Street (G.P. Unit) Centres, both of which are used by large numbers of Asian immigrants. Mrs. Harun (State Registered Nurse) attends the child welfare clinics at Lapage Street, Edmund Street and Green Lane—areas where there are many Asian families. She visits for the health visitors where there are language difficulties. The language barrier is still our greatest difficulty in our dealings with Indian and Pakistani immigrants. In health visiting, most contact is maintained with families through the mother, and she is the least likely member of the family to speak and understand English: thus trained staff and interpreters of the same nationality are most valuable. There are many people who can act as interpreters, but few with the medical background of the state registered nurses and the health visitors. Because of this, other services are constantly asking for their assistance. This is hard to refuse, particularly where there are mental health problems, but the two staff concerned are more than fully occupied with the Health Visiting Service.

The following figures are examples of some of the visits made by health visitors in 1968:—

Visits to children under 5 years	...	...	...	97,125
Visits to the elderly	...	...	...	4,460
Visits to patients discharged from hospital	...	...	...	1,575
Visits to diabetic patients	...	...	...	3,498
Visits to cases of tuberculosis	...	...	...	3,514
Visits to child minders	...	...	...	276
Visits to play groups	...	...	...	131
Visits to immigrants	...	...	...	13,437
No access visits	...	...	...	23,856

Co-operation with Hospital Services

Co-operation with these Services continue to work satisfactorily. Some health visitors, e.g. those concerned with tuberculosis and venereal disease control, work from the appropriate hospital departments, whilst others with special duties assist in outpatient departments on certain days, when the specialist clinics are held. Day to day contact is maintained with medico-social workers in all the City's hospitals. Sisters in charge of wards for children and the elderly are particularly helpful to the Health Visiting Staff.

Co-operation with Family Doctor Services

With a large number of doctors practising in the City and a much smaller number of health visitors, it has been difficult to increase general practitioner/health visitor attachments.

There are now 23 health visitors (out of a total of 54) who work specifically with general practitioners. In many instances the health visitor has complete attachment, i.e. her caseload is that of families on general practitioner lists only. The remaining 31 health visitors have an attachment and a small geographical area.

A further seven health visitors have liaison duties. They make regular contacts with the doctors to whom they are allocated and often pay visits to their surgeries in order to exchange information.

Fourteen general practitioners work exclusively from Local Health Authority owned practice centres, and many others use Clinic premises for some of their practice consulting sessions. The health visitors attached to these centres make almost daily contact with the doctors, whilst keeping regular close touch with other members of the public health team at main district clinics.

Attachment to general practitioners can bring a wider field of work to the health visitor, particularly in health education and social support. Regular communication between health visitor and doctor helps both to understand the nature of the other's work and problems.

The general practitioner is almost invariably confined to dealing with pathology. His interest in preventive medicine is increasing, but other demands upon his time preclude much work in this area. Conversely, the health visitor, if she is to remain a truly preventive medicine field worker needs to go on doing routine visiting to apparently healthy families. Only then is she in a position to recognise early deviation from normal in child development, or the beginnings of a medical or social problem in a family group. This difference of approach must be emphasised, for it is over this difference that misunderstandings occasionally arise.

'Community care' is now becoming a reality in the City, and co-operation between the Local Authority and the general medical services is generally very good. Thus the main objective—of better patient care—is being reached.

School Nursing

Almost all the health visiting staff are concerned, if only in a small way, with the School Health Service, whether this is teaching in schools, liaison with teachers with regard to the home and social background of the children, being present at the first school medical inspection, or visiting in the home where there are problems or children with any discovered defects. The work they carried out was assessed as the equivalent of 10 full-time school nurses.

The full report on school nursing will be found in Chapter 3 (School Health Service).

Nurseries and Child Minders Regulation Act, 1948

At the end of the year, the number of persons registered to mind children in their own homes was 32. Although the total number of children they were registered to mind was 130, the actual number of children being

minded in December was 80. Eight women who are registered as daily minders are not minding for a variety of reasons, but remain on the register. In addition, two private nurseries are on the register providing places (mainly for 3 to 5-year-olds) for 20 and 30 children respectively.

Play Groups

A play group is a group of from 6—30 children, (depending on the size of premises), aged 3—5 years, who play together regularly for sessions lasting approximately 2—2½ hours. Almost every child benefits physically, mentally and socially from belonging to a well run play group. It provides space to play, companions of a similar age, absorbing equipment and play materials, much of which can be improvised and made, and opportunities for imaginative play with skilled supervision.

Teachers, particularly nursery and infant teachers or nursery nurses at home with their children, can usually be found to supervise a group, assisted by mothers on a rota basis. The premises are church halls and local authority centres (such as child welfare clinics), or youth clubs.

There were 24 groups at the end of the year. The Bradford branch of the National Association of Pre-school Play Groups has held monthly evening meetings during the winter at Edmund Street Clinic.

Play Leaders' Courses continue to be held at the Nursery Nurse Training Department at the Technical College, and are much appreciated.

Mothers' Clubs

These clubs were in existence before the Maternity and Child Welfare Act, 1936, when they were run by the voluntary Maternity Care Committee for poor mothers. They still serve an economic and social need, especially in new housing estates where young mothers can feel isolated and lonely. The clubs provide a social outlet for mothers, and yet enable them to take their children with them. We are in need of helpers to organise play for the children so that the mothers can receive the greatest possible benefit from the teachers. These clubs are really sewing classes where mothers can acquire confidence and skill in cutting out and making clothing for themselves and their children. They are now all held in our own centre premises. No charge is made to the mothers. The teachers are supplied by the Education Department, and the Health Department reimburses their salaries. The clubs are held as follows:—

Tuesday	Allerton Centre
Wednesday	Saint Street
Thursday	Buttershaw Centre (held at St. Martin's Church Hall, Haworth Road, until December, 1968)
Friday	Holmewood

SCHOOL HEALTH SERVICE

The traditional pattern of the routine medical inspection of school children at the ages of five, nine and fourteen has been continued in Bradford. However, in three areas of the City the intermediate examination has been carried out selectively since 1963. The numbers of children selected have been in the region of 50 per cent. The advantages of examination by selection are agreed and during the year discussions have taken place in the Department and with teacher colleagues in a review of the whole practice of medical inspection. It has been decided that all children should be examined in their first year at school routinely, and subsequently at any time should they demonstrate signs of failure in the educational environment.

The administrative details of this new concept in educational medicine should be completed during the coming year when it is hoped that the scheme will start. Regular screening of children for defects of vision and hearing is recognised as being of great value. Plans are also in hand to continue and expand this aspect of our service.

The Medical Examination of Immigrant Children

The Bradford system of offering a pre-school medical examination to all children arriving from countries abroad has been continued in view of the undoubted benefit to the children.

Apart from the general investigation of health with appropriate referral to the various consultants where necessary, the following specific tests were made:—

- i) Heaf test, followed by B.C.G. vaccination or X-ray of chest as indicated.
- ii) Stool tests for pathogenic organisms and helminth ova.
- iii) Blood tests for anaemia and malaria (these have disclosed a further group of children for whom treatment is beneficial).

At the time of the medical examinations, a senior officer of the Education Department has assessed the suitability of children for entry to a Bradford school directly, or for admission to a special immigrant education centre where specialised English language instruction is given.

During 1968 a total of 1,359 children was examined under the 'Immex' Scheme, compared with an average of 1,500 per annum over the previous three years.

At the end of the year there were 45 immigrant children on the registers of our special schools:—

SCHOOL (Handicap)	Asian	W.I.	TOTAL
Chapel Grange (E.S.N.)	3	3	6
Langley (Delicate)	2	—	2
Linton (Delicate)	3	1	4
Linton (Maladjusted)	—	1	1
Lister Lane (Physically Handicapped)	9	—	9
McMillan (E.S.N.)	5	—	5
Netherlands (E.S.N.)	3	—	3

Odsal House (Deaf and Part Deaf)	...	8	—	8
Temple Bank (Part Sighted)	...	4	—	4
Thorn Garth (E.S.N.)	...	1	—	1
Residential				
E.S.N.	...	1	—	1
Epileptic	...	—	1	1
				45

Occasional difficulty in placement has been experienced for those handicapped children with no knowledge of English. Whenever possible an attempt has been made to teach them some English at an immigrant centre or occasionally by home tuition, before admitting them to a school, where they have integrated well.

Assessment of educational failure in immigrant children is difficult because the intelligence tests normally used are not applicable to children of different linguistic and cultural backgrounds. The problem is at present being investigated and it seems likely that special school facilities will be required for a greater number of immigrant children.

Vaccination and Immunisation

Immunisation against poliomyelitis, diphtheria and tetanus was offered to children at the school medical examinations. In addition visits were made to infant and junior schools to give measles vaccination to susceptible children. This campaign will be extended to include older children next year.

During the Autumn term, B.C.G. vaccination of pupils over the age of 13 years, and found to be Heaf negative, was carried out.

B.C.G. Vaccination in 1968

	Indigenous Children	Immigrant Children	Total
No. of pupils skin tested	4,438	1,101	5,539
No. of positive reactors	527 (11.9%)	578 (52.5%)	1,105 (19.8%)
No. of negative reactors	3,911	523	4,434
No. of negative reactors vaccinated with B.C.G.	3,889	519	4,408

School Casualties

The casualty service provided for Bradford schools by the Central Clinic not only relieves the hospital services, but also avoids long periods of waiting for children and teachers.

Total casualties	...	1,314
Wounds requiring suture	...	130
Children referred to hospital	...	174
Total treatments given	...	4,307

Examination before Admission to Remand Homes

The total number of children examined before admission to remand homes was 212.

Examination of Teachers and Students

Routine medical examinations of teachers on appointment, and students proceeding to college, were carried out as follows:—

Teachers	...	...	90
College Entrants	...	...	359

Analysis of Cases seen by Dr. R. L. Belsey, Dr. H. C. Black, Dr. T. Priestley, Dr. J. Roche, and Dr. J. L. Wood, Oculists

	School Children	Pre-School Children
Errors of refraction	2,061	1
Squint	200	12
Other defects	181	1
Referred to hospital for orthoptic treatment	69	—
Number of children for whom spectacles were prescribed	1,257	—
Number of children for whom spectacles were supplied	1,109	—

Dr. Roche and Dr. Wood have resigned, but fortunately Dr. Belsey has been able to provide extra sessions. Six clinics a week are held at Manor Row and one at Green Lane.

Audiometric Testing

Each child in his first year of school life is the subject of audiometric screening. Approximately 40 children were screened per session by Mr. Milner, audiometrician, from the Bradford Royal Infirmary. Of 3,356 children tested during the year, 201 were referred to hospital for further investigation.

In addition 304 children of all ages were referred to the Central Clinic for audiometry. This was carried out by two school nurses who have received special training in this field. Dr. Beswick reviewed children with abnormal audiographs at her monthly clinic. Those requiring specialist treatment were in turn referred to a consultant ear, nose and throat surgeon.

Reports received from the Ear, Nose and Throat Unit of the Bradford Royal Infirmary concerning referred school children were analysed as follows:—

For observation and re-assessment	...	...	98
Removal of tonsils and adenoids	...	...	62
Removal of adenoids	...	...	12
For investigation and treatment as in-patient	...	...	3
No real hearing loss	...	...	95
For inflation of Eustachian tubes	...	...	8
Otitis media	...	...	12
Bilateral middle ear deafness	...	...	26
Paracentesis	...	...	3
Other treatment	...	...	5
Inner ear deafness	...	...	2

Speech Therapy

In September, two new speech therapists, Mrs. Cooper and Mrs. Hayes, were appointed, thus increasing the establishment to three full time speech therapists.

This has permitted a much needed expansion of the Service as well as a reduction of the waiting list of cases for treatment. Speech therapy sessions are now held at the Central Clinic, and at Allerton, Bierley, Eccleshill, Holmewood and Odsal Clinics; in addition there are weekly visits to Chapel Grange, Netherlands Avenue and McMillan E.S.N. Schools and Lister Lane School for Physically Handicapped Children. One session per month is also held at the Green Lane Remedial Centre.

During the year 172 new cases were referred for therapy and 342 children attended for treatment or diagnosis at the clinics. Seventy-four patients were discharged. Ninety children received treatment in the special schools.

Attendances have been as follows:—

	School Children	Pre-school Children
School clinics ...	2,203	194
Special schools ...	793	—

Students from the Speech Therapy Department of the Leeds College of Technology continued to attend the Central Clinic for clinical observation and practice.

Physiotherapy

Despite staff changes during the year, the total complement of staff (three full-time and five part-time state registered physiotherapists) has remained the same.

Children received treatments at Lister Lane School, Langley Residential School and Lindley House Occupation Centre.

The number of children referred to Manor Row, Odsal, Eccleshill and Holmewood Clinics was less than the previous year. This was probably due to the discontinuation of the treatment of *pes planus*.

The numbers below refer to children treated at the school clinics.

Postural defects ...	94
Respiratory conditions ...	104
Recent injuries ...	11
Cerebral palsy ...	4
Skin conditions ...	3
Other debility ..	12
<hr/>	<hr/>
Total admitted ...	228
<hr/>	<hr/>
Total attendances ...	2,007

Children discharged

Improved ...	132
Self-discharged ...	24
Referred to hospital ...	4
Left school ...	6
Left district ...	1
<hr/>	<hr/>
Total	167

Chiropody

Mrs. Dalby retired in March, and when her successor, Mrs. O'Donoghue was appointed, chiropody sessions at the Central Clinic were increased from two to three per week. The Thursday afternoon session has also been extended to allow secondary school pupils to attend outside school hours.

Verrucae are still the commonest conditions requiring treatment. During the year 561 children made 2,151 visits.

Special Schools

Linton Residential School for Delicate and Maladjusted Pupils

There were 110 children on the register at the end of the Autumn term—80 delicate (45 boys, 35 girls) and 30 maladjusted (22 boys, 8 girls).

For some years the school has remained open for periods during the Easter, Whitsuntide and Summer holidays to provide holiday and recreational facilities for those children in social need. Last Easter and Whitsuntide fewer children remained behind than in previous years, and none did so during the summer holiday. In view of the diminishing need for this facility it has been decided that in future all children will go home for the whole of each holiday period.

For the second year an exchange visit was arranged with the Royal Wanstead School. A party of 33 senior pupils and four staff went to London and a very full programme proved an extremely stimulating experience.

Visits were arranged for the senior class to see fabric weaving and an engineering works in Skipton and Crosshills. Thirty-four children entered the Skipton Christian Aid sponsored walk early in May. Twenty-eight of these completed the 30 miles under appalling conditions and nearly £35 was raised by the School.

Lister Lane School

At the end of the autumn term Miss Mattock retired after serving for 25 years as headmistress. Mr. Brian Mitchell was appointed her successor.

The indoor swimming pool was built during the year and should be ready for use early in 1969. Plans are being made for groups of children from six years of age upwards to receive swimming lessons and remedial exercises in the pool, which is hoped to be of considerable therapeutic value.

The number of children on roll has varied between 138 and 145, their ages ranging from three to 16 years. Thirty-eight children were admitted and 14 transferred to ordinary schools, nine to other special schools and nine left for either further educational training or employment. One leaver gained a G.C.E. pass in English.

Langley Residential School for Physically Handicapped Pupils.

At the end of the year there were 22 children on the register—18 boys and four girls.

Since Easter 1967, the school has operated as a residential school for five days a week, parents being allowed to take their children home each weekend if they wished. The experiment has been successful, and from January 1969 all children will go home each weekend providing they are well enough to travel. It is regarded as important that all the children, particularly the young ones, have plenty of contact with their families.

Miss Stobart resigned in December after many years service. We wish her well in her retirement and welcome Mr. Griffiths, her successor.

Temple Bank School for Partially Sighted Pupils

There were 87 children on the register in January and 84 in December. During the year there were 14 admissions and 17 discharges. Those admitted included four infants of five years of age and one boy accepted from the Immigrant Centre.

Children discharged included one boy to Queen Alexandra's College, one boy to Hethersett Training Centre, one boy to normal school, one boy to the Special Learning Class and one girl to Fox's School of Commerce. The remainder, leaving school at the statutory age of 16 years, ultimately found employment in offices and shops. One girl was accepted on a course of nursery nursing.

During 1968, three boys and one girl were successful in passing C.S.E. examinations in English, geography, history and mathematics. Children of the C.S.E. groups have taken part in outdoor fieldwork, surveys, and have visited local places of historical interest.

A group of older children attended the swimming baths at Chapel Grange School each week. A number of certificates was awarded.

The school building has been extended with the erection of an extra room on the existing terrace. This has given much needed extra accommodation for woodwork and pottery.

Odsal Day School for Deaf and Partially Hearing Pupils

The number of children on roll has remained constant at 147; 65 deaf pupils and 82 partially hearing children. There have been six classes for the deaf and eight for the partially hearing. Owing to staffing difficulties it was not always possible to provide teachers for this number of classes and some considerable re-organisation has been necessary to cater for the children.

There has been a steady intake of young deaf and partially hearing children and the Infant Department now numbers 45. A profoundly deaf boy gained a place at Burwood Park School for Deaf Boys and a profoundly deaf girl entered the Mary Hare Grammar School. Two girls who were entered for the C.S.E. examinations, Mode 1, were awarded Grade 5 passes. This was the first attempt at the C.S.E. examinations.

The senior pupils achieved outstanding successes in the field of athletics and swimming, and the school now holds the National Championship Shield for Athletics for Schools for the Deaf throughout the country, the Yorkshire Cup, the North Regional Cup and the National Cup for swimming, and a large number of individual championship medals and trophies. Six pupils have received extra coaching in swimming in the Bradford Training Squad, and three of them hope to represent Britain in the Deaf Olympic Swimming Championships in Belgrade in 1969.

At the Bingley Festival of Music and Dance the Senior Choral Speech Group was the class winner and the Junior Choral Speech Group came second—both gaining honours certificates. The junior children took the choral speech examination of the London School of Music and Drama, and gained their Elementary Grade certificates.

There has been continued co-operation from the Ear, Nose and Throat Unit of the Bradford Royal Infirmary, and as far as supplies have allowed, the

hearing aids have been adequately serviced and maintained. However, the delay in the supply of ear level hearing aids has severely affected the continued production of standard Medresco parts, and many children have had to wait a considerable time for standard replacements.

The group hearing apparatus, supplied by Amplivox, has been linked to a mobile trolley so that there can be more full movement within the class and the group.

The need for extra accommodation, including science rooms and more nursery provision, becomes pressing.

McMillan Special Day School for Educationally Subnormal Pupils

There were 173 children on roll at the beginning of the year and 191 at the end. Six boys were transferred to Thorn Garth Residential School, eight were transferred to the training centre, and one child was able to return to ordinary school. Fifteen boys left school at 16 years to take up employment.

There has been a teacher for each class and one extra, allowing special concentration on religious instruction, gardening, remedial work and craft. The special craft work was the beginning of three boats—a broad beamed fisherman, a Canadian canoe and a single seater Eskimo canoe. When they are completed it is hoped to train senior boys in their use on the nearby canal.

Chapel Grange Special Day School for Educationally Subnormal Pupils

This school has continued to develop throughout the year. In January there were 119 children on roll and one class in the senior school remained unopened. By the end of the year there was a full complement of staff with all classes functioning, and 138 children on roll.

An experimental scheme has been commenced to help bridge the gap between school and the working world. The top class of girls now have a course at the Technical College each Friday morning, and they visit factories and other work places agreed with the Youth Employment Bureau each Tuesday morning. Although the girls are not accompanied by school staff, they discuss problems when they return.

Emphasis has been placed on teaching the girls independence, and giving them responsibilities. They have, for example, taken messages to the City Hall and when educational visits have been arranged they have travelled alone or in groups following pre-arranged routes and meeting the teacher at the place of interest. All work in school has been geared to their future work or home life, e.g. writing has centred around letters and the filling in of forms, and craft work has been done as 'piece work'. Already much benefit is being shown by the more mature conversations and attitudes of the girls.

The result of regular swimming has been encouraging. The standard of cleanliness required for a child to use the bath is high and this has much improved the general standard and reduced the incidence of septic sores. The total health, co-ordination and confidence of the children has improved.

Thorn Garth Residential School

There were 35 boys on roll at the beginning of the year and 34 in December. Of the seven boys who left the school during the year, three

found employment, two were transferred to an E.S.N. day school, one to a training centre, and another boy left the area. Unfortunately one child died after emergency admission to hospital for peritonitis.

Improvements have been made to the building by alterations and redecoration of the kitchen and the classroom block.

Netherlands Avenue Special Day School for Educationally Subnormal Pupils

In January the school had a complement of 90 children which rose to 110 by the end of the year.

All juniors have taken part in housecraft activities; mainly the safe handling of kitchen utensils and the preparation of a simple meal. The senior girls before leaving school spend one day each week in the Housecraft Department coping as far as possible with the duties of a housewife and mother, e.g. shopping, washing, ironing, the preparation of a meal, bathing a child, sewing, etc. The leavers group has also been encouraged to take an interest in the social services. Some girls have helped with various duties at local clinics and childrens' play groups. Girls from the age of 14 years onwards have also been encouraged to travel to school by public transport rather than the school bus. It is hoped that these measures will help to encourage self sufficiency in preparation for life when the children leave school.

School Nursing

The greater part of the school nursing duties was carried out by state registered nurses who also assist in the Child Welfare Service, mainly in clinical work. Each main divisional centre has one or two state registered nurses to carry out in the area minor ailment clinics, refraction clinics, visits to schools for various vaccination and immunisation procedures, including B.C.G. vaccination, vision testing, hygiene inspection, preparation for and attendance at school medical inspections. As far as possible the nurses are concerned with a certain number of schools so that they become familiar with the children and teachers.

In 1968, 23 nurses were employed, the equivalent of 17.3 full-time school nurses. Four nurses were employed part-time during the term time only, and one full-time during term time only. Eight nurses (including two full-time) left the service during the year. Six nurses were appointed.

One part-time nurse continues to assist in the special sessions for the examination of immigrant school entrants. One school nurse is resident at Linton Special School, and one is employed full-time at Lister Lane Special School. Two are stationed at Manor Row School Clinic dealing with the usual minor ailment clinics, specialist vision testing sessions, and the manning of the school casualty service. They assist with the school medical inspections at some grammar schools and carry out audiometry testing in the Clinic.

The welfare officer appointed to Buttershaw Comprehensive School carries out school nursing duties within the school and keeps in touch with the Buttershaw Clinic staff. More comprehensive schools will, no doubt, follow this pattern of appointment. In fact, one of our existing nurses has already

been appointed to the position at Tong Comprehensive School, to start during the first term of 1969.

The introduction of a new system in connection with head infestation has taken up a great deal of the time of both nursing assistants and school nurses, in some instances at the expense of routine inspections in schools. Although the cleansing of heads in the clinics by the shampooing of hair and application of Lorexane has prevented many children from being excluded from school for long periods, it has not reduced the number of 'hard core' families where children are persistently found to be verminous at every hygiene inspection. The new system may keep the children in school, but it encourages the lack of responsibility of parents for the care of their children. That "the clinic" will cleanse the child every time he is found to be infested does nothing to improve this.

Total number of individual children examined ...	169,211
Total number of pupils infested	2,369

Seven nursing assistants were employed as in previous years, their duties mainly being concerned with hygiene inspections, head cleansing, scabies treatment, and assisting at various clinics.

Details of the visits by school nurses to schools and homes are given in the Appendix.

School Dental Service

Principal Dental Officer—Mr. J. M. MacKay, L.D.S.

Staff

The full-time equivalent of dental officers was 8.6, at 31st December, 1968 (or approximately 6,250 children per dental officer) and represents our weakest position for four years.

Mrs. D. M. Young, B.Ch.D., left at the end of November after 4½ years on our staff and we wish her well on moving to Birmingham. Miss K. Fellows joined the full-time staff in September on qualifying as a Dental Auxiliary at New Cross Hospital, London. Anaesthetics staff consists of one full-time senior medical officer and one part-time medical officer (G.P.). Dental surgery assistant staffing is in a sound position and we welcomed to our ranks Miss S. Watkins who gained the 'Nurse of the Year' prize for 1968 at Leeds Dental Hospital.

Statistics

Statistics for the year's work are compiled under two headings reproduced in the tables—'School Health Service—Dental Inspection and Treatment Statistics' and 'Dental Services for Expectant and Nursing Mothers and Pre-School Children'.

Although it is not possible to inspect the whole school population in twelve months, it will be obvious from the work done that comprehensive treatment is given to those who do undergo treatment. The encouraging trend continues in respect of fillings, including crowns (particularly porcelain jacket crowns) inlays and root-treatments, relative to both permanent and deciduous teeth.

Liaison with the Regional Hospital Consultant in Orthodontics (Mr. D. B. Johnson, F.D.S., D.Orth.), has developed most satisfactorily and he completed 29 sessions at Manor Row Central Clinic during the year with an average of 11.3 patients attending each session. A similar happy liaison exists with the Regional Hospital Consultant in Oral Surgery (Mr. H. D. Penney, F.D.S.), who has dealt with a large number of cases referred by us for hospital admission and surgical intervention (including 'routine' cases such as haemophiliacs, spastics and patients on special chemo-therapies).

Co-operation with medical and dental general practitioners continues satisfactorily with particular accent on the prompt treatment of 'accident' and 'general anaesthesia' cases referred by them to us.

Courses

One full-time dental officer attended a post-graduate course in Orthodontics at Sheffield University.

Six dental surgery assistants attended locally at one day or half day courses, sponsored by various dental supply firms.

Fluoridation

The principle of fluoridation of the public water supplies was initially rejected by Bradford City Council in December 1965, then reversed in November 1966. In 1967 the matter was again reconsidered and once more fluoridation was rejected.

I abide firmly by those observations which I made in my 1965 Report and make no apology for repeating them.

"The first reaction to the information shown in the two tables on Dental Statistics is one of satisfaction at the creditable effort that is being made by the dental staff in coping with the acknowledged high incidence of dental caries in the Bradford area.

It is important, however, in evaluating this data, to realise that the extent of the problem is not likely to diminish in future years, since such figures refer to essentially reparative treatments and failed to emphasise sufficiently the real need for preventative measures, additional to those already employed (i.e. dental health education).

The most effective and practicable method of prevention is that of fluoridation of public water supplies. The evidence on which this statement is based, accumulated over a period of at least 25 years and from wide areas of the globe, is overwhelmingly in favour of the acceptance of this method".

Child Guidance Clinic

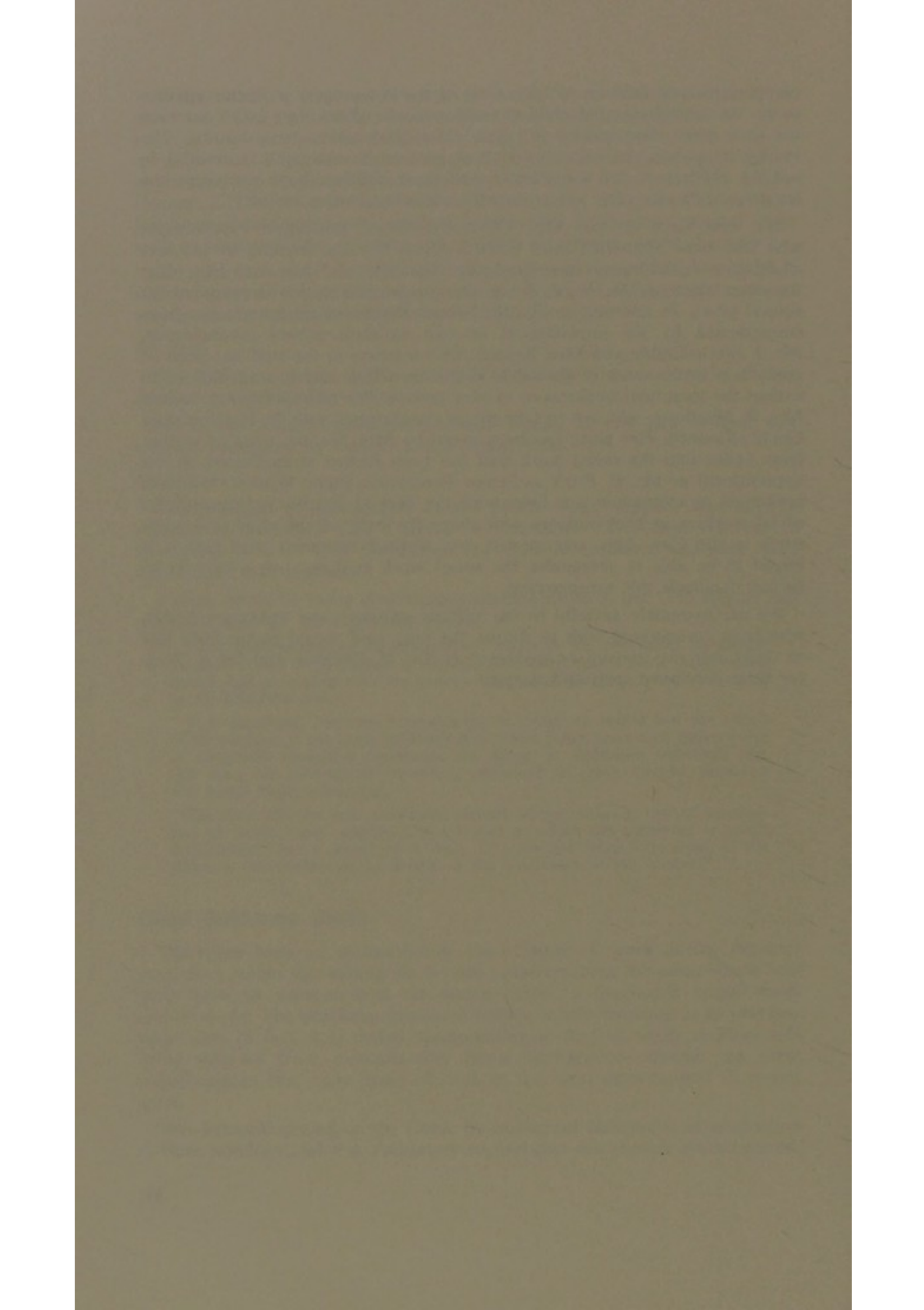
There has been no diminution in the pressure of work during the past year. As a result, the waiting list is once again reaching the point where new cases have to wait at least six weeks before a diagnostic appointment can be made. The problems presented remain much the same as in previous years and, in fact, it is rather disappointing to find so many children still being referred from unsatisfactory home backgrounds despite the great improvements that have been effected in the total environment in recent years.

The demands placed on the Clinic by immigrant children is in proportion to their numbers and it is customary to find that the parents are interested,

co-operative and anxious to help. One of the commonest problems appears to be the resettlement of children with parents whom they have not seen for some time, and indeed in some cases, may never have known. The immigrant classes for recent arrivals appear to be extremely successful in settling children in the community and most children have overcome the language difficulty after a few months residence in this country.

We were sorry to lose Mrs. Devereux, Senior Education Psychologist, who had been appointed tutor on the course for the training of teachers of backward children at the Cambridge Institute of Education. Her place has been taken by Mr. W. M. Peace who has worked in this Department for several years. In addition to this the School Psychological Service has been strengthened by the appointment of two assistant school psychologists, Mr. J. Steele-Childe and Miss Russell. This increase in the staff has been of great help in the work of the Child Guidance Clinic and has enabled us to extend the treatment undertaken in play groups. We were also sorry to lose Mrs. P. Meadows, who left to take up an appointment with the Hertfordshire County Council. Her place has been taken by Mrs. Surana, a social worker from India, and the social work staff has been further strengthened by the appointment of Mr. E. Prtak as Senior Psychiatric Social Worker. We have continued to strengthen our links with the Mental Health Service and the social workers in both services now share the bulk of the child and adult work in the City. This arrangement has worked extremely well and it is hoped to be able to reorganise the social work staff in such a way as to further facilitate this arrangement.

We are extremely grateful to the various statutory and voluntary bodies who have co-operated with us during the year, and would particularly like to thank our two consultant psychiatrists, Dr. H. Edelston and Dr. I. Berg, for their continued help and support.



MENTAL HEALTH SERVICE

During the year the staffs of the Mental Health Service and of the Child Guidance Clinic have become increasingly integrated although remaining under separate committees. This integration has increased the variety of work undertaken by the social workers in both the departments and has laid the basis for a family orientated service.

The new Training Centre for adults has been completed and has been given the name Melville House. This new Centre will provide the opportunity of mixing males and females in the work situation. It is intended that the previous Adult Training Centre should be occupied by the majority of adult females and concentrate mainly on social education and training. The women attending Melville House will be sent there in order to receive some industrial training before going out to work.

Prevention, Care and After-Care

The response to the Young Persons' Advisory Service has been very encouraging and we are extremely grateful to those who have sacrificed their private time in order to make this Service a success. Other services which are intended to play some part in the prevention of mental illness include the Day Centres for the aged and the Mothers' and Infants' Group. In addition to these specific services, much of the case work undertaken by social workers has a definite preventive value and we are receiving an increasing number of referrals of families who are showing early signs of stress and who require help and support if an overt mental breakdown is to be avoided.

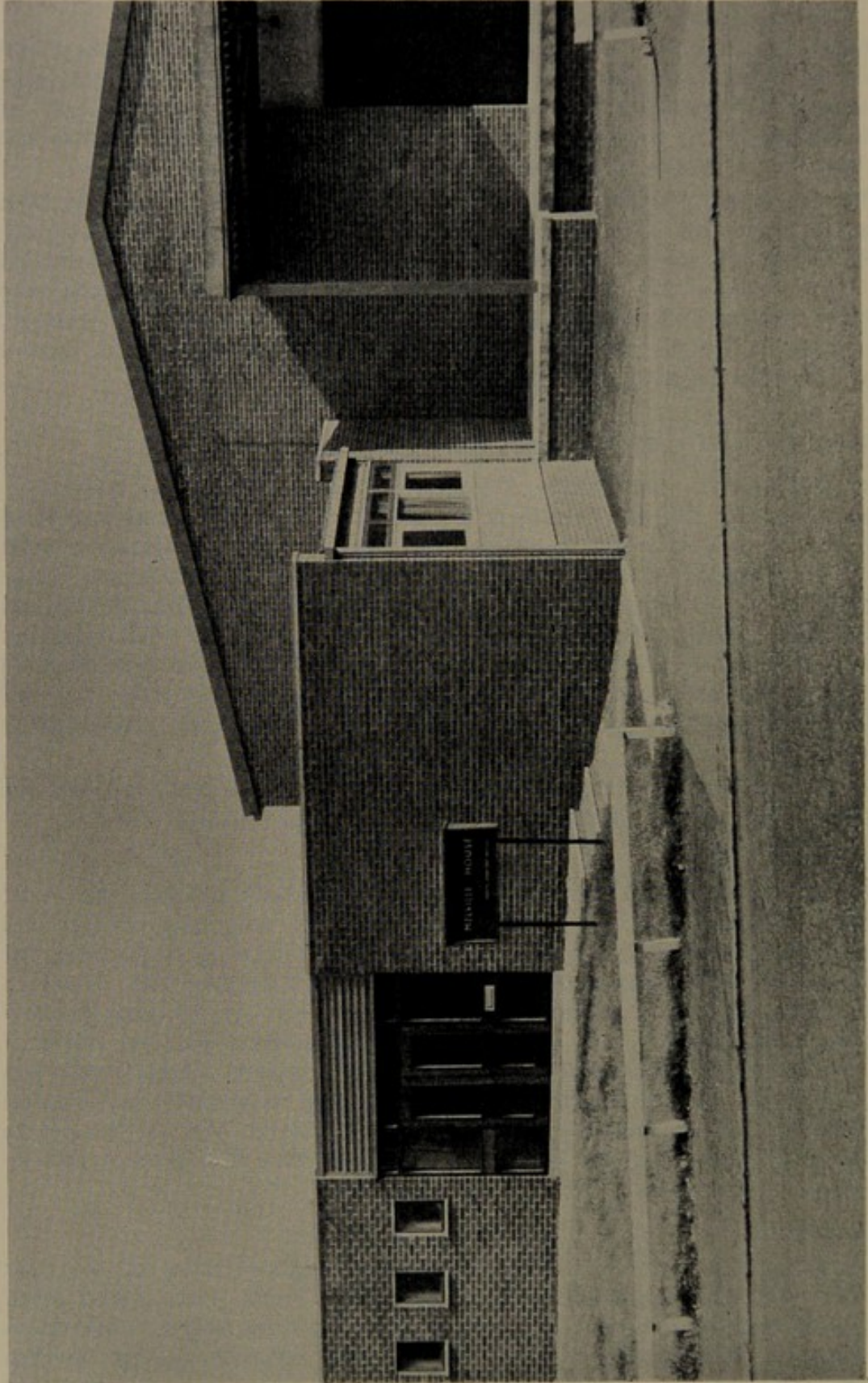
The following units are provided in order to facilitate and expedite the care and after-care of persons suffering from mental disorder:—

Glenholme Hostel

This Hostel has remained fully occupied throughout most of the year; the major proportion of the residents continue to be long stay patients. All the residents are reviewed regularly and a social worker is responsible for rehabilitating them in the community, and ultimately helping them to return to their relatives or find accommodation of their own. The Housing Department has always been very co-operative about housing suitable residents and the house let in apartments which the Housing Department has assigned to the Mental Health Service has proved a considerable asset in the rehabilitation of residents from Glenholme Hostel. We are hoping to obtain other houses for this purpose, as it seems that this kind of accommodation is a necessary corollary to a hostel.

Listonshiels

This Hostel has remained fully occupied throughout most of the year and there has been a good level of employment. It has been found more difficult to develop a homely atmosphere in this Hostel and it would seem that there are two reasons for this. Firstly, male residents do not develop any real attachment or loyalty for the Hostel and secondly, a purpose-built hostel seems to take a longer time to develop a truly homely atmosphere.



The new adult training centre at Melville House

Lindley House Junior Training Centre

The number of children on the register was 114. It is hoped that the over-crowding resulting from such a large number of children will be relieved when the adult females move across into the portion of the building that has been vacated by the men. We were very sorry to lose Mrs. Stevens in the earlier part of the year and welcome her successor, Mrs. Mitchell, who has maintained the high standard of work that was characteristic of Mrs. Stevens. The staff at the Centre are particularly interested in developing teaching techniques that are suitable for the mentally subnormal and in this they receive help and advice from Mr. Peace, the Senior Education Psychologist.

Lindley House (Adult) Female Training Centre

At the end of the year 77 adult females were attending the Centre. The work undertaken by the women has been increasingly diversified during the year and more industrial work has been introduced. On occasions the women have worked in the Men's Centre in order to learn some of the skills that are required for contract work which has been undertaken.

Melville House Adult Training Centre

This new Training Centre at Preston Street is now completed. It will accommodate 140 trainees, and it is intended that men and women should attend the Centre. With the completion of this Centre, adult males have transferred from Lindley House.

Basically the building consists of a large workshop which can be arranged according to the requirements of any contract work that has been undertaken. This will make the building more flexible, and will also produce a more normal workshop atmosphere.

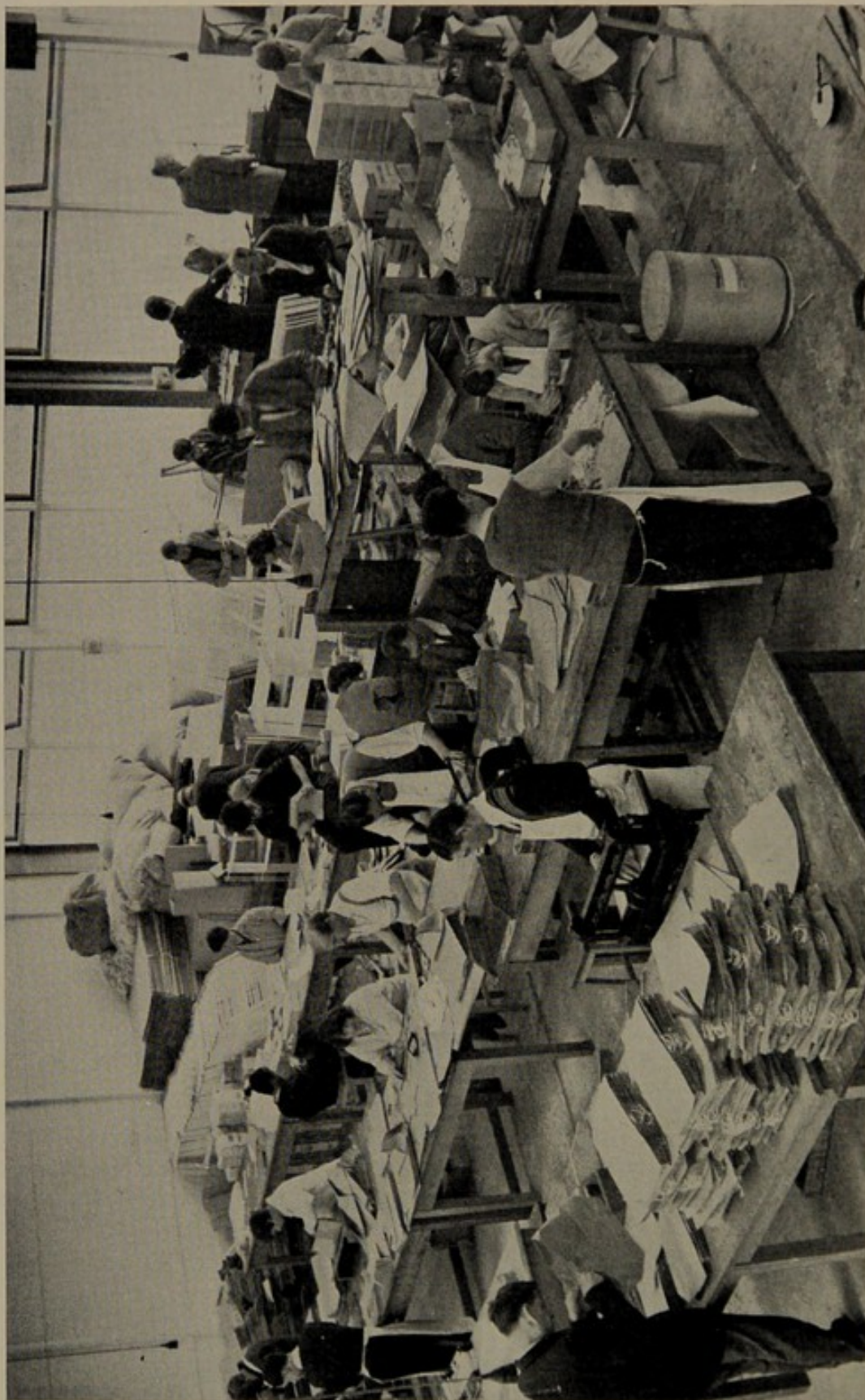
The work undertaken at the Centre has become increasingly industrialised during the year, and the following firms have supplied us with regular contracts:—

James Lumb Ltd., Dudley Hill
Fishers, Huddersfield
Mulcott Belting Co., Dudley Hill
Stevensons, Shipley
Calder Paper Co., Halifax
Widdops, Eccleshill
Messrs. Mack-King, Ripponden
White and Carters, Doncaster

The total value of the work undertaken was £2,029 and we would like to thank all the firms concerned for their interest and support. We would also like to thank the City Treasurer and his staff for their co-operation in the Payment Scheme which has now been adjusted to enable a trainee to earn as much as 25/- a week.

Wedgwood House Special Care Unit

The average attendances at this Unit throughout the year were 89 per cent., and the number of children on the register was 62. The majority of these children do not in fact suffer from a double handicap but are so severely subnormal that they require a degree of supervision and care that cannot be provided at the Junior Training Centre. Of all the services pro-



The main workshop at Melville House

vided by the Health Department, this Unit is probably the most appreciated, and the steady increase in numbers indicates the confidence which the parents have in the Matron and her staff. We continue to receive valuable assistance from the School Psychological Service, and all the children are regularly examined by one of the medical officers of the Department.

Thornlea Short-stay Hostel

This Hostel was extensively used throughout the year, and not only solved difficult holiday problems for several parents, but ensured that more expensive hospital beds were not taken up by children who were able to remain in the Hostel. Although the building in which this Hostel is located is basically unsatisfactory for this purpose, the Housemother and her staff have managed to produce a very happy, homely atmosphere, and the children seem to be accepted as one of the families in the Council estate in which the Hostel is situated.

Again this year we were plagued with outbreaks of dysentery and influenza. We managed to keep the situation under control, and the intake of children was not seriously limited.

Staffing of a hostel of this nature continues to be a real problem, as it is difficult to find persons who are willing to undertake residential work. This difficulty has been partially overcome by arranging a rota system which reduces the amount of night duty to a minimum.

Guardianship

There were three persons under Guardianship during the year. One of these successfully appealed to the Mental Health Review Tribunal. Despite the obvious limitations, we continue to find that Guardianship does serve a useful purpose in certain cases and enables the Social Worker to provide care and support for patients who could be quite intractable without this additional control.

Compulsory Admission to Hospital

The number of compulsory admissions to hospital under all Sections has been reduced. This reduction may be due in part to the greater acceptance of the Psychiatric Hospital, Lynfield Mount, which is situated within the City boundary. This hospital has not only increased the number of patients who are treated on an out-patient basis, but has also made the idea of admission to a psychiatric hospital appear to be less formidable.

Ancillary and Supplementary Services

(a) Alcoholic Clinic

This Clinic is staffed by a consultant psychiatrist, a senior social worker and a clerk. The Clinic is held in the evenings, thus ensuring that working patients can attend without difficulty. The number of patients attending during the past year was 42.

In order to extend the facilities available at the Clinic it is hoped to establish a club which will run in conjunction with the Clinic, and which

will make it possible to increase and extend the social support which is available for alcoholics in the City.

(b) *Mothers' Group*

This Group caters for young women with families who require prolonged support during convalescence from mental illness. The Group is led by a social worker, and play facilities are provided for the children. The services available at Glenholme Hostel have proved eminently suitable for the Group. The Group now consists of 10 mothers and children who, because of other pressures on the staff, are meeting fortnightly. There is a fairly constant discharge rate when children start school attendance and mothers are better able to cope with their problems. So far there have been no difficulties when children have started school, and in many instances this would have been expected. The re-admission rate of mothers to hospital is very low in cases where it has previously been high.

(c) *Social Clubs*

The largest clubs supported by the Mental Health Service are those for mentally subnormal adult boys and girls. There is a good attendance each week averaging 20 youths in each club, and in addition to the regular activities, various outings and visits are arranged.

An additional club, for agoraphobics ("persons with a morbid fear of public places") has recently been started with the help and support of consultant psychiatrists.

A group of agoraphobics was formed by a mental welfare officer in February 1968 with the support of one of the High Royds consultants who has recommended suitable patients for membership.

Since its formation, the Group has held fortnightly meetings, at first in the homes of members and later, when membership increased, in Local Authority premises.

The majority of sufferers are women, but the condition is not unknown among men. The exact number of people suffering from this condition is not known, but the 'Open Door', a voluntary organisation for self help for agoraphobics has had a membership of 5,000 known sufferers since its formation, and there are obviously many more unknown sufferers throughout the country.

The Bradford Group meetings are partly therapeutic and partly social. The therapy consists of discussing practical ways and means of overcoming the disability, and of encouraging members to face up to anxiety-provoking situations individually and in a group. Setbacks are discussed in the supportive atmosphere of the Group. Social evenings are planned to help members face up to crowded places and to travelling long distances from home—the latter being a particularly traumatic experience for the agoraphobe.

Between meetings, social outings are arranged by small groups of members who go on shopping expeditions together and attempt travelling for short distances on buses. As many members are fortunate enough to be on the telephone they are able to call each other for support when panic attacks come on.

Husbands attend the Group regularly, and discuss their own attitudes to their spouse's condition and thereby get a certain amount of support themselves from the Group.

The Group has shown good cohesion, and a well-orientated intention to overcome the disability. There is always a danger, however, in groups of this kind, that the ones who make no progress tend to hold back others capable of doing so or that members may become dissatisfied to stay at group level and show no desire to progress further individually. These are dangers the group leaders must guard against.

Treatment for agoraphobia generally varies from drug therapy, psychotherapy, relaxation, to hypnosis and faith-healing, none of which have proved successful.

Summing up, the value of the Group seems to be in the widening of the social contacts and experiences of the members, which has favourably improved the social lives of members and their spouses together with the support and encouragement that members are able to give each other in overcoming individual setbacks.

CASE HISTORY

Mrs. A. is 50 years of age. She is married with one daughter. She has suffered from agoraphobia for the past 16 years. Treatment has consisted of one period in hospital followed by drug therapy. When first seen by the Mental Welfare Officer her main problem appeared to be her complete social isolation, since her husband went to work each day, and the patient was left alone without any social contact apart from an occasional visit from her daughter. She had never disclosed her disability to any of her neighbours for fear of being thought 'mad'.

Since joining the Group Mrs. A. has been introduced to a number of different people including voluntary workers, who have encouraged her to join an outside social group of which she herself is the organiser. This patient has been encouraged through relaxation to face up to situations which give rise to such symptoms as palpitations, bouts of shaking, fears of fainting or dying, and most important, perhaps, that of being seen in public.

With continued support she is now making efforts to overcome her disability and is making some progress towards individual life and at the same time leading a more satisfactory social life as a result of the widening of her activities.

There is a great need to sponsor and maintain club activities, but it places a considerable burden on the staff who must have an adequate amount of spare time for recreation and relaxation if they are to work effectively.

Co-operation with the Hospital and General Practitioner Services

The Mental Health Service works in close co-operation with both hospitals and general practitioners. The consultants in psychiatry, geriatrics, and paediatrics refer patients to the Mental Health Service for clinical and social assessment, as well as for after-care.

The Principal Medical Officer for Mental Health acts as an informal referee for elderly patients who are in need of care or treatment. These patients are referred to the Mental Health Service for assessment by the Principal Medical Officer who then recommends the most suitable form

of disposal. The consultants involved in the care of the elderly have all agreed to accept this recommendation, and in this way not only is duplication of visiting avoided, but the admission of the elderly is considerably expedited. The fact that this scheme works so well is due largely to the willing co-operation of the consultant psychiatrists and Geriatrician involved who have done everything possible to make this scheme a success. The Director of Welfare Services and the Senior Medical Officer for Geriatrics have also co-operated in this scheme by ensuring the prompt admission of those cases who are suitable for welfare accommodation.

The consultants in adult psychiatry and subnormality hold weekly clinics in the offices of the Mental Health Service, and while it has been suggested that in most parts of the country the mental welfare officers and social workers have little or no contact with the medical staffs of the health departments, this certainly is not the case in Bradford, where consultants, Local Authority mental welfare officers and social workers are usually closely involved in the management of persons suffering from mental disorder.

General practitioners also refer patients for admission and after-care, and they also refer to the Mental Health Service a number of patients who present complex family problems that have social and psychiatric implications.

Co-operation with Voluntary Associations

Several voluntary bodies help and support in the work of prevention, care and after-care. In addition to this, a number of individuals help either at social clubs or in other ways such as visiting and providing transport. All this help is of great value and greatly appreciated.

We also greatly appreciate the support we have received from various firms who have provided work for the adult training centres.

The local branch of the National Association for Mental Health, in addition to the help given in individual cases, serves the district admirably in the provision of a hostel for subnormal males. This Hostel has required a considerable amount of work and expense, but the Association has managed to maintain a remarkably high level of care and management.

The Bradford and District Society for Mentally Handicapped Children has co-operated with us in arranging outings for the children from Lindley House. In many other ways the members have contributed to the care and support of mentally subnormal children. We are pleased to hear that the Society has at last been able to obtain a suitable Centre of its own in which they will be able to develop a number of activities which are more appropriately provided on a voluntary basis. We would like to wish them every success in this venture, and we will endeavour to supplement as fully as possible the services that they propose to provide.

Registration of Homes

One residential home for the mentally disordered is registered under the National Assistance Act. This is the home administered by the Bradford Branch of the National Association for Mental Health.

GERIATRIC, CARE AND AFTER-CARE SERVICES

Although the general acceptance by the community for its responsibilities towards the elderly is becoming a more widely accepted concept, the corresponding expansion of the medical and paramedical services available to them is very slowly progressing. However, with ever increasing life expectancy, the number of people reaching pensionable age is getting greater every year. This increase in the size of the problem demands a steadily progressive growth in the statutory and voluntary services for the elderly.

In the City of Bradford there are over 40,000 people of pensionable age—nearly 14 per cent. of the population. As the Seebohm Committee Report suggests, the very best method of maintaining the elderly is without any doubt in their own home, thus helping them to retain their own place in the community, assisted by the domiciliary services. These services include Home Help, Home Nursing, Health Visiting, Meals on Wheels, laundry schemes, loans of medical equipment, and Chiropody.

There are, of course, some who are unable to support themselves. This is due to many factors, often the creation of our modern society. A certain proportion of our elderly population, therefore, will always have to be supported and cared for in the institutions, such as hospitals and residential homes. To create a fully comprehensive service for the community care of elderly people, the hospitals, general practitioners and the Health and Welfare Services of the Local Authority will have to play a corporate role.

Geriatric Register

The Register now has some 11,220 names. The information for the Register has now been obtained from the Home Nursing, Home Help and Chiropody Services, from Health Visitors and also from the Transport Department. The 'master' card for the individual person has a socio-medical record of all the elderly that are registered, and contains such details as what services are being provided from the Department. This helps to facilitate co-ordination of the services. The cards are marked to identify the 'at risk' groups, which are:—

1. those over 70 who have been in hospital
2. those over 70 living alone
3. those socially isolated due to slum clearance, or those who find themselves living in largely immigrant communities
4. those over 80.

There are about 4,000 such elderly people in the register who need the maximum care and attention. It is hoped that this Register can be utilised for geriatric research into the various social and medical conditions, which become statistically obvious in such a large cross section of the community.

Geriatric Preventive/Advisory Clinic

This is held in the Geriatric Centre at Midland House. The purpose of this Clinic is to screen the pensionable age group of those elderly in the population, and also to give any necessary social and financial advice.

Those persons who attended the Clinic this year were mainly reviews, in addition to a small number of new cases. Full reports on these persons who were medically examined (including E.C.G., hearing and sight tests, urine and blood tests and chest X-rays) were sent to the general practitioners concerned. This type of clinic, run from more conveniently situated premises such as Health Centres, with the co-operation of the practitioners utilising the centre, could prove to be an ideal one.

Medical Services for Residents of the Welfare Homes

There has been a slight increase in the number of Welfare residents from 622 to 712, due to the opening of a new purpose-built home "Belle Dean", and the taking over by the Department of the residents of Hill Top Cottages, who were previously looked after by a general practitioner. The residents of these Welfare Homes are generally frail and infirm, and can be divided into three groups in this context

1. the elderly mentally infirm (predominantly women)
2. those elderly who because of the degenerative changes of age need considerable help and the supervision of nurses
3. elderly who are frail but ambulant

These three groups all need constant medical supervision, and in consequence a good deal of the Senior Medical Officer's time is taken up with clinical duties.

The main home, "The Park", which has 284 residents, is visited every morning for a clinical round, to attend to minor ailments and to treat short illnesses of those patients transferred from other homes, because they need nursing attention also. Each of the other 11 homes is visited routinely once a week for a clinical round, but several of these now need a twice-weekly round. In addition there are the emergency calls, for which the Senior Medical Officer is responsible, and which can occur during the day or night. A retired general practitioner provides assistance with some of the routine visiting, and is now doing five sessions per week. During the year he has also done 219 special visits to the elderly in connection with those cases referred for re-housing on medical grounds.

One of the main roles played by the Senior Medical Officer is to provide medical assessment of the borderline cases referred by the Welfare Officers. In addition he does domiciliary visits to cases referred by general practitioners, hospitals, health visitors, mental welfare officers and the Geriatric Social Worker, to assess the particular needs for care and after-care, and what services may be needed. He also ascertains medical needs in relation to rehousing.

Geriatric Social Worker

During the year the Social Worker has made 552 special domiciliary visits including 179 cases needing rehousing. Her main work is to co-ordinate the various statutory and voluntary organisations. Cases are referred to her from the Senior Medical Officer, welfare officers, and voluntary organisations.

The appointment of a senior geriatric health visitor is under consideration to provide further co-ordination of hospital, Local Authority health services and voluntary organisations. She would also provide help with certain special domiciliary visits.

Nursing Homes

There are four Registered Nursing Homes in the City, providing 76 beds in all. They cater largely for the elderly infirm.

These Homes are visited and inspected regularly by the Deputy Medical Officer of Health. Standards of accommodation, nutrition and nursing care are assessed and each patient is asked in private for any observations he or she may wish to make about the attention they receive. Further informal visits, unannounced, are made at frequent intervals by a senior member of the nursing staff of the Authority. Happily, these Homes observe the spirit of the Regulations as well as legal requirements for their conduct and most patients are happy and well suited by the facilities offered. Any advice given by officers of the Department is well received and acted upon.

During the year the Abortion Act became law. Under this legislation, termination of pregnancy must be carried out in a hospital vested in the Minister of Health or in a place for the time being approved for the purpose. There were no requests from any Nursing Homes in the City for such approval.

Home Nursing Service

The pattern of work (see statistics table in the Appendix) shows very little change from previous years. There is the usual increase in the number of patients (from 5,358 to 5,616), and there was an increase of 6,000 visits. Whilst these increases cannot be attributed to any one age group, specific type of illness or source of origin, there has been a trend for more patients to require care for shorter periods, i.e. seven to 10 days. These patients are, in the main, acute cases discharged from the general hospitals, for post-operative care; they are also in the younger age groups (15—44 years). This we think is a field in which the district nurse could well play an even bigger part, reducing the length of the patient's stay in hospital, and freeing hospital beds more rapidly. We were therefore pleased when in November discussions took place with the Gynaecological Department of St. Luke's Hospital to explore the possibility of the planned early discharge (72 hours) of selected post-operative patients. We had six such patients during December. The district nurses found the arrangements most satisfactory, although to assess the full value of the scheme as affecting patient, hospital and district nurse, further time is needed.

There are now eight part-time bathing attendants employed (including one man), who have continued to give invaluable help to the district nurse. They have undertaken a total of 11,590 visits during the year.

General Practitioner/District Nurse Attachment Schemes

We now have three schemes for full attachment operating very successfully. During the year a further two liaison schemes, which include

treatment sessions at the doctors' surgeries, have started. This, in addition to relieving the doctor of "nursing" procedures for patients able to attend the surgery, increases the degree of co-operation between nurse and doctor in the domiciliary field.

Liaison schemes would appear to be meeting the present needs. Until more group practices are established, and there is some limitation of the areas the partnership covers, it is more economical of the nurses' time than complete attachment.

The following is an analysis of surgery attendances. The length of a session is $\frac{1}{4}$ -hour. (These figures are not included in the annual statistics).

	Commenced	Sessions per week	Total Sessions during year	Number of treatments given
A	4.5.64	1-2	73	339
B	1.10.66	3	151	938
C	1.2.67	4	226	395
D	15.9.67	as required	14	112
E	27.11.67	3	138	589
F	8.12.67	3	138	365
G	17.4.68	1	36	200
H	4.5.68	as required	13	13
				2,951

Types of treatment given at surgeries:—

Injections	...	...	1,505
Dressings	...	...	881
Ears syringed	...	...	340
"Chaperonage"	...	...	129
Others	...	...	98
			2,951

Three treatment clinics are held:—

(1) Wilton Street	Daily, 5.0 — 8.0 p.m.	3,737 attendances
(2) Holmewood	Monday to Friday 11.30 a.m. — 12 noon	541 attendances
(3) Green Lane	Monday to Saturday 8.30 a.m. — 8.45 a.m. 2.0 p.m. — 2.30 p.m.	1,234 attendances

Staffing position as at 31st December, 1968:—

1 Superintendent
1 Deputy Superintendent
17 Trained District Nurses—full-time (includes 5 men)
7 Trained District Nurses—part-time
5 State Registered Nurses—full-time
9 State Registered Nurses—part-time
6 State Enrolled Nurses—full-time
5 State Enrolled Nurses—part-time
7 Students (includes 1 man)
8 Bathing Attendants—part-time

We have had 3 full-time vacancies.

There have been 16 resignations:—

6 for family reasons
4 to return to hospital nursing
3 for further training
1 to emigrate
1 post with another authority
1 for health reasons

Domiciliary Laundry and Incontinent Pad Service

The demand for the draw sheet service has been less this year—225 patients compared with 278 in 1967. The average number of patients using this Service is about 60 per week, who between them need 530 draw sheets.

The use of incontinence pads increased by 39 per cent. (from 38,000 to 53,000). Requests for these pads are now being received from other persons not requiring nursing, i.e. mentally handicapped, physically disabled and elderly and sick persons having care from family and friends.

Night Attendants

At the end of the year we had 16 attendants, all employed on a part-time casual basis. Between them these men and women are able to give 40 nights each week, allowing the relatives of the patients in the terminal stage of illness or of long term sick to have two or three nights complete rest each week. It has been noticeable this year that help from this Service is required over longer periods. Of the 107 families helped, 45 per cent. had an attendant for periods exceeding six months, 20 per cent. between three and six months, the remainder from a few days to three months. The majority of requests for this Service originate from the district nurse; nine requests were from the family doctor and four from relatives.

Immigrant Population

During the past year an increased use of the District Nursing Service has been made by the immigrant population. Ninety per cent. of immigrants using the Service are of Asian origin; the number of West Indians is very small. The increased use can largely be attributed to the needs of the women and children, and for the first time women outnumbered men. Language difficulties do not present the problem which might be expected, although few of the Indian women are able to speak or understand English. Most of the households have one or more children who are bi-lingual, and who are willing and cheerful interpreters.

Many of the women suffering from anaemia are "picked up" during the ante-natal period and following abortion. Most of these patients are living in three areas within the City, Listerhills, Green Lane and Otley Road. The following table indicates the work undertaken for immigrants:—

Males	...	...	...	161	
Females	...	...	...	167	
				328	
	Age Groups				
Under 15 years	...	...	...	67	
15—49 years	...	...	...	224	
Over 50 years	...	...	...	37	
				328	
Diseases				Cases	Visits
Tuberculosis (chest, bone and glands)	...	...	...	97	6,663
Other chest conditions	...	...	...	40	293
Anaemias (all women and children)	...	...	...	69	898
Post-operative surgery	...	...	...	58	461
Miscellaneous	...	...	...	64	1,105

Loan of Nursing Equipment

The scheme for supplying patients with nursing equipment on free loan, for use in their own homes, has now been operative for many years. There is a steady increase in the demand upon this Service.

During 1968, 2,375 articles were loaned, compared with 2,092 in 1967. There are 45 different types of equipment, ranging from feeding cups to hydraulic hoists. The most frequently requested were:—

Air rings	...	...	...	167
Bed Cages	...	...	...	111
Bedpans	...	...	...	314
Bedrests	...	...	...	247
Commodes	...	...	...	330
Invalid chairs	...	...	...	186
Walking aids	...	...	...	151

All six hydraulic patient hoists were in continuous use throughout the year, and 'hospital' type beds were loaned on 36 occasions.

The majority of the requests for equipment were received from district nurses (808), family doctors (728), medico-social workers (332) and health visitors (283).

Fireguards were loaned to 82 families with small children at risk, where the family could not or would not afford the guard themselves. These loans are classed as "semi-permanent". In fact, few are ever returned, but we accept these as expendable.

We are so concerned about the dangers of unguarded fires in immigrant households particularly that we intend to publish a leaflet in English, Urdu, Gurmukhi, Gujrati and Bengali for widespread distribution by the health visitors.

Convalescent Homes

The Semon Convalescents' Home, Ilkley is still proving very popular with the elderly, and holidays have been arranged for 521 applicants during 1968. This shows an increase of 51 on 1967 applications.

Holidays for 24 mothers and children under five years of age have been arranged with the proprietor of a boarding house in Blackpool.

Referrals were also received from the Senior Chest Physician in respect of three patients, and these were also arranged at another boarding house in Blackpool.

Chiropody

The Chiropody Section of the Health Department was inaugurated in April 1960 and five part-time chiropodists were appointed to meet the requests for treatment from expectant mothers, the elderly and the physically handicapped.

From the onset the Service had a continual waiting list of patients and in 1965 a full-time Chief Chiropodist was appointed to be followed in 1967 and 1968 by the appointment of two further full-time chiropodists. In the

meantime the number of chiropodists engaged on a part-time basis had been increased to 14.

The effect of the increase in staff may be judged from the following statistics:—

	Sessions at 4 Clinics	Total Treatments at Clinics	Domiciliary Visits/ Treatments
1960	790	4,550	352
	Sessions at 14 Clinics and the handicapped persons centre		
1968	2,615	21,367	9,447

In addition to these treatments for 1968, a full-time chiropodist from this Department undertook the treatment of school children at Manor Row Clinic, and a total of 1,755 treatments were given. As we have paid for 385 domiciliary treatments less this year to part-time chiropodists, and the increase for the year was 1,563, the appointment of Mr. Cherry appears to have been justified.

Supply of Free Milk to Patients Referred by the Senior Chest Physician

The number of patients receiving a supply of free milk at 31st December, 1968 was 48, showing a decrease of 12 since 1967.

New patients recommended by the Senior Chest Physician were 16; an increase of two since December 1967.

The average number of pints supplied free of charge weekly, at 31st December, 1968, was 678; a decrease of 68 pints per week.

Home Help Service

The position of the Home Help Service shows little change in comparison with 1967.

The duties undertaken by home helps are becoming more varied, and the Service more flexible with the passing of the years.

Requests for a service invaluable to our elderly citizens is the lighting of fires and preparation of the mid-day meal, which is often considered of more importance than the household chores. Many elderly citizens have derived much benefit and comfort from having fires lit daily, particularly during the severe winter months. Many have personally expressed their appreciation of this service, as also have relatives.

The mid-day meal is also of great value to the elderly, and in co-operation with the Meals on Wheels Service ensures that the elderly receive the nourishment so vital to advancing years. This does not mean all our efforts are directed to meals and fires. Weekly help is allocated in addition, to ensure the homes are at least kept reasonably clean, and up to date.

Early discharges from hospital are dealt with promptly, and the services rendered by home helps are often a means of ensuring the family can be maintained as a unit.

Maternity cases are dealt with by home helps specialising in this type of work, and again early discharge is possible because of the existence of this

service. Early discharge in maternity cases does not appear to have put any undue strain on this section.

The appointment of home helps is the responsibility of the Home Help Organiser, and no difficulties arise in selecting suitable women for this work. In the main applicants are good housewives having little else than the knowledge of running their own homes and caring for their families, and this they put into practice following their appointment.

Home helps do not receive any training for this work, but they work along with trained staff, and play an important role in community care.

Rehousing on Medical Grounds

For many years an important duty of the Department has been the investigation and assessment of the housing requirements of people who may have special needs because of handicapping medical conditions. These cases are referred to the Department by the Housing Department, by general practitioners, and other medical and social agencies. Yet others arise from individuals who apply without referral. About half of these referrals are of families living in private accommodation and seeking local authority rehousing, whilst the other half are of families who are already tenants of the Corporation and wish to be transferred to accommodation more suited to their medical needs.

In all some 1,243 applications were received. Very many of these applications are made in person. The applicant is interviewed, detailed information is obtained, and each case individually considered by a member of the Senior Medical Staff. Where further information is felt to be desirable before a decision is taken, a home visit is made by a medical officer, health visitor or the Geriatric Medico-social Worker. In 1968, 76 per cent. (941) of applicants were interviewed at home and assessments made by the interviewer were considered carefully before a recommendation regarding the needs and urgency of the case was made to the Housing Department.

The following table gives a breakdown of the work done in 1968:—

	Rehousing (non-Corporation houses to Corporation houses)	Transfers (from one Corporation house to another)	TOTAL
(1) Cases considered on medical grounds	571	622	1,243
(2) Cases supported on medical grounds	291	301	592
(3) Cases recommended for ground floor accommodation included in line (2)	216	158	374
(4) Total lettings by the Housing Department	2,773	933	3,706
(5) Actual lettings on medical grounds			
Ground floor accomm.	71)	66)	137)
Bungalows	15)	18)	33)
Others	86	84	170*
	86	120	206
	172	204	376

(6) Total actual lettings—line 5 —as percentage of total lettings—line 4.		6.2		21.8		10.1
(7) Cases previously supported, but not yet rehoused at 31.12.68.						
Ground floor accom.	363)		258)		621)	
Bungalows	37)	400	42)	300	79)	700
Others		16		79		95
		<u>416</u>		<u>379</u>		<u>795</u>

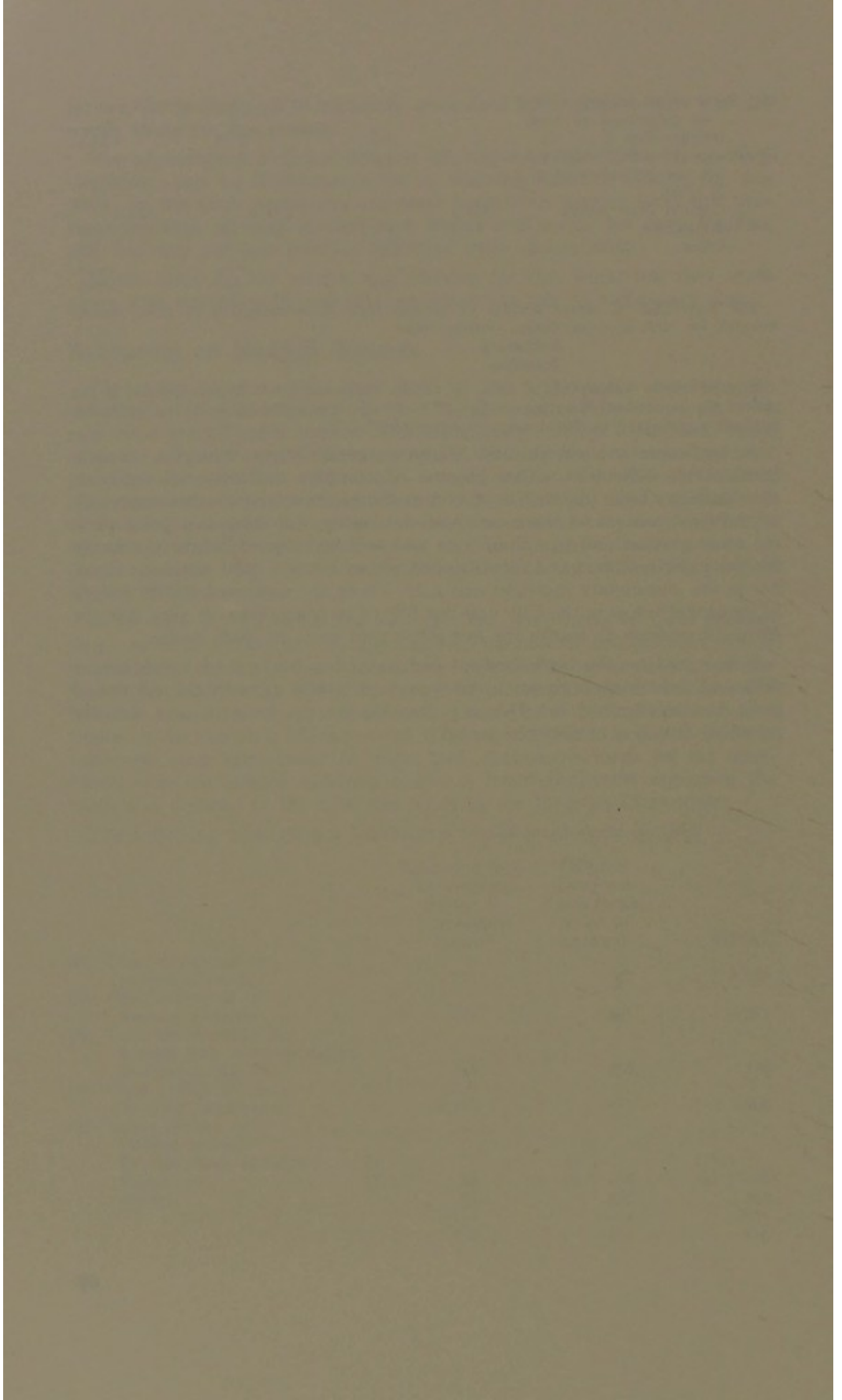
The percentage of actual lettings of ground floor accommodation to cases recommended for such accommodation during 1968:

Rehousing	39.8
Transfers	53.2

Because of the waiting list of cases previously supported but not yet rehoused at the end of the year, the 170 actual lettings (*) were not necessarily made to the particular applicants contained in "total cases recommended" (374).

A few cases are simple and straightforward. Many, however, present considerable difficulties, either because of complex medico-social needs or the shortage of the appropriate accommodation. Much of the housing stock of the City consists of three bedroomed housing and there is a great need for more ground and first floor, one and two bedroomed property suitable for the elderly, infirm and handicapped whose relative (and absolute) number in the community increases annually. There are now over 40,000 people of pensionable age in the City and but 800 or so bungalows, so very few are fortunate enough to secure the bungalow that most of them desire.

Housing of families with medical and social handicaps takes much expert skill and time but continues to be very worthwhile as with the continued good co-operation of the Housing Department the majority are suitably rehoused within a reasonable period.



AMBULANCE SERVICE

The total figures for the year ending 31st December, 1968, were 293,018 patients carried by ambulance or sitting case car, and the mileage involved in the transport of these patients amounted to 719,378 miles.

These figures show an increase of 3,225 patients carried and a decrease of 1,181 miles when compared with the figures for 1967.

From Table 31 in the Appendix it will be seen that whilst there has been an increase of 197 in the number of Accident and Emergency cases, there has been a decrease of 4,291 in the number of patients carried under the category of "Admissions, discharges, outpatients, etc."

From the same table it will also be seen that the number of "Welfare" type patients carried has increased by 7,319 over the figures for the previous year.

Transport of Geriatric Patients

Transport of Geriatric patients to and from Leeds Road Day Hospital continued until 31st May, 1968, when the services for these patients were transferred to the new Bierley Hall Hospital.

The following table gives the number of patients carried to the various Day Hospitals during 1968 and the mileage involved.

	Patients	Miles
Leeds Road Day Hospital, 1.1.1968 — 31. 5.1968	3,961	7,057
New Bierley Hall Hospital, 1.6.1968 — 31.12.1968	5,604	10,526
Northern View Day Hospital	2,217	7,533
Lynfield Mount Day Hospital	3,947	10,608
Highbrooks Day Hospital	1,116	8,799
Totals	16,845	44,523

These figures are included in the numbers given in the Appendix Table 31 under the "Section 27" heading.

Mentally Handicapped Persons

The Ambulance Service has carried 125,410 mentally handicapped adults and children to the Lindley House Training Centre, Glenholme Hostel and Wedgwood House Special Care Unit which represents 42.7 per cent. of total work done by the Service. The number of patients in this category has increased by 6,802 over the figure for 1967. Seventy mentally handicapped adults were taken to Blackpool for a holiday on the 19th April, and returned to Bradford on the 26th April. Four day outings were also undertaken for the mentally handicapped throughout the year. On the 31st May, 17 mentally handicapped children were taken from Thornlea Short Stay Hostel to Flamingo Park on what proved to be a very enjoyable outing.

Physically Handicapped Persons

The daily journeys carrying handicapped persons on behalf of the Welfare Department to and from the Piccadilly and Raphael House Centres con-

tinued during the year, 42,687 patients being transported, an increase of 2,979 over the previous year's figures.

Arrangements were made on behalf of the Director of Welfare Services for 157 handicapped persons to have holidays in Blackpool in four groups over a four-weekly period. During this four-weekly period two luxury type ambulance coaches and three driver/attendants were placed at the disposal of the parties to enable them to visit places of interest and amusement. Mr. S. Parr, Chief Constable of Blackpool and his staff deserve special mention for the help and consideration given to the Ambulance Staff during these holiday periods, also Mr. F. Dixon, Ambulance Officer, Blackpool, for his willing assistance and the services he supplied for the vehicles.

Several day trips and evening outings to the Yorkshire Dales were also made, including outings to East and West coast holiday resorts.

Blind Patients

The Ambulance Service has continued throughout the year to supply transport for blind people attending the Blind Welfare Centre in Morley Street each day, carrying 5,046 patients and travelling 10,137 miles.

Ambulance Fleet

The four 24 seater luxury coaches on Bedford V.A.S. chassis, with hydraulically operated side lift for wheelchair cases, have proved to be so successful for the transportation of the mentally and physically handicapped attending day centres that a further four luxury coaches similar in design but mounted on Bedford three ton chassis and carrying 17 sitting cases and two wheelchair patients have been brought into service during 1968. Four new ambulances were also put into service during the year equipped with the American type Ferno-Washington stretchers which have proved to be so popular with patients and ambulance staff.

These stretchers which are easily converted from the stretcher position to that of wheelchair position without removing the patient from the stretcher are ideal for negotiating awkward places and for use in lifts of large blocks of flats, etc.

At the end of the year the ages of the ambulance fleet were as follows:—

Years	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11
Ambulances	4	—	11	3	3	—	11	—	—	—	—
Coaches	4	2	—	2	—	—	—	—	—	—	—
Cars	—	1	—	—	1	1	—	—	—	—	—
Rescue Vehicle	—	—	—	—	—	—	—	—	—	—	1

All Health Department vehicles continued to be maintained at the Ambulance Service workshops by our own staff, who are to be commended for the high standard of their work.

EPIDEMIOLOGY INFECTIOUS AND OTHER DISEASES

The Notification of Infectious Diseases

The Health Services and Public Health Act, 1968, and the Regulations made thereunder, the Public Health (Infectious Diseases) Regulations, 1968, came into operation on 1st October.

The Regulations consolidated with amendments all previous Regulations relating to the notification and prevention of infectious disease except the Public Health (Prevention of Tuberculosis) Regulations, 1925.

The following diseases are now notifiable in Bradford:

Acute encephalitis	Measles
Acute meningitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Plague
Cholera	Relapsing fever
Diphtheria	Scarlet fever
Dysentery (amoebic or bacillary)	Smallpox
Food poisoning (and Salmonellosis)	Tetanus
Infective enteritis	Tuberculosis (including non-pulmonary)
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever

and notifications of the following diseases are no longer required:

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Routine investigation is made of all cases notified as suffering from enteritis, dysentery, salmonellosis, enteric fever, and food poisoning. Cases of food poisoning are dealt with by the food inspectorate; field work in respect of the other diseases is carried out by two public health nurses specially appointed for the work. Where a visit to a household is necessary only to collect specimens for bacteriological examination, after the initial visit by the Public Health Nurse, the work is done by a Health Department driver. During an average year the nurses and drivers make about 12,000 visits to notified cases of infectious diseases in about 2,500 households. These are principally gastro-intestinal infections.

The specimens collected are submitted to the Public Health Laboratory at 18 Edmund Street, where they are rapidly examined and the results reported to us. We are greatly indebted to Dr. H. G. Smith, the Director, and to his staff, for the assistance we have received throughout the year. Our thanks are also due to Dr. H. L. W. Beach, Consultant at Leeds Road Fever Hospital, for valuable assistance with cases admitted to the hospital during the year, and with investigations arising out of their occurrence.

The More Common Infectious Diseases

Measles

Cases 2,273 Deaths 0.

Immunisation against measles for children in day nurseries and residential

hostels in the City was commenced early in 1968. The national immunisation campaign against measles began in May and commenced with the immunisation of the 4 to 6-year-old age group. In August and September, 1968, children between 15 months and 4 years, and children between 7 and 15 years were offered immunisation. A total of 5,950 children between the ages of 15 months and 15 years were immunised in the City in 1968. By the end of the year all eligible children for whom immunisation had been requested, had been immunised.

The immunisation campaign occurred too late in the year to affect the incidence of measles in any significant way, and it is unlikely that the incidence will be so altered until 1969—1970.

Measles is generally considered to be a minor disease and in most cases it is. Complications, however, are not uncommon and although they can usually be treated rapidly and successfully, the disease nevertheless causes a considerable amount of morbidity in children. The overall mortality rate of measles is in the order of 2 per 10,000 cases; this is low, but in an epidemic year there would probably be in excess of $\frac{1}{2}$ million cases of measles in England and Wales, and this number of cases would be likely to produce about 100 deaths. This Department considers that measles is a necessary and welcome addition to the range of infectious diseases now preventable by immunisation and recommends that all children should be immunised against the disease unless there is definite medical contra-indication.

Whooping Cough

Cases 173 Deaths 0.

The number of notifications is much the same as in previous years.

The investigation undertaken by the Epidemiological Research Laboratory of the Public Health Laboratory Services, with which Bradford Health Department was co-operating, has been concluded and the results are awaited. As noted in another place in this Report, the primary immunisation course with triple antigen is now begun later, and with longer intervals between doses, is completed later. Immunity to whooping cough would be developed under the old schedule of immunisation by the 8th month of life, but under the new immunisation schedule would not be fully developed until the 12th month. At the present time the epidemiology of whooping cough is such that the later development of immunity is unlikely to be a disadvantage, and there is the advantage with the new schedule that the immunity produced is likely to be of a higher order. The position will nevertheless have to be watched carefully, and if whooping cough became more common particularly in young children, the current immunisation schedule might well have to be revised.

Scarlet Fever

Cases 125 Deaths 0.

The number of cases was the lowest ever notified. The disease has remained mild, but every case is investigated in order that contacts who are food handlers, nurses, etc. might be screened for Group A haemolytic streptococci.

Dysentery

Cases 260 Deaths 0.

The vast majority of cases were due to *Shigella sonnei* but two cases were due to *Shigella flexneri*. The number of cases notified during the year represents a considerable reduction compared to the number notified in 1967. The disease however is subject to very considerable fluctuation and the waning in the number of cases is unfortunately only temporary. The number of cases of fulminating and severe gastro-enteritis in infants and young children still causes concern. The following table shows the number of deaths certified as being due to gastro-enteritis or infective enteritis in infants and young children in 1967 and 1968.

	Age at Death		
	0—6 months	6—12 months	1—5 years
1967	6	5	3
1968	5	3	2

It was noted in the 1967 Annual Report that bacteriological examination made of these cases and their family contacts revealed no infecting organism and this was also the position in 1968. The Department is continuing its investigation into the epidemiology of this condition and is working in close touch with consultants and clinicians in the hospitals in the area. The problem however is an extremely complex one to which there no easy answer.

During the year a total of £712.0s.7d. was paid by the Department as compensation for loss of wages to 47 persons who had been requested by the Medical Officer of Health to stop their employment in order to prevent the spread of infectious disease. In most cases the disease was dysentery or gastro-enteritis.

These persons are healthy, but are excreting a potentially infectious organism. As they are not 'ill' by the normally accepted definition they are not eligible for Social Security Sickness benefit, and thus the L.H.A. is empowered to pay this compensation.

The Less Common Infectious Diseases

Diphtheria

Cases 0.

Acute Meningitis

Cases 1 Deaths 0.

Poliomyelitis

Cases 0.

Encephalitis

Cases 1 Deaths 0.

The one case was of infective (virus) disease.

Ophthalmia Neonatorum

Cases 3 Deaths 0.

The number of cases seen remains satisfactorily low, and has not altered significantly since 1951.

Malaria

Cases 6 Deaths 0.

All the cases were found in immigrants who had recently arrived in the City, and who had contracted the disease outside the United Kingdom.

Anthrax

Cases 0.

The Department continues to assist in the immunisation of persons at risk to anthrax by informing the appropriate works medical officers when the injections are due or by undertaking the immunisations itself. It is regrettable that there is still a certain amount of apathy concerning immunisation against anthrax in places where raw wool is handled. This apathy is demonstrated by both management and employees. It is perhaps worth reiterating that anthrax vaccination is both safe and effective and generally causes very little in the way of reaction.

Puerperal Pyrexia

Cases 2 Deaths 0.

This disease is no longer notifiable, and will not be reported in future.

Erysipelas

Cases 9 Deaths 0.

This disease no longer has epidemiological significance, and ceased to be notifiable in September, 1968.

Pneumonia

Cases 117 Deaths 266.

For many years the number of certified deaths from pneumonia has considerably exceeded the number of notifications of the disease; it is no longer notifiable, and will not be reported in future.

Enteric Fever

Typhoid Fever

Cases 5 Deaths 0.

Paratyphoid Fever

Cases 0.

Three cases of typhoid fever occurred in adults who had recently arrived in England who had almost certainly contracted the disease before their

arrival and had entered the country in the incubation period. They were admitted to hospital on becoming ill and were treated successfully. No spread of the infection occurred.

A baby born in 1967 to a woman who had been in the City for several years and who was a chronic excreter of *S. typhi*, (in spite of repeated treatment) contracted the disease early in 1968. The child responded satisfactorily to treatment. The organism was of the same phage type as that excreted by the mother and it is certain that the child was infected by the mother. This infection occurred in spite of a considerable amount of care exercised by the mother in personal hygiene. No infection occurred in other members of the family who had been given the protection of T.A.B. immunisation.

Our experience with typhoid is that it is generally not very infectious unless transmission occurs via food or drink or within the close family circle. This is not to say of course that precautions against typhoid and similar diseases may be in any way relaxed, but it is worth noting that this particular organism is not so infectious as other organisms in the salmonella group and generally causes the Department less work and worry than the more common salmonellas causing food poisoning.

One of the other cases is also of interest. The person concerned was almost certainly a long term carrier but as the case had not been previously notified in this country, and in accordance with the normal practice of the Department, it is recorded as a new case. Following an outbreak of *E. coli* infection in a hospital maternity unit, all hospital staff employed in that ward were examined. From one of them, a ward cleaner, *Salmonella typhi*, phage type 45, was isolated. The infection was almost certainly acquired many years ago in the West Indies and the person found to be excreting the organism had been in Bradford for seven years and had worked at a hospital maternity unit for five years. The lady was excluded from work in the hospital and was found alternative employment. After a considerable amount of treatment she was still giving an occasional positive specimen. Although it is known that *Salmonella typhi* is not generally easily disseminated by person to person contact and normally a ward cleaner would not handle food for other staff or patients; nevertheless a number of episodes of other diseases in this City have been attributed to the occasions when a person who in good faith and "just to be helpful" performed tasks outside their normal duties. It would seem to be reasonable that all persons employed in hospitals and other medical units should, before they commence their employment, have a medical examination designed to ensure that they are not suffering from a disease which they could communicate in the course of their work. The nature of the examination would be modified according to the person's employment. In addition it seems desirable that food handlers should have the type of routine medical examination as laid down for those who in their employment may come into contact with the public water supply. ("Safeguards to be Adopted in the Operation and Management of Waterworks"—H.M.S.O., 1967).

The resources of most health departments would not permit such examination of all food handlers immediately but this desirable state of affairs could be reached in the course of a number of years.

Food Poisoning and Salmonellosis

There were three outbreaks of food poisoning during the year—one due to *C.1. welchii* (31 cases), one due to *Staph. aureus* (25 cases), and one due to *Salmonella brandenburg* (4 cases).

There were five family outbreaks due to salmonella infection (none demonstrated to be food-borne)—two due to *S. typhimurium* (9 cases), one due to *S. enteritidis* (3 cases), one due to *S. panama* (3 cases) and one due to *S. montevideo* (2 cases).

In addition there were 26 sporadic cases of *Salmonella* infection:

<i>Salmonella</i>	No. of Cases
typhimurium	7
enteritidis	3
panama	3
virchow	2
london	2
heidelberg	1
dublin	1
oranienburg	1
takoradi	1
sofia	1
anatum	1
stanley	1
give	1
unidentified	1

The outbreak of food poisoning due to *Staph. aureus* is worthy of note as it appeared to be caused by the failure of the cooks concerned to observe some fundamentals of food hygiene and standards of practice.

The outbreak occurred in September at a school, the symptoms being sudden vomiting three to five hours after ingestion of the mid-day meal. The severity of the illness was moderate and the duration generally short. Some 900 consumers were at risk; three cases were notified and 22 subsequently ascertained. The total number of cases was probably much in excess of 25. No cases were fatal.

The meal causing the outbreak was served at the school having been prepared at the school's own kitchen. The meal consisted of tongue salad followed by ginger sponge pudding and custard. The salad ingredients were cabbage, carrot, tomato, cress, cucumber and cheese. All the patients had tongue, most of them had some of the salad, but quite a number had no sweet.

Suspicion was directed to the tongue, details of the preparation of which were as follows: 104 lbs of pigs tongues were delivered to the school kitchen two days before. At the kitchen the tongues were steeped overnight in a bowl of cold water kept under a dripping tap in the kitchen. At approximately 6.45 a.m. on the day before the episode the tongues were put into tins (8) and then steamed in a steam oven for a minimum of 5 hours. Between 1 p.m. and 2 p.m. the tongues were skinned, trimmed and packed tightly into shallow tins. The tins were then covered with lids and left in the kitchen at atmospheric temperature until the morning of the day when served, when they were said to have been put into the refrigerator. It was ascertained that the refrigerator was out of order. The tongues were sliced during the morning by machine and served cold at lunch-time.

The results of laboratory investigations were as follows:

Cases—Staph. aureus isolated from faecal specimens from 4 patients.

Food Handlers—Staph. aureus isolated from 2 arm lesions, 8 nasal swabs, and 6 faecal specimens.

Food Samples—Staph. aureus isolated from samples of tongue, salad, carrots and peas, and ginger sponge pudding.

Phage typing results were inconclusive.

There seems no doubt that the outbreak was due to staphylococcal enterotoxin and that the staphylococci were introduced into the tongue after cooking, probably from an arm lesion on one of the kitchen staff handling the food.

This lesion was not covered with a waterproof dressing as laid down in the Food Hygiene Regulations. The episode has been used as an illustration, in health education given to food handlers in the Schools Meals Service, of the results of poor food hygiene.

Tuberculosis

A detailed account of the measures for the control of tuberculosis was given in the 1967 Report. These measures have been continued.

As noted in the report by Dr. Deasy (Chapter 8), tuberculosis found in immigrants in Bradford mostly appears to be of comparatively recent onset. In numerical terms, 60 to 70 per cent of these cases are of recent onset, and the disease is probably contracted after the immigrant's arrival in the U.K.

As detailed in the 1967 Report, the newly arriving immigrant receives a letter inviting him or her to attend for a skin test and a chest X-ray at our tuberculosis control clinic held in conjunction with an X-ray session in the Chest X-ray Centre in Rawson Road. The majority of newly arrived immigrants are seen at these or associated sessions.

Any person found to have a negative reaction to the tuberculin (Heaf) test is offered B.C.G. vaccination and in addition we follow up all persons found to give a strongly positive reaction to the tuberculin test. Generally, such persons are seen at intervals of six months, but this interval is reduced in some cases.

Early detection of tuberculosis arising after arrival in this country is based on (a) early X-ray of persons showing minimal symptoms, referred by general practitioners, (b) X-ray at the place of employment as part of a routine regular X-ray examination service for high risk groups, (c) periodic re-examination of those found to have a strongly positive Heaf test.

The number of cases of tuberculosis found is, in part, an index of the efficiency of the methods used to search out such cases as well as being an indication of the extent of the disease in the community. Methods used for the early detection of cases of tuberculosis are constantly under review in an effort to make them more productive. The control of tuberculosis in the community depends mainly on the discovery and treatment of the infectious case, and protection by B.C.G. vaccination of the susceptible population. These methods combined will produce results but will take time, and there is no solution to the problem other than sustained and careful work over a number of years. We believe the problem to be one of some gravity in Bradford, but we believe also that it is capable of a satisfactory solution.

BRADFORD CHEST CLINIC
NUMBER OF CASES NOTIFIED AS SUFFERING FROM TUBERCULOSIS

	English				Asians				Full Total
	Men	Women	Children	Total	Men	Women	Children	Total	
1957	159	110	31	300	26	3	1	30	330
1958	147	92	20	259	67	4	—	71	330
1959	120	59	16	195	82	2	5	89	284
1960	118	66	17	201	61	3	2	66	267
1961	110	56	20	186	124	2	1	127	313
1962	83	47	9	139	209	6	4	219	358
1963	88	49	13	150	189	9	5	203	353
1964	94	38	6	138	168	17	15	200	338
1965	50	34	6	90	131	22	12	165	255
1966	51	25	15	91	105	36	16	157	248
1967	38	25	2	63	88	41	14	143	208
1968	56	25	4	85	105	44	18	167	252

Venereal Diseases

We are indebted to Dr. L. Z. Oller, Consultant Venereologist, for the following report:

“During 1968 there were 2,148 new patients (1,469 males and 679 females) registered at the Special Treatment Centre in Bradford. Compared with 1967 these figures show a drop of approximately eight per cent in male and three per cent in female patients. In addition, 17 men and three women were transferred from other centres in England and Wales.

The incidence of gonorrhoea in the adult male declined by 16.5 per cent (447 compared with 569 in 1967), whilst that in the adult female was exactly the same (226). Thus the male:female ratio was reduced from 2.5:1 in 1967 to 2.1:1 in 1968; the lowest ever recorded in Bradford. Credit for this favourable ratio must go to the assiduity with which Miss Cox, the Social Worker, performs her task of tracing the contacts of infected men.

Gonorrhoea was reduced amongst men in all the immigrant groups, but increased among the indigenous men, and for the first time in eight years U.K.-born men with gonorrhoea outnumbered infected men in any other racial group, as the following table shows:

Year	U.K. born		Asians		W. Indians		Others		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
1961	129	(20)	285	(46)	147	(24)	64	(10)	625	(100)
1962	120	(19)	284	(43)	216	(32)	44	(6)	664	
1963	148	(21)	279	(40)	231	(32)	49	(7)	707	
1964	161	(21)	384	(50)	183	(24)	41	(5)	769	
1965	110	(21)	248	(47)	126	(24)	46	(8)	530	
1966	160	(28)	255	(45)	123	(21)	33	(6)	571	
1967	179	(31)	212	(37)	140	(25)	38	(7)	569	
1968	199	(42)	138	(30)	114	(23)	26	(5)	477	

The arrival of wives of many of the immigrants has, no doubt, contributed to the decrease of infected immigrant men. The 11 per cent increase of gonorrhoea amongst the indigenous men is consistent with the continued upward trend in the incidence of the disease in Great Britain.

The overwhelming majority of adult women with gonorrhoea were born in the United Kingdom (202 out of a total of 226).

The re-infection rate (18 per cent) was slightly lower than in the preceding years; 578 individuals (387 men and 191 women) accounted for a total of 703 cases of post-pubertal gonorrhoea; 292 men and 86 women (responsible between them for 461 infections) were 25 years old and over, 70 men and 56 women (responsible for 157 infections) were between 20 and 24 years, 25 boys and 46 girls (responsible for 82 infections) were between 17 and 18 years and 3 girls under 16 years.

Two female infants were infected at birth (gonococcal ophthalmia neonatorum), but there was not a single case of pre-pubertal vulvo-vaginitis in young girls.

There were only four patients with manifest early syphilis; i.e. two men and one woman with primary lesions and one woman with secondary lesions. Three women were suffering from early latent syphilis; in all three, clinical manifestations of syphilis, but not serological evidence, were suppressed by penicillin which they had previously received for the treatment of gonorrhoea. Two other patients, one man and one woman, designated as cases of early syphilis, had been infected and given treatment abroad and were followed up in Bradford. The total of nine cases of early syphilis compares favourably with the 20 cases seen in 1967. Twenty new patients with late forms of syphilis were registered in 1968 (21 in 1967). Three had cardio-vascular syphilis, six—neurosyphilis and 11—latent acquired or congenital syphilis.

Ten cases of latent treponematosi, presumed to be non-syphilitic, were recorded among immigrants from parts of the world where yaws is endemic. Two male immigrants had lymphogranuloma venereum.

Of the 672 male and 334 female patients who attended with other conditions requiring treatment within the Centre, 378 (over 56 per cent) men were suffering from non-gonococcal urethritis (including three with Reiter's disease) and 180 (54 per cent) women had trichomoniasis. There were 291 men and 104 women who did not require treatment and one man who ceased to attend before the diagnosis could be established.

Trends in the incidence of early syphilis and gonorrhoea and the number of new registrations and attendances at the Bradford Special Centre from 1946 to 1968 are shown in the Appendix".

Smallpox

There were no cases of smallpox during 1968.

All persons arriving in the United Kingdom from areas in which smallpox is endemic or from areas which are declared as locally infected, should have a valid International Certificate of Vaccination against smallpox. Under a revision of the International Sanitary Regulations which came into effect on the 1st January 1967, all certificates of vaccination or re-vaccination against smallpox must contain a record of the batch number of the lymph used. Many certificates supplied by travel agencies, particularly those in countries overseas, have no space for such a record and the record of the batch number of the lymph is frequently omitted. This renders the certificate invalid. All persons arriving in the United Kingdom with an invalid certificate of vaccination are considered as though they had no certificate and are

treated in the same way as an unvaccinated person. A notification of the arrival of such persons is sent to the Medical Officer of Health of the area to which the person is proceeding and usually the person would be vaccinated by the Port Health Authority at the port of entry.

All such persons arriving in Bradford are placed under surveillance by this Department, the type of surveillance depending on the nature of the case. On receipt of the notification all persons are visited at the earliest opportunity. A note is taken of whether they are in possession of any documentary evidence of previous vaccinations against smallpox and the presence of scars of previous vaccinations are looked for; also a note is made of the state of the re-vaccination or primary vaccination done by the Port Health Authorities.

In the case of a person with scars of previous vaccinations and a scar of successful re-vaccination performed at the port of entry, no other visits are made, if we are satisfied that the person will notify us if they fall sick. In the case of a person receiving a primary vaccination at the port of entry, daily surveillance is made up to 14 days after arrival. If the primary vaccination done at the port of entry is unsuccessful the person is re-vaccinated but surveillance is not continued longer than 14 days after entry. The period of surveillance is reduced if the person has entered the country by sea.

A person with scars of previous vaccinations but with an unsuccessful re-vaccination done at the port of entry is re-vaccinated and put under daily surveillance of up to 14 days after entry. No restrictions are placed on the movements of any person under surveillance and no restrictions are in fact possible under public health law. The person under surveillance is visited once a day and the temperature taken. If the person becomes unwell or the temperature rises, the appropriate Senior Medical Officer of the Department is informed.

Any person arriving in an unvaccinated state or without an International Certificate of Vaccination from an area in which transmission of smallpox is continuously occurring, is placed under daily surveillance for up to 14 days from the date of entry to this country. If primary vaccination or re-vaccination is unsuccessful in such persons, they are re-vaccinated and kept under surveillance.

Non-Infectious Diseases

Heart Disease

Heart disease continues to be the greatest single cause of death in the City and this is in accordance with the general experience in the United Kingdom.

The Table shows the distribution of deaths from ischaemic heart disease in Bradford in 1968.

Age Group	1-5	15-25	25-35	35-45	45-55	55-65	65-75	75+
Males	1	2	1	18	57	156	224	171
Females	—	1	1	1	11	52	151	293

Cancer

There were 722 deaths from cancer during the year (385 males and 337 females). These were distributed as follows:

malignant neoplasm—	Males	Females	Total
lung and bronchus	167	23	190
stomach	41	29	70
breast	—	64	64
uterus	×	37	37
others	163	173	336
leukaemia	10	7	17
benign and unspecified neoplasms	4	4	8

Deaths due to lung cancer in Bradford show a very small decrease. Although the casual relationship between cigarette smoking and cancer of the lung has been established, the difficulties encountered in Health Education designed to reduce cigarette smoking are as great in Bradford as anywhere else.

The progressive introduction of smoke control orders within the City will, in the long term, produce a reduction of respiratory illness. The number of deaths due to bronchitis in 1968 maintains the reduction of the last few years.

Accidental Deaths

There were 50 deaths during the year due to motor vehicle accidents and 59 from other accidents. Deaths from suicide totalled 19.

ROAD ACCIDENTS — AGE DISTRIBUTION

Age	Male	Female	Total
0-1	—	—	—
1-5	4	1	5
5-15	5	1	6
15-25	4	—	4
25-35	2	—	2
35-45	4	—	4
45-55	3	—	3
55-65	3	6	9
65-75	5	7	12
75+	4	1	5
Total	34	16	50

HOME ACCIDENTS — AGE DISTRIBUTION AND CAUSE

Cause	0-1	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75+	Total
Fall	—	—	—	—	1	—	—	—	1	1	3	6
Fire	—	—	—	—	—	—	—	—	2	—	—	2
Poisoning												
barbiturate	—	—	—	—	—	3	2	4	1	2	1	13
coal gas	—	—	—	—	—	1	—	—	1	1	4	7
carbon												
monoxide	—	—	—	—	—	—	—	—	—	—	1	1
other	—	—	—	—	—	—	1	—	1	—	—	2
Asphyxia	2	—	3	—	—	—	1	1	—	1	1	9
Total	2	—	3	—	1	4	4	5	6	5	10	40

All accidents are avoidable, and thus the table above shows the causes of 40 deaths which need never have happened. During the same period, road accidents in the city killed 50 people.

Lead Poisoning

In the 1967 Report an account was given on the outbreak of lead poisoning from battery burning. Surveillance of all persons affected was continued into the early part of 1968. In all cases the anaemia from which many children were suffering and which proved resistant to initial treatment with iron was successfully resolved and all the children concerned obtained a satisfactory haemoglobin level. The anaemia was considered to be due to lead absorption and it appeared that while blood lead levels are raised there is a poor response to treatment due to interference with the normal metabolism of iron. However when lead has been eliminated from the body, treatment with iron gives a satisfactory response.

The occurrence has been noted in the Medical Journals on a number of occasions of the symptoms of lead poisoning caused by the use of certain types of eye cosmetics (surma). We have found a number of cases in Bradford among women recently arrived from Asia in whom anaemia has developed apparently from the use of eye cosmetics brought into the country by the patients, but none of these patients has had a blood lead level high enough to establish the diagnosis with certainty. The anaemia has been of the same pattern as that found in the 1967 investigation of lead poisoning from battery burning, and has resolved in time following discontinuation of the use of that particular eye cosmetic. A considerable number of samples of these eye cosmetics have been found to contain lead sulphide in high amounts. In some of them, levels of 80 to 90 per cent lead sulphide have been obtained. The matter has been dealt with by health education through clinics and health visitors. It is only some of the eye cosmetics obtained in Asia and brought in small amounts for personal use which have this high lead content and all eye cosmetics made and sold in this country are, of course, free from lead.

PREVENTION AND EARLY DETECTION OF DISEASE

Local Authorities have long been responsible for preventive medicine. For many years the control of the environment was the only weapon available in the fight to prevent disease, but in the last 25 years considerable protection against infectious disease has been available by the use of vaccines.

Vaccination has for many years given excellent protection against smallpox. In the Annual Report for 1948 it is recorded that 3,536 were immunised against diphtheria. Ten years later protection had been extended to cover whooping cough. A year later protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis was being offered in Departmental clinics. Since this time there has been a change to oral polio vaccine and protection against measles and anthrax is now available for those at special risk.

Early detection of tuberculosis by mass miniature radiography is now a familiar and accepted technique. Very recently our attention has turned to the early detection of cancers, particularly those of the breast and cervix of the uterus.

Vaccination and Immunisation

In 1968 a new computer was installed in the City Treasurer's Department: also in the beginning of the year a document was issued by the Ministry of Health summarising recent advances in knowledge and technique in vaccination and immunisation and recommending a new schedule of immunisation. It was therefore decided to revise the schedule of immunisation and to make some changes in the method of recording. In addition it was decided to continue and to improve the system of recording all immunisations performed by general practitioners and the Bradford Executive Council agreed that the notification of an immunisation carried out by a general practitioner and notified to the Health Department on the appropriate computer card would be accepted also as proper notification that payment was due to the general practitioner from the Executive Council. The Executive Council agreed to accept the monthly notification from the computer master record, of payments due to individual practitioners in respect of immunisations carried out by them.

A complete guide to the use of the computer recording system for immunisation and vaccination has been prepared by the Computer Section of the City Treasurer's office and this Department.

The improvement of vaccines, and the acquisition of further knowledge on the prevention of disease by immunisation, has enabled us to achieve adequate protection in children by giving fewer and more widely spaced injections.

The following is the schedule we now recommend:

Age	Vaccine(s)
6 months	First dose triple (diphtheria, whooping cough, tetanus) First dose oral polio

8 months	Second dose triple Second dose polio
12 months	Third dose triple Third dose oral polio
13 months	Measles
15 months	Smallpox
School Entry	Diphtheria/tetanus re-inforcement Oral polio re-inforcement Smallpox revaccination
10—13 years	B.C.G. (tuberculosis)
School Leavers	Oral polio re-inforcement Tetanus re-inforcement Smallpox re-vaccination

A child of six months of age is generally able to respond better to the initial dose of the primary immunisation course against diphtheria, whooping cough and tetanus. The ages of eight months and 12 months for the second and third doses respectively of the course have been selected as the optimum ages to be within the optimum intervals between injections for the full development of immunity, *and* as the optimum ages at which it is advisable for the child to be seen at the infant welfare clinic so that the doctor can make sure that the child is developing satisfactorily.

Table 32 in the Appendix gives details of the number of primary immunisation courses completed during the year. This figure will be lower than in previous years because of the alteration in the schedule and no direct comparison can be made between the figures for 1968 and previous years. We believe that between 70 and 75 per cent of children under the age of four years in Bradford are protected against diphtheria, whooping cough and tetanus. This figure is not considered satisfactory and it is hoped that the general level of immunity will improve in the next few years.

A commentary on immunisation against measles is given in Chapter 7.

Only five cases of diphtheria have occurred in Bradford since 1949, but during the five years leading up to 1950 (the first diphtheria-free year) no fewer than 656 cases occurred and 38 children died. The year 1968 is the fourth successive year in which there has been no case.

Similarly, this is the fourth successive year in which there has been no case of poliomyelitis, although as little as ten years ago there were 28 cases in one year, and between 1956 and 1962 an aggregate of 83 cases was notified.

It becomes increasingly difficult to overcome complacency of parents, and to explain to them how vital it is that their children should be protected against diseases that have apparently disappeared from the scene.

In previous years the general level of immunity in Bradford children has been lower than an average figure for the great towns. This level has been raised appreciably by the computerised system which sends out reminders to defaulters, and the mother today rather has to positively opt out, than to opt in as in previous years.

Vaccination against Smallpox

There were no cases of generalised vaccinia or post-vaccinial encephalitis, or of other complications of vaccination.

The detailed statistics for 1968 and the preceding five years are as follows:

SMALLPOX VACCINATION
YEARS OF BIRTH

(Showing approximate Age Groups)

Year	(Under 1)	(1 year)	(2-4 years)	(5-14 years)	Older persons	Total
1963	20	381	170	32	60	663
1964	28	557	696	47	68	1,396
1965	11	1,343	1,237	23	88	2,702
1966	168	2,516	712	97	241	3,734
1967	187	2,507	397	145	258	3,494
1968	120	2,206	310	126	356	3,118

SMALLPOX RE-VACCINATION
YEARS OF BIRTH

(Showing approximate Age Groups)

Year	(Under 1)	(1 year)	(2-4 years)	(5-14 years)	Older persons	Total
1963	—	2	43	89	705	839
1964	—	3	27	103	767	900
1965	—	—	39	158	1,194	1,391
1966	—	—	27	277	2,970	3,274
1967	—	—	19	142	1,435	1,596
1968	—	—	16	207	1,477	2,700

Vaccination and Immunisation for International Travel

In addition to primary smallpox vaccinations and re-vaccinations included in the tables above the following immunisations were given during the year to persons travelling abroad.

Yellow Fever	...	...	474
Cholera	...	...	204
T.A.B.	...	...	98
T.A.B.T.	...	...	37

Mass Radiography

We are indebted to Dr. J. B. Deasy, Medical Director of the Bradford Mass Radiography Service for the following report:

"The 1968 figures for the Bradford M.M.R. Unit show a rather disturbing increase in the incidence of pulmonary tuberculous infection in the City of Bradford—a rise of 66 per cent over the figures for the previous year. Analysis of the figures shows that the rise is mainly due to the increased incidence of this infection found in the Asian community, which accounted for 77 cases out of a total of 120 discovered in the City by this Service.

In the majority of cases of tuberculosis found in immigrants, the disease appears of comparatively recent onset, usually progressing directly from a primary infection apparently contracted following arrival in this country and usually from contact with a source case among the sufferer's own countrymen. It is increasingly evident that tuberculous infection is being disseminated within the community from an "infecter pool" which continues to elude our methods of detection. It seems that efforts to control the infection in this group which have been pioneered and assiduously pursued in Bradford are no longer sufficient to cope adequately with the problem.

The combined static and mobile X-ray units carried out a total of 54,800 examinations during the year, of which 27,559 were undertaken in the City of Bradford. The static unit moved into new purpose-built premises at Rawson Road in May, 1968, and there is no doubt that attendances have much increased in numbers following this move. Examinations in the City during 1968 revealed a total of 120 cases of tuberculosis requiring treatment, compared with 72 cases in the previous year.

Exclusion chest X-ray facilities are offered weekly on Mondays to general practitioners in Bradford and district, and a total of 6,768 patients in this category was referred during the year. This group alone accounted for 75 cases, and the special tuberculin and X-ray survey of immigrants run by the Bradford Health Department in conjunction with this Service revealed a further 15 cases. Excluding both these special applications of the Service, true non-selective M.M.R. examinations of public and industrial groups revealed a total of 30 cases, giving an incidence of 1.6 cases per thousand examinations in the indigenous population. The corresponding figure for the previous year was 0.75 cases per thousand. The incidence of lung cancer as revealed by the surveys carried out by the mobile unit in unselected groups during the year was 0.3 per thousand examined.

The following tables show place of residence, numbers of persons examined and incidence of tuberculosis per 1,000 examinations by (a) the static and (b) mobile units of the Bradford Mass Radiography Service.

(a) STATIC UNIT

Total Number Examined 15,454 (including 3,141 Asian immigrants)

Place of Residence	Active Tuberculosis	Males	Females	Total	Incidence per 1,000 examined
Bradford C.B.	New notifications	62	28		
	Treated but not notified	3	1	99*	6.4
	Previous notification re-activated	4	1		
West Riding County	New notifications	1	1	2	—
TOTALS		70	31	101	6.4

* New notifications include 66 Asian immigrants (47 males and 19 females)

* Corrected incidence excluding Asian immigrants notified or treated = 2.7 per 1,000 examined

Incidence of Active Tuberculosis found in 3,141 Asian Immigrants = 21.0 per 1,000 examined

(b) MOBILE UNIT

Place of Residence	Total Number Examined	Active Tuberculosis	Males	Females	Total	Incidence per 1,000 examined
Bradford C.B.	12,105	New notifications	14	1		
		Treated but not notified	3	1	19	1.6
Huddersfield C.B.	6,803	New notifications	7	1		
		Treated but not notified	—	—	8	1.2
Halifax C.B.	3,281	New notifications	4	1		
		Treated but not notified	—	—	5	1.5

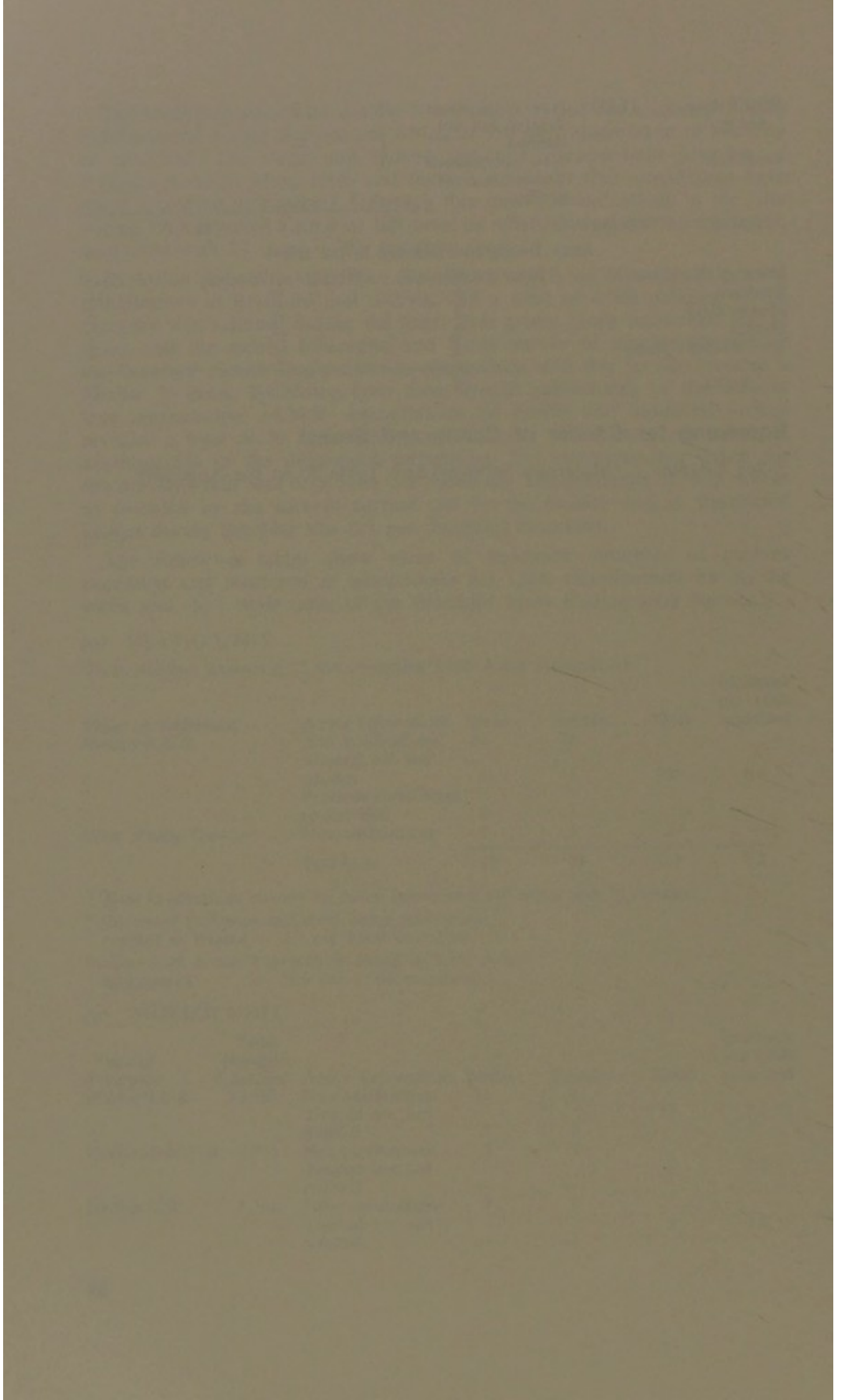
West Riding County	17,157	New notifications	4	2		
		Treated but not notified	1	—	7	0.4
Leeds C.B.		New notifications	1	—		
		Treated but not notified	—	—	1	—
TOTAL	39,346		34	6	40	1.0

Asian Immigrants included in the above

Place of Residence	New Notifications	Treated	not notified	Total
Bradford	9		2	11
Huddersfield	5		—	5
Halifax	2		—	2
West Riding County	2		—	2
Totals	18		2	20

Screening for Cancer of Cervix and Breast

See Chapter 1, (Maternity Services) and Table 33 in the Appendix.



ENVIRONMENTAL HYGIENE**District Inspectors**

The duties of the inspectors cover a wide field of environmental hygiene, and include the investigation of complaints about public health and housing matters, the inspection of premises and the supervision of repairs and improvements to buildings and houses.

During the year, 5,528 complaints were received and investigated. In many cases the service of a statutory notice under the Public Health Acts was necessary but a large number of them were only in connection with minor items of disrepair.

Due to the regular visitation by a member of the staff no serious overcrowding took place in the many houses let in multiple occupation and occupied mainly by male Pakistani immigrants. In five cases it was necessary to serve notice on the occupier under Section 90 of the Housing Act, 1957. No legal proceedings were instituted.

Fifty-three notices were served under Sections 15 and 16 of the Housing Act, 1961, on persons in control of houses let in multiple occupation. Very little success was achieved in obtaining the necessary amenities as the coloured immigrant owners created many obstacles, some of which were insurmountable.

There were 841 exhumations during the year. Except in the case of one body, the remains were exhumed owing to new road developments taking place.

Common Lodging Houses

There are two common lodging houses in the City, both of which are in the control of the Salvation Army. These establishments, containing seven sleeping rooms, were inspected on 25 occasions during the year.

The total number of persons accommodated during the year was 44,729 (47,944 in 1967). The nightly average was 122 representing 77 per cent. of the 158 beds available.

Hygiene in Factories and for Building Operatives

At the year end there were 2,174 factories in the register which is kept by the Council under Section 8(5) of the Factories Act, 1961. This figure consists of 2,020 power factories, 104 non-power factories and 50 other premises (mainly building sites). The Act also makes the Authority responsible for enforcing the provision of adequate sanitary accommodation for building operatives.

Outworkers

As the register of outworkers included many persons who live outside the City it was necessary to send details to no less than 174 other local authorities.

The total number of outworkers notified was 561—textile (burling and mending) 174, wearing apparel 386, and making curtains 1.

Offices, Shops and Railway Premises Act, 1963

Routine inspections of premises were continued. These involved newly registered premises and existing premises which had been inspected in the year immediately following the coming into operation of the Act.

The guidance on sufficient and suitable standards for lighting to be given in the booklet, *Lighting in Offices, Shops and Railway Premises*, which has been prepared by the Department of Employment and Productivity, should prove most interesting. It should be helpful to authorities in deciding the action to be taken in the many cases of unsuitable lighting found in the common parts of buildings in multiple occupation.

Although the minimum values given in the booklet are, in many cases, well below those in the Illuminating Engineering Society code, it is felt that they represent a more realistic attitude and can be quoted with good effect by inspectors when asking for improved standards of lighting in various types of premises.

Prosecutions

During the year, legal proceedings were instituted against three firms for contraventions of the Act.

(1) A firm specialising in the retail sale of greetings cards, employing four female assistants, did not make adequate arrangements for heating the shop where they worked. Two written warnings were given before action was taken to bring the case before the courts.

The firm pleaded guilty to the contravention of Section 6 of the Act, and a fine of £10 was imposed.

(2) A man and his wife, joint proprietors of a retail shop, employed a female shop assistant who severed the tip of her thumb whilst cutting raw ham in a gravity feed meat slicer. A guard had been provided for the machine, but was not in position at the time of the accident, nor was it ever used because of alleged inconvenience.

Each defendant pleaded guilty to a contravention of Section 17 of the Act, and total fines of £10 were imposed.

(3) Six informations were laid against a firm acting as agents for the owners of a block of property in multiple occupation. The defects alleged included dirtiness, lack of maintenance, inadequate lighting and accumulations of rubbish throughout the building, including the sanitary accommodation and those parts of corridors and staircases common to the occupants.

Colour photographs of certain of the defective areas of the building, produced in court, were no doubt of assistance to the two defendants in deciding to plead guilty.

Fines totalling £24 were imposed—the Sections involved were 42(2), 42(3a), 42(4), 42(b) and 16(1).

Proceedings against the owners of a similar block of property in multiple occupation, involving the soiled condition of a common staircase and the non-provision of a handrail, reached an advanced stage, but following delay due to administrative difficulties, the work was completed and it was considered inappropriate to proceed further.

Accidents

During the year, 93 accidents were reported: 23 of these were investigated, and advice given where appropriate. There were no fatal accidents—most of the injuries were of a minor nature following the pattern established since the implementation of the Act, and again a considerable proportion of the total was accounted for by one large mail order firm and, increasingly, by one large supermarket chain.

Severe accidents were few, and included a fractured skull sustained by a youth climbing on to a stack of corrugated paper rolls, following what the management agreed was approved practice. On the advice of the Department, step ladders were introduced, and the danger reduced.

The misuse of machinery gave cause for concern from time to time. Meat cutting machines in grocery shops accounted for some of the more hair-raising incidents—these were, fortunately, more notable for what might have happened than for what did happen.

Legal proceedings were taken in one case involving a meat cutting machine—details of this are given above.

Several instances occurred of young people behaving irresponsibly when working at conveyor belts. The extent to which these latter can be made accident proof is dependent substantially on the good sense of those employees required to use them. They have not been prescribed as 'dangerous machines' under the relevant part of the Act, and a good deal of informal advice has been given in this field to management and staff by inspectors from the Department.

A paper baling machine being carelessly operated by a temporary student worker at a supermarket resulted in a moderately severe arm injury, and consideration was given in this case to legal action. In the event, a serious warning, together with an agreed improvement in the interlocking guard mechanism of the baler was deemed to be the appropriate course of action.

Accidents were reported as follows:—

1. Offices	...	...	...	...	...	...	...	...	14
2. Retail shops	...	...	...	...	...	...	...	...	27
3. Wholesale shops and warehouses	...	...	...	...	...	...	...	...	41
4. Catering establishments open to the public and canteens	...	...	...	...	...	...	...	...	11

Rag Flock and Other Filling Materials Act, 1951

There were 20 registered premises in the City to which 22 visits were made and 16 formal samples were taken during the year.

Hairdressers and Barbers

(Bradford Corporation Act, 1949, Section 28)

The Act requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation. Byelaws under this Section require the cleanliness of premises, instruments, towels and equipment.

Where persons were employed, opportunity was taken to combine visits under this Act with visits under the Offices, Shops and Railway Premises

Act, 1963, and where self-employed persons only were concerned, separate visits were made at intervals. All premises were inspected on initial registration.

At the end of the year there were 391 premises on the register, and during the year 602 visits were made to them. Sixteen occupiers were warned verbally about minor contraventions, and these were remedied without delay. One complaint was received concerning alleged verminous conditions. A careful inspection and investigation revealed no justification for the complaint.

Smoke Abatement

The City of Bradford (West Bowling) Smoke Control Order became operative on the 1st July and the City of Bradford (Listerhills) Smoke Control Order will become operative on the 1st July, 1969.

By the end of the year the preparatory work for the City of Bradford (North West) Smoke Control Order, which contains some 15,691 dwellings, was completed ready for submission to the Committee and Council early in 1969. When this Order has been confirmed, work will commence on the next two Orders which will complete the programme for the City.

During the year 48 complaints were received and investigated in connection with smoke and 17 in connection with grit emissions. Improvements were effected in every case.

During the year steam locomotives were abolished at two large railway depots.

There were 1,037 observations made of industrial chimneys and 637 visits to premises in connection with smoke abatement. As a result of investigations one formal and 50 informal notices were served on the offending persons. Arising from the observations and visits many improvements were made to boiler plants, etc. Ten applications for prior approval of such plants were considered under the Clean Air Act, 1956.

Legal proceedings were instituted against a firm of vehicle dismantlers for causing a smoke nuisance to the inhabitants of the neighbourhood. An Order was obtained to prevent recurrence of the nuisance.

Measurement of Atmospheric Pollution

Deposit Gauges

The north and central stations have been in operation since 1931 and the other stations from 1950. The monthly reports from the City Analyst show that the average annual deposit was slightly less than in 1967. (See Appendix tables).

Sunshine Record

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was 2 hours 56 minutes.

This figure is 35 minutes less than the figure for 1967.

Housing

The progress made in previous years in slum clearance and house improvements has been maintained during 1968.

The report of the National Building Agency, forecast in the Annual Report for 1967, was received and accepted in principle by the City Council. The report basically stressed the need for strenuous efforts to be made to deal with the problem of sub-standard accommodation built during the nineteenth century, by either demolition or improvement.

The Barkerend Improvement Area has been the subject of a great deal of work by this Department. All of the 837 houses requiring improvement to the minimum of the "five point standard" were visited and the owners and occupiers supplied with full information. Letters were sent to owners who could not be interviewed urging them to take advantage of the financial assistance available. These visits were completed during the first half of the year. Only 108 applications have been received and 75 improvements carried out. The reasons given for not improving the houses have varied from "ill-health", to "can't afford it", to "can't be bothered". It is hoped that the proposed Housing Bill will include powers to make "Improvement Area" action a compulsory operation. It is illogical to continue to accept the housing standards of the nineteenth century as a satisfactory state of affairs in the latter half of the twentieth century.

Slum Clearance

During this year 1,028 houses have been represented to Committee and included in compulsory purchase orders and clearance orders, or represented as being individually unfit for habitation. In some instances the demolition of properties has been arranged without need for orders to be made. Four hundred and seventy-five families have been rehoused and 760 houses have been demolished. Seventy-three closing orders have been made where demolition has been found to be inexpedient. Forty-three clearance areas have been declared and dealt with by inclusion in 15 compulsory purchase orders and two clearance orders. Six of the areas were dealt with by agreement.

Public Inquiries have been held in respect of seven orders, and confirmation of 18 orders has been received from the Ministry of Housing and Local Government. Seventeen sites have been cleared and made available for redevelopment purposes.

Since 1945, 16,177 houses have been dealt with by representation; 13,037 of these have been demolished and 1,133 closed.

The Council has continued its policy of assisting families suffering hardship by paying or contributing to removal expenses and making *ex gratia* payments to shopkeepers occupying premises on a short-term basis when no other compensation was payable.

	No. of Houses Represented		No. of Houses closed or demolished	
	In Clearance Areas (Clearance Orders and Compulsory Purchase Orders)	Individually Unfit (for closure or demolition including informal action and L.A. Houses)	Closed	Demolished
1945	—	26	4	16
1946	—	98	18	265
1947	—	200	26	50
1948	—	77	27	53
1949	—	111	37	35
1950	23	65	33	43
1951	30	57	35	42
1952	—	60	29	43
1953	—	103	37	67
1954	245	171	76	101
1955	603	208	88	124
1956	72	201	79	436
1957	822	195	58	435
1958	974	149	63	663
1959	1,219	135	51	662
1960	1,427	159	57	999
1961	1,106	119	32	1,415
1962	1,290	198	85	1,355
1963	645	196	64	712
1964	970	141	60	1,075
1965	805	151	33	890
1966	931	211	40	1,085
1967	802	154	28	1,711
1968	836	192	73	760
Total	12,800	3,377	1,133	13,037

Improvement Grants

The improvement of individual properties has continued and 1,113 written enquiries have been received; 754 Standard Grants and 53 Discretionary Grants have been approved—a total of 807 houses.

A final inspection of the following properties has been carried out and the grants passed for payment:—

Dwellings	Amounts
858 Standard Grants	£111,241
40 Discretionary Grants	7,939
<u>898</u>	<u>£119,180</u>

Since the Improvement Grant legislation was introduced in 1952, 1,953 Discretionary Grants have been approved, and since the introduction of Standard Grants in 1959, 8,081 Standard Grants have been approved; a total of 10,034 houses.

The "Loans Scheme" has continued to operate—311 applications have been received, and 115 applications have been approved. Thus, since the commencement of the scheme in 1966, 520 applications have been received and 195 loans secured by mortgage, have been made.

Rent Act, 1957

Under the provisions of the Act one application by a landlord for the cancellation of a Certificate was granted.

Disinfection and Disinfestation

Very little disinfection was carried out during the year for cases of infectious disease, and the work of disinfestation, mainly due to the re-housing programme, was of a similar tempo to the previous year.

Requests were again received to disinfect second-hand articles of wearing apparel which were being sent to European countries and certificates were issued in respect of 311 articles. A small charge was made for each parcel submitted.

The practice of providing 'problem families' and families living in poor circumstances with second-hand articles of furniture and bedding, obtained from many sources, was continued during the year.

Swimming Baths

During the year 340 samples of water from the 25 public and school swimming baths were submitted to the Public Health Laboratory for testing in respect of the residual chlorine content.

Water Supply

Routine sampling was continued during the year. Two hundred and forty-nine bacteriological and 353 plumbo solvency samples of the town's supply were examined. In addition, 142 samples of water taken from other sources, such as flooded cellars, by the District Public Health Inspectors during the investigation of statutory nuisances, were submitted for chemical examination.

Rodent Control

Surface Treatment

During the year 1,284 rat and 3,393 mice infestations were dealt with.

Out of 4,677 infested properties 4,053 were notified by the occupier, and 624 were discovered by inspection of premises. 'Warfarin', zinc phosphide, 'Alphakil' and arsenious oxide were used to eradicate the rats and mice.

At the request of the Local Authority 132 premises were rat-proofed after treatment. Thirteen 'block schemes' were carried out which necessitated the simultaneous treatment of premises and sewers.

Sewer Treatment

Test baiting of the sewer manholes continued throughout the year in accordance with the Minister's recommendations and 12,220 manholes were test baited and 588 poisoned.

Food Premises

During the year 4,511 inspections of premises were made and 2,488 contraventions noted. As a result of these, 430 warning letters were sent and 466 verbal cautions issued. It was decided to amend the warning letters to be more advisory than threatening with a view to emphasising the educational aspect rather than the punitive. No legal proceedings were therefore instituted, but it was decided to take this action in one particularly bad case of neglect, and proceedings in this case are pending.

During a case taken under the Food and Drugs Act in respect of the sale of mouldy confectionery, emphasis was given by the Food and Drugs Inspector that the business was conducted in such a dim light that it was not possible to see the mould. This fortunately received good publicity which may be valuable, for the current practice of some catering premises to prefer subdued lighting tends to militate against food hygiene, particularly when the serving counter is associated with the dining area. Sufficient attention is not given to lighting generally and it is considered that legal standards for food preparation areas would be valuable.

The work in the division brings contact with a wide range of immigrants, but premises occupied by the Pakistani immigrants represent the major portion. We have dealt with 134 food businesses operated by them in the City, including five wholesale premises, two canning factories, 75 grocery and mixed shops, 13 butchers shops, 26 cafes (some with clubs), seven private clubs and various other trades, including sweets, confectionery, fish frying, a public house and a *dawakhana*, or chemist.

In relation to food hygiene, one senses that the standard is improving, but points of criticism still arise. The practice of the slaughter of chickens in the shops is still encountered and is dealt with as it is found.

We also have a varied selection of businesses to deal with operated by immigrants from other countries, particularly restaurants operated by the Chinese and Cypriots, shops and cafes by West Indians, shops, clubs and manufacturing premises operated by Continental immigrants, and Hungarians seem to have a particular interest in the 'hot dog' stalls.

These businesses have tended to increase in number and the Department's attention will continue to be given.

A special survey of all the school kitchens was carried out and advice given to the Education Department of matters considered to require attention under the provisions of the Food Hygiene legislation.

Work under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 (as amended) was continued and during the year 121 inspections of vehicles and stalls were made. One hundred and thirty contraventions were noted and warning letters sent in 47 cases.

Milk Supply

Although over 90 per cent. of the milk supplied retail to the consumer consists of processed milk there is still an appreciable quantity of untreated farm-bottled milk sold in the City. The drinking of untreated milk must carry with it the risk of infection, principally with the *Brucella abortus*

organism, which causes undulant fever in humans. There are approximately 83 farms producing milk within the City boundary and, in addition, a large quantity of milk comes from the surrounding country areas to the processing dairies and also from retailers outside the City.

Regular testing of the supplies has been carried out during the year for chemical analysis, bacterial cleanliness and the presence of infection. Specific examinations have been carried out for the measurement of radioactivity and the presence of antibiotics. Cleanliness checks on the major supplies of fresh cream sold in the City have been continued.

Infection in Milk

Attention was again particularly directed to the eradication of *Brucella* infection from milk. Routine samples were obtained from the bulk milk of herds and were screened by the *Brucella* Ring Test. When results were positive, samples were obtained from each cow in the herd and those giving positive Ring Tests were further examined by culture examination.

A total of 407 herd samples was examined and 69 of these gave a positive result to the Ring Test. Twenty-eight herd samples (6.9 per cent.) gave positive results on culture examination. The number of individual cow samples examined from Bradford farms was 932. One hundred and forty-two gave a positive result to the Ring Test and 70 of these were reported positive on culture examination.

Seven notices were served on Bradford farmers requiring the heat treatment of the milk from individual cows under the provisions of the Milk and Dairies (General) Regulations, 1959. Notifications were sent to neighbouring authorities in 16 cases in respect of infected milk coming into the City.

It was noted that untreated milk was still on sale at ten of the 22 vending machines and ten of the 60 milk dispensers in catering establishments.

Milk and Dairies (General) Regulations, 1959

There were at the end of the year 1,213 persons registered for the sale of milk within the City. These may be classified as follows:—

Dairymen	...	...	...	...	...	244
Shops where milk sold in sealed bottles only	...	...	...	...	...	969

Automatic milk vending machines in factories and public places numbered 22, and milk dispensers in catering premises 60.

Legal proceedings were instituted under the Regulations against a dairy company in respect of the supply to a hospital of milk in a churn with a mouldy milk residue inside the lid. A fine of £25 was imposed.

Milk (Special Designation) Regulations, 1963 (as amended)

All dealers' licences are issued by the Food and Drugs Authority for the area in which the premises at or from which the milk is sold are situated. This was the third year of the five-year licensing period.

The following is a summary of the types of licences in operation:—

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	...	...	2
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	...	...	2

Dealer's (Untreated) Licence authorising the use of the special designation "Untreated"	1
Dealer's (Pre-packed Milk) Licence authorising the use of the special designations:—	
(a) "Untreated"	188
(b) "Pasteurised"	223
(c) "Sterilised"	1,207
(d) "Ultra Heat Treated"	136

Milk Processing

During the year there were three dairies engaged in the heat treatment of milk; one by pasteurisation, one by sterilisation, and one carrying out both processes.

Chemical Examination

Nine hundred and nineteen samples were submitted for chemical analysis, of which seven gave an analysis under 3.0 per cent. of fat while 14 gave an analysis under 8.5 per cent. of non-fatty solids. In most cases the adulterations were small and warnings issued.

A table giving comparative figures for the milks examined during the period 1946 to the present year will be found in the Appendix.

Examination of Raw Milk

Samples of raw milk were taken regularly during the year for bacteriological examination. In the case of unsatisfactory samples of farm milk, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a view to improving the cleanliness of the milk at the farm.

Where an unsatisfactory sample was obtained from a milk distributor, investigation was made into his methods of milk handling, etc., and appropriate warning was given.

Samples Taken	Methylene Blue Reductase Test		
	Pass	Fail	Void
487	399	53	35

Examination of Heat-treated Milk

The samples taken of heat-treated milk processed both in and outside Bradford were reasonably satisfactory, as shown in the following table:—

	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test			Turbidity Test	
		Pass	Fail	Pass	Fail	Void	Pass	Fail
Pasteurised	498	497	1	464	31	3	—	—
Sterilised	48	—	—	—	—	—	48	—

In cases of test failures investigations were made and appropriate advice and warning given.

Radioactivity in Milk

Samples were examined throughout the year for radioactivity and the following are the monthly averages:—

Total radioactivity calculated as strontium 90 (including Iodine 131) and expressed as micro-curies per gram of calcium	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	7.3	6.9	7.1	6.8	6.8	6.6	6.5	6.5	6.7	7.0	7.3	7.0

The present levels are far below any danger level and form only a tiny proportion of the natural background radiation to which we are all subjected daily. With the reduction in latter years of the testing of atomic weapons throughout the world, the health hazard from this source can now be regarded as negligible in this area.

Antibiotics in Milk

Antibiotics may be present in the milk of a cow which is receiving treatment and their presence constitutes a health hazard to the consumer. Antibiotics were found in three samples.

Ice Cream

Visits were made to ensure that ice cream premises and plant complied with the requirements of the Food Hygiene (General) Regulations, 1960, and the Ice Cream (Heat Treatment, Etc.) Regulations, 1959. One thousand one hundred and ninety-six premises were registered in respect of ice cream sales.

Some concern was felt at the introduction of ice cream sales into "cash and carry" trading as there appears to be a risk that when a trader collects his own bulk supplies in an unrefrigerated vehicle the temperature of the ice cream may rise above 28°F. before he returns to his premises. In spite of this it was found that the provisions of the Food and Drugs Act, 1955 did not permit such a point to be taken into account when considering an application for registration under Section 16 of a "cash and carry" warehouse. Accordingly such premises were registered when applications were made.

Bacteriological Examination

Forty-one samples were submitted for examination during the year and they were graded as follows:—

Provisional Grade	No. of Samples
Grade I	11
Grade II	15
Grade III	7
Grade IV	8
	—
	41
	—

If ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1959, the minimum standards for ice cream are 5 per cent. fat and 7½ per cent. milk solids other than fat.

Fourteen samples were analysed and the average figures were:—

Fat	6.4 per cent
Milk solids other than fat	12.3 per cent

Food and Drugs

The number of samples of Food and Drugs taken under the Act and submitted by the Sampling Officers for analysis was 1,325. Of these, 1,271 were genuine. In the majority of cases the adulterations were small and the vendors were cautioned. Legal proceedings were instituted in one case under the Meat Pie and Sausage Roll Regulations, 1967 in respect of the sale of two Cornish pasties with meat contents of 9.95 and 8.75 per cent. Fines totalling £20 were imposed.

Following this case the legal department expressed concern regarding the method of division of a sample of products of this nature. The provisions of the Act requiring the division of individual pies, and the provisions of the Regulations requiring the analysis of the whole pie, apparently expose any case taken to the possibility of expensive appeal proceedings. This matter has therefore been raised by letter with the Ministries concerned and the Association of Municipal Corporations.

The number of samples procured and examined during 1968 will be found in the Appendix.

During the year five samples were submitted for the presence of pesticides in food under the regional survey. The samples were examined at the laboratory of the Leeds Public Analyst.

Bacteriological Examination

Examinations were made of 278 foods and 43 swabs of food and equipment. Staphylococci were isolated from twelve samples, including shellfish, meat, and meat products.

Food Inspection

Complaints relating to the sale of food in an unsatisfactory condition were again numerous, over 100 investigations being made by the Food and Drugs Inspectors. It is, of course, often found that people making complaints are unwilling to appear in court to assist in legal proceedings and consequently action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint. In the case of outside manufacturers, the matter is taken up by correspondence and also by advice to the Public Health Department of the area concerned. Strong warning letters were sent to the manufacturers in some cases.

Supplies of fish, poultry, fruit and vegetables were regularly inspected throughout the year in the St. James' Wholesale Market and at the wholesale warehouses and retail shops. Particulars of the foods condemned (other than carcase meat) will be found in the Appendix. The total number of visits involved was 3,515.

In addition to the visits to food premises for inspection and condemnation of foods, routine visits were made to retail shops for the inspection of poultry as a large percentage of the birds sold do not pass through the wholesale market. There are now two poultry processing establishments operating in the City. Inspection of the birds has been carried out in accordance with Circular 22/61. Some difficulties are encountered in deal-

ing with the slaughter of poultry by the immigrant population as it appears that a retail shopkeeper will slaughter a number of birds under Mohammedan ritual at non-specific intervals. Such premises have not been included as poultry processing establishments, but checks are made from time to time to see if slaughter is taking place, to check on the hygiene of the premises, and to examine the birds. The Department's policy in this problem is to persuade the trader to cease the slaughter at his own premises.

The figures requested for poultry processing establishments are as follows:—

(1) Number of poultry processing premises	2
(2) Number of visits	224
(3) Total number of birds processed ...	369,985
(4) Types of bird processed	cocks, hens, broilers, capons, geese
(5) Percentage of birds rejected as unfit for human consumption	1.98
(6) Weight of poultry condemned	22,570 lbs.

Legal proceedings in respect of offences against Section 2 or Section 8 of the Food and Drugs Act, 1955 were instituted in 12 cases, particulars of which will be found in the Appendix. A number of cases have been commenced and are due for hearing in the new year.

Checks have been made on the supplies of food by contractors to the Corporation establishments, both by inspection and analysis.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority for the control of certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitro-benzene, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The register is kept by the Town Clerk's Department and the supervision at premises is carried out by the Food and Drugs Inspectors. The number of premises recorded was 301.

Meat Inspection

The total number of animals slaughtered in both the public abattoir and the private slaughterhouses in the Bradford area was 146,110, a figure similar to that of 1967. The number of animals killed in the first quarter of the year was reduced by the Foot and Mouth Disease restrictions making the buying of animals difficult and, in addition, during the outbreak of the disease the demand for meat for human consumption dropped appreciably.

One hundred per cent. ante-mortem and post-mortem inspection was carried out on all animals slaughtered in the public abattoir, and one hundred per cent. post-mortem inspection was carried out on all animals slaughtered in the private slaughterhouses during the year. The total weight of meat and offal condemned was 238,586 lbs., and the total number of carcasses unfit for human consumption was 297.

The percentage of animals found to be affected with tuberculosis fell to within 0.02 of the regional average in 1968. Although we continued to slaughter reactors to the Tuberculin Test for the area, the numbers during

the year were so reduced that the percentage of cattle infected fell from 0.42 to 0.05. In addition to tubercular lesions in reactors there were five cases found in other cattle. These were reported to the Ministry of Agriculture, Fisheries and Food for investigation.

As the tuberculosis reactors become less each year, the accent on disease eradication on a national scale has turned to brucellosis. At the present time the scheme is worked on a voluntary basis, in the same manner as the Tuberculosis Eradication Scheme was developed, and the number of animal reactors sent in for slaughter by the Animal Health Division totalled 21 during the year. However, as the scheme accelerates, these numbers are expected to increase considerably.

This was the first full year in which the Department undertook the duties of Inspector under the Diseases of Animals Acts, and the number of visits to farms and piggeries in relation to Movement Licences was 471. In addition, we were called out to investigate suspected cases of scheduled disease, or indiscriminate carcase dumping on 15 occasions. None of these cases required any further action, other than arrangements for the disposal of the carcasses.

The Foot and Mouth Disease restrictions were in operation during the early part of 1968, and no animal could be moved unless it was accompanied by a Movement Licence. Over 4,000 of these were issued from the Abattoir Meat Inspector's Office during the outbreak.

The number of cattle affected with *cysticercus bovis* was 96, one of which was a generalised case. The remainder had lesions localised to the head and/or the heart. These cases were treated in cold storage before being passed as fit for human consumption.

The abattoir laboratory was fully occupied during the year. The number of coli plate counts taken on a MacConkey agaroid media was 1,440 and in three cases the routine of the slaughtering process was changed when it was found by bacteriological sampling that the old method of dressing was causing faecal contamination. The same method of sampling was used as a routine check on the cleanliness of all the equipment in the slaughterhouse.

Ninety-one blood samples from the cotyledons of pregnant cows were examined for the presence of brucella organisms. None of these was positive.

There are three licensed private slaughterhouses in Bradford. All comply with the standards laid down in the Slaughterhouse (Hygiene) Regulations, 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. The total number of visits made to these private slaughterhouses during the year was 135.

The units in the animal by-product area around the public abattoir were inspected regularly as Offensive Trades premises, and frequent visits and experiments were made in an effort to reduce smell to a minimum.

HEALTH EDUCATION, TRAINING AND RESEARCH

Health Education

The propagation of knowledge about matters affecting health is the daily task of many members of the Department. Health visitors, midwives and nurses, together with medical officers and public health inspectors are all informal health educators as they make contact with the public in the course of their duties. Their work has continued unchanged during the year. However, much of the more formal side of health education activity has been re-organised this year in order to take account of staffing changes and the cost effectiveness of health education programmes during the current financial restrictions. It has been necessary also to look closely at the community as a whole, and direct health teaching to those groups which appear most to need this service. Further consideration has been given to the way in which information should best be presented when it is designed to reach specific groups of the population.

Health Education Officer

Up to the beginning of this year this post was filled by a health visitor working part-time. It had long been apparent that the services of a full-time officer were essential, and in April, Mr. C. R. Quigley, a Senior Male Nurse, was seconded to the post from the Department's Home Nursing Service. The post involves a number of separate responsibilities:

- (a) "Servicing" other staff performing health education tasks—by providing teaching material (film strips, lecture notes, projectors, etc.).
- (b) Health teaching—lectures, demonstrations and talks personally given by the H.E.O.
- (c) Organising health education programmes, publicity, etc.
- (d) Selecting, evaluating and supervising the repair, maintenance and distribution of health education posters, films, film strips, projection equipment, etc.

Programme Review

Up to the current year, the pattern of events in formal health education has been to highlight certain aspects of importance, and make them topics for public meetings—e.g. cervical cytology, health of immigrants. Whilst so often such meetings are well-attended, those who do attend are the 'converts' and those particularly in need of the information and advice are the non-attenders.

It was decided, therefore, to concentrate the health education programme on attempting to make an impact via the Education Services—through schools, colleges and libraries—where the young, with less inbuilt prejudices than their elders, might be reached as a captive audience. Areas where health education was considered of primary importance were defined, and the programme concentrated upon these. The topics chosen were:—

1. Drugs dependence and abuse
2. Sex and human relationships, including venereal disease
3. Home safety

It should be pointed out that in selecting these topics, the Health Education Officer was taking account of the number and frequency of requests for talks which were reaching him. The perennial topics of mothercraft, preparation for childbirth, smoking, cold injury, etc. were dealt with by health visitors and midwives as usual.

As two of the topics—drugs and sex education—were those which had some emotional overtones, it was decided to offer those to head teachers, parent-teacher associations, teacher and social worker meetings, etc., rather than force them upon people who might feel that their particular group was not suitable or ready to receive them. The availability of films ('Drugs and Central Nervous System', 'Learning to Live') and lectures was made known, and invitations to speak were awaited. The response has proved extremely gratifying, and the Deputy Medical Officer or the Health Education Officer have given 139 lectures to schools in school hours besides evening meetings with parent-teacher groups, church groups, youth fellowships, etc. on either or both topics during the year.

Publicity

This has been continued by bus display cards, the health section of the Health and Welfare Services Handbook, 'Neotractor' signs, posters in the clinics, and the City of Bradford Hygiene and Home Safety books, all of which have been used to good advantage in the dissemination of health information.

These, with other publicity material (pamphlets etc.), are all kept under constant review so that topical subjects which arise may be brought to the fore whenever possible.

The Health Education Department owns the following 16mm sound films:—

- Drugs and the Nervous System
- Learning to Live (12—13 year old sex education)
- Smoking and You
- Food without Fear (Hygiene in Food Kitchens)
- Tons of Teeth

It also owns 158 sets of film strips and slides dealing with:—

- Maternity and Child Welfare
- Immunisation and Vaccination
- Personal Care
- Food
- Services available and Environmental Health
- Care of the Aged
- Home Safety
- Diseases and Nursing

The films were used on 94 occasions, and the filmstrips or slides on 361 occasions. Both these aids have proved to be excellent media for effective instruction in health subjects to a wide variety of audiences.

Media having much wider impact have not been neglected. The local press, B.B.C. and I.T.V. have all been extremely helpful in assisting in the promotion of reliable information regarding health matters. Members of the Department have taken part in T.V. interviews three times in the year and feature articles or news items in the local press (for which background information has frequently been provided by the Department) have appeared whenever public interest was aroused.

New Organisations

Two other projects concerned with health should be mentioned here, the formation of a Drug Addiction Liaison Committee, and of a Home Safety Panel.

Arising from discussions between the Chief Constable, the Medical Director of Lynfield Mount Hospital and the Clerk to the Justices, it was decided that a Liaison Committee—comprising representatives of all the statutory and voluntary organisations who had a special interest—should be formed. The aim of this Committee was to provide a forum for the regular exchange of information and views relating to the 'drug scene'. The Committee first met in March at Lynfield Mount Hospital, under the chairmanship of the Chief Constable. Senior members of the following organisations attended:

- City Police
- Pharmaceutical Society
- Children's Department
- Health Department (Mental Health, Health Education)
- Education Department
- McMillan College of Further Education
- Probation and After-care Service
- Magistrates Clerk's Department
- General Practitioners
- University of Bradford

The three consultant psychiatrists concerned with the running of the Drug Addiction Unit at Lynfield Mount Hospital attended and one of them (Dr. P. H. Rack) was appointed secretary.

The Committee and its aims have been regarded by both central government agencies and others as a model to be followed in other areas and much favourable comment has been made about its constitution. Several members attend national meetings of organisations concerned with the prevention and treatment of drug dependency, and are active members of their committees.

The Committee, and its working parties, met regularly each month for the remainder of the year. It has been responsible for the organisation of several large meetings, one of which, at the Central Library Theatre, was attended by over 300 workers from every kind of medico-social activity. More seminar meetings are to be planned for specialist workers. The Committee sees its function as supplying information and guidance to the fieldworkers, so that they are better equipped to tackle any drug problem which may crop up in their own daily work. A speakers panel was compiled and through its secretary a large number of requests for speakers on the drug problem were met. The Committee has done much good work in this special field of health education. It is a purely voluntary committee and has no resources of its own; the Department has therefore provided facilities (e.g. lecture theatres, film loans, etc.) to aid this important work.

Home Safety

The problem of home safety instruction came under discussion this year. It was known that the Royal Society for the Prevention of Accidents was anxious that the City should show more activity in this respect. Many authorities have home safety committees which deal with these matters. It

was felt that another committee, composed largely of laymen, could achieve little. It was therefore decided to convene an ad hoc panel of experts, who would then advise the Health Education Officer about the home safety aspects of the general health education programme in the City.

This panel has now met twice. On it are representatives of the Health Visiting Staff, Police, Fire Brigade, Gas and Electricity Boards, City Architects and Education Departments. The Area Home Safety Officer of the Royal Society for the Prevention of Accidents has also attended both meetings. The meetings have been valuable and acted as a forum for exchange of information. It is planned to hold home safety exhibitions in seven of the City's larger schools early in 1969. These exhibitions will be staged by the pupils, with the advice of the Panel, and will be open to the general public. It is hoped that through this project both the school-children and their parents and friends will become interested in home safety.

Training

The Department provides instruction and practical experience in Public Health work for a wide variety of students each year, as well as ensuring that all grades of staff are given opportunities for suitable in-service training in their particular specialities—medical, nursing or administration.

Students

Students from more and more disciplines are anxious to learn what is done by a health department, and planning for them is a major undertaking.

The largest group of those who are given practical experience are nurses from the Bradford hospitals and from Leeds General Infirmary. Over 50 of these were catered for in 1968.

Other groups for whom instruction and visits of observation to child health clinics, health centres, day nurseries, etc. were arranged were:—

- Midwives
- District and nursery nurses
- Child care officers
- Teachers in training
- Probation officers
- Medical students
- Social workers
- Medical and nursing administration students
- Girl Guides
- School children

Student nurses at St. Luke's Hospital receive tuition from members of the Home Nursing and Health Visiting Services during their training courses. In addition to teaching the student nurses the effect of illness on the family, and the community services available, a greater awareness of the respective roles of district nurses and health visitors is engendered early in their nursing careers. This it is hoped will lead to improved integration of hospital and domiciliary services.

Health Visitor Training School

The Training School for Health Visitors is run jointly by the Department and the University of Bradford. State Registered Nurses with obstetric

experience and suitable academic qualifications are interviewed by a panel and those selected attend a twelve month full-time course of theoretical and practical instruction. The course includes tuition in the social and behavioural sciences, as well as in paediatrics, health education and teaching, epidemiology, and the role of the health visitor in contemporary society. Some candidates are sponsored by this Department and others by neighbouring local authorities, to whom they return after the course. Successful completion of the course, the examination and a period of field work leads to the award of the Certificate in Health Visiting of the Health Visitors Training Council.

All eight students in training completed the course successfully in September, 1968, and a further 16 students began their studies in October.

Staff Training

Medical Officers

Regular meetings of the medical staff were held throughout the year. On several occasions specialist lecturers were invited to give tutorials on a branch of medicine relevant to the work of all medical officers. Other meetings were held where the proposed changes in the community, medical and social services were debated.

A number of the medical staff attended short post-graduate courses in special subjects in various universities and colleges throughout the country. Every medical officer now has special training and experience in at least one field of medical practice in addition to infant and school health, and spends a part of his time practising his speciality in the Department.

Health Visitors and School Nurses

Four health visitors attended refresher courses in 1968; two at Oxford in July and two at Canterbury in September.

The public health nurses who carry out duties in the School Health and Maternity and Child Welfare Services are normally appointed in ones and twos. This year three were appointed to begin work on the same date, and a week's course of talks and visits was arranged for them. For state registered nurses with only hospital experience, the Public Health Service is a completely new sphere of work, and it is hoped to be able to do this for each new entrant to the field.

Field Work Instructors in Health Visiting

There is an establishment of six field work instructors who were all used during the training of students in the training school, whether sponsored by Bradford or other authorities. Under the new rules of the Training Council a longer preparation for field work instructors is necessary, and arrangements for staff to have further training have been made for 1969.

Last year several students from other training centres spent a short time in Bradford to give them experience different from that of their own sponsoring authority or training centre.

Midwives

During 1968 six midwives attended a one week's post-graduate refresher course and four midwives attended a refresher course on mothercraft teaching, for three days, at Grantley Hall, Ripon.

A refresher course was held at the Margaret McMillan Training College, Bradford, September 9th—13th, 1968. Seventy-four midwives from other local authorities and from hospitals attended. At the same time, Bradford domiciliary and hospital midwives came to selected lectures on this course.

Frequent staff meetings are held, and the Senior Medical Officer for Maternity and Child Welfare brings the midwives up to date with new matters affecting their work, for example: gammaglobulin for rhesus negative primigravidae; discussion about the Guthrie test for phenylketonuria in babies.

Throughout the year, 23 students from other health authorities and hospitals have visited the Midwifery Service for periods varying from one day to one week.

Pupil Midwives Part II Midwifery Training School

Four pupil midwives completed six months, and 79 pupil midwives completed three months domiciliary training period during 1968.

The domiciliary midwifery training school is a three months training school linked with the Part II midwifery training schools at St. Luke's Maternity Hospital and The Consultant Maternity Unit, Royal Infirmary, Bradford; St. Mary's Hospital and St. James' Hospital, Leeds; and St. John's Hospital, Keighley.

Also during 1968, the following nurses have been for one week on the district:

- 12 obstetric nurses
- 11 nurses on the Premature Baby Course

District Nurses

There have been four in-service lectures held for the District Nursing Staff, dealing with changes in patient treatment, and current developments within the field of domiciliary care.

District Nurse Training

All students who attended were successful. Two courses were held during the year.

Full Training Course

In training 1st January, 1968	...	...	3
Entered during the year	...	...	11
Still in training 31st December, 1968	...	...	7

Attendances at Lecture Courses

- June: Bradford 4, Darlington 3, Halifax 3, Wakefield 1, York 1.
- October: Bradford 7, Halifax 1, Huddersfield 2.

Nursery Nurse Training

All six day nurseries were concerned with the training of students for the National Nursery Examination Board Certificate in 1968, placed as follows:—

Albion Road	...	...	2
Brownroyd	...	...	5
Canterbury	...	...	4
Farecliffe	...	...	5
Greaves Street	...	...	6
Thornbury	...	...	3

Some students spend the first year of their training for practical experience in a day nursery, others their second year, the other year of training being spent in a nursery school or class attached to an infant school. During both years they spend alternate weeks at the Technical College.

Public Health Inspectors

Five student health inspectors were in training at the end of this year. Two are expected to qualify at the end of their 4th year in July, 1969. Two others were in their second year and one in his third year of study.

Administrative and Clerical Staff

One officer obtained the Diploma in Municipal Administration by passing one part of the final examination; two others passed one part of the intermediate D.M.A. examination. Two officers passed the Clerical Examination, and three girls obtained R.S.A. certificates in shorthand and typing.

Research

Current research projects being carried out by the Epidemiology Section of the Department are as follows:

1. *An investigation into the social and medical factors concerning infant mortality in the City (in association with Department of Applied Social Studies, Bradford University).*

The preliminary investigation has been completed and has suggested that there is an increased infant mortality associated with certain classes of occupation, notably the distributive and service trades. An analysis of infant deaths in the years 1967 and 1968 is now under way with a view to further examination of the social and medical factors.

2. *An investigation into the efficacy of the use of the Intrajet in immunisation against measles (in association with Glaxo Ltd.).*

This investigation was done on children between the ages of 5 and 12 years. It has been completed and the results should be available shortly.

3. *An investigation into the efficacy of the use of the Intrajet in immunisation against influenza (in association with Glaxo Ltd.).*

Two vaccines of different strengths were prepared by Glaxo Laboratories: these were monovalent vaccines effective against the Hong Kong (1968) strain of the virus. Two groups of patients were selected:

- (a) those between 20 and 45 years
- (b) those over 65

The results are now to hand. They indicate that this method is effective using the stronger of the two vaccines and that a single injection of this vaccine is adequate. A paper is now being prepared.

4. *An investigation into complications of measles in children.*

This involves cases of measles seen in 1967 and 1968 and has now been

completed. A note was made of the complications (if any) and of the race and occupation of the parents and the housing conditions of the family. The results are now being analysed.

5. *An investigation into the frequency of malaria infection in Asian immigrants.*

Approximately 300 newly arrived immigrants (men, women and children) were seen as they attended the Tuberculosis Control Clinic or the School Clinic, Manor Row. Examination of the sera by the fluorescent antibody method for malaria antibodies showed only three patients with a significantly raised antibody titre, and of those three, one had had a recent attack of malaria. It was concluded that the risk of malaria infection in newly arrived Asian immigrants was not great.

A further 100 sera from those giving a recent history of malaria or of a febrile illness are now being examined.

6. *Investigation of the haemoglobin and P.C.V. of newly arrived immigrants.*

This is being done in conjunction with the Post-graduate School of Medicine in Hammersmith and has been mainly involved in establishing a method of sending samples for haemoglobin estimation from the field station to the headquarters laboratory. Considerable trouble has been experienced with flocculation and turbidity in the solutions used, but this has been generally overcome and the investigation into the haemoglobin levels is now proceeding.

7. *Investigation of the immuno-globulin levels in newly arrived Asian immigrants.*

A little over 200 serum samples have been collected and just over half of them have been analysed. The other estimations are proceeding. This work and that described in item 5 is being done in association with the Nuffield Institute of Medicine and the London School of Hygiene and Tropical Medicine: financial assistance is being given by the World Health Organisation.

8. *Investigation into the use of serology as a screening technique in the medical examination of newly arrived Asian immigrants.*

Serum is being examined in the Bradford Public Health Laboratory. So far about 700 samples have been examined. The preliminary results indicate a very small number with a positive complement fixation test and about 5 per cent with an abnormal Widal reaction which requires further investigation. To date about 30 persons have had serial faeces and urine specimens examined but no bacterial pathogens have so far been found.

9. *An investigation into the use of human and avian tuberculin.*

Two groups of patients are being tested:

- (a) newly arrived Asian adults and children
- (b) indigenous school children

The investigation is being done in an effort to throw light on the frequency of non-specific low grade positive reaction, and is proceeding.

10. *Screening of sera of newly arrived Asian immigrants for toxoplasma antibodies.*

About 100 sera are being screened. The results will be compared with results from indigenous patients in papers already published. The work is being done in association with the Public Health Laboratories, Seacroft, Leeds.

11. *Screening of blood samples from newly arrived Asian immigrants for abnormal haemoglobins.*

This work is being done in conjunction with the Haematological Department, Bradford Royal Infirmary. About 500 specimens have been collected: so far about six have shown abnormal haemoglobin but the final tests have not yet been completed.

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SPECIAL REPORTS

- (1) The School Health Service in Bradford**
- (2) Coloured Commonwealth Immigrants in Bradford**

SPECIAL REPORTS

1. The Special Health Services in England
2. General Comments on the Special Health Services in England

(1) A REPORT ON THE SCHOOL HEALTH SERVICE IN BRADFORD

For some years now there have been discussions amongst those responsible for the School Health Service as to the relative merits of periodic and selective examinations of school children. This has taken place against a background of universal advice available through the National Health Service in relation to normal medical care, which leads to the position that very few children have defects of which the parent, general practitioner and hospital are not aware.

The following headings give the outline of the principal arguments against selective examination:

- (1) The selection procedure, usually by parental questionnaire, is not sufficiently accurate in discriminating between those children with and those without problems. It is argued that defects are likely to be missed.
- (2) The selection procedure is cumbersome and time-consuming. It presupposes that each child selected requires a longer and more detailed examination and that owing to inaccuracy of selection a large proportion are examined. A larger staff is necessary.
- (3) That the system requires too frequent and disruptive visits to schools.

The argument in favour of selective examination can be summarised:

- (1) The waste of medical time and skill in examining one million healthy children a year to little purpose.
- (2) Selection allows more time for the examination of the individual child.
- (3) The doctor knowing that some problem is to be expected remains alert throughout the session.
- (4) Literature leads us to believe that teachers prefer this system in that it tends to closer consultation and a better follow-up of children about whom they are concerned.

The balance of the discussion undoubtedly favours selective methods of examination. The report of the Chief Medical Officer of the Department of Education and Science and the Health of the School Child for 1962/63 states: "In short, in areas where the selective examination procedure has been carefully thought out, and introduced with conviction, it has been welcomed by parents, teachers and doctors. It brings the parents, teachers and school health service staff closer together and focuses their attention on the children most in need of medical advice and help. It makes the work of the school doctor more interesting and vital; and it may well quicken research by the school health service into the problems of child health and educational retardation that still confront us".

Results of Selective Examination

- (a) *Amongst children aged 8 to 15.*

There have been several comparative studies of the efficiency of selective as against periodic type of examinations in relation to the question

as to whether defects are adequately discovered by a procedure which does not involve the examination of all school children. There is little point in recording the results of these investigations except to say that with few exceptions the results of examination have been wholly acceptable. The 1962/63 Report of the Department of Education and Science refers to some of these investigations. More recently Asher¹ of the Institute of Child Health, Birmingham and Barrett from Colchester² have published their findings. Both these studies point to the efficiency of the selective system. Didsbury in 1964³ made the important point that "some authorities have made their task difficult by trying to select all pupils with any health problem instead of concentrating on those which have a problem which might affect their education". Under present conditions with the general practitioner and specialist hospital services freely available to every person this appears to be a reasonable point of view. It is also borne out by the work of Asher referred to above with the reservation that school doctors were still discovering untreated defects in young children from the poorer districts of Birmingham.

(b) *At School Entry.*

Until recently it has always been assumed that a complete examination was necessary of all children for school entry. If the above arguments are followed logically there would seem no reason why selection should not also apply at this stage. A recent publication by Lunn from the Department of Preventive Medicine at Sheffield has confirmed this picture⁴. 1,024 children from all kinds of homes were carefully examined. The defects which required examination by a medical person for them to be discovered numbered 33 out of the 1,024 school children. Of these, 26 were already known and of the remainder 4 consisted of enlarged tonsils. Other contemporary work points to the yield of treatable defects from an examination of all school entrants is so low that this procedure might also be regarded as unjustifiable if there were an effective selective scheme. It is the lack of effective selection at this age coupled with Asher's findings at Birmingham, that defects were still being discovered in school children from poorer areas and with our own Bradford problem of immigrant entrants, that leads me to the recommendation given below, that the routine inspection of school entrants should be maintained.

Methods of Selection in Current Use

For some time now in Bradford we have been experimenting with selection at intermediate ages based primarily on a parental questionnaire. This is in line with the general national position.

Lunn reports that from 174 Local Education Authorities 77 are using selective schemes. There are many variations in the schemes adopted but with few exceptions the general thread can clearly be ascertained. Almost all carry out a routine examination on school entry. This is followed by selection at those ages at which routine inspection is traditionally carried

out, i.e. 8, 11 and school leaving. The four main sources of information for selection are:—

- (a) Parental questionnaire in every instance, backed by
- (b) Teacher's questionnaire;
- (c) Medical record;
- (d) Oral information from nurses, teachers, school welfare officers, etc.

Experience has shown that because of imperfect selection methods based upon the parental questionnaire and the implication that a detailed examination is necessary, that these methods of selection lead to an increased use of medical, nursing and administrative man-power. For example, in Bradford it has been calculated that to carry out routine medical inspection at 20 named junior schools would have required 80 sessions; using the selection methods as at present there were in fact 102 sessions required to complete the work.

It has already been postulated that the selection or selective and periodic methods produce the same results; reference has been made to studies in which it is clearly pointed out that with certain exceptions the defects found are already known to parents and medical services. Finally it has been pointed out that the majority of these defects whilst having medical implication have little bearing upon educational activity. It is from a consideration of these principles that a critical appraisal of the purpose of the School Health Service has been carried out and the following suggestions made for the future.

Proposals for Bradford

- (1) That the routine examination of school entrants should continue. This enables us to obtain a base line for the entire school population and to check that all relevant infant welfare, hospital and other records are brought together in relation to that child. Furthermore, advice in relation to immunisation can be dealt with on this occasion.
- (2) That there are certain checks which must be carried out at specified intervals throughout school life, as experience has shown that unsuspected defects can easily occur and can be remedied. These screening techniques can be carried out in routine fashion by non-medical personnel and include testing of vision and hearing. Routine immunisation procedures would need to continue.
- (3) That a given doctor, health visitor and school nurse be allocated specifically to each school. This is done at present, but the relationship might need to be developed.
- (4) That children are examined regardless of age, term or school, as and when the need arises. This examination would be carried out with parental knowledge; the source of reference would be from observation made by teachers, nurses, welfare officers, and any person connected with the school life of the child. Any hint of deviation from normal, any unexplained absence from school, any decline in school performance could be referred and would be dealt with as soon as possible. The service would need to be publicised as an educational medical service in its new form to parents, general practitioners and

hospital services. Any medical condition so suspected or discovered by parent or family doctor which has educational implications either in performance or attendance could be referred to the doctor for the school concerned.

- (5) The work of the School Health Service amongst pupils ascertained as being handicapped would in no way be altered. The detailed and close consideration of these pupils together with all examinations necessary would carry on exactly as it does under the present system.

Administrative detail still requires to be worked upon but it follows from this proposal, that statistical information relating to the school medical service will no longer be kept in the traditional form required by the Department of Education and Science. I have the outline assurance from the Medical Section of that Department that it welcomes experimental advances in the organisation of the School Health Service and would not regard the absence of traditional information as a stumbling block.

Conditions Necessary for Success

- (1) It is quite clear that such a system would throw a considerable burden of observation and report upon the teaching and welfare staffs of the schools concerned.
- (2) Without full co-operation in noting and reporting any child who is not making satisfactory educational progress, who is showing emotional or behaviour traits out of the ordinary, or any evidence of ill-health, the scheme would fail.
- (3) In return the nominated doctor and nurse must visit all schools allocated to them at frequent and regular intervals; must enter into a close relationship with the head teacher and if possible into the life of the school. This latter point is very much a matter of personalities.
- (4) Where it is felt necessary after preliminary discussion to suggest the examination of a child from school sources, the parent's co-operation will be vital. Any full medical examination will not need to take place in the school if the surroundings are unsatisfactory but can be referred by appointment to any of our own clinics.
- (5) Parents, doctors and any other relevant persons should be made clearly aware of the functions of the reorganised School Health Service, which is to use medical and nursing knowledge for the benefit of individual children and their education immediately upon such advice appearing to be necessary. The system would lead to time being made available for full discussion of these problems and for the staff to take even more specialised interest than they do now in this aspect of the work. Any defect which on examination was found to be one of entirely medical importance and without relevance to the child's school activities, would promptly be referred to the general practitioner and if necessary, to hospital sources for remedy.

It is interesting to note that in a text book *The Fundamentals of School Health* published in 1926 by Dr. James Kerr who was then Consulting

Medical Officer to the London County Council and who had been the Medical Superintendent to the School Board in Bradford from 1893 to 1902, wrote as follows:—

“Instead of an examination at long intervals, there ought to be an annual inspection by the school doctors; if this is deemed too much for the results then the ideal school scheme would be a frequent screening of children by the teacher, who would presently value health, and teach others to do so also. The teacher’s first selection would again be reviewed by the school nurse, and her selection by the doctor. Efficiency by this scheme would be doubled or trebled, and probably the cost less than halved. It could always be checked by occasional detailed examination of all in certain schools or sections”.

1. Asher, P. (1967) *The Medical Officer*, 117, 327
2. Barrett, R. E. (1967) *The Medical Officer*, 118, 316
3. Didsbury, B. (1964) *Lancet* 1. 101.
4. Lunn, J. E. (1967) *The Medical Officer*, 118, 303

Health Department,
Bradford. May 1968.

(2) A REPORT ON COLOURED COMMONWEALTH IMMIGRANTS IN BRADFORD

“Immigrant population” in these notes means coloured Commonwealth immigrants, and includes children of coloured Commonwealth immigrant stock born in U.K., unless otherwise stated.

Population

Persons enumerated at the Census of 1961:—

	Males	Females	Total
Pakistan	3,376	81	3,457
India	1,107	405	1,512
West Indies	597	387	984
* Africa (Commonwealth, Colonies and Protectorates)			237
* Other Countries in Asia (Commonwealth Colonies and Protectorates)			137
			6,327

* Excludes foreign countries in Africa and Asia, but may include some white persons.

The ratio of Male to Female in the various groups was as follows:—

West Indian	1.5: 1
Indian	2.7: 1
Pakistani	41.0: 1

The pattern initially was for the West Indians to come as a family unit of man, wife and child(ren). The same pattern was observed to a lesser extent in the Indians, but the Pakistanis were predominantly adult male.

The 1961 Census did not reveal the number of children included in the various groups. Later the Pakistanis began to bring with them male children (sons, nephews, cousins), and the imbalanced ratio of males to females was maintained.

A valuable index in the assessment of immigrant population increase was the number of new arrivals from abroad attending the Bradford Employment Exchange for work. This ceased to be of value after August 1962, when the Commonwealth Immigration Act introduced work permits.

Nevertheless, between May 1961 and December 1965, 7,047 persons had registered at the Exchange. These were primarily Asian adult males, but included some West Indian adult females.

As distinct from aliens, Commonwealth citizens are not required to register with any authority. Therefore, we had no direct knowledge of (1) the number of Asian adult females or children who came to Bradford in this period (1961—1965), (2) the number of immigrants who had left the city, (3) the number of immigrants who came with work permits. However, it is reasonable to assume that by the end of 1965, the number of coloured Commonwealth immigrants in Bradford was 13,000—14,000 (not including children born in Bradford of immigrant stock).

In the Sample Census of 1966, the number of persons enumerated in Bradford having been born in Commonwealth countries, colonies and protectorates was:—

Males	Females	Total
9,690	3,790	13,480

For the past few years only very small numbers of immigrant workers reached Bradford—the pattern is now of Indian and Pakistani wives with children, joining husbands already here.

Since March 1966, advice notes relating to the arrival of adult immigrants (predominantly female) have been received as follows:—

Indian	...	...	...	656
Pakistani	...	...	...	714

The Indians were accompanied, on average, by 37 per cent. of their number as children, and the Pakistanis by 54 per cent.

Since the initial surge of immigration of West Indians, the number of adults who have come has been minimal. Advice notes have been received in the last three years of the arrival of some 150 children joining parents.

We postulate, therefore, the following number of coloured Commonwealth immigrants in Bradford as at January 1969:—

Enumerated at Census (1966)	...	...	...	13,480
Indian women and children arriving since	...	...	...	898
Pakistani women and children arriving since	...	...	...	1,099
West Indian children arriving since	...	...	...	150
				15,627

In addition, some 5,300 coloured children have been born in Bradford during the last seven years, and the total coloured population would seem to be in the order of 21,000.

(As stated, only a few immigrant workers have come to Bradford during the last few years. A few elderly male dependants of families already here have come, and some males may be reaching us as migrants from other near-by towns. There is no evidence that the aggregate of these groups is numerically significant).

Age Distribution

Initially (Census of 1961) it was established that the age distribution of the immigrant population was approximately as follows:—

Age Group	All immigrants in U.K. Percentage of Immigrant Population	Immigrants in West Yorkshire. Percentage of Immigrant Population
0—5	2	1
5—15	8	6
15—45	73	80
45+	17	13
	100.0	100.0

Very considerable numbers of immigrant children have come to Bradford since 1961 so that to-day we have some 4,900 children in our schools, and an estimated similar number of children born here of immigrant stock, in the 0—5 age group. These two groups of children have materially changed the percentage pattern of age distribution, so that to-day we appear to have the following structure:—

Age Group	Percentage Distribution of the TOTAL Population of the City	Estimated Percentage Distribution of the Immigrant Population
0—5	9	23
5—15	15	23
15—45	39	49
45+	37	5
	100.0	100.0

- Notes.** 1. Numbers in each group (total population) are known (1966 Census)
2. Actual numbers in the immigrant age groups are not known

Births

The following table gives numbers of children born in Bradford of coloured Commonwealth immigrant parents in the period of 1960—1968.

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968
Asian	87	117	162	195	294	466	601	805	1,040
Half-Asian	59	60	54	65	96	78	94	112	110
Negro	63	89	149	140	179	138	164	124	112
Half-Negro	15	31	25	29	33	44	39	50	43
	224	297	390	429	602	726	898	1,091	1,305

Asian (and Half-Asian) Births
as a percentage of all Bradford Births
1965—1968

Year	Per Cent
1965	8.8
1966	10.9
1967	14.6
1968	20.5

LIVE BIRTHS, STILLBIRTHS AND TOTAL BIRTHS
ASIAN AND NON-ASIAN, BRADFORD, 1968

	Live	Still	Total Live and Still
Total Births	5,518	80	5,598
Asian Births (including half-Asian)	1,119	17	1,136
Non-Asian Births	4,399	63	4,462

The following table gives estimated populations and live births in Bradford in the period 1961—1968:—

Year (1)	Registrar General's Estimated Total Population	Bradford Health Department's Estimated Populations		Total Live Births (5)	Asian Live Births (6)	Non-Asian Live Births (7)
	(2)	Immigrants (3)	Indigenous (4)			
1961	294,210 (Census)	6,330	287,880	5,524	177	5,347
1962	296,220	9,000	287,220	5,808	216	5,595
1963	297,040	12,000	285,040	5,786	260	5,526
1964	298,220	14,000	284,220	5,812	390	5,422
1965	298,090	15,000	283,090	5,687	544	5,143
1966	297,100	17,000	280,100	5,459	695	4,764
1967	296,860	19,000	277,860	5,650	917	4,733
1968	296,890	21,000	275,890	5,518	1,119	4,399

Col. 3. "Immigrant Population" means coloured commonwealth immigrants plus children of coloured commonwealth immigrant stock born here.

Col. 4. "Indigenous" means strictly indigenous.

Col. 6. "Asians" includes half-Asians.

Col. 7. "Non-Asians" here means indigenous plus all other coloured immigrants

Whilst the immigrant population, on estimate, has risen by 15,000 (1961—1968), the indigenous population has fallen by 12,000.

Infant Deaths

The following tables show the numbers of Asian and non-Asian infant deaths, at various ages under one year, in the years 1965—1968; and the resultant infant mortality statistical indices for the Asian, non-Asian and total populations.

Notes

1. West Indians are included in "Non-Asian" because they do not experience rates that differ much from the truly indigenous population.
2. The figures for 1968 are provisional.
3. A table of births is included here to show the relative differences in numbers.

Infectious Diseases

Tuberculosis

Bradford is one of three cities in the country where the annual number of tuberculosis notifications in immigrants is higher than in the indigenous population. Tuberculosis in immigrants is almost wholly restricted to Asians.

From the table on page 107, a small rise in notifications of tuberculosis in both Asians and non-Asians will be seen. After a careful appraisal of the situation, it seems that much of this rise is due to a better *detection* rate, rather than a true rise in *incidence* of this disease. The Miniature Mass Radiography Unit at Rawson Road is experiencing an increase in referrals from general practitioners which is resulting in the pick up of more cases.

Non-pulmonary tuberculosis—that is tuberculosis of glands, bones and joints, which is generally non-infectious, accounts for two thirds of the increased incidence in Asians. This form of tuberculosis is rarely seen in the indigenous population these days, most of the non-Asian tuberculosis being of the respiratory type.

A Tuberculosis Control Clinic is being run by this Department working in conjunction with the Leeds Regional Hospital Board Mass Radiography Unit at Rawson Road (Dr. J. B. Deasy). In 1967, 1,775 patients were seen by the Health Department Staff at the Central Clinic and in 1968 2,035 persons were seen. Details are as follows:—

1967							
Total Seen	...	...	...	...	...	1,775	— 100%
Country of Origin —	India	...	...	...	...	486	— 27.4%
„	Pakistan	...	...	...	...	1,152	— 64.9%
„	E. Africa	...	...	...	...	70	— 3.9%
„	W. Indies	...	...	...	...	38	— 2.1%
„	Other	...	...	...	...	29	— 1.6%
1968							
Total Seen	...	...	...	...	...	2,035	— 100%
Country of Origin —	India	...	...	...	...	564	— 27.7%
„	Pakistan	...	...	...	...	1,248	— 61.3%
„	E. Africa	...	...	...	...	153	— 7.5%
„	W. Indies	...	...	...	...	26	— 1.3%
„	Other	...	...	...	...	35	— 1.7%

At these sessions, every patient is seen by a medical officer, and has a skin test and chest X-ray. Where the examination shows this to be desirable, vaccination against tuberculosis is offered and accepted by almost all the patients. Also, where necessary, patients are referred direct to the Chest Physician for detailed investigation and treatment.

This work is in addition to work done through the Chest Clinic with whom we maintain an extremely close liaison, as we do with the general practitioners, who are ultimately responsible for the care of these patients.

BRADFORD CHEST CLINIC

Number of cases notified as suffering from Tuberculosis 1952—1968

	Non-Asians				Asians				Grand Total
	Men	Women	Children	Total	Men	Women	Children	Total	
1952	111	55	11	177	1	—	—	1	178
1953	167	115	32	314	4	—	1	5	319
1954	174	113	40	327	12	—	1	13	340
1955	177	101	31	309	20	—	—	20	329
1956	150	120	31	301	21	—	—	21	322
1957	159	110	31	300	26	3	1	30	330
1958	147	92	20	259	67	4	—	71	330
1959	120	59	16	195	83	2	5	90	285
1960	118	66	17	201	61	3	2	66	267
1961	110	56	20	186	124	2	1	127	313
1962	83	47	9	139	209	6	4	219	358
1963	94	52	12	158	198	9	5	212	370
1964	94	37	6	137	164	18	15	197	334
1965	50	34	6	90	131	22	12	165	255
1966	51	25	15	91	105	36	16	157	248
1967	38	25	2	65	88	41	14	143	208
1968	56	25	4	85	105	44	18	167	252

The recent increase in tuberculosis in Asians is largely non-pulmonary:—

	Men	Women	Children	Total
1967	23	11	2	46
1968	36	17	9	62

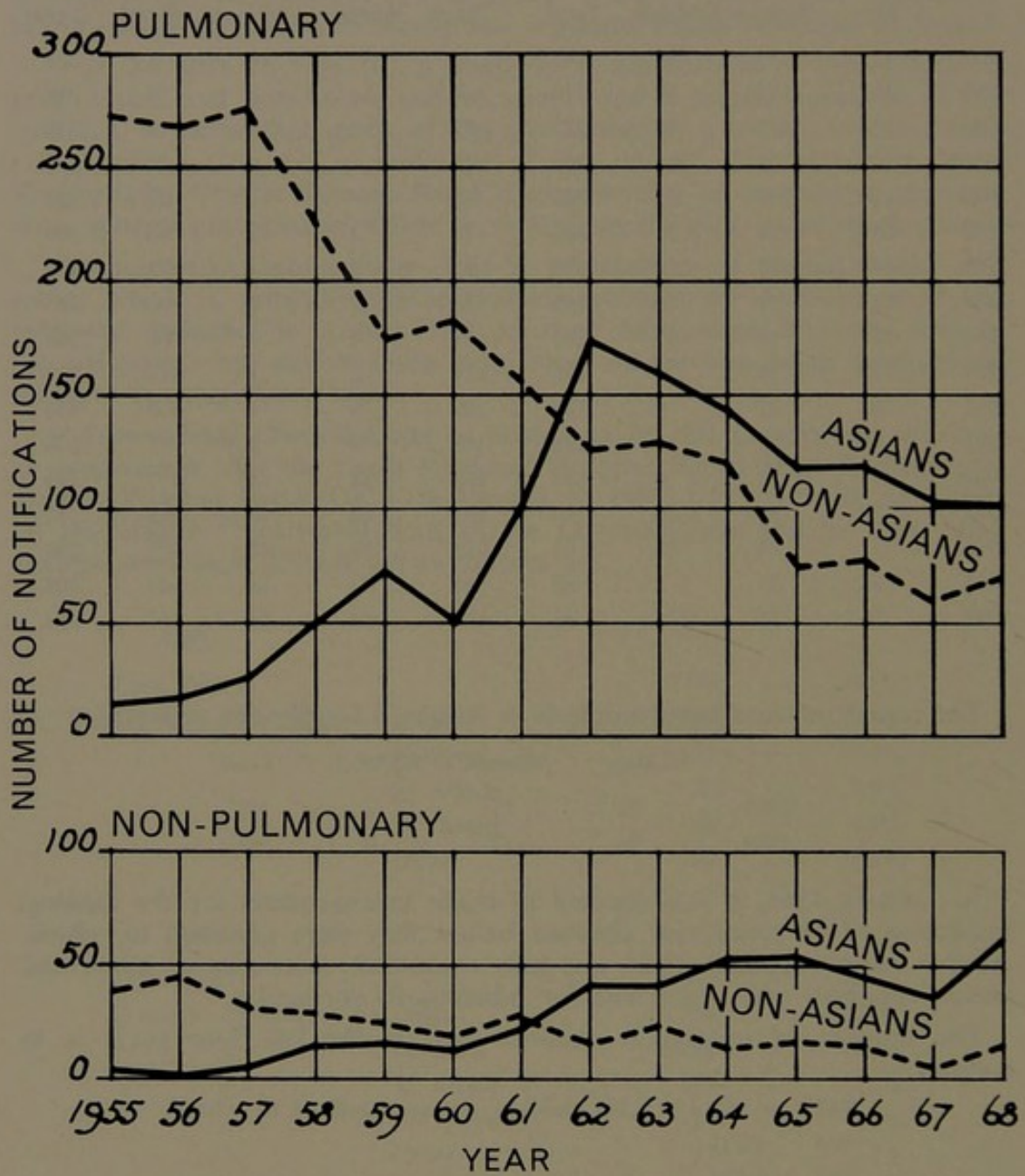
In January 1965, it was decided to make arrangements for the medical inspection of all immigrant children before they were admitted to school. At this inspection, each child was fully examined, specimens of blood and faeces obtained, and a skin test for tuberculosis performed.

The number of immigrant children seen in the last four years is as follows:—

1965	1,069 (+ 1,744 children already admitted to school)
1966	1,232
1967	1,723
1968	1,251
—————	
	5,275
—————	

The graphs on the following page show the number of notifications of tuberculosis (pulmonary and non-pulmonary, Asians and non-Asians) in the period 1955—1968.

Bradford C.B. Notifications of Tuberculosis, 1955 — 1968



Venereal Disease

Gonorrhoea remains the prevalent venereal disease in Bradford, and alone accounts for 42 per cent. of cases attending the Special Diseases Clinic at St. Luke's Hospital. Of the remaining 58 per cent., a handful of cases of syphilis and yaws is seen, the rest being other venereal infections of less serious long-term consequence.

The table of statistics (Chapter 7) shows that the peak of gonorrhoeal infection in immigrants was reached in 1964, since when a downward trend has been noted. The aggregate figure (U.K. born+immigrant) has shown a decrease from 569 in 1967 to 477 in 1968. The incidence of gonorrhoea in white males has gone up from 31 per cent. of total cases in 1967 to 42 per cent. in 1968, comparable with national (and international) trends. It is demonstrated that a marked drop in incidence has occurred in the immigrants. It should be stressed that the vast majority of venereal disease seen in immigrant patients is acquired in this country, chiefly by the unaccompanied male. It is rare in the immigrant living with his family.

Other Infectious Diseases

Measles, chickenpox, whooping cough, etc.: The incidence of these childhood infectious diseases is no greater, nor do they have more serious complications, in immigrants than in the indigenous population.

Bowel Diseases

Dysentery is no commoner in immigrants, but typhoid fever does appear rather more frequently in them. Testing for this disease is done at the Tuberculosis Control Clinic. Generally the diagnosis is rapidly made and the risk of spread, in the absence of contamination of food or water supplies, is minimal.

Intestinal parasites (worms, etc.) do not cause serious ill-health, and under normal conditions are not transmitted in this country. All immigrant pre-school children have been examined for these since 1965, and, more recently, examination to detect these parasites has been instituted at the Adult Immigrant Clinics at Rawson Road.

Gastro-enteritis: This troublesome condition of unknown origin is rather commoner in infants born of immigrant parents than in those of United Kingdom parentage. It is not a disease which easily infects others and the spread from child to child is not a problem. Regrettably, individual susceptibility in Asian babies is responsible for a few deaths each year.

Malaria: A few cases are seen, but again this infection is not transmissible in this country and therefore presents no public health problem.

Leprosy: Again a few cases are seen each year. This disease is not infectious in this country either, and effective treatment can rapidly be arranged.

Mental Health

The incidence of mental illness in the immigrant community in the city does not present a special problem. Cases referred to the Mental Health Services over the last three years have been mainly cases of major breakdown requiring hospitalisation. These have fallen into two categories:—

- (a) Acute depressive illness
- (b) Schizophrenia.

In most cases hypochondriacal symptoms have been much in evidence.

In the last three years an average of about 42 cases have been referred each year, giving a rate for the immigrants of 2 per 1,000. The referral rate for the population of this city as a whole is 4.7 per 1,000 (1967).

Drug addiction in the immigrant has not brought significant problems to the Mental Health Service. Whilst it is alleged that cannabis is used more widely amongst this population group there is nothing to suggest that any are turning to "hard drugs" (heroin, morphine, cocaine, etc.). Amphetamine dependence, the commonest problem in the local population is not notable in immigrants.

Of children under the age of 16, only 5 immigrants have been referred to the Service in the past three years. At present, there are five immigrant children in the Junior Training Centre at Lindley House, and a further six attending the Special Care Unit at Wedgwood House.

The following Table indicates the number of immigrants referred to the Mental Health Service during 1965—1967:—

Year	Pakistani		Indian		Others		Total
	M	F	M	F	M	F	
1965	22	1	5	4	1	—	33
1966	36	3	6	—	3	—	48
1967	33	6	4	2	—	1	46

Housing

In 1962, overcrowding amongst unaccompanied males living in houses in multiple occupation was the source of some anxiety to the Department. Systematic inspection of every house in multiple occupation was carried out, and to date nearly 1,600 houses have been inspected and are regularly checked. Initially overcrowding was revealed, but advice given by the District Inspectors, working closely with the Department's Immigrant Liaison Officer, was taken, and less than a dozen prosecutions have been necessary.

As the City has a relatively good stock of family-type houses available, those immigrants who apply to the City Estates Department for Council accommodation are fairly easily found suitable property. The majority, however, prefer either to rent a privately owned dwelling from a fellow national in one of the immigrant districts of the city, or else purchase their own houses.

Businesses

Food shops and factories run by immigrants not infrequently fall short of statutory standards of hygiene and cleanliness. Constant vigilance and occasional prosecutions for contravention of Food Hygiene Regulations, etc. are necessary.

Environmental Hygiene

Whilst average standards of cleanliness are maintained inside the home, the importance of hygiene in the surroundings of the property outside is not well understood by many. Accumulations of rubbish, and poor use of dustbins presents difficulties which require frequent attention from the Department.

Maternity Services

These are well patronised and the majority of immigrant pregnant women attend ante-natal clinics for booking and examination at about the fourth month of pregnancy as do the United Kingdom born mothers. Teaching mothercraft in general and bottle hygiene in particular is a long, tedious and not very successful task. Many parents are reluctant to invest in a layette before the baby is actually born, though will provide generously once the child has arrived. The district midwives thus find that domiciliary care of the immigrant mother can take at least twice as long as it does with local girls.

The proportion of cases which need hospital admission for delivery is almost exactly the same as in the indigenous population. About 70 per cent. of all cases are now being delivered in hospital.

Due to dietary inadequacies, a higher proportion of immigrant mothers require injections of iron to combat anaemia in later pregnancy. This again takes up midwives' time in terms of patient care.

Child Welfare Services

Statistical records of total attendances at each clinic are kept, but are not broken down into immigrant and non-immigrant attendances. In general, however, immigrant mothers are good attenders, accept advice given by doctors and health visitors, and act upon it within their competence. Difficulties of communication do arise, but the presence of interpreters at all the clinic sessions where a substantial number of immigrants attend, and increasing familiarity with British standards of infant care, are contributing to a rising standard of infant health and well-being. Almost without exception, immigrant mothers are anxious to have their children receive full courses of immunisation and vaccination against communicable disease.

Geriatric Services

As yet, services to the elderly are virtually unused by the immigrant population. There are no immigrants of pensionable age known to the Department.

School Health

Apart from the specific pre-school check, no special facilities are required from the School Health Service. The number of immigrant children requiring 'Special' schooling is given below (as at January 1969):—

School (Handicap)	Asian	W.I.	Total
Chapel Grange (E.S.N.)	3	3	6
Langley (Delicate)	2	—	2
Linton (Delicate)	3	1	4
Linton (Maladjusted)	—	1	1
Lister Lane (Physically Handicapped)	9	—	9
McMillan (E.S.N.)	5	—	5
Netherlands (E.S.N.)	3	—	3
Odsal House (Deaf and Part Deaf) ...	8	—	8
Temple Bank (Part Sighted)	4	—	4
Thorn Garth (E.S.N.)	1	—	1
Residential			
E.S.N.	1	—	1
Epileptic	—	1	1
			45

These figures indicate an incidence of handicapping which is no different from that in the local population as a whole.

Health Department,
Bradford, December 1968.

Appendix



Table 1 *Vital Statistics. Bradford, 1966, 1967 and 1968 (calculated from numbers supplied by the General Register Office)*

	1966	1967	1968
Estimated population	297,100	296,860	294,440
Comparability factors—births	1.04	1.04	1.04
—deaths	0.97	0.98	0.96
Births (total live and still)	5,558	5,748	5,650
Births—live	5,459	5,650	5,568
—still	99	98	82
Crude live birth rate per 1,000 population	18.37	19.03	18.91
Live birth rate as adjusted by factor	19.10	19.79	19.67
Deaths	4,132	3,797	4,026
Crude death rate per 1,000 population	13.91	12.79	13.67
Death rate as adjusted by factor	13.49	12.53	13.12
Infant deaths	163	160	160
Infantile mortality rate per 1,000 live births	29.85	28.32	28.73
Infantile mortality rate per 1,000 legitimate live births	27.24	26.74	27.63
Infantile mortality rate per 1,000 illegitimate live births	49.85	39.33	36.21
Neo-natal mortality rate per 1,000 live births	18.68	15.40	18.49
Early Neo-natal mortality rate per 1,000 live births	17.77	12.92	15.62
Stillbirth rate per 1,000 total births	17.81	17.35	14.51
Stillbirth rate per 1,000 total legitimate births	16.44	13.22	15.03
Stillbirth rate per 1,000 total illegitimate births	22.92	29.89	11.02
Peri-natal mortality rate per 1,000 total births	35.26	29.74	29.90
Deaths due to pregnancy, childbirth or abortion	10	Nil	6
Maternal mortality rate per 1,000 total births	1.80	0.00	1.06
Tuberculosis rate per 1,000 population:			
(a) primary notifications—respiratory	0.65	0.57	0.62
—non-respiratory	0.19	0.14	0.22
(b) deaths—respiratory	0.07	0.02	0.02
—non-respiratory	0.01	0.00	0.01
Cancer of the lung, bronchus—death rate per 1,000 population	0.47	0.67	0.65

According to Departmental records:

638 live births } were transferred out
12 stillbirths }

238 live births were transferred in

716 deaths were transferred out

346 deaths were transferred in

Table 2 *Populations, Corrected Birth and Death Rates, and Infant Mortality Rates. Bradford, 1923—1968*

Year	Population	Corrected Birth Rate	Corrected Death Rate	Infant Mortality Rate
1923	290,800	18.19	13.75	78
1924	290,200	16.94	14.86	92
1925	290,200	16.63	13.97	95
1926	288,700	16.31	13.58	92
1927	293,200	14.73	14.57	92
1928	288,500	15.32	13.60	69
1929	289,200	15.03	15.66	80
1930	293,254	14.92	13.45	75
1931	300,900	13.56	14.21	71
1932	296,300	13.56	13.89	75
1933	295,100	13.22	14.68	79
1934	293,650	13.68	13.35	62
1935	292,200	13.35	14.28	64
1936	290,500	13.42	14.93	82
1937	289,510	13.85	14.64	69
1938	288,700	13.51	13.76	58
1939	287,500	12.42	14.91	61
1940	271,700	12.81	15.85	68
1941	270,310	12.35	14.81	68
1942	264,800	13.90	13.29	50
1943	260,300	14.46	14.43	58
1944	261,890	16.15	15.00	53
1945	262,660	15.84	14.90	65
1946	279,040	19.39	14.46	49
1947	284,900	22.23	15.60	59
1948	288,500	18.84	13.41	43
1949	291,600	17.3	14.50	38
1950	294,300	16.7	14.2	38
1951	289,800	16.4	15.4	43
1952	288,000	15.9	13.7	33
1953	286,600	15.9	14.2	37
1954	286,500	16.4	14.8	31
1955	286,400	16.2	13.6	28
1956	286,400	16.8	14.1	28
1957	287,000	17.3	14.1	28
1958	287,800	17.7	13.9	30
1959	289,100	17.6	14.1	29
1960	289,860	18.7	12.8	28
1961	294,210	18.8	13.4	26
1962	296,220	19.6	13.8	26
1963	297,040	20.2	14.5	26
1964	298,220	20.2	13.3	27
1965	298,090	19.8	13.1	25
1966	297,100	19.10	13.49	29
1967	296,860	19.79	12.53	28
1968	294,440	19.67	13.12	28

Table 3 *Domiciliary Births dying in the First Week of Life during 1968*

Dying at Home				Preg. No.	Weight of baby lbs. — ozs.	Age of baby	Cause of death on certificate
No.	Month	Social Class	Age of Mother				
1	February	3	21	1	8 — 6	2 days	1a Acute viral myocarditis
2	May	4	19	2	Not weighed	Few mins	1a Subdural haemorrhage
Dying in Hospital							
3	March	3	20	1	5 — 13	20 hours	1a Meningocephalocele
4	March	3	33	5	7 — 4	16 hours	b Tentorial tear
5	March	2	20	1	4 — 12	2 days	1a Primary atelectasis b Prematurity
6	April	3	16	1	2 — 0	5 hours	1a Respiratory failure b Anoxia c Atelectasis of lung
7	July	4	25	3	5 — 2	3 days	11 Prematurity 29/52 gestation 1a Congenital heart disease b Ventricular septal defect
8	September	3	18	1	8 — 2	4 days	1a Cerebral haemorrhage

Table 4 *Social Class of 1968 Births (Total live and still but excluding 238 transfers in)*

Place of Birth	Social Class					No Occupation	Total
	1	2	3	4	5		
B.R.I G.P. Unit	4	30	163	66	88	3	354
B.R.I Con. Unit	11	53	444	172	190	66	936
Duke of York Home	24	22	26	1	—	1	74
St. Luke's Hospital	20	160	1,231	498	460	184	2,553
Domiciliary	20	110	794	257	260	13	1,454
	79	375	2,658	994	998	267	5,371
1967	100	357	2,953	973	895	183	5,461

Table 5 *Details of 7 Domiciliary Stillbirths occurring in 1968*

No.	Month	Social Class	Age Group of Mother	Preg-nancy No.	Gesta-tion	Wt. of baby lbs.—ozs.	Sex	Known Factors
1	April	5	25—29	5	37 weeks	7 — 6	M	Pyrexia with vomiting and abdominal pain 24 hours before delivery
2	May	3	35—39	4	23 weeks	1 — 0	M	Threatened miscarriage at 17 weeks
3	June	2	20—24	1	?	3 — 0	F	Macerated anencephalic
4	August	4	30—34	4	42 weeks	7 — 8	M	Hydrocephalic
5	Sept.	Not stated	20—24	2	42 weeks	6 — 8	M	Anencephalic
6	November	4	20—24	4	?	2 — 3½	F	Twin II Macerated
7	December	3	20—24	2	31 weeks	2 — 12	M	Macerated

Table 6 Neonatal Deaths in Premature Live Births, with Details of Premature Stillbirths, Bradford, 1967 and 1968

Birth Weight Group	Year	Prem. Stillbirths	% each Weight Group	Prem. Live Births	% each Weight Group	DIED			Total Deaths
						Within 24 hrs. of birth	In 1 and under 7 days	In 7 and under 28 days	
Up to and including 3 lbs. 4 ozs. (1,500 g)	1967	27	43.6	40	8.0	24	5	2	31
	1968	24	50.0	56	11.0	32	8	1	41
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (2,000 g)	1967	15	24.2	107	21.5	12	5	1	18
	1968	12	25.0	94	18.5	10	3	1	14
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,250 g)	1967	9	14.5	108	21.5	4	—	—	4
	1968	4	8.5	103	20.25	1	2	—	3
Over 4 lbs. 15 ozs. up to and including 5 lbs 8 ozs. (2,500 g)	1967	11	17.7	244	49.0	4	1	1	6
	1968	8	16.5	255	50.25	1	3	1	5
Total	1967	62		499		44	11	4	59
	1968	48		508		44	16	3	63

Table 7 *Premature Live and Stillbirths, Bradford, 1958—1968*

Year	Premature births	Live births	Stillbirths	Stillbirths as a percentage of all Premature births	All Premature births as a Percentage of total births
1958	503	429	74	14.7	9.8
1959	475	405	70	14.7	9.1
1960	509	444	65	12.8	9.1
1961	530	440	90	17.0	9.3
1962	530	463	67	12.6	9.1
1963	532	477	55	10.3	9.1
1964	554	488	66	11.9	9.4
1965	566	517	49	8.7	9.8
1966	604	531	73	12.1	10.9
1967	561	499	62	11.5	9.8
1968	556	508	48	8.6	9.9

Table 8 *Statistics relating to Illegitimate Births during 1968*

Number of mothers	...	...	...	...	...	...	...	697
Number of babies	...	...	...	...	...	...	...	703
Gravida 1	...	...	...	...	...	...	...	283
Gravida 2	...	...	...	...	...	...	...	128
Gravida 3	...	...	...	...	...	...	...	94
Gravida 4	...	...	...	...	...	...	...	54
Gravida 5+	...	...	...	...	...	...	...	136
Marital Status								
Married	...	...	...	...	...	...	...	13
Single	...	...	...	...	...	...	...	434
Widowed	...	...	...	...	...	...	...	10
Divorced	...	...	...	...	...	...	...	54
Separated	...	...	...	...	...	...	...	150
Not Known	...	...	...	...	...	...	...	36
Age Groups								
13 years	...	...	...	...	...	...	...	1
14 years	...	...	...	...	...	...	...	1
15 years	...	...	...	...	...	...	...	8
16 years	...	...	...	...	...	...	...	23
17 years	...	...	...	...	...	...	...	58
18 years	...	...	...	...	...	...	...	44
19 years	...	...	...	...	...	...	...	59
20 years	...	...	...	...	...	...	...	71
21—30 years	...	...	...	...	...	...	...	307
31—40 years	...	...	...	...	...	...	...	116
Over 40	...	...	...	...	...	...	...	7
Not Known	...	...	...	...	...	...	...	2
Fate of Illegitimate Babies								
Baby adopted	...	...	...	...	...	...	...	58
In care of L.A.	...	...	...	...	...	...	...	19
Baby with mother	...	...	...	...	...	...	...	140
Baby with mother and her parents	...	...	...	...	...	...	...	141
Mother married subsequently	...	...	...	...	...	...	...	24
*Mother co-habiting	...	...	...	...	...	...	...	271
Babies died	...	...	...	...	...	...	...	17
Babies stillborn	...	...	...	...	...	...	...	8
Nationality of Mother								
British	...	...	...	...	...	...	...	635
West Indian	...	...	...	...	...	...	...	49
Asian	...	...	...	...	...	...	...	5
Other	...	...	...	...	...	...	...	8

(*in stable union 146, with putative father 108, others 17)

Table 9 *Oakwell House Mother and Baby Home. Statistical Report, 1968*

Total number of mothers in the Home during the year 98

Admissions

Ante-natal 52

Post-natal 46

Average duration of stay in days

Ante-natal 39

Post-natal 26

Total number of days, ante-natal and post-natal, in the year 2,581

Age Group (years)	14	15	16	17-20	21-30	31-40	Over 40
Number	1	4	6	51	27	9	—

Civil State	Single	Married	Separated	Divorced	Widowed
Number	80	9	2	7	—

Babies :

Total number in the Home during the year	117
Medical cases without their mothers	18
Placed for adoption straight from Oakwell House	12
Placed with foster parents at the end of ten days pending adoption	28
Kept by their mothers	51
Taken into the care of the Local Authority	3
Still in the Home on 31/12/68	5

Table 10 *Analysis of Infant Deaths, Bradford, 1963—1968 (according to Departmental Records)*

Cause of Death	AGE AT DEATH							Cause of Death							
	1963	1964	1965	1966	1967	1968									
Unqualified Prematurity	22	4	14	21	6	13									
	7	6	5	9	3	3	Under 1 day	—							
	—	—	1	—	—	1	1—7 days	1							
	—	1	—	—	—	—	1—2 weeks	2							
	—	—	—	—	—	—	2—3 weeks	2							
	—	—	—	—	—	—	3—4 weeks	4							
	29	11	20	30	9	17	Total under 1 month	7							
	—	—	—	—	—	—	1—3 months	8							
	—	—	—	—	—	—	4—6 months	28							
	—	—	—	—	—	—	7—9 months	16							
—	—	—	—	—	—	10—12 months	7								
29	11	20	30	9	17	Total under 1 year	51								
19.08	6.87	14.19	18.41	5.49	10.69	% of total infant deaths	33.58								
5.01	1.89	3.54	5.49	1.60	3.08	Rate per 1,000 live births	8.81								
Congenital Malformation	4	8	3	1	6	3	Under 1 day	2							
	7	6	5	4	4	5	1—7 days	—							
	—	1	—	—	2	—	1—2 weeks	—							
	—	—	—	1	2	1	2—3 weeks	—							
	1	—	2	—	1	—	3—4 weeks	—							
	12	15	10	6	15	9	Total under 1 month	2							
	4	5	2	1	5	3	1—3 months	3							
	—	2	2	—	5	—	4—6 months	1							
	—	—	1	—	1	—	7—9 months	—							
	1	—	—	—	—	2	10—12 months	—							
17	22	15	7	26	14	Total under 1 year	5								
11.19	13.75	10.64	4.29	15.86	8.80	% of total infant deaths	3.29								
2.94	3.79	2.65	1.28	4.61	2.53	Rate per 1,000 live births	0.86								
								Infections							
								1963	1964	1965	1966	1967	1968		
								—	—	—	—	—	—		
								1	3	1	3	1	3		
								—	5	2	—	1	2		
								3	—	2	—	3	2		
								3	—	4	1	2	3		
								7	8	9	4	7	10		
								26	28	25	27	33	20		
								12	16	14	11	10	16		
								4	7	6	9	11	4		
								2	3	—	4	2	4		
								51	62	54	55	63	54		
								33.58	38.76	38.30	33.74	38.41	33.96		
								8.81	10.64	9.56	10.08	11.19	9.77		
								Accidental Deaths							
								2	—	1	3	—	1		
								—	—	—	—	—	—		
								—	—	—	—	—	—		
								—	—	—	—	—	—		
								—	—	—	—	—	1		
								2	—	1	3	—	2		
								3	3	3	1	1	—		
								1	2	—	1	2	—		
								—	—	—	—	—	1		
								—	—	—	—	—	—		
								5	5	4	6	4	4		
								3.29	3.12	2.83	3.68	2.44	2.52		
								0.86	0.86	0.71	1.10	0.71	0.72		

Table 10 continued

Birth Injuries and Atelectasis including hyaline membrane disease and respiratory failure	Other Causes																		
	28	28	23	35	35	36	Under 1 day	2	3	1	3	2	3	1	3	2	2	8	
16	20	20	17	12	20	20	1-7 days	2	3	2	4	6	4	2	6	1	—	—	
—	1	—	—	1	—	—	1-2 weeks	—	—	—	—	—	—	—	—	—	—	—	
1	—	—	—	1	—	—	2-3 weeks	—	—	—	—	—	—	—	—	—	—	—	
—	1	—	—	—	—	—	3-4 weeks	—	—	—	—	—	—	—	—	—	—	—	
45	50	43	52	49	56	56	Total under 1 month	4	6	3	7	9	7	3	7	9	10	10	
—	—	—	1	—	2	2	1-3 months	—	1	1	2	2	2	1	2	2	—	—	
—	—	—	—	—	—	—	4-6 months	1	1	1	2	1	2	1	2	1	1	1	
—	—	—	—	—	—	—	7-9 months	—	2	—	1	1	1	—	1	1	1	1	
—	—	—	—	—	—	—	10-12 months	—	—	—	—	—	—	—	—	—	—	—	
45	50	43	53	49	58	58	Total under 1 year	5	10	5	12	13	12	5	12	13	12	12	
29.61	31.25	30.50	32.52	29.88	36.48	36.48	% of total infant deaths	3.29	6.25	3.54	7.36	7.92	7.36	3.54	7.92	7.55	7.55	7.55	
7.78	9.61	7.61	9.7	8.70	10.49	10.49	Rate per 1,000 live births	0.86	1.73	0.88	2.20	2.31	2.20	0.88	2.31	2.17	2.17	2.17	
91	83	78	90	84	89	89	Total under 1 year	61	77	63	73	80	73	63	80	80	70	70	70
Year																			
Total infant deaths																			
Rate per 1,000 live births																			
Peri-natal mortality rate																			
Neo-natal mortality rate																			
Still-birth rate																			
1963																			
1964																			
1965																			
1966																			
1967																			
1968																			
1969																			
1970																			

Table 11 *Deaths of Infants under 1 Year of Age from Stated Causes during 1968 (according to Departmental Records)*

International List No.		
057	Meningococcal infections	1
237	Neoplasm of unspecified nature of brain and other parts of nervous system	1
340	Meningitis, except meningococcal and tuberculous ...	1
343	Encephalitis, myelitis and encephalomyelitis (except acute infectious)	1
491	Bronchopneumonia	31
492	Primary atypical pneumonia	2
493	Pneumonia, other and unspecified	1
500	Acute bronchitis	2
527	Other diseases of lung and pleural cavity	2
571	Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over	4
750	Monstrosity	3
751	Spina bifida and meningocele	1
752	Congenital hydrocephalus	3
753	Other congenital malformations of nervous system and sense organs	1
754	Congenital malformations of circulatory system ...	3
759	Other and unspecified congenital malformations, not elsewhere classified	3
760	Intracranial and spinal injury at birth	11
761	Other birth injury	1
762	Post-natal asphyxia and atelectasis	33
763	Pneumonia of newborn	5
764	Diarrhoea of newborn	3
768	Other sepsis of newborn	2
770	Haemolytic disease of newborn (erythroblastosis) ...	1
771	Haemorrhagic disease of newborn	1
773	Ill-defined diseases peculiar to early infancy	13
774	Immaturity, with mention of any other subsidiary condition	8
776	Immaturity, unqualified	18
E921	Inhalation and ingestion of food causing obstruction or suffocation	1
E925	Accidental mechanical suffocation in other and unspecified circumstances	1
E926	Lack of care of infants under 1 year of age	1

Table 12 *Attendances at Child Welfare Clinics during 1968*

Clinic	Day of attendance	Time of attendance	Attendances during year
*Central, Edmund St.	Monday, Tuesday and Thursday	Morning and Afternoon	7,192
Albion Road	Alternate Tuesdays	Afternoon	827
Allerton	Monday and Friday	Afternoon	2,805
Bierley	Thursday	Afternoon	1,463
Bolton	Friday	Afternoon	2,199
Bolton Woods	Tuesday (Monthly)	Afternoon	242
Brownroyd	Tuesday	Afternoon	1,565
Buttershaw	Monday	Afternoon	1,984
Clayton	Alternate Wednesdays	Afternoon	823
Eccleshill	Monday	Afternoon	1,770
Green Lane	Monday, Tuesday and Thursday	Morning and Afternoon	7,433
Haworth Road	Alternate Wednesdays	Morning and Afternoon	2,291
High Street, Idle	Alternate Wednesdays	Afternoon	1,020
Holmewood	Tuesday	Afternoon	2,273
Lapage Street	Monday and Thursday	Afternoon	3,890
Lidget Green	Alternate Wednesdays	Afternoon	1,146
New Cross Street	Friday	Afternoon	2,229
Odsal	Thursday	Afternoon	2,957
Otley Road	Wednesday	Afternoon	2,294
Saint Street	Monday and Tuesday	Morning and Afternoon	2,305
Thornton	Alternate Tuesdays	Afternoon	1,033
Usher Street	Wednesday	Afternoon	1,578
Woodside	Wednesday	Afternoon	1,577
Wrose	Alternate Thursdays	Morning	892
Wyke	Friday	Afternoon	2,469
*Total includes attendances at Vaccination Clinic			56,257

Table 13 *Record of Health Visitors' Work during 1968*

Home Visits:		
Children born in 1968	First	5,285
	Subsequent	17,470
Children born in 1967	First	6,308
	Subsequent	17,686
Children born 1963/66	First	17,037
	Subsequent	33,339
Total visits to children 0—5 years		97,125
Principal visits:		
Adoption		41
Child minders		276
Problem families		4,321
Elderly persons		6,411
*Hospital Discharges		1,575
Diabetics		435
Venereal disease		407
Tuberculosis		3,514
Other infectious diseases		7,950
"No access" visits		23,856
Other Duties:		
Child Welfare sessions		1,621
Other clinic sessions		780
Mothercraft classes		460
Other health education sessions		80
Hospital sessions		186

*not including children, maternity cases or cases of mental illness

Table 14 Location of School Clinics and Services Offered

Clinic	Address	School Medical Inspection	Minor Ailment Clinic	Dental Clinic	Physiotherapy	Speech Therapy	Ophthalmic Clinic	Vaccination and Immunisation	General Practitioner Unit	Chiropody	Home Help Service	District Nurse	Ante-natal Clinic	Infant Welfare Clinic	Mothercraft Class	Relaxation Class	Welfare Foods
CENTRAL SCHOOL CLINIC	28a Manor Row	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†ALLERTON	Wanstead Crescent	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†ECCLESHILL	Rillington Mead	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Albion Road	70 Albion Road	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†GREEN LANE	20 Green Lane	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†HOLMEWOOD	Dulverton Grove	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Bierley	15 Dunsford Avenue	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Usher Street	18 Usher Street	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†LAPAGE STREET	Carrington Street	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Otley Road	40/42 Otley Road	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†ODSAL	55 Odsal Road	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Buttershaw	50 Reevy Road West	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Woodside	Eaglesfield Drive	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Wyke	Worthinghead Road	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†SAINT STREET	Saint Street	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
†CENTRAL C.W.C.	26 Edmund Street	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

† main centre

Table 15 *School Health Service. Record of Work carried out by Health Visitors and Nurses, 1968*

Number of Home Visits:		
In connection with head infestation and general hygiene		608
To follow up defects found		614
For hospital after-care		47
	TOTAL	1,269
Number of School Visits:		
For inspection for head infestation and hygiene		2,267
For preparation, weighing, measuring, vision testing, etc.		4,081
For B.C.G. preparation and Heaf Gun testing		142
	TOTAL	6,490
Number of Personal Inspections in Schools:		
For head infestation and hygiene		169,211
For preparation, weighing, measuring, vision testing, etc.		42,373
For B.C.G. preparation and Heaf Gun testing		4,909
	TOTAL	216,493
Defects discovered:		
Uncleanliness of body		Nil
Ringworm		14
Scabies		154
Impetigo		166
Inflammatory eye conditions		105
Defective vision		843
Squint		44
Otorrhoea		14
Infectious diseases		59
Other conditions		300
	TOTAL	1,699

Table 16 *Special Educational Treatment. Bradford Children accommodated in Schools not maintained by the Authority, 1968*

Handicap	Boys	Girls
E.S.N.	10	8
Maladjusted	10	1
Delicate	1	—
Epileptic	3	1
Deaf	5	4
Blind	3	1
Partially sighted	—	2
Physically handicapped	6	7
	<hr/> 38	<hr/> 24
	<hr/> 62	

The 62 children were accommodated in 37 different schools in all parts of the country, and in 1 school abroad.

Table 17 *School Health Service. Medical Inspection and Treatment Returns, 1968*

A. Periodic Medical Inspections

Age Groups Inspected (By year of birth) (1)	No. of Pupils who received a full medical examination (2)	Physical Condition of Pupils (Inspected)		No. of Pupils found not to warrant a medical examination (5)
		No. Satisfactory (3)	No. Unsatisfactory (4)	
1964 and later	932	921	11	—
1963	1,656	1,646	10	—
1962	2,651	2,634	17	—
1961	981	969	12	—
1960	145	144	1	1
1959	203	202	1	141
1958	899	896	3	345
1957	592	589	3	154
1956	274	273	1	5
1955	144	144	—	—
1954	76	76	—	—
1953 and earlier	3,330	3,327	3	—
Total	11,883	11,821	62	646

Column (3) total as a percentage of Column (2) total 99.47

Column (4) total as a percentage of Column (2) total 0.53

B. Pupils found to require Treatment at Periodic Medical Inspections (excluding dental diseases and vermin infestation)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded at E below	Total Individual Pupils
1964 and later	14	69	81
1963	36	189	213
1962	63	277	306
1961	28	99	116
1960	2	14	16
1959	10	31	38
1958	22	77	93
1957	15	64	77
1956	14	26	40
1955	5	21	26
1954	2	13	15
1953 and earlier	176	235	383
Total	387	1,115	1,404

C. Other Inspections

Number of Special Inspections	...	...	4,637
Number of Re-inspections	...	...	2,512
Total	...	...	7,149

(Note: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection).

D. Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 169,211

Table 17 continued

(b)	Total number of individual pupils found to be infested	2,369
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

(Note: All cases of infestation, however slight, are included.
The number recorded at (b) relates to individual pupils and not to instances of infestation).

E. Defects found by Periodic and Special Medical Inspections during 1968

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections	
			Entrants	Leavers	Others	Total		
4	Skin	T	63	70	68	201	478	
		O	278	206	187	671	51	
5	Eyes	(a) Vision	T	104	176	71	351	89
			O	283	694	192	1,169	160
	(b) Squint	T	71	14	40	125	8	
		O	164	136	135	435	10	
	(c) Other	T	23	4	11	38	82	
		O	43	42	46	131	20	
6	Ears	(a) Hearing	T	49	15	14	78	61
			O	89	48	105	242	40
	(b) Otitis Media	T	45	8	26	79	23	
		O	239	80	166	485	2	
	(c) Other	T	24	7	16	47	29	
		O	124	37	81	242	9	
7	Nose and Throat	T	142	24	44	210	97	
		O	831	188	451	1,470	59	
8	Speech	T	61	2	23	86	35	
		O	124	23	77	224	3	
9	Lymphatic Glands	T	26	—	1	27	7	
		O	169	9	55	233	15	
10	Heart	T	—	—	2	2	5	
		O	98	51	68	217	17	
11	Lungs	T	17	2	5	24	39	
		O	241	77	122	440	37	
12	Developmental	(a) Hernia	T	11	—	8	19	3
			O	54	6	30	90	3
	(b) Other	T	23	8	34	65	8	
		O	180	57	84	321	24	
13	Orthopaedic	(a) Posture	T	7	56	39	102	9
			O	20	51	59	130	18
	(b) Feet	T	35	32	19	86	27	
		O	156	96	95	47	23	
	(c) Other	T	45	5	45	95	111	
		O	157	90	160	407	28	
14	Nervous System	(a) Epilepsy	T	2	—	8	10	5
			O	15	7	26	48	9
	(b) Other	T	32	1	5	38	4	
		O	39	23	64	126	4	
15	Psychological	(a) Development	T	5	—	6	11	153
			O	50	7	179	236	98

Table 17 continued

(b) Stability	...	...	T	49	6	16	71	171
			O	344	201	254	799	56
16 Abdomen	...	...	T	4	1	2	7	22
			O	46	17	45	108	10
17 Other	...	...	T	4	2	2	8	907
			O	14	12	16	42	98

T—requiring treatment

O—requiring observation

F. Treatment of Pupils

Note: This section gives the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

(a) <u>Eye Diseases, Defective Vision and Squint</u>	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	181
Errors of refraction (including squint)	2,261
Total	2,442
Number of pupils for whom spectacles were prescribed ...	1,254

(b) <u>Diseases and Defects of Ear, Nose and Throat</u>	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	126
(b) for adenoids and chronic tonsillitis	2,210
(c) for other nose and throat conditions	184
Received other forms of treatment	106
Total	2,626

Total number of pupils in schools who are known to have been provided with hearing aids:

(a) in 1968	19
(b) in previous years	210

(Note: A pupil recorded under (a) is not recorded at (b) in respect of the supply of a hearing aid in a previous year).

(c) <u>Orthopaedic and Postural Defects</u>	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	118
(b) Pupils treated at schools for postural defects	148
Total	266

(d) <u>Diseases of the Skin</u>	Number of cases known to have been treated
(Excluding uncleanliness, for which see Table D)	
Ringworm—(a) Scalp	4
(b) Body	8
Scabies	109
Impetigo	254
Other skin diseases	1,867
Total	2,242

(e) <u>Child Guidance Treatment</u>	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	239

(f) <u>Speech Therapy</u>	Number of cases known to have been treated
Pupils treated by speech therapists	432

Table 17 continued

(g) Other Treatments Given	Number of cases known to have been dealt with
(i) Pupils with minor ailments	1,530
(ii) Pupils who received convalescent treatment under School Health Service arrangements	358
(iii) Pupils who received B.C.G. vaccination	3,347
(iv) Pupils treated by chiropodist	561
(v) Bowel infestations in immigrants	209
(vi) Other defects and diseases	377
Total (i) to (vi)	6,382

Table 18 School Dental Service, Statistics, 1968

Attendances and Treatment	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit	5,302	5,090	1,155	11,547
Subsequent visits	3,034	7,999	1,992	13,025
Total visits	8,336	13,089	3,147	24,572
Additional courses of treatment commenced	613	848	154	1,615
Fillings in permanent teeth	3,052	9,265	3,000	15,317
Fillings in deciduous teeth	2,334	714	—	3,048
Permanent teeth filled	2,801	8,563	2,839	14,203
Deciduous teeth filled	2,174	636	—	2,810
Permanent teeth extracted	346	2,029	629	3,004
Deciduous teeth extracted	4,006	2,086	—	6,092
General anaesthetics	3,652	1,945	260	5,857
Emergencies	510	786	184	1,480
Number of pupils X-rayed ... ..	...	...	...	997
Prophylaxis ... ..	...	...	...	4,589
Teeth otherwise conserved ... ..	...	...	...	95
Number of teeth root filled ... ..	...	...	...	93
Inlays ... ..	...	...	...	10
Crowns ... ..	...	...	...	112
Courses of treatment completed ... ..	...	...	...	8,883
Orthodontics				
Cases remaining from previous year ...		81		
New cases commenced during year ...		122		
Cases completed during year ...		140		
Cases discontinued during year ...		20		
No. of removable appliances fitted ...		205		
No. of fixed appliances fitted ...		7		
Pupils referred to Hospital Consultant ...		329		
Prosthetics—				
Pupils supplied with F.U. or F.L. (first time)	5-9	10-14	15 and over	Total
	—	1	2	3
Pupils supplied with other dentures (first time)	7	48	25	80
Number of dentures supplied	8	77	46	131
Anaesthetics—				
General anaesthetics administered by Dental Officers				1,911
Inspections—				
(a) First inspection at school. Number of pupils				22,535
(b) First inspection at clinic. Number of pupils				9,122
Number of (a) + (b) found to require treatment				19,286
Number of (a) + (b) offered treatment				14,845
(c) Pupils re-inspected at school clinic				1,594
Number of (c) found to require treatment				1,504
Sessions—				
Sessions devoted to treatment			3,614 (includes G.A.)	
Sessions devoted to inspection			150	
Sessions devoted to Dental Health Education			133	

Table 19 *Dental Services for Expectant and Nursing Mothers and Children under 5, during 1968*

A. Attendances and Treatment		Children 0—4 (incl.)	Expectant and Nursing Mothers
First visit	...	730	218
Subsequent visits	...	166	275
Total visits	..	896	493
Additional courses of treatment commenced	...	73	10
Number of fillings	...	590	289
Teeth filled	...	518	250
Teeth extracted	...	760	375
General anaesthetics given	...	575	56
Emergency visits by patients	...	90	28
Patients X-rayed	...	10	13
Prophylaxis	...	410	98
Teeth otherwise conserved	...	84	—
Teeth root filled	...	—	1
Inlays	...	—	—
Crowns	...	—	1
Courses of treatment completed	...	590	184
B. Prosthetics			
	Patients supplied with F.U. or F.L. (first time)	...	12
	Patients supplied with other dentures	...	11
	Number of dentures supplied	...	41
C. Anaesthetics			
	General anaesthetics administered by Dental Officers	...	166
D. Inspections			
		Children 0—4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during year	...	730	218
Number of patients in A and D who required treatment	...	693	189
Number of patients in A and D above who were offered treatment	...	658	188
E. Sessions			
	Sessions devoted to treatment	...	215.6
	Sessions devoted to Dental Health Education	...	7

Table 20 *Mental Health Service. Number of Patients referred to us during 1968*

	Under 16 M	16 and over F	16 and over M	16 and over F	Total	Mentally Ill	Subnormal or severely Subnormal
(a) By General Practitioners	1	—	5	13	19	18	1
(b) By hospitals	1	2	169	281	453	450	3
(c) By the Local Education Authority	26	17	8	3	54	—	54
(d) By police or courts	—	—	1	1	2	2	—
(e) From other sources	5	7	19	16	47	21	26
Totals	33	26	202	314	575	491	84

(Referrals made for the purpose of obtaining admission to hospital are not included).

Table 21 *Mental Health Service. Number of Patients provided with Care in the Community at December 1968*

	Resident/ Attendees	Admissions during	Discharges during	Resident/ Attendees
	1.1.68	1968	1968	31.12.68
Junior Training Centre	192	34	35	191
Adult Training Centre	112	43	43	112
Wedgwood House	59	18	16	61
Thornlea Residential Unit	10	172	173	9
Listonshiels	26	22	24	24
Glenholme	26	49	48	27
Persons receiving Home Visits and not included above				
	Under 16		16 and over	
	M	F	M	F
Mentally ill	—	—	152	297
Elderly } infirm	—	—	16	96
Mentally } infirm	—	—	—	—
Psychopathic	—	1	19	12
Subnormal	—	1	147	120
Severely subnormal	12	10	28	44
Totals	12	12	362	569

Table 22 *Mental Health Service. Patients admitted to Psychiatric Hospital under the Mental Health Act 1959, during 1968*

	Under 16		16 and Over		Total
	M	F	M	F	
(a) Under Section 5 (informal)	25	10	273	318	626
(b) Under Section 25 (observation)	—	1	18	43	62
(c) Under Section 26 (treatment)	—	—	9	3	12
(d) Under Section 29 (emergency)	—	—	78	88	166
(e) Under Section 60 (hospital order)	—	—	1	1	2
(f) Under Section 41 (guardianship to hospital)	—	—	—	—	—
Total	25	11	379	453	868

Table 23 *Child Guidance Clinic Statistics, 1968*

Summary of 313 children referred during the year	
Sources of Referral—	
School Health Service	73
General Practitioners	36
Children's Department	18
Parents	47
Probation Officers	17
Education Department and Schools	65
Juvenile Liaison Officers	20
School Psychological Service	19
Child Welfare Department	3
Consultants	7
Other agencies	8
Summary of 207 children's cases diagnosed during the year	
Delinquency	34
Behaviour disorder	84
Neurotic manifestations	58
Psychosomatic disorder	8
Educational backwardness	15
Personality disorder	8

Table 25 *Supply of Milk, free of charge, to persons suffering from Tuberculosis, 1966, 1967 and 1968*

	1966	1967	1968
Number of patients suffering from tuberculosis who were recommended for free milk by the Senior Chest Physician during the year	24	14	16
Number of patients receiving free milk at end of year	63	60	48
Average number of pints per week	942	746	678
Average weekly cost to the Corporation during the whole year	£35.1.8	£29.5.11	£27.10.2
Average weekly cost to the Corporation during December	£27.12.11	£29.2.2	£26.1.10

Table 26 *Chiropody Service. Treatments in 1968*

	No. of Patients First Treatment	Second and Subsequent Treatments	Total
Clinics and Handicapped Persons'			
Centre (2,615 sessions)	4,510	16,857	21,367
Domiciliary Visits	2,343	7,104	9,447
School Clinic, Manor Row	642	1,113	1,755
Totals	7,495	25,074	32,569

No. of individual patients receiving treatment during 1968:
 8 expectant mothers
 646 children under 15
 216 handicapped persons
 6,625 elderly citizens

Table 27 *Home Help Service, New Applications, Cases Helped, etc.*
1964—1968

New applications were received in respect of:

	1964	1965	1966	1967	1968
General and chronic sickness cases ...	240	306	293	290	239
Old people	1,002	1,099	1,108	1,105	1,185
Tuberculosis cases	2	5	2	2	—
Blind persons	19	27	25	16	23
Maternity cases	558	441	422	405	344
Totals ...	1,821	1,878	1,850	1,818	1,791

Number of new cases where help was given:

	1964	1965	1966	1967	1968
General and chronic sickness cases ...	193	248	255	252	215
Old people	853	927	962	999	1,101
Tuberculosis cases	2	4	2	2	—
Blind persons	18	23	25	16	22
Maternity cases	422	346	325	297	245
Totals ...	1,488	1,548	1,569	1,566	1,583

Cases carried forward from previous year

	1,981	2,226	2,117	2,933	2,671
--	-------	-------	-------	-------	-------

Total cases dealt with in year

	3,469	3,774	3,686	4,499	4,254
--	-------	-------	-------	-------	-------

Number of new cases attended in respect of which no charge was made:

	1964	1965	1966	1967	1968
General and chronic sickness cases ...	83	94	119	121	93
Old people	627	654	669	761	899
Tuberculosis cases	2	4	1	2	—
Blind persons	13	17	16	14	15
Maternity cases	40	51	54	61	52
Totals ...	765	820	859	959	1,059

Number of new cases (1968) in respect of which a charge was made:

General and chronic sickness cases ...	122
Old people	202
Tuberculosis cases	—
Blind persons	7
Maternity cases	193
Total ...	524

Table 28 *Ambulance Service. Patients, Mileage, etc., 1948—1968*

Year	PATIENTS			MILEAGE		
	Number Carried	% increase on previous year	Miles Travelled	% increase on previous year	Average Miles per patient	
1948	24,059	—	147,451	—	6.5	
1953	107,660	15.0	347,960	12.3	3.2	
1958	137,529	0.2	404,218	1.3(decrease)	2.9	
1960	163,411	12.6	495,831	13.1	3.0	
1961	175,467	7.4	505,979	2.0	2.9	
1962	198,673	13.2	516,761	2.1	2.6	
1963	214,075	7.6	557,270	7.8	2.6	
1964	233,823	9.2	622,977	11.8	2.7	
1965	258,328	10.5	676,384	8.6	2.6	
1966	276,745	7.1	695,145	2.8	2.5	
1967	289,793	4.7	720,559	3.7	2.5	
1968	293,018	1.1	719,378	0.16 (decrease)	2.45	

Table 29 *Ambulance Service. Category of Patients and Type of Vehicle, 1968*

	Ambulances	Sitting Case Cars	Dual Purpose Ambulances	Total
Patients:				
(a) Accidents	30	47	7,013	7,090
(b) Others	3,533	4,623	104,114	112,270
(c) Mentally Handicapped Persons	1,411	47	123,952	125,410
(d) Physically Handicapped Persons	—	—	42,687	42,687
(e) Blind Persons	—	—	5,046	5,046
(f) Children to Day Nurseries	—	39	463	502
(g) Physically Handicapped Children (Education Department)	—	13	—	13
Totals	4,974	4,769	283,275	293,018

Table 30 *Ambulance Service. Journeys and Type of Vehicle, etc., 1968*

Journeys:	Ambulances	Sitting Case Cars	Dual Purpose Ambulances	Total
(a) "Section 27 patients", mentally handicapped and physically handicapped persons	974	1,404	47,147	49,525
(b) Abortive and service	20	228	978	1,226
(c) Analgesia	—	17	456	473
Totals	994	1,649	48,581	51,224
Mileage	15,974	41,421	661,983	719,378

Table 31 *Ambulance Service. An Analysis of the Increase in Patients Carried and Decrease in Mileage Travelled from 1967 to 1968*

PATIENTS				
		1967	1968	Difference
Accidents and emergency ...	} "section 27" patients	6,893	7,090	+ 197
Admissions, discharges, out-patients, etc. ...		116,561	112,270	- 4,291
Mentally handicapped persons ...		120,778	125,410	+ 4,632
Physically handicapped persons ...		39,708	42,687	+ 2,979
Blind persons ...		5,106	5,046	- 60
Physically Handicapped children (Education Department)...		381	13	- 368
Patients to Day Nurseries ...		366	502	+ 136
Totals ...		289,793	293,018	+ 3,225
MILEAGE				
"Section 27" patients ...		499,386	491,254	- 8,132
Mentally handicapped persons ...		140,734	147,536	+ 6,802
Physically handicapped persons ...		59,629	61,126	+ 1,497
Blind persons ...		9,699	10,389	+ 438
Other sections of the Health Department		5,234	4,389	- 845
Mileage chargeable to Bradford "A" and "B" Groups H.M.C.'s ...		79	112	+ 33
Mileage chargeable to Day Nurseries ...		1,572	1,872	+ 300
Mileage chargeable to Education Department		4,226	2,530	- 1,696
Mileage chargeable to Civil Defence Department ...		—	59	+ 59
Mileage chargeable to Welfare Department— Removal of dead bodies ...		—	363	+ 363
Totals ...		720,559	719,378	- 1,181

Table 32 *Vaccination of Children under 16 during 1968*

Type of Vaccine	COMPLETED PRIMARY COURSES						Total	RE-INFORCING DOSES						Total
	Year of Birth							Year of Birth						
	1968	1967	1966	1965	1964	1961—1964		1968	1967	1966	1965	1964	1961—1964		Others under 16
1. Triple (diphtheria pertussis, tetanus)	132	1,993	160	63	48	—	2,396	—	950	1,448	162	195	10	2,765
2. Diphtheria/tetanus	1	36	17	13	484	269	820	—	47	14	6	2,094	332	2,493
3. Diphtheria	—	1	1	1	5	6	14	—	—	1	—	118	146	265
4. Tetanus	—	—	—	—	33	208	241	—	—	—	—	45	93	138
5. Poliomyelitis (Sabin-oral)	125	2,080	179	82	659	263	3,388	—	2,106	291	91	2,867	478	5,833
6. Measles	15	503	409	345	2,759	1,919	5,950	—	—	—	—	—	—	—
Children protected against:														
DIPHtheria (lines 1, 2, 3)	133	2,030	178	77	537	275	3,230	—	997	1,463	168	2,407	488	5,523
WHOOPING COUGH (line 1)	132	1,995	160	63	48	—	2,396	—	950	1,448	162	195	10	2,765
TETANUS (lines 1, 2, 4)	133	2,029	177	76	565	477	3,457	—	997	1,462	168	2,334	435	5,396

The following vaccines are not used locally:

- Quadruple (diphtheria, pertussis, tetanus, poliomyelitis)
- Combined diphtheria/pertussis
- Single pertussis
- Salk (injection) poliomyelitis

Table 33 *Analysis of Cases examined by Cervical Cytology in Local Authority Clinics during 1968*

Number of new patients seen	3,026
Number of patients for repeat checks after three years	342
Number of repeat examinations requested by Laboratory	27
Total Number of patients seen	3,368
Total number of smears taken	3,395
Number of positive smears	42
Number of suspicious smears awaiting follow-up	5
Number of Trichomonas infections	179

Table 34 *Causes of Death, Males and Females, 1968*

International Classification No. (50 Causes)	Males	Females	Total
4. Enteritis and other diarrhoeal diseases	6	4	10
5. Tuberculosis of respiratory system	6	1	7
6. Other tuberculosis, including late effects	4	—	4
11. Meningococcal infection	—	1	1
18. All other infective and parasitic diseases	3	—	3
19. Malignant neoplasms	381	333	714
20. Benign and unspecified neoplasms	4	4	8
21. Diabetes mellitus	8	9	17
23. Anaemias	1	8	9
25. Active rheumatic fever	1	—	1
26. Chronic rheumatic heart disease	17	41	58
27. Hypertensive disease	30	31	61
28. Ischaemic heart disease	630	510	1,140
29. Other forms of heart disease	59	102	161
30. Cerebrovascular disease	256	358	614
31. Influenza	4	22	26
32. Pneumonia	125	141	266
33. Bronchitis, emphysema and asthma	127	51	178
34. Peptic ulcer	16	11	27
35. Appendicitis	3	—	3
36. Intestinal obstruction and hernia	5	8	13
37. Cirrhosis of liver	2	11	13
38. Nephritis and nephrosis	10	16	26
39. Hyperplasia of prostate	6	—	6
41. Other complications of pregnancy, childbirth and the puerperium	—	2	2
42. Congenital anomalies	10	19	29
43. Birth injury, difficult labour, etc.	35	17	52
44. Other causes of perinatal mortality	15	8	23
45. Symptoms and ill-defined conditions	8	26	34
46. All other diseases	147	219	366
47. Motor vehicle accidents	34	16	50
48. All other accidents	30	29	59
49. Suicides and self-inflicted injuries	10	9	19
50. All other external causes	12	14	26
Totals ...	2,005	2,021	4,026

Table 35 *Relative Frequency of Primary Causes of Death. Bradford, 1968*

Cause of Death	Males	Females	Total	% of total deaths
1. Heart disease	736	684	1,420	35.2
2. Cancer	385	337	722	17.6
3. Cerebrovascular disease	256	358	614	15.0
4. Pneumonia	125	141	266	6.6
5. Bronchitis, emphysema and asthma	127	51	178	4.4
6. Violence	86	68	154	3.8
7. Birth injury, difficult labour, etc.	35	17	52	1.2
	1,750	1,656	3,406	

Total deaths were 4,026. Almost 85 per cent were due to the seven principal causes above. The remaining 15 per cent (620 deaths) are classified under 19 headings, but all of these single causes contributed less than one per cent each to total deaths.

Table 36 *Deaths by Separate Age Groups, Bradford, 1959—1968*

Age	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
0—1	152	154	145	157	156	157	144	163	160	160
1—5	24	17	15	23	20	19	34	26	38	20
5—15	24	12	27	19	19	17	21	12	29	20
15—25	24	24	36	36	27	33	45	40	37	31
25—45	142	115	136	164	147	122	146	132	113	126
45—65	951	841	936	937	1,024	873	938	902	817	859
65—75	1,131	1,005	1,099	1,141	1,143	1,100	1,051	1,122	1,047	1,129
Over 75	1,720	1,573	1,581	1,685	1,647	1,552	1,705	1,735	1,556	1,681
Total	4,168	3,741	3,975	4,162	4,183	3,873	4,084	4,132	3,797	4,026

Table 37 *Deaths from Cancer of the Lung and Bronchus, by Sex, Bradford, 1932—1968*

Year	Males	Females	Total
1932			18
1936			36
1940			42
1949			82
1950			94
1951	88	18	106
1952	74	20	94
1953	91	13	104
1954	89	14	103
1955	110	20	130
1956	116	17	133
1957	120	10	130
1958	123	27	150
1959	126	25	151
1960	126	16	142
1961	120	22	142
1962	143	24	167
1963	151	24	175
1964	127	24	151
1965	159	25	184
1966	117	24	141
1967	176	23	199
1968	167	23	190

Table 38 *Number of Notifications of Infectious Diseases, Bradford, 1958—1968*

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Measles ...	576	4,123	2,130	2,974	3,139	1,363	2,665	2,424	2,288	1,716	2,273
Scarlet fever ...	398	499	264	161	132	181	256	354	273	148	125
Erysipelas ...	54	43	27	23	19	14	15	27	20	15	*9
Puerperal pyrexia ...	15	20	26	29	14	17	9	7	8	5	*2
Whooping cough ...	263	163	796	126	29	265	303	83	255	189	173
Infective enteritis ...	1,392	1,999	1,668	1,333	1,543	1,112	1,463	2,206	1,752	1,721	1,565
Dysentery ...	403	750	858	550	732	218	546	774	336	884	260
Salmonellosis ...	107	126	145	77	48	34	64	76	41	35	49
Food poisoning ...	4	—	31	128	12	23	136	—	5	196	56
Typhoid or paratyphoid fever ...	—	2	1	3	3	1	3	18	12	10	4
Pulmonary tuberculosis ...	231	232	193	230	259	279	254	191	180	168	186
Non-pulmonary tuberculosis ...	32	25	28	37	61	70	68	68	57	43	62
Pneumonia ...	349	598	311	275	226	235	258	245	315	186	*117
Ophthalmia neonatorum	7	4	3	5	7	10	4	7	10	7	3
Poliomyelitis ...	28	5	1	5	8	—	1	—	—	—	—
Meningococcal infection	9	7	11	14	11	8	3	3	2	3	*1
Diphtheria ...	—	—	—	—	—	—	1	—	—	—	—
Anthrax ...	—	—	—	—	—	—	—	—	—	1	—
Malaria ...	—	—	—	—	5	1	5	1	4	7	6
Smallpox ...	—	—	—	—	12	—	—	—	—	—	—

*ceased to be notifiable in September, 1968.

Table 39 *Age Distribution of Notified Cases of Infectious Diseases, Bradford, 1968*

	Under								25 and over	Age unknown	Total all ages
	1	1-2	2-3	3-4	5-9	10-14	15-24				
Measles	136	282	342	737	757	12	5	2	—	2,273	
Dysentery	10	24	29	53	50	15	22	56	1	260	
Infective Enteritis	292	190	116	122	195	79	129	421	21	1,565	
Scarlet Fever ...	3	2	9	22	61	24	4	—	—	125	
Whooping Cough	26	11	90		39	2	—	2	3	173	
Diphtheria	—	—	—	—	—	—	—	—	—	—	
*Acute Meningitis	1	—	—	1	—	—	—	—	—	2	
Acute Poliomyelitis											
Paralytic	—	—	—	—	—	—	—	—	—	—	
Non-paralytic ...	—	—	—	—	—	—	—	—	—	—	

	Under				65 and over	Age unknown	Total all ages
	5	5-14	15-44	45-64			
Acute Encephalitis							
Infective	1	—	—	—	1
Post-infectious	—	—	—	—	—
*Leptospirosis	—	—	—	—	—
Typhoid Fever	—	2	1	1	4
Paratyphoid Fever	—	—	—	—	—
Food Poisoning	—	13	12	—	31
Salmonellosis	18	11	9	2	49
Tuberculosis							
Pulmonary	2	8	94	58	186
Non-pulmonary	1	11	36	13	62
*Infective Jaundice	21	86	39	4	153

*from 1st October, 1968.

Table 40 *Bradford Chest Clinic. New Cases of Tuberculosis discovered in 1968 with comparative figures for 1967*

	1968			1967		
	Respi- ratory Disease	Non- Respi- ratory Disease	Total	Respi- ratory Disease	Non- Respi- ratory Disease	Total
Males	123	39	162	101	25	126
Females	48	22	70	50	16	66
Children	12	10	22	14	2	16
Total ...	183	71	254	165	43	208

Table 41 *Bradford Chest Clinic. Analysis of Notifications in 1968 (254)*

	Males	Females	Children	Total
Local Authorities—				
(1) Bradford C.B.	158	67	22	147
(2) West Riding	4	3	—	7
Nationality—				
(1) English	53	24	4	81
(2) European	4	1	—	5
(3) Asian	105	45	18	168
Age—				
(1) Children	—	—	22	22
(2) 15/24	53	22	—	75
(3) 25/34	41	20	—	61
(4) 35/44	26	18	—	44
(5) 45/54	21	4	—	25
(6) 55+	21	6	—	27
Types of Disease—				
(1) Respiratory (positive sputa)	37	14	2	53
(2) Respiratory (negative sputa)	86	34	10	130
(3) Non-respiratory	39	22	10	71
Origin of cases referred to the Clinic—				
(1) General Practitioners	35	12	2	49
(2) 5 x 4 Camera (G.P.'s)	2	—	—	2
(3) M.M.R. Unit	38	5	1	44
M.M.R. Unit (G.P. referrals)	38	16	—	54
(4) Hospitals	44	30	14	88
(5) Contacts	5	7	5	17
(6) Medical Research Council	—	—	—	—

Table 42 *Bradford Chest Clinic Attendances, 1964—1968*

	1968	1967	1966	1965	1964
New patients	1,443	2,205	3,813	4,871	4,892
New contacts	1,982	1,601	1,860	1,749	2,035
Total new patients	3,425	3,806	5,673	6,620	6,927
Clinic re-attendances	5,941	6,101	5,901	5,884	6,212
Contact re-attendances	1,223	717	672	591	716
B.C.G. vaccination	662	559	706	740	752
Total out-patient attendances ...	11,251	11,183	12,952	13,835	14,607
X-ray examinations	8,497	8,134	9,006	9,539	8,569
Attendances at 5 x 4 Camera ...	346	1,098	3,810	4,161	3,960
Clinic sessions held	542	595	629	602	667

Table 43 *Total Additions and Deletions from Bradford Chest Clinic Tuberculosis Register, 1968*

	Respiratory Tuberculosis	Non- Respiratory Tuberculosis	Totals
Numbers on Register on 1/1/68 ...	1,419	214	1,633
Inward transfers	13	2	15
Child to adult	4	1	5
Cases re-discovered	6	—	6
Notifications—			
Negative secretions	130	49	179
Positive secretions	53	22	75
Total additions	1,625	288	1,913
Recovered	157	34	191
Died	31	—	31
Outward transfers	30	5	35
Child to adult	4	1	5
Other reasons	66	19	85
Total deletions	288	59	347
Numbers on Register on 31/12/68 ...	1,337	229	1,566

Table 44 *Deaths of Patients on Bradford Chest Clinic Tuberculosis Register, 1968*

	Respiratory	Non-Respiratory	Total
Males ...	25	—	25
Females ...	6	—	6
Children ...	—	—	—
Total ..	31	—	31

Analysis of all deaths:

	Deaths due to Tuberculosis				Deaths not primarily due to Tuberculosis				Total
	M.	F.	Ch.	Total	M.	F.	Ch.	Total	
Known cases of Tuberculosis on Clinic Register ...	8	1	—	9	19	3	—	22	31
Death Notifications ...	1	—	—	1	1	—	—	1	2
Totals ...	9	1	—	10	20	3	—	23	33

Table 45 *New Cases of Early Syphilis and Gonorrhoea attending the Bradford Special Diseases Clinic, 1946—1968*

Year	Early Syphilis			Gonorrhoea			Total
	Male	Female	Total	Male	Female	Total	
1946 ...	151	100	251	369	117	486	
1947 ...	117	93	210	264	94	358	
1948 ...	51	59	110	147	68	215	
1949 ...	40	49	89	121	53	174	
1950 ...	32	24	56	91	41	132	
1951 ...	24	7	31	94	31	125	
1952 ...	12	7	19	51	20	71	
1953 ...	5	4	9	87	32	119	
1954 ...	9	7	16	114	34	148	
1955 ...	14	8	22	102	28	130	
1956 ...	17	7	24	131	35	166	
1957 ...	11	3	14	322	84	406	
1958 ...	3	—	3	294	61	355	
1959 ...	3	—	3	419	103	522	
1960 ...	2	—	2	466	139	605	
1961 ...	—	—	—	625	158	783	
1962 ...	3	2	5	664	161	825	
1963 ...	4	—	4	707	237	944	
1964 ...	9	3	12	769	238	1,007	
1965 ...	14	6	20	530	199	729	
1966 ...	15	4	19	573	199	772	
1967 ...	11	9	20	570	227	797	
1968 ...	3	6	9	477	228	705	

Table 47 continued

Houses or parts cleansed and limewashed	...	...	...	3	—
Verminous houses disinfested	...	...	...	11	33
Ventilation improved	...	...	...	7	—
Window cords repaired or renewed	...	...	...	29	14
Lighting improved	...	...	...	5	4
General repairs executed	..	...	...	147	84
Cooking ranges repaired or renewed	...	...	...	5	3
New food stores provided and ventilated	...	...	...	3	—
Water supply improved	...	...	...	12	10
Houses supplied with city water supply	...	...	...	—	1
Outbuildings repaired	...	...	...	—	1
Septic tank and filter installations provided	...	...	...	4	6
Effluvium nuisance abated	...	...	...	1	3
Courts, Yards, etc.:					
Yard and passage paving repaired	...	...	...	3	1
Yards re-paved	...	...	...	—	—
Yards and passages newly paved	...	...	...	—	—
Yards cleansed	...	...	...	17	22
Keeping of Animals, etc.:					
Improper keeping of swine prohibited	...	...	...	—	—
Piggeries repaired	...	...	...	—	—
New piggeries provided	...	...	...	—	—
Piggeries abolished or disused	...	...	...	—	—
Improper keeping of fowls, etc., prohibited	...	...	...	2	—
Accumulations of offensive matter, etc., removed	...	...	...	20	17
Accumulations of manure removed	...	...	...	1	—

Table 48 *Factories Act, 1961. Inspections for Purposes of Provisions as to Health in 1968*

Premises	Number on Register	Inspections	Number of Written Occupiers Notices Prosecuted	
(i) Factories in which section 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	104	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,020	11	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	50	—	—	—
Total	2,174	11	5	—

Cases in which defects were found

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	2	1	—	2	—
(c) Not separate for sexes	—	—	—	1	—
Other offences against the Act (not including offences relating to Outwork)	9	7	—	9	—
Total	11	8	—	11	—

Table 49 *Factories Act, 1961, Sections 133 and 134*
Number of Outworkers Engaged in Various Trades at August 1968

Nature of work	SECTION 133			SECTION 134		
	No. of outworkers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. ...	386	—	—	—	—	—
Curtains and furniture hangings ...	1	—	—	—	—	—
Textile Weaving ...	174	—	—	—	—	—
Total ...	561	—	—	—	—	—

Table 50 *Smoke Abatement. Improvements made to Boiler Plants, etc., in Industrial Premises during 1968*

Nature of work or equipment	Number of Units
Gas-fired boilers installed	13
Oil-fired steam boilers installed	2
Central heating boilers with oil burners installed	13
Oil burners installed	2
Oil burners maintained	15
Mechanical stokers overhauled	20
New chimneys provided	25
Chimneys increased in height	3
Smoke alarm system installed	1
Smoke alarm system overhauled	2
Improved coal supply	3
Incinerators installed	2
Improvements to incinerators	1
Incinerators abolished	6
Mobile diesel crane maintained	2

Table 51 *Clean Air Act, 1956. Equipment in Industrial Premises given 'Prior Approval' during 1968*

Type of Unit	Number to be Installed
Oil-fired steam boilers	4
Central heating boilers with oil burners	5
Lowram coking stokers	4
Incinerators	2

Table 52 *Atmospheric Pollution—Annual Deposits, 1968*
(Tons per square mile)

Total Solids	Water-insoluble Matter			Water-soluble Matter			
	Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)	Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca	
North (Heaton Reservoir)	147.94	1.94	25.27	56.00	21.29	6.54	6.65
Central (Britannia House)	283.45	3.53	58.84	123.14	28.74	11.00	9.16
Bierley Hall	136.86	1.75	25.39	48.85	18.21	7.32	4.34
Chellow Heights	145.02	2.15	21.47	45.96	24.95	7.96	6.32
Ambulance Depot	345.94	4.34	79.37	171.90	25.65	11.39	11.12

Table 53 *Atmospheric Pollution—Mean Monthly Deposits, 1968*
(Tons per square mile)

Station	Water-insoluble Matter				Water-soluble Matter		
	Total Solids	Soluble in CS2 (Tarry Matter)	Insoluble in CS2 (Combustible Matter)	Ash	Sulphate as SO4	Chlorine as Cl	Lime as Ca
North	12.33	0.16	2.02	4.66	1.77	0.55	0.55
Central	23.62	0.29	4.90	10.26	2.39	0.92	0.76
Bierley Hall	11.40	0.15	2.12	4.07	1.52	0.61	0.36
Chellow Heights	12.08	0.18	1.79	3.83	2.08	0.66	0.53
Ambulance Depot	28.83	0.36	6.61	14.33	2.14	0.95	0.93

Table 54 *Slum Clearance Statistics, 1966, 1967 and 1968*

(1) Housing Act, 1957, Part III.

(Clearance Areas, Compulsory Purchase Orders and Clearance Orders)

	1968	1967	1966
No. of clearance areas represented	43	23	30
No. of clearance orders made or recommended	2	—	1
No. of compulsory purchase orders made or recommended	15	17	13
No. of clearance areas purchased by agreement	2	1	2
No. of fitness orders represented	4	1	—
Total houses affected by above actions	836	802	931
No. of families rehoused by the L.A.	396	475	416
No. of families removed privately	144	89	175
No. of houses demolished	690	1,438	998
No. of families in confirmed orders awaiting rehousing ...	452	284	473
No. of houses in clearance orders and compulsory purchase orders awaiting confirmation	587	1,059	1,096

(2) Housing Act, 1957. Sections 16, 17 and 18.

(Informal Action and Local Authority owned Unfit Houses)

No. of houses represented	109	154	211
No. of demolition orders made	50	53	32
No. of closing orders made	73	28	40
No. of houses subject to undertakings to demolish	72	8	69
No. of houses subject to undertakings not to use for habitation	—	1	—
No. of undertakings to render fit for habitation executed ...	1	—	—
No. of L.A. owned houses certified unfit	71	44	64
No. of houses demolished	70	273	87
No. of families rehoused by the Corporation	79	78	117
No. of families removed privately	24	2	30
No. of closing orders determined	3	2	1
No. of undertakings to render fit executed	—	—	—

(3) Slum Clearance Summary:

Total houses represented to Committee in Clearance Areas (Clearance Orders and Compulsory Purchase Orders) and individually unfit etc.	1,028
Total houses demolished (all types)	760
Total families rehoused by the Corporation	475
Total families removed privately	168

Table 55 *Disinfection and Disinfestation during 1968*

Disinfection:					
Number of premises disinfected	...	...	...	...	2
Number of rooms disinfected	...	...	...	...	2
Number of articles disinfected	...	...	...	...	1,204
Number of library books destroyed	...	...	...	...	—
Disinfestation:					
Number of premises disinfested	...	...	...	...	189
Number of rooms disinfested	...	...	...	...	670
Number of articles disinfested	...	...	...	...	657
Cleansing of Verminous Persons and Articles:					
(1) Scabies—					
				New Cases	Number of Treatments Given
Pre-school children—British	...	...	...	17	24
Pre-school children—Immigrant	...	...	...	3	3
School children—British	...	...	...	66	125
School children—Immigrant	...	...	...	25	39
Adults—British	...	...	...	53	81
Adults—Immigrant	...	...	...	77	125
(2) Head and Body Lice, Fleas, etc.—					
				New Cases	Number of Treatments Given
Pre-school children	...	...	...	—	—
School children	...	...	...	13	131
Adults	...	...	...	32	36
Number of articles disinfested	...	...	...	...	397
Number of baths given	...	...	...	...	566
Number of operations of steam disinfestors	...	...	...	...	124

Table 56 *Rodent Control, 1968. Details of Premises Involved.*

					Rats	Mice
Canteens	...	...	...	...	32	54
Cafés	...	...	...	...	3	17
Food Shops	...	...	...	...	29	107
Farms	...	...	...	...	3	—
Tips	...	...	...	...	17	—
Business premises	...	...	...	...	204	303
Private dwellings	...	...	...	...	914	2,709
Schools and canteens	...	...	...	...	24	108
Markets and abattoir	...	...	...	...	22	32
B.C.P.T. Depots	...	...	...	...	3	6
Other L.A. properties	...	...	...	...	33	57
					1,284	3,393

A total of 4,677 infestations was treated.

Major Infestations		Minor Infestations	
RATS	MICE	RATS	MICE
41	82	1,243	3,311

Table 57 *Food Premises Registered under Section 16, Food and Drugs Act, 1955, and Dairies Registered under Milk and Dairies (General) Regulations, 1959. Number of Inspections, 1968*

<u>Section 16, Food and Drugs Act, 1955</u>		Number	Number of Inspections
Premises used for the sale, storage or manufacture of ice cream	...	1,196	625
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats and other foods	...	265	423
Premises used for the preparation of fish by any process of cooking (fried fish shops)	...	245	213
<u>Milk and Dairies Regulations, 1959</u>			
Dairies	...	19	259

Table 58 *Number of Food Businesses at 1968 and compliance with Food Hygiene (General) Regulations 1960/62*

	No. of Premises	Premises fitted to comply with Reg. 16	Premises fitted to which to comply with Reg. 19 applies	Premises fitted to comply with Reg. 19
Bakehouses	147	147	147	147
Butchers	255	254	231	231
Confectioners	82	82	41	41
Fish Friers	245	245	245	245
Greengrocery	258	258	85	85
Grocers	979	979	290	290
Ice Cream manufacturers	10	10	10	10
Industrial Canteens	244	244	244	244
Mineral Water manufacturers	8	8	8	8
Restaurants and cafés	277	277	277	277
Sweets	362	356	25	25
Commercial Hotels	14	14	14	14

Table 59 *Administration of the Food Hygiene (General) Regulations 1960/62, during 1968*

Inspections	4,511
Warning letters sent	430
Verbal warnings	466

Summary of types of contraventions found in food and shop premises:

Structural repairs and improvements	313
Structural cleanliness	476
Lighting	30
Ventilation	50
Wash-hand basins—provision or renewal	157
Sinks—provision or renewal	100
Hot water—provision or improvement	100
Drainage	66
Equipment, improvement of	150
Equipment, cleanliness of	140
Protection of food	144
Food storage temperatures	30
Personal cleanliness	37
Smoking in food premises	45
First Aid equipment	176
Storage of clothing	53
Refuse disposal	104
Laundry reception in food shops	9
Rodent infestations	41
Other infestations	18
Sanitary conveniences—Repairs	49
Cleanliness	49
Lighting	10
Ventilation	18
Hand-washing notices	123
Total	2,488

Table 60 *Proceedings under the Provision of the Food Hygiene (General) Regulations, 1960/62*

There were no proceedings under these Regulations during 1968.

Table 61 *Proceedings under the Provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966*

There were no proceedings under these Regulations during 1968.

Table 62 *Food Inspection, 1968. Offences against Section 2 or Section 8 of the Food and Drugs Act, 1955*

- Sale of long bun containing spent match—fined £5.
- Sale of yoghurt containing beetle—fined £25.
- Sale of milk containing mould—fined £25.
- Sale of orange crush containing mould—fined £5.
- Sale of mouldy bread rolls—fined £6.
- Sale of mouldy loaf—fined £7.
- Sale of sixteen loaves in mouldy condition—fined £10.
- Possession for sale of lard damaged by rodents—fined £5.
- Sale of mineral water containing flies—fined £5.
- Sale of pie and peas containing glass—fined £5.
- Sale of mouldy confectionery—fined £5.
- Sale of tin of luncheon meat unfit for consumption; warranty defence accepted—case dismissed.

Examples of other complaints investigated are as follows:

- Glass in imported canned pork.
- Dirt inside milk bottles.
- Wood in canned peas.
- Bone in sausage.
- The sale of mouse-eaten cheese.
- Milk smelling of turpentine.
- Sour rice pudding.
- String in loaf.
- Black and green discolouration of canned meats.
- Complaint of excess colouring in blackcurrant cordial having caused discolouration of child's urine.
- Mouldy cheese, black-pudding, bread, teacakes, apple turnovers, sausages, cream cake, fruit malt loaf, chocolate eclairs.
- Flies in vinegar.
- Broken plastic in teacakes.
- Insect in bread.
- Brush bristle in jelly babies.
- Tack in slice of bread.
- String in sausages.
- Animal hide in corned beef.
- Sale of canned foods in damaged cans.
- Sale of baby food after expiry date.
- Dirt in pork pie.
- Infestation of book lice in pumpkin seeds.
- Wasp in corn-on-the-cob.
- Sale of maggotty meat.
- Brown dough in white loaf.
- Hair on sweet.
- Moth in milk.

Table 62 continued

Sale of maggotty ham.
Fly in bacon sandwich.
Grease in bread.
Maggots in meat pie.
Margarine affected with mould.
Carbon deposits in bread.
Glass in lemon gateau.
Fly in loaf.
Sale of soft potato crisps.
Insect in beans.
Sale of bad eggs.
Cornish pasty containing a penny.
Parasitic worms in fish.
Stone in canned peaches.
Wood in jam.
Beetles in bread.
Dirt in potted meat.
Bristles in fruit salad confection.
Sale of dates affected by mould, fermentation and mite infestation.
Cigarette end and hair in lard.
Insect in meal served at restaurant.
Glass in cornish pasty (attributed to burglary).
Mite infestation of currants.
Fly larva in bottled milk.
Screw embedded in loaf.
Dirt in cream cake.
Sour condition of cottage cheese.
Fly in imported corned beef.
Maggot in tinned tomatoes.

Table 63 *Chemical Analysis of Milk, 1946—1968*

YEAR	FAT				SOLIDS NOT FAT						
	Under 3.0%		3.0% to 3.5%		Over 3.5%		8.5% and over				
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent			
1968	7	0.8	310	33.7	602	65.5	14	1.5	905	98.5	919
1967	36	3.0	381	31.6	784	65.4	72	6.1	1,119	93.9	1,191
1966	44	3.4	453	34.7	807	61.9	87	6.7	1,217	93.3	1,304
1965	34	3.4	304	30.1	672	66.5	14	1.4	996	98.6	1,010
1964	28	3.6	299	38.0	959	58.4	20	2.5	766	97.5	786
1963	65	4.8	573	40.9	733	54.3	46	3.4	1,305	96.6	1,351
1962	46	3.5	513	39.6	737	56.9	19	1.5	1,277	98.5	1,296
1961	49	4.3	326	28.9	752	66.8	41	3.6	1,086	96.4	1,127
1960	94	5.6	448	26.7	1,134	67.7	15	0.4	1,661	99.6	1,676
1959	27	2.0	276	23.0	895	75.0	12	1.0	1,186	99.0	1,198
1958	27	2.0	274	21.0	990	77.0	13	1.0	1,287	99.0	1,300
1957	71	6.0	338	28.6	772	65.3	28	2.3	1,153	97.6	1,181
1956	94	6.7	453	32.2	857	61.1	80	5.7	1,325	94.3	1,405
1955	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0	1,083
1954	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7	971
1953	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2	790
1952	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857
1951	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727
1950	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737
1949	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469
1948	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7	563
1947	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0	603
1946	11	1.9	221	38.8	337	59.3	111	19.5	458	80.5	569

Table 64 *Chemical Analysis of Ice Cream, 1968*

Under the provisions of the Food Standards (Ice Cream) Order, 1959 the minimum standards for ice cream are 5 per cent fat and 7½ per cent milk solids other than fat.

The following table shows the percentage of the ingredients found on analysis of 14 samples:

FAT							
Percentage							
Under 5.0	5.0— 6.9	7.0— 8.9	9.0— 10.9	11.0 12.9	13.0 and over		
—	6	8	—	—	—		

MILK SOLIDS OTHER THAN FAT							
Percentage							
Under 7.5	7.5— 8.4	8.5— 9.4	9.5— 10.4	10.5— 11.4	11.5— 12.4	12.5— 13.4	13.5 and over
—	—	—	1	4	—	5	4

Table 65 *Food and Drugs Samples Procured and Examined in 1968*

Nature of Sample	Number examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In- formal	Total	Formal	In- formal	Total
Milk	67	833	900	3	4	7
"Appeal to cow" milks	10	—	10	—	—	—
Meat pie	1	16	17	—	5	5
Cornish pastry	2	16	18	2	6	8
Beef sausage	—	28	28	—	16	16
Pork sausage	1	19	20	1	9	10
Sausage	—	3	3	—	3	3
Potted meat	1	4	5	1	2	3
Preserved plums	—	1	1	—	1	1
Cherry cough syrup	—	1	1	—	1	1
Ice Cream	3	11	14	—	—	—
Mango squash	1	1	2	—	1	1
Whisky	3	—	3	—	—	—
Rum	1	—	1	—	—	—
Gin	1	—	1	—	—	—
Brandy	1	—	1	—	—	—
Totals	92	933	1,025	7	48	55

In addition to the above, 303 (informal) samples of a wide variety of foods and drugs were taken. None were reported adulterated, etc.

The total of samples taken during the year was 1,328 compared with 1,559 in 1967.

Table 66 *Condemned Tin Goods, 1968*

	Tons	cwts.	qrs.	lbs.
Meat	3	14	2	19
Vegetables	2	19	—	16
Fruit	1	8	—	23
Milk and cream	—	4	3	25
Fish	—	2	—	19
Miscellaneous	—	12	—	19
Total	9	1	1	9

Table 67 *Various Condemned Foods, 1968*

	Tons	cwts.	qrs.	lbs.
Vegetables	25	9	3	20
Poultry	10	1	2	2
Ham	2	8	3	27
Fruit	1	4	3	18
Wet fish	—	17	2	4
Frozen foods	—	7	—	15
Cured fish	—	—	3	7
Rabbits, hares and game	—	—	—	3
Miscellaneous	1	17	2	25
Total	42	8	2	9

Table 68 *Meat Inspection, Carcasses Inspected and Condemned, 1968*

	Cattle	Calves	Sheep	Pigs
Number killed in public abattoir	22,588	1,637	78,889	41,171
Number killed in private slaughterhouses	345	17	1,170	293
Total number of animals killed	22,933	1,654	80,059	41,464
Number of animals killed outside the city and exposed for sale in public abattoir	206	5	1,751	520
Number inspected	23,139	1,659	81,810	41,984
All diseases except Tuberculosis and Cysticerci—				
Whole carcasses condemned	20	25	214	36
Carcasses of which some part or organ was condemned	6,115	23	4,573	2,951
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	26.51	2.89	5.85	7.11
Tuberculosis only—				
Whole carcasses condemned	—	—	—	1
Carcasses of which some part or organ was condemned	13	—	—	41
Percentage of number inspected affected with tuberculosis	0.05	—	—	0.10
Cysticercosis—				
Carcasses of which some part or organ was condemned	96	—	—	—
Carcasses submitted to treatment by refrigeration	95	—	—	—
Generalised and totally condemned	1	—	—	—

Table 69 *Meat Inspection. Whole Carcasses and Organs Condemned, 1968*

	Cattle	Calves	Sheep	Pigs
Anaemia	1	—	—	1
Bruising, generalised	—	—	2	—
Carcinoma, generalised	—	—	2	—
Cysticercus bovis	1	—	—	—
Emaciation, pathological	5	—	—	7
Enteritis, acute septic	—	3	—	—
Erysipelas, acute septic	—	—	—	2
Fevered	—	—	5	2
Immaturity	—	6	—	—
Jaundice	—	1	1	1
Johne's disease with emaciation	1	—	—	—
Leukaemia	1	—	—	—
Mastitis, acute septic	1	—	—	—
Metritis, acute septic	1	—	—	—
Melanosis, generalised	—	—	1	—
Moribund	—	—	1	3
Nephritis, acute septic with oedema	1	—	—	—
Oedema, generalised	—	—	5	2
Parasitic emaciation with oedema	—	—	175	—
Pericarditis, acute septic	1	—	—	—
Peritonitis, acute septic	—	—	—	1
Peritonitis, gangrenous	—	—	—	1
Pleurisy, acute septic	1	—	2	2
Poliarthrititis, septic	—	13	—	—
Pyaemia	2	1	17	11
Sarcoma, multiple	2	—	—	—
Septicaemia	3	—	2	3
Tuberculosis, generalised	—	—	—	1
Uraemia	—	1	1	—
Totals	21	25	214	37

Table 70 *Meat Inspection. Partial Carcasses and Organs Condemned, 1968*

	Partial Carcase	Lungs	Heart	Stomach	Intestines	Liver	Pluck	Head	Udder	
Inflammatory Conditions	Cattle	43	640	104	304	335	611	—	49	817
	Sheep	29	—	—	929	929	84	316	—	—
	Calves	—	—	—	—	—	—	17	—	—
	Pigs	18	—	—	887	887	—	1,679	199	—
Parasitic Conditions	Cattle	—	206	22	—	7	3,963	—	73	—
	Sheep	9	—	—	173	173	1,046	3,127	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	479	479	—	1,056	—	—
Tuberculosis	Cattle	—	9	9	2	2	—	—	4	—
	Sheep	—	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	35	35	—	24	19	—
Miscellaneous	Cattle	11	53	26	46	55	216	—	6	119
	Sheep	6	—	—	89	89	9	62	—	—
	Calves	—	—	—	—	—	—	6	—	—
	Pigs	14	—	—	81	81	—	291	33	—

Table 71 *Total Weight of Meat Condemned, 1968*

Home killed—							lbs.	
Beef:	whole carcasses	...	...	...	...	...	10,157
	part	..	..	..	..	..	1,245
Mutton:	whole carcasses	..	..	..	..	..	9,146
	part	..	..	..	..	..	663
Veal:	whole carcasses	...	...	...	...	...	1,355
	part	..	..	..	..	..	46
Pork:	whole carcasses	...	..	...	...	...	3,183
	part	..	..	..	..	..	974
Total							...	26,769
Imported Meat and Meat Products—								
Beef	...	...	...	...	...	...	385
Mutton and lamb	...	...	...	...	...	...	155
Liver	...	...	...	...	...	...	137
Kidney	...	...	...	...	...	...	148
Bacon and ham	...	..	...	...	...	...	61
Turkey	...	...	...	...	...	...	16
Chicken	...	...	...	...	...	...	32
Total							...	934
Weight of Offals Condemned—								
Beef	...	..	..	...	...	...	101,525
Mutton	...	...	...	...	...	...	57,057
Veal	...	...	...	...	...	...	543
Pork	...	...	...	...	...	...	51,758
Total							...	210,883

The total weight of meat condemned was 238,586 lbs.

