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Borough of



Brighouse

Annual Report

of the

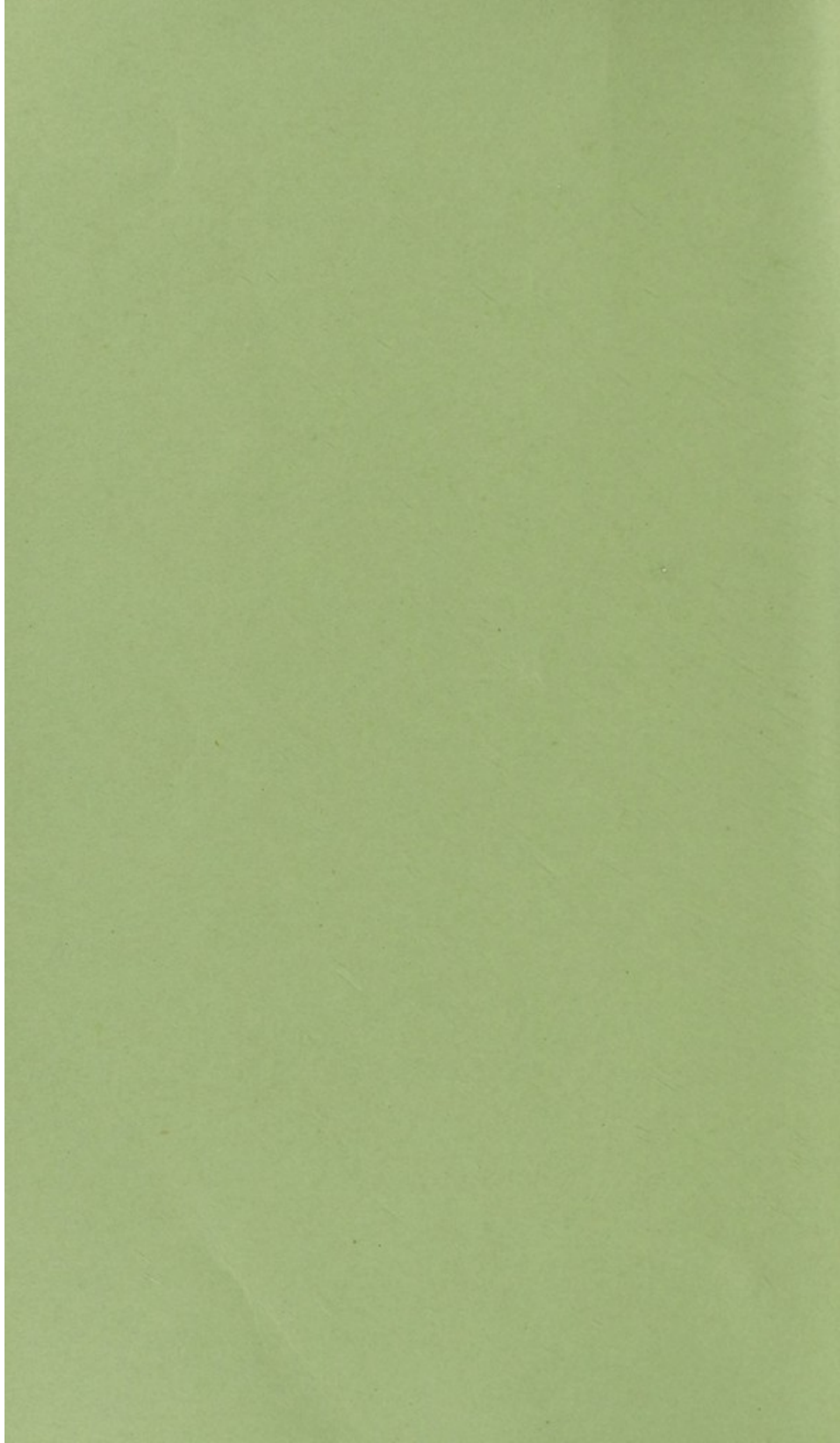
Public Health Services

of the Borough of Brighouse,

1949

FRANK APPLETON, M.B., Ch.B., D.P.H.,

Medical Officer of Health.



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FRANK APPLETON, M.B., Ch.B., D.P.H.,

Medical Officer of Health.

Borough of Brighouse

Health, Hospital and Welfare Committee

(As at December 31st, 1949)

His Worship the Mayor :

Alderman W. WHITELEY, J.P., C.C.

Chairman :

Councillor H. ARMITAGE, J.P.

Vice-Chairman :

Alderman TATTERSALL.

Alderman HINCHLIFFE.

„ ROBERTS.

Councillor BROADBENT.

„ COBB.

„ GREEN.

Councillor KENDALL.

„ MABBOTT.

„ REDFEARN.

„ STEBBINGS.

„ WINTER.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

His Worship the Mayor (Alderman W. Whiteley, J.P., C.C.)

Councillor H. ARMITAGE, J.P. (Chairman).

Alderman TATTERSALL (Vice-Chairman).

Councillor BROADBENT.

„ COBB.

„ KENDALL.

Mrs. J. A. BROOK.

Mrs. J. G. BROWN.

„ M. PICKARD.

„ E. I. WHITLEY.

„ G. H. HALL.

Health Department

PUBLIC HEALTH OFFICERS.

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer, Division 18, West Riding County Council ; Medical Superintendent, Clifton Ante-Natal Hostel ; Medical Officer, Holywell House.

Deputy Medical Officer of Health and Deputy Divisional Medical Officer :

G. W. KNIGHT, M.B., Ch.B., D.P.H. (Terminated services 31st March, 1949).

Mrs. A. MARSHALL, M.B., Ch.B. (Appointed 1st July, 1949).

Assistant County Medical Officer for Division 18, West Riding County Council :

Mrs. A. SEELIG, M.D. (Strasbourg).

Orthopædic Surgeon :

**H. L. CROCKATT, M.B., Ch.B.

Ophthalmic Surgeons :

**R. W. GREATOREX, M.B., Ch.B.

**P. M. WOOD, M.B., Ch.B., D.O.M.S., F.R.C.P.

Dental Officer :

A. N. S. STANNARD, L.D.S. (Terminated 15th October, 1949).

J. TODD, L.D.S. (Appointed 17th October, 1949).

Chief Sanitary Inspector and Cleansing Superintendent :

C. R. MOSS, M.B.E., F.Inst.P.C., F.S.I.A.

Ollett Gold Medallist—Sanitary Inspectors' Association.
Assoc. Mem. Inst. San. Engineers.
Cert. Royal Sanitary Institute.
Cert. Inspector of Meat and Foods.
Testamur Institute of Public Cleansing.

Second Sanitary Inspector :

J. F. ASPINALL, M.S.I.A., A.M.Inst.P.C.

Cert. R.S.I. and S.I.J.E.B.

Cert. Inspector of Meat and Foods.

Diploma Institute of Hygiene.

Testamur Institute of Public Cleansing.

Third Sanitary Inspector :

D. BROOK, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.
Cert. Inspector of Meat and Foods.

Fourth Sanitary Inspector :

N. M. MORRIS, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.
Diploma Institute of Hygiene.

Senior Health Visitor :

Miss E. CHARLESWORTH, S.R.N., S.C.M. (Retired 30th
June, 1949).

Acting Senior Health Visitor :

Miss M. LATIMER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.

Health Visitors :

Miss K. MITCHELL, S.R.N., S.C.M., S.R.F.N.
Health Visitor's Certificate.
Miss M. C. CHRISTIE, S.R.N., S.C.M.
Health Visitor's Certificate.
(Appointed 4th April, 1949).

School Nurses :

Miss A. D. ANDERSON, S.R.N., S.C.M.
Mrs. A. E. KNIGHT, S.R.N., S.R.F.N.

Assistant Health Visitors :

*Mrs. M. H. BELOW, S.R.N.
Mrs. I. HEPWORTH, S.R.N., S.C.M., S.R.F.N. (Appointed
18th July, 1949).
*Mrs. J. P. PICKARD, S.R.N., S.C.M. (Appointed 28th
November, 1949).
*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.

Midwives :

Miss F. E. ALLEN, S.C.M.
Miss E. V. CROSSLEY, S.R.N., S.C.M.
Mrs. N. FOSSARD, S.R.N., S.C.M., S.R.F.N.
Miss M. E. THOMPSON, S.R.N., S.C.M.

Home Nurses :

Miss O. SALISBURY, S.R.N.
Miss P. SHOYER, S.R.N.
Mrs. F. SYKES, S.R.N.
Miss A. WHITELEY, S.R.N., S.C.M.

Matron, Clifton Ante-Natal Hostel :

Miss A. PACEY, S.R.N., S.C.M.

Physiotherapist :

Miss K. J. PALMER, M.C.S.P.

Mental Health Social Worker :

Miss S. PENNINGTON.

Staff at Day Nurseries :

Miss M. CARROLL, Certificated Teacher.

Wellholme Park.

Miss M. E. SHEFFIELD, S.R.F.N., Matron.

Mrs. D. S. FREEMAN, S.R.N., Deputy Matron.

Miss J. TORDOFF, S.R.N., S.R.F.N.

Mrs. E. BOOTH, C.N.N.

Miss P. HESELTON, C.N.N.

Miss C. BLAGBOROUGH, C.N.N.

Miss J. WOOD, C.N.N.

Ogden Lane Nursery.

Miss V. M. CLARKE, S.R.N., Matron.

Miss D. BAILEY, C.N.N., Deputy Matron.

Miss H. HESELTON, S.C.M., M.T.S.

Mrs. I. ACHESON, S.R.N.

Mrs. J. LAWTON, C.N.N.

Miss J. OATES, C.N.N.

Senior Clerk :

G. O. RICHARDSON.

Clerks :

Miss M. STIRK.

Miss D. THORNTON.

Miss S. WALTON.

J. R. C. WELLS.

Miss C. WOOD.

School Health Service:

Miss M. SESSIONS.

Miss M. TAYLOR.

Cleansing and Sanitary Section :

B. COCKING.

A. E. HOLDSWORTH.

Miss J. HORNER.

Divisional Depot Superintendent, County Ambulance Service :

W. ANDERSON.

Ambulance Driver-Attendants :

S. A. ROBINSON.

A. O'MALLEY.

J. MCKENZIE.

J. T. PENDLEBURY.

J. STEAD.

F. A. GARLING.

L. PEAKER.

W. CRICKETT.

G. LEE.

* Part time.

** Part time by arrangement with the Regional Hospital Board.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF BRIGHOUSE.

Mr. Mayor, Madam and Gentlemen,

I have the honour to present the Annual Report on the work of your Public Health Department for 1949.

The year 1949 was the first full year that the National Health Service Act had been operating. The Act split the Health Services of the Country into three separate groups; the Hospital Service under the Regional Hospital Board, with local administration by Hospital Management Committees, the General Practitioner Service administered by the Executive Councils, and the Local Health Authority Services administered by the Local Health Authorities, which are the Councils of the Counties and County Boroughs. In this way the Brighouse Borough Council lost control of its Maternity and Child Welfare Services from the middle of 1948. The County Council, however, acted on the advice of the County Medical Officer and appointed Divisional Medical Officers to be responsible for the day to day administration of the Local Health Authority Services in a Divisional area. This Divisional area is composed of Brighouse, Elland and Queensbury.

The Councils of the Elland Urban District and the Queensbury Urban District were not previously responsible for the personal health services and consequently the new framework gave further opportunities for local interest. In Brighouse, however, the loss of these services was a serious blow to the Borough Council, who had always taken a very great interest in this side of the work of their Public Health Department. It was decided to retain the Maternity and Child Welfare Committee so that they could advise the Medical Officer, who could pass on their views to the County Council, and it was hoped that at some future date a Divisional Committee might be set up with certain powers. Meanwhile, the Maternity and Child Welfare Committee has continued to give great help to the Department.

It is possible now to assess the advantages and disadvantages resulting from Divisional Administration. The advantages are those of the large Authority, with its greater resources, its opportunity for consultation and discussion (admirably provided by monthly meetings of the Divisional Medical Officers with the County Medical Officer), and uniformity of administration. It has been the intention of the County Council that such uniformity should not result in a scaling down of the services better equipped, but a raising up of the less efficient. With County Administration it is also possible to utilise the services of specialists to serve more than one Division, as in Speech Therapy, Physiotherapy and Orthopædics. The disadvantages are, of course, that uniformity is impossible in a large County like the West Riding with districts of such different natures, and that with a large Authority when every-

thing eventually has to go through one central office, there are inevitable delays and frustrations. These disadvantages are, of course, minimised by a scheme of Divisional Administration.

The placing of the curative services of medicine into two different administrative frameworks, with the preventive side in still a different one, has made for difficulties. It has been said that the Medical Officer of Health is very much a liaison officer, coming into contact as he does with the other two branches of administration, and we have been helped in this respect by the co-operation of all concerned. It is our duty, and has been our intention, to try to work within the existing framework and to try to interpret the spirit as well as the letter of our statutory duties.

The vital statistics indicate that 1949 was a good year for the public health of Brighouse. The Birth Rate of 16.42 was slightly lower than last year but again remains higher than the rates of the years between 1921 and 1942, after which the post war rise began. The Death Rate of 14.08 compares favourably with the average Death Rate of the Borough during the last ten years (14.78). This year we have again been provided with a comparability factor so that our Death Rate can be put into line with that of the Country as a whole, and this gives us an adjusted Death Rate of 13.09 per thousand of the population.

The Infantile Mortality Rate was the lowest in the history of this Borough and the causes of the infant deaths are analysed in the body of the Report. The low Infant Death Rate is a matter of considerable satisfaction in this Department and is an indication of the success which has been attained in the preservation of infant life.

The principal infectious diseases were Measles and Chicken Pox. The incidence of Whooping Cough was less than half that of 1948. The only case of Diphtheria occurred in an unimmunised adult and so we had evidence again of the success of the immunisation campaign.

The Clifton Ante-Natal Hostel continued to play a useful part in the health services of the County Council. We are sorry that the Ministry of Health have not yet agreed to the provision at this Hostel of nursery accommodation. Although it is the first full year the Hostel has been in operation I am sure that it is an important addition to the preventive medical services. If only a nursery were provided many mothers who are unable to make satisfactory arrangements for their children could be accommodated and the Hostel would have a wider use. As in so many preventive services it is difficult to estimate accurately the value of this Hostel, but we have sufficient evidence to know that it does perform a most useful service to the community.

During the year we commenced a relaxation clinic for the instruction of mothers in the technique of painless childbirth. Our

relaxation clinic has only been in operation a short time but already we have received many tributes from the mothers who have attended and I feel sure that this too is an important new addition to our existing services.

It was a matter of considerable disappointment to us that Holme House Nursery was not ready for occupation during 1949. The waiting list continued to grow and the existing nursery accommodation was completely insufficient for our needs. Although we are not in favour as a matter of general policy for mothers to leave their children in a nursery and themselves go out to work, and particularly in respect of very young children, there is no doubt that there are many children, and especially those who are inadequately housed, for whom nursery accommodation is desirable. The increasing cost of living has increased the number of applications. There is also no doubt of the benefit in social training that children receive from a period in a Day Nursery. It is considered that there is a good case for the provision of a fourth Nursery in the Brighthouse Borough area.

Particulars are given of the Council's housing progress. I should like to reiterate how important I regard the provision of adequate homes and to say once again that in my opinion the proper housing of the people is the most important individual public health measure. There is a good case to be made for the provision of homes before hospital beds, but the shortage of sanatorium beds continues to be a very serious one.

This year there is an increase in the number of cases of Tuberculosis notified in the Borough. Some of this increase is probably due to the Mass Radiography survey which was carried out during the year and which we hope will have allowed those persons suffering from Tuberculosis to receive treatment earlier than they otherwise would have done. I should like to acknowledge with gratitude the policy of the Housing Committee in allowing us medical priority for the re-housing of Tuberculous persons, thus diminishing the risk of their infecting other members of the household.

The squatters' camps at Law Lane and Fort Shibden were patched up in 1948, but many of the huts were beyond repair, and time and the elements have continued to play their part in making these huts still more uninhabitable. The problem of re-housing the tenants, many of whom came from outside the Borough and some of whom were not altogether suitable for Council houses, has been one that has caused considerable anxiety to the Council's Housing Committee. In order to deal with the problem, a retrograde step was taken by requisitioning houses which were unfit and using these, after certain repairs, to re-house the remaining squatters. It is true that we in this Department welcome the removal of the camps from the district and that we cannot deny that bad as these houses were they are at least not so dangerous as the huts in which the squatters

previously lived. The problem of the squatters is at last near elimination, but the problem of the unfit house remains. The fixing of rents, many of which are at very low levels, and the prohibitive cost of repairs, has meant further deterioration in the sub-standard houses in this district, but until more houses have been built and the present overcrowding has been reduced we shall not be able to see the housing standards in this district which are desirable.

It will be seen from the Chief Sanitary Inspector's Report that once again many visits were made to food preparation premises and food shops in the Borough. I am glad to report that there has been no serious outbreak of food poisoning in this town and improvements were made to many of the premises with the willing co-operation of the traders concerned. The importance of personal hygiene remains, however, paramount. However good the premises, it is the human element which is of the greatest importance.

Reference is made in the body of the Report to the work we are doing in smoke abatement. Instruments for the measurement of the smoke nuisance have been installed and will serve as a useful reminder of the smoke pollution of this district. The toll in respiratory diseases and ill-health from the wasteful use of coal, which is said to be one of our greatest national assets, cannot be over-estimated. It is difficult to see how the domestic smoke nuisance can be eliminated until the density of the houses in the thickly populated part of the town is reduced by the removal of the sub-standard ones. A great deal more could be done, however, by the use of smokeless fuel and by the provision of coke burning grates. It may not be too much to hope that at some perhaps distant date we shall be able to persuade the Englishman to relinquish his coal fire in favour of district heating. At present, however, there is no sign of a change in the attitude of the British public in this respect.

In conclusion I should like to thank you, Mr. Mayor, Mr. Chairman, Madam and Gentlemen, for your continued support during the year. I should also like to thank the Town Clerk and the Chief Officials of the Corporation for the help which has been given on many occasions to this Department. The work of the Department has increased materially throughout the year and this has thrown a greater burden on the staff, a burden which has been willingly shouldered. The change in the routine imposed by the system of Divisional Administration has necessitated many adjustments and the staff have once again demonstrated that flexibility which is perhaps the prime essential of public health administration. I should like to record once again how much I appreciate their willing help and loyal co-operation.

I have the honour to be, Mr. Mayor, Madam and Gentlemen,
Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

December, 1950.

Annual Report of the Medical Officer of Health for the Year 1949

STATISTICS, SOCIAL AND CLIMATIC CONDITIONS OF THE AREA.

AREA (in Acres)	7.875
POPULATION : Census, 1931, 30,404. 1949 (est.)	30,760
AVERAGE NUMBER OF PERSONS PER ACRE	3.9
NUMBER OF INHABITED HOUSES	10,698
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.35
AVERAGE NUMBER OF PERSONS PER HOUSE	2.8
RATEABLE VALUE	£164,492
PRODUCT OF A PENNY RATE	£656

The number of persons registered at the Brighthouse Employment Exchange on the 31st December, 1949, was only four, all males, one of whom was a registered disabled person. During the year there was very little unemployment in the district, and Brighthouse has been classed as one of the demand areas. It is possible that more workers could be imported if there were houses or lodgings available.

I am indebted for this information to Mr. Bennett, the Manager of the local Employment Exchange.

Climatic Conditions.

The Winter of 1949/50 was mild and followed a good Summer, when even in this district where there is a large amount of atmospheric pollution, the sun came through.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—	M.	F.	Totals
Legitimate	238	249	487
Illegitimate	12	6	18
Total	250	255	505

Live Birth Rate : 16.42 per 1,000 of estimated resident population.

Still Births—	M.	F.	Totals
Legitimate	4	4	8
Illegitimate	1	—	1
Total	5	4	9

Still Birth Rate per 1,000 total (live and still) births : 17.51.

Deaths—	M.	F.	Totals
	213	220	433

Crude Death Rate : 14.08 per 1,000 of estimated resident population.

Adjusted Death Rate : 13.09 " " " "

Deaths from Maternal Causes—	Deaths	Rate per 1,000 total (live & still) Births
Puerperal Sepsis	—	—
Other Maternal Causes	—	—
Total	—	—

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	23.76
Legitimate Infants per 1,000 legitimate live births	22.59
Illegitimate Infants per 1,000 illegitimate live births	55.55

Deaths from Diseases of the Heart and Circulation (all ages) 167

Deaths from Cancer (all ages) 65

Deaths from Measles (all ages) —

Deaths from Whooping Cough (all ages) —

Deaths from Diarrhœa (under 2 years of age) —

TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1949 for England and Wales, London, 126 Great Towns, 148 Smaller Towns and Brighouse.

(Provisional Figures based on weekly and quarterly Returns).

	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Resident Popu'tions 25,000 to 50,000 at 1931 Census)	London Adminis- trative County	Brighouse
Births—					
Rates per 1,000 Population					
Live	16.7	18.7	18.0	18.5	16.42
Still	0.39	0.47	0.40	0.37	0.29
Deaths—					
All Causes	11.7	12.5	11.6	12.2	14.08
Typhoid and Para- typhoid	0.00	0.00	0.00	0.00	0.00
Whooping Cough ...	0.01	0.02	0.01	0.01	0.00
Tuberculosis	0.45	0.52	0.42	0.52	0.55
Influenza	0.15	0.15	0.14	0.11	0.42
Smallpox	0.00	0.00	0.00	0.00	0.00
Acute Poliomyelitis and Polioencephalitis	0.01	0.02	0.02	0.01	0.00
Pneumonia	0.51	0.56	0.49	0.59	0.23
Notifications—					
Typhoid Fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever ...	0.01	0.02	0.01	0.01	0.00
Cerebro-Spinal Fever	0.02	0.03	0.02	0.02	0.00
Scarlet Fever	1.63	1.72	1.83	1.46	1.20
Whooping Cough ...	2.39	2.44	2.39	1.70	1.49
Diphtheria	0.04	0.05	0.04	0.07	0.03
Erysipelas	0.19	0.20	0.19	0.17	0.13
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	16.90
Pneumonia	0.80	0.91	0.65	0.55	1.33
Acute Poliomyelitis...	0.13	0.13	0.12	0.18	0.09
Acute Polioencephalitis	0.01	0.01	0.02	0.01	0.00
Food Poisoning	0.14	0.16	0.14	0.19	0.00
Deaths—					
Rates per 1,000 Live Births					
All causes under 1 year of age	32	37	30	29	23.76
Enteritis and Diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	0.00

	Rates per 1,000 Total Births (i.e. Live and Still)				
Maternal Mortality—					
Abortion with Sepsis	0.11				0.00
Abortion without Sepsis	0.05		Not available		0.00
Puerperal Infections	0.11				0.00
Other maternal causes	0.71				0.00
Notifications—					
Puerperal Fever and Pyrexia	6.31	8.14	5.30	6.82	1.94

TABLE 2.
CAUSES OF DEATH OF BRIGHOUSE RESIDENTS IN 1949.

Causes of Death.	1949. All Ages.		Total.
	M.	F.	
1. Typhoid and Paratyphoid Fevers ...	—	—	—
2. Cerebro-Spinal Fever	—	—	—
3. Scarlet Fever	—	—	—
4. Whooping Cough	—	—	—
5. Diphtheria	—	—	—
6. Tuberculosis of Respiratory System ...	12	3	15
7. Tuberculosis—other forms	1	1	2
8. Syphilitic Diseases	1	—	1
9. Influenza	3	10	13
10. Measles	—	—	—
11. Ac. polio-myel and Polio-enceph. ...	—	—	—
12. Ac. Inf. Enceph.	—	—	—
13. Cancer of buc: cav: and œsoph: (M) uterus (F)	2	3	5
14. Cancer of stomach and duodenum ...	4	9	13
15. Cancer of breast	—	8	8
16. Cancer of all other sites	20	19	39
17. Diabetes	—	—	—
18. Intra-Cran. Vasc. Lesions	28	29	57
19. Heart Disease	67	75	142
20. Other Diseases of Circ. System ...	16	9	25
21. Bronchitis	15	15	30
22. Pneumonia	6	1	7
23. Other Resp. Diseases	3	3	6
24. Ulcer of Stomach or Duodenum ...	4	—	4
25. Diarrhœa, under 2 years	—	—	—
26. Appendicitis	—	1	1
27. Other Digestive Diseases	3	6	9
28. Nephritis	4	4	8
29. Puerperal and Post-Abort. Sepsis ...	—	—	—
30. Other Maternal Causes	—	—	—
31. Premature Birth	5	1	6
32. Congenital Malformation: birth inj. infant dis.	2	2	4
33. Suicide	1	2	3
34. Road Traffic Accidents	1	1	2
35. Other Violent Causes	5	3	8
36. All other causes	10	15	25
Totals	213	220	433

VITAL STATISTICS.

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,760, compared with the mid-year estimate of 30,810 for 1948. He considers, therefore, that the population has decreased by 50.

Birth Rate.

The birth rate for the year is 16.42 per 1,000 of the population. This is 0.13 below the rate for the previous year, 0.28 below the rate for England and Wales, 1.58 below the rate for the 148 Small Towns and 0.78 below the rate for the West Riding Administrative County.

There were 18 illegitimate births, representing 3.56 per cent. of the total live births and an illegitimate birth rate of 0.58 per 1,000 of the estimated population.

During the year there were 9 stillbirths, one of which was illegitimate. This gives a stillbirth rate of 17.51 per 1,000 (live and still) births as compared with 24 for the Administrative County of the West Riding of Yorkshire and 26.72 for this town last year. This is 0.29 per thousand of the population, this latter figure being 0.10 below the rate based on the population for England and Wales.

Death Rate.

The Death Rate for the Borough is 14.08 per 1,000 of the population. This is slightly lower than the rate for last year (14.18). To compare the death rate with any degree of accuracy with that of the Country as a whole it is necessary to adjust the crude death rate by multiplying it by the area comparability factor. Every district varies as to the distribution of population among the sexes and in age ranges. The area comparability factor is an attempt to standardize our sex and age range with that of the Country as a whole. Our area comparability factor is 0.93, which means that with our present sex and age range the crude death rate has to be adjusted downwards to bring it into line with the Country as a whole and our corrected death rate is 13.1, which is above the rate for England and Wales (11.7) and above that for the West Riding Administrative County (12.1).

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—167 (compared with 170 in 1948).
2. Cancer—65 (compared with 63 in 1948).
3. Intra-Cran. Vasc. Lesions—57 (compared with 58 in 1948).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—56 (compared with 43 in 1948).

Infant Deaths.

12 children under one year of age died during the year. One of these children was illegitimate. As there were only 18 illegitimate births this gives us an illegitimate infantile death rate of 55.55. It will be realised that this figure is of little significance for comparison purposes as the number of deaths is so small.

The Infantile Mortality Rate, or the Death Rate of Infants under one year of age per 1,000 live births, is 23.76. This is the lowest figure ever recorded in this Borough and can be considered with some satisfaction when it is compared with the rate for the Country as a whole (32) and that for the Administrative County of the West Riding (38), although we are not dealing with large numbers and an additional death can make a considerable difference. I believe that this low infantile death rate is attributable to some extent to the painstaking work of this Department and particularly to the conscientious service of the Health Visitors and Midwives. A low infantile mortality rate can be regarded with more satisfaction when it is combined, as it is this year, with a low stillbirth rate.

Particulars of the deaths of children under one year of age are appended below. Last year's figures are given in brackets :—

- 6 (7) under 24 hours (5 males, 1 female).
- 1 (2) between one day and seven days (male).
- 1 (3) between one week and one month (female).
- 1 (4) between one month and three months (male).
- 2 (4) between three months and nine months (2 males).
- 1 (—) between nine months and twelve months (male).

Five of the children who died within 24 hours were born prematurely, all of them being born in hospital and under hospital supervision from the time of birth. One of these premature births occurred in a twin pregnancy and another was the second premature child. It is hoped that we shall be able to arrange for this woman to be admitted to Clifton Ante-Natal Hostel during the latter months of pregnancy if she should become pregnant again. In the remaining three cases no cause was found for the prematurity. The remaining child which died within 24 hours was one which had birth injuries.

A new Table has been inserted giving particulars of all the infant deaths tabulated as to cause and time of survival and according to the time of the year in which the child died.

TABLE 3.
CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE
BOROUGH, 1949.

Cause of Death,	1 day and under,														
	1 day and under,	2-7 days,	8-14 days,	15-21 days,	22-28 days,	In first month,	2-3 months,	4-6 months,	7-9 months,	10-12 months,	In first year,	1st Quarter,	2nd Quarter,	3rd Quarter,	4th Quarter,
Premature Birth ...	5	1	—	—	—	—	—	—	—	—	6	—	1	2	3
Broncho Pneumonia ...	—	—	—	—	—	—	1	1	1	—	3	2	1	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—
Birth Injuries ...	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—
Atelectasis ...	—	—	—	—	—	1	—	—	—	—	1	—	1	—	—
Totals ...	6	1	—	—	—	1	1	1	1	1	12	3	4	2	3

Premature Births.

There were 42 children born prematurely during the year. Five of these were born at home and all these survived, the smallest of them being 3lbs. 8 ozs. in weight. Of the 37 children born in hospital 32 are still surviving, the smallest baby weighing 2lbs. 9ozs. To make a true comparison, however, only one of the 27 children over 3lbs. 8ozs. (the lowest birth weight that occurred at home) failed to survive. It will be remembered that last year too, none of the babies born at home prematurely died, and with the present facilities we are able to offer it does appear that the survival rate at home is at least as good as that in hospital. The Sorrento cot for the care of premature babies, which is based at the Ambulance Depot, was called out on four occasions during the year.

A Table is appended giving details of the premature births.

TABLE 4.
TABLE SHOWING BIRTH WEIGHTS OF PREMATURE
INFANTS.

Domiciliary Confinements.

Birth Weight, lbs. ozs.	No. of Infants.	No. of Infants who survived		
		24 hours,	2-7 days,	1 month,
3 8	1	1	1	1
4 2	1	1	1	1
4 4	1	1	1	1
5 8	2	2	2	2
Totals ...	5	5	5	5

Institutional Confinements.

Birth Weight, lbs. ozs.		No. of Infants.	No. of Infants who survived		
			24 hours.	2—7 days.	1 month.
2	9	1	1	—	—
2	12	1	1	1	1
2	14	2	—	—	—
3	1	1	—	—	—
3	7	1	1	1	1
3	9	1	—	—	—
3	10	2	2	2	2
3	14	2	2	2	2
4	—	1	1	1	1
4	3	1	1	1	1
4	6	1	1	1	1
4	8	1	1	1	1
4	9	1	1	1	1
4	10	2	2	2	2
5	—	3	3	3	3
5	1	2	2	2	2
5	3	1	1	1	1
5	4	3	3	3	3
5	5	1	1	1	1
5	6	2	2	2	2
5	7	3	3	3	3
5	8	4	4	4	4
Totals ...		37	33	32	32

Maternal Deaths.

There were no maternal deaths in this Borough during 1949. Unfortunately, however, a woman who was actually in labour, but died before the baby was born, was involved in a regrettable accident. A strong gale crashed a chimney through the roof of the house and the patient was subsequently extracted unconscious and died on the way to hospital. As the baby was not born this is not credited as a maternal death and was, of course, not in any way due to maternal causes.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Dr. G. W. Knight resigned his appointment as Deputy Medical Officer of Health on the 31st March, 1949, and Dr. A. Marshall was appointed as Deputy Medical Officer from the 1st July, 1949.

Laboratory Facilities.

The Public Health Laboratory, Wakefield, continues to receive clinical material and water samples for bacteriological examination, while chemical analysis is carried out by Messrs. F. W. Richardson and A. Jaffe, Bradford, the County Analysts.

Divisional Ambulance Service.

I append below particulars of the cases transported during the year. These figures are given monthly and it is possible to compare them with those for the same months last year, which are given in brackets after this year's figures. The figures are, however, composite ones for the whole Division as they have been kept on a Divisional basis since the service became the responsibility of the County Council, and they do not specify which cases are from Brighouse and which from the rest of the Division. It will be remembered that the Divisional area includes Brighouse, Elland, Queensbury, Shelf and Mirfield. For comparison purposes we are, therefore, only able to show comparisons as from July, 1948, when the service became the responsibility of the County Council, but it will be seen by a comparison of the figures that the amount of work carried out by the Ambulance Service during the last six months of 1949 was almost double that during the last six months of 1948. The steadily increasing use made of the Ambulance Service since the National Health Service Act came into force is indicative of the increasing use made of the hospitals by the public.

The Divisional Ambulance Service is, of course, also now responsible for the transport of infectious diseases cases, this work being carried out previously by the ambulance which was situated at the Isolation Hospital, and which is now used for the transport of waste paper.

TABLE 5.
COUNTY AMBULANCE SERVICE. DIVISION 18.
Return of patients carried for the year 1949.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Accident ...	17	7	12	11	12	11	10 (15)	8 (20)	5 (18)	11 (20)	24 (15)	12 (12)	140
Urgent ...	53	75	97	136	107	96	90 (37)	85 (35)	82 (39)	62 (84)	55 (53)	59 (59)	997
Maternity ...	30	18	36	37	31	26	26 (21)	29 (20)	28 (24)	37 (38)	35 (20)	29 (29)	362
Infectious ...	11	9	22	14	29	13	32 (3)	12 (3)	12 (2)	7 (12)	18 (7)	17 (15)	196
Mental ...	1	5	10	6	7	6	9 (3)	4 (6)	3 (—)	6 (2)	7 (4)	4 (5)	68
Out-Patients	481	321	455	490	514	463	497 (281)	562 (313)	594 (257)	586 (397)	597 (406)	464 (424)	6024
Males ...	265	219	283	257	317	291	275 (149)	321 (163)	362 (130)	335 (244)	400 (236)	320 (243)	3645
Females ...	405	379	429	454	390	396	468 (197)	424 (247)	412 (166)	477 (337)	398 (292)	340 (295)	4972
Children ...	68	52	53	49	61	49	65 (29)	47 (60)	67 (44)	62 (71)	78 (49)	40 (74)	691
No. of Patients	670	598	712	711	707	687	743 (346)	745 (410)	774 (296)	812 (581)	798 (528)	660 (538)	8617
Stretcher Cases	160	154	195	187	174	154	144 (87)	135 (116)	113 (86)	149 (187)	162 (135)	147 (138)	1874
Sitting Cases	510	444	517	524	533	533	599 (259)	610 (294)	661 (210)	663 (394)	636 (393)	513 (400)	6743
Journeys ...	274	269	337	306	374	362	398 (63)	332 (84)	462 (62)	455 (298)	329 (245)	289 (253)	4187
Miles ...	6957	5908	8136	8713	7636	7934	8397 (3945)	8355 (4760)	8242 (3831)	8693 (7203)	8669 (5729)	6806 (5902)	94446

Nursing in the Home.

1949 was the first full year in which the Home Nursing Service was the responsibility of the County Council and in which it was possible to co-ordinate the work of this service with that of the Health Visitors and Midwives. The Home Nursing Service has provided a useful link with the general practitioners and the hospitals and the work of the Home Nurses is often reinforced by the Home Help Service and has resulted in a saving of hospital beds. When the cost of the service is compared with that of the hospital services it will be appreciated that not only is it a service which brings incalculable comfort to the patient but one in which a very real contribution is made to the Country's economy.

There were four Home Nurses in the Brighouse area and they were responsible for 7,342 visits during the year. There were 372 new cases attended during 1949.

A course of five lectures was arranged in the Spring of the year for Home Nurses in this Divisional area along with the Nurses in the neighbouring Divisional areas. The course was arranged by Dr. Ward at Huddersfield.

The following is a list of the subjects and lecturers :—

Subject.	Lecturer.
Modern District Technique from the practical angle.	Miss E. M. Greenwood, County Superintendent, Home Nursing Service.
Recent Advances in Medical Treatment.	Dr. A. Murray Affleck, Physician, Huddersfield Royal Infirmary.
Some Notes on the duties of Home Nurses.	Miss G. Jones, Assistant County Superintendent, Home Nursing Service.
Some Gynæcological conditions met with in Home Nursing.	Mr. E. Gledhill, Obstetrician and Gynæcologist to the Huddersfield Group of Hospitals.
The Home Nurse and the National Health Service Act.	Dr. F. Appleton, Divisional Medical Officer, Division 18.

Domestic Help Service.

During the year, Home Helps were provided in 48 maternity cases and 60 domestic cases, with an average attendance of 10 days per case for the maternity cases and 22 days per case for the domestic cases. 44 of the maternity cases were attended during the mother's confinement and puerperium, 1 case ante-natally and 3

cases post-natally. Home Helps were provided in the 60 domestic cases because of the temporary incapacity of the mother, or in cases where, on account of old age, the housewife was unable to perform her ordinary domestic duties.

It will be seen that from 10 domestic cases in 1948 60 domestic cases were attended during 1949, so that we sent Home Helps to six times as many domestic cases as in the previous year. At the same time the number of maternity cases attended showed an increase.

The recruitment of suitable women to be Home Helps proved very difficult as the competition for the service of women in this textile area is very high and the demand for Home Helps slightly exceeded the supply. This made the service particularly difficult to administer as it was necessary to consider every case on its merits and when there were insufficient Home Helps to meet the demand to try and allocate them on a system of priorities. A great deal of help was given in this direction by the general practitioners, whose advice was sought when there was particular difficulty in meeting the demand.

Another difficulty which was encountered was a misunderstanding on the part of the public as to the duties of a Home Help. The Home Help's duties are to deputise for the housewife where she is temporarily or permanently incapacitated and to carry out the ordinary domestic duties in the home, including the care of the family, but they do not include the duties of a sitter-in to sit at the bedside of a sick person while other members of the family are occupied at school and work. There is a great scope for voluntary work in this capacity and in this district we have found that many of the neighbours already perform this duty. The last thing we would wish to do is to inhibit in any way the spirit of good neighbourliness which undoubtedly exists. It is appreciated, however, that it is too much to expect of a neighbour that she can for long periods undertake the domestic duties for another household in addition to her own.

The Home Help service is an expensive one, and is becoming increasingly used, but the expense in providing Home Helps for old people is small as compared with the cost of maintaining them in hospitals and other institutions. Many old people are extremely unhappy at the thought of entering a hospital or any other institution and leaving the home they have occupied for so long, and which indeed they regard as part of themselves. I am quite sure that in terms of human comfort and happiness the Home Help service is one of the most important services we carry out, and it is anticipated that the demands on this service will continue to grow.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended opposite.

TABLE 6. CLINICS AND RECREATION CENTRES.

Name.	Situation.	When Open.
Child Welfare Clinic	Huddersfield Road	Wednesdays, 2-4 p.m. Thursdays, 2-4 p.m.
do.	Wesleyan School, Hipperholme	Mondays, 2-4 p.m.
do.	St. Annes-in-the-Grove, Southowram	Thursdays, 3-4 p.m.
Combined Ante-Natal and Post-Natal Clinics	Huddersfield Road	Tuesdays, 2-4 p.m.
do.	Wesleyan School, Hipperholme	Fridays, 10 a.m. - 12 noon.
do.	St. Annes-in-the-Grove, Southowram	Thursdays, 2-3 p.m.
Artificial Sunlight Clinic	Brook House, Atlas Mill Road	Mondays, 2.45 p.m. Thursdays, 10.45 a.m.
		School Children, Mondays, 2 p.m. Thursdays, 10 a.m.
do.	Wesleyan School, Hipperholme	Mondays, 10-11 a.m. Fridays, 2-4 p.m.
do.	St. Annes-in-the-Grove, Southowram	Mondays and Thursdays, 9.30 a.m.
*Diphtheria and Whooping Cough	Huddersfield Road	Fridays, 11 a.m.
Immunisation Clinic	Huddersfield Road	Fridays, 11 a.m.
Vaccination Clinic	Wesleyan School, Hipperholme	By appointment.
do.	St. Annes-in-the-Grove, Southowram	By appointment.
Minor Ailments Clinic	Brook House, Atlas Mill Road	Every weekday at 9 a.m.
do.	Wesleyan School, Hipperholme	Mondays, 9.30 - 10.30 a.m.
do.	St. Annes-in-the-Grove, Southowram	Thursdays, 9.30 - 10.30 a.m.
Dental Clinic	Bonegate House, Bradford Road	Tuesday afternoon. Other sessions by appointment.
Remedial Exercises Clinic	Brook House, Atlas Mill Road	Mondays and Thursdays, 2 p.m.
Ante-Natal and Post-Natal Exercises Clinic	Brook House, Atlas Mill Road	Tuesdays, 2 p.m.
Ante-Natal and Post-Natal Remedial Exercises Clinic	Wesleyan School, Hipperholme	Fridays, 10 a.m.
Tuberculosis Dispensary	W.R.C.C. Medical Centre, Sowerby Bridge	Thursdays, 10-11 a.m.
	Tuberculosis Dispensary, Huddersfield	Tuesdays and Thursdays, 2-4 p.m.
Veneral Diseases Clinic	St. Luke's Hospital, Bradford	Men. Tuesdays, 2-4 p.m. Women. Mon. & Sat. 9.30 a.m. Monday, 5-7 p.m.
do.	Royal Infirmary, Halifax	Tuesday, 5-7 p.m. Friday, 10 a.m.
do.	York Place, New North Road, Huddersfield	Thursdays, 2.30 - 4.30 p.m. Tuesday, 3.30-4.30 p.m., 6-8 p.m.
		p.m., 5-7 p.m. Mon., Tues., Thurs., Fri., 6-8 p.m.
Scabies Treatment Centre	St. John Ambulance Hall, Bramston Street	Wed., 10-12 noon. Thurs., 6-8 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic & Orthopaedic	Brook House, Atlas Mill Road	Monday to Friday, 2-5 p.m. Saturdays, 9 a.m. to 12 noon.
Ophthalmic Clinic	Brook House, Atlas Mill Road	By appointment.

* This is also carried out at the ordinary Child Welfare sessions.

Scabies Treatment.

The special clinic for the treatment of Scabies continued in operation during the year. The incidence of this disease again fell and 25 cases were treated as opposed to 70 the year before.

The routine treatment for a case was two applications of Benzol Benzoate unless the case was severe, when a third application was given. For contacts without any visible sign of the disease one application was given.

No. of Cases	.....	.....	.....	.....	25
No. of Contacts	.....	.....	.....	.....	5

We again treated cases of verminous heads in addition to Scabies, the number of cases so treated being 10.

MATERNITY AND CHILD WELFARE.

Health Visitors.

The keystone of the Maternity and Child Welfare service continues to be the Health Visitor. Miss E. Charlesworth, who had acted as Senior Health Visitor for the Borough of Brighouse for almost 20 years continued as Senior Health Visitor until her untimely death in July, 1949. Since then, although the County Council have not yet made an appointment of a Senior Health Visitor, Miss M. Latimer has filled a most important gap. Miss Christie was appointed in April, 1949, and took over the duties of Miss Latimer in the Southowram area when Miss Latimer became responsible for Miss Charlesworth's work during her last illness.

In addition to our three Health Visitors, who combine the work of Health Visitor and School Nurse, we had two full time School Nurses in the Borough.

Mrs. I. Hepworth was appointed in July, 1949, as an Assistant Health Visitor. She has been able to assist in the clinics and thus relieve the Health Visitors for their all-important work of visiting. It will be seen from the Table given below that the number of visits made this year is higher than in the previous year in spite of the difficulties due to the illness of Miss Charlesworth.

Although the Infant Welfare Centres did invaluable work it is in the routine and special visits made to families in their own homes that the Health Visitor is best able to study the background and give advice appropriate to the particular circumstances. Some of the mothers who most need advice are unable or unwilling to attend the clinic as regularly as we would wish and many of the problems which they encounter can only be appreciated when the home is visited. It will be readily understood that each family is an individual unit, presenting individual problems, and excellent though

the work of the clinics is it can never take the place of visits to the homes. The Health Visitor's training, with its emphasis on social medicine, combined with her knowledge of nursing and midwifery, fits her for her duties as a home visitor in a way that no other socio-medical worker, who does not possess the same extensive training, can be equipped.

In addition to her work among mothers and children the Health Visitor is taking an increasing part in advising other members of the family and in particular in assisting old people in remaining in their own homes. In this work she is reinforced by the Home Nurse and the Home Help, whose duties are discussed elsewhere in this Report. It has been said that in treating individual patients the doctor or nurse is not only treating the patient but is having a profound influence on the health of the patient's children and even grandchildren. This point of view applies very forcibly to the work of the Health Visitor. In every case where she is able to raise the social outlook of the parents she has a profound influence on the children of those parents. Every problem family is a potential precursor of many other problem families, and the influence of the Health Visitor cannot be measured only in terms of the present but is of great importance to the future of our race.

When at last Health Centres become a reality it is hoped that the Health Visitor will have an opportunity of coming into closer contact with the general practitioners of this town and it is thought that the value of social medicine will become even more apparent.

TABLE 7.

Visits paid by the Health Visitors in 1948 and 1949.

	1948	1949
Visits to New Births	493	484
Visits to Still Births	12	8
Visits to Children under 1 year	1,115	1,252
Visits to Children 1 to 5 years	2,318	2,679
Visits to Expectant Mothers	109	81
Visits re Diphtheria Immunisation	165	98
Home Investigations	82	64
Infant Death Investigations	13	11
Home Helps	7	80
Housing	52	17
Miscellaneous	10	63
Total ...	4,386	4,837

Ante-Natal Clinics.

Table 8 below gives particulars of the attendances at our Ante-Natal Clinics. It will be seen that once again the number of patients attending has fallen. There has also, of course, been a fall in the birth rate but Table 9 gives the percentage of expectant mothers at our Ante-Natal Clinics, from which it will be seen that only 25%, or one quarter, of expectant mothers attended our clinics as compared with 29% last year. It is readily understood that one reason for this small percentage is accounted for by the fact that most women who are having their first baby are admitted to hospital and, indeed, only 10% of women having their first baby attended our clinics. The percentage of attendances at hospital clinics was 41% as compared with 40% in 1948, but the number of patients attending their own doctors ante-natally increased from 29% to 32%.

This alteration was expected when the National Health Service Act came into force. Many of the expectant mothers in this area work until fairly late in pregnancy and are required in any event to attend their own doctor for National Health certificates when they are temporarily incapacitated for work. In some instances patients attend our ante-natal clinic as well as going to their own doctor, and indeed there are patients who attend their own doctor, our ante-natal clinic and the hospital ante-natal clinic. If any abnormality is discovered at our clinic we always inform the person who is to be responsible for the delivery, either the doctor, the midwife or the hospital. It is in the midwifery service that the three separate branches of the National Health Service, i.e. Local Authority, Executive Council and Regional Hospital Board, come into closest contact.

As long as every mother receives adequate ante-natal care, including medical ante-natal care, the position can be said to be satisfactory, and once again we find that 99% of our mothers received such medical ante-natal care either from the hospital, our own clinics, or their own doctors.

I am glad to report continued good understanding with the local hospitals, particularly with the Halifax General Hospital, where most of the confinements take place. At this Hospital all primiparæ (first babies) are admitted, and all cases requiring admission on medical grounds are admitted directly at the request of the patient's own doctor. In cases where the home is unsuitable either for overcrowding or other reasons and the admission becomes a sociological problem, the hospital has been able and willing to admit the patient at the request of this Department.

In addition, we have had the great advantage of having the services of the "Flying Squad," or Blood Transfusion Unit provided by the Halifax General Hospital for all cases of domiciliary midwifery where it is required.

It is anticipated that when the housing problem has been successfully overcome many more deliveries will take place at home, which, after all, prevents the baby from being removed from one environment to another at a very early age.

TABLE 8.
Attendances at the Ante-Natal Clinics.

	1944	1945	1946	1947	1948	1949
Number of Sessions	174	170	172	170	157	148
Number of new expectant mothers ...	245	137	210	182	182	134
Total number of individual expectant mothers	307	193	246	219	222	196
Total number of attendances	1400	929	1173	1123	1017	954
Average number of patients per ses- sion	8.04	5.46	6.82	6.61	6.48	6.45

TABLE 9.

The Percentage of 507 Investigated Cases in which Medical Ante-Natal Care was given in 1949.

				Primiparae.		Multiparae.		All Mothers.	
				Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
28	Cases investigated	...	...	222	—	285	—	507	—
	Attended Brighthouse Ante-Natal Clinics	...	...	24	10.8	106	37.1	130	25.6
	Attended Hospital Ante-Natal Clinics	...	...	133	59.9	75	26.3	208	41.0
	Attended own Doctors ante-natally	...	...	65	29.3	100	35.0	165	32.5
Total who received medical ante-natal care				222	100.0	281	98.4	503	99.1

Ante-Natal Hostel.

The old Clifton Isolation Hospital was opened as an Ante-Natal Hostel on the 21st September, 1948, when the first patient was admitted. This Hostel was provided for the rest and recuperation of expectant mothers whose condition is not sufficiently serious to merit hospital treatment.

In this textile area there is a tendency for women who are expecting their first baby to continue employment until far too late in pregnancy and they enter their first labour tired, strained and apprehensive. It is understandable that they continue to work as long as they can because many of them, who subsequently make excellent mothers, are anxious that they should obtain as much economic security as they can and equip themselves as well as possible to meet the additional expenditure a baby entails. In addition, if they work sufficiently long they qualify for the Maternity Allowance. The strain of looking after a home, in which work they may be inexperienced, in addition to carrying on their old routine factory work, and the fear of the first confinement, cannot always be helped by attending the relaxation clinics, as their work often prevents this, although I am glad to say that many mothers do manage to take time off from the factory in order to attend these clinics, with very beneficial results. The additional strain is put upon them at a time when exceptional demands are being made on their physical resources by the growing foetus, and when they are still acclimatising themselves to their marriage.

Others are not responsible for the housework, but live with their mother, but these women have the usual difficulties when the home is shared, of combining their loyalty to their parents with a new and greater loyalty to their husband. It will be seen, then, that there is a great deal to be said for a large number of women expecting their first baby being admitted to a Hostel where they can have a month's complete rest during this exacting time, and where they can learn the relaxation technique which will be so useful to them during their confinement, and where they can rest in the company of other women who are similarly pregnant. The period in the Hostel, where there is freedom of movement and a homely atmosphere, is much more beneficial than being in hospital, or at home, where they may have the over-anxious advice of both mother and mother-in-law.

When the second and subsequent pregnancies take place the woman is concerned not only with the care of the house but with the care of her other children. She usually ignores her own health, fails to pay any attention to early signs of fatigue and anæmia, and does not even give herself sufficient rest when she develops varicose veins. As the pregnancy advances and fatigue increases, her household cares become an increasing strain and, indeed, in some cases lack of rest when it is required leads to temperamental changes. I

believe it can be said that there are occasions when the woman feels the strain so much that her relations with her husband become impaired due to her feeling that the increased burden of another baby will be beyond her capabilities.

Pregnant women cannot go to an ordinary Convalescent Home but they go cheerfully into a Hostel where all the patients are pregnant at the same time, and where they are not concerned about their appearance. The women in the Hostel are also linked by a common interest, and the preparation of baby clothes and the care of the family present topics of conversation of mutual interest.

The Clifton Ante-Natal Hostel was the first of its kind in this County. We have very few rules and regulations, these being mostly confined to hours of meals and times of prescribed rest. At first all the patients have their breakfasts in bed, but later they are encouraged to take more and more exercise and to visit the town or go for walks into the country lanes. There is no restriction on visitors and telephone calls can be received. Usually all the women are fully ambulant but occasionally, when a woman is particularly in need of rest, she is confined to bed for a day or two.

Although, as I have indicated above, there is a need for Hostel accommodation for women expecting their first babies, it is particularly for women who have several children that the Hostel fulfils the greatest need. An important addition to the Hostel would be the provision of a Nursery to receive the children of these mothers, as the short stay residential accommodation for children is extremely limited in the County.

We have found that we have been able, if the women stay a sufficiently long time, to get to know them intimately, discuss their problems with them, and in many cases interview their husbands and smooth out difficulties. It has been our experience that some of the husbands, particularly those of wives with large families, have not been sufficiently aware of their responsibilities to their wives and children and have adopted a selfish attitude. Very often the admission of their wives to the Hostel has brought home to them the difficulties of running a home, and with discussions with them we hope we have been able to persuade many of them to take a greater share in family responsibility.

Ten patients were admitted during 1948, nine being ante-natal cases and one a post-natal case where we provided temporary shelter for a mother and baby. These women were suffering from the following complications :—

Asthma and Bronchitis	.....	.....	.....	1
Varicose Veins	.....	.....	.....	5
High Blood Pressure	.....	.....	.....	3
Anæmia	.....	.....	.....	2

During 1949, 63 patients were admitted, 45 of these being admitted in the second half of the year. They suffered from the following complications :—

Varicose Veins	.....	.....	.....	.....	23
Anæmia	.....	.....	.....	.....	20
High Blood Pressure	.....	.....	.....	.....	8
Oedema	.....	.....	.....	.....	3
Heart Disease	.....	.....	.....	.....	2
Hydramnios	.....	.....	.....	.....	1
Bronchitis	.....	.....	.....	.....	1
Twin Pregnancy	.....	.....	.....	.....	1
Thrombo Phlebitis	.....	.....	.....	.....	1
Incontinence of Urine	.....	.....	.....	.....	2
Severe Malnutrition	.....	.....	.....	.....	1
Rheumatoid Arthritis	.....	.....	.....	.....	1
Hysteria	.....	.....	.....	.....	2

The cases of raised blood pressure were usually of very mild degree and responded very quickly to treatment by rest. Any case which did not so respond was admitted to hospital. One case we had, however, was a more severe toxæmia with albuminuria. This is not the type of case we would normally have in the Hostel.

Most of the patients we have admitted were interesting sociological problems. It is not appropriate in a report of this nature to give details of many of the cases but perhaps four examples will serve to show the work we have been doing.

One patient who was having her first pregnancy was admitted on crutches suffering from functional paralysis of both legs. With rest and re-education, instruction in the relaxation technique, and with friendly contact with other patients who had had several children, her confidence was restored and she was able to walk out of the Hostel and subsequently had her baby at home without any unusual difficulty. She is now a remarkably good mother and faces the future with confidence.

Another patient was suffering from severe hysteria. She was extremely worried about her confinement and burst into tears at the least provocation. Since her discharge and her delivery she appears to have made a complete recovery and is now a happy and healthy young mother.

A patient was admitted with Spastic Paraplegia. She was thought to be mentally defective and was incontinent of urine. Her gait improved a great deal with rest and relaxation exercises and she subsequently had a normal delivery without instruments.

Another patient was admitted with a history of three previous pregnancies all having ended in abortion. She was an extremely nervous woman and very concerned about the outcome of this pregnancy. She was subsequently delivered at term of a normal child.

Relaxation Clinic.

For many years now we have instructed the mothers in post-natal exercises, but 1949 saw the commencement of our first special clinic where mothers were taught relaxation and ante-natal exercises. The Physiotherapist commenced duty in February, 1949, and Brighthouse patients attended for instruction in the Grantly Dick Reed technique. All these patients have now been delivered and many of them are extremely grateful for the advice they were given.

An opportunity is taken at our classes of instructing the mothers in the technique of breast feeding and in the preparation of their breasts during pregnancy. A supply of Waller's Breast Shields is available and these are supplied when necessary.

The work of this clinic is proving increasingly popular and I am quite sure it is an invaluable addition to our service.

Post-Natal Attendances.

The practice of inviting post-natal cases to attend at any ante-natal session was continued. In addition to the personal visit of the Midwife, the mothers who attended the Ante-Natal Clinic were all notified by letter. The number attending our clinics post-natally was 67 as compared with 52 in 1948. The importance of post-natal care cannot be over-estimated. It is, however, difficult to persuade the mother that once the baby is born it is in her own interests to have a post-natal examination, as the usual attitude of the mother is one of care for her baby without the same regard for herself.

Domiciliary Midwifery.

TABLE 10.

Work done by the Municipal Midwives during 1949.

Labours conducted: (a) as midwives	...	...	...	...	...	128
(b) as maternity nurses	...	...	...	...	...	2
(c) total	...	...	...	...	...	130
Ante-Natal visits	...	...	...	...	...	999
Post-Natal visits	...	...	...	...	...	2,570

Dental Scheme.

During the year 18 expectant mothers were referred for treatment and treatment was completed in nine of these cases.

INFANT WELFARE CENTRES.

The work of the respective clinics is set out in Table 11, which follows.

TABLE 11.

Attendances at the respective Infant Welfare Clinics in 1949.

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions	99	48	51	198
Individual Children attending ...	615	266	189	1070
Children attending for the first time	281	96	63	440
Medical Consultations	1113	509	480	2102
Average number of medical con- sultations per session ...	11.24	10.60	9.41	10.61
Attendances of children under 1 year	3561	1411	1042	6014
Attendances of children over 1 year	767	419	540	1726
Total attendances	4328	1830	1582	7740
Average attendances per session	43.72	38.12	31.02	39.09
Highest attendance at one ses- sion	91	84	50	

Breast Feeding.

There was a decrease in the percentage of babies breast fed as compared with previous years. This is very disappointing as a real effort has been made to persuade as many mothers as possible to breast feed their infants. It is believed that one of the causes of the decrease in the percentage of children breast fed in this area is due to the increasing number of mothers who are going out to work. The increase in the cost of living and the higher standard of living demanded, combined with the great prosperity of the textile trades and the unlimited employment offered in them, have all been factors in the decline of breast feeding. It is not believed that the decline in breast feeding is due to a lack of maternal care but is primarily due to the desire of the mother to go out to work to supplement the family income. It is interesting to note that the figure for breast feeding is the lowest since 1943, and it is believed that the increase in breast feeding since that date was principally due to the fact that many mothers gave up working with the return of their husbands from the Forces.

The figures for breast feeding are shown in Table 12, while the percentage in whom breast feeding was abandoned before the end of the first month, grouped under three main causes, is shown in Table 13. A further analysis of the 157 cases comprising the figures of the latter table is set out overleaf.

Reasons for Abandoning Breast Feeding.

A. Maternal.

No. of Cases.

(a) General health of mother (obstetric causes mental shock)	23
(b) Local condition (breast abcess, defective nipples)	17
(c) Failure of milk without known cause	60
(d) Work	31

B. Infant.

Prematurity, illness, unknown cause	11
---	----

C. Others.

(a) Adopted babies	6
(b) Lack of perseverance	9

TABLE 12.

Year.	Percentage breast fed + supplements at 7th month.	Percentage wholly breast fed for 1, 2, 3, 4 or 5 months.	Percentage breast + bottle fed for 1, 2, 3, 4 or 5 months.	Total percentage wholly or partly breast fed.
1949	27.8	33.0	7.8	68.6
1948	22.5	43.9	10.5	76.9
1947	35.1	28.0	9.2	72.3
1946	35.4	21.6	13.0	70.0
1945	40.4	20.2	10.5	71.1
1944	37.98	22.87	12.5	73.35
1943	34.0	20.0	12.0	66.0
1942	40.5	11.7	3.3	55.5
1941	48.0	24.0	10.0	92.0
1940	44.0	18.0	16.0	78.0

TABLE 13.

Year.	Maternal causes.	Infant causes.	Other causes.
1949	83.4	7.0	9.6
1948	73.4	2.8	23.8
1947	75.4	6.3	18.3
1946	68.2	10.9	20.9
1945	75.65	8.7	15.65
1944	58.4	2.7	38.9
1943	71.5	3.2	25.3
1942	69.3	4.0	26.7
1941	68.7	7.0	24.3
1940	77.4	7.6	15.0

Voluntary Helpers.

I am once again pleased to record our deep appreciation of the excellent work carried out by the Voluntary Helpers at our clinics.

Artificial Sunlight Treatment.

The work done is set out in Table 14, which follows, and it will be seen that 115 children received 1,489 exposures, compared with 108 children and 1,319 exposures in 1948.

TABLE 14.

The Work of the Artificial Sunlight Clinics during 1949.

	Brighthouse.	Hipperholme.	Southowram.	Total.
Number of children treated ...	35	59	21	115
Number of exposures	399	801	289	1,489
Number of expectant mothers ...	4	1	—	5
Number of exposures	4	7	—	11

Orthopædic Treatment.

During the year 27 children under school age were examined by Dr. Crockatt, the Orthopædic Surgeon. Particulars of these cases are appended below :—

Flat Feet	14
Deformity of Feet	2
Knock Knees	3
Torticollis	3
Pes Valgus	2
Weakness of Legs	1
Effects of Poliomyelitis	1
Deformity of Hip	1

Ophthalmic Scheme.

During 1949, 36 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in 13 cases and other treatment in 20 cases. Particulars of these cases are as follows :—

Hypermetropia	1
Hypermetropia and Astigmatism	1
Hypermetropia, Astigmatism and Strabismus	1
Hypermetropia and Strabismus	8
Strabismus	18
Chronic Dacrocystitis	1
Conjunctivitis	3
Abducens Palsy	1
Cyst	2

DAY NURSERIES.

Attendances.

	Wellholme Park.	Ogden Lane.
No. on register at 31st December, 1948 ...	47	45
No. on register at 31st December, 1949 ...	47	44

The demand for Day Nursery accommodation continues to increase, and the waiting list at the end of 1949 was 166. The principal reason for this increase is the increase in the cost of living. Although possibly for patriotic reasons women have gone into textile work in increasing numbers during the past few years to help the export drive, their main reason for doing so is undoubtedly a desire to supplement the family income. It is not the policy of the West Riding County Council to admit only the children of mothers who are working, but we also admit children whose mothers are temporarily incapacitated and special priority is given to the children of widows and illegitimate children whose mothers have to work to support them.

It is a matter for congratulation that Brighouse has an exceptional range of industries and there is employment for the men in engineering as well as in textiles and carpets. The demand for women in the textile industry exceeds the supply. As the textile industry has been exceptionally prosperous during the past few years, the demand for labour is so great that any substantial rise in the cost of living has been matched by a corresponding employment of mothers. Consequently, the position has not arisen to any serious extent where the increased cost of a Council house has resulted in a reduced standard of living or the inability of prospective tenants to avail themselves of the new housing provided. There is an increasing tendency for married women with very young children to wish to go out to work and it is anticipated that as long as the

textile industry is prosperous and rising costs continue there will be no slackening of the demand for Nursery accommodation.

We are not anxious to encourage the mothers of very young children to leave their children in the Nursery in order that they may work. Although we believe that all our Nurseries are very happy places, and although the health of the children in the Nurseries this year has been exceptionally good, it is undoubtedly undesirable for a young child in the winter to move from one environment to another during the hours of darkness, both in the morning and again at night.

The total infectious diseases during the year have been :—

Measles	.....	.....	.....	.....	.....	12
Chicken Pox	.....	.....	.....	.....	.....	14

During 1949 work commenced on the reinstatement of Holme House Day Nursery, but it was not until January, 1950, that the Nursery was ready for re-opening. It will be remembered that the need for the re-opening of this Nursery was realised by the Brighouse Borough Council in 1947 but that in view of the passing of the National Health Service Act this Council was informed that work could not proceed but must be undertaken by the County Council, to which the Nursery was due to pass in July, 1948. The County Council were informed of the necessity for opening this Nursery in 1947, but owing to pressure of work in the Architect's and Direct Works Departments of the County Council, the County Council did not find it possible to commence work on the Nursery until late in 1949. This is an example of how a large Authority, with many commitments and without the spur of direct local interest, is not able to proceed as quickly as a smaller one could have done. During 1947, 1948 and 1949 constant representation was made and I have no doubt that the delays were beyond the control of the County Council, but I have also no doubt that if the Brighouse Borough Council had remained the Maternity and Child Welfare Authority this Nursery would have been re-opened at least one year, and possibly two years, earlier. The Nursery is now well appointed and well equipped and has helped to relieve the pressure on the Nursery accommodation. There is a good case for the provision of a further Nursery in Brighouse, particularly in the Hove Edge area.

MENTAL HEALTH.

We had the services of a Mental Health Social Worker until October, 1949. She was able to pay regular visits to mentally defective persons in the area who are under statutory supervision, guardianship or on licence from Institutions. She was also con-

cerned with the after-care of persons discharged from Mental Hospitals. It has not been possible to replace her.

The shortage of accommodation in institutions for mental deficiency has placed a great burden on certain members of the community. On the whole, the parents and relatives of mentally defective patients have been anxious and willing to care for their dependants at home and have shown a remarkable assiduity in their care, but there are cases where a real hardship exists in the detention of a mental defective in the home and where we have been unable to obtain hospital admission. Visits by the Mental Health Social Worker helped to relieve this burden and we have been able to help in many ways. There is no doubt that a readily accessible Occupation Centre is an urgent need, and it is regretted that the Local Health Authority has not yet been able to provide one for this area.

We have also been able to give considerable help in the rehabilitation of patients discharged from mental hospitals, and I believe that mental health work has become a very important part of the Local Health Authority's services.

The Duly Authorised Officer whose duty it is to take initial proceedings for the care and treatment of persons of unsound mind under the Lunacy and Mental Treatment Acts, is Mr. H. S. Johnson, Divisional Welfare Office, Britannia Buildings, Huddersfield.

GERIATRICS.

Last year I stated that we had arranged for old people without family connections and friends to be visited on a voluntary basis. Many who were seriously incapacitated and unable to perform their household tasks have had the services of a Home Help and it has been necessary for others to be admitted to hospital. The case of the old person who, by reason of increasing disability and gradual deterioration, drifts slowly into a dirty condition, or requires hospital treatment and is unwilling to leave his old home as he feels certain that he will never return to it, is a difficult one. By co-operation of General Practitioners, District Nurses and Health Visitors, all of whom have used their persuasive powers, we have not found it necessary to take action under Section 47 of the National Assistance Act. I am glad to be able to report this, as this Section does, of course, interfere with the liberty of the subject and would not be lightly used in this Department. The Section has been useful, however, for it has enabled us on occasion to point out to the old person that we have this power if they persist in their apparently adamant refusal to avail themselves of the facilities presented to them.

Meanwhile, the Old Persons' Welfare Committee has now been formed and we are hoping that we shall be able to extend the system of voluntary visitation which I believe is so essential to the well-being of the old people of our community.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Of the 10,698 inhabited houses in the Borough, 10,657 are on the public supply, which has remained satisfactory as regards quantity and quality throughout the year. With the exception of three houses supplied by stand-pipe, all those on public supply receive water directly to the houses. The remaining houses have private supplies derived from springs and wells, the majority of which are frequently contaminated by animal pollution.

I am informed by Mr. Lawson, the Water Engineer, that the following extensions and renewals of mains were carried out during 1949 :—

Extensions of mains.

200 yards of 3" main, Oakroyd Drive.
87 yards of 2" and 3" main, Stoney Lane.
74 yards of 3" main, Granny Hall Park.
76 yards of 4" main, Bracken Road East.

—
427 yards.
—

Replacement of main.

284 yards of 4" main, Smith House Lane, Lightcliffe.

Drainage and Sewerage.

Reference was made last year to the publication of the Sewer Survey by the Borough Engineer. This important report gives a very good picture of the requirements in this Borough. I am informed by the Borough Engineer that the actual work carried out during 1949 was as follows :—

Huddersfield Road Sewer Reconstruction completed, and in consequence the area known as Lower Newlands, Lords Lane, connected to the sewerage system.

A new sewer to drain the Corporation's Oakroyd Estate was completed.

Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

Public Cleansing.

Full details regarding Public Cleansing are given by the Cleansing Superintendent.

Sanitary Inspection of the Area.

The work done during the year is set out in tabular form in the Sanitary Inspector's Report.

Smoke Abatement.

320 observations of smoke emissions were taken during the year and in 15 cases the Bye-law limit of three minutes in half an hour was exceeded.

Apart from the industrial pollution, the question of domestic smoke is one which needs urgent attention. So many problems in public health turn on the housing question, and that of the pollution of the atmosphere by smoke is also basically connected with it. With the present density of houses in the congested parts of the town it would be impossible for Brighthouse to become a smokeless area even if the industrial sources were eliminated. Many, if not most of these houses, are sub-standard and can only be dealt with ultimately by demolition. It is impossible for the owners of these small houses to install special grates or other devices for smoke prevention, as they have, we hope, a very short life and are let at extremely small pre-war rents, and until we have more new houses I cannot envisage any substantial improvement in the smoke pollution of this town.

We hope that the Housing Committee of the Council will give increasing attention to the smoke nuisance when they are planning housing schemes.

At the end of the year, three Atmospheric Pollution Gauges were brought into operation on suitable sites in Lightcliffe, Brighthouse and Rastrick, after consultation with the Department of Scientific and Industrial Research.

Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1948 and 1949.

Mixed—	1948	1949
Mixed Bathing	18,330	19,485
Females—		
Ladies	864	981
Girls	3,695	3,855
Girls' Swimming Classes	10,014	7,919
Ladies' Club and Season Tickets	2,352	2,116
Ladies' Slipper Baths	1,442	1,683

Males—

Men	1,804	2,650
Boys	3,829	3,757
Boys' Swimming Classes	11,093	13,361
Men's Club and Season Tickets	1,984	2,084
Men's Slipper Baths	10,623	10,873
	<hr/> 66,030	<hr/> 68,734

I am glad to see again an increase in the number of slipper baths taken by both men and women. With the large number of houses not provided with their own baths, the Baths Committee are fulfilling a very important role in the provision of these slipper baths. It seems as though it will be a long time before every house is provided with its own bath with hot and cold water and it is my opinion that in this department alone the Public Baths are fulfilling a most important function.

There is a good case to be made for the provision of a public wash house as a short term policy, for improving the lot of many of the housewives of this town. In the congested areas most of the houses have very poor facilities for washing and on washing days the living room is almost uninhabitable because of condensation. Until we reach the desideratum of a bath and proper facilities for washing clothes in every house it would appear to be desirable for us to attempt the next best thing, that of providing public facilities for bathing and washing of clothes.

It will be seen that in several other departments of the baths, both mixed bathing and male and female bathing, an increasing use was made of the facilities given. The value of swimming as a means of exercise is well known and we welcome this increased use.

I am once again able to report that the maintenance of the swimming bath is very good, and is a matter for congratulation.

Housing Programme.

Mr. Sneezum informs me that the following houses have been completed :—

	Completed 1947	Completed 1948	Completed 1949
Traditional Permanent Houses :			
Stoney Lane	14	66	100
Summerfield, Bradford Road	16	36	—
Oakroyd Drive	—	—	14
Granny Hall Park	—	—	18
Spooner-type Permanent Houses :			
Cain Lane	—	50	—
	<hr/> 30	<hr/> 152	<hr/> 132

It will be seen that 132 houses were completed in 1949, or 20 less than in 1948.

The greatest single factor in the amelioration of public health is undoubtedly the provision of proper homes, and the work of the Housing Committee is, I consider, the most important task that is being undertaken by the Corporation at the present time. It is a great pity that the Country's economic resources have not permitted the Ministry of Health to allow a larger allocation of houses to Local Authorities, because I believe that in terms of human health and happiness housing plays a most important part. It can even be argued that the housing problem has very important repercussions on industry, including that part of industry devoted to exports, for overcrowding and bad housing not only produces its quota of ill-health but the minor irritations and constant worry of the factory worker about his housing problem do, I believe, have a restrictive influence on his productive capacity. It is understood that at the present time the economic resources of the Country have to be put to the best possible use, and that it is only centrally that a proper assessment can be made of the various needs. It is my own opinion, however, that the expensive National Health Service might well have waited a little longer before implementation if by so doing additional resources would have been made available for more houses. Any delays that have been caused in housing have not been the fault of the Housing Committee, and I know that their one object is to provide as many decent houses as possible in the shortest possible time.

We are grateful to the Housing Committee for allowing us to make recommendations in respect of 25% of lettings. This policy is carried out with serious difficulties for us, as we have to attempt to assess priorities on strict medical grounds. The harassed housewife, who feels that her own problem is almost insoluble, finds it difficult to understand that there are other cases which we consider are even more urgent. It has been our endeavour, however, to explain to them whenever we have not felt that we could make a recommendation, so that false hopes should not be built up unduly, only to add to the feeling of frustration at a later date.

The first houses built in this Borough were provided with a coke burning grate working on a back to back principle, so that the people had a fire in their living room and means of heating the oven in the kitchen. Unfortunately these are not popular. Most people prefer to have a separate room which can be kept tidy and have a fire in their living room, or living room-kitchen. The old idea of a parlour to be kept for special occasions dies hard. At present a coke burning fire is provided, with a separate gas oven, and this is much more acceptable. In this way the Housing Committee are doing a great deal to encourage the complete combustion of fuel to eliminate the smoke nuisance. I hope that in one of the large new estates which will no doubt be necessary it will be possible for the Council to try the provision of district heating, but it is feared that it will be some time before the public can become acclimatised to doing without their open fire.

Since the war we have brought before the Health Committee certain unfit houses from which the tenants were shortly to be rehoused, and in some instances Demolition Orders have been made or undertakings given not to re-let houses for human habitation. It has been necessary only to do this where early rehousing of the tenants was expected as the housing position is so serious that no houses would be available for the rehousing of tenants from unfit houses *per se*, although there are, of course, many other houses which are unfit for human habitation.

The deterioration of the premises at the squatters' camp at Law Lane rendered the rehousing of these people imperative. Most of them had come into the district from neighbouring towns and for various other reasons they were not considered altogether suitable for rehousing in Council houses. It is undoubtedly true that another winter in the camp would be, if not impossible, extremely dangerous, and for this reason the Council decided to requisition houses which we have already represented as being unfit for human habitation and to patch them up so as to make temporary dwellings to rehouse these squatters. This is a step with which I find it impossible to be in complete agreement and it only shows the serious housing position in this district when it is necessary for the Council to requisition an unfit house in order to put in it a tenant from huts which are even more unfit. The position was undoubtedly difficult and I am not aware of an alternative practical suggestion.

INSPECTION AND SUPERVISION OF FOOD.

Food Shops and Food Preparation Premises.

Last year I was able to report that increased attention was given by this Department to food shops and food preparation premises. This year, 165 visits have been made to food shops and 416 to food preparation premises, and strong emphasis has been placed on personal hygiene. In many cases structural alterations have been made and the co-operation of the owners of these premises is noted with approval. The fact remains, that however satisfactory the premises, the main point of importance is personal hygiene. A reminder is being provided for the personnel engaged in food preparation to wash their hands after using the sanitary convenience. If this elementary precaution were always undertaken the number of cases of food poisoning would be very much reduced. We have shown the public at our various exhibitions the effect of the reduction in the bacterial content of the hands as exhibited on a plate of medium as a result of thorough washing. We have reason to believe that some of our propaganda has been successful and on the whole the people in the food premises in this area are co-operative and helpful.

It appears as though food poisoning in the Country generally is on the decline and we believe that some of this decline will be due to the efforts of the Public Health Departments. I do feel it necessary, however, to stress again the great importance of personal hygiene.

There were no food poisoning outbreaks in this area during 1949.

Milk Supply.

Systematic inspections were made to all dairies and cowsheds in the Borough, and details are given in the Chief Sanitary Inspector's Report. It will be noted that structural alterations were carried out at several farms.

On the 1st October, 1949, milk production was transferred to the Ministry of Agriculture and Fisheries under the provisions of the Milk and Dairies Regulations, 1949, but we are still responsible for sampling milk at the dairies. It is understood that the number of inspections will be less, and indeed during the transitional period a very serious falling off in inspections has occurred. It is hoped that the reduction in the number of inspections will not result in a reduction in the standard of the dairy farms of this area. At the time of transfer there were 26 Accredited Farms and 11 Farms for Tuberculin Tested Milk.

388 samples of milk were taken for the Methylene Blue and Phosphotase Tests, the corresponding number last year being 421. Of the samples taken 71 were unsatisfactory, or 18% as compared with 15% last year. All samples which did not comply with the requirements of the tests were followed up.

Ice Cream.

Three premises were registered for the manufacture of Ice Cream. Out of a total of 94 (74) samples taken, 66 (69) were in grades 1 and 2, 15 (5) in grade 3, and 13 (0) in grade 4. The Medical Research Council consider that 80% of the samples should fall into grades 1 and 2 and not more than 20% in grade 3 and none in grade 4. It will be seen that our samples did not comply with these conditions, and indeed the results compare unfavourably with those of last year, the corresponding figures for which are inserted in brackets. Regular inspection of these premises has been made and it is regrettable that the bacterial standard has deteriorated from the previous year and does not at present come up to the standard we expect.

Meat and Other Foods.

A detailed statement regarding the action taken with regard to meat and other foods is given in the Sanitary Inspector's Report.

Adulteration, etc.

The administration of the Food and Drugs Act is carried

out by the West Riding County Council, samples being taken by our Sanitary Inspectors.

Chemical and Bacteriological Examinations of Food.

Samples of foodstuffs for chemical and bacteriological examinations are taken by the County Council.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The notifiable diseases most prevalent during 1949 were Measles and Chicken Pox.

In addition to the visits made by the Sanitary Inspectors to cases of infectious disease the following visits were made by the Health Visitors :—

Measles	18
Whooping Cough	4
German Measles	1
	<hr/>
	23
	<hr/>

It has not been the policy of this Department to recommend disinfection of premises as a routine measure, but terminal disinfection has always been carried out in cases of Tuberculosis or where the patient has been removed to sanatorium. In all, only 30 premises were disinfected during the year.

Diphtheria Immunisation.

Children were immunised at the Infant Welfare Centres, at a special morning session at Huddersfield Road Centre, held weekly, and in the Schools.

The prophylactics used were two doses (0.2 and 0.5 c.c.) Alum Precipitated Toxoid for children under 5 years. For children over 5 years Toxoid Antitoxin Floccules are used, three doses of 1 c.c. each. Previously immunised children were given a reinforcing dose of 1 c.c. of T.A.F. on reaching the age of $4\frac{1}{2}$ to 5 years.

528 children completed a full course of primary immunisation during the year. 407 children were given a reinforcing dose.

The number of children who had completed a full course of Immunisation at any time up to 31st December, 1949, is as follows:—

Under 1.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5—9 yrs.	10—14 yrs.	Total.
125	340	359	432	258	1571	1650	4735

Whooping Cough Immunisation Clinic, 1949.

83 pre-school children were immunised against Whooping Cough by this Department during the year. In addition, a number of General Practitioners have given Whooping Cough immunisation, but we are not certain of the numbers as an official scheme of Whooping Cough immunisation has not been introduced.

Protection against Whooping Cough was introduced in February, 1945; treatment is given free of charge to all pre-school children upon request of parents. The treatment consists normally of three injections of Alum Precipitated Vaccine.

There is no doubt that this treatment does not offer the same degree of protection as diphtheria immunisation, and for this reason it has not been publicised. The treatment has only been offered to children under one year of age as it is at this age when the disease presents the most danger. It has been found by experience that if it is offered to older children the mother often waits until the child is older before presenting it for immunisation. It has only been provided on request of the parent, and not as a routine measure.

NOTIFIABLE DISEASES.

Diphtheria.

There was one case of Diphtheria notified in the Borough and this occurred in an unimmunised woman aged 37 years.

Smallpox.

No cases of Smallpox occurred during 1949.

A record of the vaccinations carried out is given below. It will be seen that altogether 61 person were vaccinated and 14 re-vaccinated in the Brighouse area. Most of the re-vaccinations were undertaken due to travel abroad and cannot be said to have been done because of the person's own desire to be vaccinated, but mainly to comply with existing regulations. Last year 26 persons were vaccinated during the six months 5th July to 31st December, giving 52 for the year, so that our figures are slightly better than last year. The Divisional figure was 54, giving 108 for the year as compared with 113 this year.

The general tendency appears to be for parents not to have their children vaccinated as a routine in infancy when this simple and painless procedure is less likely to upset the individual, but to wait until an epidemic or rumours of an epidemic are current and then to bring the children up in large numbers. At an epidemic time a great strain is placed upon the doctors and nurses concerned in the vaccination and additional strain is placed upon the people who often have to wait a long time in large numbers. I should like to emphasise the importance of having a baby vaccinated when it

is four months old. At this time the baby is rarely upset and re-vaccination later on does not cause the constitutional disturbance that a primary vaccination causes.

With the increasing amount of air travel the possibility of the introduction of smallpox remains an ever-present danger, and I regard it as unfortunate that so many children remain unvaccinated in infancy.

Children can be vaccinated at any of our Child Welfare Centres, or at the special sessions held, or by their own doctors.

Number of Persons Vaccinated during 1949.

Number Vaccinated :

	Under 1.	1—4.	5—14.	15 or over.	Total.
Brighouse	11	30	8	12	61
Elland	12	12	2	4	30
Queensbury	5	12	2	3	22
	—	—	—	—	—
	28	54	12	19	113
	—	—	—	—	—

Number Re-Vaccinated :

Brighouse	—	—	—	14	14
Elland	—	—	2	2	4
Queensbury	—	—	—	—	—
	—	—	—	—	—
	—	—	2	16	18
	—	—	—	—	—

Puerperal Pyrexia.

One case of Puerperal Pyrexia was notified as occurring in the Borough during 1949. The organism concerned was *Staphylococcus Albus* and the patient made an uninterrupted recovery.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during 1949.

Pneumonia.

41 cases of Pneumonia were reported, compared with 16 in 1948. There were seven deaths.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 17.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulation, 1925, nor under the Public Health Act, 1936, Section 172.

It will be noted that there were 33 notifications of Respiratory Tuberculosis during 1949 as compared with 25 in 1948. This incidence is the highest since 1933.

It is believed that one of the causes of the higher incidence of Respiratory Tuberculosis is increased notification, and early recognition of this disease, with consequent early treatment, should eventually result in a reduction in the number of cases.

This year we had the Mass Radiography Unit in the area and several cases came to light as the result of this visit. I give below the findings of the Unit :—

1. Number examined by Mass Radiography :

	Adults.		School Children.	
	Male.	Female.	Male.	Female.
Brighouse	1239	845	260	259
Elland	212	255	113	125
Totals	1451	1100	373	384

2. Number requiring large films : 126.

3. Number found to be suffering from Pulmonary Tuberculosis :

Observation.	Active.	Inactive.
7	11	21

There is still a great shortage of sanatorium accommodation for patients suffering from Pulmonary Tuberculosis. There are two problems here, first the treatment is necessary in the interests of the patient, and secondly it is often necessary in order to isolate him from other members of his family, especially during the active stages of the disease when organisms are present in his sputum. The beds are utilised in an optimum manner but we hope that it will be possible to increase the number of these beds so that all cases which are at all dangerous to the community can be admitted.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1949.

Acute Anterior Poliomyelitis.

There were three cases of Acute Anterior Poliomyelitis during the year. In the first of these cases the illness commenced on the 18th August and in the second case on the 25th August. They both occurred in boys aged 11 years. Although the first one lived in the Lane Head area and the second in the Rastrick area, they went to different schools and did not play together and had no mutual friends, we consider it possible that they may have been infected from a common source. The third case occurred in a man who was a painter and decorator and whose wife had recently had a new baby. None of the houses at which he had been working, nor his own family, were affected by the disease.

Scarlet Fever.

During 1949 there were 37 cases of Scarlet Fever, compared with 42 in 1948. All the cases were of a mild character and there were no complications and no deaths from this disease.

Enteric Fever.

No cases were notified during 1949.

Chicken Pox.

This is still a notifiable disease in Brighouse and during the year 523 cases were notified, compared with 45 during 1948.

Erysipelas.

There were four cases of Erysipelas during the year, compared with six cases in 1948. None of these cases were severe in character.

Measles.

520 cases were notified during the year, compared with 117 cases last year.

Whooping Cough.

Out of 46 cases of Whooping Cough, only one child had been immunised against this disease.

CANCER.

65 deaths—26 males and 39 females—were registered as being caused by some form of malignant disease. These figures show an increase of 2 cases over the 1948 figures.

TABLE 15.
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1949.

Month	Tuberculosis		Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Chicken Pox	Puerperal Pyrexia	Measles	Whooping Cough	Anterior Poliomyelitis	Totals
	Lungs	Other										
January ...	4	1	2	6	—	—	5	1	48	10	—	77
February ...	1	—	1	12	—	1	24	—	144	6	—	189
March ...	1	1	5	19	2	—	31	—	202	6	—	267
April ...	1	—	2	—	—	—	81	—	114	1	—	199
May ...	4	—	2	2	1	—	75	—	9	4	—	97
June ...	6	—	1	—	—	—	179	—	2	5	—	193
July ...	4	—	2	—	—	—	70	—	—	—	—	76
August ...	4	—	2	—	1	—	16	—	—	3	2	28
September ...	1	—	1	1	—	—	3	—	—	4	—	10
October ...	2	—	2	—	—	—	3	—	—	—	—	7
November ...	2	—	5	1	—	—	6	—	1	1	—	16
December ...	3	—	12	—	—	—	30	—	—	6	1	52
Totals ...	33	2	37	41	4	1	523	1	520	46	3	1211

TABLE 16.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1949.

Disease.	Cases Notified.	Admitted to Hospital.	Total Deaths.
Measles	520	1	—
Whooping Cough	46	—	—
Smallpox	—	—	—
Scarlet Fever	37	20	—
Diphtheria	1	—	—
Pneumonia	41	2	7
Erysipelas	4	—	—
Chickenpox	523	—	—
Ophthalmia Neonatorum	—	—	—
Puerperal Pyrexia	1	—	—
Cerebro Spinal Fever	—	—	—
Acute Poliomyelitis	3	2	—
Dysentery	—	—	—
Paratyphoid	—	—	—
Acute Encephalitis	—	—	—
Totals	1176	25	7

TABLE 17.

TUBERCULOSIS—New Cases and Mortality during 1949.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	1	—
1	1	1	—	1	—	—	—	1
5	—	—	—	—	—	2	—	—
10	—	—	—	—	—	1	—	—
15	—	3	—	—	—	—	—	—
20	1	2	—	—	1	—	—	—
25	4	2	—	—	2	—	—	—
35	3	2	—	—	1	—	—	—
45	4	2	—	—	—	—	—	—
55	3	—	—	—	3	—	—	—
65 and upwards ...	3	2	—	—	5	—	—	—
Totals ...	19	14	1	1	12	3	1	1

TABLE 18.
ANNUAL INCIDENCE OF VARIOUS INFECTIOUS
DISEASES IN BRIGHOUSE SINCE 1893.

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'ic Fever	Erysipelas	Tuberculosis			Pneumonia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	8	31	10				
1895	—	40	7	25	16				
1896	—	46	5	30	24				
1897	—	66	6	21	36				
1898	—	86	5	22	33				
1899	—	195	11	17	20				
1900	—	95	17	16	16				
1901	—	34	44	6	14				
1902	12	51	20	8	12				
1903	13	48	3	3	3				
1904	69	39	6	4	5				
1905	—	57	10	16	13				
1906	—	68	12	9	15				
1907	—	23	37	8	7				
1908	—	25	24	6	8				
1909	—	124	19	7	7				
1910	—	45	12	3	6				
1911	—	22	9	5	7				
1912	—	56	6	1	7				
1913	—	122	6	1	7	62	11	73	
1914	—	203	24	3	14	42	12	54	
1915	—	60	99	2	16	35	17	52	
1916	—	20	36	3	5	24	8	32	
1917	—	13	15	1	3	57	16	73	
1918	—	22	14	—	4	71	8	79	
1919	—	39	11	3	7	40	11	51	
1920	—	27	13	—	13	27	8	35	14
1921	—	151	13	—	3	21	6	27	7
1922	—	72	8	1	18	17	8	25	14
1923	—	71	6	1	5	15	9	24	9
1924	—	65	6	3	3	26	11	37	20
1925	2	62	2	1	11	22	17	39	13
1926	—	18	4	1	7	30	14	44	11
1927	30	15	3	2	2	24	8	32	22
1928	5	37	3	1	6	22	8	30	8
1929	—	207	7	6	3	16	9	25	17
1930	5	179	24	1	4	18	15	33	10
1931	9	40	19	1	6	21	12	33	14
1932	—	41	18	3	9	24	7	31	16
1933	—	38	11	2	11	27	16	43	16
1934	—	27	15	1	8	5	4	9	5
1935	—	86	13	—	11	13	5	18	12
1936	—	80	11	—	4	15	7	22	7
1937	—	91	26	1	11	20	8	28	30
1938	—	70	32	—	19	22	11	33	31
1939	—	36	22	—	19	18	6	24	32
1940	—	28	11	3	17	19	7	26	36
1941	—	49	27	1	8	18	5	23	23
1942	—	102	12	—	5	14	4	18	18
1943	—	80	16	—	8	22	5	27	25
1944	—	94	18	—	5	12	10	22	19
1945	—	47	7	—	4	17	9	26	9
1946	—	30	4	2	6	11	2	13	16
1947	—	51	6	—	6	23	4	27	7
1948	—	42	2	—	6	25	8	33	16
1949	—	37	1	—	4	33	2	35	41
Totals	164	3755	829	291	578	928	328	1256	518
Av'rg's	3.0	65.9	14.5	5.1	10.1	25.0	8.8	33.9	17.3

TABLE 19.
BIRTH RATE, STILL BIRTH RATE, INFANTILE MORTALITY RATE AND DEATHS FROM
DIARRHOEA FOR 10 YEAR PERIODS FROM 1896.

Decade	Live Births Rate per 1,000 of the Population		Still Births Rate per 1,000 Total Births	Infantile Mortality Rate		Total Deaths of Infants from Still Birth and Failure to survive 1st year of life. Rate per 1,000 total births	Death Rate from Diarrhoea under 2 years of age, per 1,000 live births	
	Brighouse	England & Wales		Brighouse	England & Wales		Brighouse	England & Wales
1896-1905	23.70	28.8	not known	139	147	not known	8.4	31.4
1906-1915	18.44	24.8	49.6	94	123	133.8	6.4	22.3
1916-1925	15.6	20.1	47.77	81	83	117.9	6.4	9.8
1926-1935	12.3	15.8	54.7	63	65	114	3.5	6.3
1936-1945	14.35	15.4	30.48	53.97	53	82.68	3.37	5.2
1946	16.87	19.1	25.19	33.79	43	57.95	1.99	4.4
1947	18.12	20.5	38.46	40.00	41	76.92	5.45	5.8
1948	16.55	17.9	26.72	39.22	34	64.88	0.00	3.3
1949	16.42	16.7	17.51	23.76	32	40.86	0.00	3.0

TABLE 20.
DEATHS FROM SPECIFIED CAUSES SINCE 1896.
BOROUGH OF BRIGHOUSE.

Maternal Mortality		Deaths from Various Causes—Rates per 1,000 Population												
Decade	Death Rate per 1,000 Total Births	Typhoid and Para typhoid Fever	Small- Pox	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Influ- enza	Can- cer	Tuberculosis			All Causes	
										Lungs	Other	Total	B'house	Engl'd & Wales
1896-1905	4.06	0.08	0.02	0.32	0.17	0.23	0.16	0.15	0.66	1.58	0.39	1.97	15.25	16.8
1906-1915	6.38	0.05	0.00	0.30	0.06	0.17	0.25	0.12	0.93	1.29	0.41	1.70	13.68	14.3
1916-1925	5.60	0.02	0.00	0.11	0.05	0.14	0.09	0.85	1.23	1.12	0.36	1.48	14.71	13.3
1926-1935	5.25	0.02	0.00	0.01	0.02	0.03	0.06	0.53	1.75	0.76	0.18	0.94	13.84	12.05
1936-1945	4.16	0.01	0.00	0.01	0.01	0.04	0.04	0.24	1.95	0.43	0.11	0.54	14.95	12.04
1946	0.00	0.03	0.00	0.00	0.00	0.03	0.00	0.10	2.42	0.40	0.03	0.43	14.42	11.5
1947	1.75	0.00	0.00	0.03	0.00	0.00	0.00	0.03	1.81	0.43	0.03	0.46	13.90	12.0
1948	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.04	0.42	0.06	0.48	14.18	10.8
1949	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.42	2.11	0.49	0.06	0.55	14.08	11.7

TABLE 21.

BOROUGH OF BRIGHOUSE.

TOTAL DEATHS FROM CERTAIN SPECIFIED CAUSES, AVERAGE DEATHS PER ANNUM, AND NOTIFICATIONS AND CASE MORTALITY OF CERTAIN INFECTIOUS DISEASES SINCE 1894.

	Maternal Mortality			Typhoid and Paratyphoid Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Cancer	Tuberculosis		
	Puerperal Sepsis	Other Puerperal Causes	Total									Lungs	Other	Total
Total Deaths since Incorporation of Borough, 1894	20	66	86	45	4	180	68	149	135	429	1766	1264	306	1570
Average Deaths Per Annum	0.36	1.18	1.54	0.80	0.07	3.21	1.21	2.66	2.41	7.66	31.54	22.57	5.46	28.03
Total Infectious Diseases Notified ...	—	—	—	291	164	Notifiable only since 1939 2782	3755	Notifiable only since 1939 469	829	Notifiable	Notifiable since 1913	929 only since 1913	327 since 1913	1256
Case Mortality Rate per 100 Cases ...	—	—	—	15.46	2.44	3 d'ths since 1939	1.81	7 d'ths since 1939	18.28	—	—	616 d'ths since 1913	168 d'ths since 1913	784 d'ths since 1913
						0.11		1.49				66.31	51.37	62.42

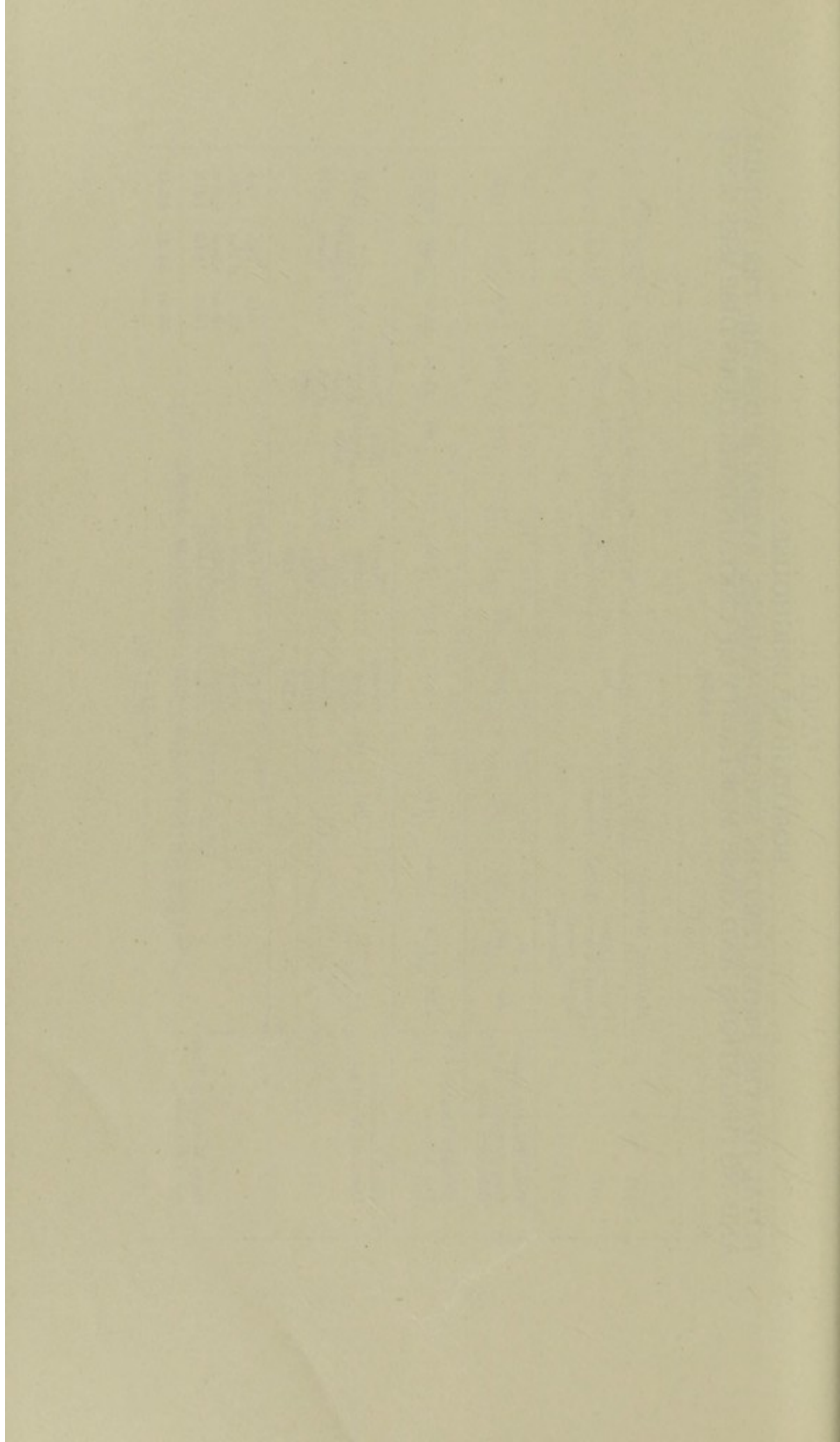


TABLE 22.
ANNUAL BIRTHS, STILL BIRTHS AND INFANTILE MORTALITY IN BRIGHOUSE SINCE THE
INCORPORATION OF THE BOROUGH, 1894.

Year	Population	Total Births	Stillbirths		Live Births		Birth Rate for England and Wales	Deaths of Infants under 1 year	Infantile Mortality Rate per 1,000 live births		Total Deaths of Infants from Stillbirth or failure to survive 1st year of life		Deaths from Diarrhoea under 2 years of age		
			No.	Rate per 1000 total Births	No.	Rate per 1000 of population			Brighouse	England and Wales	Stillbirths and Deaths under 1 year of age	Rate per 1000 total births	England and Wales		
													No.	Rate per 1000 live births	Rate per 1000 live births
1894	21,043				571	27.13	29.6	65	113.83	137			1	1.7	14.35
1895	21,153				573	27.08	30.3	76	132	161			15	26.2	33.85
1896	21,238				547	26.83	29.7	77	141	148			5	9.1	23.71
1897	21,347				573	26.84	29.7	74	129	156			4	6.9	36.33
1898	21,466				549	25.37	29.4	108	198	160			13	23.7	41.93
1899	21,570				503	23.31	29.3	61	128	163			2	3.97	44.90
1900	21,690				513	23.63	28.9	75	151	154			1	1.97	32.16
1901	21,780				516	23.69	28.5	91	176	151			11	21.3	36.66
1902	21,960				492	22.40	28.6	63	125	133			—	—	17.07
1903	21,983				501	22.78	28.4	60	120	132			4	7.99	21.92
1904	22,076				477	21.67	27.9	53	106	145			2	4.19	34.78
1905	22,100				454	20.54	27.2	54	111	128			2	4.41	25.02
1906	22,196				460	20.72	27.0	65	141	132			5	10.90	36.73
1907	22,280	442	20	45.25	422	18.94	26.3	42	99	116	62	140.3	—	—	14.76
1908	22,365	475	23	48.32	452	20.21	26.5	47	104	120	70	147.6	3	6.64	24.04
1909	22,455	428	17	39.72	411	18.30	25.6	40	97	109	57	133.2	1	2.43	14.97
1910	22,520	427	24	56.26	403	17.89	24.8	36	89	105	60	140.5	2	4.96	15.69
1911	20,843	391	24	61.64	367	17.57	24.4	29	79	130	53	135.5	9	24.50	44.04
1912	20,900	377	18	47.74	359	17.77	23.8	29	81	195	47	124.4	—	—	9.18
1913	20,960	397	24	60.41	373	17.79	23.9	25	67	108	49	123.4	2	5.34	24.20
1914	21,020	398	17	42.71	381	18.12	23.8	29	76	105	46	115.1	1	2.62	21.05
1915	21,100	361	16	44.32	345	17.10	21.8	36	104	110	52	144.0	2	5.79	18.86
1916	19,748	366	21	57.38	345	16.06	21.6	21	61	91	42	114.8	—	—	12.47
1917	19,332	310	15	48.40	295	13.68	17.8	26	88.4	96	41	132.3	6	2.03	12.18
1918	19,364				304	14.01	17.7	36	118	97			—	—	10.99
1919	21,000	304	11	36.18	293	14.01	18.5	26	88.6	89	37	121.3	1	3.4	9.59
1920	20,871	445	22	49.44	423	20.27	25.4	31	73.16	80	53	119.1	—	—	8.3
1921	20,610	416	22	52.90	394	19.12	22.4	38	111.0	83	60	144.2	4	10.2	15.5
1922	20,670				331	16.01	20.6	31	96.6	77			8	24.1	6.2
1923	20,390	299	14	46.82	285	13.48	19.7	16	56.14	69	30	100.4	3	10.52	7.7
1924	20,100	314	19	60.51	295	14.66	18.8	13	44	75	32	101.9	3	10.8	7.3
1925	19,920	303	9	29.70	294	14.70	18.3	24	81.6	75	33	108.9	1	3.4	8.4
1926	19,440	311	17	54.66	294	15.1	17.8	14	47	70	31	99.7	1	5.4	8.7
1927	19,380	267	11	41.20	256	13.2	16.7	23	90	69	34	127.3	—	—	6.3
1928	19,460	264	12	45.45	252	12.9	16.7	11	44	65	23	87.1	1	4.0	7.0
1929	19,640	267	18	67.41	249	12.1	16.3	20	80	74	38	142.3	2	8.0	8.1
1930	19,640	242	15	61.16	227	11.6	16.3	16	75	60	31	128.1	—	—	6.0
1931	19,940	219	14	63.9	205	10.3	15.8	15	73.2	66	29	132.4	—	—	6.0
1932	19,740	263	8	30.4	255	12.9	15.3	20	78.4	65	28	106.4	1	3.91	6.6
1933	19,670	213	8	37.6	205	10.4	14.4	10	48.4	64	18	84.5	—	—	7.1
1934	19,550	266	16	64.00	250	12.78	14.8	15	64.00	59	31	116.6	2	8.0	5.5
1935	19,510	258	21	81.40	237	12.15	14.7	9	37.97	57	30	116.3	1	4.22	5.7
1936	19,430	231	7	30.30	224	11.53	14.8	19	84.82	59	26	112.1	4	17.86	5.9
1937	30,120	425	18	42.35	407	13.51	14.9	17	41.77	58	35	82.4	—	—	5.8
1938	30,140	453	19	41.94	434	14.4	15.1	20	46.08	53	39	86.1	—	—	5.5
1939	29,900	441	19	43.08	422	14.1	15.0	17	40.28	50	36	81.6	—	—	4.6
1940	29,540	365	11	30.10	354	11.98	14.6	27	76.27	55	38	104.1	1	2.80	4.6
1941	29,680	407	16	39.31	391	13.17	14.2	29	74.16	59	45	110.5	—	—	5.1
1942	29,170	458	10	21.83	448	15.35	15.8	20	44.64	49	30	65.5	2	4.46	5.2
1943	28,500	474	6	12.66	468	16.42	16.5	20	42.73	49	26	54.8	1	2.13	5.3
1944	27,840	519	15	28.9	504	18.10	17.6	29	57.54	46	44	84.78	2	3.97	4.8
1945	27,540	420	6	14.29	414	15.03	16.1	13	31.4	46	19	45.24	1	2.42	5.6
1946	29,810	516	13	25.19	503	16.87	19.1	17	33.79	43	30	57.95	1	0.03	4.4
1947	30,350	572	22	38.46	550	18.12	20.5	22	40.00	41	44	76.92	3	5.45	5.8
1948	30,810	524	14	26.72	510	16.55	17.9	20	39.22	34	34	64.88	—	0.00	2.3
1949	30,760	514	9	17.51	505	16.42	16.7	12	23.76	32	21	40.86	—	0.00	3.0

TABLE 23.

ANNUAL DEATHS FROM SPECIFIED CAUSES IN BRIGHOUSE SINCE THE INCORPORATION OF THE BOROUGH,
1894.

Year	Population	Maternal Deaths			Number of Deaths from Various Causes and Rates per 1,000 of Population																				All Causes			
		Puer- peral Sep- sis	Other Puer- peral	Total Death Rate per 1000 Total Births	Typhoid and Paratyphoid Fever		Smallpox		Measles		Scarlet Fever		Whooping Cough		Diphtheria		Influenza		Cancer		Tuberculosis							
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Lungs		Other		Total	
																							No.	Rate	No.	Rate	No.	Rate
1894	21,043				5	0.24	—	0.00	4	0.19	1	0.05	13	0.61	4	0.19	7	0.33	13	0.61	36	1.71	7	0.33	43	2.04	312	14.6
1895	21,153				3	0.14	—	0.00	13	0.62	1	0.05	3	0.14	3	0.14	—	0.00	11	0.51	40	1.8	13	0.61	53	2.41	349	16.50
1896	21,238				2	0.09	—	0.00	16	0.75	3	0.14	6	0.28	—	0.00	—	0.00	14	0.65	40	1.74	3	0.14	43	1.88	360	17.00
1897	21,347				3	0.14	—	0.00	4	0.19	5	0.24	10	0.46	1	0.05	11	0.51	10	0.46	32	1.36					322	15.08
1898	21,466				4	0.24	—	0.00	12	0.56	3	0.14	1	0.05	2	0.09	1	0.05	17	0.79	41	1.72					418	17.60
1899	21,570				2	0.09	—	0.00	—	0.00	9	0.41	3	0.14	1	0.05	6	0.28	15	0.70	33	1.41					371	17.10
1900	21,690	—	2	3.89	2	0.09	—	0.00	10	0.46	7	0.32	13	0.60	6	0.28	—	0.00	15	0.70	39	1.82	12	0.56	51	2.38	399	18.39
1901	21,780	—	3	5.81	3	0.14	—	0.00	2	0.09	1	0.05	—	0.00	12	0.55	—	0.00	14	0.65	43	1.88					345	15.84
1902	21,960	—	2	4.06	1	0.05	2	0.09	14	0.65	2	0.09	5	0.23	7	0.31	2	0.09	9	0.41	33	1.50	9	0.41	41	1.91	305	13.88
1903	21,983	—	4	3.99	—	0.00	1	0.05	6	0.28	2	0.09	6	0.28	—	0.00	4	0.18	10	0.45	27	1.23	5	0.23	32	1.46	258	11.73
1904	22,076	—	—	0.00	—	0.00	1	0.05	—	0.00	3	0.13	5	0.23	1	0.05	4	0.18	21	0.95	43	1.94	13	0.59	56	2.43	305	13.81
1905	22,100	—	3	6.60	—	0.00	—	0.00	5	0.23	1	0.04	—	0.00	4	0.18	4	0.18	20	0.90	30	1.35	9	0.41	39	1.76	268	12.11
1906	22,196	—	5	10.86	2	0.09	—	0.00	7	0.31	7	0.31	4	0.18	1	0.05	1	0.04	21	0.94	27	1.21	13	0.58	40	1.79	312	14.50
1907	22,280	—	1	2.37	1	0.05	—	0.00	—	0.00	—	0.00	9	0.39	9	0.39	5	0.22	15	0.67	25	1.12	6	0.26	31	1.38	298	13.37
1908	22,365	—	1	2.21	—	0.00	—	0.00	14	0.63	—	0.00	—	0.00	10	0.45	6	0.26	20	0.89	31	1.38	11	0.49	42	1.87	320	14.30
1909	22,455	—	2	7.29	3	0.14	—	0.00	1	0.04	2	0.09	8	0.35	5	0.22	7	0.31	16	0.71	26	1.15	5	0.22	31	1.37	283	12.60
1910	22,520	—	3	7.46	1	0.05	—	0.00	11	0.48	1	0.04	5	0.22	4	0.18	2	0.09	27	1.20	24	1.06	10	0.44	34	1.50	264	11.72
1911	20,843	1	1	5.44	1	0.05	—	0.00	—	0.00	—	0.00	2	0.10	3	0.14	3	0.14	14	0.67	24	1.14	10	0.48	34	1.62	258	12.53
1912	20,900	1	1	5.57	2	0.10	—	0.00	2	0.10	3	0.15	3	0.15	1	0.05	—	0.00	25	1.19	27	1.24	9	0.43	36	1.67	294	14.06
1913	20,960	1	2	8.04	1	0.05	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	18	0.85	39	1.91	6	0.28	45	2.19	284	13.55
1914	21,020	1	2	7.87	—	0.00	—	0.00	1	0.04	—	0.00	6	0.28	5	0.23	—	0.00	27	1.28	34	1.62	9	0.42	43	2.04	290	13.80
1915	21,100	1	2	8.69	—	0.00	—	0.00	31	1.43	1	0.04	—	0.00	15	0.71	4	0.17	18	0.89	22	1.04	11	0.52	33	1.56	331	16.40
1916	19,748	1	1	5.79	—	0.00	—	0.00	2	0.10	—	0.00	2	0.10	8	0.38	4	0.17	30	1.51	27	1.42	12	0.60	39	2.02	316	16.05
1917	19,332	1	2	10.16	1	0.05	—	0.00	2	0.10	1	0.05	—	0.00	1	0.05	8	0.38	19	1.03	19	0.93	12	0.60	31	1.53	299	15.51
1918	19,364	1	1	6.57	—	0.00	—	0.00	3	0.15	—	0.00	15	0.77	2	0.10	59	3.04	22	1.13	32	1.65	7	0.35	39	2.00	373	19.26
1919	21,000	—	2	6.82	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	28	1.39	20	0.99	26	1.31	6	0.29	32	1.59	295	14.60
1920	20,871	—	—	0.00	—	0.00	—	0.00	7	0.33	1	0.05	—	0.00	3	0.14	4	0.19	28	1.34	23	1.10	5	0.24	28	1.34	271	12.98
1921	20,610	—	—	—	1	0.05	—	0.00	—	0.00	1	0.05	3	0.14	2	0.10	7	0.34	19	0.91	19	0.91	7	0.34	26	1.25	263	12.76
1922	20,670	—	2	6.04	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	19	0.92	25	1.21	18	0.87	6	0.29	24	1.16	265	12.82
1923	20,390	1	1	7.01	—	0.00	—	0.00	1	0.05	—	0.00	3	0.15	—	0.00	9	0.44	21	1.03	21	1.03	6	0.29	27	1.32	272	13.33
1924	20,100	—	1	3.38	—	0.00	—	0.00	—	0.00	4	0.19	3	0.15	2	0.09	23	1.14	28	1.38	23	1.14	7	0.34	30	1.48	283	14.08
1925	19,920	1	2	10.20	1	0.05	—	0.00	7	0.35	1	0.05	1	0.05	—	0.00	10	0.50	35	1.81	17	0.85	6	0.30	23	1.15	314	15.70
1926	19,440	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	10	0.51	36	1.85	20	1.02	5	0.25	25	1.27	257	13.2
1927	19,380	—	1	3.90	—	0.00	—	0.00	2	0.10	—	0.00	—	0.00	1	0.05	25	1.29	34	1.75	20	1.02	6	0.31	26	1.33	297	15.3
1928	19,460	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	6	0.31	20	1.03	17	0.87	4	0.20	21	1.07	243	12.5
1929	19,640	—	1	4.01	1	0.05	—	0.00	—	0.00	—	0.00	1	0.05	—	0.00	24	1.22	36	1.83	18	0.91	6	0.30	24	1.21	308	15.7
1930	19,640	—	2	8.80	2	0.10	—	0.00	—	0.00	2	0.10	2	0.10	1	0.05	3	0.15	39	1.98	13	0.66	1	0.05	14	0.71	266	13.5
1931	19,940	—	1	4.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	2	0.10	5	0.25	35	1.75	15	0.75	6	0.30	21	1.05	273	13.7
1932	19,740	1	1	7.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	13	0.65	31	1.57	12	0.61	2	0.10	14	0.71	266	13.4
1933	19,670	—	1	4.70	1	0.05	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	10	0.58	35	1.74	12	0.61	1	0.05	13	0.66	283	14.4
1934	19,550	1	3	15.04	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	3	0.15	40	2.05	11	0.56	2	0.10	13	0.66	274	14.0
1935	19,510	—	1	3.88	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	3	0.15	38	1.90	11	0.56	2	0.10	13	0.66	247	12.7
1936	19,430	3	—	12.99	—	0.00	—	0.00	—	0.00	2	0.10	2	0.10	3	0.15	4	0.20	38	1.96	8	0.41	4	0.20	12	0.61	294	15.13
1937	30,120	1	—	2.35	—	0.00	—	0.00	—	0.00	1	0.03	1	0.03	2	0.07	24	0.79	55	1.83	17	0.56	4	0.13	21	0.69	447	14.84
1938	30,140	—	1	2.21	1	0.03	—	0.00	—	0.00	1	0.03	—	0.00	—	0.00	3	0.09	52	1.73	10	0.33	4	0.13	14	0.46	404	13.4
1939	29,900	2	—	4.53	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.03	4	0.13	61	2.04	14	0.47	3	0.10	17	0.57	476	15.92
1940	29,540	—	—	0.00	—	0.00	—	0.00	2	0.07	—	0.00	—	0.00	—	0.00	9	0.30	47	1.59	10	0.34	4	0.14	14	0.47	462	155

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
AND CLEANSING SUPERINTENDENT FOR THE YEAR
1949.

TO HIS WORSHIP THE MAYOR, ALDERMEN AND
COUNCILLORS OF THE BOROUGH OF BRIGHOUSE.

Mr. Mayor, Lady and Gentlemen,

I have pleasure in submitting to you my Annual Report on the Sanitary and Cleansing Services for the year 1949. Following previous custom the Report on Sanitary Administration covers the year ending 31st December, 1949, whilst the Cleansing Section is for the Financial Year ending 31st March, 1950.

The year witnessed the transfer of Dairy Farms and Milk Production from local authorities to the Ministry of Agriculture. Milk Distribution is still, however, under the control of the local authority.

Considerable attention was again paid to the supervision of Food Preparation Premises and large alterations were made. The personal hygiene viewpoint was stressed and generally speaking good progress was made.

It is regretted that three standard soot gauges were not able to be brought into use until the last month of the year, but the degree of atmospheric pollution can be determined from then onwards.

Acute labour shortage in the personnel of the Public Cleansing Service still remains a most serious problem. Between 30% and 40% of the staff are European Voluntary Workers and, even with such we are still below normal complement.

Our fine record of income from salvage sales received a setback during the year due to price reductions, but despite this there was still a goodly surplus and we were still able to record a profit on Refuse Disposal.

1949 saw the first attempt by the Department at constructional controlled tipping, a disused stone quarry in Blackburn Road which had been an eyesore and source of nuisance for many years. was completed and made into a sunken garden. It is hoped that this will induce the Health and Cleansing Committee to obtain more such sites with a view to returning them to good use.

Finally, I would take the opportunity of expressing my appreciation to the Chairman and Members of the Health and Cleansing Committee for their continued confidence and support and to every individual member of my staff for their assistance.

I am, Mr. Mayor, Lady and Gentlemen,

Your obedient servant,

C. R. MOSS,

Chief Sanitary Inspector and
Cleansing Superintendent.

WATER.

Public Water Supplies.

The Borough of Brighouse is supplied with water from the Halifax Corporation Reservoirs, and during the year under review regular routine samples for Bacteriological Examination were taken from the various Wards in the Borough with the following results:—

Ward.	Number of Samples Submitted.	Number Satisfactory.	Number Unsatisfactory.
Central	6	6	—
Clifton	6	6	—
Hipperholme	6	6	—
Hove Edge	6	5	1
Longroyde	6	4	2
Lightcliffe	6	6	—
Southowram	6	6	—
Woodhouse	6	5	1
Totals ...	48	44	4

Private Water Supplies.

During the year samples were also submitted from private wells and springs in the Borough with the following results:—

Situation.	No. Submitted.	Satisfactory.	Suspicious.
Ashgrove Sanitary Pipe Works ...	1	1	—
Ashgrove Cottage, Elland Road ...	1	—	1
1-4 Ridge End, Rastrick	1	—	1
Field Head, Norwood Green ...	1	—	1
Regional Slaughterhouse, Brighouse	1	1	—
Totals ...	5	2	3

Examination for Plumbo-Solvency.

One sample of water was submitted during the year for special examination for Plumbo-solvency, details of the examinations were as follows:—

Supply.	Date Sample Collected.	Address at which Collected.	Approx. length of Lead Ser- vice Pipe.	Result of Examination.	
				Lead con- tents (Grains per Gal.	pH value.
After standing in pipe for measured period of $\frac{1}{2}$ hr.	22-3-49	58 Garden Road, Brighouse	24ft.	Nil	7.1
After standing in pipe all night	22-3-49	do.	24ft.	Nil	7.1

Water Supply—Public Swimming Baths.

Routine samples of the water in the Bathing Pool of the Public Swimming Baths, Mill Royd Street, were submitted during the year for Bacteriological Examination. The details of these are as follows :—

Month.	No. Obtained.	No. Satisfactory.
March	2	2
May	2	2
July	4	4
August	2	2
September	2	2
October	2	2
Totals	14	14

SANITARY ACCOMMODATION.

139 additional water closets were provided during 1949 to existing properties.

The following table indicates the numbers of the various types of Sanitary Conveniences in the Borough at the end of the year :—

Fresh Water Closets	10,701
Waste Water Closets	70
Pail Closets	187
Privies	90

7 Privies and 17 Pail Closets were converted to Fresh Water Closets during the year ; whilst 2 Privies and 2 Pail Closets were also abolished. In addition 3 Waste Water Closets were converted to Fresh Water Closets.

DRAINAGE.

90 inspections were paid during the year in connection with the repairs and reconstruction of drains to existing houses.

In 2 instances use was made of the smoke test whilst in 194 instances the use of the colour test was resorted to, and the water test was used 7 times.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS.

(1) Offensive Trades.

The following Offensive Trades are carried on in the Borough with the permission of the Council :—

Tripe Boiler	1
Soap Boilers	2
Fat Melters	1
Rag and Bone Dealers	2

48 inspections were paid to these premises during the year, and the Byelaws were found to be well observed.

MOVABLE DWELLINGS.

Tents, Vans, Sheds, etc.

Three sites in the Borough are licensed under the provisions of Section 269 of the Public Health Act, 1936, as sites for movable dwellings, as follows :—

Land, Atlas Mill Road	3 caravans.
Broadholme Mill Yard, Atlas Mill Road	1 caravan.
Land, Hill Crest Works, Hipperholme	1 caravan.

FACTORIES ACT, 1937.

Bakehouses.

176 inspections were paid during the year to the 29 bakehouses in the Borough.

Factories (Mechanical and Non-Mechanical).

3 Complaints were received from H.M. Inspector of Factories. The following improvements were carried out at Factory Premises during the year :—

SANITARY ACCOMMODATION.

				Number of Defects.	
				Found.	Remedied.
Absence of Sanitary Accommodation	...	...	...	1	—
Conveniences not screened	...	...	...	1	1
Absence of doors to w.c.'s	...	...	...	1	1
Obsolete and insanitary urinal	...	...	...	1	1
Absence of lighting	...	...	...	1	1
Conveniences requiring cleansing	...	...	...	1	1

313 inspections were paid to these premises during the year, and the following additional defects were revealed and action taken :—

Conveniences not labelled as to sex	4
Defective Intervening ventilated space	2
Absence of ventilation	1
Absence of artificial light	3
Conveniences requiring lime-washing	4
New sanitary conveniences necessary	4
Defective w.c. seats	1
Absence of door fasteners to w.c.	3

The following is a list of classified trades carried on in the Borough :—

Aerated Waters	1
Aircraft Parts	1
Asphalt	1
Bakehouses	21
Bedding Manufacture	2
Blacksmiths	3
Boot and Shoe Repairs	7
Brick Manufacture	7
Cabinet Making	4
Caravans	1
Card Clothing	4
Carpet Manufacture	4
Cattle Foods	2
Chemicals	1
Clock Making	1
Clothing	7
Coal Gas	1
Condiments	3
Dyers	7
Electrical Trades	5
Electro Plating	1
Enamelling	1
Engineers	15
Fireplaces	1
Fish Meal	1
Flock Cleaning and Teasing	1
Flour Milling	1
Food Preparation	8
Generation of Electricity	2
Glazed Pipes	1
Gramophone Parts	1
Handbags	1
Ice Cream	1
Joinery	26
Laundering	4

Machine Tools	.....	.....	.....	.....	.....	5
Maltsters	.....	.....	.....	.....	.....	3
Metal Founding	.....	.....	.....	.....	.....	9
Mortar Grinding	.....	.....	.....	.....	.....	4
Motor Vehicle Repairs	.....	.....	.....	.....	.....	18
Oil Refining	.....	.....	.....	.....	.....	1
Oil Recovery	.....	.....	.....	.....	.....	2
Packing Manufacture	.....	.....	.....	.....	.....	3
Packing Cases	.....	.....	.....	.....	.....	1
Paint Manufacture	.....	.....	.....	.....	.....	2
Patent Glazing	.....	.....	.....	.....	.....	1
Pattern Making	.....	.....	.....	.....	.....	3
Paving Slabs	.....	.....	.....	.....	.....	2
Photography	.....	.....	.....	.....	.....	2
Plumbing	.....	.....	.....	.....	.....	5
Printing	.....	.....	.....	.....	.....	3
Radio	.....	.....	.....	.....	.....	3
Rubber Pads—Horses	.....	.....	.....	.....	.....	1
Rubber—Fabric Lined	.....	.....	.....	.....	.....	1
Sheet Metal Workers	.....	.....	.....	.....	.....	4
Soap Manufacture	.....	.....	.....	.....	.....	2
Stone Sawing	.....	.....	.....	.....	.....	1
Tailoring	.....	.....	.....	.....	.....	2
Tanning	.....	.....	.....	.....	.....	2
Textiles	.....	.....	.....	.....	.....	35
Warehousing	.....	.....	.....	.....	.....	3
Wire Drawing	.....	.....	.....	.....	.....	10
Wire Goods	.....	.....	.....	.....	.....	7
Total	.....	.....	.....	.....	.....	283

RATS AND MICE (DESTRUCTION) ACT, 1919. INFESTATION ORDER, 1943.

This work is carried out by the Part-time Rodent Operative employed by the Department and the following table indicates the types of infestations dealt with and the results obtained.

(1) Types of Infestation.

Reservoir	.....	.....	.....	.....	.....	.....	Nil.
Major	.....	.....	.....	.....	.....	.....	11
Minor	.....	.....	.....	.....	.....	.....	69

(2) Types of Poisons and Baits used.

BAITS.		POISONS.	
Sausage Rusk.		Zinc Phosphide.	
Bread Mash.		Red Squill.	
Flour.		Arsenic.	

(3) Results of Treatment.

Cases outstanding at commencement of year	2	
New private premises treated during year	35	
New Local Authority premises treated during year	4	
New Business premises treated during year	21	
	<hr/>	62
Private premises re-treated during year	5	
Local Authority premises re-treated during year	8	
Business premises re-treated during year	5	
	<hr/>	18
	<hr/>	
Total		80
	<hr/>	
Premises cleared of rats		80
Infestations outstanding at year end		Nil.
Number of pre-baits laid		1761
Number of poison baits laid		455
Number of check baits laid		413
	<hr/>	
Total		2629
	<hr/>	
Number of bodies seen		46
Estimated kill		945
	<hr/>	
Total		991
	<hr/>	
Number of visits paid by Rodent Operative during the year in connection with the above infesta- tions		611
Number of inspections paid to premises by Inspectors in respect of infestations		229
	<hr/>	
Total		840

(4) Premises treated for Infestation by Mice.

40 premises were successfully treated for infestation by mice during the year, comprising 31 Private premises and 9 Business premises.

SMOKE ABATEMENT.

320 "timed $\frac{1}{2}$ hour" observations were taken during 1949, compared with 124 for the previous year. The following table gives detailed particulars of the observations taken :—

No. of chimneys of which observations have been taken	61
No. of observations taken	320
Average No. of minutes black smoke during the above 320 observations	1.31
Average No. of minutes smoke other than black smoke during the 320 observations	4.82
No. of observations showing black smoke	89
Average No. of minutes black smoke during the above 89 observations	4.71
No. of observations showing black smoke exceeding 3 minutes in every 30	15
Average No. of minutes black smoke during the above 15 observations	20.46
Maximum No. of minutes black smoke emitted by any one chimney during 30 mins. observation	30
No. of Notices of Offence served	15

Three Atmospheric Pollution Gauges were brought into use as and from December 1st, 1949. The following sites were selected in conjunction with the Department of Scientific and Industrial Research :—

1. King George V. Park, Lightcliffe.
2. Wellholme Park, Brighouse.
3. Carr Green, Rastrick.

The results obtained for the month of December, 1949, were as follows :—

	Carr Green.	King George V. Park.	Wellholme Park.
	Tons per square mile.		
Rainfall Inches ...	3.62	5.26	4.8
Total Solids ...	14.34	12.04	14.73
Undissolved Matter ...	6.02	2.68	7.38
Dissolved Matter ...	8.32	9.39	7.35
Tar ...	0.10	0.07	0.10
Sulphate as SO ₄ ...	2.24	0.76	1.09
Chlorine as Cl ...	3.68	4.38	3.68
Lime as CA ...	0.45	0.35	0.31

FOOD INSPECTION AND SUPERVISION. MILK SUPPLY.

Routine inspections were made to all dairies and cowsheds until the 1st October, 1949, on which date milk production was transferred to the Ministry of Agriculture and Fisheries under the provisions of the Milk and Dairies Regulations, 1949.

At the time of transfer there were 76 dairy farms in the Borough, containing 120 cowsheds and housing approximately 1,200 dairy cattle.

The following is a detailed list of improvements at dairy farms carried out at the request of your Officers and completed for the end of September :—

Additional light and ventilation provided to cowshed	1
Sterilising room provided	1
Steam sterilising equipment provided	1
Dairy reconstructed	1
Cowshed re-roofed	1
Gable wall to cowshed rebuilt and cement rendered	1
Cowshed roof repaired	1
Sterilising and cooling rooms cement rendered	2
New cowshed constructed	1

At the time of transfer there were 26 Accredited Farms and 11 Tuberculin Tested Farms.

It is a matter of regret that this work, which had been energetically carried out, should no longer be under the control of your Council.

Chemical Examination of Milk.

The work in connection with the sampling of milk is administered by the West Riding County Council's Inspector and myself, the County Council bearing the cost of sampling and also providing any legal assistance necessary.

130 samples were submitted for analysis, all of which were formal samples and were reported by the Analyst to be Genuine.

15 samples failed to reach the standard of 8.5% solids not fat, but in each case the Freezing Point indicated that water had not been added.

	Total Solids.	Solids not fat.	Milk Fat.
Board of Agriculture Standard ...	11.5	8.5	3.0
Average of 130 Samples ...	12.36	8.67	3.69
Average of 115 reaching Standard ...	12.38	8.70	3.67
Average of 15 sub-standard Samples ...	12.22	8.43	3.78

Bacteriological Examination of Milk.

During the year 388 samples of milk were taken in the Borough by Officers of this Department for examination at the Public Health Services Laboratory, Wakefield, these were submitted for examination by the Phosphatase and Methylene Blue Tests, with the following results :—

	Methylene Blue Test.			Phosphatase Test.		
	Sat.	Unsat.	Total.	Sat.	Unsat.	Total.
HEAT TREATED MILK.						
(a) School Milks	25	2	27	27	—	27
(b) Milk in course of delivery to dwellinghouses	58	10	68	59	9	68
DESIGNATED MILKS.						
(a) Tuberculin Tested ...	24	8	32			
(b) Accredited	70	18	88			
UNDESIGNATED MILKS.						
(a) Milk in course of delivery to dwellinghouses	54	24	78			
Totals ...	231	62	293	86	9	95

Biological Examination of Milk.

			No. of Samples free from tubercular bacillus.	No. of Samples found Tuberculous.	Total.
Heat Treated Milk			—	—	—
Tuberculin Tested Milk ...			3	—	3
Accredited Milk			6	*1	7
Undesignated Milk			6	—	6
			15	*1	16

*Subsequent action by Ministry of Agriculture and Fisheries resulted in one beast being removed and slaughtered under the Tuberculosis Order, 1938.

FOOD.

Meat Inspection.

There is one Ministry of Food Slaughterhouse situated in the Borough, where slaughtering takes place. The area served by the slaughterhouse is the Borough earea and the Elland district, the population served by the same being approximately 50,000.

The whole of the Meat Inspection is carried out by your Officers and particulars of the animals slaughtered are given in the following table :—

5. TINNED AND BOTTLED GOODS.

1 tin Marmalade.	24 tins Syrup.
18 tins Pears.	6 ins Tuna Fish.
25 tins Plums.	5 tins Cray Fish.
29 tins Peaches.	6 tins Salmon.
8 tins Pineapple.	4 tins Sild.
28 tins Grapes.	1 tin Fish Paste.
29 tins Apples.	1 tin Mussels.
11 tins Grapefruit Juice.	2 tins Olives.
399 tins Evaporated Milk.	2 jars Vinegar.
11 tins Condensed Milk.	36 jars Salad Cream.
55 tins Tomatoes.	13 jars Piccalilli.
42 tins Beans.	31 jars Pickled Walnuts.
41 tins Peas.	87 jars Mixed Pickles.
18 tins Soup.	6 jars Beetroot.
2 tins Luncheon Meat.	7 jars Sauce.
25 tins Veal Loaf.	24 jars Malt-choc.
7 tins Pork.	2 jars Gooseberries.
27 tins Pilchards.	43 tins Corned Beef (large).
3 tins Jam.	30 tins Corned Beef (small).
9 tins Rabbits.	

CARCASSES INSPECTED AND CONDEMNED.

				Sheep & Cows. Bovines. Calves. Lambs. Pigs.				
Number Slaughtered	...	...	...	557	1095	1469	6644	172
Number Inspected	...	...	...	557	1095	1469	6644	172
ALL DISEASES EXCEPT TUBERCULOSIS :								
Whole Carcasses condemned	...	...		2	—	11	6	1
Carcasses of which some part or organ was condemned	...	...	...	367	753	1	309	3
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	66.2%	68.7%	.8%	4.7%	2.4%
TUBERCULOSIS ONLY :								
Whole carcasses condemned	...	...		11	4	4	—	1
Carcasses of which some part or organ was condemned	...	...	...	149	208	1	—	3.
Percentage of the number inspected affected with tuberculosis	...	...		28.7%	19.3%	.3%	—	2.4%

**LIST OF UNSOUND MEAT CONDEMNED AND SURRENDERED AT THE MINISTRY OF
FOOD SLAUGHTERHOUSE, GIVING WEIGHTS AND CAUSES OF CONDEMNATION IN
MONTHLY ORDER.**

Disease.	Jan. lbs.	Feb. lbs.	Mar. lbs.	Apr. lbs.	May lbs.	June lbs.	July lbs.	Aug. lbs.	Sep. lbs.	Oct. lbs.	Nov. lbs.	Dec. lbs.	Totals lbs.
Actinomycosis	—	—	40	—	—	—	—	—	40	—	—	—	80
Acute Fever	—	—	—	—	—	—	—	—	—	—	83	—	83
Angiomatosis	53	—	38	17	14	18	—	—	84	93	54	—	371
Congenital Tuberculosis	—	—	—	—	—	—	—	—	52	33	—	—	85
Cirrhosis	217	224	215	338	577	93	689	905	636	896	1365	794	6949
Cysts	—	—	—	32	—	—	—	—	—	—	—	—	32
Decomposition	10	63	—	—	—	22	217	89	—	27	4	—	432
Distomatosis	15	14	—	6	10	—	2	29	87	177	286	96	722
Dropsy	—	—	—	—	—	—	—	25	—	—	24	239	288
Fatty Degeneration ...	—	—	—	—	—	—	—	—	—	20	—	—	20
Hydronephrosis	—	8	—	—	—	—	—	—	—	—	—	—	8
Immaturity	—	—	—	—	—	—	—	—	45	—	—	—	45
Inflammatory Condition...	—	—	5	—	15	—	—	—	—	—	—	5	25
Jaundice	—	—	—	—	—	—	—	42	—	—	27	—	69
Mastitis	93	36	93	48	47	—	59	157	179	168	198	10	1088
Moribund	80	—	—	—	—	—	—	—	—	—	—	—	80
Multiple Abscesses ...	62	—	37	47	12	27	67	90	16	43	35	14	450
Pyæmia	—	—	39	—	—	—	—	—	—	—	16	—	55
Septicæmia	629	76	—	—	—	—	—	—	—	—	36	518	1259
Swine Erysipelas ...	—	—	—	90	—	—	—	—	—	—	—	—	90
Tuberculosis	1661	1370	1053	1225	668	600	1501	2329	3370	4769	5644	752	24962

TOTAL WEIGHT — 16 Tons, 12 Cwts., 0 Qtrs., 9 Lbs.

FOOD AND DRUGS ACT, 1938.

Sausages and Cooked Meats.

11 applications were made during the year for premises to be registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale under the provisions of Section 14 of the Act and in each case the applications were granted.

There are now 31 premises registered for this purpose in the Borough.

Considerable attention has been paid during the year to these premises. The importance of food hygiene has been particularly stressed and metal posters have been supplied to owners of the premises for affixing to the doors of toilets stressing the importance of washing hands after using the sanitary convenience.

In addition, considerable structural alterations have been made to many food preparation premises, the details of which have been given in the list of Sanitary Improvements effected.

Ice Cream.

21 applications were also received from shop premises to retail ice cream, whilst an application from a firm outside the Borough was also granted to retail ice cream from a vehicle traversing the Borough. In addition 4 applications were granted for the manufacture of 'iced lollies.'

There are in the Borough 3 ice cream manufacturers, and all ice cream from these premises is heat treated. Considerable progress has been made at 2 of these establishments during the year, the manufacturers being most desirous of making their premises comply in all respects with the Ice Cream (Heat Treatment etc.) Regulations.

At the end of the year there were 40 shop premises registered for the sale of ice cream, in addition to 3 vehicles, and 4 premises were registered for the sale of 'iced lollies.'

94 samples of ice cream were submitted for bacteriological examination, with the following results:—

Month.	Result of Methylene Blue Test.			
	1	2	3	4
January	6	—	—	—
February	5	—	—	—
March	5	—	—	—
April	5	—	—	—
May	5	3	3	—
June	6	1	5	11
September	7	10	4	—
October	5	3	3	2
November	1	4	—	—
Totals	45	21	15	13
Percentages	47.87%	22.35%	15.95%	13.83%

The following are the Grades of Bacterial cleanliness of Ice Cream :

Grade 1—Time taken to reduce Methylene Blue, $4\frac{1}{2}$ hours or more.

Grade 2—Time taken to reduce Methylene Blue, $2\frac{1}{2}$ hours to 4 hours.

Grade 3—Time taken to reduce Methylene Blue, $\frac{1}{2}$ hour to 2 hours.

Grade 4—Time taken to reduce Methylene Blue, 0 hours.

A Sub-Committee Report issued by the Public Health Laboratory Services Staff of the Medical Research Council states that it would be unwise to pay too much attention to the result of any one sample and it is suggested that the Ministry of Health's practice in respect of water might be followed with advantage, namely to expect about 50% of samples to fall in Grade 1, 80% into Grades 1 or 2, not more than 20% into Grade 3, and none in Grade 4.

LEGAL PROCEEDINGS.

Date of hearing.	Offence.	Result.
22nd June, 1949	For failing to comply with Legal Notice arising from Sanitary Defects at 5, 7 and 9 Regent Place.	Orders made for the necessary works to be carried out within six weeks, with costs amounting to £3-8-0.
do.	For failing to comply with Legal Notice arising from Sanitary Defects at 5 Regent Place.	
do.	For failing to comply with Legal Notice arising from Sanitary Defects at 7 Regent Place.	
do.	For failing to comply with Legal Notice arising from Sanitary Defects at 9 Regent Place.	

INFECTIOUS DISEASE AND DISINFECTION.

377 visits were paid during the year to cases of infectious disease. 30 disinfections were carried out after infectious disease.

PESTOLOGY.

8 houses were treated with hydrogen cyanide gas for bug infestation and 12 houses were treated with D.D.T. for the same reason.

The furniture and effects from 2 houses affected with vermin were treated with H.C.N. prior to removal to new Council houses.

7 houses were treated with Gamexane or D.D.T. for cockroaches, and 8 houses were treated for flea infestation.

SANITARY INSPECTION OF DISTRICT.

Total Number of Inspections	.....	.....	.....	.....	11225
Bakehouses Inspected	.....	.....	.....	.....	176
Caravans Inspected	.....	.....	.....	.....	29
Canal Boats Inspected	.....	.....	.....	.....	7
Cinemas Inspected	.....	.....	.....	.....	3
Complaints Investigated	.....	.....	.....	.....	356
Cowsheds and Dairies	.....	.....	.....	.....	1073
Drainage Inspections	.....	.....	.....	.....	90
Dwellinghouses Inspected :—					
Dwellinghouses Inspected and Recorded	.....	.....			10
Housing Acts—Overcrowding Survey	.....	.....			151
Housing Acts—Squatters' Premises	.....	.....			113
Public Health Acts	.....	.....	.....	.....	1112
Dwellinghouses Re-inspected :—					
Housing Acts—Overcrowding Survey	.....	.....			48
Public Health Acts	.....	.....	.....	.....	3023
Disinfections	.....	.....	.....	.....	30
Disinfestations	.....	.....	.....	.....	47
Drains Tested with Water	.....	.....	.....	.....	7
Drains Tested with Smoke	.....	.....	.....	.....	2
Drains Tested with Colour	.....	.....	.....	.....	194
Factories Inspected	.....	.....	.....	.....	313
Food Shops	.....	.....	.....	.....	165
Food Preparation Premises	.....	.....	.....	.....	416
Hydrogen Cyanide Regulations :—					
Premises Treated	.....	.....	.....	.....	8
Premises Inspected	.....	.....	.....	.....	32
Ice Cream Premises Inspected :—					
Manufacture	.....	.....	.....	.....	96
Retail	.....	.....	.....	.....	69
Infectious Diseases	.....	.....	.....	.....	377
Markets Inspected	.....	.....	.....	.....	136
Miscellaneous Visits	.....	.....	.....	.....	52
Offensive Trades :—					
Fish Frying Premises	.....	.....	.....	.....	130
Fat Rendering Premises	.....	.....	.....	.....	42

Tripe Boiling Premises	6
Public Cleansing Service	1248
Public Conveniences	215
Rats and Mice (Destruction) Act	229
Shops Acts	64
Smoke Observations	342
Slaughterhouse—Regional	395
Soap Works Inspected	3
Work in Progress	568

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED. PUBLIC HEALTH ACTS, 1875 - 1936.

Brighthouse Corporation Act, 1907.

Interior of Houses.

Windows repaired and renewed	2
Ventilation provided	7
Fireplace fixtures renewed and repaired	15
Ceilings replastered	10
Walls replastered	45
Glazed sinks provided in place of stone sinks	24
Smokey Chimneys abated	1
Sink Waste Pipes repaired and renewed	29
Sash Cords renewed	19
Burst water pipes repaired	11
Chimney flues repaired	7
Water gaining access to cellar abated	2
Sewage gaining access to cellar abated	19
Window frames renewed or repaired	6
Defective doors repaired	7
Firebacks renewed and repaired	2
Floors repaired	12
Dirty houses cleansed	7
Sink waste pipe traps provided	2
Ceilings raised	2

Exterior of Houses.

Chimney pots renewed	2
Eavesgutters renewed or repaired	25
Decayed pointing renewed	24
Leaky Roofs repaired	55
Rain water pipes renewed or repaired	41
Mastic pointing to windows renewed	14
Walls cement rendered	3
Walls repaired	5
Valley gutters cleansed and repaired	2
Chimney stacks rebuilt	10

Rain water pipe made to discharge over gully	1
Defective putty pointing renewed to windows	5
Dwellinghouse re-roofed	1

Yards and Outbuildings.

Paving re-laid	11
Offensive accumulations removed	5
Dilapidated outbuildings abolished	1
Coal storage premises provided	1

Drainage.

Drains repaired and renewed	57
Drains cleansed from obstruction	65
Inspection Chambers provided	9
Gullies renewed	28
Inspection Chamber cover renewed	1
Drains connected to sewer	1
Domestic filter units installed	5
Premises re-drained	10
Cesspool abolished	1

Sanitary Conveniences.

Flushing cisterns repaired	4
Privy middens converted to water carriage system	7
Seats repaired or renewed	1
Walls repaired	5
W.C. pedestal renewed	3
Doors renewed or repaired	1
Pail closets abolished	2
Waste Water Closets converted to water carriage system	3
Additional W.C.'s provided	36
Dry Ashpits abolished	1
Privies abolished	2
Pail Closets converted to Fresh Water Closets	17

House Refuse Accommodation.

Dilapidated dustbins renewed	158
Additional dustbins provided	5

Hydrogen Cyanide Regulations.

Soft goods steam disinfected	5
Premises treated with H.C.N. gas	8

Miscellaneous.

Keeping animals so as to be a Nuisance abated	3
---	---

Food Preparation Premises.

Preparation rooms cleansed	5
New concrete floor provided	4
Ventilation provided	3

Walls of preparation room re-painted	.....	.....	.....	14
Walls cement rendered	.....	.....	.....	11
Ceilings underdrawn	.....	.....	.....	2
New glazed sinks provided	.....	.....	.....	3
New gas-fired baking oven provided	.....	.....	.....	1
Preparation rooms limewashed	.....	.....	.....	2
Dilapidated door renewed	.....	.....	.....	1
Hot water supply provided	.....	.....	.....	3
Walls to external W.C. cleansed	.....	.....	.....	1
Plaster walls re-plastered	.....	.....	.....	2

Factories.

Conveniences limewashed	.....	.....	.....	.....	4
Conveniences labelled as to sex	.....	.....	.....	.....	1
Intervening ventilated space provided	.....	.....	.....	.....	1
Artificial light provided	.....	.....	.....	.....	4
Ventilation provided	.....	.....	.....	.....	1
New urinal provided	.....	.....	.....	.....	1
Screen provided to sanitary conveniences	.....	.....	.....	.....	1
Additional W.C.'s provided	.....	.....	.....	.....	4
W.C. seats renewed or repaired	1
Door fasteners provided	1

Shops Act, 1934.

Additional W.C. provided	1
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Smoke Abatement.

New automatic worm underfeed stoker installed complete with thermostatic control	1
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PUBLIC CLEANSING SERVICE.

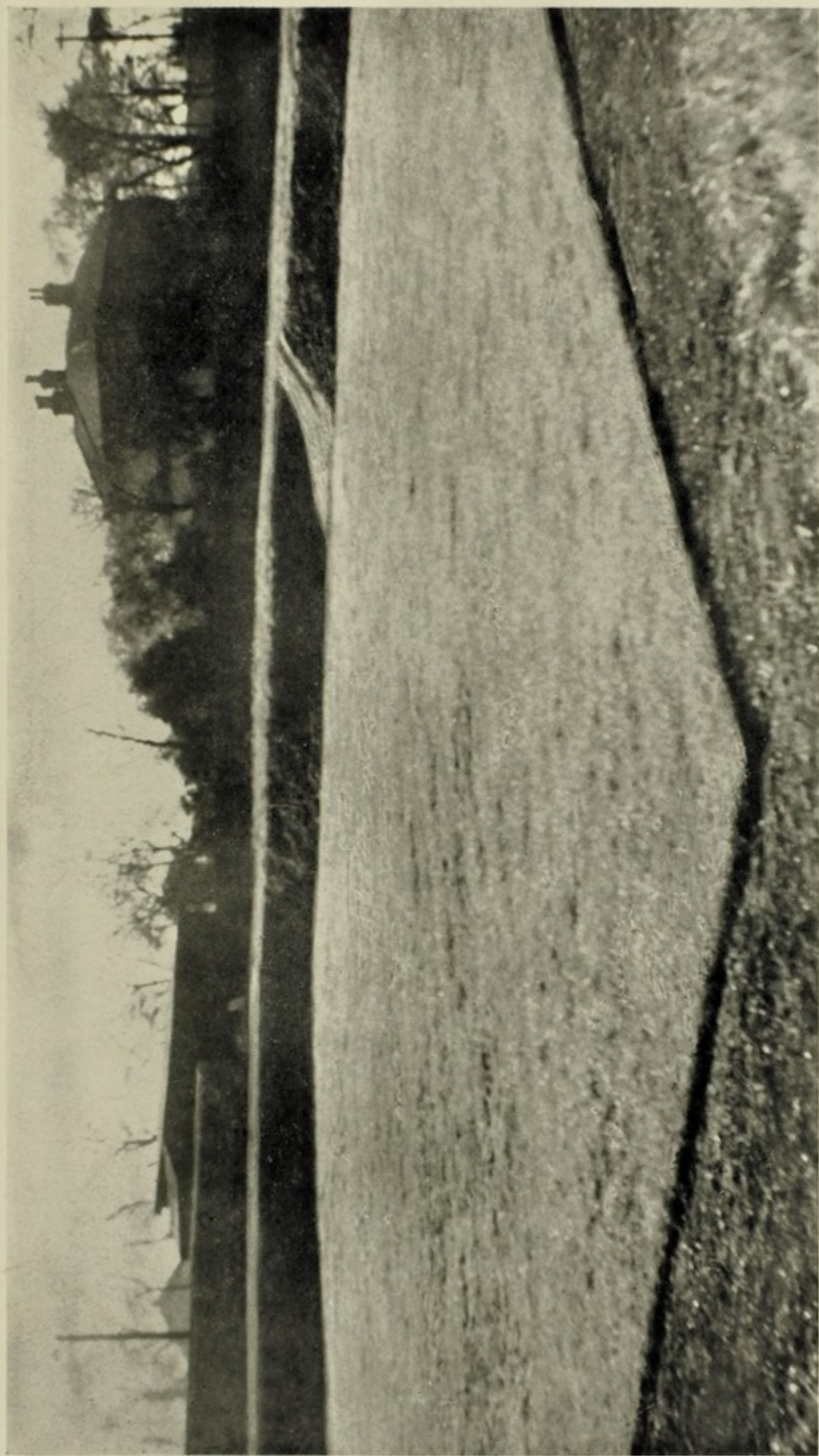
The Health and Cleansing Committee is responsible for the cleansing and disposal of Privy Middens, Dustbins, Cesspools and Pail Closets and for the collection and subsequent disposal of Salvage, the cleansing and maintenance of Public Sanitary Conveniences and the humane destruction of domestic animals.

The Department is also entirely responsible for the maintenance and control of the Departmental Transport.

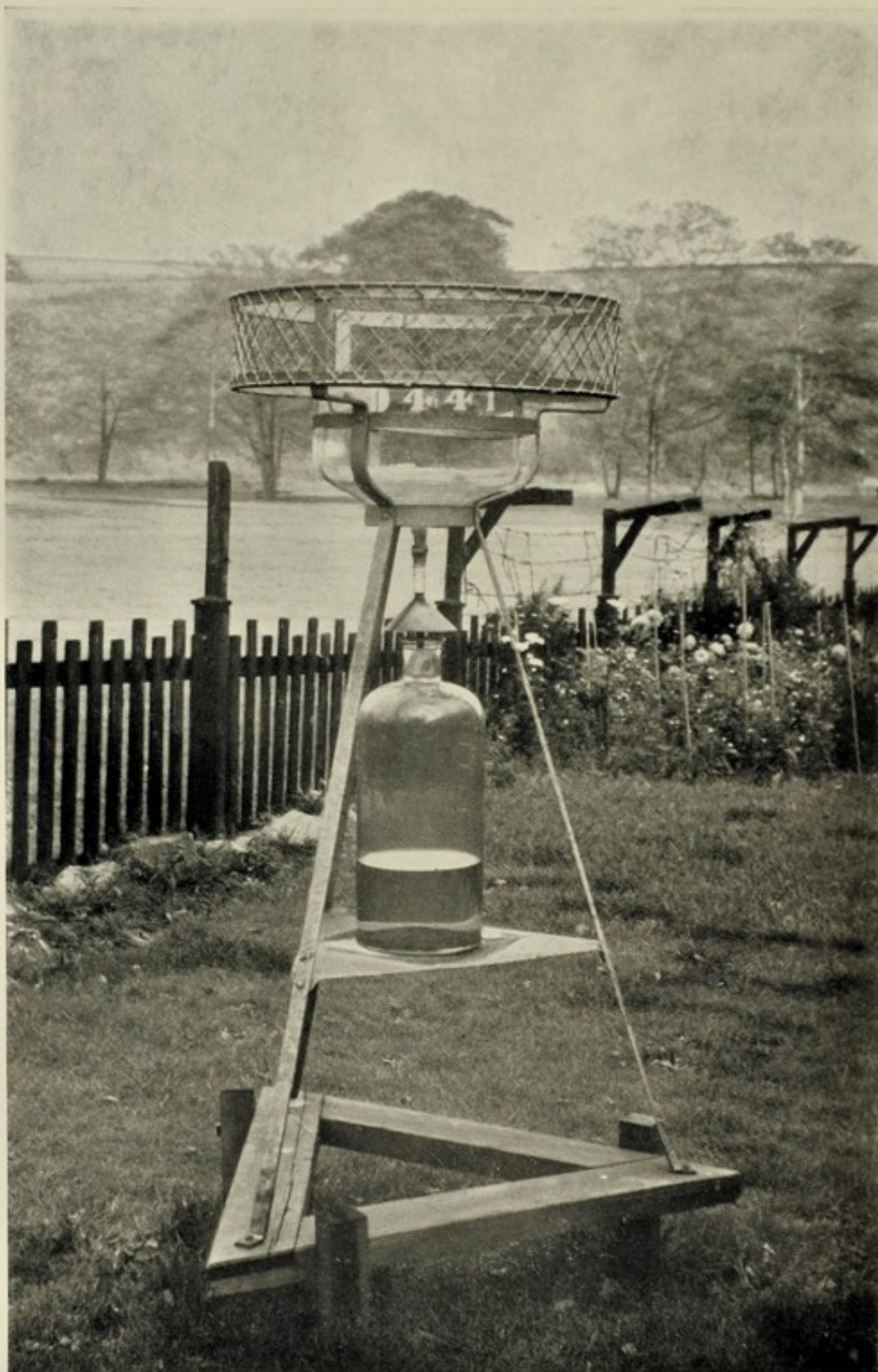
(1) Storage.

The following are the types of receptacles in use at the 31st March, 1950 :—

Dustbins	.....	.....	.....	.....	10079
Privy Middens	.....	.....	.....	.....	90
Pail Closets	.....	.....	.....	.....	187



PHOTOGRAPH OF COMPLETED CONTROLLED TIP, BLACKBURN ROAD.



PHOTOGRAPH OF ATMOSPHERIC POLLUTION GAUGE,
WELLHOLME PARK.

The great majority of privy middens and pail closets are situate in the areas where no public sewers or public water supplies are available.

(2) Refuse Collection Service.

The following table gives the numbers and types of receptacles cleansed, loads collected and tonnage :—

	1949-50.
Dustbins	293,871
Privy Middens	2,347
Pail Closets	10,638
Kitchen Waste Bins	24,826
Weight in Tons	8,873

(3) Transport.

The following table gives the particulars of collection by the various vehicles :—

Vehicle.	Weights.		
	T.	C.	Q.
S.D. Freighter 8	1,354	10	0
S.D. Freighter 9	1,773	5	0
Morris 10	420	7	0
S.D. Freighter 19	588	8	1
S.D. Freighter 18	797	13	0
Bedford 12	349	16	0
Dennis 14	1,814	5	0
Morris 15	326	15	0
Austin 17	218	4	0
Bedford 16	1,229	18	0
	8,873	1	1

The acute shortage of labour still obtains and it is only with extreme difficulty that the Public Cleansing Service is maintained. A good proportion of European Voluntary Workers are still engaged, and have to be transported to and from Hostels some miles away each working day, but notwithstanding this type of labour, the Service is still undermanned.

The two S.D. 10/12 Cubic Yard Rear Loading Moving Floor Refuse Collection vehicles ordered in 1948 were delivered during the latter part of the year and were brought into use on the 1st November and 1st December respectively.

The equipment purchased in 1948 for the servicing of the Department Vehicles was used extensively during the year and has proved a most useful acquisition.

REFUSE DISPOSAL.

Two methods of refuse disposal are in operation in the Borough, namely mechanical separation and controlled tipping. Approximately 43% of the refuse collected was disposed of by the former method and 52% was disposed of by controlled tipping. In addition kitchen waste, which is separately collected from 405 communal bins, amounting to 376 tons, was delivered, under direction from the Ministry of Agriculture, to the Halifax Corporation.

The amounts of refuse disposed of and the method of disposal are as follows :—

	T.	C.	Q.	Per cent.
1. Kitchen Waste—				
Delivered to Halifax Cleansing Department for processing	376	1	2	4.2%
2. Mechanical Separation—				
Refuse delivered to Refuse Disposal Works ...	3,816	18	1	43%
3. Controlled Tipping—				
Bailiff Bridge Tip	1,162	10	0	52.8%
Southowram Tip	469	0	0	
Blackburn Road Tip	3,048	11	2	
	8,873	1	1	

It will be noticed that the greater part of the refuse was disposed of at the Blackburn Road Tip.

This tip, which was formerly a disused stone quarry, was acquired by the Council in 1946 and for some years had been the cause of serious nuisance. It formerly belonged to a local syndicate and was used for the tipping of boiler ashes, etc., and in 1945 it caught fire and became the cause of numerous complaints from residents in that area.

After unsuccessful attempts by the Syndicate to abate the nuisance from fire it was offered to the Council along with the adjoining land at Granny Hall Lane.

The Cleansing Department, after the land had been conveyed to the Council, were given the task of satisfactorily extinguishing the fire and this was accomplished by means of blanketing with earth and screened dust.

After the Department assumed control it was used for the tipping of bricks from air raid shelters and, in time, a scheme was prepared by the Department for this area to be made, by means of controlled tipping, into a sunken garden.

The tip was completed in March of this year and sown with grass seed.

A photograph of the completed tip is given on page 79.

SALVAGE.

Falling prices during the year brought about a reduction in the revenue obtained from all forms of salvage. The price obtained for mixed waste paper dropped from £6 7s. 6d. to £5 0s. 0d. per ton and many Local Authorities who had no contracts with Board Mills ceased the collection and baling of waste paper. Publicity in the National Newspapers on this subject, without doubt, influenced many of our townspeople with the result that the amount collected dropped seriously in certain months of the year. Nevertheless, the total amount disposed of during the year is extremely satisfactory and is equivalent to 15 tons per 1000 population for the year.

If the present annual income can be maintained or even improved in future years the cost of the refuse disposal service will be more than recovered, which can in every way be considered a most satisfactory achievement.

The following are the tonnages of salvageable materials recovered, together with the revenue obtained, in monthly order :—

Month.	Tonnages of Salvageable Material Recovered.		Revenue.		
	T.	C.	£	s.	d.
April, 1949	134	15	503	0	0
May, 1949	120	19½	475	0	0
June, 1949	109	5	419	10	0
July, 1949	91	9½	421	5	0
August, 1949	108	8½	410	10	0
September, 1949	87	4½	356	5	0
October, 1949	82	12½	305	0	0
November, 1949	111	10½	252	0	0
December, 1949	109	17	314	10	0
January, 1950	111	5	305	15	0
February, 1950	94	8½	270	0	0
March, 1950	96	0	318	15	0
	1,257	15½	£4,551	10	0

Of this amount, the sales from the Public Cleansing Services realised £4,316 10s. 0d., whilst £235 0s. 0d. was from the sale of scrap metals from other Departments of the Council.

REVENUE FROM SALES.

The following is a detailed list of the Department's revenue obtained during the year :—

	T.	C.	Q.	£	s.	d.
(a) Refuse Collection :—						
Trade Refuse Charges		102	6	11
(b) Refuse Disposal :—						
Receipts		14	16	3
Sundries		8	12	3
(c) Salvage :—						
Baled Paper and Strawboard	450 3 1	2,667	0	5
Kitchen Waste	375 18 0	953	14	10
Textiles	46 8 1	341	15	0
Black Scrap	26 7 0	55	11	3
Baled Tins	49 11 0	73	11	5
Non Ferrous Metals	2 13 3	80	15	11
Bones	2 5 3	13	3	2
Screened Cinder	189 2 1	57	7	9
Screened Dust	93 0 0	2	17	0
Cullett	4 17 1	4	17	3
Waste Paper Bonus		358	7	0
Kitchen Waste Bonus		25	13	8
(d) Mechanical Transport :—						
Greasing Charges		3	16	6
Hire of Vehicles		163	6	0
(e) Miscellaneous :—						
Sale of Dustbins		273	19	6
Lethal Chamber Receipts		30	0	0
Totals	1,240 6 2	£5,231	12	1

PUBLIC CLEANSING COSTS.

I again include with this report the detailed costs of the various services on the lines formerly required by the Ministry of Health.

Brighouse is one of the very few towns in the country where the cost of refuse disposal is more than covered by the sale of salvage and a credit balance of ninepence per ton can be regarded as a remarkable achievement.

BOROUGH OF BRIGHOUSE.

DETAILS OF REFUSE DISPOSAL AND SALVAGE COSTS, 1st APRIL, 1949, TO 31st MARCH, 1950.

Refuse Disposal and Salvage.

	£	s.	d.
Wages	2353	17	3
Superannuation	90	0	11
National Insurance	86	14	6
Rents, Rates and Insurance	125	13	10
Repairs	148	9	6
Plant, Tools, etc.	167	17	6
Electricity	55	16	1
Lighting, Water and Gas	44	4	10
Loan Charges, etc.—			
Sinking Fund	151	7	3
Interest	80	0	3
Protective Clothing	14	18	0
Miscellaneous	26	9	0
	<hr/>		
Gross Costage	3345	0	8
Revenue from Salvage Sales	3678	4	8
	<hr/>		
Credit Balance	£333	4	0
	<hr/>		

LETHAL CHAMBER.

In the early part of the year an electrical cabinet for the destruction of cats and dogs was brought into use and 220 dogs and 168 cats were humanely destroyed.

BOROUGH OF BRIGHOUSE.

DETAILS OF PUBLIC CLEANSING COLLECTION COSTS—1st APRIL, 1949, TO 31st MARCH, 1950.

	1. Dry Refuse Collection.	2. Kitchen Waste Collection.	3. Nightsoil and Cess-pools Collection.	Total Collection Costs.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Wages	4362 12 6	240 7 4	278 4 0	4881 3 10
National Insurance	140 2 6	23 6 8	21 13 4	185 2 6
Superannuation	192 15 4	12 13 0	28 12 0	234 0 4
Drivers' Wages	2047 3 3	252 18 8	293 16 0	2593 17 11
Petrol and Oils	664 2 5	98 0 0	90 0 0	752 2 5
Licences, Insurance	377 5 6	25 0 0	26 0 0	428 5 6
Repairs	435 6 9	75 0 0	25 0 0	535 6 9
Vehicle Depreciation	500 0 0	—	100 0 0	600 0 0
Garage Equipment Depreciation	34 0 0	—	—	34 0 0
Garage Depreciation	40 0 0	—	—	40 0 0
Waste Food Bins	—	64 18 6	—	64 18 6
Waste Food Bins Depreciation and Steaming	—	110 0 0	—	110 0 0
Tools, Implements, etc.	26 14 0	—	30 0 0	56 14 0
Protective Clothing	46 0 0	—	4 1 8	50 1 8
Disinfectants	—	—	43 8 9	43 8 9
Dustbins	207 1 0	—	—	207 1 0
Cesspool Emptying	—	—	24 17 9	24 17 9
Sundry Expenses	17 11 8	—	—	17 11 8
Gross Cost	9090 14 11	902 4 2	965 13 6	10958 12 7
Receipts	817 8 5	979 8 6	—	1796 16 11
Net Cost	8273 6 6	Cr. 77 4 4	965 13 6	9161 15 8

BOROUGH OF BRIGHOUSE — CLEANSING DEPARTMENT.
PUBLIC CLEANSING COSTS FOR YEAR ENDING 31st MARCH, 1950.

Item.	Particulars.	Refuse Collection.		Refuse Disposal.		Total.	
		Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.	Including Depreciation or Loan Charges.	Excluding Depreciation or Loan Charges.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
REVENUE ACCOUNT.							
A.	Gross Expenditure ...	9992 19 1	9428 19 1	3345 0 8	3113 13 2	13337 19 9	12541 12 3
B.	Gross Income ...	1796 16 11	1796 16 11	3678 4 8	3678 4 8	5475 1 7	5475 1 7
C.	Net Cost ...	8196 2 2	7632 2 2	Cr. 333 4 0	Cr. 564 11 6	7862 18 2	7066 10 8
UNIT COST.							
D.	Gross Expenditure per ton	1 2 6.3	1 1 3	7 6.5	7 0.2	1 10 0.8	1 8 3.2
E.	Gross Income per ton	4 0.6	4 0.6	8 3.5	8 3.5	12 4.1	12 4.1
F.	Net Cost per ton	18 5.7	17 2.4	Cr. 9	Cr. 1 3.3	17 8.7	15 11.1
G.	Net Cost per 1,000 population	266 9 0.8	248 2 4.3	Cr. 10 16 7.7	Cr. 18 7 1	255 12 5.1	229 15 3.3
H.	Net Cost per 1,000 houses or premises from which Refuse is collected	656 11 5.6	611 8 0	Cr. 26 13 10.1	Cr. 45 4 6.6	629 17 7.5	566 3 5.4
1.	Total Refuse in tons	...	...	...	...	...	8873 tons
2.	Population	...	...	...	...	...	30760
3.	Area	...	...	...	...	...	7875 acres
4.	Weight per 1,000 population per day in cwts.	...	...	...	...	...	16.2 cwts.
5.	Number of Houses and Premises	...	...	...	...	...	12483
6.	Average Length of Haul	...	...	...	...	...	1.75 mls.
7.	Method of Collection—Motor Transport	...	...	...	...	...	100 per cent.
8.	Method of Disposal—Controlled Tipping	...	...	...	...	...	53 per cent.
	Separation and Incineration	...	...	...	...	...	43 per cent.
	Kitchen Waste	...	...	...	...	...	4 per cent.

PUBLIC SANITARY CONVENIENCES.

The Department is responsible for the cleansing and maintenance of all Public Conveniences.

The following is a complete list of Public Conveniences in the Borough :—

Situation.	Accommoda- tion for Females.	Accommodation for Males.
Back Bonegate	5 W.C.'s	5 W.C.'s 9 urinal stalls.
Bradford Road	2 W.C.'s	1 W.C. 4 do.
Bramston Street	2 W.C.'s	1 W.C. 4 do.
Birds Royd Lane	Nil.	1 W.C. 4 do.
Mill Lane	Nil.	Nil. 4 do.
Rastrick Common	Nil.	Nil. 4 do.
Crowtrees Lane	Nil.	Nil. 3 do.
Borough Market	Nil.	1 W.C. 2 do.
Dusty Miller Inn, Halifax Road	Nil.	1 W.C. 3 do.
Whitehall, Hipperholme	Nil.	Nil. 3 do.
Stray, Lightcliffe	2 W.C.'s	2 W.C.'s 3 do.
Bailiff Bridge	1 W.C.	1 W.C. 3 do.
Clifton Road	Nil.	Nil. 3 do.
Rydings Park	3 W.C.'s	2 W.C.'s 3 do.
Rastrick Library	Nil.	Nil. 2 do.
Wellholme Park	4 W.C.'s	2 W.C.'s 6 do.
Lane Head Recreation Ground ...	2 W.C.'s	2 W.C.'s 1 do.
King George V. Memorial Park ...	1 W.C.	1 W.C. Nil.

The cost of the service for the year ending 31st March, 1950, was as follows :—

	£	s.	d.
Wages and National Insurance	676	7	11
Superannuation Contributions	54	0	4
Rents and Insurance	14	12	8
Heating, Lighting and Cleaning	132	0	5
Repairs	92	9	4
Toilet Requisites	16	19	0
Protective Clothing	4	2	0
Loan Charges—Sinking Fund Contributions	130	9	7
Gross Cost	1121	1	3
Fees, etc.	142	1	4
Nett Cost	£978	19	11



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