

**[Report 1951] / Medical Officer of Health, Brighouse Borough.**

**Contributors**

Brighouse (England). Council. nb2008024084

**Publication/Creation**

1951

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Brighouse



# Annual Report

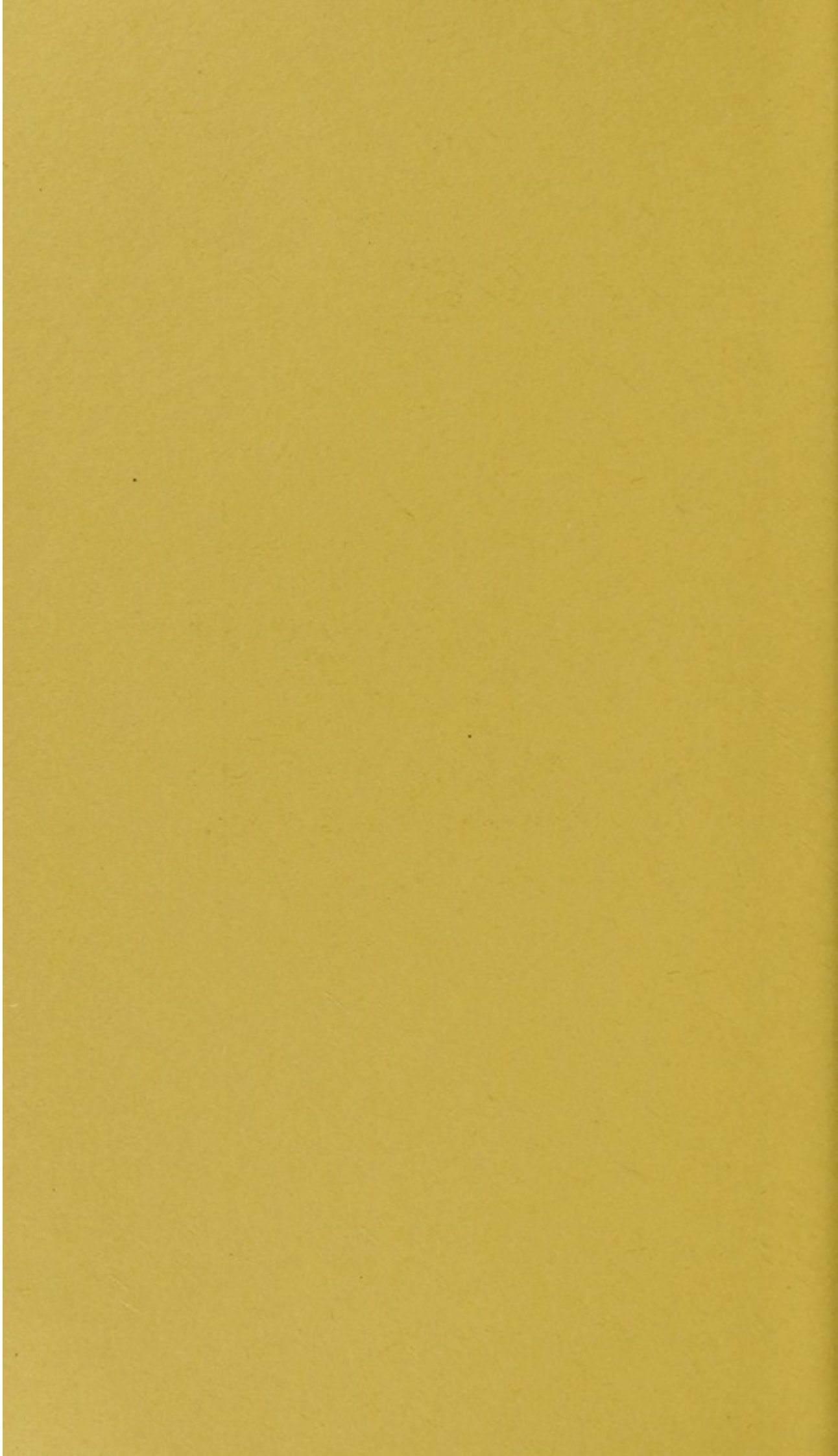
of the

## Public Health Services

of the Borough of Brighouse

1951

FRANK APPLETON, M.B., Ch.B., D.P.H.,  
Medical Officer of Health.



Borough of



Brighouse

# Annual Report

of the

## Public Health Services

of the Borough of Brighouse

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Medical Officer of Health.

Department of

Health Services



# Annual Report

## Public Health Services

1951

UNIVERSITY OF CALIFORNIA, SAN DIEGO  
SCHOOL OF PUBLIC HEALTH

# Borough of Brighouse

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## Health and Cleansing Committee

(As at December 31st, 1951).

His Worship the Mayor :  
Alderman G. A. STILLINGFLEET, J.P.

Chairman :  
Councillor L. KAYE, B.Sc.

Vice-Chairman :  
Councillor C. F. BOTTOMLEY.

Alderman	HINCHLIFFE.	Councillor	GREEN.
..	TATTERSALL.	..	HARRISON.
..	WHITELEY, C.B.E., C.C.	..	KENDALL.
Councillor	BROADBENT.	..	REDFEARN.
..	CLAMP.	..	TURNER, M.C., J.P.

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### MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

His Worship the Mayor : Alderman G. A. STILLINGFLEET, J.P.

Councillor L. KAYE, B.Sc. (Chairman).

Councillor C. F. BOTTOMLEY (Vice-Chairman).

Alderman	TATTERSALL.	Mrs. S. BROOK.
..	WHITELEY, C.B.E., C.C.	.. G. BROWN.
Councillor	BROADBENT.	.. M. PICKARD.
..	KENDALL.	.. P. L. WHITLEY.

# Health Department

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## 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 :

Mrs. A. MARSHALL, M.B., Ch.B.

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

Miss J. K. HARDY, M.B., Ch.B.

### Orthopædic Surgeon :

\*\*W. BARCLAY, M.C., F.R.C.S.

### 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 :

J. TODD, L.D.S.

### 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.

### Deputy Chief 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.

### Additional Sanitary Inspectors :

D. BROOK, M.S.I.A.

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

Cert. Inspector of Meat and Foods.

N. N. MORRIS, M.S.I.A.

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

Diploma Royal Institute of Public Health & Hygiene.

**Acting Senior Health Visitor :**

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

**Health Visitors :**

Miss N. BRIERLEY, S.R.N., R.F.N.  
Health Visitor's Certificate.  
Miss M. C. CHRISTIE, S.R.N., S.C.M.  
Health Visitor's Certificate.  
Diploma Industrial Nursing.  
Mrs. L. P. VAN DER ENDE, S.R.N.  
Health Visitor's Certificate.

**School Nurse :**

Miss A. D. ANDERSON, S.R.N., S.C.M.

**Assistant Health Visitors :**

\*Mrs. M. ARMITAGE, S.R.N.  
Mrs. I. HEPWORTH, S.R.N., S.C.M., S.R.F.N.  
Miss E. WALKER, S.R.N., S.C.M.  
Queen's Nurse.

**Midwives :**

Mrs. E. BRIGGS, S.R.N., S.C.M.  
Miss E. V. CROSSLEY, S.R.N., S.C.M., S.R.F.N.  
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.  
Mrs. F. SYKES, S.R.N.  
Miss A. TOLLAND, S.R.N., S.C.M.  
Miss A. WHITELEY, S.R.N., S.C.M.

**Mental Health Social Worker :**

Miss E. C. WROE, S.R.N., S.C.M., R.M.N.  
Health Visitor's Certificate.

**Matron, Clifton Ante-Natal Hostel.**

Miss O. MILLER, S.R.N., S.C.M.



**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., S.C.M., Deputy Matron

**Ogden Lane :**

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

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

**Holme House :**

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

Mrs. M. WRIGHT, S.E.A.N., C.C.R., Deputy Matron.

These personnel were assisted by a staff of Certificated Nursery Nurses and Nursery Assistants.

**Senior Clerk :**

G. O. RICHARDSON.

**Clerks :**

Mrs. M. ANDERTON.

Mrs. G. HURLEY.

Mrs. L. M. ROBERTSHAW.

Miss S. WALTON.

Miss C. WOOD.

**School Health Service :**

Miss I. HOLMES.

Miss M. TAYLOR.

**Cleansing and Sanitary Section :**

Mrs. J. PICKARD.

Miss M. STIRK.

**Divisional Depot Superintendent, County Ambulance Service :**

W. ANDERSON.

\* 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 1951.

A study of the vital statistics shows that the Birth Rate (14.75) was our lowest post-war rate. The Crude Death Rate was 14.85, and this year, with 450 live births and 453 deaths, there is a natural decrease of three in the population. This natural decrease in population was a not unusual feature of the Annual Report of the Medical Officer of Health for Brighouse in the immediate pre-war years, but since 1941 we have always had a surplus of births over deaths and a natural rise in population. Our population is estimated to be an older one than that of the Country as a whole, and for this reason our Death Rate has to be adjusted by a comparability factor of 0.92, giving us an Adjusted Death Rate of 13.66.

The fall in the Birth Rate has been accompanied by the maintenance of a large number of institutional confinements. This is discussed in the appropriate section of my Report.

Our Infantile Death Rate remained at 24, and for the third year in succession it was below 30. The total number of infant deaths was only 11, and with small numbers like this, one additional death can make a very large difference to our figures, but when we consider that 40 years ago the Infant Death Rate in the Borough was over 100 there is no doubt of the steady progress in infant care. This is due to a great many factors: improved nutrition resulting from the Government scheme of cheap milk for expectant and nursing mothers, improved housing, increased vigilance by the Sanitary Authority, careful, painstaking and persistent education by the Health Visitors and in Infant Welfare Centres, and, most important of all, by the increase of intelligent attention by the mothers to their children.

Eight of our infant deaths occurred during the first month of life and if we add to these the number of stillbirths (13) it will be seen that it is in the ante-natal and the neo-natal period that we can now hope to obtain a further improvement in our infantile mortality.

1951 was an epidemic year for Measles and Whooping Cough, and the number of cases of these two diseases showed a large increase on last year. There was also an increase in the number of cases of Pneumonia.

The latest research on Whooping Cough gives us hope that immunisation against this disease will reduce its incidence. At

present this extremely distressing disease is particularly dangerous to young babies, and I would urge the public to take advantage of the immunisation facilities offered and to have their children immunised during the first six months of life.

There is a danger that Diphtheria immunisation, which had become an accepted part of the child's up-bringing, may become less universal as the danger of Diphtheria recedes. At present we find that the average mother needs no persuasion to bring her child forward for immunisation, but a tendency has been noted that the mothers have now often to be asked, whereas previously they brought the child forward themselves.

Vaccination against Smallpox has ceased to be a routine measure sought by the parents for their infant children, and it has become the exception rather than the rule for children to be vaccinated. We have been concerned about the fall in the vaccinated population in these days of rapid transport, when persons incubating the disease can be brought to this country within a day or two. The fear of Smallpox brings large numbers forward, so there appears to be no doubt in the public mind as to the efficacy of this treatment as a preventive measure, but parents appear to have decided that the risks are now so small that they prefer to wait for an epidemic before taking any action. I would remind them that an epidemic period is not the best time, and vaccination in this period may not offer the same amount of protection as vaccination carried out under more comfortable conditions.

There were four cases of Anterior Poliomyelitis, one of which was severe in character, but none of which had fatal consequences. This disease, often badly called Infantile Paralysis, is of comparatively low infectivity, and most cases recover completely. Despite this it has become the disease which is feared more than any other by parents, and patients who are known to be suffering from it are avoided as in the old days Smallpox sufferers were avoided. It is hoped that the research work at present going on will eventually lead to an increase in preventive measures.

The incidence of Tuberculosis was high this year. It is considered that this is principally due to earlier diagnosis.

Last year I commented on the consequences of the National Health Service Act, on its advantages and its shortcomings. The Local Authority Dental Service was still short of personnel and the preventive work of regular inspection and conservative treatment once again had to give way to extractions and emergency treatment.

The increased work which was noted last year consequent on Section 28 of the National Health Service Act which deals with the prevention of illness, care and after-care, became yet greater and more and more the Health Visitor advises all the members of the family.

The Home Help Service expanded considerably and at the end of the year our establishment was inadequate to meet our needs, these needs only being satisfied by a grant of additional Home Helps from the County Council pool. The work of the family Doctor, the Health Visitor, the District Nurse and the Home Help in looking after old people in their own homes not only helps and satisfies the old people, who often have a dread of institutions however good they may be, but saves the Regional Hospital Board a considerable amount of money. As with all other preventive services this work is not spectacular and is not fully realised by the community. There appears to be no doubt that the Home Help Service will continue to expand with the growing age of the population, but it is an expensive service, difficult to administer and an easy target for criticism.

The National Health Service Act places emphasis on hospitals. There is no doubt that the admission to hospital of a patient who is extremely ill, and the return home of that patient comparatively well, is a spectacular achievement and one that is worthy of attention, but the less spectacular work of the General Medical Practitioners, District Nurses, Health Visitors and Home Helps is perhaps more important to the community. It is comparatively rare for a patient to have to seek hospital admission, and because of its rarity it becomes an event. The absence of limelight on preventive medical activities and the fact that the preventive services are a direct charge on the Local Authorities prevents many people realising how cheap these services are compared with the more expensive spectacular ones.

The attendances at the Child Welfare Centres have again been maintained. The number of visits undertaken by the Health Visitors has increased and the health of the children of the town has continued to be satisfactory.

For the first time for some years the demand for Day Nursery provision has been reduced, but we still have many cases requesting admission for whom there are no places. Every case for admission is carefully considered on its merits and the system of priorities has been strictly kept.

At last we can begin to see the results of the additional housing accommodation which has been provided in this Borough. Although there are still very many applicants and the waiting list for re-housing is considerable, it does appear that many of the worst cases have now been re-housed. It is my opinion that among the most important preventive measures are the provision of supplements for expectant and nursing mothers and the subsidising of new houses for young families. However strongly I emphasise my belief in the value of the work of the Housing Committee I shall not be able to exaggerate its importance. We are now able to see happy,

healthy children and contented wives and mothers who, a few years ago, were living in extremely difficult and often most unhealthy circumstances. It is my earnest hope that the building of proper houses for the boys and girls who will be the citizens of the future will continue with increasing vigour. I should be extremely sorry if the economic circumstances of the country were judged to be such that the housing subsidy had to be reduced. Housing must remain in the forefront of the social services for some years to come.

We hope too that very shortly the Government will consider some scheme for the mitigation of the hardship that undoubtedly exists for the owner of houses which are let at pre-war rents, but for the repair of which he has to pay post-war prices. Good, substantial houses which have been previously well maintained are now passing into increasing disrepair, and although the standard of living demanded is rightly higher than that asked for in the past, it is unfair that one section of the community should be penalised in this way to prevent the cost of living of their tenants rising.

We look forward to the day when the Council are again building houses to re-house tenants from houses condemned under the Housing Acts. Some of the tenants from these sub-standard houses may not be considered to be the most desirable, but many of them have no chance of improvement in their present conditions, and if the children are to become useful and self-respecting citizens their early re-housing is essential.

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 staff of the Department have continued to work together as a loyal and courteous team. In addition to their routine work they have had to handle from time to time many unexpected and complicated problems. I owe them my grateful thanks for their cheerfulness, energy and co-operation.

Preventive medicine is not static and an ever-widening field opens before us, but with their help and your support we shall go forward confidently.

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

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

November, 1951.

# Annual Report of the Medical Officer of Health for the Year 1951

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## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres) .....	7,875
POPULATION : Census, 1931, 30,404. 1951 (est.) .....	30,500
AVERAGE NUMBER OF PERSONS PER ACRE .....	3.8
NUMBER OF INHABITED HOUSES .....	10,872
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE .....	1.38
AVERAGE NUMBER OF PERSONS PER HOUSE .....	2.8
RATEABLE VALUE .....	£170,021
PRODUCT OF A PENNY RATE .....	£686

The number of persons claiming unemployment benefit at the end of 1951 was over 500. Fortunately, most of these were employed part time, the number wholly unemployed being only 24, 16 men and 8 women. The figures are, however, higher than for 15 years, and they increased during the following three months.

The position in the Carpet Industry has shown intermittent spells of improvement ; in the Woollen and Worsted industries the position has been more stationary, and the Wool Combing industry has been less affected. In the Cotton industry signs of further deterioration were appearing at the end of the year and I am afraid that there are prospects of a long depression in local sections of this industry.

The Disabled Persons (Employment) Act, 1944 was intended to be a socially protective measure to the working community. For this reason the categories of disablement which it covers were made as wide as possible, and include a wide range of internal ailments which affect employability, besides injuries received in wartime or in common accidents.

The Act contains provisions for the protection of workers suffering from any kind of serious disability, as regards the circumstances and the security of their employment, provided they them-

selves co-operate by voluntary registration under the Act at an Employment Exchange. There are apparently a number of workers who are reluctant to do this in the area, and they are urged to apply for registration so that the Act may serve its full social purpose in this community.

I am indebted to the Manager of the Local Employment Exchange for this information.

### EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—	M.	F.	Totals
Legitimate .....	206	221	427
Illegitimate .....	7	16	23
Total .....	213	237	450

Live Birth Rate : 14.75 per 1,000 of estimated resident population.

Still Births—	M.	F.	Totals
Legitimate .....	8	5	13
Illegitimate .....	—	—	—
Total .....	8	5	13

Still Birth Rate per 1,000 total (live and still) births : 28.0.

Deaths—	M.	F.	Totals
	232	221	453

Crude Death Rate : 14.85 per 1,000 of estimated resident population.

Adjusted Death Rate : 13.66      "      "      "      "

Deaths from Maternal Causes—	Deaths	Rate per 1,000 total (live & still) Births
Puerperal Sepsis .....	—	—
Other Maternal Causes .....	1	2.16
Total .....	1	2.16

Death Rate of Infants under one year of age—

All Infants per 1,000 live births .....	24.44
Legitimate Infants per 1,000 legitimate live births .....	25.76
Illegitimate Infants per 1,000 illegitimate live births .....	—

Deaths from Diseases of the Heart and Circulation (all ages) .....	189
Deaths from Cancer (all ages) .....	56
Deaths from Measles (all ages) .....	—
Deaths from Whooping Cough (all ages) .....	1

TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1951 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 Populations 25,000 to 50,000 at 1931 Census)	London Administrative County	Brighouse
Births—					
Rates per 1,000 Home Population					
Live births ... ..	15.5	17.3	16.7	17.8	14.75
Still births ... ..	0.36	0.45	0.38	0.37	0.42
Deaths—					
All Causes ... ..	12.5	13.4	12.5	13.1	14.85
Typhoid and paratyphoid ... ..	0.00	0.00	0.00	—	—
Whooping cough ... ..	0.01	0.01	0.01	0.01	0.00
Diphtheria ... ..	0.00	0.00	0.00	0.00	0.03
Tuberculosis ... ..	0.31	0.37	0.31	0.38	0.26
Influenza ... ..	0.38	0.36	0.38	0.23	0.42
Smallpox ... ..	0.00	0.00	0.00	—	0.00
Acute poliomyelitis (including poli-encephalitis) ... ..	0.00	0.01	0.01	0.00	0.00
Pneumonia ... ..	0.61	0.65	0.63	0.61	0.55
Notifications (corrected)—					
Typhoid fever ... ..	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever ... ..	0.02	0.03	0.02	0.01	0.32
Meningococcal infection ... ..	0.03	0.04	0.03	0.03	0.00
Scarlet fever ... ..	1.11	1.20	1.20	1.10	2.22
Whooping cough ... ..	3.87	3.62	4.00	3.11	4.39
Diphtheria ... ..	0.02	0.02	0.03	0.01	0.00
Erysipelas ... ..	0.14	0.15	0.12	0.15	0.16
Smallpox ... ..	0.00	0.00	0.00	—	0.00
Measles ... ..	14.07	13.93	14.82	14.64	20.39
Pneumonia ... ..	0.99	1.04	0.96	0.72	1.01
Acute poliomyelitis (including poli-encephalitis) :					
Paralytic ... ..	0.03	0.03	0.03	0.02	0.09
Non-paralytic ..	0.02	0.02	0.03	0.02	0.03
Food poisoning ... ..	0.13	0.15	0.08	0.23	0.06



	Rates per 1,000 Live Births				
Deaths—					
All causes under 1 year of age ...	29.6 (a)	33.9	27.6	26.4	24.44
Enteritis and diarrhoea under 2 years of age ...	1.4	1.6	1.0	0.7	0.00
	Rates per 1,000 Total (Live and Still) Births				
Notifications (corrected)—					
Puerperal fever and pyrexia ...	10.66	13.77	8.08	14.90	4.32

#### MATERNAL MORTALITY IN ENGLAND AND WALES.

	Rates per 1,000 Total (Live and Still) Births	
Sepsis of pregnancy, childbirth and the puerperium ...	0.10	0.00
Abortion with toxæmia	0.00	0.00
Other toxæmias of pregnancy and the puerperium ...	0.24	0.00
Hæmorrhage of pregnancy and Childbirth	0.13	0.00
Abortion without mention of sepsis or toxæmia ...	0.05	0.00
Abortion with sepsis ...	0.09	0.00
Other complications of pregnancy, childbirth and the puerperium	0.18	2.16

(a) Per 1,000 related live births

TABLE 2.

## CAUSES OF DEATH OF BRIGHOUSE RESIDENTS IN 1951.

Causes of Death.	M.	1951.		Total.
		All	F.	
1. Tuberculosis—respiratory ... ..	6	1	7	
2. Tuberculosis—other ... ..	—	1	1	
3. Syphilitic disease ... ..	1	—	1	
4. Diphtheria ... ..	—	—	—	
5. Whooping Cough ... ..	1	—	1	
6. Meningococcal infections ... ..	1	1	2	
7. Acute poliomyelitis ... ..	—	—	—	
8. Measles ... ..	—	—	—	
9. Other infective and parasitic diseases ...	1	2	3	
10. Malignant neoplasm stomach ... ..	6	5	11	
11. Malignant neoplasm lung, bronchus ...	5	1	6	
12. Malignant neoplasm breast ... ..	—	9	9	
13. Malignant neoplasm uterus ... ..	—	5	5	
14. Other malignant and lymphatic neoplasms	17	8	25	
15. Leukæmia, aleukæmia ... ..	—	—	—	
16. Diabetes ... ..	2	2	4	
17. Vascular lesions of nervous system ...	24	40	64	
18. Coronary disease, angina ... ..	47	15	62	
19. Hypertension with heart disease ... ..	5	2	7	
20. Other heart disease ... ..	29	55	84	
21. Other circulatory disease ... ..	12	24	36	
22. Influenza ... ..	6	7	13	
23. Pneumonia ... ..	12	5	17	
24. Bronchitis ... ..	14	8	22	
25. Other diseases of respiratory system ...	8	2	10	
26. Ulcer of stomach and duodenum ... ..	1	—	1	
27. Gastritis, enteritis and diarrhoea ... ..	—	—	—	
28. Nephritis and nephrosis ... ..	2	2	4	
29. Hyperplasia of prostate ... ..	6	—	6	
30. Pregnancy, childbirth, abortion ... ..	—	1	1	
31. Congenital malformations ... ..	1	—	1	
32. Other defined and ill-defined diseases ...	15	17	32	
33. Motor vehicle accidents ... ..	2	—	2	
34. All other accidents ... ..	5	5	10	
35. Suicide ... ..	3	3	6	
36. Homicide and operations of war ... ..	—	—	—	
Totals ... ..	232	221	453	

## VITAL STATISTICS.

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,500 compared with the mid-year estimate of 30,710 for 1950. He considers, therefore, that our population has decreased by 210. The gradual ageing of the population and the fall in the birth rate has resulted this year in a natural decrease in the population of the town, there being only 450 births and 453 deaths, giving a natural decrease of 3. With the present fall in textile employment and our birth rate being insufficient to maintain the population we cannot expect any increase in the population of this town.

### **Birth Rate.**

The birth rate for the year is 14.75 per 1,000 of the population. This is 0.06 below the rate for the previous year, 0.75 below the rate for England and Wales, 1.9 below the rate for the 148 Small Towns and 1.05 below the rate for the West Riding administrative County. It is the lowest birth rate we have had in the post-war years.

There were 23 illegitimate births, representing 5.1 per cent of the total live births, and an illegitimate birth rate of 0.75 per 1,000 of the estimated population.

During the year there were 13 stillbirths, none of which were illegitimate. This gives a stillbirth rate of 28 per 1,000 (live and still) births as compared with 26 for the Administrative County of the West Riding of Yorkshire and 13.02 for this town last year. This is 0.43 per thousand of the population, this figure being comparable with the rate based on the population of England and Wales, which is 0.36.

### **Death Rate.**

The death rate for the Borough is 14.85 per 1,000 of the population. This is slightly higher than the rate for last year (14.0). 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 standardise our sex and age range with that of the Country as a whole. Our area comparability factor is 0.92, 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 13.66, which is above the rate for England and Wales (12.5) and above that for the West Riding Administrative County (13.2).

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

1. Diseases of the Heart and Circulation — 189 (compared with 188 in 1950).
2. Pneumonia, Bronchitis, Influenza and other respiratory diseases — 62 (compared with 33 in 1950).
3. Cancer — 56 (compared with 79 in 1950).
4. Vasc. Lesions of Nervous System — 64 (compared with 59 in 1950).

### **Infant Deaths.**

11 children under one year of age died during the year. None of these children were illegitimate.

The infantile mortality rate, or the death rate of infants under one year of age per 1,000 live births, is 24.4. This can be compared with an infantile death rate last year of 24.2, the rate for the West Riding Administrative County of 31.8, the rate for the 148 Small Towns of 27.6 and the rate for the Country as a whole of 29.6. The same number of children (11) died this year as last, but our infantile death rate shows a slight increase due to the corresponding fall in the number of births, and when dealing with small figures like this it should be remembered that an additional death can cause a substantial increase in this rate. We can, however, I think, view with satisfaction the fact that for the last three years we have had the lowest infantile death rate in the history of this town, and it should be remembered that until 1948 the infant death rate had never fallen below 40. In 1945 and 1946 it was 31 and 34, 40 in 1947, and 39 in 1948. It is only since 1949 that this rate has been in the twenties, and the record of the last three years of 24 has been maintained. This fact can, I think, be regarded as of some statistical significance.

There were 13 stillbirths, as compared with 6 last year, and the total deaths of infants from stillbirth or failure to survive one year of life is 24. I think when we consider the low infantile mortality rate we should remember that this year our stillbirth rate is higher than it has been since 1947, and is too high to be regarded with complacency. Since the National Health Service Act there has been a gradually increasing tendency for patients to receive ante-natal care from their own doctor or at hospital, rather than to attend the Ante-Natal Clinics. This has meant that the Health Visitors have not known of all the expectant mothers before delivery and have not been able to give them their advice. The Health Visitor and Midwife are our best line of defence against stillbirths and this lack of knowledge is an unfortunate outcome of the new Act and the tendency of patients to attend hospital for confinement. There is no doubt of the excellent care the expectant mother receives

from the hospital and from her own doctor, but regular routine advice from the Health Visitor and Midwife is still important.

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

2 (4) under 24 hours (1 male, 1 female).

6 (3) between one day and seven days (4 males, 2 females).

— (1) between one week and one month.

1 (1) between one month and three months (male).

2 (1) between three months and nine months (1 male, 1 female).

— (1) between nine months and twelve months.

It will be seen that all the children died during the first nine months of life. Both the children who died within the first 24 hours were born prematurely and both were born in hospital, one of them was a twin pregnancy, the other twin being a stillbirth. The mothers of these children both worked right up to the date of delivery. All the children who died within the first seven days were born in hospital. Three of them suffered from congenital deformities, one died from birth injuries and the other two were premature. Of the remaining three children two were born with multiple deformities and the other one died from tuberculosis contracted from the father.

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

TABLE 3.

CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE  
BOROUGH, 1951.

Cause of Death.	1 day and under.					In first month.	2—3 months.	4—6 months.	7—9 months.	10—12 months.	In first year.				
	1 day and under.	2—7 days.	8—14 days.	15—21 days.	22—28 days.						1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	
Prematurity ... ..	2	2	—	—	—	—	—	—	—	—	4	—	2	2	—
Birth Injuries ... ..	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—
Congenital Malforma- tion ... ..	—	3	—	—	—	—	1	1	—	—	5	1	—	3	1
Tuberculous Meningitis	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—
Totals ... ..	2	6	—	—	—	—	1	2	—	—	11	2	2	6	1

## Premature Births.

There were 36 children born prematurely during the year. Seven of these were born at home, all of whom survived. Of the 29 children born in hospital 24 survived. The Sorrento cot for the care of premature babies, which is based at the Ambulance Depot, was again 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    12	3	3	3	3
4    —	1	1	1	1
5    —	3	3	3	3
Totals ...	7	7	7	7

### Institutional Confinements.

Birth Weight. lbs.    ozs.		No. of Infants.	No. of Infants who survived		
			24 hours.	2—7 days.	1 month.
2	6	1	—	—	—
2	9	1	1	—	—
2	15	1	1	1	1
3	—	1	—	—	—
3	12	1	1	1	1
4	—	1	1	1	1
4	1	1	1	1	1
4	4	1	1	—	—
4	10	1	1	1	1
4	11	2	2	2	2
4	12	1	1	1	1
4	14	1	1	1	1
4	15	1	1	1	1
5	1	3	3	3	3
5	2	1	1	1	1
5	3	1	1	1	1
5	4	1	1	1	1
5	5	2	2	2	2
5	6	3	3	3	3
5	7	3	3	3	3
5	8	1	1	—	—
Totals ...		29	27	24	24

### Maternal Deaths.

There was one maternal death in this Borough during 1951. This was a case of Placenta Prævia and heart failure due to air embolism from the uterine veins.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### 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. The figures are given monthly, and the total for last year is appended in brackets after the total in each line. These figures are, of course, given on a Divisional basis and have not been split up to give figures for the Borough of Brighouse alone.

This Table shows that there was a fall in the number of cases transported by ambulance in 1951. This fall occurred particularly in the number of urgent cases, the number of maternity cases and the number of mental health cases carried. In accident cases there was again a slight rise, and 20 more infectious cases were carried than in the previous year. Once again there was a rise in the number of out-patients carried and it will be seen that this part of the ambulance service now constitutes a major problem, almost 7,000 individual transportations having been arranged during the year. Although the majority of patients require an ambulance to carry them to hospital it is considered that there is still a tendency to use the ambulance when public transport could well be used.

A Circular was issued by the Ministry of Health, stressing the necessity for care to be exercised to eliminate unnecessary use of the service when other means of transport are available.



**TABLE 5.**  
**COUNTY AMBULANCE SERVICE, DIVISION 18.**  
**Return of patients carried for the year 1951.**

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Accident ... ..	18	13	16	15	19	25	17	24	22	25	19	13	226 (221)
Urgent ... ..	50	45	62	44	62	66	52	51	47	62	44	46	631 (698)
Maternity ... ..	22	29	41	28	33	43	33	26	29	32	21	29	366 (398)
Infectious ... ..	7	8	14	8	6	5	9	4	7	12	7	2	89 (69)
Mental ... ..	7	2	2	5	2	2	2	2	3	1	—	3	31 (38)
Out-Patients ...	756	582	557	611	564	532	543	485	510	582	605	500	6827 (6769)
Males ... ..	444	356	322	346	310	292	333	306	300	317	316	282	3924 (3589)
Females ... ..	566	498	479	508	532	512	460	419	426	504	507	442	5853 (5759)
Children ... ..	65	40	40	59	68	79	86	75	55	15	66	41	689 (965)
No. of Patients...	1010	854	801	706	703	665	668	588	594	686	681	616	8572 (9348)
Stretcher cases ...	197	220	171	182	213	211	194	201	190	195	202	224	2400 (2029)
Sitting cases ...	813	634	630	672	629	593	599	524	536	626	621	500	7377 (7319)
Journeys ... ..	349	315	312	321	342	337	337	291	278	303	298	275	3758 (4088)
Miles ... ..	8915	7598	7420	7727	7839	7618	7512	7252	7079	7174	7483	6834	90451 (92990)

## **Nursing in the Home.**

The same team of nurses have been responsible for the Home Nursing Service in the Brighouse Borough, Miss Whiteley being the nurse in charge of the Hipperholme area, Mrs. Sykes of the Rastrick and Southowram areas, Miss Tolland of the Clifton area and part of Brighouse, and Miss Salisbury for the Brighouse area.

Altogether, 7,263 individual visits were made to patients and 369 new cases were treated during the year. In the Hipperholme and Rastrick and Southowram areas there was a substantial increase in the number of visits made, but in Brighouse and Clifton there was less call on the District Nursing Service than in the previous year.

An increasing use of the Home Nursing Service is to be expected as the population ages and the call on hospital accommodation for old people increases without any corresponding increase in the number of beds provided. More and more old people are being nursed at home and the care of the old already forms a substantial part of the Home Nurse's duties. Many of these old people are not considered to be suitable cases for the Home Nurse, but require constant attention. Where an old person lives alone and is more or less confined to bed, beyond the periodic visits of the Health Visitor, the cleaning of the home by the Home Help and the making of his bed and bathing by the District Nurse, he requires the security that only the continual presence of another person can give. Some of these old people are visited through voluntary agencies but it is considered that many of them are not really suitable cases for home nursing. However this may be, the Home Nursing Service is providing a very useful service in this town, and is to some extent alleviating the serious shortage of beds for the care of the old.

## **Domestic Help Service.**

The demand for Home Helps continues to increase. During the year Home Helps were provided in 65 maternity cases and 123 domestic cases, a total of 188 cases. The fall in the number of maternity cases corresponded with a considerable fall in the number of domiciliary confinements. Home Helps were supplied in 47% of domiciliary confinements as compared with 43% in 1950 and 37% in 1949.

The 123 domestic cases attended by Home Helps represented a very much larger volume of work than the 87 cases attended last year, as many of these domestic cases were long term ones, being old people who were no longer able to care for themselves adequately. Only 33 of the domestic cases were cases of sickness of the young housewife and the remaining 90 cases were of a long term nature. Steadily throughout the year, with an accelerated rise in the winter months, the demand for Home Helps for the care

of the homes of old people has increased. We were, at the end of the year, supplying 1,320 Home Help hours per week. Our establishment of Home Helps, which is based on the population and the birth rate was only 792 hours per week, and we were grateful for being allowed to increase this temporarily. The demand, however, has not fallen and it is necessary for a permanent increase to take place. It appears likely that the demand will continue to rise as our birth rate still falls and we know there is an increasing number of old people in our population.

The Home Help Service is an expensive one but the cost of it is small in comparison with the cost of maintaining old people in hospital or in hostels or institutions. Not only are these alternatives more expensive but they are much less popular with the old people.

Personal possessions, often articles intrinsically of no value and considered by young, hygienic social workers, and indeed by any houseproud "scouring" relative or Home Help to be rubbish, are often valued beyond price. There is usually a reason which is good and sufficient to the old person why this article or that article should be retained against a possible use which is apparent to no one else. In hospitals and institutions they are deprived of these treasures and the presence of them makes the work of the Home Help very difficult but they have become a very important part of the life of the old person, and the deprivation of the home and of the possessions that make up the home is a blow from which many fail to recover. There is nothing more difficult than cleaning a house which is over full of personal possessions but the patience and tolerance shown by our Home Helps undertaking this work is well worth while.

The only danger of the Home Help Service is the tendency for people to pass on their responsibility for looking after their own old folk to others. It is understandable that where the relatives need to go out to work to support themselves they have little time to spare for helping their older relations, but we are very sorry to see the undoubted tendency of friends and relations to rely on the services of a Home Help rather than to undertake duties willingly undertaken in the past.

It is difficult sometimes to persuade old people that the Home Help is there to work, that her duties are to deputise for the housewife and not to entertain the old person. Some old people would be quite content to try to do the work themselves and use the Home Help as a companion or sitter in. It is necessary for us to be extremely careful to ensure that the hours put in by the Home Help are those required for cleaning the home, cooking the meals, washing, etc., and are not extended to allow for time spent in performing the duties of conversation which can be performed by a voluntary agency.

Despite our administrative difficulties, the Home Help Service met with marked success in 1951 in its task of bringing cleanliness, comfort and security to many homes.

**Clinics and Treatment Centres.**

The Table of Clinics and Treatment Centres is appended overleaf.

TABLE 6. CLINICS AND TREATMENT 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, 11 a.m.-12.30 p.m. Fridays, 2-4 p.m.
do. ...	St. Annes-in-the-Grove, Southowram	Mondays and Thursdays, 9.30 a.m.
*Diphtheria and Whooping Cough Immunisation Clinic ...	Huddersfield Road ...	Fridays, 11 a.m.
Vaccination Clinic ...	Huddersfield Road ...	Fridays, 11 a.m.
do. ...	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 ...	By appointment.
Remedial Exercises Clinic ...	Brook House, Atlas Mill Road ...	Tuesdays, 1.45 p.m.
Ante-Natal and Post-Natal Exercises Clinic ...	Brook House, Atlas Mill Road ...	Tuesdays, 2 p.m.
Tuberculosis Dispensary ...	Royal Halifax Infirmary ...	Mon., Tues. & Wed., 9.15 a.m. to 12 noon. Women.
Veneral Diseases Clinic ...	Royal Halifax Infirmary ...	Thurs. 2.30-7 p.m. Men.
do. ...	York Place, New North Road, Huddersfield ...	Tues. 2.30-7 p.m. Mon. 2-4 and 5-7 p.m. Wed. 10 a.m.-12 noon and 2-4 p.m. Fri. 2-4 and 5-7 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic & Orthopædic Orthoptic Clinic ...	Brook House, Atlas Mill Road ... Brook House, Atlas Mill Road ...	By appointment. Bi-weekly (by appointment).

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

## MATERNITY AND CHILD WELFARE.

### Health Visitors.

The shortage of health visiting staff which we experienced in 1949 and 1950 continued during the first six months of 1951, but in July, 1951, Miss N. Brierley was appointed to the vacancy which occurred as a result of Miss Charlesworth's death and Miss Latimer's promotion, and our position now is better than it has been for some years past. It will be seen that over 1,500 additional visits were made as a result of this improvement and it was possible for the Health Visitors to spend more time with each individual case.

As their work is primarily educational in nature, to obtain its full value it is necessary to spend a considerable time in the house with the mother, for it is in the homes that the Health Visitor does her most important work. Even in the case of children who are brought to the clinic regularly and whose mothers are anxious and willing to benefit by the advice given there, there is still a need for the Health Visitor to see the child at home, where she can study the home background and give the mother advice regarding her own particular difficulties.

Statisticians, mothercraft specialists and medical officers of health may generalise about the care of children, but every child is an individual with an individual home background, and although his mother's difficulties may be ones which are often encountered, each individual case can with advantage be considered in its own particular environment. Every home does not possess modern amenities; every mother does not possess the same physical or mental health, nor has every mother been given the same advice from her own mother. It is only in the home that difficulties and disadvantages can be seen and overcome.

We know how important it is that a child should be cared for by its own mother or by an effective mother substitute. We know that the removal of a child to hospital and institution can, as in the case of the old, upset him very considerably. The Health Visitor is the most important person in maintaining a child happy and healthy at home. Her work cannot be measured.

The young child who makes a spectacular recovery in hospital or at home because of skilled medical, surgical or nursing care, is known to many. The child who remains well, often in adverse circumstances, due to the constant help and innumerable visits, the almost daily advice and unfailing patience of the Health Visitor, does not command the same notice of the public. There are very many children living in this town, who, without the help of the Health Visitor would be less well cared for than they are, and some of this number would either have had to be admitted to hospitals or other institutions.

**TABLE 7.**  
**Visits paid by the Health Visitors in 1951.**

Visits to New Births ... ..	463
Visits to Children under 1 year ... ..	2,074
Visits to Children 1 to 5 years ... ..	4,032
Visits to Expectant Mothers ... ..	113
Miscellaneous ... ..	1,859
Total ...	8,541

### Ante-Natal Clinics.

Table 8 gives particulars of the attendance at the ante-natal clinics. Only 137 confinements took place at home and 144 new expectant mothers attended the ante-natal clinics. Some of these mothers were delivered in the Halifax General Hospital, and some of those delivered at home received ante-natal care from their own doctor. Several attended our clinics and also attended at intermediate times at the hospital or their own doctor. It is often a convenience for the patients booked for hospital confinement to attend our ante-natal clinics regularly, making occasional visits to the hospital ante-natal clinic so that they may be seen by the midwife or doctor who is to deliver them. Similarly, patients attending their own doctor often attend our clinics also, where they have an opportunity of discussing their problems with the midwife and receiving helpful advice from the Health Visitor. This last is a very useful contact as it enables the Health Visitor to go into the home after the baby is born already well known to the mother and not as a stranger.

It will be seen that the percentage of mothers attending at the hospital remained almost the same as in the previous year. The number attending their own doctor increased perceptibly and the number attending our ante-natal clinics went down by 2%. Despite this reduction in attendances at our ante-natal clinics, which we think is unfortunate because of the unique opportunity of contact with the midwife and health visitor, it is gratifying to know that once again in this Borough we can state that over 99% of mothers did receive ante-natal care from one source or another. This falling off in our ante-natal clinic attendances is not, of course, unusual, and indeed, has been less marked in this Borough than in many others.

The tendency for patients to wish to be delivered in hospital shows no sign of reduction and it will be seen that only 137 babies were born at home this year as compared with 167 last year, the number of births, live and still, being respectively 463 and 461. It is my belief that the home is the best place for delivery of a baby. I have stated this in previous reports and given many reasons for my

belief. I have no reason to alter this. The early discharge of patients which is necessitated by the large number admitted, forms an additional reason why a greater proportion of babies should be delivered at home. The work of the domiciliary midwife is going down and we may shortly have to consider a reduction in the number of midwives. This is not altogether desirable as it will mean that each midwife will have a very much larger area to cover and consequently be less accessible. Perhaps with more new houses and the home conditions becoming more suitable for home confinements the present trend may be reversed.

TABLE 8.

Attendances at the Ante-Natal Clinics.

	1947	1948	1949	1950	1951
Number of Sessions ... ..	170	157	148	150	127
Number of new expectant mothers ...	182	182	134	159	144
Total number of individual expectant mothers ... ..	219	222	196	211	191
Total number of attendances ... ..	1123	1017	954	1012	829
Average number of patients per session	6.61	6.48	6.45	6.75	6.53



TABLE 9.

The Percentage of 453 Investigated Cases in which Medical Ante-Natal Care was given in 1951.

	Primiparae.		Multiparae.		All Mothers.	
	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
Cases investigated ... ..	171	—	282	—	453	—
Attended Brighthouse Ante-Natal Clinics ... ..	15	8.7	118	41.8	133	29.3
Attended Hospital Ante-Natal Clinics ... ..	100	58.4	76	26.9	176	38.8
Attended own Doctors ante-natally ... ..	54	31.5	88	31.2	142	31.3
Total who received medical ante-natal care ... ..	169	98.8	282	100	451	99.5

## Ante-Natal Hostel.

By the end of 1951 the Clifton Ante-Natal Hostel had been running for over three years, a sufficiently long period for us to form an opinion on its value, and on the accommodation required in the County Council Area for this purpose.

We knew already that there were indeed a great many expectant mothers, especially those with large families, who would benefit from rest and recuperation during their pregnancy. Often the only rest a woman does obtain is during her confinement. During her pregnancy she has to cope with house, husband and family with no respite. It is wonderful that more women with large families do not become difficult and temperamental at this time.

It was estimated that at least 100 beds would be required in the county if we were to accommodate all the women who required accommodation. Very soon it became apparent, however, that many women who required this rest, and indeed whose health demanded it, were unwilling to leave their children or their homes. Others who were willing to do so could not make suitable provision for the care of their children while they were away, as the demand for Residential Nursery places precluded their children's admission except in very few cases. Some of the women have taken the opportunity to come into the Hostel while their husbands were on holiday or temporarily incapacitated and were at home with the children. It has been surprising how frequently the husband on holiday has found himself unable to cope with the household chores and has demanded his wife's return after only one or two days; other temporary arrangements have similarly broken down or reports have been sent to the mother that the children are fretting.

The rapid improvement in the women who were admitted, their change in outlook, their gradually increasing pride in their appearance and above all their youthful appearance on discharge, has encouraged us to continue to make this provision, although the numbers admitted have been disappointing. On admission to the Hostel the women who most benefit always appear very much older than their husbands. Indeed the most remarkable thing has been the extremely youthful appearance of the men as compared with the women. On discharge, patients who have stayed sufficiently long have appeared once again to be in the same age range as their husbands.

In many working class families the husband gives his wife her proportion of his wage and she is responsible for all the household expenses, ordinary and extraordinary. Beyond going to work and earning his wage his responsibility is minimal. It is not surprising that women require a rest when extra demands are made upon them by pregnancy. Some women have been unwilling to stay beyond a few days, as when their husbands have visited them they

have informed them of debts due to their being unable to manage on the normal housekeeping allowance. Experience at the Hostel has stressed still more how the mother is the centre and pivot of the family ; if we can help to fortify her and fit her for her motherhood we are doing a great work, not only for her but for the next generation.

During pregnancy a woman does not wish to go to an ordinary convalescent home, but is happy to be admitted to a hostel where all the patients are pregnant.

There remains the difficulty with the care of the children during the woman's stay at the Hostel. The stay of many women has been abruptly curtailed and other women have not been able to come in at all because of this difficulty. Unless the woman knows that her children are properly looked after she cannot obtain the full benefit from her stay. I have been surprised at the selfishness of many young husbands who have been unable to make sacrifices for their wives.

Another great deterrent to hostel admission has been the charge for accommodation. In these days of free hospital treatment the imposition of any charge has often prevented admission. Many mothers are unwilling to spend any part of the small family budget on themselves and, although the assessments are generous, frequently the husband has refused to fill up the form. Some wives do not know their husband's income and the completion of a form which gives it is refused by the husband.

For these various reasons it is felt that we have only touched the fringe of the women who require ante-natal hostel accommodation. Adequate accommodation in Residential Nurseries and free admission appear to be essential pre-requisites to this form of ante-natal care.

As the Ministry of Health have not agreed to the provision of Nursery accommodation at Clifton it would appear that these premises, suitable though they are in most respects, are not adequate for the purpose. With the present shortage of Residential Nursery places, nursery provision at a hostel is essential.

As the accommodation was not being fully utilised, during the latter part of 1951 we admitted many unmarried expectant mothers to the Hostel, some of whom were not the type of case for which the Hostel was originally intended, as they were sometimes perfectly well and merely required shelter. This was not an unmixed blessing, as on some occasions we had more unmarried expectant mothers than married ones, and we found that the married women were not always happy in such circumstances. It is considered that for success married patients in a hostel should never be in less proportion than 2 : 1. The large proportion of unmarried mothers quickly gave the Hostel a local reputation of being a place for their

reception and prevented the admission of some of the patients who required it.

There was no doubt of the value of their admission to the unmarried girl, who often either had no home or had been ostracized by friends and relatives. Frequently her mental health demanded treatment and by mixing with her fellows, including married women, by being treated as a responsible and essentially moral member of society, by advice and later discussion of her future plans with no suggestion of moral stigma, she regained confidence, and most of these girls arranged to keep their babies and support them by their own efforts.

Three of these unmarried girls were schoolgirls ; their parents were interviewed on several occasions and it was apparent that the origin of the trouble lay with them. One of these girls came from a problem family, but the other two came from superficially good homes.

Altogether 103 expectant mothers were admitted during 1951, 29 of these being unmarried. Six others were divorced or separated from their husbands and expecting illegitimate children.

Two married women who were admitted had no home ; both of these obtained a house while they were in, but the husband of one of them was so irresponsible that it is feared their tenancy might be a short one. She was admitted after a long period in institutions and was apathetic and listless on admission ; she had left her children in the institution. The husband had made no serious attempt to get a house and neither of them were particularly troubled about her return to the institution, but after three weeks she developed surprising energy and drive and persuaded her husband to make a real effort. He obtained a job and a house. She left us full of new vigour for a two-roomed house, with the firm intention of later obtaining accommodation for her other children. As apparently during the whole of the previous summer she had been in institutions and he had slept under the hedges of the West Riding, some improvement was made in this case.

Two infectious cases were admitted, one a case of Tuberculosis which was transferred to a sanatorium, and the other a case of Influenza ; after a period in an Isolation Hospital this latter lady returned to us for convalescence. These infections did not spread as the patients were isolated soon after admission.

Many of the other women who were admitted had had marital difficulties ; shared homes, unfit houses, feckless husbands, and three of them had been frankly brutally treated by their husbands. In many of these cases, parents and parents-in-law with whom homes were shared, and also the husbands were interviewed. The results were of immediate benefit to the patient and it is hoped that some long-term results were obtained.

So often we have found that physical disability, especially if it is that kind of vague disability where everyday work becomes a burden, is allied with mental distress.

The following complications were found among those admitted :

Heart Disease	.....	.....	.....	.....	2
Asthma	.....	.....	.....	.....	3
Bronchitis	.....	.....	.....	.....	2
Severe Secondary Anaemia	.....	.....	.....	.....	4
Malnutrition	.....	.....	.....	.....	2
Post Influenzal Debility	.....	.....	.....	.....	1
Marked Constipation	.....	.....	.....	.....	1
Spastic Paraplegia	.....	.....	.....	.....	1
Hysteria	.....	.....	.....	.....	4
Mental Deficiency	.....	.....	.....	.....	4
Deaf and Dumb	.....	.....	.....	.....	2

Most of the patients had some degree of Anaemia and most of them had substantially higher haemoglobin levels on their discharge from the Hostel, but the above four cases of secondary Anaemia had a haemoglobin level in the region of 50%. The average haemoglobin level was 70%.

Most of the women complained of pressure symptoms and vague malaise, but four of them must be labelled as frank hysteria. These cases had no organic lesions, but they all had difficulties at home which were only revealed to us after a few days : we were able to help and they were discharged as apparently much happier women.

We also met with the following complications of pregnancy :

Pyelitis	.....	.....	.....	.....	6
Toxaemia	.....	.....	.....	.....	16
Vomiting	.....	.....	.....	.....	2
Threatened Abortion	.....	.....	.....	.....	1
Severe Varicose Veins, lower limbs	.....	.....	.....	.....	20
Severe Haemorrhoids	.....	.....	.....	.....	2
Severe Varicosity Vulva	.....	.....	.....	.....	3
Multiple Pregnancy	.....	.....	.....	.....	2
Malpresentation	.....	.....	.....	.....	1

Most of the cases of Toxaemia were early ones and all but one responded very rapidly to rest and diet. The one case which did not respond was in an elderly multipara who had a history of a long period of headaches ; she was transferred to hospital. Both the cases admitted with a history of persistent vomiting responded almost at once to a regular and suitable diet with proper rest.

The important part of the Hostel's work in occupational training in the preparation of clothing for the forthcoming baby was not quite so successful this year. The presence of a large proportion

of unmarried girls who intended to have their babies adopted and preferred to knit their own clothing for use when they were once again restored to their normal shape acted as a damper on enthusiasm. The effect on these girls was, however, salutary, and all of them without exception prepared some articles for the baby, however reluctant they were at first.

The work of the relaxation clinic was more valuable than formerly, as we had a larger number of primiparae. In the restful atmosphere of an Ante-Natal Hostel this clinic shows to great advantage. It also gives us a useful opportunity of instruction in dietary requirements ; instruction which is badly needed. Moreover, it does teach our patients to relax properly and enables them to take advantage of their stay with us. The sudden breaking of domestic ties for perhaps the first time since the earliest adult years leaves many women with a feeling of inaction which is difficult to combat. They are often at first bewildered and unable to take advantage of their rest. There is no doubt that the relaxation exercises help them to do this, and to lose the feeling that so many have on admission that they are coming to a hospital with rules and regulations and regimented hours. All the patients appreciate this clinic very much.

Altogether 1951 again reinforced our opinion that Ante-Natal Hostel provision is useful and necessary, but it also showed us that the number of patients admitted is far less than the number requiring admission, and that without adequate residential nursery provision within or without the Hostel curtilage the demand for admission will always lag behind the need.

### **Relaxation Clinic.**

The arrangements for the Relaxation Clinic continued on the same basis as last year, the clinic being run by a midwife who had received special instruction in the use of exercises to strengthen the muscles on which unusual demands are made during labour. She also taught the mothers the technique of relaxation. Many of the difficulties that arise during confinement are due to the tense atmosphere in which the young mother enters it. A physiological process is often regarded as something of danger and difficulty, to be got through as quickly as possible and to be faced with grit and determination. The first stage of the confinement is made more difficult by the tensing of muscles which should be relaxed, and I believe that the reassurance of the mother and the removal of her fears can do a great deal to help her in her confinement.

An opportunity is taken at these classes of explaining to the mother exactly what happens during her confinement so that she may know exactly why and exactly how the labour is progressing as it is. It is also explained to her that natural processes, of which childbirth is one, follow physiological lines, and that like all natural processes normal labour should not be hurried but should follow the

natural time interval. Many of the mothers have had almost painless labours when they have followed the natural lines suggested to them at these classes. It is our object that women should enter labour knowing its processes and without fear.

At the same time the mothers are shown how to prepare their breasts during pregnancy and how to feed their babies when they have been born.

This class is, of course, particularly valuable to the woman expecting her first baby, but often women who have already had one or more children have testified to the benefit they have received from the class. Patients from hospitals and patients delivered in their own homes have attended, and many of the women have been sent by their own doctors.

We have had many letters of appreciation and it is believed that we have reduced both the fear and anxiety of the young mother and have made the confinement a happy event instead of one to be dreaded. We have not always been helped by the attitude of parents and well-meaning friends, who unfortunately so often stress the bad time that lies ahead.

95 women attended the classes and made 364 attendances. 43 of these women were patients at the Ante-Natal Hostel. All the women who attended had spontaneous deliveries and they all breast fed their babies for the first month after delivery. Arrangements were made for some of the mothers who were unable to attend at the clinic to be instructed at home.

There were also 27 patients who attended for post-natal exercises.

### **Post-Natal Attendances.**

Only 67 women attended our post-natal clinics during the year. Most of the women having their first baby, however, were hospital cases and attended at the hospital post-natal clinic. It is indeed difficult to persuade the average mother who is having her second or subsequent baby that there is any necessity for her to receive an examination once the baby is born. The difficulties in her attendance are considerable, accompanied as she often has to be by her children, and although the attendances at the child welfare centres show that most mothers are prepared to make considerable efforts for the sake of their children they are not prepared to go to the same amount of trouble for themselves. This is unfortunate, as there is no doubt that a post-natal examination will often prevent a great deal of trouble later on. It will be seen that less than half the women who were confined at home attended this clinic, and it is estimated that just over half of all the women who were confined had a post-natal examination.

## Domiciliary Midwifery.

Although the number of children born in this Borough was almost the same as in 1950, the number of home confinements was reduced, there being only 137 as compared with 167 last year, and the work of the midwives consequently decreased. This enabled them to make more ante-natal visits to the homes of the expectant mothers.

The gradual elimination of the less satisfactory houses and of the serious overcrowding which still exists should enable more confinements to take place at home, but there is no doubt that there is an increasing trend of public opinion towards hospital confinement. It is often only at these times that a mother is able to get a complete rest, a rest which may not be so complete if she stays in her own home. The cost of a home help and of her own board and the many worries of her household remain when the mother is at home. There is indeed a good case for differential maternity allowances according to whether the mother stays at home or goes to hospital. In another section of this Report I have pointed out how our Domestic Help Service, our Home Nursing Service, and our Health Visiting Service are looking after old people at a very much reduced cost to the community than would be the case if these people were all admitted to hospital. In the same way, the cost of domiciliary confinements is infinitely cheaper than those taking place in hospital. Unfortunately, these costs are met to a large extent by different authorities, and it may be that only when all these costs come from one source will the position be made clear to everyone.

I believe that the removal of the mother from the home, and her return after 14 days or less with another member of the family to whom she devotes a large part of her attention, leads in some cases to the jealousy we so often see in older children. The mother too, does not forget her household worries while in hospital, and often, indeed, worries more about the home and the children she has left than she would if she were still with them.

The premature discharge of women before the end of 14 days because of the shortage of hospital beds is much to be deprecated. Although these women go home supposedly to continue their rest, which is very necessary after the confinement, often they do not obtain it. They are considered fit to go home and they consider they are fit to resume normal duties far too soon.

In this area we have received very good co-operation from the Halifax General Hospital in assessing the patients' needs on social grounds where the home conditions are unsuitable for the birth of a baby. Gradually there are less people who, because of unsuitable housing, require hospital confinement, but the number of hospital confinements has become so large that it has become



almost an accepted thing that it is the most desirable place to have a baby.

The midwives are doing excellent work and have had very good results. The hospital service provides a "Flying Squad" which is readily available in cases of need, and with the present ante-natal care there is no longer any need for a normal confinement to take place in hospital if the home is suitable.

The work done by the Midwives is set out in Table 10 below.

**TABLE 10.**

**Work done by the Municipal Midwives during 1951.**

Labours conducted: (a) as midwives	...	...	...	...	...	...	...	137
(b) as maternity nurses	...	...	...	...	...	...	...	—
(c) total	...	...	...	...	...	...	...	137
Ante-natal visits	...	...	...	...	...	...	...	1,213
Post-natal visits	...	...	...	...	...	...	...	2,724

**Dental Scheme.**

During the year, 61 expectant mothers were referred for treatment, and treatment was completed in 23 of these cases. In addition to this number, many women, of course, attended the dentist by their own arrangement as for a good portion of the year dental treatment was quite free for all. This accounts for the reduction in the number of cases referred for treatment.

**Breast Feeding.**

As previously, tables are included on the breast feeding of infants, showing the number breast fed and the periods for which they were. Previously I have discussed at length the probable reasons for the decline in breast feeding. I was able to say, however, last year that this decline had been temporarily halted, probably partly due to the Relaxation Clinic and the adoption of instruction in breast feeding during the ante-natal period.

It will be seen that most of the cases abandoned breast feeding because of maternal causes, and very few indeed abandoned it because the baby did not make satisfactory progress.

**Reasons for Abandoning Breast Feeding.**

**A. Maternal.**

	No. of Cases.
(a) General health of mother (obstetric causes, mental shock)	37

(b) Local condition (breast abscess, defective nipples) .....	6
(c) Failure of milk without known cause .....	45
(d) Work .....	7
(e) Twins .....	4
<b>B. Infant.</b>	
Prematurity, illness, unknown cause .....	5
<b>C. Others.</b>	
(a) Adopted babies .....	3
(b) Lack of perseverance .....	27

TABLE 11.

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.
1951	25.6	27.1	18.9	71.6
1950	32.3	26.8	13.0	72.1
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

TABLE 12.

Year.	Maternal causes.	Infant causes.	Other causes.
1951	73.9	3.7	22.4
1950	74.4	5.1	20.5
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

## INFANT WELFARE CENTRES.

The work of the respective clinics is set out in Table 13 which follows.

**TABLE 13.**

**Attendances at the respective Infant Welfare Clinics in 1951.**

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions ... ..	101	50	52	203
Individual Children attending ...	577	276	236	1091
Children attending for the first time ... ..	208	102	48	358
Medical Consultations ... ..	1477	746	836	3059
Average number of medical con- sultations per session ...	14.62	14.92	16.08	15.07
Attendances of children under 1 year ... ..	3094	1143	791	5028
Attendances of children over 1 year ... ..	1193	558	680	2431
Total attendances ... ..	4287	1701	1471	7459
Average attendances per session	42.44	34.00	28.29	31.82
Highest attendance at one ses- sion ... ..	74	56	55	

### 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 103 children received 1,291 exposures, compared with 85 children and 841 exposures in 1950.

**TABLE 14.**

**The Work of the Artificial Sunlight Clinics during 1951.**

	Brighouse	Hipperholme	Southowram	Total
Number of children treated ...	63	29	11	103
Number of exposures ... ..	668	451	172	1291

### Orthopædic Treatment.

During the year 21 children under school age were examined by Mr. Barclay, the Orthopædic Surgeon. Particulars of these cases are appended below :—

Genu Valgum	.....	.....	.....	.....	7
Torticollis	.....	.....	.....	.....	3
Toe Deformities	.....	.....	.....	.....	5
Wasting of Quadriceps	.....	.....	.....	.....	1
Pes Valgus	.....	.....	.....	.....	2
Talipes Equino-Varus	.....	.....	.....	.....	2
Short Leg	.....	.....	.....	.....	1

### Ophthalmic Scheme.

During 1951, 42 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in 28 cases. Particulars of these cases are as follows :—

Blepharitis	.....	.....	.....	.....	1
Hypermetropia	.....	.....	.....	.....	1
Hypermetropia and Strabismus	.....	.....	.....	.....	1
Strabismus	.....	.....	.....	.....	39

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## DAY NURSERIES.

### Attendances.

	Wellholme Park	Ogden Lane	Holme House
No. on register at 31st December, 1950	43	43	40
No. on register at 31st December, 1951	32	37	36

For the first time for several years the waiting list at the Day Nurseries showed a reduction, there being only 80 cases waiting for admission at the end of 1951. It will be seen that the lower demand enabled us to reduce the number of cases taken into the Nurseries and to bring the number of admissions more into line with the accommodation available and to avoid overcrowding.

The reason for the reduction in the number of children requiring admission to the Day Nurseries was because of a reduction of demand for labour in the textile industry. This occurred principally towards the end of the year and continued into early 1952.

The importance of the admission of children to the Nurseries on social grounds did not show a corresponding decrease and it is considered that some Nursery provision will be necessary as a permanent measure on these grounds. The admission of their child-

ren to the Nurseries has enabled widows and unmarried mothers to continue to work when they would not otherwise have been able to do so, and although there may be much to be said for the subsidising of the unmarried mother to enable her to maintain her own baby in her own home rather than to admit him to a Residential Nursery, it is considered that the admission of the child to a Day Nursery, to which the mother takes him each day and from which she takes him home each night, has much to commend it. The child is in no doubt as to his own mother and spends every weekend with her, returning to play with other children during the week. The mother, meanwhile, enjoys a feeling of stability and satisfaction in being able to pay her own way, which she might not obtain were her income to come solely from a State Allowance. It may be that the indirect subsidy which she receives from Nursery provision is very much less destroying to her independence and gives her the feeling that she is acting as both father and mother to the child.

The ratio of one nurse to five children has always been maintained in our Day Nurseries, and as a general rule each nurse has been responsible for the same group of children. This has meant that the children have found an effective mother substitute and it is my belief that on the whole the children in the Day Nurseries have benefitted psychologically from their admission. It has been noticeable that the only child of a family often benefits considerably from associations that are made in the Nursery, and we have found in the Infant Schools that a child from the Day Nursery is socially more adaptable. We have not found it necessary to refer any of the children from our Day Nurseries for child guidance treatment.

The total infectious diseases among the children during the year have been :—

Measles	.....	.....	.....	.....	.....	29
Chicken Pox	.....	.....	.....	.....	.....	2
Whooping Cough	.....	.....	.....	.....	.....	19
Mumps	.....	.....	.....	.....	.....	17
Dysentery	.....	.....	.....	.....	.....	29

In addition, one member of the staff was found to have stools positive for Sonne Dysentery.

The epidemic of Sonne Dysentery which occurred at the end of 1950 was controlled by routine examination of the stools of all the staff and children. Three of this year's cases belonged to that epidemic, and all occurred in the same Nursery. Neither of the other Nurseries were affected. At the end of the epidemic all the children and staff had had three negative stool examinations, and no further positive cases were found after February until later in the year.

The next notification of Sonne Dysentery in the Borough was on the 10th April, when cases occurred in the Hove Edge area. At the end of April we again had two cases in the Rastrick area but

no cases had occurred in the Nursery. One child was found to have a positive stool on the 8th June, this stool being examined as a result of the child having one day's diarrhoea. He was excluded from the Nursery until three consecutive negative reports were obtained and did not return until the beginning of August. As a result of this the stools of all the children and staff in the Nursery were examined and the next positive stool was found on the 14th June. Altogether, 23 children and the member of the staff mentioned above were found to have positive stools in June. They were all excluded from the Nursery until three negative specimens had been obtained. Of these children, only one child had clinical Dysentery, diarrhoea persisting for two weeks. Of the other twenty children, only five had any diarrhoea at all, and in three of these it persisted for one day only and in the other two lasted for four and five days respectively.

There was no diarrhoea in July, but in the first four days of July three other children were found to have positive stools. We had no further reports of positive stools after the 4th July.

We have found this disease particularly difficult to control, especially as so many of the cases are extremely mild and extremely persistent. Some of the children who had previously had Sonne Dysentery in 1950 were again found to have positive stools in 1951 without clinical symptoms. In addition to the usual precautions an attempt was made to sterilise all the toys in the Nursery.

It is interesting to note that not one of the cases of Sonne Dysentery occurring in the Day Nursery has been of a serious nature, and we suspect that it was very much more widespread in the community than the notifications would indicate as, because of its mildness, the doctors were often not consulted. Many of our cases were not only sub-clinical, but symptomless, and would, of course, have passed unnoticed unless bacteriological examinations had been made.

It has been our practice since 1946 to immunise all the children admitted to the Nurseries against Whooping Cough and Diphtheria. In 1946 there were 20 cases of Whooping Cough in the Nurseries, some of them of a severe nature. That year there were only 60 cases in the Borough, so that one third of the cases occurred among children attending the Day Nurseries. Since 1946 until this year there has been only one case of Whooping Cough in the Nurseries, this child being one just admitted who had not been immunised.

In 1951 we had a severe epidemic, the highest number of cases for eight years (134) being notified, and 19 children in the Nurseries were considered to be suffering from Whooping Cough. Most of these children had a very slight attack, and indeed, many of them were diagnosed as Whooping Cough as a precautionary

measure during a period of epidemic. Only one of these children had not been immunised.

Both with the Sonne Dysentery and with the suspected cases of Whooping Cough parents sometimes could not understand why we thought it necessary to exclude their children from the Nurseries on the grounds of community health as they appeared so well.

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## MENTAL HEALTH.

At the beginning of May, 1951, a Mental Health Social Worker was appointed to work in this Division and the neighbouring Division, No. 19. She was able to continue and enlarge the work that had been previously carried out very efficiently by an Assistant Health Visitor. She visited all the cases discharged from mental hospitals, and with more time at her disposal was able to spend longer with each case and to pay more frequent visits.

An increased number of patients were admitted voluntarily to mental hospitals, where a short period of treatment and rest from home worries was sufficient to enable them to return to their normal habitat refreshed and invigorated. I am quite sure that the visits of the Mental Health Social Worker helped not only to encourage a more healthy attitude in the patients but helped the patients' relatives better to understand that mental illness is, as with most illnesses, a temporary setback in health which can be overcome with sympathetic and careful consideration during convalescence.

The whole public attitude to mental ill health is slowly being changed and patients and their relatives are coming to realise more and more that recovery from mental ill health can be as complete as from physical ill health.

Many cases of minor mental ill health have been found in schools and child welfare centres. The majority of these have been dealt with locally, often in conjunction with the child's own doctor. We have found that a large proportion of the cases of enuresis among children can be traced to difficulties at home. Very often we have been able to help in this direction. One of the biggest contributory causes of minor mental ill health has been housing difficulties. Another has been the increase in the cost of living and the necessity to adapt the family budget to the new conditions. The Health Visitors are constantly dealing with minor problems of mental ill health and it has been useful to have a mental health social worker who is also a trained Health Visitor, so that the worst cases could be passed on to her.

The School Health Service, with its unique opportunities for contact with parents, children and teachers, is, I believe, doing some

of its best work in the field of minor mental ill health. Many of the children who are reported to us by teachers as not doing well at school, or are brought by the mothers to the clinics suffering from vague general debility, are ill because of unsettled home conditions. The serious cases have been referred for investigation and therapy by Dr. MacTaggart, the County Council's Educational Psychologist, at special clinics, and many of them have done very well. Other cases have been admitted to Hostels for Maladjusted Children, but the great majority have had their condition relieved by a full knowledge of the circumstances and advice to parents and teachers. We have found that the teachers have been very co-operative, and as a general rule, the parents, who are frequently over anxious, have taken our advice, with beneficial results.

We have been able to help too in many cases of marital difficulty, and we can say that during 1951 we have enlarged our work in abating mental ill health. In many cases we have been able to make useful contacts with the family doctor and with the Hospital Almoner.

The Duly Authorised Officer, Mr. H. S. Johnson, has given me the following report on his work :—

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	.....	.....	.....	7
Persons removed under Section 20, Lunacy Act, 1890.	.....	.....	.....	2
Persons removed under Section 21, Lunacy Act, 1890	.....	.....	.....	2
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	.....	.....	.....	3

We have been fortunate in that no great difficulty has been experienced in gaining admission to mental hospitals. The most difficult type of case has been the old person who is suffering from dementia due to senility. I consider that usually these patients are not best dealt with by certification but there are cases which it is extremely difficult to deal with except by removal to mental hospitals. The difficulty in the placing of old people has meant that the mental hospitals have found it almost impossible to discharge this type of case and their wards have been full in consequence. This problem is, of course, part of the general problem of shortage of beds for the elderly infirm.

We have continued to have difficulty in the admission of mentally defective patients to Institutions. Admissions are arranged centrally and the only admission which has taken place this year was that of a girl who had been discharged from a Special School



to her own home. This discharge should not have taken place as the home was not satisfactory. As it was, she spent a much longer time than we should have wished at home. It appears that it is only in the type of case in which a crisis occurs that admission to an Institution can be obtained. The shortage of beds is so grave that if there is any possibility of care at home the patient must stay there. Often this forms an unfair burden on the relatives and it is hoped that some effort will be made, even in these difficult times, to increase the number of beds available for mentally defective persons. This is, in my opinion, a matter of national necessity and of local importance.

We must again report that there were no places available in Occupation Centres. We were also without a home teacher during the whole of the year. This has meant that parents and willing relatives have had the complete and unrelieved care of the mental defectives in their charge. Many of the women have found the strain of this unremitting care has produced a burden which is well nigh intolerable. This has applied particularly to those who have a high standard of hygiene and who try to maintain their homes as we should like every home to be maintained. Despite this, we have continued to be profoundly and constantly impressed by the wonderful way in which these involuntary and unmerited additional burdens have been tackled. Often the comfort of the mental defective has been attained at the expense of great mental strain and physical endeavour. The admission of mental defectives for short stay is a move which we shall welcome and it should help the problem, but long term provision of more beds is the only proper solution.

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## GERIATRICS.

An increasing amount of time is being spent with the old. If possible, we like to keep the old folk in their own homes where they are attended by their own family Doctor and the District Nurse, and helped by the Home Help when they are unable to carry out their own work. They are regularly visited by the Health Visitor.

The home is the most important to the young and the old. At adolescence gradually more and more outside interests come in to remove the paramount importance of the home. Once again in early married life with young children the home assumes its great importance, and in late middle age and later life once more the home is of the greatest importance. Friends and relatives become gradually fewer as age proceeds, and holidays and excursions grow rare.

Admission to hospital is always a major event in anyone's life, but in the case of the old it may carry implications which are almost catastrophic, and an old person requires to be prepared fully for hospital admission and to have a reassurance that when they return the home will still be there. The Health Visitor can assure them as to the provision of domestic help in the early days after their return, and she can help the doctor in preparing them for hospital. In these cases, too, the District Nurse does a very useful service. Despite all this, there is a profound unwillingness in old people to go away.

In the textile areas most of the women do two jobs whenever they are able, unless their economic circumstances are very much better than the average. Except for the mother with young children and the old person who is beyond employment and the really comfortably placed, very many women run a home and work some of the day in a gainful occupation. This means that they are less able to visit and help their aged parents, relatives and friends and it often means that the care of the aged relative means a considerable financial sacrifice for a young family who are engaged in a constant struggle with the cost of living. For this reason, the tendency of young people is to wish their older relatives to stay in hospital until they are fully ambulant and, indeed, able to carry out with some help their normal household duties. We all know that the sooner an old person is discharged from hospital and is able to get back to his home the more likely he is to make rapid strides in convalescence. We also know that because of this reluctance of the young to receive back their relatives until they are unlikely to make demands upon them, the old people realise that the admission to hospital may be final and will be prolonged. For these reasons there is an undoubted reluctance on the part of the old people to be admitted to hospital and we believe that we are doing a great deal to help prepare them for this and help smooth their way on their return.

It is also because of the necessity for the old people to stay in hospital rather longer in this area than in an area where less women go out to work, that the number of hospital beds should be much greater in proportion to the population than in other more fortunate areas. As it is, the number of beds is woefully inadequate.

It has been the custom this year for the hospitals to ask for socio-medical reports on old people who are awaiting admission to hospital, and such reports were furnished in respect of Brighouse residents. As a result of these reports it was possible for the hospitals to assess priority of admission. Some cases, of course, require urgent admission on medical grounds, but others, which are not so urgent for medical reasons, require urgent admission because of their social difficulties. An old person living alone or an old person who from sheer necessity has to be left alone should, of course, go

to hospital as soon as possible. Old people who live alone but are so fortunate as to have relatives and neighbours who "pop in" at extremely frequent intervals are better placed than those without relatives, friends or helpful neighbours. Such matters as washing facilities, outside W.C.s, etc., are of great importance when assessing hospital admission. 24 cases were admitted on social grounds during the year. Nine cases we recommended died before admission, and six were still awaiting admission at the end of the year.

The Brighthouse Old Folk's Welfare Committee decided that a scheme of regular voluntary visitation of old people was the most urgent need and the problem that should be tackled first. An attempt was made to obtain a complete census of all the old people. Many of the worst cases of sickness and difficulty were probably known to us but it was found that there were many more who had never sought advice and would very much appreciate regular visits from kindly people. Although old people's clubs, old people's treats and old people's outings are of very great value, the Committee wished to find the old people who were living alone without friends or relations, who were not able to take part in these activities. By the end of the year, owing to many difficulties, the census had not been completed and this Committee, from which we had hoped to obtain so much benefit, had not really begun to function.

I feel sure that when the problem of the old is really understood we shall have many people — no doubt mostly busy people — who will be willing to give some of their time each week to make these visits.

At the same time, the importance of clubs, outings and treats should not be minimised. Many old people get much greater pleasure from an outing or treat than just the attendance on the day. The day is a red letter day, looked forward to and looked back upon with great pleasure, and we were very glad at the end of the year to hear of the proposed formation of an Old People's Club in the Hipperholme and Lightcliffe area.

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## SANITARY CIRCUMSTANCES IN THE AREA.

### Water Supply.

Of the 10,872 inhabited houses in the Borough, 10,832 are on the public supply, which has remained satisfactory as regards quantity and quality throughout the year. With the exception of six 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. The only safe way

for people with private supplies or with shallow wells is for the water to be boiled, and the householders have been advised accordingly. It is unlikely that any great improvement in this position will be made in the near future, as most of the houses and farms not on public supply are remote from any public water main or service.

I am informed by Mr. Lawson, the Water Engineer, that the following extension and replacement of mains were carried out during 1951 :—

Extension of main—

152 yards of 6", 4" and 3" main, Industrial Estate.

Replacement of Main—

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

### **Drainage and Sewerage.**

The requirements for drainage and sewerage in this area were very adequately dealt with in a Sewer Survey which was published by the Borough Engineer three years ago.

I am informed by the Borough Engineer that the actual work carried out during 1951 was as follows :—

New Main Outfall Sewer constructed from Mill Lane via Armytage Road and the Lees to just west of the Bar House, Wakefield Road.

New Main Sewer constructed from Bridge End via Bramston Street, Thornhill Road, Castlefields Drive, Raw Hill to Crowtrees Lane at Crowtrees Crescent and across Bramston Street Recreation Ground.

New Main Sewer constructed in Huddersfield Road from Armitage Avenue to Toothill Hall Lodge.

6" Sewer completed from Carr Green Lane across field to Crowtrees Temporary Housing Estate.

The Queens Road area of Norwood Green, the east end of River Street, and various parts of Southowram are still not connected to the sewer. In the majority of cases the existing sewers are not within a distance that Statutory Powers could be exercised to compel owners to connect up to the sewers.

### **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.

287 observations of smoke emissions were taken during the year. In one case only the Byelaw limit of three minutes in half an hour was exceeded.

During the latter months of the year lead peroxide gauges were installed and we were able to determine the amount of sulphur dioxide as sulphate for these months. Full details of the degree of atmospheric pollution are given month by month in tabular form in the Sanitary Inspector's Report.

It will be seen that in Lightcliffe once again there was the highest degree of atmospheric pollution, 160 tons of total solids being recorded. It is considered that much of this pollution comes from neighbouring County Boroughs; there is only one major factory chimney in the area, and the area is not a congested one.

It will be noted that generally speaking the winter recordings are much higher than those in the summer, but in Lightcliffe the month of July had the highest recorded figure of 18.61 total solids.

## Rag Flock and Other Filling Materials Act, 1951.

This Act came into operation on the 1st November, 1951, and three premises were registered for the manufacture of Rag Flock and one for the storage of Rag Flock.

## Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1950 and 1951 :—

Mixed—		1950	1951
Mixed Bathing	.....	18,277	15,467
Females—			
Ladies	.....	1,058	846
Girls	.....	4,050	3,436
Girls' Swimming Classes	.....	5,635	7,712
Ladies' Club and Season Tickets	.....	2,086	1,738
Ladies' Slipper Baths	.....	1,407	1,382
Males—			
Men	.....	2,024	1,474
Boys	.....	3,972	3,321

Boys' Swimming Classes .....	13,525	17,042
Men's Club and Season Tickets .....	2,018	1,076
Men's Slipper Baths .....	10,118	9,763
	<hr/>	<hr/>
	64,170	63,257
	<hr/>	<hr/>

For the second year in succession there has been a decrease in the number of slipper baths taken by both men and women. I feel sure that this is due to the number of new houses being provided by the Council which enable people to have a bath in their own homes. There still are, however, very many houses which have no bath, and the Baths Committee are doing a very good service in providing slipper baths for the public.

It appears from evidence available that the town is not sufficiently large for a municipal laundry to be a practical proposition. This is unfortunate as there are still a large number of houses which are fit in most other respects but which have no proper facilities for the washing of clothes, and I had hoped that the provision of a municipal laundry as a short term policy would do much to meet this problem. As a long term policy there is no doubt that the provision of an adequate place for the washing of clothes is now a necessity for every home. We have passed the days when the weekly wash day has to be tolerated as a time of steam and congestion in the living room.

Once again I am able to report that the Swimming Bath is well maintained. We have reason to have every confidence in the Baths Manager and his staff.

### Housing Programme.

Mr. Sneezum informs me that the following houses were completed during 1951 :—

Stoney Lane Estate—		
2 bedroom houses .....	32	
3 bedroom houses .....	34	
Cain Lane, Southowram—		
2 bedroom houses .....	10	
3 bedroom houses .....	10	
Deep Lane, Clifton—		
2 bedroom houses .....	2	
3 bedroom houses .....	4	
	<hr/>	
Total .....	92	
	<hr/>	

The suggested programme for 1952 is as follows :—

Stoney Lane Estate—

1 bedroom flats	.....	.....	.....	.....	9
2 bedroom flats	.....	.....	.....	.....	1
3 bedroom flats	.....	.....	.....	.....	1
2 bedroom houses	.....	.....	.....	.....	18
3 bedroom houses	.....	.....	.....	.....	38
4 bedroom houses	.....	.....	.....	.....	2

Cain Lane Estate—

2 bedroom houses	.....	.....	.....	.....	22
3 bedroom houses	.....	.....	.....	.....	12
4 bedroom houses	.....	.....	.....	.....	2

Field Lane, Rastrick—

2 bedroom flats	.....	.....	.....	.....	40
3 bedroom houses	.....	.....	.....	.....	34

Total 179

Up to the end of 1951, 515 new post-war houses have been completed, and the number of pre-war Council houses is 375, making a total of 890 houses built by the Corporation. This is a considerable number and has made a very big difference to a great many people, but we could wish that it were higher. This number of houses represents the untiring effort on the part of the Chairman and members of the Housing Committee to ameliorate the conditions of their fellow townspeople. The allocation of every house has, I know, been considered extremely carefully and 130 families have been re-housed, whose re-housing we considered to be essential for health reasons, and who were put forward with special information which we were able to provide.

The problem of allocating houses is an extremely difficult one. People who have been on the waiting list a long number of years cannot readily see why more recent applicants whose need is greater have sometimes to be given priority. Every applicant for a Council house considers that his case is a special one and cannot agree that other people have prior claims.

In my opinion, the Housing Committee occasionally should let houses to tenants whom private landlords would not consider suitable. The private landlord, in times of great housing demand, would not let one of his houses to any tenants who did not keep their present house in the best of condition. He would not consider that difficulties associated with a large family, small space, inadequate washing facilities and a small income were sufficient to account for untidiness, or even dirt. Despite this, the only hope for some families is their re-housing into a proper house where they can

make a good start and with encouragement can become improved beyond all recognition. This improvement has happened in this town and on the whole the response to better conditions has been gratifying.

We are still left with a small number of people who might be described as sub-standard tenants and many would support the view that the purchase by the Council of sub-standard houses to re-house these tenants would be a justifiable step. It can be argued that the provision of baths, washing facilities and proper food stores is not a necessity for families who will not use them, but it can also be stated with some justification that families who have never had the opportunity of proper housing and have drifted into apathy and neglect might at least be given a chance to live under proper conditions. It can also be stated with some justification that the best way to produce apathetic and neglectful families in the future is to leave existing "sub-standard" families in their sub-standard houses until the children themselves grow up to adult years. The great educative work of the Health Visitor cannot have full play until the family has the material background to work upon. I do not believe in sub-standard houses for sub-standard families.

I well remember in pre-war years, when many new houses were being provided with baths, it was said that the baths were used in some instances to contain coal. If this was so it came outside my experience, although the baths were not always used as much as we should have wished.

There are in Brighouse very few of these families which can be described as sub-standard but they take up a totally disproportionate share of the time of the staff of this Department. We should remember, however, that each member of these families, unless their environment is improved, is a potential parent of a sub-standard family of the next generation, and all we can do to improve their environment should be done.

Perhaps the most important provision of the Welfare State is the proper housing of the people, and the cost of providing houses at a rent which people can afford is, in my opinion, money well spent. The work of the Housing Committee is, indeed, an all important foundation on which to build a healthy community.



## INSPECTION AND SUPERVISION OF FOOD.

### Premises for the Manufacture, Preparation and Sale of Food.

I am pleased to report again that we have had no major food poisoning outbreaks in this area. All premises connected with food, including licensed public houses and clubs, have been inspected during the year, and a considerable part of the Sanitary Inspectors' time was devoted to this work, over 500 visits having been made. On the whole the standard is reasonably satisfactory but many improvements were suggested and in some instances structural improvements were made. Wherever possible the provision of a constant supply of hot water has been ensured.

However good the premises are and however efficient the facilities provided, the safety of our food depends ultimately on the satisfactory behaviour of the persons employed, and I am pleased to report that this is, generally speaking, commendable. We have lost no opportunity of advising members of the public engaged in work connected with food as to the importance of taking full precautions against infecting the food they handle.

Three men who were engaged in food handling and who were contacts of cases of Paratyphoid were temporarily suspended from duty as a precautionary measure.

### Milk Supply.

We are now, of course, not responsible for milk production, but regular samples are taken from distributors and any unsatisfactory samples are followed up with the Ministry of Agriculture and Fisheries. Fourteen milk distributors were registered, of whom eight are resident in the Borough. In addition, 32 shops were registered for the sale of bottled milk.

116 samples were taken for chemical analysis on behalf of the West Riding County Council. In addition, 227 samples were taken for the methylene blue test and of these 15 were found to be unsatisfactory and required following up. It will be seen from the tables published in the Sanitary Inspector's Report that although only 39 samples were taken of undesignated ordinary milk six of these were unsatisfactory, and that out of 124 samples taken of designated milk only 3 were unsatisfactory. This again points to the danger to the public of drinking ordinary, undesignated milk which has not been pasteurised. During the process of evolution of a safe milk supply there is perhaps more danger of unsatisfactory cows finding their way to undesignated farms, and it is considered that we shall have to continue to sample a high proportion of milk from this source. None of the 11 samples of sterilised milk taken for the turbidity test showed inefficient sterilisation, but one of the 78 samples of milk submitted for the phosphatase test showed un-

satisfactory pasteurisation. The reason for this was found and dealt with.

During the year we were only able to take 36 samples for the biological test for Tuberculosis. Of these samples five were found to be infected with the tubercle bacillus. The shortage of laboratory animals has precluded the taking of more samples than these and it has been our custom to follow up all cases of non-pulmonary tuberculosis by taking samples from the milk supply. It will be appreciated that the biological test necessitates a long delay before the result is obtained and in view of the 15% of samples found to be infected with the tubercle bacillus we must again advise the public to drink pasteurised milk or at least to see that their children do so. All milk supplied in the schools is pasteurised. One of the farms from which a sample had been taken had ceased milk production when the result was to hand. In the case of three other farms action was taken under Regulation 20 of the Milk and Dairies Regulations and compulsory pasteurisation was enforced until the offending cows were discovered and removed and slaughtered under the Tuberculosis Order. Subsequent samples were found to be satisfactory.

#### **Ice Cream.**

Two premises were registered for the manufacture of Ice Cream. A regular inspection of these premises was made and 13 samples were taken direct from the manufacturers, 11 of which were in Grade I. A total of 106 samples were taken in the Borough from all sources, as compared with 136 last year. 101 of these were in Grades I and II and 5 in Grade III, compared with 109 in Grades I and II, 18 in Grade III and 9 in Grade IV last year.

#### **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 DISEASES.

### General.

The notifiable disease most prevalent during the year was Measles.

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 where the patient has been removed to sanatorium. In all, 20 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, 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 and again at 10 years of age.

215 children completed a full course of primary immunisation during the year. 250 children were given a reinforcing dose.

The number of children who had completed a full course of immunisation at any time up to the 31st December, 1951, is as follows :—

(Age at 31st December, 1951).

Under 1.	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-15 yrs.	Total.
25	232	375	542	411	1537	1956	5078

### Whooping Cough Immunisation.

54 children were immunised against Whooping Cough during the year.

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## NOTIFIABLE DISEASES.

### Diphtheria.

No cases of Diphtheria were notified in the Borough during 1951.

## Smallpox.

No cases of Smallpox occurred during the year.

At the beginning of January a man was admitted to hospital as a possible case of Smallpox. He had been vaccinated four years previously and it was thought to be unlikely that the disease was actually Smallpox but all the immediate contacts were vaccinated and the usual precautions were taken. Mass vaccination was not recommended but an opportunity was taken of advising the public of the importance of vaccination in infancy as a general routine.

Despite this, the total number vaccinated during the year, including people vaccinated specifically for the purpose of going abroad, was only 125. The number re-vaccinated, which included all contacts of the patient, was 42.

The year before, there had been suspected cases of Smallpox in adjoining districts. These cases received wide publicity and mass vaccination was advised. Although mass vaccination was not advised in Brighouse at that time, 1,330 people were vaccinated during the year and there were 586 re-vaccinations, most of which took place at the time of the suspected cases.

In 1949 the number vaccinated was about half the number vaccinated in 1951, and in view of our suspected case in January it appears that this figure is the number we can expect. This is unfortunate because vaccination does not upset the infant and does give a good measure of protection throughout life. Now that we live in a period of conscription there is an added argument for vaccination of all male infants, as re-vaccination of entrants to the Forces is such a minor procedure compared with a primary vaccination. We can count ourselves fortunate in Brighouse in having vaccinated so many people during 1950, thus increasing our pool of vaccinated people in the community.

The lesson of 1950 does not seem to have been learnt, however, namely, that if parents wait until there is a case of Smallpox, or a suspected case, in the district, vaccination has to be undertaken under adverse conditions — people have to wait for long periods and doctors and nurses have to work under pressure — whereas if vaccination is undertaken regularly at four months of age, children are not upset and it is my opinion that the raising of immunity in the district would prevent a large scale epidemic.

## Puerperal Pyrexia.

Two cases of Puerperal Pyrexia were notified as occurring in the Borough during 1951. One of these cases followed a long and difficult labour and the other occurred in a home in which there was not a high standard of personal cleanliness.

### **Ophthalmia Neonatorum.**

No cases of Ophthalmia Neonatorum were notified during 1951.

### **Pneumonia.**

31 cases of Pneumonia were reported, compared with 10 in 1950. There were 17 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 26 notifications of Respiratory Tuberculosis during 1951, as compared with 17 in 1950. In 1949 there were 33 notifications of Pulmonary Tuberculosis, but during that year the Mass Radiography Unit visited the town and early cases were found and notified as a result of this visit. It was thought that this was probably the reason for the low incidence in 1950 (17). In 1948 there were 25 cases notified. The work of the Mass Radiography Unit in ascertaining early cases of Tuberculosis — cases which can be cured — and in removing the possible source of infection from the community is of great value, and another visit of this Unit has been arranged for 1952.

It will be seen that despite all our efforts the amount of Tuberculosis in the district shows no tendency to decrease. It is thought that notifications will show no reduction at present as earlier diagnosis is keeping us better informed of the amount of disease present.

During 1951 a system of immunisation against Tuberculosis for the child contacts, by the injection of B.C.G., was commenced. This is usually done during the absence of the patient in sanatorium so that segregation of the immunised children can be attained.

### **Cerebro Spinal Fever.**

No cases of Cerebro Spinal Fever were notified during 1951.

### **Acute Anterior Poliomyelitis.**

There were four cases of Acute Poliomyelitis during the year. None of these cases had any direct connection with each other. The first case occurred in June and was an extremely severe one with extensive paralysis. The next case occurred in August and the other two cases in September. One of the cases was extremely mild and was non-paralytic.

### **Sonne Dysentery.**

45 cases of Sonne Dysentery were notified during the year, compared with 75 cases in 1950. Three of these cases were notified in January and properly belonged to the 1950 epidemic. Four other cases occurred in one family in February. There were no further cases notified until April, during which month two cases were notified from the Hove Edge area. Two further cases were notified from the Rastrick area at the end of April and another one at the end of May. In June an examination of the stools of all the children in the Ogden Lane Nursery, Rastrick, produced a large number of positive results, and altogether in June and July 30 cases were notified. There were no further cases in the Borough until the end of the year, when in December two families were affected, two members of one family and four members of the other being found to be positive.

None of the cases of Sonne Dysentery were severe but we found from examination of the stools in the Nursery that the organism tended to be persistent.

### **Scarlet Fever.**

During 1951 there were 68 cases of Scarlet Fever, compared with 46 in 1950. All the cases were of a mild character and there were no complications and no deaths from this disease.

### **Enteric Fever.**

There were ten cases of Paratyphoid Fever during the year. One of the cases was an isolated one in a boy aged 6 years. The diagnosis was made on a Widal Test, when the agglutination was reached in a dilution of 1 in 5,000. The original culture was not available and the organism was not isolated in sub-culture. A meal taken outside the district was thought to be a possible source of infection but no other cases occurred as a result of this meal, and the cause of his illness remained obscure.

All the other nine cases belonged to one outbreak. They were all pupils at a school in a neighbouring County Borough where an outbreak occurred. Four of them were ill, but the remaining five cases were not typical clinical cases; the organism was found in their stools in a routine check-up of contacts at this school. It was thought advisable to suggest a period of surveillance and absence from work for three food handlers who were contacts of these cases—a worker in flour, a sausage manufacturer, and a baker. Three negative specimens were obtained before they resumed work. There were no secondary cases in this district.

### **Food Poisoning.**

There were two cases of Food Poisoning in the Borough

during 1951. One of these was a visitor to the town and there appeared to be little doubt that he contracted the Food Poisoning attack while living in his own town and his case properly belonged to a Food Poisoning outbreak that occurred there. He was kept under observation and no further cases occurred.

The other case occurred in a lady who had recently returned from holiday and it was thought that she probably became infected while away. The case was followed up but no further cases were reported where she had been staying.

#### **Chicken Pox.**

This is still a notifiable disease in Brighouse and during the year 61 cases were notified, compared with 127 during 1950. Although there were fewer cases, those that occurred were of moderate severity.

#### **Erysipelas.**

There were five cases of Erysipelas during the year, compared with two cases in 1950. None of these cases were severe in character.

#### **Measles.**

622 cases were notified during the year, compared with 153 cases last year.

#### **Whooping Cough.**

There were 134 cases of Whooping Cough notified in 1951, compared with 99 in 1950.

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### **CANCER.**

56 deaths — 28 males and 28 females — were registered as being caused by some form of malignant disease. These figures show a decrease of 23 cases compared with the 1950 figures.

**TABLE 15.**  
**MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1951.**

Month	Tuberculosis		Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Chicken Pox	Puerperal Pyrexia	Measles	Paratyphoid	Whooping Cough	Anterior Poliomyelitis	Dysentery	Food Poisoning	Totals
	Lungs	Other													
January ...	3	1	6	4	—	—	11	—	95	—	1	—	3	—	124
February ...	3	—	12	17	2	—	4	—	239	—	2	—	3	—	282
March ...	1	1	6	4	—	—	10	—	129	—	1	—	1	—	153
April ...	2	—	9	1	1	—	5	—	54	—	—	—	1	—	73
May ...	3	—	8	1	1	—	1	—	39	—	—	—	4	—	57
June ...	3	—	11	1	—	—	5	—	40	—	2	—	23	—	85
July ...	3	1	3	1	—	—	3	—	23	—	10	1	7	1	53
August ...	3	—	—	—	—	—	2	1	3	1	5	1	—	—	16
September ...	2	—	3	—	—	—	2	1	—	—	13	2	—	—	23
October ...	1	1	3	1	—	—	3	—	—	9	37	—	—	1	56
November ...	1	—	5	—	—	—	8	—	—	—	41	—	—	—	55
December ...	1	—	2	1	1	—	7	—	—	—	22	—	6	—	40
Totals ...	26	4	68	31	5	—	61	2	622	10	134	4	48	2	1017



TABLE 16.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)  
AND HOSPITAL ADMISSIONS DURING THE YEAR 1951.

Disease.	Cases Notified.	Admitted to Hospital.	Total Deaths.
Measles ... ..	622	1	—
Smallpox ... ..	—	—	—
Scarlet Fever ... ..	68	37	—
Diphtheria ... ..	—	—	—
Pneumonia ... ..	31	—	17
Erysipelas ... ..	5	—	—
Chickenpox ... ..	61	—	—
Puerperal Pyrexia ... ..	2	2	—
Cerebro Spinal Fever ... ..	—	—	—
Acute Poliomyelitis ... ..	4	4	—
Dysentery ... ..	48	—	—
Paratyphoid ... ..	10	10	—
Whooping Cough ... ..	134	1	1
Food Poisoning ... ..	2	1	—
Totals ...	987	56	18

TABLE 17.

TUBERCULOSIS — New Cases and Mortality during 1951.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ... ..	—	—	—	1	—	—	—	1
1 ... ..	2	2	—	—	—	—	—	—
5 ... ..	—	—	1	—	—	—	—	—
10 ... ..	—	3	—	—	—	—	—	—
15 ... ..	1	—	—	—	—	1	—	—
20 ... ..	—	—	—	—	—	—	—	—
25 ... ..	5	4	1	—	—	—	—	—
35 ... ..	7	1	1	—	1	—	—	—
45 ... ..	—	—	—	—	1	—	—	—
55 ... ..	—	—	—	—	—	—	—	—
65 and upwards ...	1	—	—	—	4	—	—	—
Totals ...	16	10	3	1	6	1	—	1

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

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'c 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
1950	—	46	1	—	2	17	6	23	10
1951	—	68	—	—	5	26	4	30	31
<b>Totals</b>	<b>164</b>	<b>3869</b>	<b>830</b>	<b>291</b>	<b>585</b>	<b>971</b>	<b>338</b>	<b>1309</b>	<b>559</b>
<b>Av'rg's</b>	<b>2.8</b>	<b>65.6</b>	<b>14.1</b>	<b>5.0</b>	<b>9.9</b>	<b>24.9</b>	<b>8.6</b>	<b>33.6</b>	<b>17.5</b>

**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
1950	14.81	15.8	13.02	24.2	30	36.88	0.00	1.9
1951	14.75	15.5	28.0	24.4	29.6	51.84	0.00	1.4

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

Decade	Deaths from Various Causes—Rates per 1,000 Population														
	Maternal Mortality		Typhoid and Paratyphoid Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Cancer	Tuberculosis			All Causes	
	Death Rate per 1,000 Total Births										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	
1950	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.06	2.24	0.03	0.06	0.09	14.00	11.6	
1951	2.16	0.00	0.00	0.00	0.00	0.00	0.00	0.42	1.83	0.23	0.03	0.26	14.85	12.5	

**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	151	135	443	1901	1272	309	1581
Average Deaths Per Annum ...	0.34	1.14	1.48	0.77	0.06	3.10	1.17	2.60	2.32	7.63	32.78	21.93	5.32	27.25
Total Infectious Diseases Notified ...	—	—	—	301	164	Notifiable only since 1939 3557	3869	Notifiable only since 1939 702	830	Not Notifiable	Not an Infectious Disease	972 only since 1913	337 Notifiable since 1913	1309 1913
Case Mortality Rate per 100 Cases ...	—	—	—	14.95	2.44	3 d'ths since 1939 0.08	1.75	9 d'ths since 1939 1.28	16.26	—	—	65.74	173 d'ths since 1913 51.33	812 d'ths since 1913 62.03

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	Brighouse		England and Wales
													No.	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	3.3
1949	30,760	514	9	17.51	505	16.42	16.7	12	23.76	32	21	40.86		0.00	3.0
1950	30,710	461	6	13.02	455	14.81	15.8	11	24.22	30	17	36.88		0.00	1.9
1951	30,500	463	13	28.0	450	14.75	15.5	11	24.44	30	24	51.84		0.00	1.4



ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR  
AND CLEANSING SUPERINTENDENT FOR THE YEAR  
1951.

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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 for the year 1951, which follows the custom of previous Reports insofar that the Sanitary Administration covers the year ending December 31st, 1951, whilst the Cleansing Administration is for the financial year ending March 31st, 1952.

In connection with Atmospheric Pollution, Lead Peroxide instruments were brought into use at Wellholme Park, Rastrick and Lightcliffe on June 1st, 1951, and details of the analyses are given on page 83.

The greater increase in home-killed meat reported upon in my previous Annual Report, continued throughout the year but the amount of condemned meat dealt with on this occasion was considerably less than that of the previous year.

In the Cleansing Services the acute shortage of labour which has been reported upon in previous years was overcome towards the end of the year, the Department is now reasonably well staffed, and the work is carried out more efficiently and expeditiously.

The year saw a remarkable increase in revenue from salvage sales, and the Health and Cleansing Committee decided, after witnessing modern methods of waste paper baling and grading, to place an order for a Powell Power Press, grading machinery and a modern type building to house the same. Commencement was made on the building during the year and the machinery was



delivered towards the end of the same. Further reference is made to this in the Cleansing Report.

It is a matter of regret to have to record that the galvanising of sanitary dust bins is still prohibited and in the main it is this fact that prevented the Council from again considering the adoption of municipal bin provision.

The housing position remains still one of great difficulty. Many houses in the Borough fall short of a reasonable standard of fitness, and consequently deferment of closing or demolition orders has had to be resorted to, until the shortage of houses has considerably eased, as no amount of reconditioning could make such houses in all respects fit for habitation.

I cannot conclude this Report without tendering my thanks to the Chairman, Vice-Chairman and the Members of the Health and Cleansing Committee for their continued confidence and support in all matters referred to them for their consideration and, finally I would tender my thanks to the Members of the Staff for their assistance and loyalty given to me throughout the year.

I am, Mr. Mayor, Lady and Gentlemen,

Your obedient servant,

C. R. MOSS,

Chief Sanitary Inspector and  
Cleansing Superintendent.

## WATER.

### Public Water Supply.

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 ... ..	7	7	—
Clifton ... ..	8	5	3
Hipperholme ... ..	7	7	—
Hove Edge ... ..	7	7	—
Longroyde ... ..	9	7	2
Lightcliffe ... ..	6	6	—
Southowram ... ..	7	7	—
Woodhouse ... ..	9	7	2
Totals ... ..	60	53	7

### 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.	Unsatisfactory.
Allen's Pipe Clay Works	1	—	1
Regional Slaughterhouse ...	2	2	—
Totals ... ..	3	2	1

### 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.	22.8.51	18 Royd View, Hove Edge	15 ft.	Nil	7.0
After standing in pipe all night	22.8.51	do.	15 ft.	Nil	6.6

## 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.
January ... ..	2	2
February ... ..	—	—
March ... ..	—	—
April ... ..	2	2
May ... (One sample broken in transit)	2	1
June ... ..	2	2
July ... ..	2	2
August ... ..	—	—
September ... ..	2	2
October ... ..	2	2
November ... ..	2	2
December ... ..	2	2
Totals ...	18	17

## SANITARY ACCOMMODATION.

48 additional water closets were provided during 1951 to existing properties, 151 water closets were provided for new houses.

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	.....	.....	.....	.....	11,118
Waste Water Closets	.....	.....	.....	.....	64
Pail Closets	.....	.....	.....	.....	187
Privies	.....	.....	.....	.....	90

1 Pail Closet was converted to a Fresh Water Closet during the year.

## DRAINAGE.

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

In 8 instances use was made of the smoke test, whilst in 199 instances the use of colour was resorted to, the water test was used 6 times and the odour test 5.

## PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS.

### Offensive Trades.

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

Tripe Boiler	.....	1
Soap Boilers	.....	2
Rag and Bone Dealers	.....	2

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

## MOVEABLE DWELLINGS.

### Tents, Vans, Sheds, etc.

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

Land, Atlas Mill Road	.....	3 caravans
Broadholme Mill Yard, Atlas Mill Road	.....	1 caravan
Clough House Farm	.....	1 caravan

## FACTORIES ACT, 1937.

### Bakehouses.

122 inspections were paid during the year to the 19 bakehouses in the Borough.

### Factories (Mechanical and Non-Mechanical).

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

#### SANITARY ACCOMMODATION.

	No. of Defects.	
	Found.	Remedied.
Conveniences requiring cleansing	1	1
Conveniences inadequately ventilated	2	2
Unsuitable or defective conveniences	2	2
Other offences	1	1

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

Conveniences requiring cleansing .....	3
Conveniences inadequately ventilated .....	3
Insufficient sanitary conveniences .....	4
Unsuitable or defective conveniences .....	11
Other offences .....	15

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

Aerated Waters .....	1
Aircraft Parts .....	1
Artificial Stone .....	6
Asphalt .....	1
Bakehouses .....	19
Bedding Manufacture .....	2
Blacksmiths .....	3
Boot and Shoe Repairs .....	7
Brick Manufacture .....	5
Cabinet Making .....	3
Caravans .....	1
Card Clothing .....	4
Carpet Manufacture .....	4
Cattle Foods .....	2
Chemicals .....	1
Clock Making .....	1
Clothing .....	7
Coal Gas .....	1
Condiment Manufacture .....	3
Dyers .....	5
Electrical Trades .....	4
Electro Plating .....	1
Enamelling .....	1
Engineering .....	17
Engraving .....	1
Fireplace Manufacture .....	1
Fish Meal .....	1
Flock Cleansing and Teasing .....	1
Flour Milling .....	1
Food Preparation .....	5
Generation of Electricity .....	2
Glazed Pipes .....	1
Gramophone Parts .....	1
Handbags .....	1
Ice Cream .....	1
Joinery .....	24
Laundering .....	4
Machine Tools .....	8
Malsters .....	3
Metal Spinning and Stamping .....	1
Metal Founding .....	11

Mortar Grinding .....	4
Motor Vehicle Repairs .....	18
Oil Refining .....	1
Oil Recovery .....	1
Packing Manufacture .....	2
Packing Cases .....	1
Paint Manufacture .....	2
Patent Glazing .....	1
Pattern Making .....	3
Photography .....	2
Plumbing .....	4
Printing .....	3
Radio and Television .....	5
Rubber Pads — Horses .....	1
Rubber—Fabric Lined .....	1
Sheet Metal Workers .....	4
Soap Manufacture .....	2
Tailoring .....	2
Tanning .....	2
Textiles .....	39
Warehousing .....	3
Wire Drawing .....	10
Wire Goods .....	6
<b>Total .....</b>	<b>285</b>

### PREVENTION OF DAMAGE BY PESTS ACT, 1949.

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

#### (1) Types of Infestation.

Reservoir .....	Nil
Major .....	6
Minor .....	44

#### (2) Types of Poisons and Baites used.

BAITS.	POISONS.
Sausage Rusk.	Zinc Phosphide.
Bread Mash.	Red Squill.
Flour.	Arsenic.
Soaked Wheat.	A.N.T.U.

#### (3) Gassing.

On no occasion during the year has gassing been used for the purpose of achieving disinfestation.

#### (4) Results of Treatment.

Cases outstanding at commencement of year .....	Nil
Private premises treated during year .....	30
Local Authority Premises treated during year .....	3
Business premises treated during year .....	17
	— 50
Private premises re-treated during year .....	7
Local Authority Premises re-treated during year .....	4
Business premises re-treated during year .....	13
	— 24
	—
<b>Total</b> .....	<b>74</b>
	—
Premises cleared of rats .....	50
Infestations outstanding at year end .....	Nil
Number of pre-baits laid .....	2456
Number of poison baits laid .....	710
Number of check baits laid .....	606
	—
<b>Total</b> .....	<b>3772</b>
	—
Number of bodies seen .....	123
Estimated killed .....	531
	—
<b>Total</b> .....	<b>654</b>
	—
Number of visits paid by Rodent Operative during the year in connection with the above infesta- tions .....	484
Number of inspections paid to premises by Inspectors in respect of infestations .....	364
	—
<b>Total</b> .....	<b>848</b>

#### (5) Premises treated for Infestation by Mice.

36 premises were successfully treated for infestation by mice during the year, comprising 18 Private premises, 17 Business premises and 1 Local Authority premises.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

This Act which came into operation on the 1st November, 1951, requires Local Authorities to register all premises where manufacture and storage of Rag Flock occurs. In addition, the Regulations made under the Act present a legal standard of cleanliness in respect of all the materials used for upholstering, etc.

A survey of premises coming within the provisions of the above Act was undertaken during the year, when 3 premises were

registered for the manufacture of Rag Flock and 1 for storage of Rag Flock on the premises.

### ATMOSPHERIC POLLUTION.

287 "timed  $\frac{1}{2}$  hour" observations were taken during 1951. The following table gives detailed particulars of the observations taken :—

No. of chimneys of which observations have been taken .....	78.
No. of observations taken .....	287
Average No. in minutes black smoke during the above 287 observations .....	.32
Average No. of minutes smoke other than black smoke during the 287 observations .....	3.18
No. of observations showing black smoke .....	52
Average No. of minutes black smoke during the above 52 observations .....	1.74
No. of observations showing black smoke exceeding 3 minutes in every 30 .....	1
Average No. minutes black smoke during the above observation .....	6
Maximum No. of minutes black smoke emitted by any one chimney during 30 mins. observation .....	6
No. of Notices of Offence served .....	1

Details of results of the atmospheric pollution gauges are given on page 83. Comparison with previous years are as follows :—

	1951.	1950.
	Total Solids in Tons per Square Mile.	
Wellholme Park ... ..	152.9	145.7
Rastrick (Carr Green) ... ..	145.1	144.4
King George V Park, Lightcliffe ... ..	159.6	166.2

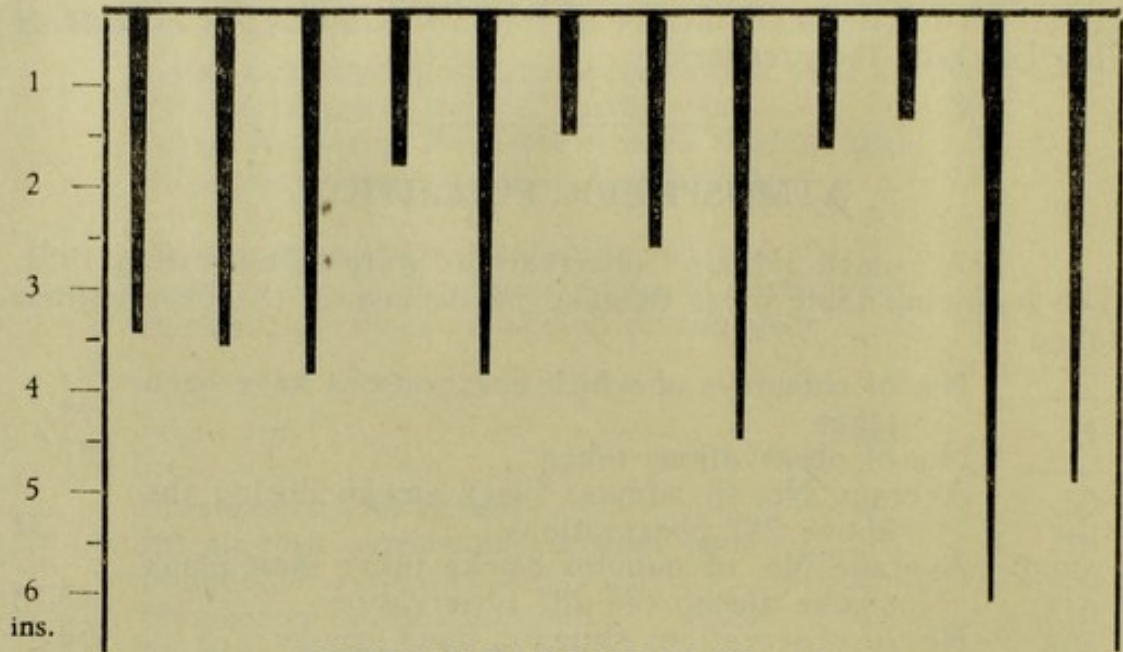
Lightcliffe area reveals a reduction compared with 1950 whilst Rastrick area is almost the same as that of the previous year. Wellholme Park reveals an increase on the previous year's figures but as the period covered by this Gauge in 1950 was for 11 months only, compared with a complete year for 1951 it is apparent that this area is also improved.

Lead Peroxide Gauges were brought into use in the three areas on June 1st, 1951, for the determination of Sulphur Dioxide and details of the analyses as given on page 81.

Two further sites in Clifton and Southowram have been selected for Atmospheric Pollution and Lead Peroxide Gauges and have been brought into use in 1952. The whole of the area of the Borough will then be brought under measurement and observation.

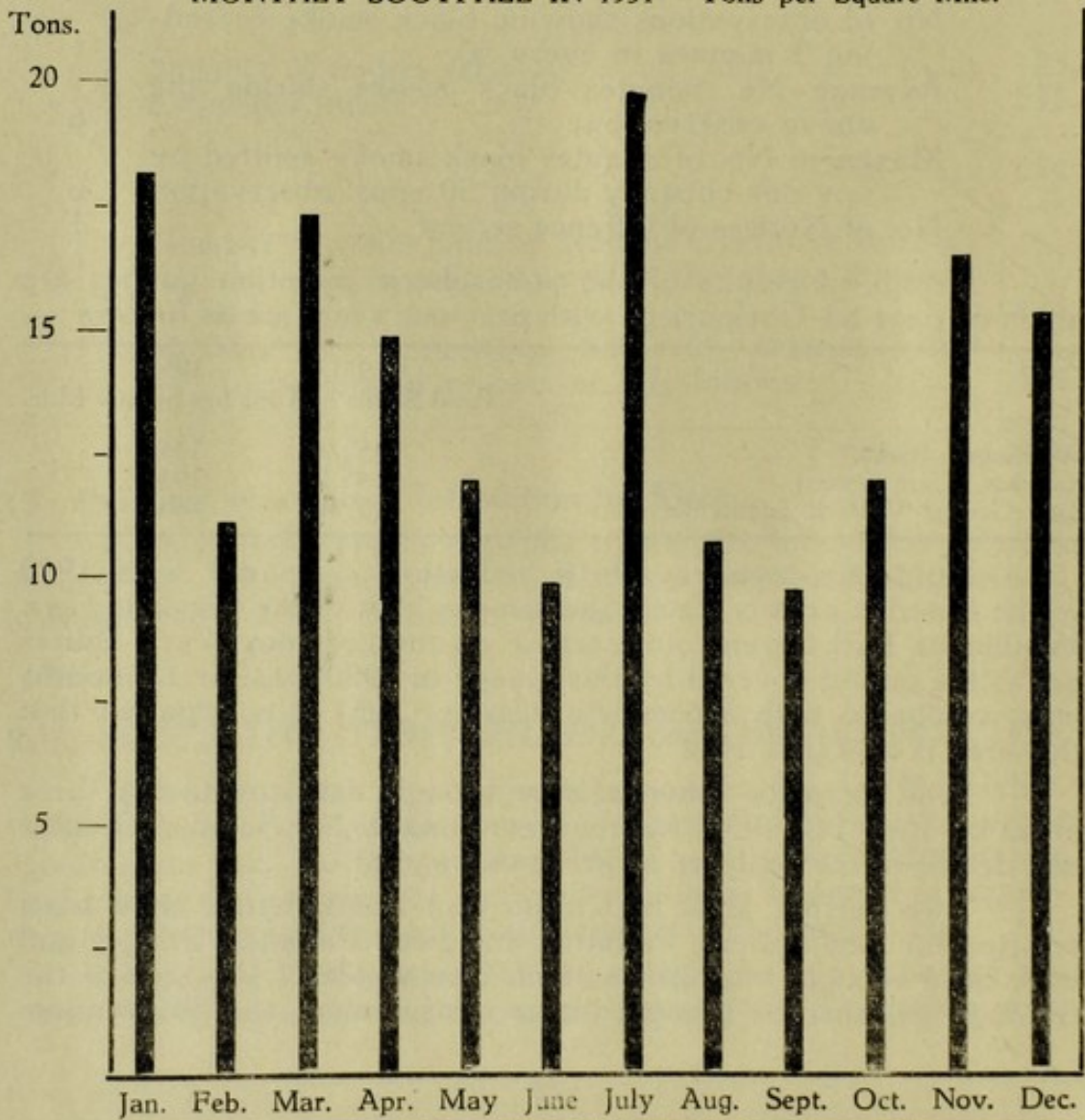


KING GEORGE V PARK

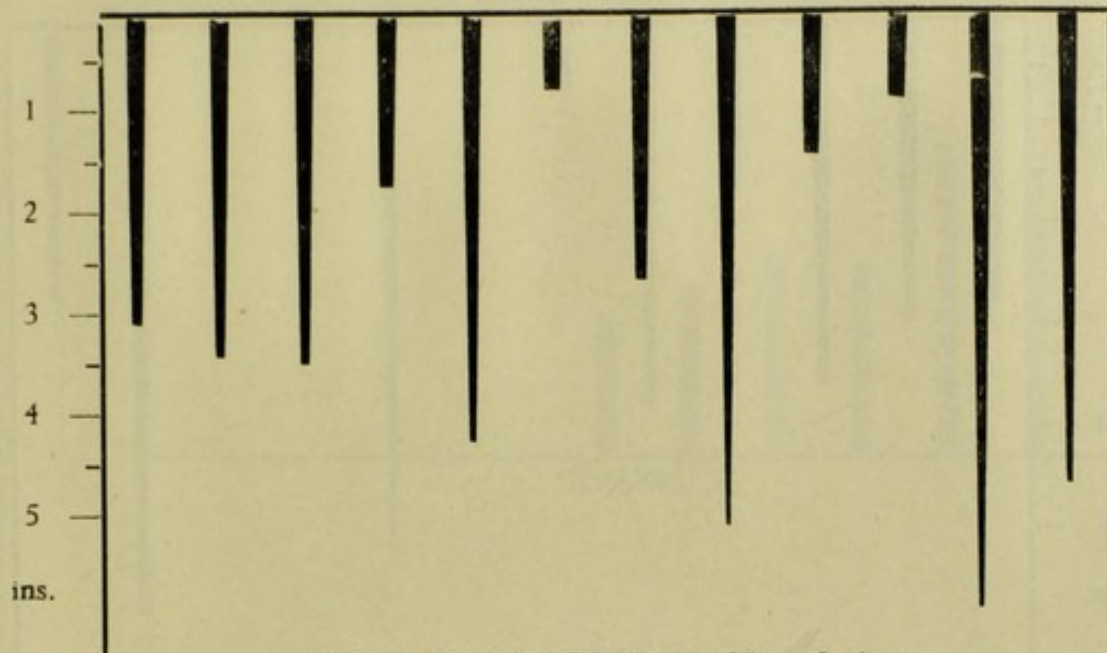


MONTHLY RAINFALL IN 1951 — Inches.

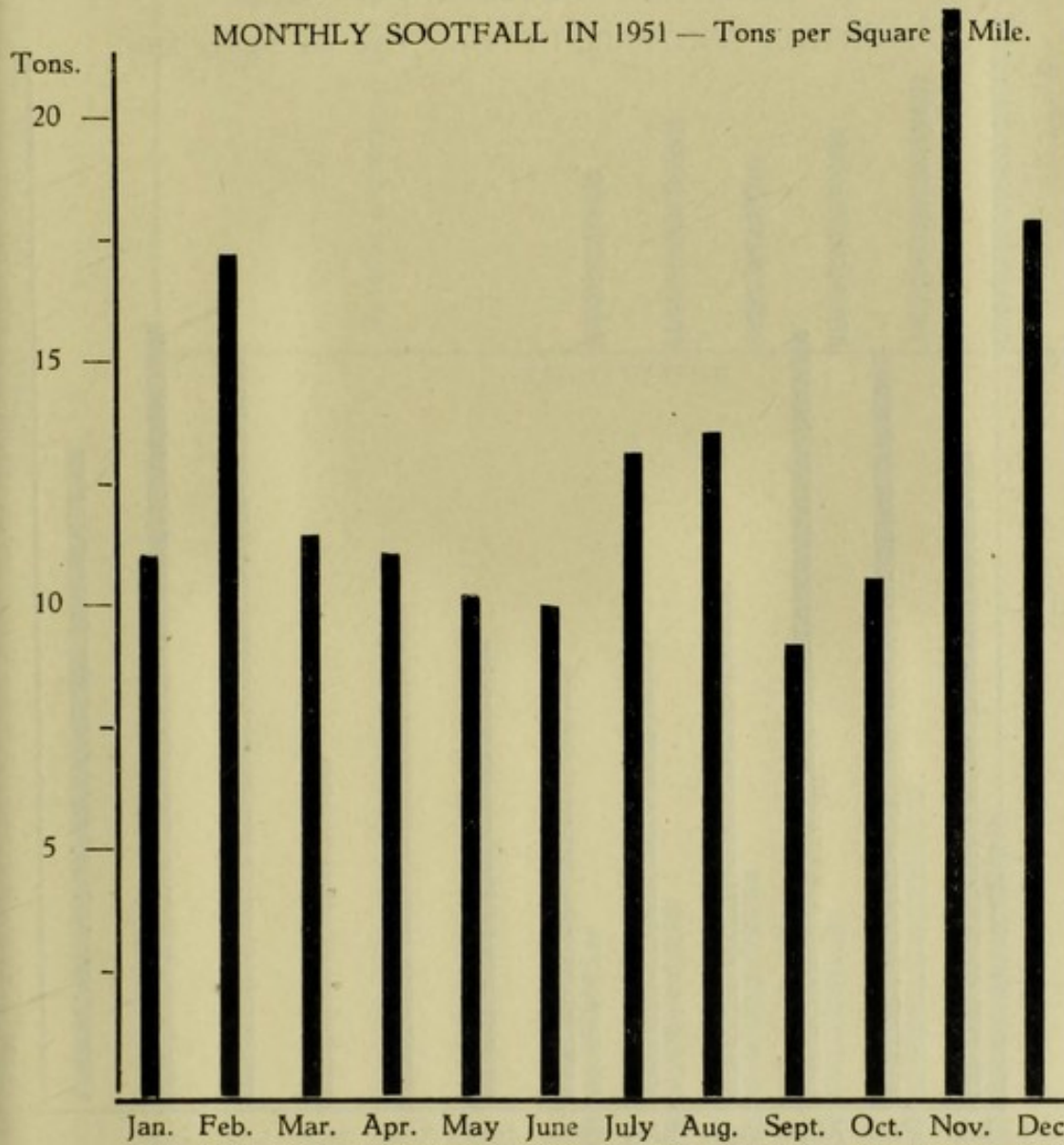
MONTHLY SOOTFALL IN 1951 — Tons per Square Mile.



WELLHOLME PARK.



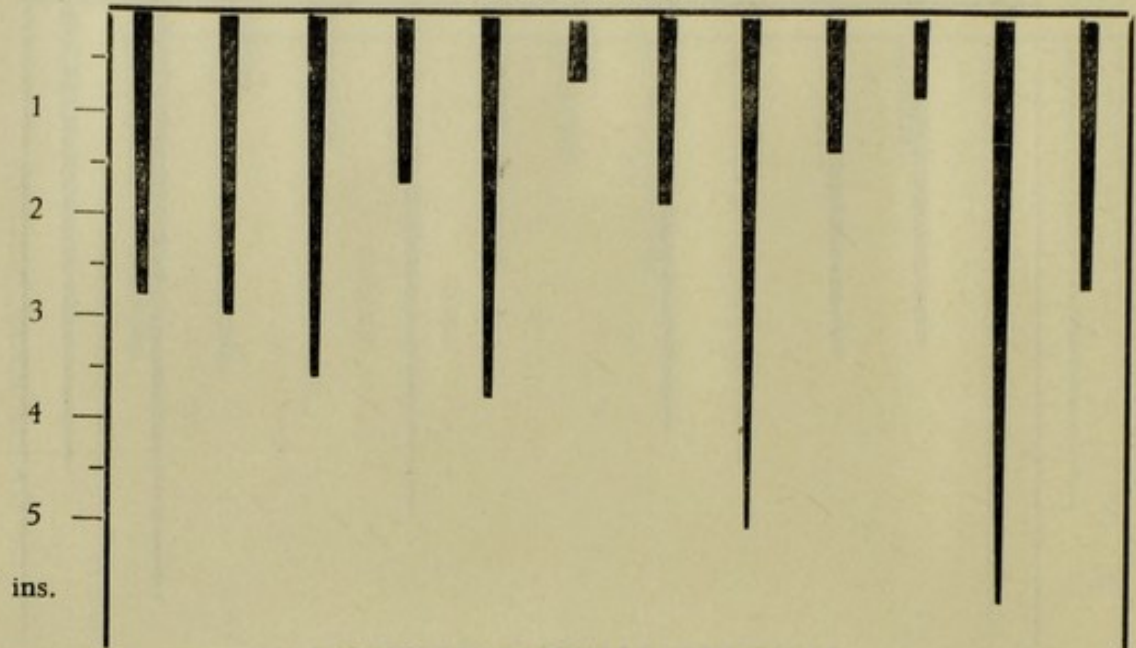
MONTHLY RAINFALL IN 1951 — Inches.



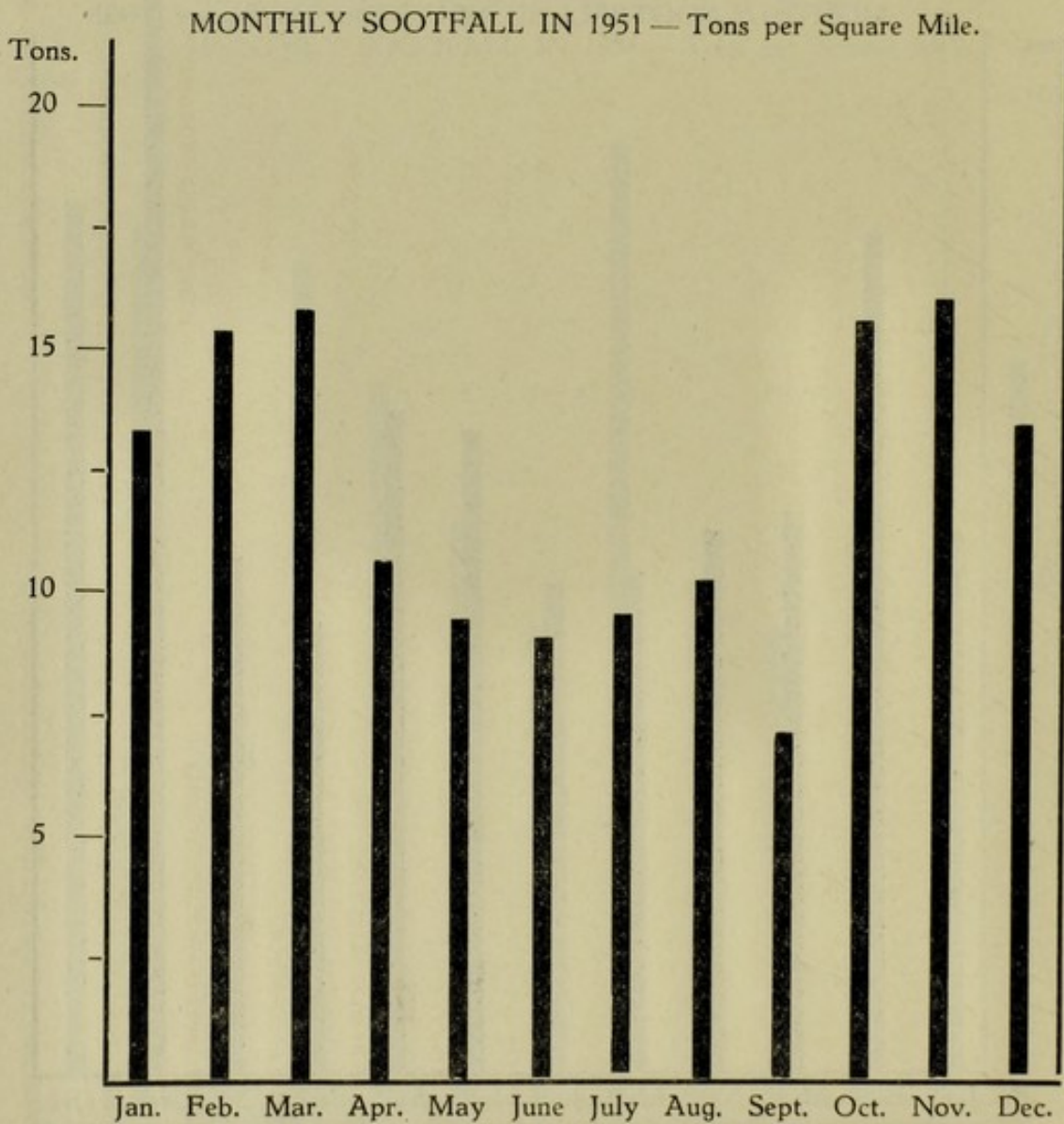
MONTHLY SOOTFALL IN 1951 — Tons per Square Mile.

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

CARR GREEN.

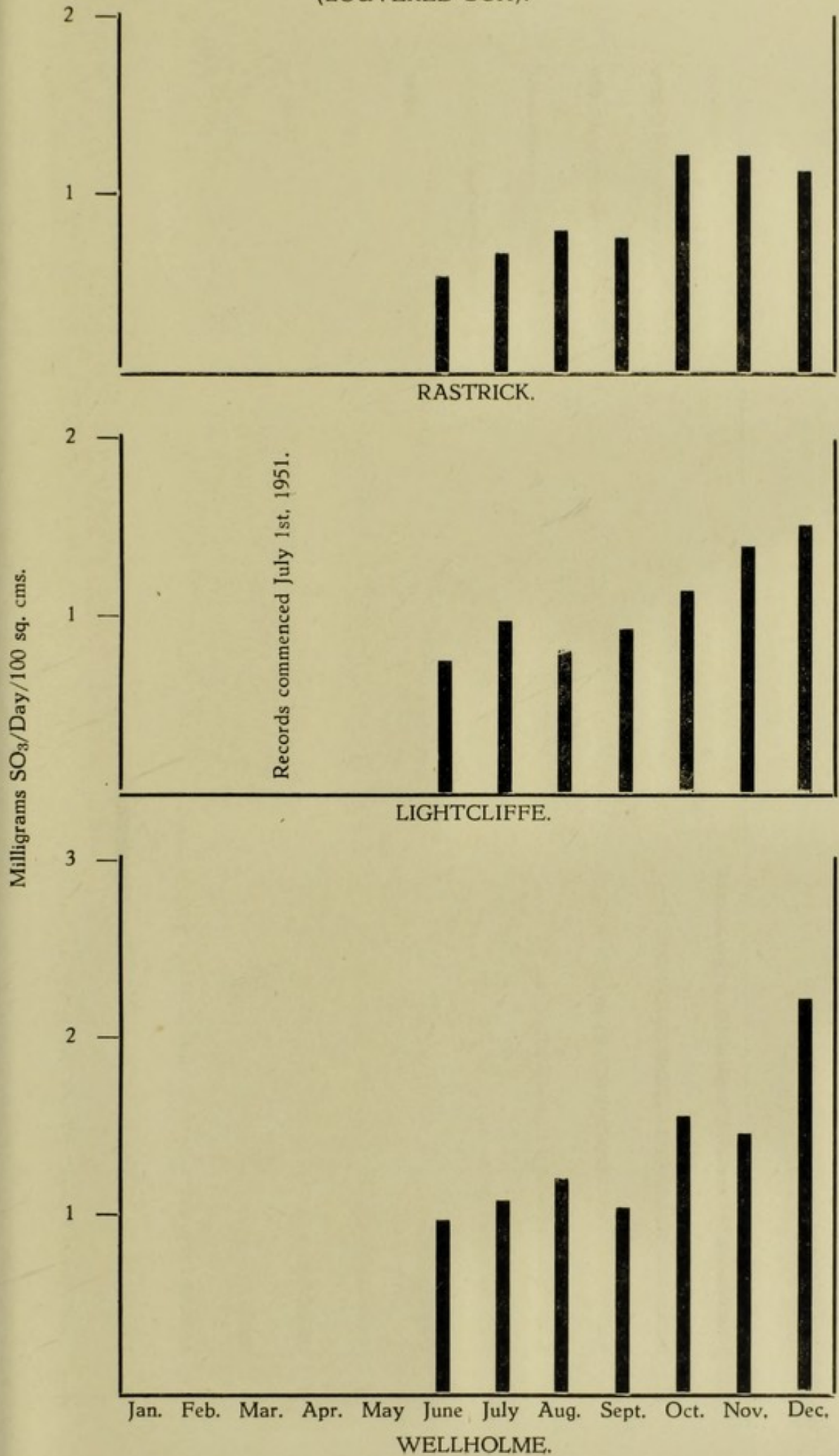


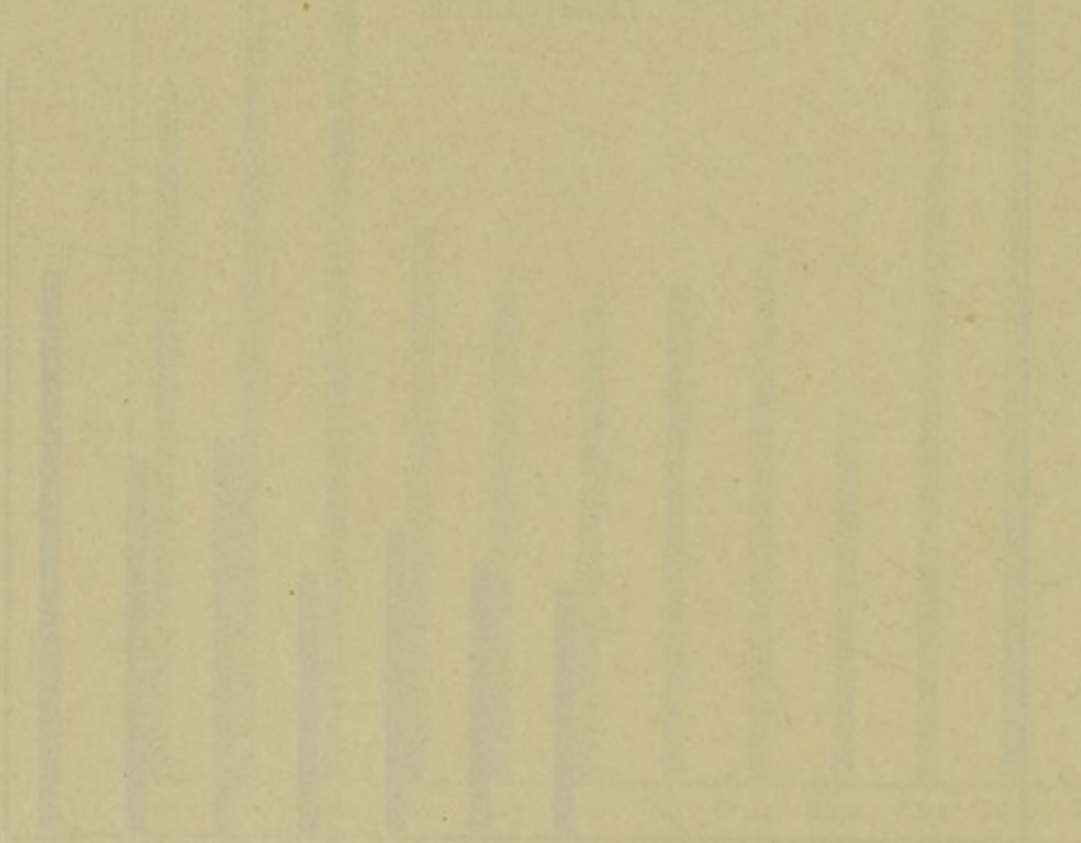
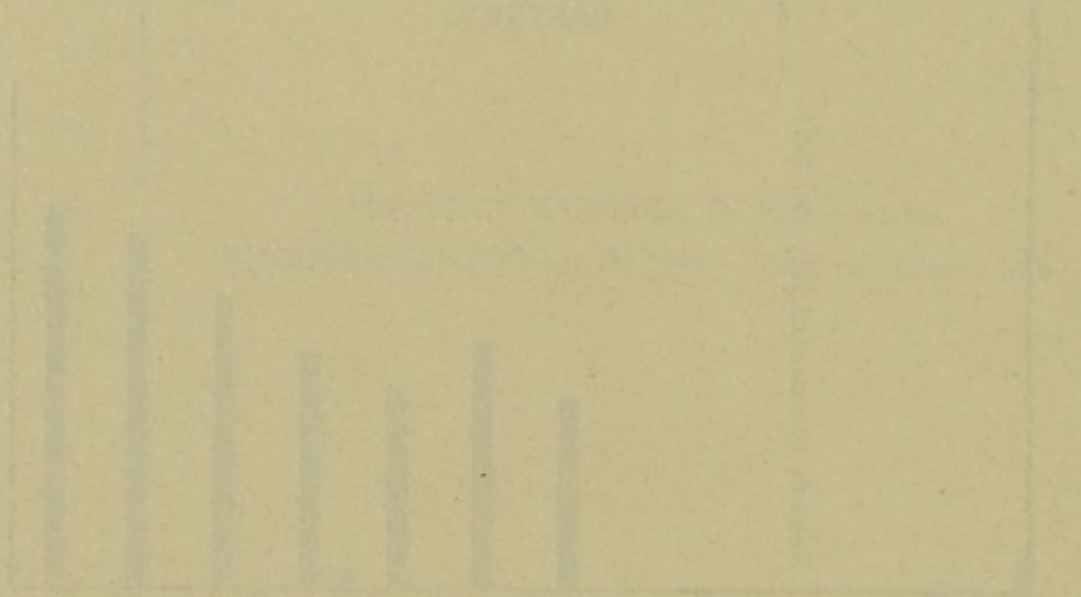
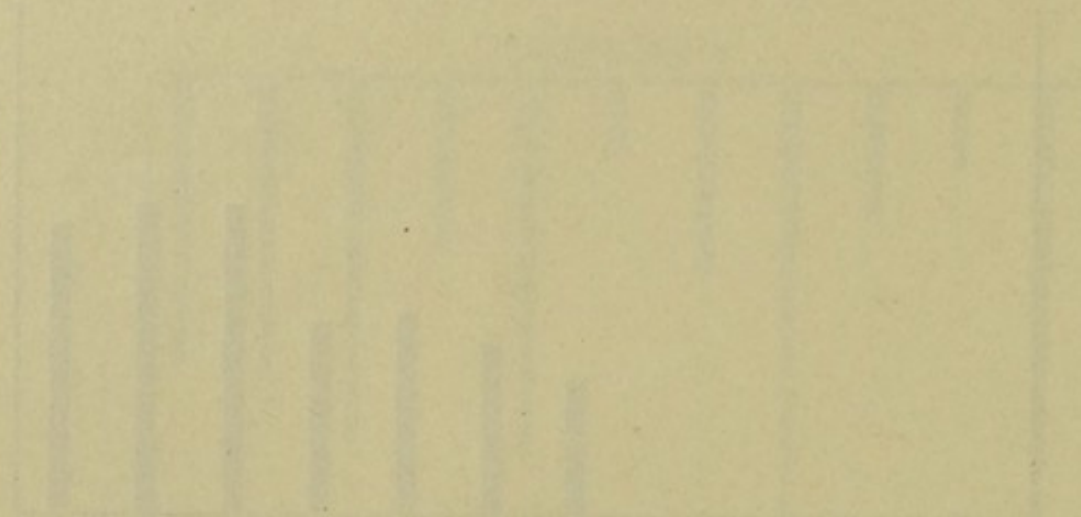
MONTHLY RAINFALL IN 1951 — Inches.



MONTHLY SOOTFALL IN 1951 — Tons per Square Mile.

SULPHUR DIOXIDE BY THE LEAD PEROXIDE METHOD.  
(LOUVERED BOX).





**ATMOSPHERIC POLLUTION.**  
**MONTHLY ANALYSES, 1951.**

Month	WELLHOLME PARK								CARR GREEN								KING GEORGE V PARK							
	Tons per Square Mile								Tons per Square Mile								Tons per Square Mile							
	Rainfall Inches	Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO <sub>4</sub>	Chlorine as CL	Lime as CO	Rainfall Inches	Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO <sub>4</sub>	Chlorine as CL	Lime as CO	Rainfall Inches	Total Solids	Undissolved Solids	Dissolved Matter	Tar	Sulphate as SO <sub>4</sub>	Chlorine as CL	Lime as CO
January ...	3.18	10.35	3.65	6.70	0.17	1.33	1.99	0.17	2.80	13.00	3.89	9.11	0.55	1.13	2.61	0.21	3.21	17.94	7.99	9.95	0.43	1.65	3.33	0.21
February ...	3.28	17.43	9.07	8.36	0.70	2.36	2.29	0.63	2.86	15.13	5.12	10.01	0.31	0.24	2.48	0.72	3.21	10.74	4.94	5.80	0.36	1.65	1.86	1.86
March ...	3.65	11.22	5.64	5.58	0.37	2.22	1.63	0.17	3.85	15.30	8.56	6.74	0.52	2.30	1.93	0.34	3.88	17.00	10.63	6.37	0.54	2.43	1.89	0.21
April ...	1.87	10.81	6.50	4.31	0.56	1.33	0.66	0.23	1.70	10.75	6.49	4.26	0.34	1.55	0.99	0.22	1.72	14.07	9.63	4.44	0.57	1.61	0.75	0.21
May ...	3.96	9.66	5.61	4.05	0.71	2.06	0.40	0.30	4.01	9.53	4.51	5.02	0.10	2.06	0.62	0.24	3.88	11.66	5.65	6.01	0.14	2.47	0.61	0.25
June ...	0.83	9.16	5.97	3.19	0.29	1.26	0.49	0.09	0.82	9.11	5.81	3.30	0.34	1.02	0.27	0.10	1.16	8.27	5.87	2.40	0.35	1.13	0.29	0.14
July ...	2.55	12.98	5.18	7.80	0.40	2.16	1.76	0.17	2.26	9.53	3.61	5.92	0.34	1.79	1.38	0.14	2.83	18.61	11.31	7.30	0.36	2.04	2.94	0.18
August ...	5.00	13.01	6.64	6.37	0.50	0.30	0.76	0.33	5.40	10.86	2.61	8.25	0.17	1.65	0.92	0.34	4.76	10.52	4.45	6.07	0.25	1.94	0.74	0.32
September ...	1.46	8.79	4.81	3.98	0.20	1.19	0.33	0.10	1.56	6.81	1.62	5.19	0.31	1.13	0.45	0.10	1.88	8.30	3.00	5.30	0.11	1.52	0.42	0.11
October ...	1.27	10.94	5.40	5.54	1.09	1.84	0.56	0.07	0.97	15.58	2.00	13.58	0.31	3.82	1.79	0.24	1.46	10.94	5.18	5.76	0.56	1.63	0.43	0.10
November ...	6.25	21.14	6.80	14.34	0.53	5.74	1.13	0.40	6.50	15.79	4.44	11.35	0.34	5.95	1.48	0.41	6.70	16.34	4.48	11.86	0.42	6.78	1.12	0.42
December ...	4.79	17.46	5.24	12.21	0.40	2.92	2.82	0.30	3.02	13.72	4.47	9.25	0.45	2.17	2.17	0.21	4.96	15.07	1.55	13.52	0.25	1.98	2.33	0.32
Totals ...	38.09	152.94	70.51	82.43	5.93	24.91	14.82	2.96	35.75	145.11	53.13	91.98	4.08	24.81	16.91	3.26	39.65	159.46	74.68	84.78	4.34	26.83	16.71	4.33

INSTITUTIONAL

RECORDS

DATE	DESCRIPTION	AMOUNT
1912	...	...
1913	...	...
1914	...	...
1915	...	...
1916	...	...
1917	...	...
1918	...	...
1919	...	...
1920	...	...
1921	...	...
1922	...	...
1923	...	...
1924	...	...
1925	...	...
1926	...	...
1927	...	...
1928	...	...
1929	...	...
1930	...	...
1931	...	...
1932	...	...
1933	...	...
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2014	...	...
2015	...	...
2016	...	...
2017	...	...
2018	...	...
2019	...	...
2020	...	...
2021	...	...
2022	...	...
2023	...	...
2024	...	...
2025	...	...
2026	...	...
2027	...	...
2028	...	...
2029	...	...
2030	...	...

## FOOD INSPECTION AND SUPERVISION.

### Milk Supply.

At the end of the year there were on the register :—

Distributors resident in the Borough .....	8
Shops registered for sale of milk in sealed bottles	32
Distributors not resident in the Borough .....	6

### 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.

116 samples were submitted for analysis all of which were formal samples.

2 samples were classified as Adulterated being deficient in the minimum of fat required.

18 samples were classified as Genuine although they were below the minimum standard for solids not fat.

96 remaining samples were all classified as Genuine.

	Total Solids.	Solids not Fat.	Milk Fat.
Board of Agriculture Standard ... ..	11.50	8.50	3.00
Average of 96 Genuine samples ... ..	12.35	8.68	3.74
Average of 18 Genuine samples ... ..	12.00	8.39	3.60
Average of 2 Adulterated samples ... ..	11.53	8.55	2.98

### Bacteriological Examination of Milk.

During the year 316 samples of milk were taken in the Borough by the Officers of this Department for examination at the Public Health Services Laboratory, Wakefield, these were submitted for examination by the Phosphatase and Methylene Blue and Turbidity Tests with the following results :—

	Methylene Blue Test.			Phosphatase Test.		
	Sat.	Unsat.	Total.	Sat.	Unsat.	Total.
<b>DESIGNATED MILKS.</b>						
1. Tuberculin Tested Pasteurised	14	—	14	14	—	14
2. Pasteurised ... ..	64	—	64	63	1	64
3. Sterilised ... ..	11	—	11			
4. Tuberculin Tested ... ..	32	3	35			
<b>UNDESIGNATED MILKS.</b>						
1. Accredited ... ..	58	6	64			
2. Ordinary ... ..	33	6	39			
	212	15	227	77	1	78
				<b>Turbidity Test.</b>		
				Sat.	Unsat.	Total.
1. Sterilised ... ..				11	—	11
<b>Totals ...</b>	212	15	227	88	1	89



## Biological Examination of Milk.

	No. of Samples free from tubercular bacillus.	No. of Samples found Tuberculous.	Total.
Heat Treated Milk ... ..	1	—	1
Tuberculin Tested Milk ... ..	3	—	3
Accredited Milk ... ..	17	2	19
Undesignated Milk ... ..	10	3	13
Totals ... ..	31	5	36

In three instances after investigation and consultation with the Chief Divisional Veterinary Officer of the Ministry of Agriculture, notices were served under Article 20 of the Milk and Dairies Regulations 1949 for compulsory Pasteurisation of the Milks produced at the three farms and this remained operative until such time as further samples were reported negative on biological tests.

At another farm two cows were taken by the Veterinary Officer of the Ministry of Agriculture after clinical examination, whilst at the remaining farm the herd was found to be producing little or no milk and whilst maintaining observation, it was not considered necessary to take any action with regard to compulsory pasteurisation.

Altogether as a result of biological examination of milks produced in the Borough, 4 cows were slaughtered under the Tuberculosis Order.

### 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 area 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 :—



11 tins Soup.	14 tins Peas.
16 bottles Sauce.	7 bottles Red Cabbage.
1 tin Plums.	$\frac{1}{4}$ lb. Tea.
7 tins Condensed Milk.	1 tin Christmas Pudding.
274 portions Cream Cheese.	17 bottles Finnon Salts.
1 tin Lobster.	3 lbs. Strawberry Jam.
8 tins Salmon.	3 tins Apple.
1 tin Pilchards.	1 tin Apricots.
1 tin Crab.	1 bottle Peaches.
1 tin Shrimps.	2 tins Tomatoe Juice.
2 bottles Salad Cream.	1 bottle Fruit Salad.
8 tins Carrots.	5 tins Skimmed Milk.
76 tins Tomatoes.	264 tins Evaporated Milk.
8 tins Baked Beans.	

#### 5. ICE CREAM.

30 blocks Chocolate Ice Cream. 90 blocks Vanilla Ice Cream.

### CARCASES INSPECTED AND CONDEMNED.

					Cows.	Bovines.	Calves.	Sheep & Lambs.	Pigs.
Number Slaughtered	...	...	...	...	397	1935	271	5592	447
Number Inspected	...	...	...	...	397	1935	271	5592	447
ALL DISEASES EXCEPT TUBERCULOSIS :									
Whole carcasses condemned	...	...	...	...	3	—	6	1	7
Carcasses of which some part or organ was condemned	...	...	...	...	245	733	—	178	8
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	...	60.9%	38.2%	2.2%	3.2%	3.5%
TUBERCULOSIS ONLY :									
Whole carcasses condemned	...	...	...	...	9	8	—	1	2
Carcasses of which some part or organ was condemned	...	...	...	...	212	306	—	—	16
Percentage of the number inspected affected with tuberculosis	...	...	...	...	54.3%	16.2%	—	.01%	4.2%

**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	—	—	—	—	—	30	—	35	54	—	31	33	183
Acute Fever	—	—	—	—	—	—	—	—	—	192	—	—	192
Angiomatosis	31	—	12	16	—	29	18	95	60	31	31	18	341
Bruising	—	38	81	39	—	—	—	—	—	—	97	—	255
Bacterial Necrosis	—	—	—	—	—	—	—	—	—	—	12	—	12
Cirrhosis	257	111	88	201	262	43	381	803	199	1018	633	674	4670
Cysts	—	—	—	—	—	—	—	—	4	11	—	—	15
Distomatosis	5	5	—	—	4	—	—	48	70	102	109	17	360
Dropsy	—	—	87	—	—	—	—	—	—	30	31	—	148
Decomposition	—	—	—	—	—	—	—	—	54	—	—	—	54
Fatty Infiltration	—	—	—	23	—	—	15	—	—	—	—	—	38
Fatty Degeneration	—	—	—	—	—	—	—	—	—	11	12	—	23
Johnes Disease	—	—	—	—	—	—	—	—	—	505	—	—	505
Immaturity	—	—	—	—	—	—	—	—	—	32	—	—	92
Mastitis	103	38	42	74	53	90	196	403	282	517	288	227	2313
Multiple Abscesses	—	3	14	62	29	31	145	164	4	278	161	81	942
Moribund	—	—	42	—	—	—	—	—	—	—	—	—	42
Melanosis	—	—	—	12	—	—	—	—	—	16	9	—	37
Pyæmia	39	—	—	—	—	—	—	—	—	—	—	—	39
Peritonitis	—	—	—	7	202	—	—	24	—	—	7	41	281
Pericarditis	—	—	—	—	—	—	—	—	—	42	—	—	42
Septicæmia	581	—	—	—	—	—	—	—	—	—	—	—	581
Septic Metritis	—	—	—	—	—	—	229	198	—	—	—	—	427
Swine Erysipelas	—	—	—	—	—	—	—	—	—	224	—	—	224
Tuberculosis	513	1038	1467	2113	990	2692	951	2642	3069	5655	2581	2149	25860
Generalised Actinobacillosis	—	—	—	—	—	51	40	823	—	—	—	—	823
Inflammatory Condition	—	—	—	—	—	—	—	22	—	—	—	—	113

**TOTAL WEIGHT — 17 tons, 4 cwt., 3 qrs., 0 lbs.**

**38612**

## BACTERIOLOGICAL EXAMINATION OF SHELL FISH.

Two samples of dressed crab from premises in the Borough where considerable trade is carried on, were submitted for bacteriological examination during the year. The Bacteriologist reported that no organisms of Dysentery, Food Poisoning, or Enteric Group were isolated, and there was no reason to believe that the crab meat was unfit for human consumption.

## FOOD AND DRUGS ACT, 1938.

### Sausages and Cooked Meats.

There are 31 premises registered under the provisions of Section 14 for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, and regular routine inspections were made of the same throughout the year.

Considerable attention was again paid to the process and the importance of food hygiene and careful handling and preparation of foodstuffs stressed.

In several instances structural alterations were made and generally speaking the standard of buildings and equipment is satisfactory.

### Ice Cream.

9 applications were received during the year to retail ice cream from shop premises, and in addition 1 application was granted for the manufacture of "iced lollies."

There are 2 ice cream manufacturers in the Borough where the heat treatment process of manufacture is carried out. Regular routine inspection of these premises are made and the conditions found were satisfactory, the firms being only too anxious to co-operate with us.

At the end of the year there were 62 shops registered for the sale of ice cream and "iced lollies."

A total of 106 samples of ice cream were submitted for the bacteriological examination by the Methylene Blue Reduction Test, particulars of which are given below:—

Produced.	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
In Borough ...	17	14	82.35	3	17.65	—	—	—	—
Outside Borough	89	76	85.39	8	8.98	5	5.62	—	—
Total ...	106	90	84.90	11	10.37	5	4.71	—	—

Of the 17 samples of ice cream produced in the Borough 4 were submitted from local retailers and 13 remaining samples collected direct from the local manufacturers with the following results :—

Collected from	No. of Samples.	Grade I.		Grade II.		Grade III.		Grade IV.	
		No.	%	No.	%	No.	%	No.	%
Local Retailers...	4	3	75.00	1	25.00	—	—	—	—
Local Manufacturers ... ..	13	11	84.62	2	15.38	—	—	—	—
Total ...	17	14	82.35	3	17.65	—	—	—	—

44 samples of "iced lollies" were submitted for Bacterial Examination all of which were reported as showing No. Coliforms in 3/3 one millilitre amounts.

Of these 44 samples 40 were of local manufacture and 4 were manufactured outside the Borough.

#### Food Shops, Food Manufacturing Premises, Licensed Public Houses and Clubs.

Considerable attention and time was again devoted to all food shops, food manufacturing premises, licensed houses and clubs in the Borough during the year and in many instances substantial structural improvements were secured, in addition to provision of constant hot water being supplied in many cases. The classification of the various food shops, food manufacturing premises, licensed public houses and clubs are as follows :—

Bakers and Confectioners .....	26
Cafes and Canteens .....	11
Grocers and General Mixed Stores .....	93
Greengrocers .....	38
Retail Fishmongers .....	3
Wholesale Fishmongers .....	4
Fried Fish Fryers .....	39
Sweet and Ice Cream Retailers .....	26
Butchers .....	42
Sweet Manufacturers .....	1
Condiment Manufacturer .....	1
Tripe Dresser and Retailer .....	1
Flour Miller .....	1
Licensed Public Houses .....	55
Licensed Clubs .....	24
Ice Cream Manufacturers .....	2
Wholesale Delicatessen .....	1

## SLAUGHTER OF ANIMALS ACT, 1933.

17 persons are licensed to slaughter animals under the Slaughter of Animals Act, 1933.

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## INFECTIOUS DISEASE AND DISINFECTION.

332 visits were paid during the year to cases of infectious disease. 20 disinfections were carried out after infectious disease.

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## PESTOLOGY.

The furniture and effects from 3 houses affected with vermin were treated with H.C.N. prior to removal to new Council houses.

1 house was treated with Gamexane for cockroaches, 2 houses were treated for flea infestation, 1 house for flies, 2 houses for ants and 3 houses were treated for wasp infestation with either Gamexane or D.D.T.

5 houses were treated with sulphur at the request of the owners.

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## SANITARY INSPECTION OF DISTRICT.

Total Number of Inspections .....	9,606
Bakehouses Inspected .....	183
Butchers' Shops Inspected .....	61
Caravans Inspected .....	17
Canal Boats Inspected .....	1
Complaints Investigated .....	415
Dairies and Milkshops .....	19
Drainage Inspections .....	38
Diseases of Animals Act :—	
: Visits .....	8
Dustbin Survey .....	806
Dwellinghouses Inspected :—	
Dwellinghouses Inspected and Recorded .....	17
Housing Acts — Overcrowding Survey .....	142
Housing Acts — Squatters' Premises .....	13
Public Health Acts .....	594
Dwellinghouses Re-inspected :—	
Housing Acts — Overcrowding Survey .....	59
Public Health Acts .....	2,302
Disinfections .....	21

Disinfestations .....	14
Drains tested with water .....	6
Drains tested with smoke .....	8
Drains tested with colour .....	199
Drains tested by odour .....	5
Factories Inspected .....	284
Food Shops .....	249
Food Preparing Premises .....	294
Licensed Premises .....	105
Hydrogen Cyanide Regulations :—	
Premises Treated .....	3
Premises Inspected .....	2
Ice Cream Premises Inspected :—	
Manufacture .....	28
Retail .....	85
Infectious Diseases .....	332
Markets Inspected .....	189
Offensive Trades :—	
Fish Frying Premises .....	92
Fat Rendering Premises .....	10
Fish Meal Premises .....	5
Tripe Boiling Premises .....	5
Prevention of Damage by Pests Act :—	
Inspections .....	224
Re-inspections .....	163
Public Cleansing Service .....	910
Public Conveniences .....	361
Shops Acts .....	57
Smoke Observations .....	292
Slaughterhouse — Regional .....	376
Works in Progress .....	274

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

**Brighthouse Corporation Act, 1907.**

**Interior of Houses.**

Ventilation provided .....	1
Fireplace fixtures renewed and repaired .....	20
Ceilings replastered .....	44
Walls replastered .....	51
Glazed sinks provided in place of stone sinks .....	9
Sink waste pipes repaired and renewed .....	7
Sash cords renewed .....	12
Burst water pipes repaired .....	11



Chimney flues repaired .....	2
Water gaining access to cellar abated .....	9
Sewage gaining access to cellar abated .....	16
Window frames renewed or repaired .....	12
Defective doors repaired or renewed .....	6
Floors repaired .....	5
Dirty houses cleansed .....	1
Sink waste pipe traps provided .....	1
Ceilings underdrawn .....	2
Firebacks renewed or repaired .....	5
Defective oven repaired .....	2
Door to coal store provided .....	1
Glazed sink renewed .....	4
Window fastener renewed .....	1
Asphalt floors provided .....	3
Electric light provided to bedrooms .....	2

### Exterior of Houses.

Eavesgutters renewed or repaired .....	41
Decayed pointing renewed .....	23
Leaky roofs repaired .....	78
Rain water pipes renewed or repaired .....	25
Mastic pointing to windows renewed .....	30
Walls cement rendered .....	2
Walls repaired .....	3
Valley gutters cleansed and repaired .....	5
Chimney stacks rebuilt .....	8
Additional rain water pipes provided .....	1
Defective thresholds renewed .....	2
Defective soil pipes renewed or repaired .....	2
Rain water pipes disconnected from drain .....	2
Water service pipes cleansed .....	1
Dampness abated .....	1
Chimney stack demolished .....	1
Area grates provided .....	2
Additional eavesgutters provided .....	1

### Yards and Outbuildings.

Paving re-laid .....	5
Offensive accumulations removed .....	5
Dilapidated ashpits demolished .....	1

### Drainage.

Intercepting traps removed .....	1
Drains repaired and renewed .....	30
Drains cleansed from obstruction .....	69
Inspection chambers provided .....	7
Inspection chamber covers renewed .....	1

Additional gullies provided .....	1
Premises re-drained .....	2

### Sanitary Conveniences.

Flushing cistern repaired .....	1
Seats repaired or renewed .....	1
Walls repaired .....	1
W.C. pedestal renewed .....	6
Doors repaired or renewed .....	3
Additional w.c.'s provided .....	1
Walls replastered .....	1
Waste Water closets abolished .....	1
Walls of w.c. cement rendered .....	10
Flush pipe to w.c. repaired .....	1
Internal sanitary accommodation provided .....	1
Pail closet abolished .....	1

### House Refuse Accommodation.

Dilapidated dustbins renewed .....	189
Additional dustbins provided .....	96
Defective dustbins repaired .....	1

### Food preparing premises.

New concrete floors provided .....	7
Ventilation provided .....	1
Walls of food storage room cleansed and painted .....	1
Walls of food storage room painted with washable paint .....	1
Walls of bakehouse painted with washable paint .....	2
Ceiling of bakehouse painted with washable paint .....	2
Artificial light provided .....	1
Shop walls and ceiling painted with washable paint .....	6
Walls of preparation room repainted with washable paint .....	24
Walls cement rendered .....	16
Ceilings underdrawn .....	5
New glazed sinks provided .....	15
Ceilings of preparation room painted with washable paint .....	2
Instantaneous supply of hot water provided .....	25
Plaster walls replastered .....	3
Plaster ceilings repaired .....	7
Walls and ceiling of preparation room thoroughly cleansed .....	9
Preparation room disconnected from workshop .....	1
Defective floor covering renewed in w.c. ....	1
Sanitary conveniences cleansed .....	1
Floors repaired .....	3
Preparation room walls rendered with Terazzo .....	1
Drains cleansed .....	1
Flushing cistern to w.c. repaired .....	1
Walls of preparation room lined with hardboard or asbestos .....	2

Defective roof repaired	1
Wash basin provided	1
Walls rebuilt	2
Walls and ceiling of preparation room treated with ' Snowcem '	1
Yard paving provided	1
Door to cleaning room provided	1
Soap and towels provided	1

#### Factories.

Conveniences cleansed	4
Conveniences limewashed	1
Conveniences labelled as to sex	2
Artificial light provided	1
Door provided to sanitary conveniences	6
Door fastener provided	1
Intervening ventilated space provided	5
Additional w.c.'s provided	4
Defective and dangerous screen wall demolished	1
W.C. cistern repaired	1
Roof to sanitary conveniences repaired	2

#### Licensed Premises.

Stainless steel sink unit provided	1
New drainage provided	1
Instantaneous supply of hot water provided	2
Stone cellar floors repaired	2

#### Prevention of Damage by Pests Act, 1949.

Premises proofed against rodents	2
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#### Shops Act, 1934.

Additional w.c. provided	1
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### HOUSING STATISTICS, 1951.

#### 1. Inspection of dwelling houses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health and Housing Acts)	608
(b) Number of inspections made for the purpose	766
(2) (a) Number of dwellinghouses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	17
(b) Number of inspections made for the purpose	28

(3) Number of dwellinghouses needing further action :—	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	7
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation .....	5
<b>2. Remedy of the defects during the year without service of formal notices.</b>	
Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers .....	501
<b>3. Action under Statutory Powers during the year.</b>	
A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936.	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs .....	3
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners .....	3
(b) By Local Authority .....	—
B. Proceedings under Public Health Acts.	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .....	73
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :	
(a) By owners .....	64
(b) By Local Authority in default of owners .....	—
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc. made in respect of dwellinghouses unfit for habitation .....	—
(2) Number of dwellinghouses in respect of which demolition orders were made .....	—
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders .....	—
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made .....	—

- (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit ..... —

**4. Housing Act, 1936—Part IV—Overcrowding.**

- (a) Number of new cases of overcrowding reported during the year ..... 3
- (b) Number of cases of overcrowding relieved during the year ..... 18
- (c) Number of persons concerned ..... 78

**HOUSING ACT 1949 — Section 20.**

Three applications were received during 1951 for financial grants under the provision of the Act and following detailed inspections of the properties and submission of the reports to the Housing and Property Committee—two applications were turned down—whilst in the other case an improvement was agreed.

**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, 1952 :—

Dustbins	.....	11,015
Privy Middens	.....	90
Pail Closets	.....	187

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

It is a matter of regret that the Council could not see their way clear to adopt a Municipal Bin Scheme throughout the year due in the main to the fact that the manufacturing of galvanised bins was still prohibited by order of the Board of Trade.

## (2) Refuse Collection Service.

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

	1951/52	1950/51
Dustbins ... ..	353,770	284,505
Privy Middens ... ..	1,925	1,885
Pail Closets ... ..	9,690	10,262
Kitchen Waste Bins ... ..	26,134	25,638
Weight in Tons ... ..	8,970	9,294

It will be noticed that there was an increase in the number of bins cleansed during 1951/52 of approximately 25% over the period 1950/51. This was due to the fact that there was a falling off of labour required for industries in the Borough and it was possible for the Department to recruit sufficient labour to give a better service. In addition a bonus scheme was instituted by the Department in an endeavour to increase the output of bins cleansed and consequently the general public are enjoying a better service today than in previous years.

## (3) Transport.

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

Vehicle.	Weights.		
	T.	C.	Q.
S.D. Freighter 9 ... ..	1,487	4	2
S.D. Freighter 19 ... ..	1,855	18	0
S.D. Freighter 18 ... ..	1,724	16	0
Bedford 12 ... ..	114	18	2
Bedford 21 ... ..	187	12	0
Dennis 14 ... ..	1,965	19	2
Bedford 16 ... ..	511	3	0
Morris 15 ... ..	363	8	0
Austin 17 ... ..	195	9	2
Ford 20 ... ..	563	16	2
<b>Total</b> ... ..	<b>8,970</b>	<b>5</b>	<b>2</b>

## LETHAL CHAMBER.

178 dogs and 200 cats were humanely destroyed in the electrical lethal chamber and the chloroform lethal chamber provided by the Royal Society for the Prevention of Cruelty to Animals.

## REFUSE DISPOSAL.

Two methods of refuse disposal are in operation in the Borough, namely mechanical separation and controlled tipping. Approximately 60% of the Refuse collected was disposed of by the former method and 35% was disposed of by controlled tipping. In addition, kitchen waste which is separately collected from 523 communal bins, amounting to 348 tons, was delivered, under direction from the Ministry of Agriculture, to Halifax Corporation.

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

	T.	C.	Q.	
1. Kitchen Waste—				
Delivered to Halifax Cleansing Department for processing ... ..	348	12	2	3.9%
2. Mechanical Separation—				
Refuse delivered to Refuse Disposal Works ...	5,425	6	0	60.6%
3. Controlled Tipping—				
Bailiffe Bridge Tip ... ..	2,834	14	2	31.5%
Southowram Tip ... ..	361	12	2	4.0%
	8,970	5	2	

The two controlled tips at Bailiffe Bridge and Marsh Lane, Southowram have again been well maintained, ample cover being provided in the form of screened dust from the Refuse Disposal Works.

At the Refuse Disposal Works further road works were carried out at a cost of £592 2s. 3d.

In submitting the figures for salvage sales it is gratifying to record that no less sum than £9,467 was realised and also that £1,029 was obtained from the sale of kitchen waste. This revenue is the highest ever recorded in the Borough and of this amount no less than £7,580 was from the sale of baled paper, this being entirely due to the fact that the price of waste paper was increased during the year, as the following table indicates :—

	1st April—	1st June—	1st December—
	31st May	30th November	31st March
	£ s. d.	£ s. d.	£ s. d.
Baled Mixed Paper ... ..	10 10 0	16 0 0	16 0 0
Baled Fibre Board ... ..	12 10 0	19 0 0	19 0 0
Baled Books and Magazines ... ..	16 0 0	24 5 0	20 15 0
Baled Newsprint ... ..	17 0 0	25 15 0	22 15 0

The actual tonnage of waste paper was almost the same as for the previous two years despite the fact of the acute labour shortage during the first half of the year.

Your Committee decided to enter into the National Waste Paper Contest and I am pleased to record that the name of the Borough appeared in the list of fifth prize winners and an award of £50 was made to His Worship the Mayor for charitable purposes.

In June, the Health and Cleansing Committee paid a visit to the neighbouring County Borough of Dewsbury to witness the sorting and baling machinery in operation there and subsequently decided to erect a new building to house 15 tons of unbaled paper together with sorting machinery and a "Powell" Power Press. Commencement was made on the building during the year under review and at the time of the writing of this report the machinery has now been installed and the building almost completed. The policy adopted by the Council is, in my opinion, a correct one as no less sum than £42,000 has been realised from the sale of waste paper since 1934 and if Local Authorities are desirous of disposing of their waste paper to the Board Mills, it must be carefully graded, free from contraries and in a clean condition; moreover, with the "Powell" type baling machinery the cost of baling can be substantially reduced.

It is also gratifying to record that the price of ferrous scrap was also substantially increased during the year and in view of the possibility of neighbouring Local Authorities supplying us with unbaled tins through the medium of the Joint Scrap Survey Committee of the British Iron and Steel Federation, the Health and Cleansing Committee decided to purchase a Petrie and McNaught baling press at a cost of £1,102 and the machinery will be brought into use during the present financial year.

In submitting detailed cleansing costs for the past year, I would particularly draw the attention of the Committee to the annual return on page 106, the nett cost of refuse collection and disposal is given at 12s. 9.2d. per ton, a figure lower than that obtained in the Borough in years prior to 1939, despite the fact that wages have increased by more than 150% and other materials similarly. This remarkable figure is only obtained through the policy of keen salvage recovery and the high prices obtained for the same during the financial year. There is no doubt that the cost per ton in this Borough will be well below the average of other Boroughs in the country in general and it should give your Council eminent satisfaction.

1951 marked the completion of 25 years working of the Mechanical Separation and Salvage Plant.



I have, therefore, deemed it advisable to submit the financial figures of revenue obtained from the sale of salvaged materials since that time. These are given in three periods of time, namely pre 1939 when the prices obtained were far below those of the war years, the period of the war years, and the post war era to date.

These are as follows :—

	Period of Years.	Revenue Obtained.			Average Revenue per Year.
		£	s.	d.	£
1926-39 ... ..	12	7,839	2	8	653
1939-46 ... ..	7	22,590	3	10	3227
1946-52 ... ..	6	36,645	9	9	6109
Total		25	67,074	16	2

An analysis of the revenue obtained is as follows :—

	£	s.	d.	
Waste Paper ... ..	40,434	11	5	
Kitchen Waste ... ..	7,722	3	1	
Textiles ... ..	4,522	8	11	
Baled Tins ... ..	3,797	13	9	
Ferrous Metal ... ..	1,050	14	7	
Lime Mortar ... ..	2,766	9	5	
Non-Ferrous Metals ... ..	1,780	7	7	
Cullett ... ..	1,582	18	11	
Screened Cinder ... ..	1,759	11	11	
Bones ... ..	234	18	6	
Screened Dust ... ..	79	17	9	
Sundries ... ..	1,343	0	4	
Total		67,074	16	2

## DEPARTMENTAL REVENUE.

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

	T.	C.	Q.	£	s.	d.
<b>(a) Refuse Collection :—</b>						
Trade Refuse Charges ... ..				100	13	9
<b>(b) Refuse Disposal :—</b>						
Trade Refuse Charges ... ..				53	16	9
Scrap Metal Segregation Allowance ...				38	4	9
Sundries ... ..				5	18	9
<b>(c) Salvage :—</b>						
Baled Paper and Strawboard ... ..	466	4	0	7,580	11	3
Kitchen Waste ... ..	347	19	2	1,029	18	10
Textiles ... ..	46	17	3	873	10	0
Black Scrap ... ..	56	4	2	93	7	7
Baled Tins ... ..	93	4	0	256	14	6
Non Ferrous Metals ... ..	2	11	2	250	10	10
Bones ... ..	1	12	3	11	9	11
Screened Cinder ... ..	475	3	0	122	4	7
Screened Dust ... ..	56	0	0	2	3	6
Cullett ... ..	25	4	3	75	14	3
Bottles and Jars ... ..	24	8	3	65	5	10
Rubber ... ..	1	10	0	4	2	6
Sundries ... ..				32	3	11
<b>(d) Mechanical Transport :—</b>						
Transport Charges etc. ... ..				200	6	6
<b>(e) Miscellaneous :—</b>						
Sale of Dustbins ... ..				158	14	6
Lethal Chamber Receipts ... ..				29	5	6
Rents, Easements etc. ... ..				1	6	0
Totals ...	1,597	0	2	10,986	4	0

**DETAILS OF REFUSE DISPOSAL AND SALVAGE COSTS,  
1st APRIL, 1951 to 31st MARCH, 1952.**

Refuse Disposal and Salvage	£	s.	d.
Wages .....	2,685	6	8
Superannuation .....	71	11	11
National Insurance .....	89	19	10
Rents, Rates, Insurance .....	135	15	10
Repairs .....	242	16	0
Plant, Tools, etc. ....	271	4	10
Lighting, Water and Electricity .....	139	7	8
Loan Charges, etc :—			
Sinking Fund .....	42	0	0
Interest .....	63	1	11
Protective Clothing .....	17	7	4
Miscellaneous .....	20	12	0
Road Works .....	592	2	3
	<hr/>		
Gross Costage .....	4,371	6	3
Revenue from Salvage Sales .....	9,467	4	11
	<hr/>		
Credit Balance .....	£5,095	18	8
	<hr/>		

BOROUGH OF BRIGHOUSE.

DETAILS OF PUBLIC CLEANSING COLLECTION COSTS — 1st APRIL, 1951, to  
31st MARCH, 1952.

	Dry Refuse Collection.			Kitchen Waste Collection.			Nightsoil and Cesspools Collection.			Total Collection Costs.		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Wages	4923	10	6	261	13	8	313	3	2	5498	7	4
National Insurance	160	16	5	11	1	0	11	1	0	182	18	5
Superannuation	162	13	0	15	18	3	8	1	6	186	12	9
Drivers' Wages	2526	12	10	262	17	2	318	2	6	3107	12	6
National Insurance	69	17	6	11	1	0	11	1	0	91	19	6
Repairs	676	7	8	55	0	0	120	0	0	851	7	8
Petrol and Oils	1219	3	5	152	0	0	183	0	0	1554	3	5
Licences and Insurance	393	5	11	36	0	0	30	0	0	459	5	11
Vehicle Depreciation	513	0	0	87	0	0	100	0	0	700	0	0
Garage Equipment Depreciation	34	0	0	—	—	—	—	—	—	34	0	0
Garage Depreciation	40	0	0	—	—	—	—	—	—	40	0	0
Waste Food Bins	—	—	—	121	2	0	—	—	—	121	2	0
Waste Food Bins Depreciation and Steaming	—	—	—	50	0	0	—	—	—	50	0	0
Tools, Implements, etc.	15	14	11	—	—	—	—	—	—	95	7	2
Protective Clothing	106	4	6	4	8	0	79	12	3	114	12	4
Disinfectants	109	8	10	—	—	—	3	19	10	51	19	9
Dustbins	—	—	—	—	—	—	51	19	9	109	8	10
Cesspools Emptying	9	14	8	—	—	—	48	19	8	48	19	8
Sundry Expenses	—	—	—	—	—	—	—	—	—	9	14	8
Gross Cost	10960	10	2	1068	1	1	1279	0	8	13307	11	11
Receipts	459	14	9	1029	18	10	—	—	—	1489	13	7
Nett Cost	10500	15	5	38	2	3	1279	0	8	11817	18	4

**BOROUGH OF BRIGHOUSE — CLEANSING DEPARTMENT.**  
**DETAILS OF PUBLIC CLEANSING COSTS FOR YEAR ENDING 31st MARCH, 1952.**

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.
<b>REVENUE ACCOUNT.</b>							
A.	Gross Expenditure ...	12028 11 3	11324 11 3	4371 6 3	4266 4 4	16399 17 6	15590 15 7
B.	Gross Income ...	1489 13 7	1489 13 7	9467 4 11	9467 4 11	10956 18 6	10956 18 6
C.	Net Cost ...	10538 17 8	9834 17 8	Cr.5096 1 4	Cr.5201 0 7	5442 19 0	4633 17 1
<b>UNIT COST.</b>							
D.	Gross Expenditure per ton	1 7 4.3	1 5 6.3	9 10.9	9 8.3	1 17 2.2	1 15 2.6
E.	Gross Income per ton	3 0.8	3 0.8	1 1 1.2	1 1 1.2	1 4 5	1 4 5
F.	Net Cost per ton	1 4 3.5	1 2 5.5	Cr. 11 2.3	Cr. 11 4.9	12 9.2	10 9.6
G.	Net Cost per 1,000 population	345 10 8.9	322 9 1.2	Cr.167 1 8.2	Cr.170 10 6	178 9 0.7	151 18 7.2
H.	Net Cost per 1,000 houses or premises from which Refuse is collected	836 8 4	780 10 11	Cr.404 8 4	Cr.412 15 7	432 0 0	367 15 4

1. Total Refuse in tons ... 8792 tons.
2. Population ... 30500
3. Area ... 7875 acres.
4. Weight per 1,000 population per day in cwts. ... 16.0 cwts.
5. Number of Houses and Premises ... 12662
6. Average Length of Haul ... 1.75 miles.
7. Method of Collection—Motor Transport ... 100%
8. Method of Disposal—Controlled Tipping ... 35.5%
- Separation and Incineration ... 60.6%
- Kitchen Waste ... 3.9%

## 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.	Accommodation 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.
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, 1952, was as follows :—

	£	s.	d.
Wages .....	723	11	4
National Insurance .....	30	14	1
Superannuation Contributions .....	57	1	6
Rents and Insurance .....	13	1	5
Heating, Lighting and Cleansing .....	136	4	2
Repairs .....	86	17	8
Toilet Requisites .....	45	17	10
Land—Denholmegate Road .....	12	0	0
Gross Cost .....	1105	8	0
Fees, etc. ....	153	10	4
Nett Cost .....	£951	17	8

During the year commencement was made on the erection of a modern public convenience for both sexes at the recently completed omnibus station and this should be completed during the present year.

In addition modernisation of the public urinals at Clifton Road and Crowtrees Lane were completed.

# PUBLIC SANITARY CONVENTIONS

The Department is responsible for the execution and maintenance of all Public Sanitary Conventions.

The following is a complete list of Public Sanitary Conventions in the District of Columbia:

Station	Location	Year	Cost
Washington	Washington	1908	100,000
Rockville	Rockville	1908	50,000
Beltsville	Beltsville	1908	50,000
College Park	College Park	1908	50,000
Hyattsville	Hyattsville	1908	50,000
Washington	Washington	1909	100,000
Washington	Washington	1910	100,000
Washington	Washington	1911	100,000
Washington	Washington	1912	100,000
Washington	Washington	1913	100,000
Washington	Washington	1914	100,000
Washington	Washington	1915	100,000
Washington	Washington	1916	100,000
Washington	Washington	1917	100,000
Washington	Washington	1918	100,000
Washington	Washington	1919	100,000
Washington	Washington	1920	100,000
Washington	Washington	1921	100,000
Washington	Washington	1922	100,000
Washington	Washington	1923	100,000
Washington	Washington	1924	100,000
Washington	Washington	1925	100,000
Washington	Washington	1926	100,000
Washington	Washington	1927	100,000
Washington	Washington	1928	100,000
Washington	Washington	1929	100,000
Washington	Washington	1930	100,000
Washington	Washington	1931	100,000
Washington	Washington	1932	100,000
Washington	Washington	1933	100,000
Washington	Washington	1934	100,000
Washington	Washington	1935	100,000
Washington	Washington	1936	100,000
Washington	Washington	1937	100,000
Washington	Washington	1938	100,000
Washington	Washington	1939	100,000
Washington	Washington	1940	100,000
Washington	Washington	1941	100,000
Washington	Washington	1942	100,000
Washington	Washington	1943	100,000
Washington	Washington	1944	100,000
Washington	Washington	1945	100,000
Washington	Washington	1946	100,000
Washington	Washington	1947	100,000
Washington	Washington	1948	100,000
Washington	Washington	1949	100,000
Washington	Washington	1950	100,000

During the year commencing with the 1st of July, 1951, the following items were purchased for the various Public Sanitary Conventions:

In addition, modernization of the Public Sanitary Conventions was completed during the year.





*Brighouse:*  
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