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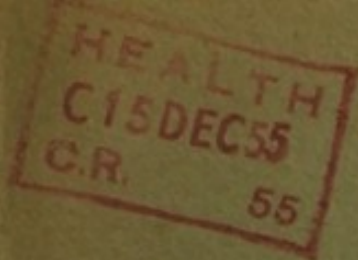
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Borough of



Brighouse



Annual Report

of the

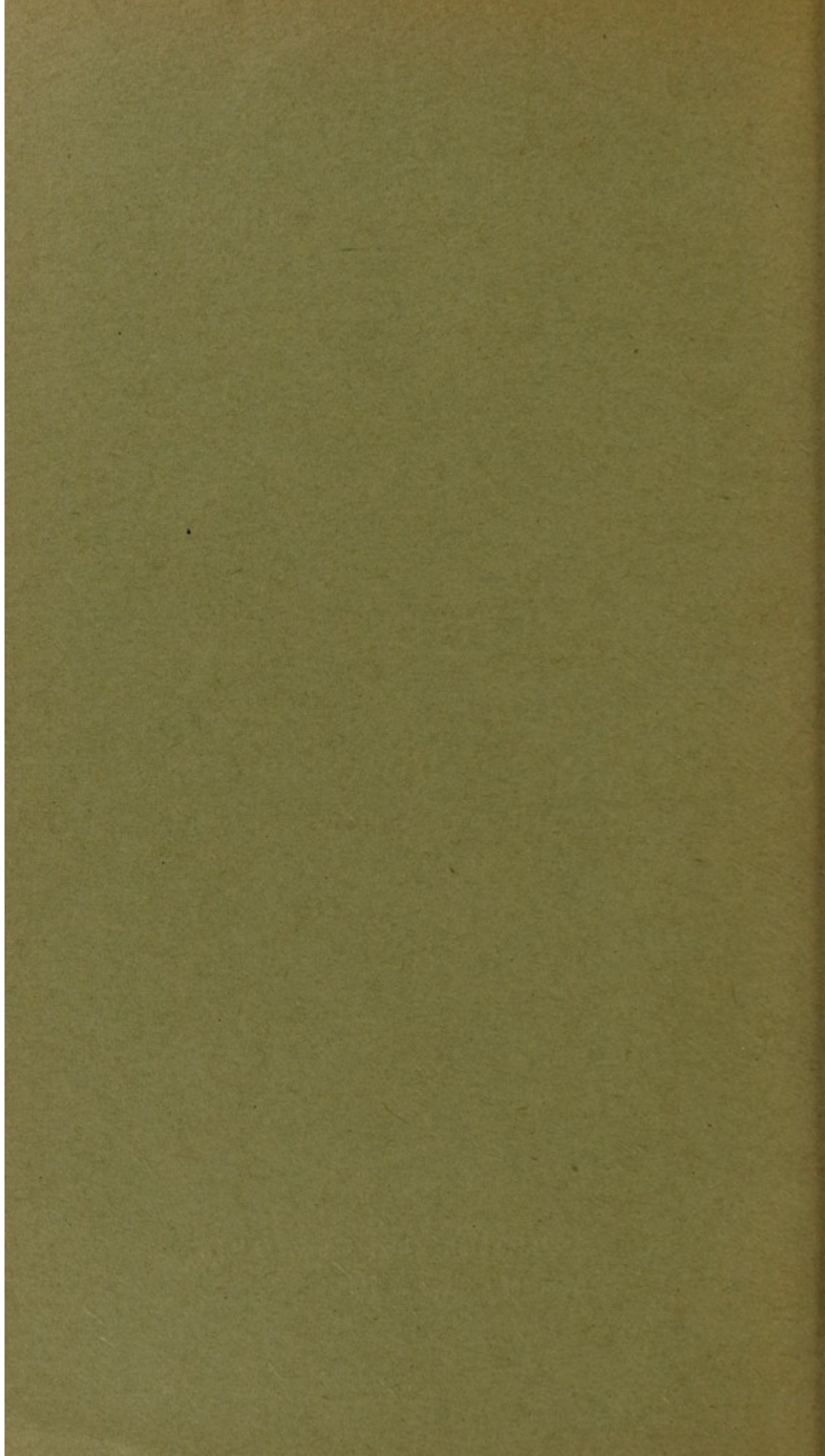
Public Health Services

of the Borough of Brighouse

1954

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

Medical Officer of Health



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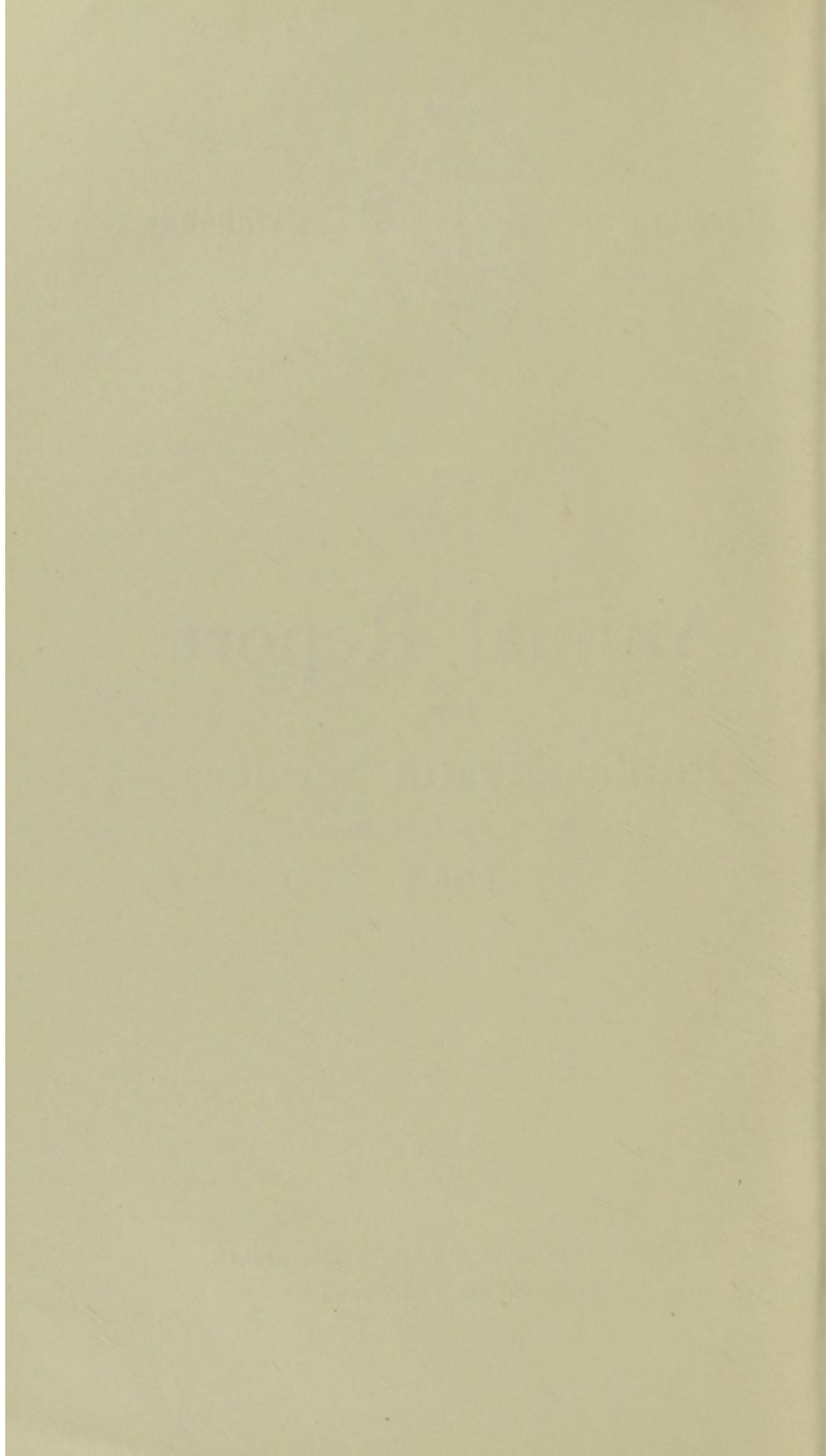
Public Health Services

of the Borough of Brighouse

1954

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

Medical Officer of Health



Borough of Brighouse

Health and Cleansing Committee

(As at December 31st, 1954)

His Worship the Mayor :
Alderman E. R. HINCHLIFFE

Chairman :
Councillor L. KAYE, B.Sc.

Vice-Chairman :
Alderman G. A. STILLINGFLEET

Ald. (Mrs.) E. TATTERSALL	Coun. E. GREEN
„ W. WHITELEY, C.B.E.	„ J. A. HALLOWELL, J.P.
Coun. L. BINNS	„ F. HARRISON
„ L. CATTON	„ L. HULME
„ G. L. ENRIGHT	

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

His Worship the Mayor : Alderman E. R. HINCHLIFFE

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

Alderman G. A. STILLINGFLEET (Vice-Chairman)

Ald. (Mrs.) E. TATTERSALL	Miss M. BOTTOMLEY
„ W. WHITELEY, C.B.E.	Mrs. S. BROOK
Coun. G. L. ENRIGHT	„ J. DUCKWORTH
The Mayoress :	„ M. PICKARD
Mrs. E. R. HINCHLIFFE	„ G. TURNER

Health Department

PUBLIC HEALTH OFFICERS

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer, Division 18, West Riding County Council.

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 :

Mrs. M. S. GISBOURNE, M.B., Ch.B.

Orthopædic Surgeon :

**J. HUNTER ANNAN, F.R.C.S.

Ophthalmic Surgeons :

**S. ROBERTSON, M.B., Ch.B., D.O.M.S.

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

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 Inspector :

D. BROOK, 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.
Testamur Institute of Public Cleansing.
Cert. Smoke Inspector.

Assistant Sanitary Inspector :

E. A. HOLDSWORTH.

Acting Senior Health Visitor :

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

Health Visitors :

Miss E. V. CROSSLEY, S.R.N., S.C.M., R.F.N.
Health Visitor's Certificate.
Miss M. TYLER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.
Miss E. WALKER, S.R.N., S.C.M.
Health Visitor's Certificate.
Queen's Nurse.

School Nurse :

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

Assistant Health Visitors :

*Mrs. M. ARMITAGE, S.R.N.
Mrs. N. FOSSARD, S.R.N., S.C.M., R.F.N.
*Mrs. I. HEPWORTH, S.R.N., S.C.M., R.F.N.

Midwives :

Mrs. B. EVANS, S.R.N., S.C.M.
Miss W. LISTER, S.R.N., S.C.M.
Miss M. E. THOMPSON, S.R.N., S.C.M.

Home Nurses :

Mrs. B. HOPSON, S.R.N., R.F.N.
Queen's Nurse.
Mrs. A. M. RUSHWORTH, S.R.N.
Queen's Nurse (Commenced April, 1954).
Mrs. F. SYKES, S.R.N., S.C.M.
Queen's Nurse.
Miss A. TOLLAND, S.R.N., S.C.M. (Terminated March, 1954).

Mental Health Social Worker :

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

Tuberculosis Health Visitor :

Mrs. M. F. DUCKENFIELD, S.R.N., S.C.M., T.A.

Staff at Day Nurseries :

Miss M. CARROLL, Certificated Teacher.

Wellholme Park :

Miss M. E. SHEFFIELD, 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.

Holme House :

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

Mrs. R. M. PALMER, N.S.C.N., Deputy Matron.

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

Senior Clerk :

G. O. RICHARDSON.

Clerks :

Mrs. R. E. G. DAY (Terminated October, 1954).

Miss J. HARTLEY (Commenced August, 1954).

Miss I. HOLMES.

Mrs. G. HURLEY.

Mrs. E. JOHNSON (Commenced July, 1954).

J. R. C. WELLS.

Miss C. WOOD.

Miss J. YOUNG (Commenced August, 1954).

Cleansing and Sanitary Section :

Miss C. M. AINSWORTH.

Mrs. M. STEAD.

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 my Annual Report for 1954 on the health of this town.

In order to have a comprehensive picture of the health services of the town I have again included details of my work in the Brighouse Borough as Divisional Medical Officer of the West Riding County Council.

In last year's Report I was able to compare the progress that had been made during the 60 years that the Borough of Brighouse had been established, and an opportunity was taken of including some of the facts, figures and remarks contained in the Medical Officer of Health's Report of 1893. We cannot help wondering what changes will take place in the years that lie ahead. More people are now attaining old age, less children are being born, and the proportion of older people is increasing and will increase, although we have not yet seen a dramatic extension of life among the old and there are still very few centenarians. For good health a sufficiency of good clean water, food and air, a satisfactory home, adequate clothing, and an adequacy of leisure properly employed are the simple requirements. Have we attained these yet?

We now have clean water, and a satisfactory water supply is taken for granted. Clean food has not yet been attained, and it is very difficult to see how it will be wholly attained while we still have the human element. It must be our endeavour to try to instil the simple technique of food hygiene into all food handlers, and although in this area we have a comparatively high standard there is still room for improvement.

We have lagged still further behind in clean air, and a study of the figures and the charts contained in this Report indicate the amount of atmospheric pollution taking place. Following the spectacular "smog," with its admittedly disastrous results, a Committee of Enquiry was set up under the chairmanship of Sir Hugh Beaver, and its report was issued at the end of 1954. A number of recommendations were made, and it is anticipated that legislation will be introduced shortly to reduce the amount of atmospheric pollution. It must be admitted that some progress has been made in clean food since 1893, but at the same time there is no doubt that the atmospheric pollution is very much higher now than it was then. We hope that under this legislation it will be possible to introduce smokeless zones, and we in this Department would welcome the provision of appliances in new Council houses for the burning of smokeless fuel.

Altogether, we can hope for a big improvement in this serious problem of atmospheric pollution. There is ample scope for such an improvement.

Over one tenth of the houses in this area are now owned by the Corporation, and one has only to go round the housing estates to realise how many happy homes have thus been provided. The serious overcrowding problems which were met with immediately after the war do not exist today in anything like the same number, and the relief of overcrowding carried out by the Housing Committee has been a real service and must rank in the forefront of the Council's attempts to improve the health of the people, but there remain a large number of houses which are unfit to live in and have been unfit to live in for a very long time. We now must work on their elimination. The overcrowding of houses has been so serious that it has been felt for some time that any house at all was better than none. This day has now gone, and the Council have agreed to embark on a slum clearance scheme and to remove some of the unfit houses for ever from this town. This will not be a rapid process. It would be unfair and undesirable to use every Council house available purely for this purpose. Cases will continue to come forward that need re-housing on the grounds of Tuberculosis or overcrowding or other reasons, and for this reason we have only been able to prepare plans for tackling the worst of the problem, and to do this will take 20 years unless there is a dramatic change in the re-housing of families by private building. Although the survey for this purpose was not completed by the end of 1954, some details of the scheme have been included in this Report.

The work of the evening schools, youth clubs and sports associations in the provision of facilities for the leisure of the young people has been emulated in the past few years by the provision of clubs for the old. It is my opinion that there is scope for enlarging the opportunities for the older men who have retired from full time employment to have part time work. We have heard much about the age of retirement being made later, but those of us who live and work in an industrial area know that this age is quite old enough for full time work and we should not wish to see any compulsory raising of the age. At the same time, the dramatic change from full time employment to no employment at all is often not beneficial to old people, and particularly men, who have no household duties. Some of our industrialists are helping in the part time employment of older people, and I think that in doing so they are performing a real social service.

The birth rate still continues low, and at 13.6 it has remained fairly consistent for the last three years. The death rate, at 12.2, is the lowest recorded since the boundaries of the Borough of Brighouse were enlarged. The natural increase of population was only 40. The infantile death rate was 26.6. Although one death makes a considerable difference as we are dealing with small figures and consequently it should not be given undue importance, it is gratifying

to note that during the past six years the figure has been consistently under 30.

In April a change was made in the hours that the Nurseries were open. This change of policy is discussed at length in the Report. There is much to be said against the transportation of young children to and from home at the beginning and at the end of the day, especially during the winter months. It had been expected that the changes might cause real hardship and that there may develop physical differences where the parents worked longer hours than the Nursery hours, but this was not borne out in practice. The demand for Nursery accommodation by mothers who are the principal support of the family was necessarily reduced with the shorter hours available, as the time was insufficient for them to obtain a proper livelihood. At the end of November it was possible to close down one of the Day Nurseries and accommodate the children in the other two. The building, situated as it is, near to the new Council estate at Field Lane, could be put to very good use as a clinic for the Rastrick area. We already cater for the outlying areas by clinics at Southowram and Hipperholme, but with the housing development it is considered that there is a good case for the establishment of a clinic at Rastrick. Although not far from the centre of the town, and although a bus service has been provided for the new Council estate, the approach to Rastrick is so steep as to constitute difficulties for mothers bringing young babies to the central clinic, and it is hoped that the County Council will be able to adapt the Ogden Lane Day Nursery as a clinic for the Rastrick area.

Increasing attention is being paid to the mental health of the community and we have tried to extend our work of prevention increasingly to the mental health field. Many of the cases that attend the Child Welfare Centres benefit very much from advice on the best way to bring up their children to prevent later behaviour problems. There seem to be more of these problems in the smaller families we have today, and it is possible that the increasing emphasis on hospital for normal deliveries does not help. Frequently we find difficulties with an older child after the birth of a second one. Not only at the child guidance clinics, but also in the schools, at the child welfare centres and in the homes, Medical Officers and Health Visitors are able to give advice which may be helpful in the prevention of mental ill health. I am informed that many of the patients who attend the Doctors' surgeries similarly are suffering from mental ill health rather than physical ill health. The Mental Health Social Worker, the child guidance clinic and the Psychiatrist continue to treat established cases, but it is in the domiciliary services that the greatest hope seems to lie for prevention.

The work with educationally sub-normal children has been helped very much by the increased number of places made available in the schools established by the County Council, and our Group Training Class for the ineducable children is both appreciated by the parents and is invaluable to the children. With the foreshadowed

closing of Holme House Day Nursery a suitable building will exist for the establishment of an Occupation Centre, and it is hoped that we shall be able to have the necessary work carried out and that the Centre will be established within a foreseeable time. There is a need for it.

The work of the Home Helps among old people continues to be an important part of the work of this Department. In keeping the old people at home, the Home Help Service is not only saving a great deal of money for the Regional Hospital Board but is adding to their happiness and comfort.

It has never yet been necessary in this district to employ Section 47 of the National Assistance Act for the removal of old people to hospital. With the co-operation of the General Practitioners, in whom they have great confidence, it has always been possible to persuade them to go away willingly when the necessity has arisen.

Once again we are able to report that there has been no major outbreak of Food Poisoning in this Borough, and the infectious diseases have generally shown a lower incidence. There appears to be some fall in the demand for Diphtheria Immunisation. It is hoped that the success of this procedure will not lead to false confidence.

In the middle of the year, the local slaughterhouse, which is in the ownership of the Co-operative Society, ceased to be a Regional Slaughterhouse, and since that date it has only been used by the Co-operative Wholesale Society. This has not resulted in any decrease in the work of the Sanitary Inspectors at the slaughterhouse, but it has meant that the meat consumed in this district is no longer all inspected here. In view of the slaughtering facilities existing in neighbouring districts it was not considered that there was a case for the establishment of a public abattoir.

In conclusion I should like to thank you, Mr. Mayor, Mr. Chairman, Madam and Gentlemen, for the keen interest you take in our work. The Town Clerk and the other Chief Officials have continued to give us willing help on many occasions. The interest taken in our work is stimulating and has helped to sustain the efforts of an extremely loyal and hardworking staff, of whose efforts this report can only give a bare outline.

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

Your obedient servant,

FRANK APPLETON.

Medical Officer of Health.

November, 1955.

Annual Report of the Medical Officer of Health for the Year 1954

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

AREA (in Acres)	7,875
POPULATION : Census 1951, 30,587. 1954 (est.)	30,400
AVERAGE NUMBER OF PERSONS PER ACRE	3.86
NUMBER OF INHABITED HOUSES	11,218
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.44
AVERAGE NUMBER OF PERSONS PER HOUSE	2.71
RATEABLE VALUE	£175,888
PRODUCT OF A PENNY RATE	£698

All industries maintained practically full time working throughout 1954. The number of unemployed persons in Brighthouse at the end of the year was 43, made up of 15 men and 11 women wholly unemployed and 7 men and 10 women temporarily suspended.

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	208	191	399
Illegitimate	6	8	14
Total	214	199	413

Live Birth Rate : 13.6 per 1,000 of estimated resident population.

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

Still Birth Rate per 1,000 total (live and still) births : 19.0.

Deaths—	M.	F.	Totals
	194	176	370

Crude Death Rate : 12.2 per 1,000 of estimated resident population.

Adjusted Death Rate : 11.2 " " " "

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

Death Rate of Infants under one year of age—	
All Infants per 1,000 live births	26.6
Legitimate Infants per 1,000 legitimate live births	27.6
Illegitimate Infants per 1,000 illegitimate live births	—

Deaths from Diseases of the Heart and Circulation (all ages)	156
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Deaths from Cancer (all ages)	54
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Deaths from Measles (all ages)	—
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Deaths from Whooping Cough (all ages)	—
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TABLE 1
BIRTH AND MORTALITY RATES FOR 1954 FOR THE
WEST RIDING ADMINISTRATIVE COUNTY
AND ENGLAND AND WALES

			Aggregate of U.D.'s	Aggregate of R.D.'s	Adminis- trative County	England and Wales	Brighouse
Crude Birth	...	...	14.7	16.3	15.1	15.2	13.6
Adjusted Birth	...	...	14.8	16.4	15.3	—	14.4
Crude Death	...	...	12.7	9.9	11.9	11.3	12.2
Adjusted Death	...	...	12.8	11.4	12.5	—	11.2
Tuberculosis—							
Respiratory	...	...	0.18	0.12	0.16	0.16	0.07
Other	...	...	0.01	0.02	0.02	0.02	0.00
All Forms	...	...	0.19	0.14	0.18	0.18	0.07
Cancer	...	...	2.12	1.70	2.01	2.04	1.81
Vascular Lesions of the Nervous System	...	...	2.03	1.33	1.84	*	1.55
Heart and Circulatory Diseases	...	...	4.88	3.64	4.54	*	5.13
Respiratory Diseases	...	...	1.27	1.08	1.22	*	1.45
Maternal Mortality	...	...	0.80	1.10	0.89	0.69	0.00
Infant Mortality	...	...	28.3	27.2	28.0	25.5	26.6
Neo-Natal Mortality	...	...	18.6	17.4	18.3	17.7	21.8
Stillbirth	...	...	26.6	24.2	25.9	23.4	19.0

* Figures not available.

The Infant and Neo-Natal Mortality Rates are per 1,000 live births.

The Maternal Mortality and Stillbirth Rates are per 1,000 live and stillbirths.

The remaining rates are per 1,000 estimated home population.

TABLE 2

CAUSES OF DEATH OF BRIGHOUSE RESIDENTS IN 1954

Causes of Death					M.	1954 All Ages F.	Total
1.	Tuberculosis—respiratory	...	...	...	2	—	2
2.	Tuberculosis—other	...	...	...	—	—	—
3.	Syphilitic disease	...	...	...	—	—	—
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal infections	...	...	...	—	—	—
7.	Acute poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	1	—	1
10.	Malignant neoplasm stomach	...	...	...	9	3	12
11.	Malignant neoplasm lung, bronchus	...	...	...	14	—	14
12.	Malignant neoplasm breast	...	...	...	—	3	3
13.	Malignant neoplasm uterus	...	...	...	—	2	2
14.	Other malignant and lymphatic neoplasms	...	...	...	15	8	23
15.	Leukæmia, aleukæmia	...	...	...	—	1	1
16.	Diabetes	...	...	...	2	3	5
17.	Vascular lesions of nervous system	...	...	...	17	30	47
18.	Coronary disease, angina	...	...	...	36	21	57
19.	Hypertension with heart disease	...	...	...	1	6	7
20.	Other heart disease	...	...	...	22	35	57
21.	Other circulatory disease	...	...	...	13	22	35
22.	Influenza	...	...	...	—	1	1
23.	Pneumonia	...	...	...	2	5	7
24.	Bronchitis	...	...	...	20	10	30
25.	Other diseases of respiratory system	...	...	...	5	1	6
26.	Ulcer of stomach and duodenum	...	...	...	2	2	4
27.	Gastritis, enteritis and diarrhœa	...	...	...	3	2	5
28.	Nephritis and nephrosis	...	...	...	1	1	2
29.	Hyperplasia of prostate	...	...	...	4	—	4
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	2	1	3
32.	Other defined and ill-defined diseases	...	...	...	11	11	22
33.	Motor vehicle accidents	...	...	...	4	3	7
34.	All other accidents	...	...	...	3	3	6
35.	Suicide	...	...	...	5	2	7
36.	Homicide and operations of war	...	...	...	—	—	—
Totals					194	176	370

VITAL STATISTICS

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,400 compared with the mid-year estimate of 30,370 for 1953. He considers, therefore, that our population has increased by 30. There were 413 births and 370 deaths, so that there was a natural increase of population of 43.

Birth Rate.

The birth rate for the year is 13.6 per 1,000 of the population. To compare the birth rate with any degree of accuracy with that of the country as a whole, it is necessary to adjust the crude birth 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 1.06, which means that with our present sex and age range the crude birth rate has to be adjusted upwards to bring it into line with the country as a whole, and our corrected birth rate is 14.4. This is 0.8 below the rate for England and Wales and 0.9 below the rate for the West Riding Administrative County.

There were 14 illegitimate births, representing 3.4 per cent of the total live births, and an illegitimate birth rate of 0.4 per 1,000 of the estimated population.

During the year there were eight stillbirths, none of which were illegitimate. This gives a stillbirth rate of 19.0 per 1,000 (live and still) births, as compared with 25.9 for the West Riding of Yorkshire, and 14.5 for this town last year.

Death Rate.

The death rate for the Borough is 12.2 per 1,000 of the population. Similarly with the birth rate, in order to standardise our death rate with that of the country as a whole we have to multiply it by a comparability factor of 0.92, and our adjusted death rate is 11.2, which is slightly below that for England and Wales (11.3) and well below that for the Administrative County (12.5).

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

1. Diseases of the Heart and Circulation — 156 (compared with 146 in 1953).
2. Cancer — 54 (compared with 59 in 1953).
3. Vasc. Lesions of Nervous System — 47 (compared with 65 in 1953).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases 44 (compared with 52 in 1953).

Infant Deaths.

Eleven children under one year of age died during the year. None of these children were illegitimate. This is one more death than last year, when ten children died. With small figures this has meant that our rate has risen from 24.5 to 26.6. This can be compared with this year's rate for the West Riding Administrative County, which is 28.0, and the rate for the country as a whole (25.5). This is the highest figure since 1949, since when our rate has never been higher than 25.

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

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

It will be noted from Table 3 that one child died from Gastro Enteritis. The house in which this child lived was not satisfactory in all respects but the child was well cared for and no cause could be found for the illness. Four of the six children who died between one day and seven days weighed under 5½ lbs. at birth and so can be classed as premature.

TABLE 3
CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE
BOROUGH, 1954

Cause of Death	1 day and under					3 months				Total
	1 day	1-7 days	7-14 days	14-21 days	21-28 days	1-3 months	3-6 months	6-9 months	9-12 months	
Prematurity	—	2	—	—	—	—	—	—	—	2
Congenital Malformations	1	3	—	—	—	—	—	—	—	4
Gastro Enteritis	—	—	—	—	—	—	—	—	1	1
Broncho Pneumonia	1	—	—	—	—	—	1	—	—	2
Cerebral Haemorrhage	1	1	—	—	—	—	—	—	—	2
Totals ...	3	6	—	—	—	—	1	—	1	11

Premature Births.

There were 24 children born prematurely during the year. Two of these were born at home, one of whom survived. Nineteen of the 22 children born in hospital survived.

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	1-7 days	1 month
4 4	1	1	—	—
5 —	1	1	1	1
Totals ...	2	2	1	1

Institutional Confinements

Birth Weight lbs. ozs.	No. of Infants	No. of Infants who survived		
		24 hours	1-7 days	1 month
5 7	3	3	2	2
5 6	1	1	1	1
5 3	1	1	1	1
5 —	3	3	3	3
4 14	3	3	3	3
4 12	2	2	2	2
4 10	1	1	1	1
4 6	1	1	1	1
4 4	1	1	1	1
3 8	1	1	1	1
3 6	1	1	1	1
3 4	1	1	1	1
2 13	1	1	1	1
2 —	1	1	—	—
1 10	1	1	—	—
Totals ...	22	22	19	19

Maternal Deaths.

There were no maternal deaths in this Borough during 1954.

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. This table applies, of course, to the whole Division. It has not been possible to split the Divisional figures to give the figures for Brighouse alone.

A satisfactory feature of the return is that although the number of patients carried is greater than last year, the number of journeys made and the distances travelled are less.

TABLE 5

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE — BRIGHOUSE DEPOT
Statistical Return for the period January to December, 1954

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients													
(a) Admissions	164	167	159	152	158	137	148	154	165	141	157	182	1884 (1914)
(b) Discharges	66	62	67	62	63	60	65	55	62	63	40	76	741 (669)
(c) Transfers	20	15	15	16	9	13	13	11	17	9	8	17	163 (243)
(d) Out-Patients	953	852	977	990	959	983	1017	1055	990	890	860	818	11344 (10456)
(e) Accident Patients	32	45	37	31	38	41	16	48	38	39	60	41	466 (404)
Total No. of Patients	1235	1141	1255	1251	1227	1234	1259	1323	1272	1142	1125	1134	14598 (13686)
2. Analysis of Patients													
Males	471	480	539	507	487	535	498	583	524	490	519	432	6065 (5662)
Females	764	661	716	744	740	699	761	740	748	652	606	702	8533 (8024)
Stretcher Cases	271	226	211	201	200	197	221	219	216	187	221	262	2632 (2615)
Sitting Cases	964	915	1044	1050	1027	1037	1038	1104	1056	955	904	872	11966 (11071)
Children	76	93	84	60	75	52	69	77	83	51	35	62	817 (904)
3. Further Analysis of Total Patients in Part 1 above less (d) and (e)													
Urgent	70	70	76	57	84	63	71	80	83	74	73	91	892 (889)
Maternity	26	20	32	24	25	19	17	37	29	20	30	27	306 (342)
Infectious	4	3	9	56	60	20	6	6	9	3	6	4	186 (65)
Mental	3	2	4	3	2	2	3	4	1	13	6	3	36 (17)
General Patients	147	149	120	90	59	106	129	93	122	113	90	150	1368 (1513)
4.													
Journeys	316	283	328	296	317	297	329	332	349	314	339	336	3836 (3958)
Miles	8447	7435	8948	8064	8213	8026	8303	8439	8812	7613	8199	8749	99248 (99472)

Nursing in the Home.

Miss A. Tolland retired from the District Nursing Service at the end of March, 1954, due to ill health. She had worked in the Clifton and Hartshead area for many years prior to 1948 and we hope that she will make a full recovery and enjoy her well-earned retirement. Mrs. A. M. Rushworth was appointed as District Nurse in April, 1954.

Altogether, 8,730 individual visits were made to patients and 486 new cases were treated during the year. In all areas there was an increase in the number of visits made.

Home Helps.

Once again we had a period of full employment in the textile industry, and there were many opportunities for the employment of women. This resulted in our not being able to obtain sufficient numbers of Home Helps for all cases to be attended, and cases had to be very carefully considered in order to assess the relative need. This also meant that at times Home Helps had to be taken away from a case to attend one that was particularly urgent. For long term cases, and particularly old people, it is often better for them to continue with the same Home Help over a period, and this has not been possible because of the shortage of Home Helps and their necessary mobility.

If every case that required a Home Help had been fully supplied, our establishment would not have been sufficient, and if more women come forward it may be necessary to ask for an increase in establishment. There is a continual tendency for the demand for Home Helps to increase.

At the beginning of the year, 96 domestic cases and two maternity cases were being attended, 92 of the domestic cases being for old people. During 1954, there were 79 new domestic cases, 61 of these being for old people. Forty-one new maternity cases were attended, 19 having to continue the services of the Home Help well into the post-natal period, and six requiring help ante-natally. At the end of the year, one maternity case and 106 domestic cases were being attended. One hundred and two of these were for old people. At the end of December, 1954, we had 33 Home Helps working part time in Brighouse, and the total number of hours worked in Brighouse during 1954 was 29,400. This figure compares with a figure of 28,000 hours for 1953.

The Home Help Service had now become well established and well known. It has become acknowledged as a duty of the Public Health Department to care particularly for the weaker members of the community, our attention being given especially to young children, old people and difficult families, and in no other way is this illustrated more than in our Home Help Service, where, at a time of domestic difficulty, we are able to provide much needed help. There is an increasing tendency for our cases to become long term ones, as

more and more we are aiding old people. One of the results of the re-housing of young families in Council houses is that the old people are living further away from the younger and more active members of the family, and as the housing shortage and overcrowding is reduced, so we have more and more separate families created.

We have been asked occasionally for the provision of night sitters, where a husband is on night work and young children will be left alone, or where old people have no relatives to sit with them, and when no hospital bed is readily available. On the whole, this difficulty does not often arise in this area. Usually, the men are able to change over to day work during the period of their wife's illness, and friendly neighbours are able to carry on for the necessary period during the old person's incapacity before hospital admission can be arranged. We have also received good co-operation in this respect from the hospitals, and not more than one or two enquiries are received for the provision of a night sitter during the course of a year.

Some of the old people tend to regard the Home Helps as day sitters, and are more anxious that they should be companions than that they should perform household tasks. It is rare that we receive any complaints about Home Helps from anyone who is not charged for them, and sometimes it is the Home Helps themselves who point out that the person they are helping wants them as a companion rather than as a worker. It is surprising how many old people who are hardly able to get around, struggle to do their own work even when a Home Help has been provided.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended.

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., fortnightly.
do.	Wesleyan School, Hipperholme ...	Fridays, 2-4 p.m., fortnightly.
do.	St. Annes-in-the-Grove, Southowram	Thursdays, 2-3 p.m.
Artificial Sunlight Clinic	Brook House, Atlas Mill Road ...	Monday and Thursdays, 10 a.m.
do.	Wesleyan School, Hipperholme ...	Mondays, 10.30 a.m. Fridays, 9.30 a.m.
do.	St. Annes-in-the-Grove, Southowram	Mondays, 2 p.m. Thursdays, 10 a.m.
*Diphtheria and Whooping Cough	Huddersfield Road ...	By appointment.
Immunisation Clinic	Huddersfield Road ...	By appointment.
Vaccination Clinic	Wesleyan School, Hipperholme ...	By appointment.
do.	St. Annes-in-the-Grove, Southowram	By appointment.
do.	Brook House, Atlas Mill Road ...	Every weekday at 9 a.m.
Minor Ailments Clinic	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, 10 a.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. & Thurs., 9.15 a.m. - 12 noon.
Venereal Diseases Clinic	Royal Halifax Infirmary ...	Males: Thurs., 2.30 - 7 p.m. Females: Tues., 2.30 - 7 p.m.
do.	York Place, New North Road, Huddersfield ...	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 & Orthopaedic	Brook House, Atlas Mill Road ...	By appointment.
Orthoptic Clinic	Brook House, Atlas Mill Road ...	Bi-weekly (by appointment).

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

MATERNITY AND CHILD WELFARE

Health Visitors.

The work of the Health Visitors has been commented on fully in previous Reports. This work is the corner stone of the Public Health Service and the Health Visitor deals with every aspect of public health. Her principal work is that of health education, and with the family Doctor she is able to teach elementary principles in the patient's own home. She follows up the young baby from his ante-natal days, through his school life, and at the other end of the scale she helps and advises people at the end of their lives.

Her work with the young mother is now supplemented by a large amount of reading matter which is available in various women's journals and even daily newspapers. Much of this is excellent, but there is so much of it that it tends to become confusing by the very multiplicity of advice. Hospitals and the medical and nursing professions are sometimes criticised because they do not tell the patient enough, and it is not always realised quite how much basic knowledge is needed for a full assessment of a case to be made. The Health Visitor always tries to give the mother as much information as she reasonably can about anything on which she is asked, and now she finds a great deal of her time is spent in allaying fears aroused by too much reading. Too much information, some of it apparently conflicting, coming for all sorts of angles can be extremely confusing without a basic training on which to found it. This particularly applies to a mother with her first baby.

For some time, stress has been laid on selective visiting, and there is no doubt that certain families require more of the Health Visitor's time than others. A good, careful mother will probably bring up her family satisfactorily without very much advice, although she may have many anxious moments in doing so, whereas a shiftless, neglectful, haphazard mother requires constant reminders and continual help. We have been careful, however, not to forego routine visits to the young baby and his mother in favour of devoting all our time to visiting difficult families. On some visits there is very little the Health Visitor needs to tell the mother, but the presence of a sensible, well trained woman who has a wide experience in the care of children, provides a solid prop on which to lean, and the help she gives in these cases is incalculable. It is surprising how much the mother who appears to need no advice appreciates and relies on the help the Health Visitor gives her.

Many of the mothers who care for the children well, attend the clinics regularly so that the baby can be weighed and the mother obtain medical advice, and at the clinics a great deal of group teaching is done. This training is, of course, economical of the Health Visitor's time and enables her to spend longer with difficult cases, but the best of clinics can be no substitute for the individual,

personal training the Health Visitor can give in the home in the environment in which the mother has to work with her baby.

In addition, the Health Visitor gives a great deal of help with personal problems, and she is regularly in touch with the National Assistance Board, the representative of the Soldiers', Sailors' and Airmen's Families Association, the Education Welfare Officer, and even the Probation Officer and the N.S.P.C.C. occasionally have to be consulted. The Health Visitors are, of course, in happy association with the Children's Department and cases of difficulty are frequently discussed on the spot with the Child Care Officers. The Health Visitor, too, makes reports on home circumstances where she considers that re-housing is an urgent problem.

We have a special Health Visitor for the work in connection with Tuberculosis and one for the Mental Health Service. Their work is discussed in the appropriate sections of the Report.

It will be seen that this highly trained and versatile member of the public health team has ample scope for her skilled knowledge

With a full health visiting staff the work has been carried out in a most satisfactory manner, and once again an increase in the number of visits made has resulted. Altogether, almost 10,000 visits were made in the Brighouse Borough area.

TABLE 7
Visits paid by Health Visitors in 1954

First visits to children under 1 year	415
Subsequent visits to children under 1 year	2,474
Visits to children 1 to 5 years	4,216
Visits to expectant mothers	105
Miscellaneous	2,780
Total ...	9,990

Problem Families.

One part of the Health Visitor's work which is particularly unrewarding is that of dealing with the so called Problem Family. There are not many well established Problem Families in Brighouse but there are several which are on the fringe and might be designated as potential or incipient problem families. It is with these families that the Health Visitors can hope to make some impression.

The amount of help given to these families is, of course, quite out of proportion with their number, but not, I think, out of proportion with their importance. Many of them are large families and all of them provide that negative education of children which is best calculated to produce problem families of the next generation.

In addition to spending a great deal of time with the mothers, the Health Visitors spend considerable time with the children, and especially the female children. These girls are at a great disadvantage. They are brought up in an atmosphere of muddle, dirt, debt, delay and general dishevelment. From their earliest days they are trained in procrastination. A job which needs doing can quite well be done the next day. Their feeding is inadequate and in consequence they often suffer from minor ill health and never attain the positive health of a healthy child. From a very early age they regard anyone in an official capacity as part of the "authorities" who are to be avoided whenever possible, and evaded when they cannot be avoided. They often do not even have the opportunity of entering a good home and observing how a well run home should be managed. Cookery and domestic science as taught in the schools seem to make very little impression, as of course, they see in their own homes neither the materials used in the preparation of such food, nor the vehicles employed. Such items as flour and cooking fat, apart from frying fat, form no part of the household necessities, and they rarely have a day's supply of food. The storage capacity is often limited, but even when there are adequate larders they tend to be used for other things.

Worn out clothes and discarded toys are not thrown away, not because they are wanted for some remote contingency, but because the initiative for disposal is lacking. Most of them have no sheets on the beds and are brought up to lie between soiled blankets. Chamber pots are not emptied until they have overflowed, and meals are never planned beforehand. Even the Sunday dinner, which is still a big event in many households, is not thought out beforehand, and on weekdays a meal of fish and chips from the shop is the biggest individual contribution. It is unfortunate that all children cannot have school dinners and that a means test exists for members of these problem families. The income of many of the families is too high to allow free meals, but they cannot manage, certainly at the end of the week, to provide the necessary money to pay for the school dinner.

Largely ostracized at the instruction of good parents by other members of the child community, most of these girls would later on form problem families of their own, and it is very important that someone should take a regular interest in them and pursue a steady policy of positive education. There is no more important work undertaken by the Health Visitor. It is something of an achievement to be welcomed into these homes, especially when at every visit some suggestion in the nature of a reprimand is made. The Health Visitor has to combat her own discouragement at the lack of progress and has to remember that her work is not only with the present family but with the prevention of future problem families.

The children of these families are themselves potential parents, and indeed, they often start their parenthood at an earlier age than their fellows, and if we can only teach the female children

a reasonable standard of behaviour we shall be doing much to eliminate the problem family of the future.

It will be seen that I have stressed the female children, as in these families it is the females that are particularly important. Even with the help, advice and support of a good husband it is very difficult for a badly brought up girl to maintain a decent standard, and sometimes the husband has to do practically all the shopping in order to make certain that the money is spent profitably. Never do we feel so strongly that the mother is the centre and backbone of the home as we do in these cases.

During the year, we tried the experiment of sending a Home Help to try to give practical help and instruction, and the mothers were informed that the lady was coming to help them to organise the home. Perhaps the following description of an actual case might interest the Committee and give an idea of the problem with which we have to contend. The Home Help arrives at the house, and this is her description in her own words —

"When I arrived I said I would wash the children, but the mother said they had been washed. I could not tell that they had. I did not see any food in the house except some butter in a cupboard wrapped in dirty paper. Fortunately, the children had their dinners at school. Yesterday I had made arrangements to do the weekly wash along with the mother. She told me today that she had decided not to wash as she had to go out to pay some debts. She went out and I started to wash the floor and the table. I had taken some soap with me, and this was lucky as there was none in the house. I had to use four changes of water to get the table top clean. The floor was partly bare and partly covered with bits of linoleum. When the woman came back she just stood and watched me scrubbing the floor, and talked about her illnesses, which she said prevented her working. I asked her if she would do the family washing in the afternoon and she put the boiler on so that the water would be hot. When I got back to the house after lunch, however, she said she was not going to wash as she did not feel well enough today. There were dirty clothes all up and down the place.

When I went upstairs I found there were no bedclothes on the beds. The woman said she had taken them off to wash them, but no bedclothes were to be seen. She was wearing a dress which was supposed to be blue, but you could hardly tell whether it was blue or black. She had nothing underneath the dress and it was split at the side so that her bare skin was showing. While I was cleaning the living room I picked up at least eight half cigarettes from the floor.

The woman seemed to be grateful for what I had done but she did not notice that the room was cleaner and had to be shown where the improvements had been made."

I give particulars of this case as it perhaps conveys some of the difficulties which we encounter. Despite these, there has been a real improvement in Brighouse, where the case I have given forms

an extreme example. Some of the families have been persuaded to decorate their homes, to get proper floor coverings, to obtain kitchen cabinets, wash boilers, etc., and to undertake the family washing at reasonable intervals.

We now have only seven families in the Brighthouse Borough which can be designated as problem families, but there are many others on the fringe who require a great deal of attention.

We are now trying to deal mainly with the incipient problem family, and we intend to try to follow up the children of these families in their own homes after their marriage. Families which, while not problem families, were unsatisfactory, have shown real improvement on re-housing, and altogether, this difficult problem, while not solved, is showing signs of regression.

During 1954, one of our Health Visitors specialised in this work. She was able to provide from private sources, beds and bedding. In some instances she undertook saving for the family so that floor coverings and bedclothes could be provided, and she helped with decorations.

Although our work in this particular field often receives little reward and less encouragement, it must form an important part of the work of this Department, and the decrease in the number of new problem families coming forward shows that the progress, though slow, is considerable.

Ante-natal Clinics.

Table 8 gives particulars of the attendances at the ante-natal clinics. Only 121 confinements took place at home, but 137 new expectant mothers attended our ante-natal clinics.

There was again a slightly increased attendance at the ante-natal clinics, but it will be seen that the total attendances made only worked out at about four per patient. This is because many of the patients attend their own Doctor as well as the clinic. Some of the mothers, too, who attend our ante-natal clinics and are being delivered in hospital, also attend the hospital ante-natal clinic at certain prescribed times. This useful co-operation between our own clinics and the hospitals and Doctors is encouraged whenever possible. At our own clinics they not only see the Midwife who will attend them if they are to be delivered at home, but they meet the Health Visitor who will guide them in the care of their baby throughout his infancy and school life.

We have previously included a table showing a follow-up of all the babies born in this area and the ante-natal care they have received, in order to give an idea of the number not having had it, but during the last few years every mother in the area has had ante-natal care, and now it is only worthy of comment if a mother neglects to do so. For this reason the table has been omitted this year.

TABLE 8
Attendances at the Ante-natal Clinics

	1950	1951	1952	1953	1954
Number of sessions	150	127	119	104	102
Number of new expectant mothers ...	159	144	124	133	137
Total number of individual expectant mothers	211	191	176	163	173
Total number of attendances	1012	829	731	615	651
Average number of patients per session	6.75	6.53	5.41	5.91	6.38

Relaxation Clinics.

An additional clinic was opened at Hipperholme for the mothers attending the Hipperholme Ante-natal Clinic, and 101 mothers received instruction in relaxation during 1954, of which 95 were new cases during the year. Only one of the mothers who attended for relaxation exercises required instruments, and most of them were able to undertake breast feeding after the babies were born. For this reason alone the Relaxation Clinic is valuable, conducted as it is by a Midwife with considerable health visiting experience, who has made a special study of the exercises. She is able to give the mothers instruction in breast feeding methods early in pregnancy and to watch and guide them in the care of their breasts.

Over 800 attendances were made, so it will be seen that almost all the mothers who commenced at this clinic went through with the course of instruction. As some of the mothers come late in pregnancy, when it is impossible to get in more than five or six attendances, it will be seen that the attendance record is very good indeed.

Seventy-four of these 101 women afterwards attended for post-natal exercises, but they only made 84 attendances. After the baby is born it is difficult to persuade the mother to take the same interest in the restoration of her muscles to normal as in strengthening them for the birth of the baby. Many of the mothers, however, after preliminary instruction, undertook to carry out the exercises at home, and they were advised in their own homes by the Health Visitors.

Post-natal Attendances.

Our post-natal clinic is held at the same time as the ante-natal clinic, so that the mothers who are used to attending during pregnancy continue to do so and to see the same Medical Officer. Many women now, however, receive post-natal care from their own Doctor, and it is estimated that four-fifths of all women who had babies during 1954 had post-natal examinations, although only 33 attended at our post-natal clinics.

Domiciliary Midwifery.

Last year it was noted that for the first time for many years there had been a halt in the trend towards hospital confinement. Year by year we have seen the number of births taking place at home going steadily down and we were faced with the possibility of having to give the Midwives larger areas and reduce the number of Midwives, or to consider seriously the combination of midwifery and home nursing, but last year the number of domiciliary confinements was unchanged from 1952, and this year there was a small increase in the number of domiciliary confinements.

The Council will be aware that we in this Department consider that the proper place for a baby to be born, providing the confinement is normal, is in its own home. A change of environment at such an early age is withstood remarkably well, but often we hear of difficulties in feeding during the first few days after discharge from hospital. Perhaps the most important reason for mothers to have a baby, other than the first, at home, is the effect on the other children, who not only lose their mother for a fortnight, but when she returns find that her attention is focused elsewhere, and most of us can give examples of behaviour problems attributed to this period.

Some of the homes, of course, are not suitable, and there is a great deal to be said for first babies being born in hospital. Any cases in which there is any abnormality should and do go to hospital, but I hope that the trend towards hospitalisation of perfectly normal women for a physiological process will be reversed.

The work done by the Midwives is set out in Table 9 below.

TABLE 9
Work done by the Midwives during 1954

Labours conducted : (a) as midwives	121
(b) as maternity nurses	—
Ante-natal visits	947
Post-natal visits	2,204

Dental Scheme.

During the year, 48 expectant mothers were referred for treatment, and treatment was completed in 30 cases.

Breast Feeding.

With the excellent dried milks now available, the temptation to cease breast feeding the baby at an early age is a very great one. Breast milk can only be supplied by the mother, and often she feels the need of relief for a short period from this regular task, and an examination of the breast fed baby as compared with the bottle fed one would not readily give support to the idea that breast feeding is

as important as it used to be. There is no doubt, however, of the value of breast feeding, and psychologically both mother and child benefit from it. Occasionally, we have mothers who cannot feed their babies, but this is much rarer than appears to be believed by many of the mothers. Accustomed as they are to the consistency of cow's milk, they believe that their own milk is thin and weak, and much time is spent in persuading them to the contrary.

Breast feeding, in any case, is not the onerous job it once was, when babies were breast fed until they were nine months old. Supplementary feeding is now introduced at a very early age, and this helps to provide the mother with some welcome relief.

We now have about three-quarters of our mothers who are able and willing to feed their babies until they are four or five months of age, and a fifth of these, as will be seen from Table 10, are prepared, when their own milk is insufficient, to supplement it by the bottle, without resorting entirely to bottle feeding.

I give below a summary of the reasons for abandoning breast feeding. It will be seen that only 13 out of the 104 mothers who abandoned breast feeding were judged to abandon it because of lack of perserverance, but some of the cases listed under (c) where the milk has failed without known cause may also have lacked this essential quality to some extent.

Table 10 shows the percentage of babies breast fed, and Table 11 the causes given for the cessation of breast feeding.

Reasons for Abandoning Breast Feeding					No. of cases
A. Maternal.					
(a)	General health of mother (obstetric causes, mental shock)				24
(b)	Local condition (breast abscess, defective nipples)				9
(c)	Failure of milk without known cause				43
(d)	Work				5
B. Infant.					
	Prematurity, illness, unknown cause				8
C. Others.					
(a)	Adopted babies				2
(b)	Lack of perseverance				13

TABLE 10

Year.	Percentage breast fed + supplements at 4th 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.
1954	26.4	32.5	14.7	73.6
1953	28.4	33.8	14.9	77.1
1952	33.2	25.6	17.3	76.1
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

TABLE 11

Year	Maternal causes	Infant causes	Other causes
1954	77.9	7.7	14.4
1953	80.0	8.7	11.3
1952	82.8	4.3	12.9
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

INFANT WELFARE CENTRES

The work of the respective clinics is set out in Table 12 which follows.

TABLE 12
Attendances at the respective Infant Welfare Clinics in 1954

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions	101	49	52	202
Individual Children attending ...	546	172	174	892
Children attending for the first time	223	86	69	378
Medical Consultations	1392	705	596	2693
Average number of medical con- sultations per session ...	13.78	14.35	11.46	13.33
Attendances of children under 1 year	2578	830	460	3868
Attendances of children over 1 year	913	396	774	2083
Total attendances	3491	1226	1234	5951
Average attendances per session	34.56	25.0	23.73	29.45
Highest attendance at one ses- sion	71	45	46	

There has been a fall this year in the number of attendances of children over one year of age. This can be partially attributed to the larger family and partially attributed to the increased visiting done by the Health Visitors, when the problems of the pre-school child can be dealt with on the spot. As it is, there is a tendency for the toddlers not to attend the clinic when the toddling stage is reached, unless they are accompanying a baby. We have seriously considered the formation of a special toddlers clinic so that a routine medical inspection of toddlers can be made before they attend school.

Voluntary Helpers.

The work of the voluntary helpers at the clinic, quiet, unobtrusive, and most helpful, enables the Health Visitors and Assistant Health Visitors to concentrate on the more important work of helping and instructing the mothers in the care of their babies. At the Hipperholme Clinic we are particularly fortunate in the number of helpers available, and we have reason to be thankful for the large and active Voluntary Committee. Unfortunately, at Brighouse and Southowram there are vacancies for more voluntary help. As it is, the burden falls on too few people to give their time week by week for this important voluntary service. It should not be thought that

the National Health Service Act has reduced the scope for voluntary help in this particular branch of the work. The mothers themselves like to meet their own voluntary workers, whom they get to know as friends over a period of years.

Welfare Foods.

In July, 1954, we became responsible for the sale of welfare foods, some of which had already been sold in our clinics before the appointed day. At Hipperholme and Southowram the welfare foods continue to be sold by the voluntary helpers in the clinic, but as a sales distribution centre was opened in an office immediately adjacent to the Child Welfare Centre at Brighouse all sales are now made there in Brighouse, thus freeing the small number of voluntary helpers for their other work.

From July to December, 1954, 4,984 tins of National Dried Milk, 2,268 bottles of Cod Liver Oil, 8,429 bottles of Orange Juice, and 744 packets of Vitamin A and D Tablets were sold. An additional clerk was appointed for this work.

Artificial Sunlight Treatment.

The work done is set out in Table 13 which follows, and it will be seen that 31 children received 466 exposures.

TABLE 13

The work of the Artificial Sunlight Clinics during 1954

	Brighouse	Hipperholme	Southowram	Total
Number of children treated ...	13	17	1	31
Number of exposures ...	178	278	10	466

Orthopaedic Treatment.

During the year, 17 children under school age were examined by the Orthopaedic Surgeon. Particulars of these cases are appended below :—

Congenital Deformities	.....	.....	.....	3
Cerebral Palsy	.....	.....	.....	2
Equino Varus	.....	.....	.....	1
Metatarsal Varus	.....	.....	.....	1
Genu Varum	.....	.....	.....	1
Genu Valgum	.....	.....	.....	3
Pes Valgus	.....	.....	.....	3
Deformity Toes	.....	.....	.....	1
Inversion Foot	.....	.....	.....	2

Ophthalmic Scheme.

During 1954, 21 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in five cases. Particulars of the cases attending are given below :—

Strabismus	18
Hypermetropia and Strabismus	1
Hypermetropia	1
Bilateral Epicanthus	1

DAY NURSERIES

Since April, 1954, it has been the County Council's policy that children should be admitted to a Day Nursery only on " health " grounds, and the priority classes are as follows :—

- A. The young child whose mother is ill or having a baby.
- B. The illegitimate child whose mother is seeking work.
- C. The young child of the widow who must educate and support her family unassisted, and also the young child of the mother whose husband is ill.
- D. The child whose mother goes out to work and is the principal support of the family for other reasons, e.g. separation of parents.

Previously, children were admitted whose parents could not find suitable homes and were living in overcrowded or insanitary dwellings, and children were also admitted when the mother was engaged in the textile or other export industry. In addition, we took in the children of incipient problem families, where the mother requires to go out to work in order to give the child a reasonable standard of life. These women cannot manage on an ordinary income. They are bad managers, and despite advice and very frequent visits from the Health Visitor the children suffer unless the mother can earn herself in addition to her husband's wage.

Those mothers who can manage a home less well than their more fortunate neighbours often appeared, in our experience, to keep their homes rather better when they went out to work than if they stayed at home all day, when they became more and more tired and dispirited and dishevelled. Practical help was of more value to them than repeated exhortation. The children were well fed at the Day Nurseries and the additional money ensured that their clothing was adequate. It is, of course, difficult to persuade a woman who has been a good citizen and a regular ratepayer that the children of another woman whose husband earns as much money as her own husband, should have priority for admission to the Nurseries, but our view of the duties of a Public Health Department is that we should look after the weaker members of the community whoever they may be.

Under the new ruling of the County Council, which, of course, has much to commend it, the Committee decided that "no places be provided for children of mothers who enter industry, unless it is necessary for any mother to go out to work on account of the fact that she is the principal support of the family."

This resolution meant that we could not admit the children of problem families where the mother went out to work to supplement the family income, as never could she be classed as the principal support of the family. It also cut out the mothers of children who wished themselves to work in order to obtain a better standard of living for their families. In many instances these were young mothers who had taken on responsibilities at an early age and were anxious to help to provide a really good home by themselves working in addition to their husbands. Probably none of these latter cases suffered very much by the new ruling, for although there was a considerable drop in income the child has the advantage of being cared for in its own home by its own mother, and there is no real substitute for a good mother's care. Although the family might suffer materially, no doubt there were some children who gained psychologically.

In a Day Nursery, however, children in attendance know that they are going home to their mother, who has them every week-end, and I believe that they have not the same feeling of deprivation of love that may occur in the Residential Nursery. Indeed, we have found that many children who are the only child in the family eat better in the Day Nursery than at home because they are in competition with others.

It was realised that there was a very strong case against the opening of a Day Nursery to provide accommodation for children, at considerable expense, so that there should be two incomes going into certain families; in some cases the same families were living in subsidised Council houses, and it might be said that these families were at an unfair advantage with the rest of the community. But the new ruling did mean that children we had in the Day Nurseries, whose standard of home care was not completely satisfactory, now had to be excluded from the Nursery, and we found in some instances that the mother, who had given up her work and was a poor manager, did not do so well for the children with the reduced income.

It was expected that we might have trouble with children being left with unsatisfactory child minders, but on the whole this was not the case. Very few children were left with child minders, and where they were, they were left with someone who cared for them at least as well as the mother. It was interesting to note that some of the older children who, we were informed, originally cried to go to "school" as they called it, in a very little while had settled down at home, and when asked about going to the Nursery said they did not want to do so. Children are very adaptable and I do not

think it can fairly be said that any child suffered psychologically from removal.

In April, 1954, another part of the new policy was to cut down the hours. Previously, the Nurseries had been open from 7 a.m. until 6.30 p.m. This arrangement was principally for the sake of industry, and as the Nurseries were now to be open only on "health grounds" there was a lot to be said against small children being brought through the streets at 7 o'clock in the morning, particularly in the winter time. The new hours are from 8.30 a.m. to 4.30 p.m. These hours made it difficult for the only cases we could admit, those in which the mother was the principal support of the family, especially as many of the textile firms do not like to have part time workers, and they resulted in some children being brought by school children, who in certain instances were far too young to undertake the task. We also found that during the temporary incapacity of the mother it was occasionally necessary to arrange residential accommodation, where previously the father would have been able to manage to bring them himself when the Nursery was open for longer hours. Very few children left because of the shorter hours, and those who did were all cared for by child minders who cared for them rather better than the mother was able to do.

The infection rate among children removed from the Nursery was very little different from the rate among those who remained. There was no noticeable difference in the progress of children whose mothers worked longer than the time the Nursery was open and of those whose mothers worked shorter hours.

Very few children appear to suffer from living in overcrowded or insanitary dwellings, and the Brighthouse Housing Committee's policy has always been to re-house families with children from these dwellings whenever possible, and by 1954 most of the worst cases of overcrowding had been re-housed.

It was intended originally to close both the Ogden Lane and the Holme House Day Nurseries, but after the Local Authority had appealed to the County Council, as a preliminary only Ogden Lane Nursery was closed, and this was not until the end of November, so that during 1954 the effect of the closure of Day Nurseries was not felt, and it was possible to transfer all the cases to Wellholme Park Day Nursery when Ogden Lane was closed down.

The total infectious diseases among the children during the year were :—

Measles	.....	.....	.....	.....	.....	4
Chicken Pox	.....	.....	.....	.....	.....	22
Whooping Cough	.....	.....	.....	.....	.....	3
Scarlet Fever	.....	.....	.....	.....	.....	1
German Measles	.....	.....	.....	.....	.....	3
Dysentery	.....	.....	.....	.....	.....	92
Poliomyelitis	.....	.....	.....	.....	.....	1

The comparatively large number of cases of Chicken Pox was associated with a general epidemic in the town, and a close watch was kept on all the children during this period. With its comparatively long incubation period and little early constitutional disturbance, this disease is not easy to control. A careful surveillance was made of all the children too at the time the case of Anterior Poliomyelitis was discovered, and there was no evidence of any other child having become infected.

At the end of 1953 we were aware that there were probably many cases of minor diarrhoea occurring in the town, for some of which medical advice was not being sought, and in other cases, where the Doctors were being called in, the mildness of the illness and the rapid recovery of the patient prevented notification. It was believed that this might be the start of an outbreak of Sonne Dysentery. In the middle of February, 1954, a case of Sonne Dysentery occurred, and there were seven other cases at the beginning of March, five of these coming from family outbreaks (in two separate families). The last of these cases (notified on the 18th March) attended one of our Day Nurseries. Three other children who had loose stools but were not in the least ill, were found to be positive, and steps were taken to obtain specimens from all the children and all the staff in the three Day Nurseries. In one Nursery 30 children out of 37 were found to have positive stools, in the second Nursery 30 out of 40 children, and in the third Nursery all the 32 children had positive stools.

Strictly speaking, these cases were not clinical Dysentery, as most of them were apparently symptomless, but on full investigation it was rare that the mother did not admit to the child having had an occasional attack of diarrhoea at some time in the past month, and they were all notified as cases of Sonne Dysentery. In this way our number of notifications was perhaps swollen by the inclusion of carriers.

Two members of the staff at two of the Nurseries were also found to have Sonne Dysentery, but it is interesting to report that in the Nursery where all the children were affected, *Shigella Sonnei* was not found in the stools of any of the staff.

The standard of hygiene at all three Nurseries was high. The Nursery that had 100% of children affected had in it a larger number of children from the homes of problem families or from the unskilled labourers class, and the children at the Nursery where 75% were affected came on the whole from the homes of artisans or semi-skilled men.

In view of the large number of cases of Sonne Dysentery our practice of excluding all children with a positive stool until three consecutive negative specimens had been obtained was discontinued, and although we applied this principle generally, children whom we thought would particularly benefit from Day Nursery accommodation were all admitted to one Nursery. Specimens were taken from

the children at regular intervals and we have, therefore, information as to the length of time it took for a child to be cleared. The average period, we found, from the onset of the disease to return to the Nursery after three negative specimens, was four weeks. If we take a week off this period to allow for the three specimens being sent away and reported on, this gives us an average time of three weeks. The duration of illness had rarely been more than two or three days, so presumably during a fortnight or so these children acted as symptomless carriers.

In the other two Nurseries, all children who were affected were put out and the Nurseries were temporarily closed. In the Nursery which was kept open for children who particularly needed Nursery accommodation, the children were segregated in separate rooms. No doubt the method of exclusion from the Nurseries of all children who were found to have *Shigella Sonnei* in the stools resulted in a more rapid clearing of the Nurseries from Sonne Dysentery, but it would appear that the actual benefit to the children was small, and the mothers probably took them about the district more when they were excluded.

I have no doubt that the Nurseries merely served as an index of the infection in the community, which I believe to have been extremely high.

The children were treated by various well-known and established drugs, and all had a fairly rapid clinical cure, but this did not prevent the excretion of *Shigella Sonnei*, and it was not found that the treatment made any considerable difference to the length of time of excretion of the organism. On the whole, our experience in the Nurseries has been that Sonne Dysentery is a disease of high infectivity and low pathogenicity and in the light of this experience I would be inclined to the view that healthy children excreting Sonne Dysentery are better kept in the Day Nurseries than excluded from them.

MENTAL HEALTH

Our work in mental health comes under three headings — work in connection with mental deficiency, after-care of patients discharged from mental hospitals, and preventive mental health in helping patients who have not been admitted to mental hospitals, both in advising them as to admission and giving them help and comfort which may result in amelioration of their mental ill health without admission to hospital. Perhaps the most important extension of the mental health service is under this third category. In the detection of early mental ill health and the removal of all possible contributing factors, the mental health service is fulfilling a preventive role well in line with the work of other branches of this department.

Mental Deficiency.

Regular visits were made by the Mental Health Social Worker to all defectives in the area who are under supervision. The figures given in this report are for the whole Division ; it has not been thought desirable to split them up into the different districts. The number of defectives under supervision at the 31st December, 1954, was as follows :—

Statutory Supervision.

Males under 16 years of age	.....	12
Females under 16 years of age	.....	13
Males over 16 years of age	.....	13
Females over 16 years of age	.....	13

Under Guardianship.

Males over 16 years of age	.....	2
Females over 16 years of age	.....	1

Voluntary Supervision.

Males over 16 years of age	.....	4
Females over 16 years of age	.....	2

Seventeen defectives were in regular gainful employment (eleven males and six females), seven males being employed in the textile industry and three as labourers, the remaining male working for his father. Of the females, four were employed in the textile industry and two on domestic work. Eight defectives are occupied at home (four males and four females) in household tasks and hand-work. Three defectives (one male and two females) are suffering from crippling defects which prevent their employment, and another five defectives (three males and two females) do not follow any occupation. Two females over 16 attend the Group Training Class daily.

We have reason to be grateful to Mrs. Bateson, the Home Teacher, and her staff for the successful work carried out at the Group Training Class under great difficulties. For a good portion of the year the building was under reconstruction, but all difficulties were surmounted. At the end of the year the Ogden Lane Day Nursery was closed, and plans were in hand for the closure of Holme House Day Nursery, Lightcliffe. The latter Nursery is a larger building, and in many respects more suitable for adaptation as an Occupation Centre, and the Committee considered favourably this Nursery being brought into use as an Occupation Centre when it was closed. At the time of writing this Report the plan has not yet been crystallised, and we are continuing to use the Community Centre at Waring Green as a Group Training Class.

This Group Training Class is now open on four days a week, and is being run as far as possible like an Occupation Centre. By using the Home Teacher in the Group Training Class for four days a week, many more children are able to benefit by training than the

Home Teacher would be able to train if she visited them individually. The defectives attending the Class are now well used to the routine, and the changeover to an Occupation Centre should be very smooth. We hope that during 1955 and 1956 some progress will be made in our efforts towards having an Occupation Centre of our own. At present, special transport is not provided for these children, and some of them have to travel on several public buses. The provision of transport would make the Occupation Centre available for many more persons.

The Holme House Day Nursery has the great advantage of having grounds which offer facilities for play and recreation. Although we were able to make arrangements with the Divisional Education Officer for a sports field close to Waring Green to be used, this presents many difficulties, as a main road has to be crossed, and the field is often in use by the schools at a time when we should want it.

The Association for the Parents of Backward Children has been a big help to us. They have provided a gramophone and a wireless set for the Group Training Class, and they organised an outing during the Summer and a party at Christmas, and they have promised further assistance when the Occupation Centre is in being. We appreciate very much our good relations with this useful organisation.

Miss Wroe, the Mental Health Social Worker, continues to help persons suffering from mental ill health by visiting patients who have been discharged from mental hospitals. She is also available to help in cases where the patient is not ill enough for hospital treatment, but where a little help at the right time may prevent a great deal of mental ill health later. She has a full liaison with all the staff of this Health Department, including the Medical Officers, Health Visitors, District Nurses, and the Duly Authorised Officer. She also has access to reports on cases seen at the Child Guidance Clinic. Many of the cases of children who show early maladjustment and are referred for child guidance, and indeed, some where the cases not sufficiently severe to refer, can be helped very considerably by work with the parents of these children. The Health Visitors and Miss Wroe can help a great deal by advice on the proper handling of their families.

In the course of the year we meet many cases of minor mental ill health, both in children and adults. Some of these cases only need a little encouragement to proceed on the right lines. In a section on Mental Health I consider we should point out the large amount of preventive work done by family Doctors and Health Visitors, in School Clinics and Child Welfare Centres, and in the homes of patients. The bottle of medicine has been much criticised as being very expensive, and it has been said that this nation is a nation of medicine drinkers. It is true that in some cases the confidence it brings with it is of more value than the drugs it contains. This con-

fidence comes from the family Doctor, and it may be that the practical help of a bottle of medicine is sometimes of more benefit than mere words. The Health Visitor has no such aid to give point to her educational efforts, but in her regular visits to the homes she has an excellent opportunity of noting the early signs of physical and mental ill health, which are often inter-dependent. A tired mother who is over anxious may have a primary physical disability, and when this is put right she can once again face up to her problems with equanimity, but perhaps more often the mental attitude produces the physical weariness.

It can be very hard for a woman who is struggling to maintain her home and her children without great physical reserves if she feels she is not receiving the help and stability she requires from her husband. During an inflationary period, when the cost of living, and particularly the cost of household necessities, rises steadily, it is not always apparent to the husband and father that a rise in wages should be passed on very largely for the maintenance of the home. It is also not taken for granted that a woman as well as a man requires certain periods of relaxation. Small family differences can be magnified when the health of a person is below normal. Children very soon detect difficulties at home. Sometimes they do not wish to detect them and go to extraordinary lengths to prevent themselves doing so.

It may be that we are more conscious of the importance of satisfactory mental health than we used to be, but it does appear that there are more cases of difficulty where we can be helpful. The Health Visitor is able to help the Medical Practitioner in a knowledge of his patients and she in turn can receive much useful knowledge from the family Doctor. Gradually, these two complementary services are coming closer together, and as they do so, so more will be able to be done for the preservation of mental as well as physical health.

The work at the Child Welfare Centres in the prevention of mental ill health by advice on social circumstances, recognition of the early signs of conflict, and comfort in anxiety, seems to be very different from the work of earlier years. Then we were dealing mainly with dirt, disease and neglect. Now we often have to deal with over anxiety. The regular weighing of babies is still a useful provision, but it has become so generally accepted that in the case of a minor loss of weight reassurance often has to be employed as mothers are now very health conscious.

To support the Mental Health Worker and the General Practitioner in their efforts with early cases of mental ill health, where we feel that so much can be done, an approach was made to the Regional Psychiatrist to establish a small clinic where early cases could be seen by a Consultant Psychiatrist, and arrangements were made for a weekly clinic to be established in 1955. It is hoped that the provision of such a clinic, away from the hospital and the

atmosphere of sickness, where patients only in the early stages of mental illness will be attending, might be a very useful provision indeed.

The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Brighouse Borough during 1955.

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	12
Persons removed under Section 20, Lunacy Act, 1890	5
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

GERIATRICS

In this Local Authority area we have been able to provide a satisfactory Home Help Service where it is required, and on the whole we are fortunate in the admission to Welfare Homes and hospitals of old people living alone. We may still have to consider in the future the provision of daily minders, but up to the present very little difficulty has been experienced in this direction. Brighouse is a town of good neighbours and it is very rarely indeed that we find an old person who is ill or alone and does not have the services of neighbours and friends until they make a substantial recovery or until they are admitted to hospital. At present we have no provision for such minders, although many old people would like to utilise the services of the Home Help more as a companion than as a worker. They look forward with pleasure to the regular visits of the Health Visitor and the Home Help.

There is no doubt that the formation of a Club stimulates old people into a more active life. They visit the friends they meet at the Club and they make a real effort to go out to the Club at least once a week. When they are absent their absence is noted and is followed up and someone is really taking an interest in them. Their activities can be directed into useful entertainment and sometimes profitable jobs. They feel they once more belong to a community that was fast leaving them behind.

Young people, and particularly young people in a textile area where female employment can usually be found, want their own homes. They have their own interests and they have not the time or the inclination to spend their little leisure with their older relatives. In Brighouse most of the young people are very good in the care of their older relatives, and at present most of the old people still have a number of near relatives. This, of course, will not be the case in another generation as families are now so much smaller, and it may be that a minder system will become inevitable. It would be a pity if voluntary visitation and voluntary help were superseded

by a system of care and attention all being provided by a beneficent Local Authority. This can never be a substitute for family care and voluntary help.

We are already finding that the trend is for the old people to remain more in the centre of the town and the young people to move out to the housing estates, and the provision of bungalows for old people on housing estates, where the community is kept together, is of great importance. In the old days before the Industrial Revolution, when families used their houses for working in as well as for living in, and where three, and sometimes four, generations all lived together in very overcrowded conditions, the problem of the care of the old person was not such a major one. Of course, at the same time, very many fewer people lived to old age.

It is a remarkable fact that a number of old men maintain satisfactory health as long as they are employed, but when they reach the age of retirement, with a consequent loss of outside interest, their health is not so good. I think the increase in ill health is not only due to old age. On the other hand, women always have an interest to look forward to in the house, and gardens and clubs are, I feel sure, very salutary in keeping an old man young and active. Some employers in this town readily employ older men, but there is more scope for their part time employment, and we should welcome any move for increasing the amount it is possible to earn while continuing to draw the old age pension. It would seem to be unfortunate if the retirement age were made officially older, as some look forward to rest after a life of hard work, but it is remarkable how many find the rest very tedious after a short experience of it.

The provision of a small Industrial Centre, where men could be employed at work which interests them, where they could work for shorter hours and at hours which could be varied from day to day and week to week, would, I feel sure, in this time of full employment, be a good provision. It might, of course, be very much more difficult if there was not full employment in the rest of the community, and it would be a pity if such a Centre were thought by more active members of the community to be a means of unfair competition where people already in receipt of an income were able to work at a lower rate than ordinary trade union rates. Every means possible should, I think, be undertaken for the voluntary employment of persons, and especially of men, who have reached the official age of retirement.

The Chiropody Service provided by the Brighthouse War Memorial (Nurses Endowment) Fund for the old people in Brighthouse has been invaluable. It enabled many people to get about in comfort, when otherwise they would not have been able to do so. The Scheme commenced in February, 1953, and, as stated in my Report for that year, 63 old people received treatment. Seventeen new cases have received treatment during 1954, and 375 treatments were given during the year.

It is unfortunate that this Fund only extends to the old Brighthouse boundaries. The indefatigable Mrs. King, who was so successful in forming our first Club at Hipperholme, has now extended this service, by arrangement with Mr. Hannam, the Chiropodist, to certain old people from her Club. I hope it will be possible one day for the service to be available for the whole of the Borough area.

The improvement in hospital admissions, a continued expansion in the Home Help Service, the work of the Old People's Welfare Committee, and particularly the work done in the various Clubs, has transformed the picture in Brighthouse in the care of the old. We hope that this will be expanded by the extension of the employment of old people after they reach their age of official retirement.

SANITARY CIRCUMSTANCES IN THE AREA

Water Supply.

Of the 11,218 inhabited houses in the Borough, 11,153 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 standpipe, 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. An examination of private water supplies showed that these were generally unsatisfactory and that the only safe way for people with private supplies from shallow wells is for the water to be boiled. 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. Examinations for plumbo solvency were all satisfactory.

I am informed by Mr. Lawson, the Water Engineer, that the following extensions and replacements of main were carried out during 1954 :—

Extensions of main —

- 2,005 yards of 6" – 4" – and 3" main, Field Lane Estate.
- 112 yards of 3" main, Industrial Estate.
- 104 yards of 4" main, Mayfield Grove.

Replacement of main —

- 170 yards of 3" main, Mount Lane, Rastrick
- 200 yards of 4" main, Clough Lane, Rastrick.
- 74 yards of 3" main, Bowling Alley, Rastrick.
- 65 yards of 3" main, Oakhill Road, Clifton.

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 six years ago.

I am informed by the Borough Engineer that the actual work carried out during 1954 was as follows :—

A new length of 24" diameter foul sewer was laid from the junction of Oakhill Road with Clifton Road to the main outfall sewer in Armytage Road via Alegar Street, Wakefield Road and George Street. This sewer has relieved the Wakefield Road/Grove Street sewer which has been relaid in 15" diameter pipes at a shallower depth.

A new storm water sewer including a storm water overflow has been constructed from Bradford Road via Wellholme Park, Oakhill Road, Clifton Road, Alegar Street, George Street, Armytage Road and Arthur Street to the river. The size of the sewer varies from 42" diameter to 57" diameter.

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 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 by 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.

Two hundred and fifty observations of smoke emissions were taken during the year. In only two cases was the Byelaw limit of three minutes in half an hour exceeded.

Full details of the atmospheric pollution gauges are given in the Sanitary Inspector's Report. The graph showing total deposits in tons per square mile follows very closely the rainfall graph, indicating that the soot deposit is closely allied to the rainfall.

A comparison of the total solids in 1952 and 1953 is also given, from which it will be seen that there has been a general

increase in the amount of total solids deposited. The total daily average of milligrams of sulphur dioxide has increased from 1.32 to 1.51, and it was consistently higher during each of the earlier months of 1954, but in October, November and December there was a reduction in the amount of sulphur dioxide found.

The Beaver Report on Air Pollution was presented to Parliament during the year and it is hoped that the resultant Clean Air Bill will provide a useful strengthening of our powers in the prevention of atmospheric pollution. We have been for some time very concerned about making certain that we drank clean water, and everyone acknowledges the need for clean food. We have been able to do very much less to ensure that clean air is available to all, but it is hoped that in future we shall be able to turn our attention to this most important aspect of public health.

Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1953 and 1954.

Mixed—	1953	1954
Mixed Bathing	18,592	19,060
Females—		
Ladies	830	764
Girls	3,815	4,657
Girls' Swimming Classes	6,739	6,291
Ladies' Club and Season Tickets	2,074	2,329
Ladies' Slipper Baths	1,197	1,065
Males—		
Men	1,896	2,050
Boys	2,999	3,518
Boys' Swimming Classes	14,989	13,168
Men's Club and Season Tickets	1,850	1,942
Men's Slipper Baths	8,313	8,101
	<hr/> 63,294	<hr/> 62,945

There has been an increase in the number of swimmers this year, except for the boys' and girls' swimming classes, but the number of slipper baths continues its downward trend. This, I am sure, is due to the provision of more baths in private houses.

The swimming bath is well maintained.

Housing Programme.

The Borough Engineer informs me that the following houses were completed in 1954 :—

Field Lane Estate—

Old persons bungalows	8
2-bedroom houses	30
3-bedroom houses	25

Stoney Lane Estate—

3-bedroom houses	4
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Total	<u>67</u>
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This compares with a total of 116 houses, a list of which was given in last year's Report, which it was hoped to complete in 1954.

The programme for 1955 is as follows :—

Field Lane Estate—

Single persons flats	20
Old persons bungalows	14
2-bedroom houses	26
3-bedroom houses	28

Stoney Lane Estate—

3-bedroom houses	2
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Cain Lane Estate—

Single persons flats	8
2-bedroom houses	26
3-bedroom houses	26

Total	<u>130</u>
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Up to the end of 1954, 787 post-war houses and 375 pre-war houses had been built by this Corporation, so that we now have over 1,100 Council houses in the Borough, and over one-tenth of the houses are owned by the Corporation.

1954 was notable for the passing of the Housing Repairs and Rents Act and the promise of the re-commencement of slum clearance. Members of this Council will be aware of our concern for some years about the number of sub-standard dwellings in Brighthouse, and we were very happy to think that once again we could commence to relieve this problem. Up to the present time we have only been able to represent a few individual houses under the Housing Act when we had news that the tenants were shortly to be re-housed. The demand for houses for the relief of overcrowding was so considerable that it was generally felt that any house was better than none, a view that we in the Health Department, who knew the condition of some of these houses, did not always hold. The compromise solution of dealing only with houses which we knew were shortly to be vacated was not a completely satisfactory one.

In order to report to the Council on our suggested proposals under Section 1 of the Housing Repairs and Rents Act, an extensive survey of the whole district was carried out by the Chief Sanitary Inspector and myself. In the decade before the last war, the difference in rent between privately owned houses and Council houses was not so apparent, nor was there the same shortage of accommodation. This shortage of accommodation has led to many people occupying houses which they would not have thought of living in had more accommodation been available. The artificially low rents have enabled many tenants to do a great deal to improve their homes, and houses which the owners have done little for, have in some cases been made remarkably good by their excellent tenants.

Another factor which made the problem still more complex was that of the owner-occupier. In many of our proposed clearance areas there are owner-occupiers who have improved their houses beyond recognition. This improvement is, of course, in most cases only temporary. Some people have boarded them to hide the damp walls, while others have tried all kinds of damp proof paints. The difficulty with the owner-occupiers is not so real as apparent, as many of them would be only too pleased to cut their losses and move into a satisfactory house where they would have more scope for their skill.

We are concerned that persons anxious to obtain housing accommodation should not purchase houses for sale without due thought and without consultation with this Department. Naturally enough, houses which are likely to be the subject of action under the Housing Act in the near future will be made available for sale in increasing numbers, and apparently cheap houses may prove to be very expensive when their length of life is taken into consideration.

Another factor which adds to the difficulties is that of the old people, who sometimes have lived in a house for a long number of years and do not wish to leave the locality or their own house, to which they have become attached despite its many drawbacks. This problem is, however, more apparent than real, and on investigation we are convinced that most of them, when they once move into a bungalow, will really appreciate how much wasted labour they have spent in struggling to look after an unfit house with no modern amenities. It is impossible for some of them at present to realise the difference between twentieth century houses and those built during the Industrial Revolution.

The size of the problem is formidable. In this district there are 2,270 back-to-back houses. It cannot be said that a back-to-back house is satisfactory as regards ventilation, and over 80% of our back-to-back houses are of Type 1, the oldest and smallest type consisting of a living room opening directly on to the street, and usually one bedroom, with no separate windowed scullery, and no food store except at the cellar head. Washing has to be done in the living room, and houses already lacking proper ventilation are

particularly unsuitable for the conduct of a family wash in a living room. In addition, there are many single type houses which have all the defects of a back-to-back house respecting ventilation. Some of these single type houses have another gross defect in so far as they are back-to-earth. This defect is, we consider, the most serious and irremediable; the ground necessarily drains at least partially into the house and it is impossible to keep these houses dry.

Another common and most serious defect is where two blocks of single type houses are built so close to each other that the space at the back of these houses merely serves as a trap for dust, rubbish and rain water. When spouts and fallpipes become choked they cannot be cleared, and become obstructed. This is a cause of serious and penetrating dampness which cannot be remedied.

It will be seen that with our housing resources it is impossible to deal with all our back-to-back and single type houses, and it is anticipated that Types II and III back-to-back houses, where there are separate, windowed sculleries, with considerable accommodation, would be better dealt with by improvement grants. Many of the back-to-back houses are substantially built; in this comparatively cold climate a fire usually provides an outlet for ventilation, and although no substitute for a through house, for the purposes of the survey we could not have included all back-to-back houses as defective because they are back-to-back. It is only where there are other defects of a very serious nature that such houses have been included. It has, however, been our policy to include all back-to-earth houses, as it is considered to be impossible by any means to make these fit.

We should have liked the programme to be based on a short period, but if we are to deal with all the houses that it was considered we should deal with it would be manifestly impossible to do it in a period of under 20 years. Standards vary and populations change. It may be that in the course of this time the textile industry will require less labour and there may be a fall in the population. It may be that industries attracted to this town will require more labour and that the population will increase, and it is indeed difficult to plan for 20 years ahead, but after the most careful consideration we do not see how we can cut the number of houses to be dealt with lower than 1,400.

Allowing for the Council building 110 houses a year this would mean that in 20 years 2,200 houses would be erected, and if 50% of these are allocated for slum clearance we should have 1,100 houses available for re-housing purposes. Every tenant displaced will not require to be re-housed. Some of the old people will take up residence with relatives. Some of the younger people will prefer to become owner-occupiers, and some people will take over the tenancies of old houses in the same neighbourhood. Over 30% of tenants in the houses affected are already high up on the Council's housing list, and may be re-housed before the houses are dealt with.

Whenever possible we should try to bring these houses forward as individual unfit houses so that on their vacation they would not be re-occupied. This would be preparatory to their being included in an area.

For the first five years we have only a figure of 300 houses, as it was thought that there may be difficulty in the scheme getting under way. During the next 15 years we hope to deal with 1,000 houses, and the remaining 100 are individual unfit houses which will be included over the period of 20 years.

Although other houses we have not included are incapable of repair at reasonable expense if they are to attain standards which are completely satisfactory in these days, many of the tenants, and particularly owner-occupiers, have expended large sums of money on them, sums out of all proportion to the value of the houses. The definition "unfit for human habitation" is clear, and by 1955 standards we should demand a house in good repair, free from damp, with adequate light and ventilation, a hot water supply, proper facilities for food preparation and storage, and facilities for the family wash. Many of us would also like to include a bath and an inside water closet. From our observations it is obvious that these simple provisions cannot be complied with for all houses within the period envisaged, and it is remarkable how, due to the extreme shortage of houses in this area, many people have spent a great deal of money in bringing their old houses to a standard which they are prepared to accept as a habitable one. It may be held that any estimate of whether a house is or is not unfit for human habitation should bear in mind the tenant's own opinion. The inter-relation between body and mind can make a modern house unfit for a particular person, whereas an older house can be more acceptable. We also have to consider the relative cost, and would not wish to be responsible for a decrease in the standards of living due to the tenants being re-housed. But we must remember that tenancy of houses alters and our standards cannot be adjusted to meet tenants' whims but must be based on the condition of the houses as we find them. It is extraordinary how different is the view point of people living in similar houses in the same area; it is not always the worst house about which we hear the most.

It was also considered whether the Council should acquire property for deferred demolition which they could patch and repair and make habitable to an extent that is acceptable to some members of the community. It is necessary when considering this matter to be careful not to propose to acquire houses for deferred demolition and have a long delay in proceeding to carry out the work of making them habitable. The progress of slum clearance work must be dependent on a sufficiency of trained staff to co-ordinate the work, and on the building resources available. If the Council were to take large numbers of these houses and there was a long delay in their improvement, this would be a mistake. In addition, in every area of any size there are owner-occupiers who would be extremely reluctant

for the Council to take over the property for deferred demolition and to commence paying rent for a house on which they have already spent a large sum of money, and on which every little more could be done in the way of improvements without embarking on a scheme which is not within the purposes of this part of the Act. For these reasons it was felt that at the present time no plans could be made for deferred demolition.

The Council have agreed to our plan for dealing with 1,400 of the worst houses in this town during the next 20 years.

No action was taken under Sections 11 and 12 of the Housing Act, 1936.

No new cases of overcrowding under the Housing Act of 1936 came to our notice during the year, and 24 cases of overcrowding, involving 118 persons, were relieved in this period.

Six Improvement Grants were approved during the year under Section 20 of the Housing Act of 1949.

INSPECTION AND SUPERVISION OF FOOD

Premises for the Manufacture, Preparation and Sale of Food.

All premises connected with food have been visited regularly, over 1,000 visits having been made to the various types of food premises.

There was no major outbreak of Food Poisoning but there were three isolated cases of diarrhoea in which the causal organism was *Salmonella Typhimurium*. None of these cases were severe in character and they were all followed up until they were clear. Two of the cases were children and one a male adult. One of the children came from a very large family in poor financial circumstances and living in very overcrowded conditions, and although specimens were taken from the remaining members of the family on several occasions, and the family was watched, the disease did not spread to the other members.

Milk Supply.

Although we are not responsible for the production side of milk supply, regular samples are taken from the distributors and all unsatisfactory samples are reported to the Ministry of Agriculture and Fisheries. Thirty-seven distributors were registered, of whom 29 are resident in the Borough. There were also 45 shops registered for the sale of bottled milk.

Sixty-nine samples were taken for chemical analysis on behalf of the West Riding County Council, and these were satisfactory. In addition, 147 samples were taken for the methylene blue

test, and of these, five were found to be unsatisfactory and required following up.

None of the nine samples of sterilised milk taken for the turbidity test showed inefficient sterilisation, and all the 77 samples submitted for the phosphatase test showed satisfactory pasteurisation.

Five samples were taken for the biological test for Tuberculosis. One of these samples was found to be infected with the tubercle bacillus.

Ice Cream.

Two premises were registered for the manufacture of ice cream, and regular routine inspections of the premises were made. The premises are satisfactory. There are now 90 premises registered for the sale of ice cream.

A total of 43 samples of ice cream were taken for examination by the methylene blue test and, of these, 41 were found to be in Grade I and II, and two, both of which were produced outside the Borough, in Grade III.

No coliform organisms were found in the 27 samples of "iced lollies" submitted for examination.

Meat and Other Foods.

A detailed statement regarding the action taken with regard to meat and other food is given in the Sanitary Inspector's Report. Condemned meat is sent for processing. Other waste foods, along with kitchen waste, is dealt with in the plant of a neighbouring County Borough.

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 Inspector.

Chemical and Bacteriological Examination of Food.

Samples of food stuffs for chemical and bacteriological examination are taken by the County Council.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

1954 was notable for the low incidence of infectious diseases, and, with the exception of Chicken Pox, the incidence of the common infectious diseases was reduced. Our figures were swelled by the number of cases of Sonne Dysentery reported, a comment on which is made later in the report.

Diphtheria Immunisation.

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

The prophylactics used were two doses (0.5 and 0.5 c.c.) Alum Precipitated Toxoid for children under 5 years. For children over 5 years Toxoid Antitoxin Floccules were used, three doses of 1 c.c. each. Previously immunised children were given a reinforcing dose of 1 c.c. on reaching the age of $4\frac{1}{2}$ to 5 years, and again at 10 years of age.

Four hundred and twenty-eight children completed a full course of primary immunisation during the year. Four hundred and forty-one 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, 1954, is as follows :—

(Age at 31st December, 1954)							
Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	Total
36	272	270	338	323	2040	1584	4863

The age in this table is at the 31st December, 1954, and it will be appreciated that many of the children immunised early in 1954 but born in 1953 were actually under one at the time of immunisation. The usual age for immunisation against Diphtheria is eight months, and the immunisation takes a month to complete, so that it is only possible for the children born in the first three months of the year to be immunised during the year of birth.

As with last year, I give the figures of children immunised in two groups, the first group being children who have received either an initial or a booster dose in the last five years, and the second group those who were immunised at a date preceding this. Last year, this table was compiled on a Divisional basis, and the Divisional figures are given again, but I am also able to give the figures for the Brighouse Borough separately. We can compare the Divisional figures with those of last year, when they show an increase, but as this is the first time the table has been included for Brighouse we are not able to compare with last year's figures.

Number of Children at 31st December, 1954, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1940)

<i>Age at 31.12.54 i.e. Born in Year</i>	Under 1 1954	1-4 1953-50	5-9 1949-45	10-14 1944-40	Under 15 Total
Divisional Figures					
A. 1950-1954	71	2112	2651	677	5511
B. 1949 or earlier	—	—	1214	2378	3592
Brighouse Borough					
A. 1950-1954	36	1203	1591	230	3060
B. 1949 or earlier	—	—	449	1354	1803

Whooping Cough Immunisation.

Four hundred and twelve children were immunised against Whooping Cough during the year, and of these 221 were under one year of age.

In many respects Whooping Cough is now one of the more serious of the Infectious Diseases. It causes a prolonged illness and is particularly wearing to a very young child. An attack of Whooping Cough during the winter months can be very disabling indeed. For this reason we welcome the response made to Whooping Cough Immunisation. Although protection does not appear to be as complete as in the case of Diphtheria, I consider that Whooping Cough Immunisation, particularly at a young age, might well mean the saving of lives.

Vaccination for Smallpox.

It was stated last year that most of the people vaccinated were vaccinated during the period of the outbreak of Smallpox at a general hospital in a neighbouring district, and that the increase in vaccination could not be taken as indicative of a long term trend. Last year a total of 587 vaccinations and 211 re-vaccinations were carried out. This year, the figures were 175 and 42 respectively. We can only compare these with 1952, when the figures were 80 and 7, so that although we cannot be at all satisfied with the results they do show some increase on the previous non-epidemic year.

It is our endeavour to persuade parents to bring forward every child at four months of age, and only 79 children under one year of age were vaccinated. When this is compared with the total live births of 413 it will be seen that not quite 20% of babies are being brought forward.

B.C.G. Vaccination.

Eight child contacts, who were negative to the tuberculin test, were given B.C.G. Vaccination.

NOTIFIABLE DISEASES

Diphtheria.

No cases of Diphtheria were notified in the Borough.

Smallpox.

No cases of Smallpox occurred during 1954.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during 1954.

Pneumonia.

Eighteen cases of Pneumonia were reported, compared with 16 in 1953. There were seven deaths.

Puerperal Pyrexia.

Three cases of Puerperal Pyrexia were notified during the year. In two of these cases there was engorgement of the breast not amounting to a breast abscess, and although the temperature was elevated they both settled down quickly on treatment. The third case was one where several members of the family had sore throats just before the confinement. It was hoped that the infection had been eliminated but the woman herself developed a temperature four days after delivery. This case settled down after two days treatment. None of the cases were due to Puerperal Sepsis.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1954.

Sonne Dysentery.

At the end of 1953 we were aware that there were probably many cases of minor diarrhoea occurring in the town, for some of which medical advice was not being sought, and in several cases where the doctors were called in, the mildness of the illness and the rapid recovery of the patient prevented notification. No cases of Sonne Dysentery were notified until the middle of February, 1954, when one case was notified, and there were no other cases until the beginning of March, when seven cases were notified, five of these coming from family outbreaks (in two separate families). The last of these notified cases was a child attending a Day Nursery, and specimens were taken from all the children in the Nurseries. As a result, 92 children and four members of the staff were found to have positive stools. Four of these children and one member of the staff resided outside the Borough. As these cases were all notified they accounted for 91 of our total notifications, and it will be seen that together with the seven cases mentioned previously they accounted

for 98 out of the 133 notifications made during the year. Strictly speaking, most of them were not clinical Dysentery as they were apparently symptomless, but on full investigation we usually found a history of the child having had an occasional attack of diarrhoea during the previous month.

Eight new children were admitted to the Day Nurseries during the period of the epidemic, and of these, four were found to have positive stools on examination of a stool passed on the first day of admission. One of the other four children had a positive stool, but this was not obtained until he had been in the Nursery two days.

In almost all the families we have investigated we have found that other members of the family have had a looseness of the stools, and when it has been possible to get specimens from them we have often found *Shigella Sonnei* isolated. I believe there are really very few single cases in families if every family is thoroughly investigated.

We found it extremely difficult to obtain specimens of stools from other members of the families of children whose stools were found to be positive in the Nurseries, particularly if the child did not appear to be ill. We were able to obtain stools from the children, because while they were excluded the mothers were anxious for them to return to the Nurseries, and in cases where the children remained in attendance they were taken in the Nursery.

The fact that there were so many children with organisms in their faeces at this time pointed to a probable widespread infection in the population, and all the General Practitioners were circularised, informing them of the position. Enquiries were made at the schools, when it was found that there had been diarrhoea of a minor nature occurring in many of the children. This had usually not been sufficiently severe for children to be away from school, and in no cases had we been approached by the schools on the grounds of absenteeism for diarrhoea.

In one infant school where diarrhoea appeared to be particularly prevalent, rectal swabs were taken from 143 children attending school and all perfectly well. Of these, 14 were found positive for *Shigella Sonnei*. All the children were infants, and only one swab was taken, and yet 10% of children who were apparently healthy were found to have *Shigella Sonnei*. None of these cases were notified, but all of them, on full enquiry from their parents, were shown to have had diarrhoea within the month preceding the swab being taken. It is remarkable how many young children do have diarrhoea which is not taken very seriously by the parents. Mothers are very prone to put minor attacks of diarrhoea down to eating apples or other fruit. It may be that the prevalence of *Sonne Dysentery* is very much higher than it appears to be.

Scarlet Fever.

During 1954 there were 26 cases of Scarlet Fever, compared with 117 in 1953. All the cases were mild in character, and only two were admitted to hospital.

Chicken Pox.

This disease, the most prevalent of the infectious diseases during 1954, is notifiable in this area, and 374 cases were notified, compared with 175 in 1953.

Measles.

Sixty-four cases of Measles were notified during the year, compared with 177 cases last year. There were no deaths from this disease.

Whooping Cough.

There were 33 cases of Whooping Cough notified in 1954, compared with 94 in 1953.

Acute Anterior Poliomyelitis.

There were two cases of Acute Anterior Poliomyelitis during the year, one of them being paralytic and the other non-paralytic. The non-paralytic case occurred on the 19th September in a woman who was admitted to a General Hospital before diagnosis. Although she was of alien extraction and lived in a house with many others, no further cases occurred. The second case did not occur until the 23rd November, and there was no connection. This was a case of paralytic Anterior Poliomyelitis occurring in a child aged three years. This family, too, lived in overcrowded conditions, but there was no spread of the disease. This child attended the Day Nursery until shortly before her illness, but no other cases occurred in the Nursery.

Tuberculosis.

The statistics relating to Tuberculosis are presented in tabular form in Table 16.

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

There were 24 cases of Respiratory Tuberculosis during 1954, as compared with 57 in 1953; and, as in 1953, three cases of Non-Respiratory Tuberculosis. In addition, three patients suffering from Pulmonary Tuberculosis were transferred into the district.

The trend of notification of Respiratory Tuberculosis has been in an upward direction, probably due principally to earlier diagnosis, although the number of deaths from this disease has,

during the past five years, been very much less. It is pleasing to report that this year the number of notifications has also begun to fall, especially as there was a mass radiography survey during the year, where five of the cases were found.

Four of the cases of Pulmonary Tuberculosis were discovered as a result of the investigation of contacts, two of them being contacts of cases of Pulmonary Tuberculosis and the other two being found as a result of investigation of the contacts of two cases of Non-Pulmonary Tuberculosis, so that out of the total of 24 Respiratory cases of Tuberculosis notified this year, nine were discovered as a result of prophylactic measures, and 15 as a result of the patient being referred in the ordinary way. The fact that the number of cases was less than half the previous year, and that more than one third of the cases were found by epidemiological investigation can be considered satisfactory.

The total number of known contacts of cases of Respiratory Tuberculosis is 358, and of these 172 were X-rayed this year, 79 at the Royal Halifax Infirmary and 93 by the Mass Radiography Unit. A register of known contacts is now compiled and we have arranged that whenever the Mass Radiography Unit visits the area all contacts receive a special invitation to attend.

It will be seen from Table 16 that we had only one case of Respiratory Tuberculosis under 15 years of age notified this year, as compared with 12 last year. This child was a contact of her father. It was an adult type of Tuberculosis, and no cases were notified during the year which could be designated as a primary complex. This may partially account for the fall in the number of notifications.

Last year, there were 35 males notified and 22 females. This year, the figures are 13 males and 11 females. The largest number of notifications last year occurred in the age groups 45/54 and 55/64, where the notifications were predominantly male. This year we had six men falling in the age group 45/54 and only one woman, but in the age group 55/64 there were only two cases notified, one male and one female. Again, last year we had five males over 65 notified, and there were only two this year, and only one female. Of these two cases, one lived in a Residential Hostel. This case was not discovered until post-mortem. It was a chronic type of disease, and fortunately it was found after investigation of all his contacts that no infection had spread. This was the only case found after death. The largest number of females notified was in the age group 35/44, where three cases were notified. This corresponds with the age group of highest incidence last year.

Of the three cases of Non-Pulmonary Tuberculosis, one was Tuberculosis of the cervical glands, and the other two were Tuberculosis of the abdominal glands.

Certain patients suffering from active Tuberculosis received milk free daily under the Extra Nourishment Scheme of the County

Council. Most of them received two pints, but in some cases only one pint was considered necessary.

The Care Committee formed at the end of 1953 under the able Chairmanship of Councillor G. Turner, M.C., J.P., has done excellent work, and in the whole Division 36 patients have received help. Many household items were purchased, including bed linen and blankets. Clothing items such as shirts, underclothing, pyjamas, shoes, boots, and baby clothes for an expectant mother were also purchased. In addition, there were many measures of practical help. A bedroom was re-decorated for a lady who was bedridden. Overalls and boots were purchased for a young apprentice whose widowed mother had Tuberculosis. Christmas dinners were supplied to two families, this being made possible by the gift of a turkey which was divided and cooked in two halves. In many cases, some of which have not received grants from the Committee, additional help was obtained from the National Assistance Board. An outing for able bodied patients and their families was arranged to Blackpool, of which the whole cost was borne by the Committee. All the patients invited were those who had not had a holiday for some years because of financial reasons. Many books were given to us by Brighouse Corporation which have been withdrawn from circulation, and from private donors, and these have been given out to the patients. The Committee also started an Occupational Therapy service.

The waiting list for admission to sanatorium has been much reduced by the opening of Northowram Hall Hospital for cases of Tuberculosis. The reduced incidence of infectious disease has enabled the Hospital Management Committee to open wards at this hospital for the treatment of Tuberculosis. With the new drugs available and the increased attention possible, and the earlier diagnosis, Tuberculosis does not now present the old formidable problem, and it may be in the course of a little time the demands on this hospital for Tuberculosis will no longer be so great, and that it can be devoted to helping in the solution of yet another problem.

MASS RADIOGRAPHY SURVEY

The Mass Radiography Unit of the Leeds Regional Hospital Board visited the district in July, and sessions were held at the St. John Ambulance Hall, Brighouse, and at Messrs. Blakeboroughs, who very kindly gave permission for people other than their own employees to be examined at their premises. I give below the results supplied to me by the Unit. It is not possible, however, to draw any conclusions at all from such evidence since the persons examined constitute only a small proportion of the population and are not necessarily representative of the population taken as a whole. The

information given is in respect of people actually examined during the survey and may, therefore, include persons normally resident in other areas.

	Male	Female	Total
1. Examinations carried out			
(a) Miniature X-rays taken	1290	778	2068
(b) Large X-rays taken	36	15	51
2. Analysis of Provisional Findings			
(a) Cases of active Tuberculosis	3	2	5
(b) Cases of inactive Tuberculosis	12	9	21
(c) Other abnormalities (see below)	8	2	10
(d) Failed to re-attend for large film	1	1	2
3. Analysis of abnormalities other than Tuberculosis			
(see 2(c) above)			
Disease Code No.			
1. Anatomical abnormalities	—	—	—
2. Chronic bronchitis and emphysema	—	—	—
3. Pneumonia—lobar	—	1	1
4. Broncho pneumonia	—	—	—
5. Consolidation—cause unknown	—	—	—
6. Bronchiectasis	2	—	2
7. Pulmonary fibrosis—non tuberculous	3	—	3
8. Pneumokoniosis—non tuberculous	2	—	2
9. Pneumokoniosis accompanied by tuberculosis	—	—	—
10. Basal fibrosis	—	—	—
11. Pleural thickening	—	—	—
12. Pleural and interlobar effusion	—	—	—
13. Spontaneous pneumothorax	—	—	—
14. Intrathoracic tumours	—	—	—
15. Cardio vascular lesions—congenital	—	—	—
16. Cardio vascular lesions—acquired	1	1	2
17. Miscellaneous	—	—	—
Awaiting classification	1	1	2

MALIGNANT DISEASE

Fifty-four deaths (38 males and 16 females) were registered as being caused by some form of malignant disease.

TABLE 14
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1954

Month	Tuberculosis		Scarlet Fever	Pneumonia	Erysipelas	Diphtheria	Chicken Pox	Measles	Whooping Cough	Anterior Poliomyelitis	Dysentery	Food Poisoning	Puerperal Pyrexia	Totals
	Lungs	Other												
January ...	3	—	10	3	2	—	8	—	1	—	—	—	—	27
February ...	2	—	5	2	—	—	12	—	3	—	1	—	1	26
March ...	3	—	5	1	—	—	6	2	2	—	7	—	—	26
April ...	2	—	—	4	—	—	10	19	5	—	94	—	—	134
May ...	2	1	—	1	1	—	22	1	9	—	17	1	—	55
June ...	2	—	—	1	1	—	82	—	2	—	6	—	—	94
July ...	—	1	2	—	1	—	32	1	2	—	3	—	—	42
August ...	4	—	—	—	1	—	17	—	5	—	1	1	1	30
September ...	3	1	1	—	—	—	22	1	1	—	1	1	—	31
October ...	2	—	1	—	—	—	77	3	2	1	—	—	—	86
November ...	1	—	—	2	—	—	49	3	—	1	3	—	—	59
December ...	—	—	2	4	—	—	37	34	1	—	—	—	1	79
Totals ...	26	24	3	18	6	—	374	64	63	2	133	3	3	689

TABLE 15

**NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSION DURING THE YEAR 1954**

Disease	Cases Notified	Admitted to Hospital	Total Deaths
Measles	64	—	—
Smallpox	—	—	—
Scarlet Fever	26	2	—
Diphtheria	—	—	—
Pneumonia	18	—	7
Erysipelas	6	1	—
Chickenpox	374	1	—
Acute Poliomyelitis	2	2	—
Dysentery	133	—	—
Whooping Cough	33	—	—
Food Poisoning	3	—	—
Puerperal Pyrexia	3	—	—
Totals ...	662	6	7

TABLE 16

TUBERCULOSIS — New Cases and Mortality during 1954

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	1	—	—	—	—
10	—	1	—	1	—	—	—	—
15	1	2	—	—	—	—	—	—
20	1	2	—	—	—	—	—	—
25	1	—	—	—	—	—	—	—
35	1	3	1	—	—	—	—	—
45	6	1	—	—	—	—	—	—
55	1	1	—	—	—	—	—	—
65 & upwards	2	1	—	—	2	—	—	—
Totals ...	13	11	1	2	2	—	—	—

TABLE 17
ANNUAL INCIDENCE OF VARIOUS INFECTIOUS
DISEASES IN BRIGHOUSE SINCE 1893.

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'ic Fever	Erysipelas	Tuberculosis			Pneumonia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	3	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	35	16
1949	—	37	1	—	4	33	2	33	41
1950	—	46	1	—	2	17	6	23	10
1951	—	68	—	—	5	26	4	30	31
1952	—	40	—	—	1	44	6	50	30
1953	—	117	—	—	4	57	3	60	16
1954	—	26	—	—	6	26	3	29	18
Totals	164	4052	830	291	596	1098	350	1448	623
Av'rg's	2.7	65.3	13.6	4.5	9.6	26.1	8.3	34.5	18.0

TABLE 18.
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
1952	13.3	15.3	21.8	22.3	27.6	43.58	0.00	1.1
1953	13.4	15.5	14.5	24.5	26.8	38.65	0.00	1.1
1954	13.6	15.2	19.0	26.6	25.5	45.11	0.00	0.8

TABLE 19
DEATHS FROM SPECIFIED CAUSES SINCE 1896
BOROUGH OF BRIGHOUSE

Decade	Maternal Mortality Death Rate per 1,000 Total Births	Deaths from Various Causes—Rates per 1,000 Population												
		Typhoid and Para typhoid Fever	Small- Pox	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Influ- enza	Can- cer	Tuberculosis			All Causes	
										Lungs	Other	Total	B'house	Engl'd & Wales
1896-1905	4.06	0.08	0.02	0.32	0.17	0.23	0.16	0.15	0.66	1.58	0.39	1.97	15.25	16.8
1906-1915	6.38	0.05	0.00	0.30	0.06	0.17	0.25	0.12	0.93	1.29	0.41	1.70	13.68	14.3
1916-1925	5.60	0.02	0.00	0.11	0.05	0.14	0.09	0.85	1.23	1.12	0.36	1.48	14.71	13.3
1926-1935	5.25	0.02	0.00	0.01	0.02	0.03	0.06	0.53	1.75	0.76	0.18	0.94	13.84	12.05
1936-1945	4.16	0.01	0.00	0.01	0.01	0.04	0.04	0.24	1.95	0.43	0.11	0.54	14.95	12.04
1946	0.00	0.03	0.00	0.00	0.00	0.03	0.00	0.10	2.42	0.40	0.03	0.43	14.42	11.5
1947	1.75	0.00	0.00	0.03	0.00	0.00	0.00	0.03	1.81	0.43	0.03	0.46	13.90	12.0
1948	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.04	0.42	0.06	0.48	14.18	10.8
1949	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.42	2.11	0.49	0.06	0.55	14.08	11.7
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
1952	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.00	2.43	0.13	0.00	0.13	12.8	11.3
1953	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.10	2.01	0.26	0.00	0.26	13.0	11.4
1954	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	1.77	0.07	0.00	0.07	12.2	11.3

TABLE 20
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 Para- typhoid Fever	Small- pox	Meas- les	Scar- let Fever	Whoop- ing Cough	Diph- theria	Influ- enza	Can- cer	Tuberculosis		
	Puer- peral Sepsis	Other Puer- peral Causes	Total									Lungs	Other	Total
Total Deaths since Incorporation of Borough, 1894	20	66	86	45	4	180	68	152	135	447	2088	1286	309	1595
Average Deaths Per Annum ..	0.33	1.1	1.41	0.7	0.06	3.00	1.1	2.49	2.21	7.33	34.2	21.1	5.0	26.1
Total Infectious Diseases Notified ...	—	—	—	301	164	Notifi- able only since 1939 4267	4052	Notifi- able only since 1939 927	830	Not Notifi- able	Not an Infect- ious Dis- ease	1097 only since 1913	349 Notifiable since 1913	1446 1913
Case Mortality Rate per 100 Cases ...	—	—	—	14.95	2.44	3 d'ths since 1939	1.69	10 d'ths since 1939	16.26	—	—	653 d'ths since 1913	173 d'ths since 1913	826 d'ths since 1913
						0.07		1.08				59.61	50.00	58.06

TABLE 21.
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	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	22,177				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	16.45	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	
1952	30,420	413	9	21.8	404	13.3	15.3	9	22.3	28	18	43.58	—	0.00	1.1	
1953	30,370	414	6	14.5	408	13.4	15.5	10	24.5	27	16	38.65	—	0.00	1.1	
1954	30,400	421	8	19.0	413	13.6	15.2	11	26.6	26	19	45.11	—	0.00	0.8	

TABLE 22

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

Year	Population	Maternal Deaths		Number of Deaths from Various Causes and Rates per 1,000 of Population																				Tuberculosis						All Causes	
		Puer- peral Sep- sis	Other Puer- peral	Total Death Rate per 1000 Total Births	Typhoid and Paratyphoid Fever		Smallpox		Measles		Scarlet Fever		Whooping Cough		Diphtheria		Influenza		Cancer						All Causes						
					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	Lungs		Other				Total				
																					No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.
1894	21,043				5	0.24	—	0.00	4	0.19	1	0.05	13	0.61	4	0.19	7	0.33	13	0.61	36	1.71	7	0.33	43	2.04	312	14.6			
1895	21,153				3	0.14	—	0.00	13	0.62	1	0.05	3	0.14	3	0.14	—	0.00	11	0.51	40	1.8	13	0.61	53	2.41	349	16.50			
1896	21,238				2	0.09	—	0.00	16	0.75	3	0.14	6	0.28	—	0.00	—	0.00	14	0.65	40	1.74	3	0.14	43	1.88	360	17.00			
1897	21,347				3	0.14	—	0.00	4	0.19	5	0.24	10	0.46	1	0.05	11	0.51	10	0.46	32	1.36					322	15.08			
1898	21,466				4	0.24	—	0.00	12	0.56	3	0.14	1	0.05	2	0.09	1	0.05	17	0.79	41	1.72					418	17.60			
1899	21,570				2	0.09	—	0.00	—	0.00	9	0.41	3	0.14	1	0.05	6	0.28	15	0.70	33	1.41					371	17.10			
1900	21,690	—	2	3.89	2	0.09	—	0.00	10	0.46	7	0.32	13	0.60	6	0.28	—	0.00	15	0.70	39	1.82	12	0.56	51	2.38	399	18.39			
1901	21,780	—	3	5.81	3	0.14	—	0.00	2	0.09	1	0.05	—	0.00	12	0.55	—	0.00	14	0.65	43	1.88					345	15.84			
1902	21,960	—	2	4.06	1	0.05	2	0.09	14	0.65	2	0.09	5	0.23	7	0.31	2	0.09	9	0.41	33	1.50	9	0.41	41	1.91	305	13.88			
1903	21,983	—	4	3.99	—	0.00	1	0.05	6	0.28	2	0.09	6	0.28	—	0.00	4	0.18	10	0.45	27	1.23	5	0.23	32	1.46	258	11.73			
1904	22,076	—	—	0.00	—	0.00	1	0.05	—	0.00	3	0.13	5	0.23	1	0.05	4	0.18	21	0.95	43	1.94	13	0.59	56	2.43	305	13.81			
1905	22,100	—	3	6.60	—	0.00	—	0.00	5	0.23	1	0.04	—	0.00	4	0.18	4	0.18	20	0.90	30	1.35	9	0.41	39	1.76	268	12.11			
1906	22,196	—	5	10.86	2	0.09	—	0.00	7	0.31	7	0.31	4	0.18	1	0.05	1	0.04	21	0.94	27	1.21	13	0.58	40	1.79	312	14.50			
1907	22,280	—	1	2.37	1	0.05	—	0.00	—	0.00	—	0.00	9	0.39	9	0.39	5	0.22	15	0.67	25	1.12	6	0.26	31	1.38	298	13.37			
1908	22,365	—	1	2.21	—	0.00	—	0.00	14	0.63	—	0.00	—	0.00	10	0.45	6	0.26	20	0.89	31	1.38	11	0.49	42	1.87	320	14.30			
1909	22,455	—	2	7.29	3	0.14	—	0.00	1	0.04	2	0.09	8	0.35	5	0.22	7	0.31	16	0.71	26	1.15	5	0.22	31	1.37	283	12.60			
1910	22,520	—	3	7.46	1	0.05	—	0.00	11	0.48	1	0.04	5	0.22	4	0.18	2	0.09	27	1.20	24	1.06	10	0.44	34	1.50	264	11.72			
1911	20,843	1	1	5.44	1	0.05	—	0.00	—	0.00	—	0.00	2	0.10	3	0.14	3	0.14	14	0.67	24	1.14	10	0.48	34	1.62	258	12.53			
1912	20,900	1	1	5.57	2	0.10	—	0.00	2	0.10	3	0.15	3	0.15	1	0.05	—	0.00	25	1.19	27	1.24	9	0.43	36	1.67	294	14.06			
1913	20,960	1	2	8.04	1	0.05	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	18	0.85	39	1.91	6	0.28	45	2.19	284	13.55			
1914	21,020	1	2	7.87	—	0.00	—	0.00	1	0.04	—	0.00	6	0.28	5	0.23	—	0.00	27	1.28	34	1.62	9	0.42	43	2.04	290	13.80			
1915	21,100	1	2	8.69	—	0.00	—	0.00	31	1.43	1	0.04	—	0.00	15	0.71	4	0.17	18	0.89	22	1.04	11	0.52	33	1.56	331	16.40			
1916	19,748	1	1	5.79	—	0.00	—	0.00	2	0.10	—	0.00	2	0.10	8	0.38	4	0.17	30	1.51	27	1.42	12	0.60	39	2.02	316	16.05			
1917	19,332	1	2	10.16	1	0.05	—	0.00	2	0.10	1	0.05	—	0.00	1	0.05	8	0.38	19	1.03	19	0.93	12	0.60	31	1.53	299	15.51			
1918	19,364	1	1	6.57	—	0.00	—	0.00	3	0.15	—	0.00	15	0.77	2	0.10	59	3.04	22	1.13	32	1.65	7	0.35	39	2.00	373	19.26			
1919	21,000	—	2	6.82	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	28	1.39	20	0.99	26	1.31	6	0.29	32	1.59	295	14.60			
1920	20,871	—	—	0.00	—	0.00	—	0.00	7	0.33	1	0.05	—	0.00	3	0.14	4	0.19	28	1.34	23	1.10	5	0.24	28	1.34	271	12.98			
1921	20,610	—	—	—	1	0.05	—	0.00	—	0.00	1	0.05	3	0.14	2	0.10	7	0.34	19	0.91	19	0.91	7	0.34	26	1.25	263	12.76			
1922	20,670	—	2	6.04	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	19	0.92	25	1.21	18	0.87	6	0.29	24	1.16	265	12.82			
1923	20,390	1	1	7.01	—	0.00	—	0.00	1	0.05	—	0.00	3	0.15	—	0.00	9	0.44	21	1.03	21	1.03	6	0.29	27	1.32	272	13.33			
1924	20,100	—	1	3.38	—	0.00	—	0.00	—	0.00	4	0.19	3	0.15	2	0.09	23	1.14	28	1.38	23	1.14	7	0.34	30	1.48	283	14.08			
1925	19,920	1	2	10.20	1	0.05	—	0.00	7	0.35	1	0.05	1	0.05	—	0.00	10	0.50	35	1.81	17	0.85	6	0.30	23	1.15	314	15.70			
1926	19,440	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	10	0.51	36	1.85	20	1.02	5	0.25	25	1.27	257	13.2			
1927	19,380	—	1	3.90	—	0.00	—	0.00	2	0.10	—	0.00	—	0.00	1	0.05	25	1.29	34	1.75	20	1.02	6	0.31	26	1.33	297	15.3			
1928	19,460	—	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	6	0.31	20	1.03	17	0.87	4	0.20	21	1.07	243	12.5			
1929	19,640	—	1	4.01	1	0.05	—	0.00	—	0.00	—	0.00	1	0.05	—	0.00	24	1.22	36	1.83	18	0.91	6	0.30	24	1.21	308	15.7			
1930	19,640	—	2	8.80	2	0.10	—	0.00	—	0.00	2	0.10	2	0.10	1	0.05	3	0.15	39	1.98	13	0.66	1	0.05	14	0.71	266	13.5			
1931	19,940	—	1	4.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	2	0.10	5	0.25	35	1.75	15	0.75	6	0.30	21	1.05	273	13.7			
1932	19,740	1	1	7.60	—	0.00	—	0.00	—	0.00	—	0.00	1	0.05	1	0.05	13	0.65	31	1.57	12	0.61	2	0.10	14	0.71	266	13.4			
1933	19,670	—	1	4.70	1	0.05	—	0.00	—	0.00	1	0.05	1	0.05	1	0.05	10	0.58	35	1.74	12	0.61	1	0.05	13	0.66	283	14.4			
1934	19,550	1	3	15.04	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	2	0.10	3	0.15	40	2.05	11	0.56	2	0.10	13	0.66	274	14.0			
1935	19,510	—	1	3.88	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	3	0.15	38	1.90	11	0.56	2	0.10	13	0.66	247	12.7			
1936	19,430	3	—	12.99	—	0.00	—	0.00	—	0.00	2	0.10	2	0.10	3	0.15	4	0.20	38	1.96	8	0.41	4	0.20	12	0.61	294	15.13			
1937	30,120	1	—	2.35	—	0.00	—	0.00	—	0.00	1	0.03	1	0.03	2	0.07	24	0.79	55	1.83	17	0.56	4	0.13	21	0.69	447	14.84			
1938	30,140	—	1	2.21	1	0.03	—	0.00	—	0.00	1	0.03	—	0.00	—	0.00	3	0.09	52	1.73	10	0.33	4	0.13	14	0.46	404	13.4			
1939	29,900	2	—	4.53	—	0.00	—	0.00	—	0.00	—	0.00	—	0.00	1	0.03	4	0.13	61	2.04	14	0.47	3	0.10	17	0.57	476	15.92			
1940	29,540	—	—	0.00	—	0.00	—	0.00	2	0.07	—	0.00	—	0.																	

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
AND CLEANSING SUPERINTENDENT FOR THE YEAR
1954

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting the Annual Report on the environmental health and public cleansing services for the year 1954, the former services covering the period ending 31st December, 1954, whilst the latter refers to the financial year ending 31st March, 1955.

As a result of the passing of the Housing Repairs and Rent Act, 1954, a commencement was made in surveying the district with a view to formulating a scheme for the clearance of sub-standard houses over a period of 20 years, and at the end of the year the survey was still in progress with a view to completion in the current year.

July 1954, saw the termination of the occupancy of the Co-operative Society Abattoir by the Ministry of Food. Negotiations with the Brighouse Butchers Association with a view to the premises being acquired on lease by the Health and Cleansing Committee did not materialise, with the result that the premises were taken over by the Co-operative Wholesale Society for use in supplying not only the Brighouse District Industrial Society Ltd., but also other Co-operative Societies surrounding the Borough.

The Public Cleansing Services were well maintained during the year, and the revenue obtained from sales of salvageable materials was greater than for some years past.

A survey of the Report and statistics will reveal to your Council that the work in both services is being maintained at a high level, and I would here tender my thanks to the Staff and Employees of the Department for their valued support and assistance.

Finally, my thanks are due to the Chairman, Vice-Chairman and Members of the Committee for their continued support and confidence in a work of supreme importance to the well being of the community.

I am, Mr. Mayor, Ladies 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	6	6	—
Clifton	6	4	2
Hipperholme	6	6	—
Hove Edge	6	5	1
Longroyde	6	5	1
Lightcliffe	6	6	—
Southowram	6	6	—
Woodhouse	6	5	1
Totals ...	48	43	5

Private Water Supplies.

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

Situation	Number Submitted	Number Satisfactory	Number Unsatisfactory
6 Cromwell Bottom ...	1	—	1
"The Lees," Clifton ...	1	—	1
"Holly Royd," Southowram	1	—	1
Totals ...	3	—	3

Examination for Plumbo-Solvency.

Two samples of water were submitted during the year for the 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.	2.3.54	19 Rastrick Common	30 ft.	Nil	6.9
After standing in pipe all night	2.3.54	do.	30 ft.	Nil	7.0
After standing in pipe for measured period of $\frac{1}{2}$ hr.	29.9.54	11 Frances Street	18 ft.	Nil	6.6
After standing in pipe all night	29.9.54	do.	18 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	Number Obtained	Number Satisfactory	Number Unsatisfactory
January	—	—	—
February	4	3	1
March	2	2	—
April	2	2	—
May	2	2	—
June	2	2	—
July	2	1	1
August	2	2	—
September	2	2	—
October	2	2	—
November	2	2	—
December	2	2	—
Totals ...	24	22	2

SANITARY ACCOMMODATION

Seventy-three additional water closets were provided during 1954 to existing properties, 108 water closets were provided for new houses.

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

Fresh Water Closets	11,729
Waste Water Closets	56
Pail Closets	175
Privies	85

Twenty-six waste water closets and two privies were converted to fresh water closets during the year. Two pails and one midden were abolished during the year, whilst in addition twelve insanitary trough closets were converted to ten fresh water closets.

DRAINAGE

Ninety-three 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, the use of colour was resorted to in 174 instances, the water test was used on 6 occasions and the alfactory test on 5 occasions.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS AND REGULATIONS

Offensive Trades.

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

Tripe Boiler	1
Soap Boilers	2
Rag and Bone Dealer	1

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

MOVEABLE DWELLINGS

Tents, Vans, Sheds, etc.

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

Land, Atlas Mill Road	3 caravans
Broadholme, Mill Yard, Atlas Mill Road	1 caravan
Whittaker Pit, Clifton	1 caravan
Woomak Ltd., Land Atlas Mill Road	1 caravan
Cromwell Bottom Farm, Brookfoot	1 caravan

Informal action secured the removal of one unlicensed caravan in Ashday Lane, Southowram.

FACTORIES ACT, 1937

Bakehouses.

One hundred and forty-four inspections were paid during the year to the 15 bakehouses in the Borough.

Factories (Mechanical and Non-Mechanical).

Three 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
Unsuitable or defective conveniences	3	2

Two hundred and sixty-six inspections were paid to these premises during the year and the following additional defects were revealed and action taken.

Unsuitable or defective conveniences	21
Want of cleanliness	1

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

Aerated Waters	.....	.....	.....	.....	.....	1
Aircraft Parts	.....	.....	.....	.....	.....	1
Artificial Stone	.....	.....	.....	.....	.....	5
Asphalt	.....	.....	.....	.....	.....	1
Bakehouses	.....	.....	.....	.....	.....	15
Bedding Manufacture	.....	.....	.....	.....	.....	2
Blacksmiths	.....	.....	.....	.....	.....	2
Boot and Shoe Repairs	.....	.....	.....	.....	.....	5
Brick Manufacture	.....	.....	.....	.....	.....	6
Cabinet Making	.....	.....	.....	.....	.....	1
Caravans	.....	.....	.....	.....	.....	1
Card Clothing	.....	.....	.....	.....	.....	5
Carpet Manufacture	.....	.....	.....	.....	.....	3
Cattle Foods	.....	.....	.....	.....	.....	2
Chemicals	.....	.....	.....	.....	.....	1
Clock Making	.....	.....	.....	.....	.....	1
Clothing	.....	.....	.....	.....	.....	8
Coal Gas	.....	.....	.....	.....	.....	1
Dyers	.....	.....	.....	.....	.....	5
Electrical Trades	.....	.....	.....	.....	.....	5
Electro Plating	.....	.....	.....	.....	.....	1
Enamelling	.....	.....	.....	.....	.....	1
Engineering	.....	.....	.....	.....	.....	20
Engraving	.....	.....	.....	.....	.....	1
Fireplace Manufacture	.....	.....	.....	.....	.....	1
Fish Meal	.....	.....	.....	.....	.....	1
Flock Cleansing and Teasing	.....	.....	.....	.....	.....	1
Flour Milling	.....	.....	.....	.....	.....	1
Food Preparation	.....	.....	.....	.....	.....	9
Generation and Transforming of Electricity	.....	.....	.....	.....	.....	2
Glazed Pipes	.....	.....	.....	.....	.....	1
Gramophone Parts	.....	.....	.....	.....	.....	1
Handbags	.....	.....	.....	.....	.....	1
Ice Cream	.....	.....	.....	.....	.....	1
Joinery	.....	.....	.....	.....	.....	27
Laundering	.....	.....	.....	.....	.....	4
Machine Tools	.....	.....	.....	.....	.....	9
Maltsters	.....	.....	.....	.....	.....	3
Metal Spinning and Stamping	.....	.....	.....	.....	.....	1
Metal Founding	.....	.....	.....	.....	.....	12
Mortar Grinding	.....	.....	.....	.....	.....	5
Motor Vehicle Repairs	.....	.....	.....	.....	.....	19
Oil Refining	.....	.....	.....	.....	.....	1
Packing Manufacture	.....	.....	.....	.....	.....	2
Packing Cases	.....	.....	.....	.....	.....	1
Paint Manufacture	.....	.....	.....	.....	.....	2
Patent Glazing	.....	.....	.....	.....	.....	1

Pattern Making	.....	.....	.....	.....	.....	4
Photography	.....	.....	.....	.....	.....	3
Plumbing	.....	.....	.....	.....	.....	5
Portable Buildings	.....	.....	.....	.....	.....	1
Printing	.....	.....	.....	.....	.....	2
Radio and Television	.....	.....	.....	.....	.....	2
Rubber Pads — Horses	.....	.....	.....	.....	.....	1
Rubber — Fabric Lined	.....	.....	.....	.....	.....	1
Rug Manufacture	.....	.....	.....	.....	.....	1
Sheet Metal Workers	.....	.....	.....	.....	.....	6
Soap Manufacture	.....	.....	.....	.....	.....	2
Stone Trades	.....	.....	.....	.....	.....	2
Tanning	.....	.....	.....	.....	.....	3
Textiles	.....	.....	.....	.....	.....	45
Warehousing	.....	.....	.....	.....	.....	3
Wire Drawing	.....	.....	.....	.....	.....	7
Wire Goods	.....	.....	.....	.....	.....	12
Total						300

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 treated during the 12 months ending 31st March, 1955.

(1) Types of Infestations.

		Local Aut'y.	Private Premises	Agri- cultural Premises	Business Premises	Total
Rats						
	Major	Nil	Nil	Nil	Nil	Nil
	Minor	7	59	9	19	94
	Total	7	59	9	19	94
Mice						
		Nil	30	Nil	13	43
	Total	7	89	9	32	137

(2) Baits and Poisons used.

BAITS
Sausage Rusk.
Bread Mash.
Oatmeal.
Soaked Wheat.

POISONS
Zinc Phosphide.
Red Squill.
Arsenic.

In addition to the above-mentioned poisons, the rodenticide Warfarin has been employed by the Department.

(3) Other Methods.

Gassing has been used for the purpose of achieving disinfection on one occasion during this period. Eradication by trapping has also been used on one occasion.

(4) Results of Treatments.

	Local Aut'y.	Private Premises	Agri- cultural Premises	Business Premises	Total
Rats					
Major Infestations	Nil	Nil	Nil	Nil	Nil
Minor infestations	7	59	9	19	94
Infestations cleared	7	59	9	19	94
Infestations outstanding	Nil	Nil	Nil	Nil	Nil
Total infestations out- standing at year end	Nil	Nil	Nil	Nil	Nil
Infestations re-treated	Nil	Nil	Nil	Nil	Nil
Mice					
Infestations treated	Nil	30	Nil	13	43
Infestations cleared	Nil	30	Nil	13	43
Infestations outstanding	Nil	Nil	Nil	Nil	Nil

(5) Details of Treatments.

Number of pre-baits laid	48
Number of poison baits laid	60
Number of check baits laid	Nil
Total	108
Number of bodies seen	177
Number of presumed killed	284
Total	461

(6) Details of Inspections carried out.

Number of inspections paid by Inspectors relative to the Act	419
Re-inspections paid by Inspectors	6
Number of visits paid by Rodent Operative during the year in connection with the above infestations	401
Total	826

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One premise was registered under the above Act during the year for the use of rag flock as filling material for furniture manufacture, and seven inspections were carried out during the year to the same.

Two samples of rag flock were submitted for examination to the prescribed analyst and were found to be satisfactory. Average results are set out in the following table.

Test	Result	Permissible Amount
Chlorine in parts per 100,000	11.5	30
Oil and Soap	2.3%	5.0%
Soluble Impurities	0.75%	1.8%

ATMOSPHERIC POLLUTION

Two hundred and fifty "timed $\frac{1}{2}$ -hour" observations were taken during 1954. The following table gives detailed particulars of the observations taken :—

No. of chimneys of which observations have been taken	57
No. of observations taken	250
Average No. of minutes black smoke during the above observations	0.45
Average No. of minutes smoke other than black smoke during the 250 observations	4.15
No. of observations showing black smoke	62
Average No. of minutes black smoke during the above 62 observations	1.84
No. of observations showing black smoke exceeding three minutes in every 30	2
Average No. minutes black smoke during the above observations	7.25
No. of Notice of Offence served	2

Details of results of the atmospheric pollution gauges are given on page 77. Comparison with two previous years are as follows :—

	1954 Total Solids in	1953 Tons per Square Mile	1952
Wellholme Park	159.31	145.62	141.37
Rastrick (Carr Green)	144.20	117.64	132.46
King George V Park, Lightcliffe	125.93	*127.74	142.50
Southowram	141.77	118.40	130.88
Clifton	†105.73	125.19	*115.20

* Refers to 11 months only

† Refers to 9 months only

DEPOSITED ATMOSPHERIC POLLUTION, 1954

	Wellholme Park				Carr Green				Cliffe Hill School				Southowram Church				Clifton : Towngate			
	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall Inches	Insoluble Solids	Soluble Solids	Total Solids
January ...	2.86	5.98	7.30	13.28	2.59	4.95	7.91	12.86	3.05	2.48	10.14	12.62	2.70	6.33	10.67	17.00	2.63	3.52	12.41	15.93
February ...	2.86	8.93	7.30	16.23	2.43	7.94	8.36	16.30	2.37	7.72	7.55	15.27	3.01	7.76	9.21	16.97	2.20	9.09	6.98	16.07
March ...	1.93	6.84	5.14	11.98	1.83	5.47	4.92	10.39	1.63	3.69	4.80	8.49	2.03	6.53	5.17	11.70	1.70	6.39	4.77	11.16
April ...	0.39	3.32	2.52	5.84	0.38	3.82	1.92	5.74	0.42	3.72	2.29	7.01	0.36	3.72	2.19	4.91	0.36	3.26	2.90	6.16
May ...	3.58	9.49	8.55	18.04	3.24	7.15	9.08	16.23	3.37	6.41	8.59	15.00	3.38	6.89	7.32	14.21	3.36	10.67	7.97	18.64
June ...	1.56	2.62	3.19	5.81	1.62	2.92	4.75	7.67	1.58	3.29	4.03	7.32	1.82	3.05	3.01	6.06	1.50	3.86	4.31	8.17
July ...	2.14	3.98	2.72	6.70	1.83	11.11	5.16	16.27	2.11	4.16	2.68	6.84	2.49	3.28	3.18	6.46	1.76	4.61	3.36	7.97
August ...	5.47	18.22	9.06	27.28	6.91	4.95	6.16	11.11	5.79	1.78	7.38	9.16	6.75	4.08	12.06	16.14	5.68	3.72	7.97	11.69
September ...	3.39	3.65	6.47	10.12	2.97	5.57	9.84	15.41	3.05	2.95	5.84	8.79	3.48	2.98	6.23	9.21	2.84	3.42	6.52	9.94
October ...	4.72	7.50	8.46	15.96	4.31	4.85	6.60	11.45	4.52	4.29	6.34	10.63	5.08	3.68	6.50	10.18	—	—	—	—
November ...	4.45	5.04	4.61	9.65	4.32	4.61	5.50	10.11	4.16	3.15	5.71	8.86	4.78	4.01	6.10	10.11	—	—	—	—
December ...	3.91	5.97	12.45	18.42	2.75	2.24	8.42	10.66	2.57	3.93	12.01	15.94	4.05	4.34	14.48	18.82	—	—	—	—
Yearly Aggregate	37.26	81.54	77.77	159.31	35.18	65.58	78.62	144.20	34.62	47.57	78.36	125.93	39.93	55.65	86.12	141.77	22.03	48.54	57.19	105.73
Monthly Averages	3.11	6.80	6.48	13.28	2.93	5.46	6.55	12.01	2.89	3.96	6.53	10.49	3.33	4.64	7.18	11.82	2.45	5.39	6.35	11.75

Monthly Average for whole Borough :

Rainfall in inches ...	2.94
Insoluble Solids ...	5.25
Soluble Solids ...	6.62
Total Solids ...	11.87

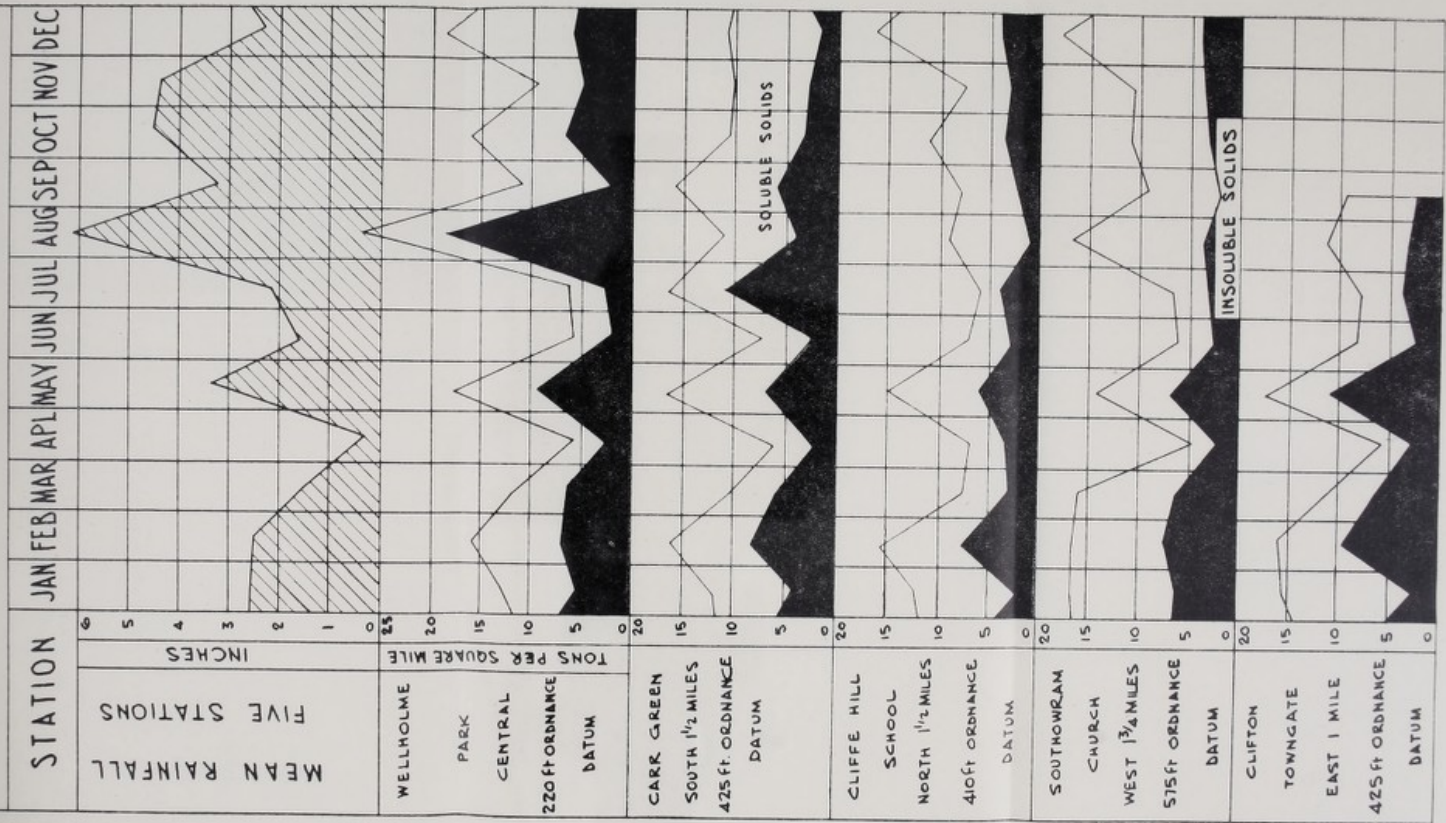
Total Annual Deposit for whole Borough : 142.04 tons per Square Mile

STATION	Milligrams of S O — Lead Peroxide Method 1954												Total Daily Av'ge
	Jan.	Feb.	Mar.	Apr.	May	Jne.	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Wellholme Park	1.76	2.09	1.94	1.27	1.21	0.94	0.78	0.68	0.86	0.96	1.40	1.37	1.27
Carr Green	1.22	1.31	1.15	1.03	0.68	1.13	0.53	0.58	1.43	0.83	0.95	1.02	0.99
Cliffe Hill School	2.12	2.41	2.36	1.77	1.38	1.13	1.22	1.06	1.12	1.72	2.16	2.24	1.72
Southowram Church	2.21	2.39	2.26	1.82	1.09	0.10	1.52	1.06	1.28	1.69	2.25	2.05	1.64
Clifton : Towngate	3.15	2.61	2.42	2.23	1.56	1.08	1.40	1.18	1.23	1.22	2.52	2.38	1.92
Total Daily Average	2.09	2.16	2.02	1.62	1.18	0.88	1.09	0.91	1.18	1.08	1.86	1.81	1.51

Sulphur Pollution — Lead Peroxide Method 1954

MONTHLY ATMOSPHERIC DEPOSIT 1954

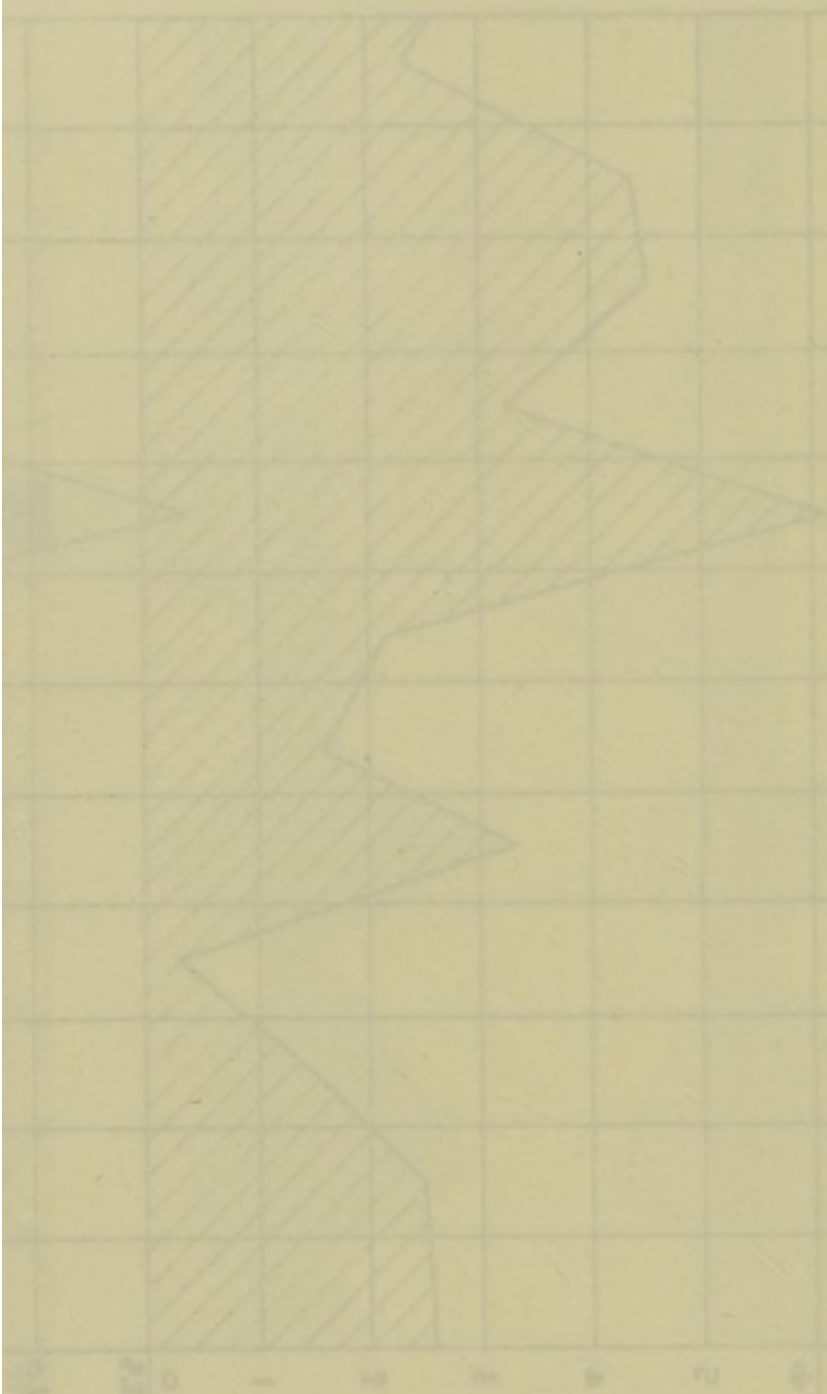
FIVE BRIGHOUSE STATIONS



1924 DEPOSIT T120930 KEGI

STATIONS BRIDGE FIVE

NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC



INCHES
FIVE STATIONS
MEAN RAINFALL
STATION

FOOD INSPECTION AND SUPERVISION

Milk Supply.

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

Distributors resident in the Borough	29
Shops registered for sale of milk in sealed bottles	45
Distributors not resident in the Borough	8

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.

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

No samples were classified as adulterated by the abstraction of fat.

No samples were classified as genuine although they were below the minimum standard of solids not fat.

All samples were classified as genuine.

	Total Solids	Solids not Fat	Milk Fat
Board of Agriculture Standard	11.50	8.50	3.00
Average of 69 genuine samples	12.42	8.74	3.68

Bacteriological Examination of Milk.

During the year 233 samples of milk were taken in the Borough by the Officers of this Department for examination at the Public Health Laboratory, Wakefield, these were submitted for examination by the Phosphatase, Methylene Blue and Turbidity Tests with the following results :—

				Methylene Blue Test			Phosphatase Test			
				Sat.	Unsat.	Total	Sat.	Unsat.	Total	
DESIGNATED MILKS										
1. Tuberculin Tested	...	...	...	37	3	40	77	—	77
2. Pasteurised	...	...	...	77	—	77			
3. Sterilised	...	...	...	9	—	9			
UNDESIGNATED MILKS										
1. Accredited	...	...	...	13	1	14	77	—	77
2. Ordinary	...	...	...	6	1	7			
			142	5	147					
							Turbidity Test			
							Sat.	Unsat.	Total	
1. Sterilised	...	...	...				9	—	9
Totals				...	142	5	147	86	—	86

Biological Examination of Milk.

	No. of Samples free from Tubercular Bacillus	No. of Samples found Tuberculous	Total
Accredited Milk	—	1	1
Undesignated Milks	4	—	4
Totals ...	4	1	5

Meat Inspection.

The Ministry of Food ceased occupancy of the Brighthouse Co-operative Society Abattoir on the 28th June, and the premises were occupied by the Co-operative Wholesale Society on the 1st July ; since which time killing has taken place for numerous Co-operative Societies in and around the Borough.

It will be noticed from the appended table that the number of animals slaughtered since July last has increased tremendously, with the result that a greater proportion of the time of your Officers is taken up with this important duty.

Month	Cows	Beasts	Sheep	Pigs	Calves	Total
January	52	59	475	189	42	717
February	42	75	550	239	—	906
March	37	140	742	365	—	1,284
April	66	101	455	325	—	1,047
May	27	178	338	362	—	905
June	59	97	645	267	—	1,068
July	6	343	680	25	—	1,054
August	—	280	889	99	—	1,268
September	—	241	1,133	193	—	1,567
October	—	265	1,276	229	—	1,770
November	2	299	1,218	301	—	1,820
December	—	241	736	473	—	1,450
Totals ...	291	2,319	9,137	3,067	42	14,856

The following are the details of the visits paid under this heading during the year to :—

Ministry of Food Slaughterhouse (from July	
C.W.S. Abattoir)	649
Food Shops	265
Food Preparing Premises	227

The following unsound food was condemned and surrendered from the shops :—

English Meat

80 lbs. Bacon

Fish

29 stone Haddock

59 stone Cockles

Other Foods

9½ lbs. Cheese

24 Swiss Rolls

Tinned and Bottled Goods

2 tins Plums
20 tins Ham (large)
1 tin Brisket
1 tin Rabbit
10 tins Peaches
1 tin Chopped Pork
3 tins Salmon
20 tins Pineapple
28 tins Pears
23 tins Tomatoes
13 tins Luncheon Meat
17 tins Ox Tongue
9 tins Corned Beef
4 tins Crab
1 tin Braised Liver
6 tins Chicken

2 tins Cream
10 tins Processed Peas
21 tins Apricots
1 tin Sausages
1 tin Veal
4 tins Strawberries
14 tins Shrimps
21 tins Steak
1 tin Beef Loaf
1 jar Jam
2 tins Pilchards
51 tins Milk
3 tins Beans
1 tin Fruit Salad
3 tins Grape Fruit

CARCASES INSPECTED AND CONDEMNED

					Cows	Bovines	Calves	Sheep & Lambs	Pigs
Number Slaughtered	...	...	...	...	291	2,319	42	9,139	3,067
Number Inspected	...	...	...	...	291	2,319	42	9,139	3,067
ALL DISEASES EXCEPT TUBERCULOSIS									
Whole carcasses condemned	...	...	...	...	—	2	2	7	1
Carcasses of which some part or organ was condemned	...	...	...	...	177	860	—	483	67
Percentage of the number inspected affected with disease other than tuberculosis	...	...	...	...	60.8 %	37.1 %	4.7 %	4.8 %	2.2 %
TUBERCULOSIS ONLY									
Whole carcasses condemned	...	...	...	...	5	7	—	—	12
Carcasses of which some part or organ was condemned	...	...	...	...	99	249	—	—	88
Percentage of the number inspected affected with tuberculosis	...	...	...	...	35.7 %	11.0 %	—	—	3.2 %

**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.
Abscesses	54	58	85	106	165	78	180	100	98	283	126	129	1,462
Actinomycosis	...	...	35	...	34	...	...	...	...	...	55	...	124
Acute Fever	145	...	...	...	...	...	...	...	...	...	...	...	145
Angiomatosis	58	56	16	12	27	75	10	32	...	...	36	...	322
Arthritis	...	...	...	15	...	...	...	...	...	...	...	...	15
Bruising	...	36	...	...	15	34	...	...	...	...	30	...	115
Cirrhosis	279	205	206	390	284	344	524	610	519	470	737	476	5,044
Cysticercus Bovis	...	...	...	...	...	...	...	...	819	...	...	...	819
Cysts	...	...	12	...	...	...	19	...	6	...	...	...	37
Decomposition	...	...	...	...	...	...	754	61	...	54	...	...	869
Distomatosis	2	9	...	...	...	9	27	42	67	101	345	70	672
Dropsy	...	...	...	...	...	...	...	...	28	...	25	...	53
Emaciation	81	...	...	...	...	...	...	...	...	20	...	...	101
Enteritis	...	...	...	...	...	...	...	...	...	...	16	...	16
Fatty Degeneration	...	...	...	...	14	...	...	28	14	...	25	...	81
Fatty Infiltration	...	...	...	...	...	...	...	...	...	10	...	...	10
Inflammation	...	...	...	...	...	6	...	...	...	26	3	2	37
Injury	...	...	...	...	...	...	86	6	...	...	50	42	187
Johnes Disease	...	...	...	...	...	...	...	...	...	...	401	...	401
Mastitis	358	226	206	178	140	210	70	...	...	...	21	...	1,409
Melanosis	...	...	...	...	50	...	8	...	...	...	...	85	38
Moribund	...	...	...	...	...	...	40	...	...	...	...	...	125
Nephritis	...	...	...	3	...	...	2	...	...	...	...	...	5
Peritonitis	23	...	9	...	...	24	...	...	...	...	...	...	56
Pleurisy	...	...	...	7	...	...	...	...	...	...	...	...	27
Pyæmia	...	...	...	91	20	...	...	...	...	...	...	...	91
Tuberculosis	899	3,072	3,517	2,477	2,128	1,071	3,258	1,927	1,412	491	553	440	21,245
Totals	1,876	3,685	4,077	3,288	2,857	1,827	5,002	2,806	2,963	1,458	2,423	1,244	33,506

14 tons, 19 cwts., 0 qtrs., 18 lbs.

Bacteriological Examination of Food other than Milk.

Fifteen samples of shellfish and crab meat were submitted to the Public Health Laboratory during the year.

Food	Number of Samples	Satisfactory Samples	Staphylococcus Aureus Isolated	Bacillus Coli Isolated
Crab Meat ...	5	4	1	—
Mussels: Unboiled	5	5	—	1
Mussels: Boiled ...	5	4	—	—

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. Regular routine inspections were made of the same throughout the year, and the importance of good hygiene stressed.

Ice Cream.

Seven applications were received during the year to retail ice cream and iced lollies from shop premises, making a total of 90 premises now registered.

Regular routine inspection of the two ice cream manufacturers' premises, where the heat treatment process of manufacture is carried, revealed that conditions were still satisfactory, the firms still being anxious to co-operate with us.

A total of 43 samples of ice cream were submitted for the bacteriological examination by the Methylene Blue Reduction Test, particulars are given below :—

Produced	No. of Samples	Grade I		Grade II		Grade III		Grade IV	
		No.	%	No.	%	No.	%	No.	%
In Borough ...	9	9	100	—	—	—	—	—	—
Outside Borough	34	26	76.47	6	17.65	2	5.88	—	—
Total ...	43	35	81.40	6	13.95	2	4.65	—	—

The nine samples of ice cream produced in the Borough were obtained direct from the manufacturers' premises.

Twenty-seven 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 27 samples 15 were of local manufacture and 12 were manufactured outside the Borough.

It must be noted that of the 27 samples of iced lollies 21 were of the wrapped variety and made by the larger ice cream manufacturers, whilst the remaining six samples were sold to the public in an unwrapped condition and came from the small shopkeeper making his own supplies.

During the year 227 visits were paid to food preparing premises, 265 to food shops and further improvements were effected to the same, details of which appear in the summary of sanitary improvements on pages 89 and 90. 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	12
Grocers and General Mixed Stores	97
Greengrocers	39
Retail Fishmongers	3
Wholesale Fishmongers	4
Fried Fish Fryers	40
Sweet and Ice Cream Retailers	29
Butchers	42
Sweet Manufacturers	1
Condiment Manufacturer	1
Tripe Dresser and Retailer	1
Flour Miller	1
Licensed Premises	55
Licensed Clubs	24
Ice Cream Manufacturers	2
Wholesale Delicatessen	1

WEST RIDING COUNTY COUNCIL (GENERAL POWERS) ACT, 1951

(1) Section 76 : Registration of Food Hawkers.

Twenty vehicles are registered for the retailing of green-grocery and grocery as follows :—

Greengrocery	Grocery
15 motor vehicles	2 motor vehicles
3 horse drawn vehicles	

(2) Section 120 : Registration of Hairdressers and Barbers.

Two applications were received during the year in connection with the registration of two ladies' hairdressers, bringing the total at the end of the year to 39 premises registered. These were as follows :—

Gents	Ladies	Ladies & Gents
11	26	2

Nine visits were carried out during the year to these premises with a view to seeing compliance with your Council's Byelaws.

SLAUGHTER OF ANIMALS ACT, 1933

Twenty-three persons are licensed to slaughter animals under the Slaughter of Animals Act, 1933.

INFECTIOUS DISEASE AND DISINFECTION

Forty visits were paid during the year to cases of infectious disease, and three disinfections were carried out after infectious disease.

PESTOLOGY

The furniture and effects from three houses affected with vermin were treated with H.C.N. prior to removal to new Council houses and in each case soft goods were steam disinfected.

In addition to the above a further house was treated with H.C.N. in order to eradicate wood beetle.

The following premises were treated with either Gamexane or D.D.T.:—

Infestation	Premises Treated
Cockroaches	4
Fleas	5
Wasps	3
Ants	1

A total of nine houses were treated with either Formalin or Sulphur, six as a result of change of tenancy, and three as a result of tuberculosis.

SANITARY INSPECTION OF DISTRICT

Total number of Inspections	8,462
Bakehouses Inspected	148
Butcher's Shops Inspected	180
Caravans Inspected	22
Complaints Investigated	374
Dairies and Milkshops	122
Drainage Inspections	93
Diseases of Animals Acts :—	
Visits	—
Dwellinghouses Inspected :—	
Dwellinghouses Inspected and Recorded	51
Housing Acts — Overcrowding Survey	134
Public Health Acts	934
Dwellinghouses Re-inspected :—	
Housing Acts — Re-inspections	256
Public Health Acts	1,687
Disinfections	9
Disinfestations	13
Drains tested with water	6
Drains tested with smoke	8
Drains tested with colour	174
Drains tested with odour	5
Factories Inspected	144
Food Hawkers	4
Food Preparing Premises	227
Food Shops	265
Licensed Premises	7
Hairdressers and Barbers	9
Hydrogen Cyanide Regulations :—	
Premises Treated	7
Premises Inspected	10
Ice Cream Premises Inspected :—	
Manufacture	36
Retail	56
Infectious Diseases	40
Markets Inspected	208
Offensive Trades :—	
Fish Frying Premises	91
Fish Meal Premises	36
Tripe Boiling Premises	2
Pet Animals Act, 1951 :—	
Inspections	1
Prevention of Damage by Pests :—	
Inspections	419
Re-inspections	6
Public Cleansing Service	707
Public Conveniences	353

Rag Flock and Other Filling Materials Act :—							
Inspections	.....	.....	.....	.....	.....	.....	5
Shops Act	.....	.....	.....	.....	.....	.....	28
Smoke Observations	.....	.....	.....	.....	.....	.....	250
Slaughterhouse	.....	.....	.....	.....	.....	.....	649
Works in Progress	.....	.....	.....	.....	.....	.....	488

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED PUBLIC HEALTH ACTS, 1875—1936

Brighthouse Corporation Act, 1907

Interior of Houses.

Additional ventilation provided	.....	.....	.....	.....	.....	.....	8
Burst water pipes repaired	.....	.....	.....	.....	.....	.....	18
Ceilings replastered	.....	.....	.....	.....	.....	.....	6
Chimney flues repaired	.....	.....	.....	.....	.....	.....	2
Fireplace fixtures renewed and repaired	.....	.....	.....	.....	.....	.....	9
Food store ventilated and lighted	.....	.....	.....	.....	.....	.....	1
Floors repaired	.....	.....	.....	.....	.....	.....	19
Glazed sinks provided in lieu of stone sinks	.....	.....	.....	.....	.....	.....	9
Handrail to staircase provided	.....	.....	.....	.....	.....	.....	3
Sash cords renewed	.....	.....	.....	.....	.....	.....	4
Sewage gaining access to cellar abated	.....	.....	.....	.....	.....	.....	20
Trap to sink waste pipe provided	.....	.....	.....	.....	.....	.....	2
Walls replastered	.....	.....	.....	.....	.....	.....	9
Water gaining access to cellar abated	.....	.....	.....	.....	.....	.....	9
Window frames renewed or repaired	.....	.....	.....	.....	.....	.....	14

Exterior of Houses.

Chimney stacks rebuilt	.....	.....	.....	.....	.....	.....	1
Defective chimney pots renewed	.....	.....	.....	.....	.....	.....	3
Defective doors repaired	.....	.....	.....	.....	.....	.....	6
Decayed pointing renewed	.....	.....	.....	.....	.....	.....	18
Dry area provided	.....	.....	.....	.....	.....	.....	1
Eavesgutters renewed or repaired	.....	.....	.....	.....	.....	.....	46
Leaky roofs repaired	.....	.....	.....	.....	.....	.....	50
Mastic pointing to windows renewed	.....	.....	.....	.....	.....	.....	15
Rainwater pipes disconnected from drain	.....	.....	.....	.....	.....	.....	2
Rainwater pipes renewed or repaired	.....	.....	.....	.....	.....	.....	22

Yards and Outbuildings.

Offensive accumulations removed	.....	.....	.....	.....	.....	.....	2
Paving relaid	.....	.....	.....	.....	.....	.....	2

Drainage.

Additional gullies provided	.....	.....	.....	.....	.....	.....	2
Cesspools repaired	.....	.....	.....	.....	.....	.....	1

Drains re-laid	2
Drains repaired and renewed	37
Drains cleansed from obstruction	106
Disused drains sealed	2
Inspection chambers provided	4
Rodding eye provided	1
Ventilation shaft renewed	2

Sanitary Conveniences.

Flushing cistern repaired	9
Pail closets converted to fresh water closets	2
Privies converted to fresh water closets	2
Privies abolished	1
Waste water closets converted to fresh water closets	26
W.C. pedestal renewed	5
Water pipes repaired	4

House Refuse Accommodation.

Additional dustbins provided	1
Dilapidated dustbins renewed	128

Food Preparing Premises.

Ceilings underdrawn	1
Ceiling of bakehouse painted with washable paint	1
Instantaneous supply of hot water provided	1
Impervious floor provided	1
New glazed sinks provided	1
Shop walls and ceiling painted with washable paint	4
Walls and ceiling of food storage room cleansed and lime-washed	1
Walls of bakehouse painted with washable paint	1
Walls and ceiling of preparation room thoroughly cleansed	1

Factories.

Additional w.c.'s provided	5
Artificial light provided	2
Conveniences painted	3
Conveniences cleansed	3
Conveniences limewashed	3
Conveniences labelled as to sex	2
Door fastener provided	1
Intervening ventilated space provided	1
Defective w.c. cistern repaired	1
Insanitary trough closets abolished	12
Fresh water closets provided	10
Urinals provided	2

Licensed Premises.

Glazed urinal stalls provided	1
-------------------------------------	---

HOUSING STATISTICS, 1954

1. Inspection of dwellinghouses during the year.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health and Housing Acts)	437
(b) Number of inspections made for the purpose	934
(2) (a) Number of dwellinghouses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	62
(b) Number of inspections made for the purpose	96
(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	17
(b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation	45

2. Remedy of the defects during the year without service of formal notices.

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers	425
--	-----

3. Action under Statutory Powers during the year.

A. Proceedings under Section 9, 10 and 16 Housing Act, 1936.

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	1
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners	13
(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	24
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) By owners	22
(b) By Local Authority in default of owners	5

C. Proceedings under Section 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	5

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	—
(b) Number of cases of overcrowding relieved during the year	24
(c) Number of persons concerned	118

HOUSING ACT, 1949, SECTION 20

Improvement Grants.

During the year 1954 twelve applications were considered by the Housing Committee for Improvement Grants. Three were rejected on the grounds that the properties concerned were not suitable for occupation for at least 15 years. Nine were approved for grant subject in several cases to minor sanitary defects being remedied. The total amount of financial grant approved by the Committee in respect of the nine houses was £1,437 10s. 0d.

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 sanitary conveniences and the humane destruction of domestic animals.

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

(1) Storage.

The following are types of receptacles in use at the 31st March, 1954 :—

Dustbins	.....	.....	.....	.....	.....	.....	10,839
Privy Middens	.....	.....	.....	.....	.....	.....	85
Pail Closets	.....	.....	.....	.....	.....	.....	175

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

(2) Refuse Collection Service.

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

							1954/55	1953/54
Dustbins	...	...	...	...	...	...	428,562	422,250
Privy Middens	...	...	...	...	...	...	1,758	1,961
Pail Closets	...	...	...	...	...	...	9,979	10,269
Kitchen Waste Bins	...	...	...	...	...	...	29,170	28,366
Weight in Tons	...	...	...	...	...	...	8,748	8,430

(3) Transport.

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

Vehicle								T.	C.	Q.
S.D. Freighter 9	...	...	...	...	...	...	...	1,033	11	2
S.D. Freighter 18	...	...	...	...	...	...	...	1,940	7	0
S.D. Freighter 19	...	...	...	...	...	...	...	2,004	1	2
Dennis 14	...	...	...	...	...	...	...	2,245	1	3
Fordson 20	...	...	...	...	...	...	...	456	11	1
Morris 15	...	...	...	...	...	...	...	387	3	1
Bedford 16	...	...	...	...	...	...	...	52	8	0
Bedford 21	...	...	...	...	...	...	...	304	16	0
Morris 22	...	...	...	...	...	...	...	324	0	0
Total	...	...	...	...	...	...	...	8,748	0	1

LETHAL CHAMBER

One hundred and twenty-eight dogs and two hundred and two 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.

Kitchen waste is separately collected from 523 communal bins, and 344 tons 8 $\frac{3}{4}$ cwt. were delivered under direction from the Ministry of Agriculture to the Halifax Corporation.

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

	T.	C.	Q.
1. KITCHEN WASTE			
Delivered to Halifax Cleansing Department for processing	344	8	3
2. MECHANICAL SEPARATION			
House Refuse	5,127	4	3
Trade Refuse	369	2	0
Tins from Queensbury and Shelf U.D.C.	57	7	3
Tins from Elland U.D.C.	48	3	3
3. BAILIFFE BRIDGE TIP			
House Refuse	2,790	14	1
Trade Refuse	76	1	0
4. MARSH LANE TIP			
House Refuse	570	0	3
Total ...	9,383	3	0

Controlled tipping is carried out at the Bailiffe Bridge and Southowram Tips, screened dust being utilised as a covering media. The land at Atlas Mill Road, adjacent to the Works is also being utilised for the tipping of "tailings," and covered with screening dust.

At both Bailiffe Bridge Tip and at the Refuse Disposal Works further land was prepared and ploughed for cropping with rye, and the results obtained, particularly this year, are extremely satisfactory.

The income from salvage sales shows a great increase on the previous year. Waste paper was responsible for an increase of £600, whilst baled destructor scrap yielded £440 more than in the previous year, with the result that the costing return included in the Report, which has been forwarded to the Ministry of Housing and Local Government and can be considered as extremely satisfactory, will without doubt be considerably lower than towns of similar size.

DEPARTMENTAL REVENUE

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

	T.	C.	Q.	£	s.	d.
(a) Refuse Collection :—						
Trade Refuse Charges				182	2	6
(b) Refuse Disposal :—						
Trade Refuse Charges				35	7	0
Scrap Metal Segregation Allowance ...				74	18	0
Sale of Rye				6	11	9
(c) Salvage :—						
Baled Waste Paper	631	2	1	5,223	13	4
Kitchen Waste	346	18	3	1,227	19	1
Baled Destructor Scrap	303	1	0	1,282	7	6
Ferrous Metal	30	5	1	145	8	3
Non-ferrous Metals	3	5	1	268	9	6
Textiles	54	17	0	745	19	6
Jars and Bottles	24	10	0	54	3	11
Screened Cinder	281	10	0	76	10	3
Screened Dust	133	10	0	3	10	9
Bones		7	0	2	16	0
Rubber		15	0	2	1	10
(d) Mechanical Transport :—						
Transport Charges				240	15	0
(e) Miscellaneous :—						
Sale of Dust Bins				422	11	4
Rents, Easements, etc.				1	18	6
Lethal Chamber Charges				26	7	6
Disinfectants				1	10	0
Totals ...	1,810	1	2	£10,025	1	6

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
DETAILS OF REFUSE COLLECTION COSTS FOR THE
YEAR ENDING 31st MARCH, 1955

Item	Refuse Collection and Kitchen Waste			Nightsoil and Cesspools Collection			Total		
	£	s.	d.	£	s.	d.	£	s.	d.
Wages	6,557	9	0	293	1	0	6,850	10	0
National Insurance	200	12	7	13	0	0	213	12	7
Superannuation	181	6	3	29	18	0	211	4	3
do. Add'l Allowance	47	0	4	—	—	—	47	0	4
Drivers' Wages	2,811	7	7	303	16	0	3,115	3	7
National Insurance	84	0	8	13	0	0	97	0	8
Licences and Insurance	480	16	5	36	15	0	517	11	5
Petrol, Oil, etc.	1,310	19	9	160	3	0	1,471	2	9
Tyres, Repairs, etc.	507	4	3	65	1	2	572	5	5
Renewal Account Contribution	700	0	0	—	—	—	700	0	0
Dust Bins	400	10	4	—	—	—	400	10	4
Waste Food Bins	97	4	1	—	—	—	97	4	1
Tools, Implements, etc.	10	7	9	—	—	—	10	7	9
Protective Clothing	117	5	1	11	10	0	128	15	1
Sundry Expenses	36	16	1	—	—	—	36	16	1
Disinfectants	—	—	—	39	6	2	39	6	2
Cesspool Emptying	—	—	—	34	3	11	34	3	11
Gross Cost	13,543	0	2	999	14	3	14,542	14	5
Income	2,074	17	11	—	—	—	2,074	17	11
Nett Cost	11,468	2	3	999	14	3	£12,467	16	6

**BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
DETAILS OF REFUSE DISPOSAL AND SALVAGE COSTS**

1st APRIL, 1954, to 31st MARCH, 1955

Refuse Disposal and Salvage	£	s.	d.
Wages	3,067	11	6
National Insurance	92	4	9
Drivers' Wages	303	16	4
Petrol and Oil	109	17	10
Vehicle Repairs	11	2	10
Plant and Building Repairs	201	11	1
Heating, Electricity and Water	246	1	1
Plant, Tools, etc.	99	8	1
Loan Charges, etc.—			
Sinking Fund	130	0	0
Loan Interest	202	6	8
Protective Clothing	31	17	3
Miscellaneous Expenses	64	18	10
Tip Cultivation	29	0	9
Salvage Purchased	215	18	10
	<hr/>		
Gross Costage	4,805	15	10
Revenue from Salvage Sales, etc.	7,923	16	1
	<hr/>		
Credit Balance	£3,118	0	3
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BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
PUBLIC CLEANSING COSTS FOR THE YEAR ENDING
31st MARCH, 1955

Item	Particulars	Collection	Disposal	Totals	% of total gross expenditure
		£	£	£	
	REVENUE ACCOUNT				
1	GROSS EXPENDITURE :				
(i)	Labour	7,104	3,192	10,296	56.1
(ii)	Transport	5,894	425	6,319	34.5
(iii)	Plant, equipment, land and buildings	—	973	973	5.3
(iv)	Other items	545	215	760	4.1
(v)	Total gross expenditure ...	13,543	4,805	18,348	100%
2	GROSS INCOME (including £1,228 received from other local authorities)	2,075	7,923	9,998	
3	NET COST	11,468	Cr. 3,118	8,350	
4	Capital expenditure met from revenue (included above) ...	—	—	—	
	UNIT COSTS	s. d.	s. d.	s. d.	
5	Gross cost per ton, labour only	16 3	6 10	23 1	
6	Gross cost per ton, transport only	13 6	11	14 5	
7	Net cost (all expenditure) per ton	26 2	Cr. 6 8	19 6	
		£	£	£	
8	Net cost per 1,000 population	377	Cr. 103	274	
9	Net cost per 1,000 premises ...	882	Cr. 240	642	

OPERATIONAL STATISTICS

10	Area (statute acres)—land and inland water	7,875 acres
11	Population at 30th June, 1954	30,400 persons
12	Total refuse collected (tons)	8,748 tons
13	Weight (cwts.) per 1,000 population per day (365 days in the year)	15.7 cwts.
14	Number of premises from which refuse is col- lected	13,002
15	Average haul, single journey to final disposal point (miles)	1½ miles
16	Total refuse disposed of	9,383 tons
17	Methods of disposal (Salvage excluded)—	
	(a) Crude Tipping	—
	(b) Controlled tipping	40%
	(c) Direct incineration	—
	(d) Separation and controlled tipping	60%
	(e) Other methods	—
		100%

18 Salvage and Trade Refuse. Analysis of income and tonnage :

	Income (included in item 2)	Tonnage Collected (included in item 12)
	£	Tons
Salvage—		
(a) Raw Kitchen Waste	1,228	347
(b) Scrap Metal	1,771	336
(c) Waste Paper	5,223	631
(d) Other Salvage	885	362
Totals	9,107	1,676
Trade Refuse	217	490

PUBLIC SANITARY CONVENIENCES

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

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

Situation.	Accommoda- tion for Females.	Accommodation for Males.
Back Bonegate	5 W.C.'s	5 W.C.'s 9 urinal stalls
Bradford Road	2 W.C.'s	1 W.C. 4 do.
Bramston Street	2 W.C.'s	1 W.C. 4 do.
Birds Royd Lane	Nil	1 W.C. 4 do.
Bus Station	4 W.C.'s	3 W.C.'s 6 do.
Mill Lane	Nil	Nil 4 do.
Crowtrees Lane	Nil	Nil 3 do.
Dusty Miller Inn, Halifax Road	Nil	1 W.C. 3 do.
Whitehall, Hipperholme	2 W.C.'s	1 W.C. 4 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, 1955, was as follows :—

	£	s.	d.
EXPENDITURE			
Wages	889	18	2
National Insurance	35	3	2
Superannuation—			
Equiv. Contributions	2	12	0
Equal Annual Charge		6	9
Additional Allowances	77	2	8
Electricity	57	17	6
Water	47	14	6
Cleaning Materials	6	0	11
Toilet Requisites	29	18	0
Rents and Acknowledgments	6	14	10
Insurance	6	14	4
Repairs and Maintenance	88	5	5
Loan Charges—			
Loan Interest	110	10	4
Sinking Fund	265	0	0
Debt Management	1	16	7
Other Expenses	4	0	4
Demolition of Urinal	30	0	0
Reconstruction of Conveniences	277	18	6
	<hr/>		
	1,937	14	0
INCOME			
	£	s.	d.
Receipts	281	11	4
Weighing Machine Site Rents	13	0	0
Bus Operators—Contribution	198	3	4
	<hr/>		
	492	14	8
	<hr/>		
Net Expenditure ...	£1,444	19	4
	<hr/>		

During the year under review, a new convenience at Denholmegate Road, Hipperholme, was completed and brought into use to replace the insanitary public urinal at the Whitehall Corner, the latter building has now been demolished. Tenders were also let for a new public convenience together with omnibus waiting room at Halifax Road, Hove Edge, and this should be brought into use during the present financial year.

Considerable wilful and unnecessary damage is still being caused to public conveniences. Despite the co-operation of the Police this still persists, causing not only annoyance to the Department but a costly matter for your Committee.

The end of the century for the year ending the March 1907

was as follows:

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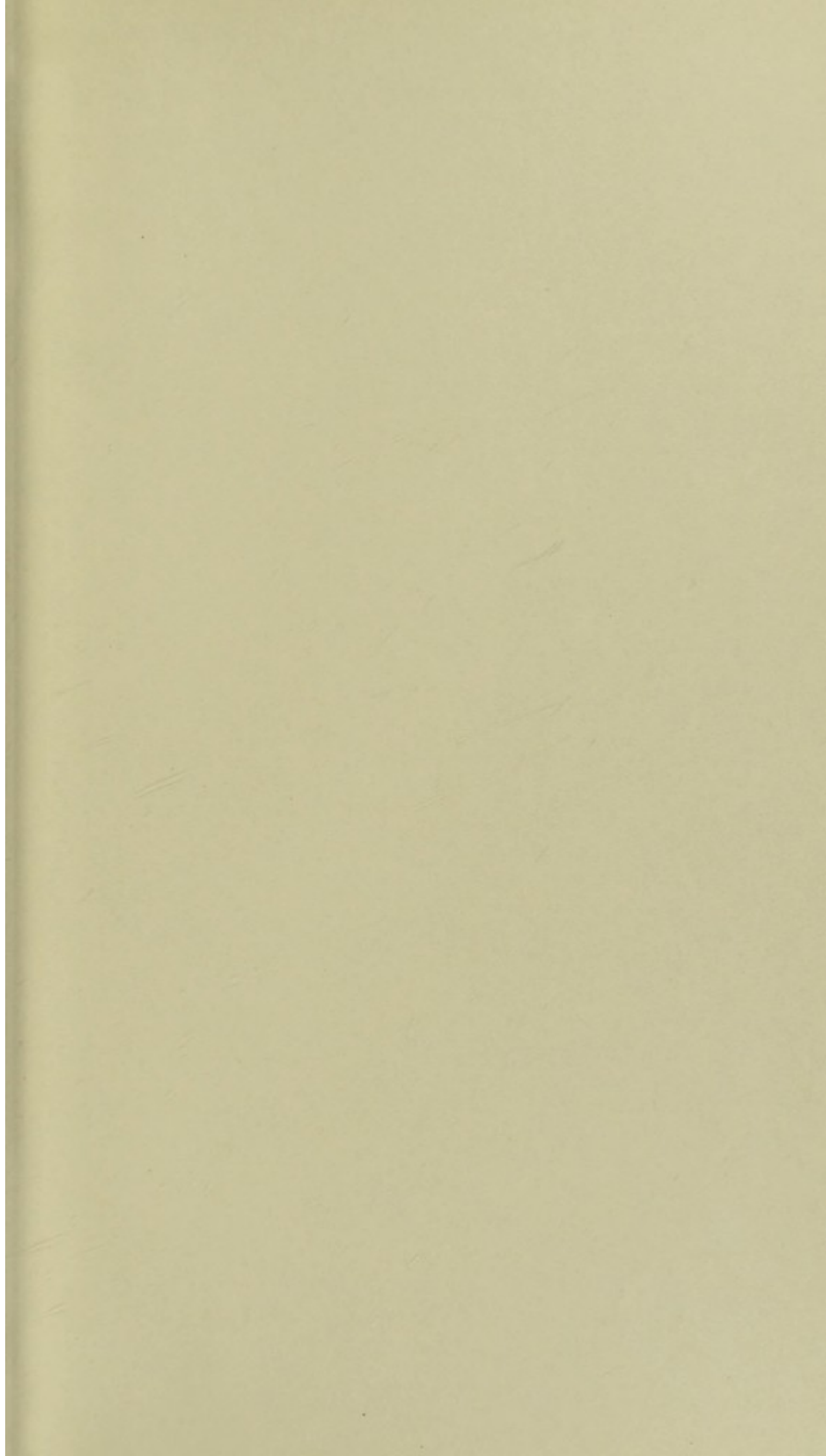
1945

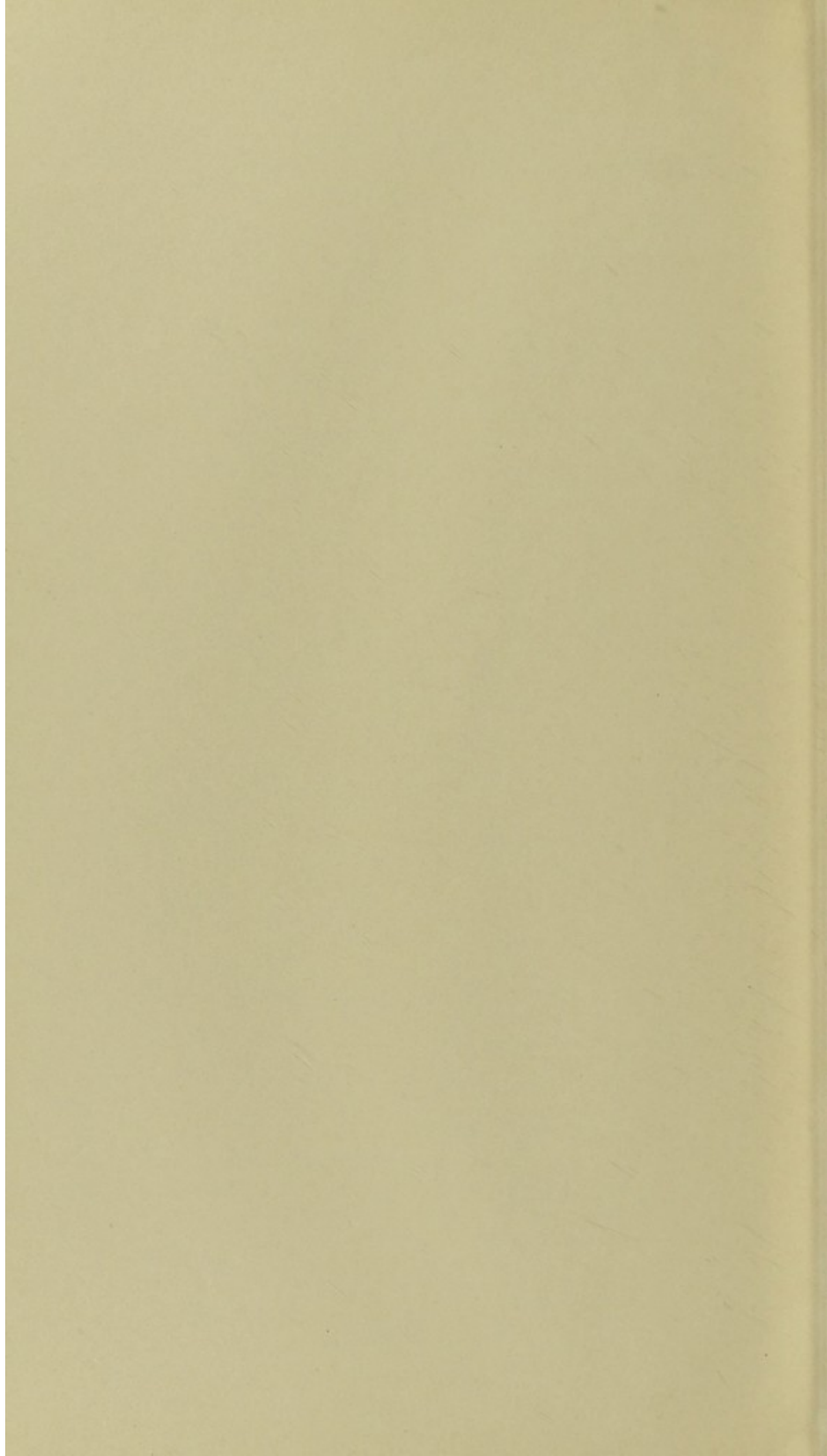
1946

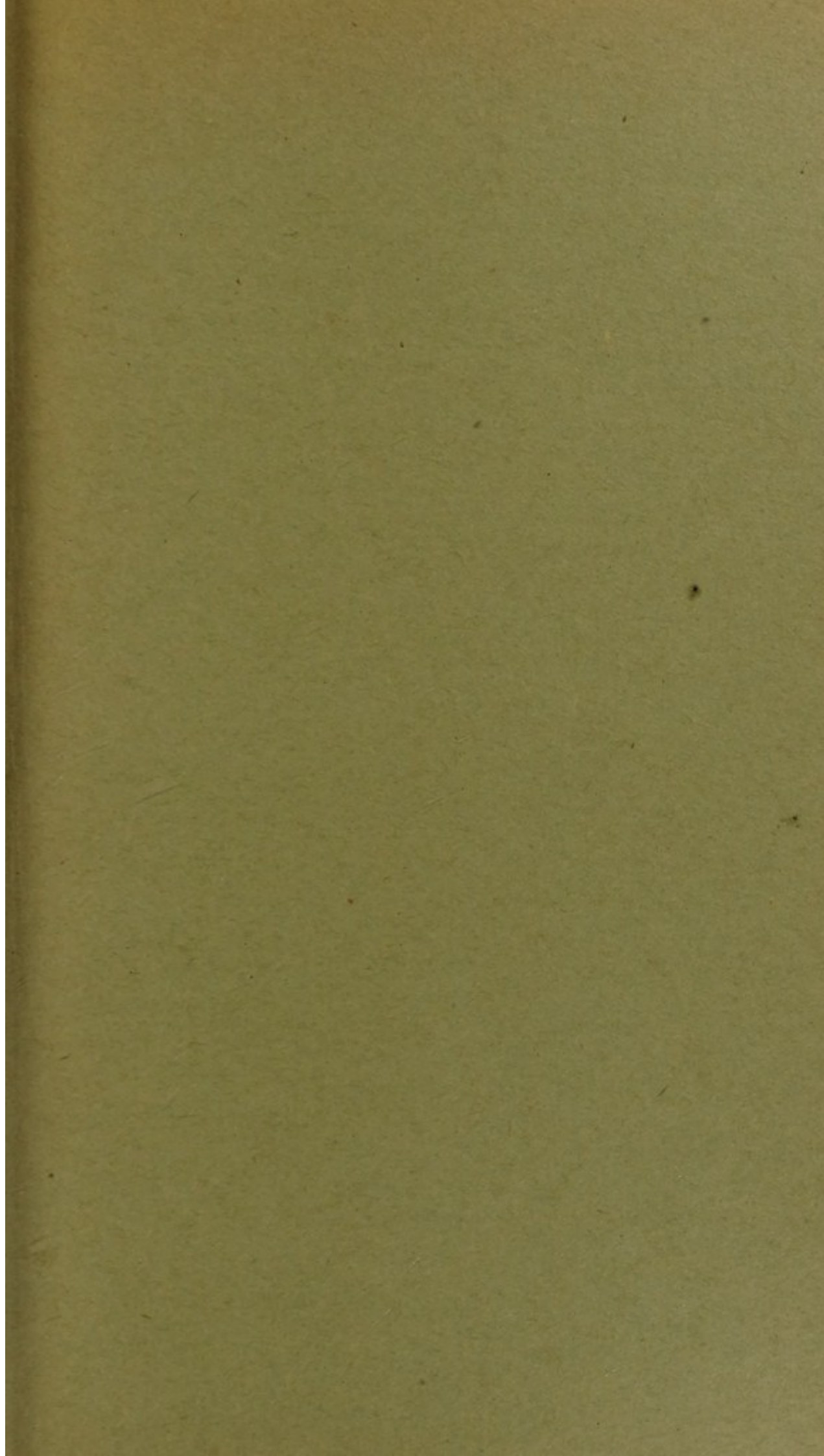
1947

1948

1949







Brighouse:
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