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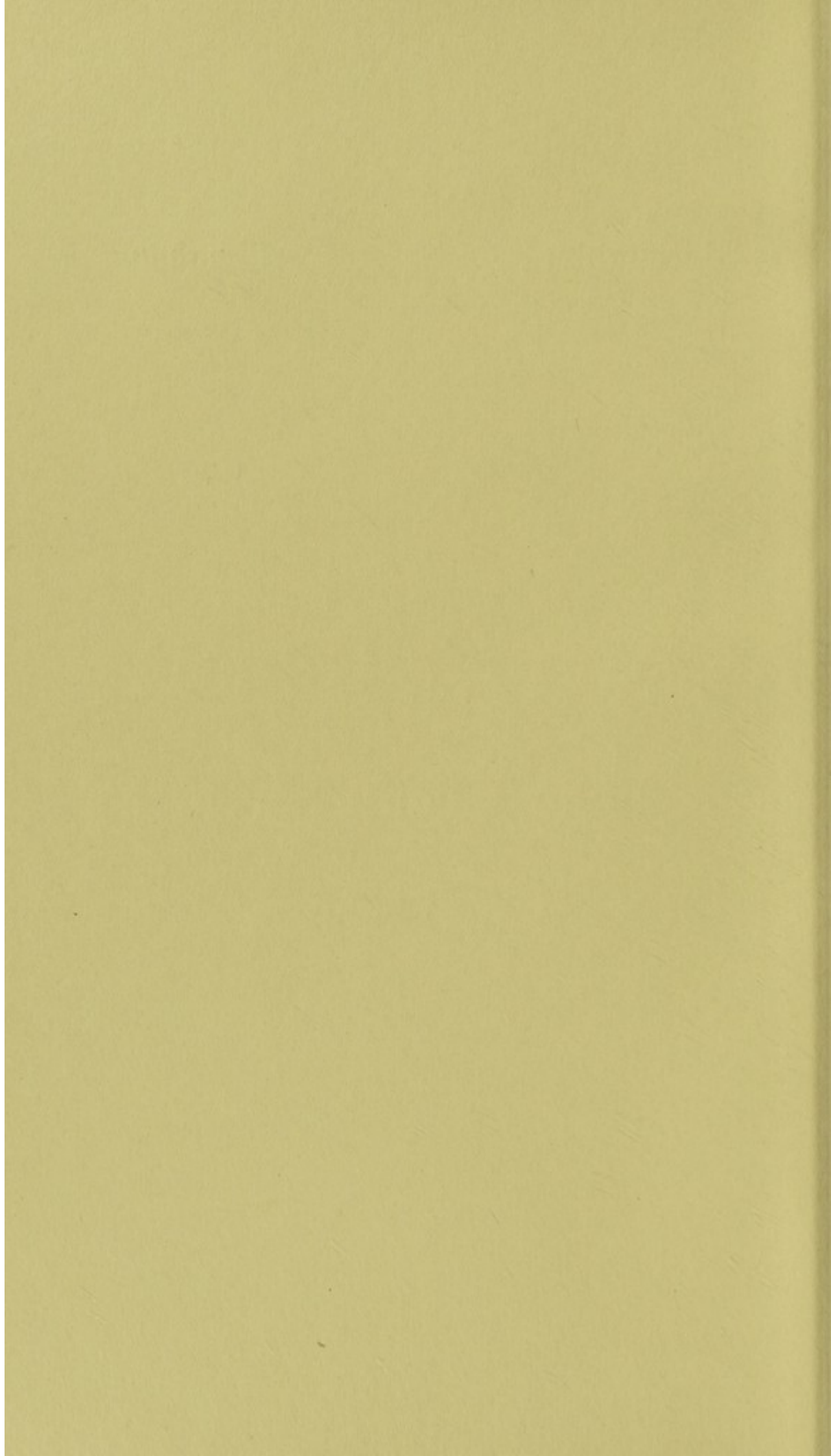
Public Health Services

of the Borough of Brighouse

1955

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

Medical Officer of Health



Borough of



Brighouse

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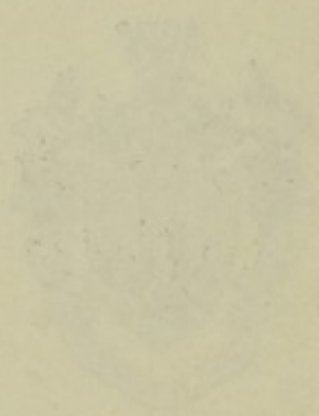
Public Health Services

of the Borough of Brighouse

1955

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

Medical Officer of Health



Department of

Health Services

Annual Report

Public Health Services

of the Borough of Brighton

1955

FRANK WATSON, M.B., B.S., D.P.H.

Medical Officer of Health

Borough of Brighouse

Health and Cleansing Committee

(As at December 31st, 1955)

His Worship the Mayor :
Alderman E. R. HINCHLIFFE

Chairman :
Councillor G. TURNER, M.C., J.P.

Vice-Chairman :
Councillor L. HULME

Ald. G. A. STILLINGFLEET	Coun. L. CATTON
.. W. WHITELEY, C.B.E.	.. M. CLAMP
Coun. J. S. ARMITAGE	.. J. A. HALLOWELL, J.P.
.. L. BINNS	.. F. HARRISON
.. A. G. BRACKENBURY	.. L. KAYE, B.Sc.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

His Worship the Mayor : Alderman E. R. HINCHLIFFE

Councillor G. TURNER, M.C., J.P. (Chairman)

Councillor L. HULME (Vice-Chairman)

Ald. W. WHITELEY, C.B.E.	Miss M. BOTTOMLEY
Coun. M. CLAMP	Mrs. S. BROOK
.. F. HARRISON	.. M. PICKARD
The Mayoress :	.. E. TATTERSALL
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 Officers of Health and Deputy Divisional Medical Officers :

R. D. HAIGH, M.B., Ch.B., D.R.C.O.G., D.P.H. (Commenced April, 1955).

Mrs. A. MARSHALL, M.B., Ch.B. (Terminated April, 1955).

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

Miss E. ATKINSON, M.B., Ch.B., D.Obst.R.C.O.G. (Commenced November, 1955).

P. BRODBIN, L.R.C.P.I., L.R.C.S.I. (Commenced February, 1955. Terminated August, 1955).

Mrs. M. S. GISBOURNE, M.B., Ch.B. (Terminated February, 1955).

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. Member Institute of Sanitary Engineers.

Cert. Royal Sanitary Institute.

Cert. Inspector of Meat and Foods.

Testamur Institute of Public Cleansing.

Deputy Chief Sanitary Inspector :

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

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

Cert. Inspector of Meat and Foods.

Diploma Institute of Hygiene.

Testamur Institute of Public Cleansing.

Additional Sanitary Inspectors :

D. BROOK, M.S.I.A., A.M.Inst.P.C. (Terminated October, 1955).

Cert. R.S.I. and S.I.J.E.B.
Cert. Inspector of Meat and Foods.
Testamur Institute of Public Cleansing.
Cert. Smoke Inspector.

E. A. HOLDSWORTH, M.S.I.A.
Cert. R.S.I. and S.I.J.E.B.

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.
Health Visitor's Certificate.

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

Miss M. TYLER, 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. HORSFIELD, S.R.N., S.C.M. (Terminated October, 1955).

Miss W. LISTER, S.R.N., S.C.M.

Miss N. SIDEBOTTOM, S.R.N., S.C.M. (Commenced October, 1955).

Miss M. E. THOMPSON, S.R.N., S.C.M.

Home Nurses :

Mrs. E. N. FEATHER, S.R.N. (Commenced January, 1955).
Queen's Nurse.

Mrs. B. HOPSON, S.R.N., R.F.N.
Queen's Nurse.

Mrs. A. M. RUSHWORTH, S.R.N.
Queen's Nurse.

Mrs. F. SYKES, S.R.N., S.C.M.
Queen's Nurse.

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

Holme House :

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

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

Senior Clerk :

G. O. RICHARDSON.

Clerks :

Mrs. D. CHEETHAM.

Miss J. HARTLEY.

Miss I. HOLMES.

Mrs. G. HURLEY.

Mrs. E. JOHNSON

Mrs. C. MITCHELL (Terminated November, 1955).

Miss A. W. PEARSON (Commenced August, 1955).

J. R. C. WELLS.

Miss J. YOUNG.

Cleansing and Sanitary Section :

Miss C. M. AINSWORTH.

Mrs. B. ROBERTS (Commenced August, 1955).

Mrs. M. STEAD (Terminated July, 1955).

Mr. J. COLEMAN [Cleansing Department].

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 1955 on the health of this town.

I have again included details of my work in the Brighouse Borough as Divisional Medical Officer of the West Riding County Council. In this way it is possible to get a more complete picture of the health services of this district.

Last year, I referred to the importance of clean air and clean food for the maintenance of good health. Our deposit gauges show very little change from last year, and show an average deposit of 140 tons per square mile. It must be our endeavour to improve this considerably, especially when we have appropriate legislation to help us. A good deal of the smoke nuisance is due to domestic smoke, and there is no doubt that in this comparatively cold district the public are attached to the open fireplace, often an extremely inefficient and wasteful apparatus.

We are just embarking on a slum clearance programme. One result of this programme will be to remove houses situated close together in a congested area, many of them old with obsolete fireplaces, and to rehouse the occupants on housing estates where the Council have control. In a small town like this, where houses, factories and offices are all situated close together in a narrow valley, it will not be easily possible to eliminate smoke from the centre of the town but we must not forget that our object must be to have air completely free from this dangerous and wasteful dirt. In the Annual Report of 1954, I stated that as more and more estates were built, with houses properly spaced and fitted with grates capable of more complete combustion, the problem would become less serious. We do not wish, however, simply to transfer the smoke from domestic premises from central areas to outlying ones, and I hope that it may be possible for the Council to arrange at some time in the future for tenancy agreements on Council estates to prevent emission of domestic smoke. The Council own now more than one-tenth of the houses in this Borough, so that they can make a considerable contribution to the problem of domestic smoke.

Much work has been done on trying to attain clean food for the population of this town, and the new Food Hygiene Regulations have strengthened our hands in this respect. Unfortunately, I have to report more cases of food poisoning this year than in previous years. This is largely due to an outbreak of food poisoning occasioned by eating confectionery produced outside the Borough. We were fortunate in that this outbreak, although short and sharp, was traced back to its source and the food handler responsible was

discovered. It gives me an opportunity of reminding the Council and the public once again of the importance of the food handler in the home, the shop, and the manufacturer's premises. The human hand, with its capacity of contact with the orifices of the body, can be a most dangerous agency in the spread of this disease, and it must be our endeavour to remind food handlers that, after contact with any orifice of the body, most careful washing is necessary, and that cuts and scratches may be dangerous to others. The public can be a big help in this respect. Anyone who sees food handlers transferring their fingers from their nose to the article which they are selling should refuse to buy that article and suggest that careful cleansing of the hands is necessary. The most excellent building and the most punctilious attention to everything else can be completely nullified by one careless, thoughtless pair of hands. We have not yet attained clean food ; we hope we are on the way to doing so.

The low birth rate shows little variation from that of the last four years, and at 13.4 it is below the Divisional average and below that of the Administrative County, and England and Wales.

The death rate at 13.0 has again remained fairly consistent during the last four years, and is still below the birth rate, although the natural increase in population this year was only ten and the Registrar General estimates that our population has gone down by 40. The infantile death rate was 22.2, the lowest figure recorded in the history of the Borough. It should be realised, however, that one death would make a considerable difference, as we are dealing with such small figures and consequently this low rate should not be given undue importance. We can, however, have some satisfaction in the fact that since 1948 the infantile death rate has been consistently below 30.

At the end of March, the Holme House Day Nursery was closed, and since that time, only the nursery at Wellholme Park has been available. This nursery has been sufficient to accommodate all the cases now eligible under the County Council's revised scheme for nursery admission. We have had sufficient time now to estimate whether the children in the nursery have suffered from the shorter hours and there is no evidence that they have done so. It is hoped that the Holme House Day Nursery will be used for an occupation centre, and the Ogden Lane Day Nursery for a new clinic premises. The situation of this nursery, close to the Field Lane estate, makes it particularly suitable, although it will mean that the mothers bringing their children will have to cross a road. At present it is a real hardship for mothers to bring young babies down to the Brighthouse Centre from this estate and there is no doubt of the need for a new clinic at Rastrick.

In June, a new psychiatric clinic was established in Brighthouse at the School Clinic premises. Year by year I have stressed the increasing importance of preventive mental health work, and it is believed that this clinic, established in our own clinic premises, will

fulfil a very useful function. We have been fortunate in having the services of Dr. V. Crotty, who is able to report that he is happy about this clinic. It is too early yet to give any further opinion on its value, and I shall hope to be able to deal with it at greater length next year. This clinic will, we hope, deal with early cases, who are not yet prepared to visit mental hospitals and, indeed, cases in whom early anxieties have not yet developed into frank mental illness. It will supplement the large amount of work done on the prevention of mental ill-health by the various general medical practitioners and by our own staff, meeting as they do so often with problems, and with anxious and even apprehensive patients.

The work on mental deficiency is described fully in the report. It is gratifying to know that 18 of our adult defectives are in regular gainful employment, and that 18 educationally sub-normal children are now attending either at the Westwood Occupation Centre, or at our own Group Training Class at Waring Green. Alterations and adaptations at Holme House Day Nursery have now commenced, and when our occupation centre is established there, another step forward will have been made in this sphere of work.

The number of animals slaughtered in the Borough has fallen since July, 1954, when the slaughterhouse became used almost entirely by the Co-operative Wholesale Society. It has fallen, however, only by about 2,000 animals. Much of the meat consumed here goes outside the Borough. Similarly, about half the meat consumed in the Borough is slaughtered and inspected outside the Borough. The standard of meat inspection in this Borough is a high one, and we should be happier if it were possible administratively for your own Inspectors to inspect the meat consumed in the Borough.

As I write this report, it is common knowledge that your Chief Sanitary Inspector, Mr. C. R. Moss, is to retire from his present post during 1956, so that this report will be the last report on his work for a complete year, and the last one he will write.

Mr. Moss is retiring after over 30 years' service and he will be sorely missed by this Department. He is a man of drive and imagination and, as he says himself, he has always been ready to meet the public and to attempt to help them whenever possible. He came to a town where the privy midden and the open, uncontrolled refuse tip were commonplace. He leaves a town where, whenever sewers make it possible, the water carriage system is installed and where there is one of the finest organisations for refuse disposal in the country and from which an annual income of over £10,000 is derived. He points out that there are still about 250 pail closets and privies in the Borough which are to be connected up, but this problem cannot be dealt with until more sewers are available.

Mr. Moss gives in his letter a list of property which no longer exists and which I personally have never known. Up-to-date Council estates, well-built and well-planned, remain behind after an architect or an engineer, but the sanitary inspector and the medical officer can

only remove a nuisance or prevent one occurring, and it is right that those people with sufficiently long memories should remember the black spots of the town which have been removed. There are further black spots in housing ripe for removal and in 1956 we hope to take the first major step in our slum clearance programme by representing 150 houses in three areas. The conditions mentioned in Mr. Moss's final letter serve to remind us that much still remains to be done and that we must not show any less zeal but maintain the record of progress in this Department.

We shall be fortified, I am sure, in our endeavours by the continuing encouragement of our Health Committee, and I should like to thank you, Mr. Mayor, Mr. Chairman and Gentlemen, for your great help on so many occasions. Without the support of the Public Health Committee we could not do much, but its support has always been forthcoming.

The staff of this Department have worked with their usual loyal efficiency, and their work, of which this report can never be more than a mere summary, has helped many people in many different ways.

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

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

November, 1956.

Annual Report of the Medical Officer of Health for the Year 1955

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

AREA (in Acres)	7,875
POPULATION : Census 1951, 30,587. 1955 (est.)	30,360
AVERAGE NUMBER OF PERSONS PER ACRE	3.86
NUMBER OF INHABITED HOUSES	11,280
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.44
AVERAGE NUMBER OF PERSONS PER HOUSE	2.69
RATEABLE VALUE	£177,132
PRODUCT OF A PENNY RATE	£725

Except for carpet manufacturing, and to a lesser extent, cotton and dyeing and finishing, full employment has obtained throughout 1955. The number of unemployed persons in Brighouse at the end of the year was 49, made up of 16 men, seven women and two boys wholly unemployed and 20 men and four 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	201	195	396
Illegitimate	9	1	10
Total	210	196	406

Live Birth Rate : 13.4 per 1,000 of estimated resident population.

Still Births—	M.	F.	Totals
Legitimate	1	5	6
Illegitimate	—	—	—
Total	1	5	6

Still Birth Rate per 1,000 total (live and still) births : 14.6.

Deaths—	M.	F.	Totals
	207	189	396

Crude Death Rate : 13.0 per 1,000 of estimated resident population.

Adjusted Death Rate : 12.0 " " " "

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	22.2
Legitimate Infants per 1,000 legitimate live births	22.7
Illegitimate Infants per 1,000 illegitimate live births	—
Neo-natal deaths per 1,000 live births	19.7

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

156

Deaths from Cancer (all ages)

61

Deaths from Measles (all ages)

—

Deaths from Whooping Cough (all ages)

—

TABLE 1
BIRTH AND MORTALITY RATES FOR 1955 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	14.8	16.6	15.3	15.0	13.4
Adjusted Birth	14.9	16.8	15.4	—	14.2
Crude Death	12.5	9.6	11.7	11.7	13.0
Adjusted Death	12.7	11.0	12.3	—	12.0
Tuberculosis—					
Respiratory	0.11	0.08	0.11	0.13	0.03
Other	0.02	0.02	0.01	0.02	—
All Forms	0.13	0.10	0.12	0.15	0.03
Cancer	2.03	1.54	1.90	2.06	2.08
Vascular Lesions of the Nervous System	2.09	1.40	1.90	*	2.44
Heart and Circulatory Diseases	4.71	3.55	4.39	*	5.14
Respiratory Diseases	1.28	1.03	1.21	*	1.25
Maternal Mortality	0.45	1.19	0.67	0.64	—
Infant Mortality	25.2	28.6	26.2	24.9	22.2
Neo-natal Mortality	16.9	18.6	17.4	17.3	19.7
Stillbirth	26.4	26.2	26.4	23.1	14.6

* 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 1955

Causes of Death	M.	1955		Total
		All	F.	
1. Tuberculosis—respiratory	1	—	—	1
2. Tuberculosis—other	—	—	—	—
3. Syphilitic disease	1	—	—	1
4. Diphtheria	—	—	—	—
5. Whooping cough	—	—	—	—
6. Meningococcal infections	—	1	—	1
7. Acute poliomyelitis	—	—	—	—
8. Measles	—	—	—	—
9. Other infective and parasitic diseases	—	—	—	—
10. Malignant neoplasm stomach	5	5	—	10
11. Malignant neoplasm lung, bronchus	3	—	—	3
12. Malignant neoplasm breast	—	7	—	7
13. Malignant neoplasm uterus	—	4	—	4
14. Other malignant and lymphatic neoplasms	27	10	—	37
15. Leukæmia, aleukæmia	1	1	—	2
16. Diabetes	—	2	—	2
17. Vascular lesions of nervous system	29	45	—	74
18. Coronary disease, angina	37	21	—	58
19. Hypertension with heart disease	4	6	—	10
20. Other heart disease	28	39	—	67
21. Other circulatory disease	9	12	—	21
22. Influenza	—	1	—	1
23. Pneumonia	5	5	—	10
24. Bronchitis	15	8	—	23
25. Other diseases of respiratory system	4	—	—	4
26. Ulcer of stomach and duodenum	3	—	—	3
27. Gastritis, enteritis and diarrhœa	1	2	—	3
28. Nephritis and nephrosis	1	3	—	4
29. Hyperplasia of prostate	3	—	—	3
30. Pregnancy, childbirth, abortion	—	—	—	—
31. Congenital malformations	—	—	—	—
32. Other defined and ill-defined diseases	18	10	—	28
33. Motor vehicle accidents	2	—	—	2
34. All other accidents	1	3	—	4
35. Suicide	7	2	—	9
36. Homicide and operations of war	2	2	—	4
Totals	207	189	—	396

VITAL STATISTICS

The estimate of the population of Brighouse is the mid-year estimate of the Registrar General. His estimate is 30,360 compared with the mid-year estimate of 30,400 for 1954. He considers, therefore, that our population has decreased by 40. There were 406 births and 396 deaths, so that there was a natural increase of population of ten.

Birth Rate.

The birth rate for the year is 13.4 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 14.2. This is 0.8 below the rate for England and Wales and 1.2 below the rate for the West Riding Administrative County.

There were ten illegitimate births, representing 2.5 per cent of the total live births, and an illegitimate birth rate of 0.3 per 1,000 of the estimated population.

During the year there were six stillbirths, none of which were illegitimate. This gives a stillbirth rate of 14.6 per 1,000 (live and still) births, as compared with 26.4 for the West Riding of Yorkshire, and 19.0 for this town last year.

Death Rate.

The death rate for the Borough is 13.0 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 12.0, which is slightly above that for England and Wales (11.7) and below that for the Administrative County (12.3).

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

1. Diseases of the Heart and Circulation — 156 (as in 1954).
2. Vasc. Lesions of Nervous System — 74 (compared with 47 in 1954).
3. Cancer — 61 (compared with 54 in 1954).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases 38 (compared with 44 in 1954).

Infant Deaths.

Nine children under one year of age died during the year. None of these children was illegitimate. This is two less deaths than last year when 11 children died.

The death rate of infants under one year of age per 1,000 live births is 22.2, which is the lowest rate in the history of the Borough and compares favourably with last year's rate of 26.6. It can also be compared with this year's rate for the West Riding Administrative County, which is 26.2, and the rate for the country as a whole (24.9).

It must be remembered, however, that only one more death would have a considerable influence when we are dealing with such small figures, and it would be wrong to attach a great deal of significance to the fact that our infantile death rate is so low, unless we take it over a number of years. It is only since 1949 that this rate has been in the twenties and this, I think, does point to a favourable trend in our vital statistics.

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

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

It will be seen that only one infant died over one month of age, and the greatest scope for a decrease in infant deaths is in our neo-natal mortality, i.e., children dying within the first month of birth and stillbirths. It will be seen, then, that it is in ante-natal work we should look for the future reduction in infant deaths.

In Table 3 particulars of the causes of death and the age of death are given. Four of the nine children were premature and all these died within the first month of life.

TABLE 3
CAUSES OF INFANTILE MORTALITY IN BRIGHOUSE
BOROUGH, 1955

Cause of Death	1 day and under					1-3 months				Total
	1 day	2-7 days	7-14 days	14-21 days	21-28 days	1-3 months	3-6 months	6-9 months	9-12 months	
Atelectasis	1	—	—	—	—	—	—	—	—	1
Prematurity	2	1	—	—	1	—	—	—	—	4
Myocardial Failure	1	—	—	—	—	—	—	—	—	1
Pneumonia	—	1	—	—	—	—	1	—	—	2
Cerebral Haemorrhage	—	1	—	—	—	—	—	—	—	1
Totals ...	4	3	—	—	1	—	1	—	—	9

Premature Births.

There were 27 children born prematurely during the year. Eight of these were born at home, six of whom survived. Seventeen of the nineteen 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
5	4	2	2	2	2
5	0	1	1	1	1
4	14	1	1	1	1
4	10	1	1	1	1
4	0	2	2	1	1
3	4	1	1	—	—
Totals ...		8	8	6	6

Institutional Confinements

Birth Weight lbs. ozs.		No. of Infants	No. of Infants who survived		
			24 hours	1-7 days	1 month
5	8	4	4	4	4
5	5	2	2	2	2
5	4	2	2	2	2
5	3	1	1	1	1
5	2	1	1	1	1
5	—	3	3	3	3
4	10	2	2	1	1
4	8	1	1	1	—
4	0	1	1	1	1
3	14	1	1	1	1
3	6	1	1	1	1
Totals ...		19	19	18	17

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 distances travelled are less.

TABLE 5

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE — BRIGHOUSE DEPOT

Statistical Return for the period January to December, 1955

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	
1. Patients														
(a) Admission ...	198	155	181	165	184	154	167	161	136	160	148	152	1961	(1884)
(b) Discharges ...	64	60	72	66	53	51	55	49	50	73	70	71	734	(741)
(c) Transfers ...	29	14	18	10	17	11	19	7	25	24	12	27	213	(163)
(d) Out-patients ...	945	909	999	953	973	1006	939	1052	1055	1205	1240	1050	12326	(11344)
(e) Accident Patients ...	26	25	33	42	26	43	69	55	35	53	47	48	502	(466)
Total No. of Patients ...	1262	1163	1303	1236	1253	1265	1249	1324	1301	1515	1517	1348	15736	(14598)
2. Analysis of Patients														
Males ...	472	478	507	449	444	489	547	633	564	623	633	579	6418	(6065)
Females ...	790	685	796	787	809	776	702	691	737	892	884	769	9318	(8533)
Stretcher Cases ...	255	255	507	250	310	252	259	254	265	305	266	299	3477	(2632)
Sitting Cases ...	1007	908	796	986	943	1013	990	1070	1036	1210	1251	1049	12259	(11966)
Child ...	57	51	40	67	34	75	68	53	36	54	94	53	682	(817)
Baby ...	15	7	2	11	6	10	4	22	39	47	13	5	181	
3. Further Analysis of Total Patients in Part 1 above less (d) and (e)														
Urgent ...	92	79	77	91	101	85	87	66	65	88	78	81	990	(892)
Maternity ...	34	27	26	42	39	28	32	18	21	33	24	29	353	(306)
Infectious ...	5	3	13	8	3	6	2	5	3	14	3	7	72	(186)
Mental ...	2	—	—	3	2	3	5	—	3	—	3	3	24	(36)
General Patients ...	158	120	155	97	109	94	115	128	119	122	122	130	1469	(1368)
4. Journeys ...	351	310	350	354	321	345	385	323	338	349	360	334	4120	(3836)
Miles ...	9255	7946	9338	8905	8567	9052	9386	8924	8683	9957	9790	8908	108711	(99248)

(The totals in brackets are last year's figures)

Nursing in the Home.

Mrs. E. N. Feather, S.R.N., Queen's Nurse, commenced duties in January, 1955. She has proved a very welcome addition to our staff and is already well known in the district.

Altogether, 11,986 individual visits were made to patients and 569 new cases were treated during the year. In all areas there was an increase in the number of visits made.

Full collaboration has been maintained with the hospital service and with the General Medical Practitioners under whose direction the District Nurses work. Individual Doctors have assured me that the standard of district nursing in this Borough is very satisfactory.

Home Helps.

The trend of a rising demand for Home Helps has continued. The hours worked this year are equivalent, approximately, to fifteen Home Helps working a 44-hour week with two weeks annual holiday. The Divisional establishment is 27, so that in Brighthouse we have used rather more than our share of Home Helps. This has been our usual experience. Brighthouse had an established Home Help Scheme before 1948 and people were used to the service. Gradually the other parts of the Division are coming up and it was necessary to ask for an increase in the establishment. This was granted to us from the County Reserve Pool and at the end of the year we were using an establishment of 31.

If every case in which a Home Help was requested, or other cases in which a Home Help is necessary were provided with a Home Help, all the time, it is estimated that the establishment would be the equivalent of over 40 Home Helps, but with the continued opportunities for employment of women in this textile area, we are always running the service with a shortage of personnel. This means that a great deal of thought and work goes into the service. Cases have to be assessed on their merits and Home Helps have to be taken away from the less urgent cases to the more urgent ones. Old people in particular become very attached to a Home Help and it is unfortunate when we have to transfer the Home Helps from one case to another but with the labour available this has to be done.

At the beginning of the year, 106 domestic cases and one maternity case were being attended, 102 of the domestic cases being for old people. During 1955, there were 81 new domestic cases, 61 of these being for old people. Forty-seven new maternity cases were attended, seven having to continue the services of the Home Help well into the post-natal period, four requiring help ante-natally and two having help both ante-natally and post-natally. A Home Help was also provided in three cases for ante-natal care and in three other cases for post-natal care only. At the end of the year, three maternity cases and 123 domestic cases were being attended. One

hundred and eight of these were for old people. At the end of December, 1955, we had 39 Home Helps working part time in Brighthouse and the total number of hours worked in Brighthouse during 1955 was 32,219. This figure compares with a figure of 29,400 for 1954.

The question of providing a night "sitting-in" service has been considered. Where there is a young family and the mother is temporarily incapacitated, the husband can usually manage to transfer temporarily from a night shift in order to be with his wife during the hours of the night but in the case of a person living alone, and particularly in the case of an old person living alone, there is perhaps a case to be made out for the provision of night "sitters-in." A service of this kind is very difficult. Obviously the person cannot be paid at the same rate as a Home Help who works during the hours of duty, and the last thing we should want to do is to encourage relatives to rely on a service of this kind to relieve them of what should be held to be a reasonable duty. It is true that during a long illness great demands are made on willing relatives and that the burden often falls on one or two when it should be spread among many. It does appear to me that a service of this kind should be voluntary and if there becomes a growing demand for it something might be arranged through the excellent Old People's Clubs which now exist. Already these Clubs do a great deal of voluntary home visiting and because of their intimacy with the old people they often know of relatives or friends who may be willing to perform this service during the period of need. I should not wish for the local Health Authority to provide a service more properly done by relatives or near friends and neighbours, or a voluntary agency. Although old people have to wait sometimes for long periods for the provision of a bed in hospital, on the whole the local Hospital Management Committees are able to admit most of the really urgent cases.

There is a better case to be made out for the provision of a "meals-on-wheels" service for old people, and I feel there is scope for the provision of a service of this kind on a voluntary basis. Such a service would relieve our Home Helps and would be a real boon to many of the old people whose nutritional requirements are often not met satisfactorily by their normal diet. Such a service might well obtain the meals through the School Meals Service and I consider that the benefit derived would be disproportionate to the cost involved. The relief afforded to the Home Help Service by the provision of meals of this kind would save the Home Helps for the important duties of cleaning the home.

Whether we like it or not, the number of old people in the community is increasing and will increase. It is our duty to consider where to improve their position at a reasonable cost.

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 ...	Mondays 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 Immunisation Clinic ...	Huddersfield Road ...	By appointment.
Vaccination Clinic ...	Huddersfield Road ...	By appointment.
do. ...	Wesleyan School, Hipperholme ...	By appointment.
do. ...	St. Annes-in-the-Grove, Southowram	By appointment.
Minor Ailments Clinic ...	Brook House, Atlas Mill Road ...	Every weekday at 9.30 a.m.
do. ...	Wesleyan School, Hipperholme ...	Mondays, 9.30 - 10.30 a.m.
do. ...	St. Annes-in-the-Grove, Southowram	Mondays, 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 and Fridays, 2 p.m.
Tuberculosis Dispensary ...	Royal Halifax Infirmary ...	Mon., Tues., Wed. & Thurs., 9.15 a.m. - 12 noon.
Veneral Diseases Clinic ...	Royal Halifax Infirmary ...	Males: Thurs., 2.30 - 4.30 p.m. and 5-7 p.m. Females: Tues., 2.30 - 4.30 p.m. and 5-7 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 & Orthopædic	Brook House, Atlas Mill Road ...	By appointment.
Orthoptic Clinic ...	Brook House, Atlas Mill Road ...	Bi-weekly (by appointment).
Speech Therapy ...	Brook House, Atlas Mill Road ...	Mon., 9 a.m. - 12 noon. Tues., a.m. and p.m. (by appointment).
Psychiatric Clinic ...	Brook House, Atlas Mill Road ...	Thursdays, 2 p.m.

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

MATERNITY AND CHILD WELFARE

Health Visitors.

Each year in reporting on the work of the Health Visitors I have stressed the importance of this service. Midwives and Home Nurses have definite, concrete clinical duties but the Health Visitors' work is much more difficult to assess. For some years we have worked with a limited staff and there has been a tendency for Health Visitors' work to become more selective in nature. There is no doubt that a great deal of the work of a public health department, which is primarily concerned with community health, must consist of the care and protection of the weaker members of the community, and it has long been established that the Health Visitors' work, concerned as she is with the whole family unit, must be very largely with the oldest and youngest members of the family, for it is the old person and the young child who need most help.

With the growth of knowledge largely provided by the Health Visitor and the Maternity and Child Welfare Clinics but supplemented by a vast amount of reading matter in the popular journals, some of it unfortunately contradictory, and advice received from the Hospitals and General Medical Practitioners, the standard of child care has improved enormously, and the young mother of today is comparatively well equipped. It is natural that with the increased standard of child care there has been a tendency for the Health Visitor to concentrate more and more on the difficult families and to spend less time with the families who do not apparently require so much help. There has been a regrettable tendency for the expression "selective visiting" to become more and more used in knowledgeable circles. I have never wholeheartedly been able to subscribe to the view that a Health Visitor's attention should be given to the problem families and difficult homes to the exclusion of the young mother who needs her help. It is surprising how many problems occur in the best of households. Human children are individuals and although they are possessed of a great deal of resilience and resistance to the many hazards that beset them, it is surprising how much help can be given, particularly to the mother of a first baby. This timely help may be the means of avoiding much unnecessary anxiety. A knowledge which to a mother who has several children becomes so much a pattern of life as to be described as "commonsense" has often still to be learned and the value of the Health Visitor in the good homes cannot be overestimated. A well-run child welfare centre can never be a substitute for a visit by a well-trained sympathetic person to a home, where the family is seen in its own environment.

The Health Visitor, with her background knowledge of nursing and midwifery, and her special knowledge of social medicine, can help the family in almost every facet of life. Her work must be primarily educational but it is educational in the widest sense. It is

an education in living. She has to give advice on food and diet, household management, clothing and dressmaking, and is often consulted on family spending and on intimate domestic problems. She is equipped to advise on the various facilities open by local authority and national and voluntary sources. She is almost always school nurse and follows the child from ante-natal days to adult years.

The Health Visitor is being called upon more and more by the General Medical Practitioners to advise on social problems but there is ample scope for an enlargement of her work in this direction. Her work with the old people is supplemented by the Home Help Service and by the various Old People's Clubs that exist. She is the guide, comforter and friend of the family and as such is the recognised corner-stone of the work of the preventive medical service in the home.

In the ten years that I have been in this district there has been a noticeable improvement in the general standard of child care and the number of families which can be designated as problem families has diminished. There is no doubt that much of this improvement can be attributed to the Health Visiting Service.

Miss B. M. Greenwood was appointed as Health Visitor for the Hipperholme and Lightcliffe area.

TABLE 7

Visits paid by Health Visitors in 1955

First visits to children under 1 year	422
Subsequent visits to children under 1 year	3,491
Visits to children 1 to 5 years	4,247
Visits to expectant mothers	66
Miscellaneous	2,870
Total ...	11,096

Ante-natal Clinics.

Table 8 gives particulars of the attendances at the ante-natal clinics. One hundred and twenty-six confinements took place at home and 126 new expectant mothers attended our ante-natal clinics. In addition, 42 expectant mothers attended who were also attending last year, making the total of individual mothers attending 168. These mothers made 651 attendances, so that the total attendances work out at about four per patient. 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.

TABLE 8

Attendances at the Ante-natal Clinics

	1951	1952	1953	1954	1955
Number of sessions	127	119	104	102	102
Number of new expectant mothers ...	144	124	133	137	126
Total number of individual expectant mothers	191	176	163	173	168
Total number of attendances	829	731	615	651	651
Average number of patients per session	6.53	5.41	5.91	6.38	6.38

Relaxation Clinics.

The work of the Relaxation Clinics continues to grow. Clinics are now held twice weekly at Brighthouse and once weekly at Hipperholme. At Hipperholme, the Midwife delivering the patient takes the Clinic but at Brighthouse the Clinics are taken by a Midwife who has concentrated and specialised in this work.

One hundred and forty-six individual mothers attended and made 988 attendances. Of these, 132 were new patients. It is interesting to note that the average number of attendances made by individual mothers at the clinic where the Midwife has made a special study of this work was in the region of eight and at the Midwife's own clinic the average number of attendances was only three.

These clinics are, in my opinion, very valuable. At the clinics and ante-natal sessions held by the Doctor and Midwives a great deal of instruction is given. This is supplemented by the Health Visitor who sees the patients while they are waiting, but at the relaxation clinics the mothers have the advantage of group teaching and it is notable that of the babies delivered only three were put on artificial food and these three were all cases which had been in hospital and were discharged from hospital artificially fed. I consider there is a great advantage in a midwife taking this class as opposed to a physiotherapist. She can describe the confinement fully and can remove the fears from the expectant mother. She is able to give the earliest possible instruction in breast feeding and to allow the mother to understand fully the best methods of breast feeding early in pregnancy and she can guide the mother in the care of her breasts.

This clinic is rewarding and we have received more appreciative letters in respect of it than of any other. The clinic is not confined to our own cases attending our own ante-natal clinic but cases are sent by Doctors and hospitals. Considering that many mothers who have had a confinement before are reluctant to spend time on instruction, especially when it means they have to make arrangements for their other child, the number of people attending the clinics and the number of attendances they make is remarkable. Particularly

is this so as some of the mothers come late in pregnancy when it is, of course, impossible to get in more than five or six attendances. It is worthy of note, especially when there is a reluctance on the part of mothers to make a special attendance for post-natal examination, that over 100 mothers attending the Relaxation Clinic attended again for post-natal exercises, particularly as post-natal exercises are demonstrated to them before delivery so that those who cannot attend will be able to do them at home.

The lady carrying out the Relaxation Clinic is an enthusiast and her enthusiasm is producing good results. She reports as follows :—

“ Many letters have been received and in almost every case mothers have expressed gratitude and enthusiasm for help given at classes. Grateful fathers telephone to report births and in many instances expectant fathers have phoned for appointments for their wives to attend ! The atmosphere of the classes is social and friendly – mothers gain confidence in their relationship with each other. The mothers are anxious to learn and the talks given always take the form of discussion together. A very rewarding occupation for the Nurse in Charge !

Most mothers attend post-natally looking very fit and well. Post-natal exercises are demonstrated to them before delivery so that they may carry these out if unable to attend later. It is usually found that post-natal exercises are more necessary for mothers who have not attended pre-natally.”

Post-natal Clinics.

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, very properly receive their post-natal care from their own Doctor and all the women delivered at home had a post-natal examination either at the clinic or at their own Doctor's surgery. Most of the patients delivered in hospital attended at the hospital for post-natal examination. Altogether only 25 women attended the clinic for post-natal examination.

Domiciliary Midwifery.

The trend towards hospital confinement which has been commented on from year to year was held last year and for the first time there were more domiciliary confinements. This year, too, there has been another slight increase in births at home. Even so, two-thirds of the births still take place in hospital and the average number of confinements conducted by each midwife is 42.

It will be appreciated that if the number of confinements had continued to fall, it might have been necessary to give the midwives larger areas and reduce the number of midwives. This was a measure we were most reluctant to take.

I believe, providing the confinement is normal, the best place for a baby to be born is in its own home. The process is a natural one and the place for a baby is in the bosom of the family. Now that the slum clearance programme has been launched, we shall not in future, I hope, have so many homes which are not suitable and only first babies and abnormal cases should go to hospital.

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

TABLE 9

Work done by the Midwives during 1955

Labours conducted : (a) as midwives	126
(b) as maternity nurses	—
Ante-natal visits	1,084
Post-natal visits	2,270

Dental Scheme.

During the year, 59 expectant mothers were referred for treatment, and treatment was completed in 23 cases.

Breast Feeding.

I have again included Tables 11 and 12, which show the percentage of babies breast fed, and the causes given for the cessation of breast feeding. There are still cases where the mother continues breast feeding up to a year or more, principally because she believes that this prevents pregnancy, but of all the methods of birth control it is the least satisfactory, both on nutritional grounds and on the results obtained. In studying Table 11 the important figure is the last column, where it will be seen that 60% of babies were breast fed. About 97% of the babies of the women who attended the Relaxation Clinics were breast fed and only 50% of the remainder.

The "Other Causes" given in Table 12 very often might be put down as excuses, and there is no doubt that it is extremely convenient to bottle feed a baby as it can be done by so many people apart from the mother. The feeding at the breast has, however, its convenience during the hours of the night. We cannot accept that breast feeding is purely a matter of convenience. It is believed that both mother and child benefit psychologically from it. Although a baby does very well physically from the excellent dried milks now available, breast-feeding should still be the aim and object of all nursing mothers.

Reasons for Abandoning Breast Feeding

	No. of cases
A. Maternal.	
(a) General health of mother (obstetric causes, mental shock)	47
(b) Local condition (breast abscess, defective nipples)	16
(c) Failure of milk without known cause	59
(d) Work	2
(e) Twins	4
B. Infant.	
Prematurity, illness, unknown cause	9
C. Others.	
(a) Adopted babies	2
(b) Lack of perseverance	23
(c) Baby segregated from mother for medical reasons	1

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.
1955	21.6	20.6	17.7	59.9
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
1955	78.5	5.5	16.0
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 1955

	Huddersfield Road	Hipperholme	Southowram	Totals
Number of Sessions	102	49	52	203
Individual Children attending ...	522	235	163	920
Children attending for the first time	195	87	54	336
Medical Consultations	1066	537	431	2034
Average number of medical con- sultations per session ...	10.45	10.96	8.29	10.02
Attendances of children under 1 year	2912	901	831	4644
Attendances of children over 1 year	786	371	326	1483
Total attendances	3698	1272	1157	6127
Average attendances per session	36.25	25.96	22.25	30.18
Highest attendance at one ses- sion	65	44	42	

Voluntary Helpers.

We have reason to be grateful to the voluntary helpers at the various clinics, and new helpers are being welcomed both at Brighthouse and at Hipperholme. At Hipperholme, where more helpers are available, work is done on a rota system, but at Brighthouse, the same helpers come week by week and, indeed, give devoted service. There is scope for more voluntary help in the Southowram area.

The work of the voluntary helpers in selling food, and in registration, enables the Health Visitors to concentrate on the more important work of health education and individual instruction, and the work of the voluntary committees and voluntary helpers, many of whom have a long record of service, is very much appreciated, both by this department and by the mothers using the clinics.

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 Brighthouse all sales are now made there in Brighthouse, thus freeing the small number of voluntary helpers for their other work.

During 1955, 8,361 tins of National Dried Milk, 3,730 bottles of Cod Liver Oil, 20,095 bottles of Orange Juice, and 1,521 packets of Vitamin A and D Tablets were issued.

Artificial Sunlight Treatment.

The work done is set out in Table 13 which follows, and it will be seen that 25 children received 315 exposures.

TABLE 13

The work of the Artificial Sunlight Clinics during 1955

	Brighthouse	Hipperholme	Southowram	Total
Number of children treated ...	12	11	2	25
Number of exposures ...	123	165	27	315

Orthopaedic Treatment.

During the year, 26 children under school age were examined by the Orthopaedic Surgeon. Particulars of these cases are appended below :—

Congenital Deformities	.....	.....	.....	8
Genu Varum	.....	.....	.....	2
Genu Valgum	.....	.....	.....	6
Pes Valgus	.....	.....	.....	3
Deformity Toes	.....	.....	.....	2
Inversion Foot	.....	.....	.....	4
Hemiplegia	.....	.....	.....	1

Ophthalmic Scheme.

During 1955, 17 pre-school children were examined at the Ophthalmic Clinic, all suffering from Strabismus, and spectacles were prescribed in ten cases.

DAY NURSERIES

In November, 1954, Ogden Lane Day Nursery was closed, and at the end of March, 1955, Holme House Day Nursery was closed, so that for nine months of the year only one Day Nursery, Wellholme Park, was available. It will be remembered that the County Council had decided as a matter of policy that nursery accommodation should only be provided where the mother was the

principal support of the family, and that the nursery hours should be from 8.30 a.m. to 4.30 p.m. There is a great deal to be said for the Nursery not being opened until 8.30 in the morning, for during the winter months it can be a real hardship for small children to be brought through the damp, cold, sometimes foggy, streets, but as there is only to be nursery provision where the mother is the principal support of the family, it means that many mothers experience difficulty in earning sufficient during the hours available and we have found that children are often brought by the older children or relatives. In the same way, now that the Nursery closes at 4.30 p.m., children from school often are responsible for taking home their younger brothers and sisters. On the whole, however, despite our misgivings, it cannot be said that the children in the Nursery have suffered from the shorter hours, and we know that the children now coming to the Nursery are those for whom nursery provision is required on health grounds.

It was obvious that if one Nursery was to be kept open, Wellholme Park was the one. Centrally situated, it is convenient for all parts of the Borough, and the fall in attendance experienced at the other Nurseries, due to the new conditions, merely meant the elimination of the waiting list in the case of Wellholme Park, particularly as the numbers in Wellholme Park were reinforced by children transferred from Ogden Lane Day Nursery. At the end of January, only six children remained in the Holme House Day Nursery and it was obvious that this Nursery had ceased to be an economic unit. When no increase occurred of this number (indeed only five children remained at the end of March) there was no longer any justification for its continuance.

In addition to accommodating the children of widows and other women who have to support their children, the Nursery has been used for the temporary accommodation of children whose mothers are ill, and the Day Nursery at Wellholme Park may be said to be fulfilling now a most useful social service. Accommodating, as it does now, children whose needs are socio-medical, the Nursery comes into alignment with our other services and ceases to belong to the temporary measures introduced during and immediately after the War to increase the labour potential.

There is a great need in the district for an occupation centre for mentally retarded children and the County Council have agreed that Holme House Day Nursery should be adapted for this purpose. The Holme House Day Nursery, pleasantly situated with good grounds affording facilities for play and recreation, will provide a very satisfactory small occupation centre and work is now in hand for its adaption for this purpose.

When Holme House Day Nursery closed down, the remaining children were transferred to Wellholme Park and at the end of April there were 45 children on the register of this Nursery, 13 under two years of age and 32 over two. By the end of the year, the

numbers had fallen to 40, nine under two years of age and 31 over two. It is anticipated that this Nursery will be large enough to accommodate all the children who have to be admitted under the present conditions of admission. Indeed, if families continue to grow smaller and the illegitimate birthrate remains low, we can expect the numbers to fall rather than increase.

Ogden Lane Day Nursery is comparatively well situated in relation to the new Estate at Field Lane, and can be utilised to form new clinic premises. Plans for the adaptation of this Nursery for this purpose are also in hand and it is gratifying to know that both the buildings at Ogden Lane and Holme House, which have done such good work in the past, should have a useful and happy future within the ambit of the Divisional Health Services.

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

Measles	.....	.....	.....	.....	.....	15
Dysentery	.....	.....	.....	.....	.....	2

It will be seen that, during 1955, the number of cases of infectious disease occurring in the Nursery was comparatively small, except for one illness, that of Measles. It was inevitable that a large number of Measles cases would occur in the Nursery when the population consists of a child population of ages particularly at risk, and this year was a year of a large-scale Measles epidemic in the town.

Year by year I have to report on outbreaks of Sonne Dysentery in the Nursery and last year an experiment was tried of admitting to one Nursery symptomless excretors, as the number of cases of this disease was so widespread in the district. This year we were comparatively clear and it was not until the end of the year that this disease again made its appearance. The two cases noted above were the first indication we had of Sonne Dysentery in the district, but following investigation it was found that once again these cases were part of a general epidemic which particularly affected the Rastrick area. This epidemic does not, however, belong to 1955. In the Borough during that year only 15 cases were notified, as compared with 133 in the previous year.

MENTAL HEALTH PREVENTIVE SERVICE

The maintenance of satisfactory mental health is becoming an increasingly recognised and increasingly important part of our work. It falls into three main categories: work with educationally sub-normal children, who range from the child who is slightly retarded through the one who is ineducable in an ordinary school to the child who is ineducable in a special school, and the adult who needs supervision after leaving school; the after-care of cases who have

been in mental hospitals, either as voluntary or certified patients, and work with patients who do not require mental hospital treatment but, unless their condition is recognised early and appropriate advice and help given at this stage, may require such treatment. It is in this third group of people that it is considered that the greatest scope of a preventive mental health service lies.

There still remains in the public mind a fear and an unwillingness to recognise that they, or any of their relatives, are, or could be, mentally ill, and early anxieties and latent symptoms are allowed to progress until they become frank mental illness recognised by all with whom they come into contact. General Practitioners, Health Visitors and Medical Officers associated intimately with children and mothers in the intimacy of their own homes and clinics have an opportunity of recognising their early mental illness. When I was responsible for an ante-natal hostel to which we admitted patients tired and requiring a rest during their pregnancy, it was remarkable how many of these patients were found to be suffering from worries and anxieties, the resolution of which contributed a great deal to their physical improvement. I had felt too that cases discharged from mental hospitals for whom we become responsible for their after-care might willingly attend at one of our clinics when they are not so willing to return to a hospital psychiatric out-patient department.

Dr. Affleck, the Regional Psychiatrist, agreed that there was a case for an experiment to be conducted in the establishment of a psychiatric clinic in our own clinic premises and promised to allow us the services of a Psychiatrist at one weekly session for an experimental period. The County Medical Officer agreed that these premises should be made available and that the Psychiatrist appointed should have the services of our Mental Health Social Worker and the necessary clerical assistance. One of the Assistant County Medical Officers, Dr. Atkinson, who is interested in this type of work, agreed to devote her session allowed for hospital attendance to assistance at this clinic. It was thought best to exclude children of school age who would normally fall under the child guidance provisions of the County Council, but several school-children were referred during the period between one appointment and another in the Child Guidance Service of the County Council. The General Practitioners were all informed about the inauguration of this clinic and since its inception many of them have expressed a great satisfaction at the help they have received.

Run on preventive lines, it was decided at the outset that no drugs or treatment should be given at the clinic but that drugs should be prescribed by their own Doctor through the National Health Service, and if further treatment was needed this should be arranged through the Hospital Service.

It has been inevitable that late as well as early cases have been referred, and particularly this was so at the beginning, but there have been a fair number of early cases. Dr. Atkinson and Miss

Wroe, the Mental Health Social Worker, have willingly worked into the late evening to accommodate people who were working and could not attend until after normal working hours, and Mrs. Cheetham, the clerk in the department, has also stayed long after normal hours. Every endeavour has been made to keep the atmosphere as quiet and as homely as possible, and we have found that after-care cases who would not willingly attend the hospital, readily come to our clinic, and that many have benefited in doing so.

This clinic has been a great help to the Mental Health Social Worker in helping her to settle their problems but all that we have been able to do would have been useless unless we had had the full co-operation of Dr. Crotty, the Psychiatrist appointed, who has helped us in every possible way.

The clinic was established in June and at the end of 1955 had been running for seven months, and already I consider that it has justified its inception. I hope it will be the fore-runner of others.

The report of Dr. Crotty, the Psychiatrist, on the work of this clinic during 1955 is appended below.

The Brighthouse Psychiatric Out-patient Clinic

This clinic was opened on the 28th June, 1955, and is therefore moving towards its first anniversary. Looked at simply as a psychiatric out-patient clinic it has justified itself: there have been referrals which would average out at about two new cases per session – as many as one man can see if all are to get a proper chance. Those attending have been given time to discuss their problems, and many appear to have benefited from their attendance.

But in some ways this clinic was a trial balloon. It was held under public health auspices, in a large, formerly private house converted to public health purposes, there was no direct prescribing of drugs (instead letters suggesting this or that medication were sent to the patients' doctors), the functions of nurse and social worker were both carried out by the Local Authority Mental Health Worker, who, fortunately has had experience in both fields, and, as time went on, a female doctor on the public health staff began to help in the clinic and to participate increasingly and usefully in its work.

I had never before been closely associated with a public health group. As a result of my experience in Brighthouse I am convinced, thanks to favourable personal contacts and the inevitable recognition of common problems, that personal interchange in the common field of work between the two disciplines is the best approach to giving the community an efficient service. The fact that the clinic was not held in a hospital, but in a converted house, made a difference too, although I am not sure that I could describe fully what the difference was. I like working in hospitals – both mental and general, but this does not blind me to the fact that there is a quieter and more personal air about the house in Atlas Mill Road,

and that this was very appropriate to the many problems which have been discussed there these last months.

The inclusion of suggestions about medication in the reports to the patients' doctors, instead of their being prescribed direct by the psychiatrist, has been at once salutary, rewarding and frustrating. Salutary because it prunes one's powers and drives home the fact, so easily forgotten, that the family doctor is the patient's only doctor, and that all the rest of us should be built around this centre. This dependence on the family doctor is rewarding too, and in almost all cases, one sees slow and tiresome recommendations carried out with care and interest.

The clinic was designed to deal with three types of referral : cases referred by general practitioners, after-care cases (in association with the Local Authority Mental Health Workers) and family problems associated with children not of school age. In fact, at the outset we had referred to us in addition a number of schoolchildren. The appearance of a child psychiatrist for the County has made such referrals unnecessary in recent months. Our greatest source of new cases has been the general practitioner. There have been fewer seen for follow-up purposes. Often I have had previous knowledge of the cases referred for follow-up, or of those who have been discharged from hospital. One can, in these circumstances, easily determine whether follow-up interviews are necessary or whether it is sufficient to make a few recommendations to the Mental Health Social Worker. In all cases we make a point of getting the family doctor's consent before we see one of his patients. Oversight accounted for the very few exceptions to this.

A wide range of cases has been covered, but, as was hoped, the majority was made up of those whose distress or symptomatology were related to emotional problems which could be relieved by their being detected and interpreted by someone experienced in the field of human relations. I suppose it was natural that, at the outset, I should be sent a few patients who had defied all previous attempts to dislodge them from a life of invalidism. I recall one man, in his late thirties, who would not sit down, but stood at the door, fiddling with his cap, and with a look which showed that he was ready to bolt at the first untoward move on my part. He had not worked for years and years – ever since his wife's first pregnancy when he developed anxiety attacks. He had made a longstanding compromise with life : he stayed at home and did the housework, i.e., did the woman, while his wife went out to earn their daily bread. He had no intention of giving up this arrangement for anybody. But side by side with this there have been all sorts of people who have come regularly and made serious attempts to grapple with themselves. Some need long interviews, others short.

To sum up, I am happy about the clinic. I wish to take this opportunity of thanking those who have made life easy and pleasant there – Dr. Appleton, who thought of the idea in the first place, and

who has spared no pains to make it succeed ; Miss Wroe, who has been there from the start and who, in addition to her work, makes all the appointments ; Dr. Atkinson, who already has a foot confidently in both camps, and Mrs. Cheetham, who stays late to type letters not alone without complaint, but willingly. And finally, the patients and their doctors, for whom the apparatus exists, and who are using it with thoughtfulness and goodwill.

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, 1955, was as follows :—

Statutory Supervision.

Males under 16 years of age	.....	.....	13
Females under 16 years of age	.....	.....	14
Males over 16 years of age	.....	.....	16
Females over 16 years of age	.....	.....	16

Under Guardianship.

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

Voluntary Supervision.

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

It will be seen that 66 defectives (20 male and 19 female adults and 13 male and 14 female children) were under some form of supervision. At the 31st December, 1954, 60 defectives were under supervision. Eleven defectives (six males and five females) were placed on the Register during the year and five were removed (four males and one female). One male and one female left the district ; two males were admitted to institutions, and one male died.

The following are the particulars of adults under supervision at the end of the year :—

Eighteen defectives were in regular gainful employment (12 males and six females), five males being employed in the textile industry, five as labourers, and one as a farm labourer, the remaining male working for his father. Of the females, four were employed in the textile industry and two on laundry and domestic work. Eight female defectives were occupied at home in household tasks and handwork and two male defectives were carrying out occupational therapy at home supervised by the Home Teacher. 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 males over sixteen attend Industrial Centres and one female attends the Group Training Class.

Of the 27 children, four are in gainful employment, two males being employed as labourers and two females employed in textiles. Thirteen (five males and eight females) attend the Group Training Class at Waring Green Community Centre, and five (two males and three females) attend Westwood Occupation Centre. Four male defectives are unable to follow any employment and one girl is in an institution in the district.

Group Training Class.

The Group Training Class, which has now been running since 1952, has proved of inestimable value and the work of Mrs. Bateson and Mrs. Brooke is of the highest quality. This class is held at the Waring Green Community Centre. It was hoped that a properly equipped small occupation centre would be established at Holme House when the Day Nursery was closed at the beginning of this year. Plans are in hand for this to be done. When it is done, it will be possible for more children and female adults to attend for group training, particularly if transport is provided. At present, the Group Training Centre has opened for four days a week, and after the reconstruction in 1954, the room used for the purpose is very much more satisfactory. As the Community Centre is a School Meals Centre, it is possible to arrange for the children to have a mid-day lunch - except during the school holidays, but we are not happy about the sanitary accommodation and the sooner we can move into our new premises the better it will be.

The Nursery at Holme House has good grounds. We have badly missed a suitable playing and recreation area for the children while at Waring Green. Although, by arrangement with the Divisional Education Officer, the sports ground can be used, the difficulties in crossing the main road have prevented its use on many occasions and it is, of course, often in use by the schools at a time when we should require it.

The Association for the Parents of Backward Children continues to be most helpful and they have promised to give us every help when the new Occupation Centre is opened.

A section on mental health would not be complete without referring to the large amount of preventive work that occurs in the child welfare centres and the surgeries of the general medical practitioners, and, of course, in the homes of patients by doctors and nurses. For every case of mental ill-health which requires psychiatric treatment, there is a large background of cases which are helped by timely advice. The role of the doctor and of the health visitor in the child welfare centre in detecting and helping cases of early mental ill-health is a feature which is of increasing importance. More and more parents are well versed in child care and the alleviation of worries and the reassuring of patients is much more important than it used to be. The help elicited in resolving small difficulties between parents is of incalculable help to the children. Children are extraordinarily susceptible to difficulties at home. Sometimes these diffi-

culties lead to the children going to great lengths to prevent themselves noticing them and this is one of the causes in which early maladjustment arises. Another way in which the local authorities have helped in the prevention of mental ill-health is in the provision of satisfactory houses, and we feel that our work under the slum clearance scheme will provide no small contribution to this problem.

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

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	6
Persons removed under Section 20, Lunacy Act, 1890	5
Persons removed under Section 21, Lunacy Act, 1890	1
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	2

SANITARY CIRCUMSTANCES IN THE AREA

Water Supply.

Of the 11,360 inhabited houses in the Borough, 11,275 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, 1955 :—

Extensions of main —

- 157 yards of 4" main, Mayfield Grove, Bailiff Bridge.
- 25 yards of 6" main, Industrial Estate.
- 720 yards of 6" - 4" - 3" main, Field Lane.
- 43 yards of 3" main, The Avenue, Lightcliffe.
- 115 yards of 4" main, Park Royal Estate.
- 10 yards of 3" main, New Hey Road, Rastrick.

Replacement of main —

340 yards of 4" main, Bramley Lane, Lightcliffe.

240 yards of 4" main, Elland Road, Brighouse.

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 seven years ago.

I am informed by the Borough Engineer that the actual work carried out during 1955 was as follows :—

A new length of 21" diameter foul sewer was laid from North Cut to Cromwell Bottom, replacing the old 12".

A new 27" storm water sewer has been laid from the end of Oakhill Road through to Thornhill Beck Lane, and a new surface water sewer at the entrance of Valley Dyeworks, Brookfoot. A short length of 15" diameter surface water sewer has already been laid at Coley Beck, Norwood Green.

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. A new sewer is planned to take the Queens Road area at Norwood Green. This sewer will pass down the valley from Stockhill Bridge to Rookes Mount. 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.

One hundred and forty-nine observations of smoke emission 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.

A comparison of the total solids with 1954, 1953 and 1952 shows that there has been a slight increase in the amount deposited in Wellholme Park, Rastrick, and Clifton, with a fall this year in the tonnage of solids deposited at Lightcliffe and Southowram. Much of the deposit at Lightcliffe and Southowram is due to smoke emission

in another town, so that we can claim no improvement in the amount of smoke liberated into the atmosphere from the chimneys of Brighthouse. It will be seen that the graph showing soluble solids follows very closely the rainfall graph. It will also be noted that the amount of sulphur pollution as found by the lead peroxide method shows little variation from last year.

Following the Beaver Report on Air Pollution, a great deal more interest has been taken in the problem of smoke, and the time has now arisen for the Council to consider whether they can provide special grates for the burning of smokeless fuel in their new Council estate. The estate at Field Lane appeared to provide an opportunity for this to be done and I hope that consideration will be given to it in the near future. New legislation in the shape of the Clean Air Act in 1957 will give us an opportunity of deciding on smokeless zones. It might be possible for the Council to decide that at least one of their housing estates shall be a smokeless zone, and I believe that the housewives, after a preliminary period of discussion and possible dissatisfaction, would come to appreciate the great advantages possessed in living in a smoke-free area.

It is difficult to see how the centre of Brighthouse can be made a smoke-free area in the immediate future, for houses, shops, offices and mills exist together, but it should be possible, as shops and offices are modernised and factories and mills introduce up-to-date methods, to improve the position. If only we could establish a smoke-free area on one of our estates, it might be that this would serve as an inspiration to others. Meanwhile, in advance of any declaration of smoke-control areas, we would welcome action by the Housing Committee on these lines.

Public Baths.

I am obliged to Mr. W. Cockroft, the Baths Manager, for the following statement of the attendances of bathers during 1954 and 1955 :—

Mixed —	1954	1955
Mixed Bathing	19,060	24,930
Females —		
Ladies	764	932
Girls	4,657	4,731
Girls' Swimming Classes	6,291	5,317
Ladies' Club and Season Tickets	2,329	2,282
Ladies' Slipper Baths	1,065	1,022
Males —		
Men	2,050	2,404
Boys	3,518	3,449
Boys' Swimming Classes	13,168	15,292
Men's Club and Season Tickets	1,942	1,958
Men's Slipper Baths	8,101	8,195
	<hr/>	<hr/>
	62,945	70,512
	<hr/>	<hr/>

It will be seen that there was a large increase in the number of swimmers, particularly in the mixed bathing figures. There is no doubt that the exceptional summer contributed very largely to this increase. The warm weather may be the reason why the number of men's slipper baths did not show a decrease this year. The number of slipper baths taken has shown a fall in recent years, due, no doubt, to the provision of more baths in the homes.

The swimming bath is well maintained.

Housing Programme.

The Borough Engineer informs me that the following houses were completed in 1955 :—

Cain Lane Estate —				
2-bedroom houses	.....	.....	.....	16
3-bedroom houses	.....	.....	.....	14
Field Lane Estate —				
Old persons bungalows	.....	.....	.....	6
2-bedroom houses	.....	.....	.....	24
3-bedroom houses	.....	.....	.....	23
Stoney Lane Estate —				
3-bedroom houses	.....	.....	.....	2
Total				85

This compares with a total of 130 houses, a list of which was given in last year's Report, which it was hoped to complete in 1955.

The programme for 1956 is as follows :—

Field Lane Estate —				
Single persons flats	.....	.....	.....	20
Old persons bungalows	.....	.....	.....	8
2-bedroom houses	.....	.....	.....	28
3-bedroom houses	.....	.....	.....	40
Cain Lane Estate —				
Single persons flats	.....	.....	.....	8
2-bedroom houses	.....	.....	.....	10
3-bedroom houses	.....	.....	.....	14
Total				128

Up to the end of 1955, 872 post-war houses and 375 pre-war houses had been built by this Corporation, so that we now have over 1,200 Council houses in the Borough, and over one-tenth of the houses are owned by the Corporation.

Last year I reported fully on the action which was contemplated under the Housing Repairs and Rents Act, 1954, and our proposals under Section 1 of this Act were duly submitted to the Health Committee in July and afterwards considered by a joint meeting of the Housing, Health and Town Planning Committees.

The Council later approved the proposals to deal with 1,440 houses in a period of 20 years, and these proposals form the basis of any action we shall take in respect of slum clearance. It is contemplated that, in the first five years, 356 houses will be demolished, 20 under Section 11, as individual houses, and 336 in clearance areas, which have still to be declared. These proposals, which are necessarily long-term ones, may require amendment but there is no doubt that there are many advantages in having concrete proposals on which we can work during the next two decades.

In our proposals we included an estimated figure of ten houses which would be patched and retained within five years under Section 2 of the Housing Repairs and Rents Act, 1954, for temporary accommodation. It is surprising in this district where people on the whole are house-proud how many people, themselves only tenants, have undertaken extensive maintenance work to keep their houses in good order. Not only have they given of their labour voluntarily but in some cases have spent considerable sums of money on unworthy property. In going round property for our slum clearance programme, I could not help being struck by the difference in the standard of living as compared with conditions in 1930. Most of the families in Brighthouse who occupy sub-standard houses are well worthy of better houses than those they now inhabit and it is surprising, and indeed remarkable, how good many of them make an old, worn-out, unsatisfactory house look by constant patching and decorating. It is heart-breaking work. So often hours spent in decorating and patching are indeed wasted. Damp comes through newly-decorated rooms and however hard the tenants try the houses cannot be made fit to live in for any length of time. It is no wonder that tenants of these houses welcome a new Council house, although the rent may be very much increased. We feel that people who cannot buy their own houses should not continue to live in houses where there are no facilities for washing clothes, no places for storing food, no bath, often no satisfactory sink, and which are damp and in a poor state of repair. Houses, like other articles made by man, wear out. Unfortunately they do not fall down. They also become old-fashioned and obsolete, and the standard sufficient a century ago will just not do today. Baths, hot water, proper lighting and ventilation, sufficient space and freedom from serious dampness are housing standards which anyone can reasonably expect and it must be our object to try with the resources available to attain these standards for our townspeople.

Our housing survey disclosed that there were 2,270 back-to-back houses in the district and that 80% of these were of Type I. It was obviously impossible to deal with the more substantially built and well situated of these back-to-back houses and the Council gave much consideration to the question of whether they should rank for improvement grants. It was agreed that back-to-back houses situated at the end of a row, where cross ventilation can be achieved, and back-to-back houses which had been converted into through houses

or flats, and where the property had an expected life of more than fifteen years after conversion, could be considered but no other back-to-back houses should be considered for grant until we had further information about the results of methods to improve through ventilation. In the case of Type II and Type III back-to-back houses, where there are separate, windowed sculleries, it is my opinion that many of them may be better dealt with by improvement grants and it was not our policy to include back-to-back houses in the slum clearance programme simply because they were back-to-back.

By the end of the year, work was well in hand in respect of the first three areas I hoped to represent. These areas comprise 148 houses situated in the Lillands Lane area between Lillands Lane on the north, Longroyde Road on the south, and Thornhill Road on the east. They will be represented to the Council in 1956.

Two houses were represented to the Council under Section 11 of the Housing Act, 1936, and three under Section 12 of the Housing Act, 1936. In the case of one of these, a back-to-back house, an undertaking was accepted for it to be converted into a through house, and undertakings not to re-let were accepted in respect of the other two houses. In addition, five informal undertakings not to re-let were accepted.

Seven houses in Bridge End were represented in a clearance area, and a Clearance Order was made in respect of this property.

During the year 46 houses were inspected for improvement grants. Of these 46, only five were made in respect of tenanted properties. Further details are given later in the Sanitary Inspector's report.

No new cases of overcrowding under the Housing Act of 1936 came to our notice during the year, and 19 cases of overcrowding, involving 80 persons, were relieved in this period.

INSPECTION AND SUPERVISION OF FOOD

Premises for the Manufacture, Preparation and Sale of Food.

All premises connected with food have been visited regularly, 700 visits having been made to the various types of food premises.

Altogether 19 cases of food poisoning were notified during 1955. There were no major outbreaks of food poisoning attributed to food prepared in this district. Eleven cases of food poisoning attributed to confectionery purchased in this district and prepared elsewhere are discussed in the section of the report devoted to notifiable diseases.

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. Forty-one distributors were registered, of whom 34 are resident in the Borough. There were also 42 shops registered for the sale of bottled milk.

Sixty-two formal samples taken for chemical analysis on behalf of the West Riding County Council were satisfactory, all of which were classified as genuine. In addition, 142 samples were taken for the methylene blue test, and of these, two were found to be unsatisfactory and required following up.

None of the seven samples of sterilised milk taken for the turbidity test showed inefficient sterilisation, and all the 76 samples submitted for the phosphatase test showed satisfactory pasteurisation.

Two samples were taken for the biological test for tuberculosis. Neither sample was found to be infected with the tubercle bacillus. These samples of milk were submitted from dairies who had supplied families in which there were cases of non-respiratory tuberculosis.

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 92 premises registered for the sale of ice cream.

A total of 35 samples of ice cream were taken for examination by the methylene blue test and, of these, 30 were found to be in Grades I and II, three in Grade III, and two in Grade IV. The samples of ice cream which fell into Grades III and IV were manufactured outside the Borough.

No coliform organisms were found in the 26 samples of "iced lollies" submitted for examination. None of the "iced lollies" were submitted for chemical 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

General.

The infectious disease most prevalent during 1955 was Measles. Altogether 695 cases were notified.

Diphtheria Immunisation.

There has been no case of Diphtheria notified in Brighouse since 1950. I consider that it is fair to assume that the fall in the incidence of this disease, which is general throughout the country, is partly due to Diphtheria immunisation.

The prophylactics used were two doses (0.5 and 0.5 c.c.) P.T.A.P. for children under five years. For children over five 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 four and a half to five years, and again at ten years of age.

Two hundred and seventy-three children completed a full course of primary immunisation during the year. Two hundred and nineteen were given a re-inforcing dose. It will be seen that there has been a falling-off in the demand for Diphtheria immunisation. This may be due to the absence of Diphtheria from the community. It is not due to any parental objection to this wise procedure but may be described as a fall in enthusiasm. No longer do parents hear of the disease, and the need for immunisation has to be specially brought before their notice by doctors and health visitors.

The number of children who had completed a full course of immunisation at any time up to the 31st December, 1955, is as follows :—

(Age at 31st December, 1955)

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	Total
31	225	293	274	358	2074	1307	4562

The age in this table is at the 31st December, 1955, and it will be appreciated that many of the children immunised early in 1955 but born in 1954 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.

Number of children at 31st December, 1955, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1941)

<i>Age at 31.12.55 i.e. Born in Year</i>	Under 1 1955	1-4 1954-51	5-9 1950-46	10-14 1945-41	Under 15 Total
A. 1951-1955	31	1150	1467	255	2903
B. 1950 or earlier	—	—	607	1052	1659

Whooping Cough Immunisation.

Two hundred and seventy-three children were immunised against Whooping Cough during the year, and of these 87 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.

One hundred and sixty-seven vaccinations and 50 re-vaccinations were carried out during the year. This compares with last year's figures of 175 primary and 47 re-vaccinations.

It is regrettable that these figures are not higher. Smallpox has not appeared in this district since 1931, but in these days of air travel when there is a possibility of the arrival into this country of patients incubating the disease unknown to themselves, vaccination becomes a duty, and I must advise parents to have their children vaccinated at four months of age.

B.C.G. Vaccination.

Sixteen 13-year-old children received B.C.G. vaccination.

NOTIFIABLE DISEASES

Diphtheria.

No case of Diphtheria was notified in the Borough.

Smallpox.

No case of Smallpox occurred during 1955.

Ophthalmia Neonatorum.

No case of Ophthalmia Neonatorum was notified during 1955.

Puerperal Pyrexia.

No case of Puerperal Pyrexia occurred during 1955.

Cerebro Spinal Fever.

No case of Cerebro Spinal Fever was notified during 1955.

Pneumonia.

Thirty-six cases of Pneumonia were reported, compared with 18 in 1954. There were ten deaths.

Sonne Dysentery.

There were 15 cases of Dysentery, eight of these occurring in the first quarter of the year and seven in the last quarter. In the first quarter of the year, all but one of the cases occurred in the Hipperholme district. Enquiries were made from doctors and schools but no evidence was found that this was part of a widespread epidemic. Three of the cases occurred in one family. In the last quarter of the year, all but one of the cases were in the Rastrick area, where, judging by our experience year by year, it would appear it is almost endemic. Only one of the children involved attended our Day Nursery. This case occurred at the end of the year and specimens were taken from all the children in the Day Nursery, when we found once again there was a considerable number of symptomless excreters. This has been our experience in each epidemic of Sonne Dysentery, which, epidemiologically, is a most difficult disease.

The Committee will remember that last year there was an epidemic, largely confined to the Rastrick area, and a full report on the action we had taken and the difficulties experienced in elimination of the disease were fully discussed. This year, with only 15 cases, the amount of time spent by the department on the investigation of this disease was not so heavy but it was still considerable. It does appear that there is probably a large number of symptomless carriers associated with each case which form a nucleus of infection which is extremely difficult to eliminate. It is not easy to persuade parents of healthy children that their children may be excreting the organism, and the obtaining of specimens for investigation presents difficulties. The elimination of the organism from the stools takes time and it is understandable that this very infectious disease very easily spreads, and often extremely mild or even symptomless in character, soon becomes established in a community.

Scarlet Fever.

During 1955 there were 38 cases of Scarlet Fever, compared with 26 in 1954. The cases were rather more severe than in previous years but were still mild compared with the Scarlet Fever cases we used to see. There were few complications. Eight cases were admitted to hospital where isolation could not be carried out safely at home.

Chicken Pox.

This disease is notifiable in this area, and 134 cases were notified, compared with 374 in 1954.

Measles.

Six hundred and ninety-five cases of Measles were notified during the year, compared with 64 cases last year. There were no deaths from the disease. We had, of course, reason to expect that this year would be an epidemic year as there were so few cases last year and comparatively few immunes among the population. This disease was prevalent during the early months of the year. It was not a severe type of infection and many of the cases were fully ambulant. It was only necessary to admit one case into hospital.

Whooping Cough.

There were 71 cases of Whooping Cough notified in 1955, compared with 33 in 1954.

Acute Anterior Poliomyelitis.

There were five cases of Acute Anterior Poliomyelitis during the year, all of which were paralytic. The first case occurred in Southowram in a small boy on the 10th August. This child had visited a neighbouring town three days before and it was thought that this was the most likely source of infection. The father, who was a food handler, was excluded from work until it was quite certain that he was free from infection. This boy had played with other children during the early days of his illness, and one of these other children had in turn been in contact with the second case which commenced on the 20th September and occurred in a boy of nine. The third case occurred in Hipperholme in an adult who had no connection with the other case but who, in the course of his work, visited many neighbouring towns and was in contact with a large number of people. This case occurred on the 25th September. The fourth case occurred in an adult, and although no connection was established with earlier cases he too came from the Hipperholme area. His illness commenced on the 10th October. Other members of his family had febrile illnesses which were thought to be possible abortive cases. The last case occurred on the 20th November, again in the Southowram area where the first case lived. All these cases did reasonably well, and four out of the five cases had no residual paralysis or weakness whatever.

Food Poisoning.

This year I have to report that 19 cases of Food Poisoning occurred in the district, 18 of these in the third quarter of the year and one in the fourth quarter. Eleven of these cases were in one sharp outbreak. On the 13th July, four people had a sudden attack of vomiting with extreme prostration and dehydration, followed by diarrhoea. On investigation it was found that all of them had eaten

vanilla slices purchased at two different shops but from one manufacturer. This manufacturer supplies a large area both inside and outside the Administrative County. The evidence was so strong that vanilla slices were implicated that an opportunity was taken of requesting the manufacturer that same night to stop all further deliveries, pending investigation. The manufacturer was not under our control as his premises are situated in another town and the Medical Officer of Health of that town was also informed on the evening of the 13th July. The doctors of Brighouse were also told and as a result further cases were reported. Altogether we had 11 cases definitely attributable to this vehicle of infection.

We were fortunate in having prompt information and being able to act quickly and being able to obtain unsold vanilla slices for examination. Full laboratory investigations were made and a *Staphylococcus Aureus* Coagulase Positive was isolated both from the stools of the patients and from the unsold slices. After further investigation these *Staphylococci* were found to be of the same phage type. Deliveries from the firm of manufacturers go out early. The action in informing them by telephone should have prevented deliveries the following day. Unfortunately, by mistake, some of the slices consumed in the district were from deliveries made the following day, and the Council considered carefully whether action should be taken in this case. The firm, however, offered excellent collaboration with the laboratory, which made an extensive investigation of all the employees and of the apparatus, and the same strain of organism was isolated from a food handler at the bakery. One interesting feature of this attack of food poisoning was that almost all the patients ate the vanilla slices at about 5 p.m. for tea, or else later in the evening for supper. After a sudden, sharp attack of vomiting and diarrhoea, the following morning, with only one exception, they were able to go to work.

As far as I can ascertain, no other cases were reported from any other town of illness from this source. This seems to indicate that sharp attacks of vomiting and diarrhoea consequent on food poisoning are not always reported to the doctor and when they are, due to the rapid improvement of the patient, information is not always passed to the Public Health Department. It would seem to indicate that the incidence of Food Poisoning, already regrettably high, is actually very much higher.

Another lesson we can all learn from this outbreak is the great importance of hygiene among food handlers in the home, in the shop and in the bakery. It is important that small lesions on the hands should not be ignored but be covered by an impermeable dressing and that food handlers should examine their hands regularly. The habit of certain sales staff in touching their noses and then handling food is also one to be greatly deprecated.

In addition to these 11 cases, eight other cases of Food Poisoning were reported, seven in the third quarter. These were all

due to Salmonella, three of them, all in one family, being due to Salmonella Virchow, three others due to Salmonella Typhimurium, and one due to Salmonella Munchen. These were all isolated cases. In the case of the family, only one patient was ill. The other two were discovered in the course of routine investigation. It was impossible in any case to implicate any one article of food. Generally, information came to us too late and none of the food partaken of was available for examination.

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 21 new cases of Respiratory Tuberculosis during 1955, as compared with 24 in 1954; and two cases of Non-Respiratory Tuberculosis, as compared with three in 1954. In addition, eight patients suffering from Pulmonary Tuberculosis were transferred into the district.

The trend of notification of Respiratory Tuberculosis since 1937, when the Borough attained its present boundaries, continued generally downward until 1948. Since that time more effort has been made to trace contacts and to have regular mass radiography surveys and the notification rate crept up until 1953, when the high number of 57 new cases of Respiratory Tuberculosis were notified. Since this the disease has shown a reduction, last year to 24 and this to 21. It should be remembered that last year a mass radiography survey was carried out in the Borough, which swelled our notification rate and that this year no such survey has been undertaken. In view of this, the figure of 21 new cases of Respiratory Tuberculosis cannot be regarded with complacency. There is no doubt, however, that we are now getting to know of cases very much earlier, and all contacts are kept under observation. At the 31st December, 1955, we had 329 known contacts of the disease. Of these, 46 were contacts of cases notified during 1955. Ninety-six of our contacts were X-rayed during the year at the Royal Halifax Infirmary and five others were X-rayed by the Mass Radiography Unit when it visited Elland. Seven children under 16 years of age were notified during the year. Three child contacts were found to have the disease. All these cases were early. Four other cases were notified in children under 16 years of age. In the first case, a child of three and a half, who was found to be suffering from a primary complex, no adult contact was discovered. A child suffering from Tuberculosis of the hip was also found to have some pulmonary disease. Although all the adult contacts were examined, no other case of Tuberculosis was discovered. The third child, an early case of adult Tuberculosis, was referred as she was suffering from Erythema Nodosum. The fourth

child, who was later found not to be a case of Pulmonary Tuberculosis and has been removed from the register, was suffering from Pulmonary Sarcoidosis.

Four child contacts received B.C.G. vaccination.

There were 14 adult cases occurring in persons over 21 years of age, ten males and four females. Half of the adult cases occurred in male adults at the ages of 45 to 55 and these accounted for seven of the male cases, five of which were severe in character. One of the cases was a contact, the father of a child discovered after a Mantoux examination; he had a history of Bronchitis over a number of years. He was found to be an active case of Tuberculosis. It would appear probable that he was the original case in this family. Another severe case was discovered in a man of 58 years, who had had Bronchitis for 20 years. There was only one other case of well-established disease. This occurred in a man aged 22. All the female cases were early. This incidence in male adults in the fifth and sixth decades of life has been noteworthy in recent years.

There were two cases of Non-Pulmonary Tuberculosis notified during the year, one case being a male child suffering from Cervical Adenitis and the other case being an adult suffering from Tuberculosis of the testicle.

The only death this year from Pulmonary Tuberculosis was a man aged 72.

On the whole, the prospects for patients suffering from Tuberculosis are very much better than they were. A sufficiency of sanatorium beds has prevented the long waits for admission previously experienced and new drugs have resulted in a reduction in the length of treatment. Early cases of Tuberculosis can usually be treated adequately and satisfactorily and it must be our object to discover them.

The Care Committee, formed at the end of 1953, continues to do good work. This Committee covers the whole of the Division and has received remarkable support including help from the County Council and the Councils of Brighouse Borough and Elland and Queensbury and Shelf Urban Districts. Despite the improvement in outlook for patients suffering from Tuberculosis it still remains necessary, for any patient who gets Tuberculosis, to endure a period of frustrated hopes and lost ambitions, of anxiety and worry. He may have long months without earnings and may well give way to despair, a despair which affects his whole family as well as himself. This is the time when he needs help and assistance and this the Committee tries to give. Many private individuals and firms have given generously to enable us to give this help. During the past year we helped 38 patients by purchasing such items as bed linen, pyjamas, blankets, pillows, shirts, underclothing, shoes, etc., and in one special case we purchased a spring mattress to replace an old flock type. In another, we supplied wallpaper and paint to decorate a room. In addition to this, 60 food parcels have been sent out to

patients with young families, and at Christmas time 38 parcels containing Christmas fare. In June, the Committee held an annual trip to Blackpool for patients, relatives and their families. I consider that it is important, particularly where children are concerned, that some effort should be made by this Committee to help the families as well as the patients. Often patients are well-cared for in sanatoria, one of their biggest worries being the economic difficulties of their families. Many of the people who visited the seaside had not been able to take a holiday for some time and by this means 82 people had at least one day at the seaside and of these 26 were children. A diversional therapy service was run for some of the patients, and particularly for those who had been trained in sanatorium in diversional therapy but found on returning home they could not afford the materials required. When the articles were finished they were sold by the patient to repay the Committee.

In addition to the direct help given by this Committee, which is a charge on the Committee's funds, very much more work is undertaken in helping patients and their families to solve their own problems. They are helped and advised on their approach to the National Assistance Board and grants for travelling expenses to enable the family relatives to visit the patient while in hospital have been obtained from the West Riding Distress Fund. The Brighouse Library Committee and others have furnished us with books which have helped to pass away the long period of inaction that the disease entails, and altogether the record of this Committee is one of willing service gladly given and highly appreciated.

Certain patients suffering from active Tuberculosis received milk free daily under the Extra Nourishment Scheme of the County Council. At the beginning of the year 65 patients were receiving this extra nourishment. Thirty-seven new grants were made, and at the end of the year 73 patients were receiving extra nourishment, 26 having one pint daily and 47 two pints daily.

MALIGNANT DISEASE

Sixty-one deaths (35 males and 26 females) were registered as being caused by some form of malignant disease.

TABLE 14
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1955

Month	Tuberculosis		Scarlet Fever	Meningococcal Infection	Diphtheria	Paratyphoid Fever	Chicken Pox	Measles	Whooping Cough	Anterior Poliomyelitis	Dysentery	Food Poisoning	Puerperal Pyrexia	Totals
	Lungs	Other												
January ...	5	—	1	—	—	—	35	141	—	—	4	—	—	189
February ...	1	1	—	—	—	—	18	256	4	—	1	—	—	288
March ...	2	—	2	—	—	—	18	177	—	—	3	—	—	205
April ...	2	—	1	—	—	—	13	75	—	—	—	—	—	98
May ...	1	—	8	—	—	—	3	12	—	—	—	—	—	25
June ...	2	—	5	—	—	—	11	16	1	—	—	—	—	36
July ...	3	1	2	—	—	1	10	10	10	—	—	12	—	49
August ...	3	—	5	—	—	—	7	2	19	1	—	2	—	39
September ...	—	—	3	—	—	—	3	1	14	—	—	4	—	26
October ...	2	—	3	1	—	—	7	3	6	3	1	1	—	28
November ...	—	—	4	—	—	—	5	1	6	—	5	—	—	25
December ...	—	—	4	—	—	—	4	1	11	1	1	—	—	30
Totals ...	21	2	38	1	—	1	134	695	71	5	15	19	—	1038

TABLE 15

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSION DURING THE YEAR 1955

Disease	Cases Notified	Admitted to Hospital	Total Deaths
Measles	695	1	—
Smallpox	—	—	—
Scarlet Fever	38	8	—
Diphtheria	—	—	—
Pneumonia	36	3	10
Meningococcal Infection	1	1	1
Chickenpox	134	—	—
Acute Poliomyelitis	5	5	—
Dysentery	15	—	—
Whooping Cough	71	—	—
Food Poisoning	19	1	—
Puerperal Pyrexia	—	—	—
Paratyphoid Fever	1	1	—
Totals ...	1015	20	11

TABLE 16

TUBERCULOSIS - New Cases and Mortality during 1955

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	2	1	—	—	—	—	—
5	2	—	—	—	—	—	—	—
10	—	3	—	—	—	—	—	—
15	—	1	—	—	—	—	—	—
20	1	—	—	—	—	—	—	—
25	—	—	—	—	—	—	—	—
35	1	1	1	—	—	—	—	—
45	3	1	—	—	—	—	—	—
55	4	1	—	—	—	—	—	—
65 & upwards	1	—	—	—	1	—	—	—
Totals ...	12	9	2	—	1	—	—	—

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

Year	Small-Pox	Scarlet Fever	Diphtheria	Ent'c Fever	Erysipelas	Tuberculosis			Pneumonia
						Lungs	Other	Total	
1893	19	152	3	9	21				
1894	—	31	8	31	10				
1895	—	40	7	25	16				
1896	—	46	5	30	24				
1897	—	66	6	21	36				
1898	—	86	5	22	33				
1899	—	195	11	17	20				
1900	—	95	17	16	16				
1901	—	34	44	6	14				
1902	12	51	20	8	12				
1903	13	48	3	3	3				
1904	69	39	6	4	5				
1905	—	57	10	16	13				
1906	—	68	12	9	15				
1907	—	23	37	8	7				
1908	—	25	24	6	8				
1909	—	124	19	7	7				
1910	—	45	12	3	6				
1911	—	22	9	5	7				
1912	—	56	6	1	7				
1913	—	122	6	1	7	62	11	73	
1914	—	203	24	3	14	42	12	54	
1915	—	60	99	2	16	35	17	52	
1916	—	20	36	3	5	24	8	32	
1917	—	13	15	1	3	57	16	73	
1918	—	22	14	—	4	71	8	79	
1919	—	39	11	3	7	40	11	51	
1920	—	27	13	—	13	27	8	35	14
1921	—	151	13	—	3	21	6	27	7
1922	—	72	8	1	18	17	8	25	14
1923	—	71	6	1	5	15	9	24	9
1924	—	65	6	3	3	26	11	37	20
1925	2	62	2	1	11	22	17	39	13
1926	—	18	4	1	7	30	14	44	11
1927	30	15	3	2	2	24	8	32	22
1928	5	37	3	1	6	22	8	30	8
1929	—	207	7	6	3	16	9	25	17
1930	5	179	24	1	4	18	15	33	10
1931	9	40	19	1	6	21	12	33	14
1932	—	41	18	3	9	24	7	31	16
1933	—	38	11	2	11	27	16	43	16
1934	—	27	15	1	8	5	4	9	5
1935	—	86	13	—	11	13	5	18	12
1936	—	80	11	—	4	15	7	22	7
1937	—	91	26	1	11	20	8	28	30
1938	—	70	32	—	19	22	11	33	31
1939	—	36	22	—	19	18	6	24	32
1940	—	28	11	3	17	19	7	26	36
1941	—	49	27	1	8	18	5	23	23
1942	—	102	12	—	5	14	4	18	18
1943	—	80	16	—	8	22	5	27	25
1944	—	94	18	—	5	12	10	22	19
1945	—	47	7	—	4	17	9	26	9
1946	—	30	4	2	6	11	2	13	16
1947	—	51	6	—	6	23	4	27	7
1948	—	42	2	—	6	25	8	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	24	3	29	18
1955	—	38	—	—	—	21	2	23	36
Totals	164	4090	830	291	596	1119	352	1471	659
Av'rg's	2.6	64.9	13.2	4.6	9.5	26.0	8.2	34.2	18.3

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
	Brighouse	England & Wales		Brighouse	England & Wales	
1896-1905	23.70	28.8	not known	139	147	not known
1906-1915	18.44	24.8	49.6	94	123	133.8
1916-1925	15.6	20.1	47.77	81	83	117.9
1926-1935	12.3	15.8	54.7	63	65	114
1936-1945	14.35	15.4	30.48	53.97	53	82.68
1946-1955	15.12	16.6	21.83	28.10	31	49.31

TABLE 19

DEATHS FROM SPECIFIED CAUSES SINCE 1896
BOROUGH OF BRIGHOUSE

Decade	Maternal Mortality	Deaths from Various Causes—Rates per 1,000 Population											All Causes	
	Death Rate per 1,000 Total Births	Typhoid and Paratyphoid Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Cancer	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
1946-1955	0.39	0.00	0.00	0.00	0.00	0.01	0.00	0.12	2.07	0.25	0.03	0.28	13.64	11.58

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	4	180	68	152	135	448	2149	1287	309	1596	
Average Deaths Per Annum ..	0.32	1.06	1.38	0.06	2.9	1.1	2.45	2.18	7.23	34.66	20.76	4.98	25.74	
Total Infectious Diseases Notified ...	—	—	—	164	Notifi- able only since 1939 4962	4090	Notifi- able only since 1939 998	830	Not Notifi- able	Not an Infect- ious Dis- ease	1118	351 Notifi- able since 1913	1469	
Case Mortality Rate per 100 Cases ...	—	—	—	2.44	3 d'ths since 1939	1.66	10 d'ths since 1939	16.19	—	—	58.50	173 d'ths since 1913	827 d'ths since 1913	56.30

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	
			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
1894	21,043				571	27.13	29.6	65	113.83	137		
1895	21,153				573	27.08	30.3	76	132	161		
1896	21,238				547	26.83	29.7	77	141	148		
1897	21,347				573	26.84	29.7	74	129	156		
1898	21,466				549	25.37	29.4	108	198	160		
1899	21,570				503	23.31	29.3	61	128	163		
1900	21,690				513	23.63	28.9	75	151	154		
1901	21,780				516	23.69	28.5	91	176	151		
1902	21,960				492	22.40	28.6	63	125	133		
1903	21,983				501	22.78	28.4	60	120	132		
1904	22,076				477	21.67	27.9	53	106	145		
1905	22,177				454	20.54	27.2	54	111	128		
1906	22,196				460	20.72	27.0	65	141	132		
1907	22,280	442	20	45.25	422	18.94	26.3	42	99	116	62	140.3
1908	22,365	475	23	48.32	452	20.21	26.5	47	104	120	70	147.6
1909	22,455	428	17	39.72	411	18.30	25.6	40	97	109	57	133.2
1910	22,520	427	24	56.26	403	17.89	24.8	36	89	105	60	140.5
1911	20,843	391	24	61.64	367	17.57	24.4	29	79	130	53	135.5
1912	20,900	377	18	47.74	359	17.77	23.8	29	81	195	47	124.4
1913	20,960	397	24	60.41	373	17.79	23.9	25	67	108	49	123.4
1914	21,020	398	17	42.71	381	18.12	23.8	29	76	105	46	115.1
1915	21,100	361	16	44.32	345	17.10	21.8	36	104	110	52	144.0
1916	19,748	366	21	57.38	345	16.06	21.6	21	61	91	42	114.8
1917	19,332	310	15	48.40	295	13.68	17.8	26	88.4	96	41	132.3
1918	19,364				304	14.01	17.7	36	118	97		
1919	21,000	304	11	36.18	293	14.01	18.5	26	88.6	89	37	121.3
1920	20,871	445	22	49.44	423	20.27	25.4	31	73.16	80	53	119.1
1921	20,610	416	22	52.90	394	19.12	22.4	38	111.0	83	60	144.2
1922	20,670				331	16.01	20.6	31	96.6	77		
1923	20,390	299	14	46.82	285	13.48	19.7	16	56.14	69	30	100.4
1924	20,100	314	19	60.51	295	14.66	18.8	13	44	75	32	101.9
1925	19,920	303	9	29.70	294	14.70	18.3	24	81.6	75	33	108.9
1926	19,440	311	17	54.66	294	15.1	17.8	14	47	70	31	99.7
1927	19,380	267	11	41.20	256	13.2	16.7	23	90	69	34	127.3
1928	19,460	264	12	45.45	252	12.9	16.7	11	44	65	23	87.1
1929	19,640	267	18	67.41	249	12.1	16.3	20	80	74	38	142.3
1930	19,640	242	15	61.16	227	11.6	16.3	16	75	60	31	128.1
1931	19,940	219	14	63.9	205	10.3	15.8	15	73.2	66	29	132.4
1932	19,740	263	8	30.4	255	12.9	15.3	20	78.4	65	28	106.4
1933	19,670	213	8	37.6	205	10.4	14.4	10	48.4	64	18	84.5
1934	19,550	266	16	64.00	250	12.78	14.8	15	64.00	59	31	116.6
1935	19,510	258	21	81.40	237	12.15	14.7	9	37.97	57	30	116.3
1936	19,430	231	7	30.30	224	11.53	14.8	19	84.82	59	26	112.1
1937	30,120	425	18	42.35	407	13.51	14.9	17	41.77	58	35	82.4
1938	30,140	453	19	41.94	434	14.4	15.1	20	46.08	53	39	86.1
1939	29,900	441	19	43.08	422	14.1	15.0	17	40.28	50	36	81.6
1940	29,540	365	11	30.10	354	11.98	14.6	27	76.27	55	38	104.1
1941	29,680	407	16	39.31	391	13.17	14.2	29	74.16	59	45	110.5
1942	29,170	458	10	21.83	448	15.35	15.8	20	44.64	49	30	65.5
1943	28,500	474	6	12.66	468	16.42	16.5	20	42.73	49	26	54.8
1944	27,840	519	15	28.9	504	18.10	17.6	29	57.54	46	44	84.78
1945	27,540	420	6	14.29	414	15.03	16.1	13	31.4	46	19	45.24
1946	29,810	516	13	25.19	503	16.87	19.1	17	33.79	43	30	57.95
1947	30,350	572	22	38.46	550	18.12	20.5	22	40.00	41	44	76.92
1948	30,810	524	14	26.72	510	16.55	17.9	20	39.22	34	34	64.88
1949	30,760	514	9	17.51	505	16.45	16.7	12	23.76	32	21	40.86
1950	30,710	461	6	13.02	455	14.81	15.8	11	24.22	30	17	36.88
1951	30,500	463	13	28.0	450	14.75	15.5	11	24.44	30	24	51.84
1952	30,420	413	9	21.8	404	13.3	15.3	9	22.3	28	18	43.58
1953	30,370	414	6	14.5	408	13.4	15.5	10	24.5	27	16	38.65
1954	30,400	421	8	19.0	413	13.6	15.2	11	26.6	26	19	45.11
1955	30,360	412	6	14.6	406	13.4	15.0	9	22.2	25	15	36.41

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
AND CLEANSING SUPERINTENDENT FOR THE YEAR
1955

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

Mr. Mayor, Lady and Gentlemen,

I have pleasure in submitting herewith the Annual Report on the environmental health and public cleansing services for the year 1955. The former services covering the period ending 31st December, 1955, and the latter for the financial year ending 31st March, 1956.

This is the last Annual Report that it will be my pleasure to submit, as after 42 years in local government service I take leave of the Council in October, 1956, having served in my present capacity for 31½ years.

No doubt, therefore, I shall be forgiven if in my introductory remarks I make some reference to the sanitary condition of the Borough at the commencement of my service and compare the same with those of today.

At that time, the privy midden and pail closet were the major types of sanitary, or insanitary, convenience predominating in the Borough, and the ashpit the receptacle for house refuse, where as in 1955 98% of the sanitary conveniences were on the water carriage system, and the dustbin the universal receptacle for house refuse. It is interesting to record that the substitution of ashpits by dustbins was carried out at no cost to the Council.

Seven horse-drawn vehicles were engaged on pail closet collection whilst old fashioned horse-drawn box carts with hired team labour were employed on ashpit collection, which was carried out at intervals of one month to six weeks.

Four privately owned refuse tips, or, to more correctly describe them, "dumps," were in use, for which the Council paid fees of 6d. or 1/6 per load for the privilege of tipping; not being controlled tips they were always on fire, with, of course, continual complaint from nearby occupants of houses. Any salvage carried out at that time became the "perks" of the employees, who often spent no small amount of their daily time in doing that at the expense of giving a regular collection and disposal service.

Today, the Council possess a fleet of modern refuse collection vehicles designed to ensure the minimum of dust dissemination, together with modern refuse disposal and salvage works producing a revenue of over £10,000 during the last financial year.

It might be very well argued with truth that the Council have spent a great deal of money on this service during my period of time with them. On the other hand a sum well over £100,000 has been derived from the sale of salvage, and furthermore the cost of refuse collection and disposal as given in the last published Annual Public Cleansing Return prepared by the Ministry of Housing and Local Government revealed that the cost of the service in the Borough on the basis of per 1,000 population, and per 1,000 premises, were the lowest of any Non-County Borough in the Country being £274 and £642 respectively, the average being £512 and £1,609. Truly it can be said it has paid to be progressive and provide modern equipment.

During the past 30 years numerous deputations have visited the Borough for the purpose of inspecting the Refuse Disposal Works, whilst during the past three years we have been favoured with many deputations from other Councils, mostly County Boroughs, to inspect the Waste Paper Sorting and Baling Plant.

Public sanitary conveniences have also received attention. Many have been scrapped, others modernised, whilst no less than six new ones have been erected.

Dealing with environmental sanitation and hygiene, similar rapid strides have taken place. Many of our appalling housing problems such as Schofield's Yard, Park Street, Back Bonegate, Back Bethel Street, Chapel Court, Princess Street, Richardson Row, Lane Ends Green, Granny Hall Lane and many others have long since disappeared and new housing sites provided which are a credit to the Housing Committee.

Meat inspection, once performed in the old insanitary building known as the public slaughterhouse, has given way to slaughtering at the Co-operative Society's Abattoir - where, despite the fact that it is far from ideal, judged by modern standards - more adequate and hygienic facilities are available.

One feature, however, is still far from satisfactory, in that the local butchers do not use this building and slaughter outside the Borough, whereas carcasses slaughtered by the C.W.S. for over 25 Co-operative Societies, such as Bradford, Great Horton, Dewsbury, Halifax, Huddersfield, Batley, Morley, Heckmondwike, etc., are inspected by your Officers. At least three fifths of the meat supplies of the Town are inspected by Officers in other towns.

The standard of food premises today is not comparable to that of the earlier period of my service. Premises have been modernised and the gospel of food hygiene spread amongst the employees.

The least fruitful of my endeavours is in respect of housing re-conditioning, largely due to the type of houses in the Borough. Back-to-earth, Single or Type 1 back-to-back houses, which abound in plenty, do not lend themselves to modern re-conditioning, hence the Council's programme of 1,460 houses for clearance in the next 20 years. Section 9 of the Housing Act, 1936, is useless in dealing

with such types of property. It is absolutely impossible to re-condition such houses at reasonable expense, however much as some would like certain of them retained, and I have no doubt the present clearance programme will have to be augmented as time goes on. Such fitments as bathrooms, internal sanitation and separate sculleries for washing clothes are "essentials" and not "luxuries," and this factor must of necessity be always borne in mind.

It is still a matter of great regret to me that I have not been able to give every house a modern sanitary convenience, and the fact that there are still 167 pail closets and 78 privies in the Borough is a shocking state of affairs, but until more sewers are provided and in some cases piped water supplies, the problem must remain.

Staff changes during the year under review have taken place with the result that at one time I was the only fully qualified Officer left in your service.

Mr. D. Brook left for Reading in October, whilst Mr. J. F. Aspinall left at the end of January, 1956, for Boston. To these Officers I tender my sincere thanks for the effort they played in the service.

Finally, during the whole of my service I have been favoured with a good Health and Cleansing Committee, presided over by Chairmen and Vice-Chairmen who have been most kindly, helpful and encouraging. To them and to the present Committee Members I tender my sincere thanks. The motto of a technical Association I have the privilege of fellowship of is "Amicus Humani Generis" or "Friend of the Human Race." I feel sure in severing my long association with this Council that the public will accord me the right to say that I have not only been their Officer but their friend, and I can very rightly claim to be leaving the Borough far better than I found it.

To my present staff (technical and clerical) I tender grateful thanks for their ungrudging assistance, to the Foreman/Engineer and the staff of the Cleansing Department for the loyalty in performing a definitely essential sanitary service.

Finally, to my fellow Chief Officers for their helpfulness and assistance whenever requested, and lastly, but by no means least, to my medical colleague, Dr. Appleton, for his encouragement and friendliness in our united endeavours not only to maintain but improve the environmental health services of the Borough.

I am, Mr. Mayor, Lady and Gentlemen,

Your obedient servant,

C. R. MOSS,
Chief Sanitary Inspector and
Cleansing Superintendent.

WATER

Public Water Supply.

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

Ward	Number of Samples Submitted	Number Satisfactory	Number Unsatisfactory
Central	5	5	—
Clifton	5	5	—
Hipperholme	5	5	—
Hove Edge	6	6	—
Longroyde	5	5	—
Lightcliffe	5	5	—
Southowram	3	3	—
Woodhouse	5	5	—
Totals	39	39	—

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
Ridge End Farm	1	—	1
90 Elland Road	1	—	1
Cote Hill Farm, Southowram	1	—	1
Totals	3	—	3

Examination for Plumbo-Solvency.

Two samples of water were submitted during the year for special examination for plumbo-solvency, details of the examination 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.	10.3.55	58 Garden Road	20 ft.	Nil	7.4
After standing in pipe all night	10.3.55	do.	20 ft.	Nil	7.4
After standing in pipe for measured period of $\frac{1}{2}$ hr.	27.9.55	63 Bracken Road	36 ft.	Nil	7.3
After standing in pipe all night	27.9.55	do.	36 ft.	Nil	7.3

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	2	2	—
February	2	2	—
March	—	—	—
April	2	2	—
May	2	2	—
June	2	2	—
July	2	2	—
August	2	2	—
September	2	2	—
October	2	2	—
November	2	2	—
December	2	2	—
Totals	22	22	—

SANITARY ACCOMMODATION

Thirty-seven additional water closets were provided during 1955 to existing properties, 130 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	.....	.....	.....	.....	11,920
Waste Water Closets	.....	.....	.....	.....	41
Pail Closets	.....	.....	.....	.....	167
Privies	.....	.....	.....	.....	78

Nineteen waste water closets and four pails were converted to fresh water closets during the year. Three pails and two middens were abolished during the year.

DRAINAGE

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

In 13 instances use was made of the smoke test, the use of colour was resorted to in 120 instances, the water test was used on six occasions and the alfactory test on three 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

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

MOVABLE 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	2 caravans
Broadholme, Mill Yard, Atlas Mill Road	1 caravan
Whittaker Pit, Clifton	1 caravan
Woomak Ltd., Land Atlas Mill Road	1 caravan
Quarry, Elland Edge	1 caravan

FACTORIES ACT, 1937

Bakehouses.

One hundred and eighteen inspections were paid during the year to the 15 bakehouses in the Borough.

Factories (Mechanical and Non-Mechanical).

One complaint was 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
Insufficient sanitary conveniences	1	1

One hundred and two inspections were paid to these premises during the year, and the following additional defects were revealed and action taken.

Unsuitable or defective conveniences	4
--------------------------------------------	---

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	4
Brick Manufacture	6
Cabinet Making	1
Caravans	1
Card Clothing	5
Carpet Manufacture	3
Cattle Foods	2
Chemicals	1
Clock Making	1
Clothing	6
Coal Gas	1
Dyers	5
Electrical Trades	5
Electro Plating	1
Enamelling	1
Engineering	22
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	3
Machine Tools	9
Maltsters	3
Metal Spinning and Stamping	1
Metal Founding	14
Mortar Grinding	5
Motor Vehicle Repairs	20
Oil Refining	1
Packing Manufacture	2
Packing Cases	1
Paint Manufacture	1
Patent Glazing	1
Pattern Making	5
Photography	3
Plumbing	5
Portable Buildings	2
Printing	2

Radio and Television	2
Rubber Pads — Horses	1
Rubber — Fabric Lined	1
Rug Manufacture	1
Sheet Metal Workers	7
Soap Manufacture	2
Stone Trades	2
Sugar Confectionery	1
Tanning	2
Textiles	45
Warehousing	3
Wire Drawing	6
Wire Goods	12
Total	301

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Report for 12 months ended 31st March, 1956.

	TYPE OF PROPERTY				
	Non-Agricultural				Agri- cultural
	Local Authority	Dwelling- houses including Council Houses	All other including Business Premises	Total of Cols. (1), (2) & (3)	
1. Number of properties in Local Authority's District	46	11,050	1,553	12,639	99
2. Number of properties inspected as a result of:					
(a) Notification	2	100	36	138	5
(b) Survey under the Act	9	181	Nil	190	25
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	—	—	278	278	Nil
3. Total inspections carried out including re-inspections	16	287	348	651	23
4. Number of properties inspected which were found to be infested by					
(a) Rats — Major	—	—	—	—	—
Minor	5	53	24	82	5
(b) Mice — Major	—	—	—	—	—
Minor	—	47	12	59	—

5. Number of infested properties treated by Local Authority ...	5	100	36	141	5
6. Total treatments carried out including re-treatments ...	5	100	36	141	5
7. Number of notices served under Section 4 of the Act :					
(a) Treatment ...	—	—	—	—	—
(b) Structural Work, i.e., Proofing ...	—	—	—	—	—
8. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act ...	—	—	—	—	—
9. Legal Proceedings ...	—	—	—	—	—
10. Number of "Block" control schemes carried out ...	—	—	—	—	—

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 ...	13.5	30
Oil and Soap ...	3.2%	5.0%
Soluble Impurities ...	1.15%	1.8%

ATMOSPHERIC POLLUTION

One hundred and forty-nine timed half-hour observations were taken during 1955. The following table gives the details of the observations taken :—

Number of chimneys of which observations have been taken	50
Number of observations taken	149
Average number of minutes black smoke during the above observations	0.58
Average number of minutes smoke other than black smoke during the 149 observations	4.34
Number of observations showing black smoke	34
Average number of minutes black smoke during the above 34 observations	2.55
Number of observations showing black smoke exceeding three minutes in every 30	2
Average number of minutes black smoke during the above observations	14.50
Number of Notices of Offence served	2

Details of the atmospheric pollution gauges and the measurement of sulphur dioxide with the lead peroxide instruments are given on pages 71-73. Comparison with the three previous years are as follows :—

	Total Solids in Tons per Square Mile			
	1955	1954	1953	1952
Wellholme Park	159.40	159.31	145.62	141.37
Rastrick (Carr Green)... ..	147.18	144.20	117.64	132.46
King George V Park, Lightcliffe	116.17	125.93	*127.74	142.50
Southowram	116.63	141.77	118.40	130.88
Clifton	144.40	†105.73	125.19	115.20

* Refers to 11 months only

† Refers to 9 months only

We are awaiting the advent of the Clean Air Bill promised during 1956 with great interest. Public conscience to the problem of smoke abatement during the past few years has changed completely, and more complaints are received today regarding atmospheric pollution than ever before. Whilst there is a considerable amount of industrial smoke pollution in the Borough, the problem of domestic smoke pollution is not yet covered by Law. It is a matter of regret that in the construction of new Council houses the question of providing modern smokeless fuel firegrates has received a certain amount of apathy, for the proposed Field Lane Estate of 750 houses could have been instituted on the lines of the (Clifton) Nottingham Housing Estate, where it is a condition of tenancy that smokeless fuel only shall be consumed in the firegrates. A real commencement might have been made in the Borough for a "smokeless zone." However, under the provisions of the proposed Clean Air Act the Council will no doubt have to consider the problem of creating such a "smokeless zone." Our near neighbour the City of Bradford is very much alive to this problem, several smokeless zones being already declared.

Deposited Atmospheric Pollution, 1955

	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 ...	1.88	6.14	5.51	11.65	1.05	4.37	5.16	9.53	1.58	3.93	6.71	10.64	1.68	4.57	6.99	11.56	1.44	5.70	8.10	13.80
February ...	1.08	21.44	5.01	26.45	2.16	8.18	5.50	13.68	2.11	5.71	6.71	12.42	1.60	3.98	5.96	9.94	1.60	21.50	8.99	30.49
March ...	2.08	8.37	8.76	17.13	2.16	3.57	6.33	9.90	2.16	4.13	5.77	9.90	2.12	3.51	5.70	9.21	2.12	6.48	8.36	14.85
April ...	1.09	9.29	3.75	13.04	2.31	7.84	3.78	11.62	1.05	5.54	5.50	11.04	0.36	1.56	1.42	2.98	1.03	11.76	3.95	15.71
May ...	2.45	8.60	5.57	14.17	2.86	6.81	9.83	16.64	1.95	5.24	4.96	10.20	2.18	5.83	5.00	10.84	2.01	5.70	7.44	13.14
June ...	0.80	6.74	4.98	11.72	2.08	4.47	5.43	9.90	1.72	4.53	4.87	9.40	1.71	5.10	5.80	10.90	1.76	5.80	5.36	11.16
July ...	0.32	5.84	3.08	8.93	0.00	5.85	1.72	7.57	0.36	4.03	3.19	7.22	0.32	7.56	3.38	10.93	0.24	4.45	2.47	6.92
August ...	0.72	3.85	4.64	8.50	0.72	6.50	4.37	10.87	0.88	4.23	5.24	9.46	0.84	4.74	5.83	10.57	0.72	4.94	4.71	9.65
September ...	1.32	8.26	3.48	11.75	1.28	4.88	5.30	10.18	1.28	2.28	4.36	6.64	1.24	3.61	5.10	8.72	1.12	3.82	5.37	9.19
October ...	1.56	5.91	4.78	10.69	1.60	6.50	4.75	11.25	1.48	3.26	4.70	7.95	1.56	2.85	4.57	7.42	1.40	4.87	4.61	9.48
November ...	1.72	5.22	5.24	10.46	1.60	2.99	5.78	8.77	1.72	2.79	5.10	7.89	1.96	2.85	5.80	8.65	1.64	3.26	6.75	10.01
December ...	4.14	7.33	12.05	19.38	4.84	6.22	21.05	27.27	3.72	3.86	9.53	13.39	4.12	5.50	9.41	14.91	—	—	—	—
Yearly Aggregate	19.16	96.99	66.85	163.87	22.66	68.18	79.00	147.18	20.01	49.53	66.64	116.17	19.79	51.66	64.96	116.63	15.08	78.28	66.11	144.40
Monthly Averages	1.60	8.08	5.57	13.65	1.89	5.68	6.58	12.26	1.67	4.13	5.55	9.68	1.65	4.31	5.41	9.72	1.37	7.12	6.01	13.13

Monthly Average for whole Borough :

Rainfall in inches ...	1.64
Insoluble Solids ...	5.86
Soluble Solids ...	5.82
Total Solids ...	11.68

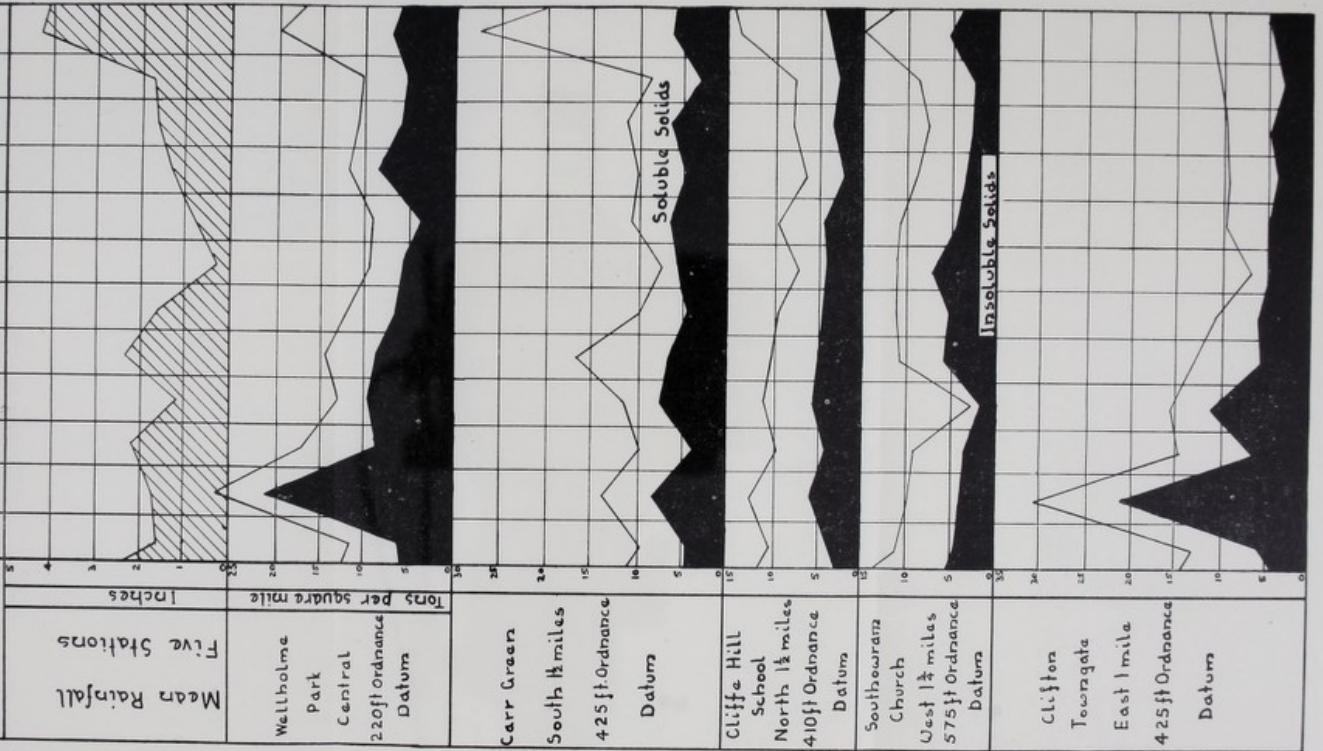
Total Annual Deposit for whole Borough: 140.28 tons per square mile

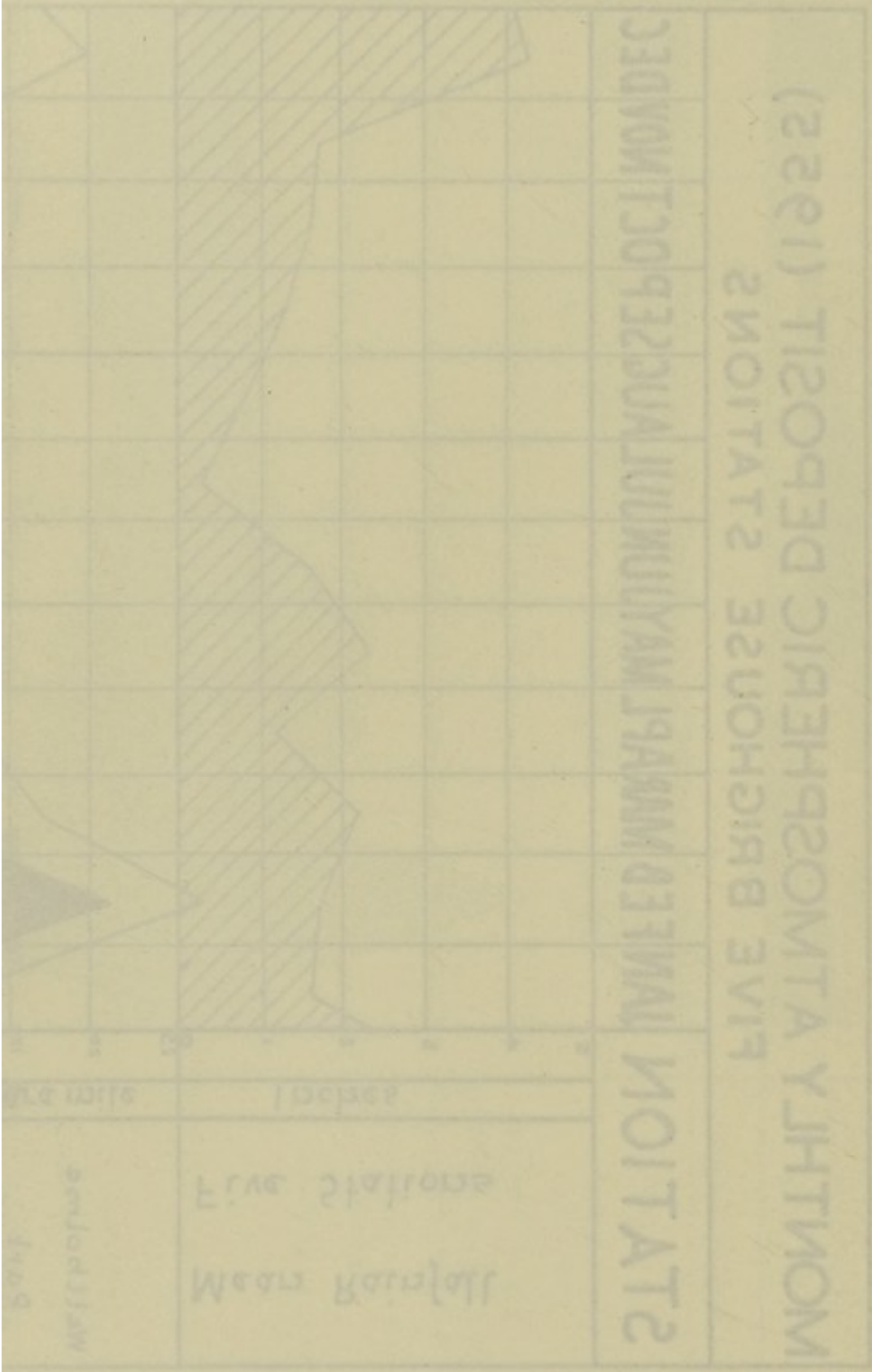
STATION	Milligrams of SO ₃ — Lead Peroxide Method 1955												Total Daily Av'ge
	Jan.	Feb.	Mar.	Apr.	May	Jne.	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Wellholme Park	2.56	1.55	1.49	1.40	0.91	0.73	0.68	0.47	0.84	1.38	1.70	1.95	1.31
Carr Green	1.58	1.04	1.00	0.58	0.73	0.52	0.57	0.48	1.19	1.08	1.35	1.43	0.96
Cliffe Hill School	2.72	2.19	2.12	1.71	1.51	1.08	1.30	0.71	1.28	2.00	2.06	2.18	1.74
Southowram Church	2.99	1.95	2.08	1.74	1.22	0.86	0.78	0.56	0.66	1.58	1.71	1.32	1.45
Clifton : Towngate	3.24	2.30	2.10	1.86	1.48	1.01	1.04	0.77	1.53	2.03	2.60	2.30	1.86
Total Daily Average ...	2.62	1.81	1.76	1.46	1.17	0.84	0.87	0.60	1.10	1.62	1.88	1.84	1.46

Sulphur Pollution — Lead Peroxide Method 1955

MONTHLY ATMOSPHERIC DEPOSIT (1955)
FIVE BRIGHOUSE STATIONS

STATION JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC





STATION 10+00
 FIVE STATIONS

Feet

Major scale
 Minor scale

FOOD INSPECTION AND SUPERVISION

Milk Supply.

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

Distributors resident in the Borough	34
Shops registered for sale of milk in sealed bottles	42
Distributors not resident in the Borough	7

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.

Sixty-two samples were submitted for analysis, all of which were formal samples.

One sample was classified as genuine although it was below the minimum standard of solids not fat.

Sixty-one remaining samples were classified as genuine.

	Total Solids	Solids not Fat	Milk Fat
Board of Agriculture Standard	11.50	8.50	3.00
Average of 61 genuine samples	12.37	8.74	3.63
Other genuine sample	11.73	8.23	3.50

Bacteriological Examination of Milk.

During the year 225 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	57	2	59			
2. Pasteurised	76	—	76	76	—	76
3. Sterilised	7	—	7			
	140	2	142	76	—	76
				Turbidity Test		
				Sat.	Unsat.	Total
1. Sterilised				7	—	7
Totals ...	140	2	142	83	—	83

Biological Examination of Milk.

	No. of Samples free from Tubercle Bacillus		No. of Samples found Tuberculous	Total
	Tubercle	Bacillus		
Tuberculin Tested Milk	2		—	2
Totals	2		—	2

Meat Inspection.

The Co-operative Wholesale Society continued to use the Abattoir of the Brighthouse Co-operative Society. Details of animals slaughtered there are given in the following table :—

Month	Cows	Beasts	Sheep	Pigs	Calves	Total
January	2	284	689	219	—	1,194
February	—	216	374	240	—	830
March	—	215	332	269	—	816
April	—	181	170	246	—	597
May	—	163	155	187	—	505
June	—	194	134	151	—	479
July	2	147	435	60	—	644
August	7	179	709	88	—	983
September	12	206	854	89	—	1,161
October	11	220	1,110	73	—	1,414
November	10	176	892	113	—	1,191
December	—	202	541	199	—	942
Totals	44	2,383	6,395	1,934	—	10,756

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

C.W.S. Slaughterhouse	610
Food Hawkers	1
Food Preparing Premises	133
Food Shops	162

Carcases and Offal Inspected and Condemned in whole or in part.

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2,383	45	—	6,395	1,934	—
Number inspected	2,383	45	—	6,395	1,934	—
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned...	Nil	Nil	—	5	3	—
Carcases of which some part or organ was condemned...	1,075	22	—	644	47	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ...	45%	48.8%	—	10.1%	2.5%	—
Tuberculosis only						
Whole carcases condemned...	5	Nil	—	Nil	5	—
Carcases of which some part or organ was condemned...	225	11	—	Nil	38	—
Percentage of the number inspected affected with tuberculosis	9.6%	24.4%	—	Nil	2.2%	—
Cysticercosis						
Carcases of which some part or organ was condemned...	Nil	Nil	—	Nil	Nil	—
Carcases submitted to treat- ment by refrigeration ...	Nil	Nil	—	Nil	Nil	—
Generalised and totally con- demned	Nil	Nil	—	Nil	Nil	—

List of Unsound Meat Condemned and Surrendered at the C.W.S. Slaughterhouse, giving Weights and Causes of Condemnation in monthly order

Disease	Jan. lbs.	Feb. lbs.	Mar. lbs.	Apr. lbs.	May lbs.	June lbs.	July lbs.	Aug. lbs.	Sep. lbs.	Oct. lbs.	Nov. lbs.	Dec. lbs.	Totals lbs.
Actinomycosis ...	88	—	—	—	30	—	18	—	12	—	—	—	118
Angiomatosis ...	—	9	—	—	—	—	—	—	—	—	—	25	64
Bacterial Necrosis ...	—	—	31	—	—	—	—	—	—	—	—	—	31
Bruising ...	27	11	60	—	—	11	60	10	6	—	—	—	185
Calcification ...	—	7	—	—	—	—	—	—	—	—	—	—	7
Cirrhosis ...	459	329	465	245	138	325	618	619	725	744	645	1,042	6,354
Cysts ...	11	—	—	—	18	—	—	—	—	—	19	—	48
Decomposition ...	—	—	—	62	—	—	80	86	32	—	—	—	260
Dropsy ...	320	—	—	—	—	—	—	—	—	—	—	—	320
Distomatosis ...	60	35	9	—	—	4	31	172	192	365	204	40	1,112
Emaciation ...	32	—	—	—	—	—	—	—	—	34	—	—	66
Fatty Degeneration ...	—	30	—	—	—	—	—	—	—	—	—	—	30
Fatty Infiltration ...	—	—	26	—	—	5	—	—	—	—	—	—	31
Fever ...	—	—	—	70	—	151	—	—	—	—	—	—	221
Inflammation ...	10	—	8	—	—	5	10	26	11	—	—	—	70
Injury ...	—	—	10	—	—	—	—	—	3	—	—	4	17
Mastitis ...	—	—	—	—	—	—	—	—	26	—	55	—	81
Moribund ...	—	54	80	—	—	—	—	—	—	—	—	—	134
Multiple Abscesses ...	85	46	51	95	63	73	33	10	32	93	53	48	682
Pericarditis ...	—	—	—	4	—	—	—	—	—	7	—	—	4
Pleurisy ...	—	—	—	—	—	—	—	8	—	—	6	—	21
Pyæmia ...	—	—	—	—	56	—	—	—	—	—	—	—	56
Tuberculosis ...	2,668	431	1,381	518	869	1,150	404	1,558	703	152	59	178	10,071
Totals ...	3,760	952	2,121	994	1,174	1,724	1,254	2,489	1,742	1,395	1,041	1,337	19,983

Total Weight : 8 tons 17 cwts., 2 qtrs., 3 lbs.

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

MEAT

38 lbs. Pork Trimmings	4 lbs. Ox Tails
6 lbs. Pig Liver	5 lbs. Pig Tongues
12 lbs. Pork	40 lbs. Boneless Shoulder Pork
20 lbs. Beef Trimmings	43 lbs. Cut Leg of Pork
32 lbs. Pig Hocks	

OTHER FOODS

16 Chickens	5 Geese
1 Turkey	12 Rabbits
1 Fowl	1 pkt. Sandwich Spread
4 pkts. Processed Cheese	9 Stand Pies
28 lbs. Frozen Egg	45 lbs. Pork Sausage
1 Duck	

TINNED AND BOTTLED FOODS

7 tins Ham	1 jar Cockles
1 tin Luncheon Meat	5 tins Salmon
4 tins Tongue	1 tin Crab
57 tins Stewed Steak	2 tins Shrimps
3 tins Jellied Veal	1 tin Baked Beans
28 tins Corned Beef	3 tins Mushrooms
4 tins Beef Loaf	1 jar Pickled Onions
1 tin Chicken	1 jar Beetroot
12 tins Minced Beef	31 tins Milk
1 tin Steak and Kidney	5 jars Jam
9 tins Chopped Pork	47 tins Peas
6 tins Chopped Ham	11 tins Tomatoes
2 tins Irish Stew	27 tins Peaches
16 tins Pineapples	1 tin Grapefruit
2 tins Apricots	21 tins Oranges
31 tins Pears	18 pkts. Paxo
1 tin Soup	

FISH AND SHELL FISH

24 stones Cod Fillets	30 stones Crabs
15 sacks Mussels	

Bacteriological Examination of Food other than Milk.

Nineteen samples of food stuffs were submitted to the Public Health Laboratory during the year. The details are as follows :—

Food	Number of Samples	Satisfactory Samples	Staphylococcus Aureus isolated
Crab Meat	8	7	1
Mussels—Unboiled	4	4	—
Mussels—Boiled	4	4	—
Mussels—Tinned	1	1	—
Salmon Paste	1	1	—
Potted Meat	1	—	1

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.

Two applications were received during the year to retail ice cream and iced lollies from shop premises, making a total of 92 premises now registered.

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

A total of 35 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 ...	12	10	83.3	2	16.7	—	—	—	—
Outside Borough	23	15	65.3	3	13.0	3	13.0	2	8.7
Total ...	35	25	71.4	5	14.3	3	8.6	2	5.7

The 12 samples of ice cream produced in the Borough were obtained direct from the manufacturers' premises.

Twenty-six samples of iced lollies were submitted for bacterial examination, all of which were reported as showing No Coliforms in 3/3 millilitre amounts.

Of these 26 samples, 19 were of local manufacture and seven were manufactured outside the Borough.

It must be noted that of the 26 samples of iced lollies, 21 were of the wrapped variety and made by the larger ice cream manufacturers, whilst the remaining five samples were sold to the public in an unwrapped condition and came from the small shop-keeper making his own supplies.

Food Preparation Premises and Food Shops.

During the year 133 visits were paid to food preparing premises, 162 to food shops and further improvements were effected to the same, details of which appear in the summary of sanitary

improvements on page 84. The classification of the various food shops, food manufacturing premises, licensed public houses and clubs are as follows :—

Bakers and Confectioners	39
Cafes and Canteens	32
Grocers and General Mixed Stores	122
Greengrocers	25
Retail Fishmongers	1
Wholesale Fishmongers	4
Fried Fish Fryers	37
Sweet and Ice Cream Retailers	24
Butchers	45
Sweet Manufacturers	1
Condiment Manufacturer	1
Tripe Dresser and Retailer	1
Flour Miller	1
Licensed Premises	55
Licensed Clubs	23
Ice Cream Manufacturers	2
Wholesale Delicatessen	1
Market Stalls (average)	10

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.

One application was received during the year in connection with the registration of one ladies' hairdressers, bringing the total at the end of the year to 40 premises registered. These were as follows :—

Gents	Ladies	Ladies & Gents
11	26	2

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

DISEASES OF ANIMALS ACTS

Three cases of Anthrax were reported to your Council by Police Officers during the year.

Your Council being an authority for the above Acts, are responsible for the efficient disinfection of the premises and also for the disposal of affected carcasses.

In each of the cases the work was efficiently carried out, the cost of providing the necessary combustion materials being £29 2s. 5d.

SLAUGHTER OF ANIMALS ACTS, 1933-54

Ten persons are licensed to slaughter animals under the Slaughter of Animals Acts, 1933-54.

PESTOLOGY

The furniture and effects from four 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.

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

Infestation	Premises Treated
Cockroaches	2
Fleas	6
Wasps	5
Flies	2
Bugs	1

A total of nine houses were treated with either Formalin or Sulphur as a result of seven changes of tenancy.

SANITARY INSPECTION OF DISTRICT

Total number of Inspections	8,359
Bakehouses Inspected	118
Butcher's Shops Inspected	142
Caravans Inspected	17
Complaints Investigated	329
Dairies and Milkshops	38
Drainage Inspections	23
Diseases of Animals Acts :—	
Visits	8
Dwellinghouses Inspected :—	
Dwellinghouses Inspected and Recorded	282
Housing Acts — Overcrowding Survey	107
Public Health Acts	841

Dwellinghouses Re-inspected :—		
Housing Acts — Re-inspections	.....	879
Public Health Acts	.....	1,857
Disinfections	.....	5
Disinfestations	.....	3
Drains tested with water	.....	6
Drains tested with smoke	.....	13
Drains tested with colour	.....	120
Drains tested with odour	.....	3
Factories Inspected	.....	102
Food Hawkers	.....	1
Food Preparing Premises	.....	133
Food Shops	.....	162
Licensed Premises	.....	2
Hairdressers and Barbers	.....	15
Hydrogen Cyanide Regulations :—		
Premises Treated	.....	4
Premises Inspected	.....	8
Ice Cream Premises Inspected :—		
Manufacture	.....	35
Retail	.....	29
Infectious Diseases	.....	35
Markets Inspected	.....	106
Offensive Trades :—		
Fish Frying Premises	.....	74
Fish Meal Premises	.....	33
Tripe Boiling Premises	.....	3
Prevention of Damage by Pests :—		
Inspections	.....	165
Re-inspections	.....	8
Public Cleansing Service	.....	668
Public Conveniences	.....	394
Rag Flock and Other Filling Materials Act :—		
Inspections	.....	3
Shops Act	.....	2
Smoke Observations	.....	156
Special Smoke Observations	.....	1
Slaughterhouse	.....	610
Works in Progress	.....	312

**SUMMARY OF SANITARY IMPROVEMENTS EFFECTED
PUBLIC HEALTH ACTS, 1875—1936
Brigthouse Corporation Act, 1907**

Interior of Houses.

Burst water pipes repaired	44
Ceilings replastered	13
Chimney flues repaired	1
Door furniture renewed	4
Fireplace fixtures renewed and repaired	4
Glazed sinks provided in lieu of stone sinks	7
Sash cords renewed	5
Sewage gaining access to cellar abated	28
Walls replastered	23
Walls rendered with "Pudlo"	2
Water gaining access to cellar abated	4
Window frames renewed or repaired	2

Exterior of Houses.

Chimney stacks repaired	3
Defective chimney pots renewed	2
Eavesgutters renewed or repaired	38
Leaky roofs repaired	42
Mastic pointing renewed	4
Rainwater pipes disconnected from drain	4
Rainwater pipes renewed or repaired	13
Valley gutters repaired	1
Walls repointed	20

Yards and Outbuildings.

Dustbin shed repaired	1
Offensive accumulation removed	1

Drainage.

Additional gullies provided	1
Cesspools abolished	2
Cover provided for inspection chamber	1
Drain provided	1
Drains repaired and renewed	21
Drains cleansed from obstruction	83
Dwellinghouses connected to sewer	7
Inspection chambers provided	5

Sanitary Conveniences.

Additional w.c. provided	1
Flushing cistern repaired	1
Pail closets converted to fresh water closets	4
Pail closets abolished	3
Waste water closets converted to fresh water closets	19

W.c. walls rebuilt	1
Middens abolished	2
House Refuse Accommodation.	
Dilapidated dustbins renewed	173
Food Preparing Premises.	
Bakehouse ceiling underdrawn	1
Shop ceiling underdrawn	1
Walls of food preparation room tiled	1
Walls and ceiling of shop cleansed and repainted	2
Walls and ceiling of food shop and store repainted	1
Walls and ceiling of bakehouse and food preparation room repainted	2
Walls of preparation room cement rendered	1
Factories.	
Conveniences cleansed and limewashed	2
Artificial light provided	1
Insanitary conveniences abolished	2
Sanitary conveniences provided	1

HOUSING ACTS — ADMINISTRATION

1955 witnessed the completion of the survey of sub-standard houses by the Medical Officer and myself and in July, 1955, a comprehensive report for a proposed 20-year programme was submitted to the Health and Cleansing Committee, and after approval by the Council the necessary return was forwarded to the Ministry of Housing and Local Government. The report visualised the clearance 1,440 houses over 20 years, 304 of which in four proposed clearance areas are to be dealt with in the first five years (1956 to 1961) in addition to 20 individual houses under Section 11 of the Housing Act, 1936. A commencement of the detailed inspection of the Lillands Lane and Closes Road Clearance Area was made during the year under review and completed in 1956, and as the area will be represented to the Health and Cleansing Committee in July, 1956, further reference will be made in next year's Annual Report.

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)	475
(b) Number of inspections made for the purpose	841

(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations	282
(b) Number of inspections made for the purpose	351
(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	18
(b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation	98
2. Remedy of defects during the year without service of formal notices.	
(a) Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	89
(b) Number of defective dwellinghouses (excluding those shown in (a) above) in which defects were remedied as a result of informal action	204
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 formal notices were served requiring repairs	2
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners	1
(b) By Local Authority in default of owners	1
B. Proceedings under Public Health Acts.	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	13
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(a) By owners	13
(b) By Local Authority in default of owners	—
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
(2) Number of dwellinghouses in respect of which Demolition Orders were made	—

(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	—
(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953. If so, what?	—
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	3
(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	—
E. Proceedings under Part III of the Housing Act, 1936.	
(1) Number of Clearance Areas represented during the year	1
(2) Number of houses included in these areas	7
(3) Number of persons to be displaced	8
(4) Action taken during the year in respect of Clearance Areas :—	
(a) By Clearance Orders, number made	1
(b) By Compulsory Purchase Orders, number made	—
(5) Number of houses in Clearance Areas demolished during the year	—
(6) Number of persons re-housed from houses demolished during the year	—

4. Housing Act, 1936 (Part IV) — Overcrowding.

Number of new cases of overcrowding reported during the year	—
(1) Number of cases of overcrowding relieved during the year	19
(2) Number of persons concerned in such cases	79½

HOUSING ACT, 1949

as amended by the Housing Repairs and Rents Act, 1954

During the year 1955, 45 applications were considered by the Housing Act for Improvement Grants. Each application is referred to the Chief Sanitary Inspector, a detailed inspection of the house is made, and the properties are reported upon. Three of the applications were rejected on the grounds that the properties concerned

were not suitable for occupation for at least 15 years, and 42 applications were granted relating to 46 houses, subject in many cases to minor sanitary defects being remedied. The total amount of financial grant provided in respect of the 46 houses was £4,828. It is pleasing to record that for the first time since the Council implemented Section 20 of the Housing Act, 1949, that application for Improvement Grants were made in respect of tenanted properties, five houses being involved, which were brought up to a very reasonable modern standard. It is a great pity that from our point of view other owners of tenanted properties have not seen fit to partake of the facilities provided by this Section. Whilst there can be no objection to owner-occupiers of houses fitting the same up with modern amenities, it is rather a tragedy that rows and rows of tenanted properties are not being given the same facilities. The great bulk of these houses are stoutly built of local stone and structurally they will last for many years, but the standard of comfort and equipment which people expect is absent. It is hoped that in the near future that owners of such properties will see their way clear to submit schemes of modernisation and partake of Improvement Grants for the same.

HOUSING REPAIRS AND RENTS ACT, 1954

Thirty-six applications for Certificates of Disrepair under the provisions of Section 26 of the above were received during the year, and 36 Certificates were granted by the Health and Cleansing Committee after submission of reports by your Chief Sanitary Inspector.

Twenty-four applications for revocation of disrepair certificates were also received. In all cases the necessary works of repair were carried out and the necessary certificates of revocation were granted.

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, 1956 :—

Dustbins	.....	.....	.....	.....	.....	11,213
Privy Middens	.....	.....	.....	.....	.....	78
Pail Closets	.....	.....	.....	.....	.....	167

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 and tonnage collected :—

	1955/56	1954/55	1953/54
Dustbins	439,186	428,562	422,250
Privy Middens	1,467	1,758	1,961
Pail Closets	9,819	9,979	10,269
Kitchen Waste Bins	29,151	29,170	28,366
Weight in Tons	9,222	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	355	1	0
S.D. Freighter 18	2,048	12	0
S.D. Freighter 19	2,032	12	1
Dennis 14	1,196	9	3
Fordson 20	564	11	3
Morris 15	439	16	0
Bedford 16	95	10	1
Bedford 21	478	8	2
Morris 22	336	18	0
S.D. Fore & Aft 23	1,674	12	2
Total	9,222	12	0

LETHAL CHAMBER

One hundred and fifty-two dogs and one hundred and eighty-nine 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 335 tons 19½ cwts. were delivered to the Halifax Corporation for the purpose of being processed.

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	335	19	2
2. MECHANICAL SEPARATION			
House Refuse	5,431	15	3
Trade Refuse	644	13	0
Tins from Queensbury and Shelf U.D.C.	60	0	1
Tins from Elland U.D.C.	26	6	1
3. BAILIFF BRIDGE TIP			
House Refuse	3,044	9	1
Trade Refuse	32	0	0
4. MARSH LANE TIP			
House Refuse	410	0	0
Total ...	9,985	4	0

At the Refuse Disposal Works and Bailiff Bridge further land was prepared and cropped with rye. The results obtained were much better than in previous years and can be regarded as satisfactory.

The sales of waste paper again revealed an increase in revenue of £725 over the previous year, although the tonnage disposed of was almost identical.

This was partly due to an increase in price of 10/- per ton – but there was also another factor – far better results in grading were obtained, the details of which are as follows :—

	T.	C.	Q.	
Newspapers	146	19	3	23.2%
Books and Magazines	73	5	1	11.6%
Strawboard	204	2	2	32.2%
Mixed Paper	209	5	1	33%
Total ...	633	12	3	

Baled tins and ferrous scrap produced a revenue of £1,726 18s. 0d. compared with £1,427 15s. 9d. for the previous year, although the tonnage was slightly less, whilst non-ferrous metals, comparable in weight with the previous year, yielded approximately £110 more.

It is once again my pleasure to record that the disposal of refuse was carried out at no cost to the ratepayers, in fact this service yielded a credit balance of £2,790 15s. 9d.

Despite rising cost of wages and other similar charges, the cost of the refuse collection service to the town is being carried out at a figure slightly above 1939 costs, due to the growing income received annually from salvage sales, and this should give your Council cause for gratification.

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				167	17	0
(b) Refuse Disposal :—						
Trade Refuse Charges				74	5	0
Scrap Metal Segregation Allowance ...				41	16	0
Sale of Rye				17	10	0
(c) Salvage :—						
Baled Waste Paper	633	12	3	5,948	17	8
Kitchen Waste	332	13	1	1,188	11	11
Baled Destructor Scrap	297	0	1	1,553	10	2
Ferrous Metal	30	14	1	173	7	10
Non-ferrous Metals	3	7	1	378	5	7
Textiles	61	0	2	777	13	2
Jars and Bottles	17	10	0	25	6	0
Screened Cinder	335	4	0	90	7	6
Screened Dust	37	0	0		19	0
Rubber		16	0	2	11	9
(d) Mechanical Transport :—						
Transport Charges				234	12	6
(e) Miscellaneous :—						
Sale of Dustbins				512	0	6
Rents, Easements, etc.				1	6	0
Lethal Chamber Charges				26	2	0
Disinfectants				5	2	4
Totals ...	1,748	18	1	£11,220	1	11

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
DETAILS OF REFUSE COLLECTION COSTS FOR THE
YEAR ENDING 31st MARCH, 1956

Item	Refuse Collection and Kitchen Waste			Nightsoil and Cesspools Collection			Total		
	£	s.	d.	£	s.	d.	£	s.	d.
LABOUR									
Wages	6,754	16	11	216	19	3	6,971	16	2
National Insurance	229	17	3	7	7	8	237	4	11
Superannuation	128	12	3	4	2	8	132	14	11
do. Add'l Allowance	48	16	9	—	—	—	48	16	9
Tools and Implement	18	1		—	—	—	18	1	
Disinfectants	—	—	—	41	6	4	41	6	4
Waste Food Bins	133	6	4	—	—	—	133	6	4
Dustbins	495	15	10	—	—	—	495	15	10
Cesspool Emptying	—	—	—	50	1	0	50	1	0
Sundry Expenses	21	6	0	—	—	—	21	6	0
Protective Clothing	138	19	10	13	11	0	152	10	10
MECHANICAL TRANSPORT									
Drivers' Wages	3,585	1	9	220	0	3	3,805	2	0
National Insurance	111	9	0	17	3	0	128	12	0
Superannuation	99	17	10	6	2	7	106	0	5
Licences and Insurance	587	9	3	—	—	—	587	9	3
Repairs and Maintenance	380	7	4	11	14	6	392	1	10
Petrol and Oil	1,355	7	0	124	18	0	1,480	5	0
Tyres	223	8	3	75	4	9	298	13	0
Renewal Account Contribution	900	0	0	—	—	—	900	0	0
Petrol Pump	229	8	5	—	—	—	229	8	5
GROSS TOTAL... ..	15,424	18	1	788	11	0	16,213	9	1
INCOME and Charges to Refuse Disposal Account	2,674	1	11	5	2	4	2,679	4	3
NETT COST	£12,750	16	2	£783	8	8	£13,534	4	10

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

1st APRIL, 1955, to 31st MARCH, 1956

	£	s.	d.		£	s.	d.
Refuse Disposal and Salvage—							
Wages					3,680	0	4
National Insurance					127	11	5
Superannuation—							
Equivalent Contributions					87	8	9
Additional Allowances					16	2	5
Coal and Coke	40	6	7				
Gas	23	18	6				
Electricity	253	11	6				
Water	5	5	6				
Laundry	6	14	1				
					<hr/>	329	16 2
Rents and Acknowledgments	12	4	6				
Rates	66	3	0				
Insurance	53	6	1				
					<hr/>	131	13 7
Tools and Implements						300	17 11
Repairs—							
Plant and Machinery	207	16	9				
Buildings and Grounds	105	8	5				
					<hr/>	313	5 2
Protective Clothing						30	3 2
Loan Charges—							
Loan Interest	201	16	4				
Sinking Fund Contribution	135	0	0				
					<hr/>	336	16 4
Other Expenses						50	19 8
Tip Cultivation						19	10 0
Revenue Contributions to Capital Outlay—							
Paper Baling Building—Excess Expenditure						151	14 1
Lethal Chamber						15	17 6
Salvage Purchases						158	5 5
Mechanical Transport						571	0 0
					<hr/>		
Gross Costage						6,321	1 11
Revenue from Salvage Sales, etc.						9,111	17 8
					<hr/>		
CREDIT BALANCE						£2,790	15 9
					<hr/>		

BOROUGH OF BRIGHOUSE—CLEANSING DEPARTMENT
PUBLIC CLEANSING COSTS FOR THE YEAR ENDING
31st MARCH, 1956

Item	Particulars	Collection	Disposal	Totals	% of total gross expenditure
		£	£	£	
REVENUE ACCOUNT					
1	GROSS EXPENDITURE :				
(i)	Labour	7,189	3,718	10,907	52.1
(ii)	Transport	6,437	571	7,008	33.5
(iii)	Plant, equipment, land and buildings	880	1,809	2,689	12.8
(iv)	Other items	112	223	335	1.6
(v)	Total gross expenditure ...	14,618	6,321	20,939	100%
2	GROSS INCOME	1,868	9,112	10,980	
3	NET COST	12,750	Cr. 2,791	9,959	
4	Capital expenditure met from revenue (included above) ...	229	152	318	
UNIT COSTS					
		s. d.	s. d.	s. d.	
5	Gross cost per ton, labour only	15 7	7 6	23 1	
6	Gross cost per ton, transport only	14 0	1 2	15 2	
7	Net cost (all expenditure) per ton	27 8	Cr. 5 7	22 1	
		£	£	£	
8	Net cost per 1,000 population	420	Cr. 92	328	
9	Net cost per 1,000 premises ...	971	Cr. 213	758	

OPERATIONAL STATISTICS

10 Area (statute acres)—land and inland water	7,875 acres
11 Population at 30th June, 1955	30,360 persons
12 Total refuse collected (tons)	9,222 tons
13 Weight (cwts.) per 1,000 population per day (365 days in the year)	16.6 cwts.
14 Number of premises from which refuse is collected	13,135 premises
15 Premises from which collections are made at least once weekly	85% of total
16 Average haul, single journey, to final disposal point (including miles by secondary transport)	1½ miles
17 Kerbside collection expressed as estimated percentage of total collection	—
18 Total refuse disposed of (of which 86 tons were disposed of for other local authorities)	9,985 tons
19 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%

20 Salvage. Analysis of income and tonnage :—

	Income (included in item 2)	Tonnage Collected (included in item 12)
	£	Tons
(a) Raw Kitchen Waste	1,189	332
(b) Scrap Metal	2,147	331
(c) Waste Paper	5,949	633
(d) Other Salvage	897	451
	10,182	1,747
(e) Totals		
21 Trade Refuse	242	712

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, 1956, was as follows:—

	£	s.	d.
EXPENDITURE			
Wages	950	10	6
National Insurance	32	14	9
Superannuation—Additional Allowances	51	12	8
Electricity	56	15	11
Water	69	16	6
Cleaning Materials	9	16	7
Toilet Requisites	44	14	0
Rents and Acknowledgments	3	16	6
Insurance	5	13	6
Repairs and Maintenance	135	9	4
Loan Charges—			
Loan Interest	125	7	8
Sinking Fund	286	0	0
Debt Managements	1	5	3
Rates	8	15	6
Protective Clothing	7	6	4
Other Expenses	7	8	1
Reconstruction of Conveniences	212	19	11
Central Land Board re Rastrick Common	68	9	6
	2,078 12 6		
INCOME			
	£	s.	d.
Receipts	280	15	6
Weighing Machine Site Rents	13	0	0
Bus Operators—Contribution	203	12	2
	497 7 8		
NET EXPENDITURE ...	£1,581	4	10

During the year under review, a commencement was made on the building of a new ladies' and gents' convenience combined with the bus shelter at Halifax Road, Hove Edge, but unfortunately the building was not completed until the financial year 1956/57.

I regret to again have to record that considerable wilful damage is still being caused to the public conveniences. Disfigurement of the walls in both the ladies' and gents' conveniences is appalling, and damage to locks is also costly.

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