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Contributors

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BOROUGH OF CASTLEFORD



ANNUAL HEALTH REPORT

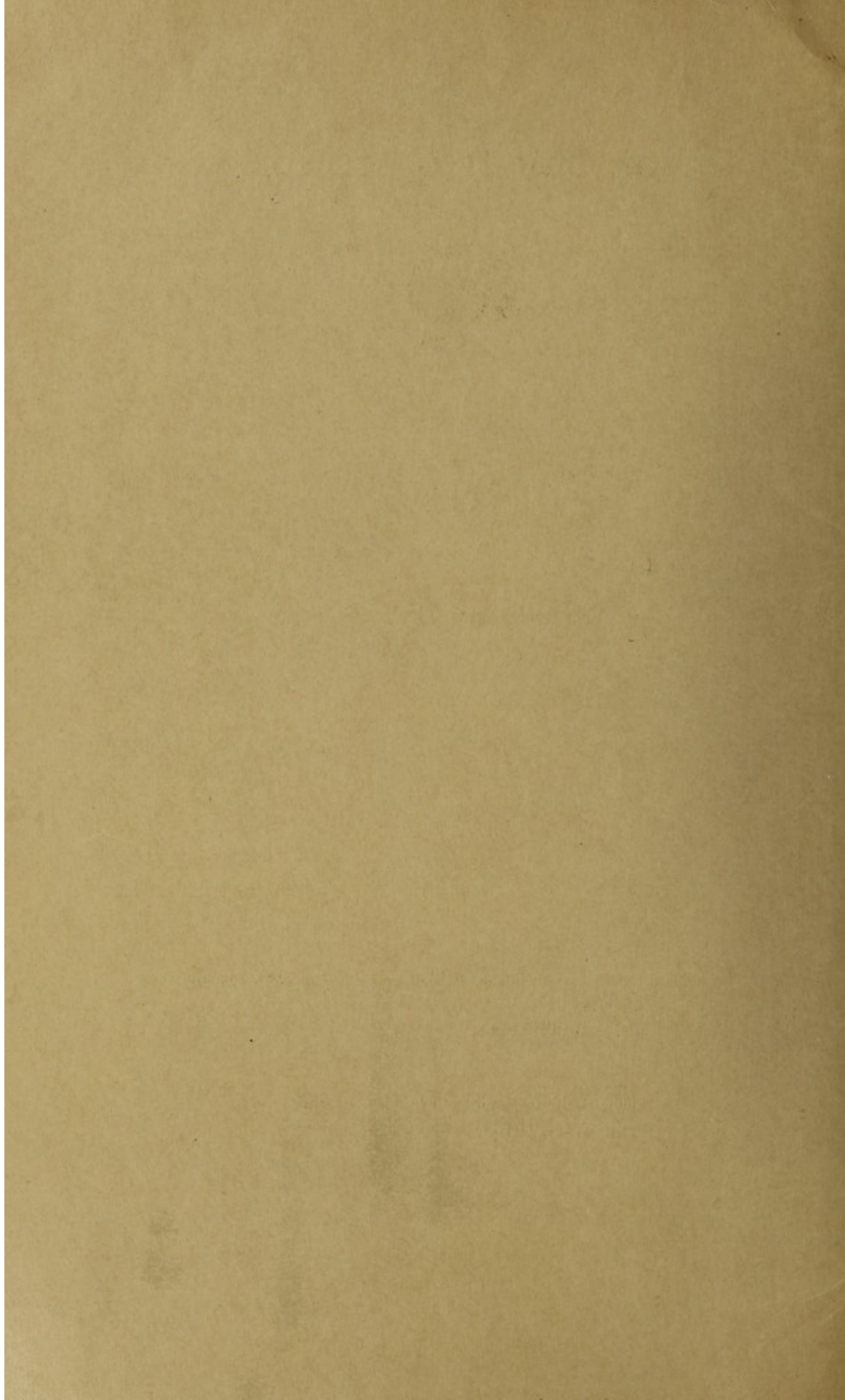
Year ended 31st December, 1962

Medical Officer for Health and Divisional Medical Officer for Maternity
and Child Welfare and School Medical Services:

J. M. PATERSON, M.B., Ch.B., D.P.H., M.R.S.H.

Public Health Inspector and Cleansing Superintendent:

E. J. WINFIELD, C.R.S.H., F.A.P.H.I., M.Inst.P.C.



THE MUNICIPAL BOROUGH OF CASTLEFORD

ANNUAL HEALTH REPORT

YEAR ENDED 31st December, 1962

Medical Officer of Health and Divisional Medical Officer
for Maternity and Child Welfare
and School Medical Services:

J. M. PATERSON, M.B., Ch.B., D.P.H., M.R.S.H.

Senior Public Health Inspector and Cleansing Superintendent:

E. J. WINFIELD, M.R.S.H., F.A.P.H.I., M.Inst.P.C.

THE HUSBAND OF WASHINGTON

ANNUAL REPORT

1862

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MUNICIPAL MEDICAL OFFICERS

H.E. Pearson, M.B., Ch.B., D.P.H., M.S.D.S.

SECOND ASSISTANT COUNTY MEDICAL OFFICERS AND PUBLIC HEALTH OFFICERS

H.E. Carr, J.P., **MUNICIPAL BOROUGH OF CASTLEFORD**

AMERICAN COUNTY MEDICAL OFFICERS FOR

MATERNITY AND CHILD DEPARTMENT PUBLIC HEALTH COMMITTEE

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as at 31st December, 1962

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H.E. Bell, M.B., Ch.B., D.P.H.

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H.E. Jones, M.B.

H.E. Jones, M.B., Ch.B., D.P.H.

H.E. Jones, M.B., Ch.B., D.P.H.

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ORTHOPAEDIC SURGEON

H.E. Jones, M.B., Ch.B.

MEMORIAL BOOK OF CASTLEWOOD

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as of 31st December, 1962

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Aldermen
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DIVISIONAL MEDICAL OFFICER

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SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER

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ASSISTANT COUNTY MEDICAL OFFICER FOR

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Airedale Child Welfare Clinic

E.A.Connell, M.B., B.S.

Airedale Ante-Natal Clinic

J.D.Sutcliffe, M.R.C.S., L.R.C.P.

Sagar Street Child Welfare Clinic

I. Butler, M.R.C.S., L.R.C.P.

Hightown Child Welfare and Ante-natal Clinic

PAEDIATRICIAN

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ORTHOPAEDIC SURGEON

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I.Armstrong, S.R.N., S.C.M., H.V.

J.Brooks, S.R.N., S.C.M., H.V.

Castleford 2005

E. Cooke, S.R.N., S.C.M., R.F.N., H.V.

Featherstone 245

E.W.Hilton, S.R.N.

Castleford 2217

V.M.Newby, S.R.N., S.C.M., H.V.

Castleford 3658

I.J.Robinson, S.R.N., S.C.M., H.V.

Castleford 3798

F.G.Wrightson, S.R.N., S.C.M.N., H.V.

Pontefract 3583

TUBERCULOSIS HEALTH VISITOR

A.Eades, S.R.N., S.C.M.

Wentbridge 404

REGIONAL MEDICAL OFFICE
J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL ASSISTANT COUNTY MEDICAL OFFICE AND REGIONAL MEDICAL OFFICE
J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL COUNTY MEDICAL OFFICE FOR
MATERNITY AND CHILD WELFARE AND REGIONAL MEDICAL WORK
J. L. Peterson, M.D., D.P.H., M.H.S.

JANUARY MEDICAL OFFICES - MATERNITY AND CHILD WELFARE
W. C. Palmer, M.D., D.P.H., M.H.S., J. L. Peterson, M.D., D.P.H., M.H.S.
Alameda Child Welfare Clinic
Bay Street Infants-Hotel Clinic

Alameda Area-Hotel Clinic
J. L. Peterson, M.D., D.P.H., M.H.S.
J. L. Peterson, M.D., D.P.H., M.H.S., J. L. Peterson, M.D., D.P.H., M.H.S.
Bay Street Child Welfare Clinic
J. L. Peterson, M.D., D.P.H., M.H.S., J. L. Peterson, M.D., D.P.H., M.H.S.
Highway Child Welfare and Infants-Hotel Clinic

REGIONAL MEDICAL OFFICE
J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL MEDICAL OFFICE
J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL MEDICAL OFFICE
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JANUARY MEDICAL OFFICES - MATERNITY AND CHILD WELFARE
W. C. Palmer, M.D., D.P.H., M.H.S., J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL MEDICAL OFFICE
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J. L. Peterson, M.D., D.P.H., M.H.S.
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J. L. Peterson, M.D., D.P.H., M.H.S.
J. L. Peterson, M.D., D.P.H., M.H.S.

REGIONAL MEDICAL OFFICE
J. L. Peterson, M.D., D.P.H., M.H.S.

MIDWIVES

D. Cousins, S.R.N., S.C.M. Barnsdale Estate, Cutsyke, Castleford.	Resigned 29.12.62.	Castleford 2314
V. Sixsmith, S.C.M. 47 Kendal Drive, Ferry Fryston, Castleford.	Resigned 20.5.62.	Castleford 2334
D.H. Tavlör, S.C.M. 24 Westmead, Airedale, Castleford.		Castleford 2703
S. Thinn, S.R.N., S.C.M. 36 Birkhill, Airedale, Castleford.	Appointed 1.8.62.	Castleford 3750
D. Tomlinson, S.C.M. 47 School Street, Wheldon Road, Castleford.		Castleford 2344
M. Wylie S.C.M. 25 Hulme Square, Ferry Fryston, Castleford.		Castleford 3485

HOME NURSES

M. Andrew, S.R.N., Q.I.D.N. 6 New Street, Wheldon Road, Castleford.		Castleford 2197
A.K. Caraher, S.R.N., Q.I.D.N. Flat No. 2, 74 Lumley Street, Hightown, Castleford.		Castleford 3528
K. Frain, S.R.N. 25 Chequerfield Avenue, Pontefract.	Appointed 13.8.63.	Pontefract 3072
M. Garbutt, S.R.N., Q.I.D.N. 149 Redhill Avenue, Glasshoughton, Castleford.		Castleford 3749
P. Grindel, S.R.N., Q.I.D.N. 10 Beechwood Avenue, Pontefract.		Pontefract 2749
M. Horsfall, S.R.N., Q.I.D.N. 7 Sheldrake Road, Love Lane, Castleford.		Castleford 4097
J.M. Johnson, S.R.N., Q.I.D.N. Flat No. 1, 74 Lumley Street, Hightown, Castleford.		Castleford 3550
P. Tinker, S.R.N., S.C.M., Q.I.D.N. 18 Lancaster Street, Ferry Fryston, Castleford.		Castleford 3427

ASSISTANT HOME NURSE

J. Baxter, S.E.A.N. Cawood Villas, Barnes Road, Castleford.		Castleford 2074
--	--	-----------------

TRAINING CENTRE SUPERVISOR

Mrs. M. Phillips, Training Centre, Kershaw Avenue, Airedale, Castleford.		Castleford 2940
---	--	-----------------

SPEECH THERAPIST

E.M. Wade, L.C.S.T.		Castleford 4201
---------------------	--	-----------------

MEMBERS

2. G. Jones, S.R.N., S.O.N.
 Barnside Estate, Chester, Cheshire.
 Assigned 29.12.62.
 Castledale 2314

V. B. Smith, S.O.N.
 47 Model Drive, Ferry House, Chester.
 Assigned 20.5.62.
 Castledale 2315

E.H. Taylor, S.O.N.
 24 Woodside, Altrincham, Cheshire.
 Castledale 2316

S. T. Jones, S.R.N., S.O.N.
 36 Birchall, Altrincham, Cheshire.
 Assigned 1.8.62.
 Castledale 2317

D. T. Jones, S.O.N.
 47 School Street, Warrington, Cheshire.
 Castledale 2318

M. G. G. G.
 25 Haines Square, Ferry House, Chester.
 Castledale 2319

HOME NURSES

M. G. G. G., S.O.N.
 2 New Street, Warrington, Cheshire.
 Castledale 2320

A. E. G. G., S.O.N.
 17a No. 2, 74 Lancy Street, Warrington, Cheshire.
 Assigned 13.8.62.
 Castledale 2321

M. G. G. G., S.O.N.
 155 Radcliffe Avenue, Altrincham, Cheshire.
 Castledale 2322

M. G. G. G., S.O.N.
 10 Woodside Avenue, Warrington.
 Castledale 2323

M. G. G. G., S.O.N.
 1 Haines Road, Warrington, Cheshire.
 Castledale 2324

M. G. G. G., S.O.N.
 17a No. 1, 74 Lancy Street, Warrington, Cheshire.
 Castledale 2325

M. G. G. G., S.O.N.
 10 Lancy Street, Warrington, Cheshire.
 Castledale 2326

ASSISTANT HOME NURSES

J. G. G. G., S.O.N.
 10 Woodside Avenue, Warrington, Cheshire.
 Castledale 2327

M. G. G. G., S.O.N.
 10 Woodside Avenue, Warrington, Cheshire.
 Castledale 2328

M. G. G. G., S.O.N.
 10 Woodside Avenue, Warrington, Cheshire.
 Castledale 2329

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	(Services Administered by the West Riding County Council)	
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Divisional Public Health Office,
"Castledene",
Pontefract Road,
Castleford.

Mr. Mayor, Ladies and Gentlemen,

I have the honour of presenting to you my twenty second Annual Report, being a report on the health of your district for the year 1962.

Brief Comments

The Birth Rate shows a welcome rise from that of the previous year but it is nevertheless below the average for England and Wales.

The Death Rate also shows an increase over the previous year. Statistical evidence concerning the relationship between smoking and lung cancer continues to pile up and it is indeed significant that out of a population of over 40,000 there should have been 15 deaths from lung cancer, of which 14 were men. In this country alone 500 persons died of this disease every week, or put more specifically one person dies every twenty minutes! Surely this must give us food for thought.

One of the most recent environmental threats to mankind is that of atmospheric pollution and this has arisen largely from the aggregation of population of people into towns and cities. In these communities, during the winter months especially, there is an interaction between smoke from chimneys and the surrounding atmosphere resulting in an extremely irritating chemical combination to which bronchitis are allergic. This was particularly noticeable during the period lasting for more than a week during December and the remote effects of this smog outbreak were, in terms of bronchitis, and other respiratory conditions, felt for quite an appreciable time afterwards. Whilst it is realised that at long last we are overcoming atmospheric pollution by means of smokeless zones etc., our efforts measured in terms of human life are pitifully slow and we could well reinvigorate our efforts with the same enthusiasm as we have adopted in the control of poliomyelitis and road accidents. In this way we should be able in the matter of a decade at least to cut down very considerably both the mortality and morbidity rates of this disease. Over the last ten years the chronic bronchitis death rate has shown a steady, though erratic, rise and this year the figure has risen to a total of 43 - the highest for Castleford since 1951. This, however, is not the end result of the problem and to evaluate the full implications of chronic bronchitis we must go back 10, 20 or even more years along the life line during which time the long drawn out devastating effects of this disease can be studied, both in terms of lost national productivity and an ever-increasing lack of vigour and increasing human misery in the victims concerned.

The complete effectiveness of our immunisation campaign against diphtheria first became obvious in 1949. Since then there has not been one confirmed case of diphtheria in the Borough. Still more recently the same pattern has been emerging as regards poliomyelitis when by means of the Salk, and still more recently the Sabin sugar lump, vaccines, we have built up a state of immunity amongst children and adults alike, and have not had a single confirmed case since 1958 when there were nine cases of whom seven were paralytic. It cannot be too strongly stressed, however, that we have got into this favourable impregnable position as a result of our persistent immunisation campaigns and should parents ever become apathetic towards these protective measures we can be sure that these two plagues will again re-appear in as deadly and as virulent a form as ever.

Our efforts in the field of mental health locally have forged ahead during the year. Important changes have taken place at the Airedale Training Centre which caters for the needs of the mentally subnormal individuals and these have in the main been directed towards making even more interesting the activities carried out at the Centre by the adolescent and adult males and females. In this way they have been made to feel that the gulf which exists between them and their normal brothers and sisters is not really so wide after all. These new activities have made for a more harmonious spirit of unity amongst those attending the centre as well as popularising the various types of work carried out. Considerable pioneer work has also been done in Castleford in the rehabilitation of the mentally ill. This has been

Mr. Mayor, Ladies and Gentlemen,

I have the honour of presenting to you my twenty second Annual Report, being a report on the health of your district for the year 1952.

Birth Statistics

The birth rate shows a welcome rise from 14.1 at the previous year but it is nevertheless below the average for England and Wales.

The birth rate also shows an increase over the previous year. Statistical evidence concerning the relationship between smoking and lung cancer continues to pile up and it is indeed significant that out of a population of over 15,000 there should have been 15 deaths from lung cancer, of which 14 were men. In this country about 500 persons die of this disease every year, a not very small number. It is persons like every minute. Surely this must give us food for thought.

One of the most recent environmental threats to mankind is that of atmospheric pollution and this has arisen largely from the aggregation of population of people into towns and cities. In these circumstances, during the winter months especially, there is an interaction between smoke from chimneys and the surrounding atmosphere resulting in an extremely irritating chemical combination to which bronchitis and asthma are particularly susceptible during the winter months. This was particularly noticeable during the period leading for more than a week during December and the remote effects of this were not only in terms of bronchitis, and other respiratory conditions, but also in terms of an increase in the number of deaths. It is well known that at least one man died of heart failure in terms of atmospheric pollution by means of carbon monoxide gas etc., and unfortunately in some of these cases the victims were well known to the police and were also the victims of some accident as we have noticed in the context of pollution and road accidents. In this way we should be able to see in the matter of a decade at least we are doing very considerably better the mortality and morbidity rates of this disease. Over the last few years the chronic bronchitis death rate has shown a steady, though erratic, rise and this year the figure was again a total of 15 - the highest for Cardiff since 1951. This, however, is not the end result of the problem and to evaluate the full significance of chronic bronchitis we must go back to 19, 20 or even more years ago. The life time during which the long drawn out devastating effects of this disease can be studied, both in terms of lost national productivity and in even-humanity, the lack of vigour and increasing human misery in the victims concerned.

The cigarette effectiveness of our immunisation campaign against diphtheria first became evident in 1949. Since then there has not been one confirmed case of diphtheria in the country. Still more recently the same pattern has been emerging as regards poliomyelitis when by means of the B.C.G. and still more recently the Salk virus, vaccine, we have built up a state of immunity amongst children and adults alike, and have not had a single confirmed case since 1950 when there were nine cases of whom seven were paralytic. It cannot be too strongly stressed, however, that we have not into this favourable hygienic position as a result of our persistent immunisation campaign and should parents ever become apathetic towards these protective measures we can be sure that these two figures will again re-appear in an ugly and as virulent a form as ever.

Our efforts in the field of mental health locally have forged ahead during the year. Important changes have taken place at the Alford Training Centre which nature for the needs of the mentally subnormal individuals and these have in the past directed towards making even more interesting the activities carried out at the Centre by the adolescent and adult males and females. In this way they have been made to feel that the full value between them and their normal brethren and sisters is not really so wide after all. These new activities have also for a more harmonious spirit of unity amongst those attending the Centre as well as participating in various types of work carried out. Considerable pleasure work has also been done in Cardiff in the rehabilitation of the mentally ill. This has been

achieved by the opening of a Psychiatric Social Club in Castleford in September, 1961, where these people already discharged from hospital but still feeling insecure in their contacts with the outside world can meet regularly and indulge in popular recreational activities. Recently a survey was made from amongst those attending the club to see how far we had gone towards achieving our aims and objects and the consensus of opinion revealed that the Club had engendered a spirit of self-confidence amongst the members along with the ability to instil a marked degree of moral courage, already lacking. Furthermore, in the privacy of their own circle there had arisen a feeling of companionship based on the principle that they neither made fun of, nor did they feel let down by, each other's faults and failings.

I should like to express my appreciation to all departments of the Council and to the professional and clerical staff of the Divisional Health Office for their valued help and co-operation during the year.

In conclusion may I thank the Chairman of the Public Health Committee and all members of the Council for their help and courteous reception throughout the year.

Yours faithfully,

J. M. PATERSON.

Medical Officer of Health.

	Males	Females	Total	
Live Births				Live Birth Rate per 1,000
Legitimate	116	170	286	Estimated Mean Population - 17,1
Illegitimate	7	12	19	(Corrected 17.1)
Total Births				
Legitimate	123	182	305	Total Birth Rate per 1,000
Illegitimate	7	12	19	Live and Total Births - 17.9
Total Births				
Legitimate	120	179	299	
Illegitimate	16	13	29	
Deaths	206	245	451	Death Rate per 1,000 estimated
				Mean Population - 17.1
				(Corrected - 16.1)

LIVE BIRTH RATES (per 1,000 Mean Population)

	1961	1962	1963	1964	1965	1966
Live Birth Rate for Castleford (corrected for age and sex distribution)	16.77	16.02	16.00	16.00	16.00	16.1
Live Birth Rate for England and Wales	16.4	16.7	16.5	16.3	16.4	16.0
Live Birth Rate for the West Riding Administrative County	16.7	16.7	16.3	16.4	16.4	16.0

TOTAL BIRTH RATES (per 1,000 Live and Total Births)

	1961	1962	1963	1964	1965	1966
Total Birth Rate for Castleford	16.5	16.3	16.1	16.0	16.3	16.7
Total Birth Rate for England & Wales	16.4	16.5	16.7	16.7	16.7	16.1

achieved by the opening of a Psychiatric Social Club in Gastland in September, 1961, where these people already discharged from hospital had still feeling insecure in their contacts with the outside world and were regularly and actively in contact with the club to see how far we had gone towards achieving our aims and objects and the consensus of opinion revealed that the Club had engendered a spirit of self-confidence amongst the members along with the ability to handle a marked degree of moral courage, already lacking. Furthermore, in the process of their own circle these had arisen a feeling of comradeship based on the principle that they neither made fun of, nor did they feel for them by, each other's faults and failures.

I should like to express my appreciation to all departments of the Council and to the professional and clerical staff of the Divisional Health Office for their valued help and co-operation during the year.

In conclusion may I thank the Chairman of the Public Health Committee and all members of the Council for their help and courteous reception throughout the year.

Yours faithfully,

J. M. PATTERSON.

Medical Officer of Health.

SECTION I (part 1)

Statistics and Social Conditions
of the Area

Area (Acres)	4,394
Population (estimated R.G. 1962)	40,420
Population (estimated R.G. 1938)	43,090
Number of Inhabited Houses (1962)	13,272
Number of Inhabited Houses (1938)	11,026
Rateable Value	£392,083
Sum represented by a Penny Rate	£1,650
Density of Population	9.2 persons per acre.

The Borough of Castleford is divided into 10 wards, namely:-

Airedale, Carlton, Fryston, Glass Houghton,
Half Acres, Redhill, Smawthorne, Wheldale-
Lock Lane, Whitwood and Whitwood Mere.

SUMMARY OF VITAL STATISTICS

Comparability Factors

Births - 0.97

Deaths - 1.32

	Male	Female	Total	
<u>Live Births</u>				Live Birth Rate per 1,000
Legitimate	316	370	686	estimated Home Population - 17.7
Illegitimate	15	13	28	(corrected 17.1)
<u>Still Births</u>				Still Birth Rate per 1,000
Legitimate	4	8	12	Live and Still Births - 17.9
Illegitimate	1	-	1	
<u>Total Births</u>				
Legitimate	320	378	698	
Illegitimate	16	13	29	
<u>Deaths</u>	266	228	494	Death Rate per 1,000 estimated
				Home Population - 12.2
				(corrected - 16.1)

LIVE BIRTH RATES (per 1,000 Home Population)

	1957	1958	1959	1960	1961	1962
Live Birth Rate for Castleford (corrected for age and sex distribution)	14.77	16.02	16.00	16.02	15.05	17.1
Live Birth Rate for England and Wales	16.1	16.7	16.5	17.1	17.4	18.0
Live Birth Rate for the West Riding Administrative County	16.7	16.7	16.5	17.1	17.4	17.8

STILL BIRTH RATES (per 1,000 Live and Still Births)

	1957	1958	1959	1960	1961	1962
Still Birth Rate for Castleford	30.5	21.3	22.7	35.0	23.3	17.9
Still Birth Rate for England & Wales	22.4	21.6	20.7	19.7	18.7	18.1

INFANTILE MORTALITY

4.

The infantile mortality rate is the number of deaths of infants under one year of age per 1,000 registered live births.

	1959	1960	1961	1962
Number of Deaths	15	15	14	24
Death Rate of all infants per 1,000 Live Births	22	22	22	34
Death Rate of legitimate infants per 1,000 legitimate Live Births	20	21	22	35
Death Rate of Illegitimate infants per 1,000 Illegitimate Live Births	80	42	44	-
Death Rate for England & Wales	22	22	21	21
Death Rate for the West Riding Administrative County	24	23	25	23

Of the 24 deaths which took place of children under one year of age, 16 were males and 8 were females.

On investigation, the main causes of death were shown to be as follows:

Broncho pneumonia - 2	Acute pneumonitis - 1	Ante partum haemorrhage -
Developmental abnormality of bones - 1	Pneumonia - 1	placenta praevia - 1
Prematurity - 4	Acute bronchitis - 3	Precipitate delivery - 1
Intracranial haemorrhage - 1	Cerebral Haemorrhage - 1	Congenital heart lesion - 1
Interatrial septal defect and patent ductus arteriosus - 1	Birth trauma - 1	Congenital heart disease
Gastro enteritis - 1	Congenital heart disease - 1 (Fallots tetralogy) - 1	Acute respiratory infection - 1
	Atelectasis of lungs - 1	

The age groups at which death occurred were:-

0 - 24 hrs.	1 - 7 days	1 - 4 weeks	1 - 12 months
7	4	2	11

NEO-NATAL MORTALITY

The neo-natal mortality rate is the number of deaths of infants under four weeks of age per 1,000 Live Births.

	1959	1960	1961	1962
Number of Deaths	7	12	5	13
Death Rate of all infants per 1,000 Live Births	10.2	17.4	8.0	18.2
Death Rate for England & Wales	15.8	15.6	15.5	15.1

EARLY NEO-NATAL MORTALITY

Deaths under 1 week per 1,000 total live births

(No. - 11
(Rate - 15.4

PERINATAL MORTALITY RATE

Still births and deaths under 1 week per 1,000 Live and Still Births

(No. - 24
(Rate - 33.0

PREMATURE BIRTHS

Table showing details of the premature infants born in Castleford during 1962

Birth Weight	TOTAL BORN				No. who died under 28 days		No. sur- vived 28 days	
	DEAD		ALIVE					
	at home	in hospital	at home	in hospital	at home	in hosp.		
Under 3 lbs.	-	3	-	4	-	3	1	
3 - 4 lbs.	-	2	2	9	-	2	9	
4 - 5½ lbs.	1	-	7	34	1	-	40	
TOTAL	1	5	9	47	1	5	50	

DEATH RATES (per 1,000 Home Population)

Death Rate for Castleford (corrected for age and sex distribution)	1957	1958	1959	1960	1961	1962
	13.46	12.8	14.3	13.7	15.5	16.1
Death Rate for England and Wales	11.5	11.7	11.6	11.5	12.0	11.9
Death Rate for the West Riding Administrative County	11.7	11.9	11.6	11.5	13.4	13.3

CRUDE RATES FOR CASTLEFORD

	1960	1961	1962
All Causes	10.4	11.8	12.2
Tuberculosis, respiratory	0.12	0.15	0.17
Other forms of Tuberculosis	0.00	0.00	0.02
Cancer of lung and bronchus	0.50	0.37	0.37
Cancer, all sites	2.25	1.93	2.03
Vascular lesions of the nervous system	1.49	1.78	1.24
Coronary disease and angina	1.68	1.93	2.05
Heart and circulatory, all forms	3.50	4.37	4.55
Pneumonia	0.34	0.69	0.40
Respiratory diseases - all forms	1.10	2.02	1.86

CAUSES OF DEATH (figures taken
from Registrar General's Tables)

	1960			1961			1962		
	M	F	Total	M	F	Total	M	F	Total
Tuberculosis, respiratory	4	1	5	6	-	6	6	1	7
Tuberculosis, other forms	-	-	-	-	-	-	-	1	1
Syphilitic disease	-	-	-	1	1	2	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-
Meningococcal infections	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	7	5	12	11	2	13	3	10	13
Malignant neoplasm, lung, bronchus	19	2	21	11	4	15	14	1	15
Malignant neoplasm, breast	-	9	9	1	9	10	1	3	4
Carried forward	30	17	47	30	16	46	24	16	40

MILWAUKEE COUNTY

Table showing details of the premature infants born in Castleford during 1962

Birth Weight Under 3 lbs.	DEAD	TOTAL DEATH	LIVE	No. who died under 30 days after birth	No. who lived 30 days
Under 3 lbs.	-	3	-	-	1
3 - 4 lbs.	-	2	2	-	2
4 - 5 1/2 lbs.	1	-	1	1	40
TOTAL	1	5	3	1	50

DEATH RATE (per 1,000 Home Population)

1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612	1611	1610	1609	1608	1607	1606	1605	1604	1603	1602	1601	1600	1599	1598	1597	1596	1595	1594	1593	1592	1591	1590	1589	1588	1587	1586	1585	1584	1583	1582	1581	1580	1579	1578	1577	1576	1575	1574	1573	1572	1571	1570	1569	1568	1567	1566	1565	1564	1563	1562	1561	1560	1559	1558	1557	1556	1555	1554	1553	1552	1551	1550	1549	1548	1547	1546	1545	1544	1543	1542	1541	1540	1539	1538	1537	1536	1535	1534	1533	1532	1531	1530	1529	1528	1527	1526	1525	1524	1523	1522	1521	1520	1519	1518	1517	1516	1515	1514	1513	1512	1511	1510	1509	1508	1507	1506	1505	1504	1503	1502	1501	1500	1499	1498	1497	1496	1495	1494	1493	1492	1491	1490	1489	1488	1487	1486	1485	1484	1483	1482	1481	1480	1479	1478	1477	1476	1475	1474	1473	1472	1471	1470	1469	1468	1467	1466	1465	1464	1463	1462	1461	1460	1459	1458	1457	1456	1455	1454	1453	1452	1451	1450	1449	1448	1447	1446	1445	1444	1443	1442	1441	1440	1439	1438	1437	1436	1435	1434	1433	1432	1431	1430	1429	1428	1427	1426	1425	1424	1423	1422	1421	1420	1419	1418	1417	1416	1415	1414	1413	1412	1411	1410	1409	1408	1407	1406	1405	1404	1403	1402	1401	1400	1399	1398	1397	1396	1395	1394	1393	1392	1391	1390	1389	1388	1387	1386	1385	1384	1383	1382	1381	1380	1379	1378	1377	1376	1375	1374	1373	1372	1371	1370	1369	1368	1367	1366	1365	1364	1363	1362	1361	1360	1359	1358	1357	1356	1355	1354	1353	1352	1351	1350	1349	1348	1347	1346	1345	1344	1343	1342	1341	1340	1339	1338	1337	1336	1335	1334	1333	1332	1331	1330	1329	1328	1327	1326	1325	1324	1323	1322	1321	1320	1319	1318	1317	1316	1315	1314	1313	1312	1311	1310	1309	1308	1307	1306	1305	1304	1303	1302	1301	1300	1299	1298	1297	1296	1295	1294	1293	1292	1291	1290	1289	1288	1287	1286	1285	1284	1283	1282	1281	1280	1279	1278	1277	1276	1275	1274	1273	1272	1271	1270	1269	1268	1267	1266	1265	1264	1263	1262	1261	1260	1259	1258	1257	1256	1255	1254	1253	1252	1251	1250	1249	1248	1247	1246	1245	1244	1243	1242	1241	1240	1239	1238	1237	1236	1235	1234	1233	1232	1231	1230	1229	1228	1227	1226	1225	1224	1223	1222	1221	1220	1219	1218	1217	1216	1215	1214	1213	1212	1211	1210	1209	1208	1207	1206	1205	1204	1203	1202	1201	1200	1199	1198	1197	1196	1195	1194	1193	1192	1191	1190	1189	1188	1187	1186	1185	1184	1183	1182	1181	1180	1179	1178	1177	1176	1175	1174	1173	1172	1171	1170	1169	1168	1167	1166	1165	1164	1163	1162	1161	1160	1159	1158	1157	1156	1155	1154	1153	1152	1151	1150	1149	1148	1147	1146	1145	1144	1143	1142	1141	1140	1139	1138	1137	1136	1135	1134	1133	1132	1131	1130	1129	1128	1127	1126	1125	1124	1123	1122	1121	1120	1119	1118	1117	1116	1115	1114	1113	1112	1111	1110	1109	1108	1107	1106	1105	1104	1103	1102	1101	1100	1099	1098	1097	1096	1095	1094	1093	1092	1091	1090	1089	1088	1087	1086	1085	1084	1083	1082	1081	1080	1079	1078	1077	1076	1075	1074	1073	1072	1071	1070	1069	1068	1067	1066	1065	1064	1063	1062	1061	1060	1059	1058	1057	1056	1055	1054	1053	1052	1051	1050	1049	1048	1047	1046	1045	1044	1043	1042	1041	1040	1039	1038	1037	1036	1035	1034	1033	1032	1031	1030	1029	1028	1027	1026	1025	1024	1023	1022	1021	1020	1019	1018	1017	1016	1015	1014	1013	1012	1011	1010	1009	1008	1007	1006	1005	1004	1003	1002	1001	1000	999	998	997	996	995	994	993	992	991	990	989	988	987	986	985	984	983	982	981	980	979	978	977	976	975	974	973	972	971	970	969	968	967	966	965	964	963	962	961	960	959	958	957	956	955	954	9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	1960			1961			1962		
	M	F	Total	M	F	Total	M	F	Total
Brought forward	30	17	47	30	16	46	24	16	40
Malignant neoplasm, uterus	-	4	4	-	5	5	-	4	4
Other malignant and lymphatic neoplasms	25	20	45	19	14	33	23	16	39
Leukaemia, aleukaemia	3	-	3	2	-	2	2	5	7
Diabetes	1	5	6	2	4	6	4	4	8
Vascular lesions of the nervous system	32	30	62	25	47	72	18	32	50
Coronary disease, angina	39	31	70	57	21	78	46	37	83
Hypertension with heart disease	4	3	7	6	4	10	3	8	11
Other heart disease	21	33	54	30	36	66	34	32	66
Other circulatory diseases	9	6	15	11	12	23	11	13	24
Influenza	-	-	-	7	6	13	3	2	5
Pneumonia	5	9	14	16	12	28	7	9	16
Bronchitis	17	11	28	31	8	39	29	14	43
Other diseases of the respiratory system	2	2	4	1	1	2	7	4	11
Ulcer of stomach and duodenum	6	-	6	-	1	1	1	1	2
Gastritis, enteritis and diarrhoea	2	-	2	-	2	2	2	-	2
Nephritis and Nephrosis	-	2	2	1	1	2	-	3	3
Hyperplasia of prostate	-	-	-	-	-	-	4	-	4
Pregnancy, childbirth and abortion	-	-	-	-	-	-	-	-	-
Congenital malformations	-	8	8	2	4	6	5	3	8
Other defined and ill-defined diseases	16	14	30	13	11	24	26	17	43
Motor vehicle accidents	4	2	6	5	2	7	6	4	10
All other accidents	8	5	13	5	3	8	8	1	9
Suicide	3	5	8	2	1	3	3	3	6
Homicide and operations of war	-	-	-	-	-	-	-	-	-
TOTALS	227	207	434	265	211	476	266	228	494

COMPARATIVE STATISTICAL DATA FOR THE PERIOD 1953 - 1962 INCLUSIVE

Year	Corrected Birth Rate	Corrected Death Rate	Infantile Mortality Rate	Maternal Mortality Rate	TUBERCULOSIS DEATH RATE		Cancer Death Rate	NUMBER OF DEATHS FROM:		
					Pulmonary	Non- Pulmonary		Bronchitis	Cancer of lung and bronchus	Coronary Disease & aneurysm
1953	15.91	11.52	38	-	0.26	0.09	1.57	31	9	44
1954	15.20	12.51	28	-	0.26	-	1.76	39	15	45
1955	13.98	12.45	26	-	0.17	0.02	1.86	23	18	61
1956	14.19	13.73	16	1.6	0.22	-	1.68	36	14	59
1957	14.77	13.46	32	-	0.07	-	1.82	29	18	47
1958	16.02	12.8	22	-	0.07	0.05	1.61	27	9	60
1959	16.00	14.3	22	-	0.10	-	1.94	31	23	67
1960	16.02	13.7	22	-	0.12	-	2.25	28	21	70
1961	15.05	15.5	22	-	0.15	-	1.93	39	15	78
1962	17.1	16.1	34	-	0.17	0.02	2.03	43	15	83

SECTION I (part 2)

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1962 IN AGE GROUPS

NOTIFIABLE DISEASE	Under 1 year	1 - 2	3 - 4	5 - 9	10-14	15-24	25 & over	No age	Total	Removed to Hospital
Measles	9	65	108	127	3	-	-	-	321	-
Whooping Cough	3	5	2	1	-	-	-	-	11	-
Diphtheria	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	1	1	4	-	-	-	-	6	3
Polio-myelitis	-	-	-	-	-	-	-	-	-	-
Polio-encephalitis	-	-	-	-	-	-	-	-	-	-

NOTIFIABLE DISEASE	0 - 5	5 - 15	15-44	45-64	65 & over	No age	Total	Removed to Hospital
Dysentery	4	13	8	-	-	-	25	1
Erysipelas	-	-	-	-	-	-	-	-
Pneumonia	2	2	3	5	4	-	16	-
Puerperal Typhemia	-	-	2	-	-	-	2	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	1	-	-	1	1
Menigeococcal Meningitis	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-

Species Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	1211	1212	1213	1214	1215	1216	1217	1218	1219	1220	12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TABLE SHOWING NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED 1953 - 1962

Year	Measles	Whooping Cough	Scarlet Fever	Polio-myelitis	Dysentery	Pneumonia	Food Poisoning	Meningo-coccal Meningitis
1953	563	108	154	1	3	59	-	-
1954	35	76	26	1	5	30	6	1
1955	740	24	9	8	55	15	-	-
1956	10	27	25	5	10	26	3	4
1957	911	27	16	4	-	26	2	2
1958	7	7	158	9	16	12	-	2
1959	693	15	60	-	8	43	3	6
1960	160	198	15	-	12	9	8	-
1961	1215	38	16	-	15	16	5	2
1962	312	11	6	-	25	16	1	-

Year	Harvest	Spotted	Scarlet	Folio-	Drumstick	Immature	Pink	Unidentified
1965	215	11	9	-	52	19	1	-
1964	1512	30	19	-	12	19	2	5
1963	160	108	12	-	45	2	8	-
1962	622	12	60	-	8	17	3	9
1961	1	1	128	2	19	15	-	5
1960	211	21	19	4	-	56	5	5
1959	10	21	52	2	10	56	3	4
1958	160	21	9	8	22	12	-	-
1957	32	16	52	1	2	30	9	1
1956	202	102	121	1	3	29	-	-

FIELD RECORDING AND IDENTIFICATION OF INSECTICIDE RESISTANCE IN THE 1950s - 1965

TUBERCULOSIS SERVICE

Clinical facilities are provided at the Pontefract Chest Clinic and a Tuberculosis Health Visitor is employed who carries out regular home supervision of all patients.

Free milk is provided by the County Council at the discretion of the Divisional Medical Officer in conjunction with a recommendation by the Consultant Chest Physician in charge of the Clinic.

Total notific- ations: 14	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
At all ages	7	6	1	-	6	1	-	1
Under 1 year	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 10	-	-	-	-	-	-	-	-
10 - 15	-	-	-	-	-	-	-	-
15 - 20	-	-	-	-	-	-	-	-
20 - 25	-	1	-	-	-	-	-	-
25 - 35	-	-	-	-	1	-	-	-
35 - 45	1	1	-	-	-	1	-	-
45 - 55	1	1	1	-	1	-	-	-
55 - 65	1	2	-	-	1	-	-	1
Over 65	4	1	-	-	3	-	-	-

All close contacts of Tuberculosis must be examined at a chest clinic to find the source of infection and others suffering from the disease. This is particularly needful in the case of school children and calls for the examination of school contacts.

Ratio of contacts seen by the Chest Physician to number of cases notified

Year	No. of actual cases notified	No. of contacts found and examined	Ratio of cases notified to contacts examined
1960	16	137	8.50 to 1
1961	15	94	6.27 to 1
1962	14	62	4.4 to 1

Of the 62 contacts who were examined no active case of tuberculosis was found.

TUBERCULOSIS SERVICE

Clinical facilities are provided at the Foremost Chest Clinic and a Tuberculosis Health Visitor is employed who carries out regular home supervision of all patients.

Free milk is provided by the County Council at the discretion of the District Medical Officer in consultation with a recommendation by the Consultant Chest Physician in charge of the Clinic.

Total notified cases: 14	NEW CASES				DEATHS			
	Primary	Non-primary	Primary	Non-primary	Primary	Non-primary	Primary	Non-primary
At all ages	7	6	1	-	6	1	-	1
Under 1 year	-	-	-	-	-	-	-	-
1 - 2	-	-	-	-	-	-	-	-
2 - 10	-	-	-	-	-	-	-	-
10 - 15	-	-	-	-	-	-	-	-
15 - 20	-	-	-	-	-	-	-	-
20 - 25	-	1	-	-	-	-	-	-
25 - 30	-	-	-	-	1	-	-	-
30 - 35	1	-	-	-	-	-	-	-
35 - 40	1	-	-	-	-	-	-	-
40 - 45	1	-	-	-	-	-	-	-
45 - 50	1	-	-	-	-	-	-	-
50 - 55	1	-	-	-	-	-	-	-
55 - 60	1	2	-	-	-	-	-	-
Over 60	1	-	-	-	3	-	-	-

All close contacts of Tuberculosis must be examined at a chest clinic to find the source of infection and others suffering from the disease. This is particularly needed in the case of school children and calls for the examination of school contacts.

Ratio of contacts seen by the Chest Physician to number of cases notified

Year	No. of actual cases notified	No. of contacts found and examined	Ratio of cases notified to contacts examined
1960	16	137	8.56 to 1
1961	17	94	5.52 to 1
1962	18	62	4.4 to 1

Of the 62 contacts who were examined no active case of tuberculosis was found.

Table showing numbers on register and
Deaths from Tuberculosis, 1953 - 1962

Year	Number on Register		Number of Deaths	
	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary
1953	297	54	9	2
1954	285	49	16	3
1955	302	47	6	1
1956	301	47	4	1
1957	315	42	3	-
1958	315	33	3	2
1959	305	29	4	-
1960	297	29	5	-
1961	285	25	6	-
1962	280	25	7	1

Comparison between numbers on
Tuberculosis Register in 1961 and 1962

	1 9 6 1			1 9 6 2		
	Pulmonary	Non-pulmonary	Total	Pulmonary	Non-pulmonary	Total
Number of cases on Register 1st Jan.	297	29	336	285	25	310
New cases notified during the year	14	2	16	11	1	12
Restored to Register	-	-	-	-	-	-
Transferred from other areas	-	-	-	2	-	2
TOTALS	311	31	342	298	26	324
Number of cases removed from Register during the year	26	6	32	18	1	19
Number of cases left on register at end of year	285	25	310	280	25	305

Year	Number on Register		Number of Deaths	
	Primary	Non-primary	Primary	Non-primary
1955	207	20	9	2
1954	202	49	16	3
1953	202	47	6	1
1952	201	47	4	1
1951	212	45	3	-
1950	212	33	3	2
1949	202	29	4	-
1948	207	29	2	-
1947	202	29	6	-
1946	200	25	7	1

Comparison between numbers on
Tuberculosis Register in 1951 and 1955

	1951		1955	
	Primary	Non-primary	Primary	Non-primary
Number of cases on Register Jan. 1st	207	20	202	25
New cases notified during the year	11	2	11	1
Referred to Registrar	-	-	-	-
Transferred from other areas	-	-	2	-
TOTALS	217	21	209	26
Number of cases removed from Register during the year	20	6	18	1
Number of cases left on register at end of year	202	25	200	25

SECTION II (part 1)SERVICES ADMINISTERED BY THE WEST RIDING
COUNTY COUNCILCLINICS AND TREATMENT CENTRESInfant Welfare Centres

No. of sessions during year	Attendances				Attending for first time
	0 - 1	Avg. per session	1 - 5	Avg. per session	
435	19066	43.8	4415	10.2	1056

Ante Natal Clinics

No. of sessions during year	No. of attendances	Avg. per session	Attending for first time
129	1197	9.3	240

Relaxation Clinics

No. of patients attending	156
No. of attendances	713

Minor Ailments Clinics

No. of sessions held	491
No. of children attending	498
No. of attendances	722

Ophthalmic Clinics

No. of sessions held	45
No. of children attending	707
No. of attendances	798
No. prescribed spectacles	388

Orthopaedic Clinics

No. of sessions held	4
No. of children attending	32
No. of attendances	53

Paediatric Clinics

No. of sessions held	5
No. of children attending	26
No. of attendances	33

Ultra-Violet Light Clinics

No. of sessions held	170
No. of children attending	95
No. of attendances	1221

SECTION II (Part 1)

REVENUE ADMINISTRATION BY THE NEW YORK
COUNTY COMPTROLLER

GENERAL INFORMATION

General Information

No. of sessions during year	Attendance			Attending for first time
	0 - 1	Avg. per session	1 - 2	Avg. per session
1935	19086	43.4	4415	10.2

State Social Division

No. of sessions during year	No. of attendance	Avg. per session	Attending for first time
129	1197	9.2	210

Hepatitis Division

178	No. of patients attending
713	No. of attendance

Hepatitis Division

191	No. of sessions held
198	No. of children attending
132	No. of attendance

Gastroenteritis Division

42	No. of sessions held
707	No. of children attending
150	No. of attendance
300	No. prescribed specimens

Gastroenteritis Division

4	No. of sessions held
35	No. of children attending
23	No. of attendance

Gastroenteritis Division

1	No. of sessions held
35	No. of children attending
33	No. of attendance

Hepatitis Division

170	No. of sessions held
92	No. of children attending
1251	No. of attendance

Ear, Nose and Throat Clinics

No. of sessions held	22
No. of children attending	27
No. of attendances	61

Speech Therapy Clinics

No. of sessions held	179
No. of children attending	66

SECTION II (part 2)NURSING SERVICESHome Nursing Service

Total cases	970
Total visits	29924
Average visit load per home nurse	3218
Average accepted visit load per home nurse	3000

Midwifery Service

No. of patients delivered in hospitals	661	(63%)
No. of patients delivered by domiciliary midwives	380	(37%)
	1041	
No. of domiciliary confinements delivered under Gas and Air Analgesia	14	(4%)
No. of domiciliary confinements delivered under Trilene analgesia	311	(82%)

Health Visiting Service

Number of effective visits made by Health Visitors to:

Expectant mothers	1070
Children under 1 year	5038
Children 1 - 2 yrs.	2030
Children 2 - 5 yrs.	2235
Tuberculous households	11
Others	11708
Visits made by T.B. Health Visitor	2046
Total Visits	24138

No. of children under 5 years visited	2288
No. of families or households visited	4555

SECTION II (part 3)HOME HELP SERVICE

During the year the equivalent of 39.6 full time Home Helps were employed in the Division.

Type of Case	No. of Cases	Hours	Hours as Percentage of total
Maternity	15	1325	1.5%
Tuberculosis	14	1216	1.4%
Chronic	719	82242	95.2%
Others	29	1617	1.9%
	777	86400	100.0%

Day, Noon and Evening Clinics

No. of patients held	22
No. of children attending	27
No. of attendances	27

Special Evening Clinics

No. of patients held	170
No. of children attending	22

SECTION II (Part 2)INFANT SERVICESHome Nursing Services

Total cases	270
Total visits	2700

Average visits per home nurse	3218
Average accepted visits per home nurse	3000

Midwifery Services

No. of patients delivered in hospital	421	(62%)
No. of patients delivered by domiciliary midwives	260	(37%)
	1081	

No. of domiciliary confinements delivered under Gas and Air Analgesia	14	(4%)
No. of domiciliary confinements delivered under Various analgesics	211	(65%)

Health Visitor Services

Number of effective visits made by Health Visitors for:

Infant and children	1070
Children under 1 year	2038
Children 1 - 2 yrs.	2070
Children 2 - 5 yrs.	2232
Teenage housewives	11
Others	11708
Visits made by H.V.	2086
Health Visitor	
Total Visits	24138

No. of children under 5 years visited	2808
No. of families or households visited	1232

SECTION II (Part 3)DAY CASE SERVICES

During the year the equivalent of 34.6 full time day nurses were engaged in the following:

Kind of Cases	No. of Cases	Hours	Equivalent of full time day nurses
Emergency	12	1200	1.25
Thrombosis	14	1212	1.25
Gynaecology	112	6672	32.00
Others	22	1812	1.25
	170	8696	100.00

LIAISON WITH HOSPITAL SERVICES

PREVENTION OF ILLNESS - CARE AND AFTER CAREDiabetic Liaison Service

At the end of the year there were 258 cases on our diabetic register and this figure includes 43 new cases which had been added during the year. In the same period a total of 231 visits were paid to these patients by the liaison Health Visitor. Since this service began six years ago, it has been our ambition to have a complete register of all diabetics in the division, but every now and again we are brought up to a sharp realisation of the fact that practice must of necessity take precedence over perfection when we discover quite by chance and for the first time a diabetic of many years' standing; the death certificate is another very revealing mine of information, alas coming too late for us to take any active interest whatsoever in the matter.

The local diabetic consultant has given his blessing to our district service and furnishes this Department with every assistance possible in the follow-up of diabetic patients. The liaison between the district Health Visitor and the Hospital Sister in charge of this department is very close indeed; they meet "officially" once per month to discuss cases of interest and in emergency any time during the month. In this way the advice given in hospital as regards diet and insulin regime can be verified by the liaison Health Visitor on the district and any divergence on the part of the patient from the artificially set norm can readily be checked and not infrequently rectified. One baffling case came to our notice, of a patient who in spite of sticking rigidly to her diet and insulin administration, was infrequently manifesting a trace of sugar in her urine. It was eventually discovered that she was in the habit of eating tinned peas, and the preserving solution in which the peas were kept contained a fairly high glucose content. Now this patient eats tinned peas no longer.

In addition to the adult diabetics we have a girl aged 14 and two boys, one aged 8 years and another 14 years. All three have come to accept their disability with equanimity. In the case of the boy of 8 the mother gives the injections, but the boy of 14 gives his own injections.

Whether one is dealing with an adolescent or an adult, a woman in pregnancy or an aged person, the work is most absorbing and satisfying and the fact that the frailties of human nature as regards diet and insulin can surely be guided along the proper channels, provides its own reward to the health visitor doing this work.

She is often able to give invaluable advice regarding how to obtain a special diet allowance through the National Assistance Board, to advise Chiropody Treatment in the case of old persons and in conjunction with the Hospital to arrange for the provision of food weighing scales.

An episode occurred during the year, amusing in retrospect, in which an advanced diabetic had a 'flu cold and took a treble whisky with sugar and sedative - result, a black-out for 15 minutes.

Geriatric Liaison Service

During 1962 an excellent standard of liaison was maintained in the department concerned with the care of the geriatric patient. Every Wednesday morning the liaison health visitor attends a case conference at the Headlands Hospital, Pontefract, during which the progress of each individual patient is discussed with the Geriatric Consultant with a view to their ultimate discharge. At these conferences the health visitor is able to go into case histories in both breadth and depth and can advise on home circumstances. Upon their discharge, certain of the patients who would be expected to derive benefit from such a course, are encouraged to return to the Hospital twice a week from 9 a.m. to 4 p.m. during which time they are supplied with meals and are given treatment where necessary and to attend for Remedial and Recreational Therapy. Up to August, 1962, there were two specialist health visitors carrying out this work but subsequently, owing to the resignation of one of them, it has had to be done by one only.

RELATIONSHIP BETWEEN HOSPITAL SERVICES
AND THE COMMUNITY - CLINICAL AND AFTER CARE

Diabetic Liaison Service

At the end of the year there were 155 cases on our diabetic register and this figure includes 15 new cases which had been added during the year. In the case of 100 of the 155 cases were held to have patients by the Liaison Health Visitor. Since this service began six years ago, it has been our intention to have a complete register of all diabetes in the division, but every now and again we find ourselves up to a sharp revision of the register because of new cases and for the time being a diabetic visitation team is working on the register and for the time being a diabetic visitation team is working on the register and for the time being a diabetic visitation team is working on the register.

The local diabetic committee has given its blessing to our diabetic service and has been working with every assistance possible in the form of diabetic patients. The liaison between the Liaison Health Visitor and the Hospital Visitor in charge of this department is very close indeed, they meet "officially" once per month to discuss cases of interest and in emergency any time during the month. In this way the Liaison Health Visitor can refer cases to the Hospital Visitor and the Hospital Visitor can refer cases to the Liaison Health Visitor and any discrepancy can be cleared up. The Liaison Health Visitor is not normally to be called on for a patient and the Hospital Visitor is not normally to be called on for a patient. The Liaison Health Visitor is not normally to be called on for a patient and the Hospital Visitor is not normally to be called on for a patient. The Liaison Health Visitor is not normally to be called on for a patient and the Hospital Visitor is not normally to be called on for a patient.

In addition to the diabetic service we have a girl aged 14 and two boys, one aged 8 years and another 14 years. All three have come to us for their diabetes. In the case of the boy of 14 the mother gives the injections, but the boy of 14 gives his own injections.

Further on in the year we had an adolescent or an adult, a woman in pregnancy or an adult person, the work is most interesting and satisfying and the fact that the Liaison Health Visitor can refer cases to the Hospital Visitor and the Hospital Visitor can refer cases to the Liaison Health Visitor and any discrepancy can be cleared up.

The Liaison Health Visitor is often able to give invaluable advice regarding how to obtain a special diet allowance through the National Assistance Board, to obtain properly treatment in the case of old persons and in connection with the Hospital to arrange for the provision of food weighing scales.

An episode occurred during the year, involving a retrovirus, in which an adolescent diabetic had a "flu" cold and took a terrible shock with severe and acute - results, a shock-out for 15 minutes.

Diabetic Liaison Service

During 1962 an excellent standard of liaison was maintained in the department concerned with the care of the diabetic patient. Every Wednesday morning the Liaison Health Visitor attends a case conference at the Hospital. During the conference, during which the progress of each diabetic patient is discussed with the Liaison Health Visitor and a plan is made for their diabetic management. At these conferences the Liaison Health Visitor is able to go into cases which are both new and old and can advise on their management. Upon their discharge, certain of the patients who would be expected to have further treatment from such a source, are encouraged to return to the Hospital for a week from 2 a.m. to 4 p.m. during which time they are supplied with meals and the Liaison Health Visitor is present to assist for emotional and nutritional therapy. Up to August, 1962, there were two specialist health visitors working on this work but subsequently, owing to the resignation of one of them, it has had to be done by one only.

Approximately two years ago a patient who was an aged person living in Castleford was afflicted with a complaint which resulted in a complete paralysis of both lower limbs and ultimately she was transferred from the Pontefract General Infirmary to the Geriatric Unit before returning home. As a result of the close co-operation between the Consultant Geriatrician and the local Medical Officer of Health, the latter brought the case to the notice of the local Housing Committee during 1962 and the patient, who is determined to fend for herself as much as possible, has now been re-housed into accommodation much more suited to her physical condition. Special equipment is being installed in the house to enable her to become still more independent.

This case is typical of many who are daily being assisted due to the liaison existing between the hospitals and Health Department Staff in this Division.

During the year the liaison Health Visitor(s) made a total of 525 visits.

Liaison with the Castleford Maternity Home

The liaison service worked in conjunction with the Castleford Maternity Home continues to be an accepted feature of the community life and Matron and her staff are coming more and more to rely on the services of the liaison Health Visitor attached to the Home who in turn is assisted by the District Health Visitors to obtain vital information relative to the patients and their home conditions. During the year a number of requests has been made for a check up to be carried out on defaulters attending the ante-natal clinic for routine examination and the reasons given for their non-attendance have been many and varied. In the majority of cases they have been prevailed upon to continue attending the clinic by the liaison Health Visitor but these visits have been especially valuable in the case of those who have left the area without notifying any department or who have had to go into a Maternity Hospital as an emergency prior to confinement. In view of the tight schedule we have to work to in the case of bookings and the growing tendency for more and more expectant mothers who, because of social reasons, cannot have their babies at home, it is imperative that all beds should be used to the best advantage. The time was, not so many years ago, when the assistance of friends and relatives was readily available for a domiciliary confinement but so many women now do a full time job of work that this source has largely dried up. Quite a number of interviews with patients has been made prior to the discharge from the Home as a result of which the services of home helps or relatives have been enlisted to help with the children.

A report on all babies discharged from the Home is most helpful, especially so where the baby has been seen by the Paediatrician and the health visitor can ensure that the mother will attend the out-patient clinic when requested to do so. Any problems that may be encountered in regard to the Ortolani test which indicates a congenital dislocation of the hips, and is carried out at birth as a routine, are automatically reported to the Health Visitor.

Manypates and County General Hospitals By an arrangements made last year the Liaison Health Visitor at the above hospitals contacts the local liaison Health Visitor at least once and sometimes twice a week to pass on information. The home conditions and environmental reports are frequently obtained prior to the discharge of the baby from the hospital and this service has greatly improved during the last year.

It can be said with truth that all the Health Visitors have found it a most useful and helpful service.

Number of women from this Division who have been confined in the Castleford Maternity Home during 1962 - 386.

Approximately two years ago a patient who was an aged person living in Castelford was afflicted with a complaint which resulted in a complete paralysis of both lower limbs and ultimately she was transferred from the Castelford General Infirmary to the Infirmary Unit between returning home. As a result of the close co-operation between a Consultant Obstetrician and the local Medical Officer of Health, the latter brought the case to the notice of the local Health Committee during 1962 and the patient, who is determined to lead the best possible life as far as possible, has been referred into consultation with a specialist at her physical condition. Specialist equipment is being installed in the home to enable her to remain as well as possible.

This case is typical of many who are daily being treated due to the liaison existing between the Hospital and Health Department staff in this Division.

During the year the Health Visitor(s) made a total of 582 visits.

Liaison with the Castelford Infirmary

The liaison service worked in conjunction with the Castelford Infirmary Home continues to be an accepted feature of the community life and Health and has staff who working close and co-ordinated with the Division of the Health Visitor. The liaison staff who are in touch with the Division of Health Visitor are the Health Visitor and the Health Visitor. During the year a number of requests have been made for a check up to be carried out on patients attending the anti-cancer clinic for routine examination and the reasons given for their non-attendance have been many and varied. In the majority of cases they have been prevented from attending the clinic by the Health Visitor but these visits have been especially valuable in the case of those who have left the area without notifying any department or who have not to be into a Hospital as an emergency prior to confinement. In view of the fact that we have no work to do in the case of bookings and the visiting tendency for more and more expectant mothers who, because of social reasons, cannot have their babies at home, it is imperative that all babies should be used to the best advantage. The time was, not so many years ago, when the attendance of friends and relatives was readily available for a substantial contribution but no many women now do a full time job of this nature and largely dried up. With a number of interviews with patients has been made prior to the discharge from the home as a result of which the services of home help or relatives have been enlisted to help with the children.

A report on all babies discharged from the home is sent weekly, especially so where the baby has been born by the midwife and the Health Visitor and ensure that the mother will attend the out-patient clinic when requested to do so. Any problems that may be encountered in regard to the out-patient visit which indicates a congenital abnormality of the baby, and is carried out at birth as a routine, are automatically reported to the Health Visitor.

Home visits and County General Hospital. By an arrangement made last year the Health Visitor at the home hospital contacts the local Health Visitor. The home visitor at least once a week to give an information. The home conditions and environmental reports are frequently obtained prior to the discharge of the baby from the hospital and this service has greatly improved during the last year.

It can be said with truth that all the Health Visitors have found it a most useful and helpful service.

Number of women from this Division who have been confined in the Castelford Infirmary Home during 1962 - 1963.

Spastic Liaison Service

No. of known cases of spastics on our register:

No. of adults in Division	38
No. of children in Division	58
Domiciliary visits carried out in the Division	136

Since not a few of these spastics lead an active life with varying degrees of normality, they do not all require the same amount of attention and supervision as many who are inactive and unable to follow a normal school life etc. Under these circumstances, selective visiting must of necessity prevail, since it would be futile to endeavour to supervise those who can fend for themselves and furthermore they all know where to apply for advice etc., should it be needed.

The work involved in visiting these spastics is extremely interesting and absorbing and it is palpably noticeable that where advice is sought and given the service is much appreciated.

It has been found that the movements involved in swimming have a definite therapeutic effect on cases of this nature and swimming lessons were introduced during the year at the Wakefield Baths. Selected cases were given free transport by ambulance and the scheme looks as if it could be a real success.

SECTION II (part 5)

TRAINING CENTRE FOR THE MENTALLY DEFECTIVE

Mentally defective persons have for a long time suffered from two distinct disadvantages, the one due to prejudice on the part of the community at large and the other to their greater susceptibility to infections. That due to prejudice has probably been brought about by a variety of circumstances such as uncouth social behaviour causing embarrassment, the fact that in the past they have been an unproductive unit in the community and were ultimately bound to become a burden and not least they were liable, if not strictly supervised, to develop into an unwelcome social problem. On the other hand, it was a widely recognised fact that individuals coming within this category seldom lived to adulthood and more often than not were carried off by one or other of the intercurrent diseases of childhood. Prejudice is something which will take quite a long time to overcome though even now a healthier attitude of mind towards mental defectives is noticeable whilst modern drugs and modern preventive medical techniques have lengthened their expectation of life considerably, so much so that the population of mentally defective persons in the community has become quite a significant factor.

Recent social legislation has set itself the enormous task of rehabilitating these people and short though the experimental period has been, a distinct pattern is already emerging showing that they are not the useless hulks they were formerly thought to be, but are a malleable group of persons who can readily be taught simple skills. In some instances they can be taught to be self-supporting but in the main only partially so. What impact they will ultimately have on the labour market in a sheltered form of employment is difficult to foresee but impact they certainly will have and its repercussions will surely tell in this market ultimately. We are at the moment blazing the trail for these people but even with our limited vision the outlook is exciting. In their training, and this applies particularly to those over 16 years of age, it has generally been conceded the best results can be obtained if they are put to doing simple type work of a repetitive nature. Recent observations have shown quite clearly that whilst this is in the main true, their limited mental concentration rapidly falls off and emotional problems come to the fore, if the work allocated to them to do becomes too limited in its scope. It is found in practice that the best working environment for such a person is one in which simple skills can be carried out and these must be as varied as possible. Although they are mentally defective, nevertheless, some have sufficient intelligence to realise that they are "different" from other people and are happiest and most co-operative when they can carry out realistic, worthwhile skills approximating to those of their normal brethren.

No. of known cases of syphilis on our registers	38
No. of adults in Division	38
No. of children in Division	136
Domesticity visits carried out in the Division	

Since not a few of these patients lead an active life with varying degrees of normality, they do not all require the same amount of attention and supervision as many who are inactive and unable to follow a normal school life etc. Under these circumstances, selective visiting must of necessity prevail, since it would be futile to endeavor to supervise those who can look after themselves and furthermore they all know where to apply for advice etc., should it be needed.

The work involved in visiting these patients is extremely interesting and absorbing and it is highly noticeable that where advice is sought and given the results are much appreciated.

It has been found that the movements involved in swimming have a definite therapeutic effect on cases of this nature and swimming lessons were introduced during the year at the Municipal Baths. Reported cases were given free transport by ambulance and the scheme looks as if it could be a real success.

SECTION II (Part 2)

TRAINING COURSE FOR THE MENTAL DEFECTIVE

Mentally defective persons have for a long time suffered from two distinct disadvantages, the one due to prejudice on the part of the community at large and the other to their greater susceptibility to infection. That due to prejudice has probably been brought about by a variety of circumstances such as abnormal social behavior, criminal endorsement, the fact that in the past they have been an unproductive unit in the community and were almost bound to become a burden and not least they were liable, if not strictly supervised, to develop into an enormous social problem. On the other hand, it was a widely recognized fact that individuals coming within this category seldom lived to adulthood and more often than not were carried off by one or other of the intercurrent diseases of childhood. Prejudice is something which will take quite a long time to overcome though even now a healthier attitude of mind towards mental defectives is noticeable whilst modern drugs and modern preventive medical techniques have lessened their expectation of life considerably, so much so that the population of mentally defective persons in the community has become quite a significant factor.

Recent social legislation has not itself the enormous task of rehabilitating these people and whilst though the experimental period has been a distinct pattern in already emerging showing that they are not the useless beings they were formerly thought to be, but are a valuable group of persons who can readily be taught simple skills. In some instances they can be taught to be self-supporting but in the main only partially so. That is to say they will ultimately have on the labor market in a sheltered form of employment in difficult to form but indeed they certainly will have and the experiments will surely tell in this matter ultimately. We are at the present planning the trail for these people but even with our limited vision the outlook is excellent. In their training, and this applies particularly to those over 16 years of age, it has generally been conceded the best results can be obtained if they are put to doing simple type work of a repetitive nature. Recent observations have shown quite clearly that whilst this is in the main true, their limited mental concentration rapidly falls off and emotional problems come to the fore, if the work allocated to them to do becomes too limited in the scope. It is found in practice that the best working environment for such a person is one in which simple skills can be carried out and these must be as varied as possible. Although they are mentally defective, nevertheless, some have sufficient intelligence to realize that they are "different" from other people and are shy and not co-operative when they can carry out routine, worthwhile skills agreeable to those of their normal brethren.

Locally, in our Training Centre in Castleford we have endeavoured to carry out in a simple sort of way the principles set out. The Castleford Training Centre takes pupils both under and over 16 years of age and they come mainly from the Castleford and Pontefract Divisions but in smaller numbers from the Rothwell and Wetherby Divisions. At the moment a shortage of places exists for many of them so that there is a considerable waiting list, but certainly this position will be alleviated in the near future when new Training Centres are opened in adjacent divisions. The ones who live near at hand travel to the Centre on foot, but those who live farther afield have their travelling needs catered for by means of hired 'buses and a few by private taxis.

The syllabus in the younger age groups has not altered very materially in the last few years though the accent is now on freedom of thought and movement and is, needless to say, non vocational, but that of the over 16's has undergone a considerable transformation. At our Centre the adolescent and older males undertake a variety of skills which comprise blackboard finishing, wood splitting and bundling, seed box making and in conjunction with the adolescent females, flower pot making. The older females are also engaged in the making of aprons, bean bags, paper bags, envelopes and curtains. All this work is done on a contract basis and even now we are endeavouring to work out an equitable financial share out scheme which will give them some tangible incentive for the work they have carried out so making them feel on a level with the rest of the family. Most of the contracts have been obtained from the Mental Health Section but valuable work has been put into our hands through the generosity of the Castleford Borough Parks Department. As a result of this contract we have made 18000 plant pots and 1000 seed boxes for them and it would appear likely that this contract will continue in future years. Another contract has been secured from a local firm for the binding of aprons and it is hoped that this particular job as well as some of the others mentioned will ultimately lead to a stable form of employment.

It will probably be wondered how individuals with an I.Q. of 55 downwards, can be taught to do work involving a fair modicum of skill but this is readily explained; the work involved in making say a seed box or a plant pot is broken down into so many component parts and then jigs are devised for fashioning each individual unit. Thus in the making of a plant pot a shape is made for cutting out the pot material and then a jig for assembling them in units of 10, and contradictory though it may sound, the lads with the lowest I.Q. are those who do the counting. In industry these jobs would be carried out in much the same way except that they would be done more quickly by means of complicated machinery or by workmen. Whilst a good proportion of the time spent at the Centre is involved in carrying out contract work, it must not be thought that this is done to the exclusion of all else. Regular instruction is given calculated to help them in their appreciation of money values, to tell the time, to give them a social sight vocabulary, whilst talks are given in the use to be made of the Post Office, e.g. the different values of stamps necessary for various purposes, the cost of licences and the use of the telephone etc. Contract work teaches them how to work with one another and as a team whilst the training just mentioned befits them to take their place as social human beings.

There is at present no integrated scheme for the after-care of either the mentally ill or the mentally defective and the reason for this is not far to seek. Prior to ten years ago the community services for this section of the population were practically nil and the burden of looking after them rested solely on the parents or a mental hospital. Little or no thought was given to relieving the parents of their responsibility even during times of illness, stress or holidays. Since that time, however, an enlightened social outlook has been engendered and the state has made provision for all sorts of after care schemes including that for the mentally defective. Training centres are being built rapidly and the pressure for places has been so great that where new premises were erected even as recently as three or four years ago, fresh extensions are urgently being called for.

Concerning the pattern of work carried out by the over 16's at the Centres or what is even more important the ultimate prospects of this class to become wholly or partially self-supporting, probably in sheltered workshops, these are points which are actively exercising the brains of all those who are genuinely interested in the welfare of the mentally defective. The most we can say at the moment is that throughout the country a pattern is being worked out by trial and error and ultimately a master plan will be evolved which generally will fit the majority of the needs of this class of people.

Finally, in our Training Center in Guatemala, we have endeavored to carry out in a simple way the principles set out. The Guatemala Training Center has people both under and over 16 years of age and they come mainly from the Guatemala and Guatemala Divisions but in small numbers from the Pacific and Western Divisions. At the moment of absence of these for many of them as this there is a considerable waiting list, but certainly this position will be filled in the near future when our Training Center are opened in adjacent divisions. The ones who live near at hand travel to the Center in foot, but those who live farther off have their traveling needs catered for by means of hired 'mules' and a few by private taxis.

The syllabus in the summer and winter has not altered very materially in the last few years though the content is now on freedom of thought and movement and is, needless to say, non-vocational. But that of the over 16's has undergone a considerable transformation. At our Center the adolescent and older also undergo a variety of skills which comprises blackboard thinking, wood splitting and handling, seed box making and is in conjunction with the adolescent females, flower pot making. The other females are also engaged in the making of aprons, bean bags, paper bags, sweaters and curtains. All this work is done on a contract basis and even now we are endeavoring to work out an explicit financial share out scheme which will give them some tangible incentive for the work they have carried out so making them feel on a level with the rest of the family. Most of the contracts have been obtained from the Social Health Section but valuable work has been put into our hands through the generosity of the Guatemala Foreign Affairs Department. As a result of this contract we have made 16000 plant pots and 1000 seed boxes for them and it would appear likely that this contract will continue in future years. Another contract has been secured from a local firm for the printing of aprons and it is hoped that this particular job as well as some of the others mentioned will ultimately lead to a stable form of employment.

It will probably be wondered how individuals with an I.Q. of 55 downwards, can be taught to do work involving a fair measure of skill but this is readily explained; the work involved in making a seed box or a plant pot is broken down into so many component parts and then the individual is taught each individual unit. Thus in the making of a plant pot a shape is made for cutting out the pot material and then a jig for assembling them in units of 10, and contrived so that it may sound, the loud with the loud I.Q. and those who in the country. In industry these jobs would be carried out in much the same way except that they would be done more quickly by means of specialized machinery or by women. What a good proportion of the time spent at the Center is involved in carrying out contract work, it must not be thought that this is done to the exclusion of all else. Regular instruction is given calculated to help them in their appreciation of many values, to tell the time, to give them a social right vocabulary, which helps in the use to be made of the Social Office, e.g. the different values of stamps necessary for various purposes, and cost of licenses and the use of the telephone etc. Contract work teaches them how to work with one another and as a team whilst the training just mentioned helps them to take their place as social beings.

There is at present no integrated scheme for the after-care of children the majority of the centrally defective and the reason for this is not far to seek. Prior to two years ago the community services for this section of the population were practically all and the burden of looking after them rested solely on the parents or a central hospital. Little or no thought was given to relieving the parents of their responsibilities even during times of illness, stress or hardship. Since that time, however, an enlightened social outlook has been suggested and the state has made provision for all sorts of after care schemes including that for the centrally defective. Training centres are being built rapidly and the programme for places has been so great that where new places were wanted even as recently as three or four years ago, these extensions are urgently being called for.

Concerning the pattern of work carried out by the over 16's at the Center or that is even more important the ultimate purposes of this class to become wholly or partially self-supporting, probably to maintain workshops, these are points which are actively maintaining the belief of all those who are genuinely interested in the welfare of the centrally defective. The next we can say of the means is that through out the country a pattern is being worked out by trial and error and ultimately a better plan will be evolved which generally will fit the majority of the needs of this class of people.

What is being done at our local Centre is in the nature of an interesting planned experiment which has the whole-hearted support of the trainees themselves. Prior to taking up contract work, it was noticeable especially amongst the males that they felt misfits amidst their own parents and siblings, and would take mornings off to take in a load of coal for their relatives or neighbours, or some such job, but now they have become so absorbed in the work they are doing that they would not miss an attendance for worlds. In fact, it is now becoming increasingly difficult to get them to fetch a load of coal at all. One of the female adults - and it is hoped later to get another one interested - is engaged in binding aprons for a local garment factory the manager of which has shown a real understanding of our aims and objects, thus demonstrating what can be done when prejudice is overcome, and it is hoped ultimately that this adolescent female may fit into the routine of the factory. Furthermore, the fact that all the products of the Centre may ultimately find their way into the retail market, opens up interesting vistas concerning the future employment of mentally defective persons. Gone are the days when they were looked upon as being just so much dead wood totally incapable of pulling their weight and it may well be that future work will be able to provide a practical apprenticeship course in a variety of skills each suited to their temperament, aptitude and ability.

SECTION II (part 6)

HEALTH EDUCATION

CLINICS

Methods are continually being devised for the expansion of this field of work so that it will reach an increasingly wide section of the public.

Clinic displays have been characterised by originality in the past year and some health visitors have shown an aptitude for devising slogans with an appropriate appeal to mothers. Interest and appreciation demonstrated by mothers attending the clinics have in turn encouraged health visitors to continue and improve their efforts and aptitudes.

Topics featuring immunisation, vaccination, dental health, smoking and health demonstration boards have been available. It is not always easy to find such boards capable of accommodating the type of display which we desire to show but this applies almost wholly in the non-purpose built type of Infant Welfare Clinic. In addition to those already mentioned, other aspects of health education have been presented and this conception of the work is becoming more and more established with the passage of time. Group discussions in Relaxation Classes are always enthusiastically welcomed by mothers and a variety of suitable subjects calls for detailed examination. Suitable posters have also been shown in a large number of offices and public buildings.

Group talks in Infant Welfare Clinics are not so easily established but this aim is being encouraged more and more, week by week and month by month.

SCHOOLS

The standard and scope of instruction in Health Education as given in schools in this area appear to have varied considerably, depending upon a number of factors such as change of teachers, shortage of staff etc. Where an adequate programme list already exists such as B.C.G. Vaccination, Diphtheria Immunisation, Poliomyelitis Vaccination etc., dental health, smoking and health, to name only a few, it has been possible to offer suggestions and to give complimentary visual aids which seem to have received appreciative acceptance by the teachers concerned. The visual aids comprise posters, leaflets, films and filmstrips, and they have been combined with brief talks. In one school the loan of a "Home Safety" Flannelgraph was very enthusiastically received while the more senior girls also showed appreciation for the talks given. Co-operation in this field appears to be very good. In other schools where for various reasons it has not been possible to implant what one would regard as an adequate programme, occasional talks and demonstrations have been given by arrangements, usually, with the domestic science teachers in collaboration with the Head Teachers. In some cases visits to the Infant Welfare Centres have been arranged and these have proved very popular with the girl pupils.

At the present time, most of the Health Education work has been carried out in the Secondary Modern Schools, but some Junior Schools have also been afforded assistance. There is promise that this field can expand immensely as its usefulness becomes better appreciated and realised by more of the teaching personnel.

After the initial introduction has been made, quite a cordial liaison has been established in the schools approached. Many of the teachers appear conscious of their lack of medical background and of a detailed knowledge of the social services. While they are experienced in the art of conveying knowledge, and cultivating understanding, an outsider's viewpoint and approach can be both helpful and refreshing, both from the teachers' and pupils' outlooks. Much can be gained from co-operation by teachers and Health Visiting Staff by their combined efforts in School Health Education. While the class teacher can often acquire a considerable amount of information from the Health Visitor's talk, the Health Visitor in turn can also increase her skill and confidence in teaching, from observation of the class teacher's handling of the class. Both of these aspects assist in the promotion of a Health Education programme.

SECTION II (part 7)

SCHOOL HEALTH SERVICE

Periodic Inspections

Year of Birth	No. of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1958 & later	200	199	1
1957	448	445	3
1956	341	340	1
1955	90	90	-
1954	604	601	3
1953	271	270	1
1952	46	46	-
1951	508	506	2
1950	534	533	1
1949	320	320	-
1948	852	849	3
1947 & earlier	950	948	2
TOTALS	5164	5147	17

Other Inspections

Special - 1202

Re-inspections - 38

Cleanliness Inspections

Routine cleanliness inspections are carried out at every school periodically by Health Visitors. During 1962 individual examinations totalled 19120 out of which 315 (1.7%) cases of uncleanness were found.

At the present time, most of the Health Education work has been carried out in the Secondary Modern Schools, but some Junior Schools have also been afforded assistance. There is provision that this field can expand immensely as its usefulness becomes better appreciated and realized by more of the teaching personnel.

After the initial investigation has been made, quite a cordial liaison has been established in the schools approached. Many of the teachers appear conscious of their lack of medical background and of a detailed knowledge of the social sciences. While they are experienced in the art of conveying knowledge, and cultivating understanding, an outsider's viewpoint and approach can be both helpful and refreshing. Much can be gained from co-operation by teachers and Health Visiting Staff by their combined efforts in School Health Education. While the class teacher can often acquire a considerable amount of information from the Health Visitor's talk, the Health Visitor in turn can also learn from skill and confidence in teaching, from observation of the class teacher's handling of the class. Both of these aspects assist in the promotion of a Health Education programme.

SECTION II (Part 1)

SCHOOL HEALTH SERVICE

Investigations conducted in

Year of Birth	No. of Pupils Investigated	Satisfactory	Unsatisfactory
1926 & later	200	192	1
1927	448	442	3
1928	341	340	1
1929	90	90	-
1930	604	601	3
1931	571	570	1
1932	48	48	-
1933	508	508	0
1934	334	333	1
1935	320	320	-
1936	825	819	3
1937 & earlier	920	848	2
TOTALS	5164	5157	17

Other Investigations Special - 1935 No-Investigations - 38

Investigations conducted in
During 1935 individual examinations totaled 19120 out of which 312 (1.7%) cases of malocclusion were found.

SECTION II (part 8)

IMMUNISATION AND VACCINATION

B.C.G. Vaccination

No. of 13 year old children on school register at beginning of year plus absentees from previous years	1962	
	1523	
No. offered tuberculin testing and vaccination if necessary	1523	
No. of acceptances	1196	
No. tested	1143	
No. found positive (i.e. had already been in contact with germ of tuberculosis)	219	
No. negative	909	
No. not ascertained	15	1143
No. vaccinated		909
Percentage of children who have been in contact with tuberculosis and discovered during the year		19%
Percentage of children who have presumably never been in contact with tuberculosis and were discovered during the year		81%

Diphtheria Immunisation

The following table shows the immunisations carried out during the year.

Primary		Refresher	
0 - 4	5 - 15	0 - 4	5 - 15
846	43	2	51

Vaccination Against Poliomyelitis

The following table shows the number of adults and children who had, by the end of the year, received vaccination against poliomyelitis.

Primary			First Booster			2nd Booster	Adults
0 - 4	5 - 15	Total	0 - 4	5 - 15	Total	5 - 12	Primary
2,114	11,612	13,726	1,786	10,230	12,016	4,113	5,191

Vaccination Against Whooping CoughNumber Vaccinated

Under 1 year	1 - 2 years	2 - 3 years	3 - 4 years	4 - 5 yrs.	Total
256	513	43	19	12	843

Vaccination Against SmallpoxNumber Vaccinated

	Under 1 yrs.	1 year	2 - 4 yrs	5 - 15 yrs.	Total
Vaccinated	405	301	610	1352	2668
Revaccinated	-	-	29	162	191
					2859

GENERAL PROVISIONS OF THE HEALTH SERVICESA. HOSPITALS

No changes have occurred in the hospital facilities available within the Castleford Borough, thus the services remain as follows:-

General Hospital Accommodation All hospitals providing facilities for cases from the Castleford Borough are managed by the Pontefract Hospital Management Committee under the administration of the Leeds Regional Hospital Board. These hospitals are situated in Pontefract and Castleford. Additional facilities are also provided in Leeds and Wakefield.

Maternity Hospitals and Maternity Homes The booking of beds for expectant mothers at the Castleford Maternity Home is carried out through the Divisional Health Office on an agency basis. Abnormal cases are referred by their own general practitioners either for direct booking or as emergency cases to Manygates Maternity Hospital, Wakefield.

Isolation Hospitals Any case of acute poliomyelitis is normally admitted to Seacroft Hospital at Leeds, while patients suffering from other infectious diseases are admitted to either the same hospital or more generally to the Burntwood Hospital, Brierley.

B. AMBULANCE SERVICE

The West Riding County Council provides the ambulance service for the Castleford district and the local depot is situated in Smawthorne Lane, Castleford, telephone 2281.

C. LABORATORY FACILITIES

The Medical Research Council of the Ministry of Health is responsible for the administration of the Public Health Laboratory at Wood Street, Wakefield. Specimens for bacteriological, virological, entomological and chemical investigations are accepted by the Laboratory from general practitioners and Public Health Department staff.

SECTION III (Part 2)MINIATURE MASS RADIOGRAPHY SURVEY - APRIL, 1962

The Leeds Regional Hospital Board's Miniature Mass Radiography Unit carried out surveys in Airedale on 5th and 6th April, in Welbeck Street, Castleford from 17th to 27th April, and at two factories in May, 1962. The results of these surveys are given below.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number examined	1427	1395	2822
<u>Number of Cases of Tuberculosis found</u>			
Referred to Chest Clinic presumed active	2	1	3
Referred to Chest Clinic presumed inactive	3	1	4
	5	2	7
<u>Other abnormalities found</u>			
Referred to chest clinic for further observations	7	-	7
Referred to patient's own doctor	2	2	4
Abnormal but no further action required	1	2	3
	10	4	14

Details of other abnormalities

New Growth	1
Pleural changes	1
Cardiac failure	1
Dust retention fibrosis	1
Pneumoconiosis	4
Mitral disease	3
Chronic bronchitis	2
Emphysema	1
	14

SECTION III (Part 1)

GENERAL PROVISIONS OF THE HEALTH SERVICES

HOSPITALS

No changes have occurred in the hospital facilities available within the Castleton Borough, since the previous census as follows:-

General Hospital Accommodation All hospitals providing facilities for cases from the Castleton Borough are managed by the Castleton Hospital Management Committee under the administration of the Leeds Regional Hospital Board. These hospitals are situated in Farnworth and Castleton. Additional facilities are also provided in Leeds and Wakefield.

Isolation Hospitals and Maternity Homes The keeping of beds for expectant mothers at the Castleton Maternity Home is carried out through the Maternity Health Officer as an agency centre. Isolation cases are referred by their own General Practitioner either for direct booking on an emergency basis to designated Isolation Hospital, Wakefield or to one of acute hospitals. In cases of acute poliomyelitis is normally admitted to Burnley Hospital at Leeds, while patients suffering from other infectious diseases are admitted to either the same hospital or more generally to the Burnley Hospital, Burnley.

D. LABORATORY SERVICES

The West Riding County Council provides the ambulance service for the Castleton District and the local depot is situated in Sandstone Lane, Castleton, telephone 2301.

E. LABORATORY FACILITIES

The Medical Research Council of the Ministry of Health is responsible for the establishment of the Public Health Laboratory at Wood Street, Wakefield. Specimens for bacteriological, virological, entomological and chemical investigations are accepted by the laboratory from general practitioners and Public Health Department staff.

SECTION III (Part 2)

HISTORICAL MASS BATHING SURVEY - APRIL, 1962

The Leeds Regional Hospital Board's Maternity Mass Bathing Survey Unit carried out surveys in April on 5th and 6th April, in Wakefield Street, Castleton from 17th to 21st April, and at the factories in May, 1962. The results of these surveys are given below.

Total	Female	Male
1962	1962	1962
3	1	2
4	1	3
7	2	5
7	-	7
4	2	2
7	2	5
14	4	10

Further examination

Number of Cases of Tuberculosis found
 Referred to Chest Clinic (prevalent active)
 Referred to Chest Clinic (prevalent inactive)

Other abnormalities found
 Referred to chest clinic for further examination
 Referred to patient's own doctor
 Abnormal but no further action required

Details of other abnormalities

1	New Growth
1	Pleural effusion
1	Cardiac failure
1	Dust retention fibrosis
4	Emphysema
3	Heart disease
2	Chronic bronchitis
1	Hypertension

REPORT OF THE

ANNUAL REPORT OF THE BOROUGH PUBLIC HEALTH INSPECTOR,
FOR THE YEAR ENDED 31ST DECEMBER, 1962. MADE IN
ACCORDANCE WITH THE REQUIREMENTS OF THE PUBLIC
HEALTH ACT, 1936.

Mr. Mayor, Councillors and Officers.

I have pleasure in placing before you my annual report
in which is given a brief review of the working of my
Department and of the sanitary conditions prevailing in the
Borough during the year 1962.

Throughout the year steady and unintermitting progress has
been made generally throughout the many aspects of environmental
hygiene.

BOROUGH OF CASTLEFORD

Annual Report

of the

Public Health Inspector and Cleansing Superintendent

E.J. WINFIELD, C.R.S.H., F.A.P.H.I., M.INST., F.C.

Year Ended 31st December, 1962

In the latter part of the calendar year and in the last
three months of the financial year the district suffered under
the most intensive frost and snow conditions in living memory.
It is hard to be sure as to what extent the sterling work
of the staff of the Department and the active and willing
co-operation of the works, Highways, District Labour and
Transfer, Departments, the staffs of the Borough Water Dept.
in a satisfactory condition throughout the protracted spell of
winter weather.

REPORT OF THE

Annual Report

of the

Public Health Inspector and Chemical Superintendent

E. J. WINTERKIND, C.S.E.M., F.M.S.I., M.I.H.T., F.C.

Year Ended 31st December, 1922

BOROUGH OF CASTLEFORD

ANNUAL REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR,
FOR THE YEAR ENDED 31ST DECEMBER, 1962, BEING A
REPORT OF THE SANITARY CONDITIONS OF THE TOWN.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in placing before you my nineteenth Annual Report in which is given a brief review of the working of my department and of the sanitary conditions appertaining in the Borough during the year 1962.

Throughout the year steady if unspectacular progress has been made generally throughout the many aspects of environmental hygiene covered by the department.

Items of particular note are the continued progress in Slum Clearance, the submission of a comprehensive report on the Clean Air Act dealing with smoke control areas and which showed how the problem of domestic smoke in the Borough could be tackled on a systematic basis over the next 10 - 15 years. In addition a scheme for the replacement of the old destructor by a modern incinerator together with re-organisation of the paper salvage operations was prepared, approved by the Council and tenders invited and accepted. Further details of these matters will be given later under the appropriate headings.

It would be impossible to fully review the year 1962 without making reference to the adverse weather conditions which gave rise to much extra work in many fields.

Early in the year the district was affected by a series of abnormal gale force winds which caused widespread damage to roofs, chimneys, spouting etc., in both privately owned and council owned houses and other buildings. For many weeks after the storms practically the whole building force of the town was engaged on first aid repairs to roofs followed by more permanent reinstatement of property. In most cases the owners of houses were willing to have the required works carried out and the main problem was in getting contractors to deal with the more serious defects first. After some delays caused by the inundation of the building workers or operatives under such a deluge of work, most of the necessary repairs were done but in a few cases the owners showed little inclination to have the works put in hand. In these cases advantage was taken of the accelerated procedure of the Public Health Act, 1961, and urgent repair notices served, with satisfactory results.

In the latter part of the calendar year and in the last three months of the financial year the district suffered under the most intensive frost and snow conditions in living memory. I am happy to be able to report that through the sterling work of the men of the department and the active and willing co-operation of the Parks, Highways, Direct Labour and Transport Departments, the main roads of the Borough were kept in a satisfactory condition throughout the prolonged spell of arctic weather.

It has been my usual practice to review new legislation passed during the year. In 1962 no major acts of Parliament were passed which affected the work of the department. This is not surprising when one considers that in 1961 three major Acts affecting Housing, Public Health and Factories came onto the Statute Book. In fact it was in 1962 that the major impact of these Acts began to be felt, and the effects of these will be reflected in the following resumé of the work under specific headings.

HOUSING

The securing of adequate and suitable housing accommodation for all persons in the town must remain a vital health service to the community. It is, of course impossible to make available to all residents modern houses with the amenities now looked upon not merely as desirable but as essential for maintaining proper health standards. However, every effort is being continued to eliminate the unfit houses within our boundaries but the progress of this must necessarily be integrated with the new house building programme. In addition houses of sound substantial structure which lack modern amenities can be provided with the necessary bathroom and other facilities by means of improvement and standard grants, and considerable progress has been made in this sphere of housing. Finally the department's efforts are being maintained on dealing with matters of disrepair to rented properties in order to prevent nuisance or dangers to health of the occupants.

I will deal with these aspects more fully under separate sub-headings.

New Housing

In 1962, the Council completed 224 houses to meet Slum Clearance, overcrowding and general needs, 160 of these were built on the Love Lane Estate which was developed alongside the Half Acres redevelopment scheme. As this project nears completion it is difficult to visualise the former condition of the site with slum housing, temporary huts and bungalows and derelict land, when one sees the modern layout of houses and flats with interspersed plots of gardens.

The remaining 64 dwellings were provided in the Whitwood Mere Area by means of flats and maisonettes on the site at Methley Road. These again prove a sharp contrast to the slum areas close by, from which the tenants have been transferred to the new dwellings.

Other housing projects were started in 1962 and it is pleasing to note the growth of new dwellings nearing completion in the Whitwood Area adjacent to the Whitwood Clearance Area. It is hoped that the progress of these houses will shortly result in the rehousing of the tenants from that area when, by the clearing of the site further redevelopment might ensue.

Private Housing

During the year 40 dwellings were built by private enterprise in the Borough. Many pockets of land are being built on to meet the demand of the person who wishes to own his own house. Unfortunately these sites are virtually exhausted, even though the demand for such housing continues.

Slum Clearance

The property scheduled for action in 1962 was reported on early in the year, some objections were received and public enquiries held and the confirmation of the orders without modification of the proposals, was received by the end of the year.

Figures relating to this work are given in the following table:-

Clearance Areas

The following areas were reported upon in 1962 and confirmed in 1962:-

	<u>No. of Houses</u>
Whitwood Mere No.5 Area.....	20
" " No.6 Area	16
" " No.7 Area.....	8
" " No.8 Area.....	2
Wheldon Road No.3 Area.....	127
Redhill Avenue Area.....	35

The first five areas were dealt with by way of Clearance Orders and the sixth by means of a Compulsory Purchase Order. It is anticipated that at some future date the site of these houses can be redeveloped for housing in a style which will satisfactorily fit in with the existing Churchfields Estate.

Individual Houses

Demolition Orders

Houses reported on in 1961, Demolition Orders made in 1961, Demolished in 1962....	9
Houses closed by Closing Order in 1961, but demolished in 1962.....	4
Houses reported on in 1962, Demolition Orders made in 1962, not demolished by end of 1962.....	19
Houses demolished informally in 1962.....	7
Local Authority owned houses certified as unfit but not demolished by end of 1962....	4

Closing Orders

Houses reported on in 1961, Closing Orders made in 1961 and closed in 1962.....	1
Houses closed informally in 1962.....	24

In addition to the above figures for work done in this field during 1962, it has been my practice to give a summary of the progress made since the formulation of the original Slum Clearance Programme. I therefore give in Table I the picture as it existed on the 31st December, 1962. This Table sets out the original programme which included nine main areas of Clearance together with five categories of Individual Unfit houses and temporary dwellings which were scattered singly or in small groups throughout the town. These areas and Individuals totalled 2,200 houses. To this figure has been added 475 houses in the Wheldon Road Area and a number of other houses which though not in the original programme were found to be in need of Slum Clearance Action.

It will be noted that the programme for 1963, 1964 and 1965 are already allocated for action, but that a balance of 581 houses are scheduled for consideration in the period 1966/70. As mentioned in my 1961 Report, it will be necessary to re-survey these houses in order to assess their condition and need for action as in some cases the condition of the houses in relation to the unfitness requirements of the Housing Act is known to have materially changed due to repairs having been carried out. However, certain other houses not in the programme have deteriorated and it may be that these will have to be considered from a Slum Clearance point of view.

I have also repeated Table II which gives an up to date picture of the number of families rehoused and houses demolished and closed in the period 1954 - 1962.

These Tables show that since the War over 1,700 houses have been reported upon by the Department and of these 1,112 have been demolished and 103 closed.

In addition to the actual clearance of houses, much work is falling on the department in dealing with awards for good maintenance made under Section 60 of the Housing Act, following Ministry inspections. In the areas reported in 1961, many awards were made which had to be assessed and allocated between counter claims of owners and occupiers. Fortunately in the 1962 Programme very few of the claims were allowed. Details of this work are given below:-

Clearance Area

1961 Programme

No. of houses for which owners made claims.....	119
No. of payments awarded by Minister.....	45

1962 Programme

No. of houses for which owners made claims.....	98
No. of payments awarded by Minister.....	19

Individual Houses

1961 Programme

No. of houses for which owners made claims.....	1
No. of payments made.....	1

1962 Programme

No. of houses for which owners made claims.....	10
No. of payments made.....	2

TABLE I

AREA OR CATEGORY	No. on original Programme	Revised No.	Clearance Areas		Individual Action		Improved and Removed from Programme	Removed as fit	In programme for			To be considered 1966/70
			No. dealt with as unfit (Pink)	No. dealt with as fit (Grey)	Demolition Orders or Informally Demolished	Closing Orders or Closed Informally			1963	1964	1965	
Albion Street	50	50	37	2	8	1	3					
York Street/Castle Street	87	94	56		4	1	6				27	
Gillett's Quarry	17	17	10		2			5				
New Fyvie	211	211			61	11						45
Half Acres	307	306	249	53			4					
Whitwood	103	104	100	4								
Hightown	243	244	133		6	3						102
Whitwood Mere	299	308	156		6	18			102			26
Redhill Avenue	35	35	35									
Whalder Road		475	207		17					112	102	37
TOTAL FOR AREAS	1352	1844	983	59	104	33	13	94	5	102	112	210
INDIVIDUALS												
Category 'A'	62	64	39		17	6						2
" 'B'	186	186	145	1	22	1	7	1	2			7
" 'C'	272	278	91		14	3	4		19		15	132
" 'D'	174	174	21		2					17		134
" 'E'	105	106				22						84
Temporary Dwellings	69	74	20		35	7						12
TOTAL FOR INDIVIDUALS	868	882	316	1	90	39	11		1	21	17	371
TOTAL FOR AREAS	1352	1844	983	59	104	33	13	94	5	102	112	210
Houses dealt with not in original programme		59	20	2	19	18						
GRAND TOTAL	2220	2785	1319	62	213	90	24	94	6	123	129	581
Total Reported upon												

TABLE II

YEAR	No. of houses Reported on.	No. of families re-housed							TOTAL	No. awaiting re-housing.	No. of Dwellings Closed							TOTAL	No. to close	No. of houses Demolished							TOTAL	No. to Demolish Removed from Areas by Minister as fit	No. of houses Closed but later Demolished							
		1954	1955	1956	1957	1958	1959	1960	1961	1962	1954	1955	1956	1957	1958	1959	1960	1961	1962	1954	1955	1956	1957	1958	1959	1960	1961	1962								
1954	Indiv. duels	38	30								30											6	16							22						
1955	Indiv. duels	38	13	19							32	9	7											14						14		5				
	Clearance Areas	329	9	52	22	199	21	1	1		305				5	5	1				62	31	125	97				12		329						
1956	Indiv. duels	70			61	3	1				65												3	55	1					59		3				
	Clearance Areas	142			12	38	80	5			135													6	10	81										
1957	Indiv. duels	18			11	4		1			16				3	1								1	11	1	1			14						
	Clearance Areas	69				38	13	4			55															21	26	20			67		2			
1958	Indiv. duels	65				2	19	36			57					8	15									6	21	12	3		42		3			
	Clearance Areas	140				5	85	39	3		132																51	64	13	3	131		9			
1959	Indiv. duels	5					5				5					3											1		1	2			1			
	Clearance Areas	189						91	21	4	115																60	34		94	95					
1960	Indiv. duels	35						20	10		30					11	1											2	19	2	23		5			
	Clearance Areas	144						4	96	41	141																	36	108	144						
1961	Indiv. duels	18							8	3	11								2	1	3							4	9	13	2					
	Clearance Areas	145								81	81	54																		16	16	129				
1962	Indiv. duels	54								9	9	11								24	24									7	7	23				
	Clearance Areas	208								2	2	204																				208				
TOTAL		1707	39	65	102	227	126	220	165	138	140	1221	341	9	11	25	8	10	18	11	3	25	120	6	78	48	187	146	180	210	109	148	1112	457	18	17

* 7 of these houses were later demolished

No. of houses Closed

Deduct houses later demolished

17

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Improvement of Houses

During 1962 applications were received for 71 Discretionary Grants in respect of improvements and one for the conversion of a large house into two flats. All except one of these was approved and some 35 of the schemes were completed before the end of the year. In addition 34 improvements and one conversion scheme passed in previous years were finalised. Grants paid on these works totalled over £11,861.

Applications were received for 46 Standard Grants and all were approved. Of these some 21 were completed in 1962 as were 8 other schemes approved in 1961. The total grant paid on these improvements was over £2,369.

Full detailed figures relating to this work are given in Tables Nos. III (a) and (b).

In Table IV I also give a progress report on these grants, setting out details of the numbers of applications dealt with since 1954. From this Table it would appear that there is a fall off in the number of applications received but the Discretionary Grant figure for 1961 includes 50 houses in one area owned by the National Coal Board; if this is ignored the figures show a slight increase on last year.

There appears to be a steady growth in the number of applications from owner occupiers which is mainly accounted for by young couples purchasing houses which become vacant and improving them before or shortly after their occupation of the dwellings.

It still seems, however, that the major problem in this field, that is the hundreds of tenanted houses capable of improvement, is not being significantly reduced, as owners still show reluctance to take advantage of the grant scheme. A few cases however have arisen where the owner was willing to do improvements and the tenants refused.

I feel that the necessary amenities will not be provided to these houses unless some form of compulsion is introduced by legislation. I made reference to this in my last report, but make no apology for repeating my considered opinion that only by a systematic scheme backed by powers to carry out the works in default, can the families in the dwellings concerned be provided with the essential amenities.

IMPROVEMENT GRANTS

TABLE III(a)

DISCRETIONARY GRANTS

Conversions (Large Houses into 2 Flats)

	No. of Flats	Amount of Grant £. s. d
Applications approved in 1961, works completed in 1962	2	470. 10. 0
Applications approved in 1962, works not completed by end of 1962	2	284. 12. 6
TOTALS	4	755. 2. 6

Improvements

Applications approved in 1960, works completed in 1962:-			
Owner/occupied houses	2	374. 11. 4	
Applications approved in 1961, works completed in 1962:-			
Owner/occupied houses	31	5,502. 14. 2	
Tenanted houses	1	113. 11. 7	
Applications approved in 1962, works completed in 1962:-			
Owner/occupied houses	33	5,043. 6. 4	
Tenanted houses	2	356. 13. 1	
Applications approved in 1962, work not completed by end of 1962:-			
Owner/occupied houses	35	5,957. 8. 4	
Tenanted	1	109. 19. 7	
TOTAL of works completed in 1962:-			
Discretionary Grants	71	£11,861. 6. 6	

TABLE III(b)

STANDARD GRANTS

	No. of Houses	AMENITIES PROVIDED.					GRANT £. s. d		
		Baths	Wash-Basins	Water-Closets	Hot Water	Food Stores			
Applications passed 1961, Completed in 1962:-									
(a) Owner Occupiers	7	3	3	6	3	-	507.	18.	3
(b) Tenanted	1	1	1	1	1	-	90.	0.	0
Applications passed 1962, Completed in 1962:-									
(a) Owner Occupiers	15	10	12	15	9	-	1,506.	5.	11
(b) Tenanted	6	2	2	6	1	-	265.	3.	11
Applications passed 1962, Not completed by end 1962:-									
(a) Owner Occupiers	15	12	12	15	12	-	1,704.	7.	0
(b) Tenanted	10	10	10	10	10	-	1,098.	2.	0
TOTAL OF WORKS	54	38	40	53	36	-	5,171.	17.	1
Total of works completed in 1962:- (Standard Grants)	29	16	18	28	14	-	2,369.	8.	1

STANDARD GRANTS

TABLE IV

YEAR	IMPROVEMENTS								T O T A L	
	Owner Occupiers.			N. C. B.		Other owners of rented property.		Conversions Approved and Proceeded with		
	Approved and Proceeded with.	Refused	Withdrawn	Approved and Proceeded with	Withdrawn	Approved and Proceeded with	Withdrawn			
1954	9	2	11				1		23	
1955	20	1	13			3	10		47	
1956	18	2	1			2			23	
1957	14	3	4	22	22	2		2	69	
1958	30	1	2			1			34	
1959 Discretionary	33	1	2			4			40	
1959 Standard	10	2							12	
1960 Discretionary	75			22		2	1	4	104	
1960 Standard	19			6		2			27	
1961 Discretionary	64			50		4	1	2	121	
1961 Standard	25	1		7					33	
1962 Discretionary	70	1		1		2		2	76	
1962 Standard	30			4		12			46	
TOTAL	417	14	33	112	22	34	13	10	655	

