

[Report 1949] / Medical Officer of Health, Castleford U.D.C.

Contributors

Castleford (England). Urban District Council.

Publication/Creation

1949

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THE URBAN DISTRICT OF CASTLEFORD



ANNUAL HEALTH REPORT

Year ended 31st December, 1949

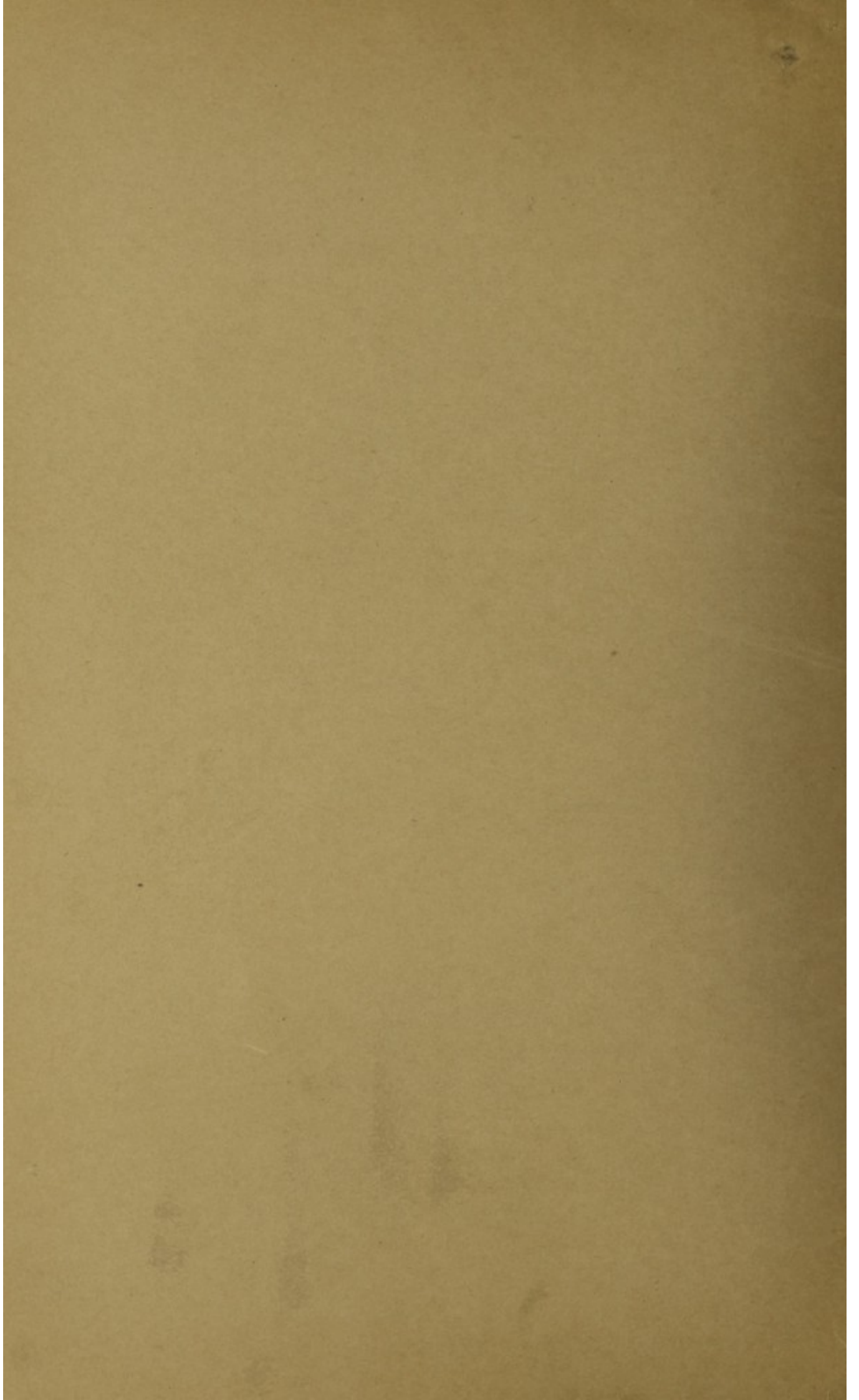


Medical Officer for Health and Divisional Medical Officer for Maternity
and Child Welfare and School Medical Services :

J. M. PATERSON, M.B., Ch.B., D.P.H., M.R.San.I.

Sanitary Inspector and Cleansing Superintendent :

E. J. WINFIELD, M.R.San.I., M.S.I.A., A.M.I.P.C.



THE URBAN DISTRICT OF CASTLEFORD.

ANNUAL HEALTH REPORT.

YEAR ENDED 31st DECEMBER, 1949.

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.San.I.

Sanitary Inspector and Cleansing Superintendent:

E. J. Winfield, M.R.San.I. M.S.I.A.

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URBAN DISTRICT COUNCIL OF CASTLEFORD.

PUBLIC HEALTH COMMITTEE.

as at 31st December, 1949.

Chairman.

Cr. H. Sissons, C.C.

Vice-Chairman.

Cr. A. Pickersgill, C.C.

Councillors.

Crs. Beedle.
Budby.
Cartwright.
Close.
Dews.
Mrs. Dodsworth, J.P. (Chairman of the Council).
Dowding, J.P.
East.
Fielding.
Grainger.
Holmes.
Howard.
Hutchinson.
Land.
Limbert.
Lowe.
Martin.
Poulter.
Pudney.
Roberts.
Schofield.
Smart.
Stocks.
Taylor, J.P. C.A.
Walsh.
Whittock, C.C.
Woodall.
Yates.

THE DISTRICT COURT OF CALIFORNIA

IN SENATE

OF THE STATE OF CALIFORNIA

REPORT

OF THE DISTRICT COURT

FOR THE YEAR

1881-1882

BY

JOHN B. HARRIS

CLERK

OF THE COURT

AND

REPORT

OF THE

JUDGES

OF THE

COURT

FOR THE

YEAR

1881-1882

AND

REPORT

OF THE

JUDGES

OF THE

COURT

FOR THE

YEAR

1881-1882

DIVISIONAL MEDICAL OFFICER.

J. M. Paterson, M.B. Ch.B. D.P.H. M.R.San.I.

DEPUTY DIVISIONAL MEDICAL OFFICER.

J. S. Walters, M.B. Ch.B. D.P.H.

Part-time Medical Officers.

Dr. E.W.L. White. *	Dr. D.K. Shuttleworth. * #
Dr. C.N. Hawick. *	Dr. E.A. James. * #
Dr. G. Sloan. # §	

* Maternity & Child Welfare. # School Medical Inspections.
§ School Diphtheria Immunisations.

Paediatrician.

Dr. W. Henderson.

Ophthalmic Surgeon.

L. Wittels, M.D. (Vienna) D.O.

E.N.T. Surgeon.

N.S. Daw, M.B. Ch.B. D.L.O. (Resigned March 1949)

Orthopaedic Surgeon.

D. H. Russell, M.D. Ch.B. F.R.C.S.E. (Resigned 31.12.49)

Health Visitors.

E. Cooke, S.R.N. S.C.M. R.F.N. H.V.	J. Brooks, S.R.N. S.C.M. H.V.
F.G. Wrightson, S.R.N. S.C.M.N. H.V.	E.W. Hilton, S.R.N. (Temporary)

Temporary Assistant Health Visitors.

V. Exelby, S.E.A.N.	F. Lee.
S.A. Eaglen, S.R.N. S.C.M.	

School Nurses.

M. Kelly, S.R.N.	M. Williams, S.R.N.
------------------	---------------------

Midwives.

M. Ball, S.C.M.	M.A. Newbould, S.R.N. S.C.M.
D. Briggs, S.C.M.	A.E. Smyth, S.R.N. S.C.M. (Resigned 28.8.49)
D. Cousins, S.R.N. S.C.M. *	D.H. Taylor, S.C.M.
V.M. Newby, S.R.N. S.C.M.	B.M. Fukes, S.R.N. S.C.M. *
E.J. Dawson, S.C.M.	G.M. Kisby, S.R.N. S.C.M. (From 20.6.49)
E. Hopkins, S.C.M.	N. Thorpe, S.C.M. (From 23.11.49)

* Relief Midwife.

Home Nurses.

K. Ella, S.R.N. Q.I.D.N.	F. Farber, S.R.N. S.C.M.
E. Slayton, S.R.N. A.R.R.C.	

Assistant Home Nurses.

L. Ainsworth, S.E.A.N.	J. Baxter, S.E.A.N.
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REGIONAL OFFICE
J. H. ...

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J. H. ...

THE URBAN DISTRICT COUNCIL OF CASTLEFORD.

ANNUAL HEALTH REPORT.

1949

To the Chairman and Members of the Castleford Urban District Council.

I have the honour of presenting to you, this my ninth Annual Report, being a report on the health of your district for the year 1949.

Statistics and Social Conditions of the Area.

Area (Acres).....	4,394
Population (Estimated R.G. 1949).....	43,540
Population (Estimated R.G. 1938).....	43,090
Number of Inhabited Houses 1949.....	11,677
Number of Inhabited Houses 1938.....	11,026
Rateable Value.....	£187,599
Sum represented by a Penny Rate.....	£719
Density of Population.....	9.9 persons per acre.

The Urban District is divided into 10 wards, namely:-
Airedale, Carlton, Fryston, Glasshoughton, Half Acres,
Red Hill, Smawthorne, Wheldale-Lock Lane, Whitwood,
and Whitwood Mere.

The population figure for 1949 supplied by the Registrar General, reveals the fact that during the year there has been an increase of 210 persons residing within the Urban District and this figure taken in conjunction with the 240 recorded increase up to 1948, makes our present population 450 above the 1938 amalgamation figure. This further increase in population has now brought the population density up to 9.9 persons per acre. The success of our post war housing development schemes is reflected in the increased number of inhabited houses in Castleford for 1949 as compared with that for 1938, and successful though we have been in securing houses for our people, we have still far to go before even our most urgent needs can be satisfied.

Vital Statistics.

Births.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Live. Legitimate.....	404	404	808
Illegitimate.....	25	25	50
	<u>429</u>	<u>429</u>	<u>858</u>
Still. Legitimate.....	13	9	22
Illegitimate.....	-	1	1
	<u>13</u>	<u>10</u>	<u>23</u>
Total Births.....	<u>442</u>	<u>439</u>	<u>881</u>

Live Birth Rate per 1,000 estimated civilian population - 19.7
Still Birth Rate per 1,000 estimated civilian population - 0.53

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

1922

To the Chairman and Members of the Board of Economic Warfare:
I have the honor to acknowledge the receipt of your letter of the 10th inst., and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Statement of the Board of Economic Warfare

The Board of Economic Warfare was organized on June 1, 1917, under the authority of the War Relocation Administration, and has since that time been engaged in the study and collection of information regarding the economic resources of the United States and the effect of the war upon the same. The Board has held numerous public hearings and has received many suggestions from the public regarding the collection and use of economic information. The Board has also conducted extensive research into the economic resources of the United States and the effect of the war upon the same. The results of this research are set forth in the following statement:

The Board has found that the economic resources of the United States are being rapidly depleted by the war. The most serious depletion is in the case of the food supply, which is being consumed at a rate which is far in excess of the production. This is due to the fact that the war has caused a great increase in the demand for food, and the production of food has not been able to keep pace with this demand. The Board has found that the most serious depletion is in the case of the food supply, which is being consumed at a rate which is far in excess of the production. This is due to the fact that the war has caused a great increase in the demand for food, and the production of food has not been able to keep pace with this demand.

Item	1917	1918	1919	1920	1921	1922
Wheat	1,000,000	1,200,000	1,400,000	1,600,000	1,800,000	2,000,000
Barley	500,000	600,000	700,000	800,000	900,000	1,000,000
Oats	300,000	400,000	500,000	600,000	700,000	800,000
Rye	200,000	300,000	400,000	500,000	600,000	700,000
Grain	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000
Flour	1,000,000	1,200,000	1,400,000	1,600,000	1,800,000	2,000,000
Meat	500,000	600,000	700,000	800,000	900,000	1,000,000
Butter	300,000	400,000	500,000	600,000	700,000	800,000
Eggs	200,000	300,000	400,000	500,000	600,000	700,000
Food	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000

Very respectfully,
Chairman of the Board of Economic Warfare

BIRTH RATES (per 1,000 Civilian Population).1944 - 1949.

	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
Live Birth Rate for Castleford,	23.66	21.12	22.04	22.30	18.8	19.7
Live Birth Rate for England & Wales.	17.60	16.10	19.10	20.50	17.9	16.7
Still Birth Rate for Castleford,	0.69	0.84	0.65	0.53	0.55	0.52
Still Birth Rate for England & Wales.	0.50	0.46	0.53	0.50	0.42	0.39

A survey of the last six years shows that there has existed a gap of varying degrees in the Live Birth Rate between the Castleford rate and the comparable rate for England & Wales. Thus in 1945, the gap was 5.02 while in 1948 it had narrowed down to 0.9 and it is interesting to note that in 1949 the gap has again widened to 3.0. The noticeable tendency on the part of Castleford Live Birth Rates to forge ahead of the national rates is once again asserting itself.

DEATH RATES (per 1,000 estimated population).

	<u>1949</u>	<u>1948</u>
All Causes. (Corrected - 14.0)	Crude - 11.4	10.4
Zymotic Diseases,	0.02	0.14
Tuberculosis of Respiratory System.	0.34	0.63
Other Forms of Tuberculosis.	0.04	0.09
Respiratory Diseases (excluding T.B.)	2.04	1.55
Cancer.	1.58	1.48
Heart and Circulatory Diseases.	3.17	3.14
Puerperal Causes (per 1,000 live and still births):-		
Puerperal Sepsis.	0.00	0.19
Other Puerperal Causes.	0.00	2.23
Death Rate of Infants under one year of age:-		
All infants per 1,000 live births	49	47
Legitimate infants per 1,000 legitimate live births.	49	49
Illegitimate infants per 1,000 illegitimate live births.	40	0.00
Death Rate of Infants from Diarrhoea under two years of age per 1,000 live births.	1.17	4.9

Number of Deaths from Diarrhoea under 2 yrs. of age (1949)

<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1	1	1

DEATH RATES OF INFANTS UNDER TWO YEARS FROM DIARRHOEA.
per 1,000 live births.

	<u>1944.</u>	<u>1945.</u>	<u>1946.</u>	<u>1947.</u>	<u>1948.</u>	<u>1949.</u>
Castleford.	2.17	10.89	7.70	9.68	4.9	1.17
England & Wales.	4.18	5.60	4.40	5.80	3.3	3.0

The deaths of infants under one year of age were:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate.	25	15	40
Illegitimate.	2	-	2
	<u>27</u>	<u>15</u>	<u>42</u>

DEATH RATES OF INFANTS UNDER ONE YEAR.

	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>
<u>All infants per 1,000 Live Births.</u>						
Castleford.	51	63	56	56	47	49
England & Wales.	46	46	43	41	34	32
<u>Legitimate Infants per 1,000 legitimate live births.</u>						
Castleford.	50	61	56	52	49	49
<u>Illegitimate Infants per 1,000 illegitimate live births.</u>						
Castleford.	79	93	55	118	-	40

COMPARATIVE STATISTICS 1949.

	<u>Castleford.</u>	<u>England & Wales.</u>
Birth Rate (per 1,000 resident population).	19.7	16.7
Still Birth Rate (per 1,000 resident population).	0.53	0.39
Infant Mortality Rate (per 1,000 Live Births).	49	32
Maternal Mortality Rate:-		
(1) Puerperal Sepsis.	0.00	0.11
(2) Other maternal causes.	0.00	0.71
Total (1 and 2)	0.00	0.82
Death Rates per 1,000 civilian population:-		
All causes (corrected).	14.0	11.7
Whooping Cough.	0.00	0.01
Measles.	0.00	8.95
Diphtheria.	0.00	0.00
Scarlet Fever.	0.00	1.63
Influenza.	0.02	0.15
Poliomyelitis.	0.00	0.01

		1912		1913		1914		1915		1916		1917		1918		1919		1920	
Total		40		35		32		30		28		26		24		22		20	
Males		22		19		17		16		15		14		13		12		11	
Females		18		16		15		14		13		11		11		10		9	
Total		40		35		32		30		28		26		24		22		20	
Rate per 1,000 live births		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Males		12.7		11.6		10.6		10.0		9.4		8.8		8.2		7.6		7.0	
Females		17.7		17.0		16.6		16.0		15.4		14.8		14.2		13.6		13.0	
Total		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Rate per 1,000 resident population		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Males		12.7		11.6		10.6		10.0		9.4		8.8		8.2		7.6		7.0	
Females		17.7		17.0		16.6		16.0		15.4		14.8		14.2		13.6		13.0	
Total		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Rate per 1,000 stillborn population		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Males		12.7		11.6		10.6		10.0		9.4		8.8		8.2		7.6		7.0	
Females		17.7		17.0		16.6		16.0		15.4		14.8		14.2		13.6		13.0	
Total		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Rate per 1,000 total population		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	
Males		12.7		11.6		10.6		10.0		9.4		8.8		8.2		7.6		7.0	
Females		17.7		17.0		16.6		16.0		15.4		14.8		14.2		13.6		13.0	
Total		15.2		14.3		13.6		13.0		12.4		11.8		11.2		10.6		10.0	

DEATHS.

<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
276	221	497

CAUSES OF DEATH.

(Deaths taken from the Registrar General's tables)

	<u>1949</u>			<u>1948</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Typhoid and paratyphoid fevers.....	-	-	-	-	-	-
Cerebro-spinal fever.....	-	-	-	-	-	-
Scarlet Fever.....	-	-	-	-	-	-
Whooping Cough.....	-	-	-	1	-	1
Diphtheria.....	-	-	-	-	-	-
Tuberculosis of respiratory system.....	11	4	15	13	14	27
Other forms of Tuberculosis.....	1	1	2	3	1	4
Syphilitic Diseases.....	1	-	1	3	-	3
Influenza.....	-	1	1	-	-	-
Measles.....	-	-	-	1	-	1
Acute Poliomyelitis & Polioencephalitis....	-	-	-	-	-	-
Acute infectious encephalitis.....	-	-	-	-	-	-
Cancer.....	35	34	69	35	29	64
Diabetes.....	-	5	5	-	4	4
Intra-cranial lesions.....	27	17	44	23	35	58
Heart Diseases.....	66	63	129	75	49	124
Other diseases of circulatory system.....	6	3	9	5	7	12
Bronchitis.....	33	18	51	23	15	38
Pneumonia.....	11	15	26	13	13	26
Other respiratory diseases.....	4	8	12	3	-	3
Ulcer of stomach or duodenum.....	3	1	4	3	1	4
Diarrhoea (Under 2 years).....	-	1	1	-	4	4
Appendicitis.....	-	2	2	2	-	2
Other digestive diseases.....	13	7	20	1	5	6
Nephritis.....	3	6	9	6	2	8

CAUSES OF DEATH (contd.)

	<u>1949</u>			<u>1948</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Puerperal and post-abortional sepsis.....	-	-	-	-	1	1
Other Maternal Causes.....	-	-	-	-	2	2
Premature Birth.....	10	6	16	6	3	9
Congenital malformations, birth injury, etc.	12	2	14	3	5	8
Suicide.....	3	1	4	4	1	5
Road Traffic Accidents.....	1	2	3	1	2	3
Other violent causes.....	12	2	14	6	2	8
All other causes.....	24	22	46	12	14	26
	<u>276</u>	<u>221</u>	<u>497</u>	<u>242</u>	<u>209</u>	<u>451</u>

The crude death rate per 1,000 of the population which in 1948 was marked by a pronounced decrease during the preceeding year, has once again shown a tendency to rise, in the year under review, and the comparability factor, issued by the Registrar General after a lapse of a number of years, shows that our own corrected Death Rate is 14 as compared with the figure of 11.7 for England and Wales. This comparability factor by taking age and sex distribution into consideration, enables a true comparison to be made between local and national Death Rates. It is most gratifying to note that the Infectious Diseases have been at very low ebb during the year, and the commoner Infectious Diseases such as Measles, Whooping Cough, Diphtheria, Scarlet Fever, and Poliomyelitis show a nil return. Deaths from pulmonary tuberculosis and tuberculosis of other sites have both shown a marked decrease compared with those recorded during the two preceeding years, and those from puerperal causes are conspicuously absent. One most happy feature of this report relates to the deaths of infants under two years of age from diarrhoea; in 1947 and 1948 the local rates were 9.7 and 4.9 respectively, whilst for the current year a further drop in the rate to 1.16 has been recorded. The comparable rate for England and Wales for 1949 is 3.0! A note of warning has however to be introduced at this stage in regard to the rate of death of infants under one year of age which is considerably above that for England and Wales. The local rates are 49 per 1,000 Live Births whereas the average national rate is 32. It has been well said that the Infant Death Rate is probably far and away the best index of the social circumstances of an area, and any attack directed towards reducing our Infant Death Rate will have to be accomplished by eradicating bad housing and eliminating overcrowding and by laying still greater emphasis on the education of our mothers on the art of rearing their infants.

[Faint, illegible handwritten notes]

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31	Q32	Q33	Q34	Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44	Q45	Q46	Q47	Q48	Q49	Q50	Q51	Q52	Q53	Q54	Q55	Q56	Q57	Q58	Q59	Q60	Q61	Q62	Q63	Q64	Q65	Q66	Q67	Q68	Q69	Q70	Q71	Q72	Q73	Q74	Q75	Q76	Q77	Q78	Q79	Q80	Q81	Q82	Q83	Q84	Q85	Q86	Q87	Q88	Q89	Q90	Q91	Q92	Q93	Q94	Q95	Q96	Q97	Q98	Q99	Q100
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

TUBERCULOSIS.

Notifications 55	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
At all ages.	33	15	5	2	11	4	1	1
Under 1 year.	-	-	-	-	-	-	-	1
1 - 5	-	-	1	-	-	-	-	-
5 - 10	-	-	2	1	-	-	-	-
10 - 15	2	-	-	-	-	-	-	-
15 - 20	-	1	2	-	-	-	-	-
20 - 25	6	3	-	-	1	1	-	-
25 - 35	5	9	-	-	-	1	-	-
35 - 45	1	1	-	1	3	-	1	-
45 - 55	5	-	-	-	4	1	-	-
55 - 65	10	1	-	-	2	1	-	-
Over 65	4	-	-	-	1	-	-	-
No age.	-	-	-	-	-	-	-	-

Comparison between numbers on Tuberculosis Register in 1948 and 1949.

	1948			1949		
	Non			Non		
	Pulmonary.	Pulmonary.	Total.	Pulmonary.	Pulmonary.	Total.
(a) Number of cases on register 1st January.	214	66	280	236	68	304
(b) New cases notified during the year.	43	7	50	48	7	55
(c) Totals.	257	73	330	284	75	359
(d) Number of cases removed from register during year.	21	5	26	37	5	42
(e) Number of cases left on register at the end of the year.	236	68	304	247	70	317

A small though perceptible increase in the numbers of both Pulmonary and non-pulmonary cases of Tuberculosis on our register during the last two years, has been noticeable, and although there is no cause for alarm, the position will have to be carefully watched. It is generally agreed that by reason of the greater facilities nowadays at our disposal for the diagnosis and treatment of Tuberculosis, many such cases now come to light earlier, and the system in operation for the close supervision of contacts also yields a further percentage of cases. Mention has been made in another part of my report regarding the slow progress that has been achieved in this area towards making possible regular visits from the mass radiography tuberculosis units to the collieries, factories etc. in this town.

In years gone by Pulmonary Tuberculosis acquired a terrible and most sinister reputation as being a killing disease and such a reputation once acquired is difficult to live down, even though the incidence and killing power of the disease has in the meantime been greatly minimised, largely amongst other things as a result of improved living and working conditions. The fatalistic attitude towards this disease adopted not so very long ago is giving place to a much more healthy attitude of mind that, caught early, Tuberculosis can be cured. It is of interest to note that close on 50% of the new cases of Pulmonary Tuberculosis notified during 1949, occurred in the 25 to 45 age groups. There can be no doubt that the enlightened policy of this Council, to make available to families where T.B. exists, houses in a healthier environment, will in time undoubtedly make its presence felt in curbing the disease, though it must be confessed that, owing to the present housing shortage, one cannot go as far as one would wish in this direction.

Bovine Tuberculosis still continues to take its annual toll of cases both as regards fresh notification and as a cause of death, and the ever growing need for the protection of milk by the creation of a greater number of T.T. Herds and by the increased use of pasteurisation, will be more and more apparent as time goes on.

There is building up a generally accepted belief that Pasteurisation of milk protects it only against infections of a bovine Tuberculosis nature but this amounts to only half the truth. Efficient pasteurisation of milk most certainly does protect it against Tuberculosis, but also against a number of other diseases which can gain access into the milk. Extensive outbreaks of Diphtheria, of Scarlet Fever, and of Septic sore throats have before now been initiated as a result of the milk being directly infected by a person carrying the disease and in close contact with milk or coughing into it, or the udder itself may become infected resulting either in an infective mastitis or an infective ulcerated condition of the teats. Similarly milk has also been contaminated either by a carrier or by someone suffering from the disease of enteric fever and dysentery, resulting in an outbreak of the disease. It will thus be seen that pasteurisation efficiently carried out, can render a milk safe from quite a number of infections, nor does it materially alter the chemical composition of the milk. Certain of the Vitamins may be slightly reduced as a result of pasteurisation but such a reduction is more than made up for from other sources. Milk sampling with particular emphasis on biological testing to discover the presence of Tuberculosis in milk has been carried out during the year in the Public Health Department, both as regards raw milk, or raw milk for pasteurisation and on one occasion at least has been the means of bringing to light the presence of an infected animal in a dairy herd of cattle, and needless to say has resulted in the speedy removal of the infected animal from the herd in question.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1949 SHOWN IN AGE GROUPS.

Notified Diseases.	Under 1 yr.	1 - 3	3 - 5	5-10	10-15	15-25	25 & over	No Age.	Total.	Removed to Hospital	Deaths.
Measles.	39	239	308	183	13	1	4	-	767	1	-
Whooping Cough.	6	40	30	14	-	-	-	-	90	2	-
Diphtheria.	-	1	-	4	-	-	1	-	6	6	-
Scarlet Fever.	-	17	28	38	7	5	3	-	98	97	-
Acute Poliomyelitis.	-	-	-	-	-	1	-	-	1	1	-
Acute Polioencephalitis.	-	-	-	-	-	-	-	-	-	-	-

Notified Diseases.	0 - 5	5-15	15-45	45-65	65 and over.	No age.	Total.	Removed to Hospital.
Dysentery.	-	-	-	-	-	-	-	-
Cerebro-spinal fever.	-	-	-	-	-	-	-	-
Malaria.	-	-	-	-	-	-	-	-
Erysipelas.	-	-	3	1	2	-	6	1
Pneumonia.	5	5	10	9	1	-	30	1
Puerperal Pyrexia.	-	-	4	-	-	-	4	3
Ophthalmia Neonatorum.	1	-	-	-	-	-	1	-

NOTIFIABLE DISEASES (Other than Tuberculosis).

The incidence of measles was marked during the year, amounting in all to a total of 787 cases, but against that the total number of whooping cough cases notified was below 100. Scarlet Fever has also shown a decided decline (98 cases) as compared with the previous year when there were 149 cases, and Diphtheria has once again shown a further pronounced reduction. One can scarcely credit the fact that in 1941 in Castleford there was on an average, 8 cases of diphtheria notified per month, whereas in 1949 only one case every two months was notified. The success of our immunisation campaigns can readily be seen behind all this and our ultimate goal must be the complete eradication of Diphtheria from our midst. This can only be achieved by a continuous programme of immunisation, continually spurred on by the helpful propaganda of our Doctors and Nurses and not least by all those in a responsible position and able to do so.

PUBLIC WATER SUPPLY.

Supply.

Water is purchased in bulk from three neighbouring authorities, namely Wakefield County Borough, Pontefract Municipal Borough, and Tadcaster Rural District. An average of 642,000 gallons per day were obtained from Wakefield, 391,000 from Pontefract and 29,000 from Tadcaster during the year. The supplies from Wakefield and Tadcaster are soft in character but that from Pontefract is very hard, the former having a total average hardness of 5.0 degrees clark respectively, and the latter of 16.0 degrees clark.

Purification.

Apart from the purification undertaken at the water works, no further action is taken locally except in the case of the water from the open Red Hill Reservoir, which is chlorinated in the reservoir.

Consumption.

In 1949 the average daily consumption for Castleford was 1,062,000 gallons, of which 746,000 gallons were used for Domestic purposes and 316,000 gallons industrially.

A recent comprehensive housing survey has revealed the fact that the residents of 36 houses collect their water supply from communal stand pipes.

RESULTS OF BACTERIOLOGICAL SAMPLING OF WATER FROM THE
CASTLEFORD BATHS.

<u>Date.</u>		<u>p.H. Value.</u>	<u>Total Free Chlorine.</u> <u>p.p.m.</u>	<u>Presumptive B.coli. in</u> <u>100 ml. water.</u>	<u>Faecal B.coli. in 100 ml.</u> <u>water.</u>
5.4.49.	Shallow end.	6.9	0.5	Nil	Nil
5.4.49.	Deep end.	6.9	0.5	Nil	Nil
26.4.49.	Shallow end.	6.9	1.0	Nil	Nil
26.4.49.	Deep end.	7.1	0.8	Nil	Nil
11.5.49.	Shallow end.	7.1	0.8	Nil	Nil
11.5.49.	Deep end.	7.2	0.6	Nil	Nil
17.5.49.	Shallow end.	7.1	1.0	Nil	Nil
17.5.49.	Deep end.	7.1	0.8	Nil	Nil
24.5.49.	Shallow end.	7.0	1.0	Nil	Nil
24.5.49.	Deep end.	7.1	1.0	Nil	Nil
31.5.49.	Shallow end.	7.1	0.6	Nil	Nil
31.5.49.	Deep end.	7.1	0.5	Nil	Nil
21.6.49.	Shallow end.	6.9	1.0	Nil	Nil
21.6.49.	Deep end.	7.3	0.8	Nil	Nil
5.7.49.	Shallow End.	6.9	1.0	Nil	Nil
5.7.49.	Deep end.	6.9	1.0	Nil	Nil
12.7.49.	Shallow end.	6.9	1.0	Nil	Nil
12.7.49.	Deep end.	7.1	0.8	Nil	Nil
19.7.49.	Shallow end.	6.9	0.8	Nil	Nil
19.7.49.	Deep end.	7.0	0.6	Nil	Nil
26.7.49.	Shallow end.	7.1	0.6	Nil	Nil
26.7.49.	Deep end.	7.1	0.5	Nil	Nil
9.8.49.	Shallow end.	6.9	1.0	Nil	Nil
9.8.49.	Deep end.	6.9	0.5	Nil	Nil
17.8.49.	Shallow end.	7.0	1.0	Nil	Nil
17.8.49.	Deep end.	7.1	0.8	Nil	Nil
23.8.49.	Shallow end.	6.8	0.6	Nil	Nil
23.8.49.	Deep end.	6.9	0.5	Nil	Nil
30.8.49.	Shallow end.	7.3	1.0	Nil	Nil
30.8.49.	Deep end.	7.1	0.5	Nil	Nil
6.9.49.	Shallow end.	6.9	1.0	Nil	Nil
6.9.49.	Deep end.	7.0	1.0	Nil	Nil
11.10.49.	Shallow end.	6.9	1.0	Nil	Nil
11.10.49.	Deep end.	7.0	0.8	Nil	Nil
13.10.49.	Shallow end.	6.9	0.8	Nil	Nil
18.10.49.	Deep end.	6.9	0.6	Nil	Nil

Break Point chlorination practice, installed by this Authority in the Castleford Public Baths some three years ago, continues to give good service and as the accompanying laboratory figures show, not once during the season was an adverse bacteriological result obtained. Considering the wide and varied bathing loads to which our public baths are subjected this is a most creditable result.

MATERNITY AND CHILD WELFARE.

During this, the first full year under the Divisional Scheme, there has been little of a spectacular character to note, and our policy has been directed towards consolidating existing services, as well as making one or two excursions of a novel character.

It is a lamentable fact that our progress in the erection of suitable Ante-natal and Infant Welfare Clinics has not been able to keep pace with our progress in the reduction of maternal and infant mortality, and dark and dingy premises, as well as those of an unsuitable nature, do not constitute an ideal attraction for regular attendance at such clinics. With the exception of the Sagar Street Clinic at Castleford which cannot by any stretch of imagination be regarded as ideal for the housing of such important social services, none of the clinics now in existence in Castleford can be considered anything but makeshifts. Perusal of my report will show that all the clinics do serve a most useful purpose, and in view of their popularity, combined with the fact that we as a Local Health Authority should set an example to mothers in creating an all round friendly atmosphere, the proper provision of suitable premises becomes an imperative necessity. Life in an industrial area often lacks variety, and a means of escape to a friendlier atmosphere where all can meet on an equal footing and talk over their various problems, is much appreciated. The siting of the clinics in Castleford is, on the whole, quite good.

An Ultra Violet Light Clinic was introduced into Castleford in April 1945 and proved a most popular and successful venture, but in May 1947, owing to our Physiotherapist being unable to continue giving her services, this clinic had to be terminated temporarily. I am glad to say that in February of this year, this clinic was re-opened under the auspices of the West Riding County Council and operated in the first instance for the 0 - 4 and 5 - 15 age groups. This still continues to be a popular clinic. Later, in November, this Sunlight Clinic was extended to cover the Ante-natal and Breast Feeding mothers, and in selected cases, instruction and advice is given how to prepare the breasts in preparation for the baby to come. In a Division like mine where the tendency to get the baby on to the bottle as soon as possible is most noticeable, every effort should be made to initiate anew the art of natural breast feeding. Even after only two months working, it has become apparent that a special clinic on its own to impart the basic principles of breast feeding although an urgent necessity, would not enjoy the same popularity as a combined Breast Feeding and Ultra Violet Light Clinic. It is somewhat early to attempt to analyse the results of this Clinic, but there is evidence that it is fulfilling a most useful purpose.

Though more properly coming under the heading of Diphtheria Immunisation, it would probably not be out of place to state here in passing, that a most successful campaign was launched and carried on in this Division during August and September when a Mobile Unit Immunisation Van toured the constituent districts. That there exists a need for such a service cannot be doubted, and I feel that it provides in a goodly measure indeed, an answer to a long outstanding problem.

In the succeeding pages, I have set out details of the working of the various services in this Division and in some instances have elaborated on matters mentioned above.

MINISTRY AND CHIEF MEDICAL OFFICER

During this, the first year of the epidemic, there has been little of a systematic character to work, and the following has been directed towards consolidating existing services, as well as setting up a new service of a novel character.

It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow.

In the first year of the epidemic, there has been little of a systematic character to work, and the following has been directed towards consolidating existing services, as well as setting up a new service of a novel character. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow.

Though some progress has been made in the epidemic of influenza, it is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow.

In the concluding part of the epidemic, there has been little of a systematic character to work, and the following has been directed towards consolidating existing services, as well as setting up a new service of a novel character. It is a remarkable fact that our progress in the epidemic of influenza has been slow and that the influenza has not been able to keep pace with our progress in the reduction of natural and infant mortality, and that our progress, as well as that of our immediate nature, has been slow.

CHILD WELFARE CENTRES.

Centre.	Days & times of sessions.	No. of sessions during year.	Attendances.				Attending for 1st time	
			0-1	Average per session.	1-5	Average per session.	0-1	1-5
Airedale Methodist Church, Airedale.	Mondays 2 pm. to 4 pm.	48	2663	55	400	8	184	20
Glasshoughton St. Paul's Institute.	Tuesdays 2 pm. to 4 pm.	48	2453	51	965	20	118	-
Sagar Street, Castleford.	Monday and Thursday, 2 pm. to 4 pm.	95	3674	39	1060	11	226	8
Whitwood, Oxford Street Methodist Church, Hightown.	Mondays 1.30 pm. to 4 pm.	48	3426	71	202	4	186	-
Totals.		239	12216	51	2627	11	714	28

Perusal of this table will show that Castleford mothers take a keen interest in their local Child Welfare Centres and attend regularly. The Doctors and Health Visitors on their side, make every effort to gain the confidence of the Mothers, giving when requested, ready information and advice regarding feeding problems etc., and in this way providing a useful introduction for the dissemination of matters of an educational and preventive nature. It is felt that these clinics do provide an easy avenue of approach whereby mothers can readily avail themselves of the services of the Health Visitors etc., on specified days and full use is made by them of this facility.

ANTE-NATAL CLINICS.

Centre.	No. of Sessions.	No. of Attendances.	Average per Session.	No. attending for 1st time.
Airedale.	34	773	23	194
Glasshoughton.	22	280	13	100
Sagar Street.	47	646	14	190
Whitwood.	48	700	14	193
Total.	151	2399	16	677

Attendance at the Ante-natal Clinics has been sustained during the year and there is distinct evidence that they are holding their own. The usual facilities of an Ante-natal Clinic are made available to these women, and in addition, where a mother expresses a desire to be able to Breast Feed her baby either by reason of a nipple abnormality or otherwise she is referred to our special Ultra Violet Light and Breast Feeding technique clinic.

Details are given below of the proprietary brands of foods etc. which were available at cost price to all women attending the Clinics.

Cow and Gate - full cream.	Robeleine.
Colact.	Trufood Humanised.
Farex.	Trufood Follow-on.
Glucose.	Viol.
Horlicks.	Virolax.
Lactagol.	Vitamin B. Tablets.
Liquid Paraffin.	F.S. Tablets.
Maltoline Plain.	Cod Liver Oil.
Maltoline Iron.	Midlothian Oat Food.
Vitamin Concentrate.	Multivite Tablets.
Olive Oil.	Ambrosia Lactation Tablets.
Ovaltine.	Minadex.
Ostermilk No.1.	Vitamin Oram Capsules.
Ostermilk No.2.	

DOMICILIARY MIDWIFERY SERVICE.

The Midwifery Service has by and large become a closely integrated section of the Divisional Scheme and we have been lucky in being able to maintain it at full strength throughout the year, in the face of considerable staff changes and re-organisation. A close liaison is maintained between the midwives and the Doctors attending the Ante-natal Clinics and this has reacted to the interests of both parties.

In my last report I expressed concern at the small number of women availing themselves of the Gas and Air Analgesia service and every effort was made during the year to popularise it by the midwives on the district and by demonstrations at the Ante-natal Clinics. In order to assess the actual need for this service, the midwives were from September onwards, asked to submit a weekly return to me, setting out the reason why certain women did not wish or could not have this form of analgesia, and these returns have indicated a real appreciation of the service.

Total No. of deliveries - as midwife.	493
Total No. of deliveries - as Maternity Nurse.	23
Total No. of patients ante-natally examined.	572

Number of cases delivered under Gas and Air Analgesia - 216

Percentage of Women having Gas and Air Analgesia - 44%

ILLEGITIMATE BIRTHS.

Total Illegitimate Births	- 50
Premature Illegitimate Births	- 7
Illegitimate Still Births	- 1
Illegitimate Deaths (excluding above Stillbirth but including three premature deaths).	- 2
Adoptions (so far as can be ascertained)	- 3

It is but rarely the assistance of this Department is sought to provide practical help in the case of illegitimate pregnancies and furthermore once the initial shock of the irregularity has been recovered from by all concerned, the advent of the baby into its new surroundings is not usually one fraught with antagonism. The mothers are encouraged to attend our Infant Welfare Centres, and once it is realised by them that no publicity is given to their particular case, as a rule they attend with enthusiasm. On the district too, the Health Visitors give preferential treatment to such cases. Our records indicate that adoptions were completed in only three cases, and it would seem that the greater number of mothers of such children prefer to rear them themselves.

PREMATURE INFANTS.

		<u>Died</u>
No. of premature infants born at home and nursed at home	- 30	8
No. of premature infants born at home and nursed in hospital	- 4	1
No. of premature infants born and nursed in Hospital	- 41	12
	<u>75</u>	<u>21</u>

The premature birth rate for Castleford is undoubtedly on the high side and a closer investigation revealed the fact that the rate for 1946 was also abnormally high. No obvious environmental factors can be incriminated, so possibly it is merely a coincidence but it will be of interest to keep a close watch on the cycle for the next three years. Below is given the 1944 to 1949 table:-

<u>Year</u>	<u>Premature Births</u>	<u>Premature Deaths</u>
1944	27	15
1945	34	16
1946	82	16
1947	34	10
1948	37	9
1949	75	21

The two Relief Midwives working in Castleford are Sorrento trained, by reason of which fact they are able to bring to bear the most recent knowledge in the care and supervision of such children, and there is a very close liaison between the Domiciliary and the Relief Midwives and later the Health Visitors when a premature birth occurs. Prompt notification of these births to the Divisional Office, enables the Divisional Medical Officer to exercise close administrative control over such children.

ULTRA VIOLET LIGHT CLINIC - SAGAR STREET.

The Sunlight Clinic was re-opened at Sagar Street, Castleford, on 22nd February, 1949, for the treatment of children. Sessions are held every Tuesday, Wednesday, Thursday and Friday morning, and each child attends twice per week, i.e. Tuesday and Thursday, or Wednesday and Friday morning.

The following are the number of new cases and the number of attendances of the 0 - 4 and 5 - 15 age groups during the year.

<u>New Cases.</u>		<u>Total No. of Attendances.</u>	
<u>0 - 4</u>	<u>5 - 15</u>	<u>0 - 4</u>	<u>5 - 15</u>
132	47	1612	598

TUBERCULOSIS - MASS RADIOGRAPHY.

Mass radiography nowadays so largely used in industry in the diagnosis of Pulmonary Tuberculosis and other chest conditions, is becoming more and more an integral part of Industrial Medicine, and by reason of its vast possibilities, I feel the incorporation of such a service, in a highly industrialised area such as Division 11, is a very necessary step indeed. For the past year or so, in collaboration with those responsible for this service, I have been investigating all the possible sites where such a clinic could be held, but by reason of the high electric current necessary to feed the plant, few if any central suitable premises are available. The only obvious ray of light in this direction at present perceivable that could work satisfactorily, would result from the utilisation of our Infant Welfare Centres at Sagar Street, Castleford, when not otherwise required and every effort is being made to enable some such course to be adopted. So far however, such a course of action is only at consideration level and it will be some time before concrete action can be taken.

DIPHTHERIA IMMUNISATION.

(a) Notifications of Diphtheria.

1941.....	94
1942.....	68
1943.....	45
1944.....	39
1945.....	33
1946.....	27
1947.....	23
1948.....	17
1949.....	6

(b) Up to 15 years of age.

0 - 5 years of age. 5 - 15 years of age. (c) Over 15 years of age.

1941		77	17
1942		48	20
1943	9	16	20
1944	11	10	18
1945	7	16	10
1946	7	9	11
1947	4	6	13
1948	6	6	5
1949	1	4	1

(d) Deaths from Diphtheria.

	<u>0 - 15</u>	<u>Over 15 years.</u>
1941	1	-
1942	2	-
1943	-	-
1944	2	1
1945	1	-
1946	-	-
1947	-	-
1948	-	-
1949	-	-

None of the above were Immunised.

(e) Number of children immunised per year.

	<u>Births.</u>	<u>0 - 4</u>	<u>5 - 15</u>
1942	827	532	838
1943	802	669	1648
1944	946	582	426
1945	859	795	442
1946	935	730	515
1947	952	738	569
1948	860	729	583
1949	858	886	862

(f) No. of Children Immunised - Primary & Refresher doses since 1946.

	<u>0 - 4</u>		<u>5 - 15</u>	
	<u>Primary.</u>	<u>Refresher.</u>	<u>Primary.</u>	<u>Refresher.</u>
1946	730	-	425	90
1947	735	3	398	171
1948	728	1	278	305
1949	864	22	345	517

(g) Percentage of Children Immunised since 1942.

	<u>0 - 4</u>	<u>5 - 15</u>
1942	28.33%	51.22%
1943	44.91	87.02
1944	49.84	89.52
1945	66.12	92.01
1946	67.03	94.55
1947	67.83	95.32
1948	67.27	94.25
1949	68.12	96.3

No. of Primary Immunisations.

1949 - 1209

No. of Booster Immunisations.

1949 - 539

(a) Number of children

Year	0-15	16-25
1941	1	1
1942	1	1
1943	1	1
1944	1	1
1945	1	1
1946	1	1
1947	1	1
1948	1	1
1949	1	1

Name of the above was furnished.

(b) Number of children furnished per year

Year	0-15	16-25
1941	1	1
1942	1	1
1943	1	1
1944	1	1
1945	1	1
1946	1	1
1947	1	1
1948	1	1
1949	1	1

(c) No. of children furnished - 1941-1949

Year	0-15	16-25
1941	1	1
1942	1	1
1943	1	1
1944	1	1
1945	1	1
1946	1	1
1947	1	1
1948	1	1
1949	1	1

(d) Number of children furnished per year

Year	0-15	16-25
1941	1	1
1942	1	1
1943	1	1
1944	1	1
1945	1	1
1946	1	1
1947	1	1
1948	1	1
1949	1	1

(e) No. of children furnished - 1941-1949

Year	0-15	16-25
1941	1	1
1942	1	1
1943	1	1
1944	1	1
1945	1	1
1946	1	1
1947	1	1
1948	1	1
1949	1	1

Summary Statement of a Mobile Unit Immunisation Pilot
Survey carried out in the Castleford and Normanton
Areas during 1949.

During the past 8 or 9 years, there has been waged by means of Immunisation against Diphtheria, a nation wide campaign, the object of which has been primarily to lower the incidence of, and ultimately to bring about the complete eradication of, Diphtheria from our midst. The success of this campaign has varied from area to area, depending largely on the intensity of the individual local efforts, but taken by and large, the overall results have been most gratifying. Thus it is of interest to note that in England and Wales during 1938, 64,955 cases of Diphtheria were notified, with 2931 deaths, whereas in 1948, 7903 cases were notified with 156 deaths, the two latter figures being uncorrected. These figures both as regards notifications and mortality rates for this disease, show a deep downward spiral, and this should continue till the rates are eventually negligible. The monumental immunisation campaigns carried out in Toronto and Hamilton, Canada, over a period of years has shown that Diphtheria can be well nigh completely eradicated from urban communities, but to attain this happy position requires a set up in which there are no flaws. With communities in this country, where protective immunisation has been successfully practised on a large scale over a number of years, it has been found that whilst it is a relatively easy matter to obtain high immunisation rates in the 5 - 15 age group, even up to 96%, it is difficult to obtain comparable rates in the 0 - 4 age group, and a 68% rate would be considered quite good. If it is our avowed intention to eradicate diphtheria from our midst then this lower percentage rate of successful immunisations in the younger age groups must be viewed with alarm and we should not rest till the percentage gap between the two groups has been considerably narrowed.

The success of our immunisation programme in the past, has depended on how far we have been able to popularise our static immunisation clinics, either as part of our Maternity and Child Welfare Service, or as an integral part of the School Medical Service. Provided we can once enlist an intelligent interest on the part of our Health Visitors and other nursing staff, as a very necessary addition to the multiplicity of interests they are already expected to shoulder, and provided we can sustain that interest during the daily routine, then we can say that more than half the battle has been won. Ready co-operation on the part of the parents in an effort of this sort is also a very vital necessity. The better immunisation results obtained in the 5 - 15 age group can undoubtedly be attributed to two important contributory factors, the one, and to my mind the more important one, depends on the fact that once having given consent the parent can take a completely impersonal view of any further proceedings, since the actual immunisation takes place in school where her attendance is not required, and the other is the psychological effect on the child of not wanting to be the odd man out amongst so many others. Success also depends on the avoidance as far as possible, of widespread reactions by the use of appropriate antigens, and it is no exaggeration to say that one really bad reaction in a school can do untold harm in militating against what otherwise would be a most successful run of immunisations. Obviously owing to the lower immunisation percentage obtained, the same set of factors cannot operate in the case of the 0 - 4 age group and one can readily imagine the amount of moral courage the mother must pluck up before she can bring her child to be immunised, either in her own presence or even in an adjacent room. The fact that she does come forward and readily so is striking testimony to the faith she has in the efficacy of immunisation against diphtheria, but it is just as true to say that a certain section of the mothers in this age group, cannot because of domestic ties etc., or will not, bring their children to be immunised

at the static clinic and a means must be found sooner or later, if we are to be completely successful in our efforts, to bring them inside our net. One very practical way of meeting and overcoming this problem has been found to be by the institution of a mobile immunisation unit which will take immunisation to the very doors of the children and in this way shatter the very last vestige of an excuse that these parents may have against the immunisation of their children. This method is not entirely novel since it has been in operation in several County Boroughs and at least in one County Council for a number of years now, but it has not yet attained universal popularity. In view of its flexibility and extreme adaptability it was decided to operate a pilot service of this type in Castleford and Normanton to test its suitability in this area and the very favourable results obtained during its trial run, merit particular consideration with a view to its continuance. During the four Fridays of August 1949, a first visit was paid to areas of the constituent districts comprising this Division, and a second visit was paid on the four Fridays in September, to complete the injections. In all, 16 sessions were carried out, and it was found that a total of 1116 injections were given working out at 70 injections being given per session. Furthermore in the light of experience gained during this pilot survey, it was found that provided the details had been properly worked out beforehand, a total of 80 injections per session could be attained without undue strain on the personnel. It will be seen that this number compares very favourably with the work as is carried out at a static immunisation clinic, where it is, I think, generally agreed that 20 per session is about the average. Such a static clinic will immobilise a Doctor and two nurses, whereas the mobile immunisation clinic will immobilise a Doctor and five nurses, and the latter system whereby 4 times the number of children can be immunised quite apart from effecting a very considerable saving in the Doctor's time, also sets free 3 nurses to do other work. This I think demonstrated quite clearly that far from being an economically unsound proposition, the mobile unit can be used to a very great advantage and need not clash in any way with the more conventional static clinics, being essentially auxiliary to them. The success of this pilot survey was not in any way fortuitous but the result of a carefully planned scheme where emphasis laid on details was found to count for a lot in contributing to the final figures. Of prime importance is the size of the van where the immunisations are carried out and this must be in all respects adequate to allow the work to be carried out unhampered and with sufficient "elbow room". One of the larger types of ambulances with additional door at the cab end to allow of one way traffic would serve as a temporary measure but I do feel that eventually a more roomy type of vehicle, perhaps one after the style of the mobile dental van would be found to be much more desirable. It was shown very conclusively during the experimental run that if the working space available was cramped and inadequate, frustration and irritation at once ensued. Next in order of importance is the provision of a sufficiency of personnel to feed and keep the unit going. In some mobile units a doctor and two nurse combination is considered adequate but to my mind this reacts detrimentally as regards the actual number of children who can be immunised per session. The doctor and two nurse system was tried out originally in our pilot scheme but half way through the first session it was found to be absolutely impracticable and to avoid a complete collapse of the scheme, additional nurses had to be rushed along to give assistance. It was discovered at subsequent sessions that a doctor assisted by two nurses in the van and three acting as auxiliaries, so ensuring a steady flow to the van, gave the maximum co-ordination possible. Whilst this unit can be put to the best economic advantage in a populous urban area, there is no reason whatsoever why it should not be used to carry immunisation to outlying areas, and here the doctor and two nurse combination would probably be used to better advantage. Before the unit can be expected to function successfully

a vast amount of preparatory work must be carried out by the Health Visitors, the office staff selecting those children whose parents cannot or will not bring their children to the static clinics, and the further work carried out by the Health Visitors who personally contact each parent beforehand notifying them that the van will be round on a certain day later on in the week. A few days before the unit tours the district, a Loud Speaker Van touring the selected districts, further notifies all the residents in the district that the unit will visit that district on the selected day and then later when the unit makes its tour of the district, the Loud Speaker can with equal advantage be mounted on the vehicle and operated by the driver who should be accustomed to this type of broadcasting. The use made of this mobile unit immunisation van will probably vary from Division to Division, but it should undoubtedly fulfill a definite need in all of them. Indeed it is felt when once the vast potentialities of this set up are appreciated and full use is made of it, the services of more than one unit will probably be required to satisfy all the demands put upon it. It may be that experience will dictate that a smaller type of vehicle can appropriately be used in serving the needs of scattered rural areas though it must be emphasised again that a commodious type of vehicle should definitely be employed where congested urban populations are to be catered for. It must not be forgotten that this type of set up is restricted to functioning during the summer and autumn months and any attempt to extend it for a longer period than that will inevitably be doomed to failure. Indeed even so I feel that September is late enough. The question of securing efficient sterilisation of needles, swabs etc. will also have to be given consideration because it will be found practically impossible to carry this out when the unit is in operation and the provision of a small but efficient portable autoclave should be given serious consideration.

The future progress of immunisation will almost certainly depend on consolidating and effecting improvements on existing methods. The main brunt of the attack must still and always will be borne by the static immunisation clinic which attack it can sustain by reason of the fact that it can function independantly of the weather be it summer or winter, and the mobile unit can be called into use as an auxilliary method to deal with what may be called the problem type of immunisation. It has often been lamented that a greater measure of success could be expected if children could be immunised at an earlier age than is at present practised and recent experimental work has tended to bring this hope within the bounds of practicability. Mass immunisation methods and the relative absence of clinical Diphtheria on any scale over the last few years have tended to lower the average immunity of the mother resulting in a lower transmitted immunity in the child. At one time it was accepted practice to immunise children at the age of 1 year which was subsequently reduced to 8 months, but recent work has shown that in many cases this can be lowered to 3 or 4 months of age. Experimental work along these lines is being carried out in Castleford and Normanton but as such work is at present in the very early stages, further discussion will have to be reserved till a further report. Should it be proved successful then another useful weapon will be placed at our disposal in that we shall be able to exercise a greater influence on the mother to have her child immunised at the time she is most impressed by the assistance afforded her at the Child Welfare Clinic, namely between the 3rd and 6th months.

a vast amount of knowledge was not being put by the Health
Department, the office really collecting some of the most valuable
as well as being really the only place to go to for the
most wanted and by the Health Department the knowledge is not
being put into the hands of the people who will be most
benefited by it. I am sure that the Health Department
is a great power in the hands of the Health Department, but it is
the knowledge in the Health Department that will be most
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valuable to the people who will be most benefited by it.

HOME HELP SERVICE.

- A. Total number of Home Helps available at 1st January, 1949 - 1
 Total number of Home Helps actually employed during 1949 - 17
 Total number of Home Helps available at 31st December, 1949 - 13
- B. Number of cases provided with Home Helps during 1949 - 38

In my last report I expressed concern at the apparently complete lack of interest in the Home Help service in Castleford, but I am glad to say that during the year considerably more use has been made of it.

HOME NURSING SERVICE.

The Home Nursing Service has enjoyed a most successful season and there has been a considerable increase in the gross number of new cases during the year as well as in the total number of visits made. To cope with this increased work, two additional assistant nurses have been employed in Castleford, but it has not been found possible to appoint a Relief Home Nurse for this Division, though several efforts in this direction have been made. Besides doing the work they performed prior to July 5th, 1948, their services are being made use of to a greater extent by the Doctors, and there is no doubt that this additional work makes for greater interest and variety.

Comparison between work done during 1949 (Table A), and that done between April 1st, 1947, and March 31st, 1948 (Table B), shows the vast increase in work undertaken by these Nurses.

A.		B.	
<u>No. of Cases.</u>	<u>Total No. of visits.</u>	<u>No. of cases.</u>	<u>Total No. of visits.</u>
354	14199	226	6987

SCHOOL HEALTH SERVICE.

School Medical Inspections.

The outstanding arrears of previous years have been satisfactorily dealt with and every effort is now being made to formulate a policy which will conform to statutory requirements. The services of the part-time medical staff were dispensed with at the end of March but it was not until October that a second full-time Assistant County Medical Officer was appointed. All but seven of the schools in the area were covered.

<u>No. of schools in Castleford.</u>	<u>No. of Schools Inspected.</u>	
	<u>1948</u>	<u>1949</u>
30	25	23

<u>School Population (Feb.1949)</u>	<u>No. of Children Inspected.</u>	
	<u>1948</u>	<u>1949</u>
7688	3849	2519

Minor Ailments Clinics.

There are eight Centres where Minor Ailments Clinics are conducted throughout the Division. The main one is at Wesley Street, Castleford, where clinics are held every morning, and subsidiary clinics are held at Ashton Road, Cutsyke, Airedale, Fryston, Hightown Schools, Wheldon Lane Nursery School, and the Occupation Centre. These latter ones are usually held once per week.

<u>Defects Treated.</u>	<u>Total No. of Attendances.</u>
2041	7342

CONCLUSION.

I beg to offer my sincere thanks to the Sanitary Inspector for his co-operation during the year, to the Engineer and Surveyor for supplying details incorporated in this report, and to the staff of my department, both professional and clerical for their able assistance to me during the year.

Yours faithfully,

J. M. PATERSON.

Medical Officer of Health,

THE URBAN DISTRICT COUNCIL OF CASTLEFORD

ANNUAL REPORT

of the

Sanitary Inspector and Cleansing Superintendent.

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

YEAR ENDED 31ST. DECEMBER, 1949.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE

FOR THE YEAR 1881

Presented to the Senate and House of Representatives
at the second session, 1882, in pursuance of a resolution
passed at the first session, 1881, of the Senate and House of Representatives.

WASHINGTON: GOVERNMENT PRINTING OFFICE.

THE URBAN DISTRICT COUNCIL OF CASTLEFORD.

Annual Report of the Sanitary Inspector for
the year ended 31st. December, 1949.

To the Chairman and Members of the Council.

I beg to place before you my Sixth Annual Report in which is given a brief review of the work of my Department and of the sanitary conditions obtaining in your district during the year 1949.

The year under review has produced much important legislation, particularly in relation to the work of this Department. I refer to the Housing Act, 1949 which came into effect on the 30th. July, 1949, the provisions of which should produce far sweeping changes in housing policy. I would also refer to the Food and Drugs (Milk and Dairies) Act, 1944, which came into force on the 1st. October, 1949. This Act transferred the powers of registration and control of milk production on the farm from local authorities to the Ministry of Agriculture and Fisheries. Accompanying this Act came the Milk (Special Designations) Act, 1949, and a new set of Regulations relating to milk in all its phases. Once again this legislation will have a sweeping effect on the quality of milk sold throughout the country, and when fully implemented should produce a much improved standard within the trade.

Lastly we have the Prevention of Damage by Pests Act, 1949, which replaces the Rats and Mice Destruction Act, 1919. This Act, although placed on the Statute Book in 1949, did not become operative until the 1st. April, 1950. Its effects will call for comment in the Annual Report for the year 1950.

Generally speaking one can record steady progress throughout the year, and in preparing this report I include full information of all the sections within the space devoted to that section.

HOUSING.

The year 1949 saw what was virtually the completion of the Redhill scheme, although a limited number of houses are still under construction in the year 1950.

During the year the number of new houses provided was as follows:-

By the Local Authority:-		
(a) Permanent type	-	16
(b) Temporary type	-	12
By Private Enterprise	-	4

The construction of the scheme at Redhill has done much to relieve the desperate conditions operating at the end of the war. Never-the-less, we are still in need of many more additional houses, irrespective of our Slum Clearance programme. It is to be regretted that the difficulty of sites within the district has reduced to a very low figure our housing expectation for the year 1950, and it is hoped that every effort will be made to secure and develop site or sites of such size as will permit the building of new houses to continue at a speedy and constant rate.

Whilst thinking in terms of new houses and the provision thereof, one must take into consideration the conditions found in existing houses. During the year repair works have been steadily carried out by the owners of property, but these have been impeded by the economic aspect of rising costs and controlled rents. It is becoming increasingly difficult to secure a standard of repair that one feels necessary when it is appreciated that the gross rental is all too quickly absorbed in meeting the cost. As stated in previous Annual Reports, the Department has been ever mindful of probable demolition, and the Survey commenced in 1946 was finally completed towards the end of 1949, but the report thereon was not considered until 1950.

A further feature of our housing conditions is the state of overcrowding, a true picture of which can only be obtained by a full survey, as carried out some 15 years ago. Such a survey is not at all possible or desirable at this stage, consequently our investigation into overcrowding is of a very limited nature. During the year cases were investigated, and where overcrowding existed, either through the number of occupants exceeding the permitted number or due to moral overcrowding, points were awarded in connection with the Council's House-Letting Scheme. Where gross overcrowding was found to exist in houses where the tenant did not qualify for a Council house under this scheme, special provision was made. In the course of these investigations two cases of deliberate overcrowding came to light. In both cases the tenant of the house and his family fully occupied the accommodation available, but overcrowding came about by the taking in, as sub-tenants, a large family. These conditions could not be allowed to continue and notices were served under Section 59 of the Housing Act, 1936, but in both instances abatement was secured before Court action became necessary.

In my preamble I referred to the Housing Act, 1949, the principle provisions of which are as follows:-

1. The classification of dwelling-houses as being suitable for "persons of the working classes" was eliminated from the Housing Act, 1936.
2. The new Act empowers local authorities to make advances to individuals for the buying of, repairs to, or improvements to houses.
3. Empowers local authorities to provide board and laundry facilities in connection with house accommodation provided by them, and to sell furniture to persons housed by them.
4. Makes provisions for grants by local authorities (who in turn are reimbursed by Exchequer Grants) to the owners of property in order to assist in the improvement of dwellings, or the provision of dwelling accommodation, by the conversion of large houses or other buildings.
These grants may be up to 50% of the cost, and where made enables the local authority to fix the rent of the house.

Whilst it is hoped that these provisions will be of material benefit in securing improvements to existing houses in the future, it is difficult to visualise an early commencement, having regard to the limitation of new building and secondly to high cost of housing works. In issuing the subject matter of the Act, the Minister did in fact point out these difficulties. Never-the-less, one can look forward to the future with some optimism.

HOUSING STATISTICS

No. of dwelling-houses in the district.....	11,677
No. of back-to-back houses included above....	291

1. Inspection of dwelling-houses during the year:

(1) (a) Total No. of dwelling-houses inspected for housing defects (under P.H. and H.Acts).....	3,329
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(b) No. of inspections made for the purpose.....	4,650
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(2) (a) No. of dwelling-houses (included above), which were inspected and recorded under the Housing Consolidated Regulations.....	2,106
--	-------

(b) No. of inspections for the purpose.	2,547
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11. Remedy of defects without service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by L.A. or their officers.....	1,506
---	-------

III. Action under Statutory Powers during the year.

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

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	8
---	---

(2) Number of dwelling-houses which were rendered fit after formal notices.....	
---	--

By owners.....	8
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By Local Authority.....	Nil
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B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied.....	73
---	----

(2) No. of dwelling-houses in which defects were remedied after formal notices were served.....	
---	--

By owners.....	63
----------------	----

By Local Authority in default	2
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C. Proceedings under Sections 11 & 13 of the Housing Acts, 1936.....

(1) No. of representations, etc., made in respect of dwelling-houses unfit for habitation.	5
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(2) No. of dwelling-houses in respect of which Demolition Orders were made.....	9
---	---

(3) No. of dwelling-houses demolished in pursuance of Demolition Orders.....	4
--	---

D. Proceedings under Section 12 of the Housing Act, 1936.

- (1) No. of separate tenements or underground rooms in respect of which Closing Orders were made..... 3
- (2) No. of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit..... Nil

NEW HOUSES

No. of new houses provided during the year:-

By the Local Authority:-

Permanent type 16
Temporary type 12

By Private Enterprise..... 4

The following is a summary of the return submitted to the Ministry of Health of the action taken under the Housing Acts, 1930-36, and the position at the 31st. December, 1949:-

Part III of the Act. Clearance Areas.

No. of unfit dwelling-houses demolished..... 68
No. of persons displaced..... 243

PART II of the Act. Individual Unfit Houses.

No. of dwelling-houses demolished:

Formal action..... 126
Informal action..... 32

No. of dwelling-houses closed..... 29
Parts of buildings closed..... 11
No. of persons displaced from above..... 765

No. of dwelling-houses made fit:

Formal action..... 281
Informal action..... 1725

SUMMARY OF WORK.

Section	Informal Notices	Complied with without Stat. Notice.	Statutory Notices	Complied with	Out-standing
Housing Act, 1936 Section 9	22	12	8	8	2
Public Health Act, 1936. Section 39	54	48	1	1	5
Section 45	81	62	9	7	12
Section 47	15	6	1	1	8
Section 75	372	338	19	18	16
Sections 92/3	318	215	44	39	84
Section 138	50	50	-	-	-

Key.

Section 9 of the Housing Act, 1936 is used to require the thorough reconditioning of houses.

Section 39 of the Public Health Act, 1936, deals with such matters as blocked or defective drains, sink waste pipes, etc.

Section 45 is used for water closets which are defective but which can be repaired without reconstruction.

Section 47 deals with the conversion of privies, waste water closets, etc., to proper washdown water closets.

Section 75 enforces the provision of proper dustbins.

Sections 92/3 deal with premises in such a state as to be a nuisance or prejudicial to health, and is used for enforcing general repairs to houses.

Section 138 is used to require the provision of a proper and sufficient supply of water for domestic purposes.

INSPECTION AND SUPERVISION OF FOOD.

In the post-war years the British Public has become more conscious of the need for hygiene in relation to the preparation, distribution and sale of all foods. During the year 1949 the Department has intensified its efforts with the aid of new legislation to secure the highest possible standard of cleanliness in food premises. In addition to the routine visits paid to food premises a special survey has been commenced with a view to bringing all premises up to the standard required by the Shops Act and the Food and Drugs Act. In order to give a lead to private traders, the survey was started in our own Market Hall and some details of this are included in a subsequent section of this report.

Our activities were not of course confined solely to shop premises, but a general investigation was made of itinerant vendors working within the district, an investigation which revealed the need for a much improved standard of vehicle. Towards the end of the year your Council applied to the Ministry of Food for approval of Byelaws controlling the Handling, Wrapping and Delivery of Food and the Sale of Food in the open air. The formalities necessary in this connection were not however completed within the year and the Byelaws consequently became operative in the year 1950.

The Department continued to maintain its vigilance over the milk supply of the town, the Ice Cream trade and the slaughtering of animals. Whilst these are reported upon in their individual sections I would reiterate my previous plea for an up to date abattoir. The premises at present used by the Ministry of Food are quite inadequate and consequently it is only with difficulty that reasonable conditions are maintained. It is earnestly hoped that the time will not be long removed when new premises of modern design can be erected.

In addition to the hygienic aspect of food supply, our efforts also included extensive observation on the Chemical Composition and quality both of Milk and Other foods. In the course of this work certain samples of sausage were found to be deficient in meat content and proceedings were instituted against the vendors, details of which are given later. One sample of tomato sausage had a low fish content and this was referred to the Ministry of Food as the article was produced under licence from that Ministry. Our investigation of milk revealed a source of supply delivering milk containing added water and proceedings were

accordingly instituted and a conviction secured; as this was the supplier's second offence in recent years a very substantial fine was imposed of £400 plus 15 guineas costs.

It will be later observed that an increased number of samples were submitted during the year for biological examination and that of the number submitted seven produced a positive result. Whilst it is appreciated that the majority of these milk supplies are subsequently heat-treated, I feel that this work is of the utmost importance. The elimination of tubercular cattle cannot in my opinion be under-rated and results of our work fully justify I feel the amount of time devoted to this form of sampling.

MILK SUPPLY.

As outlined earlier great changes in legislation occurred during the year under review. On the 1st October, 1949 there came into force the Food and Drugs (Milk and Dairies) Act, 1944, the Milk Special Designations Act, 1949 together with the following regulations:-

Milk and Dairies Regulations, 1949.
Milk (Special Designations)(Raw Milk) Regulations, 1949
Milk (Special Designations)(Pasteurised and Sterilised Milk) Regulations, 1949.

The Act of 1944 transferred the powers of registration and control of milk production on the farm from Local Authorities to the Minister of Agriculture and Fisheries and the Milk and Dairies Regulations 1949 laid down standards for premises and personal cleanliness which implemented the powers of the Act. These Regulations also increased the powers of control by Local Authorities of dairies and dairymen other than farm dairies and dairy farmers.

The Milk Special Designations Act, 1949 will eventually effect sweeping changes in the standard of milk sold in the country. Whilst officially coming into force on the 1st October, 1949 it actually becomes operative only when and where the Minister so directs. The main purpose of the Act is to eliminate the sale of raw milk other than that coming from Tuberculin Tested herds and to achieve this prohibits the sale of undesignated milk. Once an Order has been made by the Minister in any area, only 'Tuberculin Tested', 'Pasteurised', 'Accredited', and 'Sterilised' milks will be allowed to be sold in that area. As a further step the special designation 'Accredited' will cease to be recognised after five years from the commencement of the Act. It is assumed that those areas possessing the necessary supplies of designated milks will be the first to be brought under control of the Act, whilst further areas will only be specified when supplies and facilities permit.

The Milk (Special Designation) (Raw Milk) Regulations 1949, transferred the powers of licensing and control of producers of Accredited and Tuberculin Tested Milk from the County Council to the Ministry of Agriculture and Fisheries. The control and licensing of retail dealers in these milks is still retained by the Local Authorities.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949 introduced for the first time as a designated milk the milk treated by the sterilising process, and therefore required the licensing of establishments dealing in such milk. The licensing of plants carrying out the pasteurising and sterilising process is to be controlled by the Food and Drugs Authorities, whereas before pasteurising licences were issued by Local Authorities. In the case of this district no change occurs as the Council are the Food and Drugs Authority as well as the Local Authority. As before dealers licences are issued by the Local Authority.

The figures given in relation to this work therefore only take into account the period up to the first of October with regard to milk producers and dairy farms.

A still further increase in the demand for bottled milk by the Public was observed during the year, particularly for Pasteurised and Tuberculin Tested (Pasteurised) milk. At the end of the year the milk from only two farms within the district and four farms outside the district was sold to the consumer without heat treatment, and one of these supplies was from an Accredited herd. Only four retailers still retain the use of the hand can and it is expected that these will soon be converted to the use of bottles.

The C.W.S. Retail Society continues to operate its Pasteurising plant at Ashton Road and all the milk treated there is drawn from farms in the surrounding districts; no milk is now obtained from the depot in Cheshire.

Manorcroft Dairies, Dewsbury and their associate company Express Dairies, Sheffield, still supply a number of retailers with bottled Pasteurised and Tuberculin Tested (Pasteurised) milk and a small quantity is supplied in bulk, some of which is bottled at a small dairy within the district.

Sterilised milk is still sold from a number of retail shops in the district and although the premises have not to be registered as dairies the retailers must be registered as 'distributors' in addition to being licensed under the Special Designations Regulations.

Particulars of milk producers, distributors and dairies etc are given below:-

Production.

Raw Milk.

No of Producers on register	-	7
No of cows kept	-	126
No of cowsheds	-	8
No of cowshed and dairy inspections	-	39

Pasteurised Milk.

No of Producers of Pasteurised milk	-	1
-------------------------------------	---	---

Distribution.

No of distributors on register	-	84
No selling own-produced raw milk	-	1
No selling raw milk obtained from other producers	-	4
No selling Heat-treated milk	-	6
No licensed to sell Pasteurised milk	-	22
No licensed to sell Tuberculin Tested (Pasteurised) milk	-	14
No selling own produced Accredited milk	-	1
No licensed to sell Sterilised milk	-	61

Bacteriological Sampling of Milk.

Raw Milk.

No. of samples submitted to Methylene Blue Test:

at County Laboratory	-	459
at Sanitary Department	-	654
		<u>1113</u>

Raw Milk (continued)

No. which satisfied Methylene Blue Test for Accredited Milk	-	628
No. fairly satisfactory (over three hours)	-	179
No. unsatisfactory	-	306

Pasteurised Milk.

No. of samples submitted for prescribed test	-	101
No. satisfying Methylene Blue Test	-	76
No. satisfying Phosphatase Test	-	98

Tuberculin Tested (Pasteurised) Milk.

No. of samples submitted to prescribed test	-	90
No. satisfying Methylene Blue Test	-	71
No. Satisfying Phosphatase Test	-	89

Heat Treated Milk.

No. of samples submitted to M.B. and P. Tests	-	36
No. satisfying Methylene Blue Test	-	21
No. satisfying Phosphatase Test	-	33

Accredited Milk.

No. of samples submitted to prescribed test	-	1
No. which satisfied Methylene Blue Test	-	1

Sterilised Milk.

No. of samples submitted to prescribed test	-	3
No. which satisfied Turbidity Test	-	3
No which satisfied Phosphatase Test	-	3

Milk - Biological Examination for Tuberculosis.

No. of samples submitted for above test	-	134
No. giving negative result	-	127
No. giving positive result	-	7

	<u>Total.</u>	<u>Negative.</u>	<u>Positive.</u>
No. of Raw milks	132	125	7
" " Pasteurised	2	2	-

Details are given below of Positive samples and action taken:-

Sample No.	Type of Supply	Action taken.
12	Raw milk sold direct to consumer.	5 cows slaughtered before veterinary inspection.
233	Raw milk supplied to Pasteurising Plant	1 cow slaughtered under T.B. Order.
274	-do-	1 cow slaughtered under T.B. Order.
408	-do-	1 cow slaughtered under T.B. Order.
528	-do-	1 cow slaughtered under T.B. Order.
593	-do-	1 cow slaughtered under T.B. Order.
807	-do-	Herd checked and sampled; found to be negative. Three cows dry at time of checking. These were sampled later and found to be negative.

Chemical Analysis.

Total number of samples taken:

Informal	-	63
Formal	-	49
Total		<u>112</u>

<u>Description.</u>	<u>Formal</u>	<u>Informal</u>	<u>Total.</u>
Ice Cream	-	56	56
Milk	16	56	72
Sausage & Sausage Meat	32	-	32
Flour	-	1	1
Oats	-	5	5
Fruit Dessert	1	-	1
Corned Beef	-	1	1
	<u>49</u>	<u>119</u>	<u>168</u>

Of the samples taken, the following were found to be adulterated:-

<u>Sample No</u>	<u>Formal or Informal</u>	<u>Description</u>	<u>Analysis</u>	<u>Action taken and result.</u>
668	Formal	Sausage	44.6% meat content.	Warning issued.
669	Formal	Sausage	42.2% meat content.	Warning issued.
670	Formal	Sausage	30.0% meat content.	Proceedings instituted resulting in fine of £7/11/6 including costs.
673	Formal	Sausage	32.0% meat content	Prosecution. Fined £5/5/6 including costs
675	Formal	Sausage Meat	46.2% meat content	Warning issued.
678	Formal	Sausage	32.1% meat content	Prosecution. Fined £5/15/- including costs.
679	Formal	Sausage Meat	38.8% meat content	Prosecution. Charge withdrawn owing to error in serving summons and death of magistrate.
681	Formal	Tomato Sausage	20.5% fish content	Passed to Ministry of Food as article produced under licence.
693B	Informal	Milk	2.94% Fat 8.44% Solids not fat.	Followed up by Formal sample No.698.
698	Formal	Milk	2.42% Fat 8.48% Solids not fat.	Average fat content for 3 samples was over 3%. Preisian cattle; warning issued.
715C	Informal	Milk	2.56% Fat 8.52% Solids not fat.	Followed up by Formal Sample No.724.

Sample No.	Formal or Informal	Description	Analysis	Action taken and result.
715B	Informal	Milk	3.29% Fat 7.21% Solids not Fat.	Followed up by Formal samples Nos. 719, 720, 86 & 88.
724	Formal	Milk	2.84% Fat 8.40% Solids not Fat.	Average of whole consignment over 3% Fat. Warning issued.
719	Formal	Milk	3.42% Fat. 7.34% Solids not Fat. 11.6% Added Water.	Prosecuted for Adulteration. Fined £415/15/0d including costs.
720	Formal	Milk	3.42% Fat. 7.34% Solids not Fat. 13.6% Added Water.	
86	Formal	Milk	3.46% Fat. 7.56% Solids not Fat. 11.0% Added Water.	
88	Formal	Milk	3.64% Fat. 7.40% Solids not Fat. 12.9% Added Water.	
730	Formal	Sausage	45.0% Meat Content.	
23	Informal	Ice-Cream	2.12% Fat.	Ministry of Food notified.
39	Informal	Ice-Cream	2.15% Fat.	Ministry of Food notified.

ICE-CREAM.

This branch of the food industry continues to call for increasing supervision. Whilst the control of fixed premises has secured a much improved standard, the activities of the itinerant vendors continue to provide cause for concern. The type of vehicles serving this district varies from commodious motor driven vans, totally enclosed, to small open vehicles, either motor propelled or horse-drawn. Thus, whilst some of the ice-cream and ancillary materials are well protected against dust, dirt and other contamination, much is not. The standard of cleanliness of the vendors and their employees leaves much to be desired, and the absence of equipment necessary to personal ablution is particularly noted amongst the street traders. During the year a particularly bad example was noted and proceedings instituted under the provisions of the Ice-Cream (Heat Treatment) Regulations. The defence pleaded guilty and was fined £5. It is hoped that with the support of the Byelaws, the standard that we desire will be achieved.

During the summer months it was noted that many shop-keepers were producing and selling a commodity known as "iced lollies". It was pointed out to the persons concerned that these were "a similar commodity" to ice-cream and therefore came under the definition of ice-cream, as laid down in the Food and Drugs Act, 1938.

Consequently, registration of premises was called for; four persons concerned applied for registration but as premises they proposed to use were in all cases the domestic kitchen, the applications were refused. Subsequently one of these persons had premises constructed which fully complied with standards required, and which were therefore registered. A number of others were registered for sale only and ceased to produce their own supplies.

Ice-Cream - Registration of Premises.

No. of premises registered for sale during year.....	24
No. of premises registered for manufacture during	
the year... Nil	
No. of refusals for licences to manufacture during	
the year... 4	
No. of cancellations of licences to manufacture	
during the year.. 2	

Position at the end of 1949:-

No. of premises registered for manufacture.....	3
No. of premises registered for sale only.....	47

Ice-Cream - Bacteriological Sampling.

No. of samples taken.....	147
No. classified in Grade I.....	54
" " " Grade II.....	15
" " " Grade III.....	39
" " " Grade IV.....	39

The Public Health Laboratory were unable to carry out the Coliform Test on ice-cream samples.

The above results seem to indicate a deterioration in the bacteriological quality of ice-cream, but this is due to sampling being concentrated on those supplies giving bad results, with less frequent sampling of those supplies giving good results.

Ice-Cream - Chemical Analysis.

During the year the Ministry of Food reached an agreement with the majority of ice-cream manufacturers to maintain a minimum standard of 2½% Fat. These manufacturers on signing the agreement were allocated additional materials for the manufacture of ice-cream. Local Authorities were then requested, by the Minister, to carry out sampling of ice-cream for chemical analysis, and to report on any samples which failed to reach the agreed minimum standard.

No. of samples for Chemical Analysis.....	56
No. showing less than 2½% Fat.....	2

MEAT AND OTHER FOOD INSPECTION

There were 17 applications for licences to slaughter and stun animals, all of which were granted.

Carcases Inspected and Condemned

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,426	386	522	6,682	180
Number inspected	1,426	386	522	6,682	180
<u>ALL DISEASES EXCEPT TUBERCULOSIS</u>					
Whole carcases condemned	2	5	7	15	2
Carcases of which some part or organ was condemned	688	131	2	333	36
Percentage of the number inspected affected with disease other than T.B.	48.3	35.2	1.7	5.2	21.1
<u>TUBERCULOSIS ONLY.</u>					
Whole carcases condemned	6	10	2	-	2
Carcases of which some part or organ was condemned	131	140	1	-	12
Percentage of the number inspected affected with Tuberculosis	9.6	38.8	0.57	-	7.7

Carcases, part carcases and organs condemned

	Beasts	Calves	Sheep	Pigs	Total
Carcases	23	9	15	4	51
Forequarters	15	-	9	1	25
Hindquarters	2	2	1	2	7
Heads	197	-	-	13	210
Lungs	664	-	-	-	664
Plucks	-	1	331	17	349
Livers	841	-	-	-	841
Hearts	21	-	-	-	21
Udders	9	-	-	-	9
Intestines	25	-	-	-	49

Diseases

	Beasts	Calves	Sheep	Pigs	Total
Tuberculosis	287	3	-	14	304
Actinomyocis	8	-	-	-	8
Abscesses	96	-	8	1	105
Parasitic	462	1	327	-	790
Cirrhosis	684	-	-	-	684
Fatty Degeneration	4	-	-	-	4
Mastitis	7	-	-	-	7
Inflammation	10	-	-	28	38
Fever	2	-	2	-	4
Pyæmia	1	1	1	-	3
Uraemia	2	-	-	-	2
Dropsy	-	-	7	-	7
Pneumonia	12	-	-	1	13
Pleurisy	-	-	1	-	1
Immaturity	-	5	-	-	5
Bruising	17	1	2	7	27
Angioma	24	-	-	-	24
Septic Metritis	1	-	-	-	1
Septicaemia	-	-	-	1	1
Septic Pericarditis	3	-	-	-	3
Septic Peritonitis	1	-	-	-	1
Cysticercus Bovis	5	-	-	-	5

Cysticercus Bovis

During the year all bovine carcasses were specifically examined for this condition and it will be noted that in fact 5 cases were indentified. There appears to be no particular reason for these cases being observed in this district, and the carcasses were dealt with individually.

Other Foods.

The following was among food surrendered as unfit for human consumption:-

27 x 12 oz. tins Corned Beef	365 lbs Dried Fruit
45 x 6 lbs tins Corned Beef	360 lbs Frozen Beef
76 tins Tomatoes	80 lbs Frozen Egg
30 jars Pickles	60 lbs Frozen Rabbit
47 tins Fruit	115 lbs Sausage
65 tins Meat	16 lbs Butter
223 tins Milk	280 lbs Semolina
72 tins Peas	14 lbs Yeast
42 tins Fish	67 lbs Margarine
500 lbs Wet Fish	25 lbs Cooking Fat
74 lbs Bacon	176 lbs Imported Udders

WATER SUPPLY

During the year particular attention was paid to the water supply of the district, including that derived from springs and wells.

Certain samples were taken from a public reservoir and produced unsatisfactory results. The Engineer's Department undertook cleansing of the reservoir concerned, and the chlorination of the supplies. As a result of these works the supply is now satisfactory.

In the outlying hamlet of Water Fryston the storage tank there installed gave rise to unsatisfactory samples, but after cleansing and chlorination produced satisfactory results.

In the area known as Carr Wood a number of residents were found to be drawing water from a spring, and shallow well, both of which gave unsatisfactory results. The well was closed and warnings were issued against the use of the spring water and an alternative supply arranged for.

Public Supply

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
No. of samples through taps	95	2
No. of samples from reservoirs	64	1

The unsatisfactory samples from public supply are tabulated below:-

<u>No.</u>	<u>Place</u>	<u>Faecal B. coli</u>	<u>Non-Faecal B.coli</u>
144	Airedale covered reservoir	Nil	3
148	Tap at Cinder Lane	Nil	2
221	Tap at Works at Airedale	Nil	2

Water Fryston Supply (Public Supply through Storage Tank)

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
No. of samples taken:-		
from taps	14	3
from tank	1	2

The unsatisfactory samples are given below:-

<u>No.</u>	<u>Place</u>	<u>Faecal B. coli</u>	<u>Non-Faecal B.coli</u>
166	Tank at Water Fryston	2	13
172	Tank at Water Fryston	3	3
175	Tap at No.4 Cottage	2	2
182	Tap at No.4 Cottage	-	1
184	Tap at Hall Farm	-	1

Spring and Well Supplies, Carr Wood, Glass Houghton.

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
No. of samples taken:-		
from spring	3	6
from well	-	3

The unsatisfactory samples are tabulated below:-

<u>No.</u>	<u>Source</u>	<u>Faecal B.coli</u>	<u>Non-Faecal B.coli</u>
150	Spring	-	5
157	Spring	8	35
186	Spring	2	3
199	Spring	3	180+
201	Well	25	50
214	Spring	2	10
215	Well	4	50
217	Spring	-	5
218	Well	17	180+

PUBLIC SWIMMING BATHS.

During the swimming season samples were taken regularly of the pool water. 32 samples were taken and all proved satisfactory, giving negative results to tests for B.coli and showing a free chlorine content of from 0.5 to 1.0 parts per million.

As the use of the swimming pools is still a popular pass-time, it is very heartening to know that such an excellent standard is maintained. The chlorination plant installed some time ago must now be regarded as highly successful, and its purchase fully justified.

ATMOSPHERIC POLLUTION.

In this field of activity there was little progress to report.

Although there may be a general desire for a cleaner and purer atmosphere, there seems a great reluctance on the part of individuals to take practical steps to eliminate or even reduce the amount of smoke and other materials emitted from chimneys and other plant.

During the year a number of general observations were taken when it was noted that many of the industrial chimneys perpetually discharged heavy smoke into the atmosphere. This was particularly noted in the case of colliery chimneys in and around the district, and the distance travelled by the smoke emitted is a matter of great interest.

Atmospheric pollution is not of course limited to smoke alone, and complaints are received repeatedly of irritant fumes discharged from industrial premises. Whilst the general public complain of these conditions, it should be recalled that the domestic chimneys of the town must accept responsibility for a considerable proportion of the pollution. In this area, where coal mining is the predominant occupation, the quantity of raw coal available is much higher than in the average area, and by virtue of the conditions of industry, a much cheaper commodity. Consequently the burning of raw coal is the predominant method of heating.

If we are to have a clearer atmosphere there must be a united effort between both householders and industry to eliminate stack emissions.

Cases of particular note during the year were as follows:-

1. Chemical Works.

In my last report I stated that new plant was being constructed at a chemical works within our area which were then giving rise to complaints from acid fumes, and expressed the hope that on completion this nuisance would be considerably reduced. The new plant was completed in the course of a year, but it is with regret that we find no material improvement in the fumes emitted.

2. Coke Oven Plant, Glass Houghton.

The emission of smoke and fumes from this plant has been a hardy annual, and during the year many complaints were received from residents in the district. Added to the general complaints were more localised ones of grit and dust emanating from the works, and from heaps of material dumped on land adjacent to both the works and dwelling-houses. An interview was secured with the manager of the works and the Area Coal Board representative, but they could offer no hope of improvement. This plant has material effect on the atmosphere in its particular locality, and renewed effort should be made to secure improvement.

3. Laundry.

Occasional complaints were received of smoke emissions from this factory. Visits were made, but it was invariably found that the trouble was due either to mechanical breakdown, or to lack of care on the part of the boiler attendant.

4. Potteries

During the year complaints were received of smoke arising from one of the potteries in the area, and it was noted that at certain times, particularly towards the end of the week, vast clouds of smoke were emitted from the firing kilns. It would appear that major action is necessary to secure improvement in this instance.

Throughout the year we continued with our observations of atmospheric pollution, sootfall being recorded at 4 points and sulphur trioxide at 2 points. The tabulated results which follow this report are, I feel, most illuminating. Particular note is made of the fact that whilst at Redhill the soot deposit is approximately half of that recorded at Carlton Street, the SO₂ figure at Redhill is a little higher than that at Carlton Street. It is not without significance that the Redhill gauges are within the zone of the Coke Oven plant, on the downward side of the prevailing wind.

Sootfall (Tons per sq. mile)

	<u>Cinder Lane</u>	<u>Ings Lane</u>	<u>Redhill</u>	<u>Carlton Street</u>
January	13.93	9.44	8.00	22.20
February	15.03	14.41	19.45	53.87
March	14.03	10.47	8.60	26.79
April	25.41	23.34	17.39	29.24
May	16.06	12.80	11.95	16.10
June	6.81	9.60	6.77	8.39
July	21.60	19.80	15.60	22.60
August	14.99	17.32	10.62	28.46
September	15.88	14.26	10.15	37.83
October	19.08	16.01	16.49	36.92
November	11.18	11.18	10.02	16.47
December	16.51	14.34	12.48	22.57
Totals	190.51	172.97	147.52	321.44

Sulphur Trioxide Estimation (Mgms per day per 100 sq.cms)

	<u>Redhill</u>	<u>Carlton Street</u>
January	4.93	5.32
February	5.82	6.01
March	4.07	4.32
April	3.53	3.11
May	2.21	2.15
June	2.21	2.15
July	2.37	2.21
August	1.99	2.20
September	1.93	1.10
October	2.99	3.11
November	3.84	3.09
December	2.86	3.32
Daily average	3.23	3.18

RIVER POLLUTION.

The Department continues to make observations of the river pollution, but there was little observed that called for action by the Department.

DISINFECTION AND DISINFESTATION.

The Department has continued to carry out disinfection and fumigation after all cases of infectious disease and also after deaths from Pulmonary Tuberculosis. In all some 120 cases were dealt with and bedding from these premises treated at the steam disinfectant plant.

During the year a leak in the boiler in connection with the steam disinfectant plant necessitated the renewal of the tubes. During this repair the opportunity was taken to remove the boiler and disinfectant to the Cinder Lane Depot and to convert the boiler from gas to coke firing. This has enabled greater supervision over the disinfectant and the solid fuel is proving more economical than gas.

Disinfestation of premises for vermin still receives full attention. House premises are treated by spraying a D.D.T./Pyrethrum solution and has given excellent results. During the year 22 privately owned houses and 2 Council houses were treated.

By resolution of the Council all effects of in-going tenants to Council houses are subjected to disinfestation. This was effected by the use of a fumigation hut at Cinder Lane Depot. At the commencement of the year a large ex W.D. van on loan from the Home Office proved eminently satisfactory for the removal work, but when this had to be returned, a converted refuse collector had to be used, which gave rise to some objections. 186 removals and disinfestations were carried out during the year.

DRAINAGE, SEWERAGE AND SANITARY ALTERATIONS.

Works carried out during the year 1949 are summarised below:-

Privies abolished (redundant)	-	Nil
Privies converted to water closets	-	Nil
Slop closets converted to water closets		18
Water closets abolished	-	4
Additional water closets provided to existing buildings	-	10
Water closets provided to new buildings	-	54
Drains and water closets reconstructed or repaired	-	109
Drains, water closets, etc., opened and cleansed	-	459
Ashpits (Wet) abolished	-	Nil
Ashpits (Dry) abolished	-	2
Ashbins provided in lieu of ashpits	-	6
Ashbins provided to new buildings	-	54
Ashbins abolished	-	4

Summary of sanitary accommodation as at 31st. December, 1949:-

No. of water closets in the district:		
On main sewers	-	12,592
On cesspools	-	88
No. of waste water closets in district		95
No. of privies in district	-	45
No. of pail closets in district	-	35

FACTORIES ACT, 1937.

Inspections have been made from time to time of all factories and nuisances dealt with. Particular attention was paid to new factories both for sanitary accommodation and means of escape in case of fire.

The following is a copy of the annual return to the Ministry of Labour regarding work under this heading:-

<u>Premises</u>	<u>No. on Register</u>	<u>No. of Inspections</u>	<u>Formal Notices Served</u>
Factories without mechanical power	25	23	-
Factories with mechanical power	130	161	1
Other premises within the Act	1	2	-

No. of outworkers on Register - 3 (All employed on manufacture or repair of wearing apparel)

<u>Defect</u>	<u>Found</u>	<u>Remedied</u>	<u>Referred to H.M.Insp.</u>	<u>Referred by H.M.Insp.</u>	<u>No. of Prosecutions.</u>
Want of cleanliness	2	2	2	-	-
Inefficient drainage of floors	1	1	1	-	-
Sanitary conveniences					
(a) Insufficient	2	2	2	-	-
(b) Unsuitable or defective	12	12	4	7	-
(c) Not separate for sexes	4	4	1	3	-
Totals	21	21	10	10	-

Certificates of Escape in Case of Fire:

No. issued - 3

THEATRES AND CINEMAS.

The district continues to be served by 6 cinemas and one theatre, all of which are inspected from time to time. The premises are well maintained and no cause for complaint was found during the year.

COMMON LODGING HOUSES.

There are still 2 common lodging houses in the district, both of which cater for men only. Both were visited regularly throughout the year, and were found at all times to be in a satisfactory condition.

As stated in my last report, I feel that there is a need for municipally controlled lodgings, not only for single men but also for single women, and I am convinced that communal lodgings of the right type could be of material assistance to our housing problems.

STORAGE OF PETROL AND CARBIDE OF CALCIUM

During the year work proceeded as usual under this heading. Licences were renewed and new installations inspected and tested before being licensed.

No. of licences issued	-	54
Amount of petrol authorised to be stored	-	496,692 gallons
Amount of Carbide authorised to be stored	-	200 lbs

RATS AND MICE DESTRUCTION.

The Council continues to retain its membership in the Local Advisory Group and the following report was submitted to that Group at the conclusion of 1949.

"The work of vermin destruction was vigorously pursued throughout the year. Premises dealt with included dwelling-houses, shops, warehouses, mills, factories, allotment gardens, sewers, sewage disposal works and refuse tips. In all, 3,801 poison baits were laid and 612 rat bodies and 225 mice bodies were recovered.

The sewers in the town were not a serious source of infestation, and maintenance treatments carried out during March, June and August showed that of the 1,055 manholes inspected, only 22 required further treatment. Treatments in recent years have undoubtedly been extremely efficacious.

Refuse tips, sewage works and some of the larger industrial works were once again the primary sources of rat infestation. Clearances were made, only for re-infestation to occur; some of these were rather heavy and some appeared overnight. Wide areas of agricultural land adjacent to these premises and the fluctuation of the level of the river certainly play a major part in the sudden re-infestation of our tips and sewage works. Allotment gardens required considerable attention, and the practice of pig and poultry keeping and the use of unsatisfactory premises caused much concern. A serious infestation of one allotment garden required prolonged treatment, and 95 rat bodies were eventually recovered.

Shop premises and food preparing factory premises as a whole gave little trouble, but it has been interesting to note that where mice infestations did occur they tended to be relatively large. One shop keeper trapped 125 mice in the course of 3 days before calling in the Department to effect a clearance. Occupiers of the shop premises and factory premises appear to be more ready to avail themselves of the rodent control service and a good feature of the year's work has been the increasing number of the occupiers who now authorise the Department to carry out monthly inspections of their premises, and effect any necessary clearance work. That indiscriminate poisoning is still attempted is shown by the experience of a poultry keeper who took away from one of the town's food preparing premises a quantity of waste food swept up from the floors of the factory, and on feeding this to his poultry found it to contain a poison used against rats. He successfully poisoned 41 hens.

Zinc Phosphide used with sausage rusk left little to be desired as a poison and treatments were successful without the resource to a second poison. Where a second poison was required arsenious oxide was highly successful. It is thought that extremely good work has been achieved by the Council's rodent operative. The resolution that rodent operatives should attend the first meeting in the year 1950 is an interesting feature".

This report summarises the general situation but the following tabulated figures may prove of additional interest.

No. of infestations treated:

	<u>Rats</u>	<u>Mice</u>	<u>Total</u>
Major	11	1	12
Minor	130	67	197
Totals	141	68	209

	<u>Major</u>	<u>Minor</u>	<u>Total</u>
Private Property	-	49	49
U.D.C. Property	8	71	79
Business Premises	4	77	81
Totals	12	197	209

No. of baiting points	-	3801	
No. of takes	-	1985	
No. of bodies found	-		Rats 612 Mice 225

I am satisfied that the increased interest taken in this work in the last few years has done much to reduce the rat population in the district.

TENTS, VANS AND SHEDS.

In my last report I made reference to the type of structure coming under these heads, and referred to the situation as we then found it.

During the year 1949, there was a tendency shown to establish moveable dwellings without securing site licences. The owners and occupiers of some sites seem very loath to refuse possible ground rents and constant vigilance is necessary to prevent an influx of these vans.

Towards the end of the year vans were sited on one particular site, not licensed by the local authority, which resulted in proceedings being instituted in February, 1950, when a conviction was recorded and the offenders fined.

The true van dwelling was again a common sight in the district, many of the accepted showmen using the town as winter quarters, in addition to visiting it for the seasonal fairs. Their vans and sites are invariably well kept and cause no nuisance.

SHOPS AND FOOD PREMISES.

During the year a survey was commenced with a view to implementing the provisions of Section 10 of the Shops Acts, 1934 and Section 13 of the Food and Drugs Act, 1938.

It was felt that before any action could be taken to bring privately owned premises up to standard, the property owned by the Council should first be surveyed and a scheme formulated to give an example to other owners of properties within this sphere.

A full survey was therefore carried out at the Market, and a report presented to the appropriate Committee. A brief resume of the work is given below:-

Main Market Hall	-	No. of Shops	42	Occupiers	32
including		Food premises	16	Occupiers	12
		No. of Kiosks	24	Occupiers	21
including		Food premises	5	Occupiers	5

Fish and Meat Market.

		No. of shops	25	Occupiers	20
including		Food premises	24	Occupiers	19

Outside Market.

No. of stalls	-100
including Food premises	- 12

At a meeting of the Committee held just after the end of the year the report was considered and the following recommendations made:-

- (1) That the Surveyor prepare plans for additional sanitary accommodation and washing facilities to be placed on the open market at the Carlton Street end.
- (2) That the Surveyor prepare a report on the technical aspect of providing washbasins to all food shops.
- (3) That a further report be submitted on the ventilation of the Market Hall and that no scheme of central heating be formulated but that the provision of electric or gas fires by the occupier be accepted as a standard of heating.
- (4) That the sale of ice-cream be discontinued from open stalls in the Market.
- (5) That the Surveyor prepare plans and estimates of the cost of construction of lock-up shops to replace the stalls used for the sale of food in the open Market.

At the end of the year the following full detailed inspections had been made of privately owned premises:-

No. of shops inspected	-	38
occupied by	-	36
No. of food shops included		
in above	-	12
No. of factories and other		
premises inspected		12
No. of food factories		
included in above		3

Defects found:

Lack of suitable and sufficient sanitary accommodation	-	5
No. of defects abated	-	4
Lack of suitable and sufficient washing facilities:		
Non-food shops	-	3
Food shops	-	7
No. of defects abated	-	9
Insufficient means of heating in shop	-	1
abated	-	1

Shops (Hours of Closing) Act, 1928.
As amended by No.60 AB of the Defence
(General) Regulations, 1939.

During the months the hours of closing were once again subject to the above Regulations, and whilst it had little material effect on the majority of shop keepers, it did appear to bring hardship to persons retailing fruit and greengrocery. The whole of the district was inspected from time to time and a reasonable compliance was maintained without prosecution.

SUMMARY OF SANITARY DEFECTS OR NUISANCES FOUND.

The following is a summary of the general work of the Department in relation to nuisances for the year.

Nuisances found	1715
Nuisances carried over from 1948	4165
Total needing abatement	<u>1880</u>
No. abated during 1949	<u>1634</u>
No. outstanding at end of 1949	<u>146</u>

Notices served:

Informal 863 Statutory 73

Notices complied with:

Informal 740 Statutory 65

PUBLIC CLEANSING

As in previous years this section of the report covers the work of refuse collection and disposal, street cleansing and public conveniences, and all figures refer to the financial year ended 31st. March, 1950.

As stated in past reports the service is in no way spectacular, but is nevertheless one of the foundations of public health, and one which calls for a proportionately high expenditure of rate fund.

Refuse Collection and Disposal.

The collection and disposal of domestic refuse again proved a major task. Owing to the multiple occupation of dwelling-houses plus the liberal supplies of coal to mine-workers, the quantity of refuse to be removed proved high. Weekly collection is essential, even in the summer months, whilst during the winter months the ordinary storage bin proved all too frequently to be inadequate. The working week continues to be of 44 hours, but during the year a trial was given on the refuse collection and disposal service to a 5 day week. This operated from March to October and was found to be most successful from all angles. The work was completed without loss of time, whilst the housewives were relieved of the visit of the collectors on Saturday mornings when normal household cleaning was complete. The men in turn were afforded a two day rest. During the winter months the work reverted to a 5½ day week and although the advantages previously mentioned were lost, the Department had the services of men and vehicles in the event of frost or snow. I am convinced that the experiment fully justifies the retention of the scheme in future years.

During the year six petrol driven vehicles were engaged whole-time, and one part-time on domestic premises, one electric vehicle whole-time on shop premises, whilst one petrol driven vehicle was engaged whole-time on the collection of kitchen waste. In my last report I referred to the need for vehicle renewal and I am happy to report that two new vehicles were brought into commission during the year, whilst two further vehicles were expected earlier in the succeeding year.

As in previous years the bulk of the refuse was disposed of by controlled tipping, although the destructor was, as before, used for special materials. Following previous practice tipping was dispersed over several sites to reduce travelling time of vehicles. The existing tips at Three Lane Ends and Redhill were continued, whilst extended operations were commenced at the Oxford Street Quarry. It will be recalled that extensive filling was carried out here some years ago, one section of the

quarry being filled to ground level, whilst in a further section support was provided to an adjoining highway. Tipping has since been of an intermittent nature, but during the year the present owner requested the Department to undertake the complete filling of the former quarry. This site now serves several collection gangs and provides an excellent central disposal point.

At Three Lane Ends an area already tipped was covered with soil and made ready for allotment garden use, whilst a further area of land had the top soil removed prior to tipping operations. The work here progresses steadily.

At Redhill tipping progressed steadily throughout the year, our efforts being confined on the western side where support is being afforded to Redhill Road.

It would appear that our present sites guarantee adequate tipping space for years to come, and the town is therefore not likely to be faced with any major problem in disposal, a most fortunate position to be in.

It is regrettable to have to report that all tips are visited by unauthorised persons, who rake over the tipped material seeking what they may find. The actions all too frequently render the tip face untidy and not infrequently start fires in the tipped material. Every effort is made to suppress their activities, but it seems an impossible task.

The Destructor gave excellent service throughout the year, dealing with an increased quantity of material, whilst requiring only routine maintenance.

Salvage during the year was noteworthy for its instability. During the summer months the country experienced a glut of waste paper, and many local authorities found themselves unable to dispose of stocks, consequently a number of these authorities discontinued the collection of this commodity. As against this the Department experienced no difficulty in disposing of the paper and cardboard it collected, due to the contract existing between the Council and the Thames Board Mills; in point of fact the figures for the year show an increased output. It is noteworthy that in the forepart of the year the bonus scheme had been instituted and this was reflected in the results of a National Waste Paper Competition wherein the Council showed an increase of 36% on output and were placed 36th., receiving a cash prize of £50.

Kitchen waste collection again presented a difficult problem. The communal bin system was retained, but proved a most precarious source of supply. Housewives are no longer interested in the scheme and the general apathy is reflected in the small quantities of waste made available. In addition the Department's collection suffered at the hands of private collectors. It was noted during the year that not only was there an increase in the door to door collections by private persons, but also widespread pilfering from communal bins. The financial returns from the sale of this commodity in no way cover the expenses incurred in collection, consequently the service is maintained at a loss. Were the Council free agents in the matter, I would recommend the employment of alternate means, but as the direction imposed during the war years still exists, this course is not possible. In the light of experience gained over the past years I am convinced that the present procedure is unwieldy, uneconomical and out of date, and the time long overdue when the Ministerial direction should be removed.

The market requirements of other waste materials was too precarious to justify collection and storage, consequently the activities during the year were limited to waste paper and kitchen waste. By careful administration collection costs were reduced and this, together with increased sales, produced a slight surplus, notwithstanding a reduction in the price of waste paper. Were it not for kitchen waste the collection of waste paper would produce a not to be despised income which could be off-set against cleansing costs.

The following tables give details of the work carried out and the costs incurred.

Refuse Collection and Disposal

Refuse collected during the year was as follows:-

	Tons	Cwts
Ashbins	21,610	17
Ashpits (Dry)	672	-
Ashpits (Wet)	268	15
Shop Refuse	1,062	6
Cesspools	3,845	5
	<u>27,459</u>	<u>3</u>

The cost of this was £13,812. 0. 0d.

Market refuse removed during the year was 246 tons 1 cwt, the cost of which was borne by the Market Committee.

In addition to this trades people and others conveyed some 600 tons of general waste to the destructor and an amount not ascertainable to the tips.

Destructor ash and the cleansing of the grit arrestor necessitated the removal of 296 tons 11 cwts.

Refuse was disposed of as follows:-

Tips.

	Tons	Cwts
Ashbins	21,610	17
Ashpits (Dry)	672	-
Ashpits (Wet)	268	15
Destructor Waste	296	11
Street Cleansing	981	9
Gully Cleansing	1,088	16
	<u>24,918</u>	<u>8</u>

plus trade waste and covering material not estimated.

At a cost of £2179. 0. 0d.

Destructor.

	Tons	Cwts
Shop Refuse	1,062	6
Market Refuse	246	1
General Trade Waste	618	4
	<u>1,926</u>	<u>11</u>

At a cost of £704. 0. 0d.

Salvage.

Salvageable materials sold during the year were as follows:-

	Tons	Cwts	Qrs
Paper	369	2	3
Kitchen Waste	267	7	3
	636	10	2

The cost of collecting this material amounted to £2,856 and bonus paid to workmen totalled £484, giving a gross cost of £3,340. The income produced was £3,603.

Analysis of Expenditure.

Refuse Collection.

	£		
Fillers - Wages	7,531		
Transport Vehicle Hire	5,716		
Tools	5		
Cesspool Cleansing	560	£13,812	
Less income Trade Refuse	74		
Cesspools	85		
Miscellaneous	6	165	£13,647

Refuse Disposal

	£		
<u>Destructor</u>			
Wages	444		
Repairs & Materials	92		
Fuel	65		
Transport Vehicle Hire	83		
Insurance	20	704	
<u>Tips.</u>			
Wages	1,397		
Hire of Scraper	663		
Miscellaneous(Insecticides)	103		
Tools & Repairs	16	2,179	£2,883
<u>Salvage</u>			
Gross cost	3,340		
Less income	3,603	Cr. 263	263
			£2,620

STREET CLEANSING

There were no major changes in this service during the year. The mechanical sweeper continued to operate principally on main roads where work can proceed with a minimum of interference from traffic and other causes. During the summer months the machine was returned to the makers and received a complete overhaul.

The remainder of the work is carried on by hand sweeping, 15 men being engaged. On each day the principal shopping streets were swept prior to business hours by a small gang, who later split up and took their individual areas. In two areas small gangs operated using horse carts; these latter remove the need for sweepers dumps and enable work to continue without a break.

The two gully emptiers rendered excellent service throughout the year, being responsible for all gully cleansing, cesspool emptying and part of the sewer flushing of the district.

Once again the winter weather proved mild, gritting was necessary on only a few occasions, whilst snow removal was limited to light falls only. The expenditure under this head is particularly light.

Analysis of Expenditure.

Sweeping.

Other Roads.	£		
Wages	2,872		
Tools & Carts	276		
Transport vehicle hire	476		
Miscellaneous	14		
Hired Haulage	<u>718</u>	£4356	
Less income		<u>18</u>	£4338
County Roads.		£2196	
Less income from County Council		<u>£1061</u>	£1135

Gully Cleansing.

Wages	236		
Transport Vehicle Hire	<u>503</u>	739	
Less income		<u>245</u>	£494

Gritting.

Wages	77		
Transport Vehicle Hire	<u>45</u>		
Materials	66		
Hired Haulage	<u>8</u>	196	
Less income		<u>123</u>	£73

Snow Removal.

Wages	136		
Transport Vehicle Hire	65		
Team Labour	15		
Ploughs & Repairs	<u>1</u>	217	
Less income			
Grant for Ploughs		<u>97</u>	£120
			<u>£6160</u>

Standard Costs

Net Expenditure

	<u>Collection</u> £ s d	<u>Disposal</u> £ s d	<u>Total</u> £ s d
A. Cost as rate in the pound	1 6.95	3.64	1 10.59
B. (i) Cost per ton	9 11.3	10.9	11 10.2
(ii) Cost per 1,000 population (Est. 43,000)	317. 7	60. 18	378. 6
(iii) Cost per 1,000 premises (Est. 12,000)	1137. 5	218. 6	1355. 11

C. Weight of refuse per 1,000 population per day = 35 cwt.

	<u>Street Sweeping</u> £ s d	<u>Gully Cleansing</u> £ s d	<u>Street Gritting</u> £ s d	<u>Snow Removal</u> £ s d
Net Expenditure	5473 0 0	494 0 0	73 0 0	120 0 0
Equivalent rate in pound	7.60	0.69	0.10	0.17
Cost per 1,000 population	127 5 7	11 9 9	1 13 11	2 15 9
Cost per 1,000 gullies cleansed		38 0 0		

PUBLIC CONVENIENCES

During the year the public conveniences in Whitwood Mere, Wheldon Road and Cambridge Street were thoroughly overhauled, whilst the alterations to the Airedale Hotel conveniences were completed, and these additional conveniences came into use.

At Bradley Street the facilities were available throughout the whole 24 hour period, this being a continuance of the scheme instituted in the previous year.

The accommodation in the district still leaves much to be desired, additional accommodation being urgently needed at central Airedale, Cutsyke, Four Lane Ends and Three Lane Ends. It is hoped that a programme of building can be undertaken in the near future.

STAFF.

Deputy Sanitary Inspector:

Mr.J.Rooke all the year.

Additional Sanitary Inspectors:

Mr.C.H.Seal all the year.

Mr.A.Senior from 24th.April,1949.

Technical Assistants:

Mr.A.Senior to 24th.April,1949.

Mr.C.Rhodes to 4th.April,1949 - granted
leave of absence to attend full-time
course.

Mr.B.Schofield from 3rd.August,1949.

Mr.J.H.Cooper from 5th.December,1949.

Clerical Staff:

Miss D.J.Lane all the year.

Miss M.M.Pratt all the year.

Miss J.Wakelin from 3rd.August,1949.

Assistance was also given to the Bradford Technical College in the training of students. Five men attending the whole-time course at the College were each given two months practical training in the Department, and it is hoped that the experience gained was of value to these students.

CONCLUSION.

In conclusion I would again express to the Council my appreciation of the confidence reposed in me and would thank my colleagues in other Departments for their help and co-operation.

I would further thank the staff of the Department, both indoor and outdoor, for the loyal assistance rendered throughout the year, and particularly to Mr.J.Rooke for his assistance in the preparation of this report.

I beg to remain,

Yours faithfully,

E.J.WINFIELD.

Sanitary Inspector and
Cleansing Superintendent.

Sanitary Department,
Cinder Lane,
Castleford.
20th.July,1950.



