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Contributors

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THE URBAN DISTRICT COUNCIL OF EARBY

HEALTH
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ANNUAL REPORT

OF THE



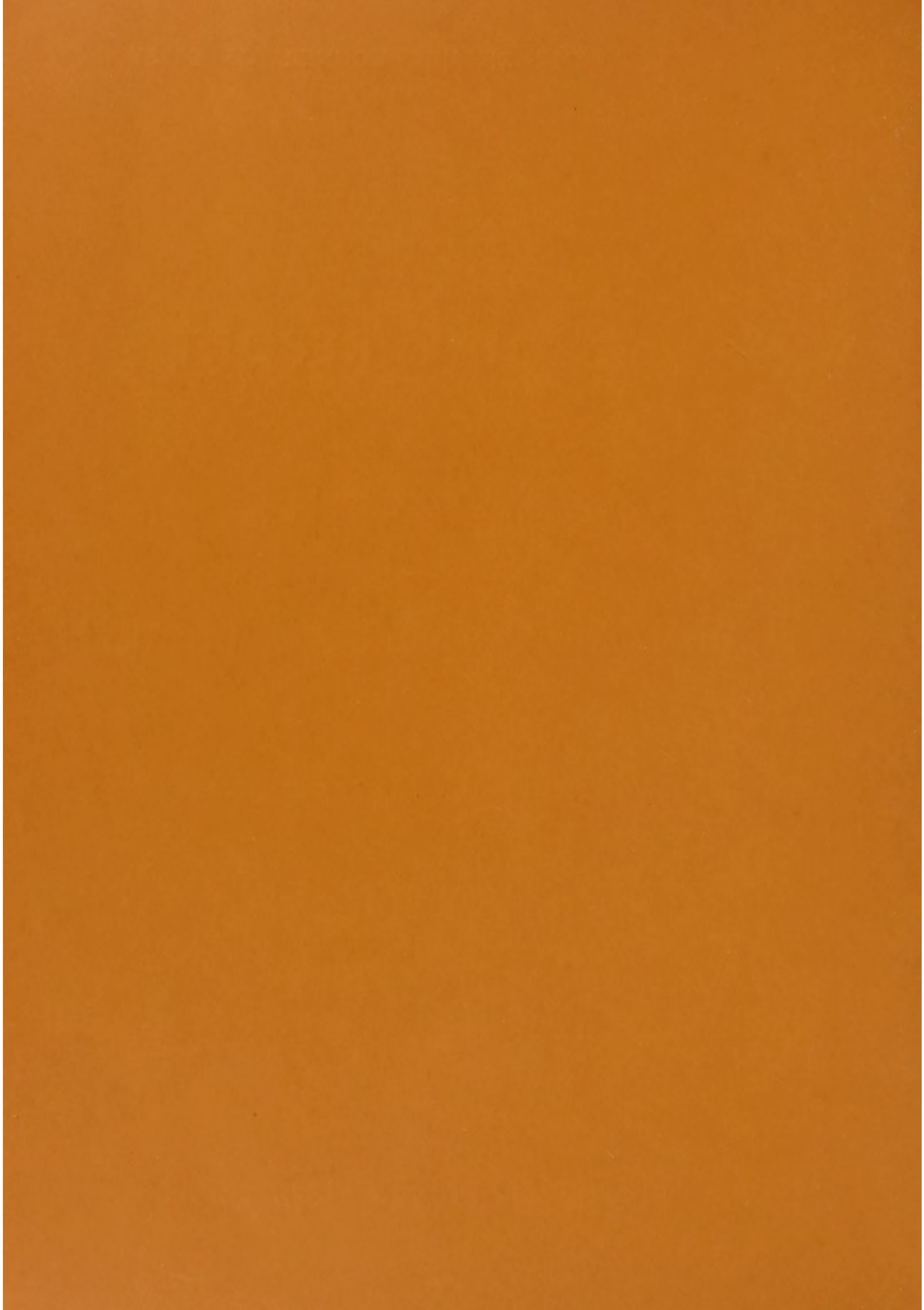
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1955

BY

M. Hunter, M.B.E., M.D., D.P.H.



THE URBAN DISTRICT COUNCIL OF EARBY

ANNUAL REPORT

MEDICAL OFFICER OF HEALTH

For the year

1955

by

M. HUNTER, M.B.E., M.D., D.P.H.

Divisional Health Office,
19a, High Street,
Skipton.

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

Mr. Chairman and Gentlemen,

I have the honour to submit for your information, my Annual Report for the year 1955, and to include as an Appendix a report on the Local Health Authority's services in the West Riding County Council's No. 1. Health Division, which covers the urban districts of Silsden, Earby, Barnoldswick and Skipton, and the Skipton Rural District.

The report deals mainly with environmental hygiene, which, I venture to suggest, is so well attended to in this country to-day that only when there is an industrial dispute, or a disaster such as widespread flooding, is it borne in on those who do not normally think of such matters that good sanitation, a supply of pure water and food and other similar matters are not part of the natural order of things. Actually, they are highly artificial, and depend on continuous work by trained staffs, and on carefully co-ordinated administrative arrangements. The Appendix gives some account of activities in the field of social medicine, and the progress which is being made. These activities are integrated at various stages and levels with those of your own department, and on an increasing scale.

I am again indebted to the Sanitary Inspector and his Staff for their advice and support during the year, and to the Chief Officers and Staffs of other Departments for the help so willingly given.

I am,

Yours faithfully,

M. HUNTER.

Medical Officer of Health.

HEALTH COMMITTEE.

Chairman: Councillor W. Foster
" J.W. Greenwood
" H.W. Waterworth
" J. Eastwood
" J. O'Toole
" J. Boydell
" C. Burke
" S. Waddington
" C. Pickles

STAFF OF THE DEPARTMENT.

Medical Officer of Health and
Divisional Medical Officer. M. Hunter, M.B.E., M.D., D.P.H.

Sanitary Inspector and
Cleansing Superintendent. M.H. Beckwith, M.R., San.I., M.S.I.A.

Sanitary Inspector's Clerk. P. Wilson.

SECTION A - STATISTICAL SUMMARY.

Area of the Urban District (acres)	3,519
Estimated population	5,210
Population at 1951 Census	5,348
Number of inhabited houses (estimated)	2,125
Rateable Value for General Rate	£31,093
Sum represented by a Penny Rate	£118.

BIRTHS:

	<u>Total:</u>	<u>Male:</u>	<u>Female:</u>
Live, legitimate	73	35	38
Illegitimate	<u>3</u>	<u>2</u>	<u>1</u>
Total:	<u>76</u>	<u>37</u>	<u>39</u>
Still, legitimate	1	-	1
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total:	<u>1</u>	<u>-</u>	<u>1</u>
Total Births:	<u><u>77</u></u>	<u><u>37</u></u>	<u><u>40</u></u>

BIRTH RATES:

Live Births (per 1,000 estimated population)	14.58
Still Births (per 1,000 live and still births)	12.98

DEATH RATES:

(crude)

(per 1,000 estimated population).

All causes	15.35.
Tuberculosis of Respiratory System ... ..	.19
Other forms of Tuberculosis	-
Respiratory Diseases	1.53
Cancer	2.11
Heart and Circulatory Disease	5.95

Death Rate of Infants under one year of age.

All infants (per 1,000 live births)	65
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MATERNAL MORTALITY:

Rates per 1,000 total (Live and Still) Births. ...	12.98
--	-------

DEATHS:Cause of Death.

<u>Disease:</u>	<u>Males:</u>	<u>Females:</u>	<u>Total:</u>
Tuberculosis Respiratory	1	-	1
Tuberculosis Other	-	-	-
Syphilitic Diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Malignant neoplasm, stomach	2	-	2
Malignant neoplasm, lung, bronchus	-	-	-
Malignant neoplasm, breast	-	2	2
Malignant neoplasm, uterus	-	1	1
Other malignant and lymphatic neoplasms	3	3	6
Leukaemia, Aleukaemia	-	-	-
Diabetes	-	-	-
Vascular lesions of nervous system	6	9	15
Coronary diseases, Angina	11	4	15
Hypertension with heart disease	1	-	1
Other heart diseases	2	9	11
Other circulatory diseases	1	3	4
Influenza	-	1	1
Pneumonia	2	1	3
Bronchitis	3	-	3
Other diseases of respiratory system	1	-	1
Ulcer of stomach and duodenum	1	-	1
Gastritis, Enteritis and Diarrhoea	-	-	-
Nephritis and Nephrosis	1	-	1
Hyperplasia of prostate	-	-	-
Pregnancy, childbirth, abortion	-	1	1
Congenital malformations	1	1	2
Other defined and ill-defined diseases	4	3	7
Motor vehicle accidents	-	-	-
All other accidents	1	-	1
Suicide	-	1	1
Homicide and operations of War	-	-	-
All Causes:	41	39	80

COMMENTARY ON VITAL STATISTICS.

BIRTHS:

The birth rate was 14.58 compared with 12.45 and 16.81 in 1954 and 1953 respectively.

The rate for England and Wales was 15.0 in 1955.

DEATHS:

The death rate of 15.35 is higher than the figures of 12.45 and 10.62 obtained in the two preceding years. The rate for England and Wales in 1955 was 11.7.

INFANTILE MORTALITY:

Deaths of infants under one year of age numbered five, giving a rate of 65 per 1,000 live births, compared with 31 and 34 in the two preceding years, and 25.0 for England and Wales as a whole.

Two deaths were attributed to congenital malformations, the causes of which are still largely unknown.

MATERNAL MORTALITY:

There was one maternal death in 1955., the first for five years.

SECTION B.
PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and described in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation, and the school health service.

2. LABORATORY SERVICES:

The Public Health Laboratory at Bradford is that to which most of the specimens of water, milk, ice-cream and other foods are sent for examination. It is also used for pathological specimens, which can be sent by bus in cases of urgency. A very good service is provided, and the Director is always available for consultation.

3. HOSPITAL SERVICES:

Although hospital management committees are, as their name implies, responsible for day to day administration, they are in most respects subordinate to the Regional Hospital Boards of which there are 15 in England and Wales. Organisation is therefore no longer a local matter, and it is perhaps more appropriate to give details on an area rather than a district basis. So far as this part of Yorkshire is concerned, the hospitals admitting the majority of patients are shown in the table overleaf although the Leeds and Bradford hospitals still take their quota.

In this Division the births in maternity units comprise over 80% of the total births each year, compared with a national average of 64%, and a Ministry of Health recommendation that hospital provision for 50% of births is sufficient. Although it has not been necessary to refuse an application for several years, sentimental and vested interests of various kinds exert a powerful deterrent influence where maternity hospital accommodation appears relatively excessive and a reduction is suggested. Nevertheless, it is important to remember that one maternity bed less will release enough money for three mental hospital beds, four mental deficiency beds, or three geriatric (i.e. old peoples') beds. Accommodation in these categories is always short in this area. The smaller hospitals continue to be handicapped by difficulties associated with the availability of nurses and doctors. This is particularly unfortunate for the Skipton Hospital where extensions have been planned but the scope of the work is decreasing.

Situation	Name	Purpose	Beds
Burley-in-Wharfedale	Scalebor Park	Mental Illness	323
Burnley	Victoria Hospital	General	168
Burnley	General Hospital	General	656
Burnley	Marsden Hospital	Infectious Diseases	100
Burnley	Bank Hall Maternity Hosp.	Maternity	51
Colne	Christiana Hartley Maternity Hospital	Maternity	16
Grassington	Grassington Hospital	Chest Diseases	184
Ilkley	Middleton Hospital	- do -	376
Ilkley	St. Winifred's Hospital	Maternity	12
Keighley	Victoria Hosp.	General	143
Keighley	St. John's Hosp.	Long term sick Maternity	258 34
Keighley	Morton Banks Hospital	Infectious Diseases	72
Menston	Menston Hospital	Mental Illness	2,540
Skipton	General Hospital	General	64
Skipton	Raikeswood Hosp.	Long term sick	182
Skipton	Cawder Ghyll Maternity Hosp.	Maternity	18
Settle	Castleberg Hosp.	Mental Deficiency	169

4. BLIND PERSONS:

The statutory definition for the purposes of registration as a blind person under the National Assistance Act, 1948 is that the person is "so blind as to be unable to perform any work for which eyesight is required". Such persons, if aged forty or over, can claim a non-contributory old age pension.

Persons who are not blind within the meaning of this Act but are nevertheless substantially and permanently handicapped by defective vision may be classified as partially sighted and come within the scope of the welfare services which the local authority are empowered to provide for blind persons, but are not eligible for the special pension. There are twelve blind persons in the district. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist.

5. WATER SUPPLIES:

Mr. Walker, the Surveyor and Water Engineer has kindly supplied the following information:-

1. The water supply throughout the district has been entirely satisfactory in quality, but the drought brought very serious shortages. Restrictions on the use of water for swilling, watering gardens and washing cars were imposed on the 27th July, and frequent appeals were made to obtain the co-operation of consumers to conserve our stocks of water. From the 9th September, supplies were given through the mains for a limited period of twelve hours each day, and on the 1st October this period was reduced to eight hours Monday to Friday, and six hours on Saturdays and Sundays. The twelve hours service was resumed on the 2nd November, and the twenty-four hours supply on the 9th November, but restrictions were not entirely removed until the 21st December.

The Agreement authorising the purchase of bulk supplies in time of emergency from Barnoldswick Urban District Council could not be invoked owing to the low level of Elslack Reservoir. Every possible source of additional water was investigated, and eventually an emergency scheme involving the installation of an electrically operated pump and the laying of 1,200 yards of 6" main was put in hand jointly with Barnoldswick to obtain water standing in Thornton Rock Quarry. This source yielded a total quantity of 4,100,000 gallons of water of excellent quality, my Council's share being 2,000,000 gallons.

2. Samples of all waters have been taken regularly by the kind co-operation of Mr. M.H. Beckwith, and submitted for examination with satisfactory results in all cases of water taken into supply. 85 samples were taken for bacteriological examination, and 3 for chemical analysis.
3. Samples examined at six monthly intervals show no sign of plumbo-solvent action by the water.
4. (a) Number of houses with direct supply: 1,991
Population served (approximately): 5,040
- (b) There are no stand pipe supplies.

6. FOOD HYGIENE:

The latest available figures show that there was a further increase in food poisoning in England and Wales in 1954., the incidents (i.e., outbreaks and sporadic cases) rising by 739 to 6,016. As an outbreak may consist of any number of cases from two upwards, many thousands of people were affected of whom 34 are reported to have died.

It was not always possible to discover the cause of the poisoning, but where investigations were successful three types of bacteria or germ were frequently incriminated. Staphylococci are conveyed to food from the cuts and sores of food handlers, and their transmission to food such as ham and tongue, boiled bacon, pressed meat and brawn, could be prevented by a modified "no touch" technique in handling these potentially dangerous products. Clostridium welchii find their way into meat dishes from the unclean hands of cooks, rarely from the gut of animals killed for food. Cutting out the cooking of meat and gravy in bulk the day before it is eaten, and avoiding the reheating of meat dishes would largely eliminate the risk from these germs. The Salmonellæ germs of which there are a large variety, are most frequently found in family outbreaks and sporadic cases, indicating the role of the human carrier and the importance of personal hygiene. The mass of disease which results, and much goes unreported, is entirely preventable. Our standards are too low, and far too many handlers of food have deplorable standards of hygiene, combining dirty habits with an attitude of indifference.

New powers designed to secure higher standards, are contained in the recently published "Food Hygiene Regulations, 1955", most of which are operative from 1st January, 1956. Although designed to strengthen the hands of local authorities, the public can play an important part in raising these standards by refusing food which they have the least doubt about.

7. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_2) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile.	Sulphur in ngms. (SO_2) per 100 sq. cms. per day.	Average daily suspended impurity in ngms. per cubic metre.
January	70	17.99	0.95	33
February	52	10.04	0.59	28
March	59	15.10	0.9	29
April	49	15.3	0.6	No figs. available
May	79	14.6	0.6	30
June	62	30.3	0.6	26
July	22	6.6	0.25	26
August	37	17.2	0.25	26
September	65	16.8	0.6	30
October	79	16.4	0.6	39
November	53	12.1	2.1	39
December	74	26.2	1.1	No figs. available

In the Annual Report for 1954 reference was made to the Beaver Committee Report and this year a Clean Air Bill has been introduced into the House of Commons which gives effect to its main recommendations. These are, briefly:-

- (1) To prohibit the emission of dark smoke from chimneys, railway engines, and vessels, subject to certain qualifications.
- (2) To prohibit the installation of new industrial furnaces unless operated without emitting smoke.

- (3) To require that the emission of grit and dust shall be minimised, and that new industrial furnaces burning pulverised fuel or large quantities of other solid fuel shall be provided with grit-arresting equipment.
- (4) To empower local authorities by order, subject to confirmation by the Minister concerned, to declare "smoke control areas" in which the emission of smoke from chimneys will constitute an offence.

The Bill has, in general, been welcomed, and it shows that public opinion is roused against the harm done by atmospheric pollution to human health and comfort.

8. NATIONAL ASSISTANCE ACTS, 1948 and 1951.

These Acts provide for the removal to hospital or other suitable place, of persons suffering from grave chronic disease, or being aged, infirm or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and are not receiving from other persons proper care and attention. Under the first Act application for removal is made to a Magistrate's Court; under the second an order can be made by a local Justice of the Peace, and is used in cases of urgency. However, it is only as a last resource that these powers are used, where there is complete lack of home care and where the individual refuses to go to Hospital or Part III Accommodation, despite every effort being made to persuade them or otherwise provide for them. It was not necessary to invoke these powers in the district during the year.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

1. DIPHTHERIA:

No case has been notified within the district for several years, and although the percentage of children immunised against this disease is higher than the national average there is still room for improvement. Further reference to this matter is made in Section 10 of the Appendix.

2. SCARLET FEVER:

During the present century the power of this infection has greatly declined, and it is now a mild disease. Complications are rare, and where conditions are satisfactory the nursing of cases at home is encouraged. 14 cases were notified in eight months of the year; 4 being the largest number in any one month. Cases in the five preceding years numbered 20, 9, 11, 19 and 52.

3. WHOOPING COUGH:

24 cases were notified compared with 1, 51 and 34 in the three preceding years. Other cases may have occurred, but escaped notification because of their mild nature. This sometimes occurs in children who have been immunised against the disease, which has resulted in a considerable degree of immunity, but stopping short of complete protection. Better social and domestic conditions, the smaller size of families, inherited resistance, and diet are no doubt other factors contributing to this improvement.

4. MEASLES:

The ebb and flow of infections is also well illustrated by this disease which, until 1933, was the most deadly of the common infections of childhood. Deaths are now extremely rare and complications infrequent. As there were 117 notifications in 1953, and 1 in 1954, a higher incidence was to be expected in 1955. In fact, 72 notifications were received.

5. POLIOMYELITIS:

1 notification was received, of a non-paralytic case. There were five other cases, (all with paralysis) in the Division of which one was fatal. The fear of this disease is understandable, but in assessing the dangers it should be remembered that of all children under 15 years almost half as many again die from accidents as from all the infective diseases.

6. TUBERCULOSIS:

In the Report of the Ministry of Health for 1954 it is stated that during that year the deaths from tuberculosis fell to 7,897, being a reduction of 11% on the previous year. Fresh notifications were also reduced to 42,348, a reduction of 9%. Whilst this may be regarded with some satisfaction it should be remembered that for each death there are thirty tuberculous patients in the country around us, their total number being about a quarter of a million. A majority of these patients are not infectious, but the huge total does contain a pool of infection over which control is at present inadequate. It is from this pool that so many young people contract infection and perhaps frank disease when they leave the sheltered environment of home and school for industry; and they are also at risk from the not inconsiderable number of infectious cases in the community which have been neither diagnosed, notified, nor treated. Little wonder that tuberculosis is still the principal cause of prolonged incapacity and death in the age groups between 20 and 40, and that the incidence in the lowest social class remains twice as high as it is in the highest social class.

Obviously, the problem of tuberculosis is far from being solved despite all we know about its prevention, about the detection of new cases, and the possession of new drugs which have revolutionised treatment. Although there are grounds for optimism with a death rate now falling each year, it should not be forgotten that Medicine is not, and never will be, an exact science, and in tuberculosis there is always the danger of relapse. Cure cannot, therefore, be guaranteed.

In so far as this district is concerned 8 cases of tuberculosis were notified during the year compared with 6, 9 and 6 in the three preceding years. 9 patients were admitted to tuberculosis hospitals during the year and 6 were discharged. 49 cases remained on the register at the end of the year. Fortunately, admission to these hospitals can now be secured as soon as treatment is recommended and accepted.

Tuberculin Testing:

The arrangements for giving a tuberculin test to all school entrants (subject of course to parental approval) which were inaugurated last year have been continued; and this procedure has also been used at certain child welfare clinics where "birthday examinations" are given. All these young children should be tuberculin negative, indicating that they have not been infected with the germs of tuberculosis. Where a positive test results search is made amongst the family and other close contacts for the source of infection, for these contacts are rarely numerous, and by this procedure, hitherto unknown cases of tuberculosis have been discovered. In one family such a child was found, active disease discovered in his mother, and healed disease in an aunt and grandfather. We are particularly indebted to the Chest Physician, Dr. W.D. Hamilton, for X-ray and examination of these contacts. The part he plays in integrating the hospital and local health authority services is noteworthy, for we have frequent discussions, he attends our case conferences every month, and the health visitors take duty in rotation as his clinic nurses.

Mass Miniature Radiography:

There are now 69 units operating in this country at a cost of some £500,000 per annum. The number of cases of active tuberculosis found by these units averages between two and three per thousand persons examined. Unfortunately, the numbers presenting themselves for examination are usually only in the region of 30 to 40 per cent of the population.

So that in the majority of surveys, although cases of active tuberculosis are found and offered treatment, a larger number of active cases do not attend and continue on their way spreading the disease, for probably half of these undetected cases will have a positive sputum. Their numbers may even be higher, for it is well recognised that when surveys are done on a voluntary basis those who have tuberculosis tend to be less willing to come forward for X-ray. Many suggestions have been made as to how this response of 30 to 40 per cent could be raised to 70 per cent or more. Compulsion is the most obvious and is operated in certain countries, but it would bring many objections here, and encouragement along with the enlightened example of many industrial firms and services seem to offer the best hope of changing public opinion.

A unit of the Leeds Regional Hospital Board visited the Division during the year and a brief report of the findings is as follows:-

	Males:	Females:	Total:
1. Examinations carried out:			
(a) Miniature X-rays taken:	1770	1731	3501
(b) Large X-rays taken:	72	53	125
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis:	-	4	4
(b) Cases of inactive tuberculosis:	14	8	22
(c) Other abnormalities:	14	12	26
(d) Failed to reattend for large film:	-	-	-

B.C.G. Vaccination:

This form of inoculation produces in the human body an artificially acquired resistance to subsequent infection with the tuberculosis germs. The duration and strength of this resistance are at present unknown; but it is now accepted throughout the World that B.C.G. does reduce the risk of contracting tuberculosis. It is, therefore, given by the Chest Physician to children who are particularly at risk, and these may include newly born children. And it is given by the School Medical Officers to those thirteen year old children who show, by means of a negative tuberculin test, that they have not previously acquired the infection and are an especial risk during adolescence. Details of this scheme are given in the Appendix to this Report, in the section dealing with the School Health Service.

7. OTHER DISEASES:

10 notifications were received for pneumonia, but none for food poisoning, dysentery, or erysipelas. One case of meningococcal infection from the district was notified elsewhere.

NOTIFICATIONS OF, AND DEATHS FROM INFECTIOUS DISEASES.

Disease Notified	Age Groups.							Age un-known	Total cases notified	Cases adm. to hospital	Total Deaths
	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 and over				
Scarlet Fever	-	2	2	9	1	-	-	-	14	8	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	1	-	1	1	-
Measles	-	18	15	39	-	-	-	-	72	1	-
Whooping Cough	1	7	6	8	1	-	1	-	24	-	-

- continued

Disease Notified	Age Groups					Age unknown	Total cases notified	Cases adm. to hospital	Total Deaths.
	0 to 5	5 to 15	15 to 45	45 to 65	65 and over				
Smallpox	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-
Paratyphoid	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-
Pneumonia	-	-	2	7	1	-	10	-	-
Erysipelas	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-

11

(Unexplained) cases
 (Unexplained) cases
 (Unexplained) cases
 (Unexplained) cases
 (Unexplained) cases

28 - 11th District AC - 1935
 1 - 11th District I - 1935

SANITARY CIRCUMSTANCES OF THE AREA
SUMMARY OF INSPECTIONS MADE DURING 1955

HOUSING ACCOMMODATION

	Interviews	175
	Inspections	139

PUBLIC HEALTH AND HOUSING ACTS

INSPECTIONS		212
REVISITS		160

GENERAL

	Drainage	53
	Public Conveniences	89
	Rodent Control	96
	Refuse Collection and Salvage	188
	Smoke observations	88
	Defective Dustbins	78
	Factories	26
	Interviews with owners	70
	Accumulations	3
	Clinic	6
	Outscavenging	4
	Schools	8
	Shops	70
	Sewer Treatment	1
	Disinfections	15
	Cinema	2
	Hotels and Inns	16
	Refuse Disposal	74
	Disinfestation	3

FOOD PREMISES

	Inspections	54
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INFECTIOUS DISEASES

	Inquiries	11
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SAMPLING

	Water (Plumbo-Solvency)	4
	Water (Chemical)	3
	Water (Bacteriological)	87
	Ice Cream	16
	Milk (Bacteriological)	10
	Milk (Pathological)	10

NOTICES

	Informal	Served - 34	Complied with -	26
	Formal	Served - 1	Complied with -	1

REPAIRS

SUMMARY OF WORK CARRIED OUT

Roofs Repaired	16
Defective plaster repaired	20
Outbuildings repaired	1
Walls repaired	6
Floors repaired	10
Windows repaired	14
Doors repaired	2
Fireplaces repaired	4

DAMPNESS

31

SANITARY DEFECTS:

Defective Drains repaired	52
Eaves, Gutters repaired	10
Sinks repaired	4
Rainwater pipes repaired	6
W.W.C's repaired	10

MEAT AND OTHER FOODS.

SLAUGHTERHOUSES:

During the year the slaughterhouse was used by the majority of butchers within the district, and although difficulties were experienced owing to lairage space these were overcome chiefly by the wholehearted co-operation of all the butchers concerned. The working arrangements between the butchers and myself have been very amiable and satisfactory, and although week-end slaughtering means week-end inspecting this loses its drudgery when happy conditions exist. I would like to pay tribute to the co-operation I have received from my colleague, from Barnoldswick, Mr. Brewer, who has relieved me during holidays, and this enabled the record of 100% inspection to be kept up. It is very gratifying to know that co-operation is always at hand when required.

The following is a summary of the number of animals killed and inspected with details of condemnations:-

	<u>Cattle</u> <u>excl.</u> <u>Cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep</u> <u>and</u> <u>Lanbs.</u>	<u>Pigs.</u>	<u>Horses.</u>
Number killed	241	-	-	607	126	-
Number inspected	241	-	-	607	126	-
<u>All diseases except</u> <u>Tuberculosis and</u> <u>Cysticerci</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	78	-	-	56	-	-
Percentage of the No. infected with other diseases	32.3%	-	-	9.3%	-	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	3	-	-	-	-	-
Carcasses of which some part or organ was condemned	30	-	-	-	7	-
Percentage of the No. infected with diseases	12.5%	-	-	-	5.7%	-

MEAT SHOPS AND DISTRIBUTING VEHICLES:

These have remained satisfactory throughout the year.

SLAUGHTER OF ANIMALS ACT, 1933.

There are 8 licenced slaughtermen on the register.

UNSOOUND FOOD:

During the year the following foodstuffs were examined and found to be unfit for human consumption:-

Ox Tongue	6 lbs.
Kippers	4 lbs.
Boiled Ham	15 lbs.
Corned Beef	12 ozs.

BAKEHOUSES:

Regular visits were made to the above premises, and conditions were found to be satisfactory. Regular cleansing and linewashing were carried out.

FISH FRYERS:

Number on Register 5

18 visits were made to these premises and conditions were found to be satisfactory.

PRESERVED FOOD PREMISES:

Number on Register 1

These premises were regularly inspected and found to be satisfactory.

FOOD AND DRUGS ACT, 1938: SAMPLING:-

I am informed by the West Riding County Council, being the Food & Drugs Authority under the above Act, the following samples were taken by their officers during the year:-

	<u>Genuine:</u>	<u>Adulterated:</u>	<u>Total:</u>
Milk	21	-	21
Other Foods	-	-	-
Drugs	1	-	1

FOOD PREMISES:

The standard of general and personal hygiene in food premises remains very high, but surveillance and education of the trader has continued, and no stone is left unturned to see that the public get clean and wholesome food.

I am proud to report that again there has been no notification of food poisoning during the year.

ICE CREAM.

Number of premises registered for the sale and manufacture of Ice Cream	... ..	4
Number of premises registered for the sale of Ice Cream	... ..	21

54 visits were made to these premises during the year, and note was given to the cleanliness of utensils and plant.

16 samples of ice cream were taken during the year, and the bacteriological examinations were carried out by the Public Health Laboratory Service at Bradford. The results of these examinations showed that all samples were placed in Grade 1.

MILK AND DAIRIES.

Administration appertaining to Milk and Dairies has now been reduced to sampling milk, a summary of which is given below.

<u>Milk.</u>	<u>Test.</u>	<u>Taken:</u>	<u>Satisfactory:</u>	<u>Unsatisfactory:</u>
Tuberculin Tested	Methylene Blue	2	2	-
Accredited	ditto	-	-	-
Ordinary	ditto	8	8	-

LICENCES:

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

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested (Pasteurised)	1	1
Pasteurised	-	2
Sterilised	6	-

Milk (Special Designations) (Raw Milk) Regulations, 1949.

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested	1	-
Accredited	-	-

HOUSING:

The following tables give details of the number of applicants on the Councils waiting list, together with the re-housing that has taken place during the year:-

Number on register 31. 12. 54.	... ..	139
Number of applicants registered during 1955	... ..	<u>120</u>
		<u>259</u>
Number re-housed	... ..	63
Number withdrawn	... ..	37
Total number on register 31. 12. 55.		159

New Houses Erected

Northolme Estate	40
Kelbrook	15
A.P. Bungalows	8

New Houses under Construction:

Kelbrook	6
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PUBLIC CLEANSING AND SALVAGE:

REFUSE COLLECTION AND DISPOSAL:

Outscavenging duties in the Kelbrook area, which are carried out by contract have been satisfactorily attended to during the year.

Weekly refuse collection was continued, and no difficulty was experienced in maintaining this service. The Department received no complaints regarding collection.

The staff engaged on collection and disposal have again proved very efficient and willing, and the Department has had no difficulty in engaging suitable labour.

COST OF COLLECTION AND DISPOSAL.

EXPENDITURE

COLLECTION

	£.	s.	d.	£.	s.	d.	£.	s.	d.
Wages	2,370	-	-						
Haulage	900	-	-						
Tools, Implements and Repairs	50	-	-						
Outscavenging	7	-	-						
Depot, Rent & Insurance	30	-	-						
Loan charges on vehicle	119	-	-						
Other expenses	10	-	-						
							3,486	-	-

DISPOSAL

Wages: Tip	445	-	-						
Incinerator	85	-	-						
Haulage	-	-	-						
Repairs and Maintenance	77	-	-						
Rent & Insurance	5	-	-						
Loan Charges	37	-	-						
							649	-	-
							<u>4,135</u>	-	-

INCOME

Salvage	1,100	-	-						
Re-chargeable works	200	-	-	1,300	-	-			

DISPOSAL

Tipping Charges	29	-	-						
Tip Rents		8	-						
Rent of Booth Bridge Farn	29	-	-						
							58	8	-
							<u>1,358</u>	<u>8</u>	<u>-</u>
							<u>2,776</u>	<u>12</u>	<u>-</u>

Average nett cost per load £1. 18. 2.
Average nett cost per ton £0. 18. 7.

Number of loads removed
by Motor Vehicle 1,450

Estimated weight of refuse
removed by Motor Vehicle 2,975 tons 5 cwts.

SALVAGE.

Collection of waste paper, scrap iron and rags is carried out in conjunction with the collection of refuse, and the easement of the waste paper situation has caused an increase to be made in the income received.

SEWERS.

During November a test treatment was performed on the manholes of the Council's sewerage system. This was followed by a maintenance treatment on 64 manholes. The results revealed that 13 of these manholes were infested, and these were subsequently poisoned.

The total number of inspections in regard to the baiting and treatment of the sewers was 154.

FACTORIES:

	<u>No. on</u> <u>Register.</u>	<u>Inspections.</u>	<u>Written</u> <u>Notices.</u>	<u>Occupiers</u> <u>Prosecuted.</u>
(a) Factories in which Sections 1,2,3,4 & 6 to be enforced by local authorities	9	2	-	-
(b) Factories not incl. in (a) in which section 7 is enforced by the local authority	40	24	-	-
(c) Other premises in which section 7 is enforced by local authorities (excl. out-workers premises)	-	-	-	-
	<hr/> 49	<hr/> 26	<hr/> -	<hr/> -

CASES IN WHICH DEFECTS WERE FOUND.

<u>Particulars</u>	<u>No. of cases in which defects were -</u>		<u>No. of cases in which prosecutions were instituted</u>
	<u>Found:</u>	<u>Remedied:</u>	
Want of cleanliness	2	2	-
Overcrowding	-	-	-
Unreasonable Temperature	-	-	-
Inadequate ventilation	-	-	-
Ineffective drainage of floors	-	-	-
Sanitary Conveniences			
(a) Insufficient	1	1	-
(b) Unsuitable or defective	-	-	-
(c) Not separate (Sexes)	-	-	-
Other offences against this Act not incl. offences relating to outworkers)	-	-	-
	<u>3</u>	<u>3</u>	<u>-</u>

SMOKE OBSERVATIONS:

It was found necessary on two occasions to call attention to infringements of the Council's byelaws relating to black smoke emission. Some trouble has been caused through the emission of grit, but consultations with the owners lead us to hope that they will endeavour to do all that is possible to prevent this nuisance.

RODENT CONTROL:

96 visits were made during the year in order to deal with complaints received. No heavy infestations were encountered, but regular and systematic treatments have been carried out whenever weather conditions permitted at the Council's refuse tip, sewerage works, and depot. Minor infestations at individual properties were dealt with, and where necessary structural work executed.

WEST RIDING COUNTY COUNCIL

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1955.

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2. Staff
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1. General Description
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1. GENERAL DESCRIPTION:

The division consists of the following districts:-

	<u>Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,820	7,101
Earby Urban District	5,348	3,519
Barnoldswick Urban District	10,282	2,764
Skipton Urban District	13,210	4,211
Skipton Rural District	23,715	146,071

(∅ figures derived from Registrar General's Preliminary Report on 1951 Census).

Social conditions in this mixed urban and rural community changed little during the year, for although some branches of the textile industry experienced difficulty, and four firms in West Craven ceased production, it was possible to find alternative employment for the great majority of male operatives. Women, particularly those requiring only part time work have been more difficult to place. In other trades and occupations there has been very little unemployment. In fact, most industries, agriculture, and the railways are permanently short of employees.

Housing conditions have improved in all the districts, and a start has been made in clearing slum properties under the provisions of "The Housing Repairs and Rents Act, 1954". The weather in 1955 was the reverse of that experienced in 1954, the summer being remarkable for its long spell of hot, dry weather, and the autumn mainly dry and mild. Farming, one of the staple occupations, thus had a much better year.

The prolonged drought had a serious effect on many water supplies. Although it was a great inconvenience to many people and presented a threat to the health of the public, no outbreak of disease resulted.

2. DIVISIONAL STAFF: as at 31st December, 1955.Medical:

M. Hunter	M.B.E., M.D., D.P.H.	Divisional Medical Officer
R.R. Stoakley	M.B., B.Ch.	) Assistant County and School Medical Officers
C. Harris	M.B., B.Ch.	
G.D.G. Cameron	M.R.C.S., L.R.C.P.	) Clinic Medical Officers
A.B. Morrison	M.B., Ch.B.	
J.M. Imrie	M.B., Ch.B.	) Part time.

NURSING:(a) Divisional Superintendent Health Visitor

Miss F. Stevenson, S.R.N., S.R.C.N., C.M.B., Part 1, H.V. Cert.

(b) Health Visitors/School Nurses

Miss M. Birdsall,	S.R.N., C.M.B., Part 1, H.V. Cert.
Mrs. D. Crabtree,	S.R.N., S.C.M., H.V. Cert.
Mrs. A.M. Dickinson,	S.R.N., S.C.M.
Miss N. Easton,	S.R.N., S.C.M., H.V. Cert.
Miss R.E. Fawcett,	S.R.N., S.C.M., H.V. Cert.
Miss I. Fell,	S.R.N., S.C.M., H.V. Cert.
Miss M. Smith,	S.R.N., S.C.M., H.V. Cert.
Mrs. I.G. Roscow,	S.R.N.
Mrs. B. Roberts,	S.R.N., S.C.M., H.V. Cert.
Miss M. Whaley,	S.R.N., S.C.M., H.V. Cert.
Miss N. Williams,	S.R.N., S.C.M., H.V. Cert.

(c) Home Nurses

Mrs. V.M. Flynn,	S.C.M., S.E.A.N.
Mrs. H.C. Hill,	S.R.N., S.C.M.
Mrs. I. Molyneux,	S.R.N., S.C.M.
Mrs. M. Parkinson,	S.R.N.
Mrs. M. Pratt,	S.R.N.

(d) Home Nurse/Midwives

Miss M. Brown,	S.R.N., S.C.M.
Miss E.M. Butler,	S.R.N., S.C.M.
Miss C. Herbert,	S.R.N., S.C.M.
Miss A.M. Hunter,	S.R.N., S.C.M.
Mrs. D. Inman,	S.R.N., S.C.M.
Mrs. E.M. Lingard,	S.R.N., S.C.M.
Miss P.M. Oversby,	S.R.N., S.C.M.
Miss E.A. Smith,	S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors

Mrs. P.M.E. Bunnett,	S.R.N., S.C.M.
Mrs. B.A. Priestley,	S.R.N., S.C.M., H.V. Cert.

(f) Midwives

Miss E. Barlow,	S.C.M.
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OTHER STAFFMental Health

∅ Mrs. J. Barber, S.R.N., S.C.M. (Social Worker).
 ∅ Miss M.E. Marshall, M.A. (Home Teacher).

Speech Therapist

∅ Miss M Buckley, L.C.S.T.

Venereal Diseases Social Worker

∅ Mrs. Doige-Harrison.

(∅ Part time in Division 1.)

Home Help Staff

Full time: 5
 Part time: 36

Other Domestic Staff

Part time: 4

Administrative and Clerical Staff

Senior Clerk 1
 Clerical 9

The Division has again been fortunate in having a full complement of workers throughout the year, particularly when so many health authorities are understaffed. Work has been heavy at times, and the provision of relief for holidays, sickness, courses of instruction etc., is often complicated despite the existence of a wholetime relief nurse/midwife.

The work of the administrative and clerical staff increases year by year, and an addition to their numbers is now necessary.

This year we held our third annual staff dinner to which are invited all the family doctors, hospital matrons, almoners and many other people who are connected in one way or another with our work. Once more it proved an enjoyable function, and a valuable means of promoting co-operation by the presence of individuals who may rarely write, telephone to, or meet each other.

3. HEALTH CENTRES:

The provision of health centres, one of the important projects envisaged when the National Health Service came into operation in 1948, seems to grow more remote each year. A few experimental centres have given evidence of their great value, but development on any other scale is at present prohibited by financial stringency.

This Division has neither health centre nor purpose built clinic, and although the buildings matter far less than the people working in them, the inadequacy and inconvenience of our many rented premises has become very obvious since we acquired the former day nursery in Barnoldswick for clinic purposes. With a few minor adaptations these premises will be very suitable for our use, and for the Chest Physician who will shortly join us there. Other services may be provided at a later date, and there is some space for expansion into a health centre if this should become feasible.

4. CARE OF MOTHERS AND YOUNG CHILDREN:(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1955.

	Domiciliary		Institutional		Total
	Live	Still	Live	Still	
(a) Primary Notifications					
(i) Urban Districts	86	1	256	4	347
(ii) Rural Districts	60	-	218	5	283
(b) Add Inward Transfers	-	-	224	13	237
(c) Total Notifications received:	146	1	698	22	867
(d) Deduct Outward Transfers		-	61	1	62
(e) Total Adjusted Births	146	1	637	21	805
<u>Analysis of Institutional Births:</u>					
Born in (a) Hospitals			633	21	
(b) Maternity Homes			-	-	
(c) Nursing Homes			4	-	
Total:			637	21	

(b) ANTE-NATAL CLINICS

Name and Address of Ante-Natal Clinic (whether held at Child Welfare Centre or other premises).	Number of sessions now held per month		Number of Women in attendance		Total number of attendances made by women during the year			
	Combined with I.W.	Separate Sessions Doctors	Midwives only	Number of women who attended during year	No. of new cases included in Col.5.	Combined with I.W.	Separate Sessions Doctors	Mid-wives only
Barnoldswick The Clinic The Butts	-	4	4	110	83	-	427	91
Eorby Old Grammar School	-	2	4	81	66	-	349	89
Glusburn Ebenezer Sunday School	-	2	-	21	14	-	130	-
Totals	-	8	8	212	163	-	906	180

(c) CHILD WELFARE CENTRES

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 yr. of age.	No. of children who attended during yr. and who were born in			Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during yr.
			1955	1954	1953		Under 1 yr.	1 but 2 yr.	2 but under 5	
Barnoldswick The Clinic The Butts	8	114	92	121	131	344	2271	394	344	3,009
Earby, Old Grammar School	6	58	53	60	63	176	1122	381	300	1,803
Gargrave Institute	2	13	13	26	53	92	296	173	251	720
Glusburn Ebenezer Sunday Schl.	4	51	43	52	34	129	998	189	154	1,341
Grassington Church House	2	18	18	20	34	72	255	129	205	589
Silsden Kirkgate Sunday Schl.	4	63	55	64	47	166	847	197	93	1,137
Skipton Millfields Hall	8	109	94	92	178	364	1755	639	595	2,989

(d) MOBILE CLINICS

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 year.	No. of children who attended during the year			No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year.
			1955	1954	1953	Under 1 yr.	1 but under 2	2 but under 5	
Addingham	2	28	24	14	11	197	64	36	297
Bradley	2	14	12	9	15	151	76	46	273
Carleton	2	16	15	12	26	94	91	88	273
Cononley	2	20	18	10	22	220	50	68	338
Cowling	2	14	12	17	18	210	57	68	335
Ø Embsay	2	16	14	8	23	92	19	53	164

(Ø commenced 22nd June, 1955)

(e) ANTE-NATAL CLINICS:

Details of the clinics and attendance are given in the preceding table. At two clinics mothercraft and relaxation exercises are taught by the midwife and health visitors. These classes are well attended, particularly by mothers expecting their first babies, who welcome the instruction given and the opportunities for discussion.

(f) BIRTHS:

The total number of domiciliary confinements was 147 compared with 658 in hospital and maternity homes, giving a percentage of 76%.

During the year the booking arrangements for beds in the local maternity units were transferred to the Divisional Health Office with the aim of preventing overcrowding in one whilst the other might be half empty, and vice versa. This had been happening, and as both are small units it resulted in considerable inconvenience which is now avoided. This transfer has also permitted patients to express their choice of unit.

(g) CARE OF PREMATURE INFANTS:

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. 52 premature infants were born in the Division during the year compared with 57 in the preceding year. Some of these babies were transferred to hospital for nursing care, but special equipment is available in the Division for use by the midwife when the babies remain at home.

(h) DENTAL CARE OF EXPECTANT AND NURSING MOTHERS:

This has been provided at the County Council's dental clinic in Barnoldswick for patients in the West Craven area. In other parts of the Division local dental practitioners have continued to provide a service under the County Council's scheme.

(i) DAY NURSERIES:

There are now no day nurseries in the Division, the Barnoldswick Nursery being closed during the year by implementation of the County Council's revised policy. The Earby Day Nursery was closed in the preceding year.

(j) CHILDRENS HOMES:

The children at Airview House were transferred to more suitable accommodation in an adjacent Division during the year, but Burnside House remains open. Although administered by the Welfare Department, all children are examined on admission, discharge, and periodically during their stay by the staff of the Health Department.

(k) CARE OF THE UNMARRIED MOTHER AND HER CHILD:

Although the illegitimate birth rate is now under five per cent., having fallen from nearly ten per cent. since 1945, grave personal and social difficulties still exist in many cases. A temporary solution is often achieved by admission to hostel or voluntary home for the confinement and a period thereafter. In such cases the County Council provides financial assistance. Adoption is sometimes a satisfactory solution, and there are always good homes and every care awaiting such babies.

In this area the Bradford Diocesan Moral Welfare Council plays a most worthy part in helping these unfortunate mothers and children, and in solving the problems of moral and social rehabilitation. We are greatly indebted to this organisation and its social workers for their assistance and guidance.

(l) CHILD WELFARE CENTRES:

Details of this service are given in Table (c). Their functions can be described as -

- (i) The promotion of healthy, mental and emotional development through consultation and advice.
- (ii) The prevention of respiratory disease.
- (iii) The prophylaxis of certain infectious diseases by immunisation.
- (iv) The prevention of accidents, which are still all too frequent in the home.
- (v) The detection of defects and early ascertainment of handicapped children.
- (vi) Attention to the medico-social needs of special groups such as prematures, illegitimate children, deprived and neglected children, and problem families.

In brief, the reduction of mortality, and the improvement in quality of the lives of the survivors by the patient education carried out by health visitors in the home and the welfare centre. Whilst the family doctors have a responsibility for every child on their lists it is probable that, at present, only a minority will have the time or inclination to undertake regular medical supervision and sustained teaching of child care for more than a small proportion of their little patients. Furthermore, many mothers are disinclined to trouble their busy general practitioners, and prefer the ease of approach to the welfare centre where they can attend without formality for advice and reassurance.

In the past, insufficient attention has been given to children beyond the age of infancy, and their mothers are now being encouraged to obtain regular medical supervision by a system of "birthday" examinations, including in most cases a tuberculin test. If treatment is needed it is arranged by, or in association with, the family doctor; although the purpose of regular supervision is to obviate the need for treatment arising.

Attendances at our centres continue at a very satisfactory level, and the mobile clinic has again operated in the Division on two days each fortnight. During the year, the village of Emsay was included in its itinerary.

Members of the Voluntary Committees continue to provide assistance at the static centres, and we are indebted to these ladies for their support.

5. MIDWIFERY SERVICES:

As this Division has a superfluity of hospital maternity beds, calls on the domiciliary midwives are not heavy. One wholetime midwife is employed, and one home nurse/midwife spends most of her time on midwifery. In addition eight home nurse/midwives undertake a number of cases each year. This has been found by experience to be the most suitable arrangement in the Craven District. These members of the staff are trained to give gas and air analgesia in childbirth and each possesses the apparatus. They also give pethidine when indicated, and in the majority of normal cases they conduct the confinements without the presence of a doctor.

STATISTICSNumber of confinements in the Division area
attended by midwives:

	Institu- tional total number of cases	Domiciliary Cases			
		Dr. not booked		Dr. booked	
		Doctor present at time of deliv- ery of child	Doctor not present at time of delivery	Doctor present at time of del- ivery (either booked Doctor or another	Doctor not present at time of delivery of child
Midwives employed by the Authority	-	6	35	106	147
Midwives employed by volunt- ary organ- isations	-	-	-	-	-
Midwives employed by Hosp- ital Management Committees	483	-	-	-	-
Midwives in Private Practice:					
(a) Nursing Homes	-	-	-	-	-
(b) Others	-	-	-	-	-

6. HOME NURSING:

Names of the home nursing staff have been given in Section 2. They are located in various parts of the Division according to population, availability of hospitals, natural boundaries, and the arrangements for off duty relief, but in only one instance is the homenurse/midwife working in two Divisions.

That is in Upper Wharfedale, where the nurse also undertakes duties in Division 2 in the parishes of the Skirfare valley.

Mobility is obviously of the greatest importance if this service is to be sustained and the standard of care continued. Two nurses can undertake their duties on foot, but the rest have either their own cars or cars provided by the County Council.

It is convenient to divide the work of the home nurses into three categories. Firstly, minor ailments and injections, and the latter continue to increase. Secondly, post operative and other cases discharged from hospital which show little change. Thirdly, nursing of the chronic sick and dying which occupy a large part of their day, and is an increasing commitment. This is not entirely due to the fact that there are more old people in the community nowadays, nor because there are fewer children able and willing to look after their aged relatives. There are other factors such as the discovery of antibiotics which may cure the once fatal pneumonia for the patient to die, perhaps years later, of cancer or cardio-vascular degeneration after prolonged illness; and the difficulty of securing admission to both hospital and Part III Accommodation (i.e. Homes for the Aged). The old Poor Law Institution or Workhouse has gone, but the chronic sick hospital which has taken over its beds has not taken over all its responsibilities. Rehabilitation therein and turnover of beds have their place, but the fact remains that they are of no importance to an increasing number of old, ailing or dying people who require a hospital bed, often most urgently, and cannot get one. It is such cases which demand the frequent attentions of the home nurses for professional care and many other needs.

A summary of the work undertaken is as follows:-

(i) Number of visits paid by home nurses during the year:	35,034
(ii) Number of cases attended by home nurses (excluding midwifery and maternity cases):	2,176

7. HEALTH VISITING:

Eleven health visitors have been employed during the year. Their duties also include school nursing, visits to those suffering from tuberculosis, and conduct of the child welfare clinics which operate in most of their districts.

As trained nurses and midwives they have authority in the eyes of the parents and patients, and with access to their homes without being summoned they come to know their families intimately and to be welcomed as advisers and friends. Furthermore, being trained and experienced in the difficult art of teaching and persuading they occupy a unique position in the fields of social medicine and community health.

Traditionally, the home nurse and midwife both work with the family doctor. There is every reason why the health visitor should achieve a similar relationship, and a closer liaison is being encouraged. During the year the health visitors were therefore provided with telephones to eliminate the element of inaccessibility which previously existed. The Superintendent Health Visitor has additional duties and now submits reports on all patients recommended for admission to hospitals for the longterm sick, as well as maintaining a close association with the hospital almoner and consultant physician. Her duties in respect of the Home Help Service have become increasingly onerous, for there is no establishment for an organiser in this Division, the scattered nature of which makes a car essential and a nursing qualification most desirable.

STATISTICS:

Although it is necessary to give some figures, they are but a bare record and an inadequate comment on the work done. Briefly, the number of visits paid by health visitors during the year, in addition to their attendances at clinics and welfare centres, was as follows:-

	<u>First Visits</u>	<u>Total Visits</u>
(i) Expectant Mothers	133	424
(ii) Children under 1 year	735	5,526
(iii) Children between 1 and 5 years	-	8,422
(iv) In respect of tuberculosis	-	965
(v) Other cases	-	<u>2,013</u>
	<u>868</u>	<u>17,350</u>

8. HOME HELP SERVICE:

This service has become so well known in the past few years that it no longer needs any description. There is an ever increasing demand on the service, and the organising of each week's work along with the changes necessitated by urgent calls is now a major administrative task.

Supervision in a large district is also difficult, and where no qualifications are required and no training is possible reliance has to be placed largely on the integrity of those employed. Recruitment of suitable women against the competitive claims of industry is another constant difficulty, and the hours allocated to cases have often to be less than their needs seem to demand. This is particularly so in the rural parts of the Division where home helps are difficult, often impossible to obtain; and travelling facilities are inadequate. Nevertheless, a great deal of valuable work has been done particularly in enabling aged people to continue to live in their own homes, thus reducing the demands for accommodation in hospitals and homes for the aged, all of which have waiting lists. Much more could be done if the staff were available, and we are obviously far from organising that logical extension of the Home Help Service, a "sitter-up service" for night duty, which has been possible in some large towns. In conclusion a tribute is due to the existing staff who have undertaken their heavy and sometimes disagreeable duties with tact and cheerful efficiency, in some cases for several years now.

STATISTICS:

Cases provided with home helps during the year came within the following classifications:-

	<u>Number of</u> <u>cases</u>	<u>Hours</u> <u>employed</u>
(i) Maternity (including expectant mothers).	80	6,491
(ii) Tuberculosis	1	105
(iii) Chronic Sick, Aged, Infirm	261	44,339
(iv) Others	9	1,188

9. MENTAL HEALTH SERVICE:

The functions of the Local Health Authority under existing legislation are as follows:-

- (a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

- (b) The duty under the Mental Deficiency Acts, 1913-18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.
- (c) The duty to make arrangements for the care and after care of persons suffering from mental illness or defectiveness, so far as provision is not otherwise made.

Under the terms of paragraph (a) the duly authorised officer has dealt with the following cases during the year:-

(1) Number of cases certified under Section 16 of the Lunacy Act, 1890... ..	17
(2) Number of cases dealt with under Section 20...	Nil
(3) Number of cases dealt with under Section 21...	Nil
(4) Number of cases in which authorised officers have assisted in obtaining admission under Section 1 of the Mental Treatment Act	Nil
(5) Cases dealt with under Section 5 of the Mental Treatment Act	Nil
(6) Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts	4

These figures are not large, but it should be appreciated that the innate fear of mental illness and mental hospitals is growing less and an increasing number of patients now enter the mental hospitals as voluntary patients. Probably over two thirds of all admissions thereto will be discharged within twelve months of admission, a fact which is insufficiently appreciated. Although it must be admitted that others may go in with schizophrenia in their "twenties" and stay there for the rest of their lives. It is these long staying patients, who cannot be discharged, which create the difficulties and overcrowding which still exist.

Increasing attention is now being paid to the prevention of mental illness, it having been recognised that the psychoneuroses such as hysteria, sex perversions, anxiety states, obsessions, depression and many behaviour disorders are traceable in their origin to abnormal conditions in the early years of life. If such conditions can be detected, and when detected dealt with, then the future is more hopeful for at least a proportion of the community. In this connection, the health visitors, child welfare and child guidance clinics have an increasingly important part to play.

Whilst the outlook for mental illness is more hopeful, that for the mental defectives must remain obscure until we know more about the reasons why children are born so gravely handicapped. As yet we know very little. In many cases the defectiveness is recognised in the early months or years. In others it becomes apparent by the children's inability to benefit from education at an ordinary school or special school. In a few cases, elderly defectives are notified when through ill health or old age, relatives are unable to continue to care for them.

During the year 1955, 6 mental defectives were ascertained and notified to the Authority. 4 of whom were under sixteen. At the end of the year there were 61 defectives resident in the Division, of whom 13 were under sixteen. 48 had been placed under Statutory Supervision, 13 were under Voluntary Supervision, and 1 was on licence from an institution. In addition, 64 defectives whose home addresses are in the Division were receiving institutional care elsewhere.

The Mental Health Social Worker visits defectives in Divisions 1 and 2 who are looked after by parents or relatives, and who may be working under supervision in certain occupations. Her advice and assistance are often required to deal with difficulties which arise. She also submits reports to mental hospitals in respect of applications for licence, holiday leave etc.

Mental defectives who can benefit by occupational therapy and training receive this from a Home Teacher at the Group Training Centre in Skipton on three days each week. On the other days the teacher visits the homes of those who cannot travel.

There are 6 children on the register of the centre, and they are taught (within their limitations), colours, numbers, raffia work, simple money values, clay modelling, painting, drawing, knitting and embroidery. They learn to sing and play together, and in general obtain training and companionship which they would otherwise miss. Equally important, their parents are relieved of the constant strain of caring for them for a proportion of each week. A dinner is provided through the School Meals Service, and travel warrants for the defectives and their escorts.

10. VACCINATION AND IMMUNISATION:

Since 1940 eleven and a half million children have been immunised against diphtheria and the incidence has fallen from a yearly average of 58,000 cases with 2,800 deaths in the years 1930-39, to 167 cases with 9 deaths in 1954. These are remarkable facts, evidence of the vast amount of work done by doctors in the public health service and general practice, but they must not be taken to imply that this work is finished. A generation of parents is growing up that does not know, and, therefore, does not fear this disease. To them, poliomyelitis, whooping cough and measles have become more important, and this is understandable. They do not appreciate that diphtheria could return in its old killing epidemic form, and may well do so unless the immunisation rate (both national and local) is increased. It is too low, and it is indeed a sad comment that a disease which could be eliminated still exists because all parents of young children are not convinced that they have a real responsibility for making use of the free immunisation service.

The position in regard to vaccination for the protection of children against smallpox is also unsatisfactory, despite recent outbreaks which have shown how easily this disease can be introduced into Britain through developments in travel by air. The aim should be to vaccinate every healthy baby, facilities for which are provided by every family doctor and welfare clinic, again free of charge. At present less than one third are being vaccinated.

Immunisation against whooping cough can be provided by three injections at monthly intervals starting about the fourth month of life. This gives a high degree of immunity even it falls short of complete protection. Whooping cough is a disease which is often distressing, can leave permanent lung damage, and can be fatal. No baby should be subjected to these risks for the sake of three small injections, but many are still permitted to do so.

During the year much publicity has been given to immunisation against poliomyelitis. Preliminary reports from the U.S.A. show that the results obtained by using the Salk vaccine are encouraging. Favourable reports are also available from Canada and Denmark where large numbers of children between the ages of 5 and 12 years have been vaccinated. Two vaccines are now being produced in this country and although their use has been suspended since adverse reports were received on vaccine manufactured by the Cutter laboratories in America, it is hoped that before long we shall have a safe and effective vaccine available.

(Note - Since this report was written the Ministry of Health has announced that limited supplies of vaccine will be available in 1956).

B.C.G. vaccination for protection against tuberculosis was referred to earlier in this report in Section C. Further reference will be found under the "School Health Service".

STATISTICS:

(a) Number of persons vaccinated (or re-vaccinated) during period:-

Age at date of vaccination	Under 1 Year	1 Year	2 to 4 Years	5 to 14 Years	15 yrs. or over	Total
Number vaccinated	301	19	8	5	44	377
Number Re-vaccinated	-	-	-	6	76	82

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year:

Age at date of final injection

<u>Under 5.</u>	<u>5 to 14</u>	<u>Total</u>
700	153	853

(c) Number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year ... 753.

11. HEALTH EDUCATION:

A concern for health rather than ill health is a seemingly difficult thing for a health service to achieve and most people still believe that the health of the country depends largely upon the adequacy of the medical services and especially the hospitals. This is quite erroneous, for the curative services have contributed relatively little to the falling mortality and morbidity of the last hundred years, which have been due largely to improved living conditions - i.e. housing, water, food and sanitation.

The point has now been reached when more and better health services will not in themselves produce any improvement in the health of the people. What is required is more and more health education to teach people the way to better health with emphasis on the responsibility of the individual. Local health authorities and local authorities have special powers in this field but few have a staff of sufficient size to utilise them, or employ officers specially appointed for the task. For the present, the health visitors, nurses, midwives, sanitary inspectors, school teachers, doctors and others do what they can in their own spheres of activity. But this enormous problem of healthy living is only receiving a fraction of the attention it needs if the nation's bill for ill health and preventable disease is to be reduced.

12. CHILDREN NEGLECTED OR ILL TREATED:

A recent publication on the prevention of cruelty to children states that there has been a very substantial improvement in three main directions: a striking fall in the number of prosecutions for neglect, and cruelty; a big reduction in the drunkenness that used to be a heavy contributor to these things; and a reduction in the incidence of malnutrition, undoubtedly due in part to school milk and meals. But if the definition is accepted that "any child who is frequently unhappy is the victim of cruelty", then there is obviously a great deal left to do. Improvidence, absence of moral values, irresponsible fathers, drink, moral dangers, mental deficiency amongst parents or children (or both), haphazard marriages, working mothers, fathers who contribute an inadequate proportion of their earnings to the upkeep of the home - all these still exist.

They are discussed at the conferences which the Divisional Medical Officer arranges periodically to co-ordinate the activities of those who have an interest in the welfare, education, and housing of the families exhibiting these characteristics.

Fortunately they are not numerous in this Division, but their rehabilitation is difficult without the assistance of a special social worker or Family Service Unit to work in their homes, although the services of the local inspector or the N.S.P.C.C. are available and appreciated.

13. CARE AND AFTER CARE:

The home nurses have supplied sick room requisites - i.e. air-rings, rubber sheets, bed pans and bed rests from their stocks. And larger items in the form of wheel chairs, spinal carriages and special beds have again been supplied through the Divisional Health Office. Recuperative Home Treatment was arranged for 11 individuals on their doctor's recommendation, and several children were admitted to convalescent homes.

The supply of extra milk to 48 cases of tuberculosis was arranged on the advice of the Chest Physician, and home helps and home nurses have been supplied at the request of almoners following the discharge of patients from hospital.

Many old people have received a good deal of attention, from the home nurses intermittently, and from the home helps. Assistance from the latter for perhaps only a few hours each week has often been sufficient for them to keep their homes in order and maintain that feeling of independence which is so important to them.

Reference has been made in previous reports to our ageing population and the increasing demands which it is making on the Welfare State. These must be met. They are not solely measured in terms of money, and much excellent work is being done by voluntary organisations in providing clubs, meals-on-wheels, chiropdy, visitation, boarding out arrangements, and dwellings suitably converted and located. In one county the Women's Institutes have taken a particular interest in the welfare of old people in rural districts and have recruited Institute members in each village to act as old people's "friend". And the National Assistance Board officers visit periodically over a million people who are receiving supplementary retirement pensions. Despite all this good work there are many old people who are frail, lonely and in poor physical state for one reason or another. For such, the development of a visiting service capable of visiting about once a week every old person living alone and who might be in need of help is a praiseworthy objective.

14. AMBULANCE SERVICE:

There has been no alteration in the ambulance arrangements during the year. They are as follows:- the Barnoldswick depot serves West Craven; the Keighley depot serves Silsden and adjacent parishes in South Craven; Addingham and Beamsley are dealt with by the Guiseley depot. The rest of the Division is catered for by the Skipton depot with the exception of Upper Wharfedale, which is dealt with by the St. John's Ambulance Brigade operating under agency arrangements from Grassington.

STATISTICS:

1955

Mileage covered:	149,968
Patients carried:	16,915

15. SCHOOL HEALTH SERVICE:

The basic programme of this service consists of the examination of every school child in the Division on three occasions during his or her school life, along with the more frequent examination of the handicapped pupils and special cases. For some time the Ministry of Education has been advocating more frequent routine examinations, but not until this year has sufficient staff been available to do this. However, a start has now been made on the routine examination of the 7 to 8 year olds. The routine testing of colour vision was also started, using Ishihara's test. The colour blind woman is comparatively rare, but about 8 per cent of the male population have some defect of colour vision, most often a difficulty in distinguishing differences between red, green and yellow which are obvious to normal people. Their difficulty is not in seeing these colours but in telling which is which. Such persons may experience disappointment if their defect is not discovered before they choose a career, and they may be incompetent or even dangerous in certain occupations.

B.C.G. vaccination has again been offered to all children in the thirteen year old group, the purpose of which is to provide children with an artificial immunity who are shown to be susceptible to tuberculosis on skin testing. The tuberculin testing of school entrants has been continued as a means of finding hitherto undetected cases of tuberculosis amongst their contacts. In children of that age contacts are rarely numerous, and it is considered worth while arranging for their examination and X-ray when a positive reactor has been found by tuberculin jolly test.

The aim of both these procedures is to help reduce the incidence of tuberculosis in the community.

Information has been provided for the guidance of the Youth Employment Officer as heretofore.

TABLE 1

(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:-

Entrants	794
7 to 8 year group	415
Last year primary	726
First year secondary	137
Last year secondary	<u>375</u>
Total	<u><u>2,447</u></u>

(b) Other Inspections:

Number of special inspections	1,321
Number of re-inspections	<u>39</u>
Total	<u><u>1,360</u></u>

(c) Pupils found to require treatment:

Group	Defective Vision (excl. squint)	For any of other conditions recorded in Table 11.	Total Individual pupils
Entrants	23	117	124
7 to 8 year group	26	30	52
Last year primary	52	89	134
First year secondary	11	25	32
Last year secondary	45	44	80
Total	157	305	422

(d) CLASSIFICATION OF ALL PUPILS GIVEN A ROUTINE EXAMINATION

Age Groups	Number of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col.2.	No.	% of Col.2.	No.	% of Col.2.
Entrants	794	553	69.65%	224	28.21%	17	2.14%
7 to 8 year group	415	271	65.3 %	139	33.5 %	5	1.2 %
Last year primary	726	509	70.1 %	205	28.2 %	12	1.7 %
First year secondary	137	91	66.4 %	43	31.4 %	3	2.2 %
Last year secondary	375	279	74.4 %	87	23.2 %	9	2.4 %
Total	2,447	1,703	69.6 %	698	28.5 %	46	1.9 %

TABLE 11(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31.12.55

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease	Periodic Inspections No. of Defects		Special Inspections No. of defects	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	33	22	3	20
Eyes: (a) Vision	157	158	27	72
(b) Squint	16	23	3	15
(c) Other	10	1	3	4
Ears: (a) Hearing	7	7	2	4
(b) Otitis Media	5	13	-	7
(c) Other	5	11	1	6
Nose or Throat	45	154	19	112
Speech	21	11	14	13
Cervical Glands	5	24	-	10
Heart & Circulation	2	37	1	67
Lungs	7	83	5	93
Developmental:				
(a) Hernia	2	5	1	3
(b) Other	7	70	4	41
Orthopaedic:				
(a) Posture	17	62	2	29
(b) Flat Feet	68	35	16	51
(c) Other	13	30	2	33
Nervous System:				
(a) Epilepsy	-	7	1	4
(b) Other	-	4	-	4
Psychological:				
(a) Development	-	7	-	32
(b) Stability	3	35	1	23
Other	19	14	2	22

(f) B.C.G. VACCINATION OF SCHOOL CHILDREN:

Number offered B.C.G. vaccination	754
Number accepting B.C.G.	432
Number Mantoux negative	297
Number given B.C.G.	297

(g) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly and given appropriate advice and treatment. Orthopaedic, and Ear, Nose and Throat Clinics are held at Skipton Hospital by consultants of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision and the prescription of spectacles. His clinics are held in Skipton and Barnoldswick, as are the speech therapy clinics. Finally, a child guidance clinic for children showing behaviour problems and maladjustment is held in Skipton, the conduct of which is now in the hands of a consultant psychiatrist, Dr. Burbury.

(h) HANDICAPPED PUPILS:

Although the emphasis today is on drawing as little difference as possible between the handicapped child and the normal child, there are pupils who, owing to some mental or physical disability, require special educational treatment. Between 1945 and 1954, 256 new special schools with 18,000 new places have been established in the country, but there are still considerable waiting lists. The children in this Division requiring special education are as follows:-

Blind	...	...	...	...	...	3
Partially Sighted	...	...	...	...	...	3
Deaf	...	...	...	...	...	3
Partially Deaf..	...	...	...	...	...	1
Maladjusted	...	...	...	...	...	3
Delicate	...	...	...	...	...	10
Physically handicapped	...	...	...	...	...	18
Educationally subnormal...	...	...	...	...	...	27
						<u>68</u>
					Total	<u>68</u>

Of these 68 children, some are in ordinary schools, some in hospital schools, and a few are being taught at home. Those attending special residential schools are:-

Schools for the Blind	2
Schools for the Partially Sighted	2
Schools for the Deaf	3
Schools for the Partially Deaf	1
Schools for the Maladjusted... ..	2
Schools for the Delicate	4
Schools for Physically Handicapped	2
Schools for Educationally Subnormal	7

There is a residential special school within the Division at Netherside Hall, near Grassington, which provides accommodation for 40 senior boys. Many of them are sufferers from asthma and chest diseases; others from a variety of conditions for which residence at an open-air school has been prescribed. Supervision is provided by the Divisional Medical Officer and his staff.

(i) PUPILS UNDER OBSERVATION:

In addition to the pupils classified as handicapped under the Education Act, 1944, 54 children with defects of a less serious or temporary character were under special observation by the medical officer and school nurses at the end of the year.

(j) EMPLOYMENT OF CHILDREN:

The County Council has byelaws regulating the employment of children of compulsory school age, which require the children to be examined by a School Medical Officer within two weeks of the date employment begins. During the year 36 children were examined to ensure that employment would not be prejudicial to health.

(k) CLEANLINESS:

Examination of children's heads for infestation with vermin is undertaken by the school nurses. During the year 19,886 examinations were made and 149 children found to require treatment. In many cases this is a chance infestation which does not recur, but where there is evidence of lack of care or neglect, treatment is undertaken in co-operation with the parents and teachers.

(1) DENTAL SERVICE:

The following statistics have been provided by Mr. O.A. Long, Senior Dental Officer. For the first half of the year treatment was on a reduced scale in consequence of Mr. Ellwood's absence in America on studyleave.

Number of children inspected	2,442
Number of children found to require treatment	1,986
Number of children offered treatment	1,699
Number of children treated	1,359
Number of attendances	2,498
Number of extractions:	
(a) temporary	1,266
(b) permanent	255
Number of general anaesthetics	19
Number of fillings:	
(a) temporary	454
(b) permanent	1,417
Number of other treatments:	
(a) temporary	189
(b) permanent	899

16. WELFARE FOODS SCHEME:

The distribution of National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D Tablets was transferred from the Ministry of Food in June, 1954, and distribution centres are established in Skipton, Silsden, Steeton, Crosshills, Earby, Barnoldswick, Gargrave and Grassington. In addition, cod liver oil and orange juice are dispensed by voluntary agencies in Appletrewick, Linton, Addingham, Sutton, Farnhill, Cowling, West Marton, Lothersdale and Kettlewell. During the year the following quantities were distributed:-

National Dried Milk	21,120 tins
Orange Juice	38,267 bottles
Cod Liver Oil	6,972 bottles
Vitamin Tablets	2,631 packets

In some parts of the country there has been a downward trend in the distribution of Welfare Foods, believed to be due to the continuing improvement in the general diet and standard of living, and the fact that coupons for liquid and national dried milk are now interchangeable. In this Division there has been a fall in dried milk issues but not of the other commodities.

17. MEDICAL EXAMINATIONS:

Particulars of medical examinations carried out by the Divisional Medical Staff during the year:-

Entry to County Superannuation Scheme	36
Teachers and entrants to Training Colleges	37
Fitness for work	7

In addition certain examinations were carried out under the Children Act, 1948, and the Mental Deficiency Acts.

