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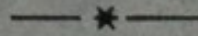
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Urban District of Garforth



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

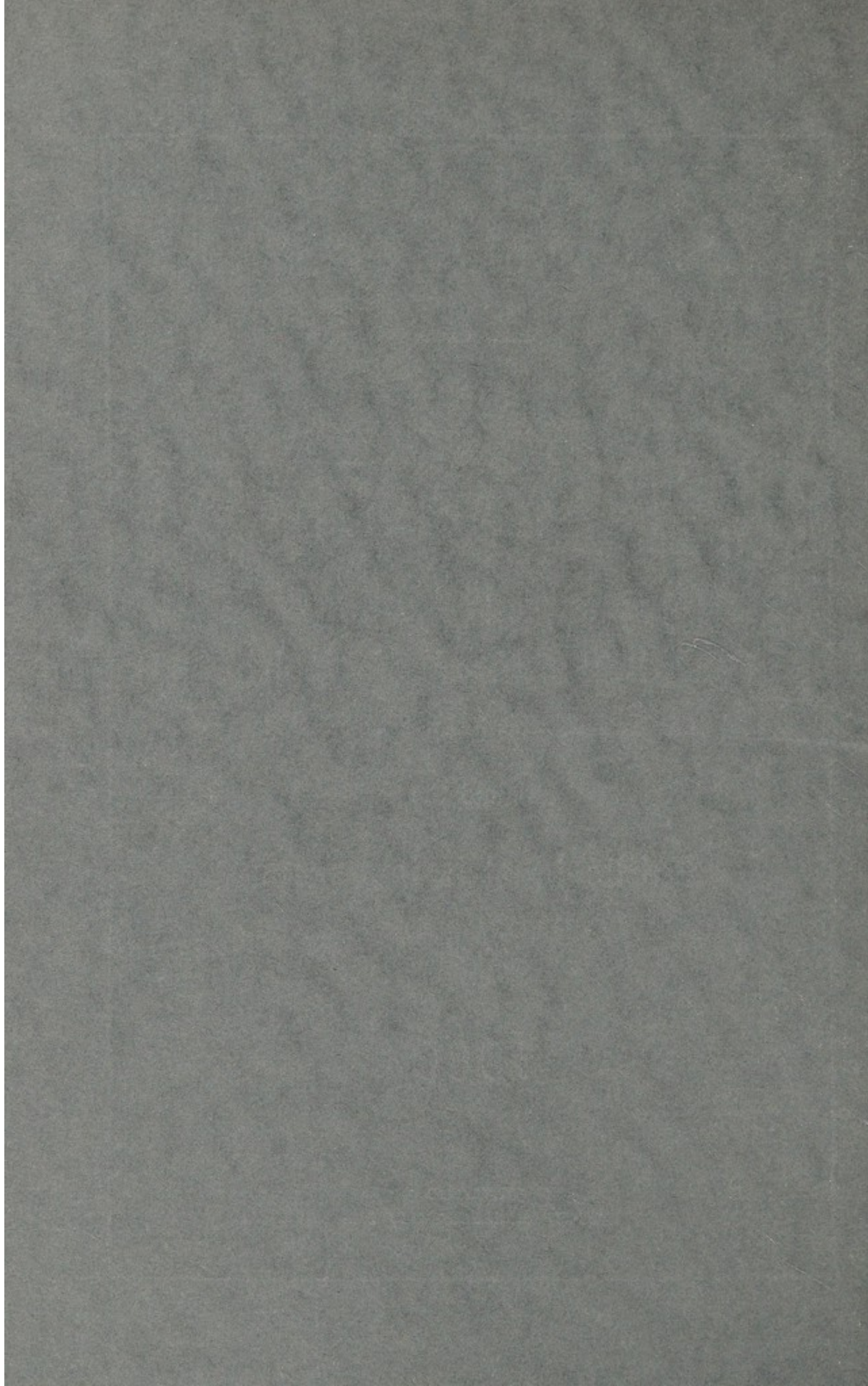
Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

1960

WAKEFIELD

W. H. MILNES (SUCCS.) LTD.



Urban District of Garforth



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GARFORTH URBAN DISTRICT COUNCIL

CHAIRMAN OF THE COUNCIL:

Councillor E. Brownridge, J.P.

VICE-CHAIRMAN:

Councillor H. Rhodes

PUBLIC HEALTH COMMITTEE:

Chairman: Councillor S. Leigh

Vice-Chairman: Councillor I. Spencer

Councillor J. Kilburn, J.P.

Councillor S. Oxtoby

Councillor J. Parker

Councillor Mrs. E. Roberts

Councillor P. Wall

Councillor W. White

Councillor F. Wright

MEDICAL OFFICER OF HEALTH:

A. L. Taylor, M.D., D.P.H.

PUBLIC HEALTH INSPECTOR

R. A. Naylor, C.R.S.H., M.A.P.H.I.

CLERK OF THE COUNCIL

E. Wigglesworth

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health, 1960.

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

Mr. Chairman, Madam and Gentlemen,

The Report which I have the pleasure of presenting to you in the following pages follows very closely on the lines of its immediate predecessors. No outstanding individual incident has occurred in the field of preventive medicine in your area during 1960. The health of the community has remained good and there have been no serious outbreaks of epidemic disease. The statistical returns are satisfactory and the percentage of children protected against the major epidemic diseases gives cause for satisfaction.

The changes brought about by the Mental Health Act are now well under way and I have given you some account of this in the Report.

During the year a Chiropody Service for certain groups of people has been introduced and is now in full swing.

There has been no change in the general administration of the Public Health Service. Relations have continued excellent throughout, not least with yourselves.

I should like to take this opportunity once again of saying how much I have appreciated the helpfulness of yourselves and your officials on all occasions.

I remain, Madam and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

GARFORTH URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1960

Area in Acres	...	...	...	4,000
Registrar General's Estimate of Population for 1960				14,380
Number of Inhabited Houses, 1960, according to Rate Book	...	...	...	4,855
Rateable Value, Year commencing 1.4.60			...	£115,447
Net Product of a Penny Rate, Year commencing 1.4.60				£454

VITAL STATISTICS IN 1960

				M.	F.	Total	
Live Births.							
Legitimate	...	...	...	117	131	248
Illegitimate	...	...	...	8	7	10
			Total	...	120	138	258

Live Birth Rate per 1,000 population (adjusted) 17.94

Still Births.

Legitimate	...	...	...	4	1	5
Illegitimate	...	...	...	-	-	-
			Total	...	4	1	5

Still Birth Rate per 1,000 live and still births 19.01

Birth Rate (live and still) per 1,000 of the estimated resident population (adjusted) 18.28

Deaths.

				M.	F.	Total
All Ages	...	...	...	79	71	150
Death Rate per 1,000 of the estimated resident population (adjusted)			...		12.83	

	M.	F.	Total
Deaths of Infants under 1 year ...	6	4	10
Death Rates of Infants under 1 year:—			
All Infants per 1,000 live births ...			38·76
Legitimate Infants per 1,000 legitimate live births ...			32·26
Illegitimate Infants per 1,000 illegitimate live births ...			200·0
Neo-natal Mortality Rate per 1,000 live births			27·13
Illegitimate live births per cent. of total live births			3·9
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...	...	—
Rate per 1,000 live births ...	...	...	—
Deaths from Measles (all ages) ...	...	...	0
Deaths from Whooping Cough (all ages) ...	...	...	0
Deaths from Cancer (all ages) ...	...	...	27

Maternal Mortality.

Deaths ...	...	0
Rate per 1,000 (live and still) births	...	0·0

RECORD OF DEATHS IN AGE GROUPS, 1960

Age	Males	Females	Total
Under 1 year ...	6	4	10
1—5 years ...	1	1	2
5—10 „ ...	-	-	-
10—15 „ ...	-	-	-
15—20 „ ...	-	-	-
20—25 „ ...	-	1	1
25—35 „ ...	-	-	-
35—45 „ ...	3	2	5
45—55 „ ...	8	3	11
55—65 „ ...	15	8	23
65—70 „ ...	9	7	16
70—75 „ ...	11	12	23
75—80 „ ...	11	12	23
80—85 „ ...	8	15	23
85—90 „ ...	7	3	10
Over 90 years...	-	3	3
Totals ...	79	71	150

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1960

			Urban District of Garforth	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	14,380	1,187,270	464,690	1,651,960	*
Births	{	Live	258	19,644	8,291	27,935	*
		Still	5	438	203	641	*
		Total	263	20,082	8,494	28,576	*
Deaths of Infants	{	Under 1 week	6	271	113	384	*
		Under 4 weeks	7	312	130	442	*
		Under 1 year	10	442	186	628	*
Deaths (all causes)	..	..	150	14,484	4,485	18,969	*

CRUDE AND ADJUSTED RATES

Live Birth	..	..	17.9	16.5	17.8	16.9	17.1
Adjusted Live Birth	..	..	17.9	16.7	17.8	17.1	
Death (All causes)	..	..	10.4	12.2	9.7	11.5	11.5
Adjusted Death	..	..	12.8	12.9	11.9	12.6	
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.	..	..	—	0.06	0.05	0.06	*
Tuberculosis, Respiratory	..	..	—	0.06	0.07	0.06	0.07
Tuberculosis, Other	..	..	—	0.01	0.01	0.01	0.01
Tuberculosis, All Forms	..	..	—	0.07	0.08	0.07	0.07
Cancer	..	..	1.95	2.10	1.67	1.98	2.16
Vascular lesions of Nervous system	..	..	1.81	1.97	1.53	1.85	*
Heart and Circulatory Disease	..	..	3.82	4.68	3.52	4.35	*
Respiratory Diseases	..	..	0.83	1.25	0.96	1.17	*
Maternal Mortality	..	..	—	0.70	0.82	0.73	0.39
Stillbirth	..	..	19.0	21.8	23.9	22.4	19.7
Perinatal Mortality	..	..	41.8	35.3	37.2	35.9	*
Neo-natal Mortality	..	..	27.1	15.9	15.7	15.8	15.6
Infant Mortality	..	..	38.8	22.5	22.4	22.5	21.7

* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.

COMMENTS ON STATISTICAL DATA

There has been a slight reduction in the Infantile Mortality Rate, but a total of 10 Infant deaths cannot be considered really satisfactory. You will see from the table that of the 10 deaths, 7 occurred in the first month of life, and that the large majority were associated with abnormalities making survival impossible. In addition one baby died as a result of violence. I hope that 1961 will show a return to more favourable circumstances.

The Birth Rate continues satisfactory and shows an increase from 16.25 last year to 17.94. It is difficult to account for the fact that the Birth Rate for the Garforth Urban District is higher than that in some neighbouring areas. Possibly the explanation lies in the large amount of new private building which must be expected to bring into the area young couples who are just starting families. Be that as it may, the figure is a very satisfactory one.

The Death Rate of 12.8 is about average for the Country and the usual causes of death predominate. Five deaths were attributed to lung cancer. This is far too many and I do not need to emphasise my confirmed opinion on the association between smoking and lung cancer. In this regard it is significant that of the 5 deaths, 4 were males.

No Maternal Death occurred during the year.

There has been, you will notice, some increase in the notifications of tuberculosis. In my opinion this is due to increased diagnostic accuracy and facilities. I am convinced that tuberculosis is actually diminishing in medical and social significance, and I will have something to say about it later in the Report.

By and large, the statistics recorded in this Report are satisfactory.

CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT, 1960

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				79	196
1.	Tuberculosis, respiratory
2.	Tuberculosis, other
3.	Syphilitic disease
4.	Diphtheria
5.	Whooping Cough
6.	Meningococcal infections
7.	Acute Poliomyelitis
8.	Measles
9.	Other infective and parasitic diseases
10.	Malignant neoplasm, stomach	..	2	3	
11.	Malignant neoplasm, lung, bronchus	..	4	1	
12.	Malignant neoplasm, breast	..	..	3
13.	Malignant neoplasm, uterus	..	..	2
14.	Other malignant and lymphatic neoplasms	..	6	6	
15.	Leukaemia, aleukaemia	..	1	..	
16.	Diabetes	..	1	2	
17.	Vascular lesions of nervous system	..	12	14	
18.	Coronary disease, angina	..	24	11	
19.	Hypertension with heart disease	..	..	1
20.	Other heart disease	..	5	8	
21.	Other circulatory disease	..	2	4	
22.	Influenza	..	..	..
23.	Pneumonia	..	..	1
24.	Bronchitis	..	8	1	
25.	Other diseases of the respiratory system	..	2	..	
26.	Ulcer of stomach and duodenum	..	2	..	
27.	Gastritis, enteritis and diarrhoea	..	..	1
28.	Nephritis and nephrosis	..	1	..	
29.	Hyperplasia of prostate	..	..	..
30.	Pregnancy, childbirth, abortion	..	..	..
31.	Congenital malformations	..	1	1	
32.	Other defined and ill-defined diseases	..	5	7	
33.	Motor vehicle accidents	..	..	1
34.	All other accidents	..	2	2	
35.	Suicide	..	1	1	
36.	Homicide and operations of war	..	..	1
Live Births.	{	Total	..	120	138
		Legitimate	..	117	131
		Illegitimate	..	3	7
Still-Births.	{	Total	..	4	1
		Legitimate	..	4	1
		Illegitimate
Deaths of Infants under 1 year of age.	{	Total	..	6	4
		Legitimate	..	6	2
		Illegitimate	2
Population	14,380	
Comparability Factors :—					
	Births	1.00	
	Deaths	1.23	

INFANTILE MORTALITY IN 1960

Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Extreme Prematurity ..	2	-	-	-	2	-	-	-	-	2
Pneumococcal Meningitis..	-	-	-	-	-	-	1	-	-	1
Asphixia } Atelectasis } Prematurity }	3	-	-	-	3	-	-	-	-	3
Meningomyocele } Hydrocephalus }	-	-	-	1	1	-	-	-	-	1
Congenital heart disease ..	-	-	-	-	-	1	-	-	-	1
Scalds accidentally sustained at home	-	-	-	-	-	-	-	-	1	1
Shock and subdural haem- orrhage following and due to a fractured skull ..	1	-	-	-	1	-	-	-	-	1
Totals ..	6	-	-	1	7	1	1	-	1	10

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1931—1940	1941—1950	1951—1960	1951—1960	
Not Available	1931 76.9	1941 77.2	1951 46.9	
	1932 N.A.	1942 38.6	1952 31.9	
	1933 150.9	1943 42.7	1953 11.3	
	1934 134.6	1944 36.1	1954 44.3	
	1935 34.5	1945 22.1	1955 48.3	
	1926 51.2	1936 81.6	1946 20.0	1956 24.3
	1927 57.6	1937 74.6	1947 31.0	1957 19.5
	1928 64.5	1938 35.7	1948 36.0	1958 12.6
	1929 56.6	1939 46.5	1949 30.1	1959 48.2
	1930 N.A.	1940 47.9	1950 15.0	1960 38.8
Average— 57.5	Average— 79.1	Average— 84.9	Average— 32.6	

Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births
1956	206	7	3.4
1957	257	9	3.5
1958	235	3	1.3
1959	228	5	2.2
1960	258	5	1.9

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1956	206	3	1.5
1957	257	4	1.6
1958	235	2	0.9
1959	228	9	3.9
1960	258	7	2.7

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

No change has occurred during the year. Your District continues to be associated with the two neighbouring Urban Districts, and the population is slowly rising due to a considerable amount of new building which is occurring in the Divisional area. The Medical staff still consists of a Divisional Medical Officer, one Deputy Medical Officer and one Assistant Medical Officer, and is quite adequate to undertake all duties. Some increase in the volume of work undertaken by the clerical staff occurred due to the introduction of new Services. They have managed to cope adequately, but the County Council feel that some increase in clerical staff is justified and this is in the process of being implemented.

One of the most encouraging features of the Divisional administration is the happy relationship which exists with all other bodies, and with the general practitioners in the area. I cannot imagine a more satisfactory liaison than already exists and the work which is carried out is greatly facilitated by this factor.

There have been a certain number of changes in the domiciliary nursing staff and these I have commented on later in the Report.

We still enjoy the services of one part-time Ophthalmologist, one part-time Consultant Paediatrician, and one part-time Speech Therapist.

The Mental Health section of the work has now been considerably augmented, and we have now based in this office one Senior Mental Welfare Officer, and two Mental Welfare Officers who are almost exclusively occupied in this Divisional Area.

The Dental Services continue to function satisfactorily, and there has been no change in staffing. This is a valuable Service and is much appreciated by parents.

SCHOOL MEDICAL SERVICE

A glance at the tables immediately following will give you some idea of the enormous volume of work which is being carried out in the School Medical Service in your area.

I can say without qualification that the physical health and wellbeing of school children have never been higher. Standards of nutrition and of hygiene are excellent and even the small hard core of families who cause concern are gradually falling into line with the vast majority of well-nourished and healthy children. So good are the standards and so few the defects found at routine medical inspections that it is now thought that a change of method may be introduced. Under the proposed new dispensation, a considerable number of routine inspections will be discontinued and instead more time taken over the small percentage of children who are found to need special care and consideration on account of physical or mental handicap.

Already, in some parts of the County, pilot schemes embodying this principle are in being and results up to date indicate that medical time is being much more usefully deployed.

All the Consultant Services available to us are working well and we have no knowledge of any undue waiting period for ophthalmic investigation, Ear, Nose and Throat, or Orthopaedic appointments.

Dr. Bowker and Dr. Dick, the two school Medical Officers, are doing an excellent job and are quite up to date with their work. We are fortunate in continuing to enjoy their services.

Relationships with Divisional Education Officers have been uniformly good and an excellent liaison with Head teachers and their staffs has been maintained.

Considerable progress in immunisation against poliomyelitis and tuberculosis has been made and extensive programmes have been carried out with the minimum of dislocation of school curricula. As a result, we feel that we are always welcome in the schools and are regarded as friends and colleagues rather than unnecessary interruptions of school work.

SCHOOL MEDICAL SERVICE

MEDICAL INSPECTION AND TREATMENT
 RETURN FOR THE YEAR ENDED 31st DECEMBER,
 1960
 PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1956 and later	118	118	100	—	—
1955	397	393	99	4	1
1954	158	157	99·4	1	·6
1953	398	397	99·75	1	·25
1952	265	262	98·87	3	1·13
1951	22	22	100	—	—
1950	463	458	98·92	5	1·08
1949	308	308	100	—	—
1948	14	14	100	—	—
1947	13	13	100	—	—
1946	183	180	98·36	3	1·64
1945 and earlier	366	365	99·73	1	·27
Total	2,705	2,687	99·33	18	·67

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils.
1956 and later ...	2	16	17
1955 ...	17	59	72
1954 ...	2	27	28
1953 ...	18	45	58
1952 ...	21	40	54
1951 ...	4	4	7
1950 ...	31	58	89
1949 ...	14	9	21
1948 ...	—	—	—
1947 ...	1	1	2
1946 ...	14	29	34
1945 and earlier ...	33	38	70
Total ...	157	326	452

OTHER INSPECTIONS

Number of Special Inspections ...	52
Number of Re-inspections ...	68
	120

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,276
Total number of individual pupils found to be infested	103
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) ...	—

**DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1960
PERIODIC INSPECTIONS**

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	19	3	12	—	33	3	64	6
Eyes—								
a. Vision ...	24	6	31	10	102	36	157	52
b. Squint ...	7	2	—	1	8	8	15	11
c. Other ...	4	—	2	1	8	1	14	2
Ears—								
a. Hearing ...	4	3	5	1	17	6	26	10
b. Otitis Media	26	—	4	—	12	—	42	—
c. Other ...	—	—	—	1	9	—	9	1
Nose and Throat ...	12	3	2	—	19	3	33	6
Speech	4	5	—	—	13	6	17	11
Lymphatic Glands ...	—	—	—	—	3	3	3	3
Heart	1	4	1	3	1	15	3	22
Lungs	13	1	5	—	17	1	35	2
Developmental—								
a. Hernia ...	—	—	—	—	1	1	1	1
b. Other ...	—	—	—	—	—	1	—	1
Orthopaedic—								
a. Posture ...	—	—	2	1	14	1	16	2
b. Feet ...	3	3	5	2	5	3	13	8
c. Other ...	1	2	—	—	8	3	9	5
Nervous System—								
a. Epilepsy ...	1	—	—	—	—	—	1	—
b. Other ...	3	—	—	—	3	4	6	4
Psychological—								
a. Development	2	3	—	2	1	—	3	5
b. Stability ...	10	2	1	2	8	2	19	6
Abdomen	2	—	—	—	1	2	3	2
Other	4	3	3	—	12	—	19	3
Total ...	140	40	73	24	295	99	508	163

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	2	—
Eyes—		
a. Vision	2	—
b. Squint	—	—
c. Other	—	—
Ears—		
a. Hearing	—	—
b. Otitis Media	1	1
c. Other	—	—
Nose and Throat	1	—
Speech	—	—
Lymphatic Glands	—	—
Heart	1	—
Lungs	—	—
Developmental—		
a. Hernia	—	—
b. Other	—	—
Orthopaedic—		
a. Posture	—	—
b. Feet	—	—
c. Other	1	—
Nervous System—		
a. Epilepsy	—	—
b. Other	—	—
Psychological—		
a. Development	—	—
b. Stability	—	1
Abdomen	—	—
Other	—	—

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of Refraction (including squint)	575
Total ...	577
Number of pupils for whom spectacles were prescribed ...	519

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	2
(b) for adenoids and chronic tonsillitis	8
(c) for other nose and throat conditions	1
Received other forms of treat- ment	—
Total ...	11
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	—
(b) in previous years ...	9

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out-patients departments ...	18
Pupils treated at school for postural defects ...	—
Total ...	18

DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	—
(b) Body ...	—
Scabies ...	—
Impetigo ...	5
Other skin diseases ...	3
Total ...	8

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	12

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	60

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	37
Pupils who were admitted for convalescent treatment under School Health Service arrange- ments during 1960 ...	4
Pupils who received B.C.G. vaccination ...	502
Other than above— U.V.R. Treatment ...	38
Total ...	581

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1960

PAEDIATRIC SERVICE

Consultant Clinics.

Number of sessions held during the year 10

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases	18	20
(b) cases attending from previous year(s)	6	28
Total number of attendances at clinics ...	48	88

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year 32

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in connection with applications :—

(a) for employment (including entertainments) 86
 (b) No. of (a) found unfit —

ULTRA VIOLET LIGHT TREATMENT

No. of sessions held during the year	224	
	Pre-School children	School children
No. of children treated during the year	13	25
Total No. of attendances ...	272	582

PAEDIATRIC SERVICE

Summary of type of defect for which referred

Defect or Disease	Pre-School	School
Central Nervous System	—	2
Heart and Circulatory System ...	—	5
Respiratory System, including E.N.T. Defects	5	5
Orthopaedic	3	2
Skin	1	—
Mental Defect, including Educational Sub-normality	2	2
Congenital Deformities	2	—
Gastro-intestinal System	—	1
Genito-urinary System	—	1
Glands	—	2
Nutritional	1	4
Developmental	9	10
Rheumatism	—	1
Incontinence	1	12
Unclassified	—	1
Totals	24	48

SPEECH THERAPY

Total number of sessions held during the year ...	...	198
No. of new cases treated during the year ...	...	25
No. of cases already attending for treatment from previous year ...	... ..	35
Total number of cases treated ...	... ..	60
No. of cases awaiting treatment at end of the year ...	...	12
No. of visits made to schools ...	... ..	3
No. of home visits ...	... ..	1

Analysis of Cases treated during the year :—

	Boys	Girls
Stammering	2	1
Defects of articulation—		
(a) Dyslalia	27	8
(b) Sigmatism	1	1
(c) Rhinolalia, due to—		
(i) Cleft Palate	1	2
(ii) Nasal obstruction	—	—
(d) Dysarthria	—	—
Aphasia	—	—
Defective speech due to—		
(i) Educational sub-normality	7	1
(ii) Deafness	—	1
Retarded speech development	2	1
Dysphonia	—	—
Other defects—		
Rhotacism	3	—
Idioglossia	2	—
Total	45	15
Analysis of Cases discharged :—		
No. of children discharged during year—		
Speech normal	8	3
Speech improved	5	1
Unsuitable for treatment	3	—
Non-co-operation	—	—
Left school	—	—
Left district	1	1
Other reasons—		
Treatment refused by parents	1	3

VACCINATION AND IMMUNISATION

The percentage of children who have received two or three injections against Poliomyelitis can be considered very satisfactory. Indeed, it is rather higher than the average for the County, or for the Country as a whole. Reference to the table will give you some idea of the amount of work which has been carried out. There is, of course, no room for complacency, and every effort is being made by the Health Visiting Staff and by the family doctors practising in the area to encourage acceptance of immunisation. There is increasing evidence that a high level of immunisation is accompanied by a low incidence of the disease. Sufficient experience has been gained here and in America to allow one to conclude that the experimental stage is now over and that immunisation against poliomyelitis has taken its place with the older procedures against smallpox, diphtheria, etc.

There is now almost universal use of Triple Vaccine, giving protection against Diphtheria, Whooping Cough and Tetanus.

I should like here to pay tribute to the Health Visitors working in your area whose efforts in the field of health education have been largely responsible for the satisfactory total of children given protection. Our percentage compares very favourably with others and the entire absence of Diphtheria from the community, together with a continuing extremely low incidence of Whooping Cough, gives striking indication of the effectiveness of this preventive measure.

As I wrote last year, the age at which Smallpox vaccination is now offered has been raised to the beginning of the second year of life. Consequent on this there was some temporary fall until the time lag was caught up. In spite of this, however, there has been a reasonably satisfactory total of children vaccinated and every effort will be made to see that this is maintained.

B.C.G. vaccination is now offered to all school children over the age of 13 years and here again the response can be considered reasonably satisfactory. B.C.G. vaccination has now been practised for several years and is found to be safe and free from unpleasant complications. We have no knowledge of any untoward ill effects, and it is significant that the numbers of children whose parents accept this protection is showing no sign of diminishing.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1960

CLASS	Number vaccinated with two injections during the year ended 31st December, 1960
Children born in the years 1943—1959	924
Young persons born in the years 1933—1944	314
Persons born before 1933 who have not passed their 40th birthday	880
Others	26
TOTAL	2,144

In addition to the above, 100 c.cs of vaccine were issued for vaccination of Hospital Staff:—

Total number of persons who had received two injections at 31st December, 1960—

Children	... ..	10,828
Others	... ..	4,640
Total	... ..	15,468

Number of persons who had received one injection only at 31st December, 1960—

Children	... ..	125
Young Persons	... ..	2
26 — 40 years	... ..	72
Others	... ..	—
Total	... ..	199

Number of persons who had received three injections at 31st December, 1960 ... 12,647

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Age at final injection			
	Under 1	1 — 4	5 — 14	Total
No. of children who completed a full course of primary immunisation (including temporary residents) ...	735	132	292	1159
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	68	1288	1356

Immunisation in relation to Child Population

Age at 31.12.60 i.e. Born in Year	Under 1 1960	1—4 1959-1956	5—9 1955-1951	10—14 1950-1946	under 15 Total
Last complete course of injections (whether primary or booster)					
1956—1960 ...	263	2133	2254	1896	6586
1955 or earlier	—	—	813	2340	3153

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation (including temporary residents)
Under 6 months	254
6 months to one year	373
1—2 years	61
2—3 years	18
3—4 years	25
Total	731

Immunisation in relation to Child Population

Age at 31.12.60 i.e. born in year :—	Under 1 1960	1 to 4 1959—1956	5 to 9 1955—1951	10 to 14 1950—1946	Under 15 Total
Number immunised ...	259	2,147	1,604	91	4,101

Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1	5	2
1	8	—
2	13	7
3	4	1
4	15	3
5 — 9	33	4
10 — 14	4	—
Totals	82	17

No death occurred from Whooping Cough in the Division during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

Age at Date of Vaccination	Under 1	1 year	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	283	28	12	16	30	369
Number Re-Vaccinated ...	—	—	1	6	37	44

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

Age at final injection	Number of children who received protection against tetanus (including temporary residents)
Under 6 months ...	243
6 months to 1 year ...	326
1 — 2 years ...	52
2 — 3 years ...	19
3 — 4 years ...	15
Over 4 years ...	22
Total ...	677

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	3
---	---

Acceptances

(a) No. of children under fourteen years of age eligible during the year	826
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	826
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances	727
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	88.0

Pre-Vaccination Tuberculin test

(a) No. of children tested	651
(b) Result of test—	
(i) Positive	66
(ii) Negative	535
(iii) Not ascertained	50
	<hr style="width: 50px; margin-left: auto; margin-right: 0;"/>
	TOTAL 651
	<hr style="width: 50px; margin-left: auto; margin-right: 0;"/>
(c) Percentage positive	15.58

Vaccination

No. vaccinated	502
-----------------------	-----

Tuberculin test twelve months after vaccination

(a) No. vaccinated in 1959	271
(b) No. tuberculin tested after 12 months	264
(c) Result of test—	
(i) Positive	183
(ii) Negative	81
(iii) Not ascertained	—
	<hr style="width: 50px; margin-left: auto; margin-right: 0;"/>
	TOTAL 264
	<hr style="width: 50px; margin-left: auto; margin-right: 0;"/>

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year
1960

	AGE GROUPS												All ages
	Under 1 year Months				Years								
	0	1	3	6	1	2	3	4	5	10	15	20	
Vaccinated :—													
Male ...	4	3	2	3	-	1	1	-	1	2	-	-	17
Female ...	5	2	1	-	-	1	1	1	3	2	4	1	21
TOTAL ...	9	5	3	3	-	2	2	1	4	4	4	1	38
RESULT OF VACCINATION :—													
Successful :													
Male ...	4	3	2	3	-	1	1	-	1	2	-	-	17
Female ...	4	2	1	-	-	1	1	1	2	1	4	-	17
TOTAL ...	8	5	3	3	-	2	2	1	3	3	4	-	34
Unsuccessful ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Not finally ascertained ...	1	-	-	-	-	-	-	-	1	1	-	1	4

LOCAL HEALTH AUTHORITY CLINIC SERVICES

There is nothing new to report in this Section. The same premises as formerly are in use and are moderately satisfactory.

I am not yet able to report the restoration of a direct bus service from Garforth to Rothwell, and this factor continues to give rise to some inconvenience. I am told that efforts are still being made but so far without avail.

Attendances have been maintained at about the former level, though ante-natal attendances still tend to fall. This is not a retrograde trend and serves merely to underline the fact that nowadays all expectant mothers can receive full ante-natal care from their own family doctors. These latter refer a considerable proportion of their patients to our Clinics for routine blood tests, a service we are very ready to undertake on their behalf.

The Relaxation classes held at Garforth continue to function and are much valued.

The same can be said of the Ultra Violet Light Clinics which are held three times a week at Garforth.

CONSULTANT CLINICS

These continue as before and are all held at the Central Clinic at Rothwell.

Ophthalmic Clinics are held weekly, and the work is now up to date.

Dr. Pickup, Paediatric Consultant, still attends at monthly intervals and a close liaison between him and the family doctors of the area is maintained. This Clinic is of very considerable value and is much appreciated.

There is now no waiting list at all for children needing Ear, Nose or Throat treatment. This is readily available either at Leeds or at Wakefield.

The part-time services of a Speech Therapist continue to be available and weekly sessions are held.

There is considerable delay, however, in obtaining consultations at the Child Guidance Clinic. Some cases are seen by the Consultant Psychiatrist at Pontefract, whilst others attend the Clinic at County Hall, and the work seems to have built up. This type of case is very time consuming and treatment cannot be hurried.

MENTAL HEALTH SERVICES

The changed conditions in Local Health Authority Mental Health Services foreshadowed in my last Report are now taking definite shape. Your District forms part of a County Area from the whole of which patients are admitted to Stanley Royd Hospital. This area has been chosen by the County Council to act as a prototype in the County Council administrative area. To it have been appointed a Senior Mental Welfare Officer and a number of Mental Welfare Officers, two of whom work almost full time in the Rothwell Health Division,

The aim and intention of the new Mental Health Act is to integrate as nearly as possible the Psychiatric Hospitals and services with those of the General Medical and Hospital services of the Country. Thus, the emphasis is on informality of admission and discharge and on the increasing domiciliary care and supervision of patients discharged from Psychiatric Hospital to their homes. After-care of such cases is becoming increasingly the concern of the Local Health Authority. To this end it is obvious that the closest possible co-operation should be obtained between the Consultant Staffs of the Psychiatric Hospital, the general medical practitioner service and the Local Health Authority. In this area we are fortunate in having been able to assist in the establishment of such co-operation. The new Act is still in its infancy and one can only give a general impression of its work at the moment. Suffice it to say that at the time of writing, considerable satisfaction is expressed and there is optimism for its future success.

You may remember that a new Training Centre was envisaged to be built near the centre of the Division. Fears were entertained that capital retrenchment might result in delay. However, at the time of writing, it is learned that official sanction has been given by the Minister and it is anticipated that the Centre will be built within the next year or so. The need for it under the new dispensation is very great. Children of a certain degree of mental subnormality have now a statutory right of admission to a Training Centre and their attendance is compulsory. Thus we have been driven to transport patients from your area to existing Centres at Airedale and in Wakefield. This has involved considerable difficulties

of transportation and the new Centre will obviate much travel time and administrative difficulty.

As is inevitable in all new ventures, teething troubles are bound to arise and many problems will need to be solved. Good will and forbearance on all sides are needed and I would ask you to exercise patience and understanding for a considerable time until the new order can be consolidated.

DOMICILIARY NURSING SERVICES

Health Visiting.—The staffing position continues very satisfactory. Indeed, two Assistant Health Visitors who worked in this Division have been accepted for full training and are expected to take up duty once more in due course as full members of the staff.

The work of the Health Visitors continues to change in emphasis and is increasingly concerned with the care of the aged. Health Education too is being given considerable emphasis and the policy of the Ministry is still further to increase the amount of time given to this branch of preventive medicine.

Home Nursing.—In this area we have always been fortunate in the quality of our Home Nurses and this continues true to-day. Their work has been carried out satisfactorily without exception and their relationship with their patients and with the family doctors has been universally good. The Supervisor of Home Nurses reports in the highest terms and I feel that no improvement is possible in this branch of the Service.

Midwifery Service.—At the time of writing we are adequately staffed, although it is likely that the amount of work undertaken will increase owing to the diminution in available beds at Maternity Hospitals. However, at the present moment we have no difficulty in meeting all demands.

The continuing growth of Garforth is likely to mean that in the not too distant future an additional domiciliary midwife will be needed in this area.

HOME HELP SERVICE

The demand continues to increase. Great difficulty has been experienced in keeping within the allocation allowed by the County Council. Severe pruning of times allotted to individual cases has had to be done. At the time of writing, however, I am glad to say that an increased allocation has been sanctioned. It was found that there was considerable discrepancy as between one part of the County and another. Thus, the total pool available appeared to be unfairly distributed and it has been decided that the fairest way is to allocate to each Health Division a number of Home Helps proportionate to the total population. Under this new dispensation, the Rothwell Health Division will have the services of a Home Help force equivalent to 33 whole-time Home Helps.

We are fortunate in being able to recruit adequately Home Helps of reasonably good quality. No complaint has arisen during the year and many expressions of appreciation have been received from recipients of help. The chief value of the service is in enabling old people to continue to live in their own homes, rather than to seek Institutional accommodation. In my opinion, it is a social, rather than a domestic, service and every report I get serves to underline that opinion. The following table will give you some idea of the work undertaken during 1960 and I would draw your attention to the overwhelming preponderance of old and ailing people who seek our help.

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	27½
(ii) From Reserve Pool (Average over the year)	...	...	...	1
Total	...	...	...	28½

Number of Domestic Helps employed at 31st December, 1960—

(i) Whole-time	...	...	...	—
(ii) Part-time	...	...	...	87
Total	...	...	...	87

Cases provided with Domestic Help during year ended 31st December, 1960—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	30	1,407
(ii) Tuberculosis	2	120
(iii) Chronic sick (a) aged 65 +	314	56,063
(b) under 65	21	5,857
(iv) Others	9	2,819
Totals	375	66,266

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1960 ÷ 2288 (52 weeks x 44 hours) = No. of home helps that could have been employed full time. = 29.0

CHIROPODY SERVICE

During 1960, the new County Council scheme came fully into being. In this area we run what is known as an "indirect" service. Under this scheme the various Old Aged Persons' Associations employ a Chiropodist of their own choice and submit their accounts to me in due course for settlement. Six treatments per year are given, though more can be sanctioned if requested on reasonable grounds. The service is available to all men over the age of 65 and all women over the age of 60 and also to various other groups of persons, including those suffering from physical handicap and other special need. The whole of the Garforth Urban District is covered, although in one part patients are still expected to visit Chiropodists of their own choice. This I regard as less than ideally satisfactory and the position is under constant review.

The usual initial troubles were experienced, but there was active co-operation all round and things are settling down to a satisfactory routine.

In my next Report I shall be able to give you more information in the light of experience. For your information, I give you the following figures which will give some indication of the volume of work (including clerical and administrative) involved.

CHIROPODY SERVICE

Number of sessions held during the year

(a)	In Voluntary Clinics	...	...	51
(b)	In Chiropodist's Surgery	...	...	25
				76
	Total	...	...	76

Number of patients treated

(a)	In Voluntary Clinics	...	...	297
(b)	In Chiropodist's Surgery	...	...	82
(c)	In own homes	...	...	42
				321
	Total	...	...	321

Number of Treatments given

(a)	In Voluntary Clinics	...	...	363
(b)	In Chiropodist's Surgery	...	...	230
(c)	In own homes	...	...	83
				676
	Total	...	...	676

AMBULANCE SERVICE

Unfailing courtesy is experienced in dealing with all grades of ambulance personnel. No complaint has arisen from any source during the year and our relationship with the Service is of the happiest.

LABORATORY FACILITIES

The majority of the work is carried out by the Medical Research Laboratory at Wakefield and they continue unfailingly kind and helpful. Any special investigation is readily undertaken and all routine work meticulously carried out.

MILK AND FOOD SAMPLES

Powers to act under the Food and Drugs Act have not been delegated to this Authority. Samples of Water are submitted to the County Analyst at Halifax and, during 1960 four samples were analysed, all of which were satisfactory.

HOSPITAL PROVISION IN THE AREA

Maternity Hospitals.—In all branches of the Hospital Service there is a chronic shortage of trained nursing staff. In no section is the shortage more serious than in Maternity Units. These are now working under conditions of extreme difficulty and this fact is reflected in the number of admissions of patients from your area. In addition, the pressure on beds is so great that early discharge is now the order of the day. In cases where suitable home accommodation is available it is current practice to discharge the mother to her home within two or three days of her confinement. Every care is taken to ensure that home conditions are suitable for such discharge. It is thought, additionally, that mother and baby can be better looked after at home, and are at less risk, than would be the case if they were kept in a Hospital, the staff of which is numerically inadequate and chronically overworked.

Much as one may deplore this necessity, one must recognise that no alternative course is open to Hospital Authorities. The vogue for Hospital confinement has arisen from many causes, social, domestic, and even financial. Whilst it is essential that any case having obstetric abnormality be confined in Hospital, it is by no means universally true that a mother who is in normal health, living in a good house, with adequate available help at home, is better off having her baby in Hospital. The care and attention available to her from her own family doctor and from the domiciliary midwifery service, backed up, where necessary, by the provision of a Home Help, are perfectly adequate to ensure her safety and comfort and that of her infant.

Having said this, I would like to point out that once again approximately 50% of all births took place in Maternity Homes or Hospitals during 1960. Whether this percentage can be maintained in the face of deteriorating recruitment of Hospital midwives is doubtful. I would like to assure you that no hardship will be caused and that amply adequate domiciliary services are available to all needing them.

Infectious Diseases Hospitals.—It will be noted that only four cases were admitted to Seacroft Hospital during 1960 and of these all but one were admitted for "observation," and found to be suffering from illness which is not legally notifiable. Seacroft Hospital continues to be

a most valued institution and I am glad to place on record my appreciation of the very prompt and ready way in which information and amended diagnoses are made available to me.

General Hospitals.—There is nothing new to report and the position remains as formerly, that is to say, very satisfactory. No difficulties have been encountered during the year.

Chronic sick accommodation remains difficult. The increasing number of aged chronic sick needing accommodation is throwing a very great burden on Hospitals which, for the most part, were not built for the purpose and are increasingly under strain because of the difficulty of the recruitment of nursing staff. The foregoing generalisations are true of your own area. The 5 beds which were promised us at St. George's Hospital have been made available and are occupied by citizens of the Divisional area. The further number of beds which are to be provided are not yet available and the date of their provision remains doubtful. I am constantly under pressure from relatives and friends to try to arrange transfer from chronic sick Hospitals in the Pontefract Group, of patients seeking to be accommodated at St. George's. Every effort is made to accede to these requests but inevitably there is delay until a bed becomes available. The complexities attendant on the administration are very great indeed and it must be remembered that St. George's is primarily a long-stay Annexe to St. James's Hospital in Leeds and admits only cases which have previously been admitted to, and treated in, geriatric units with special diagnostic and treatment facilities. Thus, the direct admission of cases from their own homes to St. George's is neither possible nor desirable. I can assure you that the needs of your citizens are constantly in mind and that every effort is being made to ensure a satisfactory share of the local Hospital accommodation for geriatric cases.

Part III Accommodation.—Here again there are very great shortages, but I am glad to place on record my appreciation of the kindness and co-operation constantly afforded by the County Welfare Officer and his staff. Frequent personal consultations are made and during the year it has always been possible to obtain Part III accommodation for those in real need, with minimal delay.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

The year was similar to its immediate predecessors in the remarkably small number of notifications of Infectious Disease. No case of Poliomyelitis occurred and one may perhaps be permitted a little optimism in anticipating relative freedom from this disease as a result of the high percentage of the population now protected against it.

The prevalence of mild Scarlet Fever last year diminished markedly in 1960 and only eight cases were notified.

I must confess to a little disappointment in pointing out that 27 notifications of Whooping Cough were received. Of these, only eight had received complete or partial course of immunisation. I very much hope that this factor will be noted by parents and that a still further increase of acceptances can be achieved.

In all, Infectious Disease gave rise to no anxiety during the year and one can only express the hope that this state of affairs will continue indefinitely.

Venereal Disease. — There has been widespread National misgiving about the increased incidence of Venereal Disease in the Country as a whole. Thus it is with additional satisfaction that I report, once again, no significant increase in your District.

Infestations.—Apart from a few nits found in the hair of a very few school children, there has been no record of any infestation.

Scabies, too, was almost entirely absent from the community.

In all, the state of affairs revealed by the statistics for 1960 shows very satisfactory control of Infectious Disease in your area.

TUBERCULOSIS

1960 saw the highest number of notifications of pulmonary tuberculosis since 1952. At first sight this would seem to contradict my expressed opinion as to the diminishing significance of Tuberculosis as a community disease. I do not in any way retreat from the view which I previously expressed. Increased diagnostic facilities, together with the universal willingness of members of the general public to undergo miniature mass radiography, are resulting in much earlier diagnosis of the disease. Treatment is now almost universally successful and the periods during which patients need to be detained in Sanatoria are progressively shortening. I see no reason to suppose that the relatively high number of notifications is not merely a temporary phenomenon and doesn't mark a regression of the continuing improvement of the last few years.

In this area we are fortunate in having available two Chest Clinics where the standards of medical care are of the highest. Very close liaison between ourselves and the Chest Clinics exists and the Chest Physicians and their staffs are unfailingly co-operative and courteous. In our turn we do all we can to help in the domiciliary care of persons who are under observation.

TUBERCULOSIS

Record of Cases during the year 1960

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	24	27	2	13
No. of cases notified for first time during year	5	4	1	—
No. of cases restored to Register ...	—	—	—	—
No. of cases added to Register otherwise than by notification ...	—	1	—	—
No. removed to other districts ...	1	—	—	—
No. Recovered ...	1	—	1	1
No. died from the Disease ..	—	—	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :— Revised diagnosis ...	—	—	—	—
No. of cases on Register at end of year ...	27	32	2	12

New Cases and Mortality during 1960

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	—	—	—	—	—	—	—	—
1—5 years ...	1	—	—	—	—	—	—	—
5—10 „ ...	—	—	—	—	—	—	—	—
10—15 „ ...	1	1	—	—	—	—	—	—
15—20 „ ...	—	1	—	—	—	—	—	—
20—25 „ ...	—	2	—	—	—	—	—	—
25—35 „ ...	—	—	—	—	—	—	—	—
35—45 „ ...	—	—	—	—	—	—	—	—
45—55 „ ...	1	—	—	—	—	—	—	—
55—65 „ ...	1	—	1	—	—	—	—	—
Over 65 years ...	1	—	—	—	—	—	—	—
Age unknown ...	—	—	—	—	—	—	—	—
Totals ...	5	4	1	0	0	0	0	0

TUBERCULOSIS

New Cases and Deaths since 1941

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1941 ...	5	2	3	1
1942 ...	2	3	2	3
1943 ...	9	-	2	3
1944 ...	8	3	5	1
1945 ...	6	-	5	-
1946 ...	7	3	5	1
1947 ...	7	4	4	-
1948 ...	14	5	7	-
1949 ...	14	1	2	1
1950 ...	13	4	5	-
1951 ...	6	3	7	-
1952 ...	12	4	5	-
1953 ...	8	2	1	-
1954 ...	4	2	2	-
1955 ...	6	1	2	-
1956 ...	6	1	1	-
1957 ...	1	3	-	-
1958 ...	6	2	-	-
1959 ...	3	0	2	-
1960 ...	9	1	0	-

HOUSING

The main factor in the Urban District is the rapid expansion of private building in the Garforth area. This is bound to alter the nature of the Garforth village and it is already obvious that a new small town will arise.

A detailed analysis of the housing figures over recent years is contained in Mr. Naylor's Report which follows this one. You will note that there is still a great demand for Council houses and I would urge on you the continuing need for public provision of accommodation, more particularly of the smaller units of one or two bedrooms.

I feel that you are facing up to your responsibilities and that Garforth Urban District can regard with satisfaction its efforts over the last few years.

HOUSING STATISTICS

YEAR 1960

1.	No. of Dwelling Houses in District	...	...	4,855
2.	No. of Houses included in above—			
	(a) Back-to-back	...	...	8
	(b) Single back	...	...	4
3.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year			
	(a) in Clearance Areas	...	...	Nil
	(b) Individual unfit houses	...	...	5

A. HOUSES DEMOLISHED

	HOUSES DEMOL- ISHED	DISPLACED during year	
		Persons	Families
In Clearance Areas			
(1) Houses unfit for human habitation	Nil	Nil	Nil
(2) Houses included by reason of bad arrangement, etc.	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957	53	38	12
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	2	Nil	Nil
(6) Houses unfit for human habitation where action has been taken under local Acts	Nil	Nil	Nil
(7) Unfit houses included in Unfitness Orders	Nil	Nil	Nil
B. UNFIT HOUSES CLOSED			
		Number	
(8) Under Sections 16 (4), 18 (1) and 35 (1), Housing Act, 1957	Nil	Nil	Nil
(9) Under Sections 17 (3) and 26, Housing Act, 1957	Nil	Nil	Nil
(10) Parts of buildings closed under Section 18, Housing Act, 1957	Nil	Nil	Nil

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority	378	Nil
(12) After formal notice under		
(a) Public Health Acts	59	11
(b) Sections 9 and 16, Housing Act, 1957	19	3
(13) Under Section 24, Housing Act, 1957	Nil	Nil

**D. UNFIT HOUSES IN TEMPORARY USE
(Housing Act, 1957)**

	Number of Houses	Number of separate dwellings contained in column (1)
	(1)	(2)
Position at end of year		
(14) Retained for temporary accommodation		
(a) Under Section 48	Nil	Nil
(b) Under Section 17 (2)	Nil	Nil
(c) Under Section 46	Nil	Nil
(15) Licensed for temporary occupation under Sections 34 or 53	Nil	Nil

E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses	Number of occupants of houses in column (1)
	(1)	(2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year	Nil	Nil

4. No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc.	8
(b) Overcrowding	2

5. RENT ACT, 1957

- (a) No. of certificates of disrepair granted ... Nil
 (b) No. of undertakings to execute repairs given by owners to the local authority ... Nil
 (c) No. of certificates of disrepair cancelled ... Nil

6. OVERCROWDING

Any comments in connection with this problem
 None

7. NEW DWELLINGS

No. of new dwellings completed during the year:—

- By the Local Authority 5
 By Private Enterprise 94

8. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applications received during the year	Applications approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	Nil	Nil	Nil
(b) IMPROVEMENTS	85	84	57

9. DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—At the time of writing this Report the new water tower is in being at the top of Garforth Cliff and reports indicate that there is now no problem from shortage of pressure. We are informed that a scheme is in hand within the next year or two to construct a large new reservoir at the highest point of your District. This is said to be more than adequate for present and future needs.

It is good to be able to report an end to the irritating shortages which have been the lot of many of your citizens during the last few years.

The quality of the water has remained excellent throughout and as usual I append sample chemical and bacteriological analyses.

Chemical Analysis:

Total Solids	125	parts per million
Mineral Matter	95	„ „ „
Chlorine as Chlorides	15	„ „ „
Free Ammonia	Nil	
Albuminoid Ammonia	0.03	„ „ „
Oxygen absorbed in 4 hours at 80° F.	Nil	
Nitrous Nitrogen	Nil	
Nitric Nitrogen	0.6	„ „ „
Total Hardness	58	„ „ „
Temporary Hardness	18	„ „ „
Permanent Hardness	40	„ „ „
pH Value	8.9	„ „ „
Colour—Hazen Units	Nil	
Turbidity—Silica Scale	Nil	
Free Chlorine—Actual Free	Nil	
Total, including Chloramines	Nil	
Iron as Fe	0.02	„ „ „
Lead in solution	Nil	
Lead dissolved in 24 hours...	Nil	

Bacteriological Examination:

Total No. of Micro-organisms per ml. growing on Agar at 22° C. 3 days	4
Total No. of Micro-Organisms per ml. growing on Agar at 37° C. 2 days	Nil
Presumptive B. Coli	Nil per 100 ml.

This water is organically pure and safe for human consumption.

No standpipe nor well is in use in the District and the water is without plumbo-solvent action.

Sewage Disposal.—This remains completely satisfactory and the works at Allerton Bywater are modern and efficient.

Closet Accommodation.—The only sanitary accommodation not on the water carriage system is at property scheduled for demolition or at isolated farm cottages.

Houses (percentage of total):—

provided with water closets	98.99%
provided with earth or pail closets	0.99%
provided with waste water closets	0.02%

Public Conveniences.—These have continued satisfactory, and apart from minor incidents, no complaints have arisen.

Drains and Sewers.—A blockage occurred in a sewer at Kippax and this was traced to the disposal of animal effluent from a local butchery. The condition was cleared up and an undertaking given that no future nuisance of a similar nature would be caused.

Mining subsidence has given rise to no damage during the year.

Public Cleansing.—Garforth has always had a high standard of public cleansing and this has been maintained with weekly emptying of ashbins.

The few remaining cesspools in the district are emptied regularly.

Rivers and Streams.—No action has been necessary during the year.

Shops and Offices.—There is a gradual but steady rise in standards of cleanliness and shop keepers are universally co-operative in adopting any measures which may be suggested to them to improve hygiene.

Camping Sites.—The Garforth Cliff Camping site continues and is adequately maintained and supervised. Some difficulties have arisen during the year where women have taken up residence in the site within a few days of the birth of a child. It is often quite impossible to secure Hospital admission at a few days' notice and, therefore, with the co-operation of the Owners of the site, intending tenants are interviewed to make sure that they will not be needing this type of attention in the period immediately following their admission to the site.

I do not believe that a caravan is a good place for permanent residence, but some such provision is necessary and I feel that in the Garforth Cliff site the best possible compromise is reached.

Swimming Baths and Pools.—No public baths in this area.

Bed Bug Eradication.—There have been no complaints regarding infestation during the year.

Smoke Abatement.—Hope is now entertained that an agreement has been reached with the mining community and that the next year or two will see a progressive diminution in the use of raw coal as domestic fuel. The electrification of the Colliery proceeds and there is obvious diminution of smoke nuisance from that cause.

Offensive Trades.—No offensive trade is carried on in the Garforth area.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the administrative responsibility of this Authority. The following is a list of the Outworkers and it will be noted that once again no special action has been necessary. Routine inspections have been carried out in respect of Part I of the Act and again no special action has been necessary.

FACTORIES ACTS, 1937 to 1959

**INSPECTION FOR PURPOSES OF PROVISIONS AS TO
HEALTH.**

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	12	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	26	30	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	11	23	—	—
TOTAL	49	65	—	—

OUTWORK.

Nature of Work	No. of Outworkers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
WEARING APPAREL:—						
Making, etc. ..	11	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	11	—	—	—	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

	No. of cases in which defects were found					Number of cases in which Prosecutions were instituted
	Found	Remedied	Referred :			
			to H.M. Inspector	by H.M. Inspector		
Want of cleanliness	2	2	—	—	—	
Overcrowding	—	—	—	—	—	
Unreasonable temperature	—	—	—	—	—	
Inadequate ventilation	—	—	—	—	—	
Ineffective drainage of floors	—	—	—	—	—	
Sanitary Conveniences :—						
Insufficient	4	4	—	—	—	
Not separate for sexes	—	—	—	—	—	
Unsuitable or defective	1	1	—	—	—	
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—	
Total	7	7	—	—	—	

Infectious Disease Prevention

Inspections	12
Further Enquiries	2
Disinfections	2
Schools Disinfected	—
Miscellaneous Visits	7
Scabies Visits	—

Milk and Dairies

Inspection of Cowsheds and Dairies ...	14
Milk Samples taken	—

Food and Drugs Inspections

Meat Inspections	63
Bakehouses	38
Food Inspections	42
Ice Cream Inspections	61
Water Sampling	4
Fish Shop Inspections	40

Housing

Houses Inspected and Recorded	164
General Surveys	82
Public Health Act Inspections	322
Re-visits	401
Council Houses	56

Sanitary Matters

Inspection of Nuisances	411
Inspection of Verminous Premises ...	12
Inspection of Privies	47
Inspection of Piggeries	52
Inspection of Rat Infestations	667
Inspection of New Drains	96
Drains Tested	90
Smoke Observations	8

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

For The Year

1960

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

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report for the year 1960. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

HOUSING

During the year, because of a slow down in the building of Council houses (only five being constructed), slum clearance progress has been retarded. However, five more houses were represented as being unfit for human habitation and Demolition Orders were made, making the total of houses condemned in post war years 361; 63 at Garforth, 174 at Kippax and 124 at Allerton Bywater.

The hard core of slum clearance has, of course been broken in this district and there only remain a few small pockets to be dealt with, particularly in the Kippax area. At the end of the year only five families still remained to be rehoused from condemned properties. It is, however, increasingly apparent that unless some action is taken many of the cleared sites will present a very unsightly appearance, and I would suggest that the Council should give serious consideration to the purchasing of some of these areas with a view to future redevelopment.

The Council at present own 1,471 houses and bungalows (516 at Garforth, 473 at Kippax and 482 at Allerton Bywater), approximately 30% of all the houses in the

urban district, but there is still a great demand for council houses, as will be seen from the fact that there has once again been an increase in the number of outstanding applications for houses during the past year from 502 to 614, representing a 22% increase on last year's total. It is clear therefore, that although houses are being erected in the Garforth area by private enterprise, for sale at a terrific price, unless more rented accommodation is made available, many families on the waiting list are doomed to remain so for some considerable time. A rough survey of the purchasers of newly constructed houses reveals that over 95% are persons from outside the area.

The fact that the Council have decided to erect a number of bungalows for aged persons may free more council houses by the rehousing of older persons occupying two or three bedroomed houses in the bungalows, but, as at the end of 1960 there were 154 outstanding applications for this type of dwelling, an increase of 21% on last year's figure, much more remains to be done to solve the problem. The modernisation of sub-standard houses can help greatly, and details of this will be presented later on in the Report.

The following tables give details of the progress made in slum clearance since 1947:—

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
1959	—	1	9
1960	1	4	—
Total ..	124	63	174

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	124	63	174	361
Number of families rehoused	121	61	174	356
Number of persons rehoused	402	201	593	1196
Number of undertakings accepted to repair or not to use for human habitation ...	—	8	6	14
Number of families still to rehouse	3	2	—	5
Number of new houses erected	274	279	301	854
Percentage of houses built allocated to slum clearance	44·2%	21·9%	57·8%	41·7%

PRIVY CONVERSIONS

Five privies were converted to the water carriage system, this being made possible by the extension of the public sewer to serve the houses, and at the same time cesspools at this property were abolished.

STANDARD AND DISCRETIONARY GRANTS

During the year 83 applications were received for Standard Grants for the installation of baths, wash hand basins, water closets, hot water supplies and food stores in older type properties, and in only one case was it necessary to give refusal, due, once again to the wording of the House Purchase & Housing Act, 1959 relating to W.C's which must be in or contiguous to the building.

The Council, in order to encourage the modernisation of properties have been very generous in their attitude towards applications from owners to borrow their proportion of the cost of the works, and this has helped the scheme along. In addition, all applicants for loans under the Housing Acts to purchase sub-standard houses are invited to take advantage of the grant system.

It has been found that at the same time as standard amenities have been provided, many other works of improvement have been carried out, the result being the provision of a good number of really excellent houses which will provide satisfactory accommodation for many years to come. It is still rather disappointing to find that practically all applications for grants come from owner occupiers; very few landlords seem willing to carry out improvements to rented properties, and of the 83 applications received in 1960, 78 were from owner occupiers. Even if applications are received at the present rate, it will be many, many years before all houses are provided with modern amenities, and, I am afraid, many houses which could be made to last for a considerable time may be lost to the community unless the rate of progress is greatly accelerated. In my opinion, the Government should seriously consider giving local authorities powers to compel owners of rented properties to provide standard amenities, as, surely, in this age no house should be considered fit for human habitation without a bathroom, water closet, hot water and an adequate food store. Once again, I would like to emphasise that any money spent on grants to improve older houses is being very wisely used, and has, in many cases provided dwellings of an equal standard to council houses at a fraction of the cost.

During the year the Council with the aid of grant carried out a scheme to provide wash-hand basins in all Council houses lacking this amenity, and I would suggest that a comprehensive scheme should be considered to bring the older type of council houses, some of which are approximately 40 years' old, up to more modern standards.

Two Discretionary Grants were also made during the year, again to owner occupiers.

**SUMMARY OF SANITARY IMPROVEMENTS
EFFECTED DURING 1960**

Interior of Houses

Floors repaired or renewed	...	...	22
Walls and ceilings replastered	...	...	51
Dampness abated	...	...	30
New glazed sinks provided	...	...	25
Windows enlarged or repaired	...	...	11
Doors repaired or renewed	...	...	26
Cooking ranges repaired or renewed	...	...	42
Water supplies improved	...	...	48
Baths provided	...	...	52
Hot Water supplies provided	...	...	33
Wash hand basins installed	...	...	51
Internal W.C's provided	...	...	48
Food Stores improved	...	...	8

Exterior of Houses

Roofs repaired	...	...	61
Eavesgutters repaired or renewed	...	...	72
Walls repointed	...	...	70
Walls rendered	...	...	14
Yards paved	...	...	2
Boundary walls repaired	...	...	12
Chimney Pots renewed	...	...	4

Drainage

Drains cleared from obstruction	...	...	223
Defective drains relaid	...	...	49
Inspection chambers provided	...	...	21
Cesspools abolished	...	...	2
Soil Pipes repaired	...	...	1
Septic Tanks provided	...	...	2

Sanitary Accommodation

W.C. pedestals renewed	...	...	14
W.C. cisterns renewed	...	...	11
Additional W.C's provided	...	...	7
Privies converted to W.C's	...	...	5
Ashpits abolished	...	...	2
Dustbins renewed	...	...	421

MEAT AND FOOD INSPECTION

Following the submission of the Slaughterhouse Report to the Ministry of Agriculture, Fisheries and Food the two licensed private slaughterhouses in the area ceased to function in October, 1960. Both slaughterhouses fell far short of modern standards, and, after frequent consultations, the owners decided, because of the diminished throughput and the cost of modernising the premises, to discontinue the use of the same.

The following tables give details of slaughtering and inspections carried out.

Month	Cows	Beasts	Sheep	Pigs	Calves	Totals
January ...	-	12	20	13	-	45
February ...	-	15	26	34	-	75
March ...	-	12	15	21	-	48
April ...	-	14	16	19	-	49
May ..	-	16	24	22	-	62
June ...	-	11	20	8	-	39
July ...	-	20	57	14	-	91
August ...	-	12	49	21	-	82
September	-	13	46	15	-	74
October ...	-	17	24	13	-	54
November	-	-	-	-	-	-
December	-	-	-	-	-	-
Totals ...	-	142	297	180	-	619

Carcases and Offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	142	—	—	297	180	—
Number inspected...	142	—	—	297	180	—
All diseases except Tuberculosis and Cysticerci. Whole carcasses condemned	—	—	—	1	1	—
Carcases of which some part or organ was condemned ...	14	—	—	—	—	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci ...	9.9%	—	—	0.3%	0.5%	—
Tuberculosis only : Whole carcasses con- demned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	1	—	—	—	—	—
Percentage of the number inspected affected with tuber- culosis ...	0.7%	—	—	—	—	—
Cysticercosis : Carcases of which some part or organ was condemned ...	2	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	2	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Set out below is a list of Unsound Meat Condemned and surrendered at Slaughterhouses, giving weights in lbs. and causes of condemnation in monthly order

Disease	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Totals
Abscesses ...	—	—	14	—	7	—	—	—	—	—	—	—	21
Cirrhosis ...	14	42	—	—	21	14	—	—	42	21	—	—	154
Cysticercosis ...	—	—	40	—	40	—	—	—	—	—	—	—	80
Moribund ...	—	—	—	—	90	—	—	—	—	—	—	—	90
Septicaemia ...	—	—	—	—	—	—	—	—	280	—	—	—	280
Tuberculosis ...	—	40	—	—	—	—	—	—	—	—	—	—	40
Totals ...	14	82	54	—	158	14	—	—	322	21	—	—	665

Inspections were made of unsound food at shops and other food premises in the area, and set out below is a list giving details of food condemned as being unfit for human consumption. Once again no case occurred which warranted the institution of legal proceedings.

Beef (home killed)	...	...	114 lbs.
Beef (imported)	...	...	322 "
Mutton (imported)	...	...	144 "
Bacon and Ham	...	...	85 "
Fish	...	...	140 "
Cream and Milk	...	...	30 Tins
Soup	...	...	12 "
Mixed Fruits	...	...	28 "
Meat and Meat Products	...	...	18 "
Eggs	...	...	360

BAKEHOUSES

Regular inspections were made during the year at the four bakehouses in the area. It is once again satisfactory to record that an excellent standard of hygiene was maintained, due, probably to the fact that all the bakehouses were personally supervised by the owners.

ICE CREAM

No ice cream is manufactured in this area but once again there has been an increase in the number of retailers registered.

Frequent inspections were carried out of the 55 premises registered for the sale of ice cream and in every case modern refrigerators and adequate washing facilities are provided. The fact that all the ice cream manufacturers refuse to supply retailers until they have informed this department, and an inspection has been made, and the premises registered, is, of course a great help in obtaining hygienic conditions. It has only been necessary on one or two occasions to draw the attention of shopkeepers to unsatisfactory conditions which were immediately improved.

PRESERVED FOODS

There was no change in the number of premises registered for the preparation and manufacture of preserved foods. All the 22 establishments have satisfactory storage and washing facilities and maintain a good standard of hygiene.

FOOD HYGIENE

A good standard of hygiene has been maintained in the food shops in the area and the benefits derived from the powers given under the Food Hygiene Regulations are now very apparent.

Only very infrequently has it been necessary to draw a trader's attention to lack of hygienic practices, and when this has been done the fullest co-operation has been received. As the population of Garforth increases, more food shops will be provided, and the fact that all plans of such premises are submitted to this Department for approval will ensure that all new shops are provided with the necessary facilities to ensure clean food handling.

Set out below is a list of food premises in the area:—

Fried Fish	...	...	...	15
Greengrocers	...	...	...	8
Butchers	...	...	...	16
Grocers	...	...	...	55
Sweets, etc.	...	...	...	18
Confectioners	...	...	...	10
Chemists	...	...	...	4
Cafes	...	...	...	3
Canteens	...	...	...	2
Licensed Premises	...	...	...	20

MILK AND DAIRIES REGULATIONS

The urban district is a specified area and all milk sold is either tuberculin tested or heat treated. This year the issue of licences was transferred to the West Riding County Council.

Six dairies are registered under the above provisions and no cause for complaint has been found during the year.

PREVENTION OF DAMAGE BY PESTS ACT

The following table gives details of the inspections and treatments carried out. Close liaison is maintained with the local Pests Destruction organisation which has contracts for the control of pests on many of the farms and small-holdings in this area.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricul- tural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Columns (1), (2) & '3'	
I. Number of properties in Local Authority's District	9	4,855	195	5,059	34
II. Number of properties in- spected as a result of:					
(a) Notification ..	-	48	3	51	-
(b) Survey under the Act	9	83	10	102	6
(c) Otherwise (e.g.— visited primarily for some other purpose)	-	361	38	399	18
III. Total inspections carried out—including re-inspec- tions	65	512	60	637	30
IV. Number of properties in- spected (in Section II) which were found to be infested by:					
(a) Rats { Major ..	1	-	-	1	-
{ Minor ..	3	51	11	65	4
(b) Mice { Major ..	-	-	-	-	-
{ Minor ..	-	7	4	11	3
V. Number of infested prop- erties (in Sect. IV) treated by the L.A. ..	4	58	4	66	-
VI. Total treatments carried out—including re-treat- ments.	23	64	6	93	-

CLEAN AIR ACT, 1956

As previously reported, due to the electrification of the only sizeable industry in the area there is no problem at all regarding industrial smoke pollution.

No progress has, however, been made in the abolition of domestic smoke, and as this is a mining community there does not appear to be much chance of improvement until the controversial question of miners' concessionary coal is resolved. Under byelaws, however, all the new houses erected in the urban district must have heating appliances capable of burning smokeless fuels.

CARAVEN SITES

The Caravan Sites and Control of Development Act came into force on the 29th August, 1960, and a site licence was granted to the Garforth Cliff caravan site. This site already had the benefit of planning permission and is managed very well.

Agreement has been reached with the owner regarding the works to be carried out to comply with the Model Standards and many of these have already been put in hand. The fact that the owner is permanently resident on the site ensures that adequate supervision can be exercised.

REFUSE COLLECTION AND DISPOSAL

One service which I think can be claimed to give satisfaction to the public in this area is the Refuse Collection service. A very regular system of weekly collection of dustbins has been operated throughout the past year, and this in face of an ever increasing number of premises to be visited. In these days it is very gratifying to be able to record my appreciation of the loyal and hard working men engaged by your Council on this type of work.

The increased use of oil, gas and electricity for heating houses provides a problem in the hygienic storage of refuse, as many of these householders have no means provided for the burning of refuse, and consequently much offensive matter has to be deposited in the dustbins. Also the refuse from this type of house, whilst light in character is of a very bulky nature, and much fewer bins than average can be loaded into the refuse collection vehicles.

As everyone is aware, Garforth is planned to increase extensively in the next few years, but the rate of this

progress is problematical, and it will be good policy to carry on the present system of collection until a clearer picture can be obtained. One serious factor will inevitably have to be faced, that is the lack of tipping space, particularly in the Kippax area.

Salvage has continued throughout the year and despite a decrease in prices obtainable, due to increased amounts salvaged, the income for the year is approximately £150 in excess of the previous year.

The following table gives details of Salvage operation in 1960.

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper ...	70	6	0	0	456	18	10
Rags ...	9	0	2	25	131	8	0
Aluminium ...		7	2	21	48	15	10
Brass ...		4	2	24	27	5	7
Lead ...		2	1	0	6	6	11
Scrap Iron ...	6	15	1	0	51	17	4
Copper ...				10		14	9
	<u>86</u>	<u>16</u>	<u>2</u>	<u>24</u>	<u>£723</u>	<u>7</u>	<u>3</u>

In conclusion may I thank the Chairman and Members of the Council and particularly the Chairman of the Public Health Committee for their help during the year. Dr. Taylor has, of course, always been helpful and encouraging, as have the other senior Officials of the Council.

Mr. Cockerham, the Additional Public Health Inspector has, as usual, carried out his duties loyally and efficiently, and the success of the scheme for the improvement of sub-standard houses is largely due to his efforts.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. NAYLOR,
Public Health Inspector.

