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COUNTY BOROUGH OF HALIFAX
HEALTH DEPARTMENT.

Annual Report

ON THE HEALTH
OF THE BOROUGH
For the Year 1930.

GEORGE C. F. ROE,
L.R.C.P. & S., L.M., D.P.H., D.P.M.,
Medical Officer of Health.





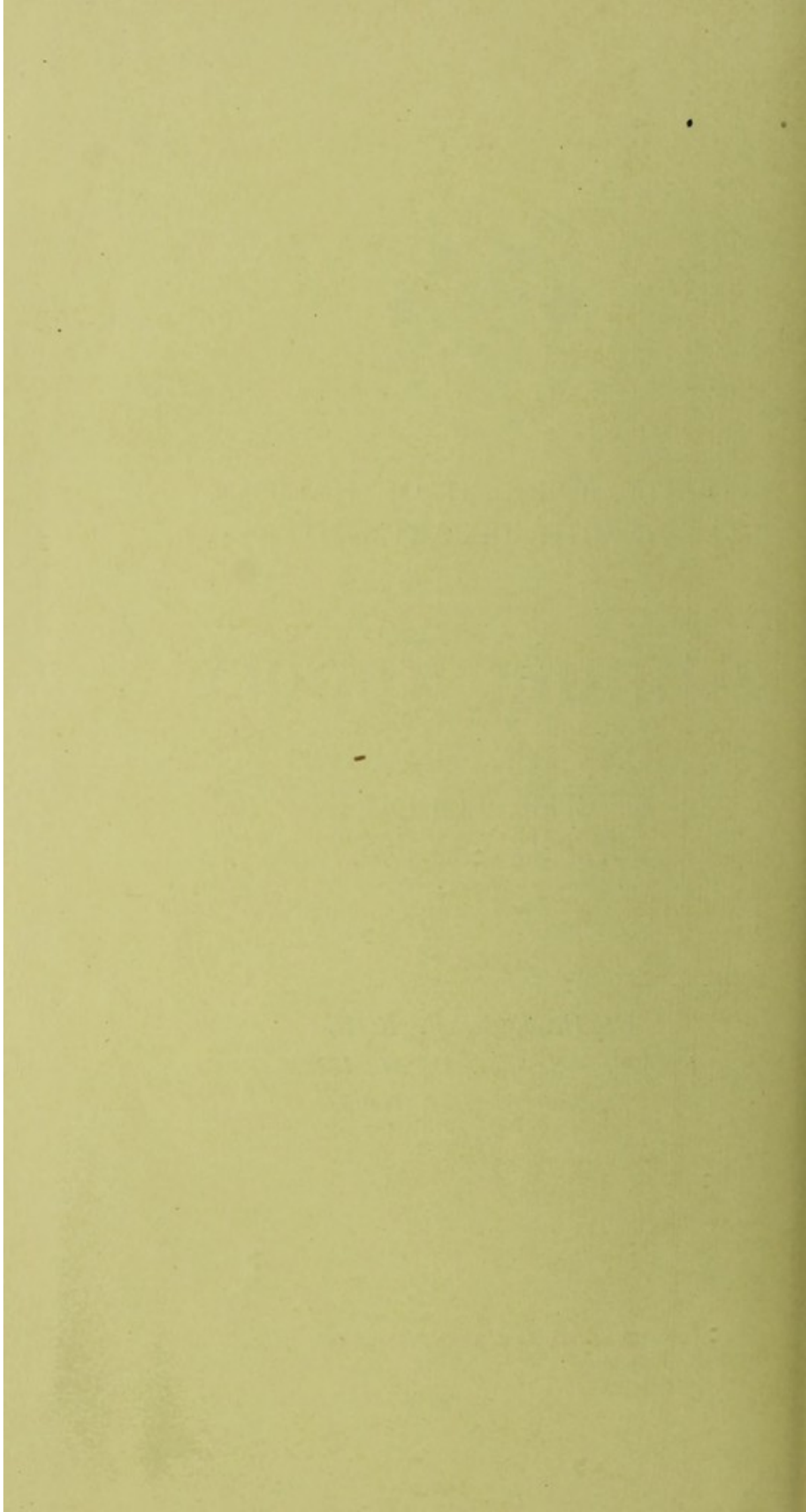
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Medical Officer of Health.



Health Committee

(as on Dec. 31st, 1930).

Mayor.

ALDERMAN JOHN CARTER, J.P.

ALDERMAN W. M. BRANSON, J.P., *Chairman.*

COUNCILLOR H. THORP, *Vice-Chairman.*

Ald. T. HEY, J.P.	Coun. L. CHAMBERS.
" A. W. LONGBOTTOM, J.P.	" F. SHARP.
" A. WALTERS, J.P.	" T. H. FARRAR.
Coun. P. BARRETT.	" L. SHEPHERD.
" J. BROADBENT.	" J. H. RILEY.
" M. WILLIAMSON, J.P.	" M. LIGHTOWLER,
Coun. E. W. LYON.	J.P.

Sub-Committees

Appointed by the Health Committee.

Health Services Sub-Committee.

THE CHAIRMAN.	COUNCILLOR LYON.
VICE-CHAIRMAN.	" SHEPHERD.
ALDERMAN LONGBOTTOM.	" FARRAR.
COUNCILLOR WILLIAMSON.	" RILEY.

Hospital Committee.

THE CHAIRMAN.	COUNCILLOR LIGHTOWLER.
VICE-CHAIRMAN.	" SHARP.
ALDERMAN HEY.	" CHAMBERS.
" WALTERS.	" BARRETT.
COUNCILLOR BROADBENT.	

St. Luke's Hospital Sub-Committee.

THE CHAIRMAN.	COUNCILLOR BARRETT.
VICE-CHAIRMAN.	" CHAMBERS.
COUNCILLOR LYON.	" LIGHTOWLER.
" RILEY.	" WILLIAMSON.
COUNCILLOR SHEPHERD.	

Accounts Sub-Committee.

THE CHAIRMAN.	COUNCILLOR WILLIAMSON.
VICE-CHAIRMAN.	" BARRETT.
ALDERMAN WALTERS.	" LYON.
COUNCILLOR SHEPHERD.	

Maternity and Child Welfare Committee.

The Health Committee with the following additional Members:—

MISS DOROTHY WRIGHT.	Mrs. LAVINIA LUMB.
Mrs. E. WHITAKER.	MISS FLORENCE WHITLEY.
Mrs. E. E. ROTHERA.	Mrs. MARY E. WILLIAMSON.
Mrs. S. GLEDHILL.	

Committee for the Care of the Mentally Defective.

COUNCILLOR J. BROADBENT	COUNCILLOR J. W. ALDHAM.
(Chairman).	" P. BARRETT.
ALDERMAN W. M. BRANSON	" L. CHAMBERS.
(Vice-Chairman).	" M. LIGHTOWLER.
Mr. ROBERT McHUGH.	" J. H. MAUDE.
Mr. D. SUTCLIFFE.	Mrs. A. SMITH.
Mrs. E. TOWNEND.	

Welfare of the Blind Sub-Committee.

ALDERMAN W. M. BRANSON.	COUNCILLOR WILLIAMSON.
COUNCILLOR SHARP.	" LYON.
COUNCILLOR BROADBENT.	

Staff of the Health Department

*GEORGE C. F. ROE, L.R.C.P. & S., L.M., D.P.H., D.P.M.
Medical Officer of Health and Chief Medical Officer of the Corporation.

*WILFRID SMITH, M.Sc., M.B., B.Ch., B.A.O.
Assistant Medical Officer of Health, Clinical Tuberculosis Officer and
Resident Medical Officer, Sanatorium.

*A. LATCHMORE, M.D., Ed.
Assistant Medical Officer of Health and Medical Officer to Maternity and
Child Welfare Centre.

*F. W. WATERWORTH, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health and Assistant School Medical Officer.

KENNETH K. WOOD, M.B., M.R.C.S., D.P.H.
Resident Medical Officer, Borough Fever Hospital.

J. POLLARD, M.R.C.V.S., D.V.S.M., (Vict.)
Veterinary and Meat Inspector.

† J. W. BEAUMONT, M.R.S.I.
Chief Sanitary Inspector.

† F. TEAL. † J. G. WALSHAW. † E. WILSON. † H. LEAPER.
District Sanitary Inspectors.

‡ H. MARGERISON, Housing Inspector.

† J. FLANAGAN, Assistant Meat Inspector.

T. FEARNLEY, Shops Inspector.

‡ § *ELSIE R. ORAM, Senior Health Visitor.

*L. WOLSTENHOLME. *E. MARSHALL. ‡ § *O. WILSON.
S. BRIGGS (Pupil). § *M. MOORE.
Health Visitors.

*M. A. OATES, Tuberculosis Visitor.

† C. CARLTON, Chief Clerk.

H. WRIGHT. H. CARLTON. A. CLEGG. N. BRADLEY.
Miss M. FAWTHROP.
Assistant Clerks.

Miss E. CLARKSON, Vaccination Officer.

Visitor, Mental Deficiency Acts, Boarding Out Order (Children under 5),
Children Act (Part I).

F. WILSON, Matron, Fever Hospital.

*W. DAVIDSON, Matron, Sanatorium.

W. P. SHARP, Removal Officer.

*Salary contributed to, under Public Health Acts or by Exchequer Grants.

† Certificate Sanitary Inspector, Royal Sanitary Institute.

‡ Royal Sanitary Institute Certificates as Sanitary Inspector, Meat and other
Foods Inspector, and Sanitary Science as applied to Buildings and
Public Works.

§ Certificate Central Midwives Board.

‡ Health Visitor's Certificate.

The Analyst for the Borough is
Mr. H. T. LEA, B.Sc. (Hons.) M.Sc.; F.I.C.

COUNTY BOROUGH OF HALIFAX.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH,
FOR THE YEAR 1930.

INTRODUCTION.

*To the Chairman and Members of the Health
Committee.*

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to submit to you, in accordance with the Sanitary Officers' Order, 1922, my Third Annual Report, being the fifty-eighth of the series, for the year ending December 31st, 1930.

* * * *

It was intimated in paragraph 3 of Circular 1119 of the Ministry of Health, that the Annual Report of the Medical Officer of Health for 1930 would be a Report of a more simple character than a Survey Report; accordingly my Report follows the lines laid down in Circular 1119 of the Ministry of Health, dated 18th June, 1930.

* * * *

The arrangement differs from previous reports. Each division of the work is dealt with as a separate section and all information relating to any particular sub-division is included in the section devoted to that sub-division.

* * * *

The Report is not a mere catalogue of facts and figures. It is an attempt to interest and educate the "man in the street" in certain vital aspects of preventive medicine.

Although the subject of diseases is not ordinarily a particularly delectable morsel for ordinary conversation the need for discriminating publicity on health matters is no longer seriously disputed. The Report is of necessity somewhat standardised, but it is hoped that parts of it will hold the interest of the average intelligent layman.

* * * *

The Birthrate was 13.3. For England and Wales the rate was 16.3, and in the 107 Great Towns it was 16.6.

* * * *

The Deathrate was 13.4. The deathrate for England and Wales was 11.4.

* * * *

The excess of deaths over births was 95.

* * * *

The infantile mortality rate was 66. Last year it was 76.

* * * *

So far as Infectious Diseases (with the exception of Smallpox) are concerned the incidence was below the average.

* * * *

In the section of the Report dealing with vital statistics I have pointed out the significance of our birth rates, infantile mortality rate, maternal mortality, and death rates, and how far they are reliable as tests of the health and sanitary surroundings of our community. I here wish to refer more particularly to certain more topical aspects of this subject. The average man and woman of this generation is likely to live longer than the generation of half-a-century ago. The improved prospect of longevity at birth is a splendid tribute to our infant welfare work. In 1890 no fewer than 165 babies out of every 1,000 died in infancy, whereas in the year under review the number of deaths had fallen to 66 per thousand. This is a great diminution in the mortality of childhood, and the result is that every child now born has an expectation of $55\frac{1}{2}$ years of life, whereas in 1871 the expectation of a male at birth was only $41\frac{1}{2}$ years. But there has been no such change in the expectation of the mature. A man of three score years may now expect to live rather more than 14 years, only a year more than the expectation of mid-Victorian times. Public Health has not very much prolonged the lives of the mature. The continued wastage

of maternal life is the most unsatisfactory feature of our vital statistics. After being reduced some years ago it has since slowly risen. Why does not the rate of maternal mortality improve? No satisfactory explanation has yet been offered. Despite its obscure causes it cannot be natural. Three fundamental questions arise out of this consideration. What are the causes of maternal deaths? Are they avoidable or preventable? If so, how can they be avoided or prevented? It is curious to observe that in many places where there is no lack of reasonable facilities available for effective medical care the maternal mortality rate is high. In Halifax, there are now three up-to-date ante-natal clinics where expectant mothers receive attention and are given advice, and two maternity institutions where lives are saved, which otherwise would in all probability be sacrificed. Yet the nett results are small. That some form of a national maternity service will be set up in the near future is a certainty. It is to be hoped that it will be an efficient, adequate and workable scheme.

* * * *

Once again Heart Disease was the greatest single cause of death. As a preliminary to the intelligent conception of heart disease we must remember that the heart is an organ with enormous natural powers of recuperation, and that a damaged heart if carefully nursed will often last a long time. Persons suffering from Heart Disease should order their work and life in accordance with their disordered organ. Heart Disease is acquired not inherited. The most common cause is an infective process producing an inflammation of the linings of the heart; of these infective processes acute rheumatism is the most common, but scarlet fever and diphtheria may produce the same effect.

* * * *

Disease of the Arteries was another common cause of death. When one carefully studies diseases of the arteries one must see that they enter very largely into the failures of health and premature deaths that occur so frequently in middle life. Many deaths from brain haemorrhage and paralysis are really the end results of diseased and hardened arteries. The causes lie in our habits and the high pressure lives that so many are compelled nowadays to live. For many professional and business men there can seldom be any real rest from a sense of strain. Prevention—except in hereditary cases—lies in the diagnosis of the pre-sclerosis stage and the correction of faulty habits of life.

Tuberculosis is dealt with in the Tuberculosis section of the Report. It is a disease which is slowly but surely giving way before the onslaught of modern preventive and curative methods. The new wards for tuberculous children at our Sanatorium at Shelf have been fully occupied since they were opened in May last, and I am sure they are playing a considerable part in reducing the incidence of Tuberculosis among children.

* * * *

Although Tuberculosis is essentially an insidious and chronic disease it should not be forgotten that it is infectious. Whenever possible a case of Tuberculosis should sleep alone. Many cases of pleurisy and haemoptysis (spitting up blood) are due to tuberculosis, and if doctors could get hold of all cases of pleurisy and haemoptysis they would probably discover many people with early pulmonary tuberculosis who now escape detection. An X ray apparatus is an essential anti-tuberculosis weapon in the armoury of an up-to-date Tuberculosis Clinic, and I propose to endeavour to obtain one at an early date. It is a great advantage for a Tuberculosis Officer to be able to screen his own cases for diagnostic and treatment purposes.

* * * *

I have dealt with Cancer in Section 4 of the Report where I have crystallized and emphasised its most important features. It continues to take a great toll of useful human lives and it might well be christened "The Prince of Evils."

* * * *

It will be noted that the Health Department has taken active measures to combat the atmospheric pollution evil. These measures are dealt with in Section 2 of the Report. I here wish to point out that lack of sunlight and the colours of nature are as dangerous to the temperamental processes of the mind as the lack of vitamins are to the body. Look at our buildings, overlaid and swathed in all-dominant soot, and it is easy to visualise its effect on the delicate and complex mechanism of the lungs. Hamlet's picture of "a foul and pestilent congregation of vapours" might well be applied to some of the areas in our large industrial towns.

* * * *

Part of Section 4 of the Report deals with the great volume of work which was carried out during the year in connection with foodstuffs. This work is of the greatest importance. It is impossible to over-estimate the value of work which has for its object the production of foodstuffs under hygienic conditions.

In this connection is it not time that all persons selling sweets should use a proper scoop for the purpose and not their hands. I am glad to observe that many sweet shops do use proper scoops.

* * * *

The most important event during the year was the transfer of the Poor Law Health Work to the appropriate Committees of the Council. The transfer entailed much additional work—and without any addition to the staff—on the Health Department. The Department, in addition to its ordinary duties became responsible for Vaccination, Infant life protection, the Boarding-Out of children under five years, the provision of medical, surgical, and maternity beds at St. Luke's Hospital, and the survey of all mental defectives in Gibbet Street Institution.

* * * *

The Local Government Act, 1929, ranks with the Acts of 1875 and 1888 amongst the great landmarks of public health. It seeks to co-ordinate the health services of the community and to relieve them from the taint of pauperism.

* * *

During 1930 consultations took place between representatives of the Health Committee and representatives of the Halifax Royal Infirmary as required by Section 13 of the Local Government Act, 1929.

* * *

The year 1930 also gave birth to the Housing Act and the Mental Treatment Act.

* * *

Public Health Propaganda work has gone on throughout the year. Details will be found in Section II. During the year two "Wayside Pulpits" were erected; one in the centre of the town opposite the General Post Office, and one in Northgate. The health slogans are changed weekly and much public interest has centred on the scheme. Arrangements were made for the Magazine "Better Health" to be distributed free of cost from the Health Department, and it is hoped that it will be appreciated by the public. The intelligent co-operation of the "man in the street" is necessary if public health is to achieve all it sets out to do.

* * * *

Preventive Medicine, although ranging from drainage to ante-natal care, is neither spectacular nor dramatic. Its vast hygienic machinery works silently. It does not

show "returns," in the sense that trading concerns show "returns," nevertheless it paid, and paid handsomely. It is good health which makes life worth living for every member of the community.

* * * *

The value of the public health service cannot be estimated in pounds, shillings and pence, and although it appears to be an unprofitable enterprise in the sense that it does not show a financial gain on its balance sheet, it is yet of immeasurable value because of its beneficent effect on the health of the community.

* * *

I wish to tender my thanks to the Staff of the Health Department for the assistance they have rendered me in the compilation of the statistics, and for the creditable fashion in which they have, each and all, performed their various duties.

* * * *

My thanks are due to you, Mr. Chairman, Madam and Gentlemen, for the encouragement and support you have at all times given me since I commenced my duties in Halifax.

I am,

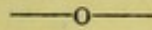
Your obedient Servant,

(Signed) G. C. F. ROE,

Medical Officer of Health.

Health Department,
Powell Street, Halifax.
July, 1931.

SECTION 1.



Social Conditions.

Vital Statistics.

REPORT.

Statistics.

AREA (acres) 13,984

POPULATION.—The following figures show the variations which have occurred in the population over a period :—

1901 Census	...	...	...	...	104,944
1911 Census	...	...	...	...	101,553
1921 Census (adjusted)	...	...	...	...	100,700
1922 Registrar-General's Estimate	...	...	...	...	100,500
1923	"	"	"	...	99,840
1924	"	"	"	...	98,750
1925	"	"	"	for Birthrate...	98,090
1925	"	"	"	for Deathrate...	97,860
1926	"	"	"	for Birthrate...	96,300
1926	"	"	"	for Deathrate...	96,130
1927	"	"	"	for Birthrate...	96,400
1927	"	"	"	for Deathrate...	96,270
1928	"	"	"	for Birthrate...	97,740
1928	"	"	"	for Deathrate...	97,540
1929	"	"	"	for Birthrate...	97,570
1929	"	"	"	for Deathrate...	97,400

The explanation of the difference between the "Deathrate population" and the "Birthrate population" is that non-civilians are not included when calculating the deathrate, but they are included when calculating the birthrate.

Standardising figure for Deathrate... .. .944

This is the figure by which the deathrate of Halifax must be multiplied in order to correct for the peculiar age and sex distribution of the Halifax population. The resulting figure enables a more accurate comparison to be made between the deathrate of Halifax and that of other towns.

Structurally separate dwellings occupied (Census 1921) 26,506

Number of families or separate occupiers (Census 1921) 26,830

Rateable Value £548,145

Sum represented by a penny rate £2,145

Births.

Legitimate Males 586 ... Females 641 ... Total 1,227

Illegitimate Males 35 ... Females 38 ... Total 73

Total Births 1,300.

Birthrate per 1,000 population	...	...	...	13.3
Average 10 years, 1880-1889	.....	29.3		
"	"	1890-1899	.....	24.2
"	"	1900-1909	.....	20.0
"	"	1910-1919	.....	15.9
"	5	"	1921-1925	 15.6
		1925	.....	14.5
		1926	.....	14.5
		1927	.....	13.8
		1928	.....	12.9
		1929	.....	13.4
		1930	.....	13.3

Deaths.

Males 683	...	Females 712	...	Total 1,395
Deathrate per 1,000	...	...	...	14.3
"	"	(Standardised)	...	13.4
Average 10 years, 1880-1889	.....	21.0		
"	"	1890-1899	.....	18.6
"	"	1900-1909	.....	15.3
"	"	1910-1919	.....	15.6
"	5	"	1921-1925	 14.9
1925	.....	16.9	Standardised	 15.9
1926	.....	14.3	Standardised	 13.5
1927	.....	16.4	Standardised	 15.4
1928	.....	13.1	Standardised	 12.3
1929	.....	15.6	Standardised	 14.7
1930	.....	14.3	Standardised	 13.4

Infant Mortality.

Deaths of infants under 1 year.....	86
Rate per 1,000 births.....	66
(Legitimate 65, Illegitimate 82).	
Average 10 years, 1880-1889.....	159
" " 1890-1899.....	159
" " 1900-1909.....	121
" " 1910-1919.....	101
" " 1920-1929.....	89
1930.....	66

Deaths from Vehicular Traffic.

Number of street accidents having fatal termination 15 ; thirteen were due to motor vehicles, 1 horse-drawn vehicle and 1 pedal cycle.

Summary of Deaths.

(Based on the Registrar General's "Short List" of causes of death).

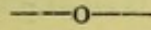
Cause of Death	Number
Enteric Fever	1
Smallpox	—
Measles	6
Scarlet Fever	1
Whooping Cough	2
Diphtheria	7
Influenza	12
Encephalitis Lethargica	3
Meningococcal Meningitis	2
Tuberculosis of respiratory system	63
Other Tuberculous Diseases	16
Cancer, Malignant Disease	170
Rheumatic Fever	1
Diabetes	20
Cerebral Hæmorrhage, etc.	114
Heart Disease	308
Arterio-sclerosis	83
Bronchitis	51
Pneumonia (all forms)	101
Other Respiratory Diseases	10
Ulcer of Stomach or Duodenum	17
Diarrhœa, etc.	9
Appendicitis and Typhlitis	7
Cirrhosis of Liver	6
Acute and Chronic Nephritis	42
Puerperal Sepsis	4
Other Accidents and Diseases of Pregnancy and Parturition	8
Congenital Debility and Malformation, Premature Birth	46
Suicide	21
Other deaths from violence	51
Other defined Diseases	212
Causes ill-defined or unknown	1
Total	1,395

	Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population								Rate per 1,000 Births	
			ALL CAUSES	Enteric Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	TOTAL DEATHS under one year
England and Wales ...	1930	16.3	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	6.0	60
107 County Boroughs and Great Towns including London ...	1930	16.6	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	8.3	64
HALIFAX ...	1922	15.9	14.9	0.09	0.00	0.10	0.09	0.19	0.02	0.23	3.7	110
	1923	15.2	13.8	0.01	0.00	0.05	0.01	0.00	0.02	0.30	7.2	90
	1924	14.9	15.3	0.01	0.00	0.08	0.01	0.06	0.05	0.73	6.7	96
	1925	14.5	15.9	0.04	0.00	0.18	0.01	0.10	0.09	0.40	4.2	93
	1926	14.5	14.3	0.01	0.00	0.02	0.01	0.10	0.09	0.14	7.8	79
	1927	13.8	15.4	0.00	0.00	0.20	0.02	0.06	0.08	0.67	6.7	90
	1928	12.9	12.3	0.02	0.00	0.00	0.02	0.00	0.16	0.10	3.9	67
	1929	13.4	14.7	0.01	0.01	0.03	0.03	0.14	0.09	0.59	6.0	76
	1930	13.3	13.4	0.01	0.00	0.06	0.01	0.02	0.07	0.12	4.6	66

(Provisional figures. The rates have been calculated on a population estimated to the middle of 1930. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the group of towns).

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	
1891	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	
1892	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	
1893	Jan 1	Balance		100.00	
	Feb 1	Interest		5.00	
	Mar 1	Interest		5.00	
	Apr 1	Interest		5.00	
	May 1	Interest		5.00	
	Jun 1	Interest		5.00	
	Jul 1	Interest		5.00	
	Aug 1	Interest		5.00	
	Sep 1	Interest		5.00	
	Oct 1	Interest		5.00	
	Nov 1	Interest		5.00	
	Dec 1	Interest		5.00	

SECTION 2.



General Provision of Health Services.

Bacteriological Service.

General Provision of Health Services.

(Arranged as required by the Ministry.)

Hospitals provided or subsidised by the Corporation :—

Tuberculosis—The Sanatorium at Shelf provides accommodation for 50 adults (25 early and 25 other cases) and for 12 children. It is provided by the Halifax Corporation and receives cases from other districts, including Lancashire County.

The Health Committee has a call on 5 beds at the Bermerside Residential School for children in the pre-tubercular stage, or children suffering from tuberculosis of a non-infectious character.

Maternity Hospital—The Maternity Homes in connection with St. Luke's Hospital and the Royal Halifax Infirmary appear amply to meet the needs of the town. Twenty beds are retained in the former Institution. The Corporation makes a grant of £300 per annum towards the Infirmary Maternity Home.

Hospital for Children—The Education Committee has an arrangement with the Royal Halifax Infirmary with reference to operations on tonsils and adenoids, and the Maternity and Child Welfare Committee an arrangement with the same Institution for the treatment of Ophthalmia Neonatorum.

Ten beds are retained by the latter Committee in St. Luke's Hospital for the treatment of sick and crippled children.

Fever Hospital—The Corporation provides the Stoney Royd Fever Hospital which admits cases of Scarlet Fever, Diphtheria, Enteric and other fevers from Halifax, and from the areas of neighbouring Local Authorities. Accommodation for 52 cases.

Small Pox—The Halifax Corporation maintains the Small Pox Hospital at Belle Vue, Mount Tabor, which has accommodation for 36 patients. This hospital is subsidised by the Brighouse Joint Hospital Board and the Urban District Councils of Luddenden Foot, Midgley and Sowerby.

Venereal Diseases.—The Corporation has an arrangement with the Royal Halifax Infirmary for both out-patient and in-patient treatment. See page 46.

AMBULANCE FACILITIES:—

(a) *For Infectious Cases—*

The Corporation's Motor Ambulance Service, worked from Stoney Royd Hospital, serves Halifax and the other districts from which cases are admitted to the hospital.

(b) *For non-Infectious and Accident Cases—*

(1) The Corporation's Motor Ambulance Service, worked by the Fire Brigade (Tel. 3222).

(2) The Public Assistance Committee's Ambulance at St. Luke's Hospital (Tel. 4259).

(3) The Ambulance Service of the St. John Ambulance Brigade and British Red Cross Society.
Commandant—Mr. A. E. Rawbon (Tel. 61197).
Transport Officer—Mr. L. Chambers (Tel. 3831).

CLINICS AND TREATMENT CENTRES—

The following are all provided by the Halifax Corporation :

Maternity and Child Welfare Centres (2). See page 48.

School Clinic, Horton Street—

Medical Inspection—Two half-days per week.

Minor Ailments—Six half-days per week.

Dental—Treatment, six days per week. Inspection, one half-day per week.

Ophthalmic—Two half-days per week.

Remedial Exercises—5 full days.

An Orthopaedic Clinic is now in operation.

Tuberculosis Clinic, 8, Clare Road. See page 40.

Venereal Diseases Clinic, Royal Halifax Infirmary. See page 46.

Public Health Officers of the Corporation:—

These are set out in the introductory pages of the Report.

NURSING IN THE HOME—This is provided by:—

Halifax District Nursing Association.

Siddal Nursing Association.

Illingworth Nursing Association.

Luddenden Nursing Association.

GENERAL NURSING—Under the Local Government Act, 1929. St. Luke's Hospital, containing 450 beds was, on April 1st last, transferred to the Local Authority.

MIDWIVES—See Maternity and Child Welfare Section, page 48.

CHEMICAL WORK—All chemical analyses are performed by Mr. H. T. Lea, M.Sc., the Borough Analyst. This work includes not only the analysis of samples taken under the Sale of Food and Drugs Acts (page 114), but also the examination of water from wells and other sources, which from time to time occupy the attention of the officers of the Health Department.

Bacteriological Examinations.

The arrangements are as follows :—

Bacteriological examinations are carried out at the Royal Halifax Infirmary, where swabs, etc., may be sent direct.

A swab is said to be positive when Kleb's Loeffler Bacilli are found, and negative when they are not found. Failure to find K.L.B. does not negative the presence of diphtheria, and in suspicious cases it is wrong to wait for the result of a swab before giving anti-toxin.

During the year a small Bacteriological Laboratory was opened at the Fever Hospital, and the resident doctor now examines the hospital throat swabs for K.L.B.

Enteric Fever.

Blood outfits for the agglutination test are supplied by the Health Department, and may be sent direct to the Royal Halifax Infirmary.

Tuberculosis.

Sputum and other material is examined only at the Tuberculosis Clinic, 8, Clare Road, Halifax, and should not be sent to the Royal Halifax Infirmary. Sputum must be sent in special outfits which will be supplied on the application of the practitioner.

Examinations 1930.

The following Table shows the number of examinations carried out either at the Royal Halifax Infirmary, the Tuberculosis Clinic, or the Fever Hospital during the year, either for the medical practitioners of the town, the clinic or the Health Department:—

Sputum for Tubercle ...	...	...	602
Diphtheria Swabs ...	...	...	866
Hair for Ringworm ...	...	...	3
Agglutination Test (Widal) T.A.B. ...	...	...	30
Others (Fluids, etc.) ...	...	...	36
Total ...	...	...	1537

In addition to the above, samples of milk from cows suspected to be suffering from tuberculosis of the udder have been taken by the Veterinary Inspector and submitted to bacteriological tests in other laboratories.

Issue of Sera and Vaccines.**Diphtheria Antitoxin.**

As the Health Department is usually prepared to remove diphtheria cases to hospital on the shortest notice, the issue of diphtheria antitoxin for use in the town should be rarely required; a supply is kept at the Health Department for issue in certain circumstances.

Botulism Antitoxin.

The Ministry of Health has placed botulism antitoxin at certain centres about the country. The nearest to Halifax are Manchester and Leeds. The Medical Officers of Health of these places are in charge of the supplies.

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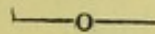
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SECTION 3.



Cancer.

Cancer.

The cause of Cancer continues to elude us. Bowel poisoning, vitamin starvation, denaturalised foods, organisms and hereditary defects have been cited as causes of cancer, but there is no common factor in the multitudinous instances of its occurrence. The incidence is high in civilised countries. It is almost unknown among primitive people. At its beginning cancer is a local (and curable) disease, but there may be no symptoms during the early stages. It is due to an irregular multiplication and growth of cells in a particular organ. There is a tendency for pieces of the diseased area to become detached thereby spreading the disease to other organs. Chronic irritation induces its occurrence.

Preventive measures include the removal of sources of chronic irritation, *e.g.*, jagged teeth, excessive smoking and drinking very hot fluids.

The following Table shows the frequency with which organs were affected during the past year:—

MALES.				FEMALES.			
Stomach	...	...	6	Stomach	...	...	12
Tongue	...	...	2	Tongue	...	...	—
Intestines	...	...	5	Breast	...	...	23
Other organs and				Uterus	...	...	16
tissues	...	...	50	Other organs and			
				tissues	...	...	57
—				—			
Total..... 63				Total..... 108			

The following preventive points in connection with Cancer are of general interest:—

- (1) If you see or feel a small lump about your body consult your doctor at once.
- (2) If you notice unusual discharges or bleeding from the openings of the body consult your doctor at once.
- (3) Avoid chronic irritation, *e.g.*, excessive smoking, jagged teeth, ill-fitting false teeth and the practice of drinking fluids at very high temperatures.
- (4) Consult your doctor *re* Chronic Indigestion.
- (5) Remember the importance of the time factor in Cancer.

It is a mistake to look upon cancer as a hopeless disease. Research must continue and the disease must be grappled with.

Radium although a valuable weapon against cancer, is not a cure for all cases. Radium costs about £12 per milligramme. A hundred milligrammes is required to treat one case of cancer of the cervix uteri, but it can be used for an indefinite number of cases. There is a danger lest the glamour of novelty puts a spurious value upon radium, which can only be appraised at its true value when time and experience shall have shown its limitations.

Cancer now stands second amongst the killing diseases. Heart Disease comes first. Between them they cause rather more than one quarter of all deaths.

SECTION 4.

Infectious Diseases.

Fever Hospital.

Borough Fever Hospital.

I am indebted to Dr. K. K. Wood for the following report:—

The Fever Hospital is situated at Stoney Royd on a site of $3\frac{1}{2}$ acres, and at a height of 450 feet above sea level. The building is unsuitable for a Fever Hospital and the Council has decided to build a modern up-to-date Fever Hospital at Northowram.

There are 52 beds provided at Stoney Royd, 34 for Scarlet Fever, 12 for Diphtheria, and 6 for other infectious diseases.

During the year, no improvements were carried out to the structure of the hospital with the exception of the erection of a new fire escape to the Scarlet Fever Block (Ward 1). A fence has been erected below the Hospital.

A re-organisation of the Hospital has been effected and a Resident Medical Officer appointed. Previously there had been no resident doctor. This change has already resulted in a smoother working and greater efficiency. The Hospital is a recognised Training School for Fever Nurses in accordance with the Regulations of the General Nursing Council. During the year six Probationers received training.

A Bacteriological Laboratory has been equipped at the Hospital, so that all routine work is now carried on there.

During the year, when necessary, the Smallpox Hospital has been staffed by nurses from Stoney Royd.

Scarlet Fever.

The total number of cases admitted during the year as Scarlet Fever was 258, of these 11 were negative cases, leaving 247 true cases admitted as such. The eleven negative cases proved to be suffering from Morbilli 1, Varicella 1, Tuberculous Meningitis 1, Drug Rash 1, Sudamina 1, Urticaria 1. Nothing abnormal found in 5 cases.

222 cases were admitted from within the Borough and 36 from areas outside the Borough. There were 3 "Return" cases, that is 1.2%.

The following complications and sequelae occurred amongst the Scarlet Fever patients:—

	Present on admission	Onset after admission	Total
Rhinorrhoea	16	19	35
Cervical Adenitis	6	26	32
Rheumatism	5	23	28
Sore Nose, etc.	9	11	20
Septic Spots, etc,	8	7	15
Albuminuria of Convalescence	—	8	8
Otitis Media	—	7	7
Bronchitis	7	—	7
Quinsy	2	4	6
Acute Nephritis	1	3	4
Mitral Regurgitation	2	1	3
Jaundice	—	1	1
Impetigo	1	—	1
Acute Mastoid	1	—	1

There were no deaths at the Hospital during the year from Scarlet Fever.

The average stay in Hospital for all cases admitted as suffering from Scarlet Fever was 43.4 days.

Diphtheria.

95 cases were admitted to the Hospital as suffering from Diphtheria. 21 were negative, leaving 74 true cases of this disease. The 21 negative cases proved to be suffering from Follicular Tonsillitis 12, Laryngitis and Bronchitis 4, Quinsy 1, Scarlet Fever 1, Vincents Angina 1, Cerebro-spinal Meningitis 1, and one was a contact of Diphtheria who developed no disease. There were 8 cases admitted from outside the Borough.

Of the 74 true cases of Diphtheria, 7 had the Larynx affected and Tracheotomy was necessary in one case which died. During the year there were 2 deaths due to Diphtheria. There were no "return cases."

The following complications and sequelae occurred among the Diphtheria patients:—

Complication	Before admission	After admission	Total
Palatal Paralysis	0	5	5
Albuminuria of Convalescence ..	0	1	1
Septic Spots	1	1	2
Transverse Myelitis	0	1	1
Sore Nose	2	1	3
Chorea	1	0	1

The average stay in Hospital for all cases admitted as Diphtheria was 42.8 days, for fatal cases 6 days.

The prognosis of this disease depends upon early diagnosis and adequate serum treatment. It has been the policy of the Hospital to admit all suspected cases without waiting for Bacteriological examination of the throat.

Enteric Fever.

During 1930 there were 8 cases admitted to the Hospital as suffering from Enteric Fever, 3 males and 5 females. One case was admitted from outside the Borough. 3 cases gave the Widal Reaction for Paratyphosus B. The remainder gave a negative Widal Reaction. They were mild cases. The average stay in Hospital was 33.3 days.

Laboratory Report.

The following examinations have been carried out:—

	Positive	Negative	Total
Nose and Throat Swabs for Diphtheria Bacilli	72	369	441
Sputum for Tubercle Bacilli...	0	2	2
Blood. Widal Reactions ...	2	6	8
Bacterial Exam. of Faeces ...	0	8	8

Immunisation.

During the year the Nursing Staff have been tested with the Schick Test (for Diphtheria) and the Dick Test (for Scarlet Fever). Those who proved positive to the Schick Test for Diphtheria have been immunised with Toxin-antitoxin mixture. There have been no cases of Diphtheria or Scarlet Fever amongst the Nursing Staff during the year.

Nurses detailed for duty at the Smallpox Hospital, not recently vaccinated, were re-vaccinated. There were no cases of Smallpox amongst the Staff.

During the year the Resident Medical Officer has been called into consultation by the general practitioners on several occasions, and Schick and Dick Testing has been carried out. In some cases susceptible cases have been immunised, and passive immunity has been given to contacts by means of anti-scarlatinal or anti-diphtheritic Serum. None of these cases have developed the disease.

Disinfection.

A steam Disinfector is situated at Stoney Royd and also apparatus for disinfection by means of Formalin. The following has been carried out during the year.

Disinfection of:—

- 1 van load of Carpets and Sundries.
- 3 Boxes of Books.
- 138 Blankets (for Scabies).
- 129 Ground Sheets (for Scabies).
- 474 Beds and Bedding.

Cleansing Station.

This is at Stoney Royd Hospital. During the year 30 children were treated, these being sent by the Education Committee suffering from Scabies and other conditions.

The following Table shows the number and classification of cases admitted from outside the Borough:—

	Scarletina	Diphtheria	Enteric
Midgley U.D.C.	8	1	1
Southowram	1	—	—
Luddenden Foot	12	1	—
Sowerby Bridge	1	—	—
Elland	—	4	—
Barkisland	—	1	—
Rishworth	12	—	—
Brighouse	—	1	—
Shelf	2	—	—

The following Table shows the number of cases transferred from other hospitals:—

	Halifax Infirmary	St. Luke's	Halifax Sanatorium
Scarlet Fever	3	—	3
Diphtheria	8	—	1
Scarlet Fever and Diphtheria ..	1	—	—
Glandular Fever ?	1	—	—
T. B. Meningitis	—	1	—

Monthly Admissions.

The following Table shows for what disease patients were admitted into hospital each month:—

Number of cases of						
Month	Scarlet Fever	Diphtheria	Enteric Fever	Glandular Fever	For Obser- vation	Total
January ...	62	6	1	—	—	69
February ...	23	10	—	—	—	33
March ...	21	9	—	—	—	30
April ...	18	10	—	—	—	28
May ...	22	8	1	—	—	31
June ...	13	6	2	—	—	21
July ...	16	5	1	1	1	24
August ...	14	7	1	—	—	22
September ...	21	5	—	—	—	26
October ...	15	14	1	—	—	30
November ...	15	10	1	—	—	26
December ...	18	5	—	—	—	23
Total ...						363

The following Operations were performed:—

Radical Mastoid	...	...	1
Tracheotomy	...	...	1
Incision and Drain...	...	...	7
Various	...	...	6

Ambulance Facilities for Infectious Cases.

The Hospital has 2 motor ambulances. One is used exclusively for the removal of Smallpox cases. They are garaged at the Fever Hospital.

Small-pox Hospital, Mount Tabor.

This Hospital, maintained by the Council, is under agreement to admit cases from the Brighthouse Joint Hospital Board's area, from Luddenden Foot, Midgley and Sowerby. Some income could have been derived by admitting cases from other areas which wanted accommodation, but the beds were jealously reserved for the use of the districts named, in view of the anxiety which prevailed as to the spread of small-pox on a large scale.

The following cases were admitted during the year:—

Halifax	...	...	...	...	56
Other areas	...	...	...	...	17

The Hospital was staffed (in addition to the resident caretaker and his wife) by nurses from Stoney Royd Fever Hospital, and the victualling and nursing was supervised by Miss Wilson, Matron, Stoney Royd. The Medical Officer of Health and the Assistant Medical Officer of Health, provided the medical attendance. The situation of the Hospital, on the open moorland, is such as to expose it to wild weather, and the wood and iron buildings are not the most suitable type for such a situation, the upkeep being costly. Still, the patients seemed very comfortable.

Prevalence of, and Control over, Infectious Diseases.

Enteric Fever.

Nine cases of this disease were notified to the Health Department during the year. With one exception the cases were all of a mild type. Eight cases were removed to the Borough Fever Hospital. One death occurred. Routine enquiries with regard to food, water, etc., failed to reveal the source of infection.

Small-pox.

The subjoined Table shows the incidence of Small-pox in Halifax during the year:—

	Inside the Borough	Outside the Borough	Total
	No. of Cases	No. of Cases	
January ...	9	1	10
February ...	2	—	2
March ...	1	2	3
April ...	4	—	4
May ...	5	5	10
June ...	8	—	8
July ...	5	—	5
August ...	2	—	2
September ...	—	—	—
October ...	1	—	1
November ...	5	1	6
December ...	14	8	22
	56	17	73

The following steps are taken on the outbreak of a case of Small-pox in Halifax:—

- (1) The certifying doctor is communicated with and the patient immediately removed to Hospital.
- (2) The house is disinfected.
- (3) The vaccinating officer is advised.
- (4) Medical Officer of Health and staff proceed to the spot and ascertain extent of the mischief.
- (5) History of source of infection is sought.
- (6) List of contacts is compiled.
- (7) Vaccination or re-vaccination is offered to all contacts.
- (8) Contacts are kept under supervision for 21 days.
- (9) Medical Officers of Health in other districts are advised about contacts proceeding thither.
- (10) Practitioners informed when new outbreak occurs.
- (11) Heads of common lodging-houses, casual wards, workhouses, infirmaries and hospitals informed when a new outbreak occurs.

Other measures are dictated by circumstances of the case.

Scarlet Fever.

The number of notifications of this disease received during the year was 274, and the total number of cases admitted to hospital was 258. Two hundred and twenty-two cases were from within the Borough, and 36 from outside the Borough. There were 3 "return" cases during the year.

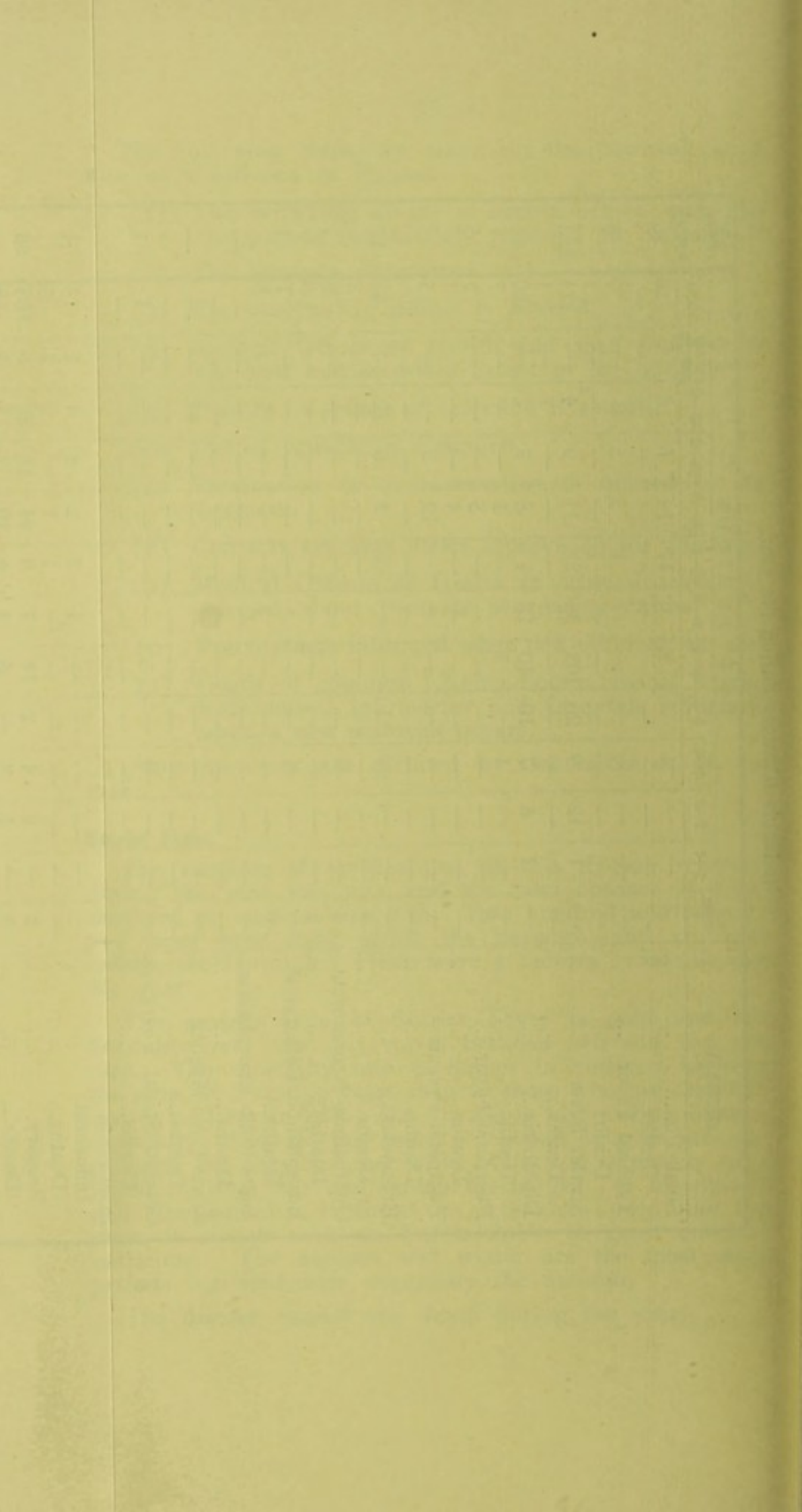
The present type of Scarlet Fever is mild and the deathrate very low. It varies between two and five per cent. The mortality rate is higher in children between the ages of 1 and 5 years than in those who are attacked earlier or later in life. The disease is rare among infants, especially when at the breast. Second attacks are uncommon but they are met with. Infection is usually conveyed by nose, ear and mouth discharges. It is unlikely that desquamation is infectious. Scarlet Fever, like the poor, is always with us, but is liable to great seasonal variations. The autumn and winter are the most usual periods for epidemics, especially the autumn.

The disease caused one death during the year.

Notifiable Diseases during the year.

DISEASE	AGE PERIODS												Cases admitted to Hospitals	
	Under 1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and upwards		Total
Small Pox...	2	—	—	1	1	4	6	12	14	6	8	2	56	56
Deaths...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	1	1	5	2	—	—	9	8
Deaths	—	—	—	—	—	—	—	1	—	—	—	—	1	1
Scarlet Fever	—	1	12	9	20	103	58	21	37	9	4	—	274	222
Deaths...	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Diphtheria...	—	2	6	7	10	40	18	4	8	3	2	—	100	87
Deaths...	—	—	—	1	—	3	2	—	1	—	—	—	7	7
Puerperal Fever	—	—	—	—	—	—	—	—	5	—	—	—	5	5
Deaths...	—	—	—	—	—	—	—	—	4	—	—	—	4	4
Puerperal Pyrexia	—	—	—	—	—	—	—	—	12	3	—	—	15	5
Deaths...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas...	—	—	—	—	1	—	—	2	3	6	22	7	41	17
Deaths...	—	—	—	—	—	—	—	—	—	—	—	2	2	2
Ophthalmia Neonatorum...	8	—	—	—	—	—	—	—	—	—	—	—	8	5
Deaths...	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Encephalitis Lethargica...	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Deaths...	—	—	—	—	—	—	1	—	—	—	1	1	3	3
Acute Polio Encephalitis...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio Myelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro Spinal Fever	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Deaths...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal	—	—	—	—	—	—	1	2	2	3	4	1	13	4
Deaths...	—	—	—	—	—	—	—	1	1	—	2	2	6	6
Primary...	3	—	2	4	2	14	7	9	24	15	22	6	108	28
Deaths...	3	—	1	2	—	6	4	4	10	7	13	5	55	55
Tuberculosis—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Respiratory	—	—	—	—	1	14	9	12	52	16	16	4	124	140
Deaths...	—	—	—	—	1	2	—	5	25	13	15	2	63	63
Other Forms	1	1	2	2	4	12	8	4	6	2	2	1	45	6
Deaths...	1	—	1	2	—	—	1	2	3	2	2	2	16	16
Total Notification	14	4	22	23	39	188	109	67	168	65	80	21	800	585
Total Deaths	5	—	2	5	1	11	8	13	44	22	34	14	159	159

For notes on these figures see following pages.



Diphtheria.

There were 100 notifications received and 95 cases (including 8 non-residents) were admitted to the Fever Hospital as suffering from Diphtheria.

There were 7 deaths from the disease.

Attention is drawn to the need for IMMEDIATE medical advice in ailments of children, and especially when there is anything wrong with the throat, or when breathing is difficult. Diphtheria is a disease which comes on with very slight symptoms, and the patients are always more seriously ill than they seem to the inexperienced. The antitoxin treatment of Diphtheria, which is of such remarkable value when applied early, is of little use when several days have been wasted in the hope that domestic remedies may cure. Parents should keep Diphtheria always in mind and send for the doctor early when a child is poorly.

Diphtheria is a serious disease. The progress of a case of Diphtheria depends very much on how long the disease has lasted before it is seen by a doctor. It is not uncommon to find that the initial sore throat of Diphtheria is disregarded by the parents, and it is only when after some days' illness the child's condition becomes alarming that a doctor is called in. It is in this class of case that heart failure, paralytic manifestations and toxæmia occur. Diphtheria obstructing the larynx is very dangerous and usually necessitates immediate operation. Another danger in connection with this type of Diphtheria is the tendency for Broncho-Pneumonia to occur. Swabs should be examined in all cases, but where there is a reasonable probability that the disease is Diphtheria—and the swab is negative—it is advisable to give anti-toxin.

Puerperal Fever and Puerperal Pyrexia.

Five cases of puerperal fever were notified and four died.

Fifteen cases of puerperal pyrexia were notified: all recovered.

Puerperal fever—the most potent cause of death in child-birth—is caused by streptococci, but obstetricians are divided in their opinion upon the question of the channel of infection in these cases. Prevention depends primarily on good midwifery practice.

Cerebro-Spinal Fever.

One case occurred in Halifax during the year. It recovered.

Acute Polioencephalitis.

This is a disease of the central nervous system and is possibly connected with the stress and strain of modern life. Fatigue is a causative factor. No case occurred during the year.

Influenza and Pneumonia.

Halifax was not visited by a severe epidemic during the year under review. The mortality is mainly from influenzal pneumonia, but it should not be forgotten that an influenza epidemic raises the mortality for the time being in sufferers from Pulmonary Tuberculosis. During an outbreak every opportunity is taken of impressing upon the public of the necessity of going to bed at the first signs. This is done in the interests of the patient and the community. The following Table sums up the cases:—

Influenza Pneumonia		Primary Pneumonia	
Number Notified	Number Died	Number Notified	Number Died
13	6	108	55

Non-Notifiable Infectious Diseases.

Measles.

The control of measles is especially difficult owing to the fact that it is infectious for some days before the rash appears.

Cases of this disease occurred throughout the year, but more particularly in the first six months, when it assumed an epidemic form, the period of its greatest incidence being in the month of February.

The disease caused six deaths during the year.

Whooping Cough.

The control of this disease is very difficult because of the insidious nature of its onset.

The disease was neither so widespread nor virulent as during the previous year. Cases occurred mostly in the last 3 months of the year, and caused two deaths, against 14 in 1929.

SECTION 5.

—o—

Tuberculosis.

I am indebted to Dr. Wilfrid Smith, Tuberculosis Officer, for the following report:—

Tuberculosis.

TUBERCULOSIS DEATH-RATE.		
PERIOD	Respiratory only	All Forms
10 years average 1920-29 ...	'70	'90
1930	'64	'81

The following Table shows the ages of the cases at the time of notification and at death:—

AGE PERIOD		TUBERCULOSIS							
		*NEW CASES				DEATHS			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
Under 1 year	...	—	—	—	1	—	—	—	1
1 to 5 years	...	1	—	6	3	—	1	1	2
5 to 10 „	...	7	7	9	3	2	—	—	—
10 to 15 „	...	4	5	6	2	—	—	—	1
15 to 20 „	...	8	4	2	2	2	3	—	2
20 to 25 „	...	7	11	1	4	5	7	—	2
25 to 35 „	...	14	20	—	1	5	8	1	—
35 to 45 „	...	11	5	—	2	8	5	1	1
45 to 55 „	...	6	1	1	—	9	2	1	1
55 to 65 „	...	7	2	1	—	4	—	—	—
65 and upwards	...	—	4	—	1	—	2	1	1
TOTALS	...	65	59	26	19	35	28	5	11

*Includes primary notifications, and cases not notified during life, but first intimated by death returns.

The ratio of non-notified tuberculosis deaths to total deaths from this disease was 12 per cent.

The following Table shows the number of notified cases of Tuberculosis remaining in the Borough on December 31st, 1930:—

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
674	276	217	493	90	91	181

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action appeared to be called for.

Public Health Act, 1925 ; Section 62.

No action was taken.

Tuberculosis Clinic.

The Tuberculosis Clinic is situated at 8, Clare Road. It is a sorting house, advisory centre, and consultative clinic ; not a treatment centre. Patients are sent from the clinic to sanatoria, and recommended domiciliary treatment by their private doctors. Close co-ordination exists between the Clinic, Medical Practitioners, and the Health Department.

Tuberculosis Scheme.

Diagnosis.	Pul-monary.	Non-Pul-monary.	Total.
A—New cases (excluding contacts) :			
(a) Definitely tuberculous	... 125	13	138
(b) Doubtfully tuberculous	... —	—	7
(c) Non-tuberculous	... —	—	55
B—Contacts :			
(a) Definitely tuberculous	... 10	5	15
(b) Doubtfully tuberculous	... —	—	—
(c) Non-tuberculous	... —	—	22
C—Cases written off Clinic Register as :			
(a) Cured	... 16	11	27
(b) Diagnosis not confirmed or Non-tuberculous (including cancellation of cases notified in error)	... —	—	97

D—Number on Dispensary Register, January 1st	...	...	...	...	505
Number of persons transferred from other areas, and of "lost sight of" cases returned	...	...	...	...	4
Number of patients transferred to other areas and cases "lost sight of"	...	...	...	...	36
Died during the year	...	...	...	...	46
Number of observation cases under A (b) and B (b) above in which period of observation exceeded two months	...	...	...	...	2
Number of attendances at the Dispensary (including contacts)	...	...	...	...	1087
Number of attendances of non-pulmonary cases at Orthopaedic out-stations for treatment or super- vision	...	...	...	...	87
Number of patients given Dental treatment...	...	...	...	...	6
Number of patients given "Light" treatment	...	...	...	...	189
Number of consultations with medical practitioners :					
(a) At homes of applicants	...	...	...	...	42
(b) Otherwise	...	...	...	...	212
Number of other visits by Tuberculosis Officer to homes	...	...	...	...	18
Number of visits by Nurses or Health Visitors for Dispensary purposes	...	...	...	...	2189
Number of					
(a) Specimens of sputum, etc., examined	...	...	...	...	602
(b) X Ray examinations made in connection with Dispensary work	...	...	...	...	23
Number of Insured persons on Dispensary Register on Dec. 31st	...	...	...	...	335
Number of Insured persons under Domiciliary Treat- ment on the 31st December	...	...	...	...	17

Halifax Sanatorium.

Admissions and Discharges during the year :—

	Halifax cases	Other Cases	Total
Remaining in on December 31st, 1929 ...	26	13	39
Admitted during the year... ..	140	38	178
Discharged during the year	114	32	} 159
Died	10	3	
Remaining in on December 31st, 1930 ...	42	16	58

Grouping of cases admitted during the year :—

A. *Non-Pulmonary*:—9.

B. *Pulmonary* :—

	Male.	Female.	Total.
Observation	3	1	4
Group 1. Early cases ...	29	32	61
Group 2. Intermediate cases	27	26	53
Group 3. Advanced cases ...	27	24	51

We still have to deplore the small percentage of early, *i.e.*, really suitable Sanatorium cases.

The average length of stay was 125 days, as compared with 133, 128, and 139 days in the preceding three years respectively.

The condition of the patients discharged was as follows :

Improved.	No Change.	Worse.	Dead.	Total.
112	16	18	13	159

All the deaths were pulmonary cases. Ten Halifax residents and three from outside districts.

A new weapon in the armoury of our defensive measures against this disease was added during the past year by the completion of the new children's block. This was officially opened on May 29th by the Chairman of the Health Committee, Alderman Dr. Branson, J.P. The

wards contain 12 beds for children up to 14 years of age. They are pleasantly situated, and embody the latest principles of construction and design.

These wards will serve to fill a long-felt need, and the results up-to-date encourage us to hope that our efforts in this direction will be of lasting benefit to the patients.

Extensions to the administrative block were also completed and occupied during the year, a change which is much appreciated by the staff.

Tuberculosis After-care Committee.

This Committee, which works in close co-operation with the Medical Officer in charge of the Halifax Sanatorium undertakes, where necessary, the after-care of patients discharged from the Sanatorium.

The objects of the Committee are to keep in close touch with the patients, investigate their economic position, and provide nourishment and other assistance for those who, without this help, would lose the benefit they had derived from their treatment.

Other forms of help, when required, are provided from voluntary funds raised by the Committee for this purpose.

The number of patients regularly visited during the year 1930 has been 69, and the number of reports received from visitors 389. Of those visited, 23 have been new cases and 46 patients who have been visited in past years. Seven patients have died during the year, 4 have returned to the Sanatorium for further treatment, 14 are able to work at their old employment and the remainder are too ill at present to work.

SECTION 6.

—o—

Venereal Disease.

Venereal Diseases.

In conjunction with the County Authority, a joint clinic for the treatment of venereal diseases is held at the Royal Halifax Infirmary.

The clinic is open for women and children every Tuesday afternoon from 3-30 to 4-30, and from 6 to 8. For men, every Thursday between 6 and 8 p.m. Also an auxiliary treatment centre for men is open daily from 10 a.m. to 12 noon, and 6 to 8 p.m., and on Sundays from 10 a.m. to 12 noon. It appears that these arrangements are sufficient and adequate for the needs of the Borough.

There is a Medical Officer with an Assistant Medical Officer in charge of this clinic.

The following figures refer to local patients attending the Treatment Centre :—

Number of persons dealt with for the first time during the year, and found to be suffering from :—

	Local Clinic	Other Clinics
Syphilis	53	—
Soft Chancre	—	—
Gonorrhoea	82	4
Conditions other than Venereal... ..	143	1
Total	278	5

Total attendances at the out-patient clinic

8,142 97

Aggregate number of in-patient days 275

—

Number of doses of Salvarsan Substitutes given

528 8

Specimens sent to an approved Laboratory for :—

Detection of Spirochaetes	4	—
Detection of Gonococci	—	—
Detection of other organisms... ..	—	—
Wassermann Reaction	232	—
Total	236	—

826 examinations for detection of Gonococci were carried out at the Treatment Centre.

There are 7 medical practitioners, not including the two officers of the clinic, in the Borough, qualified to receive free supplies of Salvarsan substitutes.

SECTION 7.

—o—

Maternity and Child Welfare.

Maternity and Child Welfare.

I am indebted to Dr. Alice Latchmore for the following report:—

Midwives.

Number practising in the Borough of Halifax during the year	... ..	32
(This includes Midwives working in Institutions).		
Number holding the Central Midwives Board Certificate (by examination)	... ..	30
Number of <i>bona fide</i> Midwives (<i>i.e.</i> , holding the Certificate granted by the Central Midwives Board to those women who were in practice before 1902 in virtue of such practice and not by reason of having passed the examination	... ..	2
Number of cases in which medical aid was summoned	113	

28 Medical Aid Notices were sent on behalf of the child: 11 for inflammation of the eyes, 12 for feebleness, 2 for convulsions, 1 for deformity, 1 for discharge from ear, 1 for haemorrhage from the finger.

Notifications received from Midwives, in accordance with C.M.B. rules:—

- 4 of the intention to resort to artificial feeding.
- 1 of liability to be a source of infection.
- 9 of having laid out a dead body.

Midwifery Services subsidised by the Corporation.

Bradshaw and Luddenden.

The total number of cases attended by the Halifax and District Nursing Association Midwives, during the year was 362, and of these 39 were in the Bradshaw area.

A doctor was also engaged in 70 of the 362 cases (in 68 cases in the ordinary district midwifery and in 2 cases in the Bradshaw area).

Luddenden.

The Nurse Midwife of the Luddenden Nursing Association has attended fewer cases for the Borough than during 1929, but she is in the employ of the local Association.

and takes cases for the West Riding Authority also, so that the work done for Halifax Borough is only a small part of her work, and the number of midwifery cases varies from year to year.

Notification of Births Act 1907.

Number of births notified...	} including births transferable to other districts.	{	1,451
Number of births registered			1,585
Ratio of notified to registered ...			91.54
Number of stillbirths notified ...			84
Number of notified births attended by Doctors with or without midwives ...			298
Number of notified births attended by Midwives only ...			540
Number of notified births attended in St. Luke's Maternity Home and Hospital			288
Number of notified births attended in Royal Halifax Infirmary ...			325
Number of births transferred to other districts ...			241

Health Visiting Summary.

Primary visits ...	1,210
Visits 1-5 years ...	3,867
Repeat visits ...	4,405
Ante-natal visits ...	173

The Health Visitors also devote part of their time to visiting cases of tuberculosis and mental deficiency.

246 visits were paid to cases of tuberculosis and 49 to mental deficiency cases.

It will be noticed that the total number of visits paid is slightly less than last year. This is accounted for by the depletion of the Staff during the year, referred to in a subsequent paragraph, and the difficulties and delays involved in obtaining temporary help.

Infant Welfare Centres.

Northgate—

Number of Sessions ...	225
New cases ...	593
Re-visits ...	8,447
Average attendance per Session...	40.17

Queen's Road—

Number of Sessions ...	89
New cases ...	224
Re-visits ...	3,336
Average attendance per Session...	40

It must be remembered that mothers who are bringing children to the Sunlight Clinic, twice a week, rarely attend the ordinary clinics.

Ante and Post-natal Clinics:—

Number of Sessions	...	...	42
Number of new cases	...	...	135
Total attendances	...	...	311
Average attendance per Session...			7.4

It is gratifying to note that the number of new cases shows a substantial increase over last year.

The Medical Officer also holds an Ante-natal Clinic at the Halifax District Nursing Association at Clare Road, and the following extract is taken from the Superintendent's Report for 1930:—

.....“Dr. Alice Latchmore attends our Ante-natal Clinic once a month. I am sure the mothers are appreciating the advice given, any abnormality found is attended to, also the healthy mother is reassured and can look forward without fear or apprehension, for the mind does exert a very powerful influence.”.....

Toddlers Clinic—

Owing to the reduced Staff, it was found impossible to hold this Clinic during the year.

Artificial Sunlight:—

This Clinic has been held regularly during the year.

Number of Sessions	...	...	131
Cases treated	...	...	291
Attendances	...	...	4,399
Average attendance per Session...			33.58

Attendances of non-tuberculous children under School age	...	...	...	...	3,062
Attendances of non-tuberculous children of School age	...	...	...	...	1,148
Attendances of tuberculous children	...	...	...	...	189

It is difficult to assess accurately the benefits derived from treatment by Artificial Sunlight, as these do not always show in terms of added weight and height.

Many parents testify to improved appetite, energy, and general well-being; and on the whole the enthusiasm was maintained during 1930.

It is gratifying to note that of 1,344 Halifax babies born during the year, 817 have attended the Municipal Clinics. (There were 1,585 total births registered, 241 referred to other districts.)

Infant Mortality.

Of the 81 deaths under one year, 59 occurred during the first month, and 22 over one month and under twelve months.

Of this number, 47 were boys and 34 were girls.

On examination of the causes of death of infants dying under one month, it is again obvious that the great majority of them were born weaklings, and had practically no chance of surviving.

As pointed out previously, these weaklings cannot be considered preventable deaths from the Infant Welfare point of view, but some might have been saved by greater ante-natal care, and an improved midwifery service.

Bronchitis and Pneumonia are responsible as usual for a large percentage of the deaths between one and twelve months, showing a record of 12 out of a total of 22.

The following rough classification shows that a large number of deaths are due to prematurity, and developmental defects over which we have no control.

This classification is necessarily not strictly accurate, as in the consideration of infant deaths there are often several contributory causes mentioned on the certificate of death, and it is not easy to select the essential cause, *e.g.*, in a case of measles followed by broncho-pneumonia, ending fatally, one doctor might enter the primary cause of death as measles, whereas another might place the broncho-pneumonia first, and so on.

Also, it is very difficult to estimate how far the depressed vitality so often alluded to in neo-natal cases, is the result of pressure on the child during delivery.

It is noteworthy that 8 neo-natal deaths are attributed to Convulsions, five of these infants dying within the first week. Convulsions during this period are very suggestive of injury to the brain during the child's transit through the maternal passages.

				Under 1 month	Over 1 month and under 12 months
*Prematurity	...	...	...	22	1
Difficult labour	...	...	...	4	—
Marasmus	...	...	...	3	1
Affections of the alimentary tract...	...	...	...	4	2
Defective development	...	...	...	4	1
Accidental suffocation	...	...	...	2	—
Suffocation due to want of attention at birth				2	—
Haemorrhagic diseases	} Melaena } Purpura	...	...	1	—
		...	...	1	—
Bronchitis and Pneumonia	...	...	...	2	12

				Under 1 month	Over 1 month and under 12 months
Convulsions	...	...	...	8	3
Congenital Syphilis	...	...	...	3	—
Parotitis	...	...	...	—	1
Icterus Neonatorum	...	...	...	3	—
Meningitis	...	...	...	—	1
				59	22

*Two pairs of twins, two out of three triplets, and one twin infant account for 7 of these premature deaths, indicating the greater mortality associated with multiple pregnancies.

Midwives' Inspection.

The midwives have been inspected periodically.

Great care has been taken by the midwives concerning the eyes of the newly born, and there are no cases of damaged sight to report.

Eyedrops have again been supplied by the Local Supervising Authority, and the use of this preventive solution has been found to be valuable.

8 cases of Ophthalmia Neonatorum were notified, and most were fairly mild in type.

Maternal Mortality.

The maternal mortality is not diminishing. It cannot be natural that 3,000 women should die in childbirth annually in England and Wales, thus making, as the Minister of Health said, maternity "the most dangerous occupation" in the land. There are now more than 800 ante-natal centres in England and Wales where expectant mothers receive attention, and 150 maternity hospitals. Yet the nett results are what they are. In my view, data showing the percentage of preventable cases and the preventable causes of death would be valuable.

The deathrate from causes associated with maternity continues very high in Halifax, as the following Table shows:—

	1922	1923	1924	1925	1926	1927	1928	1929	1930
Sepsis ...	3	3	0	1	1	1	5	3	4
Other causes	7	7	6	7	7	9	8	6	8
Per 1,000 births	6.2	6.5	4.0	5.6	5.7	7.4	10.2	6.8	9.2

While this is to be deplored, analysis of the causes of death in this group would appear to suggest that in many cases associated conditions—Heart and Lung diseases—were primary factors in the cause of death.

The following list of the causes of death will serve to illustrate this view:—

1. Post-partum Haemorrhage when suffering from Malnutrition and Anaemia.
2. Septicaemia and General Peritonitis following Miscarriage.
3. Hyperemesis Gravidarum.
4. Lobar Pneumonia. Parturition.
5. Concealed Post-partum Haemorrhage following twins.
6. Shock. Haemorrhage. Ruptured ectopic Pregnancy. Labour.
7. Shock and Uterine Inertia. Difficult Instrumental labour.
8. Cardiac Failure. Streptococcal Septicaemia. Child-birth.
9. Pulmonary Embolism following Thrombosis of Pelvic Veins. Septic Abortion.
10. Toxaemia. Eclampsia.
11. Haemorrhage. Adherent Placenta. Placenta Praevia.
12. Heart failure during prolonged labour. Pericarditis.

The following services are in operation in Halifax for the purpose of combating maternal mortality:—

- (a) Ante-natal Clinics at the Maternity and Child Welfare Centre; the Halifax and District Nursing Association, Clare Road; the Royal Halifax Infirmary and St. Luke's Hospital.
- (b) An adequate supply of competent qualified midwives, who are inspected and supervised by Dr. Latchmore.
- (c) The Maternity Homes at the Royal Halifax Infirmary and St. Luke's Hospital.
- (d) Laboratory facilities for bacteriological and pathological examinations.
- (e) The provision, free, of sterile maternity outfits.
- (f) A service of "Home Helps."
- (g) The supply of milk, free, to nursing and expectant mothers.

With the appointment, in the near future, of a Consultant Obstetric Surgeon, I think we may fairly claim that our arrangements are both adequate and up-to-date.

Artificial Sunlight Clinic.

I am glad to be able to report that the artificial sunlight is a very satisfactory feature of the Health Department's activities. During the year under purview, 291 cases were treated and 4,399 exposures were given.

Cases of rickets, debility, anaemia, malnutrition, nervous irritability, tuberculosis of the spine, glands of the neck, and bones are treated, also Mothers suffering from defective lactation.

The following is the routine course of dosage:—

For first dose, two minutes back and two minutes front.
For a very young child less than this.

Two treatments per week arranged, and the dose gradually increased up to eight minutes back and eight minutes front.

If treatment appears doubtfully beneficial the dose is not increased and is even diminished, should unaccounted for loss of weight or other indication be found.

The average duration of treatment per patient extends over a period of three months.

Our experience has been that cases of rickets, debility, malnutrition and glands of neck are indubitably benefitted by the treatment. We found that epileptic and nervous children did not respond very well and the treatment was discontinued. Some cases of chronic eczema did very well. Parents very often reported beneficial results in cases of sleeplessness.

The danger of a new and spectacular form of treatment like Heliotherapy is that there is a tendency for it to be overestimated. While artificial sunlight has not come up to the expectations of everybody, it is undoubtedly a useful weapon in the modern armoury of therapeutic measures. Appropriately applied it is undoubtedly beneficial in many cases.

Dr. Latchmore is in charge of the Clinic and is assisted by Miss Oram, the Superintendent Health Visitor, and the Health Visitors.

Inspection of Maternity Homes.

In the Halifax Corporation Act 1926, powers were given for the compulsory registration of Maternity Homes in Halifax. These provisions were later included in the Midwives' and Maternity Homes' Act 1926, which established the powers for the whole country.

Only one Maternity Home has been registered (those at the Halifax Royal Infirmary and St. Luke's Hospital not being subject to registration). This home has been inspected in accordance with the Act, and was found to be satisfactory.

Home Helps.

A scheme for the provision of Home Helps for maternity cases was adopted towards the end of 1930, and comments will appear in the 1931 Report with regard to the demands for their services.

Staff.

We have to record that Nurse Gladys Briggs (Halifax) and Nurse Sutcliffe, two highly qualified and most efficient Health Visitors, left early in the year, attracted by the larger salaries paid in the South.

Their loss has been much felt, as they have served the Corporation faithfully and well for some years.

Nurse Briggs (Triangle) was appointed as a temporary Health Visitor on April 17th, 1930, and she was transferred to the Staff as a Student Health Visitor on July 1st, 1930. (Although she was a fully trained nurse and midwife, she did not possess her Health Visitor's Certificate.)

Nurse Crawshaw helped from June 23rd to September 30th, 1930.

Nurse Roseveare commenced duty on October 1st, 1930.

We were therefore handicapped by lack of staff during a considerable part of the year.

Voluntary Workers.

We wish to thank the Voluntary Helpers for their unselfish and valuable assistance during the year, which has again been much appreciated.

SECTION 8.

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Orthopædic Service.

Mr. Goyder's Report.

Orthopaedic Clinic.

The Orthopaedic or Cripple Clinic founded jointly by the Maternity and Child Welfare, Health and Education Committees, has done excellent work. The sessions were originally held in the School Clinic, but as regards the children from the Infant Welfare Centre this was not found successful, as the mothers attended badly. It was therefore arranged that sessions should be held occasionally at the Northgate Centre, and the massage and remedial exercise sessions are also held there. Children requiring operative treatment for rickets were sent to St. Luke's Hospital, Bradford, so as to be treated by the Orthopaedic Surgeon of the Clinic, Mr. F. W. Goyder, F.R.C.S.

I am indebted to Mr. F. W. Goyder, F.R.C.S. (Eng.), Orthopaedic Surgeon, for the following report:—

The Orthopaedic Surgeon has attended at the Maternity and Child Welfare Centre, Northgate, on 7 occasions. He has examined 74 new cases and re-examined 74 previously seen by him. This is an increase of 45 over last year's figures.

The attendances for treatment during 1929 and 1930 have been as follows:—

	1929	1930
Remedial Exercises ...	1,053	756
Sunlight Treatment ...	1,009	774

There has been a diminution in the number of children requiring treatment although a larger number have been inspected. There is also a noticeable decrease in the number of children requiring operative treatment. This diminution appears on analysis of the figures to be almost entirely due to the lower incidence of severe deformity due to rickets, and if this improvement continues it will indicate that rickets in Halifax is no longer so severe nor so prevalent as it has been in the past.

The details of children below school age referred by the Orthopaedic Surgeon for operative treatment at Bradford are as follows:—

Deformities due to Rickets	...	...	5
Hemiplegia	...	...	1
Infantile Paralysis...	...	...	1
Congenital Talipes	...	...	1
			—
Total	...	...	8

The following details relate to cases treated at the Clinic:—

Disease or Condition	No. of Cases	Treatment given
Genu Varum	18	M., R.E., A.S., O.T.
Genu Valgum	14	M., R.E., A.S., O.T.
Weak Ankles... ..	4	M., R.E., A.S.
Hemiplegia	3	R.E., A.S., O.T., S.A.
Infantile Paralysis	2	M., R.E., A.S., S.A.
Rickets	2	M., A.S.
Weak Legs	2	M., R.E., A.S.
Congenital Talipes	2	M., R.E., A.S., O.T.
Metatarous Varus	1	M., R.E., A.S.
Injury... ..	1	M., A.S.

M = Massage. R.E. = Remedial Exercises. A.S. = Artificial Sunlight.
O.T. = Operative Treatment. S.A. = Surgical Appliances.

F. W. GOYDER.

SECTION 9.

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Mental Deficiency.

Mental Deficiency Acts, 1913 - 1927.

During the year under review a complete survey was made of all mental defectives in the Borough. The survey was a laborious business and made considerable inroads upon the time of the medical and clerical staffs. The survey included cases in the Poor Law Institutions. Formerly, cases dealt with by the Guardians were not under Order and could have been discharged or withdrawn by their parents or relatives at any time. Guardians were under no obligation to provide special institutions for defectives. These defectives enjoyed none of the safeguards provided by the Mental Deficiency Acts, and however great their needs, they were able to take their discharge as soon as they ceased to be children.

Ascertainment must necessarily be the starting point in any scheme for dealing with Mental Defectives, but it must be remembered that the obvious and admitted lack of institutional accommodation has led officials to feel that unless the defectives can be sent to a proper institution or colony, it is of little use to know of their existence.

Supervision affords the best temporary substitute for lack of proper institutional accommodation. By supervision we can keep in touch with defectives and transfer them to institutions, if and when a vacancy occurs. Unfortunately, at present vacancies are almost nil.

The most unsatisfactory feature of the survey is the large number of cases under statutory supervision. This is brought about by the great difficulty in obtaining institutional accommodation. The only solution of the problem is to build or obtain an Institution of our own (which would probably be uneconomical) or to combine with other authorities in building or providing one. Farming out cases will become more and more difficult, because institutions which formerly took in a limited number of cases from outside authorities are reserving all their accommodation for their own cases. The problem is acute all over the country, and many authorities will have to contemplate the provision of large institutions or colonies.

Proposals to adapt Craigie Lea Home as an Institution for Mental Defectives and to extend the certificate at Gibbet Street Institution, were under consideration at the end of the year.

Mental Deficiency is caused by a sub-development of the convolutions of the brain, especially in the frontal lobes. The causes are bad heredity and bad environment. The cure, then, is the elimination of degenerate human stock and the improvement of environment. It is a tremendous problem because we are embarrassed by our lack of knowledge of the basic springs of heredity.

Halifax cases are at present in the following Institutions :

The Home, Everton Terrace, Liverpool.
 Mid-Yorkshire Institution, Whixley, near York.
 Gibbet Street Institution, Halifax.
 Pontville R.C. Special School, Ormskirk, Lancs.
 Whittington Hall, Chesterfield.
 Royal Albert Institution, Lancaster.
 Wordsley Institution.
 Tenterden Union, Tenterden, Kent.
 Settle Union Institution, Giggleswick.
 Rampton State Institution.

The following Table shows the position on December 31st, 1930:—

A. *Number of Cases "Subject to be dealt with."* :—

1. Under "Order"	M.	F.	Total
(a) In Institutions	30	18	48
(b) Under Guardianship	—	—	—
Out on Licence from Institutions	2	—	2
	M.	F.	Total
2. In "places of safety"	—	—	—
3. Under Statutory Supervision ...	36	31	67
Numbers of foregoing :—			
(a) Attending Occupation Centres	—	—	—
(b) Awaiting removal to an Institution	3	2	5
4. "Subject to be dealt with," but action not yet taken :—			
(a) Notified by Local Education Authority, Sec. 2 (1), (b) (v)	—	—	—
(b) Otherwise "ascertained" ...	—	—	—

B. *Number of Cases who may become "Subject to be dealt with" :—*

1. In Institutions or under Guardianship dealt with under Sec. 3—			
(a) in regard to whom the Local Authority contributes under its permissive powers	—	—	—
(b) Maintained wholly by parents, relatives or others	—	—	—
2. Reported to Local Authority from any reliable source but as to whom it had not been decided whether they are "subject to be dealt with" or not :—	—	—	—
3. Under Voluntary Supervision ...	—	—	—
Numbers of foregoing attending Occupation Centres	—	—	—

Cases Notified by Local Education Authorities under Sec. 2 (i), (b), (v) during 1930.

	M.	F.	Total
Sent to Institutions (by Order) ...	—	—	—
Placed under Guardianship (by Order)	—	—	—
Placed under Statutory Supervision ...	—	—	—
Placed in "Places of Safety" ...	—	—	—
Died or removed from area ...	—	—	—
Action not yet taken	—	—	—
Total ...	—	—	—

The particulars given above relate solely to cases under the care of the Statutory Committee, and have nothing to do with children of school age, who, so long as they are capable of receiving benefit from instruction in a special school remain under the care of the Education Committee. Particulars regarding them are to be found in the reports of the School Medical Service published separately, in which the work of the special school at Quarry House is described.

SECTION 10.

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Vaccination.

The Vaccination Acts 1867-1898, and the Vaccination Act 1907.

From April 1st last the duty of administering the above Acts was placed by the Council upon the Health Committee, and the following arrangements were made to give effect to that decision.

Miss E. Clarkson, a "transferred Officer," was appointed to act as Vaccination Officer and was added to the staff of the Health Department.

Vaccination districts were formed and Public Vaccinators appointed as follows:—

<i>District.</i>	<i>Public Vaccinator.</i>
No. 1. Copley Ward.	Dr. E. D. Wellburn, Beech House, Sowerby Bridge.
No. 2. Central, Pellon, Southowram, East, South, Kingston, West and Skircoat Wards.	Dr. T. P. Braim, Whitegate View, Siddal, Halifax.
No. 3. North and Akroydon Wards.	Dr. A. Garvie, Woodlands, Halifax.
No. 4. Illingworth and Ovenden Wards.	Dr. J. Morrison, Oak Leigh, Halifax.
No. 5. Northowram Ward.	Dr. J. J. Murphy, 50, West End, Queensbury.
No. 6. Warley Ward.	Dr. C. S. Ogilvy, Wood Bank, Luddenden Foot.
No. 7. St. Luke's Hospital and Gibbet Street Institution.	Dr. R. Davidson, Woodgate, Halifax.

Stated quite briefly, the Acts make it obligatory—unless a statutory declaration of conscientious objection is made—upon all parents to have their infants vaccinated before they attain the age of six months.

The following short summary outlines the main provisions of the Acts, and indicates the lines of local procedure.

NOTES ON VACCINATION PROCEDURE.

FORM A. This is handed by the Registrar to the person registering the birth. It contains:—

- (a) Form of statutory declaration of conscientious objection to vaccination. It must be completed and returned before the child attains the age of 4 months.
- (b) Medical certificate of postponement of vaccination owing to the state of the child's health. Postponement must not exceed two months from the date of certificate, but may be renewed from time to time.
- (c) Medical certificate of postponement of vaccination owing to the condition of the house, or recent prevalence of infectious disease in the district. This also must not exceed two months.
- (d) Medical certificate of insusceptibility to successful vaccination, or of child having had smallpox. The number of times unsuccessfully vaccinated must not be less than three.
- (e) Medical certificate of successful vaccination. must be completed and returned before the child attains the age of 6 months.

FORM Q. If Form A has not been received by the Vaccination Officer before the child reaches the age of 3 months 8 days, form Q is sent reminding the parents that they have still 2 weeks in which to complete and return the form.

NOTE. The 8 days is not a statutory period of grace. [Steps must have been taken under either (a), (b) or (c), before the child reaches the age of 4 months]. It is a period allowed to parents to complete and return the form. It was considered to be somewhat arbitrary to place persons in default, who, having complied with the requirements of the Act within the statutory period, neglected to return the form for a day or two.

FORM H. This form contains the names, addresses, etc., of those who have failed to secure exemption. It is completed by the Vaccination Officer and sent to the Public Vaccinator, whose duty it is, within 4 weeks, to call and offer vaccination.

FORM K. This is a final notice sent to parents who have failed to have their child vaccinated, and gives them 14 days in which to comply. Failure to do so places the parent in default and the matter is reported to the Health Committee.

The following figures are extracted from the Return which was prepared for the Registrar General, and relate to the year 1929:—

Number of births returned in the "Birth List Sheets"	...	...	...	...	...	1,525
--	-----	-----	-----	-----	-----	-------

No. of these births duly entered by 31st January, 1931, in Cols. I., II, IV and V of the Vaccination Register, viz.:—

Successfully vaccinated	...	...	...	270
Insusceptible of vaccination	...	...	...	1
Had Smallpox	...	...	...	—
No. of Statutory declarations of conscientious objection	...	...	...	1,061
Died unvaccinated	...	...	...	96
No. of these births which on 31st January,				

1931, remained unentered in the Vaccination Register on account of:—

Postponement by Medical Certificate...	...	3
Removed to other Districts (V.O.'s duly appraised)	...	4
Removed to places unknown, cannot be reached or unfound	...	31

No. of these births remaining on 31st January, 1931, neither duly entered on Vaccination Register nor temporarily accounted for in Report Book	...	59
--	-----	----

Total number of Certificates of successful primary vaccination of children under 14 received during the Calendar Year, 1930	...	316
---	-----	-----

No. of Statutory Declarations of Conscientious Objection, irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1930	...	1,146
---	-----	-------

No. of children successfully vaccinated after declaration Conscientious Objection had been made	...	2
---	-----	---

No. of Certificates of successful primary vaccination of children under 14 sent to other Vaccination Officers	...	10
---	-----	----

The following Table shows the number of persons successfully vaccinated and re-vaccinated at the cost of the rates, by the Public Vaccinators during the year ended 30th September, 1930.

No. of successful primary vaccinations of persons:—

Under 1 year of age ...	...	...	198
One year and upwards...	...	...	35

Total ... 233

No. of successful re-vaccinations of persons who have been successfully vaccinated at some previous time ... 37

Summary proceedings were instituted in 11 instances for failure to observe the provisions of the Act, a penalty being imposed in each case. These proceedings were undoubtedly instrumental in securing a more lively appreciation on the part of the public towards their duties and responsibilities under the Acts.

The following table shows the number of persons who
were employed in the various occupations in the
year 1900. The total number of persons employed
was 1,234,567. The occupations and the number of
persons employed in each are as follows:

1. Agriculture, 234,567
2. Manufacturing, 345,678
3. Commerce, 123,456
4. Transportation, 98,765
5. Services, 432,109
6. Government, 10,101
7. Unemployed, 123,456
8. Invalids, 12,345
9. Retired, 12,345
10. Other, 12,345

The following table shows the number of persons who
were employed in the various occupations in the
year 1910. The total number of persons employed
was 1,345,678. The occupations and the number of
persons employed in each are as follows:

1. Agriculture, 245,678
2. Manufacturing, 356,789
3. Commerce, 134,567
4. Transportation, 109,876
5. Services, 443,210
6. Government, 11,212
7. Unemployed, 134,567
8. Invalids, 13,456
9. Retired, 13,456
10. Other, 13,456

The following table shows the number of persons who
were employed in the various occupations in the
year 1920. The total number of persons employed
was 1,456,789. The occupations and the number of
persons employed in each are as follows:

SECTION 11.

—o—

**Transferred Poor Law
Services :****(a) Children Act 1908. Part I.****(b) Boarding Out****(Children under 5 years of age).**

Children Act, 1908.

The duties and powers under Part I of the above Act (Infant Life Protection) which prior to April 1st of the year under review was administered by the Board of Guardians, has from that date been carried out by this department.

The Act provides that where a person undertakes for reward the nursing and maintenance of one or more infants under the age of 7 years apart from their parents, or having no parents he shall within 48 hours from the reception of any such infant give notice in writing thereof to the local authority.

It is the duty of the local authority to appoint infant protection visitors to visit from time to time to satisfy themselves as to the proper nursing and maintenance of such infants, or to give necessary advice or directions thereon.

The following is a summary of the work carried out during the year:—

Number of cases on the Register at April 1st, 1930	15
Number of new cases reported 	15
Number of cases removed from the Register during the year 	13
Number of cases on the Register at the end of the year 	17

Of the 13 cases removed from the Register

2 had reached the age of 7 years.

8 were returned to parents' care.

2 were adopted under the Adoption of Children Act.

1 died.

The total number of visits paid during the year was 247.

Generally speaking the children were clean and well-cared for, and the premises satisfactory.

Boarding-Out of Children.

The Council's Administrative Scheme under the Local Government Act, 1929, made Maternity and Child Welfare a "declared" service; therefore, duties under the above Order in respect of children under five years of age were imposed upon the Department.

As the Council's scheme for the administration of this Order was still under consideration at April 1st, I was requested to undertake the carrying out and supervision of the whole of this work on behalf of the Public Assistance Committee, until such time as the Council's scheme was completed.

Although the cumulative effect of these added duties, together with the addition of new, and the expansion of existing services, placed a great strain upon my staff, this work was carried out until November 8th, when the supervision of these children over five years of age was handed over to the Education Department under the Council's scheme.

The number of children on the Register was 34, of which number, 3 (1 boy and 2 girls) were under the age of 5 years.

The children were visited, the homes, bedding, and clothing were inspected at regular intervals, and enquiries were made to ensure that the rules as laid down in the Order were duly observed.

The children in the majority of cases showed evidence of exceptional care and attention on behalf of their foster parents, and it was not found necessary to take punitive action in any case.

The number of visits paid by the official visitor from April 1st to the end of the year was 302.

Boarding-Out of Children

The Boarding-Out of Children is a subject which has long attracted the attention of the public. It is a subject which has of late years become more and more prominent in the public mind. It is a subject which has of late years become more and more prominent in the public mind.

At the present time, when the attention of the public is directed to the subject of the Boarding-Out of Children, it is not surprising that the subject should be so prominently before the public. It is not surprising that the subject should be so prominently before the public.

Although the number of children who are boarded out is not large, the subject is of great importance. It is of great importance because it affects the lives of many children. It is of great importance because it affects the lives of many children.

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The children in the majority of cases are boarded out for a long time. They are boarded out for a long time. They are boarded out for a long time. They are boarded out for a long time.

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SECTION 12.

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Public Health Propaganda.

Health Education & Propaganda.

Health Education is a primary duty of any Public Health Department. Co-operation of the citizens is necessary if preventive medicine is to achieve all it sets out to do. Propaganda work has continued in Halifax throughout 1930, and the following Table briefly sets out some of the more important lectures delivered to the Public. But for the heaping of Pelion upon Ossa by the taking over (without any increase in staff) of many duties formerly performed by the Poor Law Authority, more of this useful work would have been carried out.

Public Health Education Lectures.

Date	Where held	Lecturer	Title	Given to	Attendance (approx.)
12/2/30	Lightcliffe Methodist Church	Dr. Roe	Mental Deficiency	The Young People's Union	40
28/2/30	Old Cock Hotel	Dr. Roe	Health of Halifax	The Chemists' Association	100
3/3/30	Claremont Road	Dr. Roe	Mental Hygiene	Boothtown P.M. Fraternity	50
18/3/30	Greetland Church School	Dr. Roe	Cancer	Greetland District Nursing Association	40
4/8/30	Boys' Club	Dr. Roe	Personal Hygiene	The Halifax Lads' Club	60
22/10/30	Guild Room	Mr. Beaumont	Importance of Propaganda in Public Health	Women's Co-operative Guild	60
11/11/30	Unity Hall	Dr. Roe	Mental Deficiency	Trades' Council	70
25/11/30	Imperial Cafe	Mr. Beaumont	Housing	Council of Social Hygiene	40
28/11/30	Town Hall	Dr. Roe	Preventive Aspects of Psychiatry	Society of Medical Officers of Health	40
7/12/30	St. Augustine's Men's Club	Dr. Roe	Suggestion in Social Life	St. Augustine's Men's Class	60
11/12/30	Guild Vestry	Dr. Wood	"Germs"	Wesley Guild	50
18/12/30	I.L.P. Rooms	Mr. Beaumont	Health Administration	Independent Labour Party	50

SECTION 13.

—o—

Milk Production.

Food Inspection.

Farms.

Offensive Trades.

Inspection and Supervision of Food.

Milk Supply.

It is the duty of the Health Authority to take effectual steps to ensure a reasonably clean milk supply to the consumer. The majority of people admit the importance of milk as a food. Milk contains all the ingredients needed for nourishment. It contains fats, proteins, carbohydrates, inorganic salts, lime and water in the correct proportion which science demonstrates should be contained in a well-balanced food. It is therefore reasonable to submit that such an important article of food should be produced and distributed under cleanly conditions.

I am indebted to Mr. J. Pollard, the Veterinary Inspector, for the particulars given below:—

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

Cowkeepers	—
Cowkeepers and Dairymen (Wholesale only) ...	47
Cowkeepers and Dairymen (Wholesale and Retail)...	17
Cowkeepers and Retail Purveyors	92
Retail Purveyors only (Premises outside the Borough)	56
Retail Purveyors only (Premises within the Borough)	44
Retail Purveyors (for Bottled Milk only)	213

Dairies.

Progress has been maintained by the installation of three mechanical refrigerating coolers: 1 within the Borough, 2 outside but supplying milk within the Borough.

Milk and Dairies (Amendment) Act, 1922.

Under Section 2 of the Milk and Dairies (Amendment) Act, 1922, 6 retailers were invited to appear before the Health Committee to show cause

- (a) five why registration should not be refused.
- (b) one why his name should not be removed from the Register.

In the cases of objection, three complied with the reason for their objection, and two were refused Registration.

In the case of revocation the Committee decided that the name of the retailer should be removed from the Register on account of lack of facilities of boiling water or steam.

Bacteriological Examination of Samples.

Total number of samples taken for bacteriological examination as an index of general cleanliness	...	70
Number of samples taken within the Borough	...	37
Number of samples taken from sources outside the Borough	... ..	11
Number of Graded Samples...	... ..	22
Number of samples taken from sources outside the Borough for the detection of tubercle bacilli	...	9

The following alterations were carried out:—

Alterations to cowsheds for light	...	5
Alterations to cowsheds for floors	...	12
Dairies provided	... ..	4
Number of Dairy Cows examined	...	1,212

No proceedings were instituted under the Milk and Dairies Order, 1926, but three cases were reported to the Committee for contravention of Articles 15, 22 (1), 22(3), 21.

Milk (Special Designations) Order, 1923.

There are within the Borough two producer-retailers of graded milks, one producing Certified Milk and the other Grade A.

In addition, a producer of Certified Milk outside the Borough distributes and has agents within the Borough.

Tuberculosis Order—Diseases of Animals Acts.

Number of Reports	... ..	14
Number of Reports confirmed	... ..	14
Tuberculosis of the Udder	... ..	7
Bacteriological examination of Milk	...	16
Number reported positive	... ..	1
Number of cattle examined	... ..	116

The cases are not reported generally but are detected in the course of routine inspection of dairy cows.

Two cows suffering from tuberculosis in other scheduled forms were found to have tuberculosis in the udder.

Private Slaughterhouses.

Registered	...	5
Licensed	...	-
		5

The approximate number of animals slaughtered therein during the year is as follows:—

Cattle.	Calves.	Sheep and Lambs.	Pigs.
270	33	1,100	80

Although there are only five private slaughterhouses within the Borough, there are twelve private slaughterhouses outside the Borough used for slaughtering animals for consumption within the Borough.

Meat Inspection, etc.

The following Table shows the number of visits paid to the slaughterhouses, butchers' shops, markets, etc.:—

Description of Premises				Number of Visits
Public Slaughterhouse	...	...		722
Private Slaughterhouses	...	...		132
Borough Market	...	...	...	294
Wholesale Market	...	...	...	298
Lairages	...	...	...	132
Potted Meat Houses	...	...	...	249
Tripe Boiling Houses	...	...	...	92
Butchers' Shops	...	...	...	1752
Cowsheds	...	...	...	706
Dairies	...	...	...	275
Auction Mart	...	...	...	61
Other Visits	...	...	...	948
Total				5,661

The following Table shows the number of animals slaughtered during the year and the number condemned:

	Cattle.	Calves.	Sheep and Lambs.	Pigs.	Offals.	Total.
Number of Animals slaughtered at the public slaughter-house ...	9061	1975	22662	3811	lbs. ...	37509
Do. condemned...	55	6	7	22	...	90

NOTE.—Of the 55 beasts condemned, 5 were received under the Tuberculosis Order 1925.

The following Table shows the total Approximate weight of meat and offals destroyed on account of tuberculosis, and from other causes :—

	lbs.
Total Amount of Meat Destroyed	43912
Total Amount of Offals Destroyed	11232
Total Amount of Meat Destroyed on account of Tuberculosis	38904
Total Amount of Offals Destroyed on account of Tuberculosis	8037
Total Amount of Meat Destroyed from other causes	5008
Total Amount of Offals Destroyed from other causes	3195
Total Meat and Offals Destroyed ...	55144

Kinds of Food Destroyed	Quantity in lbs.
55 Carcases of Beef	32854
Beef not in Carcase	6866
6 Carcases of Veal	203
7 Carcases of Mutton and Lamb	366
Mutton not in Carcase	50
Chilled and Frozen Beef	10
22 Carcases of Pork	2114
Pork not in Carcase	775
16 Rabbits	32
Fish	2985
Fruit and Vegetables	20320
Canned Provisions	574
Hams and Bacon	110
Poultry	36
Total Weight ...	67295

Proceedings were instituted for contravention of the Public Health (Meat) Regulations, 1924:

- (a) Article 23(3) Failing to wear head cover when carrying meat. Penalty £5 and costs.
- (b) Article 9 Failing to give notification of disease in a carcase. Penalty £5.

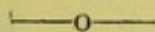
Two Justices' Orders were obtained during the year.

Merchandise Marks Act, 1926.

During the year special attention has been given to the enforcement of this Act.

Offensive Trades.

These premises have been visited regularly during the year.

SECTION 14.

Sanitary Circumstances.

Housing.

Food Sampling.

Milk

(Retail Supply and Distribution).

Smoke Abatement.

Sanitary Circumstances

AND

Sanitary Inspection of the Area.

I am indebted to Mr. J. W. Beaumont, Chief Sanitary Inspector, for the following report:—

Inspections and Visits.

Dwellingshouses:—

Recorded Inspections—Housing Act, 1925	...	226
Re Complaints	... ..	897
Re Infectious Disease	... ..	864
Re Overcrowding, Dirtiness and Vermin...	...	25
Re Cellar Dwellings and Underground Rooms	...	31
Re Tents, Vans, Sheds	... ..	15
Re Water Supply	... ..	43
		2,101

Factories and Workshops Acts:—

Factories	... ..	56
Workshops	... ..	427
Workplaces	... ..	6
Complaints of H.M. Factory Inspector	...	16
Outworkers	... ..	6
		511

Sampling:—

Food and Drugs Act	... ..	280
Fertilisers and Feeding Stuffs Act	... ..	12
Bacteriological Examination—Milk and Ice Cream	...	21
Water—Chemical and Bacteriological	... ..	16
		329

Food Inspection:—

Dairies and Milkshops	... ..	111
Ice Cream Premises	... ..	188
Fried Fish Shops	... ..	101
Other Food Premises	... ..	38
		438

Smoke Abatement:—

Smoke Observations	... ..	61
Visits to works re smoke	... ..	24
		85

Drainage:—

Drains Inspected	...	...	...	1,469
Drains tested with Colour or Grenade	...	...	...	224
Drains smoke tested	...	...	...	79
Drains water tested	...	...	...	61
				1,833

General:—

Common Lodging Houses	...	...	...	51
Houses Let in Lodgings	...	...	...	314
Rat Infested Premises	...	...	...	11
Stables and Manure Accumulations	...	...	...	66
Swine, Fowls, and other Animals	...	...	...	19
Schools	...	...	...	10
Theatres, Cinemas, etc.	...	...	...	146
Yards, Passages, Sewers, Street Gullies, etc.	...	...	...	50
Closet Conversion Scheme	...	...	...	2,249
Mental Defectives	...	...	...	108
Public Sanitary Conveniences	...	...	...	50
Miscellaneous Visits	...	...	...	756
				3,830

Total Number of Inspections	...	...	...	9,127
Total Number of Re-inspections	...	...	...	2,647

Sanitary Improvements Effected.*Dwellinghouses:—*

	By Notice	Without Notice
Roofs renewed or repaired	97	38
Chimney stacks renewed or repaired	32	26
Rainwater eaves gutters renewed or re- paired	110	77
Rainwater Fallpipes renewed or repaired	62	34
Rainwater Fallpipes disconnected from drains	25	13
Walls repaired and/or pointed	90	44
Dampness remedied	22	7
Lighting improved	3	5
Ventilation improved	43	9
Windows repaired—Cords, Fasteners, etc.	166	27
Firegrates renewed or repaired	56	11
Cooking Stoves renewed or repaired	43	—
Food Stores provided or improved	7	—
Floors relaid or repaired	58	7
Wall and/or Ceiling Plaster renewed or repaired	107	21
Doors renewed or repaired	60	9
Sinks renewed or repaired	111	19

	By Notice	Without Notice
Sink waste pipes renewed or repaired ...	48	31
Lavatory and/or Bath waste pipes renewed or repaired	1	3
Sink waste pipes trapped and/or disconnected from drains	54	26
Lavatory and/or Bath waste pipes trapped and/or disconnected from drains ...	4	1
Washing Boilers provided or repaired ...	15	6
Yard and/or passage surfaces relaid or re- paired	43	14
Water supply provided or improved ...	15	12
Cleansed and/or vermin disinfected ...	3	14
Overcrowding abated	3	6
Closure of cellar dwellings or underground rooms	4	1
Other sanitary defects remedied ...	47	17

Closet Accommodation:—

Privies converted into water closets ...	2	—
Privies abolished	7	2
Tub closets abolished	2	5
Water closets provided with sufficient supply of water	4	5
Water closets reconstructed or repaired ...	63	22
Additional water closets provided ...	17	2
Soil and/or vent pipes renewed or repaired	3	3

Drainage:—

Tests applied to new drains	7	25
Tests applied to old drains	14	58
New drains constructed	41	28
Reconstructed	23	72
Repaired or cleansed	102	183
Disconnected from sewer... ..	10	9
Ventilated	1	12
Inspection chambers built	1	2

Ashpits:—

Abolished	6	5
Dustbins provided	14	60

Factories and Workshops:—

Cleansed and limewashed... ..	6	17
Sanitary accommodation improved ...	5	5
Additional sanitary accommodation provided	3	1
Ventilated intervening spaces provided ...	6	4
Separate sanitary accommodation for sexes provided	7	2
Washing accommodation in bakehouses provided	—	3

Common Lodging Houses:—

			By Notice	Without Notice
Cleansed and limewashed...	...	...	—	10
Sanitary condition improved	...	...	4	—
Nuisances abated ...	...	...	2	—

Houses Let in Lodgings:—

Cleansed and limewashed...	...	...	—	89
Sanitary condition improved	...	...	7	—
Nuisances abated	...	...	2	1

Dairies:—

Sanitary condition improved	...	...	—	1
Provision made for cleansing utensils by boiling water or steam...	...	...	4	—
Nuisances abated	...	...	2	—
New dairies provided	...	...	—	3

Ice Cream Premises:—

Sanitary condition improved	...	...	—	5
Nuisances abated ...	...	...	—	—

Fried Fish Shops:—

Sanitary condition improved	...	...	—	2
Nuisances abated ...	...	...	—	3
New premises provided	...	...	—	8

Other Food Premises:—

Sanitary condition improved	...	...	—	3
Nuisances abated ...	...	...	1	—

General:—

Sanitary condition of stables improved	...	...	4	1
Manure receptacles provided	...	...	2	—
Manure accumulations removed	...	...	6	15
Swine, Fowls, etc. Nuisance abated	...	...	5	7
Places of Public Amusement—sanitary con- dition improved	...	...	10	3
Miscellaneous (not included above)	...	...	29	30

Statutory Action.

Matters reported to the Health Committee for Statutory action were as follows:—

Housing Act 1925.

Defective sanitary condition (Section 3)...	21 houses
Owner's name, etc., not in rent book (Sec- tion 5)	1 house
Closing Orders (Section 11)	4 houses
Determination of Closing Orders (Section 11 (5))	1 house
Demolition Orders (Section 14)	2 houses

Housing Act 1930.

Defective sanitary condition (Section 17)...	1 house
Defective sanitary condition (Section 19)...	2 houses

Public Health Act 1875.

Insufficient sanitary accommodation (Section 36)	2 houses
Cellar dwellings illegally occupied (Sections 72 and 73)	2 houses
Sanitary defects (Sections 91 and 94) ...	1 house
Defective Ashpits and yard surface (Sections 91 and 94)	10 houses
Defective and choked drainage (Sections 91 and 94)	7 houses
Dirty and verminous house (Secs. 91 & 94)	1 house
Premises in such a state, etc. (Sections 91 and 94)	Marine Store
Premises in such a state, etc. (Sections 91 and 94)	3 stables

*Public Health Act 1875 (Section 41).**Public Health Acts Amendment Act 1890 (Section 19).*

Defective drains	8 houses
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*Public Health Acts Amendment Act 1890 (Section 22).**Halifax Corporation Act 1900 (Section 130).*

Unsuitable sanitary accommodation...	1 factory
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Halifax Corporation Act 1900 (Section 122).

No proper water supply	1 house
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Food and Drugs (Adulteration) Act 1928.

Milk deficient in fatty solids ...	3 retailers
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*Food and Drugs (Adulteration) Act 1928.**Public Health (Regulations as to Food) Act 1907.**Public Health (Preservatives, etc., in Food) Regulations.*

Excess preservative in sausages	1 retailer
No notice that sausages contained preservative	1 retailer

*Milk and Dairies (Consolidation) Act 1915.**Milk and Dairies (Amendment) Act 1922.**Milk and Dairies Order 1926.*

Lack of dairy and proper facilities for cleaning milk utensils with boiling water or steam	1 retailer
---	------------

Prosecutions during 1930.

Date	Act	Offence	Penalty
29/4/30	Public Health Act, 1875	Dirty and verminous house	Fined £1 and order made to abate nuisance within 14 days
29/4/30	Public Health Act, 1875	Overcrowding of caravan	Summons withdrawn owing to fact that occupier had obtained other accommodation
29/4/30	Public Health Act, 1875	Insanitary condition of stable yard	Adjourned for two months, certain works having been done to abate nuisance. Nuisance abated
29/4/30	Public Health Act, 1875	Lack of proper manure receptacle Defective yard surface Lack of eaves, gutters and rain-water fallpipes	Adjourned for two months, steps having been taken for carrying out necessary works. Summons withdrawn 24/6/30, nuisance being abated
20/5/30	Food and Drugs (Adulteration) Act, 1928	Milk deficient in fatty solids	Fined £10 and £3 13s. 9d. costs Second conviction
15/8/30	Food and Drugs (Adulteration) Act, 1928 Public Health (Reg. as to Food) Act, 1907 Public Health (Preservatives, etc., in Food) Regulations	Excess of preservative in Sausages	Fined £1 and £1 10s. 6d. costs
15/8/30	Do Do	No notice exhibited declaring that Sausages contained preservative	Case dismissed on payment of £1 11s. 6d. costs

Factories and Workshops.

Factory and Workshop Act 1901.

Public Health Acts Amendment Act 1890 (Section 22).

Halifax Corporation Act 1900 (Section 130).

Workshops.

The number of workshops on the register at the end of 1930 was 613.

427 visits were made to workshops, 6 to workplaces, and 56 to factories. The various conditions necessitating action by the Department are set out in the following Table.

20 Notices under Section 5 of the Factory and Workshop Act 1901, were received from H.M. Factory Inspector, 18 being in respect of factories and 2 of workshops.

Of these, the following were remedied during the year:—Factories, 15; Workshops, 1; No action taken, 1 factory; Notices outstanding at the end of the year, 3.

The administration of the Factory and Workshop Act 1901,
in connection with

FACTORIES, WORKSHOPS AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces.

Premises (1)	Number of		
	Inspections (2)	Written Notices. (3)	Occupiers Prosecuted (4)
Factories (including Factory Laundries)	56	9	—
Workshops (including Workshop Laundries)	427	5	—
Workplaces (Other than Outworkers Places)	6	1	—
Total ...	489	15	—

2. Defects found in Factories, Workshops and Workplaces.

Particulars (1)	Number of Defects			Number of offences in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H M. Inspector (4)	
Nuisances under the Public Health Acts—				
Want of cleanliness ...	24	23	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	1	...	...	...
Sanitary Accommodation:				
Insufficient, unsuitable, or defective ...	29	24	...	...
Not separate for sexes...	10	9	...	...
Offences under the Factory and Workshops Acts—				
Illegal occupation of underground bakehouse.. (S. 101)	...	...	2	...
Other offences ... (Excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order 1921.)	...	...	...	...
Total ...	64	56	2	...

Bakehouses.*Factory and Workshops Act 1901.**Ministry of Health Act 1919.**S.R.O. 958 of 1926.*

The number of bakehouses on the register at the end of 1930 was 128, which includes 35 factory bakehouses.

277 inspections have been made and the premises found to be in a generally satisfactory condition.

Smoke Abatement.*Public Health Act 1875.**Public Health (Smoke Abatement) Act 1926.*

Number of Factory Chimneys	...	...	...	130
Number of Firms represented	...	...	...	133
Number of Observations (30 minutes each)	...	...	...	61
Number of visits to Works <i>re</i> smoke	...	...	...	24
Number of Offences against Black Smoke Byelaws...	...	...	...	3
Number of Informal Notices served...	...	...	...	3
Number of Statutory Notices served	...	...	...	—
Total minutes of black smoke emitted during observations	...	...	...	38.5
Average minutes of dense black smoke emitted per hour of observation	...	...	...	1.26

NOTE.—The Black Smoke Byelaw referred to states that the emission of black smoke for a period of two minutes in the aggregate within any continuous period of thirty minutes, be presumed to be a nuisance. It was made on the 26th day of April, 1928, in pursuance of Section 2 of the Public Health (Smoke Abatement) Act, 1926. As the result of a Public Inquiry held at Bradford in July, 1928, the Minister of Health allowed the Byelaw with the following reservations:—(1) That black smoke must be emitted for a period of not less than three minutes in the aggregate within any continuous period of thirty minutes before a nuisance may be presumed. (2) In calculating the said aggregate it includes the emission of smoke from more than one chimney of the same building.

As previously stated it is very unfortunate that the Minister of Health should have been prevailed upon to vary the original Byelaw, as it was not only unnecessary, but has resulted in a lack of uniformity within the area, which the West Riding of Yorkshire Regional Smoke Abatement Committee had been striving for since its inception in 1925.

This Committee was established at the instigation of the Minister of Health and has certainly justified its existence as is evidenced by the fact of the work accomplished.

An Examination Scheme has now been put into operation by which stokers and boiler attendants may receive a course of tuition in smoke abatement practice and boiler control, and if successful in the examination which follows, obtain the Certificate of the Committee to that effect.

Classes have been held in eleven centres during the first season, from an uniform syllabus, and 71 candidates sat at examinations held in seven centres, of whom 80% were successful in satisfying the examiner as to their knowledge, thus earning the Certificate of the Regional Committee.

It is pleasing to record that in Halifax 16 candidates sat for examination, 13 of whom were successful. This was the largest attendance at any one centre.

It is obvious that this work cannot but be beneficial to the manufacturer and general community alike, and it is hoped that both will be duly appreciative. Manufacturers especially have a great opportunity to give support to this work by encouraging their stokers, etc., to attend these courses of instruction, and may well in their own interest consider the practicability of holding out to them some inducement to do so.

On November 1st, 1930, we commenced obtaining records of local atmospheric pollution at five stations within the Borough. These are all situate within $1\frac{1}{2}$ miles of the centre of the town. The central Standard Deposit Gauge is situate in Wade Street about 200 yards East of the Town Hall, where atmospheric pollution is probably at its maximum in our area, whilst others are in operation at Belle Vue Park ($\frac{1}{2}$ mile from Town Hall), Akroyd Park ($\frac{1}{2}$ mile from Town Hall), Royal Halifax Infirmary (1 mile from Town Hall), and West View Park ($1\frac{1}{2}$ miles from Town Hall).

Having regard to the undoubtedly bad geographical position of Halifax respecting atmospheric pollution we are agreeably surprised at the records obtained which so far compare very favourably with those obtained in other industrial areas.

One is inclined to question the advisability of attaching much importance to the reports of atmospheric pollution from some of the centres which are obtaining records in view of the fact that it would appear that the situation of the gauge or gauges, is determined by the results it is desired to show. Not all local authorities are anxious to know the worst about their areas in this connection, and gauge sites are chosen which will give good results although not truly representative of the average amount of atmospheric pollution taking place.

At two of our stations we are also obtaining records of the measurement of daylight. These are situate at those places where we believe atmospheric pollution to

be at its maximum and at its minimum. So far the results show an astonishing difference between the two stations as indicated by the potassium iodide method of measurement, more especially during the winter months.

It is hoped that in the next Annual Report it may be possible—after a full year's working—to give some reliable data and helpful suggestions under the heading of atmospheric pollution.

The activity of the local gas and electrical undertakings help on the cause of smoke abatement very considerably, especially in regard to reducing the amount of domestic smoke which is so often referred to as being responsible for the greater portion of the smoke nuisance.

21,775 tons of solid smokeless fuel (coke) have been produced at the gasworks and sold during the year. This has probably saved the burning of at least 30,000 tons of soft raw coal in our midst with its inevitable accompaniment—in ordinary domestic firegrates—of smoke.

There are also in use a total of 59,185 gas appliances, of which the following have been installed during the year under review:—

Cookers	...	...	840
Fires	...	...	270
Water Heaters		...	1,151
Other Appliances	...		721
			2,982

The Electricity Department also continues to make great advances in the sale of electrical appliances of varying description, thus contributing their quota in the cause of smoke abatement.

A notable instance of this is contained in the fact that electricity is gaining in popularity as a means of providing power in various works, etc.

I am indebted to Mr. McLusky, Gas Engineer, and Mr. Mills, Electrical Engineer, for the information and help I have received from them.

Housing.

(a) Statistics.

Number of New Houses erected during the year:—

(a) Total (including numbers given separately under (b))	...	...	...	...	...	...	117
(1) By the Local Authority	...	...	...	...	...	...	Nil
(2) By other Local Authorities	...	...	...	...	...	...	Nil
(3) By other Bodies and Persons...	...	...	...	...	...	...	117
(b) With State Assistance under the Housing Acts:							
(1) By the Local Authority							
(a) For the purpose of Part 2 of the Act of 1925	...	...	...	...	...	...	Nil
(b) For the purpose of Part 3 of the Act of 1925	...	...	...	...	...	...	Nil
(c) For other purposes...	...	...	...	...	...	...	Nil
(2) By other Bodies or Persons	...	...	...	...	...	...	Nil

1. Inspection of Dwellinghouses during the year:—

(1) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made...	1,237
(2) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made	226
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonable fit for human habitation	908

2. Remedy of Defects during the year without service of formal notices:—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers...	720
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3. *Action under Statutory Powers during the year:—*

(A)—Proceedings under Section 3 of the Housing Act, 1925:—

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	...	...	...	...	...	21
--	-----	-----	-----	-----	-----	----

*Note:—*Notices were also served under the Housing Act, 1930, as follows:

Section 17	...	...	...	1 house
Section 19	...	...	...	2 houses

(2) Number of dwellinghouses which were rendered fit after service of formal notices:—

(a) By owners	...	...	...	...	14
(b) By Local Authority in default of owners	...	...	...	...	13

*Note:—*The excess of dwellinghouses rendered fit over dwellinghouses in respect of which notices were served is due to the fact that notices served in 1929 were complied with in 1930.

(3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by owners of intentions to close ... Nil

(B)—Proceedings under the Public Health Acts:—

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ... 31

(2) Number of dwellinghouses in which defects were remedied after service of formal notices:—

(a) By Owners	...	...	...	...	30
(b) By Local Authority in default of owners	...	...	...	...	Nil

(C)—Proceedings under Section 11, 14 and 15 of the Housing Act 1925:—

(1) Number of representations made with a view to the making of Closing Orders 4

(2) Number of dwellinghouses in respect of which Closing Orders were made... 4

(3) Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit	I
(4) Number of dwellinghouses in respect of which Demolition Orders were made	Nil
(5) Number of dwellinghouses demolished in pursuance of Demolition Orders ...	Nil
4. <i>Number of houses owned by the Local Authority...</i>	1,041
Houses built in the last two years and held under	
(1) Part 3 of the Housing Act, 1925	122
(2) Part 2 of the Housing Act, 1925	36
(3) Other Powers	13

(b) Housing Conditions.

1. *General observations as to Housing Conditions.*

In the Quinquennial Statement approved by the Town Council on 7th January, 1931, and subsequently forwarded to the Minister of Health, it is stated that there are in Halifax a total of 29,480 houses inhabited, according to the rate books.

The general standard of the houses suitable for occupation by members of the working classes is comparable with that found in most industrial towns in the North of England.

The most prevailing type is the back-to-back house, built in rows, with common yards and sanitary conveniences. A large number of this type of house abut immediately upon a public street, having no private or common yard or ground of any description. In these cases the sanitary conveniences are very limited in number, there being at least two houses to each, and are usually built on some small piece of ground at the end of the row or street.

The age of these houses will vary between 25 and 100 years, and it is probable that the majority are upwards of 50 years. It is difficult to give their approximate number beyond saying that there are many thousands.

As to the general state of repair, this is more consistent with the housing ideals prevalent at the time of their erection, than those of the present day.

Prevailing forms of defects include damp walls—owing to there being no damp-proof course inserted—damp, defective, and uneven stone flag floors of ground floor

rooms, in many cases lack of proper food storage and washing accommodation, lack of through ventilation, and inadequate sanitary accommodation.

As a large proportion of these houses contain only one living room and one bedroom—commonly termed an “up and a down”—it will be understood that there is considerable “moral” overcrowding in addition to that found where cubical contents only are considered. In many cases parents with upgrown children have attempted to preserve the proprieties by dividing the bedroom, which is rarely accomplished with satisfactory results from a health point of view. Another important feature in regard to overcrowding is the great increase of houses let in lodgings during the post war years. This is mainly the result of the lack of adequate housing accommodation, coupled with the totally inadequate Byelaws for the regulation of these premises. Generally it is the occupier rather than the owner of the house who is responsible for sub-letting, and numerous instances could be quoted showing how the “poor batten on the poor” by charging extortionate rents for the miserable accommodation provided.

2. *Sufficiency of supply of houses.*

(a) In the absence of detailed information it is difficult to estimate the extent of the shortage of houses available at reasonable rents. When one considers that the average workman of to-day does not receive more than 50 shillings per week in wages, it is obvious that if he has any family he cannot afford to pay in house rent more than from five to seven shillings a week. There are as yet few houses available at this figure. The measures contemplated by the Town Council to meet this shortage are contained in the Quinquennial Statement previously referred to. The estimated production of new houses during the period mentioned is 800, of which 500 are to be allocated to the purposes of the Housing Act, 1930, in connection with clearance and/or improvement areas, and individual houses outside these.

(b) No important changes in population have occurred during the year or are anticipated in the future unless there should be a revival of trade and extension of industry.

(c) There are no especial difficulties in the way of providing suitable sites for new houses.

3. *Overcrowding.*

(a) As there is no legal definition of what constitutes overcrowding in private dwellinghouses and there is such

a variety of what may be termed controversial definitions, it is impossible to state the extent to which it exists. If one takes into account the separation of the sexes—other than man and wife—at fourteen years of age as laid down in the Model Byelaws by the Minister of Health under Section 8 of the Housing Act, 1930, and included in our recently approved Byelaws for the regulation of Houses let in Lodgings, there is no doubt but that overcrowding is very considerable, although records are not available to show to what extent.

(b) The chief causes of overcrowding in Halifax may be said to be (1) the low ideals with respect to housing held by the builders of probably 90% of the working class houses occupied to-day, (2) the inability of the average working man to pay the rents charged for either a new house or a de-controlled old house, and (3) to a very much lesser extent the mode of life of a certain portion of the population who are apparently satisfied with their present housing conditions and resent any efforts made to remove them therefrom.

(c) No special action has been taken during the year to deal with overcrowding owing to the fact that suitable houses are not available. It is hoped that in the very near future some steps may be taken to deal with the situation.

4. *Fitness of Houses.*

(a) The difficulties met with in taking action under the Public Health Acts, Section 3 of the Housing Act, 1925, or Section 17 of the Housing Act, 1930, are generally aggravated by the fact that the prevalent type of working class house in the district is of the back-to-back variety, with houses overcrowded on site. It is therefore almost impossible to specify such improvements as will approximate what we now regard as a minimum standard of sanitary fitness, whether we take as our criterion the Housing Manuals of 1919 or the Model Byelaws to be applied to Improvement Areas under the Housing Act, 1930.

There is also in consequence of this prevalent type of house, a tendency on the part of property owners to have a very low general standard of what housing accommodation is necessary for the working classes in the district, which in certain cases has resulted in great opposition to the improvements it may have been possible to specify.

Even the removal of sinks from dark cellar-heads to a position against an external wall where adequate light is available, has met with the most fierce opposition.

Partly owing to widespread industrial depression, undue pressure is frequently necessary to get the most urgent sanitary defects remedied.

(b) Special measures are at present being taken with a view to dealing with certain areas under Clearance and/or Improvement Schemes, whilst individual insanitary houses are being dealt with as the Act of 1930 provides, as rapidly as possible.

(c) As the area of this district comprises 14,080 acres, it has as yet been found impossible to supply many of the houses with town's water. These have to rely upon a shallow well supply which is chemically analysed and bacteriologically examined from time to time.

(d) Very few of the prevalent type of back-to-back houses have private sanitary accommodation, there usually being two houses to one convenience, whilst in some instances there are more.

5. *Unhealthy Areas.*

The locality which probably contains the worst type of houses in the largest degree is situate to the East of Northgate, being bounded on the North by North Bridge, and on the South by Horton Street. A preliminary survey of this area is at present being made with a view to its representation as either a Clearance or Improvement Area.

6. *Byelaws relating to Houses, to Houses Let in Lodgings, and to Tents, Vans, Sheds, etc.*

There are no Byelaws in force within the district relating to private dwellinghouses, other than those dealing with New Streets and Buildings, although it would probably be advantageous if we adopted Regulations for the control of Underground Sleeping Rooms.

Houses let in Lodgings and Tents, Vans, Sheds, etc., are dealt with in another portion of this Report under their respective headings.

7. *General Observations on Housing Matters not already covered, etc.*

No further observations to make.

Under 4 (a) reference is made to difficulties met with in general practice. Respecting the measures taken to meet them one can only state that the Health Committee of this Corporation is endeavouring to faithfully meet the obligations placed upon them by the Housing Acts, and their actions have been fully ratified by the Town Council.

**Premises and Occupations which can be controlled by Byelaws
or Regulations.**

Common Lodging Houses.

There are ten Common Lodging Houses which are registered to accommodate 592 lodgers. These are mainly supervised by the Police although 51 visits have been made by the Sanitary Inspectors.

In four of these premises sanitary improvements have been effected, and nuisances have been abated in two cases.

New Byelaws were approved by the Minister of Health on 21st August, 1930.

Houses Let in Lodgings.

There are 89 houses let in lodgings, comprising 222 furnished rooms and 5 unfurnished. 314 visits have been made and the sanitary condition of 7 premises improved, whilst in 3 cases nuisances have been abated.

As reported in previous years nearly all these houses have been outside the scope of the Byelaws which excluded those where the rent or charge payable by the tenant was at a rate exceeding five shillings per week exclusive of furniture, and six shillings per week inclusive of any charge for the use of furniture.

At long last and after a very protracted correspondence with officials at the Ministry of Health, we obtained the approval of the Minister to our new Byelaws on the 8th July, 1931. Whilst we have not been able to obtain all we desired, the new Byelaws will strengthen our hands considerably, and should enable us to effectually control these premises. It is especially pleasing to note how closely these Byelaws follow the Model Byelaws issued by the Minister of Health under Section 8 of the Housing Act, 1930. Uniformity in this connection is very desirable and makes for effective administration.

Tents, Vans, Sheds, etc.

A total of 15 visits have been made to these dwellings which are few in number. Although the premises are maintained in a fairly satisfactory condition and we have had no serious complaint of nuisance arising from their occupation, we are undoubtedly handicapped by reason of the fact that there are no Byelaws in force within the district, neither has Section 43 of the Public Health Act, 1925, been adopted.

Theatres, Music Halls, Cinemas, and other Places of Public Amusement.

A sanitary report upon all premises for which applications are made for stage play licenses is submitted for the consideration of the Licensing Justices at the time the application is considered.

146 inspections of the above have been made and sanitary improvements have been effected in respect of 13 premises. Works carried out have included provision of sanitary accommodation or improvement of that existing, provision of lavatory basins, etc., and provision of adequate ventilation.

Inspection and Supervision of Food.*Milk Supply.*

Milk and Dairies (Consolidation) Act, 1915.

Milk and Dairies (Amendment) Act, 1922.

Milk and Dairies Order 1926.

The Veterinary Inspector is responsible for the supervision of all premises in which milk is produced, whilst retailers' premises are inspected by the District Sanitary Inspectors under my supervision. It is necessary to further explain, however, that where a retailer is also a producer of milk or uses premises occupied by a producer of milk, the inspection of the said premises is left to the Veterinary Inspector.

It will be understood therefore, that the following information refers to those retailers and their premises which come under my supervision:—

Registered Retail Purveyors (within the Borough...	28
Registered Retail Purveyors (outside the Borough) ..	56
Registered Retail Purveyors (in Sealed Bottles only)	213
Registered Dairy Premises	 19

A total of 111 visits have been made to the dairy premises referred to which include 3 new dairies.

The registration of 16 retailers and 14 dairy premises were held in abeyance at the end of the year pending improvements to premises, etc., which have since been carried out.

Improvements have been effected in many cases and all dairies are now provided with facilities for the cleansing of milk utensils with boiling water or steam. In some cases steam sterilisers have been fixed, but in the majority of cases there is only a gas or otherwise heated boiler provided. Enquiries made tend to show that generally speaking local authorities are satisfied that this latter provision is adequate for the purpose, although if Article 21 (1) of the Milk and Dairies Order, 1926, be interpreted literally it would appear that milk utensils cannot be properly *scalded with boiling water or steam* unless (a) the vessel containing the boiling water is sufficiently large to allow of the total immersion of the utensils, or (b) a steam steriliser is used. *Can the generally accepted method of pouring boiling water from a boiler into a utensil which is too large to immerse in the boiler, be regarded as adequate?*

Under Section 2 (1) of the Milk and Dairies (Amendment) Act, 1922, one retailer was invited to appear before the Health Committee to show cause why his application to be registered as a retail purveyor of milk within the Borough should not be refused, by reason of—

- (a) lack of storage facilities (no dairy).
- (b) lack of facilities for cleansing milk utensils by boiling water or steam.

The application was granted later, after the provision of the dairy and cleansing facilities.

Bacteriological Examination of Milk.

In April, 1930, following a discussion with the Medical Officer of Health, instructions were given to the Food and Drugs Inspectors to obtain samples of milk for bacteriological examination from time to time, and at the same time as they obtained samples of milk for chemical analysis under the Food and Drugs (Adulteration) Act, 1928.

Fourteen samples of milk were submitted for bacteriological examination, seven being of milk produced within the Borough, and seven of milk produced outside. On

the whole, the results obtained were quite good, and although conclusions cannot be drawn from such a few samples, it is worth noting that over 70% of these were up to Grade A standard, having a general bacterial count below 200,000 and no coliform bacillus in 1/100th of a c.c. It may be added that these results have been confirmed by samples taken during the current year, and that we are therefore endeavouring to set up a local standard for ordinary milk equal to that laid down for Grade A Milk.

Respecting samples upon which the Borough Analyst has reported adversely, the following illustration may be regarded as typical of the procedure adopted and improvement effected:—

In October, a sample of milk which had been produced out of the Borough was obtained. The producer was also the retailer, therefore he had charge of the milk until it reached the consumer. The Public Analyst reported the sample to contain 1,800,000 bacteria per c.c. and B. Coli to be present in 1/1000th of a c.c.

I wrote to the producer-retailer concerned, calling his attention to the serious nature of the bacteriological report, and informing him that if there was not the necessary improvement I should be compelled to advise the Health Committee to call him before them to show cause why his name should not be removed from our register of retail purveyors of milk by reason of the poor quality of the milk supplied. A copy of this letter was sent to the Sanitary Inspector of the district concerned, and a request made for his co-operation to obtain the necessary improvement.

The next sample, obtained a few weeks later, was certified by the Public Analyst to contain 4,600 bacteria per c.c. whilst B. Coli was absent in 1/10th of a c.c.

The particular virtue of taking bacteriological samples of milk from retailers in the streets, etc., lies in the fact that we are thus enabled to ascertain its bacteriological condition immediately before it passes from the retailer to the consumer.

In order to fix responsibility as far as it is possible, we obtain bacteriological samples of milk in course of delivery from the producer to the retailer where circumstances render such a course necessary or desirable.

Food and Drugs (Adulteration) Act, 1928.

During the year 280 samples of Food and Drugs have been procured and submitted to the Public Analyst, who certified 269 samples genuine, and 11 samples adulterated (*i.e.*, 3.93 per cent. adulteration).

The following Tables are self-explanatory and do not call for special comment:—

TABLE I.

Nature of Sample	Number of Samples taken			Number not Genuine		
	Formal	Informal	Total	Formal	Informal	Total
Milk	138	0	138	5	0	5
Milk (Tinned) ...	0	1	1	0	0	0
Beef Suet	0	3	3	0	0	0
Butter	0	11	11	0	0	0
Buttered Tea Cake...	1	0	1	0	0	0
Cheese (Cheshire) ...	0	3	3	0	0	0
Chicken and Ham Paste	0	2	2	0	0	0
Cream	8	13	21	0	0	0
Cream of Tartar ...	0	4	4	0	0	0
Dried Fruits	0	4	4	0	0	0
Gin	1	4	5	0	1	1
Jam	0	14	14	0	0	0
Jelly (Table)	0	1	1	0	0	0
Margarine	1	6	7	0	1	1
Mineral Waters	0	2	2	0	0	0
Milk of Sulphur	0	4	4	0	0	0
Mincemeat	0	4	4	0	0	0
Olive Oil	0	2	2	0	0	0
Potted Meat	0	5	5	0	0	0
Pudding	0	3	3	0	0	0
Preservative Powder	0	2	2	0	1	1
Sausages	7	10	17	1	2	3
Slab Cake	0	4	4	0	0	0
Sponge Buns	0	7	7	0	0	0
Tea	0	2	2	0	0	0
Vinegar	0	9	9	0	0	0
Whiskey	0	4	4	0	0	0
Total	156	124	280	6	5	11

Note:—Included in the above are five "Controlled Samples."

Administrative Action taken in respect of Samples reported
by the Public Analyst to be not genuine.

TABLE II.

Sample No.	Nature of Sample and Result of Analysis	Remarks
{ 5 22	Milk.—7% deficient in Fat Milk.—4% deficient in Fat	Both formal samples. No. 22 was a "controlled sample." Death of retailer prevented any further action being taken
84	Milk.—12% deficient in Fat	"Controlled samples" Nos. 91 and 92 being genuine, defendant was prosecuted and fined £10 with £3 13s. 9d. costs at the Halifax Borough Police Court, 20th May, 1930
{ 87 90	Milk.—9% deficient in Fat Milk.—1% deficient in Fat	No. 90 was a "controlled sample" therefore the producer-retailer was called before the Health Committee and cautioned respecting quality of milk.
13	Gin.—Under Proof 36.5% water	Formal sample (24) found to be genuine therefore no action was taken
50	Sausages.—Excess of Preservative (520 pts. per million)	Informal sample. A formal sample taken later was found to be genuine therefore no action was taken
{ 51 64	Sausages.—Excess of Preservative (753 pts. per million) Sausages.—Maximum Preservative allowed (450 pts. per million)	No. 51 was an informal sample
158	Sausages.—Excess of Preservative (599 pts. per million)	No. 64 was a formal sample and the retailer was verbally cautioned on 14th March, 1930
144	Preservative Powder.— Contained no preserving material	No. 158 was a formal sample and retailer was prosecuted and fined £1 with £1 10s. 6d. costs at the Halifax Borough Police Court, 15th August, 1930
147	Sausages.—No notice exhibited re Preservatives	Informal sample. Letter sent to the supplying firm by the Town Clerk calling attention to the matter
201	Margarine.—Slight excess of moisture	Formal sample. Contained 160 parts per million of Preservative. Vendor prosecuted for failure to exhibit notice. Case dismissed on payment of £1 11s. 6d. costs, Halifax Borough Police Court, 15th August, 1930
		Informal sample. Formal sample taken later found to be genuine therefore no action was taken

TABLE III.

Monthly Average Composition of Milk Samples.

Month				Analytical Data	
				Milk Fat per cent	Non-fatty Solids per cent.
January	...	...	15	3'51	8'96
February	...	...	11	3'91	9'24
March	...	...	11	3'84	9'00
April	...	...	15	3'38	8'99
May	...	...	26	3'51	9'05
June	...	...	10	3'67	8'78
July	...	...	16	3'65	8'94
August	...	...	—	—	—
September	...	...	7	3'86	8'97
October	...	..	13	3'85	9'13
November	...	...	14	4'07	9'18
December	...	...	—	—	—
Average for the year 1930				3'69	9'03
" " 1929				3'63	8'96
" " 1928				3'81	9'03
Requirements of the Sale of Milk Regulations, 1901				3'00	8'50

TABLE IV.

Articles of Food examined for Preservative in accordance with the Public Health (Preservatives, etc., in Food) Regulations, 1925.

Food	No. of Samples examin'd	Nature of Preservative	Amount		Remarks
			Allowed	Found	
Milk	138	Nil	Nil	Nil	
Milk (Tinned) ...	1	Nil	Nil	Nil	
Butter	11	Nil	Nil	Nil	
Chicken and Ham Paste ...	2	Nil	Nil	Nil	
Cream	21	Nil	Nil	Nil	
Dried Apricots ..	3	Sulphur dioxide	2,000 pts. $\frac{1}{2}$ million	1750 448.685	
Dried Prunes ...	1	Nil	Nil	Nil	
Jam	14	Sulphur dioxide	40 parts $\frac{1}{2}$ million	Nil	No prohibited colouring matter
Jelly (Table) ...	1	Sulphur dioxide	40 parts $\frac{1}{2}$ million	Sulphites 53 parts $\frac{1}{2}$ million	Public Analyst reported sample genuine as Sulphite present could be accounted for by presence of 9% gelatine
Margarine ...	7	Nil	Nil	Nil	
Mineral Waters .	2	Sulphur dioxide or Benzoic Acid	70 parts $\frac{1}{2}$ million or 120 pts. $\frac{1}{2}$ million	1 sample contained Benzoic Acid 54 p.p.m.	No prohibited colouring matter
Mincemeat ...	4	Nil	Nil	Nil	
Potted Meat ...	5	Nil	Nil	Nil	
Pudding	3	Nil	Nil	Nil	
Sausages	17	Sulphur dioxide	450 parts $\frac{1}{2}$ million	5-Nil 1-43 pts. 1-160 " 1-168 " 1-184 " 1-204 " 1-247 " 2-400 " 1-450 " 1-520 " 1-599 " 1-735 "	See Table 2 for further information
Slab Cake	4	Nil	Nil	Nil	No prohibited colouring matter
Sponge Buns ...	7	Nil	Nil	Nil	

NOTE.—In addition to the above, two samples of Preserving Powder were obtained, one of which was found to contain no preserving material, whilst the other contained only 12.5 per cent. of Sulphites calculated as Sulphur Dioxide.

Manufacture and/or Sale of Ice Cream.

Registered Premises ...	...	99
Number of Inspections	...	188
New Premises provided	...	9

A strict supervision has been kept over these premises and in five cases sanitary improvements have been made.

Although there has been great opposition to the requirements laid down by the Health Department, on the part of intending dealers in this commodity, it is now becoming generally recognised that an ice cream vendor's premises should be such as would conform to the requirements of the Milk and Dairies Order, 1926.

Nine samples were submitted to bacteriological examination, and the reports received in respect of some of the samples showed very unsatisfactory results. These cases were specially followed up and the necessary improvement effected with one exception. In this case a very large firm was affected. The ice cream was supplied from Colne, and the makers there in turn received a "Mix" from a large firm in Liverpool. A great amount of correspondence ensued and the matter had not been satisfactorily cleared up at the end of the season. An improvement during the present year has been effected, however, although we are not yet satisfied. Meantime it is believed that strenuous efforts are being made by all concerned to discover the root of the trouble, and deal with it.

We are endeavouring to set up a local standard as follows:—

Bacteria per c.c.—Not to exceed 100,000.
 Bacillus Coli —Not to be found in less than 1/10th
 of a c.c.

It would be a great help to local authorities, a boon to the general community, and no hardship to any dealer fit to engage in the industry, if a bacteriological standard could be laid down to which all ice cream must conform. These remarks apply with equal if not greater force, to the more general question of our whole milk supply.

Fried Fish Shops.

Number on Register	...	...	154
Number of Inspections	...	...	101
New premises provided	...	...	8
Sanitary condition improved	...	...	2
Nuisances abated	...	...	3

Although improvements are gradually being effected, there still remain many undesirable features respecting the purveying of this food commodity. It is a surprising fact that in spite of health propaganda, vendors who wrap up their fish, etc., in newspapers—often soiled—find a public willing to accept any risk there may be of their food being contaminated.

It is to be regretted that steps have not yet been taken to get fish frying listed as an offensive trade, and so get Byelaws in operation which are always a great help to proper administration.

Fertiliser and Feeding Stuffs Act 1926.

There were twelve samples of the above taken during the year, four of which were Fertilisers and eight of Feeding Stuffs.

All were reported by the Public Analyst to be satisfactory.

Shop Inspection, etc.

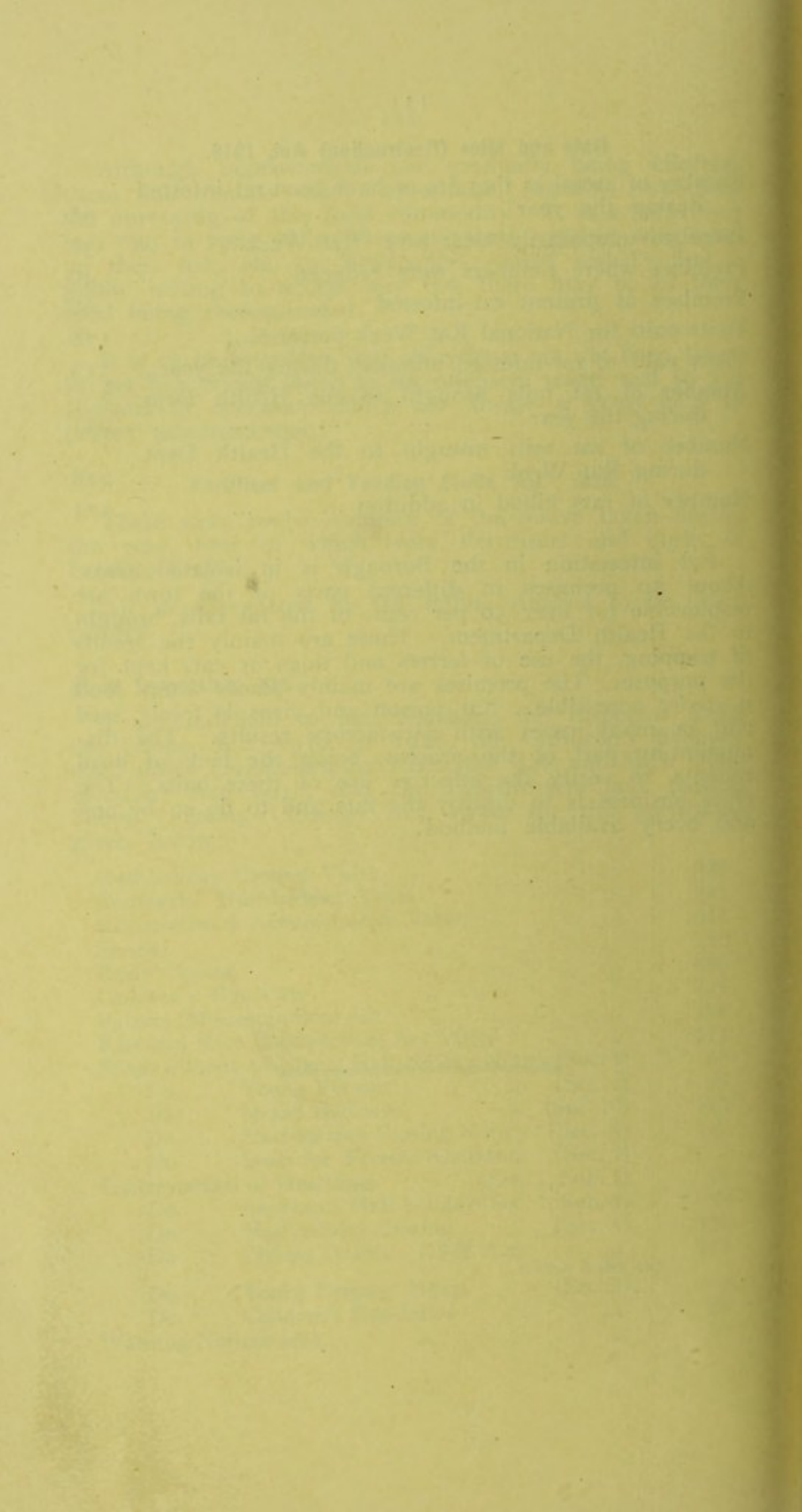
I am indebted to Mr. Fearnley, the Inspector under the Shops Acts 1912 to 1928, the Children's Byelaws, the Fabrics (Misdescription) Act, the Rats and Mice (Destruction) Act 1919, and the Hairdressers and Barbers Shops (Sunday Closing) Act 1930, for the particulars given below:—

Half-holiday Closing Visits	...	...	800
Assistants' Half-holiday Visits	...	...	595
Registration & Administrative Visits	...	...	638
Special	„	...	352
Early Closing	„	...	486
Children's Bye-Law	„	...	726
Fabrics (Misdescription) Act	„	...	186
Rats and Mice (Destruction) Act Visits	...	...	513
Shops without Assistants Half-holiday Notice (Sec. 1)			66
Do. Young Persons'	„	(Sec. 2)	25
Do. Mixed Business	„	(Sec. 10)	143
Do. Half-holiday Closing Notice		(Sec. 4)	147
Do. Seats for Female Assistants		(Sec. 3)	7
Contravention of Mealtimes		(Sec. 1, Sub. 5)	14
Do. Assistants Half-holiday		(Sec. 1, Sub. 1)	53
Do. Half-holiday Closing		(Sec. 4)	331
Do. Closing Orders (1928 Act)		...	271
		(1920 21 & 1928 Act)	
Do. Young Persons' Hours		(Sec. 2)	0
Do. Children's Bye-Laws	...	...	27
Warning Notices sent...	...	...	10

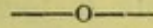
Rats and Mice (Destruction) Act, 1919.

Number of premises that are or have been rat-infested during the year	...	...	...	...	98
Premises temporarily clear after Rat Week...	...	...	...	...	32
Premises where numbers were reduced	...	...	...	...	40
Premises at present rat-infested	...	...	...	...	66
Visits paid for National Rat Week purposes...	...	...	...	...	176
Visits paid to rat-infested premises during the year...	...	...	...	...	513
Number of rat tails brought to the Health Dept. during the year	...	...	...	...	931
Number of rat tails brought to the Health Dept. during Rat Week	...	...	...	...	218
Number of rats killed in addition	...	...	...	...	371

Rat infestation in the Borough is in isolated areas. About 20 premises in different parts of the town are responsible for over 50 per cent. of the rat tails, brought to the Health Department. These are mainly the results of trapping, the use of ferrets and dogs or cats kept for the purpose. The premises are mainly places where food is easily accessible. Rat poison and virus is freely used and in many cases with satisfactory results. The disappointing part of the process, being the lack of dead rodents, to verify the effective use of these baits. The chief business is to destroy the rats and to do so by any and every available method.



SECTION 15.



Analytical Work.

Borough Analyst's Commentary.

I am indebted to Mr. H. T. Lea, M.Sc., F.I.C., the Borough Analyst, for the particulars given under this heading:

Of the 280 samples examined under the Food and Drugs (Adulteration) Act, 1928, 138 were milk samples. Only three of these samples, or just over 2%, were under the standard laid down by the Sale of Milk Regulations. In two cases the deficiencies were not serious and the vendors were warned by the Health Committee. In the third case there was a 12% deficiency in the fat content; proceedings were taken against the vendor, who was fined £10 and £3 13s. 6d. costs in the Borough Court.

The average fat and non-fatty contents of all milks examined was 3.69% and 9.03% respectively. This high standard, which is attained in very few districts in England and Wales, is the results of strict supervision by the inspectors, of severe penalties inflicted by the Bench on defaulters, and of the wish of the local farmers to produce and sell a high quality article to the public. It has been my personal experience that where the Health Authorities are lax in the administration of the Food and Drugs Act and where the Bench is lenient with offenders under that Act, the quality of the milk is low.

Under the Milk (Special Designations) Order, 1923, Grade 'A' milk must not contain more than 200,000 total organisms per cc. and the *Bacillus Coli* must be absent in 1/100 of a cc. and less quantities. Many authorities consider the above standard too lenient and are of the opinion that ordinary commercially raw milk should reach this standard of bacteriological purity. It is interesting to note that of the twelve samples of ordinary loose milk examined during the year, seven, or 58% came within this limit. It is my opinion that provided reasonable care is taken in the production and subsequent handling of street vended milk, the Grade 'A' standard might well be adopted for all supplies without any hardship to the retailer or producer.

Under the Preservative Regulations, 1926, sausage and sausage meat may contain sulphite preservative, provided that the amount does not exceed the specified quantity, and provided that the presence of such preservative is declared. The majority of the 17 samples of sausage examined complied with the above regulations, but in one case where preservative was present in excess and in one case where the preservative was not in excess but where no declaration of its presence had been made, proceedings were taken and fines imposed.

The remaining samples examined under the Act were of satisfactory quality and call for no special comment.

SECTION 16.

—o—

Miscellaneous.

Water Supply.

I am indebted to the Waterworks Engineer, Mr. E. P. Brook, for the following report:—

The water supply is obtained from five valleys, viz.: The Hebble, the Luddenden, the Widdop, the Greave, and the Walshaw Dean.

The source of supply is chiefly moorland and high mountain pasture. The water is conveyed by covered conduits and iron pipes, and is delivered at high pressure with a constant supply. The supply has been satisfactory both in quality and quantity. A sample analysis is as follows:—

Brown in colour owing to nature of gathering grounds.

Hardness—Temporary, 3 degrees.

Permanent, 2 degrees.

No B. Coli in 100 c.c.

No acid in 100 c.c.

Trace of peaty material.

Consumption = 34.77 gallons per head.

Total supply 2,286,804 gallons.

(The new Filtration Plant will be in operation from March 19th, 1931).

Table showing Acidity:—

	Ramsden Wood	Ogden	Ogden Kirk
January	0.25	0.25	0.75
February	0.2	0.25	0.2
March	0.2	0.2	0.2
April	0.15	0.15	1.0
May	0.2	0.25	0.8
June	0.3	0.15	0.4
July	0.15	0.15	0.7
August	0.15	0.2	0.8
September	0.3	0.3	0.8
October	0.2	0.25	0.5
November	0.2	0.2	0.35
December	0.15	0.2	0.35

I am indebted to Mr. Tipple, the Borough Engineer, for the particulars under these headings.

Rivers and Streams.

Apart from the district of Northowram, where the sewerage falls to Brighouse and part of Warley draining to Luddenden, the whole of the sewerage of the Borough

gravitates to the Sewage Works at Salterhebble, where the effluent is treated. No known pollution takes place. Surface water in isolated cases is taken direct to water courses.

Storm water overflows to main sewers are regulated to the requirements of the Ministry of Health and periodically inspected and cleansed.

Sewerage.

The sewerage and drainage of the Borough is generally in a satisfactory condition, and adequate to deal with the maximum flow.

Extensions are rendered necessary from time to time in the outer districts where development is taking place on private building estates and Corporation Housing Schemes, and the Conversion scheme also calls for minor extensions or replacements of old and worn sewers.

The Sewage Disposal Works, it is anticipated, will be adequate to deal with the whole of the effluent of the Borough for some time to come. In the light of recent research, modifications of the method of treatment may, however, be considered.

It is anticipated that extensions of sewerage in the Mixenden and Illingworth districts will be necessary in the near future.

Disposal of Refuse and Street Cleansing.

I am indebted to the Director of Public Cleansing, Mr. A. J. Burrell, for the following report:—

Street Cleansing.

Approximate milage cleansed daily	...	...	8
"	"	three times weekly	15
"	"	twice weekly	20
"	"	once weekly	51.5
"	"	less than once wkly.	125.5

Collection of House Refuse.

Amount collected during the year 20,530 tons.

Vehicles employed—22 horses and carts, 2 "Guy" wagons and 1 "Ford" wagon.

Intervals of collection 7 to 14 days. (Arrangements now being made for weekly collections).

An "S.D." Dustless Loader Freighter was bought towards the end of the year.

Refuse Receptacles.

Dust Bins with Lids..... 7,000

Dust Bins without Lids..... 11,000

Wooden Ashtubs and Ashpits..... 10,000

(being replaced by bins).

A Refuse Disposal Plant has been erected at Charles-town Road works capable of dealing with 80 tons of refuse per day. It provides for screening and incineration. The following are recovered for re-sale:—

Cinders, Scrap Tins, Old Metals, Glass, etc.

The clinker is used for making mortar. There is a good demand for this and other recovered materials.

The Waste Elimination Plant installed in 1922 for the treatment of Waste Fish, Slaughterhouse Offals, Condemned Meat, Dogs and Cats, etc., continues to give satisfaction. There is no difficulty in disposing of the bye-products in the way of Fish Meal, Blood Meal, Fertiliser, Fats, etc.

Co-operation with Medical Practitioners.

Number of visits to houses by Doctors of the Health Department at the request of Private Practitioners	Number of Consultations with Private Practitioners exclusive of telephone consultations	Telephone Consultations	Total
98	77	284	459

(This Table does not include visits and consultations by the Tuberculosis Officer. These appear in the Tuberculosis section of the Report).

Medical Examination of Tramwaymen and Gasworkers.

The Medical Officer of Health and Dr. Smith carried out the following medical examinations on behalf of the Tramways and Gas Committees, including several consultations with usual medical attendants :—

Tramwaymen—

Applications for employment or promotion	...	96
Return to work after sickness (other than cases certified by usual medical attendants)...	...	—

Gasworkers—

Special examinations	...	...	...	...	—
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LEGISLATION IN FORCE.

An Act for paving lighting cleansing watching and improving the Township of Halifax and for supplying the same with water. 1823.

The Halifax Improvement Act 1853.

The Halifax Park and Improvement Act 1858.

The Halifax Improvement Act 1862.

The Halifax Extension and Improvement Act 1865.

The Halifax Corporation Waterworks and Improvement Act 1868.

The Halifax Water and Gas Extension Act 1870.

The Halifax Water and Gas Extension Act 1876.

The Halifax Corporation Act 1882.

The Halifax Corporation Waterworks Act 1888.

The Halifax Corporation Tramways Act 1897.

The Halifax Corporation Act 1898.

The Halifax Corporation Act 1900.

The Halifax Corporation Act 1902.

The Halifax Corporation Act 1905.

The Halifax Corporation Act 1911.

The Halifax Corporation Act 1915.

The Halifax Corporation Act 1920.

The Halifax Corporation Act 1922.

The Halifax Corporation Act 1924.

The Halifax Corporation Act 1926.

The Halifax Corporation Act 1929.

CONFIRMATION ACTS.

SHORT TITLE.	ORDER THEREBY CONFIRMED.
The Public Health Supplemental Act 1851 (No. 3).	The Halifax Order 1851.
The Public Health Supplemental Act 1856.	Section 2 relating to Hlfx.
The Local Government Board's Provisional Orders Confirmation (Halifax etc.) Act 1881.	The Halifax Order 1881.
The Local Government Board's Provisional Orders Confirmation (No. 4) Act 1886.	The Halifax Order 1886.
The Local Government Board's Provisional Orders Confirmation (No. 4) Act 1887.	The Halifax Order 1887.
The Local Government Board's Provisional Orders Confirmation (No. 11) Act 1889.	The Halifax Order 1889.
The Local Government Board's Provisional Orders Confirmation (No. 3) Act 1890.	The Halifax Order 1890.
The Local Government Board's Provisional Orders Confirmation (No. 4) Act 1892.	The Halifax (No. 2) Order 1892.
The Local Government Board's Provisional Orders Confirmation (No. 9) Act 1892.	The Halifax (No. 3) Order 1892.
The Local Government Board's Provisional Orders Confirmation (No. 10) Act 1892.	The Borough of Halifax Order 1892.
The Commons Regulation (Halifax) Provisional Order Confirmation Act 1895.	Provisional Order dated 30th April 1895.
The Local Government Board's Provisional Orders Confirmation (No. 4) Act 1896.	The Halifax Order 1896.
The Local Government Board's Provisional Orders Confirmation (No. 7) Act 1899.	The Borough of Halifax Order 1899.
The Local Government Board's Provisional Orders Confirmation (No. 5) Act 1901.	The Halifax and Sowerby Bridge Order 1901.
The Local Government Board's Provisional Orders Confirmation (No. 7) Act 1912.	The Halifax (Extension) Order 1912.
The Local Government Board's Provisional Orders Confirmation (No. 1) Act 1918.	The Halifax Order 1918.
Ministry of Health Provisional Orders Confirmation (No. 5) Act 1924.	The Halifax Order 1924.
Ministry of Health Provisional Orders Confirmation (No. 3) Act 1928.	The Halifax Order 1928.
Ministry of Health (Halifax and West Riding Provisional Orders) Confirmation Act 1928.	The Halifax (Extension) Order 1928.
Ministry of Health Provisional Orders Confirmation (No. 11) Act 1929.	The Halifax Order 1929.

ADOPTIVE ACTS.

The undermentioned Acts have been adopted in the Borough:—

- The Infectious Disease (Prevention) Act 1890.
- The Public Health Acts Amendment Act 1890.
- The Public Libraries Acts 1892 to 1919.

BYELAWS, ETC.

- Nuisances.
- Common Lodging Houses.
- Houses Let in Lodgings.
- Smoke Abatement.
- New Streets and Buildings.
- Offensive Trades.

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General Summary of Meteorological Observations taken at the Public Library, Belle Vue, from January 1st, 1929, to December 31st, 1930.

By E. GREEN, LIBRARIAN.

LATITUDE OF STATION = 53° 43' N.

LONGITUDE = 1° 52' W.

HEIGHT ABOVE SEA LEVEL = 625 FEET.

1930.	Pressure of Atmosphere in Month.		Temperature of Air in Month.							Mean Temperature.		Vapour.		Mean Degree of Humidity, Percentage (50).	Mean Weight of a cubic foot of Air.	Mean Reading of Thermometer.		Wind.										Rain.		REMARKS	
	Mean at 5 p.m. and 10 p.m.	Range.	Highest.	Lowest.	Range.	Mean.			Air.	Dew Points.	Elastic Force.	In a cubic foot of Air.	Maximum in Days of Sun.			Minimum on Grass.	Relative proportion of								Mean amount of Cloud.	No. of Days in full.	Amount Collected.				
						Of all Highest.	Of all Lowest.	Daily Range.									Estimated Strength.	N.	N.E.	E.	S.E.	S.	S.W.	W.				N.W.	Calms.		
Month.	in.	in.	°	°	°	°	°	°	°	°	in.	grs.	grs.	grs.	°	°										in.					
January	29.668	1.290	54.7	25.0	29.7	44.2	32.8	14.2	39.5	35.3	.207	2.4	0.7	78	535.6	58.3	25.2	2.5	—	4	—	2	2	21	7	3	9	6.9	20	5.36	The observations have been reduced to mean values by Glaisher's Barometrical & Diurnal Range Tables, and the Hygrometrical results have been deduced from the seventh edition of Hygrometrical Tables, after corrections for Index errors of the Instruments employed.
February	30.151	1.780	43.0	23.5	19.5	38.2	29.9	8.3	34.9	33.5	.193	2.2	0.3	91	542.2	53.8	22.8	1.5	2	13	6	5	—	—	2	16	9.0	10	.87		
March	30.072	1.368	55.0	21.0	34.0	44.6	33.1	5.5	41.0	35.4	.207	2.4	0.5	84	537.8	76.4	24.4	2.0	1	4	—	—	3	10	—	20	10	7.3	19	2.93	
April	29.810	0.696	60.4	30.3	30.1	50.1	37.2	12.9	44.0	44.0	.288	3.3	0.0	100	533.0	83.5	31.1	2.5	11	11	2	—	5	1	4	1	6	8.0	20	3.12	
May	29.961	0.646	66.6	31.0	35.6	54.8	39.2	15.6	48.2	40.7	.255	2.9	1.1	73	528.0	95.8	32.8	2.0	10	6	4	—	3	2	11	8	6	8.4	13	1.82	
June	29.958	0.668	77.1	40.0	37.1	64.5	46.4	18.1	57.1	49.5	.354	4.0	1.6	71	517.2	104.5	39.6	2.5	4	6	1	2	4	8	6	1	10	8.2	15	2.01	
July	29.767	1.024	75.2	45.2	30.0	61.4	48.6	12.8	55.9	49.3	.351	3.9	1.3	75	519.2	102.6	42.3	3.0	7	—	—	—	3	14	7	12	6	8.0	20	5.71	
August	29.807	0.882	86.3	41.9	44.4	64.6	48.8	15.8	57.8	51.4	.380	4.3	1.3	76	517.0	107.3	41.9	3.0	—	2	1	2	1	11	6	10	11	7.5	23	5.14	
September	30.884	1.582	67.4	42.3	25.1	60.0	47.3	12.7	53.9	50.0	.360	4.1	0.6	86	522.1	93.2	39.9	3.0	4	10	—	2	—	8	7	9	8	7.4	21	5.49	
October	29.755	1.406	65.2	37.5	27.7	53.7	42.8	10.9	49.1	43.8	.286	3.3	0.8	80	526.7	82.6	34.4	3.0	1	2	3	4	—	20	5	11	3	7.4	23	3.81	
November	29.793	1.678	56.6	23.4	33.2	46.7	35.6	11.1	41.9	38.6	.234	2.7	0.5	84	534.4	64.7	26.8	3.0	1	4	1	2	2	11	7	14	3	8.2	19	4.66	
December	29.847	1.600	51.8	26.1	25.7	43.3	33.4	9.9	39.0	37.7	.226	2.6	0.3	92	537.7	50.3	24.9	2.5	—	2	—	3	1	10	3	3	21	9.5	19	3.10	
Annual Means	29.789	1.218	62.8	32.4	30.9	52.1	40.0	12.3	46.8	42.4	0.278	3.1	0.7	82	529.3	81.0	32.1	2.5	3	5	1	1	1	9	5	7	9	8.0			

The Mean Monthly Readings of the Earth Thermometer, four feet below the surface, were as follows:—

January, 43°

March, 41°

May, 46°

July, 54°

September, 55°

November, 47°

February, 41°

April, 43°

June, 51°

August, 54°

October, 52°

December, 44°

Highest Readings = 56° on Sept. 8th to 15th.

Lowest Readings = 40° on Feb. 22nd to March 5th.

Rain fell on 222 days, and measured 44.02 inches.



