[Report 1944] / Medical Officer of Health, Halifax County Borough.

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COUNTY BOROUGH OF HALIFAX

HEALTH DEPARTMENT

ANNUAL REPORT

ON THE HEALTH OF THE BOROUGH

FOR THE YEAR 1944

GEORGE C. F. ROE.

M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

MEDICAL OFFICER OF HEALTH

H E A L T H C O M M I T T E E.

(as on December 31st, 1944)

Mayor - Alderman L. Chambers. J.P.

Councillor A. Gelder. Chairman.
The Worshipful the Mayor - Vice-Chairman.

ALDERMAN E. MIDGLEY.	ALDERMAN A. MUFF.
COUNCILLOR G.H. BUTTERS.	COUNCILLOR H.P. POWNEY.
" J. LATHAM.	" E. RILEY.
" J. NICHOLL.	" W. RILEY.
" G.H. NORMANTON.	" G. WADSWORTH.
" S. HIRST.	" T. STOTT.
" H. NUTTON.	

SUB-COMMITTEES.

Appointed by the Health Committee.

Health Services Sub-Committee.

THE CHAIRMAN.	COUNCILLOR STOTT.
VICE-CHAIRMAN.	" NUTTON.
COUNCILLOR HIRST	" E. RILEY.

Hospitals Sub-Committee.

THE CHAIRMAN.	COUNCILLOR LATHAM.
VICE-CHAIRMAN.	" NORMANTON.
ALDERMAN MIDGLEY.	" POWNEY.
" MUFF.	" W. RILEY.
COUNCILLOR BUTTERS.	" WADSWORTH.

Accounts Sub-Committee.

THE CHAIRMAN.	COUNCILLOR NORMANTON.
VICE-CHAIRMAN.	" NUTTON.
	" E. RILEY

Joint Recovery Sub-Committee

The Members of the Health Committee who shall serve in rotation.

Maternity and Child Welfare Committee

The Health Committee with the following additional Members:-

MRS. E.M. LIGHTOWLER.	MRS. E.L. WHITAKER.
MRS. J. MOORE.	MRS. E.E. ROTHERA.
MRS. J. STIRK.	MRS. L. LUMB.
MISS. E.L. WHITLEY.	

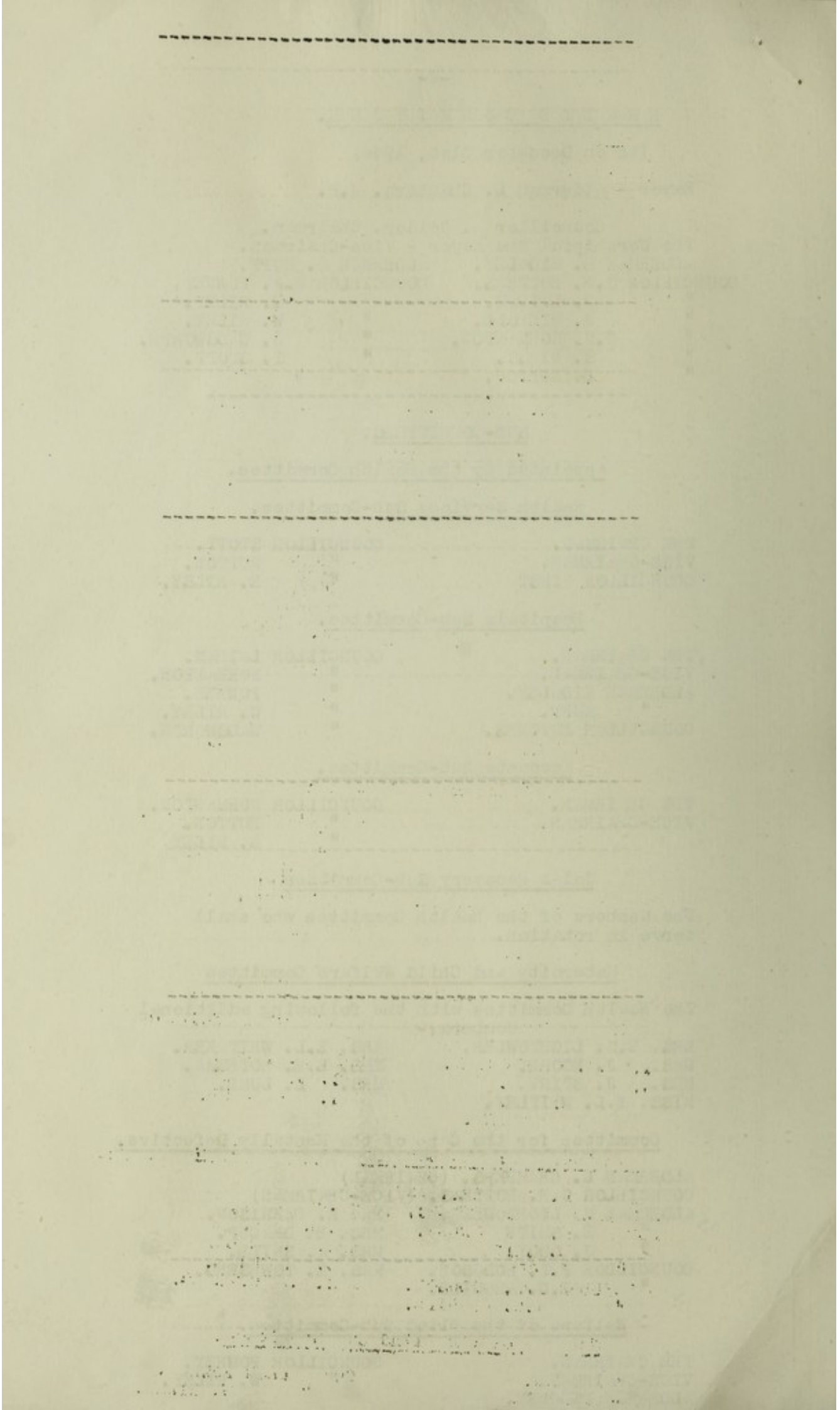
Committee for the Care of the Mentally Defective.

ALDERMAN L. CHAMBERS. (CHAIRMAN)
COUNCILLOR G.H. BUTTERS. (VICE-CHAIRMAN)

ALDERMAN M. LIGHTOWLER.	MR. E. HARRISON.
" E. SMITH	MRS. B. DRACUP.
" J. ODDY.	MRS. A. SMITH.
COUNCILLOR F.T. HODGSON.	MRS. E. TOWNSEND.
" J.C. ARGUILE.	

Welfare of the Blind Sub-Committee.

THE CHAIRMAN.	COUNCILLOR POWNEY.
VICE-CHAIRMAN.	" W. RILEY.
ALDERMAN MIDGLEY.	



STAFF OF THE HEALTH DEPARTMENT.

(as on December 31st, 1944)

MEDICAL OFFICER OF HEALTH.

GEORGE C.F. ROE., M.R.C.P., L.R.C.S., L.M., D.P.H., D.P.M.

ASSISTANT MEDICAL OFFICERS OF HEALTH.

WILFRID SMITH, M.Sc., M.B., B.Ch., B.A.O., Clinical Tuberculosis Officer and Resident Medical Officer, Sanatorium.
MEDICAL OFFICER TO MATERNITY AND CHILD WELFARE CENTRE, ~~Vacant~~. A.M.M. Parker. M.B. Ch.B.,
F.W. WATERWORTH., M.B., Ch.B., D.P.H., Assistant School Medical Officer.
S. CARTER., M.D., B.Hy., D.P.H., Resident Medical Officer, Isolation Hospital. (On Active Service)
R.C. WOODCOCK, M.B., Ch.B., Acting Resident Medical Officer, Isolation Hospital.

MEDICAL STAFF - THE HALIFAX GENERAL HOSPITAL.

H.I. DEITCH, M.S. (Lond). F.R.C.S. Medical Superintendent and Surgeon.
J.N.I. EMBLIN, M.B., Ch.B., F.R.C.S. (Edin). M.M.S.A. (Lond)., M.R.C.O.G., Deputy Medical Superintendent & Obstetrician & Gynaecologist.

M. GOLDIN.	M.B., Ch.B.	Resident Physician.
C.D. BAUGH.	M.B., Ch.B., D.R.C.O.G.,	Resident Obstetric Officer.
J.M. BOWER.	M.B., Ch.B.	Resident Medical Officer.
N.V. SAPIER.	M.B., Ch.B.	" " "
J.R. HESELTINE.	M.B., Ch.B.	" " "

PART TIME MEDICAL OFFICERS.

H.V. PHELON.	M.R.C.P.	Pathologist, Bacteriologist & Medical Officer V.D. Clinic
W. MacADAM.	M.A., M.D., F.R.C.P.	Consulting Physician.
L. GLICK.	M.D., M.R.C.P.	Consulting Physician.
E.R. FLINT.	F.R.C.S. (Eng).	Consulting Surgeon.
W.J.L. FRANCIS.	Ch.M., F.R.C.S.	Consulting Surgeon.
W.O. LODGE.	F.R.C.S.	Opthalmic & Aural Surgeon.
R.W. GREATOREX.	M.B., Ch.B.	Opthalmic Surgeon.
B.L. JEAFFRESON.	M.B., F.R.C.S., L.R.C.P., M.C.O.G.	Consulting Obstetric Surgeon.
F.W. GOYDER.	F.R.C.S. (Eng).	Orthopaedic Surgeon.
P.R. ALLISON.	M.B., Ch.B., F.R.C.S.	Consulting Thoracic Surgeon.
D. RAWSON.	M.B., Ch.B., D.P.H.	Anaesthetist.
A. POLLITT.	D.M.R.E.	Radiologist.
F.E. CHESTER WILLIAMS.	D.M.R.E.	Director, Radium Institution, Bradford.
E. VINING.	M.B., Ch.B.	Consulting Paedatrician.
F.F. HELLIER.	M.R.C.S., L.R.C.P.	Consulting Dermatologist.
N.M. MONTGOMERY.	M.B. Ch.B. D.P.M.	Psychiatrist.
R.N. ROSS.	B.D., Ch. L.D.S.	Dental Surgeon.

PUBLIC VACCINATORS.

A. GARVIE, M.D.
J. MORRISON, M.B.
R. DAVIDSON, M.B., Ch.B.
H.W. MORCK, M.R.C.S., L.R.C.P.
A. GLENN, M.B., Ch.B.
P. MILNES, L.R.C.P., L.R.C.S.
C.S. OGILVY, L.R.C.P., L.R.C.S.

DISTRICT MEDICAL OFFICERS.

A. GARVIE, M.D.
J. MORRISON, M.B.
R. DAVIDSON, M.B., Ch.B.
W.H. CRAVEN, B.Sc., M.B., Ch.B., D.T.M.
V.C. MEYER, M.B., Ch.B.
R. LAWSON, M.B., Ch.B.
C.S. OGILVY, L.R.C.P., L.R.C.S.

INSPECTORS.

J.W. BEAUMONT.	Chief Sanitary Inspector.
E. WILSON.	District Sanitary Inspector.
H. LEAPER.	" " "
A. PEARSON.	" " "
G.A. WOODHEAD.	" " "
J.L. MOXON.	" " "
H. MARGERISON.	Senior Sanitary Inspector and Housing Inspector.
F. BURTON.	Housing Inspector.
J. FLANAGAN.	Meat Inspector.

CLERICAL STAFF.

C. CARLTON.	Chief Clerk.
H. WRIGHT.	Clerk.
H. CARLTON.	" (On Active Service)
N. BRADLEY	"
G. WALSHAW	" " " "
T.K. BOOTHMAN.	" " " "
A. DOBSON.	" (Temporary)
B.P. GREENMAN.	" "
M.B. HOYLE.	" "
MISS E. CLARKSON.	Vaccination Officer, Visitor for Mental Deficiency Acts, Boarding-Out Order (Children under 5) and Children and Young Persons Act (Part V)

MATERNITY AND CHILD WELFARE.

MISS E.R. ORAM.	Senior Health Visitor.
MISS M. MOORE.	Health Visitor.
MISS S.E. BRIGGS.	do.
MISS M.O. FORRESTER.	do.
MISS N. DINGSDALE.	do.
MRS. E. MALTON.	Clerk (Temporary)

THE HALIFAX GENERAL HOSPITAL.

A. WHEELDON.	Steward.
L.R. LORIMER.	Assistant Steward.
MISS N. SPILMAN.	Matron.
H.V. WILKINSON.	Admission Officer.
E.H. DIXON.	Clerk.
MRS. L. FARRAR.	" (Temporary)
MISS H. EYRE.	"
MISS E.M. KEETLEY.	" "

MRS. G.A. BOWES.	Tuberculosis Visitor.
MISS R.E. STUBBS.	Matron, Isolation Hospital.
MISS K.N. FLEMING.	Matron, Halifax Sanatorium.
W.P. SHARP.	Removal Officer.
R. MALLINDER. B.Sc., F.I.C.	Public Analyst.

COUNTY BOROUGH OF HALIFAX.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1944

INTRODUCTION.

To The Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report upon the Health of the Borough for the year 1944, which, like its war-time predecessors has been confined to essentials. The Report is the seventy-second of the series.

Except for measles the incidence of infectious diseases remained low. There was, however, an increase in deaths from diseases of the Respiratory System. The principal causes of death - as in past years - were cardio-vascular diseases, cancer and tuberculosis.

Many other diseases which were formerly among the chief causes of death in England and Wales, including smallpox, plague, cholera andtyphus now rarely, if ever, appear in the death returns. Their virtual disappearance is the result of advances made in preventive medicine during the past century. It is perhaps unfortunate that the unostentatious methods of preventive medicine make few concessions to the emotional requirements of the man-in-the-street. The public eye is drawn with greater ease to spectacular performances.

Deaths are the end results of more or less prolonged ill-health and sickness but there are many diseases which, since they do not cause death, play an unimportant part in our death returns, but which cause incapacity, inefficiency and financial loss.

With regard to the illness's due to respiratory diseases I would once again draw your attention to the fact that atmospheric pollution increases diseases of the respiratory system. The main injurious elements are sulphuric acid, grit and tarry products. The lungs are most vulnerable organs and should not be compelled to breathe polluted air.

Abolition of smoke in our industrial towns would tend to reduce respiratory diseases mortality and still more, respiratory morbidity. Bronchial catarrh and Bronchitis are related to the prevalence of atmospheric pollution.

It will be appreciated that only a few facets of our community health are revealed by vital and mortal statistics. Such statistics do not afford any real index of the amount of sickness present in the population. Such sickness statistics as we possess are imperfect and can therefore be accepted only provisionally and regarded merely as a rough indication of the state of our national health.

I am of the opinion (but cannot put it higher than that) that the incidence of respiratory, nervous and rheumatic diseases in Halifax is fairly high.

The incidence of Scabies and Impetigo declined towards the end of the year. Immunisation for Diphtheria continued to make progress. Owing to the abatement (in the winter of 1944) of A.R.P. work it was found possible to make some preparations for the resumption of public health lectures and education.

On the whole the Health of Halifax has been maintained during the year under review. The scope of preventive medicine is ever widening. As new medical discoveries are made, advantage of them is taken to devise preventive measures.

On all questions of health we should be careful not to draw false conclusions from insecure premises. We do not doubt that good housing is essential for health. Housing deteriorated during the war therefore it might be argued health should have deteriorated. But it has not, it has improved. Many epidemiologists predicted that war would cause epidemics of endemic diseases. But we have been remarkably free from epidemics during the war period. Again difficulty in obtaining houses is given as one cause of the low birth rate, yet the birth rate steadily declined when the housing position was improving and only started to improve when the housing position was going down-hill. What we have to bear in mind is that unknown factors (some genetic) often operate in health matters and their interaction is obscure. Knowledge of the causal factors of disease and the way they interact is essential to a real understanding of our health problems.

Only the rash would attempt to forecast the future but, just as the medicine of today is ahead of that of the past generation, so undoubtedly will the medicine of the rising generation be ahead of ours.

I take this opportunity of thanking all the members of the Health Department Staff for the zeal, energy and loyalty which they have, one and all, displayed during the year.

It is once again my privilege to express to the Chairman and Members of the Health Committee my appreciation of the sympathy and interest they have displayed in the work of the Public Health Department.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your Obedient Servant,

George C.F. Roe,

Medical Officer of Health.

Health Department,
Powell Street,
Halifax.

STATISTICS

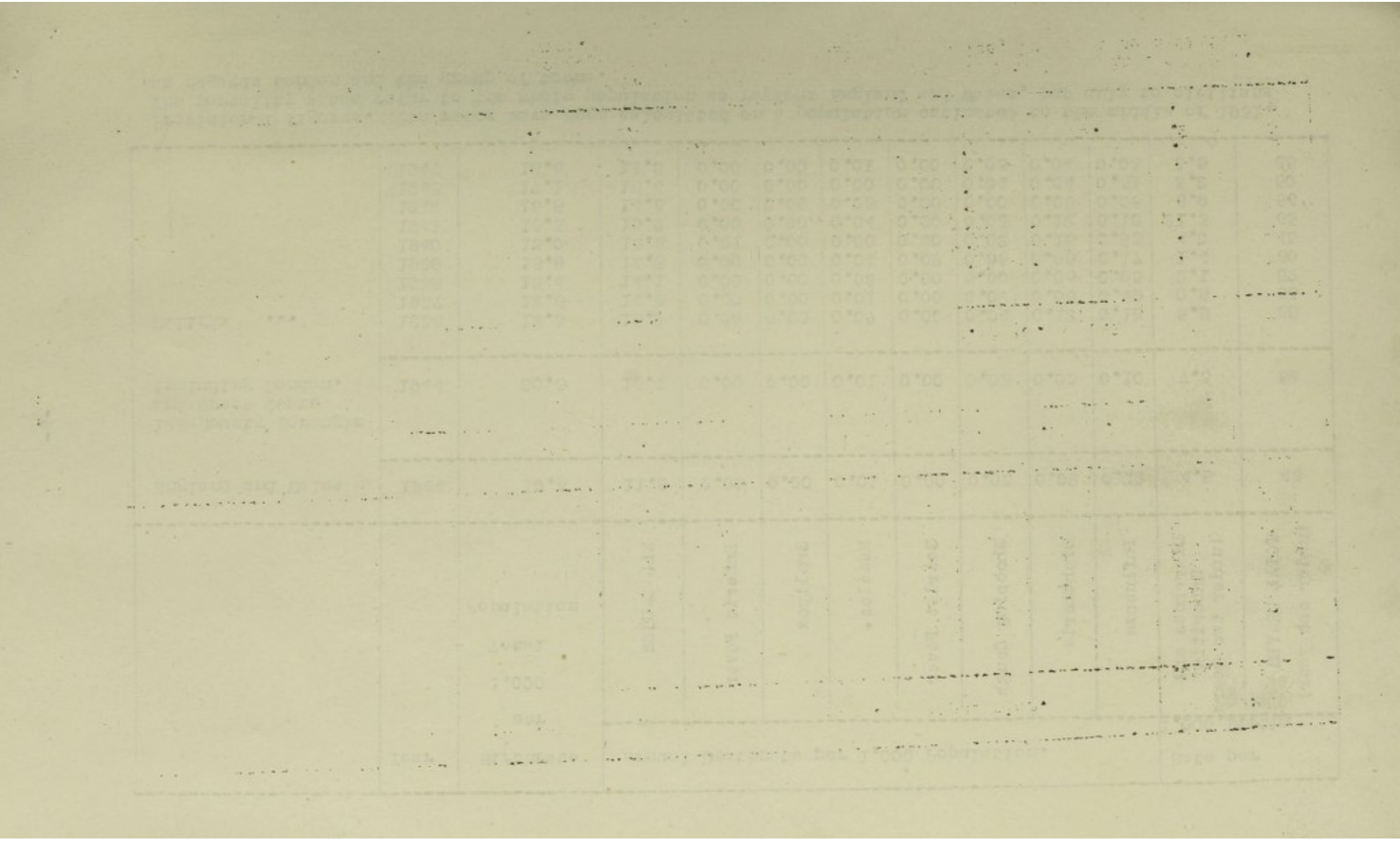
Latitude 53° 44' North.	
Longitude 1° 50' West.	
Mean height above sea level	780
Area in acres	14,081
Population (Census 1931) ... ... (Males 44,600. Females 53,515)	98,115
Population (Midyear, 1944)	89,890
Density of population per acre ...	6.3
Number of inhabited houses (1931 Census)	28,488
Average number of persons to each occupied house.	3.40
Rateable Value, 1943-44 (Tst April, 1944)	£630,413
Sum represented by a penny rate, 1943-44 (Net Product)	£2,492

Summary of Vital Statistics.

Birthrate per 1,000 population ...	18.6
Deathrate per 1,000 population ...	14.5
Infantile deathrate per 1,000 births	38
Respiratory deathrate	1.6
Phthisis deathrate	.48
Deathrate from other forms of Tuberculosis	.12
Tuberculosis deathrate (all forms) ...	.60
Deathrate from Cancer	1.9

	Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population.								Rate per 1,000 Births	
			ALL CAUSES	Enteric Fever	Smallpox	Measles.	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years	TOTAL DEATHS (under one year)
England and Wales	1944	17.6	11.6	0.00	0.00	0.01	0.00	0.03	0.02	0.12	4.8	46
126 County Boroughs and Great Towns including London.	1944	20.3	13.7	0.00	0.00	0.01	0.00	0.03	0.03	0.10	7.3	52
Halifax ...	1936	12.3	15.2	0.00	0.00	0.07	0.00	0.04	0.12	0.18	5.8	68
	1937	12.8	14.6	0.00	0.00	0.01	0.00	0.02	0.05	0.49	0.8	63
	1938	13.4	14.1	0.00	0.00	0.02	0.00	0.00	0.06	0.05	2.1	57
	1939	13.8	15.3	0.00	0.00	0.01	0.02	0.03	0.05	0.17	1.4	60
	1940	13.0	15.6	0.01	0.00	0.00	0.00	0.02	0.15	0.23	4.0	45
	1941	13.3	15.7	0.00	0.00	0.04	0.00	0.03	0.12	0.10	21.3	65
	1942	15.8	14.6	0.00	0.00	0.03	0.00	0.00	0.05	0.05	6.9	56
	1943	17.1	15.4	0.00	0.00	0.00	0.00	0.04	0.04	0.31	5.2	50
	1944	18.6	14.5	0.00	0.00	0.01	0.00	0.03	0.04	0.03	3.5	65

Provisional figures. The rates have been calculated on a population estimated to the middle of 1931. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the group of towms.



Population.

From about 1801 the population of England and Wales has increased from nine millions to forty millions in 1931. The bulk of that phenomenal increase occurred between 1750 and 1880 but since that time there has been a gradual decline in the birth rate.

It should be remembered that coincident with a falling birth rate there has been a corresponding decrease in the death rate particularly in the first year of life. In the past a high birth rate was partly vitiated by a high infantile death rate besides an enormous amount of chronic invalidity.

Factors relevant to the etiology of the declining birth rate include the spread of contraceptive knowledge, economic factors, the fear of wars and, possibly, a declining fertility rate among the so-called civilised races.

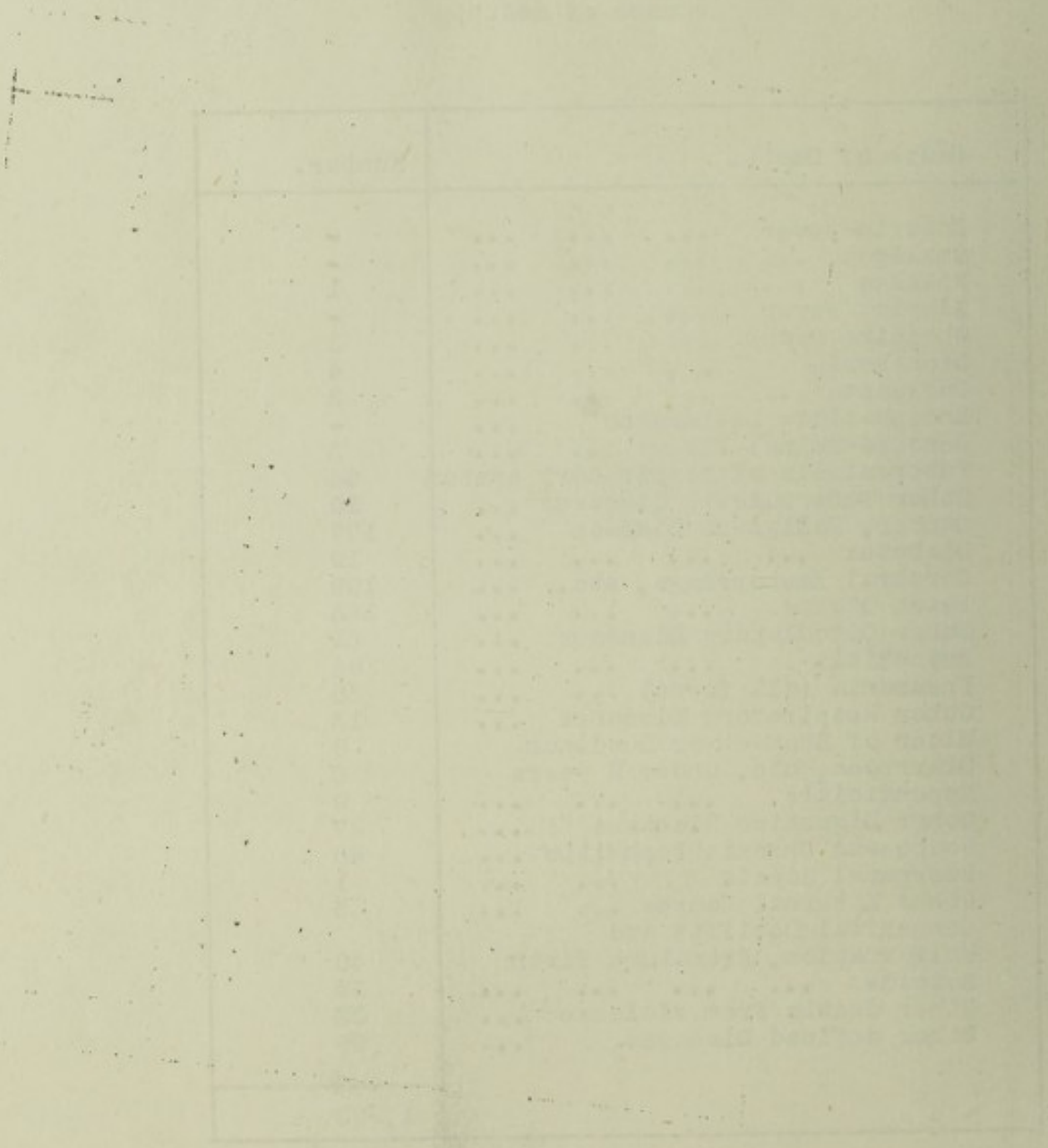
The questions of the mental and physical qualities of births and, the optimum population have not yet come under the glare of the popular spot light but, they are nevertheless matters for serious consideration.

Only experts are familiar with differential birth rate tables. In the past natural selection offered a method of weeding out degenerate stocks. Modern warfare no longer discriminates between the fit and the unfit and, on the whole is dysgenic in its operation.

SUMMARY OF DEATHS.

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

Cause of Death.	Number.
Enteric Fever	-
Smallpox	-
Measles	1
Scarlet Fever	-
Whooping Cough	3
Diphtheria	4
Influenza	3
Encephalitis Lethargica ...	-
Cerebro-Spinal Fever	3
Tuberculosis of respiratory system	44
Other Tuberculosis Diseases ...	10
Cancer, Malignant Disease ...	177
Diabetes	19
Cerebral Haemorrhage, etc. ...	199
Heart Disease	366
Other Circulatory Diseases ...	31
Bronchitis	96
Pneumonia (all forms)	38
Other Respiratory Diseases ...	13
Ulcer of Stomach or Duodenum	8
Diarrhoea, etc. under 2 years	6
Appendicitis	9
Other Digestive Diseases ...	27
Acute and Chronic Nephritis ...	45
Puerperal Sepsis	1
Other Maternal Causes	3
Congenital Debility and Malformation, Premature Birth	40
Suicide	15
Other deaths from violence ...	33
Other defined Diseases ...	99
	1,293



GENERAL PROVISION OF HEALTH SERVICES

(Arranged as required by the Ministry of Health)

HOSPITALS provided or subsidised by the Halifax Corporation:-

TUBERCULOSIS - The Sanatorium at Shelf, near Halifax, 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 non-pulmonary tuberculosis of a non-infectious character.

MATERNITY HOSPITAL - Maternity cases are provided at the Halifax General Hospital and the Royal Halifax Infirmary. There is an increasing demand for Maternity Hospital beds and some extension of maternity accommodation at the Halifax General Hospital is a priority need which will have to be dealt with as soon as circumstances permit. The Corporation makes a grant of £300 per annum towards the Infirmary Maternity Home.

HOSPITAL FOR CHILDREN - By arrangement with the Education Committee operations for Tonsils and Adenoids are carried out at the Halifax General Hospital.
There is a ward at the Halifax General Hospital for the treatment of sick or crippled children sent there by the Maternity and Child Welfare Committee, also an arrangement by that Committee with the Royal Halifax Infirmary for the treatment of cases of Ophthalmia Neonatorum.
An Orthopaedic Service has been set up at the Halifax General Hospital for the treatment of cases sent by the Maternity and Child Welfare and Education Committees.

FEVER HOSPITAL - The Corporation provides the Isolation Hospital which admits cases of Scarlet Fever, Diphtheria, Enteric and other fevers from Halifax, and from areas of neighbouring local authorities. Accommodation for 96 cases.

SMALLPOX - The Corporation maintains the Smallpox Hospital at Belle Vue, Mount Tabor, which has accommodation for 26 patients. This hospital is subsidised by the Brighouse Joint Hospital Board and the Sowerby Bridge Urban District Council.

VENEREAL DISEASES - The Corporation has an arrangement with the Royal Halifax Infirmary for both out-patient and in-patient treatment.

HOSPITAL FACILITIES.

Hospital and Situation.	Purpose.	Total Beds.	Authority.	Medical Staff.	Consultants.
Isolation Hospital, Northowram Hall.	Fevers	96	Halifax Health Committee	1 Resident Medical Officer.	as required
Halifax Sanatorium, Shelf.	Tuberculosis	62	do	1 Resident Medical Officer. The Senior Assistant M.O.H. and T.B. Officer	as required
The Halifax General Hospital.	General Surgical Medical Children & Maternity	450	do	1 Medical Supt. Res. 1 Deputy Medical Supt. Res. 5 Resident Assistant Medical Officers	1 Pathologist and Bacteriologist. 2 Physicians 8 Surgeons 1 Anaethetist 1 Radiologist 1 Paedatrician 1 Psychiatrist 1 Dermatologist 1 Director of Radium Treatment.
Smallpox Hospital, Mount Tabor.	Smallpox	26	do	M.O.H. or Assistant M.O.H. (Non-Resident)	as required

General Nursing - Under the Local Government Act, 1929, the Halifax General Hospital, was, on April 1st, 1931, transferred to the Local Authority and is administered by the Health Committee as a General Hospital.

AMBULANCE FACILITIES.

(a) For Infectious Cases -
Two "Austin" 18 H.P. Ambulances, worked from the Isolation Hospital, Northowram Hall, serves Halifax and the other districts from which cases are admitted to the Hospital.

(b) For Non-Infectious and Accident Cases - (From 1st November, 1944)
(1) The Corporation's Motor Ambulance Service, worked by the Halifax General Hospital (Tel. 5816).
1 "Humber" 25 H.P. 2 "Austin" 20 H.P. and 1 "Austin" 18 H.P.

(2) The Ambulance Service of the St. John Ambulance Brigade and British Red Cross Society. "Austin" 20 H.P.
Transport Officer - Mr. L. Chambers (Tel. 3831)

C L I N I C S.

(Excluding School Clinics which appear in the Annual Report of the School Medical Service).

Name of Clinic	Purpose.	Where held	Times	
			Days.	Hours
Tuberculosis Dispensary.	Tuberculosis	8, Clare Road	Monday Thursday	2 p.m. to 4 p.m.
Maternity and Child Welfare.	Ultra Violet Light & Massage	66,68, Northgate	Monday	Morning
	Babies	do.	do.	Afternoon
	Children under 5	Queen's Road.	Tuesday	Morning & Afternoon
	Babies	66,68, Northgate	Wednesday	do. do.
	Babies	Ovenden	do.	Morning
	Ultra Violet Light & Massage	66,68, Northgate	Thursday	do.
	Ante & Post Natal	do.	do.	Afternoon
	Babies	do.	Friday	All day
	Ultra Violet Light & Massage	do.	Saturday	Morning
X Halifax District Nursing Association.	Ante-Natal	Kirby Leas, Savile Road	First & Third Thursdays in each month	Evening
The Halifax General Hospital.	Ante-Natal	The Halifax General Hospital	Tuesday	Morning & Afternoon
	Psychiatric	do.	Friday	2-30 to 5 p.m.
X Royal Halifax Infirmary	Ante-Natal	Royal Halifax Infirmary	Wednesday	Afternoon & Evening
			Thursday	Afternoon
	Venereal Diseases	do.	Tuesdays Women & Children	3-30 p.m. to 4-30 p.m. and 6 p.m. to 8 p.m.
			Thursdays (Men)	6 p.m. to 8 p.m.
			Auxiliary Centre for Men Daily	10 a.m. to 12 noon and 6 p.m. to 8 p.m.
			Sunday	10 a.m. to 12 noon

X Subsidised by the Corporation.

NURSING IN THE HOME - This is provided by:-

Halifax District Nursing Association.
Illingworth Nursing Association.
Luddenden Nursing Association.

DIPHTHERIA IMMUNISATION.

During the year the Medical Officer of Health gave several public lectures dealing with this subject. Immunisation is carried out at the Maternity and Child Welfare Clinic, the School Clinic and by General Practitioners in the town. Immunising material is supplied free to Halifax doctors. The incidence of young people immunised has increased but there is still plenty of room for improvement in this direction. It is very important that all pre-school children should be immunised against Diphtheria.

BACTERIOLOGICAL EXAMINATIONS -

The arrangements are as follows:-
Bacteriological examinations are carried out at the Royal Halifax Infirmary, where Swabs, etc, may be sent direct.

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. The following Table shows the number of examinations carried out either at the Royal Halifax Infirmary, or the Tuberculosis Clinic, during the year, for the Medical Practitioners of the town, the Clinic, the Isolation Hospital, or the Health Department.

Sputum for Tubercle	448
Diphtheria Swabs	415
Agglutination Test, Widal, & Faeces	-
Others (Fluids, etc)	57
Total.....	920

In addition to the above, routine samples of milk for bacteriological and biological examination are submitted to other laboratories.

C A N C E R.

A Radium Clinic, in charge of Dr. F.E. Chester-Williams, has now been established at the Royal Halifax Infirmary, towards the cost of which the Health Committee of the Halifax Corporation pay the sum of £50 per annum. Patients from Halifax are now admitted through this clinic for radium treatment at the Royal Infirmary, Bradford.

TABLE showing Deaths at Age Periods during the year:-

Age Periods	Males	Females	Total
Under 45	3	7	10
45 - 65	32	53	85
65 and over	37	45	82
	72	105	177

DEATHRATE per 1,000 population during the past 10 years:-

Year	Deathrate	Year	Deathrate
1935	2.0	1940	1.9
1936	1.8	1941	2.5
1937	1.8	1942	2.3
1938	1.9	1943	2.2
1939	1.9	1944	1.9

Cancer.

The rising incidence, appalling death rate and lack of a cure or preventive in respect of Cancer demands our constant and serious attention. Our ignorance of the fundamental cause is still unrelieved.

We know that in a small number of cases the inciting cause is the repeated application of a carcinogenic agent contained in soot, tar, oil or other substance but the fundamental cause or causes of cancer continue to elude us.

Certain theories deserve careful consideration and among them is the one which stresses the influence of heredity. In certain animals heredity plays an important part in rendering some individuals more susceptible to cancer than others. Such a heredity factor may occur in human beings.

The high prevalence of cancer in some families may, however, be due to the undoubtedly inherited tendency to live to old age.

There is no evidence that Cancer is an infectious disease and the disinfection of a room occupied by a cancer patient has no scientific basis.

Prevention and treatment so far as our present knowledge goes includes early diagnosis and prompt treatment by surgery, X-Rays or Radium. The difficulty is to ensure early treatment. This would be facilitate if the public were informed of the early signs of cancer and if every person over the age of forty submitted himself to periodical expert medical examination.

Research is gradually reducing the probability of dying from a number of diseases. The day may yet come when Cancer will be on this list.

Isolation Hospital.

The Isolation Hospital is situated at Northowram on a site of 32 acres and at a height of 800 feet above sea level. The nearest railway station is Halifax 3 miles distant. The bus route between Halifax and Northowram is ¼ of a mile away.

There are about ten acres available for expansion. Cases are admitted (by agreement) from Luddenden Foot, Midgley and part of Sowerby Bridge Urban District Council. Cases are admitted from other areas if accommodation is available.

Accommodation is as follows:-

		Beds.
Scarlet Fever.	2 blocks of 26 beds each.	52
Diphtheria.	1 block of 26 beds.	26
1 Cubicle Block.....		12
1 other block.....		6
		96

Also there is an Administration Block (the old Hall) a Nurses Home(built at the time the ward blocks were erected) and the usual out offices - laundry, garage, laboratory, dispensary and mortuary.

If any extensions of this Hospital are contemplated I strongly recommend an additional cubicle block - by FAR the most useful unit in an Isolation Hospital.

I am indebted to Dr. R.C. Woodcock, the Resident Medical Officer, for the following Report:-

The total number of patients admitted to the Isolation Hospital was 776. 541 were Borough Cases and 235 were Out of the Borough Cases.

Scarlet Fever.

The number of Cases admitted was 459 of whom 371 were Borough Cases and 88 Out of the Borough Cases. 437 were true cases and 22 were not suffering from Scarlet Fever. These cases proved to be:-

Rubella	-	13
Measles	-	4
Tonsillitis	-	2
Lobar Pneumonia	-	1
Urticaria	-	1
Diphtheria	-	1

There were no deaths from Scarlet Fever.
The average length of stay for true cases was 32.7 days.

Diphtheria.

During the year 154 cases (112 Borough and 42 Out of the Borough) were admitted for Diphtheria. Of these 68 were found to be not suffering from clinical Diphtheria. 34 were plus swab cases. 34 were suffering from other conditions while the remaining 86 were cases of clinical Diphtheria.

The cases not suffering from Diphtheria proved to be:-

Streptococcal Tonsillitis	-	12
Vincent's Angina	-	10
Stomatitis	-	2
Syphilis	-	1
Peritonsillar Abscess	-	1
Scarlet Fever	-	1
Laryngitis	-	2
Measles	-	1
Meningitis	-	1
No disease	-	3

4 Cases admitted for other diseases were found to be suffering from Diphtheria.
The average length of stay for true cases of Diphtheria was 58.0 days.
There were three deaths from Diphtheria.

Measles.

26 Cases were admitted (18 Borough cases and 8 Out of the Borough cases). 23 were true cases and 3 were suffering from other conditions, i.e.

Rubella	-	2
No disease	-	1

6 cases admitted for other diseases proved to be measles.
There was 1 death from Measles. (Measles Encephalitis).

Chicken Pox.

29 Cases were admitted. 11 Borough cases and 18 Out of the Borough Cases. 27 were true cases.

Whooping Cough.

39 Cases were admitted, 38 being true cases. 17 were Borough Cases and 22 Out of the Borough Cases.
There was 1 death from Whooping Cough. (Broncho pneumonia).

Erysipelas.

4 Cases were admitted - all true cases. 2 were Borough cases and 2 Out of the Borough cases.

Rubella.

25 Cases were admitted. 5 Borough cases and 20 Out of the Borough cases. 24 were true and 4 cases were untrue. 15 other cases proved to be Rubella after being admitted for other diseases.

Mumps.

10 Cases were admitted - all true cases. 1 Borough case and 9 Out of the Borough Cases.

Tonsillitis.

20 Cases were admitted (3 Borough Case and 17 Out of the Borough Cases). One of these Cases proved to be Diphtheria.

Vincent's Angina.

2 Cases were admitted. 1 Borough Cases and 1 Out of the Borough Case. One Case proved to be Diphtheria.
10 Cases admitted as Diphtheria were found to be suffering from Vincent's Angina.

Cerebro Spinal Fever.

1 Case (Out of the Borough) was admitted. 1 Case admitted as Diphtheria proved to be Cerebro Spinal Fever.
There was one death.

Observation.

6 Cases were admitted for observation, 4 being Out of the Borough Cases.

Laboratory Work.

Test	Positive	Negative	Total
Swabs for K.L.B.	463	1,572	2,035

Special Investigations.

Full bacteriological investigations were performed on swabs from many cases of non-clinical Diphtheria. This included the use of selective media, bi-chemical tests and in some cases virulence tests.

Immunisation.

Clinical Diphtheria occurring in immunised patients was less severe than in the non-immunised. No fatal case of Diphtheria among the immunised occurred during the year.

	Age groups					Total
	0-	1-	5-	10-	15-	
Immunised	0	2	12	10	3	27
Not immunised	1	13	14	10	25	63

Several Scarlet Fever patients were immunised against Diphtheria whilst in hospital. Three injections of T.A.F. were given.

Ambulance Facilities.

Two Ambulances are garaged at the Hospital for Infectious Cases. They are both Austin 18 H.P.

Disinfection.

The following articles were disinfected:-

Patients articles	- 5354
Hospital beddings and clothing	- 5191
Sanatorium bedding and clothing	- 99

273 Stovings were carried out.

Special Treatment.

Many patients received Ultra Violet Light Treatment during convalescence.

General Comments.

The Isolation Block was in full use during the greater part of the year, as a greater number of patients other than Diphtheria or Scarlet Fever were admitted. It was also used for cases in which the diagnosis was doubtful and (as accommodation permitted) for the Septic complications of Scarlet Fever.

It is hoped that any future extensions will increase the number of beds available for individual isolation.

Prevalence of, and Control over, Infectious Diseases.

Enteric Fever.

No case of this disease was notified during the year.

No death occurred.

The following Table shows the incidence of Typhoid Fever (including para) in Halifax during the past 10 years:-

1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
-	3	1	-	-	5	1	1	2	-

Smallpox.

No case of this disease occurred during the year.

Ophthalmia Neonatorum.

The following Table shows the number of cases notified, and where they were treated.

Notified	Treated	
	at Home	at Hospital
10	9	1

Cerebro-Spinal Fever.

No case of this disease was notified during the year.

Scabies.

The incidence of Scabies is very difficult to calculate. An up-to-date Scabies Unit was established at the Halifax General Hospital. The majority of cases received Benzyl Benzoate treatment. The results of this treatment were good. Also special disinfestation arrangements for Scabies - (clothing, bedding and houses) were established.
This scheme has been extended to include a number of adjoining authorities.

Infectious Diseases.

On the whole the incidence of Infectious Diseases (except for Measles) was low during the year. Some years ago it was believed that hospital isolation would check the spread of infectious diseases but owing to the frequent occurrence of carriers, missed and abortive cases, this measure has proved unsuccessful.

With regard to treatment, hospital provision is very valuable. With respect to the present mild type of scarlet fever there appears to be no justification for the isolation of all cases in hospital.

Scarlet Fever is only one of the many manifestations of infection with Haemolytic Streptococci and I suggest that there is no scientific ground for the hospital isolation of patients with streptococcal sore throat plus rash and not patients with a similar sore throat and no rash. Whether or not hospital treatment is needed must be decided by the needs of the patient and his environment. The severity of the disease, the home nursing and isolation facilities, (if any) the employment of numbers of the family in food preparation or distribution are all points to be borne in mind.

The abolition of special smallpox hospitals (Fortunately seldom used) and the establishment of small units for smallpox within the curtilage of the larger Isolation Hospitals has been advocated in some quarters. While this suggestion merits serious consideration we cannot dismiss the theory of aerial convection in the face of eminent epidemiologists who still hold it possible.

If aerial convection is not a reality there is a strong case for the discontinuance of many present day smallpox hospitals with the obvious disadvantages in respect of maintenance, staff, equipment and infrequent usage which they entail.

With regard to terminal disinfection in connection with such diseases as scarlet fever and diphtheria opinion has changed in respect of its value. The case for its abolition rests on the following grounds. (1) In some places it has been discontinued without any harmful results. (2) Disinfection withdraws attention from the real source of infection and gives a false sense of security. (3) Human beings and not inanimate objects are the true sources of infection.

In short the chief factors in the spread of infection are patients, mild and missed cases and apparently healthy carriers.

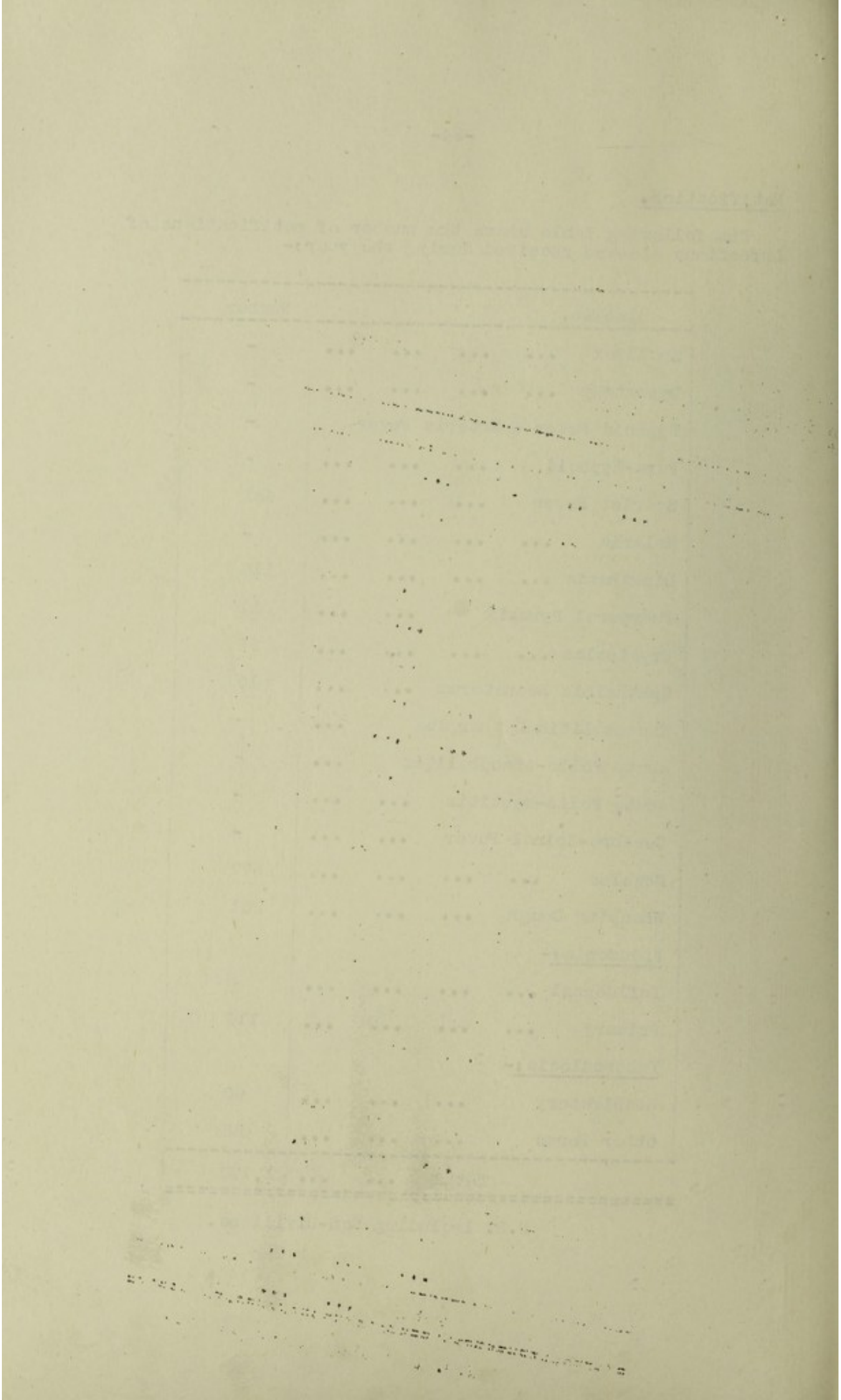
There are good reasons for the retention of steam disinfection of bedding and clothing but the practice of room disinfection is in many cases continued more out of consideration for public sentiment than from any scientific and rational belief in its value.

Notification.

The following Table shows the number of notifications of infectious disease received during the year:-

Disease.	Number
Smallpox	-
Dysentrey	-
Typhoid Fever & Enteric Fever	-
Para-Typhoid	-
Scarlet Fever	481
Malaria	-
Diphtheria	118
Puerperal Pyrexia	11
Erysipelas	36
Ophthalmia Neonatorum	10
Encephalitis Lethargica ...	-
Acute Polio-encephalitis ...	-
Acute Polio-myelitis	-
Cerebro-Spinal Fever	-
Measles	677
Whooping Cough	201
Pneumonia:-	
Influenzal	5
Primary	119
Tuberculosis:-	
Respiratory	90
Other Forms	22
Total	1,770

N.B. Including Non-Civilians.



The following Table shows the number of formal notifications received during the year classified for age, and localisation of the disease.

AGE PERIODS	FORMAL NOTIFICATIONS											
	Number of Primary Notifications of new cases of Tuberculosis											Total Notifications
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages)
Pulmonary Males	-	1	1	-	1	3	7	9	8	4	2	36 / 52
" Females	-	-	1	1	-	10	15	7	3	1	-	38 / 52
Non-Pulmonary Males	-	1	4	-	-	1	2	1	-	-	-	9 / 12
" Females	-	2	1	-	1	1	1	1	-	-	-	7 / 7

In the following Tables, new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification, together with the sources of such information are set out.

AGE PERIODS	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total
Pulmonary Males	-	1	-	-	1	1	3	6	3	-	1	16
" Females	-	-	-	-	-	2	5	5	-	-	2	14
Non-Pulmonary Males	-	1	-	1	-	-	-	1	-	-	-	3
" Females	-	-	-	-	-	-	-	-	-	-	-	-

SOURCE OF INFORMATION	Number of Cases	
	Pulmonary	Non-Pulmonary
Death Returns (from local Registrars	5	-
Death Returns (transferable deaths from Registrar General ...	16	1
Posthumous notifications	-	-
"Transfers" from other areas (other than transferable deaths)	9	2
Other Sources	-	-

THE HALIFAX GENERAL HOSPITAL.

1.	Number of Maternity Cases delivered.	1,821
2.	Number of Stillbirths.	45
3.	Number of Deaths among the newly born. (i.e. under 10 days of age).	42
4.	Total Number of Deaths among the children under one year of age (including No.3).	75
5.	Number of Maternal Deaths among women confined in Hospital.	3
6.	Total Number of Deaths.	511
7.	Total Number of Discharges (including infants born in Hospital).	8,684
8.	Duration of Stay of parients included in 6 & 7 above:-	
	Number of cases whose total stay was for the following periods:-	
	(a) Four weeks or less.	8,477
	(b) Exceeding four weeks but under 13 weeks.	611
	(c) Thirteen weeks or more.	107
9.	Number of beds occupied:-	
	(a) Average during the year.	471
	(b) Highest on 12.9.44.	492
	(c) Lowest on 27.6.44.	345
10.	Number of surgical operations (excluding dental operations):-	
	General.	1,857
	Spinal.	99
	Local.	299

Out-Patients.

There is no regular Out-Patient or Casualty Departments but many cases (chiefly surgical) attend for re-examination after discharge. Cases are also seen in consultation with reference to admission and a considerable amount of Out-Patient work is done in the Massage and X-Ray Departments.

Total Number of Persons seen in the Out-Patient Department	4,565
Total Number of Attendances	15,237
Ante-Natal Clinic:- Number of Women seen ...	1,609
Number of attendances ...	12,187

I wish to draw your attention to the Hospitals contribution to the decline in the Halifax Maternal Mortality Rate as shown by the above figures. In plain English we are saving the lives of many mothers.

TUBERCULOSIS.

There has been no serious increase in the incidence of Tuberculosis during the war years. The figures of new cases of Pulmonary Tuberculosis for Halifax since 1939 are as follows:-

1939	1940	1941	1942	1943	1944
105	120	110	98	106	90

The Health Committee in July, 1943 decided to put the new Tuberculosis Allowances Scheme into operation. It is at present too early to comment upon the effect of the Scheme on the incidence of Tuberculosis. Miniature radiography has not yet come into force in this area.

TUBERCULOSIS DEATHRATE		
Period	Respiratory only	All Forms
10 years average 1935	.50	.61
1944	.48	.60

The following Table shows the number of notified cases of Tuberculosis remaining in the Borough on December 31st.

Total cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
580	259	230	489	51	40	91

Diseases of the Heart and Circulatory System.

The majority of deaths are due to diseases of the Heart and Arteries. These diseases in England and Wales are responsible for over 160,000 deaths.

The causes include myocardial degeneration, endocarditis, arterio-sclerosis, angina pectoris and coronary thrombosis. Arterio-sclerosis is often associated with chronic interstitial nephritis. Among the causes, particularly in young life, rheumatic fever cannot be over emphasised.

Heredity factors are very important. It is usually the mentally busy worker who suffers and dies from arterio-sclerosis and it is possible that the stress and strain of modern life are factors of importance in the increased death rate from this disease.

The condition is not so frequent among those living a quiet rural life. Over indulgence in food and drink, syphilis and chronic poisoning are often factors but the multiplicity of suggested causes gives rise to suspicion. I have known cases die from the arterio-sclerosis-heart failure syndrome in middle life where none of the above causes operated. In such cases one is almost forced to accept an heredity predisposition as the primary cause. Family histories in this connection are - from an etiology point of view - interesting and instructive.

I have no doubt but that the tendency to longevity is inherited Periodical medical examination after middle age would reveal the presence of some of these conditions (in early stages) and once detected, much might be done to prolong the life by treatment and still more by the adoption, of the patient, of a way of life which does not aggravate the condition.

Diabetes.

The death rate from Diabetes has (in this area) declined during the war years. The pancreas (or sweetbread) provides a secretion that controls sugar metabolism. Disease of the pancreas may cause diabetes.

Diabetes, diagnosed by the abnormal presence of sugar in the blood and urine, was once the cause of numerous deaths until the discovery of Insulin by Dr. Banting. In the old days it was a more or less hopeless disease and patients were confined to a starch-free diet. Now they are able, with insulin, to tolerate a fairly comfortable diet and to look forward to many years of useful activity.

This is but one example of what we owe to the incessant and laborious research of devoted scientific workers.

VENEREAL DISEASES.

In conjunction with the County Authorities 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 p.m. For men every Tuesday between 6 and 8 p.m. Also an auxiliary treatment 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.

Dr. H.V. Phelon, M.R.C.P. (Lond) is in charge of this Clinic.

Co-ordination between this and the Maternity and Child Welfare has been secured by the attendance of one of the Health Visitors at the Tuesday afternoon and evening sessions.

The following figures refer to local patients attending Treatment Centres:-

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

	Local Clinic	Other Clinics
Syphilis	44	1
Soft Chancre	-	-
Gonorrhoea	48	1
Conditions other than venereal	108	4
Total.	200	6

Total attendances at the out-patient clinic	5,458	82
Aggregate number of in-patient days	201	-

Pathological Work.

Specimens examined at the Treatment Centre:-

Microscopical for Syphilis	3
Microscopical for Gonorrhoea	1,182

Halifax New Cases (excluding Service Cases)

Year	Syphilis	Gonorrhoea	Note
1935	35	79	
1936	33	83	Pre-War
1937	36	90	Period
1938	40	95	
1939	35	89	Part War Period
1940	45	96	
1941	33	66	War Period
1942	34	40	
1943	49	56	
1944	45	49	

Special Note.

I am glad to be able to report that the incidence of Venereal Disease in Halifax, despite war conditions, has been low. The decrease relating to Halifax Cases in respect of Syphilis was only 4 cases and with regard to Gonorrhoea 7 cases.

The Medical Officer of Health delivered five public lectures dealing with the prevention and treatment of Venereal Diseases. These lectures were well attended and much interest was aroused. The early signs were explained and the necessity of early and complete treatment stressed.

MATERNITY and CHILD WELFARE.

I am indebted to Dr. A.M.M. Parker, the Medical Officer i/c of Maternity and Child Welfare, for the following report:-

The work on the whole, shows steady progress in every department.

Midwives.

Number of Midwives practising in the Borough during the year (including Midwives working in Institutions)	31
Number of independent Midwives	6
Number holding the Central Midwives' Board Certificates	31
Number of cases in which Medical aid was summoned by the Midwives	94
Medical aid notices sent on behalf of child ...	18

Of these 5 Dangerous feebleness
9 Inflamation of eye
1 Inflamed Umbilicus
1 Prematurity
1 Blood in stools
1 Spina bifida & Talipes

Notifications received in accordance with C.M.B. Rules from Midwives.

Intention to resort to artificial feeding ...	41
Notification of death of infant...	1
Liable to be a source of infection	-
Luddenden:- Number of cases in the Borough of Halifax	4

The work of the Kirby Leas Nurses.

Number of Bookings		392
"	Confinements completed:-	
	(a) as Midwife	306
	(b) as Maternity Nurse	24
"	Cases sent to Hospital	11

Ante-Natal Clinics.

Number of Sessions	43
First Attendances	296
Repeat visits...	956
Total number of attendances	1,252
Average attendance at each Session	29
Domiciliary visits	1,856

Post-Natal Clinics.

Domiciliary visits	430

Number of Maternal Deaths:-

After Admission to Hospital	-
On the District	-

The Post-natal work was re-started during 1944 after an interval of time. The women responded well, though many were found to be healthy. About 15 gynecological cases from Kirby Leas and Northgate were referred for further advice and treatment to Mr. Emblin and Mr. Jeaffreson at the Halifax General Hospital.

Notification of Births Act 1907.

Number of births notified (including births transferred to other districts...	2,874
Number of births registered	2,931
Number of stillbirths	46
Number of notified births attended by Doctors with or without midwives	56
Number of notified births attended by midwives only	286
Number of births notified from the Royal Halifax Infirmary	558
Number of births notified from the General Hospital	1,854
Number of births notified from Nursing Homes	80
Number of births transferred to other districts	1,143

Infant Welfare Centres.

Northgate:-

Number of Sessions	140
New cases	869
Re-visits	7,598
Average attendance per Session	60.4
Percentage seen by doctor at each Session	40.4

Queen's Road:-

Number of Sessions	82
New cases	587
Re-visits	8,361
Average attendance per Session	109
Percentage seen by doctor at each Session	25

Ovenden:-

Number of Sessions	46
New cases	206
Re-visits	2,886
Average attendance per Session	69.17
Percentage seen by doctor at each Session	35.43

Ante-Natal Clinic:-

Number of Sessions	37
New cases	66
Repeat visits	148
Average attendance at each Session ...	5.78

Number of children attending the Clinics:-

Under one year	1,101
Over one year	4,603

The Diphtheria Immunisation Clinic.

This Clinic is held each Friday morning at 10 o'clock.

Number of new cases treated	611
Number of new cases immunised elsewhere	21
Number of Schick Tests	470

The work of the Health Visitors.

Visits to expectant mothers:-

First visits	62
Repeat Visits	114

Infants under one year:-

First visits	1,667
Repeat visits	4,271
Children 1 to 2 years	2,318
Children 2 to 5 years	4,311
Ophthalmia Neonatorum	7
Puerperal Fever and Pyrexia	6
Miscellaneous	121

One Health Visitor has attended the Venereal Diseases Clinic each week throughout the year, and has paid 14 visits in connection with this work.

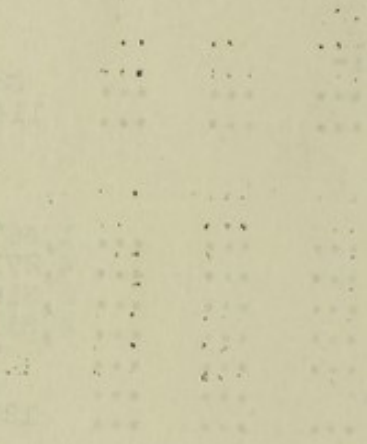
Infant Mortality.

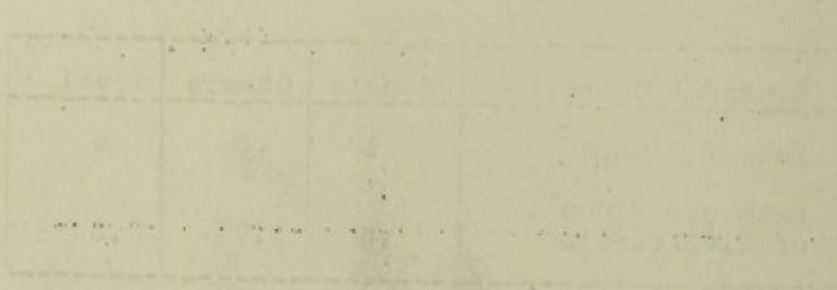
Of the 66 deaths of infants under 1 year, 37 were boys and 29 were girls.

Of these 39 deaths occurred during the first month.

Of the 39 Neo-natal deaths, 30 died within one week, and of these 17 died within 24 hours.

Maternal Mortality	Sepsis	Others	Total
No. of deaths	1	3	4
Rate per 1,000 of live births	.6	1.7	2.3





The following Table serves to show the fluctuations in this rate during recent years:-

	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Sepsis	1	2	-	2	3	1	1	3	1	1
Other causes	7	7	3	2	3	10	1	2	2	3
Per 1,000 live births	8.8	7.5	2.3	3.0	4.4	8.8	1.5	3.4	1.9	2.3

It is encouraging to note the substantial decline in this rate.

Home Helps.

The scheme was discontinued as from September 9th, 1942.

Maternity Homes.

There are two registered Maternity Homes in Halifax, and these have been inspected.

Artificial Sunlight.

Number of Sessions	160
" " cases treated	299
" " attendances	5,378
" " " of non-tuberculous children of school age	1,377
" " " of non-tuberculous children under school age	3,969
" " " of tuberculous children	32
Average attendance per Session	33.61

Staff changes.

Dr. A.M.M. Parker commenced duties as Medical Officer in February.

Miss Dyson, Health Visitor, was taken ill on June 10th and resigned her post in November, her place at the end of the year had not been filled.

MATERNITY BED ACCOMMODATION.

Institution	Beds
Halifax General Hospital	80
Royal Halifax Infirmary	31
Private Hospitals	6

Number of Maternity Cases admitted to Hospitals in 1944.

(1) To Halifax General Hospital 2,340

(2) To Royal Halifax Infirmary 595

(includes residents and non-residents)

Live Births	1,706
Still Births	46
Total	1,752

War-Time Nurseries.

	Backhold Day Nursery	Ling Bob Day Nursery	Craigie Lea Day Nursery
Average daily attendances	20	17	47
Ear Diseases	2	1	7
Eye Defects	3	4	6
Tuberculin Tested	3	3	-
Blood Tests	1	-	3
Artificial Sunlight	6	3	7
Massage	3	2	6
Immunised	15	21	26

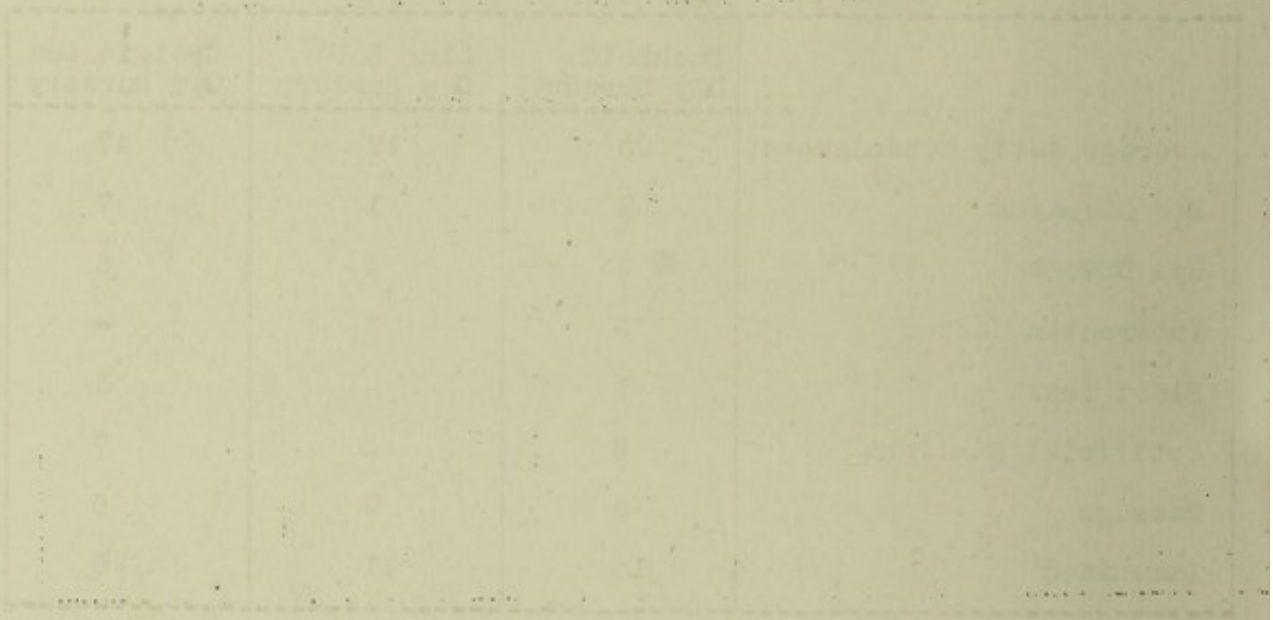
Breast Feeding - Northgate Clinic.

Male Infants only.

340 Male Infants under one year.

Entirely Breast-Fed.	136 Infants	= 40%
Artificially-Fed	139 "	= 40.8%
Partly Breast-Fed	65 "	= 19.2%

Breast-Fed babies are obviously better specimens in every way, provided the child is well formed at birth, and robust, and it is a shame to see how determined many Mothers are eager to avail themselves of Artificial Foods, thus denying the child a decent start in life. After seeing so many infants in the course of a year, it is quite obvious which are the best children.



MENTAL DEFICIENCY ACTS 1913 - 1938.

St. Catherine's Certified Institution.

The accommodation allotted to Halifax is as follows:-

Males, High Grade (Adults)	21 Beds
Females, High Grade	23 "
Males, High Grade (under 16 years of age)...	8 "
Females, Low Grade	4 "
Males, Low Grade	4 "
Total	60

The following Table shows the Institutional arrangements provided for the accommodation of local patients:-

Name of Institution	Sex of Cases Received	Ages	Accommodation for Males	Accommodation for Females	Grade
Mid-Yorkshire Institution, Whixley, Near York	Males	Over 16 years	21	-	High
St. Catherine's Near Doncaster.	Males	Over 16 years	21	-	High
		Do.	4	-	Low
	Females	Under 16 years	8	-	High
		Do.	-	4	Low
		Over 16 years	-	23	High
Welfare Home, Halifax	Males & Females	Over 16 years	6	6	Active Medium to Low Grade

The following Table shows the position on December 31st:-

Cases "Subject to be dealt with":-		Males	Females	Total
1.	Under "Order"			
	In Institutions (excluding cases on licence)	63	53	116
	On Licence from Institutions	4	3	7
2.	In "Places of Safety"	-	-	-
	Under Statutory Supervision	65	76	141

Mental Deficiency.

Our great problem is to find institutional accommodation for urgent cases. The high incidence of mental deficiency is not fully realised. On a very conservative estimate the proportion is at least eight per 1,000 population corresponding to a total of 314,000 defectives in England and Wales.

Of the total number the great majority (235,500) are feeble-minded, the remainder being idiots and imbeciles. The ratio per 1,000 is higher in the country than in urban areas.

Neuropathic heredity is probably the most important and most frequent cause of feeblemindedness. At birth the brain is liable to suffer injury if the child's head is disproportionately large or the pelvis deformed or disproportionately small but this is only a small factor in the total incidence.

Epilepsy is responsible for some cases. Mental Deficiency is in accordance with Mendelian Laws if mental normality is regarded as a dominant and mental deficiency a recessive character.

With regard to the sterilization of defectives - which from time to time is advocated - it must be borne in mind that although mental deficiency is due to inheritance, it is only a small proportion of defectives, in relation to the total number, who are the offspring of parents who are defective.

The majority of defectives are the progeny of "carriers" who may themselves show no marked sign of mental defectiveness. Sterilization would therefore merely diminish the total number of defectives by the relatively small proportion arising from defective parents.

The number of defectives is so great that for many years to come it will be impossible to provide an adequate amount of institutional accommodation. It should be noted that many high grade defectives are capable of being employed at stereotyped employment.

They are often better and happier at monotonous work than normals. The crux of the problem is in connection with defectives during the propagation period and there would appear to be no adequate solution to this problem but the provision of new insitutions and colonies.

The problem of the control of propagation by neuropathic stocks is outside the province of this report but, there can be no question that the propagation of such stocks is a matter of considerable national concern.

CHILDREN ACT, 1908. PART 1.

CHILDREN AND YOUNG PERSONS ACT, 1932. PART V.

The duties and powers under Part 1 of the Children Act, 1908, as amended by Part V of the Children and Young Persons Act, 1932, are administered by this Department.

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:-

(a)	Number of foster parents on the Register at the end of the year	12
(b)	Number of children on the Register:-	
	(1) At the end of the year	13
	(2) Who died during the year	-
	(3) On whom inquests were held during the year	-
(c)	Number of Visitors at the end of the year who were:-	
	(1) Health Visitors	5
	(2) Female, other than Health Visitors ...	1
	(3) Male	-
(d)	Number of persons or societies authorised to visit under the proviso to Section 2 (2) of the Act of 1908	-
(e)	Number of cases (if any) in which proceedings were taken during the year	-
(f)	Number of cases in which the Local Authority has given a sanction during the year:-	
	(1) Under (a) of Section 3 of the Act of 1908	-
	(2) Under (b) of Section 3 of the Act of 1908	-
	(3) Under (c) of Section 3 of the Act of 1908	-
(g)	Number of Orders obtained during the year under Section 67 of the Act of 1932:-	
	(1) From a Court of Summary Jurisdiction	-
	(2) From a single Justice	-

My thanks are due to Mr. Butler, the local Inspector of the National Society for the Prevention of Cruelty to Children, for his courteous and valued co-operation during the past year.

BOARDING-OUT OF CHILDREN.

(under 5 years of age)

The Council's Administrative Scheme under the Local Government Act, 1929, made Maternity and Child Welfare a "declared" service; therefore the duties under the above Order in respect of children under 5 years of age were imposed upon the Department.

The following statement shows the position at the end of the year:-

	Males	Females
Number on Register January 1st, 1944	1	-
Added during the year	-	-
Transferred to the care of the Education Committee on attaining the age of 5 years	-	-
Remaining on Register December 31st, 1944	1	-

This child was visited, the home, 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 health of the children at the Moorfield Convent, Preston, remained good throughout the year.

VACCINATION ORDER 1930

incorporating

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

The Borough has been divided into 7 Vaccination Districts, and the following Table shows the constitution of the districts together with the names and addresses of the Public Vaccinators.

	District.	Public Vaccinator.
No.1.	Copley Ward.	Dr. H.W. Morck, Orrell House, Sowerby Bridge.
No.2.	Central, Pellon, Southowram, East, South, Kingston, West and Skircoat Wards.	Dr. P. Milnes, Arden Lodge, Halifax.
No.3.	North and Akroyden Wards.	Dr. A. Garvie, Woodlands House, Halifax.
No.4.	Illingworth and Ovenden Wards.	Dr. J. Morrison, Oak Leigh, Halifax.
No.5.	Northowram Ward.	Dr. A. Glenn, Innisfrae, Queensbury.
No.6.	Warley Ward.	Dr. C.S. Ogilvy, Wood Bank, Luddenden Foot.
No.7.	The Halifax General Hospital and Halifax Welfare Home	Dr. R. Davidson, Woodgate, King Cross, 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 figures are extracted from the Return which was prepared for the Registrar General:-

Number of births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1943:- 2,425

Number of these births duly entered by 31st January, 1945, in Columns 1,2,4 and 5, of the Vaccination Register, viz:-

Successfully vaccinated	423
Insusceptible of vaccination ...	-
Had Smallpox...	-
Number in respect of whom declarations of Conscientious Objection have been received...	1,607
Died unvaccinated	94

Number of these births which on 31st January, 1945, remained unentered in the Vaccination Register on account of:-

Postponement by Medical Certificate.	15
Removal to other Districts (Vaccination Officers' duly appraised).	170
Removal to places unknown, or which cannot be reached, or unfound.	44

Number of these births remaining on 31st January, 1945, neither duly entered in the Vaccination Register nor temporarily accounted for in the Report Book. 72

Total number of Certificates of successful Primary Vaccination of Children under 14 received during the Calendar Year 1944. 483

Number of Statutory Declarations of Conscientious Objection, irrespective of the dates of birth of the children to which they relate, during the Calendar Year 1944. 1,726

Number of children successfully vaccinated after declaration of Conscientious Objection had been made. -

Number of Certificates of successful Primary Vaccination of children under 14 sent to other Vaccination Officers. 19

SPECIAL REPORTS REQUESTED BY THE MINISTRY OF HEALTH.

(1) Venereal Diseases contacts and defaulters.

The above are followed up by the Venereal Diseases Almoner attached to the Venereal Diseases Clinic at the Royal Halifax Infirmary. This arrangement works very well.

(2) Infestation.

Clothing and Bedding are dealt with at the Charlestown Plant. Also there is a scabies unit at the Halifax General Hospital for persons.

(3) Tuberculosis Allowance Scheme.

(a) The Tuberculosis Officer examines and selects the cases.
(b) the scale of allowances as set out in the official circular is in operation.
(c) The Social Welfare Department investigates the cases.

(4) Water.

(a) With the exception of the Mixenden supply (at present chlorinated and giving negative bacteriological results) the water supply was satisfactory as regards quality and quantity.

(b) The number of bacteriological and chemical examinations and results was as follows:-

(1) Bacteriological 953 (all satisfactory)
(2) Chemical 36 " "

(c) There was no contamination by lead. The water is treated by lime as detailed in previous reports.

(d) The Mixenden water was chlorinated and the bacteriological results have been satisfactory since chlorination.

(e) The proportion of houses and population supplied from public water mains direct to houses is as follows:-

(1) Houses 99%

(2) Population 99%

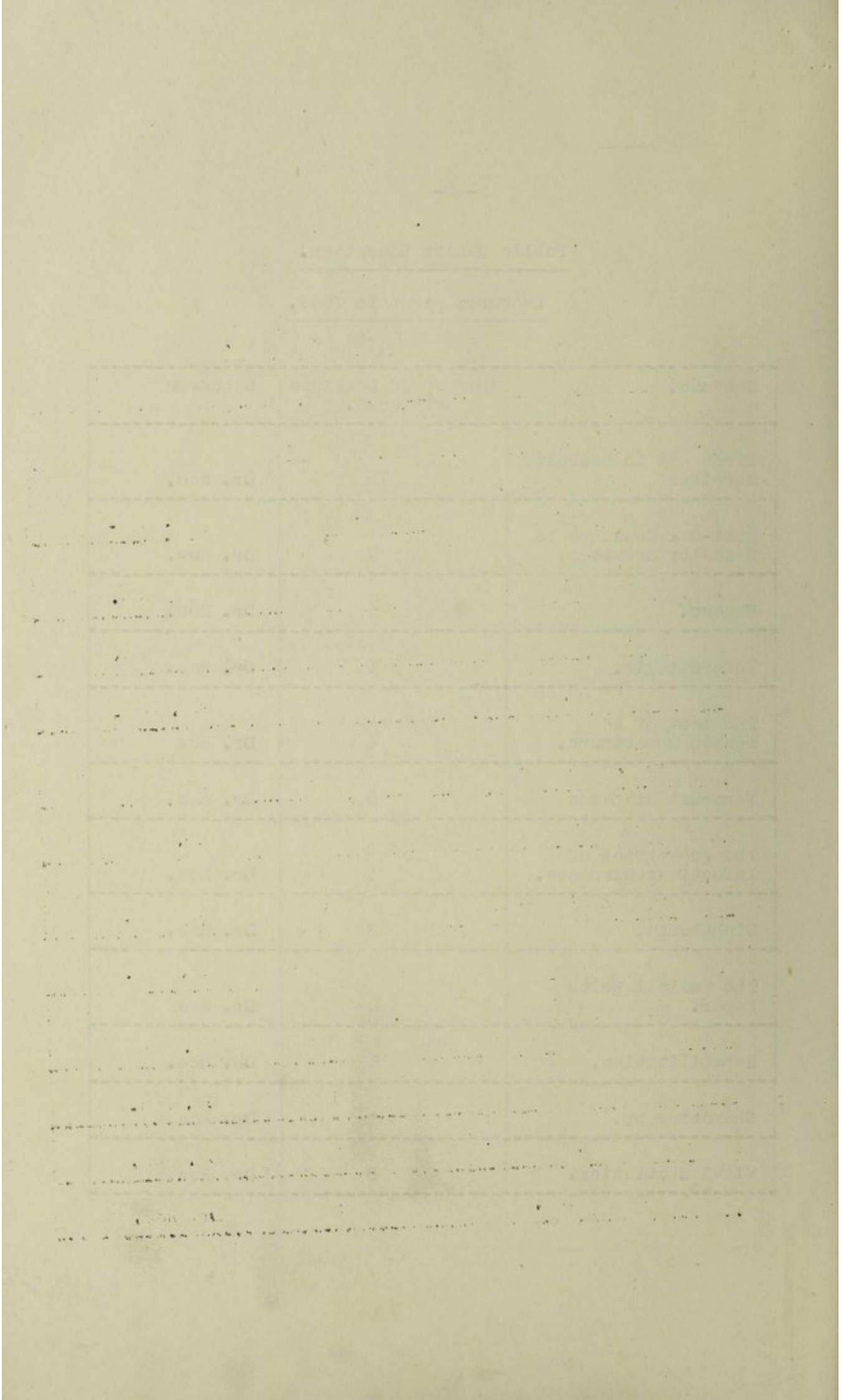
(f) There were no cases of typhoid, paratyphoid, cholera or dysentery in Halifax during the year 1944.

(g) Neither houses nor population are supplied by public water by means of stand pipes.

Public Health Education.

Lectures given in 1944.

Subject.	Number of Lectures delivered.	Lecturer
First Aid to Casualty Services	15	Dr. Roe.
Anti-Gas Measures to Casualty Services.	7	Dr. Roe.
Cancer.	4	Dr. Roe.
Tuberculosis.	4	Dr. Roe.
The work of a Health Department.	4	Dr. Roe
Venereal Diseases	5	Dr. Roe.
The Prevention of Infectious Diseases.	4	Dr. Roe.
Diphtheria.	6	Dr. Roe,
The Medical White Paper.	2	Dr. Roe
Rehabilitation.	1	Dr. Roe.
Chemotherapy.	1	Dr. Roe.
Vital Statistics.	3	Dr. Roe.



Co-operation with the Medical Practitioners.

(excluding Tuberculosis work)

Consultations:-

With Dr. Roe	16
With Dr. Smith	5
With Dr. Woodcock	9

Visits to Patients:-

By Dr. Roe	12
By Dr. Woodcock	7

Telephone Consultations:-

With Dr. Roe	27
With Dr. Woodcock	35

I am indebted to Mr. J. Flanagan for the following report:-

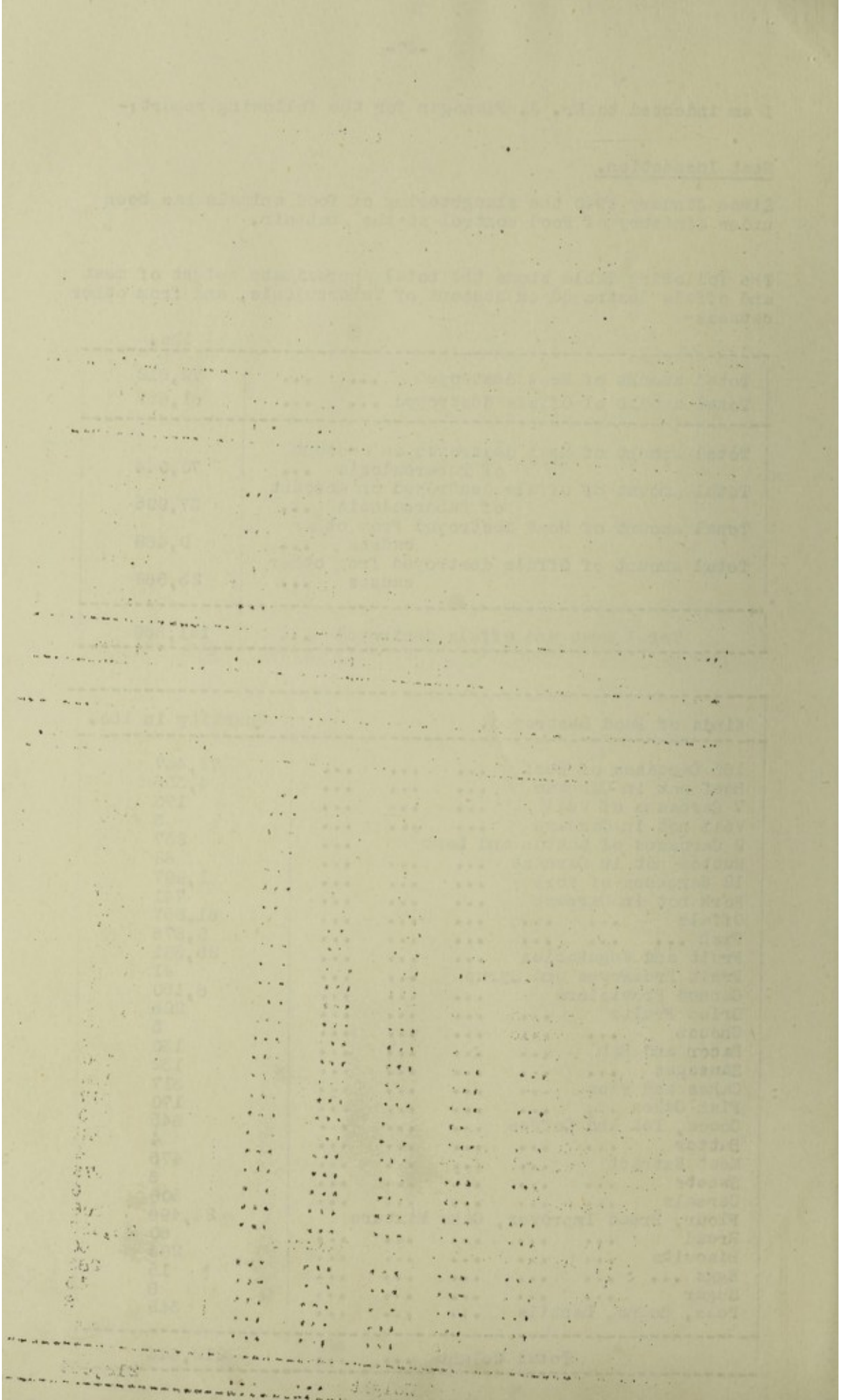
Meat Inspection.

Since January 1940 the slaughtering of food animals has been under Ministry of Food control at the Abattoir.

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	79,512
Total amount of Offals destroyed	61,857
Total Amount of Meat destroyed on account of Tuberculosis ...	70,044
Total Amount of Offals destroyed on account of Tuberculosis ...	37,995
Total Amount of Meat destroyed from other causes ...	9,468
Total Amount of Offals destroyed from other causes ...	23,862
Total Meat and Offals destroyed ...	141,369

Kinds of Food Destroyed.	Quantity in lbs.
163 Carcases of Beef	72,447
Beef not in Carcase	4,355
7 Carcases of Veal	170
Veal not in Carcase	3
9 Carcases of Mutton and Lamb ...	237
Mutton not in Carcase	62
12 Carcases of Pork	1,497
Pork not in Carcase	741
Offals	61,857
Fish	9,876
Fruit and Vegetables	25,381
Fruit Preserves and Syrup	41
Canned Provisions	8,150
Dried Fruits	225
Cheese	5
Bacon and Ham	130
Sausages	132
Cakes and Pies	317
Fish Cakes	170
Cocoa, Tea and Coffee	645
Butter	4
Meat Extract	476
Sweets	6
Cereals	508
Flour, Bread Improver, Cake Mixture	24,496
Bread	60
Biscuits	285
Eggs	15
Sugar	8
Peas, Beans, Lentils	345
Total Weight	212,644



Shell Fish.

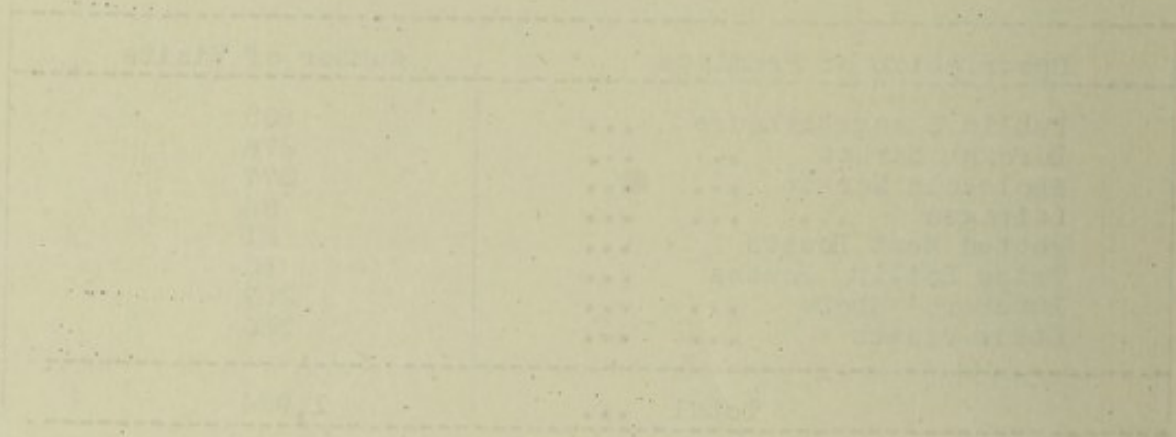
Supplies of shell fish coming into the Borough again received attention in an endeavour to ensure that they had first been subjected to treatment in purification tanks before being offered for sale. Certain known suspect sources were excluded.

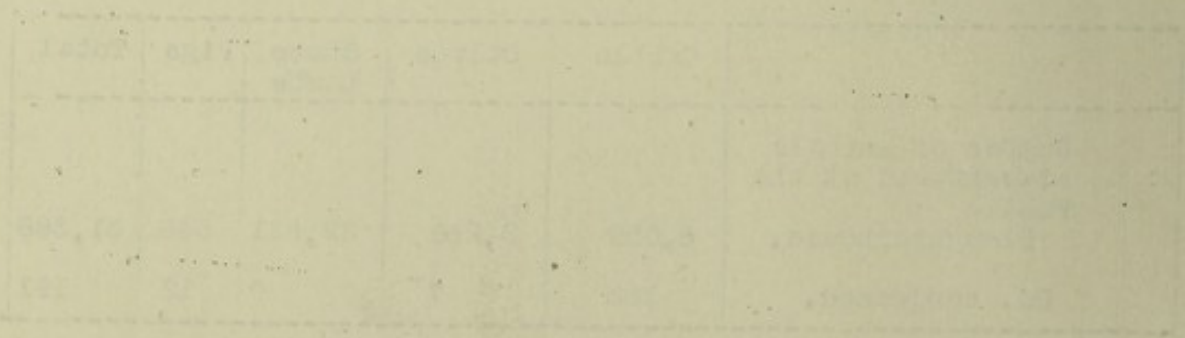
The following Table shows the number of visits paid to the slaughterhouses, butchers' shops, markets, etc:-

Description of Premises	Number of Visits
Public Slaughterhouse ...	605
Borough Market	276
Wholesale Market	277
Lairages	86
Potted Meat Houses ...	21
Tripe Boiling Houses ...	62
Butchers' Shops	257
Other Visits	350
Total ...	1,934

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

	Cattle	Calves	Sheep Lambs	Pigs	Total
Number of Animals slaughtered at the Public Slaughterhouse.	6,059	2,260	22,521	548	31,388
Do. condemned.	163	7	9	12	191

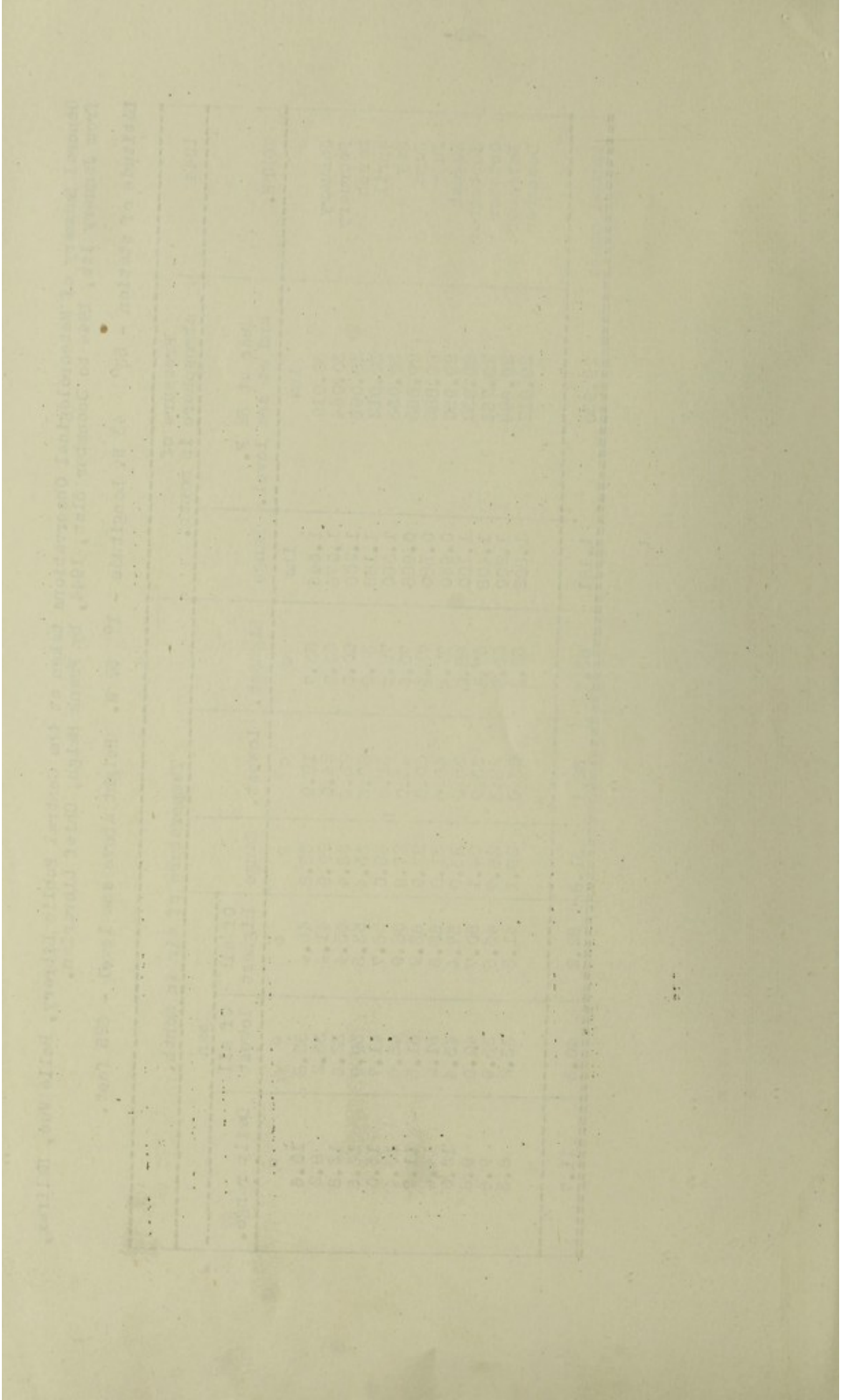




General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st, 1944 to December 31st, 1944, by Frank Haigh, Chief Librarian.

Latitude of station - 53° 43 N. Longitude - 1° 52 W. Height above sea level - 625 feet.

1944	Pressure of atmosphere in month.		Temperature of air in month.					
						Mean		
MONTH.	Mean at 32 F. and at sea level.	Range	Highest.	Lowest.	Range	Of all highest	Of all lowest	Daily range.
	ins	ins	o	o	o	o	o	o
January	30.019	1.546	53.7	19.9	33.8	46.4	35.8	10.6
February	30.084	1.076	53.9	24.0	29.9	41.4	33.2	8.2
March	30.096	1.206	60.0	23.6	36.4	45.4	32.6	12.8
April	30.012	1.188	63.0	27.6	35.4	53.5	39.9	13.6
May	30.053	1.060	79.8	31.8	48.0	56.7	41.7	15.0
June	29.863	0.988	70.9	43.0	27.9	58.9	45.5	13.4
July	29.885	0.680	73.9	50.0	23.9	63.2	51.5	11.7
August	29.950	0.920	77.6	46.6	31.0	65.6	51.2	14.4
September	29.932	1.100	68.0	35.0	33.0	57.4	45.4	12.0
October	29.764	1.408	57.1	33.0	24.1	50.7	40.9	9.8
November	29.694	1.200	55.0	28.3	26.7	45.5	35.9	9.6
December	29.812	1.802	52.1	23.0	29.1	41.5	33.2	8.3
Annual means	29.930	1.181	63.7	32.1	31.6	52.2	40.5	11.7



1944	Mean Temperature.		Vapour.					Mean reading of thermometer	
MONTH.	(Adopted) Air	Dew Points	Elastic Force	in a cubic foot of air: Mean	in a cubic foot of air: Short of Saturation	Mean degree of humidity Saturation - 100	Mean weight of a cubic foot of air	Maximum in rays of Sun	Minimum on Grass
	o	o	ins	grs	grs			o	o
January	41.3	37.5	0.225	2.6	0.5	85	535.5	56.4	33.8
February	37.3	32.2	0.182	2.1	0.5	83	541.2	62.2	31.6
March	39.3	35.4	0.207	2.4	0.5	84	537.8	77.2	31.8
April	46.6	37.4	0.225	2.6	1.0	73	531.3	90.7	38.0
May	49.1	42.8	0.276	3.1	0.9	79	527.8	100.0	40.3
June	52.1	45.9	0.310	3.5	0.9	80	524.6	101.9	45.0
July	57.4	51.2	0.377	4.2	1.0	81	519.0	102.5	51.2
August	58.4	52.3	0.393	4.4	1.0	81	518.0	101.2	51.2
September	51.4	46.9	0.323	3.6	0.6	86	525.5	93.5	45.1
October	46.3	42.8	0.275	3.2	0.5	86	529.9	78.6	39.8
November	41.4	37.5	0.225	2.6	0.5	85	535.5	59.1	33.8
December	37.6	35.6	0.208	2.4	0.3	91	540.0	49.0	31.5
Annual means	46.6	41.5	0.269	3.1	0.7	83	530.5	81.0	39.4

1944		Wind										Rain	
	Estimated	Relative proportion of									Mean amount	No. of days	Amount
MONTH	strength	N	NE	E	SE	S	SW	W	NW	Calms	of cloud.	it fell	collected
													ins.
January	4.0	1	1	-	3	1	22	14	4	-	8.3	20	5.20
February	4.0	4	17	-	1	-	4	6	14	-	8.0	15	1.29
March	3.5	4	5	1	3	-	6	8	22	-	7.0	11	0.31
April	3.5	-	2	1	13	-	4	7	12	2	7.0	13	4.10
May	3.5	4	9	1	1	1	16	4	8	1	8.1	14	2.39
June	5.0	3	8	1	2	1	9	10	13	1	7.1	17	2.50
July	3.0	-	7	3	10	2	10	8	4	4	7.8	15	3.58
August	3.5	1	7	-	11	-	16	6	3	-	7.3	16	2.82
September	3.5	1	5	5	6	1	6	12	8	4	7.4	19	5.70
October	3.5	2	12	1	5	2	10	7	8	1	6.5	22	3.42
November	4.0	5	7	-	1	1	8	7	16	1	7.6	28	5.86
December	3.0	-	1	-	7	-	9	10	15	1	7.0	16	4.09
Annual means	3.7	2	7	1	5	1	10	8	11	1	7.4		

The mean monthly readings of the earth thermometer, four feet below the surface, were as follows:- January, 43° , February, 43°, March, 42°, April, 45°, May, 48°, June, 51°, July, 54°, August, 56°, September, 55°, October, 51°, November , 47°, December, 45°.

Highest readings - 57°, on August 16th to 24th and on August 29th to 31st.

Lowest readings - 41°, on March 6th to 13th.

Rain fell on 206 days, and measured 41.26 inches.

The observations have been reduced to mean values by Glaisher's Barometrical and Diurnal Range Tables, and the Hygrometrical results have been deduced from the seventh edition of Hygrometrical Tables, after correction for index errors of the instruments employed.

CLEANSING.

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

The quantity of refuse collected during the year was 23,163 tons, and a fortnightly collection of refuse has been maintained throughout the year.

Priority has been given to salvage work which has been and still is a vital necessity for the national effort.

The income from the sale of salvage during the year has been £16,733 which has considerably lessened the usual heavy cost in the collection and disposal of refuse.

RIVERS AND STREAMS.

I am indebted to Mr. D.T. Lloyd Jones, the Borough Engineer, for the following observations:-

Apart from the districts of Northowram where the sewerage falls to Brighouse, part of Warley which drains to Luddenden and certain smaller areas which drain into the sewers of Sowerby and Southowram authorities, the whole of the sewerage of the Borough gravitates to the Sewerage 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.

Building development and conversion of closets in various districts normally call for extensions of branch sewers and replacements of sewers of obsolete construction.

It is anticipated that the Sewerage Disposal Works will be adequate to deal with the whole of the effluent of the Borough for some time to come, but in the light of recent research, the most modern methods in the various stages of treatment are being adopted. Further, Humus Tanks have been constructed at the Copley Works, and a secondary sludge treatment plant on the Porteous system installed at North Dean, which is yielding very satisfactory results.

The scheme of relief sewers and reconstruction of worn-out sewers in the central area has now been completed. A similar scheme was in course of preparation for dealing with the sewerage draining to the Ovenden Brook trunk sewer and the remainder of the main sewerage system. This is suspended for the War period, and it is anticipated will be one of the first schemes to claim attention in the days of reconstruction.

I N D E X .

I N D E X (Continued)
