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County Borough of Halifax
Health Department

Annual Report
ON THE HEALTH
OF THE BOROUGH
FOR THE YEAR 1952



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



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**County Borough of Halifax
Health Department**

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FOR THE YEAR 1952



GEORGE C. F. ROE

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

Medical Officer of Health

Health Committee

(as on December 31st, 1952.)

Mayor - Alderman WILLIAM REGAN, J.P.

Councillor FRANK H. SWIRE, Chairman.
Councillor FRANCIS O'ROURKE, Vice-Chairman.

Aldermen.

EDGAR O. BOWER

LEWIS CHAMBERS

Councillors.

TOM BERRY
GEORGE H. HACKETT
WILLIAM HIGGINS
WILLIAM G. HILL
JACK JOHNSON
LAURA A. MAWSON

ERIC RILEY
ERNEST SUDGEN
JOHN TAYLOR
ELIZABETH L. WHITLEY
HERBERT WOODHEAD

Sub-Committees

Appointed by the Health Committee

Accounts Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN
Councillor HILL

Alderman CHAMBERS
Councillor T. BERRY

Sanitary Services Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN
Alderman BOWERS
Alderman CHAMBERS
Councillor HACKETT

Councillor HIGGINS
Councillor HILL
Councillor RILEY
Councillor WHITLEY
Councillor WOODHEAD

Maternity and Child Welfare Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN
Alderman CHAMBERS
Councillor HACKETT
Councillor HILL
Councillor MAWSON

Councillor RILEY
Councillor WHITLEY
Councillor WOODHEAD
Mrs. DORA I. GREENWOOD
Mrs. GLADYS PICKLES
Mrs. DORIS RHODES

Mental Health Services Sub-Committee.

THE CHAIRMAN
VICE-CHAIRMAN
Alderman CHAMBERS
Councillor HACKETT.

Councillor TAYLOR
Councillor WHITLEY
Councillor WOODHEAD

Staff of the Health Department

(as on December 31st, 1952).

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.

E. J. SIMPSON, M.B., Ch.B., Medical Officer, Maternity and Child Welfare.

J. R. COCKCROFT, M.B., Ch.B. " " "

Public Analyst.

R. MALLINDER, B.Sc., F.I.C.

Chief Sanitary Inspector.

H. MARGERISON, M.R.San.I.

Meat and Foods Inspector.

(VACANT)

Lay Administrative Officer and Ambulance Controller.

H. HUDSON.

District Sanitary Inspectors.

H. LEAPER.

A. LUM.

G. A. WOODHEAD.

F. BURKE.

B. R. BEAUMONT.

Housing Inspector.

F. BURTON.

Clerical Staff.

H. WRIGHT—Senior Clerk.

N. BRADLEY
(Sanitary Section).

A. SUTCLIFFE.

K. RYDER.

L. WOOD

(Housing Section).

Mrs. E. A. SUNDERLAND. Miss J. WILEY. Miss V. M. ATKINSON.

Miss B. L. MITCHELL

Miss H. NORMINGTON

(M. & C.W. Centre).

(Junior Clerk).

Mental Health Service.

Senior Authorised Officer—S. PARKINSON.

Duly Authorised Officer—L. HOLDSWORTH.

Duly Authorised Officer—Miss E. CLARKSON.

Rodent Control.

Senior Rodent Operative—H. E. PERFECT.

Rodent Operative—J. T. O'NEIL.

Maternity and Child Welfare.

Superintendent Health Visitor:
(VACANT).

Health Visitors.

Miss M. MOORE.

Miss N. DINGSDALE.

Miss S. E. BRIGGS.

Miss P. A. VAUGHAN,

Miss D. BARNES.

Tuberculosis Visitor.

Miss D. V. STAMPER.

Mrs. E. M. KENDALL.

Miss A. R. STAMPER—Assistant Nurse.

Domestic Help Organiser.

Miss E. CLARKSON.

Day Nurseries.

Craigie Lea Day Nursery, Ovenden—

Matron: Mrs. M. R. WILSON.

Ling Bob Day Nursery, Pellon—

Matron: Miss M. GOODWIN.

Ambulance Service.

Assistant Controller—L. HANSON.

18 Driver-Attendants, 2 Attendants.

COUNTY BOROUGH OF HALIFAX

REPORT

OF THE

MEDICAL OFFICER OF HEALTH FOR THE YEAR 1952

INTRODUCTION

To the Chairman and Members of the Health Committee

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present herewith the Annual Report upon the Health of Halifax for the year 1952. The Report is the eightieth in the series. It is planned in sections so that the details of any specific service may be readily obtained.

The following table shows some of the chief Vital and Mortal Statistics for the year 1952 compared with 1951.

Year	B.R.	D.R.	I.M.R.	M.M.R.	No. of Still Births	No. of Illeg. Births	Pulm. T.B.	Cancer
1951 ...	15.5	15.2	28.3	Nil	32	113	0.2	2.2
1952 ...	14.39	14.14	27.14	0.7	35	99	.17	2.36

The major causes of death among the people of Halifax were as follows:—

	1951	1952
From Heart Disease	468	454
From Cancer	211	230
From Cerebral Haemorrhage	231	238
From Pulmonary Tuberculosis	27	17

The notified incidence of Poliomyelitis in Halifax from 1940 onwards is shown in the following table:—

1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
2	Nil	2	2	Nil	Nil	1	6	1	7	3	Nil	2

I have discussed in former reports (possibly at tedious length) the advances in medicine which flowed from the discovery of microbes and the science of microbiology. You may ask whether humanity in general has benefitted from such discoveries. The answer to such a query is afforded by comparing the fate of humanity today (in relation to infectious diseases) with that of our ancestors. No longer do we dread the Black Death which, in the fourteenth century, killed 25 million persons in Europe alone. No longer do our assizes resemble that of 1577, at Oxford (known as the Black Assize) during which the deaths from typhus fever numbered over 500 and included two judges and most of the members of the Grand Jury, not to speak of citizens, prisoners and prison officials. In 1875, in England and Wales, the death rate was 22.8 and the infant mortality rate 158. These figures mean that, for every 1,000 people, 22.8 died in the year, and of every 1,000 children born, 158 died under the age of one year. We have travelled a long way (and in the right direction) since those days. I do not suggest that our victory over infectious diseases was entirely due to discoveries in bacteriology. Other changes, in social conditions, in general hygiene and in the discovery of modern chemotherapy have contributed. Our final goal is the prevention of all preventable disease. That we are still far from the attainment of that goal the everyday prevalence of disease shows. Cancer and Coronary Artery Disease take a great toll of life. Cancer alone, in England and Wales kills over 85,000 persons each year. Deaths from cancer of the lung during the 28 years between 1922 and 1950 rose from 612 to 12,241. Here is a wide field for research. In point of fact there is no lack of pressing health problems, for, as old ones take their exit new ones make their entry. The emphasis is now passing from the environment to the individual. Adequate housing and the clean handling of food still remain environmental problems. In "the old days" preventable diseases and infectious diseases were considered almost synonymous. Now, however, we have come to appreciate that many non infectious diseases are preventable. Science has given us new weapons (mass radiography, the electron microscope, powerful insecticides and many more) which can be used in preventive, as well as curative medicine. It must always be remembered that diagnosis, prevention, treatment and after-care form one continuous process. Prevention and cure are not, in all cases, distinct entities.

I wish to thank the staff of the Public Health Department for the zeal, energy and loyalty they have, one and all, displayed during the year.

Also, I wish to express my grateful thanks to the Chairman, Vice-Chairman, and Members of the Health Committee who have always supported me in our common endeavour to be of service to the people of Halifax.

I am,

Yours faithfully,

G. C. F. ROE,

Medical Officer of Health.

SECTION I



STATISTICS

REPORT

Statistics

Latitude	53° 44'	N	orth.				
Longitude	1° 50'	West.					
Mean height above sea level, feet	...	...	...	...	...	...	780
Area in acres	...	...	...	...	...	...	14,081
Population (Census 1931)	...	...	...	...	...	...	98,115
(Males 44,600. Females 53,515).							
Population (Census 1951)	...	...	...	...	...	...	98,376
(Males 45,487. Females 52,889).							
Population (Mid year, 1952)	...	...	...	...	...	...	97,320
(Registrars General's figures).							
Density of population per acre	...	...	...	...	...	...	6.9
Number of inhabited houses (1931 Census)	...	...	...	...	...	...	28,488
Number of houses according to Rate Books	...	...	...	...	...	...	33,088
(31st December, 1952).							
Average number of persons to each occupied house	...	...	...	...	...	...	2.94
Rateable Value, 31st December, 1952	...	...	...	...	...	...	£646,996
Estimated product of a penny rate	...	...	...	...	...	...	£2,570

Summary of Vital Statistics.

Number of Live Births (R.G's figures)	M 713	F 687	Total	1,400
Birthrate per 1,000 population	...	...	...	14.39
Number of Stillbirths (R.G's figures)	M 20	F 15	Total	35
Rate per 1,000 Total Births	...	...	...	24.38
Number of Deaths (R.G's figures)	M 680	F 696		1,376
Deathrate per 1,000 population	...	...	...	14.14
Infantile Deaths (R.G's figures)	...	...	...	38
Deaths of children under one year of age	M 21	F 17		
Infantile Deathrate per 1,000 Live Births	...	...	...	27.14
Phthisis deathrate	...	...	...	.17
Deathrate from other forms of Tuberculosis	...	...	...	.02
Tuberculosis deathrate (all forms)	...	...	...	.19
Deathrate from Cancer	...	...	...	2.36

Summary of Deaths.

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

Cause Death	M	F	Total
Tuberculosis, respiratory	13	4	7
" other forms	2	—	2
Syphilitic disease	4	1	5
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infection	1	—	1
Acute Poliomyelitis	—	—	—
Measles	—	1	1
Other infective and parasitic diseases	3	—	3
Malignant neoplasm—Stomach	23	21	44
" " Lung, Bronchus	17	12	29
" " Breast	—	21	21
" " Uterus	—	14	14
Other malignant and lymphatic neoplasms	56	66	122
Leukaemia, aleukaemia	4	1	5
Diabetes	3	10	13
Vascular lesions of nervous system	110	128	238
Coronary disease, angina	119	61	180
Hypertension with heart disease	16	21	37
Other heart disease	101	136	237
Other circulatory disease	30	56	86
Influenza	1	—	1
Pneumonia	15	15	30
Bronchitis	48	28	76
Other diseases of respiratory system	6	3	9
Ulcer of stomach and duodenum	10	4	14
Gastritis, enteritis and diarrhoea	4	3	7
Nephritis and Nephrosis	8	6	14
Hyperplasia of prostate	13	—	13
Pregnancy, child birth, abortion	—	1	1
Congenital malformations	4	6	10
Other defined and ill defined diseases	44	53	97
Motor vehicle accidents	3	4	7
All other accidents	11	17	28
Suicide	11	3	14
Homicide and operations of war	—	—	—
Total	680	696	1376

Year	Birthrate per 1,000 Total Population	Annual Deathrate per 1,000 Population						Rate per 1,000 Births	
		ALL CAUSES	Typhoid and Para-Typhoid	Small-Pox	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under two years)	DEATHS under one year
England and Wales ... 1952	15.3	11.3	0.00	0.00	0.00	0.00	0.04	1.1	27.6
160 County Boroughs and Great Towns including London 1952	16.9	12.1	0.00	0.00	0.00	0.00	0.04	1.3	31.2
HALIFAX 1943	17.1	15.4	0.00	0.00	0.04	0.04	0.31	5.2	50
... .. 1944	18.6	14.5	0.00	0.00	0.03	0.04	0.03	3.5	38
... .. 1945	16.39	16.1	0.00	0.00	0.02	0.05	0.09	3.4	42
... .. 1946	18.6	14.4	0.00	0.00	0.02	0.00	0.04	2.3	31
... .. 1947	19.9	14.8	0.00	0.00	0.01	0.02	0.03	5.8	42
... .. 1948	17.7	13.8	0.01	0.00	0.01	0.00	0.01	5.3	29
... .. 1949	16.5	15.4	0.00	0.00	0.01	0.00	0.12	1.8	33
... .. 1950	15.9	14.8	0.00	0.00	0.01	0.00	0.07	1.3	39
... .. 1951	15.5	15.2	0.00	0.00	0.00	0.00	0.18	0.0	28.3
... .. 1952	14.39	14.14	0.00	0.00	0.00	0.00	0.01	0.0	27.14

Vital and Mortal Statistics for Halifax during the last 21 years.

Year	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Tuberculosis (all forms)		Diphtheria		Scarlet Fever		Typhoid and Para-typhoid		Cerebro Spinal Fever		Smallpox	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1932	14.8	80	8.7	158	71	162	10	182	1	1	nil	2	2	nil	nil
1933	15.4	92	9.4	161	71	173	13	256	2	nil	nil	3	3	nil	nil
1934	13.9	77	10.5	132	60	344	20	337	2	nil	nil	1	1	nil	nil
1935	14.6	70	6.4	158	55	322	16	227	2	nil	nil	1	1	nil	nil
1936	15.2	68	7.02	206	75	206	12	136	nil	3	nil	2	2	nil	nil
1937	14.6	63	2.39	135	38	164	5	162	nil	1	nil	5	5	nil	nil
1938	14.1	57	2.92	165	55	155	6	145	nil	nil	nil	3	1	nil	nil
1939	15.3	60	4.4	135	65	129	5	184	2	nil	nil	nil	1	nil	nil
1940	15.6	45	8.8	118	51	311	15	166	nil	3	1	31	9	nil	nil
1941	15.7	65	1.5	111	60	230	12	97	nil	nil	nil	16	3	nil	nil
1942	14.6	56	3.4	113	56	196	5	669	nil	1	nil	9	4	nil	nil
1943	15.4	50	1.9	123	68	127	4	411	nil	2	2	nil	2	nil	nil
1944	14.5	38	2.3	156	54	118	4	481	nil	nil	nil	nil	nil	nil	nil
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil
1946	14.4	31	1.1	69	41	17	nil	74	nil	73	nil	nil	nil	nil	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	3	nil	nil	nil
1948	13.8	29	0.58	61	32	9	nil	161	nil	*1	1	2	nil	nil	nil
1949	15.4	33	0.50	77	32	8	nil	222	nil	nil	nil	1	1	nil	nil
1950	14.8	39	1.23	85	29	1	nil	293	nil	3	nil	nil	nil	nil	nil
1951	15.2	28	0.00	179	30	nil	nil	123	nil	15	nil	nil	nil	nil	nil
1952	14.1	27	0.69	107	19	nil	nil	119	nil	2	nil	nil	nil	nil	nil

*Transferred in

Vital and Mortal Statistics for Halifax during the last 21 years (continued).

Year	Pneumonia		Whooping Cough		Poliomyelitis		Cancer Deaths	Heart Diseases Deaths	Cerebral Hæmorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1932	105	82	nil	8	2	nil	176	342	85
1933	105	87	nil	3	4	nil	158	418	87
1934	80	66	nil	2	1	nil	180	381	74
1935	117	69	nil	1	1	nil	194	406	67
1936	91	74	nil	4	1	nil	193	448	74
1937	115	77	nil	2	nil	nil	178	424	73
1938	164	58	nil	nil	1	nil	186	419	77
1939	182	59	2	2	2	nil	193	449	89
1940	156	57	185	2	2	nil	187	408	232
1941	188	66	240	3	nil	nil	235	381	179
1942	226	61	174	nil	5	nil	216	374	164
1943	236	55	211	4	2	nil	205	374	179
1944	124	38	201	3	nil	nil	177	366	199
1945	103	43	133	2	nil	nil	219	398	237
1946	69	35	153	2	1	nil	206	464	182
1947	67	37	237	1	6	nil	214	455	188
1948	62	39	295	1	1	1	206	415	213
1949	85	71	92	1	7	1	241	471	203
1950	59	43	374	1	3	nil	239	505	208
1951	73	49	145	nil	10	nil	211	468	231
1952	41	30	153	nil	2	nil	230	454	238

Table showing comparative yearly Vital and Mortal Statistics from 1943 to 1952 inclusive

Year	Birth-rate	Death-rate	Infant Mortality Rate	Maternal Mortality Rate	Pulmonary Tuberculosis		Venereal Diseases		Pneumonia	
					New Cases	Death-rate	Syphilis	Gonorrhoea	New cases.	Deaths
1943	17.1	15.4	50	1.9	101	.62	49	56	236	55
1944	18.6	14.5	38	2.3	90	.48	45	49	124	38
1945	16.39	16.1	42	3.0	90	.48	50	67	103	43
1946	18.6	14.4	31	1.1	53	.37	103	124	69	35
1947	19.9	14.8	42	0.5	72	.40	95	130	67	37
1948	17.7	13.8	29	0.5	61	.33	70	73	62	39
1949	16.5	15.4	33	0.5	64	.29	48	66	85	71
1950	15.9	14.8	39	1.2	85	.26	40	44	59	43
1951	15.5	15.2	28	nil	162	.30	31	8	73	49
1952	14.4	14.1	27	0.7	99	.17	21	16	41	30

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Hæmorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1943	373	205	179	20	127	4	411	nil
1944	366	177	199	19	118	4	481	nil
1945	398	219	237	15	92	5	173	nil
1946	464	206	182	16	17	nil	74	nil
1947	455	214	188	14	21	2	84	nil
1948	415	206	213	13	9	nil	161	nil
1949	471	241	203	8	8	nil	222	nil
1950	505	239	208	9	1	nil	293	nil
1951	468	211	231	14	nil	nil	123	nil
1952	454	230	238	13	nil	nil	119	nil

Notification.

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

Disease						Number	
						Notified	Con- firmed
Smallpox	...	...	...	...	...	—	—
Dysentery	...	...	...	...	...	4	4
Typhoid Fever and Enteric Fever	...	...	...	...	...	—	—
Para-Typhoid	...	...	...	...	...	2	2
Scarlet Fever	...	...	...	...	...	119	119
Malaria	...	...	...	...	...	—	—
Diphtheria	...	...	...	...	...	—	—
Puerperal Pyrexia	...	...	...	...	...	13	13
Erysipelas	...	...	...	...	...	15	15
Ophthalmia Neonatorum	...	...	...	...	...	—	—
Encephalitis Lethargica...	...	...	...	...	...	—	—
Acute Poliomyelitis	...	...	...	...	...	2	2
Cerebro-spinal Fever	...	...	...	...	...	—	—
Measles	...	...	...	...	...	1468	1465
Whooping Cough	...	...	...	...	...	153	153
Pneumonia—Primary-Influenzal	...	...	...	...	...	41	41
Tuberculosis—							
Respiratory	...	...	...	...	...	99	99
Other Forms	...	...	...	...	...	8	8
Total						1924	1921

Road Traffic Accidents.

During the year there were 7 deaths attributable to Road Traffic Accidents. The following table affords a comparison with the number of fatal accidents occurring in previous years:

	1945	1946	1947	1948	1949	1950	1951	1952
Fatal	9	4	7	12	7	12	7	7

The Growth of the Borough of Halifax.

Year	Population	Note
1848	40,000	Borough Incorporated.
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	Borough extended by the addition of Copley Ward.
1900	96,684	Borough extended by the additions of Warley and Northowram Wards.
1901	104,936	
1911	101,556	
1921	100,700	
1931	98,115	
1945	89,390	Mid year density of population per acre 6.3.
1946	93,280	
1947	94,580	
1948	96,420	
1949	97,820	
1950	98,840	
1951	97,490	Mid year density of population per acre 6.9.
1952	97,320	ditto

SECTION 2



National Health Service Act 1946

Section 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Section 23. MIDWIFERY.

Section 24. HEALTH VISITING.

Section 25. HOME NURSING.

Section 26. VACCINATION AND IMMUNISATION.

Section 27. AMBULANCE SERVICES.

**Section 28. PREVENTION OF ILLNESS,
CARE AND AFTER-CARE.**

Section 29. DOMESTIC HELP.

Section 51. MENTAL HEALTH SERVICES.

MATERNITY AND CHILD WELFARE SECTION

I am indebted to Dr. E. J. Simpson for the following report:—

It is satisfactory to report that the infant mortality figure for Halifax in 1952 (27.14 per 1,000 live births) is lower than the previous year, and again is slightly lower than England and Wales as a whole (27.6). There was one maternal death in 1952.

The total attendances, 18,602, at the seven Child Welfare Clinics were about 1,300 more than in 1951, and more toddlers were brought. Many more children (1370) were immunised against whooping cough and diphtheria than in 1951 (923), but the number still falls short of protection for every child. About 10% of babies were vaccinated. An increasing number of patients are taking advantage of the free dental treatment for expectant and nursing mothers.

The work of Child Welfare Clinics is not always clearly understood. Too often they are looked upon merely as places where cheap food is on sale, the baby can be weighed, and advice given on napkin rashes, weaning and clothing. These services are rendered but our main functions are (1) health education and (2) the diagnosis of early signs of disease. Apart from infant deaths due to prematurity, the main cause of death in the first week of life—the second greatest cause—is respiratory disease—pneumonia and bronchitis. We know that the incidence and mortality of these disorders is reduced by breast-feeding, and the most important part of our health education is to encourage and help mothers to breast-feed successfully. Breast-feeding is not a heaven-sent gift, and the young mother often needs experienced advice and sometimes the psychological, as well as practical help of test-feeding at the clinic to counteract the suggestions of her friends that bottle-feeding is just “as good”. No artificial feed, however careful the formula, can give a baby that extra immunity to disease which he gets from natural feeding. This proved fact does not receive the recognition it deserves, and indeed all the advantages of breast-feeding tend to be smothered by the skilful advertisements put out by the makers of infant foods. Many mothers receive unsolicited samples of patent infant foods by post during the lying-in period, and it is a great temptation to them to give the baby a bottle when there is a tin of food already in the house.

Without the clinics the young mother would be deprived of a major source of education in mothercraft, and much propaganda for immunisation and vaccination by posters, example, and group teaching.

It is seldom realised how much preventive work in mental health is done at the clinics. Every Child Welfare Medical Officer knows how much time is spent on behaviour problems. The child is not ill, and therefore the family doctor is rarely consulted. The child is brought to the clinics for advice. Because the behaviour symptoms are often caused by wrong handling or marital discord, a patient, unhurried approach to the difficulty can often go a long way towards getting to the root of the trouble. It is in the first five years that the seeds of

anti-social behaviour in later life are sown. If we can help to solve problems when the child is young, then we will need fewer remand homes, Borstals, and prisons.

As stated above, our second function is the diagnosis of early signs of disease. In this, medical officers of Child Welfare Clinics have an unrivalled training in what constitutes normal health and progress because the procession of hundreds of healthy children gives a yardstick of the range of normality which is difficult to obtain by anyone always preoccupied by the claims of the sick. Thus at the clinics it is often possible to observe the first departure from normal health and refer the child for treatment before the disease is firmly established. One example of this is early tuberculosis, the first symptoms of which are often too slight for the mother to think it necessary to consult the general practitioner.

We need a better co-operation between the three essential branches of the Health Services, i.e. the Local Authority Clinics, including most importantly the health visitor, the general practitioner, and the hospital service. Without this co-operation, there may be overlapping or gaps. In the proposals for a General Medical Service for the nation it was stated as a first principle, "That the system of medical service should be directed to the achievement of positive health and the prevention of disease no less than the relief of sickness". The Local Authority Child Welfare Service is doing its utmost to fulfill the first two requirements.

The training scheme for Nursery Nurses, started four years ago in co-operation with the Education authority, came to an end in November, as a sufficient number of girls to staff the Halifax Nursery Schools and Day Schools had obtained their diploma.

We owe a great debt to our voluntary workers who attend clinics so faithfully. Their assistance releases a Health visitor for other work.

Mrs. Kendall obtained her diploma and joined the staff as a Health visitor in July. Miss Atkinson, Superintendent Health visitor left us in September to return to Exeter—and her position had not been filled by the end of 1952. Miss Moore, Senior Health visitor has been acting Superintendent Health visitor in the "interim".

Health Education lectures given 1952 by E. J. Simpson.

March. Lady's Circle. "Family life".

Births.

No. of local births notified in the Authority's area during the period 1st January, 1952 to 31st December, 1952, under Section 203 of the Public Health Act 1936, or Section 255 of the Public Health (London) Act 1936, as adjusted by any transferred notifications:—

(a) Live Births—1,381. (b) Still Births—33. (c) Total—1,414.

No of notified births attended by doctors with and without midwives	...	...	...	...	...	...	12
No of notified births attended by midwives only	...	...					371
No. of births notified from the Royal Halifax Infirmary...							542
No. of births notified from the Halifax General Hospital							1,409
No. of births notified from Nursing Homes in other areas							18

Care of Premature Infants.—i.e., babies weighing 5½ lbs. or less at birth, irrespective of period of gestation. Stillbirths should be excluded.

Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area:—

- (i) Born at home—24.
- (ii) Born in hospital—105.

Premature still births	Premature Live Births						
	Nursed entirely at home					Transferred to hospital	Birth weight
	Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total		
—	—	—	—	—	—	—	2lb. 3oz. or less
—	—	—	—	—	—	1	Over 2lb. 3oz. up to 3lb. 4oz.
2	—	—	—	2	2	—	Over 3lb. 4oz. up to 4lb. 6oz.
1	—	—	—	4	4	4	Over 4lb. 6oz. up to 4lb. 15oz.
1	—	—	—	9	9	4	Over 4lb. 15oz. up to 5 lb. 8oz.
4	—	—	—	15	15	9	Totals

Born in Private Nursing Homes in Halifax C.B.—Nil.

Infectious Diseases.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domiciliary Confinements	Institutional Confinements	Domiciliary Confinements	Institutional Confinements	Domiciliary Confinements	Institutional Confinements
Number of cases notified during the year ...	—	—	—	—	4	9
Number of cases removed to Hospitals ...	—	—	—	—	—	—

Number of cases of Ophthalmia Neonatorum notified during the year, in which:—

(a) Vision was unimpaired	...	...	...	...	...	—
(b) Vision was impaired	...	...	...	...	...	—
(c) Vision was lost	...	...	...	...	...	—
(d) The patient died	...	...	...	...	...	—
(e) The patient was still under treatment at the end of the year	...	...	...	...	...	—
(f) The patient removed from the district	...	...	...	...	...	—

CARE OF EXPECTANT AND NURSING MOTHERS.

Ante and Post Natal Clinics are conducted weekly by Public Health Medical Officers at the Halifax District Nursing Association home for domiciliary cases.

There is close co-operation with the Consultant Obstetrician who sees abnormal cases at the Medical Officer's request.

Such clinics are also held at the Halifax General Hospital and the Royal Halifax Infirmary for hospital cases and there is a weekly session held at the Northgate Child Welfare Clinic for expectant mothers intending to be confined out of the borough.

Mothers booked for domiciliary confinement are visited in their own homes by midwives.

Full advantage is taken, both at the Clinics and during home visits to teach mother-craft and particular stress is placed on the importance of breast-feeding. Leaflets on breast-feeding and diet sheets are distributed at the clinics.

Maternity outfits for Halifax cases are issued about the 28th week of pregnancy. Home visits are made by the Health Visitors when home conditions are said to be unsuitable and when hospitalisation is recommended.

Health Visitors pay home visits as soon as possible after the return of the mother from hospital, or, in the case of domiciliary confinements, after the midwife has ceased to attend. The mother is advised as to diet and hygiene and is encouraged to bring her baby to the nearest child welfare centre. Thereafter, the Health Visitor visits as regularly as is possible, concentrating on those children who need special attention, or who have not been brought to the Centre.

	No. of Clinics provided at end of year (whether held at Child Welfare Centres or other premises)	No. of sessions now held per month at Clinics included in Col. 2	No. of women in attendance		
			No. of women who attended during the year	No. of new cases included in Col. 4, i.e., for A.N. clinics women who had not previously attended any clinic during current pregnancy and for P.N. clinics women who had not previously attended any P.N. clinic after last confinement	Total number of attendances made by women included in col. (4) during the year
Local Health Authority Clinics:—					
Ante-Natal clinics	1	4	34	28	40
Post-Natal clinics	1	4	14	14	14
Clinics provided by voluntary organisations					
Ante-Natal clinics	1	12	531	512	3077
Post-Natal clinics	1	4	135	135	135

Ante-Natal Clinic (Infant Welfare Centre).

Number of sessions	...	...	...	...	...	52
Number of new cases	...	...	...	...	...	7
Number of repeat visits	...	...	...	...	...	40

Arrangements with Medical Practitioners.

There are no arrangements with general practitioners for ante-natal and post-natal mothers to be examined.

Child Welfare Clinics.

Infant Welfare Centres are provided at Northgate, Queen's Road, Ovenden, Luddenden, Siddal, Northowram and Illingworth. The Northgate Centre is a whole-time clinic. The other clinics are situated in Church Schools and sessions are held as follows:—

Queen's Road clinic	...	Two sessions weekly (Tuesday).
Ovenden clinic	...	One session weekly (Wednesday).
Luddenden clinic	...	One session fortnightly (Monday).
Siddal clinic	...	One session weekly (Monday).
Northowram	...	One session weekly (Wednesday).
Illingworth	...	One session weekly (Fridays).

	No. of Centres provided at end of year	No of. Child Welfare Sessions now held per month at Centres	No. of Children who first attended the Centres during the year and who on the date of their first attendance were:		No. of children in attendance at the end of the year who were then:-		Total number of attendances made by Children during the year	
			Under 1 year of age	Over 1 year of age	Under 1 year of age	Between the ages of 1-5	Under 1 year of age	Over 1 year of age
Local Health Authority Centres	7	42	1,006	127	260	118	13,238	5,364
Centres provided by Voluntary Organisations	—	—	—	—	—	—	—	—

Artificial Sunlight.

Number of sessions...	...	...	...	...	...	172
Number of cases treated	...	...	...	...	...	104
Number of attendances	...	...	...	...	...	3638
Average attendance at each session	...	...	...	...	...	21

Infant Mortality.

There were 38 deaths of infants under 1 year.

10 died under 24 hours.

11 died under 1 week.

2 died under 1 month.

15 died between 1 month and 1 year.

Day Nurseries.

The Local Authority provides two Day Nurseries, one at Ling Bob, Pellon, and one at Craigie Lea, Ovenden.

	No.	No. of Approved Places		No. of children on register at end of year		Average daily attendance during year	
		0—2	2—5	0—2	2—5	0—2	2—5
Nurseries maintained by Council	2	50	63	61	75	42	55
Nurseries maintained by Voluntary Organisations	—	—	—	—	—	—	—

Nurseries and Child-Minders' Regulation Act, 1948.

	Number registered at 31st December, 1952	Number of Children provided for
Premises	1	12
Daily Minders	—	—

Registration of Nursing Homes (Section 187 to 194 of Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during 1952	1	—	12	12
Homes on the register at the end of 1952	1	—	12	12

Mother and Baby Home.

The Halifax Rural Deanery Moral Welfare Council administer a Mother and Baby Home at St. Margaret's House, 8, Balmoral Place, as agents of the Halifax Corporation. Under an agreement between the Council and the Moral Welfare Council the Corporation agree to pay five-sixths of the costs of maintenance.

I am indebted to Miss Westwood, Moral Welfare Worker for the following notes on the work of the home during 1952:—

During the year twenty-eight unmarried mothers and eleven married women with illegitimate children were referred to us from the County Borough of Halifax. In addition to these, seventeen unmarried mothers were admitted to St. Margaret's House from outside the County Borough and five mothers and six babies and one expectant mother from outside the County Borough were resident at St. Margaret's on the 1st January, 1952.

Unmarried Mothers

County Borough of Halifax:—

9 expectant mothers were admitted to St. Margaret's House.

3 mothers and babies were admitted straight from hospital.

1 mother and baby were admitted until arrangements could be made for them to be at home.

15 were advised and helped in their own homes, lodgings, etc.

Outside the County Borough:—

15 expectant mothers were admitted to St. Margaret's House.

2 mothers and babies were admitted straight from hospital.

On the 31st December, 1952.

16 mothers were with their babies in the parental home or in lodgings.

3 expectant mothers had returned to their original place of residence.

7 expectant mothers were living at home.

2 expectant mothers were resident at St. Margaret's.

2 girls were resident in Mother and Baby Homes outside Halifax.

2 mothers and babies resident at St. Margaret's.

14 babies had gone to adopters.

3 babies had died.

1 baby in a voluntary residential nursery.

1 young mother and baby went to a Mother and Baby Hostel from where the young mother could go out to work.

Married women. (of whom 3 were divorced, 2 legally separated, 2 widows, 2 had husbands serving in the Forces, 2 were living apart from their husbands. In eight cases there were already other children).

2 mothers went to Mother and Baby Homes outside the Borough; one baby went to adopters and one baby is with the mother in lodgings.

3 babies remained with their mothers.

3 babies went to adopters.

1 is an expectant mother.

1 mother and baby in hospital on 31st December.

1 baby in hospital on the 31st December.

Speech Therapy.

A much needed preventive service was inaugurated on the 6th of May, 1952 when Mr. Franklin Brook held his first speech therapy session at the parent clinic in Northgate.

The chief aim of this new service is to PREVENT serious disorders of speech from developing. Experience has shown that speech disorders often yield readily to mild corrective measures when these are applied at the right time. The right time is nearly always BEFORE the child commences school. The disorder of Stammering, for instance, is often first noticed in the third year of infant life and many well-meaning parents fall into the error of making a direct attack upon the symptom itself; the child soon re-acts by becoming aware of speech difficulties and a more serious form of stammering usually results.

The following summary gives some idea of the work carried out in the clinic's first year:—

No. of sessions held	...	...	...	...	...	38
No. of appointments kept	...	...	...	...	...	116
No. of children seen	...	...	...	...	...	39
Classification of patients according to symptoms						
Seriously delayed speech	...	...	...	...	...	12

Idioglossia (unintelligible baby speech)	10
Various articulative defects	5
Cleft palate speech	2
Stammerers	9
Deaf (no speech)	1

Nearly all these children are responding to treatment and many have already been discharged. Of the nine stammerers seen only one has so far failed to show any improvement.

Dental Care:—

Children under school age are referred to the School Clinic by arrangement with the Education Committee and 130 were referred during the year. Expectant and Nursing mothers are referred to private dentists under Section 22 of the National Health Service Act, 1946. Thirty-three mothers were recommended for dental treatment since the inception of the scheme in June, 1952.

Supply of Dried Milk, etc.

Various brands of dried milk are distributed at the Infant Welfare Clinics.

In addition, National Dried Milk, Cod Liver Oil, and Orange Juice are issued at all outlying clinics by arrangement with the Ministry of Food.

Section 23

MIDWIFERY.

The Domiciliary Midwifery Service is carried out through the agency of the Halifax District Nursing Association and I am indebted to the Superintendant (Miss Savage) for the following details.

Midwives.

	Number of Midwives practising in the area of the Authority at 31st December, 1952.		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority	—	—	—
(b) Midwives employed by Voluntary Organisations			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Service Health Act.	5	—	5
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Service Health Act	—	—	—
(c) Midwives employed Hospital Management Committee, etc.	—	21	21
(d) Midwives in Private Practice	2	—	2
Totals ...	7	21	28

Maternity Cases Attended

	Number of Maternity Cases in the Area of the Local Supervising Authority attended by Midwives during 1952.					
	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by the Authority	—	—	—	—	—	—
Midwives employed by Voluntary Organisations.						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act	379	3	—	—	379	3
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act	—	—	—	—	—	—
Midwives employed by Hospital Management Committees, etc.	—	—	599	415	599	415
Midwives in Private Practice	3	—	—	—	3	—
Totals ...	382	3	599	415	981	418

Medical Aid under Section 14 (1) of the Midwives Act 1918.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act 1918, by a Midwife:—

(a) For Domiciliary Cases:—

(i) Where the Medical Practitioner has arranged to provide the patient with maternity medical services under the National Health Service ...	135
(ii) Others ...	52

Medical Aid Forms received during the year on behalf of child 34
Of these:—

Discharging eyes	13
Jaundice	—
Cold	4
Cyanosis	1
Unsatisfactory condition	10
Prematurity	3
Talipes	1
Spina-Bifida	—
Rash	—
Haemorrhage	—
Mongol	—
Abnormality of back	—
Oedema-Hand	—
Slightly Tongue Tied	1
Septic Spots on head	1

Notification received in accordance with C.M.B. Rules:—

Intention to resort to artificial feeding	61
Notification of stillbirth	4
Notification of having laid out dead body	2
Liable to be source of infection	8

Section 24

HEALTH VISITING.

Health Visitors undertake the care and after-care of sick patients and are in close touch with the local practitioners and hospital almoners.

Visiting is undertaken in connection with the Child Minders Regulations Act, 1948 (Section 7) and the Midwives Act, 1951 (Section 17).

Student Health Visitors are engaged when available and they receive their theoretical training at the Bradford Technical College and their practical training here. One student qualified during the year, and has been maintained on the staff as a qualified Health Visitor.

It is very difficult to obtain Health Visitors and, although the establishment is 1 Superintendent and 11 Health Visitors, there were only 7 Health Visitors and one assistant nurse on the staff at the end of the year. A Superintendent Health Visitor has been appointed and it so take up duties early in 1953.

	No. of Health Visitors employed at end of year		No. of Visits paid by Health Visitors during the year							
			Expectant Mothers		Children under 1 year of age		Children between the ages of 1-5		Other Cases	
	Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits
1952	6	—	51	109	1,382	3,863	10	5,804	119	1

One Health Visitor has attended the Special Treatment Clinic each week throughout the year, and has paid 65 visits in connection with this work.

One Health Visitor is engaged on T.B. visiting.

Section 25

HOME NURSING.

The Halifax and District Nursing Association carry out the Home Nursing Service as agents of the Corporation, which is adequate to meet the needs of the Borough. The Local Authority have equal representation on the Joint Committee.

CLASSIFICATION OF CASES (Home Nursing)

	Cases	Visits
On books 1st January, 1952	205	—
Medical	1,019	32,944
Surgical	281	8,280
Gynaecological	117	347
Pneumonia	32	297
Tuberculosis	22	352
Infectious Diseases (Gen.)	2	13
Complicated Mid. and Mat.	15	96
TOTAL CASES ...	1,693	42,329

CASES COMPLETED 1952 ... 1,480

REMAINING CASES 31st December, 1952 285

Totals Include

O.A.P.	991	25,698
Children under 14 years	98	590
Infections	191	3,688

Number of Home Nurses employed at the end of the year:—

Whole-time on Home Nursing ...	14
Part-time on Home Nursing ...	4
(Equivalent whole-time)	16)

Section 26

VACCINATION AND IMMUNISATION:

Diphtheria Immunisation.

Children under 5—

Children in this group are immunised either at the Child Welfare Clinic or by doctors (chosen by parents) taking part in the Authority's arrangements. Doctors are supplied free with immunising agents.

Immunisation is encouraged by the Medical Officer of Health, by Public Health Lectures, and by the Public Health Department Staff.

Children of school age—

Children in this group are immunised at the School Clinic or by doctors chosen by the parents. Details will be found in the separate report on the School Medical Service.

No of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1952.			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection			During 12 months ending 31st December, 1952
Under 5	5—14	Total	
997	78	1,075	577

Vaccination.

Medical arrangements in respect of vaccination are the same as those in operation for immunisation. In the event of an outbreak of smallpox, the Child Welfare and School Clinics will be used as emergency vaccination centres, and general practitioners will be asked to co-operate either at their own surgeries or at the emergency vaccination centres.

The public are kept constantly informed of the facilities provided for free vaccination.

No. of persons Vaccinated (or re-vaccinated) during period:—

Age at 31st December, 1952	Under 1 1952	1—4	5—14	15 or over	Total
No. Vaccinated ...	198	36	19	59	312
No. Re-vaccinated ...	4	5	13	130	152

Section 27

AMBULANCE SERVICE.

I am indebted to Mr. H. Hudson, Ambulance Controller, for the following report:—

The Town Council is the responsible Authority for the conveyance of sick and injured persons, mental defectives, expectant or nursing mothers from places in the town to places in or outside the town on the recommendation of elected members of hospital staffs, medical practitioners, or other persons recognised for this purpose.

A 1935 Austin-Ambulance was replaced by a new Morris Ambulance during the year and a further one is on order for delivery mid 1953.

The vehicles are serviced at the Transport Department, Water Lane, and I am grateful to the help given by the Transport Manager from time-to-time when I have approached him on the condition of certain vehicles. He has strongly advised the replacement of another ambulance, the maintenance of which is proving very costly.

Depot accommodation is somewhat restricted and four of the vehicles have to be taken to the Transport Department, Water Lane each night.

The following Table summarises the work done by the Service during the past three years:—

		No. of Vehicles in service 31st Dec.	Total No. of Journeys during the year	Total No. of Patients carried during the year	No. of Accidents and other Emergency Journeys included in Col. 3	Total Mileage during the year	No. of paid whole-time Staff at 31st Dec.,
0	Ambulances	8	8,295	10,530	875	87,064	20 1 Asst. Controller
	Cars Cars/Amb.	2 1	4,164	8,618	7	37,651	
1	Ambulances	8	8,466	10,263	945	82,624	20 1 Asst. Controller
	Cars Cars/Amb.	2 1	4,173	11,495	5	44,773	
2	Ambulances	8	9,351	12,920	894	89,474	20 1 Asst. Controller
	Cars Cars/Amb.	2 1	4,244	11,412	2	46,318	

The pressure on this service continues to increase. Although there are three large hospitals within the Borough, many patients have to be conveyed to hospitals in other areas for specialist treatment. This problem is aggravated by the fact that many of these cases have been admitted to the Borough Hospitals from outside areas and, in some cases, are transferred to hospitals for further treatment soon after admission, thus making your Ambulance Service what might be termed a "Clearance Service", the responsibility for the transfer devolving on the Local Authority in whose area the need arises. It would seem that a revision of the rules which were made when, and shortly after, the Health Service Act came into operation, is required.

The ambulance service was primarily intended for patients who were too ill or too infirm to make their own way to or from hospital for treatment. In my opinion, this fact is not appreciated by the public generally, when a telephone message is received from a lady who makes a request for an ambulance to remove her dead dog.

Discussions have taken place with the Secretary of the Hospital Management Committee, as a result of which, many problems have been eliminated, but there is still room for an all-out effort to reduce the mileage.

The Corporation's Ambulance Service caters for approximately 38,000 people residing in the West Riding County Council's area of the Calder Valley.

In 1952, the mileage run in this respect was:

1952 as compared with 1951			
Ambulances	...	21,000	18,000
Cars	... ..	16,000	12,000

The personnel were re-examined in First Aid. All but three passed the examination, and two of the latter number have since passed.

On the whole, the men are enthusiastic and are very considerate towards the patients they transport.

Your Ambulance Controller continues to benefit by attendance at the Regional Meetings of the National Association of Ambulance Officers, and many advantages to the Service have accrued from the discussions and round-table talks at these gatherings.

To the Health Committee, Medical Officer of Health, Assistant Controller, members of the Health Office clerical staff and officials of other departments, who have helped me throughout the year to maintain, with economic efforts, a satisfactory service, I say, Thank you!

Section 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Convalescent Home Treatment.

Convalescent Home Treatment is available for those who need a recuperation period before returning to their normal duties. A medical certificate is obtained from the patient's own doctor recommending a period of convalescence and if no actual treatment is required, the applications are dealt with as vacancies occur in the Homes at St. Annes-on-Sea and Ilkley. Twenty-six cases were admitted during 1952.

Loan Equipment.

During 1952 about 407 patients were issued with various items of loan equipment. The most called for items included air-rings, bedpans, bedrests, and mackintosh sheets. In addition urinals, bedcradles, wheel chairs, crutches, feeding-cups were issued. Our present list of loan equipment includes the following items:—

Air Rings.	Sputum Flasks.
Bed Rests.	Urinals.
Enamel Bowls.	Water Beds.
Bed Cradles.	Air Beds.
Bed Pans.	Wheel Chairs.
Crutches.	Syringes.
Feeding Cups.	Eye Undines.
Hot Water Bottles.	Bed Tables.
Inhalers.	Spinal Carriages.
Mackintosh Sheets.	

Special equipment is provided for paraplegics for use at their own homes. Periodical checks on the articles are made by the health visitors.

PUBLIC HEALTH LECTURES

Title	Delivered by
Cancer	Dr. G. C. F. Roe
Amentia	"
Heredity	"
Neuroses	"
Coronary Heart disease	"
Cerebral Haemorrhage	"
Man versus Microbe	"
Medical Statistics	"
Old Age	"
Personal Hygiene	"
The Nursery Child	Dr. E. J. Simpson
Premature Babies	"
Child Welfare	"
Parents and Children	"
The Maladjusted Child	"
The Health of the School Child	Dr. E. J. Ruane
Food Hygiene	Mr. H. Margerison
Hygiene in Canteens	"
Clean Food	"

Mental Illness and Defectiveness.

The administration of the Mental Deficiency Acts and the Lunacy and Mental Treatment Acts is under the control of the Health Department, and in addition to the Medical Officer of Health, two male and one female authorised officers carry out this work.

Venereal Diseases.

The usual source of infection is a human being suffering from the disease—syphilis or gonorrhoea. Infection is most commonly acquired by sexual intercourse. The control of the venereal disease is as much a social as it is a medical problem. From the strictly medical aspect, the first aim is the prompt diagnosis and efficient treatment of patients with a view to rendering them non-effective. Among the general measures directed towards the prevention of venereal disease, the most important is the provision of instruction for adolescents in sex knowledge and for young adults in the risks of illicit intercourse. A number of infections are contracted while under the influence of alcohol, which not only inhibits the control of the higher centres, but also renders the individual less capable of taking the precautions which, if sober, he might use.

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	...	...	...	...	...	20	1
Gonorrhoea	...	...	...	...	...	14	2
Conditions other than Venereal	...	...	...	...	...	122	5
Total						156	8

Pathological Work.

Microscopical:—

					Specimens examined at Treatment Centre
For Syphilis	...	...	...	...	28
For Gonorrhoea	...	...	...	...	130

Attendances.

	Syphilis		Gonorrhoea		Other Conditions		TOTALS		
	M	F	M	F	M	F	M	F	Total
For individual attention by Medical Officers	1206	1077	90	38	527	274	1823	1389	3212
For intermediate Treatment	576	398	5	—	129	4	710	402	1112

TUBERCULOSIS

I am indebted to Dr. W. Smith (Chest Physician) for the following report:—

One of the most striking features concerning Pulmonary Tuberculosis is the rapid fall in the death rate. For the past 50 years there has been a gradual decline in the mortality rate from this disease, but this reduction has been considerably accelerated during recent years. For example, the total numbers of deaths from Tuberculosis in Halifax in 1927 and 1928 were 163, in 1951 and 1952 the number was 53. The population of Halifax has remained fairly stationary during the past 30 or 40 years.

There have been many attempts to explain the cause of this welcome decrease in the death rate especially when it is associated with an increase in the number of notifications of those suffering from the disease. Notification of disease is at the best a rather rough guide as after all it depends only on the opinion of the doctor. Many doctors do not notify quiescent or arrested cases of Pulmonary Tuberculosis, as no Public Health question usually arises from these type of cases, and if there is any doubt about the activity of their disease they can be adequately observed at the Chest Clinic.

The introduction of Streptomycin has certainly been a great step forward in the treatment of this disease. It has no doubt contributed considerably to the decline in mortality from Tuberculosis. One cannot help being very favourably impressed by this drug especially in the treatment of Tubercular Meningitis. This form of Tuberculosis had 100% mortality until Streptomycin was discovered. The mortality rate has now been considerably reduced. In Pulmonary Tuberculosis the result of treatment by Streptomycin is often very satisfactory especially in the earlier type of case.

Undoubtedly Tuberculosis has changed during the past 30 years. Acute miliary Tuberculosis or Galloping Consumption has almost disappeared, and it would appear that there must be some modification in the Virulence of the Tubercle Bacillus. Unfortunately there is no satisfactory method of differentiating between Virulent and avirulent types of the Tubercle Bacillus. If some such method was evolved it would be of great assistance in the preventive measures for dealing with this disease.

A considerable number of patients who are T.B. positive avirulent might be safely discharged from Sanatoria. After all in B.C.G. vaccination contacts are vaccinated with living Tubercle Bacilli (Bovine) whose virulence is considerably attenuated.

The introduction of miniature mass radiography has not proved as useful as at first thought. The number of patients suffering from active Pulmonary Tuberculosis discovered by this method is very small when compared with the ordinary routine method. Pulmonary Tuberculosis causes symptoms which necessitate medical advice, and nowadays there is no reason why a person suffering from a cough, or lassitude and loss of weight should not seek medical advice. As mentioned before Galloping Consumption which comes on rapidly and does not give rise to typical symptoms is becoming very rare.

During recent years there has been considerable progress in the Surgical treatment of Pulmonary Tuberculosis. The removal of diseased lungs completely or in part appears to give very satisfactory results in certain selected cases. Thoracoplasty, Artificial Pneumothorax and Pneumo-Peritoneum are now well tried methods of treatment and are very useful additions to the older method of treatment by rest.

Nowadays it is often forgotten that Sanatoria are hospitals where people are educated, unconsciously, to live a life where they will be less dangerous to their fellow beings and in addition are in receipt of treatment which guides them along the pathway to ultimate cure.

Visits by T.B. Health Visitor

No. of 1st visits to patients	...	...	...	...	...	112
No. of re-visits to patients	...	...	...	...	...	1,204

MASS RADIOGRAPHY

Details of the examinations carried out during September, 1952:—

				Males	Females	Total
Miniature X-rays taken ...	...	...	...	789	1,082	1,871
Large X-rays taken ...	...	...	...	36	50	86

Analysis of Provisional Findings:—

Cases of active tuberculosis ...	...	...	...	3	—	3
Cases of inactive tuberculosis ...	...	...	...	12	12	24
Other abnormalities ...	...	...	...	26	17	43

The above information is in respect of people actually examined during the survey and may therefore include persons not normally resident in the Borough.

Section 29

DOMESTIC HELP SERVICE

The service is in charge of one Domestic Help Organiser (Miss Clarkson) and its efficiency is due to her hard work, enthusiasm, understanding and patience that come from a broad outlook on life and its many problems.

No. of whole-time helps employed at the end of the year 15

No. of part-time helps employed at the end of the year 15—30

The following details give a birds-eye view of the work done during the year:—

No. of applications for assistance during the year ... 416

No. of cases where help was given in respect of:—

(a) General and chronic sickness 89

(b) Old people 181

(c) Tuberculosis 2

(d) Blind people 10

(e) Maternity 134

Section 51

MENTAL HEALTH SERVICE.

I am indebted to Mr. S. Parkinson, Senior Authorised Officer, for his contribution to this section of my report.

(1) Co-ordination with Reginal Hospital Boards and Hospital Management Committee.

Excellent relationships continue to exist between local hospitals of the Hospital Management Committee and the Local Health Authority's Mental Health Service. Four main hospitals and a psychiatric clinic are sited within the area of the County Borough of Halifax, and it is probably due to this fact that the relationships between the two are so satisfactory. The close liaison is very effectively demonstrated in the field of mental health; the primary reason is that whilst patients are accepted by the Management Committee from other local health authorities in the vicinity of Halifax, it is with this Authority that any statutory duty in respect of mental patients rests.

The association between the Mental Health Service and the Regional Hospital Board's mental hospital is even more intimate. After some four years of harmonious working together there has evolved a state of complete co-ordination between the two. This has resulted in a more efficient community Mental Health Service and particularly in an After-care scheme in which the hospital and local authority have just pride.

There is no official joint use of officers between the mental hospital and this Authority, but so close is the liaison between the respective workers (Hospital Social Workers and Authorised Officers) that "joint use" exists in everything but name. For example, patients "on trial" from mental hospital are theoretically deemed to be the responsibility of the hospital concerned; but in practice it has been found that the most effective method of dealing with the After-care of ex-patients is a fusion of the duties of all officers, irrespective of employing authority. To our mind, this is the only practical method of successfully rehabilitating former patients. The great advantage of this system is that it ensures that any knowledge of local conditions (e.g. resources, employment, housing, etc.) with which local authority's Authorised Officers are familiar is harnessed to psychiatric advice and recommendations frequently given to the patient when about to leave hospital. It cannot be said of Halifax patients that they are discharged from mental hospital equipped with "recommendations" but without practical indication as to how they might be applied. Regular discussions take place between the staffs of the mental hospital and the Local Health Authority, preparations being made in advance for the discharge of the patient into a suitable community environment.

As the majority of Halifax patients in mental deficiency institutions are now accommodated in various towns—often some great distance from Halifax—the supervision of defectives on licence is undertaken by this Authority on behalf of many institutions. These duties are carried out within the County Borough by male and female Authorised Officers. They assist in finding suitable employment, residential accommodation in appropriate cases (i.e. in domestic service) and periodically visit the homes of the patients. It is necessary occasionally, to visit employers regarding the suitability of employment, the condition of labour, and more frequently, about the rates of remuneration. In some four years since the inauguration of the Mental Health Service only one case of exploitation has been encountered. It was speedily remedied. Arising from the supervision so afforded, progress reports are furnished to the institutions concerned.

During the year the Local Health Authority has arranged for certain defectives whose Orders under the Mental Deficiency Acts required reconsideration, to be seen by the Halifax Visitors (i.e. specially appointed magistrates and medical practitioner). These Orders have been reviewed locally—at the request of various mental deficiency institutions—in those cases where a defective has been on licence in Halifax from an institution situated at some distance from the town. By utilising the services of the local Visitors, the necessity to return the defective to the institution for the purpose of an interview and examination has been avoided. In circumstances where such a defective is in employment, the minimum disturbance has been caused to the employer by the operation of this system. It has also been possible to avoid transporting patients and their relatives over long distances to various institutions, and there has been a great saving in time and expense.

In circumstances where the patients have been discharged from their Orders under the Mental Deficiency Acts, a friendly, but unofficial watch has been kept over them in the community.

(2) Account of work undertaken in the community

(a) Under Section 28, National Health Service Act, 1946

The mental health social work in the community relating to both mental illness and mental deficiency is carried out in this County Borough by one female and two male officers, each of whom has been designated as Authorised Officer.

The statistics show an increase over the previous year in preventive and After-care activities, but there is a slight reduction in the total number of patients referred during 1952. The medical practitioners in the town continue to refer the majority of the cases to us, and it is becoming more than ever the practice for any case which presents problems of a social nature or which in any way disturbs the mental

equilibrium of the household to be referred to the Service. Occasionally domestic strain has been found to be a cause of industrial instability; absenteeism, frequent changes of employment, boredom, proneness to accidents, etc., being the most common. Such conditions obtaining at work further aggravate the tension between individual members of the household. In some instances, it has been possible to rectify to a point, some of the unfavourable domestic circumstances by re-housing, or obtaining an improvement in the conditions of labour and a more understanding attitude on the part of the employer. These measures are usually taken after consultation with the patient's doctor and obtaining the approval of the parties concerned. In certain instances, patients have been referred to the psychiatric clinic whilst efforts are made to ameliorate social problems.

During 1952, of the total number of discharges of Halifax patients in mental hospitals, some 75% were effected on the instructions of relatives. This percentage reached its highest level last year and Table A (below) shows the yearly percentages since 1948.

The next-of-kin of a certified patient detained in a mental hospital has a right (under Section 72 of the Lunacy Act, 1890) to request the patient's discharge at anytime, notwithstanding the fact that the patient may not have recovered. Medical Superintendents of mental hospitals can raise objection to requests from relatives only if the patient in question is dangerous and unfit to be at large. A relatively small number of patients are deemed to be within this category. Consequently, many relatives insist on taking patients out of hospital almost as soon as an improvement in their condition is noticeable. Experience in Halifax during the past four years has shown this to be a foolish practice in the majority of instances, for in a great many cases the patient has had a relapse invariably within a few weeks of returning home. Unfortunately, by this time the patient is usually in a far worse state (mentally) than originally, much of the good work done in the hospital has been wasted. The cost to this Authority in time and money, the additional work thereby caused to medical practitioners, mental health officers, ambulance staffs, etc., by frequent withdrawals of unrecovered patients is fast reaching a point where some new arrangement should be made both in the interests of the patient and economy.

In the normal course of events, when a certified patient is approaching the stage of recovery, various steps are taken by the mental hospital to properly effect the patient's discharge. In some instances weekend leave is granted, the patient spending a few days at a time in a household; gradually in this way becoming acclimatised to community life. Ultimately, the case is considered by the hospital Discharge Committee and the patient is allowed to leave the hospital "on trial"—usually for about a month. At the end of this period a final discharge is given. This is a very satisfactory method indeed, and where this system has been employed, relapses are practically unknown.

Table A shows how in recent years this latter practice has diminished. It contrasts with the increased use now being made by relatives who, under Section 72 of the Act, take patients out of hospital even in the face of medical advice to the contrary.

TABLE A
Discharges of Certified Patients
(period 1948—1952)

Method	1948	1949	1950	1951	1952
By Discharge Committee	75%	50%	48.6%	41.7%	30.3%
By relatives (under s. 72)	25%	50%	51.4%	58.3%	69.7%

As in former years, this Local Health Authority has assisted the mental hospital with the resettlement and After-care of certain selected patients. These have been patients who entered the hospital from other towns in the Region, but on discharge from hospital have been referred here on the suggestion of the hospital authority. It is obvious that the patients of this type are few in number, only some four or five persons being assisted in this way in any one year. The problem they present is of such magnitude that a much larger staff of mental health workers would be needed to deal with them adequately if they existed in any greater number. Again, it must be explained that these selected ex-patients resettled by this Authority have been individuals without home-ties, family connections, responsibilities or friendly relatives. In the main, they have been single persons of both sexes who have, during their stay in hospital, requested assistance in starting life afresh in new surroundings. When such a patient reaches the stage of convalescence, any desire or aptitude, together with the views of psychiatrists, are taken as a basis for discussion and concerted action by the hospital Social Worker and the Authorised Officers of this Authority. Generally, the problems encountered in affording After-care are two-fold: (i) providing suitable living accommodation and (ii) finding congenial conditions of employment. Frequently, it has been possible to solve both problems by the simple expedient of "placing" ex-patients in residential employment. This is much more easily accomplished in the case of women who quite often express preference for domestic work as hotel chamber-maids, kitchen hands, and occasionally as helpers in childrens' homes. With male ex-patients the position is rather more difficult. It is rarely possible to find employment which is both residential and (in an occupational sense) suitable. Nevertheless, residential employment has been found for men by the Authorised Officers in a limited number of cases. This type of employment with living-in facilities has included hospital

handyman, hotel porter, farm labouring, etc. Non-residential work for men is much easier to find, though this entails in addition finding suitable lodgings in a sympathetic and understanding household. As these selected patients are strangers to the town, endeavours are made to obtain work and lodgings in the same district whenever possible. A men's hostel exists in the town, but it has been unnecessary to arrange for male ex-patients to stay there, and through divers channels there has been some considerable success in obtaining accommodation in private households. Great importance is attached to the selection of the right type of accommodation, for a homely and healthy atmosphere exerts a stabilising influence on the individual. A household in which he or she is made to feel "one of the family" is more desirable than the impersonal atmosphere characteristic of hostel or tenement rooms. The need for the right sort of influence will be readily appreciated when it is explained that one selected ex-patient last year (1952) who came as a stranger to Halifax was a youth of only 17 years.

There is one final aspect to take into consideration regarding the After-care of mental patients, for notwithstanding the emphasis laid on meeting the wishes and aptitudes of patients, or the psychological recommendations of the hospital, any preconceived ideas of After-care must be capable of material translation. An understanding employer has to be found who is not only economically able, but also willing to engage an ex-patient. In the same vein, lodgings have to be found and the economic and other views of the householder have to be reconciled. These are fundamentals with which we have to contend in every single case of After-care.

Acknowledgements are due to many business people and some of the larger firms in the town for the help given, and also to the Disablement Rehabilitation Officer (Ministry of Labour), who has readily co-operated in the statutory requirements appertaining to employment.

There is much activity in Halifax of a recreational nature, and the town has many excellent organisations catering socially and culturally for the community. It is natural in these circumstances that many ex-patients have felt encouraged to take an interest in some particular form of activity. Of especial favour (particularly with younger persons) has been the Y.M.C.A. where large-scale group activities are conducted in a wide variety of subjects.

Any review of the After-care activities of the Mental Health Service would be incomplete without reference being made to the co-operation of the town's voluntary and charitable organisations. As in previous years the British Red Cross Society, Council of Social Service, the British Legion, the Children's Holiday League, North Regional Association for the Deaf and many others have once again assisted in making a solution possible of the many social problems encountered in community mental health work.

It has now been customary each Christmastide since 1948, for the League of Friends of Halifax Hospitals to distribute seasonal gifts

to all patients in local hospitals. Once again at Christmas 1952, the League sent parcels to all Halifax patients in mental hospitals and institutions. The League and the Mental Health Service effectively co-operate in this matter and the usual arrangements were extended to embrace more hospitals and institutions than in previous years. A wider circle of Halifax patients consequently became recipients of a parcel containing a greetings card, fruit, sweets, etc., from their home town. The patients, hospital superintendents and this Local Health Authority are grateful for the kind interest the League of Friends so practically demonstrate.

The following Table B shows in Age Groups and Sexes the cases dealt with during 1952. Comparable figures are also shown for the years 1949, 1950 and 1951; for convenience the incidence is shown as a percentage:

TABLE B

Age Groups	Males				Females			
	1952	1951	1950	1949	1952	1951	1950	1949
Under 21	6.67	5.38	4.12	8.07	2.40	4.52	1.54	4.39
21 to 30	17.14	18.28	14.43	22.58	14.40	12.26	10.00	9.65
31 to 40	25.71	19.35	14.43	22.58	16.00	7.74	14.61	14.91
41 to 50	12.38	15.05	11.34	9.68	9.60	11.61	16.92	8.77
51 to 60	16.19	7.53	20.63	12.90	23.20	18.06	16.15	19.30
61 to 70	14.29	18.28	18.56	12.90	12.80	21.29	21.55	15.79
Over 70	7.62	16.13	16.49	11.29	21.60	24.52	19.23	27.19

TABLE C

(b) Under the Lunacy and Mental Treatment Acts, 1890-1930
by Duly Authorised Officers.

	1952	1951	1950	1949
Total number of cases referred to Mental Health Service...	233	248	227	199
Total number of visits paid by Authorised Officers	2762	2580	2224	1927
Prevention				
Cases dealt with by preventive measures...	54	38	26	23
Care				
(i) Cases referred for accommodation under National Assistance Act, 1948, (Part III)	5	5	6	9
(ii) Cases referred to Hospital Management Committee under National Health Service Act, 1946	22	39	16	18
(iii) Cases dealt with by Authorised Officers under Lunacy Acts, 1890-1:				
Sections 4 and 5	Nil			
Section 16	50			
Section 20	38			
Section 21	1			
	89	117	116	80
(iv) Cases dealt with under Mental Treatment Act, 1930	69	65	53	41
(v) Cases dealt with by this Local Health Authority on behalf of other authorities	24	25	13	15
(vi) Cases dealt with by other authorities on behalf of this Local Health Authority	4	1	Nil	Nil
After-care				
Number of patients afforded After-care	50	36	51	44

(c) Under the Mental Deficiency Acts, 1913-38

(i) The statutory duty of ascertaining amentia (whereby ineducable children are referred to the local health authority under the provisions of the Education Act, 1944) has been carried out during the year. The statistics show a large increase in the total number of new cases notified—22 cases in 1952 compared with 12 in 1951—and further reference to this position is made in para. (iii) below. There were more patients in institutions and under supervision at the end of the year than at any previous time. The supervision of defectives in the community is undertaken by male and female Authorised Officers who made a total of 589 visits during 1952.

(ii) There are no patients under Guardianship Orders in this Authority's area, but some seven patients on licence from institutions are residing here with relatives.

(iii) During 1952, a larger number of children suitable for attendance at an occupation centre were ascertained than during any previous year, though from the statistics it would appear that one might have expected a number of suitable cases from among the large number referred in 1950. However, the present position regarding ineducable children is now more acute than ever before. (See Table D).

TABLE D

Year	Total cases ascertained	Unsuitable for Occupation Centre	Suitable for Occupation Centre
1949	16	16	Nil
1950	27	27	Nil
1951	12	11	1
1952	22	9	13

In the years shown above (with the exception of 1952) the majority of the cases ascertained were either of low category and suitable only for institutional care or were of a sufficiently high-grade to be employable. The remaining few being unsuitable for occupation centre training mainly on account of age. It is anticipated that the number of children suitable for attendance at an occupation centre—14 being ascertained by the 31st December, 1952—will be doubled within the next twelve months.

During the past year the Local Health Authority has further endeavoured to find a suitable site and/or building for use as an occupation centre. Finally, a new but partially erected building has been earmarked for this purpose by the Mental Health Sub-committee. A scheme of adaptations has been prepared and is to be submitted to the Ministry of Health for approval. Providing the necessary sanctions are obtained, the centre will open during 1953 to accommodate 30 children between the ages of 5 and 16 years.

During the past four years some 25 persons were reported to this Authority by the Local Education Authority upon leaving school. All had attained school-leaving age and had undergone a period of instruction at a Special School for educationally sub-normal children. These adolescents were reported under the provisions of the Education Act, 1944, and subsequently placed under Statutory Supervision of the Mental Deficiency Acts for their own protection. In a number of instances the Mental Health Service (in conjunction with the Juvenile Employment Bureau) has found difficulty in obtaining suitable employment for them. The greatest obstacle in this direction is their semi-literacy. Unlike many obvious mental defectives who, though seriously mentally impaired, are often willing, obedient and hard-working individuals; these border-line cases frequently cause anxiety by misbehaviour which occasionally amounts to delinquency. Whilst this class of persons is of sufficient intelligence and well able to comprehend their surroundings, they have ambitions beyond their attainment. In many respects they possess immature ideas, frequently live in a world of fantasy, but lack the necessary ability to apply themselves diligently to ordinary

tasks. Many become asocial. There is no clear delineation between the very high-grade feeble-minded person and the educationally sub-normal, much depends upon the assessor and the criterion adopted. It is certain that throughout the country this section of the populace makes up the largest single "problem group" in the community.

A study of the position locally has shown that in general this type of person lacks individual initiative. They spend every leisure moment—and their pocket money—at the cinema. Whilst it cannot be denied that films of a sensual and violent nature appeal strongly, the majority visit the cinema from habit, or because they can find little else to do. Considering that these individuals are able to read and write only with difficulty, it is evident that they are cut-off from the world of letters and the enjoyment of all literature—even from newspaper accounts of world affairs. Of necessity they fall back upon the film whatever it may portray. Occasionally employers have expressed surprise to find an employee unable to sign for a wage-packet, and moreover extremely disturbed to discover that printed notices and safety orders displayed in the factory conveyed little or nothing to them. Some manufacturers are very tolerant towards illiterate and semi-literate persons and often make special arrangements for them; but employers are unwilling to accept persons of limited intelligence if in addition, they have a bad reputation.

The problem of the semi-literate adult has been considered locally from time to time, and various attempts have been made to deal with it, so far with little success. During the year the Medical Officer of Health and Senior Authorised Officer visited the Northern Command Army Education Centre at the invitation of the War Office. Some time was spent studying the methods used by the Army to teach illiterate and semi-literate soldiers. The methods employed at the Education Centre differed little from the prosaic form of teaching reading, writing and simple sums. It is obvious that there is no quick path or short cut to literacy. The bedrock of Army teaching was found to be basically the same as that employed in any orthodox school, but an examination of the work of the soldiers revealed surprising progress. The Centre appeared to have achieved much more than the ordinary school, and the explanation of this is to be found in the *attitude* of the soldier towards learning. They were eager to make headway. The majority of the men at the Centre were away from their homes for the first time in their lives, hence mail assumed great importance to them. The writing of a letter home, or the receipt of a letter—and being able to read it oneself—formed the only link of a personal nature between the soldier and his relatives. As soldiers, the men were likely to be sent even further afield, perhaps abroad, and this acted as an incentive to greater concentration. Service discipline was not found to exert the influence one may have expected, but it undoubtedly played a part. It was interesting to hear at first hand some reasons advanced by the soldiers themselves for their inabilities. The greater proportion were filled with self-recrimination about their schooldays and neglected

opportunities. Inattention to lessons, indifferent attendance and prolonged truancy were the most commonly cited. Others blamed the lack of parental encouragement and bad home conditions. Some of the men had obviously had a very unsettled school career due to war conditions. (This was most noticeable among the men from urban areas where there had been extensive air raids and from parts of the country where large scale evacuation of the school population had occurred). In the absence of a system both speedy and satisfactory, it seems apparent that any attempt to remedy illiteracy amongst the adult population will have to be conducted on orthodox lines for the present. But any scheme operating in the community could not expect to produce results comparable to the achievements of the Army Education Centres who turn to advantage the incentives and conditions automatically imposed by Service life.

TABLE E

Cases dealt with under Mental Deficiency Acts, 1913-38

	1952	1951	1950	1949
1. (a) New cases notified during year ...	22	12	27	16
(b) Cases brought forward from previous year which had not been acted upon	1	9	1	—
Total cases during current year ...	23	21	28	16
2. Disposal of cases notified (as para. 1):—				
(a) Admitted to Institutions ...	3	2	5	7
(b) Placed under Statutory Supervision ...	19	17	13	3
(c) Placed under Voluntary Supervision ...	—	—	1	—
(d) Found not to be defective ...	1	—	1	4
(e) Action not yet taken ...	—	2	8	2
	23	21	28	16
3. Movement of patients during year:—				
(a) Ceased to be under Statutory Supervision on account of:—				
(i) Being admitted to Institutions ...	6	1	—	—
(ii) Removal from this area ...	—	—	5	—
(iii) Death ...	—	1	—	—
(b) Ceased to be under Institutional care (including Licence leave) on account of:				
(i) Discharge from Order (by Board of Control) ...	2	6	2	—
(ii) Death ...	1	3	3	1
4. Distribution of patients at 31st December:—				
(a) In Institutions ...	141	132	134	131
(b) On Licence ...	7	7	7	8
(c) Under Guardianship ...	—	—	—	—
(d) Under Statutory Supervision ...	101	87	72	64
(e) Under Voluntary Supervision ...	4	4	4	3
(f) Under Training ...	—	—	—	1
(g) Action not yet taken ...	—	2	8	2
Total number of patients ...	253	232	225	209
5. Cases awaiting admission to Institutions ...	8	10	5	6
6. Total number of visits paid by Authorised Officers (cases of amentia only) ...	589	458	423	401

SECTION 3



Sanitary Circumstances

Housing

Food

(Inspection and Supervision)

including

Milk Distribution

Food and Drugs Sampling

Meat and other Foods

Ice Cream, etc.

Factories

Rodent Control

Smoke Abatement

Atmospheric Pollution

Sanitary Circumstances

AND

Sanitary Inspection of the Area

I am indebted to Mr. H. Margerison, M.R.San.I., Chief Sanitary Inspector, for the following report:—

Inspections and Visits.

Dwellingshouses:—

Primary Inspections under the Housing Acts	...	...	27
Subsequent Inspections under the Housing Acts	...	...	162
Visits re work in progress under the Housing Acts	...	...	26
Visits re removals and disinfestations	...	...	745
Visits re overcrowding	...	...	24
Re sanitary defects (complaints, etc.)	...	...	946
Re notifiable diseases	...	...	150
Re dirty and/or verminous premises	...	...	129
Common Lodging Houses	...	...	3
Houses-Let-in-Lodgings	...	...	33

Drainage:—

Public sewers inspected	...	...	294
Special Drainage Inspections	...	...	826
Public sewers tested	...	...	116
Drains tested	...	...	255

Factories, etc.:—

Factories with mechanical power	...	...	73
Factories without mechanical power	...	...	9
Outworkers' premises	...	...	15
Workplaces (general)	1
Workplaces (offices)	4

Shops:—

Visits under Shops Acts	43
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Food Inspection:—

Dairies	88
Milkshops	27
Ice Cream premises	110
Fried Fish shops	64
Bakehouses	...	...	29
Restaurants, Cafes, etc.	...	...	46
Other food premises	...	...	151
Applications for Catering Licences	...	...	25

Smoke Abatement:—

Smoke observations	...	...	49
Visits to works re smoke emission	...	...	58

Sampling:—

Food and Drugs Act 1938	...	...	...	...	405
Bacteriological Samples—Milk	...	...	...	...	54
Bacteriological Samples—Ice Cream	...	...	...	...	60
Biological Samples—Milk	...	...	...	...	131
Water	...	...	...	...	16
Swimming Baths Water	...	...	...	...	36
Fertilisers and Feeding Stuffs	...	...	...	...	36

General:—

Fertilisers and Feeding Stuffs Act	...	...	...	...	39
Noise Nuisances	...	...	...	...	62
Rodent infested premises	...	...	...	...	4,022
Stables re nuisances	...	...	...	...	2
Fowls, Swine and other animals	...	...	...	...	27
Schools	...	...	...	...	4
Places of Public Entertainment	...	...	...	...	13
Public Sanitary Conveniences	...	...	...	...	143
Requisitioned Houses	...	...	...	...	2
Pharmacy and Poisons Act	...	...	...	...	46
Building Licences	...	...	...	...	71
Small Dwellings Acquisition Act	...	...	...	...	74
Miscellaneous visits	...	...	...	...	1,385
Abattoir—266 days					
Total number of Inspections and Visits	...	...	...	...	11,120
Total number of re-Inspections	...	...	...	...	2,169

Sanitary Improvements Effected.

Dwellinghouses:—	Informal Action
General repairs	399
Dirty Houses cleansed	32
Council houses found bug infested and disinfested	—
Other houses found bug infested and disinfested	18
Houses cleared of vermin (other than bugs)	50
Common Lodging Houses. Nuisances abated or improvements effected	1
Houses-let-in-lodgings. Nuisances abated or improvements effected	9

Drainage:—

Sewers cleansed	135
Drains cleansed and/or repaired	118
Drains reconstructed or new drains provided	72
Public sewers repaired and/or reconstructed	42

Factories:—

Factories with mechanical power. Nuisances abated or improvements effected	20
Factories without mechanical power. Nuisances abated or improvements effected	1
Workplaces (Offices). Nuisances abated, etc.	2

Shops:—

Nuisances abated or improvements effected	8
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General:—

Premises cleared of rats—Dwellinghouses	326
Other premises...	440
Premises cleared of mice—Dwellinghouses	...	...	338
Other premises ...	...	...	214
Fried Fish Shops—Nuisances abated or improvements effected	...	...	10
Bakehouses—Nuisances abated or improvements effected	...	...	9
Ice Cream premises—Improvements effected	...	...	3
Restaurants, Cafes, etc.—Nuisances abated or improvements effected	...	...	3
Other food premises—Nuisances abated or improvements effected	...	...	6
Boiler Plants improved re emission of smoke	...	...	11
Fowls, Swine and other animals—Nuisances abated	...	...	6
Schools—Nuisances abated or improvements effected	...	...	1
Public Sanitary Conveniences—Nuisances abated or improvements effected	...	...	22
Building Licences issued	...	...	66
Noise—Nuisances abated or improvements effected	...	...	10
Miscellaneous Sanitary improvements effected	...	...	69

Prosecutions during 1952.

Date of Hearing	Act	Offence	Penalty
16/1/52	Food and Drugs Act, 1938. Section 3.	(a) Selling milk adulterated by 7.6% extraneous water. (b) Selling milk adulterated by 9.6% extraneous water. (c) Selling milk adulterated by 2.4% extraneous water and abstraction of 13.3% fatty solids.	Defendant fined £3 in each case, with £2 9s. 3d. costs.
1/4/52	Food & Drugs (Milk, Dairies and Artificial Cream) Act, 1950. Section 9.	(a) Selling milk to which had been added 22.0% extraneous water. (b) Selling milk to which had been added 23.0% extraneous water.	Defendant fined £2 in each case, with £2 16s. 6d. costs.
27/5/52	Food and Drugs Act, 1938. Section 3.	Selling Milk adulterated by the abstraction of at least 8.3% of fatty solids.	Defendant fined £5.

General

Fertilisers and Feeding Stuffs Act, 1926.

Fertilisers and Feedings Stuff Regulations, 1932.

Of the 36 samples obtained during the year, 20 were of fertilisers and 16 were of feeding stuffs. Sixteen of these samples were unsatisfactory, and appropriate action was taken by the Chief Sanitary Inspector.

Pharmacy and Poisons Act, 1933.

Pharmacy and Medicines Act, 1941.

At the end of 1952 there were 181 registered sellers of Part II poisons, occupying 226 registered premises.

There were 46 inspections of these premises during the year.

Rag Flock and Other Filling Materials Act, 1951.

At the beginning of the year there were 6 premises registered under this enactment. One further application was received during the year and the premises were duly registered, making a total of 7 registered premises at the end of 1952.

No samples were taken.

Pet Animals Act, 1951.

Section 1 of the abovementioned legislation, which came into operation of the 1st April, 1952, enacts that no persons shall keep a Pet Shop except under a licence granted by the Local Authority.

Eight applications were received during the year and licences were granted in each case.

Places of Public Entertainment.

During the year 13 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary. Conditions were generally satisfactory.

Swimming Baths.

Every month the swimming bath waters are sampled for chemical and bacteriological examination at the Public Baths and all School Swimming Baths.

Conditions have been greatly improved during the year, and the caretakers at all school baths have been instructed in the chlorination and proper treatment of the bath water.

Health Education.

During the year lectures have been given by the Chief Sanitary Inspector, as follows:—

“Food Hygiene” (illustrated with film strips)—School Meals Canteen Service;

“Smoke Abatement”—The Rotary Club of Halifax;

“Atmospheric Pollution”—Harrison Road Congregational Church.

Housing

Housing Statistics.

1. Inspection of Dwellinghouses during the year:—

(1) (a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	1064
(b)	Number of inspections made for the purpose ...	2886
(2) (a)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	26
(b)	Number of inspections made for the purpose ...	27
(3)	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	14
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	12

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	591
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3. Action under Statutory Powers during the year:—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1)	Number of dwellinghouses in respect of which notices were served requiring repairs	6
(2)	Number of dwellinghouses which were rendered fit after service of formal notices:—	
(a)	By owners	7
(b)	By Local Authority in default of owners ...	1

(b) Proceedings under 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	6
(b)	By Local Authority in default of owners ...	63

- (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—
- | | |
|-------------------------------------------------------------------------------------|---|
| (1) Number of dwellinghouses in respect of which Demolition Orders were made | 7 |
| (2) Number of dwellinghouses demolished in pursuance of Demolition Orders | 1 |
- (d) Proceedings under Section 12 of the Housing Act, 1936:—
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 6 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit | Nil |

4. Housing Act, 1936 (Part IV)—Overcrowding.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| (a) (1) Number of dwellings overcrowded at the end of the year | 1087 |
| (2) Number of families dwelling therein | 1121 |
| (3) Number of "persons" dwelling therein | 4014 |
| (b) Number of new cases of overcrowding reported during the year | 15 |
| (c) (1) Number of cases of overcrowding relieved during the year | 14 |
| (2) Number of "persons" concerned in such cases | 73 |
| (d) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | Nil |
| (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report | Nil |

Eradication of Bed-Bugs.

- | | |
|-----------------------------------------------------------------------------------------|-----|
| (1) (a) (1) Number of Council Houses found infested | Nil |
| (2) Number of Council Houses disinfested | Nil |
| (b) (1) Number of other houses found infested | 18 |
| (2) Number of other houses disinfested | 18 |
| (c) Number of houses where furniture was disinfested with HCN gas at Charlestown | 128 |

Closing and Demolition Orders: Housing Act, 1936

Continuing the information given in previous reports, the following Table shows the position on the 31st December, 1952:—

Ref. No.	Situation.	Date of Report.	Date of Closing Order.	Date of Demolition Order.	Remarks.
186	3, Sunderland's Yard	24/1/52	—	—	Undertaking to wall up all openings accepted. Undertaking to use as business premises accepted.
187	18, Angel Road	24/1/52	—	—	
188	North Clough Head, Warley	24/1/52	29/2/52	—	
189	1, Manor Street	21/2/52	3/4/52	—	Undertaking to wall up all openings accepted Undertaking to wall up all openings accepted.
190	6, Lower Slack, Wainstalls	20/3/52	—	—	
191	36, Upper Broadley Hall	20/3/52	—	—	
192	16, Moxon Terrace	24/4/52	28/6/52	—	
193	56, Railway Buildings	15/5/52	28/6/52	—	
194	62a, Haigh Street	21/8/52	13/10/52	—	
195	5, Stoney Brow Farm, Siddal	23/10/52	28/11/52	—	
196	7, Abbey Street	20/11/52	22/1/53	—	
197	Warley Springs, Burnley Road	20/11/52	22/1/53	—	Undertaking to wall up all openings accepted.
198	8, Netherton, Holmfield	18/12/52	—	20/2/53	
199	10, Netherton	18/12/52	—	20/2/53	
200	12, Netherton	18/12/52	—	20/2/53	
201	6, Ena Street, Siddal	18/12/52	—	—	

To complete observations made in previous annual reports, the following information is given:

Ref. No.

170	Closing Order determined	...	...	...	27/10/1952
174	House demolished by owner	...	...	...	25/6/1952
183	House demolished by owner	...	...	...	27/6/1952

Furnished Houses (Rent Control) Act, 1946.

No cases were referred by the Housing Committee to the Furnished Houses Rent Tribunal, under the above Act.

Common Lodging Houses.

There is only one Common Lodging House in the Borough, and three inspections of same were made during the year. It was found to be in a satisfactory condition.

Houses-Let-in-Lodgings.

At the end of the year there were 44 Houses-Let-in-Lodgings, providing accommodation for 221 families. There were 33 inspections made during the year and, whilst conditions generally were satisfactory, nuisances were abated or improvements effected in nine cases.

Cleansing Facilities.

There is a Cleansing Station, which operates under the general supervision of the Chief Sanitary Inspector, at the Disinfestation Station, Charlestown. Hot baths and showers and the usual cleansing materials are provided.

Men are cleansed by the attendant at the Disinfestation Station, and the cleansing of women is carried out under the supervision of a Health Visitor.

Provision exists for the steam sterilisation of clothing and, if necessary, for bedding, etc. Where necessary, houses are treated with a D.D.T. preparation.

Food (Inspection and Supervision)

Milk Distribution.

At the end of the year there were 198 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 14 registered dairy premises.

Licences, under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and the Milk (Special Designation) (Raw Milk) Regulations, 1949, were granted as follows:—

Pasteurised Milk—Pasteuriser's Licence	...	...	1
Pasteurised Milk—Dealers' Licences	...	...	55
Pasteurised Milk—Supplementary Licences	...	...	6
Sterilised Milk—Dealers' Licences	...	...	163
Sterilised Milk—Supplementary Licences	...	...	2
Tuberculin Tested Milk—Dealers' Licences	...	...	54
Tuberculin Tested Milk—Supplementary Licences	...	...	5

Bacteriological Examination of Milk.

During the year, 137 samples of milk were submitted to bacteriological examination, as shown below. Eight (or 5.84%) of these samples were unsatisfactory.

Designation	Samples taken	Satisfactory	Unsatisfactory
Tuberculin Tested	10	8	2
Pasteurised	43	43	—
T.T. (Pasteurised)	4	4	—
Accredited	19	19	—
Sterilised	7	7	—
Undesignated	54	48	6
Total ..	137	129	8

Biological Examination of Milk.

During the year 131 samples of milk were submitted to biological examination by the Public Health Laboratory Service. Of this total, 87 samples were of milk produced within the Borough and 44 of milk from outside the Borough.

Four (or 4.59%) of the locally produced milks gave positive results, whilst 2 (or 4.55%) of the samples of milk produced outside the Borough were positive.

Notices were served by the Medical Officer of Health, in accordance with Regulation 20 of the Milk and Dairies Regulations, 1949, in 7 cases where such action was appropriate.

Food and Drugs Act, 1938.

A total of 405 samples of Foods and Drugs was obtained during the year and submitted to the Public Analyst.

These included 231 samples of milk, 58 samples of ice cream and 116 samples of foods and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 14, giving a percentage of 6.06.

Of the 58 samples of Ice Cream, 2 (or 3.45%) were reported as unsatisfactory.

Of the 116 samples of other foods and drugs, 8 (or 6.89%) were reported not genuine.

Full details of all samples will be found in the following Tables:—

TABLE I.

Nature of Sample	No of Samples taken			No. not genuine		
	Formal	Informal	Total	Formal	Informal	Total
Milk	*223	8	*231	13	1	14
Alcoholic Drinks:—						
Beer, Mild	4	—	4	—	—	—
Gin	1	—	1	—	—	—
Rum	2	—	2	—	—	—
Whisky	1	—	1	—	—	—
Almonds, Ground ..	2	—	2	—	—	—
Baking Powder ..	2	4	6	2	1	3
Butter	4	—	4	—	—	—
Coconut:—						
Dessicated. ..	—	3	3	—	—	—
Sugared	—	1	1	—	—	—
Cream, Synthetic ..	—	2	2	—	—	—
Dried Fruits:—						
Cherries, Glace ..	1	—	1	—	—	—
Peel, Cut	1	—	1	—	—	—
Fat:—						
Fat, Cooking ..	2	—	2	—	—	—
Dripping	—	1	1	—	—	—
Lard	2	—	2	—	—	—
Fish Cakes	—	9	9	—	—	—
Ice Cream	1	57	58	1	1	2
Jams	4	—	4	—	—	—
Lemon Cheese	2	—	2	—	—	—
Lemon Curd	2	—	2	—	—	—
Mincemeat	4	—	4	—	—	—
Paste:—						
Fish	1	2	3	—	—	—
Meat	4	4	8	—	2	2
Salmon	4	—	4	1	—	1
Potted Meat	—	4	4	—	—	—
Saccharin Tablets ..	—	4	4	—	—	—
Sago	—	2	2	—	1	1
Sauce	—	4	4	—	—	—
Sausages:—						
Beef	21	—	21	—	—	—
Pork	2	—	2	1	—	1
Sausage Meat	1	—	1	—	—	—
Soft Drinks:—						
Lucozade	1	—	1	—	—	—
Mineral Water ..	—	4	4	—	—	—
Orange Drink ..	—	1	1	—	—	—
Orange Cordial ..	1	—	1	—	—	—
Orange Squash ..	2	—	2	—	—	—
Total	295	110	405	18	6	24

*Includes 4 "Appeal to Cow" Samples which were genuine.

TABLE 2.

Administrative Action taken in respect of Samples reported by the Public Analyst to be Not Genuine or otherwise irregular.

No of. Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action taken
11	Sago— Acidity	Informal sample submitted on complaint from consumer, found to be unfit for human consumption owing to its acidity, souring of the milk and the gelatinised product being abnormally fluid. All the remaining sago had been disposed of by the retailer. A check sample was taken at a later date and was reported as satisfactory.
22	Milk— 4.7% added water	Formal sample from a dairy farmer outside the Borough obtained at the "place of delivery" to Pasteuriser's Plant. Arrangements were made with the Sampling Officer of the West Riding County Council to obtain "Appeal to Cow" Samples. Incorrect information given by the producer regarding milking times and, later, adverse weather conditions, etc., prevented "Appeal to Cow" Samples being taken within the prescribed time. The matter was reported to the Health Committee, who, on the advice of the Prosecuting Solicitor, authorised the Town Clerk to send a warning letter.
27 28	Milk— 22% added water Milk— 23% added water	Formal samples from a dairy farmer outside the Borough obtained at "the place of delivery" to Pasteuriser's Plant. Formal "Appeal to Cow" Samples (WRCC 1501 and 1502) were obtained and found to be genuine milk. The matters were reported to the Health Committee, who authorised legal proceedings. The cases were heard in the Halifax Borough Police Court on 1st April, 1952, when the defendant was fined £2 in each case and ordered to pay £2 16 6d. costs.
69	Milk— 2.9% added water	Formal sample from a dairy farmer outside the Borough obtained at the "place of delivery" to Pasteuriser's Plant. Check sample taken at a later date was reported as satisfactory.
72	Meat Paste— Deficient in Meat	Informal sample from a manufacturer/retailer containing only 49.5% of meat against 55% required by the Food Standards (Meat Paste) Order, 1951. A verbal warning was given.

TABLE 2—Continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action taken
75	Meat Paste— Containing Sulphur Dioxide	Informal sample from a manufacturer/retailer containing 85 parts per million of sulphur dioxide, contravening the Public Health (Preservatives, etc., in Food) Regulations, which prohibit the addition of sulphur dioxide. A formal sample taken at a later date was reported as satisfactory.
91	Milk— 8.3% Deficient in fat	Formal sample from a dairy farmer, followed by check sample (No. 95) which was found to be genuine milk. The matter was reported to the Health Committee who authorised legal proceedings. The case was heard in the Halifax Borough Police Court on the 27th May, 1952, when the defendant was fined £5.
104	Milk— 5.3% Deficient in fat	Formal sample from a dairy farmer. The matter was reported to the Health Committee, who instructed the Town Clerk to send a warning letter. Check sample taken at a later date was reported as satisfactory.
106	Ice Cream— Deficient in Sugars	Informal sample from a manufacturer/retailer containing only 7.5% of sugars against 10% required by the Food Standards (Ice Cream) Order, 1951. A formal sample was obtained and found to contain only 6% of non-fatty milk solids against the required 7.5%, and 9% of total sugars against the required 10%. The matters were reported to the Health Committee who instructed the Town Clerk to send a warning letter.
150	Ice Cream— Deficient in Sugars and non-fatty solids	
107	Baking Powder— Excess Residual Carbon Dioxide	Informal sample from retailer containing 2.4% residual carbon dioxide against the permitted 1.5%. Two formal samples were obtained which were reported as unsatisfactory containing 2.3% and 2.4% residual carbon dioxide respectively. These matters were reported to the Health Committee who instructed the Town Clerk to send a warning letter.
154	ditto	
184	ditto	
114	Milk— 9.3% Deficient in fat	Formal sample from a dairy farmer obtained at "the place of delivery" to Pasteuriser's Plant. Formal "Appeal to Cow" Samples (Nos. 124 and 125) were obtained, the latter sample containing only 2.81% milk fat, the deficiency being due to natural causes.

TABLE 2—Continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action taken
126	Milk— 1.4% added water	Formal sample from a dairy farmer outside the Borough obtained at the "place of delivery" to Pasteuriser's Plant. The Sampling Officer of the West Riding County Council obtained samples of milk in transit which were found to be genuine. In view of the small adulteration of the original sample, no further action was taken.
132	Sausages, Pork— Deficient in Meat	Formal sample from manufacturer/retailer containing only 47.1% of meat against at least 65% required by the Meat Products Order, 1952. Case reported by the Chief Sanitary Inspector to the Divisional Food Enforcement Officer.
169	Paste—Salmon— Deficient in Fish	Formal sample from retailer containing only 57% of fish against the 70% required by the Food Standards (Fish Paste) Order, 1951. The matter was reported to the Health Committee who instructed the Town Clerk to send a warning letter.
183	Milk— 9% Deficient in fat	Formal sample from a dairy farmer. Formal "Appeal to Cow" Samples (Nos. 185 and 186) were obtained, the former sample containing only 2.92% milk fat, the deficiency being due to natural causes.
190	Milk— 3.6% Deficient in fat	Formal sample from a distributor. A warning letter was sent by the Chief Sanitary Inspector.
217	Milk— 0.9% Added water.	Formal sample from a dairy farmer outside the Borough, obtained at the "place of delivery" to Pasteuriser's Plant.
331	Milk— 73% Deficient in fat.	Informal sample of T.T. farm-produced milk submitted for analysis after delivery and opened by consumer who complained about its quality. A check sample taken from distributor at a later date was reported as satisfactory.

TABLE 2—Continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative Action taken
355	Milk— 6.4% added water.	Formal samples from dairy farmer outside the Borough obtained at the "place of delivery" to Pasteuriser's Plant. Formal "Appeal to Cow" Sample (W.R.C.C. 2881) and a further sample (W.R.C.C. 2882) were obtained and found to be genuine milk. The matters were reported to the Health Committee who authorised legal proceedings. The case was heard at the Halifax Borough Police Court on 20th January, 1953, when the defendant was fined £5 in each case and ordered to pay £2 5 0d. costs.
356	Milk— 8.4% added water	

TABLE 3.
Monthly Average Composition of Milk Samples.

Month			No. of Samples	Analytical Data	
				Milk Fat per cent.	Non-fatty Solids per cent.
January	...	...	21	3.64	8.88
February	...	...	20	3.51	8.52
March	...	...	10	3.71	8.70
April	...	...	23	3.52	8.63
May	...	...	21	3.42	8.87
June	...	...	16	3.58	8.96
July	...	...	27	3.57	8.68
August	...	...	10	3.67	8.84
September	...	...	20	3.96	8.98
October	...	...	19	4.07	8.81
November	...	...	23	3.72	8.77
December	...	...	17	3.76	8.73
Total	...	...	227		
Average for the year 1952			...	3.67	8.78
" " 1951			...	3.72	8.73
" " 1950			...	3.66	8.75
" " 1949			...	3.68	8.77
" " 1948			...	3.71	8.74
" " 1947			...	3.88	8.76
" " 1946			...	3.84	8.86
" " 1945			...	3.79	8.85
" " 1944			...	3.78	8.87
" " 1943			...	3.83	8.83

NOTE.—4 "Appeal to Cow" samples are excluded from the above Table.

TABLE 4.

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

Food (1)	No. of Samples examined (2)	Permitted Preservative (3)	Amount		Remarks (6)
			Allowed (4)	Found (5)	
Milk	231	Nil	Nil	Nil	Satisfactory
Beer	4	Sulphur Dioxide	70 ppm.	3-nil 1-40 ppm.	
Butter	4	Nil	Nil	4-nil	
Cream, Synthetic ..	2	Nil	Nil	2-nil	
Dried Fruits:— Cut Peel ..	1	Sulphur Dioxide	100 ppm.	Nil	Satisfactory
Glace Cherries	1	Nil	100 ppm.	Nil	
Fish Cakes ..	9	Nil	Nil	9-nil	
Jams	4	Sulphur Dioxide	100 ppm.	1-48 ppm. 1-32 ppm. 2-nil	
Paste:— ..					Unsatisfactory
Fish	3	Nil	Nil	3-nil	
Meat	8	Nil	Nil	7-nil 1-85 ppm.	
Salmon	4	Nil	Nil	4-nil	
Lemon Cheese	2	Nil— except as allowed in ingredients		2-nil	Satisfactory
Lemon Curd ..	2	„		2-nil	
Mince meat ..	4	„		4-nil	
Potted Meat ..	4	Nil	Nil	4-Nil	
Sauce	4	Benzoic Acid	250 ppm.	4-nil	Satisfactory
Sausages ..	23	Sulphur Dioxide	450 ppm.	20-nil 1-277 ppm. 1-196 ppm. 1-32 ppm.	
Sausage Meat	1	„	450 ppm.	Nil	
Soft Drinks:— Lucozade ..	1	Sulphur Dioxide or Benzoic Acid	350 ppm. 600 ppm.	1-nil -200 ppm.	
Mineral Waters	4	„	70 ppm. 120 ppm.	4-nil. . -nil. .	Satisfactory
Orange Drink	1	„	70 ppm. 120 ppm.	1-nil. . -nil. .	
Orange	1	„	350 ppm.	1-321 ppm.	
Cordial	2	„	600 ppm.	-Nil	
Orange Squash ..			350 ppm. 600 ppm.	1-250 ppm. -Nil 1-221 ppm. Nil	Satisfactory

Meat Inspection.

Since January 1940, the slaughter of food animals has been under Ministry of Food control at the abattoir which is a supply centre for the County Borough of Halifax, Sowerby Bridge, Hebden Bridge, Ripponden, Queensbury and Shelf, and Todmorden.

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

Description of Premises	No. of Visits
Public Slaughterhouses	592
Private Slaughterhouses	—
Borough Market	204
Wholesale Market	252
Lairages	63
Potted Meat Premises	62
Tripe Boiling Premises	80
Butchers' Shops	327
Other Visits... ..	304
Total ...	1,884

Carcases Inspected and Condemned.

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

	Cattle	Calves	Sheep & Lambs	Pigs
Number killed	7697	2465	27,522	3876
Number inspected	7697	2465	27,522	3876
ALL DISEASES EXCEPT T.B.				
Whole carcasses condemned	11	18	55	28
Carcasses of which some part or organ was condemned	3462	3	1362	462
Percentage of the number inspected affected with disease other than T.B.	43.9	0.85	5.02	12.8
T.B. ONLY				
Whole carcasses condemned	104	—	—	21
Part carcasses or organs	1372	—	—	256
Percentage of the number inspected affected with T.B.	19.0	—	—	7.2

Food Inspection.

The following Table shows the amount of foods condemned:

Food Condemned						Quantity in lbs.
115 Carcases of Beef	...	...	...	...	...	55,017
Beef not in Carcase	...	...	...	...	...	8,293
18 Carcases of Veal	...	...	...	...	...	565
Veal not in Carcase	...	...	...	...	...	56
55 Carcases of Mutton	...	...	...	...	...	1,673
Mutton not in Carcase	...	...	...	...	...	122
49 Carcases of Pork	...	...	...	...	...	6,615
Pork not in Carcase	...	...	...	...	...	3,757
Offals	...	...	...	...	...	110,606
Bacon and Ham...	...	...	...	...	...	34
Canned Provisions	...	...	...	...	...	11,273
Cereals	...	...	...	...	...	38
Cheese	...	...	...	...	...	14
Confectionery	...	...	...	...	...	51
Cooking Fat	...	...	...	...	...	142
Dried Fruits	...	...	...	...	...	151
Eggs	...	...	...	...	...	28
Fish	...	...	...	...	...	1,005
Flour	...	...	...	...	...	10
Fruit	...	...	...	...	...	24
Ice Cream	...	...	...	...	...	28
Macaroni	...	...	...	...	...	42
Meat Pies	...	...	...	...	...	60
Poultry	...	...	...	...	...	273
Rabbits	...	...	...	...	...	1,105
Sausages	...	...	...	...	...	577
Sweets	...	...	...	...	...	40
Total Weight						201,599

Shell Fish.

Supplies of shell fish coming into the Borough 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 total approximate weight of meat and offals destroyed on account of tuberculosis, and from other causes:—

Total Amount of Meat Destroyed	lbs. 76,098
Total Amount of Offals Destroyed	110,606
Total Amount of Meat Destroyed on account of Tuberculosis	62,780
Total Amount of Offals Destroyed on account of Tuberculosis	47,997
Total Amount of Meat Destroyed from other causes	13,318
Total Amount of Offals Destroyed from other causes	62,609
Total Meat and Offals Destroyed	186,704

Manufacture and/or Sale of Ice Cream.

During the year 110 inspections were made of 271 registered premises:—

Manufacturer-vendors	5
Vendors only	266

A total of 61 samples was submitted to bacteriological examination by the Methylene blue reduction test, particulars of which are given in the following Table:—

Produced	No. of Samples	Grade 1 Highly Satisfactory	Grade 2 Satisfactory	Grade 3 Unsatisfactory	Grade 4 Very Unsatisfactory
In Borough	17	11 (64.70%)	3 (17.65%)	—	3 (17.65%)
Outside of Borough	44	36 (81.82%)	6 (13.63%)	2 (4.55%)	—
Total	61	47 (77.05%)	9 (14.76%)	2 (3.28%)	3 (4.91)%

I am pleased to be able to report that all mobile vans and carts selling Ice Cream in this Borough are so constructed as to comply with the Bye-laws made under Section 15 of the Food and Drugs Act, 1938, and also equipped with means for the provision of hot water and washing of the hands. In addition, towels are provided and sterilizing agents for the treatment of the servers.

Fried Fish Shops.

During the year 64 inspections were made of 138 premises. Improvements were effected in 10 cases.

Bakehouses.

The number of bakehouses on the register at the end of the year was 81.

There were 29 inspections made and nuisances were abated or improvements effected in 9 cases.

Improvements in some cases have necessitated complete reconstruction with the provision of new ovens, tiling of walls and floors, the provision of washing facilities and improvement of sanitary accommodation, the improvement of lighting and ventilation and the abatement of minor nuisances.

Factories.

H.M. Inspector of Factories sent 1 notice (comprising 1 item) under Section 9 of the Factories Act, 1937. In addition there were 13 complaints (18 items) brought forward from 1951.

Complaints remedied during the year numbered 7 (9 items). There were 7 outstanding complaints (10 items) at the end of the year.

There were 22 outworkers on the register at the end of the year, and no cases of default in sending lists to the Council were discovered (Section 110). There were no cases of outwork being carried on in unwholesome premises (Section 111.)

Table 1.
Inspections for Purposes of Provisions as to Health.

Premises	No. on Register	Number of		
		Inspect'ns	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	42	9	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	844	73	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority† (excluding outworkers' premises) ...	—	—	—	—
Total ...	886	82	2	—

†i.e. Electrical Stations (S.103(1)), Institutions (S.104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

Table 2.
Cases in which defects were found.

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	2	6	—	1	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total ...	2	6	—	1	—

Rodent Control.

Premises	Inspected		Treated		Outstanding		Cleared	
	Rats	Mice	Rats	Mice	Rats	Mice	Rats	Mice
Local Authority's Premises:								
Abattoir	12	—	7	—	—	—	7	—
Borough Market	29	62	13	58	—	2	12	4
Day Nurseries	4	6	3	6	—	—	2	—
Piece Hall	96	43	93	43	6	1	52	20
Refuse Disposal Works ...	12	—	11	—	1	—	5	—
Reservoir Embankments ...	—	—	—	—	—	—	—	—
Tips	5	1	2	—	—	—	1	—
School Canteens	18	22	14	19	2	—	9	1
Schools	9	16	9	12	—	—	4	—
Sewage Disposal Works ...	9	—	7	—	—	—	3	—
Sewers (Public) Manholes	26	—	26	—	—	—	21	—
Other Premises	45	43	31	29	1	1	19	19
Private Business Premises:								
Bone Works	12	—	8	—	—	—	—	—
Canteens	26	27	22	22	1	—	16	14
Factories (with mechanical power)	49	40	31	32	1	1	19	21
Factories (without mechanical power) ...	30	24	15	15	1	2	8	10
Hospitals	33	29	29	28	1	—	14	18
Hotels	17	16	8	10	—	—	6	8
Houses-let-in-Lodgings ...	18	19	8	15	—	2	5	—
Piggeries	17	—	13	—	—	—	8	—
Places of Public Entertainment	13	4	3	2	—	—	2	—
Sewers (Private) Manholes	188	—	188	—	—	—	173	—
Shops	59	43	41	32	—	1	27	17
Stables	7	—	3	—	—	—	2	—
Tips	2	—	—	—	—	—	—	—
Other premises	58	37	37	25	1	1	25	13
Dwellinghouses:								
Corporation Houses ...	286	285	264	268	15	19	131	120
Private Dwellinghouses ...	468	401	398	357	17	19	195	212
Totals ...	1548	1118	1284	973	47	49	766	552

Summary of Operations

	Rats	Mice	Total
Number of Primary Inspections	1693	2329	4022
Number of Re-inspections	2757	2831	5588
Number of Complaints received	205	99	304
Number of Complaints remedied	207	101	308
Number of Complaints outstanding	21	16	37
Number of Local Authority's Premises treated ...	198	109	307
Number of Corporation Houses treated	306	215	521
Number of Private Business Premises treated ...	275	166	441
Number of Private Dwellinghouses treated	379	213	592
	Local Authority's	Private Business	Total
Premises test-baited and found not infested ...	56	110	166
Visits with District Sanitary Inspectors re Drainage ... ..	...	...	22
Estimated number of rats killed ... ..	...	...	9111

Smoke Abatement.

The number of smoke observations made during the year was 49, details of which are given in the following Table.

Visits to works in connection with smoke emission numbered 58, and the average emission of black smoke was 1.245 minutes per observation, or 2.49 minutes per hour.

Boiler plants were improved re smoke emission in 11 cases.

Chimney	No. of observations (30 minutes each)	Average minutes black smoke per observation
Adelaide Street Mills	1	Nil
Albert Street Mills	2	Nil
Battinson Road Mills	1	Nil
Blackwood Mills	1	Nil
Bowling Dyke Mills	1	20.0
Central Laundry	1	Nil
Clarence Mill	1	Nil
Clay Pits Works	1	Nil
Croftmyl	1	Nil
Dean Clough Mills (Stone)	1	20.0
Halifax Steam Laundry	8	0.63
Hanson Lane Mills	3	Nil
Mile Cross Works	4	0.25
Pioneer Iron Works	4	0.375
Queens Road Chocolate Factory	6	1.58
Queens Road Dairy	1	Nil
Raglan Street Dyeworks (Stone)	1	Nil
Raglan Street Dyeworks (Brick)	1	Nil
Regent Works	2	1.0
Royal Halifax Infirmary	1	Nil
St. John's Hospital	1	Nil
Spring Hall Mills	2	Nil
Stone Trough Brewery	3	0.67
Union Mills	1	Nil
Total	49	1.245

TABLE 1.—DEPOSITED ATMOSPHERIC POLLUTION, 1952.

Month	WADE STREET (Central)				BELLE VUE PARK (¼-mile West)				AKROYD PARK (¼-mile North)				INFIRMARY (1 mile South)				WEST VIEW PARK (1½ miles West)				
	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	
January	4.37	12.64	9.64	22.28	3.98	6.24	11.97	18.21	*	1.22	9.99	6.39	*	4.10	4.97	9.83	14.80	*	4.04	3.08	*
February	1.02	8.92	4.14	13.06	0.95	5.82	3.93	9.75	1.22	1.85	8.43	5.57	14.00	0.83	5.86	3.01	8.87	0.99	8.90	7.01	7.12
March	1.30	9.14	4.81	13.95	1.70	8.87	6.74	15.61	1.85	8.43	8.90	5.88	14.78	1.77	6.56	4.79	11.35	1.89	7.01	7.12	14.13
April	2.40	15.32	7.01	22.33	2.25	7.91	5.93	13.84	2.48	8.90	5.88	14.78	19.79	2.44	6.92	6.59	13.51	2.56	7.01	7.12	14.13
May	2.44	17.34	6.74	24.08	2.05	8.20	5.67	13.87	2.52	11.36	8.43	19.79	2.33	7.95	5.65	13.60	2.36	6.75	7.51	14.26	
June	2.17	10.30	5.33	15.63	1.93	4.98	4.41	9.39	1.89	6.53	5.91	12.44	2.21	4.76	3.83	8.59	2.76	4.00	4.87	8.87	
July	†	†	†	†	1.13	5.92	4.83	10.75	1.46	9.69	6.21	15.90	1.22	6.05	3.99	10.04	1.58	5.12	7.19	12.31	
August	3.39	11.79	8.28	20.07	3.03	4.32	5.11	9.43	3.23	4.69	4.63	9.32	3.86	4.92	5.48	10.40	3.67	3.64	6.00	9.64	
September	3.31	12.33	15.47	27.80	3.15	4.81	6.33	11.14	3.53	4.25	5.94	10.19	3.03	3.99	6.68	10.67	3.47	3.59	8.38	11.97	
October	4.49	9.63	11.19	20.82	4.73	5.62	13.40	19.02	4.49	4.07	8.25	12.32	4.61	5.05	10.18	15.23	5.28	3.96	9.41	13.37	
November	2.09	13.27	7.69	20.96	2.13	6.05	6.97	13.02	2.09	3.87	6.67	10.54	1.93	3.85	5.37	9.22	2.17	5.01	7.29	12.30	
December	3.39	10.21	12.16	22.37	3.47	5.43	13.95	19.38	3.35	5.91	12.20	18.11	2.92	4.78	8.18	12.96	2.68	3.86	6.84	10.70	
AGGREGATES	30.37	130.89	92.46	223.35	30.50	74.17	89.24	163.41	28.11	77.69	76.08	153.77	31.25	65.66	73.58	139.24	29.41	55.88	74.70	130.58	
MONTHLY AVERAGES...	2.76	11.90	8.40	20.30	2.54	6.18	7.44	13.62	2.56	7.06	6.92	13.98	2.60	5.47	6.13	11.60	2.67	5.08	6.79	11.87	

Monthly Average for whole Borough:—Rainfall in inches

Insoluble Solids

Soluble Solids

Total Solids

2.63
6.66 tons per square mile.
7.14
14.27

Total Annual Deposit for whole Borough—171.30 tons per square mile.

* Collecting bottle broken by frost.

† Record spoilt by the presence of insects.

**Total Annual Deposit for the whole Borough for
the past ten years**

(Tons per square mile.)

1952	...	171.30
1951	...	185.04
1950	...	174.30
1949	...	202.95
1948	...	183.79
1947	...	241.91
1946	...	238.09
1945	...	198.53
1944	...	226.26
1943	...	225.81

There has been a steady drop in the atmospheric pollution figures during the last few years. Nothing very spectacular, but yet a step in the right direction.

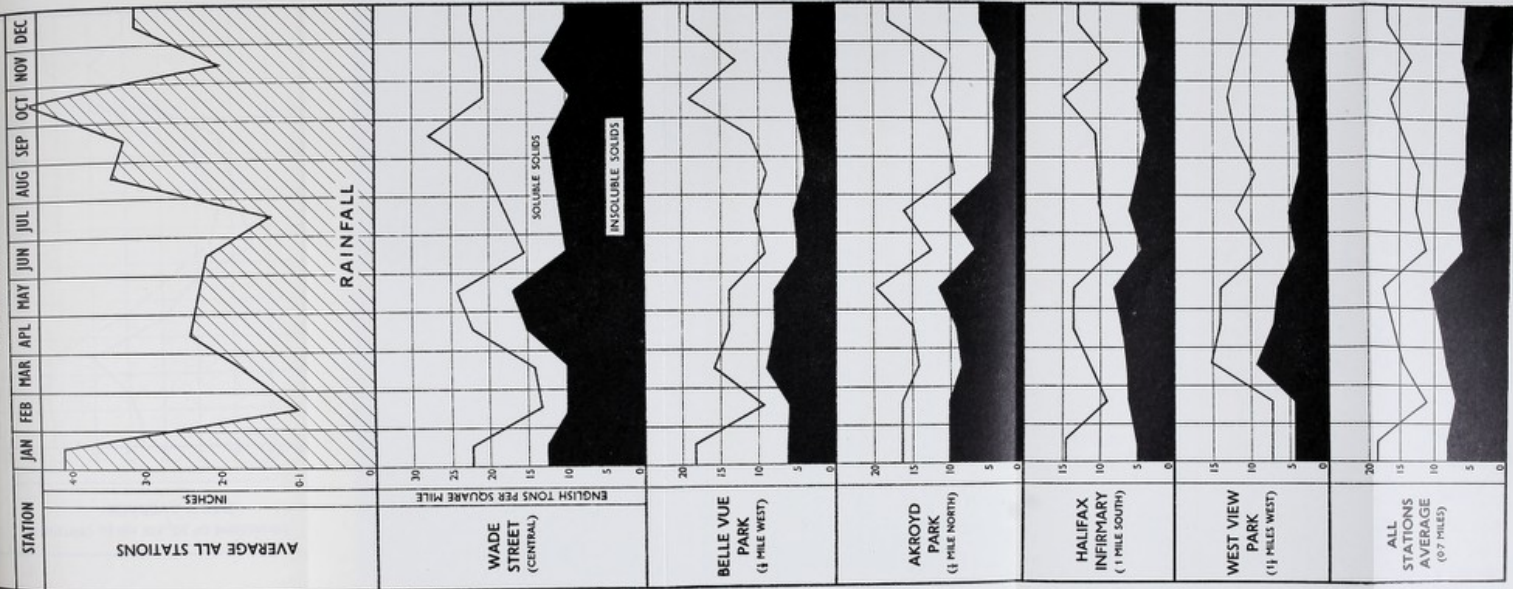
Several firms have been dealt with during the year where plants have been entirely reconstructed, and other firms have been electrified or persuaded to use smokeless fuels.

TABLE No. 2.
SULPHUR POLLUTION—LEAD PEROXIDE METHOD. 1952.

Station	Milligrams of SO ₃ per 100 Square Centimetres—Daily Average.												Total Daily Average
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
WADE STREET (Central)	3.63	3.76	3.71	2.64	2.10	1.23	1.34	1.42	2.16	2.95	3.66	3.71	2.69
WEST VIEW PARK (1½ Miles West)	2.33	2.48	3.01	2.04	1.59	0.77	0.89	1.07	1.19	2.33	2.99	2.57	1.94
Total Daily Average ...	2.98	3.12	3.36	2.34	1.84	1.05	1.06	1.24	1.67	2.64	3.32	3.14	2.31

TABLE No. 1A
MONTHLY ATMOSPHERIC DEPOSIT 1952
FIVE HALIFAX STATIONS

75-76





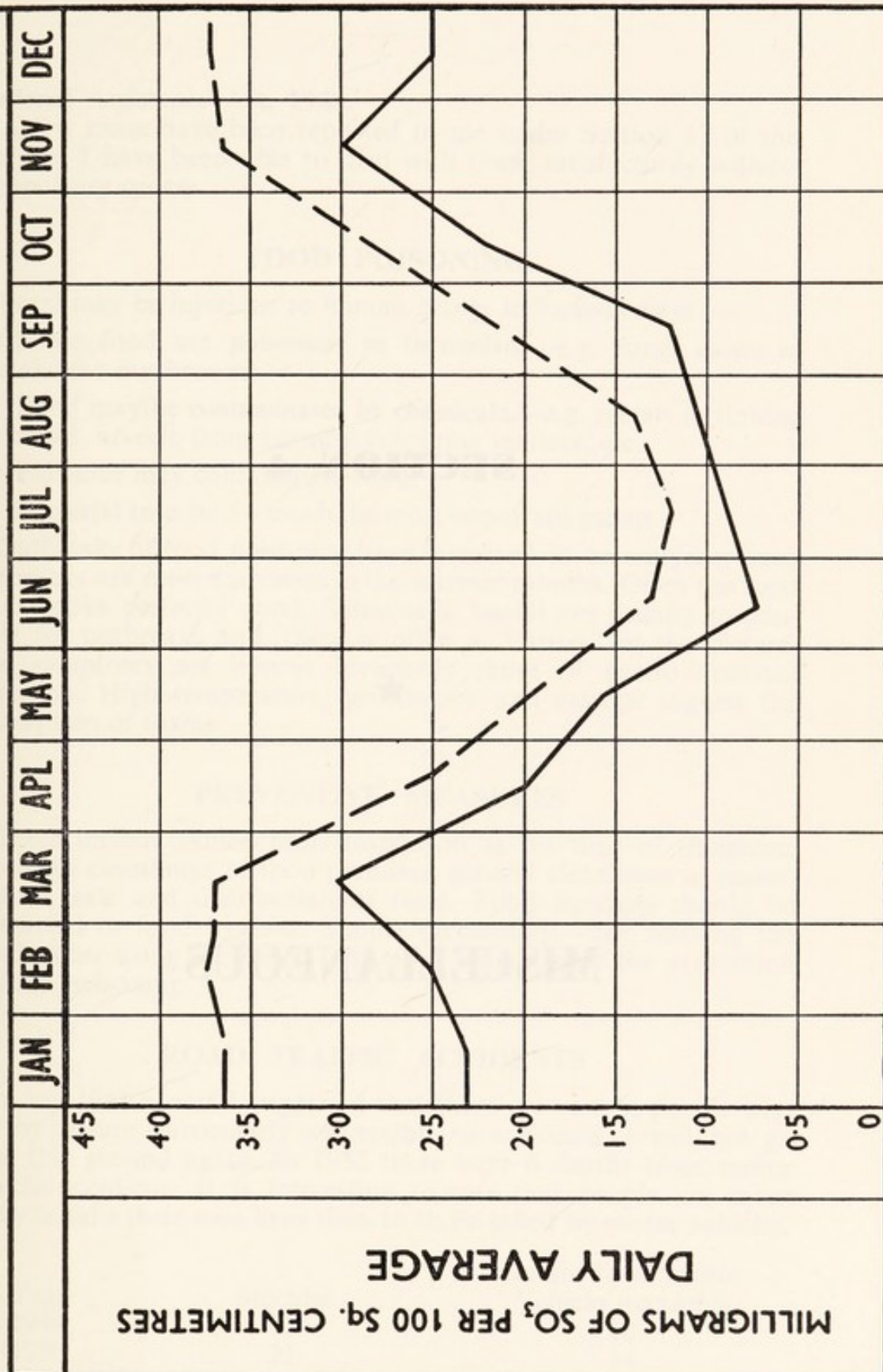
AVERAGE ALL STATIONS

WIDE STREET
NARROW STREET
(DITCH)

SECTION 1

SECTION 2

WEST VIEW PARK ————— WADE STREET.....



SECTION 4**MISCELLANEOUS**

Miscellaneous

National Assistance Act, 1948.

A few cases have been reported to me under Section 47 of this Act but I have been able to deal with them satisfactorily without compulsory orders.

FOOD POISONING

Food may be injurious to human beings in various ways:—

- (1) Some food are **poisonous in themselves**—e.g. fungi eaten in mistake for mushrooms.
- (2) Food may be **contaminated by chemicals**,—e.g. metals in tinning processes, arsenic from harmful colouring matters, etc.
- (3) **Parasites** may contaminate food.
- (4) **Bacterial Infection**—much the most important group.

Outbreaks of food poisoning have increased in recent years such outbreaks are most numerous in the warmer months. Often the food eaten looks perfectly good. Salmonella bacilli are usually responsible for outbreaks and, there is often a “carrier” in the picture. The symptoms are almost invariably those of gastro-intestinal irritation. High temperature, prostration and cramps suggest the absorption of toxins.

PREVENTIVE MEASURES

These include skilled meat inspection at the time of slaughter, thorough cleanliness of food premises, general cleanliness in manufacture, sale and distribution of food. Food handlers should be instructed in food hygiene. Simple precautions—like washing the hands after using the toilet—will go a long way in the prevention of food poisoning.

ROAD TRAFFIC ACCIDENTS

In my 1951 report I suggested that there are certain people who are by nature particularly susceptible to accidents. I will not go over this ground again. In 1952 there were 8 deaths from motor vehicle accidents. It is interesting to note that people are more likely to take their own lives than to be killed by motor vehicles.

Year	Suicides	Deaths from Motor Vehicle Accidents
1949	15	10
1950	21	14
1951	13	10
1952	13	8

I am indebted to Mr. G. S. Bradbury (Chief Welfare Officer) for the following information:—

Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends:— (a) No treatment (b) Treatment (medical surgical or optical)	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
	11	5	—	33
	med. 3	opt. 1		opt. 3
	sur. 7	med. 1		med. 4
	—	sur. 1		edu. 1
	tot. 10	tot. 3		tot. 8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	3 (Awaiting surgical + 7)	3	—	8

WATER SUPPLY

I am indebted to Mr. A. C. Wildsmith, Waterworks Engineer, for the following report:—

The water supply has been satisfactory in quality and quantity. The development of the system has kept pace with the extension of housing.

During the past twelve months the following analyses have been performed, at the Waterworks Laboratory, on "raw" and filtered water.

Physical Analyses: 2300

Chemical: 25

Bacteriological: 1060

In addition 75 analyses of indept. samples taken from within the Borough have been made by the Borough Analyst, with satisfactory results.

The treated water has no plumbo-solvent action, due to the addition of suitable alkali during final treatment.

The raw moorland water is chemically treated, filtered and chlorinated before use. A measurable chlorine residual is maintained in the distribution system.

All new mains are sterilised and checked by bacteriological analyses before being put into service. The total yardage of mains so treated in the last twelve months being approx. 5,000 yards.

A new service reservoir of 500,000 gallons capacity was similarly treated before being brought into use.

Population supplied direct from mains:— 98,000 approx.

Houses supplied direct from mains:— 32,259.

Houses supplied from standpipes:— 5.

SEWAGE

I am indebted to Mr. C. Lumb, Sewage Works Manager, for the following Report:—

Sewage Purification.

The purification of sewage and trade effluents continues to be a vital link in the chain of public health services. This is an amenity very much taken for granted, but without it there would be a retrogression to the notoriously insanitary conditions of a century ago.

Drainage from most of the Borough falls naturally to the Sewage Purification Works situated partly at Salterhebble, partly at Copley and partly at North Dean. Purification is accomplished by sedimentation—assisted by scientifically-controlled chemical precipitation—followed by bio-chemical oxidation accomplished partly in percolating filter beds and partly in activated sludge (surface aeration) units. The final effluents ultimately pass to the river Calder as tributaries of clean water, to the requirements of the Yorkshire Ouse River Board. Due to trade effluents, the works are approximately double the size they would otherwise need to be for the same population.

The hygienic disposal of the sludge residues produced during this treatment is not an easy problem but has been successfully solved in Halifax, which has been in the van of progress in this particular phase of municipal sanitation. The sludges are all processed to yield useful by-products (grease and fertilisers) which are sterilised and returned to productive channels. The salvage of these residuals reduces the cost of the service and is furthermore a usual contribution to national self-sufficiency.

Post-war housing has now developed sufficiently to cause a significant increase in the volume of sewage to be treated. Trade waste waters, after a temporary recession in late 1951 and early 1952, are also tending to increase in volume. To cope with these factors the Council have decided that some increases in capacity of the percolating filter plant—in the Copley section of the Department—are necessary to maintain the works in a condition adequate for requirements. A plan for appropriate enlargements has accordingly been approved to cover developments over the next five or six years, and which it is hoped shortly to initiate. The plan depends on a modification of the “recirculation” system, based on recent research, whereby a greater duty can be obtained from existing filter beds; the cost will consequently be only a fraction of that which would be necessary for new construction to provide the same increased capacity.

During the year 1952, 2,324,710,000 gallons of sewage and trade effluent were fully purified, an average of 6,352,000 gallons for each day of the year. 54,988 tons of sludge residues were extracted, which were processed to yield 397 tons of grease and 3,266 tons of fertilisers; the income from the whole of these by-products yielded £21,303 17s. 5d.

The portions of the Borough not draining to Salterhebble are the Northowram and Luddenden areas.

Drainage from the Northowram district is connected, by agreement, to the sewers of the Brighouse Corporation and purified at the Brighouse Sewage Works at Cooper Bridge.

Drainage from Luddenden falls to the sewage works of the Luddenden Foot Joint Sewerage Board, on which Board Halifax has representatives.

CLEANSING

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

Refuse Collection and Disposal

During the year, the Department, disposed of 28,362 tons of refuse. Two-thirds (i.e. 18,799 tons) of this quantity were dealt with by separation-incineration at the Charlestown Road Disposal Works and the remainder by controlled tipping at Birks Hall. The area of 5.2 acres on the above tip earmarked for transfer to the Education Committee for use as playing fields is now practically completed—yet another instance of the town's refuse being utilised for the benefit of the community.

The gradual extension of the built-up areas of the Borough (particularly in the Illingworth, Mixenden and Wheatley areas)—coupled with the continued shortage of labour—has added to the Department's difficulties with regard to refuse collection. With the exception, however, of slight delays occasioned by snow-fall and holidays the service has operated regularly throughout the year.

Salvage.

During the year, £28,588 was realised from the sale of reclaimed materials. The marketing of processed kitchen waste continues to be the greatest single source of the Department's annual revenue and accounts for £12,891 of the above total income.

Street and Gully Cleansing.

The town centre is now adequately equipped with the new-type litter basket and more of these will be provided in the outer districts as they become available. The public can play a major part in helping to keep their streets neat and tidy by making the fullest use of these receptacles and their co-operation in this matter is earnestly requested—particularly having regard to the Department's acute shortage of street cleansing staff.

The Department operates four mechanical gully emptiers and, during the year, no fewer than 89,443 gullies were cleansed. Here again, the public can help both themselves and the Department by refraining from depositing tea leaves and other potentially-offensive matter in the gullies which are intended solely for the drainage of surface water.

General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st, 1952, to December 31st, 1952.

I am indebted to Mr. F. C. Pritchard (Chief Librarian) for the following details

LATITUDE OF STATION = 53° 43' N. LONGITUDE = 1° 52' W. ALTITUDE = 625 FEET. (BAROMETER 632 FEET)

MONTH	Barometer		Air Temperatures							Mean Temperature		Relative Humidity	Vapour Pressure	Mean Reading of Thermometers			Wind										Mean Amount of Cloud.	Rainfall	
	Mean at 32° F. and Sea Level	Range.	Maximum	Minimum	Range	Mean			Air	Dew Point	Maximum in sun's rays			Minimum on grass	Earth 4 Feet Down	Estimated Force	Relative proportion											Raindays	Amount Collected
						Maxima	Minima	Range									N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calms				
January ...	29.768	1.645	50.4	20.0	30.4	38.9	30.9	8.0	34.9	32	80	6.0	57.0	29.2	42	3	2	2	2	0	2	8	12	20	1	6	20	3.96	
February ...	30.140	1.648	46.8	21.1	25.7	41.2	31.7	9.5	36.5	31	77	5.9	68.4	29.0	40	2	4	2	1	2	0	1	12	18	5	5	12	0.95	
March ...	29.854	0.839	53.9	26.8	27.1	46.5	37.0	9.5	41.7	36	75	7.1	76.1	34.8	42	3	2	9	7	11	2	7	3	5	2	6	15	1.78	
April ...	29.949	1.189	67.9	30.0	37.9	54.9	40.4	14.5	47.7	38	64	7.7	93.3	36.8	44	3	2	2	6	4	1	17	6	7	1	5	13	2.32	
May ...	30.014	1.276	78.5	38.4	40.1	56.8	46.5	10.3	51.7	46	66	10.4	100.8	43.4	49	3	0	5	5	10	4	11	4	9	2	5	15	2.33	
June ...	30.014	0.730	73.8	40.2	33.6	61.3	48.7	12.6	55.0	47	68	11.1	105.5	45.5	52	3	0	3	1	1	0	14	10	14	1	6	14	2.21	
July ...	30.110	0.648	76.2	45.9	30.3	65.5	54.1	11.4	59.8	52	70	13.1	109.1	50.5	55	3	0	5	7	1	1	10	5	16	0	6	13	1.34	
August ...	29.845	0.995	71.7	45.0	26.7	63.9	51.9	12.0	57.9	52	72	13.2	104.5	48.1	56	3	0	5	5	3	2	16	9	5	1	6	12	3.10	
September ...	29.879	1.149	62.4	34.0	28.4	54.8	44.6	10.2	49.7	42	73	9.3	90.2	40.8	54	4	4	15	0	0	0	5	3	20	0	7	21	3.09	
October ...	29.808	1.019	58.0	32.0	26.0	50.9	41.0	9.9	45.9	41	77	8.8	81.0	37.3	50	3	0	6	6	9	0	11	6	11	0	5	19	4.41	
November ...	29.946	0.933	56.6	20.1	36.5	42.8	34.3	8.5	38.5	35	80	6.8	60.6	31.3	47	3	4	8	2	6	1	4	0	19	2	5	15	2.05	
December ...	29.868	1.750	48.3	24.0	24.3	41.3	32.8	8.5	37.1	34	85	6.7	51.5	30.3	42	2	0	5	0	3	0	16	7	16	0	5	22	3.23	
Annual Means	29.933	1.152	62.0	31.5	30.6	51.6	41.2	10.4	46.4	41	74	8.8	83.2	38.1	48	3	1	6	3	4	1	10	6	13	1	6	191	30.77	

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