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Contributors

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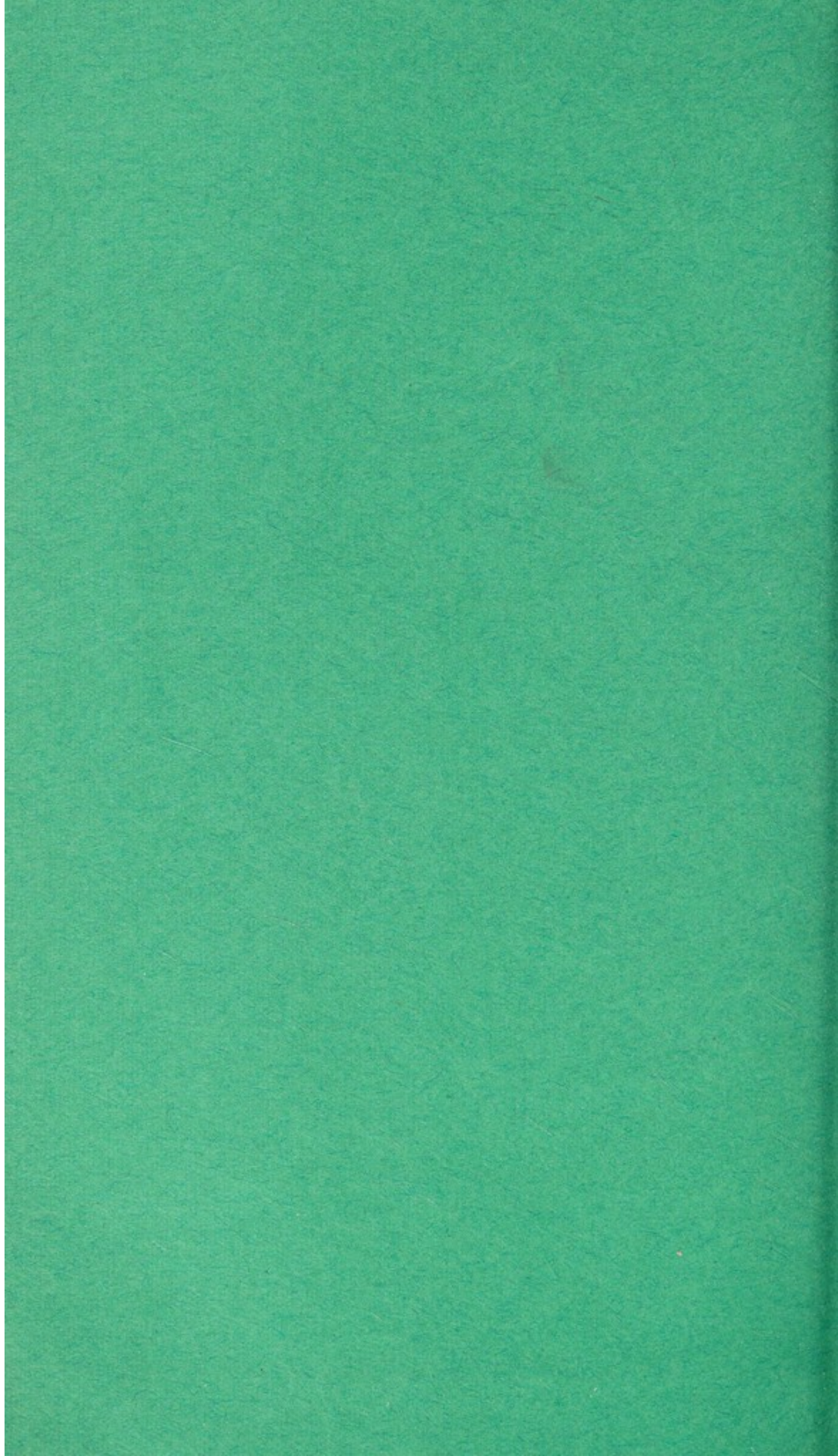


County Borough of Halifax
Health Department

Annual Report

**ON THE HEALTH
OF THE BOROUGH
FOR THE YEAR 1962**

JOHN G. CAIRNS
M.B., Ch.B., D.P.H.
Medical Officer of Health





County Borough of Halifax
Health Department

Annual Report

**ON THE HEALTH
OF THE BOROUGH
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JOHN G. CAIRNS
M.B., Ch.B., D.P.H.
Medical Officer of Health

Health Committee

(as on 31st December, 1962)

The Worshipful, The Mayor
Councillor T. BERRY, J.P.

Chairman: Alderman F. H. SWIRE

Vice-Chairman: Councillor Mrs. L. A. MAWSON
Alderman E. O. BOWER Alderman D. FAWCETT

Councillors:

E. C. ASTIN
G. E. CHADWICK
L. CORINA
R. DEADMAN
J. A. DRAKE

S. HOLLAND
J. J. McGOWAN
A. OAKES
G. H. SMITH
C. G. STREETER

Sub-Committees

Accounts Sub-Committee:

THE CHAIRMAN
VICE-CHAIRMAN

Councillors: DEADMAN, HOLLAND, McGOWAN

Sanitary Services Sub-Committee:

THE CHAIRMAN
VICE-CHAIRMAN

Aldermen: BOWER and FAWCETT

Councillors: ASTIN, CORINA, DEADMAN, DRAKE, HOLLAND,
G. H. SMITH

Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN
VICE-CHAIRMAN

Councillors: CHADWICK, HOLLAND, McGOWAN, G. H. SMITH,
STREETER

Co-opted Members: Mrs. JOAN GREENWOOD
Mrs. GLADYS PICKLES
Mrs. DORIS RHODES

Mental Health and Care Sub-Committee:

THE CHAIRMAN
VICE-CHAIRMAN

Councillors: ASTIN, CORINA, DEADMAN, HOLLAND, G. H. SMITH,
STREETER

Co-opted Member: Dr. W. H. CRAVEN

Staff of the Health Department

(as on 31st December, 1962)

Medical Officer of Health

JOHN G. CAIRNS, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

DONALD RIDGWAY MORRIS, M.B., Ch.B., D.P.H. (commenced 21.5.62)

Assistant Medical Officers

MARGARET E. ANDERSON, M.B., Ch.B. (commenced 1.4.62)

SHAMAZ MAHBOOB, M.B., Ch.B. (commenced 9.3.62)

Chief Public Health Inspector

ARTHUR W. PERRY, M.R.S.H., M.A.P.H.I., D.P.A., Dip. San. Sc.

Meat and Foods Inspector

G. A. WOODHEAD 1. 2.

Lay Administrative Officer

HAROLD HUDSON

Senior Public Health Inspector

H. LEAPER (retired 3.7.62) 1. J. E. BANKS (commenced 4.7.62) 1. 2. 3. 4.

District Public Health Inspectors

F. BURKE 1. 2. T. ASHWORTH 1. 2.

P. MYERS 1. 2. 3. 4. G. BOTTOMLEY (commenced 27.6.62) 1.

B. OVERSBY (resigned 30.9.62) 1. 2. 3.

Pupils: J. BARRACLOUGH. D. BROADBENT

Smoke Control Inspector

A. LUM 1. 2. 3. K. HUBBARD, Clerk of Works

Housing Inspectors

R. CROSSLEY 1. 2. J. TODD (resigned 9.11.62) 1. 2.

Rodent Control

R. GARFORTH, Senior Operative

Clerical Staff

H. WRIGHT (Senior Clerk). N. BRADLEY (Senior Clerk, Health Inspectors' Section). E. I. DAVIS. Mrs. E. A. SUNDERLAND. D. SPEAK. Mrs. B. L. WATSON (M. & C. W.). Mrs. H. DOYLE. E. W. PRIESTLEY (Housing Inspectors' Section). Mrs. J. POWER. J. WILSON. Miss A. FARRELL (Health Inspectors' Section). Miss P. JOHNSON. A. S. LISTER. Mrs. I. FOSTER. Miss P. BINNS.

Maternal and Child Welfare

Superintendent Nursing Officer: Miss V. SAVAGE 5. 6. 7. 12.

Deputy Nursing Officer: Mrs. M. MURPHY

Assistant Nursing Officer: Miss S. L. WALKER

Senior Health Visitor

Miss N. DINGSDALE (retired 28.2.62) 5. 6. 7.

Miss B. BROWN-KENYON (commenced 1.5.62. resigned 21.12.62) 5. 6. 7.

Health Visitors

Miss P. VAUGHAN 5. 6. 7.

Miss I. HOLDSWORTH 5. 6. 7.

Mrs. J. C. B. GREENWOOD 5. 6. 7. Mrs. J. NETTLESHIP 5. 6. 7.

Miss J. SHOOTER (resigned 12.10.62) 5. 6. 7.

Part-time: Mrs. D. M. DACK 5. 6. 7.

Mrs. J. SUTCLIFFE (commenced 8.10.62) 5. 6. 7.

Special Duties Nurses: DAVID S. BEER 5. 12.
Mrs. A. HILL (commenced 26.3.62) 5.
Miss M. SMITH (commenced 9.4.62) 9.
Mrs. M. W. ROWBOTTOM (resigned 28.2.62) 5. 12.
Mrs. M. A. FITTON (commenced 22.1.62)
(resigned 30.6.62) 5.

Clinic Nurses: Mrs. H. BROWN (resigned 18.8.62) 5.
Mrs. B. GALLIMORE (commenced 20.8.62) 5.

Part-time: Mrs. C. WOOD (commenced 15.8.62) 5.
Mrs. E. BIRKETT (commenced 15.8.62) 10.

Day Nurseries

Craigie Lea Day Nursery, Ovenden: Matron, Mrs. M. R. WILSON 5. 8.
Ling Bob Day Nursery, Pellon: Matron, Miss M. GOODWIN 5.

Mental Health Service

Senior Mental Welfare Officer: L. HOLDSWORTH
Mental Welfare Officer: R. MUDD (commenced 1.8.62)
Mental Welfare Assistants: P. NICKERSON, Miss J. NICHOLSON
Mental Welfare Officers (auxiliary): H. HUDSON, Miss S. L. WALKER

Occupation Centre

Supervisor: Miss L. BALL
Five Assistant Supervisors

Ambulance Service

Ambulance Officer: W. FITTON
4 Shift Leaders, 16 Driver/Attendants, 2 Switchboard Operators

Domestic Help Organiser

Mrs. A. FRIEND (commenced 15.1.62) 5. 11.

Part Time

Mr. J. N. I. EMBLIN, F.R.S.C., F.R.C.O.G. (Obstetrician)
R. MALLINDER, B.Sc., F.I.C. (Public Analyst)
Miss G. DAVIE, S.R.N., S.C.M., H.V's Cert. (Special Treatment Centre)
F. LUXTON, M.Ch.S., M.R.S.H. (Chiropodist)

Qualifications Denoted:

1. Public Health Inspector's Certificate
2. Meat Inspector's
3. Smoke Inspector's
4. Diploma San. Sc. (Building & Public Works)
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate
8. Registered Fever Nurse
9. Registered Sick Children's Nurse
10. Enrolled Assistant Nurse.
11. Registered Mental Nurse
12. Queen's Nurse

COUNTY BOROUGH OF HALIFAX

Annual Report, 1962

To: The Chairman and Members of the Health Committee.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my fifth annual report which is the 90th in the series.

The staffing position during the year presented difficulties in securing technical staff. The position concerning Health Visitors has been relieved by employing special nurses, but social welfare staffs, particularly in the Mental Health Section, have had added responsibility superimposed on their depleted resources.

The arrangements for health education continued at the Child Welfare Clinics by displays, posters, flannelgraphs and group talks and by special articles and public lectures conducted by a panel of lecturers. The services of the Central Council for Health Education have been found valuable. It was with regret that the Superintendent Nursing Officer was precluded from attending the C.C.H.E. Summer School at Bangor.

Section I of the report sets forth the vital statistics and in spite of a higher still-birth rate, more infant lives are being saved than ever before and fewer deaths are recorded generally. The higher number of deaths from bronchitis is disturbing but the lower rates in regard to cancer and coronary thrombosis, particularly in the middle age groups, may encourage the view that if medical treatment is improving, healthier also may be the circumstances of community life.

Section II shows that greater effort is being made to curb the threat of sickness at all ages and particularly in the elderly.

More has been written this year on Section III which deals with the National Health Service Act. The care of mothers and young children is of the first importance in preventing illness, particularly emotional illness, in later life. Our services in this field attempt to link the psychological concepts which are applied in the child guidance sphere. Nutritional factors may still be a primary responsibility of Child Welfare Clinics, but happiness in the home can only be achieved by giving instruction on the healthy functioning of the family in society.

The mental health services continue to widen their scope and application. The tendency, which is increasing, for patients to be

discharged after a few weeks in a mental hospital, has caused a revolving door effect, so much so that the case work by local authority staff has often been evanescent, and prevention of relapses has been difficult with consequent readmission to hospital for further treatment. The relationship between the various services, both in hospital and the community has been satisfactory. There is a good relationship existing between the psychiatrists and general practitioners, but often the department cannot fulfil its ideal in respect of community care on account of the time which is taken up in securing admission and re-admission to hospital. There has also been a tendency for long-stay cases to filter back into the community and attempts to rehabilitate or support categories of illness which can only be dealt with in hospital imposes a severe strain on the resources of the local health authority. During the year plans were laid for equipping a new hostel, but this prototype which will be largely experimental, will not seek to admit chronic psychotic cases but only those who have permanently benefited from treatment.

There are more cases of tuberculosis being diagnosed and a full report is made of this in Section II. It has to be noted, however, that the deaths from tuberculosis are fewer each year and that there are fewer cases in the community with a positive sputum. Great care is taken in the follow-up of foreign nationals both in the home and in the factory.

Halifax is brighter and cleaner and there is a noticeable reduction in the amount of pollution in the atmosphere. Analysis shows that there is less soot and sulphur in samples which are taken regularly of the air in different parts of the town, particularly in the smoke control areas. At the present time there are 7,400 premises, including 6,375 dwellings, in confirmed smoke control areas, either in operation or coming into operation in the near future. The acreage covered is 1,634.7.

So far as housing, the year has been notable in that a complete re-assessment of the housing programme has taken place; whereas before 3,036 houses only were listed for demolition in clearance areas, a survey indicated that 6,048 ought to be dealt with in order to remove the worst type of back-to-back house and provide the occupants with decent living accommodation and modern amenities. All these houses are to be represented by 1971/1972. It will mean an increase in the rate of representations three times greater than is being done at present. The houses all lack ventilation and proper kitchen facilities and have toilets in blocks at some distance down the street. Simultaneously, improvements to the better type of back-to-back houses are envisaged. The owners will be encouraged to provide hot and cold water, a bath, a wash hand basin, an inside toilet and a proper food store.

The work of the Department during the year has been satisfactory and all sections of the staff have carried out their duties efficiently. During the first quarter of the year a severe strain was

placed on the Department by the additional work brought about by the smallpox outbreak in Bradford. About 16 contacts had to be carefully followed up daily during that time and there was great pressure from the public for vaccination. Special clinics had to be established both at Powell Street and in the various Child Welfare and School Clinics. That the administration was carried out so smoothly was a reflection on the hard work of all concerned.

I take this opportunity of thanking the Chief Public Health Inspector, the Lay Administrative Officer and all sections of the Health Department staff for their loyalty and the Chairman and the Members of the Health Committee for their support.

JOHN G. CAIRNS,

Medical Officer of Health.

Health Department,
Powell Street,
Halifax.

SECTION I

STATISTICS AND POPULATION

1,649 live births were registered during the year equivalent to a crude birth rate of 17·13. The rate for 1961 was 16·35. When multiplied by the Area Comparability Factor the adjusted rate for 1962 is 17·47 which corresponds with the rate for England and Wales of 18·0. Birth rates in Halifax over the years show little alteration (Table I). Illegitimate live births numbered 120 as compared with 111 in 1961 and equal to 7·28% of the total live births. Notifications of premature births during 1962 showed a decrease of 24 on the previous year. Details of all premature live and still births for two years are shown in Table II.

There was an increase in the number of stillbirths during the year, the figures being 37 in 1962 and 32 in 1961. The rates for the two years were 21·95 and 19·99 respectively, whilst the rate for England and Wales for 1962 was 18·10. Deaths of infants under one week were fewer than in the previous year and the total perinatal deaths numbered 56. The Perinatal mortality rate produced by this figure per 1000 live and still births, is 33·21. This compares with the 1961 rate of 36·23, the Infant Mortality referred to below and on Page 14 is also a feature of the Health Position during 1962. Perinatal mortality is a sensitive index to the standard of ante-natal care.

The total number of children who died under the age of one year was 33 compared with 51 in the previous year and the infant mortality rates for the two years were 20·01 in 1962 and 32·50 in 1961 per 1,000 live births. The figure for England and Wales for 1962 was 21·4. The figures relating to infant mortality for a ten year period are shown in Table V. Twenty three children died during the first four weeks of life giving a neo-natal mortality rate of 13·95 per 1,000 live births compared with the England and Wales rate of 15·1. In 1961 the local rate was 20·39 whilst that for the country as a whole was 15·5. The number who died between the ages of one month and twelve months was 10 compared with 19 in 1961. The rate of 6·1 for 1962 shows a considerable decrease in the 1961 rates, which was 12·1. Further details concerning infant mortality are given in Tables V to IX. The principal causes to which the deaths of children under one year of age were attributed are shown in Tables VIII and IX.

Deaths of Halifax residents totalled 1,422 in 1962 of which 690 were males and 732 were females. The crude death rate was 14·77 per thousand compared with 15·98 for 1961. When the crude

death rate is multiplied by the area comparability factor the adjusted death rate is 14.03 which compares with 14.86 in 1961. The rate for England and Wales for 1962 was 11.9. There were no maternal deaths during the year. In Table X the death rates are shown for Halifax and England and Wales for the past ten years.

There was 1 death from influenza, equivalent to a rate of 0.01 per thousand population as against a rate of 0.22 in 1961 and 0.01 in 1960. The total number of deaths from other respiratory diseases, excluding respiratory tuberculosis, showed an increase on the previous year, 191 being recorded compared with 164 in 1961.

The "short list" of causes of death (Table XI) confirms that Infectious Diseases and Tuberculosis are no longer major causes of death; over the years they have been replaced by cancer, heart disease and cerebro-vascular conditions. There were 235 deaths due to malignant neoplasms in 1962, a decrease on the previous year's figure. The rate per thousand estimated population was 2.44 as against the rate of 2.63 in 1961. Cancer deaths accounted for 16.53 of the total deaths for the year under review as compared with 16.47 in 1961 and 15.24 in 1960. Further comparison on the deaths from this disease in recent years is given in Table XII. 49 deaths were attributable to cancer of the lung and bronchus, a decrease of 5 over the previous year. The greatest number of deaths occurred in males in the age-group 45-64 years. Deaths from cancer of the stomach numbered 35 compared with 49 in 1961 and 41 in 1960. Table XIII gives an analysis of deaths from malignant neoplasms showing the parts of the body affected and the age at which death occurred. Deaths from Coronary Disease have decreased this year, there being 351 deaths as against 463 during 1961. The rate per estimated 1,000 population being 3.65 as against 4.20 for 1961 (Tables XIV-XVII).

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Summary

Latitude	53° 44' North
Longitude	1° 50' West
Mean Height above sea level	780 feet
Area (Acres)	14,081
Population (Census 1931) (Males 44,600. Females 53,515)	98,115
Population (Census 1951) (Males 45,487. Females 52,889)	98,376
Population (Registrar General's Estimate 1962)	96,250
Population (Census 1961)	96,073
Density of population per acre	6·83
Number of inhabited houses (1931 Census)	28,488
Number of inhabited houses on 31st December, 1962 according to the Rate Books	34,709
Average number of persons to each occupied house	2·77
Rateable Value (31st December, 1962)	£1,170,315
Sum represented by a Penny Rate (1962-63)	£4,680

Extract from Vital Statistics for the Year

	Male	Female	Total
Live Births—Legitimate	801	728	1,529
Illegitimate	65	55	120
Total	866	783	1,649
Live Birth Rate per 1,000 Estimated Resident Population			
Crude			17·13
Adjusted			17·47
Illegitimate Live Births per cent of total live births			17·28

Extract from Vital Statistics for the Year (cont.)

	Male	Female	Total
Stillbirths—Legitimate	15	19	34
Illegitimate	2	1	3
Total	17	20	37
Stillbirth Rate per 1,000 Live and Stillbirths			21·95
Total Live and Stillbirths			1,686
Deaths of Infants:—	Male	Female	Total
Under 1 year of age—Legitimate	18	11	29
Illegitimate	3	1	4
Total	21	12	33
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births			20·01
Legitimate Infant Deaths per 1,000 Legitimate Live Births			18·97
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births			33·33
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate	11	11	22
Illegitimate	1	—	1
Total	12	11	23
Neo-Natal Mortality Rate per 1,000 total live births			13·95
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate	9	9	18
Illegitimate	1	—	1
Total	10	9	19
Early Neo-Natal Mortality Rate per 1,000 total live births			11·52
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)			33·21
Maternal Deaths (including abortion)			Nil
Maternal Mortality Rate per 1,000 Live and Stillbirths			0·00
	Male	Female	Total
TOTAL DEATHS (all ages)	690	732	1,422
Death rate per 1,000 Estimated Resident Population			
Crude			14·77
Adjusted			14·03
Area Comparability Factors—Births			1·02
Deaths			0·95

TABLE I
The Population of the Borough of Halifax

Year	Population	Note
1948	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	
1900	96,684	Borough extended by the addition of Copley Ward.
1901	104,936	Borough extended by the additions of Warley and Northowram Wards.
1911	101,566	
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
1953	97,070	ditto
1954	97,130	6·88
1955	96,870	
1956	96,440	6·85
1957	95,430	
1958	95,250	
1959	94,980	
1960	94,900	
1961	95,980	96,073 (Census 1961).
1962	96,250	

TABLE II
BIRTH RATES, 1953-62

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
1953	1,414	14.6	15.5
1954	1,422	14.6	15.2
1955	1,383	14.3	15.0
1956	1,543	15.6	15.6
1957	1,501	15.7	16.1
1958	1,524	16.0	16.4
1959	1,512	15.9	16.5
1960	1,612	17.0	17.1
1961	1,569	16.3	17.4
1962	1,649	17.1	18.0

TABLE II(a)
PREMATURE LIVE BIRTHS, 1961-62

Premature Live Births Notified	YEARS	
	1962	1961
(a) Born in Hospital:—	105	124
(i) Died within 24 hours of birth	13	12
(ii) Survived 28 days	90	112
(b) Born at home and nursed entirely at home ..	18	23
(i) Died within 24 hours of birth	—	1
(ii) Survived 28 days	18	22
(c) Born at home and transferred to hospital before 28th day	2	2
(i) Died within 24 hours of birth	—	1
(ii) Survived 28 days	2	—
(d) Born in Nursing Home and nursed entirely there	—	—
(i) Died within 24 hours	—	—
(ii) Survived 28 days	—	—

TABLE II(b)
PREMATURE STILLBIRTHS, 1961-62

Premature Stillbirths Notified	YEARS	
	1962	1961
(a) Born in Hospital	18	15
(b) Born at home	—	2

TABLE III
STILLBIRTHS AND PERINATAL MORTALITY

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
1953	27	16	43
1954	31	25	56
1955	28	17	45
1956	34	14	48
1957	33	16	49
1958	24	29	53
1959	29	20	49
1960	33	26	59
1961	32	26	58
1962	37	19	56

TABLE IV
STILLBIRTHS AND PERINATAL MORTALITY

Year	No. of Stillbirths Registered during the year per 1,000 live and Stillbirths		Number of stillbirths along with the number of deaths of children under the age of one week per 1,000 live and Stillbirths registered during the same year	
	Stillbirth Rate		Perinatal Mortality Rate	
	Halifax	England & Wales	Halifax	England & Wales
1953	18.74	22.5	29.84	37.0
1954	21.34	23.5	38.54	38.1
1955	19.84	23.2	31.89	37.6
1956	21.56	22.9	30.44	36.8
1957	21.51	22.5	31.94	36.2
1958	15.50	21.6	34.24	35.1
1959	18.82	21.0	31.80	34.2
1960	20.06	19.3	35.87	32.9
1961	19.99	19.1	36.23	32.2
1962	21.95	18.1	33.21	30.8

TABLE V
INFANT MORTALITY RATES, 1953-62

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
1953	1,414	42	29.7	26.8
1954	1,422	47	33.0	25.4
1955	1,383	30	21.7	24.9
1956	1,543	37	24.0	23.7
1957	1,501	28	18.6	23.1
1958	1,524	42	27.6	22.6
1959	1,512	35	23.2	22.0
1960	1,612	52	32.3	21.7
1961	1,569	51	32.5	21.6
1962	1,649	33	20.0	21.4

TABLES VI and VII
NEO-NATAL AND POST NEO-NATAL MORTALITY
1953-62

Years	Total Infant Deaths	NUMBER OF DEATHS AND MORTALITY RATE					
		Neo-Natal Period			Post Neo-Natal Period		
		HALIFAX		ENGLAND & WALES	HALIFAX		ENGLAND & WALES
		Number of Deaths	Mortality Rate per 1000 Live Births	Mortality Rate per 1000 Live Births	Number of Deaths	Mortality Rate per 1000 Live Births	Mortality Rate per 1000 Live Births
1953	42	25	17.68	17.7	17	12.02	9.1
1954	47	31	21.80	17.7	16	11.25	7.7
1955	30	20	14.06	17.3	10	7.23	7.6
1956	37	23	14.91	16.8	14	9.07	7.0
1957	28	20	13.32	16.5	8	5.33	6.5
1958	42	31	19.70	16.2	11	7.2	6.4
1959	35	21	13.90	15.8	14	9.3	6.2
1960	52	32	19.85	15.6	20	12.4	6.3
1961	51	32	20.39	15.5	19	12.1	6.2
1962	33	23	13.95	15.1	10	6.7	6.3

TABLE VIII
INFANT MORTALITY

Principal Causes	No.	Percentage of Total Deaths	
		1962	1961
Prematurity	11	33.3	23.5
Pneumonia	9	27.3	21.6
Congenital Malformations	6	18.2	25.5

TABLE IX
INFANT MORTALITY DURING THE YEAR

Deaths from Stated Causes at Various Ages under 1 Year of Age										
CAUSE OF DEATH	AGE GROUPS									
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1 Month and under 3 months	3-6 months	6-9 months	9-12 months	Total Deaths under 1 year
Prematurity	11	—	—	—	11	—	—	—	—	11
Pneumonia	—	2	1	—	3	4	2	—	—	9
Congenital Malformations ..	5	—	1	—	6	—	—	—	—	6
Enteritis	1	—	—	—	1	—	—	—	—	1
Encephalitis	—	—	—	—	—	—	—	—	—	—
Abdominal Tumour	—	—	—	—	—	1	—	—	—	1
Asphyxia	—	—	—	—	—	—	—	1	—	1
Acute Otitis Media ..	—	—	—	—	—	1	1	—	—	2
Haemolytic Disease	2	—	—	—	2	—	—	—	—	2
TOTAL ALL CAUSES ..	19	2	2	—	23	6	3	1	—	33
CERTIFIED	19	2	2	—	23	6	3	1	—	33
UNCERTIFIED	—	—	—	—	—	—	—	—	—	—

		Under 1	1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75 and over
Tuberculosis, Respiratory	..	6	—	—	—	2	3	—	1
" Other	..	2	—	—	—	—	1	1	—
Syphilitic Disease..	..	3	—	—	—	—	1	2	—
Diphtheria ..	..	—	—	—	—	—	—	—	—
Whooping Cough ..	..	—	—	—	—	—	—	—	—
Meningococcal Infection ..	..	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	..	—	—	—	—	—	—	—	—
Measles ..	..	—	—	—	—	—	—	—	—
" " Parasitic Disease ..	..	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease ..	..	35	—	—	—	—	6	17	12
Malignant Neoplasm, Stomach ..	..	49	—	—	—	1	22	17	9
Lung and Bronchus	..	25	—	—	—	1	9	8	7
Breast ..	..	15	—	—	—	1	8	4	2
Uterus ..	..	111	1	1	2	7	25	44	31
Others ..	..	7	—	1	—	—	—	4	2
Leukaemia and Aleukaemia ..	..	13	—	—	—	—	1	4	2
Diabetes ..	..	211	—	—	—	—	—	7	5
Vascular Lesions of Nervous System ..	..	351	—	—	—	2	32	55	122
Coronary Disease, Angina ..	..	19	—	—	—	6	91	109	145
Hypertension with Heart Disease ..	..	150	—	—	—	—	2	5	12
Other Heart Disease ..	..	58	—	—	—	2	21	34	93
Other Circulatory Disease ..	..	1	—	—	—	2	8	15	33
Influenza ..	..	87	3	1	1	—	—	1	—
Pneumonia ..	..	93	—	—	—	—	6	22	45
Bronchitis ..	..	10	—	—	—	—	24	36	33
Other Diseases of Respiratory System ..	..	9	—	—	—	—	4	2	4
Ulcer of the Stomach and Duodenum ..	..	5	—	—	1	—	3	4	2
Gastritis, Enteritis and Diarrhoea ..	..	6	—	1	—	1	—	1	1
Nephritis and Nephrosis ..	..	9	—	—	—	—	3	—	8
Hyperplasia of Prostate ..	..	—	—	—	—	—	—	—	—
Pregnancy, Childbirth and Abortion ..	..	7	—	1	—	—	—	1	—
Congenital Malformations ..	..	93	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases ..	..	11	1	2	2	7	21	14	31
Motor Vehicle Accidents ..	..	27	1	1	3	3	2	—	1
All Other Accidents ..	..	8	—	—	—	6	3	3	12
Suicide ..	..	1	—	—	—	1	5	—	—
Homicide and Operations of War ..	..	—	—	—	—	—	—	—	—
TOTALS ..	..	1422	6	9	9	43	301	409	612

TABLE XI
DEATH RATES 1953-62

Years	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
1953	1,471	15.1	11.4
1954	1,457	15.0	11.3
1955	1,522	15.7	11.7
1956	1,495	15.5	11.7
1957	1,482	15.5	11.5
1958	1,422	14.9	11.7
1959	1,400	14.7	11.6
1960	1,371	14.4	11.5
1961	1,534	16.0	12.0
1962	1,422	14.8	11.9

TABLE XII
CANCER DEATHS 1953-62

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage of total Deaths
1953	261	130	131	2.69	1,471	17.74
1954	244	126	118	2.51	1,457	16.75
1955	253	114	139	2.61	1,522	16.68
1956	214	118	96	2.22	1,495	14.31
1957	252	118	134	2.60	1,482	17.01
1958	236	115	121	2.48	1,422	16.60
1959	234	120	114	2.46	1,400	16.71
1960	209	103	106	2.20	1,371	15.24
1961	252	127	125	2.63	1,534	16.43
1962	235	112	123	2.44	1,422	16.53

TABLE XIII
CANCER DEATHS—PARTS OF BODY AFFECTED

Parts Affected	Age	Under 25		25-44		45-64		65-74		75 & Over		Totals		Total
	Sex	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1962		1953-62
												M.	F.	M.
Stomach ..	—	—	—	—	—	4	2	6	11	8	4	18	17	23
Lung and Bronchus ..	—	—	—	1	—	17	5	15	2	8	1	41	8	48
Breast ..	—	—	—	—	1	—	9	1	7	—	7	1	24	1
Uterus ..	—	—	—	—	1	—	8	—	4	—	2	—	15	—
Others ..	—	1	3	3	4	14	11	22	22	12	19	52	59	55
TOTALS ..	—	1	3	4	6	35	35	44	46	28	33	112	123	127

TABLE XIV CORONARY DISEASE, ANGINA

Years	Number of Coronary Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1953	226	131	95	2.53	1,471	15.36
1954	235	136	99	2.42	1,457	16.12
1955	264	164	100	2.73	1,522	17.35
1956	250	137	113	2.59	1,495	16.72
1957	260	153	107	2.72	1,482	17.54
1958	313	184	129	3.29	1,422	22.01
1959	321	178	143	3.38	1,400	22.93
1960	331	185	146	3.49	1,371	24.14
1961	403	242	161	4.20	1,534	26.27
1962	351	179	172	3.65	1,422	24.68

TABLE XV OTHER HEART DISEASES

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1953	225	81	144	2.32	1,471	15.29
1954	264	108	156	2.72	1,457	18.12
1955	256	93	163	2.64	1,522	16.82
1956	269	117	152	2.79	1,495	17.99
1957	249	76	173	2.61	1,482	16.80
1958	221	83	138	2.32	1,422	15.54
1959	191	78	113	2.01	1,400	13.64
1960	185	77	108	1.95	1,371	13.49
1961	164	61	103	1.71	1,534	10.69
1962	169	67	102	1.76	1,422	11.88

TABLE XVI VASCULAR LESIONS OF NERVOUS SYSTEM

Years	Number of Deaths	M.	F.	Death Rate per 1,000 Population	Deaths from All Causes	Percentage of Total Deaths
1953	239	90	149	2.46	1,471	16.25
1954	238	98	140	2.45	1,457	16.33
1955	282	99	183	2.91	1,522	18.53
1956	316	124	192	3.28	1,495	21.14
1957	254	102	152	2.62	1,482	17.14
1958	238	75	163	2.50	1,422	16.74
1959	207	91	116	2.18	1,400	14.78
1960	218	84	134	2.30	1,371	15.90
1961	231	90	141	2.41	1,534	15.06
1962	211	76	135	2.19	1,422	14.87

TABLE XVII DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1962		Totals 1961	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary	..	—	—	6	—	64	27	56	53	53	92	179	172	242	161
Other Heart Diseases	..	—	—	2	—	17	6	13	26	35	70	67	102	61	103
Cerebral Hemorrhage	..	—	—	2	—	16	16	24	31	34	88	76	135	90	141
Stroke	..	—	1	3	4	35	35	44	46	28	33	112	123	127	125
ALL	..	—	1	3	14	6	132	84	137	156	283	434	532	520	530

TABLE XVIII

	Year	Birthrate per 1,000 Total Popula- tion	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)	DEATH; under one year
England and Wales	1962	18.0	11.9	*	*	*	*	*	*	21.4
HALIFAX ..	1952	14.39	14.14	0.00	0.00	0.00	0.00	0.01	0.0	27.14
	1953	14.57	15.15	0.00	0.00	0.00	0.00	0.18	0.0	29.70
	1954	14.60	15.00	0.0	0.00	0.00	0.00	0.02	0.7	33.05
	1955	14.29	15.73	0.00	0.00	0.00	0.00	0.03	0.7	21.69
	1956	15.99	15.50	0.00	0.00	0.00	0.00	0.01	1.3	23.98
	1957	15.73	15.53	0.00	0.00	0.00	0.00	0.06	0.0	18.65
	1958	16.00	14.93	0.00	0.00	0.00	0.00	0.02	0.0	27.56
	1959	15.92	14.74	0.00	0.00	0.00	0.00	0.25	0.0	23.15
	1960	16.99	14.45	0.00	0.00	0.00	0.00	0.01	1.2	32.36
	1961	16.35	15.98	0.00	0.00	0.00	0.00	0.22	1.3	32.50
	1962	17.13	14.77	0.00	0.00	0.00	0.00	0.01	0.6	20.01

TABLE XIX

Vital and Mortality 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-typoid		Cerebro Spinal Fever		Poliomyelitis	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1942	14.6	56	3.4	113	56	196	5	669	nil	1	nil	9	4	5	nil
1943	15.4	50	1.9	123	68	127	4	411	nil	2	2	nil	2	2	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	3	nil	1	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	2	nil	6	nil
1948	13.8	29	0.58	61	32	9	nil	161	nil	*1	1	2	nil	1	1
1949	15.4	33	0.50	77	32	8	nil	222	nil	nil	nil	1	1	7	nil
1950	14.8	39	1.23	85	29	1	nil	293	nil	3	nil	nil	nil	3	nil
1951	15.2	28	0.00	179	30	nil	nil	123	nil	15	nil	nil	nil	10	nil
1952	14.1	27	0.69	107	19	nil	nil	191	nil	2	nil	nil	nil	2	nil
1953	15.2	30	0.00	122	22	nil	nil	88	nil	3	nil	1	nil	3	nil
1954	15.0	33.05	1.38	121	19	nil	nil	90	nil	nil	nil	nil	nil	2	nil
1955	15.7	21.69	0.70	105	16	nil	nil	215	nil	1	nil	nil	nil	4	nil
1956	15.5	23.98	0.63	82	13	nil	nil	150	nil	2	nil	nil	nil	3	nil
1957	15.5	18.65	0.65	82	14	nil	nil	32	nil	4	nil	nil	nil	2	2
1958	14.9	27.56	0.65	56	12	nil	nil	52	nil	nil	nil	nil	nil	33	nil
1959	14.7	23.15	0.00	45	6	nil	nil	123	nil	nil	nil	nil	nil	nil	nil
1960	14.4	32.26	0.61	48	12	nil	nil	32	nil	1	nil	nil	nil	3	nil
1961	16.0	32.50	0.00	48	13	nil	nil	8	nil	1	nil	nil	nil	nil	nil
1962	14.8	20.01	0.00	80	8	nil	nil	7	nil	nil	nil	nil	nil	nil	nil

*Transferred

TABLE XX
Vital and Mortality Statistics for Halifax during the last 21 years (continued)

Year	Pneumonia		Whooping Cough		Smallpox		Cancer Deaths	Heart Diseases Deaths	Cerebral Haemorrhage Deaths
	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths			
1942	226	61	174	nil	nil	nil	216	374	164
1943	236	55	211	4	nil	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	nil	nil	206	464	182
1947	67	37	237	1	nil	nil	214	455	188
1948	62	39	295	1	nil	nil	206	415	213
1949	85	71	92	1	nil	nil	241	471	203
1950	59	43	374	1	nil	nil	239	505	208
1951	73	49	145	nil	nil	nil	211	468	231
1952	41	30	153	nil	nil	nil	230	454	238
1953	54	65	154	nil	4	nil	261	451	239
1954	23	46	72	nil	nil	nil	244	499	238
1955	80	38	111	nil	nil	nil	253	520	282
1956	71	56	152	nil	nil	nil	214	519	316
1957	34	67	70	nil	nil	nil	252	509	254
1958	36	61	37	nil	nil	nil	236	534	238
1959	23	80	47	nil	nil	nil	234	512	207
1960	8	73	43	nil	nil	nil	209	516	218
1961	15	83	30	nil	nil	nil	252	567	231
1962	13	87	6	nil	nil	nil	235	520	211

TABLE XXI Table showing comparative yearly Vital and Mortality Statistics from 1953 to 1962 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
1953	14.6	15.2	29	nil	111	.21	23	30	54	65
1954	14.6	15.0	33	1.4	113	.18	21	25	23	46
1955	14.29	15.7	21.69	0.7	94	.15	10	20	80	38
1956	15.99	15.5	23.98	0.63	77	.13	13	26	71	56
1957	15.73	15.5	18.65	0.65	82	.14	11	26	34	67
1958	16.00	14.9	27.56	0.65	52	.12	12	10	36	61
1959	15.92	14.7	23.15	0.00	39	.06	10	18	23	80
1960	16.99	14.4	32.26	0.61	47	.13	10	24	8	73
1961	16.35	16.0	32.50	0.00	46	.12	11	39	15	83
1962	17.13	14.8	20.01	0.00	70	.06	8	30	13	87

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
1953	451	261	239	11	nil	nil	88	nil
1954	499	244	238	13	nil	nil	90	nil
1955	520	253	282	18	nil	nil	215	nil
1956	519	214	316	10	nil	nil	150	nil
1957	509	252	254	14	nil	nil	32	nil
1958	534	236	238	6	nil	nil	52	nil
1959	512	234	207	12	nil	nil	123	nil
1960	516	209	218	12	nil	nil	32	nil
1961	567	252	231	12	nil	nil	8	nil
1962	520	235	211	13	nil	nil	7	nil

SECTION II

SICKNESS AND DISABILITY

This section was introduced for the first time last year. It re-arranges the illness data in a more orderly setting to illustrate the sequence of changes and vital comparisons which are taking place over the years. In this context also, it is expected that bacterial infection will increasingly give place to virus diseases, and that the number of accidents will diminish with the preventive work of Health Visitors, modern re-housing, health education and a better understanding of maternal care. Mental illness and subnormality are the mental disorders which focus attention at present but as science progresses and biochemistry finds the answers to the former states, the complexity of civilisation may demand more and more community care and treatment for functional disorders.

In 1962 geriatric supervision has increased on account of the ageing of the population and coronary thrombosis claims a special place for the first time in relation to community morbidity. This may be portentous of a more sanguine attitude and hopeful outlook in relation to a disease previously measured only in terms of mortality.

Tuberculosis has shown an irregular fluctuation upwards through the introduction of foreign susceptibles and has demanded more attention from the department's special nurses. It is not untimely that space is given to the consideration of chronic bronchitis, diabetes mellitus and physical handicap of one kind or another, all of which are connected with the community and the functioning of society.

Infection

There were no serious outbreaks of infectious disease during the year. The following table shows the number of notifications of infectious disease.

TABLE XXII

Disease	Number	
	Notified	Con- firmed
Smallpox	—	—
Dysentery	20	20
Food Poisoning	16	4
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid	—	—
Scarlet Fever	7	7
Malaria	1	1
Diphtheria	—	—
Puerperal Pyrexia	—	—
Erysipelas	2	2
Ophthalmia Neonatorum	1	1
Acute Encephalitis	—	—
Acute Poliomyelitis	—	—
Cerebro-spinal Fever	—	—
Measles	1,079	1,079
Whooping Cough	6	6
Pneumonia—Primary	13	13
Meningococcal Infection	1	1
Tuberculosis—		
Respiratory	70	70
Other Forms	10	10
Total	1,226	1,214

Four notifications of food poisoning were received and 28 cases were discovered which had not been notified. The causative agent of 3 of the notified cases was *Salmonella typhi murium*. The agent of the fourth case was not identified. Of the 28 cases discovered *S. Typhi Murium* was the causative agent in 5 cases and *Clostridium Welchii* in the remainder.

Preventive measures 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.

During the last quarter of the year there was an epidemic of measles. The distribution of the disease during the year has been as follows:

First quarter	No cases
Second quarter	2 cases
Third quarter	38 cases
Fourth quarter	1039 cases

TABLE XXIII

Special Visits to the Home

	Aged	Tuber- culosis	Mental Disorder		
			Mental Illness	Subnor- mality	Guid- ance
1st Visit	242 (161)	77 (45)	284 (366)	36 (26)	111 (13)
Follow-up Visits ..	820 (1,198)	1,334 (2,856)	1,451 (997)	751 (913)	536 (160)

Table XXIII shows the number of visits during the year which were paid by the Special Nurses. While their duties spare the time of trained Health Visitors it may yet be too early to gauge the trend or evaluate the pattern of services required in these three fields. With the exception of fewer first visits to mentally ill persons, there is otherwise a steep rise numerically in home attention, but the follow up visits for mental illness have increased. The Child Guidance Clinic which is the responsibility of the Education Committee is partially staffed by social welfare officers who are dually appointed by the Education School Health Section and the Health Department. Other members of the Staff for these duties in addition to mental welfare officers are Geriatric Nurses (2), Tuberculosis Nurse (1) and a nurse for Mental Subnormality (1), all of whom are State Registered. Special mention will be given to each of these.

Geriatrics or the Care of the Aged

Since the beginning of 1962 the service has steadily increased and the number of new cases visited during that year was 186 bringing the total number of cases on the books to 264. Of this total a certain number are in the acute hospitals, some in the Geriatric hospital and some in Welfare homes.

Total cases on books	264
Cases in hospital (acute) ..	13
Cases in Geriatric Units ..	50
Cases in Welfare homes ..	14

This leaves 187 cases to be visited regularly and the domiciliary care was satisfactory from a point of view of the department in 140 of these. This seems extremely high but a percentage of these would have benefited from the warden scheme or re-housing for example.

With reference to patients requiring nursing. Those who need the District Nursing Services are receiving it: 8 patients on the geriatric register are being attended daily and 36 weekly for the

purpose of bathing and general care where the patient is otherwise capable. There are on the other hand 10 patients requiring hospital admission and these are on the waiting list for admission either urgent or otherwise to the Geriatric hospital. 9 patients are attending hospital as day cases.

There are 26 patients who would benefit from Part 3 accommodation, but a percentage of these are not truly in need of care and attention.

Only 17 patients would benefit from a holiday relief scheme. Either because the relatives wish them not to be admitted to hospital even for a spell of 2 weeks or because they themselves do not want to leave their own houses. The same number of patients would possibly benefit from convalescence but would not consent to leave their homes.

Housing arrangements for the elderly suggest a great need for better facilities either because the house is too large or because of lack of inside facilities and inaccessibility of the shops etc., There are 61 such cases where housing conditions are unsatisfactory. 72 cases would benefit from a warden scheme.

In 19 cases the care is unsatisfactory—this is from the Department's point of view and this is only because the patients in question have flatly refused help and are in the process of being persuaded. This being a difficult task.

The numbers receiving the other Services are as follows:—

Hairdressing	..	..	..	20
Chiropody..	..	..	..	23
Meals on wheels	..	..	..	7
Fireguards..	..	..	..	22
Home Helps	..	..	..	39
Friendly Visitor	..	..	..	4

Although the service is functioning reasonably efficiently and the care in most cases is adequate there is still need for improvement of some of the services available for the elderly especially if they are going to be encouraged to remain independent, for example, the supervision of the elderly at holiday times and weekends when there is no home help service and no meals on wheels service. It is fully appreciated that the Departments cannot work at all hours. The Home Help Service does a very good job especially in view of the shortage of staff and increased number of elderly people requiring the service. Many of the elderly people receiving home helps would benefit from a longer period of time.

The warden scheme is an excellent idea and I feel that this would greatly reduce the need for Part 3 accommodation. Hair-dressing and Chiropody are good services.

The meals on wheels service would be appreciated by many more old people if the help and staff required by the departments concerned were available.

There is an increasing need for more voluntary social workers i.e. friendly visitors—especially if they are good ones. This service can be an added source of comfort, especially to the housebound.

The need for prevention of illness is increasing, especially by guidance on diet, clothing, general care, and budgeting, and clinics are to be set up with this aim in view.

Tuberculosis:

In this account R stands for Respiratory or Lung Tuberculosis and N.R. for Non-Respiratory. As stated, the numbers of cases have increased but there is no appreciable increase in cases who have a positive sputum. This means that the detection mechanism within the community is satisfactory and, having regard to the good response to treatment in this disease, we should not review the position with too much gloom or despondency. Nevertheless, the figures should be a spur to us to improve the environment by promoting better housing, and curbing overcrowding. In the past, many cases of tuberculosis died, now longevity is a challenge to undiminishing supervision of those who over the years have come to terms with their disease. In previous reports I have bemoaned the feeble attempts to rehabilitate tuberculous persons in Halifax. In spite of the fact that I have been unable to recruit a trained Occupational Therapist I am in the position for the first time in five years of noting some improvement in the Care and Employment supervision of these afflicted with this disease. A watchful eye has been directed to the irregular introduction of fresh tubercular susceptibles and where a Pakistani, for example, is notified with this complaint his contacts are carefully examined. A new venture has also been the follow-up of work contacts and the co-operation of industry has been much appreciated.

1961			1962		
Total New cases Resp:	M	31	Total New Cases		80
Total New Cases Resp:	F	15	Transferred In:		12
Total New Cases NR:	M	1	Posthumous not:		2
Total New Cases NR:	F	1			—
		—			94
		48			
Patients recovered	..	..	..	..	41
Transferred out	..	..	..	..	18
Deceased	..	..	..	..	14
Lost sight of	..	..	..	..	6
Taken off Register for failure to attend the clinic	..				1
					—
					80

In 1961, notifications of all new cases of Tuberculosis were 48. In 1962, notifications of all new cases, excluding Posthumous notifications were 80, a general increase of 32. In 1962, N R Tuberculosis had an increase of 8, whilst Respiratory an increase of 24. This figure can be reduced somewhat by taking into consideration that, whereas in 1961 only 5 Pakistanis were notified Respiratory Tuberculosis, in 1962 there were 16, but not counting the Pakistan notification, there is an increase of 14 new cases Respiratory and 9 N R A in the general population. The total number of notified patients on the Register at Kirby Leas is now 552, an increase of 14 compared with last year.

Of the total number of Pakistanis notified (17), X-Ray appointments for contacts amounted to 77, out of this number only 39 attended, the rest 50.6% defaulted.

Great difficulty is experienced in seeing actual contacts of Pakistan patients. The list of contacts is usually obtained from a lodger, or friend of the household and, as the majority of Pakistanis work on night shift, or are at work all day, direct follow-up is difficult.

The average number of contacts for each notified patient is between 6 and 7, but, in some instances, as high as 10 or 12. The fact that they work on shift work and are very reluctant to lose half a day, or a day's pay for X-ray, probably accounts for the high rate of F.T.A.C. for X-rays. There were only 2 households notified with children; these were heaf tested; 5 were negative and 1 positive. The positive child was consequently notified tuberculosis of lungs and adenitis. Arrangements are in hand for 3 children to have B.C.G. and the remaining two, because of segregation difficulties and the father refusing to go into Sanatorium, have not been done. One of these children, although negative last year, has now been notified. There must be more than 2 families with Pakistan children in the town, and it may be possible with the co-operation of the Education Department, to obtain a list of Pakistan children attending local schools and so have these children heaf tested. The number of children heaf tested outside the Royal Halifax Infirmary amounted

to 108, 35 were positive and subsequently X-rayed. The 73 children which were negative had B.C.G. The total number of B.C.G's including contacts with new born babies, was 107.

A total of 77 patients were admitted to Sanatorium, 67 in Northowram, 5 at Bradley Wood, and 5 at Grassington.

The number of Tuberculosis visits paid by the Halifax District Nursing Association for treatment: 1961 — 575. 1962 — 852.

The tuberculosis service co-operates well with the Hospital Social Service Department and voluntary bodies. At the same time, there are gaps in the service which need to be improved. This is causing anxiety at the moment since the Almoner is only able to visit Northowram Hospital every fortnight, but she is hoping that, by the Autumn, she will be able to visit twice weekly. At the moment, only those patients who are brought to her notice, or ask to see the Almoner, are seen and because some of the patients are admitted straight to hospital their real needs, worries, and fears, are not properly assessed until they are discharged.

Due to the shortage of beds and the waiting list at the Sanatorium, only short notice for admission and discharge can be given. This can cause considerable inconvenience and hardship to the patient and his relatives, both on his admission and on discharge, to those patients whose home life and accommodation is not always suitable. It is realized with admission of patients, prior notice is not always possible, because the patient's condition warrants immediate admission, but if prior notice of discharge could be given, domiciliary visits to these homes would be possible, especially to those patients who are living in lodgings and have far from suitable accommodation, or to those homes where the home and social environment is not always satisfactory, or where there are small children.

It must be stressed that these houses are visited on receipt of notification, whilst the patient is in the Sanatorium and particulars obtained from relatives and friends, but the patient's real worries and fears may not be known till after discharge. Housing and financial worries are assessed but, because of the various departments concerned, some time may elapse before the patient and his family feels the full benefit of the efforts made on their behalf, so that they can, and sometimes are, discharged into unsatisfactory home conditions. The hospital and ward staff are very willing to co-operate and it is through this channel that the almoner is contacted.

The period of time between discharge and the return to work can be a real trial and worry. With time on their hands, the uncertainty as to whether they will be able to return to their former employment, that is, if, indeed, they are allowed to do so, causes additional strain. Most patients make a gradual drift back to employment of some kind or other by their own efforts and some to

jobs which are not always suitable. The responsibility of referring patients for change of employment would appear to be clearly a medical one, and should not be left to lay staff.

The unskilled, and the labourer, are the hardest hit, because, by the very nature of their complaints, they are not always able to follow their previous occupation, and there is a hard core of about 30-40 patients who would like to work but are unable to do so.

Because of pressure of work at the Ministry of Labour, the Disablement Resettlement Officer, Mr. Robertson, is not able to visit Northowram as frequently as he used to, or would like to, so that it is left to the Patients' own efforts to find employment, unless their General Practitioner refers them to the Ministry of Labour, or Dr. Mann or Dr. Oxley have already mentioned it to Miss Goodall.

Miss Goodall also hopes that shortly it will be possible for arrangements to be made, so that all patients on their first visit to chest clinic, after discharge from the Sanatorium, to visit her department, so that any remaining worries and difficulties may be ironed out, particularly with regard to work.

Domiciliary Visiting

At the moment, all new patients are visited shortly after notification, and the necessary list of contacts and housing report sent to the Health Department and Chest Clinic. All children up to and including School age are offered Heaf Tests and positive reactions are then X-rayed. Negative reactions are offered B.C.G. The adults are offered X-ray and appointments made, but they are not always kept.

On notification of discharge, these patients are again visited and any advice needed is given. The patient is advised to contact the Disablement Resettlement Officer in the case of re-employment, and if he has not already seen his family doctor encouraged to do so, and the fact established whether he has an appointment with the chest clinic, if not, this is arranged. The patient may then not be seen, after a considerable lapse of time, as much as 6 months, by this time he will probably have resumed work, so that unless he is seen at Chest Clinic, direct contact with him is somewhat broken. It is felt that, during the period of his convalescence and return to work, he should be visited at least once a month, but because of routine visits, contact enquiries and new patients, this is not possible.

Routine visits, at the present time are done about every 6 months and those which are ineffectual are checked on at the Chest Clinic, to ascertain whether they are still attending clinic. Although these visits seem unimportant, and are very often ineffectual, wives, friends and relatives will tell the patient that the chest clinic visitor has called which lets them know we are still interested in them, and helps to jog their memories with regard to a future appointment, so that the number of failures to attend at clinic have dropped. To further this end, some form of card or slip of paper which could be

pushed through the letter box, at those houses where there is no one in, would help. Very often, it is on these routine visits, that patients' change of address first come to light and the patients have forgotten to inform clinic, so that the number of patients "Lost sight of" is diminished.

With the increasing interest of chest diseases and bronchitis, domiciliary visiting of these patients is contemplated and already commenced, but with increasing numbers being brought to the Health Departments' notice, transport facilities and help could be required to do full justice to this form of care and after care visiting.

At the same time it might be possible to cater for the Convalescents after discharge so that they may meet fellow patients and have some form of activity to occupy themselves while waiting to recommence work.

At the present time there is no voluntary after-care organisation in Halifax to whom the tuberculous patient may turn and the patient is putting increasing reliance on the official services. I am grateful to the help given by the Halifax Council of Social Service, the National Assistance Board and the Group Almoner.

Mental Disorder

A full report of the work of the Mental Health Section is provided elsewhere and there is little to add to the summary which is included here. Special regular routine visitation of subnormal persons is worth while work. There is a high hospitalisation rate in Halifax (13 in 1961) for severely subnormal persons and this may be a tribute to the high standard of counselling in previous years. In some towns, the presence of detrimental subnormals within the home is a source of family neurosis. Happily this state is exceptional and may be said to be almost non-existent. The early development of Junior Training facilities in Halifax has had a beneficial effect and the steadfast endeavour of the Halifax and District Society for Mentally Handicapped Children is something for which the community should be grateful. For my part, on behalf of the Health Committee, I will continue to press for the closest co-operation between the voluntary and official services. There is also a happy relationship with Dr. Harris, the Consultant in Charge of Westwood and Fielden Hospitals for whose personal and technical help with difficult cases I should put on record my appreciation. The setting in which the Mental Subnormality visitor works is therefore a very happy one and the development of club activity sponsored by the Voluntary Society is a further aid to her in this important work. The usefulness of the special nurse to the Health Committee is further increased by her participation and assistance in Child Guidance.

In the final analysis the success of community health, from the psychological standpoint, is the degree to which the individual, no matter his mental endowment, is adjusted to the community and conflicts in which he lives. It is unfortunate that, in the presence of a satisfactory development of a comprehensive service, that there

should be so much sub-clinical neurosis. Falling moral standards and failing religious beliefs, form the basis of this lack of adjustment which leads to mental distress. Although it is difficult to measure the extent of sub-clinical neurosis, which some people estimate at 5%, this section of the annual report, in the years which follow, will be increasingly concerned with this aspect of health.

Summary of work undertaken by Mental Welfare Officers under the Mental Health Act, 1959

1. Number of patients referred to the Mental Health Service during the year by:—	1962	1961
(a) General Practitioners	131	132
(b) Relatives	100	118
(c) Psychiatric Hospitals	103	87
(d) Psychiatric Clinics	52	52
(e) Local Education Authority	8	10
(f) Police	38	34
(g) Other sources	60	79
Total	492	512
2. Of the patients referred (as para. 1) number:—		
(a) Admitted to Hospital under:—		
(i) Mental Health Act, 1959, S.5 (Informal)	116	96
(ii) Mental Health Act, 1959, S.25 (Observation)	45	42
(iii) Mental Health Act, 1959, S.26 (Treatment)	7	7
(iv) Mental Health Act, 1959, S.29 (Emergency)	40	25
	208	170
(b) Referred to General Practitioners and Psychiatric Clinics	126	123
(c) Referred for Domiciliary Visiting	114	131
(d) Referred for Guardianship	—	—
(e) Referred to other Social Agencies	24	43
(f) Other means	20	45
(g) Admitted to Training Centres (included in (c) above)	13	16
3. Number of domiciliary visits:		
(a) Mental Illness	1735	
(b) Mental subnormality	787	
Total	2522	

4. Number of sessions attended at Psychiatric Clinics 141 109
5. Number of patients under the care of the Local Health Authority on 31st December, 1962.

1. **Number receiving domiciliary visits:**

(a) Mentally ill	..	..	..	..	158	85
(b) Severely subnormal	..	..	..	..	30	28
(c) Subnormal ..	..	..	..	..	122	88
(d) Psychopathic	..	..	..	..	3	1
Total	..	..	..	..	313	202

2. **Number receiving training:**

Males under 16 ..	..	..	..	..	18	17
Females under 16	..	..	..	..	12	11
Males 16 years and over	..	..	..	..	12	10
Females 16 years and over	..	..	..	..	18	16
Total	..	..	..	..	60	54

3. **Number on Waiting List for admission to hospitals:**

(a) Severely Subnormal:						
(i) Males over 16	..	..	..	..	1	—
(ii) Female under 16	..	..	..	..	1	—
(iii) Females 16 years and over	..	..	..	..	3	—
(b) Subnormal:						
(i) Male under 16	..	..	..	..	1	—
Total	..	..	..	..	6	4

Coronary Thrombosis

The epidemiology of coronary thrombosis is still uncharted. Older persons usually die in the onset phase and younger persons frequently, but it is only by observing those who recover and by participating in their after-care that the true nature of coronary thrombosis can be assessed and the community problem answered.

My concern at present, so far as morbidity is confined to the numbers and ages of those who are conveyed to hospital for prothrombin testing. This is an important factor in control and the maintenance of well-being. The numbers have been increasing over the years and the time may be overdue for including this in my yearly survey.

Coronary Thrombosis: Cases attending bi-weekly for Pro-Thrombin Testing

		Males	Females
Consultant A	..	7	12
Consultant B	..	21	13
		—	—
Total ..	..	28	25
		—	—
Age groups —45	..	7	
—55	..	15	
—65	..	18	
+65	..	13	
		—	
		53	
		—	

Chronic Bronchitis

The numbers of chronic bronchitis cases which are now being visited and which will be reported next year are almost all in cases of cigarette smokers.

Factors responsible for bronchitis include climate, aerial impurity and cigarette smoking. The first is, so far, beyond control, the second, as reported on page 117 is receiving active attention, and the third is a topic of educational importance. It is true to say that all sections of the community know that cigarette smoking is dangerous to health, but passive knowledge without active personal measures to stop the habit is of little value. There is a responsibility on parents and teachers to strengthen the resolution of young people. Where addiction clouds the willpower the consequences are indeed severe. A survey which was conducted in Halifax during the latter part of the year showed that approximately 9,000 males and 4,000 females over the age of 30 suffer from bronchitis. This high rate is associated with basic atmospheric pollution but in the cases of severe bronchitis studied with considerable destruction of lung tissue and emphysema in practically all cases these changes were associated with the cigarette habit at some time during earlier life.

Diabetes Mellitus

Good work is done by the Halifax District Nursing Association in treating and teaching diabetics in their own homes. Liaison between the hospital and home is provided by the diabetic nurse whose visits are increasing.

Mrs. Scott took over duties in the Diabetic Service on 17th September, 1962. 48 patients were on the books at that time. She attends the Out-Patients of the Royal Halifax Infirmary on Tuesday afternoons and advises new and old patients on diets or the giving of Insulin there.

Thirteen new Diabetics were diagnosed by the Medical Staff during her attendances at the Clinic. These and the patients on the books were visited in their homes for further instruction and guidance on diet and also teaching of giving themselves Insulin.

She visits patients who are due for discharge in the Hospital wards, getting to know them prior to visiting in their homes. The general practitioners are not, as yet making full use of this service.

The depletion of general nurses at times is a problem and the diabetic nurse helps at these times in the general work. Her visits are done according to the requirements of the patients. Two evening visits were paid on patients working.

During the last quarter the statistical figures of this work are:—

13 New patients
349 Home visits
Ages 5-64 years 174
Ages 64+ years 175

Home Accidents

There is an apparent reduction in the total number of home accidents but there are difficulties in collecting and compiling statistics.

TABLE XXIV
HOME ACCIDENTS—MONTHLY STATEMENT

Figures for 1961 in parenthesis.

MONTH	Age Groups					
	0-5 yrs.	6-15 yrs.	16-25 yrs.	26-50 yrs.	51-60 yrs.	61 & over
January ..	10 (18)	2 (5)	— (3)	10 (18)	1 (5)	5 (13)
February ..	7 (11)	2 (7)	— (4)	3 (14)	4 (5)	3 (16)
March.. ..	8 (18)	1 (2)	3 (5)	3 (14)	3 (5)	8 (16)
April	22 (17)	6 (6)	1 (7)	7 (17)	1 (4)	7 (14)
May	7 (21)	4 (6)	2 (7)	6 (12)	— (11)	6 (19)
June	10 (7)	1 (5)	1 (2)	9 (4)	3 (8)	1 (5)
July	7 (20)	5 (3)	1 (4)	7 (13)	4 (8)	9 (6)
August ..	10 (20)	2 (12)	1 (2)	5 (10)	3 (4)	5 (11)
September ..	4 (15)	1 (10)	1 (7)	6 (15)	1 (4)	9 (7)
October ..	4 (14)	2 (5)	3 (9)	4 (17)	— (8)	2 (18)
November ..	12 (16)	4 (5)	2 (6)	2 (19)	1 (7)	4 (20)
December ..	13 (17)	2 (11)	3 (3)	3 (10)	2 (7)	5 (12)
TOTALS ..	114 (194)	32 (77)	18 (59)	65 (163)	23 (76)	64 (157)

TABLE XXV
HOME ACCIDENTS—TYPES OF INJURIES

INJURY	Age Groups											
	0-5 yrs.		6-15 yrs.		16-25 yrs.		26-50 yrs.		51-60 yrs.		61 & over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Head	6	6	—	—	—	—	—	—	1	2	—	4
Upper Limb ..	5	5	6	7	2	2	10	10	1	4	1	5
Lower Limb ..	5	—	1	2	1	4	3	6	—	6	1	19
Cuts	10	6	4	4	2	—	5	16	3	—	1	8
Swallowed ..	10	10	—	—	—	—	—	—	—	—	—	1
Chest	1	—	—	—	—	1	2	1	2	1	5	4
Back	1	—	—	1	—	1	—	1	—	1	1	—
Burns	12	7	2	6	—	—	1	—	—	—	—	1
Scalds	11	5	1	1	—	1	2	5	—	—	1	2
Miscellaneous	3	4	—	—	4	2	2	6	—	—	2	5

Nevertheless the work of the Health Visitors in this field is reflected by a diminution in the incidence and severity of head injuries, burns and scalds. At the end of the year more attention was being given to the prevention of poisoning and a special report will be given of this next year.

The number of Road Accidents shows a welcome decrease. During the year, 1,517 reports of road accidents were received by the Police and 15 deaths were attributable to such accidents. The following table affords a comparison with the number of fatal accidents occurring in previous years:—

Police Report	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
	7	14	6	9	12	12	6	9	10	14	12
R.G.'s Report for after adjustment transfers	8	14	6	10	11	13	10	9	15	21	11

Black spots in the Borough are as follows:—

Stretch of road from junction of Prescott Street to the Shay
Football ground.

Burnley Road:

Area of Cote Hill.

Causeway Head.

Leeds and Bradford Road:

Stump Cross.

Junctions at both ends of North Bridge.

Keighley Road:

Waterhouse Street, junction of North Parade and
Corporation Street.

Bank Top, Lee Mount.

Junction of Grove Avenue.

Stretch of road between Beechwood Road Junction and
Cousin Lane Junction.

Peat Pitts.

Causeway Foot.

Junction of Nursery Lane.

Rochdale Road:

Pye Nest.

Measures continued during the year included talks by police
staff at Child Welfare Centres.

Sickness Certificates:

The figures shown overleaf represent the number of first sickness
certificates submitted to the local insurance office by the working
population in Halifax:—

TABLE XXVI

1962

Jan.	9th	..	836	Aug.	7th	..	302
	16th	..	676		14th	..	290
	23rd	..	577		21st	..	290
	30th	..	621		28th	..	310
Feb.	6th	..	564	Sept.	4th	..	258
	13th	..	492		11th	..	270
	20th	..	471		18th	..	324
	27th	..	412		25th	..	369
Mar.	6th	..	447	Oct.	2nd	..	383
	13th	..	424		9th	..	415
	20th	..	419		16th	..	449
	27th	..	468		23rd	..	397
April	3rd	..	441		30th	..	404
	10th	..	432	Nov.	6th	..	402
	17th	..	400		13th	..	414
	24th	..	268		20th	..	367
May	1st	..	377		27th	..	444
	8th	..	363	Dec.	4th	..	465
	15th	..	390		11th	..	427
	22nd	..	359		18th	..	376
	29th	..	342		25th	..	273
June	5th	..	297	Jan.	1st	..	466
	12th	..	215				
	19th	..	316				
	26th	..	310				20,145
July	3rd	..	274				
	10th	..	262	Average Weekly			387
	17th	..	208				
	24th	..	173				
	31st	..	216				

Physical Handicaps:

Chronic sickness and chronic disability cases are visited by Health Visitors and Geriatric Nurses. They co-operate with the Welfare Services Department, the Co-ordinating Committee for Handicapped Persons and the Multiple Sclerosis Society. The Health Committee has a special interest in this latter organisation since it was actively concerned with its inception and organisation in 1961. The Multiple Sclerosis Society, apart from providing social amenities for those afflicted contributes to research projects being carried out at Leeds University.

SECTION III

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

MIDWIFERY

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

AMBULANCE SERVICES

PREVENTION OF ILLNESS

CARE AND AFTER-CARE

DOMESTIC HELP

MENTAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

The staff responsible for maternal and child welfare duties, including medical, superintendent nursing, health visitors, clinic assistants and food distributors, have worked well during the year.

The clinic premises in the districts are unsatisfactory and not suitable for modern methods of teaching mothercraft. New premises are urgently required. Weekly sessions were held regularly throughout the year. During 1963 it may be possible to cut down on their frequency and have larger sessions. Domiciliary visiting is the important aspect in the care of young children. Food distribution takes up a large part of the staff's time and energies and during 1963 it is hoped to arrange the distribution in a more orderly manner. In the care of young children the importance of psychological factors, particularly in the prevention of problems arising has been an important duty of the health visitors. There are nearly 100 problem families who require a great deal of visitation and the health visitors' rôle is to protect the welfare of the children. Sometimes this means separation, sometimes referral to the Courts or Children's Officer but the cardinal duty is, if possible, to prevent the break-up of the family as a unit.

The total number of births in Halifax area was 2,680 which shows an increase on the figures for 1961 (2,503). 2,052 (1,891 in 1961) were born in Halifax General Hospital.

The birth rate 17.1 (E. and W. 18.0) for 1962 remains just below the national average.

The Infant Mortality Rate, 33 deaths, giving a rate of 20 (E. and W. 21.4), shows that the welfare of children's health in all its forms is not lacking in effectiveness.

The principal causes of these deaths remain evenly distributed as follows:

Prematurity	12
Pneumonia	9
Congenital malformations	6
Other causes	6
Total	33

No mothers died during the year under review.

Errors of Metabolism in young babies, e.g. in the break-down of amino-acids, may lead to their imperfect development. One such defect is the break-up of Phenyl Alanine, which may cause mental subnormality, can be detected by testing the urine of new born babies for Phenylketonuria. These tests have been carried out at the age of 4 weeks by midwives in babies born at domiciliary con-

finements, and at six weeks by Health visitors for hospital confinements. One abnormality was discovered during 1962 and the baby concerned was referred to the Consultant Paediatrician. Special diet was prescribed and it is gratifying to know that the baby's development is now proceeding normally. Miss Savage's staff carried out 953 tests compared with 499 during 1961.

Babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation are premature. Stillbirths are excluded.

The number of premature infants notified during the year (including transferred notifications) are as follows:—

	1962	1961
(i) Born at home	20	25
(ii) Born in hospital	105	124
(iii) Born in Nursing Home	—	—

Premature babies are carefully followed up and the midwife continues to visit until the weight is over $5\frac{1}{2}$ lbs. The Health Visitor also may pay frequent visits every day if necessary so that the mother is given every chance of feeding, treating or otherwise caring for her infant. There is excellent co-operation between hospital midwife and Health Visitor and the effectiveness of the care of infants born before term should improve with the new arrangements under way for the organisation of a Premature Baby Unit at the Halifax General Hospital.

Premature still births	PREMATURE LIVE BIRTHS						Transferred to Hospital	Birth weight
	Nursed entirely at home							
	Died in first 24 hrs.	Died on 2nd-7th day	Died on 8th to 28th day	Survived 28 days	Total			
—	—	—	—	—	—	—	2 lb. 3 oz. or less	
6	—	—	—	—	—	—	Over 2 lb. 3 oz. up to 3 lb. 4 oz.	
3	—	—	—	1	1	—	Over 3 lb. 4 oz. up to 4 lb. 6 oz.	
6	—	—	—	1	1	1	Over 4 lb. 6 oz. up to 4 lb. 15 oz.	
3	—	—	—	16	16	1	Over 4 lb. 15 oz. up to 5 lb. 8 oz.	
18	—	—	—	18	18	2	Totals	

Infectious Disease in mothers and babies has progressively diminished over the years. There was only one notification of Ophthalmia Neonatorum and no Puerperal Pyrexia.

Ante-Natal Clinics at North Parade took place regularly and were conducted by medical staff of the Department with the co-operation of a Consultant Obstetrician who saw abnormal cases at the Medical Officer's request. Emphasis on Relaxation and Mothercraft has been a feature of the year's work and to make this aspect more effective and to allow more individual attention clinics were held twice weekly. The Special Relaxation and Mothercraft Clinics conducted on Friday by Mrs. Morrison under the auspices of the Halifax and District Nursing Association have continued and a closer liaison with corresponding clinics held at the General Hospital has been established. The mechanism of labour in all its complexity may be better understood with a vast saving of the lives of mothers and babies. This better understanding may not apply to how the mother feels. Efforts to preserve the emotional conditioning of mothers throughout pregnancy and labour will give greater individual security to the developing infant and raise the stability of family and community life. This constitutes our main aim as a Health Authority.

(1)	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		Total number of attendances made by women included in col. 4 during the year
			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	
(1)	(2)	(3)	(4)	(5)	(6)
Local Health Authority Clinics supervised by L.A.'s Medical Staff:					
Ante-natal clinics	1	16	908	811	4398
Post-natal clinics	—	1	4	4	4

Infant Welfare Centres continue to be provided at North Parade, Queens Road (Fairfield and St. Paul's Church), Ovenden, Mixenden, Siddal, Northowram and Illingworth. The North Parade Centre is a whole time Clinic. The other clinics are situated in Church Schools and sessions are held as follows:—

Queens Road Clinics—Two sessions weekly—Tuesday (a.m. and aft.)
Ovenden Clinic—One session weekly—Wednesday (a.m.)

Mixenden Clinic—One session weekly—Monday (aft.)
 Siddal Clinic—One session weekly—Monday (a.m.)
 Northowram—One session weekly—Wednesday (aft.)
 Illingworth—One session weekly—Friday (aft.)

All Maternity and Child Welfare Clinics have a Medical Officer in attendance but during the year an extra session for health education and babycraft instruction, which includes sewing and the making of garments has been introduced and conducted by the Deputy Nursing Officer. This special Mothers and Toddlers Clinic will be more fully reported next year.

Centres provided by	No. of centres provided at end of year	No. of C.W. sessions now held per month at centres in col. 2	No. of children who first attended a centre of this L.H.A. during the year, and who at their first attendances were under 1 year of age (4)	No. of children who attended the year who were born in			Total No. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were			Total attendances during the year
				1962	1961	1960-57		under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	8	40	1,194	1,085	977	1,926	3,988	11,155	2,368	1,753	15,276

The nutritional and physical status of children are higher than ever before and the psychological factors governing their development may be in this day and age of greater moment. None the less where required artificial sunlight is still provided as shown in the following table.

	1962	1961
Number of sessions	29	63
Number of cases treated	17	17
Number of attendances	75	125
Average attendance at each session	2	2

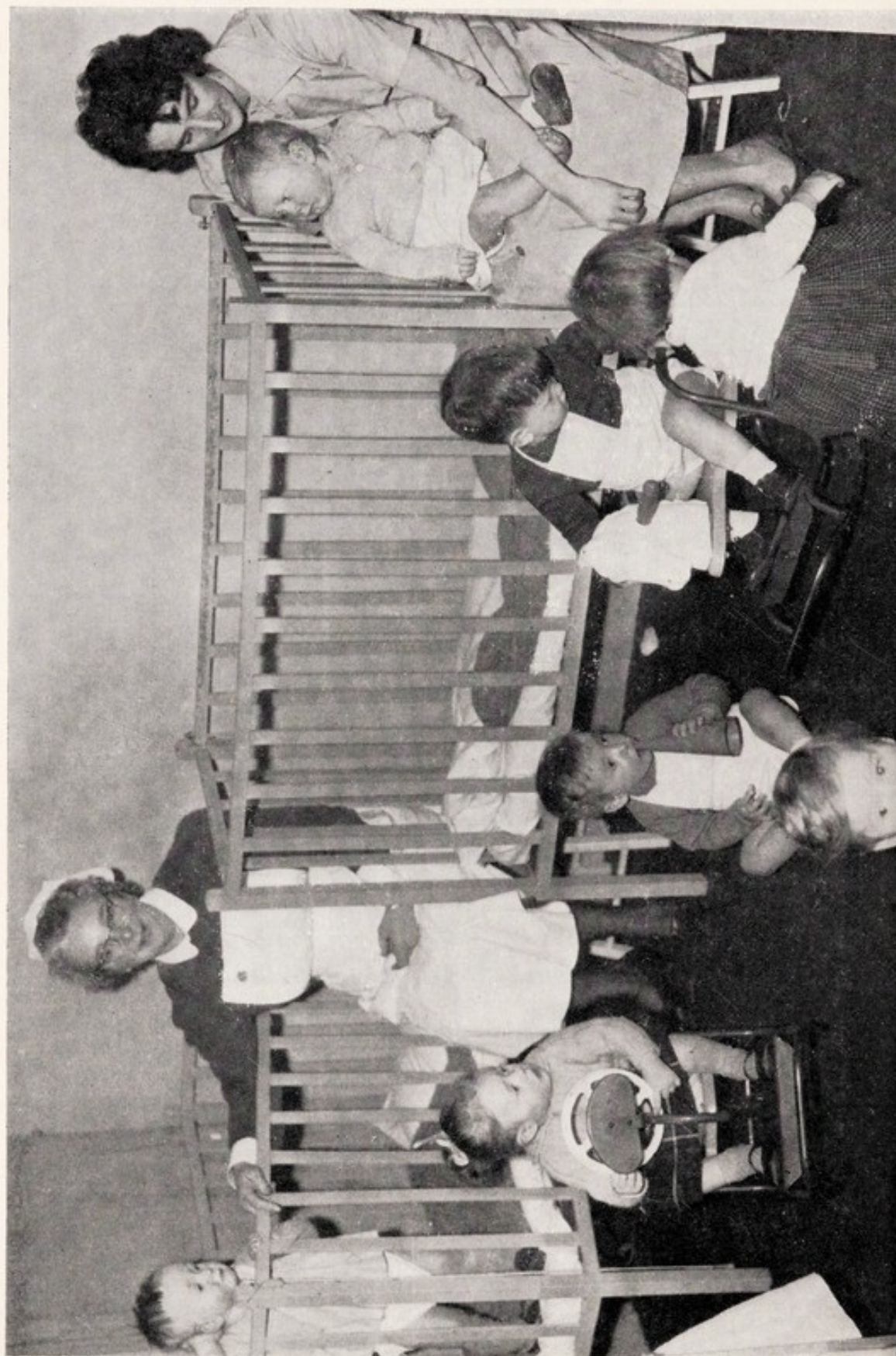
Dried Milk was also distributed as follows:—

	1962	1961
Cow and Gate	2,158	1,922 cartons
Ostermilk	23,314	18,700 „
Trufood	5,686	6,907 „

And National Dried Milk, Cod Liver Oil and Orange Juice were issued at all clinics, to the extent of:—

	1962	1961
N.D.M.	11,197	12,656 cartons
Orange Juice	13,700	23,905 bottles
Cod Liver Oil	1,969	4,184 „
Vitamin A and D	1,944	4,287 tablets

CRAIGIE LEA DAY NURSERY, OVENDEN



As already indicated the Infant Mortality position is improving and there were 33 deaths of infants under 1 year during 1962.

13 died under 24 hours

7 died under 1 week

3 died under 1 month

10 died between 1 month and 1 year.

The Day Nurseries have worked the whole of the year at full pressure, the drop in daily average being due to the absentee rate from measles occurring in the latter part of 1962. Also there was a mild outbreak of Sonné dysentery which completely closed a section for a short time. The advent of day nurseries, during the latter years of the war, allowed some mothers to become available for work of national importance. Many authorities have continued these institutions for like Halifax they have realised their importance as a social service in the mixed industrial community.

The admission of children to Day Nurseries to some extent relieves the Health Visiting Service. The Health Visitor knows that the child will be happy, that the necessary food and rest will be provided for him and that, in addition, he will be trained in the principles of good behaviour, cleanliness, table manners and that it will further health education. The Matron often succeeds in securing vaccination and/or immunisation, where a parent may not have bothered before admission to the nursery.

Day Nurseries are essential in caring for a child where the mother falls ill, sometimes physically, sometimes mentally, or during her stay in hospital for another baby where no relatives or suitable neighbours can look after the child. The child is reunited with his father in the evening thus sustaining home contact. The unmarried mother, in addition, may find happy shelter for her baby during the day while she works for its maintenance.

In addition, the Day Nursery has an important place in the rehabilitation of the problem family. Such mothers are usually not good managers, having baby after baby and not knowing how to care for them or her family. The husband may not be very bright, unskilled at work and not giving the wife and mother the support she so badly needs. The position deteriorates until the woman, oftentimes, sinks to the lowest depths. Rehabilitation is needed and the day nursery does help. The younger children can be taken off her hands in the day-time and, with the assistance of a good home help, the woman can make an effort to redeem her position in society. The health visitor finds the day nursery a considerable help in dealing with these and other problems of young children and distressed parents.

In a variety of cases, a short or long term stay in a day nursery is an invaluable help to the health visitor in her efforts to help a family cope with its difficulties.

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

DAY NURSERY STATISTICS

	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	50	90	41	62
Nurseries maintained by Voluntary Organisations	—	—	—	—	—	—	—

The following is a summary of the work of Ling Bob Day Nursery during 1962. Ling Bob has 48 approved places, the average daily attendance being 44 and the total number of attendances being 10,239.

The number of children who had Infectious Diseases month by month was as follows:

May 1962	8 cases of mumps
May and June 1962	13 cases of German Measles
Oct., Nov. and Dec. 1962	39 cases of Measles

Measles was of severe type affecting the chest and 4 children developed pneumonia.

When the Assistant Medical Officer of Health attends the Nursery the children are medically examined and if necessary prophylactic injections are given. Triple Immunisation was completed in 2 children. Poliomyelitis Vaccine was completed in 2 and others leaving before the end of the year had some injections and were then completed elsewhere. We find that most of the older children have had their injections before entering the Nursery. We co-operate with the Health Visitors when they recommend problem children and others who would benefit from care at the Nursery. They in turn visit the children in their homes when I cannot contact the mothers, especially of urgent cases. We also help the Almoner at the Hospitals when mothers are ill and need to put their children in the care of the Nursery when they don't want to send them to a Residential Home.

We feel that most children benefit from attending the Nursery, developing their powers of observation with the organised play and regular habits. Meal times receive special study and a well balanced diet is provided. We find that under-developed children seem to progress mentally and physically after a few months at the Nursery.

Only minor accidents occurred during the children's play, particularly outside. Bruises, bumps, and slight cuts were dealt with by Sister or myself.

The following report is provided by the Matron of Craigie Lea. Craigie Lea has 65 places but the average daily attendance is 68. There is a register of 84 which usually ensures a minimum of 65 attendances.

The work of Craigie Lea Day Nursery was, I think, very successful during the year 1962.

The total attendances being 14,662, of these 1,300 were of the 0-2 years group.

The only accident of any seriousness was a greenstick fracture.

Regarding infection, the following numbers were notified to me:

18 cases of German Measles	..	..	April
10 cases of Chicken Pox	..	..	April
45 cases of Measles	..	..	October

I am of the opinion that the benefits gained in my Day Nursery are many. Encouragement of children to mix is not the least advantage especially in the case of only children. Children from problem families receive a much happier outlook. Of importance too there is general care. Often advice is asked for and given to mothers. A well balanced diet is provided and of course regular weighings.

There were several problem cases admitted during the year, consisting in deserted children from separated or unhappy homes or from those of widows, widowers and mothers in hospital; children also of mental health cases, unmarried mothers and from families where there was not sufficient income. In quite a number of instances sufficient money was earned but withheld from the family which necessitated the wife working.

We received many requests from General Practitioners, Health Visitors, Hospital Almoners and Mental Health Services which I think points out the social service provided by the nurseries.

There were several visits from the Superintendent Nursing Officer which were very helpful.

The doctors attended several times. During these visits, apart from medical examinations the following work was carried out:—

- 50 Smallpox Vaccinations
- 21 Poliomyelitis Vaccinations
- 20 Heaf Tests

All children over 10 months received Heaf Tests before admission.

I feel that the present system of a fixed daily sum in way of payment is the better method, although the flat rate could be raised except for necessitous cases. I consider with apprehension the introduction of a means test on account of the fact that many children deriving benefit at present will be deprived.

LING BOB DAY NURSERY, PELLON



In addition to Day Nurseries the Local Health Authority registers premises for private enterprise and also Daily Minders. Great care is taken to ensure a very high standard of care for all children according to the same standards of hygiene and professional competence which is practised daily in Ling Bob and Craigie Lea.

Nursing Homes are also Registered under Section 187-194 of the Public Health Act 1936.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Nursing Homes first registered during 1962 ..	1	—	8	8
Nursing Homes on the register at the end of 1962	2	—	20	20

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 cost of maintenance. The average stay of ante-natal and post-natal cases is six weeks.

ST. MARGARET'S HOUSE

(1) Total Beds (excluding Maternity, Labour and Cots) ..	12
(2) Labour Beds	0
(3) Cots	6
(4) No. of admissions (ignoring re-admissions after confinement during the year)	46
(5) No. of admissions in item (4) for which the authority was responsible	10
(6) No. of expectant mothers sent to other homes. Payment on an ad hoc basis.	2

I have much pleasure in including a statement by Miss Westwood the Social Worker.

"During the year, thirty-six girls who were expecting or had had illegitimate babies were referred to us from the County Borough of Halifax. Thirty-one were single girls, and five were married women, four living apart from their husbands and one a widow.

Of the single girls, five were sixteen years of age and under, and fourteen were between seventeen and twenty.

Three of the girls were coloured and eight of the babies' fathers were also.

Six of the girls were admitted to St. Margaret's House and two went to Mother and Baby Homes outside the Borough.

On the 31st December 1962:—

- 6 mothers were living in their parents' home with baby.
- 4 mothers were living in lodgings.
- 4 babies were adopted.
- 2 babies died.
- 1 baby was placed with a foster mother.
- 2 girls left Halifax.
- 2 girls married the baby's father.
- 3 — arrangements not yet made about the baby.
- 7 were expectant mothers.

Forty-six girls have been resident in St. Margaret's House for varying periods during the year, the majority of them in their teens.

Various improvements continue to be made to the house, and central heating has now been installed.

We would again wish to record our thanks to the Doctors and nurses and to the Almoner at the Halifax General Hospital for their very willing help and co-operation, which is such a benefit to these young mothers who attend the Ante-Natal Clinic and have their confinements there.

We are grateful for the help and advice of the Health Visitors, and also to the Matrons of the two Day Nurseries who are always very ready to consider applications from mothers who wish to work for their babies, and have no members of their families to care for them whilst they are at work."

Mrs. Brough the Speech Therapist reports as follows:—

In addition to the treatment of school children with speech defects the Speech Therapist also treats the pre-school child having retarded language or faulty articulation, and the post-operative cleft palate child. This is of great value as the child's speech is often correct, if not it is at least intelligible by the time he is admitted to school.

As a result of her attendance at a course at the Manchester University Department of Audiology & Education of the Deaf, the Speech Therapist now holds a clinic for the screening of the hearing of babies between the ages of nine months and one year each Thursday afternoon at the Maternity and Child Welfare Clinic at North Parade. It is hoped that in the future as this becomes more established, Health Visitors and Nurses from other Clinics will be able to attend both at North Parade and the course at Manchester University and thereby make the screening of these infants a routine test throughout Halifax. The detection of deafness of the child is particularly important when it is at the infant stage, as the baby and the parents can be given all the help possible either to correct the deafness or to give guidance so that the handicap is minimized and the child's development is as normal as possible, both general and speech development.

The Speech Therapy Department has referred 5 children to the Child Guidance Clinic for assessment and if necessary treatment. The psychological aspects of some cases are more ably dealt with by the Psychiatrist or the Psychologist than the Speech Therapist.

No. of children on waiting list	..	..	..	..	18
New cases referred	..	..	..	..	83
No. of cases discharged	..	..	..	..	36
No. of Attendances	..	..	..	..	1,101
No. of school visits	..	..	..	..	40
No. cases under observation	..	..	..	..	28
No. of cases under treatment	..	..	..	..	40
Dyslalia	..	..	..	..	70
Dyslalia/Partially Deaf	..	..	..	..	1
Cleft Palate	..	..	..	..	5
Stammer	..	..	..	..	25
Stammer/Dyslalia	..	..	..	..	3

The Principal School Dental Officer writes as follows:—

1. No. of sessions (i.e. equivalent to complete half days) devoted to Maternity and Child Welfare patients during the year 18

2. Dental Treatment Return

- (a) Expectant and Nursing Mothers provided with care.

No. examined	..	..	..	..	..	—
No. needing treatment	..	..	..	..	..	—
No. treated	..	..	..	..	..	—
No. made dentally fit	..	..	..	..	..	—

Children Under Five

No. examined	..	..	..	..	..	136
No. needing treatment	..	..	..	..	..	125
No. treated	..	..	..	..	..	125
No. made dentally fit	..	..	..	..	..	114

- (b) Forms of dental treatment provided.

					Expectant and Nursing Mothers	Children Under 5
Scalings and Gum Treatment	—	—	—
Fillings	—	11
Silver nitrate treatment	—	1
Crowns or inlays	—	—
Extractions	—	164
General anaesthetics	—	102

Dentures provided:—

Full upper or lower..	..	..	..	—	—
Partial upper or lower	..	..	..	—	—
Radiographs	..	..	..	—	—

MIDWIFERY

The domiciliary midwifery service deals with 24% of all confinements in the town. There is a small increase of domiciliary births. In addition the domiciliary midwives may be responsible for the post-natal care of Halifax cases discharged from Maternity Hospitals outside the town. The current practice in Bradford is to discharge Hospital cases, where the mother elects and where she is well enough, after 48 hours from the time of delivery. This method has, so far, not extended to Halifax.

Attendances at the Ante-Natal Clinic are very good and it is only rarely necessary to visit defaulters in their own homes. Halifax women appreciate the need for supervision during their pregnancy and co-operate with all members of the staff. 12 Pupil Midwives were successfully trained during 1962 and the Medical Officer of Health as Medical Supervisor of Midwives conducted two series of six lectures.

	Number of Midwives practising in the area of the Authority at 31st December, 1962		
	Domiciliary Midwives	Midwives Institutions	Total
Midwives employed by Voluntary Organisations			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of National Health Service Act	6	—	6
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed Hospital Management Committee, etc.	—	27 (6 Part-time)	27 (6 Part-time)
Midwives in Private Practice	1	—	1
TOTAL	7	27	34

In addition to conducting labour and providing ante- and post-natal care the midwives assist the medical staff at the ante-natal clinic and carry out special tests when required.

At the ante-natal clinics, in addition to medical examination, blood is withdrawn for Haemoglobin estimations, Wasserman tests, blood compatibility and Rh factor assessment. Although the tripartite system of responsibility for midwifery obtains in this County Borough, as in other major authorities, there is an excellent system of interchanging information in Halifax between Obstetric

Practitioners, Hospital and Local Health Authority ante-natal clinics. During the year this integration of effort has been strengthened by the introduction of a co-operation card. This card is retained by the expectant mother and filled in by the doctor after each examination. By this means details of blood picture, health, blood pressure, urine examinations etc. are intercommunicated to all concerned. More time is now devoted by medical and midwifery personnel to the patient's happiness and security. While it is necessary for all primigravida and multigravida with four previous pregnancies to have their babies in hospital, there are many psychological advantages to the mother in having her baby at home. A natural tranquility develops noticeably with home confinements under the family doctor and domiciliary midwife.

MIDWIVES' DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1962		
	Domiciliary Cases	Cases in Institutions	Total
	As Midwives	As Midwives	As Midwives
Midwives employed by the Authority	—	—	—
Midwives employed by Voluntary Organisations			
(a) Under arrangements with the Local Health Authority in pur- suance of Section 23 of Nation- al Health Service Act	608	—	608
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed by Hospital Management Committees, etc. ..	—	1996	1996
Midwives in Private Practice ..	1	—	1
TOTAL	609	1996	2605

The 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 266
- (ii) Others 5

Medical Aid Forms received during the year on behalf of child 66

Of these:—

- Discharging eye(s) 17
- Prematurity 2
- Colds 11
- Asphyxia 1

Septic Spots	6
Rashes	2
Vomiting	1
Abnormalities	1
Shocked Condition	1
Convulsion	1
Jaundice	2

Notification received in accordance with Central Midwives' Board Rules:—

Notification of Stillbirth	2
Notification of having laid out a dead body	—
Liable to be source of infection	19

HEALTH VISITING

Some difficulty has been experienced in maintaining the Health Visiting strength. To fulfil the varied service of Health Visitors in addition to their child welfare role, State Registered Nurses have been appointed for domiciliary care in relation to Tuberculosis, Geriatrics and special duties. This departure has been successful. Under the guidance of the Superintendent Nursing Officer the Health Visiting service is a comprehensive one which works well with the other nursing services and Home Helps to strengthen community care. Sometimes it is difficult to assess the value attaching to Health Visiting, particularly in relation to child welfare. The Health Visitor is a silent worker mobilising the services required to maintain family health. Her links extend beyond the Health Education function delivered so effectively at a personal level in the home, to ties with the Mental Health Service, Hospital Almoners, General Practitioners, Welfare Services and Voluntary Organisations. A family with problems, through her influence, may be preserved as a unit but once break-down has occurred all her skill applied all the time will often be of no avail. The economic deployment of her resources has been my first concern. Whilst she must be free to report clinical difficulties directly to general practitioners, certain aspects of her work in relation to re-housing, hard cord problem families, infectious disease and the results of special surveys, work must be channelled to the other services controlled by the Health Committee. The Child Welfare Clinics in the district in which she works may afford her convenient opportunity for group education and bringing certain problems before the Assistant Medical Officers of Health, but her main role is in the home and if difficulties arise through non-attendance at clinics for special purposes, e.g. in relation to immunisation or vaccination, then appropriate steps are taken within the home. The Health Visiting headquarters are at Kirby Leas with all other branches of the Nursing Service, including the Home Help Organiser.

	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	T.B.	Other Cases
	Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	Total Visits		
1962	4	2	347	449	1,564	5,949	8,340	1,020	4,019

There are more elderly people living in the community in the proportion of 10-15 per cent. To preserve the ageing community as free from disease as possible may appear a primary aim of the Health Visiting Service but in a more positive way the building up of the whole personality, physical and mental through a useful and purposeful activity will be more socially profitable. It may take a little time to establish Old Peoples' Clinics analogous to Child Welfare Clinic but the introduction of special Geriatric Nurses who not only visit people in their own homes but also Darby and Joan Clubs and Old Peoples Welfare Committees, are steps in the right direction.

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.

There was an increase of 10% in the Nurses' visits. There is, however, no increase in the numbers of cases being nursed, but these cases require more attention.

The Halifax District Nursing Association is a training school for the Queen's Institute of District Nursing and 5 nurses were successfully trained during the year.

Classification of cases:

	Cases	Visits
On books 1st January, 1962	503	—
Cases completed, 1962	1,652	—
Remaining cases, 31st December, 1962 ..	538	—
Medical	1,599	52,530
Surgical	431	10,068
Tuberculosis	24	852
Infectious Diseases (Gen.)	37	519
Maternal Complications	7	41
Others	92	1,182
Total cases, 1962	2,190	65,192
Total cases, 1961	2,161	59,265

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

Whole-time on Home Nursing 28 (incl. 4 student Nurses).

The year has been a very momentous one in the history of the Halifax District Nursing Association. The 50th Anniversary Garden Party was held at Kirby Leas. Miss Gray, General Superintendent of the Queen's Nursing Association, opened the Garden Party and delivered a very stimulating address on District Nursing in its wider aspects. She congratulated the Halifax Association on the close links which had been established with the Local Health Authority and was of the opinion that this was the type of activity which the Minister wanted when he published a recent memorandum on co-operation with the voluntary services.

The Association suffered a severe blow by the death of Councillor Mrs. Whitley. During the years she had been a benefactor in relation to the work and it was largely due to her efforts that district nursing was established in Halifax and she has left a tradition which will be closely followed.

VACCINATION AND IMMUNISATION

Diphtheria Immunisation

Children under 5 —

Diphtheria immunisation by means of the combined antigen (diphtheria, whooping cough and tetanus) was continued during the year at Child Welfare Clinics and by General Practitioners. The figures for completed primary courses are a little down compared with the previous year.

Triple antigen is given as a course of three injections, at four weekly intervals commencing when the child is three months old. Mothers attending the Welfare Clinics have the value of prophylactic immunisation explained, and are encouraged to make use of the facilities available. Children who have completed a primary course of triple vaccine are offered a booster dose at 18 months. This service has not been as complete as the initial course of injections owing to the attendance at Welfare Clinics falling off after the child has reached one year of age. This is a general trend throughout the country.

Children of school age, 5-14 group —

Details of this service are supplied in a separate report on the School Medical Services.

Smallpox Vaccination

The outbreak of smallpox in Bradford during January and February 1962 resulted in a marked increase in the public demand for vaccination. Special sessions were organised by all members of the Health Department staff and by general practitioners who put in a great deal of time and effort to deal with the emergency.

In the under two year old group, the figures for successful vaccinations rose from 23% in 1961 to 76% in 1962.

These figures have resulted in the vaccination state of Halifax comparing most favourably with the National Average.

The public have been informed of the Ministry of Health's decision advising Local Health Authorities to change the age for vaccination from three months to between one and two years. It is found that the latter age group is associated with the minimum number of post vaccination complications.

Vaccination against Poliomyelitis:—

Oral (Sugar Lump) vaccine came into use March, and during the year over twice as many doses were given by this method than as by injection.

Oral vaccine is given as a course of three doses separated by intervals of four to six weeks. This differs from the injection method, where there is an interval of at least six months between the second and third doses.

For the latter half of the year only 792 doses were given by injection and less and less was being used.

Evening Clinics for open sessions were started in November, but were not very well attended. The average attendances being 14 persons at sessions held monthly. During this period weekly Clinics were held during the lunch time period and the average attendance of this, being 5 persons.

In spite of the continued services for polio vaccination the number of people attending are reducing. This is partly due to the number of people who have been successfully vaccinated, but is also due to public apathy, especially in the older age groups.

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, 1962			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total	
Under 5	5—14		
869	124	993	During 12 months ending 31st December, 1962
			313

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 Dec. 1962	Under 1	1—4	5—14	15 or over	Total 1962	1961
No. Vaccinated	684	1,651	9,136	3,422	14,893	346
No. Re-vaccinated	—	266	3,908	7,161	11,335	185

VACCINATION AGAINST POLIOMYELITIS

At the end of the year the following people had received two injections by:—

Local Authority Doctors	..	..	..	..	17,518
General Practitioners	..	..	..	..	12,448
Third injections	..	..	..	..	27,636
Fourth injections	..	..	..	..	7,301

National Health Service Act (Ambulance Service)

AMBULANCE SERVICE

The Service has continued to operate in accordance with the provisions of Section 27 of the National Health Service Act, 1946, as amended by Section 24 of the National Health Service (Amendment) Act, 1949.

Vehicles in service year ending 31st December, 1962

- 7 Austin Ambulances
- 1 Morris Ambulance
- 2 Morris Sitting case Ambulances

Establishment at the end of the year

- 1 Ambulance Officer
- 4 Shift Leaders
- 18 Driver/Attendants
- 2 Telephonists

The fleet at the year end comprised the following vehicles:

- 7 Austin Ambulances L.D.4s.
- 1 Morris Ambulance C.V.
- 2 J Type Sitting Case Ambulances.

All the vehicles are maintained by Water Lane Transport and are serviced on a rota system. In the coming year the Morris Ambulance is to be replaced by an L.D.4 which means that by then all ambulances will be of a standard type. Both men and vehicles had a trying time during the winter, which was very severe.

The ambulance crews have all attended the annual revision course held at the ambulance station and all re-qualified in First Aid.

This year we have obtained a Premature Baby Incubator (Portable). The ambulances are being adapted to be able to have this plugged into the wiring circuit so that babies in need of this form of transport can be afforded it as soon as the request is made. Whilst not in use the incubator is plugged into the mains circuit through a transformer, then when required transferred into the ambulances and plugged into the electrical circuit there so that heat is maintained all the time, oxygen being supplied from a cylinder attached.

Traffic. There has been no decrease in the amount of work carried out by the ambulances. In fact there has been an increase in the number of patients carried and the miles run. One wonders when we shall in fact arrive at the peak; there seems to be no indication as yet that this trend will flatten out.

On medical recommendation we transfer patients over long distances by rail and ambulance combined. When one reads however about the closing of railway lines and stations it seems that this form of transport is to become more and more difficult. Ultimately we shall have to take longer and longer journeys by road.

During the year we have been handicapped by the closing of the Isolation Block at Northowram Hall Hospital. All the cases that could have been admitted there have had to be taken to Leeds Road Hospital, Bradford. There is also a large amount of patient traffic between the Infirmary, the General Hospital and Northowram. Transfers between these three occupy quite a good deal of our time. These are all medical cases.

Geriatric cases still occupy a great deal of ambulance time. There seems to be a continuous movement of this type of patient. Admissions for long stay and for short stay, day cases and out-patient clinics, transfers from one hospital to another, from hospital to residential home and vice versa.

The following summary is a record of the work done by the service fleet over the past ten years.

Year	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 inc. in Col. 3	Mileage during the year	Total Mileage for the year
1953	Ambulances 8 Cars 2 Car Amb. 1	9,123 4,336	12,785 11,277	883 9	83,228 42,600	125,828
1954	Ambulances 8 Cars 2 Car Amb. 1	9,343 4,743	13,076 12,589	797 6	82,926 44,258	127,184
1955	Ambulances 8 Cars 2 Car Amb. 1	9,297 4,543	14,532 12,932	928 20	82,454 51,398	133,852
1956	Ambulances 6 Cars 1 Car Amb. 4	7,448 4,646	14,627 13,268	1,058 430	69,241 57,604	126,845
1957	Ambulances 5 Car Amb. 5	4,560 6,641	10,431 14,913	2,069 1,982	42,245 74,493	116,738
1958	Ambulances 5 Car Amb. 4	5,261 5,754	14,478 14,371	2,162 1,942	53,380 69,785	123,165
1959	Ambulances 5 Car Amb. 4	5,741 5,088	15,789 12,931	2,066 1,675	60,904 62,456	123,360
1960	Ambulances 5 Car Amb. 4	6,104 5,066	16,761 13,099	2,156 1,760	65,771 62,883	128,654
1961	Ambulances 7 Car Amb. 3	9,398 2,430	25,108 6,921	2,907 275	105,309 30,130	135,439
1962	Ambulances 8 Car Amb. 2	9,435 2,450	26,447 8,045	3,103 110	113,504 31,879	145,383

West Riding County Council Mileage

Ambulances	Sitting case Ambulances	
25,070 miles	8,195 miles	1962
24,363 miles	7,452 miles	1961

Transported by Rail

No. of Patients—83. Estimated Mileage—4,200.

1962	CATEGORIES														MILEAGE							
	Journeys	Reclumbent	Sitting	Carried in Ambulance	Carried in S/case vehicle	Street Accidents	Street Illnesses	Works Accidents	Works Illnesses	Home Accidents	Maternity	Obstetrical	Mental	House Transfers	Hospital Transfers	Out Patients	Admissions	Discharges	Total	Ambulance Mileage	S/case Vehicle Mileage	Total Mileage
January ..	1,003	625	2,352	2,293	684	39	17	13	6	37	57	14	—	11	48	2,271	341	123	2,977	9,079	2,999	12,078
February ..	854	427	2,341	2,014	754	43	13	5	7	17	54	19	2	18	58	2,128	289	115	2,768	7,708	3,261	10,969
March ..	978	599	2,371	2,117	853	55	18	16	4	36	65	19	3	9	58	2,244	318	125	2,970	8,231	3,145	11,376
April ..	899	621	2,093	1,932	782	74	7	17	2	47	62	22	3	5	61	2,005	298	111	2,714	8,386	2,766	11,152
May ..	1,046	633	2,548	2,488	693	70	16	13	6	38	58	19	2	9	56	2,451	314	129	3,181	9,864	2,743	12,607
June ..	955	504	2,326	2,309	521	55	19	7	—	38	62	28	2	5	65	2,172	256	121	2,830	9,384	2,271	11,655
July ..	1,057	571	2,321	2,232	660	62	28	6	3	38	68	21	1	20	89	2,162	271	123	2,892	9,867	2,842	12,709
August ..	1,029	538	2,363	2,449	452	68	21	9	5	31	57	20	—	14	66	2,242	255	113	2,901	10,977	1,798	12,775
September ..	935	524	1,971	1,898	597	56	18	8	2	36	53	11	—	13	73	1,832	281	112	2,495	9,174	2,349	11,523
October ..	1,096	632	2,478	2,399	711	54	25	11	4	31	65	23	—	18	68	2,327	343	141	3,110	10,766	2,665	13,431
November ..	1,037	636	2,333	2,266	703	63	21	8	2	37	49	20	1	13	63	2,244	295	153	2,969	9,877	2,854	12,731
December ..	996	637	2,048	2,050	635	85	26	6	2	41	58	23	—	—	66	1,923	333	122	2,685	10,191	2,186	12,377
Totals ..	11,885	6,947	27,545	26,447	8,045	724	229	119	43	427	708	239	14	135	771	26,001	3,594	1,488	34,492	113,504	31,879	145,383

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Convalescent Home Treatment:—

Convalescent Home Treatment is available for those who need a period of recuperation 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 Home at St. Annes-on-Sea. Twenty cases were admitted during 1962.

Loan Equipment:—

During 1962, 364 patients were issued with various items of loan equipment. The most called for items included air-rings, bed pans, bed rests and mackintosh sheets. In addition, urinals, bed cradles, wheel chairs, crutches, feeding cups were issued. Our present list of loan equipment includes the following items:—

Air Rings	Mackintosh Sheets
Bed Rests	Urinals
Bed Cradles	Wheel Chairs
Bed Pans	Bed Tables
Crutches	Latex Foam Mattresses
Feeding Cups	Commodes

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

Health Education

Twenty-three lectures were given to societies by myself and/or members of my staff on:—

- Food Hygiene
- Prevention of accidents in the home
- Prevention of diseases
- Health Department administration
- Mental Health
- School Health
- The Adolescent
- The Backward Child
- Clean Air
- Hospital After-Care
- Home Helps

Use is made of flannelgraphs, film strips and other visual aids. Health education on the dangers of smoking and lung cancer is given at schools by school doctors and teaching staff in addition to the propaganda directed in public lectures.

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 tendering them non-infective. Among the general measures directed towards the prevention of venereal disease the most important is suitable health education for young people on the dangers of contracting infection. 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 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	8	—
Gonorrhoea	30	—
Other Conditions	167	—
	<hr/> 205	<hr/> —

Pathological Work
Microscopical:—

	Specimens examined at Treatment Centre
For Syphilis	13
Others	1,474

Attendances

	Syphilis		Gonorrhoea		Other Conditions		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Tot'l
For individual attention by Medical Officers	302	381	138	63	707	346	1147	790	1937
For intermediate Treatment	197	281	41	33	154	6	392	320	712

V.D. Social Work for the year ending 1962

Details provided by Miss G. E. Davie (W.R.C.C.), Social Worker, on her work in the County Borough:—

Total No. of Defaulters from treatment	42
„ „ of attendances after visit	36
„ „ of revisits to Defaulters	16
„ „ of ineffectual visits	50
„ „ who failed to attend	5

Total No. of Contacts	..	..	..	..	..	23
„ „ of re-visits	..	..	..	..	..	7
„ „ of ineffectual visits	..	..	..	..	..	19
Attendances at Clinic	..	..	..	..	..	21
<hr/>						
Pos. A.N.C. patients notified	..	..	..	..	..	20
Attended	..	..	..	..	..	—
No. not referred, or found negative	..	..	..	..	..	—
<hr/>						
Total No. of conferences with Chief Venereologist about work in all districts during year 1962	..	..	..	..	..	43
<hr/>						
Total No. of Clinic attendances for year 1962	..	..	..	..	..	182
<hr/>						
Total No. of visits for all purposes for year 1962	..	..	..	..	..	402

The duties of Social Worker at S.T.C. Royal Halifax Infirmary include the attendance at each female clinic, the interviewing and booking in of all new patients and the interview of all patients afterwards at each clinic visit. The assessing and payment of V.D. travelling expenses where necessary. The clerical work of the clinic (including writing to patients defaulting from treatment). The tracing and interviewing of male and female contacts of infection and the contacts of other known patients, e.g. wife, husband, or children.

Visits and enquiries to Ante-Natal Clinics in regard to positive Ante-Natal Wassermanns and help offered to get contacts examined.

Occasional visits to police, probation officer and N.S.P.C.C. The booking of ambulances when necessary and other work on instruction from Clinic Medical Officers.

TUBERCULOSIS

This year there were 80 notifications and 13 deaths from Tuberculosis. This is in contrast to 1961 when there were 48 notifications and 13 deaths.

The scheme for B.C.G. Vaccination of 13 year old school children, entered its second successful year and a higher ratio of parental consent was given. Of the total number in the 13 year age group (1600), there were 1030 acceptances = 64%. Reactors were found to be free from tubercular disease. B.C.G. is an avirulent strain of living Tubercle Bacilli, which, when injected in suitable concentration has the power of producing reaction and resistance against the invasion of virulent organisms. If the rapid decline of all forms of tuberculosis, as in the last decade, continues, by 1970 there will be no longer a need to use the vaccine.

Chest Clinics are held at the Royal Halifax Infirmary.

	Dr. Mann	Houseman	Dr. Oxley
Monday	—	9.30 – 11.40	—
Tuesday	9.0 – 11.30	9.0 – 11.40	—
Wednesday	Todmorden	9.0 – 11.40	(9.0 – 11.30)
Thursday	9.0 – 11.30	9.0 – 11.40	(1.30 – 3.0)
Friday	—	—	1.30 Contact Clinic

Approximate number of County Borough patients who attended during the year, 1962.

New Cases 62. Old Cases 874.

Observations carried out during attendance:—

Chest examination, blood count, sputum test, x-ray and E.C.G. (if necessary).

Contacts are invited to the Clinic for clinical and/or radiological examination.

MASS RADIOGRAPHY

Report on Mass Radiography Survey held in Halifax.

October-November, 1962

Examinations Carried Out

	Males	Females	Total
Number of Miniature X-rays taken	3,211	2,395	5,601
Number of large films taken ..	45	40	85

Analysis of Provisional Findings

	Males	Females	Total
Cases of Active Tuberculosis ..	6	6	12
Cases of Inactive Tuberculosis ..	8	4	12
Other Abnormalities	16	18	34

B.C.G. VACCINATION—13 YEAR AGE GROUP YEAR 1962 NUMBERS TESTED ETC.

Summary:

Number of children in age group ..	1,600
Number of acceptances for B.C.G.	1,030
% of age group accepting	64
Number skin tested	1,008—Absences 22
% of acceptances tested	98
Attendances for inspection	993—Absences 15
% of total tested	98
of these—Positive	310 = 31%
Negative	683 = 69%
Of those inspected: Vaccinated ..	673—Refusals etc. 10
Referred X-ray	310
Attended X-ray	303—Absences 7
Result of X-ray:	
No radiographic evidence of disease	292
Referred to Chest Clinic	8
Referred to School M.O.	3

HOME HELP SERVICE

During the past year the Domestic Help Service has continued to expand—the Establishment increased from 66 (full time 15; part time 51) to 70 (full time 12; part time 58), and the case load has increased from 302 at the end of 1961 to 338 at the end of 1962.

On analysis of new cases started during the year it is seen that there has been an increase in Maternity cases (in combination with ante-natal cases) and a slight reduction in all other types of case. (See table below).

Type of Case	Total 1961	Total 1962	Comparison
Maternity & (Ante-Natal*)	46+7*	60+2*	+14—5*
Husband Ill	8	6	—2
Housewife Ill	44	28	—16
Aged and Infirm	222	209	—13

* These figures relate to Ante-Natal Cases.

Total number of homes served:—

	1961	1962	
Cases brought forward from previous year	258	302	Comparison
New Cases	327	305	
Totals	585	607	+22

The overall increase of 22 homes served is only slightly more than the increase in the previous year. The total hours worked was 82,204 which shows an increase of 4,547½ hours on the previous years total, and 91% of the overall total of hours worked were used for the aged and infirm. The remaining time was divided between the other categories as shown in the table below:—

	Hours	Percentage of total (approx.)
Aged	74,712½	91%
Maternity and Ante-Natal ..	2,400½	3%
T.B. Cases	721	0·8%
Husband Ill	551	0·6%
Housewife Ill	3,818½	4·6%

The number of applications for help was 375, and 305 of these were accepted, the remaining applicants were referred to private cleaners, with financial help from the National Assistance Board where necessary.

Home Helps' travelling time during the year amounted to 1,846 hours compared with 2,335½ in the previous year, this shows a reduction of 489½ hours and has been effected by localising the Home Helps work in smaller areas.

There has been no difficulty in recruiting staff, and there are applications almost daily from women wishing to become Home Helps, many of them are quite suitable for the work, and in consequence there is a waiting list in existence of prospective staff.

The continually expanding service does of course pose a problem from the aspect of adequate supervision of both staff and cases, and it is unfortunately impossible to give the amount of supervision which is really warranted, to ensure that the amount of time allocated to a household can be increased or decreased in accordance with changes in circumstances, and even discontinued where possible. Regular visits to cases are imperative if the service is to function with maximum efficiency, and of course on certain types of cases very frequent visits should be made in order to give the Home Help advice about problems which occur and to give her some support. I hope that it may soon be possible for something to be done about this.

The proposed training scheme for the staff is unfortunately still in abeyance largely due to staffing difficulties, but it is hoped that we shall eventually be able to proceed with it.

There has been very good liaison between this section of the Health Department and the other Departments, and also with the District Nurses, Midwives, and Welfare Department.

Appreciation is expressed to all those who have contributed to the work of the Service, and in particular to the Home Helps themselves who have worked, often under very trying circumstances in the many homes to which they have been sent, and many of whom have undertaken extra duties in their own time — without any thought of reward — for the benefit of their cases.

CHIROPODY

The Chiropodist writes:—

During the last year we have kept up to our previous figure of between 36–38 Treatments per week of six sessions. Investigations of new cases average about 6 per week, making an average of 42–44 Visits weekly.

We have had a great increase of new patients this year. To fit these in I have had to extend my visits from 6 weeks to 8 weeks, some people are very upset over this and do not forget to let me know.

As you know Sir, to give good Chiropody treatment, and this I must do, I cannot extend service any more, I am getting quite a few cases direct from the Welfare Officer some of these cases are Dressings only, and no Chiropody treatment is needed.

I have completed 1,800 Treatments, 150 Investigation visits, 20% of these are Handicapped cases, 70% Aged, 10% A.N. cases.

Total No. of Sessions	..	..	..	..	..	305
(New Cases)						
Aged ..	..	..	..	..	..	134
Handicapped	..	..	..	..	..	37
A-N ..	..	..	..	..	..	16
Total No. New Cases	..	..	..	..	..	187
Total No. of treatments	..	..	..	..	..	1,886
Total No. of Investigations	..	..	..	..	..	146
Total No. of Visits ..	..	..	..	..	..	1,714

MENTAL HEALTH

There has been considerable activity in the Mental Health Section during 1962. This being the second complete year's work under the Mental Health Act, we are able to draw fair comparisons with that of the previous year. It is no surprise to find that the statistics reveal a substantial increase in the volume of community work. It is quite evident that greater pressure is being brought to bear on community mental health services, largely due, in the case of mental illness, to two particular reasons. Firstly, the more expedient return of patients to their homes following hospital treatment and, secondly, the ever increasing number of patients being treated in Out-Patient Clinics. The number of former mentally ill patients under the care of the Local Health Authority rose from 85 to 158 during the year, which represents almost a 100% increase. Such a rate as this makes very heavy demands on Mental Welfare Officers who are responsible for the follow-up of these patients. In spite of tremendous effort on their part to give adequate support to patients in order to retain them in the community, it is expected that with the limited means available, some patients will relapse. Unfortunately, as the figures show, the number of patients admitted under compulsion during the year (92), is greater than during the previous year (74), and included in this figure are a number of re-admissions. This is indicative of the need to increase the number of social workers in order to combat this problem. Only by concentrated casework (which is very time-consuming) can we hope to reduce the number of admissions. The amount of time which has to be spent on the follow-up of discharged patients detracts from that which should be spent on preventive measures. There has to be a process of selection of those patients whose need seems greatest, but this has sometimes to be too precise which may well prove detrimental to the wider group of patients. The figure of 6,809 enquiries and interviews undertaken by Mental Welfare Officers during the year, as against 5,341 during 1961, illustrates the extra volume of community work.

A new innovation in the treatment of the mentally ill has been the establishment of two six-bedded psychiatric wards at the Halifax General Hospital. This has enabled certain selected patients to be treated locally, which is a step in the right direction and we look forward to the expansion of this provision under the Hospital 10 Year Plan. This, of course, has thrown more responsibility on the local authority staff, who perform social worker duties in connection with these patients, as they are in closer contact with relatives and their homes.

The good relationships with the Consultants have further strengthened the liaison between the hospitals and the Local Health Authority. There has been mutual understanding of the problems induced by the Mental Health Act and a degree of tolerance has existed on both sides.

The Therapeutic Social Club has continued to flourish during the year and has proved a great asset in the re-socialisation of former patients. Its function is to the mutual advantage of psychiatrist, social worker and patient alike. An average attendance of 40 or so patients each week, with a total membership of well over 100, gives some indication of the useful purpose it is serving. Many adherents express their appreciation of the opportunity of being able to join together in the Club's activities.

Programmes have been varied throughout the year but the main feature has been group discussion, under the leadership of the Consultant Psychiatrist, Dr. Ropschitz. The Club has been administered by a Committee selected from its own membership, which has been responsible for programme planning and the organising of special social evenings and dances. Films, slides, talks, etc. have been arranged during the year and we have been grateful to a number of guests who have given their time to help in this way.

The first rung of the ladder in the hostel development plan was reached during the latter part of the year. A house, known locally as 'Theophilus Cottage', was acquired by the Authority and is to be adapted in order to provide six places for former mentally ill male patients who are in need of a limited period of rehabilitation before returning to the community at large, together with accommodation for residential staff. It is felt that one must be realistic in one's outlook in connection with hostel provision and there is need for experiment in this field. Whilst observing the work of this comparatively small establishment, experience will guide us in our plans for further expansion which will be necessary in due time. The siting of 'Theophilus Cottage' could not be more convenient, as it is in close proximity to the General Hospital, where the hospital psychiatric service is located. This will bring the work of the Hospital and the Local Health Authority even closer together and the easy access will be to our mutual advantage. It is anticipated that this hostel will be in operation during 1963.

Domiciliary visitation of the mentally subnormal persons has been very intensive during the year and for this purpose, a special nurse has been seconded to the Mental Health Section. This particular group of mentally disordered persons is being added to year by year and as will be seen by the statistics, numbered 152 at the end of the year. The removal of statutory responsibility, as imposed by the former Mental Deficiency Acts, to visit such persons has in no way lessened the need for regular contact by the social worker. By the high degree of co-operation with parents and others with whom these subnormal persons live, much valuable work is accomplished. The relatives are given support and encouragement with the problems which face them and with very few exceptions, the visits are welcomed and appreciated.

A most important facet in this field concerns those young people who leave the E.S.N. special school and it is in these cases where a great deal of tact is necessary and the establishment of good relationships depends, to a great extent, upon the personality of the social worker. It is this group of individuals which requires most help although they are the last to admit it. Without support and guidance, they are apt to drift into difficulties, encountered in employment and social relationships. They may be successful in obtaining work initially but all too frequently, before long, they begin to flounder and so begins a movement from one job to another. They fail to make satisfactory relationships with their own age group and become social outcasts or the butt of the more intelligent. This may very easily lead to the committing of misdemeanours and the police court, or to illegitimate childbirth. Such experiences are a pointer to their need for some direction in the way they are able to adjust themselves satisfactorily within the framework of society.

It is not always an easy task to convince parents of the E.S.N. child that he will always be subject to his limitations and that his mode of life will have to be geared accordingly. During the year, it has been the practice to follow-up all E.S.N. special school leavers and with few exceptions, it has been possible to establish a good rapport with them and their parents. Those who have failed to maintain themselves in normal employment have been invited to attend the Adult Training Centre where they have found the environment more acceptable.

Eight children were referred during the year by the Local Education Authority, of whom 5 were admitted to the Junior Training Centre. The work at the Centre has continued satisfactorily throughout the year. There were 30 children and 30 adults receiving training at the end of the year.

The future holds much in store for the care of the subnormals in the community and plans were laid during 1962 in order to supplement the existing provisions.

It has been evident for some years now that our training centre provision must be expanded, with particular reference to that for the adults. Furness Park Centre continued to centralise our training

facilities but the point has been reached when additional accommodation is required. After careful consideration of numerous possible schemes, it was finally decided that a purpose built centre should be planned and erected on a site at The Square. After discussion with representatives of the Ministry of Health, it was recommended that the centre should provide places for 25 men and 15 women and will be developed on industrial lines. This will make more accommodation available at Furness Park Centre for the children.

Consideration was given to the question of Day Centre provision for those severely subnormal patients who are unable to benefit from training centre facilities. These patients have been cared for by their parents and, apart from the arrangements which can be made with hospitals for the mentally subnormal for periods of temporary care, no relief from their heavy responsibilities can be offered. There are an insufficient number of such patients to justify special provision being made and consequently we have been turning our attention to the possibility of utilising some part of the Training Centre premises at Furness Park for this purpose in due course. During the year a watchful brief has been kept on the possible need for hostel provision for subnormals. Again, the need so far has not justified any immediate provision being made, although development in this direction is included in the 10 Year Plan and existing premises already in possession of the department have been earmarked for this purpose.

Social activities for subnormals as provided by a club, has constantly been under review and it is contemplated that this will come to fruition in the very near future. This is an important facility which should be provided as such persons are unable to participate in normal club activities and consequently are denied the benefits of social relationships with people outside their own immediate families.

It is with interest that the development of local voluntary effort has been observed during the year. The Local Association for Mental Health has continued its activities by arranging special public meetings which have played an important part in bringing mental health to the notice of the community.

In May, 1962, the Samaritan Service was brought into operation in Halifax and has, by the assistance it has given to those in despair or tempted to suicide, justified a place within the social framework of our society.

The support of many voluntary organisations has been very much appreciated. The gift of a tape recorder by the Halifax Soroptimist Club to the Training Centre, is worthy of special mention. The Council of Social Service and the Women's Voluntary Service have assisted with material help for patients on a number of occasions during the year. Good relationships have existed with government and other local authority departments and no less with general practitioners. There has been frequent contact by the mental welfare officers with representatives of industry and commerce and good relationships have been maintained.

The Mental Health and Care Sub-Committee, which is responsible for the affairs of the Mental Health Section, has met regularly during the year.

Staff

As at 31st December, 1962:—

Medical Officer of Health

John G. Cairns, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health

D. Ridgway Morris, M.B., Ch.B., D.P.H.

Senior Mental Welfare Officer

Leonard Holdsworth

Mental Welfare Officer

Robert Mudd

Social Worker

Jean Nicholson

Welfare Assistant

Peter L. Nickerson

Auxiliary Staff

Miss S. L. Walker

H. Hudson

Approved under the Mental Health Act, 1959, Section 28(2):—

John G. Cairns, M.B., Ch.B., D.P.H.

D. Ridgway Morris, M.B., Ch.B., D.P.H.

Willis Henry Craven, B.Sc., M.B., Ch.B., D.T.M.

Reginald K. Hyland, M.B., B.S.

David K. Bruce, M.B., Ch.B., D.P.M.

David H. Ropschitz, M.D., D.P.M.

David W. T. Harris, M.R.C.S., L.R.C.P., D.P.M., D.P.H.

SUMMARY OF WORK UNDERTAKEN BY MENTAL WELFARE OFFICERS UNDER THE MENTAL HEALTH ACT, 1959

1. Number of patients referred to the Mental Health Service during the year by:—

(a) General Practitioners	..	..	..	..	..	131
(b) Relatives	..	..	..	..	..	100
(c) Psychiatric Hospitals	..	..	..	..	..	103
(d) Psychiatric Clinics	..	..	..	..	..	52
(e) Local Education Authority	..	..	..	..	..	8
(f) Police	..	..	..	..	..	38
(g) Other sources	..	..	..	..	..	60
Total	..	..	..	..	..	492

2.	Of the patients referred (as para. 1) number:—		
(a)	Admitted to Hospital under:—		
(i)	Mental Health Act, 1959, S.5 (Informal)	..	116
(ii)	Mental Health Act, 1959, S.25 (Observation)	..	45
(iii)	Mental Health Act, 1959, S.26 (Treatment)	..	7
(iv)	Mental Health Act, 1959, S.29 (Emergency)	..	40
			<hr/> 208
(b)	Referred to General Practitioners and Psychiatric Clinics	.. .. .	126
(c)	Referred for Domiciliary Visiting	.. .. .	114
(d)	Referred for Guardianship	.. .. .	—
(e)	Referred to other Social Agencies	.. .. .	24
(f)	Other means	.. .. .	20
(g)	Admitted to Training Centres (included in (c) above)		13
3.	Number of sessions attended at Psychiatric Clinics	..	141
4.	Number of enquiries and interviews by Mental Welfare Officers	.. .. .	6,809
5.	Number of patients under the care of the Local Health Authority on 31st December, 1962.		
1.	Number receiving domiciliary visits:—		
(a)	Mentally ill	.. .. .	158
(b)	Severely Subnormal	.. .. .	30
(c)	Subnormal	.. .. .	122
(d)	Psychopathic	.. .. .	3
2.	Number receiving training:—		
	Males under 16	.. .. .	18
	Females under 16	.. .. .	12
	Males 16 years and over	.. .. .	12
	Females 16 years and over	.. .. .	18
	Total	.. .. .	<hr/>60
3.	Number on Waiting List for admission to hospitals:—		
(a)	Severely Subnormal:—		
(i)	Male over 16	.. .. .	1
(ii)	Female under 16	.. .. .	1
(iii)	Females 16 years and over	.. .. .	3
(b)	Subnormal:—		
(i)	Male under 16	.. .. .	1
	Total	.. .. .	<hr/>6

SECTION IV

MISCELLANEOUS REPORTS

National Assistance Act, 1948

No cases were removed to hospital under Section 47 of this Act.

Information supplied by the Chief Welfare Officer.

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

	Causes of Disability			
	Cataract	Glaucoma	Retro-lental Fibro-plasia	Others
(i) Number of cases registered during the year in respect of which Para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment ..	14	7	—	11
(b) Treatment (Medical, Surgical or Optical) ..	11	6	—	9
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ..	11	6	—	9

Epilepsy

At 31st December, 1962, twenty-six persons suffering from epilepsy were known to the Welfare Services Department, seven of these persons were also registered blind persons, and one person in addition had the dual handicap of suffering from cerebral palsy.

Five persons were under the care of the local authority in residential accommodation provided under the National Assistance Act, 1948, two were receiving treatment in a mental hospital and one girl was attending a special school. The other eighteen persons were living at home.

Cerebral Palsy

Thirty persons handicapped by cerebral palsy were registered as handicapped persons at 31st December, 1962, three being resident at the White Windows Cheshire Home.

Six of the younger persons were attending daily the workshops of the Halifax Spastics Society and were transported to and from the workshops in the specially adapted bus made available by the Welfare Services Committee.

All handicapped persons on the local authority register are visited periodically by the Welfare Officer for Handicapped Persons, who is available to assist them with their many problems and to advise them on the services available in helping them to overcome the effects of their disability. Close liaison is maintained with the general practitioner those statutory bodies and voluntary organisations who may be able to help these persons.

MEDICAL EXAMINATIONS

The undermentioned medical examinations were carried out during the year by the medical staff of the local authority:—

Examinations for employment and superannuation ..	332
Ministry of Education examinations—	
Form 28 R.Q.	52
Form 4 R.T.C.	63
	— 115
Examinations on behalf of other local authorities ..	—
Medical examination of employees following prolonged absence due to sickness	16
Examinations for admission to Outward Bound Schools ..	—
	— 463

PUBLIC MORTUARY

The Mortuary is situate in Hall Street. There were 131 P.M.'s performed during 1962.

CREMATIONS

The Medical Officer of Health is the Medical Referee.

(Information supplied by the Manager and Registrar, Parks and Cemeteries Department).

Number of Cremations

Total number of Cremations since the opening of Crematorium to 31st December, 1962	9,837
Total number of Cremations for the year 1962	1,499

Disposition of Remains for the year 1962

Scattered or buried in Grounds	1,384
Placed, or to be placed, in Niches	—
Placed, or to be placed, in Graves	—
Taken away by representatives	103
Awaiting instructions for disposal	12
There were 814 cremations of Halifax residents during the year.	

WATER SUPPLY

Details provided by the Waterworks Engineer and Manager.

These results apply to water supplied by the Calderdale Water Board, within the County Borough of Halifax only.

The quantity of water supplied was satisfactory throughout 1962.

Quality of the Supply

The bacteriological quality was highly satisfactory throughout 1962.

The number of bacteriological analyses carried out on filtered and treated water was 645. These analyses were carried out on water leaving Thrum Hall and Ogden Filter Houses into the supply, and the samples all gave a negative result in the presumptive coliform test.

Bacteriological analyses carried out on raw waters from Albert, Victoria, and Ogden Reservoirs totalled 160.

Victoria and Albert Reservoirs together numbered 124, of which 92 gave positive results in the presumptive coliform test, varying from 1 to 180 plus per 100 mls. i.e. 26·6% of the samples were free from coliforms per 100 mls. of water.

Thirty-six analyses were carried out on Ogden raw water, of which 23 gave positive results in the above test, i.e. 36·1% of samples showed a nil result.

SEWAGE

Information supplied by the Sewage Works Manager:—

Sewage Purification

The efficient purification of domestic sewage and industrial wastes is an important and essential link in the chain of public health services.

All drainage from the Borough, with the exception of certain fringe areas referred to later, eventually arrives at the Purification Works sited at the lowest point in the town on three separate but adjacent areas of land at Salterhebble, Copley, and North Dean.

Apart from the small volume from Copley village which has to be raised to the level of the Works by means of sewage ejectors, the liquid wastes gravitate to the Works, where they are purified to the requirements of the Yorkshire Ouse River Board before discharge into the River Calder.

The method of purification in use consists of acid precipitation and settlement followed by biological oxidation effected partly by bacteria beds and partly by activated sludge units. Because of the need to deal with 98 discharges of industrial wastes from 77 different premises in the Borough, in addition to the normal domestic sewage, the Works have to be about twice the size than would otherwise be required.

The solid residues, extracted in the form of sludges during purification, are mechanically dewatered and processed to yield by-products in the form of sterile, pulverised, organic fertilisers and industrial grease. These are subsequently sold thereby effecting complete and positive disposal of these otherwise objectionable residues, in a hygienic manner which also produces an income that makes a useful contribution to the overall cost of operating the Works.

During 1962, a total volume of 2,192,000,000 gallons of sewage and industrial wastes were given full treatment, an average of 6,005,000 gallons for each day of the year, from which 43,116 tons of liquid sludges were extracted yielding after processing 2,538 tons of organic fertilisers and 329 tons of grease.

The parts of the Borough which are in different catchment areas and therefore do not drain to the Halifax Purification Works, referred to above, are the Warley and Luddenden district which drains to the Works of the Luddenden Foot Joint Sewerage Board on which Halifax is represented, and the Northowram area which by agreement drains to the Works of the Brighouse Corporation.

It is planned to modernise and extend the Halifax Works, parts of which are now more than 60 years old, over the next few years. This will involve the expenditure of a fairly large sum of money, but is absolutely essential if the worn out and out of date plant and equipment is to be replaced with new, and its capacity extended to enable it to comply with the requirements of the Yorkshire Ouse River Board in respect of the volume to be treated and the standard of the effluent required for discharge into the River Calder.

CLEANSING

Details provided by the Director of Public Cleansing:—

During the year, a total of 30,000 tons of house and trade refuse was handled by the department, of this quantity, nine and a half thousand tons were dealt with by separation and incineration, the remaining tonnage was disposed of by controlled tipping. The tip up of this land is being carried out for the purpose of making playing fields.

The composition of house refuse, with the exception of the winter months, is changing to more bulk and less weight, the latter is taking place all the year round in smokeless zones.

During the year, a hundred and fifty refuse containers were introduced into the service. This method has the effect of speeding up refuse collection and cutting out the "nest" of dustbins at such places as business premises, hotels, schools etc.

Salvage recovery has been carried on as in previous years, but the income has dropped owing to the placing of quotas of waste paper delivered to the paper mills.

The carriageways and gullies have received regular cleansing by use of the respective machines. Footpaths have also received attention, but the litter problem seems to be getting worse as the years go by.

Further education of the public and more efficient collection of litter will have to be studied during the coming years.

RODENT CONTROL

From information supplied by Mr. Perry, C.P.H.I.

During the year 501 complaints of rats and 499 of mice were received, and treatments were carried out as shown below:—

			Rats	Mice	Total
Local Authority Premises	..	..	83	164	247
Corporation Houses	..	..	17	125	142
Private Business Premises	..	..	156	634	790
Private Dwelling Houses	..	..	472	526	998
Total	..	..	728	1,449	2,177

It is estimated that 4,380 rats were killed.

No charge is made for the service to householders, but business premises are charged at a rate of 8/- per hour. Normal treatment (as recommended by the Ministry of Agriculture, Fisheries and Food) consists of a bait of a blood anti-coagulant, "topped up" until there are no more "takes".

During the year 2,572 of the manholes of the town's sewers were treated with Sodium Fluoracetate "1080". The work was done by contract and supervised by the Borough Engineer.

331 of these manholes were inspected and rebaited after treatment when it was found that 19 (5.7%) showed complete takes of the bait, 40 (12.2%) showed part takes and 272 (82.1%) no takes.

It was reported that between 650 and 800 bodies of rats killed were noted at the Sewage Works.

One meeting of the Workable Area Committee No. 4 of the Ministry of Agriculture, Fisheries and Food was held in Halifax during the year. At this meeting representatives of the Ministry discussed with the local authorities' representatives difficulties met with and new poisons available for insect pest and rodent control.

Two joint meetings of representatives of each of the five Workable Area Committees in Yorkshire were held in Leeds. These meetings were convened by the Ministry of Agriculture, Fisheries and Food to co-ordinate the work done in each area, to report upon work done at the Ministry's Infestation Control Laboratory, and to obtain closer co-operation with the Nationalised Industries and the Services.

Industrial Health

The Halifax Industrial Health Committee has not met since my last report was published.

FACTORIES

(From information supplied by Mr. Perry, C.P.H.I.)

H.M. Inspector of Factories sent 12 notices (comprising 14 items) under Section 9 of the Factories Act, 1937. In addition there were 31 complaints (49 items) brought forward from 1961.

Of these, 16 complaints (29 items) were remedied during the year, and 27 complaints (34 items) from H.M. Inspector of Factories were outstanding at the end of the year.

The Public Health Inspectors found and remedied 56 other defects.

There were 11 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 XXVII

Inspections for Purposes of Provisions as to Health

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	17	14	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities	693	133	32	—
(iii) Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers' premises)	5	3	—	—
TOTAL	715	150	37	—

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

TABLE XXV111

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) ..	1	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate Ventilation (S.4) ..	—	—	—	—	—
Ineffective draining of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7):—					
(a) Insufficient ..	—	—	—	1	—
(b) Unsuitable or defective ..	69	85	—	13	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ..	70	85	—	14	—

Rent Act, 1957. Certificates of Disrepair

No applications for Certificates of Disrepair, Cancellation of Certificates of Disrepair or Certificates as to the Remedying of Defects were received during the year.

SECTION V

HOUSING AND SANITARY CIRCUMSTANCES

(Information supplied by A. W. Perry, C.P.H.I.)

In the environmental work of the department we have seen most progress in Housing. A survey of the unfit houses led to a re-assessment of the whole programme taking into account the present day desire to rid our towns of their unfit houses at the earliest possible moment.

All the worst type of back to backs, these with no proper kitchen accommodation and with toilets in blocks, often shared, at distances down the street, have now been scheduled. Several more houses with tub closets have been included. The total number of unfit houses now to be dealt with is 6,048 and they are to be represented by 1971/1972. The speed of demolition has been linked with an increase in the rate of local authority building from the present 250 per year up to a maximum of 775 per year in the four years 1966 to 1970.

There will still be 3,459 back to back houses left but these are of a better type, all with side sculleries and of much more recent construction. Each has its own toilet, usually in the front area. They generally lack the modern amenities of hot and cold water, a bath, wash hand basin, inside toilet and a proper food store. All are capable of improvement by Standard Grants and many can be further improved giving additional natural light and ventilation to the attic where these are used as bedrooms. It is disappointing to see no increase in the rate of improvement over the previous year and a reduction in the percentage of the tenanted houses improved. In an endeavour to counter this trend and prevent these houses falling into decay, exhibitions are being planned and the need for compulsory powers considered.

Fewer cases of overcrowding have been discovered. Overcrowding is more likely to be found in the smaller type of house in the congested clearance areas and any reduction found when inspecting these areas may well indicate a positive trend downwards of this evil.

Improvements of note during the year at the abattoir include the disposal of all blood and stomach contents to the sewer, a step which has enabled a higher standard of hygiene in the production of meat to be obtained.

The progress made in dealing with clearance areas is as follows:—

New Bank Compulsory Purchase Orders

During the early part of the year the remaining 36 houses in the Number 1 Order were demolished.

By the end of the year the rehousing of nearly all the occupants had been completed and 49 of the houses had been demolished in the Numbers 2 and 3 Orders.

Albion Square Compulsory Purchase Order

Rehousing was completed during the year and all the houses were demolished.

Gibbet Street Compulsory Purchase Order

During the first quarter the few remaining houses in this Order were demolished.

Bottoms Clearance Order

During January this Order was confirmed by the Minister and six months later rehousing had been completed. By the end of the year only one house had not been demolished.

Exmouth Street Compulsory Purchase Order

Confirmation by the Minister was received during May and by the end of the year a few families had been rehoused.

Foster's Court Compulsory Purchase Order

This small area of 12 houses was represented at the beginning of the year and was confirmed in June. Some of the houses were still occupied at the end of the year.

Elephant Terrace Compulsory Purchase Order

The area of 18 houses was also represented in June. There was a Public Enquiry in October and the Order was confirmed by the Minister in December. At the end of the year rehousing had started.

Upper and Lower Cross Street Compulsory Purchase Order

This block of 20 houses was represented in June. There was a Public Enquiry in October and the Order was confirmed by the Minister in December.

Wheatley Terrace Clearance Order

This small terrace of 21 houses was represented in February, the Order confirmed in July. By the end of the year only two families still required rehousing.

Hebble Terrace Clearance Order

This area of 9 houses was presented in July. There was a Public Enquiry in November. At the end of the year the Minister's decision was awaited.

Corporation Street Compulsory Purchase Order

Three Clearance Areas comprising 230 houses were represented in April and an Order made, including 237 houses, the following month. There was a Public Enquiry in October. The Minister's decision was awaited at the end of the year.

Closing and Demolition Orders, etc., Housing Act, 1957, Secs. 16-18

Continuing the information given in previous reports, the following table shows the position on the 31st December, 1962:—

Address	Date of Report	Date of Closing Order	Date of Demolition Order	Remarks
6 Ladyship Terrace	25/1/62	2/3/62	—	House vacated
2 Rosemary Grove	25/1/62	19/4/62	—	House vacated
12 Rosemary Grove	25/1/62	7/5/62	—	House vacated
4 Bankhouse Lane	22/2/62	19/4/62	—	House vacated
1-2 Elcho Place/1 Musgrave Street	22/2/62	—	4/4/62	House vacant—awaiting demolition
5 Elcho Place	22/2/62	—	4/4/62	" "
3 Elcho Place	22/2/62	—	3/4/62	" "
4 Elcho Place	22/2/62	—	3/4/62	" "
7 Elcho Place	22/2/62	—	3/4/62	" "
8 Elcho Place	22/2/62	—	3/4/62	" "
9 Elcho Place	22/2/62	—	3/4/62	" "
15 Musgrave Street	22/2/62	—	3/4/62	" "
78 Backhold Lane	22/3/62	—	7/5/62	" "
80 Backhold Lane	22/3/62	—	7/5/62	" "
82 Backhold Lane	22/3/62	—	7/5/62	" "
Sun Farm, Soil Hill	22/3/62	7/5/62	—	House vacated
4 Bond Street (Basement)	19/4/62	30/4/62	—	House vacated
1 Phoebe Lane Terrace	19/4/62	—	31/7/62	House vacant—awaiting demolition
2 Phoebe Lane Terrace	19/4/62	—	31/7/62	" "
3 Phoebe Lane Terrace	19/4/62	—	31/7/62	" "
4 Phoebe Lane Terrace	19/4/62	—	31/7/62	" "
5 Phoebe Lane Terrace	19/4/62	—	31/7/62	Awaiting vacation by tenant
10 Gibson Street	17/5/62	28/6/62	—	House vacated
1 Rosemary Grove	17/5/62	27/6/62	—	Unoccupied house
11 Rosemary Grove	17/5/62	27/6/62	—	Awaiting vacation by tenant
18/24 Mill Lane	17/5/62	28/6/62	—	Unoccupied house
20/26 Mill Lane	17/5/62	28/6/62	—	" "
22 Mill Lane	17/5/62	28/6/62	—	" "
28 Mill Lane	17/5/62	28/6/62	—	House vacated
3 Waterloo Street	17/5/62	28/6/62	—	Unoccupied house
4 Waterloo Street	17/5/62	28/6/62	—	" "
5 Waterloo Street	17/5/62	28/6/62	—	" "
21 Dryinghouses	17/5/62	28/6/62	—	House vacated

180	11 Belmont Street	21/6/62	25/9/62	—	Unoccupied house
181	Upper Stubbings Farm	21/6/62	25/9/62	—	House vacated
182	2 Winding Road Terrace	12/7/62	25/9/62	—	Awaiting vacation by tenant
183	3 Harrison Road (Basement)	23/8/62	1/10/62	—	House vacated
184	15 Baxter Lane	23/8/62	1/10/62	—	House vacated
185	90 Hanson Lane	23/8/62	8/10/62	—	Unoccupied house
186	15 Oates Street	23/8/62	8/10/62	—	" "
187	17 Oates Street	23/8/62	8/10/62	—	" "
188	19 Oates Street	23/8/62	8/10/62	—	" "
189	24 Oates Street	23/8/62	1/10/62	—	" "
190	1 Cross Street	23/8/62	8/10/62	—	Awaiting vacation by tenant
191	3 Cross Street	23/8/62	8/10/62	—	" "
192	4 Cross Street	23/8/62	8/10/62	—	Unoccupied house
193	5 Cross Street	23/8/62	8/10/62	—	" "
194	1 Painters Court	23/8/62	8/10/62	—	" "
195	2 Painters Court	23/8/62	8/10/62	—	" "
196	3 Painters Court	23/8/62	8/10/62	—	" "
197	4 Painters Court	23/8/62	8/10/62	—	" "
198	5 Painters Court	23/8/62	8/10/62	—	" "
199	6 Painters Court	23/8/62	8/10/62	—	" "
200	24 Holroyd Street	—	—	—	Informal action house vacated by tenant
201	13 Howard Street	25/10/62	5/12/62	—	Awaiting vacation by tenant
202	5/6 Lower Shaw Booth	25/10/62	5/12/62	—	House vacated

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

- Reg. 77 House vacated.
- Reg. 79 Demolition in progress.
- Reg. 85 Demolition in progress.
- Reg. 91 Now demolished.
- Reg. 110 Now demolished.
- Reg. 111 Now demolished.
- Reg. 115 House vacated.
- Reg. 118 House vacated.
- Reg. 121 Now demolished.
- Reg. 122 Now demolished.
- Reg. 123 House vacated — awaiting demolition.
- Reg. 124 House vacated — awaiting demolition.
- Reg. 125 House vacated — awaiting demolition.
- Reg. 126 House vacated — awaiting demolition.
- Reg. 127 House vacated — awaiting demolition.
- Reg. 128 House vacated — awaiting demolition.
- Reg. 135 Demolition completed.
- Reg. 136 Demolition completed.

Reg. 137	Awaiting vacation by tenant.
Reg. 138	House vacated.
Reg. 139	House vacated.
Reg. 140	House demolished.
Reg. 141	House demolished.
Reg. 142	House demolished.
Reg. 143	House demolished.
Reg. 144	House demolished.
Reg. 145	Purchased by Corporation.
Reg. 146	Purchased by Corporation.

Houses in Multiple Occupation

At the end of 1961 the Housing Act, 1961 became operative, followed in May 1962 by the Housing (Management of Houses in Multiple Occupation) Regulations, 1962. Between them, the Act and Regulations enable greater control to be exercised over such houses. The real extent of the problem in Halifax has yet to be realised but during the year 111 lettings were inspected, and the general standard was good. The houses inspected, however, were those in Smoke Control Areas to ensure fitness before conversion work was carried out, and were not typical of some of the multi-occupied houses in the town.

Housing Statistics

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority:	
By owner	858
After formal notice under Public Health Acts:	
By owner	92
By Local Authority	79
After formal notice under S. 9 and 16 Housing Act, 1957:	
By owner	—
By Local Authority	—
Under Section 24, Housing Act, 1957:	
By owner	—

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders.	No. of houses .. No. of occupants ..	1 —
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Housing Statistics—cont.

HOUSES DEMOLISHED			
IN CLEARANCE AREAS	Houses Demolished	Unfit for human habitation	138
		Included by reason of bad arrangement ..	2
		On land acquired under S. 43(2) Housing Act, 1957	—
	Persons Displaced	From houses unfit for human habitation ..	204
		From houses included by reason of bad arrangement	7
		From houses on land acquired under S. 43(2) Housing Act, 1957	2
	Families Displaced	From houses unfit for human habitation ..	84
		From houses included by reason of bad arrangement	2
		From houses on land acquired under S. 43(2) Housing Act, 1957	1
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Secs. 16 or 17(1) Housing Act, 1957 ..	23
		Local authority owned houses certified unfit by Medical Officer of Health	—
		Houses unfit for human habitation where action has been taken under local Acts	—
		Houses included in unfitness orders made under para 2 of the Second Schedule to the Town and Country Planning Act, 1959	—
	Persons Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17(1) Housing Act, 1957	61
		From local authority owned houses certified unfit by Medical Officer of Health	50
		From houses unfit for human habitation where action has been taken under local Acts ..	—
		From houses included in unfitness orders ..	—
	Families Displaced	From houses to be demolished as a result of formal or informal procedure under Secs. 16 or 17(1) Housing Act, 1957	25
		From local authority owned houses certified unfit by Medical Officer of Health	22
		From houses unfit for human habitation where action has been taken under local Acts ..	—
		From houses included in unfitness orders ..	—
Number of dwellings included above which were previously reported as closed			10

UNFIT HOUSES CLOSED			
No. of Houses	Under S. 16(4), 17(1) and 35(1) Housing Act, 1957 and S. 26 Housing Act, 1961	37	
	Under S. 17(3) and 26 Housing Act, 1957	—	
Persons Displaced	From houses to be closed:— Under S. 16(4), 17(1) and 35(1) Housing Act, 1957 and S. 26 Housing Act, 1961	38	
	Under S. 17(3) and 27 Housing Act, 1957	—	
Families Displaced	From houses to be closed:— Under S. 16(4), 17(1) and 35(1) Housing Act, 1957 and S. 26 Housing Act, 1961	15	
	Under S. 17(3) and 26 Housing Act, 1957	—	
Parts of Buildings Closed — S. 18 Housing Act, 1957:			
	Number of houses	4	
	No. of persons displaced	6	
	No. of families displaced	4	

Sanitary Circumstances and Sanitary Inspection of the Area

Description of the Work of the Public Health Inspectors Inspections and Visits

Dwellinghouses:—

Primary Inspection under the Housing Acts	335
Subsequent Inspections under the Housing Acts	84
Work in progress under the Housing Acts	39
“Well-maintained” payments	5
Official Count	327
Future Clearance Area action	405
Standard and Improvement Grants	1,058
Certificates of Disrepair	0
Removals and Disinfestation	48
Inspection on behalf of Housing Manager	131
Sanitary defects	1,436
Notifiable diseases	122
Food Poisoning	11
Pathological Specimens	99
Dirty and/or verminous conditions	122
Overcrowding	44
Moveable Dwellings	2
Common Lodging Houses	6
Houses-let-in-Lodgings	19
Visits to lettings—Houses in Multiple Occupation ..	111

Drainage:—

Public sewers inspected	159
Public sewers tested	47
Drains inspected, special inspections only	174
Drains tested	263
Ditches and Watercourses	2

Factories:—

Factories (with power)	133
Factories (without power)	14
Outworkers' premises	8
Workplaces (General)	3
Workplaces (Offices)	21

Shops:—

Shops Act, 1950, section 38	92
Other visits	125
Mobile Shops	69

Food Premises:—

Milk Distributors	12
Dairies	27
Milkshops	4
Fried Fish Shops	21
Bakehouses	44
Butchers' Shops	83
Ice Cream premises	96
Restaurants, Cafés, etc.	121
School Canteens	16
Licensed Premises	21
Other food premises	177

Smoke Control:—

Smoke Observations	608
Works, etc., re smoke emission	70
Works, etc., re Prior Approval	3
Works, etc., re Chimney Heights	9
Smoke Control Areas	761
Atmospheric Pollution Gauges	1,358

Sampling:—

Foods and Drugs Act, 1955	190
Bacteriological samples—Milk	54
Bacteriological samples—Ice Cream	59
Biological examination—Milk	5
Water	33
Swimming Baths Water	57
Fabrics (Misdescription) Act—Flameproof Materials	2

General:—

Premises re Fertilisers and Feeding Stuffs Act	13
Premises re Pharmacy and Poisons Act	15
Premises re Merchandise Marks Act	45
Stables re nuisances	1
Fowls, Swine and other animals	12
Schools	3
Places of Public Entertainment	6
Public Sanitary Conveniences	325
Abattoir	28
Noise Nuisances	54
Pet Shops	14
Offensive Trades	2
Knackers' Yards	3
Rodent Control	151
Accumulations of Refuse	171
Interviews	1,471
Miscellaneous visits	3,986
Total number of Inspections and Visits	12,172
Total number of re-inspections	6,205

Particulars of work done

	Informal Action
Dwellinghouses:—	
General repairs	890
Dirty houses cleansed	52
Overcrowding abated	0
Council houses found bug-infested and disinfested ..	3
Other houses found bug-infested and disinfested ..	10
Houses cleared of other vermin	68
Common lodging houses—Nuisances abated or im- provements effected	1
Houses-let-in-Lodgings—Nuisances abated or improve- ments effected	8
Drainage:—	
Sewers cleansed	127
Drains cleansed and/or repaired	145
Public sewers repaired and/or reconstructed	26
Drains reconstructed or new drains provided	74
Factories:—	
Factories (with power)—Nuisances abated or improve- ments effected	50
Factories (without power)—Nuisances abated or im- provements effected	6
Workplaces (General)—Nuisances abated or improve- ments effected	1
Workplaces (Offices)—Nuisances abated or improve- ments effected	0
Shops:—	
Shops Act, 1950, section 38—Nuisances abated or improvements effected	11
General—Nuisances abated or improvements effected..	19
Food Premises:—	
Fried Fish Shops—Nuisances abated or improvements effected	5
Bakehouses—Nuisances abated or improvements effected	13
Butchers'—Nuisances abated or improvements effected..	22
Ice Cream premises—Nuisances abated or improvements effected	1
Restaurants, Cafés, etc.—Nuisances abated or im- provements effected	38
School Canteens—Nuisances abated or improvements effected	0
Licensed Premises—Nuisances abated or improvements effected	3
Other food premises—Nuisances abated or improve- ments effected	50

Smoke Control:—

Boiler plants improved re emission of smoke	14
---	----

General:—

Premises cleared of rats—Dwellinghouses	265
Other premises	156
Premises cleared of mice—Dwellinghouses	223
Other premises	240
Fowls, Swine and other animals—Nuisances abated improvements effected	7
Schools—Nuisances abated or improvements effected ..	0
Places of Public Entertainment—Nuisances abated or improvements effected	4
Public Sanitary Conveniences—Nuisances abated or improvements effected	130
Noise—Nuisance abated or improvements effected ..	17
Accumulations of Refuse—Nuisances abated or im- provements effected	80
Merchandise Marks Act—Contraventions remedied ..	10
Miscellaneous sanitary improvements effected	265

Samples obtained:—

	Formal	Informal
Food and Drugs Act, 1955	126	187
Milk—Bacteriological	—	53
Milk—Biological	—	5
Ice Cream—Bacteriological	—	59
Water	—	30
Swimming Baths Water	—	62
Fertilisers and Feeding Stuffs	17	—
Fabrics (Misdescription) Act—Flameproof materials	2	—
Pathological Specimens	—	393
Rag Flock	1	—

Common Lodging Houses

There is only one Common Lodging House in the Borough occupied by the Salvation Army Trustee Company. There is accommodation for 120 male lodgers, but usually no more than 75 beds are in use.

The premises are visited regularly and are clean and well kept.

SECTION VI

FOOD

(Inspection and Supervision)

FOOD AND DRUGS ACT, 1955

Sampling of Foods and Drugs

A total of 313 samples of Food and Drugs was obtained during the year and submitted to the Public Analyst for chemical examination.

These included 115 samples of milk, 44 samples of Ice Cream and 154 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 2 giving a percentage of 1.73.

All the 44 samples of ice cream were reported as satisfactory.

Of the 154 samples of other food and drugs, 58 (or 37.66%) were reported not genuine.

All samples of food are examined for preservatives in accordance with the Public Health (Preservatives, etc., in Food) Regulations.

Details of all samples will be found in the following tables:—

TABLE 1

Nature of Sample	No. of samples taken			No. not genuine		
	For- mal	In- formal	Total	For- mal	In- formal	Total
Milk	106	*1	107	2	—	2
Milk—Channel Islands ..	8	—	8	—	—	—
Milk—Evaporated	—	2	2	—	—	—
Milk—National Dried ..	—	1	1	—	—	—
Alcoholic Beverages:						
Ale	3	4	7	—	—	—
Stout	—	1	1	—	—	—
Almonds, Ground	—	4	4	—	—	—
Apples	—	2	2	—	—	—
Bread (various)	—	17	17	—	17	17
Butter	—	1	1	—	—	—
Cereals:						
Rice Crispies	—	1	1	—	1	1
Shredded Wheat	—	1	1	—	—	—
Cream	—	1	1	—	—	—
Cream, Double	—	4	4	—	—	—

TABLE 1—continued

Nature of Sample	No. of samples taken			No. not genuine		
	For- mal	In- formal	Total	For- mal	In- formal	Total
Crystallised Fruits:						
Angelica	—	1	1	—	—	—
Candied Peel	—	1	1	—	—	—
Cut Mixed Peel	—	2	2	—	—	—
Glacé Cherries	—	4	4	—	—	—
Dried Fruits:						
Currants	—	4	4	—	—	—
Fish Products:						
Fish Cakes	—	7	7	—	—	—
Kipper Fillets	—	1	1	—	1	1
Salmon, tinned	—	1	1	—	—	—
Flour:						
Plain	—	1	1	—	1	1
Self-Raising	—	3	3	—	—	—
Confectionery:						
Apple Pie	—	1	1	—	1	1
Bilberry Tart (with dairy cream)	—	1	1	—	—	—
Cake, Fresh Cream	—	1	1	—	—	—
Chocolate Roll, portion of ..	—	1	1	—	1	1
Coconut Ice Bun	—	2	2	—	1	1
Coconut Cake	—	1	1	—	1	1
Cream Crackers	—	1	1	—	—	—
Crumpets	—	1	1	—	1	1
Fig Rolls	—	1	1	—	—	—
Swiss Roll	—	1	1	—	1	1
Trifle, Fresh Cream	—	1	1	—	—	—
Ice Cream	—	44	44	—	—	—
Margarine Wrapper	—	1	1	—	1	1
Meat Products:						
Bacon	—	1	1	—	1	1
Beef, Corned	—	2	2	—	2	2
Beef Pie	—	1	1	—	1	1
Beef Stew	—	1	1	—	1	1
Chicken Meal, portion of ..	—	1	1	—	1	1
Cornish Pasty	—	2	2	—	1	1
Ham	—	2	2	—	1	1
Luncheon Meat	—	1	1	—	—	—
Meat Pie	—	4	4	—	3	3
Meat and Potato Pie, portion of	—	1	1	—	1	1
Pork Luncheon Meat	—	1	1	—	1	1
Potted Meat	—	1	1	—	—	—
Sausages—Beef	2	1	3	—	—	—
Sausages—Pork	2	—	2	—	—	—
Steak and Kidney Pie	—	3	3	—	3	3
Milk Bottle	—	1	1	—	1	1
Milk Bottle containing pieces of glass	—	1	1	—	1	1
Pickles, Mixed	—	1	1	—	1	1

TABLE 1—continued

Preserves:								
Apple and Blackberry Jam ..	—	1	1	—	—	—		
Lemon Cheese	—	3	3	—	—	—		
Lemon Curd	1	3	4	1	1	2		
Marmalade	—	1	1	—	—	—		
Mincemeat	—	3	3	—	—	—		
Red Plum Jam	—	1	1	—	—	—		
Puddings:								
Christmas	—	4	4	—	—	—		
Creamed Rice	—	6	6	—	—	—		
Soft Drinks:								
Ice Cream Soda	—	1	1	—	—	—		
Lemon	—	1	1	—	—	—		
Lemon Barley	—	2	2	—	—	—		
Lime Juice Cordial ..	—	1	1	—	1	1		
Orange Squash	—	2	2	—	1	1		
Orange Juice Bottle ..	—	1	1	—	1	1		
Spirits:								
Rum	1	—	1	—	—	—		
Whisky	2	—	2	—	—	—		
Vegetables:								
Carrots	—	1	1	—	—	—		
Mushrooms, Tinned	—	1	1	—	1	1		
Creamed	—	3	3	—	3	3		
Potato Crisps	1	4	5	—	1	1		
Vinegar, Malt	—	1	1	—	—	—		
Yoghourt	—	1	1	—	—	—		
				126	187	313	3	55
							58	

* This Informal Sample of Milk was the subject of a complaint of "unnatural taste" and was examined in that respect only and is not included in Table 2 (Monthly Average Composition of Milk Samples.)

TABLE 2 Monthly Average Composition of Milk Samples

Month	No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.	Channel Islands and South Devon Milk		
				No. of Samples	Milk Fat per cent.	Non-fatty Solids per cent.
January ..	6	3.60	8.63	—	—	—
February ..	15	3.61	8.76	—	—	—
March ..	15	3.58	8.54	1	4.75	9.01
April ..	2	3.65	8.78	5	5.22	9.01
May ..	7	3.74	8.94	—	—	—
June ..	6	3.77	8.94	—	—	—
July ..	11	3.69	9.04	—	—	—
August ..	10	3.63	9.10	—	—	—
September ..	14	3.96	9.18	2	4.25	9.68
October ..	10	3.52	8.68	—	—	—
November ..	10	3.64	8.71	—	—	—
December ..	—	—	—	—	—	—
Total ..	106			8		
Average for year 1962		3.67	8.84		4.74	9.23
" " " 1961		3.73	8.84		4.91	9.30
" " " 1960		3.80	8.90		5.34	9.14
" " " 1959		3.72	8.68		4.85	9.10
" " " 1958		3.73	8.69		5.21	9.32
" " " 1957		3.81	8.74		5.13	9.40
" " " 1956		3.67	8.58		—	—
" " " 1955		3.67	8.79		—	—
" " " 1954		3.80	8.71		—	—
" " " 1953		3.68	8.78		—	—
" " " 1952		3.67	8.78		—	—

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 106 chemical milk samples of Tuberculin Tested (Farm Produced), Tuberculin Tested (Pasteurised), and Pasteurised milk taken during the year. The presumptive standards are 3·0 per cent and 8·5 per cent, respectively, as laid down by the Sale of Milk Regulations, 1939.

Similarly, the monthly averages relative to the 8 samples of Channel Islands milk are given. The legal standard is 4·0 per cent. by weight of milk fat, as laid down in the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, with a presumptive standard of 8·5 per cent of non-fatty solids.

MILK AND DAIRIES

Milk and Dairies (General) Regulations, 1959.

Milk (Special Designation) Regulations, 1960.

Milk Distribution

At the end of the year there were 297 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 14 registered dairy premises.

Licences under the Milk (Special Designation) Regulations, 1960, were granted as follows:—

Dealer's (Pasteuriser's) Licence (Form C)	..	..	—
Dealer's (Tuberculin Tested) Licence (Form B)	..	..	—
Dealer's (Pre-packed Milk) Licence (Form E) authorising the use of the special designation—			
(a) Tuberculin Tested	..	..	8
(b) Pasteurised	..	..	8
(c) Sterilised	..	..	10

Dealers (Pre-Packed Milk) Licences are now issued for a period of up to five years all expiring in 1965.

Bacteriological Examination of Milk

During the year 54 samples of milk—as shown below—were submitted to bacteriological examination.

Designation	Samples taken	Satisfactory	Unsatisfactory
Pasteurised	40	40	—
Pasteurised (Channel Islands)	1	1	—
T.T. (Pasteurised)	13	13	—
Sterilised	—	—	—
TOTAL	54	54	—

Biological Examination of Milk

Three samples of milk were submitted to biological examination by the Public Health Laboratory Service. Of these samples, 2 were of milk produced within the Borough and 1 of milk produced outside the Borough. All samples were reported as negative.

Brucella abortus

Particulars are given, in the following table, of the 5 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:—

Produced	No. of samples	Satisfactory	Positive on culture
In Borough	4	3	1
Outside of Borough	1	1	—
TOTAL	5	4	1

The unsatisfactory milk was from two infected cows, and arrangements were made for this milk to be pasteurised until the cows were eventually disposed of.

Manufacture and/or Sale of Ice Cream

Food and Drugs Act, 1955, Section 16.

Ice Cream (Heat Treatment, etc.) Regulations, 1959.

Ice cream, like milk, is a food which is easily contaminated, and there are Regulations which require the ice cream mix to be heated to a specified temperature for a given time. In other words, it has to be pasteurised so that harmful bacteria may be killed or be prevented from multiplying. The heated mix must then be cooled to a certain temperature, and during storage must be kept below regulation temperatures. Apart from these safeguards, it is necessary for a high standard of cleanliness to be maintained throughout the whole process, and experience has shown that this can only be achieved by systematic and regular cleansing of all machines, pipelines, valves, etc.

Apart from visual inspection and microscopical examination, it is possible to use the bacteriological examination of ice cream to indicate its cleanliness and purity.

During the year 96 inspections were made of 436 registered premises (all retailers).

A total of 59 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	—	—	—	—	—
Outside of Borough	59	40 (67.79 %)	11 (18.64 %)	3 (5.08 %)	5 (8.47 %)
TOTAL	59	40 (67.79 %)	11 (18.64 %)	3 (5.08 %)	5 (8.47 %)

The unsatisfactory samples were taken from premises where there have been frequent changes in management. Advice has been given and check samples are being taken monthly.

I am pleased to be able to report that all mobile vans 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, 1955, and the Food Hygiene Regulations, 1955, being equipped with means for providing hot water and washing of hands. Soap and towels are provided and, in addition, sterilising agents are available for the treatment of the servers. Seventeen vans, etc., were inspected by the department, prior to the granting of Street Traders' Licences by the Markets Department.

Preparation or Manufacture of Sausages, etc.

Food and Drugs Act, 1955. Section 16.

At the end of the year there were 62 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

Fried Fish Shops

During the year 21 inspections were made of 64 premises. Improvements were effected in 5 cases.

Bakehouses

The number of bakehouses on the register at the end of the year was 34.

There were 44 inspections made, and improvements were effected in 13 cases.

There is only one basement bakehouse now in use in the town, and a Certificate of Suitability—under the provisions of Section 70 of the Factories Act, 1961—is in operation.

Food Hygiene

The Food Hygiene (General) Regulations, 1960, lay down requirements in respect of:—

- (i) the cleanliness of premises, ships, stalls, vehicles, etc., used for the purposes of the food business and of apparatus and equipment used for those purposes;
- (ii) the hygienic handling of food;
- (iii) the cleanliness of persons engaged in the handling of food and of their clothing, and the action to be taken where they suffer from or are the carriers of certain infections liable to cause food poisoning;
- (iv) the construction of premises and ships used for the purposes of a food business and the repair and maintenance of such premises and ships and of stalls, vehicles, etc.;
- (v) sanitary conveniences and the provision of a water supply and washing facilities;
- (vi) the temperatures at which certain foods which are particularly liable to transmit disease are to be kept on catering premises.

During the year 69 mobile food shops and vans have been inspected prior to a licence being issued by the Markets Department. I am pleased to report that the owners of these mobile shops have co-operated wholeheartedly in attaining a high standard. The majority of mobile shops selling food in the Borough have washing equipment, soap, towels and supply of hot water (where open food is sold for immediate consumption) as required by the Food Hygiene Regulations.

The other mobile shops have washing facilities not entirely satisfactory and at the end of the year steps were being taken to improve them.

There are 998 food shops in the Borough. The number and type of business is set out below:—

Grocers	339
Butchers	120
Fish and Fruit	118
Mixed	136
Sweets	52
Snack Bars	37
Cooked Meats	11
Fish Friers	67
Chemists	39
Confectioners	79

and visits to food premises, including any necessary revisits, numbered 760

Meat Inspection

Last year reference was made to the virtual disappearance of tuberculosis in food animals as a result of the attested herd scheme, a trend which was maintained during the present year. All eight cases of tuberculosis found in the abattoir were reactor cattle sent in by the Ministry of Agriculture, Fisheries and Food. Prior to the attested herd scheme, successive statutes—the Milk and Dairies Orders, the Special Designations Orders, etc.—had brought about improvements in the housing of dairy cattle which, spending several months of each year confined indoors, did need a more healthy and natural environment than the ill-lit, badly ventilated places in which they were formerly housed. The housing of cattle for the meat trade is subject to no such control however, and it will be interesting to observe how successive generations of cattle and sheep will stand up to the intensive feeding and confined housing to which increasing numbers of them are now being subjected. One result which is already apparent is the greatly increased incidence of liver abscess in intensively reared, barley-fed steers and heifers, which must now be in the region of 20%.

During the year an increase has been noted in the incidence of echinococcus cysts affecting bovine liver and lungs, a possible cause here being the national increase in the number of pet dogs.

Liver fluke infestation still remained light but damage to pig livers from round worm embryos was higher than ever.

A further slight reduction in cysticercosis was observed.

Throughout the year numerous specimens were sent for examination to the Pathological Laboratory at the Royal Halifax Infirmary and, once again, sincere thanks are extended to Dr. Garson and his staff for their continued courtesy and co-operation.

TABLE 3

**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
1	Loaf containing stains.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained stains due to carbon and iron and a trace of oil, although the amounts of iron and other impurities are not sufficient to be harmful he regarded the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the manufacturer.
3	School Bun containing drawing pin.	Informal sample submitted for analysis following complaint, it being alleged by the complainant that he had found a drawing pin in his mouth while eating half of the bun. The Public Analyst reported that if it was established that the drawing pin was in the School Bun prior to purchase then he must classify the sample as unsatisfactory. The matter was reported to the Health Committee on 6th February, 1962, when the Town Clerk was authorised to send a letter of warning to the baker-retailer.
4	Coconut Iced Bun containing a flake of burnt cake.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a flake of burnt cake, although harmless and clean he classified the sample as irregular. The Chief Public Health Inspector sent a letter of warning to the baker-retailer.
5	Beef Pie containing a fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a fly. The Chief Public Health Inspector sent a letter of warning to the manufacturer-retailer.
6	Small wrapped loaf containing a piece of brown or wholemeal bread.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of brown or wholemeal bread and although this is wholesome and clean he classified the sample as irregular. The Chief Public Health Inspector sent a letter of warning to the baker-retailer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
13	Large White Sliced Loaf, Wrapped containing particles of graphite.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the loaf was marked along one side, and on part of its top crust with a streak of particles of graphite, although the substance in this quantity would be harmless he classified the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the baker-retailer.
16	Malt Vinegar 57 not of the required standard.	Routine informal sample reported by the Public Analyst to contain only 2.7 per cent of acetic acid instead of a minimum of 4 per cent. A formal sample—No. 57—was taken and reported to satisfy the tests applied to it.
29	Chocolate Roll containing a 2½" long pin.	Informal sample submitted for analysis following complaint, it being alleged that a 2½" long pin had been found in the Roll. The Public Analyst reported that on the pin was material similar to those in the Chocolate Roll consistent with the claim. The matter was reported to the Health Committee on the 6th March, 1962, when the Town Clerk was authorised to send a letter of warning to the baker-retailer.
30	Half of plain teacake containing a 'bus ticket.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the teacake contained a 'bus ticket. The Chief Public Health Inspector sent a letter of warning to the baker.
31	Luxury Loaf containing fragments of scorched brown bread.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained dark coloured fragments and particles of scorched brown bread. The Chief Public Health Inspector sent a letter of warning to the baker.
32	Wheatmeal Loaf containing a piece of jute string.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of jute string. The Chief Public Health Inspector sent a letter of warning to the baker-retailer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
55	Slice of Currant Teacake containing a 2¼" brass pin.	Informal sample submitted for analysis following complaint, it being alleged that a 2¼" long brass pin had been found in the teacake. As this teacake came from the same source as the Chocolate Roll (sample No. 29) the matter was reported to the Health Committee at the same time and similar action was authorised as in the case of sample No. 29.
56	Corned Beef containing a tuft of cattle hair.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a tuft of cattle hairs. The Chief Public Health Inspector sent a warning letter to the manufacturer.
58	Flat Cake containing grub.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a grub (probably the larva of a moth). The matter was reported to the Health Committee on the 3rd April, 1962, when the Town Clerk was authorised to send a letter of warning to the baker-retailer.
63	Brown Teacake containing a wad of cotton fibres.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the cake contained a wad of folded cotton fibres, probably a piece of stiff paper. The Chief Public Health Inspector sent a letter of warning to the baker-retailer.
81	Milk not of the required standard.	Routine formal sample of Tuberculin Tested (farm produced) milk purchased from a dairyman and reported by the Public Analyst to contain only 2.76 per cent of fat and in his opinion not to be genuine milk, but 8.0 per cent deficient in fat. The Chief Public Health Inspector sent a letter of warning to the dairyman.
87	Creamed Mushrooms containing peat fibres.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained jute fibres and in his opinion was unsatisfactory. On further investigation, it was found that the fibres were not jute, but were peat fibres. The Chief Public Health Inspector requested the suppliers to take all available steps to prevent a recurrence.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
88	Potato Crisps containing piece of tangled yarn.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of tangled cotton yarn. The matter was reported to the Health Committee on 7th May, 1962, when the Town Clerk was authorised to send a letter of warning to the manufacturers.
90	Bacon containing a beetle.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a beetle and he regarded the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the retailer and later interviewed the wholesaler's area manager.
94	Rice Crispies containing aluminium particles.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained particles of aluminium and he regarded the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the producer-retailer.
105	Brown Loaf containing a piece of cotton material.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of cotton material and he regarded the sample as unsatisfactory. A letter of warning was sent by the Chief Public Health Inspector.
106	Cornish Pasties containing discoloured patches.	Informal sample submitted for analysis following complaint. The Public Analyst reported that, although one pasty had discoloured patches on the meat and inner surface of the pasty, he did not consider the pasty harmful for human consumption, but that he did consider that it should not have been offered for sale in that condition. The matter was reported to the Health Committee on the 5th June, 1962, when the Town Clerk was authorised to send a letter of warning to the retailer.
107	Chicken Meal, portion of, containing piece of soap.	Informal sample submitted for analysis following complaint. The Public Analyst reported that, because the sample contained a piece of soap, he considered that it was unsatisfactory. A letter of warning was sent to the producer-retailer by the Chief Public Health Inspector.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
115	Kipper Fillets spoiled by micro-organisms.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the kippers had suffered spoilage by micro-organisms and were unfit for human consumption. The matter was reported to the Health Committee on the 5th June, 1962, and the Town Clerk was authorised to send a warning letter to the retailer.
116	Meat Pie containing carbon and iron discolouration.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie crust was discoloured with carbon and iron and that he regarded the sample as unsatisfactory. The Chief Public Health Inspector sent a letter of warning to the manufacturer.
117	Meat and Potato Pie containing a hook.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie contained a hook and, if it was established that the hook was in the pie originally when purchased, he must classify the sample as unsatisfactory. The matter was reported to the Health Committee on the 5th June, 1962, when the Town Clerk was authorised to send a warning letter to the manufacturer.
129	Pork Luncheon Meat containing piece of cotton yarn.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of cotton yarn and that he regarded the sample as unsatisfactory. The matter was reported to the Health Committee on 7th August, 1962, when the Town Clerk was authorised to send a letter of warning to the manufacturer.
130	White Loaf containing particles of copper.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained green particles which were specks of finely divided copper. Although the amount of copper was not sufficient to cause harm, he regarded the sample as unsatisfactory. The matter was reported to the Health Committee on 13th August, 1962, when the Town Clerk was authorised to send a letter of warning to the bakers.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
150	Brown Loaf containing a piece of twine.	Sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of twine which was in the loaf prior to baking. The matter was reported to the Health Committee on the 13th August, 1962, who authorised the Town Clerk to institute legal proceedings. A plea of "guilty" was entered to the summons and the Magistrates imposed a fine of £5 with £3.5.0d. costs.
156	Milk not of the required standard.	A routine formal sample from one of a consignment of four churns submitted for analysis and reported by the Public Analyst to be 4.3% deficient in fat. The Chief Public Health Inspector sent a letter of warning to the producer-retailer.
168	Apple Pie containing foreign matter.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained an object resembling the leg of a fly but on examination proved to be part of the calyx of an apple. The bakers were cautioned verbally.
169	Swiss Roll containing a metal object.	Informal sample submitted for analysis following complaint about a metal object in a swiss roll. The Public Analyst reported the sample as unsatisfactory if it was established that the metal object was originally in the swiss roll. The matter was reported to the Health Committee on the 9th October, 1962, when the Town Clerk was authorised to send a warning letter to the bakers.
170	Wholemeal Loaf containing oil and iron oxide stains.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the extraneous matter found in the loaf was a stain caused by oil and iron oxide which had probably come from some part of the bakery machinery or equipment. The Chief Public Health Inspector sent a letter to the bakers drawing their attention to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
190	Beef Stew containing a portion of mucous membrane.	Informal sample submitted for analysis following complaint. The Public Analyst reported that it would appear that head meat of a cow was amongst the beef of this commodity and, owing to careless or faulty trimming, some of the mucous membrane with its tooth like protuberances had been enclosed. This tissue, in his opinion, should not have been present and he regarded the sample as irregular. The matter was reported to the Health Committee on the 9th October, 1962, and the Town Clerk was authorised to send a warning letter to the manufacturer.
191	Coconut Slice containing a piece of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of wood and that he regarded the sample as unsatisfactory. The matter was reported to the Health Committee on the 9th October, 1962, when the Town Clerk was authorised to send a warning letter to the baker-retailers.
192	Canned Ham being unsterile.	Informal sample submitted for analysis because it was suspected that the contents were unfit. The Public Analyst reported that both the meat and the jelly were unsterile and, in his opinion, were unsafe for human consumption. The tin was surrendered.
193	Crumpets containing mould growth.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the crumpets were affected by mould and he regarded the sample as unfit for human consumption, but drew attention to the rapidity of mould growth in this case. The Chief Public Health Inspector sent a warning letter to the retailer.
195	Pie containing mould growth.	Sample submitted for analysis following complaint. The Public Analyst reported that the pie was mouldy and unfit for human consumption. The matter was reported to the Health Committee on the 9th October, 1962, and the Town Clerk was instructed to send a warning letter to the retailer.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
217	Meat Pie containing a piece of skin with black bristles.	Sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a small piece of skin with black bristles attached and although the object was not harmful he considered the sample as irregular. The Chief Public Health Inspector sent a letter of warning to the manufacturer.
219	Corned Beef containing a fly.	Informal sample submitted for analysis following complaint. The Public reported that the sample was unsatisfactory in that it contained a foreign body, namely a fly. The matter was reported to the Health Committee on the 8th January, 1963, who instructed the Town Clerk to send a letter of warning to the manufacturers.
221 222 223	Steak & Kidney Pies affected with mould.	Informal samples submitted for analysis following complaint. The Public Analyst reported that the samples were affected by mould and were in his opinion, unfit for human consumption. The matter was reported to the Health Committee on the 6th November, 1962, when the Town Clerk was authorised to send a letter of warning to the manufacturers.
224 225	Potato Crisps affected by dampness.	Informal sample submitted for analysis following complaint. The Public Analyst reported that although the crisps were still wholesome, they were out of condition owing to dampness and that he regarded the sample as irregular. The manufacturers were sent a letter of warning by the Chief Public Health Inspector.
226	Brown Loaf containing traces of iron, carbon and oil.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the extraneous matter found in the loaf was a stain caused by iron, carbon and a trace of oil which had probably come from some part of the bakery machinery or equipment. The Chief Public Health Inspector sent a letter to the bakers drawing their attention to the matter.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
236	Milk contained in a dirty bottle.	An informal sample submitted for analysis following a complaint. The Public Analyst reported although the milk was not affected the presence of a patch of cement on the inner surface of the bottle was unsatisfactory and the bottle was not in the required state of thorough cleanliness. The matter was reported to the Health Committee on the 6th November, 1962, when the Town Clerk was authorised to send a letter of warning to the producers.
237	Pickles containing a fly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was unsatisfactory in that it contained a foreign body, namely a small fly. The Chief Public Health Inspector sent a letter of warning to the manufacturers.
248	Malt Loaf affected with mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and was not fit for human consumption. A letter of warning was sent by the Chief Public Health Inspector to the bakers.
249	Margarine wrapper containing a portion of an insect.	Informal sample submitted for analysis following complaint, about portions of an insect found in the margarine wrapping paper. The Public Analyst reported that the insect was a wood eel and if it was established that the creature was in the margarine when sold, he would regard the sample as unsatisfactory because it contained a foreign body. An inspection was made of the complainant's food storage and home conditions which were in such a state that a verbal warning was given to the complainant.

TABLE 3—continued

No. of Sample	Nature of Sample and Result of Analysis etc.	Administrative action taken
289	Lemon Curd not of the required standard.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the lemon curd was below the Food Standards (Preserves) Order, 1953, in that it contained only 61·7% of Soluble Solids instead of at least 65%. On receiving the Analyst's certificate a formal sample, No. 311, was obtained and submitted for analysis. The Public Analyst reported on this sample stating that the Soluble Solids content was only 61·5% instead of the minimum standard of 65% and was, therefore, below the required standard. The matter was reported to the Health Committee on 11th February, 1963, when the Town Clerk was authorised to take legal proceedings. A plea of guilty was made on the 20th March, 1963, at the Halifax Borough Court, and the case was found proved. The defendants were fined £20, with costs of £3.5.0d.
311		
291	Flour containing larvae.	An informal sample of two bags of flour were submitted for analysis following complaint that the packets contained grubs. The Public Analyst reported that the contents of one bag was infested with larvae of the Mill Moth and was unfit for food. Larvae was found on the outside of the other bag but the contents were satisfactory. He regarded the first bag as unsatisfactory. The matter was reported to the Health Committee on the 8th January, 1963, and the Town Clerk was instructed to send a letter of warning to the millers.
294	White Loaf containing piece of twine.	Informal sample submitted for analysis following a complaint that the loaf contained a piece of twine. The Public Analyst reported that the sample contained a foreign body namely a bunch of twine and which was in the loaf prior to baking. He considered the sample to be unsatisfactory. This matter was reported to the Health Committee on the 8th January, 1963, and the Town Clerk was instructed to send a letter of warning to the bakers.

TABLE 3—continued

No of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
300	Lime Juice Cordial containing excess preservative.	A routine informal sample of Lime Juice Cordial was submitted for analysis. The Public Analyst reported that the sample complied with the requirements of The Food Standards (Soft Drinks) Order as regards general composition, but the Preservatives in Food Regulations, 1962, permitted cordials to contain a maximum of 350 parts per million of Sulphur Dioxide and he had found the sample to contain 440 parts of sulphur dioxide per million. He was of the opinion that the sample contravened the Regulations. The matter was reported to the Health Committee on 5th February, 1963, when the Town Clerk was authorised send a letter of warning to the manufacturers.
310	Orange Squash containing excess preservative.	A routine informal sample was obtained and submitted for analysis. The Public Analyst reported that the sample complied with the Food Standards (Soft Drinks) Order but that it did not comply with the requirements of the Preservatives in Food Regulation, 1962 in that it contained 500 parts per million of sulphur dioxide instead of the permitted maximum allowance of 350 parts per million. In his opinion this sample contravened the Regulations. The matter was reported to the Health Committee on 5th February, 1963, when the Town Clerk was authorised to send a letter of warning to the manufacturers.

Exchequer Grant Towards Meat Inspection

To assist those local authorities on which the cost of inspecting meat imposes an unduly heavy burden because much of the meat inspected is not for local consumption, the Ministry of Agriculture, Fisheries and Food instituted a grant system in 1957.

For this purpose, the total slaughterings have been converted to "inspection units", which take account of the different times needed for inspection. One cattle beast has been regarded as ten units, one calf or one pig as three units and one sheep as two units. A "per capita" figure (1.5) multiplied by the population of any local authority area, is the datum figure for that authority, i.e., the minimum number of inspection units the authority should be prepared to inspect at its own expense.

The number of inspection units for the financial year 1961-62 was 250,856, and the sum of £445 7s. 2d. was claimed.

Carcases Inspected and Condemned

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

	Public Abattoir					
	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	4,939	7,802	1,026	41,284	13,725	—
Number inspected	4,939	7,802	1,026	41,284	13,725	—
DISEASES EXCEPT T.B. & CYSTICERCI						
Whole carcasses condemned	4	10	3	24	35	—
Portions of which some part or organ was condemned	488	1,179	—	1,004	713	—
Percentage of the number inspected affected with disease other than T.B. and cysticerci	9.80	15.10	0.29	2.50	5.50	—
TUBERCULOSIS ONLY						
Whole carcasses condemned	—	1	—	—	—	—
Portions of which some part or organ was condemned	—	7	—	—	38	—
Percentage of the number inspected affected with tuberculosis	—	0.0001	—	—	0.27	—
CYSTICERCI						
Portions of which some part or organ was condemned	21	11	—	—	—	—
Portions submitted to treatment by refrigeration	—	—	—	—	—	—
Portions totalled and totally condemned	—	—	—	—	—	—

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

	lbs.
Total amount of Meat destroyed	12,075
Total amount of offals destroyed	34,060
Total amount of Meat destroyed on account of Tuberculosis	764
Total amount of Offals destroyed on account of Tuberculosis	260
Total amount of Meat destroyed from other causes	11,311
Total amount of Offals destroyed from other causes	33,800
Total Meat and Offals destroyed	46,135

Food Inspection

The following Table shows the amount of foods condemned:—

Food Condemned						Quantity in lbs.
14 Carcases of Beef	..	..	..	..	..	6,640
Beef not in carcase	..	..	..	..	..	1,084
3 Carcases of Veal	..	..	..	..	..	85
24 Carcases of Mutton	..	..	..	..	..	618
35 Carcases of Pork	..	..	..	..	..	3,041
Pork not in carcase	..	..	..	..	..	607
Offals	..	..	..	..	..	34,060
Bacon and Ham	..	..	..	..	..	81
Canned Foods	..	..	..	..	..	2,393
Egg. frozen	..	..	..	..	..	28
Fish	..	..	..	..	..	986
Fruit	..	..	..	..	..	490
Imported Meat and Offals	..	..	..	..	..	106
Vegetables	..	..	..	..	..	4,556
Other foods	..	..	..	..	..	109
Total Weight	..	..	..	..	..	54,884

Disposal of Condemned Food

Diseased carcase meat and offal are disposed of to a firm at Thornton, where it is sterilised before manufacturing into fertiliser. The plant is subject to inspection by the public health inspector of the district, whose report is satisfactory. The condemned meat is transported in vehicles complying with the Meat (Staining and Sterilization) Regulations, 1960.

All other condemned food is disposed of by controlled tipping on the Corporation tips.

PROSECUTIONS DURING 1962

Date of hearing	Act	Offence	Penalty
10/10/62	Food & Drugs Act, 1955, Section 2	Selling a loaf which was not of the substance demanded	Defendants fined £5, with £3 5s. 0d. costs
13/4/62	Clean Air Act, 1956 Section 11(2)	Emitting smoke from a chimney of a building within a Smoke Control Area.	Defendants fined £3.
16/6/62	Clean Air Act, 1956 Section 1(1)	Emitting dark smoke from a chimney in excess of that allowed under the Act.	Defendants fined £10.
17/7/62	Fabrics (Misdescription) Act, 1913	Selling a nightdress which was described as having a degree of non-inflammability and which failed the standard required by Regulations.	Defendants fined £10, with £54 costs.
17/7/62	Public Health Act, 1936, Section 94.	Failure to abate a nuisance.	Abatement Order granted.

SECTION VII

CLEAN AIR AND CLIMATE

Details provided by Mr. A. W. Perry, D.P.H., A.M.I.P.H.E., M.R.S.H., M.A.P.H.I., Chief Public Health Inspector.

Smoke Control Areas

No. 1 (Central) Area

There has been a continuous decrease in the amount of atmospheric pollution in the area since the Smoke Control Order became operative. The volumetric gauge situate in the Health Department, Powell Street, showed that for the months of January, February and March, 1962, there was a reduction of 42% in smoke, and 25% in sulphur dioxide as compared with the same period before smoke control. (1961—Reduction of 34% smoke and 23% sulphur dioxide).

A sum of £23 2s. 0d. was repaid in grant towards the cost of adaptations to fireplaces in private dwellinghouses within the area. The total amount repaid is now £1,092 15s. 8d. In one instance proceedings were instituted against the occupiers of premises within the area for emitting smoke. The defendants were fined £3 0s. 0d.

No. 2 (Mixenden) Area

The volumetric gauge in this area showed that for the six months in 1962 there was an average daily reduction of 54% in smoke pollution as compared with the same period before smoke control.

A sum of £3,618 3s. 5d. was repaid to applicants in respect of adaptations to fireplaces in the area. The total amount so far repaid is £4,583 18s. 7d.

No. 4 (Savile Park and Skircoat) Area

The Halifax No. 4 (Savile Park/Skircoat) Smoke Control Order, 1961, became operative on the 1st August, 1962.

The volumetric gauge in this area showed that for the months of October, November and December, 1962, there was a reduction of 38% in the amount of smoke pollution as compared with the same period in 1961, prior to smoke control. During the same period there was a 19% reduction in sulphur pollution.

A sum of £14,402 18s. 4d. was repaid to applicants for grant in this area, the total amount so far repaid being £14,464 15s. 9d.

No. 5 (Wheatley Valley) Area

A sum of £774 15s. 10d. was repaid to applicants and up to the year end the total amount repaid in respect of adaptations to fireplaces in this area was £1,418 18d. 8d.

No. 6 (Salterhebble and Scarr Bottom) Area

Consequent upon the receipt of one objection to the confirmation of the Halifax No. 6 (Salterhebble and Scarr Bottom) Smoke Control Order 1962, the Minister of Housing and Local Government caused a Public Local Inquiry to be held by his Inspector, Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., Dip.T.P., on the 19th September, 1962.

After considering the Inspector's report and the evidence submitted by the Council and the one objector, the Minister decided to confirm the Order, subject to a drafting amendment and to the date of operation being changed from the 1st October, 1962, to the 1st July, 1963.

The Solid Smokeless Fuels Federation's mobile exhibition unit visited this area for one week in January, 1962.

No. 7 (Illingworth and Cousin Lane West) Area

This smoke control area comprises an area bounded by Field Head Lane and Pavement Lane on the north, Riley Lane, School Lane, across the northern boundary of the Corporation estate, Moor Bottom Road, Nag Nail Lane, Whitehill Road, the access road to Threap Croft, the south-eastern boundary of fields 4,440 and 4,438; from east to west across fields 3,475, 3,477 and 3,478 to a point in the centre of field 3,479, then south-east through fields 3,479 and 3,450 to a point 50 yards inside field 3,452 then south west through this field to Keighley Road and Cousin Lane, on the east; the southern boundary of the Bank Edge Housing Estate on the south, and the escarpment to the east of Cragg Lane and the footpath from Cragg Lane, to the escarpment, Straight Lane and The Bank, on the west.

In the area are 1,905 premises, including 1,848 dwellings, (1,484 of which are local authority owned), 29 commercial premises, 5 industrial premises, and 23 other buildings.

A detailed survey of the premises in the area was undertaken.

General

Industrial Smoke

The number of smoke observations made during the year was 572. Visits to works—some in connection with smoke emissions—numbered 52, and industrial boiler plants were improved to reduce smoke emissions in 14 cases.

There were five applications to the Council requesting prior approval of new furnaces, and, in each case, approval was granted.

In accordance with Section 10 of the Clean Air Act, 1956, seven plans—showing the proposed construction of new industrial chimneys—were examined. In each case the height of the proposed chimney was considered to be adequate.

Proceedings were instituted against the occupiers of a mill for emitting dark smoke from the boiler chimney contrary to the requirements of Section 1(1) of the Clean Air Act, 1956. The case was found proved and a fine of £10 0s. 0d. was imposed.

The Investigation of Atmospheric Pollution

The six volumetric atmospheric pollution gauges in the Borough have continued to operate satisfactorily and 1,358 visits have been made by members of the staff during the year to record the results.

The masters and pupils of Heath Grammar School, and Mr. Marsh, of Ash Tree School, Mixenden, have again taken daily readings throughout the year on behalf of the Health Department and I take this opportunity of thanking them for their valuable assistance.

TABLE 1

DEPOSITED ATMOSPHERIC POLLUTION, 1962

Month	AKROYD PARK ($\frac{1}{2}$ -mile North)				BELLE VUE PARK ($\frac{1}{2}$ -mile West)				INFIRMARY ($\frac{1}{2}$ -mile South)				WEST VIEW PARK ($1\frac{1}{2}$ -miles West)				WADE STREET (Central)			
	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	3.74	6.63	7.70	14.33	4.22	7.33	8.43	15.76	4.14	5.28	7.94	13.22	3.78	8.05	6.60	14.65	4.45	10.24	9.86	20.10
February	2.33	7.63	6.88	14.51	1.97	9.35	5.48	14.83	1.93	4.25	4.04	8.29	2.68	12.04	6.93	18.97	1.81	5.80	3.84	9.64
March	2.09	16.52	5.44	21.96	1.50	7.88	5.09	12.97	1.18	6.71	4.03	10.74	1.54	6.57	4.47	11.04	1.22	16.24	6.04	22.28
April	*	*	*	*	3.67	8.68	5.78	14.46	3.43	6.38	5.02	11.40	3.47	7.01	5.55	12.56	3.35	11.00	6.25	17.25
May	2.29	6.99	13.52	20.51	*	*	*	*	2.44	5.24	4.62	9.86	*	*	*	*	Gauge discontinued			
June	0.63	10.67	3.51	14.18	0.63	5.69	2.65	8.34	0.67	5.43	2.61	8.04	0.71	6.67	4.67	10.34				
July	2.60	4.77	4.45	9.22	2.99	6.61	5.61	12.22	2.68	4.78	4.43	9.21	3.07	8.99	9.51	18.50				
August	5.09	11.60	7.67	19.27	5.44	4.07	5.92	9.99	5.05	2.99	5.22	8.21	5.13	8.92	21.45	30.37				
September	3.55	4.39	5.51	9.90	*	*	*	*	3.43	3.12	4.41	7.53	3.82	3.27	7.63	10.90				
October	1.34	4.36	4.16	8.52	1.62	4.27	5.86	10.13	1.66	3.21	4.03	7.24	1.66	3.13	5.82	8.95				
November	0.83	4.93	4.56	9.49	0.87	4.88	4.76	9.64	0.63	3.32	3.25	6.57	*	*	*	*				
December	2.40	4.88	10.80	15.68	2.92	6.32	19.78	26.10	1.46*	4.10*	3.58*	7.68*	2.44	2.87	10.18	13.05				
Aggregates	26.89	83.37	74.20	157.57	25.83	65.08	69.36	134.44	28.70	54.81	53.18	107.99	28.30	67.52	81.81	149.33	10.83	43.28	25.99	69.27
Averages	2.44	7.30	6.74	14.32	2.58	6.50	6.93	13.44	2.39	4.56	4.43	8.99	2.83	6.75	8.18	14.93	2.70	10.82	6.49	17.56

* Records spoilt by unlawful interference with gauge.

Monthly average for Borough:—

Rainfall in inches	..	..	2.55
Insoluble Solids ..	..	..	6.43
Soluble Solids ..	..	..	6.57
Total Solids ..	..	..	12.90

tons per square mile

Total Annual Deposit for whole Borough — 154.80 tons per square mile.

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

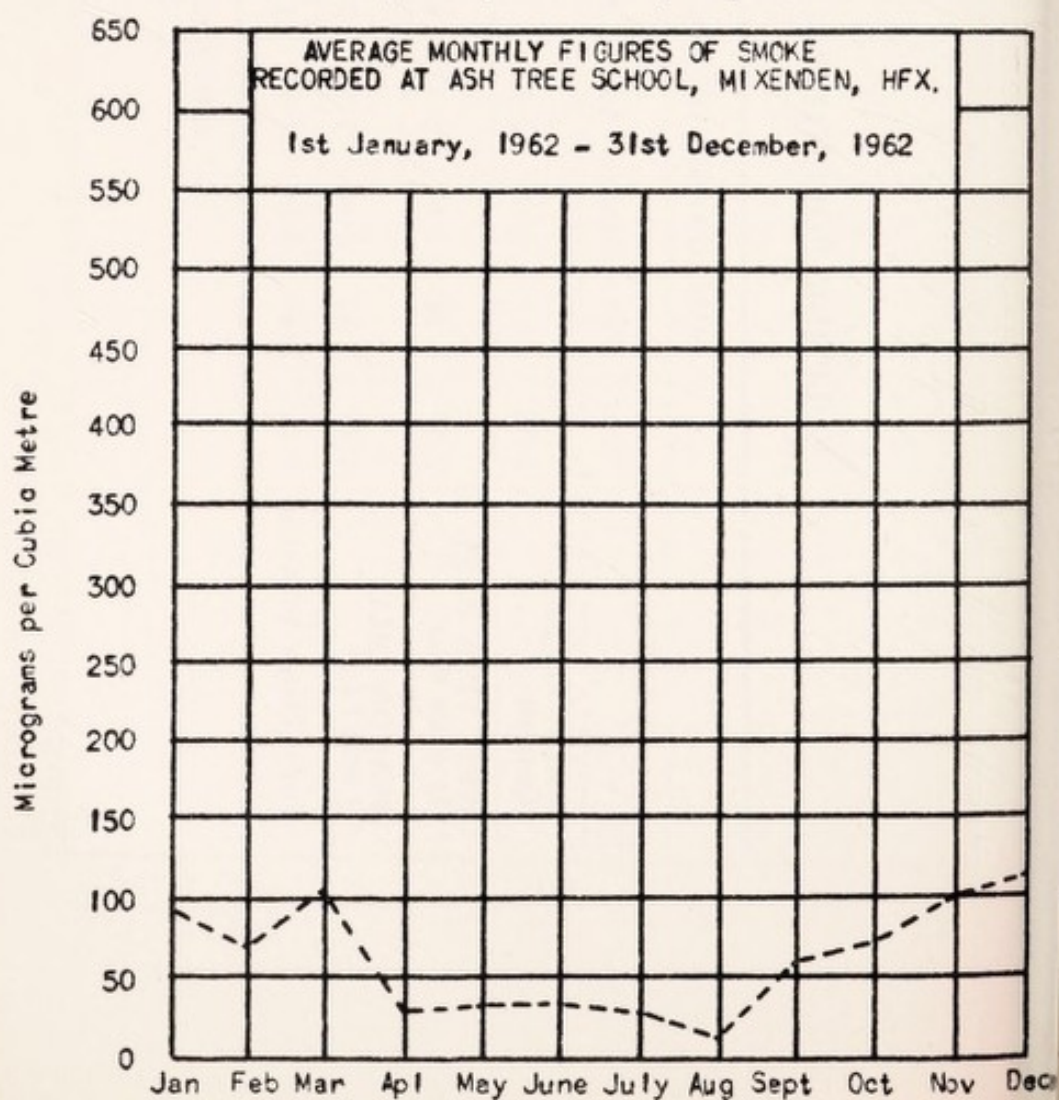
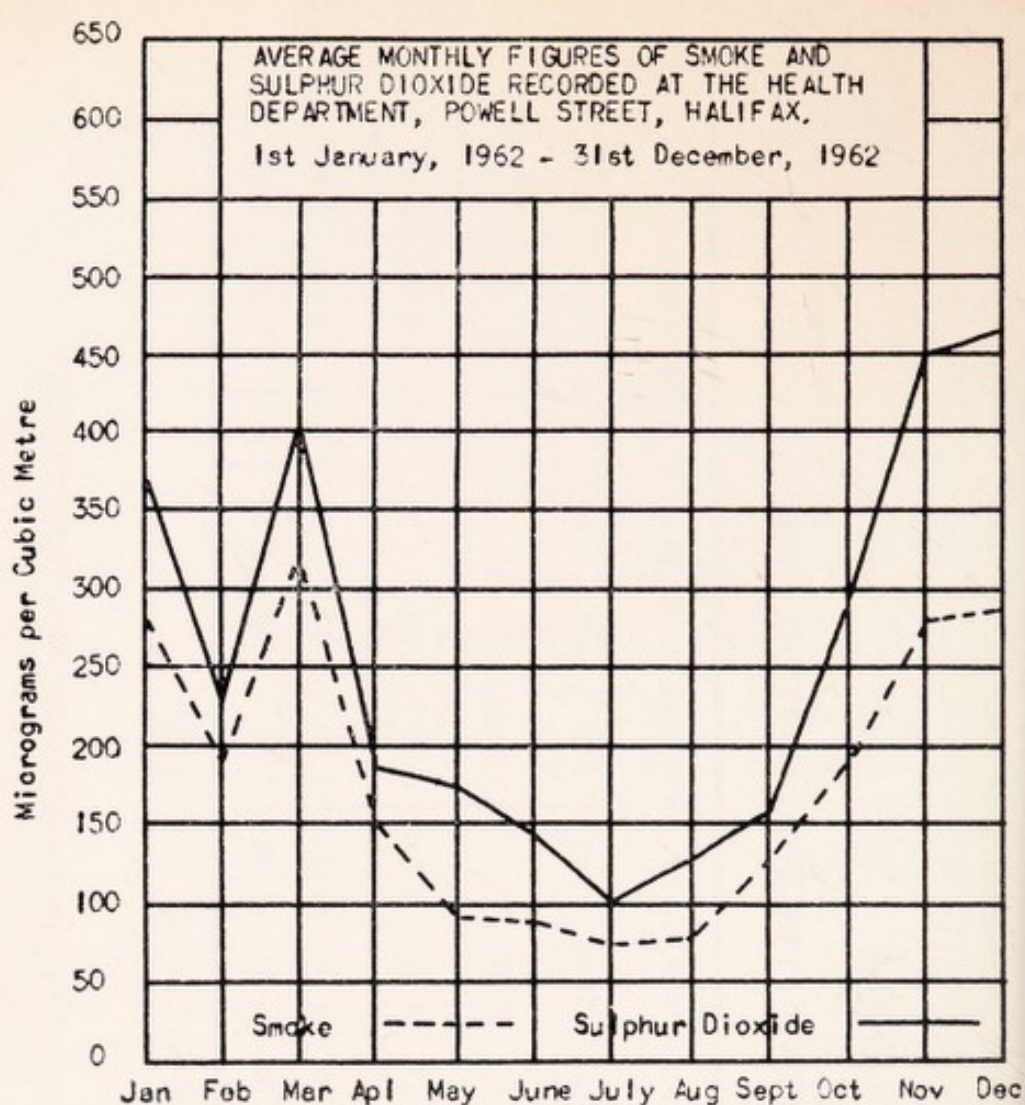
1962	..	..	..	..	..	154·80
1961	..	..	..	..	..	174·00
1960	..	..	..	..	..	172·28
1959	..	..	..	..	..	159·84
1958	..	..	..	..	..	166·16
1957	..	..	..	..	..	150·00
1956	..	..	..	..	..	172·08
1955	..	..	..	..	..	159·36
1954	..	..	..	..	..	186·59
1953	..	..	..	..	..	152·40

TABLE 2

SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1962

MILLIGRAMS OF SO ₃ per 100 SQUARE CENTIMETRES—DAILY AVERAGES													
STATION	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Daily
WADE STREET (Central) ..	3.06	2.75	2.69	2.34	*	1.10		Gauge discontinued					—
WEST VIEW PARK (1½ miles West) ..	1.95	2.28	2.69	1.63	1.17	1.19	0.98	0.77	1.08	1.71	2.53	2.84	1.73
BEACON HILL (¼ mile East) ..	4.44	2.42	3.90	1.85	2.36	1.94	1.23	1.95	2.12	2.99	3.42	4.94	2.88
TOTAL DAILY AVERAGES	3.15	2.48	3.09	1.94	1.76	1.41	1.10	1.36	1.60	2.35	2.97	3.89	2.30

* Interference with gauge.



General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1962

Prepared by Mr. F. C. Pritchard, F.L.A., Chief Librarian.

Latitude of Station: 53° 43' N.

Longitude: 1° 52' W.

Altitude 625 feet (Barometer 632 feet)

1962 MONTH	Barometer		Air Temperatures												Mean Temperature				Relative Humidity %	Vapour Pressure Mb.	Mean reading of Thermometers						Estimated Strength	Wind								Mean Amount of Cloud	No. of rain days	Rainfall Amount collected ins.	
	Mean at 32°F & sea level	Range	Maximum	Minimum	Range			Mean			Air	Dew Point	Maximum in sun's rays	Minimum on grass	Earth 4 feet down	Relative Proportion								Calms															
					Maxima	Minima	Range	Maxima	Minima	Range						N	NE	E			SE	S	SW		W	NW													
January ..	29-776	1-933	51-7	10-9	20-2	-6-6	31-5	17-5	43-8	6-6	34-9	1-6	8-9	5-0	39-4	4-1	34	1-1	84	6-8	57-9	14-4	31-8	-0-1	41	5-0	3	0	1	0	1	1	18	1	18	3	5	23	4-24
February ..	30-206	1-430	50-9	10-5	26-2	-3-2	24-7	13-7	42-9	6-1	34-5	1-4	8-4	4-7	38-7	3-7	34	1-1	83	6-7	67-0	19-4	31-9	-0-1	42	5-6	4	0	4	8	1	0	6	2	23	0	6	18	2-69
March ..	29-877	1-343	51-8	11-0	18-4	-7-6	33-4	18-6	41-0	5-0	29-9	-1-2	11-1	6-2	35-4	1-9	31	-0-6	74	5-7	75-9	24-4	28-7	-1-8	40	4-4	2	2	10	0	8	0	5	1	20	2	5	17	1-60
April ..	29-969	1-412	65-5	18-6	32-3	0-2	33-2	18-4	50-3	10-2	38-6	3-7	11-7	6-5	44-4	6-9	36	2-2	73	7-4	85-8	29-9	35-5	1-9	42	5-6	4	0	13	0	6	0	8	2	15	0	6	18	3-57
May ..	29-935	0-988	62-0	16-7	34-0	1-1	28-0	15-6	55-1	12-8	42-5	5-8	12-6	7-0	48-8	9-3	40	4-4	68	8-3	96-0	35-6	40-0	4-4	47	8-3	3	0	13	1	4	0	10	1	18	2	6	18	2-61
June ..	30-155	1-024	73-2	22-9	34-9	1-6	38-3	21-3	62-7	17-1	47-6	8-7	15-1	8-4	55-2	12-9	45	7-2	60	10-3	105-7	40-9	44-3	6-8	51	10-6	4	1	1	0	6	1	18	2	15	2	5	10	6-5
July ..	29-980	0-794	71-9	22-2	43-9	6-6	28-0	15-6	62-7	17-1	51-0	10-6	11-7	6-5	56-9	13-8	48	8-9	69	11-4	101-1	38-4	47-5	8-6	53	11-7	4	1	3	1	12	0	9	4	13	0	7	12	2-99
August ..	29-887	0-767	68-0	20-0	45-5	7-5	22-5	12-5	61-5	16-4	50-8	10-4	10-7	6-0	56-2	13-4	48	8-9	73	11-6	101-5	38-6	46-4	8-0	54	12-2	4	0	2	2	2	2	12	3	25	1	6	18	5-28
September ..	29-937	1-125	71-3	21-8	41-3	5-2	30-0	16-6	58-7	14-8	48-0	8-9	10-7	5-9	53-4	11-9	46	7-8	75	10-7	91-3	32-9	44-0	6-7	54	12-2	3	0	5	0	5	1	16	2	12	2	6	18	3-69
October ..	30-125	1-027	62-8	17-1	30-3	-0-9	32-5	18-0	54-7	12-6	44-9	7-2	9-8	5-4	49-8	9-9	46	7-8	81	10-4	86-9	30-5	40-5	4-7	52	11-1	3	0	3	1	8	1	20	1	10	5	5	10	1-49
November ..	29-908	1-458	54-9	12-7	26-2	-3-2	28-7	15-9	45-6	7-6	37-1	2-8	8-5	4-8	41-3	5-2	39	3-9	85	8-0	82-2	27-9	32-8	0-4	47	8-3	2	1	1	2	9	2	6	1	8	5	5	17	1-10
December ..	29-973	1-695	52-4	11-3	16-2	-8-8	36-2	20-1	41-1	5-1	30-0	-1-1	11-1	6-2	35-5	1-9	32	0-0	86	6-2	73-3	22-9	26-5	-3-1	43	6-1	3	2	8	3	0	0	12	0	14	7	5	19	2-82
Annual Means	29-977	1-250	61-4	16-3	30-8	-0-7	30-6	17-0	51-7	10-9	40-8	4-9	10-9	6-1	46-3	7-9	40	4-4	76	8-6	85-4	29-7	37-5	3-0	47	8-3	3	1	6	1	5	1	12	2	16	2	6	T1 198	Total 32-73

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