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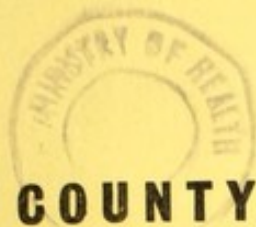
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**COUNTY BOROUGH OF HALIFAX**

**Health Department**

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***ANNUAL REPORT***

***on the Health of the Borough  
for the Year 1965***

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**JOHN G. CAIRNS**

**M.B., Ch.B., D.P.H.**

**Medical Officer of Health**



COUNTY BOROUGH OF HALIFAX

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With the Compliments  
of the  
Medical Officer of Health

HEALTH DEPARTMENT,  
POWELL ST., HALIFAX.

**COUNTY BOROUGH OF HALIFAX**

**Health Department**

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**Medical Officer of Health**



# Health Committee

(as on 31st December, 1965)

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The Worshipful, The Mayor  
Councillor H. LUDLAM, J.P.

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Chairman: Alderman Mrs. L. A. MITCHELL  
Vice-Chairman: Councillor J. BLACKBURN  
Alderman E. O. BOWER  
Alderman D. FAWCETT  
Alderman F. H. SWIRE, P.Ch.  
Alderman W. HIGGINS

## Councillors:

G. E. CHADWICK  
R. DEADMAN, M.P.S.  
J. A. DRAKE, C.B.E., J.P.  
F. HIGGINS  
S. HIRST  
S. HOLLAND  
J. W. KEENAN  
C. G. STREETER  
L. W. WARN

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## Sub-Committees

### Accounts Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Alderman SWIRE, Councillors: DEADMAN, HIGGINS, HOLLAND

### Sanitary Services and Clean Air Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Alderman: BOWER, FAWCETT, HIGGINS and SWIRE  
Councillors: DRAKE, HIRST and HOLLAND

### Maternal and Child Welfare Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Aldermen FAWCETT and SWIRE, Councillors: CHADWICK, HOLLAND, STREETER  
Co-opted Members: Mrs. JOAN GREENWOOD, J.P.  
Mrs. GLADYS PICKLES  
Mrs. K. STREETER

### Mental Health and Care Sub-Committee:

THE CHAIRMAN  
VICE-CHAIRMAN  
Aldermen: HIGGINS, SWIRE, Councillors: HIGGINS, HOLLAND, KEENAN, STREETER, L. W. WARN  
Co-opted Member: Dr. W. H. CRAVEN, B.Sc., M.B., Ch.B., D.T.M.

# Staff of the Health Department

(as on 31st December, 1965)

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## Medical Officer of Health

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

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## Deputy Medical Officer of Health

VACANT

## Assistant Medical Officers

MARGARET E. ANDERSON, M.B., Ch.B.  
JOHN PATON STUART, M.B., Ch.B.

## 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, A.R.S.H.

## Senior Public Health Inspector

J. E. BANKS 1. 2. 3. 4.

## Distrit Public Health Inspectors

F. BURKE 1. 2. C. RHODES 1. 2. D. P. KAYE 1. 2.  
Pupils: J. BARRACLOUGH, D. BROADBENT, B. R. SWAINE

## Smoke Control Inspectors

A. LUM 1. 2. 3.

## Housing Inspectors

D. W. WRIGHT 1. 2. N. HELLIWELL 1. 2. A. BRUCE 1. 2.

## Rodent Control

R. GARFORTH, Senior Operative

## Clerical Staff

J. M. FLETCHER (Asst. L.A.O.), P. R. HAIGH (Senior Clerk, Health Inspector's Section), Mrs. E. A. SUNDERLAND, D. SPEAK, R. GOLD, Mrs. B. L. WATSON (M. & C. W.), J. WILSON, K. HITCHCOCK, P. G. FILBY, M. STOPFORD, Miss P. JOHNSON, Miss U. WILLIAMS (Housing), Mrs. R. McNAMARA, J. CONNOLLY, Mrs. V. HOLDSWORTH, Miss J. PRITCHARD, Miss D. WHITAKER, Miss G. VALENTINE.

## Maternal and Child Welfare

Superintendent Nursing Officer: Miss V. SAVAGE 5. 6. 7. 12.  
Deputy Nursing Officer: Miss S. L. WALKER 5. 6. 7. 11. 12.  
Assistant Nursing Officer: DAVID S. BEER 5. 12.

## Health Visitors

Miss P. VAUGHAN 5. 6. 7. Miss J. HOLDSWORTH 5. 6. 7.  
Mrs. J. C. B. GREENWOOD 5. 6. 7. E. CROSSLEY 5. 6. 7.

Special Duties Nurses: Mrs. R. ATKINSON  
Mrs. J. M. PEEVERS  
Mrs. C. M. TOPHAM  
Mrs. C. HOLDEN

Clinic Nurses: Part-time: Mrs. BRIGGS 10. Mrs. KENNY 10.

#### **Day Nurseries**

Craigie Lea Day Nursery, Ovenden: Matron Miss J. SMITH 13.  
Ling Bob Day Nursery, Pellon: Matron Miss M. GOODWIN 5.

#### **Mental Health Service**

Senior Mental Welfare Officer: L. HOLDSWORTH  
Social Welfare Officer: Mrs. C. BERRY  
Mental Welfare Officers: P. NICKERSON  
Mental Welfare Assistants: Mrs. P. C. TANSLEY, Miss P. HUTCHINSON  
Mental Welfare Officers (auxiliary): H. HUDSON, Miss S. L. WALKER

#### **Training Centre**

Supervisor: Miss L. BALL  
2 Assistant Supervisors  
Male Instructor Mr. C. GREENWOOD  
2 Female Instructors

#### **Ambulance Service**

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

#### **Domestic Help Organiser**

Mrs. A. FRIEND 5, 11.

#### **Part Time**

Mr. J. N. I. EMBLIN, F.R.C.S., 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)  
W. ACKROYD, M.Ch.S. (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
13. Nursery Nurses Diploma



# Annual Report 1965

To the Chairman and Members of the Health Committee.

Madam Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report for 1965. Regarding INFECTION the year was noted for a record low incidence of infection offset partially by an upward temporary trend in notifications and deaths from tuberculosis. The increase in notifications of tubercle is a reflection on the health of immigrants, particularly from Pakistan where, in Halifax, the tuberculosis rate is many times higher than in native Britons. The tubercular deaths are in older persons who had been notified in previous years.

Regarding INFANT MORTALITY seventeen fewer children below the age of one year died in 1965 than in 1964. The reduction occurs in both the early and late neo-natal periods. While some of this relates to a low respiratory death rate it is due mainly to better living conditions, improved maternal physique and satisfactory ante-natal care. The increase of the still-birth rate from 11.2 to 17.1 may be associated with injudicious spacing of pregnancy in some mothers or immaturity in others. The solution lies in the extension of family planning. The Family Planning Association does valuable work which is worthy of community support. The Health Department has a duty to foster the Family Planning Association services which aim at limiting pregnancy to those women who are desirous of having their pregnancy in safety for themselves and their offspring.

Regarding the CRUDE MORTALITY of 14.9, the general mortality rate in Halifax remained high during 1965 and deaths from accidents, cancer and diseases of the cardio-vascular system during the past decade seem to spiral upwards. It is easy to record these facts, difficult to explain them, and impossible to predict their future control. If we accept them as being diseases of higher civilisation, then civilisation to find an answer would require to change, regulate its activities or provide more research into proximate causes. Attention to community failure or social handicap has a favourable effect on the mortality position. In this connection, while there is a gradual but effective build-up in social improvements, including housing, some concentration on the epidemiology of the chronic non-communicable diseases including accidents and their prevention and practical steps to ward off the grimness of social handicap and the influence of heredity may become collectively, as a department, our chief concern. In relation to community measures to reduce the number of deaths in the older age groups which maintain an unsatisfactory expectation of life from the age of 65 onwards, we must take account of many factors including statistical, clinical and social circumstances. It has been suggested that just as laboratories help the epidemiologist in the control of infection, so also there should be introduced into Public Health Laboratories techniques for assess-



ing and counteracting obesity, blood pressure, cancer and physical and mental handicap. Also that if the hospital carries out treatment with the assistance of laboratories in detecting data which will lead to cure so the Health Department and Public Health Laboratory should extend their scope and function away from infection to include those chronic diseases which are increasingly amenable to scientific elucidation and prevention.

The report this year is on the same lines and there has been a big effort to reduce script to a minimum. The sections are arranged as last year with an introductory paragraph.

The work of the PUBLIC HEALTH INSPECTORS has to be commended, not only for attention to an increasing routine, but for dealing with anomalies particularly in relation to slum clearance where housing improvement has fallen short of what would have been desirable if more drastic measures in 1954 could have been foreseen and planned. Housing slum clearance and the creation of smoke control areas continued as the two most important aspects of environmental health carried out during the year. Progress in the demolition of areas replaced rows of back to back properties with open spaces – visible proof that the rate of representation has been increased. Nevertheless, in 1965 some areas are seen to be deteriorating faster than clearance outlining terraces of derelict houses stripped of fixtures and distressing to those who wait for re-housing. One third of all the houses in Halifax are now under operative smoke control orders and the reduction in smoke and sulphur dioxide pollution continues. It is a matter of comment in the streets that the air is cleaner which is a tribute to your policy to push on with smokeless areas. Many complaints during the year were received about unsatisfactory food the majority of which could have been eliminated by more careful preparation and better management control. Much time is taken up by the District Inspectors in investigating these complaints, in taking statement from complainants etc. The low incidence of food poisoning during the year may result from the fulfilment of the public health principle that to lay bare faults and nuisances is to raise the standard of community health. Tinned meat was a topic of interest during the year arising from the publicity which was given to the typhoid outbreak in Aberdeen and consultations during the year have taken place with the Ministry of Agriculture, Fisheries and Food on the storage of tinned meats. Most of the premises, required to be registered under the Offices, Shops and Railway Premises Act 1963, had done so at the end of the year and inspections proceeded smoothly until the Inspector dealing with this work left for a higher post. A special report on lighting standards was prepared to assist the Ministry in formulating a statutory standard. Contraventions of the Act were mainly of a minor character such as lack of thermometers and First Aid kits.

The MENTAL HEALTH Section has worked hard during the year to maintain new measures in the community which aim at keeping a person under treatment in active work or rehabilitation.

In the pre-National Health days there was no community problem as we see it today since the patients were carefully but regretfully institutionalised for lengthy periods. These hospitals have now passed from local to Regional responsibility but they intensify the community problem by frequent discharge of patients at short intervals and complicated treatment. Health authority workers and Mental Welfare Officers are bound up with family doctors and psychiatrists in manifold treatments and the staffs required to supervise the home are finding themselves numerically inadequate for the task. This also applies to Health Visitors and hospital after-care.

I take this opportunity of thanking the staff for their hard work and loyal services, Departmental Chiefs for their co-operation and you Madam Chairman, Ladies and Gentlemen of the Health Committee for your continuing support.

Yours faithfully,

JOHN G. CAIRNS

Medical Officer of Health.



## CONFERENCES ATTENDED 1965

Location	Subject	Dates	Committee	Remarks
R.S.o.H.	Safety of Canned Foods	26/1/65	Health	C.P.H.I.
Society of MOH's, London	Annual Symposium	19/20.2.65	Health 8.2.65	M.O.H.
University, Manchester.	Course for M.O.'s	15/19.2.65	Education Sub.	Dr. Ruane
Nat. Ass. of Mental Health, London	Annual Conference	25/26.2.65	Health 9.11.64	M.O.H. and Chairman
Yorkshire Council for Old People's Welfare, York.	Regional Conference	30.3.65	Health 8.2.65	M.O.H.
Royal College of Nursing, Harrogate	Regional Conference	2.4.65	M.C.W. 2.2.65	D.S.N.O. and A.N.O.
Nat. Con. for Commonwealth Immigrants, London.	One Day Conference	12.3.65	Health 8.2.65	S.N.O.
Ass. of P.H.I.'s Rotherham.	Refresher Course	23/25.4.65	Health 8.2.65	C.P.H.I.
R.S.o.H. Eastbourne	Congress	26/30.4.65	Health 9.11.64	M.O.H. and Chairman
Nat. Ass. for M.C.W. Edinburgh	Annual Conference	16/18.6.65	Health 8.2.65	Mrs. Greenwood and Chairman
Nat. Ass. for Mental Health, Harrogate	Residential Course	8/19.3.65 26/31.7.65	Health 7.12.64 7.12.64	Mr. Greenwood Mrs. Parsons
Fed. of Mental Health Workers, Scarborough	Residential Course	2/5.4.65	Health 7.12.64	Mr. Greenwood Mrs. Parsons
H.V. Ass. Bangor	Autumn School	4/9.9.65	Health 2.10.64	Mrs. Greenwood
Yorkshire Council for Old Peoples Welfare, Halifax	One Day Conference	22.3.65	M.H. and Care Sub 9.3.65	Mrs. Allen
King Edwards Hospital Fund, London	Study Day	4.5.65		S.N.O.
Queens' Institute, Coventry	Conference	6.5.65		S.N.O.
D.N. Admin. Liverpool	12 week Course	16/-9/16-12/65	M & CW Sub 2.3.65	Mr. Beer
Milk Service Lab. Mirfield	Open Days	18.3.65/25.3.65		P.H.I.'s
Leeds Reg. Psych. Assoc. Huddersfield	Meeting	7.5.65		S.M.W.O.



Nat. Nursery Exam Conference Board, Bradford		23/24.4.65	Health 2.4.65	S.N.O.
Nat. Assoc. for Mental Health, Manchester	Annual Conference	8.5.65	Health 12.4.65	S.M.W.O.
Soc. of M.O.H.'s Bristol	Annual Summer School	2/5.7.65	Health 12.4.65	M.O.H.
Assoc. of L.A.O.'s Oxford	Summer School	15/18.9.65	Health 10.5.65	Mr. Hudson
Inst. of H.H.O.'s Nottingham	Weekend School	23/25.9.65		Mrs. Friend
Gen. Coun. for Health Education, Bangor	Summer School	10/20.8.65	Health 15.3.65	Senior H.V.
R.S.o. Health, Bradford	One Day Meeting	18.9.65	MCWSub. 3.6.65	S.N.O. and Snr. H.V.
Assoc. of P.H.I.'s Bradford	Poultry Inspection	19/21.10.65	Health 9.8.65	Mr. Banks and Mr. Woodhead
Queens Inst. of Dist. Nursing	Annual Gen. Meeting	21.10.65	MH and Care Sub.	S.N.O.
Yorkshire Working Group	One Day Study Conf.	6.11.65	MH and Care Sub.	S.N.O.
R.S.o.H. Bolton	Meeting	1.12.65	M.C.W. SubChairman and M.O.H.	
Nat. Coun. of Home Helps	Annual Gen. Meeting	12.11.65	M.H. and Care Sub.	Home Help Organizer

## SECTION I

### STATISTICS AND POPULATION

90 fewer children were born in Halifax during 1965, 1,662 LIVE Births (compared with 1,752 in 1964), equivalent to a crude birth rate of 17.57. The rate for 1964 was 18.35. When multiplied by the Area Comparability Factor, the adjusted rate for 1965 is 18.97 which corresponds with the rate for England and Wales of 18.1. Illegitimate live births numbered 192, as compared with 156 in 1964 and equal to 11.55% of the total live births. Notifications of Premature Births during 1965 showed a decrease of 15 on the previous year. During 1965, there were 15 Premature Infant Deaths. Details of all premature live and still births for two years are shown in Table IIa.

There was an increase in the number of Still Births during the year, the figures being 29 in 1965 and 20 in 1964. The rates for the two years were 17.1 and 11.2 respectively, whilst the rate for England and Wales for 1965 was 15.7. DEATHS of infants under one week (20) were 14 fewer than in the previous year and the total Perinatal deaths numbered 49. The PERINATAL Mortality rate has improved from 29.9 (1964) to 28.9 (1965), but still falls short of the England and Wales figure of 26.9. As can be seen from the Halifax rate the efficiency of ante-natal care has been offset by an increase of Still Births.

The Total Number of children who died under the age of one year was 41 compared with 58 in the previous year and the infant mortality rates for the two years were 24.60 in 1965 and 33.10 in 1964 per 1,000 live births. The figure for England and Wales for 1965 was 19.0. The figures relating to infant mortality for a ten-year period are shown in Table V. Of the total of 41 infant deaths twenty five took place during the first four weeks of life (9 fewer than 1964) giving neo-natal mortality rate of 15.04 per 1,000 live births, and 16 occurred between the age of four weeks and one year (8 fewer than 1964) giving a post neo-natal mortality rate of 9.62.

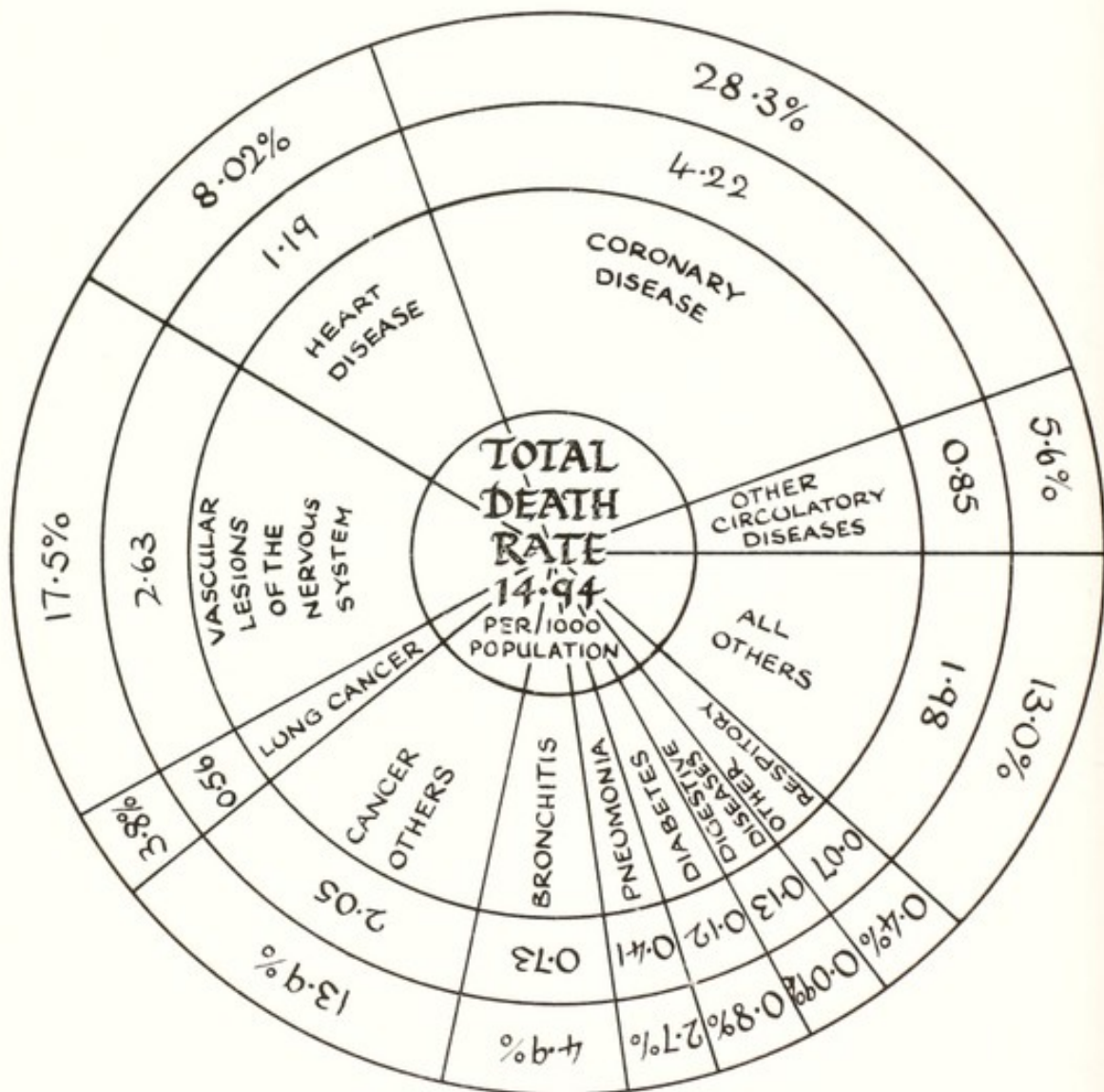
The improvement in survival and maternal care from these figures is adduced from better results in relation to prematurity and pneumonia, but the elimination of accidents would have further reduced the infant mortality. Details concerning infant mortality are given in Tables IV to IX and the principal causes of deaths in children under one year are listed in Tables VIII and IX.

Deaths of Halifax residents totalled 1,421 in 1965, of which 682 were males and 739 were females. The crude death rate was 14.94 per thousand compared with 14.5 for 1964. When the crude death rate is multiplied by the area comparability factor, the adjusted death rate is 13.93 which compares with 13.61 in 1964. The rate for England and Wales for 1965 was 11.5. 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 — an increase, but the total number of deaths from other respiratory disease (excluding respiratory tuberculosis), decreased, 117 being recorded compared with 165 in 1964. The slightly raised incidence and mortality from Respiratory Tuberculosis is explained in the introduction.

The "Short List" of causes of death (Table XI) shows again that Infection and Tubercle are not prominent and that there is apparently no solution to cancer, heart disease and cerebro-vascular conditions, collective deaths from which maintain an unsatisfactory survival rate in the over 65's. There were 247 deaths due to malignant neoplasms in 1965 an increase on the previous year's figure. The rate per thousand estimated population was 2.59 as against the rate of 2.27 in 1964. These deaths from malignancy or cancer accounted for 17.38 per cent. of the total deaths for the year under review compared with 15.73 per cent in 1964 and 16.13 in 1963. Further comparisons on deaths from this disease in recent years are given in Table XII. Fifty-three deaths were attributed to cancer of the lung and bronchus, an increase of 2 on the previous year, the greatest number occurring in males in the age group 45-64 years. Deaths from cancer of the stomach numbered 39 compared with 35 in 1964 and 38 in 1963. 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 and Seizures have increased this year, there being 401 coronary deaths as against 394 and 250 Vascular Lesions of Nervous System against 201. The respective rates per estimated 1,000 population being 4.21 as against 3.73 and 2.62 against 2.15 for 1964 (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)	..	..	..	..	..	98,115
(Males 44,600. Females 53,515)						
Population (Census 1951)	..	..	..	..	..	98,376
(Male 45,487. Females 52,889)						
Population (Registrar General's Estimate 1965)	..	..	..	..	..	95,090
Population (Census 1961)	..	..	..	..	..	96,073
Density of population per acre	..	..	..	..	..	·75
Number of inhabited houses (1931 Census)	..	..	..	..	..	23,488
Number of inhabited houses on 31st December, 1965,	..	..	..	..	..	
according to the Rate Books	..	..	..	..	..	35,046
Average number of persons to each occupied house	..	..	..	..	..	2·72
Rateable Value (31st December, 1965)	..	..	..	..	..	£2,704,702
Sum represented by a Penny Rate (1965-66)	..	..	..	..	..	£10,600

### EXTRACT FROM VITAL STATISTICS FOR THE YEAR

				Male	Female	Total
Live Births—Legitimate	..	..	..	780	690	1,470
Illegitimate	..	..	..	108	84	192
Total	..	..	..	888	774	1,662
Live Birth Rate per 1,000 Estimated Resident Population						
Crude	..	..	..	..	..	17·57
Adjusted	..	..	..	..	..	18·97
Illegitimate Live Births per cent. of total live births	..	..	..	..	..	11·55



EXTRACT FROM VITAL STATISTICS FOR THE YEAR (*Cont.*)

	Male	Female	Total
Stillbirths—Legitimate .. ..	15	11	26
Illegitimate .. ..	2	1	3
	<hr/>	<hr/>	<hr/>
Total .. .. .	17	12	29
Stillbirth Rate per 1,000 Live and Stillbirths .. ..			17.1
Total Live and Stillbirths .. .. .			1,691
Deaths of Infants:	Male	Female	Total
Under 1 year of age—Legitimate	20	12	32
Illegitimate	4	5	9
	<hr/>	<hr/>	<hr/>
Total .. .. .	24	17	41
Infant Mortality Rates:—			
Total Infant Deaths per 1,000 total live births .. ..			24.6
Legitimate Infant Deaths per 1,000 Legitimate Live Births .. .. .			21.7
Illegitimate Infant Deaths per 1,000 Illegitimate Live Births .. .. .			46.87
Deaths of Infants:—	Male	Female	Total
Under 4 weeks of age—Legitimate	12	6	18
Illegitimate	4	3	7
	<hr/>	<hr/>	<hr/>
Total .. .. .	16	9	25
Neo-Natal Mortality Rate per 1,000 total live births ..			15.04
Deaths of Infants:—	Male	Female	Total
Under the age of 1 week—Legitimate	9	5	14
Illegitimate	4	2	6
	<hr/>	<hr/>	<hr/>
Total .. .. .	13	7	20
Early Neo-Natal Mortality Rate per 1,000 total live births .. .. .			12.03
Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. .. .			27.07
Maternal Deaths (including abortion) .. .. .			Nil
Maternal Mortality Rate per 1,000 Live Stillbirths ..			Nil
	Male	Female	Total
TOTAL DEATHS (all ages) .. .. .	682	739	1421
Death rate per 1,000 Estimated Resident Population:			
Crude .. .. .			14.94
Adjusted .. .. .			13.93
Area Comparability Factors—Births .. .. .			1.08
Deaths .. .. .			0.91

TABLE I  
THE POPULATION OF THE BOROUGH OF HALIFAX

Year	Population	Note
1848	40,000	Borough Incorporated
1861	51,937	
1871	65,510	
1881	63,360	
1891	82,864	
1892	83,364	Borough extended by the additions of Ovenden and Illingworth Wards.
1899	90,934	
1900	96,684	Borough extended by the addition of Copley Ward.
1901	104,936	Borough extended by the additions of Warley and Northowarm 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	90,873 (Census 1961).
1962	96,250	
1963	95,850	
1964	95,450	
1965	95,090	



**TABLE II**  
**BIRTH RATES, 1956-65**

Years	HALIFAX		ENGLAND AND WALES BIRTH RATE
	No. of Births	Birth Rate per 1,000 Population	
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
1963	1,678	17.5	18.8
1964	1,752	18.35	18.4
1965	1,662	17.57	18.0

**TABLE II(a)**  
**PREMATURE LIVE BIRTHS, 1964-65**

Premature Live Births Notified	YEARS	
	1964	1965
(a) Born in Hospital .. .. .	132	105
(i) Died within 24 hours of birth .. .. .	13	12
(ii) Survived 28 days .. .. .	111	90
(b) Born at home and nursed entirely at home ..	4	16
(i) Died within 24 hours of birth .. .. .	—	—
(ii) Survived 28 days .. .. .	4	—
(c) Born at home and transferred to hospital before 28th day .. .. .	1	—
(i) Died within 24 hours of birth .. .. .	1	—
(ii) Survived 28 days .. .. .	—	—
(d) Born in Nursing Home and nursed entirely there	—	—
(i) Died within 24 hours .. .. .	—	—
(ii) Survived 28 days .. .. .	—	—

**TABLE II(b)**  
**PREMATURE STILLBIRTHS 1964-65**

Premature Stillbirths Notified	YEARS	
	1964	1965
(a) Born in Hospital .. .. .	12	16
(b) Born at Home .. .. .	—	—

**TABLE III**  
**STILLBIRTHS AND PERINATAL MORTALITY**

Year	Total Number of Stillbirths	Deaths in the First Week	Total Perinatal Deaths
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
1963	31	15	46
1964	20	34	54
1965	29	20	49

**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
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
1963	18.14	17.3	26.92	29.3
1964	11.2	16.3	29.9	28.2
1965	17.1	15.7	28.9	26.9

**TABLE V**  
**INFANT MORTALITY RATES 1956-65**

Year	Births	HALIFAX		ENGLAND AND WALES RATE
		Deaths of Infants under one year	Infant Mortality Rate per 1,000 live births	
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
1963	1,678	49	29.2	20.9
1964	1,752	58	33.1	20.0
1965	1,662	41	24.6	19.0

TABLES VI and VII  
NEO-NATAL AND POST NEO-NATAL MORTALITY  
1956-65

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 1,000 Live Births	Mortality Rate per 1000 Live Births	Number of Deaths	Mortality Rate per 1,000 Live Births	Mortality Rate per 1,000 Live Births
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
1963	49	22	13.11	14.2	27	16.1	6.7
1964	58	34	19.40	13.8	24	13.0	6.2
1965	41	25	15.04	—	16	9.62	—

TABLE VIII  
INFANT MORTALITY

Principal Causes	No.	Percentage of Total Deaths	
		1964	1965
Prematurity .. .. .	15	45.0	27.3
Pneumonia .. .. .	12	34.4	34.1
Congenital Malformations .. .. .	5	10.3	8.20
Other Conditions .. .. .	9	10.3	4.55

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 ..	14	—	1	—	15	—	—	—	—	15
Pneumonia ..	2	—	—	—	2	6	1	2	1	12
Cong. Malformations	2	2	2	—	6	—	—	—	—	6
Cerebral Haem ..	—	—	—	—	1	—	—	—	—	1
Enteritis ..	—	—	—	—	—	1	—	—	—	1
Accident ..	—	—	—	—	—	—	3	1	—	4
Asphyxia ..	1	—	—	—	1	—	—	—	—	1
Hypothermia ..	—	—	—	—	—	1	—	—	—	1
TOTAL ..	20	2	3	—	25	8	4	3	1	41
										31



TABLE X TABLE SHOWING CAUSES OF AND AGES OF DEATH

CAUSE OF DEATH	Total Deaths	AGE GROUPS									
		Under	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75 and over
Tuberculosis, Reepiratory ..	11	—	—	—	—	—	—	—	3	6	1
"  Other ..	—	—	—	—	—	—	—	—	—	—	—
Syphilitic Disease ..	2	—	—	—	—	—	—	—	—	2	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ..	1	—	1	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease ..	2	—	—	—	—	—	1	—	—	—	1
Malignant Neoplasm, Stomach ..	39	—	—	—	—	—	3	2	5	16	13
Lung and Bronchus ..	53	—	—	—	—	—	2	8	14	18	11
Breast ..	19	—	—	—	—	1	1	2	4	5	6
Uterus ..	20	—	—	2	—	1	2	6	6	2	4
Others ..	116	—	1	—	—	—	3	12	29	39	29
Leukaemia and Aleukaemia ..	3	—	1	—	—	—	—	—	1	2	—
Diabetes ..	12	—	—	—	—	—	1	1	1	2	7
Vascular Lesions of Nervous System ..	250	—	—	—	—	—	2	8	19	68	153
Coronary Disease, Angina ..	401	—	—	—	—	—	7	34	74	122	164
Hypertension with Heart Disease ..	10	—	—	—	1	—	—	—	1	5	4
Other Heart Disease ..	114	—	—	—	—	—	1	4	11	29	68
Other Circulatory Disease ..	81	—	—	—	—	—	2	2	3	17	57
Influenza ..	1	—	—	—	—	—	—	—	—	—	1
Pneumonia ..	39	12	—	1	—	—	—	2	4	10	10
Bronchitis ..	70	—	—	—	—	—	—	—	16	23	31
Other Diseases of Respiratory System ..	7	—	—	—	—	—	—	—	4	2	1
Ulcer of the Stomach and Duodenum ..	13	—	—	—	—	—	1	1	1	6	4
Gastritis, Enteritis and Diarrhoea ..	4	—	—	—	—	—	—	—	—	2	2
Nephritis and Nephrosis ..	6	—	—	1	—	—	1	1	1	1	1
Hyperplasia of Prostate ..	1	—	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth and Abortion ..	—	7	—	—	—	—	—	—	—	—	—
Congenital Malformations ..	9	17	1	—	—	—	3	5	7	17	38
Other Defined and Ill-defined Diseases ..	90	17	1	2	5	—	3	4	1	1	1
Motor Vehicle Accidents ..	17	—	1	1	—	—	3	2	1	1	7
All Other Accidents ..	16	5	—	—	1	3	1	2	2	2	1
Suicide ..	12	—	—	—	—	—	—	—	—	—	—
Homicide and Operations of War ..	2	—	—	—	—	—	—	—	—	—	—

TABLE XI  
DEATH RATES, 1956-65

Year	HALIFAX		ENGLAND and WALES
	Number of Deaths	Death Rate per 1,000 Population	
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
1963	1,587	16.6	12.2
1964	1,379	14.4	11.3
1965	1,421	14.9	11.5

TABLE XII  
CANCER DEATHS, 1956-65

Years	Number of Cancer Deaths	Males	Females	Death Rate Per 1,000 Population	Deaths from all Causes	Per- centage If total Deaths
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
1963	256	140	116	2.67	1,587	16.13
1964	217	107	110	2.27	1,379	15.73
1965	247	139	108	2.59	1,421	17.38

TABLE XIII  
CANCER DEATHS—PARTS OF BODY AFFECTED

Parts Affected	Age Sex	Under 25		25-44		45-64		65-74		75 & Over		Totals		Totals	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	1964		1965	
												M.	F.	M.	F.
Stomach ..	—	—	—	2	1	4	3	7	9	6	7	17	18	19	20
Lung and Bronchus ..	—	—	—	2	—	20	2	17	1	9	2	43	8	48	5
Breast .. ..	—	—	—	—	2	—	6	—	5	—	6	1	22	—	19
Uterus .. ..	—	—	—	—	2	—	12	—	2	—	4	—	11	—	20
Other .. ..	—	3	1	2	1	26	15	24	15	17	12	46	51	72	44
TOTALS .. ..	—	3	1	6	6	50	38	48	32	32	31	107	110	139	108



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
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
1963	340	204	186	4.07	1,587	24.57
1964	394	218	176	3.73	1,379	21.32
1965	401	200	201	4.21	1,421	28.22

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
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
1963	136	38	98	1.42	1,587	8.57
1964	128	42	86	1.34	1,379	10.79
1965	114	37	77	1.19	1,421	8.02

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
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
1963	241	80	161	2.51	1,587	15.18
1964	201	67	134	2.15	1,379	14.50
1965	250	97	153	2.62	1,421	17.50

TABLE XVII  
DEATHS FROM PRINCIPAL CAUSES IN AGE GROUPS

CAUSE	Age Sex	Under 25		25-44		45-64		65-74		75 and over		Totals 1964		Totals 1965	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Coronary .. ..	—	—	—	9	—	92	30	58	48	59	98	218	176	200	201
Other Heart Diseases .. ..	—	1	—	1	2	9	11	14	16	17	57	42	86	37	77
Cerebral Haemorrhage ..	—	—	—	1	2	16	22	15	27	35	83	67	134	97	153
Cancer .. ..	—	—	2	3	2	45	31	30	30	29	45	107	110	139	108
TOTALS	—	1	2	14	6	162	94	117	121	140	283	434	506	473	539



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 2 years)	DEATH: Under 1 year
1965	18.0	11.5	*	*	*	*	*	*	19.0
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
1963	17.51	16.55	0.00	0.00	0.00	0.00	0.06	0.6	29.20
1964	18.35	14.40	0.00	0.00	0.00	0.00	0.00	1.1	33.10
1965	17.57	14.94	0.00	0.00	0.00	0.00	0.00	0.0	24.6

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-typhoid		Cerebro Spinal Fever		Poliomyelitis	
				New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths	New Cases	Deaths
1945	16.1	42	2.0	110	53	92	5	173	nil	nil	nil	nil	nil	nil	nil
1946	14.4	31	1.1	69	41	17	nil	74	nil	73	nil	nil	nil	1	nil
1947	14.8	42	0.52	87	44	21	2	84	nil	2	nil	3	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	1
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	nil
1958	14.9	27.56	0.65	56	12	nil	nil	52	nil	nil	nil	nil	nil	33	2
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	nil	nil
1961	16.0	32.50	0.00	48	13	nil	nil	8	nil	1	nil	nil	nil	3	nil
1962	14.8	20.01	0.00	80	8	nil	nil	7	nil	nil	nil	nil	nil	nil	nil
1963	16.6	29.20	0.00	63	6	2	nil	15	nil	nil	nil	nil	nil	nil	nil
1964	14.4	33.10	0.00	59	8	nil	nil	12	nil	nil	nil	nil	nil	nil	nil
1965	14.9	24.60	0.00	68	11	nil	nil	63	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			
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	il	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	217
1961	15	83	30	nil	nil	nil	252	567	231
1962	13	87	6	nil	nil	nil	235	520	211
1963	11	129	8	nil	nil	nil	256	526	241
1964	6	89	1	nil	nil	nil	217	522	201
1965	2	39	6	nil	nil	nil	247	515	250



TABLE XXI TABLE SHOWING COMPARATIVE YEARLY VITAL AND MORTALITY STATISTICS FROM 1955 TO 1965 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
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
1963	17.51	16.6	29.20	0.00	58	.06	2	60	11	129
1964	18.35	14.4	33.10	0.00	59	.06	12	92	6	89
1965	17.57	14.94	24.6	0.00	68	.11	18	104	2	39

Year	Deaths from Heart Disease	Deaths from Cancer	Deaths from Cerebral Haemorrhage	Deaths from Diabetes	Diphtheria		Scarlet Fever	
					New Cases	Deaths	New Cases	Deaths
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	18	12	nil	nil	32	nil
1961	567	252	231	12	nil	nil	8	nil
1962	520	235	211	13	nil	nil	7	nil
1963	526	256	241	7	2	nil	15	nil
1964	522	217	201	13	nil	nil	12	nil
1965	515	247	250	12	nil	nil	63	nil

## SECTION II

### SICKNESS AND DISABILITY

This section of the report has enlarged due to additional notes on certain chronic diseases. At the same time there is no entry in relation to bronchitis – this has to be regretted on account of shortage of staff at a time when clean air may be thought to reduce the incidence of this disease. This thought is clouded by the observation that deaths from bronchitis have increased during the year to 70 (62).

### SPECIAL VISITS TO THE HOME

		Aged Persons	Tuber- culosis	Diabetes	Mental Disorder		
					Mental Illness	Sub- normal	Child Guidance
1st Visit	..	295	83		285	23	98
1964	.. ..	(142)	(61)	(62)	(246)	(12)	(135)
Follow-up Visits		2,088	1,240		2,608	603	732
1964	.. ..	(1,710)	(1,476)	(88)	(3,414)	(780)	(534)

It will be noted that the number of persons referred for special home visits has increased, and, with the exception of those suffering from mental illness and subnormality, the number of follow-up visits has also increased. The reason for the reduction of follow-up visits in these two categories is due to the fact that visits to patients in places other than in their homes, e.g. Casualty Departments of hospitals, police headquarters etc. involve the Social Workers to such an extent that they cannot devote their time to visiting patients' homes where their true function lies.

Diabetic visitation has increased largely on account of the diabetic screening of at risk groups and special mention is given to this aspect of prevention.

The work among handicapped persons particularly multiple sclerosis cases increases and some understanding of the brave fight to sustain this specially afflicted group may be more fully appreciated by the account of visits to homes. The Department works closely with the Multiple Sclerosis Society in relation to such matters as home nursing provision of incontinent pads etc.

On the same lines as last year an attempt to reduce the number of pages has failed.



# INFECTION.

There were no serious outbreaks of infectious disease during the year. The table which follows sets forth the notification position in 1965.

TABLE XXII

Disease	Number	
	Notified	Confirmed
Anthrax .. .. .	—	—
Smallpox .. .. .	—	—
Dysentery .. .. .	32	30
Food Poisoning .. .. .	—	—
Typhoid Fever and Enteric Fever ..	—	—
Para-Typhoid .. .. .	—	—
Scarlet Fever .. .. .	64	63
Malaria .. .. .	—	—
Diphtheria .. .. .	—	—
Puerperal Pyrexia .. .. .	—	—
Erysipelas .. .. .	2	2
Ophthalmia Neonatorum .. .. .	—	—
Acute Encephalitis .. .. .	—	—
Acute Poliomyelitis .. .. .	—	—
Cerebro-spinal Fever .. .. .	—	—
Measles .. .. .	289	289
Whooping Cough .. .. .	6	6
Pneumonia—Primary .. .. .	2	2
Meningococcal Infection .. .. .	—	—
Tuberculosis—		
Respiratory .. .. .	64	63
Other Forms .. .. .	5	5

The measles epidemic which struck Halifax in the last quarter of 1964 was continued into the first quarter of 1965 where there was a steep decline in the outbreak. During 1965 the measles vaccine was put on the market but has not been released for Local Health Authority purposes. The rationale is that the protection afforded by measles vaccination should be induced first by using a killed vaccine followed at a later date by a live variant. There were strikingly few complications of measles in 1964 but it may be that vaccination will become necessary during 1966.

There were three cases of Food Poisoning coming to the notice of the Dept. during the year. The causative agent in two of the cases was *Salmonella Typhi* Murium and this had been contracted before the family came to the town on a holiday. There were eight contacts and 31 specimens were examined. One of these cases was moved to hospital. On investigation the third notified case was found to be not due to food poisoning.

Eight other cases of food poisoning, not notified, were discovered and in these cases *Staphylococcus Aureus* was the causative agent. Six of these 8 cases were canteen workers (in a school).

There were 29 cases of gastro-enteritis with 91 contacts and 133 specimens examined. All 29 cases were treated in hospital.

Dysentery occurred in 34 cases with 68 contacts. Twenty-eight cases were treated in hospital and one person died. 178 specimens were examined.

A case of Infective Hepatitis was treated in hospital.

In October there was an outbreak of illness in schoolgirls at the Crossley & Porter School. About 100 girls were affected, the main symptoms being headache, dizziness and vomiting. An unidentified virus was at first suspected but the results of blood tests and throat swabs were negative. The outbreak, which was possibly psychomatic but nevertheless associated with very real symptoms, came to an abrupt end a few days after the consultant psychiatrist was asked to see some of the girls who had had recurrent symptoms. The staff of the Public Health Department, nurses and inspectors, are to be commended for their hard work in collecting samples and otherwise assisting.

During the year there were several cases of German measles in the homes of expectant mothers who never had the disease. Gamma globulin collected from the Bradford Public Health Laboratory by the Public Health Inspectors was given prophylactically to these women on the basis that this prevented the disease and congenital defects within the first three months in the developing child.

#### VENEREAL DISEASE.

Arrangements in liaison with the Consultant Venereologist were consolidated to meet an increase of venereal disease. These arrangements were followed by conferences with the County Council and County Borough Councils.

The resurgence of V.D. noted in my report of 1964 has continued but the trend of increase has abated. This statement is also qualified by a study of the statistics which shows that syphilis is being restrained particularly in relation to British residents.

The tables which follow show the relative incidence of infection in British residents and immigrants and the increasing number of V.D. cases, 435 (428), visits to homes 353 (264) and clinic 188 (96), total attendances 3,703 (3,683) and finally the number of persons dealt with for the first time 320 (321). From this it is seen that there are six more cases of syphilis and 11 more cases of gonorrhoea.



Total No. of revisits to Defaulters	..	..	..	..	20
.. .. of ineffectual visits	..	..	..	..	54
.. .. who failed to attend	..	..	..	..	4
.. .. of Contacts	..	..	..	..	9
.. .. of visits	..	..	..	..	—
.. .. of ineffectual visits	..	..	..	..	29
Attendances at Clinics	..	..	..	..	9
Miscellaneous visits	..	..	..	..	19
<hr/>					
A.N.C. patients found negative	..	..	..	..	14
<hr/>					
Total No. of Clinic attendances for year 1965	..	..	..	..	188
<hr/>					
Total No. of visits for all purposes for year 1965	..	..	..	..	353

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.

#### V.D. Cases

Year	Male	Female	Total
1956	142	97	239
1957	112	53	165
1958	109	66	175
1959	183	78	561
1960	168	98	266
1961	209	119	328
1962	190	107	297
1963	257	115	327
1964	319	109	428
1965	328	107	435

From this report the venereal disease position, as regards incidence, has scarcely improved and only with a vigorous system of follow-up can the infection be kept in check. The following figures refer to local patients attending other 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	..	..	..	..	18	—
Gonorrhoea	..	..	..	..	100	4
Other Conditions	..	..	..	..	189	9
					307	13

### TOTAL ATTENDANCES OF ALL PATIENTS

	Syphilis		Gonorrhoea		Other Conditions		TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
For individual attention by Medical Officers .. ..	707	630	667	154	1208	341	2582	1125	3707

### TUBERCULOSIS.

Although there is in fact an increase in 1965, it should be noted, that whilst in 1955 there were 105 cases of tuberculosis notified in the Borough of Halifax, and 94 of these cases were respiratory, ten years later there is a big reduction. With the continued introduction of newer and more efficient drugs and treatment, the supervision and control of food supplies, together with the big strides made in rehousing and the overall hygiene of the community, and latterly, during the last five years, the introduction of Heaf Tests and B.C.G. to School children in the thirteen age group, there has been a steady decline in the number of new notifications from this once dreaded disease.

In 1965, reviewing ten years progress, the total number of new notifications was 65, 62 were respiratory, and 3 non-respiratory, a reduction of 38.1 per cent; this reduction would have been greater (57.7 per cent) were it not for the fact that 31.1 per cent of all new cases notified were from immigrants. In 1961 there were 61 Pakistani cases on the books, we now have 74.



Advice Notes – (Notices of arrival of immigrants into the country) totalled 52, 5 of these did not reside in the area, and a further 10 immigrants and eleven children for whom no advice notes were received were discovered and also screened for T.B. The numbers of immigrants and country of origin are as follows:—

India .. ..	7	Pakistan .. ..	26
Africa (Nigeria 2; Ghana 2) ..	4	Hong Kong ..	3
Cyprus .. ..	1	Spain .. ..	2
Italy .. ..	9		

A considerable amount of time and energy is involved in tracing these immigrants, who quite often answer to more than one name, and who frequently change their address. There were no new cases notified as a result of this screening, but the work is very necessary and important due to the general tendency for overcrowding and communal living as practised amongst most immigrants.

The continued co-operation of some firms to have their employees screened has continued, and was directly responsible for two new notifications, one of which resulted in an urgent admission to hospital. In Table III the total number of Heaf Tests done is shown, from this it can be seen that out of a total of 76 Heaf Tested from Meridith and Drew and Dry Spinners, only 10 cases were negative, the remainder were then X-rayed as a condition of their continued employment.

The continued decline of the number of School children accepting Heaf Tests and B.C.G. is a matter of some concern. In 1962 when this service was first introduced, there were 82 per cent acceptances. In 1965 out of a total number of 1,730 in the thirteen year old age group, there were only 978 acceptances – 56.6 per cent. This is just over half the future adult population being protected against a disease which still can disrupt normal family life and work. And this at a time of life when the adolescent is most vulnerable, for it is at this age when they leave the sheltered and well regulated routine of school and home, that the young adult begins to assert himself, and with increased spending money, is thrown into extra nightly activities and amusements, and very often Night School as well. This for him can be a dangerous age with regard to T.B., as now, in the adult world he possibly comes into contact with unknown cases at work and play, and with a lowered resistance and no natural immunity succumbs to the disease.

In this age group during 1965 there were four new cases, three girls and one boy, all of whom had refused Heaf Tests and B.C.G.



Out of 62 cases of respiratory disease, 11 had positive sputums, the average length of stay in Sanatorium was ten weeks and two days. Fourteen patients were supplied with free milk from the Health Department, and came to a total of 588 gallons.

The Housing Department co-operates well with regard to patients in unsatisfactory dwellings, and three patients were satisfactorily re-housed. There are a few cases who would benefit from re-housing, but because of the increased rent they would have to pay, prefer to live in unsuitable accommodation, but, as the re-housing programme progresses these also will be re-housed.

Chest Clinics are held at the Royal Halifax Infirmary:

Monday	9.30 a.m. – 11.40 a.m.
Tuesday	9.00 a.m. – 11.40 a.m.
Wednesday	9.00 a.m. – 11.40 a.m. 1.30 p.m. – 3.00 p.m.
Thursday	9.00 a.m. – 11.40 a.m.

Approximate number of attendances made by County Borough patients at the local Chest Clinic during the year: 875.

TABLE I  
INCIDENCE

R: Respiratory. NR: Non-Respiratory

Age Group	R		N		PAKISTAN				ALL CASES				1965 PERSONS			1964 PERSONS		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	R	NR	Total	R	NR	Total
0-4	—	—	—	—	—	1	—	—	—	1	—	—	1	—	1	1	—	1
5-9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
10-14	1	—	—	—	—	—	1	—	1	—	1	—	1	1	2	—	—	—
15-19	2	3	—	—	—	—	—	—	2	3	—	—	5	—	5	3	1	4
20-24	1	3	—	—	2	1	—	—	3	4	—	—	7	—	7	4	2	6
25-29	1	1	—	—	7	1	—	—	8	2	1	—	10	—	10	6	—	6
30-34	2	1	—	—	4	—	1	—	6	1	—	—	7	1	8	8	1	9
35-39	1	3	—	—	1	—	—	—	2	3	—	—	5	—	5	4	—	4
40-44	2	1	—	—	1	—	—	—	3	1	—	—	4	—	4	2	1	3
45-49	3	1	—	—	—	—	—	—	3	1	—	—	4	—	4	5	2	7
50-54	3	—	—	1	—	—	—	—	3	—	—	1	3	1	4	6	—	6
55-59	6	—	—	—	—	—	—	—	6	—	—	—	6	—	6	5	1	6
60-64	2	—	—	—	—	—	—	—	2	—	—	—	2	—	2	3	—	3
65 &	5	2	—	—	—	—	—	—	5	2	—	—	7	—	7	4	1	5
Totals	29	15	—	1	15	3	2	—	44	18	2	1	62	3	65	52	9	61

### Summary 1965

New Cases resp.:	excluding	Pakistanis	Male	29
			Female	15
		Pakistanis	Male	15
			Female	3
Total Respiratory				62
Non-Respiratory				
	Cervical Adenitis (Pakistani Male)	..	..	2
	Abdomen	Non-Pakistani Female	..	1
				3
Total New Cases 65				
Transfers in 1965				
			Non-Pakistani Respiratory	2
			Pakistani Respiratory	2

TABLE II

#### PAKISTANI NEW CASES

Year	Resp.	Non Resp.	Total	TOTAL PAKISTANI CASES on books
1961	5	—	5	6
1962	16	3	19	23
1963	17	1	18	53
1964	17	4	21	60
1965	18	2	20	74

TABLE III

#### HEAF TESTS 1965

Domiciliary	Negative	..	..	174
	Positive	..	..	42
	Total	..	..	216
Meredith and Drew	Negative	..	..	5
	Positive	..	..	42
	Total	..	..	47
Dry Spinners	Negative	..	..	5
	Positive	..	..	24
	Total	..	..	29
Totals	Negative	..	..	184
	Positive	..	..	108
				292

# POSITIVE CASES MEREDITH AND DREW AND DRY SPINNERS

1st and 2nd° Positive .. .. .	22
3rd° Positive .. .. .	14
4th° Positive .. .. .	13
4th° Positive with Flare .. .. .	17=23·4%

## CHEST CLINIC.

B.C.G. 153 (including new born infants)  
Heaf Tests 48.

### TABLE IV

#### POSITIVE SPUTUM

New cases .. .. .	11=25·5%
Old Cases .. .. .	7
	—
	18
	—

#### X-RAYS

X-Ray appointments, Contacts attended ..	258
Failed to attend .. .. .	75=22·2%
	—
Total Number of Contacts .. .. .	333
	—

### TABLE V

#### ADMITTED TO SANATORIUM

Northowram .. .. .	78
Grassington .. .. .	2
	—
Total Admitted .. .. .	80
	—

#### DISCHARGES

Took own discharge against medical advice	8
Normal discharge .. .. .	62
Died .. .. .	9
	—
Total .. .. .	79
	—

Average length of stay in Sanatorium 10 weeks 2 days.

#### MASS RADIOGRAPHY

Report on Mass Radiography Survey held in Halifax  
October-November, 1965

#### EXAMINATIONS CARRIED OUT

	Males	Females	Total
Number of Miniature X-rays taken	3,178	1,635	4,813
Number of large films taken ..	37	14	51

#### ANALYSIS OF PROVISIONAL FINDINGS

	Males	Females	Total
Cases of Active Tuberculosis ..	3	2	5
Cases of Inactive Tuberculosis	5	3	8
Other Abnormalities .. .. .	23	6	29



## AGED PERSONS

The Visitation of the elderly service is expanding rapidly, but is in great danger of being bogged down due to staff shortages. It will be seen from Table I that there are now 609 patients on the register, an increase of nearly twice as many as there were in 1964. If this rate of increase continues, the time interval between routine visits will become longer.

The friendly advice and real help afforded by the Special Nurses is very much appreciated acting as friends, and welcome visitors to the lonely, and liaison worked between the various outside and Social agencies. The nurse by her training in dealing with sickness is able to anticipate future developments and is able to contact the various agencies before home conditions become too desperate or urgent, she is able to offer friendly advice on correct food budgeting and various other aspects of Health Education appertaining to her patients' needs. The close and friendly co-operation between G.P.s, District Nursing and Home Help services besides the Hospital and Welfare Services is most essential.

Table IV shows how the cases are referred to the Special Nurses, from this we see that there have been fifty five cases that have approached us directly themselves or through friends and neighbours, and reflects to some extent the value and trust that is placed in the Specials.

The hospital services between them accounted for 71 cases. Prior notice of elderly discharges if possible would be much appreciated, so that the home could be visited and a proper assessment made as to the coverage that may be required. This, it is felt would speed up the various services that may be required. It has been found that, on occasions, considerable hardship is experienced by the other elderly partner in trying to obtain the various services, and although the Hospital Medical Social Services make thorough investigations, there are occasions, when the patient will pre-fabricate stories in an effort to paint a rosy picture of home conditions and the help available, in an endeavour to have an early discharge, when in fact home conditions and circumstances are far from the minimal requirements that are needed for their discharge. In such cases a home assessment and contact with his relatives would be of great value, and the knowledge that continuity of the patient's health and well being will be continued on his return home, is a relief to both patient and relative alike.

The distribution of cases is shown in Table II. 137 patients in constant supervision in either hospitals or Welfare Homes. 572 Home cases with 275 living entirely alone, an increase of 60 on last year.

Adequate coverage of the housebound is still an acute problem over the holiday periods, and whilst every effort and endeavour is made to see that no lonely and housebound person is without the essentials, some emergency service to cover holiday periods is required, especially during the winter months.

TABLE I

Total on Register 1964	..	..	..	..	394
New Cases 1965	..	..	..	..	313
					<hr/> 707
Died or left area	..	..	..	..	98
					<hr/> 609
Total on Books 1965	..	..	..	..	

## COMPARISON TABLE 1963-1965.

1963 - 342 Cases

1964 - 394 Cases

1965 - 609 Cases

TABLE II

## DISTRIBUTION OF CASES

Geriatric Beds	..	..	..	..	..	31
Acute Hospitals	..	..	..	..	..	18
Storthes Hall	..	..	..	..	..	2
Private Nursing Homes	..	..	..	..	..	3
Welfare Homes	..	..	..	..	..	64
Warden Type Flats	..	..	..	..	..	19
						<hr/> 137
Constant Supervision	..	..	..	..	..	275
Home Cases Live alone	..	..	..	..	..	197
Others	..	..	..	..	..	
						<hr/> 709
Total	..	..	..	..	..	
District Nurse Visits	..	..	..	..	..	60
Home Helps	..	..	..	..	..	154
Meals on Wheels	..	..	..	..	..	19
Chiropody	..	..	..	..	..	182
Blind Visitor Visits	..	..	..	..	..	28

TABLE III

Could Benefit Part III	..	..	..	..	20
Refused Part III	..	..	..	..	8
Require re-housing due to age and disability	..	..	..	..	21
Applied re-housing	..	..	..	..	27

TABLE IV

Cases referred by:—

Health Department	..	..	..	..	10	
Home Helps	..	..	..	..	21	
Almoner H.G.H.	..	..	..	..	25	} 71
R.H.I.	..	..	..	..	24	
St. Johns	..	..	..	..	22	
Chiropody	..	..	..	..	94	
Welfare Services	..	..	..	..	18	
Council of Social Service		..	..	..	9	
District Nurse	..	..	..	..	21	
Mental Health	..	..	..	..	5	
W.V.S.	..	..	..	..	1	
Others	..	..	..	..	55	
G.P.s	..	..	..	..	8	
Total New Cases	..	..	..	..	313	

TABLE V

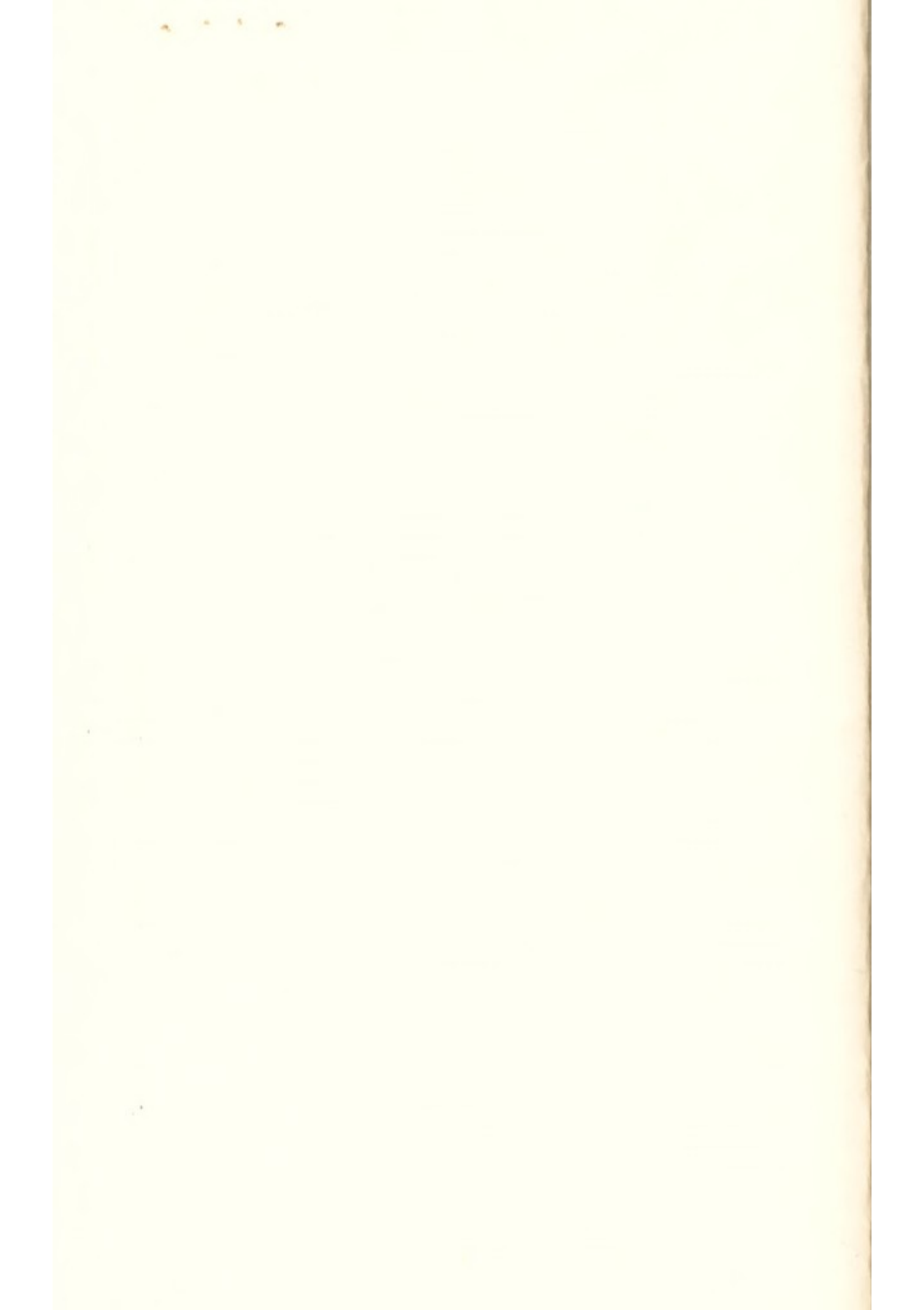
RATIO OF MALES AND FEMALES ON RECORDS

Age Group	Male	Female	Ratio Male to Female
60 - 64	6	25	1 - 4
65 - 69	12	50	1 - 4.1
70 - 74	33	97	1 - 2.9
75 - 79	35	123	1 - 3.5
80 - 84	31	123	1 - 3.5
85 - 89	7	54	1 - 7.7
90 - 94	5	8	1 - 1.6
95+	—	—	—
TOTAL	129	480	1 - 3.7



ANNUAL REPORT 1965  
AMENDED TABLE - PAGE 68

Prema- ture still births in hospital	PREMATURE LIVE BIRTHS						
	Nursed entirely at home					Trans- ferred to hospital	Birth Weight
	Died in first 24 hrs.	Died in 1 and under 7 days	Died in 7 and under 28 days	Survived 28 days	Total		
3	-	-	-	-	-	-	2lb 3oz or less
2	-	-	-	-	-	-	Over 2lb 3oz Up to 3lb 4oz
9	-	-	-	2	2	-	Over 3lb 4oz Up to 4lb 6oz
2	-	-	-	1	1	-	Over 4lb 6oz Up to 4lb 15oz
-	-	-	-	13	13	-	Over 4lb 15oz Up to 5lb 8oz
16	-	-	-	16	16	-	





#### NO. OF CASES

Graph shewing numbers of elderly men and women on books end of 1965

Men BLACK

Women RED

Ratio men to women all age groups 1 - 3.7.



During 1965, the Chiropodists completed 579 sessions, as compared with 477 in 1964. This was made possible by a further increase in the number of sessions permitted which was necessary in order to deal with new cases and at the same time to maintain a satisfactory frequency of treatment. The number of new cases referred during the year, 217, was comparable with the previous year, 226. The number of treatments given, however, substantially increased from 2,946 in 1964 to 3,750 in 1965. In order to supplement treatments given in the patients' homes, Mr. Luxton held two sessions per week at the North Parade Clinic at which 1,085 treatments were given. In total 2,726 visits were made by the Chiropodists to patients' homes.

The following table, showing comparative figures for 1964 in parentheses, indicates the amount of work done:

Total Number of sessions	..	..	579	(477)
New cases referred:—				
Aged	..	..	191	(171)
Handicapped	..	..	26	(37)
Ante-Natal	..	..	—	(18)
Total	..	..	217	(226)
Total Number of treatments	..	..	3,750	(2,946)
Total Number of visits	..	..	2,726	(2,454)
Total Number of treatments given at Clinics			1,085	(492)

#### FIREGUARDS

The number of fireguards issued in 1965 was six, with 27 constantly in use, old people are very reluctant to take advantage of this very necessary precaution and with the continued introduction of smokeless zones the necessity of these will gradually diminish.

#### INCONTINENT PADS

Apart from the issue of incontinent bed pads which are in the main under the control of the District Nursing staff, there were cases who have been supplied with pilch pads and garments for personal wear. This is a very useful service as in one case of a young woman who has some spasticity of the legs, but with the protection of the pads she is able to follow her work satisfactorily without fear of embarrassment.

#### LOAN EQUIPMENT

During 1965, 263 patients were issued with various items of equipment as compared with 236 in 1964. The types of equipment in demand are such things as rubber sheets, bed pans, bed rest and bed cradles. Also in stock are commodes, wheelchairs, urinals, air rings, etc.

Special equipment is available for paraplegics for use in their own homes.

## HOME ACCIDENTS

1965 Month	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
January	14	1	3	4	4	8	34
February	16	4	1	4	4	3	32
March	19	1	—	2	—	3	25
April	15	8	1	3	2	5	34
May	21	9	1	3	—	7	41
June	15	3	—	3	1	1	23
July	15	9	3	2	—	2	31
August	21	10	1	—	1	2	35
September	17	2	5	5	2	1	32
October	22	9	3	13	6	5	58
November	14	1	2	10	2	5	34
December	6	4	3	10	1	7	31
Totals	195	61	23	59	23	49	410

Injuries	Age Group—Years						Total
	0-5	6-15	16-25	26-50	51-60	61 & Over	
Head	18	—	—	1	—	13	32
Upper Limb	13	7	8	4	3	12	47
Lower Limb	5	4	2	13	4	10	38
Cuts	18	12	4	20	8	5	67
Swallowed	79	15	—	—	1	1	96
Chest	—	1	—	2	1	—	4
Back	—	—	—	2	—	1	3
Burns	25	8	4	6	—	4	47
Scalds	31	13	4	10	4	2	64
Miscellan.	7	—	1	2	1	1	12



## HOME ACCIDENTS—List of things swallowed, 1965

Firelighters	Petrol	Hair Lacquer	Paraffin
Aspirins	Dentures	Buttons	Coins
Laburnum Pods	Pen Top	Turpentine	Magnet
Acid	Ring	Glass	Marbles
Diesel Oil	Camphorated oil		Contraceptive
Pheno-Barb.	Fersolate Tablets		Tablets

There is some difficulty in securing information about home accidents from the Royal Halifax Infirmary, whose co-operation is much appreciated. Mr. Fitton collects the data and by this means a Health Visitor visits the home. A number of accidents occurring in the home are admitted directly by 999 or emergency call. It is only by housing improvement and better home management that the total number of accidents which as already indicated remains stationary can be reduced. The work of Health Visitors is reflected in a diminution of head injuries, burns and scalds.

## ROAD ACCIDENTS

The number of road accidents reported to the police was 1739, and 11 deaths were attributed to such accidents.

The following table portrays a comparative setting of the number of fatal accidents over the past ten years:—

Police Report	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
	12	12	6	9	10	14	12	22	18	11
R.G.'s Report (after transfer adjustments)	11	13	10	9	15	21	11	15	23	17

It is interesting to note from a report issued by the Chief Constable that only 18 of the 526 accidents causing injuries were owing to weather conditions, whilst 162 were the result of the heedlessness of pedestrians on the road.

Road Safety activities are keen, and Child Welfare Centres have had visits by police officers during the year for this purpose.

## SICKNESS CERTIFICATES

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



TABLE XXVI, 1965

Jan.	5th	..	498	July	6th	..	316
	12th	..	583		13th	..	287
	19th	..	543		20th	..	202
	26th	..	459		27th	..	278
Feb.	2nd	..	467	Aug.	3rd	..	374
	9th	..	476		10th	..	362
	16th	..	577		17th	..	315
	23rd	..	486		24th	..	369
Mar.	2nd	..	525		31st	..	295
	9th	..	632	Sept.	7th	..	383
	16th	..	607		14th	..	323
	23rd	..	596		21st	..	370
	30th	..	540		28th	..	437
Apr.	6th	..	482	Oct.	5th	..	450
	13th	..	415		12th	..	331
	20th	..	252		19th	..	446
	27th	..	413		26th	..	437
May	4th	..	437	Nov.	2nd	..	414
	11th	..	384		9th	..	432
	18th	..	377		16th	..	402
	25th	..	367		23rd	..	490
June	1st	..	378		30th	..	442
	8th	..	262	Dec.	7th	..	522
	15th	..	369		14th	..	430
	22nd	..	352		21st	..	372
	29th	..	339		28th	..	423

21,778

Average Weekly 418

## MENTAL HEALTH

Although numbers do not give a complete picture of amount of work undertaken they give some indication of increase in community care. During 1965, 1,045 persons were referred from various sources, as against 717 in 1964. Of the 1,045, only 297 were referred for the first time which represents 28% of the total. The comparative figure for the previous year was 45%. This alone is a pointer to the need for concentrated community effort. Repeat referrals during 1965 (72%) require appraisal. Referral by family doctors accounts for some of the increase, (228), which is double those referred the previous year. It may be that doctors are being overloaded, in many instances by the same patients, and turn to the Health Department for assistance. This re-emphasises the need for more staff. Relatives too have an increased responsibility in after-care. Short stay in hospital and discharge on maintenance drugs can be an important task for those who assume responsibility for after-care. It is not surprising that when a patient decides that drugs may be no longer



necessary at the first sign of relapse an appeal by relatives may be made to the Mental Welfare Officer. The major sources of referral to the Department are hospitals and clinics which make up more than half of the total. Many of these are already known and in many instances after-care has been given. New patient referrals may require priority attention from the Staff of the Mental Health Section and insufficient visiting time demands a great deal of resourcefulness as to the supervision of patients on the register.

The number of admissions with which Mental Welfare Officers have been concerned has changed very little from the previous year. The figure of 215 Informal patients is not a true number of this type of admission as many are admitted solely by General Practitioner or Clinic. The number of Compulsory admissions (88 during 1965), is 28 less than the previous year. A rise is shown in the number of patients referred to General Practitioners, which in most cases are subsequently referred to the clinics; 228 in 1965 as against 99 in 1964. This is due to the Consultant Psychiatrists wishing to vet patients, either at the clinics or in the patients' own homes, before deciding if admission to hospital is necessary. This results in a build-up in the clinics, creating a longer appointments waiting period, and in the case of patients requiring urgent investigation, an increase in domiciliary visiting by the Psychiatrists. Pressure is thereby placed on the Health Department which has to give support until a medical decision is reached on the best way of helping the waiting patient.

During 1965, 5,418 visits were made as against 4,558 the previous year. Many of these visits entailed a considerable amount of time being spent with patients and other people on their behalf, and it is in this sphere that mere numbers alone are not sufficiently explicit of the true nature of the work or the time involved.

At the end of 1961 there were 202 patients under the care of the Mental Health Section, as compared with 730 at the end of 1965. This clearly indicates the tremendous accumulation which has taken place over the past few years. In the pre-1948 era hospital care in asylum from the community replaced by the open door principle of the pre-Mental Health Act, 1960 is now being stepped up as community care.

The staffing position was consistent almost throughout the year. It was not until December that the establishment was weakened by the resignation of one of the Mental Welfare Officers. The Mental Welfare Officers and Assistants have made every effort to fulfil their true function as Social Workers and in spite of overwhelming case loads much valuable work has been achieved. Support has been given by Special Nurses particularly in the field of subnormality. Visiting of the homes has been maintained and Mr. Holdsworth has kept the Medical Officer of Health well-informed of problems which arise with mental handicap. The greater mobility of staff is made possible by the continued use of personal cars under the Corporation scheme. It would be otherwise impossible to accomplish the work being done, and an extension of the scheme is badly required. It is obvious that



there must be additions to the staff in the future and steps are being taken to achieve this. The Social Work staff in the Child Guidance Clinic is related to that in the Mental Health Section through joint appointments by Education and Health Committees. There are operational advantages in this as it is becoming more and more evident that many problems arising in the Child Guidance Clinics are associated with a disturbed home environment and in which "Family Psychiatry" should be employed. Experience indicates that it is often the parents and sometimes the whole family who are as much in need as the child referred to the Clinic, owing to failing social stability. It is in such situations that Social Workers in both fields need to combine to re-stabilise the family. In a general way all members of the Corporation's Health and Education Departments have a duty to unite together to promote mental welfare. Many of the family problems have a psychologically disturbed root and no Section or Department should attempt to work independently of those who possess special knowledge and experience. This is true in relation to the co-operation desirable with all Social Workers. Fortunately, there is reason to be thankful that good relationships have been established in Halifax amongst those of us who are concerned with the welfare of the community.

The work at Furness Park Training Centre, incorporating both a Junior and Senior Centre, has progressed steadily throughout the year. With few exceptions the attendance has been very good. It is to be expected that particularly amongst the younger children their susceptibility to minor ailments such as colds, coughs and infections is apt to prolong absence in some cases. Every opportunity has been taken to admit a child to the Centre as soon as it is practical in order to begin training at the earliest age. Experience has shown that early admission to the Centre is a decided advantage to the child and better progress is certain. The training in good habits gets off to a better start and there is less likelihood of the child developing too much parental dependency and a feeling of social isolation. The supervisor has written an account of the work during the year (see page 53).

The Senior Centre has become a hive of industry in every sense of the word and in this respect we are indebted to firms who have provided work for the trainees to do. There is a feeling of satisfaction and fulfilment in doing work comparable with that done in normal industry. The response by the trainees is proof of its usefulness and it is remarkable the amount of work they achieve. The work offered by the various firms is investigated by the Senior Instructor beforehand and, when accepted, jigs, apparatus, etc. are constructed where necessary in order to bring it within the scope of the trainees. The representatives of the firms have been helpful, and have expressed satisfaction in the standard achieved. The foundations have been well laid in industrial activity and when the new Senior Centre is available there should be no difficulty in expanding the work as the premises will be designed on fixed industrial lines. The enthusiasm of the trainees is shown by the good attendances. There is excellent



staff/trainee relationship and the satisfaction and contentment expressed by parents is encouraging. The Senior Instructor has written a report on the Training Activities of Adults (see page 54).

An effort has been made to admit a number of Special Care cases during the year, but because of their special needs, it has been possible only to cope in a limited way. The present staff are to be commended for what they have done and parents who have benefited from temporary relief have expressed their appreciation. There is need for "Special Care" and a programme extending over the next two years is being worked out.

*Theophilus Cottage Hostel.* This Hostel is fairly well established and completed a year's activity during 1965. There were 26 admissions varying in lengths of stay from two or three weeks to six months in exceptional cases, and the majority have benefited. The experience of 1964 when a number of persons with psychopathic personalities did not stabilise has this year been avoided. This type is not always suitable and may be a disturbing influence on other residents. The Hostel has been a means of averting a major breakdown in some patients by admitting them for a short period during which, with the help of therapy at the out-patient clinic, they have been stabilised, thus avoiding re-admission to hospital. A number of former residents have maintained contact with the Hostel after leaving. This is beneficial to those who have gone to live in lodgings or on their own elsewhere. During the year it was decided to admit women patients when accommodation permitted. No problems arise, but minor disagreements between any persons irrespective of sex have been dealt with by the Matron.

The Hostel is also open one afternoon each week when a number of elderly ladies who have suffered at some time from mental disorder and who are living alone are free to visit. This has been appreciated, and has helped to break the monotony of living alone.

*Furness Gardens Hostel* In November, a second Hostel was opened for subnormal men. Negotiations with the Housing Department enabled us to rent two semi-detached houses which abutted onto the Training Centre grounds. Through access was made between the two houses. The supervisory staff occupy one of the houses and the other is devoted to the five residents. As this type of person is more likely to need longer term care the function of this Hostel differs from that of the other one. The residents require care and supervision in such things as personal cleanliness, a proper code of conduct, an appreciation of money values in relation to pocket money etc. of a nature peculiar to subnormality. Their range of interests is relatively narrow and their lack of initiative makes them more dependent upon those who have charge of them. This Hostel provides a home for those who either have been living alone or patients in subnormality hospitals who have no relative able to care for them or in cases where they present problems within their homes. It has also been possible to accept residents for temporary periods in order to give relief to parents rather than admit them into hospital which



has been the practice in the past. Most of the residents attend the Training Centre but one of them is following normal employment. They are all encouraged to assist in the Hostel by doing simple domestic tasks thus creating a happy family atmosphere within the homely environment.

Two Social Clubs functioned during 1965. One catering for former mentally ill patients met weekly. Although the attendance fluctuated it is obvious that such activities as the Club provides are beneficial to those who attend. Discussions, film shows, recreational and social activities, etc. have all played their part. An Art Group was developed under the direction of Dr. Goddard who is adept at this and culminated in a most interesting exhibition of paintings being held in September. Many of the paintings were extremely good and a substantial number were sold. The event was given good coverage by the Press and the official opening of the exhibition was performed by the Chairman of the Health Committee and supported by the Art Critic of one of the national newspapers, who applauded the efforts of the exhibitors and the benefits to be derived from such a project.

The Club is attended by the Mental Health staff which provides a good opportunity for former patients to be met collectively, and is also complementary to domiciliary visiting.

The other Social Club which provides for mentally handicapped persons is organised by the local Society for Mentally Handicapped Children. This Club is well supported and without it members would be denied many social activities essential to life. The parents are to be congratulated on the success of their efforts in this field of service.

As in previous years the preventive services have worked well with the hospitals serving the area. The greater movement of patients between hospitals and the community which now exists demands a full knowledge of each other. Access to patients undergoing treatment in hospitals by the Mental Health staff is of importance to make discharge successful, and co-operation by medical, nursing and social workers during the year has been satisfactory.

The Mental Welfare Officers attend out-patient clinics and prepare case histories in advance of consultations. They also accompany the Psychiatrists on domiciliary visits which keeps them informed of the patients' needs. They also attend the Mental Hospital at Storthes Hall regularly.

The Psychiatric Unit at the Halifax General Hospital provides in-patient treatment and is setting a pattern for a larger unit to be built locally.

We have worked more closely with Westwood Subnormality Hospital during the year – a regular out-patient clinic providing arrangements for more detailed patient assessment. This enables patients to have a short period in hospital, if needed, providing temporary relief and lessening the danger of institutionalisation. This



arrangement has proved acceptable to many parents and relatives who are more prepared to care for the afflicted, and at the same time the mothers and fathers can be counselled as to the techniques of home care, training centre, social clubs, growth and development, etc. Members of the Health Department medical staff arrange consultations directly.

General Practitioners continue to make full use of the services provided and there appears to be mutual understanding of what is required from the Therapeutic viewpoint.

The Department has observed with interest the activities of the various Voluntary Organisations whose activities are associated with Mental Health matters. Representation on the Executive Committee of the Local Association for Mental Health has ensured that the Department has been kept informed of their projects for a better understanding of mental disorder. One is the inauguration of a bus service from Halifax to Storthes Hall Hospital. This has been of benefit to people who are faced with a long journey to visit their relatives. Participation in the "Good as New Shop" has provided the means to operate such schemes as well as financial aid to former patients, etc.

The local Society for Mentally Handicapped Children has given valuable support during the year to the statutory services. Apart from the Club referred to many parents have reason to be grateful to the Society through the provision of a Holiday Home at Scarborough. It also sponsored a Study Day on Subnormality at the Training Centre in October. This was well supported by many representatives from other areas. The addresses given evoked useful discussion and the success enjoyed by the Society makes some promise of it becoming an annual event.

Towards the end of the year the Department assisted in setting up a club known as "White Rose Alcoholic Club". Many alcoholics are known to the Mental Health staff. Alcoholism is a disease with many attendant social problems which not only affect the sufferer, but their families as a whole. A considerable amount of stress, misery and feelings of hopelessness is caused which if not taken in hand can have disastrous results. We provided accommodation, practical, medical and social support.

The Samaritan Service functioned quite effectively throughout the year and again co-operation was maintained where this was required.

Other voluntary agencies have assisted in various ways, e.g. Women's Voluntary Service (clothes and holidays), Council of Social Services (premises), to whom grateful thanks are expressed.

Matters relating to the Mental Health Section are dealt with by the Mental Health and Care Sub-Committee which has met regularly throughout the year.



Staff as at 31st December, 1965:

Medical Officer of Health

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

Deputy Medical Officer of Health

Post Vacant

Senior Mental Welfare Officer

Leonard Holdsworth, M.S.M.W.O.

Mental Welfare Officer

Peter L. Nickerson, M.S.M.W.O.

Social Worker

Mrs. C. Berry, M.S.M.W.O.

Welfare Assistants

Mrs. P. C. Tansley

Miss P. A. Hutchinson

Auxiliary Staff

Mr. H. Hudson, A.R.S.H.

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

John G. Cairns, 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 H. Ropschitz, M.D., D.P.M.

Geoffrey F. J. Goddard, M.R.C.S., L.R.C.P., D.P.M. (Lond.).

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

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

(a) General Practitioners	.. .. .	228
(b) Relatives	.. .. .	126
(c) Hospitals	.. .. .	460
(d) Psychiatric Clinics	.. .. .	111
(e) Local Education Authority	.. .. .	12
(f) Police	.. .. .	34
(g) Other sources	.. .. .	74
		1,045
2. Of the patients referred (as para. 1) number:—
 

(a) Admitted to hospital under:—		
(i) Mental Health Act, 1959, s.5 (Informal)	.. .. .	215
(ii) Mental Health Act, 1959, s.25 (Observation)	.. .. .	25
(iii) Mental Health Act, 1959, s.26 (Treatment)	.. .. .	10
(iv) Mental Health Act, 1959, s.29 (Emergency)	.. .. .	53
		303
(b) Referred to General Practitioners and Psychiatric Clinic		228
(c) Referred for After-care (Mental Illness)	.. .. .	409
(d) Referred for domiciliary visiting (Subnormality)	.. .. .	18
(e) Referred for Guardianship	.. .. .	—
(f) Referred to other social agencies	.. .. .	31
(g) Admitted to Training Centres (included in (d) above)	.. .. .	10
(h) Other means	.. .. .	56

3. Number of visits:—						
(a) Mental Illness .. .. .	..	..	..	..	..	4,522
(b) Subnormality .. .. .	..	..	..	..	..	896
						<hr/> 5,418
4. Number of sessions attended at Psychiatric Clinics ..						155
5. Number of patients under care of the Local Health Authority on 31st December, 1965:—						
(a) Receiving domiciliary visits:—						
(i) Mentally ill .. .. .	..	..	..	..	..	512
(ii) Severely Subnormal .. .. .	..	..	..	..	..	59
(iii) Subnormal .. .. .	..	..	..	..	..	114
(iv) Psychopathic .. .. .	..	..	..	..	..	45
						<hr/> 730
(b) Receiving training:—						
Males under 16 years .. .. .	..	..	..	..	..	9
Females under 16 years .. .. .	..	..	..	..	..	12
Males 16 years and over .. .. .	..	..	..	..	..	20
Females 16 years and over .. .. .	..	..	..	..	..	19
						<hr/> 60
(c) Receiving residential accommodation:—						
(i) Theophilus Cottage Hostel (Mental Illness) ..						5
(ii) Furness Gardens Hostel (Subnormality) ..						4
						<hr/> 9

#### THEOPHILUS COTTAGE HOSTEL RESIDENTS DURING 1965

1. Mr. T. O'S. — Aged 44 years — Single.  
Admitted 12.1.65. Discharged 6.3.65. Recurrent depression.  
Had been previously treated in hospital and had lived in lodgings. On this occasion with out-patient treatment and care in the hostel re-admission to hospital was averted and he was able to return to his lodgings.
2. Mr. A. F. S. — Aged 45 years — Married.  
Admitted 28.1.65. Discharged 2.3.65. Schizophrenia.  
On discharge from hospital his wife had left him. He was successfully rehabilitated in employment and there was a reconciliation with his wife.
3. Mr. E. P. A. — Aged 23 years — Single.  
Admitted 29.1.65. Discharged 2.7.65. Personality disorder.  
Estranged from his own family. Admitted to hostel on discharge from hospital, in an effort to stabilise his behaviour. Successful to a point. Was found work and left hostel to go into lodgings.



4. Mr. D. T. — Aged 29 years — Single.  
Admitted 8.3.65. Discharged 23.3.65. Schizophrenia.  
Admitted to hostel following treatment in hospital. Was found work, but was not co-operative and he left the hostel to return to live with his mother.
5. Mr. E. S. — Aged 65 years — Widower.  
Admitted 5.4.65. Discharged 12.5.65. Depression.  
Had been treated for heart condition in General Hospital. Depressive symptoms developed which were treated at Out-Patient Clinic. During stay in hostel his health improved and he was able to return to his own home.
6. Mr. H. C. — Aged 22 years — Single.  
Admitted 3.4.65. Discharged 6.8.65. Schizo-affective state in an E.S.N. person.  
He had been rehabilitated from the hostel the previous year following treatment in hospital. Symptoms re-appeared and he was re-admitted to hostel. Family background very unstable and unsuitable for him. He had further treatment in hospital and two further periods in hostel during the year.
7. Mr. J. T. S. — Aged 36 years — Separated.  
Admitted 15.4.65. Discharged 11.5.65. Manic depressive.  
Had been rehabilitated in his own home following previous period in hostel. Symptoms recurred and with Out-Patient treatment hospital treatment was averted.
8. Mr. A. L. — Aged 26 years — Married.  
Admitted 19.5.65. Discharged 26.5.65. Psychopathic personality.  
Brief period in hostel following hospital treatment whilst he sorted out his domestic problems.
9. Miss M. G. — Aged 43 years — Single.  
Admitted 17.5.65. Discharged 10.8.65. Manic depressive in an inadequate person.  
The first woman to be admitted to hostel. Previous attempts to rehabilitate her on discharge from hospital had failed. On discharge she was found lodgings and maintained herself in work.
10. Miss G. W. — Aged 42 years — Single.  
Admitted 4.6.65. Discharged 7.12.65. Schizophrenia.  
Had been a patient in mental hospital for 15 years. No relative willing to accept responsibility for her. Rehabilitation was successful. Was found residential employment in a local hospital.



11. Mr. M. B. — Aged 49 years — Single.  
Admitted 22.6.65. Discharged 13.11.65. Paraphrenia.  
Admitted to hostel following treatment in hospital. Was found work, but his symptoms returned and he had to be re-admitted to hospital.
12. Mr. J. C. — Aged 45 years — Single.  
Admitted 9.7.65. Discharged 13.11.65. Schizophrenia.  
Had previously been in the hostel and discharged to live with another patient. The relationship broke down and he was returned to hostel. Was transferred to hostel for sub-normals where he settled down very well.
13. Mr. B. B. — Aged 58 years — Separated.  
Admitted 10.7.65. Discharged 17.7.65. Depression.  
Normally lived in lodgings. Was admitted to hostel during holiday week. He was admitted again under similar circumstances for a week in September.
14. Miss J. V. — Aged 18 years — Single.  
Admitted 30.7.65. Discharged 11.10.65. Psychopathic personality.  
Admitted to hostel from hospital in effort to improve her behaviour. Was rejected by her own family. Left the hostel to join the Forces.
15. Mr. D. B. — Aged 19 years — Single.  
Admitted 30.7.65. Severe emotional disturbance.  
Admitted to hostel following treatment in hospital. Owing to an adverse home environment it was unwise for him to return there. Owing to his age and the severity of his emotional disturbance his stay in the hostel has had to be prolonged.
16. Mr. J. T. W. — Aged 26 years — Separated.  
Admitted 11.8.65. Discharged 5.9.65. Psychopathic personality with depression.  
Admitted to hostel following treatment for depression. His marriage had collapsed and with the help of his own parents he was rehabilitated and discharged to their care.
17. Mr. P. W. — Aged 15 years — Single.  
Admitted 5.10.65. Discharged 21.10.65. Epileptic with paranoid features.  
Following treatment in mental hospital a trial period in hostel was tried as he could not be managed by his mother at home. He was found unsuitable for this type of hostel and had to be discharged to his mother's care.

18. Mr. G. B. — Aged 19 years — Single.  
Admitted 11.10.65. Discharged 13.11.65. E.S.N. with depressive features.  
Admitted to hostel owing to difficulties at home. Father a chronic invalid. Patient had aggressive outbursts at home. Settled well in hostel after exploratory examinations in hospital. Transferred to hostel for subnormals when it opened.
19. Mr. J. D. — Aged 35 years — Single.  
Admitted 25.10.65. Discharged 13.11.65. Subnormal with schizophrenic overlay.  
Admitted to hostel from his own home where he lived alone because he could not care for himself properly. Was transferred to hostel for subnormals, but later admitted to hospital for treatment.
20. Mrs. J. B. — Aged 36 years — Divorced.  
Admitted 3.12.65. Schizophrenia.  
Admitted to hostel on discharge from hospital. She had neglected herself and her home and was admitted to hostel to give her opportunity to restore her home and find work.

#### FURNESS GARDENS HOSTEL RESIDENTS DURING 1965

Apart from the three referred to who were transferred from Theophilus Cottage on 13.11.65, two other subnormal young men were admitted during 1965, viz:—

1. Mr. D. W. — Aged 19 years.  
Admitted 22.11.65. Discharged 23.12.65.  
Admitted at request of his mother with whom he lives alone. She claimed that she had difficulty with him in the home, but during his period at the hostel no problems arose. His temporary period in the hostel prevented hospital care being sought.
2. Mr. S. N. — Aged 21 years.  
Admitted 20.12.65.  
Had been a patient at Westwood Hospital since 29.2.65, from where he had been working out. He has no relatives and was suitably placed in the hostel and able to continue with his work.





FURNESS GARDENS HOSTEL



## JUNIOR TRAINING CENTRE

At the end of 1965 there were 28 children on the register, out of this number one child was transferred to another centre at Altringham, one child residing in a children's home, was transferred to Todmorden, and another one was sent to Westwood. Another child also went to hospital at his mother's request, and we have not heard anything of him since. Seven of the children are incontinent, and take quite a lot of looking after. We have one child who is suffering from phenylketonuria.

We have been very fortunate in recruiting Mrs. Greenwood on the junior staff, she is well trained and has the diploma of the Teacher of Mentally Handicapped Children.

We have had a very successful Christmas party, followed by a visit from Santa. I must thank the committee for their generous grant which made our party possible. A gift of ice-cream was gratefully received from Kendal Ices Ltd., and chocolate from Mackintosh's Ltd.

Visits have been paid by the M.O.H. and members of the Committee at various times, and we have also had a visit from Dr. Shirley Summerskill, the Labour M.P. for Halifax. Another visitor was Mr. Turner, the prospective Conservative candidate in the General Election.

A Ranger (Girl Guide) Company has also been formed, and we are one of the very few centres in the country to have one. One of the junior girls has been enrolled as a member. The age for this is 14½ plus.

The Parents' Association had an annual outing last June, and nearly all the children went. They also had a very enjoyable Christmas Party.

Mrs. Meek, one of the junior staff, resigned last Easter, she gave birth to a baby girl in June.

## ADULT TRAINING CENTRE

We commenced the year with 36 trainees on the register, 19 female and 17 male, with a staff of 2. At the end of the year we had 41 trainees, 21 female and 20 male.

Additional staff was added in November, bringing the number of instructors up to 3, 1 male and 2 female.

Percentage of attendance for the year was approximately 91% for female trainees; 90% for male trainees.

### *Details of Contract work for 1965*

John Mackintosh & Sons Ltd.	Stripping cartons	£506
John Crossley & Sons Ltd.	Carpet edging	£62
A. Sykes (Dorlux)	Fixing castors to bed legs	£75
R. Mallinson, Green Mount Wire Works	Threading tin openers onto metal strips	£2



Some 5,600 items of laundry were dealt with during the year for:  
Furness Park Centre.

Theophilus Cottage Hostel.

Furness Gardens Hostel.

**Printing,** 10,000 various cards and forms have been printed. Approximately half of them were for the Health Department and domiciliary services. In addition 5,000 Christmas cards were printed and made up. Profit from these was 10% on cost.

#### SUICIDES

There has been a slight increase in the number of suicides during 1965. Last year there were 10 victims of *felo de se*. During 1965 the total was 12.

In the table which follows the age and sex distribution of suicides during the 10 years is illustrated.

#### SUICIDES, 1956-66

	15-24	25-44	45-64	65-74	75 & Over	Total	Males	Females
1956	2	2	4	1	4	13	9	4
1957	—	6	11	4	3	24	16	8
1958	—	1	8	3	1	13	9	4
1959	3	5	8	3	1	20	9	11
1960	1	6	12	2	—	21	11	10
1961	—	3	3	4	2	12	4	8
1962	—	—	5	3	—	8	5	3
1963	3	5	8	3	2	21	13	8
1964	—	3	4	1	2	10	7	3
1965	1	4	4	2	1	12	8	4
Totals over 10 years	10	35	67	26	16	154	91	63

#### DETAILS OF SUICIDES 1965

TOTAL 12      MALES 8      FEMALES 4

Week Ending	Sex	Age	Occupation	Case of Death
30.1.65	Female	26	Student	Overdose of Pheno-barbiturate. Balance of mind disturbed.
13.2.65	Female	63	Housewife	Drowned herself in the bath at home. Balance of mind temporarily disturbed.
6.3.65	Male	73	Retired Insurance Agent	Coal Gas Poisoning self administered while balance of mind disturbed.
27.3.65	Male	22	Reeler	Drowning himself while balance of mind disturbed.

26.6.65	Female	28	House-wife	Barbiturate (Soneryl) Poisoning while balance of mind disturbed.
3.7.65	Male	87	Retired Bus Driver	Carbon Monoxide Poisoning self administered while balance of mind disturbed.
24.7.65	Male	50	Motor Driver	Coal Gas Poisoning self administered while balance of mind temporarily disturbed.
23.10.65	Male	50	Over-looker	Barbiturate (tuinal) poisoning self administered while balance of mind disturbed.
20.11.65	Male	61	Labour-er	Barbiturate (Tuinal) Poisoning self administered while balance of mind disturbed.
27.11.65	Male	40	Shop Manager	Asphyxia due to hanging himself while balance of mind disturbed.
25.12.65	Female	68	House-wife	Coal Gas Poisoning self administered while balance of mind disturbed owing to ill health.
7.12.65	Male	26	Labour-er	Shock and haemorrhage due to shot gun injury of chest while balance of mind disturbed.

#### Distribution of Suicides — Seasonal

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1	1	2	—	—	1	2	—	—	1	2	2

#### CORONARY THROMBOSIS

Cases attending bi-weekly for Prothrombin Testing are as follows:—

Total number attending in 1965	470		
Females	124		
Males	346		
Age Groups		<i>Male</i>	<i>Female</i>
Below 45 age group..	.. ..	34	10
45-50 years ..	.. ..	48	10
50-65 years ..	.. ..	229	87
Over 65 years	.. ..	36	16

#### DIABETES MELLITUS

By 31st December there were 82 patients on the register. These were either newly diagnosed, or diabetics who had been referred on discharge from hospital by the almoner, from district nurses or general practitioners and who needed further help and supervision



During the year 289 visits were made, 174 to the 5-64 age group, and 115 to the 65-plus age group. Of these 8 were evening visits.

Twenty-one attendances were made to the Out-Patients Clinic at the Royal Halifax Infirmary where 67 patients were seen and given initial instruction on diabetic diet.

Continuous screening of all patients in the Diabetic At Risk group, which includes relatives of known diabetics, has been carried out. This service was aided by all District Nursing Services.

In May and November I was fortunate to be able to attend two of the "Care of the Diabetic at Home" conferences which were sponsored by the British Diabetic Association. These I found both interesting and stimulating.

#### PHYSICAL HANDICAPS

Cases of physical handicap are visited as required in relation to the Care and After-Care Services. Altogether 263 persons have benefitted from loan equipment provision. The Medical Officer of Health is a member of the Handicapped Persons Consultative Committee and he has been appointed by the Minister of Labour to serve on the Halifax and District Disablement Advisory Committee. 00 cases of multiple sclerosis are visited routinely.

#### MULTIPLE SCLEROSIS

There are now 20 cases visited by the Special Nurses, those admitted to the Cheshire Home being one woman who was an advanced case and had no relative, being completely dependant on outside help and neighbours, also one adult was admitted to St. John's Hospital, and is not likely to be discharged as her husband is unwilling for her to go home, as he is not able to cope. A woman was admitted to Horsfall Home in November, 1964, and is still resident.

*Personal Needs.* Of the remaining 20 cases on the books, 3 are unable to feed themselves, relying on relatives to look after them, and indeed if it were not so, they would require full hospitalization, 2 of these cases receive the services of the District Nurse, whilst the third is well cared for by a devoted husband, children and grandchildren, being almost helpless but very independant.

Six cases need help in dressing themselves, whilst one other has great difficulty.

*Housebound.* 10 cases are housebound, being unable to move out of the house by themselves, and 8 patients are incontinent to a greater or lesser degree.

*Social Activities.* 7 cases belong and derive benefit from the M.S. Society, attending the socials when they are able to, and look forward to these outings. Two cases have made their own social contacts and do not feel the need for club activity.



*Commuter St. John's.* 3 cases regularly commute with St. John's this is very much appreciated by the relatives and does enable them to have some respite from the 24 hours-on-call, and nursing that these cases require.

*Family Relations.* On the whole these are good, the relatives doing all they can for this type of patient, but out of the original 24 cases, 4 had strained relations due to the illness, the husbands not always doing as much as they could in the home, whilst one man would not allow the Home Help Service to help.

*Holidays.* 3 cases have booked their holidays with the M.S. Society.

Apart from the wheelchairs and ramps and tripods that are seen, there does not seem to be much evidence of Aids for Daily Living Activities, aids in eating, drinking and dressing, and I wonder if there was a permanent display of such items at the M.S. Socials, and whether this perhaps would encourage their use. On the whole the patients are cheerful and content, perhaps too much so, and are forgetting how to make any effort for themselves.

There are probably more cases known to the Welfare Services.

#### DETAILS OF VISITS

1. R. G. — Aged 44 years — On books 20.1.61.

At year end appears to be deteriorating. Remains cheerful, but doesn't like the idea of trying to lead a near normal life. Will not discuss Occupational Therapy and refuses any help.

2. J. H. — Aged 50 years — On books 18.2.61.

At year end, looking brighter and is quite cheerful. His wife takes him out in car and he looks forward to this: Has private masseur bi-weekly and says "he feels much better for it".

3. J. E. F. — Aged 39 years — On books 20.2.61.

At year end, manages own housework very well. Very independent and tries hard with her walking. Won't attend Multiple Sclerosis meetings, as she says she doesn't like to go to these meetings with other people who are similarly affected. Goes out with sons and husband. (Husband has had operation at Leeds General Infirmary for C. A. Bladder). Is very cheerful and has a sense of humour.

4. Miss A. M. — Aged 63 years — On books 16.10.64.

At year end, gets about house in wheelchair. Manages quite well with Home Help Service. Attends St. John's Out-patients Clinic three times a week for exercises. Is awaiting a place in a Cheshire Home and is looking forward to this as she gets quite lonely.



5. E. L. — Aged 60 years — On books 21.10.64.  
At year end, gradually deteriorating. Having difficulty up and down stairs. Is awaiting to be rehoused in Bungalow. Gets depressed at times, but refuses help.
6. P. H. — Aged 64 years — On books 31.3.65.  
At last visit, is in a Cheshire Home.
7. S. G. — Aged 54 years — On books 24.6.61.  
At year end, reported to be in Horsfall Home
8. M. M. — On books 6.2.61.  
At year end, not Multiple Sclerosis, Cerebral Tumour removed. Good recovery.
9. A. D. — Aged 70 years — On books 17.2.61  
Last visit, keeping bright and cheerful. Has Meals on Wheels. Manages quite well with help of brother and Home Help Service.
10. M. T. — Aged 56 years — On books 14.2.62.  
At year end, patient in St. John's. Commuter system.
11. E. S. — Aged 62 years — On books 13.2.61.  
At year end, is in St. John's on Commuter system. Husband not coping. Discharged 1st April, 1966.
12. L. G. — Aged 52 years — On books 14.2.61.  
At year end, is in a Cheshire Home.
13. A. H. — Aged 64 years — On books 9.8.61.  
At year end, in-patient St. John's.
14. L. H. — Aged 51 years — On books 15.2.61.  
At year end, not so well, has cold and is chesty. Doctor visiting. Cheerful and well cared for by parents. Has had Injection Pethedine 100 mgs. nightly since 1957.
15. H. H. — Aged 54 years — On books 29.3.61.  
At year end, very cheerful and happy. Has T.V. and does lots of knitting. Neighbour makes her meals. She is unable to walk. Slides around the floor on her bottom. Has a very helpful husband.
16. J. K. — Aged 43 years — On books 20.2.61.  
At year end, able to walk. Member of Multiple Sclerosis Society. Misses her daughter who has recently got married. Managed housework. Husband no help!

17. H. W. — Aged 54 years — On books 21.2.61.  
At year end, fairly active. Works at Remploy. Members of Multiple Sclerosis Society. Wife works full-time.
18. B. M. — Aged 42 years — On books 1.6.61.  
At year end, member of Multiple Sclerosis Society. Going on holiday with Society. Husband and daughter to help if necessary.
19. E. M. — Aged 72 years — On books 15.2.61.  
At year end, able to walk about in the house. Member of Multiple Sclerosis Society. Has difficulty dressing? Any aids available. Husband deceased. Home Help.
20. E. R. — Aged 66 years — On books 20.1.66.  
At year end, disseminated Sclerosis and stroke. Able to walk with assistance. Wife cares for him. Would like Occupational Therapy. Was put in touch with Bill Fitton rejoining society.
21. J. H. M. — Aged 55 years — On books 21.3.61.  
At year end, was working at Remploy. District Nurse attends to Bed Bath. Attends St. John's Occupational Therapy.
22. M. A. — Aged 57 years — On books 8.1.61.  
At year end, goes to Occupational Centre. No problems.

#### HOME HELP SERVICE

The establishment of home helps was increased by one full-time worker on the 1st April, but due to the great demand for the services of some helps it was necessary to add the equivalent of another four full-time helps in August. One additional sitter-in was appointed and the establishment of sitters-in now stands at three. One new innovation this year has been the employment of two male helps, both of whom have proved invaluable in the care of aged men living alone.

The overall picture of the service shows that the demand for help is still increasing, and despite the additional staff now in service we still find difficulty in allocating sufficient help to some households where maximum help is required and not deprive some of the minimal help cases of the little assistance they have in order to do so. Unfortunately due to the various contingencies which arise, e.g. urgent cases, holidays and sickness among the staff we still find on occasion that we have to temporarily suspend help to those households requiring only assistance with the heavier cleaning work, so that help may be maintained in those homes where fires and meals are required.



For some years the annual case load has increased by an average of some 30 cases each year, but in the year under review the increase was 89 cases, which indicates a considerable acceleration in the rate of expansion of the service.

A new method of financial assessment came into effect in June, which has eliminated charges of less than 6d. per hour, so that several households who had paid less than this amount for help became free cases. Conversely in a few homes where an adult non-dependent relative living at home found that the charge for help was increased, not inconsiderably in some cases, and some cancellations of help were received.

Table I. shows that although the number of chronic sick and blind cases is higher than last year they represent a smaller percentage of the total case load, but if the geriatric cases in all categories are included with the chronic sick it is found that they represent some 88% of the total case load, which shows an increase of 3% on last year.

Maternity, ante-natal and housewife ill categories all show an upward trend, but there is very little change in the mental health and tuberculosis categories.

Table II. indicates that after a steady decline in the number of new cases over the last four years there has been a marked upward trend in 1965. Although the number of cases in the chronic sick is up on last year it represents a smaller percentage of the total, this is compensated by the higher percentage of short term cases, viz: maternity, ante-natal and housewife sick. There is still a reasonable proximity in the total number of new cases and discontinued cases, although as such a large proportion of cases are long term ones the number of cases carried forward each year must of necessity increase.

A survey was made in December of the aged persons currently receiving help and it was found that:—

10.5 %	were aged	65-69
51.7 %	„ „	70-80
36.9 %	„ „	80-90
0.9 %	„ „	Over 90

This shows clearly that the preponderance of help for the aged is at present with those in the seventies, and the over-eighties are the next largest group.

Table III. A slight reduction appears in the work done for the chronic sick (2%), (if all geriatric cases are combined with chronics), but this is offset by the increase in maternity, ante-natal and housewife ill categories. This last group includes also some 808 hours worked on family care cases, in each instance the mother was in hospital leaving several children at home. The 3,247 hours worked by the night sitters are included in the chronic sick group.

Table IV. Analyses the hours paid, and show a considerable increase in the overall total, due of course to the additional staff.

The increases in travelling time and holiday pay are in keeping with the staff numbers, and the larger case load, but the sickness time shows an increase of some 35·9% on last years total which is rather a high level. The total wastage, i.e. hours paid but not worked, shows a slight increase.

Table V. Although more domiciliary visits have been made, it is still not possible to maintain the level of visiting which should be operative in order to give adequate supervision to the staff and cases, this is due to the size of the case load and insufficient supervisory staff, and also in part to restriction of permissible travelling expenses.

There has been good liaison between this section and other departments of the Local Authority. Thanks are due to the home helps themselves for their continued loyalty and their unstinting efforts in coping with the many difficult cases they have had, as well as the extras they have done in emergencies.

**TABLE I**  
**COMPARISON TABLE OF NEW CASES**

	1964	% of Total	1965	% of Total	Comparison
Chronic Sick*	197	71·6	211	64·7	Down 6·9%
Tuberculosis	2	0·7	2	0·6	Down 0·1%
Mental Health	3	1·1	4	1·2	Up 0·1%
Maternity and Ante-Natal	33	12·0	55	16·9	Up 4·9%
Housewife Ill**	34	12·4	50	15·4	Up 3%
Husband Ill	6	2·2	4	1·2	Down 1%
Totals	275		326		

**TABLE II**  
**COMPARISON TABLE OF CASE LOADS**

	1963	1964	1965
Cases brought forward	338	395	433
New Cases	302	275	326
Cases for year	640	670	759
Cases Finished	245	237	300
Cases carried forward	395	433	459



TABLE III  
COMPARISON TABLE OF HOURS WORKED

	1964	% of Total	1965	% of Total	Comparison
Chronic Sick *	103,032½	93	106,379¾	90	Down 3%
Tuberculosis	2,215¼	2	1,265½	1·3	Down 0·7%
Mental Health	874¼	0·8	1,206¾	1	Up 0·2%
Maternity and Ante-Natal	1,227¼	1·1	2,177½	1·9	Up 0·8%
Housewife Ill**	2,963	2·6	6,487	5·4	Up 2·8%
Husband Ill	583½	0·5	565½	0·4	Down 0·1%
Total	110,895½		118,082		

\*Chronic sick includes also aged, blind and night sitting cases.

\*\*Housewife Ill includes also family care cases.

TABLE IV  
ANALYSIS OF HOURS PAID

	1964	1965
Hours worked .. ..	110,895½	118,082
Travelling time .. ..	2,025¼	2,296½
Sickness .. ..	5,669¾	7,706½
Leave .. ..	7,226	8,196½
Plusages (Overtime and Male Helps) .. ..	—	574
Total hours paid .. ..	125,816½	136,855½
Wastage total (i.e. hours paid not worked) .. ..	14,921 = 11·85%	18,199½ = 14%

TABLE V  
DOMICILIARY VISITS

	1963	1964	1965
Organiser .. ..	1,068	1,149	1,351
Assistant .. ..	—	163	111
Total .. ..	1,068	1,312	1,462

No. of Home Helps at end of year:—  
 Whole Time 16  
 Part Time 79 + 1 sitter in + 1 cleaner.

	No. of Cases where domestic help was provided over the year.	No. of hours worked	Cases completed in Col. 1 where help began prior to 1965
A. Maternity	49	1805½	1
B. Ante-Natal	6	372	—
C. Chronic Sick			
Under 65	35	5897¼	7
Over 65	563	96230½	139
D. Tuberculosis	7	1265½	3
E. Housewife Ill			
Under 65	27	2879¼	4
Over 65	42	3607¾	7
F. Husband Ill			
Under 65	3	428	
Over 65	3	137½	
G. Mental Health	10	1206¾	3
H. Blind—Over 65	14	4252	2

Number of applications for help received: 406.



## SECTION III

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### NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

MIDWIFERY

HEALTH VISITING

HOME NURSING

VACCINATION AND IMMUNISATION

## CARE OF MOTHERS AND YOUNG CHILDREN

Changes in the attitude and structure of society are important considerations in relation to the care of children. During the year the receipt of Ministry of Health Circular 5/65 reminds us that inadequate standards may be present in relation to the care of children in the community and the Department has reviewed its arrangements for furthering the minding of children. The community care of children has in the post-war years become more and more turbulent owing to an increasing number of married women being gainfully employed. Not only is there sometimes an overwhelming desire for a young mother to work but often she is encouraged by her husband to do so. Halifax Health Committee has been wisely provident in the maintenance of two Day Nurseries which fulfil essential priorities in child minding, for example in the case where the mother is the only support of her child or where family illness or extenuating circumstances make it necessary for her to go out to work.

The Nurseries and Child Minders Act can be a difficult even thorny piece of legislation. In 1948 the reduced age at marriage, the need to supplement incomes and the deplorable housing standards had not been foreseen so far into the future. In spite of a high working rate for women in Halifax however, the problem of child minding is not greatest where the need to work is a must; the official services are coping very well and there is satisfactory co-operation with the Children's Department to prevent children being taken into care. The failure to appoint a Senior Assistant Medical Officer whose duties would include the administration of child care has placed a heavy strain on the service especially at a time of great shortage of health visitors. There are enquiries concerning child minding but no increase in premises. The Health Committee has to be sure that space, hygienic requirements, heating, staff and fire risk, etc. are satisfactorily controlled but seldom can the staff recommend registration.

The task of health visitors who may find that children live in dirty and dangerous conditions is frustrating for she finds that under present legislation she can do nothing about transferring the child to other premises. Slowness to implement adequate housing standards is a cause of many anxieties; a child may escape by some miracle from serious accident but cramped living conditions without suitable play space has a retarding effect not only on physical development but on the whole personality not to mention the danger of disease. During the year I was asked to visit five homes where young families were living in overcrowded and unsafe homes having regard to fire protection, etc.

To meet the situation the Health Department has encouraged Mother and Baby Groups, Play Groups and voluntary minding associated with several churches. The District Health Visitor may visit these premises as part of her routine. Most clubs meet two or three times per week. The W.V.S. and other workers whose aim is to promote the welfare and play experience are advised by the Department. Various Play Group Leaders visited the Department



in the summer where the Senior Health Visitor and M.O.H. gave talks on child development and use of play, a film being shown. On several occasions representatives of industry have visited the Health Department and discussed the organisation of crèches for women employees. There is likely to be development in this direction in the ensuing year, and it is hoped that a Nursery Nurses Training School under the new regulations will be started at Craigie Lea and Ling Bob in association with the Percival Whitley College. In the meantime the need for child minders has been brought to the notice of the public through press advertisements, etc.

This section is on the same lines as its two predecessors. It deals with the work of maternal and child welfare, attendances at clinic and reviews the work of midwifery, health visiting and home nursing. The specialists services in relation to Day Nurseries, moral welfare, dental treatment and speech therapy are included together with the protection of children by immunisation and vaccination. The antenatal clinics continue to be well attended and there is seldom any need for follow-up visits to defaulters. Conducted by the midwives the Relaxation Clinic is held weekly. Attendances at this clinic have never been numerous and vary from time to time, a condition which has existed since its establishment 14 years ago.

Three Pupils Midwives were trained in 1965.

Prema- ture still births	PREMATURE LIVE BIRTHS						Trans- ferred to Hospital	Birth weight
	Nursed entirely at home							
	Died in first 24 hours	Died in 1 and under 7 days	Died in 7 and under 28 days	Survived 28 days	Total			
3	—	—	—	—	—	—	2 lb. 3 oz. or less	
2	—	—	—	—	—	—	Over	
9	—	—	—	—	—	—	2 lb. 3 oz. Up to	
							3 lb. 4 oz.	
							Over	
2	2	—	—	—	2	—	3 lb. 4 oz. Up to	
							4 lb. 6 oz.	
							Over	
—	1	—	—	—	1	—	4 lb. 6 oz. Up to	
							4 lb. 15 oz.	
—	13	—	—	—	13	—	Over	
							4 lb. 15 oz.	
							Up to	
							5 lb. 8 oz.	
16	16	—	—	—	16	—		

The total number of births in Halifax was 1,736. Of these, 1,234 were born in the Halifax General Hospital. Miss Savage, Superintendent Nursing Officer, once more draws attention to the preference for hospital confinement.

The birth rate was 17.57 (England and Wales 18.1) which remains just below the national average.

The number of still-births has increased. In most cases however some abnormality which had been detected at the Ante-Natal Clinic had caused the mother of a stillborn baby to be confined in hospital. Of the 121 babies born prematurely 12 died. Of these the birth weight in 11 cases was below 3 lbs., which reduced the infant's chances. In Halifax the close relationship which exists between general practitioners, the Health Department and our Consultant Obstetrician, together with the Health Visitors and Midwives enables babies to be admitted to hospital for the special care they need.

Tests for phenylketonuria were performed on all babies born in the Borough amounting to 2,387 tests compared with 1,477 in 1964. This increase is accounted for by the fact that during the year two tests on each baby were done. No cases of P.K.N. were discovered.

The staff of the Department, health visitors, special nurses and midwives, are concerned with the care of babies born into problem families. Sometimes the children in these homes although appearing dirty and neglected, are in fact greatly loved. The Health Visitor's task is sometimes to determine where the lack of care is only sub-cultural, for then inference may be fraught with the reactionary neurosis so that the state of these families becomes worse than at first. In the presence of a low housing standard this can be serious and these standards should be raised to a higher level.

The Infant Mortality Rate of 24.6 (England and Wales 19.0) is calculated from 41 deaths. The principle causes of these deaths were as follows:

Prematurity 15, Pneumonia 12, Congenital Malformations 5, and other causes 9. Total 41. No mothers died during the year under review.

#### ANTE-NATAL CLINICS AND ATTENDANCES

(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	785	785	3651



## MATERNITY AND CHILD WELFARE

Attendance at the Maternity and Child Welfare Clinics has been good and food sales have increased accordingly.

The attendance of immigrants is chiefly at the North Parade Clinic due almost certainly to its geographical location. These babies are kept under constant surveillance by the Health Visitors and Special Nurses when there is any question of Tuberculosis in their families.

All Maternity and Child Welfare Clinics have a Medical Officer in attendance but during the year an extra session for health education continues under the leadership of Miss Brown, Senior Health Visitor. At the following clinics a medical officer is in attendance:

North Parade	..	..	Wednesday and Fridays a.m.
St. Pauls	..	..	Mondays 1.30
Fairfield	..	..	Tuesdays a.m.
Mixenden	..	..	Mondays 1.30
Siddal	..	..	Mondays 9.30
Northowram	..	..	Wednesdays 1.30
Illingworth	..	..	Fridays 1.30
Ovenden	..	..	Thursdays 1.30

## CHILD WELFARE CENTRES AND ATTENDANCES

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
				1965	1964	1963		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	1,248	1,248	1,081	1,896	5,870	12,003	2,726	1,896	16625

During 1965 6,342 children were seen by the doctors at various clinics compared with 6,367 in 1964.

The nutritional and physical status of children increases each year and although we are concerned with the psychological factors governing their handling and development, heavy babies are a cause of concern. Last year I made special mention of early solid feeding of infants. Happily respiratory infection has been less and clearly not associated with over-feeding. During the year Dr. Sweetnam very kindly lectured to health visitors on this subject and answered questions.

Dried milk was distributed as follows:—

	1965	1964
Cow and Gate .. ..	3,311	3,768
Ostermilk .. ..	19,336	24,742
Trufood .. ..	6,287	6,543
S.M.A. .. ..	1,177	609

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

	1965	1964
N.D.M. .. ..	4,348	6,139
Orange Juice .. ..	18,307	15,442
Cod Liver Oil .. ..	2,107	2,056
Vitamin A and D .. ..	1,130	875

As already indicated the Infant Mortality position is unsatisfactory and there were 41 deaths of infants under 1 year during 1965.

15 died under 24 hours

5 died under 1 week

5 died under 1 month

16 died between 1 month and 1 year

The Vaccination and Immunisation rates at the Clinics have been good and B.C.G. is now given more frequently due to the influx of Pakistani immigrants.

Over the past year, continuous screening for deafness has been done entirely at North Parade Clinic and these sessions have been successful. Individual Health Visitors do tests on babies of nine months approximately in their own homes, and I am happy to say we have not found any grossly deaf children throughout the year, or any cases where deafness was suspected.

#### DAY NURSERIES

CRAIGIE LEA.

The Day Nursery plays a very important part in the social life of the community and also in the lives of the children who attend it.

Children are able to enjoy the companionship of other children of a similar age to themselves regardless of family background or colour. There is a certain amount of discipline in the Nursery which assists greatly in the smooth running of the establishment and teaches the children to obey and respect the wishes of adults. Discipline is of special value to children who are fatherless as these cases can become very "spoilt" by the mother and relatives.

Children are admitted whenever a parent or parents find it a necessity to work. An unmarried mother is then able to provide a home for her child; the father of a motherless child can keep his family together knowing that the child is being well-cared for during his working hours; also a separated parent can continue to provide a home for his or her family.

The Nursery also provides accommodation for the child of a mother who is suffering from mental strain thus relieving her of the responsibility for a short while each day. Hospital and maternity cases are admitted as emergency cases and often at very short notice.



A homely atmosphere is essential in the nursery, staff maintain this by their own friendliness and co-operation with each other creating the right atmosphere for the happiness of the children in their care as they replace the mother for a greater part of the day.

Outdoor activities are essential for all ages if children are to be strong and healthy. Craigie Lea offers ideal facilities for play out-of-doors by having a garden, lawn, trees and small playgrounds. The children enjoy short walks which enable them to become accustomed to life outside the nursery grounds.

During the past year several treats have been enjoyed. Gifts of Easter eggs were given at Easter-time; a bonfire and fireworks were lit on November 5th; and Father Christmas visited the nursery on party-day with a gift for each child. Money for these extra gifts and treats is raised by the staff and parents working together at Jumble Sales and Bring-and-Buy Sales.

Doctor visits the nursery every two months in order to carry out medical examinations on new children, and to attend to immunisations and vaccinations. All members of the staff have either been vaccinated or had a booster vaccination against Poliomyelitis and attended St. John's Hospital for mass radiography.

Ten children have left the Nursery because parents considered the fees to be too high.

The children from six problem families have been admitted during the year, and five children for maternity cases.

Twenty children have left to attend schools.

There have been two accidents to children on Nursery premises. A child aged three years broke an arm whilst playing on a see-saw, the other child cut his chin, which required stitches, on a toilet pedestal.

There has been very little infection in the Nursery during the year 1965. The following numbers were excluded for:—

German Measles	—	9 cases
Measles	—	1 case
Mumps	—	6 cases
Impetigo	—	2 cases

The following table gives a list of priority cases attending the Nursery:—

	1st Jan. 1965	31st Dec. 1965
Children of Unmarried Mothers	23	20
Children of Separated Parents	15	21
Numbers of parents paying Maximum Fees	6	8
Numbers of parents paying Minimum Fees	31	42

Statistics for the year 1965:—

1965	Average Daily Attendance	Average Weekly Attendance
1st Jan. to 31st March	53 $\frac{4}{5}$	269
1st April to 30th June	54 $\frac{2}{5}$	272
1st July to 30th Sept.	55 $\frac{1}{5}$	276
1st Oct. to 31st Dec.	55 $\frac{4}{5}$	279

#### LING BOB DAY NURSERY

During the year we have had an average attendance of 144 children. At the end of December we had 42 names on the register.

During the winter periods quite a number of children have been absent with colds and bronchitis, but we had only a few cases of Infectious Diseases, i.e.: Measles 5; Mumps 1; Chicken Pox 1.

We have admitted children of 15 unmarried mothers, and 9 children were admitted temporarily when their mothers were taken into hospital. We also admitted 12 children from parents who are separated, and 3 children of parents who are students.

When Doctor visits the Nursery, routine medical inspections are carried out, and the following children have had vaccine.

Immunisation	—	9 (completed)
Poliomyelitis Vaccine	—	10 (completed)
Smallpox Vaccination	—	5 with satisfactory results.

During October and November we had Students for the day from the Yorkshire Training College of Housecraft at Leeds to study the children in our particular age group, i.e. 3 months—3 years.

Sister and I attended the Nursery Nurses Conference at Bradford Technical College in June, and spent a very interesting and knowledgeable day.

The Superintendent Health Visitor is constantly in touch with the Nursery work, and we work in league with her nurses.

The older groups of our children have varied types of play, and all the children are taught to enjoy a routine day in pleasant company and surroundings.

#### 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	113	—	90	—	—	86
Nurseries maintained by Voluntary Organ- isations .. ..	—	—	—	—	—	—	—



## NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Nursing Homes first registered during 1965 ..	—	—	—	—
Nursing Homes on the register at the end of 1965 .. .. .	2	—	28	28

## MIDWIFERY

There were 1,736 births in the Halifax Borough during the year of 1965. Of these 513 were delivered at home and attended by the Domiciliary Midwives Services. In addition 286 of the Hospital patients were discharged forty-eight hours after delivery and were nursed in their own homes by the Domiciliary Midwives. This discharge is becoming widespread by the choice of the patients. This is not the happiest of situations, however we have been very glad to co-operate with our Hospital colleagues. As the system extends it may lead to some very necessary changes in the personnel in the near future.

There have been very few abnormalities in babies born at home and this has possibly helped towards an improvement which has occurred in the Infant Mortality which is better than for the past four years.

During the year there were no maternal deaths. Two Still Births occurred in home confinements. In both cases there was no logical explanation.

Amongst the babies born, the Congenital Malformations were only eight. In no case were the Malformations of such severity as to cause death. This I think has been a factor in the reduction of the Infant Mortality Rate.

## THE UNMARRIED MOTHER

We have had but few unmarried mothers during the year, as this part of the Midwifery Service and Social Work is dealt with at St. Margaret's Home, also the local practice, with special reference to the mothers feelings is to transfer most of the girls to a Society outside the boundary where arrangements for the babies adoption are completed before returning home.

## MIDWIFERY STATISTICS

	Number of Midwives practising in the area of the Authority at 31st December, 1965		
	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	8	—	8
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed Hospital Management Committee, etc.	—	18 (4 Part-time)	18 (4 Part-time)
Midwives in Private Practice	—	—	—
<b>TOTAL</b>	8	18 (4 Part-time)	26 (4 Part-time)

There is an excellent system of interchanging information between the various doctors, local authority and family by the Co-operation Card which was introduced in 1963 and has been of increasing use in relation to information about special physical and biochemical examinations.

More time is now devoted to the promotion of the general welfare of the patient and attention is directed to ensuring that she has not only every medical care but also that individual expectant mothers are happy and have a feeling of security.

### MIDWIVES DELIVERIES AT HOME AND HOSPITAL

	Number of Deliveries in the Area of the Local Supervising Authority attended by Midwives during 1965		
	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 pursuance of Section 23 of National Health Service Act	502	—	502
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
Midwives employed by Hospital Management Committees, etc.	—	1234	1234
Midwives in Private Practice	—	—	—
<b>TOTAL</b>	502	1234	1736



The number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, 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.. ..	236
(ii) Others .. .. .	—
Medical Aid Forms received during the year on behalf of child .. .. .	28
Of these:—	
Discharging eye(s).. .. .	7
Colds .. .. .	4
Asphyxia .. .. .	1
Septic Spots .. .. .	2
Vomiting .. .. .	4
Abnormalities .. .. .	4
Jaundice .. .. .	2
Prematurity .. .. .	2
Bleeding Umbilicus .. .. .	2
Notification received in accordance with Central Midwives' Board Rules:—	
Notification of Stillbirth .. .. .	1
Notification of having laid out a dead body .. .. .	—
Liable to be source of infection .. .. .	5

#### THE UNMARRIED MOTHER. ST. MARGARET'S HOUSE

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

A large proportion of the work at St. Margaret's is with the young unmarried mother. Of the 48 girls admitted in 1965, 20 were thirteen to seventeen years old, and 20 were eighteen to twenty-one years old.

Out of the 42 babies, 16 were placed for adoption, 1 was placed in the care of the West Riding County Council and 1 to the care of Catholic Welfare, Leeds. 24 babies went home with their mothers. Three of the mothers married the father of the baby, one was married from St. Margaret's, and two married shortly afterwards.

Some decoration and certain improvements have been done and the house is pleasant and comfortable.

I would like to thank the members of the Joint House Committee and express my appreciation of the work they have done during the past year.

#### ST. MARGARET'S HOUSE

	No. of cases admitted	No. of beds at end of 1965	Average duration of stay (days)
1. Ante-Natal	46	12 }	33
2. Post-Natal	2	}	21
3. Shelter	None	—	—
4. Total	48		
5. No. of cots		6	54
6. No. of cases included for which the Authority accepted financial responsibility	.. ..		11
7. No. of cases for which the Authority accepted financial responsibility which were sent to Homes outside the area	.. ..		7

### HEALTH VISITING

The Health Visiting during the year has been done under difficulties at times. The visits are not so numerous as we should have wished but this is due to lack of staff. Halifax must take its place in order of appeal with many more attractive places, and though the needs of children are certainly greater in industrial areas the charms of the country and the attractions of the seaside draw professional people elsewhere.

As a result of the shortage which is seen in the tables the number of visits paid to the homes has decreased. Since visiting in the home is the major role of the health visitor the shortage is very serious. It is in the home that the health visitor can see the reactions between the child and its mother and other members of the family which give her the necessary information to deploy her special skills. This can of course be done at the clinics where the child can receive its immunisation protection. Attendances at the Toddlers Club have been maintained during the year and at these the children can play under the best conditions while the mother can be trained in one of the skills such as sewing, knitting and altering clothing.

The Senior Health Visitor is responsible to the Medical Officer of Health for a large part of health education and she represented the department with the Deputy Medical Officer of Health at a special conference conducted by the Deputy Education Officer on a discussion concerning Health Education in Schools. In March the Department was one of the exhibitors at the Citizenship Exhibition. The displays in one room of the Town Hall were planned by the Chief Public Health Inspector, Health Visitors and Medical Staff and on each evening there was a symposium by the Health Department staff on the various exhibits on display. In August the Senior



Health Visitor attended the Summer School of the Central Council for Health Education. She received special tuition in the use of health exhibition material, mass media, flannelgraphs, films and film strips and the uses of posters, design and colour and the place of leaflets, short illustrated talks, etc. which are being put to good effect in various ways. The Senior Health Visitor is frequently asked to speak to Mothers' Unions and various mothers meetings but the real emphasis in health education is that applied at personal level during the visits to the homes when simple explanation is given to the mothers of mothercraft, the health care of her children and the protection against injury or disease. Student nurses from the Halifax General Hospital and Halifax Royal Infirmary are referred to the Department as part of nurse training.

The Senior Health Visitor works closely with the Medical Officer of Health and Deputy Medical Officer of Health in studying ways and means of bringing to the notice of the public by means of press and other media the question of health. But again it is in the district work in association with public health staff that the supervision of health is fostered. The Health Visitor must be interested in all aspects of prevention as in diabetes, cancer and phenylketonuria detection but, more important, her role in such things as the health of persons discharged from hospital, particularly from mental hospital, has not been utilised to the extent it should have been and during the ensuing year attempts will be made to further utilise the health visiting techniques by prospective health visitor students.

	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		
	Whole Time on Health Visiting	Part Time on Health Visiting	First Visits	Total Visits	First Visits	Total Visits	Total Visits	T.B.	Other Cases
1965	5	—	293	317	1543	3650	9262	71	1866

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 People's 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 People's Welfare Committees, are steps in the right direction.

## SPEECH THERAPY REPORT

The following are the statistics for Speech Therapy for 1965 which cover the period from January to September, when Mrs. Brough was in full-time attendance. Since that time she has done occasional sessions during her vacations from the Teachers' Training College.

### SPEECH THERAPY, 1965

Children on waiting list .. .. .	56
New cases referred .. .. .	100
Cases discharged .. .. .	69
Attendances .. .. .	1,201
School visits (including weekly visits to Bermerside, Quarry House and Akroyd Place Special Class) .. .. .	71
Reviews at Clinic .. .. .	132
Cases under treatment .. .. .	70
Dyslalia .. .. .	125
Dyslalia/Partially Deaf .. .. .	4
Cleft Palate .. .. .	6
Stammer .. .. .	35
Stammer/Dyslalia .. .. .	15
Lisp .. .. .	17

These statistics apart from the number of reviews and new cases relate only to the period January–September when a full-time speech therapist was in attendance.

### DENTAL CARE (Mothers and Children)

The work of Mr. Crosland, L.D.S. in the care of teeth of Mothers and Children is supplied in the following return.

#### TREATMENT RETURN

Forms of Dental Treatment provided	Expectant and Nursing Mothers	Children under 5
Scaling and Gum Treatment .. .. .	2	8
Fillings .. .. .	6	2
Silver Nitrate Treatment .. .. .	—	—
Crowns and Inlays .. .. .	—	—
Extractions .. .. .	19	195
General Anaesthetics .. .. .	7	121
Dentures provided: Full upper or lower .. .. .	4	—
Partial upper or lower .. .. .	1	—
Radiographs .. .. .	3	—



(a) EXPECTANT AND NURSING MOTHERS PROVIDED WITH DENTAL CARE:—

No. examined in 1965	..	..	..	16
No. needing treatment	..	..	..	—
No. who commenced treatment in 1965	..	..	..	12
No. of courses of treatment completed in 1965	..	..	..	12

(b) CHILDREN UNDER FIVE:—

No. examined	..	..	..	..	153
No. needing treatment	..	..	..	..	—
No. who commenced treatment	..	..	..	..	121
No. of courses of treatment completed in 1965	..	..	..	..	121

## 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.

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

1965 has been a singularly successful year in this section. Staffing has been excellent. Visits have increased.

### HOME NURSING SERVICE

In this section the new cases represent a slight increase, but the overall total of visits paid, the increase is but nominal. There being no serious outbreaks during the year, once more the visits to the patients of the 65 and over age group represent two-thirds of the total visits paid. In actual figures these are 1,268 cases to whom 45,773 visits were paid. This is a result which is repeated by District Nursing Associations throughout the country.

This increasing load of Geriatric patients is very fraught with problems both social and physical and represent a very heavy load for the nurses from which we can offer but little relief.

In September the system of attachment of Home Nurses to General Practitioners was introduced and has not made very good progress, though it still trails along and the results are better in some practices than in others.

### CLASSIFICATION OF CASES

	Cases	Visits
On books 1st January, 1965	549	—
Cases completed 1964	1,824	—
Remaining cases, 31st December, 1965	520	—
Medical	1,678	54,961
Surgical	567	11,148
Tuberculosis	4	36
Pneumonia	12	131

Maternal Complications	..	..	7	65
Other—Gynaecological	..	..	79	1,835
			<hr/>	
Total cases 1965			2,347	68,176
Total cases 1964			2,467	68,151

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

Whole-time on Home Nursing 31 (incl. 5 student Nurses).

The effectiveness of the agency arrangement is kept in mind and I review Home Nursing from time-to-time.

### HALIFAX HOME NURSING SERVICE 1955-1965

(1) Year	(2) New Cases	(3) Total Visits	(4) (5) Patients aged over 65 inc. Cols. (2) and (3)	
			Cases	Visits
1955	2,020	58,098	923	38,570
1956	2,407	61,771	1,283	44,148
1957	2,272	62,203	832	43,332
1958	2,280	62,551	901	43,447
1959	2,230	59,939	855	41,669
1960	2,039	56,275	780	40,439
1961	2,161	59,306	1,199	41,316
1962	2,016	64,987	1,224	45,052
1963	1,955	67,509	1,378	44,504
1964	2,467	68,075	1,042	41,540
1965	2,347	68,196	1,268	45,770

During most of the year there has been an experimental scheme in operation whereby ten doctors mostly working single-handed were given the services of a District Nurse who was attached to the practise. She has acted as a link between the doctor and the various domiciliary services, viz. health visitors, old people and tuberculosis nurses, mental welfare officer, V.D. social worker, midwife and school nurse. It was considered that the attached nurse should give her usual nursing attention on her district and help with routine visiting particularly the elderly. A nurse was used because of the shortage of health visitors. In time it is thought that these nurses while being responsible to the Superintendent Nursing Officer and the Medical Officer of Health in an administrative sense will eventually be fused to the medical practise in helping the treatment and preventing illness in the patients which have been entrusted to a particular doctor. This will be a great advance but it is still only an unfulfilled dream.

### VACCINATION AND IMMUNISATION

Many infants and young children continue to be immunised at maternal and child welfare clinics; others attend the General Practitioner for this purpose.



## 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.

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 attendances at Welfare Clinics falling off after the child has reached the age of one year. This is a general trend throughout the country. Nevertheless the figures for diphtheria inoculation which as stated is usually now combined with whooping cough and tetanus are well up on the 1962 and 1963 figures this year. This is fairly satisfactory though judging by the number of infants born there is still plenty of room for improvement.

### DIPHTHERIA

No. of Children who completed a full course of Primary Immunisation in the period ending 31st December, 1965			Total No. of Children who were given a secondary or Reinforcing Injection
Age at date of Final Injection		Total	
Under 5	5-14		
1135	91	1226	486

Concerning diphtheria immunisation of school children, details of this service are supplied in a separate report on the School Medical Services.

### POLIOMYELITIS VACCINATION

The total number who have been vaccinated against poliomyelitis is approximately the same as last year. This is disappointing, particularly as the figures are appreciably lower than in 1961 and 1962. The trend is surprising as poliomyelitis vaccination is such a simple procedure, three doses of the vaccine being given by mouth. Women who are pregnant are also entitled to this particular measure of protection.

Special evening clinics are held on the first Thursday of each month.

Children of school age are immunised at the school clinic or by doctors chosen by the parents. Details found in a separate report on the School Medical Service.

## VACCINATION AGAINST POLIOMYELITIS

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

Local Authority Doctors	..	..	..	..	20,769
General Practitioners	..	..	..	..	13,751
Third injection	..	..	..	..	32,176
Fourth injections	..	..	..	..	13,660

### SMALLPOX VACCINATION

The public are kept constantly 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. No doubt this change may be somewhat responsible for the unsatisfactory protection which is being accepted by the public for their children.

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

### SMALLPOX

Age at 31st Dec. 1965	Under 1	1-4	5-14	15 or over	Total 1965	Gross Total
No. Vaccinated	37	386	16	17	456	15,879
No. Re-vaccinated	4	17	19	47	87	11,614

The numbers being vaccinated against smallpox are an improvement on the previous year but still far from good enough. In 1964 the figures were particularly low, relatively speaking, owing to the large numbers being vaccinated at the time of the Bradford outbreak in January to February 1962.

## B.C.G. VACCINATION

13 year age group year 1965—numbers tested, etc.

### SUMMARY

Number of children in this age group	1,730
Number of acceptances for B.C.G.	978
Percentage of age group accepting	.. 56.5
Number skin tested	.. 964
Percentage of acceptances tested	.. 98.5
Attendances for inspection	.. 951—Absences 14
Percentage of total tested	.. 100
Of these—Positive	.. 244 = 27%
Negative	.. 707 = 73%
Of those inspected: Vaccinated	.. 707
Referred X-ray	.. 244
Attended X-ray	.. 230



Result of X-ray:

No radiographic evidence of disease	230
Referred to Chest Clinic .. ..	—
Referred to School M.O. .. ..	—
Re-called .. ..	—

The possibility of outbreaks of any of these serious diseases is still with us and it is most important that parents arrange to have their infants immunised and vaccinated where this is necessary. This applied to all children for all vaccines except in the case of tuberculosis where special tests for susceptibility by tuberculin testing has to be carried out first. Complete protection commences in the third or fourth month and may be completed at the age of fifteen by using B.C.G.

Booster doses of diphtheria and tetanus (combined) and poliomyelitis vaccine are normally given to children on school entry at age of five years.

Special tables have been introduced setting forth the number of Halifax persons in age groups who have been given primary course of injections, with the antigens used at the various years of birth together with details of those who have received triple antigen.

Arrangements for protecting emigrants to countries with Yellow Fever and Cholera have been made with Bradford County Borough and Halifax residents who require Vaccination against these diseases are directed there.

**PERSONS IMMUNISED AGAINST DIPHTHERIA WHOOPING COUGH AND TETANUS 1965**  
(b) COMPLETE PRIMARY COURSE

Vaccination Centre	ANTIGEN USED						Number of Persons	Number Immunized		
	Diphtheria	Diphtheria Whooping Cough and Tetanus Combined	Diphtheria and Whooping Cough Combined	Diphtheria and Tetanus Combined	Whooping Cough	Tetanus		Diphtheria Singly or in Combination	Whooping Cough Singly or in Combination	Tetanus singly or in Combination
Child Welfare Centres	6	810	—	—	—	435	1251	816	810	1245
Schools & School Clinic	39	106	—	—	—	261	406	145	106	367
General Practitioners	8	258	—	—	—	199	465	266	258	457
Total	53	1174	—	—	—	895	2122	1227	1174	2069

(a) REINFORCING COURSE

Child Welfare Centres	34	43	—	—	—	84	161	77	43	127
Schools & School Clinic	272	38	—	—	—	291	601	310	38	329
General Practitioners	14	87	—	—	—	72	173	101	87	159
Total	320	168	—	—	—	447	935	488	168	615

COMBINED PRIMARY/REINFORCING COURSE

Child Welfare Centres	40	853	—	—	—	519	1412	893	853	1372
Schools & School Clinic	311	146	—	—	—	552	1007	455	144	696
Total	351	999	—	—	—	1071	2419	1348	997	2068

(a) Reinforcing course.

(b) Complete primary course



**ANTIGENS USED TO IMMUNISE HALIFAX CHILDREN AGAINST DIPHTHERIA, WHOOPING COUGH,  
AND TETANUS—COMPLETE PRIMARY COURSE**

YEAR OF BIRTH	ANTIGEN USED					NUMBERS IMMUNISED			
	Diphtheria	Diphtheria Whooping Cough & Tet- anus Combined	Diphtheria & Whooping Cough Combined	Diphtheria and Tetanus Combined	Whooping Cough	Tetanus	Diphtheria (Singly or in Combina- tion)	Whooping Cough (Singly or in Combina- tion)	Tetanus (Singly or in Combina- tion)
1965	1	444	—	—	—	1	445	444	445
1964	5	600	—	—	—	4	605	600	604
1963	—	50	—	—	—	—	50	50	50
1962	2	22	—	—	—	3	24	22	25
1961	1	8	—	—	—	2	9	8	10
Totals 1961-65 1951-60	9 44	1124 47	— —	— —	— —	10 141	1133 91	1124 47	1134 188
Totals 1951-65	53	1171	—	—	—	151	1224	1171	1322
REINFORCING COURSE									
1965	—	—	—	—	—	—	—	—	—
1964	—	1	—	—	—	2	1	1	3
1963	—	—	—	—	—	—	—	—	—
1962	—	6	—	—	—	6	6	6	12
1961	13	6	—	—	—	15	19	6	21
Totals 1961-65 1951-60	13 306	13 154	— —	— —	— —	23 421	26 460	13 154	36 575
Totals 1951-65	319	167	—	—	—	444	486	167	611
COMBINED PRIMARY/REINFORCING COURSE									
Totals 1951-65	—	—	—	—	—	—	—	—	—

(a) Reinforcing course

(b) Complete primary course.

**DIPHTHERIA IMMUNISATION—NUMBERS OF HALIFAX PERSONS, IN AGE GROUPS, GIVEN PRIMARY  
COURSE OF INJECTIONS**

Year of Birth	YEAR OF IMMUNIZATION														Total in Age Groups	
	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Total
1951	441	218	60	38	33	35	12	1	1	2	8	22	2	4	—	877
1952	—	634	203	39	29	29	16	8	2	6	9	12	2	4	2	995
1953	—	—	584	210	29	28	25	17	4	6	22	8	4	21	8	966
1954	—	—	—	495	236	51	20	13	8	15	33	7	5	3	5	891
1955	—	—	—	—	398	224	38	33	13	20	51	21	9	7	3	817
1956	—	—	—	—	—	479	197	25	25	39	73	30	11	7	4	890
1957	—	—	—	—	—	—	600	186	34	50	53	15	30	18	6	992
1958	—	—	—	—	—	—	—	424	179	75	58	18	23	57	47	881
1959	—	—	—	—	—	—	—	—	704	141	102	13	18	29	75	1082
1960	—	—	—	—	—	—	—	—	—	856	577	107	17	17	20	1594
1961	—	—	—	—	—	—	—	—	—	—	437	347	45	30	14	873
1962	—	—	—	—	—	—	—	—	—	—	—	348	470	62	25	905
1963	—	—	—	—	—	—	—	—	—	—	—	—	415	485	50	950
1964	—	—	—	—	—	—	—	—	—	—	—	—	—	552	607	1159
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	—	445	445
																Total under Five years at end of 1965 4332



## SECTION IV

AMBULANCE SERVICE  
SOCIAL WELFARE and  
OTHER REPORTS

## THE 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 31st DECEMBER, 1965.

- 7 Austin Ambulances, LD type
- 1 Morris Ambulance LD type
- 1 Morris Sitting case Ambulance J type
- 1 Austin Ambulance, Gypsy

### ESTABLISHMENT AT THE END OF THE YEAR

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

The statistical tables show that although there has been an increase in the number of patients and journeys, and an increase in mileage over 1964, it is not so great as in previous years. Nevertheless, the ambulance service has been taxed to its limit in coping with the traffic.

The fleet is maintained and serviced by the Transport and Cleansing Department, sometimes under difficulty when they have also to cope with snow clearing during the winter months.

The Transport Department also assists greatly by the provision of cars from their pool for the transport of patients conveyed for the Mental Welfare Dept. This service is provided at our request. I would like to express my gratitude to the Transport Manager for his help and advice and to his staff for their co-operation and help.

All aspects of the hospital service are very busy. We in the Ambulance Service do all that is possible to help them overcome their difficulties. These are usually in the form of bed shortage, and clinic accommodation. We help by undertaking journeys at very short notice. It is almost impossible to plan work for more than two hours ahead. If the hospital that is on admissions for the week, finds that all the beds are occupied, the immediate reaction is to send patients home, or transfer them to other hospitals. This quite often means that, suddenly, there are five or six patients to be transferred probably to Northowram Hall, perhaps three stretcher cases and maybe requiring oxygen en route, the others sitting cases. This sort of thing happens frequently. During the year we were severely taxed in this direction by the closure of wards on the Maternity wing for decorating purposes. This meant that patients booked for confinement were admitted only for the delivery of the baby, and dis-



charged after 48 hours. This system put a severe strain on our resources, but we managed to cope. On the Out-patient side we have had a little improvement, by the provision of a waiting room at the Infirmary specially for Ambulance transport patients. This has proved very satisfactory, it saves Ambulance crews having to go into the waiting rooms looking for patients.

There is one development in Hospital thinking which I feel is a step in the right direction. This is in connection with the Ten Year Development plan at the General Hospital, whereby the Regional Board Architect has consultations with the Local Ambulance Authorities, in this case Halifax Health Dept. and the West Riding C.C. Ambulance Dept. This will ensure that the needs of the ambulances will be met, insofar as parking spaces, loading and picking up points are concerned, and communications.

I must express my appreciation of the help given by the Voluntary Societies, by providing escorts for patients travelling by train and Ambulance, also the car from the Hospital car pool which has been extremely useful in transporting infants to the Children's Hospital at Sheffield, and to other places not easily available by train. This service carried 105 patients and the distance travelled 6,233 miles. By Train and Ambulance 57 patients were transported at an estimated mileage of 3,886 miles.

The Ambulance crews have all attended the annual revision and taken examinations in First Aid. All are qualified in First Aid. Much interest is being shown by staff in the Working Party Report on Ambulance Training. It is hoped that when this report is eventually inaugurated, the status of the Ambulance driver will be elevated. It will of course involve more intensive training especially in advanced first aid which will permit ambulance crews to apply more skill at the site of accident and on route to hospital.

I would, in conclusion, like to take this opportunity to express my gratitude to the Health Committee, Medical Officer of Health, and his staff for the interest shown and the help given in the running of the service.

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

#### WEST RIDING COUNTY COUNCIL MILEAGE

			Ambulances	Car/Ambulances
1965	..	..	37,115	3,688
1964	..	..	34,578	6,115

#### TRANSPORTED BY RAIL

No. of Patients 57	Estimated Mileage 3,886
--------------------	-------------------------

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
1956	Ambulances	6	7,448	14,627	1,058	69,241	126,845
	Cars	1	4,646	13,268	430	57,604	
	Car Amb.	4					
1957	Ambulances	5	4,560	10,431	2,069	42,245	116,738
	Car Amb.	5	6,641	14,913	1,982	74,493	
1958	Ambulances	5	5,261	14,478	2,162	53,380	123,165
	Car Amb.	4	5,755	14,371	1,942	69,785	
1959	Ambulances	5	5,741	15,789	2,066	60,904	123,360
	Car Amb.	4	5,088	12,931	1,675	62,456	
1960	Ambulances	5	6,104	16,761	2,156	65,771	128,654
	Car Amb.	4	5,066	13,099	1,760	62,883	
1961	Ambulances	7	9,398	25,108	2,907	105,309	135,439
	Car Amb.	3	2,430	6,921	275	30,130	
1962	Ambulances	8	9,435	26,447	3,103	113,504	145,383
	Car Amb.	2	2,450	8,045	110	31,879	
1963	Ambulances	8	10,670	31,039	2,982	130,365	156,236
	Car Amb.	2	1,896	7,434	42	25,871	
1964	Ambulances	9	11,443	33,864	2,999	137,427	161,252
	Car Amb.	1	1,697	7,162	36	23,825	
1965	Ambulances	9	11,910	36,914	2,959	149,516	166,480
	Car Amb.	1	971	4,245	3	16,964	



1965	Journeys	TYPE OF PATIENT				MILEAGE		
		Recumbent	Sitting	Carried in Ambulance	Carried in S/Case vehicle	Ambulance Mileage	S.case vehicle Mileage	
January .. ..	1,198	828	2,767	3,176	419	13,251	1,478	14,729
February .. ..	1,018	709	2,418	2,845	282	11,762	1,236	12,998
March .. ..	1,149	724	2,879	3,142	461	12,919	1,680	14,599
April .. ..	1,093	643	2,845	3,172	316	12,047	1,347	13,394
May .. ..	1,121	743	2,873	3,228	388	12,731	1,623	14,354
June .. ..	1,025	656	2,662	3,026	292	12,023	1,162	13,185
July .. ..	1,076	604	2,717	2,913	408	12,140	1,637	13,777
August .. ..	1,101	713	2,780	3,186	307	12,834	1,536	14,370
September .. ..	1,039	642	2,873	3,121	394	12,343	1,502	13,845
October .. ..	1,041	633	2,855	3,162	336	12,391	1,265	13,656
November .. ..	1,028	686	2,680	2,995	371	12,321	1,257	13,578
December .. ..	992	735	2,484	2,948	271	12,754	1,241	13,995
TOTALS .. ..	12,891	8,316	32,843	36,914	4,245	149,516	16,964	166,480

# CATEGORIES

1965	Street Accidents	Street Illnesses	Works Accidents	Works Illnesses	Home Accidents	Maternity	Obstetrical	Mental	House Transfers	Hospital Transfers	Out Patients	Admissions	Discharges	Totals
January ..	75	18	16	10	37	62	23	3	10	99	2,709	383	150	3,595
February ..	51	18	5	2	23	59	20	1	9	88	2,403	311	127	3,127
March ..	73	26	11	7	33	43	26	2	14	86	2,764	379	139	3,603
April ..	77	24	14	1	42	66	25	1	13	88	2,680	317	140	3,488
May ..	62	28	5	4	61	62	15	2	6	108	2,796	346	121	3,616
June ..	65	28	12	6	51	55	15	0	7	102	2,553	280	144	3,318
July ..	72	23	6	3	42	52	9	3	17	115	2,598	274	107	3,321
August ..	90	21	4	6	62	65	19	6	11	108	2,637	337	127	3,493
September ..	58	27	7	3	33	76	19	5	6	117	2,569	333	262	3,515
October ..	68	30	5	7	57	55	15	1	13	102	2,651	285	209	3,498
November ..	68	30	10	3	42	57	18	1	14	89	2,551	335	148	3,366
December ..	69	26	4	12	44	60	19	5	7	100	2,333	383	157	3,219
Totals ..	828	299	99	64	527	712	223	30	127	1,202	31,244	3,973	1,831	41,159



## 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 four cases were admitted during 1965.

## LOAN EQUIPMENT

During 1965, 268 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.

## HEALTH EDUCATION

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

- Improvement Grants
- Meat Inspection
- The Housing Acts 1961 and 1964
- Smokeless Fuels
- Duties of a Public Health Inspector
- General Health and Hygiene
- The Backward Child
- Home Accidents
- Mental Health After-care
- Therapeutic Abortion
- The social background as an explanation of the rise in Venereal Disease
- Preparation for Retirement
- The School Health Service
- The Development of Mental Health Services
- Mental Health Service in the community

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 by public lectures.

## SERVICE FOR THE INCONTINENT

I mentioned in my last report that the laundry service for the aged had been discontinued by the Old People's Welfare Committee, and that an incontinent pad service had been instituted by us under section 28 of the National Health Service Act. The service has continued throughout the year for cases where nursing or hygienic difficulties occur in the home. The equipment is provided and the soiled items are collected. Disposable sheets are likewise made available and the soiled ones collected and disposed of by the department. This service has shewn a 25% increase upon last years figures. It is certainly appreciated by the recipients.

## CHIROPODY

During 1965, the Chiropodists completed 579 sessions. During the year 267 new cases were referred for treatment as against 226 in 1964. These were made up of 241 aged, 26 handicapped. Together, the Chiropodists completed 3,533 follow-up treatments and a total of 3,750 treatments were given. To supplement treatments given in the patients' homes, Mr. Luxton gave 1,085 treatments at the North Parade Clinic. In all 2,665 visits were made to patient's homes by the Chiropodists.

The following statistics, showing comparisons for 1964 in parentheses, gives some indication of the all round increase in the work:—

Total No. of sessions	..	..	(477)	579
New cases referred:				
Aged	..	..	(171)	241
Handicapped	..	..	(37)	26
Ante-natal	..	..	(18)	
		Total	(226)	267
Total No. of treatments	..	..	(2,946)	3,750
Total No. of visits	..	..	(2,454)	2,665
Total No. of treatments given at				
Clinic	..	..	(492)	1,085

## NATIONAL ASSISTANCE ACT, 1948

One case was removed to hospital under Section 47 of this Act. Two others were recommended for compulsory admission but decided to be admitted voluntarily.

## MEDICAL EXAMINATIONS

The Medical Officer of Health is Medical Referee for the Corporation Superannuation and Sickness schemes. More and more, the work takes on the character of a welfare medical service for the Corporation officials and, on several occasions, with the co-operation of other chief officers, rehabilitation measures have been proposed to employees in industrial cases.



# FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(Information provided by the Chief Welfare Officer)

Mr. F. W. Busfield

Number of Cases registered of which Section F of B.D.8 recommends	Causes of Disability			
	Cataract	Glaucoma	(Retrolental Fibroplasia)	Others
A. No Treatment	3	1	—	9
B. Treatment (Medical Surgical or Optical)	5	—	—	11
C. Ophthalmic Medical Supervision	8	8	—	10
Number of Cases at (b) above, which on follow-up action have received treatment.	5	—	—	9
Ophthalmic Medical Supervision cases which have received treatment.	5	4	—	2

## EPILEPSY

At the 31st December, 1965, 27 persons suffering from epilepsy were known to the Welfare Services Department. Two of these were also registered as blind persons and two as partially-sighted; four persons had the dual handicap of suffering from cerebral palsy. There were three persons under the care of the local authority in residential accommodation provided under Part III of the National Assistance Act, 1948, one of whom was in full-time employment as a garage assistant.

## CEREBRAL PALSY

Thirty-seven persons by cerebral palsy were registered as handicapped persons on the 31st December, 1965. Of these, three were in residential accommodation at White Windows Cheshire Home, Sowerby Bridge, and nine children were attending special schools. Thirteen persons in the young adult age group were attending daily the work of the Halifax Spastics Society, transport in a special bus being made available by the Welfare Services Committee. These persons are fully engaged on industrial work in the work centre. Social activities are arranged by the local society including swimming and there is a link up between the members attending the centre and various youth clubs in the town.

The National Spastics Society acquired some premises in Halifax in 1965 which are being converted into a hostel for Spastics from surrounding and other areas. It is expected that half of these persons will find employment in open industry, the others attending the local Society's work centre.

## WATER SUPPLY

### Data provided by the Waterworks Engineer & Manager

The QUANTITY of water supplied by the Board was adequate for all consumers both domestic and industrial. 633 bacteriological analyses were carried out on water samples taken from several points in the distribution system. In 98.4% of cases these were highly satisfactory bacteriologically, the remainder containing bacteria of a non-faecal character and being satisfactory for human consumption.

### CHEMICAL ANALYSES

Chemical analyses were carried out on six samples of Thrum Hall filtered water at intervals throughout the year. The average values appear below:—

Total solids dried at 180°C.	..	..	..	..	..	85
Chlorine (chlorides)	..	..	..	..	..	13.8
Free ammonia	..	..	..	..	..	0.06
Albuminoid ammonia	..	..	..	..	..	0.08
Oxygen absorbed in four hours at 80°F.	..	..	..	..	..	0.50
Temporary hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	5
Permanent hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	30
Nitrous Nitrogen	..	..	..	..	..	NIL
Nitric Nitrogen	..	..	..	..	..	0.35
Lead in solution	..	..	..	..	..	NIL
Lead absorbed in 24 hours	..	..	..	..	..	NIL
Manganese	..	..	..	..	..	0.15
Iron	..	..	..	..	..	0.05
pH value	..	..	..	..	..	8.6
Colour °Hazen	..	..	..	..	..	Less than 5
Turbidity — silica scale	..	..	..	..	..	NIL
Total residual chlorine	..	..	..	..	..	0.25
Free carbon dioxide	..	..	..	..	..	NIL
Calcium hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	22
Fluoride as (F)	..	..	..	..	..	0.15

All results expressed in parts per million

Six chemical analyses were carried out on raw water arriving at Thrum Hall from Victoria and Albert Reservoirs, the average values of which are given below.

Total solids dried at 180°C.	..	..	..	..	..	81
Chlorine (chlorides)	..	..	..	..	..	14.4
Free ammonia	..	..	..	..	..	0.11



Albuminoid ammonia	..	..	..	..	..	0.13
Oxygen absorbed in 4 hours at 80°F.	..	..	..	..	..	0.90
Temporary hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	NIL
Permanent hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	27
Nitrous Nitrogen	..	..	..	..	..	NIL
Nitric Nitrogen	..	..	..	..	..	0.35
Lead in solution	..	..	..	..	..	NIL
Lead absorbed in 24 hours	..	..	..	..	..	NIL
Manganese	..	..	..	..	..	0.19
Iron	..	..	..	..	..	0.35
pH value	..	..	..	..	..	4.6
Colour °Hazen	..	..	..	..	..	21
Turbidity — silica scale	..	..	..	..	..	4.5
Free Carbon Dioxide	..	..	..	..	..	7.3
Calcium hardness (as Ca CO <sub>3</sub> )	..	..	..	..	..	14

The treatment at Thrum Hall Filter House includes the addition of lime and sodium aluminate before filtration, and lime and chlorine after filtration. Approximately 9.5 million gallons of water are treated each day and the addition of chemicals is checked and adjusted daily.

From the above chemical analysis it will be seen that the treatment effectively controls any tendency to plumbo-solvency present in the untreated raw water.

As a result of the slight deterioration in bacteriological quality of the water at Thrum Hall in the latter part of the year due to the exceptionally heavy rainfall, it was decided to install chlorination before filtration, in addition to that after filtration. The new chlorinator has been installed and the water quality is again invariably "highly satisfactory".

A similar condition at Ogden Filter House was remedied by a complete overhaul of the filters and regrading of the filtering medium.

#### NUMBER OF DWELLING HOUSES AND POPULATION SUPPLIED

(a) Direct to the house	..	..	..	33,000	96,000
(b) By means of stand pipe	..	..	..	Nil	Nil

#### 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 and Hull River Authority 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 97 discharges of industrial wastes from 81 different premises in the Borough, in addition to the normal domestic sewage, the Works have to be about twice the size that 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 1965, a total volume of 1,948,730,000 gallons of sewage and industrial wastes were given full treatment, an average of 5,339,000 gallons for each day of the year, from which 40,694 tons of liquid sludges were extracted yielding after processing 2,786 tons of organic fertilisers and 292 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.

A Scheme to modernise and extend the Halifax Works, to deal with a daily dry weather flow of  $9\frac{1}{4}$  million gallons, was approved in principle by the Minister of Housing and Local Government during the year. This involves the expenditure of a large sum of money, but is absolutely essential if the worn out and obsolete plant and equipment, some of which is now more than 60 years old, is to be replaced with new, and its capacity extended to enable it to comply with the requirements of the Yorkshire Ouse and Hull River Authority in respect of the volume to be treated and the standard of the effluent required for discharge into the River Calder.

## **PUBLIC CLEANSING SERVICES**

### **(Information received from the Director of Public Cleansing)**

The following report is for the working year 1st January, 1965 to the 31st December, 1965, it being the third annual report of the Cleansing and Transport Department.

Analysing the operations of the department over the past year



has shown a further improvement both in administration and operations. The centralised administration is settling down to a steady routine, and apart from a slight turnover in staff, the results of the centralisation have proved highly successful.

Progress has been made in all sections of the Cleansing services, although in some sections, the progress is very small indeed. The latter is due entirely to the severe shortage of labour, and I must give this warning, that unless there is an alteration in the employment situation, the position will get worse. The status of this work has to be lifted from depths that it has always been allowed to sink into, and every avenue must be explored in wages, working conditions and amenities to try and attract men into the department. The year 1965 has seen an employment turnover of one hundred and fifteen men within the cleansing services, this is on an establishment of one hundred and ten.

From this, the Committee and Council will realise the enormously difficult task it is to keep the service going. I would at the same time like this point to be brought home to a section of the public, fortunately the numbers are small, who accept that all industry has labour recruiting difficulties with the exception of the local authority, and think that their dustbin must be emptied or gullies cleansed whether there is labour available to carry out the work or not.

During the year, a Joint Consultative Committee was set up within the department, this has been working successfully and has helped considerably towards making the department's work smoother. I stated in my first annual report of 1963 that everything possible would be done to completely re-organise the public cleansing service of Halifax to obtain a more efficient service, and it can be said that we are progressing slowly and steadily towards this objective.

## REFUSE COLLECTION

I am pleased to report that during 1965, the weekly collection service was maintained with the exception of holiday periods, but even at this time, within two weeks, the normal service was resumed. In spite of some inclement weather both at the beginning and the end of the year, the refuse collection service was maintained. The people to suffer inconvenience at this time, were places where there was no access for vehicles and men, due to road conditions.

Re-organisation of this service has been progressing throughout the year, the main one being the town centre service where paper sacks have been issued for the collection of refuse, and the collection of salvage re-organised. There has also been a further extension of the Container system, this is a service from which we hope to obtain both hygiene and efficiency, and a much better standard of working conditions for the men employed on this service.

The publicity given to the free collection of household effects,



brought a slow response from the public, but gradually, the amount collected has risen, until now there is a vehicle working almost full time on this service. When one walks round the town, it is most noticeable that not as much furniture etc. is lying around the roadsides as there used to be. This I am sure, will please everyone.

The composition of the refuse collected is watched and analysed very keenly indeed, and from the information obtained from these analyses, experiments on refuse storage and types of receptacle required, are being carried out. When the results have been finalised, there will be no hesitation whatsoever in introducing the new methods

#### REFUSE DISPOSAL

The year 1965 has seen the start of the culverting of the Hebble brook which, when completed will give a tipping space for approximately twenty-five years, and in turn, when the tipping is finalised, a large area of land will be available for out-door pursuits. I have written in my previous reports about the method of controlled tipping, laying stress on the operative word 'controlled', and I have to report that the standard set by the Halifax Corporation is a very high one indeed, and whilst there are faults that can be found — for let it be known that no system of disposal is absolutely perfect — the method and the cost in Halifax is proving highly successful. The net cost per ton for disposal in 1962/3 when half was controlled tipping and half separation incineration was 8/10d., the net cost per ton in 1964/5 when the disposal method was controlled tipping only was 2/5d. Whilst quoting these figures, I would like to make this comment that costs per ton are not the be-all and end-all of disposal, hygiene and efficiency must be allied to cost.

Further experiments of weed-killing have been carried out with some success, these experiments will be carried on through the years until some satisfactory solution has been reached in weed control. It is most noticeable that where grass and trees have been planted on the tip, the weeds are not very much in evidence.

The salvaging service has also come in for its share of re-organisation, and the new salvage depot which is placed strategically at the entrance to the tip, was also completed during the year 1965, but owing to weather conditions which caused a delay in the completion of the amenity block, baling operations were not able to be commenced during the year.

#### PAPER SALVAGE

The production of Paper Salvage has shown a steady improvement during 1965 when a total of one thousand and seventy-one tons was despatched to the Board Mills. This shows an increase of one hundred and seventy-seven tons on the previous year. Further increases should be achieved when the new plant goes into operation in 1966.



## STREET CLEANSING

This section is the problem child of the department for the labour situation is getting steadily worse through the years, and 1965 has proved no exception to this trend. It has not been possible during the year to keep the mobile sweeping gang fully manned, and at times, there has not been one man available to do street cleansing work.

A similar situation exists in the gully emptying section as well, and the best that we can hope for in this direction is to keep the services ticking over whenever there is labour available. Every avenue is being explored to try and counteract this labour situation, the greatest success being the transfer of night staff on the snow rota to this type of work when snow and ice are not in evidence.

The method of night work is a policy that has to be pursued, for one of the advantages of working at night is the absence of traffic which is a major draw-back to day-time operations. It will be seen in the local press that objections are raised immediately we put these services into operation during the night, but here again, as I have stated before, this work has got to be done at one time or another, and if night sweeping and gullying is an answer to the problem, then it must be done at this time.

I do not like drawing comparisons with other towns, as each has its own problems, but a high percentage have resorted to night operations on street cleansing.

During 1964, one hundred and fifty Litter Receptacles were placed at various points within the town, and the results were at first encouraging. The use of these receptacles is still very good indeed, but I regret to have to say that vandalism and unreported damage by vehicles is causing the department some concern. It is hoped that commonsense and a sense of responsibility will prevail in the years to come.

The winter operations on snow clearance have gone fairly smoothly, and each year the mileage of roads treated is extended. This in turn means added expenditure on this service, and the question now arises as to how far this work can progress, for as in other sections of the department, the labour and plant situation are the guiding factors, plus how far we can go with additional costs.

### OPERATIONAL STATISTICS

#### REFUSE COLLECTION AND DISPOSAL

	1963/4.	1964/5.
Refuse collected .. ..	30,758 tons	39,513 tons
Refuse disposed of .. ..	36,016 ..	41,855 ..
Cwts. per 1000 population per day (365 days to year) .. ..	19.4 cwts.	22.67 cwts.
Number of premises from which refuse is collected .. ..	38,900	39,300

Premises from which collections are made at least once per week .. .. .	100 %	100 %
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#### METHODS OF DISPOSAL

Controlled Tipping .. .. .	75 %	100 %
Separation and Incineration .. .. .	25 %	—

#### SALVAGE ANALYSIS OF INCOME AND TONNAGE

898 tons — £6,908.                      1,072 tons — £8,940.

#### TRADE REFUSE INCOME

£3,157                      £3,439

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

Examinations for employment and superannuation ..	311
Ministry of Education examinations—	
Form 28 R.Q. .. .. .	73
Form 4 R.T.C. .. .. .	116
Examinations on behalf of other local authorities ..	4
Medical examination of employees following prolonged absence due to sickness .. .. .	31
Examinations for admission to Outward Bound Schools	—
	535

#### PUBLIC MORTUARY

The Mortuary is situate in Hall Street. There were 159 P.M.'s performed during 1965.

#### 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 the Crematorium to the 31st December, 1965 .. .. .	14,713
Total number for the year 1965 .. .. .	1,610

#### DISPOSITION OF REMAINS FOR THE YEAR 1965

Scattered or buried in the grounds .. .. .	1,463
Placed in niches .. .. .	—
Placed in graves .. .. .	—
Taken away by representatives .. .. .	146
Awaiting instructions .. .. .	1
There were 849 cremations of Halifax residents during the year.	



## INSPECTION OF WATER

### DOMESTIC SUPPLIES

The Health Department has sampled various domestic supplies.

During the year 32 samples were taken, some from mains supply and others from private supplies in outlying areas. In seven of the cases the samples were taken in connection with applications for Standard or Improvement Grants. Seven of the samples were taken in connection with schemes to extend the water mains.

Ten of the samples were satisfactory, nine not wholly satisfactory and thirteen not safe for human consumption.

Steps were taken to trace the source of pollution. Filters were fitted in two cases. In a third case the house was subject of a "Demolition Order." In other cases where rust and corrosion were a source of nuisance, arrangements were made with the Water Board to flush out the affected mains at regular intervals. It is important to note that there are still 399 dwellings which obtain a supply of water from a spring.

### RODENT CONTROL

From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector

During the year 425 complaints of rats and 768 of mice were received and treatments were carried out as shown below:—

	Rats	Mice	Total
Local Authority Premises ..	84	281	365
Corporation Houses ..	18	346	364
Private Business Premises ..	195	705	900
Private Dwelling Houses ..	397	1231	1628
<b>TOTAL</b>	<b>694</b>	<b>2563</b>	<b>3257</b>

### PREMISES CLEARED OF RATS AND MICE

	Rats	Mice	Total
Dwellinghouses .. ..	191	471	662
Other Premises .. ..	148	224	372
<b>TOTAL</b>	<b>339</b>	<b>695</b>	<b>1034</b>

It is estimated that 3,475 rats were killed.

No charge is made for the service to householders but a charge is made for business premises. This charge has remained at 8/- per hour since 1958.

From 1st October, it was found necessary, due to increase in cost of materials and staff wages, to increase the charge to 10/- 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".

The annual treatment of the town's sewers were to have taken place in November and December, but unfortunately had to be postponed due to weather conditions.

One meeting of the Yorkshire (West Riding) No. 4 Area Liaison Committee on Pest Control, was held in Halifax. Representatives came from adjoining districts in the Calder Valley and Senior Officers of the Ministry of Agriculture, Fisheries and Food addressed members on the presence of Feral Mink in this area, the eradication of moles and rabbits, and other related topics.

Two meetings of representatives of each of the five Committees in the West Riding were held in Leeds, at the request of the Ministry of Agriculture, Fisheries and Food to co-ordinate the work done on pest control in each area.

#### FACTORIES

**From information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector**

H.M. Inspector of Factories sent 19 notices (comprising 21 items) under Section 9 of the Factories Act, 1961. In addition there were 2 complaints (2 items) brought forward from 1964.

Of these 20 complaints (22 items) were remedied during the year and 1 complaint (1 item) from H.M. Inspector of Factories was outstanding at the end of the year.

The Public Health Inspectors found and remedied 4 other defects.

There were 29 outworkers on the register at the end of the year. There were no cases of outwork being carried on in unwholesome premises (Section 134).



# PART VIII OF THE ACT

## Outwork

(Sections 133 and 134)

Nature of Work  (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel { Making etc.	29	—	—	—	—	—
	—	—	—	—	—	—
Total	29	—	—	—	—	—

TABLE XXVII

### Inspections for Purposes of Provisions as to Health

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	16	5	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authorities .. .. .	663	118	6	—
3. Other premises in which Section 7 is enforced by the Local Authority* (excluding outworkers premises) ..	—	—	—	—
Total .. .. .	679	123	6	—

\* i.e., Electrical Stations (S.123) (1) Institutions (S.124) and sites of Building Operations and Works of Engineering Construction (Section 127).

TABLE XXVIII

## 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	—	1	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3).. .. .	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective draining of floors (S.6).. .. .	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective	4	22	—	20	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
Total .. .. .	4	23	—	21	—

## RENT ACT, 1957

## CERTIFICATES OF DISREPAIR

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



## SECTION V

### HOUSING AND SANITARY CIRCUMSTANCES

Information supplied by Mr. A. W. Perry,  
Chief Public Health Inspector.

During 1965 the increased speed of clearance of unfit houses was continued, 481 houses were represented during the year, an increase of 69 on last year.

There were four Clearance Areas represented during the year and two which were confirmed. Those represented were: Stannary Street C.P.O. in February, Boothtown C.P.O. in April, Silver Street North in June, and Commercial Road (South) in November. The two which were confirmed were Hare Street in February, and Chatham Street in March. Demolitions have not been carried out at the same rate as representations since it is the desire of the Housing Department to offer accommodation in the area requested by the tenants if that is possible. This produces an accumulation of empty derelict houses which causes comment, but demolition is carried out as speedily as possible, as soon as blocks of houses are empty they are now dealt with rather than waiting for the area as a whole to become empty.

Applications for the improvement of houses increased from 368 in 1964 to 439 in 1965, a welcome step forward.

There was also a welcome increase in applications for tenanted houses from 11.1% to 15.9%, but only three tenants made representations to the Local Authority for the compulsory improvement of their houses despite several comments in the local press and a series of weekly adverts about the availability of grants and other publicity features.

The Ministry also brought their Mobile Exhibition Van which stayed a fortnight displaying films and methods of house improvement.

Submissions were made to the Ministry for grants under the Rural Water Supplies and Sewerage Acts for the extension of water mains at Gibb Lane and Shibden and the extension of the sewer at Brow Lane, as a start to reducing the number of houses on spring supply of water and with tub closets.

Schemes for Jowler (Luddenden) and Bradshaw, and Upper Lane, Northowram are being prepared.

## HOUSING

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

### FOSTER'S COURT COMPULSORY PURCHASE ORDER

The demolition of this area is now complete.

### ELEPHANT TERRACE COMPULSORY PURCHASE ORDER

Rehousing was completed and the eighteen houses in this area were demolished.

### CORPORATION STREET COMPULSORY PURCHASE ORDER

Demolition was commenced in July and by the end of the year 139 houses had been demolished.

### NEW BANK NO. 2 COMPULSORY PURCHASE ORDER

All 174 properties were demolished.

### WHEATLEY TERRACE CLEARANCE ORDER

All 12 houses were demolished.

### HEBBLE TERRACE CLEARANCE ORDER

The 9 houses were demolished by the end of the year.

### COMMERCIAL ROAD (NORTH NO. 1) COMPULSORY PURCHASE ORDER

Rehousing from this area was still in progress. Demolition was commenced in June and 214 houses have been demolished.

### CHATHAM STREET COMPULSORY PURCHASE ORDER

This was confirmed on the 10th March, 1965 and rehousing has begun.

### HARE STREET COMPULSORY PURCHASE ORDER

This was confirmed on the 19th February, 1965.

### STANNARY STREET COMPULSORY PURCHASE ORDER

This was represented on the 11th February, 1965.

### BOOTH TOWN COMPULSORY PURCHASE ORDER

This was represented on the 15th April, 1965.

### SILVER STREET NORTH COMPULSORY PURCHASE ORDER

This was represented on the 17th June, 1965.

### COMMERCIAL ROAD (SOUTH) COMPULSORY PURCHASE ORDER

This was represented on the 11th November, 1965.



**Closing and Demolition Orders, Etc., Housing Act, 1957**  
**Sections 16—18**

Continuing the information given in previous reports, the following table shows the position on the 31st December, 1965.

No. in Reg.	Address	Date of Report	Date of Closing Order	Date of Demoli- tion Order	Remarks
284	4 Commercial Road	—	—	—	Informal Action – House Closed
285	4 Brookhouse, Ogden	—	—	—	do.
286	5 Brookhouse, Ogden	—	—	—	do.
287	5 Ladyship Terrace	22.7.65	—	1.10.65	Awaiting vacation by tenant
288	9 Ladyship Terrace	22.7.65	—	1.10.65	House vacated
289	19 Ladyship Terrace	22.7.65	—	1.10.65	Awaiting vacation by tenant
290	1 Akeds Yard	18.3.65	30.4.65	—	House vacated
291	25 Siddal Lane	18.3.65	30.4.65	—	House vacated
292	7 Westbrook Terr.	18.3.65	30.4.65	—	House vacated
293	13 Lawson Street	18.3.65	30.4.65	—	House vacated
294	7 Lumb Lane Terr.	—	—	—	Informal action – House Closed
296	48 St. Peter's Street	17.11.65	18.12.65	—	Awaiting vacation by tenant
297	Lower Hazelhurst Farm	6.5.65	—	16.8.65	Awaiting vacation by tenant
298	12 St. Thomas St.	11.11.65	18.12.65	—	House vacated
299	14 St. Thomas St.	11.11.65	18.12.65	—	Awaiting vacation by tenant
300	3 Beacon Terrace	11.11.65	18.12.65	—	Awaiting vacation by tenant
301	4 Beacon Terrace	11.11.65	18.12.65	—	House vacated
302	5 Beacon Terrace	11.11.65	18.12.65	—	do.
303	10 St. Thomas St.	11.11.65	18.12.65	—	do.
304	5 Bold's Court	14.10.65	24.11.65	—	do.
305	6 Bold's Court	14.10.65	24.11.65	—	do.
306	7 Turner's Court	14.10.65	24.11.65	—	do.
307	503 Huddersfield Rd.	22.7.65	29.9.65	—	do.
308	10 Ramsden Street	14.10.65	24.11.65	—	Awaiting vacation by tenant
312	6 Beacon Terrace	9.12.65	—	—	Closing Order not yet made
313	8 St. Thomas St.	9.12.65	—	—	Closing Order not yet made

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

<i>Reg. No.</i>	<i>Position at 31st December, 1965</i>
137	Now closed.
210—230	House vacated but not yet demolished.
231	Now closed.
254	House closed but now re-occupied legal proceedings to be instituted.
255	Now closed.
256	Now closed.
257	Now demolished.
258—275	Now closed.
276 and 277	Undertaking was accepted under Section 16 to complete work within nine months. Work has been started.
279—281	Now closed.

#### IMPROVEMENT GRANTS AND STANDARD GRANTS

There was an increase in the demand for grants during 1965. Standard Grants applied for totalled 280 (294 in 1964), Improvement Grants totalled 159 (74 in 1964). Although there has been a slight decrease in the number of Standard Grant applications, there has been an increase of 46% in the number of Improvement Grants applied for in 1965 as compared with 1964. This indicates the steadily increasing demand of owner/occupiers to bring existing older type properties up to the higher standard called for by the Improvement Grant.



The percentage of requests for grants for tenanted houses rose from 11.1% (1964) to 15.9% in 1965.

The following table shows details of applications submitted to the Housing Committee during the year.

Type of Grant	No. of applications submitted	Granted	Rejected	Completed	Amount paid in respect of work in previous column	Withdrawn after being approved
Standard	280	250	5	229	£27,420 17 6	21
Improvement	159	97	6	52	£11,472 15 6	2
Total	439	347	11	281	£38,893 13 6	23

An analysis of the 250 Standard Grants show that the amenities requested are as shown below:—

Owner Occupied Houses						Tenanted Houses					
Total Grants	Bath	Wash Basins	Hot Water	Water Closets	Food Stores	Total Grants	Baths	Wash Basins	Hot Water	Water Closets	Food Stores
217	178	172	196	194	199	33	24	21	24	26	26

The 1964 Housing Act gave powers to local authorities to provide for the compulsory improvement of tenanted houses in certain circumstances, and also at the request of the tenant.

During 1965 there were three applications from tenants for compulsory improvements of the houses which they occupied. In two of these cases the owner agreed to improve the property and applied for grants which were approved. In the third case the tenant purchased the house and made an application for a grant.

## HOUSES IN MULTIPLE OCCUPATION

An additional inspector was appointed halfway through the year to increase the inspection of this type of dwelling, and 120 lettings were inspected in detail to ensure their compliance with the statutory requirements.

Before notices are served for structural alterations the advice of the Chief Fire Officer is obtained to ensure the means of escape in case of fire are satisfactory.

## Housing Statistics

### UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority:	
By owner .. .. .	469
After formal notice under Public Health Acts:	
By owner .. .. .	142
By Local Authority .. .. .	46
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 ..	13
	No. of occupants	12

### UNFIT HOUSES CLOSED

No. of Houses	Under S.16 (4), 17 (1) and 35 (1) Housing Act, 1957 and S.26 Housing Act, 1961 .. .. .	12
	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 .. .. .	29
	Under S.17 (3) and 26 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 .. .. .	13
	Under S.17 (3) and 26 Housing Act, 1957 .. .. .	—
Parts of Buildings Closed—S.18 Housing Act, 1957:		
	Number of Houses .. .. .	—
	Number of persons displaced .. .. .	—
	Number of families displaced .. .. .	—



# Housing Statistics—cont.

## HOUSES DEMOLISHED

IN CLEARANCE AREAS	Houses Demolished	Unfit for human habitation .. .. . Included by reason of bad arrangement .. On land acquired under S.43 (2) Housing Act, 1957 .. .. .	369 4 —
	Persons Displaced	From houses unfit for human habitation .. From houses included by reason of bad arrangement .. .. From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	1539 14 —
	Families Displaced	From houses unfit for human habitation .. From houses included by reason of bad arrangement .. .. From houses on land acquired under S.43 (2) Housing Act, 1957 .. .. .	510 6 —
NOT IN CLEARANCE AREAS	Houses Demolished	As a result of formal or informal procedure under Sections 16 or 17 (1) Housing Act, 1957 .. .. .	12
		Local Authority owned houses certified unfit by Medical Officer of Health .. ..	34
		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 .. ..	19
		From local authority owned houses certified unfit by Medical Officer of Health .. ..	19
		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 .. ..	7
		From local authority owned houses certified unfit by Medical Officer of Health .. ..	2
		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 .. .. .			—

# Sanitary Circumstances and Sanitary Inspection of the Area

## Description of the Work of the Public Health Inspectors Inspections and Visits not including re-inspections

### DWELLINGHOUSES:—

Primary Inspections under the Housing Acts .. .. .	584
Subsequent Inspections under the Housing Acts .. .. .	88
Work in progress under the Housing Acts .. .. .	19
“Well-maintained” payments .. .. .	157
Official Count .. .. .	329
Standard and Improvement Grants .. .. .	2,283
Certificates of Disrepair .. .. .	—
Removals and Disinfestation .. .. .	—
Inspection on behalf of Housing Manager .. .. .	114
Sanitary defects .. .. .	1,174
Notifiable diseases .. .. .	110
Food Poisoning .. .. .	69
Pathological Specimens .. .. .	46
Dirty and/or verminous conditions .. .. .	30
Overcrowding .. .. .	31
Moveable Dwellings .. .. .	—
Common Lodging Houses .. .. .	3
Visits to lettings—Houses in Multiple Occupation .. .. .	250
Sale of Property to Council .. .. .	133
Public Enquiry .. .. .	243
Survey Re-Improvement Areas .. .. .	17

### DRAINAGE:—

Public sewers inspected .. .. .	164
Public sewers tested .. .. .	78
Drains inspected, special inspections only .. .. .	100
Drains tested .. .. .	345
Ditches and Watercourses .. .. .	7

### FACTORIES:—

Factories (with power) .. .. .	57
Factories (without power) .. .. .	5
Outworkers' premises .. .. .	24
Workplaces (General) .. .. .	5
Workplaces (Offices) .. .. .	2

### SHOPS:—

Shops Act, 1950, section 38 .. .. .	2
Other visits .. .. .	215
Mobile Shops .. .. .	82



# OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963:—

Offices .. .. .	75
Retail Shops .. .. .	98
Wholesale shops and Warehouses .. .. .	4
Catering establishments and canteens .. .. .	12
Accidents .. .. .	4

## FOOD PREMISES:—

Milk Distributors .. .. .	76
Dairies .. .. .	2
Milkshops .. .. .	45
Fried Fish Shops .. .. .	50
Bakehouses .. .. .	44
Butchers' Shops .. .. .	96
Ice Cream premises .. .. .	119
Restaurants, Cafes, etc. .. .. .	105
School Canteens .. .. .	1
Licensed Premises .. .. .	15
Other food premises .. .. .	289

## SMOKE CONTROL:—

Smoke Observations .. .. .	638
Works, etc., re smoke emission .. .. .	76
Works, etc., re Prior Approval .. .. .	9
Works, etc. re Chimney Heights .. .. .	16
Smoke Control Areas .. .. .	646
Atmospheric Pollution Gauges .. .. .	1,507

## SAMPLING:—

Foods and Drugs Act, 1955 .. .. .	124
Bacteriological samples—Milk .. .. .	41
Bacteriological samples—Ice Cream .. .. .	55
Biological examination—Milk .. .. .	48
Water .. .. .	26
Swimming Baths Water .. .. .	59
Fabrics (Misdescription) Act—Flameproof Materials .. .. .	1

## GENERAL:—

Premises re Rag Flock Acts .. .. .	4
Premises re Fertilisers and Feeding Stuffs Act .. .. .	7
Premises re Pharmacy and Poisons Act .. .. .	56
Premises re Merchandise Marks Act .. .. .	35
Stables re nuisances .. .. .	1
Fowls, Swine and other animals .. .. .	12
Schools .. .. .	7
Places of Public Entertainment .. .. .	5
Public Sanitary Conveniences .. .. .	266
Attoir .. .. .	113
Noise Nuisances .. .. .	66
Pet Shops .. .. .	17
Offensive Trades .. .. .	—

Childrens Nightdress Regs.	..	..	..	..	1
Knackers' Yards ..	..	..	..	..	1
Rodent Control ..	..	..	..	..	59
Accumulations of Refuse	..	..	..	..	161
Interviews ..	..	..	..	..	987
Miscellaneous visits ..	..	..	..	..	3,317
Animal Boarding Est. Act	..	..	..	..	7
Hairdressers re bye laws	..	..	..	..	—
					<hr/>
Total number of inspections and visits	..				16,047
Total number of re inspections	..	..			7,644
					<hr/>
Total number of inspections of all types	..				23,691

**Particulars of work done, nuisances abated or improvements effected**

**DWELLINGHOUSES:—**

General repairs ..	..	..	..	..	672
Dirty houses cleansed ..	..	..	..	..	26
Overcrowding abated ..	..	..	..	..	—
Council houses found bug-infested and disinfested					—
Other houses found bug-infested and disinfested ..					3
Houses cleared of other vermin ..	..	..	..		23
Common lodging houses ..	..	..	..	..	3
Houses-let-in-Lodgings ..	..	..	..	..	8

**DRAINAGE:—**

Sewers cleansed ..	..	..	..	..	142
Drains cleansed and/or repaired ..	..	..	..		185
Public sewers repaired and/or reconstructed ..	..	..			33
Drains reconstructed or new drains provided ..					79

**FACTORIES:—**

(Nuisances abated or improvements effected)

Factories (with power) ..	..	..	..	..	18
Factories (without power) ..	..	..	..	..	1
Workplaces (General) ..	..	..	..	..	—
Workplaces (Offices) ..	..	..	..	..	35

**SHOPS:—**

(Nuisances abated or improvements effected)

Shops Act, 1950, section 38 ..	..	..	..	..	4
General ..	..	..	..	..	231
Mobile Shops ..	..	..	..	..	2

**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963:—**

(Nuisances abated or improvements effected)

Shops ..	..	..	..	..	133
Accidents ..	..	..	..	..	4



FOOD PREMISES:—

(Nuisances abated or improvements effected)

Fried Fish Shops	..	..	..	..	..	13
Bakehouses	..	..	..	..	..	15
Butchers	..	..	..	..	..	23
Ice Cream Premises	..	..	..	..	..	7
Restaurants, Cafes, etc.	..	..	..	..	..	47
School Canteens	..	..	..	..	..	—
Licensed Premises	..	..	..	..	..	9
Other food premises	..	..	..	..	..	52

SMOKE CONTROL:—

(Improvements effected)

Boiler plants re emission of smoke	..	..	..	7
------------------------------------	----	----	----	---

GENERAL:—

(Nuisances abated or improvements effected)

Fowls, Swine and other animals	..	..	..	—
Stables	..	..	..	—
Schools	..	..	..	1
Places of Public Entertainment	..	..	..	6
Public Sanitary Conveniences	..	..	..	220
Noise	..	..	..	24
Accumulations of Refuse	..	..	..	108
Merchandise Marks Act (Contraventions remedied)..	..	..	..	29
Miscellaneous sanitary improvements	..	..	..	159
Total	..	..	..	2,322

SAMPLES OBTAINED:—

			Formal	Informal
Food and Drugs Act, 1955	..	..	89	232
Milk—Bacteriological	..	..	—	50
Milk—Biological	..	..	—	48
Ice Cream—Bacteriological	..	..	—	55
Water	..	..	2	28
Swimming Baths Water	..	..	—	62
Fertilisers and Feeding Stuffs	..	..	12	—
Fabrics (Misdescription) Act — Flame proof materials	..	..	2	—
Pathological Specimens	..	..	—	662
Rag Flock	..	..	2	—
Total	..	..	107	1137

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The total number of premises registered at the end of 1965 was 1,061 compared with 988 the previous year. It is thought that the majority of premises to which the Act applies have now been registered because only occasional notifications are now received.

Work proceeded smoothly during the year until shortage of staff slowed down the rate of routine inspections.

There were 16 accidents reported during the year, none of them very severe although in one case, instead of the more usual falls, tripping and sprains, the injury was caused when a shop manager was assaulted by two youths. Advice was given and improvements effected in four of the cases notified.

178 notices were served and improvements were effected in 133 premises at the end of the year.

**TABLE A**  
Registrations and General Inspections, 1965

	1 No. of premises registered during year	2 Total No. of registered premises at end of year	3 No. of registered premises receiving a general inspection during the year
Offices .. .. .	18	264	75
Retail Shops .. ..	37	589	98
Wholesale Warehouses ..	10	63	4
Catering Establishments open to the public canteens .. .. .	8	142	12
Fuel storage depot ..	0	3	0
Totals .. .. .	73	1061	189

**TABLE B**  
Total No. of visits of all kinds by inspectors to registered premises  
— 981



**TABLE C**  
**ANALYSIS OF PERSONS EMPLOYED BY WORKPLACE**

Class of workplace	No. of persons employed		
	Male	Female	Total
Offices .. .. .	1,235	1,402	2,637
Shops .. .. .	984	1,821	2,805
Wholesale departments, warehouses .. ..	464	57	521
Catering establishments open to public .. ..	233	395	628
Canteens .. .. .	2	32	34
Fuel storage depots ..	35	1	36
Totals ..	2,953	3,708	6,661

### SPECIAL REPORT ON LIGHTING STANDARDS

(1) On routine inspections the standard of lighting was found to be average in both offices and shops. In at least six of the premises visited during the last three months of the year it was found necessary to request the provision of adequate lighting in staircases but the most frequent contravention found in regard to lighting generally was the lack of artificial lighting in the water closet compartments.

(2) There were no particular examples of unsatisfactory lighting found but as was to be expected the lighting values were lower in the storerooms and stockrooms of some of the shops as compared with the selling areas.

(3) No specific standard of lighting in terms of lumens was recommended when advising occupiers of the lighting requirements of the Act, nor were any instances of excessive glare noticed during the inspections.

During the month of November a special survey was carried out in certain offices and shops when the lighting measured in lumens per square foot was measured at the working place or plane with the following results.

## OFFICES

Working Plane	Lighting Standard in Lumens/sq. ft.				More than 25
	Less than 5	More than 5 Less than 10	More than 10 Less than 15	More than 15 Less than 25	
Typing desk ..	—	2	2	6	8
Filing cabinet ..	2	6	3	1	1
Desk .. ..	—	3	6	2	5
Adding Machines	—	—	—	1	—

With regard to shops the following table shows the standards of lighting in the working areas of shops, stockrooms, preparation rooms, etc., as compared with the standard of lighting in the selling areas.

## SHOPS

	Type of Shop	Lighting Standard in selling area Lumens/sq. ft.	Description of room	Lighting standard Lumens/sq. ft.
A	Tailors	32 (artificial)	Cutting room	75 (artificial)
B	Fashions	35 (Natural and artificial)	do.	do.
C	Dry Cleaners	26 (Natural and artificial)	Side Office	12 (Artificial)
D.	Shoe Retailer	32 (G.F.— Natural and Artificial)	Stockroom (2nd floor—Nat. and Art)	12
		26 (1st floor— Nat. and Artificial)	Selling area— basement	36 (Artificial)
			Stockroom— basement	12 (artificial)
E.	Jewellers	38 (Nat. & Art.)	Stockroom (G.F.)	14 (Nat. & Art.)
F.	Gents Outfitters	28 (Nat. & Art.)	Stockroom (Basement)	24 (Artificial)
			2nd Stockroom and office (basement)	12 (Artificial)
G.	Tobacconists	38 (Nat. & Art.)	Storeroom (G.F.)	12 (Nat. & Art.)
H.	Gents Outfitters	10 (Nat. & Art.) G.F.	Staffroom (2nd Fl.)	11 (Nat. & Art.)
		44 (Nat. & Art.) 1st fl.	Storeroom (2nd Fl.)	14 (Nat. & Art.)
			Display (2nd Fl.)	20 (Nat. & Art.)
			Office (G/F)	26 (Artificial)



	Type of Shop	Lighting Standard in selling area Lumens/sq. ft.	Description of room	Lighting standard Lumens/sq. ft.
I.	Gents Outfitters	56 (Nat. & Art.)	Storeroom (Basement)	6 (Artificial)
J.	Outfitters	34 (Artificial)	Stockroom (Basement)	10 (Artificial)
		26 (Nat. & Art.)	2nd Stockroom (Basement)	10 (Artificial)
		44 (Nat. & Art.) 1st Fl.	3rd Stockroom (Basement)	6 (Artificial)
			Stockroom (2nd Fl.)	36 (Nat. & Art.)
			Stockroom (2nd Fl.)	38 (Nat. & Art.)
			Stockroom (2nd Fl.)	26 (Nat. & Art.)
			Stockroom (3rd Fl.)	22 (Nat. & Art.)
K.	Shoe Retailer	90 (Nat. & Art.)	Office—(1st Fl.)	34 (Nat. & Art.)
		28 (Nat. & Art.) (1st. Fl.)	Staffroom (2nd Fl.)	60 (Nat. & Art.)
L.	Shoe Retailer	50 (Nat. & Art.)	Stockroom (Basement)	22 (Nat. & Art.) 14 (Artificial)
		24 (Artificial) (Basement)	Stockroom (1st Fl.)	12 (Nat. & Art.)
		50 (Nat. & Art.) (1st Fl.)	Staffroom (2nd Fl.)	14 (Nat. & Art.)
			Stockroom (2nd Fl.)	24 (Nat. & Art.)
			Stockroom (2nd Fl.)	14 (Nat. & Art.)
M.	Shoe Retailer	22 (Nat. & Art.)	Staffroom (1st Fl.)	16 (Nat. & Art.)
			Stockroom (1st Fl.)	6 (Nat. & Art.)
N.	Gents Outfitters	48 (Nat. & Art.)	Display room— (2nd Fl.)	10 (Nat. & Art.)
		24 (Nat. & Art.) (1st. Fl.)	Staffroom (1st Fl.)	9 (Nat. & Art.)
		36 (Nat. & Art.) (1st Fl.)		
O.	Shoe Retailer	40 (Nat. & Art.)	Stockroom (G/F)	4 (Artificial)
			Stockroom (G/F)	14 (Artificial)
			Staffroom (G/F)	10 (Nat. & Art.)
P.	Tailor	13 (Nat. & Art.)	Display room (Basement)	12 (Artificial)
Q.	Sweet Shop	80 (Nat. & Art.)	Stockroom (G/F)	18 (Artificial)
			Stockroom (G/F)	18 (Nat. & Art.)
			Staffroom (1st Fl.)	14 (Nat. & Art.)

	Type of Shop	Lighting Standard in selling area Lumens/sq. ft.	Description of room	Lighting standard Lumens/sq. ft.
R.	Gents Outfitters	48 (Nat. & Art.)	Fitting room (G/F)	12 (Nat. & Art.)
		75 (Nat. & Art.) (1st Fl.)	Stockroom (Basement)	12 (Artificial)
			Stockroom (Basement)	10 (Artificial)
			Workroom (2nd Fl.)	32 (Nat. & Art.)
			Workroom (2nd Fl.)	28 (Nat. & Art.)
S.	T. V. Rental	19 (Nat. & Art.)	Office (G/F)	14 (Artificial)
			Workroom (1st Fl.)	20 (Nat. & Art.)
			Storeroom (2nd Fl.)	10 (Nat. & Art.)
T.	Carpets	22 (Nat. & Art.) 18 (Nat. & Art.) (1st Fl.)	Office (1st Fl.)	18 (Nat. & Art.)
U.	Ironmongers	22 (Nat. & Art.) 23 (Nat. & Art.)	Office (G/F)	16 (Artificial)
			Storeroom (G/F)	8 (Artificial)
			Workroom (G/F)	30 (Artificial)
			Storeroom (1st Fl.)	34 (Nat. & Art.)
			Storeroom (1st Fl.)	6 (Artificial)
V.	Decorators	36 (Nat. & Art.)	Storeroom (G/F)	24 (Nat. & Art.)
			Storeroom (1st Fl.)	12 (Nat. & Art.)
			Storeroom (1st Fl.)	16 (Artificial)
			Storeroom (1st Fl.)	10 (Nat. & Art.)
W.	Confectioners	38 (Nat. & Art.)	Storeroom (G/F)	14 (Nat. & Art.)
			Office (G/F)	14 (Artificial)
			Staffroom (1st Fl.)	10 (Nat. & Art.)
X.	Office Equipment	22 (Nat. & Art.)	Storeroom (Basement)	36 (Artificial)
			Workroom (2nd Fl.)	24 (Nat. & Art.)
			Office (1st Fl.)	40 (Nat. & Art.)
			Storeroom (1st Fl.)	8 (Nat. & Art.)
Y.	Medical Supplies	30 (Nat. & Art.)	Fitting Room (G/F)	18 (Nat. & Art.)

#### 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.



#### FERTILISERS AND FEEDING STUFFS ACT, 1926

#### FERTILISERS AND FEEDING STUFFS REGULATIONS, 1960

Of the 12 samples obtained during the year 8 were of fertilisers and 4 were of feeding stuffs. One sample of fertiliser was unsatisfactory and the manufacturer was warned.

#### PHARMACY AND POISONS ACT, 1933

#### PHARMACY AND MEDICINES ACT, 1941

At the end of 1965 there were 113 registered sellers of Part II Poisons, occupying 163 registered premises.

There were 56 inspections of these premises during the year.

#### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

#### RAG FLOCK AND OTHER FILLING REGULATIONS, 1961

At the end of the year there were 8 premises registered under this enactment and all were in a satisfactory condition.

Two samples were taken.

#### PET ANIMALS ACT, 1951

This Act requires that no person shall keep a Pet Shop except under a licence granted by the Local Authority.

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

Legal proceedings were instituted in one case against one individual for keeping an unlicensed Pet Shop and in another case for not complying with the provisions of a Pet Shop Licence.

#### PLACES OF PUBLIC ENTERTAINMENT

During the year 5 inspections were made of theatres, cinemas and other premises for which theatre licences are necessary, and conditions, generally, were found to be satisfactory.

#### SWIMMING BATHS

The swimming pool at Woodside Baths—at present the only public baths in the Borough—is 75 feet long and 36 feet wide, the capacity of the pool being approximately 84,000 gallons.

The water is drawn from the town's main and is constantly being circulated, purified and sterilised, circulation being at the rate of 22,000 gallons per hour. Thus, in effect, the whole of the bath water is circulated through the filters, purified and sterilised every 4 hours.

The bath water is being chemically treated for 15 hours per day by Alumina, Chlorine and Sodium Carbonate.

The swimming pool is open throughout the year and there are also 26 slipper baths for men and 20 for women. Foam baths are also available.

Samples of swimming bath waters are obtained each month from the Public Baths and from all School Swimming Baths, and are submitted to bacteriological and chemical examination, and results are generally satisfactory.

Caretakers at all schools where swimming baths are installed are instructed in the chlorination and proper treatment of the bath water.

#### PUBLIC SANITARY CONVENIENCES

Under the control of the Health Department there are 46 public sanitary conveniences, consisting of 18 sanitary conveniences for males, 16 for females and 12 public urinals.

At the two main conveniences in town—Bull Green and George Square—where there are full-time attendants and where lavatory accommodation is provided, facilities are available for the free washing of hands after use of the toilets. For this purpose wash-basins with hot and cold water have been installed and cream soap and paper towels are provided. At the King Cross Conveniences washing facilities are installed in both the Ladies' and Gentlemen's Sections. This service still proves very popular, but at the same time suffers a certain amount of abuse.

A considerable amount of misuse and wanton damage takes place at the unattended conveniences, automatic locks and fittings being in constant need of repair or replacement.



## SECTION VI

### FOOD (INSPECTION AND SUPERVISION)

From information supplied by Mr. A. W. PERRY,  
Chief Public Health Inspector

#### FOOD AND DRUGS ACT, 1955

##### SAMPLING OF FOOD AND DRUGS

A total of 321 samples of Food and Drugs was obtained during the year and submitted to the Public Analyst for chemical examination.

These included 91 samples of milk, 46 samples of Ice Cream and 184 samples of food and drugs.

Samples of milk "not genuine" according to the Sale of Milk Regulations numbered 4 giving a percentage of 4.4.

All the 46 samples of ice cream were reported as satisfactory.

Of the 184 samples of other food and drugs, 58 (or 31.5%) were reported not genuine.

All samples of food are examined for preservatives in accordance with the Public Health (Preservatives, etc. in Food) Regulations, and for the correctness of their label under the Labelling of Food Regulations.

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

TABLE I

Nature of Sample	No. of Samples Taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Milk .. .. .	65	13	78	1	1	2
Milk—Channel Islands ..	13	—	13	2	—	2
Milk Crystals, Instant Full Cream .. .. .	—	1	1	—	—	—
Milk—Food .. .. .	—	1	1	—	—	—
Milk—Instant Non-Fat ..	—	1	1	—	—	—
All Bran .. .. .	—	1	1	—	—	—
Almonds, Ground .. ..	—	1	1	—	—	—
Baked Beans with Bacon-burgers .. .. .	—	1	1	—	—	—
Beans in Tomato Sauce ..	—	1	1	—	—	—
Beer .. .. .	3	1	4	—	—	—
Bread (various) .. .. .	—	9	9	—	9	9
Butter .. .. .	—	7	7	—	1	1
Castor Oil B.P. .. .. .	—	1	1	—	—	—
Confectionery:						
Chocolate Cake .. .. .	—	1	1	—	1	1
Christening Cake .. ..	—	1	1	—	1	1
Cream Cake .. .. .	—	1	1	—	—	—
Curd Tart .. .. .	—	1	1	—	1	1

Nature of Sample	No. of Samples Taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Date and Walnut Cake	—	1	1	—	1	1
Fruit Malt Loaf ..	—	2	2	—	2	2
Jam Rolls .. ..	—	1	1	—	1	1
Swiss Roll .. ..	—	1	1	—	1	1
Coconut, Desiccated ..	—	1	1	—	—	—
Cream .. .. .	—	2	2	—	—	—
Cream—Dairy .. ..	—	1	1	—	—	—
Cream Double .. ..	—	2	2	—	—	—
Cream Type Preparations:						
Dairy Topping .. ..	—	1	1	—	—	—
Top of the Milk .. ..	—	1	1	—	—	—
Crystallised Fruit:						
Glace Cherries .. ..	—	2	2	—	—	—
Cut Mixed Peel .. ..	—	2	2	—	—	—
Dried Fruit—Currants ..						
Seedless Raisins ..	—	1	1	—	—	—
Sultanas .. .. .	—	1	1	—	—	—
Felamine Tablets .. ..	—	1	1	—	—	—
Fergon Tablets .. ..	—	1	1	—	—	—
Fish Cake .. .. .	—	1	1	—	1	1
Flour—Plain .. .. .	—	1	1	—	—	—
—Self Raising .. ..	—	1	1	—	—	—
Hexopal Tablets .. ..	—	1	1	—	—	—
Ice Creams .. .. .	—	46	46	—	—	—
Ice Cream Cornet .. ..	—	1	1	—	1	1
Instant Mashed Potato ..	—	2	2	—	—	—
Margarine .. .. .	—	6	6	—	—	—
Mayonnaise .. .. .	—	1	1	—	—	—
Metatone .. .. .	—	1	1	—	—	—
Meal of Scampi with Chips	—	1	1	—	—	—
Meal of Sour and Sweet Pork	—	—	—	—	—	—
with Chips .. .. .	—	1	1	—	1	1
Meat and Meat Products:						
Beef Broth .. .. .	—	1	1	—	1	1
Beef Paste .. .. .	—	1	1	—	1	1
Beef Steak with Kidney	—	1	1	—	1	1
Chicken, Boneless .. ..	—	1	1	—	—	—
Chicken and Ham Pie ..	—	1	1	—	1	1
Chicken Pie .. .. .	1	—	1	—	—	—
Chopped Pork .. .. .	—	1	1	—	—	—
Corned Beef .. .. .	—	8	8	—	5	5
Danish Pork .. .. .	—	1	1	—	1	1
Hot Dog Sausages .. ..	—	1	1	—	—	—
Lunch Tongue .. .. .	—	1	1	—	—	—
Meat Pie .. .. .	—	2	2	—	1	1
Meat and Potato Pie ..	—	1	1	—	1	1
Meat and Vegetable Pie	—	2	2	—	1	1
Sausage, Beef .. .. .	1	4	5	—	3	3
Pork .. .. .	1	2	3	—	1	1
Rolls .. .. .	—	1	1	—	—	—
Spam .. .. .	—	1	1	—	—	—
Wimpy .. .. .	—	1	1	—	1	1
Milk Bottles .. .. .	—	5	5	—	5	5
Mincemeat .. .. .	—	1	1	—	—	—
Mousse—Lemon .. .. .	—	1	1	—	—	—
—Strawberry .. .. .	—	1	1	—	—	—
Mustard .. .. .	—	4	4	—	—	—



Nature of sample	No. of samples taken			No. not genuine		
	Formal	In-formal	Total	Formal	In-formal	Total
Onions, Pickled .. ..	—	2	2	—	—	—
Orange Drink Carton ..	—	1	1	—	1	1
Peas—tinned .. ..	—	3	3	—	—	—
Piccalilli .. ..	—	1	1	—	—	—
Pilchards .. ..	—	2	2	—	1	1
Porridge Oats .. ..	—	1	1	—	1	1
Prawns, Curried .. ..	—	1	1	—	—	—
Puddings:						
Christmas Pudding ..	—	2	2	—	—	—
Sago—tinned .. ..	—	1	1	—	1	1
Rhubarb in Syrup ..	—	1	1	—	1	1
Salmon Paste .. ..	—	1	1	—	—	—
Salmon Spread .. ..	—	1	1	—	—	—
Sandwich:						
Tomato and Lettuce ..	—	1	1	—	1	1
Ham .. ..	—	1	1	—	1	1
Sauce .. ..	—	2	2	—	—	—
Selsun Suspension ..	—	1	1	—	—	—
Senokot Tablets .. ..	—	1	1	—	—	—
Shredded Wheat .. ..	—	1	1	—	1	1
Soft Drinks .. ..	—	5	5	—	2	2
Spaghetti .. ..	—	1	1	—	—	—
Spirits:						
Brandy .. ..	1	—	1	—	—	—
Gin .. ..	1	—	1	—	—	—
Rum .. ..	2	—	2	—	—	—
Vodka .. ..	1	—	1	—	—	—
Stuffing and Herbs:						
Dried Mixed Sweet Herbs	—	1	1	—	—	—
Sage .. ..	—	4	4	—	—	—
Sage and Onion ..	—	2	2	—	—	—
Thyme .. ..	—	3	3	—	—	—
Thyme and Parsley ..	—	4	4	—	—	—
Sugar—Caster .. ..	—	1	1	—	—	—
—Granulated ..	—	1	1	—	—	—
—Icing Mix ..	—	1	1	—	1	1
Sweetmeat—Superba Raisin	—	1	1	—	—	—
Tapioca .. ..	—	1	1	—	1	1
Tea .. ..	—	6	6	—	—	—
Tomatoes .. ..	—	1	1	—	—	—
Tyrozets .. ..	—	1	1	—	—	—
Vinegar, Malt .. ..	—	3	3	—	1	1
Wine, Ruby Port .. ..	—	1	1	—	1	1
Yoghurt, Alpine Real Fruit	—	1	1	—	—	—
	89	232	321	3	59	62

TABLE 2

**Administrative action taken in respect of samples reported by the  
Public Analyst to be not genuine or otherwise irregular**

No. of Sample	Nature of Sample and Result of Analysis, etc.	Administrative action taken
1	Milk Bottle—spotted with enamel.	Informal sample submitted for analysis following complaint. The Public Analyst reported that there were numerous small black spots adhering to the bottle which were similar to the enamels used in printing designs on bottles. The milk was not affected in any way. The Chief Public Health Inspector drew the attention of the producer to the matter.
2	Portion of Fish Cake—containing coloured object.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the foreign object was composed of fish and starch fragments which had been over heated and were harmless. No further action was taken.
4	Tapioca—with musty taste.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was genuine tapioca but that it had a musty taste which may have penetrated the cellophane wrapping packet. The Chief Public Health Inspector drew the attention of the packer to the matter and the remaining stocks were withdrawn from sale.
15	Milk—containing sediment.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained colourless cells commonly present in milk, together with particles of vegetable debris such as might occur in farm dust. In his opinion the bottle was not in a state of thorough cleanliness. This matter was reported to the Health Committee on the 9th March, 1965, when the Town Clerk was instructed to send a letter of warning to the producer. The facts were reported to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food.
16	Chicken and Ham Pie—containing piece of skin and hair.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a piece of chicken skin and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.



TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
17	Wimpy—out of condition.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the wimpys had a strongly offensive smell. The matter was reported to the Health Committee on the 6th April, 1965, when the Town Clerk was instructed to send a letter of warning to the manufacturers.
31	Butter—containing splinter of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a splinter of wood and he was of the opinion that the sample was unsatisfactory. The matter was reported to the Health Committee on the 9th March, 1965 when the Town Clerk was instructed to send a letter of warning to the producer.
32	Corned Beef—tin punctured.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin had been damaged and in his opinion the contents were unfit for human consumption. The matter was reported to the Health Committee on the 6th April, 1965 when legal proceedings were authorised. The case was heard on the 4th August, 1965 when a plea of "guilty" was made. The case was found proved and the defendants were fined £20 and were ordered to pay costs of £3 18s. 0d.
45	Malt Loaf—containing splinter of wood.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a splinter of wood and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew attention of the baker to the matter.
46	Rich Fruit Malt Loaf—containing piece of paper.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a piece of printed paper and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
47	Ambrosia Sago—containing mould.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin of sago had been punctured and the contents were mouldy and in his opinion the sample was unsatisfactory. It was not possible to determine who was responsible for piercing the tin and no further action was taken.

TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
48	Small Brown Loaf containing piece of glass.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a piece of glass, and in his opinion the sample was unsatisfactory. The matter was reported to the Health Committee on the 6th April, 1965 when the Town Clerk was instructed to send a letter of warning to the baker.
50	Bottle of Milk—streaked with yellow stain.	Informal sample submitted for analysis following complaint from the Health Department of another authority. The Public Analyst reported that the milk bottle was stained with yellow streaks on the inside and although the quality of the milk was not affected the bottle was not in a state of thorough cleanliness. The matter was reported to the Health Committee on the 6th April, 1965 when legal proceedings were authorised. The case was heard on the 11th August, 1965 when a plea of "not guilty" was made. The case was found proved and the Magistrates imposed a fine of £25 and ordered the defendants to pay the costs of £6.
51	Teacake with Ham—stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely, iron stained lubricant and he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
52	Teacake—stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely, iron stained lubricant and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
82	Slices of bread—stained with lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely traces of colourless lubricant and iron, and he classified the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.



TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
89	Milk Bottle—containing deposit.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottle contained vegetable debris and hay. In his opinion the bottle was not in a state of thorough cleanliness. The Chief Public Health Inspector drew the attention of the producer to the matter.
90	Beef Sausages—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had suffered spoilage by bacterial and fungoid growth and he was of the opinion that the sample was unfit for human consumption. This matter was reported to the Health Committee on the 1st June, 1965 when legal proceedings were authorised. The case was heard on the 4th August when a plea of "guilty" was made. The case was found proved and the Magistrates imposed a fine of £30 0s. 0d. with £3 18s. 0d. costs.
101	Milk—deficient in fat.	Two formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that one of the samples was 7.0% deficient in fat. It was found that the average fat content of the two samples when bulked together was 3.42%. No further action was taken.
103	Beef Sausages—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample had suffered spoilage by bacterial and fungoid growth. In his opinion the sample was unfit for human consumption. This matter was reported to the Health Committee on the 1st June, 1965 when the Town Clerk was instructed to send a letter of warning to the retailer.
104	Orange Drink Carton—containing piece of metal.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a piece of stainless steel coated with grease. In his opinion the sample was irregular. The Chief Public Health Inspector drew the attention of the Producer to the matter.
105	Meat and Potato Pie—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 14th June, 1965 when the Town Clerk was instructed to send a letter of warning to the retailer.

TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
106	Curd Tart containing insect.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained an insect, namely a silverfish. In his opinion the sample was irregular. The Chief Public Health Inspector drew the attention of the Baker to the matter.
107	Meat Pie—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the pie was mouldy and unfit for human consumption. The Chief Public Health Inspector drew the attention of the manufacturers to the matter.
110	Jam Rolls—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 14th June, 1965 when legal proceedings were authorised. The case was heard on the 1st September, 1965 when a plea of "guilty" was made. The case was found proved and the Magistrates imposed a fine of £20 with costs of £3 18s. 0d.
123	White Sliced Loaf—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion unfit for human consumption. The Chief Public Health Inspector drew the attention of the Baker to the matter.
130	Tin of Pilchards—containing excess of pepper.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained an abnormal amount of pepper and capsicum. In his opinion the sample was unsatisfactory. On investigation it was found that the tin contained a chilli instead of a tomato sauce. The Chief Public Health Inspector drew the attention of the wholesaler to the matter.
131	Chocolate Cake—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and unfit for human consumption. This matter was reported to the Health Committee on the 3rd August, 1965 when the Town Clerk was instructed to send a letter of warning to the baker.



TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
133	Part Christening Cake—containing moth.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely a moth. In his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the Matter.
145	Date and Walnut Cake—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion unfit for human consumption. This matter was referred to the Health Committee on the 31st August, 1965 when the Town Clerk was instructed to send a letter of warning to the retailer.
147	Tomato and Lettuce Sandwich—containing greenfly.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained an insect, namely a greenfly and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
148	Sliced Loaf—containing stained lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely traces of iron, carbon, copper and lubricating oil and although the amounts involved would not be harmful he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
161	Tin of Rhubarb in Syrup—can corroded.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the laquer on the tin had been penetrated by the syrup. He was of the opinion that when examined the sample was satisfactory but if the can had been kept for a longer period the metal in solution would have been excessive. He considered the sample to be sub-standard. No further action was taken.
162	Corned Beef—meat discoloured.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was discoloured because of a defect in the tin. The Chief Public Health Inspector drew the attention of the importer to the matter.

TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
164	Icing Sugar Mix—containing rancid fat.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained rancid fat and in his opinion was unsatisfactory. This matter was reported to the Health Committee on the 31st August when legal proceedings were authorised. The case was heard on the 17th November, 1965 when a plea of "guilty" was made and the Magistrates imposed a fine of £5 with £3 18s. 0d. costs.
186 and 189	Channel Islands Milk Deficient in fat.	Seven formal samples were obtained from a producer's consignment at the pasteurising plant. The Public Analyst reported that two of the samples contained only 3.86% and 3.74% of fat respectively. It was found that the average fat content of the seven samples when bulked together was 4.54%. No further action was taken.
192	Corned Beef—meat affected by rusty tin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the meat was affected by its contact with the corroded tin plate and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 11th October, 1965 when the Committee was told that the selling agents for the Ministry had distributed the Corned Beef. The Town Clerk was instructed to write to the Ministry of Agriculture, Fisheries and Food asking that stricter methods of control be taken to prevent further cause for complaint.
199	Ice Cream Cornet—containing caterpillar.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a caterpillar and regarded the sample as unsatisfactory. The Chief Public Health Inspector cautioned the producer.
200	Tin of Beef Broth—containing solder.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a splash of solder and he regarded the sample as unsatisfactory. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.



TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
201	Buttered Teacake—containing stained lubricant.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign matter, namely iron and lubricant and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the Baker to the matter.
204	Milk—deficient in fat.	Informal sample submitted for routine examination. The Public Analyst reported that the sample was 6.6% deficient in fat. A formal sample was obtained and was found to be satisfactory and contained 4.4% fat. No further action was taken.
207	Danish Pork—meat putrid.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the tin was leaking, the meat was decomposing and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 5th October, 1965 when legal proceedings were authorised. The case was heard on the 3rd October 1965 when a plea of "guilty" was made. The Magistrates imposed a fine of £30 with £3 18s. 0d. costs.
208	Sliced White Loaf— —with abnormal taste.	Informal sample submitted for analysis following complaints. The Public Analyst reported that the sample had an abnormally strong taste and odour of yeast but was not harmful, and he regarded the sample, as sub-standard. The Chief Public Health Inspector drew the attention of the Baker to the matter.
209	Fruit Malt Loaf— with abnormal taste	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and was unfit for human consumption. This matter was report to the Health Committee on the 5th October, 1965 when the Town Clerk was instructed to send a letter of warning to the Baker.
211	Beef Sausages— mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was affected by mould growths and in his opinion was unfit for human consumption. The Chief Public Health Inspector cautioned the retailers.

TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
217	Porridge Oats—containing insects.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign objects, namely spider beetles and he regarded the sample as unsatisfactory. The Chief Public Health Inspector cautioned the retailer.
226	Corned Beef—containing spent match.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign body, namely, a spent match and considered the sample to be unsatisfactory. Further investigations were made and because the match must have gained access to the tin in the country where the beef was processed and packed the Chief Public Health Inspector wrote to the Ministry of Agriculture, Fisheries and Food asking that the attention of the producer be drawn to the matter.
227	Shredded Wheat—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion unfit for human consumption. This matter was reported to the Health Committee on the 30th November, 1965 when the Town Clerk was instructed to send a letter of warning to the retailer.
233	Sliced Brown Loaf—Mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that part of the sample was mouldy and was unsatisfactory. The Chief Public Health Inspector drew the attention of the baker to the matter.
241	Malt Vinegar—with irregular label.	A routine informal sample was purchased and submitted for analysis. The sample contained sodium chloride but there was no declaration to this effect on the label. The Chief Public Health Inspector drew the attention of the retailer to this matter and the labels were overprinted.
246	Pork Sausages—deficient in meat.	A routine informal sample was purchased and submitted for analysis. The Public Analyst reported that the sausage contained only 61.7% of meat and were also unsatisfactory in that the proportion of fat exceeded that of the lean meat. A formal sample No. 251 was obtained and this sample was found to be satisfactory.



TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
247	Beef Paste—sample not fresh.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample did not smell fresh and was unsatisfactory and unfit for human consumption. The Chief Public Health Inspector drew the attention of the wholesalers to the matter.
249	Beef steak pie with kidney—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 30th November, 1965 when the Town Clerk was instructed to send a letter of caution to the retailer.
264	Swiss Roll—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and in his opinion was unfit for human consumption. This matter was reported to the Health Committee on the 30th November, 1965 when legal proceedings were authorised. The case was heard on the 16th March, 1966 when a plea of "guilty" was made. The Magistrates imposed a fine of £40 with £3 18s. 0d. costs.
272	Corned Beef—mouldy.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample was mouldy and he was of the opinion that it was unfit for human consumption. The Chief Public Health Inspector drew the attention of the packers in South Africa to the matter.
273	Milk Bottle—containing mouldy milk residue.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the bottle contained mould filaments. In his opinion the bottle was not in a state of thorough cleanliness. The Chief Public Health Inspector drew the attention of the producer to the matter.
304	Ruby Port Wine—containing flies.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign bodies, namely flies, and he considered the sample to be unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.

TABLE 2—continued.

No. of Sample	Nature of samples and Result of Analysis, etc.	Administrative action taken
305	Grapefruit Squash—containing excess preservative.	A routine sample of grapefruit squash was submitted for analysis. The Public Analyst reported that 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 432 parts of sulphur dioxide per million. He was of the opinion that the sample contravened the Regulations. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
306	Ginger Cordial—containing excess preservative.	A routine informal sample was obtained and submitted for analysis. The Public Analyst reported that the sample did not comply with the requirements of the Preservatives in Food Regulations in that it contained 499 parts of sulphur dioxide instead of the permitted maximum allowance of 350 parts per million. In his opinion the sample contravened the Regulations. The Chief Public Health Inspector drew the attention of the manufacturer to the matter.
309	Meal of sweet and sour Pork with chips—containing panel pin.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained a foreign object, namely a panel pin, and in his opinion the sample was unsatisfactory. The Chief Public Health Inspector drew the attention of the retailer to the matter.
318	Meat and Vegetable Pie—containing maggots.	Informal sample submitted for analysis following complaint. The Public Analyst reported that the sample contained foreign bodies, namely maggots, and he was of the opinion that the sample was unsatisfactory. The matter was reported to the Health Committee on the 8th March, 1966 when the Town Clerk was instructed to send a letter of warning to the manufacturer.



TABLE 3  
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 ..	—	—	—	—	—	—
February ..	12	3.89	8.53	—	—	—
March ..	—	—	—	—	—	—
April ..	—	—	—	—	—	—
May ..	12	3.72	8.62	—	—	—
June ..	2	3.45	8.90	—	—	—
July ..	10	3.85	8.76	2	5.08	9.46
August ..	11	3.65	8.71	11	4.78	9.35
September	4	3.80	8.93	—	—	—
October ..	—	—	—	—	—	—
November	27	3.96	8.89	—	—	—
December	—	—	—	—	—	—
Total ..	78			13		
Average for year 1965		3.83	8.75		4.83	9.37
“ “ “ 1964		3.68	8.64		—	—
“ “ “ 1963		3.60	8.75		4.32	8.98
“ “ “ 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		—	—

The figures given in the third and fourth columns of the above table represent the average milk fat and non-fatty solids in the 78 chemical milk samples of Untreated (Farm Produced) 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 average relative to the 13 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, 1963.*

*Milk (Special Designation) (Amendment) Regulations, 1965.*

#### MILK DISTRIBUTION

At the end of the year there were 241 registered distributors of milk (excluding dairy farmers) within the Borough, and there were 5 registered dairy premises.

New Licences under the Milk (Special Designation) Regulations, 1963, were granted as follows:—

Dealer's (Pre-packed Milk) Licence (Form F) authorising the use of the special designation—

(a) Untreated	..	..	..	..	..	3
(b) Pasteurised	..	..	..	..	..	10
(c) Sterilised	..	..	..	..	..	13

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

#### BACTERIOLOGICAL EXAMINATION OF MILK

During the year 50 samples of milk—as shown below—were submitted to bacteriological examination.

Designation					Samples taken	Satisfactory	Unsatisfactory
Pasteurised	..	..	..	..	49	49	—
Sterilised	..	..	..	..	1	1	—
TOTAL	..	..	..	..	50	50	—

#### BIOLOGICAL EXAMINATION OF MILK

One sample of milk produced in the Borough was taken and submitted to biological examination by the Public Health Laboratory Service. The sample was reported as negative.

#### BRUCELLA ABORTUS

Particulars are given, in the following table, of the 47 samples submitted to the Public Health Laboratory Service for examination for *Brucella abortus*:—

Produced				No. of samples	Satisfactory	Positive on culture
In Borough	..	..	..	47	42	5
Outside of Borough	..	..	..	—	—	—
TOTAL	..	..	..	47	42	5



The increase in the number of samples as compared with the previous year was due to the number of individual cow samples taken when three cows in one herd produced positive Brucellosis samples. The milk from the infected cows was isolated and the animals have since been slaughtered.

#### THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1962

There are no pasteurisation plants in the town. No samples of liquid egg were therefore taken.

#### 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 specific 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, pipe-lines, 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 119 inspections were made of 403 registered premises (all retailers).

A total of 55 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 Unsat'factory	Grade 4 Very Unsatisfactory
In Borough	—	—	—	—	—
Outside of Borough	55	34 (61·82%)	13 (23·64%)	4 (7·27%)	4 (7·27%)
TOTAL	55	34 (61·82%)	13 (23·64%)	4 (7·27%)	4 (7·27%)

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, 1960, 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 servers. 16 vans, etc., were inspected by the department, prior to the granting of Street Traders' Licences by the Market Department.

#### PREPARATION OR MANUFACTURE OF SAUSAGES, ETC.

*Food and Drugs Act, 1955. Section 16.*

At the end of the year there were 67 premises registered for the preparation or manufacture of sausages, potted, pressed, pickled or preserved foods.

#### FRIED FISH SHOPS

During the year 62 inspections were made of 55 premises. Improvements were effected in 13 cases.

#### BAKEHOUSES

The number of bakehouses on the register at the end of the year was 28.

There were 73 inspections made, and improvements were effected in 15 cases.

#### FOOD HYGIENE

During the year 83 mobile food shops and vans (including ice cream vans already remarked upon) 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. All 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.

There are 967 food premises in the Borough divided into the following categories. Information about their compliance with regulations 16 and 19 is also appended.



Category	No. of Premises	No. of Premises Fitted to comply with Reg. 16 (Wash Hand Basins)	No. of Premises to which Reg. 19 applies (Facilities for Washing Food and equipment)	No. of Premises Fitted to comply with Reg. 19
Bakehouses	28	28	28	28
Butchers	108	103	108	108
Canteens	58	58	58	58
Fish & Chips	55	47	55	55
Grocers	354	248	354	314
Licensed Premises	92	85	92	92
Restaurants	36	34	36	36
Sweets and Tobacco	119	68	119	119
Other Food Premises	117	81	85	85
TOTAL	967	752	935	895

Visits to food premises including any necessary re-visits numbered 835.

166 contraventions of the regulations were found which were remedied by formal or informal request as given in the statistical report of work done.

#### MEAT AND FOOD INSPECTIONS

During the year a small decrease in the number of cattle slaughtered was offset by a proportionate increase in the number of pigs; this reflecting the comparative price of beef and pork during most of the year. The proportion of "clean" cattle to cows tended again to increase; the type of young beef cow so greatly sought after by the local butchers now being very difficult to find, thus increasing the selling of bullock and heifer beef. Most of the cows now being slaughtered are of the very thin "manufacturing" type, used for canning; or of a rather better quality for school and hospital contracts. The quality of meat for the shops was generally of a very high standard and this change from a predominance of cow beef to almost a monopoly of bullock and heifer beef is perhaps the more remarkable feature of the meat trade in Halifax since meat was de-rated in 1954.

The increase in the numbers of old cows is reflected in the high proportion of 33.4% diseased. Many of these cows come from South Wales, having their livers affected with flukes or hydatid cysts; it not

being unusual to find 100% of livers affected with one or both of these conditions.

During the year a number of pig carcasses were condemned as a result of infection through the tail, a legacy of tail biting. This together with a sharp increase in the percentage of pigs diseased (over one third more than last year) prompts the query as to why this should happen. Is extensive housing, high level feeding, etc. with the constant search to shorten the fattening time thus making the pig, or for that matter any food animal a more "unnatural" product such a good thing as we often think? Certainly what we achieve in efficiency we tend to lose in flavour. But without these methods can the world be adequately fed?

Among other conditions responsible for total condemnations were swine erysipelas, septic pneumonia, jaundice, johnes' disease, swine fever, and several as a result of injury.

In connection with the latter type of carcass it appears that many farmers are unwilling to risk sending an injured or diseased animal to the slaughterhouse, and very often this is done too late. One can understand the problem of becoming reconciled to taking less than half the value as beef of a high yielding dairy cow; but delay in such cases often means that the carcass is worth nothing.

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.

#### CARCASSES INSPECTED AND CONDEMNED

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

	Public Abattoir					
	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed .. .. .	7,711	3,068	700	38,108	11,665	—
Number inspected .. .. .	7,711	3,068	700	38,108	11,665	—
ALL DISEASES EXCEPT T.B. AND CYSTICERCI						
Whole carcasses Condemned ..	—	10	7	51	55	—
Carcasses of which some part or organ was condemned .. .. .	673	1,027	—	1,081	693	—
Percentage of the No. inspected with disease other than T.B. and Cysticerci .. .. .	8.73	33.4	1.00	2.60	6.45	—
TUBERCULOSIS ONLY						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcasses of which some part or organ was condemned .. .. .	—	—	—	—	—	—
Percentage of the No. inspected affected with Tuberculosis ..	—	—	—	—	—	—
CYSTICERCOSIS						
Carcasses of which some part or organ was condemned .. .. .	—	—	—	—	—	—
Carcasses submitted to treated by refrigeration .. .. .	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—



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

Total amount of Meat destroyed	..	..	..	..	lbs. 13,874
Total amount of Offals destroyed	..	..	..	..	34,308
Total amount of Meat destroyed on account of Tuberculosis					—
Total amount of Offals destroyed on account of Tuberculosis					—
Total amount of Meat destroyed from other causes	..		..	..	13,874
Total amount of Offals destroyed from other causes	..		..	..	34,308
Total Meat and Offals destroyed	..	..	..	..	48,182

#### FOOD INSPECTION

The following Table shows the amount of foods condemned:—

Food Condemned	Quantity in lbs.
10 Carcases of Beef .. .. .	3,646
Beef not in carcase .. .. .	1,010
7 Carcases of Veal .. .. .	320
51 Carcases of Mutton .. .. .	1,847
55 Carcases of Pork .. .. .	6,092
Pork not in carcase .. .. .	959
Offals .. .. .	34,308
Bacon and Ham .. .. .	—
Canned Foods .. .. .	4,301
Frozen Foods .. .. .	834
Fish .. .. .	1,424
Fruit .. .. .	1,298
Imported Meat and Offals .. .. .	—
Vegetables .. .. .	3,540
Other Foods .. .. .	996
Total Weight .. .. .	60,575

#### DISPOSAL OF CONDEMNED FOOD

Diseased carcase meat and offal are disposed of to a firm at Thornton, where it is sterilised before manufacture 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 1965

Date of Hearing	Act	Offence	Penalty
22.7.65	Clean Air Act, 1956. Section 1(1) Dark Smoke (Permitted Periods) Regs. 1958. Section 4(1)	Emitting dark smoke from a chimney contrary to the Act.	Defendants fined £10.
4.8.65	Pet Animals Act, 1951. Sections 1(1) and 1(3a).	Keeping an un- licensed pet shop and failing to comply with the provisions of a pet shop license at other premises.	Defendants fined £20.
4.8.65	Food and Drugs, 1955. Section 8.	Selling beef sau- sages unfit for human consumption.	Defendants fined £30 with £3 18s. 0d. costs.
4.8.65	Food & Drugs Act, 1955. Section 8.	Selling a tin of Corned Beef unfit for human consumption.	Defendants fined £20 with £3 18s. 0d. costs.
11.8.65	Milk & Dairies (General) Regulations, 1959. Section 27.	Offering for sale, milk in a bottle which was not in a state of through cleanliness.	Defendants fined £25 with £6 costs.
1.9.65	Food & Drugs Act, 1955. Section 8.	Selling jam rolls unfit for human consumption.	Defendants fined £20 with £3 18s. 0d. costs.
17.11.65	Food & Drugs Act, 1955. Section 2.	Selling icing sugar mix which was not of the substance demanded.	Defendants fined £5 with £3 18s. 0d. costs.
3.12.65	Food & Drugs Act, 1955. Section 8.	Selling a tin of Danish Pork unfit for human consumption.	Defendants fined £30 with £3 18s. 0d. costs.



## SECTION VII

### CLEAN AIR AND CLIMATE

#### Smoke Control Area

**Information supplied by Mr. A. W. Perry  
Chief Public Health Inspector**

It is now a matter of comment by the general public that the atmosphere of Halifax is much cleaner. Clean Air is beginning to be appreciated by example and there are now calls for the dirtier of our public buildings to be cleaned to rid ourselves of the memories of the smoke and grime of a few decades ago. Some buildings have already been renovated and the town looks the better for it. Many residents have enquired when their houses are to become smoke controlled and some express disappointment at the length of the programme. Perhaps when smokeless fuels become abundant as seems possible with the discovery of natural gas, and the production of new smokeless fuels by the National Coal Board, Clean Air Grants will become available for all. The end cost would be cheaper and although there would be a surge of applications at the beginning, a similar situation arose with Standard Grant applications and was successfully overcome.

Occupiers of houses in the new smoke control areas are to be given the widest choice of appliances so that those who are prepared to pay for and burn the dear fuels such as Cleanglow, Coalite, and Roomheat, may do so.

Eleven of the fourteen areas in the local authority's first five year programme to deal with domestic smoke pollution in Halifax were in operation at the end of the year. These areas comprise 11,328 premises including 9,836 dwellings and covered 2,282 acres. A further 207 premises including 192 dwellings, covering 88 acres, are affected by the No. 12 (Copley) Smoke Control Order which was submitted to the Minister of Housing and Local Government for confirmation during the year. It is proposed that this Order shall come into operation on the 1st October, 1967.

The No. 13 (Waltroyd and Ovenden Way) Smoke Control Area was surveyed. This area is bounded on the west by the Hebble Brook, on the north by the nos. 7 and 8 Smoke Control Areas, on the east by the Ovenden Dyeworks, the north side of Foundry Street North to Shay Lane; and on the south by Nursery Lane to Cousin Lane then in a south easterly direction down the centre of Ovenden Way to Ovenden Road, on the west by Lee Mount Road, Wheatley Road, Cragg Lane and the northern boundary of Box Trees Lane and Boy Lane to the Hebble Brook. In the area are 1,646 premises, of which 778 are local authority owned, 62 commercial premises, 9 industrial premises and 14 other premises.

At the end of the year 33% of the houses in Halifax were under operative Smoke Control Orders.



The gauges in Powell Street show that the amount of smoke pollution in the atmosphere has been maintained at last year's level. These gauges show that for the months of October 1964 to March 1965 there was a reduction of 62% in the amount of smoke and a reduction of 44% in sulphur pollution, as compared with 1959 prior to smoke control. This is demonstrated on the graphs following.

Observations have revealed the emissions of coal smoke from a number of dwellinghouses in Smoke Control Areas. The occupiers in each case have been interviewed and their attention drawn to the requirements of the Smoke Control Order. In general, the occupiers take note of the warning.

During the year grants paid in respect of adaptations in dwellinghouses amounted to £25,594 3s. 10d. allocated as under:—

		£	s.	d.
No.	4 (Savile Park) Smoke Control Area	79	17	0
„	6 (Salterhebble and Scarr Bottom) Smoke Control Area	185	3	2
„	7 (Illingworth and Cousin Lane West) Smoke Control Area	19	8	6
„	8 (Cousin Lane East) Smoke Control Area	438	8	5
„	9 (Pye Nest and Rochdale Road) Smoke Control Area	8,726	16	9
„	10 (Riley Lane) Smoke Control Area	15	8	0
„	11 (Highroad Well) Smoke Control Area	16,129	2	0

### General

#### INDUSTRIAL SMOKE

The number of smoke observations made during the year was 625.

Visits to works—some in connection with smoke emissions—numbered 69 and industrial boiler plants were improved to reduce smoke emission in 7 cases.

There were 5 applications to the Council requesting prior approval of new furnaces, and, in each case, approval was granted, 11 plans showing the proposed construction of new chimneys were examined and in each case a satisfactory chimney height was agreed with the architect concerned.

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

#### THE INVESTIGATION OF ATMOSPHERIC POLLUTION

1,411 visits have been made by members of the Health Department staff to the atmospheric pollution gauges in the Borough.

Daily readings have also been recorded at Heath Grammar School and thanks are due to those masters and pupils of the school who have continued to assist the Health Department with this work.



**TABLE I**  
**DEPOSITED ATMOSPHERIC POLLUTION, 1965**  
(Tons per square mile)

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)			
	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids	Rainfall in inches	Insoluble Solids	Soluble Solids	Total Solids
January	..	*	*	*	4.14	4.84	23.35	28.19	3.90	2.42	16.62	19.04	3.67	2.56	10.34	12.90
February	..	*	*	*	0.71	5.63	4.64	10.27	0.47	2.76	3.47	6.23	0.71	2.96	4.25	7.21
March	..	*	*	*	2.60	7.21	6.40	13.61	1.81	5.14	4.74	9.88	2.56	7.11	7.66	14.77
April	..	*	*	*	2.25	5.90	5.96	11.86	1.97	4.98	3.80	8.78	2.56	4.83	6.50	11.33
May	..	2.09	5.40	5.72	2.37	6.35	4.72	11.07	2.37	5.81	3.72	9.53	2.40	3.48	5.45	8.93
June	..	1.69	11.31	4.17	1.81	4.97	4.21	9.18	1.81	5.95	3.50	9.45	1.58	7.71	4.13	11.84
July	..	*	*	*	5.56	3.94	7.96	11.90	5.28	3.29	6.89	10.18	*	*	*	*
August	..	*	*	*	2.40	4.63	5.19	9.82	2.44	3.97	4.38	8.35	2.25	4.09	3.44	7.53
September	..	*	*	*	5.71	5.38	6.64	12.02	5.87	3.87	5.84	9.71	5.48	3.06	5.74	8.80
October	..	1.85	5.62	6.85	1.97	4.66	6.25	10.89	*	*	*	*	1.93	5.67	7.15	12.82
November	..	3.39	5.99	7.35	4.06	7.91	11.53	19.44	3.27	6.20	7.99	14.19	3.90	9.48	17.72	27.20
December	..	6.97	4.55	8.93	7.45	4.29	10.32	14.61	7.37	2.85	7.34	10.19	7.05	2.80	7.73	10.53
Aggregate	..	15.99	32.87	33.02	41.03	55.71	97.17	162.86	36.56	47.24	68.29	115.53	34.09	53.75	80.11	133.86
Averages	..	3.20	6.57	6.60	3.42	5.47	8.09	13.57	3.32	4.33	6.28	10.53	3.09	4.88	7.28	12.02

\* Records spoilt by unlawful interference with gauge

Monthly Average for Borough:—

Insoluble Solids 5.31 tons per square mile  
Soluble Solids 7.06 " " "  
Total Solids 12.32 " " "  
Rainfall in inches 3.26

Total Annual Deposit for Whole Borough: 148.21 tons per square mile.

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

						Tons per sq. mile	Inches of Rainfall
1965	..	..	..	..	..	148·21	3·26
1964	..	..	..	..	..	129·10	2·45
1963	..	..	..	..	..	138·89	2·35
1962	..	..	..	..	..	154·80	2·55
1961	..	..	..	..	..	174·00	2·94
1960	..	..	..	..	..	172·28	3·42
1959	..	..	..	..	..	159·84	2·25
1958	..	..	..	..	..	166·16	3·38
1957	..	..	..	..	..	150·00	2·86
1956	..	..	..	..	..	172·08	3·28
(1947	..	..	..	..	..	241·91	2·67)

Total Daily Averages of Sulphur Pollution—Lead Peroxide  
Method for the whole of Borough for the past ten years.

						Milligrams of SO <sup>2</sup> per 100 square centimetres
1965	..	..	..	..	..	2·26
1964	..	..	..	..	..	2·55
1963	..	..	..	..	..	2·58
1962	..	..	..	..	..	2·30
1961	..	..	..	..	..	2·36
1960	..	..	..	..	..	2·20
1959	..	..	..	..	..	2·34
1958	..	..	..	..	..	2·61
1957	..	..	..	..	..	2·61
1956	..	..	..	..	..	2·72
(1947	..	..	..	..	..	2·75)



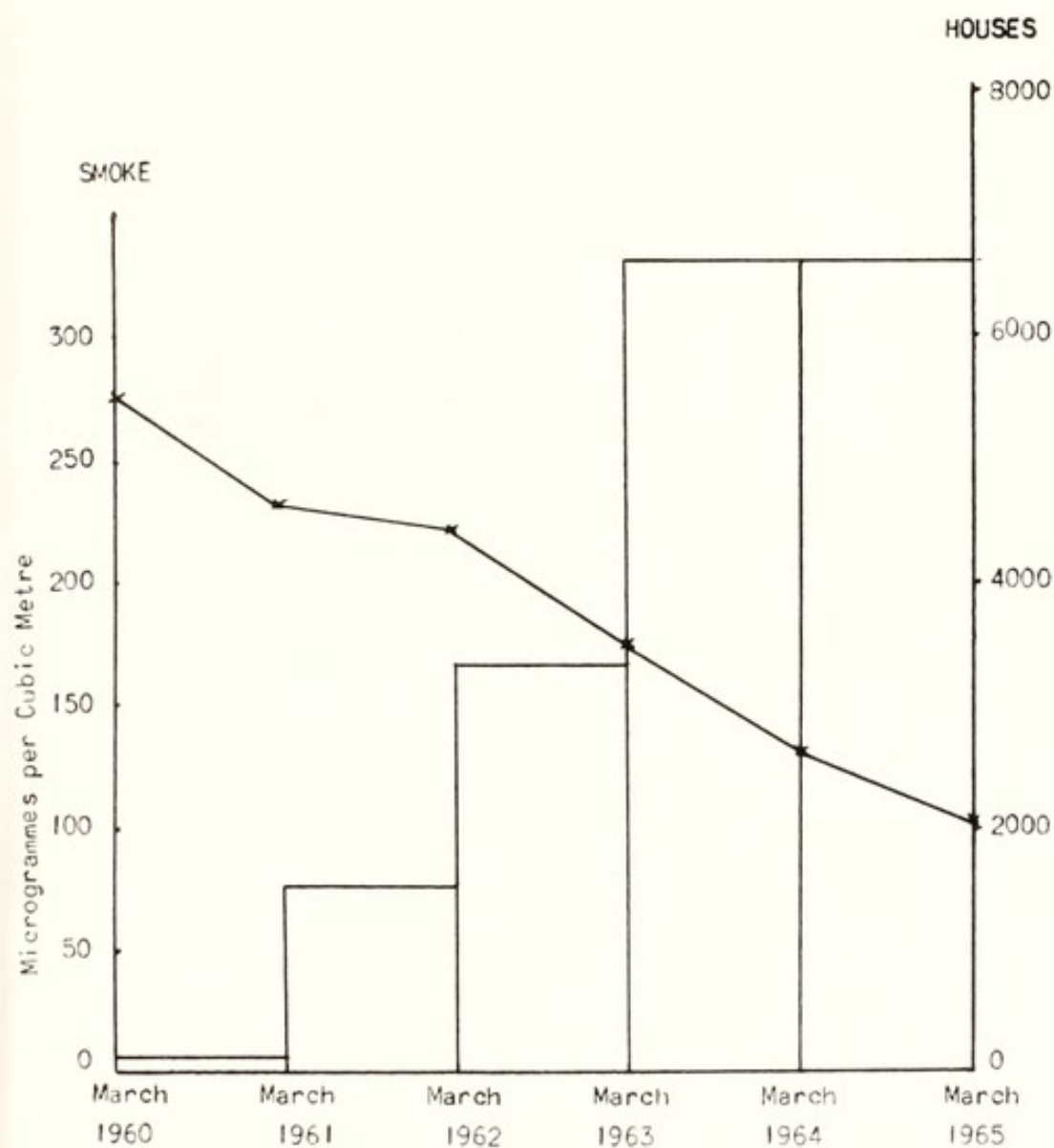
TABLE 2  
SULPHUR POLLUTION—LEAD PEROXIDE METHOD, 1965

MILLIGRAMS OF SO2 PER 100 SQUARE CENTIMETRES—DAILY AVERAGES														
STATION		Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Daily Total
WEST VIEW PARK ..		2.51	1.63	3.94	1.47	0.88	1.04	1.33	1.05	1.27	2.74	3.27	2.04	1.93
BEACON HILL ..		3.98	1.92	3.85	2.85	2.13	1.83	0.83	1.73	1.89	3.22	2.75	4.12	2.59
TOTAL DAILY AVERAGES		3.25	1.77	3.90	2.16	1.51	1.44	1.08	1.39	1.58	2.98	3.01	3.08	2.26

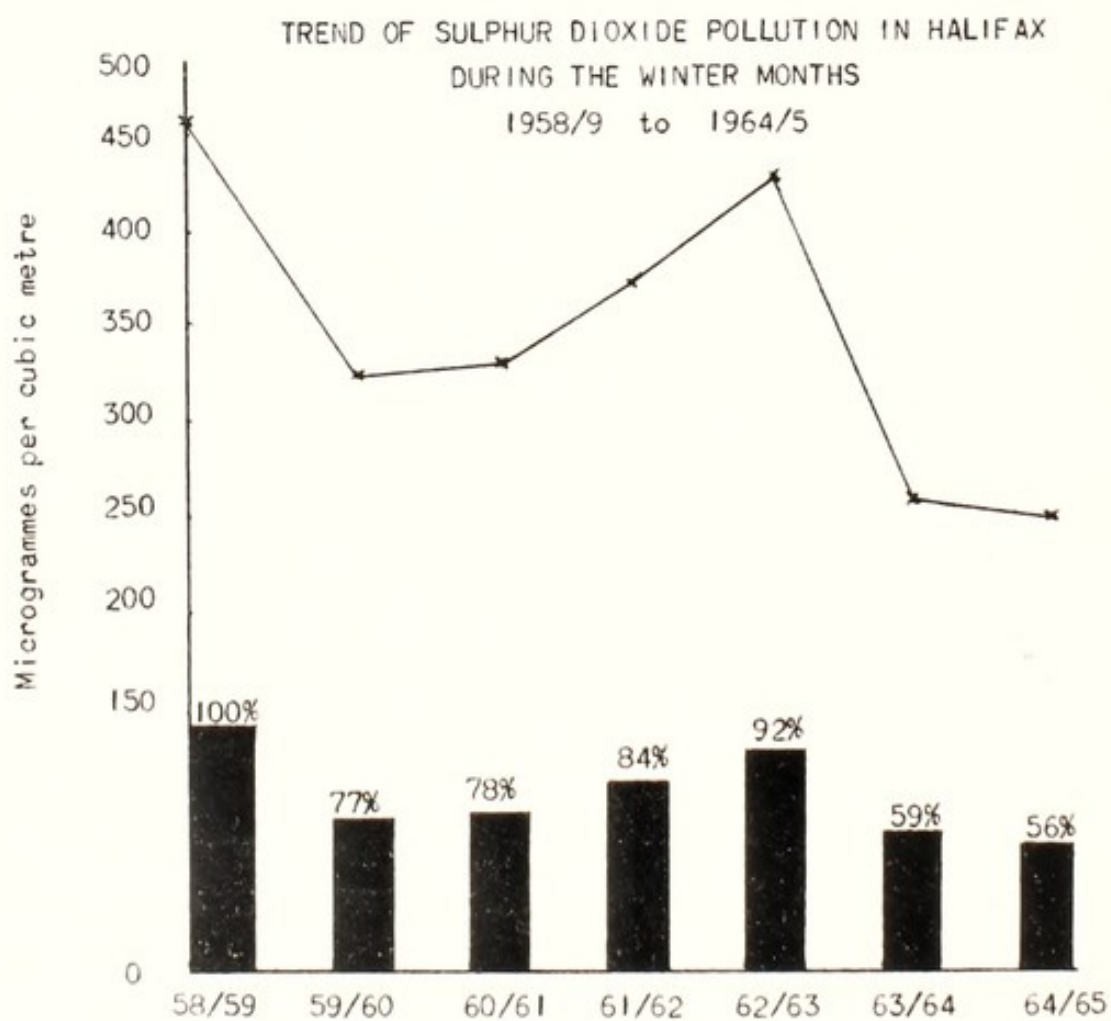
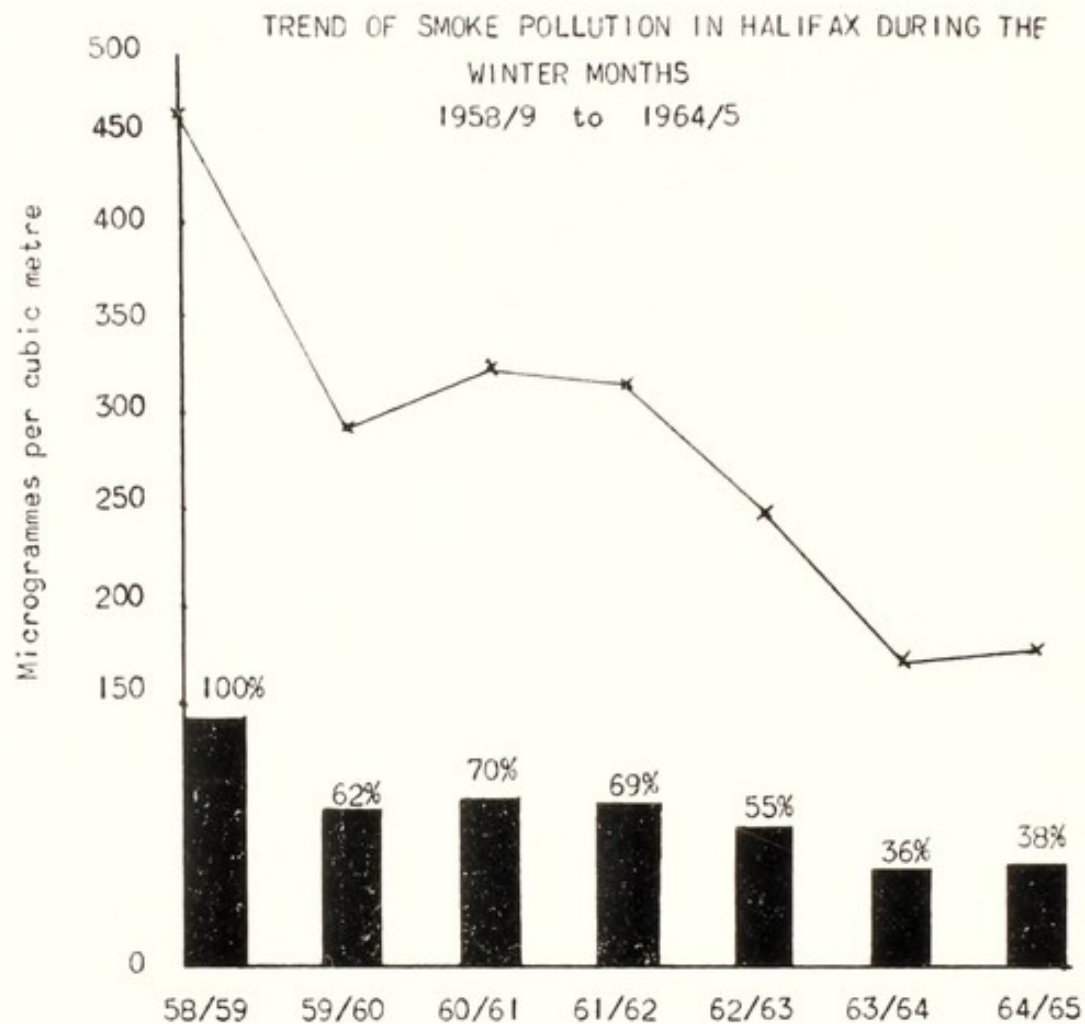
# HOUSES UNDER SMOKE CONTROL

AND

CONSEQUENT REDUCTION IN ATMOSPHERIC POLLUTION







General Summary of Meteorological Observations taken at the Central Public Library, Belle Vue, Halifax, from January 1st to December 31st, 1965

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

Latitude of Station: 53° 43' N.

Longitude of Station: 1° 52' W.

Altitude 625 feet (Barometer 632 feet)

1965  MONTH	Barometer		Air Temperatures										Mean Temperature		Relative Humidity	Mean reading of Thermometers										Wind										Rainfall			
	Mean at 32° F. and sea level	Range	Maximum	Minimum	Range	Mean			Air	Dew Point	Vapour Pressure	Maximam in sun's rays				Minimum on grass		Earth 4 feet down	Est. Strength	Relative Proportion								Mean Amount of Cloud	No. of Raindays	Amount Collected									
						Maxima	Minima	Range				North	North East	East		South East	South			South West	West	North West	Calms																
January	29.791	1.552	49.9	9.9	27.2	—2.7	22.7	12.6	41.2	5.1	33.8	1.0	7.4	4.1	37.5	3.1	33	0.6	85	6.4	59.9	15.5	31.1	—0.5	41	5.0	3	0	10	1	3	0	14	4	14	1	6	21	3.97
February	30.416	1.121	45.7	8.2	25.2	—3.8	21.5	12.0	41.3	5.2	34.7	1.2	7.1	4.0	37.7	3.2	33	0.6	78	6.4	67.8	19.9	32.2	—0.1	40	4.4	3	3	15	1	3	1	2	0	17	1	7	14	2.79
March	29.964	1.201	70.9	21.1	15.6	—9.1	55.3	30.7	45.7	7.6	32.5	0.3	13.2	7.3	39.1	3.9	33	0.6	71	6.3	85.4	29.7	30.7	—0.7	40	4.4	3	1	9	7	10	1	10	0	10	1	5	15	2.59
April	29.913	1.106	74.7	18.2	31.4	—0.3	33.3	18.5	51.8	11.0	39.1	3.9	12.7	7.1	45.4	7.4	37	2.8	68	7.5	97.0	36.1	36.2	2.3	44	6.7	3	3	5	3	4	0	3	5	20	2	5	19	2.29
May	29.937	1.160	76.9	24.9	33.2	0.7	43.7	24.2	57.9	14.4	44.7	7.1	13.2	7.3	51.3	10.7	42	5.6	66	9.0	101.6	38.7	42.4	5.8	48	8.9	4	1	13	0	4	5	13	0	9	2	6	16	2.41
June	29.932	0.892	73.5	23.1	44.0	6.7	29.5	16.4	64.6	18.1	50.3	10.2	14.3	7.9	57.4	14.1	48	8.9	67	11.8	113.0	45.0	47.5	8.6	52	11.1	4	2	6	5	4	0	17	4	7	0	6	16	1.87
July	29.907	1.031	67.6	19.8	42.8	6.0	24.8	13.8	60.6	15.9	50.2	10.1	10.4	5.8	55.4	13.0	47	8.3	73	11.2	106.9	41.6	48.0	8.9	54	12.2	4	1	10	1	4	0	9	5	15	0	6	20	5.31
August	29.919	0.853	71.9	22.2	42.8	6.0	29.1	16.2	63.5	17.5	51.4	10.8	12.1	6.7	57.5	14.2	49	9.4	73	12.0	111.3	44.1	48.8	9.3	55	12.8	3	0	2	0	12	0	15	1	19	0	6	20	2.38
September	29.755	1.751	67.6	19.4	41.5	5.3	25.5	14.1	58.2	14.6	48.2	9.0	10.0	5.6	53.2	11.8	48	8.9	80	11.5	95.7	35.4	45.7	7.6	54	12.2	3	5	6	0	5	0	12	4	8	1	7	20	6.76
October	30.100	0.902	65.8	18.8	39.7	4.3	25.1	14.5	55.5	13.1	45.4	8.0	9.1	5.1	50.9	10.5	46	7.8	83	10.4	85.1	30.1	44.0	6.7	52	11.1	3	0	3	6	16	1	8	2	7	3	6	14	2.04
November	29.759	1.855	56.3	13.5	26.4	—3.1	29.9	16.6	42.6	5.9	44.9	1.6	7.7	4.3	38.7	3.7	35	1.7	85	6.5	69.3	20.7	31.9	—0.1	47	8.3	4	0	10	9	3	0	3	0	18	4	6	18	4.02
December	29.530	1.356	52.5	11.4	22.5	—5.3	30.0	16.7	43.6	6.4	35.9	2.2	7.7	4.2	39.7	4.3	37	2.8	88	7.4	60.9	16.1	32.6	0.3	42	5.6	3	0	2	1	1	1	10	4	21	4	6	26	7.17
Annual Means	29.910	1.191	63.6	17.6	32.7	0.4	30.9	17.2	52.2	11.2	41.8	5.4	10.4	5.8	47.0	8.3	41	5.0	76	8.9	87.9	31.1	39.3	4.1	47	8.3	3	1	8	3	6	1	10	2	14	2	6	Total 221	Total 41.60









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Terry & Nephew Ltd.  
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Dewsbury